



**Indian Health Service  
National Pharmacy and Therapeutics Committee**

**NPTC Update - Summer 2017 Meeting**

**-August 2017-**



The Indian Health Service (IHS) National Pharmacy and Therapeutics Committee (NPTC) held its summer meeting on August 1-2<sup>nd</sup>, 2017 in Oklahoma City, OK. All 12 IHS Areas were represented and several invited guests were in attendance including Ann Bullock, MD and CAPT Chris Lamer, PharmD from the IHS Division of Diabetes Treatment and Prevention and Michael Bryer-Ash, MD, the Oklahoma City Area IHS Diabetes Consultant. Affiliates from the Department of Defense and Federal Bureau of Prisons provided information on formulary updates, clinical experiences and future meeting topics from their respective agencies. The NPTC values the relationships with both field experts and federal partners and appreciates the opportunity to host the meeting from the Oklahoma City Area IHS Office.

The NPTC clinical presentations focused primarily on pharmacotherapy in Type 2 diabetes mellitus (T2DM) and included an overview of T2DM guidelines along with 6 drug class reviews. The specific pharmacotherapeutic class reviews included the sodium-glucose cotransporter 2 (SGLT2) inhibitors, thiazolidinediones (TZD), glucagon-like peptide-1 (GLP-1) receptor agonists, dipeptidyl peptidase-4 (DPP4) inhibitors, 2 long-acting basal insulin products (insulin degludec, insulin glargine [Basaglar®]) and the proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitors.

**The resulting action(s) from the meeting were as follows:**

1. An introductory overview of guidelines specific to Type 2 Diabetes Mellitus treatment algorithms was provided, detailing goals of therapy and current pharmacotherapeutic recommendations from both national and international guideline committees. A NPTC formulary brief describing clinical recommendations will be developed and disseminated.
2. An update on the SGLT2 inhibitors (*canagliflozin, dapagliflozin, empagliflozin*) was delivered, building on an initial clinical review of SGLT2 inhibitors at the NPTC Winter Meeting in February 2017. The current presentation focused on recent published cardiovascular outcomes trials for SGLT2 inhibitors. Critical analysis of trial findings and critique of supplementary data helped the NPTC draw conclusions on specific agents within the class. Pharmacoeconomic data, including procurement and utilization trends, were presented and added insight. Based on the NPTC review, **no modifications were made to the National Core Formulary (NCF)**. A NPTC formulary brief describing literature findings and recommendations will be developed and disseminated.
3. A drug class review of the TZDs (*pioglitazone, rosiglitazone*) was given, with particular attention to their safety, tolerability and efficacy compared to other antidiabetic agents. The role of TZDs within current guidelines of T2DM management was reviewed and safety concerns, both as a class and individual medications, were described in detail. Numerous systematic reviews and safety analyses comparing the net benefit(s) of TZDs lead to the NPTC decision to **add pioglitazone to the NCF**. A NPTC formulary brief describing literature findings and clinical recommendations will be developed and disseminated.

4. A drug class review of the GLP-1 receptor agonists (*albiglutide, dulaglutide, exenatide, exenatide XR, liraglutide, lixisenatide*) was presented. Comprehensive analyses from the Cochrane Library, Agency of Health Research and Quality and Oregon State Drug Use Research & Management Program formed the basis of the clinical review. Agency-wide medication utilization and procurement trends were also provided. Based on the NPTC review, **no modifications were made to the NCF**. A formulary brief will be disseminated, providing a review of the guideline update and literature findings.
  
5. A drug class review of the DPP-4 inhibitors (*alogliptin, linagliptin, saxagliptin, sitagliptin*) was given with intra-class comparisons provided for each drug, noting key findings in published literature. Numerous meta-analyses and safety data (cardiovascular outcomes and FDA Drug Safety Communications) were available and included in the evaluation. Data trends on IHS medication utilization and procurement were also shared. Based on the findings, the NPTC **added saxagliptin to the NCF**. A NPTC formulary brief describing literature findings and clinical recommendations will be developed and disseminated.
  
6. A medication review of specific, long-acting basal insulins was received by the NPTC, focusing solely on two recent products, *insulin glargine (Basaglar®)* and *insulin degludec*. Comparative data to established (and NCF) insulins were detailed and a pharmaco-economic review of IHS-specific utilization and procurement data followed the clinical review. Based on the lack of net benefit to the agency, **the NPTC made no modifications to the NCF**. A formulary brief detailing guideline recommendations will be developed and distributed.
  
7. A drug class review of the PCSK-9 inhibitors (*alirocumab, evolocumab*) in the management of hyperlipidemia was also delivered. Literature findings reviewed in the meeting included recently published meta-analyses (Cochrane, Ann Intern Med) and cardiovascular outcomes trials. Agency utilization/ procurement trends were provided and added perspective with regard to current usage of these agents. As a result of the clinical/pharmaco-economic analyses and NPTC discussion, **no modifications were made to the NCF regarding PCSK9 inhibitors**. Following the PCSK9 inhibitors decision, discussion with IHS subject matter experts on the topic of hyperlipidemia resulted in the **NPTC removing the atorvastatin-specific dosage restrictions**. A NPTC formulary brief will be developed and disseminated to the field.

\*The next NPTC meeting is the annual teleconference, scheduled for November 2<sup>nd</sup>, 2017. The agenda will include 2 drug class reviews of the direct-acting oral anticoagulants (DOACs), one covering DOACs in the management of atrial fibrillation and another in the prevention and/or treatment of venous thromboembolism.

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*If you would like to recommend a topic for future NPTC discussion, please go to the NPTC website and complete the Formulary Request Form or send an email at [IHSNPTC1@ihs.gov](mailto:IHSNPTC1@ihs.gov).*

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For more information about the NPTC, please visit the [NPTC website](#).

**\*\* The webpage for National Core Formulary has been reformatted to provide visual and search-specific efficiencies to viewers. Check out the [new NCF webpage here!](#) \*\***

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