



**INDIAN HEALTH SERVICE**  
**National Pharmacy & Therapeutics Committee**  
**\*\*WINTER 2022 NPTC Meeting Update\*\***  
**=February 2022=**



The Indian Health Service (IHS) National Pharmacy and Therapeutics Committee (NPTC) held its Winter 2022 virtual meeting on February 15-16, 2022. Eleven of 12 IHS Areas were represented. Affiliates from the Department of Defense, Veterans Administration, and United States Coast Guard provided information on formulary updates, clinical experiences, and meeting topics from their respective agencies. The NPTC values the relationships with its field experts, subject matter experts, and federal partners and appreciates the opportunity to host this virtual meeting through the Oklahoma City Area IHS Office.

The Winter 2022 NPTC Meeting agenda included clinical reviews of (1) Gender Affirming Therapies, (2) Topical Wound Care Products, (3) Alcohol Use Disorder, (4) COVID-19 Treatment Update, (5) Ocular Treatment for Keratoconjunctivitis and Keratoconjunctivitis Sicca, and (6) Bipolar Disorder.

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

1. A pharmacotherapeutic review of Gender Affirming Therapies was presented to the NPTC. *Although estradiol tablets, spironolactone and finasteride are currently named to the National Core Formulary (NCF), their addition to the NCF resulted from separate reviews of unrelated health conditions.* A review of clinical practice guidelines, specific hormonal drug therapy data, and literature reviews from both randomized, controlled trials (RCTs) and systematic reviews were supportive in the decisional process. Agency pharmacovigilance data and utilization & procurement trends added scope. Following review and deliberation, the NPTC voted to **ADD (1) testosterone (any formulation) and (2) estradiol patches AND injection (valerate or cypionate)** to the NCF.
2. A therapeutic review of Topical Wound Care Products was also delivered to the Committee. *Although mupirocin is currently named to the NCF, its addition to the NCF resulted from a separate review of an unrelated health condition.* Treatment recommendations for chronic wounds including pressure ulcers, venous stasis ulcers, ischemic ulcers and diabetic foot ulcers were outlined with focus on contemporary debridement and proliferative modalities. Guidelines from the Wound Healing Society, the Infectious Diseases Society of America, and International Working Group on the Diabetic Foot were shared, as were multiple RCTs and Cochrane Reviews comparing treatments. Relevant IHS pharmacoepidemiologic and pharmaco-economic data were also presented. At the conclusion of this evaluation, it was determined that **no modifications** were necessary to the NCF.
3. A therapeutic review of Alcohol Use Disorder (AUD) was also provided at the meeting. *Although naltrexone (tablets and long-acting injection), gabapentin, and topiramate are all currently named to the NCF, their addition to the NCF resulted from separate reviews of unrelated health conditions and/or previous reviews of this topic.* Guidelines from the U.S. Preventive Services Task Force, Agency of Healthcare Research and Quality, and Substance Abuse and Mental Health Services were detailed. Analyses from the Cochrane Library and assorted RCTs offered comparative data on AUD therapies. Data from the IHS National Data Warehouse and Pharmaceutical Prime Vendor added perspective to the use of these therapies. Following the committee review, the NPTC made **no modifications** to the NCF.

4. A clinical update was delivered to the NPTC on COVID-19 Treatment Guidelines, Vaccines & Variants. Committee members were apprised of updated guideline recommendations, new or revised treatment indications and/or authorization, and ongoing Agency pharmacotherapeutic and pharmacovigilance activities related to the pandemic. Agency-specific surveillance processes and findings were shared, along with current COVID-19 medication and vaccine safety data and emerging COVID-19 medication and vaccine information.
  
5. A pharmacotherapeutic review of Ocular Treatments for Keratoconjunctivitis & Keratoconjunctivitis Sicca (Dry Eye) was also presented to the NPTC, with particular focus on the ophthalmic anti-infective agents, lubricants, and corticosteroid products. *No medications addressing these optometric conditions are currently listed on the NCF.* The Wills Eye Manual and The Tear Film & Ocular Surface Society were referenced for clinical guidance while several Cochrane Database Systematic Reviews reported findings on drug class comparisons. Agency-level pharmacovigilance and drug utilization/trending data were notable. The NPTC voted to **ADD the following**; (1) **ciprofloxacin ophthalmic solution**, (2) **polymyxin B/trimethoprim ophthalmic solution**, (3) **“any” low-potency ophthalmic corticosteroid**, (4) **prednisolone acetate ophthalmic solution**, and (5) **“any” preservative-free ophthalmic artificial tear substitute** to the NCF.
  
6. Lastly, a therapeutic review of Bipolar Disorder was delivered to the Committee. *At present, five (5) mood stabilizers (carbamazepine, divalproex, lamotrigine, lithium, oxcarbazepine), three (3) antipsychotic agents (aripiprazole for injection, haloperidol for injection, “any” 2<sup>nd</sup> generation atypical antipsychotic agent), and ten (10) antidepressants (amitriptyline, bupropion, citalopram, duloxetine, escitalopram, fluoxetine, nortriptyline, paroxetine, sertraline, venlafaxine) are named to the NCF.* A multitude of national, federal and international practice guidelines helped frame the therapeutic recommendations. Findings from published meta-analyses and external formulary management organizations were also reviewed in detail. Agency pharmacovigilance and pharmacoeconomic trend data were of substantial value. Ultimately, the NPTC made **no modifications** to the NCF.

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*\*The next NPTC meeting will be the Spring 2022 Meeting, scheduled for May 3-4, 2022 in Rockville, MD. The meeting agenda will include reviews of (1) Cardiovascular Disease in American Indians/Alaskan Natives, (2) Hypertension, (3) Congestive Heart Failure with Reduced Ejection Fraction, (4) Congestive Heart Failure with Preserved Ejection Fraction, (5) Hyperlipidemia, and (6) a topic to be determined.*

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