



INDIAN HEALTH SERVICE
National Pharmacy & Therapeutics Committee
****Winter 2023 NPTC Meeting Update****
=January 2023=



The Indian Health Service (IHS) National Pharmacy and Therapeutics Committee (NPTC) held its Winter 2023 meeting on January 24-25th, 2023 in Phoenix, AZ. All 12 IHS Areas were represented. CAPT Tamara Close, PharmD delivered a clinical presentation and provided subject matter expertise during the meeting. Additionally, the IHS Chief Medical Officers from the Billings, Navajo, and Oklahoma City Areas were in attendance. Affiliates from the Department of Defense, Bureau of Prisons 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 clinical formulary management meeting at the Phoenix IHS Area Office.

The Winter 2023 NPTC Meeting agenda included reviews of (1) Cirrhosis and Complications, (2) Inflammatory Bowel Disease, (3) Chemoprevention of Colorectal Cancer, (4) Non-Alcoholic Fatty Liver Disease, (5) *Clostridium difficile*, and (6) *Helicobacter pylori* treatment.

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

1. A pharmacotherapeutic review of Cirrhosis and complications (e.g., ascites, spontaneous bacterial peritonitis, variceal hemorrhage, etc.) was provided to the Committee. *Current medication(s) listed on the IHS National Core Formulary (NCF) relevant to these conditions include(s) carvedilol, ceftriaxone, ciprofloxacin, furosemide, lactulose, propranolol, rifaximin and spironolactone.* Current guidelines from American Association for the Study of Liver Diseases, the American College of Gastroenterology, the American Gastroenterological Association (AGA) and the European Association for the Study of the Liver were detailed. Comparative drug data from multiple randomized controlled studies (RCTs) and meta-analyses was also provided. Agency population health statistics and medication procurement data were shared. As a result, the NPTC made **no modifications** to the NCF.
2. A therapeutic review of Inflammatory Bowel Disease was also delivered to the Committee. *Treatment options listed on the NCF and currently relevant to this condition include adalimumab, (in consultation with a rheumatologist), methotrexate, prednisone, and sulfasalazine.* Guidelines from the American Gastroenterological Association, British Society of Gastroenterology, European Crohn's and Colitis Organization and National Institute for Health and Care Excellence were presented. Outcomes data from Cochrane reviews and head-to-head RCTs were shared as was analyses of agency pharmacovigilance and procurement data. Ultimately, the NPTC voted to (1) **ADD either azathioprine -OR- 6-mercaptopurine**, (2) **ADD mesalamine, oral (once-daily formulation)** and (3) **REMOVE the current language ("in consultation with a rheumatologist") associated with adalimumab.**
3. A pharmacotherapeutic review of Chemoprevention for Colorectal Cancer was offered. *Current medication(s) named to the NCF relevant to this topic/condition include(s) aspirin, atorvastatin, metformin, pravastatin, rosuvastatin, and simvastatin.* Guidance from the American Cancer Society, National Comprehensive Cancer Network, and U.S. Preventive Services Task Force were profiled individually. Agency pharmacovigilance and pharmacoeconomic utilization/trend data were presented. Following review and deliberation, the NPTC made **no modifications** to the NCF.

4. A therapeutic review of Non-Alcoholic Fatty Liver Disease was detailed to the Committee. *Medication(s) listed on the NCF relevant to this condition include(s) liraglutide, pioglitazone and semaglutide.* Guidance from the American Gastroenterological Association and subject matter expertise were provided. Agency pharmacovigilance and pharmaco-economic utilization/trend data were given, adding scope. The NPTC ultimately made **no modifications** to the NCF.

5. A clinical review of pharmacotherapy for Clostridium difficile infection was also presented. *Medication(s) listed on the NCF relevant to this condition include(s) metronidazole.* Multiple guidelines were reviewed including, but not limited to, the American College of Gastroenterology and the Infectious Diseases Society of America. Findings from comparative RCTs of individual agents were instrumental in the decisional process. Agency pharmaco-economic utilization/trend data were also profiled. As a result of the analysis, the NPTC voted to **ADD oral vancomycin** to the NCF.

6. A drug class review of pharmacotherapy for Helicobacter pylori infection was presented. *Medication(s) relevant to this condition and currently named to the NCF include(s) amoxicillin, doxycycline, metronidazole and a proton pump inhibitor (any).* Guidelines from the American College of Gastroenterology and World Health Organization were central to this review. A myriad of network meta-analyses and comparative RCTs were shared to help guide the committee. Agency pharmacovigilance and pharmaco-economic utilization/trend data added scope. Ultimately, the NPTC voted to **ADD bismuth subsalicylate** to the NCF.

**The next NPTC meeting will be the Spring 2023 Meeting, scheduled for April 25-26, 2023 in Albuquerque, NM. The meeting agenda will include reviews of (1) Alzheimer’s Disease, (2) Osteoporosis, (3) Geriatric Medication Safety & Deprescribing, (4) Osteoarthritis, (5) Secondary Prevention of Stroke, and (6) Urinary Incontinence.*

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