INDIAN HEALTH SERVICE
National Pharmacy & Therapeutics Committee
Winter 2024 NPTC Meeting Update
=January 2024=

The Indian Health Service (IHS) National Pharmacy and Therapeutics Committee (NPTC) held its Winter 2024 meeting on January 30-31st, 2024 in Phoenix, AZ. All 12 IHS Areas were represented. Members from the IHS Heroin, Opioids and Pain Efforts Committee including Chief Medical Officer Geniel Harrison, MD and CDR Teresa Grund, PharmD delivered clinical presentations and provided subject matter expertise during the meeting. Affiliates from the Department of Defense (DoD), Department of Veterans Affairs (VA), Federal Bureau of Prisons and U.S. 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 formulary management meeting at the Phoenix Area IHS Office.

The 2024 Winter Meeting agenda included reviews of (1) Opioid Analgesic Stewardship, (2) Medication-Based Treatment for Opioid Use Disorder (3) Naloxone updates, (4) Medical Cannabis (5), Low Back Pain and (6) Calcitonin-Gene Related Peptide Antagonists (CGRPs) and 5-HT1F Agonists for Migraines.

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

1. A review of Opioid Analgesic Stewardship principles was delivered to the Committee. Demographic data describing the U.S. opioid epidemic were detailed, as were the 12 themes of opioid analgesic stewardship. Ketamine and its specific role in managing pain was also reviewed, alongside current pain management guidelines and treatment dosing comparisons. As a result, the NPTC made **no modifications** to the NCF.

2. A pharmacotherapeutic review of Medication-Based Treatments for Opioid Use Disorder (OUD) was also reviewed. *Medication(s) relevant to this review and currently named to the NCF include(s) short-acting buprenorphine (any formulations, restricted to treatment of OUD), long-acting buprenorphine (any formulations, restricted to treatment of OUD), buprenorphine-naloxone, and extended-release naltrexone for injection.* Guidelines from the American Society of Addiction Medicine (ASAM), Health Resources & Services Administration, and Substance Abuse and Mental Health Services Administration were presented. Agency-specific pharmacovigilance and procurement data were also shared. Ultimately, the NPTC made **no modifications** to the NCF.

3. A clinical update of Naloxone (for OUD/opioid reversal) was offered. *Currently, naloxone is named to the NCF relevant to this condition.* Newer formulations and various routes of administration of naloxone, including OTC products and nalmefene, were detailed to the Committee. Guidance from the ASAM, the Oregon State Drug Effectiveness Review Project and the VA were profiled. Agency pharmacoeconomic utilization/trend data were presented. Following review and deliberation, the NPTC made **no modifications** to the NCF.

4. A pharmacotherapeutic review of Medical Cannabis (and cannabidiol products) was detailed to the Committee. Randomized clinical trials (RCTs) evaluating medical cannabis for management of mood disorders, pain and sleep were summarized. Clinical guidance from the National Institute for Health and Care Excellence (NICE), the College of Canadian Family Physicians of Canada, and the Oregon Health & Science University were included. The NPTC made **no modifications** to the NCF.

5. A pharmacotherapeutic review of treatments for Lower Back Pain was also presented. *Medication(s) relevant to this review and currently named to the NCF include(s) acetaminophen, aspirin, buprenorphine, diclofenac, duloxetine, ibuprofen, indomethacin, meloxicam, naproxen, salsalate.* Multiple guidelines were reviewed including, but not limited to, the American College of Physicians, NICE, the North American Spine Society, and the VA/DoD. Findings from RCTs and the Cochrane Library evaluating both individual agents and drug classes were instrumental in the decisional process. Agency pharmacoeconomic utilization/trend data were also profiled. As a result of the comprehensive analysis, the NPTC made **no modifications** to the NCF.

6. A drug class review of the CGRP Antagonists and the 5-HT1F Agonist for Migraines was presented. *Medication(s) relevant to this review and currently named to the NCF include(s) any two "triptan" medications (any formulation), one of which must be sumatriptan*. Guidelines from the American Headache Society, the European Headache Federation, and the VA/DoD were central to this review. Comparative RCTs were summarized and focused primarily on clinical differences in individual CGRP medications and the 5-HT1F agonist, lasmiditan. Agency pharmacovigilance and pharmacoeconomic trend data added scope. The NPTC made **no modifications** to the NCF.

7. An abbreviated pharmacoeconomic review of the Adalimumab biosimilars was delivered to the Committee. *Medication(s) relevant to this review and currently named to the NCF include(s) adalimumab -or- etanercept*. Recent clinical evaluations of this topic were reviewed, along with updated IHS pharmacoeconomic data. Following the review, the NPTC voted to (**1) MODIFY the current NCF endorsement of "adalimumab -or- etanercept" to remove adalimumab** (thereby retaining only etanercept) and (2) **ADD adalimumab-bwwd (Hadlima™)** to the NCF.

8. Lastly, an abbreviated pharmacoeconomic review of Tirzepatide (Zepbound™) was presented to the Committee. *Medication(s) relevant to this review and currently named to the NCF include(s) semaglutide (Wegovy®) for weight management, with recommended local adoption of criteria for use.* Recent clinical evaluations of the Glucagon-Like Peptide-1 (GLP1) Receptor Agonists and dual GLP1/Glucose-dependent Insulinotropic Polypeptide (GIP) Receptor Agonists in Type 2 Diabetes Mellitus and Obesity were reviewed, along with IHS pharmacoeconomic data including newly updated value-based considerations. Following review, the NPTC voted to **ADD tirzepatide (Zepbound™) to the NCF** with the same guidance language as Wegovy for its intended use. Ultimately, the NCF will read **"semaglutide (Wegovy™) -or- tirzepatide (Zepbound™) for weight management, with recommended local adoption of use criteria".**

**The next NPTC meeting will be the 2024 Spring Meeting, scheduled for April 30 – May 1, 2024 in Sacramento, CA. The meeting agenda includes reviews of (1) the IHS "Asthma Control in Tribal Communities" Initiative, (2) Asthma Care Guidelines, (3) Budesonide-formoterol, (4) Dupilumab, (5) Short-course Tuberculosis treatment regimens, and (6) Doxycycline Post-Exposure Prophylaxis.*

===NEW=== (located on the IHS NPTC "Meetings Schedule" webpage)

Submit Feedback for upcoming NPTC Scheduled Meeting Topics: *The purpose of this form is to collect feedback and/or recommendations regarding scheduled agenda topics for upcoming National Pharmacy and Therapeutics Committee meetings from Indian Health Service (IHS) clinicians working at Federal, Tribal or Urban Indian Organization programs/sites/facilities. Input on topics for upcoming review can include potential medications for addition or deletion from the IHS National Core Formulary (NCF).*

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For more information about the NPTC or the National Core Formulary, please visit the NPTC website.