Indian Health Service
National Pharmacy and Therapeutics Committee
2019 NPTC Summer Meeting (UPDATE)
-July 2019-

The Indian Health Service (IHS) National Pharmacy and Therapeutics Committee (NPTC) held its 2019 Summer meeting on July 30-31st, 2019 in Oklahoma City, Oklahoma. Eleven of 12 IHS Areas were represented. Paul Pierce, MD, IHS Chief Clinical Consultant for Psychiatry, attended as a subject matter expert. Affiliates from the Veterans Health Administration, Department of Defense, Federal Bureau of Prisons, and Coast Guard provided information on formulary updates, clinical experiences, and future meetings 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 meeting from the Oklahoma City Area IHS Office.

The meeting agenda included a review of pharmacotherapeutic approaches in the management of Alzheimer's disease, Parkinson's disease and infection with Human Immunodeficiency Virus (HIV). Drug class reviews of the selective serotonin reuptake inhibitors (SSRIs) and serotonin and norepinephrine reuptake inhibitors (SNRIs) were also provided. Lastly, the NPTC's historical timeline, current processes and future strategic plans were outlined.

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

1. A clinical review of pharmacotherapy for Alzheimer's disease was presented. Medical literature and guidelines provided in the evaluation utilized findings from multiple Cochrane and meta-analytic reviews and practical guidance from the American Psychiatric Association, National Institute for Health and Care Excellence (NICE) and Department of Veterans Affairs (VA). Agency-specific medication procurement, utilization and pharmacoepidemiologic data were also reviewed. Following the comprehensive analysis, the NPTC voted to **add memantine to the National Core Formulary (NCF).**

2. A clinical review of Parkinson's disease and associated pharmacotherapy was also delivered to the NPTC. Notable guidelines presented in the review included those from the NICE, the European Academy of Neurology-Movement Disorder Society, Parkinson Society of Canada and American Academy of Neurology. Direct comparison of therapeutic agents in randomized trials and Cochrane reviews offered considerable insight. Value-added benefit was also provided through data review of medication utilization, procurement and pharmacoepidemiology within the IHS. The NPTC voted to **add carbidopa-levodopa to the NCF.**

3. A comprehensive clinical review of pharmacotherapy for HIV infection was detailed to the Committee. Specific focus was given to antiretroviral agents with ideal characteristics including high efficacy, limited safety issues, ease of administration, and acquisition cost. Significant insight was added by the lecturer through extensive professional experience. Clinical trials providing head-to-head comparison of agents as well as guidance from the U.S. Centers for Disease Control and Prevention (CDC), National Institute of Health and National HIV Curriculum helped frame the committee decision. As standard procedure, IHS data on medication use and costs in concert with epidemiologic data from the IHS National Data Warehouse were included and offered substantial value. As a result of the evaluation, the NPTC voted to **add (1) bictegravir/emtricitabine/tenofovir**, **(2) dolutegravir/abacavir/lamivudine (with HLA B5701 testing required prior to initiation)** and **(3) criteria for use language modification to include**

"for treatment of HIV infection among patients with contraindications for first-line agents" to the current indication of HIV post-exposure prophylaxis with emtricitabine/tenofovir disoproxil fumarate plus raltegravir.

4. A drug class review of the SSRIs and SNRIs in the management of generalized anxiety disorder and major depression was performed. Epidemiologic (prevalence) data specific to American Indians and Alaskan Natives were available and provided for consideration. Practice guidelines shared during the evaluation included those from the Agency of Healthcare Research and Quality, American College of Physicians, VA/Department of Defense, and the Anxiety and Depression Association of America. Findings from numerous meta-analyses which directly compared drug class-specific agents were also detailed. Agency data offered added perspective to current utilization trends and cost comparisons. Ultimately, the NPTC voted to **add (1) citalopram, (2) escitalopram, and (3) paroxetine to the NCF.**

***The next NPTC meeting will be the 2019 Fall Meeting in Phoenix, AZ on November 5-6th, 2019. The meeting agenda will include drug class reviews of the Sodium-Glucose co-Transporter 2 (SGLT2) inhibitors and Glucagon-Like Peptide Receptor Agonists (GLP-1 RAs). Additionally, reviews of the 2018 American College of Cardiology/American Heart Association Guidelines on the Management of Blood Cholesterol, Pharmacotherapy for migraine prevention, Antivirals in the prevention and/or treatment of influenza and an overview of Pharmacovigilance in the IHS will also be delivered.*

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