Indian Health Service
National Pharmacy & Therapeutics Committee
2019 NPTC Fall Meeting (UPDATE)
-November 2019-

The Indian Health Service (IHS) National Pharmacy and Therapeutics Committee (NPTC) held its 2019 Fall meeting on November 5-6th, 2019 in Phoenix, AZ. Nine of the 12 IHS Areas were represented. Ann Bullock, MD, and Richard Arakaki, MD, both from the IHS Division of Diabetes Treatment and Prevention Program attended as a subject matter experts. Caroline Badeer, MD, Phoenix Indian Medical Center Department of Neurology, delivered a clinical lecture to the Committee as well. 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 at the Phoenix Area IHS Office.

The meeting agenda included reviews of the 2018 American College of Cardiology (ACC)/American Heart Association (AHA) Cholesterol Management guidelines, Treatment of Influenza, Migraine Prophylaxis, and Pharmacovigilance. Drug class reviews of the Sodium-Glucose CoTransporter-2 inhibitors and Glucagon-Like Peptide-1 Receptor Agonists were also provided during the meeting.

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

1. A review of the 2018 ACC/AHA Guideline on the Management of Blood Cholesterol was delivered, with particular emphasis on the recommended pharmacotherapies, namely ezetimibe and the Proprotein Convertase Subtilisin/Kexin type 9 (PCSK9) inhibitors. Currently, the National Core Formulary (NCF) contains the following antilipemic medications; atorvastatin, pravastatin, rosuvastatin, and simvastatin. Meta-analyses including those specifically from the Cochrane Library formed the basis of the medication literature review. Epidemiologic data from the National Data Warehouse (NDW) along with agency procurement data supplemented the clinical review. As a result, the NPTC voted to **add ezetimibe to the NCF**.

2. A drug class review of the Sodium-Glucose CoTransporter-2 inhibitors (SGLT2s) was performed. Clinical practice guidelines from the American Association of Clinical Endocrinologists (AACE)/ American College of Endocrinology (ACE), the ACC, and the National Institute for Health and Care Excellence (NICE) were shared in supporting the role and use of SGLT2s. Cardiovascular outcomes trial (CVOT) findings for each medication were reviewed in detail which offered valuable insight. Internal IHS data of pharmacoepidemiologic and drug utilization trends and cost utility were used to add perspective to the review. Ultimately, the NPTC voted to **add empagliflozin to the NCF**.

3. A drug class review of the Glucagon-Like Peptide-1 Receptor Agonists (GLP-1 RAs) was also provided. Medical literature reviewed in the evaluation included findings from CVOTs, various published meta-analyses, and practical guidance from the American Diabetes Association, AACE/ACE, NICE and European Society of Cardiology. Agency-specific medication procurement, utilization and pharmacoepidemiologic data were also reviewed. Following the comprehensive analysis, the NPTC voted to **add either subcutaneous dulaglutide, liraglutide or semaglutide to the NCF** (listed alphabetically only, no preference)**.**

4. A review of Pharmacovigilance, in association with the recently implemented NPTC Pharmacovigilance Program, was detailed to the Committee. Historical events and foundational literature relative to the practice of pharmacovigilance were profiled, which helped outline its current definition, purpose and supporting role in safe and responsible medication management. A programmatic overview offered objectives and planned activities within the agency. Lastly, an exercise utilizing real-time agency data was presented to demonstrate the potential use(s) and value of pharmacovigilance activities in comprehensive formulary management.

5. A clinical review of the Treatment of Influenza was also delivered to the NPTC. The evaluation focused on the Neuraminidase Inhibitors and the endonuclease inhibitor, baloxavir. Presently, no medications are specifically listed on the NCF for influenza. Notable guidelines presented in the review included those from the Centers for Disease Control and Prevention, the Infectious Diseases Society of America, and American Academy of Pediatrics. Medication utilization, procurement and pharmacoepidemiologic data within the IHS was of particular importance in the committee's evaluation. The NPTC voted to **add oseltamivir to the NCF.**

6. Lastly, a clinical review of pharmacotherapy in Migraine Prophylaxis was provided. The presentation specifically addressed two drug classes, the Calcitonin Gene-Related Peptides (CGRPs) and botulinum toxins. Currently, the NCF contains the following medications with recognized use(s) in migraine prevention; amitriptyline, atenolol, divalproex, metoprolol, propranolol, topiramate, venlafaxine. Clinical experience from the subject matter expert, in addition to published literature from the Institute for Clinical and Economic Review, various meta-analyses and national/international guideline reviews helped frame the clinical decision. Reviews of agency procurement, utilization and pharmacoepidemiologic data added value to the analysis. Ultimately, the NPTC **made no modifications to the NCF**.

***The next NPTC meeting will be the 2020 Winter Meeting in Phoenix, AZ on January 28-29th, 2020. The meeting agenda will include reviews of (1) Pediatric Issues in Medication Management, (2) Atopic Dermatitis, (3) Treatment of Acne, (4) Epinephrine Auto-Injectors, (5) Attention Deficit Hyperactivity Disorder, and (6) Dipeptidyl Peptase-4 Inhibitors.*

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