



INDIAN HEALTH SERVICE
National Pharmacy & Therapeutics Committee
****Spring 2024 NPTC Meeting Update****
=April/May 2024=



The Indian Health Service (IHS) National Pharmacy and Therapeutics Committee (NPTC) held its Spring 2024 meeting on April 30th and May 1st, 2024 in Sacramento, CA. Eleven IHS Areas were represented. Dr. Jonathan Iralu, MD, IHS Chief Clinical Consultant for Infectious Disease, provided subject matter expertise during the meeting. Affiliates from the U.S. Department of Defense 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 California Area IHS Office.

The Spring 2024 NPTC Meeting agenda included review(s) of (1) the Asthma Control in Tribal Communities (ACT) IHS Strategic Initiative, (2) asthma care guidelines, (3) budesonide/formoterol in asthma management, (4) dupilumab in asthma management, (5) short-course Tuberculosis (TB) treatment regimens, (6) doxycycline for post-exposure prophylaxis of sexually transmitted infections (STI), and (7) the dipeptidyl peptidase IV (DPP-IV) inhibitor drug class.

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

1. An overview of the IHS Asthma Control in Tribal Communities (ACT) strategic initiative was provided. Details provided in the presentation included the rationale behind the ACT initiative, the 4 ACT elements involved (improving awareness, recognition and diagnosis, support, and outcomes), the operational plan, and support across the Agency. Current ACT ambassadors and the ACT Ambassadors Pilot Program were acknowledged, as were best practices and clinical strategies. The ACT webpage (found at [NPTC Strategic Initiatives](#)) was discussed, showcasing the litany of readily available and accessible patient, provider and community resources.
2. A clinical review of Asthma care guidelines was also delivered to the Committee. Contemporary guidelines from the Global Initiative on Asthma (GINA), National Asthma Education and Prevention Program (NAEPP), and National Institute for Health and Care Excellence (NICE) served as foundational to the review. Agency population health statistics and medication procurement data were shared. As a result of this review, the NPTC voted to **ADD dexamethasone** to the NCF.
3. A pharmacotherapeutic review of Budesonide/formoterol in asthma management was presented at the meeting. Guidelines from the GINA, NAEPP and NICE were again detailed, specific to the role and place in therapy for inhaled corticosteroids (ICS) + formoterol products. Comparative drug data from multiple, randomized controlled studies (RCTs) and meta-analyses was also provided. Agency pharmacovigilance and pharmaco-economic utilization/trend data were given, adding scope to the Committee review. Following review, the NPTC voted to **ADD budesonide/formoterol** to the NCF.
4. A pharmacotherapeutic review of Dupilumab in asthma management was also detailed. Guidance for this topic included reviews from the European Association of Allergy and Clinical Immunology Biologicals Guidelines – Severe Asthma, the European Respiratory Society / American Thoracic Society and the GINA guidelines. Comparative outcomes from numerous RCTs and real-world studies were analyzed. Agency pharmacovigilance and pharmaco-economic utilization/trend data were also shared to support the decision. The NPTC ultimately made **no modifications** to the NCF.

5. A pharmacotherapeutic review of Short-course TB treatment regimens was presented. Medication(s) listed on the NCF relevant to this condition include(s) *ethambutol, isoniazid, pyrazinamide, rifampin, and rifapentine*. Clinical literature reviews were provided, which focused on both drug-sensitive and multi-drug resistant TB treatments. The use and safety of fluoroquinolones in TB treatment was also reviewed in detail. Agency pharmaco-economic utilization/trend data provided additional perspective. As a result of the comprehensive evaluation, the NPTC made **no modifications** to the NCF.

6. A therapeutic review of Doxycycline for bacterial STI post-exposure prophylaxis (DoxyPEP) was delivered to the Committee. *Of note, doxycycline was added to the NCF in April 2021.* IHS Interim guidance in concert with outcomes from multiple published studies of DoxyPEP use were detailed. Issues surrounding antimicrobial resistance were also discussed. Final guidance (in the form of official guidelines) from the U.S. Centers for Disease Control and Prevention is expected shortly. Following review and deliberation, the NPTC made **no modifications** to the NCF.

7. Lastly, an abbreviated clinical and pharmaco-economic drug class review of the DPP-IV inhibitors was provided. This marks the third clinical evaluation of the DPP-IV drug class by the NPTC. *Alogliptin currently serves as the sole DPP-IV inhibitor on the NCF.* During the clinical analysis, pharmaco-equivalence within the class was again re-established, although modest safety and pharmaco-economic benefits suggested a favorable change in drug class representation on the NCF. As a result, the committee voted to **REMOVE alogliptin and ADD sitagliptin** to the NCF.

**The next scheduled NPTC meeting will be the Summer 2024 Meeting on August 6-7, 2024 in Oklahoma City, OK. The meeting agenda will include reviews of (1) Non-invasive fungal infections, (2), Aspirin use in primary and secondary prevention, (3) Psilocybin, (4) Vixelis in American Indian / Alaska Native populations, (5) SGLT2 Inhibitors, and (6) Continuous glucose monitoring.*

**Click the hyperlink immediately below or find this link 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).*

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