



INDIAN HEALTH SERVICE
National Pharmacy & Therapeutics Committee
****Summer 2024 NPTC Meeting Update****
=August 2024=



The Indian Health Service (IHS) National Pharmacy and Therapeutics Committee (NPTC) held its Summer 2024 meeting on August 6-7th, 2024 in Oklahoma City, OK. All 12 IHS Areas were represented. Affiliates from the U.S. Veteran's Health Administration (VA), Department of Defense, and 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 Oklahoma City IHS Area Office.

The Summer 2024 Meeting agenda included pharmacotherapeutic reviews of (1) Non-Invasive Fungal Infections, (2) Aspirin Use in Primary and Secondary Prevention, (3) Psilocybin in Mental Health, (4) Vaxelis[®] in American Indian/Alaska Natives (AI/AN), (5) Sodium-Glucose Co-Transporter 2 Inhibitors, and (6) Continuous Glucose Monitors.

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

1. A pharmacotherapeutic review of Non-invasive fungal infections (i.e., dermatophytosis, onychomycosis, oral candidiasis) was provided to the Committee. *Medication(s) listed on the IHS National Core Formulary (NCF) relevant to this review include(s) clotrimazole and fluconazole.* Guidelines from the American Academy of Dermatology, British Association of Dermatologist, and Infectious Diseases Society of America were detailed as were findings from various Cochrane Database reviews of therapeutic agents. Agency pharmacovigilance and procurement data were also shared. Following the comprehensive review and analysis, the NPTC voted to **ADD oral terbinafine** to the NCF.
2. A pharmacotherapeutic review of Aspirin in Primary and Secondary Prevention was also delivered to the Committee. *Medication(s) listed on the NCF relevant to this topic include(s) aspirin.* Central to this review were recent updated guidance from the 2022 U.S. Preventive Task Force. Additionally, the 2019 American College of Cardiology/American Heart Association guidelines and multiple randomized, controlled trials (RCTs) addressing aspirin use in differing populations were detailed. Analyses of IHS pharmacovigilance and drug procurement trends added scope. As a result, the NPTC made **no modifications** to the NCF.
3. A pharmacotherapeutic review of the Psilocybin Use in Mental Health (i.e., major depressive disorder, post-traumatic stress disorder, treatment-resistant depression) was provided. An in-depth review of the 2021 Oregon Psilocybin Services Act was instrumental in the clinical assessment. Furthermore, reviews of international programs (New Zealand, Australia, Canada) that allow access to clinical psilocybin were also profiled. Findings from the VA's 2022 Evidence Brief were also shared. Following review, the NPTC made **no modifications** to the NCF.
4. A therapeutic review of Vaxelis[®] in American Indian/Alaska Natives was also detailed, with particular focus on *Haemophilus influenzae* type b prevention. *Currently, all CDC Advisory Committee on Immunization Practices (ACIP)-recommended immunizations are named to the NCF.* The American Academy of Pediatrics and the Centers for Disease Control and Prevention served as primary sources of guidance for the presentation, with the focus on the immunogenicity data supporting a preferential recommendation for AI/AN infants. Agency pharmacovigilance and

pharmacoeconomic utilization/trend data were also given. Following the evaluation and committee deliberation, the NPTC made **no modifications** to the NCF.

5. A pharmacotherapeutic class review of the Sodium-Glucose co-Transporter 2 (SGLT) Inhibitors was presented. *Medication(s) listed on the NCF relevant to this condition include(s) empagliflozin.* Emphasis was placed on review of (1) newly approved agents in the class and (2) use of SGLT2 inhibitors in heart failure and chronic kidney disease. Recommendations from recent European and U.S.-based disease guidelines, along with numerous RCTs of individual agents supported the NPTC’s decision. Agency pharmacovigilance and pharmacoeconomic utilization data were also shared. As a result of the evaluation and analyses, the NPTC made **no modifications** to the NCF.

6. Lastly, a review of Continuous Glucose Monitors (CGMs) was provided to the Committee. *Of note, the NPTC does not view CGMs as drug therapy and thus these devices were not considered for potential NCF inclusion during this review.* Guidance from the American Diabetes Association, American Association of Clinical Endocrinologists and Centers for Medicare and Medicaid Services were provided, as were outcomes from various RCTs evaluating CGMs. Pharmacovigilance and pharmacoeconomic utilization/trend data were presented. Following the review, the NPTC made **no modifications** to the NCF.

**The next scheduled NPTC meeting will be the Fall 2024 Meeting on November 13-14, 2024 in Albuquerque, NM. The meeting agenda will include reviews of the (1) PCSK9 Inhibitors, (2) Cough & Cold Medications, (3) Direct Oral Anticoagulants, (4) Combination Medications and Adherence, (5) Congenital Syphilis, and (6) Postpartum Depression.*

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](#).
