



**Indian Health Service**  
**National Pharmacy and Therapeutics Committee**  
**NPTC Spring Meeting Update**  
**-May 2017-**



The Indian Health Service (IHS) National Pharmacy and Therapeutics Committee (NPTC) held its spring meeting on May 2-3<sup>rd</sup>, 2017 in Portland, OR. All 12 IHS Areas were represented. Affiliates from the Department of Defense, Department of Veterans Affairs and Federal Bureau of Prisons provided information on formulary updates, clinical experiences and future meeting topics. In addition to the regularly scheduled meeting, the NPTC received educational training on evidence-based medicine and formulary management from the Oregon Health & Sciences University. The NPTC continues to value the relationships with both field experts and federal partners and appreciates the opportunity to host the meeting from the Portland Area IHS Office. Pharmacotherapy for the management of heart failure was last reviewed by the NPTC in February 2009.

Five clinical presentations were received by the NPTC on the management of heart failure, including an overview of current heart failure guidelines and 4 drug class reviews. The pharmacotherapeutic reviews evaluated various drug classes indicated for heart failure management and included novel heart failure medications, angiotensin-converting enzyme inhibitors & angiotensin II receptor blockers, beta-blockers and mineralocorticoid receptor antagonists.

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

1. An introductory overview of Heart Failure (HF) was provided, detailing the NPTC on the epidemiology and etiology of HF along with functional classification and staging. Goals of therapy, stage-specific treatment and comprehensive reviews of both national and international HF practice guidelines were presented. A pharmacoeconomic comparison of drug class procurement and utilization was also delivered with supplemental data from the IHS National Data Warehouse.
2. A therapeutic review of novel HF drug therapies (*sacubitril/valsartan and ivabradine*) was given focusing on the primary literature of both medications which led to their FDA approval. The 2016 update from the American College of Cardiology (ACC)/American Heart Association (AHA)/Heart Failure Society of America, which references the novel HF drugs, their role(s) and potential place in HF management, was discussed in detail. Agency-wide medication utilization and procurement trends were also provided. Based on the NPTC review, **no modifications were made to the National Core Formulary (NCF)**. A formulary brief will be disseminated, providing a review of the guideline update and literature findings.
3. A drug class review of angiotensin-converting enzyme inhibitors & angiotensin II receptor blockers for HF management was presented. *Lisinopril and losartan are currently listed on the NCF*. Intra-class comparison was provided for each drug category noting key findings in published literature. Numerous systematic reviews (e.g., JAMA, International Journal of Medicine, Cochrane Database) were available and formed the basis of the clinical analysis. Data trends on IHS medication utilization and procurement were also shared. Both NPTC clinical and utilization analyses and contemporary HF guidelines support the current NCF agents thus, **no**

**modifications were made to the NCF.** A NPTC formulary brief describing literature findings and clinical recommendations will be developed and disseminated.

4. A drug class review of beta-blockers indicated for HF was provided, focusing on guideline-recommended agents (i.e., bisoprolol, carvedilol and metoprolol succinate) with demonstrated benefit in the target population. *Atenolol, carvedilol (immediate release only), metoprolol and propranolol are the currently listed beta-blockers on the NCF.* A pharmacoeconomic review of IHS-specific utilization and procurement data followed the clinical review. Guidelines from the ACC/AHA, the European Society of Cardiology and the Department of Veterans Affairs were detailed. Recent guidelines and evidence align with NPTC findings which support the current NCF beta-blockers (for HF); **no modifications were made to the NCF.** A formulary brief detailing guideline recommendations will be developed and distributed.
5. A drug class review of mineralocorticoid receptor antagonists (i.e., spironolactone and eplerenone) was presented. *Spironolactone is currently listed on the NCF and represents the sole agent from this drug class.* Available literature discussed in the review included numerous, recently published systematic reviews. Agency utilization/procurement trends in conjunction with data from the IHS National Data Warehouse were provided. As a result of the clinical/pharmacoeconomic analyses and NPTC discussion, **no modifications were made to the NCF.** A NPTC formulary brief will be developed and disseminated to the field.

\*The next NPTC meeting is scheduled for August 1-2<sup>nd</sup>, 2017 in Oklahoma City, OK. The agenda will include drug class reviews focusing primarily of the treatment of Type 2 Diabetes Mellitus and will include long-acting basal insulins (e.g., basaglar, degludec), DPP-IV inhibitors, GLP-1 receptor agonists, Thiazolidinediones and SGLT2 inhibitors (update only). A drug class review of the PCSK-9 inhibitors will also be presented.

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*If you would like to recommend a topic for future NPTC discussion, please go to the NPTC website and complete the Formulary Request Form or send an email at [IHSNPTC1@ihs.gov](mailto:IHSNPTC1@ihs.gov).*

*For more information about the NPTC, please visit the [NPTC website](#).*