Indian Health Service
National Pharmacy and Therapeutics Committee
NPTC Winter Meeting Update
-February 2016-

The Indian Health Service (IHS) National Pharmacy and Therapeutics Committee (NPTC) held its winter meeting on February 2-3rd, 2016 in Dallas, Texas. All 12 IHS Areas were represented. Affiliates from the Department of Defense, Department of Veterans Affairs, United States Coast Guard and Federal Bureau of Prisons provided input and updates on clinical experiences and future meeting topics. The NPTC continues to value the relationships with experts from the field and with the federal partners. Additionally, the NPTC appreciated the opportunity to host the meeting from the DHHS Federal Building.

The NPTC received five presentations focusing on nutritional supplements in various health-related areas including dentistry, hematology, obstetrics, women’s health and wound healing. The NPTC also received a clinical drug class review on the approved neuraminidase inhibitors.

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

1. A presentation on nutritional supplements in dentistry was delivered, reviewing the role and use of fluoride in the prevention of dental caries. Race/ethnicity disparities along with IHS specific data on dental health rates were also provided. Various fluoride delivery systems (e.g., toothpastes, gels, varnishes) were reviewed, along with their relative fluoride content. Literature review included numerous meta-analyses from the Cochrane Database as well as guidelines from the American Dental Association, Centers for Disease Control and Prevention (CDC) and American Academy of Pediatrics (AAP). Due to the identified need for and effectiveness of oral fluoride supplementation, the NPTC added an oral fluoride supplement (any product) to the National Core Formulary (NCF). A formulary brief will be developed and disseminated, providing a review of the presentation findings.

2. A presentation covering nutritional supplements for hematologic conditions was provided with focus on iron, cyanocobalamin (B₁₂) and thiamine. A review of each supplement and its deficiency (causes, symptoms, treatment) was given, referencing literature and guideline recommendations from the Cochrane Database, National Institute of Health and Clinical Excellence (NICE), American College of Gastroenterology and U.S. Preventive Services Task Force. Relevant IHS medication utilization and procurement were also reviewed. The NPTC added the following 2 medications to the NCF; (1.) oral iron product (any formulation) and (2.) oral cyanocobalamin (B₁₂). A formulary brief will be developed and disseminated, providing a review of guideline recommendations and literature findings which guided the NPTC decision.

3. Nutritional supplements in obstetrics were presented with primary emphasis on pyridoxine (B₆) deficiency, toxicity and use in both hyperemesis and prevention of neuropathies with isoniazid therapy. Key clinical and historical information from published literature and practice guidelines including the Cochrane Database and American College of Obstetricians and Gynecologists (ACOG) was evaluated. Data trends on IHS medication utilization and procurement were also shared. As a result of the clinical and utilization analysis, the NPTC added pyridoxine (B₆) to the NCF. A formulary brief describing the clinical recommendations and decision points resulting in the NCF addition will be developed and disseminated.
4. A clinical review of nutritional supplements in women’s health (folic acid, calcium, vitamin D) was given in concert with agency data on procurement and utilization. Reviews from the ACOG, CDC, Cochrane Database, Agency for Healthcare Research and Quality and National Institute of Health (Office of Dietary Supplements) along with various published meta-analyses were referenced and evaluated. Both calcium (any formulation) and vitamin D are currently included on the NCF. Based on clinical findings and committee discussion, the NPTC added folic acid (any product containing >400 mcg/daily dose) to the NCF. A formulary brief detailing clinical outcomes and guideline recommendations will be developed and distributed.

5. A presentation on nutritional supplements in wound healing was provided, addressing vitamin C and zinc specifically. Available literature for evaluation included mostly smaller studies but did contain recent reviews from the Cochrane Database and the Institute for Clinical Systems improvement. No significant clinical advantages were consistently noted during the presentation to warrant selection of either agent to the NCF. Agency utilization data supported that supplement use for wound healing was limited and that no particular agents were universally preferred. No modifications were made to the NCF and a formulary brief will be developed and disseminated.

6. A therapeutic class review of the neuraminidase inhibitors (oseltamivir, zanamivir, peramivir) in the prevention and treatment of influenza was delivered. Influenza epidemiology and at risk groups were detailed, specifically noting race/ethnicity data and agency vaccination rates. Guidelines reviewed included those from the NICE, Infectious Diseases Society of America, World Health Organization, U.S. Advisory Committee of Immunization Practices, CDC and AAP. Findings from meta-analyses and systematic reviews (Cochrane Database, Lancet) along with published conflicts of interest and conclusions from national and international organizations were also provided. Currently, the NCF does not contain a neuraminidase inhibitor. No modifications were made to the NCF. The NPTC will draft and distribute a formulary brief, defining key decisional points identified during the review.

*The next NPTC meeting will be May 3-4th, 2016 in Portland, OR. The agenda will include comprehensive therapeutic reviews of pharmacotherapy in rheumatoid arthritis, osteoporosis and gout. Additionally, presentations covering “de-prescribing” and appropriate digoxin use are being considered for review.

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.

For more information about the NPTC, please visit the NPTC website. Check out the new webpage!!