



INDIAN HEALTH SERVICE National Pharmacy & Therapeutics Committee

****Spring 2021 NPTC Meeting Update****

=April 2021=



The Indian Health Service (IHS) National Pharmacy and Therapeutics Committee (NPTC) held its Spring 2021 virtual meeting on April 27-28th, 2021. All 12 IHS Areas were represented. Internal and external subject matter experts provided clinical presentations and/or consultation to the committee, including Jean Howe, MD (IHS Chief Clinical Consultant, Obstetrics & Gynecology), Brenda Ernst, MD (Mayo Clinic, Oncology) and Andria Apostolou, PhD (IHS National STD Program Lead/Senior Epidemiologist). Affiliates from the Department of Defense, Veterans Administration, and Coast Guard provided information on formulary updates, clinical experiences, and future 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 virtual meeting through the Oklahoma City Area IHS Office.

The Spring 2021 meeting agenda included clinical reviews of (1) hydroxyprogesterone caproate in preterm birth risk, (2) pregnancy & prenatal care, (3) long-acting reversible contraceptives, (4) adjuvant treatment for postmenopausal women with hormone-positive breast cancer, (5) sexually transmitted infections and, (6) updates on COVID-19 treatment guidelines, SARS-CoV-2 variants, COVID-19 vaccines, and IHS COVID-19 drug and vaccine safety surveillance efforts.

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

1. A focused pharmacotherapeutic review of hydroxyprogesterone caproate in preterm birth risk reduction was delivered to the NPTC, prompted by various requests from the field. *There are no agents named to the National Core Formulary (NCF) for this condition.* Evidence supporting the NPTC decision was provided from numerous randomized trials, meta-analyses, Cochrane Reviews, and current practice and federal regulatory guidelines. Recent IHS utilization and procurement trends also served to help guide the committee. Following extensive clinical review and deliberation, the NPTC made **no modifications to the NCF**.
2. A therapeutic review of pregnancy & prenatal care was provided to the committee. *Currently named relevant medications to the NCF include folic acid, pyridoxine, vitamin D, and iron.* Literature presented included (but was not limited to) findings from the American College of Obstetricians (ACOG) and VA/DoD guidelines, numerous Cochrane Reviews, the U.S. Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO). Agency utilization/procurement data was also shared. As a result of the comprehensive analysis, the NPTC voted to **ADD prenatal vitamins (containing >400 mcg of folic acid/dose) to the NCF**.
3. A drug class review of long-acting reversible contraceptives (i.e., intrauterine devices [IUD], subcutaneous implants) was also detailed. *The NCF presently contains the following related products for use by skilled and privileged providers: IUD-copper, IUD-levonorgestrel, and the etonogestrel implant.* Notable guidelines from the ACOG and National Institute of Clinical and Health Excellence, along with evidence of outcomes from the CDC and Cochrane Library formed the basis of the review. Data from the IHS National Data Warehouse and Pharmaceutical Prime Vendor added valuable perspective on agency use of these products. Following the committee review, the NPTC made **no modifications to the NCF**.

4. A therapeutic review of adjuvant treatment for postmenopausal women with hormone-positive breast cancer was presented, targeting the aromatase inhibitors and tamoxifen specifically. *Anastrozole, letrozole, and tamoxifen are all named to the NCF at present.* Evidence from multiple meta-analyses directly comparing the inter- and intra-class agents, in concert with guidelines from the American Cancer Society, the National Comprehensive Cancer Network, and American Society of Clinical Oncology were analyzed. Agency-level pharmacovigilance and drug utilization/trending data, as well as federal partner input, were of particular importance to the review. Ultimately, the NPTC made **no modifications to the NCF.**

5. An initial therapeutic review of sexually transmitted infections (STIs) was offered, with focus on chlamydia, gonorrhea, and syphilis only at this time. Notably, a subsequent review of additional STIs is planned for review in the near future. *There are no STI treatments presently on the NCF for these 3 conditions.* Clinical guidance and key outcomes from the CDC, the Health and Human Service' STI National Strategic Plan, and multiple Cochrane Reviews were detailed. Updated pharmacoepidemiology data from the NDW paired with agency pharmaco-economic trends were presented. As a result of the review, the NPTC voted to **ADD (1) ceftriaxone injection, (2) cefixime (for outpatient treatment of gonorrhea), (3) azithromycin, (4) doxycycline, and (5) benzathine penicillin to the NCF.**

6. In its 4th iteration, NPTC Leadership delivered a panel-style update on COVID-19 Treatment Guidelines, Vaccines & trending topics, Variants and Vaccinovigilance to the committee. New recommendations from the National Institute of Health, Infectious Diseases Society of America and the WHO were presented. Agency-specific data and processes were detailed, along with contemporary guidance/data for both authorized vaccines and vaccine candidates. The NPTC remains committed to monitoring and providing agency-level surveillance, educational content, and clinical updates to IHS clinicians as needed.

7. Lastly, an abbreviated review of buprenorphine products in the treatment of Opioid Use Disorder (OUD) was provided during the meeting to address the recent release of the [April 28, 2021 SAMHSA Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder](#). Guidance documents and clinical slides from prior reviews of this topic by the NPTC in August 2018 and in July 2020 was instrumental in the committee's current review. *Buprenorphine-naloxone, buprenorphine (limited to management of OUD in pregnancy), and extended-release naltrexone are all listed on the NCF.* Ultimately, the NPTC elected to (1) generate relevant clinical guidance and distribute across the Agency, and (2) to schedule a comprehensive clinical review and update of Medication Assisted Therapy (MAT) for OUD at the following NPTC meeting.

***The next NPTC meeting will be the Summer 2021 Meeting scheduled for August 10-11th, 2021. The meeting agenda will include reviews of (1) Esketamine Nasal Spray, (2) Post-Traumatic Stress Disorder, (3) Anxiety Disorders, (4) Management of Primary Sleep Disorders, (5) Anti-Epileptic Agents, and (6) MAT in the treatment of OUD.*

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