



INDIAN HEALTH SERVICE
National Pharmacy & Therapeutics Committee
****Summer 2022 NPTC Meeting Update****
=August 2022=



The Indian Health Service (IHS) National Pharmacy and Therapeutics Committee (NPTC) held its Summer 2022 meeting on August 2-3rd, 2022 in Denver, Colorado. Eleven of 12 IHS Areas were represented. Commander Chris Bengson, MD (Chief Clinical Consultant, Dermatology) and LCDR Sam Cropp, PharmD served as both subject matter experts and clinical speakers at the meeting. IHS subject matter experts, Drs. Jonathan Iralu (Chief Clinical Consultant, Infectious Disease), Jean Howe (Chief Clinical Consultant, OB/GYN), and Andria Apostolou (STI Program) participated and provided valuable input. Affiliates from the Department of Defense, Veterans Administration and United States 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 regional locations.

The Summer 2022 NPTC Meeting agenda included reviews of (1) Rosacea, (2) Alopecia, (3) Ultra Long-acting Insulins, (4) Obesity management, (5) Sexually Transmitted Infections (Part III), and (6) Stimulant Use Disorder.

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

1. A therapeutic review of Rosacea was presented to the NPTC. *Treatment options currently listed on the IHS National Core Formulary that may be used in the management of rosacea include benzoyl peroxide, benzoyl peroxide/clindamycin, doxycycline, metronidazole, moisturizers (both cream- and petroleum-based), and tacrolimus.* Guideline recommendations, clinical trial outcomes and findings from multiple meta-analyses provided support for formulary modifications. Data from pharmacovigilance/population health reviews and Agency medication procurement trends added scope to the clinical evaluation. Following review and deliberation of the topic, the NPTC voted to **(1) ADD sunscreen with Sun Protection Factor (SPF) of ≥ 30** , and **(2) ADD metronidazole, topical** to the National Core Formulary (NCF). The Committee also voted to **(3) MODIFY the currently named “metronidazole” formulation to now read as “metronidazole, oral”** on the NCF.
2. A pharmacotherapeutic review of Alopecia Areata was also delivered to the Committee. *Currently, the NCF includes topical corticosteroids (class I), prednisone and tacrolimus which are available for use in managing alopecia.* Clinical medication reviews and literature evaluation were analyzed according to the extent of disease, either limited or extensive. National and international guidelines were presented and guided discussion regarding appropriate treatment selection. Relevant IHS pharmacoepidemiologic and pharmaco-economic data were also provided. At the conclusion of this review, the NPTC ultimately made **no modifications** to the NCF.
3. A pharmacotherapeutic review of Ultra-Long Acting Insulins (degludec, glargine U-300) was provided at the meeting. *No ultra-long acting (ULA) insulins are currently named to the NCF although the long-acting insulins, detemir and glargine (U-100 including biosimilars) are included on the NCF.* Pharmacokinetic and pharmacodynamic differences between the ULA insulins were reviewed in depth, along with position statements and/or guideline recommendations from current national and European diabetes management organizations. IHS National Data Warehouse (NDW) and National Supply Service Center data of usage trends and procurement added perspective to use of these therapies. At the conclusion of this review, the NPTC ultimately made **no modifications** to the NCF.

4. A pharmacotherapeutic review of Obesity Management was also given. *Phentermine is currently named to the NCF.* The presentation focused on long-term indicated pharmacotherapy for patients with overweight or obesity, namely bupropion/naltrexone, liraglutide, orlistat, phentermine/topiramate, and semaglutide. Focused reviews of drug-specific RCT safety outcomes, comparative effectiveness and economic evaluations, and clinical practice guidelines were detailed and provided evidential support for change. Access to these medications, including REMS program requirements were also discussed. Analyses of data from the NDW and Pharmaceutical Prime Vendor regarding trends and procurement were also presented. Following review and deliberation, the NPTC voted to **(1) REMOVE phentermine** and **(2) ADD phentermine/topiramate** to the NCF.

5. A therapeutic review of Sexually Transmitted Infections (STIs), Part III was presented during the meeting. *Based on previous reviews of STIs in 2021, azithromycin, ceftriaxone, cefixime, doxycycline, metronidazole, penicillin G benzathine, tinidazole, and valacyclovir are all included on the NCF.* Areas and treatments in this final iteration of STI review included congenital syphilis, common STIs in children/adolescents, STIs in pregnancy, bacterial vaginosis, human papillomavirus, molluscum contagiosum, scabies, pediculosis pubis, chancroid, granuloma inguinale, lymphogranuloma venereum, and Hepatitis B. Treatment guidelines, specifically from the Centers for Disease Control and Prevention (2021), were foundational in evaluating therapies accordingly. Agency pharmacovigilance and pharmaco-economic trend data were shared. Following review of the above stated STIs, the NPTC voted to **(1) ADD permethrin 5% cream** and **(2) ADD permethrin 1%, any formulation** to the NCF.

6. A therapeutic review of Substance Use Disorder (SUD) was also provided to the NPTC. *Currently, bupropion, methylphenidate, naltrexone (extended release for injection), and topiramate are named to the NCF.* Guidelines from the Agency for Healthcare Research and Quality and findings from targeted meta-analyses were profiled which offered substantial value to the review process. Agency pharmacovigilance and pharmaco-economic trend data were detailed to the Committee. Ultimately, the NPTC made **no modifications** to the NCF.

7. Lastly, the Committee reviewed the placement of ranitidine on the National Core Formulary, given its recall and current withdrawal status from the market. Following deliberation, the NPTC voted to **REMOVE ranitidine** from the NCF. A subsequent class review of Histamine H₂ antagonists is planned for the November 2022 meeting.

**The next NPTC meeting will be the Fall 2022 Meeting, scheduled for November 1-2, 2022 in Oklahoma City, OK. The meeting agenda will include reviews of (1) Male genitourinary infections, (2) Male hypogonadism, (3) Erectile dysfunction, (4) Benign Prostatic Disorders, (5) Prostatic Cancer, and (6) New HIV injectable and PrEP treatment options.*

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