

INDIAN HEALTH SERVICE National Pharmacy & Therapeutics Committee **Summer 2025 NPTC Meeting Update** =August 2025=



The Indian Health Service (IHS) National Pharmacy and Therapeutics Committee (NPTC) held its Summer 2025 meeting on August 5-6th, 2025 in Minneapolis, MN. Eleven IHS Areas were represented. Jonathan Iralu, MD, IHS Chief Clinical Consultant (CCC) for Infectious Diseases and Jean Howe, MD, IHS CCC for Obstetrics/Gynecology provided subject matter expertise during the meeting. Affiliates from the United States (U.S.) 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 federal colleagues, field experts, and subject matter experts and appreciates the opportunity to host this formulary management meeting in the IHS Bemidji Area.

The Summer 2025 Meeting agenda included clinical reviews of (1) Respiratory Syncytial Virus (RSV) long-acting monoclonal antibodies, (2) Adult pneumococcal vaccines, (3) Multiple Sclerosis, (4) Mineralocorticoid Receptor Antagonists, (5) Zoonotic Infections, and (6) Infectious Vulvovaginitis.

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

- 1. A pharmacotherapeutic review of RSV long-acting monoclonal antibodies (nirsevimab, clesrovimab) was provided. *Medication(s) listed on the IHS National Core Formulary (NCF) relevant to this review include(s) long-acting monoclonal antibodies, all ACIP-recommended.* Guidelines from the American Academy of Pediatrics and U.S. Centers for Disease Control and Prevention (CDC) were detailed, as were safety and effectiveness outcomes from real-world data analyses. Published health outcomes from IHS data of nirsevimab were central to this clinical analysis. Agency procurement and pharmacovigilance data were also shared. Following review and deliberation, the NPTC made **no modifications** to the NCF. Among the available RSV monoclonal antibodies for eligible infants and young children, IHS supports preferential use of nirsevimab for the 2025-2026 RSV season.
- 2. A pharmacotherapeutic review of <u>Adult Pneumococcal Vaccines</u> was also delivered to the NPTC. Medications/therapies listed on the IHS NCF relevant to this review include(s) all ACIP-recommended immunizations, including pneumococcal vaccine(s). Recommendations and findings from epidemiologic surveillance programs as well as input from IHS subject matter experts, including Invasive Pneumococcal Disease from Serotype 4 among certain high-risk groups in some geographic locations in Indian Country, guided this topic review. Agency population health statistics and vaccine procurement data were included. Following deliberation, the NPTC made no modifications to the NCF and will issue clinical guidance regarding use of PCV-20 and PCV-21 in Indian Country.
- 3. A pharmacotherapeutic review of Multiple Sclerosis (MS) was also given to the Committee. This was the initial review of this topic by the NPTC; as such, no medication(s) were listed on the NCF relevant to this condition. Clinical practice guidelines from the American Academy of Neurology and National Institute for Health and Care Excellence were evaluated in depth. Agency data, albeit limited due to the low prevalence of MS in the IHS, on pharmacovigilance and procurement were included. Ultimately, the NPTC made no modifications to the NCF.

- **4.** A drug class review of Mineralocorticoid Receptor Antagonists (MRAs) was also detailed. *Medication(s) listed on the NCF relevant to this review include(s) spironolactone.* Comparative drug studies highlighted key intra-class differences in outcomes in prevalent conditions (e.g., heart failure, sudden cardiac death, chronic kidney disease). Findings from recently published trials of finerenone were also scrutinized. IHS-wide pharmacovigilance and pharmacoeconomic utilization trends were insightful. As a result of the analysis, the NPTC made **no modifications** to the NCF.
- 5. A pharmacotherapeutic review of <u>Zoonotic Infections</u> was presented, with emphasis on prevention and treatment(s) for avian influenza, plague, and rabies. *Medication(s) listed on the NCF relevant to this review include(s) ciprofloxacin, doxycycline, and oseltamivir.* Guidance for treating these zoonoses was provided primarily from the CDC. Pharmacovigilance and pharmacoeconomic data trends relative to IHS were provided for additional consideration. Following review and deliberation, the NPTC voted to ADD (1) Rabies vaccine (any product) and (2) Human Rabies Immune Globulin (any product) to the NCF.
- **6.** Lastly, a pharmacotherapeutic review of <u>Infectious Vulvovaginitis</u> (bacterial vaginosis, vulvovaginal candidiasis, trichomoniasis) was provided to the Committee. *Medication(s) listed on the NCF relevant to this review include(s) clindamycin, clotrimazole, fluconazole, metronidazole, and tinidazole.* Guidelines from the American College of Obstetricians and Gynecologists, the CDC's Sexually Transmitted Infection program, and Infectious Diseases Society of America, together with various Cochrane Reviews were presented. Agency pharmacovigilance and pharmacoeconomic data were also detailed. Ultimately, the NPTC made **no modifications** to the NCF.

CLICK HERE --- >>> 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.

^{*}The next scheduled NPTC meeting will be the Fall 2025 Meeting on November 4-5th, 2025 in Oklahoma City, OK. The meeting agenda will include reviews of (1) Biologic DMARDS for Rheumatoid Arthritis, (2) Constipation Treatments, (3) HIV Injectables, (4) Inflammatory Bowel Disease Guidelines, (5) Open-angle Glaucoma, and (6) Pediatric Antibiotic Stewardship.