



**INDIAN HEALTH SERVICE**  
**National Pharmacy & Therapeutics Committee**  
**\*\*Winter 2026 NPTC Meeting Update\*\***  
**=January 2026=**



The Indian Health Service (IHS) National Pharmacy and Therapeutics Committee (NPTC) held its Winter 2026 meeting on February 3-4<sup>th</sup>, 2026 in Phoenix, AZ. Eleven IHS Areas were represented. Affiliates from the U.S. Department of Defense (DoD) and Federal Bureau of Prisons provided information on formulary updates, clinical experiences, and meeting topics from their respective agencies. The NPTC values the relationships with its field and subject matter experts and appreciates the opportunity to host this clinical formulary management meeting at the Phoenix IHS Area Office.

The Winter 2026 Meeting agenda included clinical reviews of (1) Chronic Kidney Disease (CKD) prevention, (2) CKD Guidelines, (3) Hypertensive and Diabetic Nephropathy, (4) Pediatric CKD, (5) Anemia Management in CKD, and (6) Bone Health in CKD.

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

1. A clinical review of Preventive Measures for Chronic Kidney Disease (CKD) was provided to the Committee. *Medication(s) discussed specifically in this review and listed on the IHS National Core Formulary (NCF) include(s) empagliflozin, lisinopril, lisinopril + hydrochlorothiazide (HCTZ), losartan, losartan + HCTZ, and semaglutide.* Guidelines from the American Diabetes Association, Kidney Disease Improving Global Outcomes (KDIGO) organization and National Kidney Foundation were central to the review. Agency pharmacovigilance data added scope to the analysis. Following topic review and deliberation, the NPTC made **no modifications** to the NCF.
2. A pharmacotherapeutic review of CKD Guidelines (screening, diagnosis, and treatment) was also delivered to the NPTC. The review focused on contemporary CKD standards of care and evaluated whether modifications in drug therapy were warranted to the NCF based on updated guidance. Both national (KDIGO, VA/DoD) and international renal guidelines (National Institute for Health and Care Excellence, UK Kidney Association, Kidney Health Australia) were detailed. Management of numerous CKD-related comorbidities was also reviewed in depth. IHS pharmacovigilance and drug procurement trends were provided. Ultimately, the NPTC voted to **ADD sodium zirconium cyclosilicate** to the NCF.
3. A pharmacotherapeutic review of Hypertensive and Diabetic Nephropathy was presented. *Medication(s) listed on the NCF relevant to this review include(s) atorvastatin, empagliflozin, lisinopril, lisinopril + HCTZ, losartan, losartan + HCTZ, pravastatin, rosuvastatin, semaglutide and simvastatin.* Clinical guidance included reviews and recommendations made by the aforementioned diabetic and renal care medical organizations. Outcomes from numerous, randomized clinical trials (RCTs) and meta-analyses were also shared. Agency-specific pharmacovigilance and procurement data was provided. Ultimately, the NPTC made **no modifications** to the NCF.
4. A pharmacotherapeutic review for the Management of Pediatric CKD was also detailed at the meeting. The review narrative evaluated treatment(s) to prevent and slow CKD progression as well as complications specific to pediatric CKD. Clinical guidance regarding contemporary treatment was derived primarily from the KDIGO, UpToDate, and the U.S. Renal Data System. Analyses of IHS-wide pharmacovigilance trends were insightful. As a result, the NPTC made **no modifications** to the NCF.

5. A pharmacotherapeutic review of Anemia Management in CKD was delivered to the Committee, focusing on iron formulations, erythropoietin-stimulating agents, and hypoxia-Inducible factor–prolyl hydroxylase inhibitors. *Medication(s) listed on the NCF relevant to this review include(s) iron (any oral formulation).* The KDIGO guidelines, along with various RCTs and Cochrane reviews of the drug classes were instrumental in the clinical review and decision. Agency pharmaco-economic and pharmacovigilance data offered additional insight. Following discussion and review, the NPTC made **no modifications** to the NCF.
  
6. Lastly, a pharmacotherapeutic review of Bone Health in CKD was provided. *Medication(s) listed on the NCF relevant to this review include(s) alendronate, calcium (any formulation), and sevelamer.* Guidance for this topic review included primarily the KDIGO guidelines, National Kidney Disease Educational Program, and Cochrane Review outcomes. Pharmacovigilance and pharmaco-economic utilization data were also presented. As a result of this analysis, the NPTC voted to **REMOVE the current language affiliated with sevelamer** (“For patients on dialysis who cannot use calcium-based phosphate binders due to hypercalcemia”) on the NCF.

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*\*The next scheduled NPTC meeting will be the Spring 2026 Meeting on April 28-29<sup>th</sup>, 2026 in Sacramento, CA. The meeting agenda will include reviews of (1) Autism Spectrum Disorder, (2) Drug Class Review of Beta-blockers, (3) HIV Treatment (Update), (4) Hypertension Guidelines Review, (5) Obstructive Sleep Apnea, and (6) Oral Health.*

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*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).*

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