



Indian Health Service National Pharmacy and Therapeutics Committee



NPTC Meeting Update February 2014

The IHS National Pharmacy and Therapeutics Committee (NPTC) held its winter meeting February 4-5, 2014 at the HHS building in Dallas, TX. Representatives from all twelve of the IHS Areas were in attendance for this meeting. Eleven members attended the live meeting and 1 member joined via teleconference. Dr. Ann Bullock, Chief Clinical Consultant, Division of Diabetes Treatment and Prevention provided a discussion related to the 2013 ACC/AHA cholesterol guidelines and the 2014 Standards of Medical Care in Diabetes via teleconference. Dr. Dena Wilson of the Native American Cardiology Program provided pre-meeting consultation regarding atherosclerotic cardiovascular disease (ASCVD) risk factor evaluation. The DoD-PEC provided updates related to the various upcoming meeting topics and class reviews. The VA provided specific insight on how the VA formulary relates to several NPTC discussions. The NPTC continues to appreciate the relationships with experts from the field and with other government agencies. Additionally, the committee appreciated the opportunity to hold its meeting at the HHS building in Dallas, TX.

This meeting had discussions on a variety of topics which included: the treatment of blood cholesterol with statins and nonstatins, management of overweight and obese adults with weight loss medications, a review of the sodium glucose co-transporter 2 (SGLT2) inhibitors canagliflozin and dapagliflozin, and the adverse events associated with long-term use of proton pump inhibitors.

The resulting action from the meeting was as follows:

1. A clinical presentation over the 2013 AHA/ACC/TOS Guideline for the management of overweight and obesity and two separate clinical presentations, followed by IHS specific utilization and procurement data was provided for the weight loss agents used in the management of overweight and obese adults. The medications reviewed were the short acting noradrenergic sympathomimetic drugs, phentermine/topiramate combination, bupropion/naltrexone combination, lorcaserin, and orlistat. No specific modifications were made to the IHS NCF, however a formulary brief to discuss the option for adding pharmacotherapy as an adjunct to comprehensive lifestyle intervention will be developed and disseminated.
2. A clinical presentation over the 2013 ACC/AHA blood cholesterol guidelines and the use of statins in the management of dyslipidemia was provided. A utilization and procurement discussion was provided with IHS specific data. Based upon these discussions, the NPTC **ADDED** Atorvastatin 40mg to 80mg to the NCF. The addition of atorvastatin at the doses of 40mg to 80mg was to assure a high intensity statin (lowers LDL-C by approximately \geq 50%) was available on the NCF. A formulary brief will be developed and disseminated that provides a review of the guidelines focusing on the role of statins and nonstatins in managing dyslipidemia and global risk prediction.
3. A clinical presentation was provided regarding the use of nonstatins (bile acid binding resins, fibrates, niacin, and omega-3 fatty acids) in the treatment of dyslipidemia and their place in therapy according to the 2013 ACC/AHA blood cholesterol guidelines. A utilization and procurement discussion was provided with IHS specific data. Based upon these discussion, the NPTC **REMOVED** gemfibrozil and **ADDED** "fibric acid derivative – any product" to the NCF. Current 2013 ACC/AHA guidelines recommend gemfibrozil not be initiated in patients on statin therapy because of an increased risk for muscle symptoms and rhabdomyolysis (class III recommendation). A statement concerning use of nonstatin medications in the treatment of dyslipidemia will be added to the above formulary brief.

4. A new class review was performed over the sodium-glucose transporter-2 (SGLT-2) inhibitor medications canagliflozin and dapagliflozin. A clinical presentation, followed by IHS specific utilization and procurement data was provided. IHS utilization of these products was identified, but their place in therapy was not defined as a core drug for the treatment of type 2 diabetes. SGLT-2 inhibitors have the potential to be useful as add-on agents in patients taking more established oral hypoglycemic drugs or insulin. The results of longer-term clinical trials of safety and efficacy will ultimately determine whether SGLT-2 inhibition can be added to the list of drugs that have a place in the management of people with type 2 diabetes. No specific modifications were made to the IHS NCF; however a formulary brief to discuss their unique mechanism of action will be developed and disseminated.
5. A clinical presentation, followed by IHS specific utilization and procurement data was provided reviewing the potential adverse effects associated with the overutilization of proton-pump inhibitors. It was determined that market changes have removed past advantages of having a specific PPI named on the formulary. Based upon these discussions, the NPTC **REMOVED** omeprazole and **ADDED** "proton-pump inhibitor – any product" to the NCF. A formulary brief will be developed and disseminated regarding the adverse events associated with overuse of these agents. Also, a medication utilization evaluation toolkit will be developed and sent out to Agency Chief Pharmacists.

The next meeting will be held in Oklahoma City, OK on May 6-7, 2014. The agenda topics will include the use of calcium channel alpha-2-delta ligands, NSAIDs, antidepressants, skeletal muscle relaxants, and opioids in the treatment of nociceptive and neuropathic chronic and acute pain.

If you would like to recommend a topic for future NPTC discussion, please fill out the "[NPTC Formulary Review Request Form](#)" on the NPTC website or send an email at IHSNPTC1@ihs.gov. For more information about the NPTC, please visit the [NPTC website](#).