Indian Health Service
National Pharmacy and Therapeutics Committee
2018 NPTC Winter Meeting (UPDATE)
-February 2018-

The Indian Health Service (IHS) National Pharmacy and Therapeutics Committee (NPTC) held its winter meeting on February 6-7th, 2018 in Phoenix, AZ. Eleven of 12 IHS Areas were represented and several invited guests attended including Dr. Ann Bullock, MD, CAPT Chris Lamer, PharmD and LCDR Dena Wilson, MD, all from the IHS Division of Diabetes Treatment and Prevention. Invited speakers, as subject matter experts [SME], included CDR Christopher Bengson, MD, the IHS Chief Clinical Consultant for Dermatology; Dr. Melvin Clark, MD, Department of Ophthalmology at the Phoenix Indian Medical Center; and (ret.) CAPT Andrew Narva, MD, Director of the National Kidney Disease Education Program at the National Institute of Health. Affiliates from the Department of Defense, Federal Bureau of Prisons and U.S. Coast Guard provided information on formulary updates, clinical experiences and future meeting topics from their respective agencies. The NPTC values the relationships with field experts and federal partners and appreciates the opportunity to host the meeting from the Phoenix Area IHS Office.

The NPTC clinical and pharmacoeconomic presentations consisted of comprehensive reviews of the treatment(s) of Psoriasis, Diabetic Neuropathy, Glaucoma (including a drug class review of the Ophthalmic Prostaglandin Analogues), and Bone and Mineral Disorders in Chronic Kidney Disease (including a drug class review of the Phosphate Binders).

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

1. A Therapeutic Review of the treatment of Psoriasis was provided, comparing contemporary clinical trials, guidelines and emerging therapeutic agents with clinical best practices in the IHS. Multiple pharmacotherapeutic approaches to psoriatic treatment were reviewed, including treatment of both localized and widespread disease. The various agents evaluated comprised of topical corticosteroids, vitamin D analogues, topical retinoids, topical calcineurin inhibitors, biologic injections (i.e., tumor necrosis factor inhibitors, interleukin inhibitors) and the phosphodiesterase type-4 inhibitor. Agency-wide utilization and procurement data, pharmacoeconomic analyses and SME recommendations helped advise the NPTC to **ADD high-potency (Class I and II) topical corticosteroids (any)** AND a **topical vitamin D analogue (any)** to the IHS National Core Formulary (NCF). A formulary brief describing clinical recommendations and decision points resulting in the NCF modification will be developed and disseminated.

2. A Therapeutic Review of Diabetic Neuropathy was delivered to the NPTC, focusing on current pharmacotherapies comprising of miscellaneous anticonvulsants, including gabapentin and pregabalin, antidepressants, and opioid/atypical opioid analgesic agents (e.g., tramadol, oxycodone). Analyses from IHS procurement/utilization and National Data Warehouse data added valuable perspective. Findings and recommendations from the American Diabetes Association (2018), American Academy of Family Physicians (2016), American Academy of Neurology (2017) and the Agency for Healthcare Research and Quality's Comparative Effectiveness Report (2017) were key in the NPTC's decision to **add duloxetine** to the NCF. A formulary brief will be developed and disseminated, providing a review of guideline recommendations and literature findings.

3. A Therapeutic Overview of Glaucoma and subsequent Drug Class Review of the Ophthalmic Prostaglandin Analogues (OPAs) *(bimatoprost, latanoprost, tafluprost, travaprost)* were presented. The NPTC was detailed on the available therapeutic approaches for open-angle glaucoma and key medication-related differences in OPAs with regard to overall safety, efficacy and tolerability. Previous NPTC reviews in 2008 and 2011 led to the removal of a named OPA product and thus allowed any OPA agent to be used. Following the conclusion of both clinical presentations as well as pharmacoeconomic analyses and committee discussion, the NPTC maintained that OPAs continue as 1st-line therapy in glaucoma management and that no particular OPA agent has demonstrated clinically meaningful advantages over another. Therefore, the NPTC made **no modifications to the NCF** and allows for **any OPA to be used**. Given the findings which suggest therapeutic equipoise between OPA agents, pharmacoeconomics may play a more substantial role in the selection of a particular OPA for local facility use. A formulary brief detailing study outcomes and guideline recommendations will be developed and distributed.

4. The NPTC received a Therapeutic Overview of Chronic Kidney Disease-Bone and Mineral Disorder (CKD-BMD), followed by a Drug Class Review of Phosphate Binders. The pharmacotherapeutic review focused primarily on the calcium-based binders, calcium acetate and calcium carbonate, and on the non-calcium-based binders, sevelamer and lanthanum. Comparative effectiveness analyses from various published meta-analyses, Cochrane Reviews and findings from the Veterans Administration provided essential decision support. Additionally, clinical guidelines from the National Institute for Health and Care Excellence (2013) and the Kidney Disease Improving Global Outcomes (2017) reaffirmed the rank/order of pharmacotherapies in the CKD-BMD management. Clinical findings and guidelines supported the retention of sevelamer carbonate on the NCF while pharmacoeconomic data provided awareness of generic availability of sevelamer carbonate. Ultimately, the NPTC **retained sevelamer carbonate** to the NCF but **removed its branded name "Renvela"**. The NPTC will draft and distribute a formulary brief, defining key decisional points identified in the review.

**The next meeting will be the 2018 Spring NPTC Meeting, scheduled for May 8-9th, 2018 in Portland, OR. The agenda will include a Therapeutic Overview of the 2017 ACC/AHA Hypertension Guidelines and four (4) Therapeutic Reviews including the treatment of Gastroesophageal Reflux Disease/Peptic Ulcer Disease, Diabetic Gastroparesis, Crohn's Disease/Ulcerative Colitis and Irritable Bowel Syndrome. A Drug Class Review of Pancreatic Enzymes in chronic pancreatitis will also be provided.

If you would like to recommend a topic for future NPTC discussion, please go to the NPTC website and complete the Formulary Request Form or send an email at IHSNPTC1@ihs.gov.

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For more information about the NPTC, please visit the NPTC website.

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