

Indian Health Service National Pharmacy & Therapeutics Committee 2020 NPTC Winter Meeting (UPDATE) -January 2020-



The Indian Health Service (IHS) National Pharmacy and Therapeutics Committee (NPTC) held its 2020 Winter meeting on January 28-29th, 2020 in Phoenix, AZ. Eleven of 12 IHS Areas were represented. CAPT Stephen "Miles" Rudd, MD (IHS Office of Quality), CAPT Thomas Faber, MD (IHS Chief Clinical Consultant, Pediatrics), and CDR Chris Bengson, MD (IHS Chief Clinical Consultant, Dermatology) delivered clinical lectures to the Committee. Sharon McKiernan, MD, IHS Maternal/Child Health Consultant, also attended as a subject matter expert. Affiliates from the Department of Defense, Federal Bureau of Prisons, and Coast Guard provided information on formulary updates, clinical experiences, and future 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 meeting at the Phoenix Area IHS Office.

The meeting agenda included reviews of Pediatric Issues in Medication Management, Attention Deficit Hyperactivity Disorder, Acne Vulgaris, and Atopic Dermatitis. A drug class review of Epinephrine injection devices was also provided at the meeting.

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

- A review of <u>Pediatric Issues in Medication Management</u> was provided, which focused on three primary topics including (1) developmental pharmacology and its role and importance to pediatric care, (2) current laws related to pediatric drug development, and (3) important considerations and recommendations in pediatric medical therapy relative to formulary management in the IHS. This topic is the first in the NPTC series- Best Practices in Formulary Management.
- 2. A therapeutic review of <u>Attention Deficit Hyperactivity Disorder</u> was delivered with emphasis on pharmacotherapeutic management. *Currently, both dextroamphetamine/amphetamine (immediate-release and long-acting) and methylphenidate (immediate-release and long-acting) are listed on the National Core Formulary (NCF).* Clinical practice guidelines from the American Association of Pediatrics, the National Institute for Health and Care Excellence, and the Canadian Paediatric Society were detailed. Non-stimulant medications were also extensively reviewed. IHS data of pharmacoepidemiologic and drug utilization trends/pricing were used to add perspective to the review. Ultimately, the NPTC voted to **ADD atomoxetine to the NCF**.
- **3.** A drug class review of <u>Epinephrine injection devices</u> (syringe, auto-injectors) was also provided. Literature presented included findings from device-specific comparative reviews, patient surveys and multiple Cochrane Reviews while practical guidance from the American Academy of Allergy, Asthma and Immunology, the American Academy of Pediatrics, and the Canadian Paediatric Society was also appraised. Agency-specific medication procurement, utilization and pharmacoepidemiologic data were also reviewed. Following the evaluation, the NPTC voted to **ADD epinephrine injection devices (both 0.15mg and 0.3mg), "any" to the NCF.**
- **4.** A therapeutic review of <u>Acne Vulgaris</u> was delivered to the Committee. *Medications for acne management currently listed on the NCF include topical clindamycin, oral contraceptives,*

spironolactone and topical tretinoin. The analysis focused on literature and guidelines directly comparing inter- and intra-class medications for acne treatment. Clinical outcomes and practical guidance from the American Academy of Dermatology and Cochrane Reviews were of particular importance. Lastly, data from the IHS National Data Warehouse coupled with pharmacoeconomic data and trends from the National Supply Service Center were reviewed. Following the analyses, the NPTC voted to **(1)** ADD benzoyl peroxide, **(2)** REMOVE topical clindamycin, and **(3)** ADD the topical combination product of benzoyl peroxide and clindamycin to the NCF.

5. A therapeutic review of <u>Atopic Dermatitis</u> was presented to the NPTC. *Medications used in atopic dermatitis and currently named to the NCF include histamine (H1) antagonists, methotrexate, prednisone, and topical corticosteroids.* Multiple systematic reviews and/or meta-analyses comparing available medications and drug classes for atopic dermatitis were evaluated. Clinical practice guidelines and recommendations from the American Academy of Dermatology, American Academy of Allergy, Asthma and Immunology, and European Academy of Dermatology and Venereology were also delivered. Medication utilization, procurement and pharmacoepidemiologic data from the IHS population was key for decisional consideration. Ultimately, the NPTC voted to (1) ADD topical moisturizers, both a cream-based and petroleum-based product and (2) ADD topical tacrolimus to the NCF.

**The next NPTC meeting will be the Spring 2020 Meeting in Portland, OR on April 28-29th, 2020. The meeting agenda will include reviews of (1) Nicotine Dependence, (2) Janus Kinase and Interleukin-12/23 Inhibitors, (3) Biosimilars for Rheumatoid Arthritis, (4) Short-Acting Insulins, (5) HIV Pre-Exposure Prophylaxis, and (6) Long-Acting and Implantable Buprenorphine.

For more information about the NPTC or the National Core Formulary, please visit the <u>NPTC website</u>.