



INDIAN HEALTH SERVICE
National Pharmacy & Therapeutics Committee

****Winter 2021 NPTC Meeting Update****

=January 2021=



The Indian Health Service (IHS) National Pharmacy and Therapeutics Committee (NPTC) held its Winter 2021 virtual meeting on January 19-20th, 2021. All 12 IHS Areas were represented. Several IHS clinical subject matter experts provided presentations including both Deputy Leads from the IHS Vaccine Task Force. Affiliates from the Department of Defense, Veterans Administration, and Federal Bureau of Prisons 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 virtual meeting through the Oklahoma City Area IHS Office.

The Winter 2021 meeting agenda included clinical reviews of (1) hyperthyroidism, (2) glucagon delivery products/devices, (3) acute migraine therapies, (4) the Heplisav-B vaccine, (5) anti-emetic agents, and (6) an update of COVID-19 emerging treatments, authorized vaccines and vaccine candidates.

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

1. A therapeutic review of Hyperthyroidism was provided to the committee. This is the first NPTC review for this condition and *presently no pharmacotherapies for the treatment/management of hyperthyroidism are represented on the National Core Formulary (NCF)*. Guidance from the European Thyroid Association, American College of Gynecology, Cochrane Library and findings from numerous published outcomes studies were crucial in the formulary decisional process. Agency procurement data in concert with pharmacoepidemiologic and safety data from the NPTC Pharmacovigilance Program were also presented. Following the comprehensive evaluation, the NPTC voted to **ADD (1) methimazole and (2) propylthiouracil to the NCF**. As has become standard for all topics reviewed in NPTC meetings, Formulary Briefs addressing key decisional information leading to NCF modifications will be authored and distributed briefly.
2. A clinical review of Glucagon products/devices were delivered, highlighting several recently approved delivery devices for the management of hypoglycemia. *Glucagon (for outpatient use) is currently named to the NCF*, following an NPTC review and decision from February 2013. Guidelines from American and European diabetes organizations, guidance from federal partners and product-specific published literature offered key clinical details and outcomes. IHS medication procurement, utilization trends and pharmacovigilance data, albeit limited for this category, were used to broaden perspective. Ultimately, the NPTC voted to **ADD “oral glucose, any formulation” to the NCF**.
3. A clinical review of Acute Treatment(s) of Migraine Headaches was presented to the committee. Novel, recently approved pharmacotherapies (e.g., lasmiditan, the “gepants”) served as the focus of this review. *The NPTC currently named any two “triptan” medications to the NCF in 2016, adding that one of the two triptan medications must be sumatriptan*. Multiple meta-analyses, combined with comparative data from the Institute for Clinical and Economic Review were key to the ultimate formulary decision. Agency medication utilization and procurement trend data were limited to date. At the conclusion of the analyses, the NPTC made **no modifications to the NCF**.

4. A clinical review of the recombinant Hepatitis B vaccine (Heplisav-B®) was provided. Clinical, logistical and economic advantages were compared and noted during the vaccine evaluation. *Of particular interest, in 2011 the NPTC reviewed and added all of the Advisory Committee on Immunization Practices (ACIP)- recommended vaccines to the NCF, with the understanding that future ACIP-recommended vaccines would be included without need for individual review.* The Heplisav-B vaccine was recommended by ACIP in February 2018. As such, the NPTC made **no modifications to the NCF.**

5. A drug class review of the Anti-Emetic Agents was delivered, with emphasis placed on neurokinin and serotonin receptor inhibitors for post-operative and chemotherapy-induced nausea and vomiting. *Presently, no anti-emetic agents from either class are represented on the NCF.* Clinical evidence and formulary decision support were derived primarily from a series of Cochrane Library Systematic Reviews and internal utilization/procurement trends. Following the clinical review, the NPTC voted to **ADD ondansetron to the NCF.**

6. A panel of IHS clinicians provided a COVID-19 Update on Emerging Therapies and Vaccines to the Committee. Agency-specific data and processes were detailed, along with contemporary organizational treatment guidelines and clinical trial data for both authorized vaccines and vaccine candidates. The NPTC remains committed to monitoring and providing agency-level surveillance, educational content, and clinical updates to IHS clinicians as needed.

***The next NPTC meeting will be the Spring 2021 Meeting scheduled for April 27-28th, 2021. The meeting agenda will include reviews of (1) Pregnancy & Prenatal Care, (2) Management of Menopausal Symptoms, (3) Long-Acting Reversible Contraception, (4) Hydroxyprogesterone caproate (Makena®) for Preterm Birth Risk Reduction, (5) Sexually Transmitted Infections, (6) and a tentative "OPEN" topic, held for COVID-19-related issues as needed.*

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