



INDIAN HEALTH SERVICE
National Pharmacy & Therapeutics Committee
****Winter 2025 NPTC Meeting Update****
=January 2025=



The Indian Health Service (IHS) National Pharmacy and Therapeutics Committee (NPTC) held its Winter 2025 meeting on January 28-29th, 2025 in Phoenix, AZ. Eleven IHS Areas were represented. The NPTC values the relationships with its field experts and subject matter experts and appreciates the opportunity to host this clinical formulary management meeting at the Phoenix IHS Area Office.

The Winter 2025 Meeting agenda included clinical reviews of (1) Type 2 Diabetes Mellitus guidelines, (2) Cardiovascular Disease (CVD) Treatment and Prevention, (3) Antiplatelet Agents, (4) Menopausal Treatment guidelines, (5) Pharmacoeconomics, and (6) Ketamine.

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

1. A clinical review of Type 2 Diabetes Mellitus Guidelines was provided to the Committee. *Medication(s) listed on the IHS National Core Formulary (NCF) relevant to this review include(s) empagliflozin, insulin (various formulations), glipizide, metformin, pioglitazone, semaglutide, and sitagliptin.* Guidelines from the American Diabetes Association, American Association of Clinical Endocrinologists, American College of Physicians, and several from Europe and Canada were detailed. Agency pharmacovigilance and procurement data were also shared. Following extensive review and deliberation, the NPTC made **no modifications** to the NCF.
2. A pharmacotherapeutic review of CVD Treatment and Prevention (new agents/indications) was also delivered to the NPTC, focusing on bempedoic acid (+/- ezetimibe), colchicine, icosapent ethyl, inclisiran, and semaglutide. Clinical outcomes and adverse event profiles from randomized, controlled trials (RCTs) of each individual agent(s) served as the basis for analytical review. Current U.S. and European cardiovascular recommendations were also referenced, identifying guideline-suggested roles and placement in therapy of the targeted agents. IHS pharmacovigilance and drug procurement trends added scope. As a result, the NPTC made **no modifications** to the NCF.
3. A pharmacotherapeutic class review of Antiplatelet Agents was presented at the meeting. *Medication(s) listed on the NCF relevant to this review include(s) aspirin and clopidogrel.* Clinical guidance for this topic included review of recommendations from multiple national and international medical organizations (e.g., American Heart Association, American College of Cardiology, American Stroke Association, etc.). A litany of systematic reviews and meta-analyses were also detailed, showcasing medication-specific outcomes from inter- and intra-drug class comparison. Agency-specific pharmacovigilance and procurement data was also provided. Ultimately, the NPTC made **no modifications** to the NCF.
4. A clinical review of Menopausal Treatment Guidelines was also detailed. *Medication(s) listed on the NCF relevant to this review include(s) citalopram, conjugated estrogen, escitalopram, estradiol (various formulations), gabapentin, medroxyprogesterone, paroxetine, and venlafaxine.* Notable guidelines reviewed include those from the North American Menopause Society and the U.K. National Institute for Health and Care Excellence. Recent RCT data specific to newer agents for vasomotor symptoms were also scrutinized. Analyses of IHS-wide pharmacovigilance and pharmacoeconomic utilization trends were insightful. As a result, the NPTC made **no modifications** to the NCF.

5. A pharmacoeconomic review of Federal Drug Pricing within the IHS was presented. Agency pharmacoeconomic data examples, terms and definitions relative to drug procurement were provided to enhance audience comprehension. Various pricing models available to I/T/U healthcare facilities were discussed in detail. Following review, the NPTC made **no modifications** to the NCF but determined that a Formulary Brief on the topic will be produced and distributed.
6. Lastly, a pharmacotherapeutic review of Ketamine for Acute Pain was provided to the Committee. *Although no scheduled or controlled medications for pain management are listed on the NCF, numerous non-opioid based analgesics are listed and include acetaminophen, diclofenac, ibuprofen, indomethacin, meloxicam, and naproxen.* Practice guidelines reviewed for this topic included those from the American College of Emergency Physicians, American Academy of Pain Medicine, Department of Veterans Affairs Policy on Acute Pain in Emergency Rooms, and European Society of Emergency Medicine. Drug-specific outcomes trials evaluating safety and efficacy were also presented, comparing ketamine to various common opioids in acute settings. Pharmacovigilance and pharmacoeconomic utilization data were also presented. As a result of this analysis, the NPTC made **no modifications** to the NCF.

**The next scheduled NPTC meeting will be the Spring 2025 Meeting on April 29-30th, 2025 in Rockville, MD. The meeting agenda will include reviews of (1) Adult ADHD, (2) Hepatitis C Elimination, (3) Long-acting Antipsychotic Agents, (4) Parkinson's Disease, (5) Short-acting Antipsychotic Agents, and (6) Tuberculosis Treatments (Update).*

CLICK HERE --- >>> [Submit Feedback for upcoming NPTC Scheduled Meeting Topics](#):

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).

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