



INDIAN HEALTH SERVICE
National Pharmacy & Therapeutics Committee
****Spring 2022 NPTC Meeting Update****
=May 2022=



The Indian Health Service (IHS) National Pharmacy and Therapeutics Committee (NPTC) held its Spring 2022 meeting on May 3-4th, 2022 at the IHS Headquarters Building in Rockville, MD. All 12 IHS Areas were represented. CAPT Dena Wilson, MD (Chief Medical Officer, Phoenix IHS Area) served as both a subject matter expert and clinical speaker at the meeting. Affiliates from the Department of Defense, Veterans Administration, Federal Bureau of Prisons and United States Coast Guard provided information on formulary updates, clinical experiences, and 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 clinical formulary management meeting at IHS Headquarters.

The Spring 2022 NPTC Meeting agenda included reviews of (1) Atherosclerotic Cardiovascular Disease in American Indians/Alaskan Natives, (2) Hypertension, (3) Heart Failure with Reduced Ejection Fraction, (4) Heart Failure with Preserved Ejection Fraction, (5) Hyperlipidemia, and (6) a COVID-19 Update.

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

1. A therapeutic review of Atherosclerotic Cardiovascular Disease (ASCVD) in American Indians/Alaskan Natives (AI/AN) was presented initially to the NPTC. A review of the statistical and global impact of ASCVD in AI/AN populations was provided, with particular focus on risk factors (e.g., hypertension, tobacco use, diabetes, etc.), preventive strategies, and clinical outcomes. Social determinants of health and their relation to ASCVD were also addressed. Agency pharmacovigilance/population health data were provided for additional scope. Following review and deliberation of the topic, the NPTC made **no modifications** to the National Core Formulary (NCF).
2. A pharmacotherapeutic review of Hypertension (HTN) was also delivered to the Committee. *Currently, the NCF includes the following medications commonly used for HTN; amlodipine, atenolol, carvedilol, chlorthalidone, diltiazem, hydrochlorothiazide, lisinopril, losartan, metoprolol, prazosin, and propranolol.* Current guideline content was provided and offered clarity with updated/recommended blood pressure classification, prevalence and goals. Various U.S.-based and international HTN guidelines (i.e., AHA/ACC, ESC, ISH, ADA, KDIGO) were presented and compared, as were Cochrane Reviews evaluating blood pressure targets and combination anti-hypertensive agents. Relevant IHS pharmacoepidemiologic and pharmaco-economic data were also presented, focusing on both class-specific use and combination therapy use. At the conclusion of this review, the NPTC ultimately made **no modifications** to the NCF.
3. A pharmacotherapeutic review of Heart Failure with Preserved Ejection Fraction (HFpEF) was provided at the meeting. *Carvedilol, digoxin, empagliflozin, furosemide, lisinopril, losartan, metoprolol (any formulation), and spironolactone are currently named to the NCF.* Heart failure guidelines, specifically those from the ACC/AHA/HFSA published in April 2022, were reviewed in depth. Drug evaluations for HFpEF therapeutic categories (e.g., diuretics, SGLT2s, MRAs, etc.) were also provided. Published comparative data from RCTs and meta-analyses were supportive in the decisional process. IHS National Data Warehouse (NDW) and National Supply Service Center data of usage trends and procurement added perspective to use of these therapies. Following review of the topic, the NPTC voted to **ADD torsemide -or- bumetanide** to the NCF.

4. A pharmacotherapeutic review of Heart Failure with Reduced Ejection Fraction (HFrEF) was also given. *Carvedilol, digoxin, empagliflozin, furosemide, lisinopril, losartan, metoprolol (any formulation), and spironolactone are currently named to the NCF.* Heart failure guidelines, specifically those from the ACC/AHA/HFSA published in April 2022, were reviewed in depth. Drug evaluations for all HFrEF pharmacotherapeutic categories were also provided. Outcomes data of significance from notable randomized controlled trials (RCTs) offered value for certain HFrEF therapies. Analyses of data from the NDW and Pharmaceutical Prime Vendor regarding trends and procurement were also presented. Following review and deliberation, the NPTC voted to (1) **ADD sacubitril/valsartan** and (2) to change the current NCF medication designation of “metoprolol” (any formulation) to individually name both **metoprolol succinate** and **metoprolol tartrate** to the NCF.

5. A pharmacotherapeutic review of Hyperlipidemia was also presented during the meeting. *Currently, the NCF includes the medications atorvastatin, ezetimibe, pravastatin, rosuvastatin, and simvastatin.* Clinical guidance from the American Diabetes Association, American Academy of Clinical Endocrinology, European Society of Cardiology and American Heart Association /American College of Cardiology were compared for both primary and secondary prevention, with a value-based focus on agents demonstrating cardiovascular risk reduction. Findings from numerous RCTs and Cochrane Reviews were also profiled. Agency pharmacovigilance and pharmaco-economic trend data were of substantial value and supportive of the decision. Ultimately, the NPTC made **no modifications** to the NCF.

6. Lastly, a pharmacovigilance update was provided to the NPTC on agency-specific COVID-19 therapies and vaccine-related findings from the IHS National Data Warehouse.

**The next NPTC meeting will be the Summer 2022 Meeting, scheduled for August 1-2, 2022 in Denver, CO. The meeting agenda will include reviews of (1) Rosacea, (2) Alopecia, (3) Ultra-long acting Insulins, (4) Sexually Transmitted Infections: Part III, (5) Obesity Management, and (6) Stimulant Use Disorder.*

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