



**Indian Health Service
National Pharmacy and Therapeutics Committee
NPTC Spring Meeting Update
-May 2016-**



The Indian Health Service (IHS) National Pharmacy and Therapeutics Committee (NPTC) held its spring meeting on May 3-4th, 2016 in Portland, OR. All 12 IHS Areas were represented. Two rheumatologists (Atul Deodhar, MD and Gwendolyn Grant, MD) were invited to serve as subject matter experts and both delivered presentations to the NPTC. Affiliates from the Department of Veterans Affairs, Federal Bureau of Prisons and Centers for Disease Control and Prevention provided input and updates on clinical experiences and future meeting topics. The NPTC continues to value the relationships with experts from the field and with the federal partners. Additionally, the NPTC appreciated the opportunity to host the meeting from the Portland Area Office.

The NPTC received presentations on current practice guidelines and related pharmacotherapy in the management of rheumatoid arthritis, gout and osteoporosis.

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

1. An introductory presentation was provided on Rheumatoid Arthritis, its prevalence and impact in American Indians/Alaskan Natives, comprehensive management and current guidelines from the American College of Rheumatology (ACR). Pharmacotherapies were discussed in general but intentionally left to subsequent presentations (within the meeting) for specific and detailed evaluation.
2. A class review of non-biologic Disease-modifying antirheumatic drugs (DMARDs) was delivered, including methotrexate, sulfasalazine, hydroxychloroquine, leflunomide, azathioprine, miscellaneous agents and combination therapies. Numerous randomized controlled trials (RCTs), meta-analyses and national/international guidelines specific to this class of medications were provided. Agency-specific procurement and utilization data were also presented. Currently, the IHS National Core Formulary (NCF) contains methotrexate, sulfasalazine and hydroxychloroquine. **Leflunomide was added to the NCF.** A formulary brief will be developed and disseminated, providing a review of guideline recommendations and literature findings which guided the NPTC decision.
3. A class review of biologic DMARDs – antitumor necrosis factor inhibitors (anti-TNFi) was given which specifically included etanercept, infliximab, adalimumab, certolizumab and golimumab. Systematic reviews and RCTs comparing these agents indirectly and in various combinations with other therapies (non-biologic DMARDs) were evaluated. In addition to ACR guidelines, an IHS facility anti-TNFi protocol was discussed. Per regular NPTC topic review, IHS utilization and procurement data was also provided. Currently, the NCF contains no anti-TNFi. **The NPTC added either adalimumab or etanercept**, with guidance that prescribing and use should be **in consultation with a rheumatologist**. A formulary brief describing the clinical recommendations and key decision points resulting in the NCF addition will be developed and disseminated.

4. A class review of biologic DMARDs – miscellaneous was provided, addressing specifically the following individual agents; abatacept, anakinra, rituximab, tocilizumab and tofacitinib. Meta-analyses from the Cochrane and PLoS ONE Libraries served as the foundation for the majority of the clinical review. Procurement and utilization data relative to the IHS provided additional insight. Currently, the NCF does not contain any of the miscellaneous biologic DMARDs. As a result of the clinical and pharmacoeconomic analyses, **no changes were made to the NCF**. A formulary brief will be developed and disseminated for individual topic review.
5. A therapeutic evaluation of comprehensive osteoporosis management was presented and included the following classes of medications; bone resorption inhibitors (bisphosphonates and denosumab), selective estrogen receptor modulators (raloxifene), thyroid/parathyroid agents (calcitonin and parathyroid hormone). A myriad of clinical trial evaluations, comparative effectiveness and meta-analyses were provided in concert with agency procurement/utilization data. Guidelines from the American Academy of Clinical Endocrinologists, American College of Obstetricians and Gynecologists, Institute for Clinical Systems Improvement and National Osteoporosis Foundation were also reviewed. Currently, the NCF contains alendronate, calcium and vitamin D. **No changes were made to the NCF**. A formulary brief will be developed and disseminated for individual topic review.
6. A therapeutic evaluation of comprehensive gout treatment was presented and included pharmacotherapy for both acute and chronic gout management. Medications evaluated for acute gout “flares” included non-steroidal anti-inflammatory drugs (naproxen, sulindac, indomethacin), glucocorticoids and colchicine. Classes of medications reviewed for chronic gout were xanthine oxidase inhibitors (allopurinol, febuxostat), uric acid transporter 1 inhibitors (lesinurad) and uricosuric agents (probenecid, pegloticase). Guidelines reviewed included the ACR, the “3e initiative” and an update from the European League Against Rheumatism. Primary literature in conjunction with Cochrane reviews provided the basis for pharmacotherapeutic outcomes evaluation. Currently, the NCF contains naproxen, indomethacin, prednisone and allopurinol. As a result of the clinical and pharmacoeconomic analyses, **no changes were made to the NCF**. A formulary brief will be developed and disseminated for individual topic review.

*The next NPTC meeting will be August 2-3rd, 2016 in Oklahoma City, OK. The agenda will include a comprehensive pharmacotherapeutic review of benign prostatic hypertrophy, medication class reviews on oral contraceptives and hormone replacement therapies and individual presentations on “de-prescribing” and contemporary digoxin use.

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

*For more information about the NPTC, including past or present Formulary Briefs or the National Core Formulary, please visit the [NPTC website](#). **Check out the new webpage design and functionality!!***