



Indian Health Service
National Pharmacy and Therapeutics Committee
2019 NPTC Spring Meeting (UPDATE)
-May 2019-



The Indian Health Service (IHS) National Pharmacy and Therapeutics Committee (NPTC) held its 2019 Spring meeting in Anchorage, Alaska on April 30th and May 1st, 2019. All 12 IHS Areas were represented. Dr. Jonathan Iralu, MD, IHS Chief Clinical Consultant for Infectious Disease, attended as a subject matter expert. Affiliates from the Veterans Health Administration, Federal Bureau of Prisons, and Coast Guard provided information on formulary updates, clinical experiences, and future meetings 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 from the campus of the Alaska Native Tribal Health Consortium.

The NPTC meeting focused primarily on chronic respiratory conditions and began with an overview of Asthma and Chronic Obstructive Pulmonary Disease (COPD) guidelines. Drug class reviews included Inhaled Corticosteroids, Long-Acting Beta Agonists, Long-Acting Muscarinic Antagonists and combination medication inhalers. Additionally, atypical respiratory medications, advanced therapy for Pulmonary Hypertension, Academic Detailing and Tuberculosis treatment(s) were also reviewed.

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

1. Clinical practice guidelines for Asthma and COPD were reviewed in detail with specific focus on medication strategies for management of each condition. Contemporary guidelines from the National Asthma Education and Prevention Program, Global Initiative for Asthma, National Institute for Health and Care Excellence, Global Initiative for Chronic Obstructive Lung Disease, American College of Chest Physicians, Canadian Thoracic Society, European Respiratory Society, and American Thoracic Society were included in the review.
 - A Drug Class Review of Inhaled Corticosteroids (ICS) for Asthma and COPD was provided. *Currently, mometasone is named on the National Core Formulary (NCF).* The review compared available ICS agents and inhalation delivery devices. Published studies comparing ICS medications, oral steroids, anti-leukotrienes and theophylline were also reviewed along with ICS medication adherence, intermittent versus daily use, and potential adverse effects. Supplemental analyses of IHS medication procurement & utilization trends were undertaken. Following deliberation, **no modifications were made to the NCF.** A NPTC Formulary Brief, reflecting key outcomes and decisional data will be distributed.
 - A Drug Class Review of Long-Acting Beta Agonists (LABAs) for Asthma and COPD was also delivered. *To date, there is no single LABA on the NCF. However, the combination of mometasone/formoterol is named on the NCF.* Safety analyses of LABA monotherapy in Asthma, cardiovascular risk in COPD, and combination use with ICS in COPD were scrutinized. Literature comparing LABAs in combination with or versus ICS, and/or long-acting muscarinic antagonists was included. Agency procurement data, utilization and cost comparisons offered additional information. **Ultimately, the NPTC made no modifications to the NCF.** A NPTC Formulary Brief will be distributed.
 - A Drug Class Review of Long-Acting Muscarinic Antagonists (LAMAs) for Asthma and COPD was presented, both as monotherapy and in combination with other previously listed drug classes. *Currently, tiotropium is named on the NCF.* Published studies found no significant clinical advantages of newer LAMA agents (over tiotropium), although the

clinical review did support LAMA-LABA combination therapy over monotherapy and other combination-class medications. Additionally, guidelines endorse the role of combination LAMA-LABA therapy in patients with advanced disease. A review of agency procurement and pharmacoepidemiologic data was included for consideration. As a result, **the NPTC voted to ADD umeclidinium/vilanterol to the NCF**. A NPTC Formulary Brief will be distributed.

- A Drug Class Review of atypical respiratory medications used to treat Asthma and COPD was also delivered, which included the Asthma “biologics” (omalizumab, reslizumab, mepolizumab, benralizumab, dupilumab) and the phosphodiesterase (PDE) inhibitors, roflumilast and theophylline. *Currently, none of these medications are named on the NCF*. Guidelines and clinical literature are limited but evolving and support these medications in adjunctive roles only in patients with greater disease severity and with inadequate responses to standard-of-care therapy. Agency procurement and diagnostic data trends were also limited, reflecting minimal use within IHS. **No modifications were made to the NCF**. A NPTC Formulary Brief will be distributed.
2. A Therapeutic Review of advanced therapy for Pulmonary Arterial Hypertension was undertaken. Classification of pulmonary hypertension is based on etiology and grouped into 1 of 5 categories according to World Health Organization criteria. Advanced therapy for Group 1 (Pulmonary Arterial Hypertension), including Prostacyclin agents, Endothelin agents, PDE-5 inhibitors and soluble Guanylate Cyclase Stimulants was specifically reviewed in detail. *Currently, only “any PDE-5 inhibitor” is named on the NCF (previously added for Erectile Dysfunction)*. Due to the low incidence of Pulmonary Arterial Hypertension, both IHS pharmacoepidemiologic and procurement data were of limited value. **Ultimately, no modifications were made to the NCF**. A NPTC Formulary Brief will be distributed.
 3. An overview of Academic Detailing was provided by the Department of Veterans Affairs, including experiences-to-date, educational materials, and programmatic evolution over time. The role of Academic Detailing in promoting pharmacotherapy “best practices” was acknowledged, and will likely inform future NPTC activities and outreach.
 4. Contemporary treatment(s) for active and latent Tuberculosis (TB) were reviewed. Clinical guidelines, best practices, agency-specific epidemiologic data, and literature reviews were included. *Presently, ethambutol, isoniazid, pyrazinamide, rifampin and rifapentine are named on the NCF*. Discussion focused on treatment options for latent TB and the role of short-course regimens, especially 3HP (once weekly isoniazid-rifapentine for 12 weeks) to reduce incidence of active TB in the service population. Following this evaluation, **no modifications to the NCF were deemed necessary**. A Formulary Brief will be distributed. **Further, the NPTC will be collaborating with agency subject matter experts to formulate a strategic initiative to address latent TB among American Indian/Alaskan Native people.**
 5. An abbreviated pharmaco-economic review of Insulin glargine was discussed, noting a recent increase in acquisition cost. *Insulin detemir and Insulin glargine are currently named on the NCF*. A previous clinical review supported relative equivalence of these agents. Procurement trends demonstrate insufficient utilization of Insulin glargine to support volume-based pricing, despite its addition to the formulary. Value metrics supported removal from the NCF, and accordingly, **the NPTC voted to REMOVE Insulin glargine from the NCF**.

***The next NPTC meeting will be the 2019 Summer Meeting in Oklahoma City, OK on July 30-31st, 2019. The meeting agenda will include pharmacotherapeutic reviews of treatments for Alzheimer’s Disease, Parkinson’s Disease, Treatment of HIV infection, and General Anxiety Disorder & Major Depression.*

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