

**CONTINUATION OF MENTAL HEALTH MEDICATIONS INITIATED BY
DEPARTMENT OF DEFENSE AUTHORIZED PROVIDERS**

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive establishes policy to continue mental health medications initiated by Department of Defense (DoD) authorized providers for transitioning Servicemembers.

2. SUMMARY OF MAJOR CHANGES:

a. Oversight responsibilities have been added for the Under Secretary of Health and the Deputy Under Secretary for Health for Policy and Services.

b. Responsibilities for the Chief Consultant, Pharmacy Benefits Management Services, and the VA medical facility Pharmacy and Therapeutics Committee have been added.

3. RELATED ISSUES: VHA Directive 1108.08, VHA Formulary Management Process, dated November 2, 2016.

4. RESPONSIBLE OFFICE: The Pharmacy Benefits Management Services Office (10P4P) within the Office of Patient Care Services (10P4) is responsible for the contents of this directive. Questions may be referred to 202-461-6938.

5. RESCISSIONS: VHA Directive 2014-02, Continuation of Mental Health Medications initiated by Department of Defense Authorized Providers, dated January 20, 2015.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of August 31, 2024. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE UNDER
SECRETARY FOR HEALTH:**

/s/ Lucille B. Beck, Ph.D.
Deputy Under Secretary for Health
for Policy and Services

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

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CONTINUATION OF MENTAL HEALTH MEDICATIONS INITIATED BY DEPARTMENT OF DEFENSE AUTHORIZED PROVIDERS

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes policy to continue mental health medications initiated by Department of Defense (DoD) authorized providers for transitioning Servicemembers. **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b).

2. BACKGROUND

a. The Department of Veterans Affairs (VA) and DoD provide health care services to different patient populations, using different health care delivery systems. As a result, the VA National Formulary (VANF) and the DoD drug formulary have evolved to meet the needs of each department.

b. Operationally, the vast majority of medications used to treat VA and DoD patients with mental health issues are included in both formularies. Thus, differences between VA and DoD formularies do not ordinarily impede VA's ability to provide continuity of medication therapy for Servicemembers transitioning their health care from DoD to VA. When transitioning Servicemembers transition to VA care with non-formulary, prior authorization, or VA-restricted medications prescribed by their DoD care team, VA health care providers can request those medications using the VA non-formulary request process established in VHA Directive 1108.08, VHA Formulary Management Process, dated November 2, 2016.

c. It is noted that the vast majority of medications used to treat VA and DoD patients with mental health issues are included on both formularies. It has also been found that VA has a long-standing practice of continuing clinically appropriate medications for transitioning Servicemembers entering VA care; however, VA has drafted this directive to formalize the process based on the recommendations of the GAO-13-26 report, DoD and VA Health Care: Medication Needs during Transitions May Not Be Managed for All Servicemembers. This process has been further formalized in section 715 of Public Law 114-92, the National Defense Authorization Act for Fiscal Year 2016, which required VA and DoD to jointly establish a list of pharmaceutical agents critical for an individual receiving treatment from DoD and transitioning to VA care in the areas of pain, sleep disorders, and psychiatric disorders.

3. DEFINITIONS

a. **Electronic Health Record.** Electronic health record (EHR) is the digital collection of patient health information resulting from clinical patient care, medical testing, and other care-related activities. Authorized VA health care providers may access EHR to facilitate and document medical care. EHR comprises existing and forthcoming VA software including CPRS, VistA, and Cerner platforms.

b. **Non-Formulary.** Non-formulary refers to drugs or supplies that are defined as commercially available pharmaceutical products that are not included on the VANF.

c. **Non-Formulary Request.** A non-formulary request is a request for a drug that is not listed on the VANF. The request must be submitted in a written or electronic format.

d. **Prior Authorization.** Prior authorization is the process in which select formulary drugs are reviewed for appropriateness of use prior to prescribing to assure safe and proper use in accordance with the VANF.

e. **Transitioning Servicemember.** A transitioning Servicemember is an individual who was under the care of a DoD-authorized provider and was separated from active duty service within 12 months prior to receiving VA health care services.

f. **VA National Formulary.** The VA National Formulary (VANF) is a listing of products (e.g., drugs and drug related supplies) that must be available at all VA medical facilities and cannot be made non-formulary by a Veterans Integrated Service Network (VISN) or individual VA medical facility.

4. POLICY

It is VHA policy that transitioning Servicemembers who transfer their care from DoD to any VA medical facility continue their DoD-prescribed mental health medications when clinically appropriate. ***NOTE: This policy describes an exception to the process described in VHA Directive 1108.08, VHA Formulary Management Process, dated November 2, 2016.***

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Communicating the contents of this directive to each of the VISNs.

(2) Ensuring that each VISN Director has the sufficient resources to fulfill the terms of this directive in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to assure compliance with this directive, relevant standards, and applicable regulations.

c. **Deputy Under Secretary for Health for Policy and Services.** The Deputy Under Secretary for Health for Policy and Services is responsible for ensuring that this directive is updated with current information and practices.

d. **Chief Consultant, Pharmacy Benefits Management Services.** The Chief Consultant, Pharmacy Benefits Management Services is responsible for:

- (1) Updating this directive to ensure it reflects current information and practices.
- (2) Ensuring that studies are conducted to monitor the rate of non-compliance with this directive when appropriate.

e. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

- (1) Ensuring that all VA medical facilities within the VISN comply with this directive.
- (2) Prioritizing resources and support for implementation of this directive at all VA medical facilities within the VISN.

f. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

- (1) Ensuring that the requirements of this directive are communicated to all VA medical facility health care providers and pharmacy personnel.
- (2) Providing support for implementation of this directive at all components of their VA medical facilities.
- (3) Addressing any reported instances of non-conformance with the VA medical facility Chief of Staff.

g. **VA Medical Facility Chief of Staff or Associate Director for Patient Care Services.** The VA medical facility Chief of Staff or Associate Director for Patient Care Services is responsible for addressing any reported instances of non-conformance with the VA medical facility Director.

h. **VA Medical Facility Chief of Pharmacy.** The VA medical facility Chief of Pharmacy is responsible for:

- (1) Communicating this directive to all appropriate pharmacy personnel.
- (2) Monitoring implementation of this directive and reporting any instances of non-compliance to the VA medical facility Pharmacy and Therapeutics (P&T) Committee, the VA medical facility Chief of Staff, and the VA medical facility Director.
- (3) Assuring that VA non-formulary, prior authorization, or VA restricted drug requests that are submitted for transitioning Servicemembers are completed and approved based on notation that the medication is being requested for a transitioning Servicemember and not subject to additional review of criteria for use or medical records that may exist for that particular medication based on the VA National Formulary status.

i. **VA Medical Facility Pharmacy and Therapeutics Committee.** The VA medical facility P&T committee is responsible for reviewing reports of non-compliance from the VA medical facility Chief of Pharmacy.

j. **VA Health Care Providers.** VA health care providers are responsible for the safe, appropriate, and effective continuity of mental health medication therapy for transitioning Servicemembers by:

(1) Continuing mental health medications initiated by DoD providers (in the absence of documented safety, appropriateness, and effectiveness concerns) regardless of their VA formulary status, VA National Formulary Committee prescribing guidance (e.g., VA Criteria-for-Use, prior authorization criteria), or the cost of the drug.

(2) Submitting non-formulary, prior authorization, or VA restricted drug requests via local procedures with the justification of this directive for DoD-initiated VA non-formulary, prior authorization, or VA restricted mental health medications.

(3) Documenting any change in mental health medication therapy due to the VHA health care provider's concerns in the electronic health record (EHR).

(4) Explaining clearly to the transitioning Servicemember the clinical rationale for any decision to change the mental health medication therapy.

6. PROCESS FOR CONTINUATION OF MENTAL HEALTH MEDICATIONS

Transitioning Servicemembers will be transferred to care at VA medical facilities as follows:

a. A VA health care provider responsible for the transitioning Servicemember's care must not discontinue mental health medications initiated by a DoD authorized provider solely because of differences between VA and DoD drug formularies, VA National Formulary Committee prescribing guidance (e.g., VA Criteria-for-Use, prior authorization criteria), or the cost of the drug. **NOTE:** See VHA Directive 1108.08 for details about the VHA formulary management process.

b. VA health care providers are not required to continue mental health medications initiated by a DoD provider if they determine such therapy is no longer safe, clinically appropriate, or effective based on a transitioning Servicemember's current medical condition(s).

c. In cases where a mental health medication initiated by a DoD provider is not continued by a VA health care provider, the VA health care provider must clearly document the rationale for the decision in the progress note section of EHR, and the clinical rationale for this decision must be clearly explained to the transitioning Servicemember.

d. In the interest of Veteran-centered care principles, VA medical facilities must streamline local processes to ensure prompt access to DoD-initiated VA non-formulary,

prior authorization, or VA restricted mental health medications for transitioning Servicemembers.

e. When a VA health care provider determines continuation of a DoD-initiated VA non-formulary, prior authorization, or VA restricted mental health medication is safe, appropriate, and effective, then the only requirement for approval of continuation of the medication is a designation of the transitioning Servicemember.

f. Standard non-formulary or prior authorization justifications are not required (e.g., documentation of formulary medications that have already been tried or contraindication to a formulary medication). The VA health care provider simply needs to indicate that the medication is for a transitioning Servicemember as the justification for the non-formulary drug request. This ensures that VA medical facilities will automatically process a transitioning Servicemember's prescription of the mental health medication for dispensing. **NOTE:** See *VHA Directive 1108.08 for non-formulary drug requests*.

7. TRAINING

There are no formal training requirements associated with this directive.

8. RECORDS MANAGEMENT

All records regardless of format (paper, electronic, electronic systems) created in the requirements of this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

9. REFERENCES

- a. Public Law 114-92, National Defense Authorization Act for Fiscal Year 2016.
- b. 38 U.S.C. 7301(b).
- c. VHA Directive 1108.08, VHA Formulary Management Process, dated November 2, 2016.
- d. VHA Directive 1660.06, VA-TRICARE Network Agreements, dated June 28, 2019.
- e. VHA Handbook 1108.01, Controlled Substances (Pharmacy Stock), dated November 16, 2010.
- f. DOD and VA Health Care: Medication Needs during Transitions May Not Be Managed for All Servicemembers, GAO Report 13-26, United States Government Accountability Office, available at <https://www.gao.gov/products/GAO-13-26>.