

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

- 1. SUMMARY OF MAJOR CHANGES:** This directive updates responsibilities to Veterans Health Administration (VHA) leadership roles in paragraph 2.
- 2. RELATED ISSUES:** VHA Directive 1108.08, VHA Formulary Management Process, dated July 29, 2022.
- 3. POLICY OWNER:** Pharmacy Benefits Management (PBM) Services (12PBM) is responsible for the content of this directive. Questions may be addressed to the Executive Director, PBM Services at VHA12-PCSACTION@va.gov.
- 4. RESCISSIONS:** VHA Directive 1108.15, Continuation of Mental Health Medications Initiated by Department of Defense Authorized Providers, dated August 2, 2019, is rescinded.
- 5. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of July 2028. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.
- 6. IMPLEMENTATION SCHEDULE:** This directive is effective upon publication.

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

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Assistant Under Secretary for Health
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NOTE: All references herein to Department of Veterans Affairs (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. POLICY

It is Veterans Health Administration (VHA) policy that transitioning Service members who transfer their care from the Department of Defense (DoD) to any Department of Veterans Affairs (VA) medical facility continue their DoD-prescribed mental health medications when clinically appropriate. **NOTE:** *This directive is narrowly scoped to describe an exception to the process detailed in VHA Directive 1108.08, VHA Formulary Management Process, dated July 29, 2022. For policy regarding a system-wide approach to managing health care for Veterans who receive care from external health care providers, see VHA Directive 1310(1), Medical Management of Enrolled Veterans Receiving Self-Directed Care From External Health Care Providers, dated October 4, 2021. AUTHORITY:* 38 U.S.C. § 7301(b).

2. RESPONSIBILITIES

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

b. **Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer.** The Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer is responsible for supporting Pharmacy Benefits Management (PBM) Services with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Executive Director, Pharmacy Benefits Management Services.** The Executive Director, PBM Services is responsible for:

(1) Providing oversight for VISN and VA medical facility compliance with this directive and ensuring corrective action is taken when non-compliance is identified.

(2) Updating this directive to ensure it reflects current information and practices.

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 and informing leadership when barriers to compliance are identified.

(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 overall VA medical facility compliance with this directive and appropriate corrective action is taken if non-compliance is identified.

(2) Ensuring that the requirements of this directive are communicated to all VA health care providers and pharmacy personnel.

(3) Providing support for implementation of this directive throughout all VA medical facility locations.

(4) Addressing any reported complaints of non-compliance with the VA medical facility Chief of Staff (COS) or Associate Director for Patient Care Services (ADPCS).

NOTE: *Non-compliance issues can be reported by a Veteran, caregiver or VA personnel.*

g. **VA Medical Facility Chief of Staff or Associate Director for Patient Care Services.** The VA medical facility COS or ADPCS is responsible for addressing all prescribing concerns from any reported complaints of non-compliance 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 the requirements of this directive to all appropriate pharmacy personnel.

(2) Monitoring implementation of this directive and reporting any known instances of non-compliance to the VA medical facility Pharmacy and Therapeutics (P&T) Committee, the VA medical facility COS or ADPCS and the VA medical facility Director.

(3) Ensuring that VA non-formulary or prior authorization requests for mental health medications that are submitted for transitioning Service members are completed and approved based on notation that the medication is being requested for a transitioning Service member 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 (VANF) status.

i. **Chair, VA Medical Facility Pharmacy and Therapeutics Committee.** The Chair, VA medical facility P&T Committee is responsible for:

(1) Ensuring the VA medical facility P&T Committee reviews reports of non-

compliance from the VA medical facility Chief of Pharmacy.

(2) Ensuring processes are in place for VA non-formulary or prior authorization requests to be completed and approved when a mental health medication is being requested for a transitioning Service member.

j. **VA Health Care Providers.** *NOTE: For additional detail regarding VA health care provider requirements, see paragraph 3.* VA health care providers are responsible for providing safe, appropriate and effective continuity of mental health medication therapy for transitioning Service members by:

(1) Continuing mental health medications initiated by DoD authorized providers (in the absence of documented safety, appropriateness and effectiveness concerns) when clinically appropriate, regardless of their VANF status, VANF Committee prescribing guidance (e.g., VA criteria-for-use, prior authorization criteria) or the cost of the medication.

(2) Submitting VA non-formulary or prior authorization drug requests in accordance with VA medical facility procedures for DoD-initiated VA non-formulary or prior authorization mental health medications. *NOTE: For further information on the process of submitting requests, see VHA Directive 1108.08.*

(3) Engaging the transitioning Service member in a shared decision-making discussion process when considering a change in mental health medication therapy, including explaining the clinical rationale such as risks, benefits and alternatives for the change and addressing the Service member's concerns, values and preferences.

(4) Documenting any change in mental health medication therapy, including the discussion with the transitioning Service member, in the electronic health record (EHR).

3. REQUIREMENTS FOR CONTINUATION OF MENTAL HEALTH MEDICATIONS

a. A VA health care provider responsible for the transitioning Service member's care must not discontinue mental health medications initiated by a DoD authorized provider solely because of differences between VA and DoD drug formularies, VANF 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. See <https://www.va.gov/formularyadvisor/> for details about VANF Committee prescribing guidance.*

b. A VA health care provider is not required to continue mental health medications initiated by a DoD authorized provider if the provider determines that such therapy is no longer safe, clinically appropriate or effective based on a transitioning Service member's current medical condition(s).

c. In cases where a mental health medication initiated by a DoD authorized 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 the EHR, and the

clinical rationale for this decision must be clearly explained to the transitioning Service member.

d. In the interest of Veteran-centered care principles, VA medical facilities must streamline processes to ensure prompt access to DoD-initiated VA non-formulary or prior authorization mental health medications for transitioning Service members.

e. When a VA health care provider determines continuation of a DoD-initiated VA non-formulary or prior authorization 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 Service member.

f. Standard VA 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 must simply indicate in the request that the medication is for a transitioning Service member as the justification for the non-formulary drug request. This ensures that VA medical facilities automatically process a transitioning Service member's prescription of the mental health medication for dispensing. **NOTE:** See *VHA Directive 1108.08* for details about non-formulary drug requests.

4. BACKGROUND

a. VA and DoD provide health care services to different patient populations, using different health care delivery systems. As a result, the 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 Service members transitioning their health care from DoD to VA. When transitioning Service members transition to VA care with VA non-formulary or prior authorization 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.

c. Through policy and educational efforts, VA has maintained a long-standing practice of continuing clinically appropriate medications for transitioning Service members entering VA care. This directive formalizes a process based on the recommendations in the United States (U.S.) Government Accountability Office (GAO) report: GAO-13-26, DOD and VA Health Care: Medication Needs during Transitions May Not Be Managed for All Servicemembers (for details, see <https://www.gao.gov/products/GAO-13-26>). The requirements of this process were further formalized in P.L. 114-92 § 715, 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.

The DoD-VA Continuity of Care Drug List is available on the PBM Formulary Management SharePoint site at

<https://dvagov.sharepoint.com/sites/VHAPBM/Formulary/NationalFormulary/Forms/AllItems.aspx?id=%2Fsites%2FVHAPBM%2FFormulary%2FNational%20Formulary%2FDoD%2DVA%20Continuity%20of%20Care%20Drug%20List&viewid=0ee565ad%2Dc522%2D4299%2D8c28%2Dc553d3371f72>. **NOTE:** *This is an internal VA website that is not available to the public.*

d. VA completed a pilot and follow-up Evaluation of Medication Continuation for Veterans Transitioning from the Department of Defense Health Care System to the Veterans Affairs Health System to assess the proportion of DoD Service members who began receiving care from VA, who were dispensed medications for mental health and sleep disorders or opioids for pain management and who experienced a change in medication treatment. For additional information, see

https://www.pbm.va.gov/PBM/vacenterformedicationsafety/othervasafetyprojects/DoD_VA_Medication_Continuation_Report.pdf and https://www.pbm.va.gov/PBM/vacenterformedicationsafety/othervasafetyprojects/DoD_VAMedication_Continuation_Report_Part_II.pdf.

5. DEFINITIONS

a. **Authorized Provider.** An authorized provider (or authorized prescriber) is a provider authorized by law or VA policy to prescribe medications in accordance with their facility approved privileges or scope of practice. This includes physicians, dentists, certified nurse practitioners (CNP), clinical nurse specialists (CNS), certified nurse midwives (CNM), certified registered nurse anesthetists (CRNA), physician assistants (PA) or clinical pharmacist practitioners (CPP) who are granted prescriptive authority for medications. Prescriptions for medications may only be written by authorized providers.

b. **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 Computerized Patient Record System (CPRS), Veterans Information Systems and Technology Architecture (VistA) and Cerner platforms. **NOTE:** *The purpose of this definition is to adopt a short, general term (EHR) to use in VHA national policy in place of software-specific terms while VA transitions platforms.*

c. **Non-Formulary.** Non-formulary refers to drugs or drug-related supplies (e.g., drug therapy supplies, medical foods or nutraceuticals) that are commercially available but are not included on VANF.

d. **Non-Formulary Request.** A non-formulary request is a request for a drug that is not listed on VANF.

e. **Prior Authorization.** Prior authorization is the process in which select VANF drugs are reviewed for appropriateness of use prior to prescribing to ensure their safe

and proper use for Veterans receiving drugs or drug-related supplies within VA. Prior authorization adjudications are completed at the national, VISN or VA medical facility level, depending on the established drug designation by the VANF Committee.

f. **Transitioning Service Member.** A transitioning Service member 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.

g. **VA National Formulary.** VANF is a listing of therapeutic agents (e.g., drugs and drug related supplies) that must be available for prescription at all VA medical facilities and cannot be made non-formulary by a VISN or individual VA medical facility. **NOTE:** VANF is maintained at: <https://www.pbm.va.gov/PBM/NationalFormulary.asp>.

6. TRAINING

There are no formal training requirements associated with this directive.

7. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by 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 must be addressed to the appropriate Records Officer.

8. REFERENCES

- a. P.L. 114-92 § 715.
- b. VHA Directive 1108.08, VHA Formulary Management Process, dated July 29, 2022.
- c. VHA Directive 1310(1), Medical Management of Enrolled Veterans Receiving Self-Directed Care From External Health Care Providers, dated October 4, 2021.
- d. PBM. Pilot Evaluation of Medication Continuation for Veterans Transitioning from the Department of Defense Health Care System to the Department of Veterans Affairs Health Care System. February 2015:
https://www.pbm.va.gov/PBM/vacenterformedicationsafety/othervasafetyprojects/DoD_VA_Medication_Continuation_Report.pdf.
- e. PBM. Part II Evaluation of Medication Continuation for Servicemembers Transitioning from the Department of Defense Health Care System to the Department of Veterans Affairs Health Care System. February 2017:
https://www.pbm.va.gov/PBM/vacenterformedicationsafety/othervasafetyprojects/DoD_VAMedication_Continuation_Report_Part_II.pdf.
- f. PBM Formulary Management. DoD-VA Continuity of Care Drug List.

<https://dvagov.sharepoint.com/sites/VHAPBM/Formulary/NationalFormulary/Forms/AllItems.aspx?id=%2Fsites%2FVHAPBM%2FFormulary%2FNational%20Formulary%2FDoD%2DVA%20Continuity%20of%20Care%20Drug%20List&viewid=0ee565ad%2Dc522%2D4299%2D8c28%2Dc553d3371f72>. **NOTE:** *This is an internal VA website that is not available to the public.*

g. VA Formulary Advisor. <https://www.va.gov/formularyadvisor/>.

h. VA National Formulary. <https://www.pbm.va.gov/PBM/NationalFormulary.asp>.

i. U.S. GAO. GAO-13-26: DOD and VA Health Care: Medication Needs during Transitions May Not Be Managed for All Servicemembers. <https://www.gao.gov/products/GAO-13-26>.