

August 14, 2003

**“TRANSITIONAL PHARMACY BENEFIT”
PROVIDING MEDICATIONS BY MAIL PRESCRIBED BY NON-VA
PHYSICIANS FOR VETERANS WAITING FOR VA CARE**

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides instructions that permit the Department of Veterans Affairs (VA) to furnish medications for new veteran patients enrolled in VA’s health care system who have requested an initial appointment for primary care prior to July 25, 2003, and who are either on a waiting list for their initial primary care appointment or have an appointment scheduled as of September 22, 2003, or later. **NOTE:** *These medications may only be provided by mail to eligible veterans with a prescription from a licensed non-VA physician.*

2. BACKGROUND: In recent years, VA has faced an extraordinary increase in demand for health care services. The increased demand has been caused, at least in part, by veterans enrolling in the VA health care system to obtain pharmacy benefits at low or no cost. With dramatically increased enrollment, VA has been unable to provide all enrolled veterans with health care services in a timely manner. In many places that means that a veteran must often wait a considerable length of time to receive an initial primary care visit. Many of those veterans have prescriptions written by non-VA physicians that VA primary care physicians may confirm and renew when the veterans is able to have an initial primary care visit. In an effort to ease the burden on veterans who must wait a lengthy period of time for their initial primary care visit, VA will provide a temporary pharmacy benefit to veterans while on VA waiting lists, if the veteran has valid prescriptions from their non-VA physician written within the past 90 days. VA would fill prescriptions written by non-VA physicians until such time as a VA physician can evaluate the veteran. VA will schedule the veteran’s initial appointments within the period covered by the prescriptions written by their non-VA physicians, however the benefit is not to exceed 1 year. VA anticipates that some veterans will choose to postpone the initial appointment, shortening waiting lists and making appointment dates available to other veterans. VA has identified this program as the “Transitional Pharmacy Benefit.”

a. **Eligibility.** To be eligible for the Transitional Pharmacy Benefit a veteran must:

- (1) Be enrolled in the VA health care system prior to July 25, 2003.
- (2) Have requested the first primary care appointment with VA prior to July 25, 2003.
- (3) Be waiting more than 30 days for the initial primary care appointment as of September 22, 2003.

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b. **Attachments.** The following are attached:

(1) Attachment A contains VA Form 10-0411, VA Transitional Pharmacy Benefit.

(2) Attachment B contains a flow chart showing the “Transitional Pharmacy Benefit Centralized Process Model.”

(3) Attachment C contains a flow chart showing the “Transitional Pharmacy Benefit Localized Process Model.”

(4) Attachment D contains a sample of the letter to be mailed to each eligible veteran.

(5) Attachment E contains a copy of the Abbreviated VA Formulary.

(6) Attachment F contains a sample of the letter to be mailed to the non-VA physician.

3. POLICY: It is VHA policy that medications prescribed by licensed non-VA physicians will be filled by mail only for veterans enrolled prior to July 25, 2003, who requested an initial primary care appointment by that date and who are either on a waiting list for their initial primary care appointment or whose appointment is scheduled as of September 22, 2003, is more than 30 days or greater. **NOTE:** *Medications dispensed under this policy will be provided consistent with current pharmacy practices and procedures.*

4. ACTION

a. **The Process.** Veterans requesting pharmaceutical benefits under this policy must provide by mail a valid written prescription(s) less than 90 days old and VA Form 10-0411 (see Att. A). This prescription must be written by a physician with a current valid license to practice medicine and must include the practitioner’s place of business, phone number, Drug Enforcement Administration (DEA) number, tax identification (ID) number or Social Security Number (SSN), and signature. VA Form 10-0411, must be completed by both the patient and non-VA physician, and must be returned with the original prescription(s) for the filling of prescriptions to occur. Initial prescriptions from non-VA physicians by phone or fax will not be accepted; all initial prescriptions, patient and non-VA physician information will be accepted only if received by mail.

b. **Medical Center Director.** The medical center Director is responsible for ensuring that:

(1) **Patients who Meet the Eligibility Criteria and who Follow the Correct Process Are Furnished Supplies and Formulary Medications** excluding controlled substances (Schedule I-V), intravenous admixtures, medications requiring a medical professional for administration, and over-the-counter medications, (with the exception of insulin and syringes) until they receive their initial primary care clinic visit. **NOTE:** *One-time medications for acute self-limited illnesses will not be provided under this policy.*

(2) The Non-VA Physician's Prescriptions are Honored for the Duration of the Prescription or Until the Date of the Initial Primary Care Appointment, Whichever Comes First. *NOTE: VA will check the status of the non-VA providers against the Department of Health and Human Services exclusionary list initially; thereafter, the status will be checked on a periodic basis consistent with current practices.(i.e., annually).*

(a) A reasonable quantity and appropriate refills are to be issued to accommodate the veteran until the veteran's first visit with a primary care provider. Under no circumstance will more medication be dispensed than the original prescription allows. If the non-VA physician has prescribed insufficient quantities to last until the initial primary care appointment, the pharmacy must contact the prescribing non-VA physician to obtain an extension to an expiring prescription.

(b) The clinical pharmacist's (CP's) clinical functions and the processing of non-VA physician information and patient information can be performed locally or virtually through a centralized site. *NOTE: The VISN and medical center decide which approach will be taken and the mechanisms used to carry out the approach (e.g., contracting for such services or establishing call centers at the VISN level.) Examples of these two processes and the monitoring have been flow-charted and are found in Attachment B and Attachment C.*

(c) A CP collects the appropriate relevant patient information; evaluates the prescriptions prior to dispensing; provides appropriate drug use review and patient education; and, when necessary, contacts the prescribing non-VA physician to determine the appropriateness of the prescribed medication (which may include specialty or non-formulary medication). In the event of a disagreement between the CP and prescribing non-VA physician as to whether a prescription is safe and appropriate, a designated VA physician must be consulted for review and a final decision. The CP must capture this encounter under the newly developed uniform national Decision Support System (DSS) identifier 161 associated with a clinic, titled Pharmacy Transitional Benefit Clinic (see subpar. 5c). *NOTE: The interim final rule at 17.96 (e) contains regulations regarding the collection of information under the Paperwork Reduction Act (Title 44 United States Code (U.S.C.) 3501-3521). Accordingly, under section 3507(d) of the Act, VA has submitted a copy of this rulemaking action to the Office of Management and Budget (OMB) for its review of the collections of information.*

(d) VA primary care physicians, in collaboration with pharmacy, must ensure that a specialty prescription outside their scopes of practice are addressed either through provider communication or by immediately referring the patient to the appropriate VA specialty clinic. If the patient refuses a VA subspecialty encounter for the continuance of a specialty medication, the benefit for that medication will be terminated.

(e) If the veteran provides a prescription for a non-formulary drug, the CP must contact the non-VA physician to determine if a formulary drug is an acceptable alternative. If no alternative is acceptable to the prescribing clinician, the CP must utilize existing VA policies for a non-formulary drug request.

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(3) **Existing National VA Formulary Restrictions and Approval Processes Apply.** The national formulary process and the approved national guidelines for reviewing and approving prescriptions from non-VA physicians must be utilized. Restrictions on the selection of the medication and the quantity of medication dispensed must be considered. The most cost-effective medication needs to be selected whenever medically appropriate. **NOTE:** *These issues must be addressed at the local level (see subpar. 5a).*

(4) **Primary Care Appointments Are Made in a Timely Manner.** Generally primary care appointments will be scheduled based upon the next available appointment, at a VA location that is within a reasonable commuting distance from the veteran's place of residence. **NOTE:** *The veteran may request to have their care transferred to a VA location that is more convenient but this will not constitute grounds for a continuation of the pharmacy benefit.* The appointment is to be scheduled as soon as possible, or at a time that corresponds to the ending date of the non-VA prescription. **NOTE:** *The VA pharmacist needs to enter the earliest ending date of the non-VA prescriptions into the master list of patients eligible for the pharmacy benefit so that this information will be accessible to scheduling clerks.*

(a) New Patients. All new patients requesting a clinic appointment must either have an appointment scheduled or be entered on the VA's National Electronic Wait List using the business rules outlined by VHA Directive 2002-068 (see subpar.5a).

(b) Rescheduling

1. Veterans may be allowed to reschedule their initial primary care appointment if the non-VA provider prescription(s) have sufficient duration. Such patients will be notified that subsequent requests for schedule changes may result in a loss of pharmacy benefits under this policy unless they can provide acceptable justification. In no case shall the appointment date exceed the period of the prescription(s) or 1 year, whichever is less.

2. If VA reschedules a veteran's appointment to a later date, VA must provide an adequate supply of medication to last until the new appointment date. As necessary, VA will contact the non-VA physician to obtain an extension to an expiring prescription.

(c) Cancellation. If a veteran cancels an appointment without rescheduling, or fails to present for a scheduled appointment, that veteran forfeits pharmacy benefits unless the veteran contacts VA in a timely manner and shows good cause and reschedules the appointment.

(5) **Existing First and Third-party Billing Regulations Apply.** A limited benefit is provided to selected veterans waiting for their first primary care appointment. This does not supersede existing statutory authority for VA to fill prescriptions written by non-VA physicians for selected patients. **NOTE:** *A list of eligible veterans consistent with this policy can be generated after the installation of the Veterans Health Information Systems and Technology Architecture (VistA) patches.*

(6) **Installation of Required VistA Patches Per Instructions that Accompany the Patch to Facilitate Implementation of this Directive.** These patches, allowing the medical centers to identify and manage eligible veterans, are due to be released by September 30, 2003.

(7) **A Facility-specific Letter is Developed and Mailed** to eligible veterans by September 22, 2003 (see Att. D).

(a) This letter must include:

1. Information and guidance for the veteran.
2. Instructions to the non-VA physician on facilitating the veterans' prescriptions.
3. A copy of VA Form 10-0411.
4. An abbreviated version of the VA National Formulary (see Att. E).
5. Contact information for questions from patients and non-VA physicians.

(b) The veteran is responsible for completing VA Form 10-0411, and presenting the information to the non-VA provider.

(c) The non-VA provider is responsible for completing the physician information, writing the prescriptions, and mailing the completed veteran's packet. **NOTE:** *VA Form 10-0411 and the original prescriptions must be mailed to the local VA medical center.*

(8) **The Employee Education System (EES)** is responsible for coordinating and developing employee education.

5. REFERENCES

a. Directive 2002-068, Implementation of Electronic Wait List National Vista Software, which can be found at: <http://www.va.gov/publ/direc/health/direct/12002068.pdf>.

b. VHA Directive 2001-044, VA National Formulary, which can be found at: <http://www.va.gov/publ/direc/health/direct/12001044.pdf>.

c. Title 44 U.S.C. 3501-3521, the Paperwork Reduction Act.

d. Title 38 Code of Federal Regulations (CFR) Part 17.

6. FOLLOW UP RESPONSIBILITY: The Chief Consultant, Pharmacy Service (119), is responsible for the contents of this Directive. Questions may be addressed to the Chief Business Office (16) at 202-254-0329, or to the Pharmacy Benefits Management, Deputy Chief Consultant (119), at 202-273-8426.

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7. RESCISSION: None. This VHA Directive expires July 31, 2006.

S/ Robert H. Roswell, M.D.
Under Secretary for Health

Attachments

DISTRIBUTION: CO: E-mailed 8/14/03
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 8/14/03



Department of Veterans Affairs

VA TRANSITIONAL PHARMACY BENEFIT

Privacy Statement: VA is asking you and your physician to provide the information on this form under Title 38, United States Code, sections 1706 and 1710 in order to determine eligibility for provision of medication to veterans prescribed by a non-VA physician. VA may disclose this information only as permitted by law. These disclosures may include those for civil or criminal law enforcement, congressional communications, the collection of money owed to the United States, litigation in which the US is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration. You and your physician do not have to provide the information, including Social Security Number, to VA, but if you **do not**, VA may not be able to furnish you the benefits of this program or to complete the filling of your prescription until you have been contacted by phone or by mail to verify identity through other methods. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it in this program for safety reasons to assure that prescriptions are matched to the correct patient and to administer the medical benefits of the program.

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of this Act. The public reporting burden for this collection is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments. VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Response is voluntary, but failure to provide your Social Security Number may result in the delay of benefits, as described in the Privacy Statement above. Failure to furnish this information will have no effect on other benefits to which you may be entitled. This information is collected under the authority of 38 CFR Part 17 and is needed to determine eligibility for provision of medication to veterans when it is prescribed by a non-VA physician. The information that you provide is protected under the Privacy Act, 38 USC Secs. 5701 and 7332, and 45 CFR Pts. 160 and 164.

PATIENT INFORMATION (To be filled out by patient) (Print or type)

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
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ADDRESS (Street, City and State)	PHONE NUMBER (Area Code)
	ZIP CODE

HEALTH INSURANCE COMPANY	HEALTH INSURANCE POLICY NUMBER
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ALLERGIES

LIST ANY ADVERSE REACTION TO ANY MEDICATION

LIST ANY OTHER MEDICATIONS YOU ARE TAKING, INCLUDING OVER THE COUNTER MEDICATIONS OR HERBAL SUPPLEMENTS

PLEASE CHECK IF YOU WOULD LIKE A VA PHARMACIST TO CALL REGARDING YOUR MEDICATIONS, TO DISCUSS THEIR PURPOSE, SIDE EFFECTS, INSTRUCTIONS FOR USE AND OTHER INFORMATION. YES NO

PHYSICIAN INFORMATION (To be filled out by physician) (Print or type)

NAME	GROUP NAME
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TAX ID NUMBER	LICENSE NUMBER
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PHYSICIAN SIGNATURE AS SIGNED ON PRESCRIPTIONS

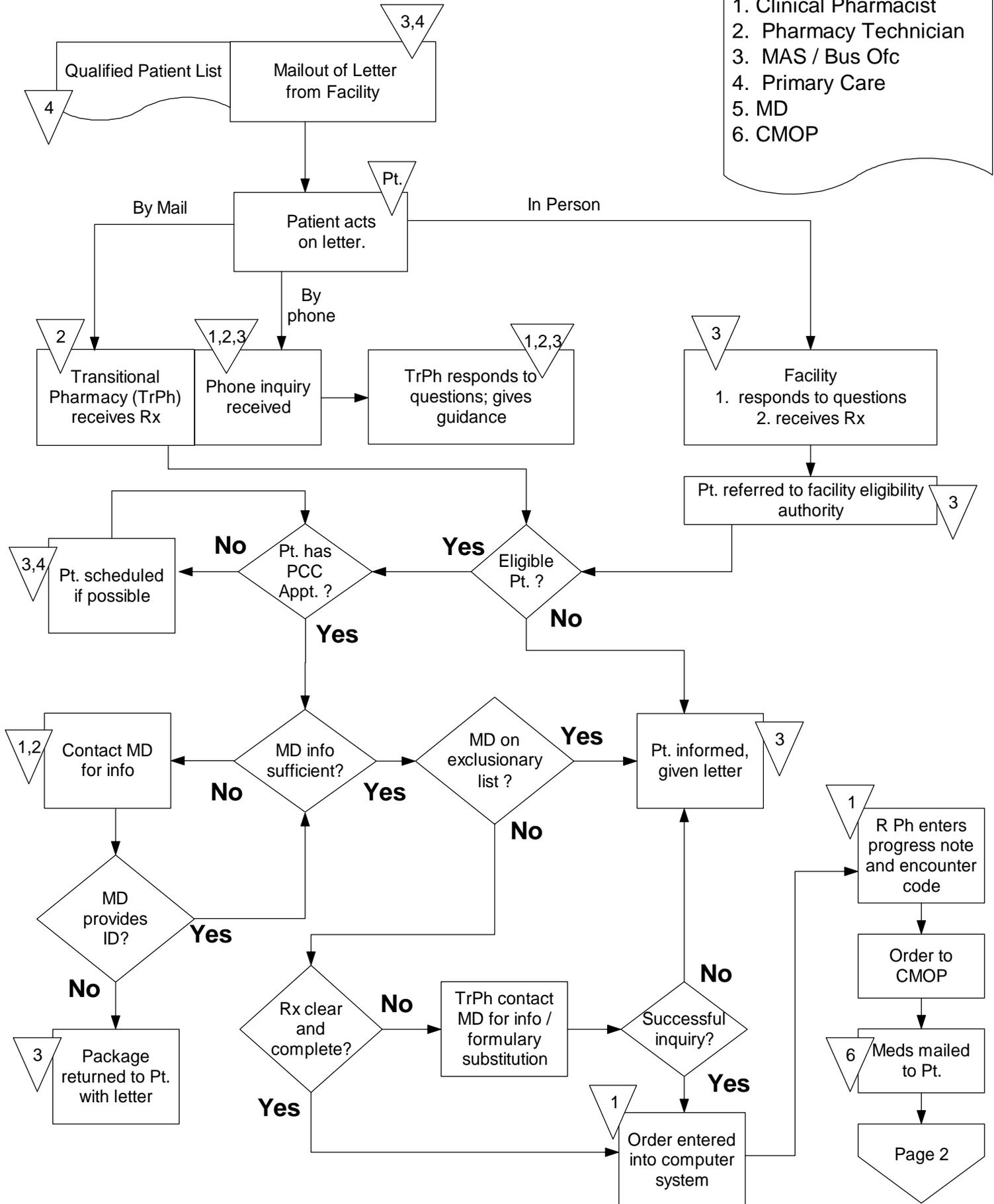
ADDRESS (Street, City and State, Zip Code)

PHONE	FAX	E-MAIL
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Attachment B: Transitional Pharmacy Benefit Centralized Process Model

Key to Responsibilities

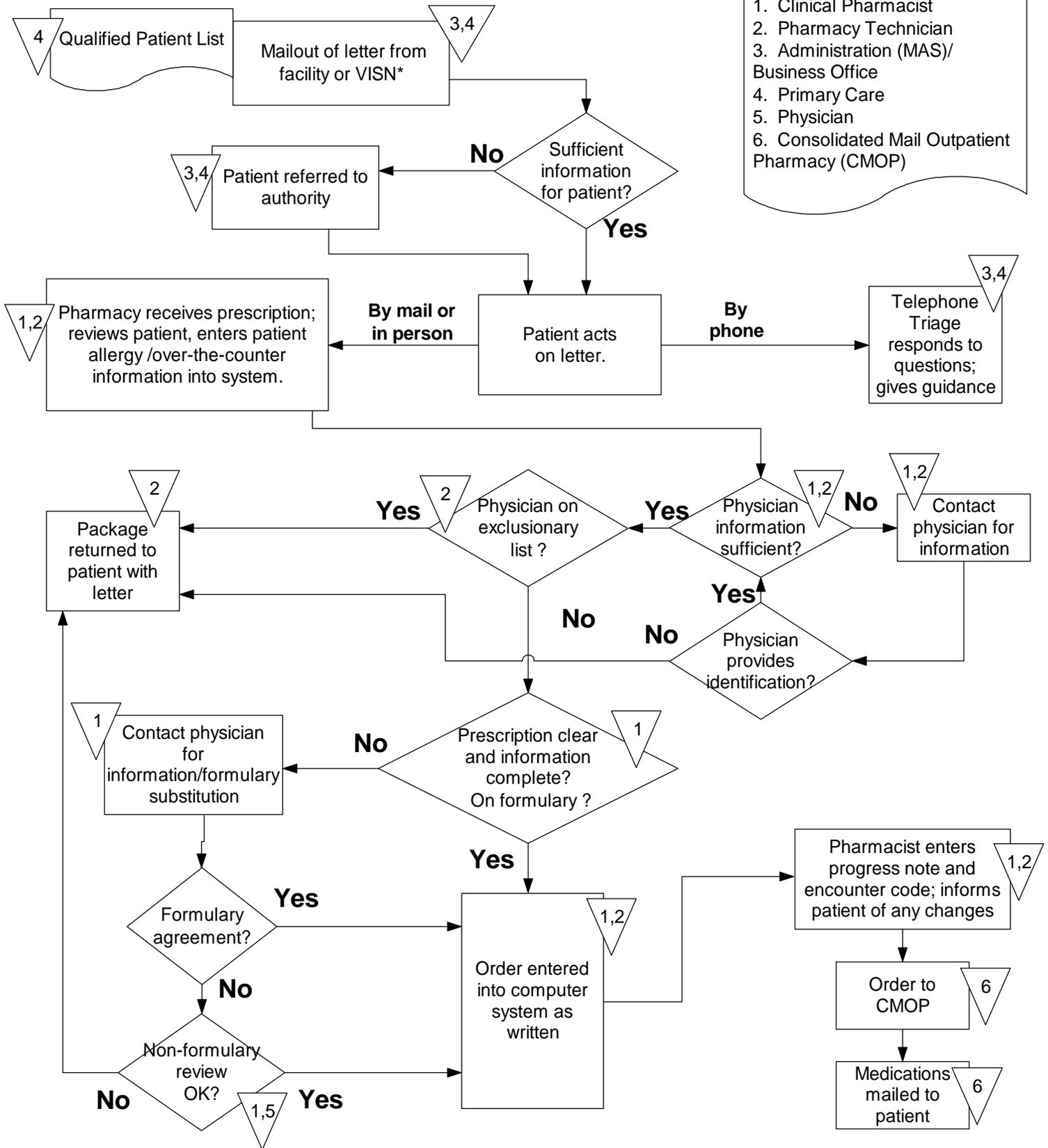
1. Clinical Pharmacist
2. Pharmacy Technician
3. MAS / Bus Ofc
4. Primary Care
5. MD
6. CMOP



Attachment C: Transitional Pharmacy Benefit Localized Process Model

Key to Responsibilities

1. Clinical Pharmacist
2. Pharmacy Technician
3. Administration (MAS)/ Business Office
4. Primary Care
5. Physician
6. Consolidated Mail Outpatient Pharmacy (CMOP)



* VISN stands for Veterans Integrated Service Network (the 22 regions of VHA organization).

ATTACHMENT D

SAMPLE LETTER TO BE MAILED TO EACH ELIGIBLE VETERAN

Dear Veteran:

I am pleased to tell you that you may be eligible for a new, temporary prescription benefit, called the **VA Transitional Pharmacy Benefit**. The goal is to reduce the costs of your medication while you are waiting to see a VA primary care doctor.

1. AM I ELIGIBLE FOR THIS NEW BENEFIT?

You are eligible for this benefit if you meet all of the following requirements.

- a. You are enrolled in the VA health care system prior to July 25, 2003; and
- b. You have requested your first primary care appointment with VA prior to July 25, 2003; and
- c. You have been waiting more than 30 days for the initial primary care appointment as of September 22, 2003.

2. WHAT IS THE NEW BENEFIT?

The new benefit allows VA to fill your prescriptions written by a non-VA doctor, until you have your first primary care appointment with VA. VA will only provide your medications by mail. VA may also bill your health insurance, and you may have to pay a co-payment based on your eligibility and financial status.

The medications provided by this benefit include many of the drugs listed on the VA National Formulary List. We have enclosed a shortened version of that list for your doctor's use. Under this program, VA will not provide controlled substances (such as narcotics), intravenous, over-the-counter medications (except insulin and syringes), medical supplies, and one-time medications for acute illnesses (such as antibiotics). Additionally, VA will not provide medications required to be administered only by a medical professional.

3. HOW DO I START?

To obtain your medications, please do the following:

- a. Fill out the top portion of VA Form 10-0411, VA Transitional Pharmacy Benefit (the Patient Information part).
- b. Take the attached letter ("Dear Doctor"), the enclosed Transitional Pharmacy Benefit Drug Formulary Summary brochure, and VA Form 10-0411, VA Transitional Pharmacy Benefit, to your private doctor.
- c. Ask your doctor to:

- (1) **Complete** the Doctor Information section of VA Form 10-0411.

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(2) **Attach** a prescription for each medication and include your name and social security number; and

(3) **Mail** these documents to the following address using the enclosed envelope.

**Pharmacy Service
VA Medical Center
(Street Address)
(City, state, Zip Code)**

4. HOW WILL I GET MY MEDICATIONS?

Prescriptions from your non-VA doctor must be mailed in the enclosed envelope to the address shown above. Our goal is to mail your medications to you within 7 to 10 days after receiving your prescription. If you have questions or concerns about your mailed medications, you may contact (Insert the Local VA Medical Center Pharmacy Telephone Number) . VA will provide sufficient medication to meet your needs until your first primary care appointment. Please make sure your doctor mails the enclosed form and prescriptions. VA is not able to process these prescriptions by fax, phone, or email. If your doctor does not provide all the requested information, VA cannot send your medication.

5. WHERE CAN I GET MORE INFORMATION?

More information about this benefit can be found on the VA's Internet Web site, at <http://www.va.gov/elig/tpb.htm>. If you still have questions, please call 1-877-222-8387.

6. PLEASE KEEP YOUR FIRST PRIMARY CARE APPOINTMENT!

Once VA has scheduled your first primary care appointment, please remember that it is **very important** to keep that appointment. If you must cancel your appointment, please advise the appointment clerk that you are a VA Transitional Pharmacy Benefits patient and explain why you are canceling. VA understands that there are occasions when you must cancel your appointment. However, if you cancel your appointment simply for your own convenience, or if you fail to show up for your scheduled appointment without an acceptable reason, you may no longer be eligible for this benefit.

During your first primary care appointment, your VA doctor will review all treatments, including all your medications, and make changes as appropriate and give you refills.

VA is committed to serving you by providing this benefit to reduce your medication costs while you wait for your first primary care appointment. Thank you for your patience. We hope to see you soon.

Signature and Signature Block of the
VA Medical Center Director

MUSCULOSKELETAL

Antigout Agents

Allopurinol Oral (ZYLOPRIM)
Colchicine Oral
Probenecid Oral (BENEMID)

Nonsalicylate NSAIDS, Antirheumatics

Diclofenac Na Oral (VOLTAREN)
Etodolac Oral (LODINE)
Ibuprofen (MOTRIN)
Indomethacin Oral (INDOCIN)

Naproxen Na (NAPROSYN)
Piroxicam Oral (FELDENE)

Salicylates, Antirheumatic

Salsalate Oral (DISALCID)

Skeletal Muscle Relaxants

Baclofen
Cyclobenzaprine Oral (FLEXERIL)
Methocarbamol Oral (ROBAXIN)

NEUROLOGIC

Donepezil (ARICEPT)
Caffeine / Ergotamine (CAFERGOT)
Levodopa / Carbidopa (SINEMET)
Selegiline (ELDEPRYL)
Zolmitriptan (ZOMIG)

OPHTHALMIC

Antiglaucoma Combinations, Topical Ophthalmic

Dorzolamide / Timolol Ophthalmic Solution (COSOPT)

Antiglaucoma, Other

Dorzolamide Hcl Oph Soln (TRUSOPT)
Travoprost Oph Soln (TRAVATAN)

Beta-Blockers, Topical Ophthalmic

Levobunolol Oph Soln (AK-BETA, BETAGAN)
Timolol Oph Gel (TIMOPTIC)
Timolol Oph Soln (BETIMOL)

Ophthalmics, Other

Brimonidine Tartrate Oph Soln (ALPHAGAN)
Cromolyn Na Oph Soln (OPTICROM)
Flurbiprofen Na Oph Soln (OCUFEN)

OTIC

Antipyrine / Benzocaine / Glycerin Otic Soln (AURALGAN)
Hydrocortisone / Neomycin / Polymixin Otic (CORTISPORIN)

RESPIRATORY

Antiasthma, Other

Albuterol / Ipratropium Oral Inhaler (COMBIVENT)
Cromolyn Sodium Inhalation (INTAL)
Montelukast (SINGULAIR)
Theophylline (THEODUR)

Anti-Inflammatories, Inhalation

Flunisolide Oral Inhaler (AEROBID)

Bronchodilators, Anticholinergic

Ipratropium Bromide (ATROVENT)

Bronchodilators, Sympathomimetic, Inhalation

Albuterol MDI (PROVENTIL, VENTOLIN)
Salmeterol Oral Inhl (SEREVENT)

Bronchodilators, Sympathomimetic, Oral

Albuterol Immediate Release Oral (PROVENTIL, VENTOLIN)

Terbutaline Sulfate Immediate Release Oral (BRETHINE, BRICANYL)

Nasal And Throat, Topical, Other

Cromolyn Sodium Nasal Inhl (NASALCROM)
Ipratropium Bromide Nasal Spray (ATROVENT)

WOMEN'S HEALTH

Contraceptives, Systemic

Desogestrel / Ethinyl Estradiol (CYCLESSA, DESOGEN, MIRCETTE, ORTHO-CEPT)

Ethinyl Estradiol / Norgestrel (OGESTREL, OVRAL)

Ethinyl Estradiol / Ethynodiol (DEMULEN)

Ethinyl Estradiol / Norethindrone (NORLESTRIN)

Mestranol / Norethindrone (GENORA, NORINYL, ORTHO-NOVUM)

Norethindrone (MICRONOR, NOR-QD)

Norgestrel (OVRETTE)

Triphasic Oral Contraceptive (ORTHO-NOVUM 7/7/7)

Estrogens

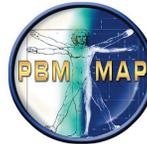
Estradiol Oral (ESTRACE)

Estradiol Patch (ALORA, CLIMARA, ESCLIM, ESTRADERM, FEMPATCH)

Estrogens Conjugated Oral / Vag Cream (PREMARIN)

Progestins

Medroxyprogesterone Acetate Oral (PROVERA)



Pharmacy Benefits Management Strategic Health Care Group &
Medical Advisory Panel, P.O. Box 126 Hines, Illinois 60141

IB 10-168
August 2003

DEPARTMENT OF VETERANS AFFAIRS

Transitional Pharmacy Program Drug Formulary Summary*



*This is an abbreviated list of VA's full formulary and represents commonly prescribed outpatient medications. For a list of medications available through the **Transitional Pharmacy Benefit Program**, and for program eligibility information, please visit: <http://www.va.gov/elig>.

ALLERGY

Hydroxyzine Oral (ATARAX, VISTARIL)

Anti-inflammatory, Nasal

Flunisolide (NASALIDE)

ANALGESICS

Ibuprofen (MOTRIN) Only 400mg, 600mg and 800mg strengths
Naproxen NA (NAPROSYN, ANAPROX) Only 250mg, 375mg, 500mg and 550mg strengths

ANTI-COAGULANTS

Warfarin (COUMADIN)

ANTI-CONVULSANTS

Carbamazepine (TEGRETOL)
Divalproex (DEPAKOTE)
Gabapentin (NEURONTIN)
Lamotrigine (LAMICTAL)
Phenytoin Oral (DILANTIN)
Topiramate (TOPAMAX)
Valproic Acid (DEPAKENE)

ANTI-INFLAMMATORY

Dexamethasone Oral (DECADRON)
Hydrocortisone Oral (VARIOUS)
Methylprednisolone Oral (MEDROL)
Prednisolone Oral (PRELONE, CORTALONE)
Prednisone Oral

CARDIOVASCULAR

Anti-arrhythmics

Amiodarone (CORDERONE, PACERONE)
Procainamide (ProcanBID only)
Quinidine gluconate
Sotalol (BETAPACE)

Ace Inhibitors

Captopril Oral (CAPOTEN)
Enalapril Oral (VASOTEC)
Fosinopril (MONOPRIL)
Lisinopril (PRINIVIL, ZESTRIL)
Ramipril (ALTACE)

Alpha-Blockers / Related

Doxazosin Mesylate, Oral (CARDURA)
Prazosin Hcl Oral (MINIPRESS)
Terazosin Hcl Oral (HYTRIN)

Anti-anginals

Isosorbide Dinitrate (ISORDIL)
Isosorbide Mononitrate (ISMO)
Nitroglycerin Patch / Topical / SL (NITRO-DUR, TRANSDERM-NITRO / NITRO-BID, NITROL / NITROSTAT, NITROTAB)

Anti-hypertensive, Combinations

Atenolol / Chlorthalidone Oral (TENORETIC)
Hydrochlorothiazide / Lisinopril Oral (PRINIZIDE, ZESTORETIC)

Anti-hypertensives, Other

Clonidine Patch / Oral (CATAPRES)
Hydralazine Hcl Oral (APRESOLLINE)

Minoxidil Oral (LONITEN)

Reserpine Oral (SERPASIL)

Anti-lipemic Agents

Colestipol Oral (COLESTID)
Gemfibrozil Oral (LOPID)
Lovastatin Tab (MEVACOR)
Niacin Immediate Release - Rx Only (NIACOR)
Niacin Sustained Action - Rx Only (NIASPAN)
Simvastatin Tab (ZOCOR)

Angiotensin II Receptor Blockers

Contract pending. Check website for update

Beta-Blockers

Atenolol Oral (TENORMIN)
Carvedilol Oral (COREG)
Metoprolol Tartrate Immediate Release Oral (LOPRESSOR)
Metoprolol Succinate Sustained Action Oral (TOPROL XL)
Propranolol Hcl Oral (INDERAL)
Sotalol (BETAPACE)

Calcium Channel Blockers

Diltiazem Hcl Oral (CARDIZEM, DILACOR, TIAMATE, TIAZAC)
Felodipine Oral (PLENDIL)
Nifedipine Oral SA (ADALAT CC, PROCARDIA XL)
Verapamil Hcl Oral (CALAN, ISOPTIN, COVERA)

Digitalis Glycosides

Digoxin (LANOXIN)

Loop Diuretics

Bumetanide Oral (BUMEX)
Furosemide Oral (LASIX)

Platelet Aggregation Inhibitors

Clopidogrel Bisulfate Oral (PLAVIX)
Dipyridamole Oral (PERSANTINE)
Ticlopidine Hcl Oral (TICLID)

Potassium-Sparing / Combinations Diuretics

Hctz / Triamterene Oral (DYAZIDE, MAXZIDE)
Spironolactone Oral (ALDACTONE)
Triamterene Oral (DYRENIUM)

Thiazides / Related Diuretics

Chlorthalidone Oral (HYGROTON, HYLIDONE, THALITONE)
Hydrochlorothiazide Oral (HYDRODIURIL)
Indapamide Oral (LOZOL)
Metolazone Oral (DIULO, MYKROX, ZAROXOLYN)

DERMATOLOGIC

Anti-Inflammatory, Topical

Fluocinonide (LIDEX)
Triamcinolone Acetonide Topical (ARISTACORT, KENALOG)

Anti-Fungal, Topical

Ketoconazole (NIZORAL)
Nystatin (MYCOSTATIN)

DIABETIC

Hypoglycemic Agents, Oral

Acarbose Oral (PRECOSE)
Glipizide Oral (GLUCOTROL)
Glyburide Oral (DIABETA)
Metformin Hcl Oral (GLUCOPHAGE)

Insulin

Insulin Human 50/50 NPH / Reg Inj (HUMULIN, NOVOLIN)
Insulin Human 70/30 Nph / Reg Inj (HUMULIN, NOVOLIN)

Insulin Human Lente 100u / MI Inj (HUMULIN, NOVOLIN)
Insulin Human NPH 100u / MI Inj (HUMULIN, NOVOLIN)
Insulin Human Regular 100u / MI Inj (HUMULIN, NOVOLIN)
Insulin Human Ultralente 100u / MI Inj (HUMULIN)
Insulin Ultra Short Acting Inj (HUMALOG, NOVOLOG)

GASTROINTESTINAL

Cimetidine (TAGAMET) Only 300mg and 400mg strengths
Dicyclomine Hcl Oral (BENTYL)
Lactulose Syrup (CEPHULAC, DUPHALAC, ENULOSE)
Lansoprazole Oral (PREVACID)
Loperamide Hcl Oral (IMODIUM)
Metoclopramide Hcl Oral (REGLAN)
Misoprostol Oral (CYTOTEC)
Prochlorperazine Oral / Supp (COMPAZINE)
Pancreatic Enzymes (PANCREATIN, OPTI-ZYME, VIOKASE)
Rabeprazole Oral (ACIPHEX)
Ranitidine (ZANTAC) Only 150mg and 300mg strengths
Sucralfate (CARAFATE)
Sulfasalazine Oral (AZULFIDINE)

GENITO-URINARY

Finasteride Oral (PROSCAR)
Oxybutynin Chloride Oral (DITROPAN)
Phenazopyridine Hcl Oral (AZO, PYRIDIUM)
Sildenafil Citrate Oral (VIAGRA)

HORMONES / SYNTHETIC SUBSTITUTES / MODIFIERS

Bisphosphonates (FOSAMAX, ACTONEL)

Contract pending. Check website for update.

Etidronate Oral (DIDRONEL)
Levothyroxine Na Oral (LEVOTHROID, SYNTHROID)

MENTAL HEALTH

Anti-Depressants, Tricyclic

Amitriptyline (ELAVIL)
Doxepin (ADAPIN, SINEQUAN)
Nortriptyline (PAMELOR)

Anti-Depressants, SSRIs

Citalopram (CELEXA)
Fluoxetine (PROZAC)
Paroxetine (PAXIL)
Sertraline (ZOLOFT)

Anti-Depressants, Other

Trazodone (DESYREL)
Bupropion (WELLBUTRIN)
Mirtazapine (REMERON)
Venlafaxine (EFFEXOR)

Anti-Psychotics

Haloperidol (HALDOL)
Risperidone (RISPERDAL)
Quetiapine (SEROQUEL)
Ziprasidone (GEODON)

Bipolar Agents

Carrbamazepine (TEGRETOL)
Divalproex (DEPAKOTE)
Lithium (LITHOBID, ESKALITH)
Valproic Acid (DEPAKENE)

ATTACHMENT F

SAMPLE LETTER TO BE GIVEN TO THE NON-VA PHYSICIAN

Dear Doctor:

As of September 22, 2003, the Department of Veterans Affairs (VA) is adopting a new benefit, called the **VA Transitional Pharmacy Benefit** providing a temporary prescription benefit to eligible veterans. The goal of this benefit is to reduce an eligible veteran's out-of-pocket medication costs while the veteran is waiting to see a VA primary care doctor for medication refills.

The new pharmacy benefit includes medications listed on VA's National Formulary. Enclosed is an abbreviated National Formulary list that includes preferred medications for the most common disease entities found in our veteran patient population. VA's complete National Formulary can be found on our web site at <http://www.va.gov/elig/tpb.htm>. Some pharmaceuticals are subject to restrictions in order to ensure quality and cost effectiveness.

1. Eligible Veterans. A veteran is eligible if:

- a. The veteran is enrolled in the VA health care system prior to July 25, 2003; and
- b. The veteran has requested the first primary care appointment with VA prior to July 25, 2003; and
- c. The veteran has been waiting more than 30 days for the initial primary care appointment as of September 22, 2003.

2. Rules Ensuring This Benefit. In order for a veteran to receive medications under this benefit, the following rules apply:

- a. VA must have an **original prescription** written by the veteran's private physician.
- b. Each prescription must provide the following information:
 - (1) Patient's name and social security number;
 - (2) Medication name;
 - (3) Indication for medication and diagnosis;
 - (4) Quantity of the prescribed medication (in multiples of 30, up to a 90-day supply);
 - (5) Instructions for use;
 - (6) Number of authorized refills; and
 - (7) A legible signature.
- c. Each prescription may be written for **up to 1 year** unless medically contraindicated.
- d. Each medication is required to be on the VA National Formulary (see the enclosed abbreviated VA National Formulary list or visit our website at <http://www.va.gov/elig/tpb.htm> If

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there is more than one medication prescribed, prescriptions must be written separately and the purpose of the medication must be indicated.

f. VA will only accept initial prescriptions **by mail**. VA cannot accept prescriptions via telephone, fax, or email. VA also cannot accept copies of prescriptions.

g. The benefit does not cover controlled substances (Schedule I-V), intravenous medications, medications requiring a medical professional for administration, medical supplies, one-time medications for acute self-limited illnesses (e.g. antibiotics) and over-the-counter medications (with the exception of insulin and syringes).

We have provided a copy of VA Form 10-0411, VA Transitional Pharmacy Benefit, to veterans who may be eligible for this benefit. The veteran is to complete the top half of page one. The bottom half is to be completed by you. The information requested will help us ensure quality and appropriate prescriptive care. Please be assured that VA is bound by all confidentiality rules and regulations and will maintain the information you provide in strict confidence.

3. For Patients To Receive Medications. Please note that in order for patients to receive their medications:

- a. You must complete your part of VA Form 10-0411, VA Transitional Pharmacy Benefit.
- b. You must enclose the completed prescription in the pre-addressed envelope provided in the veteran's packet.

A VA pharmacy professional may contact you to discuss VA National Formulary issues, switching to an equally effective but less expensive medication, or restrictions that apply to specific drugs. We appreciate your assistance in helping VA provide this temporary prescription benefit to your patient, one of our nation's veterans. It is our goal to provide the highest quality of care to all of our veterans. If you should have additional questions or concerns, please contact (Insert the Local VA Medical Center Pharmacy Telephone Number).

Signature and Signature Block of the
VA Medical Center Director