

January 20, 2015

**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 recently discharged Servicemembers. **AUTHORITY:** 38 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 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 care from DoD to VA. When transitioning Servicemembers present with non-formulary or VA-restricted medications, providers can and do request those medications using the VA Non-formulary Request process established in Handbook 1108.08.

**3. POLICY:**

a. It is VHA policy that recently discharged DoD Servicemembers who transfer their care to a VA medical facility will be transitioned as follows:

(1) A VA provider must not discontinue mental health medications, initiated by a DoD authorized provider, solely because of differences between the VA and DoD drug formularies, VA Criteria-for-Use, or the cost of the drug.

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

(3) In cases where a mental health medication initiated by a DoD provider is not continued by a VA provider, the rationale for the decision must be clearly documented in the progress note section of the medical record and the clinical rationale for this decision clearly explained to the patient.

b. In the interest of Veteran-centered care principles, VA medical facilities must streamline local processes to ensure prompt access to DoD-prescribed VANF non-formulary or restricted mental health medications for recently discharged Servicemembers.

c. When continuation of a DoD-initiated non-formulary or restricted mental health medication is determined to be safe, appropriate and effective by a VA provider, the only requirement to process the agent is a designation of "Transitioning Veteran."

d. Standard non-formulary justifications (e.g., documentation of formulary medications that have already been tried, contraindication to a formulary medication, etc.) are not to be required; further ensuring that VA medical facilities will automatically process a “Transitioning Veteran’s” prescription of the mental health medication for dispensing.

#### 4. RESPONSIBILITIES:

a. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for ensuring that all VA medical facilities implement this Directive by March 13, 2015.

b. **Veterans Integrated Service Network Director.** The Veterans Integrated Service Network (VISN) Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this Directive; and

(2) Prioritizing resources and support for implementation of this Directive at all VA medical facilities within the VISN. *NOTE: Clinical Pharmacy Specialist support may be required for implementation of this Directive.*

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

(1) Ensuring that all medical facility providers and pharmacy personnel are provided education on this policy;

(2) Prioritizing resources and support for implementation of this Directive at all their medical and clinical facilities; and

(3) Ensuring that this Directive is implemented within by March 13, 2015.

d. **Chief of Staff.** The Chief of Staff is responsible for addressing any reported instances of non-conformance with the medical facility Director.

e. **Chief of Pharmacy.** The Chief of Pharmacy is responsible for:

(1) Communicating this Directive to all appropriate staff; and

(2) Monitoring implementation of this Directive and reporting any instances of non-compliance to the Pharmacy and Therapeutics Committee, Chief of Staff and medical facility Director.

f. **VHA Providers.** VHA 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 safety, appropriateness and effectiveness concerns) regardless of their VA formulary status, VA Criteria-for-Use, or the cost of the drug;

(2) Documenting any change in mental health medication therapy due to the provider's concerns (see paragraph 3.a.(3)) in the medical record; and

(3) Explaining the clinical rationale for this decision clearly to the patient.

**5. REFERENCE:** VHA Handbook 1108.08, VHA Formulary Management Process.

**6. DEFINITIONS:**

a. **Recently Discharged Servicemember.** A recently discharged Servicemember is someone who was under the care of a DoD-authorized provider and was separated from active duty military service within the 12-month period prior to receiving VA health care services.

b. **Department of Defense Authorized Providers.** Providers of medical care services to Active Duty Servicemembers via a DoD Medical Treatment Facility or through TriCare.

**7. 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.

**8. RESCISSION:** Prior to rescission of this Directive on or before the last working day of January, 2020, the information in this Directive will be incorporated into VHA Handbook 1108.08.

Carolyn M. Clancy, MD  
Interim Under Secretary for Health

**DISTRIBUTION:** Emailed to the VHA Publications Distribution List on 01/27/2015.