



New Provider Guide

An Introduction to Veterans Affairs Pharmacy

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
PBM Academic Detailing Service

New Provider Guide

An Introduction to Veterans Affairs Pharmacy

A VA Clinician's Guide

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
PBM Academic Detailing Service

VA Pharmacy Benefits Management

Academic Detailing Service

Real Provider Resources

Real Patient Results

Your Partner in Enhancing Veteran Health Outcomes

VA PBM Academic Detailing Service Email Group
PharmacyAcademicDetailingProgram@va.gov

VA PBM Academic Detailing Service SharePoint Site
<https://vaww.portal2.va.gov/sites/ad>

VA PBM Academic Detailing Service Public Website
<http://www.pbm.va.gov/PBM/academicdetailingservicehome.asp>

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Veterans Affairs National Formulary (VANF)

VA National Formulary (VANF) is a list of clinically reviewed products (drugs, nutritional supplements, and supplies) that are available for prescribing at all VA facilities. The formulary provides products of the highest quality and best value, while ensuring the portability and standardization of pharmacy benefits to all eligible Veterans.

VANF was established to:

- Improve patient safety
- Promote appropriate drug therapy
- Improve access
- Reduce inventory and drug acquisition costs
- Promote uniform pharmacy benefits
- Improve distribution of pharmaceuticals

Table 1. Prescribing within VANF

Definitions	
<p>Formulary: A medication, nutritional supplement, or product listed on VANF that is available to prescribe.</p> <p>Non-formulary: A medication, nutritional supplement, or product that is not listed on VANF, and is available to prescribe only through a non-formulary request process.</p> <p>Criteria for Use: Evidence-based guidance for appropriate prescribing of restricted products.</p> <p>Prior Authorization: Formal process for reviewing a formulary or a non-formulary product prior to dispensing.</p> <p>Recommend a trial with a formulary product prior to requesting a non-formulary agent, when applicable.</p>	
Herbal Supplements, Vitamins, and Medical Foods (Select agents are available within VANF)	
Available	Not Available
<p>Cyanocobalamin</p> <p>Ferrous Sulfate</p> <p>Folic Acid</p> <p>Vitamins B, C, D, E</p> <p>Fish Oil</p> <p>Melatonin</p> <p>Ocuvite®</p>	<p>Folbee/Folbic</p> <p>Metanx®</p> <p>Saw Palmetto</p> <p>Glucosamine/Chondroitin</p>

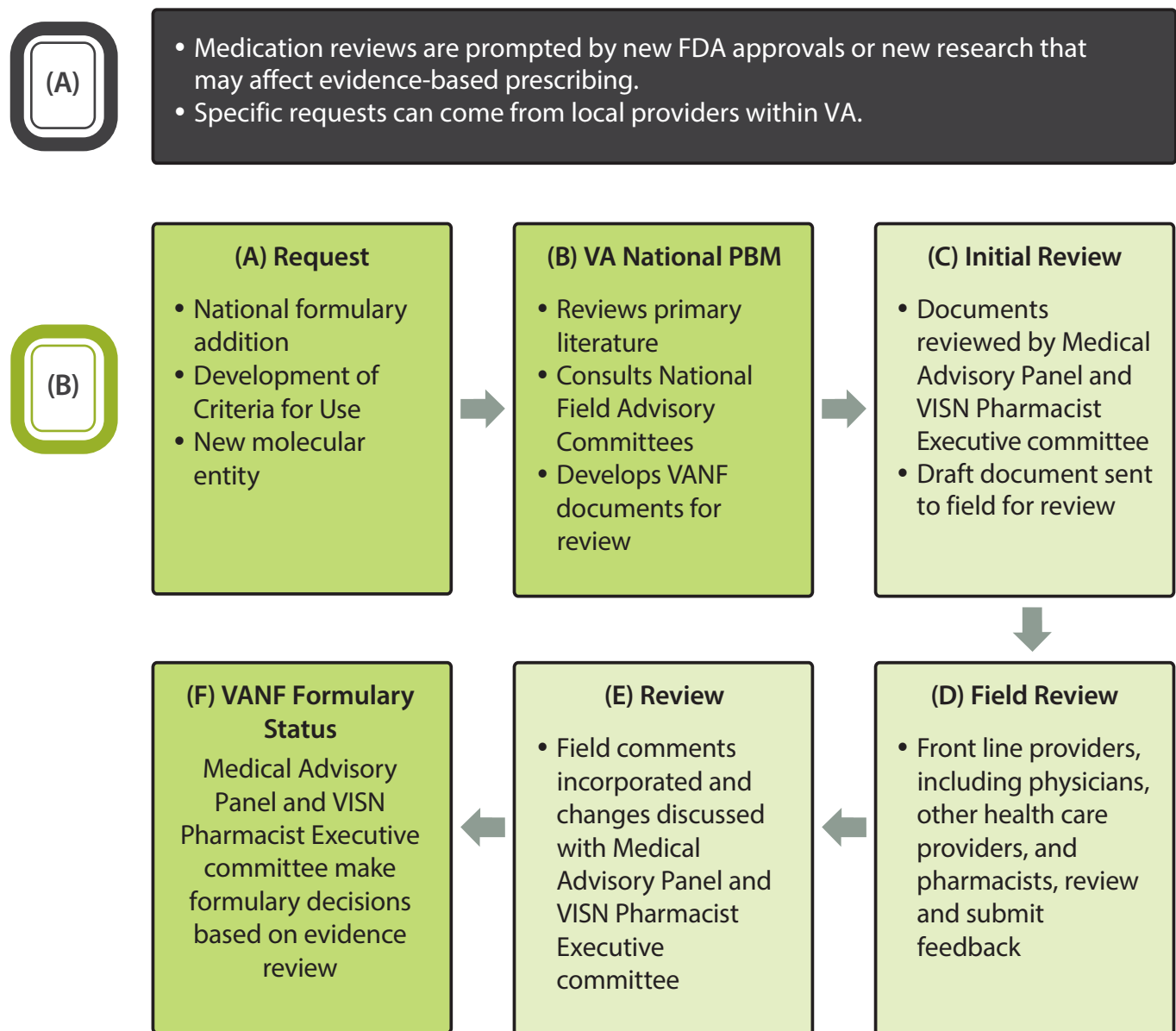
For a current list of medications on VANF: <https://www.pbm.va.gov/apps/VANationalFormulary/> or <https://www.pbm.va.gov/PBM/NationalFormulary.asp>.

From Evidence to Consensus

Review Process for Inclusion of New Products on VANF

VANF is determined by the consensus of practicing VA physicians, who form the Medical Advisory Panel, with Pharmacy Benefits Management comprised of national pharmacy program managers, and Veterans Integrated Service Networks (VISN) Pharmacist Executives. Evidence-based product reviews are presented monthly or more frequently to assure timely consideration of VANF changes.

Figure 1. VANF Review Process



- **VISN Pharmacy and Therapeutics (P&T) Committee** represents the VISN Medical Centers for VANF requests, and coordinates communication and implementation with the VISN Medical Centers' P&T and staff on VANF decisions.
- **Medical Center P&T Committee** provides clinical oversight and coordinates communications between local sites and VISN P&T committees. The P&T provides input and feedback for the formulary review process and VANF initiatives. Other responsibilities include medication use evaluations, adverse event monitoring and reporting, and medication error prevention.

Understanding Prescription Status and Process

VA prescription dispensing choices:

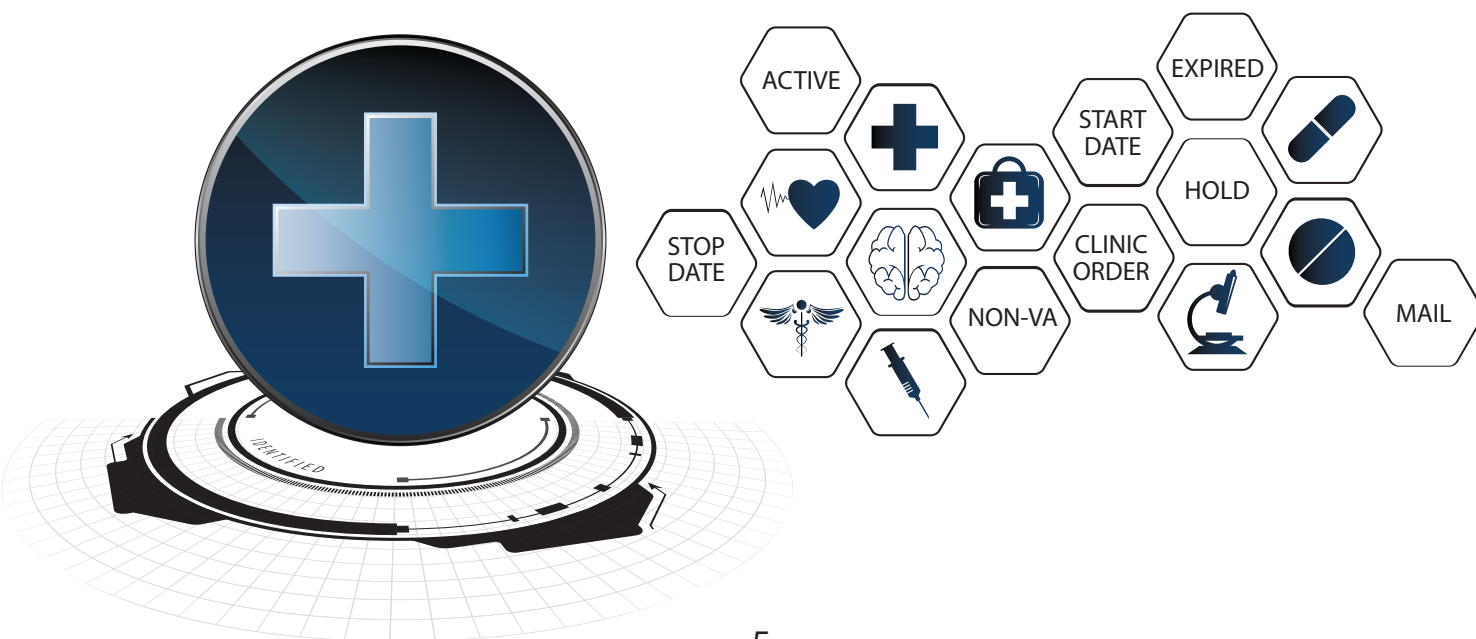
- 1) **MAIL:** This option is used if the patient can wait 10–14 days to begin the medication, or if they still have enough supply to last until it is received. Most orders put in the mail category are filled from the Consolidated Mail Outpatient Pharmacy (CMOP).
- 2) **WINDOW:** Veteran will pick up from VA pharmacy.

Table 2. Pharmacy Terms Definitions

Pharmacy Terms	Definition
Active	Medication order is complete and has been or may be filled if there are refills remaining.
Pending	Prescription order has been sent to the pharmacy for review.
Suspended	An active prescription that is scheduled to be filled on the fill date noted
Hold	An active prescription that is not orderable by the patient; Hold reason can be found by double clicking the medication in Computerized Patient Record System (CPRS). Pharmacists, providers and patients can request a hold. Holds can be removed by the pharmacist. The HOLD applies only to the prescription. The patient may or may not be taking this medication.
Discontinued	Medication has been stopped by a provider or pharmacist. This medication is no longer orderable by the Veteran.
Clinic Order (given in clinic)	This is not a prescription. This is a medication ordered for administration during a patient's visit to a clinic or emergency department.

Table 2. Pharmacy Terms Definitions

Pharmacy Terms	Definition
Expired	A prescription which is too old to fill; This does not refer to the expiration date of the medication in the container.
Start Date	Date the medication was entered in the Veterans Information Systems and Technology Architecture (VistA) or CPRS
Stop Date	Prescription is not available for dispensing after the stop date; may be expired or discontinued.
Mail (Released)	Date prescription was processed to be mailed
Window (Released)	Date prescription picked up from the pharmacy window
Partial Fill until Mail	Partial fill given to patient at window to last until mailed prescription arrives
Flagged	Flagging orders is one mechanism by which pharmacists may communicate with providers for order clarification. Reason for flag should be written next to flag. When unflagging orders in CPRS, please use the comments field to communicate requested order clarification to pharmacy.
Non-VA	A medication that is dispensed from somewhere other than VA pharmacy; This may be a prescription from either a VA or Non-VA provider that was filled outside VA. This should also include the patient's use of over-the-counter medications, herbal supplements, dietary supplements or sample medications. This allows for order checks (e.g. allergies, drug interactions) and medication reconciliation.



Consolidated Mail Outpatient Pharmacy (CMOP)

CMOP fills and mails approximately 80% of all outpatient prescriptions for the Medical Centers.

- Decreases wait times at the pharmacy
- Provides cost savings
- Significantly reduces Veteran visits to medical centers
- Increases convenience
- Increases adherence



Seven CMOP Locations

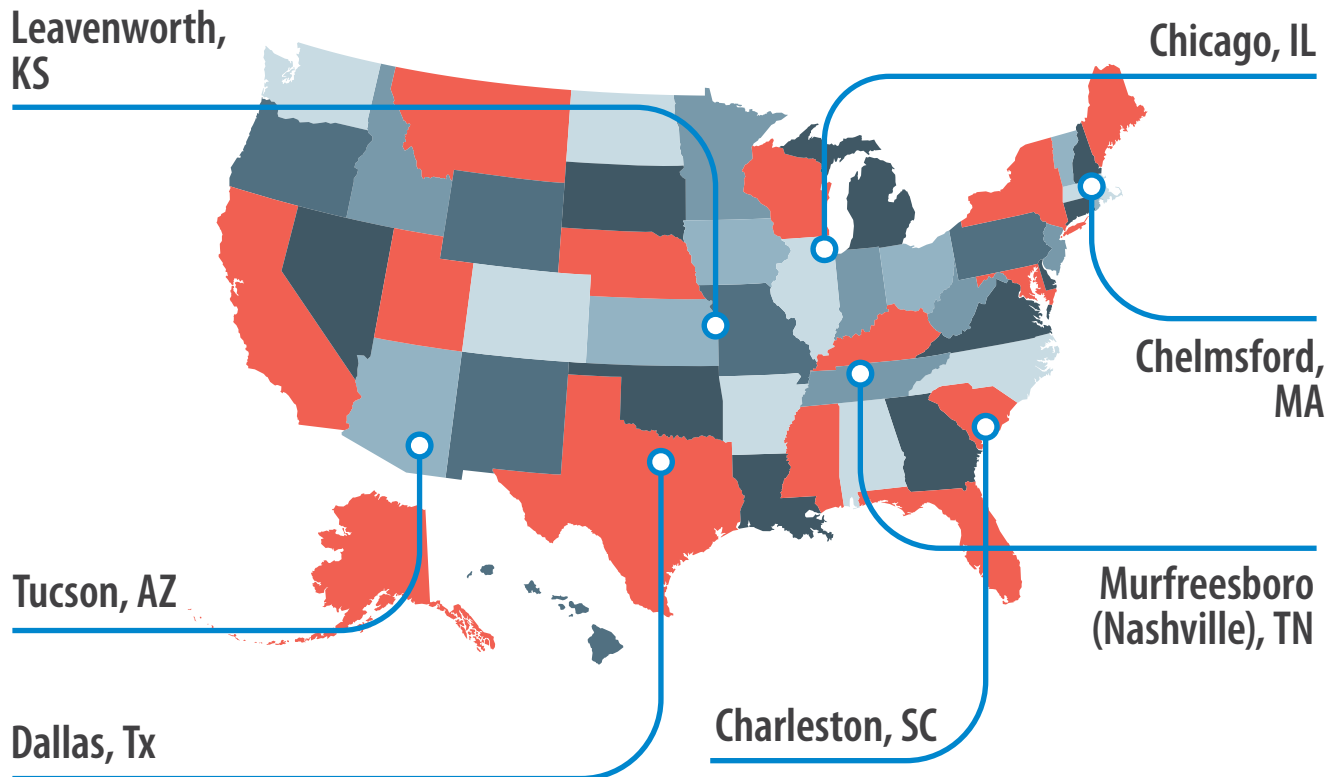
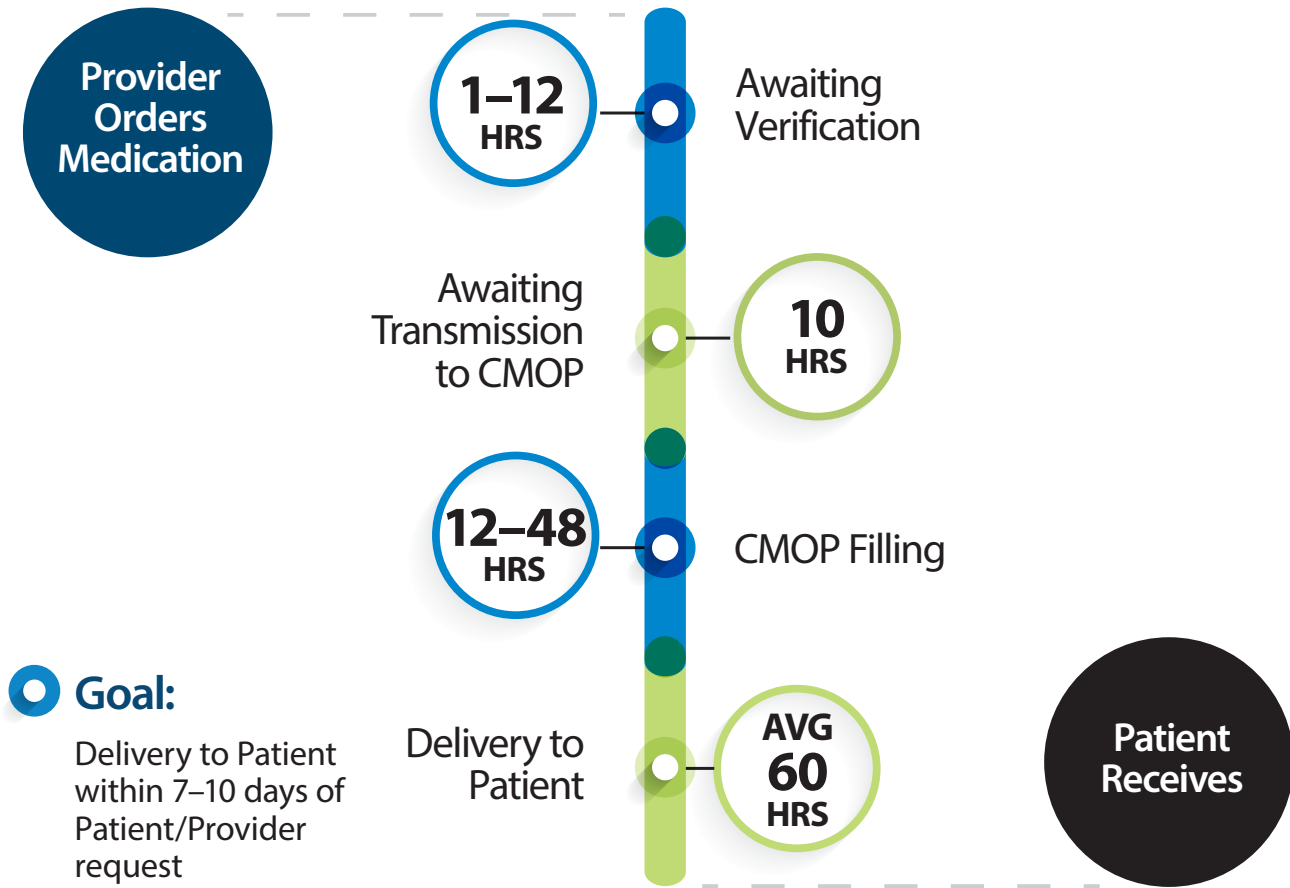


Figure 2. Mailed Medications from Provider to Patient

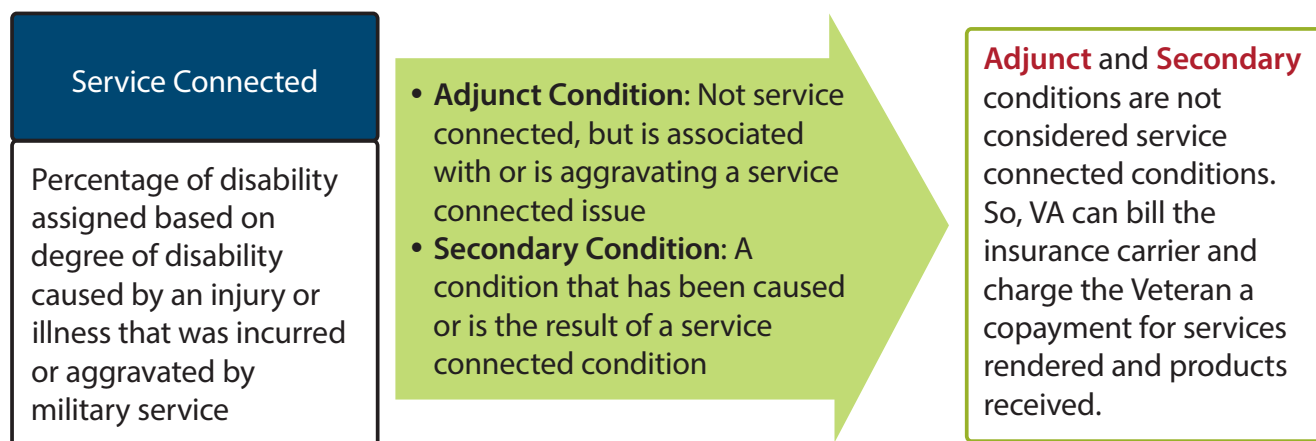


Track recently filled medications from CMOP online at: <http://vaww.cmop.med.va.gov/CMOPNationalWebApplication/>.

Understanding Service Connection

The term, "service connected", means that the Veteran is disabled due to injury or illness incurred in or aggravated by military service. Service connection is determined by the Veterans Benefits Administration (VBA) during a compensation and pension examination. A Veteran may have more than one service connected condition. If a Veteran's service connected condition worsens, encourage the Veteran to have VBA complete a reassessment of the rated disability.

Figure 3. Service Connected vs. Adjunct and Secondary Conditions



How Do Providers Determine if a Visit or Treatment is Related to a Service Connected Condition?

Information about service connection may be found in CPRS on the encounter form or by clicking on the patient's name displayed in the top left corner of CPRS.

If you are treating the Veteran for a service connected condition, then click "Yes" on the service connected box found on the encounter form.

It's important to select the correct service connected status. Failure to do so may result in cost to the Veteran or loss of revenue to VA.

Additional Considerations for Special Categories (e.g., Agent Orange)

Clinicians need to determine if an encounter is for a service connected condition or one of several special categories (Table 3). If the Veteran is being treated during the encounter for a condition that the provider believes is a special category, the provider should check "Yes" next to the appropriate category on the encounter form. The Veteran will not be billed for the encounter if "Yes" is checked.

Table 3. Special Categories

Category	Description
Combat Veteran (CV)	Five-year exemption, from the date of discharge, for Veterans who have served in a combat zone after November 11, 1998; The conditions for which the Veteran receives treatment for may be considered exempt from copayment if potentially related to time in service or combat.
Agent Orange (AO)	<p>Agent Orange (AO) is an herbicide that was used in Vietnam between 1962 and 1971. VA has recognized certain cancers and other health problems as presumptive diseases associated with exposure to AO or other herbicides during military service.</p> <ul style="list-style-type: none"> • Amyloidosis • Type 2 diabetes • Ischemic heart disease • Parkinson’s disease • Peripheral neuropathy* • Chloracne* • Porphyria cutanea tarda* • Numerous cancers: chronic b-cell leukemias, prostate, Hodgkin’s, multiple myeloma, non-Hodgkin’s lymphoma, respiratory cancers (cancer of the lung, bronchus, larynx, or trachea), soft-tissue sarcoma (other than osteosarcoma, chondrosarcoma, Kaposi’s sarcoma, or mesothelioma), chronic lymphocytic leukemia
Ionizing Radiation (IR)	<p>Exposure to IR (atomic Veterans part of testing sites).</p> <p>Conditions related to exposure:</p> <ul style="list-style-type: none"> • All cancers/malignancies • Posterior subcapsular cataracts • Non-malignant thyroid nodular disease • Parathyroid adenoma • Tumors of the brain and central nervous system

*Condition occurred within one year post exposure.

Table 3. Special Categories

Category	Description
Southwest Asia Conditions (SWAC)	<p>Gulf War Veterans were exposed to a variety of environmental hazards and potential harmful substances (e.g. uranium, pesticides, anti-nerve gas pills, infectious disease, oil well smoke).</p> <p>Conditions associated with SWAC include:</p> <ul style="list-style-type: none"> • Chronic fatigue syndrome • Fibromyalgia • Functional gastrointestinal disorders (e.g. irritable bowel syndrome, functional dyspepsia, functional abdominal pain syndrome) <p>Undiagnosed illnesses may include but are not limited to:</p> <ul style="list-style-type: none"> • Abnormal weight loss • Persistent fatigue • Cardiovascular disease • Muscle and joint pain • Arthralgia/myalgia • Headache • Menstrual disorders • Neurological and psychological problems • Skin conditions • Respiratory disorders • Sleep disturbance
Shipboard Hazard and Defense (SHAD)	<p>Conditions associated with Project 112/SHAD, shipboard and land-based biological and chemical testing conducted by the United States (U.S.) military between 1962 and 1973 are exempt from copayment.</p>
Military Sexual Trauma (MST)	<p>This category includes trauma caused by sexual harassment, sexual assault, rape and other acts of violence. Clinicians must determine if a visit or medication is for treatment of MST.</p>
Head and Neck Cancer	<p>Head and neck cancer associated with receipt of Nasopharyngeal (NP) radium therapy during World War II through the 1960s</p>

*Condition occurred within one year post exposure.

Medication Copayment at VA

Table 4. Tier Based Medication Copayments

Priority Group	Outpatient Medication Tier	Copayment Amount		
2-8		1-30 Day Supply	31-60 Day Supply	61-90 Day Supply
	Tier 1 (Preferred Generics)	\$5	\$10	\$15
	Tier 2 (Non-Preferred Generics and some Over-the-Counter (OTC))	\$8	\$16	\$24
	Tier 3 (Brand Name)	\$11	\$22	\$33
	\$700 Medication Copayment Cap, annually per patient			

Exemptions from Medication Copayments

- Veterans rated 50% or more disabled with a service-connected condition
- Medication dispensed for service-connected conditions
- Veterans who are former Prisoners of War (POWs)
- Medication for Vietnam-era herbicide-exposed, radiation-exposed, combat or Camp Lejeune Veterans, as authorized under 38 U.S.C. 1710(e)
- Medication for treatment of military sexual trauma, as authorized under 38 U.S.C. 1720D
- Medication for treatment of cancer of the head or neck, as authorized under 38 U.S.C. 1720E
- Medication provided as part of a VA-approved research project, as authorized by 38 U.S.C. 7303
- Veterans with a low income (annual income lower than the applicable VA pension)

- Veterans who VA determines to be catastrophically disabled, as defined in 38 CFR 17.36(e)
- Veterans receiving care for psychosis or a mental illness other than psychosis pursuant to §17.110

More copayment information is available at: https://www.va.gov/healthbenefits/cost/copy_rates.asp.

Adverse Drug Event Reporting and Monitoring

An adverse drug event (ADE) is an injury resulting from the use of a drug or vaccine. This includes harm caused by the drug or vaccine because of adverse drug reactions, drug-drug interactions, product quality problems, or drug overdoses (whether accidental or intentional).

An ADE can happen anywhere:

- In hospitals
- Long-term care settings
- Outpatient clinics, or
- In the home

It is every provider's responsibility to record observed and historical ADEs in CPRS under the Allergies/ Adverse Reactions section to ensure that the system performs order checks and other providers can readily access information about ADE history. This can be found in the center of the Cover Sheet in CPRS.

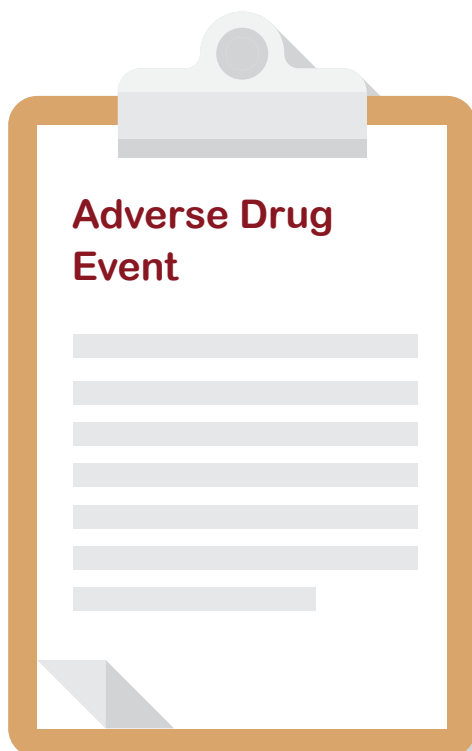
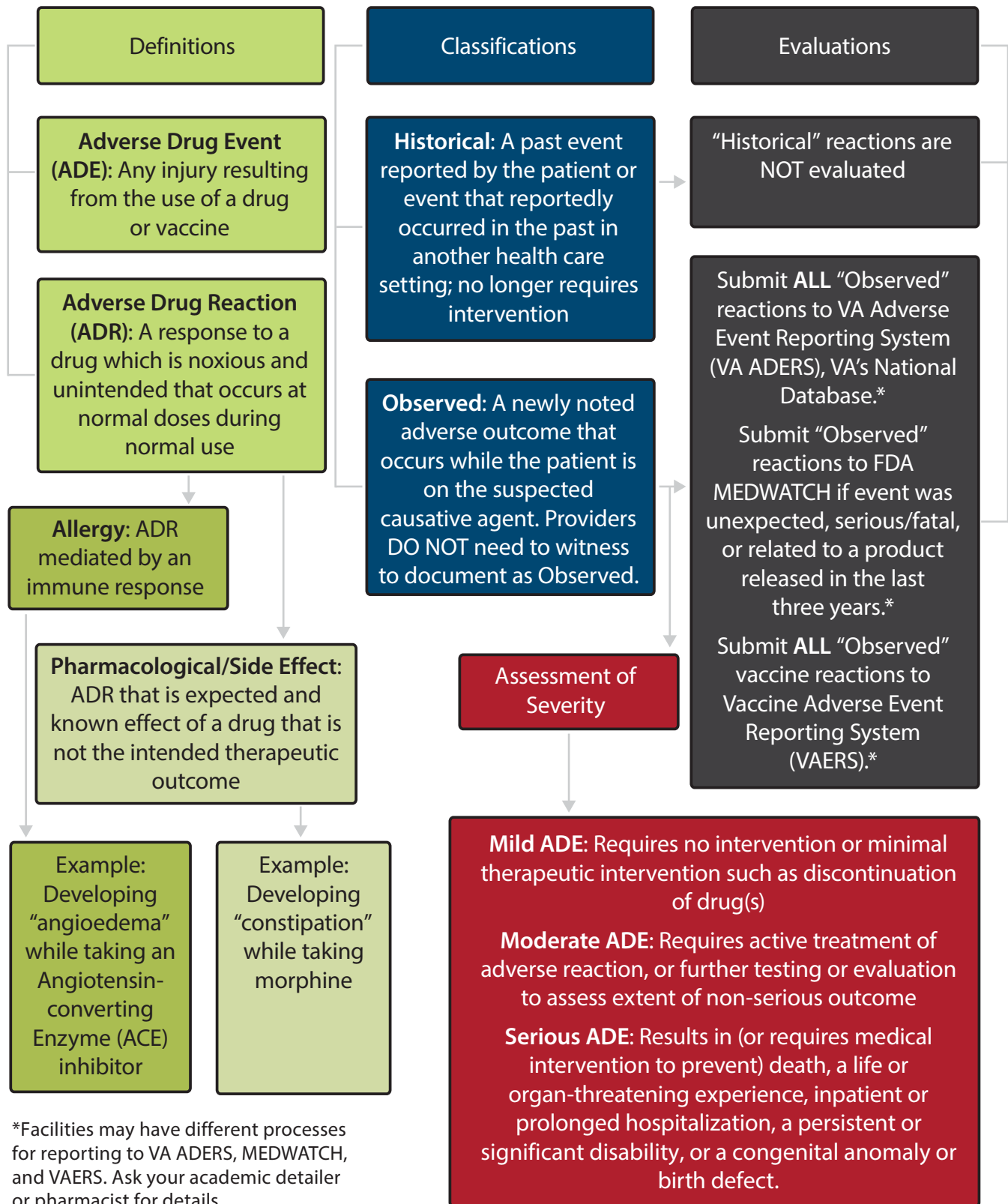


Figure 4. Overview of Adverse Drug Event Terminology



Querying State Prescription Drug Monitoring Programs (PDMP)

Any provider who writes prescriptions for controlled substances is required to directly query, or have an authorized delegate (varies by state) query on behalf of the provider, the PDMP on an annual basis, at minimum, and before initiating therapy with a controlled substance (CII-V).

Table 5. Controlled Substance (CII-V) Examples

Controlled Substance Examples	
<ul style="list-style-type: none">• Opioids• Stimulants (e.g. amphetamine, methamphetamine)• Buprenorphine• Benzodiazepines• Pregabalin	<ul style="list-style-type: none">• Phenobarbital• Tramadol• Non-benzodiazepine sedative hypnotics (e.g. zolpidem)• Testosterone

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All PDMP query results must be documented using the standard progress note titled “State Prescription Drug Monitoring Program” in CPRS.

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Table 6. State Prescription Drug Monitoring Program Frequently Asked Questions (FAQ)

FAQ	Answers
What is the PDMP?	<ul style="list-style-type: none"> • A database in each state that collects controlled substance dispensing data from outpatient pharmacies • Help determine if Veterans are receiving controlled substance prescriptions from outside VA
Why Must Providers Use It?	<ul style="list-style-type: none"> • Enhances patient safety • Aligns with national prescribing guidelines and federal and state laws • Veterans Health Administration (VHA) directive requires VHA health care providers to query state PDMP.
When Should Providers Use It?	<ul style="list-style-type: none"> • When issuing a new controlled substance prescription (required for all schedules and classes of controlled substances—not just opioids) • At least annually when renewing a controlled substance prescription or writing a new prescription to continue ongoing therapy; Prescribers must follow the state licensing regulations where they are licensed for querying frequency.
Exclusions	<ul style="list-style-type: none"> • Five-day supply or less without refills • Patient is enrolled in hospice care.
How Do Providers Use It?	<ul style="list-style-type: none"> • Register with local and possibly adjoining state PDMP, according to state laws. • Make sure you understand and follow state laws as requirements vary state to state.

Many states share prescription data with other states through a program called PMP InterConnect. Information on this program and participating states can be found at: <https://nabp.pharmacy/initiatives/pmp-interconnect/>.


VA Medication Information Management and Reconciliation

VA is committed to providing excellent medical care that is safe, proactive, and personalized, by ensuring medication information is accurate, timely, and complete.



Medication Information

- Drives successful medication management to:
 - Optimize therapy and achieve best outcomes from medications
 - Avoid harm and medication misadventure, especially at transitions
 - Customize medication treatment planning
 - Empower the Veteran to play a central role in their medication treatment planning
- Includes what a Veteran is taking, why, who has prescribed or recommended it, and how they are taking it
- Compiles all medication education and communication materials
- Highlights medication use, experience, preferences, and problems



What are the Steps for Medication Reconciliation?

- Obtain medication information from the patient, caregiver or family members by using electronic tools, brown bag review, etc. and document that information in the VA electronic medical record (EMR).
- Compare information obtained to the information available in the EMR including medication obtained outside VA/Non-VA medications, pending, discontinued and expired prescriptions.
- Document and communicate relevant information with appropriate members of the health care team.
- Provide education to the patient, caregiver, and/or family members regarding the updated medication treatment plan.

VA Medication Information Management Toolkit:

<https://vaww.pbmnat.va.gov/sites/PBM/MedRecon/SitePages/Home.aspx>.

Ask your Facility or VISN Medication Reconciliation Point of Contact for more information about your local medication reconciliation policy and procedures: <https://vaww.pbmnat.va.gov/sites/PBM/MedRecon/Lists/POCs/AllItems.aspx>.

From the Department of Defense (DoD) to VA: Transition of Care

To facilitate the transition of care from active service to VA, the DoD and VA established a joint, uniform formulary called the DoD and VHA Transitional Continuity of Care Drug List. This List includes medications relating to pain control, sleep disorders, and psychiatric conditions including posttraumatic stress disorder.

- Transitioning Veterans:

- **A Veteran is considered “transitioning” for the first 12 months after separation from active duty**
- Does not need to meet “Criteria for Use” for any medications on the DoD VHA Transitional Continuity of Care Drug List
- Continue the medication for a Veteran transitioning if you deem it is SAFE and clinically appropriate
- Only requirement to process an agent is a designation of “Transitioning Veteran”
- Alternative VA Formulary or preferred medications may be discussed with the patient and prescribed

- Mental health medications not on the Transitional Continuity of Care Drug list for transitioning Veterans are considered as described below:

- Continuation is determined by VA prescriber’s clinical assessment; not based on VA Formulary status, Criteria for Use, or cost of the medication
- 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
- Prescribers should document in the progress section of the medical record the rationale for a decision to not continue a medication initiated by a DoD provider and the clinical rationale for the decision should be clearly explained to the patient

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Obtain a full listing of medications and over-the-counter products at the first visit.

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Community Care and Dual Care

Our Veterans have options when it comes to their care. They can receive care from VA through a VA provider at a VA facility, or if eligible, an authorized community provider in VA's network. They also have the option to use their other health insurance when available to receive care from non-VA community providers.

VA MISSION Act

Maintaining **I**nternal **S**ystems and **S**trenghening **O**ntegrated **N**etworks

- 2018 Federal law that establishes a new, single community care program, among other provisions.
- Improves VA's ability to provide high quality and timely care to Veterans who have nobly served our country.
- New urgent care benefit provides access to non-emergency care.



To learn more about VA's Community Care program please visit the following websites:

- Community Care Hub: <https://vaww.va.gov/communitycare/cchub.asp>
 - This is a "one-stop-shop" for access to information, resources, and support on how the VA delivers healthcare in the community
- Pharmacy Provider Store Front: https://www.va.gov/COMMUNITYCARE/providers/Service_Requirements.asp
 - Outlines requirements for prescription fulfillment for medications prescribed under the community care network or a patient-centered community care Urgent Care contract.

Table 7. VA Providers Role for VA's Community Care vs. Dual Care and Pharmacy Benefits

<p>VA's Community Care <i>VA care to Veterans through authorized community providers</i></p>	<p>Dual Care <i>Veteran who receives ongoing health care from VA and community providers outside VA's network (not paid for by VA)</i></p>
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Community Providers Responsibility

<p>Adhere to the VANF process for authorized medical care and provide necessary medical documentation.</p> <p>Prohibited from providing samples</p> <p>Must send all maintenance medications to VA pharmacy for dispensing</p>	<p>In most cases VA has no responsibility to pay for testing, medications, or treatment recommended by a non-VA health care provider.</p>
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VA Provider's Role

<p>Not required to rewrite medications prescribed by VA network providers</p>	<p>Cannot simply "rewrite" prescriptions; VA Providers do not have to provide medications prescribed by community providers if you deem it clinically inappropriate, harmful, or for a condition not currently managed by the VA.</p> <p>When you do not follow the recommendations of community providers for conditions you are managing, you must communicate and document the rationale for your decisions and provide alternative treatment recommendations to the patient.</p> <p>Highly-specialized medications (e.g., chemotherapy agents) need to be provided by a VA provider with that expertise or on the recommendations of a VA specialist.</p> <p>VA Providers need to document the list of non-VA Providers and medications supplied by the patient in the patient's health record to diminish potential safety risks.</p>
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Community Care Network (CCN)-Pharmacy Frequently Asked Questions (internal link only): <https://vaww.cmopnational.va.gov/cmop/PBM/Other%20Documents%20and%20Resources/CCN%20Pharmacy%20FAQ%20Final%2006032019.pdf>.

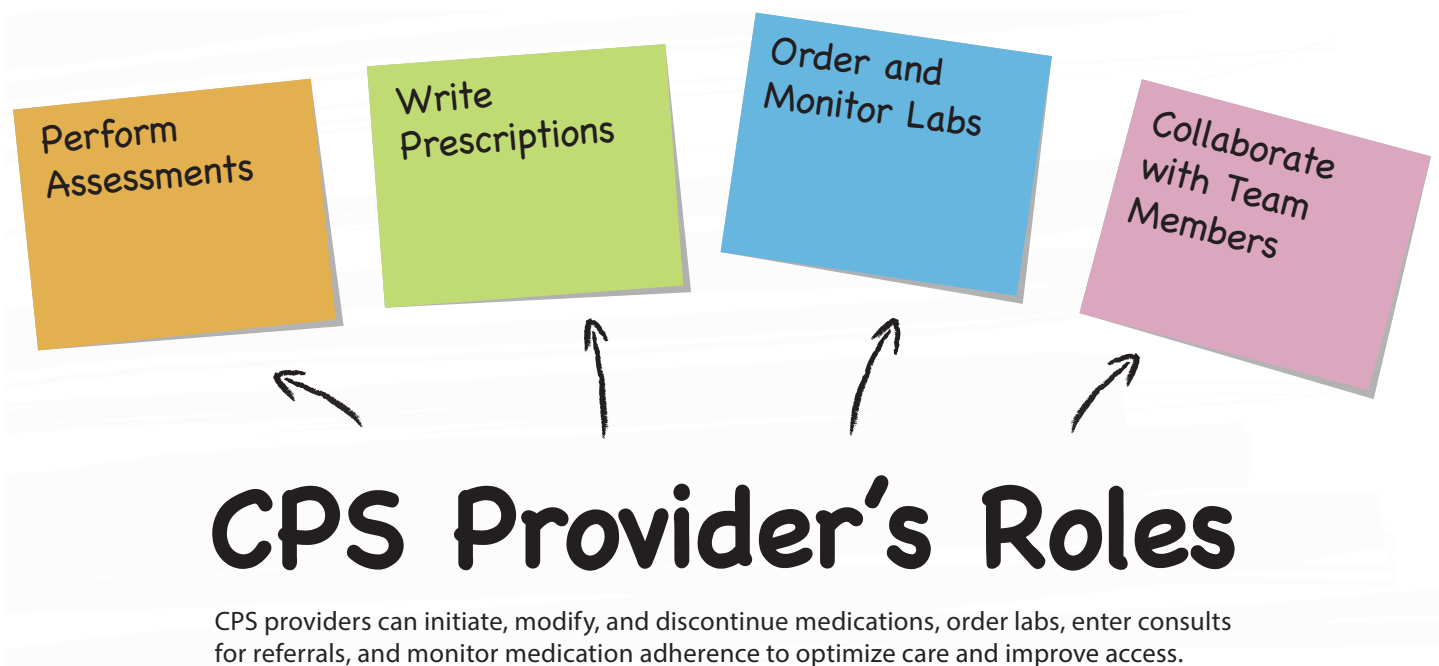
Clinical Pharmacy Specialists are Advanced Practice Providers

In VA, Clinical Pharmacy Specialist (CPS) providers are Advanced Practice Providers who:

- Increase access to care
- Improve clinical quality measures
- Enhance provider, team, and Veteran satisfaction in a myriad of practice settings.

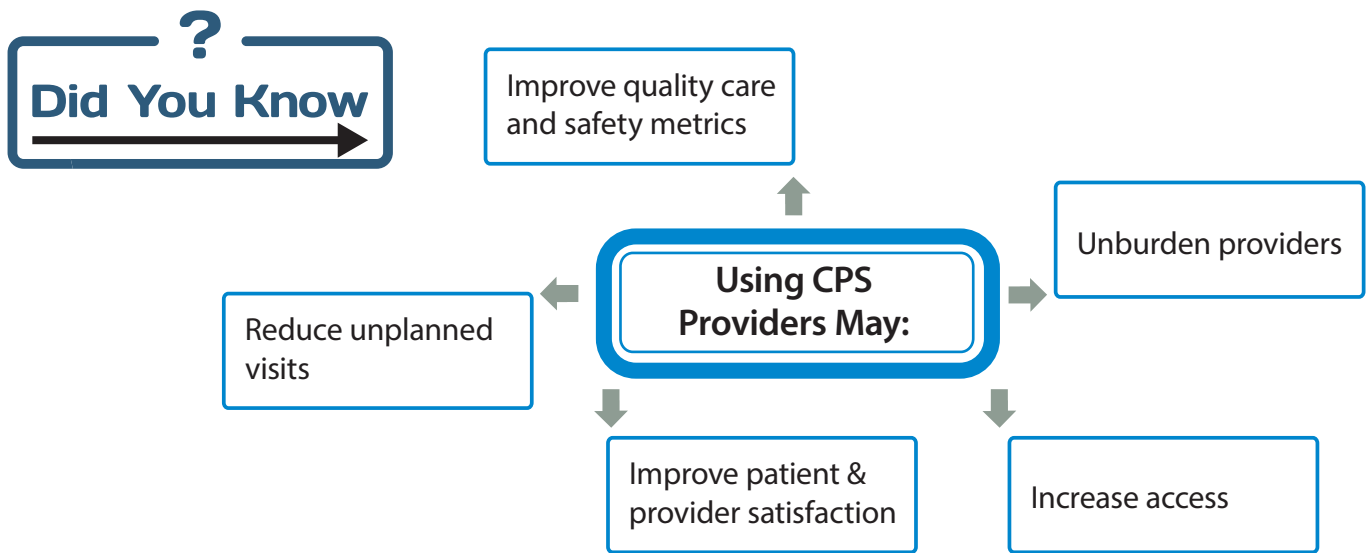
They work collaboratively under a global scope of practice that grants them prescriptive authority to provide medication management services.

Figure 5. Clinical Pharmacy Specialist



CPS providers are well trained and highly capable members of the healthcare team (e.g., PACT, mental health, acute care) with many having a Doctor of Pharmacy degree and most having 1–2 years of advanced clinical residency training.

CPS providers see patients between provider visits to increase access to medication management services and reduce provider burden.



Use the CPS provider on your team to manage complex medication related-issues and increase access to care.

Resources

- Pharmacy Benefits Management Services Intranet Site: <https://vaww.pbmnat.va.gov/sites/PBM/Pages/Home.aspx>
- VA National Formulary Searchable Database of Drugs: <https://www.pbm.va.gov/apps/VANationalFormulary/>
 - Phone Apps
 - <https://mobile.va.gov/app/ask-a-pharmacist#AppTrainingMaterials>
 - <https://mobile.va.gov/app/ask-a-pharmacist>
- CMOP: http://www.pbm.va.gov/CMOP/VA_Mail_Order_Pharmacy.asp
 - How to track recently filled medications from CMOP: <http://vaww.cmop.med.va.gov/CMOPNationalWebApplication/>
- Military Exposures and Related Health Concerns: <https://www.publichealth.va.gov/exposures/index.asp>
- Military Health History Pocket Card for Clinicians: <https://www.va.gov/oaa/pocketcard/>
- Tier Copay Information: https://spsites.cdw.va.gov/sites/PBM_Analytics/Pages/TierCopay.aspx
- PMP InterConnect: <https://nabp.pharmacy/initiatives/pmp-interconnect/>
- VA Medication Information Management Toolkit: <https://vaww.pbmnat.va.gov/sites/PBM/MedRecon/SitePages/Home.aspx>
- VA Insider Mission Act Site: <https://vaww.insider.va.gov/mission-act/>
- VA Mission Act Public Site: <https://missionact.va.gov/>
 - Community Care Provider Store Front: <https://www.va.gov/COMMUNITYCARE/index.asp>
 - Community Care Provider Store Front Pharmacy Requirements: https://www.va.gov/COMMUNITYCARE/providers/Service_Requirements.asp
- Clinical Pharmacy Practice: <https://vaww.infoshare.va.gov/sites/ClinicalPharmacy/default.aspx>

- Academic Detailing SharePoint Site: <https://vaww.portal2.va.gov/sites/ad/>
- Academic Detailing Public Website: <http://www.pbm.va.gov/PBM/academicdetailingservicehome.asp>
- VHA Handbook 1108.11 Clinical Pharmacy Services: http://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=3120

These are general recommendations only. For specific recommendations on policies and procedures, please identify and contact the facility point of contact for additional information.

This summary was written by:

Sarah J. Popish, Pharm D., BCPP
Mark Bounthavong, Pharm D.
Jimmie Gillum, Pharm D.
Jennifer T. Gunter, Pharm D.
William Lavinghousez, Pharm D.
Anoli Patel, Pharm D, MBA, BCPS
Jason P. Smith, Pharm D.
Addison P. Ragan, Pharm D.
Daina L. Wells, MBA, Pharm D.,
BCPS,BCPP

We thank our expert reviewers:

Jennifer L. Zacher, Pharm D., BCPP
Robert Silverman, Pharm D.
Virginia "Ginny" Torrise, Pharm D.
Fran Cunningham, Pharm D.
Maureen Q. Layden, MD, MPH
Eric C. Spahn, Pharm D.
Margo Kabel
Debra MacDonald, Pharm D.
Cara Clingenpeel, Pharm D.
Laura (LeAnne) Rupnick, RPh
Chris L. Tucker, RPh
Cindy L. Brake
M. Shawn McFarland, Pharm.D., FCCP,
BCACP

U.S. Department of Veterans Affairs

This reference guide was created as a tool for VA providers and is available from the Academic Detailing Service SharePoint.

These are general recommendations only. The treating provider should make clinical decisions based on an individual patient's clinical condition.

VA PBM Academic Detailing Service Email Group
PharmacyAcademicDetailingProgram@va.gov

VA PBM Academic Detailing Service SharePoint Site
<https://vaww.portal2.va.gov/sites/ad/SitePages/Home.aspx>

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