Veterans Affairs (VA) National Formulary Frequently Asked Questions

1) Q: Where can I find detailed information about the VA National Formulary Management Process?

2) Q: What is the VA National Formulary (VANF)?
A: The VANF is a list of products (drugs and supplies) generally covered under VA pharmacy benefits. VANF products must be available for prescription at all VA facilities.

3) Q: What is the purpose of the VA National Formulary (VANF)?
A: The purpose of the VANF is to provide high quality, best value pharmaceutical products while assuring the portability and standardization of the pharmacy benefit to eligible veterans accepted by VA for care.

4) Q: Why aren’t strengths listed on the VA National Formulary (VANF)?
A: The VANF doesn’t specify product strengths to allow Veterans Integrated Services Networks (VISNs) and facilities some flexibility to carry various strengths of a product in their pharmacies. The VANF specifies only the drugs and dosage forms.

5) Q: Why can’t I locate a brand name product on the VA National Formulary?
A: Items are listed by generic name (and VA class) because several brand names may exist or become available in the future for the same generic drug. The use of the generic name as the standard for listing agents allows VISNs and facilities to carry the product with the best value for the generic agent. In some cases the brand name drug is included in parentheses when it is important to use the brand product only or as an example for complicated generic name combinations.

6) Q: What is the VA Class?
A: The VA Class is a way of grouping drugs to help identify products with similar mechanisms and effects.

7) Q: What does "R" mean by antibiotics?
A: “R” stands for “restrictions” and is defined in the heading of the VA National Formulary. The definition states: “The national restriction for antibiotics is that all decisions regarding which agents to carry in these classes will be made at the local or VISN level. These decisions should be based on local culture and sensitivity patterns.”

8) Q: Where can I find VA clinical guidance (e.g., Criteria for Use, Drug Class Reviews, and Drug Monographs)?
A: Refer to the PBM Webpage at http://www.pbm.va.gov (Internet) or http://vawww.pbm.va.gov (Intranet) under "Clinical Guidance."

9) Q: Can agents be added on the formulary at the VISN or local level?

10) Q: How do I know if a drug is on a National Contract or other special contract?

11) Q: Can agents listed on the VA National Formulary (VANF) be deleted on the VISN or facility level?
A: No. VANF items cannot be made nonformulary by a VISN or individual medical center. (Reference: VHA Handbook 1108.08, paragraph 3. q. Refer to VHA Publications link for the handbook at http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2417)

12) Q: How do I know if an item is on the VA National Formulary (VANF)?
A: Items are listed by generic name or VA class on the PBM Webpage at http://www.pbm.va.gov (Internet) or http://vaww.pbm.va.gov (Intranet) under “National Formulary”.

13) Q: How is the VA National Formulary (VANF) updated?
A: The VANF is updated by the VA Pharmacy Benefits Management (PBM) Services according to changes agreed upon at the Medical Advisory Panel–VISN Pharmacist Executives (MAP–VPE) meetings.

14) Q: Where can I obtain a current copy or changes previously made to the VA National Formulary?
A: Refer to the PBM Webpage at http://www.pbm.va.gov (Internet) or http://vaww.pbm.va.gov (Intranet) under “National Formulary”.

15) Q: How is an item added to the VA National Formulary (VANF)?
A: Requests for a change in VANF status may be submitted to the PBM by a VISN Formulary Committee, the VPE Committee, the MAP, a VHA Chief Medical Consultant, or VHA Chief Medical Officer. **NOTE: An individual or group of physicians may submit a request for VANF addition through their VISN Formulary Committee(s).**
   1. All requests for change in VANF status must contain:
      a. Minutes of the VPE Committee or other acknowledged meeting in which action was taken on the product (if applicable).
      b. Literature citations that support the recommendation.
   2. All requests for addition to the VANF must contain:
      a. Criteria for drug use that addresses indications, monitoring, and any efficacy or safety outcomes specific to the Veteran population;
      b. Completion of VA Form 10-0450, VHA National Formulary Request for Formulary Review;
      c. Completion of VA Form 10-0451, Conflict of Interest Disclosure Form, by the parties presenting the drug for formulary addition; and
      d. The signature of the VISN Pharmacist Executive, VHA Chief Medical Consultant, or Chief Medical Officer.

16) Q: What is the nonformulary use procedure?
A: The nonformulary use procedure is the process by which providers request the use of drug or supply products that are not on the VANF. If the nonformulary request is approved, the product will be covered by the VA pharmacy benefits. A nonformulary request process
must exist at each VA facility. The process should assure that decisions are evidence-based and timely. Nonformulary products may be approved under the following circumstances:

1. Contraindication(s) to the formulary agent(s).
2. Adverse reaction to the formulary agent(s).
3. Therapeutic failure of formulary alternatives.
4. No formulary alternative exists.
5. The patient has previously responded to a nonformulary agent and risk is associated with a change to a formulary agent.


17) Q: Can I use a nonformulary agent if I am involved in a clinical trial?
A: Yes. Drugs and supplies are not added to the VANF solely for the purpose of performing a clinical trial; however, the VANF is not intended to impede the use of any pharmaceutical agent in legitimate scientific studies. (Reference: VHA Handbook 1108.08, paragraph 17. j.)

18) Q: How was the original National Formulary compiled?
A: The original National Formulary, published in May 1997, was created by combining more than 170 individual drug formularies that existed across VA facilities.

19) Q: How will drug classes be reviewed?
A: PBM Services determines which therapeutic drug classes to review based on potential national contracts, scientific evidence, safety concerns, or formal requests. Requests for drug class reviews may be submitted to the PBM by a VISN Formulary Committee, the VPE Committee, the MAP, VHA Chief Medical Consultants, or VHA Chief Medical Officers. (Reference: VHA Handbook 1108.08, paragraph 17. k. Refer to VHA Publications link for the handbook at http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2417)

20) Q: What is the function of the VISN formulary committee?
A: The VISN Formulary Committee’s function is to provide clinical oversight and guidance for the formulary review process; coordinate VANF initiatives at the VISN and facility levels; and communicate VISN-specific submissions to the PBM and MAP for consideration as part of the VANF process. (Reference: VHA Handbook 1108.08, paragraphs 3. t. and 10. Refer to VHA Publications link for the handbook at http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2417)

21) Q: Can the VISN or facility restrict National Formulary agents?
A: VISNs are not permitted to modify PBM-MAP Criteria for Use; however, restrictions to prescribing can be established for VANF items that require close monitoring to ensure appropriate use. For example, in the case of anti-infectives, facility-level restrictions intended to prevent resistance are permissible. Restrictions may include evidence-based guidelines or prescribing privileges for providers with specific expertise. Restrictions are not to be based solely on economics, nor are they to be so limiting as to prevent patients with legitimate medical needs from receiving these medications and supplies. (Reference: VHA Handbook 1108.08, paragraphs 17. b. and 17. aa. Refer to VHA Publications link for the handbook at http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2417)

22) Q: Where can I look up drug prices?