



Community Care Network Provider Quick Reference

Requesting Prior Authorization/ Non-Formulary Medications

Prescriptions filled at the VA Pharmacy must follow the VA National Formulary process. A prior authorization or non-formulary medication may be considered for use if there is adequate information/ documentation to support the request. Follow the VA medical facility's instructions for providing supporting documentation.

Please note: Providing samples are prohibited and will not guarantee continuation at the VA.

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Determine formulary status of medication and **review VA Criteria-for-Use (CFU)** which can be found on the **VA Formulary Advisor** at <https://www.va.gov/formularyadvisor/>.

The screenshot shows the VA Formulary Advisor interface. At the top, there's a search bar with 'insulin' entered. Below the search bar, there are tabs for 'Drug', 'Drug Class', and 'Therapeutic Category'. The search results are displayed in a table with columns for drug name, status, and a CFU icon. The results include:

| Drug Name | Status | CFU Icon |
|--|--------|----------|
| INSULIN,ASPART,HUMAN 100 UNIT/ ML | F | None |
| INSULIN ASPART U-100, NOVOLOG PENFILL U-100 INSULIN | F | None |
| INSULIN,ASPART,HUMAN 100 UNT/ ML | F | None |
| INSULIN ASPART U-100, NOVOLOG U-100 INSULIN ASPART | F | None |
| INSULIN,ASPART,HUMAN 70/ 30 | U/E | F |
| INSULIN ASP PRT-INSULIN ASPART, NOVOLOG MIX 70-30 U-100 INSULN | U/E | F |
| INSULIN,ASPART,HUMAN FIASP 100 UNT/ ML | NF | None |
| FIASP U-100 INSULIN | NF | None |
| INSULIN,DEGLUDEC,HUMAN 100 UNIT/ ML | PA-F | CFU |
| INSULIN DEGLUDEC, TRESIBA FLEXTOUCH U-100, TRESIBA U-100 INSULIN | PA-F | CFU |



Scan Here to Check
Formulary Status

F = formulary

PA-F = formulary with
prior authorization requirements.

NF = non-formulary

Look for the **CFU** hyperlinked to criteria.

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If formulary agents are adequately trialed or there are significant safety concerns with use, you may submit a NF or PA-F prescription to the VA medical facility.



Send the prescription to the VA Pharmacy to initiate the request and review process.
Electronic prescribing is encouraged.



Provide notes/labs/imaging & justification addressing CFU with the prescription to reduce delay & support accurate assessment. Reviews must be completed within 96 hours of VA Pharmacy receiving a prescription.



Communicate results to the patient.

If approved, the medication will be mailed to the Veteran unless there are other instructions. If not approved, alternatives and information needed to support a future request will be provided from a VA Pharmacist (fax or verbal communication); providers must share this information & changes in treatment plan with the patient.

For more information, please visit <https://www.va.gov/COMMUNITYCARE/providers/Pharmacy-Requirements.asp>