

Non-VA Care Non-Formulary Request Form

VA Heartland Network (VISN 15) Pharmacy Benefits Management

Dear Provider,

Veterans who qualify for non-VA provider care under the Veterans Access, Choice and Accountability Act, Patient-Centered Community Care (PC3) program, or Non-VA Community Care program need to have their medications filled at a VA Pharmacy unless the Veteran chooses to fill his/her prescriptions at non-VA pharmacies, at their own expense.

It is the policy of the VA to use only those medications that have been approved by the National VA-Pharmacy Benefits Management (PBM) Services. Furthermore, VA policies require the use of VA National Formulary medications when clinically appropriate.

The VA National formulary can be searched at <http://www.pbm.va.gov/apps/VANationalFormulary/>. If the medication you wish to prescribe is not listed on the VA National Formulary, please complete the information below and fax along with the prescription to the patient's main VA facility (numbers listed below).

Prescriber:

Last Name: _____ First Name: _____
Phone: _____ Date: [Select today's date]

Patient Information (please print)

Last Name: _____ Gender: _____
First Name: _____ Allergies: _____
Date of Birth: [Type patient date of birth]

1. Medication requested:
2. Diagnosis related to medication being requested:
3. List medication(s) patient has already tried for the diagnosis. Include the duration and outcome of each trial, including information regarding any adverse drug events (ADEs) experienced by the patient:

a.	
b.	
c.	
d.	
e.	
f.	
g.	

Non-VA Care Non-Formulary Request Form

VA Heartland Network (VISN 15) Pharmacy Benefits Management

4. List the following results with dates completed:

Date	Test Name	Result
	Serum Creatinine	
	AST/ALT	
	CBC Panel	

5. Please include any additional information to support the request for use of this non-formulary medication:
6. Please **fax** the completed form, and any accompanying prescriptions, to the VA facility fax number listed below where the veteran receives their care:

Wichita VAMC: 316-651-3615

St. Louis Jefferson Barracks: 314-894-5731

Topeka VAMC: 785-350-4737

St. Louis John Cochran: 314-289-7042

Leavenworth VAMC: 785-350-4737

Poplar Bluff VAMC: 573-778-4246

Kansas City VAMC: 816-922-3342

Marion VAMC: 618-997-8212

Columbia VAMC: 573-814-6536

Evansville VAMC: 812-474-3406

For inquiries regarding the formulary or non-formulary drug requests, please contact a VA Pharmacy
(Please do not email patient sensitive information):

Wichita VAMC: 316.685.2221 ext 53584

St. Louis Jefferson Barracks: 314-894-5731 (fax)

Topeka VAMC: 785-350-3111, ext. 51283

St. Louis John Cochran: 314-289-7042 (fax)

Leavenworth VAMC: 785-350-3111, ext. 51283

Poplar Bluff VAMC: 573-686-4151 x52075

Kansas City VAMC: 816-861-4700 ext. 57356 or

Marion VAMC: 618 997 5311 x54222

VHAKANOUTPTPHARMISSUES@va.gov

Columbia VAMC: 573-814-6531

Evansville VAMC: 618-997-5311 x54222