DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

IN REPLY REFER TO
BUMEDINST 6400.8A
BUMED-M3
31 Mar 2022

BUMED INSTRUCTION 6400.8A

From: Chief, Bureau of Medicine and Surgery

Subj: INDEPENDENT DUTY CORPSMAN FORMULARY

Ref: (a) OPNAVINST 6400.1D
(b) BUPERSINST 1000.22C

1. Purpose. To establish policy and standardization for Independent Duty Corpsman (IDC) scope and practices for prescribing medications at shore-based medical treatment facilities (MTF). To establish a uniform policy for the IDC formulary that can be applied across the enterprise. Standardizing the IDC formulary scope of practice ensures IDCs maintain and improve their clinical skills while in a garrison setting. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 6400.8.

3. Scope and Applicability. This instruction applies to the Bureau of Medicine and Surgery (BUMED) budget submitting office 18 activities with IDCs assigned, including Naval Medical Forces Atlantic, Naval Medical Forces Pacific, Naval Medical Forces Support Command, and all active duty and Full-Time Support IDCs practicing or prescribing medications at or through all shore-based continental United States and outside of the continental United States MTFs. Per agreements between BUMED and the Defense Health Agency, BUMED maintains the authority for IDC program oversight, policies, and guidance. These agreements will be codified in the upcoming memorandum of understanding between both organizations.

4. Background

a. This instruction establishes a standardized, enterprise-wide IDC formulary, to closely align to operational authorized medical allowance lists, while supporting the scope of practice, clinical skills, and roles of IDCs supporting healthcare delivery at or through MTFs. By aligning to operational authorized medical allowance lists, the IDC will have exposure to these medications and opportunity to hone their skills while in garrison, which will better prepare them for subsequent operational and independent assignments. This instruction aligns with references (a) and (b) and supplements and supports the IDC Program, the delivery of quality healthcare, and clinical proficiency of IDCs.

b. Due to the unique expeditionary operational requirements of the Navy and Marine Corps, IDCs operate independently and have unique skill sets and scope of practice. IDCs are not covered by Drug Enforcement Agency licensure and are restricted in both scope of practice and

prescribing privileges. The IDC formulary is designed to support proficiency and skill maintenance for IDCs providing primary care with safeguards to restrict and closely monitor high-risk medications.

5. Policy. The IDC formulary has five categories:

a. Limited or Refill Only. Medications in this category may only be refilled for patients that are stable and current on all required monitoring. Some examples are blood pressure medications, thyroid medications, and long-term chronic care medications as allowed under the guidance of the IDC physician supervisor. These medications are annotated with an "*" in the IDC formulary available at https://esportal.med.navy.mil/bumed/directives/Miscellaneous/IDC%20Formulary.pdf.

b. With Concurrence. Medications in this category require the IDC to include the physician supervisor's name and phone number within the prescription and medical encounter to facilitate verification by the pharmacy as needed. These medications are annotated with an "#" in the IDC formulary.

c. Unrestricted. Medications in this category may be prescribed without restriction. This includes all current Pseudofolliculitis Barbae treatment medications per reference (b), and all over-the-counter (OTC) medications on the Defense Health Agency MTF OTC Drug List available at https://info.health.mil/hco/pharmacy/FMB/Pages/FMResources.aspx to the extent the local MTF formulary allows, including OTC medications with special tracking such as Pseudoephedrine, and other medications that do not possess potential for abuse. These medications include all medications listed in the IDC formulary with the exception of those marked with an "*" or "#."

d. Advanced Life Support. While advanced life support medications are not specifically identified in the formulary due to prescribing applicability, an advanced life support certified IDC is not limited in the use of advanced life support medications if the situation calls for such protocols.

e. Prohibited. Restricted high-risk medications include those that are controlled substances, require special expertise, or licensure to prescribe, or otherwise restricted to specialty providers. These medications must not be prescribed by an IDC and are therefore not included within the IDC formulary.

6. Roles and Responsibilities

a. Deputy Chief, Operations, Plans, and Readiness (OP&R) must:

(1) Establish, maintain, and oversee the IDC Formulary Committee. At a minimum the IDC Formulary Committee will include, BUMED IDC program directors and BUMED IDC program managers (Fleet Programs (BUMED-M35)), Medical Plans and Chief Medical Officer (BUMED-M5), and the Pharmacy Specialty leader or appointed representative.

(2) Approve changes or revisions to the IDC formulary as new medical policies, procedures, and formulary updates become available.

(3) Adjudicate NAVMED 6400/4 IDC Formulary Change Requests, and approve all formulary revisions.

b. IDC Formulary Committee must:

(1) Consist of subject matter experts in the fields of IDC program management, pharmacy, quality and risk management, acquisitions, and information technology systems.

(2) Adjudicate and formalize the IDC formulary to ensure compliance and consistency with current IDC clinical scope of care, practice, and prescribing privileges.

(3) Meet annually in December to verify, update, and adjudicate change requests.

(4) In the event of an urgent change request, the BUMED IDC program managers will evaluate the request and consult with the appropriate subject matter experts in order to provide a recommendation to Deputy Chief, OP&R for approval or denial.

(5) Review the previous year's prescribing practices and community concerns to make an informed decision to maintain current formulary practices or make recommended updates and revisions to this instruction and the IDC formulary.

(6) Report to the Deputy Chief, OP&R recommended changes to the IDC formulary.

c. Commanders, Naval Medical Forces Atlantic and Naval Medical Forces Pacific must:

(1) Ensure annual review of the IDC Formulary by their respective Navy Medicine Readiness and Training Commands (NAVMEDREADTRNCMD) and Navy Medicine Readiness and Training Units (NAVMEDREADTRNUNIT).

(2) Review and submit IDC formulary change requests to BUMED-M35 no later than 15 November each calendar year.

(3) Review formulary exceptions to policy as noted in subparagraph 6e(3) of this instruction and forward those with concurrence to BUMED-M35 for disposition. Those with non-concurrence can be dispositioned from the region back to the requesting command.

(4) Ensure regional IDC program managers report to the BUMED-M35 IDC program office quarterly on all occurrences of IDCs prescribing controlled substances or prohibited items, to include any subsequent administrative and corrective actions. Ensure findings and disposition are annotated in the IDCs record via the IDC Reporting System.

d. Commander, Naval Medical Forces Support Command must ensure the changes of this instruction are incorporated into all IDC curriculums and refresher training.

e. Commanders, Commanding Officers, and Officers in Charge, NAVMEDREAD-TRNCMDs, and NAVMEDREADTRNUNITs must:

(1) Conduct an annual review of the IDC formulary and submit formulary update recommendations, via their respective Navy Medicine region to support the timeline requirements as noted in subparagraph 6c(2) of this instruction.

(2) Ensure a suitable substitute is identified and utilized when the local formulary is unable to support the IDC formulary. If no suitable substitution is available, the BUMED-M35 IDC program office must be notified via the respective region.

(3) Ensure the IDC formulary is adhered to as the sole IDC formulary for alignment across the Navy Medicine enterprise. An exception to policy request to BUMED-M35, via the applicable Navy Medicine region, is required for any restrictions or modifications to the formulary listed in the IDC formulary or the policy in paragraph 5 of this instruction.

(4) Ensure the quarterly report to BUMED IDC program office includes all occurrences of IDCs prescribing controlled substances or prohibited items, to include any subsequent administrative and corrective actions. Findings and disposition must be annotated in the IDCs record via the IDC Reporting System.

f. IDC Program Directors, NAVMEDREADTRNCMDs and NAVMEDREADTRNUNITs must:

(1) Review, provide recommendations, and route IDC formulary change requests through their respective commanding officer using NAVMED 6400/4.

(2) Ensure IDC program compliance with this instruction. Deviations from this policy should be managed as outlined in subparagraph 6e(3) of this instruction.

g. IDC Program Managers, NAVMEDREADTRNCMDs and NAVMEDREADTRNUNITs must:

(1) Be a senior IDC (recommend E-7 or above). In the event that an E-7 or above IDC is not present, the IDC Program Director may appoint the most qualified E-6 IDC as the interim IDC Program Manager, until a time when an E-7 or above IDC can replace them.

(2) Ensure the utilization of the formulary is consistent with the individual's training to provide primary care under the supervision of a physician.

(3) Ensure IDCs comply with the IDC formulary and practice within their clinical scope of care. Any deviations from this policy should be managed per subparagraph 6e(3) of this instruction.

(4) Ensure IDCs do not prescribe controlled substances. At a minimum, quality assurance checks must be conducted during the quarterly assessment by reviewing historical prescriptions and prescribing practices. Findings will be documented accordingly in the IDC record via the IDC Reporting System. All occurrences of IDCs prescribing controlled substances and other prohibited items will be forwarded to the applicable Type Commander or regional IDC program manager to investigate and take applicable corrective actions.

h. IDC Physician Supervisor, NAVMEDREADTRNCMDs and NAVMEDREAD-TRNUNITs must:

(1) Coordinate and collaborate with the IDC program director and program manager to initiate formulary change requests. The IDC's supervising physician must complete a NAVMED 6400/4 and route it through their commanding officer via the local IDC program director and IDC program manager.

(2) Ensure IDCs do not prescribe controlled substances. At a minimum, quality assurance checks must be conducted during the quarterly assessment by reviewing historical prescriptions and prescribing practices. Findings will be documented accordingly in the IDC record via the IDC Reporting System. All occurrences of IDCs prescribing controlled substances and other prohibited items will be forwarded to the applicable Type Commander or regional IDC program manager to investigate and take applicable corrective actions.

i. IDCs assigned to or prescribing through NAVMEDREADTRNCMDs and NAVMEDREADTRNUNITs must:

(1) Maintain certification per reference (a) and provide primary care under the supervision of a physician.

(2) Adhere to the policy within this instruction and only prescribe the medications, or approved substitutes in the IDC formulary, regardless of the access held in the electronic health record.

(3) Refrain from prescribing controlled substances or medication prohibited in subparagraph 5e. In the event controlled substances are required and a local physician supervisor is unavailable, the IDC should consult with the local Fleet Liaison office as applicable.

(4) Familiarize themselves with all aspects of each medication being prescribed and each time it is being prescribed. At a minimum, the IDC must ensure correct medication, dose, route, adverse effects, warnings, pregnancy effects, monitoring requirements (to include required labs and frequency), and any other parameters as determined by their physician supervisor.

(5) Perform a medication reconciliation and interaction check prior to prescribing any new medication.

7. Point of Contact. For any questions, concerns or instructions on how to fill out the NAVMED 6400/4, contact the BUMED IDC program manager at usn.ncr.bumedfchva.mbx.bumed-idc-program-manager@mail.mil.

8. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

9. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-M35 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

10. Forms and Information Management Control

a. Forms. NAVMED 6400/4 Independent Duty Corpsman Formulary Change Request is available at https://www.med.navy.mil/Directives/NAVMED-Forms/.

b. Information Management Control. The reports required in paragraph 6 are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, subparagraph 7j.

G. D. SHAFFER
Acting

Releasability and distribution:
This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site at https://www.med.navy.mil/Directives/