



Policy Name: Policy for Medication, Equipment or Procedure Additions or Changes
Policy Number: 9.1.a.2 - 102013

PURPOSE: To provide a process for submission of recommendations for addition or changes for specific medications, equipment or procedures to the MPCC for determination of medical appropriateness and validity.

POLICY: To ensure consistency in the review of requests for additions or changes for implementation throughout the entire West Virginia Emergency Medical System.

PROCEDURE/Requirements:

- A. Recommendations for medication or equipment additions or changes outside of drugs deliberated due to National Drug Shortage.
 - 1. Medications or equipment should be reviewed and submitted with all clinical, lab, field review and national study information as possible.
 - 2. Recommendations should be submitted utilizing a properly formatted form.
 - 3. Evidence should be provided as to the medical appropriateness of use of medication or equipment in the pre-hospital environment.
 - 4. Provide information as to need and expected positive outcomes.
 - 5. Provide supply cost and savings estimates if any.
 - 6. Provide any written endorsements from agency medical directors.
- B. Recommendations will be reviewed by the WVOEMS and the State Medical Director for submission to the full MPCC for review.
- C. The MPCC will review all requests presented to it for a final determination. The MPCC may require additional study or review by whatever authority it deems appropriate to assist in a final determination.

APPENDICES: *Form for Policy 9.1.a.2-102013.*

APPLICABLE CODE/RULE: §64 CSR 48-9.1.a.2

Effective Date: 11/1/2013

Approved: Mark Stal



Policy Name: Medication, Equipment or Procedure Additions or Changes Form
Policy Number: 9.1.a.2-102013

Date _____

Name _____

Agency _____

Address _____

Email _____

Phone _____ Fax _____

If you wish to receive a formal response to this request, an address must be provided.

Proposed: Change Addition Removal
 Equipment Medications Treatment/Procedure

Statement of Issue or Problem needing addressed: attach as needed

Proposal for Solution: attach as needed

Supporting Research/Study: attach as needed

Additional Documentation supporting request: attach as needed

Signature: _____

Effective Date: 11/11/13

Approved: *Mark Styal*