# NATIONAL PHARMACY, PROSTHETICS AND SUPPLY CHAIN MANAGEMENT COMMITTEE

**1. SUMMARY OF MAJOR CHANGES:** This directive updates policy and procedures for the National Pharmacy, Prosthetics and Supply Chain Management (NPPSC) Committee. Additionally, an internal VA SharePoint site has been created for the committee which includes past decisions, meeting minutes and an electronic request template/tool which will be the primary method for submitting requests to the committee.

**2. RELATED ISSUES:** VHA Directive 1108.08, VHA Formulary Management Process, dated July 29, 2022; VHA Directive 1761, Supply Chain Management Operations, dated December 30, 2020; V 38 CFR 17 Prosthetic and Rehabilitative Items and Services Sections 17.3200 through 17.3250. VHA Directive 1081.01(1), Procurement of Surgical Implants Under 38 U.S.C. 8123, dated October 29, 2018; VHA Directive 1081.02, Management of Biological and Non-Biological Implants, dated October 29, 2020.

**3. POLICY OWNER:** The Office of Pharmacy Benefits Management (PBM) Service (12PBM) in the Office of Patient Care Services, is responsible for the content of this directive. Questions may be addressed to VHAPBMPolicyContacts@va.gov

**4. RESCISSIONS:** VHA Directive 1169, National Pharmacy, Prosthetics, and Logistics Committee, dated April 14, 2017, is rescinded.

**5. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of May 31, 2028. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**6. IMPLEMENTATION SCHEDULE:** This directive is effective upon publication.

**BY DIRECTION OF THE OFFICE OF THE UNDER SECRETARY FOR HEALTH:**

/s/ M. Christopher Saslo
DNS, ARNP-BC, FAANP
Assistant Under Secretary for Health
for Patient Care Services/CNO

***NOTE:*** *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

**DISTRIBUTION:** Emailed to the VHA Publications Distribution List on May 24, 2023.

## CONTENT

## NATIONAL PHARMACY, PROSTHETICS AND SUPPLY CHAIN MANAGEMENT COMMITTEE

# NATIONAL PHARMACY, PROSTHETICS AND SUPPLY CHAIN MANAGEMENT COMMITTEE

## 1. POLICY

It is VHA policy that the National Pharmacy, Prosthetics and Supply Chain Management (NPPSC) committee determines the responsible VHA service(s) for the purchase and provision of certain medical products, devices and supplies.
**AUTHORITY:** 38 U.S.C. § 7301(b). ***NOTE:*** *The committee does not determine clinical appropriateness or need. The responsible service decisions are not intended to support or promote the use of the products reviewed, as those decisions are determined locally.*

## 2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Patient Care Services.** The Assistant Under Secretary for Health for Patient Care Services is responsible for supporting Pharmacy Benefits Management Service and Prosthetic and Sensory Aids Service with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the VISNs.

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Assistant Under Secretary for Clinical Services.** The Assistant Under Secretary for Clinical Services is responsible for:

(1) Assisting Clinical Service with implementation and oversight of this directive.

(2) Ensuring that any new Expendable Medical Product Contract or Support for National Program initiatives (e.g., sterile syringe program [SSP]) enter a request to the NPPSC (via email group or electronic request) for National program support determination, if unknown.

(3) Ensure Implant Coordinators are included in VISN/VAMC Implant planning, requests and management.

e. **Assistant Under Secretary for Health for Support Services.** The Assistant Under Secretary for Support Services is responsible for ensuring support and oversight

of this directive as assigned to the Procurement & Logistics Office (PL&O).

f. **Executive Director, Pharmacy Benefits Management Services.** The Executive Director, Pharmacy Benefits Management (PBM) Services, is responsible for:

(1) Policy development and maintenance pertaining to the NPPSC Committee and providing oversight to ensure meetings are held in accordance with this directive.

(2) Selecting members to represent Pharmacy Service on the committee.

(3) Ensuring the committee membership includes a minimum of three (3) representatives from Pharmacy.

(4) Ensuring representatives on the committee collaborate to gain consensus on the responsible service(s) for purchasing and providing non-drug medical products when it is not clear which service(s) should be responsible.

(5) Ensuring the committee is notified and discusses further if one or more VA medical facilities express concern or disagree with a final responsible service determination made by the committee. If after further discussion, the decision by the committee stands, the facility expressing concern will be notified and an explanation provided. Decisions can be appealed by contacting the VISN service representative for Pharmacy, Prosthetics or Supply Chain Management or the VISN Network Director or their designee. If necessary, the committee may elevate a decision or an appeal to senior leadership from all three represented services on the committee for discussion if the committee cannot gain consensus on responsible service(s).

g. **Executive Director, Prosthetic and Sensory Aids Service.** The National Director, Prosthetic and Sensory Aides Service (PSAS) is responsible for:

(1) Selection of members to represent PSAS on the committee.

(2) Ensuring committee membership includes a minimum of three (3) representatives from PSAS.

(3) Ensuring representatives on the committee collaborate to gain consensus on the responsible service(s) for purchasing and providing non-drug medical products when it is not clear which service(s) should be responsible.

(4) Ensuring the NPPSC is notified if one or more VAMC’s and/or VISN’s disagree with a final determination made by the NPPSC.

h. **Executive Director, Procurement and Logistics and Executive Director of Logistics.** The Executive Director, Procurement and Logistics and Executive Director of Logistics are responsible for:

(1) Ensuring/Supporting Committee Membership from Logistics Program Office and that a minimum of three (3) representatives from PL&O are assigned to the committee.

(2) Ensuring representatives on the committee collaborate to gain consensus on the responsible service(s) for purchasing and providing non-drug medical products when it is not clear which service(s) should be responsible.

(3) Ensuring the NPPSC is notified if one or more VAMC's and/or VISN's disagree with a final determination made by the NPPSC.

i. **Chair, National Pharmacy, Prosthetics and Supply Chain Management Committee or Designee.** The Chair, NPPSC Committee is selected by the NPPSC Committee and is responsible for:

(1) Ensuring the NPPSC committee uses a collaborative process to identify and determine the service responsible for the purchase and provision of certain non-drug medical products, devices or supplies necessary for the care of Veterans. This is intended to improve the consistency of care associated with provision of those medical products across VHA facilities.

(2) Ensuring a request to determine responsible service is submitted to and reviewed by the local facility CPRC or VISN Prosthetics representative (VPR), if applicable, before requesting review by the NPPSC committee so that compatibility with current processes and equipment is ensured. Requests to determine responsible service are submitted to the NPPSC if the VA medical facility CPRC or VPR, if applicable, are unable to determine responsible service. ***NOTE:*** *The request to determine responsible service should be submitted using the electronic request tool and contain all necessary and relevant information related to the medical product in question https://dvagov.sharepoint.com/sites/vhanppsc. This is an internal VA website that is not available to the public. Responsible service determinations are made by the committee and communicated to VA medical facilities within 60 days, while some determinations may take longer. To prevent interruptions in the care of Veterans, medical centers should identify a responsible service locally pending a decision by the NPPSC committee.*

(3) Ensuring active participation from each of the representatives from Pharmacy, Prosthetics and Supply Chain Management, including attendance of monthly meetings and responding to email requests for responsible service. Since participation from all services is critical to the mission of the committee, attendance of members will be reviewed on an annual basis and those members with sporadic or limited participation between meetings and email responses will be asked to reconsider their continued participation, at the discretion of the Chairperson. ***NOTE:*** *By majority vote, the NPPSC committee will retain or replace the Chairperson at the end of each three-year term or sooner, if applicable.*

(4) Ensuring a clinical representative with medical and surgical background from the Specialty Care Services Program Office or other clinical program office, whose stakeholders generally prescribe products under consideration, participates to help guide and inform group discussions. This individual(s) supports the committee by explaining a product's proposed use and purpose in patient care and may identify

subject matter experts from the field to assist with committee questions.

(5) Ensuring meetings occur monthly, at the discretion of the Chairperson. The committee may cancel a monthly meeting if a relevant conflict or circumstance arises (e.g., no new agenda items or requests for responsible service, holidays or other relevant conflicts).

(6) Ensuring representatives from each participating service on the committee collaborate to review, discuss, gather additional information and gain consensus on a decision for responsible service(s) for each product request.

(7) Ensuring that when the committee does not reach consensus on responsible service (e.g., the product is: rarely used, not approved or cleared by the Food and Drug Administration [FDA], used for an uncommon patient circumstance, the responsibility of another service not represented on the committee or an alternative product is available or is preferred or is not supported by subject matter experts), the requesting site is notified that determination of the responsible service will be transferred back to the VA medical facility to decide in collaboration with their local CPRC.

(8) Ensuring NPPSC Committee members from all three services solicit, receive and share feedback with the committee on preliminary responsible service decisions from their respective services. ***NOTE:*** *VA medical facilities and field represented services are expected to provide feedback on responsible service determinations prior to the determinations becoming finalized. Responsible service determinations become final by consensus approximately one month after preliminary decisions are made (e.g., during a subsequent monthly committee meeting).*

(9) Ensuring NPPSC Committee decisions on responsible service are announced and distributed to all represented service electronic mail groups and leadership to share locally with their service personnel. Recipients of the announcement are reminded that coordination between services is expected to take place at local VA medical facilities to ensure a smooth transition of responsibility for the product to the assigned service. The expectation is that decisions are implemented within 90 days, unless otherwise stated. Responsible service decisions should not be interpreted as support or promotion for use of the medical device, product or supply reviewed. Clinical need and appropriate use should be determined locally.

(10) Ensuring further discussion of preliminary or pending responsible service decisions take place if concurrence is not obtained from all represented services or if there is significant concern(s) communicated. ***NOTE:*** *The committee will continue to discuss the product, consider additional information and any expressed concern(s) until final consensus on responsible service can be obtained. Additional discussion, information gathering and the querying of VA medical facilities and subject matter experts is carried out and discussed at a subsequent meeting until consensus can be obtained. If necessary, the committee may elevate a decision or an appeal to senior leadership from all three represented services on the committee for discussion if consensus cannot be gained by the committee.*

***NOTE:*** *In rare cases where consensus is not reached (see section 2.i.(7) for examples), VA medical facilities will be required to determine the responsible service that meets the unique needs of the individual facility in collaboration with their local CPRC.*

(11) Ensuring that when VA medical facilities' express concern or disagree with a final responsible service determination, and further discussion by the NPPSC committee concludes that their service determination should be retained, NPPSC committee representatives, in collaboration with higher-level authority personnel from the respective service (e.g., VISN Pharmacist Executives, Prosthetics and Supply Chain managers or program officers), must address the expressed concern(s) and arrive at an amenable decision within 60 days. If necessary, the committee may elevate a decision or an appeal to senior leadership from all three represented services on the committee for discussion if consensus cannot be gained by the committee.

(12) Ensuring that meeting agendas are sent to committee members at least 10 business days prior to each meeting so members have adequate time for preparation.

(13) Ensuring the NPPSC committee may determine that a product should not be provided by any of the participating services. This determination may be based on input from Veterans Health Administration Central Office leadership for a given specialty area that the product does not meet local or national requirements or there may be procurement restrictions, etc. However, it is understood that although a product may not be considered appropriate for most patients, there may be cases in which a specific product is needed for an individual patient based upon their unique characteristics and needs. In that case, the VA medical facility inquiring will be responsible for determining the responsible service in collaboration with their local CPRC.

j. **Veterans Integrated Services Network Director**. The VISN Director is responsible for ensuring that all VA medical facilities within the VISN comply with this directive.

k. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring VA medical facility (VAMF) staff utilize their respective Clinical Product Review Committees.

(2) Ensuring that VAMF staff Support the NPPSC committee as needed.

(3) Facilitating implementation of and adherence to the responsible service determinations made by the NPPSC committee.

(4) Ensuring all services work together to ensure a smooth transition, if there is a change made in responsible service, so that there are no barriers or delays in care of the Veteran once the NPPSC reaches a final consensus decision on the responsible service and the decision is formally announced. The transition period is expected to occur within 90 days of the final committee decision, unless otherwise noted.

l. **Co-Chairs, Clinical Products Review Committee.** The Co-Chairs, CPRC are

responsible for serving as the primary level reviewers and conduct the initial clinical review of all requests for new expendable clinical products, reusable medical equipment and reusable medical instruments (also known as reusable medical devices [RMD]) and identifies the providing service prior to use for direct patient care in each VAMC/Clinic in accordance with VHA Directive 1761, Supply Chain Management Operations, dated December 30, 2020.

## 3. TRAINING

There are no formal training requirements associated with this directive.

## 4. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive shall be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

## 5. DEFINITIONS

a. **Clinical Products Review Committee.** The Clinical Products Review Committee (CPRC) replaces the prior facility Commodity Standardization Committee. For additional information related to the activities and requirements of the CPRC, refer to VHA Directive 1761.

b. **Device.** Device means an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent or other similar or related article, including any component, part or accessory, which is:

(1) recognized in the official National Formulary, or the United States Pharmacopeia, or any supplement to them,

(2) intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment or prevention of disease, in humans or other animals or

(3) intended to affect the structure or any function of the body of humans or other animals and

(4) which does not achieve its primary intended purposes through chemical action within or on the body of humans or other animals and which is not dependent upon being metabolized for the achievement of its primary intended purposes.

c. **Biological Implantable Device.** A biological implantable device (BID) is tissue from a human (allograft), animal (xenograft) or artificially manufactured (bio-implant) that is implanted into or grafted onto the body to replace damaged tissue. Examples are bone, skin, corneas, ligaments, tendons, dura mater, heart valves and hematopoietic stem cell and progenitor cells derived from peripheral or cord blood.

d. **Non-Biological Implantable Device.** A non-biological implant device (NBID) is an artificial device implanted in a human to replace, support or substitute for deformed or weakened anatomical parts of the body.

e. **Prosthetic and Sensory Aids Service (PSAS) Implant.** A Prosthetic and Sensory Aids Service (PSAS) Implant is any biological or non-biological material that:

(1) Is manufactured or processed to be placed into a surgically or naturally formed cavity on the human body.

(2) Is covered with tissue, has the potential to be covered with tissue or is permanently embedded in tissue.

(3) Does not dissolve or dissipate within the body.

(4) Is not a living organ, embryonic tissue, blood or blood product.

f. **Surgical Implant.** Surgical implant means any biological or non-biological material which is manufactured or processed to be placed or injected in the body or into a surgically or naturally formed cavity on the human body; is covered with tissue, has the potential to be covered with tissue or is permanently embedded in tissue.

g. **Preliminary Responsible Service Determination.** Preliminary responsible service determination means a pending decision that has reached consensus among the NPPSC committee members but requires concurrence from non-committee higher-level authority personnel, management or consultative bodies (e.g., VISN Pharmacist Executives, Prosthetics or Supply Chain Managers) before becoming final.

## 6. REFERENCES

h. VHA Directive 1081.02, Management of Biological and Non-Biological Implants, dated October 29, 2020.

i. VHA Directive 1761, Supply Chain Management Operations, dated December 30, 2020.

## PROCEDURES

**1.** The National Pharmacy, Prosthetics and Supply Chain Management (NPPSC) Committee receives requests for review of non-drug medical products, devices and supplies through an electronic request tool which involves including all necessary information relevant to the product in question. All responsible service requests for NEW expendable clinical products and reusable medical equipment and reusable medical instruments (also known as reusable medical devices [RMD]) for use in direct patient care within a facility must be reviewed by the CPRC in the local facility prior to submitting a request to the NPPSC committee so that compatibility with current processes and equipment is ensured, if applicable, in accordance with VHA Directive 1761, Supply Chain Management Operations, dated December 30, 2020.

**2.** Representatives on the committee will collaborate to gain consensus on the responsible service(s) when it is not clear which service is best suited to provide the product. Infrequently, consensus regarding responsible service is not obtained (See paragraph 2.j.(7) for examples). If that occurs, the requesting site will be notified of the decision and directed to determine responsible service locally, in collaboration with their local CPRC.

**3. GENERAL PRODUCT RESPONSIBILITY AND ASSIGNMENT.** Each committee representative shall focus on products as outlined in the following manner:

a. **Pharmacy.** Medications used in inpatient and outpatient settings and disposable supplies for outpatients (single use or replaced after 30 days or less).

b. **Prosthetics and Sensory Aides Service.** Durable medical devices for home use.

c. **Supply Chain Management.** Refer to VHA Directive 1761 to determine the scope of responsibility and assignment.

**4.** In their deliberations, the committee will consider the following factors in determining responsible service for requested products (***NOTE:*** *The list is not all-inclusive)*:

a. Is there clinical evidence to support use of the product for the intended purpose?

b. Is the product standardized, nationally or within VISNs or facilities?

c. Are there existing contracts in place? If so, which service maintains the contract?

d. Are there preferred or standardized products that should be used first?

e. Which service has access to purchase using the contracts?

f. Which service is currently providing the product, if any?

g. What is the impact (e.g., cost, FTE, storage or inventory space requirements) of transitioning the product to a single or different service? ***NOTE:*** *The committee is not responsible for determining said factors nor for determining appropriate clinical use in individual patients.*

h. Is the product a Food and Drug Administration (FDA) approved or cleared drug or non-drug (e.g., device, medical supply item)? Generally, drugs are provided to inpatients and outpatients by Pharmacy. Disposable non-drug medical supplies are provided to inpatients or to clinics by Supply Chain and by Pharmacy for outpatients. Prosthetics provides reusable/washable non-drug products and devices for outpatients as well as durable medical equipment (e.g., infusion pumps).

i. Is the product consumed within the Department of Veterans Affairs (VA) medical facility (e.g., clinic use, long-term care settings, hospital use or provided by VA home based primary care) or used by outpatients? Supply Chain supports medical centers and is responsible for clinic supply inventory and for inpatient and long-term care settings and supplies for VA home-based health primary care. Pharmacy and Prosthetics generally provide necessary supplies and equipment for outpatients.

j. Is the product disposable, for single use or multi-use (e.g., replaced after use for 30 days or less) or durable and reusable (e.g., replaced after use beyond 30 days)? For outpatients, pharmacy provides disposable supplies and Prosthetics provides reusable or durable supplies.

k. Is the product implanted, and if so, how long does it remain in the body (e.g., less than 1 year or greater than 1 year), does it stay in the body permanently or is it removed or resorbed by the body? If the implant is permanent, does it provide a lasting function or purpose?

l. Is the product being used to support or replace a body part or function? Implants that are funded through Prosthetic and Sensory Aids Service (PSAS) means any biological or non-biological material that (The criteria below meet the Prosthetic and Rehabilitative Items and Services [PARIS]):

(1) Is manufactured or processed to be placed into a surgically or naturally formed cavity on the human body.

(2) Is covered with tissue, has the potential to be covered with tissue or is permanently embedded in tissue.

(3) Does not dissolve or dissipate within the body.

(4) Is not a living organ, embryonic tissue, blood or blood product.

m. Is the product diagnostic in nature?

n. Is the product dispensed directly to the patient or used as part of a procedure conducted by a healthcare professional?

o. How is the product purchased (e.g., Medical-Surgical Prime Vendor, Pharmacy Prime Vendor, National Contract, Federal Supply Schedule open market or other?) and did local CPRC, VISN representative and the committee consider purchasing regulations and existing contracts?

p. Is accessing the product by the responsible service convenient and appropriate for the patient, for example:

(1) Is the product part of a system that should be kept together (e.g., tens pads, electrodes and other system components)? Should the separate parts be provided by different services based upon their frequency of replacement or patient convenience? Should supplies be provided by the same service because of specific contracts or to limit errors in ensuring the correct supplies are provided?

(2) Is there potential for providing incorrect supplies due to the lack of contact, familiarity or experience with certain systems (e.g., ventilator supplies for home ventilator or home oxygen patients)?

(3) How do patients obtain or order the product?

(4) Is there a recurring need for the product (e.g., are refills required)?

q. Is the product a direct and active component of a patient's healthcare, and does it fall into one of the following categories?

(1) Adaptive Household Items.

(2) Adaptive recreation equipment.

(3) Cognitive devices.

(4) Communication devices.

(5) Home exercise equipment.

(6) Home medical equipment.

(7) Home respiratory equipment.

(8) Implants.

(9) Mobility Aids.

(10) Orthotic Devices.

(11) Prosthetic Devices.

(a) Repairs to items provided under paragraph (a) of this section, even if the item was not initially prescribed by VA, unless VA determines to replace the item for cost or

clinical reasons. Replacement items, if items provided under this section have been damaged, destroyed, lost or stolen or if replacement is clinically indicated, under the condition the items that are serviceable and that still meet the veteran's need, will not be replaced for the sole purpose of obtaining a newer model of the same or similar item.

(b) Training with and fitting of prescribed items.

(12) Specialized Clothing-made necessary by wearing a prosthetic device (e.g., mastectomy bra, stump socks).

r. Are there other issues relevant to the specific product being reviewed (e.g., CERNER related factors)?

**3.** Each committee meeting begins by ensuring that each of the three services (Pharmacy, Prosthetics and Supply Chain Management) and a clinical representative is represented. However, if no representative from one of the participating services is present, the meeting may still proceed and:

a. The meeting minutes will be distributed to the absent representatives to share with their higher-level authority personnel, managers, officers and field service personnel for comment and concurrence.

b. Representatives from the absent service will be required to review and approve the prior month's final determinations or decisions for concurrence.

c. The draft meeting minutes will be sent to all committee members, including the absent service representatives, containing decisions for the current month with the intent that the minutes will be shared with the VA medical facilities, service managers or officers and local services for input/comment. ***NOTE:*** *The absent service will be expected to review the draft decisions and share with their higher-level authority personnel, respective VA medical facilities, service managers and officers and field personnel for input and concurrence and provide feedback to the committee.*

**4.** Committee members will solicit, receive and provide feedback to the committee on preliminary responsible service decisions from their respective services. ***NOTE:*** *The VA medical facilities (represented field services) are expected to provide feedback on the service determinations prior to the determinations becoming finalized.*

**5.** Committee decisions are discussed with service higher level authority personnel, respective VA medical facilities, service managers and officers and field personnel for input and concurrence prior to becoming final. The following processes are used by represented services to get service approval for committee decisions:

a. Pharmacy Service Process. Preliminary determinations for the responsible service are shared with the VISN Pharmacist Executives (VPE) for concurrence. If concurrence is not obtained, the issue is brought back to the committee for further discussion.

b. Prosthetics Service Process. Authority for approving responsible service

determinations is granted to the individuals representing PSAS on the committee. However, it is expected that the individuals representing PSAS will share preliminary service determinations with their higher- level authority personnel and VA medical facilities' prosthetics managers and service chiefs for input.

c. Supply Chain Management Service Process. Authority for approving responsible service determinations is granted to Supply Chain Management representatives on the committee. However, it is expected that supply chain representatives share preliminary service determinations with their higher-level authority personnel or VA medical facilities' supply chain managers or officers and service chiefs for input.

**5.** The preliminary responsible service determinations are finalized at a subsequent meeting once feedback from the VA medical facilities is received and discussed by the committee.

**6.** Further discussion of preliminary responsible service determinations will take place if concurrence is not obtained from all services or if there is significant concern(s) communicated.

**7.** When VA medical facilities express concern on a final responsible service determination and the committee has concluded that their service determination should be upheld, committee representatives in collaboration with higher-level authority personnel from the respective service must address the expressed concern(s) and come to an amenable decision within 60 days. If necessary, the committee may elevate a decision or an appeal to senior leadership from all three represented services on the committee for discussion if consensus cannot be gained by the committee.

**8.** The committee may infrequently determine that a product is not provided by any of the participating Services. This determination may be based upon input from Veterans Administration Central Office leadership for a given specialty area's determination that the product does not meet local or national requirements or there may be procurement restrictions, etc. However, it is acknowledged that although a product may not be considered the standard of care for all patients, there may be cases in which a specific product is needed for an individual patient based upon their unique characteristics and needs. In that case, the decision is transferred back to the requesting VA medical facility to determine in collaboration with their local CPRC.

**9.** Meeting minutes and final responsible service determinations from the prior month are discussed and approved by the committee and decisions formally announced by the committee chair via electronic mail to service line leaders, managers and officers, along with the corresponding minutes from the meeting, with the intent that the recipients distribute widely to their service personnel.

**10.** The monthly announcement includes determinations for responsible service from the previous month's preliminary responsible service determinations. Approval of the monthly announcement by the committee presumes service concurrence with responsible service determinations, at which point they become final.

**11.** Responsible service determinations, made by committee consensus on certain products, may occasionally be omitted from the monthly announcement to avoid confusion. The decision to exclude certain products from the monthly announcement is determined by committee consensus. For example, if a request for product review or for clarification of responsible service is submitted from a single requester or VA medical facility or one involving a unique circumstance for a single Veteran that was not meant for standardization. Additionally, in some cases, inclusion of products discussed on the announcement may falsely create an impression that the committee is advocating for or granting permission to use a product or asking that sites make it available. Therefore, by consensus, the committee may decide to exclude a product from the announcement for various reasons. ***NOTE:*** *Each product discussed will be included on the list of items discussed (available on the NPPSC Committee SharePoint Site https://dvagov.sharepoint.com/sites/vhanppsc) and the minutes accessible if an explanation is needed. This is an internal VA website that is not available to the public.*

**12.** The committee is responsible for the creating monthly meeting minutes; maintaining a running list of products discussed; and dissemination of monthly announcements which include responsible service(s) determinations and corresponding meeting minutes.

**13.** It is required that detailed minutes are taken for each meeting. The responsibility for taking meeting minutes is assigned for a three-year term. After each term, the group will retain or replace the representative responsible for taking meeting minutes. After each meeting, the draft minutes are distributed for review and approved by the committee at the next committee meeting, prior to posting. Minutes are posted after approval on the NPPSC SharePoint site. https://dvagov.sharepoint.com/sites/vhanppsc ***NOTE:*** *This is an internal VA website that is not available to the public.*

**14.** After each meeting, the committee chairperson will send the announcement of responsible service determinations from the previous month to electronic mail groups identified by service representatives and service leadership to share with service personnel. Minutes from the meeting in which the products were discussed will be included for ease of access to explain the reason(s) for the determinations made.

**15.** Preliminary responsible service determinations are recorded after the committee meeting on the running list of products discussed posted on the NPPSC SharePoint site but are listed as “pending,” until the final determination/decision(s) is approved. This may change depending upon the functionality of the pending electronic request process.

**16.** After each meeting, the final responsible service determination(s) is to be recorded on the “List of Products Discussed;” a spreadsheet listing all the products discussed to date. ***NOTE:*** *The spreadsheet will include: The date of the meeting in which the item was discussed so the VA medical facilities can refer to the associated meeting minutes if they have questions pertaining to the decision, product discussed and preliminary responsible service decisio*n. Responsible service decisions and meeting minutes can be found at https://dvagov.sharepoint.com/sites/vhanppsc. This is an internal VA website that is not available to the public.

**17.** Appeal Process for VISN/VAMC/National Program Offices Decisions-Decisions can be appealed by contacting the VISN service representative for Pharmacy, Prosthetics or Supply Chain Management or the VISN Network Director or their designee. If this is a National Program Appeal, please contact the NPPSC via Email Group nationalpharmacyprostheticssupplychainmanagementcommittee@va.gov. If necessary, the committee may elevate a decision or an appeal to senior leadership from all three represented services on the committee for discussion if consensus cannot be gained by the committee.