

Waiver Request

(Minimum Drug Stocking Levels)

Date:	Form completed by:
Agency:	
Drug (name, concentration, supplied dose, packaging):	
Lot # and Expiration:	
In response to an ongoing, or imminent shortage of the single and specific medication listed above, the provider agency requests the following action (choose one):	
<input type="checkbox"/> A) One-time, 30 day waiver exempting the provider agency from minimum stocking requirements listed in Attachment A for the medication listed above. Requested to begin: <input type="text"/>	
<input type="checkbox"/> B) 90 day window for a preapproved, one-time, 30 day waiver exempting provider agency from minimum stocking requirements listed in Policy 205 for the medication listed above to begin when on-hand stock of medication above falls below required minimum stocking levels.	
<input type="checkbox"/> C) Request for substitution of medication with an alternative (concentration, amount, etc. provide specifics in notes below):	
Pending approval of this request the provider agency completing the request certifies an understanding, and compliance with each of the following:	
<input type="checkbox"/> The provider agency will immediately report any adverse impacts on patient care resultant of this shortage to the EMS Agency.	
<input type="checkbox"/> If a need for continuing waiver is expected beyond 30 days the provider agency will submit a new request no later than five days before this waiver's expiration.	
<input type="checkbox"/> The provider agency will notify the EMS Agency within 24 hours when medication restock becomes available and this waiver will become null and void, unless otherwise specified by EMS Agency.	
<input type="checkbox"/> Action B only - The provider agency will notify the EMS agency within 24 hours when medication stock falls below minimum stocking levels and preapproved 30 day waiver is enacted.	
<input type="checkbox"/> The provider agency will provide any evidence required by EMS Agency of educational plan deemed necessary by EMS Agency to prepare field personnel to incorporate this shortage into patient care.	
Signature and Date:	Page 2 - EMS Agency response

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EMS AGENCY USE ONLY

Drug Shortage Mitigation and Response Strategies verified: Yes No
Waiver granted: Yes No
Action plan granted: A
B
C

Action plan B only - Pre-approved period starts: Expires:

Waiver starts: Expires:

Notes:

Medical Director Signature:

Date: