



INLAND COUNTIES EMERGENCY MEDICAL AGENCY

Serving San Bernardino, Inyo and Mono Counties

1425 SOUTH "D" STREET

SAN BERNARDINO, CA 92415-0060

(909) 388-5823 FAX: (909) 388-5825

DRUG SHORTAGE WAIVER REQUEST FORM

(One Medication Waiver Request per Form)

Date: _____

Provider Name: _____

Requested By: _____
Name, Title (Please Print)

Name of Medication: _____

Concentration (mg/ml): _____

Attempt to locate from other sources: Yes No

Substitution Request (Alternative packaging, concentration, or amount): Yes No N/A

Requested Substitution: _____

Concentration (mg/ml): _____

Training provided for substitution: Yes No N/A

Waiver requested for: 30 Days 60 Days 90 Days

You are advised that your agency and ordering medical director are solely responsible for full compliance with all local, state, and federal regulations governing purchase, distribution, storage and administration of all medications including controlled substances. Any loss or diversion of such substances must be immediately reported to ICEMA and appropriate state or federal agencies. The provider agency must provide adequate education to staff to prevent potential medication errors and document the completion of this education on an approved ICEMA Education Roster.

Provider must notify ICEMA immediately if the shortage or substitution adversely impacts the care of any patient.

ICEMA USE ONLY

Date Received: _____ Waiver Requirements Verified: Yes No

Waiver Granted: Yes No Date Granted: _____ Date Expires: _____

Approved by: _____