



The Commonwealth of Massachusetts
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MEMORANDUM

TO: MA Licensed Ambulance Services
CC: EMCAB Members
FROM: Jon Burstein, State EMS Medical Director
Abdullah Rehayem, Director
DATE: January 17, 2012
RE: Drug Supply Shortage: Metoprolol

Currently, the Department of Public Health (Department)/Office of Emergency Medical Services (OEMS) is aware of a shortage of Metoprolol in injectable form. We understand that ambulance services may not be able to restock Metoprolol, and assuming that is the case after duly diligent efforts to obtain resupply, we will not consider its lack to be in violation of applicable regulations.

For most indications for which Metoprolol injectable would be used, Diltiazem injectable is a reasonable alternative. Paramedics should contact on-line medical control with any questions regarding specific therapy.

We would also like to remind all services of the August 10, 2010 Advisory, which stated the following:

“Future temporary drug shortages: In response to the regularly occurring problem of temporary shortages of specific medications ambulance services carry and EMTs use in accordance with the Statewide Treatment Protocols, the Department’s OEMS and its EMS medical director are issuing in this Advisory the following standard authorization for all MA licensed ambulance services:

Whenever a medication is temporarily not obtainable in typical dosage forms as called for in the Statewide Treatment Protocols, substitute concentrations may be used, in accordance with this Advisory. All such temporary substitutions must be approved by the service's affiliate hospital medical director and affiliate hospital’s pharmacy director, with a date of expiration for the temporary substitution authorized. Temporary substitutions may only be made when there is a shortage of the medication in the dosage forms as listed in the Statewide Treatment Protocols; otherwise, only the medications in the dosage forms listed in the Protocols shall be carried and used by ambulance services. These temporary substitutions must deliver the same amount of active medication, and be packaged in a manner that prevents as far as possible any medication errors. This should include clear labeling, separate packaging (e.g. zip-seal plastic bags) containing the medication with diluents, if any, and administration materials, and instructions for administration. In all such substitutions, ambulance services and their EMTs must pay careful attention to medication expiration, sterility, potency, and dose equivalent. Ambulance services must also make sure that all EMTs who will be administering such substitute dosage forms of medications in times of temporary shortage are appropriately trained and oriented on use of the substitute dosage form of the medication.”

If you have any further questions about these issues, please contact Patricia Reilly, RN, Clinical Coordinator, at patricia.reilly@state.ma.us; or Renee Lake, EMT-P, OEMS Compliance Coordinator, at renee.lake@state.ma.us, or Jon Burstein, MD, at jon.burstein@state.ma.us.