



**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: \_\_\_\_\_