





## Medication Shortage & Expired Medication Usage

CHAPTER:	2000	Number:	2120	APPROVED:	11.20.2020
REPLACES:	New Policy				
Last Revised:		REVIEW:			
APPROVED:			Joe Hoffman, Medical Program Director		
APPROVED:			John Oliver, Chair		

### I. Purpose

National drug shortages have become more common over the past several years, influencing patient care and patient safety. Because shortages occur for many reasons, there is no single preventative solution and agencies must proactively mitigate the effects of shortages within their own organizations.

In order to mitigate the effect of drug shortages and prevent patient harm resulting from inadequate supplies of emergency medications the following procedure is provided.

### II. Policy:

Agencies shall comply with the following procedure to identify options and risk reduction strategies that may be helpful when an agency is faced with a drug shortage.

### III. Procedures:

A. Agencies shall seek alternative suppliers and sources.

1. Are other concentrations available?
2. Are other dosage forms available?
3. Is the medication available from another vendor or manufacture?
4. Is the medication available from another manufacture?
5. Is there an available alternative medication?

B. Agencies shall implement supply management practices as practical.

1. Storage considerations (refrigeration).
2. Stocking levels to reduce waste.
3. Centralization of supply locations

C. Extension of expiration date.

The justification for extending the expiration of specific medications is that treatment of a life-threatening condition with a medication that is available beyond its shelf-life expiration is preferred over no treatment. The process for authorization of is as follows:



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1. The expired medication must be identified as being in “Shortage” by the Food and Drug Administration (FDA) as can be found at:  
<https://www.accessdata.fda.gov/scripts/drugshortages/default.cfm>
2. The agency shall inform the Medical Program Director (MPD) of their current drug shortage in writing and consult with the MPD regarding possible alternative medications. Steps A and B above should have been explored to this point.
3. Use of expired medications is at the discretion of the EMS agency and must be approved by the Medical Program Director (MPD).
4. Expired medications must be kept in reserve. EMS agencies must use all their supply of a medication that has not passed the expiration date prior to administering expired medications.
5. After consultation, the MPD may authorize use of the most recently expired medication for field use pending resupply by the agency’s vendor. This authorization will be in writing.
6. When unexpired medications are obtained by the EMS agency, the authorization for the use of expired medications will cease and unexpired medications will be used.
7. Expired medications kept in reserve must be stored and maintained according to the Manufacturer’s instructions.
8. When possible, patients should give consent for the use of “extended expiration” medications.
9. When an extended expiration medication is administered, the term “extended expiration” is to be entered next to the name of the medication in the PCR documentation.
10. The MPD will be notified within 24 hours of each use of an “extended expiration” medication. The notification may be made via email with the established “Pre-Hospital Care Unusual Incident Report” and shall include a copy of the PCR incident number.

### Attachments:

- Pre-Hospital Care Unusual Incident Report



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## Pre-Hospital Care Unusual Incident Report

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Name(s), Title(s) & Agency(ies) of Personnel Involved:

\_\_\_\_\_  
\_\_\_\_\_

Facility Involved: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Brief factual description of the incident, including actions taken as a result of the situation (use back of form if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### For EMS Office Use Only

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Run Report Serial #: _____
Control Physician: _____
Control Hospital: _____