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DEPARTMENT OF HEALTH

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SHEREEF M. ELNAHAL, MD, MBA
Acting Commissioner

Certificate of Waiver
Advanced Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-6.1, a waiver is issued to:

All New Jersey Mobile Intensive Care Programs, Mobile Aeromedical Programs, and Mobile Specialty Care Units

Granting specific relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code, replacing "Diltiazem hydrochloride;" with "Slow Calcium Channel Blocker/Beta Blocker" in Subchapter 6. Administration and Storage of Medication, 8:41-6.1b Medications and therapeutic agents.

**SUBCHAPTER 6. ADMINISTRATION AND STORAGE OF MEDICATIONS
8:41-6.1b Medications and therapeutic agents**

(b) The following medications and therapeutic agents are approved for utilization by ALS crewmembers. A provider may choose to carry any of the following medications or therapeutic agents on its vehicles. A provider shall notify and keep OEMS up to date as to which of these medications and/or therapeutic agents are carried on its vehicles.... 8. Diltiazem hydrochloride Medication for the treatment of rapid atrial fibrillation, e.g., select Calcium Channel Blockers like diltiazem hydrochloride (Cardizem) or verapamil hydrochloride (Calan) and select Beta Blockers (β-blockers) like esmolol (Brevibloc) and metoprolol (Topolol XL) for IV administration.

Justification: 1. The Office of Emergency Medical Services has already approved Mobile Intensive Care Programs, Mobile Aeromedical Programs, and Mobile Specialty Care Units to carry a several different β-blockers and slow Calcium Channel Blockers, including Metoprolol Tartrate, Diltiazem hydrochloride, and Verapamil hydrochloride. Identification of appropriate classes of agents with an evidence basis for treatment of medical conditions that are commonly encountered in a pre-hospital environment is more effective than identifying specific agents. This practice allows physician medical directors to select the most appropriate agents(s) for their system and individual patients; 2. The American Society of Hospital Pharmacists reports as of February 10, 2018 that diltiazem hydrochloride is currently in "shortage."

Equivalency: All agents of these classes have advantages and disadvantages compared to each other, however, this waiver is based on the specific request to carry 1. Metoprolol Tartrate and Verapamil hydrochloride or 2. Esmolol in place of Cardizem. All three drugs are effective and have advantages and disadvantages compared to Cardizem. Physician medical directors are encouraged to select the medication and/or combination of medications that provide the most benefit and minimize complications in their clinical environment.

Terms & Conditions: All clinical staff shall successfully complete an education program covering the indications, actions, route, dosage, and storage of the medications prior to it being carried on the Mobile Intensive Care Programs, Mobile Aeromedical Programs, and Mobile Specialty Care Units

For: Shereef F. Elnahal, Acting Commissioner

By: Scot Phelps, JD, MPH, Paramedic
Director, Office of Emergency Medical Services

References:

Hilleman, DE, et. al.. Esmolol Versus Diltiazem in Atrial Fibrillation Following Coronary Artery Bypass Graft Surgery
Curr Med Res Opin. 2003;19(5)

Date issued: *February 21, 2018*

Waiver Control Number: *18-41.6.1-005*

Expiration date: *Until expiration of the current version of N.J.A.C. 8:41*