



State of New Jersey
DEPARTMENT OF HEALTH

PO BOX 360
TRENTON, N.J. 08625-0360

www.nj.gov/health

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

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

Granting specific relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code, replacing "Dopamine Hydrochloride" with "Vasopressor" in Subchapter 6. Administration and Storage of Medication, 8:41-6.1 Medications and therapeutic agents.

SUBCHAPTER 6. ADMINISTRATION AND STORAGE OF MEDICATIONS

8:41-6.1 Medications and therapeutic agents

(a) The following medications and therapeutic agents are approved for utilization by Advanced Life Support (ALS) crewmembers. Each vehicle shall be equipped with the following medications and therapeutic agents in sufficient quantities to allow for the administration of therapeutic doses of the medication or agent:...

9. Vasopressor drug;

Justification: 1. The Office of Emergency Medical Services has already approved Mobile Intensive Care Units to carry a variety of vasopressor agents, including dopamine hydrochloride, dobutamine, norepinephrine, epinephrine, and neo-synephrine. However, Mobile Intensive Care Units are still mandated to carry dopamine. 2. The American Society of Hospital Pharmacists reports¹ as of January 22, 2018 that dopamine hydrochloride is currently in "insufficient supply." The New England Journal of Medicine² published a study entitled "*Comparison of Dopamine and Norepinephrine in the Treatment of Shock*" which concluded that dopamine hydrochloride was associated with a greater number of adverse events compared to norepinephrine.

Equivalency: All vasopressors have advantages and disadvantages when compared to each other, however, the waiver is based on the specific request to carry norepinephrine and discontinue carrying dopamine. This change allows physician medical directors to utilize the vasopressor they feel is most appropriate for their circumstances while controlling costs by discontinuing less-effective medications, or ones that often expire prior to usage. Moving to a medication class model also allows for more effective vasopressors to be utilized as medical research advances.

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

For: Shereef F. Elnahal, Acting Commissioner

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

References:

¹American Society of Hospital Pharmacists Shortage of Dopamine Hydrochloride, January 22, 2018. Available at: <https://www.ashp.org/drug-shortages/current-shortages/Drug-Shortage-Detail.aspx?id=1243>

²De Backer, D, et. al., Comparison of Dopamine and Norepinephrine in the Treatment of Shock. *New England Journal of Medicine*. Volume 362, Number 9. March 4, 2010.

Date issued: *February 2, 2018*
Waiver Control Number: *18-41-6.1-004*
Expiration date: *Indefinite*