State of Maryland
Maryland Institute *for* Emergency Medical Services Systems

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Theodore R. Delbridge, MD, MPH
Executive Director

To: Highest Jurisdictional Officials
Commercial Ambulance Services Directors
EMS Medical Directors

From: Theodore Delbridge, MD, MPH
Executive Director

Timothy Chizmar, MD
State EMS Medical Director

Date: December 16, 2025

RE: **Diltiazem Lyophilized Powder Discontinuation / Metoprolol Substitution**

Given the discontinuation of diltiazem lyophilized powder (add-vantage formulation) by Pfizer, jurisdictional and commercial EMS services may use metoprolol for the cardiac indications described below.

The Adult Tachycardia Algorithm – Irregular Rhythm (3.3-A) has been revised to include metoprolol for the treatment of hemodynamically stable patients with irregular, narrow QRS tachycardic rhythms (atrial fibrillation and atrial flutter), when diltiazem is unavailable. Based upon the recommended dosing, we recommend carrying a minimum of 10 mg of metoprolol per ALS unit.

ALS Pharmacology: Metoprolol has been added; it is available online at www.miemss.org and will be included in the 2026 *Maryland Medical Protocols for EMS*.

Please also note that diltiazem vials are still being produced and may be used. If diltiazem vials are not refrigerated, they must be discarded after one month.

If you need to transition to metoprolol, please take the following steps:

- Provide a copy of the attached, revised protocol to your EMS clinicians.
- Jurisdictional services should notify Dr. Chizmar (tchizmar@miemss.org) of the intent to use metoprolol while diltiazem (lyophilized) is in short supply.
- Commercial services should request a waiver to carry metoprolol in lieu of diltiazem by sending an email request to socalr@miemss.org.

Attachments:
Adult Tachycardia Algorithm – Irregular Rhythm (3.3-A), Revised
ALS Pharmacology: Metoprolol (11.XX)