



## Antiviral Distribution and Dispensing

### *Frequently Asked Questions*

February 2012

#### Project Introduction

The Centers for Disease Control and Prevention (CDC) has partnered with ASTHO and NACCHO to collaboratively explore alternative antiviral distribution and dispensing strategies that could be deployed during a future influenza pandemic. The goals of the project are to:

- Expand the understanding of how antiviral distribution and dispensing was managed through the state and local public health system during the 2009 H1N1 pandemic.
- Explore more efficient scalable ways to distribute and dispense antivirals during a pandemic emergency – including ways to leverage relevant private sector systems already in place.
- Contribute to the knowledge base for a more effective countermeasures enterprise as called for by the National Health Security Strategy.

Initiated in the summer of 2011, the project is currently moving into its final stages where ASTHO, NACCHO, and CDC are actively exploring the feasibility and acceptability of an alternative antiviral distribution and dispensing system that leverages the U.S. commercial pharmaceutical distribution network and community pharmacies. In the alternative model currently being explored, public health's role in antiviral distribution and dispensing will be targeted to a specific subset of the population that public health can uniquely reach such as the homeless or those with limited mobility or limited access to pharmacies; the commercial component will assume responsibility for all those with access to a pharmacy. If adopted, the new distribution and dispensing system for antiviral drugs would be a shift from the existing system, which relies on the public health enterprise to accomplish the task of distributing caches of antivirals made available by the Strategic National Stockpile Program.

As part of the feasibility assessment for the proposed strategy, two live simulations will test pharmacy dispensing throughput, the first in Independence, MO on March 11, 2012, the second in Chicago, IL date to be determined.

## Frequently Asked Questions

### *What are the potential benefits to state and local health?*

The proposed system is intended to relieve state and local health agencies from much of the logistical burden of distributing and dispensing large quantities of antiviral medications during a pandemic emergency. State and local public health agencies would not have to make elaborate arrangements for receiving deliveries, storing/managing medication inventory, allocating product, and distributing and dispensing antiviral drugs. During the 2009 H1N1 pandemic, these activities consumed a lot of time and energy from public health staff who also needed to perform critical tasks that only public health workers could do (e.g., surveillance, epidemiology). Ideally the system would enable public health departments to refocus and redirect their efforts on key mission critical activities while increasing material management efficiencies and optimizing the use of antiviral medications during an emergency.

### *What concerns might state and local public health agencies have about the proposed system?*

The challenge for state and local public health agencies will be to maintain appropriate levels of situational awareness of what is happening in their jurisdictions and being able to answer questions from the public, while not having as direct a role in the entire antiviral drug distribution and dispensing process. During H1N1, state and local health agencies were involved in the decision-making process of when antivirals would be released to whom and in what quantities. Under the proposed system, the antiviral supply going to the pharmacies would be allocated based on federal criteria and the proposed request and refill system. State health agencies would continue to make allocation and dispensing decisions to the unique populations for which the agencies are responsible. Because state and local health agencies will be the focal points of public information and planning and coordination of the response, the new system must include visibility that will enable the agencies to know how the process is working and other critical information.

### *How would antiviral medications be allocated in the event of a pandemic under the new model?*

Each state health department would receive a start-up allocation from the federal strategic national stockpile (SNS) to address the needs of at-risk and unique populations. Concurrently, additional antiviral drug supplies will be allocated from the SNS to pharmaceutical distributors to place in pharmacies, hospitals, and clinics through the usual day-to-day private sector distribution system. This will ensure that, at the onset of a pandemic emergency, all entities in the system have product on hand. Both systems will then go to a request and refill system. The ability to refill inventory based on demands and needs will optimize asset use. Rules of operation with private sector and public health partners in the system will include maximum order quantities to deter facilities from hoarding product.

***How will the dispensing of antivirals work?***

Aligning with everyday systems for medicine dispensing during a pandemic, pharmacies, hospitals, and clinics would do the majority of dispensing. State and local health departments would dispense antivirals only to populations not served by the other community partners.

***How will the commercial supply be distinguished from the federal supply?***

Prepackaged SNS antivirals will have easily distinguishable packaging and/or a unique National Drug Code. If instances arise where product provided by public health stockpiles are not easily differentiable, additional guidance on dispensing for these products will be provided (e.g. Oseltamivir suspension formulation).

***How will feasibility of the new model be tested?***

To understand if pharmacies would be able to handle dispensing antiviral medication from the SNS, researchers at Cornell University, in conjunctions with CDC, are conducting pharmacy distribution modeling and pharmacy dispensing simulations. The models will analyze how SNS's antiviral supplies would be dispensed based on three different distribution systems, each compared to four different flu-attack-rate possibilities, for a total of 12 scenarios being modeled. For the pharmacy dispensing simulations, researchers will use two pharmacies (a chain and an independent pharmacy) to conduct a drill to evaluate how the pharmacies are able to handle a surge of patients.

***In the new system, is it possible to redistribute drugs from one facility to another if necessary?***

Since the system will be operating based on demand and utilization (i.e. dispensing rates), antiviral drug supplies will be replenished only as needed. In the system large quantities of surplus inventory will not be held at the facility level. Antiviral drugs at the distributor level may be shifted to support demand and redistributed based on normal supply chain principles.

***Communicating to the public during the pandemic is critical. Who will be responsible for telling communities how the process works, how to access medication, etc?***

CDC, ASTHO, and NACCHO are currently in discussion to determine information needs and information flow needed to support the proposed system. This includes determining details and mechanisms for tracking and general communication including potential new tools (e.g. flu antiviral drug locator available via the internet). State, territorial and local public health officials would continue to serve as the primary source of information to those in their jurisdiction during a pandemic. Additionally, if the proposed strategy is adopted and a new policy on antiviral distribution is developed, CDC will develop new operating procedures and assist in amending state planning guidance to assist with exercise planning for a new approach at the SLTT (state, local, territorial and tribal) level.

***How will antivirals dispensed at the pharmacies or through public health be tracked and reported?***

Discussions are ongoing about what data needs exist and how best to communicate that information and to whom. For SNS-supplied antiviral drugs that are dispensed through the commercial system, CDC anticipates that normal systems that capture drugs dispensed through pharmacies could be used. For products that are dispensed through public health, clear guidance on what details should be reported back to CDC and potential systems to assist in capturing data will need to be identified.

***What populations are likely to be the responsibility of state and local health?***

As part of this project, we will develop plans to identify populations that may need to be served, or would be best served, by public health agencies. State and local partners will help determine the populations that don't have access to hospitals, nursing homes, long-term care facilities, or pharmacies. For example, homeless, and prison populations could be the responsibility of public health. The determination of target populations will help the states better identify how much antiviral medication they will potentially need during a pandemic. CDC is working closely with ASTHO and NACCHO to plan these methods, recognizing that that these specific populations will likely vary by state and locality.

***How will those who cannot afford the dispensing fee requested by pharmacies be able to obtain federally supplied antivirals?***

CDC, ASTHO, and NACCHO are currently exploring ways to assure that cost is not a barrier to those who may need antivirals during a pandemic.

***What happens if there is a scarcity of product during the pandemic?***

The proposed model is being designed to also propose adjustments to the system to address scenarios when there are decreases in product supply (scarcity). The shifts in the system that will need to occur (e.g. the number of pharmacy locations to which product are sent) will need to be adjusted based on the emergency, and supply, and demand.

***When will this exploration be completed?***

The various exploratory pieces are scheduled to be completed by May. CDC is hosting a national stakeholders meeting on May 8, 2012. The goal of the meeting is to share the work to date with a broader set of the nation's public health leaders regarding the acceptability and feasibility of the new concept and to explore challenges, barriers, and solutions for developing next steps.



***How can I get more information about this project?***

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