

# Public Health Preparedness

## Pharmacy Programs



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## **Florida Department of Health Management of Pharmaceuticals for Public Health Emergencies**

The pharmaceutical management strategy developed by the Bureau of Statewide Pharmaceutical Services (BSPS), Florida Department of Health (FDOH), supports a comprehensive state strategy for the acquisition, storage, deployment, and utilization of pharmaceuticals for public health emergencies. This document summarizes the following information:

- I. Drugs which are stockpiled by and on behalf of the State of Florida Department of Health
- II. Current pharmaceutical stockpiles and strategies

### **I. Drugs which are stockpiles by and on behalf of the State of Florida Department of Health**

1. **Nerve Agent Antidotes:** Nerve Agent Antidotes are used to counteract the effects of nerve agents and treat resultant seizures.
  - a. Autoinjectors: Autoinjectors allow for self-treatment for exposed first responders, as well as rapid administration in a mass-casualty event. Florida's stockpiles include Mark I Kits (atropine and pralidoxime), DuoDote (atropine and pralidoxime) Diazepam autoinjectors, and AtroPen (atropine)
  - b. Atropine in multidose vials for longer-term treatment and for victims requiring dose adjustments (for example, pediatric patients)
2. **Cyanide poisoning treatments:** Cyanide rapidly reduces the ability of red blood cells to carry oxygen, and exposure can be fatal in minutes. There are currently two FDA-approved treatment options for Cyanide exposure: Cyanide Antidote Kits and Cyanokit and these drugs can counteract cyanide's effects on red blood cells. Cyanide antidote kits contain amyl nitrite, sodium nitrite, and sodium thiosulfate. Cyanokit contains hydroxocobalamin, which binds to the cyano group in cyanide and prevents its effects on red blood cells. Cyanokit is also FDA approved for treatment of suspected cyanide exposure.
3. **Potassium Iodide (KI):** KI is used to prevent damage to the thyroid gland due to an uptake of radioactive iodine from a release of radioactive iodine following a nuclear power plant leak, a nuclear bomb detonation, or a dirty bomb explosion.
4. **Antivirals:** Tamiflu (oseltamivir) and Relenza (zanamivir) are both used to treat influenza type A and B. Florida has stockpiled antivirals for use by public health disease control responders during the initial phases of an influenza outbreak.
5. **Antibiotics:** Ciprofloxacin and Doxycycline are antibiotics used to treat and prevent infection from Category A Biological Agents *Bacillus anthracis* (Anthrax), *Yersinia pestis* (Plague) and *Francisella tularensis* (Tularemia).



## **State Pharmaceutical Stockpile**

**Agent Specificity: Chemical / Radiological**

**Resource Type: State / Regional**

### **Program Description**

The Department of Health has placed caches of pharmaceuticals in strategic locations throughout the state to be used in response to a natural or man-made disaster (ex. chemical spill or terrorist incident, etc). These pharmaceuticals can be brought to the scene of response, or used to replenish items used in a response.

### **Contents**

Mark I kits, Atropine multi-dose vials, Cyanide Antidote Kits, Potassium Iodide

### **Targeted Population**

- a. **Primary** – On-scene Emergency Responders
- b. **Secondary** – On-scene victims or those reporting to a hospital requiring treatment
- c. **Tertiary** - Available as a surge resource to any agency, hospital, or treatment center as identified in an incident

### **Location**

<b>Region</b>	<b>Location</b>	<b>Contact</b>
1	Okaloosa County Dept of Public Safety	Mike Baxley
2	Leon County Health Department	Sam MacDonell
2	BSPS Central Pharmacy	Brandon Brantley
3	Alachua County Health Department	Aniceta Smith
3	Shands at UF Pharmacy	Rob Kilroy
4	Tampa General Hospital Pharmacy	Maja Gift / Vivian Harris
5	Orange County EMS Warehouse	Shari Hopwood
6	Lee County Health Department	Valerie Wynn
7	Broward County Health Department	Michael Ehren
7	FL Poison Information Center, Jackson Memorial Hospital	Richard Weisman
7	A.G. Holley Hospital	Jerry-Jean Stambaugh



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### **Activation Process**

Once an event occurs, the local Emergency Operations Centers (EOC) will communicate with the State Emergency Operations Center (SEOC), consistent with procedures as outlined in the CEMP. The SEOC will implement response actions.

### **Limitations**

1. Time required for mobilizing cache resource
2. Variations in the content of each pharmaceutical cache.
3. The amount of pharmaceuticals stocked may or may not meet the needs of all who require emergency medical treatment.
4. Pharmaceuticals are not eligible for participation in the federal Shelf-Life Extension Program (SLEP)

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## **ALS / First Responder Distribution**

**Agent Specificity:** Chemical

**Resource Type:** Local

### **Program Description**

In 2004/2005, EMS agencies were provided with Mark I kits, Diazepam, and AtroPen autoinjectors to carry on Advanced Life Support (ALS) Vehicles. At the time of the distribution, there were approximately 2,760 permitted ALS vehicles in Florida.

### **Contents**

This project provided 10 Mark I kits and two each of Diazepam and AtroPens of various strengths for each vehicle. In January 2009 the Mark 1 Kits will be replaced with DuoDote Auto Injectors.

	Total	Replacement
Mark I kits:	27,600	DHS/2009
Diazepam:	5,520	DHS/2009
CyanoKits	1,936	DHS/2010
AtroPen 0.5mg	5,520	DHS/2011
AtroPen 1mg	5,520	DHS/2011
AtroPen 2mg	5,520	DHS/2011

### **Targeted Population**

- a. **Primary** – On-scene Emergency Responders
- b. **Secondary** – On-scene victims

### **Location**

Public and private EMS agencies statewide

### **Activation Process**

Activation of this resource will be based on the decision-making process of the on-scene emergency responders and the medical director specific to the incident.

### **Limitations**

1. Variation of the amount of antidotes carried on each ALS Ground vehicle
2. Some agencies do not have the autoinjectors on their vehicles
3. Maintenance of pharmaceuticals is dependent on grant funding, which may not be available to replace outdated medications.
4. Pharmaceuticals are not eligible for participation in the federal Shelf-Life Extension Program (SLEP)

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## **Antiviral Stockpile**

**Agent Specificity:** Biological, specifically *Influenza A or B* virus

**Resource Type:** State

### **Program Description**

Florida has stockpiled Tamiflu (oseltamivir) for use by public health disease control responders during the initial phases of an influenza outbreak.

### **Contents**

Tamiflu (oseltamivir), 66,616 treatment courses.

### **Targeted Population**

- a. **Primary** – those infected with a novel influenza virus and their contacts, according to the Rapid Response and Containment protocol of the FDOH Pandemic Influenza Appendix

### **Location**

<b>Region</b>	<b>Location</b>	<b>Contact</b>	<b>Phone Number</b>
2	DOH/OEO Warehouse	Christie Mathison	(850) 251-1308

### **Activation Process**

Following the FDOH Pandemic Influenza Appendix to the FDOH EOP, [Appendix E]

### **Limitations**

1. Time required for mobilizing cache resource
2. Expensive resource to stockpile and maintain
3. Pharmaceuticals are not eligible for participation in the federal Shelf-Life Extension Program (SLEP)



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## **Pharmaceutical Vendor**

**Agent Specificity:** All-hazards

**Resource Type:** State

### **Program Description**

The Bureau of Statewide Pharmaceutical Services manages the pharmaceutical prime vendor contract with Cardinal Health, Inc. BSPS has established procedures for emergency ordering of pharmaceutical resources for direct delivery to an emergency site. Local responders can request supply through the EOC, which will request support through the SEOC. Information required for a complete supply request includes:

- Mission number (assigned by SEOC)
- Purchase order number (assigned by SEOC)
- Drug name, dosage
- Quantity
- Shipping method (time frame for materiel delivery)
- Delivery location
- Delivery time (i.e., 7am – 7pm, or evening)
- Name, position, and telephone number(s) of local level contact person requesting product
- Name and license number of practitioner licensed to receive pharmaceuticals (i.e., Physician, CHD Administrator)
- [Only for controlled substances] DEA license number of physician to receive controlled substances
- Reason / Nature of the State of Emergency

### **Contents**

Cardinal Health stocks a complete line of pharmaceuticals and medical supplies. Various pharmaceuticals and medical supplies can be purchased on an as-needed basis. At the time of the drug requisitioning process

### **Targeted Population**

- a. **Primary** – Any agency, Special Needs Shelter (SpNS), Alternate Medical Treatment Site (AMTS), State Medical Response Team or Disaster Medical Assistance Team site where a licensed physician or nurse practitioner can legally receive pharmaceuticals required for treatment of disaster victims.





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### Activation Process

The SEOC will contact BSPS Central Pharmacy by telephone (850) 922-9036 with the necessary information for the order. Central Pharmacy staff authorized to order product (and their after hours contact information) are as follows:

<b>BSPS Central Pharmacy (850) 922-9036</b> <i>after hours pager (800) 519-5283</i>	
<b>Jasper Watkins</b>	Chief, Bureau of Statewide Pharmaceutical Services
<b>Brandon Brantley</b>	PHP Pharmacist
<b>TBA</b>	Pharmacy Manager
<b>Kimberlie Turner</b>	PHP Coordinator
<b>Joel Montgomery</b>	Sr. Pharmacist
<b>Rick Odenheimer</b>	Sr. Pharmacist
<b>Mary Ghabrial</b>	Sr. Pharmacist

### Limitations

1. Must establish pre-event purchase order process
2. Time required for mobilizing cache resource
3. Competition with other agencies locally, statewide, and nationally that may be requisitioning the same type of pharmaceuticals and medical supplies during a public health emergency or disaster.



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## **State Pharmaceutical Cache (SPhC)**

**Agent Specificity:** All-hazards

**Resource Type:** State

### **Program Description**

The SPhC is a primary care start-up list of pharmaceuticals and first aid supplies intended for distribution with the SMRT teams and mobile medical clinics. Provision of primary care medications will help reduce exacerbations of existing chronic conditions in the affected populations, and reduce medical surge in the emergency departments.

The Bureau of Statewide Pharmaceutical Services manages the prime pharmaceutical vendor contract with Cardinal Health, Inc. BSPS has established procedures for emergency ordering of pharmaceutical resources for direct delivery to an emergency site. Local responders can request supply through the EOC, which will request support through the SEOC. Information required for a complete supply request includes:

- Mission number (assigned by SEOC)
- Purchase order number (assigned by SEOC)
- Quantity
- Shipping method (time frame for materiel delivery)
- Delivery location
- Delivery time (i.e., 7am – 7pm, or evening)
- Name, position, and telephone number(s) of local level contact person requesting product
- Name and license number of practitioner licensed to receive pharmaceuticals (i.e., Physician, CHD Administrator)
- [Only for controlled substances] DEA license number of physician to receive controlled substances
- Reason / Nature of the State of Emergency

### **Contents**

Refer to DMAT Cache List (SPhC list is similar with a few substitutions). Contents are intended to provide for primary care needs for 100 persons for 3-5 days. The list is reviewed by BSPS annually.

### **Targeted Population**

- a. **Primary** – Any agency, Special Needs Shelter (SpNS), Alternate Medical Treatment Site (AMTS), State Medical Response Team or Disaster Medical Assistance Team site where a licensed physician or nurse practitioner can legally receive pharmaceuticals required for treatment of disaster victims.
- b. **Secondary** – Mass care sites (shelters)



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### **Location**

Various locations throughout the state, under the control of BPS and OEO.

### **Activation Process**

The SEOC will contact PHP Pharmacist at BPS Central Pharmacy with the necessary information for the order. These Caches will be strategically placed around the state of Florida; therefore the SEOC will need to provide the necessary information for replenishment.

### **Limitations**

1. Medications may be subject to temporary shortages, as this is a predetermined order list, not a stockpile of medications on hand.
2. Limited number of medications provided; may not cover all needs in the general population.



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## **Strategic National Stockpile**

**Agent Specificity:** All-hazards

**Resource Type:** Federal

### **Program Description**

This federally managed and funded program delivers critical medical assets (pharmaceuticals, medical supplies, medical equipment, and vaccines) to the site of a national health emergency within 12 hours or less of a public health emergency request. Any event that results in significant casualties will involve deployment of SNS assets. The state's role in deployment of SNS assets is to facilitate delivery of materiel to the local response scene. The state's strategy for receipt of SNS assets for response includes warehouse facilities in the Northern, Central, and Southern regions of the state.

### **Contents**

- a. **Push Package:** There are 12 caches of medical assets, including pharmaceuticals, medical supplies, and equipment that are available for immediate deployment (delivered within 12 hours) for response to an incident.
- b. **Managed Inventory:** Additional supplies from various sources (Veteran's Administration, private Pharmaceutical or Medical Supply Wholesalers) are available for deployment in support of continued response to an event.
- c. **Antivirals:** As of September 2006 the Strategic National Stockpile has 20 million treatment courses of Tamiflu of which 1.15 million courses are allocated to Florida.
- d. **Federal Medical Stations (FMS):** equipment for provision of non-acute care, provided in 50-bed modules for use for Special Needs Shelters (SpNS), Alternate Medical Treatment Sites (AMTS), or quarantine site. The FMS provides equipment, supplies, and pharmaceuticals but does not provide personnel.

### **Targeted Population**

- a. **Primary** – First responders; hospital and emergency medical health and medical staff; and critical event personnel
- b. **Secondary** – Community at large
- c. **Tertiary** – supplement and re-supply state agencies, CHDs, and hospitals in the event of a state or national emergency

### **Location**

Various locations throughout the country, under the control of CDC/DSNS



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## **Activation Process**

DOH maintains a complete set of plans for SNS activities. Please refer to the SNS plan for detailed activation information. From DOH's Strategic National Stockpile Plan:

The decision to request the SNS will be a collaborative effort among local, state and federal officials. It will start when officials identify a potential or actual situation that exceeds local and state capacities to provide appropriate mass prophylaxis. Unless it is an immediate, catastrophic event, such as a large explosion or nerve-agent attack, a public health emergency will likely emerge over an extended period of time. Local and state health officials may know that there is a public health concern before they fully recognize it as a public health emergency. Using existing health information systems, local, state, regional and federal health officials will be sharing data and analyses as the situation evolves.

## **Limitations**

1. Time required for mobilizing cache resource
2. Requires a gubernatorial request to initiate deployment
3. Labor intensive



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## **CHEMPACK Project**

**Agent Specificity:** Chemical  
**Resource Type:** Federal/Local

### **Program Description**

CHEMPACK is a specialized preparedness tool that allows local communities to save lives by maintaining local caches of nerve agent antidotes that must be administered promptly to be effective. The Centers for Disease Control & Prevention (CDC)'s Strategic National Stockpile (SNS) Program maintains ownership, accountability, and centralized control of the Chempack caches. Also, money is saved on the drug costs due to CDC's eligibility to participate in the federal shelf life extension program.

CHEMPACK is in the planning and preparation stages currently; but will be deployed within the state of Florida by fall 2007.

### **Contents**

Pharmaceuticals included in CHEMPACK include atropine sulfate, pralidoxime chloride, and diazepam. There are 2 types of Chempack caches. An EMS cache has been designed which meets the needs of first responders. The second type is a hospital cache for use in the hospitals. An EMS cache contains treatment capacity of 454, while the treatment capacity for the hospital cache is approximately 1000 victims.

### **Targeted Population**

- a. **Primary** – First responders; hospital and emergency medical health and medical staff; and critical event personnel
- b. **Secondary** – Community at large

### **Location**

Total: 68 caches, approximately 65% EMS / 35% Hospital cache will be deployed in the fall 2007 (total treatment capacity approx 46,900). Exact numbers are still to be determined with CDC/SNS.

### **Activation Process**

CHEMPACK plan still in development

### **Limitations**

- 1. Federal resource managed by the state and locally placed
- 2. Complex initial set-up with monthly facility monitoring
- 3. Expensive resource to deploy and replenish



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## **Bureau of Radiation Control Stockpile**

**Agent Specificity:** Radiological

**Resource Type:** State/Local

### **Program Description**

KI for public use is stored by DOH/OEO in Tallahassee and near each of Florida's three nuclear power plants: Turkey Point, St. Lucie, and Crystal River.

There are approximately 2 million treatment doses available. The Nuclear Regulatory Commission (NRC) funds the purchase and replacement of expired KI.

### **Contents**

Potassium Iodide tablets and oral liquid dosage forms

### **Targeted Population**

a. **Primary** – Evacuees relocated to reception centers outside of the 10-mile emergency zone

### **Location**

Risk counties within 10 miles of nuclear power plants

### **Activation Process**

Varies by count

### **Limitations**

1. Limited protection (radioactive iodine - thyroid gland) provided by potassium iodide.



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## **Hospital Pharmaceutical Stockpile**

**Agent Specificity:** Biological/Chemical

**Resource Type:** Local

### **Program Description**

Hospital caches were created to enhance the capacity of health system facilities with 24-hour emergency department services to respond to a weapons of mass destruction (WMD) attack by providing a pharmaceutical cache. The caches enhance the surge capacity of health systems facilities by increasing the quantity of life-saving drugs immediately available at each facility and providing appropriate medication to health care workers to keep operations functioning.

### **Contents**

Each hospital has developed the contents of their respective cache based on vulnerability assessment. Currently, an inventory of the contents of each Hospital cache is not maintained centrally by FDOH

### **Targeted Population**

- a. **Primary** – Healthcare essential personnel
- b. **Secondary** – Families of essential personnel
- c. **Tertiary** – Patients

### **Location**

Hospitals and health systems with 24 hour emergency departments

### **Activation Process**

The hospital cache is considered an extension of the hospital pharmacy inventory and may be used at the discretion of the hospital's administration, its Emergency Management Team, or the hospital's pharmacy director, in collaboration with hospital medical staff.

### **Limitations**

1. Variations in the content of each hospital's cache
2. The amount of pharmaceuticals stocked may or may not meet the needs of all hospital employees and their families
3. Variations in the identification of "essential personnel" in each hospital
4. Pharmaceuticals are not eligible for participation in the federal Shelf-Life Extension Program (SLEP)