Board of Pharmacy Update

Kam Gandhi
Executive Director | AZ Board of Pharmacy
State and National Updates

Kelly Fine
Executive Director | Arizona Pharmacy Association
Show case counts or population rates in the map below?

Cases: [Select]

Select a county to filter the other numbers.
Deaths will not be shown for counties with fewer than three deaths.

Number of Cases: 16,788
Number of Deaths: 807
Number of COVID-19 Tests: 273,070

Number of New Cases reported today*: 222
Number of New Deaths reported today*: 1
Number of New Tests reported today*: 4,685

Rate of cases, per 100,000 population: 233.5
Rate of fatalities, per 100,000 population: 11.23
Total Percent Positive**: 5.6%

Total COVID-19 PCR Tests: 120,731
New PCR Tests reported today*: 2,849
PCR Percent Positive**: 6.7%

Total COVID-19 Serology Tests: 92,338
New Serology Tests reported today*: 1,737
Serology Percent Positive**: 2.04%

*Counts of new cases, deaths, and numbers tested reflect increases in the total numbers compared to the previous day.

**Percent positive is the number of people with a positive test result, out of all people with COVID-19 testing completed in AZ.
Deaths reported per 100,000 residents by county

Arizona
806 deaths
11.6 per 100k
16,561 confirmed cases
238.4 per 100K
Arizona increases testing rank to 23rd in nation

<table>
<thead>
<tr>
<th>State</th>
<th>Tests reported</th>
<th>Tests per 100k</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York</td>
<td>1,739,449</td>
<td>8,866</td>
</tr>
<tr>
<td>California</td>
<td>1,644,102</td>
<td>4,200</td>
</tr>
<tr>
<td>Florida</td>
<td>908,235</td>
<td>4,409</td>
</tr>
<tr>
<td>Texas</td>
<td>805,654</td>
<td>2,889</td>
</tr>
<tr>
<td>Illinois</td>
<td>769,564</td>
<td>6,002</td>
</tr>
<tr>
<td>New Jersey</td>
<td>623,797</td>
<td>7,023</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>540,561</td>
<td>7,914</td>
</tr>
<tr>
<td>Georgia</td>
<td>513,545</td>
<td>4,987</td>
</tr>
<tr>
<td>Michigan</td>
<td>472,860</td>
<td>4,749</td>
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<tr>
<td>Pennsylvania</td>
<td>403,114</td>
<td>3,151</td>
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<tr>
<td>Tennessee</td>
<td>396,219</td>
<td>5,957</td>
</tr>
<tr>
<td>North Carolina</td>
<td>344,690</td>
<td>3,394</td>
</tr>
<tr>
<td>Louisiana</td>
<td>330,898</td>
<td>7,095</td>
</tr>
<tr>
<td>Ohio</td>
<td>330,334</td>
<td>2,837</td>
</tr>
<tr>
<td>Washington</td>
<td>326,593</td>
<td>4,477</td>
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<tr>
<td>Virginia</td>
<td>258,750</td>
<td>3,075</td>
</tr>
<tr>
<td>Maryland</td>
<td>249,577</td>
<td>4,157</td>
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<tr>
<td>Indiana</td>
<td>226,251</td>
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<tr>
<td>Connecticut</td>
<td>221,726</td>
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<td>Wisconsin</td>
<td>208,963</td>
<td>3,616</td>
</tr>
<tr>
<td>Minnesota</td>
<td>204,059</td>
<td>3,692</td>
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<td>Utah</td>
<td>196,468</td>
<td>6,451</td>
</tr>
<tr>
<td>Alabama</td>
<td>190,315</td>
<td>3,912</td>
</tr>
<tr>
<td>Arizona</td>
<td>187,782</td>
<td>2,703</td>
</tr>
</tbody>
</table>
Arizona continues to meet the gating criteria outlined in Phase 1 of the White House’s Opening Up America Again. Last week we saw a continued decline in the percent of visits to emergency rooms and hospitals for COVID-like and influenza-like illnesses and an ongoing decrease in the percent positivity of diagnostic (PCR) tests.

As additional business and other community establishments reopen, ADHS will continue to provide guidance to support COVID-19 prevention. Augmented information can be found on the Business tab Workplace and Community Locations page.

ADHS encourages everyone to continue to help slow the spread of COVID-19: maintain physical distancing, wear a cloth face covering in public, use hand sanitizer or wash your hands frequently, and stay home when you are sick.
Factors that should inform decisions about relaxing restrictions in nursing homes include:

- Case status in community
- Case status in the nursing home(s)
- Access to adequate testing:
  - The capacity for all nursing home residents to receive a single baseline COVID-19 test. Similarly, the capacity for all residents to be tested upon identification of an individual with symptoms consistent with COVID-19, or if a staff member tests positive for COVID-19. Capacity for continuance of weekly re-testing of all nursing home residents until all residents test negative;
  - The capacity for all nursing home staff (including volunteers and vendors who are in the facility on a weekly basis) to receive a single baseline COVID-19 test, with re-testing of all staff continuing every week;
  - Written screening protocols for all staff (each shift), each resident (daily), and all persons entering the facility, such as vendors, volunteers, and visitors;
  - An arrangement with laboratories to process tests;
ADHS-LTCF Testing Project

- ADHS is partnering with the Arizona Health Care Association, SonoraQuest, Local Public Health Departments, and providers, to rapidly expand testing in long term care settings.
- ADHS is leading effort to test all CMS SNF’s
  - 18 SNFs were scheduled to have completed testing by yesterday
  - 16 more are scheduled in the next 2 weeks
  - 4 have opted for self collection
- Following testing, public health works with facilities to provide technical assistance and guidance based on test results, and facilitates support for PPE and/or staffing needs.
LTCF Guidance

- Expands list of symptoms consistent with COVID-19
- What to do when a resident is diagnosed with COVID-19
- Communication Resources
- Summary of CMS requirements and links to their memos

MCPH Guidance
ADHS Guidance
Another Update!

- After returning May 19th for limited committee work and floor action, the Arizona House of Representatives approved the motion to adjourn sine die May 21st.
- Senate President Karen Fann issued a call to members to return yesterday to formally end the session. After passing their own sine die motion two weeks ago, the Senate has been standing at recess as they waited for the House to wrap up.
- That concludes the Second Regular Session of the 54th Legislature.
- Special Session?
AHA-CPR Card Extensions

- The AHA issued extensions for AHA Instructor and Provider cards beyond their recommended renewal date, initially for 60 days, then to 120 days.
- Those with AHA Provider and Instructor cards that expired in March and April, and those with cards expiring at the end of May and June can renew their card for up to 120 days from the recommended renewal date on their card. See below for specific recommended renewal and extension dates:

<table>
<thead>
<tr>
<th>Recommended Renewal Date on Card (end of month)</th>
<th>New Renewal Due Date with 120-day Extension (end of month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2020</td>
<td>July 2020</td>
</tr>
<tr>
<td>April 2020</td>
<td>August 2020</td>
</tr>
<tr>
<td>May 2020</td>
<td>September 2020</td>
</tr>
<tr>
<td>June 2020</td>
<td>October 2020</td>
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Peer-reviewed Data Shows Remdesivir for COVID-19 Improves Time To Recovery

New research indicates that remdesivir is superior to the standard of care for the treatment of COVID-19 based on preliminary analysis published in the NEJM.

The double-blind, randomized, controlled trial enrolled more than 1,000 individuals in 10 countries in 58 days. Participants—hospitalized adults with COVID-19 with evidence of lower respiratory tract involvement—were randomly assigned to receive local standard care and a 10-day course of I.V. remdesivir or local standard care and a placebo.

- Patients who received remdesivir had a shorter time to recovery—which was defined as being discharged from the hospital or being medically stable enough to be discharged—compared with placebo recipients. The median time to recovery was 11 days for patients in the remdesivir group vs. 15 days for those in the placebo group. The data also suggest a survival benefit with remdesivir, with a 14-day mortality rate of 7.1% for the remdesivir group compared with 11.9% for the placebo recipients, although that difference was not statistically significant.
ASPR Transparency on Allocation of Remdesivir to States

- New HHS website provides information regarding Gilead’s ongoing donation of remdesivir, including HHS methodology for allocating the drug to states and a state by state breakdown of the current allocations.

- [CLICK HERE]
CDC Estimates That 35% of Coronavirus Patients Don't Have Symptoms

- Based on real-world data, CDC estimates that 35% of people with COVID-19 are asymptomatic, that 40% of infections occur before they feel sick, and that 0.4% of patients with symptoms do not survive.

- The agency emphasizes that the numbers are not projections of the expected impact of the pandemic, nor do they reflect the impact of social distancing or other responses. Rather, it clarifies, the data will be used for planning purposes by mathematical modelers and public health officials viewing the pandemic under different potential conditions.
HHS announced that it is working with AstraZeneca to make available at least 300 million doses of an investigational coronavirus vaccine, aiming to deliver the first doses in October. The agreement between the Biomedical Advanced Research and Development Authority (BARDA), which is part of the HHS Office of the Assistant Secretary for Preparedness and Response, and AstraZeneca, will accelerate the development and manufacturing of the vaccine candidate, known as AZD1222, to start Phase III clinical studies in the United States this summer.

To make the vaccine available, FDA would have to grant emergency use authorization or licensure.

The vaccine, which was developed by the University of Oxford and licensed to AstraZeneca, is the fourth vaccine candidate to receive BARDA support for late-stage development and manufacturing. **CLICK HERE**
FDA Updates Guidance Policies for the Temporary Compounding of Certain Human Drugs

- The guidance for temporary compounding of certain drugs by outsourcing facilities during the COVID-19 emergency has been updated to include timely product reporting by outsourcing facilities compounding drugs covered by the guidance. Hospitals can use this information, which FDA will post on its website, to help determine which outsourcing facilities are compounding drugs used for hospitalized patients with COVID-19. The guidance has also been updated to clarify polices for testing container-closures and product stability.

- Additionally, the guidance has been updated to explain that, at this time, FDA does not intend to take action against an outsourcing facility for filling orders of a drug that is essentially a copy of an FDA-approved product, provided the drug was covered by this guidance within 90 days of the outsourcing facility compounding, distributing, or dispensing the drug.
The guidance for temporary compounding of certain drugs by pharmacy compounders during the COVID-19 public health emergency has been updated to include pharmacy compounder reporting to FDA on adverse events associated with drugs compounded under this guidance.

Must report as soon as possible but no later than 15 days after receipt of such information to FDA’s MedWatch Adverse Event Reporting program.
FDA announced that it has posted a list of antibody tests that are being removed from the "notification list" of tests being offered under the Policy for Coronavirus Disease-2019 Tests During the Public Health Emergency.

Tests included on this list include those voluntarily withdrawn from the notification list by the test's commercial manufacturer and those for which there is no pending or issued Emergency Use Authorization (EUA).

FDA said it "expects that the tests on the removal list will not be marketed or distributed."

CLICK HERE
ASHP Releases Health System Pharmacy Surge Toolkit

- ASHP has created the [ASHP Patient Surge Management During a Pandemic - Toolkit for Hospital and Health System Pharmacy](https://www.ashp.org). The toolkit provides a compilation of the many lessons learned to date from pharmacy leaders as they shared their experiences in surge management as well as ASHP tools and resources created in response to COVID-19.

- This toolkit will serve as a strong reference document for ongoing and future preparation for situations resulting in significant patient surges. We also encourage you to submit your lessons learned so we can continue to update and improve this toolkit. Please submit lessons learned to [sections@ashp.org](mailto:sections@ashp.org).
Questions?