1. **Question:** How was the amount of remedesivir per hospital determined for the first allotment from AmerisourceBergen?

**A:** Allocation was based on COVID cases entered into the HRTS COVID system on July 6th for the prior two weeks. HHS used that data to determine a distribution to each state department of health who in turn allotted vials to each hospital based on their cases. AmerisourceBergen Corporation (ABC)was notified of the amount available for purchased by each hospital and has reached out to set up the invoicing and delivery of the product

1. **Question:** Going forward, how are future allocations to hospitals determined?

**A:** HHS will pull data from their reporting system each Wednesday for the prior week to determine the next purchase allocation. States will then allocate the amounts for each hospital based on the prior week cases.

1. **Question:** Do hospitals have to enter their remdesivir data into the HHS Teletracking system?

**A:** No, TDH has added the required data fields to the state HRTS system. Hospitals need to enter their data each day in the state HRTS system and TDH will upload the data to HHS on hospital’s behalf. Pharmacists should identify who is responsible for HRTS data entry at their facility and coordinate providing the remedesivir information.

1. **Question:** If a healthcare system has product at one hospital and another hospital in the same system that has never had a need for remdesivir suddenly has a patient that meets criteria, is the hospital system allowed to shift product from one hospital to another within the hospital system or should it remain only at the hospital for which it was purchased?

**A:** The hospital system may shift product to another hospital within the same system when necessary due to a COVID patient admission needing treatment.

1. **Question:** What if the allocation for a facility seems small compared to a rapid increase in patients meeting criteria?  Is there an appeal process or a point person to contact and explain the situation? Does the TDH retain any supply for this type of need?

**A:** A facility that needs more medication for a rapid increase in patients and immediate need should attempt to borrow from a larger facility within their geographical region. Entering the accurate patient numbers daily should allow future allocations to increase with increase in patient load.

If there is difficulty in acquiring adequate medication by borrowing, the TDH will assist with making arrangements for medication. Email [Calita.Richards@tn.gov](mailto:Calita.Richards@tn.gov).

1. **Question:** What will be the allocation for my facility?

**A:** Each of the total State allocations will be determined from HHS reviewing the daily data entries of the Tennessee facilities. The State will then allocate based on the daily data entry of all the facilities at the time of each allocation.

1. **Question:** For the daily reporting, “# of remdesivir vials as of 11:59 pm yesterday”, is this a count of all remdesivir vials, or should vials planned to complete initiated treatment no be included in the count?

**A:** This should be inventory of all vials, including vials planned to complete initiated treatment.

1. **Question:** If a site within an organization has a facility in an adjacent state that needs more remdesivir, may the facility with stock transfer their product out of state?

**A:** No. Allocations to each site are from the HHS allocation to the State of Tennessee. Shifting product to another state would decrease available product for facilities within the state that need the product. If a site does not need an allocation and refuses the purchase when called by ABC. An email should be sent to [Calita.Richards@tn.gov](mailto:Calita.Richards@tn.gov) to notify the TDH of this refusal, so that product may be immediately reallocated to a site in need.

**Contacts**

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