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Expanding access:
The role of the pharmacy and adult vaccines

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Summary

What can be done to improve vaccination rates?

Pharmacy-based vaccination services may be uniquely positioned to improve access to vaccines.[1,2]

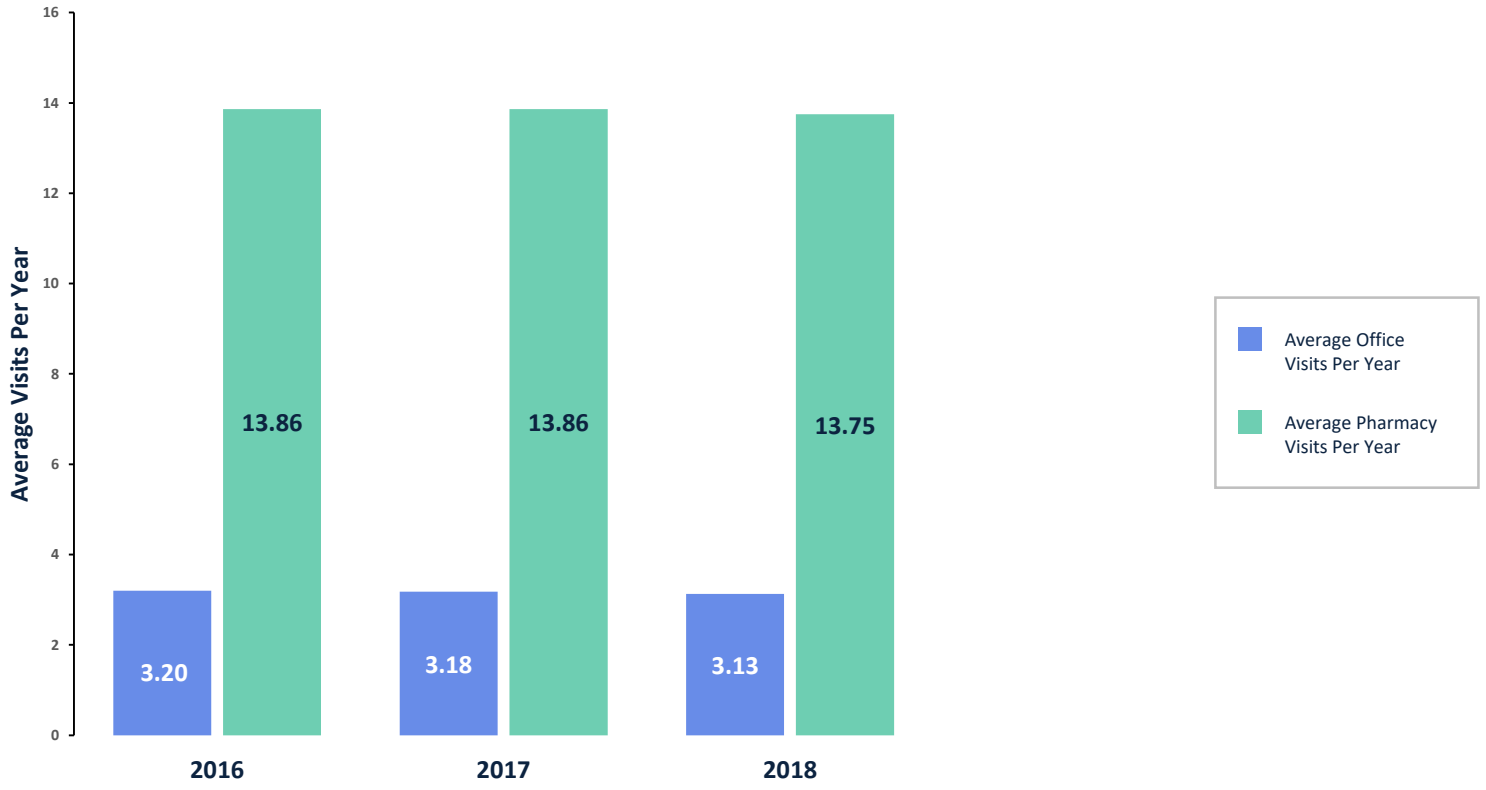
Expanding access for vaccines under the pharmacy benefit may provide additional opportunities to increase adult vaccination rates.[2]

Rules and regulations regarding specific vaccines differ from state to state. The relevant State Board of Pharmacy should be consulted for specific vaccine administration privileges granted in the state.

References: 1. Burson RC, Buttenheim AM, Armstrong A, et al. Community pharmacies as sites of adult vaccination: a systematic review. *Hum Vacc Immunother.* 2016;12(12):3146–3159. doi: 10.1080/21645515.2016.1215393. **2.** Goad JA, Taitel MS, Fensterheim LE, et al. Vaccinations administered during off-clinic hours at a national community pharmacy: implications for increasing patient access and convenience. *Ann Fam Med.* 2013;11(5):429–436. doi:10.1370/afm.1542.

Average number of physician office visits and pharmacy visits per year for customers 45 years and older[1]

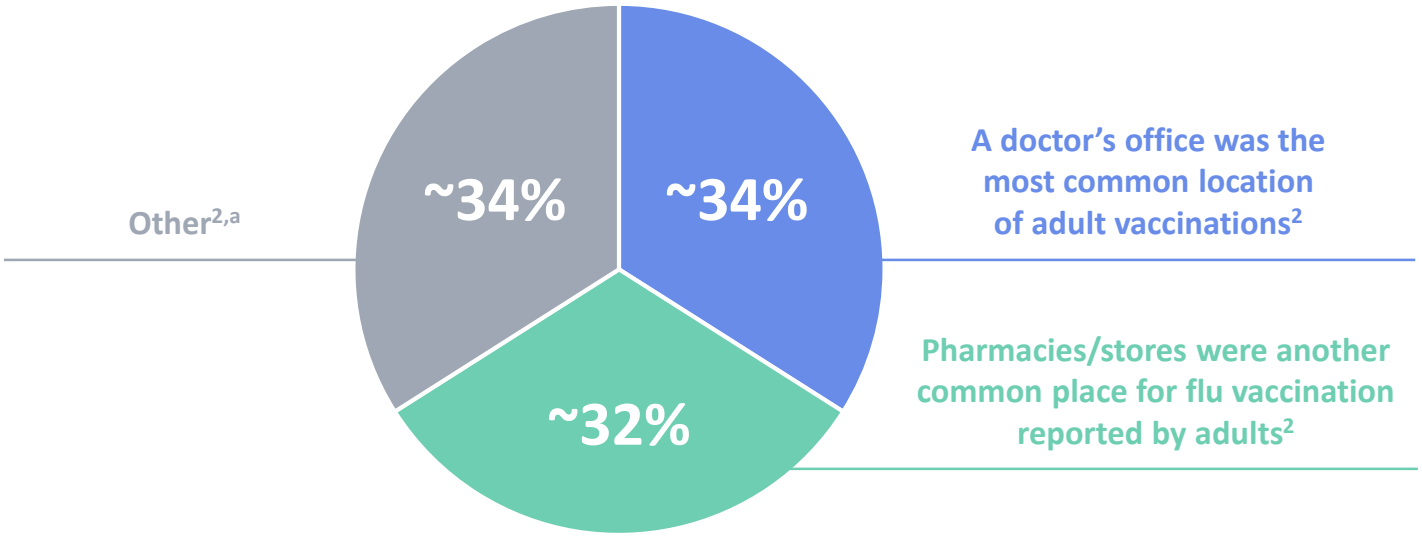
Based on IQVIA Lifelink™ Data from 2016–2018, patients visit a physician's office on average ~3 times per year; they pick up a prescription in a pharmacy about 14 times per year.



Reference: 1. Data available on request from Merck & Co., Inc., Professional Services-DAP, WP1-27, PO Box 4, West Point, PA 19486-0004. Please specify information package US-PNX-00608.

Pharmacies may help support national adult vaccination goals[1]

According to a CDC report of national early-season flu vaccination coverage, in the United States, in November 2018[2]:



Most patients felt comfortable with pharmacists delivering vaccinations in pharmacies, as pharmacists ranked the second most trusted vaccinators after physicians.[1]

Study design: This report contains estimates of flu vaccination coverage as of mid-November 2018 based on the Centers for Disease Control and Prevention (CDC) and the National Internet Flu Survey (NIFS) for adults aged ≥18 years (n=4,286). NIFS data were collected by an Internet panel survey conducted from November 1 through November 15, 2018. Participants were chosen by a random selection of residential addresses. This report provides early estimates for the 2018–2019 flu season of the percentage of adults in the United States who had reported receiving a flu vaccination.

[a]Hospital, emergency department, clinic, health center or other medical places, heath department, workplace, senior or community center, school, college, or other places which includes military-related places, other schools such as trade schools, residences, and other unspecified nonmedical places.

References: 1. Burson RC, Buttenheim AM, Armstrong A, et al. Community pharmacies as sites of adult vaccination: a systematic review. *Hum Vacc Immunother.* 2016;12(12):3146–3159. **2.** CDC. Early-season flu vaccination coverage–United States, November 2018. https://www.cdc.gov/flu/fluvaxview/nifs-estimates-nov2018.htm. Updated December 14, 2018. Accessed July 22, 2020.

Opportunities to improve vaccination through pharmacy benefit coverage

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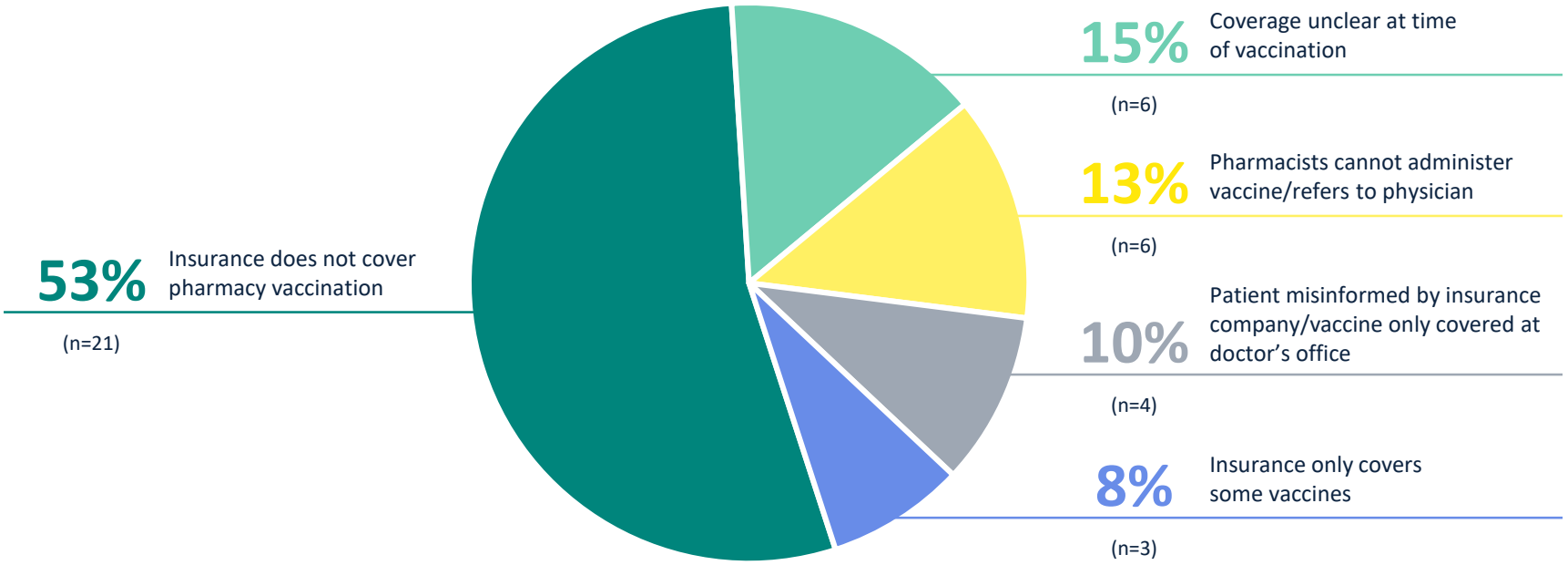
According to a 2017 survey (n=40), pharmacists encountered several insurance-related challenges when administering vaccinations[1,a,b]

Issues faced by pharmacists due to insurance/billing of patient[c]



The survey also found that 78% of pharmacists identified reimbursement/insurance as a challenge in providing adult vaccinations.[1]

[a]A telephone interview survey was conducted to determine the common challenges and facilitators of vaccine administration. Forty licensed pharmacists from 8 states (Alabama, California, Indiana, Kentucky, Maine, Tennessee, Texas, and Washington) participated in the survey. A broad geographic distribution of states was included to obtain lessons learned from pharmacists under varied state vaccination laws. The percent and Wald 95% confidence interval for proportions of vaccines administered, promotion methods used, and most common challenges and facilitators experienced by pharmacists were calculated. Challenges or facilitators were categorized as common if at least 20% of pharmacists reported the factor for adult vaccination.
[b]Totals may exceed 100% due to multiple answers possible.
[c]Where issues occurred.

Reference: 1. Islam JY, Gruber JF, Lockhart A, et al. Opportunities and challenges of adolescent and adult vaccination administration within pharmacies in the United States. *Biomed Inform Insights.* 2017:1–10. doi: doi.org/10.1177/1178222617692538.

A multidisciplinary panel recommended action items to facilitate pharmacy-based vaccinations[1,a]

Benefit Design

Create a pharmacy-based vaccine benefit that either:

- Includes vaccines and their administration on a PBM's covered products list, or
- Brings pharmacies into a medical network to **allow in-network delivery of vaccines** as a medical benefit

Billing

- Utilize current pharmacy information management systems for processing adult vaccination claims and have the health plan or PBM **attach the claim to the appropriate benefit**

Documentation and Communication

- Provide a method for real-time reporting of vaccines administered among providers and health plan
- Develop protocols for the administration of vaccination series
- **Include pharmacists as providers** within state health information exchanges (HIEs)

Advocacy

- **Advocate for improved vaccination** rates by promoting available vaccination sources, including pharmacies.

Pharmacy-based access to vaccinations improves patient access and can benefit individuals and employers by helping to reduce the spread of vaccine-preventable diseases.[1]

HIE, health information exchange; PBM, pharmacy benefit manager.

[a]A literature review (2002-2013) concerning pharmacy-based adult vaccination was conducted to inform an expert panel. The 12-member panel was composed of health plan (3) and pharmacy benefit managers (PBM; 3), medical/pharmacy directors, employer medical and health benefits directors (3), chain pharmacy representatives (2), and an immunization policy expert (1). An academic pharmacist immunization expert was employed as the key opinion leader to provide input and facilitate discussion.

Reference: 1. Ko KJ, Wade RL, Yu HT, et al. Implementation of a pharmacy-based adult vaccine benefit: recommendations for a commercial health plan benefit. *J Manag Care Pharm.* 2014;20(3):273–282. doi: 10.18553/jmcp.2014.20.3.273.

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Thank you