



Association of
Immunization
Managers

**Combined AIM-AAP Partnership Meeting
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Limited Hotel, Charleston, South Carolina**

**Breakout Group A Notes
Opportunities and challenges with COVID-19 vaccine commercialization**

Facilitator: Dr. Fiscus

Notetaker: Katy Gore

Please Read Prior to Starting

Background:

- There are 11 different formulations of Pfizer and Moderna vaccines across age groups.
- When COVID-19 vaccines become commercialized, VFC providers will be required to stock and administer the vaccine and purchase private stock
- As of now, single dose vials are only available for ages 12 years and older (minimum order 50 doses)
- As of now, minimum order for ages <12 is 100 doses per presentation
- Manufacturers estimate commercial cost at \$82-\$120/dose

What are the potential benefits of vaccines becoming commercialized?

- From the public health view if some if moved to private then there will be less of a lift on the state
 - This will take a huge burden off the local health department
- There will no longer be two programs with VFC and COVID
- Commercializing may cause competition for the price
- The downsides will outweigh the pros currently
- The QR code with commercialization pros
- It will speed up single dose vaccine vials
- Adds creditability to the vaccine because it becomes one of the “regular” vaccines.
 - The more we normalize it then there may be more acceptable
 - VFC do have to offer all ACIP vaccines – this may help VFC providers to be COVID
- From a program standpoint this will drop the number of providers the PMs will have to manage
- Single dose vials may come about with commercialization
- They won't be able to sell the EUA vaccines so all the vaccines will need to be approved
- The FDA approval could be the main speed bump
- Hopefully, this will benefit kids to get vaccinated because there will be VFC access. It will remove the extra appt at a different location

What are the potential challenges?

- There is no benefit if they are required to have private stock.
- What happens with they are Medicaid and do not participate in VFC?
 - Comment: "If you are a Medicaid provider then you should be VFC"
- There will be a large loss of providers if the VFC requires private stock at its current price
- The Family Practice are outsourcing to private companies to come in and do their vaccines for them (aka Vax Care)
 - The companies are not VFC and there is an access issue with using them
- If the CDC would replace the stock if it expired or give a refund that would be huge and probably keep people in the VF
- Staffing shortages – its already an issue and this is going to only get worse
- The cost will be more than most peds practices could handle
- You will see a significant delay until they know what the reimbursement will be
- There is the unknow of what the cost will be
- Providers what to know if the state can purchase up front and "prime the pump"
- You will lose probably half of the VFC providers
- Modeling is going to be very important
- What is the down streaming impact on kids if they can't have access to the vaccine?
- Does the CDC think physicians are looking at vaccines as a profitable situation?
- Don't penalized for the COVID vaccine for wastage
- Could there be a way to compel the manufacture to reimburse for expired vaccines?
- There won't be leverage against the manufacturers if it is required for VFC
- Practices likely to pick one over another for their own reasons
- The CFOs making the decisions for hospitals then peds will be in jeopardy
- Can there be brand purchase?
- What is the penalty when it get wasted on the VFC
- It's a lot of money out on the private side
- For non-universal and universal states it could break the bank
- It will be the same for adult programs (the 317 programs) – if they have to pay for it at the expense of other vaccines

For pediatricians currently providing COVID-19 vaccinations, is commercialization likely to cause a shift in their current practice?

- There are a lot of folks in the community who don't feel that it will be worth it
- The requirement of having to purchase private with the VFC will be cost prohibited and will cause some to drop VFC because they cannot afford it
- Doctors as risk adverse. This is a risk to their practice.
- Some sites may allow wavers or to deputize other sites to take the stock for them
- What happens with big system hospitals? Would they drop VFC for all their sites if the commercialization of COVID-19 vaccination requires private stocking
 - The hospitals may stop vaccines altogether for kids.
 - Kids don't make hospitals money so they don't invest
- A solution could be to set up state branches to be re-distribution centers just like when COVID-19 launched
- Would it be possible to create a hub for all the VFC COVID vaccines and distribute as needed instead of having the do large purchases for clinics that won't see 100s of patents
 - It is working currently under PREP

- Can you shift the vaccine stock around to places that are not usable by that site?
- Prep ends May 6 – the COVID vaccine is not tied to the prep act it is tied to the vaccine supply
- There is a larger concern if we allow an opt out system then it will shift away from public health confidence
- If it becomes that a practice, then has to buy and they want to make sure they won't lose their shirts on it
- People won't jump in if they must purchase
- You could use the larger healthcare system to claim they will pull out of VFC which may leverage the requirement of COVID Vac in private purchase

With commercialization, pharmacies will lose the ability to vaccinate children who qualify to receive vaccines through VFC. What are the considerations for this change?

- Pharmacies gave about 50% for COVID-19 in kids
- Unsure about the pharmacy role
- Pharmacies are good at motivating those who want to get their vaccine
- Pharmacies will cause a medical home access issue
- Local Health Departments have the mobile units and they won't be able to convert from only covid to all VFC

Example of a positive impact:

DC enrolled first VFC pharmacist this past summer – they are able to get reimbursement there was a change in the state health plan to allow for this

- It is a lot of handholding
- Right now, it's mostly at school-based clinics
- It's been quite on the peds front

Do you think commercialization will have a positive or negative impact on the VFC program?

- In the short term it could be a problem
- The uptake is going to be slow
- There are many things that must shift. (i.e., insurance payouts, get to single dose vial)
- There still needs FDA approval
- The big barrier is the economical part
- There isn't a good understand of where we are the VFC providers. Over time we have lost a sizable number of providers. Why is this and can we find out using current data?
- A slow ramp up for the first 6 months to ease into the program
- The AAP has a statement that says a vaccine repayment for be at 17-22% above the vaccine cost - this needs to be the case
- The unanswered question is what the cost will be is huge.
- COVID is a difference animal to other vaccines – it's a hard one to get people to take or have their children take. The messaging from Public Health is not coming in because of mis/dis-information
- The clinic is going to have to eat the loss and it's a huge burden on all clinicians and public health
- How can we get parents to normalize their thinking towards the COVID vaccine
- The urgency created the want and once it opened there was a major drop in up-take of the COVID-19 vaccine. This is not going to change with commercialization. People who wanted the vaccine to have taken it

Any other thoughts on the impact of commercialization of pediatric COVID-19 vaccines?

- Children are worth more than adults why don't you give the same support?
- Could we just federalize vaccines and make them a universal purchase?
- How do we promote universal purchase?
- Have an analysis of the VMS from the CDC - there is data in there
- Hope there is long lead up to commercialization.
- Bring the people to the table who need to be there
- Hope it isn't a 3-year process
- When will providers be placed on notice? Could there be a survey to ask what the implications mean to them
- There will be an announcement right after the February ACIP meeting on what it will mean for commercialization
- We are creating our own barrier to getting our children vaccinated

Major themes and takeaways

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