Expanding Vaccine Coverage for Your Workforce:

A Primer for Employers

In the wake of the initial health care reform legislation, wellness programs are increasingly prevalent, owing in part to the preventive care mandates set forth in the Patient Protection and Affordable Care Act. Specifically, PPACA requires that all recommended immunizations must be covered without patient cost-sharing (ie, no out-of-pocket [OOP] cost to the patient).¹

In an effort to increase uptake of often-overlooked adult vaccines, managed care organizations and their employer customers can focus on two particular barriers to immunization: cost and access. The National Vaccine Advisory Committee and the Infectious Diseases Society of America recognize these barriers among the leading impediments to optimal immunization rates among adults, and likewise support initiatives to minimize patient OOP cost and expand access to adult vaccines in settings beyond the physician's office.²⁻⁴

Promoting Immunizations Through Broad Coverage

According to an interview with Charity Rausch, PharmD, Director of Analytics and Clinical Initiatives at Employers Health (December 2011), immunizations are usually covered exclusively under the medical benefit. An alternative arrangement, dual coverage under both the medical and pharmacy benefit allows for vaccines to be administered and paid under either benefit at the patient's discretion. Arranging dual coverage for adult immunizations with your insurance carrier and/or pharmacy benefits manager (PBM) minimizes the detrimental effect of OOP cost and limited access on vaccine uptake.

Attaining dual coverage for immunizations begins with you expressing your vaccine access and coverage needs to the account manager/account executive at the health plan or PBM. Specifically, you should communicate your desire for all immunizations to be covered under both the medical and pharmacy benefits with no cash outlay for beneficiaries. Both of these elements are crucial for removing the leading barriers to optimal immunization, such as limited administration settings and OOP patient expense. As such, you should ensure that coverage for immunizations is provided in the majority of medical locations in the plan network, including physicians' offices, urgent care facilities, county health departments, community pharmacies and in on-site or near-site workplace clinics.

Many insurance carriers and PBMs already have such vaccine coverage programs available for their employer customers. On the health care delivery side, trained and licensed pharmacists in all 50 states are now authorized to administer the influenza and pneumococcal vaccines, and the majority of states allow for the pharmacy administration of multiple vaccines.⁵

As of December 2011, 37 states allowed pharmacists to administer any vaccine through various processes and 46 allowed the administration of the herpes zoster vaccine in the pharmacy.⁵ The allowable age of the patient that pharmacists are authorized to vaccinate varies by state, with 13 states allowing vaccinations for patients of any age, 16 states allowing vaccinations for patients aged 18 years and older, and 1 state defining the age parameter as "adult."⁵



Case Study: Pfizer Inc

Following the open access blueprint outlined previously, Pfizer Inc recently sought to broaden access to adult immunizations for its workforce. As company pharmacy benefits are managed through a PBM, discussions took place between the Pfizer employee benefits team and representatives from the PBM to determine options to make vaccines available in alternative settings.

Prior to these discussions, Pfizer employees were able to be immunized through network physicians under their carrier's medical benefit as well as through a special pharmacy benefit exclusive to the seasonal flu vaccine at one national pharmacy chain. Through dialogue with the PBM, the Pfizer employee benefits team learned that a second available option was the PBM's Broader Vaccine Program. The Broader Vaccine Program includes seasonal influenza but goes beyond flu to include the 2 pneumococcal vaccines.

Included as immunizing providers in the vaccine network are 49,000 participating pharmacies in which beneficiaries may receive their immunizations for zero OOP cost via cashless transaction. All vaccinating pharmacies are offered the opportunity to participate, assuming they follow state laws and are certified to immunize per the standard client language in the contract. The PBM offers a flat rate price point for immunizations within the Broader Vaccine Program that includes ingredient cost and administration fee. The network for administration of these vaccines is annual but follows flu season for initiation, running from August 1 of one year to July 31 of the subsequent year.

Pfizer's benefits team opted for the Broader Vaccine Program, which offered greater coverage through an expanded immunization menu. As a result, Pfizer employees are able to receive flu and pneumococcal immunizations in network retail pharmacies, as well as in their physicians' offices, with no OOP expense.

Summary

Wellness benefits are attractive to employers as a means of reducing health care costs in the long term, and immunizations are no exception. In an effort to increase workforce immunization rates and minimize absenteeism, employers frequently offer onsite seasonal flu vaccination to employees at no or low cost to their employees.⁶ With all 50 states now authorizing trained and licensed pharmacists to administer the influenza and pneumococcal vaccines, vaccine delivery in the pharmacy is virtually ubiquitous.⁵

By achieving expanded immunization coverage for the workforce through the processes outlined here, employers have an opportunity to increase vaccine uptake. Improved vaccine uptake and subsequent associated health benefits may result in sizeable savings for employers. Immunizing healthy, working adults against influenza alone has the potential advantage of reducing morbidity and mortality, lost workdays, and physician visits, in addition to generating savings through the reduction of lost productivity. Overall, including additional vaccines in your benefits package and providing them at zero OOP cost for your employees in multiple settings represents a positive intervention supporting the health of your workforce.

REFERENCES:

- 1. Kaiser Family Foundation. Summary of New Health Reform Law. http://www.kff.org/healthreform/upload/8061.pdf. Last modified April 15, 2011. Accessed Sept. 17, 2012.
- 2. National Vaccine Advisory Committee. A pathway to leadership for adult immunization: recommendations of the National Vaccine Advisory Committee. Public Health Rep.2012;127(suppl 1):1-42.
- 3. Infectious Diseases Society of America. Actions to strengthen adult and adolescent immunization coverage in the United States: policy principles of the Infectious Diseases Society of America. Clin Infect Dis. 2007;44:e104-e108.
- Pickering LK, Baker CJ, Freed GL, et al. Immunization programs for infants, children, adolescents, and adults: clinical practice guidelines by the Infectious Diseases Society
 of America. Clin Infect Dis. 2009;49:817-840.
- 5. American Pharmacists Association and Academy of Managed Care Pharmacy. Pharmacist-provided immunization compensation and recognition: white paper summarizing APhA/AMCP stakeholder meeting. J Am Pharm Assoc. 2011;51:704-712.
- Centers for Disease Control and Prevention. Make it your business to fight the flu. http://www.cdc.gov/flu/pdf/business/toolkit_seasonal_flu_for_businesses_and_employers. pdf. Accessed September 17, 2012.
- 7. National Foundation for Infectious Diseases. Top reasons to get vaccinated. NFID Web site. http://www.nfid.org/about-vaccines/reasons. Accessed June 26. 2012.

PSA690702 © 2014 Pfizer Inc. All rights reserved. Printed in USA/October 2014