



COVID-19 Vaccination and Coverage under Workers' Compensation

A myMatrixx Position Paper

IMPORTANT UPDATE to the myMatrixx Position Paper regarding COVID-19 Vaccination

- According to the NY Times, “The federal government will send one million vaccine doses to about 6,500 retail pharmacies on Feb. 11, the beginning of a federal program that will deliver vaccines directly to as many as 40,000 drugstores and grocery stores, Jeffrey D. Zients, the White House’s Covid-19 response coordinator” [U.S. Pharmacies Will Start to Get a Big Infusion of Vaccines - The New York Times \(nytimes.com\)](https://www.nytimes.com/2021/02/11/us/politics/covid-19-vaccine-pharmacies.html)
- According to the FDA, its Vaccines and Related Biological Products Advisory Committee (VRBPAC) will meet on Feb. 26, 2021, to discuss a request for emergency use authorization (EUA) for a COVID-19 vaccine from Janssen Biotech Inc., a division of Johnson and Johnson [Coronavirus \(COVID-19\) Update: FDA Announces Advisory Committee Meeting to Discuss Janssen Biotech Inc.’s COVID-19 Vaccine Candidate | FDA](https://www.fda.gov/oc/2021/02/26/fda-announces-advisory-committee-meeting-to-discuss-janssen-biotech-inc-s-covid-19-vaccine-candidate)
- Johnson and Johnson has stated that clinical trials indicate the vaccine has an efficacy rate up to 72% following a single dose. It differs from the two current vaccines from Pfizer and Moderna in that it will not require refrigeration, making it much easier to distribute. In addition it is know as a viral vectored vaccine, which is different from the messenger RNA vaccines produced by Pfizer and Moderna. Viral vectored vaccines utilize a harmless adenovirus that has been engineered to stimulate human cells to create antibodies against the SARS-CoV-2 virus. [The Differences Between the Pfizer, Moderna, and Johnson & Johnson Coronavirus Vaccines Explained | KQED](https://www.kqed.org/health/2021/02/17/the-differences-between-the-pfizer-moderna-and-johnson-johnson-coronavirus-vaccines-explained)
- The CDC has released the following statement for individuals that did not or could not receive their second dose of either the Pfizer or Moderna vaccines as indicated: **“The second dose should be administered as close to the recommended interval as possible.** However, if it is not feasible to adhere to the recommended interval and a delay in vaccination is unavoidable, the second dose of Pfizer-BioNTech and Moderna COVID-19 vaccines may be administered up to 6 weeks (42 days) after the first dose. There are currently limited data on efficacy of mRNA COVID-19 vaccines administered beyond this window. If the second dose is administered beyond these intervals, there is no need to restart the series.” [Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines | CDC](https://www.cdc.gov/media/releases/2021/s0217-covid19-vaccine.html)

Introduction

Workers' compensation has not traditionally paid for the cost of preventative care, including vaccinations, and it is expected that this will be the case for the majority of our clients regarding the COVID-19 vaccines. Any costs associated with the vaccine and its administration are expected to be covered by public or private insurance.

However, some clients have expressed concern over certain worker populations that may require vaccination, certain COVID presumption laws and other proposed regulations.

Currently, there is no cost for the vaccine itself. Vaccine doses purchased with U.S. taxpayer dollars will be given to the American population at no cost. However, vaccination providers will be able to charge an administration fee for giving the shot to someone. Vaccine providers can have this fee reimbursed by the patient's public or private insurance company or, for uninsured patients, by the Health Resources and Services Administration's Provider Relief Fund.

For comparison, Medicare payment rates for a COVID-19 vaccine requiring a series of two or more doses will be \$16.94 for the initial dose(s) administration payment rate and \$28.39 for the administration of the final dose in the series. These rates recognize the costs involved in administration of the vaccine, including the additional resources involved with required public health reporting, conducting important outreach and patient education, and spending additional time with patients answering any questions they may have about the vaccine. These rates will also be geographically adjusted.

Coverage for the administration fee under workers' compensation will be based on either a formulary process or prior authorization process that best serves a particular client or jurisdiction (refer to **Formulary Considerations** below).

It is important to note that none of the current vaccines are 100% effective, nor do they offer immediate immunity when they are effective. Therefore, individuals who receive the vaccination must still follow precautions such as social distancing and the use of masks (refer to **Additional Information Regarding COVID-19 Vaccines** below).

Formulary Considerations

Drug therapy for COVID-19 falls into three categories:



Prevention

Prevention involves the COVID-19 vaccines. myMatrixx recommends that coverage for the administration of the vaccine be handled through the prior authorization process on a case-by-case basis. We recommend that the vaccine only be added to a client's custom formulary if the client intends to pay for the administration of the vaccine for its entire population of workers.



Supportive care

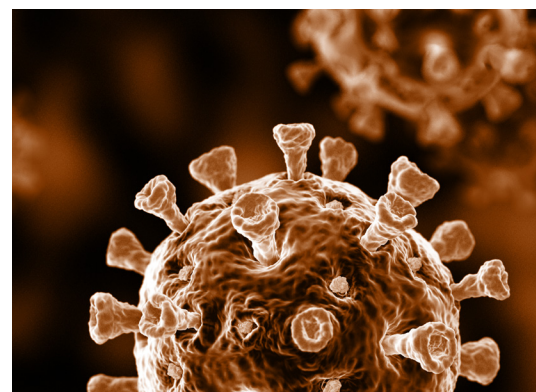
Supportive care involves the use of drugs that treat symptoms of COVID-19, but do not actually cure the patient. These drugs are not specific to COVID and treat a wide variety of conditions. Therefore, myMatrixx recommends that a COVID formulary only be implemented if it is expected that a large percentage of a client's workers may need immediate access to these drugs. Otherwise, we recommend the use of the prior authorization process.



Treatment

Most treatment drugs, such as remdesivir, are IV only and administered in hospital settings. Therefore, these drugs are not managed through the myMatrixx retail pharmacy network, and there is no corresponding impact to formularies or managed drug spend.


An individual may develop immunity from the vaccine, but it is unknown if the virus can still be carried and transmitted to others by a vaccinated (asymptomatic) individual.



Feb. 17, 2021 12:00 P.M.

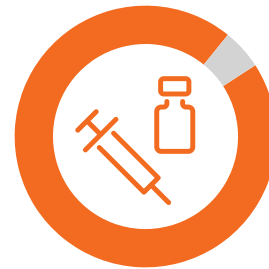
Additional Information Regarding COVID-19 Vaccines

Efficacy Rates (post phase 3 clinical trials)

 95% (One out of 20 not immune)

 94.1% (1.18 out of 20 not immune)

Approximately one out of every 20 individuals will not be immune after vaccination.




94.1-95%
Vaccine efficacy

Mechanism of Action


- Known as an mRNA (messenger RNA) vaccine
- No live virus contained within the vaccine
- The mRNA teaches our immune cells to produce a protein spike, which will trigger antibody production

Immunity

One inoculation (shot) is not enough.

 Only 50% immunity achieved after the first dose; second dose required 21 days later. Immunity is then realized only after seven days from the second inoculation. Therefore, individuals cannot expect immunity for four weeks following the start of the two inoculation.



 Second dose is required 28 days after the first dose. Immunity is then realized only after 14 days from the second inoculation. Therefore, individuals cannot expect immunity until six weeks following the start of the two inoculation series.



Side Effects of the Vaccine

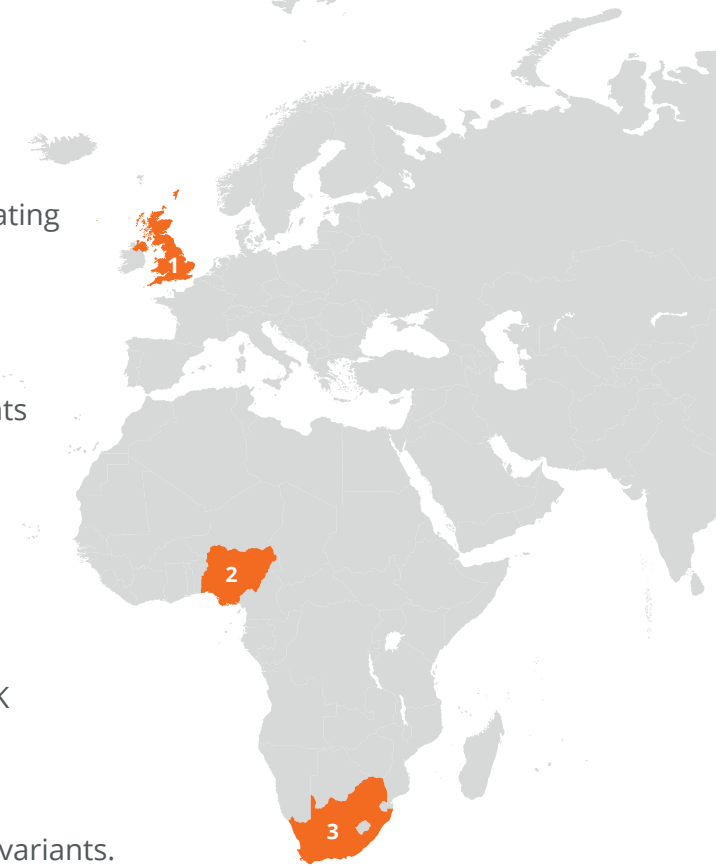
- Usually only mild-to-moderate side effects
- Consist typically of mild flu-like symptoms
- Use with caution in patients on anti-coagulants
- Limited information available regarding use during pregnancy

New COVID Variants

There are multiple new variants of COVID currently circulating globally; notably three are being monitored by the CDC:

- 1 The United Kingdom variant**
 - Quickly mutates
 - Spreads more quickly and easily than other variants
- 2 Nigerian variant**
 - Emerged recently
 - Currently being monitored
- 3 South African variant**
 - Detected early October
 - Emerged independently from the variant in the UK
 - Also spreads easily and quickly

The CDC and other entities are currently evaluating the effectiveness of the COVID-19 vaccines for these new variants.



Herd Immunity

Herd immunity is dependent on the number of people in a population who receive the vaccine. This requires a large portion of a community to be vaccinated in order for herd immunity to develop.

According to Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases, it is estimated that in order for the United States to return to pre-pandemic life by the end of 2021, 70 to 90 percent of the U.S. population must be vaccinated.

Availability of Vaccine

November 12, 2020: The Department of Health and Human Service and the Department of Defense announced partnerships with large chain pharmacies and networks that represent independent pharmacies and regional chains. Through the partnership with pharmacy chains, this program covers approximately 60 percent of pharmacies throughout the 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands. Through the partnerships with network administrators, independent pharmacies and regional chains will also be part of the federal pharmacy program, further increasing access to vaccine across the country, particularly in traditionally underserved areas. (<https://www.hhs.gov/coronavirus/explaining-operation-warp-speed/index.html?language=en>)

List of pharmacies available at <https://www.hhs.gov/about/news/2020/11/12/trump-administration-partners-chain-independent-community-pharmacies-increase-access-future-covid-19-vaccines.html>

Key Takeaways

- Continue to wear masks and practice social distancing even after receiving both doses of the vaccine
- The vaccine is not 100% effective
- There is no indication of how long immunity from the vaccine will last (indicators demonstrate that natural immunity may not last long)
- An individual may develop immunity from the vaccine, but it is unknown if the virus can still be carried and transmitted to others by a vaccinated (asymptomatic) individual

References for additional information

<https://www.bmj.com/content/371/bmj.m4826>

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html>

<https://www.hhs.gov/coronavirus/covid-19-vaccines/index.html>

<https://www.cms.gov/medicare/covid-19/medicare-covid-19-vaccine-shot-payment>

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/covid-19-vaccine-what-you-need-to-know>



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Feb. 17, 2021 12:00 P.M.

myMatrixx Position Paper regarding COVID-19 Vaccination and Coverage under Workers' Compensation | 7