THE ROLE OF COMMUNITY PHARMACIES/PHARMACISTS IN VACCINE DELIVERY IN THE UNITED STATES

Presentation by
Mitchel C. Rothholz, RPh, MBA
Chief Strategy Officer

American Pharmacists Association
Improving medication use. Advancing patient care.
SCOPE OF DISCUSSION

- History and focus of Pharmacy-based Immunizations
- “Immunization Neighborhood”
- Training of immunizing pharmacists
- Process of care
- Legal/regulatory considerations
- Scope of Immunization activities
- Documentation/Communication
- On the Horizon
AMERICAN PHARMACISTS ASSOCIATION
IMPROVING MEDICATION USE . . . ADVANCING PATIENT CARE . . MEETING PUBLIC HEALTH NEEDS

- Advocacy/Policy
- Education
- Periodicals
- Publications
- Practice Guidelines
- Research
- e-Community
- Networking
PHARMACY-BASED IMMUNIZATIONS

- 1993
  - HHS Secretary Donna Shalala asks APhA to help define role of pharmacists in a national vaccine program for Children

- 1995
  - HCFA (now CMS) recognized pharmacists as providers

- 1996
  - APhA’s First Training Program (Mississippi)
    - program has become the gold standard—recognized for its quality and content
      - 1999 began licensing program to schools of pharmacy, state associations, pharmacy corporations
Number of States Authorizing Pharmacists to Administer Influenza Vaccine &

Number of Pharmacists Trained to Administer Vaccines

Updated January 2013; Source: American Pharmacists Association
Roles of Pharmacists in Immunization Advocacy

- Pharmacist as advocate
  - Educating and motivating patients
- Pharmacist as facilitator
  - Hosting others who vaccinate
- Pharmacist as immunizer
  - Administering vaccinations

Supports multi-faceted role of pharmacists across the life cycle.

1996, APhA House of Delegates
PHARMACY’S UNIQUE CONTRIBUTION

Improving medication use…Advancing patient care

• Access, proximity, extended hours
  • especially when others are closed
  • equivalent of US population enters a pharmacy each week (1)

• Ability to identify high-risk patients easily based upon their medications

• Public’s trust-Gallup Poll/enthusiastic acceptance

• Message dissemination vehicles

• Practice guided by nationally adopted guidelines

• Support completion of multi-dose vaccines (ie: HPV, etc)

• Knowledgeable vaccine resource
  • - Education/training

• Ability to handle storage issues

More than 200,000 pharmacists trained to administer vaccines

All 50 states, DC, and PR authorize pharmacists to administer vaccines at some level

Pharmacists are trained about vaccines across the lifespan and are helping patients complete vaccine series

Pharmacy profession estimated spend on marketing/patient communication in 2010-11 season is $40 million

Pharmacies can target immunization messages to patients using patient data and medication markers

More than 96% of pharmacies are computerized and use computers in practice management

Pharmacists are an accessible and valued partner on the patient’s health care team

Pharmacies are in a unique position to reach mass numbers of people.

BENEFITS TO PARTNERING WITH PHARMACIES: There are more than 56,000 community retail pharmacy outlets, including chain drug stores, mass merchants, supermarkets, and independent drug stores in the United States. Pharmacies offer convenience, accessibility, and extended hours of operation.
Purpose:

Collaboration, Coordination, and Communication among immunization stakeholders dedicated to meeting the immunization needs of the patient and protecting the community from vaccine-preventable diseases.
Supporting the "Immunization Neighborhood"

- Increase access points
- Enhanced and consistent communications/education
- **Documentation/Quality Measures** (outcomes)
  - Interface between primary care, public health and pharmacists
  - Documentation processes and use of technology (Surescripts)
    - Goal: documentation back to the medical record
    - Assist in achieving quality measures
- **Collaboration/impact of state laws/regs**
  - Address challenges in obtaining protocol agreements
    - Consensus on components and definitions
    - Integration of immunizations with other patient care activities
      - Diabetes management, Tdap, HPV
- Who is **paying** pharmacists?
  - Network inclusion
  - Standard and simplified processes
TARGETING OPPORTUNITIES FOR PHARMACISTS

Immunization messages

General public

Customers

Patients (receive Rx)
LET'S NOT REPEAT HISTORY…

TODAY WE HAVE
* GOOD VACCINES
* ACCESS POINTS

WE NEED COLLABORATION FOCUSED ON IMPROVING PUBLIC HEALTH

From the 1950’s…

Why...Why Didn’t We Listen?

Effective as it is, polio vaccine helps only when used. Polio virus is still widespread. Don’t wait until it’s too late. Arrange now for immunization.

Your pharmacist works for better community health.
EDUCATION AND TRAINING ACROSS THE LIFESPAN…

• Nationally recognized 20-hour certificate training program and continuing education programs (www.pharmacist.com/education)
  • high percentage of learners (43%) self-reported a change in performance following the program; 79% indicated that the number of immunizations delivered in their practice has increased following the program. (1)

• Immunization education integrated into student pharmacist curricula

• APhA provides a biweekly immunizing pharmacist listserv and an e-community for immunizing pharmacists

• APhA provides a webinar after each ACIP meeting to update pharmacists on changes in recommendations

• Website, periodicals, publications

(1) CE Meas. 2010;4:4-9. doi:10.1532/CEM08.09115
PHARMACY-BASED IMMUNIZATION DELIVERY CERTIFICATE TRAINING PROGRAM

**Self Study** (12 hours)
- Pharmacists as Vaccine Advocates
- Immunology
- Vaccine-Preventable Diseases
- Establishing a Pharmacy-Based Immunization Program
- Administering Vaccines
- Appendices
- Self-Study Assessment

**Live Program** (8 hours)
- Importance of Vaccines
- Shortfalls in Vaccine Delivery and Opportunities for Pharmacists
- How Do Vaccines Prevent Disease
- Vaccine-Preventable Diseases
- Identifying Vaccination Needs
- Establishing a Pharmacy-Based Immunization Program
- Practice Implementation
- Adverse Events Following Vaccination and Emergency Preparedness
- Vaccine Administration Technique
GUIDELINES FOR PHARMACY-BASED IMMUNIZATION ADVOCACY

• **Guideline 1 - Prevention**
  Pharmacists should protect their patients' health by being vaccine advocates.

• **Guideline 2 - Partnership**
  Pharmacists who administer immunizations do so in partnership with their community.

• **Guideline 3 - Quality**
  Pharmacists must achieve and maintain competence to administer immunizations.

• **Guideline 4 - Documentation**
  Pharmacists should document immunizations fully and report clinically significant events appropriately.

• **Guideline 5 - Empowerment**
  Pharmacists should educate patients about immunizations and respect patients' rights.

Adopted by APhA, 1996; reviewed 2012
Framework
Draft Adult Immunization Standards
under consideration by NVAC

All Providers
- Include IZ discussion in patient encounters
- Administer needed vaccine or refer
- Stay up to date
- Educate patients
- Understand how to access registries

Non-immunizing Providers
- Assess immunization status of patients
- Establish referral relationships
- Confirm recommended vaccine received

Immunization Providers
- Ensure professional competencies regarding immunizations
- Assess immunization status and recommendations in every visit
- Document
COMPONENTS OF AN IMMUNIZATION PROTOCOL

• Identify individual who has delegated activity
• Identify pharmacist authorized to administer vaccine
• State types of vaccines pharmacist is authorized to administer
• Define procedures, decision criteria or plan pharmacist should follow, including when to refer patient
• Identify procedure for emergency situations
• State record keeping and documentation procedures
In my practice site(s), pharmacists administering vaccines have a protocol/standing order with which of the following providers? (2011 n=1565; 2012 n=2280)
TARGETING MESSAGES:
PRESRIPTION VIAL AUXILIARY LABELS

- Need for influenza & pneumococcal vaccines:
  - Heart Disease    Digoxin, warfarin, nitrates
  - Lung Disease     steroids, chronic inhaler use
  - Diabetes        Insulin, oral hypoglycemics
  - All ≥ 65 y/o     Any or none
- Other vaccines?
LEGAL AUTHORITY

- State law governs health care practice
- State-specific regulation
  - Written or verbal prescriptions
  - Protocols (similar to nurses and physician assistants)
    - Statute, Health department or individual physician
  - Authority varies in regards to
    - Antigens
    - Patient Age
    - Process
  - In emergency/pandemic Governor may sign a declaration that may expand authority
Pharmacist Administered Vaccines

Types of Vaccines Authorized to Administer

Based upon APhA / NASPA Survey of State Laws/ Rules (effective July 1, 2013)

<table>
<thead>
<tr>
<th>Types of Vaccines</th>
<th>States/ Territories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza and Zoster</td>
<td>SD</td>
</tr>
<tr>
<td>Influenza, Pneumo and Zoster (I, P, Z)</td>
<td>NY, FL</td>
</tr>
<tr>
<td>Other combos</td>
<td>MD*, NH, OH**, WV**, WY**, P</td>
</tr>
</tbody>
</table>

* Via Rx for some; ** broad list of vaccines, ^ Will change pending Regs/Effective Date

---

American Pharmacists Association

Improving medication use. Advancing patient care.
Pharmacist Administered Vaccines

Prescriber issued protocols vs Rx

Based upon APhA / NASPA Survey of StateIZ Laws/ Rules (effective July 1, 2013)

<table>
<thead>
<tr>
<th>Protocol</th>
<th>CA, CO, CT, KS, KY, MN, MS, NV, OK, WI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rx</td>
<td>AL</td>
</tr>
<tr>
<td>Protocol or Rx (depending on age and/or vaccine)</td>
<td>AK, AR, DC, DE, FL, GA, HI, IL, IN, IA, MD, MA, MI, MO, NE, NJ, NY, NC, ND, OH, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA</td>
</tr>
<tr>
<td>Protocol/Rx or No Prescriber/Rx Needed (depending on age and/or vaccine)</td>
<td>AZ, ID, LA, ME, MT^p NH, NM, OR, WV, WY</td>
</tr>
</tbody>
</table>

^p Will change pending Regs/Effective Date
Pharmacist Administered Vaccines

Patient-Age Limitations

* Scope varies,  P Will change pending Regs/Effective Date

Based upon APhA / NASPA Survey of State IZ Laws/ Rules (effective July 1, 2013)

<table>
<thead>
<tr>
<th>Any age</th>
<th>AL, AK*, CA, CO, DC*, GA*, ID*, LA<em>MI, MS, MO</em>, NE, NH, NM, NV, OK, TN, TX*, UT, VA*, WA</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;5yo</td>
<td>ND*</td>
</tr>
<tr>
<td>&gt;6yo</td>
<td>AZ, KS*, WI*</td>
</tr>
<tr>
<td>&gt;7yo</td>
<td>AR*</td>
</tr>
<tr>
<td>&gt;9yo</td>
<td>DE, KY*, ME*, RI*</td>
</tr>
<tr>
<td>&gt;10yo</td>
<td>IL*, MN*</td>
</tr>
<tr>
<td>&gt;11yo</td>
<td>IN</td>
</tr>
<tr>
<td>&gt;12 yo</td>
<td>MT*P</td>
</tr>
<tr>
<td>&gt;14yo</td>
<td>HI*, NC*, OH*</td>
</tr>
<tr>
<td>&gt;18yo</td>
<td>CT, FL, IA*, MA, NJ, NY, PA, PR*, SC*, SD*, VT, WV</td>
</tr>
<tr>
<td>&gt;19yo</td>
<td>WYP</td>
</tr>
</tbody>
</table>
Pharmacist Administered Vaccines

Authority to Administer Pneumococcal Vaccine

Based upon APhA / NASPA Survey of State IZ Laws/ Rules (effective July 1, 2013)

Number of states / territories

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>51</td>
<td>1</td>
</tr>
</tbody>
</table>

States

<table>
<thead>
<tr>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL*, AK*, AZ*, AR, CA, CO, CT, DC*, DE, FL, GA*, HI, ID, IL, IN, IA, KS, KY, LA*, MA*, MD*, ME, MI, MN, MO, MS, MT, NE, NH, NV, NJ, NM, NC, ND, NY, OH, OK, OR, PA, PR, RI, SC*, TN, TX, UT, VT, VA, WA, WV, WI, WY</td>
</tr>
</tbody>
</table>

* Via Rx / pt specific protocol for some
Pharmacist Administered Vaccines

Authority to Administer Zoster Vaccine

Based upon APhA / NASPA Survey of State IZ Laws/ Rules (effective July 1, 2013)

<table>
<thead>
<tr>
<th>Number of states / territories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>52</td>
</tr>
</tbody>
</table>


• Via Rx / pt specific protocol for some
PROPORTION OF ADULTS VACCINATED IN PHARMACIES

Source: National Adult & Influenza Immunization Summit, 2013
Place of Vaccination by age group, March 2012 National Immunization Survey and National Flu Survey*

*March 2012 National Immunization Survey (NIS) data for children 6 months through 17 years of age
March 2012 National Flu Survey (NFS) data for adults ≥ 18 years of age
Which of the following types of professionals have referred patients to your practice site(s) for vaccinations? (2011 n=1456; 2012 n=1594)

<table>
<thead>
<tr>
<th>Type</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>79%</td>
<td>84%</td>
</tr>
<tr>
<td>Other Pharmacists</td>
<td>53%</td>
<td>46%</td>
</tr>
<tr>
<td>Nurses</td>
<td>45%</td>
<td>44%</td>
</tr>
<tr>
<td>Media</td>
<td>36%</td>
<td>36%</td>
</tr>
<tr>
<td>Public Health Department</td>
<td>16%</td>
<td>14%</td>
</tr>
<tr>
<td>Other Community Immunizers</td>
<td>5%</td>
<td>99%</td>
</tr>
<tr>
<td>Other Professional Coalition</td>
<td>7%</td>
<td>6%</td>
</tr>
</tbody>
</table>
HEALTH CARE PERSONNEL VACCINATION POLICY OF AMERICAN PHARMACIST ASSOCIATION

“WALKING THE WALK”

• **2011 adopted statement:**

APhA supports an annual influenza vaccination as a condition of employment, training, or volunteering, within an organization that provides pharmacy services or operates a pharmacy or pharmacy department (unless a valid medical or religious reason precludes vaccination).

• **2007 existing APhA policy stated:**

1) APhA supports efforts to increase immunization rates of healthcare professionals, for the purpose of protecting patients, and urges all pharmacy personnel to receive all immunizations recommended by the CDC for healthcare workers.

2). APhA encourages employers to provide necessary immunizations to all pharmacy personnel.

3). APhA encourages federal, state and local public health officials to recognize pharmacists as first responders (like physicians, nurses, police, etc.) and prioritize pharmacists to receive medications and immunizations.
Influenza vaccination coverage among health care personnel as of mid-April 2013, by occupation – Internet panel survey, United States, 2012-13 influenza season

**Preliminary Results**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Vaccination Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>All health care personnel*</td>
<td>70.5%</td>
</tr>
<tr>
<td>Physician</td>
<td>92.2%</td>
</tr>
<tr>
<td>Nurse practitioner/physician assistant</td>
<td>88.4%</td>
</tr>
<tr>
<td>Nurse</td>
<td>83.1%</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>88.4%</td>
</tr>
<tr>
<td>Non-pharmacist/physician/nurse†</td>
<td>65.5%</td>
</tr>
</tbody>
</table>

* Respondents with non-missing response to vaccination status (n = 2005).
† Allied health professionals; technicians and technologists; assistants and aides; administrative support staff and managers; non-clinical support staff; students in a medical-related field; all other professions and types of health care personnel, excluding dentists, nurse practitioners, and physician assistants.
Launched in 1997. Since that time, more than 1 million individuals have an immunization through the Operation Immunization campaign.

Awards

- Recognizes each chapter that participates
- One national winner and 8 regional winners
Example: Integrating immunizations into diabetes management

*Diabetes Ten City Challenge (N=573)
Averages thru Dec 31, 2007
Flu Vaccination Rates:
NCQA (Commercial Accredited Plans): 49%
DTCC Results: 65%

Combined Participant Percent*
Flu, Foot and Eye

% of Patients

The Diabetes Ten City Challenge: Interim Clinical and Humanistic Outcomes of a Multisite Community Pharmacy Diabetes Care Program.

EXAMPLE: TDAP PRACTICE

• University of California San Diego (UCSD) Health System Tdap Cocooning Clinic
  • Staffed by pharmacists and student pharmacists with Dr. Elizabeth Rosenblum serving as supervising physician
  • Vaccinated household contacts and other close contacts of newborns
  • Vaccines provided at no cost
  • Provided >1,250 Tdap vaccinations
    • nearly 15% were hispanic
  • Was only cocooning clinic in San Diego County and only clinic to use pharmacists as sole provider
  • Challenges included: space, administrative support, and information systems
  • Received local media coverage

http://www.pharmacist.com/AM/Template.cfm?Section=Pharmacist_Immunization_Center1&CONTENTID=25537&TEMPLATE=/CM/ContentDisplay.cfm
Pharmacist Administered Vaccines

Authority to Administer Td / Tdap

Based upon APhA / NASPA Survey of State IZ Laws/ Rules (effective July 1, 2013)

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>FL, MDP, NH, NY, SD</td>
</tr>
</tbody>
</table>

* Via Rx / pt specific protocol for some,
P Will change pending Regs/Effective Date
Conducted a successful Tamiflu (oseltamivir—Genentech) outreach program, calling every patient who had received a prescription for the drug last year and advising them to avoid influenza this year by getting vaccinated. The program had a 75% success rate.

EXAMPLE: MODEL FOR COLLABORATION IN HPV VACCINATION

• HPV is a 3-dose series
  • Completion of vaccine series: below 40% for girls and 10% for boys (1)
• Initial evaluation/education could be done by medical provider or the pharmacist
• First dose administration could be provided by medical provider or the pharmacist
• Remaining 2 doses could be provided by the pharmacist
  • Documentation sent to the medical provider

(1) Watson et al. HPV-associated cancers. MMWR 2012; 61(15):258-261
Pharmacist Administered Vaccines
Authority to Administer HPV

Based upon APhA / NASPA Survey of State IZ Laws/ Rules (effective July 1, 2013)

**Number of states / territories**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>7</td>
</tr>
</tbody>
</table>

**Yes**
- AL
- AK
- AZ
- AR
- CA
- CO
- CT
- DC
- DE
- GA
- HI
- ID
- IL
- IN
- IA
- KS
- KY
- LA
- MA
- ME
- MI
- MN
- MO
- MS
- MT
- NC
- ND
- NE
- NJ
- NM
- NV
- OK
- OR
- PA
- PR
- RI
- SC
- TN
- TX
- UT
- VA
- WA
- WI

**No**
- FL
- MD
- NH
- NY
- OH
- SD
- WV

*Via protocol ; R Via Rx ; A Age limitations
P Will change pending Regs/Effective Date
Pharmacist Administered Vaccines

Patient-Age Limitations – for HPV Vaccination

*Based upon APhA / NASPA Survey of State IZ Laws/ Rules (effective July 1, 2013)*

<table>
<thead>
<tr>
<th>No Age Limit</th>
<th>AL*, AK, CA, CO, DC*, GA, MI, MS, MO, NE, NM, NV, OK, TN, UT, VA*, WA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varies</td>
<td>AZ</td>
</tr>
<tr>
<td>&gt;7yo</td>
<td>AR</td>
</tr>
<tr>
<td>&gt;9yo</td>
<td>DE</td>
</tr>
<tr>
<td>&gt;11yo</td>
<td>IN, OR</td>
</tr>
<tr>
<td>&gt;12yo</td>
<td>ID</td>
</tr>
<tr>
<td>&gt;13yo</td>
<td></td>
</tr>
<tr>
<td>&gt;14yo</td>
<td>HI, IL, KY, TX</td>
</tr>
<tr>
<td>&gt;16yo</td>
<td>LA</td>
</tr>
<tr>
<td>&gt;18yo</td>
<td>CT, IA, KS, MA, ME, MN, MT, NC, NJ, ND, PA, PR, RI, SC, VT, WI</td>
</tr>
<tr>
<td>&gt;19yo</td>
<td>WY*</td>
</tr>
</tbody>
</table>

*Via protocol ; R Via Rx ; A Age limitations
P Will change pending Regs/Effective Date
TRAVEL HEALTH – ROLE OF THE PHARMACIST

- International tourists 1990 (457 million)…2009 (880 million)…estimated to reach 1.6 billion by 2020, with an increasing proportion to developing countries (1).

- Pharmacist-run pre-travel health clinic can provide consistent evidence-based care and improve patient compliance - requires time, resources, and knowledge. (1)

- ISTM (the International Society of Travel Medicine) officially recognizes pharmacists
  - established the Pharmacists Professional Group

- Patient completes Travel Health Assessment – Depending upon state,
  - Pharmacist operates under protocol with physician and could a) Administer vaccines, b) Dispense medication
  - Risk assessment of travelers (use various tools):
    - personal risk for travel-related illnesses;
    - recommendation of nonprescription products, and travel-related equipment;
    - counseling on behavioral measures (food/water and insect precautions);
    - prescription medications;
    - vaccine administration
    - provision of written educational materials, and
    - counseling on personal safety and security
  - Pharmacists receive additional training

(1) “A Comparison of Pharmacist Travel-Health Specialists’ versus Primary Care Providers’ Recommendations for Travel-Related Medications, Vaccinations, and Patient Compliance in a College Health Setting”, Journal of Travel Medicine 2010
ASTHO Pharmacy Taskforce
Identified top 3 priorities

<table>
<thead>
<tr>
<th>Communication/collaboration</th>
<th>Minimum data set/data exchange/registries</th>
<th>Payment/compensation - “operational issues”</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Transparency around vaccine availability</td>
<td>• Minimum data set requirements</td>
<td>• Public health and pharmacy – 3rd party billing</td>
</tr>
<tr>
<td>• Common messaging guidelines</td>
<td>• Address requirements to enter data into the IIS</td>
<td>• Contracting and credentialing</td>
</tr>
<tr>
<td>• Partnerships pitching ideas</td>
<td></td>
<td>• Contract language</td>
</tr>
<tr>
<td>• Protocols/authority-templates</td>
<td></td>
<td>• ACA network provider/grandfathered plans</td>
</tr>
<tr>
<td>• Inclusion and timeliness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Legal Analysis:

- Public Health Law Institute will explore:
  a) Liability,
  b) Scope of practice,
  c) Malpractice issues in each state.
Example of Integrating Immunization Activities

- Adult immunization program
- Immunization Assessment provided to every patient receiving a flu shot

Patients 60 years and older

Patients 27-59 years and older

Patients 18-26 years and older

©2013 Walgreen Co. All rights reserved.
Today

Future:
- Seamless Two-way Access, including to registries
- One-entry
Agreements must be signed between the Pharmacy and Registry

- Each agreement is different
- Each pharmacy location vs global corporate agreement
- Why not use NPI?

Mandatory reporting vs voluntary reporting

Variability in data required (e.g.: mother’s maiden name, etc)

Patient consent requirements vary

Surescripts:

- actively working with 45 of 61 immunization registries
  - Of 36 current registry partners: 1/3 have yet to move to the current HL7 2.5.1 CDC/Meaningful Use-compliant data exchange standard
- Nearly a quarter of registry partners don’t provide automated notice of errors, resulting in a need for Support intervention

Source: Surescript presentation at 2013 NAIIS Summit
PROVIDER RECOGNITION AND COMPENSATION
CHALLENGES – PUBLIC AND PRIVATE SECTOR

• “In Network” Provider Restriction
  • Caution – first dollar / ACIP recommended vaccine coverage depends on provider
  • Need to look at network adequacy / expectation

• Provider Recognition
  • Provision of Hepatitis B vaccinations to patients with diabetes

• Compensation
  • Variability in Part D plans
Rx to our nation’s immunization initiative

Every patient encounter provides an opportunity to educate and advance immunization status...
Why we do what we do...

Source: Evan Marcus Rothholz, Born November 8, 2010
Mitchel C. Rothholz, RPh, MBA
Chief Strategy Officer
American Pharmacists Association
2215 Constitution Ave, NW
Washington, DC 20037
(w) 202-429-7549
(FAX) 202-429-6300
(cell) 202-497-5350
email: mrothholz@apahanet.org
Pharmacist Administered Vaccines

Patient-Age Limitations via RX

Based upon APhA / NASPA Survey of State IZ Laws/ Rules (effective July 1, 2013)

<table>
<thead>
<tr>
<th>Any age</th>
<th>AL, AK*, DC, GA, ID*, LA, MI, MS, MO*, NE, NV, OK, TN, TX, UT, VA*, WA,</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;6yo</td>
<td>AZ*, WI*</td>
</tr>
<tr>
<td>&gt;7yo</td>
<td>AR*</td>
</tr>
<tr>
<td>&gt;9yo</td>
<td>MD, RI*</td>
</tr>
<tr>
<td>&gt;11yo</td>
<td>IN,</td>
</tr>
<tr>
<td>&gt;14yo</td>
<td>HI*,</td>
</tr>
<tr>
<td>&gt;18yo</td>
<td>IA*,# MA, NJ, PA, PR, SC, SD, VT, WV</td>
</tr>
</tbody>
</table>

* Scope varies
# Will change pending Regs/Effective Date
**Pharmacist Administered Vaccines**

**Patient-Age Limitations via prescriber protocol**

*Based upon APhA / NASPA Survey of State IZ Laws/Rules (effective July 1, 2013)*

![Number of states/territories chart]

<table>
<thead>
<tr>
<th>Any age</th>
<th>AK*, CA, CO, MI, MS, NE, NM, NV, OK, TN, UT, WA</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;5yo</td>
<td>ND*</td>
</tr>
<tr>
<td>&gt;6yo</td>
<td>IA*, P, KS*, WI*, VA*</td>
</tr>
<tr>
<td>&gt;7yo</td>
<td>AR*, LA*, TX*</td>
</tr>
<tr>
<td>&gt;9yo</td>
<td>DE, KY*, ME*, RI*</td>
</tr>
<tr>
<td>&gt;10yo</td>
<td>IL*, MN*</td>
</tr>
<tr>
<td>&gt;11yo</td>
<td>IN</td>
</tr>
<tr>
<td>&gt;12yo</td>
<td>DC, MO*, MT*, P</td>
</tr>
<tr>
<td>&gt;13yo</td>
<td>GA</td>
</tr>
<tr>
<td>&gt;14yo</td>
<td>HI*, NC*, OH*</td>
</tr>
<tr>
<td>&gt;18yo</td>
<td>CT, FL, MA, MD, NJ, NY, PA, PR, SC*, SD*, VT</td>
</tr>
<tr>
<td>&gt;19yo</td>
<td>WY*</td>
</tr>
</tbody>
</table>

* Scope varies

P Will change pending Regs/Effective Date