COVID-19 Vaccine – Are You Prepared?

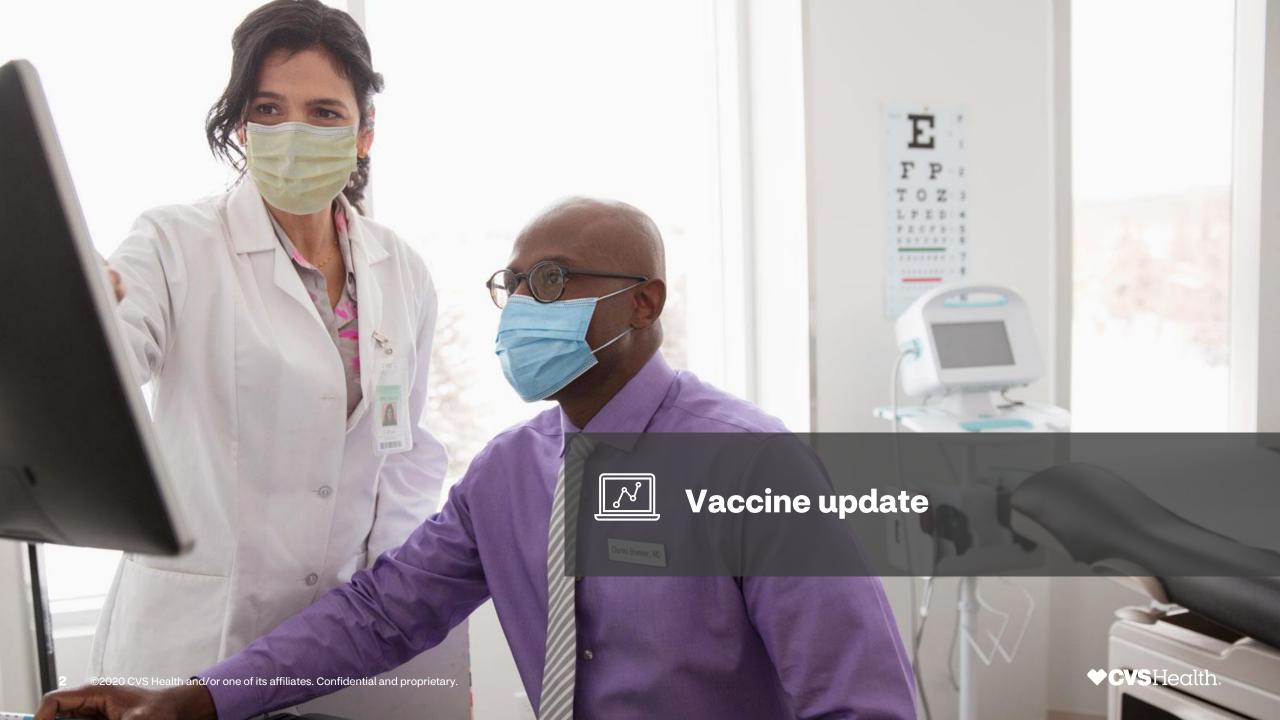
Insights from CVS Health

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Johnson & Johnson

Efficacy

Demonstrated vaccine

66% effective

Efficacy in preventing moderate to severe symptomatic COVID-19

Efficacy evaluated 28 days after one dose

Positive notes

100% efficacy in preventing hospitalizations and deaths

One dose

Easier cold chain shipping and storage requirements

Phase III study in 43,783 participants aged 18 years and older

- 34% of participants over the age of 60
- 44% of participants from the U.S., 41% from Latin America, and 15% from South Africa

Efficacy based upon 468 symptomatic cases of COVID-19 among trial participants

- Did not include mild COVID-19 cases in vaccine efficacy analysis
- Breakdown of cases observed in the placebo group vs. the vaccine group not yet released

85% efficacy in preventing severe disease across all regions studied

- No reported cases of COVID-19 related hospitalization and death (day 28 post-vaccination)
- Vaccine efficacy by region:
 72% in the U.S., 66% in Latin America, and 57% in South Africa

Overall fever rates: 9%, Grade 3 fever: 0.2%

Overall serious adverse events reported were higher in participants who received placebo as compared to the active vaccine candidate

No anaphylaxis observed

Source: https://www.jnj.com/johnson-johnson-announces-single-shot-janssen-covid-19-vaccine-candidate-met-primary-endpoints-in-interim-analysis-of-its-phase-3-ensemble-trial. https://www.nejm.org/doi/10.1056/NEJMoa2034201.

Why it is difficult to compare vaccines



Trials have different demographics

e.g., more or less of race/ethnicity and age groups



Trials might have different definitions of important criteria

e.g., what constitutes a 'severe' bout of COVID-19 compared to a 'moderate' one



Trials conducted at different times during the pandemic and in various countries

particularly relevant as the world grapples with emerging coronavirus variants



In trials all vaccines have significant overall protection but, more importantly, 99%+ efficacy against hospitalizations and deaths

	Overall vaccine efficacy	Hospitalizations (# cases)	Deaths (# cases)
Pfizer/BioNTech	95%	0	О
Moderna	94.1%	1	0
J&J	66%	О	0

Important comparative vaccine trial considerations

- The Pfizer and Moderna vaccine trials were completed prior to emergence of variants of concern
- Trials might have different definitions of important criteria, e.g., what constitutes a 'severe' bout of COVID-19 compared to a 'moderate' one

Sources of efficacy: https://www.nejm.org/doi/full/10.1056/NEJMoa2035389; https://www.nejm.org/doi/full/10.1056/NEJMoa2034577; https://www.nejm.org/doi/10.1056/NEJMoa2034201.





Our ongoing partnership with the federal government

The long-term care pharmacy partnership program

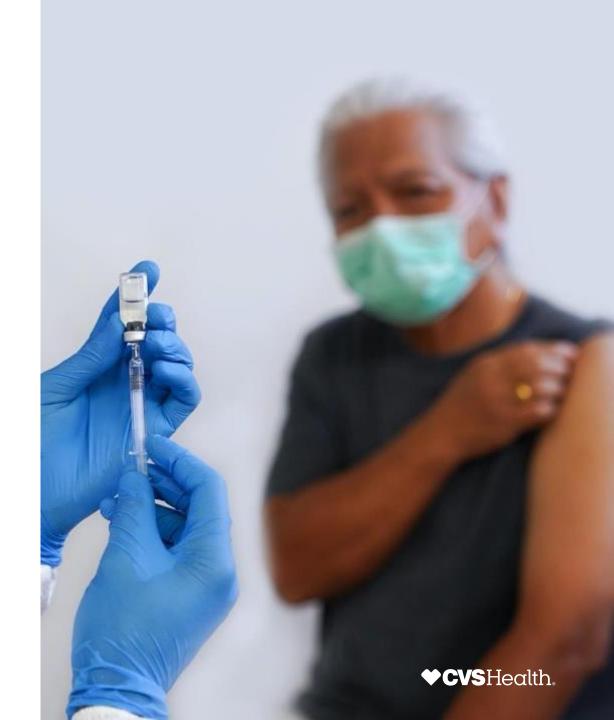
First: vaccination of nursing home residents and staff

Second: vaccination of assisted living and other facilities enrolled in the program

Patient eligibility dictated by the state

Timing and scope of activation dictated by the state

Supply allocated to pharmacies dictated by the CDC



Most states chose to prioritize skilled nursing facilities and did not activate the assisted living and other facilities portion of the program until well into January.

CVS Health efforts in Long Term Care have made a significant difference

40K+

Long Term Care (LTC) facilities

70K+

Skilled Nursing and LTC clinics

4M+

Doses administered

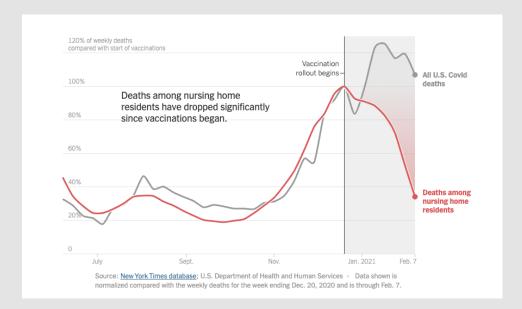
Total vaccines administered in Massachusetts (as of 3/2):

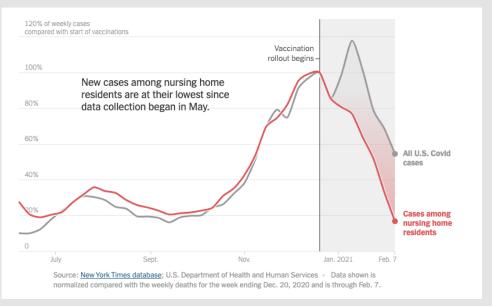
127,117

In Long Term Care (LTC) facilities

106,465

In Skilled Nursing and LTC clinics

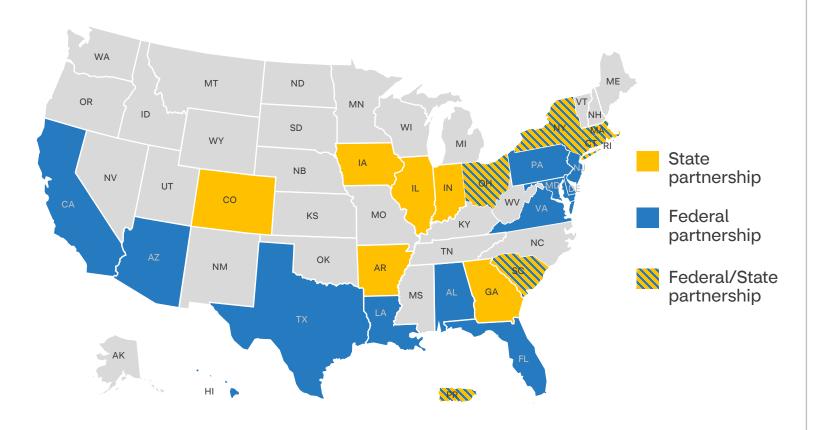






We continue to activate

our CVS retail footprint to administer vaccines through federal and state partnerships



State	Stores active in federal program	Stores active in state program	Total active stores
CA	167	0	167
TX	98	0	98
MA	47	8	55
FL	81	0	81
NY	42	2	44
NJ	43	0	43
VA	41	0	41
SC	33	1	34
ОН	7	26	33
MD	21	0	21
СТ	15	4	19
GA	0	12	12
RI	8	2	10
HI	10	0	10
IA	0	9	9
AL	9	0	9 8 7 6
AZ	8	0	8
LA	7	0	7
PA	6	0	6
IL	0	4	4
Chicago	0	1	
AR	0	3	3 3 3 2 3
СО	0	3	3
DE	0	3	3
IN	0	2	2
PR	1	3	3
Total	643	83	726



Robust training curriculum prepares colleagues to become certified immunizers



We are prepared and experienced with dealing with adverse reactions

including anaphylaxis – observation period required, and SOPs in place including epi-pen injections

Standard training program

based on national educational standards for immunization training from the Centers for Disease Control and Prevention

Comprehensive education

including self-study with assessment, hands on injection technique training and a final examination

Accredited by Council for Pharmacy Education

Biennial CPR certification and annual blood borne pathogens training

Annual injection technique refreshers

and required continuing education



In accordance with CDC guidance, protocols are in place to ensure colleague and patient safety during immunizations

During immunizations



COVID-19 screening questions and temperature checks



Face coverings for patients provided free of charge if they don't have one



PPE for immunizers

include plastic face shield, gloves and mask, plus option to order goggles and gowns



Designated space for immunizations in a 6'x6' area with a privacy screen and 2 chairs



Designated observation area

allows for social distancing and observation for at least 15 minutes post-vaccination for potential adverse reaction

After immunizations

After each patient leaves immunizer will follow cleaning and sanitization protocols

Disinfect all surfaces — chairs, table, countertops, doors, etc.

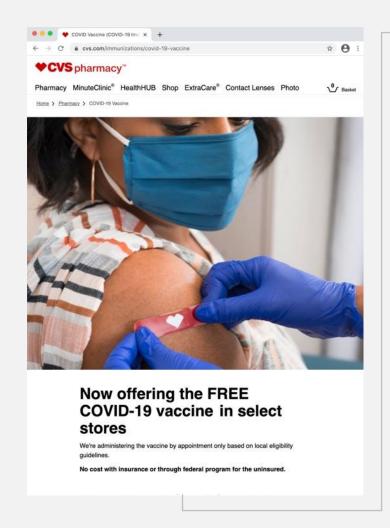
Then remove and dispose of gloves in appropriate trash receptacle

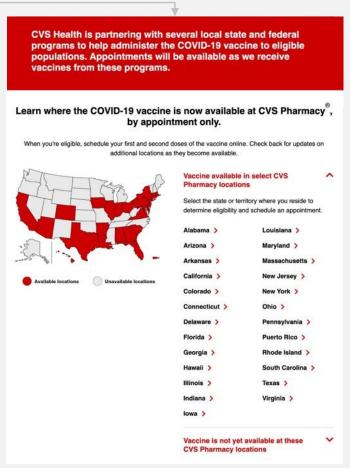
Wash/sanitize hands





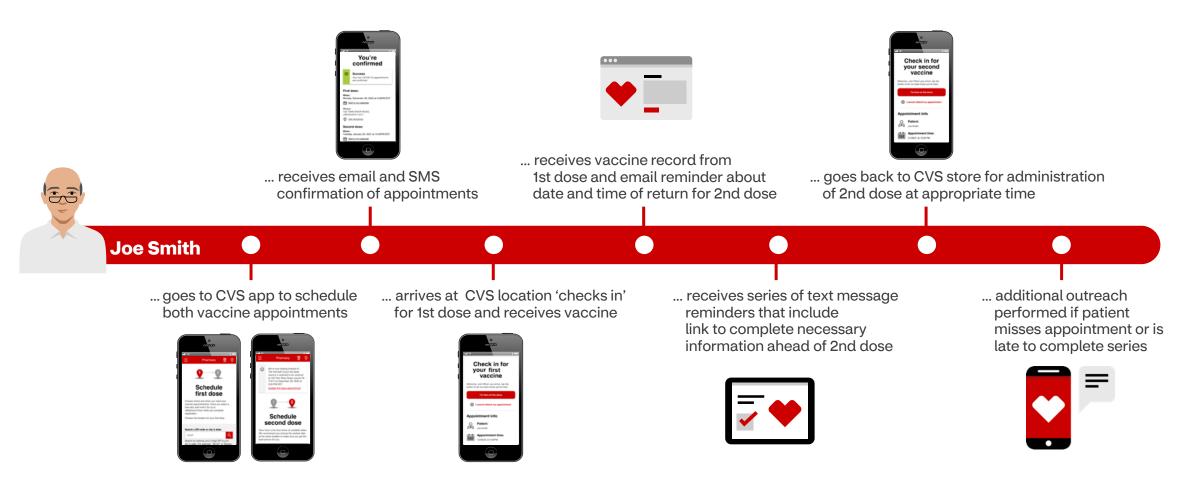
Clarity on COVID-19 vaccine eligibility and availability at CVS.com

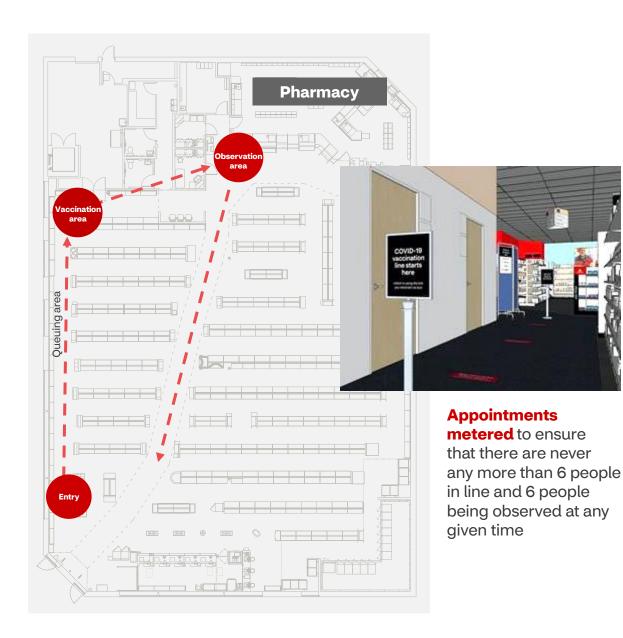






Enhanced digital flow reduces appointment time and minimizes in-store contact, enabling a safe and efficient experience





Our consumer-centric store experience

focuses on care and safety

Check in – Patients arrive within 15 minutes of their appointment and then wait to be called

Entry – The COVID Vaccine Coordinator positioned at the front of the store welcomes and helps patients check in

Waiting – Patients are directed to a queuing area with social distancing markers for a safe experience

Vaccination area – Vaccines administered in private, designated areas where they also receive their timestamped vaccination card

Observation area – Private, designated area where Rx technicians or the Care Concierge can observe and monitor patients for at least 15 minutes after receiving the vaccine



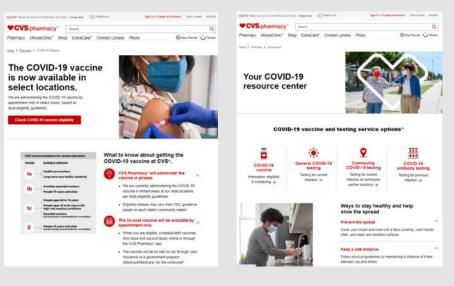
Utilizing our consumer scale and trust to provide COVID-19 education

Emails sent to ExtraCare members offering critical COVID-19 vaccine information

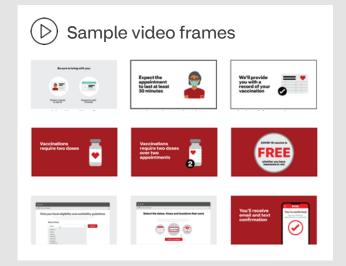




Weekly social posts with education around key COVID topics Dedicated vaccine landing page and new COVID services page offer convenient access to information, eligibility detail and services; update every other day



Videos on how the process works and what to expect





Store handouts

directing customers and patients to educational resources





COVID-19 mortality rates vary by race and ethnicity

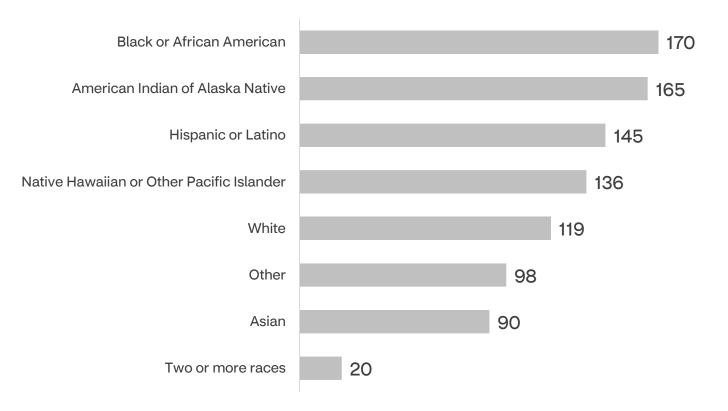
~40% higher

death rates for Black people than for white

~20% higher

death rates for Latino people than for white

Deaths per 100,000 people by race or ethnicity to date





Our whitepaper illustrates vaccine challenges

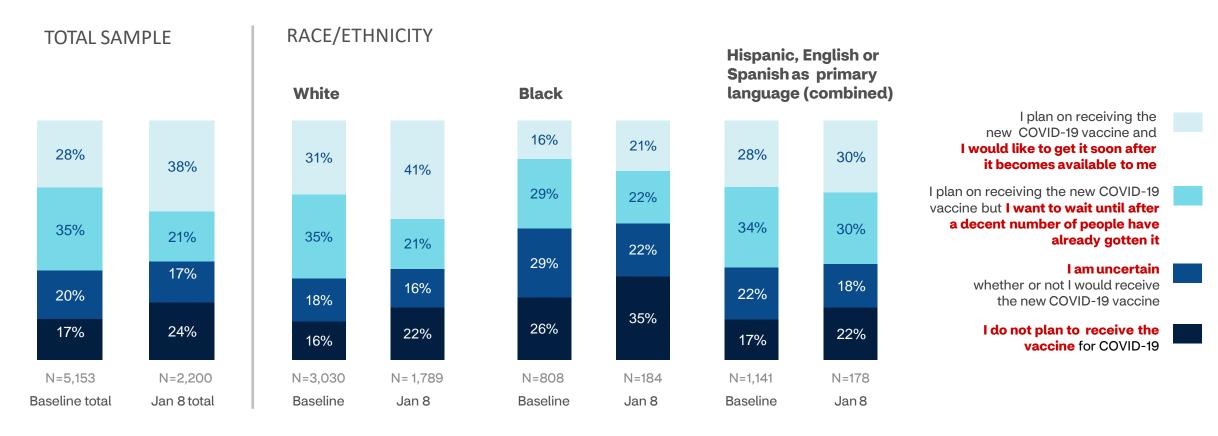
Significant differences by race across the nation with a growing reticence among minorities

Safety, efficacy are top concerns among those not wanting a vaccine

Desire for life to return to normal driving force among those who want a vaccine



Survey results show vaccine hesitancy continues to be an issue



Survey methodology: This survey was initiated on January 8, two days after Congress certified the results of the November 3, 2020 Presidential Election. The survey ran nationwide from January 8–11 among a national sample of 2,200 adults. The interviews were conducted online, and the data were weighted to approximate a target sample of adults based on age, educational attainment, gender, race, and region. Results from the full survey have a margin of error of plus or minus 2 percentage points. We constructed our total sample to be representative of the U.S. population as described by the U.S. Census Bureau. Participants represent the general population and were not screened as customers of CVS Health. We ascribed weights based on gender, age, race/ethnicity, and region of residence. Participants had the option of choosing more than one race/ethnicity.



We are executing a three-pronged strategy to

expand access while educating consumers through nationwide messaging campaigns



The Biden administration has underscored the importance of pace of vaccine administration and health equity



1. Utilize enterprise assets

including our retail footprint plus Aetna and CVS Caremark client and member reach

2. Expand access and increase throughput

with strategic store selection, enhanced staffing models, community partners, offsite clinics

3. Educate and build trust

through local messengers and targeted, culturallycompetent messaging

We will monitor vaccine uptake in vulnerable communities, while continuing to survey the nation and perform focus groups to assess hesitancy



Leveraging our CVS Pharmacy presence in vulnerable areas

and a diverse workforce to support equitable vaccine delivery and uptake

% of US population within store radius							
SVI¹ Index	# stores	1 mi	2 mi	5 mi	10 mi		
Very high (.75-1)	2,095	8%	14%	19%	22%		
High (.575)	2,462	8%	15%	20%	23%		
Moderate (.255)	2,697	7%	14%	19%	22%		
Low (025)	2,692	7%	13%	18%	20%		
Total	9,946	30%	57%	77%	86%		

41% of pharmacists are non-white

of technicians are non-white

CVS Health Minority Scholarship for Pharmacy Students to increase minority representation in pharmacy

CVS Navarro and Y más stores have deep relationships in Hispanic communities, designed to meet Hispanic consumer needs

^{1.} CDC's Social Vulnerability Index (SVI) is a recommended measure of community vulnerability by the Advisory Committee on Immunization Practices (ACIP)

CVSHealth

Engaging with local communities and expanding access

CVS is establishing offsite clinics

in partnership with community organizations with local trust and proximity to vulnerable populations



Expanding vaccine access with

- Community-based organizations
- CVS community COVID-19 testing sites
- Mobile vaccination clinics

CVS is focusing on expanding access points

to Hispanic/Latino and Black/African-American communities in key markets



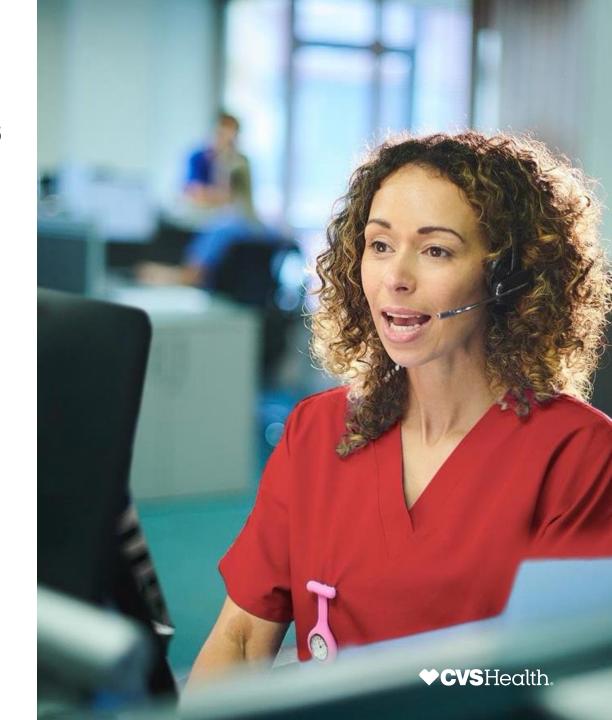


CVS proactive outreach to Black and Hispanic communities to achieve greater equity

Goal of this effort is to increase our appointments scheduled from underserved communities

We are connected with key national partners who serve the underserved to promote registration in relevant regions

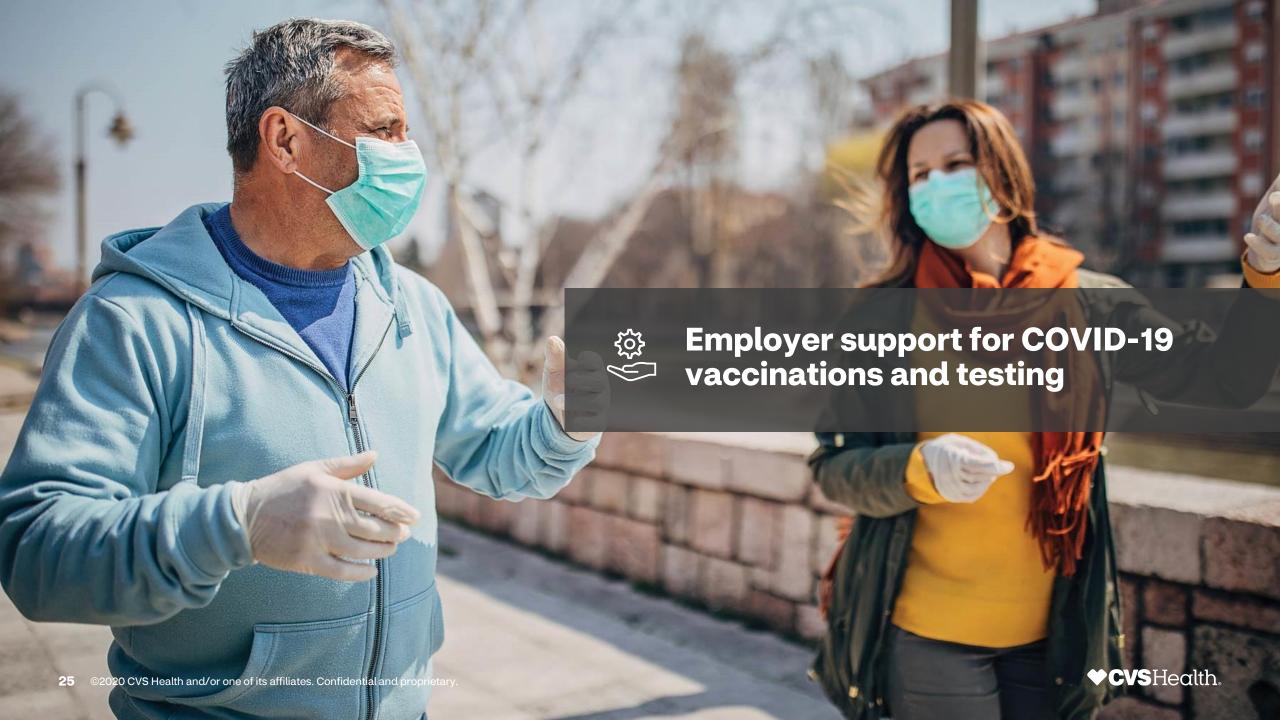
- Feeding America
- Senior housing units
- Faith-based organizations
- And others



Monitoring equity in vaccine distribution is critical to our work to support equity and access

We will consistently survey the nation and perform focus groups to assess vaccine hesitancy, evaluate community impact of distribution, and monitor equity of vaccine uptake





Turnkey vaccination solution

for essential workers

Employer secures vaccine allocation from state

CVS Health will receive and administer your vaccine allocation from the state or jurisdiction

Digital scheduler

Convenient scheduling tool lets employees reserve a time for their vaccination

Vaccine education materials

CVS Health will provide education resources to help your employees understand vaccine efficacy

Employee access

Easy access for all essential workers – onsite for 1,000+ employees in a central location



