Regence
Group Administrators
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May 12, 2022

To Our Valued Clients and Partners,

This month, the United States death toll from COVID-19 reaches the one million mark since the beginning of the pandemic. While this number is sobering, the COVID-19 survivability rate has nearly doubled compared to a year ago, largely due to the efficacy of vaccines and boosters in reducing the severity of COVID-19 symptoms. The CDC reported that the U.S. 7-day average daily new COVID-19 case count as of May 10th is just over 78K cases per day. That number has more than doubled in the last month and has consistently increased week-over-week for the last five weeks signally a surge not seen in the epidemiological curve approaching the summer in 2020 or 2021. The 7-day average daily case count on May 10th of 2020 was just over 25K cases and on the same date in 2021 was just under 25K cases.

Regional Stats

Across our region, according to each state's health department, the fully vaccinated rate for people 5 years and older is 54.8% in Idaho, 67% in Utah, 72.3% in Oregon, and 74.4% in Washington.

Today, full vaccination rates for those aged 5 and over vary widely between states ranging from a low of 54% in Alabama to a high of 86.2% in Rhode Island and a national average of 69.8% according to the CDC (Centers for Disease Control).

The CDC reports at the state level on the rates of people 12 years and older who are fully vaccinated AND have received a booster. Oregon is at 55.8%, Idaho is at 43.5%, Washington is at 54.7%, and Utah is at 47.1%. Nationally, this metric ranges from a low of 27.5% in North Carolina to a high of 63.8% in Vermont and a national average of 47.8%.

New Stealth Omicron Subvariant Rising

The CDC started tracking a new Omicron subvariant BA.2.12.1 in February. This subvariant was less than 1% of cases through early March. Since mid-March BA.2.12.1 has started to overtake earlier Omicron variants. For the week ending May 7th, it accounted for 42.6% of new cases. The growth of BA.2.12.1 follows the same timeline as the current daily case surge.

Worth noting is that this subvariant is spreading east to west across the US. The CDC tracks the proportion of variants by HHS Regions. Region 10 includes WA, OR, ID, and AK and BA.2.12.1 represents only 13.9% of cases. Whereas, in HHS regions on the East Coast, B.A2.12.1 comprises 40.2% to 66.1% of cases.

The CDC and the WHO (World Health Organization) started tracking the Omicron variant pango-lineage BA.2, aka "Stealth Omicron" in January. BA.2 accounted for 0% of U.S. cases for the week

ending 1/8/22, 1.0% of cases for the week ending 2/5/22, and 11.6% of cases for the week ending 3/3/22, and 72.2% of case for the week ending 4/2/22, reaching its highest proportion at 73.9% for the week ending 4/9/22 when the BA.2.12.1. BA.2 has tapered down to 56.4% of cases for the week ending 5/7/22. The good news is that BA.2 and its subvariant do not appear to be more deadly than the original Omicron.

The CDC classified the original Omicron variant as a Variant of Concern on November 26, 2021. Omicron was first detected in the US on December 1st. One month later, Omicron accounted for over 92% of all COVID-19 cases in the U.S. Today, Omicron, including all of its variants, is close to 100% of all cases. The Delta variant took over four months to reach similar infection rates. Delta and Omicron remain the CDC's only Variants of Concern and as of 5/11/22, the CDC reports the Delta variant at 0% of the total U.S. COVID-19 cases.

Booster and Vaccine Update

On May 5th, the FDA limited the authorized use of the Janssen COVID-19 vaccine to individuals 18 and over who cannot or will not receive any other authorized COVID-19 vaccine. The FDA determined that the risk of developing rare blood clots warranted this limitation.

On April 29th, the FDA announced a tentative plan for the Vaccines and Related Biological Products Advisory Committee (VRBPAC) to review new vaccine candidates for emergency use authorization (EUA) including;

- June 7th - Novavax vaccine candidate for ages 18 and up.
- June 8th, 21st, and 22nd – Moderna and Pfizer-BioNTech vaccine candidates for children under 5 and at least 6 months old.

Additionally, on June 28th the VRBPAC will reconvene discussions evaluating the need to modify the strain composition of COVID-19 vaccines for Fall 2022.

On March 29th, the CDC recommended a third shot series (a second booster) for high-risk individuals and people over the age of 50 no less than four months after their prior dose.

The CDC has updated its vaccine and booster recommended schedule here.

While the federal Public Health Emergency declaration remains in place, plans are required to cover COVID-19 vaccines including boosters that have emergency use approval (EUA) by the FDA and follow CDC recommendations. Additionally, once a vaccine receives full FDA approval, it is considered a covered preventive care benefit under the CARES Act, which applies to all non-grandfathered group health plans under the ACA (Affordable Care Act) rules.

COVID Treatment Options

The National Institutes of Health (NIH) published information on May 10th about new research it is funding at the University of Washington, the Washington University School of Medicine, and Northwestern University using 'designed synthetic mini-proteins' that bind to the spike COVID-19 spike proteins and are showing promise as an antiviral nasal spray COVID treatment to prevent infections. The next step is human clinical trials.

On May 9th the FDA gave full approval to baricitinib (Olumiant) for the treatment of COVID-19 in hospitalized adults requiring supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO). This follows the drug's initial

Emergency Use Authorization (EUA) in November of 2020 and subsequent revised EUA in July 2021. This treatment remains in EUA status for patients aged 2-17.

The Biden Administisitration's Test-to-Treat program funds direct allocation of anti-viral treatments; Merck (molnupiravir) and Pfizer (Paxlovid), to pharmacy-based clinics, health centers, and long-term care facilities. The FDA granted emergency use authorization for both of these treatments in late December 2021.

Distribution of these oral antiviral pills began earlier this year to participating pharmacy-based clinics. As part of the Test-to-Treat program, on March 29th, the federal Office of the Assistant Secretary for Preparedness & Response (ASPR) launched a website locator to help people find COVID-19 medications and testing.

Be sure to remind people that the US government authorized a second round of free COVID-19 at-home tests kits. Ordering is easy at COVID Home Tests | USPS.

Additionally, Washington State residents may order additional free COVID Home Test kits from the Department of Health's "Say Yes, COVID Test" program.

Vaccines remain the most effective treatment to reduce the risk of severe COVID-19 infections.

What do we know about these oral antiviral treatments?

HHS has a robust public information page explaining everything you might want to know about oral antivirals to help the body fight off serious COVID-19.

The FDA first issued an emergency use authorization on December 23rd, 2021, for Merck's Lagevrio (molnupiravir) antiviral pill for the treatment of mild-to-moderate coronavirus disease (COVID-19) in adults with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death, and for whom alternative COVID-19 treatment options authorized by the FDA are not accessible or clinically appropriate. Molnupiravir is available by prescription only and should be initiated as soon as possible after diagnosis of COVID-19 and within five days of symptom onset.

Molnupiravir is not authorized for use in patients younger than 18 years of age because molnupiravir may affect bone and cartilage growth. It is not authorized for the pre-exposure or post-exposure prevention of COVID-19 or for initiation of treatment in patients hospitalized due to COVID-19 because benefit of treatment has not been observed in people when treatment started after hospitalization due to COVID-19.

On December 22nd, 2021, the FDA issued an emergency use authorization (EUA) for Pfizer's Paxlovid (nirmatrelvir tablets and ritonavir tablets, co-packaged for oral use) for the treatment of mild-to-moderate coronavirus disease (COVID-19) in adults and pediatric patients (12 years of age and older weighing at least 40 kilograms or about 88 pounds) with positive results of direct SARS-CoV-2 testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death. Paxlovid is available by prescription only and should be initiated as soon as possible after diagnosis of COVID-19 and within five days of symptom onset. We are currently working with our contracted PBM partners to confirm how this drug will be covered on your Pharmacy benefit plans.

Regular COVID Reporting Continues

All clients currently receive regular reporting on their plan's COVID-related claims and payments. Please contact your Account Manager to receive your latest report or you can access this report in BenefitFocus.

Our focus, dedication, and support remain steadfast as we navigate these unique times with you. Know that our Care Management nurses are reaching out to those members diagnosed with COVID-19 to help them access the care and resources they need to recover safely.

Updated COVID-19 Member Information and Resources on Our Website
We update our COVID-19 information and resource pages for members regularly. Many members call us with questions that are of a more clinical nature that we do not address on our website. We recommend that members consult their primary care physician for clinical questions. For non-clinical questions, please share this page with members where they will find links to additional resources on self-care, vaccines, and other useful information.

We're Here for You

Thank you for your continued trust in our organization.

Please reach out to your Account Manager if you have any questions or if there is anything we can do to help. We would also love to hear your feedback on future content and story ideas for this newsletter. Drop us your ideas and feedback at TPAMarketing@accesstpa.com.

Best Regards,

Lindsay Harris, MPP *President and CEO*

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