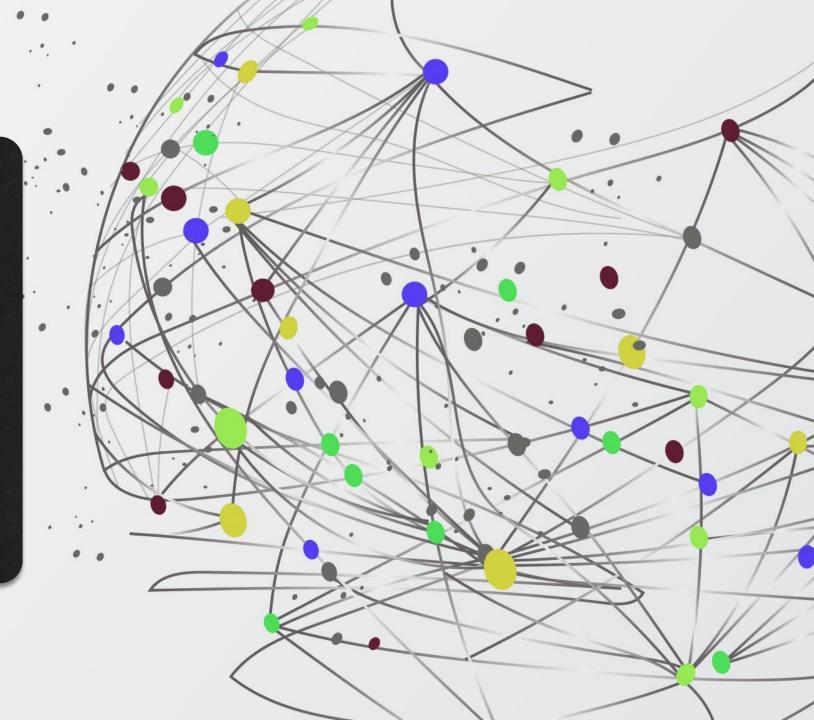
Worrying Trends in COVID-19 Vaccine Prices

Reshma Ramachandran, MD MPP National Clinician Scholars Program Yale School of Medicine August 16, 2021



Disclosures

I have no relevant financial relationships with commercial entities that produce health-care related products or services relevant to the content of this presentation.

My views are my own and not that of my employers (U.S. Government, U.S. Department of Veterans Affairs, Yale School of Medicine) nor the organizations I work with.

I co-Chair the Doctors for America Drug Affordability Action Team whose work is funded by the Laura and John Arnold Foundation. I also sit on the boards of the AMSA Foundation and Universities Allied for Essential Medicines (UAEM) North America. UAEM co-hosts the Free the Vaccine campaign and is a member organization in the People's Vaccine Alliance.

July 2020: A Not-for-Profit COVID-19 Vaccine?

Federal government weakened its march-in rights for coronavirus drugs





Operation Warp Speed	d Vaccine Investments		
Companies	Amount Invested	Phase 3 1/2	
Moderna	\$2.5b		
Sanofi with GSK	\$2b		
Pfizer with BioNTech	\$1.95b	3	
Novavax	\$1.6b	1/2 (US) 3 (UK)	
Johnson & Johnson	\$1.5b	3	
AstraZeneca	\$1.2b	3	
Data: U.S. Department of Health and I	Human Services		



A Warning: Pfizer's Q4 2020 Earnings Call

- Pfizer is charging the U.S. \$19.50 per dose, D'Amelio said, which is "not a normal price like we typically get for a vaccine—\$150, \$175 per dose. So, pandemic pricing."
- Projections for revenue in 2021 (at the time of call): \$15 billion
- Other manufacturers following suit:
 - Moderna CEO: "Post-pandemic, as we get into those what I will call seasonal epidemics that you would expect to happen with a SARS-CoV-2 virus, we would expect more normal pricing based on value."
 - Janssen (J&J) EVP: "...noted that investors could expect the company to reevaluate the vaccine for 'pricing that's much more in line with a commercial opportunity' when the pandemic is over."

History Repeating Itself?

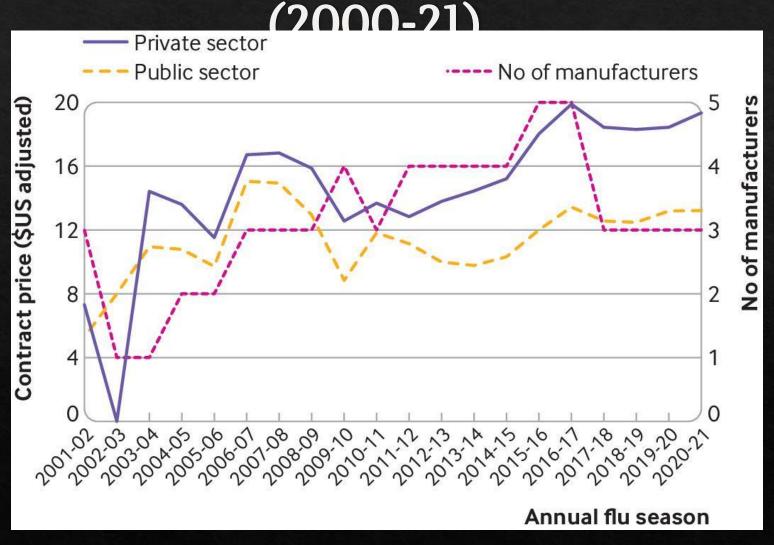
COVID-19 Vaccine

- Discovery through public investment
- Significant public investment into R&D and manufacturing (and procurement)
- Multiple vaccines produced by multiple manufacturers
- Possibly endemic disease
- R&D for modifications against variants
- No "game changing" antiviral treatment

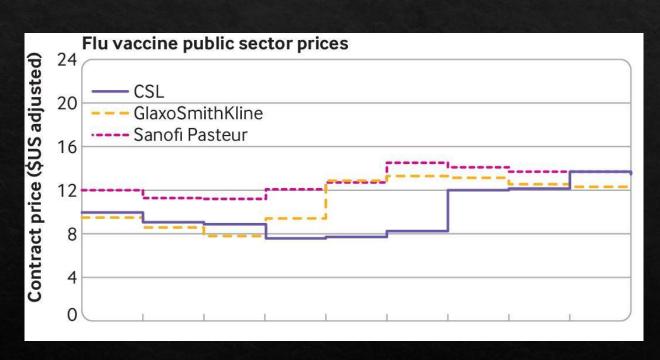
Influenza Vaccine

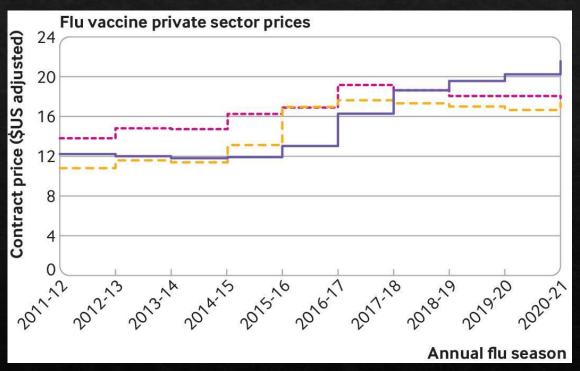
- Discovery through public investment
- Significant public investment into R&D (some for manufacturing and procurement)
- Multiple vaccines produced by multiple manufacturers
- Endemic disease
- Modified annually against mutations
- No "game changing" antiviral treatment

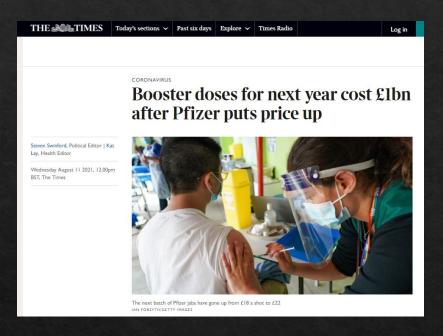
Average public and private sector prices for influenza vaccines in the United States



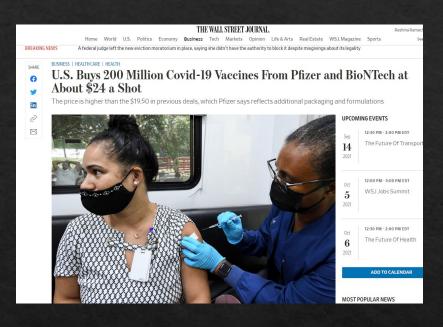
Trends in US influenza vaccine prices for three manufacturers (2011-21) in public and private sector











New Orders, New Prices

Whose orders will be filled first?

Table 1. Access to any COVID-19 vaccine in countries with completed clinical trials categorized by national income group (as of June 8, 2021)

Countries Tested	Countries with	Countries with Clinical	Countries with	Vaccination Series
(World Bank	Clinical Trials,	Trials with	Clinical Trials with	Delivered Per Capita ^a in
Classification)	No. (%)	Authorization/Approval,	Delivered Doses,	Countries with Clinical
and control of the organization of the control of t		No. (%)	No. (%)	Trials, Median % (IQR)
Completed Clinical	21	19 (90.5)	18 (85.7)	7.1 (1.4-23.7)
Trials			(4 200 300)	50 89 (SSVS2)
Low-Income	0 (0.0)	N/A	N/A	N/A
Lower Middle-Income	1 (4.8)	1 (100.0)	1 (100.0)	11.2
Upper Middle-Income	10 (47.6)	9 (90.0)	8 (80.0)	3.4 (0.8-19.6)
High-Income	10 (47.6)	9 (90.0)	9 (90.0)	12.4 (1.6-24.4)
Ongoing and	32	29 (90.6)	29 (90.6)	15.0 (2.1-26.5)
Completed Clinical	1 1 1			
Trials				
Low-Income	0 (0.0)	N/A	N/A	N/A
Lower Middle-Income	4 (12.5)	4 (100.0)	4 (100.0)	6.4 (3.5-10.3)
Upper Middle-Income	13 (40.6)	10 (76.9)	10 (76.9)	2.5 (1.1-16.9)
High-Income	15 (46.9)	15 (100.0)	15 (100.0)	29.8 (19.6-38.8)

^a Data at the country level for populations ages 15-64 as well as 65 and above was extracted from the World Population Dashboard hosted by the United Nations Population Fund. Data for populations ages 18 and above as well as other specific age groups was unable to be extracted.

Which countries are manufacturers

Table 2. Access to COVID-19 vaccines in countries hosting completed clinical trials categorized by manufacturer (as of June 8, 2021)

(a	0.	0.00				0	
Manufacturer (Vaccine)	Number of Countries with Completed Clinical Trials	Countries with Completed Clinical Trials with Authorizatio n/Approval, No. (%)	Countries with Completed Clinical Trials with Doses Delivered, No. (%)	Completed Trials in LMICs (Median % Delivered Per Capitab, range)	Completed Trials in UMICs (Median % Delivered Per Capita ^b , range)	Completed Trials in HICs (Median % Delivered Per Capita ^b , range)	COVAX Doses Procured (% Delivered)
Pfizer- BioNTech (BNT162b2)	6	6 (100.0)	5 (83.3)	0 (N/A)	4 (0.7, 0.0-2.2)	2 (29.8, 24.7- 34.9)	40,000,000 (6.8)
Moderna (mRNA- 1273)	1	1 (100.0)	1 (100.0)	0 (N/A)	0 (N/A)	1 (27.3)	500,000,000 (0.0)
Janssen (Ad26.COV2 .S)	12	10 (83.0)	5 (41.7)	0 (N/A)	6 (0.0, 0.0-0.4)	6 (1.0, 0.0-7.6)	500,000,000 (0.0)
AstraZeneca/ Serum Institute of India (AZD1222/V axzevria/Cov ishield) ^a	10	7 (70.0)	8 (80.0)	0 (N/A)	6 (1.3, 0.0-10.4)	4 (3.8, 0.0-36.5)	720,000,000 (9.8)
Sinopharm (BBIBP- CorV)	5	5 (100.0)	5 (100.0)	1 (7.4)	2 (9.8, 7.1-12.4)	2 (19.6, 17.6- 21.5)	0
Sinovac (CoronaVac)	3	3 (100.0)	3 (100.0)	0 (N/A)	3 (13.5, 12.2- 21.6)	0 (N/A)	0

^aAs the same efficacy data was submitted for the vaccine Covishield, manufactured by the Serum Institute of India as the vaccine AZD1222 (Vaxzevria) by their common developers, Oxford University and AstraZeneca, this was considered to be a single vaccine for the analyses. ^bThis refers to the population within tested countries that is 15 years and older.

Ramachandran R, Ross JS, Miller JE. Access to COVID-19 Vaccines in High-, Middle-, and Low-Income Countries Hosting Clinical Trials. medRxiv. Published online January 1, 2021:2021.07.16.21260 509.

dai:10.1101/2021.07.16

Thank you!

WHO Director General Tedros Adhanom Ghebreyesus: "We are living through a global crisis, but rhetoric is outpacing action. I've heard political and industrial leaders talk about the need to vaccinate the world because "no one is safe until everyone is safe." At the same time, these leaders are signing bilateral deals that further exacerbate the gap between the haves and have nots." (*Time Magazine, August 2021*)