Pharmacy Savings with Transition to Capvaxive™ for Adult Pneumococcal Vaccination at a Large Health System

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Background

Pneumococcal disease remains a major cause of morbidity and mortality in adults aged 50 years and older or living with chronic comorbidities. CDC guidance has historically relied on Prevnar 20® (PCV20) or Vaxneuvance® (PCV15 followed by PPSV23) to provide broad protection. Recently, Capvaxive™ (PCV21) received FDA approval, expanding coverage to 21 serotypes, including 8 unique serotypes not included in PCV20. This broader coverage offers potential clinical advantages in high-risk populations. At the same time, rising vaccine costs have placed increasing financial pressure on health systems, making formulary and contracting decisions through group purchasing organizations (GPOs) critical. By evaluating both the clinical and economic implications of Capvaxive™ adoption, hospitals can provide patients with broader pneumococcal coverage and achieve annual cost savings.

Objectives

The purpose of this evaluation was to assess the clinical impact and cost savings of transitioning from the current pneumococcal vaccination strategy with PCV20 to Capvaxive™. We focused on quantifying potential cost savings through the GPO contract while reviewing clinical coverage differences, safety and immunogenicity data, and operational considerations for implementation.

Methods

- Conducted a budget impact analysis using historical vaccination volumes
- Compared acquisition costs for PCV20 versus Capvaxive™ for all wholesaler types including GPO, WAC and 340B
- Reviewed differences in serotype coverage based on clinical data
- Evaluated safety and immunogenicity evidence to support formulary substitution
- Assessed operational considerations, including:
    - Updates to EHR order sets
    - Removal of PCV20 inventory to reduce duplication risk
    - Education and training for providers and nursing staff
- Considered CDC/ACIP guideline updates to ensure alignment with recommendations

Results

Clinical Outcomes:

- Capvaxive™ provides broader serotype coverage than PCV20, adding 8 unique serotypes relevant to adults with chronic comorbidities
- Safety and immunogenicity are comparable to PCV20
- Simplifies vaccination strategy by potentially reducing the need for sequential PPSV23 in certain patient populations

Cost Savings:

- Transitioning to Capvaxive™ is projected to generate nearly **$72,000** in annual savings

Capvaxive™ Committed Savings (100% Conversion)

Usage Data from April 2024 – March 2025

Facility Name	Current Brand Name	Wholesaler Account Attribute	Merck Cross	Annual Doses	Projected Annual Reference Spend (No Change)	Projected Annual Merck Conversion Spend	Annual Savings w/Merck **	% Savings
BERKSHIRE MEDICAL CENTER	PREVNAR 20	340B***	CAPVAXIVE	50	$13,182	$11,798	$1,385	11%
		GPO	CAPVAXIVE	1370	$361,196	$323,258	$37,938	11%
		340B***	CAPVAXIVE	7	$1,903	$1,652	$252	13%
		GPO	CAPVAXIVE	30	$8,157	$7,079	$1,079	13%
BERKSHIRE MEDICAL CENTER Total				**1457**	**$384,439**	**$343,786**	**$40,653**	**11%**
FAIRVIEW HOSPITAL	PREVNAR 20	340B***	CAPVAXIVE	30	$7,909	$7,079	$831	11%
		GPO	CAPVAXIVE	1090	$287,375	$257,191	$30,184	11%
FAIRVIEW HOSPITAL Total				**1120**	**$295,285**	**$264,270**	**$31,015**	**11%**
BERKSHIRE MEDICAL CENTER INFUSION CENTER	PREVNAR 20	340B***	CAPVAXIVE	10	$2,636	$2,360	$277	11%
BERKSHIRE MEDICAL CENTER INFUSION CENTER Total				**10**	**$2,636**	**$2,360**	**$277**	**11%**
Grand Total				**2587**	**$682,361**	**$610,416**	**$71,945**	**11%**

Conclusion

Berkshire Health System, in conjunction with Yankee Alliance, was able to identify $72,000 dollars in pharmacy savings by switching from PCV20 to Capvaxive™. Our evaluation supported Capvaxive™ as the preferred option for adult pneumococcal vaccination at Berkshire Health Systems due to expanded clinical protection and substantial finical benefit. While operation adjustments are necessary, the adoption of Capvaxive™ aligns with the institutions priorities of improving patient outcomes while considering acquisition cost.

Disclosure

The authors have no conflicts of interest to disclose.