

# Louisiana Independent Pharmacies Association

## What's New and What to Watch

### LIPA Newsletter:

Bringing you the latest news and information concerning independent pharmacies and the profession at-large....



### LIPA Newsletter – 4-1-22

#### Dates to Know:

**April 4 – OGB Policy & Planning Board Meeting at 1:30 pm**

**April 5 – Deadline for Submitting Vaccine Claims for Uninsured to HRSA**

**April 6 – House and Senate Health & Welfare Committees are meeting**

**April 7 – *LIPA v Express Scripts*—5th Circuit Court of Appeals/Houston Courthouse**

**April 25th – FTC Comment Period on PBMs Ends**

**June 6 – Legislative Session Adjourns No Later Than 6 PM**

**June 30 – Medicaid Provider Re-enrollment Deadline**

**July 7-9 – LPA Conference, Biloxi, MS**

With the legislative session back in full swing, both the Senate and House Health & Welfare committees will be meeting on Wednesday, April 6th. Chairman Sen. Fred Mills has scheduled our pharmacy bills to be heard in the Senate committee that day. We NEED you, Louisiana's pharmacists, at the Capitol in your white coats, in attendance to show support and speak to the committee giving them firsthand accounts of the importance of the passage of these bills to keep serving your Louisiana communities.

Charlie Jones, of Drennan's Pharmacy in West Monroe, LA, has been appointed to the board of pharmacy to fill the vacancy created by the passing of Carl Aron, Charlie's term began today and will continue through June 30, 2026.

### Legislative Update – Week Three

The Louisiana Legislature made history on Wednesday when the House and Senate voted to override Governor John Bel Edwards' veto of the congressional redistricting map that lawmakers passed during the February special session. This marks only the third override of a gubernatorial veto under the current Louisiana Constitution of 1974 and the first override in a veto session. The newly mandated congressional districts, heavily supported by Republican lawmakers, were quickly challenged in federal court by organizations that claim the new map violates the 1965 Voting Rights Act. Edwards and democratic legislators argue that a second Black-majority district should be established to reflect the state's one-third African American population.

In an unprecedented move, legislators voted to pause the regular legislative session to convene for a veto session—a move that Democrats argued was unconstitutional. Legislative leadership flexed their muscles

against Edwards this go-round, following a previous attempt during the first veto session called under the current Constitution, which failed to override the Governor's veto of 2021 legislation that targeted transgender athletes. The three No-Party members, who all voiced they were undecided on the vote, voted in support of the override and pushed the House vote beyond the 70-vote threshold to 72 yeas and 31 nays. The Senate vote followed with a 27-11 vote to override the veto. Only one legislator—Democratic state Rep. Francis Thompson—crossed party lines.

In other news, the House of Representatives was made whole after the Saturday primary with the election of State Representative-elect Vanessa Caston LaFleur who replaced former Rep. Ted James. LaFleur will represent the 101st House district once election results are certified, presumably early next week.

Although Regular Session was put on pause for the remainder of this week, we will return to regular order on Monday morning. Committees that were canceled in light of the veto session will see full agendas next week and both Chambers will pick up where they left off last Tuesday. Some speculate the Speaker will name a new Chairman for the House Committee on the Administration of Criminal Justice, an influential chairmanship (and suspected bartering chip) that remained vacant following the resignation of former Democratic Rep. Ted James—and until after the veto session.

Several bills of importance to the pharmacy community and the practice of pharmacy will be heard and Senate health and welfare next Wednesday, April 6th. The formal agenda has not been published but we expect [Senate bill 32](#) by Senator Mills and Senate Bills [82](#) and [83](#) as well as [Senate Bill 329](#) to be heard. Senate Bill 32 is of particular importance because it addresses the abuses, we have seen in recent years regarding pharmacy audit practices. Through COVID virtual audits became used much more broadly creating 10s if not hundreds of hours of additional work on the pharmacist to prepare the records requested by the auditor.

- Senate bill 32 clarifies the Procedures the auditor must follow to ensure they are in compliance with Louisiana laws and regulations.
  - It also requires the auditor to alert the Department of Insurance anytime it performs a fraud or abuse audit which will ensure good practices by the pharmacy and the auditor. We will provide additional information ahead of Wednesday's committee meeting.
- Senate bill 82 would allow LDH to develop an appeal process for acquisition cost payment of prescription drugs in the Medicaid program, and Senate Bill 83 creates a council within LDH to implement SB 82.
- Senate bill 99 amends current law to further require that PBMs shall be licensed by the Board of Pharmacy.
- Senate bill 329 Would allow pharmacists to provide approved patient care services, including allowing pharmacists to prescribe and dispense prescription medication and prescription devices. It also creates the Public Health and Pharmacy Protocol Advisory Committee, which shall recommend to the Board statewide protocols for patient care services by pharmacists.

LIPA will continue to navigate Louisiana's political landscape as the session progresses and keep you up to date on other issues that may affect your interests. The political environment moving forward will remain uneasy across party lines. Some lawmakers are concerned that the question surrounding a possibly unconstitutional veto session could jeopardize regular session instruments, including the state budget for the upcoming fiscal year.

## **OGB Policy & Planning Board Meeting Monday -- PBM (Express Scripts) is on the Agenda**

A number of our pharmacies serve a sizable number of patients who are active state employees, state retirees, and their dependents. The transition effective January 1<sup>st</sup> from MedImpact to Express Scripts for management of pharmacy services has impacted both patients (continued access to their prescriptions, out-of-pocket cost) and pharmacies who fill those prescriptions. OGB's Policy & Planning Board consists of 11 members who are responsible for reviewing and recommending the life and health benefit programs offered.

The Board will be meeting on Monday, April 4<sup>th</sup>, at 1:30 PM in the Thomas Jefferson Room of the Claiborne Building located at 1201 North 3<sup>rd</sup> Street in Baton Rouge. One of the items on the posted Agenda [the meeting originally scheduled for March 30<sup>th</sup> was postponed due to weather] is "Request to Discuss PBM Services." LIPA staff will attend this meeting that is open to the public and, while we recognize first Mondays are an especially busy day at pharmacies, we encourage pharmacists who can, attend the meeting and hear/see firsthand the discussion of what is happening with OGB's current PBM.

## **HRSA to STOP Accepting Vaccine Claims for Uninsured After April 5<sup>th</sup>**

Since the funds allocated by Congress to the Provider Relief Fund to pay for COVID vaccine-related claims for the uninsured are nearly exhausted, HRSA will discontinue accepting claims after midnight on April 5<sup>th</sup>. At this point, we are hearing that a "scaled back" COVID funding bill has been agreed on in principle, but we do not know if it includes the restoration of funds for vaccine administration to the uninsured/underinsured.

As could be expected, **a lot** of providers submitted claims following the announcement that payments would stop. HHS Secretary Becerra announced that within an eight-day period, claims totaling \$2.3 **billion** were received! **Inside Health Policy** (which has a paywall, but LIPA has a subscription) reported on the Secretary's comments at a March 31<sup>st</sup> **Politico** summit where he spoke:

*"As an example of the administration's dire need for funding, Becerra pointed to the program that handles the pandemic costs for the uninsured. "About a week or so ago when we announced that we would have to stop accepting claims for testing and treatment related to COVID, and we would close that in about a week, that eight-day period we got about \$2.3 billion worth of estimated claims in the door. And we already, we are still in the process of trying to get through another tranche of claims that probably added up to close that as well, and we are lucky if we have got half of that," Becerra said. While HHS has estimated it would be able to reimburse providers for administering COVID-19 vaccines through April 5, Becerra said it could be tough to do that if the department sees an increase in claims similar to what occurred with the uninsured program."*

One question that has been posted by LIPA members is whether pharmacists who have entered into a CDC COVID Vaccine Provider Agreement can bill patients for the administration of the vaccine that is provided at no cost by the federal government. The Terms and Conditions on Page 2 of the [application form](#) include this language:

*4. Organization must administer the COVID-19 vaccine regardless of the vaccine recipient's ability to pay COVID-19 vaccine administration fees or coverage status. The organization may seek appropriate reimbursement from a program or plan that covers COVID-19 Vaccine administration fees for the vaccine recipient. The organization may not seek any reimbursement, including through balance billing, from the vaccine recipient.*

## **CDC Approves Second COVID Booster Dose for Everyone Age 50 and Above**

This week, the CDC—with far less drama than for previous announcements which were preceded by advisory committee meetings—updated its recommendations to allow all people **over the age of 50** and people under 50 who are moderate to severely immunocompromised to receive a second mRNA booster at least four months following their first booster to further increase their protection against COVID-19. Adults who received the J&J vaccine and booster can also receive a second booster. LDH issued [Health Alert Network \(HAN\) Memo #22-12](#) with additional details including "Pfizer booster doses are full-

*strength while Moderna booster doses are typically half the strength of Moderna primary series doses. Please pay close attention to vial packaging.’* **For member pharmacies that provide vaccines onsite at long-term care facilities, you may wish to share this information and coordinate with them for another COVID vaccine booster clinic.**

The **Wall Street Journal** (requires paid subscription) indicated that federal health officials are likely to qualify everyone for an additional dose of vaccine this fall, despite signs of **vaccination fatigue**. As pharmacists, you do not need to see poll results to confirm that people are less inclined to get COVID booster doses. The **WSJ** reports on recent polling by the Kaiser Family Foundation showing 23% of people polled who received at least one dose of vaccine are **dead set against** getting a booster, with 24% saying they will get one **only if it is mandated**.

### **Feds Launch New COVID.GOV Website**

This week the federal government launched a new “one-stop-shop” website –[covid.gov](https://www.covid.gov) where you can go to find vaccines, testing --including “test and treat” locations, treatment (Paxlovid, Molnupiravir, monoclonal antibodies) as well as order free masks and/or locate pharmacies near you offering free N-95 masks. The website allows you to enter a Zip Code or county and see the latest COVID “Community Level” as well as other resources and information intended for the general public and not overly “technical.”

### **President’s FFY 23 Budget Would Create New Vaccine Plan for Uninsured Adults**

President Biden released his proposed budget for FFY 23 on Monday of this week and it includes not only a \$300 million increase in the Vaccines for Children program but the creation of a new vaccine program for uninsured or underinsured adults. According to **Inside Health Policy**, the Vaccines for Adults (VFA) program would provide vaccines recommended by ACIP for free to uninsured or underinsured adults. Like the program for children that it is modeled after, it would also be funded through Medicaid and implemented by the Centers for Disease Control and Prevention. Advocates are expressing concerns that the program would not also cover visits, testing, and treatment services and cite the need for expansion of the list of eligible vaccine providers.

### **Louisiana Medicaid Pharmacy Advisory Committee Met This Week**

On March 31<sup>st</sup>, the Medicaid Pharmacy Advisory Council met via Zoom. Independent pharmacies are represented on the committee and LIPA members participating in this week’s meeting were Nikki Hollier, Chris Melancon, and David Darce as well as LIPA Executive Director Randal Johnson. The primary issues discussed were:

- The upcoming “unwinding” of continuous Medicaid eligibility and how pharmacies can help make their Medicaid patients aware of the critical importance of reporting changes in contact information (address, phone #, e-mail address) to LDH. Once the federal public health emergency ends, state Medicaid agencies will need to complete eligibility renewals for every Medicaid enrollee. Enrollees who fail to respond will have their cases closed even if they still meet the eligibility requirements.
- The extension of the deadline for Medicaid provider re-enrollment is beyond March 31. The exact date has not yet been established with CMS, but claims will continue to be paid.
- Discussion of planned “Spring” changes to the Single PDL with some brand drugs being added and others removed. The full list can be found [here](#).

Medicaid leadership previously indicated in a January 21, 2022, letter to a LIPA pharmacist who expressed concerns regarding Medicaid reimbursement that *"the Pharmacy Advisory Committee reviews brand-over-generic recommendations as well as other program changes that Medicaid pharmacy is considering. We would invite you to attend Pharmacy Advisory Council meetings at any time [emphasis added] so that we can work with you on your concerns."* If you are interested in attending future Medicaid

Pharmacy Advisory Council meetings let LIPA know and we will work to facilitate your participation in future meetings.

We received the April 2022 provider notices from LDH minutes before the newsletter was scheduled to go out, we were not able to cover them in the council meeting and we have listed them below for your viewing. We understand that managing pharmacy edits take valuable time. Please share any comments you may have.

[FFS and MCO Clinical Authorization for April 2022](#)  
[FFS and MCO Educational Alert Maintenance Med April 2022](#)  
[FFS and MCO POS Diagnosis Code Required for April 2022](#)  
[FFS and MCO POS Loreev POS Edits for April 2022](#)  
[FFS and MCO POS Prior Use Requirements for April 2022](#)  
[FFS and MCO Quantity Limits for April 2022](#)  
[FFS and MCO POS Therapeutic Duplication for April 2022](#)  
[FFS and MCO POS Epogen Preferred April 2022](#)

### **LDH's Final Push to Get Pharmacies and Pharmacists Re-enrolled as Medicaid Providers**

Has your pharmacy re-enrolled in Louisiana Medicaid using the new Medicaid provider portal? If you—or other pharmacists who practice at your pharmacy were enrolled under your **NPI** as a Louisiana Medicaid provider as of June 30, 2021, have you/they re-enrolled???? LIPA received an email this week from Medicaid leadership formally requesting our assistance as *“many of your providers [independent pharmacies and pharmacists] have not yet enrolled in Medicaid’s new provider enrollment portal, and this is putting them at risk of not being reimbursed for services rendered in the near future. Gaps in reimbursement could impact patient care and access to services.”* Louisiana Medicaid’s stated goal is to complete the re-enrollment of pharmacies and pharmacists **by April 27<sup>th</sup>** with **LIPA** conducting targeted outreach to help reach that goal.

Please see [Information Bulletin 22-4](#) for more information, including the latest information on CMS deadlines. There are additional provider resources on [LDH's website](#).

Providers can also email [LouisianaProvEnroll@gainwelltechnologies.com](mailto:LouisianaProvEnroll@gainwelltechnologies.com) or call 1-833-641-2140 with questions.

Do you have questions about your Medicaid Provider Re-enrollment Status? LIPA can confirm pharmacies that are listed as pending as of mid-March. You can check your status by e-mailing [kennedy@lipa.org](mailto:kennedy@lipa.org) or texting Ruth at 225-241-1437.

### **Single PBM for Louisiana Medicaid Managed Care**

Louisiana Medicaid’s revised [Schedule of Events](#) for the procurement of a single PBM to manage pharmacy benefits for enrollees in Medicaid Managed Care (Healthy Louisiana) indicates that proposals were due and would be publicly opened at 4:00 PM on March 30th. With weather closure of state offices, proposals were not opened publicly so the bidders for the RFP are yet to be announced. The announcement of intent to award a contract is currently scheduled for Wednesday, May 4, giving the state just over a month to review and score the proposals. Once the intent to award is announced, the protest period begins. Historically, we know that procurements and contractor changes can be fraught with risk. While the Schedule of Events still shows that the “go live” or operational date for the new single PBM is "on or about" July 1, it is relevant that PBM services are included in DHH’s contracts with the five MCOs which have an end date of December 31, 2022. This means that the state is not in the position of having to do contract extensions or an emergency contract and has more options for mitigating risk. And that is a good thing.

### **FTC Commissioner Nomination Advances to Full Senate for Vote**

On Thursday, the nomination of Alvaro Bedoya as a Commissioner of the Federal Trade Commission cleared the Senate Commerce Committee and will now proceed to the floor for a full Senate vote. The vote was strictly along party lines with Vice-President Kamala Harris breaking the tie. The FTC has been “hamstrung” with just four members, and you will recall that their previous hearing to proceed with a study of PBM business practices resulted in a tie vote. Bloomberg [reported](#) that “if Bedoya is confirmed, the agency is expected to pursue more proactive enforcement, including toughening rules on mergers and data privacy.” **We believe PBMs are on their radar screen as well.** The Bloomberg story notes that the final confirmation vote likely will not take place until after the Senate’s two-week Easter recess, as Senator Schumer (who controls the agenda) plans to send next week on confirming Supreme Court nominee Ketanji Brown Jackson.

PBMs continue to “show their muscle” and influence. This week, a bill being considered by the Kentucky legislature that would further rein in PBMs has [bogged down](#).

### **Do not Ignore the 2023 Contracts You May Receive from PBMs**

It seems that PBMs are sending out aggressive and detrimental contracts in anticipation of CMS finalizing a part D rule limiting DIR fees. The PBMs seem to be focused on continuing to make the amount of money they want to make while pushing down the additional cost on beneficiaries and pharmacies. Several PBMs recently announced network rates for the 2023 Medicare Part D Performance Network, which offer aggressive rates and should be carefully evaluated by your pharmacy to determine the impact on operations, financial or otherwise. You may be automatically accepted into the network if you do not respond appropriately, so be sure to take the necessary action if you wish to decline. Pharmacies that decline participation will only be out of network for the 2023 Medicare Part D Performance Network clients that utilize this network. Pharmacies will still be able to process prescriptions for other clients that use a different Medicare Part D Network.

We want to remind members that [Revised statutes §22:1007](#) of Louisiana law **prohibits contract clauses that require pharmacies to participate in all health benefit plans and prohibits MCOs from terminating a contract if a pharmacy refuses to participate.** Be attentive, and we suggest you be very wary of these contracts; they could be detrimental to your business and patient base.

Our federal partner, NCPA, cautioned pharmacies on Thursday of this week to **be careful** with upcoming Part D contract terms in this [posting](#). Here is the post in its entirety:

*NCPA anticipates that the terms some PBMs may offer might reimburse independent pharmacies below their product acquisition cost. Additionally, please be aware that some contracts are **opt-out** contracts that require a pharmacy to proactively send a specific form of notice to a PBM, sometimes within a short period, declining participation in the network if the pharmacy determines that the terms offered are not satisfactory. Otherwise, the PBM-proposed terms would likely go into effect for the entire 2023 Medicare Part D plan year. Part D plans and PBMs are [required by law](#) to maintain network access standards for beneficiaries. Further, PBMs are required to have ["reasonable and relevant terms and conditions" for any willing pharmacy](#) (more background [here](#)) to participate in a Part D network, so pharmacies should review any proposed contract for issues that might adversely affect their operation. Members should make an independent business decision as to whether the proposed terms are appropriate for their pharmacy. NCPA urges member pharmacies to carefully evaluate the financial and other terms of any proposed contract*

*and to adhere to PBM deadlines and any specific notice requirements in their contract with a PBM.*

The denial of this contract is not the only action we need—we must bring these tactics into view. Plan sponsors, regulators, and the public need to be aware of these topics.

- Network adequacy is met for rural areas (defined as Zip codes with a population less than 1,000 per square mile) if just 70% or more of members have access to one in-network retail pharmacy within 15 miles of their home. It is 90% within 2 miles for urban areas (Zip codes with population density > 3000 per square mile) and 5 miles for suburban areas (Zip codes with a population density between 1000 and 3000 per square mile).
- any willing provider requirement includes the caveat “that meets the Part D sponsor’s terms and conditions” including reimbursement.

### **Watch Out for Fraud Attempts Against Your Pharmacy**

A few weeks ago, we wrote in our newsletter warning pharmacists of vaccination scams happening to pharmacies. This week, the Louisiana Board of Pharmacy received reports from pharmacists around the state who received telephone calls from scammers claiming to be from the Board requesting information. The caller requests the name of the Pharmacist-in-Charge, the address of the pharmacy, and the pharmacy’s wholesaler account information. The Board does not request this type of information over the telephone. We urge you to remain alert to fraudulent scams involving phone calls purporting to be from the Board.

These scams are run throughout the nation, Ben Jolley wrote on his blog recounting the scam that happened to his pharmacy just this week. You can read his full story [here](#). We have heard numerous stories of fraud and scams happening across the country, and you may think it will never happen to your pharmacy. You know how your wholesalers conduct business; they have helplines for reasons such as this. Reach out to them and confirm that what you are being told is true. You can never be too cautious and attentive to detail when things seem to be out of the ordinary or feelings are off. Do not take someone’s word over the phone or in your store without confirming the information to be true with who they claim to be.

### **2022 Nominations Up for the Board of Pharmacy**

There are five members of the Louisiana Board of Pharmacy whose seats will be up for appointment this year. Interested and knowledgeable pharmacists need representation on the board to shed light on the issues they face. If you are interested in serving on the board, we have listed the districts and their corresponding parishes that will be up for election this year. You can also visit the LA Board of Pharmacy [website](#) for more information. For those who may be interested in serving in these or other capacities, we encourage you to look at openings in the state legislature, local offices, and even the U.S. Congress. We need public officials who will be a trusted voice for pharmacists across the state.

### **Congressional Letters Regarding CMS Proposed DIR Fee Rule**

As many of you may know, members of the U.S. Senate and the U.S. House of Representatives sponsored letters in support of CMS’ proposed rule on DIR fees. After hearing personal stories from community pharmacists across Louisiana, we are happy to report that several members of the Louisiana congressional delegation signed the letter in support. Your LIPA team will continue to bring these issues to the attention of our elected officials to ensure that the voices of independent pharmacies in Louisiana are heard. We also ask that our members continue reaching out to their

elected officials to thank the sponsors of these letters for their support and to ask others for their support. The senate and house letters are linked below for your viewing.

[Senate Letter](#) & [House Letter](#)

### **Take LIPA's Pharmacy Software System Survey**

We are asking members to fill out a short survey regarding the pharmacy software systems being used in their pharmacies. We are looking to gather this information to help optimize pharmacy management tools and data analysis. The tools we want to develop will help by allowing pharmacists to pull reports to identify NADAC and MAC appeal claims, as well as increase transparency on the out-of-control DIR fees. We only received 20 responses from last week, so please click the button below to respond to the survey and feel free to contact the LIPA office if you have any questions.

[Pharmacy Software Survey](#)

### **Make Your Voice Heard—Comment to FTC on PBM Practices**

LIPA staff continues to review [new Comments](#) on PBM business practices that are posted each week on the FTC website. We have only identified one comment submitted by a LIPA member to date. Have you been waiting until “later” since the April 25 deadline seemed so far away? Frankly, many of you could cut and paste posts from the LIPA GroupMe Chat Groups regarding PBM practices. You can view the Call for Comments that gives more detail on the FTC's request [here](#).

Here is a new comment posted this week that very much captured the perverse effect of PBMs on independent pharmacies [emphasis added]:

*The PBMs have **crippled** my business. I have served my community for 30 years and now am **struggling** to make enough profit to pay my expenses. I am often put in **tough** situations where I am losing **copious** amounts of money on claims and have to tell the patient I cannot afford such losses. I have worked so hard to build my customer base and through this poor reimbursement, I am forced to lose money to still service my community. The DIR fees are far more **demoralizing**. It makes it extremely hard to keep track of where you are losing money as it is taken months after the dispense. It feels as though patients are being steered to mail order when they do not want to be. I do not see how any of this is legal. I run a tight practice, but the current reimbursement structures make it seem as if the PBMs are kicking out the independent pharmacies. **Our importance was highlighted during the pandemic**. It is truly sad seeing all these hard worked stores being forced to shut down because of the **greed** of the middleman.*

### **OptumRx Resuming In-Pharmacy On-Site Audits**

OptumRx announced Wednesday that they will resume in-pharmacy on-site audits beginning in the second quarter of 2022. Since audits are time-consuming in nature, and often cause unnecessary stress for pharmacists, we want to remind everyone that there are sources out there for assistance. There are hard-working groups, such as the Pharmacy Audit Assistance Service (PAAS), that help fight for fair audit treatment by helping community pharmacists move away from trouble and toward compliance with rules and regulations.

LIPA's legal team is also very familiar with Louisiana audit laws, and we are willing to partner with you to aid in any way that we can. There is also legislation being introduced this session that would clarify the audit process in response to changing practices through the COVID-19 pandemic. [SB 32](#) by Senator Fred Mills recognizes the amount of time these audits take away from the pharmacist being behind the counter.

It is important to note that this bill does **not** prevent, limit, or impact fraud, waste, and abuse audits (FWA), instead it offers transparency to the process by requiring the PBM to notify the department of insurance when it is suspected. Let us know if you receive advance notice of an audit and we will be happy to assist you or answer any questions you may have.

### **LIPA's *NEW* Pharmacist Toolkit**

Who is in the **best position** to advise patients on the lowest cost option for their prescriptions? We believe it is their **local independent pharmacist** who continues to be the most accessible healthcare provider in their community. LIPA is continuing to develop tools that can be used to encourage patients to **ASK YOUR PHARMACIST** about the lowest price for their prescription drugs. Community pharmacists have demonstrated a willingness to reach out to physicians and other prescribers, working together to deliver the best patient outcomes.

Your team at LIPA is has put together a “**Pharmacist Toolkit**” that will give members access to a variety of different resources to help deliver the highest quality, personalized care at the most affordable price for their patients. The toolkit will also comprise different tools such as flyers, graphics, and video scripts intended to remind folks that their pharmacist is their best source of information.

Also included in the toolkit is a relief pharmacist spreadsheet that we are working on populating. If you would like to be included in the listing, please visit the member library where you will see "Find a Relief Pharmacist in Louisiana" on the right-hand side. After pressing the "click here" button you can fill out the form and view the spreadsheet. If you have any questions, contact your LIPA staff at [comm@lipa.org](mailto:comm@lipa.org).

You can find the toolkit in the **Member Library** tab on our [website](#). To access the toolkit, you must confirm your email address and create a password, so be on the lookout for an email with instructions on how to do so. If you have not received the email, you can easily create an account on our website by clicking the button below and clicking the “Sign Up with Email” button. If you have any questions, please contact your LIPA staff at [comm@lipa.org](mailto:comm@lipa.org).

### **NADAC Price File Watch –Publication Date 3.30.22**

This week's NADAC Price Comparison Data shows price increases on only one brand name drug but three different strengths. The price changes range from \$7.70 – 12.90. The rate changes were the result of a WAC Adjustment (change in WAC published prices), and the prescription prices are effective April 1<sup>st</sup>.

[Weekly NADAC Report](#)  
[3.30.22 NADAC by Percent Change](#)  
[3.30.22 NADAC by Price Change](#)

NADAC represents the national average price paid by chain and independent pharmacies to acquire prescription-covered outpatient drugs, as determined by a monthly survey conducted by Myers & Stauffer for CMS. While the nature of an average is that some are reimbursed above cost, and some are reimbursed below cost, our concern with Myers & Stauffer's NADAC price is that we are seeing increasing gaps between NADAC prices and the actual cost our pharmacies must pay. By filing appeals to Myers and Stauffer can bring to their attention—and the attention of other

stakeholders—the discrepancy between the actual acquisition cost for Louisiana independent pharmacies and the national average.

**Our LIPA staff will file NADAC appeals to Myers & Stauffer on your behalf.** To do so, we need invoices for each drug and a spreadsheet of the drugs containing the information included on the Medicaid reimbursement form found [here](#). (*Excluding the “additional information” section*) We will fill these forms out for you, we just need the information in some sort of spreadsheet or another readable format.

We have again attached the instructions for Pioneer users to create a report to run weekly. Please send all NADAC drug pricing spreadsheets and invoice emails to [appeals@lipa.org](mailto:appeals@lipa.org). Once we have received both the invoice and drug information spreadsheet, we will submit appeals as quickly as possible.

#### [Pioneer System Instructions](#)

We are still working to develop report criteria for other software systems to help pull the report needed for LIPA to file your NADAC appeals. If you are a pharmacist who uses a system other than Pioneer and would be willing to work with us to develop the report spreadsheet, please email [appeals@lipa.org](mailto:appeals@lipa.org) with your name, your pharmacy’s name, and which system you use.

#### **Have You Joined LIPA’s Chat Groups for Members?**

LIPA hosts two different Chat Groups on the *GroupMe* smartphone application platform that we encourage members to join and participate in either or both. These chat groups were created to serve as a communication tool to facilitate rapid responses to your questions and for sharing with your peers. The two Chat Groups are:

1. **Pharmacy Business Practices** This is the newer of the two groups and the focus is the general business of independent pharmacy.
1. **LIPA COVID Vaccines/Therapeutics** The primary focus of this group is all things COVID-related including COVID vaccines, therapeutics, testing, and masks.

To join either group, simply send an e-mail to Danielle Hodge ([hodge@lipa.org](mailto:hodge@lipa.org)) with the name, pharmacy name, and cell # of the person to be added. The *GroupMe* application can be downloaded from the Application Store.