Friday, April 22, 2022

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….

Dates to Know:

May 25th – FTC Comment Period on PBMs Ends

June 6 — Legislative Session Adjourns No Later Than 6 PM

June 30—Medicaid Provider Re-enrollment Deadline (Pending CMS Approval)

July 7-9 — LPA Conference, Biloxi, MS

Members of the legislature shifted focus this week as the money bills made their way out of committee and to the House Floor. Louisiana saw an influx of dollars last year with support from federal COVID-19 relief packages and dollars for hurricane recovery efforts. The significant surplus coupled with an uptick in the state's sales tax collection—following a few lean years impacted by the pandemic—have legislators debating the best use of these funds.

House Bill 1 by Representative Zeringue, who serves as Chairman of the House Committee on Appropriations, passed the House Floor on Thursday along with other instruments that fund state government, non-governmental organizations, and direct money to capital outlay projects. Following an easy passage of Rep. Bishop's House Bill 2 which provides for Capital Outlay, Rep. Zeringue gave an overview of the 10 proposed budget bills that total about $45.2 billion in funding, $10.9 billion from Louisiana taxpayers, $19.7 billion from the federal government, and the rest from various other pots. The proposed budget includes a $300 million growth in expenditures with $200 million being recurring expenses and $100 million allocated for one-time uses. Highlights in the proposed budget are a $148 million increase to the Louisiana Department of Education to fund pay raises for Louisiana educators and support staff, $104 million in Higher Education funding to address employee compensation and repairs to state universities, and $32 million towards early childhood education and development. Lawmakers also capitalized on the opportunity to prepare for the future by proposing a repayment of $500 million to the Unemployment Trust Fund that was depleted when the pandemic hit and a $175 million deposit to the 'Rainy Day Fund.' Several lawmakers (who were elected on the heels of Louisiana's $1.6 billion budget shortfall in 2015) echoed the necessity to save for the future to avoid repeating the past. Louisiana could see a fiscal cliff in 2025 if the 0.45 percent sales tax, that was originally a portion of the 2016 one percent sales tax increase to remedy the shortfall, is not renewed by the legislature. Now that the money

bills have passed the House Floor, the Senate Committees on Revenue and Fiscal Affairs and Finance will begin to dissect the proposed spending package.

Senator Fred Mills brought Senate Bill 99 to the Senate floor for discussion on Thursday, where it was passed with no opposition 35-0. SB 99 clarifies current law to further **require** that PBMs be licensed by the Board of Pharmacy. The bill was referred to the House Health & Welfare committee on Wednesday, where it is waiting to be scheduled. LIPA will continue to monitor this bill along with any others that may impact the practice of pharmacy and will provide updates accordingly. The remaining weeks of the 2022 Regular Legislative Session will continue to be fast paced as the clock ticks towards the June 6th *sine die*.

Express Scripts Violations of Louisiana Law in 2022

Careful review of only one pharmacy's remittance advice notices from ExpressScripts revealed over 250 violations of Louisiana law. LIPA is asking you to send **every** remittance advice from ExpressScripts you have received in calendar year 2022. We met with Louisiana Department of Insurance Commissioner Jim Donelon to make them aware of these violations, but we need to document and show the magnitude of the problem to them. ExpressScripts can be fined up to one thousand dollars for each and every violation, and if ESI knew or reasonably should have known it was in violation, they can be fined up to twenty-five thousand dollars per occurrence. The Commissioner can even suspend or revoke their certificate of authority to operate in Louisiana. Speak with us about what is needed from your remittance advice and what needs to be redacted to present to the Colonel and Commissioner.

Letter to Commissioner Donelon of LDI

Real World Implications of OGB's Contract with Express Scripts

Some of our LIPA team as well as LIPA member pharmacists have first-hand experience with the Louisiana Office of Group Benefits health plan coverage/Express Scripts **as patients** as they are either 1) state retirees or 2) dependents of active state employees/retirees and have health coverage through OGB. OGB and the entities who have a responsibility to assure provision of health coverage to current and former public servants/their dependents need to consider the fact that **people** are being ill-served and their convenient access to prescription medicines compromised, under the contract with Express Scripts that became effective 1/1/2022. What is the human cost of the "savings" offered to OGB by Express Scripts? Here is the story of what it means for one state retiree whose community pharmacy can no longer fill one of his prescriptions and absorb the loss as recounted by Cottonport pharmacist Kimberly Wixson:

Today, I tried to refill Mr. B's Xarelto which is a maintenance med to prevent him from having a heart attack or stroke. Mr. B is a ***state group retiree*** [emphasis added] *who has been my customer since I have owned this store. He is 84 years old and still drives around town.*

Xarelto COSTS me $514.20 for his 30 count rx. Express Scripts reimburses me a total of only $495.97 for the ingredient and 0 for the dispensing fee. I am already in the red -18.23 just by filling it, but I have done so because I know that I would possibly be putting Mr. B in danger and/or causing him a hardship (by driving even further) if I had to send him 2 towns away to the nearest chain drug store.

Since I have confirmed DIR fees ARE being taken out of our OGB claims, I now know that Express Scripts will pull back an additional $37.77 for this particular rx sometime in the unpredictable

future. I will lose a total of $56.30 for this one prescription every month that I fill it for Mr. B. I simply cannot afford to do that. I would not be in business if I continued to fill prescriptions at these kinds of losses.

I had to have the heartbreaking conversation with Mr. B this AM that I could no longer fill his Xarelto and that he would now have to make a monthly trip to CVS in Marksville to get it in addition to his trip to my pharmacy to get the rest of his generic medications.

This is not an exceptional circumstance. This is happening all over to OGB patients for life sustaining brand name medications. We cannot sustain these fees that OGB is benefiting from on our backs.

We believe that the overwhelming majority of Louisiana taxpayers would expect that small businesses in their community or neighborhood not incur financial losses in filling prescriptions for elderly state retirees (or young active employees for that matter).

About Those PBM Audits

A recurring theme we noticed in recent comments submitted to the FTC regarding PBMs is what one pharmacist described as their "malicious use" and the costs associated with PBM issues. This is an issue with which LIPA pharmacies are all too familiar and SB 32 is intended to address the most egregious audit practices. An independent pharmacist from California describes to the FTC her recent experience with a PBM audit:

"My most recent example is that we have the prescription for a short acting insulin with a sliding scale. During the audit, we provide the prescription, the after-visit summary from the patient indicating what sliding scale the patient is supposed to use, and the signature log to the PBMs. Their response is that the after-visit summary (which is a print-out from the hospital), is not sufficient. They require a letter written by each prescriber for the dose of insulin. This is just ridiculous auditing practice and gives extreme burden to pharmacies and prescribers. Since patient deceased and we are unable to find the hospitalist who originally prescribed the insulin, they end up clawing back over $1700 from us for not providing sufficient information for the prescription."

RS 22:1860 and 22:1856.1 are the primary audit laws in Louisiana, however LIPA incorporates the entire pharmacy practice act and insurance code to review audits by PBMs or their third-party auditors. LIPA stands ready to assist on audits from PBMs. You can reach us at our office at (225) 308-2030 or by emailing legal@lipa.org

The reality is PBM audits are time-consuming, and often cause unnecessary stress for pharmacists. The good news is that as a LIPA member pharmacy you have resources available to assist you in navigating the audit process. . . not only the audit subject matter expertise of the LIPA executive and legal team but groups such as Pharmacy Audit Assistance Service (PAAS), that help fight for fair audit treatment and help community pharmacists navigate the audit process. **LIPA is available and willing to partner with you to aid in any way that we can. Let LIPA know STAT if you receive advance notice of an audit and we will be happy to assist you or answer any questions you may have.**

Legislation that was passed unanimously out of Senate Health & Welfare 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 and abuse

audits. Instead, it offers transparency to the process by requiring the PBM to notify the Department of Insurance when it is suspected**.** SB 32 is currently pending the House Insurance Committee and we will update you when it is put on the agenda.

The Number of Independent Pharmacies is Beside the Point

We thought that Ben Jolley—the Utah independent pharmacist who has provided DIR fee-consulting services for a number of LIPA pharmacies—make an excellent point in his latest blog post. Whether there are more or fewer independent pharmacies than was the case ten years ago is NOT the point. That is not the barometer that should be used to gauge whether PBM business practices are harmful to independent pharmacists. The number of independent pharmacies has been a point of contention between NCPA and PCMA, but Ben's assertion is this is the "wrong question." He provided comments during the "public comment" portion of the recent FTC/DOJ "listening session" on PBMs that was held April 14th. As Ben observes:

"*It may be true that there are more independent pharmacy entities today than there were 10 years ago, but those entities are cutting up a progressively smaller piece of the pie as the specialty pharmacies and mail orders progressively carve all of the highest dollar transactions to be exclusively available through them. This bears out when we look at the NCPA digest's prescription count per pharmacy and average sales per pharmacy, which have* ***dropped*** *[*emphasis added] *over the past 10 years."*

Services Available to Pharmacies to Increase DIR Fee Transparency at Point of Sale

We have received feedback from a number of LIPA members on the value and benefit they are seeing through DIR fee consulting services arranged for with Benjamin Jolley. You can view the services offered—and book without even needing to place a phone call at this link. Among the consulting services Ben offers are:

- A half-hour call in which Ben will walk you through inputting DIR fee estimation into your pharmacy software. He will discuss how you want each fee programmed and methods to ensure accurate estimation. The fee is $200.
- A half-hour follow-up call to discuss software settings, pulling data out of e-scripts, how to use DIR estimators beyond the basics, etc. The fee is $200 for this call as well.

Here is a sampling of recent feedback posted in the LIPA *GroupMe* Business Practices chat group from LIPA pharmacies who have arranged for DIR fee-related consulting from Mr. Jolley:

"It is truly amazing how knowledgeable he is about all of this. I probably understand 5% of what he is talking about. He programs each plan in there with a specific code so he knows what he is dealing with and it is not just "secure horizons" for the plan name, or whatever. He goes into each patient and flags if they're low-income subsidy eligible (many in LA are and they can change up to 3 times a year, not just during open enrollment). He then goes to the Medicare website for specific parish/county to identify the number of plan participants in that area. He is renegotiated contracts directly with part d plans because he showed them he has 10% of their customers and would move them all to a different plan. He runs specific reports on profitability of plans in his computer to identify areas where he could switch them and make his store way more profitable."
-TJ Woodard, Prescriptions to Geaux; Baton Rouge

"After Jolley did my DIR fee schedule, I had Pioneerrx make a space on rx label to show DIR fees when Rx is filled so do not have to look back in computer screen for it. In less than a month I

already have saved enough to pay his fee and not pay DIR to PBM! Was one of best things I've done to help combat DIR."-Pat Boggs, Kelly Pharmacy; Plain Dealing

Medicaid Provider Re-enrollment Requirement Includes Certified Immunizer Pharmacists!

The initial list received this week from Medicaid of Type 33 providers—which includes immunizing pharmacists -- contains 1682 names. In discussions with Medicaid officials, we were told that Provider Type 33 also includes residents. **As a reminder, individuals who "order, prescribe, or refer" covered services for Medicaid recipients [this includes vaccines] must be enrolled as a Medicaid provider, even if they do not submit claims themselves.** This was a requirement of the 2009 Affordable Care Act. We have skimmed the list and recognized the names of a number of pharmacists affiliated with LIPA members. You can view the list containing active pharmacist OPR (Order, Prescribe, Refer) providers shown as still pending by Gainwell as of 4/18/22 here. If Enrollment Effective Date (Column G on spreadsheet) is after 6/30/21, you will receive an invitation to complete your re-enrollment via the Medicaid online portal at a later date.

From our conversations with members and review of the April 18th list of pharmacies for whom Medicaid re-enrollment is still indicated by Gainwell as incomplete, almost all LIPA member pharmacies have what they need to in order to re-enroll as a Louisiana Medicaid Provider. We will be following up by text, e-mail and/or phone with about a dozen pharmacies still showing as pending. While the pending list includes 164 pharmacies, 31 of those were enrolled in Medicaid after 6/30/21 and will receive their invitations at a later date. Many of the others on the list are pharmacies who no longer have an active license from the Board of Pharmacy or that have changed names/ownership.

The Department advised they have hundreds of pharmacy re-enrollments that are still waiting for final review by Gainwell and generation of the official letter advising that providers have been successfully re-enrolled. Please see Information Bulletin 22-4 for more information about Louisiana Medicaid Provider Enrollment, including the latest information on CMS deadlines. There are additional provider resources on LDH's website. Providers can also email 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 and pharmacists that are listed as pending as of mid-April. You can check your status by e-mailing (please include NPI and/or Medicaid Provider #) to kennedy@lipa.org or texting Ruth at 225-241-1437.

NEW: Change in Ordering Process for COVID Therapeutics

Last week we shared information from LDH requesting that pharmacies with Paxlovid and/or Evusheld in inventory to keep it in the event of another surge.

For pharmacies that are already enrolled as a COVID therapeutics provider, effective Monday, April 18 there is a n**ew ordering process** in Louisiana for monoclonal antibodies, Evusheld, and the oral antivirals (Paxlovid and Molnupiravir).

- There will no longer be a request for an allocation by the state.
- Instead, each site will log into HPOP and request the products needed for the week. Refer to page 6 of **HPOP Provider Manual** for complete instructions.

- OPH Pharmacy Services Director Leah Michael will then review and process the requests. Please complete your requests by noon each Wednesday so that she has adequate time to review and process them.
- The quantity that you receive will depend on the state allocation and demand by all sites.

We have seen several stories this week regarding Paxlovid including it's possible effectiveness in treatment of long COVID, the fact that there is a lack of awareness. Here's the link to a good summary of Paxlovid that was published in New York Magazine published April 17 and titled *What Happened to Paxlovid?*

As previously noted, there has been an expiration date extension for Paxlovid to 10/31/22 or 11/30/22, depending on the Lot. Lot # FR9088's expiration date is 11/30/22, while Lot #'s FL 4517, FL 4517 and FR 7229 expiration dates are now 10/31/22. Evusheld will likely have an expiration date extension as well.

Also, LDH requests that pharmacies with either Paxlovid or Evusheld in stock report on their inventory at least weekly in the online portal. Otherwise, they will not appear in the federal locator tool.

Deadline for Submitting "Data, Views, Fact, Opinions" About PBMs Has Been Extended

We suspect that 100% of our LIPA member pharmacies are in a position to share data, views, facts, or opinions about PBM business practices and how they impact patients and independent pharmacies. Have you submitted written comments yet? The Federal Trade Commission (FTC) announced this week that they have **extended** the period for the public to provide Comments on PBM business practices for an additional 30 days—that is, from April 25 to May 25th. Per the FTC news release, they are interested in learning more about PBM contract terms, rebates, fees, pricing policies, steering methods, conflicts of interest, and consolidation practices and their impact on patients, physicians, employers, independent and chain pharmacies, and other businesses across the distribution system. Members of the public can comment on any issues or concerns they believe are relevant or appropriate for the agency's consideration by submitting written **data, views, facts, and opinions** addressing this subject.

You can view the Call for Comments that gives more detail on what the FTCs wants to hear from the public about here. NCPA has created a list of some of the issues that independent pharmacies face. Note that it is not necessary to prepare and upload a formal letter to the FTC. In fact, we recommend that form letters **not** be sent, even if you do some personalization to it. You can just type (or cut/paste) comments directly into the FTC Comments form.

One takeaway from browsing the more than 100 new written comments posted in the last seven days is that problems with PBMs are a serious concern in all parts of the country. This is not a problem unique to Louisiana. Here is a link to a comment by Chris, a Pittsburgh independent pharmacy owner whose points include the absurdity of being reimbursed less than his cost for prescription drugs, the "catch 22" and why he cannot "just say no" to a contract with one of the "Big Three" PBMs. He states that PBMs have been making "veiled threats" against pharmacies who submitted comments to CMS on their proposed rule [for Medicare Part D in 2023]. He talks about "staggering increases" in claw backs, an "uneven playing field" for community pharmacies like his. He states that he could be "the most perfect pharmacy in the land" and still "face crippling claw backs from the PBMs.

The conclusion of one pharmacist? "PBMs control the entire pharmacy market . . . Their monopoly strategies are no different from Standard Oil or American Tobacco Company back in the days, or even worse."

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Another Responsibility for Pharmacists Being Considered: Opioid Return Envelopes/Mandated Education on Disposal

The FDA announced this week that they are **considering** requiring that mail-back envelopes be provided by pharmacies dispensing opioids—especially post-surgery along with documentation by the pharmacist that the patient received education on proper disposal. We understand this idea was previously floated in 2018 but tabled because of concerns about the burden on the health care system and pharmacists. LIPA staff reviewed the actual rule as published in the **Federal Register** to get a better sense of what pharmacists would be required to do under the FDA proposal. The published notice clearly acknowledges the "potential burdens" enactment of this requirement could have on pharmacies and pharmacists:

The potential burdens associated with a mail-back envelope REMS requirement on pharmacies and pharmacists would include, depending on the program design: (1) Completion of any REMS-mandated training and certification; (2) implementation of REMS-compliant processes in pharmacies; and (3) documentation of compliance with REMS requirements by pharmacies. These efforts are in addition to existing State and Federal pharmacy requirements associated with dispensing opioids (e.g., checking prescription drug monitoring programs). A mail-back envelope REMS requirement is likely to be more effective under the second scenario described above. ***However, the more requirements the REMS imposes, the more likely that relevant stakeholders, particularly pharmacies, will have challenges complying with the requirements*** [Emphasis added]. *Ensuring the requirements are met may necessitate remediation steps, such as reeducation, or even decertification, if a pharmacy fails to comply. Declining to certify or decertifying a pharmacy could affect patients' access to appropriately prescribed opioid analgesics.*

Commonwealth Fund Raises the Need for PBM Reform in Blog Post

When it comes to raising concerns about PBM practices, it is encouraging to see the highly influential private foundation that promotes "a high-performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable" has set their sights on PBMs. In a blog post on Wednesday, April 22 they provide a summary of recent bills introduced in Congress relative to PBMs and FTC activity, including a recent letter to the FTC from Senator Grassley urging action. The authors also note that while the Big 3 control 80% of the market, new entrants they define as "market disrupters" have the potential of changing the playing field. Many of these newcomers share common characteristics—namely increased transparency and a fixed-fee business model, including Navitus and EmsanaRx which pass through to employers, 100 percent of the drug discounts negotiated with manufacturers. Employers who use their services pay a set fee for the administration of their pharmacy benefits, as opposed to a percentage of the discounts negotiated.

Jeff Landry Files Suit Against OptumRx

Last week, Attorney General Jeff Landry filed suit against OptumRx and UnitedHealthcare in the 19th Judicial District Court in Baton Rouge.

The medical loss ratio is at the heart of the case. The state alleges United counts artificially inflated payments to its wholly owned PBM, OptumRx, as an "expense" to satisfy its statutorily required medical loss ratio. The more these "expenses" are inflated, the greater the illicit profits for Optum and United.

This scheme exploits the secrecy of the drug supply chain and related costs, including rebates, reimbursements, and other payments, Louisiana Medicaid and Louisiana citizens needlessly pay inflated drug prices. In a statement, Randal Johnson, President of LIPA, said, "PBMs reap these unconscionable profits on the backs of Louisiana patients and taxpayers as a benefit of being an unregulated monopoly."

For more information, please view the lawsuit and a press release from the Attorney General's office, which are both linked below.

Press Release - AGLandry 04142022[72].pdf

Signed Petition United-Optum.pdf

Louisiana Medicaid Will Pay for COVID Vaccine Administration for Most Uninsured

While the federal program that paid for vaccine administration for the uninsured no longer accepts claims, Louisiana Medicaid has a COVID-19 program that will pay for vaccine administration (as well as testing, treatment, and other services) if the primary diagnosis is COVID. The only people who are not eligible are those who are either undocumented, incarcerated or have other health insurance. There is no income or resource test.

People approved for this program will not receive a Medicaid ID card. Instead, the approval letter they receive is their proof of eligibility and contains the information you need for billing. Providers have the option of putting their address on the application form, and if they do so, they will receive a copy of the letter as well.

Eligibility is very easy to establish, beginning with the completion of a simplified application, including the three months before the application month, and is good until the public health emergency ends.

You can find all the information you will need to help patients enroll and submit claims in the program guide.

Updated LDH COVID Graphics

The Louisiana Department of Health recently released a new set of COVID-19 resources, including FAQ sheets for the booster shots, pediatric-friendly infographics, and other posters to share on social media and on display. We encourage all our pharmacies to use these resources wherever they see fit. Click the link below to view the files and download them for your use.

April 2022 Social Graphics

Comments to LDI Regarding PBM/PSAO Regulation 122

Several weeks ago, the Louisiana Department of Insurance (LDI) sent out a notice of intent to promulgate Regulation 122 – Roles and Responsibilities of Pharmacy Benefit Managers and Pharmacy Services.

This notice was required by law following the final passage of HB 244 Act 192 in the 2021 legislative session. LIPA supported the bill in its' original version and expressed our concerns when provisions were added that we believed would jeopardize LDI's ability to regulate effectively and address the issues the legislation intended to solve. This Act relieved the PSAO of acts defined as "solely within the purview" of the PBM and vice-versa. Conversely, we would not want to see the PBM avoid responsibility by alleging items or actions that were solely the responsibility of the PSAO. Essentially – we believe that there are more of the listed actions "solely" under the purview of the PSAO. We discussed the regulation with a number of members, who shared their own concerns, and submitted official comments to LDI last week.

Reg. 122 Comments

LIPA Relief Pharmacist and Technician Signup Form

LIPA's Pharmacist Toolkit, which can be found on our website, includes a relief pharmacy and technician spreadsheet that we are looking to populate with licensed pharmacists and certified pharmacy technicians interested in acting as relief pharmacists or as-needed staff. However, the list will only be accessible to LIPA members through the 'Member Library' section on the website. I have attached a link to the form below so that members can forward it to any contacts that may be interested in signing up. Again, our goal is to provide LIPA members with a roster of active relief pharmacists and technicians to use whenever they need them. The form will automatically populate the list on the site as soon as it is submitted. If you have any questions or information that you think we should add to the form, please email cross@lipa.org. There is also a template email linked below for you to forward as you please.

Email Template

NADAC Price File Watch –Publication Date 4.20.22

The Louisiana Medicaid ingredient cost component of pharmacy reimbursement is based on the NADAC published price. Brand name drugs for which the NADAC list price is **below cost** continues to be a major problem for our pharmacies. The problem—and losses—are exacerbated when coupled with the "brand over generic" requirements of the single Louisiana Medicaid PDL which continues to grow.

One of our pharmacies shared this week—after two hours on the phone with Louisiana Medicaid and the patient's Medicaid MCO—that if a primary insurer pays more than the NADAC price [and even ESI paid 50 cents more than NADAC for Trulicity], Louisiana Medicaid as the secondary payer will not pay any portion of the $30 co-pay submitted.

This week's NADAC report contains 21, 756 price changes due to the incorporation of the most recent monthly survey results. 107 of the drugs are brand and 21,649 are generic drugs. Of the total changes, 7,213 drugs increased in cost and 14,543 drugs decreased in cost. 45 of the drugs that *decreased* were brand name and 62 of the drugs that *increased* were brand name.

Weekly NADAC Report

4.20.22 NADAC by Percent Change

4.20.22 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 concerns 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*)

This week we received instructions for the Liberty system report. We have again attached the instructions for Pioneer users to create a report to run weekly along with information on how to best pull and send invoices. Please send all NADAC drug pricing spreadsheets and invoice emails to 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

Liberty System Instruction

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 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:

- **Pharmacy Business Practices** This is the newer of the two groups and the focus is the general business of independent pharmacy.
- **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) with the name, pharmacy name, and cell # of the person to be added. The *GroupMe* application can be downloaded from the Application Store.