

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 8-19-22

August 24 – Medicaid Reimbursement Advisory Committee Meeting

September 30 - Medicaid Provider Re-enrollment Deadline

October 12—PBM Monitoring Advisory Council Meeting

BA.5 COVID Boosters Could Be Here “In Next Three Weeks”

On Tuesday, the White House COVID Response Coordinator Dr. Ashish Jha provided an updated **prediction for when Covid booster shots targeting the omicron BA.5 subvariant could be available: “within the next three weeks or so.”** CNBC reported on comments made by Dr. Jha that “these vaccines will become available by early to mid-September,” with the caveat that any FDA/CDC “authorization hiccups” [not anticipated] could delay that release date. Both Moderna and Pfizer are making booster shots known as “bivalent” shots, which means they target two separate strains of COVID: the original COVID strain and the omicron’s BA.5 subvariant which currently represents 85% to 90% of all U.S. cases. Dr. Jha characterized BA.5 as “incredibly immune evasive” and contagious, resulting in both breakthrough cases among vaccinated individuals and reinfections in those who had the virus just months prior. The concern is the BA.5 could wreak even more havoc in the fall as immunity continues to wane among those previously vaccinated and boosted, and people spend more time indoors.

A CDC spokesperson told CNBC that the updated shots will be available as a booster dose for people who have completed their primary vaccination series, **regardless of how many other boosters they have or haven’t received.** The agency says it expects Pfizer’s updated booster to be authorized for people ages 12 and older, and Moderna’s updated shot to be for people ages 18 and older. Younger pediatric age groups will follow later, the spokesperson says.

Answers from CMS on Free COVID Home Test Kits

On Jan. 15 of this year, the Biden Administration required all insurances—including Medicaid—to cover the cost of eight COVID tests **per person per month**, up to a cost of \$12 per test. This benefit became available to Medicare beneficiaries as well, beginning in early April. That is eight per month—not eight boxes **tests** if the boxes contain two tests. And it is per person, not per household. So, if four people in the household have health insurance of some kind, the household can get 32 free tests per month.

Here are some Q&As from the CMS COVID Test webpage:

What if I buy more than one test at a time? Your plan is required to provide reimbursement for 8 tests per month for each individual on the plan, regardless of whether the tests are bought all at once or at separate times throughout the month.

How many tests can I get reimbursed for? Health plans must cover 8 individual at-home over-the-counter COVID-19 tests per person enrolled in the plan per month. That means a family of four can get 32 tests per month for free.

Note that tests may be packaged individually or with multiple tests in one package (for example, two tests packaged in one box). Plans are required to cover 8 tests per covered individual per month, regardless of how they are packaged and distributed.

But what about those expiration dates for the test kits??? As explained in this August 8th [story](#) from CNET.com, of the 22 brands of home COVID tests listed on the FDA website, nine of them have had their shelf life (expiration date) extended since they were released and it is expected this site will continue to be updated with extended expiration dates as data shows that older kits continue to show reliable results. Here is the link to the [FDA webpage that shows extended expiration dates](#).

DEA's Response to Question Regarding Pharmacists Adding to Scripts for Schedule 2 Drugs

Pharmacies indicated that they are seeing more prescriptions that include the patient's address, likely driven by the chains requiring it. The DEA has still not put out any kind of official statement regarding this but indicated in a recent post "DEA is currently reviewing the relevant regulations found under 21 CFR Part 1300 to end, and **working to draft regulations to address what, if any information, a pharmacist can add to a prescription [emphasis added]**. DEA encourages you to monitor the website www.regulations.gov for any new Notices of Proposed Rulemaking. See also, the Office of Management and Budget, Unified Agenda of Regulatory and Deregulatory Actions at www.reginfo.gov for status updates of any pending regulations." We would note that one of the primary uses of patient address on prescriptions for controlled substances by the DEA is to ascertain whether the patient is traveling "long distances" to get the prescription filled, which they consider a "red flag."

Hundreds of Small Pharmacies Report Issues in Stocking Adderall

On Thursday, **Bloomberg News** [reported](#) on the difficulty that some independent pharmacies are currently experiencing in stocking Adderall. In response to a survey of community pharmacies by our federal partner NCPA, nearly 2/3 of respondents said they had trouble ordering the popular attention-deficit hyperactivity disorder drug at the end of July/beginning of August, at a time when demand is at all-time highs. Teva Pharmaceutical, the biggest seller of Adderall in the US reported that it has been experiencing "supply disruptions" of the drug but hopes to have the situation resolved in the coming weeks. Adderall prescriptions—brand and generic—continue to trend upward with 41 M prescriptions filled in 2021, compared to 35.3 M just two years earlier.

Bloomberg indicates that the growth of telehealth businesses dedicated to helping people secure ADHD diagnoses and treatments is likely behind some of the spiking demand for the drug. Some of these companies have recently been accused of making Adderall too widely available, and several major pharmacies have stopped filling prescriptions of this drug from these startups as a result. The US Food and Drug Administration isn't reporting an overall shortage of Adderall. While the agency is aware of Teva's delays, "the demand is being met for the overall market," FDA spokesperson Cherie Duvall-Jones said.

New NCPA PBM Regulation Best Practices Workgroup

Randal Johnson, LIPA CEO and President, has been asked by our federal partner NCPA to be a member of their newly created *PBM Regulation Best Practices Workgroup*. It is not too early to be thinking about the 2023 state legislative session and possible legislation and reevaluate PBM regulation priorities for both Medicaid managed care and commercial. Specifically, NCPA wants to identify which PBM regulations enacted by states are having a positive economic impact on pharmacies vs. regulations that in actual practice are less impactful or have no impact at all. Their thinking is to create a "Top 5" or "Top 10" list of best practices for PBM regulations (defined as those that actually make an economic difference for pharmacies). The goal is to create a best practices document to better inform state pharmacy associations and other state pharmacy advocates on which legislative initiatives will be the most effective for pharmacies.

Louisiana Board of Pharmacy Quarterly Meeting

Your LIPA team attended the Board of Pharmacy's quarterly meeting this week. Notable agenda items for the meeting include reports from the Regulation Revision Committee as well as the Executive Committee, see the full agenda [here](#).

Even though it was the last week for board members Allen Cassidy and Doug Robichaux, their successors haven't been appointed yet. We would like to thank Allen and Doug for their long-term commitment and service to the pharmacy industry communities. It is important that there are members on the board that listen to the pharmacies in their district, many of whom have experienced PBM abuse firsthand. With the issues we are currently facing, it is invaluable to have the ears of the board members and elected officials. As the Board of Pharmacy continues their work to hear new regulation proposals, the Louisiana Register released the [August Edition](#), which contains two rule amendments pertaining to PBM permitting procedures and pharmacy operations. Specifically, the amendments remove the PBM application requirement to provide a copy of an audited financial statement, and address complaints from pharmacists regarding adequate pharmacy staffing levels.

We will continue to monitor rule changes that may affect the practice of pharmacy and provide updates accordingly.

LIPA Pharmacy Makes List of America's Fastest-Growing Companies

Parker's Pharmacy, located in Baton Rouge, was among 36 Louisiana companies that made the annual Inc. 5000 list of America's fastest-growing companies. Others from around Louisiana to make the list were Neighborly Home Lending, a Lafayette mortgage company, and Citi Approved Enterprise, a woman-owned company specializing in construction and roofing.

We want to congratulate the staff at Parker's Pharmacy for all of their hard work over the last year, and for the exemplary care they offer patients. From everyone at LIPA, Thank You

Heads Up— 10 Cent Provider Fee Payment Issues

This week, a LIPA member informed us of a statement received regarding payment of the 10-cent-provider-fee to the LDH fiscal office. It appears the check was mailed and received on time, however, LDH did not cash the check until nearly a month after, and now they want to penalize the pharmacy for a late payment. We want to ensure that you are aware of this issue, and to let us know if you have received any similar statements from LDH regarding the provider fee. We will continue our work with the department and will provide updates accordingly.

Prepping for Medicaid Reimbursement Advisory Committee Meeting

The rescheduled Council on Medicaid Pharmacy Reimbursement will be **Wednesday, August 24th, 2022**. The council is at the same location, the [Bienville Building](#) room 118. If you are available to attend the meeting and provide public comment (LIPA can provide assistance and talking points) please let us know. The agenda can be found [here](#).

Thanks to the legislature and enacted Senator Mills 2022 Act 292, we now have a process to present our concerns to LDH, and time is of the essence in getting our issues with current Medicaid reimbursement rates "on the record." There is widespread thinking among the membership that without some relief and correction, patients' access to particularly brand prescriptions will be increasingly impacted.

To help us prepare for the the Medicaid Reimbursement Advisory Committee Meeting, LIPA is requesting your data regarding the top 10 prescriptions dispensed in the Medicaid FFS/Medicaid Managed Care population which you are losing the most money on with NADAC ingredient pricing (provider's cost is less than NADAC's price). All we need from your pharmacy is the Drug Name, NDC, the price you pay for the drug (invoice price), and the invoice date. We have included an excel spreadsheet to show a basic

format you can use. Please email your completed spreadsheet to appeals@lipa.org. Thank you for your continued involvement with NADAC Appeals as we gather data, to bring forward to regulators and decision makers.

[Top 10 Drug Spreadsheet Example](#)

Regional District Meetings

With the summer Congressional recess, August is a great month to host our federal delegation and other elected officials in your pharmacies. The delegation is home through Labor Day, and LIPA Board Members are inviting U.S. Senators and Representatives, their staff, state legislators, and regulators to regional meetings hosted by other pharmacies and pharmacists in the area. This is a fantastic way to make new connections, strengthen old ones, and express your concerns regarding the current state of the practice of pharmacy and the pharmaceutical industry. It is also a great time to educate officials and ask for their support on important legislation like [S.4293 - the PBM Transparency Act](#).

Pat Boggs, owner of Kelly Pharmacy and the District 9 Board Member, has scheduled a regional meeting for August 23rd in Bossier City, Louisiana. Along with local State legislators we encourage and will help reach out to our elected officials and their staff to attend.

Nikki Hollier, Nick LeBas, and Allen Cassidy are hosting a joint Regional District Meeting for their districts 5, 6, & 7. The Meeting is scheduled for September 7th in Lafayette, Louisiana.

[District 9 Meeting Invitation](#)

[District 5,6, & 7 Invitation](#)

Yesterday Senator Bill Cassidy visited with TJ and Aimee Woodard at his pharmacy *Prescriptions to Geaux*, the LIPA team and LIPA Chairman David Osborn were in attendance to discuss problems threatening patients and pharmacies. Along with these problems, we were able to speak on S. 4293, the PBM Transparency Act of 2022, Cassidy showed great support for the bill and will look into co-sponsoring. Meetings such as this are incredibly helpful for both the pharmacists and the members of Congress to show them firsthand accounts and better explain the issues you face every day.



Contact Your Senators Regarding S. 4293

As previously reported, we followed up with Louisiana's US Senators regarding [S. 4293](#) asking them for not only their continued support and co-sponsorship but to also call the bill for a vote on the Senate floor. We shared with them firsthand accounts from LIPA members highlighting the need for The Pharmacy Benefit Manager Transparency Act of 2022. S. 4293 looks to accomplish a few main goals, including:

- A ban on unfair and deceptive pricing schemes, spread pricing included.
- Prohibition of the arbitrary clawback of payments made to pharmacies.
- Hold PBMs accountable for unfair and deceptive practices that drive up the costs of prescription drugs at consumers' expense and incentivize fair and transparent PBM practices.
- Require PBMs to report their revenue earned through spread pricing and pharmacy fees to the FTC.
- Give the FTC and regulators, including the State Attorney General, the ability to penalize and/or initiate legal action against PBMs for these prohibited practices in the commercial health

[S. 4293 Letter to Louisiana US Senators](#)

U.S. District Court Sides with Two Ohio Counties in Pharmacy Opioid Litigation

Following a jury verdict in November, earlier this week, a federal judge in Cleveland, Ohio [ordered](#) CVS, Walgreens, and Walmart to pay \$650 million over fifteen years to Lake and Trumbull counties for damages relative to the opioid epidemic and the implementation of new safeguards. Thousands of similar cases across the country accuse drugmakers, distributors, and pharmacies of ignoring warning signs that opioid addictions were leading to thousands of deaths. The defendant pharmacies argued the lawsuit failed to address the root of the opioid crisis, specifically “pill mill” doctors, illegal drugs, and complacent regulators. The defendants plan to appeal the decision.

Two other pharmacies, Rite-Aid and Giant Eagle, settled prior to the trial. Although no pharmacy has reached a nationwide settlement, this decision may start that process. The lead attorney in the litigation, Mark Lanier, said the pharmacies “could have settled so much cheaper than this, it’s not even funny.” Those comments are likely an attempt to achieve a settlement in this case before the appeal and a settlement in the other cases across the country. Each side will be inclined to settle moving forward – the counties so they can predict their damages, and the pharmacies so they can avoid endless, and potentially more costly, litigation. This is an important case for all pharmacies, so LIPA will continue to monitor its status and the status of other opioid cases.

2023 Medicare Part D/Medicare Advantage Plan Details Will Be Released in September

PBMs have been in overdrive trying to get their 2023 pharmacy networks for Medicare Part D plans finalized. Information on Medicaid Part D and Medicare Advantage Plans—including their pharmacy provider networks and formularies—will be released by CMS in September ahead of open enrollment which begins October 15th. With pharmacies unable to accept the 2023 contract terms for at least some Medicare Part D plans, this fall’s Medicare open enrollment will be critical. Now is the time to begin thinking about how you can communicate with patients if you will not be in their current drug plan’s network effective January 1st. Additionally, how will you let patients know the names of Medicare Drug Plans in your area with whom you are in network? LIPA is continuing to explore resources and tools that our pharmacies can use to assist their patients in selecting a plan.

Requests for Paxlovid?

Axios [reported](#) July was the first month in which the number of Paxlovid courses of treatment dispensed exceeded one million—1,26M to be precise, which was a 37% increase over June. With the continuing new positive COVID cases, pharmacies are seeing more prescriptions for the oral antiviral Paxlovid and have

three options: 1) dispense with a prescription 2) prescribe and dispense or 3) make a referral to another pharmacy.

Enrolling as a Paxlovid Dispensing Pharmacy

If you would like to dispense Paxlovid but are not yet set up to do so, the process is easy—no forms to complete! Pharmacies who have not yet enrolled to dispense Paxlovid can still do so by e-mailing Leah Michael, OPH Director of Pharmacy Services at leah.michael@la.gov. Please include pharmacy name, address, phone number and name of individual who will be primary contact and their phone number. Depending on whether you already have an HPOP account for receiving COVID vaccines, she will let you know whether your account needs to be activated and if so, send a link for you to do so.

Leah approves orders daily and Paxlovid is shipped from Amerisource Bergen. She indicated that pharmacies could expect to receive it within a couple of days of placing an order. As a reminder, there is currently no cost for Paxlovid ingredients, and you can expect to receive the payer's normal dispensing fee (which can be quite low) with some exceptions.

Prescribe as Well as Dispense Paxlovid State

Licensed pharmacies can now **prescribe** as well as dispense Paxlovid in certain conditions, as of July 6 when the FDA revised the [Emergency Use Authorization](#) for Paxlovid. The reason for the change—which was opposed by the AMA—was to increase access to Paxlovid, an important COVID oral anti-viral that has been proven in clinical tests to majorly reduce hospitalization and death from COVID. Pharmacists who prescribe Paxlovid are expected to establish that it is not contra-indicated by the patient's renal or hepatic function (many people now have medical records to establish this on their e-Phones in their electronic health record!) and document other drugs (prescription and non-prescription) that the patient *is taking* to check for drug-drug interactions. Here is the link to a concise [Guide to Managing Paxlovid Drug-Drug Interactions](#) from the University of Michigan that includes brand names for drugs and that you may find helpful. Note that the CDC's definition of persons at increased risk for severe COVID is **broad** and includes almost everyone.

If you are interested in prescribing Paxlovid, please let us know. We have developed a model Paxlovid consent form/eligibility screening form for use by pharmacist prescribers and you can view and download it [here](#). You can call or text Ruth Kennedy at 225-241.1437 or e-mail her at kennedy@lipa.org. LIPA believes that a special add-on payment is appropriate when Paxlovid is **prescribed** by the pharmacist for Medicaid enrollees, and we will be submitting a request for justification to LDH.

You can find locations nearest to you using the online [COVID Therapeutics Locator tool](#) that are reporting Paxlovid, Molnupiravir, or Evusheld in stock.

Detailed Guide for Pharmacists Prescribing Paxlovid

Our federal partner NCPA has released a 4-page document titled [Billing for Assessment by a Pharmacist for Paxlovid Treatment](#) which includes information for pharmacists who are interested in prescribing the COVID oral therapeutic Paxlovid. Topics addressed include clinical documentation, claims submission to the various payers, and pharmacy location considerations. NCPA is making the case to Medicare that the reimbursement should be \$75.

Pharmacist and Patient PBM Complaints

LIPA is willing and able to assist you in filing complaints with an appropriate regulatory or administrative body in any manner you like.

In our experience, regulators, and entities responsible for enforcement take the position that “if it's not documented, it didn't happen.” On multiple occasions, the Insurance Commissioner or his staff have commented on the low level of actual complaints they have received regarding PBMs. We believe it is vital to demonstrate that non-compliance with state law is not just a “one off” that impacts a handful of pharmacies but is **systemic**. Please continue to send all complaints, along with any relevant documentation to legal@lipa.org, and we will file a complaint on your behalf to DOI. You can also call our office at (225) 308-2030 to get started on a complaint. It is important for us to work with you all to file complaints promptly

in order to force adherence to the laws of Louisiana. The laws passed are not worth anything if we cannot get LDI and the Board of Pharmacy to enforce them.

Louisiana Medicaid Will Pay for COVID Vaccine Administration for Most Uninsured

Patients who are uninsured may be reluctant to complete the application for the Medicaid COVID Uninsured Group because they do not realize how simple the application is. There are no questions about other household members, income, or resources; it can be completed VERY quickly. The application should **not** be a barrier to someone getting enrolled. In contrast, applications for Medicaid, SNAP and other benefits can be quite time consuming. Eligibility is quite 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.

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, will receive a copy of the letter as well so they know they can go ahead and submit a claim to Medicaid.

NADAC Price File Watch –Publication Date 8.17.22

The Louisiana Medicaid ingredient cost component of pharmacy reimbursement is based on the NADAC published price. This week’s NADAC report contains 22,047 price changes due to the incorporation of the most recent monthly survey results. 110 of the drugs are brand and 21,937 are generic drugs. Of the total changes, 13,251 drugs increased in cost and 8,796 drugs decreased in cost.

[Weekly NADAC Report](#)
[8.17.22 Generic Drugs by Price Change](#)
[8.17.22 Generic Drugs by Percent Change](#)
[8.17.22 Brand Drugs by Price Change](#)
[8.17.22 Brand Drugs by Percent 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 have attached instructions for Pioneer and Liberty 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 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 with your name, your pharmacy's name, and which system you use.