

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 8-5-22

August 17 – Medicaid Reimbursement Advisory Committee Meeting

September 30 - Medicaid Provider Re-enrollment Deadline

October 12—PBM Monitoring Advisory Council Meeting

Medicaid Reimbursement Advisory Committee Meeting

The first Medicaid Reimbursement Advisory Council Meeting has been scheduled for August 17 at 11 AM in Room 173 of the [Bienville Bldg.](#) (LDH State Office) in downtown Baton Rouge. The agenda can be found [here](#).

One of the items on the agenda is Public Comment. If you are available to attend the meeting and provide public comment (LIPA can provide assistance and talking points) please let us know. Thanks to the legislature and recently enacted 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 membership that without some relief and correction patients’ access to outpatient prescriptions will be increasingly impacted.

In preparation for the legislatively mandated Medicaid Reimbursement Council Meeting, we are gathering supporting data regarding your Top 10 prescriptions dispensed in the Medicaid FFS/Medicaid Managed Care population which are negatively impacted by NADAC (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 also 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 try to gather data we can bring forward to LDH and LDI.

[Top 10 Drug Spreadsheet Example](#)

Regional District Meetings

LIPA Board Members have begun setting up regional meetings in their Districts inviting US Senators, members of Congress, State Legislators and staffers along with other pharmacies and pharmacists in their districts who can attend. These meetings are a great way to express concerns about the Pharmaceutical Industry to Legislators and members of Congress to ask for their support with legislation pertaining to the matter. Pat Boggs, owner of Kelly Pharmacy and the District 9 Board Member, has a meeting scheduled for August 23rd, in Bossier City, Louisiana. The invitation can be found below. Along with local State legislators we encourage and will help reach out to our elected officials and their staff to attend.

[District 9 Meeting Invitation](#)

Earlier this week Congressman Graves visited Pat Brian and the James Drug Store to meet with the pharmacists face to face to hear about the problems currently threatening patients and their pharmacies. Congressman Garret Graves’ Facebook post about the visit can be found [here](#).



Adding Patient Addresses to Prescriptions for Schedule II Narcotics—What We Know

In mid-July, Walgreens notified their pharmacies via memo that if any of the information required in federal regulations to be on a Schedule II prescription—including the patient address—is missing, the pharmacist must not add or change, and the prescriber must issue a new prescription—either paper or e-prescription. The reason given for their policy change on allowed annotations for Schedule II prescriptions was that “during a telephone discussion between DEA and NACDS, DEA indicated that, despite historical guidance permitting pharmacist annotations to Schedule II Controlled Substance Prescriptions, Schedule II Controlled Substance Prescriptions must now arrive at the pharmacy with all the elements required by 1 C.F.R. 1306.05(a) in the final form.”

We are aware it is not uncommon to receive a prescription with the patient's address either missing or incorrect. [Louisiana Administrative Code](#) allows pharmacists to change or add the patient's address to a Schedule II prescription with the important caveat they do so “following a consultation with the prescriber and the appropriate documentation thereof on the prescription form”

Minnesota Indy Pharmacist on Trial This Week for Not Dispensing “Morning After” Pill

Some of our members have expressed concerns in the wake of the *Roe v Wade* SCOTUS decision that they may be expected to dispense prescriptions despite their conscientious objection due to a moral or other personal belief. It is important to note that federal law enacted in the 1970's, known as the *Church Amendments* (named after Senator Frank Church), protects health care providers conscience rights and prohibit recipients from certain federal funds from discriminating against health care providers who refuse to participate in these services based on moral objections or religious beliefs. This week, the trial began for a Minnesota pharmacy owner and pharmacist (who is also a pastor) who denied filling a prescription for the morning-after pill Ella. The plaintiff in the lawsuit alleges this was a violation of her civil rights. She also sued CVS for telling her they could not get Ella from their wholesaler, but they settled with her earlier this year, according to this story posted by [Minneapolis TV station KSPT](#)

Monkeypox Public Health Emergency Has Now Been Declared

On Thursday, HHS Secretary Becerra declared a Public Health Emergency due to the current monkeypox outbreak. The declaration will allow the FDA to bypass their usual exhaustive review process (like they did for COVID) and speed tests, vaccines, and treatments for monkeypox. In addition, the PHE declaration gives the CDC more access to information from health care providers and states. Without a PHE, federal agencies like the CDC cannot compel states to share data on cases and vaccinations.

The takeaway from this rare action (declaration of another national Public Health Emergency) is that the virus is not a “one off” and represents a significant threat to Americans. According to the [New York Times](#), experts fear containment is no longer possible; the highest rates per capita currently; New York, Washington DC, and Georgia.

HHS Secretary Becerra urged every American to take monkeypox seriously. While the U.S. now has among the highest rates of monkeypox infection in the world—with number expected to rise as surveillance and testing improve—the good news is no deaths have been reported in this country. On the flip side, while rarely fatal, “the infection “can be very painful.

Supplies of the monkeypox vaccine, Jynneos, have been severely constrained, and the administration has been criticized for moving too slowly to expand the number of doses. Declaring the emergency will not ease that shortage, but the administration may take steps to allow quicker access to tecovirimat, the drug recommended for treating the disease.

Who Can Get Monkeypox Vaccine?

An [article](#) published earlier this week in **Fortune** debunks several monkey pox “myths, including: “Anyone can get a monkeypox vaccine.” Their response to that assertion is “*Not really. In the U.S., there are two types of smallpox vaccine used to prevent monkeypox, and one of them is in limited supply, though more is expected to be available in the coming months. The CDC says anyone exposed to monkeypox who has not had a smallpox vaccine within three years should get vaccinated for monkeypox within four and no more than 14 days of exposure, in order to reduce symptoms. This is a strategy called ring vaccination. Once they identify a case, they identify their close contacts and give them the vaccination.*” Others may be eligible for monkeypox vaccination, but it really **varies by state** [emphasis added] and generally limited to those with known risk factors and people who have been exposed.”

Louisiana –Specific Monkeypox Information

LDH’s website has a [Monkeypox Information](#) webpage. Louisiana currently has 69 diagnosed cases with the actual number likely higher. Regarding the monkeypox vaccine: *Given how little monkeypox vaccine Louisiana has received, our State’s top priority for vaccination remains people with known exposures to monkeypox patients. There are two groups currently eligible for monkeypox vaccine: (1) individuals with known exposures as identified via contract tracing and (2) individuals with likely high-risk exposures in the last 14 days.*

The second group was determined based on best practices identified in other jurisdictions as well as limited data collected regarding Louisiana's monkeypox cases to date. Specifically, this second group includes:

- Gay, bisexual, other (cis or trans) men who have sex with men OR Transgender women and nonbinary persons assigned male at birth who have sex with men and
 - Have had intimate or sexual contact with multiple or anonymous partners in the last 14 days OR
 - Have had intimate or sexual contact with other men in a social or sexual venue in the last 14 days, OR
- Individuals (of any sex/gender identity) who have given or received money or other goods/services in exchange for sex in the last 14 days

LDH states that *“it is a high priority to provide vaccine pre-exposure to at-risk individuals; we are actively advocating CDC for sufficient allocations to be able to do so.”* LDH’s response regarding monkeypox vaccine concludes with this **“Important note: Anyone can contract monkeypox and the current eligibility criteria are only limited to the above groups because they are most at risk based on the first diagnoses we have seen. However, the criteria will be expanded as additional vaccine becomes available and/or individuals from other groups are diagnosed.”**

Here is a link to [Louisiana locations with monkeypox vaccine](#) as of Thursday, August 4 should you receive inquiries.

Independent Pharmacist/LIPA Member Announces Intent to Run for State House Seat

Louisiana pharmacist Errol Duplantis, who you all know, has announced his intent to run for the District 53 State House seat in the event the incumbent Representative Tanner Magee is elected to the First Circuit Court of Appeals and resigns his House seat. Errol has always been involved in state and LIPA policy matters, Errol regularly contributes information needed by legislators and public officials. He was raised in the District and owns Lloyd’s Remedies Pharmacy. He is actively involved with Louisiana Wholesale Drug (LWD) and is a supporter of University of Louisiana-Monroe, where his two children attend college. He is particularly active in the ULM College of Pharmacy, where he serves on the Dean’s Advisory Council, and in helping patients have access to the best insurance and pharmacy care.

If you would like to support his candidacy, donations can be sent to Errol Duplantis Campaign Fund, 4211 Bayou Drive, Houma, LA 70363.

Contact your Senators Regarding S. 4293

Louisiana’s Senators may be back home next week if Congress is not in session. We highly recommend calling and asking them to co-sponsor [S. 4293, The Pharmacy Benefit Manager Transparency Act of 2022](#). Below are the two letters we wrote to Senator Cassidy and Senator Kennedy; which explain the importance of their support for this legislation. 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 U S Senators](#)

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. Enliven Health, who we have worked with in the past, is offering a webinar from noon to 1 PM on Thursday, August 18th titled **Do not Wait, Migrate: How Comparing DIR Fees Can Reduce Your DIR Fees**. The webinar will instruct participants on identifying open enrollment opportunities, using technology to provide enrollment help, and becoming proactive against DIR Fees. Link to webinar registration:

[Webinar Registration](#)

Novanax COVID Vaccine Authorized by CDC

Novanax's two-dose vaccine series for COVID-19 was endorsed by the CDC in late July. It is intended only for adults age 18 and older and is **not “in addition to” Pfizer/Moderna primary and booster doses as some patients assume**. The LDH press release [explains](#) that this protein-based vaccine “uses a more traditional, familiar vaccine technology.” Some patients who have concerns about mRNA vaccines—*e.g.*, they make you magnetic/ due to 5G telecommunication towers, the government put a microchip in them to track you, the mRNA vaccine “rewrites” your DNA—may be more inclined to get immunized with the introduction of the Novanax vaccine series. **Pre-orders for Novanax can be placed in LINKS now using the normal ordering pages.** *This new product can be ordered in as little as 10 doses and will come refrigerated with ancillary supplies from M&D or 100 doses for direct shipment from McKesson.* Per [LDH Health Alert Network Memo #22-25](#), the manufacturer is still conducting quality tests and it will be “several weeks” before the vaccine is released to providers in the U.S.

“Retooled” COVID Booster Now Expected in Mid-September

The new COVID booster formulations reported to be more effective in fighting current COVID variants are expected to be available by mid-September. Expect to see a heavy push for boosters for **all adults**—and possibly children—beginning in mid to late September. The feds are aware of people's lack of patience with additional shots, as the number of recipients has been dropping with each new dose offered. While nearly half of those eligible got the first booster, fewer than 30% of eligible Americans have chosen to receive the second booster.

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 can 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.

Fair Compensation for Paxlovid Prescribing

The American Pharmacists Association has urged CMS and members of Congress to act to identify a payment pathway and provide appropriate compensation to pharmacists who prescribe Paxlovid. They note that while authorizing pharmacists to prescribe Paxlovid was a huge step forward, there is no current federal policy providing coverage for the associated clinical services required for pharmacist prescribing, such as consultation to determine patient eligibility, assessing renal and hepatic function, obtaining a comprehensive list of medications (prescribed and non-prescribed), and assessing for potential drug interaction services. The document from NCPA linked above provides a good overview. APhA states that *“Absent coverage for the pharmacist’s time to conduct patient eligibility and appropriateness, FDA’s authorization will be for naught to reduce our nation’s health inequities in accessing this lifesaving medication. These services, which take roughly 15-30 minutes per patient, are reimbursed for every other prescriber, but not for pharmacists. It is inequitable, unfair, and unreasonable to think that these services can be provided for free by pharmacists.”*

Medicare & Medicaid Will Reimburse Pharmacies for 8 COVID At-Home Test Kits Per Month

August is here which means that patients can get **more** COVID test kits at no cost to them. Many patients are likely to be unaware that they are entitled to eight free at home COVID test kits **per month**. For Medicare, this is available through Medicare **Part B**, even if the person is enrolled in a Medicare Advantage Plan. A prescription is **not** necessary. If your pharmacist is providing or is interested in providing free test kits and billing Medicare Part B for them, you may find this [information on the CMS website](#) helpful. Medicare reimbursement is \$12 per test kit. From our cursory research, it looks like tests are available to purchase for half that or less. The time to stock up on COVID test kits is before one becomes infected with the virus!

Have You Sent Us a Claim-Specific Example of Effective Rates Yet?

If you have not yet sent LIPA at least one claim-specific example where effective rates were used (dated after July 2019) please do so at the earliest opportunity. You can send the evidence to legal@lipa.org or by fax to (225) 308-2040, and we will file a complaint to LDI. By doing so we hope to show LDI a clear example of PBMs and PSAOs entering pharmacies into illegal contracts in Louisiana.

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.

United Healthcare Expansion Strategy Threatened by US Regulators

America’s largest healthcare provider, UnitedHealth, has recently moved to acquire Change Healthcare. However, the Department of Justice has now sued United to intervene in this acquisition, asserting that this move would harm the competitive field and give too much control over the industry to United. The Justice Department released a statement making it clear that they are committed to the prevention of such mergers. Furthermore, they argued that this move would stifle innovation in the employer health insurance markets. A federal trial is set to begin on August 1st.

NADAC Price File Watch –Publication Date 8.5.22

The Louisiana Medicaid ingredient cost component of pharmacy reimbursement is based on the NADAC published price. This week’s NADAC Price Comparison Data shows price increases on 40 drugs, all are brand names. The drugs increased in price ranging from \$0.01728 - \$61.44532.

The rate changes were WAC Adjustments (changes in WAC published prices) and are retroactive to July 27th, 2022.

[Weekly NADAC Report](#)
[8.3.22 NADAC by Price Change](#)
[8.3.22 NADAC 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. 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 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 with your name, your pharmacy’s name, and which system you use.