

# 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....



Members,

This has been another busy week for the LIPA team as we juggle multiple issues of importance to our members. In our discussions with legislators, one clear takeaway is the level of respect they have for the independent pharmacies in their communities and neighborhoods. They very much recognize the role that independent pharmacies have played in getting vaccines to their constituents. Midweek, we saw independent pharmacies step up to receive and administer Pfizer vaccine out of the Alexandria region that would otherwise have expired at the end of today. Last night, President Biden announced that states must offer the COVID vaccine to **all adults** no later than May 1, removing the current eligibility requirements that are a source of additional administrative burden and frustration for many of you.

### **WANTED: Independent Pharmacies to Provide Vaccines in Up to 153 Nursing Homes**

*LDH has requested LIPA's assistance in determining the interest and availability of independent pharmacies to provide continuing COVID vaccines onsite to patients and employees at 153 nursing homes throughout the state. The other 100+ Louisiana nursing homes have arranged with their LTC institutional pharmacy to meet their COVID vaccine needs. The federal partnership with CVS and Walgreens is ending but **COVID vaccines will continue to be needed** in nursing homes for both new patients and new employees. The current speculation is that an annual COVID vaccine could be needed to provide continuing immunity.*

*LIPA has developed a survey to gauge interest and identify any **agreements you may have already reached** with a nursing home or other congregate living setting related to ongoing COVID vaccines. Even if you are not interested in providing vaccines in nursing homes or other congregate settings, we are asking that you take a couple of minutes to complete the brief survey so that we can present a "complete picture" to LDH. We have a follow-up meeting with LDH and the Louisiana Nursing Home Association next Thursday and need the information by end of the day on Wednesday, March 17th.*

*If you have questions or wish to discuss further, you can contact Ruth Kennedy (call or text 225-241-1437; e-mail [kennedy@lipa.org](mailto:kennedy@lipa.org)).*

*Here is the link to the survey <https://www.surveymonkey.com/r/WDL953V>*

**Louisiana Medicaid Will Pay for Transportation to Get COVID Vaccine** The Medicaid Program has issued guidance to MCOs instructing them to pay for transportation for Medicaid enrollees to get the vaccine including at pharmacy locations. A Louisiana [Heath Plan Advisory](#) was revised in February to include the following language: *MCOs may authorize the transport of enrollees to pharmacies to receive the COVID-19 vaccine, and those trips are not required to be flagged as a value-added benefit (VAB). LDH will perform data analytics to verify that the enrollee did receive a vaccine on the same date of service as any pharmacy trip not flagged as a VAB. MCOs may be required to void any encounters for trips to a pharmacy without an associated vaccination. MCOs and brokers should work with NEMT providers to ensure transportation of enrollees to obtain COVID-19 vaccines is provided regardless of the vaccination administration setting.*

**Janssen (J&J Vaccine) Update** The [revised Standing order](#) permitting RNs and LPNs to administer Janssen vaccine (in addition to Pfizer and Moderna) has been signed by the State Health Officer Dr. Joseph Kanter and LDH Secretary Dr. Courtney Phillips. We know a number of our members are interested in receiving Janssen one-dose vaccine. In discussions with the Immunization Director Stacy Hall on March 11<sup>th</sup>, she stated that the next shipment of Janssen vaccine could be allocated for specific populations and settings for which second doses are especially problematic. The federal government announced yesterday that they have just purchased another 100 million doses. LDH will revise the Vaccine Request Form to add Janssen vaccine as an option when it is available for vaccine providers to request.

Ms. Hall noted that the [Novavax](#) vaccine could be the next vaccine to get EUA approval. It is a two-dose vaccine (21 days apart like Pfizer) but can be stored in the refrigerator for three months like J&J. Also in the pipeline is the vaccine from Astra-Zeneca so we can expect to see a lot more COVID vaccines becoming available.

For clarification, Emergency Use Authorization (EUA) is a mechanism to facilitate the availability and use of medical countermeasures, including vaccines, during public health emergencies, such as the current COVID-19 pandemic. Under an EUA, FDA may allow the use of unapproved medical products, or unapproved uses of approved medical products in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions when certain statutory criteria have been met, including that there are no adequate, approved, and available alternatives. Taking into consideration input from the FDA, manufacturers decide whether and when to submit an EUA request to FDA.

Once submitted, FDA will evaluate an EUA request and determine whether the relevant statutory criteria are met, taking into account the totality of the scientific evidence about the vaccine that is available to FDA.

**LDH's New Guidance on Using Vaccine Within 7 Days of Receipt** LDH sent out [guidance](#) yesterday stating that providers are expected to use **all first doses of COVID vaccine** within seven days of receipt or they risk not getting a future allocation of the vaccine. It is important to note that this does not apply to any second doses that providers may have received. We know that pharmacies have already received second doses of vaccine for the first doses that were originally scheduled for delivery on February 17th but that were delayed a week because of the winter weather. The winter weather and having to reschedule many appointments have also resulted in slower “burn rates” which has reduced the “burn rate.” We are interested in any thoughts you have on this issue for LDH—based on your actual experience—and will compile and share any feedback with LDH leadership.

**Vaccine Reimbursement and Billing Issues** In addition to vaccine administration and logistics, our members who are administering COVID vaccines are scrambling to understand and navigate the billing requirements for multiple public and private payers and billing software compatibility needed to receive timely and accurate reimbursement. An [NBC news story yesterday](#) talks about the struggle by some small pharmacies in other states to get payment and points out the low **Medicaid reimbursement rate** for vaccine administration in states including Florida, and California. This is a good time to remind members that LIPA worked very closely with Louisiana Medicaid last year and stressed the importance of Medicaid's reimbursement rate for COVID vaccine be **no less than the** Medicare rate. We are pleased to say that is indeed the case!

M.J. Terrebonne is our LIPA subject matter expert for COVID vaccine billing and reimbursement questions and technical assistance. She can be contacted at [terrebonne@lipa.org](mailto:terrebonne@lipa.org) or by phone at 225-953-0897. Our goal is to empower our members to get timely and accurate payments. What help do you need with vaccine billing and reimbursement questions?

**LIPA's April CPE Topic Will Be DEA Red Flags** LIPA is planning to offer CPE training during the month of April that will focus on the most recent information regarding **DEA's position on “red flags”** in dispensing prescription drugs. The one-hour live training will be conducted via Zoom webinar on a Sunday afternoon from 3 PM to 4 PM. We have had feedback that is a good time for online training for many of the pharmacists and pharmacy technicians employed by LIPA member pharmacies.

We are happy to announce that Attorney Karl Koch has agreed to serve as faculty and will be sharing his “lessons learned” from the front lines representing Louisiana independent pharmacies in the interactions with the DEA. Stay tuned for the actual date and link to register. As a reminder, there is no fee for pharmacists and pharmacy technicians employed by LIPA member pharmacies.

# ***In the NEWS:***

## **Survey Finds Majority of Adults Prefer Their Local Pharmacist to Mail Order Services**

**[Pharmacy Times 03/08/2021](#)**

Many American adults prefer to get their prescription drugs from a local pharmacist instead of a mail order service, mainly because of the personal relationship, according to a new national survey released today by the National Community Pharmacists Association.

“Most Americans clearly are not willing to substitute personal care for the perception of convenience,” said pharmacist and NCPA CEO B. Douglas Hoey, MBA, in a press release. “When they need medicine, they want to talk to a health care provider who knows them.”

According to the national survey conducted February 26 to February 27, 2021 by Public Policy Polling, 85% of 1390 adults prefer getting prescription drugs from a local pharmacist instead of a mail order service. Further, 36% said their pharmacists know them better than a mail order company, while 32% say their pharmacist answers questions and provides counsel on how to use the drugs. Fifteen percent of the respondents worry their drugs will get lost in the mail, exposed to the elements, or stolen.

## **Which vaccine is right for you? Lubbock pharmacist says they're all safe?**

**[KCBD 03/11/2021](#)**

So far three different vaccines are available in Lubbock: Pfizer, Moderna and the newest, Johnson & Johnson. Despite their differences, a Lubbock pharmacist said they are all safe and will protect you from getting severely ill from COVID-19.

Here's a quick comparison:

**Pfizer:** 95% efficacy, two separate doses, fully effective one week after second dose

**Moderna:** 95% efficacy, two separate doses, fully effective one week after second dose

**Johnson & Johnson:** 67% efficacy, one dose, takes 27 days to be fully effective

Pharmacist Larry Pineda says not to get too caught up on efficacy numbers, because they're based on trial settings.

“None of these trials, or none of these vaccines were compared head-to-head, right. They weren't in the same study. They weren't in the same time. They all differed by when the trial...the calendar time and the geography, so different places at different times,” Pineda said.

The FDA decided that if a vaccine is 50% effective, then it's approved. Comparably, the flu vaccines are 40% to 60% effective in preventing illness.

But remember, the vaccine doesn't totally prevent you from catching the virus, it just helps you fight it.

“Then you talk about vaccine efficacy for the Johnson product, the number that's thrown out there is 67%. But the number that I like to refer to is 85%. Because it was 85% vaccine efficacy against severe disease,” Pineda said.

## **Biden directs all states to make all adults eligible for COVID-19 vaccine by May 1**

**[CBS News 03/12/2021](#)**

President Biden set a goal of July 4 to "get closer to normal" in reopening the country in his first prime-time address on Thursday night. To reach that goal, Mr. Biden said he would be directing all states to make all American adults eligible for the COVID-19 vaccine by May 1.

"It will make this Independence Day truly special — where we not only mark out independence as a nation but our independence from this virus," Mr. Biden said. But to attain this goal, he said, "I need every American to do their part."

As greater numbers of people are fully vaccinated, Mr. Biden said the Centers for Disease Control would update its guidance on activities like travel and attending church worship services. The Biden administration has been criticized by some for providing such limited guidance so far for fully vaccinated people.

## **Covid vaccinations are free — but they're taking a toll on local pharmacies' bottom lines**

[NBC News 03/12/2021](#)

Pharmacists may be on the front line of Covid-19 vaccination distribution, but they feel increasingly like an afterthought when they try to get paid for it.

A common complaint among community pharmacists is that they are sapped physically, mentally and financially by hours of paperwork, piles of rejected claims and unceasing billing audits just to receive some level of payment for administering vaccines. And it's a problem that could push some of these small businesses to the brink financially.

Every week, Chris Antypas said he and his staff at Asti's South Hills Pharmacy in Pittsburgh are making the same calculation as many other mom and pop pharmacists: Though they have inoculated thousands quickly and effectively, can the business afford to continue?

Full coverage of the coronavirus outbreak

The vaccine may come free — paid for by the federal government — and administering it is fairly easy, but the work behind those shots is monumental, the reimbursement rates from insurers can be low and the effort to get paid is a major undertaking.

“It's a shot in the arm for sure to know that you're helping people,” said Antypas, who has worked 80- to 100-hour weeks running vaccination clinics while still operating a high-volume pharmacy. “But we're certainly sacrificing our business, and it's already difficult to be profitable. It's just a drain on you.”

## **Best States Rankings**

[US News](#)

Mr. Biden also said his administration is on track to reach 2 million shots a day and to reach his original goal of 100 million shots in arms on his 60th day in office, just 10 days from now.

Some states shine in health care. Some soar in education. Some excel in both – or in much more. The Best States ranking of U.S. states draws on thousands of data points to measure how well states are performing for their citizens. In addition to health care and education, the metrics take into account a state's economy, its roads, bridges, internet and other infrastructure, its public safety, the fiscal stability of state government, and the opportunity it affords its residents.

More weight was accorded to some state measures than others, based on a survey of what matters most to people. Health care and education were weighted most heavily. Then came state economies, infrastructure, and the opportunity states offer their citizens. Fiscal stability followed closely in weighting, followed by measures of crime and corrections and a state's natural environment.