

# 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....



Louisiana Medicaid advised LIPA that due to the ongoing impacts of Hurricane Ida and the continued recovery, the deadline for pharmacies to submit their responses to the Medicaid Cost of Dispensing Survey is now **November 17th**.

LIPA recommends that you devote the necessary time to fully capture your cost of dispensing Medicaid prescriptions. If you have questions or need technical assistance with completion of this important survey, contact the Myers & Stauffer Cost of Dispensing Help Desk:

Email: [disp\\_survey@mslc.com](mailto:disp_survey@mslc.com)

Call: 800-374-6858

However, this survey *does not* address negative reimbursements for brand or generic drugs, or insufficient NADAC drug ingredient reimbursements for certain drugs. **It is essential to provide LIPA with detailed information on the drugs in which NADAC is below your drug ingredient cost for your pharmacy (drug name, strength, dose form, current NADAC, date of service, ingredient cost from the invoice or a copy of the invoice).** This information will be presented to LDH staff and leadership to demonstrate the urgent need to address the unreasonable NADAC reimbursement on certain drugs.

Myers & Stauffer also prepare the NADAC pricing schedule for CMS. This price has formed the ingredient cost component for a large number of states including Louisiana Medicaid. Particularly for Brand drugs it is necessary to file appeals for adjustment. You can file a price complaint using the fillable pdf at [Medicaid NADAC price appeal](#) Notice that you will need to send a purchase record or invoice. We need to see the action Myers & Stauffer takes. While the Louisiana dispensing survey is mandatory, the NADAC survey is voluntary and unfortunately, we may see the reference price based on a small survey.

This is especially important because of “specialty drugs.” The U.S. Department of Health and Human Services, Office of Inspector General reported: “Recent trends have shown that a small number of drugs account for a disproportionately large share of Medicaid spending.” (See: [States Could Do More To Oversee Spending And Contain Medicaid Costs For Specialty Drugs](#)) View the [Complete Report](#).

This is further emphasized by recent [comments](#) from Eric Palmer, CEO of [Evernorth](#), the newly rebranded Cigna. Mr. Palmer stated: “We can build on the strength of our already existing, really strong assets in the pharmacy management space and our specialty pharmacy and we've got such an opportunity to leverage and build the things of the future...”

### ***Medicare & Medicaid Annual Open Enrollment Begin This Month***

While Medicare and Medicaid both hold annual open enrollment for members beginning October 15<sup>th</sup> - during which the member can change to a different health/drug plan—the “variability” in the drug benefit for both members and pharmacy providers is far greater for Medicare enrollees. A number of allowable practices in Medicare such as Direct & Indirect Renumeration (DIR) fees) are prohibited by state law in the Louisiana Medicaid Program. Have you created a list of patients for whom it would be beneficial to both them and you if they change to a different health plan?

**LIPA member pharmacies have free access to Amplicare's Medicare plan selection tool, an important component in helping to mitigate their DIR fee exposure.**

We encourage you to check out the [webpage with links](#) to Amplicare’s Medicare plan selection training and tools and make the maximum use of it.

Amplicare and FDS who merged last year are now part of Omnicell, a Mountain View, California-based company. The acquisition was [completed](#) on September 13<sup>th</sup>. Omnicell’s other major software platform for pharmacies is *EnlivenHealth*.

### ***Get Your EPAP Claims Submitted by October 24<sup>th</sup>***

Pharmacy providers will have an additional 30 days after the program ends –currently **October 24<sup>th</sup>** to submit claims. A major change in EPAP for Hurricane Ida was the requirement that patients call and register for the EPAP Program. Uninsured patients who successfully enrolled are given four “numbers” to provide to their pharmacy for claim purposes.

Member ID (12 digits)

Group # (Example EPAP1LOCATIONB)

BIN # (Example 003858)

### ***Naloxone Card Information***

The Office of Behavioral Health (OBH) recently shared [information](#) for pharmacies to advertise naloxone, including a draft version of the card linked below that could be attached to prescriptions or distributed noticing people of naloxone and a treatment finder. OBH hopes to begin distributing the card soon.

[ATLAS Card](#)

OBH also shared a referral resource, the Addiction Treatment Locator, Analysis, and Standards Platform (ATLAS), for any working with those who have substance abuse disorders (SUDs). ATLAS is the product of a two year, six-state pilot project with the national nonprofit organization, Shatterproof. OBH is the lead agency for Louisiana in this project.

ATLAS is free and searchable by topics such as location, insurance accepted and services offered. ATLAS provides information on whether SUD treatment facilities offer services that align with evidence-based best practices known to improve patient outcomes. It also allows patients and family members to report on their experiences in treatment and read others' experiences.

ATLAS also includes a lay-friendly 13-question assessment tool that offers a suggested level of care where a full ASAM 6 Dimension risk evaluation can occur to validate the screening or clarify for an appropriate level of care. View ATLAS below:

[ATLAS](#)

### ***PBM Monitoring Advisory Council Meeting***

LIPA and its members have the opportunity to provide important comments on current issues impacting your pharmacies at the [Pharmacy Benefit Manager Monitoring Advisory Council](#) scheduled for Wednesday, October 13th.

The Council will discuss current issues with PBM practices and ways to resolve those issues. Members are invited and encouraged to attend or submit written comments. We would also like your input on the following topics and any others your patients may have faced:

Pharmacy closures, which prevented prescriptions from being filled or transferred;

Prescription drug fills, mail order prescriptions, and out-of-network access;

Landline, cellphone, or communication failures;

Generator, refrigeration, or fuel issues;

Generator, refrigeration, or fuel issues; and

Any other issues your independent pharmacy faced caring for the needs of your existing or new patients.

### ***Complaints To LDI***

In the Wake of Hurricane Ida, LIPA is concerned about PBM audit practices related to prescriptions filled under Department of Insurance and Board of Pharmacy emergency rules and guidance. We know many chain pharmacies were closed after Ida and did not reopen for several days. Without an ability to contact a chain to transfer prescriptions, process claims, or verify insurance coverage, many independent pharmacies relied on LDI and BOP when dispensing emergency prescriptions based on the label alone. The possibility that PBMs will retroactively deny coverage, require a full co-pay from patients, or allege prescriptions were refilled by mail order may create issues for your pharmacies down the road.

Considering those emergency situations and other MAC Appeals that were denied prior to the unanimous decision in [Rutledge v. PCMA](#), LIPA is encouraging our member pharmacies and all independent pharmacies in Louisiana to file complaints with the Department of Insurance and the Board of Pharmacy if they suspect unfair or deceptive practices by PBMs.

LIPA is working to streamline the process, but for now, complaints against PBMs may be filed with LDI here: [LDI Online Complaint Filing](#). LDI will not appreciate the extent of the issue without complaints from your pharmacy or patients. Please let us know if we can assist your filing in any way.

### ***COVID-19 Vaccine Update***

The [FDA Vaccine and Related Biological Products Advisory Committee](#) will meet on October 14<sup>th</sup> and 15<sup>th</sup> to discuss Emergency Use Authorization (EUA) of the Moderna and Janssen (J&J) for booster doses, following completion of the series for people 18 years of age and older. Moderna will be in the same packaging, but the dose will be one-half. On October 26<sup>th</sup>, the Committee will discuss Pfizer's request to amend its EUA to allow children 5-11 years of age to receive its vaccine. Pfizer's dose will be one-third *with* and new NDC and *without* the need to use diluent.

LIPA staff also participated in a call with LDH earlier this week. (See the deck: [Covid-19 Vaccine Provider Update](#)). Several updates from the call are below:

If you have COVID-19 vaccine loss from Hurricane Ida, please fill out the Vaccine Loss Report Form. It can be retrieved from the Regional Immunization Consultant.

LDH asked that providers *not* stockpile vaccine and instead order it as needed every two or three weeks. This is partially because of increased availability, but LDH also expects the CDC to extend Moderna's expiration date in the coming weeks.

Specific to the flu vaccine (See: [LDH Administration Notice](#)), LDH recommends the flu vaccine *can and should* be co-administered with the COVID-19 vaccine. However, LDH recommends the vaccines be given in separate arms.

LDH also shared [Updated LTCF Guidance](#). LDH suggest Long Term Care Facilities coordinate with their designated COVID-19 vaccination provider, which LIPA can coordinate on your behalf, to get eligible residents and staff the Pfizer booster. This may be a limited group at this time, because most were initially vaccinated with the Moderna vaccine.

#### *Supplemental Doses For Immunocompromised*

Moderately to severely immunocompromised individuals are recommended and able to receive a third "supplemental" dose 28 days after receiving their second dose of Pfizer or Moderna. Janssen (J&J) does not currently qualify for a third dose. Qualifying conditions, which patients may self-attest, include:

- Active cancer treatment for tumors or cancers of the blood

- Received an organ transplant and are taking medicine to suppress the immune system

- Stem cell transplant within the last 2 years or are taking medicine to suppress the immune system

- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)

- Advanced or untreated HIV infection

- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response

Other conditions which cause moderate or severe immunosuppression similar to the above conditions

### *Pfizer Booster Doses*

People may receive the doses now and providers may accept their self-representation of need. **Note:** providers must document the vaccine administration in LINKS *within* twenty-four hours. Document the booster dose on their original vaccine card, or if no card is available, a new card *with only* the booster dose may be provided.

#### People Who *Should* Get a Booster:

People 65 years and older and residents in long-term care settings should receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer- BioNTech primary series.

People aged 50–64 years with underlying medical conditions should receive a booster shot of Pfizer- BioNTech's COVID-19 vaccine at least 6 months after their Pfizer- BioNTech primary series

#### People Who *May* Get a Booster

People aged 18–49 years with underlying medical conditions may receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series, based on their individual benefits and risks.

People aged 18-64 years who are at increased risk for COVID-19 exposure and transmission because of occupational or institutional setting may receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series, based on their individual benefits and risks.

### ***ULM Homecoming – Tailgate/Board Meeting***

LIPA will host its next Board Meeting on Friday, October 22<sup>nd</sup> at the ULM College of Pharmacy. This will be the night before the before the [ULM Homecoming](#) game on Saturday, October 23<sup>rd</sup>, where LIPA and LWD will host the returning annual tailgate. The LIPA Board will meet to discuss current issues impacting independent pharmacies, including activities at the Department of Health, the Department of Insurance and legislation in both the US Congress and the Louisiana Legislature.

We're looking forward to seeing everyone in Monroe and encourage you to stop by the tailgate to say hello. This year on the baseball stadium grounds. Come out and join us, the food and friendship shared will be outstanding. We'll provide additional details about the tailgate in an upcoming Newsletter.

### ***NCPA Conference – Representation, Federal Action, Unfair Trade Practice***

LIPA's federal partner, NCPA, is hosting its [2021 Annual Convention](#) in Charlotte, NC this weekend. (See: [NCPA Program Guide](#)). LIPA staff and members are attending, so we'll provide updates in next week's Newsletter. You can also see updates on social media by using the hashtag: #NCPA2021.

***Help Us Get Information To Your Team Members Who “Need To Know”***

Although LIPA sends this newsletter to over 500 recipients each week, it may not be going to every member of your team who could benefit from the information. We encourage you to contact the LIPA office to have their e-mail address added to the mail list. Send us an email with the address you would like added [communications@lipa.org](mailto:communications@lipa.org)

LIPA recently established a *GroupMe* chat group that we have been using to rapidly respond to COVID-related (and other) questions and get real time feedback from members. You are our “eyes and ears on the ground” and your input is valuable to us. Who on your team would benefit from this functionality?

To be added to the chat group (the *GroupMe* application can be downloaded from the App Store on your smart phone) call Danielle Hodge at 225-308-2030 or email her at [hodge@lipa.org](mailto:hodge@lipa.org) with your name, pharmacy name, and cellphone number.