

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,

LEGISLATIVE UPDATE

An important piece of tax legislation that attempts to simplify Louisiana's tax system took two attempts to clear the House of Representatives this week. [House Bill 274](#) by Rep. Bishop (R-Lafayette) would eliminate a deduction for federal tax payments on state tax returns in exchange for a lower overall state tax rate. [HB278](#) by Rep. Bishop also passed earlier this week by the narrowest of margins. It would lower the income tax rate at all levels of income. Both measures have a long road ahead in the Senate.

[House Bill 244](#) by Rep. Turner passed Senate Insurance unanimously with amendments. LIPA appreciates the effort Rep. Turner has put into HB244 and his work prevent a single vote against HB244. HB244 will be heard on the Senate floor next week and hopefully on the House floor in the days thereafter for a vote to concur in the Senate committee amendments. We look forward to working with Rep. Turner to ensure it gets through the process.

[Senate Bill 180](#) by Sen. Mills passed the House Appropriations committee unanimously and should be heard on the House floor in the coming days. SB180 would allow the Division of Administration to procure PBM services for the Office of Group Benefits through a reverse auction process and establishes standards and procedures. A reverse auction would accept offers from approved PBMs to provide pharmacy benefits to OGB and allow them to bid against each other in an effort to provide the lowest price or best offer to the state.

[Senate Bill 218](#) by Sen. Mills was rescheduled this week. It will be heard at **9:30 a.m. on Wednesday, May 26th** in [House Insurance](#). SB218 is an important piece of legislation for independent, community pharmacies in Louisiana. It provides for transparency to all steps of the pharmacy payment system and gives additional clarity into the price of prescription drug benefits for insurers, employers, and patients.

SB218 does the following:

- Adds transparency to claim remittance advice for insurers and employers, and ensures pharmacies receive the complete remittance advice;
- Clarifies existing pharmacy record audit laws, including procedures for standard audits and what qualifies an audit as a fraud, willful misrepresentation, or abuse audit;
 - These provisions protect patients and prevent auditors from ignoring Louisiana laws
- Clarifies existing effective rate pricing prohibitions for local pharmacies and further prohibits any reduction of reimbursements through an aggregate rate for local pharmacies;
- Defines "Specialty Drugs" to ensure patients are not illegally steered to mail-order pharmacies;
- Moves to a single maximum allowable cost list per pharmacy;
- Prohibits spread pricing after a delay and matches insurance billing with pharmacy payments; and
 - These provisions will lower prescription drug costs for insurers, employers, and patients
- Ensures pharmacies can provide prescription delivery services to their patients.

Contact [House Insurance](#) members and your [legislators](#) to express your support for SB218 and Sen. Mills. As the most accessible healthcare provider in your community, legislators trust your opinions and need your support. SB218 is a good bill for independent pharmacies in Louisiana and will ensure patients receive the best care possible from their local, independent pharmacy.

FREE OPIOID-RELATED CPE STARTS NEXT WEEK!

We currently have just over 50 registrations for the CPE activity that will be presented throughout the next two weeks. LIPA is jointly sponsoring this CPE with LDH; the same information is being presented multiple times, with the only difference being the point of contact in each region who can provide additional resources.

Here is the [registration link](#) to sign up for CPE Training next week (the exact day depends on your Region but **a session open to everyone will be held Friday, June 4th from noon to 1 PM**). See the official announcement [here](#) including the dates and times for each region. This CPE offering for 1 hour of “live” training and is open to **both** Pharmacists and Pharmacy Technicians.

MONITORING ACCURACY OF YOUR MEDICAID PHARMACY REIMBURSEMENT BY PAYERS

As of April 1, pharmacies now have the option to receive a standalone Remittance Advance (RA) from Louisiana Medicaid MCOs (or their subcontracted PBM) that is specific to Louisiana Medicaid claims and separate from other lines of business (Medicare, commercial). However, the pharmacy must specifically request standalone RAs in order to receive them. LIPA is currently working with Medicaid to create a uniform and streamlined process pharmacies can use to request standalone RAs.

Why does this matter? Louisiana’s independent pharmacies have seen a number of laws enacted (most in the past decade . . . and at the behest of LIPA members) intended to assure fair reimbursement for pharmacy services, such as the minimum dispensing fee in Medicaid Managed Care that applies to community pharmacies.

The fact that we have a law on the books in Louisiana does **not** guarantee that the provision will be adhered to. One area of concern we have been looking into is entities (think PBMS, PSOs) that have business in multiple states and not just Louisiana. A number of—if not most—other states do not prohibit effective rate pricing. LIPA has seen cases of payers failing to customize their systems to pay Louisiana Medicaid pharmacy claims in accordance with Louisiana law and using “generic” policies for all states. Because of the complexity of pharmacy reimbursement, “blended” RAs can make it difficult to confirm that—for example—the Medicaid dispensing fee is being paid in accordance with Louisiana law.

Here is the actual contract language in Amendment # (Effective 1/1/2021) to the five Louisiana Medicaid Managed Care contracts¹ added an additional requirement to Section 17.4.4: *Pharmacy Remittance Advice from the PBM must be issued as a standalone RA, specific to Louisiana Medicaid and separate from other lines of business **at the request of the pharmacy*** [emphasis added], effective April 1, 2021.

UPDATE ON DIR FEE RELIEF

Independent pharmacists have now been waiting **years** to see changes at the federal level that would provide relief from Medicare DIR fees. In the absence of much needed action by Congress (Option A) or HHS (the umbrella agency for Medicare and Option B) which have long been pursued by LIPA and our federal partner NCPA, the best chance for DIR fee change is the federal courts. NCPA believes there is a **strong legal case** against DIR Fees and is suing the government to stop them. For years, the legislative (Congress) and regulatory (HHS rule-making) options for DIR relief were aggressively pursued, albeit without success.

Last Friday (May 12th) the Government (HHS) filed a Motion to Dismiss on the basis of “lack of standing” and which can be found [here](#). It is an “interesting read” and sheds light on the uphill battle that community pharmacies are facing when it comes to DIR fees. The Government alleges that even if the relief sought to NCPA on behalf of pharmacists were to be granted, there is no guarantee that things would change for pharmacies. This case is in the D.C. Circuit and assigned to U.S. District Judge Amy Berman Jackson.

Meanwhile, we have **not** given up on Option A (legislative relief at the federal level). NCPA is working with Congressional offices on the introduction of DIR reform legislation, and it is likely that it could be introduced in Congress as **soon as next week**. LIPA has signed on to a letter in support of the requested legislation that mirrors the bipartisan DIR reform provisions from the Grassley/ Wyden drug pricing bill. We will share a one- page summary with you as soon as the bill is introduced along with a sample letter for sending to members of our Congressional delegation asking for their support of the bill.

ANOTHER REASON TO RECONSIDER OFFERING PFIZER VACCINE

On Thursday, a major relaxation of the storage guidance for Pfizer COVID-19 vaccine was announced by the FDA. LDH promptly issued a [Health Alert Network memo](#) alerting vaccine providers enrolled in the Louisiana COVID-19 vaccine program that Pfizer vaccine can now be maintained in a **refrigerator for thirty days** (rather than just five days). This is in addition to 13 days in a regular freezer, assuming the vaccine is in a frozen state when received from Morris & Dickson.

If you've been reluctant to order Pfizer COVID-19 vaccine because of its shorter "shelf life", **that is no longer an issue**. In addition, with six—rather than ten doses in a vial—there could actually be less potential waste.

Pfizer's COVID-19 vaccine is the **only** one of the three that can be administered to adolescents ages 12-17. It can be ordered in LINKS in **multiples of 6 doses** and you can stock and offer more than one kind of vaccine if you choose to do so.

LOUISIANA PEDIATRICIANS JOIN IN URGING COVID-19 VACCINE FOR AGES 12-17

A number of **Louisiana's leading pediatricians** have joined State Health Officer Joseph Kanter in urging families to get eligible adolescents (ages 12 and older) immunized to protect them from COVID-19. You can read the public letter [here](#). The letter makes a number of important points that you—as a trusted healthcare professional in your community—may want to incorporate into your counseling of adolescents and their parents/caregivers:

- The Pfizer COVID-19 vaccine has been shown to be **safe** and provides a **strong** immune response against the virus, **particularly** in adolescents.
- By their "social nature", teens have proven to be very effective **spreaders** of COVID-19.
- Importantly, the Pfizer COVID-19 vaccine has also been shown to **substantially reduce the chance** one might **unknowingly pass the virus on** to someone else.
- The availability of COVID vaccines in 12- to 15-year-olds can make the coming school year safer and more normal, but **only** if families and adolescents choose to get vaccinated.

Signatures to the letter include leadership of the Louisiana Chapter of the American Academy of Pediatrics and pediatric medical directors for large health care systems in the state.

NEW COVID-19 VACCINE REQUIREMENTS FOR NURSING HOMES BEGINNING TODAY (5/21/21)

CMS recently (May 13th **Federal Register**) issued an [Interim Final Rule](#) regarding COVID-19 vaccines in nursing homes and other congregate settings such as I/DD group homes, including a new requirement on weekly reporting to CMS which will be published on their website.

LIPA and Louisiana independent pharmacies are providing ongoing support to LDH in helping to facilitate COVID-19 vaccines in nursing homes. Pharmacies engaged in providing onsite vaccines in nursing facilities can find resources at this [site](#) created and maintained by NCPA.

With the new requirements, now is a good time to reach out to the nursing homes regarding your availability to assist with COVID-19 vaccines and CMS' educational requirements. LIPA stands ready to assist.

COVID 19 THIRD BOOSTER VACCINES AS SOON AS SEPTEMBER

Axios [reported](#) yesterday that the CEOs of both Pfizer and Moderna are projecting that a third booster shots of COVID-19 vaccine will be needed beginning as soon as September (just over three months from now)! At this point it is the manufacturers of the vaccines (who have a lot to gain here) and not the FDA who are talking these Fall 2021 dates. Moderna CEO Stephane Bancel e-mailed Axios *"I think as a country we should rather be two months too early, than two months too late with outbreaks in several places. "People at highest risks (elderly, healthcare workers) were vaccinated in December/January,"* he added. *"So I would do [a] September start for those at highest risk."*

While we don't have any certainty as to timeframe for COVID-19 vaccine booster doses, it is not too early to think about how you might conduct outreach to individuals you previously immunized . . . whether that is in the fall of 2021 or not until sometime in 2022 or beyond... LINKS is one source that you can pull Reports from along with any software systems you already use for communicating with patients. LIPA will continue to closely monitor and keep our members apprised.

HAVE YOU CHECKED YOUR PHARMACY'S INFORMATION AT VACCINES.GOV?


Information used to populate the COVID Vaccine Finder on the CDC website vaccines.gov comes through a daily automatic upload from LINKS (for vaccine received through the state's Immunization Program) or the Federal Retail Pharmacy Partnership and/or system *Tiberius*. You may want to periodically check out the information on this page for accuracy of your website and pharmacy hours. It is also a good resource to find the closest provider that offers a brand of COVID vaccine that you do not currently have in stock for making referrals.

COVID-19 Community Corps Virtual Training Session

Join the Made to Save Coalition for a workshop about how to talk to your friends and family about the COVID-19 vaccines. This virtual event will take place Tuesday, May 25 7-8PM EDT. Sign up [here](#).

Talking to your friends and family about getting COVID-19 vaccinated is one of the best ways you can help the people you care about get the information they need to make a plan to get vaccinated. Studies show that people are 40% more likely to get vaccinated if they know a friend or family member who was vaccinated, too. That's why you're one of our most important messengers to increasing trust and access to the vaccines.

This training will be recorded and made publicly [here](#).



In the NEWS:

Mix-and-match COVID vaccines trigger potent immune response

[Nature 05/19/2021](#)

Vaccinating people with both the Oxford–AstraZeneca and Pfizer–BioNTech COVID-19 vaccines produces a potent immune response against the virus SARS-CoV-2, researchers conducting a study in Spain have found.

Preliminary results from the trial of more than 600 people — announced in an [online presentation](#) on 18 May — are the first to show the benefits of combining different coronavirus vaccines. A UK trial of a similar strategy reported safety data last week, and is expected to deliver further findings on immune responses soon.

Because of safety concerns, several European countries are already recommending that some or all people who were given a first dose of the vaccine developed by the University of Oxford, UK, and AstraZeneca in Cambridge, UK, get another vaccine for their second dose. Researchers hope that such mix-and-match COVID-19 vaccination regimens will trigger stronger, more robust immune responses than will two doses of a single vaccine, while simplifying immunization efforts for countries facing fluctuating supplies of the various vaccines.

“It appears that the Pfizer vaccine boosted antibody responses remarkably in one-dose AstraZeneca vaccines. This is all around wonderful news,” says Zhou Xing, an immunologist at McMaster University in Hamilton, Canada.

Louisiana Governor looks at attaching financial incentives to COVID-19 vaccine participation

[Louisiana Illuminator 05/20/2021](#)

Louisiana may soon offer incentives to residents who are willing to get vaccinated against COVID-19 in order to boost [the state's dismal vaccination rate](#).

Gov. John Bel Edwards said his administration is discussing sweetening the pot for people who take the vaccine, but he wouldn't go into details about what type of incentive might be in the works.

“I would expect that pretty soon you're going to hear that we are going to offer some things that make people — more people — take advantage of the opportunity to be vaccinated, but we haven't made a decision as to what that's going to look like or when,” Edwards said at news conference Thursday.

A few other states have already announced plans to offer vaccinated people a chance at a cash prize or gift card. Ohio, New York and Maryland governors have launched special lottery games for the vaccinated. West Virginia Gov. Jim Justice [is giving residents a \\$100 U.S. Treasury Bond or gift card](#) in exchange for vaccinations.

Some of the governors have run into challenges setting up their incentive programs, which is why Edwards is taking his time examining his choices.

Your Friend Doesn't Want the Vaccine. What Do You Say?

[The New York Times 05/20/2021](#)

The difference between people who eagerly want the Covid-19 vaccine and people who are hesitant is not as great as it may seem. Most vaccine [holdouts](#) are not anti-vaxxers or conspiracy theorists.

Before you demand that your loved ones get a shot, know that not all conversations are created equal. Research shows that many common persuasive styles — commanding, advising, lecturing and shaming — not only don't work but also often backfire.

To help you learn the basics of a method that works, we've created a vaccination chatbot based on the principles of motivational interviewing, a research-backed approach for encouraging people to get vaccinated that's used by health care professionals to harness people's innate drive for change.

Two AstraZeneca shots could be 85-90% effective, UK data suggests

[Reuters 05/20/2021](#)

Two doses of the Oxford/AstraZeneca COVID-19 vaccine may be around 85% to 90% effective against symptomatic disease, Public Health England (PHE) said on Thursday, while cautioning that it did not yet have enough data to be conclusive.

Britain has suffered one of the worst death tolls globally from the pandemic, but has also had one of the fastest vaccine rollouts, generating a lot of data about the use of the shots in real-world settings.

It was the first country to roll out AstraZeneca's ([AZN.L](#)) vaccine, which faced questions over the construction of its clinical trials, the efficacy of the vaccine and the optimal gap between doses of its shot.

PHE said the preliminary findings were the first of its kind on the effectiveness of two doses of AstraZeneca in a real-world setting but cautioned that it had "low confidence" in the findings, and the results would be inconclusive until more evidence was gathered.

Mom-and-pop pharmacies struggle to hang on

[Times Union 05/20/2021](#)

Mom-and-pop pharmacies across the Hudson Valley and beyond say they are hanging on as best they can while navigating not just the pandemic, but another threat they see to their future: pharmacy benefit managers, which pharmacist Dr. Neal Smoller of Woodstock's Village Apothecary describes as the "the biggest threat to quality care in communities."

Pharmacy benefit managers, or PBMs, are third-party companies that manage prescription drug benefits on behalf of health insurers and, ultimately, millions of Americans. The intended role of PBMs — who sit at the center of health insurers, drug manufacturers and pharmacies — is to advocate for lower drug costs for health plans and the consumers who use them, and to determine which drugs will be covered by plans. They are a critical player in the payment chain for prescriptions medications.

The industry is fairly concentrated, with three of the largest PBMs in the U.S. — CVS Caremark, Express Scripts, and OptumRX — collectively handling about [75 percent of all prescription claims](#) in this country.

The big issue, small pharmacies and critics say, is the power PBMs have over the pharmaceutical industry and market, and a lack of transparency regarding drug pricing. PBMs require pharmacies to pay upfront for the scripts that they fill. Pharmacies then have to wait for prescription benefit reimbursements, which can be a hard financial burden for independent pharmacies to bear and sometimes isn't reimbursed at the full amount. Health insurance company [Anthem sued Express Scripts](#) five years ago, saying it was overpaying for pharmaceuticals, and local pharmacies in the Hudson Valley say they, too, feel like they are overpaying.

Expanding Access to Biosimilars Has Bipartisan Support. But Movement on Legislation Hangs in the Balance of the Drug Pricing Debate

[Morning Consult 05/21/2021](#)

As the prescription drug pricing debate heats up once more on Capitol Hill, advocates and policymakers say a bipartisan push to expand access to biosimilars could either sneak through Congress this year or get caught in the crosshairs of the highly partisan drug pricing negotiations.

The advent of biosimilars, a relatively new class of drugs, is a less politically fraught topic than allowing the federal government to negotiate prescription drug prices through Medicare, which is the sticking point in [H.R. 3](#), House Speaker Nancy Pelosi's (D-Calif.) signature drug pricing bill. Market research firm [IQVIA estimates](#) that the expanded availability of biosimilars — lower-cost versions of biologic drugs that treat cancer, diabetes and autoimmune disorders — could curb U.S. drug costs by \$100 billion over five years.

Industry opposition to biosimilars has been scattershot, and policymakers from both parties support the increased access and competition. Lawmakers have reintroduced multiple bipartisan bills to promote their use in recent weeks, while President Joe Biden signed a bill to educate patients and providers about biosimilars, which have seen

increased adoption in recent years but remain [poorly understood](#) in the medical community and typically [don't bring in](#) as much money for providers as their brand-name counterparts.

“I don't think there's been a real concerted effort” in Congress to promote biosimilar adoption in the past, said Rep. Kurt Schrader (D-Ore.), [whose bill](#) with Rep. Adam Kinzinger (R-Ill.) would seek to incentivize clinicians to prescribe biosimilars through a temporary reimbursement increase.

