

Friday, November 20, 2020

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,



Dates to Know

- November 26th—Happy Thanksgiving
- November 30th—Open enrollment deadline for Healthy Louisiana Medicaid
- December 7th—Open enrollment deadline for Medicare

Notes from LIPA Board Meeting Yesterday (11/19) the LIPA Board held an all-day meeting in Baton Rouge. Andy Soileau of New Iberia and one of LIPA's founding members is stepping down from his role as LIPA Board Co-Chair and was recognized for his years of service as Board Chairman and Co-Chairman. He was presented with a commemorative bowl, etched with the LIPA logo and the following inscription:

RICHARD A. "ANDY" SOILEAU
Founder & Chairman

*You have carried us on your back, fed us at your table,
and lifted us on your shoulders. You are a mentor
and a leader and we are better because of you.*

LIPA Board officers were elected as follows: Chairman: David Osborn; Vice-Chairman: Pat Boggs; Secretary: Allen Cassidy; Treasurer: Kenny Wilson; and Chairman Emeritus: Andy Soileau.

The Board was able to interact with key state officials and other stakeholders including Dr. Courtney Phillips, LDH Secretary; Ruth Johnson, LDH Undersecretary; Michael Boutte, Louisiana Medicaid Deputy Director; Stacey Hall, Louisiana Immunization Program Manager; and Colonel David Couvillon, OGB Executive Director. Representatives from MedImpact and several others were also in attendance.

Members of the board were able to spend extended time during the morning with Colonel Couvillon who was interested in getting the perspective of independent pharmacists. As a reminder, the award of a multi-year contract by OGB to CVS Caremark is

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currently under protest at the Office of State Procurement. We raised several issues with the CVS Caremark contract, including the absence of specific definitions and lack of attention to Louisiana laws, rules, and regulations. The recommendations OGB received are still of concern, but we look forward to a more productive relationship with OGB. On that note, MedImpact also reaffirmed its commitment to moving its audit functions in house and to work with LIPA on its policies and procedures. MedImpact also stated that there will not be any reimbursement reductions in 2021.

Joint Legislative Committee on the Budget JLCB met earlier today to discuss several issues, including the extension of its contract with Buck Global, LLC for actuarial services with OGB. Members of JLCB had questions about the contract for Commissioner Dardenne, so approval of the contract was deferred until the next JLCB meeting, which is expected to be in the third week of December.

COVID Vaccine Watch The week began with the much-heralded news that Moderna’s COVID-19 vaccine has proven to be effective in 94.5% and it appears it will be available within a matter of weeks. For those of us keenly interested in COVID-19 vaccine stability and storage requirements, Moderna’s experimental vaccine can be maintained in ordinary refrigerators for up to 30 days and does not need the ultra-cold storage that Pfizer’s vaccine requires. Yesterday, HHS Secretary Alex Azar announced that Pfizer is expected to file its application for Emergency Use Authorization for their vaccine **today** (November 20), with final approval expected sometime in December, after which Pfizer previously indicated that within 24 hours, their “trucks will be ready to roll.”

Comparison of Pfizer and Moderna’s COVID-19 Vaccine Storage Requirements	
Pfizer Inc’s PFE.N	Moderna’s MRNA.O
Distributed by Pfizer’s private distribution infrastructure built at a cost to them of \$2 billion	Distributed by U.S. government’s Operation Warp Speed Program, including use of military
Required development of new ultra cold-chain shipping and storage infrastructure	Can be distributed using existing cold-chain shipping and storage infrastructure.
Transported and storage up to six months at a temperature of minus 70 degrees Celsius (-94 F),	Transported and storage for up to 6 months at minus 20 degrees Celsius (-4 F) about home freezer levels
Can be stored in conventional freezers for up to five days (or up to 15 days in the Pfizer cooler if dry ice is replenished and the boxes aren’t opened more than twice a day).	Can be stored at standard refrigerator temperatures for up to 30 days.

Reuters reported this week that *most Americans will be inoculated in May or June, according to Dr. Anthony Fauci, the nation’s top infectious disease expert.*

COVID Vaccinations—Not the Vaccine—Will Make the Difference In responding to questions from the press earlier this week, President-elect Biden emphasized that it is not the COVID vaccine itself that will protect people but the vaccination, so distribution logistics are important. In comments on Thursday, Biden stated that while it was not his intent to denigrate “Walgreens” many neighborhoods and communities do not have this option available. We were happy to hear that he recognizes that the will take all of our pharmacies working diligently to effectively get the vaccine to every American who needs it. Unlike the flu shot, the COVID vaccine requires **two** shots to be fully effective. Pfizer’s booster shot will be given three weeks after the first one, while Moderna’s is spaced four weeks later according to the Washington Post. This greatly adds to the challenges for those on the front lines engaged in getting people immunized.



We noted a shift this week to the trying to persuade people that the vaccine is safe and that getting immunized. Both President-elect Biden and Dr. Fauci publicly stated that they will get the vaccine themselves. Our LIPA member pharmacists and pharmacies will play a major role in getting Louisianans immunized. LIPA is working very closely with the LDH Immunization Program and the state's Immunization Program Manager Stacey Hall made a presentation via Zoom to the LIPA Board on Thursday. In e-mail communication, she expressed her appreciation "I'm very pleased LIPA members are looking forward to working with the Office of Public Health" and offered to provide an individualized call/meeting to LIPA members regarding COVID vaccination.

On Wednesday, LDH sent a [letter](#) to hospitals that we have used to create a checklist of actions pharmacists can take now to be ready to administer the vaccine:

Complete the CDC COVID-19 Provider Agreement

Complete the Louisiana Immunization Network (LINKS) enrollment application packet (Requirements for Participation Checklist, Site Enrollment Agreement, and User Agreement)

Ensure that if information is being automatically sent to LINKS from electronic system rather than manually entered in LINKS, that the software is updated with COVID-19 vaccine CVX code and NDC number

We recommend you read the entire letter which includes these LDH's storage requirements for the Pfizer vaccine: *The initial COVID-19 vaccine, Pfizer BioNTech vaccine candidate requires ultra-cold (-70 C) storage. It can be stored in the thermal shipper it arrives in for up to 14 days with Dry Ice if an ULT freezer is unavailable. When the product is removed from ultra-cold storage, it can be stored refrigerated for up to 5 days. When the product is removed from refrigeration, it must be reconstituted and used within 6 hours.*

Louisiana Entering COVID-19 Surge No. 3 At his Thursday afternoon press conference, Governor Edwards stated that Louisiana is now seeing a third surge of COVID, with the most troubling metric being the daily increase in the number of hospitalizations. Dr. Chris Thomas, a physician at Our Lady of the Lake Hospital in Baton Rouge who cares for COVID patients (and who had COVID himself), was one of the speakers and stressed that unlike the previous two COVID surges in Louisiana, all regions of the state are impacted and other states are unable to "send help" as they did previously because they are all dealing with a large number of cases as well. He pointed out that rather than "hospital bed availability" the greater concern is having trained staff available to take care of the increasing number of patients with and without COVID.

The Governor's primary message as we heard it was that Louisianians need to actually comply with the emergency requirements already in place—primarily wearing a mask when around others, social distancing, and limiting large gatherings (as well as smaller ones).

Yesterday (11/19) was the grimmest day yet for the total number of people in the United States hospitalized with COVID -



81,000 in total. (We believe is an important metric because it does not capture asymptomatic people and is not sensitive to “increased testing.”)

Take Steps This Thanksgiving to Positively Impact This Christmas . . . and Thanksgiving 2021! Next week is Thanksgiving and families are faced with hard decisions about what they are willing to do to protect their families and friends. At our LIPA Board Meeting, LDH Secretary Dr. Courtney Phillips joined us via Zoom and encouraged that we all review and voluntarily follow CDC guidelines, as Louisiana, along with other states sees the anticipated fall surge in coronavirus activity. One of those CDC recommendations—which we know they do not take lightly and do understand the ramifications—is that Americans not travel for Thanksgiving, in order to mitigate further spread of COVID and sadly, avoidable deaths. The CDC is projecting that “newly reported COVID-19 deaths will likely increase over the next four weeks, with 7,300 to 16,000 new deaths likely to be reported in the week ending December 12, 2020.” Just because we feel fine doesn’t mean that we are not infected with COVID and can’t spread it to others. Roughly 30% to 40% of COVID-19 spread is driven by people without symptoms.

CELEBRATE THANKSGIVING SAFELY

LOW RISK	MEDIUM RISK	HIGH RISK
Dinner with members of your household	Small outdoor gatherings with family & friends in your community	Large indoor gathering with people outside of your household
Hosting a virtual dinner with family and friends	Visiting pumpkin patches, orchards and parks	Going to stores with large crowds and no physical distancing
Safely delivering meals to high-risk loved ones		Potluck style dinners
Shopping online		

The stakes are high and a CDC spokesman stated *“From an individual household level, what’s at stake is basically increased chance of one of your loved ones becoming sick and then hospitalized and dying. We certainly don’t want to see that happen. These times are tough. It’s been a long outbreak.”*

For those who choose not to fully heed the CDC’s recommendations regarding Thanksgiving gatherings, they suggest some actions that are better than “Thanksgiving as usual” and doing nothing to stop the spread. We’ll call it Plan B:



- Check the Covid-19 infection rates in areas where attendees of the dinner live.
- Limit the number of attendees.
- Host the gathering outdoors, if possible.
- Increase ventilation by opening windows and doors, or by placing central air and heating on continuous circulation.
- More information on [increasing ventilation in your home can be found here](#).
- Make sure people are sitting 6 feet away, even outdoors.
- Wear a mask at all times, except when eating and drinking.
- Avoid singing or shouting, especially indoors.
- Avoid potluck-style gatherings.
- Have one person who is wearing a mask serve all the food so that multiple people are not handling the serving utensils.
- Have single-use options or identify one person to serve sharable items.

LIPA Collaboration with LDH It's important to acknowledge and show our appreciation to LDH for their willingness to make senior staff in decision-making roles available to LIPA (including not only at this week's Board Meeting but when we have reach out to them over the last nine months or so). Dr. Phillips and her team have been highly responsive to LIPA and our concerns and have stated that they value the working relationship we have developed. LDH is the lead agency not only for Medicaid but for immunizations and Dr. Phillips stressed the public health importance of flu shots this year. LDH sees the opportunity for our independent pharmacies to play a greater role in providing and reinforcing important public health information to patients, including through the use of educational flyers and bag stuffers.

While speaking to the Board, Undersecretary Johnson and Deputy Director Boutte discussed opportunities for pharmacists to share information concerning the future of Medicaid Management Care. LDH has plans for more effective public and provider outreach as we build toward a new or updated design for the Louisiana Medicaid and Healthy Louisiana programs.

Comments can be submitted to Healthy@la.gov for the following:

MCO Manual – Item number 2020-LDH-1:

<https://ldh.la.gov/index.cfm/page/3686>

MCO Contract Amendment 3 – Item number 2020-Amendment-3:

<https://ldh.la.gov/index.cfm/page/3678>

RFP Comments – send to healthy@la.gov

For comments on the manual and the amendment, the main page link (included above) has the feedback form on it. Any comments should be submitted through the respective forms so it is captured appropriately.

Early conversations on following topics were also discussed with Medicaid leadership:

Consideration of adopting Medicare reimbursement rate for COVID vaccine administration

Take a second look at the request for an administration fee for injectables similar to the fee for vaccine administration



Determine if recent NADAC review process (use of screenshots) is something that can be used in future circumstances

Consider amending the MCO contract to require that PBMs issue pharmacy RAs for Medicaid as a standalone RA separate from other lines of business.

Latest Issue of Louisiana Medicaid Pharmacy Facts Issued A new *Pharmacy Facts* with program updates can be accessed [here](#). Topics covered include: 1) explanation of the procedure and timeline for this year's annual Medicaid Recertification for pharmacy providers. [Verify your preferred e-mail address for recertification information - expect it around the first week in December]; and 2) changes to the list of preferred brand over generic (which results in lower net cost after all rebates to LDH) that go into effect January 21, 2021.

Just Two Weeks Remain for 2020 Medicare Open Enrollment While Medicare open enrollment has just two weeks remaining, history shows that a lot of patients wait until the deadline is near before scrambling to get information to make comparisons and make a decision. In their most recent blog post (November 19th) Amplicare notes that *the Medicare Open Enrollment period is an important time for pharmacies, both in terms of profitability and in helping patients. But it's not without its share of challenges. As the enrollment period continues, pharmacies can expect to see an increase in the number of patients needing help finding a new plan — in fact, our data shows that only 27% of enrollments occur midway through Open Enrollment Plus.* They point to the “Win-Win” and DIR mitigation opportunities that are available and note that pharmacists *can find plenty of patients to help this period while increasing your pharmacy's revenue and profits.*

This [blog post](#) from Amplicare - titled 5 Benefits of Online Enrollments to Your Pharmacy - clarifies that while pharmacy staff can't enroll patients in a plan on their behalf, they can assist them with plan comparisons and completing an online application at the pharmacy. Online enrollments provide a **fast, accurate, and streamlined way** to enroll in a Medicare plan, compared to enrollments done over the phone. [We know from actual experience that persons attempting to enroll by phone must listen as the agent reads lengthy scripts verbatim.] Amplicare suggests focusing on online enrollments in the remaining weeks of Open Enrollment and explains how they achieve: 1) Reliability, 2) Speed, 3) Convenience, 4) Accuracy, and 5) Tracking Assistance.

CMS Medicare Rebate Rule President Trump announced two rules today expected to lower drug prices. One of those is the “rebate rule” that would “limit the amount paid to middlemen in Medicare.” We were shocked and disappointed when CMS put the rebate rule in abeyance in May of 2019. The other rule is the “most favored nation” rule that would require Medicare to tie the prices it pays for drugs to those paid by other wealthy countries. The rules are expected to be “final” with no more public comments and follow previous Executive Orders by the President.

PhRMA is vehemently opposed to the “most favored nation” rule and threatening litigation against it but has already issued a [statement of support](#) for the rebate, with a spokesperson saying that the rebate rule was a "commonsense approach" that would pave the way for rebates and discounts that PBMs receive from manufacturers to be passed on to Medicare recipients. PCMA is already on record as saying that the rebate rule will raise Medicare premiums and costs to taxpayers and additional opposition is expected because the reasons given for putting it on hold.