Friday, May 28, 2021

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

Only thirteen days remain until the Legislature must adjourn on June 10th. The House and Senate are gone until Tuesday, June 1st, so each chamber will be busy in the final days. Late in the day on Thursday, the House and Senate came to an agreement on the state's $37B budget, HB1 so legislators will have some breathing room. (The Advocate)

The Legislature also advanced two significant Medical marijuana bills. HB391 by Rep. Magee would allow for raw, smokable marijuana to be dispensed by the state's nine medical marijuana pharmacies. It passed the Senate and goes back to the House for concurrence. (The Advocate) Sen. Ward put an amendment onto another bill by Rep. Magee, HB514, that would make a temporary $0.45 sales on use tax on medical marijuana permanent. The money would be dedicated to transportation and infrastructure projects. It must now go to the Senate Committee on Finance for consideration.

An important bill for LIPA and its Louisiana independent pharmacy members, HB244 by Rep. Turner, passed the Senate unanimously earlier this week. It is scheduled for concurrence when the Legislature convenes again on Tuesday, June 1st. We expect Rep. Turner to concur with the amendments put onto the bill in Senate Insurance at that time. HB244 will go to the Governor's desk from there. We appreciate the work Rep. Turner has done thus far and look forward its final passage on Tuesday.

Earlier this week, LIPA was joined by roughly two dozen members to support Sen. Mills and SB218 in the House Insurance committee. During testimony, it became clear the committee was uncertain about several provisions in SB218 and in the amendments to SB218. It was delayed for a week and will be heard again on Wednesday, June 2nd at 9:30 a.m. (See Agenda)

During committee, an amendment was added to SB218 without discussion that may encourage pharmacy services administrative organizations to accept unfavorable contract provisions against the best interests of your pharmacy. This language would also prevent reasonable oversight by the Department of Insurance or any other agency because, as written, a PSAO could claim any contract provision it accepted was "imposed" on it or not done in its "sole discretion." As a result, a PSAO could completely escape responsibility for any activity that occurred because of a contract signed by a PSAO on your behalf.

It should not be the public policy of the State of Louisiana to allow an entity to ignore state law during contract negotiations. To do so would discourage transparency and encourage abuse.

As the most accessible healthcare provider in your community, you see these issues every day and legislators trust your opinions. They need your support in understanding the implications of this legislation. Contact members of House Insurance to support Sen. Mills and SB218.

SB218 does the following:

- Adds transparency to claim remittance advice for insurers and employers
- 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 allow suspected inappropriate or illegal activity to be audited, while protecting patients, and preventing 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
    - Includes: Brand and Generic Effective Rates, Direct and Indirect Renumeration Fees, and any other reduction or aggregate reduction of a payment
- Ensures pharmacies can provide prescription delivery services to their patients
- Ensures pharmacists can dispense any drug allowed by their license, state, or federal law, or with the necessary accreditation or certification from a manufacturer

CPE CREDIT FOR LDH OPIOID TRAINING CONTINUES NEXT WEEK

It is not too late to register—and receive CPE credit—for LDH's opioid training which includes discussion of non-pharma alternatives to opioids that can be recommended to patients, Naloxone considerations (and how to discuss Naloxone with your patients), what the actual data shows regarding opioid prescribing (and overdoses) in Louisiana, maximizing the PDP, model documentation to fulfill corresponding responsibility obligations, and tips for holding opioid dosage discussions with prescribers. **We have gotten positive feedback from pharmacists and pharmacy technicians who participated in the training this week (it is the same training offered on multiple days).**

LIPA is jointly sponsoring this CPE with LDH; Three sessions will be held next week: Tuesday 6/1 from noon to 1, Thursday 6/3 from 1 to 2 PM and Friday 6/4 from noon to 1 so join the session that works best for you. Here is the registration link to sign up**.** This CPE offering for 1 hour of "live" opioid-related training and is open to **both** Pharmacists and Pharmacy Technicians.

LDH OFFERING ONE-TIME COVID VACCINE TAKE-BACK DURING JUNE

LDH informed COVID-19 vaccine providers in an email on Thursday that between now and June 2, vaccine providers have a "one time" opportunity to return any COVID-19 vaccine that they do not anticipate being able to administer before its expiration date. While we suspect this initiative is primarily intended for hospitals that have thousands of doses of frozen vaccine and community pharmacies have not maintained large inventories, this is an opportunity to "reposition" any vaccine that you are fairly certain cannot be used before its expiration date. Here are the six criteria that must be met for take-back:

1. Minimum of 30 doses of individual COVID-19 products (Pfizer, Moderna).
2. Expiration date is after June 30, 2021.
3. Doses being returned are either frozen or refrigerated.
4. Returned doses must have been maintained at proper storage temperatures.
5. Any returned doses with an expiration date different than indicated by the manufacturer, due to the vaccine's storage condition, should be clearly indicated. This true beyond-use date must be accounted for in the June 30th minimum expiration date and relayed to regional staff when coordinating the pick-up.
6. Include the matching amount of ancillary supplies provided at the initial delivery.

Returns can be coordinated by calling or emailing your Regional Immunization Consultant (contact information can always be found in the bottom right corner of the LINKS website home page.

COVID-19 VACCINE SHORT TAKES

- In their communication offering one-time vaccine take-back, LDH stressed that "the Louisiana Office of Public Health (OPH) understands that some vaccine loss may be unavoidable." After the early focus on "avoiding vaccine loss at all costs," we are now looking at the very real possibility that providers will puncture a vial of COVID-19 vaccine for just one patient—**and that's OK!**
- Which of the two mRNA vaccines (Pfizer or Moderna) will result in less "loss" when demand for vaccine is low? With Moderna's announcement this week that vials will now have a minimum of 14 (rather than 10)

doses and possibly 15, they are going in the opposite direction to minimize vaccine loss. In contrast, Pfizer vaccine is still packaged with 6 doses per vial. Moderna must now be used within 12 hours of first puncture while Pfizer still has a six- hour window from the time the vial is punctured.

- On Tuesday Moderna reported that their vaccine has been demonstrated in clinical trials to be 100% effective for adolescents/teens ages 12-17 and will be submitting data to the FDA in "early June." **It is highly likely we will see approval to administer Moderna vaccine to patients ages 12-17 before the end of June—and well in advance of the start of the fall school term.**
- Don't underestimate the influence you have with your patients—as a trusted health professional—to encourage them to get the vaccine. Begin by telling them that you've gotten the vaccine yourself. You can find multiple resources to help in your communication with patients regarding the vaccine at this webpage created by our federal partner NCPA.

CO-ADMINISITRATION OF COVID-19 VACCINES WITH OTHER VACCINES

COVID-19 vaccines and other vaccines may now be administered without regard to timing. This includes simultaneous administration of COVID-19 vaccines and other vaccines on the same day, as well as co-administration within 14 days. It is unknown whether reactogenicity of COVID-19 vaccine is increased with co-administration, including with other vaccines known to be more reactogenic, such as adjuvanted vaccines or live vaccines. However, extensive experience with non-COVID-19 vaccines has demonstrated that immunogenicity and adverse event profiles are generally similar when vaccines are administered simultaneously as when they are administered alone.

When deciding whether to co-administer another vaccine(s) with COVID-19 vaccines, providers should consider whether the patient is behind or at risk of becoming behind on recommended vaccines, their risk of vaccine-preventable disease (e.g., during an outbreak or occupational exposures), and the reactogenicity profile of the vaccines. If multiple vaccines are administered at a single visit, administer each injection in a different injection site. For adolescents and adults, the deltoid muscle can be used for more than one intramuscular injection.

Best practices for multiple injections include:

- Label each syringe with the name and the dosage (amount) of the vaccine, lot number, the initials of the preparer, and the exact beyond-use time, if applicable.
- Separate injection sites by 1 inch or more, if possible.
- Administer the COVID-19 vaccines and vaccines that may be more likely to cause a local reaction (e.g., tetanus-toxoid-containing and adjuvanted vaccines) in different limbs, if possible.

For more information about co-administration of COVID-19 and other vaccines, specifically for Pfizer vaccine with minors ages 12 and up, please see the CDC's Pediatric Healthcare Professionals COVID-19 Vaccination Toolkit and the American Academy of Pediatrics' COVID-19 Vaccines in Children and Adolescents Policy Statement.

STATUS OF OGB's 2021 PBM CONTRACT WITH MEDIMPACT

We understand that during an Office of Group Benefits (OGB) Policy & Planning Board meeting this week, the status of the current one-year emergency contact with MedImpact was a topic of discussion; concerns were expressed regarding the contractor's ability to meet contractual requirements related to minimum rebate guarantees. It is our understanding that OGB may be sharing at the next Joint Legislative Committee on the Budget their intent to terminate the current contract effective 9/30/21. LIPA will continue to closely monitor developments and share information with OGB leadership to shed light on the games being played by PBMs relative to rebates, as part of overall price and transparency. Related to this, SB 180 passed the full legislature last night and has been sent to the Governor. This legislation would allow (**but does not mandate**) for use of reverse auction in procurement of PBM services for the Office of Group Benefits. This law is scheduled to become effective on August 1st.

UPDATE: OPTION FOR STANDALONE REMITTANCE ADVICE (RA)—MEDICAID MCOs

LIPA staff had a discussion this week with Medicaid managed care leadership regarding the logistics for pharmacies to submit to Medicaid MCOs their requests for standalone Remittance Advices, with the goal being administrative simplicity for all parties (pharmacy, MCO, LDH). A simple online form is being created and the link to the form will disseminated by LDH to pharmacies via e-mail. The form can be populated with the pharmacy name and identifier and the names of Medicaid MCO Health Plans for which the pharmacy wishes a standalone RA can be

checked. The data will be transmitted to each of the five Louisiana Medicaid MCOs. Additional details and protocols are still being finalized but look for more on this in June.

LDH WELCOMES STAKEHOLDER FEEDBACK ON MEDICAID MANAGED CARE

In advance of issuing an RFP later this summer to begin the process of selecting MCOs to continue managing services for Louisiana's more than 1.8 million Medicaid enrollees, the Department is currently offering stakeholders the opportunity to provide feedback they may have relative to non-emergency medical transportation and **pharmacy benefit.** Specifically, they are soliciting "input from the public about the key factors that must be considered when **improving these models**. [emphasis added]." The deadline for providing feedback is June 21st and comments can be submitted by completing the online form found here. The simple pharmacy question is open-ended: ***If Medicaid were to change its current pharmacy benefit manager model, what changes would you recommend?*** This is your chance to have your voice heard. LDH will be making decisions that may—or may not—result in substantial changes, depending on those decisions.

PHARMACY ALPHABET SOUP: AWP/WAC/GER/BER/PSAO/PBM et.al

Reimbursement for pharmacy services is an incredibly complex area and involves many acronyms that further complicate not only explaining the problems with reimbursement to others (like plan sponsors, legislators and other policy makers) but understanding all of the nuances ourselves. PBMs actually benefit from all of this complexity and lack of transparency and "plain language." We know that LIPA members have varying degrees of knowledge about what PSAOs and PBMs are doing. A good place to learn more about how AWP is being gamed is this blog post written by an independent pharmacist.

DIR FEE LEGISLATION INTRODUCED THIS WEEK IN CONGRESS

We are happy to report that bipartisan bills were introduced yesterday in both the House and Senate to address pharmacy DIR fees. The new legislation, the *Pharmacy DIR Reform to Reduce Senior Drug Costs Act*, was introduced in the Senate by Sen. Jon Tester (D-Mont.), Sen. Shelley Moore Capito (R-W.Va.), Sen. Sherrod Brown (D-Ohio) and Sen. James Lankford (R-Okla.). The House companion bill was introduced by Rep. Peter Welch (D-Vt.), Rep. Morgan Griffith (R-Va.), Rep. Vicente Gonzalez (D-Texas), Rep. Buddy Carter (R-Ga.), Rep. Raja Krishnamoorthi (D-Ill.), Rep. John Rose (R-Tenn.), Rep. Abigail Spanberger (D-Va.), and Rep. Diana Harshbarger (R-Tenn.). In response, NCPA joined several other organizations on a joint statement commending the bill and the sponsors. LIPA has signed on to a letter urging committee leadership to support and swiftly consider these bills and will be reaching out to members our Congressional delegation requesting their co-sponsorship and support for the legislation as well.

THE BRICK & MORTAR DILEMMA: HOW TO COMPETE WITH ONLINE PHARMACIES

Online pharmacies have been around for years, but it wasn't until the pandemic hit—leaving many people stuck in their homes—that they were seen as a legitimate competitor to community pharmacies. While the pandemic is (hopefully) winding down, the battle between online and brick-and-mortar pharmacies is ongoing.

Join the FDS Amplicare team for a webinar that will show you how you can differentiate yourself and compete with online pharmacies like Amazon Pharmacy, Capsule, and more.

During this webinar, you will:

- Analyze the online pharmacy market and address the reasons for their sudden rise
- Learn how automating your patient communication can help you connect with younger patients
- Discover how your pharmacy can compete with "more convenient" online options

This webinar will take place Thursday, June 10th from 12PM-1PM CDT and you can register here.

In the NEWS:

Seven insurers sue CVS for allegedly inflating drug prices
Louisiana Blue Cross plans are two of the Plaintiffs

Med City News 05/27/2021

A new lawsuit — the second in the span of a year — alleges CVS overcharged health insurers for prescription drugs, pocketing billions of dollars. But CVS shot back, saying these allegations are "baseless" and "completely without merit," in an emailed statement.

The plaintiffs — CareFirst of Maryland, Group Hospitalization and Medical Services, CareFirst BlueChoice, Blue Cross and Blue Shield of South Carolina, BlueChoice HealthPlan of South Carolina, Blue Cross and Blue Shield of Louisiana and HMO Louisiana — filed a lawsuit last week in the U.S. district court in Rhode Island. This is the second such lawsuit to be brought against CVS over the past year. Last May, six Blue Cross Blue Shield companies sued CVS over drug pricing.

Compounding Pharmacies Market Next Big Thing: Major Giants Fresenius Kabi, AmerisourceBergen, Rx3 Pharmacy

Digital Journal 05/25/2021

Advance Market Analytics published a new research publication on **"Compounding PharmaciesMarket Insights, to 2026"** with 232 pages and enriched with self-explained Tables and charts in presentable format. In the Study you will find new evolving Trends, Drivers, Restraints, Opportunities generated by targeting market associated stakeholders. The growth of the Compounding Pharmacies market was mainly driven by the increasing R&D spending across the world.

Some of the key players profiled in the study are:

AmerisourceBergen (United States), Rx3 Pharmacy (United States), Agbi's Sterile Compounding Pharmacy LLC (United States), B. Braun Medical Inc. (United States), Cantrell Drug Company, Inc. (United States), Belle Sante Diagnostic & Therapeutic Institute Pvt. Ltd. (India), Village Sterile Compounding Pharmacy (United States), Imprimis Pharmaceuticals, Inc. (United States), Institutional Pharmacies Of Louisiana LLC (United States), Lorraine's Pharmacy (Canada), Fresenius Kabi AG (Germany).

Scope of the Report of Compounding Pharmacies
Compounding pharmacies are pharmacies that create drugs tailored to the requirements of individual patients by combining, altering or mixing active pharmaceutical ingredients of drugs. It is working on introducing new formulations effective in treating numerous illnesses. It is prepared under prescription from physicians. Compounding includes mixture of two or more drug ingredients in diverse proportions. Rise in the Hormone Replacement Therapy will help to boost global compounding pharmacies market.

25 U.S. States Have Fully Vaccinated 50% of Adults Against COVID-19, CDC Data Shows

People 05/24/2021

The United States is making tremendous strides in its nationwide rollout of the coronavirus vaccine as a means to end the pandemic.

New data from the Centers for Disease Control and Prevention (CDC) indicates that 25 U.S. states (half of the country), as well as Washington D.C., have fully vaccinated at least 50% of their adult population as of Sunday.

Those states are: Alaska, California, Colorado, Connecticut, Delaware, Hawaii, Iowa, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, New Hampshire, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Rhode Island, South Dakota, Vermont, Virginia, Washington and Wisconsin, according to CNN.

Maine currently has the highest percentage of the adult population vaccinated against the virus, CDC data shows, with over 62% of residents ages 18 and older fully inoculated.

On the flip side, the states with the lowest vaccination rates for their adult populations are Mississippi, Alabama, Arkansas and Louisiana, according to the national public health institute.

Pharmacy Coalition Praises Legislation to Relieve Patients and Pharmacies from Pharmacy DIR Fees

American Pharmacist Association 5/27/21

With pharmacy access top-of-mind due to the pandemic and with drug-pricing concerns remaining a national policy priority, organizations representing pharmacies and pharmacists are lauding legislation to confront the serious issue of pharmacy direct and indirect remuneration (DIR) fees.

The organizations stated: "DIR fees are exerting unnecessary and devastating pressures on patients, on pharmacies, and on communities – particularly the most vulnerable and the underserved. We welcome the introduction of the *Pharmacy DIR Reform to Reduce Senior Drug Costs Act,* and we urge its passage this year.

"We greatly appreciate the strong and bipartisan leadership on this issue in the U.S. Senate of Sen. Jon Tester (D-MT), Sen. Shelley Moore Capito (R-WV), Sen. Sherrod Brown (D-OH) and Sen. James Lankford (R-OK), and that in the U.S. House of Representatives of Rep. Peter Welch (D-VT), Rep. Morgan Griffith (R-VA), Rep. Buddy Carter (R-GA), Rep. Vicente Gonzalez (D-TX), Rep. Diana Harshbarger (R-TN), Rep. Abigail Spanberger (D-VA), Rep. John Rose (R-TN), and Rep. Raja Krishnamoorthi (D-IL).

"We also commend the leadership of Senate Finance Committee Chairman Ron Wyden (D-OR) and Sen. Chuck Grassley (R-IA) who advanced these legislative concepts with effectiveness and dedication last year during consideration of drug-pricing legislation. It now is imperative for this legislation to be passed and enacted.

"Resulting from a regulatory loophole, DIR fees charged by payers to pharmacies have the net effect of needlessly inflating Medicare patients' out-of-pocket prescription drug costs and jeopardizing the viability of pharmacies.