

September 12, 2018

Mr. Larry J. Merlo
President and Chief Executive Officer
CVS Health
One CVS Drive
Woonsocket, Rhode Island 02895

Dear Mr. Merlo:

We represent patients, people with disabilities, physicians, and caregivers, and we are writing to urge you to abandon your recently-announced decision to consider denying coverage of drugs that fail to meet a cost-effectiveness threshold. In particular, we are deeply concerned that CVS Caremark will offer clients the option of formularies that rely on assessments from the Institute for Clinical and Economic Review (ICER) to deny coverage of drugs if they do not meet a subjective “quality-adjusted-life-year” (QALY)- based threshold.

We all support access to high-quality, affordable care, but CVS’ reliance on a cost-effectiveness threshold is profoundly misguided.

Our concern reflects deep flaws in ICER’s cost-effectiveness analysis. In particular, policy decisions based on cost-effectiveness ignore important differences among patients and instead rely on a single, one-size-fits-all assessment. Further, cost-effectiveness analysis discriminates against the chronically ill, the elderly and people with disabilities, using algorithms that calculate their lives as “worth less” than people who are younger or non-disabled.

From a clinical care perspective, QALY calculations ignore important differences in individual patient’s needs and preferences. From an ethical perspective, valuing individuals in “perfect health” more highly than those in “less than perfect” states of health is deeply troubling.

The United States has considered and rejected such measures as unacceptable discrimination against patients and people with disabilities. Ten years ago, Congress passed legislation prohibiting Medicare from misusing ICER-style cost/QALY thresholds, thereby moving beyond this outmoded, paternalistic approach to health care. We urge you to do the same.

Therefore, we request that you reconsider this decision. CVS Health’s stated purpose is “helping people on their path to better health.” Reliance on cost-effectiveness thresholds like ICER’s falls short of this purpose, replacing deeply personal, individual health care decisions with an opaque algorithm based on average study results that do not address the needs of different patients and special populations.

We ask you to stay true to your purpose and stop relying on cost-effectiveness thresholds. We stand ready to work with you on real solutions that start by asking patients what they value, rather than telling them what they're worth.

Sincerely,

ACCSES

Aimed Alliance

Alliance for Aging Research

Alliance for Patient Access

American Academy of Nursing

American Academy of Ophthalmology

American Association of People with Disabilities

Association of University Centers on Disabilities

Autism Society of America

Autistic Self Advocacy Network

Bazelon Center for Mental Health Law

Beyond Type 1

Black Women's Health Imperative

Bladder Cancer Advocacy Network

Brain Injury Association of America

California Consortium of Addiction Programs and Professionals

Cancer Support Community

CancerCare

CARE About Fibroids

Center for Autism and Related Disorders

Center for Public Representation

Cutaneous Lymphoma Foundation

Davis Phinney Foundation

Depression and Bipolar Support Alliance

Diabetes Patient Advocacy Coalition

Disability Rights Education and Defense Fund

Epilepsy Association of North Carolina

Epilepsy Foundation

Epilepsy Foundation – Alabama

Epilepsy Foundation Maryland

Epilepsy Foundation Metropolitan Washington

Epilepsy Foundation Nebraska

Epilepsy Foundation New England

Epilepsy Foundation Northwest

Epilepsy Foundation of Arizona

Epilepsy Foundation of Colorado

Epilepsy Foundation of Connecticut

Epilepsy Foundation of Georgia
Epilepsy Foundation of Greater Los Angeles
Epilepsy Foundation of Greater Southern Illinois
Epilepsy Foundation of Indiana
Epilepsy Foundation of Iowa
Epilepsy Foundation of Kentuckiana
Epilepsy Foundation of Michigan
Epilepsy Foundation of Middle and West Tennessee
Epilepsy Foundation of Minnesota
Epilepsy Foundation of Missouri and Kansas
Epilepsy Foundation of Nevada
Epilepsy Foundation of Northeastern New York, Inc.
Epilepsy Foundation of Oklahoma
Epilepsy Foundation of Vermont
Epilepsy Foundation Ohio
Epilepsy Foundation Utah
Genetic Alliance
Global Liver Institute
Global Healthy Living Foundation
Health Hats
Illinois Association of Behavioral Health
International Foundation for Autoimmune & Autoinflammatory Arthritis
Judy Olsen
Kidney Cancer Association
Lung Cancer Alliance
LUNGeivity Foundation
Lupus and Allied Diseases Association, Inc.
LymeDisease.org
Men's Health Network
Mended Hearts
Mental Health America
National Alliance on Mental Illness
National Infusion Center Association
National MPS Society
National Multiple Sclerosis Society
National Patient Advocate Foundation
No Health without Mental Health
Not Dead Yet
Partnership to Improve Patient Care
Patrick Gee
Pediatric Congenital Heart Association
PXE International
RetireSafe

Rosie Bartel
Roxanne Davenport
TASH
The AIDS Institute
The Arc of the United States
The Asthma and Allergy Foundation of America
The diaTribe Foundation
The National Council on Independent Living
The Veterans Health Council
Tuberous Sclerosis Alliance
U.S. Pain Foundation
United Cerebral Palsy
United Spinal Association
Vietnam Veterans of America