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
LUNGevity 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  
The Tuberous Sclerosis Alliance  
U.S. Pain Foundation  
United Cerebral Palsy  
United Spinal Association  
Vietnam Veterans of America