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## United States Senate

COMMITTEES: FINANCE ETHICS INTELLIGENCE HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

February 1, 2024

Karen S. Lynch President and CEO CVS Health One CVS Drive Woonsocket, RI 02895 David Joyner President CVS Caremark One CVS Drive Woonsocket, RI 02895

Ms. Lynch and Mr. Joyner,

I am writing today regarding the announcement CVS made on January 3, 2024 in which CVS released plans for CVS Caremark to remove Humira from coverage on select controlled formularies for commercially-available health plans and instead covering lower-cost biosimilars.

The model set forth by CVS's announcement of covering and preferring lower-cost biosimilars is actually very reminiscent of my bill, the *Ensuring Access to Lower-Cost Medicines for Seniors Act* (S. 2129). That model will work to continually drive down the cost of medicines if the lowest priced items are covered and preferred over their more expensive branded counterparts, creating downward pressure on prices for both biosimilars and branded products.

While the apparent intent of your recent decision to prefer lower-cost biosimilars is most certainly the right thing to do by patients, the potential good deed is spoiled by preferring your own product.

Instead of allowing for coverage of all of the lowest-cost biosimilar products on the market, incentivizing low costs and patient choice, CVS chose to cover the biosimilar that another CVS Health subsidiary, Cordavis, co-manufactured.

Many Pharmacy Benefit Managers (PBMs) have generally claimed that while generics and many biosimilars may have lower list prices than their branded counterparts, the net price for which PBMs are able to access these low list-price drug products is actually higher than the net price for which PBMs are able to access branded drug products because of the extraordinarily high discounts PBMs demand for these products. Because of the current opacity of the PBM industry, many prices are not publicly available and therefore these claims cannot be fully confirmed. CVS's recent decision, however, hints that biosimilars may be able to now compete on both list and net price.

In order to shed some light on the CVS Health January 3<sup>rd</sup> announcement, I request that you answer the below questions by March 1, 2024.

- 1. Is Coradvis' Humira biosimilar the lowest priced Humira product on the market currently? Does it have the lowest list price? Does it have the lowest net price to CVS Caremark in comparison to all other Humira biosimilars and the branded Humira? Did Cordavis use CVS Caremark data to inform Hyrimoz's launch price?
- 2. Would CVS Caremark consider allowing other low-cost Humira biosimilars to compete for coverage whose manufacturers are not directly financially entangled with a CVS Health subsidiary?
- 3. It is my understanding that two other Humira biosimilars will also be preferred products on select formularies, one by Sandoz, with whom CVS Health's Cordavis co-manufactures Hyrimoz, and one by Biocon.
  - a. Are these products the lowest priced biosimlars on the market?
  - b. If they are not the lowest priced products available, can you share the reasoning behind your decision to only cover these products?
- 4. How does CVS Caremark plan to share their projected savings from this decision with their clients?
- 5. Can CVS Caremark commit to allowing equal access to other covered products?
- 6. Will pharmacies, including independent pharmacies, receive the same reimbursement level for dispensing all of the three preferred Humira biosimilars?

Thank you for your attention to this matter. I look forward to hearing from you soon.

In God We Trust,

James Lankford United States Senator