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[REDACTED]

05 December 2018

Peter Mucchetti, Chief
Healthcare and Consumer Products Section, Antitrust Division
Department of Justice
450 Fifth Street NW, Suite 4100
Washington, DC 20530

Re. Opposition to CVS/Aetna Merger

Dear Mr. Mucchetti,

I am writing today in opposition to the proposed CVS/Aetna merger during this public comment period ending on December 15th.

I own two retail community pharmacies and a Long Term Care pharmacy located in Central Florida. This is a family owned small business going back three generations of providing pharmacy services to the community we serve.

The purpose of my opposition to the merger is the anti-competitive, self-serving vertical line of business the practice of pharmacy will become.

Independent pharmacies all across the nation are concerned about the CVS/Aetna merger for these reasons:

1. Poor quality of health care delivery
Given the choice, the patients in our community would hands down rather choose a family owned pharmacy that provides fast, accurate, one on one education than any of the chain pharmacies. I talk with chain pharmacists daily, not one of them seems happy with the demands placed on them. These pharmacists are under tremendous stress and are understaffed. CVS is one of these.
2. Anticompetitive Integration
When I dispense a medication, I have to adjudicate protected health information through a switch (the PBM) to receive a response for the patient's copay and to get paid for the transaction. In today's world, the PBM now has medication information I had to share to get paid, which they use to lure our patients to their local CVS pharmacy or to their corporate CVS mail order pharmacy. They do this by offering lower copays or promises of store discounts on

over the counter products. Our patients have brought me the letters they have received to prove this.

Aetna's "spin off" of its Medicare Part D business to Wellcare, which uses CVS to administer that portion of its business, is further proof of the anti-competitive markets that exist today.

3. CVS PBM paying below cost reimbursements to community pharmacies is a common occurrence. Recently before an Arkansas State Legislative Committee hearing, testimony was given that proved CVS was paying itself more for the same prescription medication claim than it paid other pharmacy providers.

Spread pricing, already an issue, will continue to be non-transparent to the insured payer (i.e. Medicare Part D, State and Local Governments, etc...)

4. CVS lowered reimbursements to below cost drastically in the Fall of 2017. Coincidentally making telephone calls and letters to community pharmacies to purchase their prescriptions records because of hard times THEY created.
5. All PBMs offer take it or leave contracts. These contracts are loaded with requirements that set up community pharmacies to fail. Should I adjudicate that the prescription was telephoned in vs written becomes a hit during the PBM audits. This is just one example of the tricks they use in contracting. The audits are endless. The auditors are incentivized by the amount of clerical error they can find.

The public record will provide proof of customer steering, bullying, retaliation and other anti-competitive tactics CVS has been found guilty of and sometimes even penalized for in the past.

I believe Judge Leon is being kept in the dark and needs more proof that the CVS Aetna merger is NOT in the best interest of small businesses like ours and for the patients we serve.

Sincerely,

George W Warren Jr., RPh
Owner/Pharmacist