Congress of the United States
Washington, DC 20515

April 13, 2026

Chris Boerner, PhD
Board Chair and Chief Executive Officer
Bristol Myers Squibb
Route 206 & Province Line Road
Princeton, NJ 08543

Dear Dr. Boerner:

We request detailed information regarding the Trump Administration's December 19th announcement of an agreement related to drug prices for certain Bristol Myers Squibb (BMS) drugs in select markets.[1] While President Trump has made misleading and false claims to the American public with rhetoric around lowering drug prices, in reality, actions taken by the Administration thus far have yielded little, and in some cases have raised prices for consumers.

American consumers pay far more for prescription drugs than the rest of the world—up to four times more on average.[2] Even though drug prices remain too high for far too many people, some important progress has been achieved in recent years. Medicare's historic drug price negotiation program, enacted by Democrats in 2022, delivered the first negotiated prices this year, saving Medicare beneficiaries billions of dollars in addition to the already-in-effect caps on out-of-pocket spending and manufacturer-paid rebates on price growth in excess of inflation.

Unfortunately, while the December 19th agreement between BMS and the White House was heralded by the White House as an achievement to lower drug prices for consumers, there is little public information available to back up that claim. Skepticism and scrutiny are warranted as the Trump Administration repeatedly has made announcements that fail to meet their stated goals, and instead, only increase costs on the consumer and yield benefits for the Trump family and Administration.[3]

Economists and other experts have questioned whether consumers will see any meaningful benefits from the announcement. "It's a lot of nothing," stated Craig Garthwaite,

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[1] The White House, *Fact Sheet: President Donald J. Trump Announces Largest Development to Date in Bringing Most-Favored-Nation Pricing to American Patients* (Dec. 19, 2025) (https://www.whitehouse.gov/fact-sheets/2025/12/fact-sheet-president-donald-j-trump-announces-largest-developments-to-date-in-bringing-most-favored-nation-pricing-to-american-patients/).

[2] RAND, *Prescription Drug Prices in the U.S. Are 2.78 Times Those in Other Countries* (Feb. 1, 2024) (press release).

[3] *Fact Check: Trump's '$17 Trillion' Investment Figure Is Fiction,* CNN (Oct. 11, 2025); *Yes, Trump's Tariffs Are Raising Billions — But at a Steep Economic Cost,* NPR (Nov. 5, 2025); House Committee on Oversight and Government Reform, *100 Days of Corruption: Oversight Democrats Highlight 100 Conflicts of Interest As President Trump Clears the Path for Corruption* (Apr. 30, 2025) (press release); *The Number: How Much is Trump Pocketing Off the Presidency,* The New Yorker (Aug. 11, 2025).

the Director of the Healthcare program at Northwestern's Kellogg School of Management.[4] "For most people, it will have very little effect on drug prices," he said.

According to its earnings call on February 5, 2026, BMS projected 2026 revenues of $46.0 billion to $47.5 billion and mentioned that the contribution of seven tons of Eliquis API to the Strategic Active Pharmaceutical Ingredient Reserve (SAPIR) would not have a material impact on the overall business, suggesting that the agreement is beneficial to the company and its investors.[5]

The announcement also appears to be a financial win for the Trump family. Donald Trump Jr. sits on the board of BlinkRx, an online company that offers a direct-to-consumer (DTC) platform similar to the one that the Administration is touting in these deals—"TrumpRx."[6] The President has also seen his net worth increase by $3 billion since taking office.[7] The nature of the announcement with BMS and TrumpRx invites additional scrutiny and questions around potential self-dealing and requires confirmation and transparency that any agreements will benefit taxpayers.

Ultimately, Congress and the American people remain in the dark about the contours of your agreement with the Trump Administration, and BMS's own press release acknowledges that "specific terms of the agreement remain confidential."[8] Basic details about these arrangements have yet to be confirmed by either BMS or the Trump Administration, making it seem that both parties are attempting to shield themselves from oversight, accountability, and specifics that could inform consumers about whether this agreement will save money.

Congress and the American public demand transparency in this matter. BMS's agreement with the Trump Administration represents a contract with the government and the American public. As the Ranking Members of the committees of jurisdiction on this matter, we request written responses to the following questions by April 27, 2026:

1) Provide a detailed description of BMS's agreement with the Trump Administration, including which drugs are subject to the agreement (including drugs already approved or that may be approved in the future), at what prices and to whom those prices are available and how those prices vary depending on which payer accesses the drugs under the agreement.

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[4] *Donald Trump's Big Pharma Showdown Ends with a Whimper,* The New Yorker (Oct. 6, 2025).

[5] *Earnings Call Transcript: Bristol-Myers Squibb Beats Q4 2025 Forecasts,* Investing.com (Feb. 5, 2026).

[6] *Trump Wants to Overhaul Drug Sales. A Company Tied to His Son Stands to Benefit,* The Wall Street Journal (Oct. 7, 2025).

[7] *Presidency Boosts Trump's Net Worth By $3 Billion In A Year,* Forbes (Sept. 9, 2025).

[8] Bristol Myers Squibb, *Bristol Myers Squibb Announces Agreement with U.S. Government to Improve Affordability and Access to Critical Medicines for Americans* (Dec. 19, 2025) (press release).

2) Provide all representatives from BMS and the Administration who participated in discussions or negotiations related to this agreement.

3) Describe the parameters of the pricing terms in BMS's agreement with the Trump Administration, including:

   a. the duration of the agreement;

   the drugs covered by the agreement (identified by NDC-9 code), as well as any new drugs that, if launched, would be subject to the agreement;

   b.

   c. whether the agreement extends to drugs marketed (or that may launch during the term of the agreement) by BMS affiliates or subsidiaries;

   d. the countries used in developing pricing benchmarks and the prices included in the benchmarks;

   e. the specific formula(s) used to determine the pricing benchmark(s) and how any benchmarks apply and to which drugs;

   f. an explanation of whether and how BMS plans to share confidential pricing information from other countries with the Centers for Medicare & Medicaid Services (CMS) to enable verification of any such benchmark;

   g. whether prices and discounts for the drugs under the agreement will be made available to the public; and

   h. what, if any, discounts and fees are included, how those discounts and fees are calculated, and how these discounts and fees will be made public.

4) If covered by the agreement, how will prices for newly launched drugs be determined?

   a. How is a price under the agreement determined for new drugs that launch in the United States first?

   b. Will most-favored nation (MFN) prices apply to newly launched drugs across all markets in the United States? If not, to which markets/payers does this agreement apply?

   c. Will the agreement affect the number and type of drugs under development and marketed by BMS?

5) The White House fact sheet states that companies are required to "repatriate increased

foreign revenue on existing products" realized as a result of U.S. trade policies.[9] Please describe how this provision will be implemented, including the methodology for determining what constitutes "increased foreign revenue," the timeframe for measurement, and how such revenue will be repatriated and used to benefit American patients.

a. With respect to Bristol Myers Squibb's public statements regarding the launch of Cobenfy, a schizophrenia treatment, in the United Kingdom at a U.S.-equivalent price, please clarify whether Cobenfy qualifies under the agreement's repatriation provisions.

b. If Cobenfy qualifies as a product subject to repatriation, please describe in detail how Bristol Myers Squibb intends to repatriate ex-U.S. revenue associated with Cobenfy.

6) How will prices for the prescription drugs differ by payer or self-pay?

7) Describe the agreement's parameters regarding BMS's use of the DTC TrumpRx platform.

a. Will the DTC price be primarily targeted to those who are uninsured or underinsured?

b. Which drugs will be made available through TrumpRx? Who will make this determination?

c. How does BMS envision the TrumpRx platform interacting with other programs, including Medicare Part D, Medicaid, and private payers?

d. Does BMS have a vendor relationship with a coupon discount platform like GoodRx or BlinkRx? If so, please describe whether and how your company's contractual or pricing arrangements with this company have changed since the launch of the TrumpRx platform. Specifically, have any pricing terms, discount structures, listing arrangements, or fees been modified, and have any drug prices changed as a result of the TrumpRx arrangement?

e. Are the drugs currently listed or accessible through the TrumpRx platform routed through or linked to GoodRx, BlinkRx or another platform's infrastructure, contractual network, or discount card program? If so, please describe the operational and contractual relationship between TrumpRx and the vendor. If not, please describe the mechanism by which drugs are listed and priced on the TrumpRx platform.

[9] *See* note 1.

f. Please describe how pricing for your drugs listed on TrumpRx is effectuated. Does BMS communicate list price adjustments to GoodRx, the Trump Administration, or another third party?

g. Please describe the criteria and decision-making process used to determine which drugs are listed on TrumpRx. Did the Trump Administration provide any input, direction, or approval authority regarding the selection of drugs to be listed?

h. Please disclose whether BMS has any business, financial, or contractual relationship with BlinkRx or any other vendor hosting, administering, or supporting the TrumpRx platform. If such a relationship exists, please describe its scope, including any compensation arrangements, referral structures, or data-sharing agreements.

i. Please describe how the pricing of BMS drugs differs across its own direct-to-consumer platform, the TrumpRx platform, GoodRx, and any other third-party discount or DTC platforms.

8) What agreements have been made regarding compliance and reporting with the Department of Health and Human Services or other government agencies (e.g., the Department of Justice, Inspectors General, or the Government Accountability Office)?

9) How will the protected health information submitted through TrumpRx remain secure, particularly information related to patient prescription and diagnosis that is input into the platform? Given that the Trump Administration has demonstrated time and again that they are willing to violate the law to give Elon Musk and other entities unsecured access to personally-identifiable data, how will BMS ensure customer data is not abused or inappropriately shared?

10) The agreement reportedly grants BMS a three-year reprieve from potential tariffs on its drugs. What was the additional tariff rate that BMS expected to receive if it did not enter into this agreement with the Trump Administration, and under what legal authority were those additional tariffs expected to be imposed? Was BMS given any other assurances related to tariffs or trade in exchange for entering into this agreement with the Trump Administration?

11) Is BMS effectuating the Medicaid MFN components of the agreement with the Trump Administration solely through the Center for Medicare and Medicaid Innovation's newly-announced GENEROUS model?

12) Describe the parameters of the Medicaid pricing terms in the agreement with the Trump Administration under the GENEROUS model (and other commitments if applicable) including:

a. the duration of the agreement and/or how many years BMS has committed to or plans to commit to participating in the GENEROUS model (or other commitments if applicable);

b. the drugs covered by the agreement (identified by NDC-9 code), as well as any new drugs that, if launched, would be subject to the Medicaid pricing agreement;
c. whether the agreement extends to drugs marketed (or that may launch during the term of the agreement) by BMS affiliates or subsidiaries;

d. the countries used in developing pricing benchmarks and the prices included in the benchmarks if BMS is not effectuating its Medicaid pricing agreement through the GENEROUS model;

e. the specific formula(s) used to determine the Medicaid MFN pricing benchmark(s), through the GENEROUS model or otherwise;

f. an explanation of how and whether BMS plans to share confidential pricing information from other countries with CMS to enable verification of the MFN price determination;

g. an explanation of how and whether BMS plans to share information about state supplemental rebate agreements with CMS; and

h. whether information about the drugs and discounts under the agreement will be made available to the public.

13) Did BMS receive any other benefits from the Trump Administration in exchange for this agreement, such as FDA priority vouchers, exemptions, or other assurances related to the pending mandatory drug demonstration programs in Medicare (the GLOBE and GUARD models), or liability waivers, etc.?

a. If BMS received a Commissioner's National Priority Voucher (CPNV), please provide the date the voucher was awarded and describe its timing in relation to the execution and announcement of your agreement with the Administration. Did BMS solicit this voucher or was it provided without request by FDA? Did discussion of this agreement include mention of the CNPV program?

14) BMS reported that it will be spending an additional $40 billion dedicated to U.S. research, development and manufacturing over the next five years.[10] Please provide a detailed description of the planned use of these funds, including how much of this reflects new investment as a result of the agreement as opposed to investments that were already underway.

[10] *See* note 8.

15) Please clarify whether BMS's donation of active pharmaceutical ingredients (APIs) to the Strategic Active Pharmaceutical Ingredients Reserve (SAPIR) was entirely voluntary or made at the request, suggestion, or encouragement of the Administration.

16) Please describe the scope of any confidentiality provisions in your agreement with the Administration. Do these confidential provisions include any carve-outs permitting disclosure in response to congressional inquiries, investigations, legal process, subpoenas, or other lawful requests?

17) Please describe your company's assessment of the recent HHS Office of Inspector General (OIG) bulletin regarding the federal Anti-Kickback Statute and the Stark Law.[11] Based on that bulletin, does BMS believe that its arrangements under this agreement are sufficiently structured to comply with applicable Anti-Kickback and Stark Law requirements? Please explain.

We appreciate your response to these questions. Public confidence demands transparency and accountability to ensure these efforts will actually help lower costs of prescriptions and provide better access to life-saving medications.

Sincerely,

Frank Pallone, Jr.
Ranking Member
House Committee on Energy and Commerce

Richard E. Neal
Ranking Member
House Committee on Ways & Means

Robert C. "Bobby" Scott
Ranking Member
House Committee on Education and Workforce

Ron Wyden
Ranking Member
Senate Committee on Finance

[11] Department of Health and Human Services, Office of Inspector General, *Special Advisory Bulletin: Application of the Federal Anti-Kickback Statute to Direct-to Consumer Prescription Drug Sales by Manufacturers to Patients With Federal Health Care Program Coverage* (Jan. 27, 2026).