Congress of the United States
Washington, DC 20515

December 16, 2025

David A. Ricks
Chair and Chief Executive Officer
Eli Lilly and Company
Lilly Corporate Center
Indianapolis, IN 46285

Dear Mr. Ricks:

We request detailed information regarding the Trump Administration's November 6, 2025 announcement of an agreement related to drug prices for certain Eli Lilly anti-obesity medications (AOMs) 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 through the Inflation Reduction Act (IRA), will deliver 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 faster than inflation.

Unfortunately, while the November 6th agreement between Eli Lilly and the White House was heralded by the White House as an achievement to lower prices for high-cost AOMs for consumers, there is little public information available to back up that claim. In fact, as required by the IRA, Medicare negotiated the price of certain medications, reducing the cost for those AOMs for Medicare beneficiaries.

It is also unclear how the agreement affects access to AOMs in the private market, Medicare, or Medicaid. Specifically, there is no information on how this agreement interacts with current Medicare negotiations and whether it could be a way to circumvent the Medicare drug price negotiation program.

[1] https://www.whitehouse.gov/fact-sheets/2025/11/fact-sheet-president-donald-j-trump-announces-major-developments-in-bringing-most-favored-nation-pricing-to-american-patients/
[2] https://www.rand.org/news/press/2024/02/01.html

AOMs have been excluded from Part D coverage for obesity indications since the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.[3] Medicare currently covers AOMs for non-obesity indications for the treatment of diabetes or cardiovascular disease.[4]

The Biden Administration proposed broad access to AOMs for the treatment of obesity in Medicare Part D. However, the Trump Administration pulled this proposal and limited coverage of AOMs to specific non-obesity indications.[5] The November 6th announcement made vague claims relating to AOM coverage in Medicare that fall short of the access proposed by the Biden Administration, and while claims around the impact are lofty, details remain scant.[6] Based on the information available, it seems likely that broader coverage of AOMs in Medicare would have been achieved at similar price points if the Trump Administration had simply finalized the Biden Administration's proposed rule and faithfully executed Medicare drug price negotiation.

Skepticism and scrutiny are warranted, as the Trump Administration has repeatedly made announcements that fail to meet their stated goals[7] and, instead, only increase costs on the consumer[8] and yield benefits for the Trump family and Administration.[9,10]

In the announcement itself, the Trump Administration touted prices for a future GLP-1 "pill," which has not yet been approved or even submitted to the Food and Drug Administration (FDA) for approval, at $150—but only for an initial dose.[11] If this premature agreement proves true, we have strong concerns with establishing bait-and-switch pricing schemes that confuse patients without offering meaningful long-term price relief.

The November 6th agreement also appears to be a financial win for the Trump family. Donald Trump, Jr. sits on the board of Blink Rx[12], an online company that offers a direct-to-consumer (DTC) platform similar to the one that the Administration is touting in these deals—"TrumpRx."[13] The President has also seen his net worth increase by $3 billion since taking office.[14] The nature of the announcement with Eli Lilly and TrumpRx invites additional scrutiny and

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[3] Pub. L. 108-173

[4] https://aspe.hhs.gov/sites/default/files/documents/127bd5b3347b34be31ac5c6b5ed30e6a/medicare-coverage-anti-obesity-meds.pdf

[5] https://www.reuters.com/business/healthcare-pharmaceuticals/trump-administration-drops-bidens-proposal-medicare-weight-loss-drug-coverage-2025-04-04/

[6] https://www.whitehouse.gov/fact-sheets/2025/11/fact-sheet-president-donald-j-trump-announces-major-developments-in-bringing-most-favored-nation-pricing-to-american-patients/

[7] https://www.cnn.com/2025/10/11/politics/fact-check-trump-17-trillion-investment

[8] https://www.npr.org/2025/11/05/nx-s1-5596488/tariffs-trump-economy-inflation

[9] https://oversightdemocrats.house.gov/news/press-releases/100-days-corruption-oversight-democrats-highlight-100-conflicts-interest

[10] https://www.newyorker.com/magazine/2025/08/18/the-number?_sp=faa5ed2a-c173-4aaf-812e-7ede235a163e.1755530173996

[11] https://www.whitehouse.gov/fact-sheets/2025/11/fact-sheet-president-donald-j-trump-announces-major-developments-in-bringing-most-favored-nation-pricing-to-american-patients/

[12] https://www.prnewswire.com/news-releases/blinkrx-welcomes-donald-trump-jr-to-board-of-directors-302370329.html

[13] https://www.wsj.com/health/pharma/trumprx-drug-companies-blinkrx-2b6e1761?

[14] https://www.forbes.com/sites/danalexander/2025/09/09/presidency-boosts-trumps-net-worth-by-3-billion-in-a-year/

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 Eli Lilly's agreement with the Trump Administration. Basic details about the agreement have yet to be confirmed by either Eli Lilly 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 the agreement will save money.

Congress and the American public demand transparency in this matter. Eli Lilly's agreement with the Trump Administration represents a contract with the government and the American public. As such, and in our roles as the Ranking Members of the committees of jurisdiction on this matter, we request written responses to the following questions by January 5, 2026:

1) Provide a detailed description of Eli Lilly'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.
2) Describe the parameters of the pricing terms in Eli Lilly's agreement with the Trump Administration, including:
    a. the length of the agreement;
    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 agreement;
    c. whether the agreement extends to drugs marketed (or that may launch during the term of the agreement) by Eli Lilly 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 how and whether Eli Lilly 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.
3) Will any formulations of Zepbound or Mounjaro be covered at $245 under Medicare? Is $245 the price the program will pay, a ceiling price, or any average of the price? Will the price be applicable to all doses, or limited to the initial, first dose?

4) How will Medicare coverage of AOMs change pursuant to the agreement?

a. Will coverage align with the drugs' FDA-approved labels or be narrower? If narrower, what are the coverage parameters?
b. Will patients have to use or step through any type of lifestyle app or continuous glucose monitor (CGM) to access coverage?
c. If there are changes in coverage, what are the parameters to those changes?

5) How will AOMs be covered under Medicaid pursuant to the agreement? For example, will state Medicaid agencies be required to provide coverage of the drug for all Medicaid beneficiaries who meet certain clinical standards in order to receive the most-favored nation (MFN) price, and, if so, what are those standards and who will determine them?

6) If covered by this 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 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. Please describe the agreed repatriation of revenue on existing products.
   d. Will the agreement affect the number and type of drugs under development and marketed by Eli Lilly?

7) Describe the agreement's parameters regarding Eli Lilly'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 Eli Lilly envision the TrumpRx platform interacting with other programs, including Medicare Part D, Medicaid, and private payers?
   d. How will the pricing offered through TrumpRx compare to Eli Lilly's current DTC pricing program?

8) Describe the $150-per-month agreement for the oral administration of tirzepatide or certain similar drugs.
   a. How is Eli Lilly establishing a pricing agreement for a drug that is not yet approved?
   b. If the drug is approved, will this price be available solely through TrumpRx, or will it be available on other platforms as well?
   c. Will the price be available for all dosages and formulations, or will this price only be available for the initial, first dose, or specific formulations?
   d. Will Medicare or private payers have access to the $150 price and for what dosages and formulations?

9) 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)?

10) 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 Eli Lilly ensure customer data is not abused or inappropriately shared?

11) The agreement reportedly grants Eli Lilly a three-year reprieve from potential tariffs on its drugs. What was the additional tariff rate that Eli Lilly 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 Eli Lilly given any other assurances related to tariffs or trade in exchange for entering into this agreement with the Trump Administration?

12) Is Eli Lilly effectuating the Medicaid MFN components of the agreement solely through the Center for Medicare and Medicaid Innovation's newly-announced GENEROUS model?

13) Describe the parameters of the Medicaid pricing terms in the agreement under the GENEROUS model (and other models, if applicable), including:

    a. the length of the agreement and/or how many years Eli Lilly has committed to or plans to commit to participating in the GENEROUS model;

    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 Eli Lilly affiliates or subsidiaries;

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

    f. an explanation of how and whether Eli Lilly 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 Eli Lilly plans to share information about state supplemental rebate agreements with CMS; and

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

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

15) The Trump Administration reported that Eli Lilly will spend $27 billion to strengthen its domestic footprint.[15] Please provide a detailed description of the planned use of these funds, including how much of this reflects new investment as a result of this agreement as opposed to investments that were already underway.

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,

RICHARD E. NEAL
Ranking Member
Committee on Ways and Means
U.S. House of Representatives

FRANK PALLONE, JR.
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives

RON WYDEN
Ranking Member
Committee on Finance
U.S. Senate

ROBERT C. "BOBBY" SCOTT
Ranking Member
Committee on Education and Workforce
U.S. House of Representatives

[15] https://www.whitehouse.gov/fact-sheets/2025/11/fact-sheet-president-donald-j-trump-announces-major-developments-in-bringing-most-favored-nation-pricing-to-american-patients/