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January 21, 2026

Chris Klomp
CMS Deputy Administrator and Director of the Center for Medicare
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-8016
Chris.Klomp@CMS.HHS.Gov

RE: Concerns Around Selection of Biosimilars in Advance of February Announcement from the Medicare Drug Price Negotiation Program

Dear Deputy Administrator Klomp,

The Alliance for Aging Research (“Alliance”) is the leading patient advocacy organization dedicated to changing the narrative to achieve healthy aging and equitable access to care. We write to urge against the selection of drugs with imminent biosimilar competition under the Inflation Reduction Act’s Medicare Drug Price Negotiation Program

Congress provided a “Special Rule” allowing biosimilar manufacturers to request a temporary pause before a brand name biologic is selected for price-setting in order to allow time for a biosimilar to launch. However, under the IRA, manufacturers cannot accurately anticipate which branded products will be subject to price-setting. Timelines and criteria remain insufficient to provide predictability for biosimilar developers. Biosimilar development typically takes many years and requires substantial investment, while the benefit to patients of these alternatives is substantial. [Biosimilars have generated \\$56 billion in healthcare savings since 2015, with \\$20 billion saved in 2024 alone](#) and we must make every effort to encourage their development.

For drugs selected from this category, it is likely that even if negotiated prices do take effect, the duration of the reduction would be short. In turn, the long-term cost to increased competition through the development of biosimilars could outweigh any near-term benefit of price reduction. Selection of these drugs for competition would severely challenge the development of lower cost alternatives resulting in higher costs over time. As we have also previously noted for both Medicare Part B and Part D, such selection can also shift utilization and benefit design, further complicating access for patients and providers.

Therefore, we respectfully urge CMS to give priority consideration to medicines with a longer expected price applicability.

Thank you for your consideration. As we move into the next round of negotiations we also urge you to prioritize patient and provider perspectives at the front end of your process. We look forward to working with CMS to ensure meaningful and sustainable cost savings for selected drugs, while preserving pathways to the development of affordable alternatives for Medicare beneficiaries.

Sincerely,

A handwritten signature in black ink that reads "Scott Frey". The signature is written in a cursive, flowing style.

Scott Frey

Senior Vice President of Public Policy and Government Relations
Alliance for Aging Research