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United States Senate

SPECIAL COMMITTEE ON AGING

WASHINGTON, DC 20510-6400

(202) 224-5364

November 10, 2025

Mr. David Joyner
President and Chief Executive Officer
CVS Health
1 CVS Drive
Woonsocket, Rhode Island 02895

Dear Mr. Joyner:

The U.S. Senate Special Committee on Aging is examining how vulnerable pharmaceutical supply chains present a risk to supply chain security. As one of America's largest pharmacies, CVS Health plays a critical role in ensuring that millions of Americans, including many seniors, have access to safe and affordable generic drugs. Given this essential responsibility, we write to request information regarding CVS Health's efforts to address existing supply chain vulnerabilities and ensure your customers understand the source and quality of the medications you dispense.

Recent reporting details how, to prevent and mitigate shortages, the Food and Drug Administration (FDA) has granted exemptions for certain drugs or ingredients subject to import bans that were imposed on foreign factories found to operate under substandard manufacturing conditions. These import bans were a result of a failure to comply with FDA standards, and exempting these drugs or facilities allows for substandard and potentially unsafe drugs to enter the U.S. market.¹ These reports highlight that many of these exemptions are for factories in China and India and identify more than 150 drugs and ingredients that have received exemptions since 2013.² While many factories ultimately make the necessary changes to be removed from the FDA's import alert list, these exemptions can pose a threat to drug safety for American consumers.

Moreover, recent instability in geopolitics and global trade demonstrates an additional threat to the stability of our pharmaceutical supply chain, particularly the supply of key starting materials (KSMs), active pharmaceutical ingredients (APIs), and generic drugs imported from key manufacturing hubs like China and India. A recent trade dispute with China exemplifies this dynamic. Despite reaching a bilateral trade agreement on rare earth elements in April 2025, China imposed a new set of export

¹ <https://www.propublica.org/article/fda-drugs-banned-foreign-factories-list>

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restrictions on October 9, demonstrating its willingness to use trade commodities as leverage against the U.S.³ This raises the unsettling possibility that China could similarly restrict exports of pharmaceutical products in future diplomatic or trade conflicts. Given that China is one of the world's largest suppliers of APIs and KSMs, disruptions to this supply chain could have profound ramifications for the availability of medications in the U.S., potentially jeopardizing patient care and public health.

Ultimately, the interaction between regulatory oversight and geopolitical dynamics presents significant challenges to the safety and reliability of our pharmaceutical supply chain. It necessitates ongoing vigilance and proactive measures to ensure that patients receive high-quality and safe medications.

Given these concerns regarding substandard and potentially unsafe foreign generic drugs entering the U.S. market, country of origin labeling would serve as an important transparency measure for both consumers and pharmacists. Despite a Congressionally-commissioned report from the National Academies of Sciences Engineering and Medicine recommending that the FDA require manufacturing location on drug labels, this information remains inaccessible to both consumers and pharmacists.⁴ Research also shows that both pharmacists and consumers exhibit a preference for drugs manufactured in the United States and Canada over foreign drugs from China and India.⁵ However, inaccessible and opaque information remains a barrier to allowing buyers and consumers this choice.

Given the critical role pharmacies play as a touch point with Americans who rely on their medications, we request the following information no later than November 30, 2025:

1. As both a number and a percentage, what amount of generic drugs that you dispense prescriptions for each year source APIs from India and/or China?
2. Of the list of drugs that are exempt from the import ban, is your organization currently purchasing any of those drugs from those manufacturers?
 - a. If so, what are they, and how many of those drugs have no other manufacturer available?

³ <https://www.reuters.com/world/china/china-says-its-rare-earth-export-controls-are-legitimate-2025-10-12/>

⁴ National Academies of Sciences, Engineering, and Medicine. 2022. *Building Resilience into the Nation's Medical Product Supply Chains*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/26420>.

⁵ Villa, Sebastián and Urrea, Gloria and Ball, George and Gray, John and Ganio, Michael, Generic Drug Transparency: Testing a Regulatory Policy Proposal (June 02, 2025). Available at SSRN: <https://ssrn.com/abstract=4639108> or <http://dx.doi.org/10.2139/ssrn.4639108>

- b. If so, when did your organization become aware of quality issues with these drugs? Did the FDA notify your organization that these facilities were problematic?
3. Does your pharmacy have any plans to institute country of origin labeling for generic drugs, accessible to pharmacists and customers?
4. As you make decisions on the purchasing of generic drugs, how does your organization account for the resiliency of supply chains as well as the quality of medications?
5. What information does your organization receive with respect to quality assurance when purchasing generic drugs from wholesalers?
6. What information does your organization receive with respect to supply chain resiliency when purchasing generic drugs from wholesalers?
7. To what extent does your organization monitor whether certain generic drugs have been placed under corrective action by the FDA, such as an import ban, Official Action Indicated or Voluntary Action Indicated and how does this inform purchasing decisions?
8. Is your organization aware of the FDA's practice of granting exemptions from import bans, and if so, what steps does it take to avoid purchasing medications that have been exempted?

The health and safety of American citizens, especially our seniors and other vulnerable populations, must be protected from the threats posed by U.S. overreliance on foreign-made generic drugs. Thank you for your continued work to ensure patients have access to affordable medications. We look forward to a continued dialogue on securing the pharmaceutical supply chain for Americans.

Sincerely,



Rick Scott
Chairman
Senate Special Committee on Aging



Kirsten E. Gillibrand
Ranking Member
Senate Special Committee on Aging

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November 10, 2025

Mr. Mike Motz
Chief Executive Officer
Walgreen Co.
108 Wilmot Road
Deerfield, Illinois 60015

Dear Mr. Motz:

The U.S. Senate Special Committee on Aging is examining how vulnerable pharmaceutical supply chains present a risk to supply chain security. As one of America's largest pharmacies, Walgreen Co. plays a critical role in ensuring that millions of Americans, including many seniors, have access to safe and affordable generic drugs. Given this essential responsibility, we write to request information regarding Walgreen Co.'s efforts to address existing supply chain vulnerabilities and ensure your customers understand the source and quality of the medications you dispense.

Recent reporting details how, to prevent and mitigate shortages, the Food and Drug Administration (FDA) has granted exemptions for certain drugs or ingredients subject to import bans that were imposed on foreign factories found to operate under substandard manufacturing conditions. These import bans were a result of a failure to comply with FDA standards, and exempting these drugs or facilities allows for substandard and potentially unsafe drugs to enter the U.S. market.⁶ These reports highlight that many of these exemptions are for factories in China and India and identify more than 150 drugs and ingredients that have received exemptions since 2013.⁷ While many factories ultimately make the necessary changes to be removed from the FDA's import alert list, these exemptions can pose a threat to drug safety for American consumers.

Moreover, recent instability in geopolitics and global trade demonstrates an additional threat to the stability of our pharmaceutical supply chain, particularly the supply of key starting materials (KSMs), active pharmaceutical ingredients (APIs), and generic drugs imported from key manufacturing hubs like China and India. A recent trade dispute with China exemplifies this dynamic. Despite reaching a bilateral trade agreement on rare earth elements in April 2025, China imposed a new set of export

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restrictions on October 9, demonstrating its willingness to use trade commodities as leverage against the U.S.⁸ This raises the unsettling possibility that China could similarly restrict exports of pharmaceutical products in future diplomatic or trade conflicts. Given that China is one of the world's largest suppliers of APIs and KSMs, disruptions to this supply chain could have profound ramifications for the availability of medications in the U.S., potentially jeopardizing patient care and public health.

Ultimately, the interaction between regulatory oversight and geopolitical dynamics presents significant challenges to the safety and reliability of our pharmaceutical supply chain. It necessitates ongoing vigilance and proactive measures to ensure that patients receive high-quality and safe medications.

Given these concerns regarding substandard and potentially unsafe foreign generic drugs entering the U.S. market, country of origin labeling would serve as an important transparency measure for both consumers and pharmacists. Despite a Congressionally-commissioned report from the National Academies of Sciences Engineering and Medicine recommending that the FDA require manufacturing location on drug labels, this information remains inaccessible to both consumers and pharmacists.⁹ Research also shows that both pharmacists and consumers exhibit a preference for drugs manufactured in the United States and Canada over foreign drugs from China and India.¹⁰ However, inaccessible and opaque information remains a barrier to allowing buyers and consumers this choice.

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 - a. If so, what are they, and how many of those drugs have no other manufacturer available?

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- b. If so, when did your organization become aware of quality issues with these drugs? Did the FDA notify your organization that these facilities were problematic?
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Rick Scott
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November 10, 2025

Mr. Doug McMillon
President and Chief Executive Officer
Walmart Inc.
1 Customer Drive
Bentonville, Arkansas 72716

Dear Mr. McMillon:

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