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# Prescription Medicine Pricing: *Our principles and perspectives*

At Sanofi, we work passionately to prevent, treat, and cure illness and disease, understand and solve health care needs of people across the world, and transform the practice of medicine. Our focus spans a number of therapeutic areas in specialty care and general medicines, including immunology, oncology, rare diseases, rare blood disorders, diabetes, and cardiovascular diseases, as well as vaccines. Sanofi has a longstanding commitment to promote health care systems that make our treatments accessible and affordable to patients in need.

Countries are increasingly seeking to achieve better value in health care spending. Sanofi understands and shares concerns about the affordability of medicines for patients while also recognizing that we are only one of many stakeholders in the health care system. In the United States, medicines are a small share — about 14.3%<sup>1</sup> — of total health care spending. In order to maintain an environment that will continue to bring new health care solutions to patients, we must encourage a transition to a value-driven health care system that provides incentives for the highest-quality care. This evolution will enable both affordable access to treatment and continued investment in medical innovation.

Sanofi is committed to helping address this challenge. While many factors, including decisions affecting patient out-of-pocket spending and insurance coverage, are controlled by other stakeholders in the health care system, we believe we have a responsibility to be a leader in solving issues of patient access and system viability. For our part, we price our medicines according to their value, while contributing to broader solutions that improve patient outcomes and support affordability within the U.S. health care system.



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<sup>1</sup> [The Altarum Institute. Projections of the Prescription Drug Share of National Health Expenditures Including Non-Retail. July 2022.](#)

## Our Pricing Principles: *Advancing responsible leadership*

Pharmaceutical innovation brings value to our patients, our society, and our health care systems. Given the growing concerns over rising health care costs, our approach to pricing reflects our commitment to patient access while minimizing our contribution to health care inflation. We therefore commit to continued transparency in how we price our prescription medicines and to limit increases in prices in the United States.

The *pricing principles* we put forth focus on three pillars:



*Clear Rationale  
for Pricing*

at the time of launch of  
a new medicine



*Limited U.S.  
Price Increases*

on our medicines over time



*Continued Transparency  
in the U.S.*

around our pricing decisions



## Clear Rationale for Pricing

When we set the price of a new medicine, we hold ourselves to a rigorous and structured process that includes consultation with external stakeholders and considers the following factors:

- *A holistic assessment of value, including:*

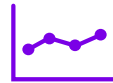
- 1 Clinical value and outcomes, or the benefit the medicine delivers to patients, and how well it works compared to a standard of care
- 2 Economic value, or how the medicine reduces the need — and therefore costs — of other health care interventions
- 3 Social value, or how the medicine contributes to quality of life and productivity

Our assessments rely on a range of internal and external methodologies, including health technology assessment (HTA) and other analyses that help define or quantify value and include patient perspectives and priorities.

- *Similar treatment options* available or anticipated at the time of launch, in order to understand the landscape within the disease areas in which the medicine may be used.

- *Affordability*, including the steps we must take to promote access for patients and contribute to a more sustainable system for payors and health care systems.

- *Unique factors* specific to the medicine at the time of launch. For example, we may need to support ongoing clinical trials to reinforce the value of our medicines (eg, longer-term outcomes studies), implement important regulatory commitments, or develop sophisticated patient support tools that improve care management and help decrease the total cost of care.



## Limited U.S. Price Increases

We acknowledge our role in preserving the sustainability of our health care system and in limiting our contribution to U.S. health care spending growth. For 2022, our guiding principle was to limit the total annual increase during our fiscal year (Jan. 1 to Dec. 31) to a level at or below the projected growth rate for National Health Expenditures (NHE).

NHE measures spending across all health care goods and services and reflects payments made by both public and private payors. More information about the NHE growth rate can be found [here](#).<sup>2</sup>

Should we take a price increase above the NHE growth rate for a given medicine that results in a list price increase greater than \$15 for a full course of treatment per year, we will provide our rationale, highlighting clinical value, real-world evidence, regulatory change, new data, or other circumstances that support our decision.

This 2023 report reflects Sanofi's pricing principles through December 31, 2022, which is the policy that applied to the 2022 data covered in this report. As of January 1, 2023, with the passage of the Inflation Reduction Act, and the presence of other evolving market dynamics, this pillar of Sanofi's Pricing Principles has been updated to the following:

### **Our approach to pricing our medicines responsibly will balance:**

- Our ambition to chase the miracles of science to improve people's lives and ensure patients have access to the medicines they need now and in the future;
- Government policies; and
- Evolving trends in the marketplace.

Should Sanofi take list price actions during the fiscal year (Jan. 1 to Dec. 31) on any of our medicines, the guiding principle is to adhere to a level that is consistent with our approach on responsible pricing.

Sanofi will annually disclose additional background if price actions trigger a prescription drug mandatory supplemental rebate under the Inflation Reduction Act of 2022.

*Sanofi's steadfast commitment to responsible pricing, transparency surrounding our pricing actions, and patient access and affordability remains unchanged.*



## Continued Transparency in the United States

**We recognize calls for continued transparency in our pricing practices. Our principles reflect a desire to help our stakeholders better understand our pricing decisions.**

Our principles reflect both a desire to help our stakeholders better understand our pricing decisions and to advance a more informed discussion of issues related to the pricing of medicines. To continue this dialogue and provide greater insights about this topic, we will disclose annually our average aggregate U.S. list and net price changes from the prior calendar year. These data may help illustrate how pricing changes accrue to manufacturers versus others in the value chain, highlighting our discrete role in the broader U.S. health care environment and enabling a better-informed discussion on solutions to improve patient access and affordability.

While list prices often receive the most attention, they reflect only the initial prices set for our medicines and are not the prices typically paid by the insurers, employers, or pharmacy benefit managers who purchase our medicines on behalf of patients in their respective health plans. We negotiate discounts and rebates with these payors, which are designed to offer the health care system lower prices in exchange for greater access and affordability for patients with insurance. List prices also fail to capture the substantial mandated discounts and rebates, sometimes required by law, provided to government programs, including those provided in Medicare Part D, Medicaid, and the 340B drug pricing programs.

**The net price is what Sanofi receives after discounts, rebates, and fees paid to health plans and other parts of the health care system.**

While our efforts focus on securing affordable coverage of our medicines for patients, it is important to note that patient cost-sharing and coverage decisions are ultimately made by payors and employers, not manufacturers of the medicines.

Simply put, patients' out-of-pocket costs depend on how the plan is structured and the extent of the negotiated discounts passed on to patients.



*These principles demonstrate Sanofi's commitment to patient access and affordability, a sustainable health care system, and greater transparency in our pricing actions. While challenges to innovation remain in the environment, we nonetheless push forward in our commitment to these principles and our work advancing scientific knowledge to bring innovative treatments to patients worldwide.*



**SANOFI 2023**

# Pricing Principles Report: *Advancing Responsible Leadership*

In May 2017, Sanofi expanded on its commitment to tackle rising health care costs with the introduction of our Pricing Principles. Our goal was to promote a culture of transparency that would be adopted not only in our industry, but across health care — including hospitals and payors — where transparency is often sorely lacking.

Our pricing policy is a reflection of our unwavering dedication to providing patients innovative and life-changing treatments while limiting costs and minimizing our contribution to health care spending growth. The following report outlines our 2022 pricing decisions.

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## Clear Rationale for Pricing

### *Enjaymo*<sup>®</sup> (sutimlimab-jome)

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Sanofi introduced Enjaymo in the United States in February 2022 to decrease the need for red blood cell transfusion in adults with cold agglutinin disease (CAD). Enjaymo is the first and only approved therapy for the treatment of hemolysis in adults with CAD, a chronic and rare blood disorder that causes the body's immune system to mistakenly attack and destroy healthy red blood cells. CAD is considered a rare disease, impacting an estimated 5,000 people in the U.S.

As a result of having lower levels of red blood cells in the body, those with CAD suffer anemia symptoms, including fatigue, and are vulnerable to hemolytic crises. The health care system is utilized more, with inpatient resource utilization and outpatient claims higher for patients with CAD. Similarly, the frequency of emergency room visits are higher for patients with CAD due to anemic symptoms, and repeated blood transfusions deplete a scarce societal resource – donor blood.

Enjaymo is a first-in-class humanized monoclonal antibody designed to selectively target and inhibit the classical complement pathway specific serine protease (C1s). By blocking C1s of the classical complement pathway, Enjaymo inhibits C1-activated hemolysis in CAD to prevent hemolysis, while leaving the lectin and alternative pathways intact. Prior to the approval of Enjaymo, there were no approved treatments for CAD.

At launch, Sanofi set the U.S. list price of Enjaymo at \$1,800 per 1,100 mg/22 mL (50 mg/mL) vial. The estimated annual list price, also referred to as the wholesale acquisition cost (WAC), varies by the weight of the patient. The price was determined by considering a range of factors, including the rare nature of CAD and the immense need for treatments, the need to incentivize the development of innovative medicines for a small group of patients, and the guidelines Sanofi outlines in its Clear Rationale for Pricing pillar.

To set the list price of Enjaymo, Sanofi's research considered input from payors and physicians while also recognizing the experience of patients living with CAD. In this research, our goal was to ensure the value of Enjaymo is commensurate with its price, helping garner broad insurance coverage and addressing out-of-pocket affordability. This research explored pricing from the viewpoints of access, fairness, patient out-of-pocket burden, and value.

As part of our commitment to ensure access to and affordability of innovative therapies, Enjaymo Patient Solutions provides disease education, financial and insurance assistance programs, and other support services to help reduce barriers for patients living with CAD throughout the treatment journey. More information about CAD can be found [here](#).





## Clear Rationale for Pricing

### *Xenpozyme*<sup>®</sup> (olipudase alfa-rpcp)

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Xenpozyme launched in the U.S. shortly after it was approved in late August 2022 for the treatment of non-central nervous system (non-CNS) manifestations of acid sphingomyelinase deficiency (ASMD) in adult and pediatric patients. ASMD, historically known as Niemann-Pick disease types A, A/B, and B, is an extremely rare progressive genetic disease with significant morbidity and mortality. It is estimated that fewer than 120 people in the United States have been diagnosed with ASMD, approximately two-thirds of which are children.

Patients with ASMD suffer a significantly reduced life expectancy and increased health care resource utilization. Younger patients often cannot thrive, limiting their health, education, and career. Progressive lung disease, splenomegaly, and hepatomegaly are common hallmarks of the disease. Before Xenpozyme, the only option for patients was symptomatic treatment and palliative care.

Xenpozyme provides the patient with an essential enzyme – acid sphingomyelinase – that patients cannot produce sufficiently.

Xenpozyme, a hydrolytic lysosomal sphingomyelin-specific enzyme replacement therapy, is designed to replace deficient or defective acid sphingomyelinase, an enzyme that allows for the breakdown of the lipid sphingomyelin. In clinical trials, Xenpozyme demonstrated clinically relevant improvement in lung function (as measured by diffusing capacity of the lung for carbon monoxide, or DLco) and platelet count, and reduction of spleen and liver volumes. Xenpozyme is the first approved therapy indicated for non-CNS manifestations of ASMD and remains the only approved treatment for this disease.

At launch, Sanofi set the U.S. list price of Xenpozyme at \$7,142.00 per 20 mg vial. The estimated annual list price varies based on the weight of the patient. Sanofi determined the price of Xenpozyme based on the ultra-rare nature of ASMD, the need to incentivize development of innovative medicines for this small group of patients, and the guidelines in our Clear Rationale for Pricing pillar. Based on the prevalence of ASMD, Xenpozyme is also priced comparably to treatments for other extremely rare diseases.

In order to set the list price of Xenpozyme, Sanofi's pricing research considered input from payors and physicians while also recognizing the experience of patients living with ASMD. We aimed to ensure the value of Xenpozyme is commensurate with its price, helping garner broad insurance coverage and addressing out-of-pocket affordability. This research explored pricing from the viewpoints of access, fairness, patient out-of-pocket burden, and value.

As part of its commitment to treatment access and affordability for innovative therapies, Sanofi provides disease education, financial and co-pay assistance programs, and other support services to eligible patients. More information on ASMD can be found [here](#).



At Sanofi, we are *proud* of our long-standing commitment to the *rare disease* and *rare blood disorder communities*.

**Over the past 40 years, Sanofi has been a pioneer in discovering, developing, and delivering new treatments for people with rare diseases and blood disorders.**

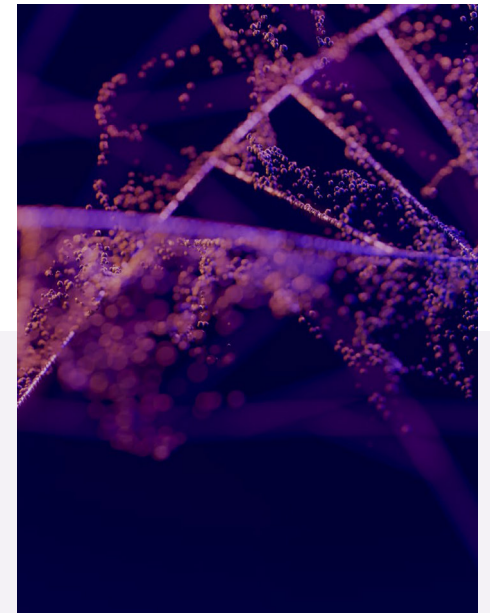
Creating sustainable, transformative treatment options for patients comes with unique dynamics. The number of patients with these specific diseases is fortunately very small, but still requires a deep understanding of complex science that is targeted to an exact patient population. It is also often difficult to diagnose and treat patients, which impacts the clinical trial process.

In the case of cold agglutinin disease (CAD) and acid sphingomyelinase deficiency (ASMD), about 5,000 and 120 people, respectively, live with those diseases in the United States. We are determined to bring hope to, and transform the treatment of, these small, yet no less deserving patient groups, just as we do for the patient groups for all of our medicines. Furthermore, we do everything we can work to ensure that health systems and payors can provide appropriate access and coverage to patients who can benefit from our medicines.

When launching rare disease medicines, we follow the guidelines set within our **Clear Rationale for Pricing** pillar, which considers:

- A holistic assessment of value, including clinical value and health outcomes, economic, and social value
- Availability of similar treatment options, which are often limited or non-existent for rare disease communities
- Affordability, including the steps we take to promote access for patients
- Unique factors specific to the medicine at the time of launch, such as our ability to serve the needs of the rare disease community with groundbreaking medical innovation

*As we continue to bring treatments to patients with rare diseases, this holistic assessment reflects the unique dynamics intrinsic to this area of medical discovery. As always, we will continue to chase the miracles of science to positively transform patient quality of life and play our part in caring for rare disease communities.*





## Limited U.S. Price Increases

In March 2020, the U.S. National Health Expenditure projected growth rate for 2022 was 5.7%. This was the most recent projected growth rate when Sanofi's 2022 price actions were planned.

In 2022, Sanofi increased the list price of 50 of our 83 prescription medicines. All price increases for 2022 are at or below the March 2020 NHE Growth Rate projection of 5.7%<sup>3</sup> or resulted in a list price increase less than \$15 for a full course of treatment per year.

Sanofi also took two price decreases, lowering the list prices of Admelog<sup>®</sup> (insulin lispro injection) 100 Units/mL by 25% and Lovenox<sup>®</sup> (enoxaparin sodium injection) by 70% in 2022.



## Continued Transparency in the United States

U.S. Portfolio Annual Aggregate Price Change from Prior Year<sup>4</sup>

Year	Average Aggregate List Price	Average Aggregate Net Price
2016	4.0% Increase	2.1% Decrease
2017	1.6% Increase	8.4% Decrease
2018	4.6% Increase	8.0% Decrease
2019	2.9% Increase	11.1% Decrease
2020 <sup>5</sup>	0.2% Increase	7.8% Decrease
2021	1.4% Increase	1.3% Decrease
2022	2.6% Increase	0.4% Decrease

## Gross Sales Given Back to Payors as Rebates

In 2022, 45% of Sanofi's gross sales were given back to payors as rebates, including \$5.8 billion in mandatory rebates to government payors and \$7.8 billion in discretionary rebates.

**45%**

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**\$5.8 Billion**

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**\$7.8 Billion**

in discretionary rebates

<sup>3</sup> Our Pricing Principles were updated as of Jan. 1, 2023; for more information, see page 2 or visit our [website](#).

<sup>4</sup> Aggregated across Sanofi's prescription portfolio.

<sup>5</sup> Price increases or reductions that are taken mid-year may have an impact in two calendar years. In our 2019 pricing report, Sanofi announced that it took a price reduction on Admelog (insulin lispro injection) 100 Units/mL in July 2019. The 2020 carryover impact of that change is not included in the 2020 Average Aggregate List Price above. If included, the 2020 Average Aggregated List Price vs. 2019 would have been effectively 0% and the Average Aggregate Net Price would decrease by 8.0%.



## How Misaligned System Incentives Impact Out-of-Pocket Costs

*Too many Americans struggle to pay for the medicines and treatments they need due to high and rising out-of-pocket drug costs set by insurance companies. Given the declining price of medicines for these same companies, this is unacceptable.*

Sanofi recognizes the urgent need to eliminate these cost burdens, which fuels our continued efforts to remove barriers standing between patients, their medicines, and healthier lives. Unfortunately, in many cases, factors beyond Sanofi's control, dictated by other players in the health system, prevent us from lowering out-of-pocket costs for patients.

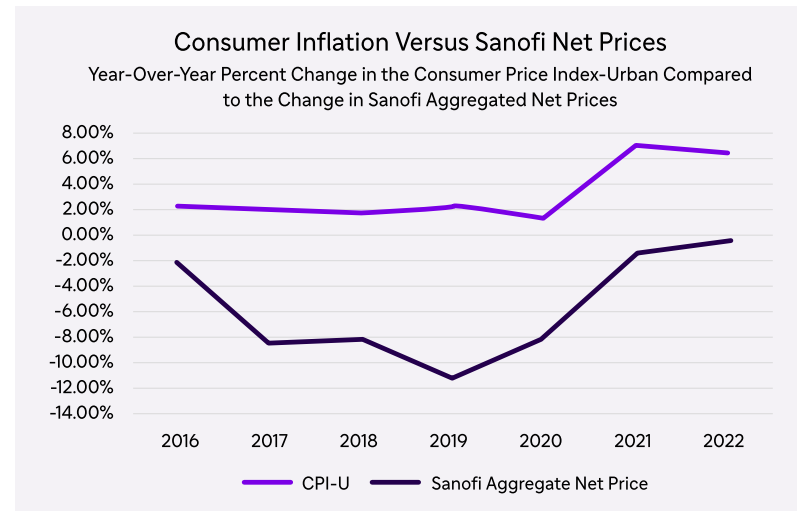
All prescription medicines have both a list price and a net price. The “list price” of a medicine often receives the most attention, but it does not reflect the amount health insurance companies pay (or Sanofi receives), nor does it reflect the price patients pay at the pharmacy counter every time our medicines are purchased.

It is important to note that manufacturers, including Sanofi, pay significant discounts, rebates, and fees — often as a percentage of the list price — to different stakeholders across the health care system with the goal of ensuring our medicines are available to patients. Payors, including pharmacy benefit managers (PBMs) and government and private insurance plans, ultimately decide which medicines to make available to patients through their plans, based in part on the discounts and rebates we give them for each of our medicines.

Sanofi chooses to pay these discounts, rebates, and fees, which increase each year, to make sure our medicines are covered by PBMs and insurance plans, and therefore readily available to patients — it is one way we provide access to patients. Many government programs also

require us to pay discounts, rebates, and fees to make our medicines available to patients covered under those specific programs. However, there is no way for a manufacturer like Sanofi to ensure that the substantial value of these discounts is passed on by insurance plans and PBMs to patients at the pharmacy counter through lower co-pays and cost sharing.

The “net price” of a medicine factors in these various discounts and rebates paid and most accurately reflects the amount Sanofi receives for its medicines. In 2022, the average aggregate net price of our medicines decreased by 0.40%, far below the 6.45% increase in consumer inflation (CPI-U) — which measures the inflation consumers pay for goods and services — over the course of 2022.<sup>6</sup> This demonstrates that Sanofi has done its part to minimize spending growth as part of the U.S. economy.



<sup>6</sup> U.S. Bureau of Labor and Statistics, Consumer Price Index – December 2022.

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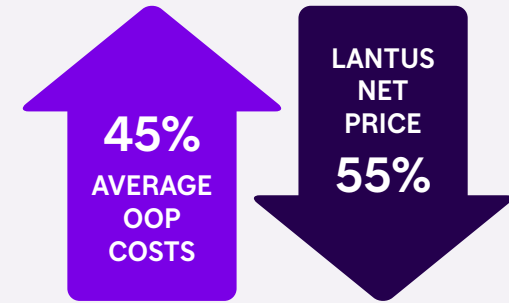
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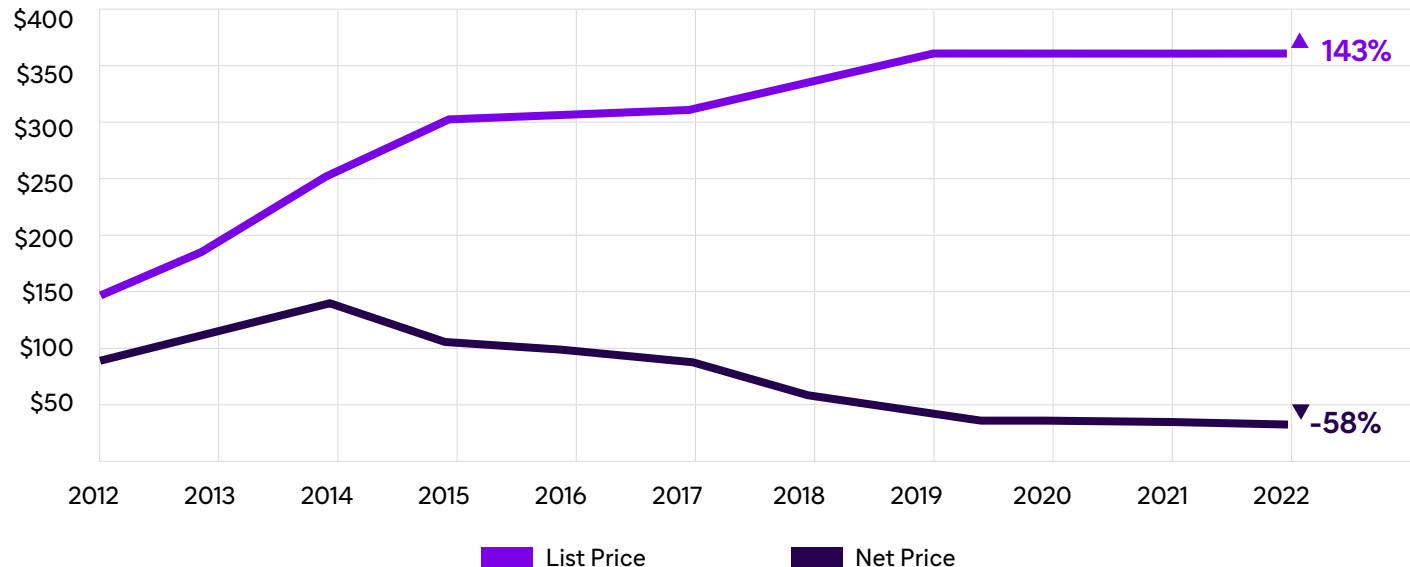
When looking at insulin, the impact of net prices is even more pronounced. Despite the rhetoric about skyrocketing insulin prices, the net price of insulin has fallen for eight consecutive years, making our insulins significantly less expensive for insurance plans.

Since 2012, the net price of Sanofi insulins has declined by 58%. Over the same period, the net price in commercial and Medicare Part D plans of our most prescribed insulin, Lantus® (insulin glargine injection) 100 units/mL, has fallen approximately 55%.<sup>7</sup> However, in contrast, average out-of-pocket costs for Lantus patients with commercial insurance and Medicare have risen approximately 45% over that same period. Health plans and others continue to put the spotlight on list prices, but the average net price of Lantus today is lower than it was in 2004.

Since 2012, for people taking Lantus® (insulin glargine injection) 100 units/mL on commercial and Medicare Part D plans:



Insulin Cost Over Time



<sup>7</sup>For clarification, the decline in the net price of Lantus® (insulin glargine injection) 100 units/mL since 2012 in 2021 for commercial and Medicare Part D plans was 52% versus 62% reported in the 2022 Pricing Principles Report.



The out-of-pocket burden on people with diabetes has lessened in recent years as a result of policy and commercial solutions that deliver savings to patients directly, which Sanofi has long championed. These include solutions such as CMS’ Senior Savings Model, state legislators capping monthly insulin copays for people with state-regulated insurance plans, and increased adoption of generics and biosimilars.

**Still, the growing amount manufacturers pay in discounts and rebates every year to PBMs and health plans should guarantee that patients pay less out-of-pocket every time they fill a prescription,** but that’s not the case. For individuals on health plans provided by employers, average patient spending on deductibles has increased by 61% from 2012 to 2022.<sup>8</sup> Such high cost-sharing, particularly for highly rebated therapies such as insulin, creates a financial barrier for patients, making it difficult to obtain essential treatments without the manufacturer financial assistance programs.

Addressing this disconnect is ultimately beyond Sanofi’s control. Insurers and employers set the benefits that determine out-of-pocket costs and overall health care coverage for patients. Without a commitment to access and affordability from insurers and their partners, manufacturers alone cannot solve the cost-sharing challenges harming millions of Americans.



### *A New Insulin Glargine Option for Patients*

In order to continue addressing access and affordability challenges for people living with diabetes, Sanofi launched Insulin Glargine Injection 100 Units/mL (U-100) in June 2022 at a price 60% less than the 2022 list price of Lantus (insulin glargine injection) 100 Units/mL.

Because certain payors want to have different Insulin Glargine U-100 options, we continue to offer Lantus to payors who choose to cover the existing product. The availability of Insulin Glargine Injection U-100 in local markets depends on payor coverage, pharmacy purchasing patterns, and wholesaler stocking decisions.

However, commercial and Medicare coverage has been limited, with less than 25% of commercial and 5% of Medicare Part D plans choosing to cover the lower list price version in 2022.

These numbers highlight the limits of Sanofi’s power to directly lower costs and expand access to patients. **PBMs and health plans ultimately decide what a patient pays at the pharmacy counter, or if patients get access to a medicine at all.**

<sup>8</sup> [Kaiser Family Foundation, 2022.](#)



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## *Our Commitment to America's Seniors*

Sanofi has long supported programs to help make medicine more affordable for Medicare patients. In 2021, we began our voluntary participation in the CMS Senior Savings Model, which gave patients who enrolled in a participating Part D plan access to Sanofi insulins for a \$35-or-less copay for each 30-day prescription.

Since this program was implemented, about three quarters of seniors with Medicare Part D paid \$35 or less for a one month supply of Lantus in 2021. Additionally, patient adherence improved across all Sanofi insulins. Soliqua® 100/33 (insulin glargine & lixisenatide injection) 100 Units/mL & 33 mcg/mL saw the highest level of growth in patient adherence, up more than 50% in the Senior Savings Model for all Medicare plans. Toujeo® (insulin glargine injection) 300 Units/mL saw up to a 23% increase in adherence. In addition, twenty-two states have also capped monthly insulin cost for state-regulated insurance plans.

Those data prove what many already know — **when different parts of the health system come together to create policy solutions focused on lower out-of-pocket costs, patients benefit.**

Additionally, the new \$2,000 out-of-pocket spending cap is a step in the right direction, but it benefits only about 1.2 million seniors out of the over 65.2 million that are eligible for Medicare Part D.<sup>9</sup> We have advocated for policies like this that support a lower out-of-pocket cap, along with other provisions to limit cost-sharing by seniors, provided other system disruptions or punitive policies are not created as a result. Given the approximately \$300 billion in savings taken from the biopharmaceutical industry by policies included in the IRA, Congress could and should have done much more to lower prescription drug costs for all seniors at the pharmacy counter.

<sup>9</sup>Centers for Medicare & Medicaid Services, [Access to Health Coverage](#).

# Supporting Patient-focused Policy Solutions

Sanofi will continue to support policy solutions aimed at lowering prescription drug costs for patients. Future policy solutions must include contributions from across the entire health care system — including substantial reforms of rules governing benefit design in government and commercial coverage — to ensure that the patient truly benefits.

## *Sanofi believes in policies that make reducing patient out-of-pocket costs a top priority...*

- Requiring that the manufacturer rebates and discounts given to PBMs and insurers are reflected in the price patients pay at the pharmacy counter. Delivering rebates directly to consumers or requiring patient cost sharing be based on the net price paid by their insurance will lower patient spending on medicine and improve adherence and outcomes.
- Moving to a system in which the pharmaceutical supply chain — from wholesalers to PBMs to pharmacies — receive flat payments for additional services (like administration fees, data fees, formulary fees, etc), rather than allowing payments for these services to be linked to the list price of a medicine. Today, many parts of the supply chain are more focused on creating fees to extract value from manufacturers rather than meeting the needs of patients because those fees are based on a percentage of the list price of a medicine. This misaligned incentive results in a market-skewing system that rewards and drives higher list prices without providing additional value.
- Preventing PBMs from capturing manufacturer copay assistance by diverting funds intended to reduce patient cost sharing or denying coverage for their medicine. Over the past few years, insurance plans have adopted new policies that force patients into programs where the manufacturer copay assistance for their medication is taken by the plan without applying to their deductible or cost-sharing requirements, or where the plan denies coverage for their medicine by claiming it is not an “essential health benefit.” These types of policies are solely designed to shift costs for otherwise covered and essential health care services away from the insurance company and exposed patients to more complexity and higher costs. Requiring plans and PBMs to apply all manufacturer assistance payments toward patient deductibles or cost-sharing requirements, and to cover all “essential health benefits” will ensure that all manufacturer assistance goes toward reducing patient financial burden.

## *... while continuing to cultivate a competitive, free market system.*

To facilitate affordable access to innovative treatments, the Biden administration, Congress, and the states should enact policies that encourage competition and promote the risk-taking necessary to discover and develop life-saving medicines. After a reasonable period, generic and biosimilar medicines should be able to enter the market to offer patients long-term access at lower costs.

Unfortunately, the Inflation Reduction Act has the opposite effect on innovation. Sanofi supports policies that will address the flaws of the IRA, which puts its thumb on the scale of science and undermines R&D investments and innovation, threatening patient access in the long term. This is especially true for investments in innovative formulations and indications post approval, or investments in small molecules, which are generally preferred by patients.



## Prioritizing Patient Affordability

Our duty to put life-saving medicines in the hands of patients goes well beyond responsible launch pricing and limited list price increases. We have built a suite of novel and comprehensive patient programs to eliminate cost barriers for patients.

As part of our commitment to society, we have a special obligation to address the pressing financial issues that can prevent patients from getting the medicines they need. That's why Sanofi continues to invest in our innovative and industry-leading savings programs that directly lower out-of-pocket costs for patients.

**FIXED PRICE FOR INSULIN**  
for uninsured patients

**\$35** /month  
for a 30-day supply

Lantus, Insulin Glargine U-100,  
Toujeo, Admelog, Apidra

Sanofi was the first company to introduce a program through which uninsured patients could access one or more of our medicines at a set price: our Insulins *Valyou* Savings Program allows 100% of uninsured patients to buy [one or multiple Sanofi insulins](#) – Lantus (insulin glargine injection) 100 Units/mL, Insulin Glargine Injection 100 Units/mL (U-100), Toujeo (insulin glargine injection) 300 Units/mL, Admelog (insulin lispro injection) 100 Units/mL, Apidra® (insulin glulisine injection) 100 Units/mL – at a fixed price of \$35 per month per 30-day supply. Additionally, the Soliqua (insulin glargine & lixisenatide) 100 Units/mL and 33 mcg/mL cash offer allows uninsured patients to pay as little as \$99 per box of pens, for up to two boxes of pens for a 30-day supply.

Commercially insured people are eligible for [Sanofi's copay assistance programs](#), regardless of income or insurance plan design, which limits out-of-pocket expenses for a majority of participating patients to **\$15 or less for their diabetes medicines** (Apidra, Lantus, Soliqua 100/33, and Toujeo) for a 30-day supply.

We also provide free medications to qualified low- and middle-income patients through numerous patient assistance programs. Some people facing an emergency, for instance those at risk of missing a dose, may be eligible for a one-time, immediate month's supply of their Sanofi medicine as they wait for their application to process.

Additionally, Sanofi's new collaboration with Direct Relief tackles the unique challenges faced by people living with diabetes in some underserved communities. To address barriers to care and improve patient access, Sanofi Cares North America donates the company's insulin and combination diabetes medicines to Direct Relief, at no cost, to ensure eligible safety net health facilities have medication on hand when a patient is diagnosed and prescribed.

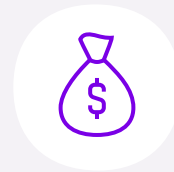
Every patient has unique circumstances, and no one should have to forgo the medication they need because they can't afford it. Sanofi has live support specialists at (800) 633-1610 to answer patients' questions and help navigate their individual situations to find the best resources and programs to help lower their out-of-pocket costs.

2022 PATIENT SUPPORT:  
*By the Numbers*



*1.9 Million+*

# of redemptions of a Sanofi copay assistance card



*98,614*

# of times Insulins Valyou Savings Program was used



*108,838*

# of patients who received free product through patient-assistance programs



*\$843 Million*

patient savings from copay-assistance programs



*\$43.9 Million+*

patient savings from use of Insulins Valyou Savings Program



*\$1.4 Billion+*

value of medicine provided via patient-assistance programs