
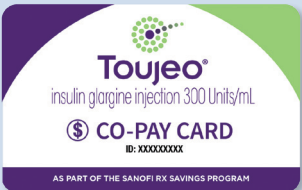





SANOFI INSULINS CO-PAY AND SAVINGS OFFERS

	COMMERCIALLY INSURED PATIENTS ONLY*				UNINSURED PATIENTS ONLY**
CARD	<p>LANTUS®</p>  <p>insulin glargine injection 100 Units/mL CO-PAY CARD ID: XXXXXXXXX <small>AS PART OF THE SANOFI RX SAVINGS PROGRAM</small></p>	<p>TOUJEO®</p>  <p>insulin glargine injection 300 Units/mL CO-PAY CARD ID: XXXXXXXXX <small>AS PART OF THE SANOFI RX SAVINGS PROGRAM</small></p>	<p>SOLIQUA® 100/33</p>  <p>insulin glargine & lisinsinatide injection 100 Units/mL & 33 mcg/mL CO-PAY CARD ID: XXXXXXXXX <small>AS PART OF THE SANOFI RX SAVINGS PROGRAM</small></p>	<p>APIDRA®</p>  <p>insulin glulisine injection 100 Units/mL CO-PAY CARD ID: XXXXXXXXX <small>AS PART OF THE SANOFI RX SAVINGS PROGRAM</small></p>	<p>INSULINS VALYOU SAVINGS PROGRAM</p>  <p>InsulinsValyou Savings Program ID #: XXXXXXXXXXX</p>
OFFER	<p>Patients pay as low as \$0 and no more than \$99* for a 30-day supply</p>	<p>Patients pay as low as \$0 and no more than \$99* for a 30-day supply</p>	<p>Patients pay as little as \$9* for a 30-day supply with maximum savings of \$365 per pack, up to 2 packs for each 30-day supply</p>	<p>Patients with insurance coverage pay as low as \$0* and can save up to \$100 per pack</p>	<p>\$99 guaranteed price for a monthly supply of any one or multiple Sanofi Insulins (Lantus, Toujeo, Apidra, and/or Admelog (insulin lispro injection) 100 Units/mL)</p>
ENROLL	<p>www.lantus.com/sign-up Or activate by phone 1-866-251-4750</p>	<p>www.toujeo.com/savings Or activate by phone 1-866-255-8661</p>	<p>www.soliqua100-33.com/savings Or activate by phone 1-855-262-5295</p>	<p>www.apidra.com/savings Or activate by phone 1-866-251-4704</p>	<p>www.insulinsvalyou.com Or activate by phone 1-833-813-0190</p>

Please review full eligibility restrictions and offer terms of each program on the back

ANY QUESTIONS ON OUR PROGRAMS?

Call McKesson's Direct Pharmacy Line: 1-855-443-1577

(8:00 AM - 8:00 PM EST, Monday-Friday)



TIPS TO PROCESS SANOFI SAVINGS CARDS AT PHARMACIES



FOR COMMERCIALY INSURED PATIENTS

- Submit primary and secondary insurance (**co-pay card Bin#610524**) simultaneously in appropriate fields
 - For covered patients, commercial coverage and the co-pay card benefit will be applied together. If needed, submit with appropriate fields populated with **OCC 8 (Other Coverage Code)** or per normal processes in your dispensing system for co-pay cards
 - If primary insurance shows managed care restriction* (**e.g., PA or NDC Block; Code 70, 75, or 76**), resubmit to secondary insurance (**co-pay card Bin#610524**) with **OCC 3 (Other Coverage Code)** or per normal processes in your dispensing system for co-pay cards
- *If primary insurance managed care restriction shows prior authorization needed, after first dispense using co-pay card benefit, reprocess to primary insurance and continue with prior authorization process. When approved or denied, follow the above tips as appropriate.*

***Sanofi Co-Pay Programs Terms and Eligibility Restrictions:** This offer is not valid for prescriptions covered by or submitted for reimbursement under Medicare, Medicaid, VA, DOD, TRICARE, or similar federal or state programs including any state pharmaceutical assistance program. If you have an Affordable Care (Health Care Exchange) plan, you may still be qualified to receive and use this savings card. The Federal Employees Health Benefits (FEHB) Program is not a federal or state government healthcare program for purposes of the savings program. Void where prohibited by law. Savings may vary depending on patients' out-of-pocket costs. Upon registration, patients receive all program details. Sanofi US reserves the right to rescind, revoke, or amend these programs without notice. • Toujeo & Lantus: Valid up to 10 packs per fill and one fill per 30-day supply • SOLIQUA 100/33: Maximum 2 packs per 30 days supply • Apidra: Maximum 1 pack per script.

FOR UNINSURED PATIENTS USING LANTUS, TOUJEO, APIDRA, AND/OR ADMELOG

- Submit to Insulins Valyou Savings Program as primary insurance*

**Some pharmacy dispensing systems will use CASH as primary payer and Valyou Savings as secondary. Please refer to normal processes for your dispensing system.*

****Insulins Valyou Program Terms and Eligibility Restrictions:** Sanofi insulins included in this program are: ADMELOG® (insulin lispro injection) 100 Units/mL, TOUJEO® (insulin glargine injection) 300 Units/mL, LANTUS® (insulin glargine injection) 100 Units/mL and APIDRA® (insulin glulisine injection) 100 units/mL.

This offer is not valid for prescriptions covered by or submitted for reimbursement under Medicare, Medicaid, VA, DOD, TRICARE, similar federal or state programs, including any state pharmaceutical programs, or commercial / private insurance. Only people without prescription medication insurance can apply for this offer. Void where prohibited by law. For the duration of the program, eligible patients will pay \$99 for up to 10 vials or packs of SoloStar pens per fill or up to 5 packs of Max SoloStar pens per fill. Offer valid for one fill per month. To pay \$99 per month, you must fill all your Sanofi Insulin prescriptions at the same time, together each month. Not valid for SOLIQUA 100/33 (insulin glargine and lixisenatide injection) 100 Units/mL and 33 mcg/mL. When using the Insulins Valyou Savings Card, prices are guaranteed for 12 consecutive monthly fills. The Insulins Valyou Savings Program applies to the cost of medication. There are other relevant costs associated with overall treatment.

