



Safety Net Hospitals for Pharmaceutical Access

December 19, 2011

Ed Greissing
Executive Vice President, Corporate Affairs
Sanofi-Aventis U.S.
55 Corporate Drive
Bridgewater, NJ 08807

Dear Mr. Greissing,

On behalf of the members of Safety Net Hospitals for Pharmaceutical Access (SNHPA), we are writing to express our sincere concern and disappointment over the termination of the Sanofi-Aventis institutional patient assistance program and the discontinuation of Lovenox on the individual patient assistance program. SNHPA represents over 800 non-profit and public hospitals that participate in the 340B program and provide care for a vast majority of the uninsured and underinsured across the United States. Sanofi-Aventis' decision to discontinue and reduce these programs will have a devastating effect on our hospital members and their patient populations who depend on your medications for survival. We ask that your company reconsider this decision.

The decision to discontinue offering Lovenox is very troubling both clinically and financially. The availability of Lovenox can mean life or death to a critically ill patient. Although there are other FDA-approved anticoagulants on the market, none are approved for all of Lovenox's most common indications. This leaves many patients without access to a medication upon which their life may depend.

Further, many of our hospitals have already set their budgets for 2012 and cannot afford to absorb the cost of supplying Lovenox to this needy population. They have relied on assistance from Sanofi-Aventis for years, and were not prepared for the abrupt discontinuation of assistance for this product. One of our member hospitals has informed us that this loss of financial support for Lovenox creates a \$100,000-plus shortfall in its just-approved budget for 2012. Another member hospital stated that the discontinuation of Lovenox will be devastating to its budget, which was just approved in July 2011, as the financial assistance for Lovenox accounted for approximately \$15,000/month at this large metropolitan hospital. The hospital also noted that "although Lovenox is available at a 340B price, it doesn't have much competition in the market so it will be pretty expensive even at that price."

Termination of the institutional program will also create a significant increase in demand for the individual program, which hospitals are not equipped to meet. Many of our members have expressed concern over not having enough employees to advocate for patients by assisting them with filling out the forms for the individual program. The amount of Lantus dispensed by one of our member hospitals in the individual program model would require another full time employee, which

the hospital simply cannot afford. Our nation's current economy imposes financial hardship not only on patients, but also on non-profit and public hospitals.

The institutional replenishment model also represented a more efficient model of patient medication delivery than the individual model. Hospitals qualified patients for assistance, allowing patients to receive vital medications like Lantus and Apidra immediately. Under the individual model, in contrast, patients must go home, locate financial documents, and then return to the pharmacy to apply for the program.

We request that Sanofi reconsider its decision to discontinue the institutional replenishment program and to scale back the individual program. SNHPA is willing to work with Sanofi to develop a viable solution for both our members and your company. Please feel free to contact Rita Baskett, Director of Pharmacy and Educational Services, at (202) 552-5857 or rita.baskett@snhpa.org.

Sincerely,



Ted Slafsky
Executive Director

Rita Basket
Director of Pharmacy and Educational Services