

How much should I expect to pay for Lantus[®]?

If you go to a pharmacy and ask what the price of a particular prescription medication is, your pharmacist will typically not be able to give you a quick answer. Instead, s/he will need to check whether you have insurance that covers your prescription medications, and if you do, what kind of insurance that is.

All prescription medications have a list price, which is set by the manufacturer.¹ Very few people pay the list price.

Lantus comes in 2 different options: 3 mL single-patient-use SoloStar prefilled pen and 10 mL multiple-dose vial. Your doctor will recommend which pen is right for you based on your dosage. The list prices for Lantus are:

Type	# of Pens per Pack	List Price ²
Lantus SoloStar	5 pens (300 units each)	\$425.31
Lantus Vial	(1000 units each)	\$283.56

The prices listed above are the cost of medication. There may be other relevant costs associated with the overall treatment.

The amount you pay will largely depend on a number of factors:

- Whether you have prescription drug insurance
- The type of insurance you have
- Whether your insurance provider considers the medication to be preferred or not preferred
- Whether you have met your deductible

Considering these factors, any two people could pay very different prices for exactly the same prescription medication. For the most accurate information, speak with your insurance provider who knows the details of your plan.

How do you pay for your prescription medications?

I have commercial insurance (insurance through my employer or private insurance)

Approximately 80% of those who utilize a co-pay savings card pay \$0 - \$50 for a 30-Day Supply of their Lantus prescription. Approximately 20% pay \$99.³ For more information please click here <https://www.lantus.com/sign-up/savings-and-support>

I have Medicare

Some people with Part D Coverage are eligible for the Extra Help⁴ program (a program within Medicare, also known as the Low Income Subsidy or “LIS”) and they typically pay \$3-\$9 for their prescriptions.⁵ If you would like to check whether you qualify for this program then please visit: <https://www.ssa.gov/benefits/medicare/prescriptionhelp>.

If you do not qualify for Extra Help, it is important to know that 7 out of 10 Medicare Part D members are eligible to get the lowest brand-name medication copay for Lantus.⁶ This means that about 72% of Lantus Part D prescriptions cost between \$0 and \$50 per month—at most \$1.66 a day.³

How much you pay for your prescription drugs may change throughout the year for some people with part D insurance. They may pay more in the beginning of the year or later in the year.⁷

I have Medicaid

Most people with Medicaid pay between \$4 and \$9 per month for Lantus.⁸ To find out if you qualify for Medicaid or for more information about copayments under Medicaid in your state, please visit: <https://www.medicaid.gov/state-overviews/index.html>.

I don't have any insurance that covers my prescription medications

If you do not have insurance that covers your prescription medications, or if your insurance does not cover Lantus, you can typically expect to pay the list price shown above plus any additional pharmacy charges. The price you pay varies from pharmacy to pharmacy.

Sanofi is committed to providing savings for Lantus to people who have no insurance. With Sanofi Insulins Valyou Savings Program you can pay \$99 for your monthly supply of any one or combination of Sanofi Insulins*.

Sanofi insulins included in this program are: LANTUS[®] (insulin glargine injection) 100 Units/mL, TOUJEO[®] (insulin glargine injection) 300 Units/mL, ADMELOG[®] (insulin lispro injection) 100 Units/mL and APIDRA[®] (insulin glulisine injection) 100 Units/mL.

If you are taking more than one insulin manufactured by Sanofi you still pay \$99 for your monthly supply for any Sanofi Insulins (up to 10 vials or packs of pens per fill). In order for you to pay \$99 per month*, you must fill all your Sanofi Insulin prescriptions at the same time, together each month.

The Insulins Valyou Savings Program applies to the cost of medication. There are other relevant costs associated with overall treatment.

*Eligibility restrictions apply.

Sanofi Customer Service

If you have any additional questions about this pricing information, please contact **Sanofi Customer Service at 800-633-1610**.

I need more help paying for my prescription

Patient Assistance Connection provides medication at no cost to patients who meet program eligibility requirements. This program is made possible through Sanofi Cares North America. Please click the below link for additional information:

<http://www.sanofipatientconnection.com>

*Eligibility Restrictions & Offer Terms:

Insulins Valyou Savings Program: 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 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 or Toujeo Max SoloStar pen. 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.

Sanofi Copay Program: 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. Please note: the Federal Employees Health Benefits (FEHB) Program is not a federal or state government health care program for purposes of the savings program. Void where prohibited by law.

- Lantus: pay as low as \$0 up to \$99 for a 30-day supply, depending on insurance coverage. Maximum savings apply. Valid up to 10 packs per fill; Offer valid for one fill per month per 30-day supply

Savings may vary depending on patients' out-of-pocket costs. Upon registration, patients receive all program details. Sanofi US reserves the right to change the maximum cap amount, rescind, revoke or amend these programs without notice.

References: **1.** List price is also referred to as wholesale acquisition cost or WAC. WAC is the price at which Sanofi sells its products to wholesalers. **2.** Source: AnalySource. Accessed on Oct 2019. Patients may have to pay a higher price than list price due to additional pharmacy charges. **3.** IQVIA FIA data, Patient Average Final OOP Cost per Script by Channel. (Oct 2019). Accessed on Oct 2019. **4.** Social Security Administration (SSA). Extra Help with Medicare Prescription Drug Plan Costs. <https://www.ssa.gov/benefits/medicare/prescriptionhelp>. Accessed on Oct 2019. **5.** Centers for Medicare & Medicaid Services (CMS). Announcement of Calendar Year (CY) 2019 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter. Attachment V Final 2019 Benefit Design Parameters. <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2019.pdf>. Accessed on Oct 2019. **6.** Managed Markets Insight & Technology, LLC. Database current as of Oct 2019. **7.** Drug coverage under Medicare Part D is divided into four phases: 1) deductible, 2) initial coverage, 3) coverage gap, and 4) catastrophic. Each of these phases has different cost sharing amounts. **8.** Centers for Medicare & Medicaid Services (CMS). Medicaid and CHIP Overview for Assistants. Maximum Allowable Copayments Determined by Eligible Population's Household Income. Updated August 2018.

** All out-of-pocket charges are based on the specific state's defined payment amount for that service. Certain groups, including children, terminally ill individuals, and individuals residing in an institution are exempt from cost sharing. Refer to your state agency for details about Medicaid out-of-pocket costs. <https://marketplace.cms.gov/technical-assistance-resources/fast-facts-medicaid-chip.pdf>. Accessed on Oct 2019.