

**DRUG PRICING IN AMERICA:
A PRESCRIPTION FOR CHANGE, PART II**

HEARING

BEFORE THE

COMMITTEE ON FINANCE

UNITED STATES SENATE

ONE HUNDRED SIXTEENTH CONGRESS

FIRST SESSION

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FEBRUARY 26, 2019
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Printed for the use of the Committee on Finance

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**DRUG PRICING IN AMERICA:
A PRESCRIPTION FOR CHANGE, PART II**

TUESDAY, FEBRUARY 26, 2019

U.S. SENATE,
COMMITTEE ON FINANCE,
Washington, DC.

The hearing was convened, pursuant to notice, at 10:15 a.m., in room SD-215, Dirksen Senate Office Building, Hon. Chuck Grassley (chairman of the committee) presiding.

Present: Senators Roberts, Enzi, Cornyn, Thune, Isakson, Portman, Toomey, Scott, Cassidy, Lankford, Daines, Young, Wyden, Stabenow, Cantwell, Menendez, Carper, Cardin, Brown, Bennet, Casey, Whitehouse, Hassan, and Cortez Masto.

Also present: Republican staff: Chris Allen, Senior Advisor for Benefits and Exempt Organizations; Brett Baker, Health Policy Advisor; Stuart Portman, Health Care Policy Advisor; Karen Summar, Chief Health Policy Advisor; and Jeff Wrase, Deputy Chief of Staff and Chief Economist. Democratic staff: Michael Evans, General Counsel; Peter Gartrell, Investigator; Matt Kazan, Senior Health Policy Advisor; Kristen Lunde, Winston Fellow; and Joshua Sheinkman, Staff Director.

**OPENING STATEMENT OF HON. CHUCK GRASSLEY, A U.S.
SENATOR FROM IOWA, CHAIRMAN, COMMITTEE ON FINANCE**

The CHAIRMAN. I want to welcome and to thank our witnesses for being here. We know that you put a lot of hard work into it, and staffs and the Senators have done the same thing.

The information that these witnesses will share will help inform the committee as it addresses the issues of high prescription drug prices. America has a problem with the high cost of prescription medicines.

Whether it is about EpiPen, insulin, or other prescriptions, in the thousands of letters that I have received, Iowans have made clear that high drug prices are hurting. I have heard from people about skipping doses of their prescription drugs to make them last until the next paycheck.

Of course, I am not a doctor, but rationing one medicine does not sound like the safe prescription for health and wellness that Americans want. Others have told me about leaving their prescription on the pharmacy counter because it costs too much.

There is no question that researchers and doctors have developed treatments and cures for diseases where there were once no such cures or treatments. And such innovations take time and money. I think all of us at this table—and most people who are not at this

table—if they study at all the pharmaceutical industry and the FDA process, they know it takes time and money. But we are all trying to understand the sticker shock that many drugs generate, especially when some of these drugs have been around for a long, long time.

There is a balance then between incentivizing innovation and keeping prices affordable for consumers and taxpayers. And the taxpayers are involved, because the Federal Government is a great purchaser of drugs through a lot of health programs.

Like all systems, things can get out of balance. The good news is that we are here to discuss solutions. And we thank all of you for cooperating with us in that effort today.

In fact, we are here today thanks to a system of checks and balances that is within our Constitution. Congress has a constitutional responsibility to be a meaningful check on the spending of taxpayers' money. That responsibility includes not just holding hearings, but also holding the private sector and the government accountable through oversight, just like a doctor. That doctor has to properly diagnose a disease before it can be treated. Congress needs to understand what is going on in the drug pricing supply chain in order to respond in a measured and effective way.

As part of that fact-finding, as of the last Friday Ranking Member Wyden and I launched an inquiry into the high cost of insulin. This hearing is not about scapegoating any one group regarding high drug costs. That is why we are holding a series of bipartisan hearings on this issue.

Without a doubt, drug pricing is a complex issue. But I think we should also be asking whether or not it is too complex or whether it should be so complex. We cannot allow anyone to hide behind the current complexities to shield the true cost of drugs. And we should not turn a blind eye to industry practices that thwart laws and regulations designed to promote competition and generic drug entries into the marketplace.

Health and Human Services Secretary Alex Azar, FDA Commissioner Scott Gottlieb, and the Federal Trade Commission have identified a number of tactics that undermine competition, like withholding samples, pay-for-delay, product hopping, and rebate bundling. And that just names a few. While these agencies are taking enforcement action or looking at regulatory changes, we here in Congress are exploring legislative options to deter companies from engaging in these practices that keep drug prices high for patients.

Today we expect open, honest answers from the pharmaceutical industry to figure out how we got where we are today and to see what ideas they have to make things better.

One of the first things that we need to talk about is pretty simple: list price. Now you folks are probably going to tell us it is not that simple. Secretary Azar has said that pharmaceutical companies believe that the list price is meaningless. In fact, some of your testimony today will echo that.

However, for a patient taking a drug that has no competition, the list price then becomes very meaningful. For seniors on Part D or paying coinsurance as a percentage of list price, then for that person, list price is very meaningful. For people who have high-

deductible plans and pay thousands of dollars towards the list price, then for those people, the list price is very meaningful.

For pharmacy benefit managers, providing drugs with a high list price can be more attractive than providing a less expensive drug. Therefore, for the taxpayers then, the list price becomes very meaningful.

We have all seen the finger-pointing. Every link in the supply chain has gotten skilled at that finger-pointing. But like most Americans, I at least—I think like most members of Congress—am sick and tired of the blame game.

It is time then for solutions. One way or another, we are going to get some clarity. The American people deserve straight answers and real solutions.

On that note, I want to remind each of our witnesses that it is a crime under title 18, section 101 to provide false testimony to Congress. I thank you all for coming.

[The prepared statement of Chairman Grassley appears in the appendix.]

The CHAIRMAN. Senator Wyden?

**OPENING STATEMENT OF HON. RON WYDEN,
A U.S. SENATOR FROM OREGON**

Senator WYDEN. Thank you very much, Mr. Chairman.

And I just want to note, at the outset, our focus on bipartisanship. We began that with our effort to go after price gouging with hepatitis C. Recently we have gone after manufacturers ripping off Medicaid. You noted our investigation to look at insulin prices that just soar and soar and soar some more. So I just very much appreciate the fact that we are tackling this in a bipartisan way.

Colleagues, prescription drugs did not become outrageously expensive by accident. It is not the result of a system too complicated for Americans to understand. Drug prices are astronomically high because that is where pharmaceutical companies and their investors want them. The brakes have come off pharmaceutical pricing, and American families are hurtling along in the passenger seat terrified about what comes next.

Today the committee is going to hear about uplifting stories and miracle cures. Yet it is morally repugnant when patients cannot afford those miracles. It is morally repugnant when ailing patients are forced to choose between filling the next prescription or putting food on the table because they cannot afford both. It is morally repugnant when patients are forced to skip doses.

Pharma executives, all of you who are here today, are here because the way you have been doing business is unacceptable. Ten companies accounted for half of all the profits in the health-care sector last year. Nine of them were drug manufacturers. All but one of today's witnesses represent companies on this list.

Drugmakers behave as if the patients and the taxpayers are unlocked ATMs full of cash to be extracted, and their shareholders are the customers whom they value above anybody else. So I am going to go through a short list of examples starting with AbbVie, which manufactures the top-selling prescription drug in America, the arthritis medication Humira.

Over 6 years, the company doubled the price of a 12-month supply from \$19,000 to \$38,000. Can the patients opt for a less expensive alternative? They cannot, because AbbVie protects the exclusivity of Humira like Gollum with his ring—thick cobwebs of patents and legal tricks and shadowy deals with other drugmakers. All of them are in place to keep the cash flowing.

Now I also want to address some very troubling information we just got from AbbVie's proxy statement. It is a document every publicly traded company has to file with the SEC. Page 37 shows that in 2017, a portion of CEO Richard Gonzalez's multi-million-dollar bonus was directly tied to sales of Humira. It appears the same incentive was in place in 2015 and 2016. In fact, the committee's review shows that all of AbbVie's top executives have the same arrangement.

Mr. Gonzalez is welcome to respond, but the implication ought to be clear. From top down, AbbVie's leadership had reason to keep pushing prices and sales up.

Now Pfizer, that company gets first prize for the emptiest pricing gesture in 2018. After stern Trump tweets, Pfizer said it would temporarily freeze the prices. But once the President got his flashy headlines, his gaze went elsewhere. Pfizer's former CEO told investors it was back to normal, another round of price hikes in 2019, including the pain medication Lyrica. Lyrica has increased 163 percent in price since 2012. Just one drug allowed Pfizer to pull in \$4.5 billion in 2017.

Merck gets second prize for emptiest pricing gesture of 2018. They made sweet-sounding promises after coming under criticism, but they cut prices for drugs that essentially produce no revenue for the company. Left untouched were the cash cows Keytruda and Januvia, which account for more than a quarter of the company's revenue. It is like promising car shoppers a great deal, except the only discounted model on the lot is an Edsel.

Sanofi—this is a company wringing more and more cash out of people with an incurable disease. In 2010, a vial of this insulin cost less than \$100. In 2018, it cost nearly \$300. The company raised prices again in 2019. Considering the landmark breakthrough on insulin came early in the roaring 20s, nothing could justify this sudden price hike a century later. Diabetics who cannot afford the cost now self-ration and endanger their lives. But you know what? Investors are happy.

AstraZeneca—a lesson in saying the quiet part out loud. In an interview earlier, the CEO complained that his \$12-million salary made him the lowest-paid CEO in the whole industry, and he said it was annoying to some extent. His company, meanwhile, continues to raise the price of Symbicort, its \$3-billion asthma drug. For some asthmatics, being able to breathe costs hundreds of dollars a month.

And Johnson & Johnson gets the record today for flip-flopping. This January 7th at the JP Morgan Health Conference, the CEO said the pharmaceutical industry needs self-policing on prices. That sounded good, but 3 days later the company hiked the prices of hundreds of its drugs, including drugs that account for billions in Medicare spending.

And finally, there is Bristol-Myers Squibb. In 2017, the company spent roughly \$11 billion on dividends, stock buybacks, marketing, sales, and administrative costs that roughly triple the amount spent on R&D.

Now I am going to close by saying that I want us to compare these concrete examples of two-faced scheming and profiteering with the central arguments that we are going to get this morning. The central argument from pharma is basically, the fault is always somebody else's. The health plans are at fault, the pharmaceutical benefit managers are at fault, regulators are at fault. What we know for certain is the history that pharma CEOs always say somebody else is at fault.

We are also going to hear that the list price does not matter, that the true costs are just so complicated. But companies do not set and raise list prices for fun. Those prices are directly tied to the amount patients pay out-of-pocket at pharmacy windows from sea to shining sea. They are directly tied to what taxpayers spend on health-care programs.

Then drugmakers point the finger at middlemen, the pharmacy benefit managers. I have said for years these pharmacy managers are wasteful and secretive, and take their cut without proving their worth to anybody. They are going to have their day before the committee too. But those pharmacy managers do not set list prices. The manufacturers do.

And by the way, the manufacturers do not offer rebates for nearly 40 percent of Part D brand-name drugs. Those prices are going up. That is on the drug companies, not on the pharmacy managers.

We are also going to hear that any changes in business as usual hurt research and development. A quick look at company finances shows that that is a fable. Revenue generated from American patients alone dwarfs what they spend on R&D worldwide.

Drugmakers spend as much, if not more, on those exhilarating TV ads and office-to-office salesmen as they spend on research and development. And if lower prices would diminish R&D, why don't costly dividends? Why don't stock buybacks? Is the stock price more important than inventing that next miracle cure? Even if you buy the specious argument that a drug's list price at launch is driven by research costs, what could justify arbitrary price increases year after year, long after the research and development spending is done?

Finally, we are going to hear about how patients can get coupons. But if this was so generous, why can't drug companies just lower prices across the board? I believe it is just more slick branding, branding that allows companies to keep the status quo cash cow rolling along.

I will close with this. I was there when seven big tobacco CEOs testified in a committee room just like this one. They lied that day. This committee, the chairman and I, expect better than that this morning.

Your profits are outsized compared to others in the industry. You get a massive portion of your revenue from American taxpayers, and you bear none of the consequences of these skyrocketing prices. It is long past time to drop the excuses and take concrete action to make medicine in America more affordable.

Thank you, Mr. Chairman.

[The prepared statement of Senator Wyden appears in the appendix.]

The CHAIRMAN. Now I will introduce our seven witnesses, but once again, thank you for participating in this very important hearing on a very important topic. We are grateful for your participation and cooperation with our committee.

The first witness is Richard Gonzalez, chairman and chief executive officer of AbbVie, Incorporated. Then we will hear from Pascal Soriot, DVM, executive director and chief executive officer of AstraZeneca. Then we will hear from Giovanni Caforio, M.D., chairman of the board and chief executive officer, Bristol-Myers Squibb; then Jennifer Taubert, executive vice president and worldwide chairman of pharmaceuticals for Johnson & Johnson; Kenneth C. Frazier, chairman and chief executive officer of Merck and Company; Albert Bourla, DVM, Ph.D., chief executive officer of Pfizer; and Dr. Olivier Brandicourt, M.D., chief executive officer of Sanofi.

We welcome all of you, and we will start in that direction. And you have been given 5 minutes. I do not gavel you down at the end of 5 minutes, but I wish when the red light would come on, you would start to summarize, if you have not finished.

So we will start with Mr. Gonzalez.

STATEMENT OF RICHARD A. GONZALEZ, CHAIRMAN AND CHIEF EXECUTIVE OFFICER, ABBVIE INC., NORTH CHICAGO, IL

Mr. GONZALEZ. Thank you, Chairman Grassley, Ranking Member Wyden, and members of the committee.

I am Richard Gonzalez, and I am the chief executive officer of AbbVie, a company dedicated to developing new innovative medicines for some of health care's most challenging diseases, such as cancer, Alzheimer's, viral infections, and autoimmune diseases.

Since our inception in 2013, AbbVie has invested approximately \$50 billion in pursuit of that goal. However, because we were tackling some of medicine's most challenging problems, solutions do not come easily, nor without significant risks.

Where we have succeeded, we have been able to provide cures for fatal diseases like hepatitis C and significantly alter the disease progression for certain cancers, lessening the burden of illness on patients and on the health-care system. This is what the 30,000 employees of AbbVie are dedicated to doing.

We agree that access to life-saving medicines is a critical issue, and we look forward to sharing our perspectives with you. There is no one solution to this complex issue, but AbbVie is committed to working with the committee and others on how we can better partner in your efforts to address pharmaceutical pricing and access. AbbVie and the rest of our industry must play a role in solving these issues and be prepared to work together with the insurance industry, the administration, and you to find a better path for American patients.

My remarks today will focus on one aspect of this inquiry, the Medicare Part D benefit design, which, even after pharmaceutical list prices are lowered, still contributes to making innovative therapies cost-prohibitive for many Medicare patients.

In general, the Medicare Part D program has worked well. Its market-based structure and utilization of formularies encourages competitive price discounts that have yielded significant savings to the government since the Part D benefit went into place back in 2006. However, despite these cost savings, Part D patient out-of-pocket costs have significantly increased. Some would blame that solely on high drug prices, and we agree that price should be part of the discussion. But it is also important to acknowledge that science has enabled us to advance the standard of care far beyond what was possible when the Part D benefit was originally designed.

Many of today's specialty medicines offer significant advancements in treating or curing serious chronic or life-threatening conditions and save significant amounts of money for the health-care system by decreasing overall health-care costs. Yet these therapies are also costly.

Due to the structure of the Part D benefit design, patients are charged out-of-pocket costs on a medicine's list price, which does not reflect the market-based rebates or discounts that Medicare receives. We are encouraged by the proposed rule that would reflect manufacturer's discounts in patient's Part D out-of-pocket payments. This is an important step in the right direction, but we believe more must still be done to help Part D patients.

Let me give you a recent real-world example that demonstrates the challenge with the current Part D benefit design, and why the focus solely on list price does not fully address the access challenges. An uninsured hepatitis C infection leads to downstream medical costs for surgery, chemotherapy, and radiation for patients who progress to needing a liver transplant or having liver cancer. Today we can cure hepatitis C with drugs. This cure is highly cost-effective for the overall health-care system.

In 2017, AbbVie launched Mavyret, a highly effective cure for HCV. At the time, the list prices for the competitive alternatives were as high as \$94,500 for the most commonly prescribed treatment duration. We launched Mavyret at a list price that was 72 percent lower. But even though we cut the list price of an HCV cure—for most patients by 72 percent—Medicare Part D patients' out-of-pocket obligations are still too high for many patients to access this medicine.

We believe it is important that discussions about access and affordability include a focus on how to alleviate Medicare Part D out-of-pocket burdens above and beyond just lowering list price. We are prepared to step up and discuss how companies like ours can shoulder more of the burden of the patient out-of-pocket expense as we do in other areas.

We believe AbbVie, the rest of the pharmaceutical industry, and the insurance providers should come together with the administration and you to work towards solutions that make life-changing medicines more affordable to Part D patients. I can assure you AbbVie is committed to doing its part, and we look forward to working with you.

Thank you.

[The prepared statement of Mr. Gonzalez appears in the appendix.]

The CHAIRMAN. Mr. Soriot?

**STATEMENT OF PASCAL SORIOT, CHIEF EXECUTIVE OFFICER,
ASTRAZENECA, WILMINGTON, DE**

Mr. SORIOT. Chairman Grassley, Ranking Member Wyden, and members of the committee, good morning. I appreciate the invitation to address concerns regarding the pricing of medicines in the United States.

My name is Pascal Soriot, and I am the CEO of AstraZeneca. Our company is dedicated to science and innovation. And in 2018, we invested nearly \$6 billion in research and development, 28 percent of our product sales, which is well above the industry average.

In the past 2 years, our commitment to R&D has resulted in 18 significant FDA approvals and 5 breakthrough designations. However, I know that these statistics are meaningless unless patients can actually afford our medicines and those medicines reduce overall health-care costs.

I am here to discuss how we can work with other stakeholders to take specific actions that address pricing concerns. My first proposal is that we move away from the current rebate system while continuing to work with payers and PBMs to ensure robust negotiations.

The current system is built on high list prices coupled with rebates. This is not sustainable, and all of us have a role to play. For example, the estimates for 2018 show that across our medicines, our average rebate is nearly 50 percent of our gross revenues in the U.S. Despite this, in recent years in our primary care portfolio, we have seen flat to declining net effective prices for most of our medicines. As a company dependent upon government action for eliminating rebates in commercial and in Part D, we are prepared to reduce our list prices by an equivalent amount of rebates, less the appropriate market-based fees, to those in the supply chain. This will actually reduce overall costs not only for patients, but also for the government.

My second proposal is that if a change of the current system is not possible, a portion of discounts and rebates could be used to create out-of-pocket caps for Medicare patients. This approach is used successfully in some other countries. Actually, it gives patients greater certainty in their out-of-pocket cost.

Third, I believe that value-based agreements have the potential to transform how medicines are priced and reimbursed in the U.S. In our own value-based agreements, the price of a medicine is directly linked to the value it provides to patients, to payers, and to the health-care system.

For example, last month we announced an agreement for University of Pittsburgh Medical Center Medicare patients who are prescribed Brilinta. This innovative contract directly reduces the cost for patients, and it ties price to clinical value, basing our payments on patient outcome. These types of agreements can be especially effective for medicines where there is limited competition. As an example, for one of our oral oncology medicines we agreed to reimburse a large payer for discontinued use because patients did not

respond to treatment. And we have reimbursed the payer under those agreements 20 percent of the time.

To that end, I appreciate the support of Senator Warner and Senator Cassidy for value-based agreements, as demonstrated by their request for input on the Patient Affordability, Value, and Efficiency, the PAVE Act.

My fourth proposal is that we must encourage biosimilars and eliminate policy and commercial barriers to their greater use. Biologics are actually making very important contributions to medicine, and I believe a vigorous biosimilar market would reduce costs like generics do for small molecules. In fact, biosimilars have gained up to 85 percent market share in the 5 largest countries in Europe, and the average biosimilar discount is between 40 and 80 percent.

In closing, I would like to emphasize my strong commitment to addressing the concerns raised by the committee. I believe that we can work together to find solutions that continue to allow manufacturers to innovate, while creating a more efficient and more affordable system.

There are no easy answers, it is very clear, but we want to be a constructive partner. Thank you, and I look forward to the discussion.

[The prepared statement of Mr. Soriot appears in the appendix.]
The CHAIRMAN. Dr. Caforio?

STATEMENT OF GIOVANNI CAFORIO, M.D., CHAIRMAN OF THE BOARD AND CHIEF EXECUTIVE OFFICER, BRISTOL-MEYERS SQUIBB COMPANY, NEW YORK, NY

Dr. CAFORIO. Chairman Grassley, Ranking Member Wyden, and members of the committee, good morning, and thank you for the opportunity to be here today on behalf of the 24,000 employees of Bristol-Myers Squibb. I look forward to working together to align incentives to ensure all Americans have access to the medicines they need.

I am a physician. I joined the pharmaceutical industry 30 years ago because of the impact companies like ours have on patients.

We should all be proud that American companies lead our industry. Our researchers have contributed to the development of medicines that have reduced mortality from cardiovascular disease, helped transform HIV/AIDS into a chronic disease, and are now making significant progress with the treatment of cancer.

Just 10 years ago, the idea of harnessing the immune system to treat cancer was viewed with great skepticism. But our researchers saw the promise of that approach and ignited an era of scientific innovation that has changed survival expectations in multiple tumors. Prior to the availability of immuno-oncology treatments, only 25 percent of patients diagnosed with metastatic melanoma were alive after 1 year. Today, thanks to immuno-oncology therapies, that number has increased to 74 percent.

The potential of this approach has also been seen in lung cancer, kidney cancer, and many other difficult-to-treat tumors. These patients now have a chance for quality and long-term survival.

But not all patients respond to current immunotherapies. And so we must do more. We recently opened a new facility dedicated to

investigating what we call immuno-oncology resistance. And we continuously seek external innovation to augment our pipeline. In fact, in this context, we recently announced our plans to acquire Celgene. Our goal is to bring together the drive and dedication of two science-driven companies to do even more for patients.

As a physician, I do recognize that medicines are only helpful if patients and health-care systems can afford them. We share the committee's concern with escalating health-care costs and believe that our responsibility extends to ensuring that patients have access to and can afford our medicines. For this reason, the average net pricing across our U.S. portfolio of medicines increased by 5 percent or less year-over-year for the last 5 years. Importantly, it did not increase at all in 2018. And we expect that it will not increase in 2019.

Despite this fact, we do recognize that patients' out-of-pocket costs continue to increase. We believe it is possible to work together to realign incentives to ensure patients can afford medicines without stifling scientific innovation. So what are the solutions? We are supportive of the proposed rule aimed at reforming the rebate system with a focus on what is best for patients.

We need to ensure more generics are available whenever permissible under our system. We support value-based purchasing arrangements that tie payments to value. These models can reduce costs, improve access and patient adherence, and contribute to better outcomes.

We applaud efforts by Health and Human Services and this committee in all of these areas. We do believe the U.S. should not adopt policies that stifle innovation in other countries. Outside of the U.S., reimbursement of new medicines often takes more than 2 years. For example, nearly 4 years ago our Opdivo and Yervoy regimen was first approved to treat metastatic melanoma in the U.S. Today, 6 of the 16 countries included in the international price index proposal still do not provide reimbursement for this combination, which is the standard of care for the treatment of this cancer. This is why we do not support the proposed international price index model for Medicare Part B drugs.

I would like to leave you with a few thoughts. First, we recognize the need for change. We are witnessing a historic era in biomedical innovation. American research-based companies are leading the way to help patients whose diseases cannot be adequately treated with today's medicines. But we must ensure that patients have affordable access to new innovations. And we should work on policies that support and reward access and these investments. I look forward to working together to implement real change that broadens access to innovative medicines for patients.

In closing, on behalf of my colleagues at Bristol-Myers Squibb and the patients we serve, my sincere thanks for your time and attention today.

The CHAIRMAN. Thank you very much.

[The prepared statement of Dr. Caforio appears in the appendix.]

The CHAIRMAN. Now, Ms. Taubert?

STATEMENT OF JENNIFER TAUBERT, EXECUTIVE VICE PRESIDENT, WORLDWIDE CHAIRMAN, JANSSEN PHARMACEUTICALS, JOHNSON & JOHNSON, NEW BRUNSWICK, NJ

Ms. TAUBERT. Chairman Grassley, Ranking Member Wyden, members of the committee, thank you for the opportunity to be here today. I am Jennifer Taubert, and I lead the Janssen Pharmaceutical Companies of Johnson & Johnson. We focus on discovering and developing transformational medicines for some of the world's most challenging diseases, including multiple myeloma, prostate cancer, HIV, schizophrenia, and Crohn's disease, among others.

Like many of you, I know what it is like when a loved one faces serious illness. My own mother died of lung cancer while in her 40s, and at that time there was very little that could be done for her. I have committed my career to bringing families hope: hope for years of life, for the chance to be there for a daughter's wedding or for a grandson's birth.

Janssen invested \$8.4 billion in research and development last year in the search for medical breakthroughs, making us one of the world's top R&D investors in any industry. In fact, our investment in R&D last year was 86 percent more than we spent on sales and marketing. And this substantial investment is changing lives. It has helped turn HIV from a death sentence to a manageable disease. Our targeted cancer medicines have helped patients with some of the most deadly cancers live longer, in some cases for many years.

Medicines not only help patients and families. They also help lower overall health-care costs by keeping people well, preventing the need for expensive procedures and hospitalizations. But medicines cannot make a difference if the patients who need them cannot afford them. We understand the concerns about the cost of health care.

Our approach recognizes our responsibility to patients today and patients tomorrow. Patients today need access to our medicines. Patients tomorrow count on us to deliver cures and treatments for the most challenging diseases. When we price our medicines, we balance the value to patients, the importance of affordable access, and the importance of developing future breakthroughs. The list price is a starting point that is reduced by required discounts to government programs and rebates to payers so they will grant patients access to our medicines.

Last year our discounts and rebates amounted to \$21 billion and our net price decreased 6.8 percent. Unfortunately, while our overall price decreased for the past 2 years, patients have seen their out-of-pocket costs go up. One reason is increased enrollment in health plans that require patients to pay more for their prescriptions. As one recent analysis shows, patients are required to pay 13 percent of overall pharmaceutical costs, versus only 3 percent of hospital costs, even though medicine can help keep patients out of the hospital.

Above all, we need an American solution to this American challenge. We must ensure that today's medicines are affordable, while at the same time preserving the innovation that has delivered so much and promises even more. We must maintain the hallmarks that make American health care remarkable: access to innovative

therapies, personal choice, and doctors and patients making decisions based on what is right for each individual.

At Janssen, we are committed to being a part of the solution. We believe open dialogue is essential. That is why in 2016, we began issuing the Janssen Transparency Report, sharing information about how we invest our resources, price our medicines, and help people access them. And we recently announced our plan to include list price and potential patient out-of-pocket costs in our direct-to-consumer TV advertising. In the same spirit of open dialogue, we have consistently brought forward ideas and perspectives to both Congress and the administration to fix what is not working while preserving what is.

We have included more details in our submitted testimony, but I want to touch on a few points today. First, while Medicare Part D is working for many seniors and has been effective in containing costs, we believe an out-of-pocket cap is a needed protection.

Second, in Medicare Part B, we have proposed options that would allow Medicare to continue to achieve negotiated savings through market competition while reducing costs.

And third, we support rebate reforms that ensure patients benefit from the negotiated rebates and discounts—\$150 billion in total in 2017 alone—and as a result, have patients see lower out-of-pocket costs at the pharmacy.

We are on the verge of extraordinary progress that could change our lives and the lives of our children and grandchildren. At Janssen, we are committed to bringing that promise to life.

Thank you very much.

The CHAIRMAN. Thank you.

[The prepared statement of Ms. Taubert appears in the appendix.]

The CHAIRMAN. Mr. Frazier?

STATEMENT OF KENNETH C. FRAZIER, CHAIRMAN AND CHIEF EXECUTIVE OFFICER, MERCK AND COMPANY, INC., KENILWORTH, NJ

Mr. FRAZIER. Mr. Chairman, Ranking Member Wyden, and members of the committee, thank you for the opportunity to appear here today.

Merck's mission is to save and improve lives around the world by bringing forward breakthrough medicines and vaccines. Research is at the core of Merck. Last year we invested \$10 billion in R&D, 23 percent of product sales. And we have invested nearly \$70 billion over the past decade.

Over the last 5 years, we have also made capital investments of over \$5 billion in the United States, and we plan to invest more than \$9 billion more over the next few years to increase manufacturing capacity and to open two new research centers in the United States.

We go where the science leads us, which means we do not focus only on diseases in wealthier countries. For example, we are proud to have deployed 70,000 doses of our experimental Ebola vaccine in the Congo, working in partnership with the United States government. The goal is to save lives even where no viable commercial opportunity exists. We do all this to serve patients.

We fully understand that U.S. patients are having a harder and harder time affording the medicines they need. While medicine costs are growing at the slowest rate in years, our patients are too often being asked to pay more out of pocket. I am here to suggest some ways that together we can address this problem. First, we want to be clear that our industry has a duty to be responsible in our pricing practices and to contribute to solutions that address patient affordability.

Merck has a history of responsible pricing. We publish information about our prices, and the rebates and discounts we provide to payers. Last year we pledged that we will not increase our average net prices across our portfolio by more than the rate of inflation annually.

Second, we must ensure that patients get the benefit of these large rebates and discounts. The incentives in the current system are badly misaligned with the growing gap between list and net prices, creating incentives to favor products with higher list prices. This misalignment hurts patients because their cost sharing is often based on the list price of a drug. We urge you to support action to ensure that patients benefit from these discounts.

Third, we can significantly reduce drug spending for patients in the health-care system by ensuring that we have a viable biosimilars market in the United States. We urge Congress to encourage and support greater biosimilar utilization.

Fourth, we believe that prices can better align with a drug's value, when manufacturers and payers are able to negotiate innovative contracts that base payment on a drug's benefit. We need to move to this type of system, but there remain major regulatory and operational obstacles to such value-based arrangements, which we urge Congress to address. We agree that manufacturers should be rewarded based on the value that our therapies deliver.

Fifth, we support efforts to encourage generic competition. A version of Chairman Grassley's CREATES Act and similar policies could make needed reforms to encourage generic competition and ensure there is no inappropriate gaming of the system. We also support eliminating coupons in cases where brand name generic competition exists.

Finally, we would like to work with the committee to find ways to end price gouging by some who excessively increase off-patent drug prices where there is no competition. These high prices hurt patients, and they do not create incentives for research. These changes could bring real relief to today's patients while preserving the incentives to invest in tomorrow's breakthroughs. Decades of research investment are now yielding life-changing discoveries. If we damage the biomedical ecosystem that thrives on these investments, we will surely limit what can be achieved for patients and society.

The single most important thing we do at Merck is to persist in making large and risky investments in R&D that allow our thousands of researchers to sit at their lab benches to try to create something transformative despite the overwhelming odds that their efforts will not succeed, since more than 9 out of 10 compounds fail.

I would like to end on a brief personal note. My mother died when I was a child, and my siblings and I were raised by my fa-

ther. He was a giant in my life, and I was devastated when Alzheimer's took him away from us.

Last year, after spending many years and over \$1 billion, Merck had to end development of a promising Alzheimer's therapy because it did not work. Yet we continue on, seeking better approaches, and I truly believe that Merck or one of the other companies at this table will find a medicine that will avoid the pain of seeing a loved one taken away from them in this way.

This vital work depends on having a U.S. market that is free, competitive, and predictable. We must work together to solve the affordability challenges of today's patients without jeopardizing the hopes of those waiting for tomorrow's cures. The changes I have discussed today have the potential to vastly improve the market while lessening the financial hardships many people face.

I am here to pledge Merck's cooperation with you in creating such changes. Thank you very much.

The CHAIRMAN. Thank you, Mr. Frazier.

[The prepared statement of Mr. Frazier appears in the appendix.]

The CHAIRMAN. Now, Dr. Bourla?

**STATEMENT OF ALBERT BOURLA, DVM, Ph.D.,
CHIEF EXECUTIVE OFFICER, PFIZER, NEW YORK, NY**

Dr. BOURLA. Good morning. Chairman Grassley, Ranking Member Wyden, and members of the committee, thank you for the invitation. My name is Albert Bourla. I have been with Pfizer 26 years and just last month became its chief executive officer.

I have to say that today I am particularly humbled to take part in such an important policy discussion within the United States Senate. When I immigrated into the United States 18 years ago, I could never have imagined such an honor.

In that frightening moment when you hear that you or a loved one has been diagnosed with a serious disease, one question comes to mind: is there a treatment available? The answer to this question will change your life. Happily the answer, increasingly, is "yes."

New breakthroughs are coming quickly to treat many difficult and devastating diseases. But these breakthroughs will not do anyone any good if patients cannot afford them. And unfortunately, the horribly misaligned incentives within our health-care system often make medicines unaffordable for American patients. We need to fix this. Today, we would like to propose four ideas to drive meaningful savings for patients.

The first idea is passing all rebates to patients. Pfizer supports a system in which transparent up-front discounts directly benefit patients, rather than the system where rebates are swallowed up by the supply chain. In the current system, for example, none of the approximately \$12 billion that Pfizer paid in rebates, in 2018, found its way to American patients. If the proposed rule to share rebates with consumers at the point of sale is finalized, we estimate that seniors taking Pfizer medicines could save hundreds of dollars a year, on average.

The second idea is less volume, less pay. Imagine a system where Pfizer gets paid based on the number of heart attacks we prevent, rather than on the number of pills we sell. In such a system, if our

medicines do not produce good results, we should be paid less. And if they do, we should be paid more.

Such value-based payment arrangements, if done correctly, can align the interests of patients, insurance companies, and biopharmaceutical companies around one shared goal, ensuring positive health outcomes for patients. I understand that several members of this committee are working on legislation to pave the way for these types of arrangements. And we applaud this effort.

The third idea is around capping seniors' out-of-pocket medicine costs. Patients are increasingly being required to take on a disproportionately higher share of their medicines' costs. Today patients pay on average 14 percent of the cost of their medicines, but they pay only 3 percent of the cost associated with hospital stays, for example. This is forcing patients to forego taking needed medications or to limit their doses. This is bad, not only for patients, but also for overall system costs. Patients who do not take their medicines often end up in the hospital, costing much more to the system. An important first step is capping out-of-pocket costs seniors experience in the medical drug program.

And the fourth idea is to knock down barriers to lower-cost biosimilars. Others have spoken about it. Adverse incentives that favor higher-cost biologics are keeping biosimilars from reaching patients. In many cases, insurance companies declined to include lower-cost biosimilars in their formularies because they would risk losing the rebates from covering higher-cost medicines. I cannot think of a more concerning example of a broken system, and we need to do something about it.

In closing, Pfizer is all about breakthroughs that change patients' lives. This is why our more than 90,000 colleagues, many of whom work in laboratories and manufacturing plants in States represented by members of this committee, come to work every day. And it is why we are here today, to work with you and all stakeholders to find ways to ensure that we can continue to discover medicines that can change patients' lives.

The CHAIRMAN. Thank you.

[The prepared statement of Dr. Bourla appears in the appendix.]

The CHAIRMAN. Now to Dr. Brandicourt.

**STATEMENT OF OLIVIER BRANDICOURT, M.D., CHIEF
EXECUTIVE OFFICER, SANOFI, BRIDGEWATER, NJ**

Dr. BRANDICOURT. Chairman Grassley, Ranking Member Wyden, and members of the committee, thank you for the opportunity to appear before the Senate Committee on Finance to discuss pharmaceutical pricing, affordability, and patient access. I am Olivier Brandicourt, the chief executive officer of Sanofi. I understand the anger about rising out-of-pocket costs for many medicines, including insulins.

I appreciate the confusion as to why patient costs continue to rise, even when the amount that PBMs and health plans pay declines. This situation is unacceptable and unsustainable for too many patients. My goal today is to have an honest discussion about how the system works, and how it can be improved. As you may know, 2 years ago Sanofi announced our progressive and industry-leading principles.

First, we made a pledge to keep price increases at or below the U.S. national health expenditure projected growth rates. Second, we committed to providing a clear rationale for pricing when we launch new medicines. And third, we have increased transparency by providing each year information about our list and net prices across all of our medicines.

In 2018, the average aggregate least-price increase across all Sanofi medicines in the U.S. was 4.6 percent, while the average aggregate net price—that is the price actually paid to Sanofi—declined by 8 percent. So declining average aggregate net price in 2018 represents a third consecutive year in which the amount paid by payers across all of our medicines went down.

I feel a special obligation to address the pressing issues around access and affordability of our insulins. Insulin is a clear example of the growing gap between list and net prices. Since 2012, the net price of Sanofi insulins has declined 25 percent. Yet patient out-of-pocket costs have continued to rise. If you take Lantus, for instance, our most prescribed insulin, the net price has fallen by 30 percent since 2012. Yet over the same period, average out-of-pocket costs have risen approximately 60 percent for patients with commercial insurance and Medicare. It is my belief that declining net prices should result in lower out-of-pocket costs for patients. But clearly, this is not always the case.

Addressing these prices alone will not be sufficient to solve the problem of patients' out-of-pocket costs. As we look for solutions, we must have protections for patients and link responsible pricing to both access and affordability. Every actor in the system has a role to play, and Sanofi takes this call to action seriously. There are different ways to accomplish these goals, and Sanofi could support options that align to our core principles. First, changes to the drug pricing and reimbursement system must be holistic, factoring in all actors in the system. And the majority of benefits should accrue to patients.

And second, to maintain a strong environment for innovation in the United States, the government should not directly control the price of medicines, either through Federal Government price controls, or worse, outsourcing price decisions to other countries.

To ensure that responsible pricing translates to better access and affordability for patients, Sanofi supports the policy solutions outlined in my written testimony, including several policies introduced by members of this committee, such as the CREATES Act, the C-THRU Act, and the SPIKE Act.

So thank you for the invitation to speak with you today, and I look forward to answering your questions.

The CHAIRMAN. I thank all of you for your testimony.

[The prepared statement of Dr. Brandicourt appears in the appendix.]

The CHAIRMAN. And I think I heard from each of you that you are willing to work with us and people in the administration to find solutions to these problems. I welcome that sort of cooperation and just implore you that that cooperation will have to go on weeks beyond this hearing, because we would not expect to get all the information we need just at this hearing.

Now, we will go to questioning. Do not start my clock yet. I have not asked my questions yet. [Laughter.]

Before I ask questions, if I could have—obviously, we have a very important meeting here. We have seven witnesses. We have 24 or 25 members of this committee.

I think I am fairly liberal in letting people ask questions. But I want to repeat something I have said before, and that is that if you will take your 5 minutes, and if there are a few seconds left, you ask a question then—hopefully, it is a short question at that point, and hopefully there is a short answer at that point.

What irritates me about that process is when somebody thinks they can have back and forth for 3 or 4 minutes after you ask your last question. So I am asking you, if you would please be tolerant towards people who abide by the 5 minutes, to be respectful of that so that everybody gets a chance to ask questions.

Now my 5 minutes starts. [Laughter.]

I want to thank those of you who are here who said you would be supportive of legislation that I have been backing for a long period of time: CREATES, which is sponsored by Senator Leahy and this Senator, and Pay-for-Delay by Senator Klobuchar and this Senator. So those are bipartisan bills.

One other bipartisan bill that you probably do not know about yet—it was introduced by Senator Wyden and me a couple weeks ago—is called the Right Rebate Act, which would close a loophole that was exploited by Mylan in the EpiPen case.

So leading to my questions, starting off, Ranking Member Wyden and I have been working—before I became chairman of this committee again, we investigated a lot about Gilead’s pricing decisions for hepatitis C drugs. During that investigation, we acquired a document that listed some factors that Gilead considered when it priced those drugs.

Those factors included the risk of “public outcry” or “the likelihood of a letter from Congress” or the “likelihood of a congressional hearing.” So taking off from that point, here is a very simple question to answer, I think. So I want a “yes” or “no” from each of you.

When your company prices its drugs, do you consider the risk of negative public opinion in the pricing of that drug? We will start with AbbVie.

Mr. GONZALEZ. Senator—

The CHAIRMAN. Can you answer “yes” or “no”?

Mr. GONZALEZ. Yes, we do.

The CHAIRMAN. Yes, you do. Okay.

What about AstraZeneca?

Mr. SORIOT. Yes, we do, Senator. Amongst other factors, of course, but we do.

The CHAIRMAN. Okay.

What about Bristol-Myers?

Dr. CAFORIO. Yes, we do, Senator, among many factors.

The CHAIRMAN. Okay.

Johnson & Johnson?

Ms. TAUBERT. Yes, we do, Senator, as well as affordable access to the medicines for the patients.

The CHAIRMAN. Okay.

What about Merck?

Mr. FRAZIER. Yes, we do, among other factors.

The CHAIRMAN. Okay.

And what about Pfizer?

Dr. BOURLA. Yes, we do, among other factors.

The CHAIRMAN. And what about Sanofi?

Dr. BRANDICOURT. Yes, we do, among other factors.

The CHAIRMAN. Okay. Thank you.

Another “yes” or “no” question: when determining list price, do you consider the likelihood of a congressional inquiry? Let’s start with AbbVie.

Mr. GONZALEZ. No, we do not.

The CHAIRMAN. What about AstraZeneca?

Mr. SORIOT. No, we do not, Senator.

The CHAIRMAN. What about Bristol-Myers?

Dr. CAFORIO. No, Senator, we do not.

The CHAIRMAN. And what about Johnson & Johnson?

Ms. TAUBERT. No, Senator, we do not.

The CHAIRMAN. Okay; and Merck?

Mr. FRAZIER. Not explicitly.

I would say we do care what the public thinks.

The CHAIRMAN. Okay.

And what about Pfizer?

Dr. BOURLA. No, we do not think—

The CHAIRMAN. Okay. What about Sanofi?

Dr. BRANDICOURT. Same, Senator; we do not.

The CHAIRMAN. Okay.

Then I would have another “yes” or “no” question. When your company prices its drugs, do you take into account the fact that a key player is the Federal Government?

Let us start with AbbVie.

Mr. GONZALEZ. We evaluate all the channels when we make determinations on price and affordability.

The CHAIRMAN. Okay.

So that obviously would include the Federal Government.

Mr. GONZALEZ. Correct.

The CHAIRMAN. AstraZeneca?

Mr. SORIOT. Yes, we use the same approach, and of course the Federal Government is a very key aspect of our deliberations.

The CHAIRMAN. Okay.

Bristol-Myers?

Dr. CAFORIO. Yes, Senator, because the Federal Government is a large part of our—

The CHAIRMAN. Okay.

Johnson & Johnson?

Ms. TAUBERT. Yes, we take into account the value to patients, the health-care system, and society, and the government is a key part of that.

The CHAIRMAN. Okay.

And Merck?

Mr. FRAZIER. Yes.

The CHAIRMAN. Okay.

And Pfizer?

Dr. BOURLA. Absolutely.

The CHAIRMAN. And then Sanofi?

Dr. BRANDICOURT. Yes.

The CHAIRMAN. Okay.

My last question. "Yes" or "no": some of you have voiced support for the recent rebate rule proposed by the administration. Should the administration finalize this rule, will you commit to lowering your drug prices?

Mr. GONZALEZ. Mr. Chairman, we are supportive of the rule. We would like to see it in its final form, obviously, to make a final decision. But we are supportive of taking the discount to the patient at the point of sale.

The CHAIRMAN. Okay.

AstraZeneca?

Mr. SORIOT. The same for us, Senator. I would go one step further: if the rebates were removed from the commercial sector as well, we would definitely reduce our list prices.

The CHAIRMAN. Okay.

And Bristol-Myers?

Dr. CAFORIO. We have the same position, sir.

The CHAIRMAN. Okay.

And Johnson & Johnson?

Ms. TAUBERT. Yes, we are supportive, and that definitely would be my goal. We would just need to see the final legislation, provided that there are not additional fees that are added into the system to compensate for the rebates.

The CHAIRMAN. Okay.

Merck?

Mr. FRAZIER. I would expect that our prices would go down if we change the system, again, on the commercial side as well as the Medicare side.

The CHAIRMAN. Okay.

Pfizer?

Dr. BOURLA. It is our very clear intention that we will not keep a single dollar from these rebates. We will try to move every single penny to the patients. And we think if this goes also to the commercial plans, that would be even better for more patients.

The CHAIRMAN. Okay.

Sanofi?

Dr. BRANDICOURT. Lowering list price has to be linked to better access and affordability at the counter for the patients.

The CHAIRMAN. Okay.

I want fellow colleagues to know that I stopped at 5 minutes and 26 seconds.

Senator Wyden?

Senator WYDEN. Thank you, Mr. Chairman.

Let me start, if I could, with you, Mr. Bourla, on this list price question. And I want to see if we can do a couple of "yes" or "no" questions.

Is it correct that your company, and nobody else, sets the starting price for all drugs sold by Pfizer? That is a "yes" or "no."

Dr. BOURLA. It is a negotiation with PBMs, and they are very powerful.

Senator WYDEN. But you still get to set the list price?

Dr. BOURLA. Yes, but we set—

Senator WYDEN. Okay.

Dr. BOURLA [continuing]. The list price and the rebates based on—

Senator WYDEN. Is it correct when a hypothetical patient—let us call her Mrs. Jones—goes to pay for her drug at the pharmacy counter, her coinsurance is based on the price of the drug you set?

Dr. BOURLA. It is correct in many cases.

Senator WYDEN. Okay.

I just want you all to know that the number one reason consumers are getting hammered is because these list prices—and you have the last word with respect to where they are—are unaffordable. And the high prices are tied to what the consumer pays at the pharmacy counter. And all this other stuff you talk about—the rebates and the discounts and the coupons—all this other stuff is window dressing, all of it. And the fact is on Part D, 40 percent of the drugs do not even have a rebate.

So I want it understood—particularly, because I have asked you, Dr. Bourla—I think you and others in the industry are stonewalling on the key issue, which is actually lowering list prices. And reducing those list prices is the easiest way for American consumers to pay less at the pharmacy counter.

Now, Mr. Gonzalez, I want to ask you some questions relating to the international pricing situation. Drug prices are much higher in the United States than in other developed countries, on average 40 percent higher. In 2017, AbbVie made \$9.9 billion in revenue outside the United States.

So my first question to you is, do you make a profit on the drugs that you sell in Germany or in France?

Mr. GONZALEZ. Yes, we do.

Senator WYDEN. So if you do, and you have said that that is the case, if you can turn a profit in a country with dramatically lower prices, you can do the same thing in the United States. How is that not gouging the American consumer with high prices, even though you are giving other people in Western industrialized countries a better deal?

Mr. GONZALEZ. Senator, it is a great question. And the reality is—and I do not think it is just unique to AbbVie—that prices vary dramatically around the world. There is no question, at least in AbbVie's business for the most part, the U.S. has some of the highest prices in the world.

That is not universally true. The government has some relatively low prices in comparison. But I think the fundamental issue is this: our system is built around a variety of pricing around the world, but that overall system supports our R&D model.

If a market the size of the United States were to collapse to the lower end of that pricing model, then I can just tell you AbbVie would not be able to invest the level of R&D that it invests today. So that is the reality.

Senator WYDEN. Well, I think time is short.

As I noted in my opening statement, global R&D spending is far less than the revenue you make in America. American patients bring in more than enough revenue to cover your R&D costs.

I mean, I am going to have town meetings in a few days at home, and people will say, "Ron, this is ridiculous that we are getting gouged when people around the world are getting a better deal."

And what you have told me today is: (a) they are getting a better deal and you can make a profit; and (b) it is somehow tied to research and development. And the fact is that research and development is less than the revenue that you are making in this country, and that is why people are so angry.

And I would also like to note that a Humira biosimilar was launched in Europe last year, and due to AbbVie's anti-competitive behavior in the United States, that same biosimilar will not be available here until 2023. You have a double standard. You are willing to sit by and hose the American consumer and give the breaks to people overseas.

So I am going to wrap up and stick to the chairman's time limit by asking you for a response in writing. So that we can better understand the situation for the drugs you sell in other countries, I would like to know, for the drugs you sell in other Western industrialized countries—just the Western industrialized countries—does your company make or lose money? Can you get that to me in writing within 10 days?

Mr. GONZALEZ. I can give it to you right now.

Senator WYDEN. Okay.

Mr. GONZALEZ. We make money in any country that we sell in unless we choose to donate the product into those countries. And we do that in certain countries that cannot afford it, but not the Western—

Senator WYDEN. I would like it in writing.

Mr. GONZALEZ. Okay.

One thing I would like to point out that I do not think is totally accurate that you described, at least for AbbVie, is we spend \$5.2 billion dollars in R&D. We make \$5.6 billion dollars in earnings.

So our R&D is almost equivalent to what our earnings are.

Senator WYDEN. Well—

The CHAIRMAN. I am going to—

Senator WYDEN. We will continue that.

The CHAIRMAN. I am going to list four names at a time. Roberts will be next, and then Stabenow, and then Enzi, and then Cantwell. So if you are irritated about how you might be on this list, take it out with one of your colleagues on the committee, because I am reading it just the way the staff gave it to me.

So, Senator Roberts?

Senator ROBERTS. Thank you, Mr. Chairman. I will try to be timely.

This whole situation reminds me of when Mark Twain, *i.e.*, Samuel Clemens, went to Missouri—that was his first mistake—and made some remarks to a small town. The mayor afterwards said, "Well now, we have the tar and the feathers and a rail. We would like to ride you out of town on a rail." He said, "If it was not for the honor of it, I'd just as soon not do that."

And I think in some ways that is where you are sitting right now. I worry about the cost. I worry about the access. I worry about the value. I worry about the fact that when I go—I did just last night, and all of a sudden I found out that the prescription I had cost twice as much. I still have not quite figured that out. I do not know which one of you to blame.

But at any rate, I worry about HHS. I worry about CMS. I worry about the Federal Government taking over with regards to the decisions that you make. I also worry about what the distinguished Senator from Oregon described as a terrified public, and certainly we do not want any liars.

I want to ask you one simple question. Staff has arranged about seven good questions. I will submit them for the record.

Under the banner of certainty and predictability, what keeps you up at night? In other words, if in fact we invited you back and you could come back—well, let me put it another way. What would happen if you ran into some things that were unprecedented and you would not be here? We would not have the Magnificent Seven, if in fact that's why we won a "W."

What I want to know is, what is the thing that keeps you up at night, so you could be a viable company now and down the road to achieve what we all want in terms of access and cost? And I am going to start with Dr. Brandicourt, because I want to go from right to left for a change.

Dr. BRANDICOURT. Thank you, Senator. What keeps me up at night is ensuring that I have a pipeline of new products which is innovative enough to alleviate, you know, some of the disease burdens in the countries where we are. So it is making our company meaningful and delivering what we are supposed to do best.

Senator ROBERTS. Thank you.

Dr. BOURLA. Mr. Senator, the reason we exist is to bring breakthroughs that change patients' lives. And this is what keeps me up, and this is the reason why our employees come to work. This is the reason why our investors invest in us.

If our pipeline will not deliver on the promise—and this is very challenging, because you are dealing with very difficult diseases to crack—then we will not be able to fulfill our promise to society and will not be able to fulfill our promise to investors.

Senator ROBERTS. Mr. Frazier, thank you for your five-point plan. What say you?

Mr. FRAZIER. I would say, Senator, the thing that keeps me most up at night is the concern that we will not have a viable, predictable market that will allow people to continue to put the very large amounts of money at risk for a long period of time in an attempt to find solutions to some of the hardest problems, like Alzheimer's, that have evaded solutions.

And what really concerns me is when we do not treat these issues as systemic issues and the public thinks that they have to have outrageous solutions to the problem where, in the future, we will not get these drugs.

So I would hope that we could talk about these things systematically and try to come up with the kinds of solutions that will, in fact, make patients have access to medicines today while allowing tomorrow's breakthroughs to happen. Thank you.

Senator ROBERTS. Thank you.

Ms. Taubert?

Ms. TAUBERT. Senator, the easy diseases have largely been solved. It gets harder and harder as we go after new treatments and new cures for ever more challenging diseases.

So from our perspective, what keeps me up at night is that investment in innovation and the ability to continue to invest to be able to go after the cures and the diseases that we really want to solve.

Senator ROBERTS. Thank you.

Dr. Caforio?

Dr. CAFORIO. Mr. Senator, I am a physician, as I said earlier. What keeps me up at night is our patients who still do not have an opportunity for their cancer to be treated. And as a result of that, I am really focused on, first, continuing to invest in R&D together with the 7,000 scientists at Bristol-Myers Squibb, and also making sure that every patient who needs one of our medicines has access to it.

Senator ROBERTS. Mr. Soriot?

Mr. SORIOT. Senator, two things, actually. One is making sure we have the best science, the best scientists, and an environment that stimulates their innovation. The second is really to come up with ways to demonstrate the value of our products. I believe that medicines are actually part of the solution, not part of the problem. And it is sad that we are talking about those difficulties patients are facing.

In the last 15 years, the mortality for cardiovascular disease has declined by 35 percent. Most of this is due to good treatments for hypertension, cholesterol. And in fact, it is cost-effective. We keep patients out of the hospital.

So the one thing that really keeps me up at night is, how do we demonstrate the value we bring, and how do we reduce overall health-care costs?

Senator ROBERTS. Mr. Gonzalez, I am out of time.

The CHAIRMAN. No, he can answer. You asked your question.

Go ahead.

Senator ROBERTS. Thank you for being so liberal. [Laughter.]

Mr. GONZALEZ. Thank you, Senator.

There are two things that keep me up at night. The first is we, like many around this table, are working on some of the toughest diseases that are out there, which takes on tremendous amount of risk—I am sure you heard that many, many times.

But the reality is, when we work on these diseases, like Alzheimer's as an example, when someone comes up with a beneficial treatment for Alzheimer's, it is going to change the lives of patients, families, and it is going to reduce dramatically health-care costs. But not necessarily the cost of medicine.

The cost of medicine is going to go up. The cost of nursing homes is going to go down. And systems have a very difficult time trying to measure that benefit, but the reality is, when you are working in these areas with these kind of intractable diseases, that is the ultimate payback that the system has to be able to evaluate.

Senator ROBERTS. Thank you.

The CHAIRMAN. Senator Stabenow?

Senator STABENOW. Thank you very much, Mr. Chairman and Ranking Member.

Thank you for being here. I will tell you what keeps people in Michigan up late at night. It is the cost of life-saving medicine for themselves, their children, their parents. And so that is why it is

important that we are here, and I am glad we are talking about research, because I would like to step back a moment and talk about who basically is funding research, and I hope you will say “thank you” to the American taxpayer, because American families fund the National Institutes of Health.

A recent report found that NIH-funded research contributed to every single one of the 210 new drugs approved by the FDA from 2010 to 2016, and that American taxpayers contributed more than \$200 billion in grants—\$200 billion in grants to your companies and others. Grants, not loans; grants to develop these drugs.

That is about 200,000 years of accumulated research. And I support that, because the basic research is something that I believe we all need to share in. At the same time, when you then go from there and are doing R&D, you can write that off your taxes, so American taxpayers subsidize you again.

Now, according to the most recent SEC filings, the seven companies—all of you here today—have spent about \$80 billion on selling, marketing, and administrative expenses last year, which was \$22 billion more than you spent on R&D.

So let us just be clear on this: American taxpayers, we are happy to help you be able to develop these drugs, but I can tell you, people in Michigan just feel that the bargain ought to be that they ought to be able to afford the medicine after they have helped to develop it.

Between 2006 and 2015, the largest 25 drug companies enjoyed an average annual profit of between 15 and 20 percent. Most other large Fortune 500 companies saw between 4 and 9 percent.

I know the auto industry would love to get the kind of profits that you have. But the reality is that, if people do not buy a car, they do not buy furniture, their life is not threatened. If they cannot buy your product, it may be. So that is why this is so important today.

And, Mr. Gonzales, I want to specifically start with you, because Humira is the world’s best-selling drug. It treats arthritis, Crohn’s disease as we know, also ulcerative colitis. And you introduced the drug in 2003, and in 2017 it generated \$18.4 billion in revenue. And if Humira was its own company, it would be among the Fortune 500 companies all by itself.

So let us talk about this, because the average person on Medicare is earning \$26,000 a year. The price of your drug started high and has gone higher, to a point now where it is as much as \$50,000 a year.

So, Mr. Gonzales, your primary patent expired in the U.S. in 2016. Is that correct?

Mr. GONZALEZ. That is correct.

Senator STABENOW. And you have more than a hundred other kinds of patents for processes and techniques and so on. In fact, according to a report, “Broad U.S. Humira Patent Estate,” some of the patents go up to 2034, which gives you about 31 years of patent protection. That is a pretty good deal on this successful drug.

When we look at what is happening around—well, let me first ask this. Has the drug itself gotten any better with all the new patents?

Mr. GONZALEZ. I think as you look at the evolution of the patent portfolio that is around Humira, it is important to keep in perspective that that patent portfolio evolved as we discovered and learned new things about Humira, in particular, as we discovered that this particular molecule could be utilized across a large number of different disease states.

Senator STABENOW. And I am going to, unfortunately, in the interest of time—I appreciate that and would want to follow up in writing, but as I understand it, the chemical formula is the same. And so it is a question of how we use the patent system.

But to look at, in Europe, when your patents expired in the fall of 2018 and biosimilars came out on the market, your prices there were already lower than in the U.S., but now you are offering, I understand, up to 80 percent discounts to be able to continue to compete in Europe. Why do you not—with all of the support from American taxpayers on this drug, why do you not offer the same low price to American families?

Mr. GONZALEZ. Because Humira plays a very important role in AbbVie's overall funding of R&D. And I think it is fundamentally underpinned by the fact that if you look at these inventions that we have created, that were patented, as I said, they included a number of different diseases for which Humira was effective, and they evolved over time.

We think we have struck a reasonable balance. We have now licensed seven biosimilar players to the entire portfolio. So they can use that portfolio to go out and copy Humira. We have given licenses to them, and they will all enter the market in 2023.

The earliest patent to expire in that portfolio is June of 2022. So, literally seven biosimilars will come within a year.

Senator STABENOW. Mr. Gonzales, I know my time is up. Let me just say, I think that you charge more here because you can. And American taxpayers are subsidizing all of you to be able to have incredibly high profits, the fastest-growing part of the health-care system. And I think the people in Michigan and across the country deserve better. They need to be able to afford the medicine and not have to go to another country to get it.

The CHAIRMAN. Senator Cantwell?

Senator CANTWELL. Thank you, Mr. Chairman.

I wanted to get feedback on the market-type mechanisms and whether they would drive down costs to purchasers and to consumers. So concepts like allowing States to negotiate on behalf of a population for health-care plans, like the basic health plan in New York—do they drive down cost?

[No response.]

Senator CANTWELL. No one wants to take that on?

Mr. FRAZIER. Thank you, Senator. I did not know who the question was addressed to.

I think first of all, it is important to recognize that there is no single market for drugs in this country. So for example—

Senator CANTWELL. We are on limited time, and I appreciate the chairman's great efforts. No, I am just trying to get "yes" and "no" answers whether these concepts drive down costs—whether you believe they do. If it is a hard question to answer, it just tells me

something about how willing you are going to be to help us with this problem.

So my point is this. States negotiating on drug prices on behalf of a group of citizens, does it drive down prices for consumers in your opinion, “yes” or “no”?

Mr. FRAZIER. I would have to say, depending on the system, it could very well do that. But I think it will do that at the expense of a system, for example, our Medicare system that has come in at 50 percent of what it was projected to be.

I want to come back to an issue that was raised at the beginning about the affordability, if you will just allow me. A significant issue in our system is that patients pay 13 percent against the list price for drugs when they pay 3 percent against a lower negotiated price for other medical services.

I think the primary issue in our country now is out-of-pocket costs—13 percent is much higher than 3 percent. And if we were designing a system, we would never design a system that actually taxes the sicker people to pay for the healthy people.

Senator CANTWELL. Okay.

I am asking a really basic question. Like the VA’s ability to negotiate on drug prices, do you think that States having that same ability drives down price?

Mr. FRAZIER. I would say that the VA would get a lower price and the States would get a lower price if you are willing to go into an environment where that could be imposed by States.

Senator CANTWELL. Well, or the Federal Government. But in one example—which I think you are familiar with, because I do think you are involved with hepatitis C drugs—Washington’s Medicaid program is continuing to think about a Netflix model where you buy the best, the lowest per-unit costs, and cover more people. Do you think that model works in driving down costs to consumers?

Mr. FRAZIER. I think that could work to drive down cost to consumers, no question, as long as you have the State “negotiating.” I would object to the word. Very frequently, when we deal with governments outside the United States, people use the word “negotiations.” Those prices are imposed.

Senator CANTWELL. Well, someone who is negotiating on behalf of the patients they are trying to cover negotiates with you or other drug companies on whether they are going to meet that discount. They are using market forces of bundling up and leverage. I call it a Costco model. If you buy in bulk, you get a discount. We are clearly doing it with the VA.

The question debated here is whether we should spread that out to cover more Federal programs, which is what is being done in Canada, and whether we should use those same market forces in allowing States to negotiate, at least for the working poor in this country, a better deal than they can get because they work for employers that do not cover them.

So I think if you guys cannot even agree that these basic market functions that allow people to buy in bulk and get a discount are good ideas for consumers, then I do not think you are going to come up with anything we are going to agree on here, because these are market functions, basic market functions.

Does anybody else want to add whether they believe in these market functions?

Mr. GONZALEZ. Yes, Senator. I would just illustrate one point.

I think your point is a valid one for the overall system costs, but I think what Mr. Frazier was describing is a critical issue.

There are two affordability issues here. There is the affordability to the system, and there is the affordability to the patient. Both have challenges, but the affordability to patients now has really gotten out of hand.

I will give you an example, my HCV example. We cut the price by 72 percent, the list price by 72 percent. The out-of-pocket cost in Medicare is \$3,250. The same patient who could not afford the out-of-pocket cost at \$7,000, unfortunately cannot afford \$3,250.

Senator CANTWELL. Well, I will tell you what is absurd is the fact that you got a \$6.3-billion tax break in the last tax bill and you cannot even say that you are for basic market functions like giving people discounts when they are bundled and you get volume.

So I guess we will have a tough time coming to something—but I know people here are going to want basic market functions to drive down costs for consumers.

Thank you, Mr. Chairman.

The CHAIRMAN. Senator Cornyn?

Senator CORNYN. Thank you, Mr. Chairman.

Mr. Gonzalez, I want to focus on Humira. Obviously it generates about \$18 billion of revenue for your company each year. Is that right?

Mr. GONZALEZ. That is correct.

Senator CORNYN. Please understand that I get it. We want to make sure that we maintain the most innovative pharmaceutical drug companies in the world, because we want to provide lifesaving cures for our people. And I get the idea that that is the purpose of the patent system, which is to protect the exclusivity of that drug that you have sunk a lot of money into the research and development for. And I support our patent system. I think it is very important.

But what I do not understand is, according to my information here, Humira has 247 patents. And some of those patents do not expire until 2034. As Senator Stabenow pointed out, Humira first was sold to patients in 2003.

So is it your company's position that it should have an exclusive monopoly on that medication for 31 years?

Mr. GONZALEZ. Senator, no, it is not. It is essentially that the patents cover innovations that we created. And I think one of the things that has been lost here is, it does not matter how many patents you have—and those are applications that you described, not actual patents. But there is a large portfolio of patents. It has 136 patents, and together—

Senator CORNYN. So you have 247 patent applications, but you have 61 patents? How many patents do you—

Mr. GONZALEZ. No. I am sorry. A hundred and thirty-six patents.

Senator CORNYN. A hundred and thirty six patents on one drug?

Mr. GONZALEZ. But well, remember, Humira is like 9 different drugs or 10 different drugs. So—

Senator CORNYN. I thought you said to Senator Stabenow it was the same molecule.

Mr. GONZALEZ. It is the same molecule, but it treats different conditions. And if you look at that patent portfolio—

Senator CORNYN. So you use the same molecule to treat different conditions, and you can get a patent on that treatment?

Mr. GONZALEZ. Certainly. Now, an example of one of the areas that got a significant number of patents is inflammatory bowel disease. After we developed it for RA, we realized that Humira might work in that area. That was an area that was under-treated. Most drugs had failed.

We did 20 clinical trials to determine how to make Humira work in those patients. And we were issued a large number of patents for the discovery work that we did in that area.

But in the end, the number of patents is not something that protects a product. If a competitor wants to make a generic version of a product—there are patents everywhere. The question is, does the invention stop the biosimilar player from making the product? If the invention does not, the patent is meaningless. If the invention and—

Senator CORNYN. The patent gives you an exclusive right to produce a drug.

Mr. GONZALEZ. No, we do not block any biosimilars. Biosimilars can make the product—

Senator CORNYN. No, no. Maybe you misunderstood. A patent, during its term, gives you exclusive rights to produce a drug. Correct?

Mr. GONZALEZ. No.

Senator CORNYN. No?

Mr. GONZALEZ. No. The composition-of-matter patent would give you exclusive rights to produce the drug. But the patents that are covered in this portfolio are for individual innovations that were created. And in many cases, when we go into an area, there are always patents. The first thing you do is, you look to see, can I design around those patents?

If ultimately you determine you cannot design around those patents, then you go to the player who has the patent and you negotiate a license. And we have now given license to virtually every single biosimilar player—with the exception of one—and we have done it literally 10 years before the last patent expires in that portfolio.

So we have tried to strike what we think is a reasonable balance. I realize it may not be popular, but I think it is a reasonable balance. Those—

Senator CORNYN. But what I am concerned about is—as I told you at the outset, I support drug companies covering a profit, based on their R&D and their development of innovative drugs. But at some point, that patent has to end, that exclusivity has to end so that the patients get access to those drugs at a much cheaper cost.

It is true that you, your company, blocked Amgen for a number of years from seeking to produce a Humira biosimilar or equivalent; correct?

Mr. GONZALEZ. Amgen has a license in the United States right now to be able to produce—

Senator CORNYN. But you blocked them for 5 years, right?

Mr. GONZALEZ. No, we did not block them.

Senator CORNYN. You sued them.

Mr. GONZALEZ. They came to us, and they wanted access to the portfolio that we had. And we licensed them.

Senator CORNYN. Did you sue them?

Mr. GONZALEZ. We did, yes.

Senator CORNYN. And you entered into an agreement with them that accommodated both your needs and their needs, I assume.

Mr. GONZALEZ. We licensed them a patent portfolio. They pay us a royalty on the patent portfolio when they come to market, and that is essentially just like any other license.

Senator WYDEN. Mr. Chairman, I do not want to interrupt. Senator Cornyn is dead right, and that is exactly the same point I was going to make.

Senator CORNYN. Mr. Chairman, could I just make a suggestion that—

The CHAIRMAN. Go ahead.

Senator CORNYN. I know this topic is within the jurisdiction of the Finance Committee, but those of us like you and me who are also on the Judiciary Committee, which has jurisdiction over the patent system, I think this is an area that we need to look into through our Judiciary Committee authorities as well.

The CHAIRMAN. Why don't you take that up with Senator Graham, and I will make sure that I back you up on it.

Senator CORNYN. I will look forward to your back-up.

The CHAIRMAN. And let me know what your conversation produces.

Senator CORNYN. Thank you.

The CHAIRMAN. The next four would be Menendez, Thune, Carper, and Isakson.

Senator Menendez?

Senator MENENDEZ. Thank you, Mr. Chairman.

Let me say a few words before asking some questions. To the New Jersey companies here today, thank you for coming. I am proud our State is at the forefront of innovation.

But even in New Jersey, where the pharmaceutical industry and related fields like medical research employ hundreds of thousands of people, the overwhelming majority of the more than 9 million New Jerseyans believe drug prices are too high. And so I think we all have to be responsive to that challenge collectively.

Americans everywhere reject the notion that reducing prescription drug costs means reducing innovation. They are uniting around this issue. And it is not a Democratic or Republican priority. It is bipartisan. Maybe it is for political reasons, but President Trump is talking more and more about executive action.

A Republican chairman of the Finance Committee, Senator Grassley, has convened this hearing today, the second of two on prescription drugs. And reducing prescription drug prices has become a focal point of virtually every Democratic presidential campaign.

So consider it a friendly warning from someone who believes in the hope that you provide patients in need of new cures and treatments: it is time to be proactive, because if you do not make the meaningful action to reduce prescription drug prices, policymakers are inevitably going to do it for you. So I just hope you will take that to heart.

Let me ask you, many corporations—not just pharmaceutical ones—received a huge windfall from the Trump tax bill. Your companies spent well over \$40 billion buying back your own stock in the past year. Going down the row, can you just give me the ballpark number? Did any of you use your tax breaks to lower the costs of any of your prescription drugs?

Mr. GONZALEZ. We did not use our tax break to lower the cost of prescription drugs. We used it for other aspects of trying to stimulate the economy and invest further in the United States.

Senator MENENDEZ. No, you did not use it to lower the cost.

Mr. SORIOT. Senator, the tax break for us, being based in the UK, had a very marginal impact on our profitability. So I think the question is—

Senator MENENDEZ. The question is—it is a simple “yes” or “no.” Whatever the tax break was, did you use any part of it to lower the cost of prescription drugs?

Mr. SORIOT. Well, the cost of our prescription drugs on the net basis has been declining for many years now. Senator Wyden took—

Senator MENENDEZ. I am sorry to interrupt you, Mr. Soriot. It is a simple question. Did you use any part of the tax break that you got to lower the cost of your prescription drugs?

Mr. SORIOT. In a roundabout way, yes, we did, because the minimal tax benefit we got helped us sustain our profitability at the same time as our prices were declining.

Senator MENENDEZ. Dr. Caforio?

Dr. CAFORIO. We did not.

Ms. TAUBERT. Hello, Senator. It provided us the opportunity to invest an incremental \$30 billion in R&D and capital investments in the U.S. over the next 4 years. We think that that is the best way for us to be able to deliver for patients.

Senator MENENDEZ. Mr. Frazier?

Mr. FRAZIER. Senator, our effective tax rate went up from 19.1 to 19.8 percent.

Dr. BOURLA. We did use this tax break to do many things, among them reduce our prices. Prices in 2018, for the first time since I remember, went down at Pfizer.

Dr. BRANDICOURT. As a French company headquartered in Paris, we did not get much from the tax break. On the GAAP basis, we lowered our global tax rate by 1.5 percent.

Senator MENENDEZ. All right.

Now, in November 2017, FDA Commissioner Scott Gottlieb called on pharmaceutical companies to “end the shenanigans when it comes to the ability of potential competitors to purchase branded doses at full market price.” He stated, “I see this clearly, for example, in steps branded companies sometimes take to make it hard, or altogether impossible, for generic firms to get access to the doses

of the branded companies needed in order to complete bioequivalence studies that the FDA requires for a generic approval.”

I have co-sponsored legislation called CREATES that ends the gamesmanship by certain companies, where they prevent generic manufacturers from accessing the necessary samples they need to develop generics. Last year the FDA published its first list of medicines that generic companies have had trouble accessing. That list includes more than 170 complaints covering 50 medicines.

So can you go down the line and tell me, “yes” or “no,” does your company in any way restrict access to, or block the purchase of samples at full market price?

Mr. GONZALEZ. No, we do not.

Mr. SORIOT. No, we do not.

Dr. CAFORIO. We do not. We support the current version of the CREATES Act.

Ms. TAUBERT. No, we do not.

Mr. FRAZIER. No, we do not.

Dr. BOURLA. No, we do not, and we support CREATES.

Dr. BRANDICOURT. No, we do not, and we support CREATES too.

Senator MENENDEZ. I have other questions. I am going to submit them for the record. Thank you.

The CHAIRMAN. Thank you.

Senator Carper?

Senator CARPER. Thanks to each of you for joining us today. My wife lost her mother when she was 11 years old. My wife said it put a hole in her heart. She has never gotten over it. My own mother, her mother, and her grandmother, by the time they were 80, they did not know who they were, or where they were, or who we were.

For all of us this is personal, and it is political, and it is economic. When we have a hearing of this nature, one of the things I like to do with disparate witnesses like these—you are all from the same industry, but you have different views, come from different parts of the world. But I am going to, in a minute, give you—what I am looking for is consensus. What I think we are looking for is consensus agreement on what is the right thing to do to make sure that what we are producing is effective and affordable for us, for the government, for our constituents.

I am going to give you three items and ask you to tell us what you think. If we do nothing else, those three items, we can all agree on those. Okay, and I will give them to you right now.

The first is eliminating rebates to PBMs. That is the first one: eliminating rebates to PBMs. The second is value-based arrangements. And the third is increasing transparency industry-wide on how you set your prices—increasing transparency industry-wide on how you set your prices.

If you would like to take a moment—and we would just start with you, Mr. Gonzalez. We will just start with this question first and see if we have time to get it done. I hope we do, those three.

Mr. GONZALEZ. I would say that we clearly support providing the discount at the patient level, so eliminating rebates, essentially.

We absolutely support value-based pricing, because that is the business we are in and the kinds of diseases we are trying to treat and cure.

And we absolutely support transparency. And I would say transparency even more broadly across the entire system, including everyone that is in the supply chain. And that would also include where government rebates are, such as the 340B program. We would support total transparency across that.

Senator CARPER. Thank you. I would ask each of our other witnesses to also keep your responses short.

Mr. Soriot?

Mr. SORIOT. Senator, I would give the same responses. We support all three items.

I would go one step beyond, which is if the rebates—as I said earlier—were to be removed from Part D and the commercial sector, we would actually reduce our list prices by the rebates' amount, less the fees that are probably single-digit type fees to be paid to wholesalers and other stakeholders in the system.

Since you talked about a disease that is very common and becoming more common and a tragedy for people who suffer from it, Senator, I would just like to say that, as Mr. Frazier said a bit earlier, his company spent a billion dollars on developing a drug for Alzheimer's. Our company together with Lilly, we spent \$900 million to try to develop an Alzheimer's drug that failed.

And that is a really good reminder of the risks that we take as an industry. We spent \$900 million, many years of work, and at the end of the day, nothing.

Senator CARPER. Thank you.

Dr. Caforio?

Dr. CAFORIO. Yes, Senator. First of all, I am very sorry—

Senator CARPER. Please be very brief.

Dr. CAFORIO. I would say that not only do we support all three elements that you mentioned, but I do believe those three elements together with the continued effort to develop a generic and biosimilar market would mean significant change, and would clearly alleviate the concerns that patients have today.

Senator CARPER. Great. Thank you, sir.

Ms. Taubert?

Ms. TAUBERT. Senator, first of all, I am very sorry for your wife's family and also for your family. It underscores—

Senator CARPER. While I said that, everybody in this room could probably point to similar experiences. All of us have had them.

Ms. TAUBERT. Absolutely.

Senator CARPER. Thank you.

Ms. TAUBERT. We are very supportive of all three elements that you outlined. So the elimination of—

Senator CARPER. That is all I need.

Ms. TAUBERT. Perfect.

Senator CARPER. Thank you.

Mr. Frazier?

Mr. FRAZIER. We too support all three.

Senator CARPER. Thank you.

Dr. BOURLA. Senator, all three elements are transformational for our industry, will disrupt it. However, we do agree that these are the three things that need to be done, and also I believe that they will have significant, meaningful results if we do them.

Senator CARPER. Thank you, sir.

Dr. BRANDICOURT. We strongly support the three, Senator, but we want to keep in mind at the end of the chain, the patient has to benefit. So if rebates are removed, it has to be to the benefit of patients.

Senator CARPER. Good. Thanks.

Mr. Chairman, I am going to do a follow-up question in writing, asking your responses, your reaction to what is going on in Germany on this front—what do you like about it, what concerns you might have about it. But that is a different question, but it relates to this discussion.

Thank you.

The CHAIRMAN. Before Senator Thune goes, can I ask Dr. Caforio, did you say you support the CREATES Act as well?

Dr. CAFORIO. I did, Chairman Grassley.

The CHAIRMAN. Thank you. As sponsor of that, I appreciate that very much.

Dr. CAFORIO. Thanks for your work in that area.

The CHAIRMAN. Senator Thune?

Senator THUNE. Thank you, Mr. Chairman.

I would like to ask unanimous consent to insert for the record a one-page document from 340B Health that shows that manufacturer discounts account for less than 2 percent of the total drug market.

The CHAIRMAN. Without objection, so ordered.

[The document appears in the appendix on p. 1,053.]

Senator THUNE. Thank you.

Each of you has referenced the recently proposed rebate rule, which outlined several different scenarios of how drug companies and others would react, as well as the impact on Part D premiums.

Mr. Frazier and Dr. Bourla, if the rule were finalized, could you please discuss how you would set list price and how your negotiations would work with others in the supply chain?

Mr. FRAZIER. Okay, assuming that—as I said when I answered the question before, assuming that we do change the systems on the commercial side and the Medicare side so that no one company faces a disadvantage, we would be lowering list prices.

We have been asked to lower list prices. We have lowered list prices in the past and found that it creates a financial disadvantage for the company, and it does not get us more volume because of the incentives in the system. So if we change all the incentives at one time, then list prices can come down.

Senator THUNE. Dr. Bourla?

Dr. BOURLA. Fifty percent of the American people are in commercial plans, and these rebate rules apply to Medicare. If the rules apply to all, definitely the list price will go down.

But also, during the Medicare-only application, we pledge and we commit that every single dollar will go to the patients.

As the chairman said, the list price is not irrelevant. It is very relevant for a lot of people, because they have to pay list price during the deductible period. However, if the rebate rule is applied, then it becomes irrelevant because the patients will not be paying the list price at the purchase point. And this is a significant win.

What I want to say is that, even if we do not move it to commercial, which I overwhelmingly support, I think it is a significant win for the American people if we do it even in Medicare only.

Senator THUNE. So Medicare-only would be an improvement, but you pointed out in your testimony the challenges associated with the bifurcated market with respect to rebate reform. So how would manufacturers respond if the rebate rule were finalized for government programs? I mean, what does that mean for the commercial market?

Dr. BOURLA. Senator, as I said before, all these proposals we are discussing, including eliminating the rebate rule, are transformational and will disrupt the way we do business. I do not know exactly how the system will evolve, and I really do not favor a bifurcated system. I would like to have a transparent, single system across both parts. So we need to see how the whole thing will evolve.

Senator THUNE. Okay.

You have each expressed support, and this was alluded to earlier by Senator Carper, for paying for value as well as the value your medicines bring to the health-care system. I am a believer in value-based insurance design as a way to lower the overall health-care costs, and I have worked on legislation to advance this principle.

As we drive toward paying for value, how do we make sure that you as drug manufacturers still have the incentives to keep your prices low and that we are not just shifting money around in the system?

Dr. BOURLA. I think by definition that a value-based arrangement will align the incentives, not only of us, but those of the insurance companies, around one common goal: the good for the patient, clinical outcomes, measurable clinical outcomes for the patient and the health-care system.

In this case, if we fail to produce drugs through our research efforts that will have meaningful clinical benefits for the patients, yes, we will not be paid. And this system also will ensure the medicines that do not add value will be paid much much less. So to create space for medicines that do create value is the best way of aligning the incentives of everyone around the interest of the patients.

Senator THUNE. Does anybody else want to react to that?

Mr. SORIOT. Yes, Senator, if you allow me.

We have an example that I quoted before. We have a product that is used for the treatment of patients who have experienced a heart attack.

If you experience a heart attack, when you are discharged from the hospital, your chance of getting a second heart attack is pretty high. So we contracted with an organization and committed to reducing the percentage of patients who have a second heart attack.

In return, the University of Pittsburgh Medical Center, for these Medicare patients, committed to ask these patients to pay a very low co-pay to make sure they were complying with their treatment. And that actually delivers value to the system, because patients are kept healthy. Of course, good for them, but also they do not go back to the hospital. This is how we deliver value.

Senator THUNE. Okay. Thanks.

Mr. GONZALEZ. Senator, I would just add one point. I think your point is a valid one. Look, an innovative pharmaceutical cannot capture 100 percent of the value that it saves. It has to capture less than that.

And I think the way that will evolve the best is if there is strong market competition. I remember back in HCV, if you look at the health economic data around that drug, it would have suggested that you could justify a price well north of \$100,000 per patient. And the prices were relatively close to that when there was one player in the market. Today prices have gravitated down to about \$25,000–\$26,000 per patient.

It is the market force that created that, the market competition of more than one player being in that market and competing on an active basis. We were obviously part of that competition that drove those prices in that direction.

So I do not think it is realistic to assume that a pharmaceutical, just because it can save \$150,000, as an example, that it can charge \$150,000. It has to charge less than that so that the overall system can benefit from the value of that medicine. But it has to be able to charge a price that is reasonable enough to be able to achieve and continue to fund the programs going forward.

The CHAIRMAN. Senator Isakson, and then Senator Cardin.

Senator ISAKSON. Thank you, Mr. Chairman.

I thank all of you for being here. This is a terrific hearing, and we are going to have a lot of hearings on this subject. I told my staff a couple of weeks ago, I said, “You know, I have been a solid supporter of the pharmaceutical industry all my career,” and I have, and I appreciate all that you do.

I go to work every day because of levodopa. I would not be able to be here today if it was not for the pharmaceutical industry, and I have Parkinson’s disease. But I can function every day and do my job because of that, and I appreciate it every day.

My first chief of staff called me Sunday night from Children’s Hospital in Atlanta to say his youngest son had just been diagnosed with juvenile diabetes. His first child, a daughter, had juvenile diabetes 12 years ago. But the thing he said was, “At least I know that you can live a normal, happy life because of insulin and because of pharmaceutical care.” So I am not softening you up, but I *am* softening you up, because those are good stories that we cannot forget. And that is the value of innovation and research development, and we appreciate it.

However, when you cannot explain it and you are elected to the U.S. Senate—and I appreciate your comment about how honored you are to be in the U.S. Senate, Dr. Bourla—but the fact of the matter is, when I cannot explain it, it is tough. And I cannot explain the cost increases I have seen a lot of recently.

One medicine I take—I take eight a day—one of the ones I take every day went up. When I went to get my new prescription in January, it was \$90 more than it was at the end of last year.

I just said, “How can that be?” And the guy said this and that and the other. But he said, “Let me call you back.” He said, “I will call you in the next hour and see if I cannot find a better price.”

In an hour’s time he had four prices for the same pharmaceutical. If I did not use insurance, it was one price. If I used cash,

it was another price. If I took discounts, it was another price. If you had coupons, it was another price.

I do not remember the name of all of them, but I know it was very complicated, and it reminded me of my business. When I sold real estate, the price of a mortgage was not just the interest rate that you paid and the sticker price, but you take the effect of discount points and rebates and other things that go into the annual percentage rate return of the product, and that is what you are doing with discounts and with rebates, I assume. And it is going into the cost and ultimately into your product, which caused me to ask this question: who sets the discount and who sets the rebate?

Pardon my finger. We will start with you, Mr. Gonzalez.

Mr. GONZALEZ. Thank you, Senator.

I think the best way to illustrate what you are describing is to give you an example.

Senator ISAKSON. A short example, please.

Mr. GONZALEZ. Okay.

Humira—we raised the price in 2019 6.2 percent. The actual fall-through to the company, the realized increase in 2019, will be .9 percent. So the part in between there is rebates that have gone up and channel mix, primarily. But it does give you some idea of the massive change that can occur between list and realized price.

We raised the price to try to offset inflation, merit increases that we give our employees, and increases in R&D—

Senator ISAKSON. So you set the discount or the rebate?

Mr. GONZALEZ. Well, we negotiate with payers. So managed care—

Senator ISAKSON. You are a supplier, though. So you negotiate with the PBMs and those people? Is that right?

Mr. GONZALEZ. Correct, and they negotiate aggressively.

Senator ISAKSON. Is that pretty much true, everybody, that they are the major component between the end retail consumer price and the origin of the product?

Mr. GONZALEZ. Yes, Senator.

Senator ISAKSON. Well, that seems like some place we ought to focus, because that is where the distorted numbers come in.

Johnson & Johnson—and I'm sorry. Janssen, is that right? Is that the subsidiary?

Ms. TAUBERT. Yes, Janssen; correct.

Senator ISAKSON. In your testimony you talk about your average list price of 8.1 percent up, but an average net price change of only 4.6 percent. So, while your gross went up 8.6, your net went down 4.6 in the same pricing period.

How does that happen? How does it not go up on the bottom?

Ms. TAUBERT. Yes, and in fact in 2018, our net price actually declined 8.6 percent, so even more than that. So the intermediaries in the system are very very effective negotiators.

Senator ISAKSON. Tell me who the intermediaries are.

Ms. TAUBERT. Those would be the PBMs and the insurers.

Senator ISAKSON. And the insurance companies?

Ms. TAUBERT. Right, and they set the formularies for patients.

Senator ISAKSON. And they are not the same, because they are two different people?

Ms. TAUBERT. Yes, correct.

And so what they do—

Senator ISAKSON. Excuse me for interrupting Ms. Taubert. I want to make sure I get all of this in. And I apologize. You are a nice lady, and I am being ugly to do that. But I am sorry.

Ms. TAUBERT. I am fine.

Senator ISAKSON. All right. We have the PBMs and we have the insurance companies.

Ms. TAUBERT. Yes.

Senator ISAKSON. Is there anybody else between the wholesale price by the manufacturer at the beginning and the retail price it is sold for at the end, at the drugstore? Is there anybody else that contributes to the cost, other than the discount and the rebate?

Dr. BRANDICOURT. Several actors, Senator, in the supply chain are rewarded on the listing price: wholesalers themselves, and—

Senator ISAKSON. Is that a consumption bonus? Is that a sales bonus? They are rewarded for doing what?

Dr. BRANDICOURT. Well, to be a wholesaler and distribute our products. What we need to do in order to realign the incentive is to get rid of the reward being based on a listing price.

Senator ISAKSON. I have to stop, because the chairman is mean and he will cut me off the next time.

So I will end by saying this. You answered my question, but it does point out that the one person who is not benefiting from the rebates, not benefiting from the cost negotiation, is the customer. And we are here for the customer today. We represent them. So we have to get to the bottom of this so we can have something we can explain, and they can experience.

I apologize, Mr. Chairman.

The CHAIRMAN. I let the Senator go because he was echoing my beliefs.

Go ahead, Senator Cardin.

Senator CARDIN. Thank you, Mr. Chairman. And let me thank all of our witnesses. I also want to say how proud I am of the results of the pharmaceutical industry and the discoveries that you have made, innovations that you have brought to market, the impact you have had on quality of life and on cost, overall cost of health care, by the discoveries that you have been able to advance.

The challenge that we all have is, why should Americans be shouldering the lion's share of the cost and burden of research and development and bringing new drugs to market? You talk about burden-sharing, you talk about the fact that there should be a fair allocation on the global market—and by the way, also within our domestic market, we know that a lot of people are being denied access to these innovative drugs because of the pricing mechanisms within the United States.

So let me try to drill down on those points. Really, am I defending an administration policy? So let me break with my normal tradition and talk about the international pricing mechanism that the Trump administration is proposing that would set target prices or international pricing indexes over a 5-year period for Part B drugs pinned to the price in comparable industrial nations, phasing it in over a period of time and allowing a cushion for even higher prices in the United States.

So if, in fact, these drugs are already priced competitively, that should not be a problem. But as I understand it, there are so many drugs that we pay, American consumers pay, a lot more for than consumers in other industrial nations. So why not move towards a process in which American consumers share a similar price as consumers in other industrial nations in the world, particularly on the Part B program? I think it could also be extended to Part D.

The only explanation I have heard is that in some countries, it takes a little bit longer to get new drugs admitted. We are not talking about new drugs. We are talking here about drugs that already have an existing price mechanism. Or do you support it?

Dr. CAFORIO. Senator, thanks for your question.

I did mention this in my opening remarks. So I am happy to elaborate further. I think it is a very important point.

So we take the perspective that we should always start from patient access to medicines.

Senator CARDIN. I am going to try to drill down, because I only have 2 minutes.

Dr. CAFORIO. Thank you.

Senator CARDIN. So what is wrong with a model of comparing U.S. prices to prices in other industrial nations?

Dr. CAFORIO. So 55 percent of new cancer medicines that are available to American patients are not reimbursed in at least—

Senator CARDIN. We are talking about where there is a market price in another country, because if there is no target price, there is no price to compare it to. So there has to be a price in another country. So we are talking about drugs that are commonly available.

Dr. CAFORIO. I believe, Senator, many of the most recently introduced drugs are not available in—

Senator CARDIN. Then that would not apply. If I understand, it only deals with prices where there is a target price that already exists. If the drug is not on the market, it is not going to have a target price. But if the drug is on the market, you have a target price, and as I understand it, that would bring down the cost here in the United States.

Dr. CAFORIO. I believe, Senator, it would be very important for us to be thinking about policies that continue to reward innovation.

We do need your support to make sure that—

Senator CARDIN. So you are basically saying we overpay on available drugs so that you can make more profit from the American consumer to underwrite R&D which benefits the global community. That is basically, as I understand that point—to me that is a disconnect in the pricing mechanism.

I want to ask, Ms. Taubert, you are the one who mentioned the advantages of the free market in negotiations under Part D. So let me just change the equation. Suppose you were on the other side of the table. Why not allow the Health Secretary to combine the entire Medicare market in order to negotiate a larger market share to bring down costs for Medicare?

Ms. TAUBERT. Yes, so we really believe that open competition and a free market are the right way to go for patients.

Senator CARDIN. But isn't market share that you can offer, as a person seeking the cost, a driver for bringing down costs?

Ms. TAUBERT. So the PBMs and the insurers are extraordinarily effective negotiators. And they do negotiate now on behalf of Part D members quite aggressively.

In fact, I mentioned our \$21 billion—

Senator CARDIN. And my question is, is it not true that the larger the market share, the better the price you are going to get?

Ms. TAUBERT. The larger the market share, the better the price? It depends on a number of factors, including the number of competitors and the companies that are bidding to try to get—

Senator CARDIN. If you control more of the market, isn't that going to bring down your price? I learned that in Economics 101.

The CHAIRMAN. Answer the question, and then we will go to Senator Hassan.

Ms. TAUBERT. Yes; I am not sure I understand the last piece of that question.

Senator CARDIN. With a larger consumer base on a drug, because you represent all the Medicare market, are you not in a stronger negotiating position? Yes, you are.

Ms. TAUBERT. I think conceptually you could be. I would say that the PBMs and insurers are pretty darn effective right now.

The CHAIRMAN. Senator Hassan?

Senator HASSAN. Well, thank you, Mr. Chairman. And I want to thank you and Ranking Member Wyden for this hearing today.

I want to thank all of the witnesses for being here today as well. A couple of observations; one is that breakthroughs are not breakthroughs if people cannot afford the medicine that produces the breakthrough.

Secondly, as you have all mentioned the importance of a viable and predictable system, it has to be a viable and predictable system for patients. And right now it is so convoluted and so non-transparent that my constituents cannot figure out what the price of their medication is going to be day to day. And despite a wonderful staff, I feel like I need a Ph.D. in prescription drug pricing to understand how the heck this industry works. And that should not be the way we proceed in this country to get these breakthroughs to people.

But I want to talk about a slightly different aspect of your industry right now. We have been talking about drug pricing, which is one part of how drug companies make money. The other part is how you maximize sales.

So, Ms. Taubert, I would like to focus on how your company maximizes sales for a particular class of drugs—opioids. Can you define for me please, Ms. Taubert, what pseudo-addiction is?

Ms. TAUBERT. I am sorry. I am not sure. I am not familiar with that term.

Senator HASSAN. Let me fill you in, then. Pseudo-addiction is an unproven and dubious concept that asserts that certain patients present signs of addiction because they were prescribed insufficient doses of opioids. Those peddling this pseudo-addiction concept say that instead of providing addiction treatment when somebody shows the signs of addiction, the doctor should increase their opioid doses. Even one of the original doctors who pushed this theory now admits it was “an excuse to give patients more drugs.”

He has told us that Janssen promoted this made-up concept of pseudo-addiction on a website that it approved and funded that was called “Let’s Talk Pain.” Since then, your company has repeatedly said that your action “in the marketing and promotion of our opioid pain medicines was appropriate and responsible.” So, Ms. Taubert, how can you possibly claim that promoting the theory of pseudo-addiction—the doctor should prescribe more opioids to patients showing signs of addiction—was appropriate and responsible?

Ms. TAUBERT. Senator, thank you so much for that question. Abuse and addiction, particularly opioid abuse and addiction, are very serious public health concerns, and we recognize the impact on the American public.

Senator HASSAN. So then the question is—and again like everybody else, I have only a few minutes here. The question is, looking back at what your company did promoting pseudo-addiction—an unproven theory that was just used to maximize sales of a deadly drug—why is that something that you are calling appropriate and responsible?

Ms. TAUBERT. So, I am sorry. I am not familiar with the term.

What I can say is, on behalf of our company, opioids represent less than 1 percent of our product.

Senator HASSAN. All right, let me stop you right there, because my constituents do not care about the percentage. They care about the behavior to maximize sales in an industry.

Do you know how many Americans died from drug overdoses in 2017?

Ms. TAUBERT. Far too many.

Senator HASSAN. It was 70,237. In 1 year, more Americans died from drug overdoses than died fighting the entire war in Vietnam. And the vast majority of those overdose deaths, about 50,000, were from opioids.

My constituents are dying. Nearly 500 people in New Hampshire died from overdoses last year. And nearly 500 the year before that. And companies like Janssen and Purdue Pharma fueled this epidemic, employing deceptive and truly unconscionable marketing tactics despite the known risks so you could sell more drugs to maximize your profits.

And now you are refusing to take responsibility for your company’s role in this crisis. So one more time, do you truly think that Janssen’s opioid marketing practices were appropriate and responsible, or will you finally take responsibility for your company’s role in helping create this crisis that is killing more than 100 Americans every day?

Ms. TAUBERT. Everything that I have seen leads me to conclusively believe that everything that we have done with our products, when we promoted opioid products, which we stopped marketing a long time ago, was very appropriate and responsible.

However, that being said, we do believe that we have a leadership position to take in helping with this. And so we are doing a number of things in terms of mothers and babies, and physician and patient education to help—

Senator HASSAN. So let me—again—

[Simultaneous speech.]

Ms. TAUBERT. We recognize we all play a part in trying to help this, because we realize that—

Senator HASSAN. Our time is done, but right now it is hard for me to take the industry's goal here as promoting good health seriously when its behavior to maximize sales of opioids created an epidemic.

The CHAIRMAN. Senator Lankford?

Senator LANKFORD. Thank you, Mr. Chairman.

Thank you all for being here. And there are people alive in the United States, around the world right now, because of your companies and the work they have done with R&D along with the National Institutes of Health. And I fully acknowledge that, and I am grateful to the people who are researching and working right now, who are not watching this hearing because their face is in a microscope actually going through things to be able to research today and what they are doing.

With that said—it is all of us who acknowledge that. We are trying to figure out the issue on drug pricing, because people in my State, whether they are on insulin or whether on Parkinson's drugs, or whether my own family or other people in my neighborhood, it is a very significant issue for them to try to figure out how to be able to manage this. So we have to get to the bottom of how we manage this.

All of you have mentioned that the rebate issue has been a problem and that insurance companies and PBMs are very effective negotiators. Part of the challenge of this is, health insurance companies pay their PBM based on the quality of their negotiation skills, cutting a price off the list price. And so, if a list price is higher and a rebate is higher, that also gives preference to them. So the difficulty is, as you raise list price and the rebate gets larger, the insurance company gives that preference, making it harder for biosimilars. Am I tracking this correctly?

So the challenge that we have with this is, how do we figure out how to break this down? Because we have insurance companies, PBMs, your companies that are creating the list prices, and then the biosimilars trying to be able to get into this.

So, Mr. Frazier, you mentioned this, in particular about biosimilars and the difficulty of trying to be able to break into the market. Would you identify why it is hard for biosimilars to get into the market, which are inherently less expensive?

Mr. FRAZIER. I would make two suggestions very quickly, because I know you only have a little bit of time here. One is, I think we have to educate physicians and other health-care providers about the value of biosimilars. I think, secondly, it would be very helpful if we could relieve patients of their obligation to pay copays for the cheaper biosimilars.

Those would be two specific recommendations that I would make.

Senator LANKFORD. Thank you. I appreciate that. For the Part B drugs, those physicians are paid a percentage of the drug costs. So a biosimilar, when it comes into the market in the Part B world, is, on its own, less attractive to a physician because a physician gets a higher percentage amount prescribing the more expensive drug, which then feeds down to the patient and the taxpayers, right?

Mr. FRAZIER. That is correct.

Senator LANKFORD. How do we break that chain?

Mr. FRAZIER. I think that we—there are many ways that we would have to look at it. I do not have a specific suggestion here. I do think educating physicians is important here, and I think relieving patients, but we also have to look at the incentives.

Dr. BOURLA. Maybe I can—

Senator LANKFORD. Dr. Bourla, please jump in, because you had mentioned this in your testimony as well.

Dr. BOURLA. I did, Senator, and thank you for giving me the opportunity.

Let me give you a statistic that I think will present the magnitude of the problem. Here in the U.S., the penetration of biosimilars is much lower than in other places, but it is disproportional to different parts of the U.S. health-care system.

For example, in open systems, systems where the decision-maker is a PBM, one biosimilar or two has a market of 5 percent in the U.S. In closed systems, in systems like Kaiser, for example, with their integrated health-care systems—where the one who decides has the whole cost of the health-care system in its interest—we have 73 percent. Five percent versus 73 percent for the same product.

I agree with what Mr. Frazier said, that we need to create incentives, but I would add also that we need to break this rebate trap that creates significant disincentives for providers, and the health-care system, and insurance companies.

Senator LANKFORD. Does anybody else want to jump in on that?

Dr. BRANDICOURT. I can give you an example, Senator.

The insulin market has a reputation of not being very competitive. In fact, it is, and we have biosimilars which have reached the market and have grabbed a very significant market share.

We believe that when insulin will not be treated as a drug, but will be considered a biologic and can be submitted to biosimilar regulation in 2020, the biosimilar market share and penetration will be even higher.

Senator LANKFORD. Thank you.

My State, in particular, is working very hard on our Medicaid side, working on value-based pricing. I know that is something that several of you have mentioned before. It is the grand challenge of not pricing a drug based on the fact that it would be more expensive to do surgery and so we want to be slightly under the cost of surgery.

We do have to be able to break through that model. Of course surgery would be more expensive than most of our treatments, but I think there is a benefit that we continue to experiment with if the drug is effective and we have a reducing price on it. And we can get a chance to be able to work through that, as we have done in our State.

Mr. FRAZIER. We would support that.

Senator LANKFORD. Well, we will continue to be able to work through other creative mechanisms. At the end, we cannot just have the taxpayer pay more and the consumer pay less, because that is really the consumer still paying. It just moves it to another spot.

Mr. Chairman, thank you.

The CHAIRMAN. Senator Cassidy?

Senator CASSIDY. First, think of innovation. As a doctor, I have seen cures for hepatitis C and therapies to control HIV, other inflammatory conditions, cancers that 30 years ago, when I graduated from medical school, were either death sentences or were a ticket to a lifetime of morbidity and complications. So I thank you for that. But I also say that some of my patients could not afford the medicine. And for them, it is as if the innovation never took place. And that is one concern.

Secondly, another concern is, I think in some cases we do not have value. Now, Ms. Taubert, you suggested that PBMs are very effective negotiators. One drug that I want to bring up is Duexis, which is a combination of over-the-counter generic ibuprofen and Pepcid. Now, if I were to take this—and this is not the cheapest I could find it—in the doses that are used for Duexis, it would cost me 200 bucks a month. But it lists at over \$2,400 to \$2,600 a month.

Now, that does not seem like very good negotiations on behalf of the PBM. And if the taxpayer is paying that money for something which over the counter is 200 bucks a month, and we are paying \$2,600 a month, it is almost as if the taxpayer has “stupid” written on their face, which they should not. That is unfair.

This is not your medicine, but I use it to make the point that, right now, Medicare has a very limited ability to negotiate based on marginal value. And I think that is one of the fundamental problems in this.

So that said, all things considered, since Medicare does have this very low ability, Ms. Taubert, do you think that Medicare should have the ability—if the PBM’s negotiation does not work—should Medicare have the ability to negotiate based on value?

Ms. TAUBERT. So we are very supportive of the notion of value-based contracting and results and—

Senator CASSIDY. This is a little bit different though, because we have been describing, on value-based contracting, is the cancer cured or not, is the hepatitis C cured or not? This is, my gosh, you are taking two generic medicines and charging ten times what they would cost over the counter.

Ms. TAUBERT. Yes, and I agree that that example does not make any sense.

Senator CASSIDY. So is it reasonable then to ask that Medicare would have the ability to make some sort of judgment based upon relative value of a therapy?

Ms. TAUBERT. I think, as we have talked about, if the PBMs are very effective in negotiating, we do not know that the government would be as effective in negotiating as the professional negotiators.

Senator CASSIDY. We do not know. I agree with that, but on the other hand it does—I have limited time. I do not mean to be rude. I do apologize. But there is this kind of shining example of where the PBM is not an effective negotiator. Yes, sir, Mr. Frazier?

Mr. FRAZIER. I think this is where Chairman Grassley’s opening statements about transparency come in. I think one of the keys of transparency is, it empowers patients and it empowers other pay-

ers to actually make informed choices about which of those two medicines makes sense.

Senator CASSIDY. Now, let me ask, because someone brought up the fact that Humira is now sold at an 80-percent discount in Denmark. And there is a Bernstein analysis which states that AbbVie still makes a profit because marginal cost in manufacturing is only about 5 percent of the manufacturing.

So would this same entity have the ability to look not just at value, but at comparable drugs and at that which would bring value, because clearly biosimilars have had a much greater penetration in Europe, and the United States continues to pay top dollar for the same class of drugs. Something is fundamentally broken in our system when the Danes get an 80-percent discount and we do not.

Yes, sir?

Mr. FRAZIER. I think we have to look at the way in which generic penetration happens outside the biosimilars market. When a drug goes off-patent—

Senator CASSIDY. Well, hang on, Mr. Frazier. I am sorry. I just get limited time, and I am going to hold you on that. Okay, I do not mean to—one of the things I have heard is that, if there is some limit on that profit, it may have a negative impact upon R&D. I think that has been a message here.

But, Dr. Brandicourt, France has a committee on transparency which evaluates the relative added clinical benefit of a new drug. Price is then negotiated based upon that added benefit as well as other drugs in the market.

Is it safe to say that your company has found that it still pays to innovate and to do R&D in France and to offer them access to the best cutting-edge drugs?

Dr. BRANDICOURT. As a global company, we do have R&D in France. However, I would not use the French system as the benchmark of a good system.

Senator CASSIDY. But they do have access to these—I have limited time. I am sorry. They do have access to these drugs?

Dr. BRANDICOURT. Well, that is a very good point. Some drugs are not put on the market because you do not get to the right pricing and therefore the right—

Senator CASSIDY. But if I am—I will finish with this. I do not mean to be rude. I apologize.

In the international pricing index, we may quibble about the details, but if the U.S. would be paying 1.3 times a market basket of developed countries—a Germany, a France, a Canada, not smaller countries—we would still be paying more than they, but it would still have some relationship to reasonableness. And right now, it seems as if Medicare—in the absence of the ability to judge value—is almost a price taker when it should not be, as the largest purchaser.

Dr. BRANDICOURT. You would ask countries where there is no negotiation, where prices are imposed, to set up your U.S. pricing. And I do not think that would be good policy.

Senator CASSIDY. It is imposed now, but it is imposed from the other side.

The CHAIRMAN. Of the people who are still here, Bennet would be next, and then Whitehouse, and then Cortez Masto.

Go ahead, Senator Bennet.

Senator BENNET. Thank you, Mr. Chairman. Thank you so much for holding this hearing.

There is not a town hall in Colorado where I do not hear how expensive drugs are forcing people to choose between life-saving treatments or food and utilities. In our last hearing here, we heard from a mother whose son ate once a day in order to ration his insulin, because the full cost of the monthly treatment was \$1,700. I do not think anybody here understands how that could be the case, but it is the case.

And there has been a lot said here today about the important research and development that is going on in this country. And I, for one—and I know others share this view—want to keep that in the United States. Having said that, I am trying to understand how Federal spending goes into prescription drug development, distribution, treatment, and pricing and yet Americans cannot afford their medications.

The estimates of annual spending on prescription drugs range from \$320 to \$480 billion a year. The fact that we cannot even get a more precise number than that tells you something right off the bat, but those numbers include almost \$100 billion in Medicare Part D spending never paid for. Of that, \$25 billion is in Medicare Part B. Medicaid spends almost \$60 billion on prescription drugs. This is what the taxpayer spends every year on prescription drugs.

DoD and VA spending is about \$11 billion. That number alone dwarfs the R&D budgets of some of your companies. Over 6 years—slightly different point—but over 6 years between 2010 and 2016, more than \$100 billion was spent in NIH funding toward research that contributed to drug patents. Between \$1 and \$2 billion is claimed annually through the orphan tax credit for drugs that treat rare diseases. Another \$1 billion is annually claimed through the research and development tax credit. About \$12 billion dollars is claimed annually through the direct-to-consumer advertising tax credit.

I would ask you guys if I missed anything, but I think that is a pretty complete list of what we have. Yet notwithstanding that almost \$500 billion, half a trillion dollars—by the way Medicare, you know, to spend all that money in Medicare, we are spending \$2 for every dollar we are collecting. That delta is largely because of drug prices in the unfunded part of Medicare Part D.

And here is what Coloradans have recently reported. In a recent survey on high drug prices, 22 percent did not fill a prescription, and 20 percent reported cutting pills in half or skipping doses. Seventy-four percent believe drug companies are charging too much money, and 91 percent believe the government should authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes—over 90 percent.

And that does not necessarily give you their legal judgment, but that is how keenly they are feeling the problem. And 90 percent believe the government should require drug companies to provide advance notice of price increases and information to justify those increases.

So, I would ask all of you, or anybody who would care to answer, this question: how do we explain to our constituents on the one hand that we have this massive outlay of Federal funds, it is their taxpayer funds, and the on the other hand, the drugs they are buying are not affordable?

And I realize there are all kinds of layers to this. I accept that. You know, there are the higher co-pays that you guys mentioned earlier from the insurance companies. That is a huge issue too.

But I think that in a world where opacity or opaqueness has been, from the public's point of view, a business model for everybody in health care, whether it is the Federal Government or drug companies or insurance companies or doctors, nobody knows what anything actually costs. Nobody knows what anything will pay.

My question, I guess, is, how do we better align the incentives here so that that huge outlay of money every year comes with affordable drugs at the end of the process?

Mr. Gonzalez, thank you.

Mr. GONZALEZ. Senator, I can just tell you there is probably not anybody at this table who does not agree not a single American should go without drugs that they need. And I can tell you, that is the case at AbbVie.

We do a lot of things to try to provide drugs for patients who cannot afford them. But there are certain patients whom we are unable to do that for based on the laws and the regulations, and in particular, most of Medicare Part D falls into that situation.

And so I believe fundamentally we have to do two things. There are substantial discounts or rebates that are going into this system. Take Humira as an example. In the United States, there are rebates or discounts on that product that range from 87 percent down to 26 percent. Okay, and it is the Federal Government that gets the highest form of discount or rebate on Humira, even though it represents a relatively small percentage of the volume, less than 20 percent of the overall volume.

Now that does not mean that we could not do more. But what we are asking is, we do believe that there is a situation now where the co-pays for patients are such that it is extremely difficult for them to afford it. And what we are asking for is—"we," meaning AbbVie and I am sure others here, would like to do more. There is more we can do to help patients afford their medicines, but we have to eliminate some barriers that are blocking that.

Today we give away to 81,000 patients free drugs; half of those are Humira. Of those Humira patients, half of them are Medicare Part D. They are patients who make less than 500 percent of poverty, so they make less than \$128,000 per year for a family of four.

Those patients we can provide free drug for. Anybody above that, we cannot. It is considered an inducement.

And when you look at the copay for a drug like Humira, commercial patients, Medicaid patients, the low-income subsidy patients in Medicare, pay less than \$100 per year of copay for Humira. A standard Part D patient pays \$5,500. They make \$26,000, so they cannot afford it.

Senator BENNET. I apologize. I know I am out of time. Thank you.

The CHAIRMAN. Senator Whitehouse?

Senator BENNET. Could I, Sheldon, just make one point, which is, I think what we ought to be doing is figuring out how people do not have to cut their prescription drugs in half, and that would be a worthy goal for this committee and the people on this panel.

The CHAIRMAN. Senator Whitehouse?

Senator WHITEHOUSE. I would like to ask about a particular segment of the pharmaceutical market. Chairman Grassley opened his remarks by talking about patients taking a drug that has no competition as being a cause for concern.

Mr. Frazier, your testimony included the statement that price gouging by those who jack up the prices of off-patent drugs that have no competition is a problem. Let me ask if there is anyone on this panel who disagrees, who disagrees that there are de facto off-patent monopolies now in the pharmaceutical market? Does anybody disagree with that as a fact?

Mr. FRAZIER. I do not disagree.

Senator WHITEHOUSE. In fact it is true.

Mr. FRAZIER. There are.

Senator WHITEHOUSE. There are.

Mr. FRAZIER. That is what I was saying.

Senator WHITEHOUSE. And indeed, is it also not true that sometimes these off-patent monopolies are used to impose monopoly pricing?

Mr. FRAZIER. It is true, and I think the most egregious examples that we have seen recently have been exactly in that situation.

Senator WHITEHOUSE. Does anybody disagree with that? Everybody agrees.

Now are there, among those entities that are in that category with off-patent monopolies that are extracting monopoly pricing by virtue of that, entrants who are not even really in the pharmaceutical industry?

Mr. FRAZIER. Absolutely there are.

Senator WHITEHOUSE. They invest nothing in R&D.

Mr. FRAZIER. Exactly.

Senator WHITEHOUSE. They do not even come from the pharmaceutical industry.

Mr. FRAZIER. Yes.

Senator WHITEHOUSE. They are more or less corporate raiders who have bought something in order to jack up prices and take advantage of monopoly rents. Correct?

Mr. FRAZIER. There are many people like that.

Senator WHITEHOUSE. There are many people like that. Does anybody disagree that that is a feature right now within the pharmaceutical market? Everybody agrees?

Dr. BOURLA. And I would add also, Senator, that they are not allowed to be part of the Pharma Association.

Senator WHITEHOUSE. So here is the problem: it is not difficult, in my view as a lawyer of many years and a prosecutor of many years, to prove the existence of a monopoly. We have been proving the existence of de facto monopolies in courtrooms and in regulatory proceedings for decades.

So we can identify where these monopolies exist, even if you let all the ties go to the runner so that, wherever there is a real question, you throw that one out. There still would remain a significant

population of entities where it is beyond dispute that they are pricing based on monopoly power. And as I look around, there is no place to address that. There is no organization in the Federal Government that is taking an interest in that, and it is the scandal, in my view, of the pharmaceutical industry. And you guys take a hit for it.

Here is the problem: when we try to do anything about that, the people you pay to lobby us here in Congress come out and say, "Nope, we cannot do anything like that. That might look like price control." We are not interested in taking any look at this monopoly problem in your industry. I should not even say it is in your industry, because I think a lot of these people are raiders into your industry who are not really part of your industry. They do not really develop drugs.

I see a lot of head-nodding here. So help us solve at least that problem. You know, there are lots of other problems that we are going to have to look through with your pricing. Help us solve at least that problem. Turn off your lawyers and your lobbyists as antagonists when we try to solve that problem.

Mr. FRAZIER. We will. Senator—

Senator WHITEHOUSE. In fact, switch them on and say, let us figure out how we deal with these modern monopolists who are not even really in the pharmaceutical industry.

Mr. FRAZIER. I could not agree more. These people are at best tone-deaf, at worse abusive.

I would also point out that there are companies here—I know, for example, my company. There is a very important cancer drug called TICE BCG. It was an invention of Merck. It has been off-patent for many many years. It is an incredibly essential drug for bladder cancer patients.

A number of companies that were making it went out of the business. And so now we have had to double supply. Over the last nearly 12 years the cost of that drug has increased by \$16. That is not how we make money at Merck. We make money at Merck by inventing new drugs that did not exist before.

It is those people, I think, that contributed to the villainizing of an industry. The public cannot distinguish those people from the research-based companies.

Senator WHITEHOUSE. You all say that here. There is a lot of head-nodding here. There is a lot of agreement here.

When your lobbyists come, everybody is in and they are not going to let anybody lose in all of this. We have to at least cut off these people.

Mr. FRAZIER. Thank you for telling me that, because I never knew that our lobbyists were opposed to that.

Senator WHITEHOUSE. We have no support for working against these monopoly raiders.

Dr. BRANDICOURT. Well, Senators, the message is very clear. And we are going to take that very seriously as a task.

The CHAIRMAN. Senator Brown came back. So you will go ahead of the Senator from Nevada.

Go ahead.

Senator BROWN. Thank you, Mr. Chairman. Thank you for doing this hearing.

Thank you all for joining us. I want to thank Senator Hassan for her questions on opioids. Eleven people a day die in my State from opioid addiction, and there is a responsibility shared more widely than we sometimes say.

I so appreciated Chairman Grassley's "yes" or "no" questions, and I appreciated the seven of you going along with his "yes" or "no." And I would like to ask a series of "yes" or "no" questions, and please keep it to "yes" or "no." They really are "yes" or "no" questions.

Mr. Gonzales, let's start with you. Is it true that the pharmaceutical industry benefits from U.S. taxpayer-funded research? "Yes" or "no"?

Mr. GONZALEZ. It is, yes.

Senator BROWN. Across, each of you.

Mr. SORIOT. Yes.

Dr. CAFORIO. Yes.

Ms. TAUBERT. Yes.

Mr. FRAZIER. Yes.

Dr. BOURLA. Yes.

Dr. BRANDICOURT. Yes.

Senator BROWN. Okay. Thank you.

Is it true that no other nation invests more taxpayer dollars in basic research that directly and indirectly benefits the industry?

Mr. GONZALEZ. Yes.

Mr. SORIOT. Yes.

Dr. CAFORIO. Yes.

Ms. TAUBERT. Yes.

Mr. FRAZIER. Yes.

Dr. BOURLA. I am not sure I understood the question.

Senator BROWN. Is it true that no other nation on earth invests more taxpayer dollars in basic research?

Dr. BOURLA. Yes.

Dr. BRANDICOURT. Is it proportional to GDP, Senator?

Senator BROWN. I am not asking that, but that is close enough. Thank you.

Is it true that the U.S. Government allows drug companies the longest period of exclusivity on biologics?

Mr. Gonzalez?

Mr. GONZALEZ. I believe that is true.

Mr. SORIOT. I believe that is true.

Dr. CAFORIO. I believe that is true.

Ms. TAUBERT. Yes.

Mr. FRAZIER. Yes.

Dr. BOURLA. Yes.

Dr. BRANDICOURT. Yes.

Senator BROWN. We know Medicare limits prices with doctors and hospitals. Is it true that Medicare cannot negotiate to lower prices with drug companies?

Mr. GONZALEZ. That is true directly.

Mr. SORIOT. Yes.

Dr. CAFORIO. Yes.

Ms. TAUBERT. Yes; other agents work on their behalf to negotiate, but they do not negotiate directly.

Mr. FRAZIER. Yes, they cannot negotiate directly.

Dr. BOURLA. Yes.

Dr. BRANDICOURT. Yes.

Senator BROWN. Thank you.

Is it true U.S. taxpayers subsidize pharmaceutical advertising and marketing activities through the tax code's business expense deduction?

Mr. Gonzalez?

Mr. GONZALEZ. Yes.

Mr. SORIOT. Yes.

Dr. CAFORIO. Yes.

Ms. TAUBERT. Yes.

Mr. FRAZIER. Yes, no different from any other advertising, but yes.

Dr. BOURLA. Yes.

Dr. BRANDICOURT. Yes.

Senator BROWN. Thank you.

We note the United States is the world's largest market for pharmaceuticals. Is it true that we pay the highest—in the overwhelming number of cases, is it true that we pay the highest drug prices in the world?

Mr. Gonzalez?

Mr. GONZALEZ. The average government price would—that would not be the case.

Senator BROWN. No, that we as Americans individually pay the highest drug prices in the world?

Mr. GONZALEZ. As an average, that would be true.

Mr. SORIOT. I am not sure that it would be true, Senator, because the generic prices are some of the lowest in the world, and government prices, for many of our drugs even before patent expiry, are sometimes as low as Europe or lower.

So on average, probably it is true, but there are many many different kinds of—

Senator BROWN. I know there are exceptions. I am looking for an average.

Dr. Caforio?

Dr. CAFORIO. Yes, on average I would say.

Senator BROWN. Ms. Taubert?

Ms. TAUBERT. I would say that the list prices are higher, but the net price in the United States is more comparable to much of the pricing outside the U.S.

Senator BROWN. Mr. Frazier?

Mr. FRAZIER. Yes, outside Medicaid and other things, yes.

Senator BROWN. Okay.

Dr. BOURLA. Nine out of 10 products in the U.S. are generics. So the pricing of the generic products is much lower in the U.S. than other countries.

Senator BROWN. Yes, but generics—

Dr. BOURLA. But you are right about branded—

Senator BROWN. Do not confuse generic numbers of drugs sold with cost in the aggregate? Your answer?

Dr. BOURLA. But nine out of 10, I am telling you—you are right that in the innovation, the prices outside the U.S. in many cases are much higher.

Dr. BRANDICOURT. So I would agree with that: patented drugs, yes, generics, no.

Senator BROWN. Okay. Thank you. Last question.

Is it true that drug manufacturers set the—what Ms. Taubert talked about—list prices? Is it true that you, the drug manufacturers, set those list prices?

Mr. GONZALEZ. That is correct.

Mr. SORIOT. That is correct, but of course, there is a negotiation that takes place with PBMs and insurers about the price and the rebate level.

Senator BROWN. Dr. Caforio?

Dr. CAFORIO. It is true for list price, but the delta between list and net price is the highest in the U.S.

Senator BROWN. Ms. Taubert?

Ms. TAUBERT. Correct. Yes, we set the list price.

Senator BROWN. Mr. Frazier?

Mr. FRAZIER. Yes, we set list price.

Senator BROWN. Dr. Bourla?

Dr. BOURLA. Actually, I would not agree that we set the list price. It is the result of a major negotiation. And I have to say that the problem in the U.S. health-care system it is that everything is geared around list price, a lot of incentives, which creates a hydraulic effect for the list prices to go down.

I would be very happy to have much less list prices and the same net.

Senator BROWN. Dr. Brandicourt?

Dr. BRANDICOURT. Ultimately, we set the listing price.

Senator BROWN. Okay. Thank you.

So taxpayers subsidize your research, subsidize your marketing, and you continue to raise drug list prices on them. The median income of a person on Medicare is \$26,000 a year, while the average annual cost for a single specialty medication was more than \$52,000 in 2015. Americans cannot afford to pay for prescription drugs that cost more money than they make in a year. We cannot continue to give big pharma the blank check that you have had to pay for high-priced prescription drugs.

But I guess it is not surprising that big drug companies take all the taxpayer money they can. What is so troubling is that this Congress continues, because of the lobbyists that Senator Whitehouse talked about and other pressures, that this Congress continues to allow you to do so.

Thank you for answers.

The CHAIRMAN. The Senator from Nevada.

Senator CORTEZ MASTO. Thank you for being here. Thank you, Mr. Chairman and Ranking Member, for this important hearing, one of four.

Let me follow up on Senator Brown's line of questioning. Do any of you invest more in R&D than you spend on marketing and administration? If we could start "yes" or "no" to the right here.

Dr. BRANDICOURT. No.

Dr. BOURLA. No.

Mr. FRAZIER. Spend more on R&D versus marketing?

Senator CORTEZ MASTO. More in R&D than you spend on marketing and administration. Do you invest more in R&D than you do on marketing?

Mr. FRAZIER. On marketing, but not if you include general administration, facilities, and all of that stuff. But yes, more than marketing.

Senator CORTEZ MASTO. Okay.

Dr. BOURLA. I would correct my answer also if it is only marketing. Yes, we spend more on R&D.

Senator CORTEZ MASTO. Let us just do marketing.

Dr. BRANDICOURT [indicating agreement with Dr. Bourla].

Ms. TAUBERT. Yes, we spend 86 percent more on R&D than we do on sales and marketing.

Senator CORTEZ MASTO. Okay.

Dr. CAFORIO. Yes, we do more on R&D.

Mr. SORIOT. Same, more than marketing, but excluding administrative costs.

Mr. GONZALEZ. Significantly more in R&D than sales and marketing.

Senator CORTEZ MASTO. But if you included administration with the marketing, that would be the reverse. Is that correct?

Mr. GONZALEZ. That is correct.

Senator CORTEZ MASTO. Yes from the rest of you?

Mr. FRAZIER. It is about tied at Merck.

Senator CORTEZ MASTO. Okay.

So let me just ask this question. Apart from New Zealand, nowhere else in the world will you see drug ads on television—and I have asked this question for some of you. My understanding is—the answer that I have been given is that you maintain that television ads are a critical public health tool that helps patients identify their symptoms and seek treatment.

Would you all agree with that? Is that a “yes”? “No”? Why do we have television ads when it—

Dr. BRANDICOURT. Yes, you are right.

Senator CORTEZ MASTO. Is that why? Is that a “yes”?

Dr. BRANDICOURT. Yes.

Dr. BOURLA. Yes.

Mr. FRAZIER. Yes.

Ms. TAUBERT. Yes.

Dr. CAFORIO. Yes.

Mr. SORIOT. Yes.

Mr. GONZALEZ. Yes.

Senator CORTEZ MASTO. Okay. So if you maintain that television ads are a critical public health tool, then how can that be if our health outcomes are not significantly better than in those countries where it is outlawed?

Dr. BOURLA. Thank you, and you are raising a very good point.

I think that the health-care outcomes and life expectancy—there are a lot of factors that influence them. For example, exercise, diet, lifestyle, and I feel that our Nation needs to improve a lot in many of these cases. But I can assure you, Senator, that if you get cancer or another serious disease, you want to be treated in this country.

Senator CORTEZ MASTO. Okay.

Dr. BOURLA. There is no comparison.

Senator CORTEZ MASTO. All right. So let me jump back then to this discussion on authorized generics. And I am trying to understand this, I think, along with all of my colleagues, to address how we reduce the cost and get the drugs in the hands of the people who need them—where the R&D came in, where they were created—for individuals who actually need the drugs.

I want to ask about the concept of authorized generics. Those, as you know, are the drugs that are identical to the brand, manufactured by the brand, but marketed without the brand on its label.

Yet the companies, my understanding is, keep selling the higher-cost brand drug to consumers who, according to press reports, do not realize that the same product from the same company is available at a better price.

All of you manufacture authorized generics to maintain your market share once your patent expires. Is that true?

Dr. BRANDICOURT. No.

Senator CORTEZ MASTO. That is not true?

Dr. BOURLA. We do have authorized generics.

Dr. BRANDICOURT. We do have authorized generics, but do not do it with the goal that you just highlighted.

Senator CORTEZ MASTO. So you do have authorized generics? Do all of you have authorized generics?

Mr. FRAZIER. For some brands.

Senator CORTEZ MASTO. Okay.

Ms. TAUBERT. Very selectively.

Dr. CAFORIO. Very selectively.

Mr. SORIOT. We do not.

Senator CORTEZ MASTO. You do not?

Mr. GONZALEZ. I do not believe we do.

Senator CORTEZ MASTO. You do not have authorized generics? So for those of you who have authorized generics, explain to me, if you do have those, why do you continue selling the brand?

Mr. FRAZIER. Okay, so in our case when we have had authorized generics, we have allowed a third-party to bring a generic product to market. The issue that you are really getting to, again, is the issue that Senator Cassidy talked about, which is transparency.

At the end of the day, if patients really understood what their options were, they would not make these choices. But we have an opaque system, which is something that I think we have to change. We have to empower patients to be able to choose the cheapest medication. And Merck strongly supports generics.

What I said in my introduction is, we will never use coupons when there is a generic.

Senator CORTEZ MASTO. What are you doing to empower the patients? What are you doing to empower the patients to understand that the generics are out there?

Mr. FRAZIER. It is very hard. We do not connect with the patients in all those situations. That is why there is legislation saying, for example, that pharmacists must tell patients at the counter what the cheapest alternative is for them at the counter. We do not—

Senator CORTEZ MASTO. So you rely on others to tell—

Mr. FRAZIER. Yes. We do not meet them at the counter, Senator.

Senator CORTEZ MASTO. Okay. Let me ask one final question, because I am running out of time here. I want to get a sense from

all of you what types of policies you could support. I have heard some of those, but let me ask you this. Democrats have proposed to require manufacturers to submit advanced justification for price hikes that outpace inflation and make that information public.

Given that many of you have already committed to tapering price hikes, is this something you could support, “yes” or “no”?

Dr. BRANDICOURT. We can support such legislation, yes.

Dr. BOURLA. Yes.

Senator CORTEZ MASTO. Thank you.

Dr. CAFORIO. Yes.

Ms. TAUBERT. We are very supportive of increased pricing transparency. Advance notification can cause problems in the supply chain and could cause outages for certain States. So we are very supportive of the notion of transparency. Advance notification can be problematic.

Senator CORTEZ MASTO. Okay.

Dr. CAFORIO. We disclose our price increases.

Senator CORTEZ MASTO. Okay.

Mr. SORIOT. We support it.

Mr. GONZALEZ. We support it, but we would like to see consistency. As you probably know, California has that right now, but if we had a consistent standard that we operated with, that would certainly be helpful.

Senator CORTEZ MASTO. Thank you. Thank you very much.

The CHAIRMAN. Senator Daines?

Senator DAINES. It is very clear from what is going on today that there are ultimately not any silver bullets to cure the high cost of prescription drugs. I am pleased that we can have this discussion. My hope is that we can truly find some ways to incentivize the system here to deliver a lower price, ultimately, for the consumer as well as incentivizing innovation.

As manufacturers, you are responsible for setting this list price, this ethereal list price. But the more I hear what is going on here today, I am convinced we probably should call this the asking price. I am sure “list price” is a bit of a misnomer, because after hearing all about coupons, rebates, discounts, the pricing volatility—yes, I spent 13 years at Procter and Gamble, and once upon a time we drove a business with a lot of coupons, with rebates, pricing incentives. It was a very elastic pricing model. Oftentimes, we had a high-margin business. There is elasticity in the pricing, and you are an example of that.

I spent 12 years in the cloud computing business after that. The margins were even higher. We saw great volatility in pricing and elasticity in pricing. We eventually, years ago of course, went to the everyday low price, EDLP, model. It, again, may or may not apply to Pharma. But it was just trying to take out all of that in between the manufacturer and the consumer nonsense that was going on, that was lacking transparency.

And ultimately, I think the consumer was not winning in that equation, because the prices—they were not seeing really the true everyday low price. There are a lot of perverse incentives in the system today, as best I can tell. So my question is, who pays list price?

Dr. BRANDICOURT. Unfortunately, the patient at the end, at the pharmacy counter, is probably one of the few paying the list price.

Mr. FRAZIER. There is a small percentage of people who have no insurance who could actually be charged the list price.

Senator DAINES. So the people who can afford it the least, arguably, are paying list price.

Mr. FRAZIER. Senator, that to me is what I meant by saying, in some ways the reimbursement system here is regressive. The people who can least afford it are paying the most.

Senator DAINES. Do you think that that is a good system?

Mr. FRAZIER. I do not. I can tell you that is, to me, the biggest problem that we have as a country, that we now have a system where the poorest and the sickest are subsidizing others.

Senator DAINES. Okay. So with insurance companies that now own the PBMs and the supply chain from the time you list the price until the consumer eventually gets it, is it fair to say the list price is really a starting point for, then, a negotiation?

Mr. FRAZIER. Yes.

Senator DAINES. Does anybody disagree with that premise?

Ms. TAUBERT. No.

Senator DAINES. So what are some of the incentives? And maybe we will start with Mr. Frazier. What are the incentives that contribute to high list prices that are being paid by those who can afford them least?

Mr. FRAZIER. The real answer, Senator, is, if you went back a few years ago when we negotiated to get our drugs on formulary, our goal was to have the lowest copay for patients.

Today the goal is to pay into the supply chain the biggest rebate. And so that actually puts the patient at a disadvantage, since they are the only ones who are paying a portion of the list price. The list price is actually working against the patient.

Senator DAINES. So why do we have a system today where you all are setting—I will just say very very high list prices, which is our starting point for negotiation? Why?

Dr. BRANDICOURT. Senator, we are trying to get formulary position with those high list prices, high rebates. It is a preferred position. Unfortunately, the preferred position does not automatically ensure affordability at the end of the day.

Mr. FRAZIER. And, Senator, if you bring a product to the market with a low list price in this system, you get punished financially and you get no uptake, because everyone in the supply chain makes money as a result of a higher list price.

Senator DAINES. Chairman Grassley, if I could just ask a follow-up question here. And that is, the GAO report said that generics might fall 20 percent for each new generic entrant into the market.

I appreciate the chairman's efforts here with the CREATES Act. It is going to crack down on some of these bad actors who block or delay competing generic drugs from entering the market. I have co-sponsored the bill, and I think that will help us provide better access to low-cost generics.

Here is my question: has your company ever withheld samples from generic manufacturers?

Dr. BRANDICOURT. No.

Dr. BOURLA. No.

Mr. FRAZIER. No.
 Ms. TAUBERT. No.
 Dr. CAFORIO. No.
 Mr. SORIOT. No.
 Mr. GONZALEZ. No.

Senator DAINES. Right. Do you believe the CREATES Act would be a positive step forward, ensuring generics enter the market in a timely fashion? I would love to poll the team here.

Mr. FRAZIER. I said in my testimony, legislation like the CREATES Act would be positive in that regard.

Dr. BOURLA. Yes.
 Dr. BRANDICOURT. Yes.
 Dr. CAFORIO. Yes.
 Mr. SORIOT. Yes.
 Mr. GONZALEZ. We are supportive.

Ms. TAUBERT. We are supportive of efforts to make sure that there are no abuses of that sample system.

Senator DAINES. All right; I am out a time now. Thank you.

The CHAIRMAN. Senator Young?

Senator YOUNG. Thank you, Mr. Chairman.

I want to move to the issue of Medicaid best price. In the Trump administration's blueprint, they suggest that because drug manufacturers have to give Medicaid the best price drugs, there is no incentive to offer deeper discounts to other payers, both government and commercial, than what is already offered under the Medicaid drug rebate program.

So first of all, I would ask each of you, is the Trump administration's assessment accurate?

Mr. GONZALEZ. In concept, I would say I understand the concept. In other words, if you have best price, you obviously have to be conscious of where that price is going, because it is going to be compared against that.

I would tell you in practice, because of the negotiation that occurs in the formula around Medicaid, I do not believe that that is actually, today, resulting in higher prices in the Medicare program.

Senator YOUNG. You have anticipated my follow-up question. So I appreciate that.

So the best price requirement does not encourage manufacturers to increase initial prices? You have thoughts on that?

Mr. GONZALEZ. I would say it does not necessarily encourage you to set a higher list price. I think what happens with list price is this negotiation you have heard of, going forward, where you are looking for a certain amount of impact to fall through, but the rebates and the other aspects of the value chain in between absorb a large chunk of that, which drives list prices, increases up higher.

Senator YOUNG. Okay. Others?

Mr. FRAZIER. I think where best price really is an issue is, again, it is a barrier to the kind of value-based pricing that we want to have within the marketplace, where if, for example, a drug did not work, you might reimburse that payer for that unit, where that becomes a problem for value-based pricing.

Dr. BRANDICOURT. Another example, Senator, is when you want to put on the market a second NDC, like we did recently where it had a much lower list price, then the best price potentially becomes

a problem because it is calculated with the other version, the higher list price version, which has stayed on the market. So that is something to pay attention to.

Senator YOUNG. What changes, if any—if I could pivot a bit—would you suggest making to the program?

Dr. CAFORIO. Senator, I believe that flexibility with value-based arrangements is really important, because I think we have all expressed a strong support for a system where we are paid based on the clinical results that our medicines produce in patients and having greater flexibility to do that.

It would be very, very important. It would be very valuable for patients. It would reduce health-care costs overall.

Senator YOUNG. General agreement?

Ms. TAUBERT. Yes, we agree.

Mr. FRAZIER. Yes.

Senator YOUNG. Okay.

So would you be willing to work with the administration on a different model, one you regard as more optimal?

Ms. TAUBERT. Absolutely.

Senator YOUNG. Very good. Thank you.

With respect to reducing drug prices and the subsidies that U.S. payers provide with respect to research and development to much of the rest of the wealthy world, the President and the administration have gone so far as to issue proposals, like the international pricing index, which we all are familiar with, to bring down prescription drug prices.

So with the increased scrutiny of the industry and of the drug supply chain as a whole in the U.S., have any of your companies re-evaluated your business strategy in foreign countries?

Mr. FRAZIER. That is a common question that we get asked. And the answer to that question is, we do everything in our power to ensure that there is less freeloading by governments outside the United States. But the reality of the world is, the greatest opportunity we have is to walk away.

And that is really challenging when you have the kinds of essential medicines that make a big difference to people's lives. And frankly, they know that. They know that they can establish a price, and that ultimately what we have is an option to walk away, leaving patients behind.

I would also make the point that has been made several times here, that in the course of negotiating for reimbursement, often those countries take a very deliberate approach, such that these medicines are available many years later than they are here.

So they not only negotiate on a low price, but they actually provide very few of these medicines early on to their populations. If you look at, for example, lung cancer, where in this country now, there is data showing that certain medicines can reduce the risk of death by 50 percent in newly diagnosed lung cancer patients, compare that to the UK, where people die regularly of lung cancer because they do not have these medicines.

Mr. SORIOT. Senator, I think it is important to keep in mind that all these investments, number one, create a lot of very good jobs in the U.S. and economic value that really benefits the country. And second, they allow patients to get access to important new

medicines much, much, much earlier than in Europe, for instance, sometimes 3, 4 years before.

And I share Mr. Frazier's comment here. I have many examples that I could share where medicines that save lives are available here. We are still waiting in Europe.

The CHAIRMAN. Just three more questions. One from—if some of you want to answer yet, I did not mean to interrupt you. Go ahead.

Mr. GONZALEZ. The only thing I would add is, if we could develop a model where, as in the early days of HIV when countries ultimately shared the burden, knowing that you would have to provide HIV treatments at a very low cost in certain countries, there was a tiered pricing system that came through where, yes, the U.S. paid the highest price, but the Europeans paid a fairly significant price for very important specialty medicines. If we could negotiate through trade or other mechanisms, we would be able to get a more balanced sharing of the investment that is made, not keeping all of that burden on the U.S., because the U.S. does bear the bulk of the burden of innovation in our business. That is absolutely true.

Senator YOUNG. So that is a really interesting idea. If you or your team are aware of any academic paper you might bring to my attention—

The CHAIRMAN. Okay. That is the end.

Senator YOUNG. Thank you, Mr. Chairman.

The CHAIRMAN. Yes.

Now we have three questions, one from Senator Wyden, then Senator Cassidy, then me. And then that will be it.

Senator WYDEN. Thank you very much, Mr. Chairman.

This is going to be one question and then a very brief closer. And the question is for you, Mr. Gonzalez.

I have the company's proxy statement here. And financial disclosures show that you were paid \$22.6 million in 2017, and that included a \$4.3-million bonus. That is what I want to look at.

On page 37 in this proxy statement, it says your bonus was tied to the financial performance of Humira. And it seems that was the case in 2015 and 2016. That strikes me as problematic, since AbbVie reported that the higher prices in the U.S. were responsible for increasing sales of Humira.

Would you make a smaller bonus if you dropped the price of Humira?

Mr. GONZALEZ. Humira was one element of a set of financial factors that were evaluated as part of my compensation. It is obviously a very significant product for us. So it is clear that it would be a part of that evaluation.

Senator WYDEN. I would like that in writing. It looks to me like you would be making a smaller bonus if you dropped the price of Humira. I would like that in writing within 10 days.

My last point—Mr. Chairman, I appreciate being able to do this for a closer—is that I have heard a lot of happy talk this morning, things like, well, if you get rid of rebates, drug prices are going to go down. But what people are taking away from this hearing is—I have seen it said and reported—well, no firm commitments have been made to lower list prices.

So I am just going to tell you what I would like in writing is, I would like an answer in writing to the question, if rebates go

away, will you support a black letter law that requires that you reduce list prices by the amount of the rebate?

I am going to get that to you right away. I would like an answer within 10 days, because that is right at the heart of this issue, and after the “happy talk” is over, that is what is really going to help people at pharmacy counters from sea to shining sea.

Thank you, Mr. Chairman.

The CHAIRMAN. Senator Cassidy?

Senator CASSIDY. Thank you, Mr. Chairman.

Thank you, again. This has been incredibly provocative. And if there is a tension here, the tension is, how do we support innovation, but at the same time make it that the patient can afford that innovation?

Mr. Frazier, you may have guessed that—it seems like we have a mirror image, in my mind. Either the plans impose a price or the government imposes a price. But either way, the side having it imposed upon them is not very wild about that.

And you just mentioned to Todd Young that you can walk away. If France offers you too low a price, you just walk away from France. The UK does not have a deal right now. But in some areas, Medicare cannot walk away. So it is back to that mirror image. And you started to say something and I was out of time. But my question is, in the six protected classes—and if there is a new drug, like Sovaldi was at the beginning, right now the commercials can walk away, the commercials can delay, but Medicare cannot.

So help me resolve this. How do we give the patient, the taxpayer, the same sort of tools that—and by the way, CBO says unless you can walk away, negotiations will not lower prices.

Mr. FRAZIER. So my point was, for all practical purposes, we cannot walk away from our European colleagues, even though they give us low prices, because we think it would be immoral to leave those patients—

Senator CASSIDY. Now some of your colleagues have, because there are drugs not yet available in the UK.

Mr. FRAZIER. Well, the problem with the UK is that they delay. Just like they can set the price, they delay when they put the drug on the market. It is the UK’s delay, it is not our delay. So I want to clarify that point.

But coming back to your six protected classes, those protected classes are there because many, many sick vulnerable people need medicines in those classes. And we believe that there are ways of lowering the prices, stimulating innovation, without violating the compact that was around those six protected classes, because patients are particularly needing those medicines.

Senator CASSIDY. Well, we will have to leave it there, but I am not sure that is—you know, that seems almost status quo. And status quo is kind of not working.

But again, thank you all very much, and I thank you again for your innovation.

Dr. BOURLA. I would add, Senator, I believe the administration should try, through trade agreements, to protect the American innovation, because by and large the pharmaceutical innovation is happening in this country. And right now, I think rightly, these

price control mechanisms are for multiple well-developed countries. It is in reality free-riding on American innovation.

Senator CASSIDY. Okay.

Well, thank you.

The CHAIRMAN. My last question is very general, but I would like to know if there are any policies affecting Medicaid or Medicare that are in your control to change? In other words, from the company level, is there anything in your control that you could change on Medicare or Medicaid?

I will start with you on my right here.

Dr. BRANDICOURT. I do not think we can change directly any policy, Senator, on Medicare or Medicaid. We can talk about different solutions, but I do not think we can change. We have no power to change.

The CHAIRMAN. But if you lowered your list price, it would help. That is one thing you could do.

Dr. BRANDICOURT. If we were able to lower our list price, that would certainly help, again, the patient at the end, at the pharmacy, to have a copay which they could afford.

However, we could not do that independently of a major reform because we would lose formulary placement if we were doing that in isolation, and especially in very competitive areas where you do have, you know, brands and generics. And again, I am referring to the insulin market, which has become extremely, extremely competitive. That would not work.

The CHAIRMAN. Do you have anything?

Dr. BOURLA. Mr. Chairman, I think the most impactful thing I can do right now it is to make the pledge that, as leader of this company, Pfizer, I would be taking very seriously the responsible pricing of our products. This is something that we have already started.

Pricing at Pfizer in the past was growing in the mid-single digits, even more in some cases. This is not something that we continued doing. Pricing at Pfizer went down last year, went down this year.

And when I spoke to our investors, not to the Senate, to our investors, I made it very clear that pricing will not be a growth driver for this company now or in the years to come. Why do I think this is the most important? Because I think the tone is set from the top.

The CHAIRMAN. Mr. Frazier?

Mr. FRAZIER. Senator, I understand the dissatisfaction with our industry. I understand why patients are frustrated, because they need these medicines and they cannot afford them.

I would pledge to do everything that we could, but I would urge you to recognize that the system itself is complex, and it is interdependent. And no one company can unilaterally lower list prices without running into financial and operating disadvantages that make it impossible to do that. But if we bring all the parties together around the table with the goal of doing what is best for the patient, I think we can come up with a system that works for all Americans.

Thank you for giving us the time today.

The CHAIRMAN. I did not mean to—for the rest of you, before you answer, I did not mean to say list price. I just said, well, that is kind of obvious. Yes, I did not want to concentrate just on that.

Ms. Taubert?

Ms. TAUBERT. We really want to be a part of the solution, and we want patients to be able to access and pay for the medicines that they so desperately need. So we do strongly advocate for rebate reforms that would allow us to lower our list prices that would then end up helping patients get access.

The CHAIRMAN. Dr. Caforio?

Dr. CAFORIO. Mr. Chairman, I would echo. Our perspective is that it starts with a very responsible and thoughtful approach to pricing and price increases. That is what Bristol-Myers Squibb does.

The second point that I would like to make is that, today we have discussed a number of very concrete policies, from addressing the issue of rebates to value-based pricing to supporting the development of a generic and biosimilar market. And you have my commitment that our company is looking forward to working with this committee and the administration to make sure that many of those policies can be enacted, because they would make a very big difference for our patients.

The CHAIRMAN. Mr. Soriot?

Mr. SORIOT. Senator, we actually cannot influence policy. What we can do is, indeed, apply reasonable pricing and also continue pushing for value-based pricing. But I would like to make a general comment, which is that hopefully—you know, hopefully my colleagues will share this. This view is that I really do not think we are blaming anybody in the system. In his introduction, Senator Wyden thought that we were placing the blame on PBMs and others. I really do not think we are doing this.

I think what it is is that we are in a system that used to be fit for purpose and really drove enormous savings over the last few years but is no longer fit for purpose. And it is one of those situations where nobody in the system can do anything, can fix it by themselves. The government has to step up and change the rules, and those rebates have to go.

The CHAIRMAN. Mr. Gonzalez?

Mr. GONZALEZ. I think I would agree with many of the points that were already raised. We as an industry have to continue to do everything we can to be responsible about pricing in both how we set pricing and price increases over time. I think we have seen a positive trend in that area. But ultimately, the final fixes here to realign the system appropriately would require legislative-type changes.

The only other thing I would say is, as I mentioned a moment ago, we are absolutely committed that no patient goes without medicine of ours that they need. And we have an extensive patient assistance program, but we are talking about how we more broadly ensure all patients understand they can get that support from us if they cannot afford their medicines.

The CHAIRMAN. I want to inform all members of the committee that I will set a deadline of March 12th if you have questions you want to submit to the panel for answers in writing. And then for

you folks, after you get those questions, I hope you can get back to us very quickly.

And so, all of the people besides the witnesses who have attended either here or off-site for this hearing, I thank you for your interest in this issue. And I want to once again thank our witnesses for being here today and sharing your knowledge and expertise. And I indicated that this is the start of a dialogue I hope to have with you so that we can correct some of these things that have been pointed out at this committee meeting that we think need to be corrected.

Thank you all very much.

Meeting adjourned.

[Whereupon, at 1:25 p.m., the hearing was concluded.]

APPENDIX

ADDITIONAL MATERIAL SUBMITTED FOR THE RECORD

PREPARED STATEMENT OF ALBERT BOURLA, DVM, PH.D.,
CHIEF EXECUTIVE OFFICER, PFIZER

Chairman Grassley, Ranking Member Wyden, and members of the committee, thank you for the opportunity to speak with you today. My name is Albert Bourla. I have been with Pfizer for 26 years, and just last month had the honor of becoming its chief executive officer.

Today, I am pleased to take part in such an important policy discussion within the United States Senate. Pfizer shares an important goal with this committee: to ensure that America remains the leader when it comes to innovative medicines, and that our citizens have affordable access to these modern miracles when they need them.

In that frightening moment when you hear that you or a loved one has been diagnosed with a serious disease, one question comes to mind: "Is there a cure or treatment available?" The answer can change your life. And happily, the answer to that question increasingly is "yes."

Breakthrough medicines are coming quickly across a wide range of conditions. Most of them are discovered here, by the American Biopharmaceutical Industry, which is the crown jewel of innovation. Let me share a few examples. In 2015, Pfizer launched a life-changing new treatment for metastatic breast cancer that can delay the progression of the disease two times longer than previous treatments. Thanks to our meningitis B vaccine, parents can send their teens to college confident in the knowledge that being vaccinated helps protect them in the event of an outbreak on campus. In 2018, we brought 4 new cancer treatments to the market to treat varying forms of breast cancer, lung cancer and leukemia. And we are currently working on a non-opioid alternative with the potential to address the serious unmet needs of the more than 27 million Americans living with osteoarthritis and the more than 33 million suffering chronic low back pain.

But all of these breakthroughs won't do anyone any good if patients can't afford them.

That's why at Pfizer we are so committed to our purpose: *breakthroughs that change patients' lives*. Pfizer's more than 90,000 colleagues around the world come to work every day focused not only on creating breakthrough medicines, but also on making sure those medicines get into the hands of the patients who need them.

To create solutions that make medicines affordable for patients and our entire health-care system, I believe that all players in the industry must come together and play a part. Whether it's hospitals or providers, pharmacy benefit managers or insurance companies, or biopharmaceutical companies, we all have a role to play. The series of hearings being held by Congress can be a catalyst for this much-needed collaboration.

There are two indisputable truths that make this the exact right moment for change:

1. Medicines alleviate human suffering and reduce overall system costs.
2. The horribly misaligned incentives within our health-care system often prevent medicines from getting into the hands of patients.

Our health-care system is broken, and we need to fix it. The system needs to be simpler and more transparent. It needs to incentivize innovation while simultaneously ensuring access. Simply put, it needs to put patients—and their health—first.

How will we know when the health-care system is fixed? When patients feel real relief at the pharmacy counter—the kind of relief that means cost will no longer be a determining factor in whether someone picks up, and adheres to, their prescription. Too often, Americans are forced to choose between buying a medication that will improve, extend or save their lives or paying their bills. Too often, they fill their prescriptions, but take less than the prescribed dose in an effort to save money. Too often, lower-cost, FDA-approved generic and biosimilar alternatives are not made available to patients who desperately need them.

We must take bold actions to ensure these scenarios do not play out time and time again across America.

Pfizer intends to be a productive participant in this policy making and has come to the table with solutions. As such, we would like to propose four ideas to drive meaningful reductions in costs for patients.

PASSING ALL REBATES TO PATIENTS

Today's current drug rebate system is good for two things: driving up both drug list prices and consumer out-of-pocket costs. In fact, in 2018, the average net price of Pfizer's medicines in the United States declined 1 percent. However, I am certain that patients using our medicines had a very different experience at the pharmacy counter since their costs in the current system are more closely related to the list price than the net price. This is impactful when patients pay a coinsurance or are in the deductible phase of their benefits coverage. In these instances, patients are being asked to pay an average of 10 percent to 20 percent or more out of their own pockets for many Pfizer products.

There are two reasons for this disconnect: changes in benefit designs are pushing more and more of the medicines' cost to the pockets of the patients, and none of the close to \$12 billion of rebates that Pfizer paid in 2018 found their way to American patients. As long as rebates serve as profit drivers, we will continue to see a major disconnect between list prices and prices people pay at the counter.

Pfizer supports reforms that would create a system in which transparent, up-front discounts benefit patients at the pharmacy counter, rather than a system driven by rebates that are swallowed up by companies in the supply chain.

The way to alleviate sticker shock at the pharmacy counter is by changing the incentives in the supply chain so that more of the \$150 billion in negotiated rebates and discounts actually reach patients. This can be accomplished by applying the discounts paid by the pharmaceutical manufacturer to the price actually paid by patients at the pharmacy. In 2019, Pfizer expects to pay billions in rebates to ensure patients with pharmacy benefits coverage in Medicare Part D and patients in commercial plans have access to our medicines. If the proposed rule to share rebates with consumers at the point of sale is finalized, we estimate that seniors taking Pfizer medicines could save \$270 on average per year, and up to \$574 per year for certain Pfizer medicines, through lower cost sharing—and that would outweigh any premium increases.

Research also shows that sharing discounts at the pharmacy counter could reduce total health-care spending, and that reductions in overall out-of-pocket costs would outweigh any premium increases.

We realize that the transition away from rebates toward a point-of-sale discount model will result in a lowering of our net prices. Despite this potential negative financial impact, we support efforts to eliminate rebates because we believe the new model will be good for patients.

Importantly, we believe any reform should apply to all market segments as this will also lead to further reduction in list prices. A bifurcated market in which we eliminate rebates in government programs but maintain rebates for commercial plans will make it difficult for manufacturers to reduce list prices because it applies to all markets.

We will work with other leaders in the healthcare sector to advance these reforms, and we're committed to lowering list prices if the rebate rule applies to the commercial market.

LESS VALUE, LESS PAY

Pfizer supports the move to value-based health care and is prepared to stand behind the benefits that our medicines deliver to patients and to the United States health-care system.

Medical science is advancing so rapidly that payment models simply haven't been able to keep up. That's why Pfizer is focusing not only on scientific innovation, but also on commercial innovations that will allow us to get breakthrough medicines into the hands of patients, while simultaneously holding all participants in the system—including Pfizer—accountable for the health outcomes they help produce.

This will require a fundamental shift in the way we think about the value that medicines deliver and how all participants in the system are reimbursed with regard to that value. It will also require the evolution of insurance designs to advance value-based insurance plans that remove barriers to high-value treatments.

Imagine a system in which hospitals are rewarded for keeping patients from being readmitted; where physicians get paid more to prevent disease than they do to simply treat it; and where companies like Pfizer get paid based on the number of strokes we prevent or the number of cancer patients who go into full remission, rather than the number of pills we sell.

In such a system, if our medicines do not produce results, we would be paid less. And if they do produce results, we would be paid more. If done correctly, these arrangements—focused on the appropriate therapeutic areas—can align the interests of patients, health plans and biopharmaceutical companies around one shared goal: ensuring positive health outcomes for the patient.

To make this a reality, we need Congress's help to remove the roadblocks in the current system for the good of patients. I understand several members of this committee are drafting a legislative effort to pave the way for broader adoption of outcomes-based arrangements, and we applaud these efforts.

CAPPING SENIORS' OUT-OF-POCKET MEDICINE COSTS

Patients are increasingly being required to take on a bigger share of their medicines' costs, and that is particularly true when it comes to innovative and expensive treatments. Today, patients are made to pay on average 14 percent of the cost of their medicines, but only 3 percent of the costs associated with hospital stays.

This is forcing patients to forgo taking needed medications, to cut their pills in half, or to limit their doses in ways that are not medically prescribed. In fact, there is evidence that at least a quarter of new Medicare Part D prescriptions are abandoned at the pharmacy counter if beneficiaries are asked to pay \$50 or more, which unfortunately is often the case. This number can exceed 50 percent for new prescriptions.

This is bad not only for patients, but also for overall health-care system cost. Patients who do not take their medications often end up in the hospital, costing the health-care system much more. This needs to be fixed.

Excessive cost-sharing is one of the greatest barriers to patient adherence and leads to more frequent discontinuation of therapy. While spending on medicines has been growing at a slower rate than in prior years, the number of patients with high deductible plans and high co-insurance are growing rapidly. Since 2009, enrollment in high deductible plans has grown 250 percent, and since 2010 the number of patients exposed to high specialty tiers has grown 60 percent. In fact, I've heard from several members of this committee that their constituents—or they themselves—have recently gone to the pharmacy counter only to be shocked by an excessively high co-pay. That's why the time is now to review cost-sharing burdens in the Medicare prescription drug program and to take steps to ensure seniors don't have to make the difficult decision of forgoing their needed prescription.

We commit to working with the committee on meaningful policy solutions that remove the burdens seniors face in paying for their medicines, and we believe an important first step is capping the out-of-pocket costs seniors experience in the Medicare drug program.

KNOCKING DOWN BARRIERS TO LOWER-COST BIOSIMILARS

Medicines are the only segment of the health-care system with a built-in cost containment mechanism. When a medicine's patent expires, lower-cost generics are made available, often at just 5 percent of the cost of the original branded product.

This system is working well for generic drugs. In fact, nine out of 10 drugs sold in the U.S. today are lower-cost generics. However, the system is not yet working in the biologics space where the adoption of biosimilars is facing resistance.

Establishing a robust biosimilars market can help to lower the overall health-care costs in the United States, and Pfizer is committed to bringing these more affordable treatment options to patients. That's why we must incentivize the use of biosimilars, which can be as much as 40 percent less expensive than the branded biologic for Medicare patients.

Unfortunately, adverse incentives that favor higher-cost originator biologics are keeping biosimilars from reaching patients. In many cases, payers decline to include lower-cost biosimilars or generics in their formularies because they would risk losing the rebates they can get by covering higher-cost medicines. I can't think of a more concerning example of a broken U.S. healthcare system that is directly impacting the pocketbooks of Americans.

We have also witnessed exclusionary contracting or misleading marketing practices that mischaracterize important elements of biosimilar criteria. This creates doubt and confusion among patients, and it must end. Interestingly, the rebate reform I referenced earlier would go a long way toward removing the perverse incentives that lead to such exclusionary contracts.

At Pfizer, we believe there are several solutions that could help patients and providers share savings associated with biosimilars and reduce costs to the Medicare program. Let me touch on two:

- *A Shared Savings Biosimilars Model*: Congress could direct the CMS Innovation Center (CMMI) to test a biosimilar “shared savings” approach in which Medicare savings associated with prescribing a biosimilar, as compared to a reference biological, would be shared with providers.
- *Reduced Patient Cost Sharing for Biosimilars*: CMS could provide reduced or zero-dollar cost sharing for biosimilars for patients for a certain period.

CLOSING

In 2018, we estimate¹ that Pfizer vaccines protected more than 65 million babies and elderly patients; our medicines helped reduce the risk of heart attack or stroke for more than 48 million cardiovascular patients; and oncologists used our therapies to treat more than 1.2 million people battling cancer.

Overall more than 784 million people around the world used a Pfizer medicine or vaccine to improve their health and, in many cases, save their lives.

These are staggering and humbling numbers. More important, they represent real people; real people who rely on our innovations. They also serve as a reminder that we—like our industry peers—are among the biggest contributors of good to humanity.

This is why we come to work every day. It's why the researchers in our labs in California, Connecticut, Massachusetts and New York work day-in and day-out to perfect a formula. It's why our manufacturing colleagues in Georgia, Kansas, Michigan, Missouri, North Carolina, Ohio, Pennsylvania and Wisconsin—many of whom are represented by members of this committee—work to ensure the reliable supply and highest standards of quality of our products.

And it's why we are here today to work with our peers, other participants in the healthcare system, and Congress to find ways to ensure the patients who need our medicines can access them so our industry's breakthroughs can continue to change patients' lives.

QUESTIONS SUBMITTED FOR THE RECORD TO ALBERT BOURLA, DVM, PH.D.

QUESTIONS SUBMITTED BY HON. CHUCK GRASSLEY

Question. At the hearing, you testified that Pfizer does not withhold samples from generic manufacturers in order to block generic versions of your drug from entering the market. You also expressed your support for the “Creating and Restoring Equal Access to Equivalent Samples Act,” also known as the CREATES Act.

¹Patient counts are estimates derived from multiple data sources.

However, the FDA has a list on its website which identifies reference listed drug (RLD) access inquiries where brand manufacturers may have prevented generic companies from obtaining samples of products necessary to support FDA approval. Pfizer is on this FDA list. This would appear to contradict your testimony at the hearing that Pfizer has not withheld samples of their products to delay generic competition.

- Could you please explain in detail why Pfizer is on the FDA list?
- Could you please explain in detail the discrepancy between your testimony and the FDA list?
- Has Pfizer ever blocked access to samples?

Answer. As a patient-focused company and leading manufacturer of innovative, generic, and biosimilar medicines, Pfizer supports innovation and a strong, competitive marketplace. Consistent with these values, Pfizer does not block generic manufacturers from purchasing our products, and it has never been our policy to do so. Generic manufacturers are treated the same as any other customer seeking to purchase our products. Pfizer is not aware of any current, unfulfilled requests from a generic manufacturer to purchase a Pfizer product.

Generic manufacturers seeking to purchase Pfizer products should request the product from Pfizer's authorized distributors or, if the product is not available at a distributor, from Pfizer directly, the same as any other Pfizer customers. Pfizer's website includes a list of our authorized distributors, from which customers (including generic companies) may purchase most Pfizer products (*see <https://www.pfizer.com/products/medicine-distributors>*). For products that are not available via our authorized distributors and that are not in extreme drug shortage or unavailable due to a recall, customers can contact Pfizer's Customer Service center at 1-800-TRY-FIRST (1-800-879-3477) to purchase product directly from Pfizer. The telephone number for Pfizer's Customer Service center is also included on our website at *<https://www.pfizer.com/contact>*. Pfizer makes its products available for sale to appropriately licensed entities at Pfizer's listed price and on Pfizer's standard terms of sale. We do not have any agreements with authorized distributors that block the sale of Pfizer's products to generic manufacturers.

Regarding the FDA List (the List), while Pfizer supports FDA's (the agency) goal of providing transparency, Pfizer is concerned that the List lacks certain key information and context and, as currently presented, may create the misleading impression that *all* products on the List are the result of bad faith attempts to block generic manufacturer access to samples. The appearance of a product on the FDA List means only that a generic manufacturer informed the agency at some point in time that it was having difficulty purchasing the listed product. FDA's own disclaimer states that the agency has not independently investigated or confirmed whether a generic manufacturer actually made a request to purchase product, and to whom.¹ The FDA List also lacks several important pieces of information that would enable a New Drug Application (NDA) holder to investigate its appearance on the List. The List does not include: (1) which generic manufacturer made the request; (2) when and to whom the generic manufacturer made the request (*e.g.*, to a wholesaler or directly to the NDA holder); (3) whether the generic manufacturer that made the inquiry was thereafter able to obtain product; and (4) any reason(s) why a generic manufacturer may not have been able to obtain product (*e.g.*, a recall). Finally, Pfizer notes that FDA does not currently inform an NDA holder in real time when a generic manufacturer notifies the agency that it is having difficulty obtaining product. Had the agency informed Pfizer at the time it received the inquiries noted on the FDA List, Pfizer could have then undertaken its own efforts to resolve the issue. Pfizer communicated its concerns about the FDA List to the agency in May 2018. For your information we have included Pfizer's letter to FDA on this topic and the agency's response (*see Exhibits 1 and 2 in the Appendix*).

There are three new drug applications owned by Pfizer on the FDA List: Embeda (NDA 022321), Tikosyn (NDA 020931) and Hemabate (NDA 017989). Embeda offers a good example of the List's shortcomings. Pfizer acquired King Pharmaceuticals (the previous NDA holder of Embeda) in March 2011, and two weeks later determined that Embeda needed to be recalled from the U.S. market due to stability issues. After diligently addressing the issues that led to the recall, Pfizer relaunched Embeda to the U.S. market in January 2015, and it is available for purchase via Pfizer's authorized distributors. However, one consequence of the recall was that

¹ (<https://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/AbbreviatedNewDrugApplicationANDAGenerics/ucm607738.htm>).

Embeda was not available in the U.S. market for almost 4 years which may explain why a generic manufacturer had a problem obtaining it during those years. The FDA List does not specify when the generic manufacturer's inquiry regarding Embeda was made nor does the FDA List indicate that several generic applications for Embeda had been submitted to FDA in 2010 (which means that before the recall, several generic manufacturers were successfully able to purchase Embeda, conduct the necessary testing, and file Abbreviated New Drug Applications (ANDAs)). Pfizer has not identified any recent inquiries from generic manufacturers seeking to purchase Embeda that have not been fulfilled.

The circumstances around Tikosyn also illustrate the List's shortcomings. Pfizer was able to identify a single inquiry made by a generic manufacturer directly to Pfizer to purchase Tikosyn in 2014. At that time, Tikosyn was subject to an FDA imposed Risk Evaluation and Mitigation Strategies (REMS) with Elements to Assure Safe Use ("ETASU") that restricted distribution, so Pfizer responded by asking the manufacturer to obtain written confirmation from the FDA that Pfizer's provision of the product to the generic manufacturer would not be considered a violation of its REMS. The generic manufacturer did not contact Pfizer further, and Pfizer never received any written correspondence from the agency. FDA subsequently removed the REMS for Tikosyn in 2016, and multiple generic versions of Tikosyn are now approved, the first generic approval occurring in June 2016. This context is not reflected in FDA's List.

Finally, with respect to Hemabate, this product was previously subject to certain restrictions on distribution (*i.e.*, it was sold only to customers with medical and surgical intensive care centers) to ensure its safe and appropriate use. This distribution approach was established by the previous NDA holder (Pharmacia) and it continued following Pfizer's acquisition of Pharmacia in 2003. Pfizer discontinued this approach in early 2018 after determining that it was no longer necessary, and this product is now available through our authorized distributors. During the time when Hemabate was under restricted distribution, it was not available at Pfizer's authorized distributors, but had a generic manufacturer approached Pfizer's Customer Service center directly, we would have been able to address the inquiry. Pfizer's Customer Service was not able to identify any specific requests from a generic manufacturer to purchase Hemabate that have not been fulfilled.

We hope that this information explains the apparent discrepancy between Mr. Bourla's testimony and the appearance of these Pfizer products on the FDA List, and demonstrates Pfizer's diligence on these issues and commitment to a competitive marketplace.

Question. The Department of Health and Human Services' proposed rule, "Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor Protection for Certain Point-of-Sale Reductions in Price on Prescription Pharmaceuticals and Certain Pharmacy Benefit Manager Service Fees," envisions that drug manufacturers will offer up-front discounts rather than the back-end rebates that are now commonly provided. Some observers argue that a 1996 court case called into question whether manufacturers could offer up-front discounts, resulting in today's rebate-based system. I've heard differing opinions as to whether the issues related to the initial court case are still relevant. If the HHS proposed rule is finalized, can you assure the committee that your company will offer up-front discounts? If not, why?

Answer. Yes, if finalized, price concessions negotiated with intermediaries, including Pharmacy Benefit Managers (PBMs) and plan sponsors, will be provided as discounts that will be applied at the point of sale. These discounts will lower patient out-of-pocket costs since the net price will be used to determine the cost to the patient when they are in the deductible, co-insurance, and coverage gap phases of their benefits.

Question. Please describe how you expect your company to respond to the HHS proposed rule to eliminate safe harbor protection for back-end rebates in Medicare Part D that is referenced above if it is finalized. Assuming you are confident that antitrust laws do not prevent your company from offering up-front discounts, specifically, do you envision that your company lowers the list price of a drug to the current after-rebate net price, offer discounts equal to the current rebate amount, or a combination of both?

Answer. If finalized, the rule will result in lower out-of-pocket patient costs at the pharmacy counter and help address the perverse incentives in the system that have been contributing to higher list prices for medicines. We realize that the transition

away from rebates toward a point-of-sale discount model will result in a lowering of our net prices. Despite this potential negative financial impact, we support efforts to eliminate rebates because we believe the new model will be good for patients.

As currently written, the proposed rule only applies to the Medicare and Medicaid managed care segments of the market. It will be important to have any rebate reform apply to both government programs and the commercial market as that will also lead to a lowering of list prices as well. A bifurcated market will make it more challenging for manufacturers to reduce list price since the commercial market covers more than 50 percent of Americans with insurance and represents over half of the business for most manufacturers.

If the proposed rule is modified to apply to all market segments, we would evaluate the best options to arrive at a net price that ensures patients have access to our medicines. Decisions would be made on a product by product basis given that each therapeutic class has its own set of competitive and access dynamics. As such, we expect to use both list price reductions and up-front discounts to achieve these lower net prices. To ensure these benefits reach patients, it will be important for Congress to ensure that plans do not create new barriers or restrictions that hinder patient access and undermine the spirit of the rule.

Question. To what extent are the back-end rebates your company currently offers contingent on the amount of market share realized for your drugs as a result of Part D plan formulary placement and other techniques?

Answer. Pfizer's contracts with Part D Health Plans and PBMs negotiating on their behalf do not make rebates contingent on market share.

Question. Please provide a breakdown of percentage of sales that go to each payer (including Medicare, Medicaid, private pay, other) and a similar percentage by volume of the total number of each drug compared to total volume. Please provide this data for the most recent year available.

Answer. Pfizer's prescription pharmaceutical products are sold principally to wholesalers, and therefore the Company does not have sufficient visibility into wholesaler distribution at the channel level to provide responses as requested. We welcome the opportunity to discuss with your committee staff the confidential information requested and what we maintain in the ordinary course of business.

Question. Do your companies hire consultants or lobbyists to promote products at State Medicaid Pharmacy and Therapeutics Committees?

Answer. No.

Question. To whom do you disclose advocacy activities surrounding State Medicaid programs, if at all?

Answer. Pfizer is committed to the principle of transparency—the disclosure of activities reflecting participation in efforts of public interest. These activities include such areas as funding for educational activities, the status of Pfizer's U.S. pharmaceutical post-marketing commitments, Pfizer's pipeline of experimental medicines, the registration and reporting of results of clinical trials, political contributions in the United States and payments to U.S. health care professionals. The information we report includes grants to support independent medical education, support for fellowship, scholarship and visiting professorship programs, grants to patient organizations, medical and scientific associations, and academic or other medical centers, charitable contributions, health care-related support to civic organizations and health care-related non-promotional sponsorships to organizations. For descriptions of types of support, please visit <https://www.pfizer.com/purpose/independent-grants/transparency-in-grants>. Any Medicaid specific advocacy funding we provide would be captured in these reports.

Question. Please describe how the costs of programs are accounted for within your company's financial statements. Please also describe the types of market information, such as prescribing and use patterns, that your company collects from different types of patient assistance programs and patient hub services.

Answer. Pfizer's patient assistance program is a charitable free drug program that provides commercially available Pfizer medicines free of charge to financially eligible uninsured and underinsured patients. Separate from the Pfizer patient assistance program, Pfizer also offers patient support programs, which are limited access reimbursement support offerings to patients to assist with obtaining access to and coverage of a prescribed Pfizer medicine.

The product and administrative costs for the patient assistance program are charged against Pfizer's Selling, General and Administrative Expenses line in the income statement.

Pfizer gathers data in the course of providing free drugs to patients via the patient assistance program. We can bucket data collection in several ways:

- (1) Transactional data—Utilized to determine patient *eligibility* to receive free access to a physician-prescribed therapy.
- (2) Operational data—The operational data is utilized to *provide free access to medicines* to the eligible patient and the following is reported at an aggregated level: (i) program utilization trends; (ii) application processing trends; (iii) patient coverage trends; (iv) channel utilization (distribution versus pharmacy); (v) fulfillment and order processing days; and (vi) call metrics.

Pfizer gathers the following two categories of data when providing patient support programs:

- (1) Transactional—Utilized to assist in accessing prescribed therapy and to determine insurance coverage for the patient. This information contains data such as the outcome of a benefits investigation, information to determine the financial need and eligibility for patient support, and disposition of the patient case (*i.e.*, sent to a specialty pharmacy for fulfillment, sent to Pfizer patient assistance program, triaged to other financial options, or rejected/denied).
- (2) Operational—These fields could include primary and secondary payers, out-of-pocket costs borne by the patient, turnaround time to obtain insurance approval, prior authorization requirements, number of cases requiring appeals, and other data elements on access dynamics. In addition to these elements, Pfizer will collect relevant adverse events as required by Pfizer drug safety.

Question. Please provide a list of all contributions since January 1, 2014, that your company has made to any tax exempt organizations working on issues related to drugs within your product lines, including but not limited to patient groups, disease awareness groups, medical or professional societies, universities or hospitals, industry associations or leagues. For each contribution, please provide the name of the organization that received the donation, the date the donation was made, the amount of the donation, and a description of the purpose of the contribution (*i.e.*, was the contribution for the general fund, a specific purpose to a specific program, or continuing medical education). Please also note whether the contribution was unrestricted or restricted; if it was restricted, please explain all restrictions. Finally, if your company maintains a foundation or other separate charitable arm, please provide the name of all such entities, and list all donations made from that entity or entities.

Answer. Information about Pfizer's charitable giving is listed on *Pfizer.com*. Please see the annual reports dating back to 2008 available at <https://www.pfizer.com/purpose/independent-grants/transparency-in-grants>, which include the recipient name, the contribution amount and the annual quarter in which it was made, and a description of the relevant program or project. This data is updated each quarter. Data from Q4 2018 is currently being analyzed and will be available at the end of March 2019. The annual reports include various funding types and recipient types. However, in collating this data, Pfizer does not characterize the organizations as working on issues related to drugs within product lines, or contributions as restricted or unrestricted. Consequently, the requested data is not available in that format.

Note that information regarding charitable contributions from the Pfizer Foundation is not included in these reports, so Pfizer has included a Pfizer Foundation Grant Summary as Exhibit 3. The Pfizer Foundation has been working to expand health-care access to people around the world for nearly 65 years. The impact of this work is significant and far-reaching, helping underserved individuals from diverse backgrounds in remote corners of the globe. Through the Pfizer Foundation's global health strategy, we provide grant and investment funding to support organizations and social entrepreneurs in an effort to improve health care delivery in low-and middle-income countries and increase access to health care for underserved communities.

Question. Pay for delay agreements cost consumers and taxpayers billions in higher drug costs every year. The FTC has gone after drug companies that enter into

these settlements where the brand pays the generic company to keep its lower cost alternative off the market. I'm the lead Republican sponsor of S. 64, the "Preserve Access to Affordable Generics and Biosimilars Act," which would help put an end to these deals.

Do you agree that these pay-off agreements keep drug costs high for patients because they delay competition?

Answer. Pfizer wants to work with you on this issue because we agree that gaming the patent system is unacceptable. The company's patent settlements do not involve "pay for delay." On the contrary, when Pfizer settles patent litigation with generic firms, it does so on terms that generally enable entry of generic competition earlier than the expiration of its patents and that do not involve unlawful reverse payments. Pfizer's patent settlements thus involve lawful compromises that accelerate patient access to lower cost generics relative to the expiration of its patents.

Question. Has your company ever entered into these kinds of settlements with a generic company?

Answer. No. On the contrary, when Pfizer settles patent litigation with generic firms, it does so on terms that generally enable entry of generic competition earlier than the expiration of its patents and that do not involve unlawful reverse payments. Pfizer's patent settlements thus involve lawful compromises that appropriately resolve patent disputes and accelerate patient access to lower cost generics relative to the expiration of its patents. While Pfizer has been the target of plaintiff lawyer driven class action lawsuits challenging certain of its settlements with generic companies, we believe these lawsuits are without merit and are vigorously asserting the pro-competitive nature of these settlements in court.

Question. Do you support the pay for delay bill?

Answer. Pfizer agrees that gaming the patent system is unacceptable. We hope to work with you on legislation that prohibits anticompetitive patent settlements that is prospective, clearly defines violations and what is deemed to be an improper settlement and does not presume all patent settlement agreements are per se illegal and anticompetitive. Laws or actions to restrict certain kinds of pharmaceutical patent settlements could prevent some pro-consumer settlements that bring generics to market prior to patent expiration—patent settlements often include an agreement that enables generics to enter the market earlier than the date of patent expiration, speeding patient access to more affordable generic options.

REBATE TRAPS/WALLS

Question. I'm increasingly concerned about the effect of so-called "rebate traps" or "rebate walls" on patients' access to quality, lower cost medicine. I understand there is ongoing litigation challenging these practices as anti-competitive.

Does your company engage in the bundling of rebates over multiple products? If so, why? And what benefit does the consumer gain from that?

Answer. Pfizer does currently bundle rebates over multiple products. Pfizer does offer bundling arrangements to obtain formulary positions that allow patients to access our medicines that otherwise might be restricted.

Question. Does your company view these practices as anticompetitive or harmful to patients' access to quality, lower cost medicine?

Answer. Pfizer does not believe bundling is inherently anticompetitive and in certain circumstances can be procompetitive. However, Pfizer does not tie bundled rebates to blocking lower cost competitive agents and believes that when a firm with monopoly power uses such practices to block lower cost alternatives the conduct is anticompetitive.

Question. If a policy were adopted to eliminate rebates, or to require that rebate savings be passed on to the consumer, would that in and of itself solve the issue of rebate "traps" and "walls"? And would consumers benefit from such a policy?

Answer. A policy that moves rebates to discounts would not in and of itself eliminate the ability of a market leader to block a lower priced medicine. In both Medicare and commercial, the Health Plan is still responsible for the majority of the drug cost and would therefore receive the majority of the discount. The Health Plan or PBM would still need to transition patients from the higher priced market leader to the lower priced product in order to realize the savings from the discount. Based on internal analysis, Pfizer expects that moving from a rebate to a discount model

will weaken a market leader's ability to restrict other less expensive products, but it would not eliminate the possibility.

DRUG PRICING

Question. When setting the list price of a drug, does your company consider regulatory costs or compliance? If so, how specifically do those factors affect the list price of a drug? Please provide at least one specific example, if applicable, from your current product portfolio.

Answer. The Food and Drug Administration is the primary regulatory body for the pharmaceutical industry and is largely focused on the safety, quality, and efficacy of medicines. The price of a new medicine is most directly influenced by the value that the medicine may bring to patients and society. Inherent in the value any product Pfizer brings to the market are the quality, safety, delivery, efficacy, and reliability of our medicines. These regulatory and compliance factors are part of the underlying investments to identify a product's value and are amongst the many factors we consider when we determine a launch price or make a decision to change a price.

Question. When setting the list price of a drug, does your company consider the risk of liability or litigation? If so, how specifically do those factors affect the list price of a drug? Please provide at least one specific example, if applicable, from your current product portfolio.

Answer. Liability and litigation are not primary considerations when setting the list price of a medicine; the value that a product may bring to patients and society is the most important factor considered.

QUESTIONS SUBMITTED BY HON. PAT ROBERTS

Question. What role do you see value-based agreements (VBAs) playing in the effort to reduce prescription drug costs? What potential do these arrangements have to find the "sweet spot" between controlling costs to patients and encouraging innovation of new drugs?

Answer. Value-based agreements (VBA) provide a framework for manufacturers to be compensated based on a product's value to patients and the overall health-care system. Although there are different constructs for VBAs, the basic premise is that the net price for a product will ultimately be derived based on an agreed upon performance metric (*e.g.*, clinical, financial, adherence, etc.). Therefore, VBAs can play a role in reducing prescription drug costs by ensuring that net prices are linked to value.

As we shift to a system that rewards value, manufacturers will be incentivized to focus research and development (R&D) investments in disease areas where there are unmet needs, to focus on best in class or first in class medicines, and to design trials that provide the necessary evidence to demonstrate the value of a medicine beyond the regulatory standards of safety and efficacy to include the evidence to support reimbursement. If manufacturers deliver medicines of value, the system will reward the manufacturer which encourages innovation of new drugs.

Question. How can VBAs help lower what patients pay out-of-pocket?

Answer. Value-based agreements (VBA) provide a framework for manufacturers to be compensated based on a product's value to patients and the overall health-care system. There are many different types of VBAs including those based on clinical and/or financial performance metrics for a product. Based on the outcomes achieved, payers use this information to inform how they cover products. Products that perform better should be covered in a more favorable manner which often includes lower out-of-pocket costs for patients which is a benefit to patients in the near term. In the long term, patients can also benefit from other savings either directly, (*e.g.*, reducing spending on other medications, lowering medical costs from reduced hospitalizations, doctor's visits, etc.), or indirectly through lower premiums based on reductions in total cost of care.

Question. Can Congress do more to allow for and encourage the use of VBAs?

Answer. VBAs are in the very early stages of development in the United States. Many payers and manufacturers have tested different concepts, but to date VBAs have not achieved scale. There are multiple reasons why VBAs represent a small fraction of manufacturer/payer contracts (*e.g.*, access to data, difficult and costly to

administer, etc.). There are certain aspects of the current U.S. regulatory landscape that are perceived by many as not only complicating VBA implementation but in some cases limiting their rapid uptake. Stakeholders have frequently identified two key regulatory hurdles as limiting the expanded adoption of VBAs: (i) the Anti-Kick-back Statute and (ii) the Medicaid Best Price calculation requirement. While these regulations serve important roles within the current volume-based reimbursement system they do not contemplate innovative value-based arrangements which have resulted in a lack of clarity on how to account for these under the current regulatory framework. Ultimately, an expansion of VBAs will require reforms to existing regulations that enable more flexibility in designing VBAs.

QUESTIONS SUBMITTED BY HON. MICHAEL B. ENZI

Question. More than 10 years ago, I worked on a bipartisan basis with my good friends Ted Kennedy and Orrin Hatch to develop a biosimilars approval pathway. One of the difficult things was accounting for the differences between biosimilars and generics. I have said before that if a drug was a three-bedroom, two-bath home, a biologic would be a skyscraper. The size and complexity of the items are just that different. I understand that it is much harder to build a skyscraper without blueprints than a house. Even though the science has come a long way since then, there aren't as many biosimilars on the market as we might have hoped. Do you think the incentives in the law appropriately account for the differences between biosimilars and generics?

Answer. The Biologics Price Competition and Innovation Act (BPCIA) created an abbreviated pathway for the licensure of biosimilars, including interchangeable biologic products, and created the framework biosimilar applicants and reference product sponsors use to resolve patent disputes. There are currently seven biosimilars on the market in the United States, and there are a number of biosimilars currently in development. The FDA has approved a total of 18 biosimilars to date. Nevertheless, the success of the BPCIA lies in the increased use of these products, which will provide savings to both the patient and the taxpayer.

To date, there have been two key policies that have helped support the biosimilars marketplace: 340B pass-through status for biosimilars and the separate billing/J code policy for biosimilars.

The separate billing/J code policy for biosimilars has aided in the prompt reimbursement of biosimilars for physicians, which is critical in supporting uptake of biosimilars. The separate billing/J code also provides Congress and CMS with transparency on the average sales price of the biosimilar versus the reference biologic. Below is a table outlining the latest Medicare published average sales prices for the reference biologic Remicade and both of the biosimilars on the market for Remicade, Pfizer's Inflectra and Merck's Renflexis.² It is important to note that the average sales price (ASP) for both biosimilars is lower than the ASP of the reference biologic. Yet, the market share of the Inflectra biosimilar remains at 6 percent in open systems (which excludes the VA and Kaiser, which are closed systems where the insurer is the payer, the prescriber and the provider).

	HCPCS Code	Q4 2018 CMS ASP	Q1 2019 CMS ASP	Q2 2019 CMS ASP
Remicade (reference biologic)	J1745	\$743.71	\$723.10	\$677.60
Inflectra (biosimilar)	Q5103	\$569.01	\$529.37	\$502.72
Renflexis (biosimilar)	Q5104	\$599.20	\$575.64	\$552.00

The 340B pass-through policy for biosimilars has been another positive policy to support uptake of biosimilars in 340B hospitals. The 340B pass-through policy provides a temporary "level playing field" for the biosimilar and the reference biologic. Under the reimbursement model of ASP + x%, providers are incentivized to use a higher cost product to drive a higher "+ x%" reimbursement. As in the case of biosimilars, when the biosimilar has a lower ASP the reimbursement is lower to the health-care provider/340B hospital. The pass-through policy provides temporary re-

² <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/2019ASPFiles.html>.

imbursement parity for lower cost biosimilars. This policy has encouraged 340B hospitals to adopt biosimilars and gain experience and confidence in using them.

Despite these current policies, other adverse incentives that favor higher-cost originator biologics are keeping biosimilars from reaching patients. In many cases, payers decline to include lower-cost biosimilars or generics in their formularies because they would risk losing the rebates they could receive by covering higher-cost medicines.

Question. I know there are proposals to essentially pay more for biosimilars to make them more attractive, but that is not exactly what we were intending when we wrote the law. Can you talk about adverse incentives in the market and any barriers to market penetration that we might address to help improve patient access to these lower cost products?

Answer. Ninety percent of the medicines Americans take are generics and competition from these drugs keeps prices low in most cases. The biologics market, where some of the most expensive drugs exist, needs similar competition. The market today has already seen demonstrated savings as high as 40 percent relative to the branded product. In Europe, biosimilars have obtained a market share of over 60 percent on some products. However, in the United States, our biosimilar, Inflectra, has captured only 6 percent, despite the fact that its average selling price (ASP) is more than 25 percent lower than the originator product. With more competition, Pfizer hopes even further savings can be realized. We believe some of the adverse incentives and barriers to market penetration include:

1. **The Rebate Trap:** Brand-name biologic companies are using maneuvers to block biosimilar competition such as higher rebates and exclusionary contracts.
2. **Misinformation:** We believe that some physician and patient-directed materials created by brand companies mischaracterize biosimilars, creating doubt and confusion about the safety and efficacy of biosimilars. As defined by statute, an approved biosimilar must be highly similar to and have no clinically meaningful differences from the reference product and must have the same mechanism of action (to the extent the mechanism(s) of action of the reference product are known) as the reference product. Thus, by definition, biosimilars are safe and efficacious treatments relative to the reference product and must work in the same way as the reference product. Any information disseminated by reference product sponsors to suggest or imply otherwise should be promptly addressed by the FDA.
3. **Need for incentives:** Legislative ideas to promote biosimilar uptake could include a shared savings biosimilar model; reduced patient cost sharing for biosimilars.

Although the biosimilar market in the United States is still relatively new, Pfizer's experience has been that anticompetitive conduct by brand-name biologic manufacturers, combined with the lack of policy measures to support appropriate uptake of biosimilars, have contributed to a slow uptake. Therefore, we encourage you to consider measures to help incentivize the use of biosimilars, which can substantially lower Medicare costs with demonstrated savings to date as high as nearly 40 percent relative to the branded biologic.

In addition to stopping anticompetitive behavior (either through government enforcement or in the courts through private litigation), some key policy initiatives we believe will support the uptake of biosimilars in the United States include:

- **Waiver of Part B Patient Coinsurance for Biosimilars for a certain period of time.** CMS should waive Part B patient coinsurance amounts for biosimilars. Cost-sharing changes could be applied at the Healthcare Common Procedure Coding System (HCPCS) level. This would not change the overall payment for a biosimilar; however, it would change the beneficiary's payment percentage.
- **CMS should pursue a CMMI model** designed to increase access to biosimilars, including a "shared savings" model whereby Medicare savings associated with prescribing a biosimilar, as compared to a reference biological, would be shared with providers.

- **CMS should maintain the current biosimilar pass-through status** as this provides biosimilars with a “level playing field” with their higher priced reference biologic competitors.
- **CMS should create payment incentives for plans** by contracting with a measure developer for a biosimilar use measure for the STARS program, which would correct other adverse incentives for biosimilar uptake for Medicare Advantage plans.

QUESTIONS SUBMITTED BY HON. JOHN CORNYN

Question. We continue to hear that rebates negotiated off of the list price of a drug are both good and bad.

Pharmacy benefit managers and plans have argued that rebates are used to lower premiums across the board and that it is the best way to seek a price concession on otherwise expensive drugs.

Your industry argues that these payers are insisting on higher rebates that can only be achieved by raising list prices.

But patients often lose under this system, with out of pocket costs being tied to list price. Insulin patients appear to be routinely impacted by this perversity in the system.

Please explain to the committee how your company would reduce list prices if rebates were no longer a part of the equation?

Answer. If finalized, the rule would result in lower out-of-pocket patient costs at the pharmacy counter and help address the perverse incentives in the system that have been contributing to higher list prices for medicines.

In 2019, Pfizer expects to pay billions of dollars in rebates to ensure patients with pharmacy benefits coverage in Medicare Part D and patients in commercial plans have access to our medicines. If the proposed rule to share rebates with consumers at the point of sale is finalized, we estimate that seniors taking Pfizer medicines could save \$270 on average per year, and up to \$574 per year for certain Pfizer medicines, through lower cost sharing—and that would outweigh any premium increases.

As currently written, the proposed rule only applies to the Medicare and Medicaid managed care segments of the market. It will be important to have rebate reform changes apply to both government programs and the commercial market. A bifurcated market will make it more challenging for manufacturers to reduce list price since the commercial market covers more than 50 percent of Americans with insurance and represents over half of the business for most manufacturers.

If the proposed reform is modified to apply to all market segments, we would evaluate the best options to arrive at a net price that ensures patients have access to our medicines. Decisions would be made on a product by product basis given that each therapeutic class has its own set of competitive and access dynamics.

Question. What assurance can you provide that you would in fact lower your prices?

Answer. If the rule is finalized consistent with the aforementioned concerns, Pfizer is confident patients will benefit from savings of any price concessions at the point of sale.

Question. What actions should be taken to ensure that patients are actually seeing the benefits of lower out of pocket costs?

Answer. We strongly support ensuring that patients receive the benefit of rebates at the pharmacy counter and look forward to working with Congress and HHS on this issue. We encourage Congress to ensure that plans do not impose new barriers or restrictions to access that undermine the spirit of the rule and prevent patients from benefiting from the savings.

Question. If rebates are driving high list prices for drugs as drug manufacturers’ claim, why do you think that Part B drugs, which have no PBM rebates, are also seeing significant price increases? Whose fault is that?

There are rebates involved with infusion medicines (Medicare Part B drugs), and Pfizer is willing to engage with your staff in general terms to explain the relation-

ship and negotiations between manufacturers and payers such as insurers and PBMs for drugs in this space.

Pfizer also believes there are other ways to reform the Part B payment system to move away from incentivizing the use of more costly drugs. One solution we support for reforming Part B is a Competitive Acquisition Program (CAP) to allow vendors to deliver and bill Medicare for drugs, starting in a few cities. We believe this will inject competition into the program.

Biosimilars are another solution. Pfizer is fully committed to the goals set by Congress to bring new biosimilars to market, ensuring that patients have access to a wide range of treatment options at a competitive, affordable price. The market today has already seen demonstrated savings as high as 40 percent relative to the branded product. With more competition, we hope even further savings can be realized.

REBATE TRAPS

Question. Pfizer's biosimilar to Janssen's Remicade has struggled to gain market share, despite being priced at a significant discount to the biologic.

Please explain the market challenges you are seeing with this product. How does the practice of drug companies "bundling" the prices of product portfolios and rebates associated with these drugs limit competition and access to lower-cost biosimilars?

Answer. As more fully laid out in Exhibit 4, the primary barrier to Inflectra's uptake is an anticompetitive contracting scheme that targets both the payer (*i.e.*, insurer) channel and the health-care provider (*i.e.*, hospitals, clinics and doctors) channel. The centerpiece of the scheme is the "rebate trap" that uses pricing penalties (*i.e.*, the loss of significant rebates) to coerce insurers to enter into exclusive deals that cover Remicade while effectively blocking Inflectra from coverage. Multi-product bundling is just one aspect of the conduct. Despite bringing a lower-cost version of Remicade to market, this biosimilar has captured less than 10 percent of the market.

Question. Do you attribute this to exclusionary contracts or "paying for position" to keep your product off formularies? Please explain this practice and how it keeps lower-cost drugs out of the hands of patients.

Answer. Pfizer attributes low uptake to an anticompetitive contracting scheme as described above in response to Question 1.

This is particularly concerning not only because of the direct impact regarding the health-care system's spend, but also because it could become the playbook by which innovator biologics thwart entry by biosimilars in the future. This could inhibit significant competition to biologics going forward and act as a disincentive for companies to invest in developing biosimilars.

QUESTIONS SUBMITTED BY HON. STEVE DAINES

Question. As an advocate for improving Montanans' access to low-cost medications, I've been a champion of the Creating and Restoring Equal Access to Equivalent Samples (CREATEs) Act, which would combat anticompetitive practices used by some brand-name pharmaceutical companies to block or delay competing generic drugs from entering the market.

During the hearing when I asked if your company had ever withheld samples from generic manufacturers, you answered emphatically no. Yet, according to the Food and Drug Administration (FDA), generic drug makers have made inquiries with the agency claiming they were unable to access samples provided by Pfizer and AstraZeneca that are needed to conduct studies to produce low-cost generic drugs.

Do you agree that denying generic drug manufacturers access to samples keeps drug costs high for patients due to lack of competition?

Has your company refused to sell samples or placed any barriers in the way of generic drug makers acquiring samples?

Are you aware of any outstanding requests for samples?

How does your company work to prevent abuses in the sample system?

Answer. As a patient-focused company and leading manufacturer of innovative, generic, and biosimilar medicines, Pfizer supports innovation and a strong, competi-

tive marketplace. Consistent with these values, Pfizer does not block generic manufacturers from purchasing our products, and it has never been our policy to do so. Generic manufacturers are treated the same as any other customer seeking to purchase our products. Pfizer is not aware of any current, unfulfilled requests from a generic manufacturer to purchase a Pfizer product.

Generic manufacturers seeking to purchase Pfizer products should request the product from Pfizer's authorized distributors or, if the product is not available at a distributor, from Pfizer directly, the same as any other Pfizer customers. Pfizer's website includes a list of our authorized distributors, from which customers (including generic companies) may purchase most Pfizer products (see <https://www.pfizer.com/products/medicine-distributors>). For products that are not available via our authorized distributors and that are not in extreme drug shortage or unavailable due to a recall, customers can contact Pfizer's Customer Service center at 1-800-TRY-FIRST (1-800-879-3477) to purchase product directly from Pfizer. The telephone number for Pfizer's Customer Service center is also included on our website at <https://www.pfizer.com/contact>. Pfizer makes its products available for sale to appropriately licensed entities at Pfizer's listed price and on Pfizer's standard terms of sale. We do not have any agreements with authorized distributors that block the sale of Pfizer's products to generic manufacturers.

Regarding the FDA List (the List), while Pfizer supports FDA's (the agency) goal of providing transparency, Pfizer is concerned that the List lacks certain key information and context and, as currently presented, may create the misleading impression that *all* products on the List are the result of bad faith attempts to block generic manufacturer access to samples. The appearance of a product on the FDA List means only that a generic manufacturer informed the agency at some point in time that it was having difficulty purchasing the listed product. FDA's own disclaimer states that the agency has not independently investigated or confirmed whether a generic manufacturer actually made a request to purchase product, and to whom.³ The FDA List also lacks several important pieces of information that would enable a New Drug Application (NDA) holder to investigate its appearance on the List. The List does not include: (1) which generic manufacturer made the request; (2) when and to whom the generic manufacturer made the request (*e.g.*, to a wholesaler, directly to the NDA holder); (3) whether the generic manufacturer that made the inquiry was thereafter able to obtain product; and (4) any reason(s) why a generic manufacturer may not have been able to obtain product (*e.g.*, a recall). Finally, Pfizer notes that FDA does not currently inform an NDA holder in real time when a generic manufacturer notifies the agency that it is having difficulty obtaining product. Had the agency informed Pfizer at the time it received the inquiries noted on the FDA List, Pfizer could have then undertaken its own efforts to resolve the issue. Pfizer communicated its concerns about the FDA List to the agency in May 2018. For your information we have included Pfizer's letter to FDA on this topic and the agency's response (see Exhibits 1 and 2 in the Appendix).

There are three new drug applications owned by Pfizer on the FDA List: Embeda (NDA 022321), Tikosyn (NDA 020931) and Hemabate (NDA 017989). Embeda offers a good example of the List's shortcomings. Pfizer acquired King Pharmaceuticals (the previous NDA holder of Embeda) in March 2011, and two weeks later determined that Embeda needed to be recalled from the U.S. market due to stability issues. After diligently addressing the issues that led to the recall, Pfizer relaunched Embeda to the U.S. market in January 2015, and it is available for purchase via Pfizer's authorized distributors. However, one consequence of the recall, was that Embeda was not available in the U.S. market for almost 4 years which may explain why a generic manufacturer had a problem obtaining it during those years. The FDA List does not specify when the generic manufacturer's inquiry regarding Embeda was made nor does the FDA List indicate that several generic applications for Embeda had been submitted to FDA in 2010 (which means that before the recall, several generic manufacturers were successfully able to purchase Embeda, conduct the necessary testing, and file Abbreviated New Drug Applications (ANDAs)). Pfizer has not identified any recent inquiries from generic manufacturers seeking to purchase Embeda that have not been fulfilled.

The circumstances around Tikosyn also illustrate the List's shortcomings. Pfizer was able to identify a single inquiry made by a generic manufacturer directly to Pfizer to purchase Tikosyn in 2014. At that time, Tikosyn was subject to an FDA imposed Risk Evaluation and Mitigation Strategies (REMS) with Elements to As-

³ (<https://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/AbbreviatedNewDrugApplicationANDAGenerics/ucm607738.htm>).

sure Safe Use (“ETASU”) that restricted distribution, so Pfizer responded by asking the manufacturer to obtain written confirmation from the FDA that Pfizer’s provision of the product to the generic manufacturer would not be considered a violation of its REMS. The generic manufacturer did not contact Pfizer further, and Pfizer never received any written correspondence from the agency. FDA subsequently removed the REMS for Tikosyn in 2016, and multiple generic versions of Tikosyn are now approved, the first generic approval occurring in June 2016. This context is not reflected in FDA’s List.

Finally, with respect to Hemabate, this product was previously subject to certain restrictions on distribution (*i.e.*, it was sold only to customers with medical and surgical intensive care centers) to ensure its safe and appropriate use. This distribution approach was established by the previous NDA holder (Pharmacia) and it continued following Pfizer’s acquisition of Pharmacia in 2003. Pfizer discontinued this approach in early 2018 after determining that it was no longer necessary, and this product is now available through our authorized distributors. During the time when Hemabate was under restricted distribution, it was not available at Pfizer’s authorized distributors, but had a generic manufacturer approached Pfizer’s Customer Service center directly, we would have been able to address the inquiry. Pfizer’s Customer Service was not able to identify any specific requests from a generic manufacturer to purchase Hemabate that have not been fulfilled.

We hope that this information explains the apparent discrepancy between Mr. Bourla’s testimony and the appearance of these Pfizer products on the FDA List, and demonstrates Pfizer’s diligence on these issues and commitment to a competitive marketplace.

QUESTIONS SUBMITTED BY HON. TODD YOUNG

RE-EVALUATING BUSINESS STRATEGIES IN FOREIGN COUNTRIES

Question. Since taking office, President Trump has made reducing drug prices one of his highest priorities—and has repeatedly spoken about his frustration with the U.S. subsidizing the costs of pharmaceuticals for the rest of the world. He has gone so far as to issue proposals, like the International Pricing Index (IPI) Model, in an attempt to bring down prescription drug prices.

With the increased scrutiny of the industry and of the drug supply chain as a whole in the United States, have any of your companies re-evaluated your business strategy in foreign countries?

Answer. Pfizer’s purpose is breakthroughs that change patients’ lives; all aspects of Pfizer’s business model are infused with this purpose. It is Pfizer’s priority to make our medicines and vaccines available and accessible to all patients who need them, regardless of where they live.

Proposals to implement international reference pricing for the U.S. market would have far-reaching consequences to patient access, innovation and our business strategies both in the United States and in foreign countries.

If the United States were to implement the proposed International Price Indexing (IPI) model, we believe that a change of this scale could be very disruptive, challenging our ability to reach patients both inside and outside of the United States in a timely manner while fulfilling commitments to our shareholders and further investing in R&D.

Question. If not, then why?

Answer. Pfizer agrees that more must be done to address foreign pricing differentials. We want to continue to work with policymakers on solutions to ensure other countries appropriately recognize the value of innovation. Pfizer supports the concept of “shared value for innovation” because it promotes global fairness. This means that all nations recognize the importance and benefits of medicines to patients and society and the significant investments required to develop them, and that all patients should benefit, no matter where they live.

If foreign countries were to increase their support for shared value for innovation, American patients would benefit based on increased innovation, drug launches, competition and more access to new medicines.

Question. If a proposal, like IPI, were implemented, would it force your companies to potentially “walk away from the negotiating table when other countries demand

low prices subsidized by America's seniors," as HHS Senior Advisor for Drug Pricing Reform John O'Brien has said?

Answer. While the IPI could lead to potential situations in which a company would "walk away" as noted by John O'Brien, pricing is not the only determinant of reimbursement negotiations in foreign countries, many of which employ access controls, restricting patients' ability to receive new innovative medicines.

We have concerns with the IPI model. The use of reference pricing is strongly associated with market and patient access delays in countries that have adopted reference pricing, among other cost-containment mechanisms. Pfizer works with governments and health systems around the world to support patients' access to the medicines they need. We strongly believe that flexibility in our ability to set global prices improves access to medicines.

Question. What are some of your ideas on how we can ensure Americans aren't shouldering the full cost of pharmaceuticals?

Answer. Pfizer believes that developed countries have an important role to play in supporting global innovation ecosystems. As such, we would encourage the United States Government to continue to elevate the innovation agenda in multilateral discussions, with an emphasis on rewarding innovation in health-care delivery, science policy and pharmaceutical breakthroughs (e.g., through the G7). U.S. trade negotiations, such as those with Japan, also provide important opportunities for the United States to secure robust commitments that ensure countries protect intellectual property, provide fair market access for U.S. companies, and appropriately recognize the value of innovation.

Pfizer also believes that there are other ways to reform the Part B payment system to move away from incentivizing the use of more costly drugs. One solution we support for reforming Part B is a Competitive Acquisition Program (CAP) to allow vendors to deliver and bill Medicare for drugs, starting in a few cities. We believe this will inject competition into the program.

Biosimilars are another solution. Pfizer is fully committed to the goals set by Congress to bring new biosimilars to market, ensuring that patients have access to a wide range of treatment options at a competitive, affordable price. The market today has already seen demonstrated savings as high as 40 percent relative to the branded product. With more competition, Pfizer hopes even further savings can be realized.

FOREIGN COUNTRIES' PRICING AND REIMBURSEMENT

Question. President Trump and Secretary Azar have both repeatedly described their frustrations with "foreign freeloading" of U.S. drugs in the last year.

"When foreign governments extort unreasonably low prices from U.S. drug makers, Americans have to pay more to subsidize the enormous cost of research and development. . . . It's unfair and it's ridiculous, and it's not going to happen any longer."

Do you agree that because of foreign countries' pricing and reimbursement systems, U.S. patients and innovators are shouldering the burden for financing medical advances?

Answer. Pfizer agrees that more must be done to address foreign pricing differentials. Wealthy countries should reimburse innovative medicines based on fair value. As stated above, "foreign free-loading" has a significant impact on the U.S. biopharmaceutical industry's investments in continued innovation. If the United States secures agreements that ensure countries protect intellectual property, provide fair market access for U.S. companies, and appropriately recognize the value of innovation, this will help ensure U.S. patients continue to have access to innovative medicines.

Question. How do foreign countries' pricing and reimbursement systems affect our prescription drug costs?

Answer. The U.S. health-care system offers patients more choice and faster availability of innovative medicines. While government-run health systems aim to provide care to their people, they are often challenged to provide fast and easy access to the latest innovations. These governments often have to make choices between paying for health care and other government priorities.

The United States allows companies and providers to set prices that reflect the benefits to patients and societies. This includes ensuring that health-care professionals and patients have choices for individualized care, that there is competition among companies, and that their expectations for access to the latest medical advances are met.

Some developed countries rely on price controls and other government regulations to set the prices of health care, including medicines. This may result in some lower prices but can also result in restrictions on who is eligible to receive a covered medicine. A recent op-ed in *The Wall Street Journal* pointed out that of the 45 new drugs that FDA approved in 2015, all were covered by Medicare in the United States in 2017, but only 19 in France, 13 in Canada and 11 in Australia.⁴

However, prices are not always higher in the United States. Nine out of ten drugs that patients pick up at the pharmacy are generics, and these drugs are less expensive than they are in Europe, Japan, China or many countries around the world. The U.S. system is the most efficient system for delivering lower-cost generics to patients.

Pfizer supports the concept of “shared value for innovation” because it promotes global fairness. This means that all nations recognize the importance and benefits of medicines to patients and society and the significant investments required to develop them, and that all patients should benefit, no matter where they live.

If foreign countries were to increase their support for shared value for innovation, American patients would benefit based on increased innovation, drug launches, competition and more access to new medicines.

Question. Are foreign governments taking note of the concerns being raised by the Trump administration and have they responded in any way?

Answer. Pfizer believes that other governments are indeed taking note of the administration’s focus on health-care spending.

Question. Has there been any noticeable change in any of our trade agreements since these concerns have been raised by the Trump administration?

Answer. The Trump administration recently signed the U.S.-Mexico-Canada Agreement (USMCA), which includes important commitments that will help companies like Pfizer continue to innovate to bring new therapies to patients. For example, the agreement includes a commitment to provide 10 years of regulatory data protection for biologics. This commitment had not been included in any trade agreement negotiated prior to USMCA and is an important achievement. The Trump administration is also pursuing new bilateral trade negotiations with Japan, the EU, and the UK; because the negotiations have not yet concluded, however, it is premature to comment on how those agreements may compare to other U.S. trade deals.

MEDICAID CLOSED FORMULARY PROPOSALS

Question. In an attempt to bring down drug costs, various States have been exploring whether to exclude certain drugs from its Medicaid program. For example, the State of Massachusetts’ recently asked CMS for permission to create a closed formulary where the State Medicaid program would pick at least one drug per therapeutic class. CMS denied their waiver request citing violation of Federal law, but this proposal does bring up important questions on how to contain drug prices in State Medicaid programs.

If the principles of the Medicare Part D program—including the necessary patient protections—were applied to State Medicaid programs, do you think it lower drugs costs while ensuring access to patients?

Answer. Pfizer supports efforts to ensure patients have access to medicines. Studies suggest that allowing more choice of medications has positive results for patients: lowering the chances of drug interactions and adverse events and increasing the efficacy of treatment.⁵ Years of research have also shown that limiting

⁴<https://www.wsj.com/articles/how-to-reduce-prescription-drug-prices-first-do-no-harm-11550100537>.

⁵See, e.g., DiMasi, “Competitiveness in follow-on drug R&D: a race or imitation?”, 10 *Nat. Rev. Discov.* 23–27 (Jan. 2011); Turner et. al, “Parsing Interindividual Drug Variability: An Emerging Role for Systems Pharmacology,” *Wiley Interdiscip. Rev. Syst. Biol. Med.* 221–41 (2015); Mullins et. al, “Persistence, Switching, and Discontinuation Rates Among Patients Receiving Sertraline, Paroxetine, and Citalopram,” 25 *Pharmacotherapy* 660–67 (2005).

formularies correlates to poor medication adherence outcomes.⁶ Studies featuring Medicaid recipients with severe health conditions indicate that in many instances, these restrictions can result in negative health outcomes and other outcomes (such as increased incarceration rates) without generating program savings or other intended benefits (and sometimes increasing overall State costs).⁷

MEDICAID “BEST PRICE”

Question. In the Trump administration’s Blueprint, they suggested that because drug manufacturers have to give Medicaid the “best price” on drugs, there is no incentive to offer deeper discounts to other payers—both government and commercial—than what is already offered under the Medicaid Drug Rebate Program.

Does the Medicaid “best price” requirement encourage manufacturers to increase initial prices?

Answer. Medicaid Best Price is not a factor in setting our launch prices.

Question. What, if any, changes would you suggest we make to the program?

Answer. Pfizer encourages HHS to consider how to address the challenges that Medicaid Best Price poses for value-based agreement (VBAs). Specifically, we recommend that:

- To allow for innovative approaches and risk sharing, a poor outcome should not set a new price for Medicaid. This would allow manufacturers to share more risk with commercial health plans.
- Approaches to reporting VBAs should be as simple as possible. This would help avoid creating operational challenges for companies that may prevent development of innovative approaches.
- Manufacturers should continue to have flexibility to make reasonable assumptions in their price reporting, so that reporting approaches can evolve to reflect changes in the dynamic market and contracting environment.

OUTCOMES-BASED CONTRACTS

Question. In almost all of your testimonies, you highlight your support of outcomes-based contracts and how we need to be shifting our system toward that approach.

How will these contracts lower drug costs for patients in both the near term and long-term?

Answer. Value-based agreements (VBA) provide a framework for paying for medicines based on their value to patients and the overall health-care system. There are many different types of VBAs including those based on clinical and/or financial performance metrics for a product. Based on the outcomes achieved, payers use this information to inform how they cover products. Products that perform better should be covered in a more favorable manner which often includes lower out-of-pockets costs for patients which is a benefit to patients in the near term. In the long term, patients can also benefit from other savings either directly, (*e.g.*, reducing spending on other medications, lowering medical costs from reduced hospitalizations, doctor’s visits, etc.), or indirectly through lower premiums based on reductions in total cost of care.

Question. How will they lower overall health-care costs for our Federal programs?

⁶See, *e.g.*, Happe et. al, “A Systematic Literature Review Assessing the Directional Impact of Managed Care Formulary Restrictions on Medication Adherence, Clinical Outcomes, Economic Outcomes, and Health Care Resource Utilization,” 20 *Manag. Care Spec. Pharm.* 677–84 (2014).

⁷See, *e.g.*, U.S.C. Schaffer, “Medicaid Access Restrictions on Psychiatric Drugs: Penny-Wise or Pound Foolish?”, (Feb. 2015), <http://healthpolicy.usc.edu/documents/USC%20Issue%20Brief%20No.%202%20Final.pdf> (indicating increased incarceration rates associated with certain access restrictions); Lu, et. al, “Unintended Impacts of a Medicaid Prior Authorization Policy on Access to Medications for Bipolar Illness,” 48 *Medical Care* 4 (Jan. 2010) (finding that while a prior authorization policy in Maine Medicaid was associated with a marked decrease in rates of initiation of bipolar treatments associated with reduction in initiation of nonpreferred agents, the policy had no discernable impact on rates of switching therapy among patients currently on treatment); Farley, et al., “Retrospective Assessment of Medicaid Step-Therapy Prior Authorization Policy for Atypical Antipsychotic Medications,” 30 *Clinical Therapeutics* 1524 (April 2008) (showing, for a group of Medicaid patients with schizophrenia who were subject to a prior authorization policy for atypical antipsychotic medications, significant increases in per member per month outpatient expenditures far exceeded the associated savings in atypical antipsychotic expenditures).

Answer. VBAs can be implemented in Federal programs so that the benefits described above can accrue to the Federal programs.

Question. What have the preliminary results looked like so far?

Answer. VBAs are in the very early stages of development in the United States. Many payers and manufacturers have tested different concepts but to date, VBAs have not achieved scale. There are multiple reasons why VBAs represent a small fraction of manufacturer/payer contracts (*e.g.*, access to data, difficult and costly to administer, etc.). There are certain aspects of the current U.S. regulatory landscape that are perceived by many as not only complicating VBA implementation but in some cases limiting their rapid uptake. Stakeholders have frequently identified two key regulatory hurdles as limiting the expanded adoption of VBAs: (i) the Anti-Kick-back Statute and (ii) the Medicaid Best Price calculation requirement. While these regulations serve important roles within the current volume-based reimbursement system they do not contemplate innovative value-based arrangements which has resulted in a lack of clarity on how to account for these under the current regulatory framework. Ultimately, an expansion of VBAs will require reforms to existing regulations that enable more flexibility in designing VBAs.

TRANSPARENCY/POINT OF SALE

Question. In almost all of your testimonies, you express your support for the Trump administration's proposal to allow manufacturers to provide PBMs up-front discounts that are passed onto patients at the point of sale.

Do you feel like this proposal will make the transactions within the drug supply chain more transparent?

Answer. Pfizer acknowledges that providing discounts pursuant to the safe harbor for point-of-sale price discounts will enhance transparency of net pricing strategies and potentially drive downward pressure on net prices. Nonetheless, Pfizer believes that the proposed safe harbors are good for patients and lay the groundwork for the systemic change needed to create a simpler, more cost effective, and more transparent U.S. health-care system, and we are fully committed to operating in this new system. We are concerned, however, that plans and PBMs could impose new formulary restrictions and utilization barriers to make up for lost rebates that undermine the spirit of the rule and create new access challenges to patients. For patients to receive the benefits of the rule, we urge policymakers to ensure that no new access barriers are created as a way to compensate for lost rebate.

Question. If so, would this transparency bring down drug costs—overall and for specialty drugs?

Answer. Only through such transparency can Pfizer and other industry players ensure that discounts and other price reductions directly benefit the patient, which is a critical factor driving Pfizer's support for the Proposed Rule.

THE RELATIONSHIP BETWEEN WHOLESALERS AND MANUFACTURERS

Question. When talking about the pharmaceutical supply chain, a lot of focus has been placed on the Pharmacy Benefit Manager. But there's another side of the equation that I'd like to ask about: how do wholesalers negotiate pricing with manufacturers?

Answer. Wholesalers pay list price for our products. They may receive prompt pay discounts, which would reduce their net price. Wholesalers also can earn bona fide service fees based on performing services that are important to pharmaceutical manufacturers.

Question. What impact does this have on drug costs?

Answer. These discounts and fees are relatively consistent across products and do not significantly impact drug costs.

Question. What incentives or disincentives do they have to contain price increases?

Answer. As a result of the competitive nature of their business, wholesalers do have an incentive to contain price increases.

QUESTIONS SUBMITTED BY HON. RON WYDEN

PROPOSED REBATE RULE

Question. As has been done in many other settings, drug manufacturers said during the hearing that one reason list prices for drugs are high is that pharmaceutical benefit managers (PBMs) demand larger and larger rebates in order for the drug to receive favorable placement on a formulary. You and your colleagues who testified during the hearing stated if the administration's proposal on changes to the anti-kickback safe harbor for pharmaceutical rebates took effect, your company would likely lower list price.

Like many Oregonians, I am skeptical drug manufacturers would voluntarily lower their prices. Therefore, would you support legislation that would (1) make similar changes the administration has put forward related to Part D and Medicaid managed care, (2) change the rebate system in a similar way to the proposal for the commercial market, and (3) require drug makers to lower the list price of their drugs equal to the amount of rebates provided today?

Answer. Pfizer would support legislation that reforms the current system of rebating to one in which payers are required to use manufacturer provided discounts to ensure that the patient gets the benefit of the discount at the point of sale. We support this reform across all segments of the market where private sector negotiations result in lower net prices including Medicare Part D, Medicaid managed care and the commercial markets.

We realize that the transition away from rebates toward a point-of-sale discount model will result in a lowering of our net prices. Despite this potential negative financial impact, we support efforts to eliminate rebates because we believe the new model will be good for patients.

As currently written, the proposed rule only applies to the Medicare and Medicaid managed care segments of the market. It will be important to have any rebate reform apply to both government programs and the commercial market as that will also lead to a lowering of list prices as well. A bifurcated market will make it more challenging for manufacturers to reduce list price since the commercial market covers more than 50 percent of Americans with insurance and represents over half of the business for most manufacturers.

If the proposed rule is modified to apply to all market segments, we would evaluate the best options to arrive at a net price that ensures patients have access to our medicines. Decisions would be made on a product by product basis given that each therapeutic class has its own set of competitive and access dynamics. To ensure these benefits reach patients, it will be important for policymakers to ensure that plans do not create new barriers or restrictions that hinder patient access and undermine the spirit of the rule.

MEDICAID DRUG REBATE PROGRAM

Question. The Medicaid Drug Rebate Program (MDRP) requires manufacturers to provide a basic rebate and an additional inflationary rebate for both brand and generic drugs. The inflationary rebate is an increasingly substantial part of total rebates due in large part to large increases in drug prices that exceed inflation. Under current law, this inflationary rebate is capped at 100 percent of Average Manufacturer Price (AMP). This is the case even when manufacturers continue to raise their prices well above inflation.

Please provide a list of all of your pharmaceutical products that have reached the Medicaid AMP rebate cap in any of the 20 quarters from January 1, 2014 through December 31, 2018.

For each drug listed in response to question 1, please also provide a list of which quarters and years each drug hit the cap.

Answer. Given the highly confidential nature of the information requested, we would need to discuss the scope of this request with your staff.

MEDICAID DRUG REBATE PROGRAM COMPLIANCE

Question. I am concerned about recent reports and legal settlements surrounding drug manufacturers' failure to comply fully with the requirements of the MDRP. For example, an analysis by the U.S. Department of Health and Human Services Office of Inspector General found that between 2012 and 2016 taxpayers may have overpaid by as much as \$1.3 billion for 10 potentially misclassified drugs. That is why

I introduced the Right Rebate Act with Chairman Grassley to prevent drug manufacturers from manipulating Medicaid to increase their profits. However, I continued to be concerned about oversight and manufacturer compliance with the requirements of the Medicaid Drug Rebate Program. Accordingly, please describe the following: your company's current compliance plan and procedures used to ensure compliance with the requirements of the Medicaid Drug Rebate Program including internal audits or other checks you use to identify compliance vulnerabilities; any past or ongoing issues of non-compliance; any corrective actions taken to address identified problems or issues of non-compliance with the MDRP and how such steps were communicated to the Centers for Medicare and Medicaid Services; and any steps taken to improve compliance and ensure that all Medicaid drug rebates owed to the Federal Government and the States are paid in full.

Answer. It is Pfizer's policy to comply with all legislation, regulations, provisions, requirements, terms and conditions of the MDRP.

In order for its outpatient drugs to be covered by the Medicaid program, a manufacturer must enter into a national rebate agreement with the Secretary of HHS. This agreement generally requires manufacturers to offer Medicaid agencies the mandated discounts for covered prescription drugs. Pfizer is responsible for calculating and reporting to the Federal Government on a monthly and quarterly basis various metrics for each of Pfizer's products and, ultimately, for paying corresponding rebates based on Medicaid recipients' purchases of the company's covered drugs. In return for these rebates, State Medicaid agencies must pay for all of the drug company's covered drugs (with certain limited exceptions). If the price of the manufacturer's drug rises faster than the inflation rate, States may require an additional rebate. Pfizer and/or its predecessor entities have signed a Rebate Agreement with HHS for all Pfizer labeler codes and Pfizer remains vigilant of its obligations under the Medicaid Drug Rebate Program.

The Company has robust policies and procedures to ensure compliance with government price calculations, certification and reporting under MDRP including Pfizer's certification, reporting, payment obligations, records retention and audit obligations. The Company's policies and procedures are also meant to impart to Pfizer employees an understanding of the government pricing metrics calculated under the MDRP. Consistent with Pfizer's policies and procedures and available CMS guidance, if Pfizer becomes aware of any instances of non-compliance with the MDRP, Pfizer reports and/or communicates with CMS. Based on our current information and belief, Pfizer complies with CMS regulations and interacts with CMS to take corrective action as instructed.

BONUS PAYMENTS TIED TO SPECIFIC DRUGS

Question. I am concerned by the potential for employee financial incentives to encourage high launch prices and price increases for prescription drugs.

Is your salary, bonus, or other compensation tied to sales or revenue targets of a single product your company sells? Has it ever been? If yes, please state the product or products to which your salary, bonus or other compensation was tied.

Answer. No. Dr. Bourla's salary, bonus, or other compensation is not nor has ever been tied to the sales or revenue targets of a single product.

Question. Is your salary, bonus, or other compensation tied to either revenue or net income of the company as a whole? Has it ever been? If yes, please explain what assumptions about price increases are used when the compensation committee sets revenue or net income goals. Does the compensation committee provide any guidance to executives in regards to the amount of revenue that the company will generate from price increases versus volume growth?

Answer. Dr. Bourla, along with over approximately 48,000 other colleagues, participates in Pfizer's annual bonus plan, Pfizer's Global Performance Plan (GPP), which is funded annually based on Pfizer's performance measured against three financial metrics: revenue, adjusted earnings per share and cash flow from operations and has been since 2008.

Therefore, any annual bonuses through Pfizer's GPP, determined by the Compensation Committee of the Board of Directors and ratified by the independent members of the Board, is in part based on company revenue and net income as adjusted earnings per share is derived from net income. In determining Dr. Bourla's bonus, the Compensation Committee also takes into account other factors such as his individual performance against his annual performance objectives and overall

company performance (e.g., pipeline). Neither Dr. Bourla's salary nor other compensation is tied to revenue or net income of the company as a whole.

In setting the corporate financial goals for compensation purposes, the Compensation Committee uses the company's annual budget as the starting point and it is adjusted accordingly based on the final business plan discussion which accounts for various factors, including access, rebates, losses of exclusivity and expected price adjustments.

The Compensation Committee does not provide any guidance with regard to the amount of revenue that the company will generate from price increases versus volume growth.

NET PRICES

Question. In your testimony, you stated, "In 2018, the average net price of Pfizer's medicines in the United States declined 1 percent." Please describe how the company's year-over-year aggregate net price is calculated.

Answer. The Net Sales Price impact versus the Prior Year reflects the year-over-year change in average net selling price (calculated as net sales / units) multiplied by the current year's units. This calculation is performed at a product NDC level, and then aggregated up to the product and then the total business level.

The company's aggregate year-over-year impact of price on growth is the summation of the sales price impact versus prior year from all products in dollars, divided by the prior year's total net revenues. In 2018, the year-over-year impact on price on growth for the U.S. pharmaceutical business was negative 1 percent.

Question. How many products are included in the calculation of the average net price change? What was the median net price change?

Answer. For 2018, there are a total of 399 products included in the U.S. portfolio; median net price impact on growth is negative 4 percent.

Question. Is net price weighted? If so, how? For example, in determining the aggregate net price does the company assign different weights to different products based on volume or other factors? Are "on patent" and "off patent" drugs weighted identically? Are other statistical weights used or are all products treated equally?

Answer. Aggregate change in net price is weighted based on product volume (units) and mix. All products—both "on patent" and "off patent"—are treated identically.

Question. Does the figure that you provided during your testimony account for U.S. prices, international prices, or both? Generally speaking, when your company reports net price changes, does it differentiate between U.S. and international prices?

Answer. The figure of negative 1 percent price impact on growth provided during the testimony is for the United States. Generally speaking, when we respond to inquiries on the impact of price on growth, we have responded on a global basis, a U.S. only basis, or both, dictated by how the inquiry is posed.

Question. Please list the five drugs your company sold in the U.S. that had the greatest year-over-year net price increase in 2018, noting the increase for each drug by dollar figure and percentage.

Answer. The following products had the greatest positive impact of sales price on growth in the United States in 2018: Prevnar, Lyrica, Chantix, Pristiq, Relpax.

Question. Please list the five drugs your company sold in the U.S. that had the lowest year-over-year net price increase (and/or the greatest decrease) in 2018, noting the increase (or decrease) for each drug by dollar figure and percentage.

Answer. The following products had the greatest negative impact of sales price on growth in the United States in 2018: Xeljanz, Viagra, Inflectra, Ibrance, Celebrex.

Question. For 2018, what was the average net price change in the U.S. market for (1) drugs with no competition, (2) drugs with *only* branded competition, and (3) drugs with generic competition?

Answer. The 2018 impact of price on growth from branded products in the United States was 2 percent. 2018 impact of price on growth from remainder of portfolio (excluding Branded Products) in the United States was negative 5 percent.

Question. Pfizer has lost exclusivity for several products in recent years, including Viagra, Zyxon, Relpax, Tygacil, and Pristiq. For each of these products, please provide the percentage and dollar change in the average net price from (1) the last full year in which Pfizer maintained product exclusivity to the (2) first full year in which generic competition was present in the market.

Answer. Pfizer has lost exclusivity on several products in recent years, including: 2014: Detrol, Rapamune, Celebrex; 2015: Zyxon; 2016: Relpax, Tygacil; and 2017: Viagra, Pristiq.

In all but one case, the net price impact of the branded products listed above was negative the year after exclusivity was lost, reflecting market dynamics and the competitive environment.

QUESTIONS SUBMITTED BY HON. ROBERT MENENDEZ

Question. During the hearing, when I asked whether your company engaged in tactics to delay generic production of your products, you answered “no”. However, Pfizer appears on the FDA’s list of companies who have access complaints against them. Can you explain the discrepancy between your answer and the FDA list? The FDA list can be found here: <https://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/AbbreviatedNewDrugApplicationANDAGenerics/ucm607738.htm>.

Answer. As a patient-focused company and leading manufacturer of innovative, generic, and biosimilar medicines, Pfizer supports innovation and a strong, competitive marketplace. Consistent with these values, Pfizer does not block generic manufacturers from purchasing our products, and it has never been our policy to do so. Generic manufacturers are treated the same as any other customer seeking to purchase our products. Pfizer is not aware of any current, unfulfilled requests from a generic manufacturer to purchase a Pfizer product.

Generic manufacturers seeking to purchase Pfizer products should request the product from Pfizer’s authorized distributors or, if the product is not available at a distributor, from Pfizer directly, the same as any other Pfizer customers. Pfizer’s website includes a list of our authorized distributors, from which customers (including generic companies) may purchase most Pfizer products (see <https://www.pfizer.com/products/medicine-distributors>). For products that are not available via our authorized distributors and that are not in extreme drug shortage or unavailable due to a recall, customers can contact Pfizer’s Customer Service center at 1-800-TRY-FIRST (1-800-879-3477) to purchase product directly from Pfizer. The telephone number for Pfizer’s Customer Service center is also included on our website at <https://www.pfizer.com/contact>. Pfizer makes its products available for sale to appropriately licensed entities at Pfizer’s listed price and on Pfizer’s standard terms of sale. We do not have any agreements with authorized distributors that block the sale of Pfizer’s products to generic manufacturers.

Regarding the FDA List (the List), while Pfizer supports FDA’s (the agency) goal of providing transparency, Pfizer is concerned that the List lacks certain key information and context and, as currently presented, may create the misleading impression that *all* products on the List are the result of bad faith attempts to block generic manufacturer access to samples. The appearance of a product on the FDA List means only that a generic manufacturer informed the agency at some point in time that it was having difficulty purchasing the listed product. FDA’s own disclaimer states that the agency has not independently investigated or confirmed whether a generic manufacturer actually made a request to purchase product, and to whom.⁸ The FDA List also lacks several important pieces of information that would enable a New Drug Application (NDA) holder to investigate its appearance on the List. The List does not include: (1) which generic manufacturer made the request; (2) when and to whom the generic manufacturer made the request (*e.g.*, to a wholesaler, directly to the NDA holder); (3) whether the generic manufacturer that made the inquiry was thereafter able to obtain product; and (4) any reason(s) why a generic manufacturer may not have been able to obtain product (*e.g.*, a recall). Finally, Pfizer notes that FDA does not currently inform an NDA holder in real time when a generic manufacturer notifies the agency that it is having difficulty obtaining product. Had the agency informed Pfizer at the time it received the inquiries noted

⁸ (<https://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/AbbreviatedNewDrugApplicationANDAGenerics/ucm607738.htm>).

on the FDA List, Pfizer could have then undertaken its own efforts to resolve the issue. Pfizer communicated its concerns about the FDA List to the agency in May 2018. For your information we have included Pfizer's letter to FDA on this topic and the agency's response (*see* Exhibits 1 and 2 in the Appendix).

There are three new drug applications owned by Pfizer on the FDA List: Embeda (NDA 022321), Tikosyn (NDA 020931) and Hemabate (NDA 017989). Embeda offers a good example of the List's shortcomings. Pfizer acquired King Pharmaceuticals (the previous NDA holder of Embeda) in March 2011, and two weeks later determined that Embeda needed to be recalled from the U.S. market due to stability issues. After diligently addressing the issues that led to the recall, Pfizer relaunched Embeda to the U.S. market in January 2015, and it is available for purchase via Pfizer's authorized distributors. However, as a consequence of the recall, Embeda was not available in the U.S. market for almost 4 years which may explain why a generic manufacturer had a problem obtaining it during those years. The FDA List does not specify when the generic manufacturer's inquiry regarding Embeda was made nor does the FDA List indicate that several generic applications for Embeda had been submitted to FDA in 2010 (which means that before the recall, several generic manufacturers were successfully able to purchase Embeda, conduct the necessary testing, and file Abbreviated New Drug Applications (ANDAs)). Pfizer has not identified any recent inquiries from generic manufacturers seeking to purchase Embeda that have not been fulfilled.

The circumstances around Tikosyn also illustrate the List's shortcomings. Pfizer was able to identify a single inquiry made by a generic manufacturer directly to Pfizer to purchase Tikosyn in 2014. At that time, Tikosyn was subject to an FDA imposed Risk Evaluation and Mitigation Strategies (REMS) with Elements to Assure Safe Use ("ETASU") that restricted distribution, so Pfizer responded by asking the manufacturer to obtain written confirmation from the FDA that Pfizer's provision of the product to the generic manufacturer would not be considered a violation of its REMS. The generic manufacturer did not contact Pfizer further, and Pfizer never received any written correspondence from the agency. FDA subsequently removed the REMS for Tikosyn in 2016, and multiple generic versions of Tikosyn are now approved, the first generic approval occurring in June 2016. This context is not reflected in FDA's List.

Finally, with respect to Hemabate, this product was previously subject to certain restrictions on distribution (*i.e.*, it was sold only to customers with medical and surgical intensive care centers) to ensure its safe and appropriate use. This distribution approach was established by the previous NDA holder (Pharmacia) and it continued following Pfizer's acquisition of Pharmacia in 2003. Pfizer discontinued this approach in early 2018 after determining that it was no longer necessary, and this product is now available through our authorized distributors. During the time when Hemabate was under restricted distribution, it was not available at Pfizer's authorized distributors, but had a generic manufacturer approached Pfizer's Customer Service center directly, we would have been able to address the inquiry. Pfizer's Customer Service was not able to identify any specific requests from a generic manufacturer to purchase Hemabate that have not been fulfilled.

We hope that this information explains the apparent discrepancy between Mr. Bourla's testimony and the appearance of these Pfizer products on the FDA List, and demonstrates Pfizer's diligence on these issues and commitment to a competitive marketplace.

Question. When new products enter the market, do drug companies set high initial rebates and then provide deep rebates in order to gain access to insurance plan's formularies?

Answer. Launch pricing is driven by a multitude of factors, the most important being the medicine's impact on patients and their health. We also may consider other factors like the medicine's potential to reduce other health-care costs, such as hospital stays; the availability of other treatments and generic options; affordability for patients, insurers and governments; and investments to maintain the quality, safety, delivery, and reliability of our medicines.

Given the consolidation that has taken place in the U.S. market, the vast majority of retail prescriptions are managed by a few large PBMs. Pharmaceutical manufacturers must successfully negotiate with these PBMs to gain access to their formularies or risk having their products disadvantaged or even excluded from coverage.

The system has evolved in a manner where rebates play a significant role in how the PBM business is transacted and in the decisions regarding product placement on formularies. PBMs often win or lose business on the basis of rebate guarantees and are therefore incentivized to favor products with high list prices and deep rebates assuming comparable safety and efficacy. Because the PBMs have enormous leverage and depend on rebates to attract and retain clients, many manufacturers will enter the market with higher list prices and deeper rebates in order to ensure patients have access to their medicines.

Question. If CMS finalizes the rebate rule, do you anticipate future products entering the market with significantly lower initial list prices?

Answer. Launch pricing will be driven by product value and competitive intensity of the specific therapeutic category. Importantly, if finalized, the rule could result in lower out-of-pocket patient costs at the pharmacy counter and help address the perverse incentives in the system that have been contributing to higher list prices for medicines.

QUESTIONS SUBMITTED BY HON. THOMAS R. CARPER

Question. What are your recommendations for lowering prices for the 40 percent of drugs that do not offer rebates in Medicare Part D? In the health insurance plans that you offer your employees, do you ask your insurers to pass through the full manufacturer rebates to the beneficiaries?

Answer. It is unclear if the 40 percent of drugs that do not offer rebates in Medicare Part D are brand medicines or generics. However, Pfizer pledges to bring more affordable treatment options to the market. Our mid-to late-stage pipeline contains five biosimilar candidates expected to launch in the next 2 to 3 years. Ninety percent of medicines Americans take are generics, and competition from these drugs keeps prices low in most cases. We need to bring similar competition to the biologics market, where some of the most expensive drugs exist. The market today has already seen demonstrated savings as high as 40 percent relative to the branded product. With more competition, we hope even further savings can be realized.

Pfizer's plan design is generous and corresponding employee cost sharing for prescription drugs is already very limited—in fact, for many products, Pfizer employees experience no cost sharing at all. Given this, the terms of contract with our PBM for our employee benefits does not include a requirement to pass on rebates to Pfizer employees at the point of sale.

Question. The systems for pricing and distributing drugs are opaque and difficult to understand. What are your recommendations for increasing transparency in how your companies set the list prices for drugs, and for improving transparency in the supply chain for prescription drugs? Would you support Federal standards for transparency in setting the list prices for drugs?

Answer. Pfizer supports system-wide price transparency that is thoughtful, purpose-driven, and that can result in improved patient care, an enhanced understanding of the comparative value of all medical services, and a more patient-centered use of health-care resources.

We would be interested in exploring with the committee ways to ensure transparency across the health care system, including hospitals, plans, PBMs, etc., so that we can make informed judgments about the root of cost inflators in the system. We are also committed to ensuring that patients, health-care professionals and payers understand our commitment to pricing our medicines responsibly.

Regarding a Federal transparency standard, we believe that an appropriately crafted, balanced piece of Federal legislation that applies to all stakeholders in the health care system and preempts future State laws could be beneficial for patients. However, Pfizer believes that mandating disclosure of research and development, manufacturing, or marketing costs to assess the value of medicines is inconsistent with purpose-driven transparency.

Question. In nearly every sector of the health-care industry, Medicare, Medicaid, employers, and insurers are moving away from fee-for-service payments to reimbursements based on value and performance. Prescription drugs and medical devices were the glaring exceptions to this trend until recently. How many of your drugs are included in value-based contracts and how many patients are benefiting from them?

Answer. Patient outcomes should determine our reimbursement and Pfizer pledges that we will aggressively pursue value-based arrangements. We should not be rewarded for treatments that do not work.

Currently, Pfizer has value-based contracts for twelve drugs in our portfolio.

The agreements are in place with commercial and Medicare payers with millions of covered lives. In addition, Pfizer has a multi-product innovative agreement that has been offered to the majority of States for the Medicaid program, but currently only a small number of States compromising less than five million lives have taken or are actively considering the offer.

Question. How do these value-based contracts work to lower drug prices for both patients and taxpayers?

Answer. Value-based agreements (VBA) provide a framework for manufacturers to be compensated based on a product's value to patients and the overall health-care system. There are many different types of VBAs but the optimal structure of a VBA includes clinical and/or financial performance metrics for a product. Based on the outcomes achieved, payers use this information to inform how they cover products. Products that perform better should be covered in a more favorable manner which often includes lower out-of-pockets costs for patients which is a benefit to patients in the near term. In the long term, patients can also benefit from other savings either directly, (*e.g.*, reducing spending on other medications, lowering medical costs from reduced hospitalizations, doctor's visits, etc.), or indirectly through lower premiums based on reductions in total cost of care.

VBAs can be implemented in Federal and State programs so that the benefits described above can accrue to the Federal programs thereby benefitting taxpayers.

Question. Last year, Senator Portman and I did an investigation on the pricing of an opioid overdose reversal drug called EVZIO, manufactured by Kaléo. Kaléo increased the price of EVZIO from \$575 in 2014 to \$4,100 in 2017. We found that the best price Medicare was able to get for EVZIO, about \$4,000, was much higher than the price other Federal programs and private insurers were able to get. It seemed that Kaléo was able to get this higher price of \$4,000 from Medicare by helping doctors fill out paperwork showing that the drug was medically necessary, even though there are cheaper alternatives on the market. As a result of the investigation, Kaléo announced it will bring a generic version of the drug to market at only \$168 per pack. Are any of your companies providing medical necessity paperwork to doctors in order to get your drugs covered by Medicare?

Answer. Consistent with industry practice, Pfizer provides a sample statement of medical necessity and appeals letters through our patient support programs for patients, their caregivers and prescribing physicians to help guide these individuals in gaining access to certain Pfizer medicines after a physician has determined that a Pfizer product is right for a patient and a prescription has been written. These sample letters are generally PDF documents that describe the type of information payers require to approve access/coverage of a particular medication based upon the payers' formulary requirements, such as step therapy (therapeutic agents that must be tried first), proof of diagnosis or other common utilization management techniques that payers determine. Pfizer does not customize these letters, and patients, caregivers and physicians are advised that they are responsible for the accuracy of the information that they submit to the payer to obtain coverage and/or reimbursement. Sample letters are available from Pfizer's third-party call centers which specialize in product access triage with payers, field based reimbursement specialists and Pfizer product websites. Pfizer sales representatives do not provide this information to physicians.

Question. In 2017, the Rand Corporation estimated that biosimilar drugs, which are competitors to complex, biologic drugs, could save the United States more than \$50 billion over the next decade. Some of you have also argued that increasing the use of biosimilar drugs would help lower drugs costs for consumers and taxpayers. What is delaying the uptake of biosimilar drugs in the United States? What policies do you recommend to increase the development of biosimilar drugs?

Answer. Pfizer believes that some of the adverse incentives and barriers to market penetration include:

1. The Rebate Trap: Brand-name biologic companies are using maneuvers to block biosimilar competition such as higher rebates and exclusionary contracts.

2. **Misinformation:** Some physician and patient-directed materials created by brand companies mischaracterize biosimilars, creating doubt and confusion about the safety and efficacy of biosimilars. As defined by statute, an approved biosimilar must be highly similar to and have no clinically meaningful differences from the reference product and must have the same mechanism of action (to the extent the mechanism(s) of action of the reference product are known) as the reference product; thus, by definition, biosimilars are safe and efficacious treatments relative to the reference product and must work in the same way as the reference product. Any information disseminated by reference product sponsors to suggest or imply otherwise should be promptly addressed by FDA.
3. **Need for incentives:** Legislative ideas to promote biosimilar uptake could include a shared savings biosimilar model; reduced patient cost sharing for biosimilars. More detail is provided below.

Although the biosimilars market in the United States is still relatively new, our experience has been that anticompetitive conduct by brand-name biologic manufacturers, combined with the lack of policy measures to support appropriate uptake of biosimilars, have contributed to a slow uptake. Therefore, we encourage you to consider measures to help incentivize the use of biosimilars, which can substantially lower Medicare costs with demonstrated savings to date as high as nearly 40 percent relative to the branded biologic.

Some key policy initiatives we believe will support the uptake of biosimilars in the United States are the following:

- **Waiver of Part B Patient Coinsurance for Biosimilars for a certain period of time:**
 - CMS should waive Part B patient coinsurance amounts for biosimilars. Cost-sharing changes could be applied at the HCPCS level. This would not change the overall payment for a biosimilar; however, it would change the beneficiary's payment percentage.
- **CMS should pursue a CMMI model** designed to increase access to biosimilars, including a "shared savings" model whereby Medicare savings associated with prescribing a biosimilar, as compared to a reference biological, would be shared with providers.
- **CMS should maintain the current biosimilar pass-through status** as this provides biosimilars with a "level playing field" with their higher priced reference biologic competitors.
- **CMS should create payment incentives for plans** by contracting with a measure developer for a biosimilar use measure for the STARS program, which would correct other adverse incentives for biosimilar uptake for Medicare Advantage plans.

QUESTIONS SUBMITTED BY HON. BENJAMIN L. CARDIN

Question. The United States is one of the only countries in the world to allow prescription drug manufacturers to advertise directly to consumers through magazines, billboards, radio, and television commercials. While I will not argue that it is beneficial to educate consumers about an unfamiliar disease and encourage them to seek medical help, most commercials from all of your companies recommend asking about a specific brand name drug, not a medical condition. Furthermore, even if your advertisements follow all FDA rules and list medication side effects, they also almost always list these while a smiling, apparently healthy person is walking on a beach.

Researchers say that this type of imagery, combined with viewing hours of drug commercials each month, leads consumers to underestimate the risks associated with medications. For the past decade, studies have shown that aggressive direct-to-consumer advertising is associated with rising drug prices and an increase in inappropriate drug prescriptions.

Since researchers have concluded that consumers are misunderstanding the benefits and risks described in your ads, what further policies could help you and your colleagues ensure that you are educating patients in a clear manner?

Answer. Pfizer wants patients to have access to our drugs and part of this is making sure patients have the information they need. Pfizer believes that direct-to-

consumer (DTC) advertising should be, first and foremost, a tool through which we can provide patients with useful information to inform them about their medical conditions, and the potential benefits and risks of available treatment options so they can have a discussion with their doctors and take an active role in managing their health.

The Office of Prescription Drug Promotion at the FDA, which has responsibility for reviewing prescription drug advertising and promotional labeling to ensure that the information contained in them is not false or misleading, studies advertising so that regulations are grounded in evidence on how best to ensure ads are accurate, balanced and not misleading. The FDA's website describes in detail the many ways that its Office of Prescription Drug Promotion ensures that DTC advertising is not misleading.⁹

DTC advertising is of significant educational importance to patients, especially as the provision of health care becomes more patient-centric. Over the last 2 decades, consumer research sponsored by the industry and the FDA has underscored that clear, relevant communication allows DTC advertising, when executed thoughtfully, to have a positive impact on public health. For example, in 2004, a study by FDA found that "DTC ads help patients have better discussions with their physicians and provide greater awareness of treatments. The study demonstrated that when a patient asked about a specific drug, 88 percent of the time they had the condition that the drug treated. And 80 percent of physicians believed their patients understood what condition the advertised drug treats."

More recently, according to a 2017 survey, conducted by Princeton Survey Research Associates International on behalf of PhRMA, Americans overwhelmingly reported that DTC advertisements help inform people about new treatments (88 percent), alert people to symptoms that are related to a medical condition they may already have (81 percent), and allow people to be more involved in their health care (79 percent).¹⁰ Similarly, a research survey published in 2017 with 4,481 U.S. adults and sponsored by a working group of pharmaceutical companies has shown DTC advertising conveys useful information.¹¹ DTC ads raise awareness about medications and effectively communicate potential risks and benefits, but they also increase concern about potential side effects.

Pfizer believes that PhRMA, individual companies, academics and FDA should continue to study DTC advertising to ensure that pharmaceutical consumer communications are achieving their intended goals to educate, inform information-seeking consumers and facilitate better discussions with health-care professionals.

PHARMACEUTICAL COMPANIES CONTINUE TO RAISE PRICES

Question. As you are well aware, high prescription drug prices are the number one concern for Americans and their families. According to the Organization for Economic Cooperation and Development, the average American spends around \$1,208 annually on prescription drugs. There have been several instances where brand name or even generic drugs that have been on the market for years continue to increase in price.

One of the most well-known examples is Mylan's increase of the price of EpiPen from less than \$100 in 2007 to more than \$600 in 2016. Another example, is the ever-increasing price of insulin. Sanofi increased the price of a vial of Lantus from \$88.20 in 2007 to \$307.20 in 2017. And those are just a small sample of price increases.

Why don't we see price decreases for drugs that have been on the market for years without new formulations or added benefit?

Answer. There are a number of reasons that the price of medicines can change over time. While these reasons often include more obvious changes such as discovery of new indications and new formulations, they can also include less obvious changes

⁹ <https://www.fda.gov/aboutfda/centersoffices/officeofmedicalproductsandtobacco/cder/ucm090142.htm>.

¹⁰ 2017 Direct to Consumer Advertising Survey Results, presented by Princeton Survey Research Associates International, prepared for PhRMA, <https://www.phrma.org/report/2017-direct-to-consumer-advertising-survey-results>.

¹¹ DIA, Therapeutic and Regulatory Science, <https://journals.sagepub.com/doi/abs/10.1177/2168479017708226iii>, <https://www.fda.gov/AboutFDA/CentersOffices/OfficeofMedicalProductsandTobacco/CDER/ucm090276.htm#Completed>.

such as improvements in the manufacturing and supply chain and market-based factors.

Pfizer has reduced the price of many of our older off-patent medicines in the United States, and we are committed to bringing more affordable treatment options to the market to induce competition, including generic and biosimilar medicines. Competition is the best way to promote affordable access to quality, safe and effective medicines; competition means more and better medicines, more options for patients, and more affordable drugs.

PAY FOR DELAY

Question. Pay for delay is a tactic that more and more branded drug manufacturers have been using to stifle competition from lower-cost generic manufacturers. This allows you to sidestep competition by offering patent settlements that pay generic companies not to bring lower-cost alternatives to market.

These “pay-for-delay” patent settlements benefit both brand-name pharmaceutical companies by helping them avoid costly patent litigation and generic manufacturers by rewarding them a hefty sum to delay entering the market with a cheaper drug alternative. However, these deals do not benefit consumers. According to an FTC study, these anticompetitive deals cost consumers and taxpayers \$3.5 billion in higher drug costs every year.

Does your company partake in pay-for-delay settlements?

Answer. No. On the contrary, when Pfizer settles patent litigation with generic firms, we do so on terms that generally enable entry of generic competition earlier than the expiration of its patents and that do not involve unlawful reverse payments. Pfizer’s patent settlements thus involve lawful compromises that appropriately resolve patent disputes and accelerate patient access to lower cost generics relative to the expiration of its patents. While Pfizer has been the target of plaintiff lawyer driven class action lawsuits challenging certain of its settlements with generic companies, we believe these lawsuits are without merit and are vigorously asserting the pro-competitive nature of these settlements in court.

Question. Why would a pharmaceutical company enter into a pay-for-delay agreement?

Answer. Pfizer does not enter into these types of settlements and cannot speculate on why others might.

Question. Do you think these agreements stifle competition and prevent generic alternatives to your branded medications?

Answer. Pfizer’s patent settlements do not “stifle competition” or “prevent generic alternatives.” On the contrary, when Pfizer settles patent litigation with generic firms, it does so on terms that generally enable entry of generic competition earlier than the expiration of its patents and that do not involve unlawful reverse payments. Pfizer’s patent settlements thus involve lawful compromises that accelerate patient access to lower cost generics relative to the expiration of its patents.

DRUG REBATE RULE

Question. In January, the Department of Health and Human Services’ (HHS) Office of Inspector General (OIG) promulgated a new regulation to remove regulatory safe harbor protections under the Anti-Kickback Statute (AKS) for rebates on prescription drugs rebates paid by manufactures to PBMs under Medicare Part D and for Medicaid managed care organizations (MCOs). The OIG proposal attempts to ban most rebates by eliminating their regulatory protections.

The rule is predicted to increase net drug costs in its early years. The CMS actuaries estimate it would cost \$196 billion over 10 years. Despite this high price tag, the beneficiary benefits are limited. The proposed rule notes that under the CMS Actuary’s analysis, the majority of beneficiaries would see an increase in their total out-of-pocket payments and premium costs; reductions in total cost sharing will exceed total premium increases.

I wanted to ask a question about the administration’s rebate rule, which I understand that many of the drug manufacturers, and your main trade association, strongly support. According to an analysis of the rule by the Office of Actuaries at CMS, drug manufacturers are likely to initially retain 15 percent of the current rebates as higher net drug prices.

Given that estimate, can you provide the committee with any assurances that prices will not increase under this proposed rule?

Answer. If finalized, the rule could result in lower out-of-pocket patient costs at the pharmacy counter and help address the perverse incentives in the system that have been contributing to higher list prices for medicines. In 2019, Pfizer expects to pay billions of dollars in rebates to ensure patients with pharmacy benefits coverage in Medicare Part D and patients in commercial plans have access to our medicines. If the proposed rule to share rebates with consumers at the point of sale is finalized, we estimate that seniors taking Pfizer medicines could save \$270 on average per year, and up to \$574 per year for certain Pfizer medicines, through lower cost sharing.

Importantly, we believe any reform should apply to all market segments as this could also lead to further reduction in list prices. A bifurcated market in which we eliminate rebates in government programs but maintain rebates for commercial plans will make it difficult for manufacturers to reduce list prices because a single list price applies to all markets.

QUESTIONS SUBMITTED BY HON. SHERROD BROWN

Question. According to an article recently published in the *Journal of the American Medical Association*, medical marketers spent nearly \$30 billion dollars in 2016, up from \$17 billion in 1997. Direct-to-Consumer (DTC) advertising had the biggest percentage increase: from \$2.1 billion, or 11.9 percent of all medical marketing, in 1997 to \$9.6 billion, or 32 percent of total spending, in 2016.

Can each of you please provide what your ratio of spending on sales and marketing to research and development is today?

Answer. In order to fulfill Pfizer's mission to create breakthrough medicines that change patients' lives, we invest in several areas to ensure an innovative pipeline, top-quality manufacturing, and education of patients and physicians to ensure they have the information they need to make knowledgeable decisions about patient care.

In 2018, Pfizer spent approximately \$6.9 billion on direct sales and marketing and approximately \$8 billion on research and development globally.

BIOSIMILARS/REBATE TRAPS

Question. In many of your testimonies, you mention that encouraging the development of generics and biosimilars will help bring down the cost of drugs. However, while 17 biosimilars are now approved in the US, only 7 are actually on the market and available to patients. There are growing concerns about rebate traps, which are ways of gaming the system to ensure a biosimilar is not able to enter the market.

Dr. Bourla, in your testimony, you said: "Adverse incentives that favor higher cost originator biologics are keeping biosimilars from reaching patients. In many cases, payers decline to include lower cost biosimilars or generics in their formularies because they would risk losing the rebates they can get by covering higher cost medicines." Your company has filed lawsuits challenging rebate traps as antitrust violations. What do you think should be done about these rebate practices?

Answer. Anticompetitive conduct should be stopped through government enforcement of the antitrust laws and in the courts. Brand-name biologic companies should not be permitted to abuse the rebate system to effectively block lower-cost biosimilars from coverage.

For more details, see Pfizer's Exhibit 4 attached.

PRICE-GOUGING

Question. Sanofi, as I understand it, has made a pledge to the public to limit its price increases to the national health expenditures growth projection.

Would your company commit to a cap on annual price increases as part of your PhRMA membership criteria?

Answer. We are unable to answer this question as it requires analysis under the antitrust laws.

Question. What policies would you propose to help ensure lower *launch* prices for new drugs?

Answer. At Pfizer, we are committed to our purpose: breakthroughs that change patients' lives. Pfizer's more than 90,000 colleagues around the world come to work every day focused not only on creating breakthrough medicines, but also on making sure those medicines get into the hands of the patients who need them.

The launch prices for our medicines reflect the value that they bring to patients and society. The relationship between the price of a medicine and a patient's out-of-pocket cost is not always clear. Out-of-pocket costs continue to rise due to insurance designs that place a disproportionate burden on consumers who use medicines than other interventions. Consumers on average pay 15 percent of medicine costs but only 2 percent of hospitalization and other health-care costs. We encourage Congress to continue its efforts to understand the complexity of the pricing and reimbursement system in the United States, and to identify ways in which patient out-of-pocket expenditures can be reduced.

TRANSPARENCY

Question. In many of your testimonies, you mentioned that the current system of pharmacy benefit manager (PBM) back-end rebates do not rarely results in a scenario where the PBM passes on savings to consumers at the point of sale (POS). The administration recently proposed a rule to eliminate the anti-kickback statute safe harbor protections for these drug rebates.

Do you agree that greater transparency should be required to understand how manufacturers and PBMs are negotiating prices and rebates to ensure that savings are passed down to beneficiaries?

Answer. Pfizer is committed to working toward greater transparency along the supply chain, so patients can better understand what they are paying for and why. We believe pricing transparency policies should seek to inform consumers about the costs of health-care items and services across the industry and should promote a definition of value that considers impact to health and costs over time and across all industry stakeholders.

Pfizer believes that the proposed safe harbors lay the groundwork for the systemic change needed to create a simpler, more cost effective, and more transparent U.S. health-care system, and we are committed to operating in this new system.

Question. Senator Thune asked if this administration rule would lead you to lowering list prices. Both of you answered that you would be likely to lower your prices. However, if this rule were finalized tomorrow as proposed, would any of your companies be *required* to lower the list price of any of your drugs?

Answer. As long as rebate reform extends to both the commercial market and government programs, there could be a reduction in list prices. The commercial market covers more than 50 percent of Americans with insurance, and the safe harbor will not affect it at all. However, in Medicare, the rebate rule will make list prices less relevant because the entire rebate will be converted to a point of sale discount so that patient out-of-pocket costs, when they are in the deductible, coinsurance, and coverage gap phases of the benefit, will be based off the lower net price. If we ensure that rebates paid out to commercial plans find their way to patients, the patients will see savings of hundreds of dollars.

PBMS

Question. An *Axios* article from March 7, 2019 highlights the fact that, while "pharmaceutical companies put a lot of the blame for high drug prices on pharmacy benefit managers," many large pharmaceutical companies "rely on PBMs to manage their own health-care benefits."

In your role as an employer, does your company contract with a pharmaceutical benefit manager (PBM) to administer the prescription drug benefits for your employees and negotiate lower drug costs on your behalf?

Answer. Yes, we contract with a PBM to administer our prescription drug benefits and we work with them to establish criteria for negotiating lower drug costs on our employees' behalf.

Question. For those of you who do use a PBM to help manage the prescription drug benefit for your employees, how do you utilize the rebates your PBM negotiates to lower health-care costs or drug costs for your employee plans, and what does your company do with that savings? Specifically, do the savings go toward lowering premiums?

Answer. Pfizer's medical and prescription drug coverage is generous in terms of what we subsidize as an employer; therefore we work to ensure that our employees benefit from our investment in our workforce and any savings in the form of affordable plan premiums and substantially lower cost sharing responsibilities for prescription drugs.

Question. For those of you who do use a PBM to help manage the prescription drug benefit for your employees, does your PBM offer point-of-sale rebates to your employees?

Answer. Pfizer's plan design is generous and corresponding employee cost sharing responsibility for prescription drugs is already very limited—in fact, for many products, Pfizer employees experience no cost sharing at all. Given this, the terms of contract with our PBM for our employee benefits does not include a requirement to pass on rebates to Pfizer employees at the point of sale.

QUESTIONS SUBMITTED BY HON. SHELDON WHITEHOUSE

Question. Please describe any policy changes you support that would result in your company lowering the list prices of its drugs.

Answer. Pfizer would support legislation that reforms the current system of rebating to one in which payers are required to use manufacturer provided discounts to ensure that the patient gets the benefit of the discount at the point of sale. We support this reform across all segments of the market where private sector negotiations result in lower net prices including Medicare Part D, Medicaid managed care and the commercial markets. It is important to understand that even if rebates are prohibited, manufacturers will still negotiate discounts with plans consistent with safe harbors in exchange for formulary access, though those discounts will be reflected in lowered drug prices at the pharmacy counter rather than retrospective payments benefitting plans or their PBM instead of the beneficiaries who are underwriting premiums for others.

To ensure these benefits reach patients, it will be important for Congress and the administration to ensure that plans do not create new barriers or restrictions that hinder patient access and undermine the spirit of the rule.

Question. How much does your company's research and development portfolio rely on taxpayer-funded research conducted by the National Institutes of Health (NIH)?

Answer. The biopharmaceutical industry is one of the most research-intensive industries in the United States. In 2017, NIH had a budget of \$39.2 billion, only a fraction of which, \$3.2 billion, was dedicated to drug discovery. The industry invested over \$90 billion in R&D—almost 30 times more. For Pfizer alone, we invested approximately \$8 billion in R&D last year.

NIH's strength is its focus on important basic scientific research and the industry does derive important insights from basic scientific research conducted by NIH-funded researchers and scientists worldwide. There is, however, a large gap between understanding basic scientific principles and the discovery, development, and delivery of medicines to patients. For example, the initial NIH-funded basic science discovery of cell division and cell signaling proteins in yeast led researchers to identify similar proteins in humans. This early research later informed the thinking of Pfizer scientists and helped pave the way for the discovery and development of targeted cancer drugs like palbociclib, a new treatment for breast cancer.

The discovery of cell division in yeast is a long way from discovering and developing a drug that prevents cancer tumors from growing. As stated above, the government plays a role in advancing basic science such as identifying cellular pathways underlying disease. However, the ability to translate knowledge about biological processes into a medicine or vaccine, with appropriate drug-like properties and a clinically meaningful benefit, remains the primary function of the biopharmaceutical industry. The drug discovery and development process involves harnessing existing knowledge of underlying disease biology to chart and execute a research agenda that often encompasses ten to 15 years of discovery research, preclinical testing, clinical development (for dosing, safety, and efficacy) and pharmaceutical science to ensure the quality of the compound to be delivered. Disciplines like medicinal chemistry, process and formulation chemistry and formulation, drug metabolism, pharmacokinetics and safety sciences are practiced at a scale and expertise in the biopharmaceutical industry that extends well beyond government and academic research endeavors to deliver life-savings therapies for patients.

Question. How many of your company's products are based, at least in part, on NIH research, and how many are the result of research funded solely by your company?

Answer. We have not identified readily available information in response to this request that is maintained in the ordinary course of business. We would need to discuss the scope and terms of this question with your staff to respond appropriately.

Question. In each of the last 5 years, how much has your company spent on research and development versus the advertising and marketing of your products?

Answer. In order to fulfill Pfizer's mission to create breakthrough medicines that change patients' lives, we invest in several areas to ensure an innovative pipeline, top-quality manufacturing, and education of patients and physicians to ensure they have the information they need to make knowledgeable decisions about patient care.

Over the last 5 years, Pfizer spent approximately \$34 billion on advertising and marketing and approximately \$40 billion on R&D globally. Advertising and marketing expenses include advertising, promotion and field selling.

Question. During the hearing, you mentioned that your company would be likely to lower the list prices of its drugs if the recent proposal by the Trump administration to change the current system of rebates was extended to the private market.

If the policy was extended to the private market, how large would the list price reductions be relative to the size of the rebates your company is currently providing?

Answer. The size of any list price reductions relative to the size of rebates Pfizer is currently providing would depend on all components of the final rule and how the point of sale discount model that replaces rebates will function.

Question. How will this proposal affect how your company sets the list prices for new drug products?

Answer. At Pfizer, we are committed to our purpose: breakthroughs that change patients' lives. Pfizer's more than 90,000 colleagues around the world come to work every day focused not only on creating breakthrough medicines, but also on making sure those medicines get into the hands of the patients who need them.

Launch pricing is driven by a multitude of factors, the most important being the medicine's impact on patients and their health. We also may consider other factors like the medicine's potential to reduce other health-care costs, such as hospital stays; the availability of other treatments and generic options; affordability for patients, insurers and governments; and investments to maintain the quality, safety, delivery and reliability of our medicines.

Question. If the proposal is finalized and not extended to the private market, will your company make any list price reductions? If so, how large would the reductions be relative to the size of the rebates your company is currently providing?

Answer. Because there is no specific requirement for plans and PBMs to shift away from negotiating contracted rebates in the commercial market, it is possible that a bifurcated market, with the same perverse incentives and the same mechanism to drive list prices higher, will result. If reform does extend to the commercial marketplace, it could result in lowering of list prices. However, we cannot speculate on the amounts until we see the specifics of the rule and the changes that are made to the supply chain.

QUESTION SUBMITTED BY HON. MAGGIE HASSAN

Question. In June of 2018, the Medicaid and CHIP Payment and Access Commission (MACPAC) unanimously recommended under Recommendation 1.1 in their annual report to Congress that Congress remove the statutory requirement that manufacturers blend the average manufacturer price (AMP) of a brand drug and its authorized generic.¹²

This requirement created an unintended loophole. Rather than use the price of the authorized generic, drug companies can sell its authorized generic to a corporate

¹²MACPAC: "Improving Operations of the Medicaid Drug Rebate Program," <https://www.macpac.gov/wp-content/uploads/2018/06/Improving-Operations-of-the-Medicaid-Drug-Rebate-Program.pdf>.

subsidiary at an artificially lower price, and use that lower price to bring down the AMP, which in turn lowers the rebate obligation.

Does your company engage in this practice? Has your company ever engaged in this practice in the past?

Answer. Pfizer has a number of Authorized Generics (AGs) arrangements, both with affiliates and non-affiliates. CMS's Medicaid Covered Outpatient Drugs Final Rule, 81 Fed. Reg. 5170 (Feb. 1, 2016) (the "Final Rule") included an extensive discussion of when a primary manufacturer should include or exclude sales of AGs to secondary manufacturers in its average manufacturer price (AMP). Pfizer has developed reasonable assumptions that it believes are consistent with the guidance CMS set forth in the Final Rule for purposes of determining when to include or exclude sales of AGs in its AMP calculation. Pfizer disclosed its assumptions with respect to its approach both in written correspondence and in an onsite meeting with CMS representatives. In addition, Pfizer disclosed its assumptions to the OIG in response to a January 2018 survey.

QUESTIONS SUBMITTED BY HON. CATHERINE CORTEZ MASTO

Question. According to public filings, in 2015 Pfizer collected U.S. revenues that were more than double the amount you invested in R&D. Is this still true—do you collect more in revenue in the U.S. alone than you invest in R&D?

Answer. The biopharmaceutical industry is one of the most research-intensive industries in the United States. In 2017, NIH had a budget of \$39.2 billion, only a fraction of which, \$3.2 billion, was dedicated to drug discovery. The industry invested over \$90 billion in R&D—almost 30 times more. For Pfizer alone, we invested approximately \$8 billion in R&D last year.

Pfizer's number one priority is always the care of our patients, and we are proud of the investments Pfizer makes to insure we continue to bring new, innovative cures to patients. These responsibilities require investments in R&D, manufacturing and other areas to accomplish our mission of creating breakthrough medicines that change people's lives.

In 2018, Pfizer spent approximately \$20 billion on global R&D and manufacturing. This includes investing in state-of-the-art labs so we can attract the finest scientists in the world and continuing to invest in innovative, high-tech manufacturing to ensure the high quality of our products. Pfizer's revenues in the United States in 2018 totaled approximately \$25 billion.

Question. As a portion of your revenue, for what percentage of the drugs in your portfolio do you offer no rebates? Based on the drugs in your pipeline, do you foresee that portion growing? For those drugs is your list price equal to your net price?

Answer. Approximately one third of Pfizer's revenue comes from products that are not Medicare Part D eligible. This product group includes generics, vaccines, and physician administered products. Of the remaining two thirds of our revenue, 92 percent comes from products that offer Medicare Part D or commercial rebates. The remaining 8 percent is from products that have lost patent exclusivity, have generic alternatives, and offer no rebates. It is not possible to determine at this time whether that portion will increase because rebating on future products will be based on numerous factors, including product value and the competitive intensity of the therapeutic area. For products that do not rebate, there are additional deductions from sales such as prompt payment fees and distribution service fees resulting in the net price being lower than list price.

Question. Do you invest more in R&D than you generate in U.S. sales revenue? Please include specific figures.

Answer. The biopharmaceutical industry is one of the most research-intensive industries in the United States. In 2017, NIH had a budget of \$39.2 billion, only a fraction of which, \$3.2 billion, was dedicated to drug discovery. The industry invested over \$90 billion in R&D—almost 30 times more. For Pfizer alone, we invested approximately \$8 billion in R&D last year.

Pfizer's number one priority is always the care of our patients, and we are proud of the investments Pfizer makes to insure we continue to bring new, innovative cures to patients. These responsibilities require investments in R&D, manufacturing and other areas to accomplish our mission of creating breakthrough medicines that change people's lives.

In 2018, Pfizer's revenues in the United States totaled approximately \$25 billion and Pfizer spent approximately \$20 billion on global R&D and manufacturing. This includes investing in state-of-the-art labs so we can attract the finest scientists in the world and continuing to invest in innovative, high-tech manufacturing to ensure the high quality of our products.

Question. Do you invest more in R&D than you spend on marketing and administration? What company functions do you consider to be included in administration? Please include specific figures.

Answer. In order to fulfill Pfizer's mission to create breakthrough medicines that change patients' lives, we invest in several areas to ensure an innovative pipeline, top-quality manufacturing, and education of patients and physicians to ensure they have the information they need to make knowledgeable decisions about patient care.

In 2018, Pfizer spent approximately \$14 billion on selling, informational and administrative expenses and approximately \$8 billion on R&D. Selling, informational and administrative costs are expensed as incurred. Among other things, these expenses include the internal and external costs of marketing, advertising, shipping and handling, information technology and legal defense.

Question. Do you invest more in R&D than you spend on marketing and sales? What company functions do you consider to be included in sales? Please include specific figures.

Answer. In order to fulfill Pfizer's mission to create breakthrough medicines that change patients' lives, we invest in several areas to ensure an innovative pipeline, top-quality manufacturing, and education of patients and physicians to ensure they have the information they need to make knowledgeable decisions about patient care.

In 2018, Pfizer spent approximately \$6.9 billion on direct sales & marketing and approximately \$8 billion on R&D globally. Direct sales and marketing expenses include, among other things: direct promotion or sale of the company's products.

Question. Why do you advertise for the drugs you manufacture? What factors do you consider in choosing which drugs you advertise?

Answer. Pfizer believes that direct-to-consumer (DTC) advertising should be, first and foremost, a tool through which we can provide patients with useful information about their medical conditions, the availability of treatments and the potential benefits and risks of available treatment options so they can have a discussion with their doctors and take an active role in managing their health. Research has confirmed that this communication channel delivers on this goal.¹³

We may consider several factors when making decisions about our consumer communications. Some of these may include the information needs of patients who might benefit from one of our medicines and/or the extent to which a health condition is un- and under-diagnosed and treated.

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May 30, 2018

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¹³See 2017 Direct to Consumer Advertising Survey Results, presented by Princeton Survey Research Associates International, prepared for PhRMA, <https://www.phrma.org/report/2017-direct-to-consumer-advertising-survey-results>; DIA, Therapeutic and Regulatory Science, <https://journals.sagepub.com/doi/abs/10.1177/2168479017708226>; <https://www.fda.gov/AboutFDA/CentersOffices/OfficeofMedicalProductsandTobacco/CDER/ucm090276.htm#Completed>.

Re: Reference Listed Drug (RLD) Access Inquiries Website and NDA 022321 for Embeda (morphine sulfate; naltrexone hydrochloride) Extended-Release Capsules; NDA 017989 for Hemabate (carboprost tromethamine) Injection; and NDA 020931 for Tikosyn (dofetilide) Capsules

Dear Dr. Gottlieb:

We write in reference to the newly posted page on the FDA website entitled “Reference Listed Drug (RLD) Access Inquiries.”¹ We note that several new drug applications (NDAs) owned by Pfizer Inc. or wholly-owned subsidiaries of Pfizer (collectively, “Pfizer”) are included in the list published on this site (“List”):

1. Embeda (morphine sulfate; naltrexone hydrochloride), NDA 022321;
2. Hemabate (carboprost tromethamine), NDA 01 7989; and
3. Tikosyn (dofetilide), NDA 020931.

We write to the Agency for several reasons. First, we wish to inform the Agency about Pfizer’s internal practice for handling drug purchasing inquiries from prospective generic applicants, as well as provide some context for why the Agency may have received inquiries about these particular products, and Pfizer’s diligence in addressing these issues. We believe that this information demonstrates Pfizer’s commitment to supporting innovation and a competitive marketplace. Second, we wish to provide our suggestions on additional, non-confidential information to add to the List in order to provide context critical to understanding the List and its value. Additionally, we wish to express our concerns that the Agency’s announcement surrounding the new webpage and how the information is currently presented implies that the companies listed have engaged in “gaming” or anti-competitive behavior, which is untrue with respect to Pfizer, and not supported by the facts currently included in the List.

Pfizer was surprised and disappointed to discover that FDA had been informed by prospective generic applicants that they had difficulty obtaining some of our products to conduct the testing necessary to support submission of an abbreviated new drug application (ANDA). However, we note that the Agency included a disclaimer on the webpage stating that “[w]e note that FDA has not independently investigated or confirmed the access limitations described in the inquiries received.”² As discussed in more detail below, without having any additional information about these inquiries, Pfizer is unable to confirm whether those inquiries were made to Pfizer, and if so, whether they were handled in accordance with Pfizer’s practice to make its drug products available to applicants for purchase.

Following publication of the List, Pfizer conducted internal due diligence to identify whether Pfizer was contacted by prospective generic applicants for the listed products, and whether Pfizer was able to provide those customers with the requested drug product. By way of background, our standard approach is to ensure that drug product is available to licensed generic manufacturers at the listed price and on Pfizer’s standard terms of sale.³ The vast majority of Pfizer’s products are available through traditional wholesale channels (*i.e.*, available through one or more of Pfizer’s authorized distributors). If Pfizer receives an inquiry about a product that is available at wholesale, Pfizer will refer a prospective buyer to a publicly available list of its authorized distributors, and indicate that the prospective buyer should obtain product from an authorized distributor on that list. For the limited number of products that are not available at wholesale, requests made to Pfizer by a generic manufacturer wishing to purchase drug samples should be fulfilled in accordance with Pfizer’s standard practice. If such requests involve a product with a REMS that restricts distribution, Pfizer’s position is that a Safety Determination Letter (SDL) needs to be provided prior to sale. Pfizer developed an internal process to handle such requests in early 2015, upon realizing that such requests come into Pfizer via multiple departments and colleagues.

Tikosyn

The List indicated that the Agency had received four inquiries regarding Tikosyn. To the best of its knowledge, Pfizer is aware of only one request for Tikosyn from a prospective generic applicant. At the time of that request, Tikosyn was approved

¹ <https://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/AbbreviatedNewDrugApplicationANDAGenerics/ucm607738.htm>.

² <https://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/AbbreviatedNewDrugApplicationANDAGenerics/ucm607738.htm>.

³ If a drug product is in critical short supply, Pfizer will ship products to fulfill orders for dispensing to patients before fulfilling orders for product for testing.

with a REMS with elements to assure safe use (ETASU) that restricted distribution. When contacted by the applicant, Pfizer requested that the applicant provide us with written confirmation from the Agency that Pfizer's sale of the product to the applicant would not be considered a violation of our REMS. The applicant did not contact Pfizer further and Pfizer never received any written correspondence from the Agency. The Agency removed the REMS in 2016, and Pfizer notes that the Access Inquiries Webpage indicates that FDA never issued any SDLs for this drug product.

We note despite the inquiries submitted to the Agency identified in the List, ANDAs have been submitted and approved for the drug product. There are three approved ANDAs for the drug product, with the first approved on June 6, 2016,⁴ and two additional ANDAs approved in 2018.⁵ Additionally, the Agency's paragraph IV certification list indicates that the first ANDA containing a paragraph IV certification was submitted on May 1, 2014, when the REMS was still in place.⁶ This additional information indicates that applicants were able to obtain product, submit ANDAs, and obtain approval from the approval even while the REMS was in place.

As the REMS has been removed by the Agency, Pfizer now makes Tikosyn available at wholesale through its authorized distributors.

Embeda

The List indicated that the Agency received one inquiry regarding Embeda. We note that despite the inquiry submitted to the Agency, ANDAs containing a paragraph IV certification were submitted to the Agency for Embeda from May 3, 2010, through May 28, 2010, covering five of the six approved strengths of Embeda.⁷ Pfizer acquired King Pharmaceuticals (and with it, Ernbeda) on March 1, 2011. Two weeks later, Pfizer recalled Embeda from the market due to stability issues with the product. Pfizer spent the next several years diligently addressing the issues that led to the recall, and Pfizer was able to re-launch the product in January 2015. However, as a result of these issues, from March 2011 through January 2015, there was no Embeda product available for sale in the U.S. market.

Pfizer was not able to identify any request from a generic applicant to purchase Embeda. Embeda is now available at wholesale through Pfizer's authorized distributors.

Hemabate

Finally, the List indicated that FDA had received one inquiry for Hemabate, an older drug owned by Pharmacia and Upjohn Co., which was acquired by Pfizer in 2003. Pharmacia, and later Pfizer, limited Hemabate distribution to customers with medical and surgical intensive care facilities to help ensure the drug product was used in accordance with the product's labeling. While this limited distribution may have prevented a prospective generic applicant from acquiring the drug product from a wholesaler, it would not have prevented an applicant from contacting Pfizer directly to buy the drug product. Pfizer ceased the limited distribution of Hemabate to ensure patients and healthcare professionals had appropriate access to the drug product. The product is now available at wholesale through Pfizer's authorized distributors since January 2018. Pfizer was not able to identify any request from a generic applicant to purchase Hemabate.

Proposed Revisions to the List

We encourage the Agency, in accordance with its goal “[t]o help address this issue and to provide transparency regarding these inquiries,”⁸ to add further information to the List. The information Pfizer suggests the Agency include will provide critical context to help clarify to the stakeholders involved, *i.e.*, the American public, the

⁴ ANDA 207058, see https://www.accessdata.fda.gov/scripts/cder/ob/results_product.cfm?Appl_Type=A&Appl_No=207058, accessed May 23, 2018.

⁵ ANDA 208625, see https://www.accessdata.fda.gov/scripts/cder/ob/results_product.cfm?Appl_Type=A&Appl_No=208625, accessed May 23, 2018; ANDA 207746, see https://www.accessdata.fda.gov/scripts/cder/ob/results_product.cfm?Appl_Type=A&Appl_No=207746, accessed May 23, 2018.

⁶ See <https://www.fda.gov/downloads/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/AbbreviatedNewDrugApplicationANDAGenerics/UCM293268.pdf>.

⁷ See <https://www.fda.gov/downloads/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/AbbreviatedNewDrugApplicationANDAGenerics/UCM293268.pdf>.

⁸ <https://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/AbbreviatedNewDrugApplicationANDAGenerics/ucm607738.htm>.

United States Government, and industry, whether an NDA holder may be preventing generic applicants from obtaining the drug products necessary to support submission of an ANDA Without this information, stakeholders may come away with the false impression that every company on the List has impeded access, as demonstrated by the news coverage of the List and FDA's statements.⁹

We recommend that the List include:

- The date the inquiry was made to FDA, and if furnished by the prospective generic applicant, the date(s) the applicant attempted to acquire the drug product and failed;
- If available, whether the prospective generic applicant directly approached the NDA holder or manufacturer, and was unable to obtain product that way;
- The identity of the NDA holder at the time the inquiry was made;
- Whether there are approved generic products for the drug product, and when those were approved;
- Whether and when an applicant submitted an ANDA with paragraph IV certification; and
- Whether a particular inquiry for a product with a REMS with ETASU restricting distribution included a protocol, and whether the Agency issued an SDL relating to that inquiry.

While the Agency includes a disclaimer on the Access Inquiries Webpage that it has not investigated or confirmed the access limitations described in the inquiries it received,¹⁰ the Agency's statements, both on its website and in public statements, strongly suggest that the Agency endorses the claim that access to biosamples was blocked for all products on the list. In reality, however, the only certain fact about the inquiries on the List is that a prospective applicant complained to FDA that it was unable to obtain the drug product. Neither Pfizer nor the FDA knows whether that is in fact the case, or, if it is, whether there are reasons the applicant did not obtain product that are not the result of "gaming" or anti-competitive tactics by NDA holders. For example, the drug may not be available due to a drug shortage, recall (as in the case of Embeda), or because the generic applicant did not actually try all avenues to obtain the drug product, such as contacting the NOA holder or manufacturer directly.

Including this additional information in the List will shed light on the reasons the generic applicant may have been unable to obtain the drug product, as well as indicate whether generic applicants were able to obtain the drug product, despite the inquiries received by FDA. For example, knowing the dates the inquiries were made could indicate whether the requests came during a time when the drug product was not being marketed, as in a recall situation, or when a REMS with ETASU that restricted distribution was in place that may have triggered the need for a review of the prospective generic applicant's protocol. And, knowing those dates will help industry perform its own due diligence to identify whether a request for drug product was inappropriately denied. Likewise, noting whether the prospective generic applicant stated whether it contacted the NDA holder or manufacturer will indicate whether the applicant reached out to a party that could provide the drug product, and will assist a company in determining whether its policy on providing drug product, such as Pfizer's, was appropriately followed.

Additionally, providing the identity of the NDA holder at the time of the inquiry will help clarify whether the company that currently owns the NDA could potentially be responsible for the failure to provide drug product, or whether that failure, if any, could be attributable to the prior holder of the NDA. For example, without knowing when the inquiry was made or who the NDA holder was at the time of the inquiry, Pfizer cannot tell for two of its products on the List (Embeda and Hemabate) whether those inquiries came before or after Pfizer's acquisition of the companies that originally owned those products. Accordingly, Pfizer cannot ade-

⁹See, e.g., Sara Koblitz, *FDA's Version of the Scarlet Letter*, FDA Law Blog (May 23, 2018), <http://www.fdaulawblog.net/2018/05/fdas-version-of-the-scarlett-letter/>; Sheila Kaplan, "F.D.A. Names and Shames Drug Makers to Encourage Generic Competition," *The New York Times* (May 17, 2018), <https://www.nytimes.com/2018/05/17/health/drug-prices-generics-fda.html>; Sy Mukherjee, "The FDA Is Naming and Shaming Companies Accused of Blocking Cheap Generic Drugs," *Fortune* (May 17, 2018), <http://fortune.com/2018/05/17/fda-database-generic-drug-delays/>.

¹⁰<https://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/AbbreviatedNewDrugApplicationANDAGenerics/ucm607738.htm>.

quately respond to allegations that it may have inappropriately restricted access to its drug products.

Including the dates of generic entry would also demonstrate to stakeholders whether generic competition was impeded, or if in fact, one or more generic applicants were able to obtain the product needed in order to obtain approval from the Agency. While we recognize that the Agency may be unable to identify who made the inquiry to FDA, even if that applicant has an ANDA approved later, to the extent that information can be provided, it would demonstrate whether a particular generic applicant was blocked from obtaining product.

Additionally, providing more information related to products with REMS that restrict distribution, *e.g.*, whether an applicant has submitted a protocol to the Agency, and whether a particular inquiry on the List correlates to the issuance of an SOL, will also indicate whether the generic applicant who made the inquiry provided its protocol to the Agency, and whether the Agency determined that the protocol contained safety protections comparable to the REMS. Currently, there is no indication as to whether an applicant who complained about not having access to such drug product took appropriate steps to facilitate its access to the product when there was such a REMS in place for the drug product.

Finally, we also note that the Agency does not inform an NOA holder in real time when an applicant has had difficulty obtaining product. Given Pfizer's policy to provide drug product when requested, if the Agency had informed Pfizer that it had received such an inquiry on a specific date, Pfizer could have then undertaken its own efforts to resolve the issue.

We appreciate the Agency's consideration of the issues raised in this letter, and reiterate our commitment to competition and innovation in the biopharmaceutical industry.

Sincerely,

Peter Honig, M.D., M.P.H.
Senior Vice President, Worldwide Safety and Regulatory

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U.S. FOOD AND DRUG ADMINISTRATION (FDA)

July 19, 2018

Peter Honig, M.D., M.P.H.
Senior Vice President, Worldwide Safety and Regulatory
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Dear Dr. Honig:

Thank you for your letter of May 30, 2018, regarding FDA's Reference Listed Drug (RLD) Access Inquiries webpage. Your letter informs FDA about Pfizer's internal practice for handling inquiries about samples from prospective generic applicants, provides suggestions about additional information to add to the RLD Access Inquiries webpage, and expresses concern about the Agency's announcement surrounding the webpage (Letter at 1-2). The Commissioner referred your letter to the Center for Drug Evaluation and Research (CDER) for response.

1. Pfizer's internal practice for handling drug purchasing inquiries from prospective generic applicants

Your letter provides a synopsis of Pfizer's internal practices for handling the inquiries that it receives related to RLD access to its products and the circumstances surrounding the Pfizer products that appear on the RLD Access Inquiries webpage (Letter at 2-3). We appreciate the insight provided by Pfizer on its internal processes. As you are aware, inclusion on the list of products on the RLD Access Inquiries webpage signifies that FDA has received an RLD access inquiry related to limited distribution of the product. As we state on the webpage, FDA has not independently investigated or confirmed the access limitations as described in the inquiries received.

You also state that FDA “does not inform an NDA holder in real time when an applicant has had difficulty obtaining product” and that “if [FDA] had informed Pfizer that it had received such an inquiry on a specific date, Pfizer could have then undertaken its own efforts to resolve the issue.” As the webpage explains (and as also described in the draft guidance for industry *How to Obtain a Letter from FDA Stating that Bioequivalence Study Protocols Contain Safety Protections Comparable to Applicable REMS for RLD* (How to Obtain a Letter Guidance)), FDA does notify certain RLD sponsors, after the prospective generic applicant has provided appropriate disclosure authorization to the Agency. However, to the extent that Pfizer has a process for prospective generic applicants to obtain samples, we encourage Pfizer to consider making that process public to help ensure both that interested developers know what process to use, and that Pfizer has access to as much information as possible about any access issues.

2. Suggestions for additional information Pfizer believes FDA should add to the RLD Access Inquiries webpage

Your letter also contains a list of six points of information Pfizer recommends be added to the RLD Access web page (Letter at 4):

1. The date the inquiry was made to FDA, and (if furnished by the prospective generic applicant), the date(s) the applicant attempted to acquire the product and failed;
2. If available, whether the prospective generic applicant directly approached the NDA holder or manufacturer, and was unable to obtain product that way;
3. The identity of the NDA holder at the time the inquiry was made;
4. Whether there are approved generic products for the drug product, and when those were approved;
5. Whether and when an applicant submitted an ANDA with a paragraph IV certification; and
6. Whether a particular inquiry for a product with a REMS with ETASU impacting distribution included a protocol, and whether the Agency issued a Safety Determination Letter (SDL) relating to that inquiry.

We note that two of these items (“[t]he identity of the NDA holder at the time the inquiry was made,” and “whether the Agency issued a [Safety Determination Letter] relating to [an] inquiry”) are already included on the RLD Access Inquiries webpage. The webpage identifies the RLD sponsor associated with each inquiry, and clarifies that this is the RLD sponsor that was listed in the Approved Drug Products with Therapeutic Equivalence Evaluations (the Orange Book) at the time FDA received the inquiry (see footnote on the chart of inquiries). The web page also identifies whether FDA issued a Safety Determination Letter in connection with a particular RLD access inquiry (and explains that receipt of such a letter is preceded by FDA’s review of bioequivalence study protocols to assess whether they contain safety protections comparable to those in the applicable REMS for the RLD).

Two of the other points of information (“[w]hether there are approved generic products for the drug product, and when those were approved” and “[w]hether an applicant submitted an ANDA with a paragraph IV certification”) are already publicly available on FDA’s website (via the Orange Book or Drugs@FDA and the Paragraph IV Certifications List, respectively).¹ For the remaining points of information, to the extent FDA has access to the information you describe, we will take your feedback (along with feedback from other stakeholders) into account as we consider whether any changes to the RLD Access Inquiries webpage should be made in order to best address and improve transparency about this topic.

3. Concerns relating to the Agency’s announcement surrounding the RLD Access Inquiries webpage

Your letter also indicates that FDA’s presentation of information about this topic “strongly suggest that the Agency endorses the claim that access to biosamples was blocked for all products on the list” (Letter at 4). As you note, however, the RLD Access webpage makes clear that FDA has not independently investigated or confirmed the access limitations described in the inquiries the Agency received. The webpage is one effort under the FDA’s Drug Competition Action Plan to provide

¹ See <http://www.accessdata.fda.gov/scripts/cder/ob/index.cfm>, <http://www.accessdata.fda.gov/scripts/cder/daf/index.cfm> and <https://www.fda.gov/downloads/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/AbbreviatedNewDrugApplicationANDAGenerics/UCM293268.pdf>, respectively.

transparency about the potential impact of this important issue. If generic companies are unable to purchase the samples they need to support their applications, this slows down, or entirely impedes, the generic drug development process—leading to delays in bringing affordable generic alternatives to patients in need. FDA is committed to advancing policies to help bring more competition to the prescription drug market, and we will continue to consider how we can best advance this goal, including whether any changes to the RLD Access Inquiries webpage should be made. We appreciate your feedback on this issue.

Thank you again for contacting us.

Sincerely,
Janet Woodcock, M.D.
Director
Center for Drug Evaluation and Research

PFIZER FOUNDATION GRANT SUMMARY

2015–2018

TOTAL: \$45,877,000

GLOBAL HEALTH PROGRAMMING

NOTE: This report includes information for recipient both U.S. and ex-U.S. recipient organizations. Certain Pfizer Foundation grants to non-U.S. grantees are facilitated through U.S.-based donor-advised funds that specialize in vetting and processing grants to non-U.S. grant recipients.

IMPROVING HEALTHCARE DELIVERY AND LOCAL INNOVATION

DATE BOARD APPROVED	PARTNER	DESCRIPTION	AMOUNT
November 2015	Swasth Foundation, Afya Research, Jacaranda Heath, Northstar Alliance, Penda Health, World Health Partners, Clinicas del Azucar, Saluno, APOPO, Ayzh, Last Mile Health, LifeNet International, One Family Health, Operation ASHA and Sevamob	Global Health Innovation Grants support organizations that are advancing innovative health models in low and middle income countries. The goal of this portfolio is to improve healthcare delivery for underserved populations and support local innovation in key countries: India, Kenya, Mozambique, Mexico, Tanzania, India, Liberia, Uganda, Rwanda, and South Africa. The grants support projects that align to the Foundation's 4 strategic elements: primary healthcare delivery, women and children's health, health technologies for low resource settings and innovative financing mechanisms. The Foundation supported \$100,000 grants to fifteen organizations in 10 countries.	\$1,500,000
December 2016	Swasth Foundation, Afya Research, Jacaranda Heath, Northstar Alliance, Penda Health, World Health Partners, Clinicas del Azucar, Saluno, Ayzh, Last Mile Health, LifeNet International, One Family Health, Operation ASHA and Sevamob, Purple Source, Unjani, AccuHealth, Bive, Salud Cercana, 2020MicroClinic	SECOND CYCLE: The Foundation supported \$100,000 grants to twenty organizations in 10 countries.	2,000,000

IMPROVING HEALTHCARE DELIVERY AND LOCAL INNOVATION—Continued

DATE BOARD APPROVED	PARTNER	DESCRIPTION	AMOUNT
March 2018	Swasth Foundation, Afya Research, Jacaranda Health, Northstar Alliance, World Health Partners, Clinicas del Azucar, Saluno, Ayzh, Last Mile Health, LifeNet International, One Family Health, Operation ASHA and Sevamob, Purple Source, Unjani, Bive, 2020MicroClinic, MUSO, Possible, UE Life Sciences	THIRD CYCLE: The Foundation supported \$100,000 grants to twenty organizations in 12 countries.	2,000,000
March 2018	Acumen	The Foundation provided catalytic funding to Acumen America, an early-stage philanthropic venture fund that invests in companies that are improving the lives of low-income Americans and advancing innovative solutions to issues of poverty in America. Through this grant, Acumen will grow its portfolio of health investments that transform services for the poor in the US, including programs that will increase access to care, including lowering the financial and time burden of health and wellness on low-income individuals, improve quality of care to make care more effective, and improve patient experience of care to drive patient engagement & adherence. Portfolio companies include approaches to use technology to address and reduce health disparities for underserved and multicultural populations.	500,000

IMPACT INVESTING CATALYTIC GRANTS

DATE BOARD APPROVED	PARTNER	DESCRIPTION	AMOUNT
July 2015	PharmAccess	The Foundation provided a grant to support the development and roll out of PharmAccess' innovative healthcare financing, funding which will help scale PharmAccess's mobile health (mHealth) wallet, a mobile health payment platform linked to M-Pesa in Kenya. The goal of the Foundation's grant is to support user roll-out of the platform and increase the number of people who use the platform, demonstrating its usability and collecting data. The Foundation's grant will target 100,000 low income, urban mothers who will be enrolled and receive a financial subsidy through the mHealth wallet to pay for healthcare services and products for their children under 5 years old.	\$1,500,000
July 2015	PATH	The Foundation provided a grant to support the expansion of PATH's Global Health Innovation Hub in South Africa, in partnership with the South Africa Medical Research Council. The Hub's mission is to accelerate access to the most promising technology innovations by building the capacity of local innovators to develop, manufacture, and deploy global health technologies for vulnerable groups, leveraging PATH's expertise and network in global health and product development. The grant will support activities to build and accelerate local innovations and identify and prioritize local technologies that can deliver global health impact.	350,000

IMPACT INVESTING CATALYTIC GRANTS—Continued

DATE BOARD APPROVED	PARTNER	DESCRIPTION	AMOUNT
July 2015	UNITUS	The Foundation provided a grant to support the expansion of 'StartHealth,' a health technology jump-starter designed to accelerate the pace of development of bottom of the pyramid focused health-tech startups in India.	650,000
July 2015	Global Partnerships	The Foundation provided a grant to this impact investment fund, which focuses on providing products and services using market based approaches in Latin America. This includes efforts to pilot and validate high potential health modes for last mile and underserved populations, with a focus on woman and children.	500,000

SUPPORT INNOVATIVE APPROACHES TO ENHANCING NON-COMMUNICABLE DISEASE CARE

DATE BOARD APPROVED	PARTNER	DESCRIPTION	AMOUNT
November 2015	FHI360	The Foundation provided a grant to support the "Suc Khoe Doi Dao" project that will establish a community-based, integrated NCD prevention and control program in Vietnam.	\$1,000,000
November 2015	George Institute of Global Health	This partnership will pilot implementation of a novel primary care platform to support communities and healthcare providers in the prevention and management of NCDs in Indonesia and India.	1,000,000
April 2016	PATH	As part of Pfizer Foundation's work to advance oncology care, the Foundation provided support to PATH in Peru to reduce the growing burden of illness and death from breast cancer for underserved populations through early detection linked to service and treatment.	500,000
April 2016	Susan G Komen Breast Cancer Foundation	As part of Pfizer Foundation's work to advance oncology care, the Foundation provided support to Susan G Komen Breast Cancer Foundation in Northeast Brazil to integrate breast cancer patient support, early detection and timely/quality diagnosis into existing primary care services with the goal of improving health access and delivery for underserved women.	500,000
April 2016	Partners in Health	As part of Pfizer Foundation's work to advance oncology care, the Foundation provided support to Partners in Health to increase accessibility of treatment for breast cancer for underserved patients and document and disseminate lessons learned to inform cancer care in Rwanda.	500,000
April 2016	Indiana University Center for Global Health	As part of Pfizer Foundation's work to advance oncology care, the Foundation partnered with AMPATH, through the Indiana University Center for Global Health, to improve breast cancer services for underserved women in Kenya including screening, early diagnosis, treatment and palliative and survivorship care.	500,000
April 2017	FHI360	The Foundation provided additional funding of the "Abundant Health" project to support routine prevention, screening and management of hypertension and diabetes care in five commune health stations in Tan Phu district in Ho Chi Minh City, Vietnam.	300,000
April 2017	PATH	The Foundation provided additional funding of the "Community Based Program for Breast Health" project in Peru.	350,000

SUPPORT INNOVATIVE APPROACHES TO ENHANCING NON-COMMUNICABLE DISEASE CARE—
Continued

DATE BOARD APPROVED	PARTNER	DESCRIPTION	AMOUNT
August 2018	FHI360	The Foundation provided additional funding/phase two of the “Abundant Health” project to support routine prevention, screening and management of hypertension (HTN) and diabetes (DM) care at the community level.	437,000
August 2018	PATH	The Foundation provided additional funding of the “Community Based Program for Breast Health” project in Peru.	230,000
August 2018	Indiana University Center for Global Health	The Foundation provided additional funding to AMPATH, through the Indiana University Center for Global Health, to improve breast cancer services for underserved women in Kenya including screening, early diagnosis, treatment and palliative and survivorship care.	250,000
August 2018	George Washington American Cancer Institute	The Foundation additional funding to help improve health outcomes and reduce health disparities for African-American, Latina and LGBT women.	150,000

PROVIDING CRITICAL SUPPORT FOR PRESSING U.S. PUBLIC HEALTH NEEDS

DATE BOARD APPROVED	PARTNER	DESCRIPTION	AMOUNT
April 2016	American Cancer Society	As part of Pfizer Foundation’s work to advance oncology care, the Foundation partnered with the American Cancer Society in Los Angeles, California and Hamptons Roads, Virginia to develop a patient navigation model that links community health advisors with federally-qualified health center (FQHC) screening and in-hospital navigation.	\$1,000,000
April 2016	George Washington American Cancer Institute	As part of Pfizer Foundation’s work to advance oncology care, the Foundation provided support to George Washington University Cancer Institute to help improve health outcomes and reduce health disparities for African-America, Latina and LGBT women.	1,000,000
December 2017	West Virginia Department of Health and Human Resources	The Foundation provided a grant to support opioid addiction prevention and education programming in West Virginia.	500,000
December 2017	New Hampshire Department of Education	The Foundation provided a grant to support opioid addiction prevention and education programming in New Hampshire.	500,000
December 2017	Office of Drug Control Policy	The Foundation provided a grant to support opioid addiction prevention and education programming in Kentucky.	500,000
December 2017	New Mexico Department of Health	The Foundation provided a grant to support opioid addiction prevention and education programming in New Mexico.	500,000
December 2017	Utah Department of Health	The Foundation provided a grant to support opioid addiction prevention and education programming in Utah.	500,000
December 2017	Commonwealth of Massachusetts Department of Public Health	The Foundation provided a grant to support opioid addiction prevention and education programming in Massachusetts.	500,000
December 2017	Rhode Island Department of Health	The Foundation provided a grant to support opioid addiction prevention and education programming in Rhode Island.	500,000

PROVIDING CRITICAL SUPPORT FOR PRESSING U.S. PUBLIC HEALTH NEEDS—Continued

DATE BOARD APPROVED	PARTNER	DESCRIPTION	AMOUNT
December 2017	Foundation for Appalachian Ohio	The Foundation provided a grant to support opioid addiction prevention and education programming in Ohio.	500,000
December 2017	Department of Public Health	The Foundation provided a grant to support opioid addiction prevention and education programming in CT.	500,000
December 2017	Delaware Health and Social Services	The Foundation provided a grant to support opioid addiction prevention and education programming in Delaware.	500,000

ADDRESSING KEY BARRIERS FOR WOMEN AND CHILDREN

DATE BOARD APPROVED	PARTNER	DESCRIPTION	AMOUNT
July 2015	Save the Children	The Foundation provided a grant to support a pilot program offering an integrated approach to delivering immunization and family planning services. The grant supported development of materials and tools for healthcare workers to engage women on family planning services, including formal evaluation.	\$500,000
November 2015	CARE	The Foundation provided a grant to support increased access to family planning and immunization in Benin by integrating both services into comprehensive delivery and strengthening of clinical skills and outreach.	1,000,000
November 2015	FHI360	The Foundation provided a grant to support to develop a global monitoring and evaluation framework to assess task shifting in the delivery of family planning products and demonstrate the effectiveness and safety of using Community Health Workers to administer products.	1,000,000
November 2015	IRC	The Foundation provided a grant to support increased access to family planning and immunization in Ethiopia and Uganda by integrating both services into comprehensive delivery and male engagement. The project focused on last mile and hard to reach communities.	1,200,000
November 2015	PSI	The Foundation provided a grant to support increased access to and demand for contraception and reproductive health services in Uganda for women and adolescent girls	1,000,000
November 2015	U.S. Fund for UNICEF	The Foundation provided a grant to support expanding national mobile health platforms that improve immunization coverage and delivery in Indonesia, Laos and Uganda in partnership with MOH.	1,000,000
November 2015	World Vision	The Foundation provided a grant to support increased access to family planning and immunization in Kenya by integrating both services into comprehensive delivery, community mobilization and male engagement.	1,000,000

ADDRESSING KEY BARRIERS FOR WOMEN AND CHILDREN—Continued

DATE BOARD APPROVED	PARTNER	DESCRIPTION	AMOUNT
August 2016	World Vision	The Foundation partnered with World Vision in Zimbabwe to identify gaps in immunization coverage for children, adolescents and adults and support efforts to develop a life course approach to immunization with the Ministry of Health. The focus of the project was to increase access to and use of basic childhood immunizations for children from birth to age 5, and HPV immunization for girls as well as maternal immunizations for pregnant women. In addition World Vision worked with the Ministry of Health to address adult immunization needs, barriers and gaps in community service. Activities included training village health workers, health facility staff and community and faith leaders to educate and mobilize their communities around immunization and promote vaccination. This project also supported the development of a national life course approach.	1,000,000
August 2016	U.S. Fund for UNICEF	The Foundation provided a grant to help UNICEF improve immunization coverage in urban underserved communities in Asia (Cambodia, Myanmar, Mongolia and the Philippines), and to support UNICEF in conducting operational research to assess the feasibility of using current newborn immunization delivery programs to support life course immunization strategies and reach female populations with additional immunizations and reproductive health services. A centerpiece of this work is supporting the roll out of technology platforms that track immunization coverage and population registries.	1,000,000
August 2016	UN FOUNDATION	The Foundation partnered with the UN Foundation's Shot@Life program to pilot a life course immunization approach with a focus on rubella. Activities include the development of culturally specific local communication materials on the importance of vaccination and answering concerns parents may have about immunization and life-long impacts, as well as an integrated marketing program featuring social media, digital assets and a U.S.-based media campaign.	1,000,000
April 2017	IRC	The Foundation provided additional funding to existing programs in Uganda and Ethiopia to advance integrated immunization and family planning program.	800,000
April 2017	Save the Children	The Foundation provided additional funding to existing programs in Malawi to advance integrated immunization and family planning program.	250,000
July 2017	CARE	The Foundation provided additional funding to an existing program in Benin to advance integrated immunization and family planning program.	250,000
July 2017	World Vision	The Foundation provided additional funding to an existing program in Kenya focused on integrated immunization and family planning.	300,000
March 2018	CARE	The Foundation provided additional funding to support work in Benin, where mortality of mothers and children is high. The project works in 20 public health clinics to increase the uptake of two life saving interventions, childhood vaccinations and family planning, through integration of the two services. The project addresses two main challenges at the same time: a weak healthcare system and sociocultural barriers in the community, which both need to be overcome for women and children to have access to quality health services.	1,000,000

ADDRESSING KEY BARRIERS FOR WOMEN AND CHILDREN—Continued

DATE BOARD APPROVED	PARTNER	DESCRIPTION	AMOUNT
March 2018	IRC	The Foundation provided additional funding to permit the IRC to expand their work with health partners in Ethiopia and Uganda to increase the use of immunization and family planning by reaching women with information and services at a critical time—the 12 months following birth.	1,500,000
March 2018	Save the Children	The Foundation provided additional funding to an existing program in Malawi to advance integrated immunization and family planning program with Save the Children.	1,000,000
March 2018	World Vision	The Foundation provided funding for the second phase of this project, Increasing Use of Family Planning (FP) and Immunization Services in Kenya.	1,000,000

DISASTER RELIEF RESPONSE

DATE BOARD APPROVED	PARTNER	DESCRIPTION	AMOUNT
April 2015	American Red Cross	Cyclone Pam	\$10,000
June 2016	American Red Cross	West Virginia relief efforts	25,000
June 2016	American Red Cross	Ecuador Earthquake	75,000
June 2016	International Medical Corp.	Ecuador Earthquake	75,000
Sept–Oct 2016	American Red Cross	West Virginia relief efforts	25,000
Sept–Oct 2016	American Red Cross	Ecuador Earthquake	75,000
Sept–Oct 2016	International Medical Corp.	Ecuador Earthquake	75,000
Sept–Oct 2016	American Red Cross	Louisiana flooding	25,000
Sept–Oct 2016	Direct Relief International	Louisiana flooding	25,000
Sept–Oct 2016	One SC Fund	Hurricane Matthew in SC	50,000
Sept–Oct 2016	Direct Relief International	Hurricane Matthew in the US	50,000
Sept–Oct 2016	Project Hope	Hurricane Matthew in Haiti	50,000
Sept–Oct 2016	World Vision	Hurricane Matthew in Haiti	50,000
Sept–Oct 2016	PSI	Zika virus relief efforts	100,000
Sept–Oct 2016	The CDC Foundation	Zika virus relief efforts	500,000
Sept–Oct 2016	The CDC Foundation	Zika virus relief efforts	500,000
Sept–Oct 2016	PAHO Foundation	Zika virus relief efforts	1,000,000
Sept–Oct 2016	Florida State Dept of Health	Zika virus relief efforts	1,000,000
Sept–Oct 2016	Texas Dept of Health	Zika virus relief efforts	1,000,000
December 2016	American Red Cross	Louisiana flooding	25,000
December 2016	Pinebelt Foundation	Mississippi flooding	25,000
December 2016	American Red Cross	Peru and Colombia mudslide	100,000

DISASTER RELIEF RESPONSE—Continued

DATE BOARD APPROVED	PARTNER	DESCRIPTION	AMOUNT
December 2016	UNICEF	Peru and Colombia mudslide	100,000
Sept–Oct 2017	Americares	Hurricane Harvey—TX and LA	125,000
Sept–Oct 2017	World Vision	Hurricane Harvey—TX and LA	125,000
Sept–Oct 2017	American Red Cross	Hurricane Harvey—TX and LA	250,000
Sept–Oct 2017	One America Appeal	Hurricane Irma—TX and FL	500,000
Sept–Oct 2017	American Red Cross	Hurricane Irma—Puerto Rico/U.S. Virgin Islands	400,000
Sept–Oct 2017	IFRC	Hurricane Irma—Caribbean	100,000
Sept–Oct 2017	American Red Cross	Hurricane Maria—Puerto Rico	250,000
Sept–Oct 2017	American Red Cross	Mexico Earthquake	250,000
Sept–Oct 2017	UNICEF	Mexico Earthquake	250,000
Sept–Oct 2018	American Red Cross	California Wildfires	50,000
Sept–Oct 2018	United Way of North Carolina	Hurricane Florence	100,000
Sept–Oct 2018	Central Carolina Community Foundation	Hurricane Florence	100,000
Sept–Oct 2018	International Medical Corp.	Hurricane Florence	200,000
Sept–Oct 2018	American Red Cross	Hurricane Florence	100,000
Sept–Oct 2018	International Medical Corp.	Hurricane Michael	100,000
Sept–Oct 2018	Florida Disaster Fund	Hurricane Michael	100,000
Sept–Oct 2018	Save the Children	Indonesia Tsunami	100,000
Sept–Oct 2018	Direct Relief International	Indonesia Tsunami	100,000
Sept–Oct 2018	World Vision	Indonesia Tsunami	100,000
Sept–Oct 2018	Physicians for a Healthy California	California Wildfires	100,000

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

PFIZER INC., Plaintiff,
v.
*JOHNSON & JOHNSON and
JANSSEN BIOTECH, INC.*,
Defendants.

Case No.
JURY TRIAL DEMANDED

COMPLAINT

For its Complaint, plaintiff Pfizer Inc. (“Pfizer”) alleges against defendants Johnson & Johnson and Janssen Biotech, Inc. (collectively, “J&J”), as follows:

PRELIMINARY STATEMENT

1. It is accepted national policy to promote price competition among pharmaceutical manufacturers after an originator firm’s patent protection has expired. This policy extends to biologics, a unique category of medications that are derived from living organisms. As one lawmaker put it when adopting applicable legislation, such

competition “is good for patient safety, consumer choice . . . and the healthcare system at large.” This case is about J&J’s efforts to suppress that competition and deprive society of those benefits by, among other things, imposing a web of exclusionary contracts on both health insurers and healthcare providers (*e.g.*, hospitals and clinics) to maintain its stranglehold in respect of an important biologic, brand named Remicade, also known by its generic name, infliximab.

2. For many patients suffering from chronic diseases such as rheumatoid arthritis, plaque psoriasis, and Crohn’s disease, the best—and sometimes the only—option for treatment is infusion therapy with infliximab. As these conditions are chronic in nature, patients often require long-term treatment and multiple infusions per year.

3. J&J owned patents protecting infliximab and has been amply rewarded for its invention: Between 1998 and 2016, Remicade was the only infliximab product on the market. This position allowed Remicade to become J&J’s best-selling drug by far, generating about \$4.8 billion in U.S. sales in 2016 alone. In fact, Remicade is among the best selling drugs in the world. For most uses, at list price Remicade sells for about \$4,000 per infused dose and about \$26,000 for a full year of treatment. When Pfizer introduced its competing biologic Inflectra (infliximab-dyyb) in 2016, J&J deployed improper exclusionary tactics to maintain the dominance of its flagship product.

4. Inflectra received marketing approval under the Biologics Price Competition and Innovation Act (“BPCIA”). Congress recognized the growing importance of biologics, as well as the growing costs associated with them, and passed the BPCIA in 2010. The purpose of the BPCIA, as its name suggests, is to foster meaningful price competition for long-entrenched branded biologic products—with the ultimate goal of lowering healthcare costs. To facilitate price competition, the BPCIA provides an abbreviated FDA approval pathway for “biosimilar” versions of branded biologic drugs. Biosimilars are products that the FDA has determined to have “no clinically meaningful differences” from the already approved biologic (sometimes referred to as the “reference listed drug” or “RLD”) in terms of safety, purity, and potency. Although the BPCIA was enacted in 2010, FDA procedures for implementing the Act did not become effective until a few years later, and biosimilars are only recently beginning to come onto the market, with the first biosimilar approval in 2015.

5. On April 5, 2016, Inflectra received FDA approval as the first biosimilar to Remicade. Pfizer began shipping Inflectra in November 2016 and set its initial list price, often referred to as the wholesale acquisition cost (or “WAC”), at 15 percent below the then-current WAC of Remicade.¹

6. The threat from Inflectra did not go unnoticed by J&J. Within weeks of Inflectra’s launch, J&J began to deploy what it publicly has termed its “Biosimilar Readiness Plan.” The core features of the plan are exclusionary contracts that foreclose Pfizer’s access to an overwhelming share of consumers, coupled with anti-competitive bundling and coercive rebate policies designed to block both insurers from reimbursing, and hospitals and clinics from purchasing, Inflectra or other biosimilars of Remicade despite their lower pricing.

7. J&J’s actions with respect to Remicade exclude competition at multiple levels:

8. **Exclusive contracts with insurance company payers.** Insurer decisions regarding reimbursement policies have a dramatic impact on which infliximab product will be stocked by healthcare providers such as hospitals and clinics. Because providers administer infliximab on site (it is an infusion product), they must use their own funds to stock the product, purchasing it for later use and relying upon subsequent reimbursement from insurers to recoup their expenses. Given the cost of biologic drugs generally, and Remicade in particular, there is almost no chance that providers will pay for a product that is not widely covered by insurers for fear of stocking a product that will not be reimbursed after the provider administers it to a patient, as even a single unreimbursed dose may cost the provider in excess of \$4,000.

• Recognizing this, J&J has induced insurers to enter into contracts that require an explicit commitment not to cover Inflectra at all or to do so only in the rarest of circumstances—in effect, to make Remicade the only covered infliximab. As a direct result of these exclusive dealing contractual commitments, Inflectra is either not listed on the insurance company’s medical policy—a published listing of the

¹WAC is the manufacturer’s published list price to wholesalers or direct purchasers, not including prompt pay or other discounts, rebates, or reductions in price.

drugs approved for reimbursement under the insurer’s medical benefit—or is designated reimbursable only in so-called “fail first” cases. The “fail first” exception, which requires that Remicade has been tried by and failed with respect to a given patient before a biosimilar infliximab can be reimbursed, is medically inappropriate and illusory in practice. If Remicade, which is an infliximab product, does not work for a patient, a physician would turn to a non-infliximab drug, not to Inflectra, which also is an infliximab product and has no clinically meaningful differences from Remicade. The spurious nature of J&J’s “fail first” restriction is illustrated by the fact that in early 2017, before J&J’s contracts took hold, the major insurers listed Inflectra at parity with Remicade—indicating that they saw no medical reason to favor one over the other.

- J&J’s “fail first” contractual restrictions therefore have the same practical effect as pure exclusive contracts: both operate to exclude Inflectra from qualifying for reimbursement under the insurers’ plans; both prevent the insurer from freely reimbursing for Inflectra or another biosimilar without breaching the contracts; and both foreclose Inflectra from competing for patients covered by those plans. J&J has entered into such contracts with all or nearly all national health insurance companies. These “biosimilar-exclusion” contracts, on their own, have foreclosed Inflectra’s ability to vie for at least 70 percent of commercially insured patients in the United States, including a significant number of commercially insured patients who reside in the Philadelphia area. But the foreclosure effects of those insurer contracts go well beyond the immediate impact on patients covered by the affected plans, as discussed below.

9. Exclusionary rebates and bundling arrangements with insurance company payers. A key to J&J’s ability to coerce insurers into accepting its exclusionary commitments is its denial of rebates to insurers that decline J&J’s exclusivity commitments, thereby imposing a substantial financial penalty. In effect, J&J says to insurers, “If you want to receive attractive rebates on Remicade for all your existing Remicade patients”—rebates which, for some insurers, run into the tens of millions of dollars annually—“you must agree to not reimburse for Inflectra, or to do so in the most limited of circumstances.” In short, insurers that decline J&J’s offer face a substantial financial penalty, and those that accept receive a payoff (multimillion dollar rebate payments) in return for their commitment to exclude biosimilars.

- J&J’s threatened financial penalty is effective because there is a substantial base of patients across the country who are already controlling their diseases with Remicade and thus are unlikely to switch to a lower-priced biosimilar once available. Although biosimilars have no clinically meaningful differences in safety, purity, and potency from the biologic originator, they are not substitutable without the prescriber’s approval (unlike generics for non-biologic drugs approved under the Hatch-Waxman structure, which are substitutable without a new prescription). And, although the FDA’s approval permits physicians to switch from the originator to the biosimilar, and Pfizer believes they should consider doing so in appropriate circumstances, as a practical matter, existing-patient Remicade demand is economically incontestable, that is, not a realistic candidate for biosimilar firms to compete for. As the head of J&J’s pharmaceuticals business told investors, “the 70 percent of patients who are [already] stable on Remicade are highly unlikely to switch.”² J&J bundles this economically “incontestable” demand for Remicade with the portion of demand that is “contestable” for biosimilar firms— new patients starting therapy with infliximab—by threatening to deny rebates on all Remicade prescriptions if any infliximab biosimilar prescriptions are reimbursed, effectively meaning insurers would have to forfeit their rebates and pay J&J’s ever increasing price for the incontestable patients.

- J&J also bundles rebates on multiple *different* products, such that insurers that refuse to grant exclusivity to Remicade would be forced to pay higher prices and/or forego enhanced portfolio rebates. The net effect of these anticompetitive bundling practices is that the insurers subject to them have no real choice but to agree to J&J’s exclusivity conditions. Insurers have made it clear to Pfizer that its net cost for Inflectra would need to be low enough to offset the loss of J&J rebates. Pfizer and other biosimilar firms cannot feasibly make up the difference for the J&J rebates (on the existing Remicade patient base) that insurers would lose if they declined J&J’s conditions. Insurers have stated a desire to support biosimilars—and the lower per-unit prices they bring—but realistically cannot do so without incur-

²Johnson & Johnson, Q3 2016 Results Earnings Call Transcript (Oct. 14, 2016), available at <https://seekingalpha.com/search/transcripts?term=johnson+%26+Johnson+biosimilar>.

ring a substantial financial penalty imposed by J&J and thus potentially placing themselves at a disadvantage relative to insurers accepting J&J's rebates.

10. **J&J-engineered coverage restrictions impact provider purchasing behavior and thus magnify foreclosure.** The foreclosure created by J&J's exclusionary insurer-level contracts goes well beyond the patients covered by these health insurers: Inflectra's coverage status has a spillover effect on the purchasing decisions of healthcare providers (as noted, the clinics, hospitals, and other institutions that purchase and administer infliximab) as well as the prescribing decisions of physicians affiliated therewith. Given the widespread gaps in Inflectra's insurance coverage—engineered by J&J—providers have overwhelmingly chosen to stock *only* Remicade (which is essentially universally covered given its long tenure and dominant position) rather than deal with the risk of possible denials of coverage for Inflectra. Thus, providers have declined to purchase Inflectra across the board, even for patients covered by insurance plans that *do* cover the product. To take one example, even though Inflectra is covered by Medicare and other government programs, providers have been unwilling to stock Inflectra even for potential use with such government-insured patients. As a result, not only is the federal government forced to continue reimbursing for Remicade, the more expensive product, but the effective foreclosure of biosimilars is expanded well beyond the 70 percent of commercially insured patients directly foreclosed by J&J's insurer contracts. Indeed, as of September 1, 2017, about *90 percent* of healthcare provider accounts using infliximab had purchased *no Inflectra at all*. J&J has stoked providers' reluctance to purchase Inflectra by touting with providers the very lack of coverage for Inflectra created by J&J's own exclusionary contracts.

11. **Exclusionary rebates and bundling arrangements with healthcare providers.** Beyond the spillover impact described above, J&J has also extended its practices of multi-product bundling and bundling of contestable and incontestable demand in contracts with healthcare providers.

12. J&J's exclusionary plan has been remarkably effective at stifling competition: Today, almost no national commercial health insurer provides coverage for Inflectra (except under the spurious "fail first" scenario), and the vast bulk of healthcare provider accounts using infliximab (approximately 90 percent) have not purchased Inflectra at all. Despite some coverage by regional and government plans, Inflectra has secured *less than 4 percent* of total infliximab unit sales in the U.S. as of September 1, 2017.

13. The harm to Pfizer and to competition as a whole—and, ultimately, to consumers, businesses, and the U.S. government, who bear the brunt of rising healthcare costs nationwide—is manifest. In response to a new entrant offering lower prices for a product deemed to have "no clinically meaningful differences" from the incumbent's brand, basic economics would predict that market-wide prices would fall. Instead, the opposite has occurred. Since the time the FDA approved Inflectra and J&J implemented its publicly-stated plan to block biosimilars like Inflectra, J&J has *raised* the list price of Remicade by close to 9 percent and increased the amount the U.S. government reimburses for Remicade by more than \$190 per infused dose. J&J's list price increases are not overcome by increased rebates and discounts: Remicade's "average selling price" ("ASP")—which by federal law is an average of a drug's pricing after taking into account discounts, rebates, and other price concessions—actually has *increased* since Inflectra's entry. As of September 2017, Remicade's ASP was more than 10 percent higher than Inflectra's ASP. Pfizer has offered to guarantee clients that Inflectra would be less expensive unit-for-unit than Remicade during a contract term. Despite Inflectra's lower per-unit prices, and J&J's escalating prices, Remicade has not lost any substantial volume or share of sales to Inflectra, even though FDA determined there to be no clinically meaningful differences between the two products.

14. In July, J&J extolled the success of its scheme, noting that it had not "seen much of an impact" from Inflectra's entrance, and that J&J is "especially well-prepared to manage through the Remicade biosimilars."³ J&J also said it was confident that it could fend off even subsequent biosimilar entrants this year because of its exclusionary contracts: "[W]e have our contracting in place with all the managed care organizations [e.g., health insurers]."⁴ The net result is that patients

³Johnson & Johnson, Q2 2017 Results Earnings Call Transcript (July 18, 2017), available at [https://seekingalpha.com/search/transcripts?term=johnson+\\$26+Johnson+biosimilar](https://seekingalpha.com/search/transcripts?term=johnson+$26+Johnson+biosimilar).

⁴*Id.*

(along with healthcare providers and the U.S. Government) have fewer choices and pay more than they should.

15. Major stakeholders at every level of the healthcare marketplace are suffering as a result of J&J's competition-reducing actions:

- Most importantly, consumers suffer in the form of artificially inflated prices (including higher coinsurance payments, insurance premiums, and taxes), as well as reduced choice.
- Government programs, including Medicare—and ultimately taxpayers—suffer by having to pay artificially higher prices for the vast majority of their infliximab utilization.
- Pfizer, of course, suffers loss of sales, investment, and reputation as a result of J&J's success in securing commitments to disadvantage Inflectra.

16. Pfizer brings this action under the antitrust laws of the United States to challenge J&J's anticompetitive conduct. If J&J's conduct is allowed to continue, its “Biosimilar Readiness Plan” will become the playbook for biologic originator firms seeking to preserve their dominance in the face of biosimilar competition—thus subverting the competition-enhancing objectives of the BPCIA.

17. Allegations relating to Pfizer's conduct are based on personal knowledge; other allegations are based on Pfizer's research, publicly available sources, feedback from customers, and information and belief.

THE PARTIES

18. Plaintiff Pfizer is a corporation organized and existing under the laws of Delaware. Pfizer's principal place of business in the United States is located at 235 East 42nd Street, New York, New York 10017. Pfizer is a research-based international pharmaceutical company which researches, develops, manufactures, and sells pharmaceutical products across the spectrum, from branded innovator products to generics and over-the-counter medications. Pfizer is also committed to developing biosimilar medications to bring competition, lower prices, and choice to patients.

19. Pfizer has commercialized Inflectra, a biosimilar to J&J's Remicade, through its partnership with Celltrion, the holder of the drug product's Biologics License Application. The FDA approved Inflectra as a biosimilar to Remicade on April 5, 2016.

20. Defendant Johnson & Johnson is a corporation organized and existing under the laws of New Jersey. Johnson & Johnson's principal place of business in the United States is located at One J&J Plaza, New Brunswick, New Jersey 08933. Johnson & Johnson is an international pharmaceutical company—one of the largest in the world—and was the sole supplier of infliximab, marketed as Remicade, between 1998 and 2016, when Inflectra came to market.

21. Defendant Janssen Biotech, Inc. (“Janssen”) is a wholly owned subsidiary of Johnson & Johnson. Janssen is a corporation organized and existing under the laws of Pennsylvania. Janssen's corporate headquarters are located at 800 Ridgeview Drive, Horsham, Pennsylvania 19044. Janssen co-owns or has licenses to the Remicade patents and performs the marketing for Remicade in the United States.

JURISDICTION, VENUE, AND INTERSTATE COMMERCE

22. This action arises under the antitrust laws of the United States, including Section 1 of the Sherman Act, 15 U.S.C. § 1, Section 2 of the Sherman Act, 15 U.S.C. § 2, Section 3 of the Clayton Act, 15 U.S.C. § 14, and Sections 4 and 16 of the Clayton Act, 15 U.S.C. §§ 15 and 26.

23. Subject matter jurisdiction is founded on 28 U.S.C. §§ 1331 and 1337(a).

24. Johnson & Johnson may be found, transacts business, and is subject to personal jurisdiction in this judicial district.

25. Janssen maybe found, transacts business, and is subject to personal jurisdiction in this judicial district.

26. The violations of law alleged in this Complaint took place, in part, in this judicial district and have injured Pfizer in this district. Venue is therefore appropriate in the Eastern District of Pennsylvania under Section 12 of the Clayton Act, 15 U.S.C. § 22, and under 28 U.S.C. §§ 1391(b) and (c).

27. The creation, marketing, sale, and distribution of Remicade and Inflectra, and the actions complained of in this Complaint, occur in and substantially affect interstate commerce.

FACTUAL AND REGULATORY BACKGROUND

A. Biologics

28. Biologics are treatments derived from living systems such as microorganisms or plant or animal cells. As the FDA explains: “Biological products include a wide range of products such as vaccines, blood and blood components, allergenics, somatic cells, gene therapy, tissues, and recombinant therapeutic proteins. Biologics can be composed of sugars, proteins, or nucleic acids or complex combinations of these substances, or maybe living entities such as cells and tissues. Biologics are isolated from a variety of natural sources—human, animal, or microorganism—and may be produced by biotechnology methods and other cutting-edge technologies. Gene-based and cellular biologics, for example, often are at the forefront of biomedical research, and may be used to treat a variety of medical conditions for which no other treatments are available.”⁵ In contrast to most drugs, which are chemically synthesized and whose structure is known, most biologics are complex mixtures that are not easily identified or characterized.⁶

B. Congress Enacts the Biologics Price Competition and Innovation Act to Spur Price Competition for Biologic Medications

29. Congress has made clear that competition in pharmaceuticals is to be encouraged, and, to that end, in 1984 enacted the Hatch-Waxman Act (“Hatch-Waxman”), which established an abbreviated pathway for approval of generic counterparts to non-biologic branded drug products. Before Hatch-Waxman, a generic applicant had to conduct the same kinds of safety and efficacy studies (including large clinical trials and the like) as the originating drug manufacturer. Such a process, which can cost hundreds of millions of dollars and take years to complete, was prohibitive for would-be generic entrants and led to the near absence of generic competition to branded drug products. Hatch-Waxman eliminated this hurdle; it allowed generic firms to rely upon the originator’s safety and efficacy studies. Generic applicants need only show that their products use the same active pharmaceutical ingredient as the originator, and that their products are bioequivalent (*e.g.*, that the generic product’s uptake into the body is equivalent to the branded drug). A principal goal of Hatch-Waxman was to trigger price competition with originator products, many of which had enjoyed longstanding exclusivity. That goal has been achieved: According to the FDA, the competition spurred by Hatch-Waxman has saved *more than \$1.6 trillion* for patients and the healthcare system.⁷

30. However, for a number of reasons, biologic products generally are not covered by the Hatch-Waxman procedures. Nevertheless, given the success of Hatch-Waxman in spurring competition for non-biologic medicines, Congress and nearly all stakeholders in the healthcare system have recognized the great desirability of having an analogous system for biologics.⁸

31. In 2009, Congress addressed the need for competition in the biologics marketplace by introducing the BPCIA, which was signed into law in 2010. The Act furthers the “FDA’s longstanding policy of permitting appropriate reliance on what is

⁵ See U.S. Food & Drug Administration, *What Are “Biologics” Questions and Answers*, <https://www.fda.gov/aboutfda/centersoffices/officeofmedicalproductsandtobacco/cber/ucm133077.htm> (last visited Sept. 18, 2017).

⁶ *Id.*

⁷ See Kathleen “Cook” Uhl, *2016: A Record-Setting Year for Generic Drugs*, *U.S. Food & Drug Administration* (Feb. 24, 2017), available at <https://blogs.fda.gov/fdavoicel/index.php/2017/02/2016-a-record-setting-year-for-generic-drugs/> (noting that “2016 was a record-setting year for FDA’s generic drug program,” and that “[o]ver the last 10 years, generic drugs have saved the U.S. healthcare system about \$1.68 trillion”).

⁸ See U.S. Food & Drug Administration, *Implementation of the Biologics Price Competition and Innovation Act of 2009* (Feb. 12, 2016), available at <https://www.fda.gov/drugs/guidancecomplianceregulatoryinformation/ucm215089.htm> (“The goal of the BPCI Act is similar, in concept, to that of the Drug Price Competition and Patent Term Restoration Act of 1984 (a.k.a. the ‘Hatch-Waxman Act’) which created abbreviated pathways for the approval of drug products under Federal Food, Drug, and Cosmetic Act (FFD&C Act).”).

already known about a drug, thereby saving time and resources and avoiding unnecessary duplication of . . . testing.”⁹

32. A principal purpose of the Act—as reflected in its very name (*i.e.*, the *Biologics Price Competition and Innovation Act*)—was to spur price competition in biologic drug products:

- “We have to find a way to introduce competition into [the biosimilar] market,” including balancing “giving incentives for development of new products but bringing about the benefits of competition in the marketplace.” (Hon. Henry Waxman, United States Representative from California)
- “Legislation to facilitate the development of biosimilars should promote competition and lower prices[.]” (Hon. Anna G. Eshoo, United States Representative from California)
- “We want to foster a robust biosimilar market.” (Hon. Joe Barton, United States Representative from Texas)
- “[C]ompetition [from biosimilars] is good for patient safety, consumer choice, and drive[s] savings for consumers and the healthcare system at large.” (Hon. Gene Green, United States Representative from Texas)

33. The BPCIA provides an abbreviated regulatory approval pathway for the introduction of biosimilars. A biosimilar applicant may rely on the clinical studies of the reference listed drug if it can show: (a) that the proposed biosimilar is “highly similar to the [originator product, or RLD] notwithstanding minor differences in clinically inactive components”; and (b) that “there are no clinically meaningful differences between the [proposed biosimilar] and the [RLD] in terms of safety, purity, and potency” (42 U.S.C. § 262(i)(2)).

34. Although biosimilars have no clinically meaningful differences in safety, purity, and potency from the RLD, they are not automatically substitutable with the RLD (unlike Hatch-Waxman generics). Thus, if a doctor prescribes the RLD, a pharmacist cannot substitute a biosimilar unless that product has been designated as interchangeable by FDA and the relevant state law permits substitution of interchangeable biologics.¹⁰ This allows originator firms to retain the bulk of their existing patient bases, which typically is not possible for a branded firm to do when a Hatch-Waxman generic enters (because state substitution laws permit prescriptions for the brand to be automatically substituted with the Hatch-Waxman generic by the pharmacist without the need for physician intervention). This difference enables biologic originator firms to leverage their monopolies over existing patients to extract anticompetitive commitments from insurers and providers.

C. Infliximab

35. Infliximab is a tumor necrosis factor (“TNF”)–inhibiting biologic drug used to treat a range of immune-mediated diseases, including Crohn’s disease, ulcerative colitis, rheumatoid arthritis, psoriatic arthritis, ankylosingspondylitis, and plaque psoriasis.

36. As a biologic, infliximab is not synthesized in a laboratory, but rather derived from a living organism. Infliximab is a chimeric IgG1κ monoclonal antibody (composed of human constant and murine variable regions) specific for human tumor necrosis factor-alpha. Infliximab is produced by a recombinant cell line cultured by continuous perfusion and is purified by a series of steps that includes measures to inactivate and remove viruses.

37. Infliximab is an infusion therapy, meaning it is administered intravenously. Thus, infliximab patients must (in most cases) visit clinics, hospitals, or other med-

⁹U.S. Food & Drug Administration, *Implementation of the Biologics Competition and Innovation Act of 2009*, <https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/ucm215089.htm> (last visited Sept. 18, 2017).

¹⁰The BPCIA does provide for an “interchangeable” designation, but FDA published draft guidelines for establishing interchangeability only this year. U.S. Food and Drug Administration, *Considerations in Demonstrating Interchangeability With a Reference Product* (Draft Guidance) (Jan. 17, 2017). And while Pfizer believes that Inflectra can be safely and effectively substituted for Remicade (indeed, studies have shown that switching patients can be done safely and effectively, and Pfizer has supported and/or taken part in some of these studies), it will be years before Inflectra or any other biologic receives a formal “interchangeability” designation from FDA in the United States. Nonetheless, neither the BPCIA nor FDA contemplates that biosimilars should be prevented from competing in the marketplace—*i.e.*, that consumers should be denied access to them—until they are designated interchangeable.

ical facilities to receive the therapy from healthcare professionals. As a result, patients rarely purchase infliximab themselves at retail pharmacies. Instead, infusion centers, clinics, and hospitals purchase infliximab, and after administration, seek reimbursement from the patient's insurer or a government payer (*e.g.*, Medicare). Infliximab is an important medicine that has provided life-changing benefits to millions of patients.

D. J&J's Remicade

38. J&J introduced the first infliximab product in the United States in 1998, under the brand name Remicade.

39. Remicade is widely used: An estimated 475,000 patients in the U.S. receive at least one dose of Remicade annually. This fact, combined with the cost (approximately \$4,000 per infused dose at list price), makes administering Remicade a major expense item for insurers and healthcare providers.

40. J&J's list price increases for Remicade and other pricing actions have resulted in consistent increases in Remicade's ASP. J&J has increased the price of Remicade without experiencing a loss of sales to other therapies. Instead, Remicade sales have increased steadily since it was introduced. Indeed, J&J has been able to continue raising the price of Remicade notwithstanding the arrival of Inflectra.

41. Since 1998, J&J has made billions of dollars in profit on Remicade.

E. Pfizer's Inflectra

42. Beginning in 2008, Celltrion undertook to develop a biosimilar to Remicade and move it through the intensive FDA review process. The Biologics License Application for Inflectra was filed with FDA in 2014. After rigorous scientific review, FDA approved infliximab-dyybon April 5, 2016. In the FDA news release announcing its approval of Inflectra, the director of FDA's Center for Drug Evaluation and Research reiterated that approval as a biosimilar reflects a determination of "no clinically meaningful differences" from the originator, and stated that "[p]atients and the health care community can be confident that biosimilar products are high quality and meet the agency's rigorous scientific standards."¹¹

43. J&J claimed patent protection over Remicade—as noted, making it the sole provider of infliximab for nearly two decades—and thus Pfizer and Celltrion were forced to defend against J&J's patent suit in parallel with FDA's regulatory review of the Inflectra application. On August 17, 2016, J&J's patent covering the infliximab antibody was ruled invalid by the United States District Court for the District of Massachusetts, a ruling which confirmed that J&J had no valid right to exclude Pfizer (or other potential biosimilar entrants). The Court held that the antibodies covered by J&J's Remicade patent had been disclosed and claimed in an earlier patent.¹² Just a few months after the district court ruling, the U.S. Patent and Trademark Office issued a final decision in a re-examination of the same patent, holding that the patent was invalid.¹³

44. After overcoming these hurdles, and after a 180-day notice period required by the BPCIA, Pfizer began selling Inflectra in November 2016.

45. Inflectra is approved for all the same indications as Remicade, except pediatric ulcerative colitis, as to which J&J continues to enjoy an FDA-granted period of exclusivity because of the indication's status as an "orphan" indication (established on proof that the number of people affected by the disease or condition for which the drug is to be developed is fewer than 200,000 persons), which is scheduled to end in 2018. On that date, Inflectra will be eligible to seek approval for pediatric ulcerative colitis. In any event, this indication accounted for less than 5 percent of overall infliximab utilization in 2016.

46. Pfizer introduced Inflectra with a list price 15 percent lower than Remicade's, and, in negotiations with insurers and providers, offered substantial additional pricing concessions in the form of discounts and/or rebates that in some instances were more than 40 percent below Inflectra's list price. The goal and effect was to offer Inflectra for less than J&J was offering Remicade; indeed, for many customers,

¹¹ See U.S. Food and Drug Administration, *FDA Approves Inflectra, A Biosimilar to Remicade* (Apr. 5, 2016), <https://www.fda.gov/newsevents/newsroom/pressannouncements/ucm494227.htm>.

¹² Janelle Lawrence, *J&J Remicade Patent Found Invalid in U.S. Victory for Pfizer*, Bloomberg (Aug. 17, 2016), <https://www.bloomberg.com/news/articles/2016-08-17/j-j-patent-on-remicade-expiring-in-2018-invalid-judge-rules>.

¹³ *Id.*

Pfizer committed to ensure that Inflectra would have a lower net per-unit price than Remicade.

47. Given that it was charging a lower price for Inflectra than J&J was charging for Remicade, Pfizer was optimistic that it would have an opportunity to compete, to secure a reasonable share of the business, particularly for new patients, and to bring the benefits of price competition to consumers, providers, insurers, and the U.S. government. However, due to J&J's exclusionary conduct, competition has been foreclosed. J&J maintains its monopoly and has continued to capture over 96 percent of infliximab sales even while maintaining prices far above competitive levels.

F. The Importance of Insurance Coverage for Infliximab

48. Most patients who are prescribed Remicade have some form of insurance coverage or qualify for patient assistance. The sources of insurance coverage are (a) private insurance, accounting for about 60 percent of patients nationally, and (b) government insurance programs (principally Medicare and Medicaid), accounting for the remaining 40 percent. Insurance coverage and reimbursement are therefore key to the adoption of the product by patients and healthcare providers alike. If a product as expensive as Remicade is not widely reimbursed, it will not be significantly utilized.

49. Because Remicade is not dispensed in a retail pharmacy but rather administered intravenously in a clinic or other institutional setting, it generally is not included under the "pharmacy benefit" of most health plans. In the pharmacy benefit setting, physicians prescribe a drug and the patient procures the medication him or herself at the pharmacy, paying for it with a combination of insurance coverage (either private or government-sponsored) and out-of-pocket payment (usually, a co-pay). In the pharmacy benefit context, neither the prescribing physician nor the institution with which the physician is affiliated bears financial risk with respect to the drug selected, *i.e.*, the drug is not purchased and stocked in advance by providers at their own cost. The pharmacy buys the drug, dispenses it, and is reimbursed.

50. In contrast, "medical benefit" products such as Remicade are administered at a clinic or other healthcare provider site, and the provider *itself* first purchases the drug product for use in the infusion treatment of patients, and then later seeks reimbursement for the drug from a third party payer (a practice commonly referred to as "buy and bill"). When a treatment is administered, the provider must secure payment for the service, including the cost of the product dispensed (which the provider had to pay up front with its own funds). In this context, the provider has a strong interest in utilizing drugs that are widely covered by insurance, particularly by the major national commercial health insurers and significant regional insurers active in its area. If a drug product is not widely covered, such that there is a risk that coverage might be denied, and providers thus would be burdened with a potential financial loss for what they paid for the product, providers are much less likely to purchase that product—a response that is in line with the providers' economic interests (to be reimbursed).

51. Many of the facilities administering infusion services of the type at issue here are physician-owned. Thus, the physicians themselves have both prescribing authority and a strong financial incentive to avoid products that are not widely covered.

52. Commercial insurers typically publish medical policies enumerating the drug products they will cover under the medical benefit and the terms under which they will do so. For example, medical policies may exclude drugs from coverage, or they may dictate restrictions on use. Drug manufacturers compete, usually with rebates or other price concessions, to obtain coverage under insurer medical policies and to have either fewer restrictions on reimbursement than their competitors—or, at a minimum, to achieve "parity" whereby the competing products have the same restrictions on reimbursement and the patient and/or doctor can choose between them. Securing at least parity placement is critical, especially for new products seeking to gain traction in the marketplace, and particularly with large insurers, which have tens of millions of covered patients.

G. The Importance of Access at the Provider Level

53. As discussed above, providers (hospitals, clinics, etc.) are the market actors that actually purchase infliximab for use with their infusion services for patients. J&J's agreements and conduct have the effect of foreclosing this essential source of distribution.

54. Providers do not want to risk being unable to secure reimbursement for any drug used to treat a patient after having already paid for the product. Because it can be costly to monitor coverage status across myriad insurers and implement procedures to match product use to a patient's coverage, gaps in reimbursement policies give "buy and bill" provider accounts reasons to stock only products with universal (or near-universal) coverage. Here, due to J&J's anticompetitive contracts at the insurer level, J&J has succeeded in preventing biosimilar competitors from achieving the same status.

J&J'S EXCLUSIONARY SCHEME

55. Not content with its nearly 2 full decades of exclusivity with Remicade, and the billions of dollars of profits that such exclusivity enabled, J&J hatched a multifaceted scheme to ensure that biosimilars would never become viable competitors—a scheme embodied, at least in part, in its "Biosimilar Readiness Plan." J&J revealed the existence of the plan, and at least some specifics thereof, during a recent investor call and presentation.¹⁴ And a J&J consultant bragged at a recent health conference that his firm helped design the plan to realize J&J's goal of ensuring that biosimilars never gain a foothold.

56. J&J's conduct has not gone unnoticed in the industry. For example, an analyst at a prominent securities firm (Bernstein Research) recently summarized key aspects of J&J's scheme, observing that J&J has: (a) "negotiated with [insurers] and set up "exclusive contracts . . . in nearly half the market," thereby making providers unwilling to purchase Inflectra; (b) "offered up deeper discounts to large independent infusion centers [*i.e.*, major providers], which are more economically sensitive"; and (c) "bundled several drugs and medical devices [together] for larger hospitals."¹⁵ The analyst also noted that a key to J&J's strategy was the "long 'tail' of [patients] remaining on the brand"¹⁶—the incontestable demand—which gives J&J leverage to extract commitments from insurers not to cover Inflectra.¹⁷ Another industry observer, commenting on the Bernstein survey, noted that J&J's "fail first" requirements with insurers "force hospitals and clinics to buy Remicade." The observer also noted that:

J&J has had yet another advantage—an ability and willingness to bundle different medicines as part of a package deal. By offering discounts and rebates for several drugs, J&J can secure contracts and crowd out rivals. And discounts are also appealing to physicians who run their own infusion centers.¹⁸

57. J&J's scheme is set forth in more detail below:

A. J&J Bars Access to Insurer Reimbursement Through Improper Exclusive Contracts and Anticompetitive Bundling Practices

1. J&J's Exclusive Contracts with Health Insurers

58. A centerpiece of J&J's strategy to block competition from biosimilars has been to secure contractual commitments from commercial insurance companies to exclude biosimilars from coverage under their plans, making Remicade the exclusive infliximab available to patients covered by those plans. Such contractual commitments have taken various forms. Some insurers have entered into contracts with J&J that required them simply to exclude biosimilars from their medical policies and/or drug formularies altogether. Other J&J contracts have imposed a spurious requirement

¹⁴ Johnson & Johnson, Q3 2016 Results Earnings Call Transcript (Oct. 14, 2016), available at <https://seekingalpha.com/search/transcripts?term=johnson+%26+Johnson+biosimilar>.

¹⁵ Aaron Gal, *Biosimilars: So, Why Has Remicade Biosimilar Not Gotten Much Traction in the U.S.*, Bernstein Research, at 1 (July 20, 2017).

¹⁶ *Id.*

¹⁷ While the Bernstein survey suggests that Pfizer has offered only a "low single digit" discount off of the ASP of Inflectra, that is not accurate. As set forth herein, Pfizer has offered Inflectra at a significant discount (to list price as well as ASP), but continues to be foreclosed by J&J's anticompetitive contracts. J&J, meanwhile, has raised the price of Remicade since Inflectra's entry. The Bernstein survey also speculates that with the entry of a third biosimilar in mid-2019, "we would likely [*sic*] see one of the biosimilars crossing the Rubicon and offering the required discounts." Gal, *supra* note 15, at 1. However, as set forth herein, J&J's exclusive contracts and bundling practices foreclose all new biosimilar entrants, including Pfizer, from competing with Remicade on price and, if not stopped, will allow J&J to continue to maintain the monopoly power it currently exercises with Remicade.

¹⁸ Ed Silverman, *J&J Now Has Two Competitors for A Pricey Blockbuster. Will That Finally Drive Down Prices?*, Stat News (July 25, 2017), <https://www.statnews.com/pharmalot/2017/07/25/merck-samsung-biosimilar-pfizer-johnson/>.

that the biosimilar could be reimbursed only after a patient first tried and failed on Remicade (the “fail first” requirement), which virtually ensures that the biosimilar will never be prescribed and never be reimbursed. If a patient fails on Remicade, it would defy sound medical judgment for a physician to switch to the therapeutically equivalent biosimilar, which works in exactly the same way, rather than another therapy, to which a patient may potentially respond differently.¹⁹ Regardless of their specific form, these contracts all had the same effect—to exclude biosimilars from coverage and (as one analyst recently confirmed) grant an “exclusive” to Remicade.²⁰

59. J&J has induced most major health insurers, covering at least 70 percent of commercially insured patients in the United States, to adopt these improper contractual exclusivity restrictions and to impose outright bans on Inflectra’s coverage or so-called “fail first” requirements. These insurers include (in decreasing order of patients covered):

National insurers:

- (a) **UnitedHealthcare:** UnitedHealthcare adopted the “fail first” requirement. United Healthcare has approximately 30.6 million covered commercial medical patients across all 50 states.
- (b) **Anthem:** Anthem excluded Inflectra from coverage altogether. Anthem has approximately 30.4 million covered commercial medical patients concentrated in 14 states.
- (c) **Aetna:** Aetna adopted a complex set of indication specific conditions which operate in practice as “fail first” requirements. Aetna has approximately 17.9 million covered commercial medical patients in all or nearly all states and territories in the United States.
- (d) **Cigna:** Cigna adopted the “fail first” requirement. Cigna has approximately 13 million covered commercial medical patients across all 50 states.

Regional insurers:

- (a) **HealthNet (Centene):** HealthNet adopted a complex set of indication specific conditions which operate in practice as “fail first” requirements. HealthNet (as part of its acquisition by Centene) has approximately 12 million covered commercial medical patients concentrated in 28 states.
- (b) **CareFirst/Blue Cross Blue Shield:** CareFirst adopted the “fail first” requirement. Indeed, CareFirst agreed with J&J that Inflectra would be non-preferred, meaning it cannot be reimbursed unless there are “clinical circumstances that would exclude the use of . . . preferred products,” including Remicade. CareFirst has approximately 3.2 million covered commercial medical patients principally found in Maryland, Virginia, and the District of Columbia.
- (c) **Blue Cross Blue Shield of North Carolina:** BCBS of North Carolina adopted the “fail first” requirement. BCBS of North Carolina has approximately 2.7 million covered commercial medical patients concentrated in North Carolina.
- (d) **Blue Cross Blue Shield of Tennessee:** BCBS of Tennessee adopted the “fail first” requirement. BCBS of Tennessee has approximately 1.6 million covered commercial medical patients concentrated in Tennessee.
- (e) **Blue Cross Blue Shield of Louisiana:** BCBS of Louisiana adopted the “fail first” requirement. BCBS of Louisiana has approximately 1.6 million covered commercial medical patients principally concentrated in Louisiana.
- (f) **Excellus Blue Cross Blue Shield:** Excellus BCBS adopted the “fail first” requirement. Excellus has approximately 1.2 million covered commercial medical patients concentrated in New York.

¹⁹The notion that attempting treatment with a biosimilar after its reference listed drug has first failed would defy medical judgment recently has been reinforced in the European League Against Rheumatism rheumatoid arthritis management recommendations. In those recommendations, “[t]he Task Force reiterated its position that if a TNF-inhibitor fails, another TNF-inhibitor—but not a biosimilar of the same molecule!—can be as effective as changing the mode of action.” Smolen, J.S., et al., *EULAR Recommendations for the Management of Rheumatoid Arthritis with Synthetic and Biological Disease-Modifying Antirheumatic Drugs: 2016 Update*, *Annals of the Rheumatic Diseases* 2017;0:1–18 (Mar. 6, 2017).

²⁰Gal, *supra* note 15, at 1.

(g) **Independence Blue Cross:** Independence Blue Cross adopted the “fail first” requirement. Independence Blue Cross is the leading health insurer in Philadelphia.

These contracts alone affect approximately 114 million covered commercial medical patients of the over approximately 214 million patients covered by commercial medical insurance in the United States. Pfizer has reason to believe there are more.

60. While exclusive contracts can—in certain circumstances—be perfectly appropriate, the exclusivity provisions described in Paragraphs 8, 9, and 58 serve no legitimate or procompetitive purpose and were not earned through simple price competition. After Inflectra’s FDA approval in April 2016, and before J&J implemented its exclusionary contracts, health insurers undertook reviews to determine whether there was a *medical* reason not to reimburse Inflectra or to disfavor it relative to other therapies. Following these reviews, several major health insurance companies—including at least Aetna, Anthem, and UnitedHealthcare—classified Inflectra at *parity* with Remicade. This confirmed that there was no medical reason justifying a restrictive reimbursement policy toward Inflectra. It also meant that, for the time being, Inflectra would be reimbursed without restriction. As a result, the stage was set for Inflectra to begin competing head-to-head with Remicade on a level playing field—and for patients to begin receiving the benefits of greater choice and lower prices.

61. But this initial state of affairs was short lived. As a result of J&J’s anti-competitive conduct, insurers began to reverse course and restrict coverage of Inflectra.

62. For example, in October 2016, UnitedHealthcare, the nation’s largest health insurer, with over 30 million covered commercial medical patients, published an update to its medical and site of care policies classifying Inflectra at parity with Remicade for the approved indications (with an effective date of November 1, 2016). This meant that, for UnitedHealthcare, Inflectra would be reimbursed freely and would not be disfavored relative to Remicade. Just *weeks later*, however, UnitedHealthcare reversed course. UnitedHealthcare classified Remicade as its “preferred” product, and instructed that Inflectra would be eligible for reimbursement only in circumstances so limited as to be practically non-existent. Under UnitedHealthcare’s new policy, Inflectra could be reimbursed only where the following conditions are met: (a) the patient must show a minimal clinical response, or an intolerance or adverse reaction, to Remicade; (b) the physician must attest that Inflectra would not lead to the same adverse responses; and (c) the patient must show no loss of favorable response in established maintenance therapy with Remicade, and must not have developed neutralizing antibodies to any infliximab biosimilar product that has made the therapy less effective. As a practical matter, this meant that Inflectra would not be reimbursed for UnitedHealthcare’s more than 30 million commercial medical members, and that Remicade would be the exclusive infliximab with UnitedHealthcare—despite the lack of any medical basis for denying those members access to a lower-priced alternative to Remicade.

63. UnitedHealthcare’s reversal, of course, did not happen by chance. J&J induced UnitedHealthcare to enter into an exclusive deal by threatening to penalize UnitedHealthcare with the loss of significant rebates unless UnitedHealthcare agreed to deny coverage of Inflectra.

64. J&J has employed the same approach to secure exclusive deals with most or all of the major insurers identified above. In most cases these coercive biosimilar-exclusion contracts were the only economically viable option for insurers—as adopting any alternative would require the insurer to incur a substantial penalty (*i.e.*, foregone rebates to existing Remicade patients) that could not be offset by the per-unit cost savings available on the number of patients likely to use the biosimilar, at least in the near term.

2. J&J’s Bundling Tactics with Health Insurers

65. J&J’s threatened penalties are effective because they leverage the large base of existing patients already stabilized on Remicade. Given that J&J has offered the only infliximab option in the United States for nearly two decades, its base of existing Remicade patients is substantial, amounting to hundreds of thousands of patients across the country. And, in part driven by J&J’s marketing efforts to secure this outcome, existing Remicade patients are likely to stay on Remicade. Thus, the demand for Remicade associated with this existing base of patients is, as a practical and economic matter, incontestable. This is so despite the fact that switching is

within the scope of FDA’s approval for use of biosimilars and thus appropriate when medically directed—something Pfizer discusses with clients. The situation is different for new patients who may be candidates for infliximab. In light of this, Pfizer has focused, among other things, on competing for a substantial share of *new patient starts* (the “contestable” demand) by pricing Inflectra competitively with both insurers and providers on a unit-for-unit basis. The fact that Inflectra’s ASP is lower than Remicade’s underscores the cost savings it offers.

66. By threatening to withhold attractive rebates on *all* Remicade prescriptions—including those for existing patients as well as new ones—unless an insurer agrees to exclusivity, J&J is able to leverage the incontestable demand for Remicade to exclude competition for the contestable demand, *i.e.*, it bundles the contestable and incontestable demand. Even if Pfizer offers a significantly lower price for Inflectra unit-for-unit, as it has done, insurers will agree to J&J’s exclusive deals to avoid losing rebates on the substantial base of existing Remicade patients who are not likely to switch to Inflectra despite the presence of the lower-priced biosimilar. A recent article by two Yale Medical School professors in the *Journal of the American Medical Association* illustrates how the kind of leverage J&J has over existing, stable Remicade patients allows it to extract commitments to exclude the biosimilar:

If a biosimilar manufacturer intends to upend the preferred position of the brand by offering a substantial price discount to the [insurer], the branded manufacturer can respond by withdrawing the rebate on the [branded] biologic, **creating a “rebate trap.”** For any patient continuing the [branded] biologic, a payer’s cost for that patient will double once the rebate is withdrawn. . . . Even in [an] optimistic scenario, in which the price of the biosimilar is 60 percent less than the price of the brand after rebates and discounts, if the payer is only able to convert 50 percent of its patient users to the biosimilar [because existing patients will tend to stay on the original branded product], **the rebate trap ensures that payer total costs actually increase relative to costs prior to biosimilar availability.**

* * *

To avoid the rebate trap, any strategy to reduce spending on biologics through adoption of biosimilars requires a near-complete switch of patient users from the branded biologic to the biosimilar. However, for many chronic diseases, the proportion of patients new to a given biological therapy is less than 20 percent of the total patients taking that drug in a given year. The remainder **represents a stable base of patients whose disease is well-maintained while they are using current therapy and thus are unlikely to switch [to the biosimilar].**²¹

67. J&J has further insulated its contracts with insurers from competition by bundling rebates for Remicade with rebates on other products in return for commitments not to cover Inflectra. J&J made it no secret that it would leverage other products as part of its “Biosimilar Readiness Plan.” As J&J’s Worldwide Chair for Pharmaceuticals made clear on a recent earnings call, “We are fully prepared to execute our focused biosimilar readiness plan,” including “developing innovative contracts . . . [to] utilize the full breadth of our portfolio.”²² The “full breadth of [J&J’s] portfolio” includes several drugs for which Pfizer does not offer any directly competing alternative. These include drugs such as Simponi (used for rheumatoid arthritis, psoriatic arthritis, ankylosingspondylitis, and ulcerative colitis), Simponi Aria (used for rheumatoid arthritis), and Stelara (used for plaque psoriasis, psoriatic arthritis, and Crohn’s disease). These products are widely used, with Simponi/Simponi Aria generating for J&J approximately \$1.7 billion in 2016 and Stelara generating for J&J approximately \$3.2 billion in 2016. J&J has threatened insurers with the loss of rebates on these other drugs, as well as Remicade, if they do not agree to exclude Inflectra from coverage.

68. J&J’s multi-product bundling, along with its bundling of contestable demand (*i.e.*, new patients) and incontestable demand (*i.e.*, existing Remicade patients), have amplified the anticompetitive effects of J&J’s exclusive contracts, and made the exclusivity provided by those contracts even more durable. Insurers have made it clear

²¹ Aaron Hakim and Joseph S. Ross, “Obstacles to the Adoption of Biosimilars for Chronic Diseases,” *Journal of the American Medical Association* (May 1, 2017), available at <http://jamanetwork.com/journals/jama/article-abstract/2625049> (emphasis added).

²² Johnson & Johnson, Q3 2016 Results Earnings Call Transcript (Oct. 14, 2016), available at <https://seekingalpha.com/search/transcripts?term=johnson+%26+Johnson+biosimilar>.

to Pfizer that its net cost for Inflectra would need to be low enough to offset the loss of J&J rebates. But, because of the combined effect of these bundles, Pfizer cannot offset the financial penalties that J&J threatens to impose on insurers who do not agree to exclusivity. As a result, Pfizer is economically prohibited from competing for coverage by the major insurers—even when their exclusive contracts with J&J expire. J&J can use the same bundling strategies to ensure continuation of the exclusionary pattern.

B. J&J’s Improper Insurer-Level Contracts Deter Hospitals and Clinics from Purchasing Inflectra, Thus Amplifying Foreclosure

69. Providers are unwilling to stock a drug product where there is significant uncertainty about whether it will be reimbursed by health insurers; because they administer infliximab onsite, providers must expend funds for the product in the first instance, then seek reimbursement after providing treatment. The provider has theoretical recourse against the patient where coverage is denied, but the prospect of securing payment in full from the patient is bleak, especially for drugs as costly as Remicade. As a result, where a significant portion of a provider’s patients are insured by plans that have agreed to exclude Inflectra—pursuant to the types of contracts described above—the provider is unlikely to offer Inflectra for any of its patients, to avoid being caught with no reimbursement.

70. As a recent article in *Bloomberg* stated:

Ascension Health, a nearly 23,000-bed nonprofit hospital system based in St. Louis, spends \$55 million a year on Remicade, more than any other drug. Using Inflectra, part of a new class of medicines called biosimilars, would save it at least \$10 million annually, according to Ascension’s chief pharmacist, Roy Guharoy. He met with Pfizer and planned to integrate Inflectra into care more often until learning that insurers preferred to stay with Remicade. “This we did not expect,” Guharoy said. “If the insurance companies force us to use the branded product, of course our hands are tied.”²³

In short, provider purchases are driven by the coverage stated by commercial insurers.

71. Having created reimbursement concerns through its exclusionary contracts with health insurers, J&J touts the excluded status of Inflectra in its marketing communications, knowing that doing so will discourage providers from stocking the new biosimilar. As this brochure shows, J&J markets the “fail first” requirement as a selling point despite the fact that such a provision is medically inappropriate and despite FDA’s determination that there are no clinically meaningful differences between the two products. Thus the brochure touts that Remicade is “Preferred Over Inflectra . . . Inflectra requires trial and failure on Remicade prior to [Inflectra] utilization.”

²³Jared S. Hopkins, *What’s Harder Than Making Copycat Biotech Drugs? Selling Them*, *Bloomberg* (Aug. 15, 2017).

COMMERCIAL REIMBURSEMENT INFORMATION



Effective April 1, 2017

**REMICADE® (infliximab) is
PREFERRED* over the biosimilar
Inflectra® (infliximab-dyyb)
at UnitedHealthcare¹**

PATIENTS CONTINUE TO HAVE ACCESS TO REMICADE®

Collected December 2016.

Please read the accompanying full Prescribing Information, including Boxed Warnings, and MEDICATION GUIDE for REMICADE® (infliximab). Provide the MEDICATION GUIDE to your patients and encourage discussion.

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* Preferred Over Inflectra®: REMICADE® is a 1st line biologic; Inflectra® requires trial and failure on REMICADE® prior to utilization.

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72. Given the widespread gaps in Inflectra's insurance coverage—caused by J&J—providers using infliximab have overwhelmingly chosen to stock *only* Remicade (which is essentially universally covered given its long tenure and dominant position) rather than deal with the risk of possible denials of coverage for Inflectra. Thus, providers have declined to purchase Inflectra across the board, even for patients covered by commercial or government insurance plans that *do* cover the product. The effective foreclosure of biosimilars thereby is expanded well beyond the 70 percent of commercially insured patients directly foreclosed by J&J's insurer contracts. Indeed, as of September 1, 2017, about 90 percent of healthcare provider accounts using infliximab had purchased *no Inflectra at all*.

C. J&J Has Further Barred Access Through Exclusionary Contracts with Providers

73. To further amplify Inflectra's foreclosure—even beyond the population of patients covered by insurance plans that have agreed to J&J's exclusivity terms, and

the spillover effect on providers discussed above—J&J has imposed exclusionary contracts on providers themselves (*e.g.*, clinics, hospitals, etc.).

74. After Inflectra's introduction, J&J began offering certain large providers additional rebates and/or discounts on Remicade, but *only* if the provider committed to buy Remicade for nearly all of its infliximab needs. To be eligible for rebates, J&J required providers to maintain purchase levels for Remicade at very close to the levels of the year *before* Inflectra's launch—when Remicade was the *only* infliximab option. With about 30 percent of prescriptions in any year representing new patients (and a certain percentage of existing patients exiting therapy each year), this condition also requires providers to use Remicade for new patients if they wish to secure payment from J&J, thus bundling contestable and incontestable demand for Remicade. Like its insurer-level contracts, these contracts as a practical matter make Remicade the exclusive infliximab with the participating providers.

75. J&J has also used multi-product bundling in its provider-level contracts. As one analyst reported, "J&J bundled several drugs and medical devices for larger hospitals, making Inflectra less economical."²⁴ Conditioning rebates linked to *other* J&J products upon a promise not to do business with Inflectra only exacerbates the exclusionary nature of J&J's contracts.

76. Pfizer was and is prepared to negotiate with providers to make Inflectra the lower-priced infliximab option on a per-unit basis, and has even offered to guarantee that Inflectra would be less expensive unit-for-unit than Remicade. But as with insurer contracts, to secure the right to deal freely as to Inflectra (*i.e.*, principally as to new patients), the providers would lose significant J&J rebates on their existing Remicade patient bases.

77. For Pfizer to make up the J&J rebates/discounts that insurers and providers would lose on their existing Remicade patients, Pfizer would have to price Inflectra below its own average variable cost. This is because the lost J&J rebates/discounts are based on the much larger base of existing Remicade patients, whereas Pfizer would be serving a much smaller group of new patients, at least in the near term.

78. When the total amount of discounts and rebates that J&J offers to insurers and providers under the contracts described herein, including multi-product bundle contracts, is attributed to the portion of Remicade sales that is contestable by a biosimilar like Inflectra, J&J is pricing Remicade below its own average variable cost. As a result, biosimilar competition to Remicade is foreclosed.

79. The combined effect of J&J's multifaceted exclusionary scheme has been to foreclose Inflectra from approximately 90 percent of the provider account distribution channel essential to connecting Inflectra with patients of any kind.

J&J HAS MONOPOLY POWER IN THE RELEVANT MARKETS

80. Monopoly power is the ability of a single seller to raise prices above the competitive price level without losing significant business.

81. For years before Inflectra's entry, J&J's ASP for Remicade increased, yet Remicade did not lose business. Between 2007 and 2017, Remicade's ASP increased more than 62 percent. Despite Remicade's price hikes, unit sales of Remicade have actually grown 15 percent during the period from 2012 to 2016.

82. Inflectra's introduction has done nothing to erode Remicade's monopoly power: Since Inflectra was launched, Remicade's ASP has continued to increase without impacting Remicade's market position. Ten months after Inflectra was introduced, Remicade still accounts for over 96 percent of all infliximab sales. Indeed, J&J has confirmed that "biosimilar competition" has had "very little impact" on Remicade.²⁵

83. As noted, infliximab is an infusion-administered TNF-inhibiting immunosuppressant with FDA approved indications for rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, ulcerative colitis, Crohn's disease, and plaque psoriasis (together, the "Relevant Indications").

84. The broadest appropriate relevant product market is infusion-administered drugs whose approved labeling from the FDA (a) encompasses one or more of the Relevant Indications, and (b) is without restriction for the applicable Relevant Indi-

²⁴ Gal, *supra* note 15, at 1.

²⁵ Johnson & Johnson, Q1 2017 Results Earnings Call Transcript (Apr. 18, 2017), available at <https://seekingalpha.com/search/transcripts?term=johnson+%26+Johnson+biosimilar>.

cation, that is to say, the labeling does not specify that the drug may be used for the applicable Relevant Indication only after the patient has not responded to another therapy (the “Relevant Product Market”).²⁶ Remicade enjoys a share of over 60 percent in the Relevant Product Market, nearly the same share it had before Inflectra entered.

85. The following infusion-administered therapies have been approved as unrestricted therapies for the Relevant Indications:

- **Rheumatoid Arthritis:**
 - Remicade (infliximab) (J&J) (TNF-inhibitingimmuno-suppressant)
 - Simponi Aria (golimumab) (J&J) (TNF-inhibiting immuno-suppressant)
 - Inflectra (infliximab) (Pfizer) (TNF-inhibitingimmuno-suppressant)
 - Renflexis (infliximab) (Merck) (TNF-inhibitingimmuno-suppressant)
 - Orenzia IV (abatacept) (Bristol-Myers Squibb) (synthetic recombinant DNA technology immune-suppressant)
 - Actemra IV (tocilizumab) (Roche) (interleukin-6 blocker) (IL-6 blocker)
- **Psoriatic Arthritis:**
 - Remicade (infliximab) (J&J) (TNF-inhibitingimmuno-suppressant)
 - Stelara IV (ustekinumab) (J&J) (human interleukin-12 and -23 antagonist)
 - Inflectra (infliximab) (Pfizer) (TNF-inhibitingimmuno-suppressant)
 - Renflexis (infliximab) (Merck) (TNF-inhibitingimmuno-suppressant)
 - Orenzia IV (abatacept) (Bristol-Myers Squibb) (synthetic recombinant DNA technology immuno-suppressant)
- **Ankylosing Spondylitis:**
 - Remicade (infliximab) (J&J) (TNF-inhibitingimmuno-suppressant)
 - Inflectra (infliximab) (Pfizer) (TNF-inhibitingimmuno-suppressant)
 - Renflexis (infliximab) (Merck) (TNF-inhibitingimmuno-suppressant)
- **Plaque Psoriasis:**
 - Remicade (infliximab) (J&J) (TNF-inhibitingimmuno-suppressant)
 - Stelara IV (ustekinumab)(J&J) (human interleukin-12 and -23 antagonist)
 - Inflectra (infliximab) (Pfizer) (TNF-inhibitingimmuno-suppressant)
 - Renflexis (infliximab) (Merck) (TNF-inhibitingimmuno-suppressant)
- **Crohn’s Disease:**
 - Remicade (infliximab) (J&J) (TNF-inhibitingimmuno-suppressant)
 - Stelara IV (ustekinumab) (J&J) (human interleukin-12 and -23 antagonist)
 - Inflectra (infliximab) (Pfizer) (TNF-inhibitingimmuno-suppressant)
 - Renflexis (infliximab) (Merck) (TNF-inhibitingimmuno-suppressant)
 - Entyvio (vedolizumab) (Takeda) (integrin receptor antagonist monoclonal antibody)
- **Ulcerative Colitis:**
 - Remicade (infliximab) (J&J) (TNF-inhibitingimmuno-suppressant)
 - Inflectra (infliximab) (Pfizer) (TNF-inhibitingimmuno-suppressant)
 - Renflexis (infliximab) (Merck) (TNF-inhibitingimmuno-suppressant)
 - Entyvio (vedolizumab) (Takeda) (integrin receptor antagonist monoclonal antibody)

²⁶For example, the FDA approved Rituxan for the treatment of moderate to severe active rheumatoid arthritis in adults only after treatment with at least one other TNF antagonist has been used and did not work well enough.

These infusion therapies are referred to collectively as the “Relevant Products.”

86. Certain non-infusion drugs are also indicated to treat the Relevant Indications. None of those drugs, however, is a reasonable substitute for the infusion-administered products. None significantly constrains the prices J&J is able to charge for Remicade.

87. The non-infusion products approved for the Relevant Indications include oral medications (e.g., Xeljanz) and self-injectables (e.g., Humira, Enbrel). These products are patient-administered. Infusion drugs, by contrast, must be delivered by healthcare professionals in a clinical setting (e.g., hospitals or infusion centers) during infusion sessions that take upwards of two hours.

88. Physicians are not likely to switch from prescribing their patients infliximab to prescribing those non-infusion products in response to a small but significant non-transitory change in the price of infliximab.

89. Not only are the infusion and non-infusion treatments different kinds of therapies, but they are most often sold to different buyers, on different contracts, and are distributed by different means:

- Infliximab is, as described above, sold primarily to hospitals and clinics and is almost never stocked by retail pharmacies (only rarely being stocked by certain specialty pharmacies). After administering the infusion treatments to their patients, the hospitals and clinics seek reimbursement from the patients’ insurers or government payers.
- By contrast, non-infusion drugs such as Xeljanz, Humira, and Enbrel are primarily sold to and distributed in the pharmacy channels. Physicians who prescribe these non-infusion drugs generally do not administer the treatments and do not bear financial risk with respect to the drug selected.
- Non-infusion drugs are also typically covered by insurance through a *pharmacy* benefit plan. These are products that insured patients obtain using their “pharmacy” cards. Such drugs are put out for bid periodically by insurers and/or pharmacybenefit managers. The bidding process generally does not even include infusion and other therapies not stocked in a retail pharmacy.
- By contrast, infusion therapies generally are treated as part of the basic *medical* coverage provided by health insurers. Infusion therapies are thus generally put out for bid separately from self-administered therapies.

90. Beyond the medical reasons physicians may have for prescribing an infusion therapy as opposed to a non-infusion therapy, patients exhibit strong preferences for one form of therapy over another. Patients with active lifestyles often prefer self-administered treatments. Infusion therapy, on the other hand, is often preferred by patients with needle aversions, or by patients who prefer to have their treatments administered by medical professionals.

91. In addition, infusion and non-infusion therapies are offered at very different price points: On an annual basis, Enbrel and Humira (which are self-administered therapies) at list price are at least twice as expensive as Remicade (which is an infusion therapy) for patients stabilized on them.

92. Because of these various factors, a small but significant non-transitory increase in price of infusion therapies would not have a meaningful impact on the demand for non-infusion therapies, and vice-versa.

93. As noted, the Relevant Product Market includes certain segments that qualify themselves as Relevant Markets, in which J&J also possesses monopolypower. For example:

94. ***Specific-use product markets.*** Specific-use product markets are predicated on infusion-administered therapies for the Relevant Indications. A small but significant nontransitory increase in price for an infusion product in each of these specific-use product markets would not cause substitution to non-infusion medicines approved for the same indication. In each category, Remicade has been the dominant infusion-administered therapy. The categories are as follows:

- ***Infusion-administered therapies for Crohn’s disease.*** Remicade accounts for over 70 percent of prescriptions to patients of infusion-based drugs indicated for Crohn’s disease.
- ***Infusion-administered therapies for rheumatoid arthritis.*** Remicade accounts for nearly 55 percent of prescriptions to patients of infusion-based

drugs indicated for rheumatoid arthritis. When combined with the share of its product Simponi Aria, J&J commands an aggregate of nearly 65 percent of prescriptions to patients in this category.

- **Infusion-administered therapies for ulcerative colitis.** Remicade accounts for nearly 70 percent of prescriptions to patients of infusion-based drugs indicated for ulcerative colitis.
- **Infusion-administered therapies for psoriatic arthritis.** Remicade accounts for over 95 percent of prescriptions to patients of infusion-based drugs indicated for psoriatic arthritis.
- **Infusion-administered therapies for ankylosing spondylitis.** Remicade accounts for over 95 percent of prescriptions to patients of infusion-based drugs indicated for ankylosing spondylitis.
- **Infusion-administered therapies for plaque psoriasis.** Remicade accounts for over 95 percent of prescriptions to patients of infusion-based drugs for plaque psoriasis.

95. **Clinic-based product market.** The Relevant Product Market encompasses a submarket consisting of sales of the Relevant Products to non-hospital clinics (including freestanding clinics and physician offices with infusion chairs) that administer infusion therapies to patients. Such a submarket is properly treated as a relevant submarket among other reasons because J&J is able to price discriminate between hospitals and non-hospital clinics. The U.S. antitrust enforcement agencies and economists recognize that relevant antitrust product markets can be based on categories of customers against whom sellers can exercise price discrimination, *i.e.*, differential pricing.²⁷ Non-hospital clinics are subject to successful price discrimination by J&J. J&J can and does identify and target clinics for differential pricing. There are significant differences in the rebates and discounts J&J makes available to non-hospital clinics as compared to hospital customers. Moreover, a small but significant non-transitory increase in the price of Remicade or other Relevant Products will not induce infusion clinics to switch to self-administered therapies. A very substantial percentage of provider accounts that purchase infliximab are non-hospital clinics.

96. **Product markets for new and existing patients.** As described above, J&J has a substantial base of existing Remicade patients, the substantial majority of whom are not likely to switch to another therapy, even a biosimilar, if they have achieved relief with Remicade—even in response to a small but significant non-transitory increase in price for Remicade. By contrast, for new patients who are candidates for infusion-administered therapies for the Relevant Indications, Inflectra is a reasonable substitute for Remicade. Thus, there is a distinct product market for sales of Relevant Products to new patients in need of infusion-administered therapies for the Relevant Indications. There is also a distinct product market for patients already stabilized on Remicade—a market dominated by Remicade. As described above, J&J's scheme has bundled its control over the latter market (for patients stabilized on Remicade) to thwart competition in the former market (for new patients in need of infusion therapy).

97. **Infliximab product market.** After discovery, the data may also support an infliximab-only product market. Among other things, J&J has been able to raise prices for Remicade consistently without losing significant sales to other branded drug products. Both J&J and Pfizer consider Remicade and Inflectra to be particularly close substitutes. For example, J&J's marketing materials focus on comparisons of price and clinical effectiveness between Remicade and infliximab biosimilars, and do not reference any other therapies, and its "Biosimilar Readiness Plan" similarly ignores other therapies, focusing instead on the unique competitive threat posed by biosimilars. Inflectra's marketing materials likewise focus on Remicade, not on other therapies.

98. **Barriers to entry.** Substantial barriers to entry exist to developing other infusion-administered drug therapies for the Relevant Indications generally, and infusion-administered TNF inhibitors specifically. The development of a new therapy requires tens if not hundreds of millions of dollars and substantial risk, as any new product must survive years of research and development, clinical trials, and FDA approval. If left unchecked, J&J's conduct will serve as an additional barrier to entry, as potential new entrants will recognize that they will be unable to break

²⁷ See, *e.g.*, U.S. Department of Justice and Federal Trade Commission Horizontal Merger Guidelines (2010), § 3.

J&J's "rebate trap" and thus to profitably enter the Relevant Markets—and consequently will not invest the resources necessary to develop biosimilars.

99. While a second biosimilar to Remicade has been approved—called Renflexis, sponsored by Merck and Samsung—the sponsoring firms had to overcome just the kind of substantial burdens noted above, and began the effort long before J&J commenced its scheme to exclude biosimilar competition. J&J itself has expressed confidence in maintaining its Remicade dominance despite the potential entry of Renflexis based on its exclusionary contracting strategy. Pfizer has received marketplace feedback that Renflexis will face the same access challenges from J&J's scheme as Inflectra.

100. J&J's scheme—including coercive contracts bundling the incontestable demand (existing patients) with contestable demand (new patients), and promoting the results of its exclusionary insurer-level contracts to create uncertainty about Inflectra among providers—has led directly, with J&J's active encouragement, to nearly all provider accounts that use infliximab declining to purchase Inflectra *at all*. Even if some portion of a provider's patient base may be covered, providers are unwilling to risk using Inflectra only to ultimately be denied coverage. A single denied claim can cost a provider in excess of \$4,000, whereas the typical provider savings in product acquisition cost for a covered Inflectra claim is \$200–300. Because Remicade is nearly universally covered, providers have taken the "safe" option and stocked Remicade over Inflectra, thus increasing the already-substantial foreclosure caused by J&J's exclusionary contracts. Thus, as a practical matter, J&J's scheme has foreclosed Inflectra from *approximately 90 percent of provider accounts using infliximab*, the essential channel of distribution for infliximab. And, as noted, in terms of sales, Remicade continues to control over 96 percent of infliximab unit sales.

101. **Geographic market.** The relevant geographic market for the Relevant Markets alleged herein is the United States of America and its possessions and territories, as these products are marketed and sold on a national basis.

J&J's CONDUCT HAS STIFLED COMPETITION IN THE RELEVANT MARKETS, THEREBY MAINTAINING AND ENHANCING ITS MONOPOLY POWER AND INJURING PFIZER

102. J&J's scheme has led to the near total foreclosure of Inflectra with patients across the country. First, its exclusionary contracts with health insurers alone—including with most of the largest health insurers in the country—have foreclosed Pfizer's ability to compete for at least 70 percent of patients covered by commercial health insurance plans in the United States. Second, J&J's exclusionary contracts with certain providers have foreclosed Pfizer's ability to compete even for patients covered by plans that do provide reimbursement for Inflectra. And, as discussed, the reimbursement challenges (created by J&J) have led most provider accounts to decline to purchase Inflectra at all, with approximately 90 percent of provider accounts that use infliximab across the country not stocking Inflectra at all. As of September 2017, J&J maintained over 96 percent share of infliximab unit sales in the U.S.

103. Despite vigorous efforts to compete—including offering guarantees that Inflectra would be less expensive unit-for-unit than Remicade—Pfizer has been foreclosed from gaining a competitive foothold as a direct result of J&J's scheme. In the absence of Remicade's exclusionary practices, Inflectra's growth in the Relevant Markets would be substantially greater than it has been, and would be substantially larger in the future. J&J's conduct has deprived Pfizer of (a) past profits; (b) future profits; and (c) the value of invested capital from unrealized efforts to enter and expand in the Relevant Markets. Further, Pfizer's current and prospective customer relationships and goodwill have been, and will continue to be, impaired. J&J's conduct, if allowed to continue, will also dampen the incentives of Pfizer and other biosimilar developers to invest the substantial resources needed to bring biosimilars to the market. Thus, the aims of the BPCIA will have been thwarted.

104. J&J's activities have not only harmed Pfizer, they have caused substantial harm to the competitive process as well as to government payers and to consumers, who have been deprived of the principal benefits of competition—more choices and lower prices. The anticompetitive effects of J&J's conduct are evident in its pricing of Remicade since Inflectra's entry. Despite the fact that Pfizer has offered substantial discounts and a lower ASP to compete for business with insurers and healthcare providers, J&J has been able to *increase* the price of Remicade without losing any significant share or volume of sales to Pfizer (or any other competitor). J&J's prices

for Remicade have been increasing by every measure. J&J has increased Remicade list prices twice since FDA approval of Inflectra. These increases alone raised Remicade's list price nearly 9 percent. Remicade's actual ASP (which, as noted above, is net of discounts, rebates, and other price concessions) has also increased since Inflectra's entry— negating any claim that J&J's rebates qualify as meaningful price competition.

105. There is no efficiency or cost-reducing justification for J&J's coercive and exclusionary insurer- or provider-level contract terms. J&J has not achieved improved production costs, or economies of scale or scope through its contracting strategies. J&J also has achieved no improvements in the Remicade treatment through its contracting strategies.

106. If J&J's conduct is not prohibited, it will be adopted by other originator biologics firms aiming to preserve their dominant positions. As the first major biosimilar approval, this case will be a bellwether for the success of Congress's biosimilars initiative, as embodied in the BPCIA.

CLAIMS FOR RELIEF

FIRST CLAIM FOR RELIEF

Violation of 15 U.S.C. § 2

Monopolization of All Relevant Markets

107. Pfizer repeats and realleges Paragraphs 1 through 106 as set forth herein.

108. J&J has monopolized the Relevant Markets in violation of Section 2 of the Sherman Act.

109. J&J has monopoly power in the Relevant Markets.

110. Through the scheme described above, and other conduct likely to be revealed in discovery, J&J has willfully and unlawfully maintained and enhanced its monopoly power in violation of Section 2 of the Sherman Act. J&J's scheme constitutes exclusionary conduct within the meaning of Section 2 of the Sherman Act.

111. J&J's scheme has stifled competition in the Relevant Markets and thwarted Congress's purpose in enacting the BPCIA.

112. Among other things, given that (a) J&J imposed explicit conditions that insurers and providers eliminate (or almost completely curtail) their dealings with infliximab biosimilars, and (b) J&J's ASP for Remicade has actually *increased* since the biosimilar entered, J&J's pricing is not the clearly predominant means by which competition has been foreclosed in the Relevant Markets.

113. Even if price were deemed to be the clearly predominant means by which competition has been foreclosed, when the total amount of discounts and rebates that J&J offers to insurers and providers under the contracts described herein, including multi-product bundle contracts, is attributed to the portion of Remicade sales that is contestable by a biosimilar like Inflectra, J&J is pricing Remicade below its own average variable cost.

114. As a result of J&J's conduct, and the harm to competition caused by that conduct, Pfizer has suffered substantial and continuing injuries.

SECOND CLAIM FOR RELIEF

Violation of 15 U.S.C. § 2

Attempted Monopolization of All Relevant Markets

115. Pfizer repeats and realleges Paragraphs 1 through 114 as set forth herein.

116. J&J has attempted to monopolize the Relevant Markets in violation of Section 2 of the Sherman Act.

117. J&J is violating Section 2 of the Sherman Act by attempting to implement the anticompetitive scheme set forth above with the specific intent to monopolize the Relevant Markets. J&J's scheme constitutes exclusionary conduct within the meaning of Section 2 of the Sherman Act.

118. There is a dangerous probability that J&J will succeed in monopolizing the Relevant Markets through its anticompetitive scheme.

119. J&J's scheme has stifled competition in the Relevant Markets and thwarted Congress's purpose in enacting the BPCIA.

120. Among other things, given that (a) J&J imposed explicit conditions that insurers and providers eliminate (or almost completely curtail) their dealings with infliximab biosimilars, and (b) J&J's ASP for Remicade has actually *increased* since the biosimilar entered, J&J's pricing is not the clearly predominant means by which competition is dangerously likely to be foreclosed in the Relevant Markets.

121. Even if price were deemed to be the clearly predominant means by which competition is dangerously likely to be foreclosed, when the total amount of discounts and rebates that J&J offers to insurers and providers under the contracts described herein, including multi-product bundle contracts, is attributed to the portion of Remicade sales that is contestable by a biosimilar like Inflectra, J&J is pricing Remicade below its own average variable cost.

122. As a result of J&J's conduct, and the harm to competition caused by that conduct, Pfizer has suffered substantial and continuing injuries.

THIRD CLAIM FOR RELIEF

Violation of 15 U.S.C. § 14

Sale on Condition to Exclude Inflectra and Other Infliximab Biosimilars or Impose a Fail First Requirement and to Force Use of Remicade in All Relevant Markets

123. Pfizer repeats and realleges Paragraphs 1 through 122 as set forth herein.

124. J&J has entered into agreements with insurers (which reimburse Remicade) and providers (which purchase Remicade), whereby it has conditioned the availability of discounts, rebates, and/or other price concessions on insurers and/or providers eliminating or drastically curtailing their dealings with Inflectra (or any other infliximab biosimilar).

125. J&J's agreements function as exclusive agreements, what are for all practical purposes sole-source agreements, the effect of which is to foreclose substantially competition from rivals, such as Pfizer, in the sale of the infliximab to medical providers, in violation of Section 3 of the Clayton Act.

126. The essence of the J&J-insurer contracts is to pay the insurers to exclude biosimilar alternatives from their prescription drug or medical benefits coverage, whereby the insurers either deny coverage altogether or restrict coverage to only the rarest of circumstances. The insurers, as the payers for the treatment, have the ability to exclude selected drugs from coverage and as a result, patients and providers do not have a practical ability to choose Inflectra or other infliximab biosimilars over Remicade where coverage is not available. Moreover, because insurers wield power over providers with the ability to grant or withhold coverage for treatment, and because providers are risk-averse when it comes to buying and stocking medications such as infliximab, the providers are effectively compelled to stock Remicade exclusively.

127. The intent and effect of the insurers' performance of these contracts is to cause providers to forgo alternatives and to drive all treatment sales to J&J. The result of the J&J insurer contracts thus is the amplification of foreclosure, such that Inflectra and other biosimilars are denied access to approximately 90 percent of provider accounts and foreclosed from competition in the Relevant Markets.

128. Because providers and insurers are the gateway for the distribution and sale of the Relevant Products, there are no viable alternative means of distribution or sale and substantial foreclosure exists. Biosimilar competitors to J&J have no practical alternative means of selling infliximab to patients.

129. These de facto exclusive arrangements are in effect durable long-term agreements because the incentives J&J has exploited are not likely to change. So long as J&J's contracts remain in place, biosimilars will not be able to dent J&J's base of existing patients, and the incentives underlying J&J's contracts will remain. No insurer can practically walk away from and not continue to perform under the J&J agreement due to the above-discussed penalties.

130. The effect of each such agreement is and has been to substantially lessen competition in the Relevant Markets. The aggregate impact of such agreements is and has been to substantially lessen competition or tend to create a monopoly in the Relevant Markets.

131. By imposing such conditional contracts, J&J is directly and proximately foreclosing Pfizer and other competitors from a substantial portion of the Relevant Markets.

132. J&J's conduct has had anticompetitive effects in the Relevant Markets, including, without limitation, the effects described above in Paragraphs 102 through 106.

133. As a result of J&J's conduct, and the harm to competition caused by that conduct, Pfizer has suffered substantial and continuing injuries.

FOURTH CLAIM FOR RELIEF

Violation of 15 U.S.C. § 1

Agreements in Restraint of Trade in All Relevant Markets

134. Pfizer repeats and realleges Paragraphs 1 through 133 as set forth herein.

135. J&J has entered into agreements with insurers and providers of Remicade with the purpose and effect of unreasonably restraining trade and commerce in the Relevant Markets.

136. J&J's solicitation and enforcement of the exclusionary contracts described above constitute unlawful agreements, contracts, and concerted activity that unreasonably restrain trade in the Relevant Markets in violation of Section 1 of the Sherman Act.

137. J&J's conduct has had anticompetitive effects in the Relevant Markets, including, without limitation, the effects described above in Paragraphs 102 through 106.

138. Among other things, given that (a) J&J imposed explicit conditions that insurers and providers eliminate (or almost completely curtail) their dealings with infliximab biosimilars, and (b) J&J's ASP for Remicade has actually *increased* since the biosimilar entered, J&J's pricing is not the clearly predominant means by which competition has been foreclosed in the Relevant Markets.

139. Even if price were deemed to be the clearly predominant means by which competition has been foreclosed, when the total amount of discounts and rebates that J&J offers to insurers and providers under the contracts described herein, including multi-product bundle contracts, is attributed to the portion of Remicade sales that is contestable by a biosimilar like Inflectra, J&J is pricing Remicade below its own average variable cost.

140. As a result of J&J's conduct, and the harm to competition caused by that conduct, Pfizer has suffered substantial and continuing injuries.

PRAYER FOR RELIEF

141. WHEREFORE, Pfizer respectfully prays that the Court enter judgment against J&J and in favor of Pfizer, as follows:

- a. Awarding Pfizer money damages, trebled pursuant to law, in an amount in excess of \$150,000.00 (exclusive of interest and costs);
- b. Awarding Pfizer the costs of the lawsuit, including its reasonable attorneys' fees and court costs;
- c. Declaring J&J's conduct unlawful and in violation of the above-referenced statutes;
- d. Entering appropriate preliminary and permanent injunctive relief barring J&J from continuing to undertake its anticompetitive scheme, including its exclusionary contracts; and
- e. Ordering such other and further relief as the Court may deem just, proper, and equitable.

JURY TRIAL DEMANDED

142. Pfizer demands a trial by jury for all issues triable by jury.

Dated: September 20, 2017 .
Philadelphia, PA

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PREPARED STATEMENT OF OLIVIER BRANDICOURT, M.D.,
 CHIEF EXECUTIVE OFFICER, SANOFI

Chairman Grassley, Ranking Member Wyden, and members of the committee, thank you for the opportunity to appear before the Senate Committee on Finance to discuss pharmaceutical pricing, affordability, and patient access in the United States. I am Dr. Olivier Brandicourt, the chief executive officer of Sanofi.

At Sanofi, we work passionately every day to understand and address the health care needs of patients around the world. We are dedicated to solving patients' most serious health challenges in numerous therapeutic areas, including diabetes, cardiovascular disease, immunology, oncology, multiple sclerosis (MS), rare diseases, and rare blood disorders. We are also devoted to preventing diseases through the research, development, and delivery of vaccines. And we contribute to improving the health of people around the world through our broad portfolio of consumer health products.

Sanofi's U.S. subsidiaries have a rich history in the United States dating back over 100 years. We currently employ more than 13,000 professionals across the United States in a broad range of critical roles, including business operations, research and development, and manufacturing, with our most significant presence in Massachusetts, where we are the largest employer in the life sciences industry, and major centers of operation in New Jersey, Pennsylvania, and Tennessee.

Last year, Sanofi spent almost \$7 billion on research and development, an increase of approximately 7 percent from 2017, which reflects our commitment to bringing better therapies to patients. Sanofi plans to maintain this level of R&D investment through 2021, and our R&D pipeline now contains 81 projects, including 33 new molecular entities in clinical development, and 35 projects that are in Phase III or have been submitted to regulatory authorities. This investment means that Sanofi potentially will seek approval for nine new medications in the next three years, primarily in therapeutic areas where Sanofi sees the greatest nexus between our expertise and patient need: diabetes, vaccines, oncology, immunology, rare diseases, and rare blood disorders.

Our work in R&D includes more than a dozen compounds for the treatment of various kinds of cancers, and we are employing cutting-edge approaches in an effort to make significant advances for patients. Our research includes potential treatments to help the body's own immune system fight cancer, and antibody drug conjugates that we believe can deliver cytotoxic drugs to tumors while sparing normal tissue. Earlier this month, we announced successful results with one such candidate in a mid-stage trial in lung cancer, and we intend to initiate a pivotal study later this year.

I. RISING COSTS FOR PATIENTS

While the research and development landscape has fundamentally changed, the landscape in which patients access medications has also fundamentally changed, and not for the better. Affordability of medicines is a real and growing challenge for too many Americans. We understand the anger of patients who cannot afford the medicines they or their loved ones need due to rising out-of-pocket drug costs.

There is no single root cause to the problem of rising patient out-of-pocket costs, and in order to develop meaningful solutions for patients, it is critical to take a comprehensive look at what is driving rising costs for patients. Given the number of factors that contribute to determining out-of-pocket costs for patients, every part of the supply chain, including manufacturers, has a role to play in solving this problem.

We want everyone—including patients, providers, payers, pharmacy benefit managers (PBMs), policy makers, and regulators—to understand why we set prices as we do, and to reaffirm our commitment to our core principles of access, affordability and innovation. An important component of pricing includes the intersection between the list prices of our medicines, the net prices we actually receive after accounting for all rebates and other discounts, and out-of-pocket costs.

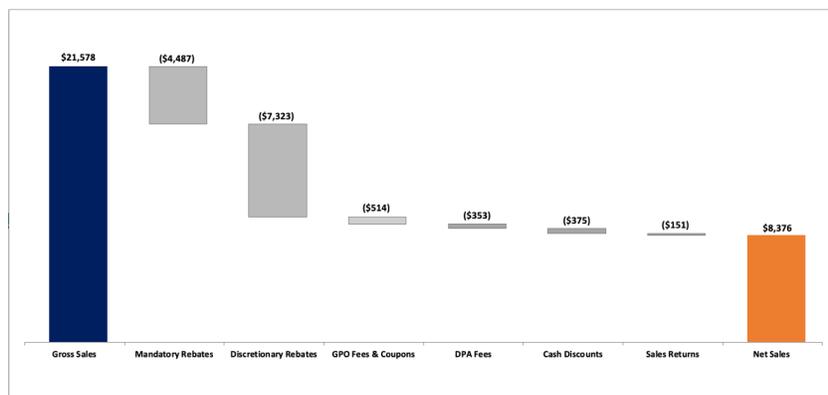
While list prices often receive the most attention, they reflect the initial price we set for our medicines. They are *not* the amount Sanofi receives *nor* the prices typically paid by government and commercial insurers, employers, or PBMs. Under the current system, players within the supply chain—including PBMs, plans, wholesalers, distributors, and group purchasing organizations—receive either rebates and/or fees based on a percentage of the list price. Their economic incentives are therefore directly linked to the list price. And as long as the net price grows at a predictable rate, the greater the list price, the greater the economic returns for many players in the supply chain. Manufacturers, in turn, must account for anticipated rebates and other discounts when setting their list price.

Thus, list price is the starting point for negotiations with payers, and it is often the basis for patient out-of-pocket costs. But focusing solely on the list price does not tell the whole story. In the current system, manufacturers pay significant rebates as a percentage of the list price to both government and private payers, as well as other intermediaries, in an effort to improve access for patients. In 2018, 55 percent of Sanofi's gross sales were given back to payers as rebates, including \$4.5 billion in mandatory rebates to government payers and \$7.3 billion in discretionary rebates. As described later in my testimony, due to these rebates, the average aggregate net price of our products, including our insulin products, actually has declined over the last number of years.

Sanofi provides rebates to PBMs and health plans to improve patient access to, and affordability for, Sanofi medicines. We want these rebates, which lower net prices, to benefit patients. Unfortunately, under the current system, savings from rebates are not consistently passed through to patients in the form of lower deductibles, co-payments or coinsurance amounts.

For some patients, out-of-pocket costs are calculated based on a medicine's list price. However, based on variability in plan design, the list price alone does not explain patients' increasing affordability issues.

Sanofi and Sanofi Genzyme U.S. Gross to Net 2018 Breakdown *



*Below are the summarized categories (by type) for various transactions:

Mandatory Rebates: Medicaid, VA-DOD, Tricare, 340B, Medicare Coverage Gap

Discretionary Rebates: Commercial, Medicare, Managed Medicaid, Medicaid Supplemental, GPO, Institutional Discounts

Government Purchasing Organization (GPO) Fees & Coupons: Fees paid for administration of Sanofi's agreements with Group Purchasing Organizations on behalf of their members and various copay assistance programs

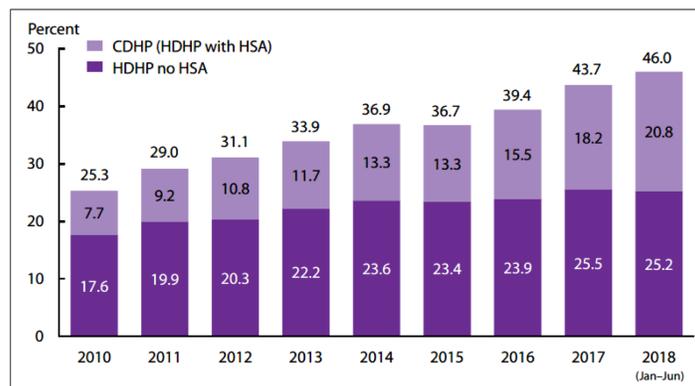
DPA Fees: Performance based fees earned by wholesalers for providing complete sales information and maintaining targeting inventory rates

Cash Discounts: Trade discounts offered to wholesalers for prompt payment of invoices

Sales Returns: Netted with Clawback, Other Corrections/Credit Memos

For instance, in some cases, affordability issues are the result of changes in health plan designs, such as the increase in the number of high deductible health plans. Among those with private health insurance, enrollment in high deductible health plans (HDHPs) has generally increased since 2010. The design of these plans generally requires patients to pay the full list price of medicines during the deductible phase of the program, rather than the negotiated drug price available when the insurance portion kicks in.

Percentage of persons under age 65 enrolled in a high-deductible health plan or in a consumer-directed health plan, among those with private health insurance coverage: United States, 2010–June 2018*



NOTES: CDHP is consumer-directed health plan, which is a high-deductible health plan (HDHP) with a health savings account (HSA). HDHP no HSA is a high-deductible health plan without an HSA. The individual components of HDHPs may not add up to the total due to rounding. Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: NCHS, National Health Interview Survey, 2010–2018, Family Core component.

*Chart reproduced from ME Martinez et al., National Center for Health Statistics, Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January - June 2018 (November 2018).

In other cases, affordability issues are caused by changes in insurance design which increasingly ask patients to pay higher cost-sharing for their medicines, even when the price of those medicines has stayed relatively flat or has declined for the health plan. For example, as noted later in my testimony, the average net price of Lantus, our most prescribed insulin, has declined by over 30 percent since 2012, while the average out-of-pocket burden for patients with commercial insurance and Medicare has increased by approximately 60 percent over that same period. In this case, not only are discounts apparently not being passed on to patients, but patients are in fact being asked to pay *more* when PBMs and health plans are paying *less* for the medicine. This situation defies logic and should not happen.

Increasing out-of-pocket costs also can result from changes to prescription drug formularies, which have a significant impact on the amount of out-of-pocket costs a patient will be asked to pay. A recent opinion piece in *The New York Times*¹ powerfully highlights how changes to prescription drug formularies not only can create confusion and frustration for providers and patients, but also ultimately increase costs for patients when the medicines they need are not covered on a formulary's preferred tier.

The impact of the role each of these factors plays in out-of-pocket costs for any individual patient is highly variable, thus compounding the complexity of this issue. Out-of-pocket costs for a medicine for any particular patient depend on a number of factors in addition to list price, including: (1) what portion, if any, of a manufacturer's rebates a PBM or payer passes through to the patient, (2) the benefit design of the patient's health plan, and (3) the level of reimbursement negotiated between the patient's plan and the particular pharmacy. Each of these factors varies significantly among plans and pharmacies—even within the same health insurance company or PBM receiving the same manufacturer rebate—creating confusion and frustration for patients.

Given the complexity in the system and number of factors that impact out-of-pocket costs, every part of the health-care system has an obligation to work to solve this problem. I am grateful that this Committee—and others—are taking a holistic approach to collecting information both on what is causing the problem for patients, and also on solutions to address patient access and affordability without under-

¹See <https://www.nytimes.com/2019/01/18/opinion/cost-insurance-diabetes-insulin.html>.

mining the incentives and rewards for scientific risk-taking and discovery that are the hallmark of the United States ecosystem and economy.

I am here today to share Sanofi's story, the actions we have taken to improve patient access and affordability, and our ideas about what more can be done.

II. SANOFI ACTIONS TO IMPROVE PATIENT ACCESS AND AFFORDABILITY

As a global health-care leader, Sanofi has a long-standing commitment to promoting health-care systems and policies that make our treatments accessible and affordable to patients in need. We believe we can play an important role in the development of constructive solutions that will benefit both patients and the health-care system as a whole. I will address some of our ongoing initiatives and recommendations for solutions in my testimony.

Sanofi's ultimate goal, detailed below, is to encourage a transition to a value-driven health-care system that provides incentives for continued improvements in patient care while increasing access and affordability. Given the complexities of the current system, changes must be approached thoughtfully, with a focus on establishing processes that will both enable affordable access to treatment and protect innovation in an era of potentially transformative scientific advancements.

Sanofi is—and will continue to be—an industry leader in helping to address this challenge. While many factors, including decisions affecting patient out-of-pocket spending and insurance coverage, are influenced or controlled by others in the health-care system, including other manufacturers, we recognize that there are actions we can take to help improve access and affordability for patients. For our part, we recognize that we must price our medicines transparently and according to their value, while at the same time contributing to broader solutions that improve patient outcomes and the financial sustainability of the U.S. health-care system.

Policy changes are required across the entire health care system. But we are not waiting for systemic change to arrive before taking action. Sanofi has adopted a variety of approaches to work within the current system to improve access and affordability for patients. Whether it has been launching new medicines in multiple sclerosis and rheumatoid arthritis at disruptively low prices, limiting price increases to an external benchmark of overall medical spending, or lowering the net price of a medicine, Sanofi has approached the challenge of access and affordability not with words, but with actions.

III. SANOFI PRICING PRINCIPLES AND ACTIONS

Two years ago, Sanofi announced our progressive and industry-leading pricing principles to help stakeholders understand our pricing decisions and to advance a more informed discussion of issues related to the pricing of medicines.²

These principles include a pledge to keep annual list price increases at or below the projected U.S. National Health Expenditure (NHE) growth rate, an estimate of medical spending calculated by the Centers for Medicare and Medicaid Services (CMS) and often used as a measure of healthcare inflation. These principles apply to all of our prescription medicines if a pricing decision results in more than a \$15 annual increase in the price of the medication. In addition, we committed to making both our average aggregate list and net price changes across our portfolio transparent to help illustrate how revenue accrues to Sanofi versus other parts of the pharmaceutical supply chain.

In 2018, all of our price increases were consistent with our policy, as are all pricing actions we have taken in 2019. Across our entire portfolio of medicines, the average aggregate list price increase was 4.6 percent while the average aggregate net price—that is, the actual price paid to Sanofi—*declined* by 8.0 percent.

The declining average aggregate net price in 2018 represents the third consecutive year the amount that health plans and PBMs pay Sanofi for our medicines has declined.

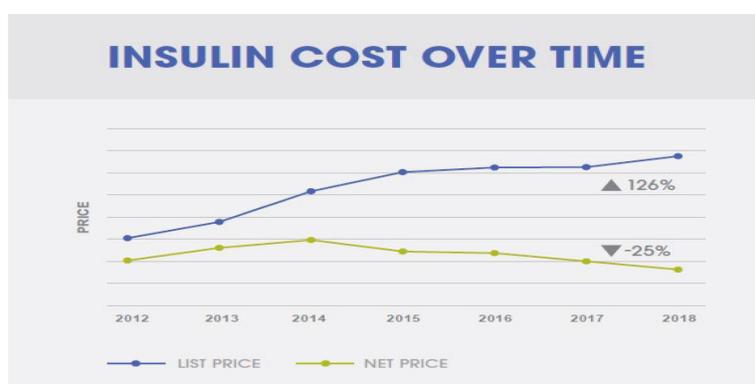
² See https://www.sanofi.us/-/media/Project/One-Sanofi-Web/Websites/North-America/Sanofi-US/Home/corporateresponsibility/Prescription_Medicine_Pricing_2019.pdf.

U.S. Portfolio Annual Average Aggregate Price Changes *

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

*Average aggregate across Sanofi's prescription product portfolio.

Specific to insulin, the average aggregate net price across all Sanofi insulin products has declined over the past four years. **For our entire insulin portfolio, the average net price is 25 percent lower today than it was in 2012.**³



In addition to our pledge to limit price increases in the U.S., Sanofi's pricing policy includes a commitment to transparency in how we price new medicines coming to the market for the first time. 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 four factors:

- (1) *A holistic assessment of value*, including (a) clinical value and outcomes, or the benefit the medicine delivers to patients, and how well it works compared to a standard of care; (b) economic value, or how the medicine reduces the need—and therefore costs—of other health care interventions; and (c) 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) approaches and other analyses that help define or quantify value and include patient perspectives and priorities.
- (2) *Similar treatment options* available or anticipated at the time of launch in order to understand the competitive landscape within the disease areas in which the medicine may be used.
- (3) *Affordability*, including the steps we must take to promote access for patients and contribute to a more sustainable system for payers and health-care delivery systems.
- (4) *Unique factors* specific to the medicine at the time of launch. For example, we may need to support ongoing clinical trials to provide additional critical information on the value of the product (*e.g.*, 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.

³Based on internal review of pricing actions and payer contracting.

Using this approach, Sanofi has launched a number of highly innovative products at prices well below the competition, some even before our principles were officially adopted.

- In 2012, Sanofi launched Aubagio[®], a medicine used to treat relapsing forms of MS, at a list price more than 25 percent below the other approved oral MS medication on the market at the time.
- In 2017, we launched Kevzara[®], a second line medication used to treat certain types of rheumatoid arthritis (RA), at a list price 30 percent below other leading treatments for RA. After completing a head to head study against the market-leading anti-TNF, Kevzara was found superior in RA patients.
- In 2017, we launched Dupixent[®], the first drug of its kind for moderate to severe atopic dermatitis, specifically within the cost-effectiveness range provided by the Institute for Clinical and Economic Review (ICER) of \$37,000, compelling the Chief Medical Officer for a leading PBM to say “this is how pricing should work.” While we have concerns about ICER’s methodology in many of their drug reviews, our willingness to work with ICER is further demonstration to our commitment to price our medicines based on the value they provide with consideration of input from a third-party analysis.
- In 2018, we launched Admelog[®] at the lowest list price of any mealtime insulin.
- In February 2019, Sanofi and Regeneron announced that Praluent[®] will be made available at a new reduced U.S. list price. Beginning in early March, new U.S. National Drug Code (NDC) option will be available at approximately 60 percent less than the original list price for the drug. This action follows our earlier announcement in March 2018, when Sanofi and Regeneron committed to lowering the U.S. net price for payers in return for reducing burdensome access barriers for appropriate patients.⁴ Sanofi and Regeneron took the additional step of announcing a new NDC to further assist patients, particularly in Part D, who still face cost-sharing linked to the list price, and who were thus not helped by the earlier net price reduction. With the new lower-priced Praluent, most Medicare Part D patients are expected to save as much as \$345 per month, depending on their insurance plan.

With the right incentives in the system, our approach to setting launch prices for these new medicines would have had the effect of ensuring affordable access for patients. Unfortunately, because of the way the U.S. health care system is currently constructed, our experience has shown that pricing medicines at lower list prices has failed to result in adequate access or affordability for most patients. For instance, since Dupixent was launched, rebates have been required in most cases to secure access for patients. Despite the responsible list price and subsequent rebates, 8 commercial and 2 Medicaid plans nevertheless implemented a step edit requiring patients to try immunosuppressant therapy first before using Dupixent. They implemented this step edit notwithstanding the fact that immunosuppressant therapy is not FDA approved for use in atopic dermatitis and is referenced as a worst-case scenario for patients in practice guidelines due to its questionable benefit-risk profile.

IV. SANOFI’S INSULIN PRODUCTS: A CASE STUDY

We feel a special obligation to address the pressing issues around access and affordability of insulin products. In my time as CEO, Sanofi has made a concerted effort to improve both system sustainability and patient affordability in our approach to our portfolio of insulin products, which includes six different products to meet individualized patient needs. And it is important to note the evolution and innovation of insulin, as we are often asked if anything has changed in the last 100 years that warrants pricing action.

Sanofi’s groundbreaking discovery of insulin glargine, and its development of a novel pre-filled disposable injection pen to deliver insulin glargine, have profoundly improved the lives of millions of patients living with diabetes in the United States and worldwide. Sanofi’s insulin glargine drug products are sold under the trade names Lantus[®], Lantus SoloSTAR[®], Toujeo SoloSTAR[®], and Toujeo Max SoloSTAR[®], each of which represents a significant leap forward in the treatment

⁴ See <http://www.news.sanofi.us/2018-03-10-Sanofi-and-Regeneron-announce-plans-to-make-Praluent-R-more-accessible-and-affordable-for-patients-with-the-greatest-health-risk-and-unmet-need>.

of diabetes. Sanofi has been awarded patents for its innovative technologies on each of these products.

These novel drug products began with Sanofi's discovery of insulin glargine. Despite having "insulin" in its name, Sanofi's insulin glargine is markedly different from prior insulin products, which had a relatively short duration of action and required patients to inject themselves multiple times a day and wake up at night for injections in order to control blood glucose levels. Each injection of prior insulin products caused a sharp spike in the patient's insulin levels, which could cause symptoms of low blood sugar ranging from shakiness and confusion to, in the extreme, coma or death. Injections also had to be timed before every meal, disrupting patient's lives, sleep times, and ability to eat with friends and family. As such, the consistent goals of insulin therapy over the last century have included reducing the frequency of insulin administration and flattening the post-administration peak of insulin in the bloodstream. Prior attempts to achieve these goals included cumbersome mechanical pumps that had to be worn on the body for constant infusion, and NPH insulin, which had an intermediate duration of action but still caused a pronounced peak in insulin levels.

Glargine changed all of that. Sanofi scientists, in a remarkable feat of protein engineering, succeeded in fundamentally altering the human insulin molecule at the amino acid level, changing its pharmacological characteristics to give patients a steady release of insulin with just a single daily administration. Unlike anything that came before it, glargine forms tiny solid crystals upon injection that dissipate over time to provide a flatter, stable, long-lasting effect that mimics the flat profile of insulin release from a healthy pancreas and reduces the risks caused by low blood sugar. The once-daily administration of glargine also proved a significant boon to patient lifestyles.

Insulin is also an excellent example of list prices not reflecting the actual prices paid by insurance companies, and out-of-pocket costs that continue to rise despite lower net prices. The net price of our insulin product Lantus[®], for example, has fallen over 30 percent since 2012; yet, over this same period, average out-of-pocket costs for patients with commercial insurance and Medicare—before the benefit of any Sanofi financial assistance program—has risen 60 percent.

V. SANOFI'S FINANCIAL ASSISTANCE PROGRAMS

Our commitment to affordability for patients extends beyond responsible launch pricing, limited price increases, and transparency. We offer a suite of traditional and innovative patient assistance programs to enable appropriate patient access and to help patients afford the Sanofi medicines prescribed to them. We publicize our programs in a number of ways to ensure patients and providers are aware of our offerings, including through advertising online, on television, as well as in provider office settings and at pharmacies.

As noted previously in my testimony, rising out-of-pocket costs for patients is a complex problem with many causes. In some cases, access issues are linked to lack of insurance. But having insurance is no longer a guarantee of affordable care, and Sanofi believes it is also critical to address the needs of patients who may be exposed to excessive cost-sharing based on insurance plan design or other deficiencies in the system.

Because patient situations are different, we have carefully tailored our assistance programs for insulin products to meet a variety of patient needs:

- **Commercially insured patients qualify for our co-pay assistance program**, which reduces the financial burden for insulin products. Through this program, over 90 percent of participating commercially insured patients pay either \$10 or \$0 per month for their Sanofi-manufactured insulin products. Last year, our co-pay assistance programs for commercially insured patients provided more than 400,000 eligible patients with \$342 million in patient savings.
- **For diabetes patients who do not qualify for one of our co-pay assistance programs**, we created the Insulins ValYOU Savings Program in 2018. The purpose of this program is to provide relief for those patients who currently pay high variable retail prices for insulin and do not qualify for other assistance programs. Through this program, eligible individuals can access all Sanofi insulins for \$99 per 10 mL vial or \$149 for a pack of SoloStar pens,

approximately a one-month supply of insulin,⁵ at a discount of up to 60 percent discount below the list price, resulting in potential savings of up to \$3,000 per year. There are no income requirements and the program is available at U.S. pharmacies. Last year (its first year), the program resulted in \$6.2 million in patient savings.

- **For eligible low-income patients**, Sanofi offers many of our medicines, including our insulin products, at no charge through its Sanofi Patient Connection patient assistance program. We are proud that, in 2018, more than 93,000 patients participated in the Sanofi Patient Connection program, receiving free medicine valued at \$508 million.

While Sanofi alone cannot eliminate the issue of patient affordability, no matter how comprehensive or innovative our patient assistance programs, we believe that our efforts can make a meaningful difference for many patients. We are committed to maintaining these programs and raising awareness of these options to the patients who need them.

VI. POLICY PROPOSALS

Over the past few years, we have led by example and made decisions to help improve access and affordability for patients. I am here today to tell you that I know our actions, while well-intentioned, have not been enough. I hope we can all agree on market-based policy solutions that will incentivize a high-value, sustainable health-care system that improves the affordability of innovative medicines in the U.S.

Based on our experience, targeting list price controls alone will not be sufficient to address patient access and affordability. That is why the solution to drug pricing must include protections for patients, tying responsible pricing to both access and affordability for patients.

There are obviously a variety of ways to accomplish this, and Sanofi could support any number of options that align to our core principles:

- (1) The U.S. should continue to maintain a strong ecosystem for innovation. As such, any policy proposals should strictly avoid directly and artificially controlling the price of medicines, either through price controls set by the Federal Government, or worse, outsourcing that decision to foreign governments. Policy proposals that we believe would fundamentally undermine the unique innovation ecosystem of the United States include reference pricing, importation, or price controls set by CMS. Based on our experience, these approaches may be effective at controlling budgets for central payers but come at a steep cost for patients—namely limiting access to innovative treatments. Additionally, given that the U.S. is the world's leader in science and innovation—and the jobs that come with it—these approaches pose additional risks to the U.S. economy and future scientific discovery. Finally, and most importantly, given the differences between systems, these approaches may do little to improve access and affordability for patients.

As we have experienced, within the current system, declining prices for payers or new treatments priced at responsibly lower list prices are no guarantee that those actions will translate to affordability or access for patients.

- (2) Changes to the pricing system must be holistic, and the majority of benefits should accrue to patients. As noted previously, simply enacting price controls—either set by a State, Federal, or foreign government—will not solve

⁵Patients with type 1 diabetes require insulin replacement with both long-acting (basal) and mealtime (bolus) insulin. An average adult with type 1 diabetes who weighs 70 kg (155 pounds) should be taking anywhere from 0.5–1.0 u/kg/day—depending upon activity levels, and meal choices. Using the higher daily dose of 1.0 u/kg/day, this patient would need a total of 70 units/day of insulin, of which approximately half should be mealtime (bolus) insulin and half should be long-acting (basal) insulin. For this average patient, one vial of long-acting (basal) and one vial of mealtime (bolus) insulin could provide a monthly supply of insulin.

Many patients with type 2 diabetes require long-acting (basal) insulin only. Our internal data shows the average daily dose is approximately 45 units per day, resulting in a monthly requirement of 1350 units of long-acting (basal) insulin per month. Lantus SoloSTAR[®] pack contains 1500 units of insulin (5 pens x 300 units per pen) and Toujeo SoloSTAR[®] pack contains 1350 units of insulin (3 pens x 450 units per pen). For the average patient with type 2 diabetes, the ValYOU Savings Program would meet the monthly insulin requirement with one payment of \$149. Patients on lower doses of Lantus may opt for the 10ml vial, which would meet the monthly insulin requirement with one payment of \$99.

the problem of access and affordability for patients. We believe system incentives need to change to encourage smaller list price increases, or even list price reductions, by requiring health plans to cover those medicines that meet these standards at an affordable co-pay level and only allow access restrictions consistent with the label and accepted evidence-based best clinical practice.

If policies are enacted that solely target the list price of medicines without these common-sense patient protections, our shared goal of lowering drug costs—for both government and patients while maintaining the engine of innovation in the United States to bring new innovative medicines to patients will not be fully achieved. To appropriately accomplish this objective, Sanofi is willing to trade price for access and affordability and share accountability for offsetting the financial impact on the Medicare programs.

Sanofi supports and recommends several policy solutions to incentivize responsible pricing behavior. To ensure that these changes do not create a windfall for manufacturers or health plans and PBMs, Sanofi recommends applying these policies only to medicines that satisfy certain limits on price increases. This approach will shift the current incentives in the system to reward “good” behavior in a manner that truly helps patients. Several of the solutions outlined below are also priorities for Chairman Grassley, Ranking Member Wyden and other members of this committee and I look forward to the opportunity to work with you on advancing these and other policy initiatives:

First, reducing out-of-pocket costs for patients is our top priority. As we have experienced, limiting list price of medicines alone is not sufficient to fully solve this problem. Sanofi has identified a number of ways to effectively reduce out-of-pocket costs for consumers and broadly supports tradeoffs between price and access to help patients, including:

- Implementation of the Anti-Kickback Safe Harbor rebate proposed rule in a manner that directly lowers out-of-pocket costs for patients without creating loopholes that would undermine the proposed rule’s intent.
- Requiring a portion of the discounts and rebates paid by manufacturers to reduce costs for patients at the pharmacy counter.
- Changing government price reporting rules and the Anti-Kickback statute in a manner that would promote value-based contracting.
- Implementing an annual out-of-pocket cap for Medicare beneficiaries.
- Allowing manufacturers to offer co-pay assistance to Medicare beneficiaries.
- Changing or clarifying government price reporting rules to make it easier to reduce list prices on medicines that have been on the market for a long time—namely by (1) making clear that the government pricing metrics for the new, lower list price drug do not have to be averaged with the metrics for older, higher list price drug and (2) permitting a company to treat the new lower price drug as a new product for purposes of Medicaid rebate calculations, which will help to link the rebate liability for the new drug to the new drug’s lower price as opposed to the higher price for the old drug.

Second, Sanofi supports policies that cultivate a highly competitive free market system and rewards the type of entrepreneurial risk-taking necessary to the discovery and development of life-saving new medicines. A key element of that system is a strong and predictable intellectual property system. However, after a reasonable period of time—which I believe is already reflected in U.S. law—generic and biosimilar medicines should quickly enter the market to offer long-term access at lower costs. To help accomplish these goals, Sanofi supports:

- Legislation that promotes competition, such as the CREATES Act, and prohibitions on “reverse payment” agreements. While some changes may be needed to avoid unintended consequences, we support moving forward with policies that limit manufacturers’ ability to unfairly avoid competition. At Sanofi, we make product supply available to generic and biosimilar manufacturers developing data necessary for FDA applications for their products. We do this in a timely manner and on reasonable terms.

- Increased *system-wide* transparency, which would improve competition across health care by making relevant information available to patients and policymakers. Providing more information about what is driving costs in the system and how money is flowing through the system will allow for increased competition and better-informed decision making. Policies like the SPIKE Act, which appropriately include a threshold for reporting to incentivize responsible pricing behavior and the C-THRU Act, are potential approaches.

VII. CONCLUSION

I look forward to having a productive conversation about the complexities of the current prescription drug pricing system and proposals to improve affordable patient access to high quality, innovative medications to drive optimal health outcomes.

Thank you for the invitation to speak with you today and I look forward to working with you.

QUESTIONS SUBMITTED FOR THE RECORD TO OLIVIER BRANDICOURT, M.D.

QUESTIONS SUBMITTED BY HON. CHUCK GRASSLEY

Question. The Department of Health and Human Services' proposed rule, "Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor Protection for Certain Point-of-Sale Reductions in Price on Prescription Pharmaceuticals and Certain Pharmacy Benefit Manager Service Fees," envisions that drug manufacturers will offer up-front discounts rather than the back-end rebates that are now commonly provided. Some observers argue that a 1996 court case called into question whether manufacturers could offer up-front discounts, resulting in today's rebate-based system. I've heard differing opinions as to whether the issues related to the initial court case are still relevant. If the HHS proposed rule is finalized, can you assure the committee that your company will offer up-front discounts? If not, why?

Answer. As the question notes, one of the practical implications of the Proposed Rule is to incentivize a shift from back-end rebate payments to up-front discounts that are passed through at the point-of-service to the patient (at least in part). We understand that some in the health care industry have raised concerns that the nation's antitrust laws, specifically the Robinson-Patman Act, and long-running antitrust litigation involving drug manufacturers, wholesalers, and pharmacies could prevent or reduce discounting under a pricing structure without rebates. But, the Robinson-Patman Act focuses on price discrimination—involving any dimension of price—and it does not distinguish between up-front discounts and rebates. In addition, the referenced litigation, *In re Brand Name Prescription Drugs Antitrust Litigation*, did not result in any change in the ability of a prescription drug manufacturer to offer an up-front discount. Consequently, because Sanofi's view is that the antitrust laws apply equally to up-front discounts and back-end rebates, we do not believe that they present any impediment to offering up-front discounts to patients at the point of sale. Sanofi is committed to working with other stakeholders to lower patient out-of-pocket costs, and the company will carefully review any final rule issued by HHS regarding the Anti-Kickback Statute and its safe harbor regulations—with the goal of providing point-of-sale discounts to patients in a compliant manner to help lower patient out-of-pocket costs.

Question. Please describe how you expect your company to respond to the HHS proposed rule to eliminate safe harbor protection for back-end rebates in Medicare Part D that is referenced above if it is finalized. Assuming you are confident that antitrust laws do not prevent your company from offering up-front discounts, specifically, do you envision that your company lowers the list price of a drug to the current after-rebate net price, offer discounts equal to the current rebate amount, or a combination of both?

Answer. Sanofi is committed to working with other stakeholders to lower patient out-of-pocket costs, and the company will carefully review any final rule issued by HHS regarding the Anti-Kickback Statute and its safe harbor regulations—with the goal of providing point-of-sale discounts to patients in a compliant manner to help lower patient out-of-pocket costs.

With respect to list price, if (1) the proposed changes to the anti-kickback statute safe harbors were codified, and (2) Congress implemented similar changes to the

commercial insurance market, Sanofi would lower the list prices of its prescription medications for products in competitive categories for which there is currently a material difference between list price and net price on the assumption that patient access and affordability would be improved. Sanofi also supports policy changes that would de-link other payments in the pharmaceutical supply chain from list price.

We support extending the intent behind the anti-kickback statute safe harbor proposed rule to the commercial market so that incentives are aligned across the marketplace. Together, we believe these changes would facilitate Sanofi's ability to lower our list prices. However, we recommend a step-wise approach, implementing changes to the commercial market after the safe harbor rule is implemented on January 1, 2020. Such an approach would provide an opportunity for stakeholders and the government to identify unintended consequences, and address them, prior to extending these policies to the commercial market.

We want to ensure that the new system achieves its goal of improving affordability for patients. For instance, CMS should monitor and evaluate how the new system affects formulary access, utilization management, and patient cost-sharing, particularly with respect to medicines with a lower list price. We also have concerns that changes to the rebate system may lead to new fees, which simply require manufacturers to pay previous rebate values in new ways, rather than creating savings for patients.

Without a better understanding of how these policy changes ultimately would affect the competitive marketplace, patient access, and affordability, we are unable to quantify the amount of up-front discounts or any potential list price reduction.

Question. To what extent are the back-end rebates your company currently offers contingent on the amount of market share realized for your drugs as a result of Part D plan formulary placement and other techniques?

Answer. Sanofi negotiates rebates with PBMs and Part D plans to secure better formulary position for our products, which in turn provides the best possible access and cost sharing for the majority of Medicare Part D beneficiaries. When evaluating what level of rebates to offer, Sanofi considers the potential business impact of such arrangements.

Question. Please provide a breakdown of percentage of sales that go to each payer (including Medicare, Medicaid, private pay, other) and a similar percentage by volume of the total number of each drug compared to total volume. Please provide this data for the most recent year available.

Primary Care Products

Percentage of Sales by Payer Channel ¹

Product	Channel						
	Commercial	Medicare	Medicaid	Tricare	340B	FSS Others ²	Institutional ³
Lantus	25%	36%	10%	0%	5%	19%	4%
Toujeo	47%	39%	7%	0%	4%	2%	0%
Soliqua 100/33	77%	15%	3%	0%	3%	1%	0%
Apidra	16%	1%	66%	0%	8%	7%	2%
Admelog	0%	0%	91%	0%	9%	0%	0%
Multaq	24%	57%	2%	0%	3%	12%	2%
Praluent	22%	32%	1%	0%	2%	5%	38%

¹Based on gross sales.

²This category includes the VA, DOD, and other purchases through Sanofi US's Federal Supply Schedule (FSS).

³This category includes Hospital/GPO, Long-Term Care, Outpatient, and Staff Model.

Percentage by Volume by Payer Channel

Product	Channel						
	Commercial	Medicare	Medicaid	Tricare	340B	FSS Others	Institutional
Lantus	25%	36%	10%	0%	5%	19%	4%
Toujeo	47%	39%	7%	0%	4%	2%	0%
Soliqua 100/33	77%	15%	3%	0%	3%	1%	0%
Apidra	16%	1%	67%	0%	7%	7%	2%
Admelog	0%	0%	91%	0%	9%	0%	0%
Multaq	24%	57%	2%	0%	3%	12%	2%
Praluent	22%	32%	1%	0%	2%	5%	38%

Specialty Care Products

Percentage of Sales by Payer Channel⁴

Product	Channel				
	Commercial/ Managed Care	Medicare	Medicaid/VA / DOD/Tricare	PHS/340B	Non-Contracted Sales
Cerdelga	0%	12%	6%	4%	78%
Cerezyme	0%	15%	15%	22%	48%
Aldurazyme	0%	6%	29%	23%	42%
Fabrazyme	0%	13%	10%	26%	51%
Myozyme	0%	18%	15%	31%	36%
Thyrogen	0%	4%	5%	25%	66%
Caprelsa	0%	6%	10%	0%	84%
Aubagio	47%	33%	11%	2%	7%
Lemtrada	0%	35%	10%	41%	14%
Kevzara	69%	15%	4%	3%	9%
Dupixent	75%	9%	6%	3%	7%
Eloctate	0%	5%	33%	37%	25%
Alprolix	0%	5%	27%	39%	29%
Jevtana	0%	70%	1%	30%	0%
Zaltrap	0%	0%	0%	0%	100%
Elitek	0%	15%	1%	7%	77%
Mozobil	0%	25%	6%	45%	24%
Thymoglobulin	0%	0%	0%	4%	96%

⁴The data used to derive this information is contracted sales data. Because many of these products are purchased through non-contracted sales, Sanofi has a limited view regarding through which channels these products are purchased. Percentage by volume by channel results in similar percentages to percentage by sales so a separate chart is not provided.

Question. Do your companies hire consultants or lobbyists to promote products at State Medicaid Pharmacy and Therapeutics Committees? To whom do you disclose advocacy activities surrounding State Medicaid programs, if at all?

Answer. Sanofi does not hire external consultants or lobbyists to advocate for coverage of our products at State Medicaid Pharmacy and Therapeutics Committees. Sanofi employees do attend State Medicaid Pharmacy and Therapeutics Committees meetings. Relevant advocacy activities to support Medicaid access and coverage of our medicines, if any, are disclosed to States in accordance with individual State laws.

Question. Please describe how the costs of patient assistance programs are accounted for within your company's financial statements. Please also describe the types of market information, such as prescribing and use patterns, that your company collects from different types of patient assistance programs and patient hub services.

Answer. Within Sanofi's financial statements, Sanofi includes the administrative costs of the company's co-pay assistance programs, other point-of-sale programs, and free drug patient assistance program (Sanofi Patient Connection) in the "Selling and general expenses" line item. For co-pay assistance and other point-of-sale programs, Sanofi records the pharmacy reimbursement amount paid by the company as a reduction in sales. Sanofi records free product provided through Sanofi Patient Connection within "Cost of Sales." Sanofi Care North America, the 501(c)(3) operating foundation that donates free product to Sanofi Patient Connect, records the free goods as a "Contribution" when received from Sanofi and as a "Donation" when donated to Sanofi Patient Connection.

With regard to market information associated with its patient assistance programs and hub services, Sanofi generally collects data that aids in the efficient administration and operation of these programs. For example, the vendors operating Sanofi Patient Connection and the hubs collect information provided by patients on enrollment forms, including patient and provider demographic information, patient insurance information, patient diagnosis, and prescription information necessary to evaluate patient program eligibility and/or administer the program. (Sanofi does not itself receive patient protected health information except in very limited circumstances, such as when a patient reaches out to Sanofi directly when they do not agree with their patient assistance eligibility determination or when Sanofi monitors vendor calls for compliance with company policies and procedures.) With respect to Sanofi Patient Connection, Sanofi does not use this information for purposes other than administering the patient assistance program. With respect to hub services, in addition to using this information to administer hub programs, Sanofi may use this data to develop market and business insights.

With respect to Sanofi's point-of-sale patient assistance programs, Sanofi also receives anonymized program utilization data, including information about patient out-of-pocket costs, the average amounts that Sanofi reimburses pharmacies through the program, abandonment rates, dispensing pharmacies, and the prescribers writing the prescriptions associated with program utilization. This information is used to administer the program. Sanofi may also use this data to develop market and business insights.

Question. Please provide a list of all contributions since January 1, 2014, that your company has made to any tax exempt organizations working on issues related to drugs within your product lines, including but not limited to patient groups, disease awareness groups, medical or professional societies, universities or hospitals, industry associations or leagues. For each contribution, please provide the name of the organization that received the donation, the date the donation was made, the amount of the donation, and a description of the purpose of the contribution (*i.e.*, was the contribution for the general fund, a specific purpose to a specific program, or continuing medical education). Please also note whether the contribution was unrestricted or restricted; if it was restricted, please explain all restrictions. Finally, if your company maintains a foundation or other separate charitable arm, please provide the name of all such entities, and list all donations made from that entity or entities.

Answer. In the attached documents, we have provided information for the period January 1, 2015 through December 31, 2018 regarding payments made by Sanofi

US to tax-exempt organizations.⁵ The information is provided in a number of documents consistent with how Sanofi maintains this information. In some cases, this information may be over-inclusive and include non-tax exempt organizations (e.g., contributions for independent medical education into both non-profit and other entities). The information includes contributions and sponsorships to various tax-exempt health-care-oriented organizations, including patient groups. The information also includes contributions made for independent medical education grants, and to teaching hospitals for investigator-sponsored trials and for physician fellowship payments. On March 8, 2018, Sanofi acquired Bioverativ, Inc., a biopharmaceutical company focused on therapies for hemophilia and other rare blood disorders. The attached documents also describe the monetary contributions to tax exempt organizations made by Bioverativ since March 8, 2018.

With respect to any foundations or charitable arms of Sanofi, from January 1, 2014 through the end of 2017, Sanofi maintained an entity called Sanofi Foundation of North America, a 501(c)(3) nonprofit operating foundation that was closed at the end of 2017. Donations made from that entity are included in the attachments described above. Currently, Sanofi maintains an entity called Sanofi Cares North America, which is a 501(c)(3) nonprofit operating foundation that makes donations of Sanofi products free of charge to eligible financially-needy uninsured and underinsured patients through a program known as the Sanofi Patient Connection. Sanofi Cares North America also donates product to five non-governmental organization partners for the purpose of emergency disaster relief—Americares, DirectRelief, Heart to Heart International, MAP International, and Project Hope, and to approximately one hundred summer camps with 501(c)(3) status for children with diabetes.

Question. Pay for delay agreements cost consumers and taxpayers billions in higher drug costs every year. The FTC has gone after drug companies that enter into these settlements where the brand pays the generic company to keep its lower cost alternative off the market. I'm the lead Republican sponsor of S. 64, the "Preserve Access to Affordable Generics and Biosimilars Act," which would help put an end to these deals.

Do you agree that these pay-off agreements keep drug costs high for patients because they delay competition?

Answer. With respect to patent litigation, Sanofi believes it is inappropriate to presume that any settlement of patent litigations related to pharmaceutical products is anticompetitive. Patent settlements are often the most efficient and effective way to resolve disputes regarding patented drugs, and they often lead to the earliest appropriate entry of generic products into the market, which benefits patients. In fact, settlements permit entry of a generic alternative into the market earlier than expiration of the relevant branded product's patent. Each patent litigation and potential settlement presents unique factors and must be considered individually and in light of the relevant circumstances.

Question. Has your company ever entered into these kinds of settlements with a generic company?

Answer. No, Sanofi does not enter into "pay for delay" or "reverse payment" agreements that prohibit generic drug or biosimilar development after the expiration of a patent. Sanofi has reached settlements in patent infringement cases, and these agreements have allowed the generic company to commercialize its product before the expiration of the branded product's patent(s).

Question. Do you support the pay for delay bill?

Answer. We support the intent behind this legislation to promote competition, including prohibitions on "reverse payment" agreements. However, we have significant concerns with the way that this bill is drafted, and therefore we do not support this particular legislation.

⁵ These contributions may not relate to particular drug products. Sanofi US supports programs and initiatives of external, independent, not-for-profit organizations that align with Sanofi US's corporate vision and values. These organizations are generally healthcare-oriented and focus on one or more therapeutic areas in which Sanofi US is actively involved. The attached information focuses on Sanofi US entities that manufacture and sell drug products and does not include entities that manufacture and sell consumer health products or vaccines. Contribution information prior to 2015 is archived in databases and systems that Sanofi does not currently maintain and which are not easily accessible. The information available does not distinguish between restricted and unrestricted grants.

We believe that it is inappropriate to make settlements of patent litigations presumptively illegal or to classify such settlements as anticompetitive. Such settlements can be the most efficient and effective way to resolve legitimate disputes regarding patented drugs, and they often lead to the earliest appropriate entry of generic products into the market, which in turn benefits patients. As stated above, each patent litigation and potential settlement presents unique factors and must be considered individually and in light of the relevant circumstances.

Additionally, we have concerns that this bill could apply retroactively to agreements entered into after June 17, 2013. For clarity and certainty in the marketplace, any new legislation governing the settlement of patent litigation should apply prospectively only.

REBATE TRAPS/WALLS

Question. I'm increasingly concerned about the effect of so-called "rebate traps" or "rebate walls" on patients' access to quality, lower cost medicine. I understand there is ongoing litigation challenging these practices as anti-competitive.

Does your company engage in the bundling of rebates over multiple products? If so, why? And what benefit does the consumer gain from that?

Answer. Sanofi offers discounts in bundled sales arrangements only in limited circumstances. For example, Sanofi may offer bundled discounts on its products Toujeo® and Lantus® to ensure that both products attain a formulary position that benefits patients. This is especially important because the products may serve patients with different medical needs.

Question. Does your company view these practices as anticompetitive or harmful to patients' access to quality, lower cost medicine?

Answer. Sanofi prioritizes patient access to medications at a reasonable cost. Sanofi's arrangements with individual PBMs or insurers promote this goal by maintaining stability of supply at affordable prices. In competitive drug markets, Sanofi may enter into arrangements with particular PBMs or insurers that permit Sanofi to further reduce its prices on one or more medications in exchange for greater certainty regarding the amount of those medications it will sell over a specified term. These arrangements promote patient access to quality, affordable medications, are procompetitive, and comply with the antitrust laws.

Moreover, in competitive drug markets Sanofi's ability to ensure patient access to affordable medications is affected both by PBMs and insurers (who may have considerable negotiating leverage over manufacturers) and by other manufacturers (who may respond to competition from Sanofi in a variety of ways). While some manufacturers may respond by building "rebate walls" or "rebate traps" around their products, Sanofi shares the Committee's concern about practices that are harmful to patients' access to quality, affordable medication.

Question. If a policy were adopted to eliminate rebates, or to require that rebate savings be passed on to the consumer, would that in and of itself solve the issue of rebate "traps" and "walls"? And would consumers benefit from such a policy?

Answer. The elimination of safe harbor protection for rebates would remove incentives for manufacturers to attempt to influence formulary placement through such discounts. It is also possible that competitive products would be launched at lower list prices and more readily incorporated into formularies on the basis of their clinical benefits in a world without rebates. This would benefit the system overall, including consumers.

DRUG PRICING

Question. When setting the list price of a drug, does your company consider regulatory costs or compliance? If so, how specifically do those factors affect the list price of a drug? Please provide at least one specific example, if applicable, from your current product portfolio.

Answer. The primary factors that Sanofi considers in setting list price include the value of the product, the competitive environment, patient affordability and access, investment in further product development or needs to reinvest in R&D more generally. In certain limited cases, Sanofi also will consider regulatory costs when setting the list price of a product. These factors may be considered, for example, where ongoing clinical trials are needed for a particular therapy or when the FDA mandates a Risk Evaluation and Mitigation Strategy ("REMS") for a product—such as with Sanofi's drug Lemtrada®. Sanofi does not, however, consider our routine and

ongoing regulatory compliance efforts within the cost of our products. Rather, those efforts are considered part of Sanofi's operating costs.

Question. When setting the list price of a drug, does your company consider the risk of liability or litigation? If so, how specifically do those factors affect the list price of a drug? Please provide at least one specific example, if applicable, from your current product portfolio.

Answer. When conducting its pricing analysis for a new drug, Sanofi does not specifically consider the risk of liability or litigation associated with such product.

QUESTIONS SUBMITTED BY HON. PAT ROBERTS

Question. What role do you see Value Based Arrangements (VBAs) playing in the effort to reduce prescription drug costs? What potential do these arrangements have to find the "sweet spot" between controlling costs to patients and encouraging innovation of new drugs?

How can VBAs help lower what patients pay out-of-pocket?

Can Congress do more to allow for and encourage the use of VBAs?

Answer. Sanofi believes that encouraging an environment that is supportive of value-based arrangements would help promote drug affordability, increase patient access to medicines, and improve patient adherence and outcomes. Although there are different types of these agreements, value-based contracts generally tie prices and payments to the value of a particular prescription drug product—while potentially reducing patient out-of-pocket costs and providing patients with better access to the most innovative drug products. A manufacturer could, for example, condition payment for a product on its success in meeting a predefined clinical outcome, and this type of arrangement could make drugs more affordable and lower healthcare costs throughout the system.

Facilitating value-based arrangements also could encourage new drug innovation, control costs for such new products, and recognize the full value of complex and personalized treatments. Nevertheless, despite the promise of these arrangements, industry stakeholders—including manufacturers and payers—need better legal and regulatory clarity. For example, we support the creation of a safe harbor from Anti-Kickback Statute liability to protect value-based agreements. We also are supportive of any legislation that would facilitate value-based arrangements and protect them from legal enforcement, such as the Patient Affordability, Value, and Efficiency Act (PAVE Act).

QUESTIONS SUBMITTED BY HON. JOHN CORNYN

Question. We continue to hear that rebates negotiated off of the list price of a drug are both good and bad.

Pharmacy benefit managers and plans have argued that rebates are used to lower premiums across the board and that it is the best way to seek a price concession on otherwise expensive drugs.

Your industry argues that these payers are insisting on higher rebates that can only be achieved by raising list prices.

But patients often lose under this system, with out of pocket costs being tied to list price. Insulin patients appear to be routinely impacted by this perversity in the system.

Please explain to the committee how your company would reduce list prices if rebates were no longer a part of the equation?

What assurance can you provide that you would in fact lower your prices?

What actions should be taken to ensure that patients are actually seeing the benefits of lower out of pocket costs?

Answer. If (1) the proposed changes to the anti-kickback statute safe harbors were codified, and (2) Congress implemented similar changes to the commercial insurance market, Sanofi would lower the list prices of its prescription medications for products in competitive categories for which there is currently a material difference between list price and net price on the assumption that patient access and afford-

ability would be improved. Sanofi also supports policy changes that would de-link other payments in the pharmaceutical supply chain from list price.

We support extending the intent behind the anti-kickback statute safe harbor proposed rule to the commercial market so that incentives are aligned across the marketplace. Together, we believe these changes would facilitate Sanofi's ability to lower its list prices. However, we recommend a step-wise approach, implementing changes to the commercial market after the safe harbor rule is implemented on January 1, 2020. Such an approach would provide an opportunity for stakeholders and the government to identify unintended consequences, and address them, prior to extending these policies to the commercial market.

We want to ensure that the new system achieves its goal of improving affordability for patients. For instance, CMS should monitor and evaluate how the new system affects formulary access, utilization management, and patient cost-sharing, particularly with respect to medicines with a lower list price. We also have concerns that changes to the rebate system may lead to new fees, which simply require manufacturers to pay previous rebate values in new ways, rather than creating savings for patients.

Without a better understanding of how these policy changes ultimately would affect the competitive marketplace, patient access, and affordability, we are unable to quantify the amount of any potential list price reduction.

With respect to actions that should be taken to ensure patients are seeing the benefit of lower out-of-costs, we support legislation that would incentivize manufacturers to lower list prices by connecting better patient access and affordability to such pricing actions.

Question. If rebates are driving high list prices for drugs as drug manufacturers' claim, why do you think that Part B drugs, which have no PBM rebates, are also seeing significant price increases? Whose fault is that?

Answer. Sanofi considers a variety of factors when setting or raising its list prices. These factors include the value of the product, the competitive environment, patient affordability and access, investment in further product development or needs to reinvest in R&D more generally. Within this framework, any list price increase is made consistent with our pricing principles, including our commitment to limit the total annual increase to a level at or below the NHE projected growth rate, as estimated by CMS.

Although we agree that one factor in price increases across the industry may be the increased demand for rebates at the PBM and health plan level, that is not the only factor. In fact, Sanofi believes that reducing incentives for high prices throughout the supply chain by delinking payments from list price would have a meaningful impact on price and patient costs. This is true, for example, with group purchasing organizations (GPOs) that negotiate pricing for Part B providers. As with PBMs, these GPOs negotiate rebates and administrative fees that are linked to the list price of the product. These structures thus create the same misalignment of interests as in the PBM setting. It is important to note, as well, that the current average sales price (ASP)-based system for Medicare Part B works to moderate price growth because reimbursement reflects the weighted average of discounts given to providers, payers, and other commercial purchasers. This means that the Medicare program and its beneficiaries benefit from the discounts health plans and providers negotiate on these drugs. Due to this market-based competition, ASP reimbursement rates often are substantially lower than list prices.

BIOSIMILAR COMPETITION/INSULIN

Question. Biosimilars have been much anticipated as a solution to the drug pricing crisis. In particular, the FDA is moving to make insulin a biologic that would be subject to biosimilar competition in the future.

But we are hearing from all of you that the biosimilar market doesn't work and the benefit of these cheaper but equally effective alternatives are really not available to U.S. patients.

Can a biosimilar version of insulin be part of the solution for diabetes patients?

If so, what changes need to be made to the system so that patients and the taxpayer can realize the benefit of biosimilars? (Merck gave up on pursuing a biosimilar to Sanofi's Lantus.)⁶

Answer. Sanofi believes that biosimilars currently—and will continue to—result in increased competition. In fact, this type of competition has grown among insulin manufacturers in recent years, and we expect that it will continue to lower prices for patients with diabetes. For example, in 2016, Eli Lilly introduced a follow-on biologic to Sanofi's drug Lantus. Additionally, in 2018, Sanofi introduced Admelog, a follow-on biologic of Humalog, at a list price that was 15% lower than the reference product. Mylan also is developing a second follow-on insulin glargine that references Lantus, and Sanofi is developing a biosimilar insulin aspart, a rapid-acting insulin, which we expect to introduce in 2021. Sanofi expects that the already highly competitive diabetes drug market will become increasingly robust over time—including with the anticipated introduction of interchangeable biosimilar basal and rapid acting insulins.

There are changes already in place that will help patients and taxpayers realize the benefit of biosimilars. Specifically, in March 2020, certain biologics that are currently regulated as drugs, including long acting insulins, will be regulated as biologics and therefore will be subject to the existing biosimilars pathway. We expect the change in insulin regulation to spur the continued development of substitutable or interchangeable insulin products, and to increase competition in this space generally.

QUESTIONS SUBMITTED BY HON. TODD YOUNG

RE-EVALUATING BUSINESS STRATEGIES IN FOREIGN COUNTRIES

Question. Since taking office, President Trump has made reducing drug prices one of his highest priorities—and has repeatedly spoken about his frustration with the U.S. subsidizing the costs of pharmaceuticals for the rest of the world. He has gone so far as to issue proposals, like the International Pricing Index (IPI) Model, in an attempt to bring down prescription drug prices.

With the increased scrutiny of the industry and of the drug supply chain as a whole in the United States, have any of your companies re-evaluated your business strategy in foreign countries? If not, then why?

Answer. No, Sanofi has not reevaluated its business strategy in foreign countries. Other countries have implemented systems, such as price controls or reference price regimes, to directly and artificially regulate the price of medicines. In our experience, there is not an opportunity for Sanofi to negotiate prices with these foreign government payers. Sanofi's only choice is to accept the government-mandated price, or to not sell the pharmaceutical in that country, which not only hurts a company financially, but more importantly harms patients.

We note that, although these systems may be effective at controlling budgets for central payers, they come at a steep cost for patients, including severe access restrictions and rationing. For instance, one analysis of the report released to justify the International Pricing Index found that 96 percent of new cancer medicines are available in the U.S. compared to 71 percent in the United Kingdom and 65 percent in France.⁷

As a Sanofi specific example, Dupixent is the first drug to be approved for moderate to severe atopic dermatitis (eczema) in the US. FDA granted Breakthrough Therapy designation to Dupixent as preliminary clinical evidence indicated that “the drug may demonstrate substantial improvement over available therapy on clinically significant endpoint(s).” Dupixent was approved by FDA in March 2017 under Priority Review, which means that FDA's goal is to take action on this application within 6 months (compared to 10 months under standard review). Within 24 hours of FDA approval, Sanofi shipped orders for Dupixent to be made available to U.S. patients. In contrast, Health Canada approved Dupixent in November 2017. However, Dupixent is still not publicly reimbursed in Canada.

⁶ <https://www.fiercepharma.com/pharma/merck-ditches-biosimilar-lantus-but-will-ease-path-for-mylan-s-rival-insulin-product>.

⁷ <http://phrma-docs.phrma.org/download.cfm?objectid=0C19E240-19C7-11E9-87D20050569A4B6C>.

Question. If a proposal, like IPI, were implemented, would it force your companies to potentially “walk away from the negotiating table when other countries demand low prices subsidized by America’s seniors,” as HHS Senior Advisor for Drug Pricing Reform John O’Brien has said?

Answer. In our experience, there is not an opportunity for manufacturers to negotiate with a government. Sanofi’s only choice is to accept the government-mandated price, or to not sell the product in that country, which, as noted above, not only hurts Sanofi financially, but more importantly harms patients.

Question. What are some of your ideas on how we can ensure Americans aren’t shouldering the full cost of pharmaceuticals?

Answer. While we understand the concern that Americans are shouldering more than their fair share of the cost of innovation in the pharmaceutical sector, the list price discrepancy between the U.S. and other countries is due, in primary part, to the different health care systems. Because Sanofi pays significant rebates to payers and PBMs, the difference between the price in other developed countries and the net price in the U.S. is not nearly as large.

Sanofi’s top priority is reducing out-of-pocket costs for patients. We believe that there need to be reforms to the current system to better align incentives, including market-based approaches to pricing that promote competition and ensure patients have affordable and sustainable access to innovative medicines. Currently, payers and PBMs inconsistently pass through the growing savings that they receive from increased negotiated rebates. Accordingly, despite increasing rebates and lower net prices, out-of-pocket costs for many patients have continued to grow. Sanofi supports policies that pass PBM and payer rebate savings to patients at the pharmacy counter through lower copays and coinsurance. Sanofi would also support policies that would incentivize responsible pricing by tying smaller list price increases, or even list price reductions, to both access and affordability for patients.

FOREIGN COUNTRIES’ PRICING AND REIMBURSEMENT

Question. President Trump and Secretary Azar have both repeatedly described their frustrations with “foreign freeloading” of U.S. drugs in the last year.

“When foreign governments extort unreasonably low prices from U.S. drug makers, Americans have to pay more to subsidize the enormous cost of research and development. . . . It’s unfair and it’s ridiculous, and it’s not going to happen any longer.”

Do you agree that because of foreign countries’ pricing and reimbursement systems, U.S. patients and innovators are shouldering the burden for financing medical advances?

Answer. It is true that the U.S. is the main engine in pharmaceutical and biotechnology innovation in the world. Although U.S.-based manufacturers manage clinical trials globally, there are substantially more research and development dollars invested in the U.S. than in any other country. To illustrate, in 2015, PhRMA member companies spent over \$47 billion in domestic R&D and only \$12 billion in R&D abroad. For Sanofi, in 2018, we spent nearly \$7 billion on R&D globally—a substantial portion of which in the U.S.—and we expect that our annual R&D spend will be consistent through 2021. These investments in research, in turn, create significant and important job opportunities in the United States.

However, it is important to note that while other countries’ pricing and reimbursement systems may help to contain costs in those countries, they come at a steep cost for patients, including severe access restrictions and rationing. For instance, one analysis of the report released to justify the International Pricing Index found that 96 percent of new cancer medicines are available in the U.S. compared to 71 percent in the United Kingdom and 65 percent in France.⁸ Moreover, the list price discrepancy between the U.S. and other countries is due, in part, to the different health-care systems. Because Sanofi pays significant rebates to payers and PBMs, the difference between the price in other developed countries and the net price in the U.S. is not nearly as large.

Question. How do foreign countries’ pricing and reimbursement systems affect our prescription drug costs?

⁸ <http://phrma-docs.phrma.org/download.cfm?objectid=0C19E240-19C7-11E9-87D20050569A4B6C>.

Answer. Pricing and reimbursement systems in other countries do not affect how Sanofi prices its medicines in the United States. Consistent with our pricing principles, when Sanofi sets the price of a new medicine in the U.S., we hold ourselves to a rigorous and structured process that includes consultation with external stakeholders. In our view, an objective measure of a new product's value considers the benefit to patients, compared to a standard of care; the reduced need—and therefore costs—of other health-care interventions; and any increase in quality of life and productivity. We believe our pricing reflects these factors. We also consider factors such as the affordability for patients and any unique factors specific to the medicine, like the need to support ongoing clinical trials, implement important regulatory commitments, or develop sophisticated patient support tools that improve care management and help decrease the total cost of care. Additionally, under our pricing principles, we have pledged to limit price increases at or below the National Health Expenditure (NHE), which is the projected annual health-care spending growth rate as estimated by CMS.

Question. Are foreign governments taking note of the concerns being raised by the Trump administration and have they responded in any way?

Answer. Sanofi is not aware of any responses by foreign governments to U.S. drug pricing policy proposals advanced by the Trump administration.

Question. Has there been any noticeable change in any of our trade agreements since these concerns have been raised by the Trump administration?

Answer. Sanofi is not aware of any such changes.

MEDICAID CLOSED FORMULARY PROPOSALS

Question. In an attempt to bring down drug costs, various States have been exploring whether to exclude certain drugs from their Medicaid program. For example, the State of Massachusetts recently asked CMS for permission to create a closed formulary where the State Medicaid program would pick at least one drug per therapeutic class. CMS denied their waiver request citing violation of Federal law, but this proposal does bring up important questions on how to contain drug prices in State Medicaid programs.

If the principles of the Medicare Part D program—including the necessary patient protections—were applied to State Medicaid programs, do you think it would lower drugs costs while ensuring access to patients?

Answer. The Part D program encourages strong competition in the marketplace, including by providing beneficiaries with choice of different plans and encouraging drug manufacturers to compete for formulary position to support broad access to their medicines (in part by securing lower cost-sharing obligations for patients in preferred formulary tiers). By contrast, State Medicaid programs are obligated, as a condition of a manufacturer's participation in the Medicaid Drug Rebate Program, to cover company's products (subject to certain narrow exceptions). Consequently, although we believe that increased competition in the Medicaid program could help to lower drug prices, including if Medicaid implemented certain of the Part D program's principles, it is not immediately clear how these changes would further enhance patient access.

MEDICAID "BEST PRICE"

Question. In the Trump administration's Blueprint, they suggested that because drug manufacturers have to give Medicaid the "best price" on drugs, there is no incentive to offer deeper discounts to other payers—both government and commercial—than what is already offered under the Medicaid Drug Rebate Program.

Does the Medicaid "best price" requirement encourage manufacturers to increase initial prices?

Answer. The Medicaid Rebate Act, and CMS's corresponding rules, require drug manufacturers to pay rebates to the State Medicaid Programs for units of drug dispensed to their beneficiaries. Medicaid "Best Price" generally is defined as the lowest price offered to commercial purchasers in the United States, and it is one of two key metrics used for setting the level of rebates that manufacturers must pay to each state Medicaid program for Medicaid beneficiary utilization. Best Price does not, therefore, reflect a price point at which manufacturers sell products to Medicaid, and Sanofi does not view the Medicaid Best Price requirements as encouraging manufacturers to set higher initial prices. However, Medicaid Best Price con-

siderations are a factor in assessing whether to offer higher rebate amounts to our commercial (Best Price-eligible) customers.

Question. What, if any, changes would you suggest we make to the program?

Answer. With regard to the Medicaid Drug Rebate Program and the determination of Best Price, the Trump administration's Pricing Blueprint highlights the impediments that exist under current rules with regard to value-based discounting arrangements. Sanofi would like to pursue more innovative product discounting strategies—including arrangements in which we would stand behind the value or outcomes that our products provide to patients and to the healthcare system generally. But, current Medicaid rebate calculation rules regarding bundled discount arrangements, and the manner in which manufacturers must account for discounts that are incurred over long periods of time, present significant obstacles to adopting these arrangements. If the rules for the Medicaid Drug Rebate Program were amended to permit manufacturers to exclude certain appropriately-structured value-based discounts from their Best Price calculation, it is likely that Sanofi could adopt more innovative value-based discount contracts, and that these arrangements in turn could result in significant savings for patients and the system.

OUTCOMES-BASED CONTRACTS

Question. In almost all of your testimonies, you highlight your support of outcomes-based contracts and how we need to be shifting our system toward that approach.

How will these contracts lower drug costs for patients in both the near term and long-term?

How will they lower overall health-care costs for our Federal programs?

What have the preliminary results looked like so far?

Answer. Sanofi believes that encouraging an environment that is supportive of value-based arrangements would help promote drug affordability, increase patient access to medicines, and improve patient adherence and outcomes. Specifically, value-based arrangements tie prices and payments to value while reducing patient out-of-pocket costs and providing patients with better access to the most innovative drug products. For example, value-based arrangements can be premised upon the effectiveness of a manufacturer's product, which may help to secure payer coverage for new and innovative therapies. Where payment to a manufacturer is conditioned on the value or clinical outcomes of a product, value-based arrangements also may help to improve patient cost-sharing challenges. Additionally, value-based arrangements could encourage new drug innovation while controlling costs for such new products by aligning the price of the drug to the value the drug brings to the patient.

Recently, Sanofi has executed value-based contracts related to Soliqua 100/33, Praluent, and Kevzara. These arrangements are in their nascent stages, and we do not have sufficient information to assess the results.

Despite the promise of these and similar arrangements, Sanofi strongly believes that better legal and regulatory clarity would facilitate greater proliferation of value-based contracts. For example, we support the creation of a safe harbor from Anti-Kickback Statute liability to expressly protect value-based agreements. We also are supportive of legislation that would remove Best Price-barriers to value-based contracts, such as the Patient Affordability, Value, and Efficiency Act (PAVE Act).

TRANSPARENCY/POINT OF SALE

Question. In almost all of your testimonies, you express your support for the Trump Administration's proposal to allow manufacturers to provide PBMs up-front discounts that are passed onto patients at the point-of-sale.

Do you feel like this proposal will make the transactions within the drug supply chain more transparent?

If so, would this transparency bring down drug costs—overall and for specialty drugs?

Answer. Because the proposed rule would require manufacturer discounts to be provided at the pharmacy counter, the proposal will facilitate increased transparency with respect to the arrangements between manufacturers and PBMs, and

with respect to the discounts manufacturers offer on their medicines. We believe such increased transparency would result in lower patient costs.

However, Sanofi believes that HHS's proposal does not go far enough in creating the kind of systemic change needed to create a more transparent drug supply chain throughout the entire U.S. health-care system. We believe that increased, system-wide transparency, that appropriately protects competitively sensitive information, would improve competition by making relevant information available to patients and policymakers. Providing more information about what is driving costs in the system, and taking steps to curtail misaligned incentives related to the flow of money through the system, for instance through legislation like the C-THRU Act, would allow for increased competition and better-informed decision making.

THE RELATIONSHIP BETWEEN WHOLESALERS AND MANUFACTURERS

Question. When talking about the pharmaceutical supply chain, a lot of focus has been placed on the Pharmacy Benefit Manager. But there's another side of the equation that I'd like to ask about.

How do wholesalers negotiate pricing with manufacturers?

What impact does this have on drug costs?

What incentives or disincentives do they have to contain price increases?

Answer. Wholesalers do not typically negotiate pricing with manufacturers. Wholesalers are merchant-middlemen in the supply chain, and they generally facilitate the efficient distribution of drugs and biologicals to end customers (such as pharmacies or clinics). While Sanofi may offer a prompt pay discount to wholesalers, wholesalers generally purchase product at Wholesale Acquisition Cost (*i.e.*, list price) and they facilitate the acquisition of products by end purchasers—frequently at prices that are negotiated between Sanofi and the end purchaser. If wholesalers sell to end purchasers at a loss based on the negotiated price, wholesalers will issue a “chargeback” to the manufacturer for the difference. In addition, Sanofi pays service fees to wholesalers to operationalize this distribution and chargeback process, and those fees typically are based on a percent of WAC. As with fees paid to PBMs, Sanofi's view is that flat pricing for wholesaler administrative services could exert downward pressure on drug prices by delinking list price from fee payments.

QUESTIONS SUBMITTED BY HON. RON WYDEN

PROPOSED REBATE RULE

Question. As has been done in many other settings, drug manufacturers said during the hearing that one reason list prices for drugs are high is that pharmaceutical benefit managers (PBMs) demand larger and larger rebates in order for the drug to receive favorable placement on a formulary. You and your colleagues who testified during the hearing stated if the administration's proposal on changes to the anti-kickback safe harbor for pharmaceutical rebates took effect, your company would likely lower list price.

Like many Oregonians, I am skeptical drug manufacturers would voluntarily lower their prices. Therefore, would you support legislation that would (1) make similar changes the administration has put forward related to Part D and Medicaid managed care, (2) change the rebate system in a similar way to the proposal for the commercial market, and (3) require drug makers to lower the list price of their drugs equal to the amount of rebates provided today?

Answer. If (1) the proposed changes to the anti-kickback statute safe harbors were codified, and (2) Congress implemented similar changes to the commercial insurance market, Sanofi would lower the list prices of its prescription medications for products in competitive categories for which there is currently a material difference between list price and net price on the assumption that patient access and affordability would be improved. Sanofi also supports policy changes that would de-link other payments in the pharmaceutical supply chain from list price.

We support extending the intent behind the anti-kickback statute safe harbor proposed rule to the commercial market so that incentives are aligned across the marketplace. Together, we believe these changes would facilitate Sanofi's ability to lower our list prices. However, we recommend a step-wise approach, implementing changes to the commercial market after the safe harbor rule is implemented on January 1, 2020. Such an approach would provide an opportunity for stakeholders and

the government to identify unintended consequences, and address them, prior to extending these policies to the commercial market.

We want to ensure that the new system achieves its goal of improving affordability for patients. For instance, CMS should monitor and evaluate how the new system affects formulary access, utilization management, and patient cost-sharing, particularly with respect to medicines with a lower list price. We also have concerns that changes to the rebate system may lead to new fees, which simply require manufacturers to pay previous rebate values in new ways, rather than creating savings for patients.

Without a better understanding of how these policy changes ultimately would affect the competitive marketplace, patient access, and affordability, we are unable to quantify the amount of any potential list price reduction.

We support legislation that would incentivize manufacturers to lower list prices by connecting better patient access and affordability to such pricing actions. The U.S. market-based approach to drug pricing has been successful in reducing net prices, but in the current system, that value is not being passed on to patients. We expect that the reforms we note above would address that issue while preserving a market-based approach that promotes competition and ensures patients have affordable and sustainable access to innovative medicines.

MEDICAID DRUG REBATE PROGRAM

Question. The Medicaid Drug Rebate Program (MDRP) requires manufacturers to provide a basic rebate and an additional inflationary rebate for both brand and generic drugs. The inflationary rebate is an increasingly substantial part of total rebates due in large part to large increases in drug prices that exceed inflation. Under current law, this inflationary rebate is capped at 100 percent of Average Manufacturer Price (AMP). This is the case even when manufacturers continue to raise their prices well above inflation.

Please provide a list of all of your pharmaceutical products that have reached the Medicaid AMP rebate cap in any of the 20 quarters from January 1, 2014 through December 31, 2018.

For each drug listed in response to question 1, please also provide a list of which quarters and years each drug hit the cap.

Answer. Sanofi takes steps to ensure that it complies with all applicable laws related to the Medicaid Drug Rebate Program, including that it is paying rebates to the state Medicaid programs in accordance with law. Sanofi sells NDCs in 29 product families for which it pays Medicaid rebates at 100 percent of AMP. Respectfully, Sanofi's view is that the detailed information requested by this question is confidential and proprietary. We would be happy to work with the Committee to provide this information in a way that mitigates against competitive harms that could arise from public disclosure of this information.

MEDICAID DRUG REBATE PROGRAM COMPLIANCE

Question. I am concerned about recent reports and legal settlements surrounding drug manufacturers' failure to comply fully with the requirements of the MDRP. For example, an analysis by the U.S. Department of Health and Human Services Office of Inspector General found that between 2012 and 2016 taxpayers may have overpaid by as much as \$1.3 billion for 10 potentially misclassified drugs. That is why I introduced the Right Rebate Act with Chairman Grassley to prevent drug manufacturers from manipulating Medicaid to increase their profits. However, I continued to be concerned about oversight and manufacturer compliance with the requirements of the Medicaid Drug Rebate Program. Accordingly, please describe the following:

Your company's current compliance plan and procedures used to ensure compliance with the requirements of the Medicaid Drug Rebate Program including internal audits or other checks you use to identify compliance vulnerabilities.

Answer. Sanofi takes steps to ensure that it complies with all applicable laws related to its participation in the Medicaid Drug Rebate Program (MDRP). These steps include, for example, documenting Medicaid rebate calculation methodologies, processes, and reasonable assumptions as appropriate. Sanofi's government price reporting personnel also hold weekly meetings with the Sanofi legal department, including with support from outside counsel as needed, to ensure that compliance questions are discussed and addressed in a timely manner. Sanofi's MDRP compli-

ance is tested through several audits, including biannual Sarbanes-Oxley Act audits, biannual external audits, conversations with an external consultant government pricing advisory team, and annual calculation audits of Average Manufacturer Price and Best Price.

Question. Any past or ongoing issues of non-compliance.

Answer. Given the complexity of the MDRP and applicable law and guidance, Sanofi routinely reviews its calculation methodologies and reasonable assumptions. In the normal course of business, questions may arise as to specific Sanofi compliance processes for the MDRP. When such questions arise, Sanofi takes prompt steps to engage with CMS about appropriate next steps, including a restatement of any of the components of the Medicaid rebate calculation if needed. Such restatements are administrative in nature and expressly contemplated by the CMS regulations.

Question. Any corrective actions taken to address identified problems or issues of noncompliance with the MDRP and how such steps were communicated to the Centers for Medicare & Medicaid Services.

Answer. As noted above, in the event that Sanofi identifies any compliance questions that it believes warrant review by CMS, Sanofi promptly engages with CMS. This may occur, for example, in the event of statutory or regulatory changes, or if CMS releases new sub-regulatory guidance.

Question. Any steps taken to improve compliance and ensure that all Medicaid drug rebates owed to the federal government and the states are paid in full.

Answer. Sanofi's government price reporting team routinely works with in-house and outside counsel regarding compliance with the Medicaid Drug Rebate Act and CMS rules. As part of this continuing compliance, the company assesses its calculation processes and reasonable assumptions for purposes of calculating Average Manufacturer Price, Best Price, and Unit Rebate Amount. In certain cases, moreover, Sanofi engages directly with CMS to seek the agency's view of Sanofi's reasonable assumptions or compliance processes. In any instance in which Sanofi would determine that the State Medicaid Programs were underpaid rebates, Sanofi would engage with CMS to determine the appropriate way forward, including restating pricing metrics and paying additional rebates to the States.

BONUS PAYMENTS TIED TO SPECIFIC DRUGS

Question. I am concerned by the potential for employee financial incentives to encourage high launch prices and price increases for prescription drugs.

Is your salary, bonus or other compensation tied to sales or revenue targets of a single product your company sells? Has it ever been? If yes, please state the product or products to which your salary, bonus or other compensation was tied.

Is your salary, bonus or other compensation tied to either revenue or net income of the company as a whole? Has it ever been? If yes, please explain what assumptions about price increases are used when the compensation committee sets revenue or net income goals. Does the compensation committee provide any guidance to executives in regards to the amount of revenue that the company will generate from price increases versus volume growth?

Answer. The Sanofi board of directors, acting on the recommendation of the Compensation Committee, sets the compensation for the chief executive officer (CEO). That compensation structure includes fixed compensation, variable compensation, options, performance shares, and benefits in kind.

Sanofi's overall compensation policy is designed to motivate and reward performance by ensuring that a significant portion of compensation is contingent on the attainment of financial, operational, and extra-financial criteria aligned with the corporate interest and with the creation of shareholder value. Therefore, in 2017 (the most current year in which public information is available), as Sanofi's CEO, Dr. Brandicourt was eligible for up to 250 percent of his target fixed compensation in variable compensation. Several factors are considered in determining his variable compensation; 40 percent is based on financial indicators, and 60 percent is based on specific individual objectives, including external growth, product launches, operational transformation, organization and staff relations, and new product pipeline.

Dr. Brandicourt's compensation package also includes equity-based compensation, which is medium-term and aims to align the interests of the CEO with those of the shareholders and other stakeholders. In 2017, he received a set number of options to subscribe for shares, based on performance conditions measured over a 3-year pe-

riod, as well as performance shares based on business net income, return on assets, and total shareholder return.

NET PRICES

Question. In your testimony, you stated, “we have increased transparency by providing, each year, information about our list and net prices across all of our medicines,” and that “in 2018, the average aggregate list price increase across all Sanofi medicines in the U.S. was 4.6 percent . . . the price actually paid to Sanofi, declined by 8 percent. So declining average aggregate net price in [2018] represents the third consecutive year in which the amount paid by payers across all of our medicines went down.” Please describe how the company’s year-over-year aggregate net price is calculated. Please also specifically address the following questions.

Answer. *Sanofi calculates the aggregate net price as follows:* Brand net sales are divided by common units for the appropriate period. This amount—“net price per unit”—is then compared to the prior period. This amount establishes any increase or decrease for the brand for the period being calculated. Once this is done for all brands, the increase/decrease is weighted by gross sales (*i.e.*, volume) to show the aggregate net price impacts for Sanofi’s portfolio of medicines.

Question. How many products are included in the calculation of the average net price change? What was the median net price change?

Answer. This analysis is done on 79 separate products, covering 76 brands. Some brands have multiple product forms with different prices; Sanofi separates these product forms when calculating average net price.

The median net price change in 2018 was zero percent across all products. Removing products with no net price change, the median net price change in 2018 is -1.0% . This calculation is not weighted by gross sales.

Question. Is net price weighted? If so, how? For example, in determining the aggregate net price does the company assign different weights to different products based on volume or other factors? Are “on patent” and “off patent” drugs weighted identically? Are other statistical weights used or are all products treated equally?

Answer. All products are weighted by gross sales (*i.e.*, volume), irrespective of whether Sanofi has any current patents related to the product. No other statistical weights were used.

Question. Does the figure that you provided during your testimony account for U.S. prices, international prices, or both? Generally speaking, when your company reports net price changes, does it differentiate between U.S. and international prices?

Answer. The data Dr. Brandicourt provided regarding average aggregate list price and average aggregate net price accounted for U.S. prices. Sanofi’s annual pricing report⁹ and related reporting on net price consider U.S. prices only.

Question. Please list the five drugs your company sold in the U.S. that had the greatest year-over-year net price increase in 2018, noting the increase for each drug by dollar figure and percentage. Please list the five drugs your company sold in the U.S. that had the lowest year-over-year net price increase (and/or the greatest decrease) in 2018, noting the increase (or decrease) for each drug by dollar figure and percentage.

Products with Greatest Average Net Price Increases in 2018¹⁰

Product	YOY Percentage Change	YOY U.S. Dollar Change by Unit
Renvela ¹¹	40%	\$1.00
Imovax ¹²	15%	30.10
Caprelsa ¹³	12%	1,536.60
Hectorol ¹⁴	11%	0.03

⁹ https://mediaroom.sanofi.com/-/media/Project/One-Sanofi-Web/Websites/Global/Sanofi-COM/mediaroom/pdf/2019/Prescription_Medicine_Pricing_2019.pdf.

Products with Greatest Average Net Price Increases in 2018¹⁰—Continued

Product	YOY Percentage Change	YOY U.S. Dollar Change by Unit
Zaltrap ¹⁵	9%	0.60

¹⁰We have excluded products that were discontinued/divested in 2018, have no sales in 2018, or if the reason for net price increase was due to changes in prior accounting estimates or assumptions (as opposed to changes in rebates and discounts).

¹¹Sanofi did not take any list price increases on Renvela in 2018. The net price increase is due to (1) changes in prior accounting estimates/assumptions, and (2) increasing use of generics in class, resulting in (i) change in the mix of business, and (ii) a reduction in rebate payments.

¹²Sanofi took a 5-percent list price increase on Imovax in 2018.

¹³Sanofi took a 5-percent list price increase on Caprelsa in 2018.

¹⁴Sanofi reduced the list price of Hectorol by 47 percent in October 2018. The net price increase was due to a reduction in rebate payments.

¹⁵Sanofi did not take any list price increases on Zaltrap in 2018.

Products with Greatest Average Net Price Decreases in 2018¹⁶

Product	YOY Percentage Change	YOY U.S. Dollar Change by Unit
Renvela AG	-74%	-1.57
Zolpidem CR	-68%	-0.26
Leflunomide	-63%	-0.59
Clolar	-48%	-894.26
Priftin	-26%	-0.54

¹⁶We have excluded products that were discontinued/divested, have no sales in 2018, or if the reason for net price decline was due to changes in prior accounting estimates or assumptions (as opposed to changes in rebates and discounts).

Question. For 2018, what was the average net price change in the U.S. market for (1) drugs with no competition, (2) drugs with *only* branded competition, and (3) drugs with generic competition?

Answer. (1) Drugs with no competition:¹⁷ 0.0%.

(2) Drugs with only branded competition:¹⁸ -2.1%.

(3) Drugs with AB-rated generic/follow-on biologic/biosimilar competition: -13.5%.

Question. In its most recent pricing report, Sanofi states that it “increased the price of 35 of our 76 prescription medicines” in the United States. This statement appears to be in regards to list price. How many of these medicines had their net price increase?

Answer. Seventeen of the 35 prescription medicines with list price increases also had average net price increases.

Question. In its most recent pricing report, Sanofi states that “in 2018, 55 percent of our gross sales were given back to payers as rebates, including \$4.5 billion in mandatory rebates to government payers and \$7.3 billion in discretionary rebates.” For each product, please disclose the gross sales and the amount of rebates paid.

Answer. Product-level rebate information is confidential and proprietary information for competitive reasons and falls within the definition of “trade secret” under the Trade Secrets Act, 18 U.S.C. § 1905, Exemption 4 of the Freedom of Information Act, 5 U.S.C. § 552(b)(4), and the Defend Trade Secrets Act of 2016, 18 U.S.C. § 1836. Public disclosure of this information would cause significant harm to Sanofi and Sanofi’s customers, and competitors would gain unfair competitive advantage if they were to obtain this information through public disclosure.

We note that congressional and executive agencies have historically expressed concern that disclosure of such information could inhibit competition. For example,

¹⁷We define a product as having no competition if there are no other products in the therapeutic class.

¹⁸We define a product as having only branded competition if there is no generic, follow-on biologic, or biosimilar product in the therapeutic class.

in 2007 when then-chairman Waxman asked several Medicare Part D prescription drug plans (“PDPs”) to submit to the House Oversight and Government Reform Committee information on the negotiated price discounts, rebates and other price concessions that they obtained from drug manufacturers, the CBO issued a report concluding that public disclosure of that information could reduce the rebates that PDPs received and thus raise Medicare costs.¹⁹ Specifically, the CBO found that the disclosure of rebate data could cause the variation in rebates among purchasers to decline. Because PDPs generally secure rebates that are somewhat larger than the average rebates observed in commercial health plans, the disclosure of Part D rebates to competitors could create pressure to reduce those rebate amounts, which in turn could increase costs for the Medicare program and, on average, the costs for Medicare beneficiaries.²⁰ Specifically, the CBO found that the disclosure of rebate data could cause the variation in rebates among purchasers to decline. Second, CBO concluded that disclosure of rebates could facilitate tacit collusion among the manufacturers of competing brand-name drugs, reducing the rebates to PDPs and thus increasing net drug prices.²¹ Similarly, the Federal Trade Commission (“FTC”) has cited concerns regarding the anti-competitive effects of disclosing net pricing and other price-sensitive information. In the context of the healthcare industry generally, the FTC noted:

[Price transparency] can actually harm competition and consumers. Some types of information are not particularly useful to consumers, but are of great interest to competitors. We are especially concerned when information disclosures allow competitors to figure out what their rivals are charging, which dampens each competitor’s incentive to offer a low price, or increases the likelihood that they can coordinate on higher prices.²²

Moreover, in describing its concerns about a New York state bill that would have required pharmacy benefit managers (“PBMs”) to disclose their rebate arrangements with drug manufacturers, the FTC explained that disclosure of this information could “facilitate collusion, raise prices, and harm the patients the Bill is supposed to protect.”²³ The FTC further explained that, without knowledge of such competitor rebate information:

[M]anufacturers have powerful incentives to bid aggressively for formulary position, because preferential formulary treatment may yield increased sales. Unprotected disclosures thus may raise the price that New York consumers pay for pharmaceutical coverage by undermining competition among pharmaceutical companies for preferred formulary treatment.²⁴

For these reasons, in public settings, we have provided rebate information at an aggregate level only, to prevent reverse engineering by competitors to learn our net pricing information for specific products. We would be happy to work with the committee to provide this information in a way that mitigates against competitive harms that could arise from public disclosure of this information.

¹⁹ CBO, Letter to the Hon. Joe Barton and the Hon. Jim McCrery (March 12, 2007), available at <https://www.cbo.gov/system/files?file=2018-10/03-12-drug-rebates.pdf>; see also CBO, “Increasing Transparency in the Pricing of Health Care Services and Pharmaceuticals” (June 5, 2008), available at <https://www.cbo.gov/sites/default/files/110th-congress-2007-2008/reports/06-05-privetransparency.pdf>.

²⁰ *Id.*, at 3.

²¹ *Id.*, at 4.

²² FTC, Office of Policy Planning, “Price Transparency or TMI?” (July 2, 2015), available at <https://www.ftc.gov/news-events/blogs/competition-matters/2015/07/price-transparency-or-tmi>.

²³ FTC, Office of Policy Planning, Bureau of Competition and Bureau of Economics, Letter to Hon. James L. Seward re: New York Senate Bill 58, at 5 (March 31, 2009), available at <https://www.ftc.gov/sites/default/files/documents/advocacy/documents/ftc-staff-comment-honorable-james-l.seward-concerning-new-york-senate-bill-58-pharmacy-benefit-managers-pbms/v090006newyorkpbm.pdf>.

²⁴ *Id.* See, also, FTC, Office of Policy Planning, Bureau of Competition, and Bureau of Economics, to Assemblyman Greg Aghazarian re: California Assembly Bill No. 1960 (September 7, 2004) (concluding that, if manufacturers learn the exact amount of the rebates offered by their competitors through required PBM disclosures, then tacit collusion among manufacturers is more feasible, which may lead to higher prices for PBM services and drugs), available at https://www.ftc.gov/sites/default/files/documents/advocacy_documents/ftc-comment-hon.greg-aghazarian-concerning-ca.b.1960-requiring-pharmacy-benefit-managers-make-disclosures-purchasers-and-prospective-purchasers/v040027.pdf.

QUESTIONS SUBMITTED BY HON. ROBERT MENENDEZ

Question. When new products enter the market, do drug companies set high initial prices and then provide deep rebates in order to gain access to insurance plan's formularies?

Answer. We can only speak for Sanofi. Consistent with our pricing principles, when Sanofi sets the price of a new medicine, we hold ourselves to a transparent, rigorous, and structured process that includes consultation with external stakeholders. In our view, an objective measure of a new product's value considers the benefit to patients, compared to a standard of care; the reduced need—and therefore costs—of other health care interventions; and any increase in quality of life and productivity. We believe our pricing reflects these factors. We also consider factors such as the affordability for patients and any unique factors specific to the medicine, like the need to support ongoing clinical trials, implement important regulatory commitments, or develop sophisticated patient support tools that improve care management and help decrease the total cost of care. Additionally, under our pricing principles, we limit annual list price increases to the National Health Expenditure, which is CMS's projected annual health-care spending growth rate. Since we established our pricing principles in 2017, all price increases for our insulin products have been at or below NHE.

Sanofi offers rebates to health plans and PBMs in order to help secure and maintain favorable formulary positions. Our aim in these negotiations is to establish affordable access to patients. Currently, however, payers and PBMs inconsistently pass through to patients the growing savings they receive from increased negotiated rebates and discounts. Accordingly, despite increasing rebates and lower net prices, out-of-pocket costs for many patients have continued to grow. Sanofi supports policies that would pass through PBM rebate savings to patients at the pharmacy counter in the form of lower cost-sharing.

Question. If CMS finalizes the rebate rule, do you anticipate future products entering the market with significantly lower initial list prices?

Answer. We can only speak for Sanofi. If (1) the proposed changes to the anti-kickback statute safe harbors were codified, and (2) Congress implemented similar changes to the commercial insurance market, Sanofi would lower the list prices of its prescription medications for products in competitive categories for which there is currently a material difference between list price and net price on the assumption that patient access and affordability would be improved. Sanofi also supports policy changes that would de-link other payments in the pharmaceutical supply chain from list price.

We support extending the intent behind the anti-kickback statute safe harbor proposed rule to the commercial market so that incentives are aligned across the marketplace. Together, we believe these changes would facilitate Sanofi's ability to lower our list prices. However, we recommend a step-wise approach, implementing changes to the commercial market after the safe harbor rule is implemented on January 1, 2020. Such an approach would provide an opportunity for stakeholders and the government to identify unintended consequences, and address them, prior to extending these policies to the commercial market.

We want to ensure that the new system achieves its goal of improving affordability for patients. For instance, CMS should monitor and evaluate how the new system affects formulary access, utilization management, and patient cost-sharing, particularly with respect to medicines with a lower list price. We also have concerns that changes to the rebate system may lead to new fees, which would simply require manufacturers to pay previous rebate values in new ways, rather than creating savings for patients.

Without a better understanding of how these policy changes ultimately would affect the competitive marketplace, patient access, and affordability, we are unable to quantify the amount of any potential list price reduction. When setting the price of a new medicine, Sanofi's decision making will continue to be guided by our pricing principles framework, which are discussed in Part 1 of this response.

 QUESTIONS SUBMITTED BY HON. THOMAS R. CARPER

Question. What are your recommendations for lowering prices for the 40 percent of drugs that do not offer rebates in Medicare Part D? In the health insurance plans

that you offer your employees, do you ask your insurers to pass through the full manufacturer rebates to the beneficiaries?

Answer. To address prices of drugs that are not subject to rebates in Medicare Part D, Sanofi supports policies that would incentivize responsible pricing by tying smaller list price increases, or even list price reductions, to both access and affordability for patients. Sanofi also believes that value-based discounting arrangements could drive down the price of prescription drugs in all contexts, regardless of the existence of rebates, including for Medicare Part D. Sanofi favors reforms in applicable statutes and regulations to permit manufacturers and payers to adopt these arrangements more broadly than is the case today.

The Sanofi medical plan is self-insured; as such, the company pays the majority (approximately 80 percent) of the health-care claims that are incurred by our employees and their dependents. Sanofi does not, therefore, pass rebates through to members. Importantly, the Sanofi PPO medical/Rx plan, which covers 90 percent of our employees who elect medical coverage, maintains very low member cost-sharing for prescriptions. For example, members incur no cost (\$0 co-pays) for Sanofi and partner prescription drugs. For non-Sanofi prescriptions, the out-of-pocket expense varies for generic (\$15/prescription), preferred brand (\$25/prescription) and non-preferred brand (\$40/prescription).

Question. The systems for pricing and distributing drugs are opaque and difficult to understand. What are your recommendations for increasing transparency in how your companies set the list prices for drugs, and for improving transparency in the supply chain for prescription drugs? Would you support federal standards for transparency in setting the list prices for drugs?

Answer. Sanofi supports increased system-wide transparency, which would improve competition by making relevant information available to patients and policymakers. Two years ago, Sanofi announced our progressive and industry-leading pricing principles to help stakeholders understand our pricing decisions and to advance a more informed discussion of issues related to the pricing of medicines.²⁵

Sanofi's pricing policy includes a commitment to transparency in how we price new medicines coming to the market for the first time. When Sanofi sets the price of a new medicine, we hold ourselves to a transparent, rigorous, and structured process that includes consultation with external stakeholders. In our view, an objective measure of a new product's value considers the benefit to patients, compared to a standard of care; the reduced need—and therefore costs—of other health care interventions; and any increase in quality of life and productivity. We believe our pricing reflects these factors. We also consider factors such as the affordability for patients and any unique factors specific to the medicine, like the need to support ongoing clinical trials, implement important regulatory commitments, or develop sophisticated patient support tools that improve care management and help decrease the total cost of care.

Tied to our pledge to keep annual list price increases at or below the projected U.S. National Health Expenditure growth rate, Sanofi has committed to providing its rationale should Sanofi increase any list price above the NHE growth rate, highlighting clinical value, real world evidence, regulatory change, new data, or other circumstances that support our decision. Sanofi also has committed to disclose annually our aggregate U.S. gross 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 system.

We support Federal standards for transparency in the rationale for price increases above a certain threshold, provided that there are appropriate guardrails. Sanofi believes that increased transparency should accomplish three goals:

- (1) Preempt similar state laws, as was done with the Sunshine Act, to create a consistent reporting process.
- (2) Ensure information that if released publically could be anti-competitive is kept confidential.
- (3) Take a holistic approach to transparency, such as requiring PBMs to disclose when the net price of a medicine has declined and whether the increased rebates are used to lower costs for patients or for other reasons.

²⁵ <https://mediaroom.sanofi.com/en/articles/2017/sanofi-pricing-principles-for-the-u-s/>.

We would be willing to work with this Committee on appropriate policy solutions.

Question. In nearly every sector of the health-care industry, Medicare, Medicaid, employers, and insurers are moving away from fee-for-service payments to reimbursements based on value and performance. Prescription drugs and medical devices were the glaring exceptions to this trend until recently. How many of your drugs are included in value-based contracts and how many patients are benefiting from them? How do these value-based contracts work to lower drug prices for both patients and taxpayers?

Answer. At this time, Sanofi has entered into value-based arrangements involving three Sanofi products: Soliqua 100/33, Praluent, and Kevzara. At present, we are not able to identify the specific number of patients who benefit from these arrangements.

Sanofi believes that encouraging an environment that is supportive of value-based arrangements would help promote drug affordability, increase patient access to medicines, and improve patient adherence and outcomes. Specifically, although there are different types of these agreements, value-based contracts generally tie prices and payments to the value of a particular prescription drug product—while potentially reducing patient out-of-pocket costs and providing patients with better access to the most innovative drug products. A manufacturer could, for example, condition payment for a product on its success in meeting a predefined clinical outcome, and this type of arrangement could make drugs more affordable and lower costs throughout the system.

Question. Last year, Senator Portman and I did an investigation on the pricing of an opioid overdose reversal drug called EVZIO, manufactured by Kaléo. Kaléo increased the price of EVZIO from \$575 in 2014 to \$4,100 in 2017. We found that the best price Medicare was able to get for EVZIO, about \$4,000, was much higher than the price other Federal programs and private insurers were able to get. It seemed that Kaléo was able to get this higher price of \$4,000 from Medicare by helping doctors fill out paperwork showing that the drug was medically necessary, even though there are cheaper alternatives on the market. As a result of the investigation, Kaléo announced it will bring a generic version of the drug to market at only \$168 per pack. Are any of your companies providing medical necessity paperwork to doctors in order to get your drugs covered by Medicare?

Answer. No. Sanofi does not provide patient-specific clinical or medical necessity information to physicians in furtherance of the Medicare coverage of any of Sanofi's products for particular patients. Consistent with guidance from the Department of Health and Human Services Office of Inspector General (OIG), Sanofi typically provides physicians with a copy of an applicable blank prior authorization form, or in some cases, the form with only the physician's demographic information filled out, along with separate instructions for filling out the form. Also, in keeping with OIG guidance, Sanofi provides physicians with template appeals letter for instances in which a physician needs to appeal non-coverage for a Sanofi product. These template letters do not include any patient medical information, and instead are provided only as a guide for physicians to describe the reasons that the patient requires his or her prescribed Sanofi product.²⁶ Similarly, Sanofi provides physicians with template letters of medical necessity, which do not offer medical information on specific patients. Instead, these documents provide a general framework pursuant to which physicians may prepare their own, patient-specific letters of medical necessity.²⁷ These measures comply with the OIG guidance in that they provide "limited support" in connection with a purchase or prescribing decision for a Sanofi product.

Question. In 2017, the Rand Corporation estimated that biosimilar drugs, which are competitors to complex, biologic drugs, could save the United States more than \$50 billion over the next decade. Some of you have also argued that increasing the use of biosimilar drugs would help lower drugs costs for consumers and taxpayers. What is delaying the uptake of biosimilar drugs in the United States? What policies do you recommend to increase the development of biosimilar drugs?

Answer. Sanofi supports the entry of biosimilar medicines in the market after a reasonable period of time after the innovator biologic is developed, which we believe is already reflected in U.S. law. There are changes already in place that will help

²⁶ See, e.g., <https://www.visitspconline.com/servlet/servlet.FileDownload?file=00P360000Q1TboEAF>.

²⁷ See, e.g., <https://www.visitspconline.com/servlet/servlet.FileDownload?file=00P360000Q1TbyEAF>.

patients and taxpayers realize the benefit of biosimilars. Specifically, in March 2020, certain biologics that are currently regulated as drugs, including long acting insulins, will be regulated as biologics and therefore will be subject to the existing biosimilars pathway. We expect the change in regulation to spur the continued development of substitutable or interchangeable products, and to increase competition in this space generally. Further, we believe that as health-care providers become more familiar with biosimilars, the uptake of biosimilar drugs will increase. Findings from a recent review show that there is an overall lack of biosimilar familiarity among U.S. and European health-care providers, leading to low prescribing comfort as well as safety and efficacy concerns.²⁸ The study concludes that, to realize the full cost-saving potential of biosimilar medicines, clinician-directed biosimilar education is necessary to address the gaps in biosimilar knowledge, facilitate prescribing changes, and ultimately increase biosimilar use.

QUESTIONS SUBMITTED BY HON. BENJAMIN L. CARDIN

Question. The United States is one of the only countries in the world to allow prescription drug manufacturers to advertise directly to consumers through magazines, billboards, radio, and television commercials. While I will not argue that it is beneficial to educate consumers about an unfamiliar disease and encourage them to seek medical help, most commercials from all of your companies recommend asking about a specific brand name drug, not a medical condition. Furthermore, even if your advertisements follow all FDA rules and list medication side effects, they also almost always list these while a smiling, apparently healthy person is walking on a beach.

Researchers say that this type of imagery, combined with viewing hours of drug commercials each month, leads consumers to underestimate the risks associated with medications. For the past decade, studies have shown that aggressive direct-to-consumer advertising is associated with rising drug prices and an increase in inappropriate drug prescriptions.

Since researchers have concluded that consumers are misunderstanding the benefits and risks described in your ads, what further policies could help you and your colleagues ensure that you are educating patients in a clear manner?

Answer. Sanofi believes DTC advertisements can play an important role in both raising awareness about a disease and educating patients about their treatment options. The benefits of DTC advertisements are reflected in the results of a recent survey conducted by Princeton Survey Research Associates International, which found that DTC advertisements often prompt conversations about alternatives such as generics or lifestyle changes, and prompt positive behaviors, such as information-seeking and medicine adherence.²⁹

When DTC advertisements solely discuss a particular disease or condition without mentioning or alluding to a specific drug, FDA considers the advertisements disease awareness communications. Disease awareness communications are not considered promotional labeling or advertising, and thus such communications are not subject to the requirements of the Federal Food, Drug and Cosmetic Act (FDCA) or FDA regulations. In contrast, DTC advertisements that make claims about a drug are subject to requirements governing disclosure of risk and other information, including a statutory requirement to include a brief summary relating to side effects, contraindications, and effectiveness. FDA's prescription drug advertising regulations distinguish between print and broadcast advertisements, which require a "brief summary" for print advertisements and what is referred to as a "major statement" of risks for broadcast advertisements. FDA regulations also set forth additional requirements for information to be included in both print and broadcast advertisements. Certain broadcast advertisements, including the initial television advertisement for a prescription drug and all television advertisements for prescription drugs subject to a Risk Evaluation Mitigation Strategy with elements to assure safe use, are subject to pre-dissemination review by FDA. Even where a television advertisement is not subject to mandatory review, sponsors may elect to voluntarily submit the advertisement to FDA for advisory review.

²⁸ See "Factors Affecting Health Care Provider Knowledge and Acceptance of Biosimilar Medicines: A Systematic Review," 25 *J. Managed Care & Specialty Pharm.* 102–112 (Jan. 2019), available at <https://www.jmcp.org/doi/10.18553/jmcp.2019.25.1.102>.

²⁹ <https://www.phrma.org/report/2017-direct-to-consumer-advertising-survey-results>.

While the time-limited nature of broadcast DTC advertisements can present challenges in ensuring a drug advertisement presents all information required by the FDCA and FDA regulations in a manner easily digestible to a consumer, or even HCP, audience, Sanofi strives to disseminate balanced DTC advertisements that clearly and effectively communicate a product's benefits and risks. To that end, prior to airing any DTC television advertisement, Sanofi submits each advertisement to FDA for pre-dissemination review and incorporates FDA's comments, even when such review is not required for the advertisement in question. To further the objective of ensuring that DTC advertisements educate consumers about potential treatment options in a non-misleading manner, we believe industry would benefit from a regulatory framework that allows for greater flexibility in the risk and other information required to be included in broadcast advertisements, including, for example, the flexibility to focus on select significant risks in the advertisement itself while directing consumers to a website for a more fulsome discussion of a product's risks. FDA has acknowledged that its regulations provide "only limited flexibility" for risk disclosure in broadcast advertisements. Thus, allowing for greater flexibility in content control in DTC advertisements would likely require amending existing FDA regulations, as well as potentially the underlying statutory provisions governing the information required to be disclosed in advertisements.

PHARMACEUTICAL COMPANIES CONTINUE TO RAISE PRICES

Question. As you are well aware, high prescription drug prices are the number one concern for Americans and their families. According to the Organization for Economic Cooperation and Development, the average American spends around \$1,208 annually on prescription drugs. There have been several instances where brand name or even generic drugs that have been on the market for years continue to increase in price.

One of the most well-known examples is Mylan's increase of the price of EpiPen from less than \$100 in 2007 to more than \$600 in 2016. Another example, is the ever-increasing price of insulin. Sanofi increased the price of a vial of Lantus from \$88.20 in 2007 to \$307.20 in 2017. And those are just a small sample of price increases.

Why don't we see price decreases for drugs that have been on the market for years without new formulations or added benefit?

Answer. Current regulations, including price reporting requirements, create uncertainty about the implications of lowering a list price. We are working with CMS on alternatives that could enable us to put lower list price versions of our products on the market. Until such system changes are implemented, we are working to improve the affordability of our products for those who are uninsured or underinsured through our many patient support programs.

It is important to note, as well, that revenues from existing therapies are used to fund future R&D across therapeutic areas. Sanofi's R&D strategy is to allocate resources to priority therapeutic areas based both on scientific opportunity and unmet medical need, leveraging multiple therapeutic modalities and accelerating early development. Our R&D pipeline currently contains 81 projects, including 33 new molecular entities in clinical development, and 35 projects are in Phase III or have been submitted to regulatory authorities. From 2008 to 2017, Sanofi invested over \$55 billion dollars globally in R&D. Last year we invested almost \$7 billion globally, or approximately 24% of our gross profits, in our research and development activities. We expect to continue to spend around the same on R&D in the coming years.

PAY FOR DELAY

Question. Pay for delay is a tactic that more and more branded drug manufacturers have been using to stifle competition from lower-cost generic manufacturers. This allows you to sidestep competition by offering patent settlements that pay generic companies not to bring lower-cost alternatives to market.

These "pay-for-delay" patent settlements benefit both brand-name pharmaceutical companies by helping them avoid costly patent litigation and general manufacturers by rewarding them a hefty sum to delay entering the market with a cheaper drug alternative. However, these deals do not benefit consumers. According to an FTC study, these anticompetitive deals cost consumers and taxpayers \$3.5 billion in higher drug costs every year.

Does your company partake in pay-for-delay settlements?

Answer. No, Sanofi does not enter into “pay for delay” agreements that prohibit generic drug or biosimilar development after the expiration of a patent. Sanofi has reached settlements in patent infringement cases, and these agreements have allowed the generic company to commercialize its product before the expiration of the applicable patent covering Sanofi’s innovator product.

Question. Why would a pharmaceutical company enter into a pay-for delay agreement?

Answer. We can only speak for Sanofi, and we do not enter into “pay-for-delay” settlement agreements.

Question. Do you think these agreements stifle competition and prevent generic alternatives to your branded medications?

Answer. With respect to patent litigation, generally, Sanofi believes it is inappropriate to presume that any settlement of patent litigations related to pharmaceutical products is anticompetitive. Such settlements are often the most efficient and effective way to resolve disputes regarding patented drugs. Additionally, they often lead to the earliest appropriate entry of generic products into the market thereby benefiting patients—earlier than expiration of the relevant patents. Each patent litigation and potential settlement presents unique factors and must be considered individually and in light of the relevant circumstances.

DRUG REBATE RULE

Question. In January, the Department of Health and Human Services’ (HHS) Office of Inspector General (OIG) promulgated a new regulation to remove regulatory safe harbor protections under the Anti-Kickback Statute (AKS) for rebates on prescription drugs rebates paid by manufactures to PBMs under Medicare Part D and for Medicaid managed care organizations (MCOs). The OIG proposal attempts to ban most rebates by eliminating their regulatory protections.

The rule is predicted to increase net drug costs in its early years. The CMS actuaries estimate it would cost \$196 billion over 10 years. Despite this high price tag, the beneficiary benefits are limited. The proposed rule notes that under the CMS Actuary’s analysis, the majority of beneficiaries would see an increase in their total out-of-pocket payments and premium costs; reductions in total cost sharing will exceed total premium increases.

I wanted to ask a question about the administration’s rebate rule, which I understand that many of the drug manufacturers, and your main trade association, strongly support. According to an analysis of the rule by the Office of Actuaries at CMS, drug manufacturers are likely to initially retain 15 percent of the current rebates as higher net drug prices.

Given that estimate, can you provide the committee with any assurances that prices will not increase under this proposed rule?

Answer. At this time, it is difficult to predict the effect of the administration’s proposed rule. It is our expectation that it will result in lower out-of-pocket costs for patients by protecting only manufacturer rebates to Medicare Part D and Medicaid MCO plans and their PBMs that are reflected in the point-of-sale price. Without a better understanding of how these policy changes ultimately would affect the competitive marketplace, patient access, and affordability, however, we are unable to provide assurances regarding how prices might change.

We want to ensure that the new system achieves its goal of improving affordability for patients. For instance, CMS should monitor and evaluate how the new system affects formulary access, utilization management, and patient cost-sharing, particularly with respect to medicines with a lower list price. We also have concerns that changes to the rebate system may lead to new fees, which simply require manufacturers to pay previous rebate values in new ways, rather than creating savings for patients.

QUESTIONS SUBMITTED BY HON. SHERROD BROWN

Question. According to an article recently published in the *Journal of the American Medical Association*, medical marketers spent nearly \$30 billion dollars in 2016, up from \$17 billion in 1997. Direct-to-Consumer (DTC) advertising had the biggest percentage increase: from \$2.1 billion, or 11.9% of all medical marketing, in 1997 to \$9.6 billion, or 32% of total spending, in 2016.

Can each of you please provide what your ratio of spending on sales and marketing to research and development is today?

Answer. In 2018, Sanofi's global ratio of spending on sales and marketing³⁰ to research and development was approximately 117 percent.

PRICE-GOUGING

Question. Sanofi, as I understand it, has made a pledge to the public to limit its price increases to the national health expenditures growth projection.

As the chair of the board of directors at PhRMA would you support membership requirements that would cap annual price increases for drugs sold as part of Medicare, similar to what Sanofi has pledged?

Given that PhRMA members are considering creating higher standards for themselves, would you support an industry-wide standard on annual price increases that applies to all pharmaceutical corporations, whether or not they are members of PhRMA?

Answer. Dr. Brandicourt appeared before the committee on behalf of Sanofi; we cannot speak on behalf of PhRMA or any other company. We note that pricing discussions among PhRMA members, or pharmaceutical manufacturers more generally, could implicate federal antitrust laws and therefore would be inappropriate.

Two years ago, Sanofi announced our progressive and industry-leading pricing principles, which include a pledge to keep annual list price increases at or below the projected U.S. National Health Expenditure (NHE) growth rate, as calculated by CMS. In 2018, all of Sanofi's price increases across its medicines were consistent with those pricing principles, as are all pricing actions taken in 2019.

Question. What policies would you propose to help ensure lower launch prices for new drugs?

Answer. For Sanofi, the key requirement for any policy solution is that it should result in improved access and lower prescription out-of-pocket drug costs for patients, while maintaining incentives for innovations. To reform the current misaligned incentives in the current system, Sanofi supports de-linking payments to PBMs, payers and others in the supply chain from the list price. Additionally, we support policies that would incentivize lower launch prices, smaller list price increases, or even list price reductions, by requiring health plans to cover those medicines at an affordable co-pay level and only allow access restrictions consistent with the label and accepted best clinical practice.

TRANSPARENCY

Question. In many of your testimonies, you mentioned that the current system of pharmacy benefit manager (PBM) back-end rebates do not rarely results in a scenario where the PBM passes on savings to consumers at the point of sale (POS). The Administration recently proposed a rule to eliminate the anti-kickback statute safe harbor protections for these drug rebates.

Do you agree that greater transparency should be required to understand how manufacturers and PBMs are negotiating prices and rebates to ensure that savings are passed down to beneficiaries?

Answer. Yes. Sanofi supports policies, such as those proposed in the C-THRU Act, that would encourage or require PBMs and payers to be transparent regarding how they use manufacturer rebates and pass through manufacturer rebates to patient at point of sale in the form of lower out-of-pocket costs.

As part of our pricing principles, Sanofi voluntarily discloses annually our aggregate U.S. gross and net price changes from the prior calendar year. These data 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 system.

PBMS

Question. An *Axios* article from March 7, 2019 highlights the fact that, while "pharmaceutical companies put a lot of the blame for high drug prices on pharmacy

³⁰"Sales and marketing" includes, but is not limited to: sales force, promotion, and marketing management.

benefit managers,” many large pharmaceutical companies “rely on PBMs to manage their own health-care benefits.”

In your role as an employer, does your company contract with a pharmaceutical benefit manager (PBM) to administer the prescription drug benefits for your employees and negotiate lower drug costs on your behalf?

Answer. Yes, we do.

Question. For those of you who do use a PBM to help manage the prescription drug benefit for your employees, how do you utilize the rebates your PBM negotiates to lower health-care costs or drug costs for your employee plans and what does your company do with that savings? Specifically, do the savings go toward lowering premiums?

Answer. The Sanofi medical plan is self-insured; as such, the company pays the majority (approximately 80 percent) of the health-care claims that are incurred by our employees and their dependents. Therefore, Sanofi uses rebates to defray the overall cost of its health plan, which allows us to keep plan costs stable for all participants.

We offer our employees generous healthcare coverage and have been able to keep the deductibles of our PPO, which covers 90% of our employees who elect medical coverage, at \$200 for single coverage and \$400 for family coverage over the past few years. With respect to our PPO prescription drug benefit, members incur no cost (\$0 co-pays) for Sanofi and partner prescription drugs. For non-Sanofi prescriptions, the out-of-pocket expense varies for generic (\$15/prescription), preferred brand (\$25/prescription) and non-preferred brand (\$40/prescription). The Sanofi plan’s actuarial value is around 90%, which puts it at the “platinum” level.

Question. For those of you who do use a PBM to help manage the prescription drug benefit for your employees, does your PBM offer point-of-sale rebates to your employees?

Answer. Yes, our PBM does offer point-of-sale rebates, however only around 8 percent of its clients currently are enrolled in point-of-sale rebates.

QUESTIONS SUBMITTED BY HON. SHELDON WHITEHOUSE

Question. Please describe any policy changes you support that would result in your company lowering the list prices of its drugs.

Answer. For Sanofi, the key requirement for any policy solution is that it should result in improved access and lower prescription out-of-pocket drug costs for patients, while maintaining incentives for innovations. To reform the current misaligned incentives in the current system, Sanofi supports de-linking payments to PBMs, payers and others in the supply chain from the list price. Additionally, we support policies that would incentivize lower launch prices, smaller list price increases, or even list price reductions, by requiring health plans to cover those medicines at an affordable co-pay level and only allow access restrictions consistent with the label and accepted best clinical practice.

Sanofi also supports the intent behind legislation like the SPIKE Act, which would impose price transparency requirements on companies that increase the list price of a particular drug over a certain threshold. We believe that increased transparency should accomplish three goals: (1) preempt similar state laws, as was done with the Sunshine Act, to create a consistent reporting process; (2) ensure information that if released publically could be anti-competitive is kept confidential; and (3) take a holistic approach to transparency, such as requiring PBMs to disclose when the net price of a medicine has declined and whether the increased rebates are used to lower costs for patients or for other reasons.

Question. How much does your company’s research and development portfolio rely on taxpayer-funded research conducted by the National Institutes of Health (NIH)? How many of your company’s products are based, at least in part, on NIH research, and how many are the result of research funded solely by your company?

Answer. In identifying targets for new drugs, Sanofi relies on global science, which often includes NIH-funded research. Sanofi has collaborated with NIH on various research and development (R&D) initiatives on projects related to HIV, Epstein-Barr virus, influenza, and respiratory syncytial virus.

While there is no question that NIH plays a vital role in basic research and early discovery, the majority of Sanofi's current portfolio of products in the pre-development to development phases do not rely on NIH funding. Sanofi reinvests a significant portion of its revenue into the R&D of new or improved medicines and vaccines. Last year, Sanofi globally spent almost \$7 billion on R&D globally, an increase of approximately 7 percent from 2017, which reflects our commitment to bringing better therapies to patients. Sanofi plans to maintain this level of R&D investment through 2021, and our R&D pipeline now contains 81 projects, including 33 new molecular entities in clinical development, and 35 projects that are in Phase III or have been submitted to regulatory authorities. This investment means that Sanofi potentially will seek approval for nine new medications in the next three years, primarily in therapeutic areas where Sanofi sees the greatest nexus between our expertise and patient need: diabetes, vaccines, oncology, immunology, rare diseases, and rare blood disorders.

Question. In each of the last 5 years, how much has your company spent on research and development versus the advertising and marketing of your products?

Answer.

USD ³¹	Research and Development	Advertising and Marketing ³²
2018	\$6,954,920,000	\$4,519,400,000
2017	\$6,238,080,000	\$3,764,280,000
2016	\$5,689,200,000	\$3,006,300,000
2015	\$5,590,200,000	\$2,773,100,000
2014	\$6,160,440,000	\$2,673,000,000

³¹ Sanofi reports its financials in Euros. All financial figures reported in this document have been converted from Euros into U.S. dollars. These are Sanofi global financial figures.

³² Includes global spending on "promotion" and "marketing management."

Question. During the hearing, you mentioned that your company would be likely to lower the list prices of its drugs if the recent proposal by the Trump administration to change the current system of rebates was extended to the private market.

If the policy was extended to the private market, how large would the list price reductions be relative to the size of the rebates your company is currently providing?

Answer. If (1) the proposed changes to the anti-kickback statute safe harbors were codified, and (2) Congress implemented similar changes to the commercial insurance market, Sanofi would lower the list prices of its prescription medications for products in competitive categories for which there is currently a material difference between list price and net price on the assumption that patient access and affordability would be improved. Sanofi also supports policy changes that would de-link other payments in the pharmaceutical supply chain from list price.

We support extending the intent behind the anti-kickback statute safe harbor proposed rule to the commercial market so that incentives are aligned across the marketplace. Together, we believe these changes would facilitate Sanofi's ability to lower its list prices. However, we recommend a step-wise approach, implementing changes to the commercial market after the safe harbor rule is implemented on January 1, 2020. Such an approach would provide an opportunity for stakeholders and the government to identify unintended consequences, and address them, prior to extending these policies to the commercial market.

We want to ensure that the new system achieves its goal of improving affordability for patients. For instance, CMS should monitor and evaluate how the new system affects formulary access, utilization management, and patient cost-sharing, particularly with respect to medicines with a lower list price. We also have concerns that changes to the rebate system may lead to new fees, which simply require manufacturers to pay previous rebate values in new ways, rather than creating savings for patients.

Without a better understanding of how these policy changes ultimately would affect the competitive marketplace, patient access, and affordability, we are unable to quantify the amount of any potential list price reduction.

Question. How will this proposal affect how your company sets the list prices for new drug products?

Answer. When setting the price of a new medicine, Sanofi's decision making will continue to be guided by our pricing principles framework. When Sanofi sets the price of a new medicine in the U.S., we hold ourselves to a rigorous and structured process that includes consultation with external stakeholders. In our view, an objective measure of a new product's value considers the benefit to patients, compared to a standard of care; the reduced need—and therefore costs—of other health-care interventions; and any increase in quality of life and productivity. We believe our pricing reflects these factors. We also consider factors such as the affordability for patients and any unique factors specific to the medicine, like the need to support ongoing clinical trials, implement important regulatory commitments, or develop sophisticated patient support tools that improve care management and help decrease the total cost of care.

To the extent reform of the anti-kickback statute safe harbors results in changes in the competitive marketplace, patient access, and affordability, the rule is likely to affect our pricing of new medicines.

Question. If the proposal is finalized and not extended to the private market, will your company make any list price reductions? If so, how large would the reductions be relative to the size of the rebates your company is currently providing?

Answer. Sanofi is committed to working with other stakeholders to lower patient out-of-pocket costs, and the company will carefully review any final rule issued by HHS regarding the Anti-Kickback Statute and its safe harbor regulations—with the goal of providing point-of-sale discounts to patients, in accordance with law, to lower their out-of-pocket costs.

Without addressing the currently misaligned incentives across all payer channels, it is unclear the extent to which Sanofi would be able to lower list prices. We would need a better understanding of how the rule ultimately would affect the competitive marketplace, patient access, and affordability in both the government and commercial insurance markets in order to quantify the amount of any potential list price reduction.

QUESTION SUBMITTED BY HON. MAGGIE HASSAN

Question. In June of 2018, the Medicaid and CHIP Payment and Access Commission (MACPAC) unanimously recommended under Recommendation 1.1 in their annual report to Congress that Congress remove the statutory requirement that manufacturers blend the average manufacturer price (AMP) of a brand drug and its authorized generic.³³

This requirement created an unintended loophole. Rather than use the price of the authorized generic, drug companies can sell its authorized generic to a corporate subsidiary at an artificially lower price, and use that lower price to bring down the AMP, which in turn lowers the rebate obligation.

Does your company engage in this practice? Has your company ever engaged in this practice in the past?

Answer. Sanofi currently markets authorized generic versions of certain of its products, through corporate affiliates, under separate National Drug Codes (“NDC”). Sanofi's general approach for these products has been that if two products share the same drug, dosage form, and strength, and both are sold by the same corporate entity or Sanofi business unit, then their sales are blended for the calculation of AMP and Best Price.

³³MACPAC, “Improving Operations of the Medicaid Drug Rebate Program,” <https://www.macpac.gov/wp-content/uploads/2018/06/Improving-Operations-of-the-Medicaid-Drug-Rebate-Program.pdf>.

QUESTIONS SUBMITTED BY HON. CATHERINE CORTEZ MASTO

Question. In October you were asked by a reporter whether you would lower the price of insulin if point-of-sale rebates were enacted. Your response was, “We realize that some medicines remain economically out of reach for some patients. We take this issue seriously and will continue to seek innovative solutions to help make insulins more affordable for patients.” Please answer that question more specifically: will you lower your list price in response to the rebate rule?

Answer. If (1) the proposed changes to the anti-kickback statute safe harbors were codified, and (2) Congress implemented similar changes to the commercial insurance market, Sanofi would lower the list prices of its prescription medications for products in competitive categories for which there is currently a material difference between list price and net price on the assumption that patient access and affordability would be improved. Sanofi also supports policy changes that would de-link other payments in the pharmaceutical supply chain from list price.

We support extending the intent behind the anti-kickback statute safe harbor proposed rule to the commercial market so that incentives are aligned across the marketplace. Together, we believe these changes would facilitate Sanofi’s ability to lower its list prices. However, we recommend a step-wise approach, implementing changes to the commercial market after the safe harbor rule is implemented on January 1, 2020. Such an approach would provide an opportunity for stakeholders and the government to identify unintended consequences, and address them, prior to extending these policies to the commercial market.

We want to ensure that the new system achieves its goal of improving affordability for patients. For instance, CMS should monitor and evaluate how the new system affects formulary access, utilization management, and patient cost-sharing, particularly with respect to medicines with a lower list price. We also have concerns that changes to the rebate system may lead to new fees, which simply require manufacturers to pay previous rebate values in new ways, rather than creating savings for patients.

Without a better understanding of how these policy changes ultimately would affect the competitive marketplace, patient access, and affordability, we are unable to quantify the amount of any potential list price reduction.

Question. As a portion of your revenue, for what percentage of the drugs in your portfolio do you offer no rebates? Based on the drugs in your pipeline, do you foresee that portion growing? For those drugs is your list price equal to your net price?

Answer. When considering rebates paid by Sanofi in any form, including those that are government-mandated, Sanofi offers rebates on all of its products at some point in the distribution channel. We do not expect that this will change based on the company’s pipeline.

Question. Do you invest more in R&D than you generate in U.S. sales revenue? Please include specific figures.

Answer. In 2018, Sanofi spent \$6,954,920,000 globally on R&D, a 7-percent increase over 2017 and approximately 24 percent of its global gross profits. In 2018, Sanofi’s U.S. net sales were \$13,617,200,000.

Answer. Do you invest more in R&D than you spend on marketing and administration? What company functions do you consider to be included in administration? Please include specific figures.

Answer. Yes. In 2018, Sanofi spent \$6,954,920,000 globally on R&D, and \$6,921,880,000 globally on marketing and administration. “Administration” includes, but is not limited to: finance, human resources, external affairs, legal, business services, business development, and internal audit.

Question. Do you invest more in R&D than you spend on marketing and sales? What company functions do you consider to be included in sales? Please include specific figures.

Answer. In 2018, Sanofi spent \$6,954,920,000 globally on R&D, and \$8,154,980,000 globally on marketing and sales. The primary function included in “sales” is the sales force.

Question. Why do you advertise for the drugs you manufacture? What factors do you consider in choosing which drugs you advertise?

Answer. Sanofi believes that advertising is an important tool to inform and educate the public about its medicines, while raising general awareness of diseases that are frequently surrounded by stigma. We are committed to ensuring that our advertisements provide accurate, accessible, and useful health information to patients and consumers. Our communications are designed to educate patients and consumers about serious health conditions and the availability of treatments, and to encourage them to seek guidance from their healthcare professionals about appropriate treatment. We consider a variety of factors in determining whether and how to advertise a product, including patient needs and the unique aspects of an individual product or disease state.

**Independent Medical Education Grants
1st Jan 2015–30th June 2015**

Sanofi US and its affiliate Genzyme Corporation are committed to supporting independent medical education activities in therapeutic areas in which the Company is involved, for healthcare professionals, patients, and consumers to improve patient care and health outcomes in therapeutic areas in which the Company is engaged. Sanofi US and Genzyme Corporation are part of the Sanofi Group, a global pharmaceutical company.

Recipient Name(s) ¹	Activity Title	Funding Amount ²
Academic CME, LLC Postgraduate Institute for Medicine	Incorporating Advancements in Monoclonal Antibody Therapeutics into Patient Management Strategies within Dyslipidemia	\$298,600.04
Academy of Managed Care Pharmacy	The unmet needs of multiple sclerosis, and the principles and current evidence in the use of DMTs	Collaboration ³ \$6,500
Admin of the Tulane Educational Fund on behalf of TUHSC CCE	7th Annual Tulane Symposium on Thyroid And Parathyroid Diseases	\$10,000.00
AKH Inc. Advancing Knowledge and Healthcare	American Society for Preventive Cardiology: Annual Cardiovascular Disease Prevention Conference	Collaboration ³ \$10,000.00
American Academy of Physician Assistants	AAPA Conference 2015—Neurology Track	\$5,000.00
American Academy of Physician Assistants	AAPA Conference 2015—Endocrinology Track	\$5,000.00
American Academy of Physician Assistants	AAPA Conference 2015—Nephrology Track	\$3,500.00
American Association of Clinical Endocrinologists	Georgia-AAACE 2015 Annual Meeting	\$7,500.00
American Association of Clinical Endocrinologists	Lipids Sessions at Endocrine University: Disease Management and Technology Skills for Endocrinology Fellows In Training	\$5,000.00
American Association of Clinical Endocrinologists	Southern States—AAACE 2015 Annual Meeting	\$7,500.00
American Association of Clinical Endocrinologists	Diabetes Sessions At Endocrine University: Disease Management and Technology for Endocrinology Fellows in Training	\$25,000.00
American Association of Clinical Endocrinologists	AAACE 24th Annual Scientific & Clinical Congress (Thyroid Sessions)	\$47,350.00
American Association of Clinical Endocrinologists	AAACE 24th Annual Scientific & Clinical Congress (Diabetes Session)	\$47,350.00
American Association of Clinical Endocrinologists	Diabetes Sessions at AAACE 24th Annual Scientific And Clinical Congress	\$47,350.00
American Association of Clinical Endocrinologists	Mid Atlantic Chapter of The American Association of Clinical Endocrinologists 13th Annual Meeting & Symposium	\$7,500.00
American Association of Clinical Endocrinologists	Mid Atlantic Chapter of the American Association of Clinical Endocrinologists 13th Annual Meeting 7 Symposium	\$7,500.00
American Association of Clinical Endocrinologists	California Chapter of The American Association of Clinical Endocrinologists Pre-sents: Hot Topics in Diabetes and Endocrinology for Primary Care	\$20,000.00

American Association of Clinical Endocrinologists Medelligence, LLC	LDL-C Reduction in the High-Risk Patient: How Low Should We Go?	\$261,057.00 Collaboration ³
Association of Diabetes Educators	Diabetes Education and People with Diabetes: Partners in the Winners Circle, New York American State Regional Conference	\$15,000.00
American Association of Diabetes Educators	AADE 2015—Rumor has It? Demystifying the Use of Basal Insulin in Type 2 Diabetes Management	\$321,895.00
American College of Cardiology Foundation	ACC Rise and Shine Series: Just The Facts—An Objective Overview of PCSK9 Inhibitors	\$55,000.00 Collaboration ³
American College of Cardiology Foundation Med-IQ, LLC	Lipid Management Today: Unanswered Questions and Unquestioned Answers	\$125,000.00 Collaboration ³
American College of Surgeons American Association of Endocrine Surgeons	36th Annual Meeting of the American Association of Endocrine Surgeons	\$5,000.00
American Diabetes Association	2015 Professional Educator Conference	\$387,602.00
American Diabetes Association	ADA Inside: The Intelligent Use of Insulin Inspiring System Improvement with Diabetes Education	\$166,545.00
American Diabetes Association	Diabetes is Primary	\$6,000.00
American Health Resources, Inc.	Focus on the Patient with Diabetes: Managing Co-Morbidities and Improving Outcomes	\$12,600.00
American Health Resources, Inc.	Identification and Resolution of Injection Technique Barriers in Patients with Diabetes	\$160,000.00
American Nephrology Nurses' Association Rockpointe Corporation	The Questions, Myths, and Facts Regarding the Management Of CKD-MBD	\$25,000.00
American Neurological Association	2015 American Neurological Association 140th Annual Meeting	\$15,000.00
American Society of Nephrology	ASN Highlights 2015	\$15,000.00
American Society of Nephrology	AST/ASN Transplant Nephrology Core Curriculum	\$75,000.00
Ann & Robert H. Lurie Children's Hospital of Chicago	Lysosomal Storage Disease Training Program for Genetic Counselors	\$50,000.00
Annenberg Center for Health Sciences at Eisenhower	Diabetes Monitor Conference Coverage (ADA 2015)	\$380,000.00 Collaboration ³
Association of Black Cardiologists, Inc. National Association for Continuing Education	Lipid Management and Cardiovascular Risk Reduction: The Evolving Treatment Paradigm	\$4,000.00
Association of Family Practice Physician Assistants	Chronic Kidney Disease	\$6,100.00
Association of Family Practice Physician Assistants	Joint Injection	\$3,150.00
Association of Family Practice Physician Assistants	Diabetes—What Do I Prescribe After Metformin?	\$15,330.00
Baylor University Medical Center dba A. Webb Roberts Center CancerNet, LLC	New Treatment Paradigms for Castrate Resistant Prostate Cancer	

Independent Medical Education Grants—Continued

1st Jan 2015–30th June 2015

Sanofi US and its affiliate Genzyme Corporation are committed to supporting independent medical education activities in therapeutic areas in which the Company is involved, for healthcare professionals, patients, and consumers to improve patient care and health outcomes in therapeutic areas in which the Company is engaged. Sanofi US and Genzyme Corporation are part of the Sanofi Group, a global pharmaceutical company.

Recipient Name(s) ¹	Activity Title	Funding Amount ²
Baylor University Medical Center dba A. Webb Roberts Center CancerNet, LLC BIDDM	New Treatment Paradigms for Castrate Resistant Prostate Cancer	\$15,330.00
Board of Regents of the University of Oklahoma Health Science Brigham and Women's Hospital Workshop	Beth Israel Deaconess Medical Center Renal Division Grand Rounds and Renal Biology Conference Series 18th Annual Primary Care Update	\$5,500.00 \$6,000.00
California Academy of Family Physicians Cardiovascular Institute of Sarasota Foundation for Education Florida Medical Association	Kidney Disease Screening And Awareness Program (KDSAP) New Chapters Training Workshop The Family Medicine Clinical Forum	\$29,000.00 \$20,000.00
Children Health and Research Foundation, Inc. Children's Hospital of Philadelphia Foundation Cincinnati Children's Hospital Medical Center Cleveland Clinic Educational Foundation Cleveland Clinic Educational Foundation	11th Annual Cardiovascular Symposium Cardiology Update 2015: Time to Focus on Early Cardiovascular Disease Prevention Fellowship in Inherited Metabolic Disorders and Lysosomal Storage Disorders Genetic Counselor Fellowship in lysosomal storage disorders Genetic Counseling Fellowship in the Lysosomal Storage Disorders Nephrology Update2015 Diabetes and Thyroid Update—A Multidisciplinary Symposium on Diabetes and Thyroid Diseases	\$10,000.00 Collaboration ³ \$75,000.00 \$75,000.00 \$74,987.00 \$10,000.00 \$10,000.00
Cleveland Clinic Educational Foundation Cleveland Clinic Educational Foundation Cleveland Clinic Educational Foundation Colorado Foundation for Medical Care Cardio Renal Society of America CME Outfitters, LLC	2015 Diabetes Day 20th Annual Symposium: Diabetes Through The Ages 18th Annual Intensive Review of Endocrinology and Metabolism Mellen Center Update In Multiple Sclerosis 3rd Annual Convention of The Cardio Renal Society of America	\$10,000.00 \$20,000.00 \$5,000.00 \$30,000.00
Consortium of Multiple Sclerosis Centers	Risky Business: Understanding and Attenuating Risk Associated with Disease-Modifying Therapy in Relapsing-Remitting Multiple Sclerosis Expert Debates in Multiple Sclerosis: Opposing Views in Management	\$207,090.00 \$125,000.00

Consortium of Multiple Sclerosis Centers	PatientGPS™: Clinical Paths to Explore Treatment Options and Individualize Therapy in Multiple Sclerosis	\$100,000.00
Consortium of Multiple Sclerosis Centers Creative Educational Concepts, Inc.	A Practical Guide to Rehabilitation in MS (an AIMS Primer) Achieving Equilibrium in Diabetes with GLP-1 Receptor Agonists: Avoiding Hypoglycemia When Treating Postprandial Hyperglycemia	\$190,765.00 \$142,875.00
Duke University Educational Concepts Group, LLC	Residency in Medical Genetics Advances in The Management Of GU Cancers: Highlights From the 2015 Genitourinary Cancers Symposium	\$70,853.52 \$22,000.00
Educational Review Systems National Home Infusion Association	Effective Management of Gaucher Disease? A Primer for Home and Specialty Infusion Clinicians	\$35,000.00
Emory Genetics Laboratory	Multidisciplinary Extramural LSD Educational Talks on Lysosomal Storage Disorders	\$24,200.00
Emory Genetics Laboratory	The Paul M. Fernhoff Genetic Counseling Fellowship in the Lysosomal Storage Disorders	\$75,000.00
Emory University Endometriosis Association Inc.	Emory Latino Diabetes Education Program Adhesion Awareness for Doctors and Patients: Communicating the Significance of Adhesion Disease	\$241,455.00 \$54,591.48
Fabry Support & Information Group Fabry Support & Information Group	Eyes On Fabry-Illinois College of Optometry—Chicago Eyes on Fabry Southern College of Optometry Memphis, TN	\$2,550.00 \$2,500.00
Florida Academy of Physician Assistants Foundation for Care Management	The Good, the Bad, and the Latrogenic: Renal Medication Dosing? Diabetes Mellitus: Detecting and Treating Type I & II Patients in a Type II Global Epidemic	\$9,000.00 \$50,000.00
Glens Falls Association for the Blind Horizon CME, Inc.	Interesting Cases - Lessons Learned the Hard Way PCSK9 Inhibitors: Where Do They Fit in The Treatment of Dyslipidemia?	\$23,352.24 \$163,300.00 Collaboration ³
Hospital for Special Surgery Humboldt-Del Norte Consortium for Continuing Medical Education	Neurological Directions 2015: Update in Neuromuscular Medicine Multiple Sclerosis	\$5,000.00 \$4,100.00
Icahn School of Medicine at Mount Sinai Imedex, LLC	Multiple Sclerosis and its Mimics Unraveling The Complexities of Treating Metastatic Colorectal Cancer with Anti-Angiogenesis Agents Across Multiple Lines of Therapy	\$1,920.00 \$198,856.00 Collaboration ³
Institute for Medical and Nursing Education Johns Hopkins University	New Developments in Insulin Therapy: Expert Answers To Your Clinical Questions—A Regional Meeting Series The 11th Annual Johns Hopkins Multiple Sclerosis Symposium Series	\$222,519.33 \$210,000.00

Independent Medical Education Grants—Continued

1st Jan 2015–30th June 2015

Sanofi US and its affiliate Genzyme Corporation are committed to supporting independent medical education activities in therapeutic areas in which the Company is involved, for healthcare professionals, patients, and consumers to improve patient care and health outcomes in therapeutic areas in which the Company is engaged. Sanofi US and Genzyme Corporation are part of the Sanofi Group, a global pharmaceutical company.

Recipient Name(s) ¹	Activity Title	Funding Amount ²
Johns Hopkins University Advanced Studies in Medicine	The Future of Lipid Management: New Perspectives & Targets For LOWERING LDL-C	\$174,400.00
Johns Hopkins University Medical Logix, LLC	Innovations in Prandial Glucose Control for Patients with Type 2 Diabetes	\$133,000.00
Kidneys for Life Fund Raising for MINT	4th Update on Fabry Nephropathy; Manchester UK, June 1-2, 2015	\$75,000.00
Joslin Diabetes Center, Inc. Integrated Learning Partners, LLC	Complementary Treatments To Enhance Insulin Efficacy: Theory And Strategies	\$392,463.00
Letters & Sciences University of North Texas Health Science Center at Fort Worth	MS Leadership Summit 2015–2016	\$205,000.00
Medical Education Resources CMEology, LLC	Shifting the Treatment Paradigm for Multiple Sclerosis: Advances in Pathophysiology and Emergence of Novel Disease Modifying Therapies	\$100,000.00
Medical Education Resources Tarsus Cardio Inc. dba Health Science Media	Best of the Cardiometabolic Health Congress: Regional Conference Series and Virtual Highlights Activity with Extended Distribution on Medscape Education	\$80,000.00
Medical Education Resources Tarsus Cardio Inc. dba Health Science Media	Best of the Cardiometabolic Health Congress: Regional Conference Series and Virtual Highlights Activity with Extended Distribution on Medscape Education	\$65,000.00
Medical Education Resources Tarsus Cardio Inc. dba Health Science Media	Novel Therapies for LDL-C Lowering in the Fight Against Residual ASCVD Risk	\$250,000.00
Medical Learning Institute, Inc.	Understanding the Evolution of MS Care: Optimizing Therapeutic Decision Making	\$43,186.00
Medical University of South Carolina	10th Annual Symposium on the Nephrology Update for Primary Care and Hospital Medicine	\$2,500.00
Med-IQ, LLC	The Top 10 Challenges in Managing High Risk Prostate Cancer	\$192,276.00
Med-IQ, LLC	Advancing the Management of Gaucher's Disease	\$200,957.00
Med-IQ, LLC	The Evolving Therapeutic Landscape In Gaucher's Disease	\$147,963.00
Med-IQ, LLC	The Evolution of Science, Medicine and Patient Centered Care in CKD-MBD	\$315,090.00
Med-IQ, LLC	Medical Insiders: Emerging Science for the Management of Metastatic Castration-Resistant Prostate Cancer	\$100,000.00
Med-IQ, LLC	Moving Beyond the Guidelines in the Management of Castration-Resistant Prostate Cancer	\$135,207.00

Med-IQ, LLC	New Horizons In Dyslipidemia Management: An Interactive Digital Publication	\$121,862.00 Collaboration ³
Med-IQ, LLC Taking Control of Your Diabetes	New and Emerging Insulins: The Top 10 Things You Need to Know About Biosimilars and Other Novel Insulins on the Therapeutic Horizon	\$568,909.00
Med-IQ, LLC Taking Control of Your Diabetes	Practical Strategies to Address Postprandial Hyperglycemia in Type 1 and Type 2 Diabetes: An Important Aspect of Overall Diabetes Care	\$722,362.00 Collaboration ³
Med-IQ, LLC Taking Control of Your Diabetes	Making the Connection: Advancing Clinical Care and Improving Adherence for Patients with Diabetes	\$200,000.00
Medscape, LLC	Advances in Ultra Rapid-Acting Insulin	\$732,600.00
Medscape, LLC	A Balancing Act in CKD-MBD: Managing Hyperphosphatemia and Cardiovascular Disease	\$377,300.00
Medscape, LLC	Anti-Vegf Therapy in Metastatic Colorectal Cancer: Where Are We and What Do We Know?	\$99,000.00 Collaboration ³
Medscape, LLC	The Future of Basal Insulin: Improving Patient Outcomes by Addressing Unmet Needs	\$200,000.00
Medscape, LLC	Combination Therapy in The Modern T2D Era	\$170,000.00
Medscape, LLC	Long-Term Efficacy and Safety of Phosphate Binders for Hyperphosphatemia in CKD-MBD	\$209,500.00
Medscape, LLC	Comprehensive Management of CKD-MBD: Hands-on Case Studies	\$192,000.00
Medscape, LLC	An Update on LDL-C Management: Current Guidelines, Treatment, and Future Recommendations	\$450,000.00
Medscape, LLC	Highlights on Multiple Sclerosis Management From AAN 2015	\$100,000.00
Michigan Council of Nurse Practitioners	Update in Arthritis Medication: Clearing Up the Confusion Michigan Council of Nurse Practitioners Annual Conference	\$1,600.00
Michigan State Medical Society	2015 Diabetes and Lipid Updates	\$5,000.00
Minnesota Optometric Association Fabry Support & Information Group	Eyes on Fabry Minnesota Optometric Association's Metro Society	\$5,100.00
Montefiore Medical Center	Multiple Sclerosis: Exploring Treatment Options and Individualizing Therapy	\$85,000.00
National Association of Managed Care Physicians, Inc.	Individualizing Treatment Strategies to Improve Patient Outcomes in the Management of Type 2 Diabetes (T2DM)	\$57,000.00
National Committee for Quality Assurance (NCQA) Med-IQ, LLC	Strategies for Success As A Patient-Centered Medical Home—Diabetes	\$100,000.00
National Committee for Quality Assurance (NCQA) Med-IQ, LLC	Strategies for Success As A Patient-Centered Medical Home—Dyslipidemia	\$250,000.00 Collaboration ³

Independent Medical Education Grants—Continued

1st Jan 2015–30th June 2015

Sanofi US and its affiliate Genzyme Corporation are committed to supporting independent medical education activities in therapeutic areas in which the Company is involved, for healthcare professionals, patients, and consumers to improve patient care and health outcomes in therapeutic areas in which the Company is engaged. Sanofi US and Genzyme Corporation are part of the Sanofi Group, a global pharmaceutical company.

Recipient Name(s) ¹	Activity Title	Funding Amount ²
National Comprehensive Cancer Network, Inc.	NCCN 20th Annual Conference General Session: Advancing the Standard of Cancer Care™	\$50,000.00
National Kidney Foundation	Getting Ahead of Metabolic and Mineral Disturbances in the Management of CKD—MBD: A Focus on Management Strategies	\$350,850.00
National Kidney Foundation	Kidney Disease Outcomes Quality Initiative (KDOQI) 2015	\$10,000.00
National Kidney Foundation, Inc.	24th Annual Fellows Research Forum	\$5,000.00
National Kidney Foundation, Inc.	Charlotte Patient Empowerment Workshop	\$3,500.00
National Lipid Association	Lipid Academy Course Series of 3	\$15,000.00
National Lipid Association	Masters in Lipidology Course Series of 3	\$15,000.00
National Lipid Association	National Lipid Association's 2015 Scientific Meeting Series	\$55,000.00
National Lipid Association	National Lipid Association's 2015 Scientific Meeting Series	\$70,000.00
National Lipid Association	2015 National Lipid Association's Masters in Lipidology and Lipid Academy Course Series	Collaboration ³
National Lipid Association	2015 National Lipid Association's Masters in Lipidology and Lipid Academy Course Series	Collaboration ³
National Lipid Association Continuing Education Alliance, LLC	Dyslipidemia: New Challenges and Emerging Options in Lowering CVD RISK	\$248,160.00
National Tay-Sachs & Allied Diseases Association, Inc.	NTSAD Science Symposium & Workshop For Researchers & Healthcare Professionals	Collaboration ³
Nebraska Academy of Physician Assistants	Renal Medication Dosing: The Good, the Bad and the Latrogenic	\$4,000.00
New Jersey Academy of Family Physicians Medscape, LLC	The Future of Basal Insulin: Improving Patient Outcomes by Addressing Unmet Needs	\$399,550.00
New Mexico Optometric Association Inc.	Genetics, Gene Therapy and Stem Cell Therapy in Eye Care—The Future is Here	\$2,500.00
North American Center for Continuing Medical Education, LLC Horizon CME, Inc.	(CRS 2015) Therapeutic Advances in Hypercholesterolemia: Examining the Role of PCSK-9 Inhibitors in Addressing Unmet Needs	\$310,100.00
North American Center for Continuing Medical Education, LLC Horizon CME, Inc.	Overcoming Systemic Barriers To Optimized Hematopoietic Stem Cell Transplants	Collaboration ³
		\$274,805.00

Nurse Practitioner Alternatives International Organization of Multiple Sclerosis Nurses	Caring for the Patient 2015	\$118,400.00
Oakstone Publishing, LLC PeerVoice America Limited	When Statins Are Not Enough: State of the Science in Targeting Residual CV Risk	\$256,350.00 Collaboration ³
Ohio State University	Neuromuscular Fellowship Program	\$75,000.00
Penn State University Antidote Education Company	15th Annual Diabetes Symposium	\$18,000.00
Penn State University PeerView Institute for Medical Education, Inc.	PeerView Inplay: "A Game-Based Approach to Patient-Centered Hypercholesterolemia Management"	\$199,300.00 Collaboration ³
Penn State University PeerView Institute for Medical Education, Inc.	PeerView Video In session, "Approved Disease-Modifying Therapies For Multiple Sclerosis Management: What Can We Learn From Recently Presented Data?"	\$139,375.00
Penn State University PeerView Institute for Medical Education, Inc.	PeerView Select-A-Scenario Live, "Applying The Latest Evidence To Guide Treatment Decision-Making in CRPC: Real Cases, Difficult Choices—You Make the Call"	\$74,210.00
Pharmacy Times Office of Continuing Professional Education	Overcoming Challenges and Optimizing Insulin Therapy in Type 2 Diabetes	\$216,040.00
Pharmacy Times Office of Continuing Professional Education	A Guide to Optimizing Insulin Therapy in Type 2 Diabetes in the Managed Care Setting: Guidelines, New and Emerging Insulin Analogs, and Challenges in Management a Satellite Symposium at the 2015 AMCP Annual Meeting	\$175,730.00
Pharmacy Times Office of Continuing Professional Education	Overcoming Challenges of Insulin Therapy in Type 2 Diabetes: Exploring Emerging Options	\$128,495.00
Physicians' Education Resources, LLC	8th Annual Interdisciplinary Prostate Cancer Congress® and Other Genitourinary Malignancies	\$15,000.00
Postgraduate Institute for Medicine C-MEducation Resources, LLC	New Frontiers and Treatment Advances for Atopic Dermatitis: Focus on the Role of Established and Evolving Biologic Therapies for Patients with Moderate-to-Severe and Treatment-Resistant Atopic Dermatitis	\$350,000.00 Collaboration ³
Postgraduate Institute for Medicine Diversified Conference Management, Inc.	20th Anniversary Scottsdale Prostate Cancer Symposium	\$15,000.00
Postgraduate Institute for Medicine Enquiring Minds LLC	Differentiating Therapeutic Approaches for Relapsing Multiple Sclerosis	\$50,000.00
Primary Care Education Consortium	Managing Postprandial Hyperglycemia in Type 2 Diabetes: Combining Basal Insulin and Glucagon-Like Peptide-1 Receptor Agonists	\$230,465.30
Primary Care Education Consortium PRIME Education Inc. (PRIME)	Strategies for Intensifying Insulin Management in Type 2 Diabetes Shifting Paradigms in Lipid Management	\$275,955.15 \$215,850.00 Collaboration ³
PRIME Education Inc. (PRIME)	New Therapies and Evidence for Patient-Centered Hypercholesterolemia Care—Evolving Roles for Pharmacists	\$205,000.00 Collaboration ³

Independent Medical Education Grants—Continued

1st Jan 2015–30th June 2015

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Recipient Name(s) ¹	Activity Title	Funding Amount ²
PRIME Education Inc. (PRIME)	Evidence-Based Decisions and a Mock P&T: The Role of New LDL-C Reduction Therapy	\$161,020.00
Pri-Med Institute, LLC (d/b/a pmiCME)	Optimizing Insulin Therapy for Patients with Type 2 Diabetes: Existing Challenges and New Opportunities for Improved Care	\$805,275.00
Pri-Med Institute, LLC (d/b/a pmiCME) Horizon CME, Inc.	Evolving Insulin Therapy: Optimizing Care Through Proper Selection & Use	\$812,950.00
Pri-Med Institute, LLC (d/b/a pmiCME) Horizon CME, Inc.	Combining GLP-1 Receptor Agonists With Basal Insulin: Realizing the Potential in Type 2 Diabetes	\$797,090.00
ProCE, Inc.	Safe Use of Concentrated Insulin: Helping Patients to Get It Right	\$87,575.00
Purdue University Medikinetics LLC	Addressing Postprandial Glucose Excursions in Type 2 Diabetes with Inhaled Insulin	\$363,648.00
Purdue University PeerView Institute for Medical Education, Inc.	Peerview Video Inexchange, "Contemporary Multiple Sclerosis Management: Identifying and Overcoming Challenges in the Managed Care Setting"	\$38,000.00
Regents of the University of California	5th Annual UC Irvine Health Neuromuscular Colloquium	\$20,000.00
Regents of the University of Colorado	Practical Ways to Achieve Targets in Diabetes Care	\$200,000.00
Regents of the University of Colorado	Aspen Lung Conference Asthma 2015: Mechanisms to Personalized Medicine/Thomas Petty Aspen Lung Conference	\$5,000.00 Collaboration ³
Regents of the University of Minnesota	Pharmacotherapy of Inherited Metabolic Diseases PharmD Post-Doctoral Fellowship	\$75,000.00
Regents of the University of Minnesota Research To Practice	Transplant Immunosuppression 2015: Improving Outcomes Data + Perspectives: Clinical Investigators Review Key Publications And Current Cases in Advanced Prostate Cancer? An Independent Satellite Symposium (ISS) Series Held as Ancillary Events During The 2015 Genitourinary Cancers Symposium	\$50,000.00 \$100,000.00
Rush University Medical Center	Rush University Medical Center Thyroid Cancer Symposium	\$20,000.00
Saint Joseph's Regional Medical Center	Chronic Kidney Disease for the Excellent Internist	\$2,700.00
Saint Louis University School of Medicine	Role of Inflammation in Neurologic & Psychiatric Diseases: Implications for Clinical Practice	\$5,850.00

Scripps Health	Type 2 DM-Emerging Therapeutic Trends in OADS and Insulin Combinations 2015: ADA Symposium	\$330,257.00
Scripps Health	Scripps' 35th Annual Conference: Clinical Hematology and Oncology 2015	\$15,000.00
Scripps Health	Advanced Therapeutic Interventions to Optimize Obesity and DM Care	\$50,000.00
Scripps Health	Emerging Therapeutic Trends to Optimize Diabetes Care	\$50,000.00
Society for Urologic Nurses and Associates (SUNA) Plexus Communications	Expert Perspectives in Advanced Prostate Cancer: Practical Issues And Considerations for Nurses	\$30,000.00
Southeastern Regional Genetics Groups, Inc. (SERGG)	Lysosomal Storage Disease Workgroup Meeting	\$2,000.00
Southern Alliance for Physician Specialties CME	Comprehensive Management of Thyroid and Parathyroid Diseases	\$8,500.00
St. Dominic-Jackson Memorial Hospital	Managing the Diabetes Spectrum in the Pediatric and Adult Populations: Pre-Diabetes, Type 1 and Type 2	\$10,000.00
Stony Brook University	Hands on Cadaver Training in Colon And Rectal Diseases Robotics, Laparoscopy, Endoscopy, Abdominal Wall Reconstruction	\$5,000.00
Swedish Medical Center Foundation	Thyroid Cancer and Parathyroid Disease - A Practical Approach	\$8,000.00
Texas Academy of Family Physicians	Management of Chronic Kidney Disease in Primary Care At The 2015 C. Frank Webber Lectureship	\$3,000.00
The Board of Trustees of the University of Alabama for the University of Alabama at Birmingham	Fabry Nephrology Fellowship	\$75,000.00
The Board of Trustees of the UA for the UA at Birmingham	Mini-Symposium on Fabry Disease: Prospects for Improved Care	\$17,536.00
The Children's Mercy Hospital	12th Annual Great Plains Pediatric and Adult Endocrine Symposium	\$3,000.00
The Endocrine Society	Overcoming Barriers in Diabetes Management with Individualized Treatment Strategies	\$512,978.00
The Endocrine Society	PCSK9 Inhibition—A Revolution in Cholesterol Therapy	\$272,029.00
The Endocrine Society	Endo 2015 Thyroid Cancer Sessions	Collaboration ³
The Endocrine Society	Endo 2015 Diabetes Sessions	\$73,000.00
The Endocrine Society	Maximizing Benefits of Incretin-Based Therapy in Type 2 Diabetes	\$50,000.00
The Endocrine Society American Association of Diabetes Educators	Diabetes Masters Series 2015—Solving The Puzzle: Current Approaches to Providing Quality T2DM Care	\$135,056.00
The France Foundation American Academy of Physician Assistants	Diabetes: Making the Right Choice in a Sea of Treatment Options	\$235,867.00
The France Foundation	MS Clinical Dialogs: A Peer Discussion on Optimal Treatment (Phase 2)	\$121,080.00
		\$76,547.00

Independent Medical Education Grants—Continued

1st Jan 2015–30th June 2015

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Recipient Name(s) ¹	Activity Title	Funding Amount ²
The Medical College of Wisconsin, Inc.	The Eighth Annual Diabetes Symposium of Wisconsin	\$5,000.00
The Ohio State University,	Endocrine Update 2015	\$10,000.00
The University of Texas MD Anderson Cancer Center	6th Current Concepts in the Management of Thyroid & Parathyroid Neoplasms	\$20,000.00
The University of Texas Southwestern Medical Center at Dallas	37th Annual Carrell-Krusen Neuromuscular Symposium	\$20,000.00
The University of Texas Southwestern Medical Center at Dallas	Neuromuscular Medicine Fellowship	\$74,100.00
The University of Toledo	Outcomes of Myeloma: The Optimizing Sequence of Treatments Including Transplant	\$3,000.00
Trustees of Columbia University in the City of New York	Renal Biopsy in Medical Diseases of the Kidneys	\$3,500.00
UC Regents	Diabetes Update and Advances In Endocrinology And Metabolism	\$7,500.00
UC Regents	LSD Genetic Counseling Fellowship	\$75,000.00
Ultimate Medical Academy, LLC dba Global Education Group American Society of Transplantation	Cutting Edge Of Transplantation 2015	\$30,000.00
University of California Irvine	Genetic Neuromuscular Diseases Fellowship	\$75,000.00
University of California, San Diego	34th Annual Advanced Nephrology: Nephrology for the Consultant	\$10,000.00
University of California, San Diego CRRT Inc.	20th International Conference on Advances in Critical Care Nephrology—AKI & CRRT 2015	\$5,000.00
University of Cincinnati CORE Medical Education, LLC.	Navigating the Evolving Therapeutic Landscape in Advanced Prostate Cancer	\$65,500.00
University of Cincinnati Paradigm Medical Communications, LLC	Multidisciplinary Approach to Charting a Treatment Course for Men with Metastatic Castration-Resistant Prostate Cancer	\$94,650.00
University of Cincinnati Paradigm Medical Communications, LLC	Advancing Treatment Strategies in Metastatic Castration-Resistant Prostate Cancer: The Urologist's Role	\$95,000.00
University of Florida	Pediatric Neuromuscular Fellowship	\$75,000.00
University of Florida Foundation	Southern Salt, Water, and Kidney Club 56th Annual Scientific Meeting	\$5,000.00
University of Kansas Endowment Association	Neuromuscular Review Course Series 2015	\$60,000.00

University of Massachusetts Medical School		MS Practice Update: Managing Walking Impairment, Neurogenic Bladder, Bowel and Sexual Dysfunction in Multiple Sclerosis	\$30,000.00
University of Massachusetts Medical School	Medical School	Understanding and Applying New Advances in Basal Insulin Therapy	\$303,080.00
University of Massachusetts Medical School	Medical School	The IQ&A Interactive Diabetes Intelligence Zone: Focus on Inhaled Insulin, Combination Regimens, and Postprandial Hyperglycemia	\$152,000.00
University of Massachusetts Medical School	Medical School	Novel Mechanisms and Advancing Therapeutic Paradigms for Optimizing LDL—Focused Management and Cardioprotection in the Diabetic Patient	\$336,000.00 Collaboration ³
University of Massachusetts Medical School	Medical School	New Frontiers and Treatment Advances for Atopic Dermatitis: Focus on the Role of Established and Evolving Biologic Therapies for Patients with Moderate-to-Severe and Treatment-Resistant Atopic Dermatitis	\$366,000.00 Collaboration ³
University of Massachusetts Medical School	Medical School	New Frontiers and Treatment Advances in Rheumatoid Arthritis: Focus on Mechanisms of Action, Cytokine-Mediated Inflammation and the Evidence for Safe and Effective Therapy for RA Through Inhibition of the IL-6 Cytokine and Other Signaling Systems	\$345,000.00 Collaboration ³
University of Massachusetts Medical School	Medical School	Novel Mechanisms and Advancing Therapeutic Paradigms for Optimizing LDL-Focused Management of Primary and Familial Hypercholesterolemia	\$465,900.00 Collaboration ³
University of Massachusetts Medical School	C-M Education	Understanding and Applying New Advances in Basal Insulin Therapy	\$971,000.00
University of Massachusetts Medical School	Medical School	New Frontiers and Emerging Treatment Paradigms for Optimizing LDL-Targeted Cardiovascular Risk Reduction	\$347,000.00 Collaboration ³
University of Miami		Pediatric Nephrology Seminar XLII and Renal Pathology Course	\$10,000.00
University of Pittsburgh		Seventh Annual Multidisciplinary Thyroid Cancer Symposium: Integrating the New ATA Guidelines into Clinical Practice	\$3,250.00
University of Rochester, School of Medicine and Dentistry		2015 Society for Investigative Dermatology Annual Meeting	\$10,000.00 Collaboration ³
Society of Investigative Dermatology		37th Thyroid Symposium 2015: Practical Solutions To Complex Clinical Problems	\$10,000.00
University of Southern California		Basal Insulin Therapy in the Treatment of Insulin Resistant Type 2 Diabetes: The Role of the Pharmacist in Ensuring Their Safe and Effective Use	\$223,275.00
University of the Pacific Horizon CME, Inc.		The 39th Annual Fitz-Hugh Symposium: Contemporary Management and Cutting Edge Advances in Otolaryngology—Head & Neck Surgery (Special Emphasis on Laryngology and Head & Neck Endocrine Surgery)	\$10,000.00
University of Virginia		12th Annual Rocky Mountain Metabolic Syndrome Symposium	\$5,000.00
USF Health Professions Conference Corporation	Corporation	Treating Elevated LDL-C: Beyond Statins	\$85,000.00 Collaboration ³
CEConsultants, LLC			
VHA Inc.			

Independent Medical Education Grants—Continued
1st Jan 2015–30th June 2015

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Recipient Name(s) ¹	Activity Title	Funding Amount ²
Wellmont Health System	13th Annual Diabetes Symposium	\$4,000.00
Yale University	Diabetes 2015	\$50,000.00
Yale University	2015 New England Thyroid Club Program	\$10,000.00

¹ Applicant names are provided by the requestor. If applicants apply as a group for a single educational activity, all applicants may be not be identified above. The Company funds other educational activities (including fellowships and non-physician and patient education); all of which do not appear on this report, but appear on other reports on this site.

² "Funding Amount" is the amount that the Company funded during Q3, 2015 identified above based upon an agreement. Recipients are required to return any unused funds. Information on unused funds returned by the applicant on activities are not reported. "Funding Amount" does not include funds that may have been provided by other affiliated Sanofi Company Entities (e.g., Sanofi Pasteur).

³ Collaboration (Shared). Funding—is the full amount of a grant funded under an agreement with Regeneron, some or all of which may be shared between the collaborating entities.

Independent Medical Education Grants
1st Jul 2015–30th Sep 2015

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Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
Academic CME, LLC	APPLYING ADVANCED TREATMENT STRATEGIES WITHIN RHEUMATOID ARTHRITIS	326,430
AKH Inc. Advancing Knowledge and Healthcare Florida Society of Rheumatology	FLORIDA SOCIETY OF RHEUMATOLOGY 2015 ANNUAL CME CONFERENCE	Collaboration ³ 5,000
American Academy of Continuing Medical Education, Inc.	TRANSLATING CLINICAL DATA INTO NEPHROLOGY PRACTICE IN THE MANAGEMENT OF HYPERPHOSPHATEMIA	149,800
American Association of Clinical Endocrinologists	HEARTLAND-AACE 6TH ANNUAL MEETING	7,500
American Association of Clinical Endocrinologists	ILLINOIS CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS 5TH ANNUAL MEETING	5,000

American Association of Diabetes Educators Horizon CME, Inc.	INHALED INSULIN A BREATH OF FRESH AIR FOR THE TREATMENT OF DIABETES	62,800
American Diabetes Association	30TH ANNUAL CLINICAL CONFERENCE ON DIABETES: BEYOND THE NUMBERS	25,000
American Diabetes Association	DIABETES AND ENDOCRINE DISORDERS FOR THE GENERALIST AND SPECIALIST	5,000
American Diabetes Association	TRANSITIONS OF CARE THROUGH THE DIABETES LIFESPAN	5,000
American Society of Nephrology	ASN BOARD REVIEW COURSE AND UPDATE	15,000
American Society of Nephrology	CALCIUM OR NO CALCIUM: THAT IS THE QUESTION	125,825
American Urological Association Education & Research, Inc.	ESTABLISHING AN ADVANCED PROSTATE CANCER CLINIC: A PRACTICAL GUIDE FOR THE UROLOGY CLINIC	60,000
Association of Family Practice Physician Assistants	JOINT ASPIRATION/INJECTION WORKSHOP	5,300
Cardiovascular Society of Buffalo and Western NY SUNY AT BUFFALO CME OFFICE	UNDERSTANDING FABRY DISEASE FROM A CARDIAC PERSPECTIVE	7,000
Cleveland Clinic Educational Foundation	CURRENT AND FUTURE THERAPEUTIC OPTIONS TARGETING RESIDUAL CVD RISK: EMERGING THERAPIES FOR THE TREATMENT OF DYSLIPIDEMIA	80,000 Collaboration ³
CME Outfitters, LLC	RISKY BUSINESS: UNDERSTANDING AND ATTENUATING RISK ASSOCIATED WITH DISEASE-MODIFYING THERAPY IN RELAPSING-REMITTING MULTIPLE SCLEROSIS	207,090
Consortium of Multiple Sclerosis Centers Nurse Practitioner Alternatives	EXPERT DEBATES IN MULTIPLE SCLEROSIS: OPPOSING VIEWS IN MANAGEMENT	125,000
Consortium of Multiple Sclerosis Centers Nurse Practitioner Alternatives	PATIENTGPS?: CLINICAL PATHS TO EXPLORE TREATMENT OPTIONS AND INDIVIDUALIZE THERAPY IN MULTIPLE SCLEROSIS	100,000
Dignity Health MandatoryCE LLC	2ND ANNUAL NEW MEXICO REGIONAL DIABETES SYMPOSIUM	45,000
FORE	2015 ORTHOPAEDICS FOR THE PRIMARY CARE PRACTITIONER & REHABILITATION THERAPIST	4,000
Humboldt-Del Norte Consortium for Continuing Medical Education	MULTIPLE SCLEROSIS	4,100
Icahn School of Medicine at Mount Sinai	MULTIPLE SCLEROSIS AND ITS MIMICS	1,920
Icahn School of Medicine at Mount Sinai	ADVANCES IN PEDIATRIC FOOD ALLERGY	15,000
Institute for the Advancement of Human Behavior Answers in CME, Inc.	LEARNER-DIRECTED CME: WHAT DO PRIMARY CARE PROVIDERS NEED TO KNOW ABOUT THE LATEST ADVANCES IN THE TREATMENT OF HYPERCHOLESTEROLEMIA	49,500

Independent Medical Education Grants—Continued
1st Jul 2015–30th Sep 2015

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Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
Johns Hopkins University Advanced Studies in Medicine	THE 11TH ANNUAL JOHNS HOPKINS MULTIPLE SCLEROSIS SYMPOSIUM SERIES	210,000
Johns Hopkins University Advanced Studies in Medicine	COMPREHENSIVE CARE FOR PATIENTS WITH GAUCHER DISEASE: EMERGING CONCEPTS FOR IMPROVED OUTCOMES	195,100
Johns Hopkins University Medical Logix, LLC	MANAGEMENT OF PERSISTENT HYPERGLYCEMIA IN TYPE 2 DIABETES: BEYOND STARTING DOSES OF BASAL INSULIN	81,750
Medical Education Resources Tarsus Cardio Inc. dba Health Science Media	THE EVOLUTION OF INSULIN THERAPY: NEW DEVELOPMENTS IN TREATMENT, TECHNOLOGY, AND METHODS OF ADMINISTRATION	100,000
Medical Learning Institute, Inc. PeerView Institute for Medical Education, Inc.	PEERVIEW INREVIEW, RISING TO THE CHALLENGE: FOSTERING EFFECTIVE PATIENTPROVIDER COMMUNICATION THROUGHOUT THE COURSE OF POMPE DISEASE	100,000
Medical University of South Carolina	1ST ANNUAL NEPHROLOGY TRANSPLANT SYMPOSIUM FOR NEPHROLOGISTS, PRIMARY CARE AND HOSPITALISTS	2,500
Med-IQ, LLC	TARGETING MODERATE-TO-SEVERE ATOPIC DERMATITIS: EVOLVING TREATMENT STRATEGIES TO ADDRESS A KEY UNMET MEDICAL NEED	99,896 Collaboration ³
Med-IQ, LLC	CASE SIMULATIONS IN TUMOR LYSIS SYNDROME: AGGRESSIVE PROPHYLAXIS STRATEGIES TO PREVENT ADVERSE PATIENT OUTCOMES	100,000
Med-IQ, LLC	UPDATE FOR CLINICIANS: THE POTENTIAL OF IL-6 INHIBITORS TO REVOLUTIONIZE RHEUMATOID ARTHRITIS TREATMENT	104,578 Collaboration ³
Medscape, LLC	A PRACTICAL GUIDE TO THE PREVENTION OF SURGICAL ADHESIONS	160,000
Medscape, LLC	IDENTIFYING AND ADDRESSING INADEQUATELY MANAGED OSTEOARTHRITIS PAIN	138,500
Medscape, LLC	GLP-1 RECEPTOR AGONISTS IN T2D MANAGEMENT: THE MODERN INJECTABLE	105,100
Missouri Academy of Physician Assistants	THE GOOD, THE BAD, AND THE IATROGENIC?	3,500
Missouri Academy of Physician Assistants	JOINT INJECTIONS	5,000

Montefiore Medical Center PlatformQ Health Education, LLC	A COMPREHENSIVE PERSPECTIVE ON INSULIN REPLACEMENT FOR TYPE 2 DIABETES	100,000
Montefiore Medical Center PlatformQ Health Education, LLC	MULTIPLE SCLEROSIS: EXPLORING TREATMENT OPTIONS AND INDIVIDUALIZING THERAPY	85,000
National Association of Managed Care Physicians, Inc.	ADVANCES IN THE MANAGEMENT OF MULTIPLE SCLEROSIS: A CLOSER LOOK AT NOVEL THERAPIES	57,000
National Association of Managed Care Physicians, Inc.	INDIVIDUALIZING TREATMENT STRATEGIES FOR EFFECTIVE A1C REDUCTION AND IMPROVED OUTCOMES IN TYPE 2 DIABETES	57,000
National Jewish Health California Society of Allergy, Asthma and Immunology	CSAAI 23RD ANNUAL EDUCATIONAL MEETING	10,000
National Kidney Foundation, Inc.	GREENSBORO PATIENT EMPOWERMENT WORKSHOP	Collaboration ³
National Kidney Foundation, Inc.	CHRONIC KIDNEY DISEASE & THE PRIMARY CARE PRACTITIONER: EARLY SCREENING AND PREVENTION FOR THE AT-RISK PATIENT	3,500
National Kidney Foundation, Inc.	11TH ANNUAL JOINT MEETING OF THE UPSTATE AND WESTERN NEW YORK COUNCILS ON RENAL NUTRITION	25,000
National Medical Association	NEW TYPE 2 DIABETES GUIDELINES AND THE TREND TOWARD NEWER PHARMACOLOGICAL TREATMENT	5,000
North American Center for Continuing Medical Education, LLC Horizon CME, Inc.	IMPLEMENTING BEST PRACTICES FOR TUMOR LYSIS SYNDROME	100,000
Not-For-Profit Hospital Corporation	CHRONIC KIDNEY DISEASE: STATE OF THE ART 2015	1,900
Pennsylvania Academy of Family Physicians Foundation	PA ACADEMY OF FAMILY PHYSICIANS FOUNDATION A1C CHALLENGE	150,000
Pennsylvania Society of Physician Assistants	THYROID MASSES	8,400
Pharmacy Times Office of Continuing Professional Education	CONVENIENT CARE OPPORTUNITIES TO OPTIMIZING INSULIN THERAPY IN TREATMENT OF TYPE 2 DIABETES	48,689
Pharmacy Times Office of Continuing Professional Education PQA, Inc.	AJPB QUALITY FORUM: IMPLEMENTATION OF QUALITY MEASURES TO IMPROVE OUTCOMES IN DYSLIPIDEMIA	50,000
Pharmacy Times Office of Continuing Professional Education PQA, Inc.	AJPB QUALITY FORUM: AIMING FOR A FIVE-STAR RATING IN DIABETES CARE: MANAGED CARE PLANS AND COMMUNITY PHARMACIST COLLABORATION	Collaboration ³
Postgraduate Healthcare Education, LLC Medical Logix, LLC	ADDRESSING HYPOGLYCEMIA IN TYPE 2 DIABETES MELLITUS: THE PHARMACISTS ROLE IN OPTIMIZING PATIENT OUTCOMES	50,000
Postgraduate Institute for Medicine C-MEducation Resources, LLC	NOVEL MECHANISMS AND ADVANCING THERAPEUTIC PARADIGMS FOR OPTIMIZING LDL-FOCUSED MANAGEMENT AND CARDIOPROTECTION IN THE DIABETIC PATIENT	30,000
		379,000
		Collaboration ³

Independent Medical Education Grants—Continued
1st Jul 2015–30th Sep 2015

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Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
Postgraduate Institute for Medicine C-MEducation Resources, LLC	THE IQ&A INTERACTIVE CARDIOVASCULAR INTELLIGENCE ZONE: NEW FRONTIERS IN LDL-TARGETED CV RISK REDUCTION	238,100 Collaboration ³
Preventive Cardiovascular Nurses Association	2015 FALL LEARNING SERIES	35,000
PRIME Education Inc. (PRIME)	CASE-BASED DEBATES ABOUT UTILITY OF PCSK9 INHIBITORS IN PATIENT POPULATIONS FOR LIPID REDUCTION	123,000 Collaboration ³
PRIME Education Inc. (PRIME)	INTERNATIONAL INSIGHTS ON TREATMENT ADVANCES FOR RHEUMATOID ARTHRITIS	166,077 Collaboration ³
PRIME Education Inc. (PRIME)	NEW CHALLENGES IN THE PREVENTION AND MANAGEMENT OF TUMOR LYSIS SYNDROME IN PATIENTS WITH CHRONIC LYMPHOCYTIC LEUKEMIA	78,810
Pri-Med Institute, LLC (d/b/a pmiCME) Horizon CME, Inc.	DYSLIPIDEMIA IN PRIMARY CARE: NEW GUIDELINE RECOMMENDATIONS AND TREATMENT OPTIONS	250,000 Collaboration ³
ProCE, Inc. Institute for Safe Medication Practices	CONCENTRATED INSULIN: SAFE USE IN THE HOSPITAL AND TRANSITIONS OF CARE	102,233
Projects In Knowledge, Inc.	MULTIPLE SCLEROSIS @ POINT OF CARE	200,000
Regents of the University of Colorado	RENAL DISEASE & ELECTROLYTE DISORDERS COURSE	3,000
Regents of the University of Colorado American Thyroid Association	PEDIATRIC AND ADULT DIFFERENTIATED THYROID CANCER, ARE THEY DIFFERENT?	75,000
Regents, University of California	THIRD ANNUAL UCLA REVIEW OF CLINICAL NEUROLOGY	15,000
Rush University Medical Center Plexus Communications	DEVELOPING AN INTEGRATIVE APPROACH TO METASTATIC PROSTATE CANCER: MAKING IT PERSONAL TO IMPROVE CLINICAL OUTCOMES	65,000
Rutgers, The State University of New Jersey Global Academy for Medical Education, LLC	8TH ANNUAL PERSPECTIVES IN RHEUMATIC DISEASES, PRESENTED BY RHEUMATOLOGY NEWS, INTERNAL MEDICINE NEWS, FAMILY PRACTICE NEWS	10,000 Collaboration ³
South Dakota Academy of Physician Assistants	DIABETIC MANAGEMENT	3,500
Tennessee Academy of Physician Assistants	FALLFEST 2015-RENAL DISEASE	2,500

Texas A&M University System Health Science Center Coastal Be	11TH ANNUAL DIABETES CONFERENCE	10,000
The Boston Home	CARING FOR THE PATIENT WITH ADVANCED MULTIPLE SCLEROSIS	10,000
The Endocrine Society	UPDATE IN BASAL INSULINS: YOUR QUESTIONS ANSWERED	129,040
The Endocrine Society	2015 CLINICAL ENDOCRINOLOGY UPDATE	25,000
The Endocrine Society	2015 CLINICAL ENDOCRINOLOGY UPDATE	25,000
The France Foundation	MS CLINICAL DIALOGS: A PEER DISCUSSION ON OPTIMAL TREATMENT (PHASE 2)	76,547
The France Foundation National Society of Genetic Counselors	A MULTI-DISCIPLINARY APPROACH TO LIMB-GIRDLE MUSCLE WEAKNESS DYSTROPHY AND RELATED CONDITIONS MANAGEMENT	240,794
The Medical College of Wisconsin, Inc. Carden Jennings Publishing Co., Ltd.	INTERACTIVE UPDATES IN USE OF STEM CELL MOBILIZATION FOR THE TREATMENT OF BLOOD RELATED CANCERS	120,000
Ultimate Medical Academy, LLC dba Global Education Group Integritas Communications, LLC	IMPROVING OUTCOMES IN RHEUMATOID ARTHRITIS: TREATING TO TARGET, IL-6-DIRECTED THERAPIES, AND EVOLVING MANAGEMENT ALGORITHTMS	162,588 Collaboration ³
UMA MLG, LLC	THE CHANGING LANDSCAPE OF DYSLIPIDEMIA TREATMENT	198,900 Collaboration ³
UMA MLG, LLC	A 3-DIMENSIONAL VIEW INTO THE ROLE OF GLP1 IN TYPE-2 DIABETES: EXPLORING EVIDENCE-BASED GUIDELINES AS PATIENT-CENTERED THERAPY	30,000
University of California, San Diego Behavioral Diabetes Institute	PROMOTING BEHAVIOR CHANGE IN DIABETES: A SKILL BUILDING PROGRAM FOR HEALTH CARE PROFESSIONALS A	50,000
University of Cincinnati Global Academy for Medical Education, LLC	THE KNEE COURSE 2015	19,500
University of Virginia Renal Physicians Association	RENAL PHYSICIANS ASSOCIATION 2015 ADVANCED PRACTITIONER CONFERENCE	12,500

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² "Funding Amount" is the amount that the Company funded during Q3, 2015; identified above based upon an agreement. Recipients are required to return any unused funds. Information on unused funds returned by the applicant on activities are not reported. "Funding Amount" does not include funds that may have been provided by other affiliated Sanofi Company Entities (e.g., Sanofi Pasteur).

³ Collaboration (Shared) Funding—is the full amount of a grant funded under an agreement with Regeneron, some or all of which may be shared between the collaborating entities.

Independent Medical Education Grants

1st Oct 2015–31st Dec 2015

Sanofi US and its affiliate Genzyme Corporation are committed to supporting independent medical education activities in therapeutic areas in which the Company is involved, for healthcare professionals, patients, and consumers to improve patient care and health outcomes in therapeutic areas in which the Company is engaged. Sanofi US and Genzyme Corporation are part of the Sanofi Group, a global pharmaceutical company.

Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
American Academy of Physician Assistants	2015 ADULT HOSPITAL MEDICINE BOOT CAMP	2,500
American Association of Clinical Endocrinologists	NEW ENGLAND CHAPTER OF AAACE 7TH ANNUAL MEETING	5,000
American Association of Clinical Endocrinologists	DIABETES DAY FOR PRIMARY CARE CLINICIANS EDUCATIONAL SERIES	50,000
American Neurological Association	2015 AMERICAN NEUROLOGICAL ASSOCIATION 140TH ANNUAL MEETING	25,000
ANNA Chapter 125, 126, and 133	ANNA NJ COLLABORATIVE 2015	3,000
Annenberg Center for Health Sciences at Eisenhower Postgraduate Institute for Medicine	INITIATING AND ADVANCING MULTIPLE SCLEROSIS THERAPIES: IMPROVING PATIENT CARE AND HEALTH OUTCOMES	125,000
Baylor University Medical Center dba A. Webb Roberts Center MedNet, LLC	FOLLOWING THE EVIDENCE A PRACTICAL, CASE BASED APPROACH TO PERSONALIZED TREATMENT OPTIONS FOR MULTIPLE SCLEROSIS	45,975
California Optometric Association	2015 MONTEREY SYMPOSIUM	7,416
Cedars-Sinai Medical Center	5TH ANNUAL SYMPOSIUM ON LYSOSOMAL STORAGE DISORDERS	26,010
Consortium of Multiple Sclerosis Centers Nurse Practitioner Alternatives	4TH CONFERENCE OF THE INTERNATIONAL MS COGNITION SOCIETY IN COLLABORATION WITH THE CONSORTIUM OF MULTIPLE SCLEROSIS CENTERS	56,280
Harris County Optometric Society Fabry Support & Information Group	EYES ON FABRY HARRIS COUNTY OPTOMETRIC SOCIETY	7,000
Horizon CME, Inc.	STRATEGIES FOR SELECTION AND OPTIMAL SEQUENCING OF CURRENT TREATMENT OPTIONS FOR METASTATIC CASTRATION-RESISTANT PROSTATE CANCER	85,000
Icahn School of Medicine at Mount Sinai	3RD NY MASTERS COURSE IN ENDOCRINOLOGY AND ENDOCRINE SURGERY	15,000
Indiana Academy of Physician Assistants	THE GOOD, THE BAD AND THE IATROGENIC (RENAL MEDICATION DOSING)	3,250
Letters & Sciences	ADVANCES IN MS RESEARCH & PRACTICE 2015 ANNUAL CONFERENCE	70,000
Medical Education Resources Tarsus Cardio Inc. dba Health Science Media	2015 CMHC SYMPOSIUM: NOVEL THERAPIES FOR LDL-C LOWERING IN THE FIGHT AGAINST RESIDUAL ASCVD RISK	40,000

Medical Learning Institute, Inc. PeerView Institute for Medical Education, Inc.	PEERVIEW IN EXCHANGE, ESTABLISHING BEST PRACTICES FOR THE PERSONALIZED CARE OF PATIENTS WITH MULTIPLE SCLEROSIS: A TIMELY DISCUSSION AMONG ADVANCED PRACTICE CLINICIANS?	140,325
Medical Learning Institute, Inc. PeerView Institute for Medical Education, Inc.	PEERVIEW VIDEO IN SESSION, CLINICAL HIGHLIGHTS FROM BARCELONA: AN UP-TO-DATE REVIEW OF NEW DATA ON APPROVED DISEASE-MODIFYING THERAPIES FOR MULTIPLE SCLEROSIS MANAGEMENT?	134,450
Medical Learning Institute, Inc. PeerView Institute for Medical Education, Inc.	2016 ACMG—PEERVIEW LIVE, ENSURING THE RAPID IDENTIFICATION AND INDIVIDUALIZED MANAGEMENT OF GAUCHER DISEASE TYPE 1: KEY PRINCIPLES AND STRATEGIES	239,950
Med-IQ,	LLC NEW THERAPIES FOR GAUCHER'S DISEASE: TALK TO YOUR PHARMACIST	147,396
Med-IQ, LLC	EARLIER RECOGNITION AND TREATMENT OF GAUCHER'S DISEASE IN HEMATOLOGY CLINICS	135,728
Med-IQ, LLC	RECOGNIZING THE UNLIKELY: IMPROVING IDENTIFICATION AND CARE OF FABRY DISEASE	246,977
Michigan State Medical Society National Jewish Health	CARDIOVASCULAR DISEASE IN PATIENTS WITH RENAL DISEASE 38TH ANNUAL PULMONARY AND ALLERGY UPDATE	2,500 10,000 Collaboration ³
National Jewish Health Western Society of Allergy, Asthma and Immunology (WSAAI)	WSAAI 54TH ANNUAL SCIENTIFIC SESSION	10,000 Collaboration ³
National Kidney Foundation, Inc.	NATIONAL KIDNEY FOUNDATION'S 47TH ANNUAL MEDICAL SYMPOSIUM Research Symposium 2015: MS Research Discoveries: Wellness and Treatments for Living Your Best Life	2,500 3,000
National Multiple Sclerosis Society New York Chapter	RENAL MEDICATION DOSING: THE GOOD, THE BAD, AND THE IATROGENIC	4,000
Pennsylvania Society of Physician Assistants PESI, Inc. Metabolic Endocrine Education Foundation	13TH ANNUAL WORLD CONGRESS ON INSULIN RESISTANCE, DIABETES AND CARDIOVASCULAR DISEASE—WCIRD	15,000 Collaboration ³
Postgraduate Institute for Medicine AXIS Medical Education, Inc.	FAILURE IS NOT AN OPTION: SELECTING OPTIMAL STEM CELL MOBILIZATION STRATEGIES FOR MULTIPLE MYELOMA AND NON-HODGKIN LYMPHOMA	205,195
Postgraduate Institute for Medicine Catamount Medical Education, LLC	1,800 SECONDS? IN DIABETES MANAGEMENT WITH A GLP-1 RECEPTOR AGONIST AND BASAL INSULIN	75,000
Projects In Knowledge, Inc. MedPage Today, LLC	CLINICAL CONTEXT: MULTIPLE SCLEROSIS	131,000
Rutgers, The State University of New Jersey	THE FOURTH EVIDENCE-BASED PEDIATRIC UPDATE SYMPOSIUM	5,000
Rutgers, The State University of New Jersey Global Academy for Medical Education, LLC	SKIN DISEASE EDUCATION FOUNDATION'S 16TH ANNUAL LAS VEGAS DERMATOLOGY SEMINAR, FEATURING THE 12TH ANNUAL PSORIASIS FORUM	5,000 Collaboration ³

Independent Medical Education Grants—Continued
1st Oct 2015–31st Dec 2015

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Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
Society of Nuclear Medicine	SNMMI 2015–2016 THYROID IMAGING AND THERAPY EDUCATIONAL OUT-REACH FOR REFINING PHYSICIANS AND IMAGING PHYSICIANS	108,730
Swedish Medical Center Foundation	FIFTH ANNUAL INTENSIVE UPDATE IN NEUROLOGY	10,000
Swedish Medical Center Foundation	DIABETES MANAGEMENT UPDATE 2015	8,000
The Board of Trustees of the UA for the UA at Birmingham	SPECIAL NEPHROLOGY RESEARCH AND TRAINING CENTER SYMPOSIUM—11/9/15	15,000
The University of Texas Southwestern Medical Center at Dallas	NEUROTHERAPEUTICS UPDATE	5,000
Tufts University School of Medicine	IMPROVING CARE FOR HEART FAILURE PATIENTS: AN UPDATE FOR HEALTHCARE PROVIDERS - THE 8TH ANNUAL NEW ENGLAND HEART FAILURE AND TRANSPLANT NETWORK CONFERENCE	5,000
University of Massachusetts Medical School	NEW FRONTIERS AND EMERGING TREATMENT PARADIGMS FOR OPTIMIZING LDL-TARGETED CARDIOVASCULAR RISK REDUCTION	347,000
University of Massachusetts Medical School	THE IQ&A INTERACTIVE RHEUMATOID ARTHRITIS INTELLIGENCE ZONE: FOCUS ON THE EVIDENCE BASIS FOR RA MANAGEMENT THROUGH INHIBITION OF THE IL-6 CYTOKINE AND OTHER FOUNDATION SIGNALING SYSTEMS	Collaboration ³
University of Massachusetts Medical School	NEW FRONTIERS AND TREATMENT ADVANCES FOR ATOPIC DERMATITIS: FOCUS ON THE ROLE OF ESTABLISHED AND EVOLVING BIOLOGIC THERAPIES FOR PEDIATRIC AND ADULT PATIENTS WITH MODERATE-TO-SEVERE AND TREATMENT-RESISTANT ATOPIC DERMATITIS	189,000
University of Massachusetts Medical School	AMDA INTERNATIONAL PATIENT AND SCIENTIFIC CONFERENCE—PAST, PRESENT, FUTURE	Collaboration ³
University of Texas Health Science Center at San Antonio Acid Maltase Deficiency Association, Inc.	AMDA INTERNATIONAL PATIENT AND SCIENTIFIC CONFERENCE—PAST, PRESENT, FUTURE	60,000
Vindico Medical Education, LLC	IN SEARCH OF THE GUIDING LIGHT: RE-VISITING THE USE OF ORAL AND HIGH-EFFICACY THERAPIES IN A MODERN ERA OF MULTIPLE SCLEROSIS TREATMENT	372,524

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Independent Medical Education Grants 1st Jan 2016–31th Mar 2016

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Admin of the Tulane Educa Fund on behalf of TUHSC CCE	8TH ANNUAL TULANE SYMPOSIUM ON THYROID AND PARATHYROID DISEASES	7,500
AKH Inc Advancing Knowledge and Healthcare	2016 SOUTH BEACH SYMPOSIUM: CLINICAL DERMATOLOGY SYMPOSIUM	5,000 Collaboration ³
AKH Inc Advancing Knowledge and Healthcare C-MEducation Resources, LLC	NOVEL MECHANISMS AND ADVANCING THERAPEUTIC PARADIGMS FOR OPTIMIZING LDLFOCUSED MANAGEMENT AND CV RISK REDUCTION IN THE DIABETIC PATIENT	336,000 Collaboration ³
American Academy of Continuing Medical Education, Inc. Spire Learning	INCREASING ACCESS TO KIDNEY TRANSPLANTATION: NOVEL STRATEGIES TO EXPAND LIVING DONATION	104,000
American Association of Clinical Endocrinologists	THYROID SESSIONS AT ENDOCRINE UNIVERSITY: DISEASE MANAGEMENT & TECHNOLOGY SKILLS FOR ENDOCRINOLOGY FELLOWS IN TRAINING	30,000
American Association of Clinical Endocrinologists	NEVADA AACE THYROID CANCER SYMPOSIUM	5,000
American Association of Clinical Endocrinologists	LDL-C REDUCTION IN THE PATIENT WITH DIABETES: HOW LOW SHOULD WE GO AND HOW SHOULD WE GET THERE?	267,758 Collaboration ³
American College of Cardiology Foundation	DYSLIPIDEMIA COMBO-THERAPY: A FRAMEWORK FOR CLINICAL DECISION-MAKING	75,000 Collaboration ³
American College of Rheumatology	2016 ACR RHEUMATOLOGY COURSES	150,000 Collaboration ³
American Health Resources, Inc.	EXAMINING THE ROLE OF PCSK9 INHIBITORS IN DYSLIPIDEMIA MANAGEMENT	4,200 Collaboration ³
American Kidney Fund	AMERICAN KIDNEY FUND 2016 CLINICAL SCIENTIST IN NEPHROLOGY PROGRAM	75,000 Collaboration ³
American Society of Transplant Surgeons	ASTS 16TH ANNUAL STATE OF THE ART WINTER SYMPOSIUM: LIMITED SUPPLY, INCREASING DEMAND: EXPANDING ORGAN DONATION	50,000

Independent Medical Education Grants—Continued
1st Jan 2016–31st Mar 2016

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Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
Annenberg Center for Health Sciences at Eisenhower	EXPERTS IN RESIDENCE: BRIDGING THE GAP FROM KNOWLEDGE TO PRACTICE IN CASTRATION-RESISTANT PROSTATE CANCER	110,000
Association of Black Cardiologists, Inc. National Association for Continuing Education	EVOLVING STRATEGIES FOR CARDIOVASCULAR RISK REDUCTION: BEYOND STATIN THERAPY	350,000 Collaboration ³
Cardiovascular Center of Sarasota Foundation for Research and Florida Medical Association	12TH ANNUAL CARDIOVASCULAR SYMPOSIUM CARDIOLOGY UPDATE 2016: FROM INTERVENTION TO PREVENTION TIME TO FOCUS ON EARLY CARDIOVASCULAR HEALTH	5,000 Collaboration ³
Cardio Renal Society of America CME Outfitters, LLC	4th ANNUAL CARDIO-RENAL METABOLIC CONFERENCE IMPLEMENTING PERSONALIZED ACTION PLANS FOR PATIENTS WITH ATOPIC DERMATITIS	6,000 99,867.5 Collaboration ³
Consortium of Multiple Sclerosis Centers Nurse Practitioner Alternatives Emory University	CLINICIAN-PATIENT SHARED DECISION MAKING IN MS: AN ESSENTIAL STEP TOWARD BETTER OUTCOMES	100,860
Forefront Collaborative National Lipid Association	EVALUATION OF THE LGMD DIAGNOSTIC TESTING PROGRAM: PROGRAM UPDATES, OPPORTUNITIES AND FUTURE WORK	5,850
Medical Learning Institute, Inc.	CURRENT CONTROVERSIES IN DYSLIPIDEMIA MANAGEMENT: A POINT-COUNTERPOINT DISCUSSION	85,000 Collaboration ³
Medical Learning Institute, Inc. PeerView Institute for Medical Education, Inc.	UNDERSTANDING THE EVOLUTION OF MS CARE: OPTIMIZING THERAPEUTIC DECISION MAKING	43,186
Medical Learning Institute, Inc. PeerView Institute for Medical Education, Inc.	PEERVIEW INCLINIC, "MAXIMIZING CARE FOR INDIVIDUALS WITH MULTIPLE SCLEROSIS: THE ROLE OF INTERPROFESSIONAL EDUCATION"	145,000
Med-IQ, LLC	PEERVIEW LIVE, "DISRUPTING DISEASE WORSENING IN PATIENTS WITH MS: HOW CAN WE HARNESS THE FULL POTENTIAL OF AVAILABLE DISEASE-MODIFYING	296,820
Med-IQ, LLC	WHEN INSULIN ALONE ISN'T THE ANSWER: A FOCUSED LOOK AT COMBINING BASAL INSULIN AND GLP-1 RECEPTOR AGONISTS	257,768
Med-IQ, LLC	HOW EARLY IS EARLY? WHEN TO START ERT AND OTHER CONSIDERATIONS FOR OPTIMIZING TREATMENT OF FABRY DISEASE	160,522

National Association of Managed Care Physicians, Inc.	EFFECTIVE A1C REDUCTION IN TYPE 2 DIABETES: A CLOSER LOOK AT COMBINATION INSULIN THERAPY	75,000
National Kidney Foundation, Inc. University of Illinois at Chicago	CKD-MBD: STATE-OF-THE-ART CONSIDERATIONS FOR OPTIMAL OUTCOMES	253,850
National Lipid Association	NATIONAL LIPID ASSOCIATION 2016 MASTERS IN LIPIDOLOGY COURSE SERIES	20,000 Collaboration ³
National Lipid Association	NATIONAL LIPID ASSOCIATION 2016 LIPID ACADEMY COURSE SERIES	20,000 Collaboration ³
National Lipid Association	JOINT INJECTION WORKSHOP	5,100
Nebraska Academy of Physician Assistants	2016 WINTER CLINICAL DERMATOLOGY CONFERENCE—HAWAII	50,000 Collaboration ³
Nevada System of Higher Education Foundation for Research and Education in Dermatology	MEETING THE UNMET NEEDS OF PATIENTS WITH HYPERCHOLESTEROLEMIA: A FOCUS ON PCSK9 INHIBITORS	415,000 Collaboration ³
North American Center for Continuing Medical Education, LLC Horizon CME, Inc.	SEMINAR IN ADVANCED RHEUMATOLOGY	20,000 Collaboration ³
NYU School of Medicine	41ST ANNUAL COMPREHENSIVE REVIEW OF PHYSICAL MEDICINE AND REHABILITATION	5,000
NYU School of Medicine	COST-EFFECTIVENESS OF DISEASE-MODIFYING THERAPIES IN MULTIPLE SCLEROSIS: A MANAGED CARE PERSPECTIVE	89,160
Pharmacy Times Office of Continuing Professional Education	INNOVATION AND CLINICAL ADVANCES IN ACHIEVING GLYCEMIC CONTROL: EVALUATING THE EFFICACY OF COMPLEMENTARY AGENTS	240,728
Pharmacy Times Office of Continuing Professional Education	THE ROLE OF THE PHARMACIST IN ACHIEVING TIGHT GLYCEMIC CONTROL IN TYPE 2 DIABETES: PROMOTING PATIENT SELF-MONITORING AND AGGRESSIVE TREATMENT	53,346
Pharmacy Times Office of Continuing Professional Education	2016 NEW YORK GU™: 9TH ANNUAL INTERDISCIPLINARY PROSTATE CANCER CONGRES®	75,000
Physicians' Education Resource, LLC	OPTIMIZED APPROACHES TO INSULIN THERAPY AND GLUCOSE CONTROL IN TYPE 2 DIABETES	301,000
Postgraduate Healthcare Education, LLC	NEW THERAPEUTIC ADVANCES AND PRACTICAL STRATEGIES FOR COMPLEMENTARY BASAL INSULIN PLUS INCRETIN SYSTEM-TARGETED THERAPY TO OPTIMIZE GLUCOSE CONTROL	309,500
Postgraduate Institute for Medicine C-MEducation Resources, LLC	NEW THERAPEUTIC ADVANCES AND PRACTICAL STRATEGIES FOR COMPLEMENTARY BASAL INSULIN PLUS INCRETIN SYSTEM-TARGETED THERAPY IN COMPLEX PATIENTS WITH	331,000
Postgraduate Institute for Medicine C-MEducation Resources, LLC	COMBINING A GLUCAGON-LIKE PEPTIDE-1 RECEPTOR AGONIST WITH BASAL INSULIN: THE WHY AND HOW	309,985

Independent Medical Education Grants—Continued
1st Jan 2016–31st Mar 2016

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Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
PRIME Education Inc (PRIME)	NEW TREATMENT GUIDELINES, EVIDENCE, AND AGENTS IN RHEUMATOID ARTHRITIS	249,505
Pri-Med Institute, LLC (d/b/a pmiCME) Horizon CME, Inc.	HOW TO SELECT AND INITIATE INSULIN THERAPY IN THE TYPE 2 DIABETES PATIENT	998,500
Pri-Med Institute, LLC (d/b/a pmiCME) Horizon CME, Inc.	GLP-1 RECEPTOR AGONISTS AND BASAL INSULIN COMBINATION: AN COMPLEMENTARY STRATEGY FOR TYPE 2 DIABETES TREATMENT INTENSIFICATION	977,000
Projects In Knowledge, Inc.	MEDIMAGE CASES: MULTIPLE SCLEROSIS	125,000
Rhode Island Hospital, CME	ENDOCRINE GRAND ROUNDS	10,000
Rutgers, The State University of New Jersey Global Academy for Medical Education, LLC	SKIN DISEASE EDUCATION FOUNDATION'S 40TH ANNUAL HAWAII DERMATOLOGY SEMINAR	10,000
ScientiaCME, LLC Specialty Pharma Education Center	PROSTATE CANCER: ADVANCES IN PATIENT MANAGEMENT & TREATMENT OPTIONS	14,875
Scripps Health	SCRIPPS WHITTIER DIABETES INSTITUTE'S PROJECT DULCE	50,000
The Endocrine Society Advanced Studies in Medicine	THE EFFECTIVE USE OF INSULIN IN TYPE 2 DIABETES: A FOCUS ON TREATMENT ADVANCES	329,613
The Endocrine Society Institute for Medical and Nursing Education	DIABETES MASTERS SERIES 2016: INITIATING THE CONVERSATION: SHARING PERSPECTIVES ON ADVANCES IN T2DM TREATMENT TO IMPROVE PATIENT-CENTERED CARE	237,055.5
The Endocrine Society Scripps Health	NEW COMPLEMENTARY INSULIN COMBINATIONS TO ACHIEVE HBA1C TARGETS: 2016 ENDOCRINE SOCIETY ANNUAL CONVENTION SATELLITE SYMPOSIUM	361,515
The Massachusetts General Hospital	CLINICAL ENDOCRINOLOGY 2016	5,000
The Medical College of Wisconsin, Inc. Paradigm Medical Communications, LLC	NEW TITORY FOR THE UROLOGIST: OPTIMAL MONITORING AND TREATMENT SELECTION FOR MCRPC	150,000
The Medical College of Wisconsin, Inc. PeerView Institute for Medical Education, Inc.	OPTIMIZING STEM CELL MOBILIZATION STRATEGIES TO ENHANCE SUCCESS OF AUTOLOGOUS HEMATOPOIETIC STEM CELL TRANSPLANTATION	299,980

The Vitamin D Workshop Inc.	THE 19TH WORKSHOP ON VITAMIN D	5,000
Trustees of Boston University Continuing Education Alliance, LLC	POE DIRECTED LEARNING ECOURSE: A MULTIMODAL APPROACH TO MANAGING KNEE OSTEOARTHRITIS	152,105
Trustees of the University of Pennsylvania/CME	2016 THYROID MASTER CLASS: MANAGEMENT OF ADVANCED (PROGRESSIVE MEDULLARY AND RAJ-REFRACTORY DIFFERENTIATED) THYROID CANCER AND UPDATE IN THYROID/PARATHYROID ULTRASOUND IMAGING	10,000
University of Cincinnati PeerView Institute for Medical Education, Inc.	PEERVIEW INREVIEW, "ACHIEVING RAPID CONTROL OF DISEASE ACTIVITY IN PATIENTS WITH MULTIPLE SCLEROSIS: THE INCREASINGLY IMPORTANT ROLE OF DISEASE-MODIFYING"	68,700
University of Massachusetts Medical School C-MEducation Resources, LLC	THE PHYSIOLOGIC BASIS FOR OPTIMIZING GLYCEMIC CONTROL WITH BASAL INSULIN IN COMPLEX PATIENTS WITH DIABETES	331,000
University of Massachusetts Medical School C-MEducation Resources, LLC	THE FOUNDATIONAL ROLE AND PHYSIOLOGIC BASIS FOR OPTIMIZING GLYCEMIC CONTROL WITH LONG-ACTING INSULINS: FOCUS ON THE SAFETY-EFFICACY PROFILES OF NEW	305,600
University of Massachusetts Medical School C-MEducation Resources, LLC	NEW FRONTIERS AND CLINICAL ADVANCES IN IMMUNOTHERAPY FOR ASTHMA: FOCUS ON BIOLOGICS-BASED MANAGEMENT OF MODERATE-TO-SEVERE ASTHMA IN PATIENTS	389,000 Collaboration ³
University of Virginia	RENAL PHYSICIANS ASSOCIATION 2016 ANNUAL MEETING	25,000
University of Virginia	RENAL PHYSICIANS ASSOCIATION ADVANCED PRACTITIONER CONFERENCE	7,500
Yale University Research To Practice	CURRENT STRATEGIES AND ONGOING RESEARCH IN THE MANAGEMENT OF ADVANCED PROSTATE CANCER—AN INDEPENDENT SATELLITE SYMPOSIUM (ISS) HELD AS AN	80,000

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² "Funding Amount" is the amount that the Company funded during Q1, 2016 identified above based upon an agreement. Recipients are required to return any unused funds. Information on unused funds returned by the applicant on activities are not reported. "Funding Amount" does not include funds that may have been provided by other affiliated Sanofi Company Entities (e.g., Sanofi Pasteur).

³ Collaboration (Shared) Funding—is the full amount of a grant funded under an agreement with Regeneron, some or all of which may be shared between the collaborating entities.

**Independent Medical Education Grants
1st Apr 2016–30th Jun 2016**

Sanofi US and its affiliate Genzyme Corporation are committed to supporting independent medical education activities in therapeutic areas in which the Company is involved, for healthcare professionals, patients, and consumers to improve patient care and health outcomes in therapeutic areas in which the Company is engaged. Sanofi US and Genzyme Corporation are part of the Sanofi Group, a global pharmaceutical company.

Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
Academic CME, LLC	STRATEGIES FOR IMPROVING OUTCOMES IN PATIENTS WITH MULTIPLE SCLEROSIS	20,000
AKH Inc., Advancing Knowledge and Healthcare C-MEducation Resources, LLC	NOVEL MECHANISMS AND ADVANCING THERAPEUTIC PARADIGMS FOR OPTIMIZING REAL WORLD MANAGEMENT OF HYPERCHOLESTEROLEMIA: APPLYING LDL-TARGETED THERAPIES FOR CV RISK REDUCTION TO THE FRONT LINES OF CARDIOVASCULAR, DIABETES, AND INTERNAL MEDICINE PRACTICE	350,000 Collaboration ³
AKH Inc Advancing Knowledge and Healthcare C-MEducation Resources, LLC	NAVIGATING THE COMPLEX MAZE OF LDL-LOWERING THERAPIES: A REAL WORLD ROADMAP FOR THE CARDIOVASCULAR SPECIALIST	378,700 Collaboration ³
American Academy of Physician Assistants	AAPA CONFERENCE 2016—ENDOCRINOLOGY TRACK	12,500
American Academy of Physician Assistants	AAPA CONFERENCE 2016—NEPHROLOGY TRACK	6,000
American Academy of Physician Assistants	AAPA CONFERENCE 2016—ORTHOPAEDICS TRACK	7,500
American Association of Clinical Endocrinologists	AACE 25TH ANNUAL MEETING AND CLINICAL CONGRESS—DIABETES SESSIONS	5,0000
American Association of Clinical Endocrinologists	CALIFORNIA CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS PRESENTS: HOT TOPICS IN DIABETES AND ENDOCRINOLOGY FOR PRIMARY CARE 2016	20,000
American Association of Diabetes Educators Institute for Medical and Nursing Education	AADE 2016: DOES THE SHOE FIT? MATCHING THE RIGHT INSULIN COMBINATION TO INDIVIDUAL PATIENTS WITH T2DM	321,194
American Association of Nurse Practitioners (AANP) Medical Communications Media, Inc.	SECONDARY PREVENTION OF ASCVD: NOVEL THERAPIES TO IMPROVE OUTCOMES IN PATIENTS WITH HYPERCHOLESTEROLEMIA	75,000 Collaboration ³
American College of Allergy, Asthma & Immunology Eastern Allergy Conference	EAC 2016 - UPDATE IN ALLERGY, ASTHMA & IMMUNOLOGY	10,000 Collaboration ³
American Diabetes Association	DIABETES IS PRIMARY	133,595
American Diabetes Association	31ST ANNUAL CLINICAL CONFERENCE ON DIABETES	32,000
American Society of Gene Therapy	ASGCT 19TH ANNUAL MEETING	26,000

American Society of Health-System Pharmacists	THE CHANGING LANDSCAPE OF HYPERCHOLESTEROLEMIA: THE EMERGING ROLE OF NON-STATIN THERAPIES	117,215 Collaboration ³
American Thoracic Society	ATS 2016 INTERNATIONAL CONFERENCE—SELECTED SESSIONS IN ASTHMA	20,178 Collaboration ³
Baylor University Medical Center dba A. Webb Roberts Center MedNet, LLC	UPDATE ON GLP-1 RECEPTOR AGONISTS IN THE MANAGEMENT OF TYPE 2 DIABETES MELLITUS	20,000
Carolinas Healthcare System/Charlotte AHEC	30TH ANNUAL MEETING OF THE GLOMERULAR DISEASE COLLABORATIVE NETWORK	3,000
Children's Hospital Corporation	BOSTON CHILDREN'S HOSPITAL, DIVISION OF NEPHROLOGY WEEKLY SEMINAR SERIES	5,500
Consortium of Multiple Sclerosis Centers Nurse Practitioner Alternatives	2016 SCIENCE OF MS MANAGEMENT	69,225
Foundation of the Consortium of MS Centers	2016 MS MENTORSHIP FORUM	25,000
Horizon CME, Inc.	GLP-1 RECEPTOR AGONISTS: AN ALTERNATIVE TO PRANDIAL INSULIN	265,190
Horizon CME, Inc.	ACHIEVING LDL GOALS IN PATIENTS WITH HYPERCHOLESTEROLEMIA: APPLYING PCSK9 INHIBITORS IN PRACTICE	187,395
Horizon CME, Inc.	CURRENT THERAPIES FOR PROSTATE CANCER	24,000
Johns Hopkins University Medical Communications Media, Inc.	PATIENT-CENTERED CARE IN ADVANCED PROSTATE CANCER	60,000
Johns Hopkins University Medical Logix, LLC	MULTIPLE SCLEROSIS IN THE AGE OF ENHANCED THERAPEUTIC OPTIONS	100,000
Johns Hopkins University Medscape, LLC	REAL-LIFE SCENARIOS: SIMULATION IN MCRPC	50,000
Medical Education Resources Tarsus Cardio Inc. dba Cardiometabolic Health Congress	PATIENT-FOCUSED LDL-C MANAGEMENT AND RISK REDUCTION IN CLINICAL PRACTICE: THE UTILITY OF PCSK9 INHIBITORS	200,000
Med-IQ, LLC	RECENT UPDATES IN CKD-MBD: MERGING SCIENCE AND PATIENT-CENTERED CARE	84,883 Collaboration ³
Med-IQ, LLC Taking Control of Your Diabetes	PRACTICAL STRATEGIES FOR ADVANCING INSULIN THERAPY: FROM TIME-TO-INITIATION AND APPROPRIATE TITRATION OF BASAL INSULIN TO ADDRESSING POST PRANDIAL GLUCOSE CONTROL	995,246.5
Medscape, LLC	KEY CONCEPTS IN CKD-MBD: ESSENTIALS FOR IMPROVING OUTCOMES	199,500
Medscape, LLC	ADVANCES IN BASAL INSULIN	829,075
Medscape, LLC	CME-IV. INDIVIDUALIZING T2D INSULIN THERAPY UTILIZING COMPLEMENTARY MECHANISMS OF ACTION	816,000
Medscape, LLC	CASE CONSIDERATIONS: HOW TO REDUCE CV RISK IN DYSLIPIDEMIA?	225,100 Collaboration ³

Independent Medical Education Grants—Continued
1st Apr 2016–30th Jun 2016

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Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
Medscape, LLC	2016 UPDATE: CLINICAL ADVANCEMENTS IN MODERATE TO SEVERE ATOPIC DERMATITIS	640,000 Collaboration ³
Medscape, LLC	WHAT DO WE KNOW ABOUT LDL-C?: A 2016 UPDATE	242,190 Collaboration ³
Medscape, LLC	A PATIENT JOURNEY THROUGH STATIN INTOLERANCE: WHAT HAVE WE LEARNED?	249,215 Collaboration ³
Medscape, LLC	AN ENDOCRINOLOGY CLINIC IN DYSLIPIDEMIA: SOLVING CHALLENGING CASES	237,915 Collaboration ³
Medscape, LLC	RHEUMATOID ARTHRITIS: FOUNDATIONS IN PATHOPHYSIOLOGY, TARGETS, AND TREATMENT	249,825 Collaboration ³
Medscape, LLC	WATERSHEDS IN RHEUMATOID ARTHRITIS: A CONCISE GUIDE TO MAJOR CONFERENCES IN 2016	99,500 Collaboration ³
Michigan State Medical Society MidEastern Chapter of the Society of Nuclear Medicine	DIABETES AND LIPID UPDATES 46TH ANNUAL SPRING MEETING AND EXHIBITION OF THE MIDEASTERN CHAPTER OF THE SOCIETY OF NUCLEAR MEDICINE AND MOLECULAR IMAGING	5,000 7,500
Missouri Academy of Physician Assistants Montefiore Medical Center PlatformQ Health Education, LLC	DIABETES UPDATE FOR THE PRIMARY CARE PROVIDER EVOLVING TREATMENT PARADIGMS IN METASTATIC CASTRATION-RESISTANT PROSTATE CANCER	5,000 75,000
National Association of Managed Care Physicians, Inc.	BEST PRACTICES IN THE TREATMENT AND MANAGEMENT OF RELAPSING MULTIPLE SCLEROSIS	57,000
National Association of Managed Care Physicians, Inc.	ADVANCES IN LDL-C REDUCTION: A STRATEGIC LOOK AT THE EFFECTIVENESS OF PCSK9 INHIBITORS	25,000 Collaboration ³
National Comprehensive Cancer Network, Inc.	NCCN 2016 ONCOLOGY CASE MANAGER AND MEDICAL DIRECTOR PROGRAM	25,000
National Comprehensive Cancer Network, Inc.	2016-2017 MONTHLY ONCOLOGY TUMOR BOARDS: A MULTIDISCIPLINARY APPROACH TO INDIVIDUALIZED PATIENT CARE	25,000

National Jewish Health	EVALUATION AND TREATMENT OF SEVERE ASTHMA: THE ROLE OF BIO-LOGIC AND DIRECTED THERAPIES	94,011.5 Collaboration ³
National Jewish Health Prova Education, Inc.	ATOPIC DERMATITIS: DEFINING ITS PATHOGENESIS, TARGETING ITS TREATMENT	224,850 Collaboration ³
National Kidney Foundation, Inc.	PATHOGENESIS AND MANAGEMENT OF FABRY DISEASE	166,485
National MS Society Greater New England Chapter	NEW HAMPSHIRE LIVING WELL WITH MS CONFERENCE	1,500
National Lipid Association	TRANSLATION OF THE LDL RECEPTOR: A NATIONAL LIPID ASSOCIATION CORE CURRICULUM INTENSIVE PROGRAM	125,000 Collaboration ³
New Jersey Academy of Family Physicians	MANAGING T2DM IN SPECIAL POPULATIONS	6,000
North American Center for Continuing Medical Education, LLC	GRAND ROUNDS IN CARDIOLOGY: PCSK9 INHIBITORS WITHIN THE TARGETED TREATMENT APPROACH TO HYPERCHOLESTEROLEMIA	499,838 Collaboration ³
Nurse Practitioner Alternatives International Organization of Multiple Sclerosis Nurses	IMPROVING CARE IN MULTIPLE SCLEROSIS: A NURSING PERSPECTIVE	100,000
Nurse Practitioner Alternatives International Organization of Multiple Sclerosis Nurses	MULTIPLE SCLEROSIS 2016: WHAT NURSES NEED TO KNOW	57,900
Nurse Practitioner Alternatives International Organization of Multiple Sclerosis Nurses	2016 MS COUNSELING POINTS:HIGHLIGHTING THE ROLE OF NURSES IN MULTIDISCIPLINARY MANAGEMENT OF MS	35,625
Oakstone Publishing, LLC PeerVoice America Limited	ADVANCEMENTS IN CARE FOR PATIENTS WITH HYPERCHOLESTEROLEMIA AND RESIDUAL CV RISK: EMERGING DATA, EVOLVING STRATEGIES	29,725 Collaboration ³
Oregon Health & Science University Foundation	ON THE HORIZON: UPDATES IN MULTIPLE SCLEROSIS	9,930
Penn State University i3 Health	GUIDELINE UPDATES AND EVOLVING CLINICAL PARADIGMS IN DIFFERENTIATED THYROID CANCER	23,500
Penn State University PeerView Institute for Medical Education, Inc.	PEERVIEW SELECT-A-SCENARIO LIVE: TRANSFORMING PROSTATE CANCER CARE IN A RAPIDLY EVOLVING TREATMENT LANDSCAPE	120,510
Penn State University PeerView Institute for Medical Education, Inc.	PEERVIEW SELECT-A-SCENARIO LIVE: "CRITICAL DISCUSSIONS IN PROSTATE CANCER: HOW TO SELECT AND SEQUENCE THERAPIES THROUGHOUT THE DISEASE CONTINUUM"	150,000
Pharmacy Times Office of Continuing Professional Education	ACHIEVING GLYCEMIC CONTROL: PROMOTING PATIENT SELF-MONITORING AND EXPLORING INNOVATIVE TREATMENT STRATEGIES IN THE CONVENIENT CARE SETTING	57,000
Pharmacy Times Office of Continuing Professional Education	MANAGING HYPERLIPIDEMIA: A NEW CHARGE FOR SPECIALTY PHARMACY WITH THE ADVENT OF PCSK9 INHIBITORS	32,000 Collaboration ³
Pharmacy Times Office of Continuing Professional Education	OPTIMIZING TREATMENT REGIMENS FOR MS: THE PHARMACIST'S ROLE IN ADVANCING PATIENT CARE	35,000

Independent Medical Education Grants—Continued

1st Apr 2016–30th Jun 2016

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Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
Pharmacy Times Office of Continuing Professional Education Physicians' Education Resources, LLC	MANAGING ATOPIC DERMATITIS: A PHARMACIST'S OPPORTUNITY TO INTERVENE CANCER SUMMARIES AND COMMENTARIE: UPDATE FROM CHICAGO: ADVANCES IN THE TREATMENT OF GENITOURINARY CANCERS	86,450 Collaboration ³ 40,000
Pha Centers For Neurological Research Postgraduate Healthcare Education, LLC	RRMF COURSE ON POMPE'S DISEASE RECOGNITION AND THERAPY THE CHANGING LANDSCAPE IN THE TREATMENT OF RHEUMATOID ARTHRITIS: AN UPDATE FOR PHARMACISTS	25,000 52,500 Collaboration ³ 191,000
Postgraduate Institute for Medicine C-MEducation Resources, LLC	IQ&A INTERACTIVE DIABETES INTELLIGENCE ZONE: GLYCEMIC REGULATION THROUGH COMBINATION THERAPY—FOCUS ON SAFETY, CONVENIENCE, METABOLIC EFFECTS, HAIC CONTROL, AND EFFICACY OF COMBINATION BASAL INSULIN-GLP-1 RA REGIMENS FOR FPG AND PPG CONTROL	33,000
Postgraduate Institute for Medicine Enquiring Minds LLC Primary Care Education Consortium	WHY AREN'T THEY TAKING THEIR MEDS? PATIENT-CENTERED APPROACHES TO NON-ADHERENCE IN MS REMOVING THE COMPLEXITY AND CONCERNS OF INSULIN MANAGEMENT IN TYPE 2 DIABETES, 4-HOUR WORKSHOPS TO BE HELD DURING THE METABOLIC AND ENDOCRINE DISEASE SUMMITS 2016	78,595
PRIME Education Inc (PRIME)	PRACTICAL SKILLS IN MEDICATION MANAGEMENT WITH NEWER CHOLESTEROL THERAPIES: CAN WE ACHIEVE PATIENT AND MANAGED CARE HOMEOSTASIS?	415,000 Collaboration ³
PRIME Education Inc (PRIME)	GME-CME ADVANCED PRACTICE SEMINAR IN MULTIPLE SCLEROSIS: FOCUSED TRAINING FOR EFFECTIVE INDIVIDUALIZED TREATMENT DECISION-MAKING	150,329
PRIME Education Inc (PRIME)	RHEUMATOLOGY HOUSE CALLS—ENGAGING PATIENTS AND PROVIDERS IN RHEUMATOID ARTHRITIS COLLABORATIVE LEARNING	172,845 Collaboration ³
PRIME Education Inc (PRIME)	NEW TARGETS IN THE THERAPEUTIC LANDSCAPE FOR ADULTS WITH ATOPIC DERMATITIS	291,095 Collaboration ³

Pri-Med Institute, LLC (d/b/a pmiCME)	OSTEOARTHRITIS OF THE KNEE: A MULTI-MODAL APPROACH TO PAIN MANAGEMENT	160,000
Pri-Med Institute, LLC (d/b/a pmiCME)	HOW LOW DO YOU GO? CLINICAL UPDATES IN LOW-DENSITY LIPOPROTEIN CHOLESTEROL MANAGEMENT	490,479 Collaboration ³
Purdue University Focus Medical Communications, LLC	2016 ARTHROS CITY ROUNDS SERIES	10,000 Collaboration ³
Research Foundation of SUNY Research To Practice	MEASURING QUALITY OF LIFE (QOL) IN ESRD YEAR IN REVIEW—A FOUR-PART MULTI-TUMOR REGIONAL CME SYMPOSIUM SERIES FOCUSED ON THE APPLICATION OF EMERGING RESEARCH INFORMATION TO THE CARE OF PATIENTS WITH COMMON CANCERS: GENITOURINARY CANCERS MODULE	5,000 60,000
San Francisco Neurological Society Association of California Neurologists Foundation Scripps Health	CALIFORNIA NEUROLOGY SOCIETY - UPDATES IN NEUROLOGY 2016	3,000
Society for Urologic Nurses and Associates (SUNA)	ANNUAL NEW APPROACHES TO OPTIMIZE REAL-WORLD DIABETES CARE: SPRING CONFERENCE	50,000
Society of Nuclear Medicine Southwestern Chapter of the Society of Nuclear Medicine Swedish Medical Center Foundation	COMPETENCE IN ADVANCED PROSTATE CANCER REGIONAL ONCS CHAPTER NURSING FORUMS. DEVELOPING STRATEGIES FOR SEQUENCING AND COMBINING THERAPIES: NURSING CONSIDERATIONS FOR IMPLEMENTING A TAILORED TREATMENT APPROACH	30,000
Texas A&M University System Health Science Center Coastal Be	61ST ANNUAL MEETING OF THE SOUTHWESTERN CHAPTER, SNMMI	2,000
The Endocrine Society The Omnia-Prova Education Collaborative, Inc. Prova Education, Inc.	SIXTH ANNUAL INTENSIVE UPDATE IN NEUROLOGY 12TH ANNUAL DIABETES CONFERENCE: 'DIABETES HEAD TO TOE'	3,000 10,000
Trustees of Boston University Continuing Education Alliance, LLC Trustees of Boston University Continuing Education Alliance, LLC Ultimate Medical Academy, LLC dba Global Education Group Integritas Communications, LLC UMA MLG, LLC	ENDO 2016 GENZYME THYROID SESSIONS MANAGEMENT OF RA: GLOBAL OUTLOOK AND LATIN AMERICAN IMPLICATIONS KEYS TO ACHIEVING OPTIMAL GLUCOSE CONTROL: EARLY INSULIN INITIATION AND CONTROL OF POSTPRANDIAL GLUCOSE IMPLEMENTING NEW THERAPIES FOR REFRACTORY DYSLIPIDEMIA: PRACTICAL CONSIDERATIONS FOR CLINICAL PRACTICE IMPROVING OUTCOMES IN SEVERE ASTHMA: A NEW ERA IN PRECISION MEDICINE COMPREHENSIVE DYSLIPIDEMIA MANAGEMENT: A VIRTUAL REALITY TOUR BEYOND STATIN MONOTHERAPY	100,000 311,067 Collaboration ³ 375,000 350,000 Collaboration ³ 185,333 Collaboration ³ 249,825 Collaboration ³

Independent Medical Education Grants—Continued
1st Apr 2016–30th Jun 2016

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Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
University of Chicago Intelligent Medical Decisions, Inc.	INSIDE DYSLIPIDEMIA MANAGEMENT: IMPROVING RISK ASSESSMENT, REFERRALS AND LIPID GOAL ATTAINMENT FOR HIGH-RISK CV PATIENTS INSPIRING SYSTEM IMPROVEMENT WITH DATA-DRIVEN EDUCATION MAUIDERM NP+PA SUMMER 2016	285,734 Collaboration ³
University of Cincinnati Advances in Cosmetic and Medical Dermatology	NEUROMUSCULAR REVIEW COURSE SERIES 2016	25,000 Collaboration ³
University of Kansas Endowment Association	PIVOTAL TREATMENT ADVANCES IN BIOLOGIC THERAPY FOR ATOPIC DERMATITIS (AD): FOCUS ON THE IMMUNOPATHOLOGY OF AD AND ROLE OF EVOLVING BIOLOGIC THERAPIES FOR OPTIMIZING OUTCOMES IN PATIENTS WITH MODERATE-TO-SEVERE AND TREATMENT-RESISTANT AD	15,000 376,000 Collaboration ³
University of Massachusetts Medical School C-MEDUCATION Resources, LLC	2016 SOCIETY FOR INVESTIGATIVE DERMATOLOGY ANNUAL MEETING	50,000 Collaboration ³
University of Rochester Society of Investigative Dermatology	VAN DER MEULEN SYMPOSIUM: MULTIPLE SCLEROSIS UPDATE	20,000
University of Southern California	ONCOLOGY PHARMACY CONSULTS: UPDATES ON THE MANAGEMENT OF PROSTATE CANCER	45,000
University of Tennessee Advanced Studies in Medicine	AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO) 2016 REVIEW	3,500
University of Texas Health Science Center at San Antonio	NEW ENGLAND THYROID CONFERENCE	10,000
University of Vermont and State Agricultural College	13TH ANNUAL ROCKY MOUNTAIN METABOLIC SYNDROME SYMPOSIUM	5,000
USF Health Professions Conferencing Corporation CEConsultants, LLC	14TH ANNUAL DIABETES SYMPOSIUM	4,000
Wellmont Health System	INAUGURAL 1-95 INFILTRATIVE CARDIOMYOPATHY CONFERENCE	5,000
Yale University		

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² Funding Amount² is the amount that the Company funded during Q2, 2016 identified above based upon an agreement. Recipients are required to return any unused funds. Information on unused funds returned by the applicant on activities are not reported. Funding Amount² does not include funds that may have been provided by other affiliated Sanofi Company Entities (e.g., Sanofi Pasteur).

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**Independent Medical Education Grants
1st July 2016–30th Sep 2016**

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Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
American Association of Clinical Endocrinologists	ORR–AAACE 18TH ANNUAL MEETING	5,000
American Association of Clinical Endocrinologists	MID ATLANTIC-AAACE 14TH ANNUAL MEETING	2,500
American Association of Clinical Endocrinologists	TEXAS-AAACE ANNUAL MEETING & TEXAS ENDOCRINE SURGICAL SYMPOSIUM	5,000
American Association of Clinical Endocrinologists	NEVADA-AAACE ENDOCRINOLOGY FOR THE NON ENDOCRINOLOGISTS AND ANNUAL MEETING	5,000
American Association of Clinical Endocrinologists	NEVADA-AAACE ENDOCRINOLOGY FOR THE NON ENDOCRINOLOGISTS AND ANNUAL MEETING	7,500
American Association of Nurse Practitioners (AANP)	BEST PRACTICES IN ACHIEVING OPTIMAL A1C TARGETS AND POST PRANDIAL GLYCEMIC CONTROL	141,980
American Diabetes Association	14TH ANNUAL PROFESSIONAL EDUCATION SYMPOSIUM, AN AFTERNOON WITH DIABETES EXPERTS: DIABETES DISTRESS, PHYSICAL ACTIVITY, MEDICATIONS, AND UPDATES TO THE STANDARDS	10,000
American Health Resources, Inc.	EXAMINING NEW OPTIONS IN THE MANAGEMENT OF INSULIN RESISTANT TYPE 2 DIABETES: A FOCUS ON BASAL INSULIN THERAPY	4,600
American Society for Blood and Marrow Transplantation	2017 ASBMT/SANOFI NEW INVESTIGATOR AWARD	65,000
Antidote Education Company	MANAGING DIABETES IN OLDER POPULATIONS	50,000
California Academy of Physician Assistants	MANAGEMENT OF OSTEOARTHRITIS IN THE PRIMARY SETTING	4,000
California Academy of Physician Assistants	2016 ANNUAL MEETING OF THE CALIFORNIA ACADEMY OF PHYSICIAN ASSISTANTS (CAPA): UPDATES IN TYPE 2 DIABETES CARE	4,000
Cardiovascular Research Foundation	BEST MANAGEMENT FOR COMPLEX PATIENTS WITH COMPLEX DISEASE: THE NEXT FRONTIER BEYOND REVASCULARIZATION	58,100
Consortium of Multiple Sclerosis Centers Nurse Practitioner Alternatives	2016 CMSC ANNUAL MEETING SCIENTIFIC PROGRAM	25,000
Consortium of Multiple Sclerosis Centers Nurse Practitioner Alternatives	MS AT THE CUTTING EDGE: A 5-PART WEBINAR SERIES	56,700
Dignity Health MandatoryCE LLC	5TH ANNUAL ARIZONA DIABETES SYMPOSIUM	50,000

Independent Medical Education Grants—Continued

1st July 2016–30th Sep 2016

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Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
Dignity Health Mandatory CE LLC	2016 ARKANSAS DIABETES SYMPOSIUM: FOCUS ON PREVENTION, CURRENT TREATMENTS, AND COMORBIDITIES	35,000
Elsevier Office of Continuing Medical Education Academic CME, LLC Emory University	ECTRIMS 2016: OPTIMALLY MANAGING PATIENTS WITH MULTIPLE SCLEROSIS THROUGH INDIVIDUALIZED TREATMENT OPTIONS 9TH WORLD CONGRESS ON PREVENTION OF DIABETES AND ITS COMPLICATIONS	85,000
Florida Academy of Physician Assistants Florida Academy of Physician Assistants Foundation for Orthopaedic Research and Education, Inc.	EVALUATING KIDNEY DISEASE: KIDNEY CASES JOINT INJECTIONS ORTHOPAEDICS FOR THE PRIMARY CARE PRACTITIONER & REHABILITATION THERAPIST	5,000 5,500 5,000
Horizon CME, Inc.	GLP-1 RECEPTOR AGONIST AND BASAL INSULIN: AN EMERGING STANDARD FOR TYPE 2 DIABETES TREATMENT	53,253
Horizon CME, Inc. Integritas Communications, LLC Ultimate Medical Academy, LLC dba Global Education Group	ULTRALONG-ACTING BASAL INSULINS: WHERE DO THEY FIT? CLINICAL UPDATES IN THE MANAGEMENT OF SEVERE ASTHMA: NEW STRATEGIES TO INDIVIDUALIZE LONG-TERM CARE	53,253 5,000
LeBonheur Children's Hospital Medical Education Resources Tarsus Cardio Inc. dba Cardiometabolic Health Congress	BACK TO SCHOOL DIABETES CONFERENCE COMBINING GLP-IRAS WITH INSULIN TO IMPROVE GLUCOSE CONTROL	Collaboration ³ 3,828 159,650
Medical Learning Institute, Inc. PeerView Institute for Medical Education, Inc.	PEERVIEW VIDEO INSESSION AT AAN 2016 "STAYING CURRENT WITH THE LATEST UPDATES ON APPROVED DISEASE-MODIFYING THERAPIES FOR MULTIPLE SCLEROSIS MANAGEMENT: CLINICAL HIGHLIGHTS FROM VANCOUVER"	131,530
Med-IQ, LLC	SEQUENCING TREATMENT FOR METASTATIC CASTRATION-RESISTANT PROSTATE CANCER: HOW TO MATCH PATIENTS TO THE RIGHT THERAPY	158,565
Med-IQ, LLC	THE EVOLVING THERAPEUTIC LANDSCAPE FOR MODERATE-TO-SEVERE ATOPIC DERMATITIS	88,759 Collaboration ³

National Association for Continuing Education	POSTPRANDIAL HYPERGLYCEMIA AND GLP-1 RECEPTOR AGONISTS: EFFECTIVE STRATEGIES TO ACHIEVE GOALS	150,000
National Association of Managed Care Physicians, Inc.	NEW PERSPECTIVES AND EMERGING TREATMENT PARADIGMS IN THE MANAGEMENT OF RELAPSING MULTIPLE SCLEROSIS	57,000
National Association of Managed Care Physicians, Inc.	CLINICAL ADVANCES IN ATOPIC DERMATITIS: NOVEL THERAPIES FOR IMPROVED PATIENT OUTCOMES	57,000
National Association of Managed Care Physicians, Inc.	IMPROVING PATIENT OUTCOMES WITH INDIVIDUALIZED THERAPY IN THE MANAGEMENT OF TYPE 2 DIABETES	57,000
National Kidney Foundation, Inc.	25TH ANNUAL FELLOWS RESEARCH FORUM	3,500
National Kidney Foundation, Inc. University of Illinois at Chicago	CHRONIC KIDNEY DISEASE-MINERAL BONE DISORDER: IMPLICATIONS FOR CARDIAC OUTCOMES	149,420
National Medical Association	STRATEGIES TO ACHIEVE BETTER CLINICAL OUTCOMES IN TYPE 2 DIABETES AND ITS THERAPEUTIC COMPLICATIONS	200,000
Penn State University Antidote Education Company	16TH ANNUAL DIABETES SYMPOSIUM	15,000
Penn State University Medical Communications Media, Inc.	STRATEGIES FOR IMPROVING OUTCOMES IN PATIENTS WITH MS	15,000
Pennsylvania Society of Physician Assistants	NEW TREATMENT OPTIONS IN DIABETES MELLITUS	8,000
Potomac Center for Medical Education Rockpointe Corporation	EXPANDING DMD TREATMENT OPTIONS FOR PATIENTS WITH MS	205,000
Primary Care Network, Inc. PlatformQ Health Education, LLC	THE EVOLUTION OF BASAL INSULINS: ONE SMALL STEP OR A GIANT LEAP?	100,000
Projects In Knowledge MedPage Today, LLC	NEUROLOGY MASTERY IN MULTIPLE SCLEROSIS	120,000
Regents of the University of California	6TH ANNUAL UC IRVINE HEALTH NEUROMUSCULAR COLLOQUIUM	20,000
Regents of the University of Colorado	PRACTICAL WAYS TO ACHIEVE TARGETS IN DIABETES CARE	200,000
Regents, University of California	THE 4TH ANNUAL UCLA DIABETES SYMPOSIUM	10,000
Scripps Health	ANNUAL NEW APPROACHES TO OPTIMIZE REAL-WORLD DIABETES CARE: FALL CONFERENCE AND ENDURING MATERIALS	70,000
The Board of Trustees of the UA for the UA at Birmingham	SPECIAL NEPHROLOGY RESEARCH AND TRAINING CENTER SYMPOSIUM—11/9/15	15,000
The Medical College of Wisconsin, Inc. American Society for Blood and Marrow Transplantation	2016 ASBMT CLINICAL RESEARCH TRAINING COURSE	25,000
University of California, San Diego—Behavioral Diabetes Institute	PROMOTING BEHAVIOR CHANGE IN DIABETES: A SKILL BUILDING PROGRAM FOR HEALTH CARE PROFESSIONALS	50,000

Independent Medical Education Grants—Continued
1st July 2016–30th Sep 2016

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Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
University of California, San Diego Taking Control of Your Diabetes	ADDRESSING THE NATURAL HISTORY OF TYPE 2 DIABETES: PRACTICAL APPROACHES TO CONTROLLING FASTING AND POST-PRANDIAL GLUCOSE LEVELS	142,899
University of Cincinnati Global Academy for Medical Education, LLC T	HE METABOLIC & ENDOCRINE DISEASE SUMMIT (MEDS) 2016	25,000

¹ Applicant names are provided by the requestor. If applicants apply as a group for a single educational activity; all applicants may be not be identified above. The Company funds other educational activities (including fellowships and non-physician and patient education); all of which do not appear on this report, but appear on other reports on this site.

² "Funding Amount" is the amount that the Company funded during Q3, 2016; identified above based upon an agreement. Recipients are required to return any unused funds. Information on unused funds returned by the applicant on activities are not reported. "Funding Amount" does not include funds that may have been provided by other affiliated Sanofi Company Entities (e.g., Sanofi Pasteur).

³ Collaboration (Shared) Funding—is the full amount of a grant funded under an agreement with Regeneron, some or all of which may be shared between the collaborating entities.

Independent Medical Education Grants
1st Oct 2016–31th Dec 2016

Sanofi US and its affiliate Genzyme Corporation are committed to supporting independent medical education activities in therapeutic areas in which the Company is involved, for healthcare professionals, patients, and consumers to improve patient care and health outcomes in therapeutic areas in which the Company is engaged. Sanofi US and Genzyme Corporation are part of the Sanofi Group, a global pharmaceutical company.

Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
American Academy of Pas American Association of Clinical Endocrinologists	2016 ADULT HOSPITAL MEDICINE BOOT CAMP CALIFORNIA CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS (CA ACE) 16TH ANNUAL MEETING & SYMPOSIUM	5,000 5,000
American Association of Clinical Endocrinologists	DIABETES DAY FOR PRIMARY CARE CLINICIANS ADVANCES IN DIABETES CARE	75,000
American College of Allergy, Asthma & Immunology	PLENARY SESSION: MODERN THERAPIES FOR ALLERGIC SKIN DISEASES	35,000
American Health Resources, Inc.	NEW COMPLEMENTARY COMBINATION THERAPY FOR DIABETES: FIXED DOSE BASAL INSULINS AND GLP-1 RECEPTOR AGONISTS	Collaboration ³ 21,800

American Nephrology Nurses' Association	IMPROVING PATIENT OUTCOMES IN CKD-MBD: INDIVIDUALIZED MANAGEMENT AND ENHANCED PATIENT ENGAGEMENT	139,250
American Society of Nephrology	CKD-MBD GUIDELINES: A CRITICAL APPRAISAL OF RECENT STUDIES	181,790
American Society of Transplantation	AST FELLOWS SYMPOSIUM ON TRANSPLANTATION (2016)	35,000
American Thyroid Association, Inc. University of Colorado School of Medicine	3RD ANNUAL E. CHESTER RIDGWAY TRAINEE CONFERENCE	25,000
American Thyroid Association, Inc. University of Colorado School of Medicine	86TH ANNUAL MEETING OF THE AMERICAN THYROID ASSOCIATION	50,000
American Urological Association	ADVANCEMENTS IN UROLOGY 2017, AN AUA/JUA SYMPOSIUM	15,000
American Urological Association Education & Research, Inc.	ADVANCED PROSTATE CANCER: MANAGING THE SPECTRUM OF THE DISEASE	60,000
Annenberg Center for Health Sciences at Eisenhower	EXPERTPERSPECTIVES: SHIFTING PARADIGMS, EMERGING TREATMENTS IN MODERATE TO SEVERE ATOPIC DERMATITIS	224,355 Collaboration ³
Annenberg Center for Health Sciences at Eisenhower Postgraduate Institute for Medicine Prime Medic	DEVELOPMENT OF SPANISH LANGUAGE VERSION OF: ANIMATED MULTIPLE SCLEROSIS (MS) PATIENT AN ANIMATED PATIENTS GUIDE TO MS/ ANIMADAS DE ESCLEROSIS MULTIPLE (EM) PACIENTE GUÍA DEL PACIENTES ANIMADA A EM	75,000
Augusta University	NEUROLOGY FOR THE NON-NEUROLOGIST	5,000
AXIS Medical Education, Inc.	AUTOLOGOUS HEMATOPOIETIC STEM CELL TRANSPLANTATION AND MOBILIZATION IN MULTIPLE MYELOMA: CURRENT DEBATE AND DEVELOPMENTS	74,580
Baylor Scott & White Health Baylor University Medical Center dba A. Webb Roberts Center MedNet, LLC	3RD ANNUAL SYMPOSIUM ON INDIVIDUALIZED NOVEL DISEASE-MODIFYING TREATMENT OPTIONS FOR MULTIPLE SCLEROSIS	40,000
Baylor Scott & White Health MedNet	EMERGING BIOLOGICAL THERAPIES FOR ATOPIC DERMATITIS IN CHILDREN AND ADULTS	35,000 Collaboration ³
California Optometric Association	FABRY DISEASE—OPHTHALMIC MANIFESTATIONS AND RECENT ADVANCES	9,650
Cleveland Clinic Educational Foundation	MULTIPLE SCLEROSIS CASE-BASED ONLINE MONOGRAPH	25,000
Clinical Care Options, LLC Postgraduate Institute for Medicine	NEW DIRECTIONS IN GU CANCERS: HIGHLIGHTS FROM THE 2017 GENITOURINARY CANCERS SYMPOSIUM	25,000
C-MEducation Resources, LLC AKH Inc Advancing Knowledge and Healthcare	NEW FRONTIERS AND PIVOTAL CLINICAL ADVANCES IN PATHOIMMUNOBIOLOGY OF ATOPIC DERMATITIS: THE TRANSLATIONAL PATH IN ATOPIC DERMATITIS AND IMPLICATIONS FOR DERMATOLOGY PRACTICE	297,000 Collaboration ³

Independent Medical Education Grants—Continued
1st Oct 2016–31st Dec 2016

Sanofi US and its affiliate Genzyme Corporation are committed to supporting independent medical education activities in therapeutic areas in which the Company is involved, for healthcare professionals, patients, and consumers to improve patient care and health outcomes in therapeutic areas in which the Company is engaged. Sanofi US and Genzyme Corporation are part of the Sanofi Group, a global pharmaceutical company.

Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
Consortium of Multiple Sclerosis Centers Nurse Practitioner Alternatives	ADDRESSING COMORBIDITIES IN THE DIAGNOSIS AND MANAGEMENT OF PATIENTS WITH MULTIPLE SCLEROSIS: A RESOURCE GUIDE FOR CLINICIANS	85,000
Consortium of Multiple Sclerosis Centers Nurse Practitioner Alternatives	CLINICAL CONSULT: CASES AND COMPREHENSIVE CARE IN MS	115,200
Consortium of Multiple Sclerosis Centers Nurse Practitioner Alternatives	MONITORING AND FOLLOW-UP IN MULTIPLE SCLEROSIS COMPREHENSIVE CARE	60,725
Continuing Education Alliance, LLC Board of Regents for University of Nebraska	TARGETED THERAPIES IN MODERATE TO SEVERE ATOPIC DERMATITIS: EMERGING OPTIONS	92,550
Creative Educational Concepts, Inc.	ADVANCED PROSTATE CANCER: SEARCHING FOR OPTIMAL THERAPY SEQUENCE AND ASSESSING EMERGING TREATMENT OPTIONS	15,000
Delaware Academy of Physician Assistants Inc.	MULTIPLE SCLEROSIS	2,200
Elsevier Office of Continuing Medical Education Advanced Studies in Medicine	CLINICAL ADVANCES IN RHEUMATOID ARTHRITIS: A FOCUS ON IMPROVING PATIENT OUTCOMES	350,000
Elsevier Office of Continuing Medical Education Excerpta Medica	SPOTLIGHT ON FABRY DISEASE: DIAGNOSIS, GENOTYPE-PHENOTYPE CORRELATION, AND MULTIDISCIPLINARY PATIENT CARE	200,000
Elsevier Office of Continuing Medical Education Excerpta Medica BV	ESMO2016: A THERAPEUTIC UPDATE ON THE MANAGEMENT OF PATIENTS WITH PROSTATE CANCER	90,000
Excel Continuing Education	MULTIPLE SCLEROSIS: MANAGING THE DISEASE, ITS SYMPTOMS AND QUALITY OF LIFE (PART OF THE SOUTH FLORIDA NEUROLOGY SYMPOSIUM: IMPROVING PATIENT OUTCOMES)	7,000
Excel Continuing Education	NEW DIRECTIONS IN THE MANAGEMENT OF POMPE DISEASE	64,120
Florida Academy of Physician Assistants Inc.	MULTIPLE SCLEROSIS	5,000
Foundation of the Consortium of MS Centers	2016-2017 ROBERT LISAK, MD MEDICAL STUDENT RESEARCH SCHOLARSHIP	8,000
Global Academy for Medical Education Postgraduate Institute for Medicine Rutgers, the State University	SKIN DISEASE EDUCATION FOUNDATION'S 17TH ANNUAL LAS VEGAS DERMATOLOGY SEMINAR FEATURING THE 13TH ANNUAL PSORIASIS FORUM	25,000
		Collaboration ³

Global Academy for Medical Education Rutgers Biomedical and Health Sciences	16TH ANNUAL CARIBBEAN DERMATOLOGY SYMPOSIUM	20,000 Collaboration ³
Global Academy for Medical Education University of Louisville Research Foundation	SKIN DISEASE EDUCATION FOUNDATION'S 41ST ANNUAL HAWAII DERMATOLOGY SEMINAR	50,000 Collaboration ³
Haymarket Medical Education	BASAL INSULIN PLUS GLP-1 RAS: THERAPEUTIC SYNERGIES TO OPTIMIZE PATIENT OUTCOMES: 4 VIDEO "HOUSE CALLS" DISCUSSIONS AMONG EXPERTS	146,788
Illinois Academy of Physician Assistants	JOINT INJECTABLES	4,000
Illinois Academy of Physician Assistants	CHRONIC KIDNEY DISEASE	5,000
Indiana Academy of Physician Assistants	"WHAT IS CHRONIC KIDNEY DISEASE (CKD) AND END STAGE RENAL DISEASE (ESRD)?"	6,500
Indiana Neurological Society Indiana State Association	DEMYELINATING DISEASES: WHAT TO DO WHEN THE INSULATION BEGINS TO FRAY	5,000
Integritas Communications Global Education Group	LOOKING BENEATH THE SURFACE IN ATOPIC DERMATITIS: TARGETING IMMUNE DYSREGULATION AND DELIVERING COMPREHENSIVE CARE	361,807 Collaboration ³
Integritas Communications, LLC UMA Education, Inc. dba Global Education Group	ATOPIC DERMATITIS: NEW PERSPECTIVES ON MANAGING A CHRONIC INFLAMMATORY DISEASE	267,480 Collaboration ³
Integritas Communications, LLC UMA Education, Inc. dba Global Education Group	CLINICAL ADVANCES IN ATOPIC DERMATITIS: EXPERT INSIGHTS INTO NEW AND EMERGING THERAPIES	202,218 Collaboration ³
Integritas Communications, LLC UMA Education, Inc. dba Global Education Group	CLINICAL UPDATES IN RHEUMATOID ARTHRITIS: NEW STRATEGIES TO TARGET REMISSION AND INDIVIDUALIZE COMPREHENSIVE CARE	249,900 Collaboration ³
International Eczema Council International Psoriasis Council	PSORIASIS AND ATOPIC DERMATITIS: TWO DISEASES OR ONE SPECTRUM?	100,000 Collaboration ³
International Organization of MS Nurses Nurse Practitioner Alternatives	NP CONNECTIONS: THE ROLE OF THE NURSE PRACTITIONER IN MULTIPLE SCLEROSIS CARE	75,000
Kentucky Academy of Physician Assistants	JOINT INJECTION WORKSHOP	5,000
Medical Learning Institute Inc. PVI Peerview Institute for Medical Education Inc.	PEERVIEW LIVE AT CMSC 2017, GUIDING PATIENTS THROUGH THE RISKS AND BENEFITS OF DISEASE-MODIFYING THERAPY: PATIENT STORIES OF SHARED DECISION-MAKING THROUGHOUT THE COURSE OF MULTIPLE SCLEROSIS	345,810
Medical Learning Institute Inc. PVI Peerview Institute for Medical Education Inc.	PEERVIEW LIVE AT ACMG 2017 STRENGTHENING THE GENETICS-HEMATOLOGY PARTNERSHIP TO SHORTEN THE PATH TO DIAGNOSIS & TREATMENT OF GAUCHER DISEASE TYPE 1: A PATIENT STORY	219,430
Medical Learning Institute Inc. PVI, PeerView for Medical Education Inc.	PEERVIEW VIDEO INPLAY NOVEL OPTIONS AND PATIENT PERSPECTIVES IN RHEUMATOID ARTHRITIS: INDIVIDUALIZING CARE FOR THERAPEUTIC SUCCESS	169,480 Collaboration ³

Independent Medical Education Grants—Continued

1st Oct 2016–31th Dec 2016

Sanofi US and its affiliate Genzyme Corporation are committed to supporting independent medical education activities in therapeutic areas in which the Company is involved, for healthcare professionals, patients, and consumers to improve patient care and health outcomes in therapeutic areas in which the Company is engaged. Sanofi US and Genzyme Corporation are part of the Sanofi Group, a global pharmaceutical company.

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Medical Learning Institute Inc. PVI, PeerView Institute for Medical Education	PEERVIEW VIDEO INREVIEW. ASSESSING THE COMPARATIVE EFFECTIVENESS OF DISEASE-MODIFYING THERAPIES: WHAT CAN BE LEARNED FROM HEAD-TO-HEAD CLINICAL TRIALS AND RECENT NUMBER-NEEDED-TO-TREAT ANALYSES?	60,000
Medical Learning Institute, Inc. PeerView Institute for Medical Education, Inc.	PEERVIEW IN REVIEW. "DELAYING DISABILITY PROGRESSION IN THE MULTIPLE SCLEROSIS PATIENT: WHAT CAN WE LEARN FROM AVAILABLE DATA ON APPROVED DISEASE-MODIFYING THERAPY?"	106,800
Medical Learning Institute, Inc. PeerView Institute for Medical Education, Inc.	PEERVIEW TALKS: HIGHLY EFFECTIVE DISEASE-MODIFYING THERAPIES FOR MULTIPLE SCLEROSIS: WHEN AND IN WHOM SHOULD THEY BE USED?	65,000
Medical Learning Institute, Inc. PeerView Institute for Medical Education, Inc.	NEW DEVELOPMENTS IN THE TREATMENT OF ATOPIC DERMATITIS: CLINICAL HIGHLIGHTS FROM VIENNA	156,480 Collaboration ³
Med-IQ, LLC	DIFFERENTIATING GAUCHER DISEASE FROM OTHER HEMATOLOGIC CONDITIONS: EVERY DAY COUNTS	290,043
Med-IQ, LLC	LYSOSOMAL STORAGE DISEASES: NEWBORN SCREENING UPDATES AND IMPLICATIONS FOR LONG-TERM CARE	261,483
Med-IQ, LLC	FABRY DISEASE : WHEN TO TREAT	100,000
Michigan State Medical Society	CARING FOR PATIENTS WITH A FOCUS ON THE KIDNEYS	5,000
MS Views And News Inc.	2016 NEUROLOGICAL ASPECTS OF MS AND BEYOND—SYMPOSIUM	17,500
MSWorld Inc.	2016 MSWORLD-HOSTED TALKS SERIES	35,000
National Association of Managed Care Physicians, Inc.	NEW HORIZONS IN THE TREATMENT AND MANAGEMENT OF MULTIPLE SCLEROSIS: BEST PRACTICES FOR IMPROVED PATIENT OUTCOMES	70,000
National Association of Managed Care Physicians, Inc.	NEW HORIZONS IN THE TREATMENT AND MANAGEMENT OF ATOPIC DERMATITIS (AD): HOW NOVEL THERAPIES ARE CHANGING THE TREATMENT PARADIGM	90,000 Collaboration ³
National Jewish Health	THE 39TH ANNUAL NATIONAL JEWISH HEALTH PULMONARY & ALLERGY UPDATE	20,000 Collaboration ³

National Kidney Foundation	12TH ANNUAL JOINT MEETING OF THE UPSTATE AND WESTERN NEW YORK COUNCILS ON RENAL NUTRITION	7,500
National Kidney Foundation	STRATEGIES TO IMPROVE PATIENT OUTCOMES IN CKD-MBD MANAGEMENT	243,260
Neurologic Disease Foundation	21ST FALL MS SEMINAR—OPTIMIZING MANAGEMENT OF MS	5,995
New England Section American Urological Assn American Urological Association Education and Research, Inc.	85TH ANNUAL MEETING NEW ENGLAND SECTION OF THE AMERICAN UROLOGICAL ASSOCIATION	10,000
Not-For-Profit Hospital Corporation	THYROID CANCER MANAGEMENT? AN OVERVIEW AND UPDATE OF NEW TREATMENT OPTIONS	2,750
Not-For-Profit Hospital Corporation	END STAGE RENAL DISEASE FOR THE NON-NEPHROLOGIST	1,910
PeerVoice America Limited Oakstone Publishing, LLC.	EMERGING PARADIGMS IN ATOPIC DERMATITIS: TARGETING THE UNDERLYING PATHOLOGY	492,850
Penn State College of Medicine Research To Practice	CASES FROM THE COMMUNITY: CLINICAL INVESTIGATORS PROVIDE THEIR PERSPECTIVES ON EMERGING RESEARCH AND ACTUAL PATIENTS WITH ADVANCED PROSTATE CANCERIAN INDEPENDENT SATELLITE SYMPOSIUM (ISS) HELD AS A PREMIUM ANCILLARY EVENT DURING THE 2017 GENITOURINARY CANCERS SYMPOSIUM	80,000
Penn State University	PENN STATE HERSHEY CANCER INSTITUTE: CONTEMPORARY TOPICS IN THYROID CANCER	3,500
Pennsylvania Society of Physician Assistants	MULTIPLE SCLEROSIS: A PRIMARY CARE PERSPECTIVE	4,500
Pharmacy Times Continuing Education	AN AMERICAN JOURNAL OF MANAGED CARE SYMPOSIUM: APPLYING MANAGED CARE STRATEGIES TO THE ADVANCING LANDSCAPE OF MULTIPLE SCLEROSIS	92,358
Pharmacy Times Office of Continuing Professional Education	MANAGING ATOPIC DERMATITIS: A PHARMACIST'S OPPORTUNITY TO INTERVENE	23,200
Postgraduate Institute for Medicine Clinical Care Operations, LLC	BEST PRACTICES FOR MANAGING ADVERSE EVENTS ASSOCIATED WITH NOVEL THERAPIES FOR PATIENTS WITH HEMATOLOGIC MALIGNANCIES	40,000
Potomac Center for Medical Education Rockpointe Corporation	NOVEL INSIGHTS IN ATOPIC DERMATITIS: PATHWAYS, BIOMARKERS, AND PHENOTYPES FOR A TARGETED APPROACH	469,900
President and Fellows of Harvard College Beth Israel Deaconess Department of Medicine	DIABETES AND CARDIOMETABOLIC SYNDROME IN PRIMARY CARE	10,000
President and Fellows of Harvard College Dana Farber Cancer Institute	18TH BIENNIAL HARVARD UROLOGIC CANCER COURSE	50,000
President and Fellows of Harvard College Massachusetts Eye and Ear Infirmary Depart of Otolaryngology	SURGERY OF THE THYROID AND PARATHYROID GLANDS	10,000

Collaboration³

Independent Medical Education Grants—Continued

1st Oct 2016–31st Dec 2016

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Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
PRIME Education Inc. (PRIME)	ADVANCING OUR UNDERSTANDING OF THE IMMUNOLOGY AND TREATMENT CONSIDERATIONS IN ATOPIC DERMATITIS	289,785
ProCE, Inc. Wild Iris Medical Education, Inc. Purdue University CiME LLC	EVOLUTION OF MULTIPLE SCLEROSIS MANAGEMENT: PHARMACY'S ROLE APPLYING EVIDENCE BASED MANAGEMENT STRATEGIES FOR PATIENTS WITH MS: AN EDUCATIONAL DATA CONTINUUM	119,975 62,792
Regents, University of California Rheumatology Nurses Society American Academy of Continuing Medical Education, Inc. RMEI Postgraduate Institute for Medicine	FOURTH ANNUAL UCLA REVIEW OF CLINICAL NEUROLOGY RHEUMATOLOGY NURSES SOCIETY 2016 ANNUAL CONFERENCE	5,000 25,000
RMEI The Omnia-Prova Education Collaborative (TOPEC)	A LEARNING PATHWAY IN ATOPIC DERMATITIS: ACHIEVING SUCCESS IN ASSESSMENT AND MANAGEMENT TO IMPROVE PATIENT OUTCOMES	989,750 Collaboration ³
Robert Michael Educational Institute, LLC	TARGETING THE CYTOKINE PATHWAY IN RA MANAGEMENT: IMPLICATIONS FOR NOVEL AND EMERGING IL-6 AGENTS	199,610 Collaboration ³
Sanford Medical Center Fargo	THE FUTURE OF ASTHMA MANAGEMENT: PRECISION THERAPY WITH EMERGING CYTOKINE INHIBITORS	212,340 Collaboration ³
Sidney Kimmel Medical College at Thomas Jefferson University	2016 SANFORD HEALTH NEPHROLOGY, DIALYSIS, TRANSPLANT SYMPOSIUM	3,000
Society of Urologic Nurses and Associates Plexus Communications	5TH ANNUAL DIABETES SYMPOSIUM: NEW ADVANCES & TRENDS	10,000
Southern Alliance for Physician Specialties CME	EMERGING PRACTICE PATTERNS FOR THE UROLOGY NURSE IN MANAGING PATIENTS WITH ADVANCED PROSTATE CANCER: CHALLENGES AND BEST PRACTICES WITH SYSTEMIC THERAPY	50,000
Southern Salt, Water, and Kidney Club	40TH ANNUAL SOUTHEASTERN CONSORTIUM FOR DERMATOLOGY UPDATES IN PSORIASIS AND INFLAMMATORY DISORDERS	10,000 Collaboration ³
The Medical College of Wisconsin, Inc. Carden Jennings Publishing Co., Ltd.	57TH ANNUAL SCIENTIFIC MEETING 25TH ANNUAL PERSPECTIVES IN UROLOGY: POINT COUNTERPOINT (PCP ²⁵)	2,500 15,000

Trustees of Boston University Continuing Education Alliance	2016 PCE ONCOLOGY SYMPOSIA SERIES FOR ADVANCED PRACTICE PROVIDERS SPECIALIZED IN ONCOLOGY: CHOOSING INITIAL THERAPY FOR METASTATIC PROSTATE CANCER: A NEW DIRECTION	150,000
Trustees of Boston University Continuing Education Alliance, LLC	PRACTICING CLINICIANS EXCHANGE (PCE) 2016 PRIMARY CARE SYMPOSIA SERIES 3 FOR NURSE PRACTITIONERS & PHYSICIAN ASSISTANTS: RHEUMATOID ARTHRITIS: TREATING TO TARGET IN PRIMARY CARE	50,000 Collaboration ³
UMA Education, Inc. dba Global Education Group	SCRATCHING BENEATH THE SURFACE OF ATOPIC DERMATITIS	25,000 Collaboration ³
UMA Education, Inc. dba Global Education Group Applied Clinical Education	METASTATIC PROSTATE CANCER: CURRENT TRENDS AND FUTURE LANDSCAPE	53,000
UMA MLG, LLC	MANAGING MODERATE-TO-SEVERE ATOPIC DERMATITIS IN ADULTS: PATHOLOGY-BASED, TARGETED THERAPIES	169,430 Collaboration ³
University of Cincinnati	INNOVATIVE TECHNIQUES: THE KNEE COURSE 2016	5,000
University of Cincinnati CORE Medical Education, LLC	PRACTICE CHANGING ADVANCES: EXPANDING THE ATOPIC DERMATITIS ARMAMENTARIUM	112,825 Collaboration ³
University of Cincinnati CORE Medical Education, LLC	TYPE 2 DIABETES: MASTERING COMBINATION THERAPIES TO INDIVIDUALIZE AND OPTIMIZE OUTCOMES	42,825
University of Cincinnati Robert Michael Educational Institute, LLC	TAILORING APPROACHES TO MANAGEMENT IN PATIENTS WITH RHEUMATOID ARTHRITIS: WHAT'S NEW?	247,170 Collaboration ³
University of Nevada, Reno School of Medicine Foundation for Research and Education in Dermatology	2016 FALL CLINICAL DERMATOLOGY CONFERENCE	125,000 Collaboration ³
University of Tennessee Advanced Studies in Medicine	LYSIS CRISIS: PHARMACIST'S ROLE AND RESPONSIBILITY IN THE MANAGEMENT OF TUMOR LYSIS SYNDROME	70,000
University of Vermont and State Agricultural College	NORTHERN NEW ENGLAND NEUROLOGICAL SOCIETY ANNUAL MEETING	5,000
WebMD Global LLC	2016 CLINICAL COURSE ON NEW DEVELOPMENTS IN ATOPIC DERMATITIS	144,200 Collaboration ³
World Allergy Organization	WAO INTERNATIONAL SCIENTIFIC CONFERENCE 2016	30,000 Collaboration ³

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**Independent Medical Education Grants
1st Jan 2017–31st Mar 2017**

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AcademicCME, LLC.	Applying Newer Biologic Therapies to Improve Outcomes in Patients with Atopic Dermatitis	324,370.00 Collaboration ³
Academy for Continued Healthcare Learning	Current and Emerging Approaches to Customize Prostate Cancer Treatment: an eNewsletter Series	50,000.00
Academy of Managed Care Pharmacy (AMCP)	Management of Rare and Orphan Diseases for Improved Patient and Payer Outcomes	34,500.00
Advanced Studies in Medicine Elsevier Office of Continuing Medical Education	Hawaii Dermatology Seminar: A Therapeutic Update on the Management of Patients with Atopic Dermatitis	131,590.00 Collaboration ³
Advancing Knowledge in Healthcare Medtelligence American Academy of PAs	Overcoming the Clinical Challenges of Basal Insulin Usage in Type 2 Diabetes AAPA 2017—Rheumatology Track	167,340.00 5,000.00 Collaboration ³
American Association of Clinical Endocrinologists	Using Insulin When, Where, and How It's Needed: Type 2 Diabetes Treatment in the Modern Age	204,570.00
American Association of Clinical Endocrinologists ASiM	AAACE 2017—Treatment Advances for Challenging Patients with Type 2 Diabetes: The Role of Emerging Insulin Combinations	329,620.00
American Association of Clinical Endocrinologists	Endocrine University—Thyroid Sessions	10,000.00
American Association of Diabetes Educators Medscape	Improving Adherence with New Fixed-Dose Insulin Combination Therapy	864,525.00
American College of Cardiology Foundation	Recent Trends in Combination Therapy: Managing Cholesterol Even in the Most Resistant	50,000.00 Collaboration ³
American College of Medical Genetics Foundation	Genzyme/ACMG Foundation Clinical Genetics Fellowships in Medical Biochemical Genetics	75,000.00
American College of Rheumatology	2017 ACR Rheumatology Courses	150,000.00 Collaboration ³
American Society of Transplantation	2017 AST Cutting Edge of Transplantation: One Transplant for Life, Many Pathways to Success	38,000.00
American Urological Association	2017 CRPC Live Forum for Urology Residents and Fellows	60,000.00
American Urological Association	2017 AUA Annual Meeting: Highlights in Advanced Prostate Cancer	75,000.00

Annenberg Center for Health Sciences at Eisenhower	Chronic Kidney Disease-Mineral and Bone Disorder-Translating Evidence Into Practice	67,905.00
Annenberg Center for Health Sciences at Eisenhower Clinical Care Options, LLC	Expert Discussions: Recent Advances in Metastatic Prostate Cancer Treatment	100,000.00
Annenberg Center for Health Sciences at Eisenhower AXIS Medical Education	Dana Farber Master Class for Oncologists—Genitourinary Cancers Track Integrating Shared Decision Making and Guideline Recommendations for Prostate Cancer Treatment	25,000.00 40,000.00
AXIS Medical Education ReachMD	Advancing Interdisciplinary Care in Prostate Cancer: Clinical Updates for Urology and Oncology Healthcare Professionals	143,090.00
Boston University School of Medicine—Office of CME Continuing Education Alliance, LLC Institute for Medical and Nursing Education, Inc.	PCE Series 2: Decision Points—Considerations for Using New Complementary GLP-1 Receptor Agonist-Insulin Combinations in Patients with T2DM	399,897.00
Boston University School of Medicine Practicing Clinicians Exchange	PCE 2017 Primary Care Symposia Series 3: Joint Management: The Role of Primary Care in Rheumatoid Arthritis	100,000.00 Collaboration ³
Catamount Medical Education, LLC Postgraduate Institute for Medicine	MS4: Sequencing, Switching, Escalation, and Symptom Management	150,000.00
Cedars-Sinai Medical Center	6th Annual Symposium on Lysosomal Storage Disorders	15,000.00
Children's Hospital of Philadelphia Foundation	Genetic Counselor Fellowship in Lysosomal Storage Disorders	75,000.00
Conquer Cancer Foundation of the American Society of Clinical Oncology American Society of Clinical Oncology, Inc.	2017 Genitourinary (GU) Cancers Symposium: Translating Research to Value-Based and Patient-Centric Care	28,000.00
Consortium of Multiple Sclerosis Centers Nurse Practitioner Alternatives	The Science of MS Management: 2017	70,775.00
Consortium of Multiple Sclerosis Centers Nurse Practitioner Alternatives The France Foundation	Advances In Multiple Sclerosis (AIMS) 2016: A 360 Approach to Translating Data into Optimal Practice	125,000.00
Duke University	Fellowship in Medical Biochemical Genetics	75,000.00
Elsevier Office of Continuing Education Integritas Communications	Clinical Issues in Severe Asthma: Consensus and Controversies on the Road to Precision Medicine	271,605.00 Collaboration ³
Elsevier Office of Continuing Medical Education ASiM	Perspectives from the American Academy of Dermatology 2017 Meeting: Clinical Strategies and Scientific Advances in Atopic Dermatitis	131,590.00 Collaboration ³
Emory Genetics Laboratory	Paul M. Fernhoff Genetic Counselor Fellowship in Lysosomal Storage Diseases	75,000.00
Endocrine Society	ENDO 2017 Thyroid Sessions	75,000.00
Enquiring Minds, LLC Postgraduate Institute for Medicine	Multiple Sclerosis in Pediatric Patients: Expert Guidance on Overcoming Challenges in Diagnosis and Treatment	60,000.00

Independent Medical Education Grants—Continued
1st Jan 2017–31st Mar 2017

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Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
Evolv Medical Education, LLC	From Symptom Control to Target Treatment: The Shifting Paradigm of Atopic Dermatitis	201,325.00 Collaboration ³
Excerpta Medica BV Elsevier Office of Continuing Medical Education	2017 Genitourinary Cancers Symposium: A Therapeutic Update on the Management of Patients with Prostate Cancer	65,795.00
Foundation of the Consortium of MS Centers	2017 FCMSC Medical Resident Annual Meeting (CMSC) Scientific Scholarships	24,700.00
Foundation of the Consortium of MS Centers	2017–2018 Medical Student Research Scholarships	34,000.00
Haymarket Medical Education	Physiologic Approaches to Optimizing Glycemic Control: A Pecha Kucha-Inspired CME Symposium on Long-Acting Insulins	309,519.00
Horizon CME	Fixed-Ratio GLP-1RA and Basal Insulin Formulations: How and When to Use Them?	182,100.00
Horizon CME	GLP-1 RA and Basal Insulin Combinations: New Options for Treatment Intensification	212,645.00
Integrity Continuing Education, Inc.	Overcoming Barriers to the Early Recognition and Diagnosis of Rheumatoid Arthritis in Real-World Practice: Strategies to Expedite Treatment to Remission	149,000.00 Collaboration ³
Integrity Continuing Education, Inc.	2017 AAFP State Society CME Meetings and Publication in Action Enduring Material Initiative—Evaluating Newer Targeted Therapies for Patients with Rheumatoid Arthritis: Addressing Unmet Needs in the Primary Care Practice	198,500.00 Collaboration ³
International Psoriasis Council	Evolving Perspectives on Psoriasis and Atopic Dermatitis: Are They Two Diseases or One Spectrum?	100,000.00 Collaboration ³
Lysosomal and Rare Disorders Research and Treatment Center Professional Education Services Group	Genetic, Rare and Immune Disorders Symposium (GRIDS) 2016	30,000.00
Med Learning Group	Actionable Pathologic Targets in Rheumatoid Arthritis: Modifying the Dysregulation of the Immune Response to Self to Optimize Patient Outcomes	169,700.00 Collaboration ³
Medical Learning Institute Inc. PVI Peerview Institute for Medical Education Inc.	“Insights Into the Pathophysiology of Atopic Dermatitis: Setting the Stage for Novel Treatment Options”	290,600.00 Collaboration ³
Medical Learning Institute Inc. PVI Peerview Institute for Medical Education Inc.	“Addressing Unmet Needs in Rheumatoid Arthritis Through Novel Treatment Options and Enhanced Physician-Patient Collaboration”	156,730.00 Collaboration ³

Medical Learning Institute Inc. PVI, PeerView Institute for Medical Education	PeerView Video in Exchange, "Establishing a Therapeutic Alliance in the Management of Multiple Sclerosis: How Can We Better Align Treatment Preferences and Goals among Patients and Practitioners?"	98,750.00
Med-IQ, LLC	Newborn Screening for Lysosomal Storage Disorders: Recent Progress and Unanswered Questions	197,866.00
Med-IQ, LLC	Medical Insiders: Targeting IL-6 Signaling in the Treatment of Rheumatoid Arthritis	125,000.00 Collaboration ³
Med-IQ, LLC	Tumor Lysis Syndrome in a Rapidly Evolving Treatment Landscape	142,099.00
Med-IQ, LLC	Insulin Intensification with GLP-1 Receptor Agonists: Clinical Evidence and Real World Perspectives	251,110.00
Med-IQ, LLC	Viewpoints on Atopic Dermatitis: How Emerging Treatments May Change the Management of Moderate to Severe Disease	169,995.00 Collaboration ³
Medscape	Osteoarthritis of the Knee: A Patient-Simulation Approach to Assessment and Management	250,000.00
Medscape LLC	Managing Patients With Rheumatoid Arthritis in the Virtual Clinic Setting	250,000.00 Collaboration ³
Medscape LLC	A Lipid Clinic in Action: How Would You Treat?	225,000.00 Collaboration ³
Medscape LLC Close Concerns	Improving Outcomes in Diabetes: Glucose Monitoring, Adherence, and Individualized Treatment	75,000.00
Medscape, LLC	Autologous Stem Cell Transplantation in Multiple Myeloma: Who, When, and How?	182,500.00
Mount Sinai School of Medicine	International Center for Fabry Disease	150,000.00
MS Cure Fund, Inc.	1st Quarter 2017 Multiple Sclerosis Lifestyle Management Patient Education Programs	19,750.00
National Association of Managed Care Physicians	Managing Castration-Resistant Prostate Cancer: Understanding the Therapeutic Landscape	45,000.00
National Association of Managed Care Physicians, Inc.	What's New in the Evolving Treatment Landscape for Moderate-to-Severe Atopic Dermatitis (AD)	57,000.00 Collaboration ³
National Jewish Health	Personalized Medicine in Severe Asthma: Applying Emerging Data and Treatments to Everyday Clinical Practice	120,044.00 Collaboration ³
National Jewish Health Western Society of Allergy, Asthma and Immunology (WSAAI)	WSAAI 55th Annual Scientific Session	15,000.00 Collaboration ³
National Lipid Association Robert Michael Educational Institute (RMEI)	Navigating the Challenges of Prescribing PCSK9 Inhibitors in Persistent Elevated LDL-C	249,835.00 Collaboration ³

Independent Medical Education Grants—Continued

1st Jan 2017–31st Mar 2017

Sanofi US and its affiliate Genzyme Corporation are committed to supporting independent medical education activities in therapeutic areas in which the Company is involved, for healthcare professionals, patients, and consumers to improve patient care and health outcomes in therapeutic areas in which the Company is engaged. Sanofi US and Genzyme Corporation are part of the Sanofi Group, a global pharmaceutical company.

Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
National Society of Genetic Counselors (NSGC) Emory University	New Lysosomal Storage Disease Healthcare Advocate Workshop	28,000.00
New York University—Langone School of Medicine	Department of Neurology, Division of Neurogenetics	75,000.00
North American Center for Continuing Medical Education Horizon CME	Fixed-Ratio GLP-1 RA and Basal Insulin Combinations: A Complementary Approach to Treatment Intensification	173,365.00
Norton Healthcare Foundation	Celebrating MS Innovations 2017	10,000.00
NYU Post-Graduate Medical School	NYU Seminar In Advanced Rheumatology	10,000.00 Collaboration ³
Organ Donation and Transplantation Alliance	2017 National Donor Management Summit	5,000.00
Penn State College of Medicine MCM Education	Evolving Standards of Care in Metastatic Prostate Cancer	138,400.00
Penn State College of Medicine PVI Peerview Institute for Medical Education Inc.	“PeerView Master Class and Practicum Live—Urologists at the Intersection of Evidence-Based and Patient-Centric Prostate Cancer Care: Practical Guidance for Everyday Practice”	150,000.00
Penn State College of Medicine, MCM Education	Rheumatoid Arthritis: Improving Quality of Care	100,000.00 Collaboration ³
Pharmacy Times Continuing Education	Managing Diabetes with Insulin/ GLP-1 Receptor Agonist Combinations: A Clinical Discussion of Safety and Efficacy Data	251,500.00
Pharmacy Times Continuing Education	Information for Pharmacists: Counseling on Dermatologic Conditions	36,000.00 Collaboration ³
Pharmacy Times Continuing Education	Advances in the Treatment of Moderate to Severe Atopic Dermatitis: Practice and Management Essentials for Specialty Pharmacists	59,867.00 Collaboration ³
Pharmacy Times Continuing Education	Medical Crossfire: Value-Based Diabetes: Managing Costs Yet Improving Outcomes	187,400.00
Pharmacy Times Continuing Education	Treatment Advances in Diabetes: Evaluating the Safety and Efficacy of Insulin/GLP-1 Receptor Agonist Combinations	68,000.00
Pharmacy Times Continuing Education	Atopic Dermatitis: Focusing on the Patient Care Strategy in the Managed Care Setting	74,000.00 Collaboration ³
Ponce Medical School Foundation, Inc.	The Role of the Primary Care Providers with Chronic Kidney Disease Patients.	10,000.00

Postgraduate Healthcare Education, LLC	Working Together Against Clinical Inertia: Using Combination Injectable Therapies in Type 2 Diabetes	126,075.00
Postgraduate Institute for Medicine CMEducation Resources	Best Practice Roadmaps and Clinical Rationale for Use of Complementary Insulin plus GLP-1 Receptor Agonist Combination Therapy To Optimize PAN-Glycemic H1A1c Target Goal Attainment in T2D: The Physiologic and Mechanistic Basis for New Basal Insulin plus Short-Acting GLP-1 RA Fixed-Ratio, Combination Formulations for Controlling FPG and Postprandial Hyperglycemia (PPG): Optimizing Glucose Control and Reducing Risks of Hypoglycemia and Weight Gain	968,000.00
Postgraduate Institute for Medicine CMEducation Resources	Best Practice Roadmaps and Clinical Rationale for Use of Complementary Insulin plus GLP-1 Receptor Agonist Combination Therapy To Optimize PAN-Glycemic H1A1c Target Goal Attainment in T2D: The Physiologic and Mechanistic Basis for New Basal Insulin plus Short-Acting GLP-1 RA Fixed-Ratio, Combination Formulations for Controlling FPG and Postprandial Hyperglycemia (PPG): Optimizing Glucose Control and Reducing Risks of Hypoglycemia and Weight Gain	319,000.00
Postgraduate Institute for Medicine CMEducation Resources	New Fixed-Ratio Combination Insulin Regimens for Optimizing Comprehensive Glycemic Management In Challenging Patients with T2D: The Rationale, Evidence, and Mechanistic Basis for Fixed Ratio, Complementary Insulin plus GLP-1 RA Combinations for Achieving FPG and PPG Target Goals-Focus on Pan-Glycemic Control While Mitigating Risks of Hypoglycemia and Weight Gain	341,000.00
Practicing Clinicians Exchange Continuing Education Alliance	Practicing Clinicians Exchange (PCE) Directed Learning eCourse: Updates on the Management of Knee Osteoarthritis in Primary Care: The Role of Viscosupplementation	138,800.00
President and Fellows of Harvard College acting through Harvard Medical School Department of Contin Edu Beth Israel Deaconess Medical Center	New England Thyroid Club	1,500.00
President and Fellows of Harvard College acting through the Harvard Medical School Department of Con The Massachusetts General Hospital	Clinical Endocrinology 2017	5,000.00
PRIME Education, LLC	GME-CME Today Advanced Practice in Multiple Sclerosis: Focused Training for Effective Individualized Treatment Decision-Making	92,938.00
PRIME Education, LLC	Implications of Cardiovascular Outcomes Trials on Lipid-Lowering Therapies	228,145.00 Collaboration ³
PRIME Education, LLC	Applying Evidence and Lessons Learned in the Management of Moderate-to-Severe Atopic Dermatitis	295,270.00 Collaboration ³
Pri-Med Institute, LLC Horizon CME	Practical Strategies to Using Novel GLP-1 RA and Basal Insulin Combinations in Clinical Practice	972,120.00
Pri-Med Institute, LLC Horizon CME	Integrating Newer Basal Insulins in Primary Care: A Case-based Review	956,499.91

Independent Medical Education Grants—Continued

1st Jan 2017–31th Mar 2017

Sanofi US and its affiliate Genzyme Corporation are committed to supporting independent medical education activities in therapeutic areas in which the Company is involved, for healthcare professionals, patients, and consumers to improve patient care and health outcomes in therapeutic areas in which the Company is engaged. Sanofi US and Genzyme Corporation are part of the Sanofi Group, a global pharmaceutical company.

Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
Projects In Knowledge @Point of Care	Rheumatologic Diseases @Point of Care	150,000.00
Projects In Knowledge @Point of Care	Multiple Sclerosis @Point of Care	133,225.00
Prostate Cancer Foundation	MARS2 Retreat (Mission: Androgen Receptor Splice Variant)	10,000.00
PVI Peerview Institute for Medical Education Inc. Medical Learning Institute Inc.	PeerView Video inSession, “Examining the Clinical Implications of Late-Breaking Data on Approved and Emerging Disease Modifying Therapies for Multiple Sclerosis Management: What Are the Key Learnings From Boston?”	66,240.00
Regents of the University of California	5th Annual UC San Diego Essentials and Advances in Apheresis	5,000.00
Regents of the University of Minnesota	Transplant Immunosuppression 2017: Achieving Long-Term Success	35,000.00
Research To Practice	What Urologists Want to Know: Addressing Current Questions and Controversies in the Management of Early and Advanced Prostate Cancer—An Independent Satellite Symposium (ISS) Held in Conjunction with the 2017 American Urological Association (AUA) Annual Meeting	85,000.00
Rocky Mountain MS Center	MS 101 2017 Programs	10,000.00
Rush University Medical Center Plexus Communications	Realizing Improved Outcomes in Advanced Prostate Cancer through Evolving Research and Emerging Treatment Paradigms: Challenges and Opportunities	80,000.00
Rush University Medical Center Plexus Communications	VHA Oncology Clinical Forums: “Current Treatment Strategies for Advanced Prostate Cancer: Sequencing Therapies and Incorporating Novel Approaches”	100,000.00
Society for Inherited Metabolic Disorders	2016 North American Metabolic Academy	20,000.00
St. Joseph’s Regional Medical Center	Introduction to Clinical Transplantation; Renal Transplantation—An Overview	1,500.00
The France Foundation	State Chapter Meetings: A Physiological Approach to Combination Therapies: Improving Glycemic Control in T2DM	357,120.00
The France Foundation	A Bright Outlook on New and Emerging RA Management Options: What Would You Do?	145,330.00
The France Foundation Calibre Institute for Quality Medical Education	Famous People with Diabetes: A Case Study Exploring the Use of New and Emerging Basal Insulins	552,210.00

The Medical College of Wisconsin, Inc. Carden Jennings Publishing Co., Ltd.	27th International Prostate Cancer Update	20,000.00
The Medical College of Wisconsin, Inc. Carden Jennings Publishing Co., Ltd.	Optimizing Stem Cell Mobilization for Autologous Transplantation in Myeloma	223,000.00
The National Multiple Sclerosis Society, North Florida Chapter	The Living Well with MS Conference (North Florida)	3,500.00
The Trustees of the University of Pennsylvania	Lysosomal Storage Disease Fellowship	75,000.00
The University of Chicago	22nd Annual University of Chicago Developmental Therapeutics Symposium	5,000.00
The University of Texas MD Anderson Cancer Center	7th Current Concepts in the Management of Thyroid & Parathyroid Neoplasms	25,000.00
Tufts Medical Center	Hypertrophic Cardiomyopathy—A Contemporary and Treatable Disease: Diagnosis, Heart Failure Management, and Prevention of Sudden Death	20,000.00
UC Irvine	University of California, Irvine Lysosomal Storage Diseases Patient and Family Educational Grant	56,857.68
UCI Office of Continuing Medical Education University of California Irvine	Nephrology Grand Rounds	2,000.00
UMA Education Inc., dba Global Education Group, Physicians' Education Resource	Optimizing Outcomes in Atopic Dermatitis	106,250.00
University of Alabama at Birmingham	2017 Fabry Fellowship	75,000.00
UMA Education, Inc.: dba Global Education Integritas Communications	Going Deeper on Atopic Dermatitis: Pathophysiology to the Management of Moderate-to-Severe Disease	239,640.92
University of Arkansas for Medical Sciences MedIQ	Tackling Type 2 Diabetes at the Community Level: A Focused QI Initiative to Overcome Local Challenges to Patient Health	90,000.00
University of Cincinnati Advances in Cosmetic and Medical Dermatology	MauiDerm 2017	45,000.00
University of Kansas Medical Center/Kansas Endowment Association	Neuromuscular Review Course 2017	20,000.00
University of Kansas School of Medicine	Neuromuscular Medicine Fellowship	75,000.00
University of Massachusetts Medical School CMEducation Resources	The Physiologic and Mechanistic Rationale for Achieving H _{A1c} Target Goals with Basal Insulin In Vulnerable Patients with Type 2 Diabetes: Focus on the Safety-Efficacy Equation, Patient Selection, Switching, Dosing and Physiologic, PK/PD Profiles of Long-Acting Basal Insulin Formulations	341,000.00
University of Massachusetts Medical School CMEducation Resources	The iQ&A Case-By-Case interactive Diabetes Intelligence Zone: Practical, Real World Strategies for Deploying Fixed-Ratio Insulin Combinations in T2D-National Experts in Diabetes Focus on Patient Identification, Dose Titration, Pan-Glycemic (FPG and PPG) Control, Mechanistic Complementarity, and Optimizing the Safety-Weight-Efficacy Equation in Patients with Diabetes	178,000.00

Independent Medical Education Grants—Continued
1st Jan 2017–31st Mar 2017

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Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
University of Massachusetts Medical School CME/education Resources	The iQ&A Case-By-Case Interactive Diabetes Intelligence Zone: Focus on Practical Aspects of Using Physiologic, Long-Acting Basal Insulin to Optimize Glycemic Management in T2D	178,000.00
University of Rochester School of Medicine and Dentistry Society for Investigative Dermatology	2017 Society for Investigative Dermatology Annual Meeting	50,000.00 Collaboration ³
University of Massachusetts Medical School CME/education Resources	The iQ&A Case-By-Case Interactive Diabetes Intelligence Zone: Focus on Practical Aspects of Using Physiologic, Long-Acting Basal Insulin to Optimize Glycemic Management in T2D	178,000.00
University of Rochester School of Medicine and Dentistry Society for Investigative Dermatology	2017 Society for Investigative Dermatology Annual Meeting	50,000.00 Collaboration ³
University of Vermont and State Agricultural College UT Southwestern Medical Center	The 28th Annual Eastern Winter Dermatology Conference 39th Annual Carrell-Krusen Neuromuscular Symposium	10,000.00 5,000.00 Collaboration ³
World Allergy Organization	Collaboration on Severe Asthma (COSA)	35,000.00 Collaboration ³

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² "Funding Amount" is the amount that the Company funded during Q1, 2017 identified above based upon an agreement. Recipients are required to return any unused funds. Information on unused funds returned by the applicant on activities are not reported. "Funding Amount" does not include funds that may have been provided by other affiliated Sanofi Company Entities (e.g., Sanofi Pasteur).

³ Collaboration (Shared). Funding—is the full amount of a grant funded under an agreement with Regeneron, some or all of which may be shared between the collaborating entities.

**Independent Medical Education Grants
1st April 2017–30th June 2017**

Sanofi US and its affiliate Genzyme Corporation are committed to supporting independent medical education activities in therapeutic areas in which the Company is involved, for healthcare professionals, patients, and consumers to improve patient care and health outcomes in therapeutic areas in which the Company is engaged. Sanofi US and Genzyme Corporation are part of the Sanofi Group, a global pharmaceutical company.

Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
AKH Inc., Advancing Knowledge in Healthcare, Center of Excellence Media, LLC—An affiliate of The Lynx Group	A Multidisciplinary Approach to the Treatment of Prostate Cancer: Providing Therapies that Improve Overall Survival and Quality of Life	149,125.00
AKH Inc., Advancing Knowledge in Healthcare Endocrine Nurses Society	Endocrine Nurses Society Symposium 2017 Thyroid Sessions	5,000.00
American Academy of Dermatology The France Foundation	The Future is Finally Here—Targets of the New Atopic Dermatitis Drugs	75,000.00 Collaboration ³
American Academy of PAs	AAPA 2017—Orthopaedics Track	10,000.00
American Association of Clinical Endocrinologists	Current Landscape in Medullary Thyroid Cancer: Updates for Clinicians	198,425.00
American Association of Clinical Endocrinologists	Georgia-AAACE April Dinner Program: New Developments in Thyroid Cancer	3,276.00
American College of Allergy, Asthma & Immunology Eastern Allergy Conference	EAC 2017 Update in Allergy, Asthma & Immunology	10,000.00 Collaboration ³
American College of Allergy, Asthma & Immunology; California	Society of Allergy, Asthma & Immunology CSAAI 2017 A Midsummer Night's Wheeze	10,000.00
American College of Medical Genetics Foundation	Genzyme/ACMG Foundation Clinical Genetics Fellowships in Biochemical Genetics	75,000.00
American Society of Clinical Oncology, Inc. Conquer Cancer Foundation of the American Society of Clinical	Oncology 2017 ASCO Annual Meeting Genitourinary Cancer Tracks Bundle—Prostate and Nonprostate	28,000.00
American Thoracic Society	ATS 2017 International Conference—Selected Sessions in Asthma	20,000.00 Collaboration ³
Ann & Robert H. Lurie Children's Hospital of Chicago Med Learning Group	Lysosomal Storage Disease Training Program for Genetic Counselors Novel Formulations of Basal Insulins for Patients with Diabetes: A New Opportunity to Optimize Outcomes	75,000.00 249,050.00
Med Learning Group	A Virtual Reality View of Biologic Agents: Targeted Therapies for the Management of Moderate-to-Severe Atopic Dermatitis in Adults	375,000.00 Collaboration ³
Medical Learning Institute Inc. PVI Peerview Institute for Medical Education Inc.	Enhancing Autologous Hematopoietic Stem Cell Transplantation Through Individualized Stem Cell Mobilization Strategies	108,050.00

Independent Medical Education Grants—Continued
1st April 2017–30th June 2017

Sanofi US and its affiliate Genzyme Corporation are committed to supporting independent medical education activities in therapeutic areas in which the Company is involved, for healthcare professionals, patients, and consumers to improve patient care and health outcomes in therapeutic areas in which the Company is engaged. Sanofi US and Genzyme Corporation are part of the Sanofi Group, a global pharmaceutical company.

Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
Medical Learning Institute Inc. PVI Peerview Institute for Medical Education Inc. Medscape LLC	PeerView Video in Session “New Developments in Inflammatory Dermatologic and Respiratory Diseases: Clinical Highlights From Helsinki” Basal Insulin in Today’s Clinical Practice Environment: Improving Use for Better Patient Outcomes Clinical Advances in Atopic Dermatitis	154,980.00 Collaboration ³ 500,000.00
Medscape LLC Medscape LLC Michigan State Medical Society	A Medscape Studio Series on Modern Approaches for Optimizing Care in MS Rheumatology Update	950,000.00 Collaboration ³ 125,000.00 5,000.00
MSWorld Inc. MSWorld Inc.	Comprehensive Proposal for 2017 MS World Conference Coverage 2017 “MSWorld Talks” Series	50,000.00 55,000.00
Muscular Dystrophy Association National Association of Managed Care Physicians, Inc.	MDA Care Center Open House at Nemours Children’s Hospital Individualizing Treatment in the Management of Type 2 Diabetes: Novel Therapies for Improved Patient Outcomes	500.00 57,000.00
National Comprehensive Cancer Network National Lipid Association Vindico Medical Education	Prostate Cancer Patient Management Simulator Back to the Future: Clinical Experience with and Access to Lipid-Lowering Agents of the Past, Present, and Future—A National Lipid Association Expert Discussion and Town Hall	35,000.00 50,000.00 Collaboration ³
National Medical Association	Endocrinology, Diabetes, and Metabolism Symposium Current and Emerging Interventions: Saving Lives and Limbs by Improving Diabetes Care	250,000.00
National Medical Association	MODERN ERA DIAGNOSIS, TREATMENT AND MANAGEMENT OF PATIENTS WITH PROSTATE CANCER	15,000.00
National Multiple Sclerosis Society National Society for Cutaneous Medicine	National MS Society Monthly Email Newsletter 2017 Real World Dermatology for Residents	75,000.00 40,000.00 Collaboration ³
OhioHealth Oncology Nursing Society	OhioHealth Multiple Sclerosis Symposium 42nd ONS Annual Congress and two Oncology Updates Regional Programs	5,000.00 25,000.00

Oregon Health & Science University	7th International Symposium on Gait & Balance in Multiple Sclerosis: Neuroplasticity and Rehabilitation in MS	13,108.00
Palm Beach County Medical Society Services Palm Beach Diabetes & Endocrine Specialists, P.A.	Managing Thyroid Disease for the Primary Care Provider	5,000.00
Penn State College of Medicine i3 Health	Selecting Optimal Therapeutic Strategies for Patients With Differentiated and Medullary Thyroid Cancer	50,000.00
Penn State College of Medicine PVI PPerview Institute for Medical Education Inc.	“Science and Stories: Making the Most of the Complex Treatment Landscape in Prostate Cancer”	146,030.00
Pharmacy Times Continuing Education	Reaching Out: A Pharmacist’s Curriculum to Optimize Insulin Therapy Through Patient Engagement and Management	251,240.00
Postgraduate Healthcare Education, LLC Postgraduate Institute for Medicine	How Specialty Pharmacists Can Enhance Patient-Driven Care in Multiple Sclerosis	58,000.00
Postgraduate Healthcare Education, LLC Postgraduate Institute for Medicine	Providing Relief to Patients with Atopic Dermatitis: How Pharmacists Can Help	137,250.00
Potomac Center for Medical Education Rockpointe Corporation	MULTIPLE SCLEROSIS CARE IN THE HOSPITAL SETTING: Novel Neuroimaging Techniques, Individualized Treatment Strategies, and Management of Comorbidities	Collaboration ³ 75,000.00
Practicing Clinicians Exchange Boston University School of Medicine	New and Emerging Strategies in T2DM Using Basal Insulin	375,000.00
PRIME Education, LLC	Advances in Psoriatic Diseases and Atopic Dermatitis for Clinicians in Federal and Public Healthcare Settings	150,000.00
PRIME Education, LLC	When Statin Therapy Isn’t Enough	Collaboration ³ 192,435.00
ProCE Inc.	Atopic Dermatitis: A Specialty Pharmacy 360-Degree View of the Patient	Collaboration ³ 42,250.00
Projects In Knowledge	MedImages Cases: Multiple Sclerosis	Collaboration ³ 125,000.00
Purdue University MCM Education	Managing Type 2 Diabetes: The Role of Insulin	175,000.00
Regents of the University of Colorado	Practical Ways to Achieve Targets in Diabetes Care	150,000.00
Regents of the University of Minnesota Society for Translational Oncology	Pharmacotherapy of Inherited Metabolic Diseases Post-Doctoral PharmD Fellowship Conference Perspectives: Lessons Learned	75,000.00
St. Vincent Neuroscience Institute, St. Vincent Hospital, Indianapolis	MS: A Personal Approach	40,000.00
The University of Chicago MCM Education	Evolving Paradigms for Insulin Therapy of Type 2 Diabetes	3,000.00
Tisch Multiple Sclerosis Research Center of New York	Tisch MS Research Center 20th Annual MS Patient Symposium	150,000.00 50,000.00

Independent Medical Education Grants—Continued
1st April 2017–30th June 2017

Sanofi US and its affiliate Genzyme Corporation are committed to supporting independent medical education activities in therapeutic areas in which the Company is involved, for healthcare professionals, patients, and consumers to improve patient care and health outcomes in therapeutic areas in which the Company is engaged. Sanofi US and Genzyme Corporation are part of the Sanofi Group, a global pharmaceutical company.

Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
UMA Education Inc., dba Global Education Group FactoRx Health Advocacy Partners National Eczema Association Med Ed Consulting	Coalition United for Better Eczema Care (CUBE-C)	320,000.00 Collaboration ³
UMA Education Inc., dba Global Education Group FactoRx MedEd Consulting Improve CME, LLC Indegene	R.A.P.I.D.®—Rheumatoid Arthritis: A Primary Care Initiative for Improved Diagnosis and Outcomes	150,000.00 Collaboration ³
UMA Education Inc., dba Global Education Group Physicians' Education Resource	The Role of Concentrated Insulins and Insulin Combinations in Overcoming Insulin Resistance and Improving Adherence A Patient Centered Multidisciplinary Approach	127,500.00
UMA Education Inc., dba Global Education Group Physicians' Education Resources	Medical Crossfire: Advances in Atopic Dermatitis: A Multidisciplinary, Patient-Centered Approach to Addressing Unmet Therapeutic Needs	157,000.00
UMA Education Inc., dba Global Education Group Physicians' Education Resources	Effective Management of Atopic Dermatitis: New Approaches to Guiding Everyday Practice	99,585.00 Collaboration ³
UMA Education Inc., dba Global Education Group Physicians' Education Resources	Getting Beneath the Surface in Atopic Dermatitis: A Patient-Centered Approach to Optimize Outcomes	164,330.00 Collaboration ³
UMA Education, Inc. dba Global Education Group Tarsus Cardio Inc. dba Cardiometabolic Health Congress	Best Practices: Efficient and Cost Effective Management of the Authorization Processes	155,884.00 Collaboration ³

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² "Funding Amount" is the amount that the Company funded during Q2, 2017, identified above based upon an agreement. Recipients are required to return any unused funds. Information on unused funds returned by the applicant on activities are not reported. "Funding Amount" does not include funds that may have been provided by other affiliated Sanofi Company Entities (e.g., Sanofi Pasteur).

³ Collaboration (Shared) Funding—is the full amount of a grant funded under an agreement with Regeneron, some or all of which may be shared between the collaborating entities.

**Independent Medical Education Grants
1st July 2017—30th Sep 2017**

Sanofi US and its affiliate Genzyme Corporation are committed to supporting independent medical education activities in therapeutic areas in which the Company is involved, for healthcare professionals, patients, and consumers to improve patient care and health outcomes in therapeutic areas in which the Company is engaged. Sanofi US and Genzyme Corporation are part of the Sanofi Group, a global pharmaceutical company.

Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
American Academy of PAs	2017 Adult Hospital Medicine Boot Camp	5,490.00
American Association of Clinical Endocrinologists	Current Landscape in Medullary Thyroid Cancer: Updates for Clinicians	147,769.00
American Association of Clinical Endocrinologists	Illinois-AACE 7th Annual Meeting	5,000.00
American Association of Clinical Endocrinologists	New Jersey Chapter of the American Association of Clinical Endocrinologists	5,000.00
American College of Allergy, Asthma & Immunology	Thursday Morning Session: Atopic Dermatitis Yardstick	40,000.00
American College of Medical Genetics Foundation	Genzyme ACMG Foundation Clinical Genetics Fellowships in Biochemical Genetics	75,000.00
American Society of Transplant Surgeons	11th Annual Surgical Fellows Symposium	44,500.00
American Society of Transplantation	2017 Fellows Symposium on Transplantation	40,000.00
American Urological Association	Practical Management of Metastatic Prostate Cancer: Guidelines and Beyond	75,000.00
Ann & Robert H. Lurie Children's Hospital of Chicago	Lysosomal Storage Disease Training Program for Genetic Counselors	75,000.00
Ascendant Limited Albert Einstein College of Medicine	The Team-based Approach to Diagnosing and Managing African American Patients with MS: A Quality Improvement Curriculum	134,868.75
and Montefiore Medical Center, Center for CME		
Carden Jennings Publishing Co., Ltd. The Medical College of Wisconsin, Inc.	27th International Prostate Cancer Update	20,000.00
Cleveland Clinic Educational Foundation	Pitfalls in Diagnosis of Multiple Sclerosis	25,000.00
Clinical and Patient Educators Association	Oncology Emergency Essentials: Addressing Tumor Lysis Syndrome in Your Practice	117,394.90
Carden Jennings Publishing Co., Ltd. The Medical College of Wisconsin, Inc.	27th International Prostate Cancer Update	20,000.00
Cleveland Clinic Educational Foundation	Pitfalls in Diagnosis of Multiple Sclerosis	25,000.00
CMEducation Resources Postgraduate Institute for Medicine	Optimizing Insulin-Based Glycemic Control in Type 2 Diabetes: The Foundational Role and Physiologic Rationale for Long-Acting Insulin: An Evidence-Based Roadmap for Clinical Success-Focus on the Safety-Efficacy and PK/PD Profiles of New Long-Acting Physiologic Insulin Formulations	500,000.00
Connecticut Pharmacists Association	Current and Emerging Therapies in Multiple Sclerosis	10,000.00

Independent Medical Education Grants—Continued
1st July 2017—30th Sep 2017

Sanofi US and its affiliate Genzyme Corporation are committed to supporting independent medical education activities in therapeutic areas in which the Company is involved, for healthcare professionals, patients, and consumers to improve patient care and health outcomes in therapeutic areas in which the Company is engaged. Sanofi US and Genzyme Corporation are part of the Sanofi Group, a global pharmaceutical company.

Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
Continuing Education Alliance Practicing Clinicians Exchange Dignity Health Mandatory CE	PCE Interactive eCourse Series: New Pathways in Atopic Dermatitis: Novel Therapies for Optimizing Outcomes 2017 Arkansas Diabetes Symposium: Focus on Treatment Advances, Nutrition Therapy, Obesity and Metabolic Syndrome The Johns Hopkins University School of Medicine eDiabetes Review Volume 3	149,534.00 Collaboration ³ 25,000.00
DKBmed The Johns Hopkins University School of Medicine	Duke Solid Organ Transplant Summit	120,000.00
Duke University	Zeroing In on A1C Targets: Pinpointing the Optimal Basal Insulin Strategy in Every Patient with Type 2 Diabetes	30,000.00
E&S MedEd Group, Inc. American Association of Diabetes Educators	Evolving Treatment Paradigms for Rheumatoid Arthritis: Translating Comprehensive Patient Evaluations Into Personalized Therapy	284,660.00
Elsevier Office of Continuing Education Integrity Communications	MS Paris 2017: Clinical Updates on Disease Modifying Therapies to Improve Outcomes for Patients with Multiple Sclerosis	75,000.00 Collaboration ³
Elsevier Office of Continuing Medical Education AcademicCME	Are My Patients Taking Their Meds as Prescribed? Addressing Suboptimal Therapeutic Response Among Patients with MS	161,920.00
Enquiring Minds, LLC Postgraduate Institute for Medicine	European Summit on the Prevention and Self-Management of Airway Diseases	106,205.00
Euforea IVZW	Expanding Horizons in ASMD/Niemann-Pick Disease	10,676.50
Excel Continuing Education	2017 International Coalition of Rheumatology Education Providers Initiative	68,175.00
Focus Medical Communications, LLC Siyemi Learning Foundation for Orthopaedic Research & Education (FORE)	2017 Orthopaedics for the Primary Care Practitioner & Rehabilitation	100,000.00
Global Academy Medical Education University of Cincinnati	Innovative Techniques: The Knee, Hip and Shoulder Course	5,000.00
Haymarket Medical Education Haymarket Media/MIMS	Race to Remission: Timely Diagnosis and Early, Intensive Treatment in Rheumatoid Arthritis Care: A Patient-Centered Global Curriculum Aligning With the Spirit of World Arthritis Day	25,000.00
Indiana Academy of Physician Assistants	“Multiple sclerosis 2017—Update on diagnostic criteria, clinical descriptors, and treatments”	275,823.00 Collaboration ³ 5,000.00

International Niemann-Pick Disease Registry	Support for the development and management of the International Niemann Pick Disease Registry	117,706.45
Kentucky Academy of Physician Assistants Letters & Sciences	Joint Injection Workshop	5,000.00
Mattel Children's Hospital UCLA Med Learning Group	Advances in Multiple Sclerosis Research & Practice, Annual CNE Conference Hosted by Columbia University, MS Clinical Care and Research Center	69,000.00
Med Learning Group	Post Doc Fellowship	63,000.00
Med-IQ, LLC	Pathologic Targets in Rheumatoid Arthritis: Modifying the Immune Response to Optimize Patient Outcomes	288,350.00
Medscape LLC	A 3-Dimensional View of Recent Advances in Personalized Treatment for the Management of Uncontrolled Asthma	353,460.00
Medscape LLC	Clinical and Translational Insights in Pompe Disease: Disease Pathology, Patient Identification, and Treatment	Collaboration ³
MedStar Georgetown University Hospital	CME LIVE: A Late-Breaking Update on PCSK9 Inhibitors and Cardiovascular Outcomes	189,407.00
Montefiore Medical Center MRCME, LLC	Advances in Rheumatoid Arthritis 2017: What's the Conference Buzz?	500,000.00
MS Views and News	4th Annual Current Issues in the Care of Dialysis and Transplant Patients	Collaboration ³
National Association for Continuing Education	PCSK9 Inhibitor Therapy for Dyslipidemia: Implications of Outcome Trial Results and a Look to the Future	99,500.00
National Association of Managed Care Physicians, Inc.	The 2017 Multiple Sclerosis Symposium of South Florida- The Neurological Aspects of MS and Beyond	Collaboration ³
National Gaucher Foundation, Inc.	Utilizing Concentrated Insulins: A New Strategy for the Insulin Resistant Patient	10,000.00
National Multiple Sclerosis Society	New Targets in the Therapeutic Landscape for Moderate-to-Severe Atopic Dermatitis (AD): What Does Managed Care Need to Know?	399,845.00
National Organization for Rare Disorders University of Massachusetts Medical School	Medical Diagnostic/Testing Program	Collaboration ³
Oregon Health & Science University	Life-Changing Breakthroughs: African American Education Conference	20,000.00
Penn State College of Medicine MCM Education	NORD Continuing Medical Education	260,000.00
Penn State College of Medicine PVI Peerview Institute for Medical Education Inc.	17th Annual Pacific Northwest Prostate Cancer Conference	57,000.00
Pennsylvania Society of Physician Assistants	Contemporary Management of Type 2 Diabetes	Collaboration ³
	PeerView In Session, "Analyzing the Latest Evidence in Atopic Dermatitis: Clinical Updates From Geneva"	151,480.00
	"Joint Injections"	Collaboration ³
		5,500.00
		Collaboration ³

Independent Medical Education Grants—Continued

1st July 2017—30th Sep 2017

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Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
Pharmacy Times Continuing Education	Advances in Insulin and Insulin Combination Therapies: Opportunities for Convenient Care Providers to Improve Patient Outcomes	68,300.00
PlatformQ Health Education, LLC Consortium of Multiple Sclerosis Centers Nurse Practitioner Alternatives	From Novice to Expert: A Series in Multiple Sclerosis Management	100,000.00
Postgraduate Healthcare Education, LLC Postgraduate Institute for Medicine	Understanding the Mechanisms of DMARD Therapy in Patients with Rheumatoid Arthritis	53,500.00 Collaboration ³
Postgraduate Institute for Medicine Global Academy for Medical Education	The Importance of Early Diagnosis and Timely Access to Treatment of RA	349,850.00 Collaboration ³
Postgraduate Institute for Medicine i3 Health	Defining Personalized Care Plans in Metastatic Castration-Resistant Prostate Cancer	60,000.00
Postgraduate Institute for Medicine Impact Education, LLC	Managing Multiple Sclerosis: Current Treatment and Care Management Strategies for Managed Care	150,000.00
PRIME Education, LLC	Scaling-Up Shared Decision-Making in Multiple Sclerosis Treatment	162,382.50
Projects in Knowledge	The Art & Science of Multiple Sclerosis Management	175,000.00
Projects in Knowledge @Point of Care	Atopic Dermatitis @Point of Care	200,000.00 Collaboration ³
Regents of the University of Michigan	Pompe Disease Patient Educational Booklet	2,777.00 Collaboration ³
Regents University of California Los Angeles Research To Practice	Educational Seminars for Patients, Families, and Friends 2017-2018	20,000.00
Rheumatology Nurses Society	Year in Review—A Four-Part Multi-tumor Regional CME Symposia Series Focused on the Application of Emerging Research Information to the Care of Patients with Common Cancers: Genitourinary Cancers Module	40,000.00
RMEI Postgraduate Institute for Medicine	RNS 2017 Annual Conference	25,000.00 Collaboration ³
	Achieving Success in RA Assessment and Management: A Learner Pathway to Improve Patient Outcomes	349,547.00 Collaboration ³

Suffolk Academy of Medicine Long Island Allergy & Asthma Society	The Long Island Allergy & Asthma Society 24th Annual Scientific Meeting	10,000.00 Collaboration ³
Suffolk Academy of Medicine Long Island Allergy & Asthma Society	The Long Island Allergy & Asthma Society 24th Annual Scientific Meeting	10,000.00 Collaboration ³
The Regents of UC/Office of Cont Med Educ	UCLA Review of Clinical Neurology	2,500.00
Tufts University School of Medicine DKBmed	Severe Asthma: Inspiring Change	216,712.50 Collaboration ³
UMA Education, Inc. dba Global Education Group Tarsus Cardio Inc. dba Cardiometabolic Health Congress for Neuroregeneration (AKos)	Closing the Gap Created by Clinical Inertia: New Strategies for T2DM Treatment	207,845.00
University of Louisville Research Foundation Global Academy for Medical Education, LLC Postgraduate Institute for Medicine	Recent advances in rare diseases: Gaucher disease as a model (RARD 2017)	25,000.00
University of Nevada, Reno School of Medicine Foundation for Research and Education in Dermatology	10th Annual Perspectives in Rheumatic Diseases presented by Rheumatology News, Internal Medicine News & Family Practice News	12,500.00 Collaboration ³
Vindico Medical Education, LLC	2017 Fall Clinical Dermatology Conference	125,000.00
Yale New Haven Hospital	When Severe Asthma is Out of Control: Examining Phenotypic Approaches to Treatment	137,340.00 Collaboration ³
Yale School of Medicine	New and Emerging Multiple Sclerosis Therapies	15,000.00
	The Yale-Cambridge Transplantation Symposium: Donor Decision-Making in an Era of Advanced Medical Complexity	20,000.00

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³ Collaboration (Shared) Funding—is the full amount of a grant funded under an agreement with Regeneron, some or all of which may be shared between the collaborating entities.

**Independent Medical Education Grants
1st Oct 2017–31th Dec 2017**

Sanofi US and its affiliate Genzyme Corporation are committed to supporting independent medical education activities in therapeutic areas in which the Company is involved, for healthcare professionals, patients, and consumers to improve patient care and health outcomes in therapeutic areas in which the Company is engaged. Sanofi US and Genzyme Corporation are part of the Sanofi Group, a global pharmaceutical company.

Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
AcademicCME, LLC.	Applying Individualized Therapeutic Strategies of Switching and Sequencing to Improve Outcomes for Patients with Multiple Sclerosis: The Right Treatment at the Right Time for the Right Patient	98,000.00
Albert Einstein College of Medicine/Montefiore Medical Center M2 Communications	Atopic Dermatitis (Eczema) Challenges: Recognition and Assessment in Primary Care	108,682.50
American Association of Clinical Endocrinologists	New Jersey-AAACE January Dinner Program: Treatment of Advanced Thyroid Cancer	2,591.00
American Association of Clinical Endocrinologists	Minnesota/Midwest Chapter of the American Association of Clinical Endocrinologists 8th Annual Meeting	5,000.00
American College of Allergy, Asthma & Immunology	Biologics in Atopic Dermatitis Workshop	25,320.00
American College of Allergy, Asthma & Immunology Western Society of Allergy, Asthma & Immunology	WSAAI 2018: 56th Annual Scientific Session	20,000.00
Annenberg Center for Health Sciences at Eisenhower Academy for Continued Healthcare Learning (ACHL)	10th Annual Linda Morgante MS Nurse Leadership Program	35,000.00
Association pulmonaire du Québec	Biennale de l'Espace francophone de la pneumologie	12,150.00
Boston University School of Medicine Practicing Clinicians Exchange Continuing Education Alliance LLC	Management of Knee Osteoarthritis in Primary Care: The Case for Viscosupplementation	200,000.00
California Optometric Association	2017 Monterey Symposium	10,400.00
Cedars-Sinai Medical Center	7th Annual Symposium on Lysosomal Storage Disorders	15,000.00
Children's Hospital of Philadelphia Foundation	Lysosomal Storage Disease (LSD) Fellowship	75,000.00
Cleveland Clinic—Lou Ruvo Center for Brain Health	Advancing Therapeutics for Multiple Sclerosis	5,000.00
Cleveland Clinic Center for Continuing Medical Education Medscape LLC	Clinical Updates on Fabry Disease: Diagnosis Through Treatment	159,750.00
Cleveland Clinic Educational Foundation	Medical Dermatology Therapy Update: Autoimmune Diseases, Chronic Inflammatory and Advanced Malignancies	10,000.00
Cleveland Clinic Educational Foundation	6th Annual Basic & Clinical Immunology for the Busy Clinician	25,000.00

CME Outfitters, LLC	Peeking Beneath the Surface of Atopic Dermatitis: Testing Your Skills from Pathogenesis to Treatment	200,000.00
Division of Medical Genetics and Genomic Medicine	Better Outcomes of Lysosomal Diseases (BOLD) Fellowship	75,000.00
Elsevier Office of Continuing Medical Education Excerpta Medica BV	THE LSD DEBATE: OPTIMIZING DIAGNOSIS AND FUTURE MANAGEMENT	248,465.00
Elsevier Office of Continuing Medical Education Integritas Communications	Clinical Issues in Severe Asthma: Debates and Discussions About Personalizing Patient Management	628,867.00
Elsevier Office of Continuing Medical Education Integritas Communications	Clinical Issues in Atopic Dermatitis: Discussions and Debates on Managing Moderate-to-Severe Disease	784,641.50
Emory University	The Paul M. Fernhoff Genetic Counseling Fellowship in the Lysosomal Storage and Other Genetic Disorders	75,000.00
EUFOR EA IVZW	European Rhinology Research Forum	18,000.00
European Respiratory Society	ERS Satellites	72,000.00
European Society for Dermatological Research	47th ESDR Meeting 2017	44,400.00
Excel Continuing Education	Responding to the Challenge of Pompe Disease (satellite symposium at 2018 World Congress)	100,165.00
George Washington University (GW) Office of Continuing Education in the Health Profession (CEHP) American Contact Dermatitis Society	American Contact Dermatitis Society-Frontiers in Dermatitis 2017	10,000.00
Global Education Group Integritas Communications	Clinical Issues in Atopic Dermatitis: Discussions and Debates on Managing Moderate-to-Severe Disease	177,074.00
Icahn School of Medicine at Mount Sinai	4th NY Masters Course in Endocrinology and Endocrine Surgery	10,000.00
Icahn School of Medicine at Mount Sinai	20th Annual Mount Sinai Winter Symposium "Advances in Medical & Surgical Dermatology"	20,000.00
Indiana Academy of Physician Assistants	"Anterior Knee Pain and Osteoarthritis"	5,000.00
Institute for Medical and Nursing Education, Inc.	MEDS 2018: Going Flat-Out for Glycemic Control: The Role of New Basal Insulins in Patient-Centered T2DM Management	381,055.00
Institute for Medical and Nursing Education, Inc.	MEDS 2018: Rationale, Recognition, and Recommendations: Expert Perspectives on Combining Basal Insulin and GLP-1 RAs to Intensify Treatment of T2DM	354,830.00
Kidney Disease Improving Global Outcomes (KDIGO) Med Learning Group	KDIGO Controversies Conference on Glomerular Diseases	25,000.00
Medical Education Resources, Inc. Dermveda Inc.	Recognizing the Connection: A View into the Parallels between Asthma and Nasal Polyps	225,000.00
Medical Education Resources, Inc. Dermveda Inc.	Basic concepts in eczema diagnosis and management	20,000.00

Independent Medical Education Grants—Continued

1st Oct 2017–31th Dec 2017

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Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
Medical Learning Institute Inc. PVI, Peerview Institute for Medical Education Inc.	PeerView “Ascertaining the Potential Clinical Implications of The Latest Data on Approved and Emerging Disease Modifying Therapies for Multiple Sclerosis Management: A Recap from Paris”	80,000.00
Medical Learning Institute Inc. PVI, PeerView Institute for Medical Education, Inc.	PeerView in Session, “Exploring the Latest Data in the Treatment of Uncontrolled Persistent Asthma: Clinical Highlights from San Diego”	74,490.00 Collaboration ³
Medical Learning Institute PVI, PeerView Institute for Medical Education	PeerView Talks, “A Patient-Centered Approach to the Diagnosis and Treatment of Atopic Dermatitis in Adults: An Expert’s Story”	153,580.00 Collaboration ³
Med-IQ, LLC	Pragmatic Approaches to Improving Insulin Introduction and Integration in T2DM: Patient Simulations For Frontline Providers	254,623.00
Med-IQ, LLC	Addressing Bone Manifestations of GD: The Latest Evidence in Evaluation and Treatment	382,736.00
Medscape LLC	Updates and Perspectives in Diabetic Dyslipidemia: 2017 in Review	246,500.00 Collaboration ³
Medscape LLC	Addressing Disease Burden in Asthma and Comorbidities: From Pathophysiology to Targeted Treatments	400,000.00
Medstar Georgetown University Hospital	Multiple Sclerosis Patient Education Day	7,500.00
Mount Sinai School of Medicine	The Icahn School of Medicine at Mount Sinai NP Fellowship Program in Lysosomal Storage Disease	75,000.00
National Association For Continuing Education	Atopic Dermatitis: New Insights, New Therapies	150,000.00
National Committee for Quality Assurance NACCFE, LLC	A Patient-Centered Approach to Severe Asthma Management: Embracing Diversity and Improving Outcomes with Emerging Therapies	232,325.00 Collaboration ³
NCCN Foundation	NCCN Guidelines for Patients: Prostate Cancer	25,000.00
Nurse Practitioner Alternatives Consortium of Multiple Sclerosis Centers	Advances In Multiple Sclerosis (AIMS) Primer: Third Edition	59,150.00
Nurse Practitioner Alternatives Consortium of Multiple Sclerosis Centers	1,800 Seconds™ in MS Management: An Online Educational Series for MS Clinicians	92,000.00

Oakstone Publishing, LLC Peer-Voice America Limited	A New Treatment Paradigm in Atopic Dermatitis: Expert Insights on Incorporating Biologic Therapy Among Available Options	268,700.00
Oakstone Publishing, LLC Peer-Voice America Limited	Optimizing Systemic Therapy for Atopic Dermatitis: Practical Strategies to Ensure Patient Safety	268,700.00
Oregon Health and Science University PEERVOICE AMERICA LIMITED Oakstone Publishing, LLC	Annual OHSU Colloquium on Neuromuscular Disorders "Practical Strategies for Managing Inadequate Responders to Atopic Dermatitis Treatment"	5,000.00
Penn State College of Medicine Research To Practice	Beyond the Guidelines: Investigator Perspectives on Current Clinical Issues and Ongoing Research in the Management of Advanced Prostate Cancer	193,250.00 Collaboration ³
PESG Lysosomal And Rare Disorders Research And Treatment Center Inc.	GRIDS2017: A workshop on immune aspects of Lysosomal Storage Disorders: From pathology to therapy	100,000.00
Pharmacy Times Continuing Education	A Specialty Pharmacy Update on PCSK9 Inhibitor Therapy for Hypercholesterolemia	55,000.00
Pharmacy Times Continuing Education	An American Journal of Managed Care Webinar: Evaluating Novel Therapies for Atopic Dermatitis	10,000.00 Collaboration ³
Physician's Education Resource, LLC	Provider and Caregiver Connection—Getting Beneath the Surface: Addressing Patient Concerns In Moderate to Severe Atopic Dermatitis	75,255.00
Postgraduate Institute for Medicine Catamount Medical Education, LLC	Early Detection and New Approaches to the Management of Atopic Dermatitis in the Family Medicine Setting	167,850.00
Postgraduate Institute for Medicine Impact Education, LLC	The Role of Specialty Pharmacy and the Challenge of Managing Moderate-to-Severe Atopic Dermatitis	150,000.00 Collaboration ³
Postgraduate Institute for Medicine Impact Education, LLC	The Management of Atopic Dermatitis: Entering a New Paradigm	150,000.00 Collaboration ³
Postgraduate Institute for Medicine Impact Education, LLC	Rheumatoid Arthritis Management Strategies: New Insights for Managed Care	200,000.00
Postgraduate Institute for Medicine Robert Michael Educational Institute LLC	The Learning Pathway in Atopic Dermatitis: Optimizing Management Approaches in Patients with Moderate-to-Severe Disease	150,000.00
Potomac Center for Medical Education Rockpointe Corporation	Targeting Improved Outcomes In Atopic Dermatitis: Strategies for Achieving Personalized Treatment Goals	382,947.00 Collaboration ³
Potomac Center for Medical Education Rockpointe Corporation Nurse Practitioner Alternatives	Achieving New Treatment Goals In Multiple Sclerosis: Strategies for Initial Treatment Selection and Patient Engagement	449,955.00 Collaboration ³
PRIME Education, LLC	Aligning Managed Care Decision-Making with the Latest Evidence for Targeted Asthma Treatment	176,000.00
PRIME Education, LLC	Navigating the Intersection of Uncontrolled Asthma and Related Comorbidities: Implications of Novel Mechanisms of Action for Managed Care	272,543.00
		354,188.00

Independent Medical Education Grants—Continued

1st Oct 2017–31th Dec 2017

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Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
PRIME Education, LLC	Advancing Specialty Pharmacy Decision-Making to Optimize Therapy Selection and Access in Uncontrolled and Severe Asthma	242,011.00
PRIME Education, LLC	Solving the Problem of Choice in Treatment Decisions for Patients with Rheumatoid Arthritis: Evidence-Based, Guideline-Directed, and Patient-Centered Strategies	182,535.00
Pri-Med Institute, LLC	Viscosupplementation for Osteoarthritis of the Knee: Who, When, and How?	149,499.92
Projects In Knowledge	Asthma—Practical Applications from ATS 2018: A Video Roundtable	50,000.00
Rutgers, The State University of New Jersey	Cognitive Dysfunction and Fatigue in Multiple Sclerosis	3,011.00
Sidney Kimmel Medical College at Thomas Jefferson	Thyroid Cancer 2017: New Advances in Diagnosis & Treatment	10,000.00
Society for Inherited Metabolic Disorders	2017 North American Metabolic Academy	20,000.00
St. Joseph's Regional Medical Center	Multiple Sclerosis: A Changing Landscape	1,300.00
The France Foundation	Achieving Better Control of Severe Asthma: New Understandings in Asthma Pathophysiology and Targeted Therapies	262,700.00
The France Foundation	Are You Ready? Recent Effective Atopic Dermatitis Therapy Considerations	240,720.00
The Regents of the University of California—UCLA Division of Nephrology	Post Doc Fellowship	63,000.00
UC Regents	Genetic Neuromuscular Diseases Fellowship	75,000.00
UMA Education, Inc. dba Global Education Group Tarsus Cardio dba South Beach Symposium	Beyond the Flare: A Practical Overview of the Newest Concepts in Atopic Dermatitis Pathogenesis and Treatment	25,000.00
UMA Education, Inc. dba Global Education Group Tarsus Cardio Inc., dba South Beach Symposium	2018 Masters of Pediatric Dermatology Symposium	20,000.00
University Neurology, Inc.	The 2017 New York State Multiple Sclerosis Consortium (NYSMSC) Annual Professional Research and Education Meeting	5,000.00
University of Alabama at Birmingham	2017 Fabry Fellowship	73,714.12
University of California, San Diego San Diego Neurology Society	Challenges in Pompe	4,800.00

University of Colorado School of Medicine American Thyroid Association	87th Annual Meeting of the American Thyroid Association	50,000.00
University of Louisville School of Medicine	Visiting Professor and Endocrine Grand Rounds	3,320.00
University of Louisville Global Academy for Medical Education Postgraduate Institute for Medicine	Skin Disease Education Foundation's 18th Annual Las Vegas Dermatology Seminar featuring the 14th Annual Psoriasis Forum	25,000.00 Collaboration ³
University of Louisville Postgraduate Institute of Medicine Global Academy for Medical Education	17th Annual Caribbean Dermatology Symposium	50,000.00 Collaboration ³
University of Louisville Postgraduate Institute of Medicine Global Academy for Medical Education	Skin Disease Education Foundation's 42nd Annual Hawaii Dermatology Seminar	50,000.00 Collaboration ³
University of Massachusetts Medical School CME Education Resources	New Frontiers and Pivotal Investigation-Based Advances in the Pathobiology and Management of Atopic Dermatitis	369,000.00 Collaboration ³
Vindico Medical Education, LLC	Shutting Down MS: New Insights on Induction, Escalation, Oral Agents, and Monitoring	196,378.58
WEBMD Global	Advancing the Care of Patients With Atopic Dermatitis-International Perspectives for OUS MDS: An Initiative developed in partnership with the University of Sheffield Medical School, Dermatology Research	301,000.00

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Organization Name	Amount
Acid Maltase Deficiency Association INC.	\$5,000.00
Allergy & Asthma Network Mothers of Asthmatics, INC	\$50,000.00
Allergy & Asthma Network Mothers of Asthmatics, INC.	\$117,000.00
Allergy & Asthma Network Mothers of Asthmatics, INC.	\$25,000.00
Allergy & Asthma Network Mothers of Asthmatics, INC.	\$25,000.00
Allergy & Asthma Network Mothers of Asthmatics, INC.	\$25,000.00
Allergy & Asthma Network Mothers of Asthmatics, INC.	\$25,000.00
Allergy & Asthma Network Mothers of Asthmatics, INC.	\$60,000.00
Allergy & Asthma Network Mothers of Asthmatics, INC.	\$75,000.00
Alliance for the Adoption of Innovations in Medicine	\$50,000.00
American Association Of Kidney Patients Inc.	\$362,293.31
American Association Of Kidney Patients Inc.	\$10,000.00
American College of Allergy, Asthma & Immunology	\$6,000.00
American College of Allergy, Asthma & Immunology	\$30,000.00
American College of Allergy, Asthma & Immunology	\$70,000.00
American College of Allergy, Asthma & Immunology	\$100,000.00
American College of Allergy, Asthma & Immunology	\$60,000.00
American College of Allergy, Asthma & Immunology	\$55,000.00
American College of Allergy, Asthma & Immunology	\$95,000.00
American College of Allergy, Asthma & Immunology	\$165,000.00
American College of Allergy, Asthma & Immunology	\$35,000.00
American College of Allergy, Asthma & Immunology	\$30,000.00
American College of Allergy, Asthma & Immunology	\$150,000.00
American College of Allergy, Asthma & Immunology	\$175,000.00
American Kidney Fund Inc.	\$40,000.00
American Kidney Fund Inc.	\$10,000.00
APFED (American Partnership for Eosinophilic Disorders)	\$15,000.00
Arthritis Foundation	\$100,000.00
Arthritis Foundation	\$25,000.00
Arthritis Foundation	\$25,000.00
Arthritis Foundation	\$3,500.00
Arthritis Foundation	\$1,250.00
Arthritis Foundation	\$5,000.00
Arthritis Foundation	\$10,000.00
Arthritis Foundation	\$3,500.00
Arthritis Foundation	\$250,000.00
Arthritis Foundation	\$250,000.00
Arthritis Foundation	\$30,000.00
Arthritis Foundation	\$100,000.00
Arthritis Foundation	\$100,000.00
Arthritis Foundation Inc.	\$2,500.00
Arthritis Foundation of NENY	\$5,000.00
Association For Glycogen Storage Disease	\$3,000.00
Asthma and Allergy Foundation of America	\$150,000.00
Asthma and Allergy Foundation of America	\$24,200.00
Asthma and Allergy Foundation of America	\$50,000.00
Asthma and Allergy Foundation of America	\$75,000.00
Asthma and Allergy Foundation of America	\$100,000.00
Asthma and Allergy Foundation of America, New England Chapter	\$20,000.00
Aubrey Rose Foundation	\$25,000.00
Barbara Ann Karmanos Cancer Institute	\$10,000.00
Be The Match Foundation	\$40,000.00
Berkshire Resource Project	\$1,500.00

Organization Name	Amount
Berkshire Resource Project	\$1,500.00
Beyond the Diagnosis	\$10,000.00
Can Do Multiple Sclerosis	\$8,000.00
Can Do Multiple Sclerosis	\$40,000.00
Can Do Multiple Sclerosis	\$26,000.00
Can Do Multiple Sclerosis	\$10,000.00
Can Do Multiple Sclerosis	\$10,000.00
Can Do Multiple Sclerosis	\$20,000.00
Can Do Multiple Sclerosis	\$20,000.00
Can Do Multiple Sclerosis	\$30,000.00
Can Do Multiple Sclerosis	\$40,000.00
Can Do Multiple Sclerosis	\$70,000.00
Can Do Multiple Sclerosis	\$30,000.00
Community Oncology Alliance	\$75,000.00
CrowdCare Foundation	\$45,000.00
Cure GM1 Incorporated	\$5,000.00
Cure GM1 Incorporated	\$5,000.00
Cystic Fibrosis Foundation	\$10,000.00
EveryLife Foundation for Rare Diseases	\$10,000.00
EveryLife Foundation for Rare Diseases	\$30,000.00
EveryLife Foundation for Rare Diseases	\$5,000.00
EveryLife Foundation for Rare Diseases	\$30,000.00
EveryLife Foundation for Rare Diseases	\$15,000.00
EveryLife Foundation for Rare Diseases	\$25,000.00
EveryLife Foundation for Rare Diseases	\$20,000.00
Fabry Support & Information Group	\$22,000.00
Fabry Support & Information Group	\$1,500.00
Fabry Support & Information Group	\$50,000.00
Fabry Support & Information Group	\$30,000.00
Fabry Support & Information Group	\$100,000.00
Florida Hemophilia Association	\$3,000.00
Foundation Fighting Blindness Inc.	\$5,000.00
Fundacion de Esclerosis Multiple de Puerto Rico	\$15,000.00
Global Alliance for Patient Access	\$115,000.00
Global Alliance for Patient Access	\$30,000.00
Global Healthy Living Foundation, Inc.	\$100,000.00
Global Healthy Living Foundation, Inc.	\$50,000.00
Global Parents for Eczema Research, a project of Heluna Health	\$47,438.00
Great Lakes Hemophilia Foundation Inc.	\$2,500.00
Hemophilia Foundation of Northern California	\$5,000.00
Hemophilia of Iowa	\$1,500.00
Hemophilia of Iowa	\$1,000.00
Hemophilia of North Carolina	\$5,000.00
Hermansky-Pudlak Syndrome Network	\$24,935.00
Holy Name Health Care MS Center	\$2,500.00
Holy Name Health Care MS Center	\$2,500.00
Hope for Hemophilia	\$15,000.00
Hope for Hemophilia	\$15,000.00
International Myeloma Foundation	\$75,000.00
International Myeloma Foundation	\$50,000.00
International Myeloma Foundation	\$75,000.00
International Society For Mannosidosis & Related Disease Inc.	\$30,000.00
Kessler Foundation	\$5,000.00

Organization Name	Amount
Leukemia & Lymphoma Society—MA Chapter	\$20,000.00
Light of Life Foundation	\$5,000.00
Little Miss Hannah Foundation	\$1,000.00
Lone Star Chapter of the National Hemophilia Foundation	\$15,000.00
Lymphoma Research Foundation	\$20,000.00
March of Dimes Foundation	\$10,000.00
March of Dimes Foundation	\$15,000.00
Mercy Foundation	\$20,000.00
Mid America MS Achievement Center	\$5,000.00
Mid America MS Achievement Center	\$5,000.00
MLD Foundation	\$12,000.00
MLD Foundation	\$12,000.00
MS Bright Spots of Hope	\$2,500.00
MS Cure Fund	\$3,000.00
MS Cure Fund	\$5,250.00
MS Cure Fund	\$2,500.00
MS Dream Center—RI, Inc.	\$3,000.00
MS HOPE FOR A CURE INC.	\$10,000.00
MS Views and News	\$25,000.00
MS Views and News	\$50,000.00
MS Views and News	\$30,000.00
MS Views and News	\$30,000.00
MS Views and News	\$10,000.00
MS Views and News	\$40,000.00
MS Views and News	\$25,000.00
MSWorld, Inc.	\$4,000.00
Multiple Myeloma Cure Seeker Society	\$5,000.00
Multiple Sclerosis Association of America	\$200,000.00
Multiple Sclerosis Association of America	\$30,000.00
Multiple Sclerosis Association of America	\$25,000.00
Multiple Sclerosis Association of America	\$50,000.00
Multiple Sclerosis Association of America	\$50,000.00
Multiple Sclerosis Association of America	\$46,031.00
Multiple Sclerosis Center of Georgia	\$10,000.00
Multiple Sclerosis Center of Georgia	\$7,000.00
Multiple Sclerosis Foundation	\$30,000.00
Multiple Sclerosis Foundation	\$20,000.00
Multiple Sclerosis Foundation	\$50,000.00
Multiple Sclerosis Resources of Central New York, Inc.	\$7,500.00
Muscular Dystrophy Association	\$20,000.00
Muscular Dystrophy Association	\$430,000.00
National Bone Marrow Transplant Link	\$3,000.00
National Eczema Association	\$100,000.00
National Eczema Association	\$85,000.00
National Eczema Association	\$100,000.00
National Eczema Association	\$75,000.00
National Eczema Association	\$100,000.00
National Fabry Disease Foundation	\$100,000.00
National Fabry Disease Foundation	\$100,000.00
National Fabry Disease Foundation	\$40,000.00
National Gaucher Foundation	\$1,500,000.00
National Gaucher Foundation	\$650,000.00
National Gaucher Foundation	\$200,000.00

Organization Name	Amount
National Gaucher Foundation	\$1,900,000.00
National Hemophilia Foundation	\$37,500.00
National Hemophilia Foundation	\$100,000.00
National Hemophilia Foundation	\$9,479.00
National Kidney Foundation	\$3,700.00
National Kidney Foundation	\$10,000.00
National Kidney Foundation	\$10,000.00
National MPS Society	\$500.00
National MPS Society	\$20,000.00
National MPS Society	\$100,000.00
National MS Society	\$5,000.00
National Multiple Sclerosis Society	\$780,000.00
National Multiple Sclerosis Society	\$65,000.00
National Multiple Sclerosis Society	\$15,000.00
National Multiple Sclerosis Society	\$2,500.00
National Multiple Sclerosis Society	\$15,000.00
National Multiple Sclerosis Society	\$750,000.00
National Multiple Sclerosis Society	\$150,000.00
National Multiple Sclerosis Society New York City Chapter	\$2,500.00
National Multiple Sclerosis Society New York City Chapter	\$1,100.00
National Multiple Sclerosis Society New York City Chapter	\$15,000.00
National Multiple Sclerosis Society New York City Chapter	\$122,100.00
National Multiple Sclerosis Society New York City Chapter	\$5,000.00
National Multiple Sclerosis Society New York City Chapter	\$1,250.00
National Multiple Sclerosis Society New York City Chapter	\$300.00
National Multiple Sclerosis Society New York City Chapter	\$1,000.00
National Multiple Sclerosis Society New York City Chapter	\$5,000.00
National Multiple Sclerosis Society New York City Chapter	\$5,000.00
National Niemann-Pick Disease Foundation	\$40,000.00
National Organization for Rare Disorders, Inc.	\$50,000.00
National Organization for Rare Disorders, Inc.	\$5,000.00
National Organization for Rare Disorders, Inc.	\$25,000.00
National Organization for Rare Disorders, Inc.	\$100,000.00
National Organization for Rare Disorders, Inc.	\$75,000.00
National Organization for Rare Disorders, Inc.	\$50,000.00
National Tay-Sachs & Allied Diseases Association, Inc.	\$20,000.00
National Tay-Sachs & Allied Diseases Association, Inc.	\$10,000.00
National Tay-Sachs & Allied Diseases Association, Inc.	\$10,000.00
New England Hemophilia Association	\$5,000.00
New England Hemophilia Association	\$10,000.00
New England Hemophilia Association	\$2,500.00
New England Hemophilia Association	\$7,500.00
Next Step Fund Inc.	\$10,000.00
OhioHealth Corporation	\$25,000.00
Osteogenesis Imperfecta Foundation	\$5,000.00
Patient Access Network Foundation	\$300,000.00
Patient Empowerment Network	\$20,000.00
Patient Empowerment Network	\$20,000.00
Patient Services, Inc.	\$662,500.00
Patient Services, Inc.	\$2,381,250.00
Patient Services, Inc.	\$4,797,500.00
Patient Services, Inc.	\$1,418,750.00
Patient Services, Inc.	\$1,365,000.00

Organization Name	Amount
PKD Foundation	\$50,000.00
PKD Foundation	\$20,000.00
PKD Foundation	\$25,000.00
Prostate Cancer Foundation	\$300,000.00
Prostate Health Education Network Inc.	\$20,000.00
Quinn Madeleine Inc.	\$5,000.00
Rare Disease United Foundation	\$15,000.00
Rare New England, INC.	\$4,000.00
Rare New England, INC.	\$4,000.00
Rare New England, INC.	\$4,000.00
Rocky Mountain Multiple Sclerosis Center	\$2,500.00
Rocky Mountain Multiple Sclerosis Center	\$5,000.00
Rocky Mountain Multiple Sclerosis Center	\$5,000.00
Rocky Mountain Multiple Sclerosis Center	\$2,500.00
Rocky Mountain Multiple Sclerosis Center	\$3,000.00
Sofia Sees Hope	\$22,000.00
Swiss Hemophilia Society (Schweizerische Hämophilie Gesellschaft)	\$2,600.00
The Assistance Fund, Inc.	\$10,000,000.00
The Leukemia & Lymphoma Society Eastern PA Chapter	\$10,000.00
ThyCa: Thyroid Cancer Survivors' Association, Inc.	\$5,000.00
ThyCa: Thyroid Cancer Survivors' Association, Inc.	\$3,000.00
ThyCa: Thyroid Cancer Survivors' Association, Inc.	\$5,000.00
ThyCa: Thyroid Cancer Survivors' Association, Inc.	\$10,000.00
Tisch Multiple Sclerosis Research Center of New York, Inc.	\$15,000.00
Tisch Multiple Sclerosis Research Center of New York, Inc.	\$2,500.00
Transplant Life Foundation	\$12,000.00
Tri-State Multiple Sclerosis Association	\$2,500.00
United Pompe Foundation	\$50,000.00
United Pompe Foundation	\$42,500.00
United Pompe Foundation	\$30,000.00
United States Bone and Joint Initiative, NFP	\$80,000.00
United States Bone and Joint Initiative, NFP	\$30,000.00
United States Bone and Joint Initiative, NFP	\$25,000.00
University of Minnesota Foundation	\$5,000.00
Us TOO International	\$2,500.00
Us TOO International	\$30,000.00
Wylder Nation Foundation	\$5,000.00
Wylder Nation Foundation	\$15,000.00

Program/Event

PCMA of Texas's Pull for Pompe	Telehealth 2018	Patient Awareness Program
Understanding Severe Asthma Program	2018 USAsthma Summit	Corporate Council 2018
2018 Allergy & Asthma Awareness Day	2018 Asthma Bloggers Conference	Understanding Severe Asthma Guide
Webinars on Dermatological Conditions in the Workplace	Medical Education	Education Project
Eczema Online Program	Patient Awareness Program	Patient Awareness Program
Fellow-in-Training Travel Scholarships	Severe Atopic Dermatitis Toolkit Program	2018 Corporate Council Membership

Program/Event—Continued

Biologics Education Program	Severe Asthma Allergist and Patient Education	Webinar Education Program
Severe Asthma Patient Education	Practice Management Center: Expansion and Enhancement	Educational Tools for Allergists and Patient Education Campaign
Patient Education Program	Proposal Request in Support of 360 Degrees of Care	Annual Patient Education Conference
Patient Voice Access Project	Arthritis Foundation Patient Engagement at ACR	2018 Arthritis Foundation Conference of Champions
2018 Bone Bash Fundraiser	Silver Ball Fundraiser	Evening of Honors Fundraiser
Freedom of Movement Fundraiser	San Francisco Bone Bash Fundraiser	2018 Jingle Bell Run
Walk to Cure Arthritis	Arthritis Industry Forum (AIF)	Patient Awareness Program
Patient Education and Awareness Program	2018 Bone Bash Fundraiser	Albany Commitment to a Cure Fundraiser
Annual GSD Conference	Patient Education Program	Patient Access Program
My Life With AD	AAFA's Patient Support Center	My Kids' Life With Asthma
Be Smart and Breathe Easy Patient Education	Medical Resources for Children: An Invaluable Database	8th Annual Prostate Cancer Symposium
Be The Match 2018 National Walk+Run Series	Patient Education and Awareness Program	Patient Education Program
Operating Support	Patient Awareness Program	2019 SKI for MS
2019 JUMPSTART Program Exhibits	2018 MS Global Patient Programs	9th Annual Can Do Month
2018 Young Professionals Program	2018 JUMPSTART Program Exhibition	2018 Online Programs Sponsorship
2018 CAN DO Program	2018 JUMPSTART Program	2018 Can Do On Demand
2018 COA Corporate Sponsorship	Patient Awareness Program	2nd GM1 Research Symposium
TORCH award donation	Fundraiser event	Patient Awareness Program
RareVoice Awards	Rare Disease Scientific Workshop	RARE on the Road Leadership Series
Patient Awareness Program	Rare Disease Week Sponsorship	Community Congress
FSIG Patient Meetings	2018 Fun Run/Walk	2018 FSIG Expert Fabry Conference
Patient Assistance Program	Operating Support	35th Annual Florida Bleeding Disorders Conference
Boston VisionWalk	Managing MS: A multidisciplinary approach	European RA patient online program
European Alliance for Patient Access RA Stakeholders Workshop	Patient Education and Awareness Program	50-State Network Patient Advocacy
Assessing and Communicating the Impact of AD on Patients and Families	2018 Wisconsin Bleeding Disorders Conference	BLeaders
Annual Meeting Sponsorship	Teen Program	Family Education Program
Research Program	2018 MS Awards Reception	21st Annual Spring Fling for MS
Superhero Run/Walk—Covington	2018 Superhero Hope Run/Walk—Wichita	Long Term Care Survivors Initiative

Program/Event—Continued

2018 IMF Patient and Family Seminars and Regional Community Workshops	9th Annual International Myeloma Working Group Summit	6th Glycoproteinases International Conference—Atlanta—USA
Kessler Foundation's 2018 Stroll 'N Roll Walk	Light The Night Boston	Light of Life Foundation 2018 Patient Activities
3rd Annual Vegas Cares About Rare Kids 5K Fundraising Event	Texas Bleeding Disorders Conference 2018	Research Program
	Boston March for Babies	Multiple Sclerosis Achievement Center Wellness Education programs
Eat Bid Laugh 7 Program	Race to Nowhere 2018	RUSP Roundtable Program
RUSP Roundtable Program	MS Bright Spots Evening of Hope	6th ANNUAL MS ADAPTIVE SKI DAY—THRIVING BEYOND MS!
Relapse Management and Rehabilitation Program	MS ALPINE ADVENTURES® 2018 ADAPTIVE SKI DAY	Exhibit Sponsorship
2018 MS Hope Day	Patient Education and Awareness Program	Patient Education and Awareness Program
Patient Education and Awareness Program	Patient Education and Awareness Program	2018 Champions Tackling MS Awards Dinner
Patient Education and Awareness Program	Patient Education and Awareness Program	2018 "MSWorld Talks" Cleveland Clinic: Display Table
2018 Defeat Multiple Myeloma Run/Walk	Patient Assistance Program	A Better Understanding of MS within the Hispanic Community
Patient Education and Awareness Program	2018 Multiple Sclerosis Summit: A Community Conference and Exposition	MS Awareness Month 2018
2018 Needs Assessment	MS Fest for Patients	Health, Hope & Hops
MS Focus' Homecare Assistance Grant Program	MS Focus' Assistive Technology Program	National MS Education and Awareness Month® 2018
2018 Mission Steps Walk and MS Awareness Days	Congress Sponsorship	Community Education and Engagement Support
Resource Guide of Helpful Organizations	Eczema Awareness Month-Unhide Eczema Campaign	The Face of Atopic Dermatitis in America
Eczema Expo '18	Atopic Dermatitis Teen Commitment Campaign	Educational Webcasts for Patients & Caregivers
Operating Support	2018 Fabry Community Support and Education programs	Community support programs
Patient Assistance Program	Patient Education and Awareness Program	Patient Education and Awareness Program
Patient Assistance Program	NHF 2018 Bleeding Disorders Conference	UNITE for Bleeding Disorders National Walk 2018
NHF Bleeding Disorders Conference 2018	Congress Sponsorship	New York City Kidney Walk
The Big Ask The Big Give	In-Kind Donation	National MPS Society National Run Program
2018—15th International Symposium on MPS and Related Diseases	Bike MS: City to Shore Ride	National sponsorship of Walk MS and local sponsorship of select Bike MS events

Program/Event—Continued

MS Breakthroughs Program	2018 National MS Society Leadership Conference	Women on the Move—Pittsburgh
Everyday Matters: Living Your Best Life with MS	National MS Society National Event Sponsorship	Fellowship Program
Knoxville Fall Crush	40th Annual Ambassadors Fund-raiser	Mood Changes In MS
Alliance Industry Forum 2018	On the Move Luncheon—New Orleans	Women on the Move Luncheon and Fashion Show—Cincinnati
Women On the Move—Washington, D.C.	2018 On the Move Luncheon—St Louis	On The Move Luncheon-Houston
2017 On The Move Luncheon—Dallas TXH	Patient Education and Awareness Program	Patient Assistance Program
Running for Rare	2018 Corporate Council Membership—Corporate Product Member	Patient Education and Awareness Program
2018 Rare Diseases and Orphan Product Breakthrough Summit	2018 Rare Impact Awards	Imagine & Believe Program
Voices of Determination, An Evening to Benefit NTSAD	40th Annual Family Conference	Congress Sponsorship
Family Camp	Massachusetts Advocacy Days	New England Hemophilia Association 9th Annual Walk
Face Forward Campference and Year-Round Programming for Youth With Rare Genetic Disorders	OhioHealth Multiple Sclerosis Wellness Program	Conference Sponsorship
Patient Assistance Program	Multiple Myeloma Community Meetings	2018 Myeloma Patient Café®
Patient Assistance Program	Patient Assistance Program	Patient Assistance Program
Patient Assistance Program	Patient Assistance Program	Walk for PKD
2018 Boston Walk for PKD	2018 PKD Connect National Conference	25th Annual Scientific Retreat
PHEN Rally Against Prostate Cancer	TORCH award donation	Beyond the Diagnosis
Rare New England Inc.	RNE Honors Rare Disease Day Speakers Series 2019	Patient Education and Awareness Program
2018 RMMSC Annual Fundraiser	2018 MS4MS (Multiple Summits for MS)	Rocky Mountain MS Center's Spring Education Summit
2018 Conversations on MS	2018 Webinar Series	LCA and IRD Community Outreach and Education
70th NHF Bleeding Disorders Conference	Patient Assistance Program	LLS Light The Night Events
Website Update Project	Congress Sponsorship	21st International Thyroid Cancer Survivors' Conference
Patient Education and Awareness Program	Patient Education and Awareness Program	2018 Future Without MS Fund-raiser
Donate Life Transplant Games	Autumn Walks	Fiscal Year 2018
Patient Meeting	Patient Meeting	Experts in Arthritis Program
Access Program	Corporate Sponsorship	Marrow on the Move

Program/Event—Continued

14th Annual SEA Blue Prostate
Cancer Walk & Run

Us TOO Prostate Cancer Regional
Educational Symposiums

TORCH award donation

5th Annual Living Like a Warrior
Gala

**Independent Medical Education Grants
1st Jan 2018–31st Mar 2018**

Sanofi US and its affiliate Genzyme Corporation are committed to supporting independent medical education activities in therapeutic areas in which the Company is involved, for healthcare professionals, patients, and consumers to improve patient care and health outcomes in therapeutic areas in which the Company is engaged. Sanofi US and Genzyme Corporation are part of the Sanofi Group, a global pharmaceutical company.

Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
University of Kansas Continuing Education & Professional Development	2017 Muscle Study Group Scientific annual Meeting—Neuromuscular Therapeutics: Bench to Bedside and Beyond	25,000
National Jewish Health PVI Peerview institute for Medical Education Inc.	PeerView inPlay and inClinic: “Optimizing Asthma Control Through Accurate Identification, Evidence-Based Management and Targeted Therapeutic Options”	209,000
Aventura Hospital	Miami Thyroid Oncology Symposium	10,000
AcademicCME, LLC.	ASCO GU 2018: A Clinical Analysis of Optimal Therapeutics to Improve Outcomes in Patients with Prostate Cancer	82,300
The Medical College of Wisconsin, Inc. PVI, PeerView Institute for Medical Education, Inc.	PeerView Live at BMT 2018, “Integrated Myeloma Management & Enhanced Patient Outcomes: The Conjunction of Novel Therapeutic Platforms, Innovative Agents, and Stem Cell Transplant”	88,555
American Society of Transplant Surgeons	18th Annual State of the Art Winter Symposium The Future Is Now: Saving More Lives Through Transplantation	75,000
The Medical College of Wisconsin, Inc. Carden Jennings Publishing	Optimal Use of Stem Cell Mobilization in Patients with Multiple Myeloma and Non-Hodgkin’s Lymphoma	305,000
Medical Learning Institute PVI, PeerView Institute for Medical Learning	PeerView inReview, “Assessing the Potential Impact of New Consensus Recommendations and Ongoing Clinical Trials of Emerging Therapies on the Diagnosis and Treatment of Acid Sphingomyelinase Deficiency”	104,250
National Society of Genetic Counselors (NSGC)	New Lysosomal Storage Disease Healthcare Advocate Workshop 2018	42,637
American Society of Clinical Oncology, Inc. Conquer Cancer Foundation of the American Society of Clinical Oncology	2018 Genitourinary (GU) Cancers Symposium: Translating Evidence to Multidisciplinary Care	30,000
American Association of Clinical Endocrinologists	Advances in Medical & Surgical Management of Thyroid Cancer	15,000
ScientiaCME LLC	Atopic Dermatitis (AD): Best Practices, Barriers to Care, and Emerging Therapies in Medication Management	19,100
Potomac Center for Medical Education Rockpointe Corporation	Risk-Benefit Analysis and Personalized Treatment in Multiple Sclerosis: Basing Treatment Goals on the Latest Evidence	100,000

Independent Medical Education Grants—Continued

1st Jan 2018–31st Mar 2018

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Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
Elsevier Office of Continuing Medical Education ASiM CE, LLC University of Cincinnati Advances in Cosmetics and Medical Dermatology Postgraduate Institute for Medicine	Moving from Treating Atopic Dermatitis Symptoms to Treating Underlying Pathology MauiDerm 2018	165,000 50,000
American Society for Blood and Marrow Transplantation UT Southwestern Medical Center Regents of the University of California Physicians' Education Resource Physicians' Education Resource, LLC (PER) National Comprehensive Cancer Network	The Rheumatoid Arthritis Vital Education Initiative: New Horizons in Therapeutic Options (RAVE: New Horizons) American Society for Blood and Marrow Transplantation New Investigator Award 40th Annual Carrel-Krusen Neuromuscular Symposium 6th Annual UC San Diego Essentials and Advances in Apheresis Multiple Sclerosis: A Treatment Paradigm Shift when Time is Brain 2018 New York GUT™: 11th Annual Interdisciplinary Prostate Cancer Congress® NCCN 23rd Annual Conference: Improving the Quality, Effectiveness, and Efficiency of Cancer Care™	264,800 65,000 5,000 5,000 85,100 50,000 25,000
UNTHSC Cleveland Clinic Educational Foundation Medical Learning Institute, Inc. PVI, PeerView Institute for Medical Education, Inc. Penn State College of Medicine PVI, PeerView Institute for Medical Education Inc. UMA Education Inc., dba Global Education Group American Society of Transplantation American College of Rheumatology PRIME Education, LLC	Overcoming Persistent Barriers to Effective Management of Atopic Dermatitis 2018 Nephrology Update PeerView in Session, "New Developments in Allergic and Inflammatory Diseases: Clinical Updates From San Diego and Orlando" Science and Stories: Navigating the Prostate Cancer Landscape: Urologists at the Intersection of Emerging Evidence and Patient Centric Care Cutting Edges of Transplantation 2018: Breaking through Regulatory Barriers to Unleash Transplant Innovation to Success 2018 ACR Rheumatology Courses Global Perspectives on Current and Emerging Biologic Therapies for Rheumatoid Arthritis	72,500 10,000 168,730 90,000 40,000 75,000 151,341
The Medical College of Wisconsin, Inc. Carden Jenning's Publishing Co., Ltd.	The 28th Annual International Prostate Cancer Update (IPCUC 28)	10,000

NYU Post-Graduate Medical School AcademicCME, LLC.	NYU Langone Seminar in Advanced Rheumatology Individualizing Treatment Plans to Reduce Disease Activity in Patients with Rheumatoid Arthritis	20,000
Physicians' Education Resource, LLC (PER)	Medical Crossfire®: Personalizing Care for Multiple Myeloma Patients: Current and Future Sequencing Strategies	75,000
American College of Surgeons	The changing face of thyroid cancer management for surgeons: real-life applications of the new ATA guidelines	40,900
Penn State College of Medicine PVI, PeerView Institute for Medical Education, Inc.	PeerView Live at ASCO 2018: "How I Think, How I Treat: A Personal Look at Innovative Therapy and Meeting Patient Needs in Multiple Myeloma"	75,000
UMA Education Inc., LLC dba: Global Education Group (GLOBAL)	Evolving Management Strategies for Moderate-to-Severe Atopic Dermatitis: Looking Beyond Barriers to Optimized Therapy	346,647
Physicians' Education Resource, LLC (PER)	Advances InT Supportive Care: An Onco-Nurses Guide to Managing Cancer Treatment-Related Toxicities	50,000
National Association of Managed Care Physicians	Exploring the Challenges of Severe Asthma: Implementing Personalized Treatment Plans for Improved Patient Outcomes	45,000
National Association for Continuing Education	Conversations in Dermatology The Evolving Paradigm in Atopic Dermatitis: Integrating Evolving Treatments to Improve Outcomes	59,000
Eastern Virginia Medical School	Multiple Sclerosis Symposium 2018	5,000
University of Kansas Medical Center	Neuromuscular Review Course	25,000
American Academy of Pas Medical Logix, LLC Med-IQ, LLC	Moving Toward Improved Outcomes in MS: How PAs Can Make a Difference	50,000
Cleveland Clinic Educational Foundation	Preventing Tumor Lysis Syndrome: Risk Assessment and Appropriate Prophylaxis	75,000
Johns Hopkins University School of Medicine	Cleveland Clinic Neurological Institute Summit 2018: MS Treatment Strategies	50,000
National Association of Managed Care Physicians	14th Annual Advances in the Diagnosis and Treatment of the Rheumatic Diseases	30,000
Annenberg Center for Health Sciences at Eisenhower Dana Farber Cancer Institute	Implementing Newer Biologic Therapies to Improve Economic and Clinical Outcomes in Patients with Moderate to Severe Atopic Dermatitis	57,000
Elsevier Office of Continuing Medical Education ASiM CE LLC Dannemiller	Master Class for Oncologists	30,000
National Association of Managed Care Physicians	Rising to the Challenge: Diagnosis and Optimal Management of Atopic Dermatitis in the Primary Care Setting	124,000
National Kidney Foundation	Novel Treatment Advances and Approaches in Rheumatoid Arthritis: Personalizing Therapy for Improved Clinical and Economic Outcomes	45,000
Annenberg Center for Health Sciences at Eisenhower PlatformQ Health Education, LLC	Managing the Life-Long Impact of Fabry Disease	265,995
Michael J Fox Foundation	Optimal Treatment sequencing in Metastatic Castration-Resistant Prostat Cancer: Expert Analysis through Case Studies	65,000
	MDS-PAS Movement Disorders School for Neurology Residents	20,000

Independent Medical Education Grants—Continued

1st Jan 2018–31st Mar 2018

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Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
Penn State College of Medicine PVI, PeerView Institute for Medical Education, Inc.	Science and Stories at ASCO 2018: Making an Impact in Prostate Cancer—Using Expert Experience and Evidence to Personalize the Complex Treatment Landscape	100,000
Purdue University Clinical Care Options, LLC	Advancing Care in Prostate Cancer: Aligning Your Practice With Rapidly Evolving Standards of Care Throughout the Disease Continuum	80,000
Continuing Education Alliance	2018 PCE Oncology Symposia Series Segment: Sequencing Therapy in Patients with Castration-Resistant Prostate Cancer	125,000
University of Chicago	At the Forefront of Hepatology	5,000
National Association of Managed Care Physicians	The Value of Personalized Treatment Sequencing for Castration-Resistant Prostate Cancer	45,000
Vindico Medical Education, LLC	Immunology Bootcamp	100,000
American Urological Association	2018 Evidence-based Clinical Management of Advanced and Castration-Resistant Prostate Cancer	100,000
International Transplant Nurses Society	European Transplant Nursing Symposium	10,000
UMA Education Inc., dba Global Education Group	R.A.P.I.D.®—Rheumatoid Arthritis: A Primary Care Initiative for Improved Diagnosis and Outcomes	200,000
FACTORx MedEd Consulting Improve CME, LLC		
NACE Pri-Med Indegene, Inc.		
Postgraduate Institute for Medicine	The Learning Pathway in Atopic Dermatitis: Maximizing Positive Outcomes for Your Patients	362,310
American Urological Association	AUA 2018 Highlights in Advanced and Castration-Resistant Prostate Cancer	80,000
PESI Inc.	15th Annual World Congress on Insulin Resistance, Diabetes & Cardiovascular Disease	50,000
Horizon CME	Improving the Quality of Care in Patients with Diabetes through a Simulated QI Experience	237,900
Joslin Diabetes Center	Long-acting Insulins in Treatment of Type 2 Diabetes: Aligning Provider and Patient Perspectives to Address Therapeutic Barriers	324,500
Boston University School of Medicine Practicing Clinicians Exchange (PCE)	Balancing Glycemic Control and Hypoglycemia in T2DM: the Role of long-acting Basal Insulin Analogues	435,000

Physicians' Education Resource	Physiologic Insulin Replacement: Practical Strategies for Insulin Initiation and Titration of Long-Acting Insulins	105,650
University of Massachusetts Medical School CMEducation Resources	The Foundational role of Physiologic, long-acting Basal Insulin: Optimizing the safety-efficiency equation in vulnerable patients with T2D	341,000
Postgraduate Institute for Medicine CMEducation Resources	Targeting diabetic patients for Physiologic, long-acting Basal Insulin therapy—A best practice roadmap to clinical success	496,200
The Endocrine Society Institute for Medical and Nursing Education, Inc.	Diabetes Masters Series 2018: Getting to the heart of the matter: Multidisciplinary perspectives on patient-centered care in T2DM	249,885
American Association of Diabetes Educators	Leveraging CDEs to Improve Individualized Management of T2D: Focus on Injectable Therapies	1,024,440
Pharmacy Times Continuing Education	An American Journal of Managed Care Medical Crossfire: Evaluating New Generation Basal Insulin Therapy	202,150
American Association of Nurse Practitioners	The I's Have It: Improving Insulin Initiation Inertia A Nurse Practitioner-Led Quality Initiative	358,557
Pri-Med Institute, LLC	Newer Long-acting Insulins: A Physiologic Approach to Glucose Control	721,504
National Association for Continuing Education	Clinical Updates for NPs and PAs: 2018—Advances in Insulin Therapy: Another Step Closer to a More Physiological Strategy	244,585
Institute for Medical and Nursing Education, Inc.	AAPP 2018: Building Basal Knowledge: Establishing a Solid Foundation for Using New Options in Basal Insulin for T2DM	374,867
NACCME, LLC	Incorporating Long-Acting Insulin Therapy into the Physiologic Approach to Diabetes Management	180,565
Postgraduate Institute for Medicine CMEducation Resources	Multi-Mechanistic, Insulin-Based Approaches for Achieving HbA1c/PPG Targets and Optimizing Safety in Challenging Patients with T2D	347,000
Pharmacy Times Continuing Education	Emerging Strategies for the Safe and Effective Treatment of Uncontrolled Diabetes: The Application of Fixed Ratio Combination Insulin/GLP-1 RA Options	81,303
Boston University School of Medicine Practicing Clinicians Exchange	Type 2 Diabetes: New Treatment Combinations for Early and Aggressive Glucose Control	870,000
Postgraduate Institute for Medicine CMEducation Resources	Complementary insulin-based approaches for achieving HbA1c/PPG targets and optimizing safety in patients with T2D: A best practice roadmap	935,000
American Academy of PAs	Achieving Quality Measures in T2DM: Addressing Clinical Inertia and Patient Needs with Complementary Insulin-Based Therapies	199,600
National Association for Continuing Education	Clinical Updates for NPs and PAs: 2018—Combination Basal Insulin and GLP-1 RA Therapy: A Physiologic Approach to Diabetes Care	244,585
North Carolina Academy of Family Physicians Med-IQ, LLC	Ready, set, action: An intervention to combat clinical inertia and reduce prolonged hyperglycemia in T2DM	372,477

Independent Medical Education Grants—Continued
1st Jan 2018—31st Mar 2018

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Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
Pharmacy Times Continuing Education	The Advent of Insulin/GLP-1 RA Fixed-Ratio Agents for Uncontrolled Diabetes: Moving Past the Barriers of Clinical Inertia	129,020
Pri-Med Institute, LLC	Treatment Intensification in T2DM: A Pathophysiologic Approach to Combining GLP-1 Receptor Agonists with Basal Insulin	721,504
American Association of Clinical Endocrinologists	Endocrine University: Lipids Module	4,000
Elsevier Office of Continuing Medical Education Integritas Communications	Raising the Bar by Lowering the Target: Integrating PCSK9 Inhibitors into Hypercholesterolemia Management	419,083
University of Tennessee College of Pharmacy	Breaking Barriers to Diabetes Control with GLP-1RA/ Insulin Combination Agents: Opportunities for the Community Pharmacist	165,000
American Association of Nurse Practitioners	Advances in Diabetes Management: Titratable Fixed-Ratio Combination Therapy and its Role in T2DM Treatment	235,873
University of California, San Diego	Comparing and Contrasting Basal Insulin Strategies in Type 1 and Type 2 Diabetes	481,775
University of Massachusetts Medical School CMEdu- cation Resources	The Mechanistic and Therapeutic Rationale for Dual SGLT1/2 Inhibition in Adults with Type 1 Diabetes	342,750
American Association of Clinical Endocrinologists Insti- tute for Medical and Nursing Education, Inc.	AACE 2018—Reflecting on the Data Pool: Emerging Roles for SGLT1 and SGLT2 In- hibition in T1DM	357,151
American Association of Diabetes Educators E&S MedEd Group, Inc.	Reducing Glycemic Variability in Type 1 Diabetes: An Exploration of Non-Insulin Treatment Options	333,715
Medscape LLC	Maximizing Medical Management of Knee Osteoarthritis: Use of Injectable Therapy	174,500
Oakstone Publishing, LLC, PeerVoice America Limited	Reducing Cardiovascular Risk in Patients With Dyslipidemia: What Do We Know Now? (And What Should We Do About It?)	374,288
Pharmacy Times Continuing Education	Managing Hypercholesterolemia: Clinical Updates for Specialty Pharmacists on PCSK9 Inhibitor Therapy	85,201
Postgraduate Institute for Medicine CMEducation Re- sources	The Landmark Evidence and Clinical Rationale for PCSK9 Inhibition in the diabetic patient	486,800
Preventive Cardiovascular Nurses Association	2018 PCNA Dyslipidemia Campaign	60,000

Oakstone Publishing, LLC. PeerVoice America Limited	Modern Management of Lipid-Related Cardiovascular Risk in Patients With Dyslipidemia	375,000 Collaboration ³
UMA Education, Inc. dba Global Education Group	Mastering the Prior Authorization Process to Meet Patient Needs	275,000 Collaboration ³

¹ Applicant names are provided by the requestor. If applicants apply as a group for a single educational activity, all applicants may be not be identified above. The Company funds other educational activities (including fellowships and non-physician and patient education); all of which do not appear on this report, but appear on other reports on this site.
² "Funding Amount" is the amount that the Company funded during Q1, 2018 identified above based upon an agreement. Recipients are required to return any unused funds. Information on unused funds returned by the applicant on activities are not reported. "Funding Amount" does not include funds that may have been provided by other affiliated Sanofi Company Entities (e.g., Sanofi Pasteur).
³ Collaboration (Shared) Funding—is the full amount of a grant funded under an agreement with Regeneron, some or all of which may be shared between the collaborating entities.
⁴ Collaboration (Shared) Funding—is the full amount of a grant funded under an agreement with Lexicon, some or all of which may be shared between the collaborating entities.

**Independent Medical Education Grants
1st April 2018–30th June 2018**

Sanofi US and its affiliate Genzyme Corporation are committed to supporting independent medical education activities in therapeutic areas in which the Company is involved, for healthcare professionals, patients, and consumers to improve patient care and health outcomes in therapeutic areas in which the Company is engaged. Sanofi US and Genzyme Corporation are part of the Sanofi Group, a global pharmaceutical company.

Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
Med-IQ, Inc.	Getting Social About Multiple Sclerosis: Tools for Newly Diagnosed Patients and Their Care Teams	75,000
National Association of Managed Care Physicians	Building a Better Understanding in Asthma Management: Best Practices for Treatment and Control	57,000
Excel Continuing Education	Exploring the Genetics and Management of Fabry Disease	69,720
The Trustees of Columbia University in the City of New York	The Columbia Renal Biopsy Course	5,000
Rheumatology Nurses Society Medscape Education	Updates in RA, PsA, and Biosimilars: A Pipeline View for the Clinical Nurse	50,000
University of Illinois at Chicago College of Pharmacy	Illinois Transplant Pharmacists Association Symposium	8,000
Rush University Medical Center Plexus Communications	Northern California Genitourinary Malignancy Symposium: Translating Clinical Advancements to Practical Patient Care	10,000
Medscape, LLC	Managing Multiple Myeloma: What's Next?	116,000
University of Louisville Research Foundation Inc. Global Academy for Medical Education Postgraduate Institute for Medicine	11th Annual Perspectives in Rheumatic Diseases, presented by Rheumatology News, Internal Medicine News, Family Practice News	30,000
AKH Inc, Advancing Knowledge in Healthcare 47-Consultants in Medical Education	Focusing on the Patient Voice: Utilizing Components of a Patient Coach Module Contextually within Patient-Centric CME Activities	100,000

Independent Medical Education Grants—Continued

1st April 2018–30th June 2018

Sanofi US and its affiliate Genzyme Corporation are committed to supporting independent medical education activities in therapeutic areas in which the Company is involved, for healthcare professionals, patients, and consumers to improve patient care and health outcomes in therapeutic areas in which the Company is engaged. Sanofi US and Genzyme Corporation are part of the Sanofi Group, a global pharmaceutical company.

Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
University of Colorado Denver Annenberg Center for Health Sciences at Eisenhower	Forty-fifth annual Renal Disease and Electrolyte Disorders Course Advancing Knowledge to Practice: Optimizing Severe Asthma Care in the Age of Biologics	5,000 200,000
USF Health i3 Health	Challenges and Opportunities in Metastatic Castration-Resistant Prostate Cancer: A CME/CE/CPE-Certified VA/DoD Meeting Series	90,000
Projects In Knowledge @Point of Care	Multiple Sclerosis @Point of Care	75,000
New Jersey Academy of Family Physicians	Ascertaining the Role of the Primary Care Clinician in the Recognition and Management of Patients With Multiple Sclerosis in the Modern Era	5,000
Med Learning Group	Pathology-Based, Targeted Therapies—Managing Moderate-to-Severe Atopic Dermatitis in Adults	124,745
Annenberg Center for Health Sciences at Eisenhower Prostate Cancer Education Council	2018 SUNA Advanced Prostate Cancer Grant	30,000
Consortium of Multiple Sclerosis Centers Catamount Medical Education	Immune Dysfunction in Multiple Sclerosis: Modern Considerations in Treatment and Management	75,000
Dallas County Optometric Society Fabry Support & Information Group	Eyes on Fabry Dallas County Optometric Society	9,266
Association of Reproductive Health Professionals	Snap, Crackle and Pop: Provider Education and Targeted Training to Improve the Diagnosis and Therapeutic Management of Rheumatoid Arthritis in Female Patients	52,000
AcademicCME	Improving Individualized Outcomes in Asthma with Evidence-based Treatment Strategies	45,000
Integrity Continuing Education, Inc.	2018 Asthma State Society CME Meetings and BioDigital Human On-demand Simulation Activity—Improving Severe Asthma Control through Comprehensive Patient Assessment and Tailored Treatment Selection	319,350
UMA MLG, LLC	Targeted Therapies for the Management of Moderate-to-Severe Atopic Dermatitis in Adults—Animated Whiteboard View	249,975
Society for Investigative Dermatology	Neuro-Immunology of Skin Symposia	75,000

Penn State College of Medicine PVI, PeerView Institute for Medical Education, Inc.	PeerView Live: "Unraveling the Complex Treatment Landscape for Prostate Cancer: Guidance for Delivering Evidence-Based, Patient-Centered Care"	60,000
Medscape, LLC	Minimizing the Effects of TLS and CRS in Patients with Hematologic Malignancies	74,000
Excel Continuing Education	Unraveling the Genetics and Management of MPS 1	55,565
Hereditary Disease Foundation	Hereditary Disease Foundation's "Milton Wexler Celebration of Life" Symposium of international Huntington's disease researchers	10,000
Medscape LLC	Targeted Therapies for the Management of Severe Asthma: Surveying an Evolving Landscape	261,500
Seattle Children's Hospital	PLUGS Summit 2018: Clinical Laboratory Stewardship: Where Patient Safety and Financial Responsibility Meet	8,000
University of Cincinnati Global Academy for Medical Education Postgraduate Institute for Medicine	Skin Disease Education Foundation's 14th Women's & Pediatric Dermatology Seminar	10,000
Physicians' Education Resource, LLC (PER)	2018 ASH Symposium: "D" is for Diagnosis: Solving the Mystery of Rare Hematologic Disorders	250,000
Boston University School of Medicine, CME	Practical Approach to Electromyography and Neuromuscular Disorders Conference	7,500
Specialty Pharma Education Center	Renal Transplantation: Overview of Advances in Clinical Understandings, Guidelines, and Treatment & Management Strategies	49,750
University of California Irvine	8th Annual UC Irvine Neuromuscular Colloquium	20,000
Physicians' Education Resource, LLC (PER)	Oncology Briefings™: Current Perspectives on Preventing and Managing Tumor Lysis Syndrome	50,000
UMA Education Inc., dba Global Education Group MCM Education	Nursing Management of Treatment-Related Side Effects in Metastatic Prostate Cancer	120,000
UMA Education Inc., dba Global Education Group Q Synthesis, LLC	A Quality Improvement (QI) Educational Pilot on Enhancing Prostate Cancer Management in Urology Practice	107,155
Med Learning Group	Evolving Therapeutic Options for Moderate-to-Severe Asthma: A Comprehensive 3-Dimensional Study	274,785
University of Cincinnati	2018 International Rare Lung Diseases Research Conference	10,000
Consortium of Multiple Sclerosis Centers Inc. Delaware Media Group	Therapeutic Decision-Making for Disease Modification in MS: 2018 Update	49,288
Excel Continuing Education	Unraveling a Therapeutic Conundrum: ASMD Niemann Pick Disease	106,790
University of Cincinnati Advances in Cosmetic and Medical Dermatology	MauiDerm NP+PA Summer 2018	25,000
American Thoracic Society	ATS 2018 International Conference - Selected Sessions in Asthma	20,000
Creighton University Physicians Continuing Education, Corporation	Skin of Color Seminar Series 2018 (SOCSS 2018)	15,000

Independent Medical Education Grants—Continued
1st April 2018—30th June 2018

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Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
UMA MLG, LLC	Treating a Chronic Autoimmune Inflammatory Disease: Targeting Pathophysiological Cytokines in the Management of Rheumatoid Arthritis—Animated Whiteboard View	214,500
Tarrant County Organization Society Fabry Support & Information Group	Eyes on Fabry Tarrant County Optometric Society	7,998
University of Nevada, Reno School of Medicine Dermatology University LLC	2018 Real World Dermatology for PAs and NPs	25,000
American Society of Clinical Oncology, Inc. Conquer Cancer Foundation of the American Society of Clinical Oncology	2018 ASCO Annual Meeting Genitourinary Cancer Tracks Bundle (Prostate and Nonprostate)	40,000
Postgraduate Institute for Medicine	Clinical Care Team Exchange: The Role of New Biologics for Optimal RA Management	425,170
PRIME Education, LLC	Driving Practice Change in Systems-Based Care of Patients with Atopic Dermatitis	344,805
The Medical College of Wisconsin, Inc. Carden Jennings Publishing Co., Ltd	The 23rd Annual Southwest Prostate Cancer Symposium (SPCS 23)	5,000
St. Joseph's Regional Medical Center MS Cure Fund, Inc.	Acute Rejection of the Allograft—New Concepts and Old	1,810
Alaska Regional Hospital American Academy of PAs	2018 Q1 Lifestyle Management Patient Education Programs for individuals diagnosed with multiple sclerosis, and their support team.	20,000
Postgraduate Institute for Medicine Impact Education, LLC	Wheezin', Sneezin' & Itchin' in Alaska AAPA 2018—Rheumatology Track	5,000
National Association of Managed Care Physicians	The Specialty Pharmacy Review Board™—Examining Emerging Biologics for Difficult-to-treat or Severe Asthma	5,000
Consortium of Multiple Sclerosis Centers Inc. International Organization of MS Nurses	Individualizing Therapy in the Management of Relapsing Multiple Sclerosis: Expert Switching and Sequencing Strategies Nursing Care in Multiple Sclerosis: Evidence-Based Practice	45,000 75,000

The Annenberg Center for Health Sciences at Eisenhower prIME Oncology, LLC	How I Treat Advanced Prostate Cancer: Making Sense of the Ever-Increasing Op- tions	100,000
Elsevier Office of Continuing Medical Education Integritas Communications	Clinical Issues in Atopic Dermatitis: Discussions and Debates on Managing Mod- erate-to-Severe Disease	784,642
Horizon CME, Inc.	How to Select and Start Insulin in Patients with Type 2 Diabetes: A Hands-on Workshop	59,925
National Association For Continuing Education	Getting Comfortable with Insulin: New Approaches to Getting Patients Safely to Target	355,396
Medscape LLC	Improving Use of Basal Insulin for Better Diabetes Outcomes	800,000
Pri-Med Institute, LLC (d/b/a pmiCME)	The Southern Diabetes Initiative: Individualizing Care in the 21st Century	400,000
Elsevier Office of Continuing Medical Education	Emerging Strategies for Achieving Glycemic Control in Adults with Type 1 Diabetes	179,950
The France Foundation	When Insulin Isn't Enough: Exploring Dual SGLT1 and SGLT2 Inhibition in T1DM	Collaboration ⁴ 153,900
NACCME, LLC.	Integrating Emerging Evidence in Adjunctive Therapies Into Team-Based Manage- ment Strategies in Type 1 Diabetes	Collaboration ⁴ 432,535
Med-IQ, LLC	Evolving Evidence in Type 1 Diabetes Management: Evaluating the Role of SGLT Inhibition	Collaboration ⁴ 238,281
UMA Education Inc., dba Global Education Group	Type 1 Diabetes: New and Emerging Therapeutic Strategies to Address Unmet Needs	Collaboration ⁴ 511,628
Haymarket Medical Education	GLP-1 Receptor Agonists: Injecting More Confidence in Achieving Glycemic Control for Patients With T2DM The my CME Town Wall: A Live Clinical Forum for Mul- tiple Viewpoints on a Virtual Stage	Collaboration ⁴ 49,950
Medscape LLC	Novel Treatments for T1D	499,000 Collaboration ⁴
Med-IQ, Inc.	Initiating Insulin in Patients Who Fear Needles: Using Evolving Basal Insulins to Improve Adoption	297,385
National Association of Managed Care Physicians	The Role of PCSK9 Inhibitors in Lowering LDL-C in Patients with Dyslipidemia: What Managed Care Needs to Know	95,000 Collaboration ³
Allina Health Minneapolis Heart Institute Foundation	PCSK9 Inhibitors—Science, Selection and Access	5,000 Collaboration ³
Medscape LLC	PCSK9 Inhibitors and Cardiovascular Outcomes: ACC 2018 Data You Cannot Afford to Miss	237,125 Collaboration ³
Postgraduate Institute for Medicine CMEducation Re- sources, LLC	The Landmark trial-based evidence and rationale for PCSK9 inhibition to prevent and treat Atherosclerotic Cardiovascular Disease (ASCVD)	398,000 Collaboration ³

Independent Medical Education Grants—Continued
1st April 2018–30th June 2018

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Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
National Lipid Association Horizon CME, Inc.	PCSK9 Inhibitors in Practice: Real-World Challenges and Solutions	261,335 Collaboration ³
National Lipid Association	The New Era of Preventive Cardiology: Applying PCSK9 Inhibitor Therapeutics to Prevent Heart Attack and Stroke	153,000 Collaboration ³
Postgraduate Institute for Medicine CMEducation Resources, LLC	New Evidence-Based, Therapeutic Strategies for applying CV outcome and trialbased evidence for PCSK9 inhibition to the front lines of CAD Prevention and Treatment	397,000 Collaboration ³
Med Learning Group	A Virtual Reality Tour of Nonstatin LDL-C-lowering Agents that Decrease Cardiovascular Risk for Patients with Persistent Hypercholesterolemia	573,725 Collaboration ³
Potomac Center for Medical Education	Role of Interventional Cardiologists in Secondary Prevention of Myocardial Infarction: Redefining Clinical Practice	198,450 Collaboration ³
North American Center for Continuing Medical Education, LLC	Cardiology Grand Rounds: Overcoming Access Barriers and Practice Challenges to PCSK9 Inhibitor Implementation	476,838 Collaboration ³
PRIME Education, LLC	Applying the Latest Cardiovascular Outcomes Trial Evidence to PCSK9 Inhibitor Decision-Making in Lipid Management	146,740 Collaboration ³
Pri-Med Institute, LLC (d/b/a pmiCME) Horizon CME, Inc.	Translating Evidence to Practice: Improving Outcomes in Patients with ASCVD with PCSK9 Inhibitors	575,150 Collaboration ³
Med Learning Group	A Virtual Reality In Practice View: Maximizing Clinical Benefit Through Optimal LDL-C Reductions in Patients With Atherosclerotic Disease	174,400 Collaboration ³
Physicians' Education Resource	2018 New York Multidisciplinary Cardio-Endo-Renal Collaborative: Access to PCSK9i: Updates on Guidelines, Emerging Cardiovascular Benefits and Overcoming Barriers to Access	35,000 Collaboration ³
PRIME Education, LLC	Integrating Evidence from the Latest Cardiovascular Outcomes Data into Managed Care Decision-Making in Lipid Management	459,799 Collaboration ³
The Academy for Continued Healthcare Learning	Improving Outcomes and Expanding Opportunities for the Treatment of Hyperlipidemia	180,420 Collaboration ³

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² "Funding Amount" is the amount that the Company funded during Q2, 2018, identified above based upon an agreement. Recipients are required to return any unused funds. Information on unused funds returned by the applicant on activities are not reported. "Funding Amount" does not include funds that may have been provided by other affiliated Sanofi Company Entities (e.g., Sanofi Pasteur).

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Independent Medical Education Grants 1st July 2018–30th Sept 2018

Sanofi US and its affiliate Genzyme Corporation are committed to supporting independent medical education activities in therapeutic areas in which the Company is involved, for healthcare professionals, patients, and consumers to improve patient care and health outcomes in therapeutic areas in which the Company is engaged. Sanofi US and Genzyme Corporation are part of the Sanofi Group, a global pharmaceutical company.

Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
Integrity Continuing Education, Inc.	Advancing Diagnosis and Management of Atopic Dermatitis in Children and Adolescents—Practitioner's Edge State Society Meeting Series, CaseScribe On-demand Activity, and Mobile Coach Platform	318,450
Penn State College of Medicine PVI, PeerView Institute for Medical Education, Inc.	PeerView inSession, "An Expert Analysis of New Data for Uncontrolled Persistent Asthma Treatments: Clinical Updates From Paris"	76,740
Medscape LLC	Advances in Severe Asthma Management: Conference Highlights and Perspectives	219,500
PRIME Education, LLC	4th Annual Regional Meetings for Providers in Federal and Public Healthcare Sectors: Interprofessional Education on Psoriatic Diseases, Atopic Dermatitis, and Rheumatoid Arthritis	188,000
Medscape LLC	Guide to Atopic Dermatitis: Clinical Pearls for Dermatologists and Allergists	198,400
MediCom Worldwide, Inc.	2018 ASH Meeting on Hematologic Malignancies: The Art and Science of Relapsed/Refractory Multiple Myeloma: A Practical Guide to Complex Therapeutic Choices	25,000
Medscape LLC	The Pediatrician's Role in Atopic Dermatitis	458,225
Integrity Continuing Education, Inc.	Strategies to Provide Individualized Treatment in Moderate-to-Severe Atopic Dermatitis—Practitioner's Edge State Society Meeting Series and Publication in Action On-demand Activity	360,900
Regents of the University of California	Frontiers in Autosomal Dominant Polycystic Kidney Disease (ADPKD)	10,000
National Association of Managed Care Physicians	Optimizing Clinical and Economic Outcomes in the Management of Moderate to Severe Atopic Dermatitis: Taking a Closer Look at the Role of Biologic Therapies	57,000
National Jewish Health Catamount Medical Education, LLC	What is Multiple Myeloma? A Game-Based Learning Experience on Novel Treatment Strategies for Multiple Myeloma	75,000
Medical Learning Institute, Inc. PVI, PeerView Institute for Medical Education, Inc.	PeerView inVision, Expert Insights on Available and Emerging Therapies for the Management of Pompe Disease	122,250

Independent Medical Education Grants—Continued

1st July 2018–30th Sept 2018

Sanofi US and its affiliate Genzyme Corporation are committed to supporting independent medical education activities in therapeutic areas in which the Company is involved, for healthcare professionals, patients, and consumers to improve patient care and health outcomes in therapeutic areas in which the Company is engaged. Sanofi US and Genzyme Corporation are part of the Sanofi Group, a global pharmaceutical company.

Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
ScientiaCME LLC UMA MLG, LLC	Treatment strategies in Fabry disease Utilizing the Molecular/Physiologic Phenotype to Direct Asthma Therapy: A Comprehensive Infographic View	17,800 289,400
CME Outfitters, LLC	Atopic Dermatitis: You Can't Improve What You Don't Measure	279,850
The University of Kansas Medical Center—Continuing Medical Education	The Changing Landscape of Neuromuscular Disease: The Future is Here	40,000
Oakstone Publishing, LLC.	Getting Under the Skin with Targeted Therapy to Improve Atopic Dermatitis Management	170,000
University of Cincinnati Global Academy for Medical Education Postgraduate Institute For Medicine	14th Annual Coastal Dermatology Symposium	10,000
MediCom Worldwide, Inc.	2018 Meeting Highlights of the 4th International Conference on Multiple Myeloma	12,500
National Comprehensive Cancer Network	NCCN 13th Annual Congress: Hematologic Malignancies™	25,000
Boston Children's Hospital/Division of Genetics and Genomics	Metabolism Conference Series	10,000
Postgraduate Institute for Medicine PlatformQ Health Education, LLC Asthma and Allergy Foundation of America	Incorporating New Agents into the Management of Atopic Dermatitis	375,400
Purdue University MCM Education	Improving the Management of Severe Asthma in Patients with Type 2 Inflammation	125,000
Cedars-Sinai	8th Annual Symposium on Lysosomal Storage Disorders	20,000
AMERICAN UROLOGICAL ASSOCIATION Med Learning Group	Use of Novel Hormonal Agents and Systemic Therapy in Advanced Prostate Cancer In Pursuit of Clinical Remission: Optimizing the Pharmacologic Management of Rheumatoid Arthritis	50,000 249,850
Physicians' Education Resource, LLC (PER)	Cancer Summaries and CommentariesT: Report from San Diego on Advancements in Multiple Myeloma	50,000
Physicians' Education Resource, LLC (PER)	2019 ASCO GU Symposium: Prostate Cancer Tumor Board: Integration of Recent Data Sets Across Lines of Care	100,000

University of Pittsburgh	2018 Pittsburgh International Lung Conference—Pulmonary Medicine: Basic Biology and Novel Therapies	10,000
American College of Chest Phys	Update on Moderate-to-Severe Asthma for Specialists: Conference Coverage from CHEST 2018	500,000
American Academy of Physician Assistants in Allergy, Asthma & Immunology	10th Annual Allergy, Asthma & ENT CME Conference	5,000
Oakstone Publishing, LLC Answers in CME Inc.	Strategies for Success in Rheumatoid Arthritis Treatment: Integrating the Patient Voice	170,000
American College of Allergy, Asthma & Immunology	An Interactive Case Discussion of a Young Adult with Severe Atopic Dermatitis: Insights from the Expert	40,000
UT Southwestern Medical Center Medical Logix, LLC	Treatment Approaches and Therapies for Highly Active Multiple Sclerosis: Implementing Updated MS Guidelines	83,350
National Association of Managed Care Physicians	Implementing Personalized Therapeutic Strategies of Switching and Sequencing to Improve Patient Outcomes in the Management of Multiple Sclerosis	45,000
Projects In Knowledge	MedImage Cases: Multiple Sclerosis	75,000
American Society of Transplant Surgeons	12 Annual Surgical Fellows Symposium	110,000
Medscape LLC	Management Challenges in Rheumatoid Arthritis: A Virtual Simulation Approach	250,000
Michael J. Fox Foundation For Parkinson's Research	MDS-PAS Movement Disorders School for Neurology Residents	20,000
Society for Inherited Metabolic Disorders	2018 North American Metabolic Academy	25,000
Duke University	2018 Duke Solid Organ Transplant Summit	15,000
American Society of Nephrology University of Minnesota	Fabry Disease for the Nephrologist: Present and Future	125,000
American College of Allergy, Asthma & Immunology	Thursday Morning Session: Biologic Therapies in Your Practice	77,875
Physicians' Education Resource (PER®)	Advances in™ Therapies for Patients with Multiple Myeloma: More Options. More Decisions. Better Outcomes	60,000
Oakstone Publishing, LLC Answers in CME Inc.	Making the Case for Stepping Up Therapy for Atopic Dermatitis	185,000
Oakstone Publishing, LLC Answers in CME Inc.	Assessing the Impact of AD: Physical and Beyond	170,000
Postgraduate Institute for Medicine Enquiring Minds, LLC	Recognizing and Managing Suboptimal Therapeutic Response in MS: Expert Guidance on Challenging Cases	35,000
JPatible	JPatible Jewish Genetic Screening and Couple Compatibility Matching Program	77,500
Illinois Academy of Physician Assistants	Multiple Sclerosis	6,500
American Society for Reconstructive Transplantation	Vascularized Composite Tissue Allografts: What it Takes to Succeed	30,152
Massachusetts Association of Physician Assistants	"Multiple Sclerosis"	4,800
i3 Health	Castration-Resistant Prostate Cancer: Implementing New Data and Evolving Standards	86,975

Independent Medical Education Grants—Continued

1st July 2018–30th Sept 2018

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Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
Mayo Clinic College of Medicine and Science SPARGO Inc. on behalf of the International Myeloma Society	International Myeloma Society Educational Workshop	50,000
UCSF Office of CME	UCSF TRANSPLANT 2018: Pioneering Advances in Transplantation Emerging Therapeutic Strategies for Relapsed and Refractory Multiple Myeloma: Highlights from ASH 2018	5,000
The University of Texas MD Anderson Cancer Center ASIM CE, LLC	88th Annual Meeting of the American Thyroid Association and the 2018 Annual Ridgway Trainee Conference	50,000
Regents of the University of Colorado American Thyroid Association	Matching Pathogenesis and Treatment in Atopic Dermatitis: The Evolving Science	75,000
National Association For Continuing Education	PeerView Live at the 2019 TCT Meetings—“Innovative Therapies and Concepts in Transplant-Eligible Patients With Myeloma: Advancing Toward More Effective Care Across Treatment Settings”	92,800
The Medical College of Wisconsin PVI, PeerView Institute for Medical Education	Medical Crossfire®: How Can We Best Leverage the Use of MRD to Optimize Outcomes in the Management of Hematologic Malignancies?	119,477
Physicians' Education Resource, LLC (PER)	Identification and Management of Atopic Dermatitis: Applying Advances to Improve Outcomes A PHE/Power-Pak Initiative Program 2: Treatment and Emerging Therapies in Moderate-to-Severe Atopic Dermatitis	50,000
Postgraduate Healthcare Education, LLC Postgraduate Institute for Medicine (PIM)	Optimizing Outcomes Through Stem Cell Mobilization: Applying Evidence to Patients with Multiple Myeloma and Non-Hodgkin's Lymphoma	154,500
Physicians' Education Resource, LLC (PER) The Medical College of Wisconsin, Inc.	PCE Directed Learning eCourse plus eMinders and Reinforcements: Changing Pathways in Moderate to Severe Atopic Dermatitis	300,000
Continuing Education Alliance	Reversing the Trend in Living Kidney Donation: Improving Risk Assessment and Increasing Access	148,275
American Academy of CME, Inc.	Applying Precision Medicine in Severe and Difficult-to-Treat Asthma.	122,875
Postgraduate Institute for Medicine	Consensus or Controversy? Clinical Investigators Provide Perspectives on the Current and Future Management of Patients with Prostate Cancer—An Independent Satellite Symposium (ISS) Held as a Premium Ancillary Educational Event During the 2019 Genitourinary Cancers Symposium	322,100
Penn State College of Medicine Research To Practice		95,000

Excel Continuing Education	Newborn Screening for Rare Disorders: Focusing on Pompe Disease and Gaucher Disease	77,575
Excel Continuing Education Medical Learning Institute, Inc. PVI, PeerView Institute for Medical Education, Inc.	“Multiple Sclerosis: Treating and Managing Symptoms” PeerView inSession. Taking Stock of Late-Breaking Data on Disease-Modifying Therapies for the Treatment of Multiple Sclerosis: What Are the Key Learnings from Berlin?	5,000 50,000
UMA MLG, LLC	A 3D View: Moderate-to-Severe Atopic Dermatitis in the Pediatric Population: Long- term Treatment and Managed Care Issues	425,000
Postgraduate Institute for Medicine RMEI	A Learning Pathway for Clinicians in Multiple Sclerosis: Practical Strategies for Early Diagnosis and Informed Management	50,000
Postgraduate Institute for Medical Education Global Academy for Medical Education American Academy of CME, Inc	Atopic Dermatitis: A Specialist Perspective on Diagnosis and Management Across the Age Spectrum	300,000
Consortium of Multiple Sclerosis Centers PlatformQ Health Education, LLC	Crucial Conversations in Rare & Orphan Disease: Challenges of Diagnosing Rare Diseases: A Focus on Gaucher Disease	36,000
Postgraduate Healthcare Education Spire Learning	Improving Multiple Sclerosis Care: Integrating Patient-Provider Perspectives	60,000
Integrity Continuing Education, Inc.	The Pharmacist’s Role in Managing Disease-Modifying Therapies in Adults With Multiple Sclerosis	30,000
Regents of the University of Colorado	Improving Diagnosis and Treatment of Atopic Dermatitis through Collaborative Pri- mary & Specialist Care—Practitioner’s Edge State Society Meeting Series and CME Audit and Feedback Practice Assessment	299,800
Regents of the University of Colorado Horizon CME, Inc.	Practical Ways to Achieve Targets in Diabetes Care (ATDC)	25,000 Collaboration ⁴
Integrity Continuing Education, Inc.	Practical Ways to Achieve Targets in Diabetes Care (ATDC)	50,000
NACCME, LLC.	Practical Ways to Achieve Targets in Diabetes Care (ATDC)	75,000
University of Cincinnati	Can We Do It Better: Improving Outcomes in the Management of Patients with Atrial Fibrillation	165,100
Medscape LLC	2019 AAFP State Society CME Meetings, Hands-on Workshop And BioDigital Human On-demand Simulation Activity: Overcoming Barriers to Initiating or In- tensifying Insulin Therapy: Best Practices for the Family Physician Cardiology Grand Rounds: Diagnostic and Pharmacotherapeutic Strategies for the Individualized Management of Atrial Fibrillation	160,000 221,710
	New Developments in Type 2 Diabetes Treatment to Decrease the Risk of Hypo- glycemia	275,000
	Lipid Clinic Considerations: What Would You Do? A Live Patient Simulation	447,220 Collaboration ³

Independent Medical Education Grants—Continued
1st July 2018–30th Sept 2018

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Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
PRIME Education, LLC	Patients, Payers, Providers Opine: When to Treat with PCSK9s	445,879 Collaboration ³
Boston University School of Medicine Practicing Clinicians Exchange (PCE)	2018 PCE Series 3 Live and Enduring Home Study with Eminent and Reinforcement Activities—Evolution of Dyslipidemia Management: The Expanding Role of PCSK9 Inhibitors	225,000 Collaboration ³
Association of Black Cardiologists, Inc.	Managing Lipids and Cardiovascular Risk: Using the Data to Optimize Care	250,000 Collaboration ³
Pharmacy Times Continuing Education	An American Journal of Managed Care (AJMC) Payor and Specialty Pharmacy Forum: Discussing Clinical Updates and Outcomes Data for PCSK9 Inhibitors	51,850 Collaboration ³
Med-IQ, Inc.	Exploring Treatment Intensification in Type 2 Diabetes: Focus on the Provider-Patient Collaborative	250,050
UMA MLG, LLC	An In Practice View: Moving Beyond Statins To Decrease Cardiovascular Events in Patients With Atherosclerotic Disease	178,150 Collaboration ³
Oakstone Publishing, LLC Answers in CME Inc.	Putting Cardiovascular Outcomes Data Into Context: How Will the Latest Information on PCSK9 Inhibitors Change Practice?	170,000 Collaboration ³

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**Independent Medical Education Grants
1st Oct 2018—31st Dec 2018**

Sanofi US and its affiliate Genzyme Corporation are committed to supporting independent medical education activities in therapeutic areas in which the Company is involved, for healthcare professionals, patients, and consumers to improve patient care and health outcomes in therapeutic areas in which the Company is engaged. Sanofi US and Genzyme Corporation are part of the Sanofi Group, a global pharmaceutical company.

Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
NACCME, LLC Horizon CME	Clinical and Cost Considerations for Value-Based Multiple Sclerosis Care	74,875
AKH, Inc. Catalyst Medical Education, LLC	Improving Care for Patients with Pompe Disease: A Look at Emerging Therapies and Multidisciplinary Management Strategies	239,740
Medical Education Resources Impact Education, LLC	Managing Clinical and Cost Outcomes in Multiple Sclerosis: Expert Insights	75,000
i3 Health	Current Trends in the Management of Castration-Resistant Prostate Cancer	47,530
Oakstone Publishing, LLC Answers in CME Inc.	A Breath of Fresh Air: Exploring Pathophysiology and Novel Therapeutic Options to Improve Outcomes in Moderate-to-Severe Asthma	340,000
ANA NY, ISONG	2018 ISONG Congress—Building Connections to Genomic Health	2,500
Affinity CE/PESG LDRTC	Genetic Rare and Immune Disorders Symposium-GRIDS 2018 GRIDS 2018 title: Late and Attenuated Presentations of Lysosomal Storage Disorders	50,000
UMA MLG, LLC	A Virtual Reality Experience—Pediatric Atopic Dermatitis: Treatment and Management	230,950
UMA MLG, LLC	A Virtual Reality View—Long-term Management of Atopic Dermatitis: New and Emerging Targeted Systemic Therapies	449,550
UMA Education, Inc. dba Global Education Group	Clinical Issues in Atopic Dermatitis: Discussions and Debates on Improving Outcomes for Moderate-to Severe Disease	168,203
Integritas Communications	Evidence-Based New Insights on the Management of Fabry Disease	145,000
National Kidney Foundation	Looking Ahead: Optimizing Management Strategies in Moderate-to-Severe Atopic Dermatitis	393,362
UMA Education Inc., dba Global Education Group	Type 1 Gaucher Disease: Optimizing Treatment and Management Approaches	63,950
Integritas Communications	Severe Asthma Science: Endotypes and Precision Medicine Presidential Case Studies	292,680
Postgraduate Healthcare Education, LLC Postgraduate Institute for Medicine (PIM)	Clearing the Air in Severe Asthma Management: Improving Patient Outcomes Through Shared Clinical Decision Making	549,981
The France Foundation	Masters of Pediatric Dermatology	20,000
UMA Education, Inc dba Global Education Group		
Integritas Communications		
AKH Inc. Advancing Knowledge in Healthcare Tarsus		
Cardio dba South Beach Symposium		

Independent Medical Education Grants—Continued

1st Oct 2018—31st Dec 2018

Sanofi US and its affiliate Genzyme Corporation are committed to supporting independent medical education activities in therapeutic areas in which the Company is involved, for healthcare professionals, patients, and consumers to improve patient care and health outcomes in therapeutic areas in which the Company is engaged. Sanofi US and Genzyme Corporation are part of the Sanofi Group, a global pharmaceutical company.

Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
PRIME Education, LLC	Atopic Dermatitis Across the Life Cycle: Taking the Long View on Diagnostic, Treatment, and Management Strategies	199,700
PRIME Education, LLC	Linking Patients, Providers, and Payers in Coordinated Approaches to Severe Asthma Treatment	316,500
AKH Inc., Advancing Knowledge in Healthcare Tarsus Cardio	17th Annual South Beach Symposium	20,000
PRIME Education, LLC	Stepping Up Managed Care and Specialty Pharmacy Decision-Making to Support Integration of New Evidence and Mechanisms in Asthma Treatment	499,075
Academy of Managed Care Pharmacy (AMCP)	AMCP Specialty Connect—Focus on Gene Therapy	35,000
UMA MLG, LLC	The Unique Role of the Community Pharmacist in the Management of Moderate-to-Severe Atopic Dermatitis in the Pediatric Population	199,550
Rush University Medical Center Plexus Communications	Applying the Latest Clinical Data and Emerging Therapeutic Approaches in the Management of Prostate Cancer Throughout the Disease Spectrum	60,000
Purdue University College of Pharmacy PVI, PeerView Institute for Medical Education, Inc.	PeerView Live, “Unraveling the Complexities of Prostate Cancer Management: Focus on Therapeutic Decisions for Early Stage Disease and the Implications for Later Stage Disease”	109,387
Rush University Medical Center Plexus Communications	Community Uro-Oncology Forums: Understanding the Disease Continuum and Navigating the Evolving Treatment Paradigms in Prostate Cancer	80,000
American Health Resources, LLC	Updates in Myeloma Therapeutics: Bone Health, Smoldering Disease, and CAR-T Cells	8,000
Siyemi Learning	Action Eczema: Global Atopic Dermatitis Educational Resource Center	383,320
ScientiaCME	Genetic Disorders: Updates from The 15th Annual World Symposium	17,800
NERGG, Inc.	NERGG 2018 Annual Meeting	6,000
UMA MLG, LLC	The CATALYST Initiative—A 3D View—Targeting Inflammatory Cytokines: Addressing Articular and Systemic Pathology in Patients with Moderate-to-Severe Rheumatoid Arthritis	348,275

University of Nevada, Reno School of Medicine Foundation for Research and Education in Dermatology Trustees of Boston University Talem Health, LLC	2018 Fall Clinical Dermatology Conferencer and Beyond: Practical Approaches to Patient Management—Focus on Atopic Dermatitis Talem ACO Summit Series—Atopic Dermatitis: Improving Outcomes Through a Patient-Centered Approach	150,000 198,555
Cleveland Clinic Educational Foundation University of Nebraska Medical Center The Board of Regents of the University of Nebraska dba the University of Nebraska Medical Center	7th Annual Basic & Clinical Immunology for the Busy Clinician Rural Health Summit Series: Updates in Atopic Dermatitis for the Rural Primary Care Physician	15,000 201,343
International Eczema Council Excel Continuing Education Specialty Pharma Education Center	Atopic Dermatitis Phenotypes and Biomarkers Fabry Disease: Role of the Genetic Counselor in an Ever-Changing Landscape; The Role of the Genetic Counselor in Pompe Disease Advancing Care in Prostate Cancer: Clinical Understandings & Evolving Treatment and Management Approaches Surgery of the Thyroid and Parathyroid Glands	11,500 81,900 49,750 15,000
Massachusetts Eye And Ear Infirmary, Department of Otolaryngology President and Fellows of Harvard College Rush University Medical Center Plexus Communications	VHA UroOncology Clinical Forums “Advancing Strategies in Prostate Cancer: Individualizing Treatment Plans Based on the Rapidly Evolving Landscape and Disease Continuum” “D” is for Diagnosis: Solving the Mystery of Lysosomal Storage Disorders Medical Education Tactics for the Physician and Care Center Community: Hot Topics in NMD Webcast and MDA Speaker Slides Bridging the Gap Between Research and Clinical Advances in Gaucher Disease Type 3 Managing Multiple Sclerosis: A Guide for Specialty Pharmacy Professionals	90,000 100,000 211,525 245,887 75,000
Medical Education Resources, Inc. Impact Education, LLC Med Learning Group Integrity Continuing Education, Inc.	A Multiple Sclerosis Virtual Reality Experience: Reaching Diagnosis, Delivering Treatment, and Setting Goals for Long-Term Success 2019 AAFP State Society CME Meetings and BioDigital Human On-demand Simulation Activity—Ensuring Early Diagnosis and Targeting Treatment to Remission in Patients with Rheumatoid Arthritis: Recommendations for Primary Care Clinicians	50,000 299,000
Yale School of Medicine Annenberg Center for Health Sciences at Eisenhower Academy for Continued Healthcare Learning	2019 Update: What's New in the Field of Multiple Sclerosis 11th Annual Linda Morgante MS Nurse Leadership Program	15,000 45,000

Independent Medical Education Grants—Continued

1st Oct 2018—31st Dec 2018

Sanofi US and its affiliate Genzyme Corporation are committed to supporting independent medical education activities in therapeutic areas in which the Company is involved, for healthcare professionals, patients, and consumers to improve patient care and health outcomes in therapeutic areas in which the Company is engaged. Sanofi US and Genzyme Corporation are part of the Sanofi Group, a global pharmaceutical company.

Recipient Name(s) ¹	Activity Title	Funding Amount (\$) ²
Physicians' Education Resource, LLC (PER)	2019 ACTRIMS: An Interactive, Case-Based Discussion: Interpreting the Therapeutic Landscape in Multiple Sclerosis	212,000
The Medical College of Wisconsin, Inc. Carden Jennings Publishing Co., Ltd.	29th Annual International Prostate Cancer Update (IPCU 29)	15,000
UMA MLG, LLC	In Pursuit of the Best Outcomes in Rheumatoid Arthritis: Inhibiting Inflammatory Pathology	194,680
NJ State Society of Physician Assistants College of Saint Elizabeth	Focus on the Future	21,000
Postgraduate Institute for Medicine Enquiring Minds, LLC	Lysosomal Storage Disorders—Common Presentations of Uncommon Diseases: Expert Guidance on Early Identification and Therapeutic Optimization	99,885
Greenwood Genetic Center	Spring 2019 and Spring 2020 educational program: Enhancing genetic understanding of lysosomal storage diseases for practicing Physician Assistants (PA) and PA students	82,003
ThinkGenetic Foundation	Closing the Genetics Gap: A Lecture for Healthcare Advocates on Lysosomal Storage Diseases Designed to Increase Access to Genetics Services in Medically Underserved Parishes of Louisiana	9,320
National Association for Continuing Education	Conversations in Primary Care 2019 Live Virtual Symposium Series Individualizing Asthma Care: Addressing Type 2 Inflammation	64,000
Excel Continuing Education	Newborn Screening for Fabry Disease: What Neonatologists and Pediatricians Need to Know	86,735
Excel Continuing Education	Exploring the Genetic Counselor's Role in Gaucher Disease (satellite symposium at NSGC)	42,330
Mayo Clinic Arizona	Mayo Clinic 2019 Multiple Sclerosis & Autoimmune Neurology Update	7,500
UT Southwestern Medical Center	41st Annual Carrell Krusen Neuromuscular Symposium	5,000
Medscape LLC	Improving Appropriate Use of PCSK9 Inhibitors in Interventional Cardiology: Patient-Centered Care Perspectives Post-MI	736,125

Collaboration³

Postgraduate Institute for Medicine	The iQ&A Case-by-Case, PCSK9 Cardiovascular Medicine Intelligence zone: from trials to treatment-How Do Recent Guidelines and CV Outcome Trials Help Identify High Risk Patients (Elevated LDL-C, Recent ACS, Advanced ASCVD, PCI, Statin Intolerance and Resistance, and Diabetes) Who Are Optimal Candidates for PCSK9 Inhibitor-Mediated Therapy	488,000 Collaboration ³
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Organization Name

Hawaii Chapter—National Hemophilia Foundation	The Coalition for Hemophilia B
Hemophilia of North Carolina	Virginia Hemophilia Foundation
Hemophilia Foundation of Greater Florida	West Virginia Chapter National Hemophilia Foundation
The Coalition for Hemophilia B Annual Requests	Brandywine Valley Hemophilia Foundation
Arizona Hemophilia Association	Hemophilia Association of the Capital Area
Central California Hemophilia Foundation	National Hemophilia Foundation, Colorado Chapter
Hemophilia Foundation of Arkansas, Inc.	Hemophilia Foundation of Northern California
United Hemophilia Foundation, Inc.	Lone Star Chapter of the National Hemophilia Foundation
Lone Star Chapter of the National Hemophilia Foundation	Mississippi Hemophilia Foundation
Lone Star Chapter of the National Hemophilia Foundation	Lone Star Chapter of the National Hemophilia Foundation
Utah Hemophilia Foundation	Hemophilia Association of the Capital Area
Florida Hemophilia Association	Great Lakes Hemophilia Foundation
Bleeding Disorders Alliance Illinois	Gateway Hemophilia Association
Arizona Hemophilia Association	Tennessee Hemophilia and Bleeding Disorders Foundation
Hemophilia Foundation of Northern California	Nebraska Chapter of the National Hemophilia Foundation
Hemophilia Association of the Capital Area	Northern Ohio Hemophilia Foundation
Hemophilia Foundation of Southern California	Hemophilia Foundation of Southern California
Hemophilia Alliance of Maine	Bleeding Disorders Association of Northeastern New York, Inc.
Connecticut Hemophilia Society, Inc.	Idaho Chapter of the National Hemophilia Foundation
Hemophilia Foundation of Minnesota/Dakotas	Hemophilia Foundation of Michigan
Oklahoma Hemophilia Foundation	Hemophilia and Bleeding Disorders of Alabama, Inc.
Cooley's Anemia Foundation	Oklahoma Hemophilia Foundation
Louisiana Hemophilia Foundation	Gateway Hemophilia Association
Virginia Hemophilia Foundation	Virginia Hemophilia Foundation
Utah Hemophilia Foundation	Alaska Hemophilia Association
Nevada Chapter of the National Hemophilia Foundation	Utah Hemophilia Foundation
Alaska Hemophilia Association	Hemophilia of South Carolina

Organization Name—Continued

Hemophilia Foundation of Oregon	Tennessee Hemophilia and Bleeding Disorders Foundation
Tennessee Hemophilia and Bleeding Disorders Foundation	Hemophilia Foundation of Greater Florida
Hemophilia of Indiana, Inc.	Hemophilia Foundation of Maryland, Inc.
Hemophilia Foundation of Maryland Inc.	Northern Ohio Hemophilia Foundation
National Hemophilia Foundation, Colorado Chapter	National Hemophilia Foundation, Colorado Chapter
New England Hemophilia Association	Hemophilia Foundation of Arkansas, Inc.
New England Hemophilia Association	New York City Hemophilia Chapter
Hemophilia Foundation of WNY, INC.	The Coalition for Hemophilia B Woman's Retreat
Arizona Hemophilia Association	Hemophilia Foundation of Greater Florida
The Bleeding Disorder Foundation of Washington	National Hemophilia Foundation
The Hemophilia Association of New Jersey	Great Lakes Hemophilia Foundation
The Hemophilia Association of New Jersey	Texas Central Hemophilia Association
National Hemophilia Foundation, Colorado Chapter	Hemophilia Association of San Diego County
Kentucky Hemophilia Foundation (KHF)	Kentucky Hemophilia Foundation (KHF)
Kentucky Hemophilia Foundation (KHF)	Central California Hemophilia Foundation
West Virginia Chapter of the National Hemophilia Foundation	Foundation for Sickle Cell Disease Research
Federation of American Societies for Experimental Biology	Gateway Hemophilia Association
Great Lakes Hemophilia Foundation	Hemophilia Foundation of Southern California
United Hemophilia Foundation, Inc.	Florida Hemophilia Association
Hemophilia Foundation of Southern California	Nevada Chapter of the National Hemophilia Foundation
Nevada Chapter of the National Hemophilia Foundation	Hemophilia of North Carolina
Hemophilia of North Carolina	Hemophilia of Indiana, Inc.
Hemophilia of Indiana, Inc.	Hemophilia of Indiana, Inc.
Hemophilia Association of San Diego County	Hawaii Chapter—National Hemophilia Foundation
Oklahoma Hemophilia Foundation	Disabled Adventure Outfitters
National Hemophilia Foundation, Colorado Chapter	Hawaii Chapter—NHF
Rocky Mountain Hemophilia & Bleeding Disorders Association	Rocky Mountain Hemophilia & Bleeding Disorders Association

Organization Name—Continued

Virginia Hemophilia Foundation	Hemophilia Association of the Capital Area
Hemophilia Association of the Capital Area	The Western Pennsylvania Chapter of the National Hemophilia Foundation
Lone Star Chapter of the National Hemophilia Foundation	Central Ohio Chapter, NHF
Bleeding Disorders Alliance Illinois	Central California Hemophilia Foundation
Hemophilia Alliance of Maine	New England Hemophilia Association
Alaska Hemophilia Association	FAMOHIO, Inc.
FOUNDATION HOPE AND LIFE USA CORP.	National Hemophilia Foundation
Midwest Hemophilia Association	Great Lakes Hemophilia Foundation
Hemophilia Foundation of WNY, INC.	Utah Hemophilia Foundation
Hope for Hemophilia	Hope for Hemophilia
West Virginia Chapter of the National Hemophilia Foundation	Hemophilia of Iowa, Inc.
New York City Hemophilia Chapter	New England Hemophilia Association
Association of Pediatric Hematology Oncology Nurses	SISTERS AND CAREGIVERS BLEEDING DISORDER NETWORK, INC DBA BLOOD B
National Hemophilia Foundation, Colorado Chapter	Colorado Chapter, National Hemophilia Foundation
American Society of Hematology	Hemophilia Association of the Southern Tier, Inc.
Mississippi Hemophilia Foundation	New York City Hemophilia Chapter
Comprehensive Health Education Services	New England Hemophilia Association
Northern Ohio Hemophilia Foundation	Hemophilia Association of the Capital Area
Global Genes	Mary M. Gooley Hemophilia Center, Inc.
Midwest Hemophilia Association	Hemophilia of South Carolina
Arizona Hemophilia Association	Sickle Cell Disease Association of America, Inc.
Hemostasis and Thrombosis Research Society, Inc.	Greater Boston Sickle Cell Disease Association, Inc.
Bleeding Disorders Alliance Illinois	Hope for Hemophilia
Central Ohio Chapter National Hemophilia Foundation	New York City Hemophilia Chapter
New York City Hemophilia Chapter	The Hemophilia Association of New Jersey
Arizona Hemophilia Association	Nebraska Chapter of the National Hemophilia Foundation
Nevada Chapter of the National Hemophilia Foundation	Sickle Cell Disease Association of America, Michigan Chapter
Hemophilia of South Carolina	Hemophilia of Iowa, Inc.

Organization Name—Continued

Empowering Women with Bleeding and Clotting Disorders (Global Blood Disorder Foundation)	Tennessee Hemophilia and Bleeding Disorders Foundation
Hemophilia Foundation of Oregon	The Hemophilia Association of New Jersey
Hemophilia Foundation of Arkansas, Inc.	Connecticut Hemophilia Society, Inc.
Bleeding Disorders Advocacy Network	National Hemophilia Foundation, West Virginia Chapter
New England Hemophilia Association	Western Pennsylvania Chapter of the National Hemophilia Foundation
Virginia Hemophilia Foundation	Hemophilia Foundation of Greater Florida
Hemophilia Foundation of Greater Florida	National Hemophilia Foundation, West Virginia Chapter
Idaho Chapter of the National Hemophilia Foundation	Tri-State Bleeding Disorder Foundation
Northwest Ohio Hemophilia Foundation	New York City Hemophilia Chapter
Hemophilia Association of the Capital Area	Hemophilia Foundation of Southern California
Hemophilia of North Carolina	Oklahoma Hemophilia Foundation
Bleeding Disorders Association of Northeastern New York, Inc.	Louisiana Hemophilia Foundation
Eastern Pennsylvania Chapter of the National Hemophilia Foundation	Sangre De Oro, Inc.
National Hemophilia Foundation	Midwest Hemophilia Association
United Hemophilia Foundation, Inc.	Texas Central Hemophilia Association
Hemophilia Foundation of Northern California	Central Ohio Chapter, NHF
The Bleeding Disorder Foundation of Washington	Nebraska Chapter of the National Hemophilia Foundation
The Coalition for Hemophilia B	Northern Ohio Hemophilia Foundation
West Virginia Chapter of the National Hemophilia Foundation	Hemophilia and Bleeding Disorders of Alabama, Inc.
Academia Medica del Sur, Inc.	Hemophilia Association of New York, Inc.
Texas Central Hemophilia Association	New York City Hemophilia Chapter
Tri-State Bleeding Disorder Foundation	Hemophilia Alliance of Maine
Nevada Chapter of the National Hemophilia Foundation	FOUNDATION HOPE AND LIFE USA CORP.
Central California Hemophilia Foundation	American Society of Gene & Cell Therapy
The Coalition for Hemophilia B	Virginia Hemophilia Foundation
Nevada Chapter of the National Hemophilia Foundation	Hemophilia Association of the Capital Area
Hemophilia Council of California	Hemophilia Foundation of Maryland, Inc.

Organization Name—Continued

Tri-State Bleeding Disorder Foundation	Hemophilia Foundation of Southern California
United Hemophilia Foundation, Inc.	The Bleeding Disorder Foundation of Washington
The Bleeding Disorder Foundation of Washington	Rocky Mountain Hemophilia & Bleeding Disorders Association
New England Hemophilia Association	Arizona Hemophilia Association
Hemophilia Foundation of Maryland	Western Pennsylvania Chapter of the National Hemophilia Foundation
Western Pennsylvania Chapter of the National Hemophilia Foundation	Hemophilia Foundation of Arkansas, Inc.
Virginia Hemophilia Foundation	Virginia Hemophilia Foundation
Hemophilia Foundation of Southern California	Hemophilia Council of California
Hemophilia Foundation of Maryland, Inc.	The Western Pennsylvania Chapter of the National Hemophilia Foundation
New England Hemophilia Association	Arizona Hemophilia Association
Hawaii Chapter—National Hemophilia Foundation	Hawaii Chapter—National Hemophilia Foundation
Hemophilia Foundation of Southern California	Arizona Hemophilia Association
Hemophilia of North Carolina	Virginia Hemophilia Foundation
Connecticut Hemophilia Society, Inc.	Idaho Chapter of the National Hemophilia Foundation
Hemophilia Association of New Jersey	Bleeding Disorders Alliance of North Dakota
Hemophilia Foundation of Oregon	

Project name	Payment amount (in USD)	Payment date
Industry Symposium	\$7,500.00	3/13/2018
The Coalition for Hemophilia B 12th Annual Symposium	\$20,000.00	3/14/2018
2018 HNC Walks in Charlotte & Raleigh	\$7,500.00	3/14/2018
Family Weekend	\$2,500.00	3/16/2018
Gainesville Clot Trot	\$2,500.00	3/17/2018
WVNHF Men's and Women's Day	\$3,000.00	3/20/2018
The Coalition for Hemophilia B 2018 Annual Sponsorship Run	\$8,000.00	3/20/2018
Big Red Run 2018	\$1,500.00	3/20/2018
FAME Phoenix and Tucson	\$3,000.00	3/20/2018
Infusion Classes	\$1,000.00	3/20/2018
World Hemophilia Day	\$1,000.00	3/22/2018

Project name	Payment amount (in (USD))	Payment date
Educations Days 2018	\$5,000.00	3/22/2018
Northwest Arkansas Educational Day	\$1,500.00	3/22/2018
World Hemophilia Day	\$2,500.00	3/23/2018
Annual Meeting & Family Education Dinner	\$3,000.00	3/26/2018
Hill Country Family Education Day	\$1,000.00	3/26/2018
Southeast Texas Family Education Day	\$1,000.00	3/26/2018
Men's Retreat	\$2,500.00	3/26/2018
Texas Bleeding Disorders Conference Exhibit	\$6,000.00	3/27/2018
Texas Bleeding Disorders Conference	\$50,000.00	3/27/2018
Women and Bleeding Disorders Conference	\$1,500.00	3/27/2018
Family Education Day	\$2,500.00	3/27/2018
8th Annual Walk in the Jungle	\$5,000.00	3/27/2018
Family Camp	\$1,000.00	3/28/2018
BDAI 2018 Statewide Family Education Weekend & World	\$2,500.00	3/28/2018
2018 Bleeding Disorder Walk	\$1,000.00	3/28/2018
Camp HONOR	\$1,000.00	3/29/2018
Be A Factor 5 k	\$500.00	3/29/2018
Unite for Bleeding Disorders Health Fair	\$2,500.00	3/30/2018
Family Education Weekend	\$3,000.00	3/30/2018
Family Education Weekend	\$2,000.00	4/3/2018
Spring Wellness Program	\$1,500.00	4/4/2018
Teen Leadership Summit	\$1,000.00	4/4/2018
Family Information Day	\$5,000.00	4/4/2018
Annual Meeting	\$5,000.00	4/5/2018
Unite for Bleeding Disorders Walk	\$2,500.00	4/5/2018
Spring Social	\$1,500.00	4/5/2018
Victory for Women	\$2,800.00	4/5/2018
HFMD Annual Members Meeting	\$1,500.00	4/6/2018
HFMD's 2018 National Conference for Women with Bleeding Disorders	\$100,000.00	4/6/2018
OHF Camp Independence	\$4,000.00	4/9/2018
Camp Clot Not	\$2,500.00	4/9/2018
2018 CAF Care Walk	\$7,500.00	4/9/2018

Project name	Payment amount (in USD)	Payment date
2018 "Unite for Bleeding Disorders" Health Fair and Walk	\$2,500.00	4/9/2018
2018 Camp Globecloppers	\$2,500.00	4/9/2018
2018 Camp Notacloamungus	\$1,250.00	4/10/2018
Teen/Young Adult Program	\$15,000.00	4/10/2018
Annual State Educational Meeting	\$3,500.00	4/10/2018
Website ad and direct mailing	\$4,000.00	4/11/2018
Youth Leadership Weekend 2018	\$500.00	4/11/2018
Camp Independent Firefly	\$1,000.00	4/11/2018
Utah Hemophilia Foundation's Family Resource Fair	\$2,000.00	4/11/2018
Camp Frozen Chozen	\$3,500.00	4/11/2018
HELLO- State Annual Meeting and Educational Conference	\$2,500.00	4/16/2018
2018 Oregon Unite for Bleeding Disorders Walk	\$2,500.00	4/16/2018
2018 Race for Ian	\$500.00	4/17/2018
2018 48th Annual Meeting	\$3,000.00	4/17/2018
17th Annual Family Education Program	\$2,800.00	4/19/2018
Camp Brave Eagle	\$1,500.00	4/19/2018
Race to Stop the Bleeding	\$4,000.00	4/19/2018
HFM Family Educational Dinner and Display Night	\$4,000.00	4/19/2018
Gears for Good Charity Bike Ride	\$1,000.00	4/19/2018
Colorado Family Camp 2018	\$1,500.00	4/20/2018
Spanish Program: Greeley	\$1,000.00	4/20/2018
Family Camp	\$5,000.00	4/20/2018
Eighth Annual Center for Bleeding Disorders Conference	\$1,500.00	4/20/2018
9th Annual Walk	\$10,000.00	4/20/2018
NYC Unite for Bleeding Disorders Walk 2018	\$5,000.00	4/20/2018
New Patient Summer Social	\$1,000.00	4/20/2018
The Coalition for Hemophilia B Fall Woman's Retreat	\$72,500.00	4/20/2018
Community Education Days	\$7,500.00	4/20/2018
Tampa Superhero Walk For Bleeding Disorders	\$2,500.00	4/20/2018
Western Washington Spring Education Day	\$1,500.00	4/20/2018
2018 New Jersey Hemophilia Walk	\$4,000.00	4/23/2018
7th Annual Hemophilia Awareness Walk	\$2,500.00	4/30/2018
2018 Wisconsin Bleeding Disorders Conference	\$4,000.00	5/1/2018

Project name	Payment amount (in USD)	Payment date
Hemophilia Association Annual Meeting	\$5,000.00	5/15/2018
2018 TexCen Annual Meeting and Summer Education Day	\$3,000.00	5/20/2018
Social Factor: Colorado Spring	\$1,000.00	5/21/2018
2018 Industry Symposium	\$3,500.00	5/22/2018
2018 Kentucky Unite for Bleeding Disorders Walk	\$2,500.00	6/5/2018
2018 Annual Education Meeting	\$1,750.00	6/5/2018
2018 KHF Camp Discovery—Summer Camp Program for Children and Teens	\$2,000.00	6/5/2018
Unite for Bleeding Disorders Walk	\$1,000.00	6/7/2018
WVNHf Industry Symposium	\$3,000.00	6/7/2018
12th Annual Sickle Cell Disease Research and Educational	\$5,000.00	6/11/2018
FASEB Conference on “Genome Engineering: Cutting-Edge	\$2,000.00	6/13/2018
2018 Family Education Weekend	\$2,000.00	6/14/2018
Camp Klotty Pine 2018	\$1,000.00	6/14/2018
Camp Blood Brothers and Sisters	\$2,000.00	6/17/2018
Family Education Conference	\$5,000.00	6/17/2018
35th Annual Florida Bleeding Disorders Conference (Formerly known as the “Family Education Symposium”)	\$6,000.00	6/17/2018
Familia de Sangre	\$50,000.00	6/18/2018
Northern Nevada Family Education Day	\$1,500.00	6/18/2018
Unite For Bleeding Disorders	\$1,000.00	6/18/2018
Union Latina (Latin Union) Educational Retreat	\$2,500.00	6/18/2018
Men’s Educational Retreat	\$1,500.00	6/18/2018
2018 Hemophilia of Indiana Annual Meeting	\$4,000.00	6/19/2018
2018 Unite For Bleeding Disorders Walk	\$3,500.00	6/19/2018
Doug Thompson Teen Leadership Camp	\$1,500.00	6/19/2018
2018 Teen Camp	\$2,000.00	6/20/2018
Hawaii Teen Summit	\$7,500.00	6/20/2018
OHF Annual Meeting 2018	\$3,500.00	6/20/2018
Teen Adventure Camp	\$2,500.00	6/20/2018
Mile High Summer Camp 2018	\$1,000.00	6/20/2018
Koko Ohana Family Camp	\$2,500.00	6/20/2018
RMHBDA Walk for Bleeding Disorders	\$1,500.00	6/21/2018
RMHBDA BIG SKY FAMILY CAMP	\$1,000.00	6/21/2018

Project name	Payment amount (in (USD))	Payment date
Camp Youngblood—Summer Camp	\$1,000.00	6/21/2018
Summer Camp	\$1,000.00	6/21/2018
HACA Fall Festival and Walk	\$7,500.00	6/21/2018
Western Pennsylvania Walk, Run, and Cornhole Tournament	\$2,000.00	6/21/2018
Unite for Bleeding Disorders Walk	\$3,000.00	6/22/2018
COC—New Patient Orientation	\$1,750.00	6/22/2018
BDAI 2018 Unite Walk for Bleeding Disorders Sponsorship	\$2,500.00	6/25/2018
Family Education Day	\$5,500.00	6/26/2018
Hike4HAM	\$2,500.00	6/27/2018
Women's Retreat	\$2,000.00	6/27/2018
Alaska Bleeding Disorder Walk—Exhibit	\$1,750.00	6/27/2018
FAMOHIO Annual Meeting and Educational Symposium	\$12,500.00	6/27/2018
Back to School Educational Event	\$2,500.00	6/28/2018
NHF 2018 Bleeding Disorders Conference Sponsorships	\$237,000.00	6/29/2018
MHA UNITE for Bleeding Disorders Walk-a-Thon	\$2,500.00	7/2/2018
2018 Wisconsin Unite for Bleeding Disorders Walk	\$5,000.00	7/2/2018
“In my Blood” Bleeding Disorders Awareness Walk	\$2,000.00	7/2/2018
Camp Valor 2018	\$6,000.00	7/2/2018
Superhero Run/Walk—Covington, LA	\$5,000.00	7/3/2018
Superhero HOPE Run/Walk—Wichita, KS	\$5,000.00	7/3/2018
WVNHF Family Camp	\$3,000.00	7/5/2018
Annual Meeting	\$1,500.00	7/5/2018
Kids Day Camp	\$7,000.00	7/6/2018
BLeaders Teen Retreat	\$5,000.00	7/15/2018
BITS AND PIECES OF Pediatric Hematology, Oncology & BM	\$1,000.00	7/16/2018
BBBDN Back to School Educating for Success	\$5,000.00	7/16/2018
Western Slope Social Factor	\$1,000.00	7/17/2018
Colorado Unite for Bleeding Disorders Walk	\$1,500.00	7/17/2018
ASH Corporate Friends	\$35,000.00	7/17/2018
Annual BDAST 2018 Hike Fundraiser	\$3,000.00	7/17/2018
Family Retreat	\$4,000.00	7/17/2018
NYCHC 2018 Women's Retreat	\$10,000.00	7/23/2018

Project name	Payment amount (in (USD))	Payment date
National LadyBugs Womens Summit	\$50,000.00	8/2/2018
Hispanic Heritage Symposium	\$3,500.00	8/2/2018
UNITE for Bleeding Disorders Walk	\$2,500.00	8/2/2018
Women's Retreat	\$2,000.00	8/2/2018
2018 Patient Advocacy Summit	\$33,000.00	8/7/2018
2018 Finger Lakes Triathlon	\$5,000.00	8/7/2018
MHA Family Education Weekend—Connecting the Bleeding	\$2,000.00	8/8/2018
Educational Family Camp and Adult Retreat	\$3,000.00	8/10/2018
NACCHO 2019	\$180,000.00	8/13/2018
46th Annual SCDAA National Convention	\$25,000.00	8/14/2018
HTRS Corporate Colleague—Sustaining Member	\$10,000.00	8/16/2018
Walk for Sickle Cell Disease	\$5,000.00	8/20/2018
Community Liaison Project	\$5,000.00	8/22/2018
2018 HOPE Conference	\$15,000.00	8/23/2018
Unite for Bleeding Disorders 5K	\$2,500.00	8/28/2018
TORCH Teen Retreat	\$7,000.00	8/29/2018
Bilingual Back to School Event	\$5,000.00	8/29/2018
Hemophilia Association of New Jersey (HANJ) Fall Education	\$2,500.00	8/29/2018
Annual Statewide Meeting	\$10,000.00	8/29/2018
Unite for Bleeding Disorder Walk	\$1,000.00	9/4/2018
Fall Fam Jam	\$1,000.00	9/5/2018
Sickle CELLebration	\$3,000.00	9/5/2018
The Turkey Trot 5k Walk for Hemophilia and Bleeding Disorders	\$2,500.00	9/6/2018
Unite for Bleeding Disorder Walk	\$1,500.00	9/6/2018
Empowering Women with Bleeding and Clotting Disorders	\$3,500.00	9/7/2018
Blazin for Bleeders 5k/walk	\$1,000.00	9/7/2018
2018 HFO Insurance Forum	\$3,000.00	9/7/2018
2018 PACT Workshop	\$15,000.00	9/8/2018
2018 Family Retreat/Annual Meeting	\$3,500.00	9/10/2018
Annual Meeting	\$1,500.00	9/10/2018
2018 BDAN Fall Family Retreat	\$2,500.00	9/10/2018
Spokes Men for Bleeders	\$500.00	9/11/2018

Project name	Payment amount (in (USD))	Payment date
Fall Fest	\$5,000.00	9/11/2018
WPCNHFS Erie Educational Event	\$2,000.00	9/11/2018
Unite for Bleeding Disorders Walk	\$5,000.00	9/11/2018
Orlando Creepy Crawl 5K and Vampire Mile	\$3,000.00	9/11/2018
Jacksonville Creepy Crawl 5K and Vampire Mile	\$3,000.00	9/11/2018
Unite for Bleeding Disorders—Annual Walk	\$2,500.00	9/17/2018
Unite for Bleeding Disorders Walk	\$1,000.00	9/17/2018
TSBDF Annual Meeting	\$1,500.00	9/17/2018
Unite for Bleeding Disorders Walk	\$1,000.00	9/17/2018
Latino Retreat	\$10,000.00	9/17/2018
Spanish-Language Education Event	\$1,500.00	9/17/2018
Inaugural Health Fair	\$2,500.00	9/18/2018
2018 Adult Retreat	\$1,500.00	9/19/2018
OHF Family Education Retreat	\$1,000.00	9/20/2018
Annual Meeting	\$2,000.00	9/21/2018
42nd Annual Meeting and Educational Symposium	\$5,500.00	9/26/2018
Trick or Trot Family Walk	\$3,000.00	9/26/2018
Patient and Family Education Weekend	\$2,500.00	10/5/2018
2018 Bleeding Disorders Conference Final Night Event	\$35,000.00	10/8/2018
Wichita Education Day	\$1,500.00	10/9/2018
Winter Education Meeting and Holiday Festival	\$3,500.00	10/9/2018
8th Annual Unite for Bleeding Disorders Walk and Fun Race	\$2,500.00	10/9/2018
Family Education Day	\$2,500.00	10/11/2018
COC-Education Retreat	\$3,250.00	10/11/2018
Eastern Washington Annual Meeting 2018	\$1,500.00	10/11/2018
Nebraska Industry Symposium	\$5,000.00	10/16/2018
The Coalition for Hemophilia B Meetings on the Road	\$3,000.00	10/16/2018
NOHF Annual Education Meeting	\$5,500.00	10/16/2018
Annual Meeting	\$3,000.00	10/17/2018
Camp Harvest	\$6,000.00	10/18/2018
Issues and Challenges in the Management of Hemophilia	\$2,500.00	10/22/2018
Steven Margolies, MD Family Educational Conference	\$6,000.00	10/22/2018

Project name	Payment amount (in (USD))	Payment date
2018 TexCen Chapter Winter Education Day	\$3,000.00	11/1/2018
NYCHC Annual Education Day	\$7,500.00	11/2/2018
TSBDF Education Dinner	\$2,000.00	11/5/2018
Winterfest	\$1,500.00	11/6/2018
Annual Family Conference	\$2,250.00	11/19/2018
Holiday Educational Program	\$2,000.00	12/6/2018
College and Career Fair	\$1,500.00	12/11/2018
ASGCT Patient Education Videos	\$5,000.00	12/13/2018
The Coalition for Hemophilia B Patient Survey	\$10,000.00	12/18/2018
Advocacy Training	\$2,500.00	12/18/2018
Grassroots Advocacy Project	\$5,000.00	12/19/2018
State Advocacy Training	\$500.00	1/3/2019
Annual Silver-level Corporate Sponsorship	\$15,000.00	1/4/2019
Annual Meeting and Family Educational Dinner	\$10,000.00	1/7/2019
TSBDF Winter Program-Journey Around the World	\$1,500.00	1/7/2019
4th Annual Industry Forum	\$5,000.00	1/11/2019
Advocacy Education and Training Seminar	\$5,000.00	1/15/2019
Latino Group Weekend 2019	\$1,500.00	1/16/2019
Winter Education Day 2019	\$1,500.00	1/16/2019
RMHBDA EDUCATION WEEKEND AND ANNUAL MEETING	\$2,000.00	1/16/2019
New England Hemophilia Association Winter Camp	\$1,500.00	1/16/2019
Purpose Driven Leadership Program	\$2,500.00	1/16/2019
Maryland Advocacy Days	\$5,000.00	1/21/2019
WPCNHF's New Parent Network	\$4,000.00	1/21/2019
WPCNHF's Semi-Annual Education Weekend	\$5,000.00	1/21/2019
Men In Action/Infusing Love Group's Valentine Event	\$1,500.00	1/21/2019
Medial Symposium	\$5,000.00	1/21/2019
Women's Retreat	\$5,000.00	1/21/2019
emPOWERment Forum	\$2,500.00	1/22/2019
2018 Corporate Program Sponsorship—Silver	\$1,875.00	2/4/2019
Four Bioerativ Branded Educational Dinners	\$1,250.00	2/4/2019
WPCNHF's New Parent Network	\$1,000.00	2/4/2019

Project name	Payment amount (in USD)	Payment date
Consumer Medical Symposium	\$3,000.00	2/12/2019
Zoo Walk 2019	\$4,000.00	2/12/2019
Hawaii Future Leaders	\$2,500.00	2/13/2019
Hawaii Ohana Education Weekend 2019	\$7,500.00	2/13/2019
Women's Retreat	\$3,500.00	2/13/2019
Bleeding Disorder Awareness Kick Off	\$1,500.00	2/13/2019
2019 Annual Meeting	\$2,000.00	2/13/2019
Teen—Young Adult Program	\$15,000.00	2/13/2019
15th Annual CHS Alpine Walk	\$2,000.00	2/20/2019
Victory for Women	\$2,800.00	3/7/2019
Winter Membership Gathering	\$5,000.00	3/7/2019
2019 Annual Meeting	\$3,000.00	3/13/2019
YETI—Youth Effectively Transitioning to Independence	\$5,000.00	3/18/2019

2015 SANOFI US

Legal Name	Project Title	Payment Amount
A R M S Inc.	Homecoming & Project Little Soldier	\$5,000.00
Academy of Managed Care Pharmacy	Improving patient outcomes and management of hyperlipidem	\$45,000.00
ACS Organic Chemistry Division	Graduate Research Symposium	\$1,000.00
AHIP Foundation	Executive Leadership Program	\$55,000.00
Alabama Kidney Foundation	2015 Huntsville Kidney Walk	\$1,000.00
Alabama Kidney Foundation	2015 Birmingham Kidney Walk	\$1,000.00
Alabama Kidney Foundation	Dothan Kidney Walk	\$1,000.00
Albany American Diabetes Association	Saratoga Springs Tour de Cure	\$5,000.00
ALL IN TOGETHER CAMPAIGN INC.	All in Together Campaign: Advancing and Empowering Women	\$37,500.00
Allergy & Asthma Network Mothers of Asthmatics	US Anaphylaxis Summit	\$30,000.00
Allergy & Asthma Network Mothers of Asthmatics	AAP Anaphylaxis Champions Program	\$100,000.00
Allergy & Asthma Network Mothers of Asthmatics	Allergy & Asthma Day Capitol Hill 2015	\$50,000.00
Alliance For A Healthier Generation Inc.	Alliance for a Healthier Generation	\$25,000.00
Alliance for Aging Research	2015 Aging in Motion Coalition	\$15,000.00
Amerian Diabetes Association	American Diabetes Association Diabetes Health and Wellness Expo	\$2,500.00
American Academy of Pediatrics-Key Cards	American Academy of Pediatrics Key Card Sponsorship	\$35,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	2015 AACR Annual Meeting MICR Networking and Resource Center	\$10,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	2015 AACR Network Hubs Sponsorship	\$25,000.00
American Cancer Society	ACS CAN Seattle Research Breakfast and ACS CAN advocacy activities	\$2,500.00
American Cancer Society	ACS CAN CA Research Events and ACS CAN advocacy activities	\$5,000.00
American Cancer Society	ACS CAN's advocacy activities in Arkansas and nationwide	\$1,500.00

2015 SANOFI US—Continued

Legal Name	Project Title	Payment Amount
American Cancer Society	ACS CAN Virginia Research Breakfast and advocacy activities	\$1,000.00
American Cancer Society	ACS CAN's advocacy activities in Louisiana and nationwide	\$1,000.00
American Cancer Society	ACS CAN Mississippi Health Forum and ACS CAN advocacy activities	\$1,000.00
American Cancer Society	ACS CAN Iowa Research Event and ACS CAN advocacy activities	\$2,000.00
American Cancer Society	2015 Minnesota Policy Breakfast and ACS CAN advocacy activities	\$1,000.00
American Cancer Society	2015 Oklahoma Policy Forums	\$750.00
American Cancer Society	2015 Pennsylvania Advocacy Event	\$1,000.00
American Cancer Society	2015 Maryland Advocacy Breakfast	\$1,000.00
American Cancer Society	Gemson Awards	\$2,500.00
American Cancer Society Inc.	Nationwide Hope Lodge Partnership	\$25,000.00
American Chemical Society Division of Medicinal Chemistry	Division of Medicinal Chemistry Program 250th ACS national meeting	\$2,500.00
American College of Allergy, Asthma & Immunology-FIT Bowl	American College of Allergy, Asthma & Immunology FIT Bowl	\$53,000.00
American College of Cardiology	2015 Patient Engagement Pavilion	\$25,000.00
American College of Cardiology	Sanofi/Regeneron Meeting	\$10,412.60
American College of Physicians, Inc.	Moving to the Quadruple Aim: ACP Quality Connect: Diabetes	\$280,369.00
American Diabetes Association	Step Out: Walk to Stop Diabetes	\$5,000.00
American Diabetes Association	Central Iowa Tour de Cure	\$5,000.00
American Diabetes Association	Tour de Cure Southeast Wisconsin (Grafton)	\$1,500.00
American Diabetes Association	Tour de Cure Madison	\$1,500.00
American Diabetes Association	2015 American Diabetes Association—WI Gala	\$2,000.00
American Diabetes Association	Father of the Year/Camp Sugar Falls	\$2,000.00
American Diabetes Association	Father of the Year Awards	\$5,000.00
American Diabetes Association	Stop Diabetes Through Advocacy Workshop	\$2,000.00
American Diabetes Association	Boston Step Out Walk to STOP Diabetes	\$5,000.00
American Diabetes Association	Central MA Step Out Walk to STOP Diabetes	\$5,000.00
American Diabetes Association	2015 Kiss a Pig Gala	\$2,500.00
American Diabetes Association	2015 Rochester Tour de Cure	\$2,500.00
American Diabetes Association	Step Out: Walk to Stop Diabetes	\$5,000.00
American Diabetes Association	Portland Father of the Year Awards Dinner	\$2,500.00
American Diabetes Association	Jim Hansen, MD Memorial Symposium Series	\$3,500.00
American Diabetes Association	St. Louis Tour de Cure	\$500.00
American Diabetes Association	Diabetes Awareness and Intervention—via Step Out: Walk to Stop Diabetes	\$50,000.00
American Diabetes Association	2015 World Diabetes Day	\$5,000.00
American Diabetes Association	75th Anniversary & Awards Celebration	\$50,000.00
American Diabetes Association	Step Out Walk to STOP Diabetes	\$2,500.00
American Diabetes Association Expo-Exhibit/Speaker/Booth Signage/Program	American Diabetes Expo—Exhibit/Speaker/Booth Signage/Program	\$57,000.00
AMERICAN DIABETES ASSOCIATION INC.	Diabetes Hospitality Days: Stop Diabetes In Boston	\$75,000.00
AMERICAN DIABETES ASSOCIATION INC.	2015 Pathways to Stop Diabetes	\$2,500,000.00
AMERICAN DIABETES ASSOCIATION INC.	Step Out: Walk to Stop Diabetes	\$5,000.00
AMERICAN DIABETES ASSOCIATION INC.	Step Out: Walk to Stop Diabetes	\$2,500.00
AMERICAN DIABETES ASSOCIATION INC.	Father of the Year Awards Gala	\$5,000.00
American Diabetes Association, Indiana Indiana	2015 Tour de Cure	\$5,000.00

2015 SANOFI US—Continued

Legal Name	Project Title	Payment Amount
American Diabetes Association, Indiana	ADA Indiana's Josiah Kirby Lilly Sr. Distinguished Service Award	\$15,000.00
American Diabetes Association	Father of the Year Gala	\$5,000.00
American Heart Association	AMERICAN HEART ASSOCIATION—MOBILE APP	\$75,000.00
American Heart Association	2015 Walking Challenge	\$100,000.00
American Heart Association	American Heart Association Advertising Space (Key Cards)	\$50,000.00
American Heart Association	2015 Heart Innovation Forum	\$15,000.00
American National Red Cross	2015–2016 General Blood Services Support and High School Sc	\$25,000.00
American Pharmacists Association	Emerging Insulins	\$79,000.00
American Society for Blood and Marrow Transplantation	Second Regional Bone Marrow Transplant conference for Nurses	\$12,700.00
American Society of Nephrology	2015 ASN Abstract CD Sponsorship	\$80,000.00
American Society of Transplantation	2015 Sponsorship Opportunities	\$50,000.00
Americares Foundation Inc.	US Disaster Assistance	\$10,000.00
America's Health Insurance Plans	CMO Roundtable	\$45,000.00
APHA Foundation	Primary Care and Patient Empowerment through Diabetes Patie	\$249,550.00
Arizona Diabetes Foundation	Diabetes: A Prescription for Care	\$5,000.00
Arrow Lake Foundation	Arrow Lake Foundation Activities Plan	\$50,000.00
Arthritis Foundation Northeast Region, Inc.	Research Update Events	\$10,000.00
Arthritis Foundation Northeast Region, Inc.	Advocacy Program and Advocacy Training Series	\$15,000.00
Association for Assessment and Accreditation of Laboratory Animal Ca	IQ/AAALAC International Global 3Rs Awards	\$5,000.00
Association of Community Cancer Centers	32 National Oncology Conference	\$50,000.00
Association of Corporate Contributions Professionals	2015 Membership Dues	\$6,250.00
Asthma & Allergy Foundation of America, St. Louis Chapter	Advocacy Day	\$1,000.00
Asthma & Allergy Foundation of America, St. Louis Chapter	Allertrain Master Trainer Program	\$1,500.00
Asthma and Allergy Foundation of America	2015 KFA Anaphylaxis Patient Education	\$33,000.00
Asthma and Allergy Foundation of America	2015 Anaphylaxis Awareness Campaign	\$250,000.00
ASTS Foundation	ASTS Program Support	\$75,000.00
Autoimmune Advocacy Alliance	Living with Autoimmunity—3 separate events	\$2,500.00
Bay Area Association of Kidney Patients	Help! I Just Learned I have Chronic Kidney Disease! What do I do?	\$1,200.00
Bay Area Bioscience Association	CALBIO 2015	\$10,000.00
Baylor Health Care System Foundation	STEEEP Academy Lectureship Series	\$135,000.00
Be The Match Foundation	Quick Reference Guidelines—Transplant Consultation and Post-Transplant	\$90,000.00
BHCAG FOUNDATION	MNBTE Recognition Event	\$5,000.00
Bill, Hillary, and Chelsea Clinton Foundation	Program Support—CHMI	\$100,000.00
Bill, Hilary, and Chelsea Clinton Foundation	National Health Transformation	\$50,000.00
Biocom	Global Life Science Partnering Conference	\$10,000.00
BIONJ INC.	Bio NJ Sponsorship event	\$10,000.00
BIONJ INC.	BIONJ INC. BioPartnering	\$3,000.00
BIONJ INC.	CEO Summit	\$7,500.00

2015 SANOFI US—Continued

Legal Name	Project Title	Payment Amount
Blood and Marrow Transplant Information Network	Survivorship Symposium Pre-Plan	\$5,000.00
Blood and Marrow Transplant Information Network	Ask the Multiple Myeloma Expert	\$7,500.00
Blood and Marrow Transplant Information Network	Transplant 101: An introduction to hematopoietic cell transplant	\$7,500.00
Blood and Marrow Transplant Information Network	Caregiver 101: The Role of Caregiver in Support of Bone Marrow	\$7,500.00
Blood and Marrow Transplant Information Network	Enhancing the Power of Peer Support	\$7,500.00
Blood and Marrow Transplant Information Network	BMT InfoNet Web Site Redesign—Phase 1	\$75,000.00
Bringing Hope Home Inc.	General Operating Support	\$10,000.00
Buffalo American Diabetes Association	Buffalo Niagara Tour de Cure	\$5,000.00
Cambridgeport Neighborhood Association, Inc.	2015 Summer Programs at Magazine Beach Park	\$5,000.00
Camp Neveda Foundation	Helping Children with type 1 diabetes live happier, healthier lives	\$20,000.00
Cancer Resource Foundation	Boston Prostate Cancer Walk Run	\$5,000.00
Cancer Support Community Greater Philadelphia	Celebration of Hope: A Free, Full-Day, Educational and Inspirational	\$5,000.00
Cardio Renal Society of America	Path to Wellness National Pilot	\$100,000.00
Center for Healthcare Innovation	Diversity, Inclusion, & Life Sciences Symposium	\$9,500.00
Central New Jersey Chapter Of The National Black Mba Association	Leaders of Tomorrow (LOT) Program	\$10,000.00
CEO Roundtable On Cancer, Inc.	Project Data Sphere initiative	\$1,000,000.00
Chicago Hispanic Health Coalition	Vive tu Vida/Get Up! Get Moving! Health and Wellness Fair	\$1,000.00
Children with Diabetes	Platinum Sponsorship—Children With Diabetes—Friends for Life	\$75,000.00
Children with Diabetes	Gold Level sponsorship of the Children with Diabetes Friends for Life	\$100,000.00
Childrens Inn At NIH Inc.	Sanofi US Legacy Endowment Fund at The Children's Inn at NIH	\$1,000,000.00
Children's Medical Center Foundation	Food Allergy Camp	\$5,000.00
Chordoma Foundation	New York Regional Chordoma Community Conference	\$2,500.00
Chris4Life Colon Cancer Foundation	5th Annual Blue Hope Bash	\$3,000.00
Christ the King Prep	Corporate Work Study Program	\$57,000.00
Cleveland Clinic	Advances in Organ Transplantation—Annual Fellows Conference	\$134,276.00
CNY American Diabetes Association	2015 CNY Tour de Cure	\$4,000.00
Coastal Area Health Education Center Inc.	Community Health Worker Core Consensus (C3) Project	\$25,000.00
Colon Cancer Alliance	Blue Star Concert	\$1,000.00
Committee Encouraging Corporate Philanthropy	2015 Membership Dues	\$15,000.00
Community Oncology Alliance	2015 Community Oncology Payer Exchange Summit III Oncology	\$25,000.00
Conquer Cancer Fdn Of The American Society Of Clinical Oncology	Conquer Cancer Foundation General Mission Support	\$50,000.00
Council on Foundations	2015 Membership Dues	\$15,000.00
CT Coalition for Organ and Tissue Donation, dba, Donate Life Connect	Premier Charity of the Hartford Marathon	\$1,500.00
Dallas Fort Worth Business Group on Health	DFWBGH 11th Annual Benefits Forum	\$5,000.00
DaVita Village Trust	2015 Tour DaVita	\$2,500.00
Deirdre O Brien Child Advocacy Center Inc.	Clinical Counseling Program	\$10,000.00

2015 SANOFI US—Continued

Legal Name	Project Title	Payment Amount
Diabetes Care and Education with the Academy of Nutrition and Dietetics	DCE NewsFlash and 2 e-Blasts	\$21,500.00
Diabetes Education and Camping Association	2015 Industry Partners Advisory Council (IPAC)	\$15,000.00
Diabetes Foundation Inc.	Dancing for Diabetes Awards Dinner	\$10,000.00
Diabetes Hands Foundation	Online Community for People with Diabetes	\$12,500.00
Diabetes Hands Foundation	DHF—Hero Sponsorship	\$25,000.00
DiabetesSisters	2015 DiabetesSisters' PODS Meetup Program	\$20,000.00
Diplomacy Matters Institute	Spotlighting Humanitarian Innovation & Patents for Humanity	\$2,500.00
Direct Relief	Auvi-Q® epinephrine injections for students throughout California	\$75,000.00
Direct Relief	U.S. Hurricane/All Hazards preparedness Program	\$10,000.00
Employers Health Coalition, Inc.	Employer Health 2015 Annual Symposium	\$6,500.00
Epilepsy Foundation of NC	Parent Advocacy toolkit	\$8,000.00
Federal Circuit Bar Association Charitable and Educational Fund	Global Series: 2015 Shanghai Conference	\$10,000.00
Federation of Clinical Immunology Societies	FOCIS 2015 Annual Meeting	\$14,500.00
Fight Colorectal Cancer	Patient Resource Guide for Stage III and IV	\$5,000.00
Finger Lakes American Diabetes Association	2015 Finger Lakes Tour de Cure	\$4,000.00
Florida Health Care Coalition	Seeking Value in Cancer Care	\$5,000.00
Florida Health Care Coalition	Health Care Purchasers as Consumers: Smart Shopping for Health Care	\$7,500.00
Food Allergy & Anaphylaxis Connection Team	FAACT Education Programs	\$150,000.00
Food Allergy Research Education	FARE National Food Allergy Conference	\$25,000.00
Food Allergy Research Education	FARE Teen Summit	\$25,000.00
Food Allergy Research Education	THE FOOD ALLERGY BALL	\$25,000.00
Food Allergy Research Education	FAREWalk for Food Allergies	\$200,000.00
Food Bank of Somerset County Inc.	Back Pack Program	\$5,000.00
Foundation for Biomedical Research	FBR Educational Programs—Bench to Bedside, Social Ambassadors	\$10,000.00
Foundation For Prader Willi Research	Multiple Projects	\$1,000.00
Fundación Centro Pediátrico de Diabetes	Diabetes Summer Camp 2015	\$10,000.00
Fundación Centro Pediátrico de Diabetes	XIV Gala	\$3,500.00
Fundación Centro Pediátrico de Diabetes	8th World Diabetes Month Celebration	\$5,000.00
Garden State Equality Education Fund Inc.	Teach and Affirm Students in New Jersey	\$2,500.00
Global Healthy Living Foundation	Managed Care Organization Education (Overview)	\$24,000.00
Gordon Research Conference	Gordon Research Atherosclerosis Meeting	\$20,000.00
Governors Books From Birth Foundation	Tennessee's Imagination Library Program	\$2,500.00
Greater New England Minority Supplier Development Council	Economic Development	\$4,000.00
Health Action Council	Annual Conference	\$4,200.00
Healthcare Businesswomen's Association	Woman of the Year	\$18,150.00
HEART OF FLORIDA UNITED WAY	SP 2014 United Way Campaign Payout	\$2,269.50
Heart To Heart International Inc.	US Crisis Readiness & Response	\$10,000.00
Idaho Immunization Coalition	Immunization Summit	\$2,000.00
Illinois Diabetes Caucus Foundation	Illinois Diabetes Caucus Foundation	\$3,500.00

2015 SANOFI US—Continued

Legal Name	Project Title	Payment Amount
Illinois Manufacturers' Association	Business Day & Annual Lunch Sponsorships	\$1,000.00
International Chinese Statistical Association	2015 International Chinese Statistical Association (ICSA)/Graybi	\$2,000.00
International Eczema Council	International Eczema Council	\$100,000.00
International Isotope Society, Inc.	Sponsorship of 12th International Symposium on the Synthesis	\$3,250.00
International Myeloma Foundation	9th Annual Comedy Celebration benefiting the Peter Boyle Research Fund	\$5,000.00
International Myeloma Foundation	6th Annual International Myeloma Working Group Summit	\$35,000.00
International Myeloma Foundation	Patient Programs 2015	\$100,000.00
International Society for Computational Biology	RSG DREAM Conference	\$10,000.00
International Society of Heterocyclic Chemistry	25th ISHC Congress	\$1,000.00
International Society of Pharmacometrics	ACoP6	\$5,000.00
JDRF	Imagine Gala	\$100,000.00
JDRF	JDRF One Walk Philadelphia and Bucks County	\$2,500.00
JDRF	JDRF One Walk	\$7,500.00
JDRF	JDRF Central AR One Walk	\$2,500.00
JDRF—Eastern PA Chapter	JDRF One Walk Moosic, Poconos, Lehigh Valley and Berks County	\$2,500.00
JDRF Greater Dallas	JDRF One Walk, Dallas	\$2,500.00
JDRF International	JDRF One Walk Boston 2015	\$10,000.00
JDRF International	JDRF OneWalk	\$5,000.00
JDRF International	JDRF Research Updates	\$2,000.00
Jefferson University (School of Population Health)	Quality and Safety Leadership Series	\$100,000.00
Jefferson University (School of Population Health)	Supporting Patient Access to Diabetes Care: Follow-on to Janua	\$79,700.00
Jersey Battered Womens Service	Vocational Development Program	\$5,000.00
Joslin Diabetes Center, Inc.	A Taste of Ginger	\$25,000.00
Joslin Diabetes Center, Inc.	National Diabetes Month/High Hopes Gala	\$50,000.00
Juvenile Diabetes Research Foundation	Rock the Cure	\$1,000.00
Kean University Foundation Inc.	2015 Group Summer Scholars Research Program	\$15,000.00
Keystone Symposia on Molecular and Cellular Biology	Cancer Immunotherapy: Immunity and Immunosuppression Meds	\$25,000.00
Kidney Health Alliance of KY	Share Your Spare 5k for Get Healthy Get Transplanted	\$750.00
Kids Corporation li	Kids Corp General Operating	\$10,000.00
Lagrand Foundation	Internship Program	\$25,000.00
Large Urological Group Practice Association LUGPA	LUGPA Annual Meeting Gold Level Membership	\$85,000.00
Leukemia & Lymphoma Society	Man & Woman of the Year	\$3,500.00
Living Well Cancer Resource Center	General Operating Support	\$2,500.00
MA Conference for Women Inc.	MA Conference for Women	\$20,000.00
Map International	United States Disaster Relief	\$10,000.00
March of Dimes Foundation	Supporting NICU Babies and Families	\$86,000.00
Maryland Health Care Coalition DBA MidAtlantic Business Group on Health Care	Specialty Rx Forum	\$7,500.00
Massachusetts Association of Health Plans	Annual Conference. Payment Reform—Three Years Later	\$2,000.00
MedStar Washington Hospital Center	MedStar Washington Medical Center—Current Issues in the Care	\$3,000.00
Mended Hearts	Patient Advocacy Network	\$100,000.00

2015 SANOFI US—Continued

Legal Name	Project Title	Payment Amount
Mended Hearts	2015 Mended Hearts National Education and Training Conference	\$50,000.00
Michigan Biosciences Industry Association	MichBio Conference Description	\$1,500.00
Mid Atlantic Lifespan, Inc.	Senior Care Providers Roundtables With Local Hospitals	\$4,000.00
Midland Adult Services Inc.	Midland Meals on Wheels Employment Training Program	\$10,000.00
Migrant Clinicians Network	Health Champions: Reducing Disease to Improve Health	\$500.00
Milken Institute	The Research Acceleration and Innovation Network (TRAIN)	\$10,000.00
Milken Institute	2015 Milken Institute Conference Sponsorships & Engagement	\$1,000,000.00
Minnesota Society of Health-System Pharmacists	MSHP Corporate Sponsorship	\$6,000.00
MIT	13th US-Japan Symposium on Drug Delivery Systems	\$7,000.00
MIT	14th Annual Koch Institute Summer Symposium "CANCER COMMITTEE"	\$5,000.00
MIT \$100K Competition	MIT \$100K Competition	\$25,000.00
Multiple Myeloma Research Foundation	Advances in Minimal Residual Disease Testing in Myeloma	\$25,000.00
Multiple Myeloma Research Foundation	Advances in Minimal Residual Disease Testing in Myeloma	\$25,000.00
NATIONAL ACADEMY OF SCIENCES	Forum on Drug Discovery, Development and Translation	\$85,000.00
National Alliance of State Prostate Cancer Coalitions	11th Annual Meeting	\$5,000.00
National Arbor Day Foundation	Chippewa National Forest tree planting	\$4,138.00
National Association for the Advancement of Colored People	Childhood Obesity	\$10,000.00
National Committee for Quality Assurance ("NCQA")	NCQA's 25th Anniversary	\$10,000.00
National Consumers League	Health Policies for Better Outcomes and Balanced Budgets	\$5,000.00
National Eczema Association	The Decade of Eczema: Roadmap to Advocacy	\$200,000.00
National Forum for Heart Disease and Stroke Prevention Inc.	13th Annual Meeting of the National Forum for Heart Disease and Stroke Prevention	\$25,000.00
National Foundation For The Ctrs For Disease Contr & Prevention Inc.	TB Trials Consortium	\$671,292.00
National Health Council	Voluntary Health Leadership Conference	\$20,000.00
National Health Council	Policy Development Fund	\$70,000.00
National Kidney Foundation	Patient Empowerment Workshop	\$2,000.00
National Kidney Foundation	Kansas City Kidney Walk	\$1,000.00
National Kidney Foundation	Wichita Kidney Walk	\$250.00
National Kidney Foundation	2015 Boston Kidney Walk	\$15,000.00
National Kidney Foundation of Michigan	Champion of Hope Tribute Dinner	\$1,000.00
National Kidney Foundation of West Tennessee	Gift of Life Gala	\$1,500.00
National Kidney Foundation of West Tennessee	NKF of West Tennessee Wolf Mash Dash 5K	\$250.00
National Kidney Foundation, Inc.	2015 New York City Kidney Walk	\$25,000.00
National Kidney Foundation, Inc.	NKF Cares 2015	\$25,000.00
National Kidney Foundation, Inc.	NKF Peers 2015	\$25,000.00
National Kidney Foundation, Inc.	Eight Annual Mid-Atlantic First Year Renal Fellowship Symposium	\$5,000.00
National Kidney Foundation, Inc.	7th Annual Central New Jersey Kidney Walk	\$1,000.00
National Kidney Foundation, Inc.	Philadelphia Kidney Walk	\$500.00
National Kidney Foundation, Inc.	Chester County Kidney Walk	\$500.00
National Kidney Foundation, Inc.	Wilmington Kidney Walk	\$500.00

2015 SANOFI US—Continued

Legal Name	Project Title	Payment Amount
National Kidney Foundation, Inc.	Pittsburgh Kidney Walk	\$500.00
National Kidney Foundation, Inc. Serving Ohio	Northeast Ohio Kidney Walk	\$1,000.00
National Kidney Foundation, Inc. Serving Ohio	2015 Patient Symposium	\$1,000.00
National Patient Advocate Foundation	NPAF Policy Consortium	\$20,000.00
National Press Foundation	Training Journalists on Advances in Biologics and Biosimilars	\$40,000.00
National TB Controllers Association	2015 National TB Conference: Sponsorship Request	\$500.00
National Transitions of Care Coalition	National Transition of Care Coalition	\$250,000.00
NBCH	Hypoglycemia Action Brief	\$17,500.00
NBCH	Annual Conference	\$3,500.00
NBCH	ASCVD Action Brief	\$17,500.00
NCOMS	NC Oncology Management Society	\$5,000.00
NEHI	New Policy: Better Use of Medicines in Diabetes	\$25,000.00
Neuropathy Action Foundation	9th Annual "Neuropathy Action Awareness Day"	\$2,500.00
New Jersey Hall of Fame	Mobile Museum	\$2,500.00
New Jersey Public Health Association	NJPHA Sponsorship	\$5,000.00
New York Stem Cell Foundation, Inc.	NYSCF 10th Annual Translational Stem Cell Research Conference	\$2,000.00
NJ SEEDS	College Scholars Program	\$10,000.00
North Coast Health	Celebration of Caring	\$2,500.00
Northeast Business Group on Health	eValue8 - Health Plan Performance Review	\$9,000.00
Northeast Business Group on Health	Specialty Pharmacy Conference	\$5,000.00
Northeastern Section of the American Chemical Society	German Exchange Program	\$2,000.00
NSHMBA Foundation	NSHMBA New Jersey Annual Partnership	\$5,000.00
Oklahoma Center for Healthcare Improvement	The transformation of Healthcare	\$3,500.00
Opportunity Through Entrepreneurship Foundation	Arizona Pavilion at BIO 2015	\$1,000.00
Organization for International Investment	OFII Annual Dinner	\$15,000.00
Partnership For Quality Medical Donations	2016 Membership Dues	\$19,000.00
Patient Advocate Foundation	Prostate and CRC Co-Pay Relief Fund	\$550,000.00
PATIENT EMPOWERMENT NETWORK	The Latest News on Advanced Prostate Cancer Research and Treatment	\$20,000.00
PCMA	2015 sPCMA Business Forum Sponsorship	\$60,000.00
PCMA	2015 Annual Meeting Presidential Sponsorship	\$75,000.00
Pediatric Cancer Research Foundation	NHL 2015 Pediatric Sponsorship	\$10,000.00
Pennsylvania Biotechnology Association	CBO Dinner	\$5,000.00
Perimeter Bicycling Association of America, Inc.	2015 El Tour de Tucson	\$15,000.00
Pharmaceutical Research and Manufacturers of America Foundation	PhRMA Foundation Grants and Fellowships	\$100,000.00
Premier Cares Foundation	Premier Cares Foundation Prostate Cancer Walk	\$1,500.00
Preventive Cardiovascular Nurses Association	Cholesterol Patient Education	\$100,000.00
PRIDE	PRIDE Conference	\$6,000.00
Project Hope The People To People Health Foundation Inc.	Responding to the Nepal Earthquake	\$10,000.00
Prostate Cancer Foundation	22nd Annual Scientific Retreat	\$300,000.00
Raritan Valley Community College Foundation	Galileo Scholarships: Providing Access to STEM Education	\$17,500.00

2015 SANOFI US—Continued

Legal Name	Project Title	Payment Amount
Raritan Valley Community College Foundation	Preparing for the Next Generation Science Standards	\$10,000.00
Regents of the University of Michigan Renal Support Network	V-BID Summit 2015: A Decade of Transforming the Health Care KidneyTalk Podcast	\$40,000.00 \$1,000.00
Renal Support Network	Live & Give Newsletter	\$1,500.00
Renal Support Network	CKD Patient Education Meetin	\$1,500.00
Renal Support Network	13th Annual Patient Essay Contest	\$1,000.00
Resource Center of Somerset Inc.	Transitional Housing Program	\$5,000.00
Rutgers University Foundation	Vets 4 Warriors	\$10,000.00
RVCC Foundation	STEM Education: Equity Issues and Workforce Pipeline	\$10,000.00
RVCC Foundation	College Campus Experience Day for STEM High School Students	\$3,000.00
Sage Bionetworks	2015 Paris Assembly	\$15,000.00
Sanofi US Matching Gifts—2015	Sanofi US Matching Gifts—Q2 2015	\$277,628.31
Sanofi US Matching Gifts—2015	Sanofi US Matching Gifts—Q1 2015	\$427,531.29
SARSEF-SOUTHERN ARIZONA RE-SEARCH SCIENCE AND ENGINEERING	The Future of Biomedical Research	\$5,000.00
Scripps Translational Science Institute	The Future of Genomic Medicine VIII	\$10,000.00
Society of Toxicologic Pathology	2015 ACVP/ASVCP/STP Combined Annual Meeting	\$2,500.00
Society of Toxicology	Society of Toxicology Annual Meeting	\$10,000.00
Somerset County Business Partnership	SCBP 2015 program of work	\$20,000.00
Somerset Medical Center Foundation Inc.	Fun 'N Fit	\$25,000.00
Somerset Medical Center Foundation Inc.	EMS Program	\$5,000.00
Somerset Medical Center Foundation Inc.	El Poder Sobre La Diabetes	\$10,000.00
South Dakota Diabetes Coalition	Virtual Nurse Model: School Project	\$5,100.00
St. Louis Children's Hospital Foundation	Food Allergy Management and Education	\$75,000.00
Stop Hunger Now Inc.	Stop Hunger Now Program Expansion to New York City Metro	\$10,000.00
Stowe Weekend of Hope	Stowe Weekend of Hope	\$5,000.00
T. Leroy Jefferson Medical Society	2015 Community Health Fair	\$2,500.00
Taking Control of Your Diabetes	The 9th Annual Diabetes Forum	\$10,000.00
Tennessee Kidney Foundation	2015 Gift of Life Walk/5K	\$2,000.00
Tennessee Kidney Foundation	Spring Soiree 2015	\$2,500.00
Teratology Society	Teratology Society 55th Annual Meeting	\$1,500.00
The American Association of Immunologists, Inc.	Major Symposia—Roots and Mechanisms of Human Autoimmun	\$10,000.00
The American College of Veterinary Pathologists	ACVP/ASVCP/STP Combined Annual Meeting	\$6,000.00
The American Fallen Soldiers Project Inc.	Portrait Sponsorship	\$25,000.00
The American Kidney Fund, Inc.	A Pairing for Prevention 2015	\$5,000.00
The American Kidney Fund, Inc.	The Hope Affair 2015	\$50,000.00
The American Kidney Fund, Inc.	9th Annual New York Spring Event	\$1,500.00
The Bus Stops Here Foundation	Hall Of Fame Induction for Jerome Bettis	\$35,000.00
The Center For Great Expectations Inc.	Adult Women's Program	\$10,000.00
The Childrens Health Fund	Medical Home Initiative	\$665,000.00
The Cleveland Clinic Foundation-BMT Cleveland Clinic Sponsorship	A Celebration of Survivorship An Educational Symposium for BM	\$5,000.00
The Council of State Government, Ltd.	Bowhay Institute for Legislative Leadership Development	\$5,000.00

2015 SANOFI US—Continued

Legal Name	Project Title	Payment Amount
The Diabetes Coalition of Mississippi/ Mississippi Rural Health Association	Giving Diabetes the Blues	\$2,500.00
The FH Foundation	CASCADE FH Registry	\$500,000.00
The Flood Sisters Kidney Foundation of America	7th Annual Love.Give.Life. Fashion Show/Gala	\$2,000.00
The Friends of Matheny	Matheny Center of Medicine and Dentistry	\$5,000.00
The Life Raft Group	Research Team Meeting	\$5,000.00
The Salvation Army	Healthy Food Pantry Program	\$5,000.00
The University of Texas Foundation, Inc.	First Annual Immuno-Oncology in Myeloma 2015 Workshop	\$25,000.00
Trustees of Boston University	Boston University's 15th Annual CMD Symposium on Molecular Discovery	\$1,500.00
Trustees of the University of Pennsylvania	Research Training in Pharmacoepidemiology	\$20,000.00
Tufts Medical Center	CEVR Database Subscription	\$35,000.00
TULANE CANCER CENTER	NOLA Bluedoo Party/Walk/Run	\$1,000.00
Tuskegee Human And Civil Rights Multicultural Center	Donation for Public Education	\$5,000.00
UCSF Cancer Center (c/o UCSF Foundation)	2015 HDFCCC Symposium: Breakthroughs in Cancer Immunotherapy	\$5,000.00
United Network for Organ Sharing	Transplant Living Program	\$25,000.00
United States Soccer Federation Foundation Inc.	Soccer for Success—Paterson, NJ	\$10,000.00
United Way of Greater Atlanta	Merial—Duluth 2014 United Way Campaign	\$23,984.25
United Way of Hall County Inc.	2014 United Way Campaign Match—Merial Select	\$2,841.50
United Way of Lackawanna and Wayne Counties	SP 2014 United Way Campaign Payout	\$7,221.00
United Way of Massachusetts Bay Inc.	Sanofi Pasteur 2014 United Way Campaign Payout	\$521.00
United Way of Monroe County	SP 2014 United Way Campaign Match	\$56,881.53
United Way of Northeast Georgia	2014 United Way Campaign—Merial Athens	\$5,000.00
United Way of Northern New Jersey	Caregivers Coalition	\$100,000.00
Unifio Inc.	T1D Education Event Series	\$45,000.00
Univeristy of Arizona Foundation for the benefit of Univeristy of Arizona	Alternative Muscle Club meeting	\$2,700.00
University of Arizona Foundation	Support for the Undergraduate Biology Research Program Conference	\$3,000.00
University of Arizona Foundation	Applied Biosciences GIDP Merit Scholarship	\$5,000.00
University of Arizona Foundation	Keep Engaging Youth in Science (KEYS) High School Summer Internships	\$6,400.00
University of California, San Francisco Foundation	UCSF Diabetes Center 15th Anniversary Symposium	\$5,000.00
University of Florida Foundation, Inc.	New Developments in Clinical Pharmacy and Clinical Pharmacology	\$1,000.00
UNIVERSITY OF MARYLAND BALTI- MORE FOUNDATION INC.	M-Cersi Conference on Patient Focused Drug Development	\$10,000.00
University of North Carolina at Chapel Hill	Pharmacoepidemiology Program Donation	\$20,000.00
University of Southern California	USC/UCLA/UCSF Tri-Institutional Retreat	\$3,000.00
University of Southern Mississippi Foundation	National Unity 2015 Conference: Community Health Workers	\$5,000.00
US China Health Summit Inc.	5th US-China Health Summit at Harvard University	\$70,000.00
Us TOO International	Us TOO 25th Anniversary Educational Symposium & Gala Celebration	\$10,000.00

2015 SANOFI US—Continued

Legal Name	Project Title	Payment Amount
Vision y Compromiso	13th Annual Promotoras and Community Health Workers Conference	\$10,000.00
Washington Legal Foundation	2015 General Operating Support	\$25,000.00
Washington Policy Center	WPC's 2015 Annual Dinner	\$3,500.00
Wellness Community of Central New Jersey	School-Based Support Groups	\$15,000.00
Winter Urologic Forum (WUF)	Winter Urologic Forum (WUF) Symposia Timeslot	\$15,000.00
WomenHeart: The National Coalition for Women with Heart Disease	WomenHeart Science & Leadership Symposium	\$50,000.00
WomenHeart: The National Coalition for Women with Heart Disease	National Science & Policy Summit on Women's Heart Health	\$25,000.00
Women's Venture Fund	Highest Leaf Awards	\$15,000.00
YMCA of Greater Boston	YMCA's Diabetes Prevention Program	\$5,000.00
ZERO—The End of Prostate Cancer	ZERO Prostate Cancer Run/Walk Delaware	\$1,500.00

Payments made by Sanofi US (2016)

Legal Name	Payment Amount	Project Title
AMERICAN DIABETES ASSOCIATION EXPOS	\$48,070	American Diabetes Association EXPO
American Society of Transplant Surgeons	\$35,000	AMERICAN ASSOCIATION FOR CANCER RESEARCH—Networking Hub
American Society of Transplant Surgeons	\$35,000	American Society of Transplant Surgeons—Bronze Level Support
Taking Control of Your Diabetes	\$200,000	Taking Control of Your Diabetes—Gold Sponsorship
Children with Diabetes	\$35,000	2016 Children with Diabetes (CWD) Sponsorship
MedStar Washington Medical Center	\$3,000	MedStar Washington Hospital Center—Current Issues in the Care of Dialysis and Transplant Patient
Joslin Diabetes Center, Inc.	\$25,000	A Taste of Ginger
Massachusetts General Hospital	\$5,000	Collaborative Novel-Novel Combination Therapies Workshop
Greater New England Minority Supplier	\$7,000	Economic Development
Healthy Capital District Initiative	\$2,500	Diabetes Community Resource Guide
American Diabetes Association	\$2,500	Get Moving Challenge
American Diabetes Association	\$2,500	Tour de Cure
American Diabetes Association	\$2,500	2016 Step Out: Walk to Stop Diabetes
AMERICAN DIABETES ASSOCIATION INC.	\$2,500	Father of the Year Awards Gala

Payments made by Sanofi US (2016)—Continued

Legal Name	Payment Amount	Project Title
Buffalo American Diabetes Association	\$2,500	2016 Buffalo Niagara Tour de Cure
CNY American Diabetes Association	\$2,500	2016 Tour de Cure
Albany American Diabetes Association	\$2,500	Saratoga Springs Tour de Cure
American Diabetes Association	\$2,500	Tour de Cure Michigan
American Diabetes Association Inc.	\$2,000	2016 Finger Lakes Tour de Cure
American Diabetes Association	\$10,000	2016 High Risk Community Initiatives for Southwest Florida
American Diabetes Association	\$2,500	Charlotte Step Out: Walk to Stop Diabetes
American Diabetes Association	\$2,500	Tour de Cure Hawaii
American Diabetes Association	\$2,500	Step Out: Walk to Stop Diabetes Upstate, SC
American Diabetes Association	\$2,500	American Diabetes Association's Boston Step Out Walk to STOP Diabetes
American Diabetes Association	\$2,500	American Diabetes Association's Connecticut Step Out Walk to STOP Diabetes
American Diabetes Association	\$2,500	American Diabetes Association's Central Massachusetts Step Out Walk to STOP Diabetes
American Diabetes Association	\$2,500	2016 New Orleans Father of the Year
American Diabetes Association, Indiana	\$2,500	2016 Indiana Tour de Cure
AMERICAN DIABETES ASSOCIATION INC	\$75,000	Diabetes Hospitality Days: Stop Diabetes in New Orleans
National Kidney Foundation, Inc.	\$25,000	NKF Patient Programs 2016
Asthma and Allergy Foundation of America	\$100,000	AAFA Patient Education and Outreach
Asthma and Allergy Foundation of America	\$10,000	KFA Strides for Safe Kids Mall Walk and Expo
Asthma and Allergy Foundation of America	\$15,000	KFA Patient Education and Outreach
Northeast Business Group on Health	\$20,000	eValue8—Health Plan Performance Review
Food Allergy Research Education	\$100,000	FOOD ALLERGY 101 Online Training Component and School Action Campaign Grassroots Advocacy

Payments made by Sanofi US (2016)—Continued

Legal Name	Payment Amount	Project Title
American Heart Association American Stroke Association	\$2,000	Peoria Heart and Stroke Ball and Peoria and Bloomington Heart Walk
American Heart Association	\$15,000	2016 Heart Innovation Forum
American Heart Association American Stroke Association	\$2,000	Springfield Heart Ball
ATS Foundation Inc	\$25,000	Eighth Annual ATS Foundation Research Program Benefit
BHCAG FOUNDATION	\$2,500	Employer Leadership Summit
National Alliance of State Prostate Cancer Coalitions	\$5,000	11th Annual Meeting
New York Stem Cell Foundation, Inc.	\$2,000	The NYSCF Conference
Opportunity Through Entrepreneurship Foundation	\$1,000	Arizona Pavilion at BIO 2016
Somerset Health Care Foundation	\$1,000	Healthier Somerset
Diabetes Foundation Inc.	\$10,000	25th Anniversary Awards Dinner & Talent Competition
JDRF	\$2,500	One Walk Philadelphia
JDRF	\$2,500	JDRF One Promise Gala Allentown—Passport to a Cure
JDRF	\$2,500	Rockin' Docs for Diabetes Cure
JDRF	\$2,500	2016 JDRF Poconos One Walk
JDRF	\$12,000	JDRF One Promise Gala Philadelphia
JDRF	\$2,500	2016 JDRF Moosic One Walk
JDRF	\$2,500	2016 JDRF Reading One Walk
JDRF	\$2,500	One Walk Newtown
JDRF	\$2,500	2016 JDRF Lehigh Valley One Walk
JDRF	\$2,500	ACE For A Cure
JDRF Central PA Chapter	\$2,500	JDRF One Walk—Lancaster
JDRF New York City Chapter	\$15,000	44th Annual Promise Ball
JDRF International	\$2,500	34th Annual Boston Gala
JDRF INTERNATIONAL	\$50,000	2016 TypeOneNation Summits
JDRF INTERNATIONAL	\$50,000	2016 JDRF Government Day
JDRF Greater Dallas	\$2,500	JDRF One Walk, Dallas

Payments made by Sanofi US (2016)—Continued

Legal Name	Payment Amount	Project Title
Juvenile Diabetes Research Foundation	\$2,500	Rock the Cure
JDRF	\$10,000	JDRF Imagine Gala
National Comprehensive Cancer Network	\$10,000	Emerging Issues in Oncology—An NCCN Roundtable Discussion
American Society for Neurochemistry	\$2,500	ASN Annual Meeting
American Orthopaedic Society for Sports Medicine	\$50,000	Early Osteoarthritis/Prevention of Disease Progression
Diabetes Foundation of Mississippi	\$2,000	LIVE-A-BETES: Learning To Live Well With Diabetes
Renal Physicians Association	\$10,000	RPA Kidney Quality Improvement Registry
New York & New Jersey Minority Supplier Development Council	\$8,000	Annual Sponsorship
Gordon Research Conference	\$3,000	2016 Gordon Research Conference (GRC) entitled Autophagy in Stress, Development, and Disease: From the basics to therapeutic targets
Gordon Research Conference	\$2,000	Drug Carriers in Medicine and Biology
Gordon Research Conference	\$10,000	Gordon Research Conference Antibody Biology & Engineering March 2016
PATIENT EMPOWERMENT NETWORK	\$20,000	2016 Town Meeting for Advanced Prostate Cancer Patients
PATIENT EMPOWERMENT NETWORK	\$25,000	Online Advanced Prostate News Coverage for Patients
Bioscience Association of WV	\$1,500	WV Bioscience Summit 2016
Arthritis Foundation	\$2,000	Sponsorship for Arthritis Foundation Crystal Ball
National Transitions of Care Coalition	\$125,000	NTOCC
American Medical Society for Sports Medicine Foundation, Inc.	\$50,000	AMSSM Foundation Research Grant Awards
Biocom	\$10,000	Global Life Science Partnering Conference
Biocom	\$10,000	Global Life Science Partnering Conference
Taking Control of Your Diabetes	\$200,000	Taking Control Of Your Diabetes Conferences and Health Fairs
Prescription Drug Assistance Foundation	\$1,000	Legislative Reception and Celebration of Access
The Cleveland Clinic Foundation	\$95,275	Advances in Organ Transplantation—Annual Fellows Conference

Payments made by Sanofi US (2016)—Continued

Legal Name	Payment Amount	Project Title
Employers Health Coalition, Inc.	\$6,500	Employer Health 2016 Annual Symposium
Respiratory Health Association	\$750	Lung Health Education
Us TOO International	\$15,000	Prostate Cancer News You Can Use
Us TOO International	\$5,000	Prostate Cancer Educational Webinar
Us TOO International	\$5,000	Us TOO Prostate Cancer Business Leadership Council
Blood and Marrow Transplant Information Network	\$25,000	Celebrating a Second Chance at Life 2016 Survivorship Symposium
Blood and Marrow Transplant Information Network	\$7,500	2016 BMT InfoNet Transplant Webinar Series
PCMA	\$80,000	2016 sPCMA Business Forum
PCMA	\$95,000	2016 Annual Meeting Presidential Sponsorship
Regents of the University of Michigan	\$40,000	V-BID Summit 2016
Minnesota Society of Health-System Pharmacists	\$6,000	MSHP 2016 Corporate Business Partnership Program
Be The Match Foundation	\$25,000	National Sponsorship for Be The Match Walk+Run
Mid-America Coalition on Health Care	\$5,000	4th Annual Workforce & Community Well-Being Forum
Global Virus Network, Inc.	\$10,000	8th International Global Virus Network Meeting
CrowdCare Foundation, Inc.	\$10,000	Muscles for Myeloma
PRIDE	\$6,000	PRIDE Conference
The diaTribe Foundation	\$100,000	d16 Executive Forum
US China Health Summit Inc.	\$70,000	5th US-China Health Summit at Harvard University
Greater Philadelphia Business Coalition on Health	\$5,000	GPBCH 2016 Annual Conference
Food Allergy & Anaphylaxis Connection Team	\$100,000	FAACT Education Programs
Deep South Cancer Foundation	\$5,000	2016 Cycliad Charity Bicycle Ride
California Life Sciences Association	\$2,500	CLSA Life Sciences Academy
Globalization of Pharmaceuticals Education Network, Inc.	\$3,500	GPEN2016

Payments made by Sanofi US (2016)—Continued

Legal Name	Payment Amount	Project Title
American Association of Diabetes Educators	\$20,000	Public Policy Forum 2016
Federation of American Societies for Experimental Biology (FASEB)	\$5,000	FASEB conference on Muscle Satellite Cells and Regeneration
Teratology Society	\$1,500	Teratology Society 56th Annual Meeting
Biotechnology Innovation Organization	\$145,000	BIO International Convention
Biotechnology Innovation Organization	\$40,000	BIO Europe Spring and BIO Europe International Partnering Conference
Maryland Black Caucus Foundation, Inc.	\$2,000	Maryland Black Caucus Foundation, Inc.
American Cancer Society Cancer Action Network	\$25,083	2016 ACS CAN Fundraising Events and ACS CAN advocacy activities
Mid Atlantic Lifespan, Inc.	\$4,000	Senior Care Providers Roundtables With Local Hospitals
ACS Organic Chemistry Division	\$1,500	ACS-DOC Graduate Research Symposium
Society of Toxicology	\$10,000	Society of Toxicology Annual Meeting
NATIONAL ACADEMY OF SCIENCES	\$50,000	Forum on Neuroscience and Nervous System Disorders
NATIONAL ACADEMY OF SCIENCES	\$85,000	Forum on Drug Discovery, Development and Translation
Allergy & Asthma Network Mothers of Asthmatics	\$100,000	AAP Asthma, Allergy & Anaphylaxis Champion Program
Virginia Bio	\$1,500	Legislative Reception
AMGA Foundation Inc	\$200,000	Together 2 Goal
International Society of Nephrology	\$70,000	World Kidney Day 2016
Florida Health Care Coalition	\$7,500	“The Health Care Revolution: Building the Health Rosetta”
Florida Caucus of Black State Legislators	\$2,000	Scholarship
Fundación Centro Pediátrico de Diabetes	\$15,000	Diabetes Summer Camp 2016
American Drug Utilization Review Society	\$15,000	American Drug Utilization Review Symposium
The University of Texas Foundation, Inc.	\$25,000	Second Annual Immuno-Oncology and Myeloma Workshop
El Paso Diabetes Association, Inc.	\$2,500	2016 Diabetes Walk/Run

Payments made by Sanofi US (2016)—Continued

Legal Name	Payment Amount	Project Title
National TB Controllers Association	\$2,500	Using the Stories and Voices of TB Survivors for Patient Education, Building a Supportive Community, and Advocacy
French American Chemical Society	\$1,000	FACS XVI
Texas Tech Foundation, Inc.	\$286,000	Community Health Worker (CHW) Core Consensus Project 2016: Increasing Stakeholder Engagement and Endorsement, Defining CHW Roles and Skills in Clinical and Community Settings, and CHW Skill Assessment Approaches and Tools
Houston Business Coalition on Health	\$6,000	The Employer's Specialty Pharmaceutical Dilemma—Challenges & Opportunities
UNM Comprehensive Cancer Center	\$1,000	Hoops4Hope
University of Utah	\$50,000	Western Atrial Fibrillation Symposium
WithinReach	\$5,000	Improving Health Access and Immunization Policy
NASPA	\$5,000	NASPA Leadership Conference Awareness Walk
National Eczema Association	\$300,000	Roadmap to Advocacy
American Society on Aging	\$5,000	2016 Aging in America Conference
Milken Institute	\$500,000	2016 Milken Institute Conference Engagement
International Myeloma Foundation	\$100,000	IMF Patient Programs 2016
International Myeloma Foundation	\$5,000	IMF 10th Annual Comedy Celebration benefiting the Peter Boyle Research Foundation
International Myeloma Foundation	\$35,000	7th Annual International Myeloma Working Group Summit
California Center for Public Health Advocacy	\$2,500	Pre-diabetes Epidemic in California—What Now?
Out & Equal	\$25,000	2016 Out & Equal Workplace Summit
GLBTQ Legal Advocates & Defenders	\$3,000	GLAD 2016 Summer Party
Gay Men's Health Crisis, Inc	\$5,000	AIDS Walk New York
The Children's Aid Society	\$25,000	The Children's Aid Society 5th Annual KTP Gala
Jersey Battered Women's Service, Inc.	\$7,000	JBWS Grand Tastings XXII
Community Hope, Inc.	\$10,000	2016 Silver Corporate Partner
RESOURCES USA INC	\$7,500	French Talks

Payments made by Sanofi US (2016)—Continued

Legal Name	Payment Amount	Project Title
Court Appointed Special Advocates of Mercer County, Inc.	\$1,000	Night of a Thousand Stars Gala
Machestic Dragons	\$5,000	10th Annual "Paddle for Pink" Community Dragon Boat Festival
American Lebanese Syrian Associated Charities, Inc.	\$10,000	St. Jude Gourmet Gala
National Kidney Foundation of Michigan	\$1,000	Champion of Hope Tribute Dinner
National Congressional Award Foundation	\$25,000	Gold Membership
Research!America	\$25,000	20th Annual Advocacy Awards Dinner
Society for Women's Health Research	\$10,000	2016 SWHR Annual Gala Dinner
American Cancer Society Cancer Action Network	\$2,500	Relay For Life of Bridgewater
University of Arizona Foundation	\$3,000	Sponsorship of the 28th Annual Undergraduate Biology Research Program Conference
Diabetes Hands Foundation	\$37,500	Online Community for People with Diabetes
Boston University School of Public Health	\$2,500	Boston University School of Public Health 40th Anniversary Gala
Pro Bono Partnership	\$10,000	Pro Bono Partnership 2016 Gala
Christ The King Preparatory School of Newark NJ Corp.	\$5,000	8th Annual President's Gala
Children's Health Fund	\$25,000	2016 Annual Benefit
The Children's Aid Society	\$25,000	The Children's Aid Society's Keeping the Promise Benefit
The American Heart Association	\$5,000	Heart & Stroke Ball
Good Grief Inc.	\$2,500	2016 Great Pumpkin Ball
United Way of Northern New Jersey	\$500	Pathways for Caregivers 2016 Reprint
Easterseals New Jersey	\$1,350	46th Annual Raritan Valley Workshop Dinner Dance
Safe+Sound Somerset	\$10,000	Soaring to New Heights
Deirdre O'Brien Child Advocacy Center Inc.	\$2,000	Gala Sponsorship
The Center For Great Expectations Inc	\$5,000	2016 Gift of Hope Gala
Somerset County Business Partnership	\$500	Second Annual Workplace Health & Wellness Expo 2016

Payments made by Sanofi US (2016)—Continued

Legal Name	Payment Amount	Project Title
RESOURCES USA INC.	\$5,000	Bastille Day 2016
RESOURCES USA INC	\$5,000	Bastille Day events
CANCER SUPPORT COMMUNITY CENTRAL NEW JERSEY	\$5,000	Inspiring Hope
Auxiliary of the Robert Wood Johnson University Hospital	\$5,000	57th Annual Auxiliary Autumn Ball
Pocono Mountains Community Challenge Fund	\$6,000	Pocono Mountains Community Fundraiser
The American Kidney Fund, Inc.	\$50,000	2016 The Hope Affair
Partnership for a Healthier America Inc.	\$4,500	PHA Fit to Celebrate Gala
American Society of Transplant Surgeons Foundation	\$75,000	2017 Corporate Sponsor
Vision y Compromiso	\$5,000	Hacia Una Vida y Sana, the 13th Annual Promotoras and Community Health Workers Conference
Turn 2 Foundation Inc.	\$15,000	Turn 2 Foundation 20th Annual Dinner
AAALAC International	\$5,000	IQ/AAALAC International Global 3Rs Award Program
Asthma & Allergy Foundation of America, St. Louis Chapter	\$1,000	Fall 2016 AAFA-STL Printed Newsletter
Autoimmune Advocacy Alliance	\$2,500	A Grapevine Grows
Operation Warrior Wishes Foundation	\$7,500	Warrior Wishes 2016 Army/Navy Game
Washington Legal Foundation	\$30,000	2016 General Operating Support
Maryland Black Caucus Foundation, Inc.	\$2,500	Legislative Weekend
Research!America	\$10,000	National Health Research Forum
Friends of Cancer Research	\$25,000	Friends of Cancer Research 20th Anniversary Cancer Leadership Awards Dinner
Project Hope The People To People Health Foundation Inc.	\$10,000	2016 Project HOPE Gala
The Virginia Public Access Project	\$700	Lighten Up, It's Just Politics
AMGA Foundation Inc.	\$10,000	AMGA Foundation 50th Anniversary Gala
CEO Roundtable on Cancer	\$500,000	Project Data Sphere initiative

Payments made by Sanofi US (2016)—Continued

Legal Name	Payment Amount	Project Title
Conference of Western Attorneys General	\$5,000	CWAG 2016 Winter Dinner Sponsorship
Western Governors' Foundation	\$10,000	WGA Annual Contribution
Colon Cancer Alliance	\$3,500	2016 Blue Hope Bash
American Statistical Association	\$9,500	Breiamn Award
Washington Policy Center	\$4,000	2016 Annual Dinner
NEHI (Network for Excellence in Health Innovation)	\$75,000	Health Care Without Walls
Cheshire Health Foundation	\$1,000	Cheshire Stepping Out for Diabetes Walk
Massachusetts General Hospital	\$5,000	The Role of Tumor Microenvironment: a 40-year Journey
Massachusetts General Hospital	\$5,000	Massachusetts General Hospital Immunology Seminar Series
YMCA of Greater Boston	\$10,000	YMCA's Diabetes Prevention Program
MIT 100K Entrepreneurship Competition	\$25,000	MIT 100K Entrepreneurship Competition
Joslin Diabetes Center, Inc.	\$10,000	High Hopes Gala
Joslin Diabetes Center, Inc.	\$2,500	Ritmos de salud (healthy rhythms)
Multi Regional Clinical Trials Center of Brigham and Women's Hospital and Harvard	\$50,000	Multi Regional Clinical Trials Center of Brigham and Women's Hospital and Harvard
Foundation for Biomedical Research	\$12,500	Animal Research Communications Campaign
Foundation for Biomedical Research	\$20,000	Public Education to Advance Understanding of Animal Research
Massachusetts Society for Medical Research, Inc.	\$2,500	The MSMR Annual Meeting of Members
Children's Hospital Corporation	\$10,000	PCMM Retreat
Foundation for Neurologic Diseases, Inc.	\$5,000	Scientific Symposium in honor Vijay K. Kuchroo
Lake Norman Community Health Clinic	\$1,000	Sunset and Sandals
Multiple Myeloma Research Foundation	\$50,000	Multiple Myeloma Educational Programming
American Diabetes Association Inc.	\$2,500	CNY Diabetes Community Forum

Payments made by Sanofi US (2016)—Continued

Legal Name	Payment Amount	Project Title
American Diabetes Association	\$5,000	Community Awareness Training
American Diabetes Association	\$2,500	Step Out Walk to Stop Diabetes—Phoenix
American Diabetes Association	\$2,500	2016 Kiss a Pig Gala
American Diabetes Association	\$2,500	American Diabetes Association's Connecticut Tour de Cure
American Diabetes Association	\$5,000	American Diabetes Association New England Classic Multi-Day Tour de Cure
American Diabetes Association	\$2,500	American Diabetes Association's Kennebunks Tour de Cure
American Diabetes Association	\$2,500	American Diabetes Association's Ocean State Tour de Cure
American Diabetes Association	\$2,500	American Diabetes Association's North Shore Tour de Cure
American Diabetes Association, Indiana	\$10,000	ADA Indiana's Josiah Kirby Lilly Sr. Distinguished Service Award Gala
American Diabetes Association	\$2,500	2016 Father of the Year Awards Dinner
American Diabetes Association	\$50,000	Diabetes Awareness and Intervention—via Step Out: Walk to Stop Diabetes, the Red Rider/Red Strider Program and the Annual Diabetes Conference in NJ
American Diabetes Association	\$2,500	2016 World Diabetes Day Summit
American Diabetes Association	\$20,000	Unmasking Diabetes Gala & Awards
American Diabetes Association	\$2,500	Step Out Walk to Stop Diabetes of the Triangle
American Diabetes Association	\$2,500	Tour De Cure + Step Out: Walk to Stop Diabetes
American Diabetes Association	\$2,500	Father of the Year Awards
National Health Council	\$100,000	The Patient Perspective on the Value of Treatments
National Health Council	\$95,000	Health Technology Assessments and Value: The Patient Perspective
National Kidney Foundation, Inc.	\$50,000	2016 New York City Kidney Walk and Patient Journeys
National Kidney Foundation	\$15,000	2016 Boston Kidney Walk
Organization for International Investment	\$15,000	2016 OFII Annual Dinner

Payments made by Sanofi US (2016)—Continued

Legal Name	Payment Amount	Project Title
Healthcare Businesswomen's Association	\$8,850	HBA Woman of the Year Elite Table
United States Bone and Joint Initiative, NFP	\$20,000	Burden of Musculoskeletal Diseases in the United States (BMUS) Report
United States Bone and Joint Initiative, NFP	\$80,000	Experts in Arthritis (EIA)
American College of Cardiology	\$150,000	LDL Address the Risk Think Tank
The Leukemia & Lymphoma Society	\$2,500	Lowcountry Light The Night Walk
The Leukemia & Lymphoma Society	\$16,000	Light The Night Sponsorship
THE LEUKEMIA & LYMPHOMA SOCIETY	\$50,000	Band Against Cancer: The Sarah Cannon Tour
Moses E. Cheeks Slam Dunk for Diabetes	\$2,500	Moses E. Cheeks Slam Dunk for Diabetes Basketball Camp
American Foundation for Women's Health (dbaStopAfib.org)	\$25,000	2016 Get in Rhythm. Stay in Rhythm. Atrial Fibrillation Patient Conference
National Alliance of State Prostate Cancer Coalitions	\$5,000	Advanced Prostate Cancer Laminare
National Alliance of State Prostate Cancer Coalitions	\$5,000	12th Annual Meeting of the National Alliance of State Prostate Cancer Coalitions
Colorectal Cancer Coalition Inc	\$10,000	Guide in the Fight for Late Stage CRC Patients
Myotonic Dystrophy Foundation	\$3,000	MDF Annual Conference
New Jersey Association for Biomedical Research, Inc.	\$1,000	3Rs Sharing Conference V
Academy of Managed Care Pharmacy	\$15,000	AMCP 2016 Partnership Forum: Enabling the Exchange of Clinical and Economic Data Pre-FDA Approval
Academy of Managed Care Pharmacy	\$18,000	AMCP Oncology Management Partnership Forum
BIONJ INC.	\$10,000	Annual Dinner
Community Oncology Alliance	\$15,000	Oncology Care Model Filming
Community Oncology Alliance	\$7,500	Community Oncology Alliance CMS Oncology Care Model Payer Session
Community Oncology Alliance	\$25,000	2016 Community Oncology Payer Exchange Summit V Oncology Payment Reform
JDRF International	\$2,500	JDRF One Walk 2016
JDRF	\$5,000	JDRF One Walk Pittsburgh

Payments made by Sanofi US (2016)—Continued

Legal Name	Payment Amount	Project Title
JDRF	\$5,000	JDRF One Walk Westmoreland
Juvenile Diabetes Research Foundation	\$2,500	JDRF One Walk Rochester
Juvenile Diabetes Research Foundation	\$2,500	JDRF One Walk Southern Tier
JDRF NENY	\$2,500	JDRF Saratoga One Walk
JDRF—Western New York Chapter	\$2,500	JDRF Buffalo One Walk
JDRF International	\$2,500	JDRF One Walk Boston 2016
American Society of Hematology	\$10,000	Mambo for Myeloma ASH Sponsorship
The American Kidney Fund, Inc.	\$5,000	2016 A Pairing For Prevention
The American Kidney Fund, Inc.	\$75,000	New To Dialysis Campaign
THE TRANSPLANTATION SOCIETY	\$50,000	TTS Transplantation Leadership Series
PROMIS Health Organization (PHO)	\$10,000	PROMIS: Measuring Health Outcomes Around the World
The Foundation for Peripheral Neuropathy	\$5,000	International Research Symposium/Advances in Neuropathy—Emerging Therapies
PQA, Inc.	\$5,000	PQA Leadership Summit 2016
PQA, Inc.	\$25,000	PQA Insulin Adherence Committee
MMORE: Multiple Myeloma Opportunities for Research & Education	\$5,000	MoveMMORE Seattle 2016
International Society of Pharmacometrics	\$5,000	ACoP7 meeting
The Galien Foundation	\$15,000	The Galien Forum
MassChallenge, Inc.	\$4,000	2016 MC Awards
MassChallenge, Inc.	\$40,000	MassChallenge
Alliance for Regenerative Medicine	\$5,000	Cell & Gene Meeting on the Mesa
Oklahoma Center for Healthcare Improvement	\$3,000	Transformation of Healthcare: CPC Learning Session
Health Literacy Missouri	\$225,000	The Blue Ribbon Online Clearinghouse of Kidney Transplantation and Living Donation Resources (BROC)
Health Literacy Missouri	\$50,000	My Transplant Coach Application Development Project

Payments made by Sanofi US (2016)—Continued

Legal Name	Payment Amount	Project Title
Center for Medical Technology Policy	\$40,000	GPC—Real World Evidence
Center for Healthcare Innovation	\$7,500	2016 Diversity, Inclusion, & Life Sciences Symposium
BIO Ventures for Global Health (BVGH)	\$10,000	2016 BIO International Convention Africa Pavilion
National Transitions of Care Coalition	\$50,000	NTOCC Mission Support
The American College of Veterinary Pathologists	\$6,000	2016 ACVP/ASVCP Concurrent Annual Meeting
South Dakota Diabetes Coalition	\$1,000	Third Annual Sweet Success Extravaganza
T. Leroy Jefferson Medical Society	\$2,000	2016 Community Health Fair: Healthy Children for a Healthy Future
North Coast Health	\$1,000	Celebration of Caring 2016
Academy of Nutrition and Dietetics on behalf of Diabetes Care and Education	\$18,000	DCE On the Cutting Edge newsletter
America's Health Insurance Plans	\$55,000	Executive Leadership Program
American Liver Foundation	\$2,500	Diabetes and NASH Webinar
Us TOO International	\$2,500	12th Annual SEA Blue Chicago Prostate Cancer Walk & Run
Blood and Marrow Transplant Information Network	\$2,500	BMT InfoNet Resource Directory update and reprint
Chicago Hispanic Health Coalition	\$1,000	10th Annual Vive tu Vida/Get Up! Get Moving! Health and Wellness Fair
The Council of State Government, Ltd.	\$5,000	Bowhay Institute
National Bone Marrow Transplant Link	\$5,000	Update, Edit and Transplant Survivors' Guide for Bone Marrow, Stem Cell and Cord Blood Transplant
International Society for Pharmacoepidemiology	\$8,000	Corporate Membership Application
Be The Match Foundation	\$90,000	Quick Reference Guidelines—Transplant Consultation and Post-Transplant Care
American Society of Transplantation	\$10,000	Meet the Faculty Networking Session @ 2016 AST Fellows Symposium on Transplantation
Iowa Pharmacy Association Foundation	\$10,000	2016 Leadership in Pharmacy advocacy program
Mid-America Coalition on Health Care	\$4,000	Type 2 Diabetes in Kansas City: A Collaborative Approach

Payments made by Sanofi US (2016)—Continued

Legal Name	Payment Amount	Project Title
St. Louis Children's Hospital Foundation	\$50,000	Food Allergy Management and Education (FAME)
Missouri Biotechnology Association	\$1,000	BIO Benchmarking Program
Metabolic Endocrine Education Foundation	\$25,000	14th Annual World Congress on Insulin Resistance Diabetes and Cardiovascular Disease (WCIRDC)
The diaTribe Foundation	\$5,000	10th Annual Diabetes Forum
Greater Philadelphia Business Coalition on Health	\$1,000	GPBCH Annual Wellness Summit
Project Access of Howard County	\$500	Diabetic Walk
National Diabetes Volunteer Leadership Council	\$14,000	Access to Insulin Patient Advocacy Study
Keystone for Incubating Innovation in Life sciences Network (KiiLN)	\$5,000	Foundation2016 Conference
ALL IN TOGETHER CAMPAIGN INC	\$25,000	All In Together Campaign Women in Healthcare Policy Forum
Washington Health Alliance	\$6,600	2016 Alliance Membership
IIT Association of Greater New England	\$2,500	2016 PanIIT Leadership Conference
California Life Sciences Association	\$7,500	2016 Life Sciences Academy
The Kansas Chamber	\$884	Corporate Membership
Delaware Diabetes Coalition	\$2,500	Delaware Diabetes Coalition 2016 EXPO
American Legislative Exchange Council	\$10,000	Life Sciences Academy
Biotechnology Innovation Organization	\$10,000	ODTC White Paper
Biotechnology Innovation Organization (BIO)	\$20,000	State Policy Maker Round Tables on Value of Biopharmaceutical Industry
American Association of Pharmaceutical Scientists	\$50,000	Sustaining Sponsorship
Society for Women's Health Research	\$10,000	National Conference on Women's Health Research—Diabetes/Metabolism
International Pharmaceutical Excipients Council of the Americas (IPEC-Americas)	\$33,000	IPEC-Americas 2016 Membership Dues
FSH Society	\$2,500	FSHD Connect Conference
International Society for Computational Biology, Inc.	\$10,000	RECOMB/ISCB Conference on Regulatory and Systems Genomics with DREAM Challenges

Payments made by Sanofi US (2016)—Continued

Legal Name	Payment Amount	Project Title
WomenHeart: The National Coalition for Women with Heart Disease	\$25,000	Access NOW! Campaign
Springboard 2000 Enterprises, Inc.	\$15,000	Health Innovation Hub
American Cancer Society Cancer Action Network	\$1,000	2016 ACS CAN Michigan Forum and ACS CAN advocacy activities nationwide
APhA Foundation	\$168,870	Consensus Consortium on Patient Self-Management Credentialing (PSMC) and Value-Based Health Benefit Design Considerations in Patient-Centered, Team-Based Care
Society of Toxicology	\$2,500	The Use of Cardiomyocytes for the Assessment of Proarrhythmic Risk
Camp Holiday Trails	\$2,500	Family Diabetes Camp and Summer Camperships
Women In Government Foundation, Inc.	\$5,000	2016 Healthcare Summit Diabetes Programming
Women In Government Foundation, Inc.	\$20,000	Diabetes Campaign—Phase II
Patient Advocate Foundation	\$35,000	Understanding What Patients Value and What and Matters to Them During Their Treatment: The Prostate Cancer Research Program (PCRP)
Organ Donation and Transplantation Alliance	\$4,500	National Critical Issues Forum
Arthritis Foundation, Inc.	\$40,000	ICER Survey
Georgia Life Sciences Coalition	\$1,500	Georgia Life Sciences Coalition
International Cytokine and Interferon Society Inc.	\$15,000	4TH ANNUAL MEETING OF THE INTERNATIONAL CYTOKINE AND INTERFERON SOCIETY (ICIS)
American Association of Clinical Endocrinologists	\$25,000	AACE Diabetes Resource Center, 2016–17
ZERO—The End of Prostate Cancer	\$5,000	ZERO Prostate Cancer Community Advocacy Events
The Diabetes Coalition of Mississippi/ Mississippi Rural Health Association	\$2,500	Giving Diabetes the Blues
University of Southern Mississippi Foundation	\$5,000	National Unity 2016 Conference: Community Health Workers - Social Change Agents Advancing Health Equity and Improving Outcomes
NBCH	\$25,000	High Value Health: Making the Dream a Reality

Payments made by Sanofi US (2016)—Continued

Legal Name	Payment Amount	Project Title
Fundación Centro Pediátrico de Diabetes	\$5,000	World Diabetes Month Celebration 2016
Fundación Centro Pediátrico de Diabetes	\$3,500	XV Annual Gala Dinner
TULANE CANCER CENTER	\$1,000	NOLA Bluedoo Run/Walk
NCSL Foundation for State Legislatures	\$7,500	NCSL LegisBrief Sponsorship
Arizona Diabetes Foundation	\$2,500	Arizona Diabetes Foundation
Federation of Clinical Immunology Societies	\$10,000	FOCIS 2016 Annual Meeting
Society of Dermatology Physician Assistants	\$30,000	SDPA 14th Annual Fall Dermatology Conference
Colon Cancer Alliance	\$10,000	2016 Live Your Best Life mCRC Patient Symposium
National Eczema Association	\$100,000	Leaders in Eczema Forum Series
Congress of California Seniors Education and Research Fund	\$1,500	Script Your Future Senior Leader Education
Association of Black Cardiologists	\$20,000	Improving Access to Innovative Therapies in High-Risk Populations
Lymphoma Research Foundation	\$3,000	Understanding Transplantation and Lymphoma Patient Guide
Prostate Cancer Foundation	\$250,000	23rd Annual Scientific Retreat
	\$8,708,932	
Product Donations made by Sanofi US to the Sanofi Foundation for North America * (estimate)		
	\$343,602,000	

Donations made by the Sanofi Foundation for North America

Legal Name	Payment Amount	Project Title
Trustees of Boston University	\$125,000	National CHW Association
Tufts Center for the Study of Drug Development	\$12,500	Assessing the Use of Real World Evidence to Support Regulated Medical Research and Post-Marketing Safety Monitoring
Cambridge Arts Council Fund	\$5,000	2016 Summer Programs for Magazine Beach Park
Americares	\$25,000	Disaster Relief—Hurricane Matthew
Americares	\$5,000	AmeriCares Airlift Benefit
Americares	\$25,000	Ecuador Earthquake Response

Donations made by the Sanofi Foundation for North America—Continued

Legal Name	Payment Amount	Project Title
Americares	\$10,000	U.S. Disaster Assistance
Christ The King Preparatory School of Newark NJ Corp	\$59,000	Corporate Work Study Program
NAACP	\$10,000	Childhood Obesity
AMERICAN DIABETES ASSOCIATION INC	\$2,500,000	Pathway to Stop Diabetes
National Kidney Foundation, Inc.	\$5,000	New Jersey Kidney Transplant Workshop
March of Dimes Foundation	\$86,000	Supporting NICU Babies and Families
Heritage of Pride, Inc.	\$2,899	NYC Pride March
Children's Health Fund	\$5,000	Baton Rouge—Emergency Response
The Salvation Army	\$10,000	Healthy Food Pantry Program
Columbia Univeristy Mailman School of Public Health	\$100,000	Project on Non-Communicable Diseases
THE LEUKEMIA & LYMPHOMA SOCIETY	\$19,640	Fiscal Year 2017 Myeloma Patient Education
Stop Hunger Now Inc.	\$10,000	Stop Hunger Now Disaster Ready Response
Garden State Equality Education Fund Inc.	\$5,000	Pledge and Protect LGBT Seniors
Camp Neveda Foundation	\$10,000	Camp Neveda: Helping Kids with Type 1 Diabetes Live Happier, Healthier Lives
Matheny School and Hospital Inc.	\$10,000	Matheny Center of Medicine and Dentistry
United Way of Northern New Jersey	\$100,000	Caregivers Coalition
Jersey Battered Women's Service, Inc.	\$5,000	Community Counseling Services
Food Bank of Somerset County Inc.	\$10,000	Back Pack Program
Community Hope, Inc.	\$25,000	Residential Recovery Programs for Homeless Veterans and Disabled Individuals
Hyacinth Foundation, A New Jersey Non-profit Corporation	\$15,000	Hyacinth Psychosocial Support Services
Kean University Foundation Inc	\$15,000	2016 Group Summer Scholars Research Program
Visiting Nurse Association of Somerset Hills	\$10,000	Hospice Care and Adult Day Club Services
NJ SEEDS	\$10,000	Young Scholars Program—Health Sessions
Somerset Health Care Foundation	\$30,000	Fun n' Fit
Somerset Health Care Foundation	\$5,000	Quality CPR Saves Lives
Somerset Health Care Foundation	\$10,000	El poder
Deirdre O'Brien Child Advocacy Center Inc	\$10,000	Clinical Counseling

Donations made by the Sanofi Foundation for North America—Continued

Legal Name	Payment Amount	Project Title
Midland Adult Services Inc	\$10,000	Midland Helping Hands Employment Training Program and Midland Meals on Wheels Employment Training Program
The Center For Great Expectations Inc.	\$10,000	Adult Women & their Children
Dress For Success Morris County Inc.	\$10,000	Dress for Success Morris County Transforming Lives Gala
Dress For Success Morris County Inc.	\$10,000	FOUNDATIONS OF SUCCESS WORKSHOPS
The Partnership for Quality Medical Donations	\$10,000	Community of Practice
Raritan Valley Community College Foundation	\$3,000	College Campus Experience Day for STEM High School Students
Raritan Valley Community College Foundation	\$10,000	Preparing for the Next Generation Science Standards
Raritan Valley Community College Foundation	\$7,500	Galileo Scholarships: Expanding Access to STEM Education
Rutgers University Foundation	\$10,000	Vets4Warriors
The American Fallen Soldiers Project Inc.	\$15,000	Portrait Sponsorship
Strengthen Orlando d/b/a OneOrlando Fund	\$5,000	OneOrlando Fund
Alliance For A Healthier Generation Inc.	\$25,000	America's Healthiest Schools
Diabetes Scholars Foundation	\$10,000	Diabetes Scholars Foundation College Scholarships
Map International	\$10,000	US Disaster Relief
Head and Neck Cancer Alliance	\$1,000	Research on Xerostomia in HNC patients
United States Soccer Federation Foundation Inc.	\$10,000	Soccer for Success—Camden
Camp Quality USA dba Camp Quality NJ	\$10,000	Camp Quality NJ
Operation Warrior Wishes Foundation	\$5,000	Warrior Wishes 2016 Mission
National Transitions of Care Foundation	\$25,000	NTOCC Program Support
Sheltered Yoga	\$5,000	Sheltered Yoga Curriculum and Programming
Dare to Dream Ranch	\$1,000	The Dare to Dream Ranch
Provention Health Foundation Inc.	\$106,790	LDL Management Forum
Heart To Heart International Inc.	\$50,000	Hurricane Matthew Response
Heart To Heart International Inc.	\$5,000	Louisiana Flood Reponse
Heart To Heart International Inc.	\$10,000	U.S. Disaster Relief
American Society for Blood and Marrow Transplantation	\$1,265	General Operating Support
Pharmaceutical Research and Manufacturers of America Foundation	\$270,000	PhRMA Foundation Grants & Fellowships

Donations made by the Sanofi Foundation for North America—Continued

Legal Name	Payment Amount	Project Title
Georgetown University	\$100,000	Health Promotion and Chronic Illness: An Educational Approach
Patient Advocate Foundation	\$550,000	Metastatic Prostate & Metastatic CRC Fund
University of North Carolina at Chapel Hill	\$20,000	Pharmacoepidemiology Program
United Way of Greater Atlanta	\$23,226	2016 Merial United Way Campaign Sanofi Foundation Match
United Way of Greater Atlanta	\$24,000	Merial 2016 UW Campaign Match
UNITED WAY OF NORTHEAST GEORGIA INC.	\$5,000	Merial 2016 UW Campaign Match
UNITED WAY OF NORTHEAST GEORGIA INC	\$5,000	Merial Athens 2015 UW Campaign Match
UNITED WAY OF HALL COUNTY INC.	\$4,000	2016 Merial United Way Campaign Sanofi Foundation Match
UNITED WAY OF HALL COUNTY INC.	\$3,615	2015 Merial United Way Campaign
University of Arizona Foundation for the benefit of GDP	\$5,000	Applied Biosciences Graduate Interdisciplinary Programs Merit Scholarship
Direct Relief	\$25,000	Hurricane Matthew Response in Haiti
Direct Relief	\$5,000	Louisiana Flood Response
Cancer Support Community	\$8,000	Bringing Multiple Myeloma Journey Partners to the Cancer Support Community
Partners in Research Canada	\$25,000	Sanofi Biogenius Canada
Sanofi US Matching Gifts—2015	\$116,524	Sanofi US Matching Gifts—Q4 (December) 2015 Match
Tufts Medical Center	\$35,000	CEVR Database Subscription
Multiple Myeloma Research Foundation	\$19,640	Mambo for Myeloma
Children's Health Fund	\$25,000	Flint Emergency Response & Long Term Need
Children's Health Fund	\$665,000	Medical Home Initiative
Volunteers of America Delaware Valley	\$5,000	Agape House
Cancer Support Community Central New Jersey	\$15,000	School-Based Support Groups
Trustees of the University of Pennsylvania	\$20,000	Research Training in Pharmacoepidemiology
Foundation Fighting Blindness	\$100,000	Supporting Research to Find Preventions, Treatments and Cures for Retinal Diseases
Raritan Valley Community College Foundation	\$15,000	Galileo Scholarships: Providing Access to STEM Education
Raritan Valley Community College Foundation	\$10,000	Preparing for the Next Generation Science Standards
Arbor Day Foundation	\$5,305	Trees in Celebration-Green Printing Initiative
Rutgers University Foundation	\$125,000	Health Outcomes, Policy, and Economics

Donations made by the Sanofi Foundation for North America—Continued

Legal Name	Payment Amount	Project Title
Arrow Lake Foundation	\$146,722	General Mission Support
Bill, Hillary, and Chelsea Clinton Foundation	\$50,000	National Health Transformation
Regents of the University of Michigan	\$25,000	V-BID
The Medical College of Wisconsin, Inc.	\$1,265	CIBMTR General Operating Support
ALL IN TOGETHER CAMPAIGN INC.	\$37,500	All in Together Campaign: Advancing and Empowering Women Leaders
Childrens Inn at NIH Inc.	\$500,000	Sanofi US Legacy Endowment Fund at The Children's Inn at NIH
Kids Corporation II	\$10,000	Kids Corp General Operating
American Cancer Society Cancer Action Network	\$25,000	Nationwide Hope Lodge Partnership
Boy Scouts of America, Catalina Council	\$1,000	STEM Scouts, BSA
Kino Learning Center Inc.	\$2,000	STEM Funding
SARSEF-SOUTHERN ARIZONA RESEARCH SCIENCE AND ENGINEERING FOUNDATION	\$5,000	Finding the Next Generation of STEM Researchers
International Myeloma Foundation	\$19,640	International Myeloma Foundation Mission Support
International Myeloma Foundation	\$2,000	MMJP Donation to Support the International Myeloma Foundation
	\$6,715,031	
Total 2016 Sanofi US	\$352,310,932	

Payments made by Sanofi US (2017)

Legal Name	Payment Amount	Project Title
AAALAC International	\$2,500.00	IQ Consortium/AAALAC International Global 3Rs Awards Program
Academy of Managed Care Pharmacy	\$30,000.00	2017 AMCP Partnership Forums
Academy of Nutrition and Dietetics on behalf of Diabetes Care and Education	\$18,000.00	DCE On the Cutting Edge newsletter
ALL IN TOGETHER CAMPAIGN INC.	\$25,000.00	National Women's Leadership Initiative
Alliance for Patient Access	\$150,000.00	Keep My Rx Campaign
Alliance for the Adoption of Innovations in Medicine (Aimed Alliance)	\$50,000.00	Webinars on Nonmedical Switching of Diabetes Patients
Alliance for the Adoption of Innovations in Medicine (Aimed Alliance)	\$42,000.00	Campaign to End Nonmedical Switching of Diabetes Patients
American Academy of Dermatology Inc	\$250,000.00	Practice Management Center

Payments made by Sanofi US (2017)—Continued

Legal Name	Payment Amount	Project Title
American Association of Clinical Endocrinologists	\$25,000.00	AACE 26th Annual Scientific & Clinical Congress General Support
American Association of Clinical Endocrinologists	\$150,035.00	AACE Multi-Site Proposal to Extend the Transculturalization of Diabetes Care
American Association of Diabetes Educators	\$75,000.00	AADE Access and Affordability Forum
American Association of Diabetes Educators	\$20,000.00	2017 Public Policy Forum
American Cancer Society	\$2,500.00	RUN FOR DAD
American Cancer Society Cancer Action Network	\$10,000.00	ACS CAN State Government Relations Director Training and Advocacy Activities Nationwide
American Cancer Society Cancer Action Network	\$25,000.00	2017 ACS CAN Fundraising Events and ACS CAN advocacy activities
American Cancer Society Inc.	\$2,500.00	Relay For Life of Bridgewater
American Chemical Society Division of Medicinal Chemistry	\$3,000.00	Division of Medicinal Chemistry Program 253rd ACS national meeting
American Chemical Society Division of Medicinal Chemistry	\$2,500.00	ACS MEDI-EFMC Frontiers in Medicinal Chemistry 2017
American Chemical Society Division of Medicinal Chemistry	\$3,000.00	Division of Medicinal Chemistry Program 254th ACS National Meeting
American College of Cardiology Foundation	\$100,000.00	Heart House Roundtable: Effective Prior Authorization
American College of Cardiology Foundation	\$100,000.00	ACC's 2017 LDL: Address the Risk Think Tank
American College of Endocrinology	\$20,000.00	Donald C. Jones Leadership and Endocrine Excellence Award
American College of Laboratory Animal Medicine	\$2,000.00	Expand the body of knowledge in the fields of laboratory animal science and medicine
American College of Toxicology	\$1,500.00	2017 ACT Corporate Membership
American Diabetes Association	\$2,500.00	Tour de Cure Hawaii—Hele On Hawaii
American Diabetes Association	\$2,500.00	American Diabetes Month—Malama Ohana
American Diabetes Association	\$2,500.00	2017 RVA Tour de Cure & Fitness Walk
AMERICAN DIABETES ASSOCIATION INC.	\$2,000,000.00	Pathway to Stop Diabetes
American Drug Utilization Review Society	\$20,000.00	American Drug Utilization Review Symposium
American Foundation for Women's Health (dba StopAfib.org)	\$25,000.00	2017 Get in Rhythm. Stay in Rhythm. Atrial Fibrillation Patient Conference
American Friends of Toulouse School of Economics Inc	\$15,000.00	Scholarship Fundraising Event—Toulouse School of Economics Gala Event
American Heart Association	\$25,000.00	2017 National Health Tech & Innovation Forum
American Heart Association	\$30,000.00	Boston Heart & Stroke Ball Sponsor

Payments made by Sanofi US (2017)—Continued

Legal Name	Payment Amount	Project Title
American Heart Association Inc	\$15,000.00	Heart Innovation Forum
American Medical Society for Sports Medicine Foundation, Inc.	\$50,000.00	AMSSM Research Grant Awards Program
American Medical Society for Sports Medicine Foundation, Inc.	\$25,000.00	Multi-Site CRN OA Grant with Shark Tank competition
American Orthopaedic Society for Sports Medicine	\$55,000.00	Early Osteoarthritis and Prevention of OA Progression
American Pharmacists Association	\$75,000.00	Osteoarthritis Pharmacist-Patient Companion Guide
American Pharmacists Association	\$80,000.00	Osteoarthritis Pharmacist Quiz Platform
American Society for Blood and Marrow Transplantation	\$10,000.00	4th Annual ASBMT Fall Clinical Education Conference
American Society for Neurochemistry	\$2,500.00	ASN Annual Meeting
American Society for Neurochemistry	\$1,500.00	Myelin Satellite Meeting
American Society for Preventive Cardiology	\$70,000.00	2017 Town Hall Presentation Series
American Society of Nephrology	\$35,000.00	Kidney Week 2017—Sponsorships
American Society of Transplant Surgeons Foundation	\$75,000.00	2018 Corporate Sponsor
American Statistical Association of Princeton-Trenton Chapter	\$1,000.00	ASA Princeton-Trenton chapter 2017 Spring Symposium
Americans for Medical Progress Educational Foundation	\$7,500.00	Raising Voices, Saving Lives
Americares	\$12,000.00	Air Lift Benefit Sponsorship 2017
Americares	\$70,000.00	Sanofi Solar Power Puerto Rico Concept
AMGA Foundation Inc	\$175,000.00	Together 2 Goal diabetes campaign
Amigos Together For Kids, Inc. d/b/a Amigos For Kids	\$5,000.00	Domino Night Gala for After School Program, Nurturing Parent Program and Blue Ribbon Campaign
Arizona Diabetes Foundation	\$3,000.00	Diabetes: A Prescription for Care
Arkansas Pharmacy Foundation	\$1,000.00	Immunization Summit
Arthritis Foundation	\$1,200.00	2017 Delaware Bone Bash
Asian American Legal Defense and Education Fund	\$10,000.00	2017 Justice in Action Awards Gala
Association of American Medical Colleges	\$7,500.00	Sponsorship of Health Workforce Research Conference
Association of Black Cardiologists	\$25,000.00	Improving Healthcare Access for Minority and High Risk Population Gala Dinner
Association of Black Cardiologists	\$100,000.00	ABC Advocacy Training Program
Association of University Technology Managers Inc.	\$5,000.00	AUTM 2017 Annual Meeting Sponsorship

Payments made by Sanofi US (2017)—Continued

Legal Name	Payment Amount	Project Title
Asthma & Allergy Foundation of America, St. Louis Chapter	\$1,000.00	Asthma Coalition Meeting
Austin Black Physicians Association	\$2,500.00	Austin Black Physicians Association Scholarship Fundraiser
Autoimmune Advocacy Alliance	\$2,500.00	Living with Autoimmunity
Be The Match Foundation	\$37,500.00	Be The Match Walk+Run National Sponsorship
Biocom	\$10,000.00	Global Life Science Partnering Conference
BIONJ INC.	\$10,000.00	2017 Annual Dinner Meeting
BIONJ INC.	\$2,500.00	2017 bioNJ BioPartnering Conference
Biotechnology Innovation Organization	\$195,000.00	2017 BIO International Convention Sponsorship
Biotechnology Innovation Organization	\$25,000.00	2017 BIO Europe Spring Sponsorship
Biotechnology Innovation Organization	\$25,000.00	2017 BIO Europe Sponsorship—November
Biotechnology Innovation Organization	\$10,000.00	2017 BIO Patient and Health Advocacy Summit
Biotechnology Innovation Organization	\$57,500.00	2018 BIO International Convention
Blood and Marrow Transplant Information Network	\$25,000.00	Celebrating a Second Chance at Life 2017 Survivorship Symposium
Brigham and Women's Hospital	\$2,000.00	PKD symposium
Cancer Support Community	\$8,000.00	Bringing Multiple Myeloma Journey Partners to the Cancer Support Community
CANCER SUPPORT COMMUNITY CENTRAL NEW JERSEY	\$5,000.00	2017 Wings of Hope
CANCER SUPPORT COMMUNITY CENTRAL NEW JERSEY	\$2,500.00	Inspiring Hope Advocate Sponsorship
CASSS	\$2,500.00	6th International Symposium on Higher Order Structure of Protein Therapeutics (HOS 2017)
CASSS	\$2,500.00	WCBP 2017: 21st Symposium on the Interface of Regulatory and Analytical Sciences for Biotechnology Health Products
CASSS	\$2,500.00	Advances in the Biotechnology & Pharmaceutical Industries: 19th Symposium on the Practical Applications for the Analysis of Proteins, Nucleotides and Small Molecules
CASSS	\$2,500.00	14th Symposium on the Practical Application of Mass Spectrometry in the Biotechnology Industry
CASSS	\$2,500.00	Analytical Technologies in the Biopharmaceutical Industry (AT Europe 2017)
CASSS	\$2,500.00	Bioassays 2017
Catalyst Inc.	\$13,500.00	Catalyst International Women's Day Gala Dinner
Chicago Hispanic Health Coalition	\$500.00	Vive tu Vida!Get up! Get moving! Health and Wellness Fair
Children's Health Fund	\$30,000.00	Children's Health Fund 2017 Annual Benefit
Children's Health Fund	\$665,000.00	Medical Home Initiative

Payments made by Sanofi US (2017)—Continued

Legal Name	Payment Amount	Project Title
Children's Health Fund	\$665,000.00	Medical Home Initiative
Children's Hospital Corporation	\$10,000.00	2017 PCMM Scientific Retreat
Children's Hospital Corporation	\$500.00	Boston Postdoctoral Association Symposium on Careers and Collaboration in Science
Christ the King Preparatory School of Newark NJ Corp	\$5,000.00	Annual President's Gala
CISCRP	\$25,000.00	AWARE for All: Clinical Research Education Day
CISCRP	\$160,000.00	AWARE for All Campaign
Coalition for Affordable Health Coverage	\$5,000.00	Health RX: Building Affordability & Access event sponsorship
Coastal Volunteers in Medicine	\$1,000.00	Care & Management of Diabetic Patients
Cold Spring Harbor Laboratory	\$15,000.00	Cold Spring Harbor Laboratory Corporate Sponsor Program 2017
College Diabetes Network Inc.	\$55,000.00	CDN Political Advocacy for Young Adults Guide
College Diabetes Network Inc.	\$20,000.00	2017 Corporate Membership
Colorado Business Group on Health	\$7,000.00	Corporate Membership
Community Health Coalition, Inc.	\$2,500.00	"Patient-Centered and Population Health for Us"
Community Health Task Force, Inc.	\$500.00	2017 World Diabetes Day 5th Annual BridgeWalk for Diabetes Awareness and Care
Community Hope, Inc.	\$4,800.00	Veterans Pre-Holiday Dinner and Gift Cards
Community Hope, Inc.	\$10,000.00	2017 Corporate Partner Program
Community Oncology Alliance	\$25,000.00	2017 Payer Exchange Summit VII
Conference of Western Attorneys General	\$5,000.00	CWAG 2017 Chair Initiative Sponsorship
Congress of California Seniors Education and Research Fund	\$2,500.00	Adherence Outreach and Education with Seniors = Script your Future
Council for the Advancement of Science Writing, Inc.	\$60,000.00	10th World Conference of Science Journalists
CrowdCare Foundation, Inc.	\$20,000.00	Muscles for Myeloma
CSweetener	\$25,000.00	CSweetener Mentoring Program
Deep South Cancer Foundation	\$5,000.00	Cycliad 2017
Deirdre O'Brien Child Advocacy Center Inc.	\$5,000.00	21st Annual Gala Solicitation
Diabetes Foundation Inc.	\$1,000.00	Tastings & Tapas Fundraiser
Diabetes Foundation of Mississippi	\$2,500.00	Live-A-Betes: Living Well with Diabetes
Diversity Alliance for Science, Inc.	\$5,500.00	DA4S East Coast 2017
Diversity Alliance for Science, Inc.	\$3,500.00	DA4S West Coast 2017
Donate Life America	\$26,025.00	Mission Support

Payments made by Sanofi US (2017)—Continued

Legal Name	Payment Amount	Project Title
Donate Life Northwest	\$10,000.00	Part II. Removing Barriers through Knowledge: An Educational Series for Providers of Dialysis and ESRD Patients
Dress For Success Northern New Jersey—10 Counties, Inc.	\$15,000.00	Transforming Lives Celebration
Employers Health Coalition, Inc.	\$7,500.00	2017 Employers Health Innovations in Employee Benefits Conference
Endocrine Society	\$150,000.00	Hypoglycemia Quality Improvement Program
Families of SMA DBA Cure SMA	\$5,000.00	2017 Annual SMA Conference
Federal Circuit Bar Association Charitable and Educational Fund	\$2,500.00	Major Regional Program—Boston
Federation of American Societies for Experimental Biology (FASEB)	\$2,000.00	FASEB SRC on the Biology of Cilia and Flagella
Federation of Clinical Immunology Societies	\$25,000.00	FOCIS 2017 Annual Meeting
Florida Health Care Coalition	\$5,000.00	FLHCC 24th Annual National Conference: Getting to Better Care and Improved Outcomes
Florida International University Foundation Inc.	\$170,000.00	Expert Workshop State of the Art Pertussis Prevention and Control in Latin America and the Caribbean
Florida International University Foundation Inc.	\$60,000.00	LATIN AMERICAN AND CARIBBEAN DIABETES NETWORK: A FRAMEWORK FOR ACTION
Florida International University Foundation Inc.	\$60,000.00	Assesment of acellular vaccination programs in Mexico, Costa Rica and Panama
Florida International University Foundation Inc.	\$25,000.00	Develop Guidelines for Antimicrobial Stewardship For Latin America and Caribbean region
Florida International University Foundation Inc.	\$62,000.00	REVIEW OF NATIONAL IMMUNIZATION CALENDARS OF THE EXPANDED PROGRAM OF IMMUNIZATION (EPI) IN COUNTRIES OF LATIN AMERICA AND THE CARIBBEAN. PRELIMINARY OBSERVATIONS ON FINANCIAL AND FUNDING MECHANISMS OF THE NATIONAL IMMUNIZATION PROGRAMS.
Food Allergy Research & Education, Inc.	\$50,000.00	FARE Patient Registry
Foundation Fighting Blindness	\$100,000.00	Research to Overcome Retinal Degenerative Diseases
Foundation for Biomedical Research	\$7,500.00	ANIMAL RESEARCH HELPS ANIMALS CAMPAIGN
Foundation of the National Lipid Association	\$20,000.00	Foundation of the National Lipid Association Young Investigator Abstract Award Program
French-American Chamber of Commerce in the United States, Inc.—New York Chapter	\$2,500.00	FACC Corporate Membership
Friends of Cancer Research	\$25,000.00	Exploring New Biomarkers for Immunology
Friends of Cancer Research	\$50,000.00	2017 Mission Support
George Washington University	\$130,000.00	The George Washington University Forum on Arbovirus Infections

Payments made by Sanofi US (2017)—Continued

Legal Name	Payment Amount	Project Title
GLBTQ Legal Advocates & Defenders	\$3,000.00	18th Annual Spirit of Justice Award Dinner
Good Grief Inc.	\$7,500.00	2017 Golf "Fore" the Kids
Good Grief Inc.	\$5,000.00	Great Pumpkin Ball Sponsorship
Gordon Research Conference	\$10,000.00	GRC: Pancreatic Diseases "Exocrine and Endocrine Pancreas: Molecules to Human"
Gordon Research Conference	\$1,000.00	High Throughput Chemistry and Chemical Biology GRC
Gordon Research Conference	\$2,500.00	The Enduring Potential of Heterocycles as Synthetic Targets, Cellular Probes, and Drug Candidates
Gordon Research Conference	\$2,000.00	2017 Gordon Research Conference on Natural Products & Bioactive Compounds
Gordon Research Conference	\$3,000.00	2017 Gordon Research Conference on Medicinal Chemistry
Gordon Research Conference	\$3,000.00	Gordon Research Conference and Seminar on "Lysosomal Diseases"
Gordon Research Conference	\$5,000.00	Gordon Research Conference (GRC) entitled "Neuroimmune communication in health and disease"
Gordon Research Conference	\$5,000.00	2018 Biology of Spirochetes Gordon Research Conference and Gordon Research Seminar
Greater Detroit Area Health Council, Inc.	\$7,000.00	2017 GDAHC Membership Dues
Greater New England Minority Supplier Development Council	\$4,000.00	Economic Development Sponsorship opportunities
Health Action Council Ohio	\$4,500.00	Health Action Council Annual Event Sponsorship
HealthCare 21 Business Coalition	\$25,000.00	Data Impact: Evaluating the Impact of Formulary Exclusion on Pharmacy Data
Healthcare Businesswomen's Association	\$3,000.00	2017 Woman of the Year event
Healthcare Businesswomen's Association	\$10,000.00	2017 HBA Woman of the Year event sponsorship
Heart To Heart International Inc.	\$15,000.00	25th Anniversary Gala
Heart To Heart International Inc.	\$8,500.00	Rutgers Fellows Volunteer Service Trip
Hereditary Disease Foundation	\$2,000.00	2017 Celebration of Discovery Symposium and Gala
Horton's Kids, Inc.	\$15,000.00	Home Runs for Horton's Kids: Comprehensive Programming for At-Risk Children
Hunterdon Medical Center Foundation	\$5,000.00	2017 Crystal Ball Sponsorship
Hyacinth Foundation A New Jersey Non-profit Corporation	\$1,000.00	Hyacinth Gala & Silent Auction
Hyacinth Foundation A New Jersey Non-profit Corporation	\$2,500.00	Hyacinth Gala & Silent Auction
Icahn School of Medicine at Mount Sinai	\$5,000.00	ISMMS-Sanofi Quantitative Systems Pharmacology Symposium
ILSI Health and Environmental Health Institute	\$99,074.00	2017 HESI Membership and Committee Assessments

Payments made by Sanofi US (2017)—Continued

Legal Name	Payment Amount	Project Title
Institute for Cancer Research dba The Research Institute of Fox Chase Cancer Center	\$10,000.00	2017 In Vino Vita Sponsorship Request
Institute for Safe Medication Practices	\$1,000.00	20th Annual ISMP Cheers Awards
International Biomedical Research Alliance	\$5,000.00	NIH Oxford-Cambridge 2017 Global Doctoral Partnerships Annual Workshop
International Biomedical Research Alliance	\$5,000.00	NIH Oxford-Cambridge 2016 Global Doctoral Partnerships Annual Workshop
International Myeloma Foundation	\$50,000.00	8th International Myeloma Working Group (IMWG) Summit, Madrid, Spain
International Myeloma Foundation	\$50,000.00	2017 IMF Patient Programs
International Myeloma Foundation	\$50,000.00	International Myeloma Foundation 2017 Asian Myeloma Network (AMN) Summit
Iowa Pharmacy Association Foundation	\$10,000.00	2017 Leadership Pharmacy leadership training program
JDRF	\$2,500.00	2017 One Walk Allentown
JDRF	\$2,500.00	2017 One Walk Bucks County
JDRF	\$2,500.00	2017 One Walk Reading
JDRF	\$2,500.00	JDRF Passport to a Cure Gala
JDRF	\$2,500.00	Rockin' Docs for Diabetes Cure
JDRF	\$2,500.00	2017 One Walk Stroudsburg
JDRF	\$2,500.00	2017 One Walk Moosic
JDRF	\$2,500.00	2017 One Walk Philadelphia
JDRF	\$1,500.00	2017 JDRF One Walk Maine
JDRF	\$5,000.00	2017 Triangle Eastern NC OneWalk
JDRF	\$10,000.00	2017 Triangle Eastern NC Hope Gala
JDRF	\$5,000.00	JDRF One Promise Gala Philadelphia
JDRF	\$5,000.00	JDRF One Walk Westmoreland
JDRF	\$2,500.00	JDRF One Walk
JDRF	\$5,000.00	25th Anniversary JDRF Promise Gala
JDRF	\$2,500.00	JDRF TypeOneNation Summit
JDRF	\$5,000.00	JDRF Imagine Gala
JDRF—Western New York Chapter	\$3,000.00	Journey to A Cure Gala
JDRF—Western New York Chapter	\$2,500.00	Buffalo JDRF One Walk 2017
JDRF—Western New York Chapter	\$5,000.00	Journey to a Cure Gala
JDRF Greater Dallas	\$2,500.00	JDRF One Walk, Dallas

Payments made by Sanofi US (2017)—Continued

Legal Name	Payment Amount	Project Title
JDRF International	\$2,500.00	JDRF One Walk 2017
JDRF International	\$5,000.00	JDRF 35th Annual Boston Gala
JDRF INTERNATIONAL	\$50,000.00	2017 JDRF Government Day
JDRF International	\$5,000.00	2017 JDRF One Walk Las Vegas
JDRF NENY	\$2,500.00	JDRF Saratoga One Walk
JDRF NENY	\$2,500.00	JDRF Albany One Walk
JDRF New York City Chapter	\$10,000.00	45th annual Promise Ball
Jersey Battered Women's Service, Inc.	\$14,000.00	Grand Tastings XXIII
Joslin Diabetes Center, Inc.	\$10,000.00	2017 High Hopes Gala
Joslin Diabetes Center, Inc.	\$10,000.00	A Taste of Ginger
Junior Achievement of New Jersey, Inc.	\$5,000.00	Empowering NJ Students for Success
Juvenile Diabetes Research Foundation	\$5,000.00	2018 Hope for a Cure Gala
Juvenile Diabetes Research Foundation	\$2,500.00	2017 JDRF One Walk Southern Tier
Juvenile Diabetes Research Foundation	\$2,500.00	2017 Hope for a Cure Gala
Juvenile Diabetes Research Foundation	\$2,500.00	JDRF One Walk Rochester
Juvenile Diabetes Research Foundation	\$2,500.00	2017 Rock the Cure
Juvenile Diabetes Research Foundation International	\$2,500.00	One Walk, Yonkers
Keystone Symposia on Molecular and Cellular Biology	\$50,000.00	Keystone Symposia Directors' Fund
Keystone Symposia on Molecular and Cellular Biology	\$25,000.00	Keystone Symposia Directors' Fund
Lake Norman Community Health Clinic	\$2,500.00	Sunset and Sandals
Lymphoma Research Foundation	\$2,000.00	10th Annual Love to Find a Cure Dinner
Machestic Dragons	\$5,000.00	2017 Machestic Dragons "'Paddle for Pink' Community Dragon Boat Festival"
Machestic Dragons	\$500.00	2017 Machestic Dragons "'Paddle for Pink' Community Dragon Boat Festival"
Map International	\$10,000.00	Bill Foege Event Sponsorship
March of Dimes Foundation	\$2,500.00	Signature Chefs—Seattle
Massachusetts General Hospital—Transplant Center	\$1,500.00	18th Annual Paul S. Russell Lecture in Transplantation
Massachusetts Institute of Technology	\$5,000.00	Immune Engineering Symposium 2017
Massachusetts Institute of Technology	\$5,000.00	Immune Engineering Symposium 2017
Massachusetts Institute of Technology	\$5,000.00	Koch Institute Summer Symposium 2017

Payments made by Sanofi US (2017)—Continued

Legal Name	Payment Amount	Project Title
Massachusetts Society for Medical Research, Inc.	\$1,000.00	MSMR Annual Meeting of Members
MassChallenge, Inc.	\$50,000.00	PULSE@MassChallenge 2018 Sanofi Gold Sponsorship
Medical Foundation of North Carolina Inc	\$10,000.00	Osteoarthritis Action Alliance (OAAA) Community mini-grant Program
Men's Health Network	\$25,000.00	Men's Health Month Sponsorship
Mercy Health Foundation Joplin	\$2,500.00	Stick it to Diabetes
Mercy Health Foundation—Springfield	\$2,500.00	Mercy Gala of Hope
Metabolic Endocrine Education Foundation	\$25,000.00	15th Annual World Congress on Insulin Resistance Diabetes and Cardiovascular Disease WCIRDC
Metabolic Endocrine Education Foundation	\$100,000.00	1st Annual Congress—Heart in Diabetes (HiD)
Metabolic Endocrine Education Foundation	\$25,000.00	15th Annual World Congress on Insulin Resistance Diabetes and Cardiovascular Disease—WCIRDC = Request 2
Mid-America Coalition on Health Care	\$5,000.00	5th Annual Workforce & Community Well-Being Forum
Middle Atlantic Reproduction and Teratology Association (MARTA)	\$1,000.00	Bradford award/student career event
Moses E. Cheeks Slam Dunk for Diabetes	\$2,500.00	Chicago Camp Slam Dunk for Diabetes
Multiple Myeloma Research Foundation	\$20,000.00	Stem Cell Care Package Program and Re Birthday Program
Multiple Myeloma Research Foundation	\$20,000.00	Multiple Myeloma Patient Summits
Myotonic Dystrophy Foundation	\$3,000.00	2017 MDF Conference Sponsorship
NASPA	\$5,000.00	OA Mobility Discussion and Event
NATIONAL ACADEMY OF SCIENCES	\$50,000.00	Forum on Neuroscience and Nervous System Disorders
NATIONAL ACADEMY OF SCIENCES	\$85,000.00	Forum on Drug Discovery, Development and Translation
National Alliance of Healthcare Purchaser Coalitions	\$17,000.00	Supporting Employers to Effectively Manage Rheumatoid Arthritis Action Brief
National Alliance of State Prostate Cancer Coalitions	\$2,000.00	13th Annual Meeting of NASPCC
National Bone Marrow Transplant Link	\$5,000.00	PEER SUPPORT FOR BONE MARROW, STEM CELL TRANSPLANT COMMUNITY
National Bone Marrow Transplant Link	\$2,500.00	Resource Directory
National Committee for Quality Assurance ("NCQA")	\$10,000.00	NCQA's Quality Talks 2017
National Comprehensive Cancer Network	\$10,000.00	NCCN 12th Annual Congress: Hematologic Malignancies Patient Advocacy Pavilion
National Eczema Association	\$50,000.00	National Eczema Association's Grassroots Advocacy Program
National Forum for Heart Disease and Stroke Prevention Inc.	\$25,000.00	National Forum Cholesterol Initiative (Phase 3)

Payments made by Sanofi US (2017)—Continued

Legal Name	Payment Amount	Project Title
National Forum for Heart Disease and Stroke Prevention Inc.	\$25,000.00	National Forum Value & Access Initiative
National Health Council	\$130,000.00	Patient Perspective on the Value of Treatments
National Hispanic Medical Association	\$5,000.00	Diabetes and Renal Disease among Latino Patients Conference
National Kidney Foundation of Michigan	\$1,000.00	2017 Champion of Hope Tribute Dinner
National Kidney Foundation, Inc.	\$50,000.00	Connecting Diabetes, Cardiovascular Disease, and Kidney Disease “ Patient Awareness Campaign
National Lipid Association	\$30,000.00	Expansion of Discovering the Barriers to Access of PCSK9 Inhibitors: an NLA Assessment
National Minority Quality Forum	\$25,000.00	Diabetes Working Group: Vision 20/20
National TB Controllers Association	\$5,000.00	Sponsorship for the 2017 National TB Conference: Poster Discussion
NCSL Foundation for State Legislatures	\$7,500.00	NCSL LegisBrief Sponsorship
New England Immunology Conference, Inc.	\$5,000.00	New England Immunology Conference
New Jersey Public Health Association	\$500.00	New Jersey Public Health Association 2017 Annual Conference
New Jersey Society of Oncology Managers	\$5,000.00	Sponsorship/Membership
New York & New Jersey Minority Supplier Development Council	\$10,000.00	Annual Event Sponsorship
NewYorkBIO	\$8,000.00	NewYorkBIO 2017 Annual Conference
NJ AIDS Services	\$2,500.00	New Jersey AIDS Walk
North Eastern Section Of American Chemical Society	\$2,000.00	6th Advances in Chemical Sciences
NorthCrest Medical Center Foundation	\$2,500.00	NorthCrest Gala
Northeast Business Group on Health	\$20,000.00	eValue8—Health Plan Performance Assessment
NYU School of Medicine, an administrative unit of New York University	\$5,000.00	The Skirball Institute 18th Symposium Honoring Dan Littman, MD
Ohio Chamber of Commerce	\$1,250.00	2017 Salt Fork Policy Conference
Operation Jersey Cares	\$500.00	Gala of Giving II
Operation Warrior Wishes Foundation	\$10,000.00	2017 Army Navy Game
Oregon State University Foundation	\$7,500.00	OSU College of Pharmacy, Pharmacy Partners Program
Organization for International Investment	\$15,000.00	2017 OFII Annual Dinner
Out & Equal	\$25,000.00	2017 Workplace Summit
Patient Advocate Foundation	\$5,000.00	16th Annual A Promise of Hope Affair

Payments made by Sanofi US (2017)—Continued

Legal Name	Payment Amount	Project Title
Patient Advocate Foundation	\$250,000.00	Patient Advocate Foundation Co-Pay Relief Program Oncology Donation
PATIENT EMPOWERMENT NETWORK	\$25,000.00	Virtual Town Meeting for Advanced Prostate Cancer Patients
Patient Services Inc.	\$5,000.00	PSI Advocacy Day and Congressional Reception
PCMA	\$80,000.00	2017 sPCMA Business Forum Sponsorship, Presidential
PCMA	\$95,000.00	2017 Annual Meeting Presidential Sponsorship
Pharmaceutical Research and Manufacturers of America Foundation	\$270,000.00	PhRMA Foundation Grants & Fellowships
PQA, Inc.	\$7,500.00	PQA 2017 Leadership Summit: Connecting the Dots to Enhance Patient Care
PQA, Inc	\$100,000.00	An Accelerated Strategy for Advancing an Insulin Adherence/Persistence Quality Measure
Preventive Cardiovascular Nurses Association	\$50,000.00	Access to Innovative Medicine Campaign
Pro Bono Partnership	\$15,000.00	Pro Bono Partnership 2017 Gala
Project Hope The People To People Health Foundation Inc.	\$10,000.00	2017 Gala—Project HOPE: A Voice for Global Health
Prostate Cancer Education Council	\$10,000.00	Chemotherapy Patient Education
Prostate Cancer Education Council	\$25,000.00	Interactive Patient Education Programs
Prostate Cancer Foundation	\$300,000.00	24th Annual Scientific Retreat
Public Health Advocates	\$5,000.00	Building Health Equity in Diabetes Prevention and Treatment Conference
Raritan Valley Community College Foundation	\$3,000.00	College Campus Experience Sessions for STEM High School Students
Raritan Valley Community College Foundation	\$10,000.00	Preparing for the Next Generation Science Standards—District Partnership Program
Raritan Valley Community College Foundation	\$125,000.00	Sanofi Nursing Simulation Lab: Preparing Nursing Students to Meet the Community's Health Care Needs
Raritan Valley Community College Foundation	\$25,000.00	Galileo Scholarships: Providing Access to STEM Education
Raritan Valley Community College Foundation	\$46,100.00	Sanofi US Corporate Mentor Program at RVCC
Raritan Valley Community College Foundation	\$3,250.00	An Evening of Elegance for Education
Raritan Valley Community College Foundation	\$10,000.00	Preparing for the Next Generation Science Standards
Raritan Valley Community College Foundation	\$15,000.00	Galileo Scholarships: Providing Access to STEM Education
Regents University of California Los Angeles	\$10,000.00	March Kidney Fair, March 26, 2017

Payments made by Sanofi US (2017)—Continued

Legal Name	Payment Amount	Project Title
Research!America	\$10,000.00	National Health Research Forum
Research!America	\$25,000.00	Advocacy Awards Dinner
RESOURCES USA INC	\$10,000.00	Bastille Day 2017—Washington DC—Celebrates the Franco-American relationship
RESOURCES USA INC.	\$5,000.00	Bastille Day 2017—Boston
Rutgers University Foundation	\$20,000.00	The Sanofi US Scholarship for Veterans in the Rutgers Business School Executive Education Program
Rutgers University Foundation	\$5,000.00	Andrew Giovanni Woman in Neuroscience Endowed Travel Scholarship
SDHB Pheo-Para Coalition, Inc.	\$9,900.00	SDHB Pheo-Para Coalition Gala
Seeding Labs	\$2,000.00	Positively Instrumental: 2017 Instrumental Access Launch & Donor Recognition Event
Society for Neuroscience	\$25,000.00	Trainee Professional Development Awards at Neuroscience 2017
Society of Toxicology	\$10,000.00	Society of Toxicology (SOT) Annual Meeting
SOME INC.	\$5,000.00	2017 SOME Gala
Somerset Alliance for the Future d.b.a RideWise	\$1,000.00	NJ Smart Workplace Recognition Breakfast
Somerset Health Care Foundation	\$2,500.00	Healthier Somerset
Springboard 2000 Enterprises, Inc.	\$25,000.00	Health Innovation Hub 2017
State University of Iowa Foundation	\$2,500.00	Wellstone Family Conference 2017
T1 Today, Inc., dba Children with Diabetes	\$29,625.00	Round Table on Impact of Non-Medical Switching of Insulin
T1 Today, Inc., dba Children with Diabetes	\$48,500.00	Forced Non-Medical Switching Awareness—November 2017
T1 Today, Inc., dba Children with Diabetes	\$20,000.00	Friends for Life Orlando Supporting Sponsorship
T1 Today, Inc., dba Children with Diabetes	\$49,500.00	Round Table on Impact of Non-Medical Switching of Insulin—San Diego
Taking Control of Your Diabetes	\$25,000.00	Educating Patients and Their Caregivers About The Role Of Treatments In Diabetes Management
Taking Control of Your Diabetes	\$60,000.00	Taking Control Of Your Diabetes 2017
Taking Control of Your Diabetes	\$20,000.00	ONE: The Ultimate Conference & Retreat for Adult Type 1's
TBA Foundation	\$15,000.00	Pat's Myeloma Survival School
Teratology Society	\$1,500.00	Teratology Society 57th Annual Meeting
THE ALBERT B SABIN VACCINE INSTITUTE INC.	\$300,000.00	Arbovirus Surveillance Strengthening Phase II
The American Fallen Soldiers Project Inc	\$5,700.00	2018 Portrait Donation

Payments made by Sanofi US (2017)—Continued

Legal Name	Payment Amount	Project Title
The American Heart Association	\$25,000.00	American Heart Association Multicultural Initiatives
The American Heart Association	\$50,000.00	Go Red for Women; Health Education Symposium
The American Heart Association	\$25,000.00	Heart and Stroke Ball Campaign 2017
The American Kidney Fund, Inc.	\$50,000.00	The Hope Affair 2017—Imagine the Possibilities
The American Kidney Fund, Inc.	\$5,000.00	2017 A Pairing For Prevention
The American Kidney Fund, Inc.	\$20,000.00	The Hope Affair Sponsorship
THE BIOBREAK ORGANIZATION INC.	\$5,000.00	BioBreak Industry Sponsorship
The Broad Institute, Inc.	\$2,000.00	Glom-NExT3 Symposium
The Center For Great Expectations Inc.	\$5,000.00	2017 Gift of Hope Gala
The Children's Aid Society	\$25,000.00	Children's Aid Keeping the Promise Benefit
The Children's Hospital of Philadelphia	\$2,000.00	2017 Conference on Clinical Trial Readiness in the Leuko-dystrophies
The Children's Hospital of Philadelphia	\$2,000.00	2017 Conference on Clinical Trial Readiness in the Leuko-dystrophies
The Children's Inn at NIH, Inc.	\$10,000.00	An Evening for Hope
The Council of State Government, Ltd.	\$5,000.00	Bowhay Institute for Legislative Leadership Development
The Diabetes Coalition of Mississippi/ Mississippi Rural Health Association	\$2,500.00	Giving Diabetes the Blues
The diaTribe Foundation	\$50,000.00	Consensus Conference Glycemic Outcomes Beyond A1C
The diaTribe Foundation	\$20,000.00	11th Annual Diabetes Forum
The diaTribe Foundation	\$90,000.00	Follow Up for d17: Executive Innovation Lab in Diabetes and Prediabetes
The Economic Alliance for Michigan	\$2,500.00	EAM Health Purchaser Forum
The FH Foundation	\$250,000.00	The CASCADE FH™ Registry
The FH Foundation	\$100,000.00	Advocates for Awareness
The FH Foundation	\$75,000.00	2017 FH Global Summit
The Galien Foundation	\$15,000.00	PRIX GALIEN USA GALIEN FORUM
The Health Collaborative	\$5,000.00	Inspire Sponsorship
THE LEUKEMIA & LYMPHOMA SOCIETY	\$50,000.00	Blood and Marrow Stem Cell Transplantation Booklet and Guide
The Medical College of Wisconsin, Inc.	\$10,000.00	2017 BMT Tandem Meetings—Administrative Directors Reception
The Mended Hearts, Inc.	\$25,000.00	Patient Advocacy Network (PAN) Training
The Mended Hearts, Inc.	\$10,000.00	National Education & Training Conference
The Mesothelioma Applied Research Foundation	\$2,000.00	Sponsorship—Clinical Trial Awareness

Payments made by Sanofi US (2017)—Continued

Legal Name	Payment Amount	Project Title
The New York Academy of Science	\$5,000.00	Challenge 2030: Tomorrow's innovators tackle today's grand challenges
The Ohio State University Foundation	\$25,000.00	Pharmacy Patient Counseling Education
The Ohio State University Foundation	\$1,000.00	Pharmathon 5k
The Partnership for Quality Medical Donations	\$5,000.00	PQMD London Educational Forum
The Pennsylvania State University	\$150,000.00	SARP SUPPLEMENTAL FUNDING AGREEMENT
THE TRANSPLANTATION SOCIETY	\$7,500.00	The 14th Congress of the International Xenotransplantation Association
THE TRANSPLANTATION SOCIETY	\$15,000.00	9th Congress of the International Pediatric Transplant
The Virginia Public Access Project	\$700.00	Lighten Up, It's Just Politics
The World Orphan Fund Inc.	\$500.00	2017 Annual Wisconsin Gala
Thomas Jefferson University	\$65,000.00	Population Health Leadership Series (formerly Quality and Safety Leadership Series)
Thomas Jefferson University	\$100,000.00	Quality and Safety Leadership Series
Tree Canada	\$14,089.00	Operation ReLeaf Fort McMurray
Trustees of Boston University	\$65,000.00	National Association of Community Health Workers Communications and Organizational Development Project
Trustees of Boston University	\$1,000.00	Boston University's 16th Annual CMD Symposium on Molecular Discovery: From Chemical Synthesis to Biological Applications
Trustees of Boston University	\$20,000.00	iHEA's 12th World Congress in Health Economics
Trustees of University of Pennsylvania	\$5,000.00	Translational Retinal Research & Therapies 2017 Symposium
Tufts Center for the Study of Drug Development c/o Trustees of Tufts College	\$30,000.00	Tufts CSDD 2017 Sponsorship
TULANE CANCER CENTER	\$2,500.00	NOLA Bluedoo 2017
University of Florida Foundation	\$5,000.00	11th Annual Clinical Pharmacy and Pharmacology Symposium
University of Minnesota Foundation	\$5,000.00	UMN John S. Najarian Lecture & 50 Years of Pancreas Symposium
University of New Mexico Foundation = Hoops for Hope	\$1,000.00	2017 Hoops4Hope Legislative Basketball Game
University of North Carolina at Chapel Hill	\$20,000.00	Pharmacoepidemiology Program
University of Southern Mississippi Foundation	\$10,000.00	Unity 2017 Conference
University of Texas Foundation-UT Austin	\$50,000.00	Third Annual International Immuno-Therapy in Myeloma Scientific Workshop
University of Utah	\$50,000.00	2017 Western Atrial Fibrillation Symposium

Payments made by Sanofi US (2017)—Continued

Legal Name	Payment Amount	Project Title
Us TOO International	\$15,000.00	Prostate Cancer Support Group Meeting Webcast
Us TOO International	\$20,000.00	Prostate Cancer News You Can Use
Virginia Bio	\$3,000.00	Women Building Bio—the XX Factor
Virginia Quality Healthcare Network	\$1,000.00	VQHN Eighteenth Annual Wrap Up Event
Vision y Compromiso	\$10,000.00	Vision y Compromiso's 15th Annual Conference for Promotoras and CHWs, "Resiliency: Our Strength in Times of Change"
Waltham West Suburban Chamber of Commerce, Inc.	\$6,000.00	Waltham West Suburban Chamber of Commerce Sponsorship Opportunities
Washington Legal Foundation	\$30,000.00	2017 General Operating Support
Washington Policy Center	\$3,500.00	2017 Annual Dinner
Western Governors' Foundation	\$10,000.00	2017–2018 Bi-annual Conferences
Women In Government Foundation, Inc.	\$5,000.00	2017 Healthcare Summit—Inspiration Station
Women In Government Foundation, Inc.	\$65,000.00	2017 Healthcare Summit—Diabetes PSAs
WomenHeart: The National Coalition for Women with Heart Disease	\$25,000.00	2017 Wenger Awards
WomenHeart: The National Coalition for Women with Heart Disease	\$45,000.00	Access NOW! Key Opinion Leaders Thought Workshop & Congressional Briefing
Wyoming Congressional Award Council	\$5,000.00	WY Congressional Award Council's Spring Awards ceremony
ZERO—The End of Prostate Cancer	\$8,000.00	Chemotherapy and Immunotherapy Sequencing in Prostate Cancer Webinar
	\$13,245,248.00	
Product Donations made by Sanofi US to the Sanofi Foundation for North America (estimate as of March 2018)	\$594,228,133	

Donations made by the Sanofi Foundation for North America

Legal Name	Payment Amount	Project Title
American Cancer Society Inc.	\$5,000.00	Hope Lodge of Framingham Operating Support
American Cancer Society Inc.	\$25,000.00	Nationwide American Cancer Society Hope Lodge
American National Red Cross	\$25,000.00	2017–2018 American Red Cross Biomedical Services
American Recreational Military Services	\$3,200.00	Project Homecoming
American Red Cross	\$10,000.00	Disaster Relief & Home Fire Preparedness Campaign
American Red Cross	\$177,422.00	Disaster Relief—special employee match
American Society of Transplantation	\$5,000.00	Daniel R. Salomon Frontiers in Transplantation Endowment (FITE)
Americares	\$50,000.00	Hurricane Maria Response

Donations made by the Sanofi Foundation for North America—Continued

Legal Name	Payment Amount	Project Title
Americares	\$100,000.00	Hurricane Harvey Response
Americares	\$10,000.00	U.S. Disaster Assistance
Camp Neveda Foundation	\$5,000.00	Camp Neveda Campership Program
Camp Neveda Foundation	\$10,000.00	Camp Neveda: Helping Kids with Type 1 Diabetes Live Happier, Healthier Lives
Camp Quality USA dba Camp Quality NJ	\$10,000.00	Camp Quality USA dba Camp Quality NJ
CANCER SUPPORT COMMUNITY CENTRAL NEW JERSEY	\$15,000.00	Teens Connect School Based Support Groups
Children's Health Fund	\$30,000.00	Asthma Video
Children's Health Fund	\$665,000.00	Medical Home Initiative
Children's Health Fund	\$665,000.00	Medical Home Initiative
Christ the King Preparatory School of Newark NJ Corp.	\$59,000.00	Christ the King Corporate Work Study Program
Christopher & Dana Reeve Foundation	\$5,000.00	Reeve Patient Care & Cures—NJ
Coastal Bend Food Bank	\$1,000.00	Diabetes Hands On
Deirdre O'Brien Child Advocacy Center Inc.	\$10,000.00	Advocacy Program for Child Victims of Abuse and/or Neglect
Direct Relief	\$100,000.00	Hurricane Harvey Response
Direct Relief	\$50,000.00	Responding to Hurricane Maria in Puerto Rico
Direct Relief	\$10,000.00	Emergency Prep Programs
Dress For Success Northern New Jersey—10 Counties, Inc.	\$5,000.00	General Operating Expenses
Food Bank of Somerset County Inc.	\$12,500.00	Back Pack Program
Heart To Heart International Inc.	\$25,000.00	Hurricane Relief Maria
Heart To Heart International Inc.	\$10,000.00	US Crisis Relief
Heart To Heart International Inc.	\$25,000.00	Hurricane Harvey Response
Hyacinth Foundation A New Jersey Non-profit Corporation	\$10,000.00	General Support—Sanofi in Our Communities, Celebrating Diversity
Hyacinth Foundation A New Jersey Non-profit Corporation	\$10,000.00	General Support
International Myeloma Foundation	\$18,950.00	International Myeloma Foundation Mission Support
Jersey Battered Women's Service, Inc.	\$5,000.00	General Operating
Kids Corporation II	\$10,000.00	Kids Corp General Operating
Map International	\$10,000.00	MAP's Domestic Medicine Program
March of Dimes Foundation	\$86,000.00	Supporting NICU Babies and Family's
Matheny School and Hospital Inc.	\$5,000.00	Matheny Center for Medicine and Dentistry

Donations made by the Sanofi Foundation for North America—Continued

Legal Name	Payment Amount	Project Title
Matheny School and Hospital Inc.	\$5,000.00	Matheny School STEM Program
Midland Adult Services Inc.	\$5,000.00	Midland Helping Hands & Midland Meals on Wheels Employment Training Programs
Multiple Myeloma Research Foundation	\$18,950.00	Mambo for Myeloma
NJ SEEDS	\$10,000.00	Young Scholars Program—Health Sessions
NJ Sharing Network Foundation	\$5,000.00	Multicultural Outreach Initiative
Partners in Research Canada	\$25,000.00	Sanofi Biogenius Canada
PATIENT EMPOWERMENT NETWORK	\$25,000.00	ASCO, AJA Coverage for Advanced Prostate Cancer Patients
Rise Against Hunger	\$7,500.00	Rise Against Hunger Disaster Ready Response Program
Rutgers University Foundation	\$10,000.00	Vets4Warriors
Safe + Sound Somerset	\$10,000.00	Residential Children's Program
Sheltered Yoga	\$5,000.00	Sheltered Yoga NJ Programming
Somerset County YMCA	\$6,000.00	Somerville YMCA/Annual Campaign
Somerset Health Care Foundation	\$5,000.00	Quality CPR Saves Lives
Somerset Health Care Foundation	\$10,000.00	El poder
Somerset Health Care Foundation	\$10,000.00	El poder
Somerset Health Care Foundation	\$18,560.00	1st Healthcare Conference for the LGBT Community
Somerset Health Care Foundation	\$5,000.00	Quality CPR Saves Lives
The Center For Great Expectations Inc.	\$10,000.00	Adult Women & their Children
The Center For Great Expectations Inc.	\$10,000.00	Adult Women & their Children
The Children's Inn at NIH, Inc.	\$500,000.00	Sanofi US Legacy Endowment Fund at The Children's Inn at NIH Sanofi US Legacy Endowment Fund at The Children's Inn at NIH
The Children's Inn at NIH, Inc.	\$500,000.00	Sanofi US Legacy Endowment Fund at The Children's Inn at NIH
The Children's Inn at NIH, Inc.	\$500,000.00	Sanofi US Legacy Endowment Fund at The Children's Inn at NIH
THE LEUKEMIA & LYMPHOMA SOCIETY	\$18,950.00	Fiscal Year 2017 Myeloma Patient Education
The Partnership for Quality Medical Donations	\$5,000.00	General Support for PQMD
The Salvation Army	\$10,000.00	Healthy Food Pantry Program
Trustees of University of Pennsylvania	\$20,000.00	Research Training in Pharmacoepidemiology
Tyler Clementi Foundation Inc	\$5,000.00	New Jersey Programs
United Way of Monroe County	\$59,069.70	SP 2017 UW Campaign Match
United Way of Northern New Jersey	\$75,000.00	Caregivers Coalition

Donations made by the Sanofi Foundation for North America—Continued

Legal Name	Payment Amount	Project Title
Visiting Nurse Association of Somerset Hills	\$10,000.00	General Operating
	\$3,682,101.70	
Grand Total	\$16,927,350	

**Sponsorships and Charitable Donations
1st Jan 2015–31st Dec 2015**

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Recipient Name(s)	Activity Title	Funding Amount
Acacia In Kenya	Volunteer Match	\$1,000.00
Acacia In Kenya	Volunteer Match	\$1,000.00
Accelerated Cure Project	MS Discovery: The Podcast of the MS Discovery Forum	\$102,400.00
Accelerated Cure Project	Data Visualizations in Multiple Sclerosis	\$89,400.00
Acid Maltase Deficiency Association Inc.	AMDA Patient Education Programs	\$35,000.00
Acid Maltase Deficiency Association Inc.	The 2015 AMDA/IPA International Pompe Patient and Scientific Conference	\$20,000.00
Acid Maltase Deficiency Association Inc.	AMDA Patient Education Programs	\$12,000.00
Acid Maltase Deficiency Association Inc.	Pull for Pompe Event	\$3,000.00
ALD Connect Inc.	ALD Connect Meeting	\$4,000.00
Alport Syndrome Foundation, Inc.	2015 International Workshop on Alport Syndrome	\$2,500.00
American Academy of Neurology Institute	2015 Palatucci Advocacy Leadership Forum	\$50,000.00
American Academy of Neurology Institute	Fellows Scholarship Program	\$20,000.00
American Academy of Neurology Institute	Residents Scholarship Program	\$20,000.00
American Academy of Neurology Institute	2014–2015 Emerging Leaders Forum	\$17,500.00
American Academy of Neurology Institute	Brain Health Fair	\$10,000.00
American Association of Clinical Endocrinologists	2015 Pan-American Scientific Symposia on Clinical Endocrinology in Latin America	\$50,000.00
American Autoimmune and Related Diseases Association	50 Cents for 50 Million Campaign AND Fight For Immunity Comedy Show	\$5,000.00
American Chemical Society Merck And Co Inc.	ACS BIOT 2015 Annual Meeting	\$5,000.00
American College of Medical Genetics Foundation	Summer Genetics Scholars Program	\$75,000.00
American Physiological Society	Experimental Biology 2015	\$3,000.00
American Red Cross of Massachusetts	Women Who Care, A Leadership Breakfast	\$5,000.00
American Society of Gene Therapy	ASGCT 18th Annual Meeting	\$5,000.00

Sponsorships and Charitable Donations—Continued
1st Jan 2015–31st Dec 2015

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Recipient Name(s)	Activity Title	Funding Amount
American Society of Nephrology	ASN Kidney Week 2015 Exhibitor Spotlight	\$30,000.00
Andrew's Buddies Corporation dba FightSMA	FightSMA Annual Research Conference 2015	\$3,000.00
ANERA (American Near East Refugee Aid)	ANERA (American Near East Refugee Aid) Annual Dinner	\$5,000.00
Ann & Robert H. Lurie Children's Hospital of Chicago	MPS Patient and Family Conference	\$2,000.00
Arizona Kidney Foundation	16th Annual Southwest Nephrology Conference	\$6,000.00
Ashland Fire Department Association	Community Support for Ashland Fire Department Association	\$40,000.00
Assistance Fund Inc.	Multiple Sclerosis Disease Patient Assistance Fund Program	\$5,300,000.00
Assistance Fund Inc.	Multiple Sclerosis Disease Patient Assistance Fund Program	\$500,000.00
Association for Glycogen Storage Disease	Annual Conference; Family Assistance; The Ray	\$6,000.00
Beauty Bus Foundation	6th Annual Beauty Drive for Patients and Caregivers	\$3,000.00
Berkshire Resource Project, Inc.	2015 Annual Gala	\$5,000.00
Big Brothers Big Sisters of Central Mass Metrowest Inc.	Big Brothers Big Sisters Central Mass/Metrowest (BBBSCM) STEM Institute	\$10,000.00
Biomedical Science Careers Program	Evening of Hope: To support underrepresented minority students/fellows interested in science	\$75,000.00
Biomedical Science Careers Program	Hope Scholarship 2015–2016	\$7,500.00
Boston Health Care For The Homeless Program Inc.	Life Essentials Community Support Program	\$25,000.00
Boston Plan For Excellence in the Public Schools Foundation	Boston Teacher Residency: A High-Quality Pipeline for Boston Public Schools' STEM Teachers	\$15,000.00
Boston Private Industry Council	2015 Corporate Contribution's Campaign	\$15,000.00
Boston Private Industry Council	Volunteer Match	\$1,000.00
Bottom Line	Boston STEM Success Program	\$15,000.00
Boys and Girls Clubs of MetroWest	Staffing & Transportation for Increased Membership at BCGMW's Framingham Clubhouse	\$25,000.00
Boys and Girls Clubs of MetroWest	2015 Bids for Kids Auction & Gala	\$10,000.00
Boys and Girls Clubs of MetroWest	Volunteer Match	\$4,000.00
Boys and Girls Clubs of Middlesex County Inc.	The 2015 Great Pumpkin Glow	\$5,000.00
Breakthrough Greater Boston	Full STEAM (Science Technology, Engineering, Arts, and Math) Ahead Program	\$10,000.00
Cambridge Family & Children's Service	2015 Circle of Friends Gala & Auction	\$5,000.00
Cambridge School Volunteers, Inc.	Volunteer Match	\$1,000.00
Camp Korey	Metabolic Disorders Family Weekend	\$5,000.00
Can Do Multiple Sclerosis	2015 TAKE CHARGE Program	\$55,000.00
Can Do Multiple Sclerosis	Can Do Program	\$50,000.00

Sponsorships and Charitable Donations—Continued
1st Jan 2015–31st Dec 2015

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Recipient Name(s)	Activity Title	Funding Amount
Can Do Multiple Sclerosis	2015 JUMPSTART Program	\$50,000.00
Can Do Multiple Sclerosis	Can Do 2015 Online Programming	\$40,000.00
Can Do Multiple Sclerosis	Vertical Express for Can Do MS Events	\$25,000.00
Canavan Foundation	Jewish Genetic Disease Leadership Database Expansion Project	\$4,500.00
Case Management Society of America	CMSA 25th Annual Conference & Expo	\$14,000.00
Case Management Society of America	CMSA 25th Annual Conference & Expo (Booth)	\$4,800.00
Case Management Society of New England	Case Management Society of New England's 26th Annual Conference and Exhibitor Expo	\$1,000.00
CASSS—An International Separation Science Society	CMC Strategy Forums	\$2,500.00
Charcot-Marie-Tooth Association	CMTA's Boston Patient/Family Conference	\$5,000.00
Charcot-Marie-Tooth Association	CMTA's Boston Patient/Family Conference	\$2,000.00
Children's Hospital Boston	Global Pediatric Innovation Summit + Awards 2015	\$20,000.00
Children's Hospital Corporation	La Gala de Milagros para Ninos	\$5,000.00
Church Hillers Inc.	Volunteer Match	\$1,000.00
City Sprouts, Inc.	After School Ecology Clubs	\$7,000.00
Colon Cancer Coalition	Volunteer Match	\$2,000.00
Community Boating, Inc.	Universal Access Program 2015—Patient Assistance Program	\$15,000.00
Community Farms Outreach	Fresh Food Access Program	\$12,000.00
Community Rowing, Inc.	Let's Row Boston	\$15,000.00
Community Servings, Inc.	Pie in the Sky	\$10,000.00
Consortium of Multiple Sclerosis Centers	29th Annual Meeting of the Consortium of Multiple Sclerosis Centers Breakfast	\$52,000.00
Council on Renal Nutrition of Western PA	Patient Empowerment Workshop	\$1,000.00
Courage to Make a Difference Inc.	Courage: Living life without limit patient videos	\$1,000.00
Cradles to Crayons Inc.	Ready for School and Backpack-a-Thon	\$20,000.00
Cystic Fibrosis Foundation	Uncork the Cure Event	\$10,000.00
DEAF, Inc.—Developmental Evaluation and Adjustment Facilities, Inc.	Deaf-Accessible Medical Case Management and Health Education	\$10,000.00
Deliver The Dream Inc.	Community Champions Awards	\$2,500.00
Department of Neurology Multiple Sclerosis Center of Excellence	Shop to Stop Multiple Sclerosis	\$10,000.00
Dimock Community Health Center	Building the Road to Recovery—Expanding and Renovating Acute Treatment Services	\$150,000.00
DISARM Education FUND, INC.	Combating Rare Diseases and Raising Awareness in the Developing World	\$20,000.00
East End House Inc.	Generating and Evaluating New Adventures in Science After School (GENASAS)	\$20,000.00
East End House Inc.	Volunteer Match	\$2,000.00
Emory Genetics Laboratory	LSDC Patient Meetings	\$27,390.00

Sponsorships and Charitable Donations—Continued
1st Jan 2015–31st Dec 2015

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Recipient Name(s)	Activity Title	Funding Amount
Engineering Conferences International	Integrated Continuous Biomanufacturing II Conference	\$10,000.00
EveryLife Foundation for Rare Diseases	Rare Voice Awards Gala	\$20,000.00
EveryLife Foundation for Rare Diseases	EveryLife Foundation Annual Rare Disease Scientific Workshop: Patient Engagement in the Clinical Development Process	\$10,000.00
Fabry Support & Information Group	FSIG Expert Fabry Conference 2015	\$50,000.00
Fabry Support & Information Group	FSIG Patient Assistance Fund	\$40,000.00
Fabry Support & Information Group	FSIG Patient Assistance Fund	\$40,000.00
Fabry Support & Information Group	Rapid Assistance Funds—Patient Assistance Program	\$30,000.00
Fabry Support & Information Group	FSIG Newsletter	\$12,000.00
Fabry Support & Information Group	2015 FSIG Fabry Fun Run/Walk & FSIG Fabry Get Together Meeting	\$1,500.00
Family Promise Metrowest Inc.	Keep the Promise: An evening of food tasting to benefit families that are homeless	\$2,500.00
Foundation of the Consortium of Multiple Sclerosis Centers	2016 CMSC Annual Meeting—Celebrating 30 Years of MS Care	\$414,000.00
Foundation of the Consortium of Multiple Sclerosis Centers	FCMSC 2015–2016 Pilot Research Grant Award in Multiple Sclerosis	\$44,000.00
Foundation of the Consortium of Multiple Sclerosis Centers	NARCOMS Now Patient Quarterly Magazine	\$33,358.00
Foundation of the Consortium of Multiple Sclerosis Centers	2015–2016 FCMSC Medical Resident Annual Meeting Scientific Scholarships	\$22,000.00
Foundation of the Consortium of Multiple Sclerosis Centers	2015–2016 Workforce of the Future: Medical Student Scholarships	\$22,000.00
Framingham Townwide PTO Council	Volunteer Match	\$1,000.00
Franciscan Children's Hospital and Rehabilitation Center	Adaptive Sports Program for Children with Disabilities	\$10,000.00
Friends of Hopkinton SPEAC	Community Support for general operating	\$4,000.00
Friends of Resiliency for Life Inc.	Academic Support component of Resiliency for Life (RFL)	\$10,000.00
Friends of Resiliency for Life Inc.	Volunteer Match	\$1,000.00
Friends of the Hopkinton Seniors	Community Support for Friends group to raise funds for nutrition programs	\$16,000.00
FSH Society, Inc.	FSH Society Facioscapulohumeral Muscular Dystrophy [FSHD] 2015 International Research Consortium & Research Planning Meetings	\$2,000.00
Fundacion de Esclerosis Multiple de Puerto Rico	MS Community Educational Conferences	\$20,000.00
Fundacion de Esclerosis Multiple de Puerto Rico	Abrazarte a la vida Patient Fundraising Event	\$2,500.00
Gateway Area Chapter	Community Walk MS 2015	\$5,000.00

Sponsorships and Charitable Donations—Continued
1st Jan 2015–31st Dec 2015

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Recipient Name(s)	Activity Title	Funding Amount
Gateway Area Chapter	Women on the Move Luncheon 2015	\$2,500.00
Generation Citizen Inc.	Generation Citizen Spring 2015 Civics Day	\$5,000.00
Georgia Chapter of the American Academy of Pediatrics	Non-AAP industry/foundation symposium	\$3,500.00
Girl Scouts of Eastern Massachusetts Inc.	Girls Building Self-esteem	\$10,000.00
Global Genes	4th Annual RARE Tribute to Champions Event	\$25,000.00
Global Genes	Global Genes RARE Patient Advocacy Summit	\$25,000.00
Global Genes	Global Genes Corporate Alliance Program	\$15,000.00
Global Genes	Give RARE Disease Giving Day	\$10,000.00
Global Genes	Pixar's The Good Dinosaur—Exclusive Screening & Fundraiser	\$10,000.00
Global Genes	Tribute to Champions—Expression of Hope Art Exhibit	\$7,460.00
Global Genes	RARE Toolkit & Educational Podcast Programs	\$5,000.00
Gordon Research Conferences	Lysosomal Diseases Gordon Research Conference and Gordon Research Seminar	\$5,000.00
Gordon Research Conferences	2015 CAG Repeat Disorders Gordon Research Conference	\$2,000.00
Greater Boston Chamber of Commerce	Chamber's 2015 Annual Meeting	\$10,000.00
Habitat For Humanity Metrowest—Greater Worcester Inc.	Holliston Build Project	\$15,000.00
Habitat For Humanity Metrowest—Greater Worcester Inc.	Volunteer Match	\$2,000.00
Health Care For All Inc.	Ethnic Media and Grassroots Outreach to Improve Health Coverage Access in Framingham	\$10,000.00
Health Technology Assessment International	HTAI Annual Meeting 2015	\$20,000.00
Hearts & Noses Hospital Clown Troupe Inc.	Ongoing Hospital Clown Visits to Ill and Disabled Children in Greater Boston	\$15,000.00
Holy Name Health Care Foundation Inc.	18th Annual Spring Fashion Fling for MS	\$15,000.00
Horizons for Homeless Children	17th Annual Women's Breakfast	\$3,500.00
Huntington Study Group Ltd.	HSG 2015: Building Our Future	\$1,500.00
Huntington's Disease Society of America	Huntington's Disease Society of America 30th Annual Convention	\$2,500.00
Icahn School of Medicine at Mount Sinai	13th Annual Gala in Support of the Corinne Goldsmith Dickinson Center for Multiple Sclerosis at Mount Sinai	\$25,000.00
Icahn School of Medicine at Mount Sinai	13th Annual Gala in Support of the Corinne Goldsmith Dickinson Center for Multiple Sclerosis at Mount Sinai	\$12,000.00
International Organization of Multiple Sclerosis Nurses	2015 MS Perspectives Publication	\$75,000.00
International Organization of Multiple Sclerosis Nurses	2015 Annual Meeting IOMSN Dinner	\$30,000.00

Sponsorships and Charitable Donations—Continued
1st Jan 2015–31st Dec 2015

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Recipient Name(s)	Activity Title	Funding Amount
International Society For Mannosidosis & Related Disease Inc.	Glycoproteinoses: Fourth International Conference on Advances in Pathogenesis and Therapy	\$5,000.00
International Society For Pharmacoepidemiology	31st International Conference on Pharmacoepidemiology	\$2,000.00
International Society of Nephrology	ISN Frontiers "Immunomodulation of Cardio-Renal Function—A focus on cardio-renal pathophysiology and immunity" (Oct 22–25, 2015, Shenzhen, China)	\$3,500.00
Italian Home For Children Inc.	City Lights Gala	\$5,000.00
Japan Society of Boston	2015 Japan Society of Boston Annual Dinner	\$5,000.00
Jewish Federation of southern New Jersey	Expanding Footprint of Jewish Genetic Disease Awareness in South Jersey	\$10,000.00
Jewish Genetic Disease Consortium (JGDC)	Jewish Genetic Disease Consortium Screening Awareness Program	\$5,000.00
Jewish Genetic Diseases Center of Greater Phoenix	PHOENIX—Our Heritage and our Health—Ashkenazi Jewish Genetics Disease and the Founder Effect	\$980.00
Jewish Genetic Diseases Center of Greater Phoenix	TUCSON—Our Heritage and our Health—Ashkenazi Jewish Genetic Disease and the Founder Effect	\$950.00
Joseph M. Smith Community Health Center, Inc.	JMSCHS's Prenatal Program	\$15,000.00
Kidney Foundation of Northwest Ohio	24th Annual Wine Affair Event for Disease Awareness	\$1,000.00
Kidney Foundation of Northwest Ohio	Kilometers for Kidneys	\$500.00
Light of Life Foundation	Light of Life Foundation 2015 Patient Support Activities	\$25,000.00
Light of Life Foundation	Light of Life Foundation Patient Awareness Program	\$20,000.00
Light of Life Foundation	Light of Life Foundation Night of Comedy Fundraiser	\$1,000.00
Little Brothers/Friends of the Elderly	Medical Escort/Transport and Prescription Escort Patient Assistance Program	\$7,500.00
Little Miss Hannah Foundation	Little Miss Hannah Foundation General Operating Support	\$8,000.00
Little Miss Hannah Foundation	Little Miss Hannah's Rainbows in the Wind Festival	\$1,000.00
Lysosomal and Rare Disorders Research and Treatment Center Inc.	Towards a patient-centered disease registry; Connecting the patches for Gaucher Disease	\$10,000.00
March of Dimes	March for Babies	\$15,000.00
March of Dimes	Black Ties for Babies Gala	\$10,000.00
March of Dimes	Volunteer Match	\$2,000.00
March of Dimes	Volunteer Match	\$1,000.00
March of Dimes	Volunteer Match	\$1,000.00
Margaret Fuller Neighborhood House	Scholarships for Port/Area IV Youth to Attend Summer Camp at Margaret Fuller House	\$15,000.00
Mass Insight Education and Research Institute Inc.	College Success Program	\$15,000.00
Massachusetts Bay Community College Foundation	STEM Mentor Program	\$26,500.00

Sponsorships and Charitable Donations—Continued
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Recipient Name(s)	Activity Title	Funding Amount
Massachusetts Biotechnology Council	Patient Advocacy Summit—Live & Breathe: Building a Patient Centered Biotech	\$10,000.00
Massachusetts Biotechnology Education Foundation Inc.	BioTeach Life Sciences Student Program	\$50,000.00
Massachusetts Institute of Technology	Cambridge Science Festival	\$5,000.00
Massachusetts Outdoor Heritage Foundation Inc.	DFW Plymouth Red-bellied Cooter Head-starting Program	\$5,000.00
Massachusetts Outdoor Heritage Foundation Inc.	Volunteer Match	\$1,000.00
Massachusetts State Science and Engineering Fair, Inc.	Massachusetts State Science & Engineering Fair	\$50,000.00
Mercy Foundation	Mercy Multiple Sclerosis (MS) Achievement Center Wellness Programs	\$20,000.00
Metrowest Free Medical Program Inc.	Chronic Disease Patient Assistance Program	\$10,000.00
Mid America MS Achievement Center	The Race to Nowhere 2015	\$5,000.00
Mid America MS Achievement Center	The Race to Nowhere 2015	\$2,500.00
Mid America MS Achievement Center	Eat Bid Laugh Event benefiting the Mid-America Multiple Sclerosis Achievement Center (MSAC) in Kansas City	\$2,500.00
Milwaukee Synagogue for Russian Jews	Gaucher Disease Education Program	\$5,000.00
MLD Foundation	RUSP Roundtable	\$4,000.00
MS Cure Fund	Women Thriving With MS	\$125,000.00
MS Cure Fund	Risks & Benefits Program	\$103,700.00
MS Cure Fund	Resource Information Database Conversion and Website Integration	\$12,360.00
MS Cure Fund	MS Cure Newsletter	\$10,000.00
MS Cure Fund	Lifestyle Management Programs Fall 2015	\$8,250.00
MS Hope for a Cure Inc.	2015 MS Cycle for a Cure—A Ride for Research (6 event sites)	\$5,000.00
MS Views and News Inc.	2015—MS Symposium SERIES—"The Neurological Aspects of MS"	\$64,491.00
MS Views and News Inc.	Empowering MS Communities in America's Heartland series—2	\$46,000.00
MS Views and News Inc.	BRING IT ON!—"Everything You Want to Know about MS" a Q&A program	\$27,835.00
MS Views and News Inc.	Empowering MS Communities in America's Heartland series	\$22,000.00
MS Views and News Inc.	Women's Health Issues with Multiple Sclerosis	\$16,924.75
MS Views and News Inc.	New and Emerging Therapies plus Invisible Symptoms of MS	\$15,925.00
MS Views and News Inc.	New and Emerging Treatment Options plus Invisible Symptoms of MS—Chicago	\$14,750.00
MS Views and News Inc.	BRING IT ON!—Everything you want to Know about MS—Q&A	\$12,295.00
MS Views and News Inc.	Women's Health with Multiple Sclerosis	\$9,582.00
MS Views and News Inc.	Men's Health Issues with Multiple Sclerosis	\$9,178.50
MS Views and News Inc.	2015 Renewal of Annual Display Sponsorship	\$7,900.00

Sponsorships and Charitable Donations—Continued
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Recipient Name(s)	Activity Title	Funding Amount
MS Views and News Inc.	MS Views and News—5th Annual Bowlathon Fundraiser to Benefit MS Education and Stem Cell Research	\$3,000.00
MSWorld, Inc.	2015 MSWorld Conference Coverage	\$20,000.00
MSWorld, Inc.	2015 MSWorld "Wellness Unleashed Program"	\$20,000.00
Multiple Sclerosis Association of America	Crossfire: The Science and Emotion of Risk	\$436,320.00
Multiple Sclerosis Association of America	MSAA MRI Patient Assistance Fund	\$350,000.00
Multiple Sclerosis Association of America	Hot Topics in Multiple Sclerosis: An Interactive Series of MS Patient Education Programs	\$217,941.00
Multiple Sclerosis Association of America	Swim for MS In Person Program Pilot Series	\$58,985.00
Multiple Sclerosis Association of America	MSAA's 2015 Improving Lives Benefit	\$15,000.00
Multiple Sclerosis Center of Georgia	MS Festival Program	\$10,000.00
Multiple Sclerosis Center of Georgia	Health, Hope & Hops Program	\$7,000.00
Multiple Sclerosis Foundation	Foundation's Assistive Technology Program	\$50,000.00
Multiple Sclerosis Foundation	Support Group News quarterly informational newsletter	\$27,300.00
Multiple Sclerosis Foundation	African Americans with MS—The Medical, Cultural and Psychological Differences	\$20,000.00
Multiple Sclerosis International Federation Foundation Inc.	Resource Website Communications Support	\$117,367.00
Multiple Sclerosis International Federation Foundation Inc.	Middle East Patient Awareness Program	\$78,245.00
Multiple Sclerosis International Federation Foundation Inc.	Arab Region Patient Awareness Program	\$60,117.00
Multiple Sclerosis International Federation Foundation Inc.	World MS Day 2015 Campaign	\$46,947.00
Multiple Sclerosis International Federation Foundation Inc.	Latin America Resource Analysis Project	\$41,950.00
Multiple Sclerosis International Federation Foundation Inc.	Global Patient Awareness Program	\$39,122.00
Multiple Sclerosis Quality of Life Project Corporation	MSQLP's 9th Annual Walk 'n Roll Fundraiser	\$1,500.00
Multiple Sclerosis Resources of Central New York, Inc.	2015 Mission Steps Wak & MS Awareness Day	\$8,000.00
Muscular Dystrophy Association—Lake Mary, FL	Muscle Walk 2015	\$1,000.00
Muscular Dystrophy Association—Alameda, CA	2015 MDA Muscle Summit	\$8,000.00
Muscular Dystrophy Association—Albany, NY	MDA Newsletter	\$2,000.00
Muscular Dystrophy Association—Albany, NY	2015 MDA Research Seminar	\$2,000.00

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Recipient Name(s)	Activity Title	Funding Amount
Muscular Dystrophy Association— Albuquerque, NM	New Mexico MDA Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Allentown, PA	2015 MDA Muscle Summit	\$8,000.00
Muscular Dystrophy Association— Allentown, PA	Muscle Walk Greater Lehigh Valley	\$1,000.00
Muscular Dystrophy Association— Ark Valley, Richmond, VA	17th Annual Black and Blue Ball	\$5,000.00
Muscular Dystrophy Association— Ark Valley, Richmond, VA	Muscle Walk Greater Fort Wayne	\$1,000.00
Muscular Dystrophy Association— Ark Valley, Richmond, VA	Muscle Walk Ft Myers, FL	\$1,000.00
Muscular Dystrophy Association— Ark Valley, Richmond, VA	Muscle Walk Pittsburgh	\$1,000.00
Muscular Dystrophy Association— Ark Valley, Richmond, VA	Muscle Walk Springfield, MO	\$1,000.00
Muscular Dystrophy Association— Ark Valley, Richmond, VA	Muscle Walk Richmond, VA	\$1,000.00
Muscular Dystrophy Association— Austin, TX	Muscle Walk Central Texas	\$1,000.00
Muscular Dystrophy Association— Billings, MT	2015 Muscular Dystrophy Summer Camp of Montana	\$1,000.00
Muscular Dystrophy Association— Billings, MT	Muscle Walk Montana	\$1,000.00
Muscular Dystrophy Association - Birmingham, AL	MDA Health Patient Care Services Program	\$1,000.00
Muscular Dystrophy Association— Boise, ID	MDA Idaho Summer Camp	\$1,000.00
Muscular Dystrophy Association— Boise, ID	MDA Superhero Muscle Walk and 5k Fun Run	\$1,000.00
Muscular Dystrophy Association— Brentwood, TN	Muscle Walk of Chattanooga	\$2,500.00
Muscular Dystrophy Association— Brentwood, TN	Muscle Walk of Nashville	\$1,000.00
Muscular Dystrophy Association— Brentwood, TN	2015 Nashville Muscle Team Gala	\$1,000.00
Muscular Dystrophy Association— Brentwood, TN	Muscle Walk of Nashville	\$1,000.00
Muscular Dystrophy Association— Brookfield, WI	Muscle Walk of Greater Milwaukee	\$1,000.00
Muscular Dystrophy Association— Brookfield, WI	Muscle Walk of Greater Madison	\$1,000.00
Muscular Dystrophy Association— Broomall, PA	Muscle Walk 2015	\$1,000.00
Muscular Dystrophy Association— Cedar Rapids, IA	Muscle Walk Quad Cities	\$1,000.00

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Recipient Name(s)	Activity Title	Funding Amount
Muscular Dystrophy Association— Cedar Rapids, IA	Muscle Walk Des Moines	\$1,000.00
Muscular Dystrophy Association— Cedar Rapids, IA	Muscle Walk Iowa City	\$1,000.00
Muscular Dystrophy Association— Cedar Rapids, IA	Muscle Walk Iowa City	\$1,000.00
Muscular Dystrophy Association— Cedar Rapids, IA	Muscle Walk Waterloo	\$1,000.00
Muscular Dystrophy Association— Cedar Rapids, IA	Muscle Walk Des Moines	\$1,000.00
Muscular Dystrophy Association— Charleston, WV	Muscle Walk Morgantown	\$1,000.00
Muscular Dystrophy Association— Charlotte, NC	Muscle Walk 2015	\$1,000.00
Muscular Dystrophy Association— Chicago, IL	MDA—LGMD Genetic Testing Program	\$700,000.00
Muscular Dystrophy Association— Chicago, IL	MDA Pompe Testing Program	\$60,000.00
Muscular Dystrophy Association— Chicago, IL	2015 Muscle Summit	\$8,000.00
Muscular Dystrophy Association— Chicago, IL	MDA Illinois Muscle Summit	\$8,000.00
Muscular Dystrophy Association— Chicago, IL	Muscular Dystrophy Association, Third Quarter Newsletter	\$2,000.00
Muscular Dystrophy Association— Chicago, IL	Muscle Walk 2015	\$1,000.00
Muscular Dystrophy Association— Chicago, IL	MDA—ALS Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Cincinnati, OH	2015 Southern Ohio Muscular Dystrophy Association Summer Camp	\$1,000.00
Muscular Dystrophy Association— Cincinnati, OH	Muscle Walk of Greater Cincinnati	\$1,000.00
Muscular Dystrophy Association— Cleveland, OH	Muscle Walk of Greater Cleveland	\$1,000.00
Muscular Dystrophy Association— Columbia, SC	MDA Winter Newsletter	\$2,500.00
Muscular Dystrophy Association— Columbia, SC	Road Map to Independence for Young Adults Resource Program	\$2,000.00
Muscular Dystrophy Association— Columbia, SC	MDA Fall Newsletter	\$2,000.00
Muscular Dystrophy Association— Columbia, SC	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Denver, CO	Muscle Walk of Denver	\$1,000.00
Muscular Dystrophy Association— Downers Grove, IL	Muscle Walk of Chicagoland & Muscle Walk of Rockford	\$2,000.00

Sponsorships and Charitable Donations—Continued
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Recipient Name(s)	Activity Title	Funding Amount
Muscular Dystrophy Association— El Paso, TX	Muscle Walk 2015	\$1,000.00
Muscular Dystrophy Association— Fort Wayne, IN	Muscle Walk Greater Mishawaka	\$1,000.00
Muscular Dystrophy Association— Fort Wayne, IN	Muscle Walk of Greater Mishawaka	\$1,000.00
Muscular Dystrophy Association— Grand Junction, CO	Muscle Walk Western Colorado	\$1,000.00
Muscular Dystrophy Association— Green Bay, WI	Partners in Progress: an MDA Muscle Symposium	\$5,000.00
Muscular Dystrophy Association— Green Bay, WI	Muscle Walk of Green Bay	\$1,000.00
Muscular Dystrophy Association— Greenville, SC	Muscle Walk 2015	\$1,000.00
Muscular Dystrophy Association— Harrisburg, PA	Limb-Girdle Muscular Dystrophy Education Program, First Quarter, 2015	\$10,000.00
Muscular Dystrophy Association— Harrisburg, PA	2015 Central PA MDA Muscle Summit	\$8,000.00
Muscular Dystrophy Association— Harrisburg, PA	Muscle Walk Central PA	\$1,000.00
Muscular Dystrophy Association— Honolulu, HI	Muscle Walk Hawaii	\$1,500.00
Muscular Dystrophy Association— Houston, TX	Muscle Walk Houston	\$1,000.00
Muscular Dystrophy Association— Jacksonville, FL	Patient and Family Healthcare Newsletter	\$2,000.00
Muscular Dystrophy Association— Knoxville, TN	Muscle Walk 2015	\$1,000.00
Muscular Dystrophy Association— Knoxville, TN	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Knoxville, TN	Family Engagement Events	\$1,000.00
Muscular Dystrophy Association— Las Vegas, NV	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Little Rock, AR	Muscle Walk of Little Rock	\$1,000.00
Muscular Dystrophy Association— Los Angeles, CA	MDA Summer Camp	\$5,000.00
Muscular Dystrophy Association— Louisville, KY	Muscle Walk Louisville	\$1,000.00
Muscular Dystrophy Association— Louisville, KY	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Manchester, NH	MDA Conference	\$1,500.00
Muscular Dystrophy Association— Maryland Heights, MO	Muscle Walk St Louis	\$1,000.00

Sponsorships and Charitable Donations—Continued
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Recipient Name(s)	Activity Title	Funding Amount
Muscular Dystrophy Association— Maywood, NJ	2015 Central New Jersey MDA Muscle Summit	\$8,000.00
Muscular Dystrophy Association— Maywood, NJ	2nd Quarter/4th Quarter Print Newsletters 2015	\$2,000.00
Muscular Dystrophy Association— Memphis, TN	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Metairie, LA	Muscle Walk 2015	\$1,000.00
Muscular Dystrophy Association— Metairie, LA	Muscle Walk Baton Rouge	\$1,000.00
Muscular Dystrophy Association— Montgomery, AL	MDA South Alabama Chapter Quarterly Family Newsletter	\$2,000.00
Muscular Dystrophy Association— New Haven, CT	Muscular Dystrophy Association 2015 2nd Quarter Newsletter	\$2,000.00
Muscular Dystrophy Association— New York, NY	Muscle Walk Metro NY	\$1,000.00
Muscular Dystrophy Association— North Haven, CT	Muscular Dystrophy Association 1st Quarter 2015 Newsletter	\$2,000.00
Muscular Dystrophy Association— North Haven, CT	18th Annual MDA Black and Blue Ball	\$2,000.00
Muscular Dystrophy Association— North Haven, CT	Muscular Dystrophy Association 2015 3rd Quarter Newsletter	\$1,500.00
Muscular Dystrophy Association— North Haven, CT	2015 Mohegan Sun Southern New England MDA Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Okemos, MI	Muscle Walk of Greater Lansing Area	\$1,000.00
Muscular Dystrophy Association— Okemos, MI	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Omaha, NE	Muscle Walk 2015	\$1,000.00
Muscular Dystrophy Association— Portland, OR	Muscle Walk Medford	\$1,000.00
Muscular Dystrophy Association— Portland, OR	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Raleigh, NC	Muscle Walk Raleigh	\$1,000.00
Muscular Dystrophy Association— Reston, VA	Muscle Walk 2015	\$1,000.00
Muscular Dystrophy Association— Rochester, NY	Fall 2015 Newsletter	\$1,200.00
Muscular Dystrophy Association— Salt Lake City, UT	Muscle Walk 2015	\$1,000.00
Muscular Dystrophy Association— Salt Lake City, UT	Muscle Walk Salt Lake City	\$1,000.00
Muscular Dystrophy Association— San Antonio, TX	Muscle Walk San Antonio & 5K Fun Run	\$1,000.00

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Muscular Dystrophy Association— Shreveport, LA	Muscle Walk Twin Cities	\$1,500.00
Muscular Dystrophy Association— Southfield, MI	Patient Newsletter	\$1,500.00
Muscular Dystrophy Association— Spokane, WA	MDA Summer Camp 2015	\$1,000.00
Muscular Dystrophy Association— Spokane, WA	Muscle Walk Spokane	\$1,000.00
Muscular Dystrophy Association— St Petersburg, FL	MDA Summer Camp 2015	\$1,000.00
Muscular Dystrophy Association— St Petersburg, FL	MDA Summer Camp 2015	\$1,000.00
Muscular Dystrophy Association— St Petersburg, FL	Muscle Walk Tampa Bay	\$1,000.00
Muscular Dystrophy Association— Tempe, AZ	MDA Muscle Walk—Exhibit Booth for Patient Education	\$1,000.00
Muscular Dystrophy Association— Tempe, AZ	MDA Muscle Walk Tucson—Exhibit Booth for Patient Education	\$1,000.00
Muscular Dystrophy Association— Towson, MD	Muscle Walk of Baltimore	\$1,000.00
Muscular Dystrophy Association— Tucson, AZ	Muscle Walk Ark-La-Tex	\$1,000.00
Muscular Dystrophy Association— Tucson, AZ	Muscle Walk Central New Jersey	\$1,000.00
Muscular Dystrophy Association— Warwick, RI	MDA 4th Quarter Newsletter	\$2,000.00
Muscular Dystrophy Association— Westborough, MA	Newsletter-CAMP	\$2,000.00
Muscular Dystrophy Association— Westborough, MA	Volunteer Match	\$1,000.00
Muscular Dystrophy Association— Westbrook, ME	Quarterly Newsletter	\$3,000.00
Muscular Dystrophy Association— Westbrook, ME	Pompe Support Dinner	\$2,000.00
Muscular Dystrophy Association— Westbrook, ME	Pompe Awareness and Education Day	\$1,500.00
Muscular Dystrophy Association— Westbrook, ME	Pompe Awareness and EducationDay	\$1,000.00
Muscular Dystrophy Association— Westbrook, ME	Limb-Girdle Support Group	\$1,000.00
Muscular Dystrophy Association— Westbrook, ME	Muscle Walk Maine	\$1,000.00
Muscular Dystrophy Association— Wilmington, NC	2015 MDA Muscle Walk and Educational Symposium	\$2,000.00
Muscular Dystrophy Association— Wilmington, NC	Muscle Walk of Greenville and Patient Educational Symposium	\$1,500.00

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Muscular Dystrophy Association— Worthington, OH	Muscle Walk of Central Ohio	\$1,000.00
Muscular Dystrophy Association— Worthington, OH	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Westborough, MA	Muscle Walk	\$1,000.00
Museum of Science	Genzyme/Museum of Science Teacher Sabbatical Program 2014	\$66,980.00
Museum of Science	The Science Behind the Stars Event	\$10,000.00
National Fabry Disease Foundation	2015 NFDF Education and Community Patient Assistance Program	\$45,000.00
National Fabry Disease Foundation	2015 NFDF Core Patient Assistance Program	\$40,000.00
National Fabry Disease Foundation	2015 NFDF Core Patient Assistance Program	\$40,000.00
National Fabry Disease Foundation	2015 Fabry Family Camp and Annual Educational Conference	\$25,000.00
National Fabry Disease Foundation	2015 Fabry Family Camp and Annual Educational Conference	\$25,000.00
National Fabry Disease Foundation	2015 Fabry Family Camp and Annual Educational Conference	\$25,000.00
National Fabry Disease Foundation	2015 Fabry Educational Meetings	\$14,000.00
National Fabry Disease Foundation	2015 Fabry Emergency Assistance and Ancillary Expense Support	\$10,000.00
National Fabry Disease Foundation	2015 Fabry Emergency Assistance and Ancillary Expense Support	\$10,000.00
National Fabry Disease Foundation	2015 Family Patient Assistance Program	\$5,000.00
National Fabry Disease Foundation	2015 Family Patient Assistance Program	\$5,000.00
National Family Caregivers Association DBA Caregiver Action Network	RareCaregivers.org: Caring for Rare Disease Caregivers	\$10,000.00
National Family Caregivers Association DBA Caregiver Action Network	Creating the Voice: A Celebration of Family Caregiving Event	\$5,000.00
National Gaucher Foundation	CARE Program—Patient Assistance Program	\$1,250,000.00
National Gaucher Foundation	NGF Education, Awareness and Resources Program for Patients	\$400,000.00
National Gaucher Foundation	2015 National Gaucher Conference	\$25,000.00
National Kidney Foundation Inc.	Louisville Kidney Walk	\$1,000.00
National Kidney Foundation Inc.	Great Chefs of the West Gala	\$200.00
National Kidney Foundation of Indiana	Evansville Kidney Walk	\$500.00
National Kidney Foundation of Indiana	Northwest Kidney Walk	\$500.00
National Kidney Foundation of Indiana	Northeast Indiana Kidney Walk	\$500.00
National Kidney Foundation of Michigan	2015 Mardi Gras Kidney Ball	\$1,000.00
National MPS Society	National MPS Society 29th Annual Family Conference	\$20,000.00
National MPS Society	National MPS Society 29th Annual Family Conference	\$15,000.00
National MPS Society	National MPS Society 5K Walk/Run	\$10,000.00
National Multiple Sclerosis Society—New York, NY	Southern New York Chapter's Walk MS 2015	\$100,000.00
National Multiple Sclerosis Society—Arizona	Chapter Women Against MS Luncheon	\$1,000.00

Sponsorships and Charitable Donations—Continued
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Recipient Name(s)	Activity Title	Funding Amount
National Multiple Sclerosis Society—New York, NY	Spring Fling/Fall Ball Socialization Programs for People with MS	\$10,000.00
National Multiple Sclerosis Society—New York, NY	Moving Forward: An Educational Program for Those Newly Diagnosed with Multiple Sclerosis	\$3,000.00
National Multiple Sclerosis Society—Alabama-Mississippi Chapter	The National Multiple Sclerosis Society, Alabama—Mississippi Chapter's MS Dinner of Champions	\$2,500.00
National Multiple Sclerosis Society—Alabama-Mississippi Chapter	MS Symposium	\$1,000.00
National Multiple Sclerosis Society—Arizona Chapter	Arizona Chapter's Walk MS 2015	\$10,000.00
National Multiple Sclerosis Society—Brentwood, TN	Women Against MS Luncheon—Patient Wellness Program	\$2,500.00
National Multiple Sclerosis Society—Brentwood, TN	Newly Diagnosed with MS Meeting	\$1,150.00
National Multiple Sclerosis Society—Brentwood, TN	Women's Day Out: Health, Beauty, Wellness and MS	\$450.00
National Multiple Sclerosis Society—Central Virginia Chapter	Central Virginia Chapter's Walk MS 2015	\$15,000.00
National Multiple Sclerosis Society—Central Virginia Chapter	Women on the Move Luncheon	\$2,500.00
National Multiple Sclerosis Society—Central Virginia Chapter	Mind and Body Wellness Educational Symposium	\$1,000.00
National Multiple Sclerosis Society—Colorado-Wyoming Chapter	Colorado-Wyoming Chapter's Walk MS 2015	\$15,000.00
National Multiple Sclerosis Society—Colorado-Wyoming Chapter	I Ride with MS at Bike MS Colorado Event	\$10,000.00
National Multiple Sclerosis Society—Colorado-Wyoming Chapter	2015 SH & Patient Support Groups	\$8,610.00
National Multiple Sclerosis Society—Colorado-Wyoming Chapter	Optimal Health with MS—Integrating Lifestyle, Alternative & Conventional Medicine	\$8,350.00
National Multiple Sclerosis Society—Colorado-Wyoming Chapter	Fitness as a Lifestyle 2015—Patient Wellness Program	\$4,710.00
National Multiple Sclerosis Society—Denver, CO	National MS Society Scholarship Program	\$25,000.00
National Multiple Sclerosis Society—Gateway Area Chapter MS	Navigator Patient Resource Program	\$15,000.00
National Multiple Sclerosis Society—Gateway Area Chapter	Walk MS 2015	\$5,000.00
National Multiple Sclerosis Society—Greater Illinois Chapter	Walk MS	\$50,000.00

Sponsorships and Charitable Donations—Continued
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Recipient Name(s)	Activity Title	Funding Amount
National Multiple Sclerosis Society—Greater Illinois Chapter	MuckFest MS Chicago Race	\$15,000.00
National Multiple Sclerosis Society—Greater Illinois Chapter	7th Annual Women on the Move Luncheon	\$7,000.00
National Multiple Sclerosis Society—Greater New England Chapter	Walk MS Boston	\$25,000.00
National Multiple Sclerosis Society—Greater New England Chapter	Muckfest MS Boston	\$25,000.00
National Multiple Sclerosis Society—Greater New England Chapter	Bike MS Ride the Vineyard	\$10,000.00
National Multiple Sclerosis Society—Greater New England Chapter	National MS Walks Worcester and Boston	\$2,000.00
National Multiple Sclerosis Society—Greater New England Chapter	Maine Living Well with MS Program	\$1,500.00
National Multiple Sclerosis Society—Greater New England Chapter	Vermont Living Well with MS Conference	\$1,250.00
National Multiple Sclerosis Society—Greater New England Chapter	Hidden Symptoms of MS Conference	\$1,250.00
National Multiple Sclerosis Society—Greater New England Chapter	New Hampshire Spring Education Conference	\$1,250.00
National Multiple Sclerosis Society—Greater New England Chapter	Rhode Island Living Well with MS Spring Conference	\$1,250.00
National Multiple Sclerosis Society—Hartford, CT	Connecticut Walk MS 2015	\$2,500.00
National Multiple Sclerosis Society—Houston, TX	National MS Society South Central Region BP 150 Bike Race Event	\$20,000.00
National Multiple Sclerosis Society—Houston, TX	North Texas Walk MS 2015	\$18,000.00
National Multiple Sclerosis Society—Houston, TX	Tulsa & Central, OK Walk MS 2015	\$10,000.00
National Multiple Sclerosis Society—Houston, TX	San Antonio MS Walk 2015	\$10,000.00
National Multiple Sclerosis Society—Houston, TX	2015 Oklahoma Leadership Events	\$10,000.00
National Multiple Sclerosis Society—Houston, TX	Lydia Emily Project supporting BP 150 Bike Race Event	\$10,000.00
National Multiple Sclerosis Society—Houston, TX	North Texas Bike MS 2015	\$7,500.00

Sponsorships and Charitable Donations—Continued
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National Multiple Sclerosis Society—Houston, TX	On The Move Luncheon program to raise funds and awareness for Multiple Sclerosis	\$5,000.00
National Multiple Sclerosis Society—Houston, TX	I Ride With MS Oklahoma Bike Event	\$5,000.00
National Multiple Sclerosis Society—Houston, TX	Louisiana—New Orleans, Shreveport, and Baton Rouge Walk MS 2015	\$3,500.00
National Multiple Sclerosis Society—Houston, TX	Bike MS Event—Midland	\$3,000.00
National Multiple Sclerosis Society—Houston, TX	On The Move Luncheon Baton Rouge	\$2,500.00
National Multiple Sclerosis Society—Independence, OH	Ohio Buckeye Chapter's Walk MS 2015	\$5,000.00
National Multiple Sclerosis Society—Jacksonville, FL	North Florida Walk MS 2015	\$7,500.00
National Multiple Sclerosis Society—Jacksonville, FL	MS On the Move Luncheon	\$2,500.00
National Multiple Sclerosis Society—Jacksonville, FL	MS On the Move Luncheon	\$1,000.00
National Multiple Sclerosis Society—Kentucky-Southeast Indiana Chapter	MS Awareness Mural	\$10,000.00
National Multiple Sclerosis Society—Kentucky-Southeast Indiana Chapter	Walk MS Kentucky	\$10,000.00
National Multiple Sclerosis Society—Kentucky-Southeast Indiana Chapter	Moving Mountains For MS: 2015 Family Weekend Retreat	\$7,500.00
National Multiple Sclerosis Society—Kentucky-Southeast Indiana Chapter	Crystal Boots & Silver Spurs Fundraising Event	\$5,000.00
National Multiple Sclerosis Society—Kentucky-Southeast Indiana Chapter	Best of Louisville 2015 Patient Resources Event	\$3,000.00
National Multiple Sclerosis Society—Kentucky-Southeast Indiana Chapter	Women on the Move—Patient Awareness Program	\$1,000.00
National Multiple Sclerosis Society—Long Island Chapter	Long Island Walk MS 2015	\$5,000.00
National Multiple Sclerosis Society—Long Island Chapter	10th Annual Spring into Awareness Luncheon	\$3,000.00
National Multiple Sclerosis Society—Los Angeles, CA	Southern California & Nevada Chapter's Walk MS 2015	\$25,000.00
National Multiple Sclerosis Society—Los Angeles, CA	40th Annual Dinner of Champions	\$5,000.00
National Multiple Sclerosis Society—Los Angeles, CA	Program on Fueling Impact in MS Research	\$4,000.00

Sponsorships and Charitable Donations—Continued
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Recipient Name(s)	Activity Title	Funding Amount
National Multiple Sclerosis Society—Los Angeles, CA	Lydia Emily "Make Your Mark on MS" Mural Project that will provide hope to the local MS community and greatly increase public awareness of MS	\$2,500.00
National Multiple Sclerosis Society—Los Angeles, CA	Dinner of Champions Northern Nevada	\$2,500.00
National Multiple Sclerosis Society—Maryland Chapter	Maryland Walk MS 2015	\$7,500.00
National Multiple Sclerosis Society—MI Chapter	Walk MS 2015	\$5,000.00
National Multiple Sclerosis Society—National Capital Chapter	The 37th Annual Ambassadors Ball	\$25,000.00
National Multiple Sclerosis Society—National Capital Chapter	National Capital Chapter's Walk MS 2015	\$10,000.00
National Multiple Sclerosis Society—National Capital Chapter	National Capital Chapter's Walk MS 2015	\$5,000.00
National Multiple Sclerosis Society—National Capital Chapter	11th Annual Women On The Move Luncheon	\$5,000.00
National Multiple Sclerosis Society—National Capital Chapter	Bike MS Ride the Vine Event	\$5,000.00
National Multiple Sclerosis Society—National Capital Chapter	A Day for Men Living with MS Program	\$1,500.00
National Multiple Sclerosis Society—New York, NY	Bike MS 'I Ride with MS' Program	\$600,000.00
National Multiple Sclerosis Society—New York, NY	The International Progressive MS Alliance 2015	\$100,000.00
National Multiple Sclerosis Society—New York, NY	National MS Society E-Communications Program	\$75,000.00
National Multiple Sclerosis Society—New York, NY	North American Education Program for people with MS and their families	\$35,000.00
National Multiple Sclerosis Society—New York, NY	Knowledge is Power 2015 at Home Educational series	\$35,000.00
National Multiple Sclerosis Society—New York, NY	MS Navigator: Information Program	\$25,000.00
National Multiple Sclerosis Society—New York, NY	National MS Society educational video programming for people with MS and their families through "MS Learn Online"	\$25,000.00
National Multiple Sclerosis Society—New York, NY	2015 National MS Society, Southern NY Chapter Scholarship Program	\$15,000.00
National Multiple Sclerosis Society—New York, NY	2015 Women on the Move Program	\$12,000.00
National Multiple Sclerosis Society—New York, NY	2015 Gala/Dinner of Champions	\$12,000.00
National Multiple Sclerosis Society—New York, NY	Research Symposium 2015: MS Research Discoveries: Wellness and Treatments for Living Your Best Life	\$3,000.00
National Multiple Sclerosis Society—New York, NY	Medical Student Clinical Summer Fellowship	\$1,500.00
National Multiple Sclerosis Society—NJ Metro Chapter	MS Awareness and Education Newsletter	\$15,000.00

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Recipient Name(s)	Activity Title	Funding Amount
National Multiple Sclerosis Society—NJ Metro Chapter	New Jersey Metro Chapter's Walk MS 2015	\$10,000.00
National Multiple Sclerosis Society—Northern California	Northern California Chapter's Walk MS 2015	\$25,000.00
National Multiple Sclerosis Society—Northern California	Chapter DuskBuster 5k Race Event	\$2,500.00
National Multiple Sclerosis Society—Ohio Valley Chapter	Ohio Valley Chapter's Walk MS 2015	\$10,000.00
National Multiple Sclerosis Society—Ohio Valley Chapter	Women on the Move Luncheon and Fashion Show	\$2,500.00
National Multiple Sclerosis Society—Oregon Chapter	Lydia Emily "Make Your Mark on MS" Mural Project that will provide hope to the local MS community and greatly increase public awareness of MS	\$33,554.00
National Multiple Sclerosis Society—Oregon Chapter	Oregon Chapter's Walk MS 2015	\$10,000.00
National Multiple Sclerosis Society—Oregon Chapter	Bike MS 2015: Willamette Valley	\$5,000.00
National Multiple Sclerosis Society—Oregon Chapter	Gala MS 2015	\$5,000.00
National Multiple Sclerosis Society—Oregon Chapter	Relationship Matters—Spring 2015	\$5,000.00
National Multiple Sclerosis Society—Philadelphia, PA	Greater Delaware Valley and Delaware Chapter's Walk MS 2015	\$7,500.00
National Multiple Sclerosis Society—Philadelphia, PA	Women Against MS Luncheon—Patient Wellness Program	\$2,500.00
National Multiple Sclerosis Society—Pittsburgh, PA	Pennsylvania Keystone Chapter's Walk MS Champaign (to include 23 Walk Events)	\$25,000.00
National Multiple Sclerosis Society—Rochester, NY	Walk MS 2015	\$10,000.00
National Multiple Sclerosis Society—Rochester, NY	2015 National MS Society, Upstate NY Chapter Scholarship Program	\$7,000.00
National Multiple Sclerosis Society—Rochester, NY	Bike MS Event	\$5,000.00
National Multiple Sclerosis Society—Rochester, NY	2015 MS Research Nights	\$5,000.00
National Multiple Sclerosis Society—Rochester, NY	Champions On the Move Luncheon	\$3,000.00
National Multiple Sclerosis Society—Rochester, NY	8th Annual Hudson Valley Multiple Sclerosis Symposium	\$3,000.00
National Multiple Sclerosis Society—Rochester, NY	2015 Health and Wellness Fair	\$2,000.00
National Multiple Sclerosis Society—Rochester, NY	Everyday Matters: Living Your Best Life with MS Program	\$2,000.00
National Multiple Sclerosis Society—Rochester, NY	On the Move Luncheon program to raise funds and awareness for Multiple Sclerosis	\$1,500.00
National Multiple Sclerosis Society—Rochester, NY	MS Service Day—Patient Assistance Program	\$1,000.00

Sponsorships and Charitable Donations—Continued
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Recipient Name(s)	Activity Title	Funding Amount
National Multiple Sclerosis Society—Rochester, NY	Free From Falls—Patient Wellness Program	\$750.00
National Multiple Sclerosis Society—Salt Lake City, UT	Utah-Southern Idaho Walk MS 2015	\$15,000.00
National Multiple Sclerosis Society—Salt Lake City, UT	Women on the Move Luncheon and Fashion Show 2015	\$2,500.00
National Multiple Sclerosis Society—San Diego, CA	Walk MS San Diego	\$15,000.00
National Multiple Sclerosis Society—San Diego, CA	28th Annual MS Dinner Charity Auction	\$10,000.00
National Multiple Sclerosis Society—San Diego, CA	MS Dinner Auction Hawaii	\$5,000.00
National Multiple Sclerosis Society—San Diego, CA	UC Irvine Lunch & Learn Symposium	\$4,000.00
National Multiple Sclerosis Society—San Diego, CA	Challenge Walk MS	\$2,500.00
National Multiple Sclerosis Society—South Florida Chapter	South Florida Chapter's Walk MS 2015	\$25,000.00
National Multiple Sclerosis Society—South Florida Chapter	MS Gala Luncheon 2015	\$10,000.00
National Multiple Sclerosis Society—South Florida Chapter	Festival Hispano 2015—Patient Awareness Program	\$4,000.00
National Multiple Sclerosis Society—South Florida Chapter	Mind, Body & Soul—ESTERO Event	\$1,500.00
National Multiple Sclerosis Society—South Florida Chapter	Mind, Body & Soul—Boca Raton Event	\$1,500.00
National Multiple Sclerosis Society—Upper Midwest Chapter	Walk MS: North Dakota Walks, South Dakota Walks, and Twin Cities Challenge Walk	\$5,500.00
National Multiple Sclerosis Society—Upper Midwest Chapter	Upper Midwest Chapter's Walk MS 2015	\$5,000.00
National Multiple Sclerosis Society—Upper Midwest Chapter	Taste of Generosity Gala Dinner	\$2,500.00
National Multiple Sclerosis Society—Upper Midwest Chapter	St. Cloud MS Walk 2015	\$1,000.00
National Multiple Sclerosis Society—Wisconsin Chapter	Wisconsin Chapter's Walks MS 2015 (to include 20 Walk Events)	\$10,000.00
National Multiple Sclerosis Society—Georgia Chapter	Georgia Chapter's Walk MS 2015	\$5,000.00
National Multiple Sclerosis Society—Greater New England Chapter	Bike MS Cape Cod Getaway, the largest MS ride in New England	\$50,000.00
National Multiple Sclerosis Society—Greater New England Chapter	MileStones 2015 Program Ad	\$5,000.00
National Multiple Sclerosis Society—Greater Northwest Chapter	Greater Northwest Chapter's Walk MS Events	\$25,000.00

Sponsorships and Charitable Donations—Continued
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National Multiple Sclerosis Society-Greater Northwest Chapter	Bike MS Race Event: I Ride with MS	\$10,000.00
National Multiple Sclerosis Society-Greater Northwest Chapter	Mood & Cognition in MS: What you can do—Patient Wellness Program	\$8,230.00
National Multiple Sclerosis Society-Greater Northwest Chapter	Northwest Chapter's Dinner of Champions Gala	\$2,500.00
National Multiple Sclerosis Society Indiana State Chapter	Indiana Chapter's Walk MS 2015	\$8,500.00
National Multiple Sclerosis Society Indiana State Chapter	Society's Financial Patient Assistance Program	\$5,000.00
National Multiple Sclerosis Society Indiana State Chapter	MS Navigator: Information Program	\$5,000.00
National Multiple Sclerosis Society—Los Angeles, CA	39th Annual Dinner of Champions	\$5,000.00
National Multiple Sclerosis Society—Upstate New York Chapter	Everyday Matters Patient Wellness Program	\$909.00
National Niemann-Pick Disease Foundation	Hope is on the Horizon Family Patient Services Program	\$30,000.00
National Organization for Rare Disorders	Portraits of Courage 2015	\$50,000.00
National Organization for Rare Disorders	Volunteer Match	\$9,000.00
National Organization for Rare Disorders	Rare Disease Day Relay	\$6,000.00
National Organization for Rare Disorders, Inc.	NORD's Rare Diseases and Orphan Products Breakthrough Summit	\$50,000.00
National Tay-Sachs & Allied Diseases Association, Inc.	Imagine & Believe 2015 Event	\$10,000.00
National Tay-Sachs & Allied Diseases Association, Inc.	37th Annual Family Conference	\$5,000.00
National Tay-Sachs & Allied Diseases Association, Inc.	Raising Awareness of Ashkenazi Jewish Genetic Diseases through the Forward's annual genetics issue	\$1,200.00
Nebraska Kidney Association	Patient & Family Education Day	\$500.00
Neurologic Disease Foundation	MS: Today and Tomorrow Caregiver Wellness Program	\$5,995.00
Neurologic Disease Foundation	Newly Diagnosed MS Patient Educational Series 2015	\$4,995.00
Neuropathy Action Foundation	9th Annual Neuropathy Action Awareness Day	\$2,500.00
New England Healthcare Institute	The Nick Littlefield Health Policy Fellowship	\$25,000.00
New England Healthcare Institute	Innovators in Health Awards	\$25,000.00
Next Step Fund Inc.	Expansion of year-round programming in Song.Studio and the Media Lab for youth with rare genetic disorders	\$10,000.00
Norton Healthcare Foundation, Inc.	2015 Neuro Expo	\$10,000.00
OhioHealth Corporation	OhioHealth Multiple Sclerosis Patient Education Program	\$20,000.00
Oligonucleotide Therapeutic Society	11th Annual Meeting of the Oligonucleotide Therapeutics Society	\$2,500.00
Operation Warm Inc.	Community support for Boston Warmth in Winter	\$15,000.00

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Oregon Health & Science University	At the Frontier & Beyond: MS 2015	\$8,850.00
Oregon Health & Science University	On the Horizon: Updates in Multiple Sclerosis	\$8,700.00
Our Space Inc.	Volunteer Match	\$1,000.00
Partners Healthcare System, Inc.	World Medical Innovation Forum—Neurosciences	\$50,000.00
Patient Access Network Foundation	Patient Assistance Program for Homozygous Familial Hypercholesterolemia (HoFH) Patients	\$260,000.00
Patient Access Network Foundation	Patient Assistance Program for Patients with Thyroid Cancer	\$125,000.00
Patient Access Network Foundation	Patient Assistance Program for Homozygous Familial Hypercholesterolemia (HoFH) Patients	\$50,000.00
Patient Access Network Foundation	Patient Assistance Program for Homozygous Familial Hypercholesterolemia (HoFH) Patients	\$50,000.00
Patient Services Inc.	Fabry Financial Patient Assistance Program	\$3,150,000.00
Patient Services Inc.	Pompe Patient Assistance Program	\$237,422.00
Patient Services Inc.	Pompe Patient Assistance Program	\$237,422.00
Patient Services Inc.	MPS1 Patient Assistance Program	\$212,778.00
Patient Services Inc.	Patient Assistance Program for Gauchers Disease	\$212,378.00
Peer Health Exchange Inc.	Peer Health Exchange: Empowering Boston Youth to Make Healthy Decisions	\$5,000.00
Perkins School for the Blind	Perkins eLearning: Accessible Science Education	\$20,000.00
Pharmacy Quality Alliance	Development of Quality Measurement Strategy for Multiple Sclerosis Program	\$75,000.00
Phillips Brooks House Association Incorporated	Put on a Helmet!	\$5,755.76
Portland VA Research Foundation Inc.	PDX Patient Workshop	\$4,000.00
Pro Player Foundation	Flavors of Austin hosted by Earl Campbell	\$5,000.00
Project Eden Inc.	Volunteer Match	\$1,000.00
Race—Run Against Cancer Events	Super Sunday 5K Sponsorship	\$10,000.00
Race to Erase MS	22nd Annual Race to Erase MS	\$60,000.00
Resolve Community Counseling Center, Inc.	Volunteer Match	\$1,000.00
Rhode Island Rare Disease Foundation	World Rare Disease Dar Art Exhibit 2015	\$5,000.00
Rhode Island Rare Disease Foundation	Beyond the Diagnosis Art Exhibit	\$2,500.00
Rocky Mountain Multiple Sclerosis Center	Rocky Mountain MS Center Annual Gala	\$5,000.00
Room to Grow	Clinical Community Support Program	\$5,000.00
S S Cosmas & Damian Society Inc.	88th Annual East Cambridge Festival	\$2,500.00
Samaritans of Greater Boston	Community Support for Youth Suicide Prevention Program	\$25,000.00

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Science Club For Girls Inc.	Campus Chapters Supporting K–12 Science Clubs	\$10,000.00
Science From Scientists Inc.	69th Annual Boston Citywide Science Fair	\$10,000.00
Seattle Children's Hospital Foundation	MPS Family Day 2015	\$6,000.00
Special Olympics Massachusetts Inc.	Bio-Ball 2015	\$2,000.00
Stop Hunger Now, Inc.	Meal Packaging Event—Take Our Sons & Daughters to Work Day	\$3,044.08
Student Clubs of HBS, Inc.	12th Annual Healthcare Conference at Harvard Business School	\$1,500.00
Temple University	Genzyme Allston/Brighton Biotechnology College Scholarship	\$5,000.00
Terrapinn Inc.	World Orphan Drug Congress USA 2015	\$50,000.00
Texas Neurological Society	TNS 18th Annual Winter Conference	\$5,000.00
THANC Foundation, Inc.	A Starry Night to benefit the THANC (Thyroid, Head and Neck Cancer) Foundation honoring R. Michael Tuttle, MD	\$5,000.00
THANC Foundation, Inc.	A Starry Night to benefit the THANC (Thyroid, Head and Neck Cancer) Foundation honoring R. Michael Tuttle, MD	\$5,000.00
The Boston Home, Inc.	B.Fit! Day Wellness Program	\$18,000.00
The Boston Home, Inc.	iPads Communication System for Wheelchair Users—Patient Assistance Program	\$12,000.00
The Boston Home, Inc.	The Boston Home Art Program	\$10,000.00
The Boston Home, Inc.	Volunteer Match	\$1,000.00
The Community Art Center	Community Teen Media Program	\$10,000.00
The Familial Hypercholesterolemia Foundation	FH Patient Speakers Bureau Program	\$25,000.00
The Familial Hypercholesterolemia Foundation	Homozygous Familial Hypercholesterolemia (HoFH) Community Program	\$20,000.00
The FH Foundation	2015 FH Global Summit	\$25,000.00
The Forsyth Institute	The ForsythKids School Oral Health Program: Expansion to serve Homeless Youth in Cambridge	\$10,000.00
The Friends of the Hopkinton Public Library	Community Support of The Friends of the Hopkinton Public Library	\$4,000.00
The Life Sciences Foundation	Leadership Mid-Term Funding for Educational Programs	\$50,000.00
The McCourt Foundation	MS Educational Update Program	\$20,000.00
The McCourt Foundation	McCourt Foundation Gala & Auction	\$15,000.00
The McCourt Foundation	Tour de South Shore Bike Event	\$10,000.00
The McCourt Foundation	The Immune System and The Brain With a Focus on MS	\$5,000.00
The National Cancer Coalition, Inc.	Gaucher's Disease Relief Patient Assistance Program	\$5,000.00
The Oak Clinic	2015 Diamond Run for MS	\$5,000.00
The Posse Foundation	Community Support for Posse Boston's Students Program	\$20,000.00
Thompson Island Outward Bound Education Center Inc.	Connections—STEM learning to empower urban youth	\$10,000.00
Thyca Thyroid Cancer Survivors Association Inc.	18th International Thyroid Cancer Survivors' Conference	\$30,000.00
Thyca Thyroid Cancer Survivors Association Inc.	Informational Resource Support for "After the Diagnosis, Medullary Thyroid Cancer Memoirs" to all ThyCa Support Group	\$7,875.00

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Tisch Multiple Sclerosis Research Center of New York, Inc.	18th Annual Patient Symposium	\$30,000.00
Tisch Multiple Sclerosis Research Center of New York, Inc.	Healing MS Patient Newsletter	\$15,000.00
Trustees of Boston University	Genzyme Youth Science & Engineering Workshop Scholarships for U-Design Program at Boston University	\$5,050.00
Trustees of Boston University	Genzyme Allston/Brighton Biotechnology College Scholarship	\$2,000.00
Trustees of Boston University	Genzyme Allston/Brighton Biotechnology College Scholarship	\$2,000.00
Trustees of Tufts College	Genzyme Allston/Brighton Biotechnology College Scholarship	\$5,000.00
Tutoring Plus of Cambridge, Inc.	Science & Math Enrichment Programs	\$5,000.00
Tutoring Plus of Cambridge, Inc.	Volunteer Match	\$1,000.00
United Pompe Foundation	Pompe Community Support Programs	\$46,500.00
United Pompe Foundation	Duke Late Onset Pompe Patient Meeting	\$20,000.00
United Way of Tri County Inc.	Volunteer Match	\$1,000.00
University of Florida	8th International Conference on Unstable Microsatellites and Human Disease	\$2,000.00
University of Massachusetts	Massachusetts STEM Summit 2015: Promising Practices, Proven Results	\$10,000.00
University of Massachusetts Foundation Inc.	Student Success Program for UMass Boston, College of Science and Mathematics	\$200,000.00
University of Southern California	Genzyme Allston/Brighton Biotechnology College Scholarship	\$5,000.00
Urban Kidney Alliance, Inc.	Prescription Medication Assistance Program (PMAP)	\$500.00
Veterans Inc.	Volunteer Match	\$1,000.00
Visiting Nurse Association of Boston & Affiliates	Heroes in Health Care Gala	\$10,000.00
Weill Medical College of Cornell University	Talk MS Program	\$10,000.00
West County MS Center	10th Annual Trivia and Auction	\$7,500.00
West End House Boys and Girls Club	Volunteer Match	\$1,000.00
WGBH	WGBH Pledge Night	\$12,000.00
Whitehead Institute for Biomedical Research	Whitehead Institute's 2015 CampBio Program	\$10,000.00
Whitehead Institute for Biomedical Research	Whitehead Institute's 2016 CampBio Program	\$10,000.00
Women's Lunch Place	Community Support for Meals Program	\$35,000.00
Worcester County Food Bank Inc.	Volunteer Match	\$1,000.00
Worcester Polytechnic Institute	Genzyme Allston/Brighton Biotechnology College Scholarship	\$1,000.00
WriteBoston	STEM Teacher Excellence: Powered By Genzyme	\$10,000.00
Wylder Nation Foundation	2nd Annual Living Like a Warrior Gala	\$10,000.00
YMCA of Greater Boston	Oak Square YMCA—Summer Day Camp Scholarship	\$15,000.00

Sponsorships and Charitable Donations
1st Jan 2016–31st Dec 2016

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Recipient Name(s)	Activity Title	Funding Amount
Acid Maltase Deficiency Association Inc.	General Operating Support	\$48,000.00
ACTRIMS	Congress Sponsorships	\$30,000.00
Allston Brighton Community Development Corporation	Feastworthy: Pilot Prepared Meals Delivery Program	\$15,000.00
American Academy of Neurology Institute	Congress Sponsorships	\$482,897.00
American Academy of Neurology Institute	Palatucci Advocacy Leadership Forum	\$50,000.00
American Academy of Neurology Institute	Brain Health Fair	\$7,500.00
American Academy of Neurology Institute	Fellows Scholarship Fund	\$20,000.00
American Academy of Neurology Institute	Residents Scholarship Fund	\$20,000.00
American Academy of Neurology Institute	Emerging Leaders Program	\$20,000.00
American Association of Clinical Endocrinologists	Congress Sponsorships	\$4,300.00
American Association of Kidney Patients	Fabry Family Member Testing and Education Project	\$164,970.00
American Autoimmune and Related Diseases Association	50 Cents for 50 Million Laughs Campaign	\$5,000.00
American Brain Coalition	Patient Advocacy Organization Membership Sponsorship	\$5,000.00
American Cancer Society	Volunteer Match	\$1,000.00
American Cancer Society	Volunteer Match	\$11,000.00
American Chemical Society Merck and Co Inc.	Recovery of Biological Products XVII Conference	\$5,000.00
American Chemical Society Merck and Co Inc.	Biochemical Technology ACS National Meeting	\$5,000.00
American College of Medical Genetics and Genomics	Congress Sponsorships	\$50,875.00
American Red Cross of Massachusetts	American Red Cross Blood Services	\$5,000.00
American Red Cross of Massachusetts	American Red Cross of Massachusetts Women Who Care Breakfast	\$5,000.00
American Thyroid Association	Congress Sponsorships	\$3,000.00
American Thyroid Association	Congress Sponsorships	\$15,000.00
ANERA (American Near East Refugee Aid)	ANERA Annual Dinner	\$5,000.00
Angel's Hands Foundation	Family Assistance Program	\$5,000.00
Ann & Robert H. Lurie Children's Hospital of Chicago	MPS Patient and Family Conference	\$2,000.00
Arthritis Foundation	Orange County & Inland Empire Jingle Bell Run	\$2,500.00
Assistance Fund Inc.	Patient Assistance Program for MS	\$7,750,000.00

Sponsorships and Charitable Donations—Continued
1st Jan 2016–31st Dec 2016

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Recipient Name(s)	Activity Title	Funding Amount
Association For Glycogen Storage Disease	Annual Conference; Family Assistance; The Ray (newsletter)	\$6,000.00
Association For Glycogen Storage Disease	Annual Conference; Family Assistance; The Ray (newsletter)	\$6,000.00
Barth Syndrome Foundation	Barth Syndrome Foundation Conference	\$2,000.00
Batten Disease Support And Research Association	NCL Congress Boston	\$5,000.00
Berkshire Resource Project	8th Annual GALA Fundraiser	\$5,000.00
Berkshire Resource Project	When IWalk - An MS Story	\$8,000.00
Big Brothers Big Sisters Of Central Mass Metrowest Inc.	MySTEM—Mentoring Youth in Science, Technology, Engineering, and Mathematics	\$10,000.00
Biomedical Science Careers Program	Hope Scholarship	\$7,500.00
Biomedical Science Careers Program	Evening of Hope	\$75,000.00
Biotechnology Innovation Organization	BIO Patient and Health Advocacy Summit	\$10,000.00
Boston Area Rape Crisis Center	Community Program	\$25,000.00
Boston Area Rape Crisis Center	Advocacy Program	\$25,000.00
Boston College Trustees	Allston Brighton College Scholarship	\$2,000.00
Boston College Trustees	Allston Brighton College Scholarship	\$4,000.00
Boston Educational Development Foundation, Inc.	Boston Public Schools Science Fair	\$10,000.00
Boston Health Care For The Homeless Program Inc.	Life Essentials for Homeless Patients	\$35,000.00
Boston Health Care For The Homeless Program Inc.	Volunteer Match	\$1,000.00
Boston Health Care For The Homeless Program Inc.	General Operating Support	\$10,000.00
Boston Partners in Education, Inc.	Power Lunch Program	\$6,000.00
Boston Private Industry Council	Corporate Contributions Campaign	\$15,000.00
Boston Private Industry Council	Volunteer Match	\$1,000.00
Bottom Line	Boston STEM Success Program	\$15,000.00
Bottom Line	Volunteer Match	\$1,000.00
Boys and Girls Clubs of MetroWest	Staffing & Transportation for Membership at BGCMW's Framingham Clubhouse	\$25,000.00
Boys and Girls Clubs of MetroWest	Volunteer Match	\$1,000.00
Boys and Girls Clubs of MetroWest	Volunteer Match	\$4,000.00
Boys and Girls Clubs of MetroWest	Volunteer Match	\$1,000.00
Boys and Girls Clubs of MetroWest	Bids for Kids Auction & Gala	\$10,000.00
Boys and Girls Clubs Of Middlesex County Inc.	Great Pumpkin Glow	\$6,000.00

Sponsorships and Charitable Donations—Continued
1st Jan 2016–31st Dec 2016

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Recipient Name(s)	Activity Title	Funding Amount
BPE	Boston Teacher Residency: Putting Students at the Center of STEM Teacher Training	\$15,000.00
Breakthrough Greater Boston	Full STEAM Ahead Program With Low-Income Students	\$10,000.00
Brian J. Honan Charitable Fund	Brian Honan 5K Road Race	\$2,500.00
California Association of Physician Groups (CAPG)	Congress Sponsorships	\$1,500.00
California Association of Physician Groups (CAPG)	Congress Sponsorships	\$1,000.00
California District American Academy of Pediatrics	Congress Sponsorships	\$3,000.00
California Pharmacists Association Educational Foundation	Congress Sponsorships	\$1,500.00
Cambridge Chamber of Commerce	Women in Business Programming Series Sponsor	\$4,350.00
Cambridge Health Alliance Foundation Inc.	Volunteer Match	\$1,000.00
Cambridge School Volunteers, Inc.	Volunteer Match	\$1,000.00
Cambridge School Volunteers, Inc.	Volunteer Match	\$15,825.00
Cambridge School Volunteers, Inc.	Volunteer Match	\$13,755.00
Cambridge School Volunteers, Inc.	Community Program	\$11,000.00
Cambridge School Volunteers, Inc.	Community Program	\$11,000.00
Camp Corey	Metabolic Disorders Family Weekend Camp	\$5,000.00
Can Do Multiple Sclerosis	JUMPSTART® Programs	\$60,000.00
Can Do Multiple Sclerosis	Annual Autumn Benefit for Can Do Multiple Sclerosis	\$5,000.00
Can Do Multiple Sclerosis	Vertical Express for Can Do MS	\$30,000.00
Can Do Multiple Sclerosis	Annual Autumn Benefit	\$10,000.00
Can Do Multiple Sclerosis	CAN DO® Program	\$60,000.00
Can Do Multiple Sclerosis	TAKE CHARGE™ Program	\$37,500.00
Case Management Society of America	CMSA 26th Annual Conference & Expo	\$4,650.00
Case Management Society of America	Congress Sponsorships	\$14,000.00
Case Management Society of America	Congress Sponsorships	\$5,500.00
Case Management Society of New England	New Frontiers of Technological Advancement Program	\$1,050.00
Case Management Society of New England	Corporate Sponsorship of CMSNE	\$1,250.00
Case Management Society of New England	Creativity, Inspiration & Collaboration: Building Blocks of Successful Leadership	\$1,000.00
CASSS—An International Separation Science Society	WCBP—20th Symposium	\$7,500.00
Charles River Community Health	Mom & Baby Program	\$15,000.00
Charles River Conservancy	Volunteer Match	\$1,000.00
Charles River Conservancy	Volunteer Match	\$4,000.00

Sponsorships and Charitable Donations—Continued
1st Jan 2016–31st Dec 2016

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Recipient Name(s)	Activity Title	Funding Amount
Chelsea Jewish Nursing Home Foundation, Inc.	ALS & MS Walk for Living	\$2,500.00
Childrens Gaucher Research Fund	Gaucher Related Research Fund	\$75,000.00
Children's Hospital Boston	La Gala de Milagros para Ninos	\$5,000.00
Children's Hospital Boston	Volunteer Match	\$1,000.00
Children's Hospital of Philadelphia Foundation	Lysosomal Day at The Philadelphia Zoo	\$16,370.33
Chronic Disease Fund, Inc DBA Good Days from CDF	Medullary Thyroid Cancer Patient Assistance Program	\$300,000.00
Chronic Disease Fund, Inc DBA Good Days from CDF	Medullary Thyroid Cancer Patient Assistance Program	\$150,000.00
Church Hillers Inc.	Volunteer Match	\$1,000.00
Cincinnati Children's Hospital Medical Center	Meeting for Patients with Fabry Disease	\$5,000.00
Citizen Schools	Expanding STEM Learning at Boston Schools	\$15,000.00
Citizen Schools	Deepening the Impact of STEM Education	\$15,000.00
City Sprouts, Inc.	CitySprouts Middle School Program in Cambridge	\$8,000.00
City Sprouts, Inc.	CitySprouts Middle School Program	\$8,000.00
Cleveland Clinic Foundation	Multiple Sclerosis (MS) Promoting Wellness and Healthy Lifestyle	\$10,125.00
Community Boating, Inc.	Universal Access Program 2016	\$15,000.00
Community Farms Outreach	Fresh Food Access Program	\$15,000.00
Community Living and Support Services, Inc.	The Giving Tree Campaign	\$6,500.00
Community Rowing, Inc.	Let's Row Boston	\$10,000.00
Community Servings, Inc.	Pie in the Sky	\$10,000.00
Consortium of MS Centers	Congress Sponsorships	\$5,000.00
Courageous Parents Network	Patient Education and Awareness Program	\$7,000.00
Cradles To Crayons Inc.	Ready for School	\$20,000.00
Cradles To Crayons Inc.	General Operating Support	\$10,000.00
Cradles To Crayons Inc.	Volunteer Match	\$1,000.00
Cystic Fibrosis Foundation	Volunteer Match	\$4,000.00
Cystic Fibrosis Foundation	Uncork the Cure	\$10,000.00
Damon Runyon Cancer Research Foundation	General Operating Support	\$5,000.00
DEAF, Inc.—Developmental Evaluation and Adjustment Facilities, Inc.	Community Program	\$10,000.00
Dimock Community Health Center	29th Annual Steppin' Out for The Dimock Center	\$25,000.00
Dimock Realty Corporation	Building the Road to Recovery Campaign	\$50,000.00
Direct Relief International	Patient Assistance Fund for Rare Diseases	\$10,000.00
Direct Relief International	Patient Assistance Fund for Rare Diseases	\$5,000.00
DPC Education Center	Fabry Disease Newsletter Support	\$25,000.00
Duke University	Patient Assistance Program	\$400,000.00
Duke University	Hospitals Patient Assistance Program	\$224,000.00

Sponsorships and Charitable Donations—Continued
1st Jan 2016–31st Dec 2016

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East End House Inc.	Generating and Evaluating New Adventures in Science After School (GENASAS)	\$20,000.00
East End House Inc.	Generating and Evaluating New Adventures in Science After School (GENASAS)	\$20,000.00
Engineering Conferences International	Cell Culture Engineering XV Conference	\$10,000.00
EveryLife Foundation for Rare Diseases	Community Congress	\$15,000.00
EveryLife Foundation for Rare Diseases	Rare Disease Advocacy Program	\$20,000.00
EveryLife Foundation for Rare Diseases	Rare Voice Awards	\$15,000.00
EveryLife Foundation for Rare Diseases	Patient Education and Awareness Program	\$5,000.00
EveryLife Foundation for Rare Diseases	Community Congress	\$5,000.00
Fabry Support & Information Group	Fabry Support & Information Group Patient Assistance Fund Program	\$30,000.00
Fabry Support & Information Group	Fabry Support & Information Group General Operating Support	\$100,000.00
Fabry Support & Information Group	Fun Run/Walk St. Louis, MO	\$1,500.00
Fabry Support & Information Group	FSIG Expert Fabry Conference	\$50,000.00
Families of SMA	Annual SMA Conference	\$10,000.00
Family Promise Metrowest Inc.	Keep the Promise, Food Program for the Homeless	\$2,500.00
Florida Society of Rheumatology	Congress Sponsorships	\$15,000.00
Food For Free Committee, Inc.	Community Program	\$1,000.00
Foundation Fighting Blindness Inc.	Volunteer Match	\$2,000.00
Framingham Townwide Pto Council	Volunteer Match	\$1,000.00
Franciscan Hospital For Children Inc.	Adaptive Sports Program	\$10,000.00
Friends of Resiliency for Life Inc.	Community Program	\$10,000.00
Friends of Resiliency for Life Inc.	Volunteer Match	\$1,000.00
Generation Citizen Inc.	Spring and Fall Civics Day	\$5,000.00
Genetic Alliance Inc.	Industry Program	\$20,000.00
Girl Scouts of Eastern Massachusetts Inc.	Girls Building Self-eSTeEM	\$10,000.00
Girl Scouts of Eastern Massachusetts Inc.	Volunteer Match	\$1,000.00
Girl Scouts of Eastern Massachusetts Inc.	Volunteer Match	\$1,000.00
Global Genes	RARE Tribute To Champions of Hope	\$25,000.00
Global Genes	RARE Webinars & RARE Toolkits	\$30,000.00

Sponsorships and Charitable Donations—Continued
1st Jan 2016–31st Dec 2016

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Global Genes	Patient Assistance Program	\$20,000.00
Global Genes	RARE Patient Advocacy Summit	\$25,000.00
Gordon Research Conferences	Barriers of the Central Nervous System Gordon Research Conference	\$2,000.00
Greater Boston Chamber of Commerce	Annual Meeting	\$10,000.00
Habitat For Humanity Metrowest—Greater Worcester Inc.	Home Build for Four Low-Income Families Program	\$20,000.00
Habitat For Humanity Metrowest—Greater Worcester Inc.	Volunteer Match	\$1,000.00
Habitat For Humanity Metrowest—Greater Worcester Inc.	Volunteer Match	\$1,500.00
Habitat For Humanity Metrowest—Greater Worcester Inc.	Volunteer Match	\$2,000.00
Habitat For Humanity Metrowest - Greater Worcester Inc.	High Heels and Hard Hats Auction and Gala	\$7,500.00
Harvard College	Allston Brighton College Scholarship	\$2,000.00
Health Care For All Inc.	Public Education Campaign to Improve Access to Health Care in Framingham	\$15,000.00
Health Resources In Action Inc.	The Leaders through Education, Action and Hope (LEAH) Project	\$20,000.00
Health Resources in Action Inc.	The Leaders through Education, Action, and Hope (LEAH) Project	\$20,000.00
Hearts & Noses Hospital Clown Troupe Inc.	Hospital Clown Visits to Ill and Disabled Children in Greater Boston	\$15,000.00
Hereditary Disease Foundation	Milton Wexler Celebration of Life Symposium	\$5,000.00
Holy Name Health Care Foundation Inc.	MS Awards Reception	\$2,500.00
Holy Name Health Care Foundation Inc.	19th Annual spring Fling to benefit MS	\$5,000.00
Holy Name Health Care Foundation Inc.	MS Awards Reception	\$5,000.00
Horizons for Homeless Children	18th Annual Women's Breakfast	\$5,000.00
Huntington's Disease Society of America	Patient Education and Awareness Program	\$5,000.00
Huntington's Disease Society of America	Huntington's Disease Society of America 31st Annual Convention	\$2,000.00
International Institute of New England	Patient Navigation Services for Refugees in Boston	\$10,000.00
International Institute of New England	Golden Door Award Gala	\$10,000.00
International Organization of Multiple Sclerosis Nurses	Stress—You Can't Avoid It, But You Can Manage It!	\$10,000.00
International Organization of Multiple Sclerosis Nurses	Annual Meeting IOMSN Dinner	\$30,000.00

Sponsorships and Charitable Donations—Continued
1st Jan 2016–31st Dec 2016

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Recipient Name(s)	Activity Title	Funding Amount
International Organization of Multiple Sclerosis Nurses	MS Perspectives	\$75,000.00
Italian Home For Children Inc.	Annual Gala	\$5,000.00
Jewish Family Service of Metrowest Inc.	Patient Navigator Program	\$15,000.00
Jewish Family Service of Metrowest Inc.	Patient Navigator Program	\$15,000.00
Jewish Genetic Disease Consortium (JGDC)	Community and Rabbinic Education for Jewish Genetic Diseases	\$500.00
Just-A-Start Corporation	St. Patrick's Fund	\$5,000.00
Just-A-Start Corporation	Biomedical Careers Program	\$22,950.00
LGMD2D Foundation	Patient Assistance Program	\$650,000.00
LGMD2D Foundation	Patient Assistance Program	\$600,000.00
Light of Life Foundation	Light of Life Foundation Program	\$40,000.00
Little Brothers/Friends of the Elderly	Community Program	\$7,500.00
Louisiana Association of Health Plans	Congress Sponsorships	\$5,285.00
MagellanRx Management	Congress Sponsorships	\$5,000.00
Manchaug Pond Association	Volunteer Match	\$1,000.00
March of Dimes	Volunteer Match	\$2,000.00
March of Dimes	Black Ties for Babies	\$10,000.00
March of Dimes	March for Babies	\$15,000.00
Margaret Fuller Neighborhood House	Please Help a Crumbling Community Resource	\$20,000.00
Margaret Fuller Neighborhood House	Margaret Fuller Kids Summer Explorations Program	\$15,000.00
Mass Insight Education and Research Institute Inc.	Advanced Placement (AP) Science, Technology, Engineering, and Math (STEM) and English Program	\$15,000.00
Massachusetts Bay Community College Foundation	STEM Mentor Program (SMP)	\$37,000.00
Massachusetts Biotechnology Council	Congress Sponsorships	\$25,000.00
Massachusetts Biotechnology Council	Patient Advocacy Summit	\$10,000.00
Massachusetts Biotechnology Council	MassBio Annual Meeting	\$10,000.00
Massachusetts Biotechnology Council	2016 MassBio Policy Leadership Breakfast	\$5,000.00
Massachusetts Biotechnology Education Foundation Inc.	Volunteer Match	\$1,000.00
Massachusetts Biotechnology Education Foundation Inc.	BioTeach	\$50,000.00
Massachusetts Biotechnology Education Foundation Inc.	Volunteer Match	\$1,000.00

Sponsorships and Charitable Donations—Continued
1st Jan 2016–31st Dec 2016

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Recipient Name(s)	Activity Title	Funding Amount
Massachusetts Biotechnology Education Foundation Inc.	Champions for Biotechnology Education Program	\$2,500.00
Massachusetts Black Women Attorneys Foundation Inc.	Massachusetts Black Women Attorneys 35th Anniversary Celebration	\$5,000.00
Massachusetts College of Pharmacy and Health Sciences	Next Generation of Women Leaders in STEM	\$10,000.00
Massachusetts Institute of Technology	Cambridge Science Festival	\$5,000.00
Massachusetts Outdoor Heritage Foundation Inc.	Volunteer Match	\$1,000.00
Massachusetts State Science and Engineering Fair, Inc.	Massachusetts State Science & Engineering Fair	\$50,000.00
Mattel Children's Hospital UCLA	Educational Seminars for Patients with Fabry Disease	\$59,000.00
Mercy Foundation	Multiple Sclerosis Achievement Center Wellness Education Programs	\$25,000.00
Metrowest Free Medical Program Inc.	Expanding Access to Women's Health Care and Health Education in Framingham	\$10,000.00
Miami Childrens Health System Foundation Inc.	Education and Outreach Activities of Jewish Genetic and Pan-Ethnic Diseases	\$5,000.00
Mid America MS Achievement Center	The Race to Nowhere	\$5,000.00
Mid America MS Achievement Center	Your MS Depression Toolkit	\$8,210.00
Mint For Mounts Inc.	Volunteer Match	\$1,000.00
MITS Inc.	STEM Professional Development Institutes for teachers	\$20,000.00
MITS Inc.	Professional Development Institutes for teachers	\$20,000.00
MS Cure Fund	Women Thriving with MS—How to be a partner, a mother, a woman—FIRST	\$125,000.00
MS Cure Fund	Lifestyle Management Programs Spring	\$13,500.00
MS Cure Fund	eNewsletter	\$24,000.00
MS Cure Fund	Patient Education and Awareness Program	\$22,580.00
MS Hope for a Cure Inc.	MS Hope Day	\$10,000.00
MS Views and News Inc.	Wheelchairs for Charity	\$6,000.00
MS Views and News Inc.	Effective Communication Program	\$19,775.00
MS Views and News Inc.	Champions Tackling MS Awards Dinner Gala	\$5,000.00
MS Views and News Inc.	Congress Sponsorships	\$7,900.00
MS Views and News Inc.	MS Views and News 6th Annual Bowlathon Fundraiser	\$3,500.00
MS Views and News Inc.	Patient Education and Awareness Program	\$10,406.75
MS Views and News Inc.	The Evolution of MS Care—Making Impacts on Health and Wellness	\$14,200.00
MS Views And News Inc.	Patient Education and Awareness Program	\$26,910.75
MSWorld, Inc.	MSWorld Conference Coverage	\$12,000.00
Multiple Sclerosis Association of America	Patient Assistance Program	\$125,000.00
Multiple Sclerosis Association of America	MSAA Cooling Equipment Distribution Program	\$15,000.00

Sponsorships and Charitable Donations—Continued
1st Jan 2016–31st Dec 2016

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Recipient Name(s)	Activity Title	Funding Amount
Multiple Sclerosis Association of America	Patient Assistance Program	\$50,000.00
Multiple Sclerosis Association of America	Navigating MS Program	\$75,000.00
Multiple Sclerosis Association of America	"MS Health and Wellness" Program	\$20,000.00
Multiple Sclerosis Association of America	Patient Education and Awareness Program	\$105,000.00
Multiple Sclerosis Association of America	MSAA's Improving Lives Benefit	\$10,000.00
Multiple Sclerosis Association of America	MSAA Annual Healthcare Advisory Council Summit	\$24,887.00
Multiple Sclerosis Association of America	Patient Education and Awareness Program	\$17,409.50
Multiple Sclerosis Center of Georgia	MS Fest	\$10,000.00
Multiple Sclerosis Center of Georgia	Health, Hope & Hops	\$7,000.00
Multiple Sclerosis Center of Georgia	Health, Hope & Hops	\$7,000.00
Multiple Sclerosis Foundation	Multiple Sclerosis Foundation's Assistive Technology Program	\$50,000.00
Multiple Sclerosis Foundation	EmpowerSource Support Group Newsletter	\$28,000.00
Multiple Sclerosis Foundation	Chapter Meetings Support	\$7,000.00
Multiple Sclerosis Foundation	National March MS Education and Awareness Monthr 2016	\$40,000.00
Multiple Sclerosis Resources of Central New York, Inc.	MS Dinner of Hope	\$1,500.00
Multiple Sclerosis Resources of Central New York, Inc.	Mission Steps Walk & MS Awareness Day	\$8,000.00
Muscular Dystrophy Association	MDA Summer Camp	\$3,500.00
Muscular Dystrophy Association	Volunteer Match	\$1,000.00
Muscular Dystrophy Association	Care Services Program	\$1,500.00
Muscular Dystrophy Association	Live Unlimited Program	\$30,000.00
Muscular Dystrophy Association	Patient Assistance Program	\$700,000.00
Muscular Dystrophy Association	MDA MuscleWalk Fresno	\$1,000.00
Muscular Dystrophy Association	Muscular Dystrophy Association, Second Quarter Newsletter	\$2,000.00
Muscular Dystrophy Association	Muscular Dystrophy Association 2nd Quarter Newsletter	\$2,000.00
Muscular Dystrophy Association	Quarterly Newsletter	\$5,000.00
Muscular Dystrophy Association	Kids Art Auction	\$1,500.00
Muscular Dystrophy Association	Patient Assistance Program	\$2,000.00
Muscular Dystrophy Association	Patient, Provider and Family Healthcare Newsletter	\$2,000.00
Muscular Dystrophy Association	Muscular Dystrophy Association of Montana Summer Camp	\$2,500.00
Muscular Dystrophy Association	MDA Summer Camp	\$2,500.00
Muscular Dystrophy Association	MDA Summer Camp	\$2,500.00
Muscular Dystrophy Association	Newsletter	\$2,500.00
Muscular Dystrophy Association	Muscular Dystrophy Association Quarter Newsletter	\$2,000.00

Sponsorships and Charitable Donations—Continued
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Recipient Name(s)	Activity Title	Funding Amount
Muscular Dystrophy Association	Patient Education and Awareness Program	\$1,000.00
Muscular Dystrophy Association	MDA Black N Blue comedy event	\$2,500.00
Muscular Dystrophy Association	MDA MuscleWalk Dayton	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Albany	\$1,000.00
Muscular Dystrophy Association	MDA Wisconsin Muscle Summit	\$8,000.00
Muscular Dystrophy Association	MDA MuscleWalk MA	\$1,000.00
Muscular Dystrophy Association	MDA Central Texas MuscleWalk	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Greater Cincinnati	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk MN	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Green Bay	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Knoxville	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Omaha	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Jacksonville	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Hawaii	\$1,000.00
Muscular Dystrophy Association	Passport to a Cure Program	\$1,500.00
Muscular Dystrophy Association	MDA MuscleWalk St. George Utah	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Miami	\$1,000.00
Muscular Dystrophy Association	MDA Muscle Team	\$3,000.00
Muscular Dystrophy Association	3rd and 4th Quarter Newsletter	\$3,000.00
Muscular Dystrophy Association	MDA of Maine MuscleWalk	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Kansas City	\$1,000.00
Muscular Dystrophy Association	Fourth Quarter Newsletter	\$2,000.00
Muscular Dystrophy Association	MDA MuscleWalk Northwest Indiana	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Tucson	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Houston	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Metro NY	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk NH	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Raleigh	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Northwest Arkansas	\$1,000.00
Muscular Dystrophy Association	3rd Quarter Newsletter	\$3,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Columbia	\$1,000.00
Muscular Dystrophy Association	3rd Quarter Newsletter	\$5,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Greater Madison	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk FL	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Amarillo	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Manasota	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk MO	\$1,000.00
Muscular Dystrophy Association	Northern California Muscle Summit	\$8,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Palm Beach	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk FL	\$500.00
Muscular Dystrophy Association	MDA MuscleWalk WA	\$1,000.00
Muscular Dystrophy Association	2nd Annual Nashville Muscle Team Gala	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Hartford/New Haven	\$1,000.00

Sponsorships and Charitable Donations—Continued
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Muscular Dystrophy Association	MDA MuscleWalk of Colorado Springs	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of San Diego	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Tri-Cities	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Chattanooga	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Greater Lehigh Valley	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Midland	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Lubbock	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Orlando	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk South Alabama	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Peoria	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Greater Baton Rouge	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Greater New Orleans	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Central New Jersey	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Central Illinois	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Omaha	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Little Rock	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Baltimore	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Jackson	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Spokane	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk CA	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Rockford	\$1,000.00
Muscular Dystrophy Association	MDA Summer Newsletter	\$1,500.00
Muscular Dystrophy Association	MDA MuscleWalk of Greater Tulsa	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Chicagoland & Rockford	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Pittsburgh	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of San Antonio	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Tampa Bay	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Jacksonville	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Greater Fort Wayne	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Salt Lake City	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Warwick RI	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Portland OR	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Eugene	\$1,000.00
Muscular Dystrophy Association	MuscleWalk: Portland	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of St. Louis	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Greater Indianapolis	\$1,000.00
Muscular Dystrophy Association	MDA Muscle Walk of Wichita	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Greater Cleveland	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Springfield, MO	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Missoula	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Montana	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Twin Cities	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Charleston	\$1,000.00

Sponsorships and Charitable Donations—Continued
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Muscular Dystrophy Association	MDA MuscleWalk of Greater Milwaukee	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Los Angeles	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk LA	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Iowa City	\$1,000.00
Muscular Dystrophy Association	Northeast PA Muscle Summit	\$4,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Waterloo	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Des Moines	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of the Quad Cities	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk of Denver	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk Western Colorado	\$1,000.00
Muscular Dystrophy Association	MDA MuscleWalk VA	\$1,000.00
Museum of Science	Science Teacher Sabbatical Program	\$66,980.00
Museum of Science	Stars of STEM	\$10,000.00
National Fabry Disease Foundation	Volunteer Match	\$1,000.00
National Fabry Disease Foundation	Philadelphia Fabry Family Meeting	\$2,200.00
National Fabry Disease Foundation	Family Assistance Program	\$10,000.00
National Fabry Disease Foundation	Conference and Camp Part 2	\$70,000.00
National Fabry Disease Foundation	NFDF 2016 Fabry Family Educational Meetings	\$15,000.00
National Fabry Disease Foundation	Urgent and Unmet Needs Program	\$40,000.00
National Fabry Disease Foundation	NFDF Core Program	\$50,000.00
National Fabry Disease Foundation	Fabry Conference and Camp	\$50,000.00
National Fabry Disease Foundation	NFDF Core Program	\$50,000.00
National Fabry Disease Foundation	Volunteer Match	\$7,000.00
National Gaucher Foundation, Inc.	Patient Assistance CARE Program	\$1,200,000.00
National Gaucher Foundation, Inc.	Patient Assistance Program	\$400,000.00
National Gaucher Foundation, Inc.	Optimal Health Initiative & Education/Awareness	\$225,000.00
National Kidney Foundation	South Bend Indiana Kidney Program	\$2,500.00
National Kidney Foundation	Nutrition MPS Program for Chronic Kidney Disease, Diabetes and Hypertension	\$1,000.00
National Kidney Foundation	Indianapolis Kidney Health Awareness Program	\$1,500.00
National Kidney Foundation	Kidney Health Awareness Program	\$1,500.00
National Kidney Foundation	Evansville Kidney Health Awareness Program	\$1,500.00
National Kidney Foundation	Kidney Health Awareness Program	\$1,500.00
National Kidney Foundation	Patient Education and Awareness Program	\$77,000.00
National Kidney Foundation	NKF Clinical Bulletin on Fabry Disease	\$95,775.00
National MPS Society	Family Support Programs	\$30,000.00
National MPS Society	Symposium funding	\$4,000.00
National MPS Society	National MPS Society Conferences	\$24,000.00
National MPS Society	National MPS Society Conferences	\$24,000.00
National MPS Society	Congress Sponsorships	\$50,000.00
National MPS Society	National Run—National MPS Society	\$10,000.00
National Multiple Sclerosis Society	Volunteer Match	\$4,000.00
National Multiple Sclerosis Society	National MS Society Nationwide Connection Programs	\$15,000.00

Sponsorships and Charitable Donations—Continued
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Recipient Name(s)	Activity Title	Funding Amount
National Multiple Sclerosis Society	Everyday Matters: Living Your Best Life with MS	\$25,000.00
National Multiple Sclerosis Society	Volunteer Match	\$25,000.00
National Multiple Sclerosis Society	Information Resource Center	\$25,000.00
National Multiple Sclerosis Society	North American Education Program	\$35,000.00
National Multiple Sclerosis Society	Knowledge is Power	\$35,000.00
National Multiple Sclerosis Society	Volunteer Match	\$9,000.00
National Multiple Sclerosis Society	MS Care Management Program	\$5,000.00
National Multiple Sclerosis Society	Free From Falls	\$1,000.00
National Multiple Sclerosis Society	MS Service Day	\$3,000.00
National Multiple Sclerosis Society	Day at the Bay	\$3,500.00
National Multiple Sclerosis Society	MS Exercise/Wellness Program	\$5,000.00
National Multiple Sclerosis Society	Scholarship Program	\$10,000.00
National Multiple Sclerosis Society	41st annual Dinner of Champions	\$2,500.00
National Multiple Sclerosis Society	Bike MS: I Ride with MS Greater NW	\$5,000.00
National Multiple Sclerosis Society	Bike MS Cape Cod Getaway	\$50,000.00
National Multiple Sclerosis Society	National MS Society E-Communications Program	\$75,000.00
National Multiple Sclerosis Society	Muckfest MS Boston	\$25,000.00
National Multiple Sclerosis Society	Dinner of Champions Seattle	\$10,000.00
National Multiple Sclerosis Society	Bike MS Ride the Vineyard	\$10,000.00
National Multiple Sclerosis Society	Walk MS Walks MT	\$5,000.00
National Multiple Sclerosis Society	Walk MS Southern California & Nevada	\$25,000.00
National Multiple Sclerosis Society	MS Walks Pacific	\$10,000.00
National Multiple Sclerosis Society	Walk MS Boston	\$25,000.00
National Multiple Sclerosis Society	Fast Forward Research Showcase Meeting	\$75,000.00
National Multiple Sclerosis Society	Bike MS "I Ride With MS" NY	\$350,000.00
National Multiple Sclerosis Society	Walk MS Phoenix	\$5,000.00
National Multiple Sclerosis Society	National MS Society Tykeson Fellows Conference	\$10,000.00
National Multiple Sclerosis Society	National MS Society Leadership Conference	\$50,000.00
National Multiple Sclerosis Society	Bike MS Coastal Challenge Los Angeles	\$10,000.00
National Multiple Sclerosis Society	Dinner of Champions Las Vegas	\$2,500.00
National Multiple Sclerosis Society	Are You What You Eat?: Studying Diet and Supplements in Multiple Sclerosis	\$5,000.00
National Multiple Sclerosis Society	National MS Society Leadership Conference	\$15,000.00
National Multiple Sclerosis Society	Live Fully, LiveWell: Discover Your Personal Path to Living Your Best Life with MS	\$15,000.00
National Multiple Sclerosis Society	Chicago Symposium	\$5,000.00
National Multiple Sclerosis Society	MS Walks Greater Houston Area	\$10,000.00
National Multiple Sclerosis Society	Moving Forward: Annual Meeting and Resource Fair	\$5,000.00
National Multiple Sclerosis Society	Bike MS NYC	\$6,000.00
National Multiple Sclerosis Society	Dallas On The Move Luncheon	\$5,000.00
National Multiple Sclerosis Society	MuckFest MS	\$3,000.00
National Multiple Sclerosis Society	Gala MS	\$2,500.00
National Multiple Sclerosis Society	Bike MS: City to Shore Ride	\$5,000.00

Sponsorships and Charitable Donations—Continued
1st Jan 2016–31st Dec 2016

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Recipient Name(s)	Activity Title	Funding Amount
National Multiple Sclerosis Society	Crystal Boots & Silver Spurs	\$2,400.00
National Multiple Sclerosis Society	Bike MS—Northern California	\$5,000.00
National Multiple Sclerosis Society	MS Auction Hawaii	\$3,500.00
National Multiple Sclerosis Society	Orange Country MS Research Symposium	\$2,500.00
National Multiple Sclerosis Society	MS Walks Central Texas	\$2,500.00
National Multiple Sclerosis Society	Ambassadors Ball	\$25,000.00
National Multiple Sclerosis Society	Weekend Escape VA	\$5,000.00
National Multiple Sclerosis Society	Cooling Shirts Gel Packs	\$4,500.00
National Multiple Sclerosis Society	Bike MS Willamette Valley	\$5,000.00
National Multiple Sclerosis Society	Smarty Pants Trivia Night	\$2,500.00
National Multiple Sclerosis Society	Spellbound on the Farm	\$1,500.00
National Multiple Sclerosis Society	Bike MS	\$5,000.00
National Multiple Sclerosis Society	MS On the Move Luncheon	\$2,500.00
National Multiple Sclerosis Society	Women Against MS (WAMS) Luncheon PA	\$5,000.00
National Multiple Sclerosis Society	Walk MS Jones Beach	\$5,000.00
National Multiple Sclerosis Society	On The Move Luncheon New Orleans	\$5,000.00
National Multiple Sclerosis Society	Women on the Move Luncheon	\$6,000.00
National Multiple Sclerosis Society	Walk MS PA	\$5,000.00
National Multiple Sclerosis Society	Women on the Move Program	\$2,500.00
National Multiple Sclerosis Society	Walk MS Greater Illinois	\$50,000.00
National Multiple Sclerosis Society	Walk MS Knoxville	\$750.00
National Multiple Sclerosis Society	Walk MS Michigan Chapter	\$5,000.00
National Multiple Sclerosis Society	Walk MS Rochester NY	\$2,500.00
National Multiple Sclerosis Society	Walk MS Denver	\$20,000.00
National Multiple Sclerosis Society	MS Walks Minnesota, Dakotas	\$15,500.00
National Multiple Sclerosis Society	Women on the Move Luncheon MO	\$5,000.00
National Multiple Sclerosis Society	Walk MS Clarksville	\$750.00
National Multiple Sclerosis Society	MS Walk Indiana	\$12,000.00
National Multiple Sclerosis Society	MS Walks Iowa	\$2,500.00
National Multiple Sclerosis Society	Walk MS Wisconsin	\$10,000.00
National Multiple Sclerosis Society	20th Anniversary: Books for a Better Life Awards	\$20,000.00
National Multiple Sclerosis Society	MS Walks PA	\$10,000.00
National Multiple Sclerosis Society	Walk MS Chattanooga	\$750.00
National Multiple Sclerosis Society	Walk MS NJ	\$10,000.00
National Multiple Sclerosis Society	Walk MS MO	\$5,000.00
National Multiple Sclerosis Society	Walk MS Northern California	\$25,000.00
National Multiple Sclerosis Society	MS Walks Utah & Southern Idaho	\$20,000.00
National Multiple Sclerosis Society	Walk MS CT	\$2,500.00
National Multiple Sclerosis Society	Walk MS OR	\$10,000.00
National Multiple Sclerosis Society	Walk MS Middle Tennessee	\$750.00
National Multiple Sclerosis Society	Walk MS Kentucky	\$10,000.00
National Multiple Sclerosis Society	Walk MS NY	\$100,000.00
National Multiple Sclerosis Society	Walk MS OH	\$5,000.00

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1st Jan 2016–31st Dec 2016

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Recipient Name(s)	Activity Title	Funding Amount
National Multiple Sclerosis Society	Walk MS Jacksonville	\$7,500.00
National Multiple Sclerosis Society	Walk MS Arkansas	\$3,000.00
National Multiple Sclerosis Society	Walk MS New Mexico	\$2,500.00
National Multiple Sclerosis Society	Walk MS Oklahoma	\$10,000.00
National Multiple Sclerosis Society	Walk MS Washington DC	\$10,000.00
National Multiple Sclerosis Society	Walk MS Cincinnati	\$10,000.00
National Multiple Sclerosis Society	Walk MS Memphis	\$750.00
National Multiple Sclerosis Society	Walk MS Louisiana	\$5,000.00
National Multiple Sclerosis Society	Walk MS San Diego	\$20,000.00
National Multiple Sclerosis Society	Women on the Move Louisville	\$1,000.00
National Multiple Sclerosis Society	On The Move Luncheon—Houston	\$5,000.00
National Multiple Sclerosis Society	Walk MS Atlanta	\$5,000.00
National Multiple Sclerosis Society	Walk MS San Antonio	\$10,000.00
National Multiple Sclerosis Society	On the Move Luncheon	\$3,000.00
National Multiple Sclerosis Society	Runway for MS—Fashion Show Luncheon	\$2,500.00
National Multiple Sclerosis Society	Michigan Chapter's Annual Meeting & Recognition Breakfast	\$2,500.00
National Multiple Sclerosis Society	MS Walks Arizona	\$24,000.00
National Multiple Sclerosis Society	Walk MS Alabama Mississippi	\$7,500.00
National Multiple Sclerosis Society	On The Move Luncheon—Baton Rouge	\$2,500.00
National Multiple Sclerosis Society	Walk MS Ft. Lauderdale	\$15,000.00
National Multiple Sclerosis Society	Women Against MS Luncheon TN	\$2,500.00
National Multiple Sclerosis Society	Health Issues in Multiple Sclerosis Hawaii	\$9,000.00
National Multiple Sclerosis Society	6th Annual Festival Hispano	\$4,000.00
National Multiple Sclerosis Society	MS Gala Luncheon	\$5,000.00
National Multiple Sclerosis Society	New Jersey Metro Chapter Volunteer Program	\$10,000.00
National Multiple Sclerosis Society	Annual Meeting and Education Conferences	\$8,500.00
National Multiple Sclerosis Society	MuckFest MS Houston	\$2,500.00
National Multiple Sclerosis Society	Women Against MS Luncheon (WAMS)	\$3,000.00
National Multiple Sclerosis Society	Fall Crush Nashville	\$2,500.00
National Multiple Sclerosis Society	Walk MS Houston	\$20,000.00
National Multiple Sclerosis Society	FallCrush Nashville	\$2,500.00
National Multiple Sclerosis Society	Symposium Educational Programs	\$7,500.00
National Multiple Sclerosis Society	MuckFest MS	\$5,000.00
National Multiple Sclerosis Society	Team Finish MS at the Hartford Marathon	\$3,000.00
National Multiple Sclerosis Society	Bike MS Louisiana	\$5,000.00
National Multiple Sclerosis Society	Bike MS: City to Shore Ride PA	\$5,000.00
National Multiple Sclerosis Society	San Antonio Bike MS	\$10,000.00
National Multiple Sclerosis Society	New Hampshire Living Well with MS Conference	\$1,500.00
National Multiple Sclerosis Society	Chapter Annual Meeting and Education Program: Contemporary Issues in MS	\$5,000.00
National Multiple Sclerosis Society	Moving Mountains for MS—Family Weekend Retreat	\$10,000.00
National Multiple Sclerosis Society	Relationship Matters	\$5,000.00
National Multiple Sclerosis Society	MOVING FORWARD	\$1,500.00

Sponsorships and Charitable Donations—Continued
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Recipient Name(s)	Activity Title	Funding Amount
National Multiple Sclerosis Society	Men with MS Elevation Conference	\$10,000.00
National Multiple Sclerosis Society	Children's Hope for Understanding Multiple Sclerosis	\$3,800.00
National Multiple Sclerosis Society	MS Research Nights	\$5,000.00
National Multiple Sclerosis Society	Day of Discovery	\$7,500.00
National Niemann-Pick Disease Foundation	Volunteer Match	\$1,000.00
National Niemann-Pick Disease Foundation	Staying Strong as we Persevere in our Quest for a Cure	\$50,000.00
National Organization for Rare Disorders, Inc.	Volunteer Match	\$9,000.00
National Organization for Rare Disorders, Inc.	Volunteer Match	\$6,000.00
National Organization for Rare Disorders, Inc.	Running For Rare	\$5,000.00
National Organization for Rare Disorders, Inc.	NORD's Rare Diseases and Orphan Products Breakthrough Summit	\$50,000.00
National Organization for Rare Disorders, Inc.	Rare Impact Awards	\$50,000.00
National Tay-Sachs & Allied Diseases Association, Inc.	Raising Awareness of Ashkenazi Jewish Genetic Diseases	\$1,100.00
National Tay-Sachs & Allied Diseases Association, Inc.	Expand Family Support Through Technology	\$5,000.00
National Tay-Sachs & Allied Diseases Association, Inc.	Imagine & Believe	\$10,000.00
National Tay-Sachs & Allied Diseases Association, Inc.	38th Annual Family Conference	\$5,000.00
NCCN Foundation	NCCN Guidelines for Patients: Thyroid Cancer	\$25,000.00
NEHI	The Nick Littlefield Health Policy Fellowship	\$25,000.00
NEHI	Innovators in Health Awards	\$25,000.00
Nephcure Foundation	11th International Podocyte Conference	\$3,000.00
Neurologic Disease Foundation	21st Fall MS Seminar—Optimizing Management of MS	\$5,995.00
Neuropathy Action Foundation	General Patient Advocacy and Organizational Support	\$2,500.00
Next Step Fund Inc.	FaceForward Campference and general operating support	\$10,000.00
North American Vascular Biology Organization Inc.	19th International Vascular Biology Meeting	\$10,000.00
North Shore Community Health Inc.	Volunteer Match	\$1,000.00
Northeast Business group on Health	Congress Sponsorships	\$5,000.00
Northeastern University	Allston Brighton College Scholarship	\$2,000.00
Northwest Animal Rights Network	Volunteer Match	\$1,000.00
Northwest Animal Rights Network	Volunteer Match	\$1,000.00
Norton Healthcare Foundation, Inc.	Moonlight & Moonshine Gala	\$5,000.00
Norton Healthcare Foundation, Inc.	Neuroscience Expo	\$10,000.00
Norton Healthcare Foundation, Inc.	1-N-3 Gala	\$5,000.00

Sponsorships and Charitable Donations—Continued
1st Jan 2016–31st Dec 2016

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Operation Warm Inc.	Boston Warmth in Winter	\$18,000.00
OptumHealth Education	Congress Sponsorships	\$7,500.00
Oregon Health & Science University Foundation	On the Horizon: Updates in Multiple Sclerosis	\$9,930.00
Pan Massachusetts Challenge	Volunteer Match	\$11,000.00
Pan Massachusetts Challenge	Volunteer Match	\$11,000.00
Patient Access Network Foundation	Patient Assistance Program for Thyroid Cancer	\$100,000.00
Patient Access Network Foundation	Patient Assistance Program for Thyroid Cancer	\$100,000.00
Patient Access Network Foundation	Patient Assistance Fund for Thyroid Cancer	\$100,000.00
Patient Access Network Foundation	Patient Assistance Program for Thyroid Cancer	\$50,000.00
Patient Access Network Foundation	Patient Assistance Program for Homozygous Familial Hypercholesterolemia	\$50,000.00
Patient Access Network Foundation	Patient Assistance Program for Homozygous Familial Hypercholesterolemia	\$125,000.00
Patient Services Inc.	Patient Assistance Program for Fabry, Pompe, MPS1, and Gaucher Disease	\$4,440,000.00
Patient Services Inc.	Patient Assistance Program	\$2,000,000.00
Patient Services Inc.	Patient Assistance Program	\$6,500,000.00
Peer Health Exchange Inc.	Peer Health Exchange: Empowering Boston Youth to Make Healthy Decisions	\$5,000.00
Perkins School for the Blind	Perkins eLearning: Enhancing Accessible Science Education	\$20,000.00
Phillips Brooks House Association Incorporated	Community Program	\$5,000.00
Phoenix Children's Hospital Foundation	MPS patient meeting	\$1,200.00
Portland VA Research Foundation Inc.	PDX Patient Workshops	\$3,150.00
President and Fellows of Harvard College	Community Program	\$20,000.00
President and Fellows of Harvard College	Patient Assistance Program	\$50,000.00
Pro Player Foundation	Flavors of Austin	\$5,000.00
Pro Player Foundation	Flavors of Austin	\$5,000.00
Project Eden Inc.	Volunteer Match	\$1,000.00
Project Just Because, Inc.	211 Domestic Abuse/Emergency Program & Keep A Family Warm Program	\$10,000.00
Race to Erase MS	Race to Erase MS—MS Forum	\$10,000.00
Race to Erase MS	23rd Annual Race to Erase MS	\$50,000.00
Read to a Child, Inc.	Community Program	\$5,000.00
Read to a Child, Inc.	Community Program	\$2,500.00

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Resolve Community Counseling Center, Inc.	Volunteer Match	\$1,000.00
Restore	Volunteer Match	\$1,000.00
Rocky Mountain Multiple Sclerosis Center	KADEP (King Adult Day Enrichment Program) Annual Winter Community Gathering	\$5,000.00
Rocky Mountain Multiple Sclerosis Center	Rocky Mountain MS Center Annual Gala	\$10,000.00
Rocky Mountain Multiple Sclerosis Center	MS4MS Event	\$5,000.00
Rocky Mountain Multiple Sclerosis Center	KADEP Annual Holiday Celebration	\$5,000.00
Rocky Mountain Multiple Sclerosis Center	Webinar Series	\$5,000.00
Room to Grow	Community Program	\$5,000.00
Runkle School Extended Day Program Inc.	Volunteer Match	\$1,000.00
S S Cosmas & Damian Society Inc.	Community Program	\$2,500.00
Saint Francis Hospital and Medical Center Foundation	International Symposium: The Multiple Sclerosis Brain—Bridging the Gap	\$50,000.00
Salute the Ribbon Incorporated	Meet, Greet n' Eat Luncheon "Opening Doors for Health Care Access to Cancer Care"	\$1,000.00
Samaritans Inc.	Community Program	\$25,000.00
Science Club For Girls Inc.	Community Program	\$10,000.00
Science Club For Girls Inc.	Catalyst Awards	\$10,000.00
Science From Scientists Inc.	STEM enrichment program for Boston Public Schools	\$25,000.00
Science From Scientists Inc.	In-School Module-Based (ISMB) STEM enrichment program	\$20,000.00
Science From Scientists Inc.	70th Annual Boston Citywide Science Fair	\$10,000.00
Sharp Rees-Stealy Medical Group Sharp Healthcare	Congress Sponsorships	\$5,000.00
Society for Inherited Metabolic Disorders	North American Metabolic Academy	\$20,000.00
Society of Nuclear Medicine and Molecular Imaging	SNMMI Patient Education Day	\$5,000.00
Special Olympics Massachusetts Inc.	Bio-Ball	\$2,500.00
St. Francis House	Community Program	\$10,000.00
Stop Hunger Now, Inc.	Volunteer Match	\$2,944.08
Strongwater Farm Therapeutic Equestrian Center	Riding group for individuals living with MS	\$7,500.00
Temple Beth Shalom [The Tribe]	Patient Education and Awareness Program	\$6,200.00
Temple University	Allston Brighton College Scholarship	\$2,000.00
The Boston Home, Inc.	Volunteer Match	\$1,000.00
The Boston Home, Inc.	The Boston Home iPad InstaAid Program Expansion	\$12,000.00
The Boston Home, Inc.	The Boston Home Arts Program	\$10,000.00

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Recipient Name(s)	Activity Title	Funding Amount
The Boston Home, Inc.	The Boston Home B.Fit Wellness Program	\$18,000.00
The Boston Home, Inc.	The Boston Home Resident Family Picnic	\$10,000.00
The Boston Home, Inc.	Finding Your Voice	\$5,000.00
The Community Art Center	Teen Media Program	\$15,000.00
The Discovery Museums	Genzyme Discovery Science	\$15,000.00
The Discovery Museums	Discovery Science Program	\$15,000.00
The Forsyth Institute	Community Program	\$10,000.00
The Greater Boston Food Bank Inc.	Volunteer Match	\$2,000.00
The Greater Boston Food Bank Inc.	General Operating Support	\$10,000.00
The Greater Boston Food Bank Inc.	Volunteer Match	\$1,000.00
The Jewish Community Center of Greater Kansas City	Our Heritage and Our Health—Ashkenazi Jewish Genetic Disease and the Founder Effect	\$1,250.00
The Jewish P.O.C.E.T.	Greater Chicago Jewish Festival	\$3,240.00
The Leukemia & Lymphoma Society Inc.	Light The Night Walk	\$6,500.00
The Life Sciences Foundation	Leadership Mid-Term Funding for Educational Programs	\$50,000.00
The McCourt Foundation	Tour de South Shore	\$10,000.00
The McCourt Foundation	McCourt Gala	\$20,000.00
The McCourt Foundation	McCourt Foundation MS Educational Update	\$20,000.00
The Oak Clinic	Oak Clinic Acorn Run	\$3,500.00
The Oak Clinic	Diamond Run	\$5,000.00
The Posse Foundation	Community Program	\$25,000.00
The Possible Project	The Possible Project's Powering Possibilities Annual Gala	\$10,000.00
The Salvation Army	Volunteer Match	\$2,000.00
Thompson Island Outward Bound Education Center Inc.	Community Program	\$10,000.00
Thompson Island Outward Bound Education Center Inc.	Islands Expedition Gala	\$5,000.00
Thompson Island Outward Bound Education Center Inc.	Thompson Island 4K Trail Run	\$5,000.00
ThyCa: Thyroid Cancer Survivors' Association, Inc.	Patient Education and Awareness Program	\$15,000.00
ThyCa: Thyroid Cancer Survivors' Association, Inc.	19th International Thyroid Cancer Survivors' Conference	\$35,000.00
Tisch Multiple Sclerosis Research Center of New York, Inc.	Tisch MS Research Center Newsletter	\$15,000.00
Tisch Multiple Sclerosis Research Center of New York, Inc.	Future Without MS Gala	\$5,000.00
Tisch Multiple Sclerosis Research Center of New York, Inc.	Future Without MS Gala	\$15,000.00
Tisch Multiple Sclerosis Research Center of New York, Inc.	Tisch MS Research Center 19th Annual MS Patient Symposium	\$25,000.00

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Recipient Name(s)	Activity Title	Funding Amount
Triangle, Inc.	Volunteer Match	\$1,000.00
Triangle, Inc.	Triangle's 45th Annual Spring Gala	\$5,000.00
Tri-State Multiple Sclerosis Association	Evansville Autumn Walk	\$2,500.00
Tri-State Multiple Sclerosis Association	Owensboro Autumn Walk	\$2,500.00
Tri-State Multiple Sclerosis Association	Evening of Excellence	\$2,000.00
Tri-State Multiple Sclerosis Association	Tri-State Multiple Sclerosis Association Autumn Walks	\$4,500.00
Tutoring Plus of Cambridge, Inc.	STEAM Enrichment Programs	\$7,500.00
Tutoring Plus of Cambridge, Inc.	Community Program	\$5,000.00
U C San Diego Foundation	UCSD Regional MS Expositions	\$50,000.00
United Network for Organ Sharing	Congress Sponsorship	\$7,800.00
United Pompe Foundation	Duke Late Onset Pompe Patient Meeting	\$19,000.00
United Pompe Foundation	Pompe Patient Meeting	\$19,000.00
United Pompe Foundation	General Operating Support	\$50,000.00
United Rheumatology	Congress Sponsorship	\$60,000.00
United Way of Tri County Inc.	Volunteer Match	\$1,000.00
United Way of Tri County Inc.	Volunteer Match	\$1,000.00
United Way of Tri County Inc.	Volunteer Match	\$1,000.00
United Way of Tri County Inc.	Volunteer Match	\$2,000.00
University of Massachusetts Foundation Inc.	Student Success Program, UMass Boston, College of Science and Mathematics	\$200,000.00
University of Massachusetts Foundation Inc.	Massachusetts STEM Summit	\$5,000.00
University of Southern California	Allston Brighton College Scholarship	\$4,000.00
Visiting Nurse Association of Boston & Affiliates	Heroes in Health Care Gala	\$10,000.00
VNA Care Hospice Inc.	Community Program	\$5,000.00
VNA Care Hospice Inc.	Community Program	\$5,000.00
Wentworth Institute of Technology	Allston Brighton College Scholarship	\$2,000.00
West End House Boys and Girls Club	Volunteer Match	\$1,000.00
West End House Boys and Girls Club	Community Program	\$25,000.00
West End House Boys and Girls Club	Community Program	\$25,000.00
WGBH	Pledge Night Sponsorship	\$12,000.00
Whitehead Institute for Biomedical Research	Whitehead Institute's CampBio Program	\$10,000.00
Women's Lunch Place	Meals Program	\$35,000.00
Women's Lunch Place	General Operating Support	\$10,000.00
Women's Lunch Place	Community Program	\$10,000.00
World Unity Inc.	Volunteer Match	\$1,000.00

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Recipient Name(s)	Activity Title	Funding Amount
WriteBoston	Community Program	\$10,000.00
Wylder Nation Foundation	Patient Education and Awareness Program	\$15,000.00
Wylder Nation Foundation	3rd Annual Living Like a Warrior Gala	\$15,000.00
YMCA of Greater Boston	Oak Square YMCA—Summer Day Camp Scholarships	\$15,000.00
ziMS Foundation	ziMS STRIKE DOWN MS Event	\$5,000.00

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Recipient Name(s)	Activity Title	Funding Amount
American Academy of Neurology	Congress Sponsorship	\$35,317.50
Academy of Managed Care Pharmacy A New Jersey Nonprofit Corporation	Congress Sponsorship	\$1,000.00
Academy of Managed Care Pharmacy A New Jersey Nonprofit Corporation	Congress Sponsorship	\$26,500.00
Accelerated Cure Project	2017 Leadership Summit	\$15,000.00
Acid Maltase Deficiency Association Inc.	Annual Fundraiser	\$3,000.00
Acid Maltase Deficiency Association, Inc.	General Operating Support	\$50,000.00
Alabama Kidney Foundation	Patient Education Conferences	\$2,500.00
Allergy & Asthma Network Mothers of Asthmatics, Inc.	Understanding Atopic Dermatitis Guide	\$75,000.00
Allergy & Asthma Network Mothers of Asthmatics, Inc.	Patient Activation Measurement Study	\$200,000.00
Allergy & Asthma Network Mothers of Asthmatics, Inc.	GlobalSkin Conference	\$3,000.00
Allergy & Asthma Network Mothers of Asthmatics, Inc.	Severe Asthma Awareness Campaign	\$150,000.00
Allergy & Asthma Network Mothers of Asthmatics, Inc.	Project Access Initiative	\$25,000.00
Allergy & Asthma Network Mothers of Asthmatics, Inc.	Allergy & Asthma Awareness Day	\$25,000.00
Allergy & Asthma Network Mothers of Asthmatics, Inc.	Allergy & Asthma Network Corporate Council 2017	\$25,000.00

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Alliance for Patient Access	2018 Membership	\$100,000.00
Allston Village Main Streets, Inc.	Taste of Allston Event	\$1,000.00
American Academy of Dermatology	Patient AccessDerm Program	\$250,000.00
American Academy of Dermatology	President's Summit on Diversity in Dermatology	\$5,000.00
American Academy of Neurology	Congress Sponsorship	\$17,800.00
American Academy of Neurology	Congress Sponsorship	\$432,935.00
American Academy of Neurology Institute	Emerging Leaders Program	\$20,000.00
American Academy of Neurology Institute	Women Leading in Neurology Program	\$20,000.00
American Academy of Neurology Institute	Clinical Research Training Scholarship in Multiple Sclerosis	\$50,000.00
American Academy of Neurology Institute	Palatucci Advocacy Leadership Forum	\$50,000.00
American Academy of Neurology Institute	Residents Scholarship Fund	\$20,000.00
American Academy of Neurology Institute	Fellows Scholarship Fund	\$20,000.00
American Academy of Neurology Institute	Brain Health Fair	\$10,000.00
American Academy of Neurology Institute	Neurology Annual Meeting 2017	\$208,632.90
American Academy of Neurology Institute	Transforming Leaders Program	\$20,000.00
American Association For The Ad- vancement of Science	AAAS 2017 Annual Meeting—Family Science Days	\$25,000.00
American Association of Clinical Endocrinologists	Congress Sponsorship	\$4,300.00
American Association of Endocrine Surgeons	Congress Sponsorship	\$18,500.00
American Association of Neuro- muscular & Electrodiagnostic Medicine	Congress Sponsorship	\$67,600.00
American Brain Coalition	Membership	\$20,000.00
American Cancer Society	25th Making Strides Against Breast Cancer Walk	\$1,000.00
American Cancer Society	Bicycles Battling Cancer 2017	\$11,000.00
American Cancer Society	Bicycles Battling Cancer 2016	\$11,000.00
American Cancer Society Cancer Action Network	10th Annual ACS CAN New England Research Breakfast	\$10,000.00
American College of Allergy, Asth- ma & Immunology	Shared Decision Making Toolkit for Severe Atopic Dermatitis	\$125,000.00
American College of Allergy, Asth- ma & Immunology	Severe Pediatric Asthma Shared Decision Making Toolkit	\$60,000.00
American College of Allergy, Asth- ma & Immunology	Shared Decision Making Toolkit for Severe Pediatric Asthma	\$125,000.00

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American College of Allergy, Asthma & Immunology	Practice Management Center	\$240,000.00
American College of Allergy, Asthma & Immunology	Patient Education Brochure	\$31,000.00
American College of Allergy, Asthma & Immunology	Atopic Dermatitis Yardstick Educational Manuscript	\$145,000.00
American College of Chest Physicians	Membership	\$60,000.00
American College of Rheumatology	Congress Sponsorship	\$2,000.00
American Lung Association	Membership	\$20,000.00
American Lung Association	Asthma Care Coverage Project	\$75,000.00
American Optometric Association	Congress Sponsorship	\$3,150.00
American Red Cross of Massachusetts	Women Who Care Leadership Breakfast	\$5,000.00
American Society of Clinical Oncology	ASCO Annual Meeting	\$118,000.00
American Society of Hematology	59th Annual ASH Convention	\$224,300.00
American Society of Hematology	Congress Sponsorship	\$56,600.00
American Society of Human Genetics	Congress Sponsorship	\$3,300.00
American Society of Nephrology	Congress Sponsorship	\$35,000.00
American Society of Nephrology	Congress Sponsorship	\$20,950.00
American Society of Nephrology	Congress Sponsorship	\$40,000.00
American Society of Transplant Surgeons	Congress Sponsorship	\$35,000.00
American Society of Transplant Surgeons	Congress Sponsorship	\$6,000.00
American Society of Transplantation	Congress Sponsorship	\$35,000.00
American Society of Transplantation	Congress Sponsorship	\$35,000.00
American Thoracic Society	Corporate Membership Program	\$50,000.00
American Thyroid Association	Congress Sponsorship	\$11,950.00
American Thyroid Association	Congress Sponsorship	\$18,000.00
American Transplant Congress	Congress Sponsorship	\$45,000.00
Americas Committee for Treatment and Research in Multiple Sclerosis, Inc.	Congress Sponsorship	\$15,000.00
ANERA (American Near East Refugee Aid)	Annual Dinner	\$5,000.00
Ann & Robert H. Lurie Children's Hospital of Chicago	MPS Patient and Family Day	\$2,500.00
Arizona Myeloma Network	Cancer Patient & Caregivers Outreach & Seminar Series	\$3,250.00
Arthritis Foundation—St. Louis, MO	37th Annual Silver Ball Gala	\$1,250.00

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Arthritis Foundation—Atlanta, GA	Arthritis Industry Forum	\$25,000.00
Arthritis Foundation—St. Paul, MN	Casino Night Gala	\$2,500.00
Arthritis Foundation—Atlanta, GA	Patient Engagement Program	\$25,000.00
Arthritis Foundation—Hawaii Chapter	Taste of the Town Gala	\$5,000.00
Arthritis Foundation—Chicago, IL	Freedom of Movement Gala	\$5,000.00
Arthritis Foundation—Houston, TX	Houston Bone Bash Gala	\$10,000.00
Arthritis Foundation—Atlanta, GA	PREOP Training and Engagement Initiative	\$250,000.00
Arthritis Foundation—Atlanta, GA	Walk to Cure Arthritis and Jingle Bell Run	\$250,000.00
Arthritis Foundation—Green Bay, WI	Walk to Cure Arthritis	\$3,500.00
Arthritis Foundation—Sacramento, CA	Walk to Cure Arthritis	\$5,000.00
Arthritis Foundation—Irvine, CA	Walk to Cure Arthritis	\$2,500.00
Arthritis Foundation—St. Paul, MN	Walk to Cure Arthritis	\$1,000.00
Arthritis Foundation—Atlanta, GA	Ambassador Program	\$125,000.00
Arthritis Foundation—Atlanta, GA	Advocacy Summit	\$25,000.00
Arthritis Foundation—Boston, MA	Walk to Cure Arthritis	\$5,000.00
Arthritis Foundation—Los Angeles, CA	Walk to Cure Arthritis	\$5,000.00
Arthritis Foundation—Atlanta, GA	Patient Voice Accumulator Project	\$50,000.00
Arthritis Foundation—Northern California	51st Annual Knowles Lecture	\$7,500.00
Arthritis Foundation—Hawaii Chapter	Walk to Cure Arthritis	\$1,000.00
Arthritis Foundation—Chicago, IL	Walk to Cure Arthritis	\$2,500.00
Arthritis Foundation—New England Chapter	Walk to Cure Arthritis	\$2,500.00
Arthritis Foundation—New England Chapter	Walk to Cure Arthritis	\$2,500.00
Arthritis Foundation—New Jersey Chapter	Evening of Honors Event	\$5,000.00
ASCO	Congress Sponsorship	\$5,495.00
Asembia Specialty Pharmacy Summit LLC	Asembia Specialty Pharmacy Summit	\$20,000.00
Assistance Fund Inc	Patient Assistance Program for MS	\$10,000,000.00
Association For Glycogen Storage Disease	Annual Conference	\$7,000.00
Association of Pediatric Hematology/Oncology Nurses	41st Annual APHON Conference	\$6,850.00
Association of VA Hematology/Oncology	13th Annual AVAHO Meeting	\$10,000.00

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Asthma and Allergy Foundation of America	Strengthening the Asthma Community	\$200,000.00
Asthma and Allergy Foundation of America	Asthma Capitals Report	\$125,000.00
Asthma and Allergy Foundation of America	Supporting Patients and Families Program	\$110,000.00
Asthma and Allergy Foundation of America	Research Project	\$200,000.00
Asthma and Allergy Foundation of America	Research Project	\$120,000.00
Barbara Ann Karmanos Cancer Institute	Seventh Annual Prostate Cancer Advocacy Symposium	\$7,500.00
Bendcare	National Meeting	\$10,310.00
Bendcare	Educational Conferences	\$92,790.00
Berkshire Resource Project	People Living with MS that have Impaired Vision Program	\$4,000.00
Berkshire Resource Project	Functional Ability Skills for Everyday Living With Multiple Sclerosis	\$3,500.00
Berkshire Resource Project	9th Annual Gala "Let's Kiss MS Goodbye"	\$5,000.00
Berkshire Resource Project	Coping With The Emotional Aspects of MS Program	\$4,000.00
Big Brothers Big Sisters of Central Mass Metrowest Inc.	MySTEM Program	\$15,000.00
Biomedical Science Careers Program	Evening of Hope 2017	\$100,000.00
Biomedical Science Careers Program	Hope Scholarship 2017–2018	\$7,500.00
Blue Cross Blue Shield Association	Blues National Summit	\$15,975.00
Boston Business Journal, Inc.	Boston Business Journal Corporate Citizenship Awards	\$5,500.00
Boston Health Care For The Homeless Program, Inc.	Charitable Contribution—Life Essentials for Homeless Patients	\$35,000.00
Boston Partners in Education, Inc.	Power Lunch Program	\$6,000.00
Boston Private Industry Council	2017 Corporate Contributions Campaign	\$15,000.00
Boston Private Industry Council	Volunteer Match	\$1,000.00
Bottom Line	Boston STEM Success Program	\$15,000.00
Boys & Girls Clubs of Medford and Somerville Inc.	Fall Flashback Festival	\$5,000.00
Boys and Girls Clubs of MetroWest	Volunteer Match	\$2,000.00
Boys and Girls Clubs of MetroWest	Volunteer Match	\$1,000.00
Boys and Girls Clubs of MetroWest	Bids for Kids Auction & Gala	\$10,000.00
Boys and Girls Clubs of MetroWest	Membership	\$25,000.00
Boys and Girls Clubs of MetroWest	Volunteer Match	\$2,000.00
BPE	Boston Teacher Residency: Innovative STEM Educators Program	\$15,000.00

Sponsorships and Charitable Donations—Continued
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Recipient Name(s)	Activity Title	Funding Amount
Breakthrough Greater Boston	Full STEAM Ahead Program	\$15,000.00
Breakthrough Greater Boston	Full STEAM Ahead Program	\$10,000.00
California Life Sciences Association	CLSA Life Sciences Academy	\$8,000.00
California rheumatology Alliance	Annual Meeting	\$50,000.00
Cambridge Chamber of Commerce	Lead Sponsorship	\$7,500.00
Cambridge Health Alliance Foundation, Inc.	Volunteer Match	\$1,000.00
Cambridge School Volunteers, Inc.	Volunteer Match	\$1,000.00
Cambridgeport Neighborhood Association, Inc.	2017 Summer Programs for Magazine Beach Park Support	\$5,000.00
Can Do Multiple Sclerosis	2018 SKI for MS	\$40,000.00
Can Do Multiple Sclerosis	2017 MS Global	\$10,000.00
Can Do Multiple Sclerosis	2017 TAKE CHARGE Program	\$40,000.00
Can Do Multiple Sclerosis	8th Annual Can Do Day	\$10,000.00
Can Do Multiple Sclerosis	2017 CAN DO Programs	\$50,000.00
Can Do Multiple Sclerosis	Can Do On Demand Program	\$60,000.00
Can Do Multiple Sclerosis	2017 TAKE CHARGE and JUMPSTART Programs	\$16,500.00
Can Do Multiple Sclerosis	2017 JUMPSTART Programs	\$80,000.00
Can Do Multiple Sclerosis	2017 Ski for MS	\$30,000.00
Can Do Multiple Sclerosis	2017 Online Programs	\$45,000.00
Can Do Multiple Sclerosis	Can Do MS eNews: Your Best Life Update	\$5,000.00
Case Management Society of America	Annual Corporate Partnership	\$5,500.00
Case Management Society of America	CMSA 2017 Conference	\$14,000.00
Case Management Society of America	CMSA 27th Annual Conference & Expo	\$1,725.00
Case Management Society of New England	Focus on the Future—Keeping a Keen Eye on Tomorrow Program	\$1,050.00
Case Management Society of New England	Corporate Sponsorship	\$1,250.00
Case Management Society of New England	Case Management Society of New England Conference	\$1,000.00
Charles River Community Health	Mom and Baby Program	\$15,000.00
CheckOrphan	Rare Disease Page Sponsorship	\$40,000.00
Chicago Rheumatism Society	Congress Sponsorship	\$4,500.00
Childrens Gaucher Research Fund	Research Grant	\$75,000.00
Children's Hospital Corporation	Milagros para Niños 2017 Gala	\$5,000.00
Chronic Disease Fund, Inc. DBA Good Days from CDF	Patient Assistance Program	\$350,000.00
Cincinnati Children's Hospital Medical Center	Congress Sponsorship	\$10,000.00
Cleveland Clinic Educational Institute	Congress Sponsorship	\$15,000.00

Sponsorships and Charitable Donations—Continued
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Recipient Name(s)	Activity Title	Funding Amount
Cleveland Clinic Educational Institute	5th Annual Basic & Clinical Immunology for the Busy Clinician	\$3,500.00
Cleveland Clinic	Scott Hamilton and Friends Ice Show and Gala	\$5,000.00
Coalition of State Rheumatology Organizations	CSRO State Society Key Legislator Education Program	\$37,500.00
Coalition of State Rheumatology Organizations	Coalition of State Rheumatology Organizations Support	\$100,000.00
Community Boating, Inc.	Universal Access Program 2017	\$15,000.00
Community Farms Outreach	Fresh Food Access	\$15,000.00
Community Farms Outreach	Volunteer Match	\$1,000.00
Community Oncology Alliance	Congress Sponsorship	\$33,000.00
Community Servings, Inc.	25th Anniversary Pie in the Sky Fundraiser	\$10,000.00
Consortium of Multiple Sclerosis Centers	North American Registry for Care and Research in Multiple Sclerosis Support	\$200,000.00
Consortium of Multiple Sclerosis Centers	2017 CMSC Annual Meeting	\$100,000.00
Courageous Parents Network	Empowering parents and caregivers of children with MPS, Gaucher, Nieman-Pick	\$26,250.00
Cradles to Crayons	Ready for School Program Support	\$20,000.00
Cradles to Crayons	Volunteer Match	\$2,000.00
Cure GM1 Incorporated	TORCH Award	\$5,000.00
Cure Sanfilippo Foundation	TORCH Award	\$5,000.00
Cystic Fibrosis Foundation	Uncork the Cure	\$15,000.00
Cystic Fibrosis Foundation	Massachusetts CF Cycle for Life Fundraiser	\$4,000.00
DEAF, Inc.—Developmental Evaluation and Adjustment Facilities, Inc.	Deaf-Accessible Medical Case Management and Access to Health Program	\$10,000.00
Department of Pediatrics, Tufts Medical Center	Congress Sponsorship	\$5,878.75
Dimock Community Foundation Inc.	Volunteer Match	\$1,000.00
Dimock Community Foundation Inc.	30th Anniversary Steppin' Out for The Dimock Center	\$100,000.00
DPC Education Center	Fabry Disease Education Program	\$27,500.00
Eastern Allergy Conference	Congress Sponsorship	\$39,000.00
Emerald Necklace Conservancy, Inc.	14th Anniversary Party in the Park	\$6,500.00
Emory University	JScreen Jewish Genetic Disease Education Initiative	\$216,089.00
Endocrine Society	Congress Sponsorship	\$24,500.00
EveryLife Foundation for Rare Diseases	2017 RareVoice Awards	\$30,000.00
EveryLife Foundation for Rare Diseases	Emerging Technologies for Rare Diseases: Clinical & Regulatory Case Studies and Approval Pathways	\$15,000.00
EveryLife Foundation for Rare Diseases	Rare on the Road Leadership Tour	\$30,000.00

Sponsorships and Charitable Donations—Continued
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Recipient Name(s)	Activity Title	Funding Amount
EveryLife Foundation for Rare Diseases	TORCH Award Donations	\$5,000.00
Fabry Support & Information Group	FSIG Fun Run/Walk	\$1,500.00
Fabry Support & Information Group	General Operating Support	\$100,000.00
Fabry Support & Information Group	FSIG Annual Family Conference	\$1,000.00
Fabry Support & Information Group	2017 FSIG Expert Fabry Conference	\$50,000.00
Family Promise Metrowest, Inc.	Fundraising Event	\$2,500.00
Florida Society of Rheumatology	Congress Sponsorship	\$35,000.00
Food For Free Committee, Inc.	A Nutrition Program for Seniors and People with Disabilities	\$5,000.00
Foundation of the Consortium of MS Centers	Newsletter Support	\$6,500.00
Foundation of the Consortium of MS Centers	Annual Meeting	\$5,450.00
Foundation of the Consortium of MS Centers	Research Grant	\$42,000.00
Foundation of the Consortium of MS Centers	Multiple Sclerosis Workforce of the Future 2018:Medical Student Research Scholarships	\$32,000.00
Foundation of the Consortium of MS Centers	NARCOMS NOW Patient Quarterly Magazine	\$33,583.00
Foundation of the Consortium of MS Centers	Congress Sponsorship	\$432,000.00
Framingham Townwide Pto Council	Volunteer Match	\$1,000.00
Franciscan Hospital For Children, Inc.	Adaptive Sports Program	\$15,000.00
Friends of Children Trust Fund, Inc.	Celebrating Fatherhood Brunch	\$2,500.00
Friends of Resiliency For Life, Inc.	Resiliency's Academic Support	\$10,000.00
Fundacion de Esclerosis Multiple de Puerto Rico	Hurricane Relief	\$3,334.00
Generation Citizen, Inc.	Massachusetts Spring 2017 Civics Day	\$6,000.00
Genetic Alliance, Inc.	30th Anniversary Conference and Celebration	\$30,000.00
Genetic Alliance, Inc.	30th Anniversary Conference and Celebration	\$30,000.00
Genetic Disease Foundation	Fabry disease (dbFGP) Support	\$100,000.00
Georgia Chapter of the American Academy of Pediatrics	Georgia AAP: Pediatrics on the Parkway	\$5,000.00
Georgia Society of Rheumatology	Congress Sponsorship	\$2,000.00
Georgia Society of Rheumatology	Congress Sponsorship	\$8,000.00
Girl Scouts of Eastern Massachusetts Inc.	Girls Building Self-eSTeEM Program	\$15,000.00
Global Academy For Medical Education, Inc.	Congress Sponsorship	\$55,000.00

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Recipient Name(s)	Activity Title	Funding Amount
Global Alliance for Patient Access	Membership	\$50,000.00
Global Genes	RARE Tribute to Champions of Hope	\$25,000.00
Global Genes	RARE Patient Advocacy Summit	\$25,000.00
Global Genes	Membership	\$25,000.00
Greater Boston Chamber of Commerce	2017 Annual Meeting	\$10,000.00
Habitat For Humanity Metrowest—Greater Worcester, Inc.	High Heels and Hard Hats Auction and Gala	\$10,000.00
Habitat For Humanity Metrowest—Greater Worcester, Inc.	Home Renovation Build Support	\$20,000.00
Hadassah Greater Detroit	Our Heritage and Our Health—Jewish Genetic Disorders and Founder Effect Program	\$900.00
Health Care For All, Inc.	Public Education Campaign	\$15,000.00
Health Literacy Media	MTC Educational Program	\$50,000.00
Hearts & Noses Hospital Clown Troupe, Inc.	Ongoing Bedside Hospital Clown Visits Program	\$15,000.00
Hematology Oncology Managers of New York, Inc.	Congress Sponsorship	\$7,500.00
Holy Name Health Care MS Center	2017 MS Awards Reception	\$2,500.00
Holy Name Medical Center	20th Annual Spring Fling to Benefit MS	\$2,500.00
Hope and Comfort, Inc.	Hope and Comfort Program Support	\$5,000.00
Horizons for Homeless Children	19th Annual Women's Breakfast	\$5,000.00
Houston Food Bank	Volunteer Match	\$1,000.00
Imedex, LLC	Congress Sponsorship	\$94,778.35
International Institute of New England	Healthcare Navigation for Refugees Program	\$15,000.00
International Institute of New England	2017 Golden Door Award Gala	\$10,000.00
International Institute of New England	Transport Costs for Bicycles for Refugee Families	\$100.00
International Organization of Multiple Sclerosis Nurses	20th Anniversary IOMSN Dinner	\$30,000.00
International Organization of Multiple Sclerosis Nurses	2017 MS Perspectives Digital Magazine	\$40,000.00
International Society For Mannosidosis & Related Disease Inc.	5th Glycoproteinoses International Conference	\$16,650.00
Jewish Genetic Disease Consortium	General Operating Support	\$5,000.00
Knect365 US, Inc.	Battle of the Biotech Bands Fundraiser	\$5,000.00
Kometa Serbian Childrens Program Inc.	Volunteer Match	\$1,000.00
Life Science Cares, Inc.	Life Science Cares Impact Breakfast	\$10,000.00
Light of Life Foundation	Light of Life Foundation 2017 Activities	\$40,000.00

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Recipient Name(s)	Activity Title	Funding Amount
Little Brothers/Friends of the Elderly	Medical Escort/Transportation Program	\$7,500.00
Little Miss Hannah Foundation	Vegas Cares About Rare Kids 5K	\$5,000.00
Little Miss Hannah Foundation	Vegas Cares About Rare Kids 5K	\$2,500.00
LUGPA	LUGPA Annual Meeting	\$10,000.00
Lycee International De Boston International School of Boston Inc.	ISB Benefit Gala	\$8,000.00
MagellanRx Management	Congress Sponsorship	\$7,500.00
March of Dimes Foundation	Volunteer Match	\$2,000.00
March of Dimes Foundation	Boston March for Babies Fundraiser	\$25,000.00
March of Dimes Foundation	Volunteer Match	\$1,000.00
Margaret Fuller Neighborhood House	Youth Development Programs	\$15,000.00
Mass Insight Education and Research Institute Inc.	STEM and English Program	\$15,000.00
Massachusetts Bay Community College Foundation	STEM Mentor Program	\$40,000.00
Massachusetts Biotechnology Council	Patient Advocacy Summit	\$10,000.00
Massachusetts Biotechnology Council	Congress Sponsorship	\$25,000.00
Massachusetts Biotechnology Council	MassBio Annual Meeting	\$10,000.00
Massachusetts Biotechnology Council	Rare Disease Day 2017	\$1,000.00
Massachusetts Biotechnology Education Foundation, Inc.	2017 Champions for Biotechnology Awards	\$3,500.00
Massachusetts Biotechnology Education Foundation, Inc.	BioTeach Program	\$50,000.00
Massachusetts Biotechnology Education Foundation, Inc.	Life Sciences Workforce 2017, 2nd Annual Conference	\$3,500.00
Massachusetts College of Pharmacy and Health Sciences	Sanofi Genzyme Biotechnology College Scholarship	\$7,000.00
Massachusetts State Science and Engineering Fair, Inc.	Advancing Science & Health Education Programs	\$50,000.00
Mayo Clinic	Congress Sponsorship	\$2,000.00
MedImpact Healthcare Systems, Inc.	Congress Sponsorship	\$8,000.00
MetroWest Chamber of Commerce	Board of Directors Luncheon	\$250.00
MetroWest Free Medical Program Inc.	Access to Women's Health Care for the Uninsured	\$15,000.00
Mid America MS Achievement Center	Eat Bid Laugh 6 Event	\$10,000.00
Mid America MS Achievement Center	Race to Nowhere 19	\$5,000.00

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Recipient Name(s)	Activity Title	Funding Amount
Milwaukee Synagogue for Russian Jews: Congregation Moshiah Now Inc.	Education Program	\$5,000.00
Milwaukee Synagogue for Russian Jews: Congregation Moshiah Now Inc.	Education Program	\$5,000.00
MS Bright Spots of Hope	MS Evening of Hope	\$2,500.00
MS Cure Fund	Patient Education Programs	\$25,000.00
MS Cure Fund	Late Summer Education Programs	\$25,000.00
MS Cure Fund	Lifestyle Management Programs Spring 2017	\$15,000.00
MS Cure Fund	2017 Spring MS Health Fair	\$1,500.00
MS HOPE FOR A CURE INC.	2017 MS Hope Day	\$10,000.00
MS Views And News Inc.	MS Neuro TV	\$35,000.00
MS Views And News Inc.	Living Beyond MS—Effective Communication with Your Healthcare Team	\$20,000.00
MS Views And News Inc.	The Compass To Care Program	\$73,550.00
MS Views And News Inc.	2017 Display Sponsorship request	\$10,000.00
MS Views And News Inc.	Educational Programs	\$23,825.00
MS Views And News Inc.	Educational Programs	\$25,000.00
MS Views And News Inc.	2nd Annual Champions Tackling MS Awards Dinner Gala	\$10,000.00
MS Views And News Inc.	MS Views and News 2017 Bowlathon	\$1,000.00
Multiple Myeloma Cure Seeker Society	Defeat Multiple Myeloma run/walk	\$5,000.00
Multiple Sclerosis Association of America	Navigating MS: Optimizing	\$73,125.00
Multiple Sclerosis Association of America	MSAA MRI Access Fund	\$125,000.00
Multiple Sclerosis Association of America	MSAA Improving Lives Benefit 2017	\$2,500.00
Multiple Sclerosis Association of America	Educational Programs	\$60,000.00
Multiple Sclerosis Association of America	Understanding MS Progression	\$39,000.00
Multiple Sclerosis Center of Georgia	MS Fest	\$10,000.00
Multiple Sclerosis Center of Georgia	Health, Hope & Hops	\$7,000.00
Multiple Sclerosis Foundation	MS Focus' EmpowerSource Newsletter	\$35,000.00
Multiple Sclerosis Foundation	Mind & Mobility	\$5,000.00
Multiple Sclerosis Foundation	Homecare Assistance Grant Program	\$20,000.00
Multiple Sclerosis Foundation	Assistive Technology Program	\$30,000.00
Multiple Sclerosis Foundation	2017 National MS Education and Awareness Month	\$30,000.00
Multiple Sclerosis Foundation	30th Anniversary Gala "Bourbon & Blues"	\$5,000.00
Multiple Sclerosis Resources of Central New York, Inc.	2017 Mission Steps Walks & MS Awareness Days	\$8,000.00

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Recipient Name(s)	Activity Title	Funding Amount
Multiple Sclerosis Society of Colorado Springs, Inc.	MS Awareness Expo	\$1,000.00
Muscular Dystrophy Association—Pittsburgh, PA	Muscle Walk	\$1,000.00
Muscular Dystrophy Association—Denver, CO	Muscle Walk	\$1,000.00
Muscular Dystrophy Association—Harrisburg, PA	5th Annual Muscle Summit	\$6,000.00
Muscular Dystrophy Association—Broomall, PA	MDA Muscle Summit	\$8,000.00
Muscular Dystrophy Association—Shreveport, LA	Muscle Walk	\$1,000.00
Muscular Dystrophy Association—Deerfield Beach, FL	Muscle Walk	\$1,000.00
Muscular Dystrophy Association—Tallahassee, FL	Muscle Walk	\$1,000.00
Muscular Dystrophy Association—Grand Rapids, MI	Muscle Walk	\$1,000.00
Muscular Dystrophy Association—Fort Wayne, IN	Muscle Walk	\$1,000.00
Muscular Dystrophy Association—Metairie, LA	Muscle Walk	\$1,000.00
Muscular Dystrophy Association—Deerfield Beach, FL	Muscle Walk	\$1,000.00
Muscular Dystrophy Association—Los Angeles, CA	Muscle Walk	\$1,000.00
Muscular Dystrophy Association—Shreveport, LA	Muscle Walk	\$1,000.00
Muscular Dystrophy Association—Harrisburg, PA	Muscle Walk	\$1,000.00
Muscular Dystrophy Association—Allentown, PA	Muscle Walk	\$1,000.00
Muscular Dystrophy Association—Urbana, IL	Muscle Walk	\$2,000.00
Muscular Dystrophy Association—Billings, MT	Muscle Walk	\$1,000.00
Muscular Dystrophy Association—San Diego, CA	Muscle Walk	\$1,000.00
Muscular Dystrophy Association—Cincinnati, OH	Muscle Walk	\$1,000.00
Muscular Dystrophy Association—Portland, MA	Muscle Walk	\$1,000.00
Muscular Dystrophy Association—Spokane, WA	Muscle Walk	\$1,000.00
Muscular Dystrophy Association—Salt Lake City, UT	Muscle Walk	\$1,000.00

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Recipient Name(s)	Activity Title	Funding Amount
Muscular Dystrophy Association— Louisville, KY	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Wilmington, NC	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Worthington, OH	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Dallas, TX	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Albany, NY	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Chicago, IL	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Greensboro, NC	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Columbus, OH	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Albany, NY	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Cincinnati, OH	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Portland, OR	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— North Haven, CT	Muscular Dystrophy Summer Camp Program	\$2,000.00
Muscular Dystrophy Association— Billings, MT	Montana Muscular Dystrophy Association Summer Camp 2017	\$2,000.00
Muscular Dystrophy Association— Chicago, IL	MDA Limb Girdle Muscular Dystrophy (LGMD) Genetic Testing Program	\$900,000.00
Muscular Dystrophy Association— Spokane, WA	2017 Summer Camp	\$2,500.00
Muscular Dystrophy Association— Okemos, MI	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Tulsa, OK	2017 MDA Summer Camp of Oklahoma	\$2,500.00
Muscular Dystrophy Association - Chicago, IL	National Education and Impact Partner	\$400,000.00
Muscular Dystrophy Association— Columbia, SC	MDA Summer Newsletter	\$2,000.00
Muscular Dystrophy Association— Cincinnati, OH	2017 MDA Summer Camp	\$2,500.00
Muscular Dystrophy Association— Mountlake Terrace, WA	MDA Summer Camp	\$5,000.00
Muscular Dystrophy Association— Denver, CO	MDA Summer Camp	\$5,000.00
Muscular Dystrophy Association— Shreveport, LA	2017 MDA Summer Camp	\$2,500.00

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Recipient Name(s)	Activity Title	Funding Amount
Muscular Dystrophy Association— Dallas, TX	2017 MDA Summer Camp	\$8,000.00
Muscular Dystrophy Association— Bolingbrook, IL	MDA Summer Camp	\$2,500.00
Muscular Dystrophy Association— Denver, CO	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Denver, CO	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— North Haven, CT	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Maywood, NJ	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Indianapolis, IN	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Urbana, IL	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Louisville, KY	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Chicago, IL	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Edina, MN	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Metairie, LA	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Reston, VA	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Little Rock, AR	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Springfield, MO	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Cedar Rapids, IA	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Fort Myers, FL	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Bolingbrook, IL	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Green Bay, WI	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Edina, MN	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Dallas, TX	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Westbrook, ME	Quarterly Newsletter	\$3,000.00
Muscular Dystrophy Association— Midland, TX	TORCH Award	\$5,000.00

Sponsorships and Charitable Donations—Continued
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Muscular Dystrophy Association— St. Petersburg, FL	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Jacksonville, FL	2017 MDA Muscle Walk of Jacksonville	\$1,000.00
Muscular Dystrophy Association— Charlotte, NC	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Towson, MD	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Cedar Rapids, IA	Muscle Walk	\$1,500.00
Muscular Dystrophy Association— Austin, TX	Muscle Walk & Fire Truck Pull	\$1,000.00
Muscular Dystrophy Association— Sacramento, CA	Muscle Walk	\$1,500.00
Muscular Dystrophy Association— Cedar Rapids, IA	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Fort Wayne, IN	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Birmingham, AL	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Edina, MN	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Salt Lake City, UT	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Lafayette, LA	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Columbia, SC	Spring Newsletter	\$1,500.00
Muscular Dystrophy Association— Memphis, TN	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Allentown, PA	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Cedar Rapids, IA	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Lafayette, LA	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Maryland Heights, MO	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— North Haven, CT	1st Quarter Newsletter	\$1,000.00
Muscular Dystrophy Association— Chicago, IL	Second Quarter Newsletter	\$1,500.00
Muscular Dystrophy Association— Cleveland, OH	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Oklahoma City, OK	Muscle Walk	\$1,000.00

Sponsorships and Charitable Donations—Continued
1st Jan 2017–31st Dec 2017

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Muscular Dystrophy Association— Wilmington, NC	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— San Antonio, TX	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Scottsdale, AZ	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Montgomery, AL	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Chicago, IL	First Quarter Newsletter	\$2,500.00
Muscular Dystrophy Association— North Haven, CT	4th Quarter Newsletter	\$1,500.00
Muscular Dystrophy Association— El Paso, TX	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Cypress, CA	Summer Camp 2017	\$8,000.00
Muscular Dystrophy Association— North Haven, CT	1st Quarter Newsletter	\$3,000.00
Muscular Dystrophy Association— Lake Mary, FL	Kids Art Auction	\$2,000.00
Muscular Dystrophy Association— Westborough, MA	Muscle Walk	\$2,000.00
Muscular Dystrophy Association— Westborough, MA	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Brentwood, TN	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Lake Mary, FL	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Brookfield, WI	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Wichita, KS	Muscle Walk	\$1,000.00
Muscular Dystrophy Association— Westborough, MA	MA and RI Newsletters	\$10,000.00
Museum of Fine Arts	Membership	\$20,000.00
Museum of Science	Sanofi Genzyme Teacher Sabbatical Program 2017–2018	\$66,980.00
Museum of Science	Stars of STEM 2017	\$10,000.00
National Bone Marrow Transplant Link	Caregiver Webinar Series	\$2,500.00
National Comprehensive Cancer Network	Membership	\$210,000.00
National Eczema Association	Be Well, Mind + Body, Eczema Awareness Month Campaign	\$100,000.00
National Eczema Association	NEA Educational Webcast for Patients & Caregivers	\$15,000.00
National Eczema Association	Leaders in Eczema Forum Series	\$100,000.00
National Eczema Association	Health Care Provider Engagement Program	\$85,000.00
National Eczema Association	Patient Engagement Program	\$150,000.00

Sponsorships and Charitable Donations—Continued
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Recipient Name(s)	Activity Title	Funding Amount
National Eczema Association	Ambassadors Program	\$100,000.00
National Fabry Disease Foundation	Fabry Family Conference	\$6,500.00
National Fabry Disease Foundation	2017 Urgent and Unmet Needs Program	\$40,000.00
National Fabry Disease Foundation	2017 Annual Educational Conference and Fabry Family Camp	\$50,000.00
National Fabry Disease Foundation	Annual Conference	\$70,000.00
National Fabry Disease Foundation	2018 NFDF Core Program Grant	\$100,000.00
National Fabry Disease Foundation	Fabry Family Meeting	\$3,000.00
National Fabry Disease Foundation	Family Meeting	\$5,000.00
National Fabry Disease Foundation	2017 Family Assistance Program	\$10,000.00
National Gaucher Foundation	CARE Programs	\$800,000.00
National Gaucher Foundation	Optimal Health Initiative & Education and Awareness	\$900,000.00
National Gaucher Foundation	CARE Programs	\$1,500,000.00
National Gaucher Foundation	Optimal Health Initiative & Education and Awareness	\$400,000.00
National Kidney Foundation	Kidney Walk	\$25,000.00
National Kidney Foundation	Spring Clinical Meeting	\$3,500.00
National Kidney Foundation of Indiana	Kidney Health Risk Assessment Program	\$1,500.00
National Kidney Foundation of Indiana	Kidney Health Risk Assessment Program	\$1,500.00
National Kidney Foundation of Indiana	Kidney Health Risk Assessment Program	\$1,500.00
National Kidney Foundation of Indiana	Kidney Health Risk Assessment Program	\$1,500.00
National Kidney Foundation of Michigan	Kidney Walk	\$1,000.00
National Kidney Foundation of Eastern Missouri, Metro East	31st Annual Gift of Life Gala	\$2,500.00
National MPS Society	2018 International MPS Symposium	\$100,000.00
National MPS Society	National MPS Society Gala Silent Auction	\$134.00
National MPS Society	National MPS Society Family Conference Scholarships	\$7,500.00
National MPS Society	31st Annual Family Conference	\$35,000.00
National MPS Society	National MPS Society 2017 Run/Walk Program	\$20,000.00
National Multiple Sclerosis Society—Southern California & Nevada Chapter	Free From Falls	\$1,150.00
National Multiple Sclerosis Society—Upstate New York Chapter	Champions on the Move	\$5,000.00
National Multiple Sclerosis Society—Upstate New York Chapter	Spellbound In the Vineyard	\$2,500.00
National Multiple Sclerosis Society—Greater Delaware Valley Chapter	2016 Annual Meeting	\$2,500.00

Sponsorships and Charitable Donations—Continued
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Recipient Name(s)	Activity Title	Funding Amount
National Multiple Sclerosis Society—Greater Illinois Chapter	Women on the Move Luncheon	\$2,500.00
National Multiple Sclerosis Society—Colorado-Wyoming Chapter	Life-Changing Breakthroughs: MS Society Impact Series	\$65,000.00
National Multiple Sclerosis Society—Colorado-Wyoming Chapter	Leadership Conference 2017	\$15,000.00
National Multiple Sclerosis Society—Colorado-Wyoming Chapter	The Tykeson Fellows Conference	\$15,000.00
National Multiple Sclerosis Society—Kentucky-Southeast Indiana Chapter	Moving Mountains for MS: Family Weekend Retreat	\$10,000.00
National Multiple Sclerosis Society—Kentucky-Southeast Indiana Chapter	Crystal Boots and Silver Spurs	\$3,000.00
National Multiple Sclerosis Society—Colorado-Wyoming Chapter	Nationwide MS Navigator Services	\$50,000.00
National Multiple Sclerosis Society—Gateway Area Chapter	On the Move Luncheon	\$2,500.00
National Multiple Sclerosis Society—New Jersey Metro Chapter	Walk MS—Lanyard Sponsorship	\$10,000.00
National Multiple Sclerosis Society—South Central Chapter	On the Move Luncheon	\$2,500.00
National Multiple Sclerosis Society—Mid Florida Chapter	Annual Meeting & Day of Discovery	\$7,500.00
National Multiple Sclerosis Society—New Jersey Metro Chapter	Volunteer Program	\$10,000.00
National Multiple Sclerosis Society—Mid South Chapter	Fall Crush Knoxville	\$2,500.00
National Multiple Sclerosis Society—Mid South Chapter	Fall Crush Knoxville	\$2,500.00
National Multiple Sclerosis Society—New York City Chapter	Women Against MS Luncheon	\$3,000.00
National Multiple Sclerosis Society—New York City Chapter	Challenge Walk MS	\$5,000.00
National Multiple Sclerosis Society—New York City Chapter	On the Move Baltimore	\$3,500.00
National Multiple Sclerosis Society—New York City Chapter	Ambassadors Ball	\$10,000.00
National Multiple Sclerosis Society—New York City Chapter	Hispanic Outreach Initiative	\$10,000.00
National Multiple Sclerosis Society—New York City Chapter	MS Scholarship Program	\$15,000.00

Sponsorships and Charitable Donations—Continued
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Recipient Name(s)	Activity Title	Funding Amount
National Multiple Sclerosis Society—New York City Chapter	2017 Weekend Escape	\$5,000.00
National Multiple Sclerosis Society—Reno Chapter	2017 Dinner of Champions	\$2,500.00
National Multiple Sclerosis Society—New York City Chapter	Everyday Matters: Living Your Best Life with MS	\$20,000.00
National Multiple Sclerosis Society—New York City Chapter	International Progressive MS Alliance Industry Forum	\$122,249.00
National Multiple Sclerosis Society—New York City Chapter	2017 On The Move Luncheon	\$2,500.00
National Multiple Sclerosis Society—New York City Chapter	Books for a Better Life Awards	\$20,000.00
National Multiple Sclerosis Society—New York City Chapter	Women on the Move Luncheon	\$6,000.00
National Multiple Sclerosis Society—New York City Chapter	National "Living with MS" Event	\$600,000.00
National Multiple Sclerosis Society—South Florida Chapter	Walk MS 2017	\$25,000.00
National Multiple Sclerosis Society—South Florida Chapter	Festival Hispano	\$1,500.00
National Multiple Sclerosis Society—South Florida Chapter	MS Gala Luncheon 2017	\$2,500.00
National Multiple Sclerosis Society—Central Virginia Chapter	MS Walk West Virginia	\$7,500.00
National Multiple Sclerosis Society—Indiana State Chapter	Patient Assistance Program	\$5,000.00
National Multiple Sclerosis Society—Long Island Chapter	Walk MS	\$5,000.00
National Multiple Sclerosis Society—Ohio Valley Chapter	Women on the Move Luncheon & Fashion Show	\$1,250.00
National Multiple Sclerosis Society—Pacific South Coast Chapter	2017 MS Neurology Dinner	\$5,000.00
National Multiple Sclerosis Society—Pacific South Coast Chapter	Challenge Walk MS	\$2,500.00
National Niemann-Pick Disease Foundation	Reinvention of The National Niemann Pick Disease Foundation (NNPDF)	\$75,000.00
National Organization for Rare Disorders	Rare Disease Day Fundraiser	\$10,000.00
National Organization for Rare Disorders, Inc.	2017 Rare Diseases and Orphan Product Breakthrough Summit	\$50,000.00
National Organization for Rare Disorders, Inc.	Running for Rare	\$5,000.00
National Organization for Rare Disorders, Inc.	2017 Corporate Council	\$25,000.00

Sponsorships and Charitable Donations—Continued
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Recipient Name(s)	Activity Title	Funding Amount
National Organization for Rare Disorders, Inc.	2017 Rare Impact Awards	\$50,000.00
National Organization for Rare Disorders, Inc.	Undiagnosed Diseases Network Fund	\$5,000.00
National Organization for Rare Disorders, Inc.	Orphan Drug Act Advocacy	\$75,000.00
National Parkinson Foundation	Moving Day—Boston 2016	\$1,000.00
National Society of Genetic Counselors	36th Annual Education Conference	\$2,800.00
National Tay-Sachs & Allied Diseases Association, Inc.	Imagine & Believe	\$20,000.00
National Tay-Sachs & Allied Diseases Association, Inc.	Raising Awareness of Ashkenazi Jewish Genetic Diseases	\$1,100.00
National Tay-Sachs & Allied Diseases Association, Inc.	39th Annual Family Conference	\$10,000.00
National Tay-Sachs & Allied Diseases Association, Inc.	Family Support Resource Video Series and Podcasts	\$5,000.00
NEHI	NEHI's Innovators in Health Awards	\$25,000.00
NEHI	The Nick Littlefield Health Policy Fellowship	\$25,000.00
Neuroscience Centers of Florida Foundation, Inc.	How to Improve Physical and Psychological Health Program	\$6,640.00
Neuroscience Centers of Florida Foundation, Inc.	Maintaining Intimacy with Multiple Sclerosis	\$3,895.72
Next Step Fund, Inc.	Summer Campference Program	\$10,000.00
Northeastern University	Biotchnology College Scholarship	\$1,000.00
Northern California Rheumatology Society	Congress Sponsorship	\$10,000.00
Northern New England Clinical Oncology Society	Congress Sponsorship	\$2,000.00
Operation Warm, Inc.	Boston Coat Program	\$20,000.00
Operation Warrior Wishes	Wounded Military Event	\$798.00
Pan Massachusetts Challenge	Pan Mass Challenge	\$11,000.00
Patient Access Network Foundation	Patient Assistance Program	\$460,000.00
Patient Access Network Foundation	Patient Assistance Program	\$200,000.00
Patient Services, Inc.	Patient Assistance Program	\$481,250.00
Patient Services, Inc.	Patient Assistance Program	\$2,902,500.00
Patient Services, Inc.	Patient Assistance Program	\$237,500.00
Patient Services, Inc.	Patient Assistance Program	\$818,750.00
Patient Services, Inc.	Patient Assistance Program	\$650,000.00
Patient Services, Inc.	Patient Assistance Program	\$5,960,000.00
PCMA Pharmaceutical Care Management Association	Congress Sponsorship	\$60,000.00

Sponsorships and Charitable Donations—Continued
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Recipient Name(s)	Activity Title	Funding Amount
Pediatric Endocrinology Nurse Society	Congress Sponsorship	\$6,200.00
Pediatric Endocrine Society	Congress Sponsorship	\$27,500.00
Peer Health Exchange, Inc.	Peer Health Exchange Program	\$5,000.00
Pennsylvania Rheumatology Society	Congress Sponsorship	\$10,000.00
Perkins School for the Blind	Enhancing Accessible Science and Technology Education eLearning Program	\$20,000.00
Philadelphia Rheumatism Society	5th Annual Ralph Schumacher Lecture	\$2,250.00
Phillips Brooks House Association Incorporated	Bridges Workshop	\$3,000.00
President and Fellows of Harvard College	The Family Van Health Clinic	\$50,000.00
Pro Player Foundation	Flavors of Austin Fundraiser	\$5,000.00
Project HOPE	Project Hope Gala	\$10,000.00
Project Just Because, Inc.	211 Domestic Abuse/Emergency Program & Keep A Family Warm Program	\$10,000.00
Prostate Cancer Academy	Prostate Cancer Academy 2017	\$7,500.00
Race to Erase MS	24th Annual Race to Erase MS	\$15,000.00
Race to Erase MS	Race to Erase MS	\$10,000.00
Radiological Society of North America	103rd Scientific Assembly and Annual Meeting	\$3,500.00
Rare Disease United Foundation	14th Annual World Symposium—Lysosomal Diseases	\$20,000.00
Rare Genomics Institute	Patient Advocacy Leadership Awards and Rare Disease Patient Advocate Teaching Modules	\$25,000.00
Rare New England, Inc.	Improving Health Care Experiences in the Rare Disease Community	\$3,000.00
Read to a Child, Inc.	Read to a Child's Lunchtime Reading Program	\$5,000.00
Resolve Community Counseling Center, Inc.	Volunteer Match	\$1,000.00
Rheumatology Association of IOWA	Congress Sponsorship	\$2,000.00
Rheumatology Association of Minnesota and the Dakotas	Congress Sponsorship	\$20,000.00
Rheumatology Association of Nevada	Congress Sponsorship	\$10,000.00
Rheumatology Nurses Society	Immunology Webinar	\$50,000.00
Rheumatology Nurses Society	10th Rheumatology Nurses Society Annual Conference	\$3,443.91
Rise Against Hunger	Volunteer Match	\$2,944.08
Rise Against Hunger	Volunteer Match	\$2,944.08
Rocky Mountain Multiple Sclerosis Center	MS4MS Fundraising Program	\$5,000.00
Rocky Mountain Multiple Sclerosis Center	2017 Webinar Program Series	\$5,000.00
Rocky Mountain Multiple Sclerosis Center	2016 Fall Education Summit	\$5,000.00
Samaritans, Inc.	Youth Suicide Prevention Services	\$25,000.00

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Saunders Health Services Foundation	2017 Night of Lights	\$2,500.00
Saunders Health Services Foundation	2016 Night of Lights	\$1,000.00
Save One Life, Inc.	Panel Discussion Donation	\$250.00
Scholarship America, Inc.	TORCH Awards Program	\$11,600.00
Scholarship America, Inc.	Scholarship Program	\$39,900.00
Science Club For Girls, Inc.	10th Annual Catalyst Awards	\$10,000.00
Science Club For Girls, Inc.	STEMinistas Program Expansion	\$10,000.00
Society of Nuclear Medicine and Molecular Imaging	Congress Sponsorship	\$1,250.00
Society of Nuclear Medicine and Molecular Imaging	Congress Sponsorship	\$2,200.00
Society of Nuclear Medicine and Molecular Imaging	Congress Sponsorship	\$7,790.00
Society of Nuclear Medicine and Molecular Imaging	Congress Sponsorship	\$1,800.00
Special Olympics Massachusetts Inc.	Bio-Ball 2017	\$2,500.00
Sportsmen's Tennis & Enrichment Center	Academic Enrichment Program	\$12,500.00
St. Francis House	Triage and Coordinated Care for the Poor and Homeless Population	\$10,000.00
St. Mary's Center for Women and Children	Women@Work Plus Program	\$15,000.00
State of Texas Association of Rheumatologists	Congress Sponsorships	\$20,000.00
Temple Beth Shalom [The Tribe]	Jewish Genetic Disease Awareness Screening	\$7,000.00
The American Association of Clinical Endocrinologists (AACE)	Congress Sponsorship	\$20,000.00
The American Society of Hematology	Congress Sponsorship	\$10,000.00
The Boston Home, Inc.	The Boston Home Arts Program	\$5,000.00
The Boston Home, Inc.	Socialization & Wellness Program	\$9,000.00
The Boston Home, Inc.	Resident & Family 2017 Event Series	\$10,000.00
The Boston Home, Inc.	135 Anniversary Event	\$10,000.00
The Community Art Center	Teen Media Program	\$15,000.00
The Community Art Center	General Operating Support	\$10,000.00
The Forsyth Institute	Mobile Dental Program Service	\$10,000.00
The Greater Boston Food Bank, Inc.	Volunteer Match	\$1,000.00
The Leukemia & Lymphoma Society Eastern PA Chapter	Light The Night Event	\$10,000.00
The Leukemia & Lymphoma Society, Inc.	Light The Night Event	\$20,000.00
The MAGIC Foundation	23rd Annual Convention	\$5,000.00

Sponsorships and Charitable Donations—Continued
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Recipient Name(s)	Activity Title	Funding Amount
The McCourt Foundation	Tour de South Shore—Bike/Walk	\$7,500.00
The McCourt Foundation	MS Educational Program Update	\$20,000.00
The Menkes Foundation	The Rare Disease Film Festival	\$3,000.00
The MS Center of St Louis	12th Annual Trivia and Auction Benefit	\$15,000.00
The Oak Clinic	Wellness Thursday Nutrition for MS Seminars	\$21,000.00
The Oak Clinic	2017 Oak Clinic Acorn Run	\$3,500.00
The Oak Clinic	2017 Diamond Run for MS	\$5,000.00
The Oak Clinic	Wellness Wednesday Nutrition for MS Seminars	\$14,000.00
The Posse Foundation	STEM Posse Program	\$25,000.00
The Possible Project	Powering Possibilities Gala	\$10,000.00
The Regents of the University of California, San Francisco	Rare Disease Symposium	\$10,000.00
The University of Texas MD Anderson Cancer Center	Congress Sponsorship	\$10,000.00
Thompson Island Outward Bound Education Center, Inc.	Connections—Science Education for Boston Public School Students	\$15,000.00
Thompson Island Outward Bound Education Center, Inc.	Thompson Island 4K Trail Run	\$5,000.00
ThyCa: Thyroid Cancer Survivors' Association, Inc.	Production and Distribution of Educational Handbooks and Materials	\$15,000.00
ThyCa: Thyroid Cancer Survivors' Association, Inc.	20th International Thyroid Cancer Survivors' Conference	\$35,000.00
Tisch Multiple Sclerosis Research Center of New York, Inc.	2017 Future Without MS Gala	\$10,000.00
Tisch Multiple Sclerosis Research Center of New York, Inc.	Healing MS: Online Newsletter	\$8,000.00
Tri-State Multiple Sclerosis Association	Owensboro Autumn Walk	\$2,500.00
Tri-State Multiple Sclerosis Association	Evansville Autumn Walk	\$2,500.00
Tutoring Plus of Cambridge, Inc.	STEAM Enrichment Programs	\$7,500.00
UMASS Dartmouth	Allston Brighton College Scholarship	\$2,000.00
United Arizona Rheumatology Alliance	Congress Sponsorship	\$45,000.00
United Network For Organ Sharing	Congress Sponsorship	\$8,400.00
United Pompe Foundation	Reception and Early Onset Pompe Patient Meeting	\$30,000.00
United Pompe Foundation	Reception and Early Onset Pompe Patient Meeting	\$45,000.00
United Pompe Foundation	General Operating Support	\$50,000.00
United Rheumatology	Congress Sponsorship	\$130,000.00
United Rheumatology	Congress Sponsorship	\$140,000.00
United States Bone and Joint Initiative, NFP	General Program Support	\$46,250.00
United States Bone and Joint Initiative, NFP	The Burden of Musculoskeletal Diseases in the United States	\$25,000.00

Sponsorships and Charitable Donations—Continued
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United States Bone and Joint Initiative, NFP	Membership	\$20,000.00
United States Bone and Joint Initiative, NFP	Patient Education Programs	\$80,000.00
University Hospitals Health System, Inc.	40th Anniversary Bone Marrow Transplant Celebration	\$5,000.00
University Neurology, Inc.	2017 NYSMSC Annual Meeting	\$5,000.00
University of Connecticut Foundation	Sanofi Genzyme Biotchnology College Scholarship	\$3,000.00
University of Massachusetts Foundation, Inc.	Student Success Program	\$200,000.00
University of Massachusetts: Lowell	Sanofi Genzyme Biotchnology College Scholarship	\$4,000.00
University of Miami	Sanofi Genzyme Biotchnology College Scholarship	\$1,000.00
University of Minnesota—Department of Surgery	Congress Sponsorship	\$23,500.00
University of New Hampshire	Sanofi Genzyme Biotchnology College Scholarship	\$4,000.00
University of Pennsylvania	Congress Sponsorship	\$2,500.00
Us TOO International	13th Annual SEA Blue Prostate Cancer Walk & Run	\$5,000.00
VCU Hume-Lee Transplant Center	Congress Sponsorship	\$1,000.00
Visiting Nurse Association of Boston & Affiliates	Heroes in Health Care Gala	\$10,000.00
VZW Sint-Aloysius Oud Scouts Geel	Volunteer Match	\$2,000.00
Washington University in St. Louis; Siteman Cancer Center	Washington University Fellows Program	\$1,500.00
Wentworth Institute of Technology	Sanofi Genzyme Biotchnology College Scholarship	\$500.00
West End House Boys and Girls Club	Volunteer Match	\$1,000.00
WGBH Educational Foundation	WGBH Pledge Night Event	\$12,000.00
Whitehead Institute for Biomedical Research	Expedition: Bio 2018 Program	\$10,000.00
Wisconsin Rheumatology Association	Congress Sponsorship	\$10,000.00
Women's Lunch Place	2017 Spaghetti Dinner	\$10,000.00
Women's Lunch Place	Healthy Meals Program	\$35,000.00
WORLD Symposium	Congress Sponsorship	\$40,000.00
WORLD Symposium	Congress Sponsorship	\$600.00
WORLD Symposium	Congress Sponsorship	\$1,200.00
WORLD Symposium	Congress Sponsorship	\$25,000.00
WORLD Symposium	Congress Sponsorship	\$63,000.00
WORLD Symposium	Congress Sponsorship	\$210,000.00
WORLD Symposium	Congress Sponsorship	\$160,000.00
WORLD Symposium	Congress Sponsorship	\$5,000.00
WriteBoston	Chelsea and WriteBoston Educational Programs	\$18,000.00

Sponsorships and Charitable Donations—Continued
1st Jan 2017–31st Dec 2017

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Recipient Name(s)	Activity Title	Funding Amount
Wylder Nation Foundation	4th Annual Living Like a Warrior Gala	\$15,000.00
YMCA of Greater Boston	Summer Day Camp Scholarships for Low-Income Youth	\$15,000.00
Young Men's Christian Association of Montclair, NJ	MS One Step Program	\$15,000.00
ziMS Foundation	8th Annual UVA MS Event	\$5,000.00
ziMS Foundation	7th Annual UVA MS Event	\$5,000.00

Sponsorships, Charitable Donations, Memberships and Fellowships
1st Jan 2018–31st Dec 2018

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Recipient Name(s)	Activity Title	Funding Amount
495 MetroWest Partnership	Membership	\$10,000.00
ACMG	Congress Sponsorship	\$33,000.00
ACMG	Congress Sponsorship	\$7,600.00
ACMG	Congress Sponsorship	\$500.00
ACMG	Congress Sponsorship	\$4,500.00
ACTRIMS	Congress Sponsorship	\$42,500.00
Alabama Cancer Congress	Membership	\$4,000.00
Alliance for Regenerative Medicine	Membership	\$100,000.00
Allston Village Main Streets Inc.	Community Event	\$1,000.00
American Academy of Dermatology	DataDerm Program	\$350,000.00
American Academy of Dermatology	Quality Innovation Center (QIC) Program	\$50,000.00
American Academy of Dermatology	AccessDerm Program	\$250,000.00
American Academy of Dermatology	2019 President's Fundraiser	\$275,000.00
American Academy of Dermatology	Practice Management Center Program	\$100,000.00
American Academy of Dermatology	2018 President's Fundraiser	\$275,000.00

Sponsorships, Charitable Donations, Memberships and Fellowships—Continued
1st Jan 2018–31st Dec 2018

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Recipient Name(s)	Activity Title	Funding Amount
American Academy of Neurology Institute	Congress Sponsorship	\$1,000.00
American Academy of Neurology Institute	Congress Sponsorship	\$500.00
American Academy of Neurology Institute	Congress Sponsorship	\$500.00
American Academy of Neurology Institute	Congress Sponsorship	\$15,000.00
American Academy of Neurology Institute	Congress Sponsorship	\$81,000.00
American Academy of Neurology Institute	Congress Sponsorship	\$598,935.00
American Academy of Neurology Institute	Women Leading in Neurology Program	\$20,000.00
American Academy of Neurology Institute	Transforming Leaders Program	\$25,000.00
American Academy of Neurology Institute	Palatucci Advocacy Leadership Forum	\$30,000.00
American Academy of Neurology Institute	2018 Industry Roundtable	\$50,000.00
American Academy of Neurology Institute	Diversity Leadership Program	\$30,000.00
American Association for Pediatric Ophthalmology & Strabismus	Congress Sponsorship	\$26,500.00
American Association of Clinical Endocrinologists	Congress Sponsorship	\$100.00
American Association of Neuro-muscular & Electrodiagnostic Medicine	Congress Sponsorship	\$50,000.00
American Association of Neuro-muscular & Electrodiagnostic Medicine	Congress Sponsorship	\$2,100.00
American Association of Neuro-muscular & Electrodiagnostic Medicine	Congress Sponsorship	\$990.00

Sponsorships, Charitable Donations, Memberships and Fellowships—Continued
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Recipient Name(s)	Activity Title	Funding Amount
American City Business Journals, Inc.	Corporate Citizenship Awards 2018	\$5,500.00
American College of Chest Physicians	Industry Advisory Council 2018	\$60,000.00
American College of Medical Genetics and Genomics	Congress Sponsorship	\$7,600.00
American College of Medical Genetics and Genomics	Congress Sponsorship	\$17,500.00
American College of Medical Genetics and Genomics	Congress Sponsorship	\$10,000.00
American College of Medical Genetics Foundation	Fellowship Program	\$75,000.00
American College of Medical Genetics Foundation	Fellowship Program	\$75,000.00
American College of Rheumatology	Congress Sponsorship	\$10,000.00
American College of Rheumatology	Congress Sponsorship	\$15,000.00
American Society for Blood and Marrow Transplant	Conference Sponsorship	\$10,000.00
American Society for Blood and Marrow Transplant	Sarah Cannon Blood Cancer Network Event	\$10,000.00
American Society for Blood and Marrow Transplant	ASBMT Website Sponsorship	\$15,000.00
American Society of Clinical Oncology	Congress Sponsorship	\$118,000.00
American Society of Clinical Oncology	Congress Sponsorship	\$358,750.00
American Society of Hematology	Congress Sponsorship	\$285,500.00
American Society of Hematology	Congress Sponsorship	\$75,000.00
American Society of Human Genetics	Congress Sponsorship	\$3,000.00
American Society of Nephrology	Congress Sponsorship	\$5,000.00
American Society of Nephrology	Congress Sponsorship	\$3,600.00

Sponsorships, Charitable Donations, Memberships and Fellowships—Continued
1st Jan 2018–31st Dec 2018

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Recipient Name(s)	Activity Title	Funding Amount
American Society of Transplant Surgeons	Congress Sponsorship	\$25,000.00
American Society of Transplant Surgeons	Congress Sponsorship	\$36,750.00
American Thoracic Society	ATS 2018 Corporate Member Program	\$50,000.00
American Thyroid Association	Congress Sponsorship	\$5,000.00
American Transplant Congress	Congress Sponsorship	\$153,000.00
Americas Committee for Treatment and Research in Multiple Sclerosis, Inc.	Congress Sponsorship	\$42,500.00
Americas Committee for Treatment and Research in Multiple Sclerosis, Inc.	Congress Sponsorship	\$12,480.00
Americas Committee for Treatment and Research in Multiple Sclerosis, Inc.	Congress Sponsorship	\$19,000.00
America's Physician Groups	Congress Sponsorship	\$4,500.00
ANERA (American Near East Refugee Aid)	Anera 50th Anniversary Fundraiser	\$10,000.00
Ann & Robert H. Lurie Children's Hospital of Chicago	MPS Patient and Family Day	\$2,500.00
Ann & Robert H. Lurie Children's Hospital of Chicago	Fellowship Program	\$75,000.00
Ann & Robert H. Lurie Children's Hospital of Chicago	Fellowship Program	\$75,000.00
Arthritis Foundation Northern California Office	Congress Sponsorship	\$7,500.00
Arts & Business Council of Greater Boston, Inc.	Battle of the Biotech Bands	\$5,250.00
ASCO Exhibits Management	Congress Sponsorship	\$5,495.00
ASCO Exhibits Management	Congress Sponsorship	\$18,990.00
Asembia Specialty Pharmacy Summit LLC	Congress Sponsorship	\$20,000.00

Sponsorships, Charitable Donations, Memberships and Fellowships—Continued
1st Jan 2018–31st Dec 2018

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Asembia Specialty Pharmacy Summit LLC	Congress Sponsorship	\$20,000.00
Asembia Specialty Pharmacy Summit LLC	Congress Sponsorship	\$20,000.00
ASN	Congress Sponsorship	\$7,200.00
ASN	Congress Sponsorship	\$72,500.00
ASPHO	Congress Sponsorship	\$3,000.00
Association of Managed Care Pharmacy (AMCP)	Congress Sponsorship	\$20,000.00
Association of Northern California Oncologists	Membership	\$1,200.00
Association of VA Hematology/Oncology	Congress Sponsorship	\$10,000.00
Association of Women in Rheumatology	AWIR 2018 Corporate Program	\$75,000.00
Bendcare	Congress Sponsorship	\$180,000.00
Bendcare	Congress Sponsorship	\$165,000.00
Big Brothers Big Sisters of Central Mass Metrowest Inc.	Mentoring Youth in Science Technology Engineering and Math (MySTEM)	\$15,000.00
Biomedical Science Careers Program	Evening of Hope 2018	\$75,000.00
Biomedical Science Careers Program	Hope Scholarship 2018–2019	\$7,500.00
Bleeding Disorders Alliance Illinois	Patient Education Program	\$7,000.00
Blue Cross Blue Shield Association	Congress Sponsorship	\$17,500.00
Boston Area Rape Crisis Center	Medical Advocacy Program	\$30,000.00
Boston Area Rape Crisis Center	Medical Advocacy (MedAd) Program	\$30,000.00
Boston Children's Hospital Corporation	Fellowship Program	\$75,000.00
Boston College	Membership	\$10,000.00

Sponsorships, Charitable Donations, Memberships and Fellowships—Continued
1st Jan 2018–31st Dec 2018

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Recipient Name(s)	Activity Title	Funding Amount
Boston Educational Development Foundation, Inc.	Boston Public Schools Science Fair	\$10,000.00
Boston Health Care For The Homeless Program Inc.	Life Essentials Fund	\$35,000.00
Boston Partners in Education, Inc.	Power Lunch, 2017–2018	\$6,000.00
Boston Plan for Excellence in The Public Schools Foundation	Boston Teacher Residency: Building a Diverse Pipeline of STEM Educators for BPS	\$15,000.00
Boston Private Industry Council	2018 Corporate Contributions Campaign	\$15,000.00
Boston University Continuing Medical Education	Congress Sponsorship	\$1,500.00
Bottom Line	Boston STEM Success Program	\$15,000.00
Boys and Girls Clubs of MetroWest	2018 Bids for Kids Auction & fundraising event	\$10,000.00
Boys and Girls Clubs of MetroWest	Operating Support	\$25,000.00
Breakthrough Greater Boston	Full STEAM Ahead Support	\$15,000.00
California Dermatology Physician Assistant Society	Congress Sponsorship	\$15,000.00
California Rheumatology Alliance	Congress Sponsorship	\$50,000.00
Cambridge Chamber of Commerce	Membership	\$7,250.00
Cambridge Chamber of Commerce	2018 Visionary Awards	\$3,250.00
Cambridge Chamber of Commerce	Community support program	\$7,500.00
Cambridge School Volunteers, Inc.	Fundraiser for Cambridge Schools	\$10,000.00
Cambridge School Volunteers, Inc.	Fundraiser for Cambridge Schools	\$10,000.00
Cambridge School Volunteers, Inc.	Reading Buddies—Fletcher Maynard Academy Support	\$16,818.00
Cambridge School Volunteers, Inc.	Reading Buddies—Fletcher Maynard Academy Support	\$16,423.00
Cancer Research Institute	CRI's Webinar Series: Cancer Immunotherapy and You	\$25,000.00
Case Management Society of America	CMSA's 28th Annual Conference & Expo	\$1,725.00
Case Management Society of America	CMSA's 28th Annual Conference & Expo	\$14,000.00

Sponsorships, Charitable Donations, Memberships and Fellowships—Continued
1st Jan 2018–31st Dec 2018

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Recipient Name(s)	Activity Title	Funding Amount
Case Management Society of America	CMSA's 28th Annual Conference & Expo	\$5,500.00
Case Management Society of New England	Corporate Sponsorship of CMSNE	\$1,250.00
Case Management Society of New England	Patient Education and Awareness Program	\$1,550.00
Case Management Society of New England	Patient Education and Awareness Program	\$1,000.00
Center for International Blood and Marrow Transplant Research	Congress Sponsorship	\$133,900.00
CEO Roundtable on Cancer	Membership	\$40,000.00
Charles River Community Health	Mom and Baby Program	\$15,000.00
CheckOrphan	Rare Disease Page Sponsorship	\$11,000.00
Child Neurology Society	Congress Sponsorship	\$4,250.00
Children Health and Research Foundation, Inc.	Fellowship Program	\$75,000.00
Childrens Gaucher Research Fund	Research: A novel iPSC-based system to elucidate the molecular mechanisms leading to neuronopathic Gaucher disease	\$75,000.00
Children's Hospital Corporation	Fellowship Program	\$75,000.00
Children's Hospital of Orange County	2019–2020 UCLA Intercampus Medical Biochemical Genetics Training Program	\$75,000.00
Children's Hospital of Philadelphia	Fellowship Program	\$75,000.00
Citizen Schools	STEM Learning at Somerville's East Somerville Community School	\$15,000.00
Citizen Schools	STEM Learning for High-Need Middle School Students in Somerville	\$15,000.00
CitySprouts, Inc.	Middle School Program	\$8,000.00
CitySprouts, Inc.	Middle School Program	\$8,000.00
Cleveland Clinic Educational Foundation	Congress Sponsorship	\$3,500.00
Coalition of Hematology Oncology Practices	Membership	\$6,000.00

Sponsorships, Charitable Donations, Memberships and Fellowships—Continued
1st Jan 2018–31st Dec 2018

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Recipient Name(s)	Activity Title	Funding Amount
Collegium Internationale Allergologicum	32nd Symposium of the Collegium Internationale Allergologicum	\$25,000.00
Community Boating, Inc.	Operating Support	\$15,000.00
Community Farms Outreach	Community Food Access Programs	\$15,000.00
Community Servings, Inc.	Pie in the Sky	\$10,000.00
Community Servings, Inc.	General Operating Support	\$30,000.00
Community Servings, Inc.	Volunteer Match	\$1,000.00
Community Servings, Inc.	Nutrition Program for Individuals & Families Affected by Multiple Sclerosis and Other Acute Life-Threatening Illnesses	\$30,000.00
Consortium of Multiple Sclerosis Centers	Congress Sponsorship	\$8,000.00
Consortium of Multiple Sclerosis Centers	Congress Sponsorship	\$21,000.00
Consortium of Multiple Sclerosis Centers	Congress Sponsorship	\$22,200.00
Consortium of Multiple Sclerosis Centers	Congress Sponsorship	\$1,200.00
Consortium of Multiple Sclerosis Centers	Congress Sponsorship	\$6,000.00
Consortium of Multiple Sclerosis Centers	Congress Sponsorship	\$1,500.00
Consortium of Multiple Sclerosis Centers	North American Registry for Care and Research in Multiple Sclerosis (NARCRMS) 2018 Support	\$200,000.00
Cradles To Crayons Inc.	Ready for School Program	\$20,000.00
Critical Path Institute	Transplant Therapeutics Consortium	\$55,000.00
DEAF, Inc.—Developmental Evaluation and Adjustment Facilities, Inc.	Deaf-Accessible Medical Case Management Program	\$10,000.00
Deep South Cancer Foundation	2018 Magic City Cycliad	\$5,000.00
Dermatology Nurses Association	DNA 2018 Corporate Membership	\$3,000.00
Dimock Community Foundation Inc.	4th Annual Road to Wellness 5K Walk/Run	\$1,000.00

Sponsorships, Charitable Donations, Memberships and Fellowships—Continued
1st Jan 2018–31st Dec 2018

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Dimock Community Foundation Inc.	31st Annual Fundraiser	\$100,000.00
Duke University	Fellowship Program	\$75,000.00
East End House Inc.	Generating and Evaluating New Adventures in Science After School (GENASAS)	\$20,000.00
East End House Inc.	Generating and Evaluating New Adventures in Science After School (GENASAS)	\$20,000.00
Emory University	Fellowship Program	\$75,000.00
Emory University	JScreen Jewish Genetic Disease Education Initiative	\$100,000.00
Family Promise Metrowest Inc.	Capital Campaign: A Place to Call Home	\$25,000.00
Florida Society of Clinical Oncology	Membership	\$25,000.00
Florida Society of Clinical Oncology	Living with Prostate Cancer	\$3,750.00
Florida Society of Rheumatology	Congress Sponsorship	\$35,600.00
Food For Free Committee, Inc.	Home Delivery—A Nutrition Program for Seniors and People with Disabilities	\$15,000.00
Foundation of the Consortium of MS Centers	Multiple Sclerosis Workforce of the Future: Medical Student Research Scholarships	\$31,225.00
Foundation of the Consortium of MS Centers	2018 FCMSC Neurology Resident Annual Meeting Scientific Scholarships	\$10,000.00
Foundation of the Consortium of MS Centers	NARCOMS NOW 2018	\$15,000.00
Foundation of the Consortium of MS Centers	Foundation of the Consortium of Multiple Sclerosis Centers 2018 Mission Support	\$10,000.00
Framingham Townwide Pto Council	Barbieri school holiday gift drive	\$1,000.00
Franciscan Hospital For Children Inc.	Adaptive Sports Program	\$15,000.00
Friends of Resiliency for Life Inc.	Dropout Prevention Academic Services	\$10,000.00
Generation Citizen Inc.	Generation Citizen Massachusetts Civics Day	\$10,000.00
Generation Citizen Inc.	Volunteer Match	\$1,000.00

Sponsorships, Charitable Donations, Memberships and Fellowships—Continued
1st Jan 2018–31st Dec 2018

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Georgia Dermatology of Physician Assistants (GDPA)	Congress Sponsorship	\$35,000.00
Georgia Society of Clinical Oncology	Membership	\$6,000.00
Georgia Society of Dermatology and Dermatologic Surgery	Congress Sponsorship	\$10,000.00
Georgia Society of Rheumatology	Congress Sponsorship	\$10,000.00
Georgia Society of Rheumatology	Congress Sponsorship	\$2,100.00
Girl Scouts of Eastern Massachusetts Inc.	Girls Building Self-eSTeEM	\$15,000.00
Global Academy for Medical Education, Inc.	Congress Sponsorship	\$65,000.00
Global Academy for Medical Education, Inc.	Congress Sponsorship	\$40,037.50
Global Alliance for Patient Access	Membership	\$50,000.00
Global Genes	In-kind donation	\$11,128.38
Global Genes	Access Program	\$25,000.00
Global Genes	2018 Patient Advocacy Summit: Advocacy Support	\$2,500.00
Global Genes	2018 RARE Corporate Alliance	\$25,000.00
Global Genes	2018 Patient Advocacy Summit	\$50,000.00
Global Genes	RARE Global Advocacy Leadership Symposium	\$10,000.00
Global Genes	2018 RARE Education Programs	\$25,000.00
Global Genes	2018 Rare Disease Hub	\$5,000.00
Global Genes	2019 Corporate Alliance	\$25,000.00
Gordon Research Conferences	Lysosomal storage diseases Program	\$10,000.00
Greater Boston Chamber of Commerce	Membership	\$4,000.00
Greenwood Genetic Center Inc.	Fellowship Program	\$74,764.00
Greenwood Genetic Center Inc.	Fellowship Program	\$74,991.00

Sponsorships, Charitable Donations, Memberships and Fellowships—Continued
1st Jan 2018–31st Dec 2018

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Recipient Name(s)	Activity Title	Funding Amount
Habitat For Humanity Metrowest—Greater Worcester Inc.	Fundraiser Event	\$10,000.00
Habitat For Humanity Metrowest—Greater Worcester Inc.	Affordable Home Build Program	\$20,000.00
Habitat For Humanity of North Central Massachusetts	Corporate Build Day	\$1,500.00
Harvard Medical School Global and Continuing Education	Congress Sponsorship	\$2,500.00
Health Care For All Inc.	Framingham Area Health Care Access Education and Outreach Campaign	\$15,000.00
Health Resources in Action Inc.	The Leaders through Education, Action and Hope (LEAH) Project	\$25,000.00
Health Resources in Action Inc.	The Leaders through Education, Action and Hope (LEAH) Project	\$866.75
Hearts & Noses Hospital Clown Troupe Inc.	Ongoing Bedside Hospital Clown Visits to Ill and Disabled Children in Greater Boston	\$15,000.00
Hemostasis and Thrombosis Re- search Society	Membership	\$10,000.00
Hope and Comfort Inc.	Hope and Comfort: Personal Hygiene Products to Low-Income Indi- viduals and Families	\$10,000.00
Horizons for Homeless Children	STEAM Education for Young Homeless Children	\$10,000.00
Illinois Society of Dermatology Physicians Assistants	Congress Sponsorship	\$25,000.00
Imedex, LLC	Congress Sponsorship	\$99,900.00
Institute for Cancer Research dba The Research Institute of Fox Chase Cancer Center	2018 In Vino Vita Fundraising Event	\$10,000.00
International Eczema Council	Congress Sponsorship	\$200,000.00
International Institute of New England	2018 Golden Door Award Fundraiser	\$10,000.00
International Institute of New England	Healthcare Navigation for Refugees in Boston	\$15,000.00
International Myeloma Workshop, c/o SPARGO, Inc.	Congress Sponsorship	\$450,000.00

Sponsorships, Charitable Donations, Memberships and Fellowships—Continued
1st Jan 2018–31st Dec 2018

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Recipient Name(s)	Activity Title	Funding Amount
International Organization of Multiple Sclerosis Nurses	2018 MS Perspectives Program	\$40,000.00
International Organization of Multiple Sclerosis Nurses	2018 IOMSN Mission Support	\$10,000.00
International Society on Thrombosis and Haemostasis	Congress Sponsorship	\$11,799.99
Italian Home For Children Inc.	Volunteer Match	\$1,000.00
Italian Home For Children Inc.	Comprehensive Care for Children	\$12,500.00
Jewish Family Service of Metrowest Inc.	Patient Navigator/Enhanced Medical Escort Program	\$20,000.00
Jewish Genetic Disease Consortium (JGDC)	JGDC Website and Social Media Rebuild Phase Two and Brochure Update	\$5,000.00
Jewish Genetic Diseases Center of Greater Phoenix	Our Heritage and our Health—Ashkenazi Jewish Genetic Disease and the Founder Effect	\$975.00
Just-A-Start Corporation	Just-A-Start Biomedical Careers Program	\$25,000.00
Just-A-Start Corporation	Biomedical Careers Program (& Mass Bio Membership)	\$25,000.00
Kansas University Endowment Association	Fellowship Program	\$75,000.00
Knect365 US, Inc.	Selections from DISORDER the Rare Disease Film Festival at Biotech Week Boston	\$15,000.00
Kometa Serbian Childrens Program Inc.	Volunteer Match	\$1,000.00
Life Science Cares Inc.	2018 Impact Breakfast	\$10,000.00
Little Brothers/Friends of the Elderly	Medical Escort Program	\$5,000.00
Louisiana Association of Health Plans	Congress Sponsorship	\$5,285.00
Lycee International De Boston International School of Boston Inc.	Fundraiser Event	\$10,000.00
Lysosomal and Rare Disorders Research and Treatment Center Inc.	Fellowship Program	\$75,000.00

Sponsorships, Charitable Donations, Memberships and Fellowships—Continued
1st Jan 2018–31st Dec 2018

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Recipient Name(s)	Activity Title	Funding Amount
Lysosomal and Rare Disorders Research and Treatment Center Inc.	Fellowship Program	\$75,000.00
Magellan Rx Management Inc.	Congress Sponsorship	\$7,500.00
Margaret Fuller Neighborhood House	Margaret Fuller Neighborhood House Youth Programs	\$15,000.00
Mass Insight Education and Research Institute Inc	Mass Insight's Advanced Placement (AP) STEM & English Program	\$15,000.00
Massachusetts Bay Community College Foundation	STEM Mentor Program (SMP)	\$43,000.00
Massachusetts Biotechnology Council	Congress Sponsorship	\$100,000.00
Massachusetts Biotechnology Council	Membership	\$30,800.00
Massachusetts Biotechnology Council	Patient Advocacy Summit	\$10,000.00
Massachusetts Biotechnology Education Foundation Inc.	Conference Sponsorship	\$5,000.00
Massachusetts Biotechnology Education Foundation Inc.	2018 Champions for Biotechnology Education Program	\$5,000.00
Massachusetts Biotechnology Education Foundation Inc.	Life Sciences Workforce 2018	\$5,000.00
Massachusetts Biotechnology Education Foundation Inc.	MassBioEd Mission	\$50,000.00
Massachusetts Black Women Attorneys Foundation Inc.	2018 Ida B. Wells Annual Awards Event	\$5,000.00
Massachusetts College of Pharmacy and Health Sciences	Next Generation of Women Leaders in STEM	\$10,000.00
Massachusetts Life Sciences Center	Massachusetts Next Generation Initiative (MassNextGen)	\$50,000.00
Massachusetts State Science and Engineering Fair, Inc.	2018 Fair Operations & Sanofi Genzyme Science Award	\$50,000.00
Medical Oncology Association of Southern California, Inc.	Membership	\$10,000.00
MedStar Health	Congress Sponsorship	\$2,500.00

Sponsorships, Charitable Donations, Memberships and Fellowships—Continued
1st Jan 2018–31st Dec 2018

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Recipient Name(s)	Activity Title	Funding Amount
Metrowest Free Medical Program Inc.	Access to Women's Health Care Program	\$15,000.00
Michigan Society of Hematology & Oncology	Membership	\$12,000.00
Museum of Fine Arts	Membership	\$20,000.00
Museum of Science	Sanofi Genzyme Teacher Sabbatical at the Museum of Science Cohort Year 2018/19	\$71,520.00
National Comprehensive Cancer Network	2019 NCCN Global Corporate Council Membership	\$15,000.00
National Comprehensive Cancer Network	NCCN 13th Annual Congress: Hematologic Malignancies™: Patient Advocacy Pavilion	\$10,000.00
National Organization of Rheumatology Managers	Congress Sponsorship	\$3,000.00
National Organization of Rheumatology Managers	Corporate Membership	\$30,000.00
National Society of Genetic Counselors	Congress Sponsorship	\$2,500.00
National Society of Genetic Counselors	Congress Sponsorship	\$2,500.00
National Society of Genetic Counselors	Congress Sponsorship	\$375.00
NEHI	NEHI's 2018 Innovators in Health Awards	\$10,000.00
New York University—Langone School of Medicine	Fellowship Program	\$75,000.00
NJ Sharing Network	Congress Sponsorship	\$5,000.00
NJ Society of Oncology Managers	Membership	\$5,000.00
Nora's Home	Congress Sponsorship	\$5,000.00
North Carolina Oncology Management Society	Membership	\$5,000.00
Northeastern University	Community Student Scholarship Program	\$4,000.00
Northern California Rheumatology Society	Congress Sponsorship	\$10,000.00
Norton Healthcare Foundation, Inc.	2018 Neuroscience Expo	\$5,000.00

Sponsorships, Charitable Donations, Memberships and Fellowships—Continued
1st Jan 2018–31st Dec 2018

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Recipient Name(s)	Activity Title	Funding Amount
Norton Healthcare Foundation, Inc.	2018 Celebrating MS Innovations	\$5,000.00
NSGC	Congress Sponsorship	\$6,600.00
Ohio Hematology Oncology Society	Membership	\$5,000.00
Operation Warm Inc.	2018 Boston Coat Program	\$20,000.00
Organ Donation & Transplantation Alliance	2018 Corporate Sponsorship	\$5,000.00
Pan American League of Associations for Rheumatology	Congress Sponsorship	\$131,750.00
PCMA Pharmaceutical Care Management Association	Congress Sponsorship	\$56,000.00
PCMA Pharmaceutical Care Management Association	Congress Sponsorship	\$50,000.00
PCMA Pharmaceutical Care Management Association	Congress Sponsorship	\$36,000.00
PCMA Pharmaceutical Care Management Association	Congress Sponsorship	\$50,000.00
Peer Health Exchange Inc.	Peer Health Exchange: Empowering Boston's Young People to Make Healthy Decisions	\$5,000.00
Pennsylvania Rheumatology Society	Congress Sponsorship	\$10,000.00
Perkins School for the Blind	Technology for Success in STEM Learning	\$20,000.00
Philadelphia Rheumatism Society	Membership	\$1,000.00
Phillips Brooks House Association Incorporated	Bridges Food Science and Physical Fitness Workshop	\$3,000.00
Phoenix Rheumatology Association	Congress Sponsorship	\$10,000.00
Phoenix Rheumatology Association	Congress Sponsorship	\$30,000.00
Phoenix Rheumatology Association	Membership	\$10,000.00
Premier Oncology Hematology Management Society	Membership	\$5,000.00
Premier Oncology Hematology Management Society	Membership	\$5,000.00
Premier Specialty Network	Congress Sponsorship	\$15,000.00

Sponsorships, Charitable Donations, Memberships and Fellowships—Continued
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Recipient Name(s)	Activity Title	Funding Amount
President and Fellows of Harvard College	The Family Van: Culturally-Competent Care for All	\$50,000.00
President and Fellows of Harvard College	The Family Van: Increasing Healthcare Access to Everyone	\$50,000.00
Pri-Med Institute	Congress Sponsorship	\$66,750.00
Pro Player Foundation	Patient Education and Awareness Program	\$5,000.00
Pro Player Foundation	Patient Education and Awareness Program	\$5,000.00
Project Just Because, Inc.	211 Domestic Abuse/Emergency Program & Keep A Family Warm Program	\$10,000.00
Prostate Cancer Academy	Congress Sponsorship	\$7,500.00
Read to a Child, Inc.	Read to a Child's Lunchtime Reading Program	\$5,000.00
Regents of the University of California	Fellowship Program	\$75,000.00
Regents of the University of California	Lysosomal Storage Diseases Patient and Family Educational Grant	\$57,059.40
Regents of the University of Michigan	Fellowship Program	\$75,000.00
Regents of the University of Minnesota	Fellowship Program	\$75,000.00
Rheumatology Association of Iowa	Congress Sponsorship	\$7,500.00
Rheumatology Association of Iowa	Congress Sponsorship	\$20,000.00
Rheumatology Association of Minnesota and the Dakotas	Congress Sponsorship	\$10,000.00
Rheumatology Association of Nevada	Congress Sponsorship	\$10,000.00
Rheumatology Nurses Society	Congress Sponsorship	\$2,000.00
Rheumatology Nurses Society	Congress Sponsorship	\$45,000.00
Rheumatology Nurses Society	Congress Sponsorship	\$3,655.00
Rheumatology Nurses Society	Congress Sponsorship	\$33,575.00
Rheumatology Nurses Society	Congress Sponsorship	\$1,700.00
Rheumatology Nurses Society	National Advocacy Sponsorship	\$50,000.00

Sponsorships, Charitable Donations, Memberships and Fellowships—Continued
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Recipient Name(s)	Activity Title	Funding Amount
Rheumatology Nurses Society	Speed Advocacy Session of the RNS Advocacy Experience Day	\$7,500.00
Rheumatology Nurses Society	Corporate Sponsorship	\$50,000.00
Rhode Island Diabetes & Endocrine Society	Congress Sponsorship	\$750.00
Run for Dad American Cancer Society	Run for Dad	\$3,000.00
S S Cosmas & Damian Society Inc.	92nd Annual Feast of S.S. Cosmas and Damian	\$2,500.00
Samaritans, Inc.	Youth Suicide Prevention Services	\$25,000.00
Scholarship America, Inc.	Chart Your Own Course Scholarship Program	\$32,250.00
Scholarship America, Inc.	Sanofi Genzyme TORCH Awards program	\$11,600.00
Science Club For Girls Inc.	Science Clubs and Junior Mentors Program	\$10,000.00
Science From Scientists Inc.	In-School Module-Based (ISMB) STEM Enrichment Program for Boston Public Schools 2017–18	\$30,000.00
Science From Scientists Inc.	In-School Module-Based (ISMB) STEM Enrichment Program for Boston Public Schools 2018–19	\$30,000.00
Society for Investigative Dermatology	Congress Sponsorship	\$20,000.00
Southern Oncology Association of Practices	Membership	\$5,000.00
Southern Regional Genetics Group (SERGG)	Congress Sponsorship	\$2,000.00
Special Olympics Massachusetts Inc.	2018 Bio-Ball	\$2,500.00
Special Olympics Massachusetts Inc.	Special Olympics Massachusetts Shrewsbury Basketball Team to Compete at Special Olympics World Games in Abu Dhabi	\$7,500.00
Sportsmen's Tennis & Enrichment Center	School to Sportsmen's Program	\$15,000.00
St. Francis House	Triage Program	\$10,000.00
St. Mary's Center for Women and Children	Women@Work Plus	\$15,000.00
State of Texas Association of Rheumatologists	Congress Sponsorship	\$40,000.00

Sponsorships, Charitable Donations, Memberships and Fellowships—Continued
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Recipient Name(s)	Activity Title	Funding Amount
State of Texas Association of Rheumatologists	Congress Sponsorship	\$40,000.00
The Administrators of the Tulane Education Fund on behalf of Tulane University Health Sciences Center, CCE	NOLA Bluedoo Run/Walk/Celebration for Prostate Cancer Research	\$7,500.00
The American Society of Hematology	Congress Sponsorship	\$10,000.00
The American Society of Hematology	Congress Sponsorship	\$3,150.00
The Boston Home, Inc.	B.Fit! Socialization and Wellness Day Program	\$18,000.00
The Community Art Center	Community Art Center Youth Programming	\$15,000.00
The Community Art Center	Community Art Center School Age Child Care and Teen Programs	\$15,000.00
The Discovery Museums	Sanofi Genzyme Discovery Science 2018	\$15,000.00
The Discovery Museums	Fundraiser Event	\$5,000.00
The Discovery Museums	Discovery Science: Framingham and Waltham	\$15,000.00
The Endocrine Society	Congress Sponsorship	\$3,995.00
The Forsyth Institute	Mobile Dental Program Service to the Youth on Fire Shelter in Cambridge	\$10,000.00
The Greater Boston Food Bank Inc.	General Operating Support	\$30,000.00
The Greater Boston Food Bank Inc.	Volunteer Match	\$1,000.00
The Greater Boston Food Bank Inc.	Volunteer Match	\$1,000.00
The Greater Boston Food Bank Inc.	Emergency Food Distribution Across Eastern Massachusetts	\$30,000.00
The Jewish P.O.C.E.T.	Congress Sponsorship	\$2,500.00
The Massachusetts General Hospital	Everyday Amazing Race	\$5,000.00
The McCourt Foundation	Educational Update	\$20,000.00
The McCourt Foundation	Tour de South Shore Athletic Festival	\$5,000.00

Sponsorships, Charitable Donations, Memberships and Fellowships—Continued
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Recipient Name(s)	Activity Title	Funding Amount
The McCourt Foundation	MS Educational Update for Patients, Caregivers and Family Members	\$20,000.00
The Oak Clinic	2018 Oak Clinic Acorn Run	\$4,500.00
The Oak Clinic	Oak Clinic's Marvelous Monday's Wellness Programs	\$15,000.00
The Oak Clinic	2018 Oak Clinic Diamond Run	\$5,000.00
The Posse Foundation Inc.	Posse Boston	\$25,000.00
The Possible Project	The Possible Project 2018 Event Series	\$10,000.00
The Regents of the University of California, Irvine	Fellowship Program	\$75,000.00
The Regents of the University of California, Los Angeles	Fellowship Program	\$75,000.00
The Salvation Army	Volunteer Match	\$2,000.00
The Salvation Army	Volunteer Match	\$6,000.00
The UCLA Foundation	The UCLA Fabry Disease Program	\$2,500.00
Thompson Island Outward Bound Education Center Inc.	Connections Program	\$15,000.00
Thompson Island Outward Bound Education Center Inc.	2018 Thompson Island 4k Trail Run	\$5,000.00
Trustees of Boston University	Community Student Scholarship Program	\$4,000.00
Trustees of Boston University	Community Student Scholarship Program	\$825.00
Trustees of the University of Pennsylvania	The 19th International Vasculitis & ANCA Workshop	\$50,000.00
Tutoring Plus of Cambridge, Inc.	STEAM Programming	\$5,000.00
Tutoring Plus of Cambridge, Inc.	Elementary and Middle School Programs	\$12,500.00
UAB Division of Nephrology Attn: Jennifer Clendenin	Fellowship Program	\$75,000.00
UConn Health	Congress Sponsorship	\$500.00
United Arizona Rheumatology Alliance	Congress Sponsorship	\$25,000.00
United Network For Organ Sharing	Congress Sponsorship	\$9,100.00

Sponsorships, Charitable Donations, Memberships and Fellowships—Continued
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Recipient Name(s)	Activity Title	Funding Amount
United Network For Organ Sharing	Congress Sponsorship	\$6,000.00
United Network For Organ Sharing	Congress Sponsorship	\$8,000.00
United Rheumatology LLC	Congress Sponsorship	\$135,000.00
United Way of Tri-County	Volunteer Match	\$1,000.00
University of Alabama at Birmingham	Fellowship Program	\$75,000.00
University of Chicago Hospitals	Congress Sponsorship	\$15,000.00
University of Colorado Anschutz Medical Campus	Congress Sponsorship	\$20,000.00
University of Florida Foundation Inc.	Fellowship Program	\$75,000.00
University of Florida Foundation Inc.	Fellowship Program	\$74,900.00
University of Illinois at Chicago	Congress Sponsorship	\$10,000.00
University of Louisville	Congress Sponsorship	\$10,000.00
University of Massachusetts Foundation Inc.	Student Success Program, UMass Boston, College of Science and Mathematics	\$200,000.00
University of Mississippi Foundation	TORCH award donations	\$5,000.00
Uplifting Athletes Inc.	Leadership Development Conference/Organizational Support	\$38,000.00
Uplifting Athletes Inc.	2019 Uplifting Athletes Young Investigator Draft	\$20,000.00
Uplifting Athletes Inc.	Young Investigator Draft	\$5,000.00
Vanderbilt University School of Medicine	Fellowship Program	\$75,000.00
VNA Care Hospice Inc.	Elizabeth Evarts de Rham Hospice Home at Chilton Street	\$5,000.00
Wade Institute for Science Education	Summer Professional Development STEM Institutes for teachers	\$20,000.00
Wade Institute for Science Education	Summer Professional Development Institutes for Science Teachers 2019	\$20,000.00
Washington State Medical Oncology Society	Membership	\$5,000.00

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Recipient Name(s)	Activity Title	Funding Amount
Wentworth Institute of Technology	Community Student Scholarship Program	\$4,000.00
West End House Boys and Girls Club	Volunteer Match	\$1,000.00
West End House Boys and Girls Club	Volunteer Match	\$1,000.00
West End House Boys and Girls Club	West End House Expect More Campaign: MakerZone	\$24,609.00
West End House Boys and Girls Club	West End House Annual Celebration	\$25,000.00
West End House Boys and Girls Club	West End House Annual Celebration	\$50,000.00
Western States Regional Hemophilia Network	Congress Sponsorship	\$18,000.00
Wheelchairs 4 Kids	Let's Roll Program	\$10,000.00
Whitehead Institute for Biomedical Research	Expedition: Bio 2019	\$10,000.00
Wisconsin Rheumatology Association	Congress Sponsorship	\$10,000.00
Women's Dermatologic Society	Congress Sponsorship	\$2,500.00
Women's Lunch Place	Healthy Meals Program	\$45,000.00
WORLD Symposium	Congress Sponsorship	\$1,000.00
WORLD Symposium	Congress Sponsorship	\$1,000.00
WORLD Symposium	Congress Sponsorship	\$1,000.00
WORLD Symposium	Congress Sponsorship	\$67,000.00
WORLD Symposium	Congress Sponsorship	\$110,000.00
WORLD Symposium	Congress Sponsorship	\$5,000.00
WORLD Symposium	Congress Sponsorship	\$50,000.00
WORLD Symposium	Congress Sponsorship	\$60,000.00
WORLD Symposium	Congress Sponsorship	\$35,000.00
WORLD Symposium	Congress Sponsorship	\$35,000.00

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Recipient Name(s)	Activity Title	Funding Amount
WORLD Symposium	Congress Sponsorship	\$50,000.00
WORLD Symposium	Congress Sponsorship	\$50,000.00
WORLDSymposia	Congress Sponsorship	\$5,250.00
WORLDSymposia	Congress Sponsorship	\$45,000.00
WriteBoston	Aligning and Elevating Literacy Instruction across the Chelsea Public Schools	\$18,000.00
YMCA of Greater Boston	Scholarships for Low-Income Allston-Brighton Children	\$15,000.00
zIMS Foundation	2018 ZIMS Strike Down MS Bowl-A-Thon	\$5,000.00

Proposal Type	Project Name	Legal Name	Amount
Corporate Membership	Transplantation Therapeutics Membership	Critical Path Institute	\$55,000.00
Corporate Membership	Corporate Membership	Endocrine Society	\$11,000.00
Corporate Membership	Corporate Membership	Colorado Business Group on Health	\$5,000.00
Corporate Membership	Corporate Membership	Rheumatology Research Foundation	\$200,000.00
Corporate Membership	Corporate Membership	National Governors Association	\$25,000.00
Corporate Membership	Corporate Membership	National Conference of Insurance Legislato	\$5,000.00
Corporate Membership	CEVR Membership	Tufts Medical Center	\$35,000.00
Corporate Membership	Corporate Membership	American Association for Cancer Research	\$20,000.00
Corporate Membership	Corporate Membership	American Association for Cancer Research	\$20,000.00
Corporate Membership	Corporate Membership	American Association of Diabetes Educator	\$25,000.00
Corporate Membership	Corporate Membership	AMGA Foundation Inc.	\$15,000.00
Corporate Membership	2018 NEHI Membership	NEHI	\$75,000.00
Corporate Membership	2018 Corporate Membership	National Kidney Foundation, Inc.	\$10,000.00
Corporate Membership	Corporate Membership Dues 2018	The Partnership for Quality Medical Donati	\$19,000.00
Corporate Membership	STOP Obesity Alliance	George Washington University's STOP Obes	\$25,000.00
Corporate Membership	Premium Membership	Texas Business Group on Health	\$15,000.00
Corporate Membership	Health Organization Corporate Membership	University of Louisville School of Public Health	\$50,000.00
Corporate Membership	Corporate Membership	American Association of Nurse Practitioner	\$20,000.00
Corporate Membership	Corporate Membership	Georgia Chamber of Commerce	\$750.00
Corporate Membership	Corporate Membership	American Association of Clinical Endocrinol	\$20,000.00

Proposal Type	Project Name	Legal Name	Amount
Corporate Membership	Corporate Membership	National Business Group on Health	\$16,500.00
Corporate Membership	PBSM Corporate Membership	National Business Group on Health	\$15,000.00
Corporate Membership	Membership Dues	Florida Chamber of Commerce, Inc.	\$2,000.00
Corporate Membership	2018 Membership	Buyers Health Care Action Group	\$10,000.00
Corporate Membership	Chamber of Commerce Dues	Montana Chamber of Commerce	\$280.00
Corporate Membership	Corporate Membership	Business for Social Responsibility	\$33,000.00
Corporate Membership	2018 ACCP Annual Membership	Association of Corporate Contributions Pro	\$6,250.00
Corporate Membership	Corporate Membership	Society of Toxicologic Pathology	\$2,500.00
Corporate Membership	Corporate Membership	Healthcare Distribution Alliance HDA	\$45,000.00
Corporate Membership	Tufts CSDD	Tufts Center for the Study of Drug Developm	\$15,000.00
Corporate Membership	Affiliate Membership Dues	Massachusetts Association of Health Plans	\$2,500.00
Corporate Membership	Corporate Membership	National Health Council	\$32,000.00
Corporate Membership	Corporate Membership	Illinois Manufacturers' Association	\$2,500.00
Corporate Membership	NASPA 2018 Associate Member Dues	NASPA	\$5,000.00
Corporate Membership	Corporate Membership 2018	National LGBT Chamber of Commerce	\$7,500.00
Corporate Membership	Corporate Membership 2018	National LGBT Chamber of Commerce	\$7,500.00
Corporate Membership	Corporate Membership	International Society for Medical Publicatio	\$20,000.00
Corporate Membership	ACPA Corporate Membership	American Chronic Pain Association	\$10,000.00
Corporate Membership	Corporate Membership	Pharmaceutical Research and Manufacture	\$397,832.00
Corporate Membership	Corporate Memberhsip	Pharmaceutical Research and Manufacture	—
Corporate Membership	Women's Heart Alliance Mebership	Tides Center	\$75,000.00
Corporate Membership	Corporate Membership	College Diabetes Network Inc.	\$25,000.00
Corporate Membership	Corp.	AIM—Associated Industries of Massachuset	\$10,000.00
Corporate Membership	NLGA Corporate Membership	National Lt. Governors Association	\$10,000.00
Corporate Membership	Corporate Membership	Ohio Chamber of Commerce	\$1,700.00
Corporate Membership	Corporate Membership	Somerset Health Care Foundation	\$2,500.00
Corporate Membership	Corporate Membership	Academy of Managed Care Pharmacy	\$10,000.00
Corporate Membership	Corporate Membership	HealthCare Institute of NJ	\$5,000.00
Corporate Membership	DA4S Corporate Membership	Diversity Alliance for Science, Inc.	\$700.00
Corporate Membership	Corporate Membership	Healthcare Businesswomen's Association	\$23,500.00
Corporate Membership	National Quality Forum Membership	National Quality Forum	\$39,400.00
Corporate Membership	WPEO Corporate Membership	Women President Educational Organization	\$5,000.00
Corporate Membership	Corporate Membership	Minnesota Society of Health-System Pharm	\$6,000.00
Corporate Membership	Corporate Membership	The Medical Alley Association	\$2,000.00
Corporate Membership	2018 Membership	New York & New Jersey Minority Supplier D	\$6,500.00
Corporate Membership	Corporate Membership	Pittsburgh Business Group on Health	\$3,450.00
Corporate Membership	GDAH Corporate Membership	Greater Detroit Area Health Council, Inc.	\$7,000.00
Corporate Membership	Ruby Annual Membership	US Business Leadership Network	\$7,500.00
Corporate Membership	Ruby Annual Membership	US Business Leadership Network	\$7,500.00
Corporate Membership	2018 Corporate Dues	Physician Assistant Foundation of the Americas	\$20,000.00

Proposal Type	Project Name	Legal Name	Amount
Corporate Membership	2018 Somerset County Business Partnership dues	Somerset County Business Partnership	\$15,000.00
Corporate Membership	Annual Membership	Women in Government Foundation, Inc.	\$20,000.00
Corporate Membership	CLSA Sustaining Membership	California Life Sciences Association	\$76,000.00
Corporate Membership	NaVOBA corporate membership	NaVOBA—National Veteran Owned Business	\$15,000.00
Corporate Membership	Corporate Membership	Intellectual Property Owners Association	\$26,800.00
Corporate Membership	Annual Membership	Michigan Primary Care Consortium	\$5,000.00
Corporate Membership	Annual Membership	National Alliance of Healthcare Purchaser	\$15,000.00
Corporate Membership	Annual Membership	ISPOR	\$15,000.00
Corporate Membership	Corporate Membership	The Antibody Society	\$10,000.00
Corporate Membership	Corporate Membership	Michigan Association of Health	\$2,500.00
Corporate Membership	Corporate Membership	Life Science Tennessee	\$1,500.00
Corporate Membership	2018 Corporate Membership	Association of Community Cancer Centers	\$75,000.00
Corporate Membership	Corporate Membership	Texas Association of Manufacturers	\$5,000.00
Corporate Membership	Annual Membership	JDRF International	\$30,000.00
Corporate Membership	Corporate Membership	AMDA—The Society for Post-Acute and Long	\$2,584.00
Corporate Membership	Corporate Membership	Texas Healthcare and Bioscience Institute	\$5,000.00
Corporate Membership	Corporate Membership	BioForward	\$3,000.00
Corporate Membership	Annual Membership	National Association of Manufacturers	\$224,000.00
Corporate Membership	2018 Business Partner Membership	The Health Collaborative	\$450.00
Corporate Membership	OFII 2018 Membership Dues	Organization for International Investment	\$17,500.00
Corporate Membership	AMA Foundation dues	American Medical Association Foundation	\$20,000.00
Corporate Membership	Corporate Membership Dues	National Pharmaceutical Council	\$200,000.00
Corporate Membership	Corporate Membership Dues	National Pharmaceutical Council	\$200,000.00
Corporate Membership	Corporate Membership Dues	National Pharmaceutical Council	\$50,000.00
Corporate Membership	Biocom Membership Dues	Biocom	\$15,000.00
Corporate Membership	2018 Preferred Membership	BIONJ Inc.	\$30,000.00
Corporate Membership	2018 Membership Dues	Healthcare Leadership Council	\$200,000.00
Corporate Membership	Corporate Membership	Oregon Business & Industry Association	\$1,500.00
Corporate Membership	Membership Dues	American Society of Transplantation	\$30,000.00
Corporate Membership	Patients Count Membership Dues	Milken Institute	\$50,000.00
Corporate Membership	Membership Dues	Rheumatology Research Foundation	\$200,000.00
Corporate Membership	Membership Dues	The Kansas Chamber	\$993.00
Corporate Membership	Membership Dues	Lehigh Valley Business Coalition on Healthcare	\$1,500.00
Corporate Membership	2018 BIO Membership	Biotechnology Innovation Organization	\$718,851.00
Corporate Membership	2018 Membership Dues	Northeast Business Group on Health	\$10,500.00
Corporate Membership	Corporate Membership	Indiana Chamber of Commerce	\$650.00
Corporate Membership	Corporate Membership Dues	American Society of Hematology	\$35,000.00
Corporate Membership	Corporate Membership	HealthCare 21 Business Coalition	\$2,750.00
Corporate Membership	MichiBio Membership	Michigan Biosciences Industry Association	\$1,500.00
Corporate Membership	Membership Dues	Virginia Bio	\$2,300.00

Proposal Type	Project Name	Legal Name	Amount
Corporate Membership	Corporate Membership	American Foundation for Women's Health	\$50,000.00
Corporate Membership	PSTC Corporate Membership	Critical Path Institute	\$35,000.00
Corporate Membership	Corporate Membership Dues	Research!America	\$15,000.00
Corporate Membership	Membership Dues	ILSI Health and Environmental Health Instit	\$15,000.00
Corporate Membership	Membership Dues	ILSI Health and Environmental Health Instit	\$82,971.00
Corporate Membership	Membership Dues	Washington Health Alliance	\$6,930.00
Corporate Membership	Membership Dues	Employers Health Coalition, Inc.	\$1,000.00
Corporate Membership	Membership Dues	State Legislative Leaders Foundation, Inc.	\$35,000.00
Corporate Membership	Associate Sustaining Membership Dues	Alliance for Patient Access	\$50,000.00
Corporate Membership	2018 NewYorkBIO Membership	NewYorkBIO	\$2,500.00
Corporate Membership	Membership Renewal	Michigan Chamber of Commerce	\$1,950.00
Corporate Membership	CAHF Associate Membership Renewal	CA Assn of Health Facilities	\$1,200.00
Corporate Membership	2018 Memebership	Alliance for a Stronger FDA	\$20,000.00
Corporate Membership	Industry Advisory Board	The Foundation for Post-Acute & Long-Term	\$25,000.00
Corporate Membership	DTA Membership	Digital Therapeutics Alliance	\$75,000.00
Corporate Membership	Corporate Membership Renewal	Public Affairs Council	\$12,900.00
Corporate Membership	2018 IPAC membership	Diabetes Education and Camping Associatio	\$15,000.00
Corporate Membership	Annual Membership	Evidence for Health Care Improvement d/b	\$100,000.00
Corporate Membership	Consortium for Value and Science Membership	National Academy of Sciences	\$100,000.00
Corporate Membership	HRPA Membership	HR Policy Association	\$15,000.00
Corporate Membership	CPR Membership	International Institute for Conflict Preventio	\$10,000.00
Corporate Membership	Corporate Membership	American Enterprise Institute for Public Policy	\$100,000.00
Corporate Membership	Annual Membership	Louisiana Association of Health Plans	\$1,765.00
Corporate Membership	Corporate Committee Membership 2018	U.S. Capitol Historical Society	\$10,000.00
Corporate Membership	2018 Memebership	Well-Being Collaborative of Ohio	\$1,000.00
Corporate Membership	2018 Council Membership	Virginia Center for Health Innovation	\$5,000.00
Corporate Membership	Corporate Membership	Arkansas State Chamber of Commerce/AIA	\$1,000.00
Corporate Membership	Corporate Membership	International Society for Pharmacoepidemi	\$8,000.00
Corporate Membership	AWB Membership	Association of Washington Business	\$2,500.00
Corporate Membership	Membership dues	Pharmaceutical Research and Manufacture	—
Corporate Membership	Annual Membership	Medical Association of Georgia	\$5,000.00
Corporate Membership	Annual Membership	New Jersey Association of Health Plans	\$5,000.00
Corporate Membership	Annual Membership	CECP	\$15,000.00
Corporate Membership	Corporate Membership	Kentuckiana Health Collaborative	\$1,500.00
Corporate Membership	2018 PQA Membership Dues	PQA, Inc.	\$34,375.00
Corporate Membership	2018 CIBMTR Corporate Membership	The Medical College of Wisconsin, Inc.	\$30,000.00
Corporate Membership	Annual Membership	American Thrombosis and Hemostasis Network	\$75,000.00

Proposal Type	Project Name	Legal Name	Amount
Corporate Membership	Annual Membership	Missouri Chamber of Commerce and Indust	\$1,500.00
Corporate Membership	Annual membership	Center Forward	\$20,000.00
Corporate Membership	PACH Associate Membership	Partnership for the Advancement of Cardio	\$125,000.00
Corporate Membership	HUBZone Contractors National Council	HUBZone Contractors National Council, Inc.	\$2,495.00
Corporate Membership	Annual Membership	Greater Las Vegas Chamber of Commerce	\$1,499.50
Corporate Membership	GlobalWIN Annual Support	Global Women's Innovation Network	\$20,000.00
Corporate Membership	FDLI Membership	Food and Drug Law Institute	\$13,750.00
Corporate Membership	Annual Membership	Wisconsin Manufacturers and Commerce	\$714.00
Corporate Membership	Annual Membership	Midwest Business Group on Health	\$8,000.00
Corporate Membership	Corporate Membership	National Committee for Quality Assurance	\$25,000.00
Corporate Membership	Affiliate Partner dues	Central Florida Health Care Coalition	\$1,800.00
Corporate Membership	MRCT Clinical Trials Membership	Multi Regional Clinical Trial Center of Brigha	\$50,000.00
Corporate Membership	MRCT Bioethics Membership	Multi Regional Clinical Trial Center of Brigha	\$25,000.00
Corporate Membership	MOBIO Membership 2018	Missouri Biotechnology Association	\$1,500.00
Corporate Membership	Corporate Membership	National Hispanic Health Foundation	\$25,000.00
Corporate Membership	Annual Membership	West Virginia Chamber of Commerce, Inc.	\$1,320.00
Corporate Membership	Annual Membership	New Jersey Alliance for Action	\$3,000.00
Corporate Membership	Corporate Membership	American College of Toxicology	\$1,500.00
Corporate Membership	2018 Memebership	National Association of Chain Drug Stores	\$9,960.00
Corporate Membership	Annual Membership	Business Council of Alabama	\$3,000.00
Corporate Membership	Corporate Membership	US Pain Foundation Inc.	\$20,000.00
Corporate Membership	Corporate Membership	South Carolina Alliance of Health Plans	\$3,000.00
Corporate Membership	Corporate Membership	The Oklahoma State Chamber of Commerc	\$2,400.00
Corporate Membership	Corporate Membership	American Legislative Exchange Council	\$5,000.00
Corporate Membership	Corporate Membership	American Legislative Exchange Council	\$12,000.00
Corporate Membership	Corporate Membership	American Society of Nephrology	\$20,000.00
Corporate Membership	Corporate Membership	American Society of Nephrology	\$10,000.00
Corporate Membership	Annual Membership Dues	Iowa Biotechnology Association	\$2,000.00
Corporate Membership	CHOT Annual Membership	University of Louisville School of Public Health	\$50,000.00
Corporate Membership	Corporate Membership	Maryland Health Care Coalition DBA MidAtlantic	\$5,000.00
Corporate Membership	Corporate Membership	NCSL Foundation for State Legislatures	\$12,500.00
Corporate Membership	Corporate Membership	Associated Industries of Missouri	\$3,865.00
Corporate Membership	Annual Associate Membership	Derma Care Access Network	\$100,000.00
Corporate Membership	Corporate Membership	Wisconsin Collaborative for Healthcare Quality	\$3,750.00
Corporate Membership	Corporate Membership	Academy of Integrative Pain Management	\$15,000.00
Corporate Membership	Corporate Membership	Association of Military Surgeons of the Unit	\$3,000.00
Corporate Membership	DPAC Corporate Membership	Diabetes Patient Advocacy Coalition	\$25,000.00

Proposal Type	Project Name	Legal Name	Amount
Corporate Membership	HISCI Membership	Health Industry Distributors Association	\$5,300.00
Corporate Membership	CCCC Corporate Membership	California Chronic Care Coalition	\$5,000.00
Corporate Membership	Corporate Membership 2018–2019	America's Physician Groups	\$25,000.00
Corporate Membership	Corporate Membership	Integrated Benefits Institute, Inc.	\$33,450.00
Corporate Membership	Corporate Membership	Integrated Benefits Institute, Inc.	\$7,814.00
Corporate Membership	Corporate Membership	Integrated Benefits Institute, Inc.	\$8,736.00
Corporate Membership	2019 Affiliate Membership Dues	Greater Philadelphia Business Coalition on Health	\$5,000.00
Corporate Membership	Maryland Tech Council Membership	Maryland Tech Council	\$1,800.00
Corporate Membership	Gender Parity Collaborative Membership	Healthcare Businesswomen's Association	\$30,000.00
Donations	Adult Day Center Expanded Therapeutic Programming Request	Visiting Nurse Association of Somerset Hills	\$10,000.00
Donations	SARP Program Support	The Pennsylvania State University	\$150,000.00
Donations	Katy's Place Child Development Center	The Center For Great Expectations Inc.	\$5,000.00
Donations	Community Outreach to Veterans	Operation Jersey Cares	\$600.00
Donations	Sanofi US Empowering Life Photo Contest	Seattle Children's Hospital Foundation	\$5,000.00
Donations	Student Support for Drexel Chemical and Biological Engineering	Drexel University	\$5,000.00
Donations	XTL Youth Programming—Empowering Life Winner	Affirmations	\$2,500.00
Donations	COTA for CJ T—Empowering Life Winner	COTA Children's Organ Transplant Associati	\$2,500.00
Donations	General Mission Support	The Partnership for Quality Medical Donati	\$10,000.00
Donations	Research Training in Pharmacoepidemiology	Trustees of The University of Pennsylvania	\$20,000.00
Donations	Friends of Cancer Research Mission Support	Friends of Cancer Research	\$50,000.00
Donations	Cooley Landing Community-Based Baylands Restoration Project	Grassroots Ecology	\$25,000.00
Donations	Green Printing Initiative	Arbor Day Foundation	\$4,944.00
Donations	Veterans and Careers	U.S. Naval Academy Alumni Association	\$1,000.00
Donations	Fellowship Support	Pharmaceutical Research and Manufacture	\$270,000.00
Donations	General Mission Support	United Way of Northern New Jersey	\$55.00
Donations	2018 Warrior Wishes Program	Operation Warrior Wishes Foundation	\$10,000.00
Donations	General Mission Support	ASTS Foundation	\$50,000.00
Donations	General Operating Support	American College of Laboratory Animal Medicine	\$2,500.00
Donations	Meals on Wheels	Midland Adult Services Inc.	\$5,000.00
Donations	General Operating Support	Washington Legal Foundation	\$30,000.00
Donations	Empowering young people for success in STEM careers	Junior Achievement of New Jersey, Inc.	\$50,000.00
Donations	Get Active and Make a Difference Challenge	College Diabetes Network Inc.	\$12,000.00
Donations	Get Active and Make a Difference Challenge	Junior Achievement USA	\$2,500.00
Donations	Get Active & Make a Difference Challenge	Boys & Girls Clubs of America	\$2,500.00
Donations	Residential Children's Program	Safe + Sound Somerset	\$10,000.00
Donations	Get Active and Make a Difference Challenge	March of Dimes Foundation	\$8,000.00

Proposal Type	Project Name	Legal Name	Amount
Donations	Healthy Food Pantry Program	The Salvation Army	\$10,000.00
Donations	Responding to California Wildfires	Direct Relief	\$25,000.00
Donations	Vets4Warriors	Rutgers University Foundation	\$2,000.00
Donations	MAP's Domestic Disaster Relief Preparedness	Map International	\$10,000.00
Donations	Midland Explores Community Program	Midland Adult Services Inc.	\$5,000.00
Donations	MAS Employment Program	Midland Adult Services Inc.	\$5,000.00
Donations	Get Active and Make a Difference Challenge	Wounded Warrior Project, Inc.	\$40,000.00
Donations	Advancing Authentic STEM Education	Students 2 Science	\$250,000.00
Donations	Success By 6 with Scholarship Support and STEM Enhancement	United Way of Northern New Jersey	\$37,000.00
Donations	Get Active and Make A Difference Challenge	National Alliance for Caregiving	\$2,500.00
Donations	General Operating Support	Food Bank of Somerset County Inc.	\$25,000.00
Donations	Corporate Work-Study Program	Cristo Rey Newark High School Corp.	\$60,000.00
Donations	U.S. Disaster Assitance	Americares	\$25,000.00
Donations	LGBT Staff Sensitivity Training	Somerset Health Care Foundation	\$7,000.00
Donations	US Disaster Readiness & Response	Heart To Heart International Inc.	\$25,000.00
Donations	U.S. Emergency Preparedness and Response	Direct Relief	\$25,000.00
Donations	Empowering Inner City Kids Through Yoga & Meditation	Sheltered Yoga	\$5,000.00
Donations	Comprehensive Family Support	NJ Sharing Network Foundation	\$5,000.00
Donations	NCCN Foundation Patient Advocacy Collaboration	NCCN Foundation	\$25,000.00
Donations	Advocacy and Forensic Interviewing of Child Victims of Abuse	Deirdre O'Brien Child Advocacy Center Inc.	\$5,000.00
Donations	General Operating Support	Camp Quality USA dba Camp Quality NJ	\$10,000.00
Donations	General Operating	Jersey Battered Women's Service, Inc.	\$5,000.00
Donations	Trainee Professional Development Awards	Society for Neuroscience	\$25,000.00
Donations	Project Self Sufficiency—Sanofi in our Communities	Family Promise of Monroe County	\$10,000.00
Donations	Americares Airlift Benefit	Americares	\$5,000.00
Donations	Get Active and Make a Difference Challenge	Dress for Success Northern New Jersey—10	\$2,500.00
Donations	Young Scholars Program	NJ SEEDS	\$10,000.00
Donations	Vets4Warriors	Rutgers University Foundation	\$10,000.00
Donations	Foundations of Success	Dress for Success Northern New Jersey—10	\$10,000.00
Donations	US Disaster Relief—Hurricane Michael	Heart To Heart International Inc.	\$25,000.00
Donations	Hurricane Michael Response	Direct Relief	\$50,000.00
Donations	Hunterdon County Food Back Pack Program	Hunterdon Healthcare Foundation	\$10,000.00
Donations	General Operating Support	Hyacinth Foundation: A New Jersey Nonprofit	\$10,000.00
Donations	HSF General Operating Support	Hispanic Scholarship Fund	\$5,000.00
Donations	Hurricane Michael Response	Americares	\$25,000.00
Donations	General Operating Support	Good Grief Inc.	\$5,000.00
Donations	General Operating Support	Deirdre O'Brien Child Advocacy Center Inc.	\$5,000.00
Donations	Valhalla's Hope	Valhalla Veterans Services	\$10,000.00

Proposal Type	Project Name	Legal Name	Amount
Donations	Residential Recovery Programs for Homeless Veterans and Dis	Community Hope, Inc.	\$25,000.00
Donations	Sanofi Corporate Mentor Program at RVCC	Raritan Valley Community College Foundat	\$10,000.00
Donations	PRIDE Connect Project Support	Hyacinth Foundation: A New Jersey Nonprofit	\$3,500.00
Donations	Trevor's Life-Saving Programs for LGBTQ Youth	Trevor Project Inc.	\$3,500.00
Donations	General Operating Support	Junior Achievement of Northeastern Pennsylvania	\$5,000.00
Donations	Camp Nejeda: Helping Kids with type 1 diabetes live happier	Camp Nejeda Foundation	\$10,000.00
Donations	Advocacy Program for Child Victims of Abuse and or Neglect	Deirdre O'Brien Child Advocacy Center Inc.	\$5,000.00
Donations	California Wildfires	Direct Relief	\$100,000.00
Donations	SP 2018 UW Campaign Match	United Way of Monroe County	\$86,982.00
Donations	Vets4Warriors	Rutgers University Foundation	\$4,000.00
Donations	Support4Families: Teens Connect School-Based Support Group	Cancer Support Community Central	\$15,000.00
Donations	Supporting Environmental Science for High School Students	Students 2 Science	\$25,000.00
Donations	Health for Homeless Youth	Covenant House New Jersey Inc.	\$25,000.00
Donations	Medical Home Initiative 2019	Children's Health Fund	\$198,000.00
Donations	Serving Local Patients With Disabilities	Matheny School and Hospital Inc.	\$10,000.00
Donations	Matheny School STEM program	Matheny School and Hospital Inc.	\$10,000.00
Donations	Support4Families: Strengthening Our Schools	Cancer Support Community Central	\$5,000.00
Donations	Food, Health and Hope: An Answer to Diabetes (FHH Diabetes)	The Community Food Bank of New Jersey	\$25,000.00
Donations	Camp Quality USA dba Camp Quality NJ	Camp Quality USA dba Camp Quality NJ	\$10,000.00
Donations	General Operating Support	Visiting Nurse Association of Somerset Hills	\$10,000.00
Donations	Steeple Chase Cancer Center Patient Assistance Fund	Somerset Health Care Foundation	\$100,000.00
Donations	General Operational Support	Hyacinth Foundation: A New Jersey Nonprofit	\$10,000.00
Donations	Healthier Somerset	Somerset Health Care Foundation	\$10,000.00
Donations	HSF STEM Summit	Hispanic Scholarship Fund	\$50,000.00
Donations	Nights of Support Program	Good Grief Inc.	\$10,000.00
Donations	General Operating Support	Dress for Success Northern New Jersey—10	\$10,000.00
Donations	Trevor's Life-Saving Programs for LGBTQ Youth	Boys & Girls Clubs of Union County	\$10,000.00
Donations	Camp Nejeda: Education and Empowerment for Children	Camp Nejeda Foundation	\$10,000.00
Donations	Vets4Warriors	Rutgers University Foundation	\$10,000.00
Donations	HSF Scholarship Fund	Hispanic Scholarship Fund	\$50,000.00
Donations	General Operating Support for NJ SEEDS	NJ SEEDS	\$10,000.00
Donations	Banco de Alimentos de Puerto Rico	Banco de Alimentos de Puerto Rico	\$25,000.00
LOR	BCCNS Patient Project	BCCNS Alliance	\$25,000.00
LOR	Patient Engagement Sponsorship	Patients Rising, Inc.	\$10,000.00
LOR	Patient Education Diabetes Conferences and Health Fairs	Taking Control of Your Diabetes	\$40,000.00
LOR	Biological Research Symposium	California Institute of Technology	\$15,000.00

Proposal Type	Project Name	Legal Name	Amount
LOR	Patient Skin Cancer Education and Awareness	American Cancer Society	\$200,000.00
LOR	Populatoin Health Leadership Series	Thomas Jefferson University	\$60,000.00
LOR	nPOD Annual Meeting	University of Florida	\$15,000.00
LOR	Diabetes Scholars Foundation College Scholarships	Diabetes Scholars Foundation	\$10,000.00
LOR	2018 Annual Symposium and Conference	Health Action Council	\$4,700.00
LOR	Western Atrial Fibrillation Symposium 2018	University of Utah	\$50,000.00
LOR	Gordon Research Conference on Myelin	Gordon Research Conferences	\$5,000.00
LOR	Cell Culture Engineering XVI Conference	Engineering Conferences International	\$5,000.00
LOR	2018 Alliance Industry Summit	Alliance for Continuing Education in the Health Sciences	\$20,000.00
LOR	Symposium on Drug Delivery Systems	Massachusetts Institute of Technology	\$8,000.00
LOR	2nd Annual EPIC Diabetes Conference	Children's Diabetes Foundation	\$10,000.00
LOR	ASN 48th Annual Meeting	American Society for Neurochemistry	\$2,500.00
LOR	2018 BIO International Convention	Biotechnology Innovation Organization	\$334,500.00
LOR	FOCIS 2018 Annual Meeting	Federation of Clinical Immunology Societies	\$25,000.00
LOR	2018 BIO Europe Spring	Biotechnology Innovation Organization	\$22,500.00
LOR	2018 BIO Europe Fall	Biotechnology Innovation Organization	\$22,500.00
LOR	Annual Healthcare Conference	MIT Sloan Healthcare Conference and Club	\$5,000.00
LOR	SOT 2018 Annual Meeting	Society of Toxicology	\$10,000.00
LOR	2018 Public Policy Forum	American Association of Diabetes Educator	\$20,000.00
LOR	Annual Gala Dinner	Asian American Legal Defense and Educatio	\$20,000.00
LOR	JDRF Imagine Gala	JDRF	\$10,000.00
LOR	2018 Advocacy Awards Dinner	Research!America	\$25,000.00
LOR	JDRF Government Day	JDRF International	\$50,000.00
LOR	Immune Tolerance Symposium	Parker Institute for Cancer Immunotherapy	\$10,000.00
LOR	Annual Forum on Drug Discovery and Development	National Academy of Sciences	\$85,000.00
LOR	Biomedical Research Program	Foundation for Biomedical Research	\$25,000.00
LOR	Annual Symposium of Regulatory and Analytical Science	CASSS	\$2,500.00
LOR	Analytical Technologies Symposium	CASSS	\$2,500.00
LOR	2018 Gordon Research Conference on Medicinal Chemistry	Gordon Research Conferences	\$3,000.00
LOR	2018 AMSSM Foundation Research Grant Award Program	American Medical Society for Sports Medicine	\$50,000.00
LOR	Patient Perspective Program	National Health Council	\$130,000.00
LOR	Annual Business Meeting	Waltham Chamber of Commerce	\$6,000.00
LOR	Barriers of the CNS Conference	Gordon Research Conferences	\$5,000.00
LOR	FARE Patient Registry	Food Allergy Research & Education, Inc.	\$50,000.00
LOR	Wonder Women: Flourishing and Thriving on the Frontiers	Center for Talent Innovation	\$40,000.00

Proposal Type	Project Name	Legal Name	Amount
LOR	Early Osteoarthritis and Prevention of OA Progression	American Orthopaedic Society for Sports Medicine	\$55,000.00
LOR	Pharmacy Leadership Training Program	Iowa Pharmacy Association Foundation	\$10,000.00
LOR	FIU Global Health Conference	Florida International University Board of Trustees	\$95,000.00
LOR	2018 Statewide Cardiac Collaborative	Florida Health Care Coalition	\$15,000.00
LOR	36 Annual JDRF Boston Gala	JDRF International	\$2,500.00
LOR	Innovative Medicine Campaign	Preventive Cardiovascular Nurses Association	\$150,000.00
LOR	Women and Heart Disease Program	WomenHeart: The National Coalition for Women With Heart Disease	\$50,000.00
LOR	Off to College Sponsorship 2018	College Diabetes Network Inc.	\$50,000.00
LOR	Patient Education Diabetes Conference	Diabetes Foundation of Mississippi	\$2,000.00
LOR	Division of Medicinal Chemistry Program ACS National Meeting	ACS Division of Medicinal Chemistry	\$3,000.00
LOR	Patient Centered Management of Dyslipidemia	National Lipid Association	\$16,060.00
LOR	2018 Annual SMA Conference	Families of SMA DBA Cure SMA	\$5,000.00
LOR	2018 ZERO Prostate Cancer Summit	ZERO—The End of Prostate Cancer	\$2,000.00
LOR	DA4S West Coast 2018	Diversity Alliance for Science, Inc.	\$3,000.00
LOR	Economic Development = Corporate Sponsorship Renewal	Greater New England Minority Supplier Development	\$4,000.00
LOR	2018 V-BID Summit: V-BID at the Big House	Regents of the University of Michigan	\$50,000.00
LOR	AUTM 2018 Annual Meeting	Association of University Technology Mana	\$5,000.00
LOR	2018 Annual Dinner Meeting	BIONJ Inc.	\$10,000.00
LOR	SOT Annual meeting	Society of Toxicology	\$2,500.00
LOR	Forum Group on Arbovirus Infections	George Washington University	\$70,000.00
LOR	World Vitiligo Day 2018 Conference	The Umass Memorial Foundation Inc.	\$2,500.00
LOR	Men's Health Month Sponsorship	Men's Health Network	\$30,000.00
LOR	OSU Pharmacy Partners Program	Oregon State University Foundation	\$7,500.00
LOR	2018 Global Doctoral Partnerships Annual Workshop	International Biomedical Research Alliance	\$5,000.00
LOR	2018 AAAS Annual Meeting Sponsorship	American Association for the Advancement	\$25,000.00
LOR	Cold Spring Harbor Meetings and Courses Program	Cold Spring Harbor Laboratory	\$15,000.00
LOR	2018 Annual Event Sponsorship	New York & New Jersey Minority Supplier Development	\$10,000.00
LOR	2018 Greater New York Tour de Cure & Wellness Expo	American Diabetes Association	\$10,000.00
LOR	National Minority Cardiovascular Alliance	Make Well Known Foundation	\$25,000.00
LOR	OASC Annual Conference	Ohio Association of Senior Centers	\$1,000.00
LOR	2018 Flu Podcast Campaign	Women In Government Foundation, Inc.	\$5,000.00
LOR	25th Annual National Conference	Florida Health Care Coalition	\$5,000.00
LOR	State Lung Health Education Program	Respiratory Health Association	\$500.00
LOR	CWAG 2018 Annual Meeting	Conference of Western Attorneys General	\$5,000.00
LOR	2018 Town Hall Meeting Support	American Society for Preventive Cardiology	\$203,900.00

Proposal Type	Project Name	Legal Name	Amount
LOR	Get in Rhythm Stay in Rhythm—Afib Patient Conference	American Foundation for Women's Health	\$25,000.00
LOR	PRISMS 10th Smith-Magenis Syndrome Conference	PRISMS, Inc.	\$2,500.00
LOR	Guidelines for Antimicrobial Stewardship	Florida International University Foundation	\$50,000.00
LOR	Latin American and Caribbean Diabetes Network: A framework	Florida International University Foundation	\$70,000.00
LOR	Assesment of acellular vaccination programs in Mexico, Costa	Florida International University Foundation	\$60,000.00
LOR	Biorganic Research Conference	Gordon Research Conferences	\$1,000.00
LOR	National Community Health Workers Project	Trustees of Boston University	\$150,000.00
LOR	Health Innovation Hub 2018	Springboard 2000 Enterprises, Inc.	\$25,000.00
LOR	Bill Foege Event Sponsorship	Map International	\$10,000.00
LOR	SDHB Pheo-Para Coalition Gala	SDHB Pheo-Para Coalition, Inc.	\$10,000.00
LOR	9th International Conference on Unstable Microsatellites and Human Disease	University of Florida Foundation, Inc.	\$2,000.00
LOR	21st Annual Health & Productivity Forum	HealthCare 21 Business Coalition	\$3,000.00
LOR	2018 Celebrating a Second Chance at Life Survivorship Sympos	Blood and Marrow Transplant Information	\$25,000.00
LOR	Patient Education Diabetes Conferences and Health Fairs	Taking Control of Your Diabetes	\$40,000.00
LOR	Patient Education Diabetes Conferences and Health Fairs	Taking Control of Your Diabetes	\$60,000.00
LOR	2018 FH Global Summit	The FH Foundation	\$75,000.00
LOR	Chemical Biology in the Hub Symposium	Northeastern Section of the American Chemical Society	\$1,000.00
LOR	2018 Champion of Hope Tribute Dinner	National Kidney Foundation of Michigan	\$1,000.00
LOR	7th International Symposium on Higher Order Structure of Protein Therapeutics	CASSS	\$2,500.00
LOR	Bioassays 2018: Scientific Approaches & Regulatory Strategies	CASSS	\$2,500.00
LOR	A Taste of Ginger Gala	Joslin Diabetes Center, Inc.	\$10,000.00
LOR	2018 Annual Meeting Sponsorship	Western Governors' Foundation	\$10,000.00
LOR	Community Hope Annual Dinner	Community Hope, Inc.	\$10,000.00
LOR	8th International Conference on Global Health	Florida International University Foundation	\$150,000.00
LOR	8th International Conference on Global Health	Florida International University Foundation	\$14,000.00
LOR	2018 Macheistic Dragons "Paddle for Pink" Community Dragon	Macheistic Dragons	\$5,500.00
LOR	"Visions of Hope" Awards Dinner	Diabetes Foundsation Inc.	\$2,500.00
LOR	Stick It to Diabetes	Mercy Health Foundation Joplin	\$2,000.00
LOR	2018 International Research Conference	FSH Society	\$2,000.00
LOR	Teratology Society 58th Annual Meeting	Teratology Society	\$1,500.00
LOR	255th ACS National Meeting and Exposition (BIOT Division)	ACS Division of Biochemical Technology	\$5,000.00
LOR	Forum on Neuroscience and Nervous System Disorders	National Academy of Sciences	\$50,000.00
LOR	2018 National Medicinal Chemistry Symposium	ACS Division of Medicinal Chemistry	\$3,000.00

Proposal Type	Project Name	Legal Name	Amount
LOR	Giving Diabetes the Blues Conference	The Diabetes Coalition of Mississippi	\$2,500.00
LOR	Diabetes Care and Dietetic Education Program	Academy of Nutrition and Dietetics	\$10,000.00
LOR	2018 Heart & Stroke Ball	The American Heart Association	\$25,000.00
LOR	RNA Therapeutics: From Base Pairs to Bedsides	The Umass Memorial Foundation Inc.	\$10,000.00
LOR	2nd Annual Heart in Diabetes—HiD	Metabolic Endocrine Education Foundation	\$100,000.00
LOR	Immuno-Therapy Scientific Workshop	The University of Texas Foundation	\$50,000.00
LOR	Cell Culture Engineering XVI Conference	Engineering Conferences International	\$2,500.00
LOR	2018 LVBCB Annual Conference	Lehigh Valley Business Coalition on Healthcare	\$1,000.00
LOR	Bowhay Institute	The Council of State Government, Ltd.	\$5,000.00
LOR	2018 Lysosomes and Endocytosis Gordon Research Conference	Gordon Research Conferences	\$2,000.00
LOR	South Sound JDRF One Walk	JDRF International—Northwest Chapter	\$1,000.00
LOR	36th Annual Nordstrom Beat the Bridge	JDRF	\$2,500.00
LOR	Diabetes Under the Dome Event	American Diabetes Association	\$1,000.00
LOR	2018 Wenger Awards Dinner	WomenHeart: The National Coalition for Women With Heart Disease	\$25,000.00
LOR	CRI's Immunotherapy Patient Summit Series	Cancer Research Institute Inc.	\$25,000.00
LOR	2018 HBA Woman of the Year Event	Healthcare Businesswomen's Association	\$15,000.00
LOR	Transforming Lives 20th year Celebration	Dress for Success Northern New Jersey—10	\$15,000.00
LOR	Recovery of Biological Products XVIII Conference	American Chemical Society, Division of Biochemistry	\$10,000.00
LOR	Friends for Life Orlando 2018 Patient Conference	Children with Diabetes	\$25,000.00
LOR	2018 Orlando Fellows Program	Children with Diabetes	\$10,000.00
LOR	Hypoglycemia Quality Improvement/Prevention Project	Endocrine Society	\$150,000.00
LOR	2018 Annual Henry Kunkel Society Meeting	The Henry Kunkel Society c/o The Rockefeller	\$2,000.00
LOR	GPEN 2018 Scientific Meeting	Globalization of Pharmaceuticals Education	\$1,500.00
LOR	2018 Conference Sponsorship	Employers Health Coalition, Inc.	\$7,500.00
LOR	RVCC's 50th Anniversary Golden Harvest Gala	Raritan Valley Community College Foundat	\$25,000.00
LOR	2018 PQA Annual Meeting	Healthcare Businesswomen's Association	\$6,100.00
LOR	2018 PQA Annual Meeting	PQA, Inc.	\$12,500.00
LOR	eValue8 Project	Northeast Business Group on Health	\$2,500.00
LOR	Annual Good Grief Gala	Good Grief Inc.	\$3,500.00
LOR	8th Annual Diversity, Inclusion, & Health Equity Symposium	Center for Healthcare Innovation	\$10,000.00
LOR	Real World Evidence Generation and Analysis Research Symposium	American Diabetes Association	\$210,000.00
LOR	From Rare to Care: Discovery, Modeling and Translation of Rare Diseases	Keystone Symposia on Molecular and Cellular	\$3,000.00

Proposal Type	Project Name	Legal Name	Amount
LOR	6th Annual Meeting of the International Cytokine & Interferon	International Cytokine and Interferon Society	\$15,000.00
LOR	Diabetes and CV Risk Factors Program	Icahn School of Medicine at Mount Sinai	\$30,000.00
LOR	Prix Galien USA Forum	The Galien Foundation	\$15,000.00
LOR	Learning Sessions Program	The Health Collaborative	\$5,000.00
LOR	Horton's Kids Comprehensive Programming for At-Risk Children	Horton's Kids, Inc.	\$15,000.00
LOR	Children's Health Fund 2018 Annual Benefit	Children's Health Fund	\$30,000.00
LOR	60th Anniversary Project HOPE Gala	Project Hope The People To People Health	\$10,000.00
LOR	Structural Biology Meeting	Harvard Medical School	\$2,500.00
LOR	PROMIS: Global Advances in Methodology and Clinical Science	Harvard Medical School	\$2,500.00
LOR	68th Annual Outstanding Citizen of the Year Awards Dinner	Somerset County Business Partnership	\$2,500.00
LOR	Annual Meeting Awards Luncheon 2018	Somerset County Business Partnership	\$2,500.00
LOR	Illinois Diabetes Caucus Fundraiser	Illinois Diabetes Caucus Foundation	\$250.00
LOR	18th annual luncheon	The Virginia Public Access Project	\$700.00
LOR	Grand Tastings XXIV	Jersey Battered Women's Service, Inc.	\$15,000.00
LOR	d18 Executive Innovation Lab on Diabetes and Prediabetes	The diaTribe Foundation	\$250,000.00
LOR	2018 Scientific Program in Cellular and Molecular Medicine	Children's Hospital Corporation	\$10,000.00
LOR	JDRF One Walk, Washington, DC	JDRF	\$2,500.00
LOR	WOCIP 2018–2019 Annual Meeting	Women of Color in Pharma	\$20,000.00
LOR	WOCIP 2018–2019 Annual Meeting	Women of Color in Pharma	\$20,000.00
LOR	Koch Institute 2018 Summer Symposium	Massachusetts Institute of Technology	\$5,000.00
LOR	Koch Institute 2018 Summer Symposium	Massachusetts Institute of Technology	\$5,000.00
LOR	Event Sponsorship-Discovering Justice 20th Anniversary Gala	Discovering Justice	\$10,000.00
LOR	Boston Postdoctoral Association Symposium on Careers and Collaboration in Science	Children's Hospital Corporation	\$3,000.00
LOR	ONE: The Ultimate Conference for Adult Type 1	Taking Control of Your Diabetes	\$20,000.00
LOR	2018 Gordon Research Conference on Heterocycles	Gordon Research Conferences	\$3,000.00
LOR	PDAF Fundraiser Sponsorship	Prescription Drug Assistance Foundation	\$1,250.00
LOR	Generations Gala Event	Adult Day Center of Somerset County	\$3,000.00
LOR	12th Annual Diabetes Forum	The diaTribe Foundation	\$10,000.00
LOR	2018 Triangle Hope Gala	JDRF	\$10,000.00
LOR	Lecture Series Program	The New York Academy of Sciences	\$25,000.00
LOR	Division of Medicinal Chemistry Program ACS National Meeting	ACS Division of Medicinal Chemistry	\$3,000.00
LOR	11th Annual Polycystic Kidney Disease Symposium	Brigham and Women's Hospital	\$2,000.00
LOR	DA4S East Coast 2018	Diversity Alliance for Science, Inc.	\$7,500.00
LOR	The Jessica Ingram Lecture Series	Dana Farber Cancer Institute	\$5,000.00
LOR	The Jessica Ingram Lecture Series	Dana Farber Cancer Institute	\$5,000.00
LOR	Key Initiatives Program	Prostate Cancer Education Council	\$30,000.00

Proposal Type	Project Name	Legal Name	Amount
LOR	NEQCA Annual Forum	New England Quality Care Alliance	\$5,000.00
LOR	MMRF 2018 Myeloma Patient and Caregiver Education Program	Multiple Myeloma Research Foundation	\$100,000.00
LOR	National Forum for Heart Disease	National Forum for Heart Disease and Stroke	\$200,000.00
LOR	TB Survivors for Patient Education	National TB Controllers Association	\$5,000.00
LOR	9th Annual Spirit of the Heart Awards Dinner	Association of Black Cardiologists	\$50,000.00
LOR	Change for Women in the Workplace Program	Catalyst Inc.	\$15,000.00
LOR	2018 Annual Dinner	Washington Policy Center	\$3,500.00
LOR	National Education & Training Conference 2018	The Mended Hearts, Inc.	\$25,000.00
LOR	2018 ICSA Symposium	International Chinese Statistical Association	\$3,000.00
LOR	BMT InfoNet Patient Guide Reprint	Blood and Marrow Transplant Information	\$10,000.00
LOR	Research on Health Technology Assessment	Harvard T.H. Chan School of Public Health	\$200,000.00
LOR	DIA Inspires Award Dinner	Drug Information Association (DIA)	\$4,500.00
LOR	Diabetes Education Program for School Personnel and T1D Students	Fundación Centro Pediátrico de Diabetes	\$7,000.00
LOR	NCCN Guidelines for Patients guide	NCCN Foundation	\$25,000.00
LOR	Fall Meeting Sponsorship	Middle Atlantic Reproduction and Teratolog	\$1,000.00
LOR	PROMIS: Global Advances in Methodology and Clinical Science	PROMIS Health Organization (PHO)	\$15,000.00
LOR	Immunization Summit 2018	Idaho Immunization Coalition	\$2,500.00
LOR	Bob Langer 70th Birthday Gala and Symposium	Rutgers University Foundation	\$20,000.00
LOR	TMA Group Annual Meeting	Texas Medical Association	\$1,200.00
LOR	Clinical Inertia Campaign	American Diabetes Association	\$300,000.00
LOR	Life Sciences Event June 2018	Life Sciences PA	\$250.00
LOR	CE in the Biotechnology & Pharmaceutical Industries: 20th Symposium	CASSS	\$2,500.00
LOR	15th Symposium on the Practical Applications of Mass Spectrometry	CASSS	\$2,500.00
LOR	NCQA's Quality Talks 2018	National Committee for Quality Assurance	\$10,000.00
LOR	Gala of Giving Country Style 2018	Operation Jersey Cares	\$3,000.00
LOR	Cell & Gene Therapy Products (CGTP): Manufacturing, Quality	CASSS	\$5,000.00
LOR	Newletter Funding	Skin Cancer Foundation	\$100,000.00
LOR	Advocating for Chronic Disease Patients	Lupus Foundation of America Inc.	\$5,000.00
LOR	Inspiring Hope Gala	Cancer Support Community Central	\$2,500.00
LOR	2018 National Advocacy Summit	Lung Cancer Alliance	\$10,000.00
LOR	Bastille Day Boston 2018	Resources USA Inc.	\$5,000.00
LOR	Bastille Day Washington DC 2018	Resources USA Inc.	\$10,000.00
LOR	The Lancet Women and Cardiovascular Disease Commission	Icahn School of Medicine at Mount Sinai	\$100,000.00
LOR	Northeast Regional Forum October 2018	CASSS	\$2,500.00
LOR	2018 National Health Research Forum	Research!America	\$25,000.00

Proposal Type	Project Name	Legal Name	Amount
LOR	Promoting Nurses as Leaders in Prevention Program	Preventive Cardiovascular Nurses Association	\$25,000.00
LOR	ACCC educational program funding	Association of Community Cancer Centers	\$144,000.00
LOR	Patient Access Collaborative	Alliance for Patient Access	\$75,000.00
LOR	NJMLA 2018 Annual Eid Gala	New Jersey Muslim Lawyer Association	\$1,250.00
LOR	2018 Biomarkers Consortium meeting	Foundation for the National Institutes of Health	\$2,500.00
LOR	Pro Bono Partnership 2018 Gala	Pro Bono Partnership	\$25,000.00
LOR	Tour de Cure Hawaii	American Diabetes Association	\$2,500.00
LOR	19th Annual Patient Congress	Patient Advocate Foundation	\$10,000.00
LOR	Patient Education Webinar Funding	ZERO—The End of Prostate Cancer	\$8,000.00
LOR	2018 Diabetes Coalition Conference	Joslin Diabetes Center, Inc.	\$5,000.00
LOR	Mary's Center 2018 Symposium	Mary's Center	\$30,000.00
LOR	2018 Safety Pharmacology Society Annual meeting	Safety Pharmacology Society	\$2,500.00
LOR	Drugs for Neglected Diseases initiative (DNDi)'s Making Medical History	Drugs for Neglected Diseases Initiative, North American Inc.	\$50,000.00
LOR	Drugs for Neglected Diseases initiative (DNDi)'s Making Medical History	Drugs for Neglected Diseases Initiative North American Inc.	\$25,000.00
LOR	Drugs for Neglected Diseases initiative (DNDi)'s Making Medical History	Drugs for Neglected Diseases Initiative North American Inc.	\$25,000.00
LOR	Pharmacy Alumni Society Pharmathon 5k Sponsorship	The Ohio State University Foundation	\$1,000.00
LOR	Diabetes Policy Advocacy Initiatives	Alliance for Patient Access	\$150,000.00
LOR	Yale Immunobiology Student Symposium 2018	Yale University	\$2,000.00
LOR	Connect1D Family Camp 2018	Connect1D	\$5,000.00
LOR	2018 Alumni Hall of Fame Gala Dinner	Hispanic Scholarship Fund	\$25,000.00
LOR	JDRF One Walk	JDRF	\$5,000.00
LOR	ACS CAN National Advocacy Activities	American Cancer Society Cancer Action Network	\$35,000.00
LOR	American College of Toxicology 39th Annual Meeting	American College of Toxicology	\$2,500.00
LOR	Fall Advocacy Day	ASTS Foundation	\$15,000.00
LOR	2018 OFII Annual Dinner	Organization for International Investment	\$15,000.00
LOR	2018 Patient & Health Advocacy Summit	Biotechnology Innovation Organization	\$10,000.00
LOR	2018 Indiana Tour de Cure	American Diabetes Association, Indiana	\$2,500.00
LOR	2018 JDRF One Walk Syracuse	JDRF International	\$5,000.00
LOR	12th Annual Gala Celebration	International Myeloma Foundation	\$10,000.00
LOR	14th Annual Meeting of NASPCC	National Alliance of State Prostate Cancer	\$2,500.00
LOR	Translational Cancer Research for Basic Scientists Workshop	American Association for Cancer Research	\$25,000.00
LOR	Boston Heart Walk	American Heart Association	\$5,000.00
LOR	JDRF One Walk 2018	JDRF International	\$5,000.00
LOR	Airline Benefit Gala	Americares	\$12,000.00
LOR	Improving Diabetes and Cardiovascular Disease Management	National Minority Quality Forum	\$125,000.00

Proposal Type	Project Name	Legal Name	Amount
LOR	Digital Health Accelerator Program	MassChallenge, Inc.	\$100,000.00
LOR	Multiple Myeloma Patient Survival Guide	Blood and Marrow Transplant Information	\$3,750.00
LOR	2018 ACS CAN State Events Program	American Cancer Society Cancer Action Network	\$25,000.00
LOR	Healthcare Leaders Educational Events	American College of Healthcare Executives	\$1,000.00
LOR	36th Annual Retreat for the Harvard/MIT MD-PhD Program	President and Fellows of Harvard College	\$10,000.00
LOR	Moving the Needle on Gender Parity	Healthcare Businesswomen's Association	\$1,000.00
LOR	Employer's Guide to Digital Diabetes Prevention and Management	Northeast Business Group on Health	\$17,500.00
LOR	10th Annual Health Fair and 5k Walk/Run	Prevent Cancer Foundation	\$5,000.00
LOR	16th Annual Gala Dinner	Fundación Centro Pediátrico de Diabetes	\$3,500.00
LOR	Advancement and Challenges Meeting	Cross-Company Abuse Liability Council	\$2,500.00
LOR	Respiratory Therapy Access Working Group	Alliance for Patient Access	\$50,000.00
LOR	The Champions For Change Gala	Skin Cancer Foundation	\$25,000.00
LOR	High Hopes Gala	Joslin Diabetes Center, Inc.	\$25,000.00
LOR	Friends Annual Cancer Research Leadership Awards	Friends of Cancer Research	\$10,000.00
LOR	Women Building Bio Sponsorship	Virginia Bio	\$3,000.00
LOR	NACHW Organizational Launch Announcement Event	Trustees of Boston University	\$20,000.00
LOR	2018 PQA Leadership Summit	PQA, Inc.	\$7,500.00
LOR	High Level Conference and Awards Event	Speak Up Africa d/b/a The Access Challenge	\$25,000.00
LOR	International Myeloma Foundation Patient Initiative Programs	International Myeloma Foundation	\$90,000.00
LOR	NCCN Innovation Pilot Program	National Comprehensive Cancer Network	\$40,000.00
LOR	Annual AMCP meeting	Academy of Managed Care Pharmacy	\$18,000.00
LOR	Solvable Problems in Diabetes Program	The diaTribe Foundation	\$48,000.00
LOR	NESOT Annual Meeting	Society of Toxicology	\$1,500.00
LOR	Patient Advocacy Kit for Multiple Myeloma	Cancer Support Community	\$75,000.00
LOR	Patient Education Brochure Big Ask Big Give	National Kidney Foundation, Inc.	\$7,500.00
LOR	Patient Awareness and Education Program for Hispanic Patient	National Hispanic Medical Association	\$25,000.00
LOR	Diabetes Family Day Sponsorship	Fundación Centro Pediátrico de Diabetes	\$5,000.00
LOR	Annual Promise Ball	JDRF International	\$20,000.00
LOR	Congress Sponsorship	American Society of Hematology	\$10,000.00
LOR	Scientific Annual Conference	Lupus Research Alliance	\$10,000.00
LOR	R3 Annual Forum	Multi Regional Clinical Trial Center of Brigham	\$7,500.00
LOR	Diabetes Prevention on the Ground in California Sponsorship	Public Health Advocates	\$10,000.00
LOR	Northcrest Annual Gala	NorthCrest Medical Center Foundation	\$2,500.00
LOR	19th Annual Spirit of Justice Award Dinner	GLBTQ Legal Advocates & Defenders (GLAD)	\$3,000.00

Proposal Type	Project Name	Legal Name	Amount
LOR	AUTM Annual Meeting	Association of University Technology Mana	\$5,000.00
LOR	TCYOD Patient Conferences and Health Fairs	Taking Control of Your Diabetes	\$75,000.00
LOR	New Jersey Smart Workplace Annual recognition event	RideWise, Inc.	\$1,000.00
LOR	Breakfast Sponsorship	Women In Government Foundation, Inc.	\$7,500.00
LOR	Patient Education African American Men with Prostate Cancer	Malecare	\$20,000.00
LOR	Patient Education Brochure: Simple Cancer	Malecare	\$15,000.00
LOR	ONE: The Ultimaite Conference and Retreat for Adults with Type I	Taking Control of Your Diabetes	\$75,000.00
LOR	Women in Healthcare Policy Forum	All in Together Campaign Inc.	\$40,000.00
LOR	Innovation Labs on Diabetes and Prediabetes	The diaTribe Foundation	\$100,000.00
LOR	Annual Joe Andruzzi Foundation Gala	Joe Andruzzi Foundation Inc.	\$5,000.00
LOR	Corporate Sponsorship for Institute for Quality Leadership	AMGA	\$25,000.00
LOR	Patient Awareness and Education Program	ZERO—The End of Prostate Cancer	\$10,000.00
LOR	Congress Sponsorship	Metabolic Endocrine Education Foun- dation	\$50,000.00
LOR	2018 Annual Meeting Sponsorship	PCMA	\$95,000.00
LOR	PCMA Business Forum Sponsorship	PCMA	\$80,000.00
LOR	Cardiovascular Risk Reduction Project	Association of Black Cardiologists	\$30,000.00
LOR	Corporate Sponsorship for Institute for Life Sciences Academy	California Life Sciences Association	\$8,500.00
LOR	Friends ImmunoOncology Programs	Friends of Cancer Research	\$50,000.00
LOR	Patient Education Brochure: Chemotherapy in Prosate Cancer	Prostate Cancer Education Council	\$20,000.00
LOR	2018 Patient Advocacy Summit Sponsorship	BIONJ Inc.	\$1,000.00
LOR	Patient Guide Living with Myeloma	Arizona Myeloma Network (AZMN)	\$10,000.00
LOR	Yellow Fever Symposium	Fondation Mérieux USA, Inc.	\$10,000.00
LOR	Patient Education Brochure on Transplantation	Blood and Marrow Transplant Infor- mation	\$40,000.00
LOR	MBGH Sponsorship Request	Midwest Business Group on Health	\$20,000.00
LOR	Patient Education Brochure on SCC	American Academy of Dermatology Inc.	\$30,000.00
LOR	HBA Woman of the Year Luncheon	Healthcare Businesswomen's Asso- ciation	\$22,250.00
LOR	Corporate Sponsorship	Midwest Business Group on Health	\$30,000.00

Date of Payment	Amount	Primary Purpose	Primary Nature	Physician/Teaching Hospital Name (NPI)
11/10/2015	\$75,000.00	Fellowship	Cash or Cash Equivalent	Vanderbilt University Hospital
06/15/2015	\$74,987.00	Fellowship	Cash or Cash Equivalent	Childrens Hospital Medical Center
02/24/2015	\$75,000.00	Fellowship	Cash or Cash Equivalent	Langley Porter Psychiatric Hospital
08/01/2015	\$75,000.00	Fellowship	Cash or Cash Equivalent	Emory University Hospital
07/01/2015	\$75,000.00	Fellowship	Cash or Cash Equivalent	Uci Medical Center (.)

Date of Payment	Amount	Primary Purpose	Primary Nature	Physician/Teaching Hospital Name (NPI)
05/26/2015	\$75,000.00	Fellowship	Cash or Cash Equivalent	Uci Medical Center (.)
04/07/2015	\$43,494.57	Fellowship	Cash or Cash Equivalent	University of Alabama Hospital
05/17/2016	\$75,000.00	Fellowship	Cash or Cash Equivalent	Vanderbilt University Hospitals & CI (.)
06/21/2016	\$75,000.00	Fellowship	Cash or Cash Equivalent	Emory University Hospital (.)
03/09/2016	\$77,537.90	Fellowship	Cash or Cash Equivalent	Emory University Hospital (.)
06/07/2016	\$77,317.00	Fellowship	Cash or Cash Equivalent	Ann & Robert H. Lurie Childrens Hos (.)
03/01/2016	\$63,000.00	Fellowship	Cash or Cash Equivalent	Resnick Neuropsychiatric Hospital At (.)
06/07/2016	\$75,000.00	Fellowship	Cash or Cash Equivalent	University Of Alabama Hospital (.)
06/27/2017	\$75,000.00	Fellowship	Cash or Cash Equivalent	Ann & Robert H. Lurie Childrens Hos (1497018154)
03/02/2017	\$75,000.00	Fellowship	Cash or Cash Equivalent	Hospital Of The Univ Of Penna (1003946153)
07/01/2017	\$75,000.00	Fellowship	Cash or Cash Equivalent	Cooper University Hospital (1053654749)
07/01/2017	\$75,000.00	Fellowship	Cash or Cash Equivalent	Childrens Hospital Medical Center (1083665137)
07/01/2017	\$75,000.00	Fellowship	Cash or Cash Equivalent	Uci Medical Center (.)
07/01/2017	\$63,000.00	Fellowship	Cash or Cash Equivalent	Resnick Neuropsychiatric Hospital At (1124327853)
12/12/2017	\$75,000.00	Fellowship	Cash or Cash Equivalent	Emory University Hospital (.)
12/12/2017	\$63,000.00	Fellowship	Cash or Cash Equivalent	Resnick Neuropsychiatric Hospital At (1124327853)
12/17/2017	\$75,000.00	Fellowship	Cash or Cash Equivalent	Uci Medical Center (.)
12/06/2017	\$75,000.00	Fellowship	Cash or Cash Equivalent	Vanderbilt University Medical Center (1104202761)
03/02/2017	\$75,000.00	Fellowship	Cash or Cash Equivalent	Emory University Hospital (.)
03/14/2017	\$73,714.12	Fellowship	Cash or Cash Equivalent	University Of Alabama Hospital (.)

Payment Report Recipient Type	Address Line 1	City	State	ZIP
Teaching hospital	1211 MEDICAL CENTER DRIVE	NASHVILLE	TN	37232
Teaching hospital	3333 BURNET AVENUE MLC #4900	CINCINNATI	OH	45229
Teaching hospital	405 PARNASUS	SAN FRANCISCO	CA	94143
Teaching hospital	1364 CLIFTON ROAD	ATLANTA	GA	30302
Teaching hospital	101 CITY DRIVE SOUTH	ORANGE	CA	92868
Teaching hospital	101 CITY DRIVE SOUTH	ORANGE	CA	92868
Teaching hospital	619 SOUTH 19TH STREET	BIRMINGHAM	AL	35233
Teaching hospital	1211 MEDICAL CENTER DRIVE	NASHVILLE	TN	37232
Teaching hospital	1364 CLIFTON ROAD	ATLANTA	GA	30302

Payment Report Recipient Type	Address Line 1	City	State	ZIP
Teaching hospital	1364 CLIFTON ROAD	ATLANTA	GA	30302
Teaching hospital	225 EAST CHICAGO AVENUE	CHICAGO	IL	60611
Teaching hospital	150 UCLA MEDICAL PLAZA	LOS ANGELES	CA	90095
Teaching hospital	619 SOUTH 19TH STREET	BIRMINGHAM	AL	35233
Teaching hospital	225 EAST CHICAGO AVENUE	CHICAGO	IL	60611
Teaching hospital	3400 SPRUCE STREET	PHILADELPHIA	PA	19104
Teaching hospital	ONE COOPER PLAZA	CAMDEN	NJ	08103
Teaching hospital	3333 BURNET AVENUE MLC #4900	CINCINNATI	OH	45229
Teaching hospital	101 CITY DRIVE SOUTH	ORANGE	CA	92868
Teaching hospital	150 UCLA MEDICAL PLAZA	LOS ANGELES	CA	90095
Teaching hospital	1364 CLIFTON ROAD	ATLANTA	GA	30302
Teaching hospital	150 UCLA MEDICAL PLAZA	LOS ANGELES	CA	90095
Teaching hospital	101 CITY DRIVE SOUTH	ORANGE	CA	92868
Teaching hospital	1211 MEDICAL CENTER DRIVE	NASHVILLE	TN	37232
Teaching hospital	1364 CLIFTON ROAD	ATLANTA	GA	30302
Teaching hospital	619 SOUTH 19TH STREET	BIRMINGHAM	AL	35233

Date of Payment	Amount	Primary Purpose	Primary Nature
08/11/2015	\$124,572.50	Investigator Sponsored Trial	Cash or Cash Equivalent
12/15/2015	\$74,327.00	Investigator Sponsored Trial	Cash or Cash Equivalent
10/20/2015	\$174,088.90	Investigator Sponsored Trial	Cash or Cash Equivalent
09/08/2015	\$5,648.00	Investigator Sponsored Trial	Cash or Cash Equivalent
09/08/2015	\$7,060.00	Investigator Sponsored Trial	Cash or Cash Equivalent
09/08/2015	\$7,060.00	Investigator Sponsored Trial	Cash or Cash Equivalent
09/08/2015	\$5,648.00	Investigator Sponsored Trial	Cash or Cash Equivalent
09/08/2015	\$4,236.00	Investigator Sponsored Trial	Cash or Cash Equivalent
09/08/2015	\$350.00	Investigator Sponsored Trial	Cash or Cash Equivalent
09/08/2015	\$1,250.00	Investigator Sponsored Trial	Cash or Cash Equivalent
09/08/2015	\$1,086.00	Investigator Sponsored Trial	Cash or Cash Equivalent
03/24/2015	\$5,648.00	Investigator Sponsored Trial	Cash or Cash Equivalent
03/24/2015	\$2,824.00	Investigator Sponsored Trial	Cash or Cash Equivalent
03/24/2015	\$2,824.00	Investigator Sponsored Trial	Cash or Cash Equivalent
03/24/2015	\$9,775.00	Investigator Sponsored Trial	Cash or Cash Equivalent
03/24/2015	\$750.00	Investigator Sponsored Trial	Cash or Cash Equivalent

Date of Payment	Amount	Primary Purpose	Primary Nature
10/27/2015	\$7,234.45	Investigator Sponsored Trial	Cash or Cash Equivalent
12/08/2015	\$11,074.80	Investigator Sponsored Trial	Cash or Cash Equivalent
09/08/2015	\$6,698.00	Investigator Sponsored Trial	Cash or Cash Equivalent
09/08/2015	\$1,551.00	Investigator Sponsored Trial	Cash or Cash Equivalent
01/06/2015	\$127,160.70	Investigator Sponsored Trial	Cash or Cash Equivalent
01/06/2015	\$385,403.00	Investigator Sponsored Trial	Cash or Cash Equivalent
10/27/2015	\$137,506.80	Investigator Sponsored Trial	Cash or Cash Equivalent
02/24/2015	\$35,672.06	Investigator Sponsored Trial	Cash or Cash Equivalent
03/17/2015	\$36,130.95	Investigator Sponsored Trial	Cash or Cash Equivalent
09/15/2015	\$7,226.19	Investigator Sponsored Trial	Cash or Cash Equivalent
02/10/2015	\$325,000.00	Investigator Sponsored Trial	Cash or Cash Equivalent
10/20/2015	\$5,000.00	Investigator Sponsored Trial	Cash or Cash Equivalent
07/21/2015	\$5,000.00	Investigator Sponsored Trial	Cash or Cash Equivalent
07/07/2015	\$49,000.00	Investigator Sponsored Trial	Cash or Cash Equivalent
07/21/2015	\$16,089.68	Investigator Sponsored Trial	Cash or Cash Equivalent
06/02/2015	\$14,000.00	Investigator Sponsored Trial	Cash or Cash Equivalent
02/10/2015	\$5,000.00	Investigator Sponsored Trial	Cash or Cash Equivalent
01/06/2015	\$20,100.00	Investigator Sponsored Trial	Cash or Cash Equivalent
03/24/2015	\$1,412.00	Investigator Sponsored Trial	Cash or Cash Equivalent
03/24/2015	\$1,412.00	Investigator Sponsored Trial	Cash or Cash Equivalent
03/24/2015	\$1,412.00	Investigator Sponsored Trial	Cash or Cash Equivalent
04/14/2015	\$8,363.00	Investigator Sponsored Trial	Cash or Cash Equivalent
09/08/2015	\$7,760.00	Investigator Sponsored Trial	Cash or Cash Equivalent
03/03/2015	\$4,000.00	Investigator Sponsored Trial	Cash or Cash Equivalent
10/27/2015	\$28,585.85	Investigator Sponsored Trial	Cash or Cash Equivalent
04/14/2015	\$85,757.55	Investigator Sponsored Trial	Cash or Cash Equivalent
10/20/2015	\$28,585.85	Investigator Sponsored Trial	Cash or Cash Equivalent
03/03/2015	\$61,725.52	Investigator Sponsored Trial	Cash or Cash Equivalent
03/03/2015	\$11,176.62	Investigator Sponsored Trial	Cash or Cash Equivalent
03/03/2015	\$24,246.00	Investigator Sponsored Trial	Cash or Cash Equivalent
10/13/2015	\$125,000.00	Investigator Sponsored Trial	Cash or Cash Equivalent
12/15/2015	\$200,000.00	Investigator Sponsored Trial	Fees
01/13/2015	\$39,771.64	Investigator Sponsored Trial	Cash or Cash Equivalent

Date of Payment	Amount	Primary Purpose	Primary Nature
05/05/2015	\$39,771.64	Investigator Sponsored Trial	Cash or Cash Equivalent
06/09/2015	\$39,771.65	Investigator Sponsored Trial	Cash or Cash Equivalent
05/19/2015	\$119,166.66	Investigator Sponsored Trial	Cash or Cash Equivalent
05/26/2015	\$185,900.01	Investigator Sponsored Trial	Cash or Cash Equivalent
06/02/2015	\$61,966.67	Investigator Sponsored Trial	Cash or Cash Equivalent
07/28/2015	\$61,966.66	Investigator Sponsored Trial	Cash or Cash Equivalent
03/17/2015	\$126,059.09	Investigator Sponsored Trial	Cash or Cash Equivalent
03/17/2015	\$126,059.09	Investigator Sponsored Trial	Cash or Cash Equivalent
04/07/2015	\$174,088.90	Investigator Sponsored Trial	Cash or Cash Equivalent
01/06/2015	\$59,187.50	Investigator Sponsored Trial	Cash or Cash Equivalent
05/19/2015	\$59,187.50	Investigator Sponsored Trial	Cash or Cash Equivalent
04/14/2015	\$11,120.67	Investigator Sponsored Trial	Cash or Cash Equivalent
05/26/2015	\$28,612.00	Investigator Sponsored Trial	Cash or Cash Equivalent
06/16/2015	\$28,612.00	Investigator Sponsored Trial	Cash or Cash Equivalent
08/11/2015	\$7,234.45	Investigator Sponsored Trial	Cash or Cash Equivalent
03/24/2015	\$28,830.75	Investigator Sponsored Trial	Cash or Cash Equivalent
02/17/2015	\$30,167.85	Investigator Sponsored Trial	Cash or Cash Equivalent
03/17/2015	\$24,228.75	Investigator Sponsored Trial	Cash or Cash Equivalent
08/11/2015	\$355,830.00	Investigator Sponsored Trial	Cash or Cash Equivalent
05/26/2015	\$28,777.00	Investigator Sponsored Trial	Cash or Cash Equivalent
03/17/2015	\$8,329.00	Investigator Sponsored Trial	Cash or Cash Equivalent
04/14/2015	\$9,229.00	Investigator Sponsored Trial	Cash or Cash Equivalent
11/19/2015	\$53,400.00	Investigator Sponsored Trial	Product
12/10/2015	\$214,706.70	Investigator Sponsored Trial	Product
12/17/2015	\$7,425.18	Investigator Sponsored Trial	Product
11/23/2015	\$12,375.30	Investigator Sponsored Trial	Product
12/07/2015	\$160,228.80	Investigator Sponsored Trial	Product
11/23/2015	\$14,850.36	Investigator Sponsored Trial	Product
01/26/2016	\$114,107.36	Investigator Sponsored Trial	Cash or Cash Equivalent
01/12/2016	\$250,000.00	Investigator Sponsored Trial	Cash or Cash Equivalent
04/26/2016	\$54,115.17	Investigator Sponsored Trial	Cash or Cash Equivalent
05/17/2016	\$174,088.90	Investigator Sponsored Trial	Cash or Cash Equivalent
01/26/2016	\$35,000.00	Investigator Sponsored Trial	Cash or Cash Equivalent

Date of Payment	Amount	Primary Purpose	Primary Nature
06/02/2016	\$18,334.48	Investigator Sponsored Trial	Cash or Cash Equivalent
09/13/2016	\$174,088.90	Investigator Sponsored Trial	Cash or Cash Equivalent
06/28/2016	\$224,593.02	Investigator Sponsored Trial	Cash or Cash Equivalent
09/13/2016	\$22,950.00	Investigator Sponsored Trial	Cash or Cash Equivalent
02/09/2016	\$50,279.75	Investigator Sponsored Trial	Cash or Cash Equivalent
04/19/2016	\$28,830.75	Investigator Sponsored Trial	Cash or Cash Equivalent
01/12/2016	\$24,228.75	Investigator Sponsored Trial	Cash or Cash Equivalent
01/19/2016	\$24,228.75	Investigator Sponsored Trial	Cash or Cash Equivalent
04/26/2016	\$33,332.00	Investigator Sponsored Trial	Cash or Cash Equivalent
03/08/2016	\$30,589.00	Investigator Sponsored Trial	Cash or Cash Equivalent
07/19/2016	\$7,234.45	Investigator Sponsored Trial	Cash or Cash Equivalent
06/28/2016	\$15,750.00	Investigator Sponsored Trial	Cash or Cash Equivalent
09/27/2016	\$42,502.00	Investigator Sponsored Trial	Cash or Cash Equivalent
06/07/2016	\$38,530.00	Investigator Sponsored Trial	Product
06/15/2016	\$22,106.80	Investigator Sponsored Trial	Product
06/16/2016	\$3,103.89	Investigator Sponsored Trial	Product
06/22/2016	\$114,600.84	Investigator Sponsored Trial	Product
06/23/2016	\$88,057.50	Investigator Sponsored Trial	Product
06/27/2016	\$12,930.00	Investigator Sponsored Trial	Product
01/13/2016	\$18,768.00	Investigator Sponsored Trial	Product
01/14/2016	\$88,057.50	Investigator Sponsored Trial	Product
01/14/2016	\$58,710.00	Investigator Sponsored Trial	Product
01/14/2016	\$959.62	Investigator Sponsored Trial	Product
01/14/2016	\$3,047.08	Investigator Sponsored Trial	Product
01/14/2016	\$1,556.04	Investigator Sponsored Trial	Product
01/14/2016	\$3,941.70	Investigator Sponsored Trial	Product
01/14/2016	\$661.42	Investigator Sponsored Trial	Product
01/27/2016	\$293,490.00	Investigator Sponsored Trial	Product
02/09/2016	\$12,505.30	Investigator Sponsored Trial	Product
02/12/2016	\$76,515.00	Investigator Sponsored Trial	Product
02/16/2016	\$36,067.85	Investigator Sponsored Trial	Product
02/18/2016	\$58,710.00	Investigator Sponsored Trial	Product
03/29/2016	\$12,930.00	Investigator Sponsored Trial	Product

Date of Payment	Amount	Primary Purpose	Primary Nature
03/29/2016	\$64,130.00	Investigator Sponsored Trial	Product
03/29/2016	\$25,730.00	Investigator Sponsored Trial	Product
03/31/2016	\$3,103.89	Investigator Sponsored Trial	Product
04/04/2016	\$76,930.00	Investigator Sponsored Trial	Product
04/13/2016	\$58,710.00	Investigator Sponsored Trial	Product
04/19/2016	\$152,796.13	Investigator Sponsored Trial	Product
04/28/2016	\$12,930.00	Investigator Sponsored Trial	Product
05/05/2016	\$12,505.30	Investigator Sponsored Trial	Product
05/09/2016	\$153,730.00	Investigator Sponsored Trial	Product
05/09/2016	\$51,015.00	Investigator Sponsored Trial	Product
05/24/2016	\$576,860.60	Investigator Sponsored Trial	Product
05/25/2016	\$117,405.00	Investigator Sponsored Trial	Product
07/06/2016	\$117,405.00	Investigator Sponsored Trial	Product
07/13/2016	\$352,185.00	Investigator Sponsored Trial	Product
07/13/2016	\$58,710.00	Investigator Sponsored Trial	Product
07/25/2016	\$11,312.95	Investigator Sponsored Trial	Product
07/26/2016	\$15,040.60	Investigator Sponsored Trial	Product
07/26/2016	\$21,998.88	Investigator Sponsored Trial	Product
07/26/2016	\$27,466.10	Investigator Sponsored Trial	Product
07/26/2016	\$24,981.00	Investigator Sponsored Trial	Product
07/27/2016	\$7,585.30	Investigator Sponsored Trial	Product
07/27/2016	\$27,963.12	Investigator Sponsored Trial	Product
07/28/2016	\$12,505.30	Investigator Sponsored Trial	Product
08/31/2016	\$12,930.00	Investigator Sponsored Trial	Product
09/01/2016	\$22,106.80	Investigator Sponsored Trial	Product
09/14/2016	\$3,103.89	Investigator Sponsored Trial	Product
09/27/2016	\$88,057.50	Investigator Sponsored Trial	Product
10/10/2016	\$72,120.70	Investigator Sponsored Trial	Product
10/19/2016	\$22,106.80	Investigator Sponsored Trial	Product
10/24/2016	\$12,505.30	Investigator Sponsored Trial	Product
10/31/2016	\$293,760.00	Investigator Sponsored Trial	Product
10/31/2016	\$58,764.00	Investigator Sponsored Trial	Product
10/31/2016	\$12,930.00	Investigator Sponsored Trial	Product

Date of Payment	Amount	Primary Purpose	Primary Nature
10/31/2016	\$58,764.00	Investigator Sponsored Trial	Product
11/01/2016	\$29,389.50	Investigator Sponsored Trial	Product
11/15/2016	\$77,933.40	Investigator Sponsored Trial	Product
11/17/2016	\$58,764.00	Investigator Sponsored Trial	Product
11/21/2016	\$19,265.00	Investigator Sponsored Trial	Product
11/21/2016	\$134,465.00	Investigator Sponsored Trial	Product
12/14/2016	\$88,138.50	Investigator Sponsored Trial	Product
12/19/2016	\$293,760.00	Investigator Sponsored Trial	Product
04/05/2016	\$382.26	Investigator Sponsored Trial	Product
10/17/2016	\$449.71	Investigator Sponsored Trial	Product
05/09/2016	\$1,122,210.00	Investigator Sponsored Trial	Fees
12/08/2016	\$1,122,209.00	Investigator Sponsored Trial	Fees
02/16/2016	\$59,187.50	Investigator Sponsored Trial	Cash or Cash Equivalent
10/18/2016	\$67,970.00	Investigator Sponsored Trial	Cash or Cash Equivalent
01/26/2016	\$19,474.93	Investigator Sponsored Trial	Cash or Cash Equivalent
06/02/2016	\$47,400.50	Investigator Sponsored Trial	Cash or Cash Equivalent
12/13/2016	\$47,400.50	Investigator Sponsored Trial	Cash or Cash Equivalent
01/04/2017	\$862.56	Investigator Sponsored Trial	Product
01/10/2017	\$12,930.00	Investigator Sponsored Trial	Product
01/11/2017	\$6,317.65	Investigator Sponsored Trial	Product
01/16/2017	\$862.56	Investigator Sponsored Trial	Product
01/18/2017	\$29,362.50	Investigator Sponsored Trial	Product
01/24/2017	\$11,247.95	Investigator Sponsored Trial	Product
01/24/2017	\$288.66	Investigator Sponsored Trial	Product
01/24/2017	\$11,247.95	Investigator Sponsored Trial	Product
01/24/2017	\$1,108.73	Investigator Sponsored Trial	Product
01/24/2017	\$19,945.80	Investigator Sponsored Trial	Product
01/24/2017	\$4,538.12	Investigator Sponsored Trial	Product
01/24/2017	\$13,549.36	Investigator Sponsored Trial	Product
01/24/2017	\$3,112.08	Investigator Sponsored Trial	Product
01/24/2017	\$24,916.00	Investigator Sponsored Trial	Product
01/24/2017	\$810.52	Investigator Sponsored Trial	Product
02/08/2017	\$884.54	Investigator Sponsored Trial	Product

Date of Payment	Amount	Primary Purpose	Primary Nature
03/01/2017	\$884.54	Investigator Sponsored Trial	Product
03/13/2017	\$25,730.00	Investigator Sponsored Trial	Product
03/16/2017	\$58,710.00	Investigator Sponsored Trial	Product
03/29/2017	\$6,317.65	Investigator Sponsored Trial	Product
03/30/2017	\$145,308.00	Investigator Sponsored Trial	Product
04/06/2017	\$58,710.00	Investigator Sponsored Trial	Product
05/01/2017	\$58,710.00	Investigator Sponsored Trial	Product
05/08/2017	\$45,402.40	Investigator Sponsored Trial	Product
05/18/2017	\$29,362.50	Investigator Sponsored Trial	Product
05/25/2017	\$29,362.50	Investigator Sponsored Trial	Product
06/08/2017	\$22,766.20	Investigator Sponsored Trial	Product
06/12/2017	\$22,766.20	Investigator Sponsored Trial	Product
06/15/2017	\$29,362.50	Investigator Sponsored Trial	Product
06/15/2017	\$29,362.50	Investigator Sponsored Trial	Product
06/29/2017	\$14,980.36	Investigator Sponsored Trial	Product
07/05/2017	\$58,710.00	Investigator Sponsored Trial	Product
07/13/2017	\$58,710.00	Investigator Sponsored Trial	Product
07/17/2017	\$58,710.00	Investigator Sponsored Trial	Product
07/25/2017	\$58,710.00	Investigator Sponsored Trial	Product
07/25/2017	\$19,945.80	Investigator Sponsored Trial	Product
07/25/2017	\$10,129.40	Investigator Sponsored Trial	Product
07/25/2017	\$10,194.40	Investigator Sponsored Trial	Product
07/25/2017	\$24,916.00	Investigator Sponsored Trial	Product
07/25/2017	\$2,413.36	Investigator Sponsored Trial	Product
08/02/2017	\$58,710.00	Investigator Sponsored Trial	Product
08/15/2017	\$15,220.80	Investigator Sponsored Trial	Product
08/24/2017	\$440,227.50	Investigator Sponsored Trial	Product
09/20/2017	\$30,311.60	Investigator Sponsored Trial	Product
09/21/2017	\$14,980.36	Investigator Sponsored Trial	Product
10/18/2017	\$58,710.00	Investigator Sponsored Trial	Product
10/30/2017	\$305,489.41	Investigator Sponsored Trial	Product
11/29/2017	\$6,855.86	Investigator Sponsored Trial	Product
11/29/2017	\$40,810.16	Investigator Sponsored Trial	Product

Date of Payment	Amount	Primary Purpose	Primary Nature
12/18/2017	\$162,934.69	Investigator Sponsored Trial	Product
12/20/2017	\$1,163,061.00	Investigator Sponsored Trial	Fees
12/20/2017	\$831,459.00	Investigator Sponsored Trial	Fees
04/12/2017	\$140,654.12	Investigator Sponsored Trial	Fees
10/01/2017	\$75,158.78	Investigator Sponsored Trial	Fees
10/25/2017	\$53,668.90	Investigator Sponsored Trial	Fees
10/20/2017	\$391,759.00	Investigator Sponsored Trial	Fees
11/21/2017	\$76,900.00	Investigator Sponsored Trial	Fees
09/12/2017	\$55,768.59	Investigator Sponsored Trial	Fees
07/18/2017	\$77,522.30	Investigator Sponsored Trial	Cash or Cash Equivalent
03/02/2017	\$7,955.33	Investigator Sponsored Trial	Cash or Cash Equivalent
07/06/2017	\$43,280.58	Investigator Sponsored Trial	Cash or Cash Equivalent
01/17/2017	\$244,633.00	Investigator Sponsored Trial	Cash or Cash Equivalent
01/17/2017	\$37,134.00	Investigator Sponsored Trial	Cash or Cash Equivalent
02/21/2017	\$6,000.00	Investigator Sponsored Trial	Cash or Cash Equivalent
04/04/2017	\$7,234.45	Investigator Sponsored Trial	Cash or Cash Equivalent
05/23/2017	\$50,279.75	Investigator Sponsored Trial	Cash or Cash Equivalent
08/15/2017	\$92,654.93	Investigator Sponsored Trial Cash or Cash Equivalent	
04/25/2017	\$128,325.90	Investigator Sponsored Trial	Cash or Cash Equivalent
07/18/2017	\$128,325.90	Investigator Sponsored Trial	Cash or Cash Equivalent
09/05/2017	\$128,325.90	Investigator Sponsored Trial	Cash or Cash Equivalent
11/07/2017	\$128,325.90	Investigator Sponsored Trial	Cash or Cash Equivalent
05/09/2017	\$66,562.62	Investigator Sponsored Trial	Cash or Cash Equivalent
07/06/2017	\$66,562.62	Investigator Sponsored Trial	Cash or Cash Equivalent
10/03/2017	\$66,562.62	Investigator Sponsored Trial	Cash or Cash Equivalent
05/02/2017	\$80,715.00	Investigator Sponsored Trial	Cash or Cash Equivalent
01/04/2017	\$47,400.50	Investigator Sponsored Trial	Cash or Cash Equivalent
01/04/2017	\$47,400.97	Investigator Sponsored Trial	Cash or Cash Equivalent
01/17/2017	\$100,000.00	Investigator Sponsored Trial	Cash or Cash Equivalent
03/02/2017	\$26,701.00	Investigator Sponsored Trial	Cash or Cash Equivalent
04/18/2017	\$190,471.20	Investigator Sponsored Trial	Cash or Cash Equivalent
08/15/2017	\$2,100.00	Investigator Sponsored Trial	Cash or Cash Equivalent
11/14/2017	\$23,348.00	Investigator Sponsored Trial	Cash or Cash Equivalent

Date of Payment	Amount	Primary Purpose	Primary Nature
05/30/2017	\$140,654.12	Investigator Sponsored Trial	Cash or Cash Equivalent
09/19/2017	\$188,832.43	Investigator Sponsored Trial	Cash or Cash Equivalent
12/05/2017	\$2,835.71	Investigator Sponsored Trial	Cash or Cash Equivalent
01/22/2018	\$16,681.38	Investigator Sponsored Trial	Product
01/22/2018	\$427.27	Investigator Sponsored Trial	Product
01/22/2018	\$750.53	Investigator Sponsored Trial	Product
01/23/2018	\$15,679.17	Investigator Sponsored Trial	Product
01/23/2018	\$3,904.40	Investigator Sponsored Trial	Product
01/23/2018	\$12,928.50	Investigator Sponsored Trial	Product
01/25/2018	\$25,640.33	Investigator Sponsored Trial	Product
01/25/2018	\$1,118.37	Investigator Sponsored Trial	Product
01/25/2018	\$2,872.13	Investigator Sponsored Trial	Product
01/29/2018	\$712,788.63	Investigator Sponsored Trial	Product
02/20/2018	\$152,752.20	Investigator Sponsored Trial	Product
04/11/2018	\$314,348.09	Investigator Sponsored Trial	Product
04/17/2018	\$19,930.48	Investigator Sponsored Trial	Product
05/22/2018	\$261,959.23	Investigator Sponsored Trial	Product
05/29/2018	\$157,181.55	Investigator Sponsored Trial	Product
07/10/2018	\$16,302.40	Investigator Sponsored Trial	Product
07/10/2018	\$13,607.00	Investigator Sponsored Trial	Product
07/12/2018	\$17,650.10	Investigator Sponsored Trial	Product
07/12/2018	\$27,084.00	Investigator Sponsored Trial	Product
07/17/2018	\$209,570.39	Investigator Sponsored Trial	Product
07/19/2018	\$88,057.50	Investigator Sponsored Trial	Product
08/14/2018	\$58,710.00	Investigator Sponsored Trial	Product
08/20/2018	\$58,710.00	Investigator Sponsored Trial	Product
08/23/2018	\$117,405.00	Investigator Sponsored Trial	Product
09/17/2018	\$157,181.55	Investigator Sponsored Trial	Product
09/27/2018	\$157,181.55	Investigator Sponsored Trial	Product
10/29/2018	\$261,959.23	Investigator Sponsored Trial	Product
11/28/2018	\$58,710.00	Investigator Sponsored Trial	Product
11/29/2018	\$104,792.70	Investigator Sponsored Trial	Product
11/26/2018	\$348.48	Investigator Sponsored Trial	Supplies

Date of Payment	Amount	Primary Purpose	Primary Nature
11/26/2018	\$28.32	Investigator Sponsored Trial	Supplies
04/25/2018	\$67.25	Investigator Sponsored Trial	Supplies
08/28/2018	\$281.36	Investigator Sponsored Trial	Supplies
11/27/2018	\$793,755.00	Investigator Sponsored Trial	Fees
09/24/2018	\$277,130.00	Investigator Sponsored Trial	Investigator Fees
10/19/2018	\$207,848.00	Investigator Sponsored Trial	Investigator Fees
03/20/2018	\$26,125.00	Investigator Sponsored Trial	Cash or Cash Equivalent
01/30/2018	\$76,900.00	Investigator Sponsored Trial	Cash or Cash Equivalent
06/12/2018	\$29,796.00	Investigator Sponsored Trial	Cash or Cash Equivalent
02/20/2018	\$178,970.30	Investigator Sponsored Trial	Cash or Cash Equivalent
01/16/2018	\$244,633.00	Investigator Sponsored Trial	Cash or Cash Equivalent
02/06/2018	\$128,325.90	Investigator Sponsored Trial	Cash or Cash Equivalent
09/06/2018	\$128,325.90	Investigator Sponsored Trial	Cash or Cash Equivalent
09/06/2018	\$128,325.90	Investigator Sponsored Trial	Cash or Cash Equivalent
04/19/2018	\$66,562.62	Investigator Sponsored Trial	Cash or Cash Equivalent
05/15/2018	\$35,581.00	Investigator Sponsored Trial	Cash or Cash Equivalent
05/15/2018	\$30,030.00	Investigator Sponsored Trial	Cash or Cash Equivalent
06/19/2018	\$52,087.00	Investigator Sponsored Trial	Cash or Cash Equivalent
07/23/2018	\$31,131.00	Investigator Sponsored Trial	Cash or Cash Equivalent
01/30/2018	\$14,223.80	Investigator Sponsored Trial	Cash or Cash Equivalent
04/03/2018	\$144,601.03	Investigator Sponsored Trial	Cash or Cash Equivalent
08/02/2018	\$47,500.00	Investigator Sponsored Trial	Cash or Cash Equivalent
08/02/2018	\$148,734.45	Investigator Sponsored Trial	Cash or Cash Equivalent
03/29/2018	\$238,670.00	Investigator Sponsored Trial	Cash or Cash Equivalent
04/05/2018	\$104,418.67	Investigator Sponsored Trial	Cash or Cash Equivalent
05/10/2018	\$7,939.00	Investigator Sponsored Trial	Cash or Cash Equivalent
11/26/2018	\$14,624.00	Investigator Sponsored Trial	Cash or Cash Equivalent
01/09/2018	\$100,000.00	Investigator Sponsored Trial	Cash or Cash Equivalent
01/02/2018	\$53,668.90	Investigator Sponsored Trial	Cash or Cash Equivalent
01/05/2018	\$391,759.00	Investigator Sponsored Trial	Cash or Cash Equivalent
05/08/2018	\$28,610.89	Investigator Sponsored Trial	Cash or Cash Equivalent
10/29/2018	\$78,100.80	Investigator Sponsored Trial	Cash or Cash Equivalent
08/21/2018	\$29,796.00	Investigator Sponsored Trial	Cash or Cash Equivalent

Date of Payment	Amount	Primary Purpose	Primary Nature
11/19/2018	\$103,543.60	Investigator Sponsored Trial	Cash or Cash Equivalent
11/19/2018	\$97,510.18	Investigator Sponsored Trial	Cash or Cash Equivalent
12/10/2018	\$48,814.00	Investigator Sponsored Trial	Cash or Cash Equivalent
11/19/2018	\$72,000.00	Investigator Sponsored Trial	Cash or Cash Equivalent

Physician/Teaching Hospital Name (NPI)	Address Line 1	City	State	ZIP	Name of Study
Montefiore Medical Center	111 EAST 210TH STREET	BRONX	NY	10467	A roadmap for the conversion from sliding scale to basal insulin in the long term care setting.
Langley Porter Psychiatric	405 PARNASUS	SAN FRANCISCO	CA	94143	A Phase I Study of Cabazitaxel, Mitoxantrone, and Prednisone (CAMP) for Patients with Metastatic Castration-Resistant Prostate Cancer and no Prior Chemotherapy
Memorial Hospital for Cancer and Allied Diseases	1275 YORK AVENUE	NEW YORK	NY	10065	An Exploratory Randomized Phase II Multi-center Trial of Abiraterone Acetate with or without Cabazitaxel in Treatment of Metastatic Castration Resistant Prostate Cancer
University of Chicago Hospital	5841 SOUTH MARYLAND AVENUE	CHICAGO	IL	60637	A study of the effects of Alemtuzumab on Surrogate Markers of Disease Activity and Repair using Advanced MRI measures in Subjects with Relapsing Remitting Multiple Sclerosis.
University of Chicago Hospital	5841 SOUTH MARYLAND AVENUE	CHICAGO	IL	60637	A study of the effects of Alemtuzumab on Surrogate Markers of Disease Activity and Repair using Advanced MRI measures in Subjects with Relapsing Remitting Multiple Sclerosis.
University of Chicago Hospital	5841 SOUTH MARYLAND AVENUE	CHICAGO	IL	60637	A study of the effects of Alemtuzumab on Surrogate Markers of Disease Activity and Repair using Advanced MRI measures in Subjects with Relapsing Remitting Multiple Sclerosis.
University of Chicago Hospital	5841 SOUTH MARYLAND AVENUE	CHICAGO	IL	60637	A study of the effects of Alemtuzumab on Surrogate Markers of Disease Activity and Repair using Advanced MRI measures in Subjects with Relapsing Remitting Multiple Sclerosis.
University of Chicago Hospital	5841 SOUTH MARYLAND AVENUE	CHICAGO	IL	60637	A study of the effects of Alemtuzumab on Surrogate Markers of Disease Activity and Repair using Advanced MRI measures in Subjects with Relapsing Remitting Multiple Sclerosis.
University of Chicago Hospital	5841 SOUTH MARYLAND AVENUE	CHICAGO	IL	60637	A study of the effects of Alemtuzumab on Surrogate Markers of Disease Activity and Repair using Advanced MRI measures in Subjects with Relapsing Remitting Multiple Sclerosis.

Physician/Teaching Hospital Name (NPI)	Address Line 1	City	State	ZIP	Name of Study
University of Chicago Hospital	5841 SOUTH MARYLAND AVENUE	CHICAGO	IL	60637	A study of the effects of Alemtuzumab on Surrogate Markers of Disease Activity and Repair using Advanced MRI measures in Subjects with Relapsing Remitting Multiple Sclerosis.
University of Chicago Hospital	5841 SOUTH MARYLAND AVENUE	CHICAGO	IL	60637	A study of the effects of Alemtuzumab on Surrogate Markers of Disease Activity and Repair using Advanced MRI measures in Subjects with Relapsing Remitting Multiple Sclerosis.
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University of Chicago Hospital	5841 SOUTH MARYLAND AVENUE	CHICAGO	IL	60637	A study of the effects of Alemtuzumab on Surrogate Markers of Disease Activity and Repair using Advanced MRI measures in Subjects with Relapsing Remitting Multiple Sclerosis.
Keck Hospital of USC	1500 SAN PABLO STREET	LOS ANGELES	CA	90033	Detection of early end-organ damage by endothelial dysfunction with reactive hyperemia-digital peripheral arterial tonometry in patients with Fabry disease
University of Alabama Hospital	619 SOUTH 19TH STREET	BIRMINGHAM	AL	35233	Improved Detection, Diagnosis, and Management of Fabry Disease through Serial Ophthalmic Documentation and Tear Fluid Analysis
University of Chicago Hospital	5841 SOUTH MARYLAND AVENUE	CHICAGO	IL	60637	A study of the effects of Alemtuzumab on Surrogate Markers of Disease Activity and Repair using Advanced MRI measures in Subjects with Relapsing Remitting Multiple Sclerosis.
University of Chicago Hospital	5841 SOUTH MARYLAND AVENUE	CHICAGO	IL	60637	A study of the effects of Alemtuzumab on Surrogate Markers of Disease Activity and Repair using Advanced MRI measures in Subjects with Relapsing Remitting Multiple Sclerosis.

Physician/Teaching Hospital Name (NPI)	Address Line 1	City	State	ZIP	Name of Study
Brigham and Womens Hospital	75 FRANCIS STREET	BOSTON	MA	02115	Effects of an Intensive Intervention on Medication Adherence, Glycemic Control, and Readmission Rates in Patients with Type 2 Diabetes
University of Washington	2	SEATTLE	WA	98195	Fluctuation Reduction With Insulin and GLP-1 Added Together (FLAT-SUGAR)
Beth Israel Deaconess Medical Center	330 BROOKLINE AVENUE	BOSTON	MA	02215	Simplification of diabetes regimen in elderly patients using glargine
Dana-Farber Cancer Institute	450 BROOKLINE AVE	BOSTON	MA	02215	Phase I Study of Plerixafor (AMD3100) and Bevacizumab for recurrent high-grade glioma
Dana-Farber Cancer Institute	450 BROOKLINE AVE	BOSTON	MA	02215	Phase I/II Trial of Combination AMD3100 and Bortezomib in Relapsed or Relapsed/Refractory Multiple Myeloma
Dana-Farber Cancer Institute	450 BROOKLINE AVE	BOSTON	MA	02215	Phase I/II Trial of Combination AMD3100 and Bortezomib in Relapsed or Relapsed/Refractory Multiple Myeloma
Dana-Farber Cancer Institute	450 BROOKLINE AVE	BOSTON	MA	02215	Taxotere Plus Six-Month Androgen Suppression and Radiation Therapy vs Six-Month Androgen Suppression and Radiation Therapy for Patients with High-Risk Localized or Locally Advanced Prostate Cancer: A Randomized Controlled Trial
UT MD Anderson Cancer Center	1515 HOLCOMBE BLVD	HOUSTON	TX	77030	Phase I/II Study of Plerixafor and Clofarabine in Previously Untreated Older (≥ 60 years) Adult Patients with Acute Myelogenous Leukemia (AML) for Whom Standard Induction Chemotherapy is Unlikely to be of Benefit
UT MD Anderson Cancer Center	1515 HOLCOMBE BLVD	HOUSTON	TX	77030	G-CSF and Plerixafor with Sorafenib for Acute Myelogenous Leukemia with FLT3(ITD) mutations
UT MD Anderson Cancer Center	1515 HOLCOMBE BLVD	HOUSTON	TX	77030	Phase I/II Study of Plerixafor and Clofarabine in Previously Untreated Older (≥ 60 years) Adult Patients with Acute Myelogenous Leukemia (AML) for Whom Standard Induction Chemotherapy is Unlikely to be of Benefit
UT MD Anderson Cancer Center	1515 HOLCOMBE BLVD	HOUSTON	TX	77030	G-CSF and Plerixafor with Sorafenib for Acute Myelogenous Leukemia with FLT3(ITD) mutations
Langley Porter Psychiatric Institute	405 PARNASUS	SAN FRANCISCO	CA	94143	A Phase III Trial of Irinotecan/5-FU/Leucovorin or Oxaliplatin/5-FU/leucovorin with Bevacizumab, or Cetuximab (C225) or with the Combination of Bevacizumab and Cetuximab for Patients with Untreated Metastatic Adenocarcinoma of the Colon or Rectum

Physician/Teaching Hospital Name (NPI)	Address Line 1	City	State	ZIP	Name of Study
U of U Hospitals & Clinic	50 NORTH MEDICAL DRIVE	SALT LAKE CITY	UT	84132	Phase I/II Study of Low-Dose Oral Clofarabine for the treatment of IPSS INT-1, INT-2 or HIGH Myelodysplastic Syndromes (dysplastic type) Patients who have failed Hypomethylating Therapy
Lehigh Valley (.)	2100 MACK BLVD. 4TH FLOOR FINANCE	ALLEN-TOWN	PA	18105	A Multicenter, Randomized, Controlled Trial Evaluating the Safety, Efficacy and Cost-Effectiveness of Sefrafilm Adhesion Barrier Following Cesarean Section
University of Chicago Hospital	5841 SOUTH MARYLAND AVENUE	CHICAGO	IL	60637	A study of the effects of Alemtuzumab on Surrogate Markers of Disease Activity and Repair using Advanced MRI measures in Subjects with Relapsing Remitting Multiple Sclerosis.
University of Chicago Hospital	5841 SOUTH MARYLAND AVENUE	CHICAGO	IL	60637	A study of the effects of Alemtuzumab on Surrogate Markers of Disease Activity and Repair using Advanced MRI measures in Subjects with Relapsing Remitting Multiple Sclerosis.
University of Chicago Hospital	5841 SOUTH MARYLAND AVENUE	CHICAGO	IL	60637	A study of the effects of Alemtuzumab on Surrogate Markers of Disease Activity and Repair using Advanced MRI measures in Subjects with Relapsing Remitting Multiple Sclerosis.
University of Chicago Hospital	5841 SOUTH MARYLAND AVENUE	CHICAGO	IL	60637	A study of the effects of Alemtuzumab on Surrogate Markers of Disease Activity and Repair using Advanced MRI measures in Subjects with Relapsing Remitting Multiple Sclerosis.
University of Chicago Hospital	5841 SOUTH MARYLAND AVENUE	CHICAGO	IL	60637	A study of the effects of Alemtuzumab on Surrogate Markers of Disease Activity and Repair using Advanced MRI measures in Subjects with Relapsing Remitting Multiple Sclerosis.
University of Chicago Hospital	5841 SOUTH MARYLAND AVENUE	CHICAGO	IL	60637	A study of the effects of Alemtuzumab on Surrogate Markers of Disease Activity and Repair using Advanced MRI measures in Subjects with Relapsing Remitting Multiple Sclerosis.
Emory University Hospital	1364 CLIFTON ROAD	ATLANTA	GA	30302	Do the Benefits Outweigh the Risks? Assessing Patients' Perceptions of Newborn Screening for Lysosomal Storage Diseases
Massachusetts General Hospital	FRUIT STREET	BOSTON	MA	02114	Neuroimaging Characteristics in Fabry Disease: Quantitation of CNS White Matter Lesions
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Massachusetts General Hospital	FRUIT STREET	BOSTON	MA	02114	Neuroimaging Characteristics in Fabry Disease: Quantitation of CNS White Matter Lesions
University of Washington	2	SEATTLE	WA	98195	Podocyuria: A Non-Invasive Biomarker of Fabry Nephropathy

Physician/Teaching Hospital Name (NPI)	Address Line 1	City	State	ZIP	Name of Study
University of Washington	2	SEATTLE	WA	98195	Podocyturia: A Non-Invasive Biomarker of Fabry Nephropathy
University of Alabama Hospital	619 SOUTH 19TH STREET	BIRMINGHAM	AL	35233	Cognitive Function Assessment in Fabry Disease: A Pilot Feasibility Study
University of Alabama Hospital	619 SOUTH 19TH STREET	BIRMINGHAM	AL	35233	Multi-center, Open-label Study of the Safety and Efficacy of Control of Proteinuria with ACE Inhibitors and ARBS in Patients with Fabry Disease Who Are Receiving Fabrazyme?: The Fabrazyme? + Arbs + ACE inhibitors Treatments (FAACET) Study: The FAACET Study.
Rochester General Hospital	1425 PORTLAND AVENUE	ROCHESTER	NY	14621	A Study Evaluating Acute Otitis Media and Nasopharyngeal Colonization Caused by Streptococcus pneumoniae in Healthy Children
Dana-Farber Cancer Institute	450 BROOKLINE AVE	BOSTON	MA	02215	Randomized Phase II Study of FOLFOX +/- Afibercept in metastatic esophagegastric cancer
Dana-Farber Cancer Institute	450 BROOKLINE AVE	BOSTON	MA	02215	Randomized Phase II Study of FOLFOX +/- Afibercept in metastatic esophagegastric cancer
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UT MD Anderson Cancer Center	1515 HOLCOMBE BLVD	HOUSTON	TX	77030	A Randomized Study of Once Daily Fludarabine-Clofarabine vs Fludarabine Alone Combined with IV Busulfan Followed by Allogeneic Hemopoietic Stem Cell Transplantation for AML and MDS
UT MD Anderson Cancer Center	1515 HOLCOMBE BLVD	HOUSTON	TX	77030	A Randomized Study of Once Daily Fludarabine-Clofarabine vs Fludarabine Alone Combined with IV Busulfan Followed by Allogeneic Hemopoietic Stem Cell Transplantation for AML and MDS
UT MD Anderson Cancer Center	1515 HOLCOMBE BLVD	HOUSTON	TX	77030	A Randomized Study of Once Daily Fludarabine-Clofarabine vs Fludarabine Alone Combined with IV Busulfan Followed by Allogeneic Hemopoietic Stem Cell Transplantation for AML and MDS
UT MD Anderson Cancer Center	1515 HOLCOMBE BLVD	HOUSTON	TX	77030	A Randomized Study of Once Daily Fludarabine-Clofarabine vs Fludarabine Alone Combined with IV Busulfan Followed by Allogeneic Hemopoie
UT MD Anderson Cancer Center	1515 HOLCOMBE BLVD	HOUSTON	TX	77030	A phase II study of cabazitaxel with or without carboplatin in patients with metastatic castration-resistant prostate cancer previously treated with docetaxel-based therapy.

Physician/Teaching Hospital Name (NPI)	Address Line 1	City	State	ZIP	Name of Study
UT MD Anderson Cancer Center	1515 HOLCOMBE BLVD	HOUSTON	TX	77030	A phase II study of cabazitaxel with or without carboplatin in patients with metastatic castration-resistant prostate cancer previously treated with docetaxel-based therapy.
Memorial Hospital For Center	1275 YORK AVENUE	NEW YORK	NY	10065	An Exploratory Randomized Phase II Multi-center Trial of Abiraterone Acetate with or without Cabazitaxel in Treatment of Metastatic Castration Resistant Prostate Cancer
Brigham And Womens Hospital	75 FRANCIS STREET	BOSTON	MA	02115	Assessment of Aubagio's neuroprotective effect on the development of T1 black holes
Brigham And Womens Hosp	75 FRANCIS STREET	BOSTON	MA	02115	Assessment of Aubagio's neuroprotective effect on the development of T1 black holes
Brigham And Womens Hosp	75 FRANCIS STREET	BOSTON	MA	02115	Post-partum MRI Changes in Women with Multiple Sclerosis.
Brigham And Womens Hosp	75 FRANCIS STREET	BOSTON	MA	02115	Post-partum MRI Changes in Women with Multiple Sclerosis.
Brigham And Womens Hosp	75 FRANCIS STREET	BOSTON	MA	02115	Post-partum MRI Changes in Women with Multiple Sclerosis.
Keck Hospital of USC	1500 SAN PABLO STREET	LOS ANGELES	CA	90033	Detection of early end-organ damage by endothelial dysfunction with reactive hyperemia-digital peripheral arterial tonometry in patients with Fabry Disease
Vanderbilt University Hospital	1211 MEDICAL CENTER DRIVE	NASHVILLE	TN	37232	Innovation in the timely diagnosis and multidisciplinary treatment of Fabry disease
Emory University Hospital	1364 CLIFTON ROAD	ATLANTA	GA	30302	A Prospective, Multicenter Study Of Fabry Disease Clinical and Biochemical Findings in Young Pediatric Patients (The MOPPET Study)
Emory University Hospital	1364 CLIFTON ROAD	ATLANTA	GA	30302	Reproductive Fitness in Individuals Affected by Fabry Disease (FIT)
UCI Medical Center (.)	101 CITY DRIVE SOUTH	ORANGE	CA	92868	Investigating Pompe Prevalence in NEUromuscular Medicine Academic Practices (IPANEMA Study)
Massachusetts General Hospital	FRUIT STREET	BOSTON	MA	02114	The Fabry Pain Inventory: Validation of a New Clinical Tool to Comprehensively Capture the Fabry Pain Experience
University of Washington	2	SEATTLE	WA	98195	Effects of Fabry Disease on Myelination in the In Vivo Adult Human Brain
University of Alabama Hospital	619 SOUTH 19TH STREET	BIRMINGHAM	AL	35233	Improved Detection, Diagnosis, and Management of Fabry Disease through Serial Ophthalmic Documentation and Tear Fluid Analysis

Physician/Teaching Hospital Name (NPI)	Address Line 1	City	State	ZIP	Name of Study
Dana-Farber Cancer Institute	450 BROOKLINE AVE	BOSTON	MA	02215	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis
Dana-Farber Cancer Institute	450 BROOKLINE AVE	BOSTON	MA	02215	Phase I/II Trial of Combination AMD3100 and Bortezomib in Relapsed or Relapsed/Refractory Multiple Myeloma
The Nebraska Medical Center	DEWEY AVENUE AT 42ND	OMAHA	NE	68198	Leukine (sargramostim) for Parkinson's disease
Charleston Area Medical	501 MORRIS STREET	CHARLESTON	WV	25326	A Phase II Trial of GM-CSF Protein plus Ipilimumab in Patients with Advanced Melanoma (ECOG 1608)
City of Hope National Medical Center	1500 EAST DUARTE ROAD	DUARTE	CA	91010	Phase II Study of Clofarabine and High-Dose Melphalan Conditioning Prior to Allogeneic Hematopoietic Cell Transplantation for Myelodysplasia
The Christ Hospital	2139 AUBURN AVENUE	CINCINNATI	OH	45219	A Phase II Trial of GM-CSF Protein plus Ipilimumab in Patients with Advanced Melanoma (ECOG 1608)
Ohsu Hospital and Clinics (.)	3181 SAM JACKSON PARK ROAD	PORTLAND	OR	97239	A Phase I/II Trial of Concurrent Chemohormonal Therapy Using Enzalutamide (MDV-3100) and Cabazitaxel in Patients with Metastatic Castration
Memorial Hospital for Cancer and Allied Diseases (101317743)	1275 YORK AVENUE	NEW YORK	NY	10065	Creation of a registry of patients treated on TAX3503
Dana-Farber Cancer Institute (.)	450 BROOKLINE AVE	BOSTON	MA	02215	Phase I/II Trial of Combination AMD3100 and Bortezomib in Relapsed or Relapsed/Refractory Multiple Myeloma
Memorial Hospital for Cancer and Allied Diseases (101317743)	1275 YORK AVENUE	NEW YORK	NY	10065	An Exploratory Randomized Phase II Multi-center Trial of Abiraterone Acetate with or without Cabazitaxel in Treatment of Metastatic Castration
UT MD Anderson Cancer Center (1083730964)	1515 HOLCOMBE BLVD	HOUSTON	TX	77030	A Randomized Phase 2 study to Evaluate the Efficacy of Rasburicase in Patients at Risk for TLS During Two Cycles of Chemotherapy
The Miriam Hospital (.)	164 SUMMIT AVENUE	PROVIDENCE	RI	02906	Aflibercept Maintenance for patients with resected or ablated metastatic colorectal cancer
Memorial Hospital for Cancer and Allied Diseases (101317743)	1275 YORK AVENUE	NEW YORK	NY	10065	An Exploratory Randomized Phase II Multi-center Trial of Abiraterone Acetate with or without Cabazitaxel in Treatment of Metastatic Castration
Memorial Hospital for Cancer and Allied Diseases (101317743)	1275 YORK AVENUE	NEW YORK	NY	10065	A Multi-center Randomized Phase II Study of the Impact of CD34+ Cell Dose on Progression-free Survival Following High-Dose Therapy

Physician/Teaching Hospital Name (NPI)	Address Line 1	City	State	ZIP	Name of Study
Dana-Farber Cancer Institute (.)	450 BROOKLINE AVE	BOSTON	MA	02215	Phase I Study of Plerixafor (AMD3100) and Bevacizumab for Recurrent High-grade Glioma
Emory University Hospital (1073592747)	1364 CLIFTON ROAD	ATLANTA	GA	30302	A Prospective, Multicenter Study Of Fabry Disease Clinical and Biochemical Findings in Young Pediatric Patients (The MOPPET Study)
Vanderbilt University Hospitals & Clinic (.)	1211 MEDICAL CENTER DRIVE	NASHVILLE	TN	37232	Innovation in the timely diagnosis and multidisciplinary treatment of Fabry disease
Emory University Hospital (1073592747)	1364 CLIFTON ROAD	ATLANTA	GA	30302	Reproductive Fitness in Individuals Affected by Fabry Disease (FIT)
Emory University Hospital (1073592747)	1364 CLIFTON ROAD	ATLANTA	GA	30302	Reproductive Fitness in Individuals Affected by Fabry Disease (FIT)
Massachusetts General Hospital (.)	FRUIT STREET	BOSTON	MA	02114	MGH Fabry Screening Initiative
Emory University Hospital (1073592747)	1364 CLIFTON ROAD	ATLANTA	GA	30302	A Comparison of Pharmacological vs. Psychological Interventions to Improve Adaptive Function in Fabry Patients Undergoing Enzyme Replace
USC Norris Cancer Hospital (.)	1441 EASTLAKE AVE	LOS ANGELES	CA	90033	Detection of early end-organ damage by endothelial dysfunction with reactive hyperemia-digital peripheral arterial tonometry in patients with Fabry Disease.
Emory University Hospital (.)	1364 CLIFTON ROAD	ATLANTA	GA	30302	Online Social Networking Use Among Individuals Affected with Lysosomal Storage Diseases: "Friend" or Foe?
Massachusetts General Hospital (1114196961)	FRUIT STREET	BOSTON	MA	02114	Characterization and analysis of pathophysiology of the gastrointestinal complications of Fabry disease.
Univ of MI Hospitals & Hlth Ctrs (1043488760)	2301 COMMONWEALTH BLVD	ANN ARBOR	MI	48105	A Phase II Study of VEGF-Trap plus Modified FOLFOX 6 in Previously Untreated Patients with Metastatic Colorectal Cancer
Cleveland Clinic Hospital (.)	9500 EUCLID AVENUE	CLEVELAND	OH	44195	A Randomized, Controlled, open-labeled Clinical Trial of Thymoglobulin Induction and Extended Delay of Calcineurin Inhibitor Therapy for Rena
Washington Hospital Center (1184638959)	110 IRVING STREET NW	WASHINGTON	DC	20010	Comparison of I-124 and I-131 Radiopharmacokinetics in Patients who have Well-differentiated Thyroid Cancer and have been Prepared with Radioactive Iodine 124
OHSU Hospital And Clinics (.)	3181 SAM JACKSON PARK ROAD	PORTLAND	OR	97239	A Phase I/II Trial of Concurrent Chemohormonal Therapy Using Enzalutamide (MDV-3100) and Cabazitaxel in Patients with Metastatic Castration

Physician/Teaching Hospital Name (NPI)	Address Line 1	City	State	ZIP	Name of Study
City Of Hope National Medical Center (103343529)	1500 EAST DUARTE ROAD	DUARTE	CA	91010	Phase II Study of Clofarabine and High-Dose Melphalan Conditioning Prior to Allogeneic Hematopoietic Cell Transplantation for Myelodysplasia
Massachusetts General Hospital (.)	FRUIT STREET	BOSTON	MA	02114	Phase II Study of Aflibercept in Patients with Advanced, Progressive Carcinoid Tumors
Vanderbilt University Hospitals & Clinic (1104202761)	1211 MEDICAL CENTER DRIVE	NASHVILLE	TN	37232	Epidemiology of Diabetes Interventions and Complications
City Of Hope National Medical Center (103343529)	1500 EAST DUARTE ROAD	DUARTE	CA	91010	Phase II Study of Clofarabine and High-Dose Melphalan Conditioning Prior to Allogeneic Hematopoietic Cell Transplantation for Myelodysplasia
Dana-Farber Cancer Institute (.)	450 BROOKLINE AVE	BOSTON	MA	02215	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis
Univ Of Iowa Hosp & Clinic (.)	200 HAWKINS DRIVE 1353 JCP	IOWA CITY	IA	52242	Epidemiology of Diabetes Interventions and Complications
Univ of Missouri Health Care (1033499256)	ONE HOSPITAL DRIVE	COLUMBIA	MO	65212	Epidemiology of Diabetes Interventions and Complications
University Of Washington Med Ctr (.)	1959 NE PACIFIC ST	SEATTLE	WA	98195	Epidemiology of Diabetes Interventions and Complications
Yale-New Haven Hospital (.)	20 YORK STREET	NEW HAVEN	CT	06504	Epidemiology of Diabetes Interventions and Complications
University Of Maryland Med Sys (1023304888)	22 SOUTH GREENE STREET	BATLIMORE	MD	21201	Epidemiology of Diabetes Interventions and Complications
City Of Hope National Medical Center (103343529)	1500 EAST DUARTE ROAD	DUARTE	CA	91010	Phase II Study of Clofarabine and High-Dose Melphalan Conditioning Prior to Allogeneic Hematopoietic Cell Transplantation for Myelodysplasia
Charleston Area Medical Center Inc. (1124248752)	501 MORRIS STREET	CHARLESTON	WV	25326	A Phase II Trial of GM-CSF Protein plus Ipilimumab in Patients with Advanced Melanoma (ECOG 1608)
Yale-New Haven Hospital (1003142225)	20 YORK STREET	NEW HAVEN	CT	06504	Eliglustat Ttrate Named Patient Program
Memorial Hospital For Cancer And Allied Diseases (101317743)	1275 YORK AVENUE	NEW YORK	NY	10065	Safety and Efficacy Trial of Escalation of Plerixafor for Mobilization of CD34+ Hematopoietic Progenitor Cells and Evaluation of Globin Gene Traits
Dana-Farber Cancer Institute (.)	450 BROOKLINE AVE	BOSTON	MA	02215	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis
Massachusetts General Hospital (.)	FRUIT STREET	BOSTON	MA	02114	Phase II Study of Aflibercept in Patients with Advanced, Progressive Carcinoid Tumors

Physician/Teaching Hospital Name (NPI)	Address Line 1	City	State	ZIP	Name of Study
Univ Of MI Hospitals & Hlth Ctrs (1043488760)	2301 COMMON-WEALTH BLVD	ANN ARBOR	MI	48105	A Phase II Study of VEGF-Trap plus Modified FOLFOX 6 in Previously Untreated Patients with Metastatic Colorectal Cancer
University Hospital Of Brooklyn (.)	445 LENOX ROAD	BROOKLYN	NY	11203	A Phase II Study of VEGF-Trap plus Modified FOLFOX 6 in Previously Untreated Patients with Metastatic Colorectal Cancer
Washington Hospital Center (1184638959)	110 IRVING STREET NW	WASHINGTON	DC	20010	Comparison of I-124 and I-131 Radiopharmacokinetics in Patients who have Well-differentiated Thyroid Cancer and have been Prepared with Radioactive Iodine 124
University Hospital Of Brooklyn (.)	445 LENOX ROAD	BROOKLYN	NY	11203	A Phase II Study of VEGF-Trap plus Modified FOLFOX 6 in Previously Untreated Patients with Metastatic Colorectal Cancer
Dana-Farber Cancer Institute (.)	450 BROOKLINE AVE	BOSTON	MA	02215	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis
OHSU Hospital And Clinics (.)	3181 SAM JACKSON PARK ROAD	PORTLAND	OR	97239	A Phase I/II Trial of Concurrent Chemohormonal Therapy Using Enzalutamide (MDV-3100) and Cabazitaxel in Patients with Metastatic Castration
Univ Of MI Hospitals & Hlth Ctrs (1043488760)	2301 COMMON-WEALTH BLVD	ANN ARBOR	MI	48105	A Phase II Study of VEGF-Trap plus Modified FOLFOX 6 in Previously Untreated Patients with Metastatic Colorectal Cancer
Charleston Area Medical Center Inc. (1124248752)	501 MORRIS STREET	CHARLESTON	WV	25326	A Phase II Trial of GM-CSF Protein plus Ipilimumab in Patients with Advanced Melanoma (ECOG 1608)
Univ Of MI Hospitals & Hlth Ctrs (1043488760)	2301 COMMON-WEALTH BLVD	ANN ARBOR	MI	48105	A Phase II Study of VEGF-Trap plus Modified FOLFOX 6 in Previously Untreated Patients with Metastatic Colorectal Cancer
Yale-New Haven Hospital (1003142225)	20 YORK STREET	NEW HAVEN	CT	06504	Eliglustat Ttrate Named Patient Program
Memorial Hospital For Cancer And Allied Diseases (101317743)	1275 YORK AVENUE	NEW YORK	NY	10065	A Multi-center Randomized Phase II Study of the Impact of CD34+ Cell Dose on Progression-free Survival Following High-Dose Therapy and Autologous Stem-cell Rescue
Lucile Packard Childrens Hospital (1003929852)	725 WELCH ROAD	PALO ALTO	CA	94304	AML08: A Phase III randomized trial of clofarabine plus cytarabine versus conventional induction therapy and of natural killer cell transplantation
City Of Hope National Medical Center (103343529)	1500 EAST DUARTE ROAD	DUARTE	CA	91010	Phase II Study of Clofarabine and High-Dose Melphalan Conditioning Prior to Allogeneic Hematopoietic Cell Transplantation for Myelodysplasia

Physician/Teaching Hospital Name (NPI)	Address Line 1	City	State	ZIP	Name of Study
City Of Hope National Medical Center (103343529)	1500 EAST DUARTE ROAD	DUARTE	CA	91010	Phase II Study of Clofarabine and High-Dose Melphalan Conditioning Prior to Allogeneic Hematopoietic Cell Transplantation for Myelodysplasia
Texas Childrens Hospital (.)	6621 FANNIN	HOUSTON	TX	77030	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis
Univ Of Iowa Hosp & Clinic (.)	200 HAWKINS DRIVE 1353 JCP	IOWA CITY	IA	52242	Epidemiology of Diabetes Interventions and Complications
Rainbow Babies & Childrens Hospital (1013954395)	11100 EUCLID AVENUE	CLEVELAND	OH	44106	Epidemiology of Diabetes Interventions and Complications
Univ Of Missouri Health Care (1033499256)	ONE HOSPITAL DRIVE	COLUMBIA	MO	65212	Epidemiology of Diabetes Interventions and Complications
University Of Washington Med Ctr (.)	1959 NE PACIFIC ST	SEATTLE	WA	98195	Epidemiology of Diabetes Interventions and Complications
Yale-New Haven Hospital (.)	20 YORK STREET	NEW HAVEN	CT	06504	Epidemiology of Diabetes Interventions and Complications
Mayo Clinic Hospital Rochester (.)	1216 SECOND STREET SW	ROCHESTER	MN	55905	Epidemiology of Diabetes Interventions and Complications
University Of Maryland Med Sys (1023304888)	22 SOUTH GREENE STREET	BATLIMORE	MD	21201	Epidemiology of Diabetes Interventions and Complications
Charleston Area Medical Center Inc. (1124248752)	501 MORRIS STREET	CHARLESTON	WV	25326	A Phase II Trial of GM-CSF Protein plus Ipilimumab in Patients with Advanced Melanoma (ECOG 1608)
Massachusetts General Hospital (.)	FRUIT STREET	BOSTON	MA	02114	Phase II Study of Aflibercept in Patients with Advanced, Progressive Carcinoid Tumors
Cleveland Clinic Hospital (.)	9500 EUCLID AVENUE	CLEVELAND	OH	44195	A Randomized, Controlled, open-labeled Clinical Trial of Thymoglobulin Induction and Extended Delay of Calcineurin Inhibitor Therapy for Renal Failure
Washington Hospital Center (1184638959)	110 IRVING STREET NW	WASHINGTON	DC	20010	Comparison of I-124 and I-131 Radiopharmacokinetics in Patients who have Well-differentiated Thyroid Cancer and have been Prepared with Radioactive Iodine 124
City Of Hope National Medical Center (103343529)	1500 EAST DUARTE ROAD	DUARTE	CA	91010	Phase II Study of Clofarabine and High-Dose Melphalan Conditioning Prior to Allogeneic Hematopoietic Cell Transplantation for Myelodysplasia
Memorial Hospital For Cancer And Allied Diseases (101317743)	1275 YORK AVENUE	NEW YORK	NY	10065	Safety and Efficacy Trial of Escalation of Plerixafor for Mobilization of CD34+ Hematopoietic Progenitor Cells and Evaluation of Globin Gene Traits

Physician/Teaching Hospital Name (NPI)	Address Line 1	City	State	ZIP	Name of Study
Cleveland Clinic Hospital (.)	9500 EUCLID AVENUE	CLEVELAND	OH	44195	A Randomized, Controlled, open-labeled Clinical Trial of Thymoglobulin Induction and Extended Delay of Calcineurin Inhibitor Therapy for Renal Failure
Charleston Area Medical Center Inc. (1124248752)	501 MORRIS STREET	CHARLESTON	WV	25326	A Phase II Trial of GM-CSF Protein plus Ipilimumab in Patients with Advanced Melanoma (ECOG 1608)
City Of Hope National Medical Center (103343529)	1500 EAST DUARTE ROAD	DUARTE	CA	91010	Phase II Study of Clofarabine and High-Dose Melphalan Conditioning Prior to Allogeneic Hematopoietic Cell Transplantation for Myelodysplasia
Texas Childrens Hospital (.)	6621 FANNIN	HOUSTON	TX	77030	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis
Massachusetts General Hospital (.)	FRUIT STREET	BOSTON	MA	02114	Phase II Study of Afibercept in Patients with Advanced, Progressive Carcinoid Tumors
Cook Childrens Medical Center (1215907530)	901 SEVENTH AVENUE	FORT WORTH	TX	76104	AML08: A Phase III randomized trial of clofarabine plus cytarabine versus conventional induction therapy and of natural killer cell transplantation
Texas Childrens Hospital (.)	6621 FANNIN	HOUSTON	TX	77030	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis
Ohsu Hospital And Clinics (.)	3181 SAM JACKSON PARK ROAD	PORTLAND	OR	97239	A Phase I/II Trial of Concurrent Chemohormonal Therapy Using Enzalutamide (MDV-3100) and Cabazitaxel in Patients with Metastatic Castration
Texas Childrens Hospital (.)	6621 FANNIN	HOUSTON	TX	77030	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis
Univ Of Mi Hospitals & Hlth Ctrs (1043488760)	2301 COMMONWEALTH BLVD	ANN ARBOR	MI	48105	A Phase II Study of VEGF-Trap plus Modified FOLFOX 6 in Previously Untreated Patients with Metastatic Colorectal Cancer
Univ Of Mi Hospitals & Hlth Ctrs (1043488760)	2301 COMMONWEALTH BLVD	ANN ARBOR	MI	48105	A Phase II Study of VEGF-Trap plus Modified FOLFOX 6 in Previously Untreated Patients with Metastatic Colorectal Cancer
Lucile Packard Childrens Hospital (1003929852)	725 WELCH ROAD	PALO ALTO	CA	94304	AML08: A Phase III randomized trial of clofarabine plus cytarabine versus conventional induction therapy and of natural killer cell transplantation
City Of Hope National Medical Center (103343529)	1500 EAST DUARTE ROAD	DUARTE	CA	91010	Phase II Study of Clofarabine and High-Dose Melphalan Conditioning Prior to Allogeneic Hematopoietic Cell Transplantation for Myelodysplasia
Emory University Hospital (1073837167)	1364 CLIFTON ROAD	ATLANTA	GA	30302	Enhancing Anti-Myeloma Vaccine Response after Autologous Stem Cell Transplantation

Physician/Teaching Hospital Name (NPI)	Address Line 1	City	State	ZIP	Name of Study
Emory University Hospital (.)	1364 CLIFTON ROAD	ATLANTA	GA	30302	MTA for : Enhancing Anti-Myeloma Vaccine Response after Autologous Stem Cell Transplant
Rochester General Hospital (.)	1425 PORTLAND AVENUE	ROCHESTER	NY	14621	A Study Evaluating Acute Otitis Media and Nasopharyngeal Colonization Caused by Streptococcus pneumoniae in Healthy Children
Rochester General Hospital (.)	1425 PORTLAND AVENUE	ROCHESTER	NY	14621	A Study Evaluating Acute Otitis Media and Nasopharyngeal Colonization Caused by Streptococcus pneumoniae in Healthy Children
Brigham And Womens Hospital (.)	75 FRANCIS STREET	BOSTON	MA	02115	Assessment of Aubagio's neuroprotective effect on the development of T1 black holes
Brigham And Womens Hospital (1013935550)	75 FRANCIS STREET	BOSTON	MA	02115	miRNA profiling in Teriflunomide (Aubagio) treated patients
Langley Porter Psychiatric Hospital (.)	405 PARNASUS	SAN FRANCISCO	CA	94143	Long-term Management of ?Younger, Active? Patients with Pain from Early Knee Osteoarthritis with Synvisc-One (hylan G-F 20)
University Of Washington Med Ctr (.)	1959 NE PACIFIC ST	SEATTLE	WA	98195	Fluctuation Reduction With Insulin and GLP-1 Added Together (FLAT-SUGAR)
University Of Washington Med Ctr (.)	1959 NE PACIFIC ST	SEATTLE	WA	98195	Fluctuation Reduction With Insulin and GLP-1 Added Together (FLAT-UGAR)
Cleveland Clinic Hospital (1043549397)	9500 EUCLID AVENUE	CLEVELAND	OH	44195	A Randomized, Controlled, open-labeled Clinical Trial of Thymoglobulin Induction and Extended Delay of Calcineurin Inhibitor Therapy for Renal Failure
Massachusetts General Hospital (1114196961)	FRUIT STREET	BOSTON	MA	02114	Phase II Study of Aflibercept in Patients with Advanced, Progressive Carcinoid Tumors
Charleston Area Medical Center Inc. (1124248752)	501 MORRIS STREET	CHARLESTON	WV	25326	A Phase II Trial of GM-CSF Protein plus Ipilimumab in Patients with Advanced Melanoma (ECOG 1608)
Cleveland Clinic Hospital (1043549397)	9500 EUCLID AVENUE	CLEVELAND	OH	44195	A Randomized, Controlled, open-labeled Clinical Trial of Thymoglobulin Induction and Extended Delay of Calcineurin Inhibitor Therapy for Renal Failure
Mount Sinai Hospital (1003063280)	ONE GUSTAVE L. LEVY PLACE	NEW YORK	NY	10029	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis
Mayo Clinic Hospital Rochester (.)	1216 SECOND STREET SW	ROCHESTER	MN	55905	Epidemiology of Diabetes Interventions and Complications
Mayo Clinic Hospital Rochester (.)	1216 SECOND STREET SW	ROCHESTER	MN	55905	Epidemiology of Diabetes Interventions and Complications
University Of Iowa Hosp & Clinics (1326474149)	200 HAWKINS DRIVE 1353 JCP	IOWA CITY	IA	52242	Epidemiology of Diabetes Interventions and Complications

Physician/Teaching Hospital Name (NPI)	Address Line 1	City	State	ZIP	Name of Study
University Of Iowa Hosp & Clinics (1326474149)	200 HAWKINS DRIVE 1353 JCP	IOWA CITY	IA	52242	Epidemiology of Diabetes Interventions and Complications
Univ Of Missouri Health Care (1033499256)	ONE HOSPITAL DRIVE	COLUMBIA	MO	65212	Epidemiology of Diabetes Interventions and Complications
Univ Of Missouri Health Care (1033499256)	ONE HOSPITAL DRIVE	COLUMBIA	MO	65212	Epidemiology of Diabetes Interventions and Complications
Vanderbilt University Medical Center (1104202761)	1211 MEDICAL CENTER DRIVE	NASHVILLE	TN	37232	Epidemiology of Diabetes Interventions and Complications
Yale-New Haven Hospital (1003142225)	20 YORK STREET	NEW HAVEN	CT	06504	Epidemiology of Diabetes Interventions and Complications
University Of Maryland Med Sys (1023304888)	22 SOUTH GREENE STREET	BATLIMOR-E	MD	21201	Epidemiology of Diabetes Interventions and Complications
University Of Maryland Med Sys (1023304888)	22 SOUTH GREENE STREET	BATLIMOR-E	MD	21201	Epidemiology of Diabetes Interventions and Complications
Cleveland Clinic Hospital (1043549397)	9500 EUCLID AVENUE	CLEVELAND	OH	44195	A Randomized, Controlled, open-labeled Clinical Trial of Thymoglobulin Induction and Extended Delay of Calcineurin Inhibitor Therapy for Renal Failure
Cleveland Clinic Hospital (1043549397)	9500 EUCLID AVENUE	CLEVELAND	OH	44195	A Randomized, Controlled, open-labeled Clinical Trial of Thymoglobulin Induction and Extended Delay of Calcineurin Inhibitor Therapy for Renal Failure
Massachusetts General Hospital (1114196961)	FRUIT STREET	BOSTON	MA	02114	Phase II Study of Afibercept in Patients with Advanced, Progressive Carcinoid Tumors
Texas Childrens Hospital (1013283159)	6621 FANNIN	HOUSTON	TX	77030	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis
Charleston Area Medical Center Inc. (1124248752)	501 MORRIS STREET	CHARLESTON	WV	25326	A Phase II Trial of GM-CSF Protein plus Ipilimumab in Patients with Advanced Melanoma (ECOG 1608)
Methodist Hospital (1124074273)	7700 FLOYD CURL DRIVE	SAN ANTONIO	TX	78229	A Multi-center Randomized Phase II Study of the Impact of CD34+ Cell Dose on Progression-free Survival Following High-Dose Therapy and Autologous Stem-cell Rescue
Texas Childrens Hospital (1013283159)	6621 FANNIN	HOUSTON	TX	77030	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis
Massachusetts General Hospital (1114196961)	FRUIT STREET	BOSTON	MA	02114	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis

Physician/Teaching Hospital Name (NPI)	Address Line 1	City	State	ZIP	Name of Study
Cleveland Clinic Hospital (1013392125)	9500 EUCLID AVENUE	CLEVELAND	OH	44195	A Randomized, Controlled, open-labeled Clinical Trial of Thymoglobulin Induction and Extended Delay of Calcineurin Inhibitor Therapy for Renal Failure
Texas Childrens Hospital (1013283159)	6621 FANNIN	HOUSTON	TX	77030	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis
Arkansas Childrens Hospital (1134155831)	1 CHILDRENS WAY	LITTLE ROCK	AR	72202	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis
Cleveland Clinic Hospital (1013392125)	9500 EUCLID AVENUE	CLEVELAND	OH	44195	A Randomized, Controlled, open-labeled Clinical Trial of Thymoglobulin Induction and Extended Delay of Calcineurin Inhibitor Therapy for Renal Failure
Cleveland Clinic Hospital (1013392125)	9500 EUCLID AVENUE	CLEVELAND	OH	44195	A Randomized, Controlled, open-labeled Clinical Trial of Thymoglobulin Induction and Extended Delay of Calcineurin Inhibitor Therapy for Renal Failure
Texas Childrens Hospital (1013283159)	6621 FANNIN	HOUSTON	TX	77030	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis
Texas Childrens Hospital (1013283159)	6621 FANNIN	HOUSTON	TX	77030	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis
Charleston Area Medical Center Inc. (1124248752)	501 MORRIS STREET	CHARLESTON	WV	25326	A Phase II Trial of GM-CSF Protein plus Ipilimumab in Patients with Advanced Melanoma (ECOG 1608)
Phoenix Childrens Hospital (1023475506)	1919 E. THOMAS ROAD	PHOENIX	AZ	85016	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis
Texas Childrens Hospital (1013283159)	6621 FANNIN	HOUSTON	TX	77030	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis
Texas Childrens Hospital (1013283159)	6621 FANNIN	HOUSTON	TX	77030	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis
Texas Childrens Hospital (1013283159)	6621 FANNIN	HOUSTON	TX	77030	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis
Univ Of Missouri Health Care (1033499256)	ONE HOSPITAL DRIVE	COLUMBIA	MO	65212	Epidemiology of Diabetes Interventions and Complications
Univ Of Missouri Health Care (1033499256)	ONE HOSPITAL DRIVE	COLUMBIA	MO	65212	Epidemiology of Diabetes Interventions and Complications
Yale-New Haven Hospital (1003142225)	20 YORK STREET	NEW HAVEN	CT	06504	Epidemiology of Diabetes Interventions and Complications

Physician/Teaching Hospital Name (NPI)	Address Line 1	City	State	ZIP	Name of Study
University Of Maryland Med Sys (1023304888)	22 SOUTH GREENE STREET	BATLIMORE	MD	21201	Epidemiology of Diabetes Interventions and Complications
University Of Maryland Med Sys (1023304888)	22 SOUTH GREENE STREET	BATLIMORE	MD	21201	Epidemiology of Diabetes Interventions and Complications
Massachusetts General Hospital (1114196961)	FRUIT STREET	BOSTON	MA	02114	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis
Cleveland Clinic Hospital (1013392125)	9500 EUCLID AVENUE	CLEVELAND	OH	44195	A Randomized, Controlled, open-labeled Clinical Trial of Thymoglobulin Induction and Extended Delay of Calcineurin Inhibitor Therapy for Renal Failure
City Of Hope National Medical Cnt (1033435292)	1500 E. DUARTE ROAD	DUARTE	CA	91010	Phase II Study of Clofarabine and High-Dose Melphalan Conditioning Prior to Allogeneic Hematopoietic Cell Transplantation for Myelodysplasia
Cleveland Clinic Hospital (1013392125)	9500 EUCLID AVENUE	CLEVELAND	OH	44195	A Randomized, Controlled, open-labeled Clinical Trial of Thymoglobulin Induction and Extended Delay of Calcineurin Inhibitor Therapy for Renal Failure
Charleston Area Medical Center Inc. (1124248752)	501 MORRIS STREET	CHARLESTON	WV	25326	A Phase II Trial of GM-CSF Protein plus Ipilimumab in Patients with Advanced Melanoma (ECOG 1608)
Phoenix Childrens Hospital (1023475506)	1919 E. THOMAS ROAD	PHOENIX	AZ	85016	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis
Mount Sinai Hospital (.)	ONE GUSTAVE L. LEVY PLACE	NEW YORK	NY	10029	Clinical Trial of a Rapidly Cycling, Non-Cross Reactive Regimen of Approved Therapeutic Agents to Treat Prostate Cancer
Cleveland Clinic Hospital (1013392125)	9500 EUCLID AVENUE	CLEVELAND	OH	44195	A Randomized, Controlled, open-labeled Clinical Trial of Thymoglobulin Induction and Extended Delay of Calcineurin Inhibitor Therapy for Renal Failure
Cleveland Clinic Hospital (1013392125)	9500 EUCLID AVENUE	CLEVELAND	OH	44195	A Randomized, Controlled, open-labeled Clinical Trial of Thymoglobulin Induction and Extended Delay of Calcineurin Inhibitor Therapy for Renal Failure
Ohsu Hospital And Clinics (.)	3181 SAM JACKSON PARK ROAD	PORTLAND	OR	97239	A Phase I/II Trial of Concurrent Chemohormonal Therapy Using Enzalutamide (MDV-3100) and Cabazitaxel in Patients with Metastatic Castration
Rochester General Hospital (1023105376)	1425 PORTLAND AVENUE	ROCHESTER	NY	14621	A Study Evaluating Acute Otitis Media and Nasopharyngeal Colonization Caused by Streptococcus pneumoniae in Healthy Children

Physician/Teaching Hospital Name (NPI)	Address Line 1	City	State	ZIP	Name of Study
Rochester General Hospital (1023105376)	1425 PORTLAND AVENUE	ROCHESTER	NY	14621	A Study Evaluating Acute Otitis Media and Nasopharyngeal Colonization Caused by Streptococcus pneumoniae in Healthy Children
Emory University Hospital (.)	1364 CLIFTON ROAD	ATLANTA	GA	30302	Glargine U300 Hospital Trial: A Randomized Controlled Trial Comparing Glargine U300 and Glargine U100 for the Inpatient and Post-Hospital Discharge
Cleveland Clinic Hospital (.)	9500 EUCLID AVENUE	CLEVELAND	OH	44195	Investigating the efficacy of Synvisc-One (Hylan-GF 20 6ml) as adjunctive therapy for patients with knee osteoarthritis or requiring physical therapy
Massachusetts General Hospital (1114196961)	FRUIT STREET	BOSTON	MA	02114	Enzyme Replacement Therapy and Podocyte Function
Massachusetts General Hospital (1114196961)	FRUIT STREET	BOSTON	MA	02114	KINDRED—Kidney Information Network for Disease Research and Education
Tufts Medical Center (.)	800 WASHINGTON ST	BOSTON	MA	02111	The Prevalence, Morphology, Clinical Course and Management of Patients with Anderson-Fabry Disease Identified Among a Large Adult Population
University Of Alabama Hospital (.)	619 SOUTH 19TH STREET	BIRMINGHAM	AL	35233	Teriflunomide as a disease modifying anti-inflammatory therapy for a severe animal model of chronic inflammatory demyelinating polyneuropathy
Langley Porter Psychiatric Hospital (1417115031)	405 PARNASUS	SAN FRANCISCO	CA	94143	A Phase I Study of Cabazitaxel, Mitoxantrone, and Prednisone (CAMP) for Patients with Metastatic Castration-Resistant Prostate Cancer
Brigham And Womens Hospital (1013935550)	75 FRANCIS STREET	BOSTON	MA	02115	Post-partum MRI Changes in Women with Multiple Sclerosis.
University Of Washington Med Ctr (.)	1959 NE PACIFIC ST	SEATTLE	WA	98195	Establishing an in-vitro Model of Fabry Podocytopathy
UCI Medical Center (.)	101 CITY DRIVE SOUTH	ORANGE	CA	92868	Investigating Pompe Prevalence in Neuromuscular Medicine Academic Practices (IPANEMA Study)
UCI Medical Center (.)	101 CITY DRIVE SOUTH	ORANGE	CA	92868	Safety and Effectiveness of Resistance exercise training in late onset Pompe disease patients—a pilot study
Emory University Hospital (.)	1364 CLIFTON ROAD	ATLANTA	GA	30302	Do the Benefits Outweigh the Risks? Assessing Patients' Perceptions of Newborn Screening for Lysosomal Storage Diseases
USC Norris Cancer Hospital (1104096577)	1441 EASTLAKE AVE	LOS ANGELES	CA	90033	Detection of early end-organ damage by endothelial dysfunction with reactive hyperemia-digital peripheral arterial tonometry in patients with Fabry Disease

Physician/Teaching Hospital Name (NPI)	Address Line 1	City	State	ZIP	Name of Study
Emory University Hospital (.)	1364 CLIFTON ROAD	ATLANTA	GA	30302	A Prospective, Multicenter Study Of Fabry Disease Clinical and Biochemical Findings in Young Pediatric Patients (The MOPPET Study)
University Of Washington Med Ctr (.)	1959 NE PACIFIC ST	SEATTLE	WA	98195	Establishing an in-vitro Model of Fabry Podocytopathy
Cleveland Clinic Hospital (1013392125)	9500 EUCLID AVENUE	CLEVELAND	OH	44195	A Randomized, Controlled, open-labeled Clinical Trial of Thymoglobulin? Induction and Extended Delay of Calcineurin Inhibitor Therapy for Renal Protection after Liver Transplantation A Multi-Center Study
Cleveland Clinic Hospital (1013392125)	9500 EUCLID AVENUE	CLEVELAND	OH	44195	A Randomized, Controlled, open-labeled Clinical Trial of Thymoglobulin? Induction and Extended Delay of Calcineurin Inhibitor Therapy for Renal Protection after Liver Transplantation A Multi-Center Study
Cleveland Clinic Hospital (1013392125)	9500 EUCLID AVENUE	CLEVELAND	OH	44195	A Randomized, Controlled, open-labeled Clinical Trial of Thymoglobulin? Induction and Extended Delay of Calcineurin Inhibitor Therapy for Renal Protection after Liver Transplantation A Multi-Center Study
Cleveland Clinic Hospital (1013392125)	9500 EUCLID AVENUE	CLEVELAND	OH	44195	A Randomized, Controlled, open-labeled Clinical Trial of Thymoglobulin? Induction and Extended Delay of Calcineurin Inhibitor Therapy for Renal Protection after Liver Transplantation A Multi-Center Study
OHSU Hospital and Clinics (1053454645)	3181 SAM JACKSON PARK ROAD	PORTLAND	OR	97239	A Phase I/II Trial of Concurrent Chemohormonal Therapy Using Enzalutamide (MDV-3100) and Cabazitaxel in Patients with Metastatic Castration Resistant Prostate Cancer
OHSU Hospital and Clinics (1053454645)	3181 SAM JACKSON PARK ROAD	PORTLAND	OR	97239	A Phase I/II Trial of Concurrent Chemohormonal Therapy Using Enzalutamide (MDV-3100) and Cabazitaxel in Patients with Metastatic Castration Resistant Prostate Cancer
OHSU Hospital and Clinics (1053454645)	3181 SAM JACKSON PARK ROAD	PORTLAND	OR	97239	A Phase I/II Trial of Concurrent Chemohormonal Therapy Using Enzalutamide (MDV-3100) and Cabazitaxel in Patients with Metastatic Castration Resistant Prostate Cancer
Mount Sinai Beth Israel (1003052200)	FIRST AVENUE AT 16 STREET	NEW YORK	NY	10003	Gaucher Generation—Cognition, Motor Control, Imaging and Pathologic Biomarkers in GBA1 Mutation Carriers
University Of Washington Med Ctr (.)	1959 NE PACIFIC ST	SEATTLE	WA	98195	Fluctuation Reduction with Insulin and GLP—1 Added Together (FLAT—SUGAR)
University Of Washington Med Ctr (.)	1959 NE PACIFIC ST	SEATTLE	WA	98195	Fluctuation Reduction with Insulin and GLP—1 Added Together (FLAT—SUGAR)

Physician/Teaching Hospital Name (NPI)	Address Line 1	City	State	ZIP	Name of Study
Brigham And Womens Hospital (1013935550)	75 FRANCIS STREET	BOSTON	MA	02115	miRNA profiling in Teriflunomide (Aubagio) treated patients
Massachusetts General Hospital (1114196961)	FRUIT STREET	BOSTON	MA	02114	Factors influencing patient preferences for oral versus intravenous (IV) enzyme replacement medication.
University Of Washington Med Ctr (.)	1959 NE PACIFIC ST	SEATTLE	WA	98195	Localization of Globotriaosylceramide (GL3) Inclusions in Fabry Podocytes
Emory University Hospital (.)	1364 CLIFTON ROAD	ATLANTA	GA	30302	Online Social Networking Use Among Individuals Affected with Lysosomal Storage Diseases: "Friend" or Foe?
University Of Alabama Hospital (.)	619 SOUTH 19TH STREET	BIRMINGHAM	AL	35233	Comparative Proteomics and Lipidomics of Exosomes Isolated from Serum and Urine in Fabry Disease
Emory University Hospital (.)	1364 CLIFTON ROAD	ATLANTA	GA	30302	Glargine U300 Hospital Trial: A Randomized Controlled Trial Comparing Glargine U300 and Glargine U100 for the Inpatient and Post-Hospital Discharge Management of Medicine and Surgery Patients with Type 2 Diabetes
UC Davis Medical Center (.)	2315 STOCKTON BLVD	SACRAMENTO	CA	95817	A Selective Frontline Jevtana Therapeutic Pathway for Castration-Resistant Prostate Cancer with Integrated Biomarkers
Cleveland Clinic Hospital (1013392125)	9500 EUCLID AVENUE	CLEVELAND	OH	44195	A Study of Hematopoietic Stem Cell Supermobilization in Patients with Lymphoma
UH Cleveland Medical Center (1013954395)	11100 EUCLID AVENUE	CLEVELAND	OH	44106	Epidemiology of Diabetes Interventions and Complications
UH Cleveland Medical Center (1013954395)	11100 EUCLID AVENUE	CLEVELAND	OH	44106	Epidemiology of Diabetes Interventions and Complications
UH Cleveland Medical Center (1013954395)	11100 EUCLID AVENUE	CLEVELAND	OH	44106	Epidemiology of Diabetes Interventions and Complications
Univ Of Missouri Health Care (1033499256)	ONE HOSPITAL DRIVE	COLUMBIA	MO	65212	Epidemiology of Diabetes Interventions and Complications
Univ Of Missouri Health Care (1033499256)	ONE HOSPITAL DRIVE	COLUMBIA	MO	65212	Epidemiology of Diabetes Interventions and Complications
Yale-New Haven Hospital (1003142225)	20 YORK STREET	NEW HAVEN	CT	06504	Epidemiology of Diabetes Interventions and Complications
University Of Maryland Med Sys (1023304888)	22 SOUTH GREENE STREET	BATLMORE	MD	21201	Epidemiology of Diabetes Interventions and Complications

Physician/Teaching Hospital Name (NPI)	Address Line 1	City	State	ZIP	Name of Study
University Of Maryland Med Sys (1023304888)	22 SOUTH GREENE STREET	BATLIMORE	MD	21201	Epidemiology of Diabetes Interventions and Complications
University Of Maryland Med Sys (1023304888)	22 SOUTH GREENE STREET	BATLIMORE	MD	21201	Epidemiology of Diabetes Interventions and Complications
UT MD Anderson Cancer Center (1053755272)	1515 HOLCOMBE BLVD	HOUSTON	TX	77030	A Dynamic Allocation Modular Sequential Trial of Approved and Promising Therapies in Men with Metastatic Castration-Resistant Prostate Cancer
OHSU Hospital And Clinics (1033650353)	3181 SAM JACKSON PARK ROAD	PORTLAND	OR	97239	A Phase I/II Trial of Concurrent Chemohormonal Therapy Using Enzalutamide (MDV-3100) and Cabazitaxel in Patients with Metastatic Castration
UT MD Anderson Cancer Center (1053755272)	1515 HOLCOMBE BLVD	HOUSTON	TX	77030	A Dynamic Allocation Modular Sequential Trial of Approved And Promising Therapies in Men with Metastatic Castration-Resistant Prostate Cancer
Charleston Area Medical Center Inc. (1124248752)	501 MORRIS STREET	CHARLESTON	WV	25326	A Phase II Trial of GM-CSF Protein plus Ipilimumab in Patients with Advanced Melanoma (ECOG 1608)
UT MD Anderson Cancer Center (1053755272)	1515 HOLCOMBE BLVD	HOUSTON	TX	77030	A Dynamic Allocation Modular Sequential Trial of Approved And Promising Therapies in Men with Metastatic Castration-Resistant Prostate Cancer
OHSU Hospital And Clinics (1033650353)	3181 SAM JACKSON PARK ROAD	PORTLAND	OR	97239	A Phase I/II Trial of Concurrent Chemohormonal Therapy Using Enzalutamide (MDV-3100) and Cabazitaxel in Patients with Metastatic Castration-Resistant Prostate Cancer
Univ Of Missouri Health Care (1033499256)	ONE HOSPITAL DRIVE	COLUMBIA	MO	65212	Epidemiology of Diabetes Interventions and Complications
Yale-New Haven Hospital (1003142225)	20 YORK STREET	NEW HAVEN	CT	06504	Epidemiology of Diabetes Interventions and Complications
UH Cleveland Medical Center (1013954395)	11100 EUCLID AVENUE	CLEVELAND	OH	44106	Epidemiology of Diabetes Interventions and Complications
University Of Maryland Med Sys (1023304888)	22 SOUTH GREENE STREET	BATLIMORE	MD	21201	Epidemiology of Diabetes Interventions and Complications
OHSU Hospital And Clinics (1033650353)	3181 SAM JACKSON PARK ROAD	PORTLAND	OR	97239	A Phase I/II Trial of Concurrent Chemohormonal Therapy Using Enzalutamide (MDV-3100) and Cabazitaxel in Patients with Metastatic Castration-Resistant Prostate Cancer
Texas Childrens Hospital (1013283159)	6621 FANNIN	HOUSTON	TX	77030	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis

Physician/Teaching Hospital Name (NPI)	Address Line 1	City	State	ZIP	Name of Study
Massachusetts General Hospital (1114196961)	FRUIT STREET	BOSTON	MA	02114	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis
Texas Childrens Hospital (1013283159)	6621 FANNIN	HOUSTON	TX	77030	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis
Childrens Hospital Los Angeles (1003102781)	4650 SUNSET BOULEVARD	LOS ANGELES	CA	90027	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis
UT MD Anderson Cancer Center (1053755272)	1515 HOLCOMBE BLVD	HOUSTON	TX	77030	A Dynamic Allocation Modular Sequential Trial of Approved and Promising Therapies in Men with Metastatic Castration-Resistant Prostate Cancer
OHSU Hospital And Clinics (1033650353)	3181 SAM JACKSON PARK ROAD	PORTLAND	OR	97239	A Phase I/II Trial of Concurrent Chemohormonal Therapy Using Enzalutamide (MDV-3100) and Cabazitaxel in Patients with Metastatic Castration-Resistant Prostate Cancer
UT MD Anderson Cancer Center (1053755272)	1515 HOLCOMBE BLVD	HOUSTON	TX	77030	A Dynamic Allocation Modular Sequential Trial of Approved and Promising Therapies in Men with Metastatic Castration-Resistant Prostate Cancer
Texas Childrens Hospital (1013283159)	6621 FANNIN	HOUSTON	TX	77030	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis
OHSU Hospital And Clinics (1033650353)	3181 SAM JACKSON PARK ROAD	PORTLAND	OR	97239	A Phase I/II Trial of Concurrent Chemohormonal Therapy Using Enzalutamide (MDV-3100) and Cabazitaxel in Patients with Metastatic Castration-Resistant Prostate Cancer
UT MD Anderson Cancer Center (1053755272)	1515 HOLCOMBE BLVD	HOUSTON	TX	77030	IST-1L-Smoldering myeloma-PT-IV
UT MD Anderson Cancer Center (1053755272)	1515 HOLCOMBE BLVD	HOUSTON	TX	77030	SAR650984—Anti-CD38 naked mAb—isatuximab
UT MD Anderson Cancer Center (1053755272)	1515 HOLCOMBE BLVD	HOUSTON	TX	77030	IST-1L-Smoldering myeloma-PT-IV
UT MD Anderson Cancer Center (1053755272)	1515 HOLCOMBE BLVD	HOUSTON	TX	77030	IST-1L-Smoldering myeloma-PT-IV
Rochester General Hospital (1023105376)	1425 PORTLAND AVENUE	ROCHESTER	NY	14617	A Study Evaluating Acute Otitis Media and Nasopharyngeal Colonization Caused by Streptococcus pneumoniae in Healthy Children
KFH-Hawaii (1306928254)	3288 MOANALUA ROAD	HONOLULU	HI	96819	Efficacy of Flublok study
KFH-Hawaii (1306928254)	3288 MOANALUA ROAD	HONOLULU	HI	96819	Vaccine effectiveness of Flublok 18-64

Physician/Teaching Hospital Name (NPI)	Address Line 1	City	State	ZIP	Name of Study
University of Virginia Medical Center (.)	855 WEST MAIN STREET	CHARLOTTESVILLE	VA	22908	IRB-HSR#14386
Tufts Medical Center (1114162013)	800 WASHINGTON ST	BOSTON	MA	02111	The Prevalence, Morphology, Clinical Course and Management of Patients with Anderson-Fabry Disease Identified Among a Large Adult Population
Massachusetts General Hospital (1114196961)	FRUIT STREET	BOSTON	MA	02114	Characterization and analysis of pathophysiology of the gastrointestinal complications of Fabry disease.
Cleveland Clinic Hospital (1013392125)	9500 EUCLID AVENUE	CLEVELAND	OH	44195	Biomarkers of Disease Heterogeneity in Multiple Sclerosis: Phase II
UCI Medical Center (.)	101 THE CITY DRIVE	SOUTH ORANGE	CA	92868	Investigating Pompe Prevalence in Neuromuscular Medicine Academic Practices (IPANEMA Study)
Cleveland Clinic Hospital (1013392125)	9500 EUCLID AVENUE	CLEVELAND	OH	44195	A Randomized, Controlled, open-labeled Clinical Trial of Thymoglobulin? Induction and Extended Delay of Calcineurin Inhibitor Therapy for Renal Failure
Cleveland Clinic Hospital (1013392125)	9500 EUCLID AVENUE	CLEVELAND	OH	44195	A Randomized, Controlled, open-labeled Clinical Trial of Thymoglobulin? Induction and Extended Delay of Calcineurin Inhibitor Therapy for Renal Failure
Cleveland Clinic Hospital (1013392125)	9500 EUCLID AVENUE	CLEVELAND	OH	44195	A Randomized, Controlled, open-labeled Clinical Trial of Thymoglobulin? Induction and Extended Delay of Calcineurin Inhibitor Therapy for Renal Failure
OHSU Hospital And Clinics (1033650353)	3181 SAM JACKSON PARK ROAD	PORTLAND	OR	97239	A Phase I/II Trial of Concurrent Chemohormonal Therapy Using Enzalutamide (MDV-3100) and Cabazitaxel in Patients with Metastatic Castration-Resistant Prostate Cancer
Mount Sinai Beth Israel (1003052200)	1ST AVENUE@ 16TH STREET	NEW YORK	NY	10003	Gaucher Generation—Cognition, Motor Control, Imaging and Pathologic Biomarkers in GBA1 Mutation Carriers
Mount Sinai Beth Israel (1003052200)	1ST AVENUE@ 16TH STREET	NEW YORK	NY	10003	Gaucher Generation—Cognition, Motor Control, Imaging and Pathologic Biomarkers in GBA1 Mutation Carriers
Emory University Hospital (.)	1364 CLIFTON ROAD	ATLANTA	GA	30302	Newborn Screening XLSD Pilot Study
University of Alabama Hospital (.)	619 SOUTH 19TH STREET	BIRMINGHAM	AL	35233	Comparative Proteomics and Lipidomics of Exosomes Isolated from Serum and Urine in Fabry Disease
UT MD Anderson Cancer Center (1053755272)	1515 HOLCOMBE BLVD	HOUSTON	TX	77030	Interest of CT Morphological Evaluation in Patients with Metastatic Colorectal Cancer Treated with ZIV-Aflibercept
Brigham And Womens Hospital (1013935550)	75 FRANCIS STREET	BOSTON	MA	02115	New England Multiple Sclerosis Pregnancy Registry (PREG-MS)

Physician/Teaching Hospital Name (NPI)	Address Line 1	City	State	ZIP	Name of Study
Brigham and Womens Hospital (1013935550)	75 FRANCIS STREET	BOSTON	MA	02115	New England Multiple Sclerosis Pregnancy Registry (PREG-MS)
Brigham And Womens Hospital (1013935550)	75 FRANCIS STREET	BOSTON	MA	02115	New England Multiple Sclerosis Pregnancy Registry (PREG-MS)
Univ Of Mi Hospitals & Hlth Ctrs (1043488760)	2301 COMMON-WEALTH BLVD	ANN ARBOR	MI	48105	Regulatory B Lymphocytes as Central Mediators of the Therapeutic Effects of Teriflunomide in MS
Univ Of Mi Hospitals & Hlth Ctrs (1043488760)	2301 COMMON-WEALTH BLVD	ANN ARBOR	MI	48105	Regulatory B Lymphocytes as Central Mediators of the Therapeutic Effects of Teriflunomide in MS
OHSU Hospital and Clinics (1033650353)	3181 SAM JACKSON PARK ROAD	PORTLAND	OR	97239	Bright tongue sign in Pompe disease: sensitivity and specificity
OHSU Hospital And Clinics (1033650353)	3181 SAM JACKSON PARK ROAD	PORTLAND	OR	97239	Bright tongue sign in Pompe disease: sensitivity and specificity
Brigham And Womens Hospital (1013935550)	75 FRANCIS STREET	BOSTON	MA	02115	miRNA profiling in Teriflunomide (Aubagio) treated patients
Massachusetts General Hospital (1114196961)	FRUIT STREET	BOSTON	MA	02114	Enzyme Replacement Therapy and Podocyte Function
Massachusetts General Hospital (1114196961)	FRUIT STREET	BOSTON	MA	02114	KINDRED—Kidney Information Network for Disease Research and Education
Emory University Hospital (.)	1364 CLIFTON ROAD	ATLANTA	GA	30302	ThinkGenetic LSD: A project to identify educational gaps in the informational needs of individuals with Pompe, Fabry, Gaucher, Mucopolysaccharide Diseases
Cedars-Sinai Medical Center (.)	8700 BEVERLY BLVD.	LOS ANGELES	CA	90048	A Pilot Randomized Study to Assess the Effect and Safety Profile of Thymoglobulin? in Primary Cardiac Transplant Recipients: A 12-month, single center study
Massachusetts General Hospital (1114196961)	FRUIT STREET	BOSTON	MA	02114	Characterization and analysis of pathophysiology of the gastrointestinal complications of Fabry disease.
University Of Alabama Hospital (.)	619 SOUTH 19TH STREET	BIRMINGHAM	AL	35233	Teriflunomide as a disease modifying anti-inflammatory therapy for a severe animal model of chronic inflammatory demyelinating polyneuropathy
USC Norris Cancer Hospital (1104096577)	1441 EASTLAKE AVE	LOS ANGELES	CA	90033	Assessing the induction of long-term immune regulation following treatment with Lemtrada? (Alemtuzumab).
USC Norris Cancer Hospital (1104096577)	1441 EASTLAKE AVE	LOS ANGELES	CA	90033	Assessing the induction of long-term immune regulation following treatment with Lemtrada? (Alemtuzumab).

Physician/Teaching Hospital Name (NPI)	Address Line 1	City	State	ZIP	Name of Study
Emory University Hospital (.)	1364 CLIFTON ROAD	ATLANTA	GA	30302	Functional Resolution of Multi-loci Pathogenic Variants and VUSs in Pompe Disease

PREPARED STATEMENT OF GIOVANNI CAFORIO, M.D., CHAIRMAN OF THE BOARD AND CHIEF EXECUTIVE OFFICER, BRISTOL-MYERS SQUIBB COMPANY

Chairman Grassley, Ranking Member Wyden, and members of the committee, thank you for the opportunity to be here today on behalf of the 24,000 employees at Bristol-Myers Squibb, who are working every day to improve the lives of patients with serious diseases. I look forward to working together to align incentives to ensure all Americans have access to the medicines they need.

I am a physician who joined the biopharmaceutical industry 30 years ago because of the impact companies like Bristol-Myers Squibb—and the others represented here today—have on patients with serious diseases. We should all be proud that American companies lead our industry.

Bristol-Myers Squibb researchers have contributed to the development of medicines that have reduced mortality from cardiovascular disease, helped transform HIV/AIDS into a chronic disease, and are now making significant progress in the treatment of cancer.

Just 10 years ago, the idea of harnessing the immune system to treat cancer was viewed with great skepticism. But Bristol-Myers Squibb researchers saw the promise of the approach and ignited an era of scientific innovation that has changed survival expectations in multiple tumor types.

Prior to the availability of Immuno-Oncology treatments, only 25 percent of patients diagnosed with metastatic melanoma survived 1 year. Today, thanks to Immuno-Oncology therapies, this has increased to 74 percent.

The potential of this approach has also been seen in lung cancer, kidney cancer, and many other difficult-to-treat tumors. Patients with these diseases now have a chance for quality, long-term survival.

But not all patients respond to current immunotherapies, so we must do more. We recently opened a new discovery facility dedicated to investigating Immuno-Oncology resistance, and we continuously seek external innovation to augment our pipeline across multiple therapeutic areas. In this context, we recently announced our plan to acquire Celgene, a natural next step for our company. Our goal is to bring together the drive and dedication of two science-driven organizations to do even more for patients.

As a physician, I recognize that medicines are only helpful if patients and health-care systems can afford them. We share the committee's concern with escalating health-care costs and believe that our responsibility to patients extends to ensuring they can access and afford our medicines.

The average net pricing across our U.S. portfolio of medicines increased by 5 percent or less per year during the last 5 years. In 2018, it did not increase and we anticipate the same in 2019.

Despite this fact, we recognize that patients' out-of-pocket costs continue to increase. We believe it is possible to work together to realign incentives to ensure patients can afford medicines without stifling scientific innovation.

So what are the solutions?

- We are supportive of the proposed rule aimed at reforming the rebate system with a focus on what is best for patients.
- We need to ensure more generics are available whenever permissible under our system, and applaud Congress and the administration's success with speeding the approval of generics.
- We support value-based purchasing arrangements that tie payments to value. These models can reduce costs, improve access and adherence, and contribute to better outcomes. We applaud efforts by Health and Human Services and the Committee to remove regulatory barriers and facilitate greater use of these arrangements.

We do not believe the U.S. should adopt policies that stifle innovation in other countries, which could reduce a patient's access to new medicines. Outside of the U.S., reimbursement of new medicines can often take more than two years. Our Opdivo and Yervoy regimen was first approved in September 2015 to treat metastatic melanoma in the U.S. Today, six of the 16 countries included in the International Price Index proposal do not provide access to this combination, which is now considered the standard of care for this cancer.

This exemplifies why Bristol-Myers Squibb does not support HHS's proposed International Price Index Model for Medicare Part B drugs.

I would like to leave you with a few thoughts.

We are witnessing a historic era in biomedical innovation. But we must ensure patients have affordable access to these innovations.

We recognize the need for change, and we are committed to working with Congress to ensure every patient can benefit from today's medical innovations.

American research-based companies are leading the next wave of biomedical innovation to help patients whose diseases cannot be adequately treated with today's medicines. We should work to ensure policies that support and reward these investments.

On behalf of my colleagues at Bristol-Myers Squibb, and the patients we serve, my sincere thanks for your time and attention today. I look forward to working together to implement real change that broadens access to innovative medicines for patients.

QUESTIONS SUBMITTED FOR THE RECORD TO GIOVANNI CAFORIO, M.D.

QUESTIONS SUBMITTED BY HON. CHUCK GRASSLEY

Question. At the hearing, you testified that Bristol-Myers Squibb does not withhold samples from generic manufacturers in order to block generic versions of your drug from entering the market. You also expressed your support for the "Creating and Restoring Equal Access to Equivalent Samples Act," also known as the CREATES Act.

As you know, the FDA has a list on its website which identifies reference listed drug (RLD) access inquiries where brand manufacturers may have prevented generic companies from obtaining samples of products necessary to support FDA approval. Celgene is on this FDA list. According to your testimony, Bristol-Myers Squibb is in the process of acquiring Celgene.

Are you aware that Celgene is on the FDA list and that Celgene had multiple access inquiries?

Answer. Yes.

Question. Will you ensure that Bristol-Myers Squibb/Celgene will not block access to samples once the Celgene acquisition is final?

Answer. As Dr. Caforio testified at the hearing, BMS does not withhold samples from generic manufacturers in order to block generic versions of the drug from entering the market. BMS believes it is important to ensure generics are made available whenever that is permissible under our system, and supports the administration's focus on increasing the approval of generics. As part of that system, it is important that generic companies perform the needed testing to ensure product quality and patient safety. BMS cannot comment on Celgene's practices in this area, but once the transaction closes, BMS's practices with regard to generic samples will govern the combined portfolio.

Question. The Department of Health and Human Services' proposed rule, "Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor Protection for Certain Point-of-Sale Reductions in Price on Prescription Pharmaceuticals and Certain Pharmacy Benefit Manager Service Fees," envisions that drug manufacturers will offer up-front discounts rather than the back-end rebates that are now commonly provided. Some observers argue that a 1996 court case called into question whether manufacturers could offer up-front discounts, resulting in today's rebate-based system. I've heard differing opinions as to whether the issues related to the initial court case

are still relevant. If the HHS proposed rule is finalized, can you assure the committee that your company will offer up-front discounts? If not, why?

Answer. BMS supports the HHS proposed rule to eliminate safe harbor protection for back-end rebates under Medicare Part D and the rule's objective to ensure that patients benefit from price reductions that BMS provides on its drugs. As the proposed rule notes, there is uncertainty as to the strategic behavior changes that will occur if the rule is enacted, and therefore uncertainty as to precise mechanisms that will be available to meet the objectives of the rule. However, there is some risk that manufacturers would have to defend themselves against antitrust litigation if they were to offer up-front discounts instead of rebates if the proposed rule were finalized. In particular, there may be risk of claims being crafted under the Robinson-Patman Act, 15 U.S.C. § 13. Any such claims would have to meet significant substantive requirements and be subject to important statutory defenses. Nonetheless, even if meritless, Robinson-Patman claims can be expensive and time consuming for manufacturers to defend against.

In light of the potential for antitrust litigation, BMS recommends that the committee consider how best to address this risk as it considers the HHS proposal. Congress, could, for example, enact legislation that immunizes from liability under the Robinson-Patman Act drug manufacturers who offer up-front discounting under Medicare Part D in accordance with the fraud and abuse safe harbor created by the HHS rule.

Question. Please describe how you expect your company to respond to the HHS proposed rule to eliminate safe harbor protection for back-end rebates in Medicare Part D that is referenced above if it is finalized. Assuming you are confident that antitrust laws do not prevent your company from offering up-front discounts, specifically, do you envision that your company lowers the list price of a drug to the current after-rebate net price, offer discounts equal to the current rebate amount, or a combination of both?

Answer. BMS supports the HHS proposed rule to eliminate safe harbor protection for back-end rebates in Medicare Part D, and we believe it would lead to lower out-of-pocket costs. This question rightly supposes that the goals of the proposed rule could be achieved through lower list prices, negotiated discounts at the point-of-sale, or some combination of these two approaches. While it is unclear how Part D plans and PBMs will react to the proposed rule, at this time, BMS envisions that we would offer point-of-sale discounts to Part D plans equivalent on average to the current contracted rebate amount and will continue to assess the possibility of lowering list price on a product-by-product basis. Our ability to lower list prices, however, is constrained by the fact that the HHS proposed rule does not apply to the commercial insurance market, where we anticipate back-end rebates to continue for the foreseeable future.

Please also see the answer to the previous question.

Question. To what extent are the back-end rebates your company currently offers contingent on the amount of market share realized for your drugs as a result of Part D plan formulary placement and other techniques?

Answer. The back-end rebates BMS currently offers pursuant to its Medicare Part D agreements are not contingent on the amount of market share realized for any of BMS's drugs as a result of Part D plan formulary placement or any other performance requirement.

Question. Please provide a breakdown of percentage of sales that go to each payer (including Medicare, Medicaid, private pay, other) and a similar percentage by volume of the total number of each drug compared to total volume. Please provide this data for the most recent year available.

Answer. This information is not available publicly and is competitively sensitive.

Question. Do your companies hire consultants or lobbyists to promote products at State Medicaid Pharmacy and Therapeutics Committees? To whom do you disclose advocacy activities surrounding State Medicaid programs, if at all?

Answer. BMS does not hire consultants or lobbyists to promote its products at State Medicaid P&T Committees. BMS complies with the applicable lobbying laws across all 50 States, Puerto Rico, and the District of Columbia. Many States require engagement with its Medicaid officials to be reported. We disclose required lobbying activities to each State in accordance with the individual State lobbying disclosure and ethics laws.

Question. Please describe how the costs of patient assistance programs are accounted for within your company's financial statements. Please also describe the types of market information, such as prescribing and use patterns that your company collects from different types of patient assistance programs and patient hub services.

Answer. For purposes of responding to this request, BMS interprets "patient assistance programs" and "patient hub services" as BMS programs or services supporting education, access and/or treatment adherence for eligible patients who are prescribed a BMS medicine. Costs associated with these programs are accounted for in our financial statements as marketing, selling and administrative expenses or gross-to-net sales adjustments, depending on the type of assistance offered.

Data captured through the administration of patient support programs allows our program administrators to validate information provided directly from patients and providers in support of the specific program(s) for which assistance is being requested. This data capture includes, but may not be limited to: (1) information that supports determination of patient eligibility; (2) validation of licensed provider/prescriber; (3) prescription related information necessary to execute patient assistance available through program(s) (*i.e.*, dosage and units being prescribed/dispensed); and, (4) insurance information.

Question. Please provide a list of all contributions since January 1, 2014, that your company has made to any tax exempt organizations working on issues related to drugs within your product lines, including but not limited to patient groups, disease awareness groups, medical or professional societies, universities or hospitals, industry associations or leagues. For each contribution, please provide the name of the organization that received the donation, the date the donation was made, the amount of the donation, and a description of the purpose of the contribution (*i.e.*, was the contribution for the general fund, a specific purpose to a specific program, or continuing medical education). Please also note whether the contribution was unrestricted or restricted; if it was restricted, please explain all restrictions. Finally, if your company maintains a foundation or other separate charitable arm, please provide the name of all such entities, and list all donations made from that entity or entities.

Answer. BMS refers the committee to the Corporate Giving page on the BMS website (<https://www.bms.com/about-us/responsibility/corporate-giving.html>). This page includes comprehensive information about BMS' Corporate Giving policies and practices. It also includes comprehensive lists of IME Grants, Charitable Donations and Corporate Giving for calendar years 2016, 2017 and 2018. These grants are made for a variety of appropriate purposes, not limited to issues related to drugs within the BMS product line.

BMS supports the BMS Patient Assistance Foundation (BMSPAF), a non-profit organization that helps patients in the United States who need temporary help obtaining various BMS medications. In 2018, BMS donated over \$1 billion worth of BMS medicines to the BMSPAF, and the BMSPAF provided free medicine to more than 75,000 patients.

BMS also supports the Bristol-Myers Squibb Foundation, a non-profit organization that promotes health equity and seeks to improve the health outcomes of populations disproportionately affected by serious diseases by strengthening health-care worker capacity, integrating medical care and community based support services, and mobilizing communities to fight against disease. BMS views the activities of the BMS Foundation as outside the scope of this question.

Question. Pay for delay agreements cost consumers and taxpayers billions in higher drug costs every year. The FTC has gone after drug companies that enter into these settlements where the brand pays the generic company to keep its lower cost alternative off the market. I'm the lead Republican sponsor of S. 64, the "Preserve Access to Affordable Generics and Biosimilars Act," which would help put an end to these deals.

Do you agree that these pay-off agreements keep drug costs high for patients because they delay competition?

Answer. BMS agrees that patent settlement agreements that have substantial payments going from innovators to generics, and are solely intended to delay competition, are anticompetitive.

Question. Has your company ever entered into these kinds of settlements with a generic company?

Answer. BMS has not entered into patent settlements that have substantial payments going from innovator to generics and are solely intended to delay competition.

Question. Do you support the pay for delay bill?

Answer. In general, the ability to settle patent litigation, like any litigation, reflects a balancing of considerations by the involved parties and often leads to earlier generic entry than patent expiration. The current system provides the government with the ability to monitor and review these settlements, and has worked well.

With regard to S. 64, BMS supports the goals of the legislation but has objections to the legislation as currently drafted. For example, the legislation should be revised: (1) only to apply prospectively and not retroactively to agreements already entered into; (2) eliminate the presumption that all settlements are presumptively anticompetitive; (3) eliminate restrictions on the arguments companies would be permitted to advance to defend agreements; and (4) include "exclusions" for certain types of agreements, such as those containing exclusive licenses, to name a few. BMS would be happy to follow up and provide further details to the committee.

REBATE TRAPS/WALLS

Question. I'm increasingly concerned about the effect of so-called "rebate traps" or "rebate walls" on patients' access to quality, lower cost medicine. I understand there is ongoing litigation challenging these practices as anti-competitive.

Does your company engage in the bundling of rebates over multiple products? If so, why? And what benefit does the consumer gain from that?

Answer. BMS does not have any Medicare Part D or any other payer contracts with bundling of rebates.

Question. Does your company view these practices as anticompetitive or harmful to patients' access to quality, lower cost medicine?

Answer. BMS believes that clinical treatment decisions should be made by physicians in consultation with patients. As noted, BMS does not have bundled payer agreements and without insight to the specific terms of other manufacturers' bundling agreements, it is difficult to assess the impact on patient access and healthcare costs. BMS does not support agreements that create barriers to patients' access to quality, lower cost medicines.

Question. If a policy were adopted to eliminate rebates, or to require that rebate savings be passed on to the consumer, would that in and of itself solve the issue of rebate "traps" and "walls"? And would consumers benefit from such a policy?

Answer. BMS believes that requiring PBMs and payers to pass manufacturer rebates on to patients has the potential to lower patient out-of-pocket costs, and therefore benefit consumers. However, it is unclear how payers will adjust their benefit plan designs in response to this change and whether it would completely solve the issue of rebate "traps" and "walls." It is possible, for example, that in response to such changes, PBM and payer business models might evolve, and thus we recommend implementing safeguards to protect consumers' access to medicines.

DRUG PRICING

Question. When setting the list price of a drug, does your company consider regulatory costs or compliance? If so, how specifically do those factors affect the list price of a drug? Please provide at least one specific example, if applicable, from your current product portfolio.

Answer. BMS does not consider these costs in setting list price.

Question. When setting the list price of a drug, does your company consider the risk of liability or litigation? If so, how specifically do those factors affect the list price of a drug? Please provide at least one specific example, if applicable, from your current product portfolio.

Answer. BMS does not consider the risk of liability or litigation in setting list price.

QUESTIONS SUBMITTED BY HON. PAT ROBERTS

Question. What role do you see Value Based Arrangements (VBAs) playing in the effort to reduce prescription drug costs? What potential do these arrangements have

to find the “sweet spot” between controlling costs to patients and encouraging innovation of new drugs?

Answer. Manufacturers and payers have been participating in Value Based Agreements (VBAs) with increasing frequency. These agreements can potentially reduce overall health-care costs by reducing costs for medicines, and importantly, improving outcomes for patients and reducing overall health-care costs. Although there are many types of VBAs, and the goals and impact of these arrangements differ by specific medicines and therapeutic areas, we believe that as the sophistication of these payer and manufacturer arrangements increase, and the capture, integrity and timeliness of health-care data improves, these agreements will evolve to the “sweet spot” between controlling costs and encouraging the innovation of new medicines.

Question. How can VBAs help lower what patients pay out-of-pocket?

Answer. VBAs may lower patient out-of-pocket costs where, as a result of the VBA, the drug is placed on a preferred or lower formulary tier. In addition, as explained above, VBAs can potentially reduce overall healthcare costs, including patient out-of-pocket costs, by improving outcomes for patients through the reduction or elimination of the need for additional medicines and/or healthcare services.

Question. Can Congress do more to allow for and encourage the use of VBAs?

Answer. Yes. Congress can do more to allow for and encourage the use of VBAs. For example, Congress could adopt an exception to the Anti-Kickback Statute and enact measures to avoid unintended consequences under Medicaid price reporting.

QUESTIONS SUBMITTED BY HON. JOHN CORNYN

Question. We continue to hear that rebates negotiated off of the list price of a drug are both good and bad. Pharmacy benefit managers and plans have argued that rebates are used to lower premiums across the board and that it is the best way to seek a price concession on otherwise expensive drugs. Your industry argues that these payers are insisting on higher rebates that can only be achieved by raising list prices. But patients often lose under this system, with out of pocket costs being tied to list price. Insulin patients appear to be routinely impacted by this perversity in the system.

Please explain to the committee how your company would reduce list prices if rebates were no longer a part of the equation?

Answer. BMS supports the HHS proposed rule to eliminate safe harbor protection for back-end rebates in Medicare Part D, and we believe it would lead to lower out-of-pocket costs. The goals of the proposed rule could be achieved through lower list prices, negotiated discounts at the point-of-sale, or some combination of these two approaches. While it is unclear how Part D plans and PBMs will react to the proposed rule, at this time, BMS envisions that we would offer point-of-sale discounts to Part D plans equivalent on average to the contracted rebate amount and will continue to assess the possibility of lowering list prices on a product-by-product basis. BMS would likely follow a similar approach if back-end rebates were eliminated from the commercial insurance market.

Question. What assurance can you provide that you would in fact lower your prices?

Answer. Please see answer to previous question.

Question. What actions should be taken to ensure that patients are actually seeing the benefits of lower out of pocket costs?

Answer. In order to ensure that patients receive the full benefits of manufacturer discounts, we support the proposed rule’s requirement that manufacturer discounts be passed on to patients at the point-of-sale. In addition, we recommend implementing safeguards to protect consumers’ access to medicines, to prevent increases in patients’ out-of-pocket costs, and to ensure that patients’ costs at the point-of-sale fully reflect manufacturer discounts.

Question. If rebates are driving high list prices for drugs as drug manufacturers’ claim, why do you think that Part B drugs, which have no PBM rebates, are also seeing significant price increases? Whose fault is that?

Answer. The price increases for BMS Part B drugs have been largely in line with Medical CPI. We cannot comment on the Part B price increase practices of other manufacturers.

QUESTIONS SUBMITTED BY HON. TODD YOUNG

RE-EVALUATING BUSINESS STRATEGIES IN FOREIGN COUNTRIES

Question. Since taking office, President Trump has made reducing drug prices one of his highest priorities—and has repeatedly spoken about his frustration with the U.S. subsidizing the costs of pharmaceuticals for the rest of the world. He has gone so far as to issue proposals, like the International Pricing Index (IPI) Model, in an attempt to bring down prescription drug prices.

With the increased scrutiny of the industry and of the drug supply chain as a whole in the United States, have any of your companies re-evaluated your business strategy in foreign countries?

Answer. Please see answer below.

Question. If not, then why?

Answer. Please see answer below.

Question. If a proposal, like IPI, were implemented, would it force your companies to potentially “walk away from the negotiating table when other countries demand low prices subsidized by America’s seniors,” as HHS Senior Advisor for Drug Pricing Reform John O’Brien has said?

Answer. Please see answer below.

Question. What are some of your ideas on how we can ensure Americans aren’t shouldering the full cost of pharmaceuticals?

Answer. BMS reviews its business strategies within and outside of the U.S. on a regular basis. BMS believes that all patients deserve access to life changing medicines. Because of these ethical considerations, BMS would not walk away from discussions about access to our medicines in foreign countries. We believe that the most likely outcome of IPI is further delays in access to life extending and innovative medicines within the referenced countries, resulting in, for example, lower cancer survival rates.

The IPI proposal imposes price controls in the U.S. based on the policies of foreign countries with socialized health-care systems that often deny their citizens access to innovative medicines. Patients in many of the countries included in the reference basket wait significantly longer for new, life extending and innovative medicines to reach them. Outside of the U.S., reimbursement of new medicines can often take more than 2 years. In Greece, for example, only 8 percent of new cancer therapies are available, and on average it requires 32 months for these products to be available to patients. In comparison, in the U.S., 96 percent of new cancer drugs are available within 3 months of market approval. Eventually, the industry often accepts foreign prices which do not recognize the value and cost-effectiveness of our medicines because patients can wait no longer.

BMS is committed to working with Congress and the administration to advance better, more effective ways to lower drug prices for patients. As an alternative to the IPI model, finalizing the proposed rebate rule would lower seniors’ out-of-pocket costs at the pharmacy counter. Regulatory reforms at the FDA are leading to more medicine approvals and greater competition in the market. Value-based arrangements (VBAs) and indication-based pricing (IBP) can reduce the payer risk of exposure to failed outcomes, more closely associate drug costs and value, and make prescription medicines more affordable for patients.

FOREIGN COUNTRIES’ PRICING AND REIMBURSEMENT

Question. President Trump and Secretary Azar have both repeatedly described their frustrations with “foreign freeloading” of U.S. drugs in the last year.

“When foreign governments extort unreasonably low prices from U.S. drug makers, Americans have to pay more to subsidize the enormous cost of research and development. . . . It’s unfair and it’s ridiculous, and it’s not going to happen any longer.”

Do you agree that because of foreign countries' pricing and reimbursement systems, U.S. patients and innovators are shouldering the burden for financing medical advances?

Answer. Please see answer below.

Question. How do foreign countries' pricing and reimbursement systems affect our prescription drug costs?

Answer. Please see answer below.

Question. Are foreign governments taking note of the concerns being raised by the Trump administration, and have they responded in any way?

Answer. Please see answer below.

Question. Has there been any noticeable change in any of our trade agreements since these concerns have been raised by the Trump administration?

Answer. Drug pricing in markets outside of the U.S. must take into account significant differences in economic status, cultural beliefs and values, as well as differences in the local processes for setting prices, which vary significantly from market-to-market. Countries vary significantly in their per capita gross domestic product (GDP), their willingness to invest in, and provide rapid access to, health-care innovation, their focus on a single best average treatment for a population versus focusing on patient heterogeneity and preserving consumer choice and provider autonomy, and their tolerance and acceptability for optimal patient care.

The countries selected for international comparison through the IPI model are not economically comparable with the U.S. Many of the countries in the IPI model, most notably Greece, the Czech Republic, and Italy, do not have comparable economies as measured in per capita gross domestic product (GDP). The significant difference in drug costs between the U.S. and other countries referred to by CMS in the IPI proposal is also seen with the comparative cost of physician services, hospital care, diagnostics, and medical devices. For example, according to a recent report by the OECD, hospital services in the U.S. cost ~150 percent more than in Japan, France, Germany, Finland and Spain; ~170 percent higher than in UK, Greece, and Italy.

Through the USMCA and other trade actions, the Trump administration has taken steps to crack down on foreign violations of U.S. intellectual property rights. There remain, however, several practices that undermine U.S. intellectual property and violate existing trade deals. We need to continue to negotiate better trade deals with better enforcement that protect American medical innovations.

MEDICAID CLOSED FORMULARY PROPOSALS

Question. In an attempt to bring down drug costs, various States have been exploring whether to exclude certain drugs from its Medicaid program. For example, the State of Massachusetts' recently asked CMS for permission to create a closed formulary where the State Medicaid program would pick at least one drug per therapeutic class. CMS denied their waiver request citing violation of Federal law, but this proposal does bring up important questions on how to contain drug prices in State Medicaid programs.

If the principles of the Medicare Part D program—including the necessary patient protections—were applied to State Medicaid programs, do you think it lower drugs costs while ensuring access to patients?

Answer. It is unlikely that applying Part D principles to Medicaid would lower drug costs. Medicaid is already a lower-cost channel and patients have little to no copay obligations.

MEDICAID "BEST PRICE"

Question. In the Trump administration's Blueprint, they suggested that because drug manufacturers have to give Medicaid the "best price" on drugs, there is no incentive to offer deeper discounts to other payers—both government and commercial—than what is already offered under the Medicaid Drug Rebate Program.

Does the Medicaid "best price" requirement encourage manufacturers to increase initial prices?

Answer. For BMS, Medicaid "best price" is not a consideration in determining initial product pricing.

Question. What, if any, changes would you suggest we make to the program?

Answer. As clarification, prices offered to Medicare Part D plans are excluded from Medicaid “best price,” and therefore, manufacturers can offer deeper discounts to Part D without impacting Medicaid best price.

More generally, BMS recommends the creation of an exemption from best price and AMP for select value based purchasing arrangements and greater clarity on best price and AMP reporting on issues related to such arrangements.

OUTCOMES-BASED CONTRACTS

Question. In almost all of your testimonies, you highlight your support of outcomes-based contracts and how we need to be shifting our system toward that approach.

How will these contracts lower drug costs for patients in both the near term and long-term?

Answer. The goal and design of outcome-based contracts will vary depending on the specific drug and the therapeutic area/disease State which is being evaluated. In general, outcome-based contracts are designed to demonstrate the efficacy, safety, clinical superiority, cost savings and/or improvement in overall patient health outcomes. To the extent that outcomes-based contracts demonstrate improvement in clinical outcomes and/or reduction in overall health-care costs and facilitate access to appropriate medicines, patients will benefit from improved outcomes and reduced out-of-pocket costs, and Federal health-care programs will benefit from lower overall health-care costs.

Question. How will they lower overall health-care costs for our Federal programs?

Answer. Please see answer to previous question.

Question. What have the preliminary results looked like so far?

Answer. Eliquis has demonstrated a better safety profile than alternate therapies (less bleeding events) as proven through outcomes-based contracts using real world data. Oncology patients have higher rates of diagnostic testing done to monitor disease progression (as recommended by guidelines), through our testing based value-based contract.

TRANSPARENCY/POINT OF SALE

Question. In almost all of your testimonies, you express your support for the Trump administration’s proposal to allow manufacturers to provide PBMs up-front discounts that are passed onto patients at the point-of-sale.

Do you feel like this proposal will make the transactions within the drug supply chain more transparent?

Answer. To the extent that discounts provided by manufacturers to PBMs and payers are passed through to the patients at the point-of-sale, transactions within the drug supply chain will be more transparent.

Question. If so, would this transparency bring down drug costs—overall and for specialty drugs?

Answer. In terms of bringing down drug costs, the result of passing discounts through to patients at the point-of-sale will likely vary depending on the individual drug. We anticipate that patients who are prescribed high-cost, highly discounted drugs, primarily specialty drugs, and are subject to high co-insurance costs, will experience the greatest reduction in drug costs.

THE RELATIONSHIP BETWEEN WHOLESALERS AND MANUFACTURERS

Question. When talking about the pharmaceutical supply chain, a lot of focus has been placed on the Pharmacy Benefit Manager. But there’s another side of the equation that I’d like to ask about.

How do wholesalers negotiate pricing with manufacturers?

Answer. Wholesalers and manufacturers negotiate distribution service agreements that include terms and fees. The fees are typically a percentage of list price.

Question. What impact does this have on drug costs?

Answer. It is BMS’s understanding that the fees negotiated by wholesalers and manufacturers do not have a material impact on drug costs.

Question. What incentives or disincentives do they have to contain price increases?

Answer. This question is best answered by wholesalers.

QUESTIONS SUBMITTED BY HON. RON WYDEN

PROPOSED REBATE RULE

Question. As has been done in many other settings, drug manufacturers said during the hearing that one reason list prices for drugs are high is that pharmaceutical benefit managers (PBMs) demand larger and larger rebates in order for the drug to receive favorable placement on a formulary. You and your colleagues who testified during the hearing stated if the administration's proposal on changes to the anti-kickback safe harbor for pharmaceutical rebates took effect, your company would likely lower list price.

Like many Oregonians, I am skeptical drug manufacturers would voluntarily lower their prices. Therefore, would you support legislation that would (1) make similar changes the administration has put forward related to Part D and Medicaid managed care, (2) change the rebate system in a similar way to the proposal for the commercial market, and (3) require drug makers to lower the list price of their drugs equal to the amount of rebates provided today?

Answer. BMS supports the extension of rebate reforms to the commercial market. However, given the significant market change in the proposed Part D safe harbor change, we urge the committee to pursue an implementation timeline that will allow manufacturers, PBMs, plans, retail pharmacies, wholesalers, and other impacted parties to address the many operational challenges for the industry. We anticipate that the implementation of the safe harbor change in Part D will provide important learnings, but in order to extend these changes to the commercial market, industry will need additional lead time to do so.

Given the many payers and channels in the health-care market, an individual drug has multiple net price points. Moreover, the goals of the proposed rebate rule can be achieved not only through lower list prices, but also through negotiated discounts at the point-of-sale, or through some combination of the two approaches. We believe the goals of the proposed rule can be best achieved by giving manufacturers the full range of options in their negotiations with plans and PBMs. Consequently, BMS would not support legislation that required drug makers to lower the list price of their drugs equal to the amount of rebates provided today.

There may be instances where a reduction in product list price is warranted, but with or without a list price change, in order for patients to benefit fully from the changes, regulations would need to ensure that manufacturer discounts are passed through to patients at the point-of-sale and that patient out-of-pocket costs are based on product net price.

MEDICAID DRUG REBATE PROGRAM

Question. The Medicaid Drug Rebate Program (MDRP) requires manufacturers to provide a basic rebate and an additional inflationary rebate for both brand and generic drugs. The inflationary rebate is an increasingly substantial part of total rebates due in large part to large increases in drug prices that exceed inflation. Under current law, this inflationary rebate is capped at 100 percent of Average Manufacturer Price (AMP). This is the case even when manufacturers continue to raise their prices well above inflation.

Please provide a list of all of your pharmaceutical products that have reached the Medicaid AMP rebate cap in any of the 20 quarters from January 1, 2014 through December 31, 2018.

Answer. Please see answer below.

Question. For each drug listed in response to question 1, please also provide a list of which quarters and years each drug hit the cap.

Answer

Product	Quarter
BARACLUDE TAB 0.5MG	Q3 2014, Q4 2014, Q1 2015, Q2 2015, Q3 2015, Q4 2015
BARACLUDE TAB 1MG	Q3 2014, Q4 2014, Q1 2015, Q2 2015, Q3 2015, Q4 2015
COUMADIN TAB 4MG	Q1 2014, Q2 2014, Q3 2014, Q4 2014, Q1 2015, Q2 2015, Q3 2015, Q4 2015, Q1 2016, Q2 2016, Q3 2016, Q4 2016, Q1 2017, Q2 2017, Q3 2017, Q4 2017, Q1 2018, Q2 2018, Q3 2018, Q4 2018
COUMADIN TAB 4MG (IBTLX1000) US	Q3 2014, Q4 2014, Q1 2015, Q2 2015
COUMADIN TAB 1MG	Q1 2014, Q2 2014, Q3 2014, Q4 2014, Q1 2015, Q2 2015, Q3 2015, Q4 2015, Q1 2016, Q2 2016, Q3 2016, Q4 2016, Q1 2017, Q2 2017, Q3 2017, Q4 2017, Q1 2018, Q2 2018, Q3 2018, Q4 2018
COUMADIN TAB 2MG	Q1 2014, Q2 2014, Q3 2014, Q4 2014, Q1 2015, Q2 2015, Q3 2015, Q4 2015, Q1 2016, Q2 2016, Q3 2016, Q4 2016, Q1 2017, Q2 2017, Q3 2017, Q4 2017, Q1 2018, Q2 2018, Q3 2018, Q4 2018
COUMADIN TAB 5MG	Q1 2014, Q2 2014, Q3 2014, Q4 2014, Q1 2015, Q2 2015, Q3 2015, Q4 2015, Q1 2016, Q2 2016, Q3 2016, Q4 2016, Q1 2017, Q2 2017, Q3 2017, Q4 2017, Q1 2018, Q2 2018, Q3 2018, Q4 2018
COUMADIN TAB 7.5MG	Q1 2014, Q2 2014, Q3 2014, Q4 2014, Q1 2015, Q2 2015, Q3 2015, Q4 2015, Q1 2016, Q2 2016, Q3 2016, Q4 2016, Q1 2017, Q2 2017, Q3 2017, Q4 2017, Q1 2018, Q2 2018, Q3 2018, Q4 2018
COUMADIN TAB 10MG	Q1 2014, Q2 2014, Q3 2014, Q4 2014, Q1 2015, Q2 2015, Q3 2015, Q4 2015, Q1 2016, Q2 2016, Q3 2016, Q4 2016, Q1 2017, Q2 2017, Q3 2017, Q4 2017, Q1 2018, Q2 2018, Q3 2018, Q4 2018
COUMADIN TAB 2.5MG	Q1 2014, Q2 2014, Q3 2014, Q4 2014, Q1 2015, Q2 2015, Q3 2015, Q4 2015, Q1 2016, Q2 2016, Q3 2016, Q4 2016, Q1 2017, Q2 2017, Q3 2017, Q4 2017, Q1 2018, Q2 2018, Q3 2018, Q4 2018
COUMADIN TAB 3MG	Q1 2014, Q2 2014, Q3 2014, Q4 2014, Q1 2015, Q2 2015, Q3 2015, Q4 2015, Q1 2016, Q2 2016, Q3 2016, Q4 2016, Q1 2017, Q2 2017, Q3 2017, Q4 2017, Q1 2018, Q2 2018, Q3 2018, Q4 2018
COUMADIN TAB 6MG	Q1 2014, Q2 2014, Q3 2014, Q4 2014, Q1 2015, Q2 2015, Q3 2015, Q4 2015, Q1 2016, Q2 2016, Q3 2016, Q4 2016, Q1 2017, Q2 2017, Q3 2017, Q4 2017, Q1 2018, Q2 2018, Q3 2018, Q4 2018
COUMADIN TAB 6MG US	Q1 2014, Q2 2014, Q3 2014, Q4 2014, Q1 2015
AVAPRO TAB 75MG	Q1 2014, Q2 2014, Q3 2014, Q4 2014, Q1 2015, Q2 2015, Q3 2015
AVAPRO TAB 150MG	Q1 2014, Q2 2014, Q3 2014, Q4 2014, Q1 2015, Q2 2015, Q3 2015, Q4 2015, Q1 2016
AVAPRO TAB 300MG	Q1 2014, Q2 2014, Q3 2014, Q4 2014, Q1 2015, Q2 2015, Q3 2015, Q4 2015, Q1 2016
AVALIDE TAB 150/12.5MG	Q1 2014, Q2 2014, Q3 2014, Q4 2014

Answer—Continued

Product	Quarter
AVALIDE TAB 300/12.5MG	Q1 2014, Q2 2014

MEDICAID DRUG REBATE PROGRAM COMPLIANCE

Question. I am concerned about recent reports and legal settlements surrounding drug manufacturers' failure to comply fully with the requirements of the MDRP. For example, an analysis by the U.S. Department of Health and Human Services Office of Inspector General found that between 2012 and 2016 taxpayers may have overpaid by as much as \$1.3 billion for 10 potentially misclassified drugs. That is why I introduced the Right Rebate Act with Chairman Grassley to prevent drug manufacturers from manipulating Medicaid to increase their profits. However, I continued to be concerned about oversight and manufacturer compliance with the requirements of the Medicaid Drug Rebate Program. Accordingly, please describe the following:

Your company's current compliance plan and procedures used to ensure compliance with the requirements of the Medicaid Drug Rebate Program including internal audits or other checks you use to identify compliance vulnerabilities.

Answer. The Company routinely assigns new employees working in the government pricing area formal training on U.S. government pricing and contracting. This training includes an overview of the Medicaid Program obligations and requirements. BMS also maintains policy and procedural documents which govern compliance relative to the Medicaid Drug Rebate Program. In addition, BMS periodically holds informal training sessions as part of departmental and other internal meetings, where compliance training is provided on topics relevant to the Medicaid Drug Rebate Program. BMS has also identified key controls related to the Medicaid Drug Rebate Program which are independently tested as part of the Company's Sarbanes-Oxley controls. As part of these controls, all Medicaid pricing submissions are reviewed and approved by the appropriate Company management. In addition, BMS Global Internal Audit and Assurance periodically conducts internal audits of the Company's operations, which include activities that support the Medicaid Drug Rebate Program.

Question. Any past or ongoing issues of non-compliance.

Answer. There are no ongoing issues of non-compliance with the Medicaid Drug Rebate Program, nor were there any within the past 5 years. (BMS interprets the question as asking for a reasonable period in the past, and has selected 5 years).

Question. Any corrective actions taken to address identified problems or issues of non-compliance with the MDRP and how such steps were communicated to the Centers for Medicare and Medicaid Services.

Answer. There are no ongoing issues of non-compliance with the Medicaid Drug Rebate Program, nor were there any within the past 5 years. (BMS interprets the question as asking for a reasonable period in the past, and has selected 5 years).

Question. Any steps taken to improve compliance and ensure that all Medicaid drug rebates owed to the Federal Government and the States are paid in full.

Answer. In addition to the compliance and audit activities already outlined, the BMS Government Pricing team conducts regular cross-functional information sharing meetings in order to facilitate communication within the organization, to gather all relevant pricing and contracting information, and to provide education that is focused on ensuring compliance with our Medicaid reporting obligations. The Government Pricing team also conducts quarterly Medicaid Best Price review meetings with key members of the pricing and contracting organization and requires that leaders of key functions within the pricing and contracting organization sign-off on quarterly Medicaid Best Price information prior to the Company's final. Additionally, the Company has made significant investments in the systems which are used to support the calculation and payment of Medicaid rebates to help ensure greater compliance, standardization and automation of our processes. BMS also maintains a Compliance and Ethics hotline and encourages all employees to raise potential compliance concerns so that they can be investigated and addressed.

More specifically with regard to the payment of Medicaid drug rebates, based on the current portfolio of active drugs, all BMS drugs are classified as Innovator Sin-

gle Source or Innovator Multiple Source drugs which are subject to the higher basic rebate calculation. When BMS launches a new drug that is subject to Medicaid reporting, the drug classification is reviewed as part of the Medicaid submission approval process.

To the extent that BMS has questions on MDRP compliance or on interpretative approaches to MDRP price reporting, we communicate with the Centers for Medicare and Medicaid Services.

BONUS PAYMENTS TIED TO SPECIFIC DRUGS

Question. I am concerned by the potential for employee financial incentives to encourage high launch prices and price increases for prescription drugs.

Is your salary, bonus, or other compensation tied to sales or revenue targets of a single product your company sells? Has it ever been? If yes, please state the product or products to which your salary, bonus or other compensation was tied.

Answer. No, Dr. Caforio's salary and bonus are not tied to sales or revenue targets for a single product. Dr. Caforio's compensation is tied in part to the revenue of the Company as a whole. Please see answer below.

Question. Is your salary, bonus, or other compensation tied to either revenue or net income of the company as a whole? Has it ever been? If yes, please explain what assumptions about price increases are used when the compensation committee sets revenue or net income goals. Does the compensation committee provide any guidance to executives in regards to the amount of revenue that the company will generate from price increases versus volume growth?

Answer. Dr. Caforio's compensation is tied in part to the revenue of the Company as a whole. The revenue metric is based on the overall Company target for the applicable performance period (annual for annual bonus and longer-term, 3 years for Performance Share Units), which typically includes assumptions concerning both price changes and volume growth. Over the last few years, BMS' revenue growth has been primarily attributable to increased volume arising from increased demand for our products rather than price increases.

Dr. Caforio's compensation is reviewed and recommended by the Compensation and Management Development Committee, which is a committee consisting of only independent directors, and approved by at least three-fourths of the independent directors of our Board of Directors. The Compensation Management and Development committee annually completes a thoughtful and rigorous evaluation of the Company's executive compensation program to ensure that the program is aligned with our mission and delivers shareholder value, while not encouraging excessive or inappropriate risk-taking by our executives. When determining metrics and setting incentive plan targets each year and for 3 year performance period, the committee is aware of the risks associated with drug pricing, among other risks, and ensures our plans do not incentivize risky behavior in order to meet targets and goals.

NET PRICES

Question. In your testimony you stated, "for this reason, the average net pricing across our U.S. portfolio of medicines increased by 5 percent of the last year-over-year for the last 5 years. Importantly, it did not increase at all in 2018 and we expect that it will not increase in 2019." Please describe how the company's year-over-year aggregate net price is calculated. Please also specifically address the following questions.

Answer. Dr. Caforio testified that BMS's average net pricing across the company's U.S. portfolio increased by 5 percent or less year-over-year for the last 5 years. Please see the answer below for a description of how year-over-year net price is calculated.

Question. How many products are included in the calculation of the average net price change? What was the median net price change?

Answer. Approximately 20 products are included in the calculation of the average net price change. The median net price change over the last 5 years is 3.4% based on the following net price change per year:

2018	2017	2016	2015	2014
(0.3%)	1.6%	5.2%	3.4%	4.0%

Question. Is net price weighted? If so, how? For example, in determining the aggregate net price does the company assign different weights to different products based on volume or other factors? Are “on patent” and “off patent” drugs weighted identically? Are other statistical weights used or are all products treated equally?

Answer. Net price is weighted according to the product’s sales relative to total BMS sales. Year-over-year change in Net Price = Change in List Price + Change in effective discount rate across all channels. Patent and off-patent drugs are treated equally in the calculation.

Question. Does the figure that you provided during your testimony account for U.S. prices, international prices, or both? Generally speaking, when your company reports net price changes, does it differentiate between U.S. and international prices?

Answer. The figure included in Dr. Caforio’s testimony accounted for U.S. prices. Yes, BMS discloses by region (*i.e.*, U.S., Europe, Rest of World) in our quarterly 10Q and Annual 10K filings. However, the only net price changes specifically outlined (*i.e.*, in percentage terms) is for the U.S.

Question. Please list the five drugs your company sold in the U.S. that had the greatest year-over-year net price increase in 2018, noting the increase for each drug by dollar figure and percentage. Please list the five drugs your company sold in the U.S. that had the lowest year-over-year net price increase (and/or the greatest decrease) in 2018, noting the increase (or decrease) for each drug by dollar figure and percentage.

Answer. This question calls for information that BMS does not disclose publicly and considers to be competitively sensitive.

Question. For 2018, what was the average net price change in the U.S. market for (1) drugs with no competition, (2) drugs with *only* branded competition, and (3) drugs with generic competition?

Answer. This questions calls for information that BMS does not disclose publicly and considers to be competitively sensitive.

Question. You stated that average net price increased 5 percent in 2017, but did not increase in 2018, and that you do not expect it to increase in 2019. What factors contributed to the change from 2017 to 2018? What would the net price increase have been if your company excluded the impact of drugs like Reyataz and Sustiva, which lost exclusivity in the United States at the end of 2017, and Daklinza, which the company reported losing revenue on?

Answer. Dr. Caforio testified that BMS’s average net pricing across the Company’s U.S. portfolio increased by 5 percent or less year-over-year for the last 5 years. Average U.S. net price remained unchanged from 2017 to 2018 (*i.e.*, 0 percent net price increase from 2017 to 2018), because discounts across all channels increased at a rate higher than list price increased. If drugs which lost exclusivity, like Reyataz, Sustiva and Daklinza, were excluded, the net price change would still be 0 percent.

QUESTIONS SUBMITTED BY HON. ROBERT MENENDEZ

Question. When new products enter the market, do drug companies set high initial rebates and then provide deep rebates in order to gain access to insurance plan’s formularies?

Answer. BMS does not. We cannot comment on the pricing practices of other manufacturers.

Question. If CMS finalizes the rebate rule, do you anticipate future products entering the market with significantly lower initial list prices?

Answer. If CMS were to finalize the rebate rule, the impact on list prices of future products would likely differ by product depending on such factors as the clinical profile of the product, competition, market dynamics, and the channel into which the product is primarily sold. As noted above, the goals of the proposed rule could be achieved through lower list prices, negotiated discounts at the point-of-sale, or some combination of these two approaches.

QUESTIONS SUBMITTED BY HON. THOMAS R. CARPER

Question. What are your recommendations for lowering prices for the 40 percent of drugs that do not offer rebates in Medicare Part D?

Answer. BMS believes that market-based reforms are the best way to lower costs and maintain the appropriate incentives for innovation. BMS supports policies that enable payers to negotiate innovative and flexible ways to pay for medicines, including value-based purchasing arrangements. Additionally, we need to ensure generics are available whenever permissible under our system. BMS notes also that even manufacturers pay coverage gap discounts for all Part D drugs regardless of whether a payer rebate is provided for that drug.

Question. In the health insurance plans that you offer your employees, do you ask your insurers to pass through the full manufacturer rebates to the beneficiaries?

Answer. Based on the contract negotiated with the PBM with which BMS has contracted, BMS has elected to reinvest the rebates we would otherwise have received from the PBM to reduce the per claim cost for brand drugs across the entire population of members we cover. BMS provides health care coverage to approximately 10,000 active employees, 4,000 retirees and 18,000 spouses and other dependents.

Under this reinvested model, those rebate dollars are applied to reduce the negotiated rate our enrollees pay for brand drugs. This means that the PBM charges the plan a lower negotiated rate for all branded drugs (not just those associated with specific rebates), benefiting a broader portion of our covered population. Since our health plan benefit design uses a coinsurance for member cost sharing, this lower negotiated drug cost enabled by the application of the rebate value, reduces the coinsurance amount our members pay for their medications at the pharmacy counter.

Question. The systems for pricing and distributing drugs are opaque and difficult to understand. What are your recommendations for increasing transparency in how your companies set the list prices for drugs, and for improving transparency in the supply chain for prescription drugs? Would you support Federal standards for transparency in setting the list prices for drugs?

Answer. BMS intends to provide added transparency around the list prices for its medicines. We are creating pricing pages for all of our advertised medicine websites to include list price and additional information on out-of-pocket costs and support programs. Any DTC TV ads will direct patients to the site through a web link. Our plan is to have this information available by April 15, 2019. We solicited feedback from the patient community to ensure the resources we provide about pricing are meaningful to patients. The research suggests patients may misinterpret list price information in a television advertisement without additional context.

BMS is complying with the recently enacted California drug price transparency legislation and would like to work with the committee on similar legislation at the Federal level, or legislation similar to the SPIKE Act (S. 474), both of which are intended to require manufacturers to disclose price increases above a certain threshold.

Question. In nearly every sector of the health-care industry, Medicare, Medicaid, employers, and insurers are moving away from fee-for-service payments to reimbursements based on value and performance. Prescription drugs and medical devices were the glaring exceptions to this trend until recently. How many of your drugs are included in value-based contracts and how many patients are benefiting from them? How do these value-based contracts work to lower drug prices for both patients and taxpayers?

Answer. Currently, BMS has value-based contracts for two products. Approximately 39 million patients are eligible for potential coverage under those contracts.

The goal and design of outcome-based contracts will vary depending on the specific drug and the therapeutic area/disease state which is being evaluated. In general, outcome-based contracts are designed to demonstrate the efficacy, safety, clinical superiority, cost savings and/or improvement in overall patient health outcomes. To the extent that outcomes-based contracts demonstrate improvement in clinical outcomes and/or reduction in overall health-care costs, patients will benefit from improved outcomes and reduced costs, and the Federal programs will benefit from lower overall health-care costs.

Question. Last year, Senator Portman and I did an investigation on the pricing of an opioid overdose reversal drug called EVZIO, manufactured by Kaléo. Kaléo increased the price of EVZIO from \$575 in 2014 to \$4,100 in 2017. We found that the

best price Medicare was able to get for EVZIO, about \$4,000, was much higher than the price other Federal programs and private insurers were able to get. It seemed that Kaléo was able to get this higher price of \$4,000 from Medicare by helping doctors fill out paperwork showing that the drug was medically necessary, even though there are cheaper alternatives on the market. As a result of the investigation, Kaléo announced it will bring a generic version of the drug to market at only \$168 per pack. Are any of your companies providing medical necessity paperwork to doctors in order to get your drugs covered by Medicare?

Answer. BMS offers patient support programs that help eligible patients who are prescribed our medicines obtain access to those medicines. This includes assisting patients in navigating the insurance approval process. Consistent with longstanding OIG guidance and common industry practices, BMS does provide the template forms required by insurers for use in making coverage determinations, but BMS does not provide medical necessity content. That content must be independently provided by the prescribing health-care provider.

Question. In 2017, the Rand Corporation estimated that biosimilar drugs, which are competitors to complex, biologic drugs, could save the United States more than \$50 billion over the next decade. Some of you have also argued that increasing the use of biosimilar drugs would help lower drugs costs for consumers and taxpayers. What is delaying the uptake of biosimilar drugs in the United States? What policies do you recommend to increase the development of biosimilar drugs?

Answer. BMS does not have a biosimilar or a branded product with biosimilar competition, and consequently, is not in a position to offer first-hand insight.

QUESTIONS SUBMITTED BY HON. BENJAMIN L. CARDIN

Question. The United States is one of the only countries in the world to allow prescription drug manufacturers to advertise directly to consumers through magazines, billboards, radio, and television commercials. While I will not argue that it is beneficial to educate consumers about an unfamiliar disease and encourage them to seek medical help, most commercials from all of your companies recommend asking about a specific brand name drug, not a medical condition. Furthermore, even if your advertisements follow all FDA rules and list medication side effects, they also almost always list these while a smiling, apparently healthy person is walking on a beach.

Researchers say that this type of imagery, combined with viewing hours of drug commercials each month, leads consumers to underestimate the risks associated with medications. For the past decade, studies have shown that aggressive direct-to-consumer advertising is associated with rising drug prices and an increase in inappropriate drug prescriptions.

Question. Since researchers have concluded that consumers are misunderstanding the benefits and risks described in your ads, what further policies could help you and your colleagues ensure that you are educating patients in a clear manner?

Answer. BMS engages in DTC TV advertising selectively and only when we think it will help educate patients. Our DTC TV advertising is submitted to the FDA for advisory comments prior to being broadcast in accordance with FDA guidance. BMS believes that our DTC advertising clearly and appropriately communicates the benefits and risks of our medicines.

BMS believes responsible DTC communications play a critical role in educating patients and families about treatment options and encourages them to have an informed discussion with their physician about the best treatment for their needs. BMS would be open to considering any additional policy proposals that further facilitate the achievement of this goal.

PHARMACEUTICAL COMPANIES CONTINUE TO RAISE PRICES

Question. As you are well aware, high prescription drug prices are the number one concern for Americans and their families. According to the Organization for Economic Cooperation and Development, the average American spends around \$1,208 annually on prescription drugs. There have been several instances where brand name or even generic drugs that have been on the market for years continue to increase in price.

One of the most well-known examples is Mylan's increase of the price of EpiPen from less than \$100 in 2007 to more than \$600 in 2016. Another example, is the ever-increasing price of insulin. Sanofi increased the price of a vial of Lantus from \$88.20 in 2007 to \$307.20 in 2017. And those are just a small sample of price increases.

Why don't we see price decreases for drugs that have been on the market for years without new formulations or added benefit?

Answer. Although list prices for a drug without new formulations or added benefits may not decrease over time, in our experience, net prices generally decrease over time and/or volume decreases significantly as generics enter the market.

PAY FOR DELAY

Question. Pay for delay is a tactic that more and more branded drug manufacturers have been using to stifle competition from lower-cost generic manufacturers. This allows you to sidestep competition by offering patent settlements that pay generic companies not to bring lower-cost alternatives to market.

These "pay-for-delay" patent settlements benefit both brand-name pharmaceutical companies by helping them avoid costly patent litigation and general manufacturers by rewarding them a hefty sum to delay entering the market with a cheaper drug alternative. However, these deals do not benefit consumers. According to an FTC study, these anticompetitive deals cost consumers and taxpayers \$3.5 billion in higher drug costs every year.

Does your company partake in pay-for-delay settlements?

Answer. No.

Question. Why would a pharmaceutical company enter into a pay-for delay agreement?

Answer. As stated above, BMS does not enter into any pay-for-delay settlements. We cannot comment on the actions and motivations of other manufacturers.

Question. Do you think these agreements stifle competition and prevent generic alternatives to your branded medications?

Answer. BMS agrees that patent settlement agreements that have substantial payments going from innovators to generics, and are solely intended to delay competition, are anticompetitive. In contrast, agreements that do not contain such substantial payments and properly balance litigation considerations often lead to earlier generic entry than patent expiration.

DRUG REBATE RULE

Question. In January, the Department of Health and Human Services' (HHS) Office of Inspector General (OIG) promulgated a new regulation to remove regulatory safe harbor protections under the Anti-Kickback Statute (AKS) for rebates on prescription drugs rebates paid by manufactures to PBMs under Medicare Part D and for Medicaid managed care organizations (MCOs). The OIG proposal attempts to ban most rebates by eliminating their regulatory protections.

The rule is predicted to increase net drug costs in its early years. The CMS actuaries estimate it would cost \$196 billion over 10 years. Despite this high price tag, the beneficiary benefits are limited. The proposed rule notes that under the CMS Actuary's analysis, the majority of beneficiaries would see an increase in their total out-of-pocket payments and premium costs; reductions in total cost sharing will exceed total premium increases.

I wanted to ask a question about the administration's rebate rule, which I understand that many of the drug manufacturers, and your main trade association, strongly support. According to an analysis of the rule by the Office of Actuaries at CMS, drug manufacturers are likely to initially retain 15 percent of the current rebates as higher net drug prices.

Given that estimate, can you provide the committee with any assurances that prices will not increase under this proposed rule?

Answer. BMS supports HHS's proposed rule because BMS believes it will lower patient costs at the point-of-sale and ensure patients realize the benefit of manufacturer discounts. We do not anticipate that manufacturer average net prices will increase as a result of this rule.

QUESTIONS SUBMITTED BY HON. SHERROD BROWN

Question. According to an article recently published in the *Journal of the American Medical Association*, medical marketers spent nearly \$30 billion dollars in 2016, up from \$17 billion in 1997. Direct-to-Consumer (DTC) advertising had the biggest percentage increase: from \$2.1 billion, or 11.9 percent of all medical marketing, in 1997 to \$9.6 billion, or 32 percent of total spending, in 2016.

Can you please provide what your ratio of spending on sales and marketing to research and development is today?

Answer. BMS does not disclose sales and marketing investments separately. In 2018, BMS marketing, selling and administrative expenses were \$4.6 billion, which is inclusive of sales and marketing, and R&D expenses were \$6.3 billion. That ratio is approximately 7 to 10.

PRICE-GOUGING

Question. Sanofi, as I understand it, has made a pledge to the public to limit its price increases to the national health expenditures growth projection.

Would your company commit to a cap on annual price increases as part of your PhRMA membership criteria?

Answer. It is BMS's understanding that a cap on annual price increases as part of PhRMA membership would raise significant antitrust concerns.

Question. What policies would you propose to help ensure lower *launch* prices for new drugs?

Answer. BMS does not believe that government policies should govern launch pricing of new drugs. Payers, providers, patients, and the marketplace should freely assess the value of new innovative therapies relative to their improvement in outcomes and impact to total cost of care. At BMS, we believe the prices of our medicines reflect the value they bring to patients, healthcare providers, payers, and society as a whole.

TRANSPARENCY

Question. In many of your testimonies, you mentioned that the current system of pharmacy benefit manager (PBM) back-end rebates do not rarely results in a scenario where the PBM passes on savings to consumers at the point of sale (POS). The administration recently proposed a rule to eliminate the anti-kickback statute safe harbor protections for these drug rebates.

Do you agree that greater transparency should be required to understand how manufacturers and PBMs are negotiating prices and rebates to ensure that savings are passed down to beneficiaries?

Answer. Yes, BMS agrees that manufacturer's net prices should be transparent to and passed through to beneficiaries. BMS also believes that this transparency should be required for all entities in the health-care market.

PBMS

Question. An *Axios* article from March 7, 2019 highlights the fact that, while "pharmaceutical companies put a lot of the blame for high drug prices on pharmacy benefit managers," many large pharmaceutical companies "rely on PBMs to manage their own health care benefits."

In your role as an employer, does your company contract with a pharmaceutical benefit manager (PBM) to administer the prescription drug benefits for your employees and negotiate lower drug costs on your behalf?

Answer. Yes.

Question. For those of you who do use a PBM to help manage the prescription drug benefit for your employees, how do you utilize the rebates your PBM negotiates to lower health care costs or drug costs for your employee plans and what does your company do with that savings? Specifically, do the savings go toward lowering premiums?

Answer. BMS uses a PBM for our self-funded Pharmacy Benefit Program, which is part of our overall healthcare plan. The PBM offers the option of direct point-of-sale rebates, however, based on the contract negotiated with the PBM, BMS has elected to reinvest the rebates we would otherwise have received from the PBM to

reduce the per claim cost for brand drugs. Under this reinvested model those rebate dollars are applied to reduce the negotiated rate our enrollees pay for branded drugs. This means that the PBM charges the plan a lower negotiated rate for all branded drugs (not just those associated with specific rebates). Since our health plan benefit design uses a coinsurance for beneficiary cost sharing, this lower negotiated drug cost enabled by the application of the rebate value, reduces the coinsurance amount our members pay for their medications at the pharmacy counter. Under this model, a greater number of participants benefit from the value of the rebates.

Question. For those of you who do use a PBM to help manage the prescription drug benefit for your employees, does your PBM offer point-of-sale rebates to your employees?

Answer. Please see answer to previous question.

QUESTIONS SUBMITTED BY HON. SHELDON WHITEHOUSE

Question. Please describe any policy changes you support that would result in your company lowering the list prices of its drugs.

Answer. BMS supports the HHS proposed rule to eliminate safe harbor protection for back-end rebates in Medicare Part D, and we believe it would lead to lower out-of-pocket costs. The goals of the proposed rule could be achieved through lower list prices, negotiated discounts at the point-of-sale, or some combination of these two approaches. While it is unclear how Part D plans and PBMs will react to the proposed rule, at this time, BMS envisions that we would offer point-of-sale discounts to Part D plans equivalent to the contracted rebate amount and will continue to assess the possibility of lowering list price on a product-by-product basis. Our ability to lower list prices, however, is constrained by the fact that the HHS proposed rule does not apply to the commercial insurance market, where we anticipate back-end rebates to continue for the foreseeable future.

Question. How much does your company's research and development portfolio rely on taxpayer-funded research conducted by the National Institutes of Health (NIH)? How many of your company's products are based, at least in part, on NIH research, and how many are the result of research funded solely by your company?

Answer. Government institutions such as NIH and NCI do critically important basic research. However, the most significant investment behind any molecule is the clinical development program, which is usually when a pharmaceutical company comes into the development process. On average it takes 10 to 15 years and about \$2.5 B to bring a medicine to patients, depending on the asset, therapeutic area, number of indications, and other factors. This is highly dependent on the stage of the molecule/asset when it comes to BMS. There is also considerable risk of failure given the complexity of clinical development. Only about 12 percent of drugs that make it to Phase 1 clinical trials result in an approved product.

Question. In each of the last 5 years, how much has your company spent on research and development versus the advertising and marketing of your products?

Answer. BMS does not publicly disclose specific advertising and marketing expenditures. The figures below are for marketing, sales and administrative expenses, which includes advertising and marketing expenditures.

2018 spend:

Marketing, selling, and administrative expenses: \$4.6 billion
Research and development expenses: \$6.3 billion

2017 spend:

Marketing, selling, and administrative expenses: \$4.8 billion
Research and development expenses: \$6.5 billion

2016 spend:

Marketing, selling, and administrative expenses: \$5.0 billion
Research and development expenses: \$5.0 billion

2015 spend:

Marketing, selling, and administrative expenses: \$4.8 billion
Research and development expenses: \$5.9 billion

2014 spend:

Marketing, selling, and administrative expenses: \$4.8 billion

Research and development expenses: \$4.5 billion

Question. During the hearing, you mentioned that your company would be likely to lower the list prices of its drugs if the recent proposal by the Trump administration to change the current system of rebates was extended to the private market.

If the policy was extended to the private market, how large would the list price reductions be relative to the size of the rebates your company is currently providing?

Answer. While it is unclear how health plans and PBMs would react if the HHS proposed rule's policy were extended to the private market, at this time, BMS envisions that we generally would offer point-of-sale discounts to health plans equivalent on average to the contracted rebate amount and would continue to assess the possibility of lowering list price on a product-by-product basis. In the absence of list price reductions, the policy requirement that manufacturer discounts be passed on at the point-of-sale would accomplish the goal of reducing patient out-of-pocket costs.

Question. How will this proposal affect how your company sets the list prices for new drug products?

If the proposal is finalized and not extended to the private market, will your company make any list price reductions? If so, how large would the reductions be relative to the size of the rebates your company is currently providing?

Answer. While it is unclear how health plans and PBMs would react if the HHS proposed rule were finalized and not extended to the private market, at this time, BMS envisions that we would offer point-of-sale discounts to Part D plans equivalent on average to the contracted rebate amount and would continue to assess the possibility of lowering list price on a product-by-product basis. In the absence of a list price reduction, the proposed rule's requirement that manufacturer discounts be passed through to patients at the point-of-sale would accomplish the goal of reducing patient out-of-pocket costs.

QUESTION SUBMITTED BY HON. MAGGIE HASSAN

Question. In June of 2018, the Medicaid and CHIP Payment and Access Commission (MACPAC) unanimously recommended under Recommendation 1.1 in their annual report to Congress that Congress remove the statutory requirement that manufacturers blend the average manufacturer price (AMP) of a brand drug and its authorized generic.¹

This requirement created an unintended loophole. Rather than use the price of the authorized generic, drug companies can sell its authorized generic to a corporate subsidiary at an artificially lower price, and use that lower price to bring down the AMP, which in turn lowers the rebate obligation.

Does your company engage in this practice? Has your company ever engaged in this practice in the past?

Answer. No. BMS does not have any authorized generics with its own corporate subsidiary.

QUESTIONS SUBMITTED BY HON. CATHERINE CORTEZ MASTO

Question. Dr. Caforio, your company has entered a merger agreement to acquire Celgene, which makes the cancer drug Remlivid. The price of Remlivid was hiked nearly 20 percent in 2017, 5 percent last year, and another 3.5 percent just last month.² Remlivid was also high on a list of brands whose manufacturers have refused to provide generic companies with the samples they need to submit an FDA application. Celgene refused 13 such inquiries, despite FDA's assurance that they

¹MACPAC, "Improving Operations of the Medicaid Drug Rebate Program," <https://www.macpac.gov/wp-content/uploads/2018/06/Improving-Operations-of-the-Medicaid-Drug-Rebate-Program.pdf>.

²<https://www.reuters.com/article/us-celgene-results/celgene-profit-tops-expectations-will-limit-future-price-hikes-idUSKBN1KG11C>.

were safe to share.^{3,4} Today Remlivid stands as a \$70,000 sole source drug with no competition.⁵ You mention increasing access to generics as a priority in your testimony. In a case where Remlivid falls under your purview, what specific actions will you take to promote generic competition of that drug?

Answer. BMS believes it is important to ensure generics are made available whenever that is permissible under our system, and supports the administration's focus on increasing the approval of generics. As part of that system, it is important that generic companies perform the needed testing to ensure product quality and patient safety.

Until the transaction closes, BMS and Celgene will continue to operate as separate companies. BMS thus does not know and cannot comment on Celgene's practices as they relate to generic manufacturers. Once the transaction closes, BMS' practices with regard to generic manufacturers, including the provision of samples, will govern the combined portfolio.

Question. As a portion of your revenue, for what percentage of the drugs in your portfolio do you offer no rebates? Based on the drugs in your pipeline, do you foresee that portion growing? For those drugs is your list price equal to your net price?

Answer. Although the level of rebates varies by product and channel, BMS pays rebates for all products in our portfolio.

Question. Do you invest more in R&D than you generate in US sales revenue? Please include specific figures.

Answer. BMS invested \$6.3 billion in R&D in 2018, which includes the discovery and development of new medicines.

U.S. sales for 2018 were \$12.5 billion.

Question. Do you invest more in R&D than you spend on marketing and administration? What company functions do you consider to be included in administration? Please include specific figures.

Answer. BMS does not publicly disclose specific marketing and administration expenditures. The figures below are for marketing, sales and administrative expenses, which includes marketing and administration expenditures.

2018 spend:

Marketing, selling, and administrative expenses: \$4.6 billion
Research and development expenses: \$6.3 billion

2017 spend:

Marketing, selling, and administrative expenses: \$4.8 billion
Research and development expenses: \$6.5 billion

2016 spend:

Marketing, selling, and administrative expenses: \$5.0 billion
Research and development expenses: \$5.0 billion

2015 spend:

Marketing, selling, and administrative expenses: \$4.8 billion
Research and development expenses: \$5.9 billion

2014 spend:

Marketing, selling, and administrative expenses: \$4.8 billion
Research and development expenses: \$4.5 billion

Question. Do you invest more in R&D than you spend on marketing and sales? What company functions do you consider to be included in sales? Please include specific figures.

Answer. BMS does not publicly disclose the functions included in sales nor specific marketing and sales expenditures. Please see the answer to the prior question for R&D and marketing, selling and administrative expenses.

³https://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/AbbreviatedNewDrugApplicationANDAGenerics/ucm607738.htm?utm_campaign=FDA%20publishes%20list%20of%20inquiries%20from%20generic%20drug%20applicants%20about%20RLD%20access&utm_medium=email&utm_source=Elouqua.

⁴<https://www.npr.org/sections/health-shots/2018/05/17/571986468/how-a-drugmaker-gamed-the-system-to-keep-generic-competition-away>.

⁵<https://twitter.com/megtirrell/status/1016769284025016320>.

Question. Why do you advertise for the drugs you manufacture? What factors do you consider in choosing which drugs you advertise?

Answer. BMS believes responsible DTC communications plays a critical role in educating patients and families about treatment options, and encourages them to have an informed discussion with their physician about the best treatment for their needs. As a company, BMS engages in DTC TV advertising selectively and only when we think it will help educate patients. Currently BMS is engaging in DTC TV advertising for one product (Eliquis).

PREPARED STATEMENT OF KENNETH C. FRAZIER, CHAIRMAN AND
CHIEF EXECUTIVE OFFICER, MERCK AND COMPANY, INC.

Mr. Chairman, Senator Wyden, and members of the committee, thank you for the opportunity to appear today. Merck's mission is to save and improve lives around the world by bringing forward breakthrough medicines and vaccines, and ensuring they are available and affordable to patients who need them.

Merck is a science-based company that exists to help solve the world's most vexing medical challenges. We have a long history of doing this, from the development of most of the common childhood vaccines, to bringing the first protease inhibitor to patients, turning AIDS from a death sentence to a chronic disease, to developing the first statin, which led to significant reductions in the negative health effects of high cholesterol. This legacy of invention continues today.

Research is at the core of who we are and what we do. Last year, Merck invested nearly \$10 billion in research and development toward our mission of preventing, treating, and curing disease, and since 2010 we've invested nearly \$70 billion in these efforts. Our more than 12,000 researchers are focused on cancer, infectious diseases, and Alzheimer's, as well as other major health challenges that affect large numbers of people around the world. For our breakthrough immuno-oncology drug Keytruda alone we have over 900 clinical trials under way.

In pursuit of these efforts, we are also investing significantly in infrastructure here in the United States. We have invested more than \$5 billion in the last five years, and we plan to invest \$9 billion more over the next few years to increase manufacturing capacity and open two new discovery research centers.

Our mission is to go where the science leads us, which means we don't allocate resources only to addressing diseases in wealthy countries; we focus our efforts on conditions that significantly impact people living all over the world.

For instance, we are proud to have deployed 70,000 doses of our experimental Ebola vaccine in the Democratic Republic of the Congo, working in partnership with the Centers for Disease Control and Prevention, the Biomedical Advanced Research and Development Authority, and the Department of Health and Human Services. For efforts such as this there is no commercial opportunity, but we pursue them because these are the challenges that Merck was created to tackle.

At the end of the day we do all of this to serve patients. We understand that patients are having a harder and harder time affording their health care, including their prescription medicines. As a result of robust negotiation and competition in the marketplace, medicine costs are growing at the slowest rate in years, but the system is still not working for patients who are too often being asked to pay more out-of-pocket due to the complex system of pricing, distribution, and insurance. I am here today to suggest a few ways that we can address this problem together.

First, we want to be clear that our industry has a duty to be responsible in our pricing practices and contribute to solutions that address the affordability problems facing patients. We have all heard the egregious examples of irresponsible behavior. At Merck, we have a history of responsible pricing. To help increase transparency about our pricing practices, we publicly disclose information about our prices in the U.S. and the rebates and discounts we provide to payers—including insurers, pharmacy benefit managers, and the government. Last year, we pledged that we will not increase our average net prices for our portfolio by more than the rate of inflation annually.

From 2010 to 2017, Merck's average net price increase across our portfolio each year has been in the low to mid-single digits. In fact, our average net price declined in 2017 by almost 2 percent. In 2017, the average discount for our medicines and vaccines was more than 45 percent lower than the list price. Despite these very

large discounts, patients do not see a commensurate benefit. In fact, patient out-of-pocket costs continue to rise, and patients are being asked to shoulder more of their drug costs than other health-care services.

Second, we must ensure that patients get the benefit of the large rebates and discounts that manufacturers are paying to PBMs and insurance companies.

The incentives in the current system are badly misaligned. As a result, the current system of drug competition that depends on rebating is not working for patients. The growing gap between our list prices and our net prices that results from rebating has created incentives for supply chain entities to favor products with higher list prices. For instance, in 2016, we introduced our hepatitis C therapy, Zepatier, at a list price that was 42 percent below the price of the therapy that was the standard of care. However, due to the misaligned incentives in the supply chain that create a preference for higher priced products, we had difficulty gaining access for patients in certain market segments.

This kind of misalignment can have a significant negative impact on patients because their cost-sharing is often based on the list price of a drug, even when insurance companies and PBMs are paying a fraction of that price. Our current system that incentivizes high list prices and large rebates as a mechanism to keep insurance premiums low means that sick patients are essentially subsidizing healthy patients. In this way, our insurance system is broken. We urge you to support action to make sure that all patients benefit from the discounts we make available.

Third, we can significantly reduce spending on pharmaceuticals, especially for patients, by ensuring that we have a viable market for biosimilars in the United States. We believe, like with traditional small molecule medicines, generic competition after a reasonable period of exclusivity will create headroom for patients to afford the newest, most innovative medicines. Research shows that generics and biosimilars are expected to drive savings of \$105 billion through 2022 in the U.S.¹

However, we share the concerns expressed by FDA Commissioner Gottlieb regarding the challenges biosimilars have experienced in penetrating the market. Merck introduced a biosimilar to the market 18 months ago at a 35 percent discount to the originator product, yet we have captured only a tiny fraction of the market. In general, biosimilars competition thus far has resulted in moderation of prices, but actual utilization of the biosimilars remains modest at best. We fear that an environment where market entry of biosimilars brings value to the market, but little or none of that value accrues to the biosimilar, will not be sustainable.

Therefore, we urge Congress to pursue policies to encourage and support biosimilar uptake and utilization in order to realize these potential savings for the system and patients. These could include reduced cost sharing in Medicare Part B.

Fourth, we believe that prices can more align with a drug's value when manufacturers and payers are able to negotiate innovative contracts that base payment on a drug's benefits. Manufacturers should be rewarded based on the value that our therapies deliver. When we developed our breakthrough immuno-oncology treatment Keytruda, we incorporated a biomarker where clinically appropriate so that we could identify those patients most likely to benefit, but this is not always the case. We did this because we believe in giving the right medicine to the right patient at the right time. This is important both for therapeutic and economic reasons. If patients regularly take our medicines as they are prescribed, we are prepared to stand behind their effectiveness.

Moving to a system where we are reimbursed for the value our medicines provide would be revolutionary. Yet there remain major regulatory and operational obstacles to value-based payment and contracting in the commercial and public markets, which we urge Congress to address.

Fifth, we support efforts to encourage generic competition. A version of Chairman Grassley's CREATES Act could make some needed reforms to encourage generic competition, and there are likely other policies we should consider as well to ensure there is no inappropriate gaming of the system.

We also support the idea of eliminating the use of drug company coupons in cases where a brand name drug now has generic competition. This slows the use of generics and violates the spirit of the Hatch-Waxman drug price competition law.

¹ IQVIA Institute for Human Data Science. "Medicine use and spending in the U.S.: A review of 2017 and outlook to 2022." <https://www.iqvia.com/institute/reports/medicine-use-and-spending-in-the-us-review-of-2017-outlook-to-2022>. Published April 19, 2018. Accessed April 2018.

Finally, we would also like to work with the committee to find ways to end the price gouging pursued by those who jack up the prices of off-patent drugs that have no competition. These high prices hurt patients and do not create incentives for the kind of cutting edge research we pursue.

These six changes could bring real relief to patients while preserving the incentives that allow us to invest billions in developing new medicines. These are exciting times, when decades of investment in scientific research are yielding life-changing discoveries. But it is the investment of today that fuels the innovations of tomorrow, and if we damage the ecosystem that drives those investments, we'll never know what we could have achieved for the patients we are all here to serve.

The single most important contribution that we make at Merck—to economies, to health care, and to individual patients and their families—is to continue making the necessary costly and long-term investments in R&D and persuading thousands of brilliant researchers to sit at a lab bench and try to create something transformative—despite the overwhelming odds that their efforts will not succeed, since 9 out of 10 compounds that even start clinical trials will fail.

The solutions to health-care spending and out-of-pocket costs for patients must be achieved in a way that provides the balance necessary for innovation to occur. The innovation ecosystem includes academia, small biotechnology companies, large pharmaceutical companies, government, and patients and providers. It is incumbent on all of us to solve the affordability challenges of today's patients without compromising our ability to invent for tomorrow's patients.

I'd like to end on a personal note. My mother died when I was a child and my siblings and I were raised by my dad who worked as a janitor in North Philadelphia. He was a giant in my life and it was devastating when Alzheimer's took him away from me and my family.

Last year, after spending many years and over a billion dollars, Merck had to end development of a promising new Alzheimer's therapy because it simply didn't work. Yet we continue on, seeking better approaches. And I truly believe Merck or one of the other companies at this table can and will find a medicine that will ensure that no one will have to experience the pain of seeing a loved one taken from them in this way.

But, our success depends on having a U.S. market that is free, competitive, and predictable. The changes I've discussed today have the potential to vastly improve that market and help patients survive and thrive without financial hardship. I am here to pledge our cooperation with you for creating such changes.

Thank you.

QUESTIONS SUBMITTED FOR THE RECORD TO KENNETH C. FRAZIER

QUESTIONS SUBMITTED BY HON. CHUCK GRASSLEY

Question. At the hearing, you testified that Merck does not withhold samples from generic manufacturers in order to block generic versions of your drug from entering the market. You also expressed your support for the "Creating and Restoring Equal Access to Equivalent Samples Act," also known as the CREATES Act.

However, the FDA has a list on its website which identifies reference listed drug (RLD) access inquiries where brand manufacturers may have prevented generic companies from obtaining samples of products necessary to support FDA approval. Cubist Pharmaceuticals is on this FDA list. According to news reports, Merck bought this company in 2014. If this is accurate, this would appear to contradict your testimony at the hearing that Merck has not withheld samples of their products to delay generic competition.

Could you please explain in detail the discrepancy between your testimony and the FDA list?

Has Merck ever blocked access to samples?

Answer. Merck does not block generic companies from accessing samples. Your inquiry references FDA's website for reference listed drugs, or RLDs, which lists inquiries the agency has received from potential generic companies for samples of RLDs. Importantly, FDA's website also provides the following statement in describing the various inquiries related to the RLDs listed: "We note that FDA has not

independently investigated or confirmed the access limitations described in the inquiries received.”

As FDA’s website details, ENTEREG® (alvimopan) has a restricted distribution requirement mandated by its FDA-approved Risk Evaluation and Mitigation Strategy (REMS). ENTEREG is the only Merck product subject to an FDA-approved REMS. Under this program, ENTEREG is available only to hospitals that perform surgeries that include a bowel resection and dispensed by pharmacies that are enrolled in the E.A.S.E. ENTEREG REMS Program. This program is designed to ensure that ENTEREG is used in accordance with the FDA-approved label.

Merck acquired ENTEREG from Cubist Pharmaceuticals in 2015. Since acquiring ENTEREG, whenever Merck has received a request from a generics company to supply ENTEREG, we have directed them to the draft FDA Guidance which outlines how the generics company can obtain a letter from FDA stating that their study protocols contain the appropriate safety protections for products subject to this type of REMS. If provided with a copy of such a letter from FDA, Merck is happy to work with generics companies on supply arrangements. To date, we have not received any such letters. FDA’s website also details that the agency has not issued any Safety Determination Letters for samples of ENTEREG.

Question. The Department of Health and Human Services’ proposed rule, “Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor Protection for Certain Point-of-Sale Reductions in Price on Prescription Pharmaceuticals and Certain Pharmacy Benefit Manager Service Fees,” envisions that drug manufacturers will offer up-front discounts rather than the back-end rebates that are now commonly provided. Some observers argue that a 1996 court case called into question whether manufacturers could offer up-front discounts, resulting in today’s rebate-based system. I’ve heard differing opinions as to whether the issues related to the initial court case are still relevant. If the HHS proposed rule is finalized, can you assure the committee that your company will offer up-front discounts? If not, why?

Answer. Merck is aware that some in the industry have asked whether the anti-trust laws as interpreted in the *In re Brand Name Prescription Drugs Antitrust Litigation* would limit the ability of manufacturers to offer point-of-sale discounts (as opposed to rebates). But, the U.S. antitrust laws, including the Robinson-Patman Act, apply to price discrimination in any context (including rebates), and nothing about *In re Brand Name Prescription Drugs Antitrust Litigation* changes this fact. As a result, Merck commits that, if the OIG’s Proposed Rule is finalized, we will modify our contracts to comply with the new safe harbors and will provide discounts in a manner consistent with the new regulations.

Question. Please describe how you expect your company to respond to the HHS proposed rule to eliminate safe harbor protection for back-end rebates in Medicare Part D that is referenced above if it is finalized. Assuming you are confident that antitrust laws do not prevent your company from offering up-front discounts, specifically, do you envision that your company lowers the list price of a drug to the current after-rebate net price, offer discounts equal to the current rebate amount, or a combination of both?

Answer. We expect that the robust negotiations that occur today will continue in the highly competitive Part D market, and we expect to realize the same level of net price that we do today. In fact, we expect that there could be additional pricing pressure under the new system, which could lead to lower net prices.

Over time, we expect that our list prices will go down if the misaligned incentives across the system are addressed. We are currently working with other stakeholders in the system to solve the operational challenges that will enable these changes.

But, it is also important to note that if the rule is implemented, Medicare beneficiaries’ out-of-pocket costs will be reduced, independent of any lowering of list prices, since their cost-sharing will be based on the net price. Nonetheless, we believe the rebate rule will align incentives in a way that will restrain list prices.

If this rule is implemented as written, it would only apply to our contracts with PBMs and health plans for Medicare Part D and Managed Medicaid. If PBMs and health plans maintain the rebate model in the commercial market, we would still have commercial contracts based on rebates, which would be subject to the existing constraints to lowering list price. We also would still need a mechanism to revalue drug in the distribution channel in a financially viable manner.

Question. To what extent are the back-end rebates your company currently offers contingent on the amount of market share realized for your drugs as a result of Part D plan formulary placement and other techniques?

Answer. Our contracts typically provide rebates to Part D plans in exchange for a specified formulary status. We are aware of only one current agreement that makes a Part D rebate contingent on reaching a certain market share.

Question. Please provide a breakdown of percentage of sales that go to each payer (including Medicare, Medicaid, private pay, other) and a similar percentage by volume of the total number of each drug compared to total volume. Please provide this data for the most recent year available.

Answer. The table below provides a proxy for volume by reporting percentages based on gross sales from 2018, given that there is no standard unit of volume measure that can be applied across our diverse product line (e.g., tablet products, injectable products, vaccines).

Segment	Gross/Volume
CML+Specialty Pharm	28%
Hospital / GPO / 340B	23%
Medicare Part D	19%
Medicare Part B	12%
Medicaid	12%
Federal	6%

Notes: CML refers to private commercial payers; Medicare Part B also encompasses Part B products sold through Medicare Advantage Plans; Medicaid includes fee for service and managed Medicaid; Federal includes the VA, DoD, Coast Guard, Public Health Service and other similar purchasers.

Question. Do your companies hire consultants or lobbyists to promote products at State Medicaid Pharmacy and Therapeutics Committees?

Answer. No. While Merck does contract with lobbyists who may interact with individuals associated with State Medicaid programs, they do not promote products at State Pharmacy and Therapeutics Committees.

Question. To whom do you disclose advocacy activities surrounding State Medicaid programs, if at all?

Answer. Merck requires employees to adhere to State ethics law requirements for disclosing advocacy activity. Additionally, employees who attend Medicaid program meetings must comply with State public meeting law requirements pertaining to their attendance and participation.

Question. Please describe how the costs of patient assistance programs are accounted for within your company's financial statements. Please also describe the types of market information, such as prescribing and use patterns, that your company collects from different types of patient assistance programs and patient hub services.

Answer. For purposes of this question, we are interpreting "patient assistance programs" to include the Merck Patient Assistance Program (Merck PAP), which provides free product to qualifying patients, Merck donations to independent patient assistance foundations, and Merck's patient coupon programs which help eligible privately insured patients afford their prescribed medications. Merck also makes available patient hub support programs to assist patients with accessing their prescribed medications.

With respect to the company's financial statements, for Merck PAP and Merck's donations to independent patient assistance foundations, the costs are recorded to the "Selling, general and administrative" category on our Consolidated Statement of Income. The co-pay assistance made available to patients through Merck's coupon programs is treated as a reduction to Merck's gross sales for the applicable products and is included in the "Sales" line of our Consolidated Statement of Income. The expenses associated with administering Merck's coupon programs are recorded in

the “Selling, general and administrative” category on our Consolidated Statement of Income. Similarly, the expenses associated with administering Merck’s patient hub support programs are recorded in the “Selling, general and administrative” category of our Consolidated Statement of Income.

Merck receives different types of market information in connection with the different programs identified above. For market information associated with the Merck PAP, the Merck PAP reviews data, such as patient insurance status and household income, to determine an individual’s eligibility for PAP program enrollment. Merck PAP also tracks the number of prescriptions associated with the PAP for budgeting and planning purposes, but Merck PAP does not collect information associated with the courses of therapy for individual patients. With respect to Merck’s donations to independent patient assistance foundations Merck does not receive any market information. Merck receives only a final report that confirms donations were received and spent in their totality for their intended purpose.

With respect to Merck’s patient coupon programs, Merck may receive certain market information to assist it with evaluating whether its coupons programs are functioning consistent with their intended purpose and whether the vendor is meeting its contractual obligations. The information also may be used to assist Merck with budgeting and planning. For example, Merck may receive information about: the product filled; the product dispensing date and site; the prescriber; the number of patients enrolled in the coupon program; the number of coupons redeemed; the patient out-of-pocket costs associated with the use of a Merck coupon; and the benefit amount Merck pays on behalf of privately-insured patients using a coupon.

With respect to Merck’s patient hub support programs, Merck may receive certain market information to assist it with evaluating whether its hub support programs are functioning consistent with their intended purpose and whether the vendor is meeting its contractual obligations. The information also may be used to assist Merck with budgeting and planning. For example, Merck may receive aggregate information about: call type, frequency, and vendor response times; the number of patients enrolled in the program; patient enrollment demographic and diagnosis information; patient benefit investigations; insurance coverage information for the applicable product; and pharmacy product fulfillment information.

Merck’s third-party contractors may receive additional, patient-specific information that is not shared directly with Merck.

Question. Please provide a list of all contributions since January 1, 2014, that your company has made to any tax-exempt organizations working on issues related to drugs within your product lines, including but not limited to patient groups, disease awareness groups, medical or professional societies, universities or hospitals, industry associations or leagues. For each contribution, please provide the name of the organization that received the donation, the date the donation was made, the amount of the donation, and a description of the purpose of the contribution (*i.e.*, was the contribution for the general fund, a specific purpose to a specific program, or continuing medical education). Please also note whether the contribution was unrestricted or restricted; if it was restricted, please explain all restrictions. Finally, if your company maintains a foundation or other separate charitable arm, please provide the name of all such entities, and list all donations made from that entity or entities.

Answer. The information concerning our Philanthropic grants and charitable contributions, including contributions made through the Office of Corporate Responsibility, our company’s Foundation, U.S. Global Human Health, and the MSD for Mothers Program can be found here: <https://www.msdrresponsibility.com/ethics-transparency/transparency-disclosures/>. Please note the website does not include grants or contributions from Merck’s Research Laboratories or Merck’s Manufacturing Division.

In addition, the information concerning our grants of more than \$500 provided by the company’s Global Human Health division to U.S. organizations in support of independent, accredited educational programs for health-care professionals, as well as grants to patient organizations and other medical education or scientific societies and organizations in the United States, Europe, the Middle East, Africa and Canada can also be found at the website referenced above.

Question. Pay for delay agreements cost consumers and taxpayers billions in higher drug costs every year. The FTC has gone after drug companies that enter into these settlements where the brand pays the generic company to keep its lower cost alternative off the market. I’m the lead Republican sponsor of S. 64, the Preserve

Access to Affordable Generics and Biosimilars Act, which would help put an end to these deals.

Do you agree that these pay-off agreements keep drug costs high for patients because they delay competition?

Answer. Patent settlement agreements challenged by the FTC as anti-competitive, in which brands pay generic companies to stay out of the market when it would otherwise be lawful for them to enter the market, could delay patient access to lower cost alternatives. In contrast, patent settlement agreements in which the brand, while not conceding the invalidity or non-infringement of the patents, but in the face of the uncertainties and costs associated with protracted litigation, settles cases in a manner that allows a generic to enter the market *prior* to expiry of the brand's patents could actually accelerate patient access to lower cost alternatives. Still, brands do not enter into such agreements lightly because they believe in the rights of patent holders to vigorously enforce their intellectual property rights in court. At the end of the day, these settlements do not delay entry or cause the loss of any lawful competition because entry prior to the expiry of these patents would be unlawful infringement unless and until the generic manufacturers prevailed in court.

Question. Has your company ever entered into these kinds of settlements with a generic company?

Answer. Merck has not entered into patent settlement agreements with generic companies to delay their entry past when it would otherwise be lawful for them to enter the market. Merck has been party to a number of patent settlement agreements that provide for generic market entry prior to patent expiry, including some that have provided some level of exclusivity for a limited time. These agreements allowed generic products to enter the market earlier than would have otherwise been the case. The FTC has not challenged as anti-competitive any of these types of agreements involving Merck.

Question. Do you support the pay for delay bill?

Answer. Merck does not support S. 64 in its present form. Merck believes that the development of the law through the judicial process is the most effective way to address the balance between antitrust law and patent law raised by settlement agreements. S. 64 upsets the careful balance embodied in a rule-of-reason analysis by creating a presumption that "anything of value" or an "exclusive license" are anticompetitive, thus denying an antitrust defendant the ability to present and rely on countervailing evidence of pro-competitive effects, such as the impact on competition by the entry of the generic product before the expiration of the patent or statutory exclusivity term. As noted by the Supreme Court in *FTC v. Actavis*:

Given these factors, it would be incongruous to determine antitrust legality by measuring the settlement's anticompetitive effects solely against patent law policy, rather than by measuring them against procompetitive antitrust policies as well.¹

S. 64 also seeks to insulate the FTC's fact finding from judicial review. Finally, the retroactive application of the provisions of the bill to June 2013 is unworkable. While there had been a split between the Circuit Courts over the proper analysis of reverse payment settlements, the Supreme Court's opinion in *Actavis* in 2013 settled that split by holding that patent settlements including those with reverse payments were subject to a rule-of-reason analysis. That decision did not provide hard and fast rules for the balance between antitrust and patent principles. To impose a process that alters that balance, and to do so retroactively, is imprudent and unfair.

REBATE TRAPS/WALLS

Question. I'm increasingly concerned about the effect of so-called "rebate traps" or "rebate walls" on patients' access to quality, lower cost medicine. I understand there is ongoing litigation challenging these practices as anti-competitive.

Does your company engage in the bundling of rebates over multiple products? If so, why? And what benefit does the consumer gain from that?

Answer. Merck understands this question to refer to certain concerns about contracting practices applied to contracts between manufacturers and PBMs or health plans. Merck offers rebates to payers on bundles of products within certain product

¹*FTC v. Actavis*, 570 U.S. 136, 148 (2013).

families (e.g., JANUVIA and JANUMET, ASMANEX TWISTHALER and ASMANEX HFA). These bundled discounts benefit patients by ensuring that multiple therapies are maintained on a PBM or health plan formulary, thus ensuring wider patient access to our medicines at lower costs to the payer. Merck also offers discounts with respect to multiple bundled products outside of the PBM and health plan contracts, such as in the vaccine and hospital markets.

Question. Does your company view these practices as anticompetitive or harmful to patients' access to quality, lower cost medicine?

Answer. No. Merck believes the rebates it offers to payers on pharmaceutical products are procompetitive. Merck does not believe that its rebating practices are harmful to patients.

Question. If a policy were adopted to eliminate rebates, or to require that rebate savings be passed on to the consumer, would that in and of itself solve the issue of rebate "traps" and "walls"? And would consumers benefit from such a policy?

Answer. Merck is very supportive of current efforts to change the system. We believe these efforts will remove misaligned incentives within the system, drive more transparency in the system and, most importantly, benefit patients by lowering out-of-pocket costs. It is difficult to predict whether these changes will solve all of the issues seen today, but Merck is committed to working toward additional solutions if issues remain after these changes are implemented.

DRUG PRICING

Question. When setting the list price of a drug, does your company consider regulatory costs or compliance? If so, how specifically do those factors affect the list price of a drug? Please provide at least one specific example, if applicable, from your current product portfolio.

When setting the list price of a drug, does your company consider the risk of liability or litigation? If so, how specifically do those factors affect the list price of a drug? Please provide at least one specific example, if applicable, from your current product portfolio.

Answer. In setting the list price for a drug, we do not specifically consider the regulatory costs or compliance or the risk of liability or litigation.

Merck approaches pricing from the perspective of value. This approach looks at the value that a medicine provides through multiple lenses with the goal of reflecting its benefit to patients and to society, while at the same time paying an appropriate return on invested capital to our investors, to ensure that we are able to sustain R&D. While each individual situation varies based on factual circumstances and market dynamics, generally, we consider:

- *Value provided to patients*—to what extent does a new medicine or vaccine establish a new standard of care that has the potential to significantly extend and improve patient lives?
- *Value provided to health-care systems*—to what extent does a new medicine or vaccine reduce the costs associated with hospitalization and other costly complications of disease if not appropriately (or optimally) treated?
- *Unmet need*—does a new medicine or vaccine address a critically unmet medical need, where few or no treatments exist?
- *Access*—what is the ability of various customers around the world—including national, regional or local institutional payers, physicians, employers and patients—to pay for our products?
- *R&D sustainability*—given the long-term risk and cost of capital, can we appropriately compensate our investors to ensure continued investment in the kind of risky and capital-intensive research and development that will bring forward medically important breakthroughs?
- *Competition*—what are the costs of other treatments currently on the market relative to the value provided by Merck's products?

QUESTIONS SUBMITTED BY HON. PAT ROBERTS

Question. What role do you see value-based arrangements (VBAs) playing in the effort to reduce prescription drug costs? What potential do these arrangements have

to find the “sweet spot” between controlling costs to patients and encouraging innovation of new drugs?

How can VBAs help lower what patients pay out-of-pocket?

Can Congress do more to allow for and encourage the use of VBAs?

Answer. For more than 10 years, Merck has worked with payers and health-care providers to advance alternative pricing and contracting arrangements, and Merck has publicly shared information about value-based agreements (VBAs) it entered into with the payers Aetna and Cigna. We are continuously reviewing ways in which the company may enter into VBAs for our products, which we define as a contractual framework aimed at achieving a mutually agreed upon value objective that drives greater value from health care spending. Merck is interested, where business and customer objectives align, to implement VBAs across the health care market, including Medicare Part D, Managed Medicaid, and Fee-For-Service Medicaid.

By aligning payments for medicines more directly with their value in improving meaningful health outcomes and/or reducing the need for other health-care services (such as hospitalizations), VBAs make pharmaceutical manufacturers accountable for the results their products achieve in a concrete way and can help improve patients’ health and maximize the benefits of health-care spending. A recent Avalere survey of payers found that 44 percent of payers engaged in outcomes-based contracts experienced improvements in patient outcomes.²

VBAs also can increase patient access to new therapies which could ultimately improve patient outcomes. A payer that might otherwise decline to cover a new medicine (or that would only cover the medicine with significant utilization management restrictions or high cost sharing) due to uncertainties about the expected percentage of its patient population who would benefit might increase access to the medicine if the manufacturer shared the risks of the medicine’s performance. These agreements may make medicines more accessible to patients who will benefit from them and increase competition in relevant therapeutic classes.³ Researchers have found that value-based arrangements can improve patient access to medicines.⁴

While Merck has had some experience with VBAs, these efforts have not been as robust as they could be due to the challenges involved in developing and implementing them. In addition to infrastructure and data limitations, challenges include regulatory limitations such as government pricing frameworks (*e.g.*, Medicaid Best Price (BP) rules, Medicare’s Average Sales Price (ASP)) and Federal fraud and abuse laws.

Accordingly, we support opportunities that would enable greater experimentation in the design, structure, and implementation of VBAs. Further innovation in this space is needed to support overall sponsor and plan learning, and to determine the range of potential benefits to diverse health systems and beneficiaries. To fully achieve these goals, however, the impacts of the current regulatory framework, including government pricing requirements, the Federal Anti-Kickback Statute (AKS), and overall environmental barriers, must be analyzed and addressed as appropriate. Policy solutions such as the Patient Affordability Value and Efficiency Act (PAVE), introduced by Senators Warner and Cassidy, could provide necessary regulatory flexibility for properly structured VBAs.

QUESTIONS SUBMITTED BY HON. MICHAEL B. ENZI

Question. More than 10 years ago, I worked on a bipartisan basis with my good friends Ted Kennedy and Orrin Hatch to develop a biosimilars approval pathway. One of the difficult things was accounting for the differences between biosimilars and generics. I have said before that if a drug was a three-bedroom, two-bath home, a biologic would be a skyscraper. The size and complexity of the items are just that

²Avalere Health. “Outcomes-Based Contracts: Payer Perspectives.” *Avalere Policy* 360. July 19, 2018.

³Staley, L. “A Drug’s Worth: Why Federal Law Makes It Hard to Pay for Pharmaceutical Performance.” *Boston University Law Review*. 2018;98(1):303–334. (“Tying reimbursement to health outcomes presents new opportunities for competition with rival manufacturers. . . . [A] manufacturer that can demonstrate sustained health benefits in post-market studies may distinguish itself from competitors.”).

⁴See, for example, description of Entresto and Repatha contracts in: Seely, E., and Kesselheim, A. “Outcomes-Based Pharmaceutical Contracts: An Answer to High U.S. Drug Spending?” Commonwealth Fund. Issue Brief. September 2017.

different. I understand that it is much harder to build a skyscraper without blueprints than a house. Even though the science has come a long way since then, there aren't as many biosimilars on the market as we might have hoped. Do you think the incentives in the law appropriately account for the differences between biosimilars and generics?

Answer. In general, biosimilars competition thus far has resulted in moderation of prices, but actual utilization of the biosimilars remains modest at best. We fear that an environment where market entry of biosimilars brings value to the market, but little or none of that value accrues to the biosimilar patient or the health-care system, will not be sustainable.

Merck remains an advocate for rigorous biosimilarity standards globally, and we believe that all biosimilar product applicants should be required to demonstrate equivalence (*i.e.*, biosimilarity) in safety (including immunogenicity) and efficacy, and no differences in purity and potency profiles between the originator reference product and the biosimilar candidate. We believe the FDA has instituted such a standard with its Totality of the Evidence approach, "including structural and functional characterization, nonclinical evaluation, human PK and PD data, clinical immunogenicity data, and comparative clinical study(ies) data."⁵

We are urging Congress to pursue policies to encourage and support biosimilar uptake and utilization in order to realize these potential savings for the system and patients. These policies could include reduced cost sharing in Medicare Part B.

Question. I know there are proposals to essentially pay more for biosimilars to make them more attractive, but that is not exactly what we were intending when we wrote the law. Can you talk about adverse incentives in the market and any barriers to market penetration that we might address to help improve patient access to these lower cost products?

Answer. Merck introduced a biosimilar to the market 18 months ago at a 35-percent discount to the originator product, yet we have captured only a tiny fraction of the market. Uptake of the product was limited, we believe due to physician confusion regarding interchangeability and extrapolation, and a lack of physician, patient, and payer incentives. While we believe that the prescribing physician must always have the authority to designate exactly which biological product is dispensed to the patient, we believe there are market barriers that hamper appropriate adoption of biosimilars. Merck encountered the following market barriers that hampered uptake of RENFLEXIS®:

- We have observed cases where Medicare Advantage plans seem to be imposing utilization management controls that require providers to first use the reference biologic before providing coverage for the biosimilar. This is a significant disincentive to biosimilar uptake in that setting, and we believe is contrary to policy objectives to promote the uptake of biosimilars.
- Some providers may be hesitant to adopt biosimilar products due to overall confusion and the current lack of standardized definitions of biosimilarity (including the concepts of extrapolation and interchangeability). Currently, we lack standardized definitions of interchangeability as it relates to clinical significance, and concerns about the clinical appropriateness of switching stable patients to a biosimilar product have been contentious issues for some prescribers. Further, prescribers may be comfortable with a single switch (*i.e.*, moving a stable patient from a reference product treatment protocol to a biosimilar), but may have concerns about switching a patient multiple times, absent the interchangeability designation. We believe that regulatory clarification of these terms and concepts could help mitigate concerns for providers and support biosimilar product adoption.

We suggest the following policy changes to help encourage and support prescriber biosimilar utilization:

- Consider options to reduce or eliminate patient cost sharing in Medicare Part B for biosimilars. While some Part B beneficiaries are already able to reduce their 20 percent cost sharing via supplemental coverage, we believe eliminating cost sharing will encourage many physicians to use biosimilars for

⁵U.S. Food and Drug Administration. "Scientific Considerations in Demonstrating Biosimilarity to a Reference Product Guidance for Industry." (Apr. 2015), <https://www.fda.gov/downloads/drugs/guidances/ucm291128.pdf>.

their patients. A similar approach in Part D and in Medicaid for small-molecule generics has driven generic utilization up to 90 percent.⁶

- Create pathways for MA and Part D plans to receive bonus payments and/or enhanced star ratings for achieving metrics related to access to biosimilars. This will incentivize plans to implement policies that drive additional utilization of biosimilars.
- Consider alternative reimbursement methodologies that adjust the current Part B reimbursement formula. The current structure in Part B to reimburse at ASP + 6 percent of the reference product's ASP ensures there is no reimbursement downside to physicians for using biosimilars. But so far, the evidence does not suggest the current reimbursement rate sufficiently incentivizes providers to use biosimilar products. Congress should consider alternatives to further incentivize physician adoption of biosimilars.

QUESTIONS SUBMITTED BY HON. JOHN CORNYN

Question. We continue to hear that rebates negotiated off of the list price of a drug are both good and bad.

Pharmacy benefit managers and plans have argued that rebates are used to lower premiums across the board and that it is the best way to seek a price concession on otherwise expensive drugs.

Your industry argues that these payers are insisting on higher rebates that can only be achieved by raising list prices.

But patients often lose under this system, with out of pocket costs being tied to list price. Insulin patients appear to be routinely impacted by this perversity in the system.

Please explain to the committee how your company would reduce list prices if rebates were no longer a part of the equation?

What assurance can you provide that you would in fact lower your prices?

What actions should be taken to ensure that patients are actually seeing the benefits of lower out of pocket costs?

Answer. As we stated when we reduced the list price of several of our products in July 2018, we will continue to look for opportunities to reduce our list prices. We think the proposed rule will help create those opportunities, but it can't happen overnight. We are currently working with other stakeholders in the system to solve the operational challenges that will enable these changes.

It is important to note that if the proposed rule is implemented, Medicare beneficiaries' out-of-pocket costs will be reduced, independent of any lowering of list prices, since their cost-sharing will be based on the net price. Further actions to ensure patients actually see the benefit of lower out of pocket costs might include prohibitions on changes in benefit design by payers/PBMs that could allow payers/PBMs to defeat the intent of delivering savings to patients.

Question. If rebates are driving high list prices for drugs as drug manufacturers' claim, why do you think that Part B drugs, which have no PBM rebates, are also seeing significant price increases? Whose fault is that?

Answer. While the misaligned incentives of Part D are partly responsible for PBMs favoring high list prices, that is not the sole dynamic associated with price increases. There may be unique reasons for price increases on specific products given their individual circumstances, including competitive dynamics and the costs of clinical research and manufacturing improvements. In addition, while PBMs generally do not manage Part B benefits, this does not mean that discounts are not provided or applied on these products. Providers and commercial health plans do receive discounts, the average of which is passed along to patients through ASP-based reimbursement.

The 20-percent coinsurance paid by a patient is based on the ASP, which reflects the average discounts received by providers and payers.

⁶Department of Health and Human Services. Office of Inspector General. "Generic Drug Utilization in the Medicare Part D Program." (Nov. 2007), <https://oig.hhs.gov/oei/reports/oei-05-07-00130.pdf>.

BIOSIMILAR COMPETITION/INSULIN

Question. Biosimilars have been much anticipated as a solution to the drug pricing crisis. In particular, the FDA is moving to make insulin a biologic that would be subject to biosimilar competition in the future.

But we are hearing from all of you that the biosimilar market doesn't work and the benefit of these cheaper but equally effective alternatives are really not available to U.S. patients.

Can a biosimilar version of insulin be part of the solution for diabetes patients?

If so, what changes need to be made to the system so that patients and the taxpayer can realize the benefit of biosimilars? (Merck gave up on pursuing a biosimilar to Sanofi's Lantus⁷)

Answer. We believe there is potential for significant savings to national health-care systems if high quality biosimilars—including insulins—can be brought to the market and compete with those biologics that have exhausted their intellectual property protections.

Biosimilar products are still the subject of a great deal of confusion, particularly among providers, regarding the scientific, regulatory, and clinical basis for extrapolation and interchangeability decisions made by the FDA. Merck has urged the FDA to expand its work in educating providers and other stakeholders on these topics.

Beyond that, we believe Congress should consider policy changes to help encourage and support prescriber biosimilar utilization. In our Blueprint comments to HHS we recommended incentives targeting patients, health plans, and providers that we believe can move the needle in stimulating uptake. One idea is for Congress to consider options to reduce or eliminate patient cost sharing in Medicare Part B for biosimilars.

As to the Lantus biosimilar, after a comprehensive assessment of the current and future market environment for insulin glargine, including biosimilars, which included an assessment of anticipated pricing and cost of production, we made the business decision to terminate our agreement on the commercialization of the Lusduna pen and vial. There is already one other biosimilar glargine on the market and others on the way. So, we concluded this space was, or soon will be, adequately covered. This will allow us to allocate resources to other products in development.

 QUESTIONS SUBMITTED BY HON. TODD YOUNG

RE-EVALUATING BUSINESS STRATEGIES IN FOREIGN COUNTRIES

Question. Since taking office, President Trump has made reducing drug prices one of his highest priorities—and has repeatedly spoken about his frustration with the U.S. subsidizing the costs of pharmaceuticals for the rest of the world. He has gone so far as to issue proposals, like the International Pricing Index (IPI) Model, in an attempt to bring down prescription drug prices.

With the increased scrutiny of the industry and of the drug supply chain as a whole in the United States, have any of your companies re-evaluated your business strategy in foreign countries?

If not, then why?

If a proposal, like IPI, were implemented, would it force your companies to potentially “walk away from the negotiating table when other countries demand low prices subsidized by America's seniors,” as HHS Senior Advisor for Drug Pricing Reform John O'Brien has said?

What are some of your ideas on how we can ensure Americans aren't shouldering the full cost of pharmaceuticals?

Answer. Merck continually reevaluates its business strategies in all markets, seeking in particular to make its vaccines and medicines accessible to patients while realizing their full value in foreign markets with regulatory schemes that do not recognize the full value of these products and artificially reduce prices. Nevertheless,

⁷Arlene Weintraub. “Merck Ditches Biosimilar Lantus, But Will That Ease the Path for Mylan's Rival Insulin Product?” FiercePharma. (Oct. 12, 2018), <https://www.fiercepharma.com/pharma/merck-ditches-biosimilar-lantus-but-will-ease-path-for-mylan-s-rival-insulin-product>.

in most markets there are very limited options for adjusting prices to recognize the full value of our medicines and vaccines. One-sided and onerous pricing and reimbursement schemes most often leave little room for negotiation.

With regard to “walking away from the negotiating table,” Merck always reserves that option. However, we recognize the serious and negative implications on patient health and access, the company’s ultimate mission, and other possible repercussions that would result from denying patient access to our medicines. Moreover, foreign governments can resort to compulsory licensing, essentially seizing patent rights, where a company refuses to market a product, which also makes it difficult to withdraw from a foreign market.

Regarding ideas to ensure Americans aren’t shouldering the full cost of pharmaceuticals, we believe appropriate U.S. trade strategies are a promising avenue to dealing with unreasonable foreign government action. Positive actions in the U.S. can also reduce prices in the U.S., including removing misaligned incentives that cause PBMs to favor more expensive products and lead to higher out-of-pocket costs for U.S. patients, like the administration’s proposal regarding the rebate safe harbor. One potential proposal would be to create a special USTR negotiator specifically for drug pricing issues.

FOREIGN COUNTRIES’ PRICING AND REIMBURSEMENT

Question. President Trump and Secretary Azar have both repeatedly described their frustrations with “foreign freeloading” of U.S. drugs in the last year.

“When foreign governments extort unreasonably low prices from U.S. drug makers, Americans have to pay more to subsidize the enormous cost of research and development. . . . It’s unfair and it’s ridiculous, and it’s not going to happen any longer.”

Do you agree that because of foreign countries’ pricing and reimbursement systems, U.S. patients and innovators are shouldering the burden for financing medical advances?

How do foreign countries’ pricing and reimbursement systems affect our prescription drug costs?

Are foreign governments taking note of the concerns being raised by the Trump administration and have they responded in any way?

Has there been any noticeable change in any of our trade agreements since these concerns have been raised by the Trump administration?

Answer. We agree that foreign countries’ pricing and reimbursement systems result in their not paying enough to support the biopharmaceutical innovation from which they benefit. This causes the U.S. to shoulder more than its fair share of financing medical advances. These pricing and reimbursement systems do not necessarily, however, affect prescription drug costs in the U.S. in any direct or algorithmic fashion. Rather, Merck approaches pricing from the perspective of value. This approach looks at the value that a medicine provides through multiple lenses with the goal of reflecting its benefit to patients and to society, while at the same time paying an appropriate return on invested capital to our investors, to ensure that we are able to sustain R&D. While each individual situation varies based on factual circumstances and market dynamics, generally, we consider:

- *Value provided to patients*—to what extent does a new medicine or vaccine establish a new standard of care that has the potential to significantly extend and improve patient lives?
- *Value provided to health-care systems*—to what extent does a new medicine or vaccine reduce the costs associated with hospitalization and other costly complications of disease if not appropriately (or optimally) treated?
- *Unmet need*—does a new medicine or vaccine address a critically unmet medical need, where few or no treatments exist?
- *Access*—what is the ability of various customers around the world—including national, regional or local institutional payers, physicians, employers and patients—to pay for our products?
- *R&D sustainability*—given the long-term risk and cost of capital, can we appropriately compensate our investors to ensure continued investment in the kind of risky and capital-intensive research and development that will bring forward medically important breakthroughs?

- *Competition*—what are the costs of other treatments currently on the market relative to the value provided by Merck’s products?

Prices in other countries often reflect different value systems and criteria. It is important to note that all components of the health care system, including hospital services, physician services, physician salaries, and medical devices are considerably less expensive in foreign countries than in the U.S. That said, we agree that foreign countries’ pricing and reimbursement systems result in their not sufficiently supporting biopharmaceutical innovation. While foreign governments are generally aware of concerns raised by the Trump administration, we are not aware of any substantive response.

There has been some change in trade agreements, but more work needs to be done. U.S. free trade agreements address discriminatory approaches to pricing and reimbursement and ensure fair treatment for innovative medicines through commitments established by trade partners. Free trade agreements can help advance innovation, versus approaches proposed by the administration such as the International Pricing Index that have the potential to stifle investment in R&D by driving down prices across markets.

Here are three examples:

- A 2004 U.S. Department of Commerce study examining OECD countries found that foreign price controls restrict the ability to innovate in our sector and identified trade agreements as a key lever. We strongly encourage the Trump administration to update this report to reflect the impact of continued price controls in OECD countries.
- The pharmaceutical pricing and reimbursement provisions in the U.S.-Mexico-Canada Agreement commit governments to provide transparency and due process protections in national pharmaceutical reimbursement processes and decisions. This is a step in the right direction, but more is needed to ensure that many countries, such as Canada, appropriately recognize the value of innovative medicines.
- The Trump administration has worked to ensure adherence to commitments in pricing and reimbursement in the Korea-U.S. Free Trade Agreement, and direct advocacy by the U.S. has also made an impact in Japan to mitigate some approaches.

There is clearly more work to be done in these areas, and trade tools such as a new U.S.-Japan Free Trade Agreement, are critical.

MEDICAID CLOSED FORMULARY PROPOSALS

Question. In an attempt to bring down drug costs, various States have been exploring whether to exclude certain drugs from its Medicaid program. For example, the State of Massachusetts’ recently asked CMS for permission to create a closed formulary where the State Medicaid program would pick at least one drug per therapeutic class. CMS denied their waiver request citing violation of Federal law, but this proposal does bring up important questions on how to contain drug prices in State Medicaid programs.

If the principles of the Medicare Part D program—including the necessary patient protections—were applied to State Medicaid programs, do you think it lower drugs costs while ensuring access to patients?

Answer. There are important differences in the population covered under Medicaid and the coverage options available that need to be considered. Medicaid beneficiaries remain some of the sickest and most complex populations of patients, with sometimes inconsistent relationships with health-care providers and other complicating factors that make accessing medical care already difficult. Many Medicaid patients have complex diseases for which there are not always therapeutically equivalent drugs available, so access to the specific drug providers prescribe is crucial.

Part D is a highly competitive, successful program that has come in at nearly half the cost that was originally projected. It also has extremely high rates of beneficiary satisfaction—generally around 90 percent. While Part D offers multiple plan options and levels of benefits such that patients can shop for plans that cover their medicines at varying levels of cost-sharing, patients in Medicaid do not have access to alternative coverage options. So, if a medicine they need is not available, they do not have the ability to switch plans or otherwise obtain access to the medicine.

As a result, the use of restrictive formularies is likely to result in adverse effects on beneficiary outcomes and increased costs when applied in Medicaid. While the patient protections that exist in Part D may provide beneficiaries with an option to appeal formulary decisions, it would be complicated to navigate for Medicaid patients and their providers, who may have limited resources to take on the additional responsibility and may take time that patients with complex conditions may not have.

Medicaid is already receiving the best price based on the statutory rebate and States have flexibility to exert utilization management controls to negotiate supplemental rebates. Given this, we believe that applying the principles of Medicare Part D in Medicaid is not likely to result in lower drug costs without significantly impacting access.

MEDICAID “BEST PRICE”

Question. In the Trump administration’s Blueprint, they suggested that because drug manufacturers have to give Medicaid the “best price” on drugs, there is no incentive to offer deeper discounts to other payers—both government and commercial—than what is already offered under the Medicaid Drug Rebate Program.

Does the Medicaid “best price” requirement encourage manufacturers to increase initial prices?

What, if any, changes would you suggest we make to the program?

Answer. We can speak only to Merck’s practices, and Merck does not consider the Medicaid Best Price requirement when setting initial prices. Merck approaches pricing from the perspective of value. This approach looks at the value that a medicine provides through multiple lenses with the goal of reflecting its benefit to patients and to society, while at the same time paying an appropriate return on invested capital to our investors, to ensure that we are able to sustain R&D. While each individual situation varies based on factual circumstances and market dynamics, generally, we consider:

- *Value provided to patients*—to what extent does a new medicine or vaccine establish a new standard of care that has the potential to significantly extend and improve patient lives?
- *Value provided to health-care systems*—to what extent does a new medicine or vaccine reduce the costs associated with hospitalization and other costly complications of disease if not appropriately (or optimally) treated?
- *Unmet need*—does a new medicine or vaccine address a critically unmet medical need, where few or no treatments exist?
- *Access*—what is the ability of various customers around the world—including national, regional or local institutional payers, physicians, employers and patients—to pay for our products?
- *R&D sustainability*—given the long-term risk and cost of capital, can we appropriately compensate our investors to ensure continued investment in the kind of risky and capital-intensive research and development that will bring forward medically-important breakthroughs?
- *Competition*—what are the costs of other treatments currently on the market relative to the value provided by Merck’s products?

We recognize the value that the Medicaid program provides for patients who need it, and we do not believe the “best price” requirement encourages manufacturers to increase initial prices.

Merck believes that the exclusion of value-based arrangements (VBAs) from the calculations of Best Price, Average Manufacturer Price, and Average Sales Price would facilitate VBA implementation, which would further align prices with the value that pharmaceutical products bring to the market.

OUTCOMES-BASED CONTRACTS

Question. In almost all of your testimonies, you highlight your support of outcomes-based contracts and how we need to be shifting our system toward that approach.

How will these contracts lower drug costs for patients in both the near term and long-term?

How will they lower overall health-care costs for our Federal programs?

What have the preliminary results looked like so far?

Answer. For more than 10 years, Merck has worked with payers and health-care providers to advance alternative pricing and contracting arrangements and Merck has publicly shared information about value-based agreements (VBAs) it entered into with the payers Aetna and Cigna. We are continuously reviewing ways in which the company may enter into VBAs for our products, which we define as a contractual framework aimed at achieving a mutually agreed upon value objective that drives greater value from health-care spending. Merck is interested, where business and customer objectives align, to implement VBAs across the health-care market, including Medicare Part D, Managed Medicaid, and Fee-For-Service Medicaid.

By aligning payments for medicines more directly with their value in improving meaningful health outcomes and/or reducing the need for other health-care services (such as hospitalizations), VBAs make pharmaceutical manufacturers accountable for the results their products achieve in a concrete way and can help improve patients' health and maximize the benefits of health-care spending. A recent Avalere survey of payers found that 44 percent of payers engaged in outcomes-based contracts experienced improvements in patient outcomes.⁸

VBAs also can increase patient access to new therapies which could ultimately improve patient outcomes. A payer that might otherwise decline to cover a new medicine (or that would only cover the medicine with significant utilization management restrictions or high cost sharing) due to uncertainties about the expected percentage of its patient population who would benefit might increase access to the medicine if the manufacturer shared the risks of the medicine's performance. These agreements may make medicines more accessible to patients who will benefit from them and increase competition in relevant therapeutic classes.⁹ Researchers have found that value-based arrangements can improve patient access to medicines.¹⁰

While Merck has had some experience with VBAs, these efforts have not been as robust as they could be due to the challenges involved in developing and implementing them. In addition to infrastructure and data limitations, challenges include regulatory limitations such as government pricing frameworks (e.g., Medicaid Best Price (BP) rules, Medicare's Average Sales Price (ASP)) and Federal fraud and abuse laws.

Accordingly, we support opportunities that would enable greater experimentation in the design, structure, and implementation of VBAs. Further innovation in this space is needed to support overall sponsor and plan learning, and to determine the range of potential benefits to diverse health systems and beneficiaries. To fully achieve these goals, however, the impacts of the current regulatory framework, including government pricing requirements, the Federal Anti-Kickback Statute (AKS), and overall environmental barriers, must be analyzed and addressed as appropriate. Policy solutions such as the Patient Affordability Value and Efficiency Act (PAVE), introduced by Senators Warner and Cassidy, could provide necessary regulatory flexibility for properly structured VBAs.

TRANSPARENCY/POINT OF SALE

Question. In almost all of your testimonies, you express your support for the Trump administration's proposal to allow manufacturers to provide PBMs up-front discounts that are passed onto patients at the point-of-sale.

Do you feel like this proposal will make the transactions within the drug supply chain more transparent?

If so, would this transparency bring down drug costs—overall and for specialty drugs?

⁸Avalere Health. "Outcomes-Based Contracts: Payer Perspectives." *Avalere Policy* 360. July 19, 2018.

⁹Staley, L. "A Drug's Worth: Why Federal Law Makes it Hard to Pay for Pharmaceutical Performance." *Boston University Law Review*. 2018;98(1):303-334. ("Tying reimbursement to health outcomes presents new opportunities for competition with rival manufacturers. . . . [A] manufacturer that can demonstrate sustained health benefits in post-market studies may distinguish itself from competitors.").

¹⁰See, for example, description of Entresto and Repatha contracts in: Seely, E., and Kesselheim, A. "Outcomes-Based Pharmaceutical Contracts: An Answer to High U.S. Drug Spending?" Commonwealth Fund. Issue Brief. September 2017.

Answer. We believe we must change the system to ensure that patients receive the benefit of the significant rebates and discounts that manufacturers like Merck pay to PBMs and plans. The proposed rule is a positive step in that direction. Based on our initial assessment of the proposal, we believe that it will remove misaligned incentives within the system, drive more transparency in the system, and most importantly, lower beneficiaries' out-of-pocket costs.

THE RELATIONSHIP BETWEEN WHOLESALERS AND MANUFACTURERS

Question. When talking about the pharmaceutical supply chain, a lot of focus has been placed on the Pharmacy Benefit Manager. But there's another side of the equation that I'd like to ask about.

How do wholesalers negotiate pricing with manufacturers?

What impact does this have on drug costs?

What incentives or disincentives do they have to contain price increases?

Answer. There are many entities supporting the distribution and dispensing of pharmaceutical products. Wholesalers purchase pharmaceutical products directly from manufacturers and subsequently sell those products to sites of care for dispensing. Downstream customers of the wholesalers include retail and specialty pharmacies, hospitals, clinics, and others. Those entities that purchase from the wholesalers ultimately dispense or administer the drug to patients.

Many manufacturers typically offer a "prompt pay" discount to wholesalers in exchange for timely payment of invoices (2 percent for payment within 30 or 35 days is fairly standard in the industry).

Manufacturers also contract with wholesalers for services that support the appropriate storage and distribution of product to appropriate customers within the supply chain. These "Distribution Service Agreements" provide wholesalers with an opportunity to earn fees based on performance against pre-defined metrics that are part of a set of standard services. These services include managing inventory levels, achieving defined service levels, consolidating receipt of inventory to a central location, and administering contract pricing and chargebacks. Although these distribution service fees manufacturers pay to wholesalers are commonly administered as a percent of the list price, they are negotiated at arm's length and are based on fair market value for the services rendered.

The terms of wholesaler agreements with their downstream customers vary; however, in general, the prices they offer to their customers are set relative to a product's list prices. In general, fees paid to wholesalers by manufacturers are modest and wholesaler economics (including both buy and sell side) are not likely to influence the setting of a product's list price.

QUESTIONS SUBMITTED BY HON. RON WYDEN

PROPOSED REBATE RULE

Question. As has been done in many other settings, drug manufacturers said during the hearing that one reason list prices for drugs are high is that pharmaceutical benefit managers (PBMs) demand larger and larger rebates in order for the drug to receive favorable placement on a formulary. You and your colleagues who testified during the hearing stated if the administration's proposal on changes to the anti-kickback safe harbor for pharmaceutical rebates took effect, your company would likely lower list price.

Like many Oregonians, I am skeptical drug manufacturers would voluntarily lower their prices. Therefore, would you support legislation that would (1) make similar changes the administration has put forward related to Part D and Medicaid managed care, (2) change the rebate system in a similar way to the proposal for the commercial market, and (3) require drug makers to lower the list price of their drugs equal to the amount of rebates provided today?

Answer. We believe we must change the system to ensure that patients receive the benefit of the significant rebates and discounts that manufacturers like Merck pay to PBMs and plans. The proposed rule is a positive step in that direction. Based on our initial assessment of the proposed rule, we believe that it will remove misaligned incentives within the system, drive more transparency in the system, and most importantly, lower beneficiaries' out-of-pocket costs. Merck supports the ear-

liest possible implementation of the proposed rule that can be achieved without creating disruption for the beneficiaries who rely on Medicare for their drug coverage. We are committed to working with the PBMs and health plans and other intermediaries to make this happen.

We do not support legislation to require manufacturers to lower their list price equal to the amount of rebates today. First, different purchasers receive different levels of discounts, based on individualized negotiations and the formulary positioning of Merck's products. So, there is not a uniform "rebate amount" that could reduce the list price. Moreover, we expect that the robust negotiations that occur today will continue in the highly competitive Part D market, and we expect to realize the same level of net price that we do today. In fact, we expect that there could be additional pricing pressure under the new system, which could lead to lower net prices.

Over time, we expect that our list prices will go down if the misaligned incentives across the system are addressed. We are currently working with other stakeholders in the system to solve the operational challenges that will enable these changes.

But, it is also important to note that if the rule is implemented, Medicare beneficiaries' out-of-pocket costs will be reduced, independent of any lowering of list prices, since their cost-sharing will be based on the net price. Nonetheless, we believe the rebate rule will align incentives in a way that will restrain list prices.

As we stated when we reduced the list price of several of our products in July 2018, we have continued to look for opportunities to reduce our list prices. We think the proposed rule would help create those opportunities, but it can't happen overnight. All the players in the ecosystem will need to adjust to the new model. We are actively working to support the move to a contracting model in Part D that would change the incentives to support lower list prices.

Lowering list prices is not an easy thing to do in our health-care system:

- One of the key challenges to lowering list prices is the contractual arrangements that companies have with PBMs and health plans, which are intended to ensure access to our products. These contracts are often multi-year and are most often written to provide a discount off of the list price, which is paid as a rebate later.
- To reduce the list price without significant financial consequences, all of these contracts would need to be modified to maintain the same net price. Unless the entire system changes, one manufacturer runs the risk of being disadvantaged and losing formulary status or being required to pay the same percentage discount on a lower list, which could be unsustainable.
- In addition, drugs flow through a complex supply chain, from the manufacturer, to the wholesaler, to a pharmacy or hospital who dispenses the drug to patients. For any product but even more so for a high volume primary care product that is flowing through to all pharmacies and hospitals, there is not a mechanism in place to readjust the value of the inventory being held by all those parties.

If the proposed rule is implemented as written, it would only apply to our contracts with PBMs and health plans for Medicare Part D and Managed Medicaid. If PBMs and health plans maintain the rebate model in the commercial market, we would still have commercial contracts based on rebates, which would be subject to the existing constraints to lowering list price. We also would still need a mechanism to revalue drug in the distribution channel in a financially viable manner.

MEDICAID DRUG REBATE PROGRAM

Question. The Medicaid Drug Rebate Program (MDRP) requires manufacturers to provide a basic rebate and an additional inflationary rebate for both brand and generic drugs. The inflationary rebate is an increasingly substantial part of total rebates due in large part to large increases in drug prices that exceed inflation. Under current law, this inflationary rebate is capped at 100 percent of Average Manufacturer Price (AMP). This is the case even when manufacturers continue to raise their prices well above inflation.

Please provide a list of all of your pharmaceutical products that have reached the Medicaid AMP rebate cap in any of the 20 quarters from January 1, 2014 through December 31, 2018.

For each drug listed in response to question 1, please also provide a list of which quarters and years each drug hit the cap.

Answer. Merck conforms to all statutory, regulatory, and sub-regulatory guidance regarding its participation in the Medicaid Drug Rebate Program, including the payment of Medicaid rebates. The information requested by this question, however, is confidential, proprietary, and commercially and competitively sensitive. Merck would be happy to explore other means to share this information with the committee in a confidential fashion.

MEDICAID DRUG REBATE PROGRAM COMPLIANCE

Question. I am concerned about recent reports and legal settlements surrounding drug manufacturers' failure to comply fully with the requirements of the MDRP. For example, an analysis by the U.S. Department of Health and Human Services Office of Inspector General found that between 2012 and 2016 taxpayers may have overpaid by as much as \$1.3 billion for 10 potentially misclassified drugs. That is why I introduced the Right Rebate Act with Chairman Grassley to prevent drug manufacturers from manipulating Medicaid to increase their profits. However, I continued to be concerned about oversight and manufacturer compliance with the requirements of the Medicaid Drug Rebate Program. Accordingly, please describe the following:

Your company's current compliance plan and procedures used to ensure compliance with the requirements of the Medicaid Drug Rebate Program including internal audits or other checks you use to identify compliance vulnerabilities.

Answer. Merck's government price reporting team—in consultation with in-house attorneys, outside counsel, and third-party vendors as appropriate—maintains comprehensive and detailed government price reporting policies, procedures, and reasonable assumptions for compliance with all price reporting programs, including the Medicaid Drug Rebate Program (MDRP). Merck's policies are evaluated and updated, as needed, on an annual basis by the government price report team, in-house attorneys, and outside counsel to ensure that they are consistent with current regulations and applicable guidance from the Centers for Medicare and Medicaid Services (CMS). Additionally, Merck's reasonable assumptions are evaluated and updated, as needed, on a monthly basis for Average Manufacturer Price and on a quarterly basis for Best Price by the government price reporting team, in-house attorneys, and outside counsel. Merck has a long history of transparency and communication with CMS regarding its MDRP compliance and reasonable assumptions, and company compliance personnel regularly oversee Merck's price reporting operations. Merck evaluates any new guidance issued by CMS to ensure that its price reporting calculations and processes are in compliance with the law.

Question. Any past or ongoing issues of non-compliance.

Answer. Merck maintains comprehensive and detailed reasonable assumptions for its MDRP participation. In situations in which Merck is uncertain about a calculation approach that is not clearly addressed in CMS rules or guidance, the company documents its approach in assumptions and/or discloses its intended approach to CMS. Additionally, given the complexity of the calculations, Merck may identify calculation mistakes or other issues that require correction. This may happen, for example, to the extent that Merck believes that any new CMS rules or guidance call into question a reasonable assumption that the company has previously maintained. In such cases, if Merck has any concern about its program compliance, it promptly communicates with CMS to seek the agency's guidance and potentially restate its prior MDRP reports.

Question. Any corrective actions taken to address identified problems or issues of non-compliance with the MDRP and how such steps were communicated to the Centers for Medicare and Medicaid Services.

Answer. As noted above, to the extent that Merck believes that any of its existing calculation or compliance processes for MDRP participation are not in keeping with current CMS rules or guidance, the Company would promptly engage with the agency to identify any necessary remedial steps and the appropriate way forward, including filing pricing restatements.

Question. Any steps taken to improve compliance and ensure that all Medicaid drug rebates owed to the Federal Government and the States are paid in full.

Answer. As noted above, Merck takes its government price reporting obligations very seriously, and the Company maintains robust, ongoing legal and compliance

oversight of its price reporting team and its operations. As discussed above, we routinely review our policies, procedures, and reasonable assumptions to ensure compliance with current law. Merck also has an annual training requirement for government price reporting compliance. If Merck were to identify any potential noncompliance issue associated with the underpayment of rebates to the State Medicaid Programs, Merck immediately would identify this issue to CMS and would work with the agency to ensure the implementation of any appropriate remedy (including restating pricing metrics and reconciling rebate amounts with the States).

BONUS PAYMENTS TIED TO SPECIFIC DRUGS

Question. I am concerned by the potential for employee financial incentives to encourage high launch prices and price increases for prescription drugs.

Is your salary, bonus, or other compensation tied to sales or revenue targets of a single product your company sells? Has it ever been? If yes, please state the product or products to which your salary, bonus, or other compensation was tied.

Answer. My salary, bonus, or other compensation is not tied to sales or revenue targets of a single product that Merck sells. In 2011, a very small percentage of my annual bonus was tied to the net sales of 3 new products (DULERA, SIMPONI, and VICTRELIS).

Question. Is your salary, bonus, or other compensation tied to either revenue or net income of the company as a whole? Has it ever been? If yes, please explain what assumptions about price increases are used when the compensation committee sets revenue or net income goals. Does the compensation committee provide any guidance to executives in regards to the amount of revenue that the company will generate from price increases versus volume growth?

Answer. Yes, a portion of my annual bonus is tied to revenue and pretax income (*i.e.*, a variation of net income) of the company as a whole, with each contributing 40 percent (for a total of 80 percent) to the aggregate incentive target, and research and development productivity constituting the other 20 percent of the target. The final bonus that I receive is then calculated based on the company's actual performance for those three metrics.

The Compensation and Benefits Committee of the Board sets annual targets for revenue and pretax income based upon the company's annual plan, as approved by the full Board of Directors.

The company's annual plan includes U.S. pricing assumptions informed by several variables, including volume, price, and discount rates, which for 2019 are fully consistent with our July 19, 2018 commitment to not increase net price across our product portfolio in the U.S. by more than inflation annually.

Neither the board of directors as a whole, nor the Compensation and Benefits Committee specifically, provides guidance to executives with regard to the amount of revenue that the company will generate from price increases versus volume growth.

NET PRICES

Question. In your testimony, you stated, "last year we pledged that we will not increase our average net prices for our portfolio by more than the rate of inflation annually," and that "From 2010 to 2017, Merck's average net price increase across our portfolio each year has been in the low to mid-single digits. In fact, our average net price declined in 2017 by almost 2 percent. In 2017, the average discount for our medicines and vaccines was more than 45 percent lower than the list price." Please describe how the company's year-over-year aggregate net price is calculated. Please also specifically address the following questions:

Answer. Net Price Change represents the year-over-year change in average net price, which is Wholesale Acquisition Cost (WAC) less rebates, discounts, and returns. The annual percent change versus prior year was calculated at a product level and weighted across the company's U.S. Product Portfolio. U.S. Product Portfolio includes human health pharmaceutical and vaccine products marketed by the company, excluding partnered products. The product sales utilized in the analysis represent 97 percent of the total U.S. Product Portfolio in 2010, increasing each year to approach 99.8 percent of coverage in 2017.

Question. How many products are included in the calculation of the average net price change? What was the median net price change?

Answer. In 2017, 78 products were included. The median net price change was 0 percent.

Question. Is net price weighted? If so, how? For example, in determining the aggregate net price does the company assign different weights to different products based on volume or other factors? Are “on patent” and “off patent” drugs weighted identically? Are other statistical weights used or are all products treated equally?

Answer. The Net Price Change percent for each product is weighted by its Net Sales relative to the Total Net Sales of the Product Portfolio for the current year. On and off patent drugs are calculated in the same fashion, and no other “statistical weighting” is applied.

Question. Does the figure that you provided during your testimony account for U.S. prices, international prices, or both? Generally speaking, when your company reports net price changes, does it differentiate between U.S. and international prices?

Answer. Only U.S. prices are used in the report.

Question. Please list the five drugs your company sold in the U.S. that had the greatest year-over-year net price increase in 2018, noting the increase for each drug by dollar figure and percentage. Please list the five drugs your company sold in the U.S. that had the lowest year-over-year net price increase (and/or the greatest decrease) in 2018, noting the increase (or decrease) for each drug by dollar figure and percentage.

Answer. The product-specific information requested is competitively sensitive and Merck therefore cannot produce it in a public setting in which it could be accessed by competitors. However, Merck does report similar information in an aggregated format in its annual price transparency report, which we proactively make available on our corporate responsibility website:

https://s3.amazonaws.com/msd18-assets/wp-content/uploads/2019/02/28155345/2018-US-PRICING-TRANSPARENCY-REPORT_02.2019.pdf

The report sets forth the average annual list price changes across the Merck portfolio as well as other price related information concerning Merck medicines and vaccines. The report shows that in 2018 the average annual list price across the Merck portfolio increased by 5.5 percent—the lowest increase since 2010—as compared with a 6.6 percent increase in 2017. In 2018, the Company’s gross U.S. sales were reduced by 44.3% as a result of rebates, discounts and returns. The below chart reflects additional information about the price changes for Merck products.

U.S. Product Portfolio Percent Change vs. Prior Year

	2010	2011	2012	2013	2014	2015	2016	2017	2018
List Price Change (WAC)	7.4	9.5	9.2	9.6	10.5	9.8	9.6	6.6	5.5
Net Price	3.4	5.1	6.2	5.5	3.7	5.5	5.5	(1.9)	2.99

U.S. Product Portfolio

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Average Discount (%)	27.3	28.9	29.9	32.1	37.0	38.2	40.9	45.1	44.3

Question. For 2018, what was the average net price change in the U.S. market for (1) drugs with no competition, (2) drugs with *only* branded competition, and (3) drugs with generic competition?

Answer. The product-specific information requested is competitively sensitive and Merck therefore cannot produce it in a public setting in which it could be accessed by competitors. However, Merck does report similar information in an aggregated format in its annual price transparency report, which we proactively make available on our corporate responsibility website:

https://s3.amazonaws.com/msd18-assets/wp-content/uploads/2019/02/28155345/2018-US-PRICING-TRANSPARENCY-REPORT_02.2019.pdf

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with a 6.6-percent increase in 2017. In 2018, the company's gross U.S. sales were reduced by 44.3% as a result of rebates, discounts and returns. The below chart reflects additional information about the price changes for Merck products.

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Net Price	3.4	5.1	6.2	5.5	3.7	5.5	5.5	(1.9)	2.99

U.S. Product Portfolio

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Average Discount (%)	27.3	28.9	29.9	32.1	37.0	38.2	40.9	45.1	44.3

Question. In Merck's most recent pricing transparency report, the company notes that the "the average annual net price across our portfolio declined by 1.9 percent, reflecting specific in-year dynamics, including the impact of loss of patent protection for three major medicines." Please identify these medicines, and the net price change for each of them on a dollar and percentage basis for 2017. What was Merck's average net price increase/decrease in 2017 for drugs excluding these three medications?

Answer. This information is confidential, proprietary, and commercially sensitive. Merck's average net price increase/decrease in 2017 excluding the three drugs referred to is -0.6 percent.

Question. In Merck's pricing transparency report, the company states that its net price is "represents the year-over-year change in average net price, which is WAC less rebates, discounts and returns," while its average discount is "weighted . . . [and] calculated by dividing annual rebates, discounts and returns by annual gross sales." Please clarify whether the company's average net price is weighted for purposes of complying with its publically stated pledge.

Answer. Yes, the average net price is weighted.

QUESTIONS SUBMITTED BY HON. ROBERT MENENDEZ

Question. When new products enter the market, do drug companies set high initial rebates and then provide deep rebates in order to gain access to insurance plan's formularies?

Answer. Merck approaches pricing from the perspective of value. This approach looks at the value that a medicine provides through multiple lenses with the goal of reflecting its benefit to patients and to society, while at the same time paying an appropriate return on invested capital to our investors, to ensure that we are able to sustain R&D. While each individual situation varies based on factual circumstances and market dynamics, generally, we consider:

- *Value provided to patients*—to what extent does a new medicine or vaccine establish a new standard of care that has the potential to significantly extend and improve patient lives?
- *Value provided to health-care systems*—to what extent does a new medicine or vaccine reduce the costs associated with hospitalization and other costly complications of disease if not appropriately (or optimally) treated?
- *Unmet need*—does a new medicine or vaccine address a critically unmet medical need, where few or no treatments exist?
- *Access*—what is the ability of various customers around the world—including national, regional or local institutional payers, physicians, employers and patients—to pay for our products?
- *R&D sustainability*—given the long-term risk and cost of capital, can we appropriately compensate our investors to ensure continued investment in the kind of risky and capital-intensive research and development that will bring forward medically important breakthroughs?
- *Competition*—what are the costs of other treatments currently on the market relative to the value provided by Merck's products?

When the company launched ZEPATIER® into the Hepatitis C market, Merck chose a low list price strategy, while competitors had a higher price with significant rebates. Unfortunately, we were unable to gain reasonable formulary status or resulting sales in certain market segments with this strategy. Positive actions in the U.S., such as the administration's proposal regarding the rebate safe harbor could provide incentives for lower initial list prices in the future.

Question. If CMS finalizes the rebate rule, do you anticipate future products entering the market with significantly lower initial list prices?

Answer. Over time, we expect that list prices will go down if you remove the misaligned incentives in the system. It is also important to note that if the rule is implemented, Medicare beneficiaries' out-of-pocket costs will be reduced—independent of any lowering of list prices—since their cost-sharing will be based on the net price. But we believe the rebate rule will align incentives in a way that will restrain list prices.

If this rule is implemented as written, it would only apply to our contracts with PBMs and health plans for Medicare Part D and Managed Medicaid. If PBMs and health plans maintain the rebate model in the commercial market, we would still have commercial contracts based on rebates, which would be subject to the existing constraints to lowering list price. We also would still need a mechanism to revalue drug in the distribution channel in a financially viable manner.

QUESTIONS SUBMITTED BY HON. THOMAS R. CARPER

Question. What are your recommendations for lowering prices for the 40 percent of drugs that do not offer rebates in Medicare Part D?

Answer. Assuming the 40 percent reference is correct, we believe that the administration's rebate safe harbor proposal will lead to lower prices even for products which currently may offer no or minimal rebates in Medicare Part D. We believe the increasing transparency of prices will spur heightened competition even in classes and for products where rebating has been limited in the current system. Similarly, the fact that price concessions will be made directly available to patients will also create a price-reducing dynamic since price concessions will make products more affordable to patients, resulting potentially in greater adherence and appropriate use of prescribed medicines, clearly benefiting patients and encouraging manufacturers to offer price concessions. Additionally, assuming policy changes are made to further incentivize value-based contracts, we believe that value-based contracts can also help to restrain initial list prices by tying those prices to the value that the products bring to patients and the health-care system.

Question. In the health insurance plans that you offer your employees, do you ask your insurers to pass through the full manufacturer rebates to the beneficiaries?

Answer. Merck offers a generous health-care benefit for our 24,000 U.S. employees. There is no deductible for medications covered under our pharmacy benefit, and employees never have to pay more than \$50 for a retail prescription for a covered medication, and in most cases pay less. We contract with a PBM for management of the prescription drug benefits for our employees, and the benefit does not offer point-of-sale rebates to our employees. Merck uses savings generated by rebates to lower overall costs for employees while ensuring low out-of-pocket costs.

Question. The systems for pricing and distributing drugs are opaque and difficult to understand. What are your recommendations for increasing transparency in how your companies set the list prices for drugs, and for improving transparency in the supply chain for prescription drugs? Would you support Federal standards for transparency in setting the list prices for drugs?

Answer. We are open and transparent about the factors we consider in setting prices. Merck approaches pricing from the perspective of value. This approach looks at the value that a medicine provides through multiple lenses with the goal of reflecting its benefit to patients and to society, while at the same time paying an appropriate return on invested capital to our investors, to ensure that we are able to sustain R&D. While each individual situation varies based on factual circumstances and market dynamics, generally, we consider:

- *Value provided to patients*—to what extent does a new medicine or vaccine establish a new standard of care that has the potential to significantly extend and improve patient lives?

- *Value provided to health-care systems*—to what extent does a new medicine or vaccine reduce the costs associated with hospitalization and other costly complications of disease if not appropriately (or optimally) treated?
- *Unmet need*—does a new medicine or vaccine address a critically unmet medical need, where few or no treatments exist?
- *Access*—what is the ability of various customers around the world—including national, regional or local institutional payers, physicians, employers and patients—to pay for our products?
- *R&D sustainability*—given the long-term risk and cost of capital, can we appropriately compensate our investors to ensure continued investment in the kind of risky and capital-intensive research and development that will bring forward medically important breakthroughs?
- *Competition*—what are the costs of other treatments currently on the market relative to the value provided by Merck's products?

Question. In nearly every sector of the health-care industry, Medicare, Medicaid, employers, and insurers are moving away from fee-for-service payments to reimbursements based on value and performance. Prescription drugs and medical devices were the glaring exceptions to this trend until recently. How many of your drugs are included in value-based contracts and how many patients are benefiting from them? How do these value-based contracts work to lower drug prices for both patients and taxpayers?

Answer. Merck has been party to value-based discounting arrangements for four of its products. It is difficult to assess exactly how many patients have benefitted from them, however, since that information is not in Merck's possession under the arrangements.

Merck agrees that value-based discounting strategies can benefit patients and the Federal health care programs by ensuring that payment aligns with the value or outcomes that a manufacturer's products bring to the system. If, for example, a value-based agreement demonstrates that a manufacturer's product helps patients to achieve meaningful clinical outcomes (or even to avoid more serious illness complications or comorbidities), the product would have demonstrated a savings to patients and taxpayers (for example, by avoiding hospitalization or further treatment for a particular condition). There are, however, significant impediments under current law regarding adopting this type of contract—including under the Anti-Kickback Statute and manufacturer government price reporting obligations—and Merck supports legislative or regulatory reforms to increase the proliferation of value- or outcomes-based discounting.

Question. Last year, Senator Portman and I did an investigation on the pricing of an opioid overdose reversal drug called EVZIO, manufactured by Kaléo. Kaléo increased the price of EVZIO from \$575 in 2014 to \$4,100 in 2017. We found that the best price Medicare was able to get for EVZIO, about \$4,000, was much higher than the price other Federal programs and private insurers were able to get. It seemed that Kaléo was able to get this higher price of \$4,000 from Medicare by helping doctors fill out paperwork showing that the drug was medically necessary, even though there are cheaper alternatives on the market. As a result of the investigation, Kaléo announced it will bring a generic version of the drug to market at only \$168 per pack. Are any of your companies providing medical necessity paperwork to doctors in order to get your drugs covered by Medicare?

Answer. In the United States, Merck provides limited reimbursement support for patients in connection with the purchase of certain of Merck's products following a physician's prescribing decision (in accordance with Department of Health and Human Services Office of Inspector General guidance). In certain cases, this support includes identifying—for patients and physicians—the appropriate forms and insurance processes attendant to securing insurance coverage for our products. But it is Merck's policy never to interfere with the physician-patient relationship or the decision about whether to seek insurance coverage.

Question. In 2017, the Rand Corporation estimated that biosimilar drugs, which are competitors to complex, biologic drugs, could save the United States more than \$50 billion over the next decade. Some of you have also argued that increasing the use of biosimilar drugs would help lower drugs costs for consumers and taxpayers. What is delaying the uptake of biosimilar drugs in the United States? What policies do you recommend to increase the development of biosimilar drugs?

Answer. Merck agrees that we can significantly reduce spending on pharmaceuticals, especially for patients, by ensuring that we have a viable market for biosimilars in the United States. We believe, like with traditional small molecule medicines, generic competition after a reasonable period of exclusivity will create headroom for patients to afford the newest, most innovative medicines. In addition to the RAND data that you referenced, other research shows that generics and biosimilars are expected to drive savings of \$105 billion through 2022 in the U.S.¹¹

We suggest the following policy changes to help encourage and support prescriber biosimilar utilization:

- Consider options to reduce or eliminate patient cost sharing in Medicare Part B for biosimilars. While some Part B beneficiaries are already able to reduce their 20 percent cost sharing via supplemental coverage, we believe eliminating cost sharing will encourage many physicians to use biosimilars for their patients. A similar approach in Part D and in Medicaid for small-molecule generics has driven generic utilization up to 90 percent.¹²
- Create pathways for MA and Part D plans to receive bonus payments and/or enhanced star ratings for achieving metrics related to access to biosimilars. This will incentivize plans to implement policies that drive additional utilization of biosimilars.
- Consider alternative reimbursement methodologies that adjust the current Part B reimbursement formula. The current structure in Part B to reimburse at ASP + 6 percent of the reference product ASP ensures there is no reimbursement downside to physicians for using biosimilars. But so far, the evidence does not suggest the current reimbursement rate sufficiently incentivizes providers to use biosimilar products. The administration should consider alternatives to further incentivize physician adoption of biosimilars.

QUESTIONS SUBMITTED BY HON. BENJAMIN L. CARDIN

Question. The United States is one of the only countries in the world to allow prescription drug manufacturers to advertise directly to consumers through magazines, billboards, radio, and television commercials. While I will not argue that it is beneficial to educate consumers about an unfamiliar disease and encourage them to seek medical help, most commercials from all of your companies recommend asking about a specific brand name drug, not a medical condition. Furthermore, even if your advertisements follow all FDA rules and list medication side effects, they also almost always list these while a smiling, apparently healthy person is walking on a beach.

Researchers say that this type of imagery, combined with viewing hours of drug commercials each month, leads consumers to underestimate the risks associated with medications. For the past decade, studies have shown that aggressive direct-to-consumer advertising is associated with rising drug prices and an increase in inappropriate drug prescriptions.

Since researchers have concluded that consumers are misunderstanding the benefits and risks described in your ads, what further policies could help you and your colleagues ensure that you are educating patients in a clear manner?

Answer. Merck believes that direct-to-consumer (DTC) advertising can be an important and helpful way to inform patients about diseases that may be relevant to them and therapeutic options they may want to discuss with their physician. Data demonstrate that DTC can have a positive impact on patient health in terms of diagnosis, treatment, and adherence to prescribed therapies. We recognize that DTC is one channel amongst many to help educate patients. Print materials, telephone, websites, and other channels are also used to provide more in-depth information to patients. The ultimate decision to prescribe a product for any specific patient remains with the physician following discussion with their patient.

Merck adheres to FDA regulations and guidelines governing DTC promotion and has a long-standing policy to voluntarily submit new DTC broadcast advertising

¹¹ IQVIA. "Medicine Use and Spending in the U.S.: A Review of 2017 and Outlook to 2022." (Apr. 19, 2018), <https://www.iqvia.com/institute/reports/medicine-use-and-spending-in-the-us-review-of-2017-outlook-to-2022>.

¹² Department of Health and Human Services. Office of Inspector General. "Generic Drug Utilization in the Medicare Part D Program." (Nov. 2007), <https://oig.hhs.gov/oei/reports/oei-05-07-00130.pdf>.

campaigns to FDA for pre-review. Merck also follows the PhRMA Guiding Principles for DTC Advertisements About Prescription Medicines. We are currently considering what additional information we can make available to consumers to ensure that they can make informed health care decisions.

PHARMACEUTICAL COMPANIES CONTINUE TO RAISE PRICES

Question. As you are well aware, high prescription drug prices are the number one concern for Americans and their families. According to the Organization for Economic Cooperation and Development, the average American spends around \$1,208 annually on prescription drugs. There have been several instances where brand name or even generic drugs that have been on the market for years continue to increase in price.

One of the most well-known examples is Mylan's increase of the price of EpiPen from less than \$100 in 2007 to more than \$600 in 2016. Another example is the ever-increasing price of insulin. Sanofi increased the price of a vial of Lantus from \$88.20 in 2007 to \$307.20 in 2017. And those are just a small sample of price increases.

Why don't we see price decreases for drugs that have been on the market for years without new formulations or added benefit?

Answer. List prices do not generally decline largely owing to many of the misaligned incentives that the administration's rebate safe harbor proposal is designed to address. Specifically, rebate contracts for commercial and Medicare Part D payers/PBMs are designed as set percentages from the list price. Lowering list prices while maintaining these same percentage discounts/rebates usually precludes the commercial viability of reducing list prices.

We do in fact see price decreases for products that have been on the market for years—extremely large ones. They occur at the time of patent expiry, and often reduce prices by over 90 percent. This is unlike any other part of the health care system we are aware of, where prices drop massively after a specified period. If these massive one-time price reductions occurred more gradually, it would be far more obvious that prices were decreasing. Even putting this aside, net prices on many products drop dramatically over time as competition from new products increases. For instance, the average net price of our anti-diabetes medicine Januvia is less today than it was when it was launched in 2007.

PAY FOR DELAY

Question. Pay for delay is a tactic that more and more branded drug manufacturers have been using to stifle competition from lower-cost generic manufacturers. This allows you to sidestep competition by offering patent settlements that pay generic companies not to bring lower-cost alternatives to market.

These "pay-for-delay" patent settlements benefit both brand-name pharmaceutical companies by helping them avoid costly patent litigation and general manufacturers by rewarding them a hefty sum to delay entering the market with a cheaper drug alternative. However, these deals do not benefit consumers. According to an FTC study, these anticompetitive deals cost consumers and taxpayers \$3.5 billion in higher drug costs every year.

Does your company partake in pay-for-delay settlements?

Answer. Merck has not entered into patent settlement agreements with generic companies to delay their entry past when it would otherwise be lawful for them to enter the market. Merck has been party to a number of patent settlement agreements that provide for generic market entry prior to patent expiry, including some that have provided some level of exclusivity for a limited time. These agreements allowed generic products to enter the market earlier than would have otherwise been the case. The FTC has not challenged as anti-competitive any of these types of agreements involving Merck.

Question. Why would a pharmaceutical company enter into a pay-for-delay agreement?

Answer. Parties enter into settlements of patent litigation for all the same reasons parties settle other civil litigation. These include allocation of risk in the dispute, avoidance of litigation costs, or beneficial access to technology from cross-licensing of the litigant's patents. Merck would be speculating as to why litigants would enter into settlements with large unjustified reverse payments.

Question. Do you think these agreements stifle competition and prevent generic alternatives to your branded medications?

Answer. Merck believes that the patent settlements it has made did not stifle competition nor unlawfully prevent generic alternatives to our patented medications.

Patent settlement agreements in which a brand settles cases in a manner that allows a generic to enter the market *prior* to expiry of the brand's patents could actually accelerate patient access to lower cost alternatives. These settlements do not delay entry or cause the loss of any lawful competition because entry prior to the expiry of these patents would be unlawful infringement unless and until the generic manufacturers prevailed in court.

Merck works within the statutory framework set by Hatch-Waxman and BPCIA to protect its intellectual property. We believe that patent holders have a valid right to enforce legitimate patents and that the courts are an appropriate venue to resolve such disputes.

Our patents are a direct result of the investment we have made in R&D. When others seek to commercialize our innovations, Merck has engaged in litigation to enforce our patents.

Merck is a strong supporter of bringing more generics to the market. It is important to remember that generics all started as a branded medication. A period of patent protection is provided for all new medicines as an incentive to research-based biopharmaceutical companies for the costly and risky research that is undertaken to develop them. Following the loss of patent protection, the medicines become low-cost generics that are available for many years, often decades into the future.

Merck is proud that more than 40 million Americans annually benefit from our science in the form of generic medicines. Several of our discoveries—including cholesterol-lowering, heart disease, osteoporosis, and asthma treatments—are now widely available to a patient as generics, including some for about \$20 per year, bringing billions of dollars in savings to consumers and the health care system.

DRUG REBATE RULE

Question. In January, the Department of Health and Human Services' (HHS) Office of Inspector General (OIG) promulgated a new regulation to remove regulatory safe harbor protections under the Anti-Kickback Statute (AKS) for rebates on prescription drugs rebates paid by manufactures to PBMs under Medicare Part D and for Medicaid managed care organizations (MCOs). The OIG proposal attempts to ban most rebates by eliminating their regulatory protections.

The rule is predicted to increase net drug costs in its early years. The CMS actuaries estimate it would cost \$196 billion over 10 years. Despite this high price tag, the beneficiary benefits are limited. The proposed rule notes that under the CMS Actuary's analysis, the majority of beneficiaries would see an increase in their total out-of-pocket payments and premium costs; reductions in total cost sharing will exceed total premium increases.

I wanted to ask a question about the administration's rebate rule, which I understand that many of the drug manufacturers, and your main trade association, strongly support. According to an analysis of the rule by the Office of Actuaries at CMS, drug manufacturers are likely to initially retain 15 percent of the current rebates as higher net drug prices.

Given that estimate, can you provide the committee with any assurances that prices will not increase under this proposed rule?

Answer. Over time, we expect that list prices will go down if the misaligned incentives across the system are addressed. It is also important to note that if the rule is implemented, Medicare beneficiaries' out-of-pocket costs will be reduced, independent of any lowering of list prices, since their cost-sharing will be based on the net price. Nonetheless, we believe the rebate rule will align incentives in a way that will restrain list prices.

QUESTIONS SUBMITTED BY HON. SHERROD BROWN

Question. According to an article recently published in the *Journal of the American Medical Association*, medical marketers spent nearly \$30 billion dollars in

2016, up from \$17 billion in 1997. Direct-to-Consumer (DTC) advertising had the biggest percentage increase: from \$2.1 billion, or 11.9% of all medical marketing, in 1997 to \$9.6 billion, or 32% of total spending, in 2016.

Can you please provide what your ratio of spending on sales and marketing to research and development is today?

Answer. In 2018, Merck incurred \$9.8 billion in research and development costs globally, the vast majority of which was conducted in the U.S. Since 2010, Merck has invested nearly \$70 billion in R&D to create new medicines and vaccines that address the greatest health challenges of our time—including antimicrobial resistance, Ebola, HIV, and cancer—to save and improve lives around the world. In 2018, Merck spent about \$2.3 billion in the U.S. market on direct marketing and selling expenses. This number includes all sales and marketing expenses, including creative development of resources and headcount related to all marketing and sales activity in the U.S. market.

PRICE-GOUGING

Question. Sanofi, as I understand it, has made a pledge to the public to limit its price increases to the national health expenditures growth projection.

Would your company commit to a cap on annual price increases as part of your PhRMA membership criteria?

Answer. In July 2018, Merck pledged to not increase the average net price across our portfolio by more than inflation annually.

Question. What policies would you propose to help ensure lower launch prices for new drugs?

Answer. Merck approaches pricing from the perspective of value. This approach looks at the value that a medicine provides through multiple lenses with the goal of reflecting its benefit to patients and to society, while at the same time paying an appropriate return on invested capital to our investors, to ensure that we are able to sustain R&D. While each individual situation varies based on factual circumstances and market dynamics, generally, we consider:

- *Value provided to patients*—to what extent does a new medicine or vaccine establish a new standard of care that has the potential to significantly extend and improve patient lives?
- *Value provided to health-care systems*—to what extent does a new medicine or vaccine reduce the costs associated with hospitalization and other costly complications of disease if not appropriately (or optimally) treated?
- *Unmet need*—does a new medicine or vaccine address a critically unmet medical need, where few or no treatments exist?
- *Access*—what is the ability of various customers around the world—including national, regional or local institutional payers, physicians, employers and patients—to pay for our products?
- *R&D sustainability*—given the long-term risk and cost of capital, can we appropriately compensate our investors to ensure continued investment in the kind of risky and capital-intensive research and development that will bring forward medically important breakthroughs?
- *Competition*—what are the costs of other treatments currently on the market relative to the value provided by Merck's products?

We believe the proper objective should be that launch prices appropriately reflect the true value of the medicine and are not distorted by any misaligned incentives in Medicare Part D or any other sector. We believe the administration's proposed rebate safe harbor, and similar changes in commercial plans, would address the misaligned incentives in the marketplace that favor high list prices and high rebates in competitive markets. In addition, addressing the misaligned incentives for the 340B program would allow for more flexibility in list prices.

TRANSPARENCY

Question. In many of your testimonies, you mentioned that the current system of pharmacy benefit manager (PBM) back-end rebates do not rarely results in a scenario where the PBM passes on savings to consumers at the point of sale (POS).

The administration recently proposed a rule to eliminate the anti-kickback statute safe harbor protections for these drug rebates.

Do you agree that greater transparency should be required to understand how manufacturers and PBMs are negotiating prices and rebates to ensure that savings are passed down to beneficiaries?

Answer. Yes. We believe there should be greater transparency of the financial arrangements between manufacturers and PBMs. In particular, we believe we must change the system to ensure that patients receive the benefit of the significant rebates and discounts that manufacturers like Merck pay to PBMs and plans. The administration's proposed rule is a positive step in that direction.

Based on our initial assessment of the proposed rule, we believe that it will remove misaligned incentives within the system, drive more transparency in the system, and most importantly, lower beneficiaries' out-of-pocket costs.

Question. Senator Thune asked if this administration rule would lead you to lowering list prices. Both of you answered that you would be likely to lower your prices. However, if this rule were finalized tomorrow as proposed, would any of your companies be *required* to lower the list price of any of your drugs?

Answer. Under the proposed rule, there is no requirement to lower list prices. However, over time, we expect that our list prices will go down if the misaligned incentives across the system are addressed. It is also important to note that if the rule is implemented, Medicare beneficiaries' out-of-pocket costs will be reduced, independent of any lowering of list prices, since their cost-sharing will be based on the net price. Nonetheless, we believe the rebate rule will align incentives in a way that will restrain list prices.

PBMS

Question. An *Axios* article from March 7, 2019 highlights the fact that, while "pharmaceutical companies put a lot of the blame for high drug prices on pharmacy benefit managers," many large pharmaceutical companies "rely on PBMs to manage their own health-care benefits."

In your role as an employer, does your company contract with a pharmaceutical benefit manager (PBM) to administer the prescription drug benefits for your employees and negotiate lower drug costs on your behalf?

For those of you who do use a PBM to help manage the prescription drug benefit for your employees, how do you utilize the rebates your PBM negotiates to lower health care costs or drug costs for your employee plans and what does your company do with that savings? Specifically, do the savings go toward lowering premiums?

For those of you who do use a PBM to help manage the prescription drug benefit for your employees, does your PBM offer point-of-sale rebates to your employees?

Answer. Merck offers a generous health care benefit for our 24,000 U.S. employees. There is no deductible for medications covered under our pharmacy benefit, and employees never have to pay more than \$50 for a retail prescription for a covered medication, and in most cases pay less. We contract with a PBM for management of the prescription drug benefits for our employees, and the benefit does not offer point-of-sale rebates to our employees. Merck uses savings generated by the PBM on rebates to lower overall costs for employees while ensuring low out-of-pocket costs.

QUESTIONS SUBMITTED BY HON. SHELDON WHITEHOUSE

Question. Please describe any policy changes you support that would result in your company lowering the list prices of its drugs.

Answer. Over time, we expect that our list prices will go down if the misaligned incentives across the system are addressed. Nonetheless, we believe the rebate rule will align incentives in a way that will restrain list prices.

As we stated when we reduced the list price of several of our products in July 2018, we have continued to look for opportunities to reduce our list prices. We think the proposed rule would help create those opportunities, but it can't happen overnight. All of the players in the ecosystem will need to adjust to the new model.

If the proposed rule is implemented as written, it would only apply to our contracts with PBMs and health plans for Medicare Part D and Managed Medicaid. If PBMs and health plans maintain the rebate model in the commercial market, we would still have commercial contracts based on rebates, which would be subject to the existing constraints to lowering list price. We also would still need a mechanism to revalue drug in the distribution channel in a financially viable manner.

Question. How much does your company's research and development portfolio rely on taxpayer-funded research conducted by the National Institutes of Health (NIH)? How many of your company's products are based, at least in part, on NIH research, and how many are the result of research funded solely by your company?

Answer. The U.S. leads the world in biomedical research thanks to a robust biomedical ecosystem comprised of important and unique contributions from the National Institutes of Health (NIH), academic institutions, and the biopharmaceutical industry. Historically, the NIH's focus has been on basic biomedical science and research concerning public health (including in the recent budget funding for drug and alcohol abuse prevention, reducing health-care disparities, and other important causes). Through this basic research, NIH seeks to understand the fundamental biological processes and leverage that understanding to determine which processes are involved in the development and progression of disease. There is significant basic research that in some respects contributes to all new medicines. Most of this is considered "pre-competitive" since the individual contributions are in themselves too small or too broad to lead directly to a new therapy, which takes considerable work to invent and develop.

Merck also conducts basic research. However, where we use intellectual property that others have created, we are diligent in recognizing and agreeing on terms to use that property (including financial compensation), which may include with agencies of the U.S. government such as NIH. After this stage of basic research, our company's further role is to then engage in the most risky and costly part of discovery—to invent something that's never existed in the history of the world that will alter the targets that come from basic research and unlock treatments and cures for disease. This invention is then followed by extensive clinical trial programs to demonstrate safety and effectiveness.

On occasion, we will rely on work by government agencies that is more advanced; however, we take the same approach of respecting intellectual property rights and agreeing on terms of use of that property. For example, Merck, along with Institutio Butantan, has licensed certain rights from National Institute of Allergy and Infectious Diseases (NIAID), part of NIH, for the development of live attenuated tetra-valent vaccines (LATV).

All parts of the ecosystem are needed to continue to lead in biomedical research: the portion of NIH's entire \$33 billion budget that it devoted to biomedical research in 2017 as well as the \$70 billion the biopharmaceutical industry spent in 2017—\$10 billion of which was spent by Merck—to invent and bring to market new treatments and cures.

Question. In each of the last 5 years, how much has your company spent on research and development versus the advertising and marketing of your products?

Answer. In 2018, Merck incurred \$9.8 billion in research and development costs globally, the vast majority of which was conducted in the U.S. Since 2010, Merck has invested nearly \$70 billion in R&D to create new medicines and vaccines that address the greatest health challenges of our time—including antimicrobial resistance, Ebola, HIV, and cancer—to save and improve lives around the world. In 2018, Merck spent about \$2.3 billion in the U.S. on direct marketing and selling expenses. This number includes all sales and marketing expenses, including creative development of resources and headcount related to all marketing and sales activity in the U.S. market.

For the remaining years, we spent the following:

- In 2017, Merck invested \$10.3 billion in R&D and \$2.5 billion in U.S. marketing and selling expenses.
- In 2016, Merck invested \$10.3 billion in R&D and \$2.5 billion on U.S. marketing and selling expenses.
- In 2015, Merck invested \$6.8 billion in R&D and \$2.4 billion on U.S. marketing and selling expenses.

- In 2014, Merck invested \$7.3 billion in R&D and \$2 billion on U.S. marketing and selling expenses.

Question. During the hearing, you mentioned that your company would be likely to lower the list prices of its drugs if the recent proposal by the Trump administration to change the current system of rebates was extended to the private market.

If the policy was extended to the private market, how large would the list price reductions be relative to the size of the rebates your company is currently providing?

Answer. It is hard to predict an exact amount of list price reduction if the rule were implemented as described. However, we believe that removing the misaligned incentives from the system should result in downward pressure on list prices. It is also important to understand that different purchasers receive different levels of discounts, based on the access provided for patients. So, there is not a uniform “rebate amount” that could reduce the list price. Moreover, we expect that the robust negotiations that occur today will continue in the highly competitive Part D market, and we expect to realize the same level of net price that we do today. In fact, we expect that there could be additional pricing pressure under the new system, which could lead to lower net prices.

Question. How will this proposal affect how your company sets the list prices for new drug products?

Answer. Merck approaches pricing from the perspective of value. This approach looks at the value that a medicine provides through multiple lenses with the goal of reflecting its benefit to patients and to society, while at the same time paying an appropriate return on invested capital to our investors, to ensure that we are able to sustain R&D. While each individual situation varies based on factual circumstances and market dynamics, generally, we consider:

- *Value provided to patients*—to what extent does a new medicine or vaccine establish a new standard of care that has the potential to significantly extend and improve patient lives?
- *Value provided to health-care systems*—to what extent does a new medicine or vaccine reduce the costs associated with hospitalization and other costly complications of disease if not appropriately (or optimally) treated?
- *Unmet need*—does a new medicine or vaccine address a critically unmet medical need, where few or no treatments exist?
- *Access*—what is the ability of various customers around the world—including national, regional or local institutional payers, physicians, employers and patients—to pay for our products?
- *R&D sustainability*—given the long-term risk and cost of capital, can we appropriately compensate our investors to ensure continued investment in the kind of risky and capital-intensive research and development that will bring forward medically important breakthroughs?
- *Competition*—what are the costs of other treatments currently on the market relative to the value provided by Merck’s products?

We do not expect this approach to change based on the Trump administration’s proposed rule.

Question. If the proposal is finalized and not extended to the private market, will your company make any list price reductions? If so, how large would the reductions be relative to the size of the rebates your company is currently providing?

Answer. We expect that the robust negotiations that occur today will continue in the highly competitive Part D and commercial markets, and we expect to realize the same level of net price that we do today. In fact, we expect that there could be additional pricing pressure under the new system, which could lead to lower net prices, but predicting the size of any such reductions is difficult.

QUESTION SUBMITTED BY HON. MAGGIE HASSAN

Question. In June of 2018, the Medicaid and CHIP Payment and Access Commission (MACPAC) unanimously recommended under Recommendation 1.1 in their annual report to Congress that Congress remove the statutory requirement that manu-

facturers blend the average manufacturer price (AMP) of a brand drug and its authorized generic.¹³

This requirement created an unintended loophole. Rather than use the price of the authorized generic, drug companies can sell its authorized generic to a corporate subsidiary at an artificially lower price and use that lower price to bring down the AMP, which in turn lowers the rebate obligation.

Does your company engage in this practice? Has your company ever engaged in this practice in the past?

Answer. No. Merck does not engage in the practice of selling authorized products to a subsidiary and then blending the pricing data for the products. Merck does engage with third parties who act as our authorized generic partners. Merck has disclosed the methodology used to account for these transactions in AMP to CMS.

QUESTIONS SUBMITTED BY HON. CATHERINE CORTEZ MASTO

Question. As a portion of your revenue, for what percentage of the drugs in your portfolio do you offer no rebates? Based on the drugs in your pipeline, do you foresee that portion growing? For those drugs is your list price equal to your net price?

Answer. Since Merck's entire product portfolio is covered within at least one government program that requires a mandated rebate or discount (such as Medicaid, 340B, Federal Supply Schedule), there are no Merck products that are not rebated or discounted. Merck also offers voluntary rebates or discounts on many of its products. We would expect similar rebates and discounts to be paid for our drugs in the pipeline, barring fundamental changes in the marketplace.

Question. Do you invest more in R&D than you generate in US sales revenue? Please include specific figures.

Answer. In 2018, Merck incurred \$9.8 billion on research and development costs globally, the vast majority of which was conducted in the U.S. Since 2010, Merck has invested nearly \$70 billion in R&D to create new medicines and vaccines that address the greatest health challenges of our time—including antimicrobial resistance, Ebola, HIV, and cancer—to save and improve lives around the world. In 2018, Merck had \$18.2 billion in U.S. sales revenue.

Question. Do you invest more in R&D than you spend on marketing and administration? What company functions do you consider to be included in administration? Please include specific figures.

Answer. In 2018, Merck incurred \$9.8 billion in research and development costs globally, the vast majority of which was conducted in the U.S. Since 2010, Merck has invested nearly \$70 billion in R&D to create new medicines and vaccines that address the greatest health challenges of our time—including antimicrobial resistance, Ebola, HIV, and cancer—to save and improve lives around the world. In 2018, Merck spent about \$10.1 billion on marketing, selling, and administration globally (\$2.6 billion of which is directly attributed to the U.S. market). This number includes all sales and marketing expenses, including creative development of resources and headcount related to all marketing and sales activity, as well as administrative expenses associated with business support functions, including information technology, human resources, facilities, finance, legal, and others.

Question. Do you invest more in R&D than you spend on marketing and sales? What company functions do you consider to be included in sales? Please include specific figures.

Answer. In 2018, Merck incurred \$9.8 billion on research and development costs globally, the vast majority of which was conducted in the U.S. Since 2010, Merck has invested nearly \$70 billion in R&D to create new medicines and vaccines that address the greatest health challenges of our time—including antimicrobial resistance, Ebola, HIV, and cancer—to save and improve lives around the world. In 2018, Merck spent about \$6.9 billion on direct marketing and selling expenses globally (\$2.3 billion of which is directly attributable to the U.S. market). This number includes all sales and marketing expenses, including creative development of re-

¹³MACPAC. "Improving Operations of the Medicaid Drug Rebate Program," <https://www.macpac.gov/wp-content/uploads/2018/06/Improving-Operations-of-the-Medicaid-Drug-Rebate-Program.pdf>.

sources and headcount related to all marketing and sales activity in the U.S. market.

Question. Why do you advertise for the drugs you manufacture? What factors do you consider in choosing which drugs you advertise?

Answer. Merck believes that direct-to-consumer (DTC) advertising can be an important and helpful way to inform patients about diseases that may be relevant to them and therapeutic options they may want to discuss with their physician. Data demonstrate that DTC can have a positive impact on patient health in terms of diagnosis, treatment, and adherence to prescribed therapies. We recognize that DTC is one channel amongst many to help educate patients. Print materials, telephone, websites, and other channels are also used to provide more in-depth information to patients. The ultimate decision to prescribe a product for any specific patient remains with the physician following discussion with their patient.

Merck adheres to FDA regulations and guidelines governing DTC promotion and has a long-standing policy to voluntarily submit new DTC broadcast advertising campaigns to FDA for pre-review. Merck also follows the PhRMA Guiding Principles for DTC Advertisements About Prescription Medicines. We are currently considering what additional information we can make available to consumers to ensure that they can make informed health care decisions.

PREPARED STATEMENT OF RICHARD A. GONZALEZ,
CHAIRMAN AND CHIEF EXECUTIVE OFFICER, ABBVIE INC.

I am Richard Gonzalez, and I am the chairman and chief executive officer of AbbVie, a company dedicated to developing new innovative medicines for some of healthcare's most challenging diseases, such as cancer, Alzheimer's, viral infections, and auto-immune diseases. Since our inception in 2013, AbbVie has invested approximately \$50 billion in pursuit of that goal. However, because we are tackling medicine's most challenging problems, solutions do not come easily or without significant risk. Where we have succeeded, we have been able to provide cures for fatal diseases like hepatitis C and significantly alter the disease progression for certain cancers, lessening the burden of illness on patients and the health-care system. This is what the 30,000 employees of AbbVie are dedicated to doing.

We agree that access to lifesaving medicines is a critical issue and we look forward to sharing our perspectives with you. There is no one solution to this complex issue, but AbbVie is open to working with the committee on how we can commit our resources to better partner in your efforts to address pharmaceutical pricing and access. AbbVie and the rest of our industry must play a role in solving these issues and be prepared to work together with the insurance industry, the administration and you to find a better path forward for American patients.

My remarks today will focus on one aspect of this inquiry—the Medicare Part D benefit design, which even after pharmaceutical list prices are lowered, still contributes to making innovative therapies cost-prohibitive for Medicare patients. In general, the Medicare Part D program has worked well. Its market-based structure and utilization of formularies encourages competitive price discounts that have yielded significant savings to the government since the Part D benefit was established in 2006. However, despite these cost savings, Part D patients' out-of-pocket costs have significantly increased. Some would blame that solely on high drug prices, and we agree that price should certainly be part of the discussion. But it's also important to acknowledge that science has enabled us to advance the standard of care far beyond what was possible when the Part D benefit was designed.

Many of today's specialty medicines offer major advances in treating or curing serious chronic or life-threatening conditions and save significant amounts of money for the health-care system by decreasing overall health-care costs, yet these therapies are also costly. Due to the structure of the Part D benefit design, patients are charged out-of-pocket costs on a medicine's list price which does not reflect the market-based rebates that Medicare receives. We are encouraged by the proposed rule that would reflect manufacturer discounts in patients' Part D out-of-pocket payments. This is an important step in the right direction, but we believe more must still be done to help Part D patients.

Let me give you a recent real-world example that demonstrates the challenge with the current Part D benefit design and why the focus solely on list prices does not fully address the access challenges. An uncured hepatitis C infection leads to down-

stream medical costs for surgery, chemotherapy, and radiation for patients who progress to needing a liver transplant or having liver cancer. Today we can cure hepatitis C with drugs. This cure is highly cost-effective for the overall health-care system.

In 2017, AbbVie launched Mavyret, a highly effective cure for HCV. At the time, the list prices for the competitive alternatives were as high as \$94,500 for their most commonly prescribed treatment duration. We launched Mavyret at a list price that is 72 percent lower. But even though we cut the list price of an HCV cure for most patients by 72 percent, Medicare Part D patients' out-of-pocket obligations are still too high for many patients to access this medicine.

We believe it is important that discussions about access and affordability include a focus on how to alleviate Medicare Part D out-of-pocket burdens above and beyond just lowering list prices. We are prepared to step up and discuss how companies like ours can shoulder more of the burden of a patient's out-of-pocket expenses, as we do in other areas covered by commercial insurance. Additionally, we believe the discussion should also include the possibility of Medicare Part D beneficiaries being able to purchase insurance (as they do in other parts of the Medicare program) to cover more of their out-of-pocket expenses.

We believe AbbVie, the rest of the pharmaceutical industry and insurance providers should come together with the administration and you to work toward solutions that make life-changing medicines more affordable to Part D beneficiaries. I can assure you AbbVie is committed to doing its part, and we look forward to working with you.

QUESTIONS SUBMITTED FOR THE RECORD TO RICHARD A. GONZALEZ¹

QUESTIONS SUBMITTED BY HON. CHUCK GRASSLEY

Question. The Department of Health and Human Services' proposed rule, "Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor Protection for Certain Point-of-Sale Reductions in Price on Prescription Pharmaceuticals and Certain Pharmacy Benefit Manager Service Fees," envisions that drug manufacturers will offer up-front discounts rather than the back-end rebates that are now commonly provided. Some observers argue that a 1996 court case called into question whether manufacturers could offer up-front discounts, resulting in today's rebate-based system. I've heard differing opinions as to whether the issues related to the initial court case are still relevant. If the HHS proposed rule is finalized, can you assure the Committee that your company will offer up-front discounts? If not, why?

Please describe how you expect your company to respond to the HHS proposed rule to eliminate safe harbor protection for back-end rebates in Medicare Part D that is referenced above if it is finalized. Assuming you are confident that antitrust laws do not prevent your company from offering up-front discounts, specifically, do you envision that your company lowers the list price of a drug to the current after-rebate net price, offer discounts equal to the current rebate amount, or a combination of both?

Answer. There has been significant discussion over the past several months about proposals to eliminate rebates from Medicare Part D, Medicaid, and the commercial market culminating in the administration's publication of a proposed rule to "expressly exclud[e] from safe harbor protection under the Anti-Kickback Statute (AKS) rebates on prescription drugs paid by manufacturers to pharmacy benefit managers (PBMs), Part D plans, and Medicaid managed care organizations. The proposal would create a new safe harbor protecting discounts offered to patients at the pharmacy counter. Finally, the proposal would create new safe harbor protection for fixed fee services arrangements between manufacturers and PBMs."

AbbVie is encouraged by the goals of the proposed rule to ensure manufacturer discounts are reflected in and reduce patient cost sharing under Part D. While we believe the rule is an important step in the right direction, we also believe more should be done to help reduce the out-of-pocket cost burden on Medicare Part D patients.

¹Please note that these responses were prepared by and are from AbbVie Inc.

As for what the elimination of rebates might mean to the overall health-care system or pharmaceutical companies, it is premature to comment on these items until the administration's rule is finalized, implementation timelines are solidified, and there are specific details regarding how a new system without rebates will be structured and function.

Question. To what extent are the back-end rebates your company currently offers contingent on the amount of market share realized for your drugs as a result of Part D plan formulary placement and other techniques?

Answer. AbbVie does not have market-share based arrangements.

Question. Please provide a breakdown of percentage of sales that go to each payer (including Medicare, Medicaid, private pay, other) and a similar percentage by volume of the total number of each drug compared to total volume. Please provide this data for the most recent year available.

Answer. In 2018, on a U.S. dollars basis approximately 68 percent of AbbVie's U.S. net sales were to commercial payers and approximately 32 percent were to government payers. AbbVie does not maintain this information on a volume basis across all products. For Humira, AbbVie's top product for sales, on a volume basis in the U.S. approximately 68 percent of Humira sales were to commercial payers and approximately 32 percent were to government payers. But on a U.S. dollars basis, approximately 83 percent of Humira sales were to commercial payers and only approximately 17 percent were to government payers.

Question. Do your companies hire consultants or lobbyists to promote products at State Medicaid Pharmacy and Therapeutics Committees? To whom do you disclose advocacy activities surrounding State Medicaid programs, if at all?

Answer. AbbVie does not hire consultants or lobbyists to promote products at State Medicaid Pharmacy and Therapeutics Committees. We adhere to individual State's laws and regulations with respect to advocacy disclosures.

Question. Please describe how the costs of patient assistance programs are accounted for within your company's financial statements. Please also describe the types of market information, such as prescribing and use patterns, that your company collects from different types of patient assistance programs and patient hub services.

Answer. The AbbVie Patient Assistance Program, which provides free drug to eligible individuals, falls under the administration portion of SG&A. AbbVie's commercial co-pay assistance costs are deducted from gross sales.

The information that AbbVie collects through its patient support services varies by products but may include demographic information, diagnosis codes and prescription information, insurance information, and claim information. AbbVie collects a more limited set of this data through its Patient Assistance Program in order to assess patients for eligibility and distribute medication to patients.

Question. Please provide a list of all contributions since January 1, 2014, that your company has made to any tax exempt organizations working on issues related to drugs within your product lines, including but not limited to patient groups, disease awareness groups, medical or professional societies, universities or hospitals, industry associations or leagues. For each contribution, please provide the name of the organization that received the donation, the date the donation was made, the amount of the donation, and a description of the purpose of the contribution (*i.e.*, was the contribution for the general fund, a specific purpose to a specific program, or continuing medical education). Please also note whether the contribution was unrestricted or restricted; if it was restricted, please explain all restrictions. Finally, if your company maintains a foundation or other separate charitable arm, please provide the name of all such entities, and list all donations made from that entity or entities.

Answer. Attached as Exhibit 1 to this response is a list of all contributions AbbVie has made in the following categories from January 1, 2014 through December 31, 2018: (1) charitable donations to non-profit organizations; (2) donations for patient education and disease state diagnosis, treatment, and awareness; (3) educational grants; (4) fellowships and scholarships; and (5) sponsorships of non-profit organizations' events.

The AbbVie Foundation is a separate non-profit entity that makes charitable donations and grants. Attached as Exhibit 2 is a list of all charitable donations and

grants made by The AbbVie Foundation from January 1, 2014 through December 31, 2018.

Question. Pay-for-delay agreements cost consumers and taxpayers billions in higher drug costs every year. The FTC has gone after drug companies that enter into these settlements where the brand pays the generic company to keep its lower cost alternative off the market. I'm the lead Republican sponsor of S. 64, the "Preserve Access to Affordable Generics and Biosimilars Act," which would help put an end to these deals.

Do you agree that these pay-off agreements keep drug costs high for patients because they delay competition?

Has your company ever entered into these kinds of settlements with a generic company?

Answer. "Pay-for-delay" is not a self-defining phrase. With respect to the term "pay," patent litigation settlements, like all litigation settlements, involve compromise in which both sides believe they are getting value from the resolution. There is no definition explaining the circumstances under which that value would implicate the term "pay" in "pay-for-delay" for purposes of these questions. And with respect to "delay" virtually all patent settlements provide for the generic competitor to enter the market before the expiration of the patent at issue. So if the alternative resolution of a patent lawsuit would be the innovator company continuing to enforce its patent until expiration, then such a settlement, no matter what value is exchanged, would actually accelerate competition, not delay it.

Question. Do you support the pay-for-delay bill?

Answer. AbbVie supports the goals of the Preserve Access to Affordable Generics and Biosimilars Act and would likely support the bill upon clarification that enforcement only applies to agreements after the date of enactment.

REBATE TRAPS/WALLS

Question. I'm increasingly concerned about the effect of so-called "rebate traps" or "rebate walls" on patients' access to quality, lower-cost medicine. I understand there is ongoing litigation challenging these practices as anti-competitive.

Does your company engage in the bundling of rebates over multiple products? If so, why? And what benefit does the consumer gain from that?

Does your company view these practices as anticompetitive or harmful to patients' access to quality, lower cost medicine?

Answer. Rebates are a form of price competition that results from the aggressive negotiations that occur between health plans (and their representative PBMs) and pharmaceutical companies to provide patients with access to medicines and treatments that can best help patients manage their medical conditions.

Question. If a policy were adopted to eliminate rebates, or to require that rebate savings be passed on to the consumer, would that in and of itself solve the issue of rebate "traps" and "walls"? And would consumers benefit from such a policy?

Answer. There has been significant discussion over the past several months about proposals to eliminate rebates from Medicare Part D, Medicaid, and the commercial market culminating in the administration's publication of a proposed rule to "expressly exclud[e] from safe harbor protection under the Anti-Kickback Statute (AKS) rebates on prescription drugs paid by manufacturers to pharmacy benefit managers (PBMs), Part D plans, and Medicaid managed care organizations. The proposal would create a new safe harbor protecting discounts offered to patients at the pharmacy counter. Finally, the proposal would create new safe harbor protection for fixed fee services arrangements between manufacturers and PBMs."

AbbVie is encouraged by the goals of the proposed rule to ensure manufacturer discounts are reflected in and reduce patient cost sharing under Part D. While we believe the rule is an important step in the right direction, we also believe more should be done to help reduce the out-of-pocket cost burden on Medicare Part D patients.

As for what the elimination of rebates might mean to the overall health care system or pharmaceutical companies, it is premature to comment on these items until the administration's rule is finalized, implementation timelines are solidified, and there are specific details regarding how a new system without rebates will be structured and function.

DRUG PRICING

Question. When setting the list price of a drug, does your company consider regulatory costs or compliance? If so, how specifically do those factors affect the list price of a drug? Please provide at least one specific example, if applicable, from your current product portfolio.

Answer. AbbVie does not consider regulatory costs or compliance when considering the list price of a medicine.

Question. When setting the list price of a drug, does your company consider the risk of liability or litigation? If so, how specifically do those factors affect the list price of a drug? Please provide at least one specific example, if applicable, from your current product portfolio.

Answer. AbbVie does not consider the risk of liability or litigation when considering the list price of a medicine.

 QUESTIONS SUBMITTED BY HON. PAT ROBERTS

Question. What role do you see value-based arrangements (VBAs) playing in the effort to reduce prescription drug costs? What potential do these arrangements have to find the “sweet spot” between controlling costs to patients and encouraging innovation of new drugs?

How can VBAs help lower what patients pay out-of-pocket?

Can Congress do more to allow for and encourage the use of VBAs?

Answer. Value-based arrangements can be an effective and market-based solution to managing overall health-care costs when driven by patient outcomes. Studies have found that 38 percent of payers with outcomes-based contracts experience improved patient outcomes and 33 percent experience plan health-care cost savings. Additionally, plans with outcomes-based contracts have been found to have a 28 percent lower patient co-payment. All of these factors work towards moving payment for prescription medicines away from volume-based approaches to value-based models in a manner that appropriately balances patient access with the appropriate use of medications to lower overall health-care costs.

At AbbVie, we believe all our products provide value to patients and the larger health-care system and are interested in the possibilities that could arise through value-based contracting. To further foster value-based arrangements, we support the reforms included in the Patient Affordability, Value and Efficiency (PAVE) Act, introduced by Senators Cassidy (R-LA) and Warner (D-VA).

 QUESTIONS SUBMITTED BY HON. JOHN CORNYN

Question. We continue to hear that rebates negotiated off of the list price of a drug are both good and bad.

Pharmacy benefit managers and plans have argued that rebates are used to lower premiums across the board and that it is the best way to seek a price concession on otherwise expensive drugs.

Your industry argues that these payers are insisting on higher rebates that can only be achieved by raising list prices.

But patients often lose under this system, with out of pocket costs being tied to list price. Insulin patients appear to be routinely impacted by this perversity in the system.

Please explain to the committee how your company would reduce list prices if rebates were no longer a part of the equation?

What assurance can you provide that you would in fact lower your prices?

Answer. There has been significant discussion over the past several months about proposals to eliminate rebates from Medicare Part D, Medicaid, and the commercial market culminating in the administration’s publication of a proposed rule to “expressly exclud[e] from safe harbor protection under the Anti-Kickback Statute (AKS) rebates on prescription drugs paid by manufacturers to pharmacy benefit managers (PBMs), Part D plans, and Medicaid managed care organizations. The proposal

would create a new safe harbor protecting discounts offered to patients at the pharmacy counter. Finally, the proposal would create new safe harbor protection for fixed fee services arrangements between manufacturers and PBMs.”

AbbVie is encouraged by the goals of the proposed rule to ensure manufacturer discounts are reflected in and reduce patient cost sharing under Part D. While we believe the rule is an important step in the right direction, we also believe more should be done to help reduce the out-of-pocket cost burden on Medicare Part D patients.

As for what the elimination of rebates might mean to the overall health care system or pharmaceutical companies, it is premature to comment on these items until the administration’s rule is finalized, implementation timelines are solidified, and there are specific details regarding how a new system without rebates will be structured and function.

Question. What actions should be taken to ensure that patients are actually seeing the benefits of lower out-of-pocket costs?

Answer. Providing discounts to the patient at the point of sale is an effective way of ensuring that patients can see lower out-of-pocket costs. However, this is just the start. AbbVie believes that more must be done.

The Medicare Part D benefit design contributes to making innovative therapies cost-prohibitive for Medicare patients because patients are charged out-of-pocket costs based on a medicine’s list price, which does not reflect the rebates that Medicare receives.

AbbVie believes it is important to alleviate the burdens that patients face due to Medicare Part D out-of-pocket costs. AbbVie supports solutions like a patient out-of-pocket cap in Part D and smoothing patient out-of-pocket payments over a full year, so patients have some predictability with respect to their out-of-pocket costs.

In addition, AbbVie is prepared to step up and discuss how companies like ours can shoulder more of the burden of a patient’s out-of-pocket expenses.

As policymakers consider the impact of addressing out-of-pocket costs in Medicare Part D, questions may arise around whether it will lead to unnecessary utilization and wasteful spending. For specialty medicines, increased utilization should not be misunderstood as unnecessary or wasteful. Part D plans have tools, like step therapy requirements for patients to first try lower cost alternatives before a specialty medicine would be covered and prior authorization requirements before a specialty medicine would be covered, to manage the utilization of the majority of higher cost specialty medicines. These tools ensure patients try a less costly medication first and have met the clinical criteria for taking the specialty drug prescribed and serve the function that an out-of-pocket cost obligation on patients might serve to prevent unnecessary use.

Question. If rebates are driving high list prices for drugs as drug manufacturers’ claim, why do you think that Part B drugs, which have no PBM rebates, are also seeing significant price increases? Whose fault is that?

Answer. Manufacturers do offer rebates on Part B products in the commercial market. Those rebates are included in the calculation of the Part B Average Sales Price (ASP) and are therefore reflected in the price Medicare pays for Part B drugs. AbbVie does, however, recognize that increased competition in Part B could lead to additional savings and welcomes the opportunity to engage in policy discussions that seek to increase competition in Part B.

QUESTION SUBMITTED BY HON. MICHAEL B. ENZI

Question. The Food and Drug Administration’s drug review process is known to many as the “gold standard” for evaluating medical products. I’ve long thought that it is critical that we maintain public confidence in their ability to ensure that drugs are safe and effective. There is a perception among some, however, that biosimilars might not be as safe as their reference products. That perception can undermine patient and provider confidence. Do you believe that when FDA approves a biosimilar, providers can be confident that it is safe and effective?

Answer. Consistent with the US regulatory scheme for biosimilars, we recognize that FDA-approved biosimilars are highly similar to the reference product with no clinically meaningful differences.

Unlike small molecule generics, however, biosimilars do not contain the identical active ingredient as their reference products and biosimilars are not substitutable at the pharmacy for the reference drug absent an FDA designation of interchangeability. As FDA has acknowledged, multiple exposures to slightly different biologics can prime the immune system to recognize subtle differences in structural features between products, triggering or increasing the overall immune response. Consequently, a finding of interchangeability must be supported by additional data demonstrating that the biosimilar is “expected to produce the same clinical result in any given patient,” and that there is no risk to patients associated with alternating or switching between the biosimilar and the reference product. There is no requirement that two biosimilars found to be interchangeable with a single reference product must show that it is safe and effective to switch between the two interchangeable biosimilars, even though in practice this is likely to happen in the marketplace if biosimilars are treated like generic drugs. Different biosimilar products each found interchangeable with a single reference product will have subtle structural differences from each other. Indeed, there may be more structural differences—or different types of structural differences—between the two biosimilar products than between either biosimilar and the reference product. As such, without clinical data assessing the effects of switching between two biosimilars of the same reference, there is no evidence to scientifically justify interchangeability or automatic substitution between them. AbbVie has raised this concern with FDA at a 2018 Part 15 Hearing held by the agency on the subject of biosimilarity and interchangeability.

These fundamental distinctions between small molecule and biologic medicine regulation should not change the perception that FDA-approved biosimilars are safe and effective, but they are central to any understanding of the biologics market and the appropriate use of these complex products.

QUESTIONS SUBMITTED BY HON. TODD YOUNG

RE-EVALUATING BUSINESS STRATEGIES IN FOREIGN COUNTRIES

Question. Since taking office, President Trump has made reducing drug prices one of his highest priorities—and has repeatedly spoken about his frustration with the U.S. subsidizing the costs of pharmaceuticals for the rest of the world. He has gone so far as to issue proposals, like the International Pricing Index (IPI) Model, in an attempt to bring down prescription drug prices.

With the increased scrutiny of the industry and of the drug supply chain as a whole in the United States, have any of your companies re-evaluated your business strategy in foreign countries?

If not, then why?

If a proposal, like IPI, were implemented, would it force your companies to potentially “walk away from the negotiating table when other countries demand low prices subsidized by America’s seniors,” as HHS Senior Advisor for Drug Pricing Reform John O’Brien has said?

Answer. The focus on U.S. versus ex-U.S. prices for pharmaceuticals creates an erroneous impression that medicines are the major driver of U.S. health care cost growth—ignoring that medicines account for a small share of overall health spending. Many countries impose price controls and restrict access to medicines in order to contain costs. That is not the system we have here in the United States; nor should it be. The U.S. fosters innovation and leads the world in drug discovery and development with PhRMA members conducting nearly 80 percent of their R&D in the United States. Importing or referencing price controls used in other countries in the U.S. would challenge the innovation model in a country the size of the U.S.

The U.S. relies on its competitive marketplace to manage costs, while encouraging the development of new therapies. Because of the ecosystem that exists in the U.S., patients enjoy access to innovative medicines far earlier than patients in countries with centralized price controls. Furthermore, most crosscountry comparisons focus solely on the list prices of medicines and exclude from calculations the steep discounts that are required in U.S. public programs such as Medicaid and the rebates negotiated by insurers and pharmacy benefit managers in Medicare Part D and the commercial market. In addition, these comparisons often only include the list prices of brand-name medicines even when lower-cost generic versions are available and widely used.

Instead of referencing price, AbbVie recommends policymakers focus on reforms that address foreign freeloading in new trade agreements or increasing enforcement of current agreements. We support enhancements to trade agreements to balance share of investment costs. The United States-Mexico-Canada Agreement (USMCA), while not yet implemented, contains improvements in intellectual property protections as well as provisions requiring transparency in pricing and reimbursement mechanisms. These elements are critical to ensuring trading partners like Mexico and Canada appropriately value innovation, allowing innovative biopharmaceutical companies to continue bringing new medicines to the market.

Question. What are some of your ideas on how we can ensure Americans aren't shouldering the full cost of pharmaceuticals?

Answer. Providing discounts to the patient at the point of sale is an effective way of ensuring that patients can see lower out-of-pocket costs. However, this is just the start. AbbVie believes that more must be done.

The Medicare Part D benefit design contributes to making innovative therapies cost-prohibitive for Medicare patients because patients are charged out-of-pocket costs based on a medicine's list price, which does not reflect the rebates that Medicare receives.

AbbVie believes it is important to alleviate the burdens that patients face due to Medicare Part D out-of-pocket costs. AbbVie supports solutions like a patient out-of-pocket cap in Part D and smoothing patient out-of-pocket payments over a full year, so patients have some predictability with respect to their out-of-pocket costs.

In addition, AbbVie is prepared to step up and discuss how companies like ours can shoulder more of the burden of a patient's out-of-pocket expenses.

As policymakers consider the impact of addressing out-of-pocket costs in Medicare Part D, questions may arise around whether it will lead to unnecessary utilization and wasteful spending. For specialty medicines, increased utilization should not be misunderstood as unnecessary or wasteful. Part D plans have tools, like step therapy requirements for patients to first try lower cost alternatives before a specialty medicine would be covered and prior authorization requirements before a specialty medicine would be covered, to manage the utilization of the majority of higher cost specialty medicines. These tools ensure patients try a less costly medication first and have met the clinical criteria for taking the specialty drug prescribed and serve the function that an out-of-pocket cost obligation on patients might serve to prevent unnecessary use.

FOREIGN COUNTRIES' PRICING AND REIMBURSEMENT

Question. President Trump and Secretary Azar have both repeatedly described their frustrations with "foreign freeloading" of U.S. drugs in the last year.

"When foreign governments extort unreasonably low prices from U.S. drug makers, Americans have to pay more to subsidize the enormous cost of research and development. . . . It's unfair and it's ridiculous, and it's not going to happen any longer."

Do you agree that because of foreign countries' pricing and reimbursement systems, U.S. patients and innovators are shouldering the burden for financing medical advances?

How do foreign countries' pricing and reimbursement systems affect our prescription drug costs?

Are foreign governments taking note of the concerns being raised by the Trump administration and have they responded in any way?

Has there been any noticeable change in any of our trade agreements since these concerns have been raised by the Trump Administration?

Answer. The focus on U.S. versus ex-U.S. prices for pharmaceuticals creates an erroneous impression that medicines are the major driver of U.S. health-care cost growth—ignoring that medicines account for a small share of overall health spending. Many countries impose price controls and restrict access to medicines in order to contain costs. That is not the system we have here in the United States; nor should it be. The U.S. fosters innovation and leads the world in drug discovery and development with PhRMA members conducting nearly 80% of their R&D in the United States. Importing or referencing price controls used in other countries in the U.S. would challenge the innovation model in a country the size of the U.S.

The U.S. relies on its competitive marketplace to manage costs, while encouraging the development of new therapies. Because of the ecosystem that exists in the U.S., patients enjoy access to innovative medicines far earlier than patients in countries with centralized price controls. Furthermore, most crosscountry comparisons focus solely on the list prices of medicines and exclude from calculations the steep discounts that are required in U.S. public programs such as Medicaid and the rebates negotiated by insurers and pharmacy benefit managers in Medicare Part D and the commercial market. In addition, these comparisons often only include the list prices of brand-name medicines even when lower-cost generic versions are available and widely used.

Instead of referencing price, AbbVie recommends policymakers focus on reforms that address foreign freeloading in new trade agreements or increasing enforcement of current agreements. We support enhancements to trade agreements to balance share of investment costs. The United States-Mexico-Canada Agreement (USMCA), while not yet implemented, contains improvements in intellectual property protections as well as provisions requiring transparency in pricing and reimbursement mechanisms. These elements are critical to ensuring trading partners like Mexico and Canada appropriately value innovation, allowing innovative biopharmaceutical companies to continue bringing new medicines to the market.

MEDICAID CLOSED FORMULARY PROPOSALS

Question. In an attempt to bring down drug costs, various states have been exploring whether to exclude certain drugs from its Medicaid program. For example, the state of Massachusetts recently asked CMS for permission to create a closed formulary where the state Medicaid program would pick at least one drug per therapeutic class. CMS denied their waiver request citing violation of federal law, but this proposal does bring up important questions on how to contain drug prices in state Medicaid programs.

If the principles of the Medicare Part D program—including the necessary patient protections—were applied to state Medicaid programs, do you think it lower drugs costs while ensuring access to patients?

Answer. Medicaid patients currently have broad access to medicines with nominal co-pay amounts in exchange for steep mandatory rebates provided by manufacturers. While the question does not specify what “principles of the Medicare Part D program” or “necessary patient protections” are proposed to be applied to State Medicaid programs, depending on the specific details that might be proposed, exclusionary formularies could upset this broad patient access in Medicaid without achieving corresponding savings over the already-existing steep mandatory rebates.

MEDICAID “BEST PRICE”

Question. In the Trump administration’s Blueprint, they suggested that because drug manufacturers have to give Medicaid the “best price” on drugs, there is no incentive to offer deeper discounts to other payers—both government and commercial—than what is already offered under the Medicaid Drug Rebate Program.

Does the Medicaid “best price” requirement encourage manufacturers to increase initial prices?

What, if any, changes would you suggest we make to the program?

Answer. AbbVie has not found that best price requirements have created incentives in the system to increase initial prices.

OUTCOMES-BASED CONTRACTS

Question. In almost all of your testimonies, you highlight your support of outcomes-based contracts and how we need to be shifting our system toward that approach.

How will these contracts lower drug costs for patients in both the near term and long-term?

How will they lower overall health-care costs for our Federal programs?

What have the preliminary results looked like so far?

Answer. Value-based arrangements can be an effective and market-based solution to managing overall health-care costs when driven by patient outcomes. Studies have found that 38 percent of payers with outcomes-based contracts experience im-

proved patient outcomes and 33 percent experience plan health-care cost savings. Additionally, plans with outcomes-based contracts have been found to have a 28 percent lower patient co-payment. All of these factors work towards moving payment for prescription medicines away from volume-based approaches to value-based models in a manner that appropriately balances patient access with the appropriate use of medications to lower overall health-care costs.

At AbbVie, we believe all our products provide value to patients and the larger health care system and are interested in the possibilities that could arise through value-based contracting. To further foster value-based arrangements, we support the reforms included in the Patient Affordability, Value and Efficiency (PAVE) Act, introduced by Senators Cassidy (R-LA) and Warner (D-VA).

TRANSPARENCY/POINT OF SALE

Question. In almost all of your testimonies, you express your support for the Trump Administration's proposal to allow manufacturers to provide PBMs up-front discounts that are passed onto patients at the point-of-sale.

Do you feel like this proposal will make the transactions within the drug supply chain more transparent?

If so, would this transparency bring down drug costs—overall and for specialty drugs?

Answer. There has been significant discussion over the past several months about proposals to eliminate rebates from Medicare Part D, Medicaid, and the commercial market culminating in the administration's publication of a proposed rule to "expressly exclud[e] from safe harbor protection under the Anti-Kickback Statute (AKS) rebates on prescription drugs paid by manufacturers to pharmacy benefit managers (PBMs), Part D plans, and Medicaid managed care organizations. The proposal would create a new safe harbor protecting discounts offered to patients at the pharmacy counter. Finally, the proposal would create new safe harbor protection for fixed fee services arrangements between manufacturers and PBMs."

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As for what the elimination of rebates might mean to the overall health care system or pharmaceutical companies, it is premature to comment on these items until the Administration's rule is finalized, implementation timelines are solidified and there are specific details regarding how a new system without rebates will be structured and function.

THE RELATIONSHIP BETWEEN WHOLESALERS AND MANUFACTURERS

Question. When talking about the pharmaceutical supply chain, a lot of focus has been placed on the Pharmacy Benefit Manager. But there's another side of the equation that I'd like to ask about.

How do wholesalers negotiate pricing with manufacturers?

What impact does this have on drug costs?

What incentives or disincentives do they have to contain price increases?

Answer. Wholesalers provide efficiencies in the distribution of products for manufacturers, pharmacies and providers. They track supply needs and maintain inventory levels consistent with patient need. They also provide manufacturers with data and information related to both historical purchasing patterns and projected future need, allowing manufacturers to more accurately predict future supply needed in the market to determine production needs. Wholesalers are also a "one-stop shop" for sourcing medications and in some cases provide payer contracting efficiencies through their Pharmacy Services Administrative Organizations. This allows pharmacies to gain access to payer networks efficiently, without negotiating with individual payers.

Manufacturers pay bona fide fees to wholesalers cover the costs of the services described above.

QUESTIONS SUBMITTED BY HON. RON WYDEN

PROPOSED REBATE RULE

Question. As has been done in many other settings, drug manufacturers said during the hearing that one reason list prices for drugs are high is that pharmaceutical benefit managers (PBMs) demand larger and larger rebates in order for the drug to receive favorable placement on a formulary. You and your colleagues who testified during the hearing stated if the Administration's proposal on changes to the anti-kickback safe harbor for pharmaceutical rebates took effect, your company would likely lower list price.

Like many Oregonians, I am skeptical drug manufacturers would voluntarily lower their prices. Therefore, would you support legislation that would (1) make similar changes the administration has put forward related to Part D and Medicaid managed care, (2) change the rebate system in a similar way to the proposal for the commercial market, and (3) require drug makers to lower the list price of their drugs equal to the amount of rebates provided today?

Answer. There has been significant discussion over the past several months about proposals to eliminate rebates from Medicare Part D, Medicaid, and the commercial market culminating in the administration's publication of a proposed rule to "expressly exclud[e] from safe harbor protection under the Anti-Kickback Statute (AKS) rebates on prescription drugs paid by manufacturers to pharmacy benefit managers (PBMs), Part D plans, and Medicaid managed care organizations. The proposal would create a new safe harbor protecting discounts offered to patients at the pharmacy counter. Finally, the proposal would create new safe harbor protection for fixed fee services arrangements between manufacturers and PBMs."

AbbVie is encouraged by the goals of the proposed rule to ensure manufacturer discounts are reflected in and reduce patient cost sharing under Part D. While we believe the rule is an important step in the right direction, we also believe more should be done to help reduce the out-of-pocket cost burden on Medicare Part D patients.

As for what the elimination of rebates might mean to the overall health-care system or pharmaceutical companies, it is premature to comment on these items until the administration's rule is finalized, implementation timelines are solidified, and there are specific details regarding how a new system without rebates will be structured and function.

MEDICAID DRUG REBATE PROGRAM

Question. The Medicaid Drug Rebate Program (MDRP) requires manufacturers to provide a basic rebate and an additional inflationary rebate for both brand and generic drugs. The inflationary rebate is an increasingly substantial part of total rebates due in large part to large increases in drug prices that exceed inflation. Under current law, this inflationary rebate is capped at 100 percent of Average Manufacturer Price (AMP). This is the case even when manufacturers continue to raise their prices well above inflation.

Please provide a list of all of your pharmaceutical products that have reached the Medicaid AMP rebate cap in any of the 20 quarters from January 1, 2014 through December 31, 2018.

For each drug listed in response to question 1, please also provide a list of which quarters and years each drug hit the cap.

Answer.

PRODUCT NAME	NDC 11	QTR/YEAR of AMP CAPs
Androgel 1%, 2.5 G Unit Dose, 30'S	00051-8425-30	Q1 2015
Androgel 1%, 5.0 G Unit Dose, 30'S	00051-8450-30	Q1 2015
Androgel 1.62% 2.5Gm Unit Dose	00051-8462-30	Q2 2017, Q1 2018-Q3 2018
Androgel 1.62% 1.25Gm Unit Dose	00051-8462-31	Q2 2017, Q1 2018-Q3 2018
Androgel 1.62% Pump	00051-8462-33	Q2 2017, Q1 2018-Q3 2018

PRODUCT NAME	NDC 11	QTR/YEAR of AMP CAPs
Biaxin, Filmtab Tablets, 500 Mg, 60'S	00074-2586-60	Q3 2016-Q4 2016
Biaxin XL, Filmtab Tab, 500 Mg, 10x10'S	00074-3165-11	Q1 2014-Q4 2015
Biaxin XL 500Mg(1x14)	00074-3165-14	Q1 2014-Q4 2015
Biaxin XL, Filmtab Tabs, 500Mg, 4x14'S	00074-3165-41	Q1 2014-Q4 2015
Biaxin XL, Filmtab Tablets, 500 Mg, 60'S	00074-3165-60	Q1 2014-Q4 2015
Biaxin OS, 250Mg/5ML, 100ML	00074-3188-13	Q2 2014-Q3 2014, Q1 2016-Q2 2018
Biaxin OS 250Mg/5ML, 50ML	00074-3188-50	Q2 2014-Q3 2014, Q1 2016-Q2 2018
Biaxin Filmtab Tablets, 250 Mg, 60'S	00074-3368-60	Q1 2014, Q3 2014, Q1 2015-Q3 2015
Cardizem LA , Tablets, 120 Mg, 30'S	00074-3045-30	Q1 2014-Q3 2014
Cardizem LA , Tablets, 120 Mg, 90'S	00074-3045-90	Q1 2014-Q3 2014
Cardizem LA , Tablets, 180 Mg, 30'S	00074-3061-30	Q1 2014
Cardizem LA , Tablets, 180 Mg, 90'S	00074-3061-90	Q1 2014
Cardizem LA , Tablets, 240 Mg, 30'S	00074-3062-30	Q1 2014
Cardizem LA , Tablets, 240 Mg, 90'S	00074-3062-90	Q1 2014
Cardizem LA , Tablets, 300 Mg, 30'S	00074-3063-30	Q1 2014
Cardizem LA , Tablets, 300 Mg, 90'S	00074-3063-90	Q1 2014
Cardizem LA , Tablets, 360 Mg, 30'S	00074-3064-30	Q1 2014-Q2 2014
Cardizem LA , Tablets, 360 Mg, 90'S	00074-3064-90	Q1 2014-Q2 2014
Cardizem LA , Tablets, 420 Mg, 30'S	00074-3069-30	Q1 2014
Cardizem LA, Tablets, 420 Mg, 90'S	00074-3069-90	Q1 2014
Depacon 500Mg (100Mg/1ML) 10x5ML SDV	00074-1564-10	Q1 2016, Q4 2016-Q4 2017
Depakene 250Mg 100Cap	00074-5681-13	Q1 2014, Q3 2014-Q4 2018
Depakene OS 250Mg/5ML, 16Oz	00074-5682-16	Q3 2014-Q4 2018
Depakote ER 250Mg 10x10Tab	00074-3826-11	Q1 2015, Q4 2018
Depakote ER 250Mg 100Tab	00074-3826-13	Q1 2015, Q4 2018
Depakote, Sprinkle Capsule, 125 Mg, 10 - 10	00074-6114-11	Q1 2015-Q4 2018
Depakote Sprinkle Capsule, 125Mg, 100	00074-6114-13	Q1 2015-Q4 2018
Depakote 125Mg 100Tab	00074-6212-13	Q1 2014, Q3 2014-Q4 2018
Depakote 250Mg 100Tab	00074-6214-13	Q1 2014, Q3 2014-Q4 2018
Depakote 250Mg 500Tab	00074-6214-53	Q1 2014, Q3 2014-Q4 2018

PRODUCT NAME	NDC 11	QTR/YEAR of AMP CAPs
Depakote 500Mg 100Tab	00074-6215-13	Q1 2014, Q3 2014-Q4 2018
Depakote 500Mg 500Tab	00074-6215-53	Q1 2014, Q3 2014-Q4 2018
Depakote ER 500Mg 10X10Tab	00074-7126-11	Q4 2014-Q1 2015, Q1 2017-Q3 2017, Q4 2018
Depakote ER 500Mg 100Tab	00074-7126-13	Q4 2014-Q1 2015, Q1 2017-Q3 2017, Q4 2018
Depakote ER 500Mg 500Tab	00074-7126-53	Q4 2014-Q1 2015, Q1 2017-Q3 2017, Q4 2018
Humira 40Mg/0.8ML (2 Syringes)	00074-3799-02	Q2 2016-Q4 2018
Humira Ped Crohns Starter Pack, 40Mg	00074-3799-03	Q2 2016-Q4 2018
Humira Ped Crohns Starter Pack, 40Mg	00074-3799-06	Q2 2016-Q4 2018
Humira 40Mg/0.8 ML (2 Pens)	00074-4339-02	Q2 2016-Q4 2018
Humira, Crohn's, 40Mg/0.8 ML (6 Pens)	00074-4339-06	Q2 2016-Q4 2018
Humira, Psoriasis, 40Mg/0.8ML (4 Pens)	00074-4339-07	Q2 2016-Q4 2018
Humira, Single Dose Syringe, 10 Mg/0.2ML	00074-6347-02	Q2 2016-Q4 2018
Humira 20Mg/0.4ML (2 Syringes)	00074-9374-02	Q2 2016-Q4 2018
K-Tab, Filmtabs, 8Meq, 600Mg, 100Ct	00074-3058-41	Q3 2018
K-Tab, Filmtabs, 8Meq, 600Mg, 1000Ct	00074-3058-46	Q3 2018
Marinol 2.5 Mg Capsules, 60'S	00051-0021-21	Q2 2016
Marinol 5 Mg Capsules, 60'S	00051-0022-21	Q3 2018
Marinol 10 Mg Capsules, 60'S	00051-0023-21	Q2 2014, Q3 2017
Mavik, Tablets, 1 Mg, 100'S	00074-2278-13	Q4 2014, Q2 2015
Niaspan, Tablets, 500 Mg, 90'S	00074-3074-90	Q1 2014, Q2 2015, Q1 2016-Q3 2016, Q1 2017-Q4 2018
Niaspan, Tablets, 750 Mg, 90'S	00074-3079-90	Q1 2014, Q4 2014, Q2 2015-Q2 2016, Q4 2016-Q4 2018
Niaspan, Tablets, 1000 Mg, 90'S	00074-3080-90	Q1 2014, Q1 2015-Q2 2015, Q1 2016-Q3 2016, Q1 2017-Q4 2018
Niaspan, Tablets, 500Mg, 90'S	00074-3265-90	Q4 2017-Q4 2018
Niaspan, Tablets, 750Mg 90'S	00074-3274-90	Q1 2018-Q4 2018
Niaspan, Tablets, 1000Mg 90'S	00074-3275-90	Q4 2017-Q4 2018
Prometrium 100 Mg Capsules, 100'S	00032-1708-01	Q2 2016-Q4 2018
Prometrium 200 Mg Capsules, 100'S	00032-1711-01	Q2 2016-Q4 2018

PRODUCT NAME	NDC 11	QTR/YEAR of AMP CAPs
Simcor 500Mg/20Mg, 90Tab	00074-3312-90	Q3 2014
Simcor 1000Mg/20Mg, 90Tab	00074-3455-90	Q1 2014, Q3 2014
Tarka ER 2Mg/180Mg, 100Tab	00074-3287-13	Q2 2015-Q4 2015, Q2 2016-Q4 2016, Q2 2017-Q4 2017, Q2 2018-Q4 2018
Tarka 1Mg/240Mg, 100Tab	00074-3288-13	Q2 2015-Q4 2015, Q2 2016-Q4 2018
Tarka ER 2Mg/240Mg, 100Tab	00074-3289-13	Q1 2014, Q2 2015-Q4 2015, Q2 2016-Q4 2016, Q2 2017-Q4 2017, Q2 2018-Q4 2018
Tarka ER 4Mg/240Mg, 100Tab	00074-3290-13	Q1 2014, Q1 2015-Q3 2015, Q1 2016-Q2 2016, Q4 2016-Q2 2017, Q4 2017-Q3 2018
Tricor, Tablets, 145Mg, 90Ct Btl	00074-3189-90	Q3 2018
Tricor, Tablets, 48 Mg, 90'S	00074-6122-90	Q4 2014-Q1 2015
Tricor, Tablets, 145 Mg, 90'S	00074-6123-90	Q3 2018
Trilipix, Delayed Release Cap, 45Mg 90Ct	00074-3161-90	Q2 2017-Q4 2017, Q2 2018-Q4 2018
Trilipix, Delayed Release Cap, 135Mg 90'S	00074-9189-90	Q3 2018-Q4 2018
Trilipix, Delayed Release Cap, 45Mg 90'S	00074-9642-90	Q3 2014-Q4 2014, Q2 2015-Q3 2015, Q1 2016, Q3 2016-Q4 2016, Q2 2017-Q4 2017, Q2 2018-Q4 2018
Zemplar, Capsules, 2 Mcg, 30'S	00074-4314-30	Q3 2014-Q1 2015, Q3 2015-Q4 2015, Q2 2016-Q4 2016, Q2 2017, Q4 2017-Q4 2018
Zemplar, Capsules, 4 Mcg, 30'S	00074-4315-30	Q2 2014-Q4 2015
Zemplar, Capsules, 1 Mcg, 30'S	00074-4317-30	Q4 2014, Q2 2015, Q4 2015, Q2 2016, Q1 2018-Q4 2018

MEDICAID DRUG REBATE PROGRAM COMPLIANCE

Question. I am concerned about recent reports and legal settlements surrounding drug manufacturers' failure to comply fully with the requirements of the MDRP. For example, an analysis by the U.S. Department of Health and Human Services office of Inspector General found that between 2012 and 2016 taxpayers may have overpaid by as much as \$1.3 billion for 10 potentially misclassified drugs. That is why I introduced the Right Rebate Act with Chairman Grassley to prevent drug manufacturers from manipulating Medicaid to increase their profits. However, I continued to be concerned about oversight and manufacturer compliance with the requirements of the Medicaid Drug Rebate Program. Accordingly, please describe the following:

Your company's current compliance plan and procedures used to ensure compliance with the requirements of the Medicaid Drug Rebate Program including internal audits or other checks you use to identify compliance vulnerabilities.

Answer. AbbVie has established and maintains a comprehensive compliance plan and procedures to ensure MDRP compliance, the core components of which include policies and procedures relating to MDRP issues, routine internal and external monitoring and auditing, and a dedicated governance team to monitor and address any potential MDRP issues.

Question. Any past or ongoing issues of non-compliance.

Answer. We are not aware of past or ongoing issues of non-compliance with MDRP legal requirements.

Question. Any corrective actions taken to address identified problems or issues of noncompliance with the MDRP and how such steps were communicated to the Centers for Medicare and Medicaid Services.

Answer. We are not aware of past or ongoing issues of non-compliance with MDRP legal requirements.

Question. Any steps taken to improve compliance and ensure that all Medicaid drug rebates owed to the Federal Government and the States are paid in full.

Answer. AbbVie conducts periodic reviews of its compliance plan and updates its policies, procedures, and monitoring plans as needed to ensure the company's continued implementation of MDRP legal requirements.

BONUS PAYMENTS TIED TO SPECIFIC DRUGS

Question. I am concerned by the potential for employee financial incentives to encourage high launch prices and price increases for prescription drugs.

Is your salary, bonus, or other compensation tied to sales or revenue targets of a single product your company sells? Has it ever been? If yes, please state the product or products to which your salary, bonus or other compensation was tied.

Is your salary, bonus, or other compensation tied to either revenue or net income of the company as a whole? Has it ever been? If yes, please explain what assumptions about price increases are used when the compensation committee sets revenue or net income goals. Does the compensation committee provide any guidance to executives in regards to the amount of revenue that the company will generate from price increases versus volume growth?

Answer. To determine Mr. Gonzalez's 2018 annual incentive compensation (sometimes referred to as a bonus), net revenues, income before taxes, and Humira sales were three of several quantitative financial metrics that were considered in addition to qualitative factors. At most, a single quantitative financial metric had the potential to impact up to 3 percent of Mr. Gonzalez's total compensation, subject to additional qualitative and relative analyses. No other compensation element, beyond the annual incentive compensation, includes Humira sales, revenue, or net income as a performance metric. While some specific details have differed somewhat, the foregoing has generally been true in prior years as well.

QUESTIONS SUBMITTED BY HON. ROBERT MENENDEZ

Question. When new products enter the market, do drug companies set high initial rebates and then provide deep rebates in order to gain access to insurance plan's formularies?

Answer. Over the last 2 years, AbbVie has brought Mavyret and Orilissa to patients. Mavyret is for the treatment of adults with chronic hepatitis C virus (HCV) infection across all major genotypes, and Orilissa is the first and only oral gonadotropin-releasing hormone antagonist specifically developed for women with moderate to severe endometriosis pain. Mavyret was introduced with a list price below competitive alternatives and Orilissa was introduced at a list price below the current standard of care.

Rebates are a form of price competition that results from the aggressive negotiations that occur between health plans (and their representative PBMs) and pharmaceutical companies to provide patients with access to medicines and treatments that can best help patients manage their medical conditions. Plans/PBMs create formularies to list brand and generic medicines.

Question. If CMS finalizes the rebate rule, do you anticipate future products entering the market with significantly lower initial list prices?

Answer. There has been significant discussion over the past several months about proposals to eliminate rebates from Medicare Part D, Medicaid, and the commercial market culminating in the administration's publication of a proposed rule to "expressly exclud[e] from safe harbor protection under the Anti-Kickback Statute (AKS) rebates on prescription drugs paid by manufacturers to pharmacy benefit managers (PBMs), Part D plans, and Medicaid managed care organizations. The proposal would create a new safe harbor protecting discounts offered to patients at the phar-

macy counter. Finally, the proposal would create new safe harbor protection for fixed fee services arrangements between manufacturers and PBMs.”

AbbVie is encouraged by the goals of the proposed rule to ensure manufacturer discounts are reflected in and reduce patient cost sharing under Part D. While we believe the rule is an important step in the right direction, we also believe more should be done to help reduce the out-of-pocket cost burden on Medicare Part D patients.

As for what the elimination of rebates might mean to the overall health care system or pharmaceutical companies, it is premature to comment on these items until the Administration’s rule is finalized, implementation timelines are solidified and there are specific details regarding how a new system without rebates will be structured and function.

QUESTIONS SUBMITTED BY HON. THOMAS R. CARPER

Question. What are your recommendations for lowering prices for the 40 percent of drugs that do not offer rebates in Medicare Part D?

Answer. A majority of the discussion about the cost of prescription drugs has been focused on list prices. We agree that price should be part of the discussion, however we also know that solutions targeting list price alone are not enough. Our experience in launching a low list price HCV medicine made it clear to AbbVie and patients that list price reductions will not always address patient affordability and access.

Providing discounts to the patient at the point of sale is an effective way of ensuring that patients can see lower out-of-pocket costs. However, this is just the start. AbbVie believes that more must be done.

The Medicare Part D benefit design contributes to making innovative therapies cost-prohibitive for Medicare patients because patients are charged out-of-pocket costs based on a medicine’s list price, which does not reflect the rebates that Medicare receives.

AbbVie believes it is important to alleviate the burdens that patients face due to Medicare Part D out-of-pocket costs. AbbVie supports solutions like a patient out-of-pocket cap in Part D and smoothing patient out-of-pocket payments over a full year, so patients have some predictability with respect to their out-of-pocket costs.

In addition, AbbVie is prepared to step up and discuss how companies like ours can shoulder more of the burden of a patient’s out-of-pocket expenses.

As policymakers consider the impact of addressing out-of-pocket costs in Medicare Part D, questions may arise around whether it will lead to unnecessary utilization and wasteful spending. For specialty medicines, increased utilization should not be misunderstood as unnecessary or wasteful. Part D plans have tools, like step therapy requirements for patients to first try lower cost alternatives before a specialty medicine would be covered and prior authorization requirements before a specialty medicine would be covered, to manage the utilization of the majority of higher cost specialty medicines. These tools ensure patients try a less costly medication first and have met the clinical criteria for taking the specialty drug prescribed and serve the function that an out-of-pocket cost obligation on patients might serve to prevent unnecessary use.

Question. In the health insurance plans that you offer your employees, do you ask your insurers to pass through the full manufacturer rebates to the beneficiaries?

Answer. AbbVie’s benefit plans are structured to ensure employees share in the cost of their prescription drugs but are also able to access and afford their medicines, with the goal of maximizing prescription drug adherence.

Currently our maximum co-pays and out-of-pocket maximums ensure patient access and allow us to utilize rebates to reduce premiums. Our benefit includes a deductible and 25-percent co-pay for prescription medicines that is capped at \$125 for a 30-day supply. For mail order or specialty pharmacy, there is a 20-percent co-pay that is capped at \$250 for a 90-day supply. Additionally, our benefit plans include an annual out-of-pocket maximum. Our prescription drug adherence levels are high year over year across many disease states.

To increase transparency, members receive a receipt at retail or via mail/specialty pharmacies that reflects their share of the discounted price of the drug.

AbbVie has considered the impact of passing through rebates to employees and have found a minimal impact on employee out-of-pocket expenses for all medicines, including specialty. We have found that it would only reduce employee spending if the rebate reduced the co-payment obligation below \$125 for drugs filled at retail or \$250 for mail order or specialty drugs.

Employees who would benefit the most in this scenario would be those in high deductible health plans before they meet their deductible, however it could slow the time in which they would reach their deductible.

While we have found that providing rebates at point of sale is most beneficial to enrollees whose benefit design does not include a maximum co-pay and therefore may not be beneficial to AbbVie employees, we are continuing to assess the impact in a manner that ensures we can maintain the current employee costsharing levels in our benefit design that drive adherence.

Question. The systems for pricing and distributing drugs are opaque and difficult to understand. What are your recommendations for increasing transparency in how your companies set the list prices for drugs, and for improving transparency in the supply chain for prescription drugs? Would you support federal standards for transparency in setting the list prices for drugs?

Answer. AbbVie supports transparency that is accurate, timely, comprehensive and meaningful to patients as they make better-informed decisions about their health care. This includes broad transparency across the entire health-care system and consistent requirements, including for all entities in the drug supply chain, rather than a narrow focus on one individual sector. It is also important that any new transparency requirements are prospective and balanced with appropriate protections for confidential, proprietary information so as not to undermine competition in the marketplace. As Congress considers approaches to address transparency at the Federal level, AbbVie welcomes further discussion on this important topic.

Question. In nearly every sector of the health-care industry, Medicare, Medicaid, employers, and insurers are moving away from fee-for-service payments to reimbursements based on value and performance. Prescription drugs and medical devices were the glaring exceptions to this trend until recently. How many of your drugs are included in valuebased contracts and how many patients are benefiting from them? How do these valuebased contracts work to lower drug prices for both patients and taxpayers?

Answer. Value-based arrangements can be an effective and market-based solution to managing overall health-care costs when driven by patient outcomes. Studies have found that 38 percent of payers with outcomes-based contracts experience improved patient outcomes and 33 percent experience plan health-care cost savings. Additionally, plans with outcomes-based contracts have been found to have a 28 percent lower patient co-payment. All of these factors work towards moving payment for prescription medicines away from volume-based approaches to value-based models in a manner that appropriately balances patient access with the appropriate use of medications to lower overall health-care costs.

At AbbVie, we believe all our products provide value to patients and the larger health care system and are interested in the possibilities that could arise through value-based contracting. To further foster value-based arrangements, we support the reforms included in the Patient Affordability, Value and Efficiency (PAVE) Act, introduced by Senators Cassidy (R-LA) and Warner (D-VA).

Question. Last year, Senator Portman and I did an investigation on the pricing of an opioid overdose reversal drug called EVZIO, manufactured by Kaléo. Kaléo increased the price of EVZIO from \$575 in 2014 to \$4,100 in 2017. We found that the best price Medicare was able to get for EVZIO, about \$4,000, was much higher than the price other federal programs and private insurers were able to get. It seemed that Kaléo was able to get this higher price of \$4,000 from Medicare by helping doctors fill out paperwork showing that the drug was medically necessary, even though there are cheaper alternatives on the market. As a result of the investigation, Kaléo announced it will bring a generic version of the drug to market at only \$168 per pack. Are any of your companies providing medical necessity paperwork to doctors in order to get your drugs covered by Medicare?

Answer. Unlike the scenarios raised in this question, AbbVie does not have a practice of completing medical necessity sections on any reimbursement forms, purporting to make medical necessity determinations that should be made by physi-

cians, or submitting medical necessity forms to payors on behalf of patients or physicians.

Question. In 2017, the Rand Corporation estimated that biosimilar drugs, which are competitors to complex, biologic drugs, could save the United States more than \$50 billion over the next decade. Some of you have also argued that increasing the use of biosimilar drugs would help lower drugs costs for consumers and taxpayers. What is delaying the uptake of biosimilar drugs in the United States? What policies do you recommend to increase the development of biosimilar drugs?

Answer. AbbVie believes that FDA's current, patient-centered and science-based approach to the development of standards governing the approval of biosimilars—including interchangeable biosimilars—helps to build a sustainable biosimilar market as patients and health care providers become more exposed to, and comfortable with, these products. The agency's approach best ensures the approval of quality, safe, and effective biosimilar products—products that will instill confidence among patients and prescribers. A robust and competitive biologic marketplace cannot survive without this stakeholder confidence and support.

Any policies regarding the biologics market must take into consideration the fundamental differences between small molecule generics and biosimilars. Consequently, competition between biosimilars and their reference products will necessarily more closely resemble brand-to-brand competition. A key principle for encouraging appropriate market competition for biological products, then, is ensuring a level playing field for all biologic products. Artificially favoring either biosimilars or innovator biologics in coverage or reimbursement creates market inefficiencies by reducing incentives to compete on price. Moreover, policies designed to artificially drive usage of either the biosimilar or the reference biologic risk confusing stakeholders regarding the clear regulatory distinctions between biosimilars and small-molecule generics. Robust competition should therefore be driven by an increasing number of innovator and biosimilar products competing to treat disease at the lowest possible cost.

QUESTIONS SUBMITTED BY HON. BENJAMIN L. CARDIN

Question. The United States is one of the only countries in the world to allow prescription drug manufacturers to advertise directly to consumers through magazines, billboards, radio, and television commercials. While I will not argue that it is beneficial to educate consumers about an unfamiliar disease and encourage them to seek medical help, most commercials from all of your companies recommend asking about a specific brand name drug, not a medical condition. Furthermore, even if your advertisements follow all FDA rules and list medication side effects, they also almost always list these while a smiling, apparently healthy person is walking on a beach.

Researchers say that this type of imagery, combined with viewing hours of drug commercials each month, leads consumers to underestimate the risks associated with medications. For the past decade, studies have shown that aggressive direct-to-consumer advertising is associated with rising drug prices and an increase in inappropriate drug prescriptions.

Since researchers have concluded that consumers are misunderstanding the benefits and risks described in your ads, what further policies could help you and your colleagues ensure that you are educating patients in a clear manner?

Answer. We believe it is unlikely that DTC advertising would lead to an “increase in inappropriate prescriptions” for AbbVie's largely specialty-product portfolio. Both commercial insurance and Part D plans have tools, like step therapy requirements for patients to first try lower cost alternatives before a specialty medicine would be covered and prior authorization requirements before a specialty medicine would be covered to manage the utilization of the majority of higher cost specialty medicines. These tools ensure patients try a less costly medication first and have met the clinical criteria for taking the specialty drug prescribed.

Further, we believe that consumers understand the benefits and risks described in AbbVie's advertisements. AbbVie goes beyond the FDA regulations to ensure its advertising is accurate, truthful, not misleading, and reflects an appropriate balance between the risks and benefits of the drugs. This includes complying with PhRMA's

voluntary principles on direct to consumer advertising.² Some of the key principles addressing the issues of educating patients in a clear manner include:

- Companies that choose to feature actors in the roles of health-care professionals in a DTC television or print advertisement that identifies a particular product should acknowledge in the advertisement that actors are being used. Likewise, if actual health-care professionals appear in such advertisements, the advertisement should include an acknowledgment if the health-care professional is compensated for the appearance.
- DTC television advertising that identifies a product by name should clearly state the health conditions for which the medicine is approved and the major risks associated with the medicine being advertised.
- DTC television and print advertising should be designed to achieve a balanced presentation of both the benefits and the risks associated with the advertised prescription medicine. Specifically, risks and safety information, including the substance of relevant boxed warnings, should be presented with reasonably comparable prominence to the benefit information, in a clear, conspicuous and neutral manner, and without distraction from the content. In addition, DTC television advertisements should support responsible patient education by directing patients to health care professionals as well as to print advertisements and/or websites where additional benefit and risk information is available.
- All DTC advertising should respect the seriousness of the health conditions and the medicine being advertised.

AbbVie believes these are important principles that all pharmaceutical advertisements should follow. Our approach of listening to, and learning from, consumers, caregivers, physicians and other health-care professionals continues to confirm our belief that accurate, balanced and timely information about our prescription medicines and the conditions they treat is an essential component of our commitment to putting patient health first.

PHARMACEUTICAL COMPANIES CONTINUE TO RAISE PRICES

Question. As you are well aware, high prescription drug prices are the number one concern for Americans and their families. According to the Organization for Economic Cooperation and Development, the average American spends around \$1,208 annually on prescription drugs. There have been several instances where brand name or even generic drugs that have been on the market for years continue to increase in price.

One of the most well known examples is Mylan's increase of the price of EpiPen from less than \$100 in 2007 to more than \$600 in 2016. Another example, is the everincreasing price of insulin. Sanofi increased the price of a vial of Lantus from \$88.20 in 2007 to \$307.20 in 2017. And those are just a small sample of price increases.

Why don't we see price decreases for drugs that have been on the market for years without new formulations or added benefit?

Answer. Price often does decrease for drugs that have been on the market for years. The U.S. has a robust and well-functioning system with fast entry of generic medicines following the expiration of patent and market exclusivities for brand medications. When generics medicines enter the market price reductions can be dramatic. In fact, GAO has found that prices are typically reduced by 20 percent for each new generic entrant to the market. From 2005 to 2013 prices of medicines commonly used to prevent cardiovascular disease dropped 92 percent. The daily cost of the top 10 therapeutic classes of medicines most commonly used by Medicare Part D enrollees dropped from \$1.50 to \$0.77 from 2006 to 2013.

In addition to dramatic decreases in price, generic uptake is swift in the U.S. When a generic version of a medicine becomes available for the first time, it captures an average of three-quarters of the market within 3 months. Some generics captures as much as 90 percent in that same time period. Utilization is also the highest in the U.S. when compared to uptake in other markets, such as the UK, France, Japan, Germany, and Australia. According to the 2018 Medicare Trustees Report, the generic utilization rate for Part D beneficiaries has steadily increased each year, from 75 percent in 2010 to 88 percent in 2017.

²See http://phrmdocs.phrma.org/files/dmfile/PhRMA—Guiding—Principles_2018.pdf.

Competition is also robust among branded products. From 2005 to 2011, the time only one medicine was available in its class declined from a median of 10 years in the 1970s to close to 2 years from 2005–2011. Half of second medicines were approved within 2.3 years and one quarter were approved within just 4 months. These competitive forces lead to manufacturers offering discounts. An analysis by IQVIA found that net prices for brands continued to increase more slowly than invoice prices from 2013 to 2016, with average price increases for brands at 9.2 percent (down from 12 percent in 2015) and net price growth increases at 3.5 percent. For the same year, the analysis found that rebates, discounts, and other price concessions offset price growth for brand medicines by 62 percent.

PAY FOR DELAY

Question. Pay for delay is a tactic that more and more branded drug manufacturers have been using to stifle competition from lower-cost generic manufacturers. This allows you to sidestep competition by offering patent settlements that pay generic companies not to bring lower-cost alternatives to market.

These “pay-for-delay” patent settlements benefit both brand-name pharmaceutical companies by helping them avoid costly patent litigation and general manufacturers by rewarding them a hefty sum to delay entering the market with a cheaper drug alternative. However, these deals do not benefit consumers. According to an FTC study, these anticompetitive deals cost consumers and taxpayers \$3.5 billion in higher drug costs every year.

Does your company partake in pay-for-delay settlements?

Why would a pharmaceutical company enter into a pay-for delay agreement?

Do you think these agreements stifle competition and prevent generic alternatives to your branded medications?

Answer. “Pay-for-delay” is not a self-defining phrase. With respect to the term “pay,” patent litigation settlements, like all litigation settlements, involve compromise in which both sides believe they are getting value from the resolution. There is no definition explaining the circumstances under which that value would implicate the term “pay” in “pay-for-delay” for purposes of these questions. And with respect to “delay” virtually all patent settlements provide for the generic competitor to enter the market before the expiration of the patent at issue. So if the alternative resolution of a patent lawsuit would be the innovator company continuing to enforce its patent until expiration, then such a settlement, no matter what value is exchanged, would actually accelerate competition, not delay it.

DRUG REBATE RULE

Question. In January, the Department of Health and Human Services’ (HHS) office of Inspector General (OIG) promulgated a new regulation to remove regulatory safe harbor protections under the Anti-Kickback Statute (AKS) for rebates on prescription drugs rebates paid by manufacturers to PBMs under Medicare Part D and for Medicaid managed care organizations (MCOs). The OIG proposal attempts to ban most rebates by eliminating their regulatory protections.

The rule is predicted to increase net drug costs in its early years. The CMS actuaries estimate it would cost \$196 billion over 10 years. Despite this high price tag, the beneficiary benefits are limited. The proposed rule notes that under the CMS Actuary’s analysis, the majority of beneficiaries would see an increase in their total out-of-pocket payments and premium costs; reductions in total cost sharing will exceed total premium increases.

I wanted to ask a question about the administration’s rebate rule, which I understand that many of the drug manufacturers, and your main trade association, strongly support. According to an analysis of the rule by the Office of Actuaries at CMS, drug manufacturers are likely to initially retain 15 percent of the current rebates as higher net drug prices.

Given that estimate, can you provide the committee with any assurances that prices will not increase under this proposed rule?

Answer. There has been significant discussion over the past several months about proposals to eliminate rebates from Medicare Part D, Medicaid, and the commercial market culminating in the administration’s publication of a proposed rule to “expressly exclude[e] from safe harbor protection under the Anti-Kickback Statute (AKS) rebates on prescription drugs paid by manufacturers to pharmacy benefit managers (PBMs), Part D plans, and Medicaid managed care organizations. The

proposal would create a new safe harbor protecting discounts offered to patients at the pharmacy counter. Finally, the proposal would create new safe harbor protection for fixed fee services arrangements between manufacturers and PBMs.”

AbbVie is encouraged by the goals of the proposed rule to ensure manufacturer discounts are reflected in and reduce patient cost sharing under Part D. While we believe the rule is an important step in the right direction, we also believe more should be done to help reduce the out-of-pocket cost burden on Medicare Part D patients.

As for what the elimination of rebates might mean to the overall health care system or pharmaceutical companies, it is premature to comment on these items until the Administration’s rule is finalized, implementation timelines are solidified and there are specific details regarding how a new system without rebates will be structured and function.

QUESTIONS SUBMITTED BY HON. SHERROD BROWN

Question. According to an article recently published in the *Journal of the American Medical Association*, medical marketers spent nearly \$30 billion dollars in 2016, up from \$17 billion in 1997. Direct-to-Consumer (DTC) advertising had the biggest percentage increase: from \$2.1 billion, or 11.9 percent of all medical marketing, in 1997 to \$9.6 billion, or 32 percent of total spending, in 2016.

Can each of you please provide what your ratio of spending on sales and marketing to research and development is today?

Answer. AbbVie spends more on research and development than on global sales, marketing, and promotion costs. The global sales, marketing, and promotion spend in 2018 across all AbbVie products was \$4.24 billion. This is less than the \$5.26 billion AbbVie spent on research and development in 2018. And AbbVie’s research and development spend does not include acquired inprocess research and development (\$424 million in 2018) or money invested externally for technology, pharmaceutical compounds, or acquisitions. For example, AbbVie acquired Pharmacyclics for \$20.8 billion in 2015 and Stemcentrx for \$6.4 billion in 2016. The acquisition of both companies enhanced AbbVie’s pipeline, research and development, and clinical programs.

PRICE-GOUGING

Answer. Sanofi, as I understand it, has made a pledge to the public to limit its price increases to the national health expenditures growth projection.

Would your company commit to a cap on annual price increases as part of your PhRMA membership criteria?

Answer. With respect to the question’s proposed collective agreement by PhRMA members to cap annual price increases, we note that in 1993, PhRMA (then known as PMA, the Pharmaceutical Manufacturers Association) sought review of such a proposal from the Antitrust Division of the Department of Justice. The Department of Justice opined that the proposed agreement for PhRMA members to collectively agree to limit their price increases would be per se unlawful under federal antitrust laws, even though the proposal was made “in response to concerns about controlling health care costs.” (Oct. 1, 1993 letter from Anne K. Bingaman, Assistant U.S. Attorney General, available at <https://www.justice.gov/atr/response-pharmaceutical-manufacturers-associationsrequest-business-review-letter> (“The PMA proposal is an arrangement among competitors that limits individual pricing decisions on its face. . . . An agreement among independent competitors that interferes with free and open price competition by restraining individual pricing decisions is a per se violation of the Sherman Act.”).) The Department of Justice said it “intend[ed] to bring suit to challenge the program if PMA and its members go forward with its proposal.” AbbVie could not support a proposal that the Department of Justice is on record as saying is unlawful and against which it would file suit to block.

As for individual action, the same Department of Justice opinion discussed above noted that, while collective agreements among competitors raised antitrust violations, an individual company’s decision to limit its own price increases would not be problematic. AbbVie in January 2017 became one of the first pharmaceutical companies to commit to limiting increases of its list prices. AbbVie committed to not

more than one, single-digit price increase annually. AbbVie has abided by that commitment.

Question. What policies would you propose to help ensure lower launch prices for new drugs?

Answer. A majority of the discussion about the cost of prescription drugs has been focused on list prices. We agree that price should be part of the discussion, however we also know that solutions targeting list price alone are not enough. Our experience in launching a low list price HCV medicine made it clear to AbbVie and patients that list price reductions will not always address patient affordability and access.

Providing discounts to the patient at the point of sale is an effective way of ensuring that patients can see lower out-of-pocket costs. However, this is just the start. AbbVie believes that more must be done.

The Medicare Part D benefit design contributes to making innovative therapies cost-prohibitive for Medicare patients because patients are charged out-of-pocket costs based on a medicine's list price, which does not reflect the rebates that Medicare receives.

AbbVie believes it is important to alleviate the burdens that patients face due to Medicare Part D out-of-pocket costs. AbbVie supports solutions like a patient out-of-pocket cap in Part D and smoothing patient out-of-pocket payments over a full year, so patients have some predictability with respect to their out-of-pocket costs.

In addition, AbbVie is prepared to step up and discuss how companies like ours can shoulder more of the burden of a patient's out-of-pocket expenses.

As policymakers consider the impact of addressing out-of-pocket costs in Medicare Part D, questions may arise around whether it will lead to unnecessary utilization and wasteful spending. For specialty medicines, increased utilization should not be misunderstood as unnecessary or wasteful. Part D plans have tools, like step therapy requirements for patients to first try lower cost alternatives before a specialty medicine would be covered and prior authorization requirements before a specialty medicine would be covered, to manage the utilization of the majority of higher cost specialty medicines. These tools ensure patients try a less costly medication first and have met the clinical criteria for taking the specialty drug prescribed and serve the function that an out-of-pocket cost obligation on patients might serve to prevent unnecessary use.

TRANSPARENCY

Question. In many of your testimonies, you mentioned that the current system of pharmacy benefit manager (PBM) back-end rebates rarely results in a scenario where the PBM passes on savings to consumers at the point of sale (POS). The administration recently proposed a rule to eliminate the anti-kickback statute safe harbor protections for these drug rebates.

Do you agree that greater transparency should be required to understand how manufacturers and PBMs are negotiating prices and rebates to ensure that savings are passed down to beneficiaries?

Answer. AbbVie supports price transparency across all stakeholders that is accurate, timely, comprehensive, and meaningful to patients as they make better-informed decisions about their health care. This includes broad transparency across the entire health-care system and consistent requirements, including for all entities in the drug supply chain, rather than a narrow focus on one individual sector. It is also important that any new transparency requirements are prospective and balanced with appropriate protections for confidential, proprietary information so as not to undermine competition in the marketplace.

PBMS

Question. An *Axios* article from March 7, 2019 highlights the fact that, while "pharmaceutical companies put a lot of the blame for high drug prices on pharmacy benefit managers," many large pharmaceutical companies "rely on PBMs to manage their own health-care benefits."

In your role as an employer, does your company contract with a pharmaceutical benefit manager (PBM) to administer the prescription drug benefits for your employees and negotiate lower drug costs on your behalf?

For those of you who do use a PBM to help manage the prescription drug benefit for your employees, how do you utilize the rebates your PBM negotiates to lower health-care costs or drug costs for your employee plans and what does your company do with that savings? Specifically, do the savings go toward lowering premiums?

For those of you who do use a PBM to help manage the prescription drug benefit for your employees, does your PBM offer point-of-sale rebates to your employees?

Answer. AbbVie does use a PBM to manage pharmacy benefits for its employees in the U.S. AbbVie's benefit plans are structured to ensure employees share in the cost of their prescription drugs but are also able to access and afford their medicines, with the goal of maximizing prescription drug adherence.

Currently our maximum co-pays and out-of-pocket maximums ensure patient access and allows us to utilize rebates to reduce premiums. Our benefit includes a deductible and 25-percent co-pay for prescription medicines that is capped per prescription at \$125 for a 30-day supply. For mail order or specialty pharmacy, there is a 20-percent co-pay that is capped per prescription at \$250 for a 90-day supply. Additionally, our benefit plans include an annual out-of-pocket maximum. Our prescription drug adherence levels are high year over year across many disease states.

To increase transparency, members receive a receipt at retail or via mail/specialty pharmacies that reflects their share of the discounted price of the drug.

AbbVie has considered the impact of passing through rebates to employees and have found a minimal impact on employee out-of-pocket expenses for all medicines, including specialty. We have found that it would only reduce employee spending if the rebate reduced the co-payment obligation below \$125 for drugs filled at retail or \$250 for mail order or specialty drugs.

Employees who would benefit the most in this scenario would be those in high deductible health plans before they meet their deductible, however it could slow the time in which they would reach their deductible.

While we have found that providing rebates at point of sale is most beneficial to enrollees whose benefit design does not include a maximum co-pay and therefore may not be beneficial to AbbVie employees, we are continuing to assess the impact in a manner that ensures we can maintain the current employee cost-sharing levels in our benefit design that drive adherence.

QUESTIONS SUBMITTED BY HON. SHELDON WHITEHOUSE

Question. Please describe any policy changes you support that would result in your company lowering the list prices of its drugs.

Answer. A majority of the discussion about the cost of prescription drugs has been focused on list prices. We agree that price should be part of the discussion, however we also know that solutions targeting list price alone are not enough. Our experience in launching a low list price HCV medicine made it clear to AbbVie and patients that list price reductions will not always address patient affordability and access.

Providing discounts to the patient at the point of sale is an effective way of ensuring that patients can see lower out-of-pocket costs. However, this is just the start. AbbVie believes that more must be done.

The Medicare Part D benefit design contributes to making innovative therapies cost-prohibitive for Medicare patients because patients are charged out-of-pocket costs based on a medicine's list price, which does not reflect the rebates that Medicare receives.

AbbVie believes it is important to alleviate the burdens that patients face due to Medicare Part D out-of-pocket costs. AbbVie supports solutions like a patient out-of-pocket cap in Part D and smoothing patient out-of-pocket payments over a full year, so patients have some predictability with respect to their out-of-pocket costs.

In addition, AbbVie is prepared to step up and discuss how companies like ours can shoulder more of the burden of a patient's out-of-pocket expenses.

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apy requirements for patients to first try lower cost alternatives before a specialty medicine would be covered and prior authorization requirements before a specialty medicine would be covered, to manage the utilization of the majority of higher cost specialty medicines. These tools ensure patients try a less costly medication first and have met the clinical criteria for taking the specialty drug prescribed and serve the function that an out-of-pocket cost obligation on patients might serve to prevent unnecessary use.

Question. How much does your company's research and development portfolio rely on taxpayer-funded research conducted by the National Institutes of Health (NIH)? How many of your company's products are based, at least in part, on NIH research, and how many are the result of research funded solely by your company?

Answer. The NIH performs important basic research that helps scientific understanding. However, AbbVie spends its own money to do the vast majority of its drug development and clinical trial work, relying on the more than 8,000 people in research and development to understand complex diseases and advance medicine. For the eleven AbbVie drugs sold in the United States that have been approved since 2000, and the two AbbVie drugs currently under review by the FDA, only two received funding from the NIH for drug discovery. One of those drugs, Orilissa, was developed by Neurocrine. Neurocrine received NIH funding for drug development prior to AbbVie's collaboration with Neurocrine.

For the second, Kaletra, AbbVie's predecessor Abbott Laboratories received an NIH discovery grant as part of an effort by the NIH to encourage collaborative research among pharmaceutical manufacturers and university research centers on protease inhibitors and to explore their potential to treat HIV, a then uncontrollable and fatal disease. This grant contributed to the development of one of the two active ingredients in the drug. This grant, however, represented less than 1 percent of the total funding for Kaletra, with more than 99 percent of the funding coming from Abbott.

In addition, for AbbVie's two oncology drugs—Venclexta and Imbruvica—AbbVie has worked cooperatively with the National Cancer Institute to conduct certain clinical trials. To date, these cooperative trials have not resulted in any FDA approved indications for these drugs.

Question. In each of the last 5 years, how much has your company spent on research and development versus the advertising and marketing of your products?

Answer. In each of the last four years, AbbVie has spent more on research and development than it has on sales and marketing.

	2014	2015	2016	2017	2018
AbbVie Research and Development	\$3.297 billion	\$4.285 billion	\$4.385 billion	\$5.007 billion	\$5.259 billion
Asset Impairments	\$5.070 billion
Reported Research and Development	\$3.297 billion	\$4.285 billion	\$4.385 billion	\$5.007 billion	\$10.329 billion
Acquired in-process research and development	\$352 million	\$150 million	\$200 million	\$327 million	\$424 million
Global Sales and Marketing	\$3.652 billion	\$3.800 billion	\$3.674 billion	\$3.830 billion	\$4.239 billion

* Sales and marketing includes the cost of AbbVie personnel in the sales and marketing field, related overhead, the cost to develop marketing and advertising materials, and the cost of placing advertisements.

Question. During the hearing, you mentioned that your company would be likely to lower the list prices of its drugs if the recent proposal by the Trump administration to change the current system of rebates was extended to the private market.

If the policy was extended to the private market, how large would the list price reductions be relative to the size of the rebates your company is currently providing?

How will this proposal affect how your company sets the list prices for new drug products?

If the proposal is finalized and not extended to the private market, will your company make any list price reductions? If so, how large would the reductions be relative to the size of the rebates your company is currently providing?

Answer. There has been significant discussion over the past several months about proposals to eliminate rebates from Medicare Part D, Medicaid, and the commercial market culminating in the administration's publication of a proposed rule to "expressly exclud[e] from safe harbor protection under the Anti-Kickback Statute (AKS) rebates on prescription drugs paid by manufacturers to pharmacy benefit managers (PBMs), Part D plans, and Medicaid managed care organizations. The proposal would create a new safe harbor protecting discounts offered to patients at the pharmacy counter. Finally, the proposal would create new safe harbor protection for fixed fee services arrangements between manufacturers and PBMs."

AbbVie is encouraged by the goals of the proposed rule to ensure manufacturer discounts are reflected in and reduce patient cost sharing under Part D. While we believe the rule is an important step in the right direction, we also believe more should be done to help reduce the out-of-pocket cost burden on Medicare Part D patients.

As for what the elimination of rebates might mean to the overall health care system or pharmaceutical companies, it is premature to comment on these items until the administration's rule is finalized, implementation timelines are solidified, and there are specific details regarding how a new system without rebates will be structured and function.

QUESTION SUBMITTED BY HON. MAGGIE HASSAN

Question. In June of 2018, the Medicaid and CHIP Payment and Access Commission (MACPAC) unanimously recommended under Recommendation 1.1 in their annual report to Congress that Congress remove the statutory requirement that manufacturers blend the average manufacturer price (AMP) of a brand drug and its authorized generic.³

This requirement created an unintended loophole. Rather than use the price of the authorized generic, drug companies can sell its authorized generic to a corporate subsidiary at an artificially lower price, and use that lower price to bring down the AMP, which in turn lowers the rebate obligation.

Does your company engage in this practice? Has your company ever engaged in this practice in the past?

Answer. AbbVie does not engage in this practice and has not engaged in this practice in the past. AbbVie only distributes, and has only distributed, authorized generic versions of certain of its branded products through authorized generic distribution and/or supply agreements with third-parties that are wholly unrelated to AbbVie, meaning a third-party entity that is not an affiliate or subsidiary of AbbVie or otherwise owned by, controlled by, or under common control with, in whole or in part, AbbVie. Those agreements are negotiated by AbbVie and the third-party at arms-length and in good faith.

QUESTIONS SUBMITTED BY HON. CATHERINE CORTEZ MASTO

Question. As a portion of your revenue, for what percentage of the drugs in your portfolio do you offer no rebates? Based on the drugs in your pipeline, do you foresee that portion growing? for those drugs is your list price equal to your net price?

Answer. All of AbbVie's on-market medicines have some rebating/discounting in one or multiple channels and we anticipate all of our pipeline medicines will be similar.

Question. Do you invest more in R&D than you generate in US sales revenue? Please include specific figures.

Answer. AbbVie spent \$5.26 billion in research and development in 2018. AbbVie's research and development spend does not include acquired in-process research and

³MACPAC. "Improving Operations of the Medicaid Drug Rebate Program." <https://www.macpac.gov/wpcontent/uploads/2018/06/Improving-Operations-of-the-Medicaid-Drug-Rebate-Program.pdf>.

development (\$424 million in 2018) or money invested externally for technology, pharmaceutical compounds or acquisitions. For example, AbbVie acquired Pharmacyclics for \$20.8 billion in 2015 and Stemcentrx for \$6.4 billion in 2016. In 2018, the net revenues for products AbbVie sells in the United States was \$21.52 billion. This includes revenues that are split with Janssen for Imbruvica. While AbbVie's U.S net revenues are higher than its research and development expense, AbbVie's global net income since it became an independent company in 2013 is less than the over \$50 billion it has invested in that same time period to bring drugs to market.

Question. Do you invest more in R&D than you spend on marketing and administration? What company functions do you consider to be included in administration? Please include specific figures.

Answer. AbbVie spends more on research and development than on global sales, marketing, and promotion costs. The global sales, marketing, and promotion spend in 2018 across all AbbVie products was \$4.24 billion. This is less than the \$5.26 billion AbbVie spent on research and development in 2018. And AbbVie's research and development spend does not include acquired in-process research and development (\$424 million in 2018) or money invested externally for technology, pharmaceutical compounds or acquisitions. For example, AbbVie acquired Pharmacyclics for \$20.8 billion in 2015 and Stemcentrx for \$6.4 billion in 2016. However, adding the \$3.16 billion spent in administration, which includes overhead costs such as corporate human resources, corporate finance, corporate ethics and compliance, corporate legal, and corporate information technology, as well as other expenses such as charitable donations, AbbVie spent a total of \$7.4 billion in selling, marketing, promotion, and administrative expenses (SG&A).

Question. Do you invest more in R&D than you spend on marketing and sales? What company functions do you consider to be included in sales? Please include specific figures.

Answer. AbbVie spends more on research and development than on global sales, marketing, and promotion costs. The global sales, marketing, and promotion spend in 2018 across all AbbVie products was \$4.24 billion. This is less than the \$5.26 billion AbbVie spent on research and development in 2018. And AbbVie's research and development spend does not include acquired in-process research and development (\$424 million in 2018) or money invested externally for technology, pharmaceutical compounds or acquisitions. For example, AbbVie acquired Pharmacyclics for \$20.8 billion in 2015 and Stemcentrx for \$6.4 billion in 2016.

Sales and marketing includes the cost of AbbVie personnel in the sales and marketing field, related overhead, the cost to develop marketing and advertising materials, and the cost of placing advertisements.

Question. Why do you advertise for the drugs you manufacture? What factors do you consider in choosing which drugs you advertise?

Answer. Our goal in advertising is to provide those living with the conditions that our drugs treat with the best information possible so they can have an informed discussion with their health-care provider. For many patients DTC ads are an important source of information about new medicines, and advertising also plays an important role in raising awareness of diseases, removing stigma from certain conditions, and encouraging discussions with their health-care providers.

Exhibit 1

Grants Donations Report—2014

(Parentheses represent refunds of previously disclosed payments)

Updated as of 3/31/2018

Recipient	Payment Amount	Purpose
100 Black Men of Atlanta, Inc.	\$20,000.00	Corporate Sponsorship
A and R Educational Group, LLC	\$5,500.00	Corporate Sponsorship
A Runners Love	\$5,000.00	Corporate Sponsorship
Academia Medica Del	\$(240.57)	Educational Grants
Academia Medica Del	\$(309.06)	Educational Grants
Academia Medica Del	\$20,000.00	Educational Grants

Grants Donations Report—2014—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 3/31/2018

Recipient	Payment Amount	Purpose
Academia Medica Del	\$15,000.00	Educational Grants
Academia Medica Del	\$8,800.00	Educational Grants
Academia Medica Del	\$10,000.00	Educational Grants
Academia Medica Del	\$10,000.00	Educational Grants
Academia Medica Del	\$10,000.00	Educational Grants
Academia Medica Del	\$10,000.00	Educational Grants
Academia Medica Del	\$10,000.00	Educational Grants
Academia Medica Del	\$8,900.00	Educational Grants
Academia Medica Del	\$5,000.00	Educational Grants
Academia Medica Del	\$5,000.00	Educational Grants
Academia Medica Del	\$10,000.00	Educational Grants
Academia Medica Del	\$10,000.00	Educational Grants
Academia Medica Del	\$20,000.00	Educational Grants
Academia Medica Del	\$10,000.00	Educational Grants
Academia Medica Del	\$10,000.00	Educational Grants
Academia Medica Del	\$5,000.00	Educational Grants
Academia Medica Del	\$10,000.00	Educational Grants
Academia Medica Del	\$(1,539.53)	Educational Grants
Academia Medica Del	\$10,000.00	Educational Grants
Academia Medica Del	\$15,000.00	Educational Grants
Academia Medica Del	\$15,000.00	Educational Grants
Academia Medica Del	\$15,000.00	Educational Grants
Academia Medica Del	\$10,000.00	Educational Grants
Academia Medica Del	\$5,000.00	Educational Grants
Academia Medica Del	\$4,000.00	Educational Grants
Academia Medica Del	\$10,000.00	Educational Grants
Academia Medica Del	\$5,000.00	Educational Grants
Academia Medica Del	\$5,000.00	Educational Grants
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Academia Medica Del	\$10,000.00	Educational Grants
Academia Medica Del	\$10,000.00	Educational Grants
Academia Medica Del	\$20,000.00	Educational Grants
Academia Medica Del	\$15,000.00	Educational Grants
Academia Medica Del	\$5,000.00	Educational Grants
Academy of Managed Care Pharmacy	\$50,000.00	Corporate Sponsorship
Advances in Cosmetic and Medical Dermatology, Inc.	\$50,000.00	Corporate Sponsorship
Advances in Cosmetic and Medical Dermatology, Inc.	\$50,000.00	Corporate Sponsorship
Advances in Cosmetic and Medical Dermatology, Inc.	\$100,000.00	Corporate Sponsorship
Advances in Targeted Therapies	\$150,000.00	Corporate Sponsorship
Advocate Health and Hospitals Corporation	\$2,500.00	Educational Grants
AIDS Drug Assistance Programs Advocacy Association	\$2,500.00	Corporate Sponsorship
AIDS Drug Assistance Programs Advocacy Association	\$10,000.00	Educational Grants
AIDS Drug Assistance Programs Advocacy Association	\$5,000.00	Corporate Sponsorship
AIDS Foundation of Chicago	\$125,000.00	Charitable Donations
AIDS Foundation of Chicago	\$7,500.00	Charitable Donations
AIDS Project Los Angeles	\$5,000.00	Educational Grants
Alaska Kidney Patients Association	\$1,500.00	Patient Support
Albert Einstein College of Medicine of Yeshiva University	\$20,000.00	Educational Grants
Albert Einstein College of Medicine of Yeshiva University	\$5,000.00	Educational Grants

Grants Donations Report—2014—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 3/31/2018

Recipient	Payment Amount	Purpose
Albert Einstein College of Medicine, Division of Dermatology Attending Association	\$10,000.00	Educational Grants
Albert Einstein Healthcare Network	\$2,500.00	Educational Grants
Albert Einstein Healthcare Network	\$6,500.00	Corporate Sponsorship
Alchemy Communications Group, LLC	\$50,000.00	Corporate Sponsorship
Alliance Foundation for Continuing Education in the Health Professions	\$75,000.00	Educational Grants
Alzheimer's Association	\$50,000.00	Corporate Sponsorship
American Academy of Continuing Medical Education, Inc.	\$(8,842.31)	Educational Grants
American Academy of Continuing Medical Education, Inc.	\$25,000.00	Educational Grants
American Academy of Dermatology	\$75,000.00	Corporate Sponsorship
American Academy of Dermatology	\$50,000.00	Educational Grants
American Academy of Dermatology	\$100,000.00	Corporate Sponsorship
American Academy of Dermatology	\$35,000.00	Corporate Sponsorship
American Academy of Neurology Foundation	\$10,000.00	Charitable Donations
American Academy of Physician Assistants	\$45,000.00	Educational Grants
American Academy of Physician Assistants	\$10,000.00	Educational Grants
American Academy of Urology Institute—AANI	\$3,000.00	Educational Grants
American Association for Cancer Research	\$10,000.00	Educational Grants
American Association for Cancer Research	\$10,000.00	Educational Grants
American Association for Laboratory Animal Science Foundation	\$20,000.00	Charitable Donations
American Association for the Study of Liver Diseases	\$500,000.00	Charitable Donations
American Association for the Study of Liver Diseases	\$7,000.00	Corporate Sponsorship
American Association for the Study of Liver Diseases	\$500,000.00	Charitable Donations
American Association for the Study of Liver Diseases	\$137,500.00	Corporate Sponsorship
American Association of Clinical Endocrinologists	\$25,000.00	Educational Grants
American Association of Clinical Endocrinologists	\$25,000.00	Educational Grants
American Association of Kidney Patients	\$50,000.00	Educational Grants
American Association of Kidney Patients	\$10,000.00	Patient Support
American Association of Pharmaceutical Scientists	\$25,000.00	Corporate Sponsorship
American Brain Tumor Association	\$10,000.00	Corporate Sponsorship
American Chemical Society	\$1,000.00	Educational Grants
American College of Clinical Pharmacology	\$7,500.00	Educational Grants
American College of Endocrinology	\$321,900.00	Corporate Sponsorship
American College of Gastroenterology	\$100,000.00	Corporate Sponsorship
American College of Gastroenterology	\$20,000.00	Corporate Sponsorship
American College of Gastroenterology	\$85,000.00	Corporate Sponsorship
American College of Laboratory Animal Medicine	\$25,000.00	Charitable Donations
American College of Physicians Foundation	\$55,000.00	Corporate Sponsorship
American College of Physicians Foundation	\$55,000.00	Corporate Sponsorship

Grants Donations Report—2014—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 3/31/2018

Recipient	Payment Amount	Purpose
American College of Physicians Foundation	\$55,000.00	Corporate Sponsorship
American College of Rheumatology	\$100,000.00	Corporate Sponsorship
American College of Rheumatology	\$200,000.00	Fellowships and Scholarships
American College of Rheumatology	\$75,000.00	Educational Grants
American College of Rheumatology	\$50,000.00	Educational Grants
American College of Rheumatology	\$25,000.00	Educational Grants
American College of Rheumatology	\$25,000.00	Educational Grants
American College of Rheumatology	\$100,000.00	Corporate Sponsorship
American College of Rheumatology Research and Education Foundation	\$2,000,000.00	Corporate Sponsorship
American College of Veterinary Pathologists	\$5,000.00	Corporate Sponsorship
American Gastroenterological Association Institute	\$303,800.00	Educational Grants
American Gastroenterological Association Institute	\$7,000.00	Corporate Sponsorship
American Gastroenterological Association Institute	\$225,000.00	Educational Grants
American Gastroenterological Association Institute	\$100,000.00	Corporate Sponsorship
American Health Resources	\$2,000.00	Educational Grants
American Kidney Fund	\$5,000.00	Corporate Sponsorship
American Liver Foundation	\$10,000.00	Charitable Donations
American Liver Foundation	\$10,000.00	Corporate Sponsorship
American Liver Foundation	\$5,000.00	Corporate Sponsorship
American Liver Foundation	\$10,000.00	Corporate Sponsorship
American Liver Foundation	\$6,000.00	Corporate Sponsorship
American Liver Foundation	\$2,000.00	Corporate Sponsorship
American Liver Foundation	\$5,000.00	Corporate Sponsorship
American Liver Foundation	\$5,000.00	Corporate Sponsorship
American Liver Foundation	\$5,000.00	Charitable Donations
American Liver Foundation	\$10,000.00	Corporate Sponsorship
American Liver Foundation	\$2,500.00	Corporate Sponsorship
American Liver Foundation	\$5,000.00	Corporate Sponsorship
American Liver Foundation	\$127,000.00	Corporate Sponsorship
American Liver Foundation	\$106,000.00	Corporate Sponsorship
American Liver Foundation	\$5,000.00	Educational Grants
American Liver Foundation	\$2,500.00	Corporate Sponsorship
American Medical Group Association	\$6,000.00	Corporate Sponsorship
American Medical Group Association	\$6,000.00	Corporate Sponsorship
American Medical Group Association	\$5,050.00	Corporate Sponsorship
American Medical Group Association	\$5,050.00	Corporate Sponsorship
American Medical Group Association	\$5,050.00	Corporate Sponsorship
American Medical Group Association	\$5,050.00	Corporate Sponsorship
American Medical Group Association	\$5,050.00	Corporate Sponsorship
American Medical Group Association	\$5,050.00	Corporate Sponsorship
American Nephrology Nurses Association	\$2,500.00	Fellowships and Scholarships
American Neurological Association	\$25,000.00	Educational Grants
American Pancreatic Association	\$15,000.00	Charitable Donations
American Pancreatic Association	\$75,000.00	Educational Grants
American Pancreatic Association	\$35,000.00	Corporate Sponsorship
American Parkinson Disease Association, Inc., Georgia Chapter	\$2,000.00	Educational Grants
American Physiological Society	\$2,000.00	Educational Grants
American Skin Association	\$15,000.00	Corporate Sponsorship
American Society for Gastrointestinal Endoscopy	\$7,000.00	Corporate Sponsorship
American Society for Mens Health, The	\$27,000.00	Corporate Sponsorship
American Society for Mens Health, The	\$50,000.00	Corporate Sponsorship
American Society for Mens Health, The	\$60,000.00	Corporate Sponsorship
American Society for Microbiology	\$23,500.00	Corporate Sponsorship

Grants Donations Report—2014—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 3/31/2018

Recipient	Payment Amount	Purpose
American Society for Microbiology	\$23,500.00	Corporate Sponsorship
American Society of Andrology	\$5,000.00	Corporate Sponsorship
American Society of Clinical Oncology	\$25,000.00	Educational Grants
American Society of Clinical Rheumatologists	\$4,500.00	Corporate Sponsorship
American Society of Hematology	\$15,000.00	Educational Grants
American Society of Hematology	\$75,000.00	Corporate Sponsorship
American Society of Nephrology	\$30,000.00	Educational Grants
American Statistical Association	\$4,225.00	Corporate Sponsorship
American Thyroid Association, Inc.	\$25,000.00	Educational Grants
American Urological Association, Northeastern Section	\$12,300.00	Corporate Sponsorship
American Urological Association Education and Research, Inc.	\$20,000.00	Educational Grants
American Urological Association Education and Research, Inc.	\$70,000.00	Educational Grants
American Urological Association Education and Research, Inc.	\$75,000.00	Educational Grants
American Urological Association Education and Research, Inc.	\$50,000.00	Educational Grants
American Urological Association Education and Research, Inc.	\$30,000.00	Educational Grants
American Urological Association Education and Research, Inc.	\$10,000.00	Educational Grants
American Urological Association Education and Research, Inc.	\$10,000.00	Educational Grants
American Urological Association Education and Research, Inc.	\$25,000.00	Educational Grants
American Urological Association Education and Research, Inc.	\$10,000.00	Educational Grants
American Urological Association Education and Research, Inc.	\$25,000.00	Educational Grants
American Urological Association Foundation	\$70,000.00	Corporate Sponsorship
American Urological Association Southeast Section	\$6,000.00	Corporate Sponsorship
American Urological Association, North Central Section	\$6,000.00	Corporate Sponsorship
American Urological Association, Western Section	\$10,000.00	Corporate Sponsorship
American Urological Association, Mid-Atlantic Section, Education Fund, Inc.	\$10,000.00	Educational Grants
American Urological Association, New England	\$10,000.00	Educational Grants
American Urological Association, New York Section	\$1,000.00	Corporate Sponsorship
American Urological Association, South Central Section	\$6,000.00	Corporate Sponsorship
Americas Committee for Treatment And Research In Multiple Sclerosis	\$10,000.00	Corporate Sponsorship
Anesthesia Patient Safety Foundation	\$25,000.00	Charitable Donations
Angel Wings Foundation	\$750.00	Corporate Sponsorship
Ann & Robert H. Lurie Children's Hospital of Chicago	\$10,000.00	Corporate Sponsorship
Annenberg Center for Health Sciences at Eisenhower	\$50,000.00	Educational Grants
Annenberg Center for Health Sciences at Eisenhower	\$125,000.00	Educational Grants
Annenberg Center for Health Sciences at Eisenhower	\$35,000.00	Educational Grants

Grants Donations Report—2014—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 3/31/2018

Recipient	Payment Amount	Purpose
Annenberg Center for Health Sciences at Eisenhower	\$65,000.00	Educational Grants
Arthritis Foundation	\$20,000.00	Corporate Sponsorship
Arthritis Foundation	\$8,000.00	Corporate Sponsorship
Arthritis Foundation	\$28,500.00	Corporate Sponsorship
Arthritis Foundation	\$25,000.00	Corporate Sponsorship
Arthritis Foundation	\$5,000.00	Charitable Donations
Arthritis Foundation	\$5,000.00	Patient Support
Arthritis Foundation	\$5,000.00	Charitable Donations
Arthritis Foundation Central, Pennsylvania Chapter	\$5,000.00	Corporate Sponsorship
Arthritis Foundation New England	\$10,000.00	Corporate Sponsorship
Arthritis Foundation, Alabama Chapter	\$225,000.00	Corporate Sponsorship
Arthritis Foundation, Alabama Chapter	\$250,000.00	Corporate Sponsorship
Arthritis Foundation, Alabama Chapter	\$175,000.00	Corporate Sponsorship
Arthritis Foundation, Alabama Chapter	\$65,000.00	Patient Support
Arthritis Foundation, Alabama Chapter	\$17,000.00	Corporate Sponsorship
Arthritis Foundation, Alabama Chapter	\$2,500.00	Corporate Sponsorship
Arthritis Foundation, Alabama Chapter	\$259,000.00	Corporate Sponsorship
Arthritis Foundation, Alabama Chapter	\$175,000.00	Corporate Sponsorship
Arthritis Foundation, Alabama Chapter	\$35,000.00	Corporate Sponsorship
Arthritis Foundation, Alabama Chapter	\$250,000.00	Corporate Sponsorship
Arthritis Foundation, Great Lakes Region	\$3,000.00	Patient Support
Arthritis Foundation, Great Lakes Region	\$2,500.00	Patient Support
Arthritis Foundation, Great Lakes Region	\$2,500.00	Patient Support
Arthritis Foundation, Great Lakes Region	\$35,500.00	Corporate Sponsorship
Arthritis Foundation, Great Lakes Region	\$20,000.00	Charitable Donations
Arthritis Foundation, Great Lakes Region	\$5,000.00	Charitable Donations
Arthritis Foundation, Great Lakes Region	\$12,500.00	Charitable Donations
Arthritis Foundation, Great Lakes Region	\$3,000.00	Charitable Donations
Arthritis Foundation, Great Lakes Region	\$2,250.00	Patient Support
Arthritis Foundation, Great Lakes Region	\$2,250.00	Patient Support
Arthritis Foundation, Great Lakes Region	\$3,000.00	Patient Support
Arthritis Foundation, Great Lakes Region	\$2,250.00	Patient Support
Arthritis Foundation, Great Lakes Region	\$2,250.00	Patient Support
Arthritis Foundation, Great Lakes Region	\$1,000.00	Patient Support
Arthritis Foundation, Great West Region	\$35,000.00	Corporate Sponsorship
Arthritis Foundation, Great West Region	\$28,000.00	Corporate Sponsorship
Arthritis Foundation, Great West Region	\$10,000.00	Charitable Donations
Arthritis Foundation, Massachusetts Chapter	\$21,000.00	Corporate Sponsorship
Arthritis Foundation, Massachusetts Chapter	\$1,853.94	Patient Support
Arthritis Foundation, Massachusetts Chapter	\$3,000.00	Corporate Sponsorship
Arthritis Foundation, Massachusetts Chapter	\$3,000.00	Corporate Sponsorship
Arthritis Foundation, Mid Atlantic Region	\$15,000.00	Corporate Sponsorship
Arthritis Foundation, Mid Atlantic Region	\$1,500.00	Educational Grants
Arthritis Foundation, Mid Atlantic Region	\$1,000.00	Patient Support
Arthritis Foundation, South Texas Chapter	\$14,000.00	Corporate Sponsorship
Arthritis Foundation, South Texas Chapter	\$2,500.00	Charitable Donations
Arthritis Foundation, Southern California Chapter	\$65,000.00	Corporate Sponsorship
Arthritis Foundation, Southern California Chapter	\$2,500.00	Charitable Donations

Grants Donations Report—2014—Continued

(Parentheses represent refunds of previously disclosed payments)

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Recipient	Payment Amount	Purpose
Arthritis Foundation, Southern California Chapter	\$2,500.00	Charitable Donations
Arthritis Foundation, Southern California Chapter	\$5,000.00	Corporate Sponsorship
Arthritis Foundation, Wisconsin Chapter	\$7,000.00	Corporate Sponsorship
Arthritis Patient Services	\$10,000.00	Educational Grants
Arthritis Patient Services	\$25,000.00	Educational Grants
ASCO Cancer Foundation	\$50,000.00	Charitable Donations
ASCO Cancer Foundation	\$40,000.00	Fellowships and Scholarships
ASCO Cancer Foundation	\$28,000.00	Educational Grants
Asociacion de Reumatologos de Puerto Rico	\$15,000.00	Corporate Sponsorship
Asociacion Nacional de Tecnicos de Farmacia, Inc.	\$4,000.00	Corporate Sponsorship
Asociacion Puertorriquena de Ayuda al Paciente de Psoriasis	\$1,200.00	Corporate Sponsorship
Association of Dermatology Administrators And Managers	\$7,500.00	Corporate Sponsorship
Association of Nurses in AIDS Care, Chicago Chapter	\$15,000.00	Educational Grants
Association of Physicians of Pakistani-Descent of North America	\$2,500.00	Corporate Sponsorship
Balm In Gilead Inc.	\$75,000.00	Corporate Sponsorship
Baylor College of Medicine	\$5,000.00	Educational Grants
Baylor University Medical Center	\$67,716.00	Educational Grants
Baylor University Medical Center	\$29,340.00	Educational Grants
Beth Israel Deaconess Department of Medicine Foundation	\$50,000.00	Fellowships and Scholarships
Beth Israel Deaconess Medical Center	\$(1,948.24)	Educational Grants
Beth Israel Deaconess Medical Center	\$40,000.00	Fellowships and Scholarships
Billings Clinic	\$5,000.00	Corporate Sponsorship
Bioconnections, LLC	\$15,000.00	Corporate Sponsorship
Biophysical Society	\$2,500.00	Educational Grants
Blank Children's Hospital	\$2,500.00	Corporate Sponsorship
Board of Regents of the University of Wisconsin System	\$5,000.00	Educational Grants
Board of Trustees of the University of Illinois	\$1,500.00	Educational Grants
Board of Trustees of The University of Illinois, The	\$40,000.00	Fellowships and Scholarships
Board of Trustees of The University of Illinois, The	\$30,000.00	Fellowships and Scholarships
Boomer Esiason Foundation	\$1,200.00	Corporate Sponsorship
Boomer Esiason Foundation	\$100,000.00	Educational Grants
Boomer Esiason Foundation	\$75,000.00	Charitable Donations
Boomer Esiason Foundation	\$400,000.00	Corporate Sponsorship
Boomer Esiason Foundation	\$25,000.00	Corporate Sponsorship
Boomer Esiason Foundation	\$400,000.00	Corporate Sponsorship
Boston Society, Inc.	\$4,000.00	Corporate Sponsorship
Boston Society, Inc.	\$4,000.00	Corporate Sponsorship
Boston University School of Medicine	\$124,943.00	Educational Grants
Brigham and Women's Hospital, Inc.	\$(50,000.00)	Fellowships and Scholarships
Brigham and Women's Hospital, Inc.	\$50,000.00	Fellowships and Scholarships
California Rheumatology Alliance	\$30,000.00	Corporate Sponsorship
California Separation Science Society	\$60,000.00	Corporate Sponsorship
California Society of Health System Pharmacists	\$3,000.00	Corporate Sponsorship
California Society of Health System Pharmacists	\$5,000.00	Corporate Sponsorship
California Society of Health System Pharmacists	\$3,000.00	Corporate Sponsorship

Grants Donations Report—2014—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 3/31/2018

Recipient	Payment Amount	Purpose
Campaign for Public Health Foundation	\$10,000.00	Charitable Donations
Cancer and Leukemia Group B Foundation	\$20,000.00	Educational Grants
Cancer Molecular Therapeutics	\$5,000.00	Educational Grants
Case Western Reserve University	\$25,000.00	Educational Grants
Cedars-Sinai Medical Center	\$40,000.00	Educational Grants
Cedars-Sinai Medical Center	\$10,000.00	Educational Grants
Cedars-Sinai Medical Center	\$40,000.00	Fellowships and Scholarships
Central Florida Pharmacy Council, Inc.	\$25,000.00	Educational Grants
Central Ohio Parkinson Society DBA National Parkinson Foundation Central and Southeast Ohio	\$20,000.00	Educational Grants
Chelsea Hutchinson Foundation The	\$2,500.00	Corporate Sponsorship
Children and Arthritis, Inc.	\$5,000.00	Charitable Donations
Children's Digestive Health and Nutrition Foundation	\$40,000.00	Fellowships and Scholarships
Children's Digestive Health and Nutrition Foundation	\$25,000.00	Educational Grants
Children's Digestive Health and Nutrition Foundation	\$40,000.00	Fellowships and Scholarships
Children's Digestive Health and Nutrition Foundation	\$10,000.00	Corporate Sponsorship
Children's Hospital Medical Center	\$20,000.00	Corporate Sponsorship
Children's Hospital Medical Center	\$40,000.00	Fellowships and Scholarships
Children's Hospital Medical Center	\$20,000.00	Corporate Sponsorship
Children's Oncology Services Inc.	\$5,500.00	Corporate Sponsorship
Chimp Haven	\$50,000.00	Charitable Donations
Chris Dudley Foundation	\$5,000.00	Corporate Sponsorship
Chronic Liver Disease Foundation	\$211,000.00	Educational Grants
Chronic Liver Disease Foundation	\$211,670.00	Educational Grants
Chronic Liver Disease Foundation	\$1,300,000.00	Educational Grants
Chronic Liver Disease Foundation	\$7,500.00	Corporate Sponsorship
Cleveland Clinic	\$(1,340.00)	Educational Grants
Cleveland Clinic Educational Foundation, The	\$10,000.00	Educational Grants
Cleveland Clinic Educational Foundation, The	\$25,000.00	Educational Grants
Cleveland Clinic Educational Foundation, The	\$75,000.00	Educational Grants
Cleveland Clinic Educational Foundation, The	\$4,500.00	Educational Grants
Cleveland Clinic Educational Foundation, The	\$(2,033.31)	Educational Grants
Cleveland Clinic Educational Foundation, The	\$75,000.00	Educational Grants
Cleveland Clinic Educational Foundation, The	\$15,000.00	Educational Grants
Cleveland Clinic Educational Foundation, The	\$385,000.00	Educational Grants
Cleveland Clinic Educational Foundation, The	\$132,000.00	Educational Grants
Cleveland Clinic Educational Foundation, The	\$15,000.00	Educational Grants
Cleveland Clinic Educational Foundation, The	\$5,000.00	Educational Grants
Cleveland Clinic Educational Foundation, The	\$(2,638.82)	Educational Grants
Cleveland Clinic Educational Foundation, The	\$75,000.00	Educational Grants
Cleveland Clinic Educational Foundation, The	\$5,000.00	Educational Grants

Grants Donations Report—2014—Continued

(Parentheses represent refunds of previously disclosed payments)

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Recipient	Payment Amount	Purpose
Cleveland Clinic Foundation	\$50,000.00	Fellowships and Scholarships
Cleveland Clinic Foundation	\$50,000.00	Fellowships and Scholarships
Clinical Care Options, LLC	\$75,000.00	Educational Grants
Clinical Care Options, LLC	\$150,000.00	Educational Grants
Clinical Care Options, LLC	\$50,000.00	Educational Grants
Clinical Care Options, LLC	\$25,000.00	Educational Grants
Clinical Care Options, LLC	\$100,000.00	Educational Grants
Clinical Care Options, LLC	\$209,000.00	Educational Grants
CME Incite, LLC	\$(175,000.00)	Educational Grants
Coalition for Prevention of Colorectal Cancer in Puerto Rico	\$5,000.00	Corporate Sponsorship
Coalition on Positive Health Empowerment	\$125,000.00	Patient Support
Colegio Medicos-Cirujanos P.R	\$20,000.00	Educational Grants
Com & Co Sarl	\$3,550.00	Corporate Sponsorship
Community Health	\$10,000.00	Corporate Sponsorship
Community Initiatives	\$10,000.00	Corporate Sponsorship
Community Liver Alliance	\$3,000.00	Corporate Sponsorship
Community Liver Alliance	\$1,000.00	Corporate Sponsorship
Community Liver Alliance	\$5,000.00	Corporate Sponsorship
Community Liver Alliance	\$150,000.00	Educational Grants
Complete Conference Management	\$50,000.00	Educational Grants
Complete Conference Management	\$75,000.00	Educational Grants
Complete Conference Management	\$(75,000.00)	Educational Grants
Complete Conference Management	\$(75,000.00)	Educational Grants
Consortium of Multiple Sclerosis Centers	\$25,000.00	Educational Grants
Continuing Educational Alliance, LLC	\$(703.13)	Educational Grants
Continuing Educational Alliance, LLC	\$362,500.00	Educational Grants
Continuing Educational Alliance, LLC	\$(210.66)	Educational Grants
Continuing Educational Alliance, LLC	\$(258.18)	Educational Grants
Continuing Educational Alliance, LLC	\$(1,696.48)	Educational Grants
Continuing Medical Education Outfitters, LLC	\$85,000.00	Educational Grants
Continuous Renal Replacement Therapies, Inc. (CRRT)	\$10,000.00	Educational Grants
Cornell University, Weill Medical College	\$5,000.00	Educational Grants
Cornerstone Health, Inc.	\$(3,664.00)	Educational Grants
Cornerstone Health, Inc.	\$200,000.00	Educational Grants
Cornerstone Health, Inc.	\$175,000.00	Educational Grants
Cornerstone Health, Inc.	\$40,000.00	Educational Grants
Cornerstone Health, Inc.	\$100,000.00	Educational Grants
Creighton University	\$2,220.00	Charitable Donations
Crohn's and Colitis Foundation of America	\$2,500.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America	\$22,500.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America	\$350,000.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America	\$100,000.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America	\$20,000.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America	\$9,000.00	Educational Grants
Crohn's and Colitis Foundation of America	\$6,000.00	Patient Support
Crohn's and Colitis Foundation of America	\$80,000.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America	\$9,000.00	Patient Support

Grants Donations Report—2014—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 3/31/2018

Recipient	Payment Amount	Purpose
Crohn's and Colitis Foundation of America	\$6,200.00	Patient Support
Crohn's and Colitis Foundation of America	\$4,000.00	Patient Support
Crohn's and Colitis Foundation of America	\$(3,095.00)	Educational Grants
Crohn's and Colitis Foundation of America	\$65,000.00	Educational Grants
Crohn's and Colitis Foundation of America	\$3,000.00	Educational Grants
Crohn's and Colitis Foundation of America	\$10,000.00	Patient Support
Crohn's and Colitis Foundation of America	\$1,000.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America	\$25,000.00	Charitable Donations
Crohn's and Colitis Foundation of America	\$2,000.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America	\$100,000.00	Educational Grants
Crohn's and Colitis Foundation of America	\$8,000.00	Educational Grants
Crohn's and Colitis Foundation of America	\$2,000.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America	\$5,000.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America	\$2,500.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America	\$3,500.00	Patient Support
Crohn's and Colitis Foundation of America	\$100,000.00	Fellowships and Scholarships
Crohn's and Colitis Foundation of America	\$3,000.00	Patient Support
Crohn's and Colitis Foundation of America	\$5,000.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America	\$1,500.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America	\$10,000.00	Educational Grants
Crohn's and Colitis Foundation of America	\$65,000.00	Educational Grants
Crohn's and Colitis Foundation of America	\$25,000.00	Charitable Donations
Crohn's and Colitis Foundation of America	\$100,000.00	Educational Grants
Curatio CME Institute	\$(100,000.00)	Educational Grants
Cystic Fibrosis—Reaching Out Foundation	\$25,000.00	Charitable Donations
Cystic Fibrosis Foundation—Albany	\$5,000.00	Corporate Sponsorship
Cystic Fibrosis Foundation—Albany	\$3,500.00	Corporate Sponsorship
Cystic Fibrosis Foundation—Albany	\$1,000.00	Corporate Sponsorship
Cystic Fibrosis Foundation—Albany	\$100,000.00	Charitable Donations
Cystic Fibrosis Foundation—Albany	\$2,000.00	Corporate Sponsorship
Cystic Fibrosis Foundation—Albany	\$5,000.00	Corporate Sponsorship
Cystic Fibrosis Foundation—Albany	\$10,000.00	Corporate Sponsorship
Cystic Fibrosis Foundation—Albany	\$4,000.00	Corporate Sponsorship
Cystic Fibrosis Foundation—Albany	\$10,000.00	Corporate Sponsorship
Cystic Fibrosis Foundation—Albany	\$2,000.00	Corporate Sponsorship
Cystic Fibrosis Foundation—Albany	\$3,000.00	Corporate Sponsorship
Cystic Fibrosis Foundation—Albany	\$1,000.00	Corporate Sponsorship

Grants Donations Report—2014—Continued

(Parentheses represent refunds of previously disclosed payments)

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Recipient	Payment Amount	Purpose
Cystic Fibrosis Foundation—Albany	\$2,500.00	Corporate Sponsorship
Cystic Fibrosis Foundation—Albany	\$1,500.00	Corporate Sponsorship
Cystic Fibrosis Foundation—Albany	\$2,500.00	Corporate Sponsorship
Cystic Fibrosis Foundation—Albany	\$2,500.00	Corporate Sponsorship
Cystic Fibrosis Foundation—Albany	\$25,000.00	Corporate Sponsorship
Cystic Fibrosis Foundation—Albany	\$1,500.00	Corporate Sponsorship
Cystic Fibrosis Foundation—Albany	\$1,500.00	Corporate Sponsorship
Cystic Fibrosis Foundation—Albany	\$1,000.00	Corporate Sponsorship
Cystic Fibrosis Foundation—Albany	\$1,000.00	Corporate Sponsorship
Cystic Fibrosis Foundation—Albany	\$15,000.00	Corporate Sponsorship
Cystic Fibrosis Research, Inc.	\$500.00	Corporate Sponsorship
Cystic Fibrosis Research, Inc.	\$10,000.00	Educational Grants
Cystic Fibrosis Research, Inc.	\$9,000.00	Patient Support
Cystic Fibrosis Research, Inc.	\$5,000.00	Corporate Sponsorship
Cystic Fibrosis Research, Inc.	\$5,000.00	Corporate Sponsorship
Cystic Fibrosis Research, Inc.	\$15,000.00	Charitable Donations
Cystic Fibrosis Research, Inc.	\$10,000.00	Corporate Sponsorship
Dade County Medical Association	\$10,000.00	Educational Grants
Dallas fort Worth Business Group on Health	\$5,000.00	Corporate Sponsorship
Davis Phinney Foundation	\$30,000.00	Educational Grants
Davis Phinney Foundation	\$75,000.00	Educational Grants
Davis Phinney Foundation	\$15,000.00	Educational Grants
Davis Phinney Foundation	\$30,000.00	Educational Grants
Decatur General Hospital Foundation	\$2,500.00	Corporate Sponsorship
Dermatology Education Foundation	\$15,000.00	Corporate Sponsorship
Dermatology Foundation	\$50,000.00	Corporate Sponsorship
Diversity And Leadership Inc.	\$5,000.00	Corporate Sponsorship
Duke University	\$6,550.00	Educational Grants
Duke University	\$250,000.00	Educational Grants
Duke University	\$150,000.00	Educational Grants
Duke University	\$50,000.00	Fellowships and Scholarships
Duke University	\$(3,061.96)	Educational Grants
Educational Review Systems	\$10,000.00	Educational Grants
Elizabeth Glaser Pediatric AIDS Foundation	\$10,000.00	Charitable Donations
Elsevier, Inc.	\$70,000.00	Educational Grants
Employers Health Colition Inc.	\$4,000.00	Corporate Sponsorship
Endocrine Education, Inc	\$25,000.00	Educational Grants
Endocrine Nurses Society	\$4,000.00	Corporate Sponsorship
Endocrine Society, The	\$25,000.00	Educational Grants
Endocrine Society, The	\$150,000.00	Educational Grants
Endometriosis Association	\$10,000.00	Charitable Donations
Engineering Conferences International	\$1,000.00	Educational Grants
Enzyme Mechanisms Conference	\$1,500.00	Educational Grants
Epilepsy Foundation	\$80,000.00	Charitable Donations
ERA-Eurocongress, Ltd.	\$25,000.00	Corporate Sponsorship
ERA-Eurocongress, Ltd.	\$15,000.00	Corporate Sponsorship
Escuela De Medicina De Ponce	\$10,000.00	Educational Grants
Escuela De Medicina De Ponce	\$10,000.00	Educational Grants
European Society for Dermatological Research	\$250,000.00	Corporate Sponsorship
European Society for Medical Oncology	\$10,000.00	Corporate Sponsorship
Excel Continuing Education	\$8,225.00	Educational Grants
Excellence in Rheumatology Education, LLC	\$100,000.00	Corporate Sponsorship
Facing Our Risk of Cancer Empowerment	\$25,000.00	Charitable Donations
Facing Our Risk of Cancer Empowerment (FORCE)	\$5,000.00	Corporate Sponsorship

Grants Donations Report—2014—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 3/31/2018

Recipient	Payment Amount	Purpose
Federation of American Societies for Experimental Biology	\$1,500.00	Educational Grants
Federation of American Societies for Experimental Biology	\$1,500.00	Educational Grants
Federation of American Societies for Experimental Biology	\$5,000.00	Corporate Sponsorship
Federation of Clinical Immunology Societies	\$20,000.00	Educational Grants
Federation of Clinical Immunology Societies	\$15,000.00	Educational Grants
Federation of Clinical Immunology Societies	\$20,000.00	Educational Grants
Florida Academy of Physician Assistants	\$8,300.00	Educational Grants
Florida Health Care Coalition	\$1,500.00	Corporate Sponsorship
Foundation for Anesthesia Education and Research	\$20,000.00	Fellowships and Scholarships
Foundation for Biomedical Research	\$120,000.00	Charitable Donations
Foundation for Indiana University of Pennsylvania	\$2,220.00	Charitable Donations
Foundation for Indiana University of Pennsylvania	\$2,220.00	Charitable Donations
Foundation for Men's Health, Inc	\$50,000.00	Corporate Sponsorship
Foundation for the National Institutes of Health	\$400,000.00	Corporate Sponsorship
Friends of Prentice	\$10,000.00	Corporate Sponsorship
Friends of the St. Louis University Liver Center	\$50,000.00	Corporate Sponsorship
Fundacion Puertorriquena De Pacientes Con Endometriosis	\$7,500.00	Educational Grants
Gastrointestinal Health Foundation, Inc.	\$150,000.00	Educational Grants
Gastrointestinal Health Foundation, Inc.	\$50,000.00	Educational Grants
Gastrointestinal Health Foundation, Inc.	\$75,000.00	Corporate Sponsorship
Gastro-Intestinal Research Foundation	\$15,000.00	Charitable Donations
Gastro-Intestinal Research Foundation	\$1,000.00	Corporate Sponsorship
Gastro-Intestinal Research Foundation	\$6,600.00	Corporate Sponsorship
Gastro-Intestinal Research Foundation	\$1,500.00	Corporate Sponsorship
Gateway for Cancer Research	\$6,000.00	Charitable Donations
Gay City Health Project	\$10,000.00	Charitable Donations
Georgia ObGyn Society	\$2,500.00	Corporate Sponsorship
Georgia Prostate Cancer Coalition, The	\$4,000.00	Patient Support
Georgia Society of Dermatology and Dermatologic Surgery	\$3,000.00	Corporate Sponsorship
Gilda's Club Chicago	\$10,000.00	Charitable Donations
Gilda's Club New York City	\$50,000.00	Charitable Donations
Globalization of Pharmaceuticals Education Network	\$10,000.00	Corporate Sponsorship
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$2,000.00	Educational Grants
Grupo de Apoyo de Ninos y Adolescentes con Reumatologia	\$3,000.00	Corporate Sponsorship
Gynecologic Oncology Group, The	\$25,000.00	Educational Grants
\$7	\$23,000.00	Educational Grants

Grants Donations Report—2014—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 3/31/2018

Recipient	Payment Amount	Purpose
Haymarket Center-Health Education	\$5,000.00	Educational Grants
Haymarket Medical Education	\$243,190.00	Educational Grants
Health Sciences Foundation dba South East AHEC	\$2,500.00	Educational Grants
Healthcare Businesswomen's Association, Inc.	\$5,000.00	Corporate Sponsorship
Healthcare Financial Management Association	\$50,000.00	Corporate Sponsorship
Hep C Connection	\$50,000.00	Educational Grants
Hep C Connection	\$40,000.00	Patient Support
Hep C Connection	\$5,000.00	Corporate Sponsorship
Hepatitis C Association	\$45,000.00	Educational Grants
Hepatitis C Mentor and Support Group, The	\$10,000.00	Patient Support
Hepatitis Education Project	\$100,000.00	Charitable Donations
HIV Treaters Medical Association of Puerto Rico	\$10,000.00	Educational Grants
Hope Foundation, The	\$10,000.00	Educational Grants
Housing Works, Inc.	\$10,000.00	Charitable Donations
Howard Brown Health Center	\$25,000.00	Corporate Sponsorship
Howard Center Inc.	\$10,000.00	Charitable Donations
Howard University Hospital	\$10,000.00	Educational Grants
Hubbard Street Dance Chicago	\$10,000.00	Educational Grants
Human Growth Foundation	\$2,000.00	Corporate Sponsorship
IDSA Education and Research Foundation	\$10,000.00	Fellowships and Scholarships
Imedex, LLC	\$20,000.00	Educational Grants
Imedex, LLC	\$75,000.00	Educational Grants
Imedex, LLC	\$15,000.00	Educational Grants
Imedex, LLC	\$25,000.00	Educational Grants
Imedex, LLC	\$60,000.00	Educational Grants
Impact Education, LLC	\$125,000.00	Educational Grants
Indiana Chamber of Commerce	\$2,500.00	Corporate Sponsorship
Indiana Chamber of Commerce	\$1,500.00	Corporate Sponsorship
Indiana University	\$2,500.00	Fellowships and Scholarships
Induniv Research	\$2,000.00	Corporate Sponsorship
Infectious Diseases Society of America	\$35,000.00	Educational Grants
Inflammatory Bowel Disease Support Foundation	\$300,000.00	Educational Grants
Inflammatory Bowel Disease Support Foundation	\$50,000.00	Educational Grants
Inflammatory Bowel Disease Support Foundation	\$200,000.00	Educational Grants
Inflammatory Bowel Disease Support Foundation	\$200,000.00	Educational Grants
Innovation Development Institute, Inc.	\$250,000.00	Corporate Sponsorship
Institute for Medical and Nursing Education, Inc.	\$10,000.00	Educational Grants
Integrated Benefits Institute, Inc.	\$35,000.00	Corporate Sponsorship
Integrated Medical Foundation	\$50,000.00	Charitable Donations
Integrated Medical Foundation	\$5,000.00	Corporate Sponsorship
Integrated Medical Foundation	\$35,000.00	Charitable Donations
Interfaith House	\$2,000.00	Charitable Donations
Intermountain Dermatology Society	\$20,000.00	Educational Grants
International AIDS Society—USA	\$100,000.00	Educational Grants
International AIDS Society—USA	\$100,000.00	Educational Grants
International AIDS Society—USA	\$75,000.00	Educational Grants
International Alliance for Biologicals	\$3,000.00	Educational Grants
International Association of Physicians in AIDS Care	\$10,000.00	Educational Grants

Grants Donations Report—2014—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 3/31/2018

Recipient	Payment Amount	Purpose
International Association of Physicians in AIDS Care	\$25,000.00	Educational Grants
International Chemical Biology Society	\$2,000.00	Educational Grants
International Pelvic Pain Society	\$7,500.00	Educational Grants
International Psoriasis Council, The	\$100,000.00	Corporate Sponsorship
International Psoriasis Council, The	\$50,000.00	Corporate Sponsorship
International Society for Antiviral Research	\$5,000.00	Educational Grants
International Society for Medical Publication Professionals	\$10,000.00	Corporate Sponsorship
International Society for the Study of Xenobiotics	\$3,000.00	Educational Grants
International Society of Nephrology	\$50,000.00	Charitable Donations
International Society of Nephrology	\$40,000.00	Charitable Donations
International Society of Nephrology	\$175,000.00	Corporate Sponsorship
Jefferson Medical College at Thomas Jefferson University	\$3,000.00	Corporate Sponsorship
Jefferson Medical College at Thomas Jefferson University	\$30,000.00	Educational Grants
Jefferson Medical College at Thomas Jefferson University	\$5,000.00	Educational Grants
John Hopkins University School of Medicine	\$(1,706.15)	Educational Grants
Johns Hopkins University School of Medicine	\$225,000.00	Educational Grants
Johns Hopkins University School of Medicine	\$25,000.00	Educational Grants
Johns Hopkins University School of Medicine	\$(60,000.00)	Educational Grants
Johns Hopkins University School of Medicine	\$30,000.00	Educational Grants
Johns Hopkins University School of Medicine	\$50,000.00	Fellowships and Scholarships
Johns Hopkins University School of Medicine	\$95,000.00	Educational Grants
Johns Hopkins University School of Medicine	\$5,000.00	Educational Grants
Joint Township District Memorial Hospital	\$4,064.00	Patient Support
Joint Township District Memorial Hospital	\$(1,508.00)	Patient Support
JWC Covenant, Inc.	\$35,000.00	Educational Grants
Kansas University Neurological Foundation	\$25,000.00	Educational Grants
Kansas University Neurological Foundation	\$35,000.00	Educational Grants
Kelsey Research Foundation	\$40,000.00	Fellowships and Scholarships
Kenes International Ltd.	\$35,000.00	Corporate Sponsorship
Kidney Disease Improving Global Outcomes	\$40,128.00	Corporate Sponsorship
KnowledgePoint360 Group, LLC	\$94,785.30	Corporate Sponsorship
Laboratorio Clinico Toledo	\$2,460.00	Patient Support
Laboratorio Clinico Toledo	\$795.00	Patient Support
Laboratorio Clinico Toledo	\$345.00	Patient Support
Laboratorio Clinico Toledo	\$2,760.00	Patient Support
Laboratorio Clinico Toledo	\$2,145.00	Patient Support
Laboratorio Clinico Toledo	\$615.00	Patient Support
Laboratorio Clinico Toledo	\$2,160.00	Patient Support
Laboratorio Clinico Toledo	\$2,115.00	Patient Support
Laboratorio Clinico Toledo	\$1,380.00	Patient Support
Laboratorio Clinico Toledo	\$4,260.00	Patient Support

Grants Donations Report—2014—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 3/31/2018

Recipient	Payment Amount	Purpose
Laboratorio Clinico Toledo	\$2,070.00	Patient Support
Laboratorio Clinico Toledo	\$1,650.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$1,395.00	Patient Support
Laboratorio Clinico Toledo	\$1,380.00	Patient Support
Laboratorio Clinico Toledo	\$1,290.00	Patient Support
Laboratorio Clinico Toledo	\$1,200.00	Patient Support
Laboratorio Clinico Toledo	\$996.00	Patient Support
Laboratorio Clinico Toledo	\$825.00	Patient Support
Laboratorio Clinico Toledo	\$804.00	Patient Support
Laboratorio Clinico Toledo	\$4,455.00	Patient Support
Laboratorio Clinico Toledo	\$945.00	Patient Support
Laboratorio Clinico Toledo	\$690.00	Patient Support
Laboratorio Clinico Toledo	\$1,530.00	Patient Support
Laboratorio Clinico Toledo	\$1,335.00	Patient Support
Laboratorio Clinico Toledo	\$1,065.00	Patient Support
Laboratorio Clinico Toledo	\$975.00	Patient Support
Laboratorio Clinico Toledo	\$2,250.00	Patient Support
Laboratorio Clinico Toledo	\$2,250.00	Patient Support
Laboratorio Clinico Toledo	\$825.00	Patient Support
Laboratorio Clinico Toledo	\$720.00	Patient Support
Laboratorio Clinico Toledo	\$510.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$1,365.00	Patient Support
Laboratorio Clinico Toledo	\$1,185.00	Patient Support
Laboratorio Clinico Toledo	\$1,125.00	Patient Support
Laboratorio Clinico Toledo	\$1,110.00	Patient Support
Laboratorio Clinico Toledo	\$1,095.00	Patient Support
Laboratorio Clinico Toledo	\$855.00	Patient Support
Laboratorio Clinico Toledo	\$765.00	Patient Support
Laboratorio Clinico Toledo	\$750.00	Patient Support
Laboratorio Clinico Toledo	\$525.00	Patient Support
Laboratorio Clinico Toledo	\$1,230.00	Patient Support
Laboratorio Clinico Toledo	\$1,185.00	Patient Support
Laboratorio Clinico Toledo	\$1,110.00	Patient Support
Laboratorio Clinico Toledo	\$960.00	Patient Support
Laboratorio Clinico Toledo	\$300.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$1,230.00	Patient Support
Laboratorio Clinico Toledo	\$720.00	Patient Support
Laboratorio Clinico Toledo	\$570.00	Patient Support
Laboratorio Clinico Toledo	\$1,035.00	Patient Support
Laboratorio Clinico Toledo	\$990.00	Patient Support
Laboratorio Clinico Toledo	\$810.00	Patient Support
Laboratorio Clinico Toledo	\$705.00	Patient Support
Laboratorio Clinico Toledo	\$705.00	Patient Support
Laboratorio Clinico Toledo	\$1,095.00	Patient Support
Laboratorio Clinico Toledo	\$750.00	Patient Support
Laboratorio Clinico Toledo	\$675.00	Patient Support
Laboratorio Clinico Toledo	\$255.00	Patient Support
Laboratorio Clinico Toledo	\$1,470.00	Patient Support
Laboratorio Clinico Toledo	\$1,275.00	Patient Support
Laboratorio Clinico Toledo	\$1,230.00	Patient Support
Laboratorio Clinico Toledo	\$1,095.00	Patient Support
Laboratorio Clinico Toledo	\$900.00	Patient Support
Laboratorio Clinico Toledo	\$585.00	Patient Support
Laboratorio Clinico Toledo	\$1,890.00	Patient Support
Laboratorio Clinico Toledo	\$1,380.00	Patient Support
Laboratorio Clinico Toledo	\$1,185.00	Patient Support

Grants Donations Report—2014—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 3/31/2018

Recipient	Payment Amount	Purpose
Laboratorio Clinico Toledo	\$975.00	Patient Support
Laboratorio Clinico Toledo	\$2,190.00	Patient Support
Lake County Haven	\$5,000.00	Corporate Sponsorship
Large Urology Group Practice Association	66,400.00	Corporate Sponsorship
Latinos Salud, Inc.	\$7,500.00	Charitable Donations
Legacy Counseling Center	\$7,500.00	Charitable Donations
Leukemia and Lymphoma Society, The	\$2,500.00	Educational Grants
Leukemia Research Foundation	\$2,500.00	Charitable Donations
Life Sciences Foundation	\$30,000.00	Charitable Donations
Life Sciences Foundation	\$30,000.00	Charitable Donations
Life Sciences Foundation	\$30,000.00	Charitable Donations
Linking Leaders, LLC	\$20,000.00	Corporate Sponsorship
Liver Institute and Foundation for Education and Research	\$50,000.00	Educational Grants
Living Beyond Breast Cancer	\$10,000.00	Corporate Sponsorship
Living Beyond Breast Cancer	\$5,000.00	Corporate Sponsorship
Living Beyond Breast Cancer	\$5,000.00	Corporate Sponsorship
Loma Linda University School of Medicine	\$1,200.00	Fellowships and Scholarships
Malecare	\$12,000.00	Patient Support
Marsha Rivkin Center for Ovarian Cancer Research	\$2,500.00	Educational Grants
Massachusetts General Hospital	\$25,000.00	Fellowships and Scholarships
Massachusetts Institute of Technology	\$2,220.00	Charitable Donations
Massachusetts Institute of Technology	\$2,220.00	Charitable Donations
Massachusetts Institute of Technology	\$5,000.00	Educational Grants
Massachusetts Prostate Cancer Coalition, Inc.	\$5,000.00	Educational Grants
May We Help	\$3,000.00	Corporate Sponsorship
May We Help	\$2,500.00	Corporate Sponsorship
May We Help	\$2,500.00	Corporate Sponsorship
Mayo Clinic	\$10,000.00	Educational Grants
Medical College of Wisconsin	\$10,000.00	Educational Grants
Medical College of Wisconsin	\$15,000.00	Educational Grants
Medical Learning Institute	\$90,000.00	Educational Grants
Medical Learning Institute	\$(90,000.00)	Educational Grants
Medical Learning Institute	\$75,000.00	Educational Grants
Medicinal and Bioorganic Chemistry Foundation, The	\$5,000.00	Educational Grants
Medscape, LLC	\$250,000.00	Educational Grants
Medscape, LLC	\$250,000.00	Educational Grants
Medscape, LLC	\$100,000.00	Educational Grants
Medscape, LLC	\$75,000.00	Educational Grants
Medscape, LLC	\$740,500.00	Educational Grants
Medscape, LLC	\$471,000.00	Educational Grants
Medscape, LLC	\$37,000.00	Educational Grants
Medscape, LLC	\$155,000.00	Educational Grants
Medscape, LLC	\$150,000.00	Educational Grants
Memorial Hermann Foundation	\$40,000.00	Fellowships and Scholarships
Memphis Business Group on Health	\$4,820.00	Corporate Sponsorship
Mercer County Joint Township Community Hospital dba Mercer Health	\$2,646.00	Patient Support
Methodist Hospital, The	\$25,000.00	Corporate Sponsorship
Michael J. Fox Foundation	\$32,000.00	Educational Grants
Michael J. Fox Foundation	\$25,000.00	Corporate Sponsorship
Michael J. Fox Foundation	\$25,000.00	Corporate Sponsorship
Michigan Council of Nurse Practitioners	\$1,200.00	Educational Grants
Michigan Institute of Urology	\$5,000.00	Corporate Sponsorship
Mid Atlantic Business Group Health	\$3,000.00	Corporate Sponsorship
Mid-America Coalition on Health Care	\$1,000.00	Corporate Sponsorship
Miles for Cystic Fibrosis	\$5,000.00	Corporate Sponsorship

Grants Donations Report—2014—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 3/31/2018

Recipient	Payment Amount	Purpose
Mississippi Kidney Foundation	\$2,000.00	Educational Grants
Missouri Hepatitis C Alliance	\$20,000.00	Charitable Donations
Missouri Hepatitis C Alliance	\$10,000.00	Patient Support
Montana Association of Health Care Purchaser	\$2,000.00	Corporate Sponsorship
Mount Sinai School of Medicine	\$40,000.00	Fellowships and Scholarships
Mount Sinai School of Medicine	\$240,000.00	Educational Grants
Mount Sinai School of Medicine	\$10,000.00	Charitable Donations
Mount Sinai School of Medicine	\$20,000.00	Educational Grants
Mount Sinai School of Medicine	\$8,000.00	Educational Grants
Mount Sinai School of Medicine	\$10,000.00	Educational Grants
Movement Disorder Society, The	\$12,000.00	Educational Grants
Movement Disorder Society, The	\$234,000.00	Corporate Sponsorship
National Academy of Sciences	\$40,000.00	Educational Grants
National Academy of Sciences	\$10,000.00	Charitable Donations
National Academy of Sciences	\$85,000.00	Corporate Sponsorship
National AIDS Treatment Advocacy Project	\$300,000.00	Charitable Donations
National Alliance of State and Territorial AIDS Directors	\$100,000.00	Charitable Donations
National Association for Continuing Education	\$100,000.00	Educational Grants
National Association of Chain Drug Stores, Inc.	\$11,500.00	Corporate Sponsorship
National Association of Managed Care Physicians	\$25,000.00	Educational Grants
National Association of Managed Care Physicians	\$35,000.00	Educational Grants
National Association of School Nurses, Inc.	\$10,000.00	Charitable Donations
National Commission on Correctional Health Care	\$5,000.00	Educational Grants
National Committee for Quality Assurance	\$10,000.00	Corporate Sponsorship
National Committee for Quality Assurance	\$150,000.00	Educational Grants
National Committee for Quality Assurance	\$10,000.00	Corporate Sponsorship
National Committee for Quality Assurance	\$125,000.00	Corporate Sponsorship
National Comprehensive Cancer Network	\$10,000.00	Educational Grants
National Comprehensive Cancer Network	\$(1,492.41)	Educational Grants
National Comprehensive Cancer Network	\$10,000.00	Educational Grants
National Comprehensive Cancer Network	\$25,000.00	Charitable Donations
National Comprehensive Cancer Network	\$10,000.00	Corporate Sponsorship
National Foundation for the Centers for Disease Control and Prevention	\$500,000.00	Corporate Sponsorship
National Foundation for the Centers for Disease Control and Prevention	\$37,500.00	Corporate Sponsorship
National Hispanic Council on Aging	\$10,000.00	Charitable Donations
National Jewish Health	\$151,840.00	Educational Grants
National Jewish Health	\$75,000.00	Educational Grants
National Kidney Foundation of Louisiana, Inc.	\$500.00	Corporate Sponsorship
National Kidney Foundation of Northeast New York	\$3,000.00	Patient Support
National Kidney Foundation, Inc.	\$5,000.00	Corporate Sponsorship
National Kidney Foundation, Inc.	\$20,000.00	Educational Grants
National Kidney Foundation, Inc.	\$333,333.33	Corporate Sponsorship
National Medical Association	\$5,000.00	Corporate Sponsorship
National Multiple Sclerosis Society	\$10,000.00	Corporate Sponsorship

Grants Donations Report—2014—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 3/31/2018

Recipient	Payment Amount	Purpose
National Pancreas Foundation	\$6,000.00	Corporate Sponsorship
National Pancreas Foundation	\$200,000.00	Educational Grants
National Pancreas Foundation	\$50,000.00	Charitable Donations
National Pancreas Foundation	\$65,000.00	Educational Grants
National Parkinson Foundation, Inc.	\$25,000.00	Corporate Sponsorship
National Parkinson Foundation, Inc.	\$40,000.00	Educational Grants
National Parkinson Foundation, Inc.	\$25,000.00	Educational Grants
National Psoriasis Foundation	\$125,000.00	Corporate Sponsorship
National Psoriasis Foundation	\$20,000.00	Educational Grants
National Psoriasis Foundation	\$500,000.00	Corporate Sponsorship
National Psoriasis Foundation	\$20,000.00	Educational Grants
National Psoriasis Foundation	\$2,500.00	Corporate Sponsorship
National Psoriasis Foundation	\$50,000.00	Patient Support
National Psoriasis Foundation	\$15,000.00	Corporate Sponsorship
National Psoriasis Foundation	\$1,000.00	Corporate Sponsorship
National Psoriasis Foundation	\$125,000.00	Corporate Sponsorship
National Society for Cutaneous Medicine	\$50,000.00	Corporate Sponsorship
National Society for Cutaneous Medicine	\$100,000.00	Corporate Sponsorship
National Society for Cutaneous Medicine	\$100,000.00	Corporate Sponsorship
NephCure Foundation	\$5,000.00	Patient Support
Neuro Community Foundation	\$2,000.00	Educational Grants
New England Baptist Hospital	\$5,000.00	Corporate Sponsorship
New Jersey Association for Biomedical Research	\$2,000.00	Educational Grants
New York Academy of Sciences	\$2,000.00	Educational Grants
New York Academy of Sciences	\$5,000.00	Educational Grants
New York Academy of Sciences	\$2,500.00	Educational Grants
New York Medical College, office of Continuing Medical Education	\$2,000.00	Educational Grants
New York State Rheumatology Society	\$17,500.00	Corporate Sponsorship
New York University School of Medicine	\$5,000.00	Educational Grants
New York University School of Medicine	\$40,000.00	Fellowships and Scholarships
New York University School of Medicine	\$5,000.00	Educational Grants
New York University School of Medicine	\$5,800.00	Educational Grants
New York University School of Medicine	\$55,000.00	Educational Grants
New York University School of Medicine	\$15,000.00	Educational Grants
New York University School of Medicine	\$5,000.00	Educational Grants
Nicole Jarvis MD Parkinsons Research Foundation	\$500.00	Corporate Sponsorship
NL Communications, Inc.	\$35,000.00	Educational Grants
NL Communications, Inc.	\$25,000.00	Educational Grants
NL Communications, Inc.	\$50,000.00	Educational Grants
No AIDS Task force	\$2,000.00	Educational Grants
North American Center for Continuing Medical Education	\$252,250.00	Educational Grants
North American Center for Continuing Medical Education	\$45,000.00	Educational Grants
North American Center for Continuing Medical Education	\$124,975.00	Educational Grants
North American Center for Continuing Medical Education	\$318,000.00	Educational Grants
North American Center for Continuing Medical Education	\$95,000.00	Educational Grants
North American Center for Continuing Medical Education	\$475,000.00	Educational Grants
North American Center for Continuing Medical Education	\$200,000.00	Educational Grants
North American Center for Continuing Medical Education	\$250,000.00	Educational Grants
North American Center for Continuing Medical Education	\$99,500.00	Educational Grants

Grants Donations Report—2014—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 3/31/2018

Recipient	Payment Amount	Purpose
North American Center for Continuing Medical Education	\$225,000.00	Educational Grants
North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition	\$20,000.00	Educational Grants
North Carolina Rheumatology Association	\$20,000.00	Corporate Sponsorship
North Dakota Academy of Physician Assistants	\$1,500.00	Educational Grants
Northeast Business Group on Health	\$8,000.00	Corporate Sponsorship
Northwest Arthritis and Osteoporosis Institute	\$150,000.00	Educational Grants
Northwest Kidney Centers	\$2,500.00	Corporate Sponsorship
Northwest Kidney Centers	\$2,500.00	Corporate Sponsorship
Northwest Urological Society	\$5,000.00	Corporate Sponsorship
Northwestern Lake forest Hospital	\$984.00	Charitable Donations
Northwestern University	\$2,220.00	Charitable Donations
Northwestern University	\$2,220.00	Charitable Donations
Northwestern University	\$40,000.00	Fellowships and Scholarships
Northwestern University	\$5,000.00	Educational Grants
Northwestern University	\$40,000.00	Fellowships and Scholarships
Northwestern University	\$50,000.00	Fellowships and Scholarships
Northwestern University	\$5,000.00	Educational Grants
Northwestern University	\$7,500.00	Educational Grants
Ohio Association of Rheumatology	\$10,000.00	Corporate Sponsorship
Ohio Gastroenterology Society	\$5,000.00	Corporate Sponsorship
Oregon Health & Science University	\$800.00	Educational Grants
Osteoarthritis Research Society International	\$10,000.00	Educational Grants
Pacific Dermatologic Association	\$10,000.00	Corporate Sponsorship
PACK Health, LLC	\$135,875.00	Educational Grants
Pancreas Club, The	\$10,000.00	Educational Grants
Pancreatic Cancer Action Network, Inc.	\$2,500.00	Corporate Sponsorship
Pancreatic Cancer Action Network, Inc.	\$2,500.00	Corporate Sponsorship
Pancreatic Cancer Action Network, Inc.	\$5,000.00	Corporate Sponsorship
Pancreatic Cancer Action Network, Inc.	\$5,000.00	Corporate Sponsorship
Pancreatic Cancer Action Network, Inc.	\$5,000.00	Corporate Sponsorship
Pancreatic Cancer Action Network, Inc.	\$5,000.00	Corporate Sponsorship
Pancreatic Cancer Action Network, Inc.	\$5,000.00	Corporate Sponsorship
Pancreatic Cancer Action Network, Inc.	\$5,000.00	Corporate Sponsorship
Pancreatic Cancer Action Network, Inc.	\$5,000.00	Corporate Sponsorship
Pancreatic Cancer Action Network, Inc.	\$147,600.00	Corporate Sponsorship
Pancreatic Cancer Action Network, Inc.	\$5,000.00	Corporate Sponsorship
Pancreatic Cancer Action Network, Inc.	\$5,000.00	Corporate Sponsorship
Pancreatic Cancer Action Network, Inc.	\$5,000.00	Corporate Sponsorship
Parkinson Association of the Rockies	\$7,500.00	Educational Grants
Parkinson Foundation of the National Capital Area	\$5,000.00	Educational Grants
Parkinson Research Foundation	\$10,000.00	Educational Grants
Parkinson Research Foundation	\$5,000.00	Educational Grants
Parkinson Research Foundation	\$5,000.00	Educational Grants
Parkinson Study Group	\$8,000.00	Educational Grants
Parkinson Support Group of Upstate NY dba NPF Greater Rochester	\$2,000.00	Educational Grants
Parkinson's Action Network Foundation	\$35,000.00	Corporate Sponsorship
Parkinson's Action Network Foundation	\$15,000.00	Corporate Sponsorship
Parkinson's Action Network Foundation	\$25,000.00	Corporate Sponsorship
Parkinson's Disease Foundation	\$20,000.00	Educational Grants
Parkinson's Disease Foundation	\$50,000.00	Educational Grants
Parkinsons Resources of Oregon	\$5,000.00	Educational Grants
Parkinsons Resources of Oregon	\$5,000.00	Educational Grants
Parkinson's Unity Walk	\$150,000.00	Corporate Sponsorship
Parkinsons Voice Project	\$1,000.00	Corporate Sponsorship
Partners HealthCare System	\$40,000.00	Educational Grants

Grants Donations Report—2014—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 3/31/2018

Recipient	Payment Amount	Purpose
Partnership for a Drug Free America	\$100,000.00	Charitable Donations
Patient Empowerment Network	\$20,000.00	Educational Grants
Patient Empowerment Network	\$15,000.00	Educational Grants
Pediatric IBD Foundation	\$15,000.00	Corporate Sponsorship
Peer Health Communications, LLC	\$50,000.00	Educational Grants
Pennsylvania Prostate Cancer Coalition	\$5,000.00	Educational Grants
Pennsylvania Society of Gastroenterology	\$11,400.00	Corporate Sponsorship
Pennsylvania State University	\$75,000.00	Educational Grants
Pennsylvania State University	\$456,750.00	Educational Grants
Pennsylvania State University	\$5,000.00	Educational Grants
Pharmaceutical Care Management Association	\$50,000.00	Corporate Sponsorship
Pharmaceutical Care Management Association	\$75,000.00	Corporate Sponsorship
Pharmaceutical Research and Manufacturers of America Foundation	\$200,000.00	Charitable Donations
Pharmacy Quality Alliance	\$15,000.00	Educational Grants
Pharmacy Quality Alliance	\$12,500.00	Educational Grants
Pharmacy Times office of Continuing Professional Education	\$90,000.00	Educational Grants
Pharmacy Times office of Continuing Professional Education	\$25,000.00	Educational Grants
Physicians Education Resource	\$45,000.00	Educational Grants
Pittsburgh Magazine	\$3,500.00	Corporate Sponsorship
Postgraduate Institute for Medicine	\$245,035.00	Educational Grants
Potomac Center for Medical Education	\$(550.00)	Educational Grants
President and Fellows of Harvard College	\$25,000.00	Corporate Sponsorship
Prevent Cancer Foundation	\$10,000.00	Corporate Sponsorship
Primary Care Network, Inc.	\$142,375.00	Educational Grants
Prime Education, Inc.	\$100,110.00	Educational Grants
Prime Education, Inc.	\$148,780.00	Educational Grants
Prime Education, Inc.	\$482,600.00	Educational Grants
Prime Education, Inc.	\$138,850.00	Educational Grants
Prime Education, Inc.	\$(769.00)	Educational Grants
Prime Education, Inc.	\$315,393.00	Educational Grants
Prime Oncology, Inc.	\$10,000.00	Educational Grants
Prime Oncology, Inc.	\$35,000.00	Educational Grants
Prime Oncology, Inc.	\$30,000.00	Educational Grants
Pri-Med Institute, LLC	\$77,500.00	Educational Grants
Princeton University, Trustees	\$50,000.00	Fellowships and Scholarships
Project Inform, Inc.	\$75,000.00	Educational Grants
Project Inform, Inc.	\$75,000.00	Charitable Donations
Projects In Knowledge, Inc.	\$125,000.00	Educational Grants
Projects In Knowledge, Inc.	\$150,000.00	Educational Grants
Prostate Cancer Foundation Rodin Group	\$5,000.00	Corporate Sponsorship
Prostate Cancer Research Institute	\$25,000.00	Educational Grants
Prostate Cancer Research Institute	\$10,000.00	Corporate Sponsorship
Prostate Conditions Education Council	\$2,500.00	Corporate Sponsorship
Prostate Health Education Network	\$15,000.00	Patient Support
Prostate Health Education Network	\$15,000.00	Educational Grants
Prostate Health International	\$5,000.00	Corporate Sponsorship
Puerto Rico Association of Gastroenterology	\$10,000.00	Educational Grants
Puerto Rico Association of Gastroenterology	\$10,000.00	Educational Grants
Purdue University	\$83,890.00	Educational Grants
Purdue University	\$400,000.00	Educational Grants
Purdue University	\$450,000.00	Educational Grants
Rector & Visitors of the University of Virginia	\$25,000.00	Educational Grants

Grants Donations Report—2014—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 3/31/2018

Recipient	Payment Amount	Purpose
Regents of the University of California, The	\$40,000.00	Fellowships and Scholarships
Regents of the University of California, The	\$5,000.00	Educational Grants
Regents of the University of California, The	\$12,000.00	Corporate Sponsorship
Regents of the University of California, The	\$5,000.00	Educational Grants
Regents of the University of California, The	\$8,000.00	Educational Grants
Regents of the University of California, The	\$10,000.00	Educational Grants
Regents of the University of Michigan	\$10,000.00	Corporate Sponsorship
Research America	\$25,000.00	Corporate Sponsorship
Rheumatology Alliance of Louisiana	\$25,000.00	Corporate Sponsorship
Rheumatology Nurses Society	\$50,000.00	Educational Grants
Rheumatology Nurses Society	\$74,225.00	Educational Grants
Rheumatology Nurses Society	\$50,000.00	Educational Grants
Rheumatology Nurses Society	\$7,500.00	Corporate Sponsorship
Richmond University Medical Center	\$1,100.00	Educational Grants
Robert Michael Educational Institute, LLC	\$70,000.00	Educational Grants
Robert Michael Educational Institute, LLC	\$150,000.00	Educational Grants
Rush University Medical Center	\$40,000.00	Educational Grants
Rush University Medical Center	\$5,000.00	Patient Support
Rush University Medical Center	\$10,000.00	Educational Grants
Rutgers, The State University of New Jersey	\$125,000.00	Educational Grants
Rutgers, The State University of New Jersey	\$60,000.00	Educational Grants
Rutgers, The State University of New Jersey	\$75,000.00	Educational Grants
Rutgers, The State University of New Jersey	\$25,000.00	Educational Grants
Sacramento Valley Society of Health System Pharmacists	\$500.00	Corporate Sponsorship
Safety Pharmacology Society	\$2,500.00	Educational Grants
Saint Anthony Hospital Foundation	\$3,410.00	Patient Support
Saint Louis University	\$5,000.00	Educational Grants
San Francisco AIDS Foundation	\$25,000.00	Corporate Sponsorship
San Juan Bautista Medical	\$40,000.00	Fellowships and Scholarships
Schneps Publications Inc. DBA Queens Courier	\$695.00	Corporate Sponsorship
Scripps Health	\$150,000.00	Educational Grants
Sexual Medicine Society of North America, Inc.	\$55,000.00	Corporate Sponsorship
Sexual Medicine Society of North America, Inc.	\$225,000.00	Corporate Sponsorship
Shanti Project, Inc.	\$20,000.00	Educational Grants
Skin Disease Education Foundation	\$30,000.00	Corporate Sponsorship
Skin Disease Education Foundation	\$80,000.00	Corporate Sponsorship
Skin Disease Education Foundation	\$42,750.00	Corporate Sponsorship
Skin Disease Education Foundation	\$46,250.00	Corporate Sponsorship
Smart Ride, The	\$20,000.00	Corporate Sponsorship
Smith Wholesale Drug Company	\$9,000.00	Corporate Sponsorship
Sociedad Pr Endocrinologia Y Diabetologia	\$(7,500.00)	Educational Grants
Sociedad Puertorriquena Pediatria	\$1,000.00	Educational Grants
Society for Neuroscience	\$2,500.00	Educational Grants

Grants Donations Report—2014—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 3/31/2018

Recipient	Payment Amount	Purpose
Society for Neuroscience, Chicago Chapter	\$1,000.00	Educational Grants
Society for Surgery of The Alimentary Tract	\$7,000.00	Corporate Sponsorship
Society of Dermatology Physician Assistants	\$20,000.00	Corporate Sponsorship
Society of Toxicologic Pathology	\$15,000.00	Corporate Sponsorship
Society of Toxicology	\$5,000.00	Corporate Sponsorship
South Carolina Alliance of Health Plans	\$5,000.00	Corporate Sponsorship
Southern California Society of Gastroenterologists	\$5,500.00	Corporate Sponsorship
Southern California Society of Gastroenterology	\$10,000.00	Educational Grants
Southern Illinois University School of Medicine	\$3,000.00	Fellowships and Scholarships
Spondylitis Association of America	\$40,000.00	Patient Support
Spondylitis Association of America	\$19,084.50	Educational Grants
St. Francis Hospital and Medical Center	\$20,000.00	Educational Grants
State of Maryland	\$(1,308.80)	Educational Grants
State of Maryland	\$45,000.00	Fellowships and Scholarships
State University of Iowa	\$1,500.00	Educational Grants
States United for Biomedical Research	\$5,000.00	Charitable Donations
Super Jake Foundation, The	\$25,000.00	Corporate Sponsorship
Teratology Society	\$1,500.00	Educational Grants
Test positive Aware Network	\$2,500.00	Patient Support
Test positive Aware Network	\$30,000.00	Corporate Sponsorship
Texas Association of Health Plans	\$1,500.00	Corporate Sponsorship
Texas Urological Society	\$6,000.00	Corporate Sponsorship
The Endocrine Society	\$25,000.00	Educational Grants
The Hitchcock Foundation	\$25,000.00	Educational Grants
The Reginald and Dionne Smith Foundation, Inc.	\$5,000.00	Patient Support
The Reginald and Dionne Smith Foundation, Inc.	\$5,000.00	Patient Support
Tides Center	\$10,000.00	Educational Grants
Tides Center	\$50,000.00	Educational Grants
Tides Center	\$50,000.00	Educational Grants
Trinitas Regional Medical Center	\$1,800.00	Educational Grants
Triple Step Toward the Cure	\$5,000.00	Corporate Sponsorship
Trustees of the University of Pennsylvania	\$69,742.00	Educational Grants
Trustees of the University of Pennsylvania	\$50,000.00	Educational Grants
Tufts Medical Center	\$(3,825.00)	Educational Grants
Tufts Medical Center	\$4,000.00	Fellowships and Scholarships
Tufts University	\$8,000.00	Educational Grants
Twine Clinical Consulting LLC	\$158,000.00	Educational Grants
UC Regents Maxillofacial Prosthetics Clinic	\$20,000.00	Educational Grants
UC Regents Maxillofacial Prosthetics Clinic	\$50,000.00	Fellowships and Scholarships
UC Regents Maxillofacial Prosthetics Clinic	\$50,000.00	Fellowships and Scholarships
UC Regents Maxillofacial Prosthetics Clinic	\$5,000.00	Educational Grants
UC Regents Maxillofacial Prosthetics Clinic	\$20,000.00	Educational Grants
Ultimate Medical Academy Med Learning Group, LLC	\$90,000.00	Educational Grants
Ultimate Medical Academy Med Learning Group, LLC	\$(125,000.00)	Educational Grants

Grants Donations Report—2014—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 3/31/2018

Recipient	Payment Amount	Purpose
United States Adult Cystic Fibrosis Association, Inc.	\$6,000.00	Educational Grants
United Way of Central Massachusetts	\$5,000.00	Corporate Sponsorship
Universidad De Puerto Rico	\$40,000.00	Fellowships and Scholarships
Universidad De Puerto Rico	\$6,325.00	Educational Grants
University Health Services at Stony Point, Inc.	\$25,000.00	Educational Grants
University Health Services at Stony Point, Inc.	\$150,111.40	Educational Grants
University Hospital of Brooklyn	\$10,000.00	Educational Grants
University of Alabama at Birmingham	\$40,000.00	Fellowships and Scholarships
University of California	\$5,000.00	Educational Grants
University of California—San Francisco	\$15,000.00	Corporate Sponsorship
University of California—San Francisco	\$10,000.00	Educational Grants
University of California—San Francisco	\$10,000.00	Educational Grants
University of California Berkeley	\$30,000.00	Charitable Donations
University of California Irvine	\$40,000.00	Fellowships and Scholarships
University of Chicago	\$60,000.00	Educational Grants
University of Chicago	\$28,961.64	Fellowships and Scholarships
University of Chicago	\$5,000.00	Educational Grants
University of Chicago	\$204,525.00	Educational Grants
University of Chicago	\$5,000.00	Educational Grants
University of Chicago	\$150,000.00	Educational Grants
University of Chicago	\$75,000.00	Educational Grants
University of Chicago	\$100,000.00	Educational Grants
University of Chicago Cancer Research Foundation	\$25,000.00	Charitable Donations
University of Cincinnati	\$100,000.00	Corporate Sponsorship
University of Cincinnati	\$75,000.00	Educational Grants
University of Cincinnati	\$100,000.00	Educational Grants
University of Cincinnati	\$75,000.00	Educational Grants
University of Cincinnati	\$100,000.00	Educational Grants
University of Cincinnati	\$50,000.00	Educational Grants
University of Cincinnati	\$2,542,080.00	Educational Grants
University of Cincinnati	\$50,000.00	Corporate Sponsorship
University of Cincinnati	\$8,000.00	Educational Grants
University of Cincinnati	\$10,000.00	Educational Grants
University of Connecticut	\$12,000.00	Fellowships and Scholarships
University of Florida	\$142,709.00	Educational Grants
University of Florida	\$65,000.00	Educational Grants
University of Florida Foundation	\$50,000.00	Fellowships and Scholarships
University of Illinois Foundation	\$2,220.00	Charitable Donations
University of Illinois Foundation	\$2,220.00	Charitable Donations
University of Louisville Foundation	\$2,220.00	Charitable Donations
University of Louisville Research Foundation	\$150,000.00	Educational Grants
University of Louisville Research Foundation	\$35,000.00	Educational Grants
University of Louisville Research Foundation	\$25,000.00	Educational Grants
University of Maryland Baltimore Foundation	\$10,000.00	Educational Grants
University of Massachusetts Medical School	\$10,000.00	Charitable Donations
University of Miami	\$112,000.00	Educational Grants
University of Michigan	\$(254.37)	Educational Grants
University of Minnesota	\$2,220.00	Charitable Donations
University of Minnesota, Regents	\$5,000.00	Educational Grants
University of Minnesota, Regents	\$(160.43)	Corporate Sponsorship
University of Mississippi Foundation	\$10,000.00	Charitable Donations
University of Nebraska Medical Center	\$5,000.00	Educational Grants

Grants Donations Report—2014—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 3/31/2018

Recipient	Payment Amount	Purpose
University of Nebraska Medical Center	\$2,500.00	Educational Grants
University of Nebraska Medical Center	\$15,000.00	Educational Grants
University of New Mexico Health Sciences Center, Department of Pediatrics Neonatology Division	\$142,150.00	Educational Grants
University of North Carolina at Chapel Hill	\$50,000.00	Fellowships and Scholarships
University of North Carolina at Chapel Hill	\$5,000.00	Educational Grants
University of Notre Dame	\$1,000.00	Educational Grants
University of Pittsburgh	\$1,500.00	Fellowships and Scholarships
University of Pittsburgh	\$10,000.00	Educational Grants
University of Pittsburgh	\$20,000.00	Educational Grants
University of Rochester	\$40,000.00	Fellowships and Scholarships
University of Rochester	\$4,225.00	Educational Grants
University of Rochester	\$(1,207.00)	Educational Grants
University of South Florida Health Professions Conferencing Corporation	\$150,000.00	Educational Grants
University of Southern California	\$180,000.00	Educational Grants
University of Southern California	\$1,500.00	Educational Grants
University of Southern California	\$30,000.00	Educational Grants
University of Texas Health Science Center at San Antonio	\$25,000.00	Educational Grants
University of Texas Health Science Center at San Antonio	\$10,000.00	Educational Grants
University of Texas Health Science Center at San Antonio	\$10,000.00	Educational Grants
University of Texas M.D. Anderson Cancer Center	\$20,000.00	Educational Grants
University of Texas M.D. Anderson Cancer Center	\$10,000.00	Educational Grants
University of Utah	\$40,000.00	Fellowships and Scholarships
University of Utah	\$2,200.00	Educational Grants
University of Washington	\$50,000.00	Fellowships and Scholarships
University of Washington	\$40,000.00	Fellowships and Scholarships
University of Wisconsin Medical Foundation	\$2,220.00	Charitable Donations
University of Wisconsin Systems	\$2,000.00	Educational Grants
University of Wisconsin Systems	\$(500.00)	Corporate Sponsorship
University of Wisconsin-Madison	\$(1,857.88)	Educational Grants
University of Wisconsin-Madison	\$2,000.00	Educational Grants
Urological Association of Pennsylvania	\$2,500.00	Educational Grants
Urology Center of Colorado Foundation	\$7,500.00	Corporate Sponsorship
Us Too International	\$15,000.00	Educational Grants
Us Too International	\$5,000.00	Educational Grants
Us Too International	\$25,000.00	Corporate Sponsorship
Us Too International	\$5,000.00	Corporate Sponsorship
Us Too International	\$1,000.00	Corporate Sponsorship
Valley Children's Hospital Foundation	\$2,500.00	Patient Support
Venice Family Clinic	\$10,000.00	Charitable Donations
Veritas Institute for Medical Education, Inc.	\$(50,000.00)	Educational Grants
Vindico Medical Education	\$337,509.00	Educational Grants
Virginia Commonwealth University, School of Medicine	\$2,100.00	Patient Support
Wake forest University	\$40,000.00	Fellowships and Scholarships
Washington Hospital Center Corporation	\$10,000.00	Educational Grants
Washington Rheumatology Alliance	\$30,000.00	Corporate Sponsorship
Washington State Urology Society	\$5,000.00	Corporate Sponsorship
Washington University in St. Louis	\$2,220.00	Charitable Donations
Wayne State University	\$2,220.00	Charitable Donations

Grants Donations Report—2014—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 3/31/2018

Recipient	Payment Amount	Purpose
We Care in Inflammatory Bowel Disease	\$50,000.00	Charitable Donations
West Penn Allegheny Health System, Inc.	\$6,000.00	Educational Grants
West Penn Allegheny Health System, Inc.	\$(5,905.00)	Fellowships and Scholarships
West Virginia University	\$2,220.00	Charitable Donations
Western States Pharmacy Conference for Pharmacy Residents Fellowships and Preceptors	\$7,500.00	Corporate Sponsorship
Why Me, Inc.	\$2,500.00	Charitable Donations
WINGS Program Inc.	\$25,000.00	Charitable Donations
Wisconsin Dairyland Chapter of Healthcare Information and Management Systems Society	\$2,000.00	Corporate Sponsorship
Wisconsin Rheumatology Association	\$10,000.00	Corporate Sponsorship
Wishes And Dreams for Cystic Fibrosis	\$1,000.00	Corporate Sponsorship
Worcester Regional Research Bureau, Inc.	\$2,500.00	Corporate Sponsorship
World Endometriosis Research Foundation	\$18,000.00	Corporate Sponsorship
World Endometriosis Society	\$150,000.00	Corporate Sponsorship
World Endometriosis Society	\$150,000.00	Corporate Sponsorship
World Health Communications, Ltd.	\$50,000.00	Educational Grants
World Parkinson Coalition Inc.	\$15,000.00	Educational Grants
World Senior Games	\$5,250.00	Corporate Sponsorship
Yale University School of Medicine	\$5,000.00	Educational Grants
Yale University School of Medicine	\$(10,000.00)	Educational Grants
Yale University School of Medicine	\$10,000.00	Educational Grants
Young Survival Coalition	\$5,000.00	Corporate Sponsorship
Zero, The Project to End Prostate Cancer	\$7,500.00	Corporate Sponsorship
Zero, The Project to End Prostate Cancer	\$210,800.00	Corporate Sponsorship
Zero, The Project to End Prostate Cancer	\$15,000.00	Corporate Sponsorship
Zero, The Project to End Prostate Cancer	\$2,500.00	Corporate Sponsorship

Grants Donations Report—2015

(Parentheses represent refunds of previously disclosed payments)

Updated as of 4/30/2018

Recipient	Payment Amount	Purpose
A Runner's Love	\$5,000.00	Corporate Sponsorship
Academia Medica Del Sur	\$12,000.00	Educational Grants
Academia Medica Del Sur	\$8,000.00	Educational Grants
Academia Medica Del Sur	\$15,000.00	Educational Grants
Academia Medica Del Sur	\$15,000.00	Educational Grants
Academia Medica Del Sur	\$10,000.00	Educational Grants
Academia Medica Del Sur	\$10,000.00	Educational Grants
Academia Medica Del Sur	\$9,000.00	Educational Grants
Academia Medica Del Sur	\$12,000.00	Educational Grants
Academia Medica Del Sur	\$14,000.00	Educational Grants
Academia Medica Del Sur	\$10,000.00	Educational Grants
Academia Medica Del Sur	\$10,000.00	Educational Grants
Academia Medica Del Sur	\$15,000.00	Educational Grants
Academia Medica Del Sur	\$5,000.00	Educational Grants
Academia Medica Del Sur	\$15,000.00	Educational Grants
Academia Medica Del Sur	\$10,000.00	Educational Grants
Academia Medica Del Sur	\$5,000.00	Educational Grants
Academia Medica Del Sur	\$7,500.00	Educational Grants
Academia Medica Del Sur	\$12,000.00	Educational Grants
Academia Medica Del Sur	\$10,000.00	Educational Grants
Academia Medica Del Sur	\$7,500.00	Educational Grants

Grants Donations Report—2015—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 4/30/2018

Recipient	Payment Amount	Purpose
Academia Medica Del Sur	\$10,000.00	Educational Grants
Academia Medica Del Sur	\$10,000.00	Educational Grants
Academia Medica Del Sur	\$15,000.00	Educational Grants
Academia Medica Del Sur	\$10,000.00	Educational Grants
Academia Medica Del Sur	\$12,000.00	Educational Grants
Academia Medica Del Sur	\$15,000.00	Educational Grants
Academia Medica Del Sur	\$15,000.00	Educational Grants
Academia Medica Del Sur	\$10,000.00	Educational Grants
Academia Medica Del Sur	\$10,000.00	Educational Grants
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Academia Medica Del Sur	\$15,000.00	Educational Grants
Academia Medica Del Sur	\$10,000.00	Educational Grants
Academia Medica Del Sur	\$15,000.00	Educational Grants
Academia Medica Del Sur	\$10,000.00	Educational Grants
Academia Medica Del Sur	\$10,000.00	Educational Grants
Academia Medica Del Sur	\$9,000.00	Educational Grants
Academia Medica Del Sur	\$10,000.00	Educational Grants
Academia Medica Del Sur	\$15,000.00	Educational Grants
Academia Puertorriqueña De Neurologia	\$8,500.00	Corporate Sponsorship
Academy of Managed Care Pharmacy	\$25,000.00	Corporate Sponsorship
Academy of Managed Care Pharmacy	\$75,000.00	Corporate Sponsorship
Academy of Managed Care Pharmacy	\$30,000.00	Corporate Sponsorship
Academy of Managed Care Pharmacy	\$25,000.00	Corporate Sponsorship
Academy of Managed Care Pharmacy	\$40,000.00	Corporate Sponsorship
Advances in Cosmetic and Medical Dermatology Inc.	\$50,000.00	Corporate Sponsorship
Advances in Cosmetic and Medical Dermatology Inc.	\$50,000.00	Corporate Sponsorship
Advances in Cosmetic and Medical Dermatology Inc.	\$100,000.00	Corporate Sponsorship
Adventist Hlth System—Sunbelt Inc.	\$15,000.00	Corporate Sponsorship
Advocate Health & Hospitals Corporation	\$2,500.00	Educational Grants
Aids Drug Assistance Programs Advocacy Asoc	\$5,000.00	Educational Grants
AIDS Action Committee	\$5,000.00	Corporate Sponsorship
AIDS Foundation of Chicago	\$125,000.00	Charitable Donation
AIDS Foundation of Chicago	\$25,000.00	Corporate Sponsorship
AIDS Foundation of Chicago	\$10,000.00	Corporate Sponsorship
Alabama Dermatology Society	\$35,000.00	Corporate Sponsorship
Albany Medical Center	\$10,000.00	Corporate Sponsorship
Albany Medical Center	\$5,000.00	Educational Grants
Albert Einstein Colg of Medicine Div of Dermatology Attending Asoc	\$10,000.00	Educational Grants
Albert Einstein Colg of Medicine of Yeshiva Univ	\$85,000.00	Educational Grants
Albert Einstein Med Ctr.	\$2,500.00	Educational Grants
Alliance for Clinical Trials in Oncology Foundation	\$25,000.00	Educational Grants
Alliance for Safe Biologic Medicines	\$100,000.00	Corporate Sponsorship
Alliance Foundation for Continuing Education In The Health Professions	\$50,000.00	Educational Grants
American Academy of Continuing Medical Education	\$75,000.00	Educational Grants
American Academy of Dermatology	(\$37,982.00)	Educational Grants
American Academy of Dermatology	\$75,000.00	Educational Grants
American Academy of Dermatology	\$40,000.00	Charitable Donation
American Academy of Dermatology	\$35,000.00	Corporate Sponsorship
American Academy of Dermatology	\$40,000.00	Educational Grants
American Academy of Dermatology	\$20,000.00	Corporate Sponsorship
American Academy of Dermatology	\$10,000.00	Corporate Sponsorship
American Academy of Dermatology	\$35,000.00	Corporate Sponsorship
American Academy of Dermatology	\$200,000.00	Corporate Sponsorship

Grants Donations Report—2015—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 4/30/2018

Recipient	Payment Amount	Purpose
American Academy of Family Phys	\$38,000.00	Corporate Sponsorship
American Academy of Family Phys	\$38,000.00	Corporate Sponsorship
American Academy of Neurology Institute	\$38,500.00	Educational Grants
American Academy of Neurology Institute	\$10,000.00	Educational Grants
American Assoc for Lab Animal Scnc Foundation	\$20,000.00	Charitable Donation
American Assoc for The Study of Liver Diseases	\$50,000.00	Charitable Donation
American Assoc for The Study of Liver Diseases	\$500,000.00	Charitable Donation
American Assoc for The Study of Liver Diseases	\$130,000.00	Corporate Sponsorship
American Assoc of Phys of Indian Origin Arkansas	\$15,000.00	Corporate Sponsorship
American Assoc of Phys of Indian Origin Arkansas	\$10,000.00	Corporate Sponsorship
American Assoc of Phys of Indian Origin Arkansas	\$5,000.00	Corporate Sponsorship
American Association for Cancer Re- search	\$10,000.00	Educational Grants
American Association for Cancer Re- search	\$35,000.00	Educational Grants
American Association for Cancer Re- search	\$10,000.00	Educational Grants
American Association for Cancer Re- search	\$5,000.00	Educational Grants
American Association for Cancer Re- search	\$25,000.00	Educational Grants
American Association for Cancer Re- search	\$10,000.00	Educational Grants
American Association for Cancer Re- search	\$25,000.00	Educational Grants
American Association for Cancer Re- search	\$10,000.00	Educational Grants
American Association for Laboratory Ani- mal Science New England Branch	\$5,000.00	Educational Grants
American Association of Clinical Endo- crinologists	\$18,940.00	Educational Grants
American Association of Clinical Endo- crinologists	\$20,000.00	Educational Grants
American Association of Clinical Endo- crinologists	\$7,500.00	Educational Grants
American Association of Clinical Endo- crinologists	\$5,000.00	Educational Grants
American Association of Pharmaceutical Scientists	\$50,000.00	Corporate Sponsorship
American Association of Pharmaceutical Scientists	\$3,150.00	Charitable Donation
American Autoimmune Related	\$46,000.00	Corporate Sponsorship
American Autoimmune Related	\$10,000.00	Corporate Sponsorship
American Autoimmune Related	\$2,500.00	Corporate Sponsorship
American Autoimmune Related	\$5,000.00	Corporate Sponsorship
American Autoimmune Related	\$30,000.00	Corporate Sponsorship
American Brain Tumor Association	\$10,000.00	Corporate Sponsorship
American Cancer Society	\$10,000.00	Corporate Sponsorship
American Cancer Society Cancer Action Network	\$2,000.00	Corporate Sponsorship
American Cancer Society Cancer Action Network	\$7,000.00	Corporate Sponsorship
American Cancer Society Cancer Action Network	\$5,000.00	Corporate Sponsorship

Grants Donations Report—2015—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 4/30/2018

Recipient	Payment Amount	Purpose
American Cancer Society Cancer Action Network	\$2,500.00	Corporate Sponsorship
American Cancer Society Cancer Action Network	\$1,000.00	Corporate Sponsorship
American Cancer Society Cancer Action Network	\$10,000.00	Corporate Sponsorship
American Cancer Society Cancer Action Network	\$2,500.00	Corporate Sponsorship
American Cancer Society Cancer Action Network	\$1,000.00	Corporate Sponsorship
American Chem Socty	\$2,500.00	Educational Grants
American Chem Socty	\$1,000.00	Educational Grants
American Chem Socty	\$2,500.00	Educational Grants
American Chem Socty	\$2,500.00	Educational Grants
American Colg of Endocrinology	\$355,000.00	Corporate Sponsorship
American Colg of Lab Animal Medicine	\$50,000.00	Charitable Donation
American Colg of Obstetricians And Gynecologists District 1	\$1,000.00	Corporate Sponsorship
American College of Clinical Pharmacology	\$1,000.00	Educational Grants
American College of Gastroenterology	\$90,000.00	Corporate Sponsorship
American College of Gastroenterology	\$20,000.00	Corporate Sponsorship
American College of Gastroenterology	\$25,000.00	Charitable Donation
American College of Gastroenterology	\$100,000.00	Corporate Sponsorship
American College of Gastroenterology	\$45,000.00	Corporate Sponsorship
American College of Gastroenterology	\$90,000.00	Corporate Sponsorship
American College of Gastroenterology	\$20,000.00	Corporate Sponsorship
American College of Healthcare Executives Wisconsin Chapter	\$3,000.00	Corporate Sponsorship
American College of Rheumatology	\$2,000,000.00	Corporate Sponsorship
American College of Veterinary Pathologists	\$5,000.00	Corporate Sponsorship
American Drug Utilization Review Society Adurs	\$20,000.00	Corporate Sponsorship
American Enterprise Institute	\$10,000.00	Corporate Sponsorship
American Gastroenterological Association Institute	\$153,517.00	Educational Grants
American Gastroenterological Association Institute	\$427,536.66	Educational Grants
American Gastroenterological Association Institute	\$25,000.00	Corporate Sponsorship
American Gastroenterological Association Institute	\$25,000.00	Corporate Sponsorship
American Gastroenterological Association Institute	\$133,200.00	Corporate Sponsorship
American Gastroenterological Association Institute	\$43,000.00	Corporate Sponsorship
American Gastroenterological Association Institute	\$25,000.00	Corporate Sponsorship
American Kidney Fund	\$5,000.00	Corporate Sponsorship
American Legion	\$10,000.00	Corporate Sponsorship
American Legion National Headquarters	\$20,000.00	Corporate Sponsorship
American Liver Foundation	\$10,000.00	Corporate Sponsorship
American Liver Foundation	\$4,500.00	Corporate Sponsorship
American Liver Foundation	\$400,000.00	Corporate Sponsorship
American Liver Foundation	(\$10,000.00)	Corporate Sponsorship
American Liver Foundation	\$25,000.00	Corporate Sponsorship
American Liver Foundation	\$5,000.00	Corporate Sponsorship
American Liver Foundation	\$25,000.00	Corporate Sponsorship
American Liver Foundation	\$5,000.00	Corporate Sponsorship
American Liver Foundation	\$35,000.00	Corporate Sponsorship

Grants Donations Report—2015—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 4/30/2018

Recipient	Payment Amount	Purpose
American Medical Group Association	\$24,700.00	Corporate Sponsorship
American Neurological Association	\$25,000.00	Educational Grants
American Pancreatic Association, Inc.	\$75,000.00	Educational Grants
American Pancreatic Association, Inc.	\$25,000.00	Corporate Sponsorship
American Pancreatic Association, Inc.	\$15,000.00	Charitable Donation
American Parkinson Disease Association, Inc.	\$5,350.00	Corporate Sponsorship
American Parkinson Disease Association, Inc.	\$2,000.00	Corporate Sponsorship
American Parkinson Disease Association, Inc.	\$15,000.00	Educational Grants
American Parkinson Disease Association, Inc.	\$2,500.00	Corporate Sponsorship
American Parkinson Disease Association, Inc.	\$40,000.00	Educational Grants
American Parkinson Disease Association, Inc.	\$3,000.00	Corporate Sponsorship
American Parkinson Disease Association, Inc.	\$500.00	Corporate Sponsorship
American Parkinson Disease Association, Inc.	\$500.00	Corporate Sponsorship
American Parkinson Disease Association, Inc.	\$1,000.00	Corporate Sponsorship
American Parkinson Disease Association, Inc.	\$5,000.00	Corporate Sponsorship
American Parkinson Disease Association, Inc.	\$1,000.00	Corporate Sponsorship
American Parkinson Disease Association, Inc.	\$500.00	Corporate Sponsorship
American Parkinson Disease Association, Inc.	\$1,000.00	Corporate Sponsorship
American Parkinson Disease Association, Inc.	\$500.00	Corporate Sponsorship
American Parkinson Disease Association, Inc.	\$1,000.00	Corporate Sponsorship
American Peptide Society	\$1,000.00	Educational Grants
American Pharmacists Association	\$10,000.00	Corporate Sponsorship
American Society for Mens Health	\$10,000.00	Corporate Sponsorship
American Society of Andrology	\$15,000.00	Corporate Sponsorship
American Society of Clinical Oncology	\$15,000.00	Educational Grants
American Society of Clinical Oncology	\$25,000.00	Educational Grants
American Society of Clinical Oncology	\$15,000.00	Educational Grants
American Society of Clinical Rheumatologists	\$9,500.00	Corporate Sponsorship
American Society of Health System Pharmacists	\$23,400.00	Corporate Sponsorship
American Socty of Hematology	\$95,000.00	Corporate Sponsorship
American Socty of Hematology	\$2,550.00	Corporate Sponsorship
American Socty of Hematology	\$25,000.00	Corporate Sponsorship
American Socty of Hematology	\$60,000.00	Corporate Sponsorship
American Statistical Association	\$2,500.00	Educational Grants
American Thyroid Association, Inc.	\$45,000.00	Educational Grants
American Urological Asoc Northeastern Section	\$11,500.00	Corporate Sponsorship
American Urological Asoc Foundation	\$10,000.00	Corporate Sponsorship
American Urological Asoc Inc. North Ctrl Section	\$6,000.00	Corporate Sponsorship
American Urological Asoc Inc. Western Section	\$10,000.00	Corporate Sponsorship
American Urological Asoc New York Section	\$1,000.00	Corporate Sponsorship

Grants Donations Report—2015—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 4/30/2018

Recipient	Payment Amount	Purpose
American Urological Assoc South Ctrl Section	\$6,000.00	Corporate Sponsorship
American Urological Association	\$100,000.00	Corporate Sponsorship
American Urological Association	\$25,000.00	Corporate Sponsorship
American Urological Association	\$37,500.00	Corporate Sponsorship
American Urological Association	\$41,000.00	Corporate Sponsorship
American Urological Association Education And Research, Inc.	\$75,000.00	Educational Grants
American Urological Association Education And Research, Inc.	\$50,000.00	Educational Grants
American Urological Association Education And Research, Inc.	\$30,000.00	Educational Grants
American Urological Association Education And Research, Inc.	\$10,000.00	Educational Grants
American Urological Association Education And Research, Inc.	\$10,000.00	Educational Grants
American Urological Association Education And Research, Inc.	\$10,000.00	Educational Grants
American Urological Association Education And Research, Inc.	\$25,000.00	Educational Grants
American Urological Association Education And Research, Inc.	\$10,000.00	Educational Grants
American Urological Association Education And Research, Inc.	\$8,000.00	Educational Grants
Americans for Medical Progress Educational Found	\$110,000.00	Charitable Donation
Americares Foundation, Inc.	\$10,000.00	Corporate Sponsorship
Anesthesia Patient Safety Foundation	\$15,000.00	Charitable Donation
Annenberg Center for Health Science	\$50,000.00	Educational Grants
Annenberg Center for Health Science	\$140,000.00	Educational Grants
Annenberg Center for Health Science	\$90,000.00	Educational Grants
Annenberg Center for Health Science	\$641,628.00	Educational Grants
Annenberg Center for Health Science	\$85,000.00	Educational Grants
Annenberg Center for Health Science	\$75,000.00	Educational Grants
Annenberg Center for Health Science	(\$5,000.00)	Educational Grants
Arizona United Rheum Alliance Aura	\$5,000.00	Corporate Sponsorship
Arthritis Foundation, Inc.	\$5,000.00	Corporate Sponsorship
Arthritis Foundation, Inc.	\$5,000.00	Corporate Sponsorship
Arthritis Foundation, Inc.	\$50,000.00	Educational Grants
Arthritis Foundation, Inc.	\$30,000.00	Corporate Sponsorship
Arthritis Foundation, Inc.	\$10,000.00	Educational Grants
Arthritis Foundation, Inc.	\$2,500.00	Patient Support
Arthritis Foundation, Inc.	\$30,000.00	Corporate Sponsorship
Arthritis Foundation, Inc.	\$40,000.00	Patient Support
Arthritis Foundation, Inc.	\$20,000.00	Corporate Sponsorship
Arthritis Foundation, Inc.	\$12,500.00	Patient Support
Arthritis Foundation, Inc.	\$25,000.00	Corporate Sponsorship
Arthritis Foundation, Inc.	\$25,000.00	Corporate Sponsorship
Arthritis Foundation, Inc.	\$1,500.00	Corporate Sponsorship
Arthritis Foundation, Inc.	\$5,000.00	Corporate Sponsorship
Arthritis Foundation, Inc.	\$5,000.00	Corporate Sponsorship
Arthritis Foundation, Inc.	\$5,000.00	Corporate Sponsorship
Arthritis Foundation, Inc.	\$5,000.00	Corporate Sponsorship
Arthritis Foundation, Inc.	\$2,000.00	Corporate Sponsorship
Arthritis Foundation, Inc.	\$3,000.00	Corporate Sponsorship
Arthritis Foundation, Inc.	\$1,000.00	Corporate Sponsorship
Arthritis Foundation, Inc.	\$5,000.00	Corporate Sponsorship
Arthritis Foundation, Inc.	\$2,000.00	Corporate Sponsorship
Arthritis Foundation, Inc.	\$1,000.00	Corporate Sponsorship
Arthritis Foundation, Inc.	\$2,500.00	Patient Support
Arthritis Foundation, Inc.	\$5,000.00	Corporate Sponsorship
Arthritis Foundation, Inc.	\$30,000.00	Corporate Sponsorship

Grants Donations Report—2015—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 4/30/2018

Recipient	Payment Amount	Purpose
Arthritis Foundation, Inc.	\$250,000.00	Corporate Sponsorship
Arthritis Foundation, Inc.	\$175,000.00	Corporate Sponsorship
Arthritis Foundation, Inc.	\$300,000.00	Corporate Sponsorship
Arthritis Foundation, Inc.	\$300,000.00	Corporate Sponsorship
Arthritis Foundation, Inc.	\$259,000.00	Corporate Sponsorship
Arthritis Patient Services	\$10,000.00	Educational Grants
Arthritis Patient Services	\$25,000.00	Educational Grants
Asco Cancer Foundation	\$50,000.00	Charitable Donation
Asco Cancer Foundation	\$40,000.00	Fellowships or Scholarships
Asco Cancer Foundation	(\$689.37)	Fellowships or Scholarships
Asociacion De Hematologia Y Oncologia Medica De Puerto Rico	\$5,000.00	Corporate Sponsorship
Asociacion De Reumatologos De Puerto Rico	\$22,500.00	Corporate Sponsorship
Asociacion De Salud Primaria De Puerto Rico, Inc.	\$2,000.00	Corporate Sponsorship
Asociacion Pr De Gastroenterologia	\$10,000.00	Corporate Sponsorship
Asociacion Pr De Gastroenterologia	\$40,000.00	Corporate Sponsorship
Asociacion Pr De Gastroenterologia	\$30,000.00	Corporate Sponsorship
Asociacion Puertorriqueña De Ayuda Al Paciente De Psoriasis	\$2,500.00	Corporate Sponsorship
Asociacion Puertorriqueña De Medicina Fisica Y Rehabilitación	\$15,000.00	Corporate Sponsorship
Asociacion Puertorriqueña De Medicina Fisica Y Rehabilitación	\$6,000.00	Corporate Sponsorship
Aspen Cancer Conference, Inc.	\$7,500.00	Educational Grants
Association for Assessment And Accreditation of Laboratory Animal Care International	\$5,000.00	Charitable Donation
Association of Physician Assistants In Oncology Inc.	\$10,000.00	Corporate Sponsorship
Association of Women in Rheumatology	\$30,000.00	Corporate Sponsorship
Association of Women in Rheumatology	\$30,000.00	Corporate Sponsorship
At Point of Care, LLC	\$150,000.00	Educational Grants
Autoimmune Advocacy Alliance	\$2,500.00	Corporate Sponsorship
Baehr Challenge Ltd.	\$2,500.00	Corporate Sponsorship
Baehr Challenge Ltd.	\$4,000.00	Corporate Sponsorship
Balm In Gilead Inc.	\$75,000.00	Corporate Sponsorship
Baylor College of Medicine	\$5,000.00	Educational Grants
Baylor College of Medicine	\$5,000.00	Corporate Sponsorship
Baylor Health Care System Foundation	\$40,000.00	Fellowships or Scholarships
Baylor Univ Med Ctr.	\$40,000.00	Educational Grants
Beth Israel Deaconess Medical Center	\$35,000.00	Fellowships or Scholarships
Beth Israel Deaconess Medical Center	\$40,000.00	Fellowships or Scholarships
Beth Israel Deaconess Medical Center	\$25,000.00	Fellowships or Scholarships
Beth Israel Deaconess Medical Center	\$8,000.00	Educational Grants
Bioconnections LLC	\$125,000.00	Corporate Sponsorship
Board of Trustees of The University of Illinois	\$40,000.00	Fellowships or Scholarships
Board of Trustees of The University of Illinois	\$1,500.00	Educational Grants
Boomer Esiason Foundation	\$25,000.00	Corporate Sponsorship
Boomer Esiason Foundation	\$400,000.00	Corporate Sponsorship
Borland Groover Foundation	\$1,000.00	Corporate Sponsorship
Boston Univ School of Medicine	\$70,000.00	Educational Grants
Boston Univ School of Medicine	\$125,000.00	Educational Grants
Boston Univ School of Medicine	\$1,500.00	Educational Grants
Boston Univ School of Medicine	\$5,000.00	Corporate Sponsorship
Boston Univ School of Medicine	\$10,000.00	Educational Grants
Boston University Mden Psychtry	(\$3,402.40)	Educational Grants
Brandeis University	\$1,250.00	Charitable Donation

Grants Donations Report—2015—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 4/30/2018

Recipient	Payment Amount	Purpose
Breast Friends	\$1,500.00	Corporate Sponsorship
Business Hlth Coalition Foundation	\$3,300.00	Corporate Sponsorship
Butler University	\$1,250.00	Charitable Donation
California Association for Nurse Practitioners	\$1,500.00	Corporate Sponsorship
California Healthcare Institute	\$1,500.00	Corporate Sponsorship
California Life Sciences Association	\$5,000.00	Corporate Sponsorship
California Life Sciences Association	\$1,500.00	Corporate Sponsorship
California Socy of Dermatology & Dermatology Surgry	\$10,000.00	Corporate Sponsorship
Cancer Care	\$2,500.00	Educational Grants
Cancer Care	\$2,500.00	Educational Grants
Cancer Care	(\$2,500.00)	Educational Grants
Cancer Care	\$25,000.00	Educational Grants
Cancer Care	\$25,000.00	Educational Grants
Cancer Molecular Therapeutics Research Association	\$5,000.00	Educational Grants
Capital Meeting Planning Inc.	\$2,000.00	Educational Grants
Caribe Gyn, Inc.	\$5,000.00	Corporate Sponsorship
Casa Lake County	\$10,000.00	Corporate Sponsorship
Catholic Charities of The Archdiocese of Chicago	\$8,500.00	Corporate Sponsorship
Cedars-Sinai Medical Center	\$40,000.00	Fellowships or Scholarships
Cedars-Sinai Medical Center	(\$4,000.00)	Educational Grants
Central Florida Pharmacy Council	\$15,000.00	Patient Support
Central Savannah River Area Csra Parkinson Support Group	\$1,000.00	Corporate Sponsorship
Chicago Help Initiative	\$7,500.00	Charitable Donation
Childhood Arthritis And Rheumatology Research Alliance Carra	\$35,000.00	Corporate Sponsorship
Children And Arthritis, Inc.	\$4,500.00	Charitable Donation
Childrens Digestive Hlth And Nutrition Foundation	\$40,000.00	Fellowships or Scholarships
Childrens Digestive Hlth And Nutrition Foundation	(\$40,000.00)	Fellowships or Scholarships
Childrens Digestive Hlth And Nutrition Foundation	\$56,000.00	Educational Grants
Childrens Digestive Hlth And Nutrition Foundation	\$10,000.00	Corporate Sponsorship
Childrens Digestive Hlth And Nutrition Foundation	\$2,500.00	Corporate Sponsorship
Chimp Haven, Inc.	\$25,000.00	Charitable Donation
Chronic Liver Disease Foundation	\$1,000,000.00	Educational Grants
Chronic Liver Disease Foundation	\$364,315.00	Educational Grants
Chronic Liver Disease Foundation	\$1,513,875.00	Educational Grants
Chronic Liver Disease Foundation	(\$2,700.00)	Educational Grants
Chronic Liver Disease Foundation	(\$9,044.17)	Educational Grants
Chronic Liver Disease Foundation	(\$9,045.00)	Educational Grants
Chronic Liver Disease Foundation	\$27,500.00	Corporate Sponsorship
Chronic Lymphoytic Leukemia Society, Inc.	\$25,000.00	Charitable Donation
Chronic Lymphoytic Leukemia Society, Inc.	\$25,000.00	Educational Grants
Chronic Lymphoytic Leukemia Society, Inc.	\$10,000.00	Patient Support
Cincinnati Childrens Hospital	\$40,000.00	Educational Grants
Cincinnati Childrens Hospital Medical Center Pulmonary Medicine	\$22,500.00	Corporate Sponsorship
Cleveland Clinic Foundation	\$3,000.00	Educational Grants
Cleveland Clinic Foundation	\$50,000.00	Fellowships or Scholarships
Cleveland Clinic Foundation	\$40,000.00	Fellowships or Scholarships

Grants Donations Report—2015—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 4/30/2018

Recipient	Payment Amount	Purpose
Cleveland Clinic Minority Men's Health Center	\$5,000.00	Educational Grants
Cleveland Cln Educational Foundation	(\$542.72)	Educational Grants
The Cleveland Cln Educational Foundation	\$50,000.00	Educational Grants
The Cleveland Cln Educational Foundation	\$50,000.00	Educational Grants
The Cleveland Cln Educational Foundation	(\$6,109.89)	Educational Grants
The Cleveland Cln Educational Foundation	(\$1,147.40)	Educational Grants
Clinical Care Options, LLC	\$75,000.00	Educational Grants
Clinical Care Options, LLC	\$100,000.00	Educational Grants
Clinical Care Options, LLC	\$75,000.00	Educational Grants
Clinical Care Options, LLC	\$100,000.00	Educational Grants
Cll Global Research Foundation	\$15,000.00	Educational Grants
Cll Global Research Foundation	\$25,000.00	Educational Grants
Coalition for Prevention of Colorectal Cancer In Puerto Rico	\$5,000.00	Corporate Sponsorship
Coalition for Prevention of Colorectal Cancer In Puerto Rico	\$3,000.00	Corporate Sponsorship
Colegio De Medicos Cirujanos De Puerto Rico	\$20,000.00	Educational Grants
Columbia Univ Med Ctr	\$1,250.00	Charitable Donation
Community Health	\$10,000.00	Corporate Sponsorship
Community Health	\$10,000.00	Corporate Sponsorship
Community Health	\$10,000.00	Corporate Sponsorship
Community Health And Men's Promotion Summit	\$5,000.00	Patient Support
Community Initiatives	\$5,000.00	Corporate Sponsorship
Community Initiatives	\$57,000.00	Corporate Sponsorship
Community Initiatives	\$50,000.00	Corporate Sponsorship
Community Liver Alliance	\$5,000.00	Corporate Sponsorship
Complete Conference Mgmt	(\$916.00)	Educational Grants
Connect1D	\$2,500.00	Corporate Sponsorship
Connecticut Academy of Physician Assistants	\$1,700.00	Corporate Sponsorship
Connecticut Advocates for Parkinsons Inc.	\$500.00	Corporate Sponsorship
Connecting To Cure Crohns And Colitis	\$5,000.00	Corporate Sponsorship
Consortium of Multiple Sclerosis Centers	\$25,000.00	Educational Grants
Continuing Education Alliance, LLC	\$400,000.00	Educational Grants
Continuing Education Alliance, LLC	\$350,000.00	Educational Grants
Continuing Education Alliance, LLC	(\$1,972.99)	Educational Grants
Continuing Education Alliance, LLC	(\$5,392.00)	Educational Grants
Continuing Education Alliance, LLC	(\$723.11)	Educational Grants
Continuing Education Alliance, LLC	(\$3,353.94)	Educational Grants
Continuing Education Alliance, LLC	\$439,195.00	Educational Grants
Continuing Education Alliance, LLC	(\$1,553.15)	Educational Grants
Continuing Education Alliance, LLC	(\$1,523.00)	Educational Grants
Continuing Education Alliance, LLC	(\$567.24)	Educational Grants
Cope Coalition On Positive Health Empowerment	\$20,000.00	Corporate Sponsorship
Cope Coalition On Positive Health Empowerment	\$15,000.00	Corporate Sponsorship
Core Foundation	\$10,000.00	Corporate Sponsorship
Cornell University Weill Cornell Medical College	\$2,500.00	Educational Grants
Cornell University Weill Cornell Medical College	\$2,500.00	Educational Grants

Grants Donations Report—2015—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 4/30/2018

Recipient	Payment Amount	Purpose
Cornerstones Health Inc.	\$90,000.00	Educational Grants
Cornerstones Health Inc.	(\$20,375.00)	Educational Grants
Cornerstones Health Inc.	\$75,000.00	Educational Grants
Crape Myrtle Festival	\$300.00	Corporate Sponsorship
Creighton University	\$7,500.00	Educational Grants
Crohn's and Colitis Foundation of America, Inc.	\$400,000.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America, Inc.	\$22,500.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America, Inc.	\$5,000.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America, Inc.	\$1,200,000.00	Educational Grants
Crohn's and Colitis Foundation of America, Inc.	\$180,000.00	Educational Grants
Crohn's and Colitis Foundation of America, Inc.	\$5,000.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America, Inc.	(\$265.00)	Educational Grants
Crohn's and Colitis Foundation of America, Inc.	\$50,160.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America, Inc.	\$3,000.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America, Inc.	\$2,500.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America, Inc.	\$1,000.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America, Inc.	\$25,000.00	Charitable Donation
Crohn's and Colitis Foundation of America, Inc.	\$25,000.00	Charitable Donation
Crohn's and Colitis Foundation of America, Inc.	\$90,000.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America, Inc.	\$35,000.00	Educational Grants
Crohn's and Colitis Foundation of America, Inc.	\$2,500.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America, Inc.	\$5,000.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America, Inc.	\$1,500.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America, Inc.	\$5,000.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America, Inc.	\$10,000.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America, Inc.	\$100,000.00	Fellowships or Scholarships
Crohn's and Colitis Foundation of America, Inc.	\$32,500.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America, Inc.	\$10,000.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America, Inc.	\$1,000.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America, Inc.	\$1,500.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America, Inc.	\$90,000.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America, Inc.	\$10,000.00	Corporate Sponsorship
Crohn's and Colitis Foundation of America, Inc.	\$400,000.00	Corporate Sponsorship

Grants Donations Report—2015—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 4/30/2018

Recipient	Payment Amount	Purpose
Cystic Fibrosis Research Fund Emily's Entourage	\$5,000.00	Corporate Sponsorship
Cystic Fibrosis Research Inc.	\$1,250.00	Corporate Sponsorship
Cystic Fibrosis Research Inc.	\$3,000.00	Corporate Sponsorship
Cystic Fibrosis Research Inc.	\$15,000.00	Corporate Sponsorship
Cystic Fibrosis Research Inc.	\$10,000.00	Corporate Sponsorship
Dallas Fort Worth Business Group on Health	\$5,000.00	Corporate Sponsorship
Dava Oncology LP	\$95,000.00	Corporate Sponsorship
Davis Phinney Foundation	\$30,000.00	Educational Grants
Davis Phinney Foundation	\$30,000.00	Educational Grants
Davis Phinney Foundation	\$40,000.00	Patient Support
Dermatology Education Foundation	\$30,000.00	Corporate Sponsorship
Dermatology Foundation	\$40,000.00	Fellowships or Scholarships
Dermatology Foundation	\$135,000.00	Charitable Donation
Dermatology Foundation	\$50,000.00	Corporate Sponsorship
Dermatology Nurses Association	\$15,000.00	Educational Grants
Dermatology Nurses Association	\$23,270.00	Corporate Sponsorship
Dermatology Nurses Association	\$25,850.00	Corporate Sponsorship
Desert Aids Project Inc.	\$2,000.00	Corporate Sponsorship
Digestive Disease Week	\$55,000.00	Corporate Sponsorship
Digestive Disease Week	\$3,500.00	Corporate Sponsorship
Digestive Health Foundation	\$25,000.00	Corporate Sponsorship
Duke University	\$40,000.00	Fellowships or Scholarships
Duke University	(\$780.00)	Educational Grants
Duke University Medical Center	\$10,000.00	Fellowships or Scholarships
East Hawaii IPA	\$8,000.00	Corporate Sponsorship
Efficient Collaborative Retail Marketing	\$28,100.00	Corporate Sponsorship
Eicosanoid Research Foundation	\$2,000.00	Educational Grants
El Centro Regional Medical Center Foundation	\$5,000.00	Corporate Sponsorship
El Centro Regional Medical Center Foundation	\$5,000.00	Corporate Sponsorship
Elsevier Inc.	\$150,000.00	Educational Grants
Emory University	\$10,000.00	Corporate Sponsorship
Emory University	\$2,000.00	Corporate Sponsorship
Emory University	\$10,000.00	Corporate Sponsorship
Emory University School of Medicine	\$25,000.00	Educational Grants
Employers Health Coalition Inc.	\$4,000.00	Corporate Sponsorship
Endocrine Society	\$10,000.00	Corporate Sponsorship
Endocrine Society	\$15,000.00	Educational Grants
Endometriosis Foundation of America	\$2,500.00	Corporate Sponsorship
Epilepsy Foundation	\$15,000.00	Charitable Donation
Erie Family Health Center	\$5,000.00	Sponsorship
Escuela De Medicina De Ponce	\$8,000.00	Educational Grants
Escuela De Medicina San Juan Bautista	\$40,000.00	Fellowships or Scholarships
Evergreen Foundation of Western New York	\$750.00	Corporate Sponsorship
Excellence In Rheumatology Education LLC	\$100,000.00	Corporate Sponsorship
Facing Our Risk of Cancer Empowerment Force	\$15,000.00	Educational Grants
Federation of American Societies for Experimental Biology	\$5,000.00	Corporate Sponsorship
Federation of American Societies for Experimental Biology	\$1,500.00	Educational Grants
Federation of American Societies for Experimental Biology	\$1,500.00	Educational Grants
Federation of American Societies for Experimental Biology	\$1,500.00	Educational Grants

Grants Donations Report—2015—Continued

(Parentheses represent refunds of previously disclosed payments)

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Recipient	Payment Amount	Purpose
Federation of American Societies for Experimental Biology	\$1,500.00	Educational Grants
Federation of Clinical Immunology Societies	\$18,000.00	Educational Grants
Federation of Clinical Immunology Societies	\$15,000.00	Educational Grants
Florida Health Care Coalition	\$10,000.00	Corporate Sponsorship
Florida Health Care Coalition	\$4,500.00	Corporate Sponsorship
Florida Society of Rheumatology	\$25,000.00	Corporate Sponsorship
Focus Medical Communications LLC	\$150,000.00	Corporate Sponsorship
Food Outreach	\$10,000.00	Corporate Sponsorship
force—Facing Our Risk of Cancer Emp	\$5,000.00	Corporate Sponsorship
Foundation for Anesthesia Education And Research	\$15,000.00	Fellowships or Scholarships
Foundation for Arthritis Treatment	\$5,500.00	Corporate Sponsorship
Foundation for The National Institutes of Health	\$10,000.00	Corporate Sponsorship
Foundation for Veterans Health Care	\$25,000.00	Corporate Sponsorship
Foundation of Consortium of Multiple Sclerosis Centers Cmsc	\$8,000.00	Charitable Donation
Foundcare Inc.	\$2,500.00	Corporate Sponsorship
Foundcare Inc.	\$2,500.00	Corporate Sponsorship
Friends of Cancer Research	\$30,000.00	Corporate Sponsorship
Friends of Parkinsons	\$2,500.00	Corporate Sponsorship
Friends of Prentice	\$25,000.00	Charitable Donation
Fundacion De Investigacion	\$25,000.00	Educational Grants
Gastro Intestinal Research Foundation	\$50,000.00	Corporate Sponsorship
Gastro Intestinal Research Foundation	\$25,000.00	Corporate Sponsorship
Gastrointestinal And Liver Association of The Americas Inc.	\$75,000.00	Educational Grants
Gateway for Cancer Research	\$6,000.00	Corporate Sponsorship
General Hospital Corporation	\$10,000.00	Educational Grants
Georgia Dermatology Physician Assistants	\$7,500.00	Corporate Sponsorship
Georgia Dermatology Physician Assistants	\$15,000.00	Corporate Sponsorship
Georgia Health Sciences Foundation Inc.	\$1,500.00	Educational Grants
Georgia Prostate Cancer Coalition	\$5,000.00	Patient Support
Georgia Society of Dermatology And Dermatologic Surgery	\$3,000.00	Corporate Sponsorship
Gilda's Club Chicago	\$25,000.00	Corporate Sponsorship
Global Academy for Medical Education	\$72,000.00	Corporate Sponsorship
Global Academy for Medical Education	\$35,000.00	Corporate Sponsorship
Global Academy for Medical Education	\$18,000.00	Corporate Sponsorship
Global Academy for Medical Education	\$72,000.00	Corporate Sponsorship
Global Academy for Medical Education	\$72,000.00	Corporate Sponsorship
Global Academy for Medical Education	\$45,000.00	Corporate Sponsorship
Global Alliance for Patient Access	\$30,000.00	Corporate Sponsorship
Global Alliance for Patient Access	\$50,000.00	Corporate Sponsorship
Global Alliance for Patient Access	\$50,000.00	Corporate Sponsorship
Global Alliance for Patient Access	\$250,000.00	Educational Grants
Global Healthy Living Foundation	\$24,000.00	Corporate Sponsorship
Global Healthy Living Foundation	\$25,000.00	Corporate Sponsorship
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$2,000.00	Educational Grants
Gordon Research Conferences	\$2,500.00	Educational Grants
Gordon Research Conferences	\$2,000.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants

Grants Donations Report—2015—Continued

(Parentheses represent refunds of previously disclosed payments)

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Recipient	Payment Amount	Purpose
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,000.00	Educational Grants
Gospel Heritage Foundation	\$10,000.00	Corporate Sponsorship
Great Lakes Chapter of The American Society for Pharmacology And Experimental Therapeutics	\$1,000.00	Corporate Sponsorship
Group of Research And Assessment of Psoriasis And Psoriatic Arthritis	\$15,000.00	Corporate Sponsorship
Grupo De Apoyo De Ninos Y Adolescentes Con Reumatologia	\$3,000.00	Corporate Sponsorship
Gynecologic Oncology Group	\$25,000.00	Educational Grants
Gynecologic Oncology Group	\$25,000.00	Educational Grants
Heals of The South, Inc.—Hepatitis Education Awareness And Liver Support	\$5,000.00	Charitable Donation
Health Action Council Ohio	\$3,780.00	Corporate Sponsorship
Healthcare 21 Business Coalition	\$5,000.00	Corporate Sponsorship
Healthcare 21 Business Coalition	\$5,000.00	Corporate Sponsorship
Healthcare Financial Management Association Hfma	\$50,000.00	Corporate Sponsorship
Heather Robidoux	\$7,500.00	Corporate Sponsorship
Heb Grocery Company LP	\$10,000.00	Corporate Sponsorship
Hep C Connection	\$75,000.00	Patient Support
Hep C Connection	\$5,000.00	Corporate Sponsorship
Hepatitis Education Project	\$75,000.00	Charitable Donation
Hepatitis Education Project	\$50,000.00	Corporate Sponsorship
Herbert Kosten Pancreatic Cancer Charitable Fund	\$2,000.00	Corporate Sponsorship
Hitchcock Foundation	\$25,000.00	Educational Grants
Hiv Treaters Med Asoc of Puerto Rico	\$10,000.00	Educational Grants
HMP Communications LLC	\$40,000.00	Corporate Sponsorship
Honor Health Virginia G Piper Cancer Center	\$800.00	Corporate Sponsorship
Hope Foundation The	\$20,000.00	Educational Grants
Houston Area Parkinson Society	\$2,500.00	Corporate Sponsorship
Howard Brown Health Center	\$20,000.00	Corporate Sponsorship
Howard Hanna Children's Free Care Fund	\$10,000.00	Charitable Donation
Hubbard Street Dance Chicago	\$10,000.00	Educational Grants
Hughes Healthcare Disparities Group	\$177,550.00	Educational Grants
Human Growth Foundation	\$5,000.00	Corporate Sponsorship
Human Growth Foundation	\$4,000.00	Corporate Sponsorship
Humboldt—Del Norte County Med Socty	\$4,000.00	Educational Grants
Hyacinth Aids Foundation	\$5,000.00	Corporate Sponsorship
Illinois African American Coalition	\$10,000.00	Corporate Sponsorship
Illinois African American Coalition	\$10,000.00	Corporate Sponsorship
Imedex, LLC	\$40,000.00	Educational Grants
Imedex, LLC	\$30,000.00	Educational Grants
Imedex, LLC	\$40,000.00	Educational Grants
Imedex, LLC	\$15,000.00	Corporate Sponsorship
Imedex, LLC	\$50,000.00	Educational Grants
Imedex, LLC	\$75,000.00	Educational Grants
Indiana University	\$4,100.00	Fellowships or Scholarships
Infant Welfare Society of Chicago	\$10,000.00	Charitable Donation
Infectious Diseases Society of America	\$25,000.00	Charitable Donation
Infectious Diseases Society of America	\$50,000.00	Educational Grants
Integrated Benefits Institute Inc.	\$25,000.00	Corporate Sponsorship
Integrated Benefits Institute Inc.	\$25,000.00	Corporate Sponsorship
Integrated Medical Foundation	\$35,000.00	Charitable Donation
Integrated Medical Foundation	\$2,000.00	Corporate Sponsorship

Grants Donations Report—2015—Continued

(Parentheses represent refunds of previously disclosed payments)

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Recipient	Payment Amount	Purpose
Integrated Medical Foundation	\$2,000.00	Corporate Sponsorship
Integrated Medical Foundation	\$1,000.00	Corporate Sponsorship
Interfaith House	\$2,000.00	Charitable Donation
International Aids Socty—USA	\$200,000.00	Educational Grants
International Aids Socty—USA	\$80,000.00	Educational Grants
International Aids Socty—USA	\$75,000.00	Educational Grants
International Assoc for The Study of Lung Cancer IASLC	\$2,500.00	Corporate Sponsorship
International Association of Providers of Aids Care	\$10,000.00	Educational Grants
International Association of Providers of Aids Care	\$10,000.00	Educational Grants
International Chinese Statistical Association	\$3,000.00	Educational Grants
International Dermatology Outcome Measures	\$70,000.00	Corporate Sponsorship
International Foot And Ankle Foundation	\$2,000.00	Corporate Sponsorship
International League of Association for Rheumatology	\$20,000.00	Charitable Donation
International Liver Transplantation Society	\$10,000.00	Educational Grants
International Liver Transplantation Society	\$40,000.00	Educational Grants
International Medical Corps	\$5,000.00	Corporate Sponsorship
International Psoriasis Council	\$100,000.00	Corporate Sponsorship
International Psoriasis Council	\$50,000.00	Corporate Sponsorship
International Psoriasis Council	\$50,000.00	Corporate Sponsorship
International Psoriasis Council	\$50,000.00	Corporate Sponsorship
International Society for The Study of Xenobiotics	\$3,000.00	Educational Grants
International Society of Biopharmaceutical Statistics	\$2,000.00	Educational Grants
International Society of Heterocyclic Chemistry	\$1,500.00	Educational Grants
Iowa Pharmacy Association	\$5,000.00	Corporate Sponsorship
Johns Hopkins Univ School of Medicine	\$75,000.00	Educational Grants
Johns Hopkins Univ School of Medicine	\$25,000.00	Corporate Sponsorship
Johns Hopkins Univ School of Medicine	\$40,000.00	Fellowships or Scholarships
Johns Hopkins Univ School of Medicine	(\$5,646.02)	Educational Grants
Johns Hopkins Univ School of Medicine	\$46,213.00	Educational Grants
Johns Hopkins Univ School of Medicine	\$50,000.00	Educational Grants
JWC Covenant, Inc.	\$20,000.00	Educational Grants
JWC Covenant, Inc.	\$25,000.00	Corporate Sponsorship
JWC Covenant, Inc.	\$2,500.00	Corporate Sponsorship
Kansas University Endowment Association	\$500.00	Corporate Sponsorship
Keck Medical Center of USC	\$25,000.00	Educational Grants
Kelsey Research Foundation	\$35,000.00	Fellowships or Scholarships
Ken Zebrowski Memorial Walk	\$2,000.00	Corporate Sponsorship
Kidney Disease Improving Global Outcomes	\$200,000.00	Corporate Sponsorship
Laboratorio Clinico Toledo	\$900.00	Patient Support
Laboratorio Clinico Toledo	\$1,365.00	Patient Support
Laboratorio Clinico Toledo	\$1,200.00	Patient Support
Laboratorio Clinico Toledo	\$615.00	Patient Support
Laboratorio Clinico Toledo	\$720.00	Patient Support
Laboratorio Clinico Toledo	\$1,275.00	Patient Support
Laboratorio Clinico Toledo	\$1,365.00	Patient Support
Laboratorio Clinico Toledo	\$1,365.00	Patient Support
Laboratorio Clinico Toledo	\$2,040.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support

Grants Donations Report—2015—Continued

(Parentheses represent refunds of previously disclosed payments)

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Recipient	Payment Amount	Purpose
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$1,365.00	Patient Support
Laboratorio Clinico Toledo	\$945.00	Patient Support
Laboratorio Clinico Toledo	\$1,320.00	Patient Support
Laboratorio Clinico Toledo	\$3,600.00	Patient Support
Laboratorio Clinico Toledo	\$1,800.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$1,245.00	Patient Support
Laboratorio Clinico Toledo	\$4,125.00	Patient Support
Laboratorio Clinico Toledo	\$2,220.00	Patient Support
Laboratorio Clinico Toledo	\$2,160.00	Patient Support
Laboratorio Clinico Toledo	\$1,605.00	Patient Support
Laboratorio Clinico Toledo	\$2,040.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$1,455.00	Patient Support
Laboratorio Clinico Toledo	\$1,650.00	Patient Support
Laboratorio Clinico Toledo	\$1,365.00	Patient Support
Laboratorio Clinico Toledo	\$360.00	Patient Support
Laboratorio Clinico Toledo	\$876.00	Patient Support
Laboratorio Clinico Toledo	\$1,110.00	Patient Support
Laboratorio Clinico Toledo	\$1,470.00	Patient Support
Laboratorio Clinico Toledo	\$2,715.00	Patient Support
Laboratorio Clinico Toledo	\$1,140.00	Patient Support
Laboratorio Clinico Toledo	\$1,770.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$1,485.00	Patient Support
Laboratorio Clinico Toledo	\$1,455.00	Patient Support
Laboratorio Clinico Toledo	\$1,335.00	Patient Support
Laboratorio Clinico Toledo	\$1,095.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$1,380.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$1,215.00	Patient Support
Laboratorio Clinico Toledo	\$975.00	Patient Support
Laboratorio Clinico Toledo	\$945.00	Patient Support
Laboratorio Clinico Toledo	\$825.00	Patient Support
Laboratorio Clinico Toledo	\$1,140.00	Patient Support
Laboratorio Clinico Toledo	\$2,730.00	Patient Support
Laboratorio Clinico Toledo	\$1,065.00	Patient Support
Laboratorio Clinico Toledo	\$990.00	Patient Support
Laboratorio Clinico Toledo	\$1,980.00	Patient Support
Laboratorio Clinico Toledo	\$2,610.00	Patient Support
Laboratorio Clinico Toledo	\$1,650.00	Patient Support
Laboratorio Clinico Toledo	\$2,190.00	Patient Support
Laboratorio Clinico Toledo	\$855.00	Patient Support
Laboratorio Clinico Toledo	\$1,785.00	Patient Support
Laboratorio Clinico Toledo	\$276.00	Patient Support
Laboratorio Clinico Toledo	\$1,680.00	Patient Support
Laboratorio Clinico Toledo	\$510.00	Patient Support
Laboratorio Clinico Toledo	\$1,200.00	Patient Support
Laboratorio Clinico Toledo	\$525.00	Patient Support
Laboratorio Clinico Toledo	\$1,335.00	Patient Support
Laboratorio Clinico Toledo	\$1,650.00	Patient Support
Laboratorio Clinico Toledo	\$630.00	Patient Support
Laboratorio Clinico Toledo	\$990.00	Patient Support
Laboratorio Clinico Toledo	\$1,020.00	Patient Support
Laboratorio Clinico Toledo	\$1,275.00	Patient Support
Laboratorio Clinico Toledo	\$1,395.00	Patient Support
Laboratorio Clinico Toledo	\$315.00	Patient Support

Grants Donations Report—2015—Continued

(Parentheses represent refunds of previously disclosed payments)

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Recipient	Payment Amount	Purpose
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$1,290.00	Patient Support
Laboratorio Clinico Toledo	\$1,275.00	Patient Support
Laboratorio Clinico Toledo	\$525.00	Patient Support
Laboratorio Clinico Toledo	\$510.00	Patient Support
Laboratorio Clinico Toledo	\$315.00	Patient Support
Laboratorio Clinico Toledo	\$1,035.00	Patient Support
Laboratorio Clinico Toledo	\$240.00	Patient Support
Laboratorio Clinico Toledo	\$1,065.00	Patient Support
Laboratorio Clinico Toledo	\$660.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$900.00	Patient Support
Laboratorio Clinico Toledo	\$900.00	Patient Support
Laboratorio Clinico Toledo	\$810.00	Patient Support
Laboratorio Clinico Toledo	\$1,020.00	Patient Support
Laboratorio Clinico Toledo	\$1,200.00	Patient Support
Laboratorio Clinico Toledo	\$3,000.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$2,400.00	Patient Support
Laboratorio Clinico Toledo	\$465.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$1,410.00	Patient Support
Laboratorio Clinico Toledo	\$825.00	Patient Support
Laboratorio Clinico Toledo	\$525.00	Patient Support
Laboratorio Clinico Toledo	\$444.00	Patient Support
Laboratorio Clinico Toledo	\$645.00	Patient Support
Laboratorio Clinico Toledo	\$1,125.00	Patient Support
Laboratorio Clinico Toledo	\$1,185.00	Patient Support
Laboratorio Clinico Toledo	\$1,320.00	Patient Support
Laboratorio Clinico Toledo	\$2,160.00	Patient Support
Laboratorio Clinico Toledo	\$1,740.00	Patient Support
Lake County Haven	\$10,000.00	Corporate Sponsorship
Large Urology Group Practice Association	\$20,000.00	Corporate Sponsorship
Large Urology Group Practice Association	\$15,000.00	Corporate Sponsorship
Large Urology Group Practice Association	\$66,400.00	Corporate Sponsorship
Large Urology Group Practice Association	\$25,000.00	Corporate Sponsorship
Leading Edge US LLC	\$125,000.00	Educational Grants
Leukemia and Lymphoma Society	\$5,000.00	Educational Grants
Leukemia and Lymphoma Society	\$2,500.00	Educational Grants
Leukemia and Lymphoma Society	\$15,000.00	Corporate Sponsorship
Leukemia and Lymphoma Society	\$100,000.00	Corporate Sponsorship
Leukemia Research Foundation	\$10,000.00	Corporate Sponsorship
Leukemia Research Foundation	\$10,000.00	Corporate Sponsorship
Leukemia Research Foundation	\$20,000.00	Corporate Sponsorship
Leukemia Research Foundation	\$5,000.00	Corporate Sponsorship
Life Sciences Foundation	\$30,000.00	Charitable Donation
Los Angeles Urological Society	\$8,500.00	Corporate Sponsorship
Louisiana State Univ Hlth Scnc Ctr	(\$9,779.71)	Fellowships or Scholarships
Louisiana State Univ Hlth Scnc Founda- tion	\$1,200.00	Corporate Sponsorship
Lupus Research Inst Inc.	\$50,000.00	Corporate Sponsorship
Magellan Health Services	\$35,000.00	Corporate Sponsorship
Main Line Health, Inc.	\$2,500.00	Educational Grants
Map International	\$25,000.00	Corporate Sponsorship
Maryland Dermatologic Socy	\$75,000.00	Corporate Sponsorship
Massachusetts Biotechnology Council	\$5,000.00	Corporate Sponsorship
Massachusetts Institute of Technology	\$1,250.00	Charitable Donation
Massachusetts Institute of Technology	\$1,250.00	Charitable Donation
Massachusetts Prostate Cancer Coalition	\$5,000.00	Educational Grants
Massachusetts Public Health Association	\$2,500.00	Corporate Sponsorship
Massachusetts Public Health Association	\$2,500.00	Corporate Sponsorship

Grants Donations Report—2015—Continued

(Parentheses represent refunds of previously disclosed payments)

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Recipient	Payment Amount	Purpose
Massachusetts Society for Medical Research	\$5,000.00	Educational Grants
Max Foundation	\$45,000.00	Corporate Sponsorship
Medina Community Clinic	\$1,000.00	Corporate Sponsorship
Med-IQ, LLC	\$200,000.00	Educational Grants
Med-IQ, LLC	\$156,924.00	Educational Grants
Medscape LLC	\$205,000.00	Educational Grants
Medscape LLC	\$1,000.00	Educational Grants
Medscape LLC	\$175,000.00	Educational Grants
Medscape LLC	\$300,000.00	Educational Grants
Medscape LLC	\$150,000.00	Educational Grants
Medscape LLC	\$150,000.00	Educational Grants
Medscape LLC	\$50,000.00	Educational Grants
Medscape LLC	\$190,000.00	Educational Grants
Medscape LLC	\$250,000.00	Educational Grants
Medscape LLC	\$60,000.00	Educational Grants
Medscape LLC	\$50,000.00	Educational Grants
Medscape LLC	\$8,000.00	Educational Grants
Medscape LLC	\$150,000.00	Educational Grants
Memorial Hermann Foundation	\$35,000.00	Fellowships or Scholarships
Memphis Business Group on Health	\$5,120.00	Corporate Sponsorship
Memphis Business Group on Health	\$6,500.00	Corporate Sponsorship
Men Educating Men, Inc.	\$20,000.00	Patient Support
Mercer County Joint Twnshp Commtty Hosp Dba Mercer Hlth	(\$336.00)	Educational Grants
Mercer County Joint Twnshp Commtty Hosp Dba Mercer Hlth	\$3,000.00	Patient Support
Methodist Hosp The	\$25,000.00	Corporate Sponsorship
Mexican American Legislative Leadership Foundation	\$5,000.00	Corporate Sponsorship
Michael J Fox Foundation	\$69,500.00	Educational Grants
Michael J Fox Foundation	\$25,000.00	Corporate Sponsorship
Michael J Fox Foundation	\$50,000.00	Corporate Sponsorship
Michael J Fox Foundation	\$7,500.00	Corporate Sponsorship
Michigan Parkinson Foundation	\$2,000.00	Corporate Sponsorship
Michigan Rheumatism Society	\$15,000.00	Corporate Sponsorship
Mid Atlantic Business Group Health	\$7,500.00	Corporate Sponsorship
Midwest Business Group on Health	\$1,000.00	Corporate Sponsorship
Midwest Pediatric Endocrine Society	\$6,300.00	Corporate Sponsorship
Military officers Association of America Family Initiative	\$10,000.00	Corporate Sponsorship
Minnesota Urological Society	\$2,500.00	Corporate Sponsorship
Mississippi Gastroenterology Society	\$1,000.00	Corporate Sponsorship
Mississippi Gastroenterology Society	\$1,500.00	Corporate Sponsorship
Missouri Hepatitis C Alliance	\$25,000.00	Educational Grants
Missouri Hepatitis C Alliance	\$25,000.00	Educational Grants
Missouri Hepatitis C Alliance	\$25,000.00	Charitable Donation
Montefiore Medical Center	\$25,000.00	Educational Grants
Montefiore Medical Center	\$75,000.00	Educational Grants
Montefiore Medical Center	(\$10,457.00)	Educational Grants
Mount Sinai School of Medicine	\$8,000.00	Corporate Sponsorship
Mount Sinai School of Medicine	\$250,000.00	Educational Grants
Mount Sinai School of Medicine	\$15,000.00	Educational Grants
Mount Sinai School of Medicine	\$40,000.00	Educational Grants
Mount Sinai School of Medicine	\$5,000.00	Educational Grants
Mount Sinai School of Medicine	\$20,000.00	Educational Grants
Mount Sinai School of Medicine	\$200,000.00	Educational Grants
Movement Disorder Socty The	\$172,000.00	Corporate Sponsorship
Movement Disorder Socty The	\$111,230.00	Educational Grants
Movement Disorder Socty The	\$184,500.00	Corporate Sponsorship
Multiple Myeloma Research Foundation	\$10,000.00	Educational Grants

Grants Donations Report—2015—Continued

(Parentheses represent refunds of previously disclosed payments)

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Recipient	Payment Amount	Purpose
My Gut Instinct Inc.	\$1,500.00	Corporate Sponsorship
National Academy of Dermatology Nurse Practitioners	\$30,000.00	Corporate Sponsorship
National Academy of Dermatology Nurse Practitioners	\$30,000.00	Corporate Sponsorship
National AIDS Treatment Advocacy Project	\$150,000.00	Patient Support
National AIDS Treatment Advocacy Project	\$300,000.00	Charitable Donation
National Alliance of Mental Illness Michigan	\$5,000.00	Corporate Sponsorship
National Alliance of Mental Illness Oregon	\$2,500.00	Corporate Sponsorship
National Alliance of Mental Illness Washington	\$2,500.00	Corporate Sponsorship
National Alliance of State And Territorial Aids Directors	\$30,000.00	Corporate Sponsorship
National Alliance of State And Territorial Aids Directors	\$75,000.00	Charitable Donation
National Animal Interest Alliance	\$20,000.00	Charitable Donation
National Association of Latino Elected & Appointed officials Educational Fund	\$25,000.00	Corporate Sponsorship
National Black Leadership Commission on AIDS	\$6,000.00	Corporate Sponsorship
National Black Leadership Commission on AIDS	\$5,000.00	Corporate Sponsorship
National Black Leadership Commission on AIDS	\$14,000.00	Corporate Sponsorship
National Coalition for Cancer	\$40,000.00	Corporate Sponsorship
National Coalition for Cancer	\$2,500.00	Corporate Sponsorship
National Comprehensive Cancer Network	\$25,000.00	Corporate Sponsorship
National Comprehensive Cancer Network	\$7,196.32	Educational Grants
National Comprehensive Cancer Network	\$50,000.00	Educational Grants
National Comprehensive Cancer Network	\$50,000.00	Educational Grants
National Comprehensive Cancer Network, Inc.	(\$1,824.00)	Educational Grants
National Family Caregivers Association	\$30,000.00	Corporate Sponsorship
National Foundation for Celiac Awareness	\$25,000.00	Corporate Sponsorship
National Hispanic Council on Aging	\$30,000.00	Corporate Sponsorship
National Kidney Foundation	\$500.00	Corporate Sponsorship
National Minority Quality forum Inc.	\$20,000.00	Corporate Sponsorship
National Minority Quality forum Inc	\$5,000.00	Corporate Sponsorship
National Multiple Sclerosis Society	\$10,000.00	Corporate Sponsorship
National Multiple Sclerosis Society	\$10,000.00	Corporate Sponsorship
National Multiple Sclerosis Society	\$225,000.00	Corporate Sponsorship
National Pancreas Foundation	\$5,000.00	Corporate Sponsorship
National Pancreas Foundation	\$75,000.00	Charitable Donation
National Pancreas Foundation	\$75,000.00	Educational Grants
National Pancreas Foundation	\$6,000.00	Corporate Sponsorship
National Pancreas Foundation	\$25,000.00	Corporate Sponsorship
National Pancreas Foundation	\$200,000.00	Educational Grants
National Pancreas Foundation	\$2,000.00	Corporate Sponsorship
National Pancreas Foundation	\$1,000.00	Corporate Sponsorship
National Pancreas Foundation	\$1,500.00	Corporate Sponsorship
National Pancreas Foundation	\$2,500.00	Corporate Sponsorship
National Pancreas Foundation	\$2,500.00	Corporate Sponsorship
National Pancreas Foundation	\$2,500.00	Corporate Sponsorship
National Pancreas Foundation	\$2,500.00	Corporate Sponsorship
National Pancreas Foundation	\$1,500.00	Corporate Sponsorship
National Pancreas Foundation	\$6,000.00	Corporate Sponsorship
National Pancreas Foundation	\$500.00	Corporate Sponsorship

Grants Donations Report—2015—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 4/30/2018

Recipient	Payment Amount	Purpose
National Patient Advocate Foundation Inc.	\$65,000.00	Corporate Sponsorship
National Psoriasis Foundation	\$30,000.00	Patient Support
National Psoriasis Foundation	\$15,000.00	Corporate Sponsorship
National Psoriasis Foundation	\$25,000.00	Corporate Sponsorship
National Psoriasis Foundation	\$40,000.00	Educational Grants
National Psoriasis Foundation	\$10,000.00	Corporate Sponsorship
National Psoriasis Foundation	\$150,000.00	Corporate Sponsorship
National Psoriasis Foundation	\$50,000.00	Corporate Sponsorship
National Society for Cutaneous Medicine	\$50,000.00	Corporate Sponsorship
National Society for Cutaneous Medicine	\$125,000.00	Corporate Sponsorship
National Society for Cutaneous Medicine	\$135,000.00	Corporate Sponsorship
Nationwide Childrens Hosp Foundation	\$7,500.00	Corporate Sponsorship
Natl Commission On Correctional Hlth Care	\$20,000.00	Educational Grants
Natl Committee for Quality Assurance	\$25,000.00	Corporate Sponsorship
Natl Comprehensive Cancer Ntwrk	\$40,000.00	Charitable Donation
Natl Comprehensive Cancer Ntwrk	\$25,000.00	Charitable Donation
Natl Multiple Sclerosis Socty Greater Illinois Chapter	\$15,000.00	Corporate Sponsorship
Nebraska Gut Club	\$600.00	Corporate Sponsorship
Neuro Challenge Foundation Inc.	\$5,000.00	Corporate Sponsorship
Neuropathy Action Foundation	\$2,500.00	Corporate Sponsorship
New Jersey Association for Biomedical Research	\$2,500.00	Educational Grants
New Mexico Parkinsons Disease Coalition	\$3,000.00	Educational Grants
New York Academy of Sciences	\$2,500.00	Educational Grants
New York State Rheumatology Society	\$15,000.00	Corporate Sponsorship
New York Univ School of Medicine	\$10,000.00	Educational Grants
New York Univ School of Medicine	(\$40,000.01)	Fellowships or Scholarships
New York Univ School of Medicine	\$10,000.00	Educational Grants
Nicole Jarvis Md Parkinsons Research Foundation	\$1,000.00	Corporate Sponsorship
NI Communications Inc.	\$20,000.00	Educational Grants
NI Communications Inc.	\$20,000.00	Educational Grants
NI Communications Inc.	\$50,000.00	Educational Grants
NI Communications Inc.	\$15,000.00	Educational Grants
North American Ctr for Continuing Med Education	\$350,000.00	Educational Grants
North American Ctr for Continuing Med Education	\$60,000.00	Educational Grants
North American Ctr for Continuing Med Education	\$200,000.00	Educational Grants
North American Ctr for Continuing Med Education	\$200,000.00	Educational Grants
North American Ctr for Continuing Med Education	\$375,000.00	Educational Grants
North American Ctr for Continuing Med Education	\$39,500.00	Educational Grants
North American Ctr for Continuing Med Education	\$88,000.00	Educational Grants
Northeast Business Group on Health	\$1,000.00	Corporate Sponsorship
Northeast Business Group on Health	\$5,000.00	Corporate Sponsorship
Northwest Arthritis and Osteoporosis Institute	\$120,000.00	Educational Grants
Northwest Arthritis and Osteoporosis Institute	\$30,000.00	Educational Grants
Northwest Kidney Centers	\$2,500.00	Corporate Sponsorship
Northwest Kidney Centers	\$2,500.00	Corporate Sponsorship
Northwest Parkinson's Foundation	\$4,500.00	Educational Grants
Northwest Parkinson's Foundation	\$550.00	Corporate Sponsorship

Grants Donations Report—2015—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 4/30/2018

Recipient	Payment Amount	Purpose
Northwestern University	\$40,000.00	Fellowships or Scholarships
Northwestern University	\$40,000.00	Fellowships or Scholarships
Northwestern University	\$3,000.00	Educational Grants
Norton Healthcare Foundation	\$1,200.00	Corporate Sponsorship
Novation LLC	\$25,000.00	Corporate Sponsorship
Nyu Langone Medical Center	\$3,000.00	Corporate Sponsorship
Ochsner Clinic Foundation	\$2,000.00	Corporate Sponsorship
Ohio Association of Rheumatology	\$10,000.00	Corporate Sponsorship
Ohio Gastroenterology Society	\$5,000.00	Corporate Sponsorship
Oklahoma State Urological Association	\$10,000.00	Corporate Sponsorship
Oncology Nursing Society	\$5,000.00	Educational Grants
One Health Research	\$50,000.00	Charitable Donation
Oregon Health And Science University	\$3,000.00	Corporate Sponsorship
Oregon Health And Science University	\$12,000.00	Educational Grants
Oregon Health And Science University	\$5,000.00	Educational Grants
Oregon Health And Science University	\$3,000.00	Corporate Sponsorship
Oregon State University Foundation	\$7,500.00	Corporate Sponsorship
Orthopaedic Research Society	\$5,000.00	Educational Grants
Pacific Dermatologic Association	\$10,000.00	Corporate Sponsorship
Pacific Dermatologic Association	\$20,000.00	Corporate Sponsorship
Pancreas Club The	\$10,000.00	Educational Grants
Pancreatic Cancer Action Network	\$3,000.00	Corporate Sponsorship
Pancreatic Cancer Action Network	\$3,000.00	Corporate Sponsorship
Pancreatic Cancer Action Network	\$200,000.00	Corporate Sponsorship
Park Nicollet Foundation	\$1,000.00	Corporate Sponsorship
Parkinson Alliance Inc.	\$500.00	Corporate Sponsorship
Parkinson Alliance Inc.	\$1,000.00	Corporate Sponsorship
Parkinson And Movement Disorder Alliance	\$4,000.00	Corporate Sponsorship
Parkinson Association of Alabama	\$2,500.00	Corporate Sponsorship
Parkinson Association of The Carolinas	\$1,000.00	Corporate Sponsorship
Parkinson Association of The Rockies	\$8,000.00	Patient Support
Parkinson Council	\$1,000.00	Corporate Sponsorship
Parkinson Foundation of Oklahoma	\$500.00	Corporate Sponsorship
Parkinson Foundation of Oklahoma	\$1,500.00	Corporate Sponsorship
Parkinson Foundation of The National Capital Area	\$5,000.00	Educational Grants
Parkinson Foundation of The National Capital Area	\$2,500.00	Corporate Sponsorship
Parkinson Foundation Western Pennsylvania	\$5,000.00	Corporate Sponsorship
Parkinson Institute	\$25,000.00	Corporate Sponsorship
Parkinson Society of Greenville Area	\$250.00	Corporate Sponsorship
Parkinson Support Group of Upstate NY	\$2,000.00	Educational Grants
Parkinson Voice Project	\$2,500.00	Corporate Sponsorship
Parkinsons Action Network Foundation	\$1,000.00	Corporate Sponsorship
Parkinsons Action Network Foundation	\$1,000.00	Corporate Sponsorship
Parkinsons Action Network Foundation	\$2,500.00	Corporate Sponsorship
Parkinsons Action Network Foundation	\$5,000.00	Corporate Sponsorship
Parkinsons And Movement Disorder Foundation	\$2,000.00	Corporate Sponsorship
Parkinson's Disease Foundation	\$50,000.00	Educational Grants
Parkinsons Disease Research Society	\$1,000.00	Corporate Sponsorship
Parkinson's Resources of Oregon	\$5,000.00	Patient Support
Parkinson's Resources of Oregon	\$2,500.00	Corporate Sponsorship
Partnership for A Drug-Free America	\$50,000.00	Charitable Donation
Patient Access Network Foundation	\$3,000,000.00	Charitable Donation
Patient Access Network Foundation	\$5,000,000.00	Charitable Donation
Patient Access Network Foundation	\$5,000,000.00	Charitable Donation
Patient Access Network Foundation	\$250,000.00	Charitable Donation
Patient Access Network Foundation	\$387,500.00	Charitable Donation

Grants Donations Report—2015—Continued

(Parentheses represent refunds of previously disclosed payments)

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Recipient	Payment Amount	Purpose
Patient Access Network Foundation	\$400,000.00	Charitable Donation
Patient Access Network Foundation	\$500,000.00	Charitable Donation
Patient Empowerment Network	\$9,000.00	Educational Grants
Patient Empowerment Network	\$20,000.00	Patient Support
Patient Empowerment Network	\$20,000.00	Educational Grants
Patient Empowerment Network	\$35,000.00	Educational Grants
Pediatric Endocrinology Nursing Society	\$5,000.00	Corporate Sponsorship
Pediatric Ibd Foundation	\$15,000.00	Corporate Sponsorship
Pediatric Specialists of Virginia LLC	\$2,500.00	Corporate Sponsorship
Pennsylvania Biotechnology Association	\$3,000.00	Corporate Sponsorship
Pennsylvania Prostate Cancer Coalition	\$5,000.00	Patient Support
Pennsylvania Society of Gastroenterology	\$15,000.00	Corporate Sponsorship
Pennsylvania State Univ	\$135,000.00	Educational Grants
Pennsylvania State Univ	\$50,000.00	Educational Grants
Pennsylvania State Univ	(\$3,067.00)	Educational Grants
Pennsylvania State Univ	\$50,000.00	Educational Grants
Pennsylvania State Univ	(\$9,660.00)	Educational Grants
Pennsylvania State Univ	(\$32,062.00)	Educational Grants
Pennsylvania State Univ	\$75,000.00	Educational Grants
Pennsylvania State Univ	\$75,000.00	Educational Grants
Philadelphia Dermatological Society	\$75,000.00	Corporate Sponsorship
Philadelphia Fight	\$5,000.00	Corporate Sponsorship
Philadelphia Fight	\$2,500.00	Corporate Sponsorship
Phmcy Quality Alliance	\$10,000.00	Educational Grants
Phrmct Care Mgmt Asoc	\$75,000.00	Corporate Sponsorship
Phrmct Care Mgmt Asoc	\$60,000.00	Corporate Sponsorship
Phrmct Care Mgmt Asoc	\$85,000.00	Corporate Sponsorship
Phrmct Care Mgmt Asoc	\$70,000.00	Corporate Sponsorship
Physicians' Education Resource, LLC	\$40,000.00	Educational Grants
Physicians' Education Resource, LLC	\$85,000.00	Educational Grants
Pikes Peak Habitat for Humanity	\$2,500.00	Charitable Donation
Premier Cares Foundation	\$5,000.00	Corporate Sponsorship
Premier Cares Foundation	\$5,000.00	Corporate Sponsorship
President and Fellows of Harvard College	\$3,000.00	Educational Grants
President and Fellows of Harvard College	\$5,000.00	Educational Grants
Prevent Cancer Foundation	\$25,000.00	Corporate Sponsorship
Prevent Cancer Foundation	\$10,000.00	Corporate Sponsorship
Prevent Cancer Foundation	\$75,000.00	Corporate Sponsorship
Prime Education, Inc.	\$198,011.00	Educational Grants
Prime Education, Inc.	\$400,000.00	Educational Grants
Project Inform Inc.	\$75,000.00	Patient Support
Project Inform Inc.	\$75,000.00	Charitable Donation
Prostate Cancer Education Council	\$2,500.00	Corporate Sponsorship
Prostate Cancer Foundation Chicago	\$4,000.00	Corporate Sponsorship
Prostate Cancer Research Institute	\$25,000.00	Educational Grants
Prostate Cancer Research Institute	\$10,000.00	Corporate Sponsorship
Prostate Health Education Network, Inc.	\$15,000.00	Educational Grants
Prostate Health Education Network, Inc.	\$15,000.00	Educational Grants
Prostate Health International	\$5,000.00	Corporate Sponsorship
Prostate Health International	\$5,000.00	Corporate Sponsorship
Protein Society	\$1,500.00	Educational Grants
Puerto Rico Academy of Family Physician	\$5,000.00	Corporate Sponsorship
Puerto Rico Community Network for Clinical Research On Aids Inc.	\$5,000.00	Educational Grants
Puerto Rico Gastroenterology Association	\$20,000.00	Educational Grants
Puerto Rico Gastroenterology Association	\$10,000.00	Educational Grants
Purdue University	\$125,000.00	Educational Grants
Purdue University	\$200,000.00	Educational Grants
Purdue University	\$300,000.00	Educational Grants
PVI Peerview Institute for Medical Edu- cation	\$100,000.00	Educational Grants

Grants Donations Report—2015—Continued

(Parentheses represent refunds of previously disclosed payments)

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Recipient	Payment Amount	Purpose
PVI Peerview Institute for Medical Education	(\$207.00)	Educational Grants
Quinsigamond Community College	\$500.00	Charitable Donation
Rectors And Visitors of The University of Virginia	\$3,000.00	Educational Grants
Regents of The University of California	\$40,000.00	Fellowships or Scholarships
Regents of The University of California	\$25,000.00	Educational Grants
Regents of The University of California	\$5,000.00	Educational Grants
Regents of The University of California	\$3,500.00	Educational Grants
Regents of The University of California	\$5,000.00	Educational Grants
Regents of The University of California	\$4,000.00	Educational Grants
Regents of The University of California	\$10,000.00	Educational Grants
Regents of The University of Michigan	\$2,000.00	Educational Grants
Regents of The University of Michigan	\$10,000.00	Educational Grants
Regents of The University of Michigan	\$10,000.00	Corporate Sponsorship
Regents University of California Los Angeles	\$40,000.00	Fellowships or Scholarships
Regents University of California Los Angeles	\$10,000.00	Educational Grants
Regents University of California Los Angeles	\$40,000.00	Fellowships or Scholarships
Regents University of California Los Angeles	\$5,000.00	Educational Grants
Respiratory Health Association of Metropolitan Chicago	\$3,500.00	Corporate Sponsorship
Respiratory Health Association of Metropolitan Chicago	\$4,050.00	Corporate Sponsorship
Rheumatism Society of The District of Columbia	\$15,000.00	Corporate Sponsorship
Rheumatism Society of The District of Columbia	\$5,000.00	Corporate Sponsorship
Rheumatology Alliance of Louisiana	\$25,000.00	Corporate Sponsorship
Rheumatology Nurses Society	\$29,700.00	Corporate Sponsorship
Rhode Island Pharmacy Association	\$600.00	Corporate Sponsorship
Riverside Medical Clinic Charitable Foundation	\$7,500.00	Patient Support
Robert Michael Educational Institute LLC	\$236,065.00	Educational Grants
Robert Michael Educational Institute LLC	\$90,000.00	Educational Grants
Robert Michael Educational Institute LLC	\$275,000.00	Educational Grants
Robert Michael Educational Institute LLC	\$90,000.00	Educational Grants
Rock Hlth Inc.	\$15,000.00	Corporate Sponsorship
Rush University Medical Center	\$15,000.00	Educational Grants
Rush University Medical Center	\$5,000.00	Educational Grants
Rutgers University Foundation	\$1,250.00	Charitable Donation
Rutgers, The State University of New Jersey	\$60,000.00	Educational Grants
Rutgers, The State University of New Jersey	\$25,000.00	Educational Grants
Rutgers, The State University of New Jersey	\$60,000.00	Educational Grants
Rutgers, The State University of New Jersey	\$25,000.00	Educational Grants
Safety Pharmacology Society	\$5,000.00	Educational Grants
Saint Francis Hospital And Medical Center	\$15,000.00	Educational Grants
Saint Louis University Hospital	\$50,000.00	Corporate Sponsorship
Scientists Center for Animal Welfare	\$2,500.00	Educational Grants

Grants Donations Report—2015—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 4/30/2018

Recipient	Payment Amount	Purpose
Scott And White Healthcare Foundation	\$300.00	Corporate Sponsorship
Scripps Health	\$75,000.00	Educational Grants
Scripps Research Institute	\$2,000.00	Educational Grants
Scripps Research Institute	\$2,000.00	Educational Grants
Sexual Medicine Society of North America	\$25,000.00	Educational Grants
Sexual Medicine Society of North America	\$225,000.00	Corporate Sponsorship
Shanti Project Inc.	\$20,000.00	Patient Support
Smart Ride The	\$25,000.00	Corporate Sponsorship
Sociedad Dermatologica De Puerto Rico	\$20,000.00	Corporate Sponsorship
Sociedad Dermatologica De Puerto Rico	\$10,000.00	Corporate Sponsorship
Sociedad Endocrinologia Metabolismo Y Diabetes Del Sur	\$10,000.00	Corporate Sponsorship
Sociedad Puertorriqueña De Endocrinologia Y Diabetologia	\$15,000.00	Corporate Sponsorship
Sociedad Puertorriqueña De Endocrinologia Y Diabetologia	\$10,000.00	Corporate Sponsorship
Sociedad Puertorriqueña De Pediatria	\$5,000.00	Corporate Sponsorship
Sociedad Puertorriqueña De Pediatria	\$5,000.00	Corporate Sponsorship
Sociedad Puertorriqueña De Pediatria	\$5,000.00	Corporate Sponsorship
Society for Investigative Dermatology	\$20,000.00	Educational Grants
Society for Leukocyte Biology	\$1,500.00	Educational Grants
Society for Mucosal Immunology	\$16,398.00	Corporate Sponsorship
Society for Neuroscience	(\$2,500.00)	Educational Grants
Society for Neuroscience	\$1,000.00	Educational Grants
Society for Neuroscience	\$2,000.00	Educational Grants
Society for Translational Oncology	\$15,000.00	Educational Grants
Society of Dermatology Physician Assistants	\$20,000.00	Corporate Sponsorship
Society of Dermatology Physician Assistants	\$45,000.00	Corporate Sponsorship
Society of Dermatology Physician Assistants	\$30,000.00	Corporate Sponsorship
Society of Gastroenterology Nurses & Associates	\$25,000.00	Educational Grants
Society of Neuro Oncology	\$16,000.00	Corporate Sponsorship
Society of Nuclear Medicine	\$4,000.00	Corporate Sponsorship
Society of Toxicologic Pathology	\$15,000.00	Corporate Sponsorship
Society of Toxicology	\$2,000.00	Fellowships or Scholarships
Somos El Futuro, Inc.	\$5,000.00	Corporate Sponsorship
South Carolina Alliance of Health Plans	\$5,000.00	Corporate Sponsorship
Southern Illinois University	(\$711.12)	Fellowships or Scholarships
Spondylitis Association of America	\$40,000.00	Educational Grants
Spondylitis Association of America	\$19,000.00	Educational Grants
Spondyloarthritis Research And Treatment Network Spartan	\$25,000.00	Corporate Sponsorship
St. Christophers Foundation for Children	\$5,000.00	Corporate Sponsorship
St. Lukes Regional Medical Center	\$10,000.00	Corporate Sponsorship
St. Luke's-Roosevelt Hospital Center	\$5,000.00	Educational Grants
Take A Breather Foundation	\$10,000.00	Corporate Sponsorship
Tampa Bay Latin American Medical Society	\$3,000.00	Corporate Sponsorship
Team Fox North Texas	\$500.00	Corporate Sponsorship
Tennessee Rheumatology Society	\$7,500.00	Corporate Sponsorship
Teratology Society	\$2,000.00	Educational Grants
Test Positive Awareness Network	\$30,000.00	Corporate Sponsorship
Texas Liver Inst The	\$30,000.00	Corporate Sponsorship
Texas Osteopathic Medical Association	\$1,000.00	Corporate Sponsorship

Grants Donations Report—2015—Continued

(Parentheses represent refunds of previously disclosed payments)

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Recipient	Payment Amount	Purpose
Texas Urological Society	\$6,000.00	Corporate Sponsorship
Thomas Jefferson University Medical College	\$500,000.00	Educational Grants
Thomas Jefferson University Medical College	\$10,000.00	Educational Grants
Thomas Jefferson University Medical College	\$2,500.00	Corporate Sponsorship
Torrington Area Parkinsons Support Group	\$500.00	Corporate Sponsorship
Trustees of The University of Pennsylvania	\$40,000.00	Educational Grants
Twine Clinical Consulting LLC	\$411,950.00	Educational Grants
Ultimate Med Academy Med Learning Grp LLC	(\$3,550.00)	Educational Grants
United States Adult Cystic Fibrosis Association	\$7,500.00	Educational Grants
Univ Hlth Srvc At Stony Point Inc.	\$20,000.00	Educational Grants
Univ of Colorado Denver School of Medicine	\$2,500.00	Educational Grants
Universidad Central Del Caribe, Inc.	\$10,000.00	Educational Grants
University At Buffalo Foundation Inc.	\$1,250.00	Charitable Donation
University of Alabama At Birmingham	\$40,000.00	Fellowships or Scholarships
University of California—San Francisco	\$10,000.00	Educational Grants
University of California Berkeley	\$30,000.00	Educational Grants
University of California Irvine	\$5,000.00	Educational Grants
University of Chicago	(\$75,000.00)	Educational Grants
University of Chicago	\$65,000.00	Educational Grants
University of Chicago	\$5,000.00	Educational Grants
University of Chicago	\$7,000.00	Educational Grants
University of Chicago	\$157,000.00	Educational Grants
University of Chicago	(\$4,249.00)	Educational Grants
University of Chicago	(\$3,746.25)	Educational Grants
University of Chicago	\$1,000.00	Corporate Sponsorship
University of Chicago	\$400,000.00	Educational Grants
University of Chicago	\$1,500.00	Educational Grants
University of Chicago	(\$13,195.00)	Educational Grants
University of Cincinnati	\$60,000.00	Educational Grants
University of Cincinnati	(\$25,000.00)	Educational Grants
University of Cincinnati	(\$50,000.00)	Educational Grants
University of Cincinnati	(\$25,000.00)	Educational Grants
University of Cincinnati	\$2,081,222.00	Educational Grants
University of Cincinnati	\$5,000.00	Educational Grants
University of Cincinnati	\$2,000.00	Educational Grants
University of Cincinnati	\$30,000.00	Educational Grants
University of Cincinnati	\$8,000.00	Educational Grants
University of Cincinnati	\$75,000.00	Educational Grants
University of Connecticut	\$40,000.00	Fellowships or Scholarships
University of Connecticut	\$12,000.00	Fellowships or Scholarships
University of Florida	\$125,875.00	Educational Grants
University of Florida	(\$5,709.00)	Educational Grants
University of Florida Foundation Inc.	\$1,500.00	Educational Grants
University of Florida Foundation Inc.	\$40,000.00	Fellowships or Scholarships
University of Illinois	\$12,000.00	Corporate Sponsorship
University of Illinois	\$12,000.00	Corporate Sponsorship
University of Louisville Research Foundation, Inc.	\$15,000.00	Educational Grants
University of Maryland	\$5,500.00	Educational Grants
University of Maryland Baltimore	\$10,000.00	Educational Grants
University of Maryland Baltimore Foundation	\$1,250.00	Charitable Donation
University of Massachusetts Med School	\$2,500.00	Charitable Donation

Grants Donations Report—2015—Continued

(Parentheses represent refunds of previously disclosed payments)

Updated as of 4/30/2018

Recipient	Payment Amount	Purpose
University of Miami	\$25,000.00	Educational Grants
University of Miami	\$10,000.00	Educational Grants
University of Miami Department of Dermatology	\$50,000.00	Corporate Sponsorship
University of Minnesota	\$1,250.00	Charitable Donation
University of Minnesota	\$1,250.00	Charitable Donation
University of Minnesota	\$1,250.00	Charitable Donation
University of Missouri Dept of Neurology	\$500.00	Corporate Sponsorship
University of Nebraska Med Ctr	\$25,000.00	Educational Grants
University of Nebraska Med Ctr	\$10,000.00	Educational Grants
University of Nebraska Med Ctr	\$50,000.00	Educational Grants
University of Nebraska Med Ctr	\$5,000.00	Educational Grants
University of North Carolina At Chapel Hill	\$40,000.00	Fellowships or Scholarships
University of North Carolina At Chapel Hill	\$2,500.00	Educational Grants
University of Pittsburgh	\$10,000.00	Educational Grants
University of Pittsburgh	\$10,000.00	Educational Grants
University of Pittsburgh	\$2,250.00	Educational Grants
University of Pittsburgh	\$2,000.00	Educational Grants
University of Pittsburgh	\$20,000.00	Educational Grants
University of Rochester, Center for Experiential Learning	\$40,000.00	Fellowships or Scholarships
University of South Florida Hlth Professions Conferencing Corporation	\$50,000.00	Educational Grants
University of South Florida Hlth Professions Conferencing Corporation	\$10,000.00	Corporate Sponsorship
University of South Florida Hlth Professions Conferencing Corporation	\$10,000.00	Corporate Sponsorship
University of Southern California	\$1,500.00	Educational Grants
University of Southern California	(\$17,026.00)	Educational Grants
University of Southern California	(\$2,974.00)	Educational Grants
University of Southern California	\$71,800.00	Fellowships or Scholarships
University of Texas Hlth Scnc Ctr At San Antonio	\$2,500.00	Educational Grants
University of Texas Hlth Scnc Ctr At San Antonio	\$135,000.00	Corporate Sponsorship
University of Texas Hlth Scnc Ctr At San Antonio	\$50,000.00	Educational Grants
University of Texas Southwestern Med Ctr	(\$100,000.00)	Educational Grants
University of The Philippines Med Alumni Socty In America Nevada	\$1,500.00	Corporate Sponsorship
University of Toledo	\$2,000.00	Educational Grants
University of Utah	\$40,000.00	Fellowships or Scholarships
Urological Association of Physician Assistants	\$10,000.00	Corporate Sponsorship
Urological Association of Physician Assistants	\$25,000.00	Corporate Sponsorship
Urology Center of Colorado Foundation	\$7,500.00	Corporate Sponsorship
US Pain Foundation, Inc.	\$25,000.00	Corporate Sponsorship
US Pain Foundation, Inc.	\$30,000.00	Corporate Sponsorship
US Pain Foundation, Inc.	\$80,000.00	Corporate Sponsorship
Us Too International Inc.	\$5,000.00	Corporate Sponsorship
Us Too International Inc.	\$5,000.00	Corporate Sponsorship
Us Too International Inc.	\$25,000.00	Corporate Sponsorship
USMD Health System	\$10,000.00	Corporate Sponsorship
Van Andel Research Institute	\$5,000.00	Educational Grants
Vanderbilt University Med Ctr	\$25,000.00	Fellowships or Scholarships
Vanderbilt University Medical Center	\$2,500.00	Educational Grants
Vindico Medical Education LLC	\$146,000.00	Educational Grants

Grants Donations Report—2015—Continued

(Parentheses represent refunds of previously disclosed payments)

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Recipient	Payment Amount	Purpose
Vindico Medical Education LLC	\$500,000.00	Educational Grants
Vindico Medical Education LLC	\$35,000.00	Educational Grants
Virginia Commonwealth Univ School of Medicine	\$1,250.00	Charitable Donation
Virginia Commonwealth Univ School of Medicine	\$1,000.00	Corporate Sponsorship
Wall Las Memorias	\$25,000.00	Corporate Sponsorship
Washington State Urology Society	\$7,500.00	Corporate Sponsorship
Washington University	\$5,000.00	Educational Grants
Washington University	(\$1,248.95)	Fellowships or Scholarships
WC Research Inc.	\$8,500.00	Corporate Sponsorship
Webmd Global LLC	\$430,600.00	Educational Grants
Webmd Global LLC	\$1,165,500.00	Educational Grants
Well Project Inc.	\$20,000.00	Charitable Donation
Western States Phmcy Conference for Phmcy Residents Fellowships & Preceptors	\$10,000.00	Corporate Sponsorship
Wheaton Franciscan Healthcare Foundation	\$500.00	Corporate Sponsorship
Wisconsin Academy of Phys Assistants	\$4,000.00	Corporate Sponsorship
Wisconsin Collaborative for Healthcare Quality	\$2,500.00	Corporate Sponsorship
Wisconsin Dairyland Chapter of HIMSS	\$1,910.00	Corporate Sponsorship
Wisconsin Medical Society	\$450.00	Corporate Sponsorship
Wisconsin Rheumatology Association	\$5,000.00	Corporate Sponsorship
Wishes And Dreams for Cystic Fibrosis	\$2,500.00	Corporate Sponsorship
Wj Weiser And Associates	\$20,000.00	Corporate Sponsorship
Wj Weiser And Associates	\$10,000.00	Corporate Sponsorship
World Parkinson Coalition Inc.	\$15,000.00	Educational Grants
World Parkinson Coalition Inc.	\$207,000.00	Corporate Sponsorship
Yale University	(\$10,000.00)	Educational Grants
Yale University	\$25,000.00	Educational Grants
Yale University	\$2,500.00	Educational Grants
Young Survival Coalition	\$30,000.00	Corporate Sponsorship
Zebrafish Disease Models Society	\$10,000.00	Educational Grants
Zero The End of Prostate Cancer	\$10,000.00	Corporate Sponsorship
Zero The End of Prostate Cancer	\$250,000.00	Corporate Sponsorship
Zero The End of Prostate Cancer	\$15,000.00	Corporate Sponsorship
Zero The End of Prostate Cancer	\$2,500.00	Corporate Sponsorship

Grants Donations Report—2016

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
50 Hoops	\$10,000.00	Educational Grants
A And R Educational Grp LLC	\$4,000.00	Corporate Sponsorship
A Runners Love	\$5,000.00	Corporate Sponsorship
AAALAC International	\$5,000.00	Educational Grants
Academy of Managed Care Phmcy	\$25,000.00	Corporate Sponsorship
Academy of Managed Care Phmcy	\$25,000.00	Corporate Sponsorship
Academy of Managed Care Phmcy	\$18,000.00	Corporate Sponsorship
Academy of Managed Care Phmcy	\$40,000.00	Corporate Sponsorship
Academy of Managed Care Phmcy	\$50,000.00	Corporate Sponsorship
Advances in Cosmetic And Med Dermatology Inc.	\$75,000.00	Corporate Sponsorship
Advances in Cosmetic And Med Dermatology Inc.	\$75,000.00	Corporate Sponsorship

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
Advances in Cosmetic And Med Dermatology Inc.	\$100,000.00	Corporate Sponsorship
Adventist Hlth System—Sunbelt Inc.	\$15,000.00	Corporate Sponsorship
Adventist Hlth System—Sunbelt Inc.	\$15,000.00	Corporate Sponsorship
Advocate Hlth And Hospitals Corporation	\$2,000.00	Educational Grants
Advocate Hlth And Hospitals Corporation	\$2,500.00	Educational Grants
Aesthetic Dermatology Symposia	\$25,000.00	Corporate Sponsorship
AIDS Action Committee	\$5,000.00	Corporate Sponsorship
Aids Drug Assistance Programs Advocacy Assoc	\$5,000.00	Charitable Donations
AIDS Foundation of Chicago	\$7,500.00	Corporate Sponsorship
AIDS Foundation of Chicago	\$7,500.00	Corporate Sponsorship
AIDS Foundation of Chicago	(\$7,500.00)	Corporate Sponsorship
AIDS Foundation of Chicago	\$75,000.00	Charitable Donations
AIDS Institute	\$50,000.00	Corporate Sponsorship
AIDS Institute	\$50,000.00	Corporate Sponsorship
AIDS Institute	\$30,000.00	Corporate Sponsorship
AIDS Institute	\$75,000.00	Corporate Sponsorship
Alabama Assoc of Hlth Plans	\$3,000.00	Corporate Sponsorship
Alabama Dermatology Socty The	\$35,000.00	Corporate Sponsorship
Albany Med Colg	\$5,000.00	Educational Grants
Albany Med Colg	\$10,000.00	Corporate Sponsorship
Albert Einstein Colg of Medicine Div of Dermatology Attending Assoc	\$10,000.00	Educational Grants
Albert Einstein College of Medicine of Yeshiva University	\$20,000.00	Educational Grants
Albert Einstein College of Medicine of Yeshiva University	\$10,000.00	Educational Grants
Albert Einstein College of Medicine of Yeshiva University	\$5,000.00	Educational Grants
Albert Einstein College of Medicine of Yeshiva University	\$5,000.00	Educational Grants
Albert Einstein Hlth Ntwrk	\$5,750.00	Corporate Sponsorship
Alliance for Aging Research	\$30,000.00	Corporate Sponsorship
Alliance for Aging Research	\$25,000.00	Corporate Sponsorship
Alzheimers Assoc	\$15,000.00	Educational Grants
Alzheimers Assoc	\$2,500.00	Corporate Sponsorship
American Academy of Dermatology	\$40,000.00	Charitable Donations
American Academy of Dermatology	\$20,000.00	Corporate Sponsorship
American Academy of Dermatology	\$13,550.00	Charitable Donations
American Academy of Dermatology	\$40,000.00	Educational Grants
American Academy of Dermatology	(\$60,000.00)	Educational Grants
American Academy of Dermatology	\$250,000.00	Corporate Sponsorship
American Academy of Dermatology	\$50,000.00	Educational Grants
American Academy of Dermatology	\$10,000.00	Charitable Donations
American Academy of Family Phys	\$15,500.00	Educational Grants
American Academy of Neurology Institute	\$9,290.00	Educational Grants
American Academy of Neurology Institute	\$80,000.00	Corporate Sponsorship
American Academy of Neurology Institute	\$20,720.70	Corporate Sponsorship
American Academy of Neurology Institute	\$24,700.00	Educational Grants
American Academy of Neurology Institute	\$10,010.00	Corporate Sponsorship
American Academy of Neurology Institute	\$50,000.00	Fellowships and Scholarships
American Academy of Neurology Institute	\$2,700.00	Corporate Sponsorship
American Academy of Neurology Institute	\$22,616.70	Corporate Sponsorship
American Academy of Ophthalmology AAO	\$6,500.00	Corporate Sponsorship
American Academy of Ophthalmology AAO	\$15,000.00	Corporate Sponsorship
American Academy of Phys Assistants	\$10,000.00	Educational Grants
American Assoc for Cancer Research	\$50,000.00	Educational Grants
American Assoc for Cancer Research	\$20,000.00	Fellowships and Scholarships

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
American Assoc for Cancer Research	\$10,000.00	Educational Grants
American Assoc for Cancer Research	\$50,000.00	Educational Grants
American Assoc for Cancer Research	\$10,000.00	Educational Grants
American Assoc for Cancer Research	\$25,000.00	Charitable Donations
American Assoc for Cancer Research	\$20,000.00	Educational Grants
American Assoc for Cancer Research	\$10,000.00	Educational Grants
American Assoc for Cancer Research	\$10,000.00	Educational Grants
American Assoc for Cancer Research	\$15,000.00	Educational Grants
American Assoc for Cancer Research	\$15,000.00	Educational Grants
American Assoc for Cancer Research	\$15,000.00	Educational Grants
American Assoc for Cancer Research	\$50,000.00	Educational Grants
American Assoc for Cancer Research	\$15,000.00	Educational Grants
American Assoc for Cancer Research	\$10,000.00	Educational Grants
American Assoc for Lab Animal Scnc Fdtm	\$20,000.00	Charitable Donations
American Assoc for The Study of Liver Diseases	\$85,000.00	Corporate Sponsorship
American Assoc of Clinical Endocri- nologists New Jersey Chapter	\$15,000.00	Educational Grants
American Assoc of Clinical Endocri- nologists New Jersey Chapter	\$25,000.00	Educational Grants
American Assoc of Clinical Endocri- nologists New Jersey Chapter	\$328,000.00	Corporate Sponsorship
American Assoc of Phys of Indian Origin Arkansas	\$10,000.00	Corporate Sponsorship
American Asoc of Phys of Indian Origin Arkansas	\$5,000.00	Corporate Sponsorship
American Association for The Study of Liver Diseases (AASLD Foundation)	\$500,000.00	Charitable Donations
American Association of Pharmaceutical Scientists	\$50,000.00	Corporate Sponsorship
American Brain Tumor Asoc	\$7,500.00	Corporate Sponsorship
American Brain Tumor Asoc	\$5,000.00	Corporate Sponsorship
American Brain Tumor Asoc	\$5,000.00	Corporate Sponsorship
American Brain Tumor Asoc	\$10,000.00	Educational Grants
American Brain Tumor Asoc	\$7,000.00	Educational Grants
American Cancer Society	\$5,000.00	Corporate Sponsorship
American Cancer Society Cancer Action Network	\$2,500.00	Corporate Sponsorship
American Cancer Society Cancer Action Network	\$25,000.00	Corporate Sponsorship
American Cancer Society Cancer Action Network	\$2,500.00	Corporate Sponsorship
American Cancer Society Cancer Action Network	\$2,500.00	Corporate Sponsorship
American Cancer Society Cancer Action Network	\$2,500.00	Corporate Sponsorship
American Cancer Society Cancer Action Network	\$5,000.00	Corporate Sponsorship
American Cancer Society Cancer Action Network	\$3,500.00	Corporate Sponsorship
American Cancer Society Cancer Action Network	\$1,000.00	Corporate Sponsorship
American Cancer Society Cancer Action Network	\$7,000.00	Corporate Sponsorship
American Cancer Society Cancer Action Network	\$5,000.00	Corporate Sponsorship
American Chem Socty	\$2,500.00	Educational Grants
American Chem Socty	\$2,500.00	Educational Grants
American Chem Socty	\$2,500.00	Educational Grants
American Chem Socty	\$1,000.00	Educational Grants

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
American Childhood Cancer Organization	\$2,500.00	Corporate Sponsorship
American Colg of Gastro	\$100,000.00	Corporate Sponsorship
American Colg of Gastro	\$15,640.00	Corporate Sponsorship
American Colg of Gastro	\$15,640.00	Corporate Sponsorship
American Colg of Gastro	\$15,640.00	Corporate Sponsorship
American Colg of Gastro	\$41,400.00	Corporate Sponsorship
American Colg of Gastro	\$10,000.00	Educational Grants
American Colg of Gastro	\$500,000.00	Corporate Sponsorship
American Colg of Gastro	\$20,000.00	Corporate Sponsorship
American Colg of Lab Animal Medicine	\$30,000.00	Charitable Donations
American Colg of Obstetricians And Gynecologists	\$30,000.00	Corporate Sponsorship
American Colg of Obstetricians And Gynecologists	\$32,500.00	Corporate Sponsorship
American Colg of Obstetricians And Gynecologists District 1	\$2,500.00	Corporate Sponsorship
American Colg of Rheumlgly Research And Education Fdtn	\$2,000,000.00	Corporate Sponsorship
American Colg of Rheumlgly Research And Education Fdtn	\$1,500,000.00	Corporate Sponsorship
American Colg of Toxicology	\$1,000.00	Corporate Sponsorship
American College of Rheumatology	\$50,000.00	Educational Grants
American College of Rheumatology	\$75,000.00	Corporate Sponsorship
American College of Rheumatology	\$95,000.00	Fellowships and Scholarships
American College of Rheumatology	\$50,000.00	Educational Grants
American College of Rheumatology	\$35,000.00	Educational Grants
American College of Rheumatology	\$25,000.00	Educational Grants
American Drug Utilization Review Society Adurs	\$20,000.00	Corporate Sponsorship
American Drug Utilization Review Society Adurs	\$6,666.67	Corporate Sponsorship
American Drug Utilization Review Society Adurs	\$6,666.67	Corporate Sponsorship
American Drug Utilization Review Society Adurs	\$6,666.66	Corporate Sponsorship
American Federation for Med Research	\$2,000.00	Educational Grants
American Gastro Asoc Inst	\$50,000.00	Educational Grants
American Gastro Asoc Inst	\$250,000.00	Educational Grants
American Gastro Asoc Inst	\$33,300.00	Corporate Sponsorship
American Kdny Fund	\$3,000.00	Corporate Sponsorship
American Legion National	\$10,000.00	Corporate Sponsorship
American Legion National Headquarters	\$10,000.00	Corporate Sponsorship
American Liver Fdtn	\$2,500.00	Corporate Sponsorship
American Liver Fdtn	\$246,500.00	Corporate Sponsorship
American Liver Fdtn	\$10,000.00	Corporate Sponsorship
American Liver Fdtn	\$2,500.00	Corporate Sponsorship
American Liver Fdtn	\$2,500.00	Corporate Sponsorship
American Liver Fdtn	\$5,000.00	Educational Grants
American Liver Foundation	\$35,000.00	Corporate Sponsorship
American Med Asoc Fdtn	\$20,000.00	Corporate Sponsorship
American Med Grp Asoc	\$6,000.00	Corporate Sponsorship
American Military Partner Association	\$5,000.00	Corporate Sponsorship
American Neuro Asoc	\$5,000.00	Educational Grants
American Neuro Asoc	\$25,000.00	Educational Grants
American Osteopathic Colg of Dermatology	\$15,000.00	Corporate Sponsorship
American Pancreatic Asoc	\$75,000.00	Educational Grants
American Pancreatic Asoc	\$15,000.00	Patient Support
American Pancreatic Asoc	\$50,000.00	Corporate Sponsorship
American Parkinson Disease Association Arizona Chapter	\$5,000.00	Corporate Sponsorship

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
American Parkinson Disease Association Arizona Chapter	\$500.00	Corporate Sponsorship
American Parkinson Disease Association Arizona Chapter	\$1,000.00	Corporate Sponsorship
American Parkinson Disease Association Arizona Chapter	\$3,500.00	Corporate Sponsorship
American Parkinson Disease Association Arizona Chapter	\$500.00	Corporate Sponsorship
American Parkinson Disease Association Arizona Chapter	\$1,500.00	Corporate Sponsorship
American Parkinson Disease Association Arizona Chapter	\$2,500.00	Corporate Sponsorship
American Parkinson Disease Association Arizona Chapter	\$500.00	Corporate Sponsorship
American Parkinson Disease Association Arizona Chapter	\$5,000.00	Corporate Sponsorship
American Parkinson Disease Association Arizona Chapter	\$3,000.00	Corporate Sponsorship
American Parkinson Disease Association Arizona Chapter	\$1,000.00	Corporate Sponsorship
American Parkinson Disease Association Arizona Chapter	\$55,000.00	Corporate Sponsorship
American Pharmacists Asoc	\$3,000.00	Corporate Sponsorship
American Pharmacists Asoc	\$13,500.00	Corporate Sponsorship
American Red Cross of Greater Chicago	\$10,000.00	Charitable Donations
American Red Cross of Greater Chicago	\$50,000.00	Charitable Donations
American Society for Experimental Neurotherapeutics	\$1,500.00	Educational Grants
American Socty for Matrix Biology	\$1,000.00	Educational Grants
American Socty for Mens Hlth The	\$10,000.00	Corporate Sponsorship
American Socty for Pharmacology and Experimental Thrpt The Aspet	\$1,500.00	Educational Grants
American Socty for Reproductive Medicine	\$5,750.00	Corporate Sponsorship
American Socty for Reproductive Medicine	\$25,000.00	Educational Grants
American Socty for Reproductive Medicine	\$50,000.00	Corporate Sponsorship
American Socty of Anesthesiologists	\$15,000.00	Corporate Sponsorship
American Socty of Clinical Oncology	\$20,000.00	Educational Grants
American Socty of Hematology	\$52,500.00	Corporate Sponsorship
American Socty of Hematology	\$10,000.00	Educational Grants
American Socty of Hematology	\$40,000.00	Educational Grants
American Socty of Hematology	\$60,000.00	Corporate Sponsorship
American Socty of Hematology	\$10,000.00	Charitable Donations
American Socty of Hematology	\$50,000.00	Educational Grants
American Socty of Nphro	\$40,000.00	Corporate Sponsorship
American Socty of Nphro	\$8,700.00	Corporate Sponsorship
American Thyroid Asoc Inc.	\$35,000.00	Educational Grants
American Thyroid Asoc Inc.	\$10,000.00	Corporate Sponsorship
American Urological Asoc. Education and Research Inc.	\$50,000.00	Educational Grants
American Urological Asoc. Education and Research Inc.	\$40,000.00	Corporate Sponsorship
American Urological Asoc. Education and Research Inc.	\$25,000.00	Corporate Sponsorship
American Urological Asoc. Education and Research Inc.	\$50,000.00	Charitable Donations
American Urological Asoc. Education and Research Inc.	\$20,000.00	Educational Grants

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
American Urological Assoc. Education and Research Inc.	\$75,000.00	Educational Grants
American Urological Assoc. Fdtn	\$5,000.00	Corporate Sponsorship
American Urological Assoc Fdtn	\$10,000.00	Charitable Donations
American Urological Assoc Inc. North Ctrl Section	\$6,000.00	Corporate Sponsorship
American Urological Assoc Inc. Southeast Section	\$6,000.00	Corporate Sponsorship
American Urological Assoc Inc. Western Section	\$10,000.00	Corporate Sponsorship
American Urological Assoc South Ctrl Section	\$6,000.00	Corporate Sponsorship
Americans for Med Progress	\$100,000.00	Charitable Donations
Americares Foundation, Inc.	\$10,000.00	Charitable Donations
Americares Foundation, Inc.	\$25,000.00	Charitable Donations
Angel Fdtn	\$5,000.00	Corporate Sponsorship
Annenberg Center for Health Sciences at Eisenhower	\$750,000.00	Educational Grants
Annenberg Center for Health Sciences at Eisenhower	\$90,000.00	Educational Grants
Annenberg Center for Health Sciences at Eisenhower	\$65,000.00	Educational Grants
Annenberg Center for Health Sciences at Eisenhower	\$25,000.00	Educational Grants
Annenberg Center for Health Sciences at Eisenhower	\$85,000.00	Educational Grants
Annenberg Center for Health Sciences at Eisenhower	\$350,000.00	Educational Grants
Annenberg Center for Health Sciences at Eisenhower	\$75,000.00	Educational Grants
Annenberg Center for Health Sciences at Eisenhower	\$500,000.00	Educational Grants
Annenberg Center for Health Sciences at Eisenhower	\$25,000.00	Educational Grants
Annenberg Center for Health Sciences at Eisenhower	\$500,000.00	Educational Grants
Annenberg Center for Health Sciences at Eisenhower	\$200,000.00	Educational Grants
Annenberg Center for Health Sciences at Eisenhower	\$75,000.00	Educational Grants
Arkansas State Rheumlgy Asoc	\$10,000.00	Corporate Sponsorship
Arthritis Foundation	\$1,000.00	Educational Grants
Arthritis Foundation	\$35,000.00	Corporate Sponsorship
Arthritis Foundation	\$35,000.00	Educational Grants
Arthritis Foundation	\$22,500.00	Educational Grants
Arthritis Foundation	\$30,000.00	Corporate Sponsorship
Arthritis Foundation	\$20,000.00	Corporate Sponsorship
Arthritis Foundation	\$30,000.00	Corporate Sponsorship
Arthritis Foundation	\$10,000.00	Corporate Sponsorship
Arthritis Foundation	\$15,000.00	Educational Grants
Arthritis Foundation	\$1,500.00	Corporate Sponsorship
Arthritis Foundation	\$25,000.00	Corporate Sponsorship
Arthritis Foundation	\$2,500.00	Corporate Sponsorship
Arthritis Foundation	\$5,000.00	Corporate Sponsorship
Arthritis Foundation	\$10,000.00	Corporate Sponsorship
Arthritis Foundation	\$25,000.00	Corporate Sponsorship
Arthritis Foundation	\$2,500.00	Corporate Sponsorship
Arthritis Foundation	\$20,000.00	Corporate Sponsorship
Arthritis Foundation	\$40,000.00	Corporate Sponsorship
Arthritis Foundation	\$30,000.00	Corporate Sponsorship
Arthritis Foundation	\$35,000.00	Corporate Sponsorship

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
Arthritis Foundation	\$25,000.00	Corporate Sponsorship
Arthritis Foundation	\$300,000.00	Corporate Sponsorship
Arthritis Foundation	\$259,000.00	Corporate Sponsorship
Arthritis Foundation	\$250,000.00	Corporate Sponsorship
Arthritis Foundation	\$300,000.00	Corporate Sponsorship
Arthritis Foundation	\$175,000.00	Corporate Sponsorship
Arthritis Patient Srvc	\$10,000.00	Charitable Donations
Arthritis Patient Srvc	\$15,000.00	Educational Grants
Arthritis Patient Srvc	\$40,000.00	Educational Grants
Asco Cancer Fdtn	\$100,000.00	Charitable Donations
Asco Cancer Fdtn	\$60,000.00	Fellowships and Scholarships
Asco Cancer Fdtn	\$30,500.00	Corporate Sponsorship
Asco Cancer Fdtn	\$28,000.00	Educational Grants
Asco Cancer Fdtn	\$28,000.00	Educational Grants
ASCO Cancer Fdtn	\$28,000.00	Educational Grants
ASCO Cancer Fdtn	\$5,000.00	Educational Grants
ASCO Cancer Fdtn	\$25,000.00	Educational Grants
Asoc De Enfermeria Oncologica Y Hematologica De Puerto Rico Inc.	\$6,000.00	Corporate Sponsorship
Asoc De Reumatologos De Puerto Rico	\$30,000.00	Corporate Sponsorship
Asoc Latina De Asistencia Y Prevencion Del Cancer De Mama	\$1,000.00	Educational Grants
Asoc of Univ Tech Managers	\$5,000.00	Corporate Sponsorship
Asociacion De Salud Publica De Puerto Rico	\$5,000.00	Educational Grants
Aspen Cancer Conference Inc.	\$7,500.00	Educational Grants
Association of Women in Rheumatology	\$40,000.00	Corporate Sponsorship
Association of Women in Rheumatology	\$40,000.00	Corporate Sponsorship
Atlanta Dermatological Asoc	\$10,000.00	Corporate Sponsorship
Autoimmune Advocacy Alliance	\$2,500.00	Corporate Sponsorship
Baehr Challenge Ltd	\$2,500.00	Corporate Sponsorship
Balm In Gilead Inc.	\$75,000.00	Corporate Sponsorship
Baylor Colg Medicine Inf Dis	\$100,000.00	Fellowships and Scholarships
Baylor Colg Medicine Inf Dis	\$3,500.00	Educational Grants
Baylor Hlth Care System Fdtn	\$50,000.00	Fellowships and Scholarships
Baylor Scott And White Health	\$20,000.00	Educational Grants
Baylor Univ Med Ctr	\$25,000.00	Educational Grants
Baylor Univ Med Ctr	\$25,000.00	Educational Grants
Baylor Univ Med Ctr	\$20,000.00	Educational Grants
Beth Israel Deaconess Med Ctr	\$40,000.00	Fellowships and Scholarships
Beth Israel Deaconess Med Ctr	\$30,000.00	Fellowships and Scholarships
Beth Israel Deaconess Med Ctr	\$27,000.00	Fellowships and Scholarships
Beth Israel Deaconess Med Ctr	\$7,500.00	Educational Grants
Beth Israel Deaconess Med Ctr	(\$592.19)	Fellowships and Scholarships
Bexar County Physician Assistant Society	\$2,500.00	Corporate Sponsorship
Bioconnections LLC	\$30,000.00	Corporate Sponsorship
Black Hills Arthritis Asoc	\$2,200.00	Educational Grants
Boomer Esiason Fdtn	\$25,000.00	Corporate Sponsorship
Boomer Esiason Fdtn	\$400,000.00	Corporate Sponsorship
Borland Groover Fdtn	\$500.00	Corporate Sponsorship
Boston Center for Independent Living	\$5,000.00	Corporate Sponsorship
Boston Socty Inc.	\$4,000.00	Corporate Sponsorship
Boston Socty Inc.	\$4,000.00	Corporate Sponsorship
Boston Univ Medcn Psychiatry	\$40,000.00	Fellowships and Scholarships
Boston Univ Medcn Psychiatry	\$45,000.00	Educational Grants
Boston Univ Medcn Psychiatry	\$10,000.00	Educational Grants
Boston Univ Medcn Psychiatry	\$100,000.00	Educational Grants
Boston Univ Medcn Psychiatry	(\$2,482.00)	Educational Grants
Boston Univ Medcn Psychiatry	\$40,000.00	Fellowships and Scholarships
Boston Univ Medcn Psychiatry	\$85,000.00	Educational Grants
Brian Grant Fdtn The	\$25,000.00	Corporate Sponsorship

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
Brian Grant Fdtn The	\$30,000.00	Educational Grants
Brian Grant Fdtn The	\$10,000.00	Corporate Sponsorship
Brigham And Women's Hospital, Inc.	\$250,000.00	Educational Grants
Brigham And Women's Hospital, Inc.	\$40,000.00	Fellowships and Scholarships
Bucks Montgomery Counties Oncology Nursing Socty	\$1,000.00	Corporate Sponsorship
Business Hlth Coalition Fdtn	\$3,300.00	Corporate Sponsorship
California Assn Physcn Grps Fnd	\$20,000.00	Corporate Sponsorship
California Assn Physcn Grps Fnd	\$10,000.00	Corporate Sponsorship
California Chronic Care Coalition	\$35,000.00	Corporate Sponsorship
California Inst of Tech	\$5,000.00	Fellowships and Scholarships
California Issues forum	\$15,000.00	Corporate Sponsorship
California Life Sciences Association	\$3,000.00	Corporate Sponsorship
California Life Sciences Association	\$5,000.00	Corporate Sponsorship
California Life Sciences Association	\$1,500.00	Corporate Sponsorship
California Pacific Med Ctr Fdtn	\$2,000.00	Corporate Sponsorship
California Rheumlgy Alliance	\$3,000.00	Corporate Sponsorship
California Socty of Dermatology and Dermatology Surgery	\$10,000.00	Corporate Sponsorship
Cancer And Leukemia Grp B Fdtn	\$30,000.00	Educational Grants
Cancer Awareness of Nevada	\$1,000.00	Corporate Sponsorship
Cancer Care	\$10,000.00	Educational Grants
Cancer Care	\$25,000.00	Educational Grants
Cancer Care	\$50,000.00	Charitable Donations
Cancer Care	\$20,000.00	Educational Grants
Cancer Care	\$20,000.00	Educational Grants
Cancer Care	\$10,000.00	Educational Grants
Cancer Care	\$10,000.00	Educational Grants
Cancer Care	\$100,000.00	Corporate Sponsorship
Cancer Fdtn for New Mexico	\$2,500.00	Corporate Sponsorship
Cancer Molecular Thrpt	\$1,500.00	Educational Grants
Cancer Research Inst	\$7,500.00	Educational Grants
Cancer Support Community	\$50,000.00	Corporate Sponsorship
Cancer Wellness Center	\$2,500.00	Corporate Sponsorship
Carden Jennings Publishing	\$15,000.00	Corporate Sponsorship
Carden Jennings Publishing	\$5,000.00	Corporate Sponsorship
Caribe Gyn	\$5,000.00	Corporate Sponsorship
Caring Ambassadors Program	\$35,000.00	Corporate Sponsorship
Caring Ambassadors Program	\$200,000.00	Charitable Donations
Caring Ambassadors Program	\$2,500.00	Corporate Sponsorship
Cascade AIDS Project	\$5,000.00	Corporate Sponsorship
CE Outcomes LLC	\$96,770.00	Educational Grants
Cedars—Sinai Med Ctr	\$10,000.00	Educational Grants
Cedars—Sinai Med Ctr	\$40,000.00	Fellowships and Scholarships
Center for Healthcare Innovation	\$5,000.00	Corporate Sponsorship
Central Brain Tumor Registry of The United States	\$20,000.00	Educational Grants
Chesapeake Uro Asoc	\$5,500.00	Corporate Sponsorship
Chesapeake Uro Asoc	\$7,500.00	Corporate Sponsorship
Chicago Council On Senc and Technologies	\$20,000.00	Corporate Sponsorship
Chicago Council On Senc and Technologies	\$5,000.00	Corporate Sponsorship
Childrens Digestive Hlth and Nutrition Fdtn	\$85,000.00	Educational Grants
Childrens Digestive Hlth and Nutrition Fdtn	\$40,000.00	Fellowships and Scholarships
Childrens Hosp Corporation	\$3,000.00	Corporate Sponsorship
Chimp Haven	\$25,000.00	Charitable Donations
Chris Elliott Fund	\$10,000.00	Charitable Donations
Chronic Liver Disease Fdtn	\$75,000.00	Corporate Sponsorship

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
Chronic Liver Disease Fdtn	\$500,000.00	Educational Grants
Chronic Liver Disease Fdtn	\$25,000.00	Corporate Sponsorship
Chronic Liver Disease Fdtn	(\$25,824.00)	Educational Grants
Chronic Lymphoytic Leukemia Society Inc.	\$15,000.00	Educational Grants
Chronic Lymphoytic Leukemia Society Inc.	\$75,000.00	Educational Grants
Chronic Lymphoytic Leukemia Society Inc.	\$50,000.00	Charitable Donations
Chronic Lymphoytic Leukemia Society Inc.	\$65,000.00	Educational Grants
Chronic Lymphoytic Leukemia Society Inc.	\$10,000.00	Educational Grants
Cincinnati Childrens Hosp Medic	\$40,000.00	Fellowships and Scholarships
Cincinnati Childrens Hosp Medic	\$22,500.00	Corporate Sponsorship
Cleveland ClnC	\$65,000.00	Educational Grants
Cleveland ClnC	\$57,000.00	Educational Grants
Cleveland ClnC	\$5,000.00	Educational Grants
Cleveland ClnC	\$50,000.00	Educational Grants—
Cleveland ClnC	\$5,000.00	Educational Grants
Cleveland ClnC	\$4,000.00	Educational Grants
Cleveland ClnC	\$5,000.00	Corporate Sponsorship
Cleveland ClnC	(\$6,743.76)	Educational Grants
Cleveland ClnC	\$7,500.00	Educational Grants
Cleveland ClnC	(\$6,093.50)	Educational Grants
Cleveland ClnC	\$5,000.00	Educational Grants
Cleveland ClnC	(\$13,210.68)	Educational Grants
Cleveland ClnC	\$5,000.00	Educational Grants
Cleveland ClnC Fdtn	\$50,000.00	Fellowships and Scholarships
Cleveland ClnC Fdtn	\$40,000.00	Fellowships and Scholarships
Clinical Care Optn LLC	\$175,000.00	Educational Grants
Clinical Care Optn LLC	\$85,000.00	Educational Grants
Clinical Care Optn LLC	\$75,000.00	Educational Grants
Clinical Care Optn LLC	\$25,000.00	Educational Grants
Clinical Care Optn LLC	\$173,615.00	Educational Grants
Clinical Care Optn LLC	\$95,000.00	Educational Grants
Clinical Care Optn LLC	\$347,520.00	Educational Grants
Clinical Care Optn LLC	\$126,385.00	Educational Grants
Clinical Care Optn LLC	\$50,000.00	Educational Grants
Clinical Care Optn LLC	\$25,000.00	Educational Grants
Clinical Care Optn LLC	(\$75,000.00)	Educational Grants
Clinical Care Optn LLC	\$75,000.00	Educational Grants
Coalicion Para El Control De Hepatitis En Puerto Rico	\$12,500.00	Corporate Sponsorship
Coalition for Prevention of Colorectal Cancer In Puerto Rico	\$10,000.00	Corporate Sponsorship
Coalition On Positive Health Empowerment	\$20,000.00	Corporate Sponsorship
Coalition On Positive Health Empowerment	\$50,000.00	Charitable Donations
Coalition On Positive Health Empowerment	\$10,000.00	Corporate Sponsorship
Cockerell Educational Foundation	\$15,000.00	Corporate Sponsorship
Cold Spring Harbor Lab	\$5,000.00	Educational Grants
Cold Spring Harbor Lab	\$1,500.00	Educational Grants
Colegio Medicos—Cirujanos Pr	\$10,000.00	Educational Grants
Collegium Internationale	\$10,000.00	Corporate Sponsorship
Colorado Dietetic Asoc	\$1,500.00	Corporate Sponsorship
Colorado Gerontological Society	\$5,000.00	Corporate Sponsorship
Colorado Retina Asoc	\$15,000.00	Corporate Sponsorship
Columbia Univ Med Ctr	\$15,000.00	Educational Grants

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
Commtty Fdtn	\$5,000.00	Corporate Sponsorship
Commtty Fdtn	\$5,000.00	Corporate Sponsorship
Commtty Liver Alliance	\$75,000.00	Educational Grants
Commtty Liver Alliance	\$5,000.00	Corporate Sponsorship
Community Access National Network	\$2,500.00	Corporate Sponsorship
Community Health	\$10,000.00	Corporate Sponsorship
Community Initiatives	\$75,000.00	Corporate Sponsorship
Community Initiatives	\$25,000.00	Corporate Sponsorship
Community Initiatives	\$30,000.00	Corporate Sponsorship
Community Liver Alliance	\$9,000.00	Corporate Sponsorship
Community Liver Alliance	\$25,000.00	Corporate Sponsorship
Community Liver Alliance	\$19,400.00	Corporate Sponsorship
Complete Conference Mgmt	\$80,000.00	Educational Grants
Connecticut Advanced Nurse Practitioner Socty	\$5,000.00	Corporate Sponsorship
Connecticut Advocates for Parkinsons Inc.	\$500.00	Corporate Sponsorship
Connecting To Cure Crohns And Colitis	\$20,000.00	Corporate Sponsorship
Consortium of Multiple Sclerosis Centers	\$150,000.00	Educational Grants
Consortium of Multiple Sclerosis Centers	\$40,000.00	Educational Grants
Consortium of Multiple Sclerosis Centers	\$85,000.00	Educational Grants
Consortium of Multiple Sclerosis Centers	\$60,000.00	Educational Grants
Consortium of Multiple Sclerosis Centers	\$25,000.00	Educational Grants
Consortium of Multiple Sclerosis Centers	\$150,000.00	Educational Grants
Continuing Educational Alliance LLC	(\$2,537.67)	Educational Grants
Continuing Educational Alliance LLC	(\$2,537.67)	Educational Grants
Continuing Educational Alliance LLC	\$375,000.00	Educational Grants
Continuing Educational Alliance LLC	\$200,000.00	Educational Grants
Continuing Educational Alliance LLC	\$375,000.00	Educational Grants
Continuing Educational Alliance LLC	\$375,000.00	Educational Grants
Continuing Educational Alliance LLC	(\$1,250.00)	Educational Grants
Continuing Educational Alliance LLC	\$75,000.00	Educational Grants
Continuing Educational Alliance LLC	\$99,440.00	Educational Grants
Cornell Univ Weill Med Colg	\$1,500.00	Educational Grants
Cornell Univ Weill Med Colg	\$15,000.00	Educational Grants
Cornell Univ Weill Med Colg	\$3,000.00	Educational Grants
Cornerstone Hlth Inc.	\$150,000.00	Educational Grants
Cornerstone Hlth Inc.	(\$3,750.00)	Educational Grants
Cornerstone Hlth Inc.	\$90,000.00	Educational Grants
Cornerstone Hlth Inc.	\$40,000.00	Educational Grants
Cornerstone Hlth Inc.	\$90,000.00	Educational Grants
Cornerstone Hlth Inc.	\$75,000.00	Educational Grants
Creighton Univ	\$10,000.00	Educational Grants
Critical Path Inst	\$25,000.00	Corporate Sponsorship
Crohns And Colitis Foundation	\$165,000.00	Corporate Sponsorship
Crohns And Colitis Foundation of Amer- ica	\$110,000.00	Educational Grants
Crohns And Colitis Foundation of Amer- ica	\$100,000.00	Educational Grants
Crohns And Colitis Foundation of Amer- ica	\$100,000.00	Educational Grants
Crohns And Colitis Foundation of Amer- ica	\$100,000.00	Educational Grants
Crohns and Colitis Foundation of Amer- ica	\$100,000.00	Educational Grants
Crohns and Colitis Foundation of Amer- ica	\$31,000.00	Educational Grants
Crohns and Colitis Foundation of Amer- ica	\$25,000.00	Charitable Donations
Crohns and Colitis Foundation of Amer- ica	\$25,000.00	Charitable Donations

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
Crohns and Colitis Foundation of America	\$1,500.00	Corporate Sponsorship
Crohns and Colitis Foundation of America	\$800.00	Corporate Sponsorship
Crohns and Colitis Foundation of America	\$2,500.00	Corporate Sponsorship
Crohns and Colitis Foundation of America	\$10,000.00	Corporate Sponsorship
Crohns and Colitis Foundation of America	\$10,250.00	Corporate Sponsorship
Crohns and Colitis Foundation of America	\$50,000.00	Charitable Donations
Crohns and Colitis Foundation of America	\$5,000.00	Corporate Sponsorship
Crohns and Colitis Foundation of America	\$2,500.00	Corporate Sponsorship
Crohns and Colitis Foundation of America	\$1,500.00	Corporate Sponsorship
Crohns and Colitis Foundation of America	\$1,500.00	Corporate Sponsorship
Crohns and Colitis Foundation of America	\$47,000.00	Corporate Sponsorship
Crohns and Colitis Foundation of America	\$114,000.00	Corporate Sponsorship
Crohns and Colitis Foundation of America	\$5,000.00	Corporate Sponsorship
Crohns and Colitis Foundation of America	\$2,500.00	Corporate Sponsorship
Crohns and Colitis Foundation of America	\$2,000.00	Corporate Sponsorship
Crohns and Colitis Foundation of America	\$2,500.00	Corporate Sponsorship
Crohns and Colitis Foundation of America	\$15,000.00	Corporate Sponsorship
Crohns and Colitis Foundation of America	\$10,000.00	Corporate Sponsorship
Crohns and Colitis Foundation of America	\$1,000.00	Corporate Sponsorship
Crohns and Colitis Foundation of America	\$15,000.00	Corporate Sponsorship
Crohns and Colitis Foundation of America	\$250,000.00	Educational Grants
Crohns and Colitis Foundation of America	\$100,000.00	Fellowships and Scholarships
Crohns and Colitis Foundation of America	\$400,000.00	Corporate Sponsorship
Crohns and Colitis Foundation of America	\$80,000.00	Charitable Donations
Crohns and Colitis Foundation of America	\$40,000.00	Corporate Sponsorship
Crohns and Colitis Foundation of America	\$40,000.00	Educational Grants
Ctrl Florida Phmcy Council Inc.	\$15,000.00	Educational Grants
Ctrl Savannah River Area Csra Parkinson Support Grp	\$1,000.00	Corporate Sponsorship
Curatio Cme Inst	(\$33,640.17)	Educational Grants
Cure CF	\$1,500.00	Corporate Sponsorship
Curepsp Inc.	\$15,000.00	Educational Grants
Cystic Fibrosis Fdtn—Albany	\$1,000.00	Corporate Sponsorship
Cystic Fibrosis Fdtn—Albany	\$750.00	Corporate Sponsorship
Cystic Fibrosis Fdtn—Albany	\$7,500.00	Corporate Sponsorship

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
Cystic Fibrosis Fdtn—Albany	\$1,750.00	Corporate Sponsorship
Cystic Fibrosis Fdtn—Albany	\$1,500.00	Corporate Sponsorship
Cystic Fibrosis Fdtn—Albany	\$1,000.00	Corporate Sponsorship
Cystic Fibrosis Fdtn—Albany	\$2,500.00	Corporate Sponsorship
Cystic Fibrosis Fdtn Maryland Chapter	\$4,000.00	Corporate Sponsorship
Cystic Fibrosis Fdtn Maryland Chapter	\$5,750.00	Corporate Sponsorship
Cystic Fibrosis Research Fund Emilys Entourage	\$5,000.00	Corporate Sponsorship
Cystic Fibrosis Research Inc.	\$18,000.00	Corporate Sponsorship
Cystic Fibrosis Research Inc.	\$7,000.00	Corporate Sponsorship
Cystic Fibrosis Research Inc.	\$10,000.00	Corporate Sponsorship
Cystic Fibrosis Research Inc.	\$10,000.00	Corporate Sponsorship
Cystic Fibrosis Research Inc.	\$5,000.00	Corporate Sponsorship
Cystic Fibrosis Research Inc.	\$3,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$500.00	Corporate Sponsorship
Cystic Fibrosis Services	\$500.00	Corporate Sponsorship
Cystic Fibrosis Services	\$3,500.00	Corporate Sponsorship
Cystic Fibrosis Services	\$1,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$2,500.00	Corporate Sponsorship
Cystic Fibrosis Services	\$2,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$1,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$2,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$1,500.00	Corporate Sponsorship
Cystic Fibrosis Services	\$1,750.00	Corporate Sponsorship
Cystic Fibrosis Services	\$3,250.00	Corporate Sponsorship
Cystic Fibrosis Services	\$1,750.00	Corporate Sponsorship
Cystic Fibrosis Services	\$1,500.00	Corporate Sponsorship
Cystic Fibrosis Services	\$1,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$5,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$7,500.00	Corporate Sponsorship
Cystic Fibrosis Services	\$7,500.00	Corporate Sponsorship
Cystic Fibrosis Services	\$2,500.00	Corporate Sponsorship
Cystic Fibrosis Services	\$2,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$5,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$1,750.00	Corporate Sponsorship
Cystic Fibrosis Services	\$5,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$35,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$15,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$5,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$1,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$2,500.00	Corporate Sponsorship
Cystic Fibrosis Services	\$2,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$1,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$1,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$3,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$3,500.00	Corporate Sponsorship
Cystic Fibrosis Services	\$1,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$5,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$3,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$2,500.00	Corporate Sponsorship
Cystic Fibrosis Services	\$5,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$3,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$1,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$3,500.00	Corporate Sponsorship
Cystic Fibrosis Services	\$2,500.00	Corporate Sponsorship
Cystic Fibrosis Services	\$1,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$2,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$5,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$1,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$2,500.00	Corporate Sponsorship
Cystic Fibrosis Services	\$1,500.00	Corporate Sponsorship

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
Cystic Fibrosis Services	\$10,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$6,500.00	Corporate Sponsorship
Cystic Fibrosis Services	\$5,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$3,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$1,750.00	Corporate Sponsorship
Cystic Fibrosis Services	\$1,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$35,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$750,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$5,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$7,500.00	Corporate Sponsorship
Cystic Fibrosis Services	\$7,500.00	Corporate Sponsorship
Cystic Fibrosis Services	\$7,500.00	Corporate Sponsorship
Cystic Fibrosis Services	\$6,500.00	Corporate Sponsorship
Cystic Fibrosis Services	\$5,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$5,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$2,500.00	Corporate Sponsorship
Cystic Fibrosis Services	\$1,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$10,000.00	Corporate Sponsorship
Cystic Fibrosis Services	\$1,500.00	Corporate Sponsorship
Dallas fort Worth Business Grp On Hlth	\$5,000.00	Corporate Sponsorship
Danville D Elegance Fdtn	\$2,500.00	Corporate Sponsorship
Dava Oncology Lp	\$50,000.00	Corporate Sponsorship
Dava Oncology Lp	\$150,000.00	Corporate Sponsorship
David A Winston Health Policy	\$5,500.00	Corporate Sponsorship
Davis Phinney Fdtn	\$30,000.00	Educational Grants
Davis Phinney Fdtn	\$30,000.00	Educational Grants
Davis Phinney Fdtn	\$20,000.00	Corporate Sponsorship
Davis Phinney Fdtn	\$30,000.00	Educational Grants
Davis Phinney Fdtn	\$60,000.00	Educational Grants
Davis Phinney Fdtn	\$30,000.00	Educational Grants
Davis Phinney Fdtn	\$40,000.00	Corporate Sponsorship
Dermatology Education Fdtn	\$30,000.00	Corporate Sponsorship
Dermatology Fdtn	\$135,000.00	Charitable Donations
Dermatology Fdtn	\$50,000.00	Corporate Sponsorship
Dermatology Nurses Asoc	\$10,000.00	Educational Grants
Dermatology Nurses Asoc	\$25,850.00	Corporate Sponsorship
Digestive Disease Week	\$55,000.00	Corporate Sponsorship
Digestive Disease Week	\$55,000.00	Corporate Sponsorship
Digestive Health Foundation	\$25,000.00	Corporate Sponsorship
Digestive Health Physicians Association	\$100,000.00	Corporate Sponsorship
Direct Relief	\$50,000.00	Charitable Donations
East Hawaii IPA	\$8,500.00	Corporate Sponsorship
Elsevier Inc.	\$40,000.00	Educational Grants
Employers Hlth Colition Inc.	\$4,000.00	Corporate Sponsorship
Endocrine Education Inc.	\$25,000.00	Educational Grants
Endocrine Education Inc.	\$25,000.00	Educational Grants
Engineering Conferences International	\$1,500.00	Educational Grants
Enviornmental Mutagen Socty	\$2,500.00	Corporate Sponsorship
Enzyme Mechanism Conference	\$1,500.00	Educational Grants
Epilepsy Association of Central Florida	\$5,000.00	Corporate Sponsorship
Epilepsy Fnd of North-Central Illinois Iowa and Nebraska	\$20,000.00	Corporate Sponsorship
Epilepsy Foundation of Flordia Inc.	\$5,000.00	Corporate Sponsorship
Epilepsy Foundation of Michigan	\$18,000.00	Corporate Sponsorship
Epilepsy Foundation of Michigan	\$20,000.00	Corporate Sponsorship
Epilepsy Foundation of New Jersey	\$17,000.00	Corporate Sponsorship
Escuela De Medicina De Ponce	\$20,000.00	Educational Grants
Escuela De Medicina De Ponce	\$10,000.00	Educational Grants
Event 360 Inc.	\$8,330.00	Corporate Sponsorship
Excel Continuing Education	\$5,000.00	Educational Grants
Excellence in Gastro Education LLC	\$100,000.00	Corporate Sponsorship

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
Excellence in Rheumlgly Education LLC	\$100,000.00	Corporate Sponsorship
Family Med Ctr Bolingbrook	\$13,000.00	Corporate Sponsorship
Family Med Ctr Bolingbrook	\$5,500.00	Corporate Sponsorship
Fdtn for Biomedical Research	\$25,000.00	Charitable Donations
Federation of American Socty	\$1,500.00	Educational Grants
Federation of American Socty	\$1,500.00	Educational Grants
Federation of American Socty	\$1,500.00	Educational Grants
Federation of American Socty	\$1,500.00	Educational Grants
Federation of American Socty	\$1,500.00	Educational Grants
Federation of American Socty	\$1,500.00	Educational Grants
Federation of Clinical Immunology Socty	\$20,000.00	Educational Grants
Federation of Clinical Immunology Socty	\$25,000.00	Educational Grants
Federation of Clinical Immunology Socty	\$12,500.00	Educational Grants
Florida Hlth Care Coalition	\$5,000.00	Corporate Sponsorship
Florida Socty of Dermatology Phys As- sistants Inc.	\$20,000.00	Corporate Sponsorship
Florida Socty of Rheumlgly	\$25,000.00	Corporate Sponsorship
Focus Med Communications	\$100,000.00	Corporate Sponsorship
Force—Facing Our Risk of Cancer Emp	\$10,000.00	Corporate Sponsorship
Force—Facing Our Risk of Cancer Emp	\$10,000.00	Charitable Donations
Foster Ocular Immunology Socty	\$40,000.00	Corporate Sponsorship
Foundation for Veterans Health Care	\$20,000.00	Corporate Sponsorship
Foundation of Consortium of Multiple Sclerosis Centers CMSC	\$12,280.00	Fellowships and Scholarships
Foundation of Consortium of Multiple Sclerosis Centers CMSC	\$25,000.00	Educational Grants
Foundation of Consortium of Multiple Sclerosis Centers CMSC	\$10,000.00	Charitable Donations
Friends of Cancer Research	\$50,000.00	Corporate Sponsorship
Friends of Parkinsons	\$1,000.00	Corporate Sponsorship
Friends of The St Louis Univ Liver Ctr	\$50,000.00	Corporate Sponsorship
Fund for Public Hlth In New York	\$200,000.00	Educational Grants
Fundacion Alfredo Ruiz	\$5,000.00	Corporate Sponsorship
Fundacion Daledale Inc.	\$3,000.00	Corporate Sponsorship
Fundacion De Esclerosis Multiple De Puerto Rico	\$3,000.00	Corporate Sponsorship
Fundacion Puertorriquena De Enfermedades Reumaticas	\$5,000.00	Corporate Sponsorship
Galien Foundation	\$22,500.00	Corporate Sponsorship
Galien Foundation	\$30,000.00	Corporate Sponsorship
Gastro—Intestinal Research Fdtn	\$25,000.00	Corporate Sponsorship
Gastro—Intestinal Research Fdtn	\$50,000.00	Corporate Sponsorship
Gastrointestinal And Liver Association of The Americas Inc.	\$75,000.00	Educational Grants
Gateway for Cancer Research	\$10,000.00	Charitable Donations
Georgetown Univ Hosp Phmcy	\$50,000.00	Fellowships and Scholarships
Georgia Dermatology Phys Assistants	\$20,000.00	Corporate Sponsorship
Georgia Doty Hiv & Hepatitis Commtly Outreach Inc.	\$10,000.00	Educational Grants
Georgia Prostate Cancer Coalition The	\$2,500.00	Educational Grants
Georgia Society of Clinical Oncology	\$25,000.00	Corporate Sponsorship
Georgia Socty of Rhematology	\$8,000.00	Corporate Sponsorship
Global Academy for Medical Education	\$18,000.00	Corporate Sponsorship
Global Academy for Medical Education	\$76,500.00	Corporate Sponsorship
Global Academy for Medical Education	\$36,000.00	Corporate Sponsorship
Global Academy for Medical Education	\$54,000.00	Corporate Sponsorship
Global Academy for Medical Education	\$90,000.00	Corporate Sponsorship
Global Alliance for Medical Education	\$10,000.00	Educational Grants
Global Alliance for Patient Access	\$30,000.00	Corporate Sponsorship
Global Biological Standards Inst	\$2,000.00	Educational Grants

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
Globalization of Pharmaceuticals Education Ntwrk	\$10,000.00	Corporate Sponsorship
Good Grief	\$500.00	Corporate Sponsorship
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$10,000.00	Corporate Sponsorship
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$2,000.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$2,000.00	Educational Grants
Gordon Research Conferences	\$2,000.00	Educational Grants
Gordon Research Conferences	\$2,000.00	Educational Grants
Gordon Research Conferences	\$2,000.00	Educational Grants
Great Lakes Chapter of The American Society for Pharmacology And Experimental Therapeutics	\$1,000.00	Corporate Sponsorship
Gynecologic Oncology Grp The	\$35,000.00	Educational Grants
Gynecologic Oncology Grp The	\$40,000.00	Educational Grants
Gynecologic Oncology Grp The	\$40,000.00	Educational Grants
Haymarket Med Education	(\$2,553.09)	Educational Grants
Head for The Cure Fdtn	\$7,500.00	Corporate Sponsorship
Healthcare Business Women's Association, Inc.	\$7,500.00	Corporate Sponsorship
Healthcare Business Women's Association, Inc.	\$7,500.00	Corporate Sponsorship
Healthwell Fdtn	\$507,000.00	Charitable Donations
Healthy Women	\$30,000.00	Corporate Sponsorship
Heart to Heart International Inc.	\$10,000.00	Charitable Donations
Heart to Heart International Inc.	\$50,000.00	Charitable Donations
Heb Grocery Company LP	\$7,000.00	Corporate Sponsorship
Henry ford Hlth System	\$2,000.00	Corporate Sponsorship
Henry M Jackson Fdtn	\$5,559.67	Corporate Sponsorship
Henry M Jackson Fdtn	\$5,559.67	Corporate Sponsorship
Henry M Jackson Fdtn	\$5,559.66	Corporate Sponsorship
Henry M Jackson Fdtn	\$10,000.00	Educational Grants
Hep C Connection	\$5,000.00	Corporate Sponsorship
Hep C Connection	\$25,000.00	Charitable Donations
Hep C Connection	\$5,000.00	Corporate Sponsorship
Hepatitis C Asoc	\$25,000.00	Educational Grants
Hepatitis Education Project	\$75,000.00	Charitable Donations
Hepatitis Education Project	\$24,000.00	Corporate Sponsorship
Hepatitis Education Project	\$25,000.00	Corporate Sponsorship
Hepatitis Foundation International	\$250,000.00	Corporate Sponsorship
Hepatitis Foundation International	\$5,000.00	Corporate Sponsorship
Herbert Kosten Pancreatic Cancer Charitable Fund	\$2,000.00	Corporate Sponsorship
Hidradenitis Suppurativa Fdtn	\$13,550.00	Charitable Donations
Hitchcock Fdtn	\$8,000.00	Educational Grants
Hitchcock Fdtn	\$20,000.00	Educational Grants
HIV Treaters Med Asoc of Puerto Rico	\$10,000.00	Educational Grants

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
Hlther Financial Mgmt Hfma	\$50,000.00	Corporate Sponsorship
Hmp Communications	\$31,000.00	Corporate Sponsorship
Hmp Communications	\$50,000.00	Corporate Sponsorship
Hope Fdtn The	\$25,000.00	Educational Grants
Hope Healthcare Services	\$600.00	Corporate Sponsorship
Houston Area Parkinson Society	\$1,000.00	Corporate Sponsorship
Houston Business Coalition On Health	\$6,000.00	Corporate Sponsorship
Howard Hanna Children's Free Care Fund	\$10,000.00	Charitable Donations
Hubbard Street Dance Chicago	\$10,000.00	Educational Grants
Human Growth Fdtn	\$5,000.00	Corporate Sponsorship
Human Growth Fdtn	\$10,000.00	Charitable Donations
Human Growth Fdtn	\$4,000.00	Corporate Sponsorship
Humboldt—Del Norte County Med Socty	\$1,100.00	Educational Grants
Humboldt—Del Norte County Med Socty	\$4,000.00	Educational Grants
Ibd Remedy Inc.	\$10,000.00	Charitable Donations
Illinois African American Coalition	\$15,000.00	Corporate Sponsorship
Illinois Socty of Dermatology Phys Assistants	\$25,000.00	Corporate Sponsorship
Illinois Socty of Dermatology Phys Assistants	\$15,000.00	Corporate Sponsorship
Imedex LLC	\$50,000.00	Educational Grants
Imedex LLC	\$75,000.00	Educational Grants
Imedex LLC	\$75,000.00	Educational Grants
Imedex LLC	\$9,000.00	Educational Grants
Imedex LLC	\$25,000.00	Educational Grants
Imedex LLC	\$50,000.00	Educational Grants
Imedex LLC	(\$838.00)	Educational Grants
Imedex LLC	\$50,000.00	Educational Grants
Imedex LLC	\$75,000.00	Educational Grants
Improve Care Now Inc.	\$15,000.00	Corporate Sponsorship
Indian Medical Association of New England	\$500.00	Corporate Sponsorship
Indiana Parkinson Fdtn	\$1,000.00	Corporate Sponsorship
Indiana Univ	(\$619.24)	Fellowships and Scholarships
Indiana Univ Fdtn	\$50,000.00	Charitable Donations
Inflammatory Bowel Disease Support Fdtn	\$75,000.00	Educational Grants
Inflammatory Bowel Disease Support Fdtn	\$200,000.00	Educational Grants
Inflammatory Bowel Disease Support Fdtn	\$75,000.00	Educational Grants
Innovation Development Inst Inc.	\$250,000.00	Corporate Sponsorship
Integrated Benefits Inst Inc.	\$25,000.00	Corporate Sponsorship
Integrated Med Fdtn	\$15,000.00	Charitable Donations
Interfaith House	\$2,000.00	Charitable Donations
Intermountain Dermatology Socty	\$15,000.00	Educational Grants
International Aids Socty—USA	\$75,000.00	Educational Grants
International Aids Socty—USA	\$75,000.00	Educational Grants
International Biometric Socty Eastern North American Region	\$4,925.00	Corporate Sponsorship
International Chinese Statistical Asoc	\$3,000.00	Corporate Sponsorship
International Dermatology Outcome Measures	\$250,000.00	Educational Grants
International League of Asoc for Rheumlgy	\$20,000.00	Charitable Donations
International Medical Corps	\$50,000.00	Charitable Donations
International Organization of Multiple Sclerosis Nurses	\$145,000.00	Educational Grants
International Organization of Multiple Sclerosis Nurses	\$60,000.00	Educational Grants

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
International Parkinson And Movemen	\$300,000.00	Corporate Sponsorship
International Socty for Antiviral Re- search	\$5,000.00	Educational Grants
International Socty for The Study of Xenobiotics	\$3,000.00	Educational Grants
International Socty for The Study of Xenobiotics	\$2,500.00	Educational Grants
International Socty of Nphro	\$40,000.00	Corporate Sponsorship
International Socty of Psychiatric Genet- ics	\$1,500.00	Educational Grants
Iraq and Afghanistan Veterans	\$15,000.00	Corporate Sponsorship
ISMPP—International Socty for Med	\$10,000.00	Corporate Sponsorship
ISMPP—International Socty for Med	\$10,000.00	Corporate Sponsorship
Jefferson Med Colg At Thomas Jefferson Univ	\$3,000.00	Corporate Sponsorship
Jefferson Med Colg At Thomas Jefferson Univ	\$3,000.00	Corporate Sponsorship
Jefferson Med Colg At Thomas Jefferson Univ	\$7,500.00	Educational Grants
John P Mcgovern Museum of Health And Medical Science	\$10,000.00	Corporate Sponsorship
Johns Hopkins Univ School of Medicine	\$50,000.00	Educational Grants
Johns Hopkins Univ School of Medicine	\$20,000.00	Educational Grants
Johns Hopkins Univ School of Medicine	\$1,500.00	Corporate Sponsorship
Johns Hopkins Univ School of Medicine	\$40,000.00	Fellowships and Scholarships
Johns Hopkins Univ School of Medicine	\$99,750.00	Educational Grants
Johns Hopkins Univ School of Medicine	\$35,000.00	Educational Grants
Johns Hopkins Univ School of Medicine	\$7,000.00	Fellowships and Scholarships
Johns Hopkins Univ School of Medicine	\$90,000.00	Educational Grants
Johns Hopkins Univ School of Medicine	\$50,000.00	Educational Grants
JWC Covenant Inc.	\$25,000.00	Educational Grants
Kansas Univ Neuro Fdtn	\$65,000.00	Educational Grants
Kelsey Research Fdtn	\$35,000.00	Fellowships and Scholarships
Kentuckiana Health Collaborative	\$2,500.00	Corporate Sponsorship
Kentucky Life Sciences Foundation	\$5,000.00	Corporate Sponsorship
Keystone Symposia	\$25,000.00	Corporate Sponsorship
Laboratorio Clinico Toledo	\$2,955.00	Patient Support
Laboratorio Clinico Toledo	\$810.00	Patient Support
Laboratorio Clinico Toledo	\$720.00	Patient Support
Laboratorio Clinico Toledo	\$675.00	Patient Support
Laboratorio Clinico Toledo	\$675.00	Patient Support
Laboratorio Clinico Toledo	\$630.00	Patient Support
Laboratorio Clinico Toledo	\$1,440.00	Patient Support
Laboratorio Clinico Toledo	\$1,485.00	Patient Support
Laboratorio Clinico Toledo	\$5,250.00	Patient Support
Laboratorio Clinico Toledo	\$735.00	Patient Support
Laboratorio Clinico Toledo	\$810.00	Patient Support
Laboratorio Clinico Toledo	\$660.00	Patient Support
Laboratorio Clinico Toledo	\$1,875.00	Patient Support
Laboratorio Clinico Toledo	\$825.00	Patient Support
Laboratorio Clinico Toledo	\$765.00	Patient Support
Laboratorio Clinico Toledo	\$750.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$885.00	Patient Support
Laboratorio Clinico Toledo	\$1,740.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$810.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$372.00	Patient Support
Laboratorio Clinico Toledo	\$2,550.00	Patient Support

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
Laboratorio Clinico Toledo	\$1,470.00	Patient Support
Laboratorio Clinico Toledo	\$1,350.00	Patient Support
Laboratorio Clinico Toledo	\$1,215.00	Patient Support
Laboratorio Clinico Toledo	\$1,080.00	Patient Support
Laboratorio Clinico Toledo	\$705.00	Patient Support
Laboratorio Clinico Toledo	\$645.00	Patient Support
Laboratorio Clinico Toledo	\$204.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$765.00	Patient Support
Laboratorio Clinico Toledo	\$1,905.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$675.00	Patient Support
Laboratorio Clinico Toledo	\$585.00	Patient Support
Laboratorio Clinico Toledo	\$885.00	Patient Support
Laboratorio Clinico Toledo	\$870.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$975.00	Patient Support
Laboratorio Clinico Toledo	\$1,080.00	Patient Support
Laboratorio Clinico Toledo	\$1,035.00	Patient Support
Laboratorio Clinico Toledo	\$300.00	Patient Support
Laboratorio Clinico Toledo	\$870.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$1,305.00	Patient Support
Laboratorio Clinico Toledo	\$1,200.00	Patient Support
Laboratorio Clinico Toledo	\$645.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$1,290.00	Patient Support
Laboratorio Clinico Toledo	\$1,005.00	Patient Support
Laboratorio Clinico Toledo	\$204.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$1,140.00	Patient Support
Laboratorio Clinico Toledo	\$1,125.00	Patient Support
Laboratorio Clinico Toledo	\$810.00	Patient Support
Laboratorio Clinico Toledo	\$240.00	Patient Support
Laboratorio Clinico Toledo	\$1,395.00	Patient Support
Laboratorio Clinico Toledo	\$1,275.00	Patient Support
Laboratorio Clinico Toledo	\$705.00	Patient Support
Laboratorio Clinico Toledo	\$1,425.00	Patient Support
Laboratorio Clinico Toledo	\$1,200.00	Patient Support
Laboratorio Clinico Toledo	\$675.00	Patient Support
Laboratorio Clinico Toledo	\$405.00	Patient Support
Laboratorio Clinico Toledo	\$1,095.00	Patient Support
Laboratorio Clinico Toledo	\$720.00	Patient Support
Laboratorio Clinico Toledo	\$660.00	Patient Support
Laboratorio Clinico Toledo	\$495.00	Patient Support
Laboratorio Clinico Toledo	\$2,355.00	Patient Support
Laboratorio Clinico Toledo	\$1,200.00	Patient Support
Laboratorio Clinico Toledo	\$2,295.00	Patient Support
Laboratorio Clinico Toledo	\$915.00	Patient Support
Lake County Haven	\$10,000.00	Charitable Donations
Large Uro Grp Prct Asoc	\$20,000.00	Corporate Sponsorship
Large Uro Grp Prct Asoc	\$25,000.00	Corporate Sponsorship
Large Uro Grp Prct Asoc	\$25,000.00	Corporate Sponsorship
Large Uro Grp Prct Asoc	\$25,000.00	Corporate Sponsorship
Large Uro Grp Prct Asoc	\$66,400.00	Corporate Sponsorship
Large Uro Grp Prct Asoc	\$25,000.00	Corporate Sponsorship
Lenox Hill Hosp	\$10,000.00	Educational Grants
Leukemia and Lymphoma Society	\$10,000.00	Educational Grants
Leukemia and Lymphoma Society	\$10,000.00	Corporate Sponsorship

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
Leukemia and Lymphoma Society	\$15,000.00	Corporate Sponsorship
Leukemia and Lymphoma Society	\$4,000.00	Corporate Sponsorship
Leukemia and Lymphoma Society	\$100,000.00	Corporate Sponsorship
Leukemia and Lymphoma Society	\$2,500.00	Corporate Sponsorship
Leukemia and Lymphoma Society	\$100,000.00	Charitable Donations
Leukemia Research Foundation Inc.	\$5,000.00	Educational Grants
Leukemia Research Foundation Inc.	\$5,000.00	Corporate Sponsorship
Leukemia Research Foundation Inc.	\$5,000.00	Corporate Sponsorship
Leukemia Research Foundation Inc.	\$50,000.00	Fellowships and Scholarships
Leukemia Research Foundation Inc.	\$5,000.00	Charitable Donations
Leukemia Research Foundation Inc.	\$5,000.00	Educational Grants
Leukemia Research Foundation Inc.	\$10,000.00	Corporate Sponsorship
Living Beyond Breast Cancer	\$10,000.00	Corporate Sponsorship
Living Beyond Breast Cancer	\$10,000.00	Corporate Sponsorship
Loyola Stritch School of Medicine Div of Dermatology	\$2,000.00	Educational Grants
Lung Cancer Alliance	\$25,000.00	Corporate Sponsorship
Lungevity Foundation	\$25,000.00	Corporate Sponsorship
Lungevity Foundation	\$25,000.00	Corporate Sponsorship
Lupus and Allied Diseases Association	\$6,000.00	Corporate Sponsorship
Lymphoma Research Foundation	\$2,500.00	Corporate Sponsorship
Lymphoma Research Foundation	\$10,000.00	Corporate Sponsorship
Lymphoma Research Foundation	\$10,000.00	Corporate Sponsorship
Lymphoma Research Foundation	\$2,000.00	Corporate Sponsorship
Lymphoma Research Foundation	\$37,500.00	Corporate Sponsorship
Magee—Womens Research Inst And Fdtn	\$10,000.00	Corporate Sponsorship
Magellan Rx Mgmt Inc.	\$20,000.00	Corporate Sponsorship
Magic Fdtn	\$15,000.00	Educational Grants
Magic Fdtn	\$10,000.00	Charitable Donations
Massachusetts Association for Mental Health	\$5,000.00	Corporate Sponsorship
Massachusetts Inst of Tech	\$1,000.00	Charitable Donations
Massachusetts Prostate Cancer Coalition Inc.	\$2,500.00	Educational Grants
Massachusetts Socy for Med Research	\$5,000.00	Educational Grants
Massachusetts Socy for Med Research	\$5,000.00	Educational Grants
Massachusetts Socy of Clinical Oncologists	\$5,000.00	Corporate Sponsorship
Max Foundation	\$45,000.00	Corporate Sponsorship
Mayo Clnc	\$10,000.00	Educational Grants
Mayo Clnc	\$2,500.00	Educational Grants
Mccourt Fdtn Inc.	\$5,000.00	Educational Grants
Me Strong Inc.	\$2,500.00	Corporate Sponsorship
Med—LQ LLC	\$125,000.00	Educational Grants
Med—LQ LLC	\$185,000.00	Educational Grants
Med—LQ LLC	\$150,000.00	Educational Grants
Med—LQ LLC	\$167,933.00	Educational Grants
Med Colg of Wisconsin	\$7,500.00	Educational Grants
Med Colg of Wisconsin	\$85,000.00	Educational Grants
Med Colg of Wisconsin	\$2,000.00	Corporate Sponsorship
Med Colg of Wisconsin	\$10,000.00	Educational Grants
Med Conference Planners	\$10,000.00	Corporate Sponsorship
Med Learning Inst	\$180,000.00	Educational Grants
Med Learning Inst	\$72,015.00	Educational Grants
Med Learning Inst	\$100,000.00	Educational Grants
Med Learning Inst	\$65,000.00	Educational Grants
Med Learning Inst	\$70,000.00	Educational Grants
Med Learning Inst	\$40,000.00	Educational Grants
Med Learning Inst	\$150,000.00	Educational Grants
Med Learning Inst	\$65,380.00	Educational Grants
Med Learning Inst	\$125,000.00	Educational Grants

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
Medicinal And Bioorganic Chemistry Fdtn The	\$5,000.00	Educational Grants
Medscape LLC	\$450,000.00	Educational Grants
Medscape LLC	\$200,000.00	Educational Grants
Medscape LLC	\$189,500.00	Educational Grants
Medscape LLC	\$250,000.00	Educational Grants
Medscape LLC	\$252,350.00	Educational Grants
Medscape LLC	\$175,000.00	Educational Grants
Medscape LLC	\$135,000.00	Educational Grants
Medscape LLC	\$100,000.00	Educational Grants
Medscape LLC	\$385,000.00	Educational Grants
Medscape LLC	\$350,000.00	Educational Grants
Medscape LLC	\$150,000.00	Educational Grants
Medscape LLC	\$100,000.00	Educational Grants
Medscape LLC	\$165,000.00	Educational Grants
Medscape LLC	\$195,000.00	Educational Grants
Medscape LLC	\$65,000.00	Educational Grants
Medscape LLC	\$41,000.00	Educational Grants
Medscape LLC	\$250,000.00	Educational Grants
Medscape LLC	(\$2,000.00)	Educational Grants
Medscape LLC	\$300,000.00	Educational Grants
Medscape LLC	\$112,500.00	Educational Grants
Medstar Washington Hosp Ctr	\$10,000.00	Educational Grants
Meeting Designs LLC	\$25,000.00	Corporate Sponsorship
Memorial Sloan Kettering Cancer Ctr	\$10,000.00	Educational Grants
Memphis Business Grp On Hlth	\$5,120.00	Corporate Sponsorship
Memphis Business Grp On Hlth	\$5,120.00	Corporate Sponsorship
Meridian Hospitals Corporation	\$400.00	Corporate Sponsorship
Methodist Hosp The	\$25,000.00	Corporate Sponsorship
Metropolitan Chicago Breast Cancer	\$10,000.00	Charitable Donations
Michael J Fox Fdtn	\$1,000.00	Corporate Sponsorship
Michael J Fox Fdtn	\$25,000.00	Corporate Sponsorship
Michael J Fox Fdtn	\$50,000.00	Corporate Sponsorship
Michael J Fox Fdtn	\$15,000.00	Educational Grants
Michigan Parkinson Foundation	\$2,000.00	Corporate Sponsorship
Michigan Parkinson Foundation	\$4,000.00	Corporate Sponsorship
Michigan Parkinson Foundation	\$2,500.00	Corporate Sponsorship
Michigan Rheumatism Socty	\$5,000.00	Corporate Sponsorship
Michigan Rheumatism Socty	\$5,000.00	Corporate Sponsorship
Michigan Rheumatism Socty	\$5,000.00	Corporate Sponsorship
Michigan State Univ	\$1,000.00	Charitable Donations
Michigan State Univ	\$1,000.00	Charitable Donations
Midwest Business Grp On Hlth	\$5,000.00	Corporate Sponsorship
Midwest Pediatric Endocrine Socty	\$6,300.00	Corporate Sponsorship
Miles for Cystic Fibrosis	\$20,000.00	Charitable Donations
Miles for Cystic Fibrosis	\$5,000.00	Corporate Sponsorship
Missouri Hepatitis C Alliance	\$25,000.00	Charitable Donations
Montana Assoc of Hlth Care Purchaser	\$2,000.00	Corporate Sponsorship
Montefiore Med Ctr	\$75,000.00	Educational Grants
Montefiore Med Ctr	\$50,000.00	Educational Grants
Montefiore Med Ctr	\$50,000.00	Educational Grants
Mount Sinai School of Medicine	\$95,000.00	Educational Grants
Mount Sinai School of Medicine	\$40,000.00	Educational Grants
Mount Sinai School of Medicine	\$15,000.00	Educational Grants
Mount Sinai School of Medicine	\$100,000.00	Educational Grants
Mount Sinai School of Medicine	\$2,500.00	Educational Grants
Mount Sinai School of Medicine	\$5,000.00	Educational Grants
Mount Sinai School of Medicine	\$40,000.00	Educational Grants
Mount Sinai School of Medicine	\$1,500.00	Educational Grants
Mount Sinai School of Medicine	\$30,000.00	Corporate Sponsorship
Mount Sinai School of Medicine	\$15,000.00	Educational Grants

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
Mount Sinai School of Medicine	\$1,500.00	Educational Grants
Movement Disorder Socty The	\$20,000.00	Corporate Sponsorship
Movement Disorder Socty The	\$25,000.00	Corporate Sponsorship
Movement Disorder Socty The	\$9,900.00	Corporate Sponsorship
Ms Cure Fund, Inc.	\$10,000.00	Educational Grants
Ms Cure Fund, Inc.	\$50,000.00	Educational Grants
Ms Cure Fund, Inc.	\$15,000.00	Educational Grants
Ms Views And News Inc.	\$9,000.00	Educational Grants
Multiple Myeloma Research Fdtn Inc. The	\$20,000.00	Educational Grants
Multiple Myeloma Research Fdtn Inc. The	\$50,000.00	Educational Grants
Multiple Myeloma Research Fdtn Inc. The	\$40,000.00	Corporate Sponsorship
Nashville Cares Inc.	\$8,000.00	Corporate Sponsorship
National Alliance of Mental Illness Florida	\$5,000.00	Corporate Sponsorship
National Alliance of Mental Illness Michi- gan	\$15,000.00	Corporate Sponsorship
National Alliance of Mental Illness Ten- nessee	\$5,000.00	Corporate Sponsorship
National Alliance of Mental Illness Wash- ington	\$5,000.00	Corporate Sponsorship
National Alliance of State and Territorial AIDS Directors	\$30,000.00	Corporate Sponsorship
National Association of Hispanic Nurses	\$6,750.00	Corporate Sponsorship
National Association of Hispanic Nurses	\$6,750.00	Corporate Sponsorship
National Association of Latino Elected & Appointed officials Educational Fund	\$25,000.00	Corporate Sponsorship
National Brain Tumor Society (Nbts)	\$15,000.00	Corporate Sponsorship
National Brain Tumor Society (Nbts)	\$50,000.00	Charitable Donations
National Brain Tumor Society, Inc	\$25,000.00	Corporate Sponsorship
National Coalition for Cancer	\$40,000.00	Corporate Sponsorship
National Comprehensive Cancer Network	\$15,000.00	Corporate Sponsorship
National Comprehensive Cancer Network	\$10,000.00	Corporate Sponsorship
National Comprehensive Cancer Network	\$15,000.00	Corporate Sponsorship
National Comprehensive Cancer Network	\$10,000.00	Corporate Sponsorship
National Comprehensive Cancer Network	\$15,000.00	Corporate Sponsorship
National Hemophlia Foundation	\$5,000.00	Corporate Sponsorship
National Minority Quality forum Inc.	\$10,000.00	Corporate Sponsorship
National Ms Society Upper Midwest Chapter	\$2,500.00	Corporate Sponsorship
National Multiple Sclerosis Society	\$250,000.00	Corporate Sponsorship
National Parkinson Foundation Min- nesota	\$2,500.00	Corporate Sponsorship
National Parkinson Foundation Min- nesota	\$2,500.00	Corporate Sponsorship
National Parkinson Foundation Min- nesota	\$1,000.00	Corporate Sponsorship
National Parkinson Foundation Min- nesota	\$2,500.00	Corporate Sponsorship
Nationwide Childrens Hosp Fdtn	\$5,000.00	Corporate Sponsorship
Natl Academy of Dermatology Nurse Practitioners	\$30,000.00	Corporate Sponsorship
Natl Aids Treatment Advocacy Project	\$300,000.00	Charitable Donations
Natl Alliance of State And Territorial Aids Directors	\$100,000.00	Charitable Donations
Natl Asoc of Managed Care Phys	\$30,000.00	Educational Grants
Natl Asoc of Managed Care Phys	\$45,000.00	Educational Grants
Natl Asoc of Managed Care Phys	\$40,000.00	Educational Grants
Natl Asoc of Managed Care Phys	\$25,000.00	Corporate Sponsorship

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
Natl Asoc of Managed Care Phys	\$35,000.00	Educational Grants
Natl Breast Cancer Coalition Fund	\$5,000.00	Charitable Donations
Natl Business Coalition On Hlth	\$50,000.00	Corporate Sponsorship
Natl Commission On Correctional Hlth Care	\$10,000.00	Educational Grants
Natl Commission On Correctional Hlth Care	\$7,500.00	Corporate Sponsorship
Natl Commission On Correctional Hlth Care	\$7,500.00	Corporate Sponsorship
Natl Committee for Quality Assurance	\$100,000.00	Corporate Sponsorship
Natl Committee for Quality Assurance	\$95,000.00	Educational Grants
Natl Comprehensive Cancer Ntwrk	\$50,000.00	Charitable Donations
Natl Comprehensive Cancer Ntwrk	\$40,000.00	Corporate Sponsorship
Natl Comprehensive Cancer Ntwrk	\$50,000.00	Educational Grants
Natl Comprehensive Cancer Ntwrk	\$5,000.00	Educational Grants
Natl Comprehensive Cancer Ntwrk	\$25,000.00	Educational Grants
Natl Comprehensive Cancer Ntwrk	\$25,000.00	Charitable Donations
Natl Comprehensive Cancer Ntwrk	\$50,000.00	Educational Grants
Natl Comprehensive Cancer Ntwrk	\$50,000.00	Corporate Sponsorship
Natl Comprehensive Cancer Ntwrk	\$50,000.00	Educational Grants
Natl Comprehensive Cancer Ntwrk	\$40,000.00	Educational Grants
Natl Comprehensive Cancer Ntwrk	\$240,000.00	Corporate Sponsorship
Natl Comprehensive Cancer Ntwrk	\$75,000.00	Educational Grants
Natl Multiple Sclerosis Socty	\$10,000.00	Corporate Sponsorship
Natl Organization of Rheumlgly Managers	\$5,000.00	Corporate Sponsorship
Natl Pancreas Fdtn	\$200,000.00	Educational Grants
Natl Pancreas Fdtn	\$85,000.00	Educational Grants
Natl Pancreas Fdtn	\$85,000.00	Charitable Donations
Natl Pancreas Fdtn	\$75,000.00	Charitable Donations
Natl Pancreas Fdtn	\$70,000.00	Educational Grants
Natl Pancreas Fdtn	\$1,000.00	Corporate Sponsorship
Natl Pancreas Fdtn	\$75,000.00	Corporate Sponsorship
Natl Pancreas Fdtn	\$7,500.00	Corporate Sponsorship
Natl Pancreas Fdtn	\$2,500.00	Corporate Sponsorship
Natl Pancreas Fdtn	\$200,000.00	Educational Grants
Natl Pancreas Fdtn	\$25,000.00	Corporate Sponsorship
Natl Pancreas Fdtn	\$75,000.00	Corporate Sponsorship
Natl Parkinson Fdtn Inc.	\$75,000.00	Corporate Sponsorship
Natl Parkinson Fdtn Inc.	\$2,500.00	Corporate Sponsorship
Natl Parkinson Fdtn Inc.	\$5,000.00	Corporate Sponsorship
Natl Parkinson Fdtn Inc.	\$2,500.00	Corporate Sponsorship
Natl Parkinson Fdtn Inc.	\$1,000.00	Corporate Sponsorship
Natl Parkinson Fdtn Inc.	\$1,500.00	Corporate Sponsorship
Natl Parkinson Fdtn Inc.	\$10,000.00	Corporate Sponsorship
Natl Parkinson Fdtn Inc.	\$50,000.00	Educational Grants
Natl Parkinson Fdtn Inc.	\$10,000.00	Corporate Sponsorship
Natl Parkinson Fdtn Inc.	\$85,000.00	Corporate Sponsorship
Natl Psoriasis Fdtn	\$25,000.00	Corporate Sponsorship
Natl Psoriasis Fdtn	\$75,000.00	Educational Grants
Natl Psoriasis Fdtn	\$50,000.00	Educational Grants
Natl Psoriasis Fdtn	\$30,000.00	Educational Grants
Natl Psoriasis Fdtn	\$26,000.00	Corporate Sponsorship
Natl Psoriasis Fdtn	\$26,000.00	Corporate Sponsorship
Natl Psoriasis Fdtn	\$26,000.00	Corporate Sponsorship
Natl Psoriasis Fdtn	\$26,000.00	Corporate Sponsorship
Natl Psoriasis Fdtn	\$20,000.00	Corporate Sponsorship
Natl Psoriasis Fdtn	\$10,000.00	Corporate Sponsorship
Natl Psoriasis Fdtn	\$13,550.00	Charitable Donations
Natl Psoriasis Fdtn	\$50,000.00	Educational Grants
Natl Psoriasis Fdtn	\$20,000.00	Corporate Sponsorship
Natl Psoriasis Fdtn	\$50,000.00	Corporate Sponsorship

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
Natl Psoriasis Fdtn	\$50,000.00	Corporate Sponsorship
Natl Psoriasis Fdtn	\$40,000.00	Corporate Sponsorship
Natl Psoriasis Fdtn	\$2,500.00	Corporate Sponsorship
Natl Psoriasis Fdtn	\$150,000.00	Corporate Sponsorship
Natl Psoriasis Fdtn	\$20,000.00	Corporate Sponsorship
Natl Psoriasis Fdtn	\$100,000.00	Corporate Sponsorship
Natl Psoriasis Fdtn	\$40,000.00	Corporate Sponsorship
Natl Psoriasis Fdtn	\$30,000.00	Corporate Sponsorship
Natl Psoriasis Fdtn	\$20,000.00	Corporate Sponsorship
Natl Socty for Cutaneous Medicine	\$50,000.00	Corporate Sponsorship
Natl Socty for Cutaneous Medicine	\$75,000.00	Corporate Sponsorship
Natl Socty for Cutaneous Medicine	\$135,000.00	Corporate Sponsorship
Natl Socty for Cutaneous Medicine	\$135,000.00	Corporate Sponsorship
Neuro Challenge Foundation Inc.	\$7,500.00	Educational Grants
Neurologic Disease Foundation	\$4,995.00	Educational Grants
New Jersey Academy of Family Phys	\$105,000.00	Educational Grants
New Mexico Parkinsons Disease Coalition	\$3,500.00	Educational Grants
New York Academy of Scnc	\$1,500.00	Educational Grants
New York Academy of Scnc	\$1,500.00	Educational Grants
New York Socty for Gastrointestinal Endoscopy	\$2,000.00	Corporate Sponsorship
New York State Council of Hlth-System Pharmacists	\$11,500.00	Corporate Sponsorship
New York State Rheumlgly Socty	\$18,000.00	Corporate Sponsorship
New York Univ School of Medicine	\$20,000.00	Educational Grants
New York Univ School of Medicine	\$10,000.00	Educational Grants
New York Univ School of Medicine	\$5,000.00	Educational Grants
New York Univ School of Medicine	\$5,000.00	Educational Grants
New York Univ School of Medicine	\$10,000.00	Educational Grants
New York Univ School of Medicine	\$10,000.00	Educational Grants
New York Univ School of Medicine	\$20,000.00	Educational Grants
Nexus Global Grp Scnc	\$10,000.00	Corporate Sponsorship
Nicole Jarvis Md Parkinsons Research Fdtn	\$1,000.00	Corporate Sponsorship
NL Communications Inc.	\$50,000.00	Educational Grants
NL Communications Inc.	\$35,000.00	Educational Grants
NL Communications Inc.	\$40,000.00	Educational Grants
NL Communications Inc.	\$50,000.00	Educational Grants
NL Communications Inc.	\$15,000.00	Educational Grants
NL Communications Inc.	\$50,000.00	Educational Grants
NL Communications Inc.	\$50,000.00	Educational Grants
NL Communications Inc.	\$100,000.00	Educational Grants
NL Communications Inc.	\$50,000.00	Educational Grants
NL Communications Inc.	\$10,000.00	Educational Grants
NL Communications Inc.	\$25,000.00	Educational Grants
NL Communications Inc.	\$25,000.00	Educational Grants
NL Communications Inc.	\$40,000.00	Educational Grants
NL Communications Inc.	\$25,000.00	Educational Grants
NL Communications Inc.	(\$40,000.00)	Educational Grants
NL Communications Inc.	\$128,000.00	Educational Grants
NL Communications Inc.	\$125,000.00	Educational Grants
NL Communications Inc.	\$75,000.00	Educational Grants
NL Communications Inc.	\$65,000.00	Educational Grants
NL Communications Inc.	\$50,000.00	Educational Grants
NL Communications Inc.	\$35,000.00	Educational Grants
NL Communications Inc.	\$25,000.00	Educational Grants
NL Communications Inc.	\$20,000.00	Educational Grants
North American Ctr for Continuing Med Education (NACCME, LLC)	\$390,000.00	Educational Grants
North American Ctr for Continuing Med Education (NACCME, LLC)	\$90,000.00	Educational Grants

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
North American Ctr for Continuing Med Education (NACCME, LLC)	\$90,000.00	Educational Grants
North American Ctr for Continuing Med Education (NACCME, LLC)	\$100,000.00	Educational Grants
North American Socy for Pediatric Gastro Hepatology And Nutrition	\$31,000.00	Educational Grants
North American Socy for Pediatric Gastro Hepatology And Nutrition	\$40,000.00	Fellowships and Scholarships
North Dakota Pharmacists Asoc	\$2,500.00	Corporate Sponsorship
North Dakota Society of Health System Pharmacists	\$1,750.00	Corporate Sponsorship
North Eastern Section of The American Chemical Society, Inc.	\$3,000.00	Corporate Sponsorship
North Memorial Commtly Fdtn	\$2,500.00	Corporate Sponsorship
Northeast Business Grp On Hlth	\$5,000.00	Corporate Sponsorship
Northeast Business Grp On Hlth	\$5,000.00	Corporate Sponsorship
Northwest Health Law Advocates	\$1,000.00	Corporate Sponsorship
Northwest Kdny Centers	\$2,500.00	Corporate Sponsorship
Northwest Parkinsons Fdtn	\$7,000.00	Educational Grants
Northwest Parkinsons Fdtn	\$5,000.00	Corporate Sponsorship
Northwest Parkinsons Fdtn	\$5,000.00	Educational Grants
Northwestern Memorial Fdtn	\$8,000.00	Educational Grants
Northwestern Univ	\$25,000.00	Corporate Sponsorship
Northwestern Univ	\$50,000.00	Fellowships and Scholarships
Northwestern Univ	\$5,000.00	Educational Grants
Northwestern Univ	\$5,000.00	Educational Grants
Northwestern Univ	\$2,000.00	Educational Grants
Norton Hlthcr Inc.	\$3,000.00	Corporate Sponsorship
Ocular Immunology And Uveitis Fdtn	\$2,500.00	Corporate Sponsorship
Ohio Asoc of Rheumlgly	\$10,000.00	Corporate Sponsorship
Ohio Gastro Socy	\$5,000.00	Corporate Sponsorship
Omnia Education Inc.	\$95,000.00	Educational Grants
Oncology Nursing Socy	\$15,000.00	Educational Grants
Oncology Nursing Socy	\$38,500.00	Corporate Sponsorship
Open Doors Commtly School	\$2,000.00	Charitable Donations
Oregon Hlth & Scnc Univ	\$10,000.00	Educational Grants
Oregon Hlth & Scnc Univ	\$2,000.00	Educational Grants
Oregon Hlth & Scnc Univ	\$5,000.00	Educational Grants
Oregon Hlth & Scnc Univ	\$10,000.00	Educational Grants
Oregon State University Foundation	\$7,500.00	Corporate Sponsorship
Organic Reactions Catalysis Socy	\$1,000.00	Educational Grants
Ostomy Asoc of Greater Chicago	\$1,000.00	Corporate Sponsorship
Ounce of Prevention Fund	\$10,000.00	Charitable Donations
Pacific Dermatologic Asoc	\$10,000.00	Corporate Sponsorship
Pacific Dermatologic Asoc	\$20,000.00	Corporate Sponsorship
Pack Hlth LLC	\$91,375.00	Educational Grants
Pack Hlth LLC	\$175,000.00	Educational Grants
Pack Hlth LLC	\$127,800.00	Educational Grants
Pack Hlth LLC	\$108,875.00	Educational Grants
Pancreas Club The	\$10,000.00	Educational Grants
Pancreatic Cancer Action Ntwrk Inc.	\$1,250.00	Corporate Sponsorship
Pancreatic Cancer Action Ntwrk Inc.	\$1,250.00	Corporate Sponsorship
Pancreatic Cancer Action Ntwrk Inc.	\$25,000.00	Corporate Sponsorship
Pancreatic Cancer Action Ntwrk Inc.	\$234,000.00	Corporate Sponsorship
Park Nicollet	\$1,000.00	Corporate Sponsorship
Parkinson Alliance Inc.	\$1,000.00	Corporate Sponsorship
Parkinson And Movement Disorder All	\$15,000.00	Educational Grants
Parkinson And Movement Disorder All	\$1,250.00	Corporate Sponsorship
Parkinson And Movement Disorder All	\$50,000.00	Educational Grants
Parkinson Asoc of The Rockies	\$8,000.00	Educational Grants
Parkinson Asoc of The Rockies	\$6,000.00	Educational Grants

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
Parkinson Association of Alabama	\$500.00	Corporate Sponsorship
Parkinson Association of Central Florida Inc.	\$500.00	Corporate Sponsorship
Parkinson Council	\$20,000.00	Corporate Sponsorship
Parkinson Fdtn of The Natl Capital Area	\$10,000.00	Educational Grants
Parkinson Foundation of Oklahoma	\$1,000.00	Corporate Sponsorship
Parkinson Foundation of Oklahoma	\$1,500.00	Corporate Sponsorship
Parkinson Institute	\$5,000.00	Corporate Sponsorship
Parkinson Ntwrk of Arizona	\$2,500.00	Corporate Sponsorship
Parkinson Society of Greenville Area	\$500.00	Corporate Sponsorship
Parkinson Study Group	\$10,000.00	Educational Grants
Parkinson Support Center of Kentuciana	\$2,500.00	Corporate Sponsorship
Parkinson Support Center of Kentuciana	\$5,000.00	Corporate Sponsorship
Parkinson Wellness Recovery	\$1,000.00	Corporate Sponsorship
Parkinsons And Movement Disorder Foundation	\$2,500.00	Corporate Sponsorship
Parkinsons Asoc of Western Michigan	\$1,500.00	Corporate Sponsorship
Parkinsons Disease Fdtn	\$25,000.00	Educational Grants
Parkinsons Disease Fdtn	\$50,000.00	Educational Grants
Parkinsons Disease Fdtn	\$7,500.00	Corporate Sponsorship
Parkinsons Outreach Association	\$1,000.00	Corporate Sponsorship
Parkinsons Resources of Oregon	\$5,000.00	Corporate Sponsorship
Parkinsons Resources of Oregon	\$5,000.00	Corporate Sponsorship
Parkinsons Unity Walk	\$50,000.00	Corporate Sponsorship
Parkinsons Unity Walk	\$64,000.00	Corporate Sponsorship
Partners Hlthcr System	(\$10,000.00)	Educational Grants
Partnership for A Drug Free America	\$50,000.00	Charitable Donations
Partnership for Quality Med Donations Pqmd	\$2,000.00	Charitable Donations
Partnership for Quality Med Donations Pqmd	\$1,000.00	Charitable Donations
Patient Access Ntwrk Fdtn	\$8,400,000.00	Charitable Donations
Patient Access Ntwrk Fdtn	\$260,000.00	Charitable Donations
Patient Access Ntwrk Fdtn	\$557,000.00	Charitable Donations
Patient Empowerment Ntwrk	\$75,000.00	Educational Grants
Patient Empowerment Ntwrk	\$40,000.00	Educational Grants
Patient Empowerment Ntwrk	\$22,500.00	Educational Grants
Patient Empowerment Ntwrk	\$20,000.00	Educational Grants
Patient Empowerment Ntwrk	\$22,500.00	Educational Grants
Patient Empowerment Ntwrk	\$35,000.00	Educational Grants
Patient Empowerment Ntwrk	\$20,000.00	Educational Grants
Patient Empowerment Ntwrk	\$35,000.00	Educational Grants
Patient Empowerment Ntwrk	\$10,000.00	Educational Grants
Patient Power LLC	\$90,000.00	Corporate Sponsorship
Pediatric Endocrinology Nursing Socty	\$6,000.00	Corporate Sponsorship
Pediatric Endocrinology Nursing Socty	\$10,000.00	Charitable Donations
Pediatric Splts of Virginia LLC	\$2,000.00	Corporate Sponsorship
Pennsylvania Academy of Dermatology And Dermatologic Surgery	\$13,550.00	Corporate Sponsorship
Pennsylvania Socty of Gastro	\$10,000.00	Corporate Sponsorship
Pennsylvania State Univ	\$15,000.00	Educational Grants
Pennsylvania State Univ	\$15,000.00	Educational Grants
Pennsylvania State Univ	(\$36,337.33)	Educational Grants
Pennsylvania State Univ	\$20,000.00	Educational Grants
Phmcy Quality Alliance	\$12,500.00	Educational Grants
Phoenix Childrens Hosp	\$1,000.00	Corporate Sponsorship
Phys Education Resource	\$25,000.00	Educational Grants
Phys Education Resource	\$75,000.00	Educational Grants
Phys Education Resource	\$25,000.00	Educational Grants
Phys Education Resource	\$25,000.00	Educational Grants
Phys Education Resource	\$25,000.00	Educational Grants

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
Phys Education Resource	\$50,000.00	Educational Grants
Phys Education Resource	\$50,000.00	Educational Grants
Phys Education Resource	\$50,000.00	Educational Grants
Phys Education Resource	\$75,000.00	Educational Grants
Phys Education Resource	\$50,000.00	Educational Grants
Pins for Parkinsons	\$500.00	Corporate Sponsorship
Pittsburgh Business Grp On Hlth	\$3,800.00	Corporate Sponsorship
Pittsburgh Business Grp On Hlth	\$3,800.00	Corporate Sponsorship
President And Fellows of Harvard Colg	\$6,000.00	Educational Grants
Prevent Cancer Fdtn	\$25,000.00	Charitable Donations
Prime Education Inc.	\$100,000.00	Educational Grants
Prime Education Inc.	\$200,000.00	Educational Grants
Prime Education Inc.	\$218,348.25	Educational Grants
Prime Education Inc.	\$500,000.00	Educational Grants
Prime Education Inc.	\$200,000.00	Educational Grants
Prime Oncology Inc.	\$85,000.00	Educational Grants
Prime Oncology Inc.	\$142,376.00	Educational Grants
Prime Oncology Inc.	\$50,000.00	Educational Grants
Prime Oncology Inc.	\$75,000.00	Educational Grants
Prime Oncology Inc.	\$85,000.00	Educational Grants
Princeton Univ Trustees	\$50,000.00	Fellowships and Scholarships
Proce Inc.	\$15,000.00	Educational Grants
Project Access Now	\$3,500.00	Corporate Sponsorship
Project Inform Inc.	\$75,000.00	Charitable Donations
Project Inform Inc.	\$30,000.00	Corporate Sponsorship
Projects In Knowledge Inc.	\$100,000.00	Educational Grants
Promedica International Cme	\$15,000.00	Educational Grants
Promis Hlth Organization	\$5,000.00	Educational Grants
Prostate Cancer Foundation Chicago	\$4,000.00	Corporate Sponsorship
Prostate Cancer Research Inst	\$10,000.00	Educational Grants
Prostate Cancer Research Inst	\$15,000.00	Corporate Sponsorship
Prostate Hlth Education Ntwrk	\$15,000.00	Educational Grants
Prostate Hlth Education Ntwrk	\$10,000.00	Educational Grants
Prostate Net Inc. The	\$15,000.00	Educational Grants
Prostaware	\$1,000.00	Corporate Sponsorship
Puerto Rico Academy of Family Phys	\$16,000.00	Corporate Sponsorship
Puerto Rico Asoc of Gastro	\$15,000.00	Educational Grants
Puerto Rico Asoc of Gastro	\$30,000.00	Corporate Sponsorship
Puerto Rico Asoc of Gastro	\$6,500.00	Educational Grants
Purdue Univ	\$200,000.00	Educational Grants
Purdue Univ	\$250,000.00	Educational Grants
Purdue Univ	(\$60,000.00)	Educational Grants
Regents of The Univ of California The	\$10,000.00	Educational Grants
Regents of The Univ of California The	\$5,000.00	Educational Grants
Regents of The Univ of California The	\$40,000.00	Fellowships and Scholarships
Regents of The Univ of California The	\$5,000.00	Educational Grants
Regents of The Univ of California The	\$15,000.00	Educational Grants
Regents of The Univ of California The	\$50,000.00	Fellowships and Scholarships
Regents of The Univ of California The	\$2,500.00	Educational Grants
Regents of The Univ of California The	\$10,000.00	Educational Grants
Regents of The Univ of Michigan	\$5,000.00	Educational Grants
Regents of The Univ of Michigan	\$10,000.00	Corporate Sponsorship
Regents of The Univ of Michigan	\$1,000.00	Educational Grants
Regional Osteopathic Med Education	\$165,000.00	Educational Grants
Renal Phys Asoc	\$30,000.00	Corporate Sponsorship
Respiratory Hlth Asoc of Metro Chicago	\$4,050.00	Corporate Sponsorship
Rheumatism Socty of The District of Columbia The	\$15,000.00	Corporate Sponsorship
Rheumatology Association of Nevada	\$5,000.00	Corporate Sponsorship
Rheumlgy Alliance of Louisiana	\$25,000.00	Corporate Sponsorship
Rheumlgy Nurses Socty	\$80,000.00	Educational Grants

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
Rheumlgly Nurses Socty	\$31,875.00	Corporate Sponsorship
Rheumlgly Nurses Socty	\$5,000.00	Corporate Sponsorship
Rheumlgly Nurses Socty	\$25,000.00	Educational Grants
Rheumlgly Nurses Socty	\$44,625.00	Corporate Sponsorship
Riverside Medical Clinic Charitable Foundation	\$7,500.00	Educational Grants
Robert Michael Educational Inst LLC	\$123,500.00	Educational Grants
Robert Michael Educational Inst LLC	\$80,000.00	Educational Grants
Rock Steady Boxing	\$500.00	Corporate Sponsorship
Rocky Mountain Ms Center	\$5,000.00	Educational Grants
Rush Univ Med Ctr	\$50,000.00	Educational Grants
Rush Univ Med Ctr	\$75,000.00	Educational Grants
Rush Univ Med Ctr	\$35,000.00	Educational Grants
Rutgers The State Univ of New Jersey	\$60,000.00	Educational Grants
Rutgers The State Univ of New Jersey	\$25,000.00	Educational Grants
Rutgers The State Univ of New Jersey	\$50,000.00	Educational Grants
Rutgers University Foundation	\$1,500.00	Educational Grants
Safety Pharmacology Socty	\$2,000.00	Educational Grants
Saint Anthony Hosp Fdtn	\$1,500.00	Educational Grants
San Francisco Neuro Socty	\$1,500.00	Educational Grants
San Francisco Retina Foundation	\$5,000.00	Educational Grants
San Juan Bautista Med	\$40,000.00	Fellowships and Scholarships
Scott And White Healthcare Foundation	\$1,000.00	Corporate Sponsorship
Scripps Hlth	\$5,000.00	Educational Grants
Scripps Hlth	\$50,000.00	Educational Grants
Scripps Hlth	\$5,000.00	Educational Grants
Scripps Hlth	\$5,000.00	Educational Grants
Scripps Hlth	\$50,000.00	Educational Grants
Scripps Hlth	\$25,000.00	Educational Grants
Scripps Research Inst.	\$5,000.00	Fellowships and Scholarships
Scripps Research Inst.	\$2,000.00	Educational Grants
Seattle Science Foundation	\$7,500.00	Educational Grants
Sexual Medicine Socty of North Am	(\$25,000.00)	Educational Grants
Sexual Medicine Socty of North America Inc.	\$225,000.00	Corporate Sponsorship
Share	\$10,000.00	Patient Support
Sheknows LLC	\$43,000.00	Corporate Sponsorship
Smith Wholesale Drug Company	\$9,000.00	Corporate Sponsorship
Sociedad Dermatologica De Puerto Rico	\$15,000.00	Corporate Sponsorship
Sociedad Dermatologica De Puerto Rico	\$35,000.00	Corporate Sponsorship
Sociedad Pr Endocrinologia Y Diabetologia	\$15,000.00	Corporate Sponsorship
Sociedad Puertorriquena Pediatria	\$8,000.00	Corporate Sponsorship
Society for Mucosal Immunology	\$1,500.00	Educational Grants
Society for Neuro-Oncology	\$10,000.00	Educational Grants
Society for Neuro-Oncology	\$107,400.00	Corporate Sponsorship
Society for Neuro-Oncology	\$25,000.00	Corporate Sponsorship
Society of Nuclear Medicine and Molecular Imaging	\$5,000.00	Corporate Sponsorship
Socty for Immunotherapy of Cancer	\$5,000.00	Educational Grants
Socty for Leukocyte Biology	\$1,500.00	Educational Grants
Socty for Neuroscience	\$2,500.00	Educational Grants
Socty for Translational Oncology	\$10,000.00	Educational Grants
Socty of Dermatology Phys Assistants	\$45,000.00	Corporate Sponsorship
Socty of Dermatology Phys Assistants	\$20,000.00	Corporate Sponsorship
Socty of Dermatology Phys Assistants	\$40,000.00	Corporate Sponsorship
Socty of Investigative Dermatology	\$30,000.00	Educational Grants
Socty of Toxicologic Pathology	\$1,000.00	Corporate Sponsorship
Socty of Toxicologic Pathology	\$15,000.00	Corporate Sponsorship
Socty of Toxicology	\$450.00	Corporate Sponsorship
Socty of Toxicology	\$2,500.00	Corporate Sponsorship

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
South Carolina Alliance of Hlth Plans	\$5,000.00	Corporate Sponsorship
South Carolina Dermatological Asoc	\$5,000.00	Corporate Sponsorship
South Dakota Parkinson Foundation	\$500.00	Corporate Sponsorship
South Texas Asoc of Rheumatologists	\$40,000.00	Corporate Sponsorship
Southeastern Consortium for Dermatology	\$10,000.00	Corporate Sponsorship
Splty Pharma Education Ctr	\$49,750.00	Educational Grants
St Louise Regional Hosp	(\$2,000.00)	Educational Grants
State of Maryland	\$40,000.00	Fellowships and Scholarships
State of Maryland	\$5,500.00	Educational Grants
State of Maryland	\$23,000.00	Educational Grants
Super Jake Fdtn The	\$25,000.00	Charitable Donations
Susan G Komen Philadelphia	\$3,500.00	Educational Grants
Take A Breather Foundation	\$10,000.00	Corporate Sponsorship
Take A Breather Foundation	\$2,500.00	Corporate Sponsorship
Take A Breather Foundation	\$15,000.00	Corporate Sponsorship
Tarsus Cardio Inc. DbA South Beach Symposium	\$35,000.00	Corporate Sponsorship
Team Fox North Texas	\$1,000.00	Corporate Sponsorship
Tennessee Dermatology Socty	\$4,000.00	Corporate Sponsorship
Tennessee Disability Coalition	\$5,000.00	Corporate Sponsorship
Tennessee Disability Coalition	\$2,500.00	Corporate Sponsorship
Tennessee Nurses Association	\$6,000.00	Corporate Sponsorship
Teratology Socty	\$2,000.00	Corporate Sponsorship
Texas Academy of Family Physicians	\$2,500.00	Corporate Sponsorship
Texas Medical Association	\$3,000.00	Corporate Sponsorship
Texas Medical Association	\$10,000.00	Corporate Sponsorship
Texas Neuro Socty	\$5,000.00	Corporate Sponsorship
Texas Osteopathic Medical Association	\$3,000.00	Corporate Sponsorship
Texas Urological Socty	\$4,500.00	Corporate Sponsorship
Texas Urological Socty	\$4,500.00	Corporate Sponsorship
The Endocrine Socty	\$25,000.00	Educational Grants
The Endocrine Socty	\$25,000.00	Educational Grants
The Endocrine Socty	\$25,000.00	Educational Grants
The International Psoriasis Council	\$25,000.00	Educational Grants
Trinity Christian Colg Asoc	\$1,000.00	Charitable Donations
Trustees of The Univ of Pennsylvania	\$10,000.00	Educational Grants
Tufts Med Ctr	\$2,500.00	Corporate Sponsorship
Tufts Univ	(\$4,580.00)	Educational Grants
Tulane Univ Hlth Scnc Ctr	\$20,000.00	Corporate Sponsorship
UC Regents Maxillofacial Prosthetics ClnC	\$20,000.00	Educational Grants
UC Regents Maxillofacial Prosthetics ClnC	\$10,000.00	Educational Grants
UC Regents Maxillofacial Prosthetics ClnC	\$40,000.00	Fellowships and Scholarships
UC Regents Maxillofacial Prosthetics ClnC	\$5,000.00	Educational Grants
UC Regents Maxillofacial Prosthetics ClnC	\$15,000.00	Educational Grants
Ultimate Med Academy Med Learning Grp LLC	\$150,000.00	Educational Grants
Ultimate Med Academy Med Learning Grp LLC	\$198,790.00	Educational Grants
Ultimate Med Academy Med Learning Grp LLC	\$98,600.00	Educational Grants
Ultimate Med Academy Med Learning Grp LLC	\$389,100.00	Educational Grants
UMA Education Inc. DBA Global Education Grp	\$90,000.00	Educational Grants
Umass Amherst	\$5,000.00	Corporate Sponsorship

Grants Donations Report—2016—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2017

Recipient	Payment Amount	Purpose
Umass Fdtn	\$2,500.00	Charitable Donations
United Spinal Association Inc.	\$75,000.00	Corporate Sponsorship
United States Adult Cystic Fibrosis Assoc Inc.	\$7,500.00	Educational Grants
United Way of Ctrl Massachusetts	\$1,250.00	Corporate Sponsorship
United Way of Ctrl Massachusetts	\$5,000.00	Corporate Sponsorship
Univ Connecticut Derm	\$12,000.00	Fellowships and Scholarships
Univ Connecticut Derm	(\$130.91)	Fellowships and Scholarships
Univ Hlth Srvc At Stony Point Inc.	\$20,000.00	Educational Grants
Univ Hosp Cleveland Med	\$15,000.00	Fellowships and Scholarships
Univ Hosp of Brooklyn	\$16,000.00	Educational Grants
Univ of Alabama At Birmingham	\$8,000.00	Educational Grants
Univ of Alabama At Birmingham	\$40,000.00	Fellowships and Scholarships
Univ of California—San Francisco	\$50,000.00	Fellowships and Scholarships
Univ of California—San Francisco	\$5,000.00	Educational Grants
Univ of California—San Francisco	\$10,000.00	Educational Grants
Univ of California Berkeley	\$20,000.00	Educational Grants
Univ of California Berkeley	\$45,000.00	Corporate Sponsorship
Univ of California Berkeley	\$50,000.00	Corporate Sponsorship
Univ of California Irvine	\$5,000.00	Fellowships and Scholarships
Univ of California Irvine	\$5,000.00	Educational Grants
Univ of Chicago	\$10,000.00	Charitable Donations
Univ of Chicago	\$10,000.00	Educational Grants
Univ of Cincinnati	\$85,000.00	Educational Grants
Univ of Cincinnati	\$75,000.00	Educational Grants
Univ of Cincinnati	\$60,000.00	Educational Grants
Univ of Cincinnati	\$250,000.00	Educational Grants
Univ of Cincinnati	\$130,000.00	Educational Grants
Univ of Cincinnati	\$30,000.00	Educational Grants
Univ of Colorado Denver School of Medicine	\$3,500.00	Educational Grants
Univ of Florida	\$15,898.00	Educational Grants
Univ of Florida	\$75,000.00	Educational Grants
Univ of Florida Fdtn	\$500.00	Corporate Sponsorship
Univ of Florida Fdtn	\$40,000.00	Fellowships and Scholarships
Univ of Illinois	\$40,000.00	Fellowships and Scholarships
Univ of Illinois Fdtn	\$1,000.00	Charitable Donations
Univ of Illinois Fdtn	\$1,000.00	Charitable Donations
Univ of Kansas Hosp	\$50,000.00	Fellowships and Scholarships
Univ of Kansas Hosp	\$45,000.00	Educational Grants
Univ of Louisville Research Fdtn	\$75,000.00	Educational Grants
Univ of Louisville Research Fdtn	\$15,000.00	Educational Grants
Univ of Louisville Research Fdtn	\$5,000.00	Educational Grants
Univ of Louisville Research Fdtn	\$1,500.00	Educational Grants
Univ of Maryland Baltimore	\$5,000.00	Fellowships and Scholarships
Univ of Maryland Baltimore Fdtn	\$1,000.00	Charitable Donations
Univ of Massachusetts Med School	\$1,000.00	Charitable Donations
Univ of Massachusetts Med School	\$2,500.00	Educational Grants
Univ of Minnesota Regents	\$1,500.00	Educational Grants
Univ of Minnesota Regents	\$1,000.00	Educational Grants
Univ of Nebraska Med Ctr	\$20,000.00	Educational Grants
Univ of Nebraska Med Ctr	\$7,500.00	Educational Grants

Grants Donations Report—2017

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
50 Hoops	\$10,000.00	Educational Grants
A and R Educational Group LLC	\$4,500.00	Corporate Sponsorships
A and R Educational Group LLC	\$20,000.00	Corporate Sponsorships
Academia Medica Del Sur	\$8,000.00	Corporate Sponsorships
Academia Puertorriquena DE Neurologia	\$3,000.00	Corporate Sponsorships
Academy of Managed Care Pharmacy	\$25,000.00	Corporate Sponsorships
Academy of Managed Care Pharmacy	\$15,000.00	Corporate Sponsorships
Academy of Physician Assistants, Tennessee	\$2,500.00	Corporate Sponsorships
Advanced Urology Institute Education and General Fund	\$10,000.00	Corporate Sponsorships
Advances in Cosmetic and Med Dermatology Inc.	\$75,000.00	Corporate Sponsorships
Advances in Cosmetic and Med Dermatology Inc.	\$100,000.00	Corporate Sponsorships
Advances in Cosmetic and Med Dermatology Inc.	\$75,000.00	Corporate Sponsorships
Advocate Bromenn Medical Center	\$2,000.00	Educational Grants
Advocate Bromenn Medical Center	\$2,500.00	Educational Grants
Aesthetic Dermatology Symposia	\$35,000.00	Corporate Sponsorships
Aesthetic Dermatology Symposia	\$25,000.00	Corporate Sponsorships
AIDS Connecticut	\$2,500.00	Corporate Sponsorships
AIDS Connecticut	\$2,500.00	Corporate Sponsorships
AIDS Foundation of Chicago	\$25,000.00	Charitable Donations
AIDS Institute	\$36,000.00	Corporate Sponsorships
Alabama Dermatology Society	\$50,000.00	Corporate Sponsorships
Alabama Dermatology Society	\$50,000.00	Corporate Sponsorships
Alaska Rheumatology Alliance	\$5,000.00	Corporate Sponsorships
Alliance for Aging Research	\$5,000.00	Corporate Sponsorships
Alliance for Patient Access	\$30,000.00	Corporate Sponsorships
Alzheimers Association Greater Illinois Chapter	\$10,000.00	Corporate Sponsorships
Alzheimers Association Greater Illinois Chapter	\$2,500.00	Corporate Sponsorships
Alzheimers Association Greater Illinois Chapter	\$5,000.00	Corporate Sponsorships
Alzheimers Disease and Related Disorders Association Inc.	\$133,750.00	Corporate Sponsorships
American Academy of Dermatology	\$50,000.00	Charitable Donations
American Academy of Dermatology	\$65,000.00	Corporate Sponsorships
American Academy of Dermatology	\$35,000.00	Corporate Sponsorships
American Academy of Dermatology	\$25,000.00	Charitable Donations
American Academy of Dermatology	\$40,000.00	Educational Grants
American Academy of Dermatology	\$25,000.00	Corporate Sponsorships
American Academy of Dermatology	\$15,000.00	Charitable Donations
American Academy of Dermatology	\$37,500.00	Corporate Sponsorships
American Academy of Dermatology	\$50,000.00	Educational Grants
American Academy of Dermatology	\$300,000.00	Corporate Sponsorships
American Academy of Family Physicians	\$17,000.00	Educational Grants
American Academy of Neurology Institute	\$75,000.00	Corporate Sponsorships
American Academy of Neurology Institute	\$30,000.00	Educational Grants
American Academy of Neurology Institute	\$53,400.00	Corporate Sponsorships
American Academy of Neurology Institute	\$50,000.00	Fellowships and Scholarships
American Academy of Neurology Institute	\$30,000.00	Corporate Sponsorships
American Academy of Pediatrics	\$14,000.00	Corporate Sponsorships
American Academy of Physician Assistants	\$10,000.00	Educational Grants
American Academy of Physician Assistants	\$16,000.00	Educational Grants
American Association of Clinical Endocrinologists New Jersey Chapter	\$20,000.00	Corporate Sponsorships

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
American Association of Clinical Endocrinologists New Jersey Chapter	\$18,000.00	Educational Grants
American Association of Physicians of Indian Origin Arkansas	\$10,000.00	Corporate Sponsorships
American Association of Physicians of Indian Origin Arkansas	\$10,000.00	Corporate Sponsorships
American Association for Accreditation of Laboratory Animal Care International	(\$2,205.00)	Educational Grants
American Association for Cancer Research	\$25,000.00	Fellowships and Scholarships
American Association for Cancer Research	\$25,000.00	Educational Grants
American Association for Cancer Research	\$25,000.00	Educational Grants
American Association for Cancer Research	\$10,000.00	Educational Grants
American Association for Cancer Research	\$25,000.00	Charitable Donations
American Association for Cancer Research	\$10,000.00	Educational Grants
American Association for Cancer Research	\$25,000.00	Educational Grants
American Association for Cancer Research	\$25,000.00	Educational Grants
American Association for Cancer Research	\$15,000.00	Educational Grants
American Association for Cancer Research	\$15,000.00	Educational Grants
American Association for Cancer Research	\$15,000.00	Educational Grants
American Association for Cancer Research	\$15,000.00	Educational Grants
American Association for Cancer Research	\$15,000.00	Educational Grants
American Association for Cancer Research	\$75,000.00	Educational Grants
American Association for Laboratory Animal Science	\$20,000.00	Charitable Donations
American Association for Laboratory Animal Science New England Branch	\$5,000.00	Educational Grants
American Association for The Study of Liver Disease	\$3,150.00	Corporate Sponsorships
American Association of Gynecologic Laparoscopists Inc	\$7,400.00	Corporate Sponsorships
American Association of Gynecologic Laparoscopists Inc	\$59,500.00	Corporate Sponsorships
American Association of Pharmaceutical Scientists	\$50,000.00	Corporate Sponsorships
American Autoimmune Related	\$40,000.00	Corporate Sponsorships
American Brain Tumor Association	\$30,000.00	Educational Grants
American Brain Tumor Association	\$10,000.00	Educational Grants
American Brain Tumor Association	\$15,000.00	Educational Grants
American Brain Tumor Association	\$15,000.00	Corporate Sponsorships
American Brain Tumor Association	\$7,500.00	Corporate Sponsorships
American Cancer Society	\$10,000.00	Corporate Sponsorships
American Cancer Society	\$1,500.00	Corporate Sponsorships
American Cancer Society	\$3,500.00	Corporate Sponsorships
American Cancer Society	\$50,000.00	Corporate Sponsorships
American Cancer Society Action Network Connecticut	\$5,000.00	Corporate Sponsorships
American Cancer Society Action Network North Carolina	\$2,500.00	Corporate Sponsorships

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
American Cancer Society Cancer Action Network	\$5,000.00	Corporate Sponsorships
American Cancer Society Cancer Action Network	\$5,000.00	Corporate Sponsorships
American Cancer Society Cancer Action Network	\$10,000.00	Corporate Sponsorships
American Cancer Society Cancer Action Network	\$5,000.00	Corporate Sponsorships
American Cancer Society Cancer Action Network	\$2,500.00	Corporate Sponsorships
American Cancer Society Cancer Action Network	\$10,000.00	Corporate Sponsorships
American Cancer Society Cancer Action Network	\$5,000.00	Corporate Sponsorships
American Cancer Society Cancer Action Network	\$2,500.00	Corporate Sponsorships
American Cancer Society Cancer Action Network	\$3,000.00	Corporate Sponsorships
American Cancer Society Cancer Action Network	\$2,500.00	Corporate Sponsorships
American Cancer Society Cancer Action Network	\$7,500.00	Corporate Sponsorships
American Cancer Society Cancer Action Network	\$2,500.00	Corporate Sponsorships
American Cancer Society Cancer Action Network	\$2,500.00	Corporate Sponsorships
American Cancer Society Cancer Action Network	\$7,000.00	Corporate Sponsorships
American Cancer Society Cancer Action Network	\$10,000.00	Corporate Sponsorships
American Cancer Society Cancer Action Network	\$3,000.00	Corporate Sponsorships
American Cancer Society Cancer Action Network	\$25,000.00	Corporate Sponsorships
American Cancer Society Cancer Action Network	\$2,500.00	Corporate Sponsorships
American Chemist Society	\$2,500.00	Educational Grants
American Chemist Society	\$1,000.00	Educational Grants
American Chemist Society	\$3,000.00	Educational Grants
American College of Chest Physicians	\$35,000.00	Educational Grants
American College of Clinical Pharmacology	\$5,000.00	Educational Grants
American College of Endocrinology	\$10,000.00	Patient Support
American College of Gastroenterology	\$15,000.00	Educational Grants
American College of Gastroenterology	\$100,000.00	Corporate Sponsorships
American College of Gastroenterology	\$90,000.00	Corporate Sponsorships
American College of Laboratory Animal Medicine	\$30,000.00	Charitable Donations
American College of Obstetricians and Gynecologists	\$5,000.00	Educational Grants
American College of Osteopathic Obstetricians and Gynecologists	\$15,000.00	Corporate Sponsorships
American College of Osteopathic Obstetricians and Gynecologists	\$15,000.00	Corporate Sponsorships
American College of Physician Foundation	\$57,000.00	Corporate Sponsorships
American College of Physicians West Virginia Chapter	\$1,000.00	Corporate Sponsorships
American College of Rheumatology	\$10,000.00	Corporate Sponsorships
American College of Rheumatology	\$80,000.00	Fellowships and Scholarships
American College of Rheumatology	\$25,000.00	Educational Grants

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
American Med Group Associate	\$4,940.00	Corporate Sponsorships
American Neuro Associate	\$40,000.00	Educational Grants
American Pancreatic Associate	\$25,000.00	Patient Support
American Pancreatic Associate	\$75,000.00	Educational Grants
American Parkinson Disease Association	\$20,000.00	Educational Grants
American Parkinson Disease Association	\$3,500.00	Corporate Sponsorships
American Parkinson Disease Association	\$62,000.00	Corporate Sponsorships
American Parkinson Disease Association	\$5,500.00	Corporate Sponsorships
American Parkinson Disease Association	\$3,000.00	Corporate Sponsorships
American Parkinson Disease Association	\$2,500.00	Corporate Sponsorships
American Parkinson Disease Association	\$5,000.00	Corporate Sponsorships
American Red Cross of Greater Chicago	\$10,000.00	Charitable Donations
American Society for Pharmacology and Experimental Therapeutics	\$2,000.00	Educational Grants
American Society for Reproductive Medicine	\$10,000.00	Corporate Sponsorships
American Society for Reproductive Medicine	\$3,000.00	Corporate Sponsorships
American Society for Reproductive Medicine	\$15,000.00	Corporate Sponsorships
American Society of Colon and Rectal Surgns	\$35,000.00	Educational Grants
American Society of Hematology	\$50,000.00	Fellowships and Scholarships
American Society of Hematology	\$20,000.00	Educational Grants
American Society of Hematology	\$60,000.00	Educational Grants
American Society of Hematology	\$50,000.00	Educational Grants
American Society of Nphro	\$35,000.00	Corporate Sponsorships
American Society of Nphro	\$160,000.00	Educational Grants
American Statistical Associate	\$2,000.00	Educational Grants
American Statistical Associate	\$2,500.00	Educational Grants
American Thyroid Associate Inc.	\$30,000.00	Educational Grants
American Urological Associate Education and Research Inc.	\$50,000.00	Charitable Donations
American Urological Associate Education and Research Inc.	\$20,000.00	Educational Grants
American Urological Associate Education and Research Inc.	\$50,000.00	Educational Grants
American Urological Associate Education and Research Inc.	\$50,000.00	Educational Grants
American Urological Associate Inc Western Section	\$13,500.00	Corporate Sponsorships
American Urological Association	\$25,000.00	Charitable Donations
American Urological Association	\$6,000.00	Corporate Sponsorships
American Urological Association	\$2,000.00	Corporate Sponsorships
American Urological Association	\$10,000.00	Corporate Sponsorships
American Urological Association	\$6,000.00	Corporate Sponsorships
American Urological Association	\$10,000.00	Charitable Donations
American Urological Association	\$6,000.00	Corporate Sponsorships
American Urological Association	\$1,500.00	Corporate Sponsorships
Americans for Med Progress	\$90,000.00	Charitable Donations
Americares Foundation	\$12,000.00	Charitable Donations
American Hepato-Pancreato-Biliary Association	\$30,000.00	Corporate Sponsorships
Angel Foundation	\$2,500.00	Corporate Sponsorships
Arizona State Association of Physician Assistants	\$3,500.00	Corporate Sponsorships
Arizona United Rheumatology Alliance—Aura	\$25,000.00	Corporate Sponsorships
Arkansas State Rheumatology Association Inc.	\$10,000.00	Corporate Sponsorships

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
Arkansas Technology University Foundation	\$1,000.00	Charitable Donations
Arthritis Foundation	\$5,000.00	Charitable Donations
Arthritis Foundation	\$5,000.00	Educational Grants
Arthritis Foundation	\$2,000.00	Corporate Sponsorships
Arthritis Foundation	\$30,000.00	Corporate Sponsorships
Arthritis Foundation	\$10,000.00	Corporate Sponsorships
Arthritis Foundation	\$4,000.00	Educational Grants
Arthritis Foundation	\$5,000.00	Educational Grants
Arthritis Foundation	\$20,000.00	Educational Grants
Arthritis Foundation	\$20,000.00	Educational Grants
Arthritis Foundation	\$3,000.00	Educational Grants
Arthritis Foundation	\$50,000.00	Corporate Sponsorships
Arthritis Foundation	\$2,500.00	Educational Grants
Arthritis Foundation	\$2,500.00	Corporate Sponsorships
Arthritis Foundation	\$3,000.00	Corporate Sponsorships
Arthritis Foundation	\$10,000.00	Corporate Sponsorships
Arthritis Foundation	\$2,500.00	Corporate Sponsorships
Arthritis Foundation	\$3,000.00	Corporate Sponsorships
Arthritis Foundation	\$2,000.00	Corporate Sponsorships
Arthritis Foundation	\$50,000.00	Corporate Sponsorships
Arthritis Foundation	\$5,000.00	Educational Grants
Arthritis Foundation	\$250,000.00	Corporate Sponsorships
Arthritis Foundation	\$300,000.00	Corporate Sponsorships
Arthritis Foundation	\$300,000.00	Corporate Sponsorships
Arthritis Foundation	\$259,000.00	Corporate Sponsorships
Arthritis Foundation Inc.	\$50,000.00	Corporate Sponsorships
Arthritis Patient Services	\$2,400.00	Educational Grants
Arthritis Patient Services	\$5,000.00	Educational Grants
Arthritis Patient Services	\$65,000.00	Educational Grants
ARVO Foundation for Eye Research	\$5,000.00	Fellowships and Scholarships
ASCO Cancer Foundation	\$100,000.00	Patient Support
ASCO Cancer Foundation	\$20,000.00	Educational Grants
ASCO Cancer Foundation	\$28,000.00	Educational Grants
ASCO Cancer Foundation	\$10,000.00	Educational Grants
ASCO Cancer Foundation	\$10,000.00	Educational Grants
ASCO Cancer Foundation	\$15,000.00	Educational Grants
ASCO Cancer Foundation	\$15,000.00	Educational Grants
ASCO Cancer Foundation	\$15,000.00	Educational Grants
ASCO Cancer Foundation	\$30,000.00	Educational Grants
ASCO Cancer Foundation	\$30,000.00	Educational Grants
ASCO Cancer Foundation	\$30,000.00	Educational Grants
ASCO Cancer Foundation	\$56,000.00	Educational Grants
ASCO Cancer Foundation	\$60,000.00	Educational Grants
ASCO Cancer Foundation	\$75,000.00	Educational Grants
ASCO Cancer Foundation	\$34,500.00	Corporate Sponsorships
ASCO Cancer Foundation	\$13,275.00	Educational Grants
ASCO Cancer Foundation	\$26,000.00	Educational Grants
Asembia	\$60,000.00	Corporate Sponsorships
ASHP Foundation	\$75,000.00	Fellowships and Scholarships
Associate DE Gastroenterologia Y Hepatologia Pediatrica DE Puerto Rico Agppr	\$10,000.00	Corporate Sponsorships
Associate DE Reumatologos DE Puerto Rico	\$7,500.00	Corporate Sponsorships
Associate DE Reumatologos DE Puerto Rico	\$15,000.00	Corporate Sponsorships
Associate of Physician Assistants in Oncology Inc.	\$25,000.00	Corporate Sponsorships
Associate of Physician Assistants in Oncology Inc.	\$7,500.00	Corporate Sponsorships

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
Associate of Physician Assistants in Oncology Inc.	\$7,500.00	Corporate Sponsorships
Associate of Professors of Gyn and Obstetrician	\$50,000.00	Corporate Sponsorships
Associate of Professors of Gyn and Obstetrician	\$5,000.00	Corporate Sponsorships
Associate of Professors of Gyn and Obstetrician	\$75,000.00	Educational Grants
Associate of Reproductive Health Professionals	\$50,000.00	Educational Grants
Associate of Univ Technology Managers	\$5,000.00	Corporate Sponsorships
Association of Community Cancer Centers (ACCC)	\$15,000.00	Corporate Sponsorships
Association of Community Cancer Centers (ACCC)	\$150,000.00	Corporate Sponsorships
Association of Women in Rheumatology	\$40,000.00	Corporate Sponsorships
Association of Women in Rheumatology	\$30,000.00	Corporate Sponsorships
Association of Women in Rheumatology	\$75,000.00	Corporate Sponsorships
Atlanta Dermatology and Pathology Associates, PC	\$10,000.00	Corporate Sponsorships
Autoimmune Advocacy Alliance	\$3,000.00	Corporate Sponsorships
Auxiliary of Robert Wood Johnson University Hospital	\$5,000.00	Corporate Sponsorships
Baehr Challenge Ltd	\$1,000.00	Corporate Sponsorships
Ball State University Foundation	\$1,000.00	Charitable Donations
Baylor College Medicine Infusion Dis	\$5,000.00	Educational Grants
Baylor College Medicine Infusion Dis	\$3,600.00	Fellowships and Scholarships
Baylor Health Care System Foundation	\$40,000.00	Fellowships and Scholarships
Baylor Scott and White Health	\$5,000.00	Educational Grants
Baylor Scott and White Health	\$30,000.00	Educational Grants
Bendcare	\$410,000.00	Corporate Sponsorships
Beth Israel Deaconess Medical Center	(\$16,526.70)	Educational Grants
Beth Israel Deaconess Medical Center	\$40,000.00	Fellowships and Scholarships
Beth Israel Deaconess Medical Center	\$30,000.00	Fellowships and Scholarships
Beth Israel Deaconess Medical Center	\$35,000.00	Fellowships and Scholarships
Beth Israel Deaconess Medical Center	\$40,000.00	Fellowships and Scholarships
Beth Israel Deaconess Medical Center	\$3,000.00	Educational Grants
Beth Israel Deaconess Medical Center	(\$1,751.70)	Educational Grants
Beth Israel Med Center	\$25,000.00	Fellowships and Scholarships
Bioconnections LLC	\$50,000.00	Corporate Sponsorships
Biotechnology Industry Organization	\$8,000.00	Corporate Sponsorships
Board of Trustees of The Leland Stanford Junior Univ	\$3,000.00	Corporate Sponsorships
Board of Trustees of The Univ of Illinois	\$1,500.00	Educational Grants
Bonnie J Addario Lung Cancer Foundation	\$5,000.00	Corporate Sponsorships
Bonnie J Addario Lung Cancer Foundation	\$25,000.00	Corporate Sponsorships
Boomer Esiason Foundation	\$25,000.00	Corporate Sponsorships
Borland Groover Clinic	\$1,000.00	Corporate Sponsorships
Borland Groover Clinic	\$750.00	Corporate Sponsorships
Borland Groover Clinic	\$1,000.00	Corporate Sponsorships
Boston College School of Nursing	\$7,500.00	Corporate Sponsorships
Boston Society Inc.	\$3,000.00	Educational Grants
Boston Taiwanese Biotechnology Association Inc.	\$2,500.00	Educational Grants
Brain Support Network Inc.	\$5,000.00	Educational Grants
Breast Friends	\$1,000.00	Corporate Sponsorships
Breastcancer.Org	\$5,000.00	Educational Grants
Brian Grant Foundation	\$150,000.00	Educational Grants
Brian Grant Foundation	\$1,500.00	Corporate Sponsorships

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
Brigham and Women's Hospital, Inc.	\$7,000.00	Educational Grants
Brigham and Women's Hospital, Inc.	\$40,000.00	Fellowships and Scholarships
Broad Institute	\$5,000.00	Corporate Sponsorships
California Associate of Physician Groups	\$3,500.00	Corporate Sponsorships
California Associate of Physician Groups	\$25,000.00	Corporate Sponsorships
California Chronic Care Coalition	\$25,000.00	Corporate Sponsorships
California Chronic Care Coalition	\$10,000.00	Corporate Sponsorships
California Life Sciences Association	\$5,000.00	Corporate Sponsorships
California Life Sciences Association	\$5,500.00	Corporate Sponsorships
California Neurology Society	\$5,000.00	Educational Grants
California Neurology Society	\$5,000.00	Educational Grants
California Society of Dermatology and Dermatology Surgry	\$10,000.00	Corporate Sponsorships
California Society of Dermatology and Dermatology Surgry	\$10,000.00	Corporate Sponsorships
Cancer and Leukemia Group B Foundation	\$50,000.00	Educational Grants
Cancer and Leukemia Group B Foundation	\$30,000.00	Educational Grants
Cancer and Leukemia Group B Foundation	\$50,000.00	Educational Grants
Cancer Awareness of Nevada	\$1,000.00	Corporate Sponsorships
Cancer Care	\$10,000.00	Educational Grants
Cancer Care	\$50,000.00	Charitable Donations
Cancer Care	\$15,000.00	Educational Grants
Cancer Care	\$25,000.00	Educational Grants
Cancer Care	\$100,000.00	Corporate Sponsorships
Cancer Care	\$150,000.00	Educational Grants
Cancer Care	\$150,000.00	Educational Grants
Cancer Care	\$90,000.00	Educational Grants
Cancer Care	\$50,000.00	Educational Grants
Cancer Care	\$100,000.00	Educational Grants
Cancer Care	\$65,000.00	Corporate Sponsorships
Cancer Molecular Thrpt	\$5,000.00	Educational Grants
Cancer Support Community	\$75,000.00	Educational Grants
Cancer Support Community	\$25,000.00	Educational Grants
Cancer Support Community	\$50,000.00	Educational Grants
Cancer Wellness Center	\$5,000.00	Corporate Sponsorships
Cardinal Health	\$170,000.00	Corporate Sponsorships
Cardinal Health	\$60,000.00	Corporate Sponsorships
Caribe Gyn	\$5,000.00	Corporate Sponsorships
Caribe Gyn	\$17,000.00	Corporate Sponsorships
Caring Ambassadors Program Inc.	\$75,000.00	Charitable Donations
Caring Ambassadors Program Inc.	\$15,000.00	Patient Support
Carti Foundation	\$10,000.00	Corporate Sponsorships
Cascade AIDS Project	\$5,000.00	Corporate Sponsorships
Cedars—Sinai Med Center	\$40,000.00	Fellowships and Scholarships
Cedars—Sinai Med Center	\$10,000.00	Educational Grants
Central Brain Tumor Registry of The United States	\$25,000.00	Educational Grants
Central Brain Tumor Registry of The United States	\$25,000.00	Educational Grants
Central Savannah River Area Csra Parkinson Support Group	\$1,000.00	Corporate Sponsorships
Chicago Urological Society	\$12,000.00	Corporate Sponsorships
Childrens Hospital Corp	\$5,000.00	Educational Grants
Childrens Hospital of Philadelphia	\$10,000.00	Corporate Sponsorships
Childrens Treehouse Foundation	\$10,000.00	Patient Support
Chimp Haven	\$20,000.00	Charitable Donations

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
Chinese American Society of Nuclear Medicine and Molecular Imaging	\$5,000.00	Corporate Sponsorships
Chris Elliott Fund	\$10,000.00	Charitable Donations
Chris Elliott Fund	\$10,000.00	Charitable Donations
Chris Elliott Fund	\$10,000.00	Charitable Donations
Chris Elliott Fund	\$5,000.00	Charitable Donations
Chris Elliott Fund	\$5,000.00	Charitable Donations
Chronic Liver Disease Foundation	\$50,000.00	Corporate Sponsorships
Chronic Liver Disease Foundation	\$300,000.00	Educational Grants
Chronic Liver Disease Foundation	\$200,000.00	Educational Grants
Chronic Liver Disease Foundation	\$247,350.00	Educational Grants
Chronic Liver Disease Foundation	\$226,945.00	Educational Grants
Chronic Liver Disease Foundation	\$25,000.00	Corporate Sponsorships
Chronic Lymphocytic Leukemia Society Inc.	\$75,000.00	Corporate Sponsorships
Chronic Lymphocytic Leukemia Society Inc.	\$22,825.00	Educational Grants
Chronic Lymphocytic Leukemia Society Inc.	\$50,000.00	Charitable Donations
Chronic Lymphocytic Leukemia Society Inc.	\$75,000.00	Educational Grants
Chronic Lymphocytic Leukemia Society Inc.	\$50,000.00	Educational Grants
Chronic Lymphocytic Leukemia Society Inc.	\$50,000.00	Educational Grants
Cincinnati Childrens Hospital Medical Center	\$40,000.00	Fellowships and Scholarships
Cincinnati Childrens Hospital Medical Center	\$25,000.00	Corporate Sponsorships
City of Hope National Med Center	\$5,000.00	Corporate Sponsorships
Cleveland Clinic	\$65,000.00	Educational Grants
Cleveland Clinic	\$65,000.00	Educational Grants
Cleveland Clinic	\$5,000.00	Educational Grants
Cleveland Clinic	\$10,000.00	Corporate Sponsorships
Cleveland Clinic	\$50,000.00	Educational Grants
Cleveland Clinic	\$20,000.00	Corporate Sponsorships
Cleveland Clinic	\$5,000.00	Educational Grants
Cleveland Clinic	\$55,000.00	Fellowships and Scholarships
Cleveland Clinic	\$40,000.00	Fellowships and Scholarships
Cleveland Clinic Educational Foundation	(\$4,853.56)	Educational Grants
Cleveland Clinic Educational Foundation	\$5,000.00	Educational Grants
Cleveland Clinic Educational Foundation	\$15,000.00	Educational Grants
Cleveland Clinic Educational Foundation	\$5,000.00	Educational Grants
Cleveland Clinic Educational Foundation	\$2,500.00	Educational Grants
Cleveland Clinic Educational Foundation	\$5,000.00	Educational Grants
Cleveland Clinic Educational Foundation	\$5,000.00	Educational Grants
Cleveland Clinic Educational Foundation	\$15,000.00	Educational Grants
Cleveland Clinic Educational Foundation	(\$6,652.23)	Educational Grants
Cleveland Clinic Educational Foundation	(\$5,410.94)	Educational Grants
Cleveland Clinic Educational Foundation	\$65,000.00	Educational Grants
Cleveland Clinic Minority Mens Health Center	\$40,000.00	Fellowships and Scholarships
Clinical Care Optn LLC	\$50,000.00	Educational Grants
Clinical Care Optn LLC	\$50,000.00	Educational Grants
Clinical Care Optn LLC	\$60,000.00	Educational Grants
Clinical Care Optn LLC	\$25,000.00	Educational Grants
Clinical Care Optn LLC	\$95,560.00	Educational Grants
Clinical Care Optn LLC	\$25,000.00	Educational Grants
Clinical Care Optn LLC	\$75,000.00	Educational Grants
Clinical Care Optn LLC	\$95,000.00	Educational Grants
Clinical Care Optn LLC	\$150,000.00	Educational Grants

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
CII Global Research Foundation	\$35,000.00	Educational Grants
CII Global Research Foundation	\$20,000.00	Educational Grants
CII Global Research Foundation	\$35,000.00	Educational Grants
Coalition for Prevention of Colorectal Cancer in Puerto Rico	\$10,000.00	Corporate Sponsorships
Coalition of Positive Health Empowerment	\$40,000.00	Educational Grants
Coalition of Texans With Disabilities	\$5,000.00	Corporate Sponsorships
Coalition On Positive Health Empower	\$5,000.00	Corporate Sponsorships
Cockerell Educational Foundation	\$25,000.00	Corporate Sponsorships
Cody Dieruf Benefit Foundation	\$5,000.00	Patient Support
Cold Spring Harbor Laboratory	\$2,500.00	Educational Grants
Collaborative Alliance for Pancreatic Education and Research	\$6,000.00	Fellowships and Scholarships
Collaborative Alliance for Pancreatic Education and Research	\$30,000.00	Educational Grants
Collaborative Alliance for Pancreatic Education and Research	\$1,750.00	Corporate Sponsorships
Colorado Gerontological Society	\$5,000.00	Corporate Sponsorships
Columbia Univ Med Center	\$5,000.00	Educational Grants
Community Access National Network	\$2,500.00	Corporate Sponsorships
Community Center	\$15,000.00	Corporate Sponsorships
Community Center	\$10,000.00	Corporate Sponsorships
Community Foundation	\$5,000.00	Corporate Sponsorships
Community Foundation	\$5,000.00	Corporate Sponsorships
Community Initiatives	\$150,000.00	Corporate Sponsorships
Community Initiatives	\$30,000.00	Corporate Sponsorships
Community Initiatives	\$25,000.00	Corporate Sponsorships
Community Liver Alliance	\$20,000.00	Corporate Sponsorships
Community Liver Alliance	\$5,000.00	Corporate Sponsorships
Community Liver Alliance	\$9,000.00	Corporate Sponsorships
Community Liver Alliance	\$3,000.00	Corporate Sponsorships
Community Liver Alliance	\$5,000.00	Corporate Sponsorships
Complex Mechanisms of Disease Aging and Trauma (Cmdat) Research Foundation	\$1,500.00	Educational Grants
Connecticut Advanced Nurse Practitioner Society	\$2,000.00	Corporate Sponsorships
Connecticut Advocates for Parkinsons	\$2,500.00	Corporate Sponsorships
Connecticut Peer Review Organization—Qualidigm	\$3,000.00	Corporate Sponsorships
Connecting To Cure Crohns and Colitis	\$10,000.00	Corporate Sponsorships
Consortium of Multiple Sclerosis Centers	\$50,000.00	Educational Grants
Consortium of Multiple Sclerosis Centers	\$55,000.00	Educational Grants
Consortium of Multiple Sclerosis Centers	\$85,000.00	Educational Grants
Continuing Educational Alliance LLC	\$95,000.00	Educational Grants
Continuing Educational Alliance LLC	\$149,000.00	Educational Grants
Continuing Educational Alliance LLC	\$99,550.00	Educational Grants
Continuing Educational Alliance LLC	(\$1,050.00)	Educational Grants
Continuing Educational Alliance LLC	\$200,000.00	Educational Grants
Continuing Educational Alliance LLC	\$121,165.00	Educational Grants
Continuing Med Education Outfitters LLC	\$85,000.00	Educational Grants
Cornell Univ Weill Med College	\$15,000.00	Educational Grants
Cornell Univ Weill Med College	\$3,000.00	Educational Grants
Cornerstone Health Enablement Strategic Solutions, LLC	\$3,000.00	Corporate Sponsorships
Cornerstone Health Inc.	\$75,000.00	Educational Grants
Cornerstone Health Inc.	\$50,000.00	Educational Grants
Cradles To Crayons Inc.	\$300.00	Charitable Donations
Creighton Univ	\$15,000.00	Educational Grants

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
Crohns and Colitis Foundation of America	\$25,000.00	Charitable Donations
Crohns and Colitis Foundation of America	\$25,000.00	Educational Grants
Crohns and Colitis Foundation of America	\$60,000.00	Educational Grants
Crohns and Colitis Foundation of America	\$80,000.00	Educational Grants
Crohns and Colitis Foundation of America	\$200,000.00	Educational Grants
Crohns and Colitis Foundation of America	\$3,500.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$5,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$1,500.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$3,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$5,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$12,500.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$14,250.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$10,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$2,500.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$1,500.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$2,500.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$20,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$2,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$2,500.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$5,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$2,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$150,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$10,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$1,500.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$1,500.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$25,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$1,500.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$2,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$100,000.00	Educational Grants
Crohns and Colitis Foundation of America	\$15,000.00	Fellowships and Scholarships

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
Crohns and Colitis Foundation of America	\$2,500.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$20,000.00	Charitable Donations
Crohns and Colitis Foundation of America	\$2,500.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$10,000.00	Educational Grants
Crohns and Colitis Foundation of America	\$150,000.00	Educational Grants
Crohns and Colitis Foundation of America	\$25,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$85,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$400,000.00	Corporate Sponsorships
Cure Cf	\$1,000.00	Corporate Sponsorships
Curepsp Inc.	\$30,000.00	Educational Grants
Curepsp Inc.	\$10,000.00	Educational Grants
Curepsp Inc.	\$20,000.00	Corporate Sponsorships
Curesearch for Childrens Cancer	\$10,000.00	Charitable Donations
Curesearch for Childrens Cancer	\$15,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$2,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$5,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$2,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$3,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$2,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$2,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$2,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$1,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$2,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$1,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$1,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$2,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$2,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$9,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$3,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$1,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$1,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$2,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$5,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$3,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$3,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$3,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$1,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$2,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$2,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$2,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$1,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$1,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$250.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$5,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$5,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$1,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$1,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$2,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$2,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$6,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$3,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$5,000.00	Corporate Sponsorships

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
Cystic Fibrosis Foundation	\$2,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$7,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$750,000.00	Corporate Sponsorships
Cystic Fibrosis Research Fund Emilys Entourage	\$5,000.00	Corporate Sponsorships
Cystic Fibrosis Research Inc.	\$10,000.00	Corporate Sponsorships
Cystic Fibrosis Research Inc.	\$10,000.00	Corporate Sponsorships
Cystic Fibrosis Research Inc.	\$10,000.00	Corporate Sponsorships
Cystic Fibrosis Research Inc.	\$3,000.00	Corporate Sponsorships
Cystic Fibrosis Research Inc.	\$5,000.00	Corporate Sponsorships
Cystic Fibrosis Research Inc.	\$7,000.00	Corporate Sponsorships
Cystic Fibrosis Research Inc.	\$18,000.00	Corporate Sponsorships
Cystic Fibrosis Research Inc.	\$10,000.00	Corporate Sponsorships
Danville D Elegance Foundation	\$5,000.00	Corporate Sponsorships
Dava Oncology Lp	\$25,000.00	Corporate Sponsorships
Dava Oncology Lp	\$10,000.00	Corporate Sponsorships
Davis Phinney Foundation	\$5,000.00	Corporate Sponsorships
Davis Phinney Foundation	\$30,000.00	Educational Grants
Davis Phinney Foundation	\$10,000.00	Corporate Sponsorships
Davis Phinney Foundation	\$30,000.00	Educational Grants
Davis Phinney Foundation	\$2,500.00	Corporate Sponsorships
Davis Phinney Foundation	\$20,000.00	Educational Grants
Davis Phinney Foundation	\$30,000.00	Educational Grants
DBC Pri-Med LLC	\$165,000.00	Corporate Sponsorships
Deep South Cancer Foundation	\$10,000.00	Corporate Sponsorships
Deep South Cancer Foundation	\$5,000.00	Corporate Sponsorships
Deep South Cancer Foundation	\$5,000.00	Corporate Sponsorships
Dermatology Education Foundation	\$75,000.00	Corporate Sponsorships
Dermatology Education Foundation	\$75,000.00	Corporate Sponsorships
Dermatology Education Foundation	\$50,000.00	Corporate Sponsorships
Dermatology Education Foundation	\$50,000.00	Corporate Sponsorships
Dermatology Education Foundation	\$50,000.00	Corporate Sponsorships
Dermatology Foundation	\$135,000.00	Charitable Donations
Dermatology Foundation	\$50,000.00	Corporate Sponsorships
Dermatology Univ LLC	\$75,000.00	Corporate Sponsorships
Digestive Disease Week	\$31,500.00	Corporate Sponsorships
Digestive Health Foundation	\$25,000.00	Corporate Sponsorships
Diversity and Leadership Inc.	\$6,000.00	Corporate Sponsorships
Doctor Solomon Carter Fuller Mental Health Center	(\$4,919.07)	Fellowships and Scholarships
Donate Life Coalition of Michigan	\$10,000.00	Charitable Donations
Duke Univ	\$5,000.00	Educational Grants
Duke Univ	(\$16,360.00)	Educational Grants
Eastern Virginia Medical School	\$5,000.00	Educational Grants
Economic Alliance for Michigan	\$2,500.00	Corporate Sponsorships
Eicosanoid Research Foundation	\$2,500.00	Educational Grants
Eisenhower Desert Orthopedic Center	\$25,000.00	Educational Grants
Eisenhower Desert Orthopedic Center	\$250,000.00	Educational Grants
Eisenhower Desert Orthopedic Center	\$50,000.00	Educational Grants
Eisenhower Desert Orthopedic Center	\$85,000.00	Educational Grants
Eisenhower Desert Orthopedic Center	\$25,000.00	Educational Grants
Eisenhower Desert Orthopedic Center	\$30,000.00	Educational Grants
Eisenhower Desert Orthopedic Center	\$50,000.00	Educational Grants
Eisenhower Desert Orthopedic Center	\$500,000.00	Educational Grants
El Centro Regional Medical Center F	\$6,000.00	Corporate Sponsorships
Elsevier Inc.	\$50,000.00	Educational Grants
Employers Health Coalition	\$7,500.00	Corporate Sponsorships
Endocrine Society	\$25,000.00	Educational Grants
Endocrine Society	\$50,000.00	Educational Grants
Endocrine Society	\$50,000.00	Corporate Sponsorships
Endocrine Society	\$25,000.00	Educational Grants

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
Endometriosis Foundation of America	\$10,000.00	Charitable Donations
Epilepsy Association of Central Florida	\$10,000.00	Corporate Sponsorships
Epilepsy Foundation	\$5,000.00	Corporate Sponsorships
Escuela DE Medicina DE Ponce	\$10,000.00	Educational Grants
Excellence in Rheumatology Education LLC	\$100,000.00	Corporate Sponsorships
Family Med Center Bolingbrook	\$7,500.00	Corporate Sponsorships
Federation of American Society for Experimental Biology Faseb	\$2,000.00	Educational Grants
Federation of American Society for Experimental Biology Faseb	\$5,000.00	Corporate Sponsorships
Federation of American Society for Experimental Biology Faseb	\$2,000.00	Corporate Sponsorships
Federation of American Society for Experimental Biology Faseb	\$5,000.00	Corporate Sponsorships
Federation of Clinical Immunology Society	\$20,000.00	Educational Grants
Federation of Clinical Immunology Society	\$25,000.00	Educational Grants
Feinstein Institute for Med Research	\$150,000.00	Educational Grants
Florida Cancer Specialists Foundation	\$34,500.00	Corporate Sponsorships
Florida Chapter of America Academy of Pediatrics	\$2,500.00	Corporate Sponsorships
Florida Chapter, American College of Physician Services	\$5,000.00	Corporate Sponsorships
Florida Hospital Orlando	\$10,000.00	Corporate Sponsorships
Florida Society of Dermatology and Dermatologic Surgry	\$22,600.00	Corporate Sponsorships
Florida Society of Dermatology and Dermatologic Surgery	\$25,500.00	Corporate Sponsorships
Florida Society of Dermatology Physician Assistants Inc.	\$60,000.00	Corporate Sponsorships
Florida Society of Dermatology Physician Assistants Inc.	\$65,000.00	Corporate Sponsorships
Florida Society of Rheumatology	\$35,000.00	Corporate Sponsorships
Florida Society of Rheumatology Inc.	\$2,500.00	Corporate Sponsorships
Florida Society of Rheumatology Inc.	\$3,000.00	Corporate Sponsorships
Focus Med Communications	\$150,000.00	Corporate Sponsorships
Focus Med Communications	\$5,000.00	Corporate Sponsorships
Foster Ocular Immunology Society	\$33,000.00	Corporate Sponsorships
Foundation for Biomedical Research	\$50,000.00	Charitable Donations
Foundation of Consortium of Multiple Sclerosis Centers Cmsc	\$5,450.00	Fellowships and Scholarships
Foundation of Consortium of Multiple Sclerosis Centers Cmsc	\$32,000.00	Fellowships and Scholarships
Free To Breathe	\$25,000.00	Educational Grants
Free To Breathe	\$50,000.00	Corporate Sponsorships
Free To Breathe	\$40,000.00	Educational Grants
Friends of Cancer Research	\$40,000.00	Corporate Sponsorships
Friends of The St Louis Univ Liver Center	\$50,000.00	Corporate Sponsorships
Fundacion Alfredo Ruiz	\$5,000.00	Corporate Sponsorships
Fundacion Daledale Inc.	\$500.00	Corporate Sponsorships
Fundacion Puertorriquena DE Pacientes Consult Endometriosis	\$12,500.00	Educational Grants
Funk Zitiello Foundation	\$4,000.00	Corporate Sponsorships
Gastrointestinal Research Foundation	\$50,000.00	Corporate Sponsorships
Gateway for Cancer Research	\$10,000.00	Charitable Donations
Geneva Foundation	\$10,000.00	Educational Grants
George Washington Univ	\$5,000.00	Corporate Sponsorships
George Washington Univ Hospital	\$5,000.00	Corporate Sponsorships

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
George Washington Univ Hospital	\$3,000.00	Corporate Sponsorships
George Washington Univ Hospital	\$10,000.00	Corporate Sponsorships
Georgetown Univ	\$7,000.00	Educational Grants
Georgetown Univ	\$50,000.00	Fellowships and Scholarships
Georgia Society of Dermatology and Dermatologic Surgery	\$50,000.00	Corporate Sponsorships
Gildas Club Chicago	\$10,000.00	Charitable Donations
Give for A Smile	\$1,000.00	Corporate Sponsorships
Global Academy for Medical Education	\$36,000.00	Corporate Sponsorships
Global Academy for Medical Education	\$15,000.00	Corporate Sponsorships
Global Academy for Medical Education	\$90,000.00	Corporate Sponsorships
Global Academy for Medical Education	\$35,000.00	Corporate Sponsorships
Global Academy for Medical Education	\$58,500.00	Corporate Sponsorships
Global Academy for Medical Education	\$76,500.00	Corporate Sponsorships
Global Healthy Living Foundation	\$75,000.00	Corporate Sponsorships
Global Healthy Living Foundation	\$75,000.00	Corporate Sponsorships
Global Healthy Living Foundation	\$150,000.00	Corporate Sponsorships
Global Oncology	\$5,000.00	Corporate Sponsorships
Global Resource for Advancing Cancer Education	\$25,000.00	Educational Grants
Global Virus Network Inc.	\$7,500.00	Educational Grants
Global Virus Network Inc.	\$8,000.00	Educational Grants
Good Grief	\$500.00	Corporate Sponsorships
Gordon Research Conferences	\$2,000.00	Educational Grants
Gordon Research Conferences	\$2,000.00	Educational Grants
Gordon Research Conferences	\$2,000.00	Educational Grants
Gordon Research Conferences	\$2,500.00	Educational Grants
Gordon Research Conferences	\$2,500.00	Educational Grants
Gordon Research Conferences	\$2,500.00	Educational Grants
Gordon Research Conferences	\$3,000.00	Educational Grants
Gordon Research Conferences	\$2,000.00	Educational Grants
Gordon Research Conferences	\$2,500.00	Educational Grants
Gordon Research Conferences	\$2,500.00	Educational Grants
Gordon Research Conferences	\$2,500.00	Educational Grants
Gordon Research Conferences	\$2,500.00	Educational Grants
Gordon Research Conferences	\$2,500.00	Educational Grants
Gordon Research Conferences	\$2,500.00	Educational Grants
Gordon Research Conferences	\$2,500.00	Educational Grants
Great Lakes Chapter of The American Society for Pharmacology and Experimental Therapeutics	\$1,000.00	Corporate Sponsorships
Group for Research and Assessment of Psoriasis and Psoriatic Arthritis	\$15,000.00	Corporate Sponsorships
Grupo de Apoyo de Ninos y Adolescentes Consult Reumatologia	\$1,000.00	Corporate Sponsorships
Grupo de Apoyo de Ninos y Adolescentes Consult Reumatologia	\$3,000.00	Corporate Sponsorships
Gynecologic Oncology Group	\$40,000.00	Educational Grants
Gynecologic Oncology Group	\$25,000.00	Educational Grants
H Lee Moffitt Cancer Center and Research Institute	\$5,000.00	Educational Grants
H Lee Moffitt Cancer Center and Research Institute	\$7,500.00	Educational Grants
Halo House Foundation	\$5,000.00	Corporate Sponsorships
Harborside Press	\$38,000.00	Corporate Sponsorships
Harborside Press	\$20,000.00	Corporate Sponsorships
Healthcare 21 Business Coalition	\$16,000.00	Corporate Sponsorships
Healthcare 21 Business Coalition	\$1,000.00	Corporate Sponsorships
Healthy Women	\$30,000.00	Corporate Sponsorships
Healthy Women	\$45,000.00	Corporate Sponsorships
Heart to Heart International Inc.	\$10,000.00	Charitable Donations
Heb Grocery Co Lp	\$7,000.00	Corporate Sponsorships

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
Hematology Oncology Pharmacy Associate	\$5,000.00	Educational Grants
Hematology Oncology Pharmacy Associate	\$5,000.00	Educational Grants
Henry Ford Health System	\$5,000.00	Educational Grants
Henry M Jackson Foundation	\$10,000.00	Educational Grants
Hep C Connection	\$10,000.00	Corporate Sponsorships
Hepatitis C Association	\$25,000.00	Educational Grants
Hepatitis C Association	\$20,000.00	Educational Grants
Hepatitis C Mentor and Support Group The	\$10,000.00	Educational Grants
Hepatitis Education Project	\$100,000.00	Charitable Donations
Hidradenitis Suppurativa Foundation	\$27,500.00	Corporate Sponsorships
Hitchcock Foundation	(\$2,685.00)	Educational Grants
Hitchcock Foundation	\$8,000.00	Educational Grants
Hitchcock Foundation	\$20,000.00	Educational Grants
Hitchcock Foundation	\$8,000.00	Educational Grants
HMP Communications	\$10,000.00	Corporate Sponsorships
HMP Communications	\$60,000.00	Corporate Sponsorships
Hope Foundation	\$40,000.00	Fellowships and Scholarships
Hope Foundation	\$25,000.00	Educational Grants
Hospital of the University of Pennsylvania	\$60,000.00	Educational Grants
Hospital of the University of Pennsylvania	\$5,000.00	Educational Grants
Hospital of the University of Pennsylvania	\$10,000.00	Educational Grants
Houston Area Parkinson Society	\$5,000.00	Corporate Sponsorships
Houston Business Coalition On Health	\$11,000.00	Corporate Sponsorships
Howard Brown Health Center	\$2,500.00	Corporate Sponsorships
Howard Hanna Children's Free Care Fund	\$10,000.00	Charitable Donations
Hubbard Street Dance Chicago	\$20,000.00	Educational Grants
Human Growth Foundation	\$10,000.00	Corporate Sponsorships
Human Growth Foundation	\$10,000.00	Corporate Sponsorships
Humboldt—Del Norte County Medical Society	\$4,000.00	Educational Grants
IBD Horizons	\$80,000.00	Educational Grants
IBD Horizons	\$4,000.00	Corporate Sponsorships
IBD Horizons	\$25,000.00	Corporate Sponsorships
IBD Horizons	\$25,000.00	Corporate Sponsorships
IBD Remedy Inc.	\$5,000.00	Fellowships and Scholarships
IBD Remedy Inc.	\$20,000.00	Patient Support
Illinois Cancercare Foundation	\$3,000.00	Corporate Sponsorships
Illinois Society of Dermatology Physician Assistants	\$40,000.00	Corporate Sponsorships
Illinois Society of Dermatology Physician Assistants	\$20,000.00	Corporate Sponsorships
Imedex LLC	\$200,000.00	Educational Grants
Imedex LLC	\$10,000.00	Educational Grants
Imedex LLC	\$10,000.00	Educational Grants
Imedex LLC	\$50,000.00	Educational Grants
Imedex LLC	\$50,000.00	Educational Grants
Imedex LLC	\$50,000.00	Educational Grants
Imedex LLC	(\$3,596.00)	Educational Grants
Imedex LLC	(\$247.00)	Educational Grants
Imedex LLC	\$114,000.00	Corporate Sponsorships
Imedex LLC	\$45,750.00	Corporate Sponsorships
Impact Education LLC	\$75,000.00	Educational Grants
Indian Doc Associate of Houston	\$2,500.00	Corporate Sponsorships
Indiana Parkinson Foundation	\$2,500.00	Corporate Sponsorships

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
Indiana Parkinson Foundation	\$2,500.00	Corporate Sponsorships
Indiana Univ	\$65,000.00	Educational Grants
Indiana Univ	\$10,000.00	Charitable Donations
Indiana Urological Association	\$5,000.00	Corporate Sponsorships
Infectious Diseases Society of America	\$10,000.00	Educational Grants
Inflammatory Bowel Disease Support Foundation	\$50,000.00	Educational Grants
Innovation Foundation Inc.	\$55,000.00	Corporate Sponsorships
Integra Life Science Service	\$500,000.00	Educational Grants
Integrated Benefits Institute Inc.	\$25,000.00	Corporate Sponsorships
Integrated Med Foundation	\$15,000.00	Charitable Donations
Integrated Med Foundation	\$5,000.00	Corporate Sponsorships
Integrated Med Foundation	\$4,500.00	Corporate Sponsorships
International Aids Society—Usa	\$50,000.00	Educational Grants
International Aids Society—Usa	\$75,000.00	Educational Grants
International Alliance for Biological Standardization	\$5,000.00	Educational Grants
International Association for The Study of Lung Cancer	\$25,000.00	Corporate Sponsorships
International Association for The Study of Lung Cancer	\$95,150.00	Corporate Sponsorships
International Association for The Study of Lung Cancer	\$264,000.00	Corporate Sponsorships
International Association for The Study of Lung Cancer	\$75,000.00	Corporate Sponsorships
International Association for The Study of Lung Cancer	\$75,000.00	Corporate Sponsorships
International Cancer Advocacy Netwk	\$10,000.00	Corporate Sponsorships
International Chinese Statistical Associate	\$10,000.00	Corporate Sponsorships
International Dermatology Outcome Measures	\$70,000.00	Corporate Sponsorships
International Dermatology Outcome Measures	\$150,000.00	Corporate Sponsorships
International League of Associate for Rheumlgly	\$20,000.00	Charitable Donations
International Medical Corps	\$5,000.00	Charitable Donations
International Pelvic Pain Society	\$21,000.00	Corporate Sponsorships
International Physician Ntwrk Db International Oncology Ntwrk	\$90,000.00	Corporate Sponsorships
International Physician Ntwrk Db International Oncology Ntwrk	\$50,000.00	Corporate Sponsorships
International Physician Ntwrk Db International Oncology Ntwrk	\$75,000.00	Corporate Sponsorships
International Society for Antiviral Research	\$5,000.00	Educational Grants
International Society for The Study of Xenobiotics	\$3,000.00	Educational Grants
International Society of Nephrology	\$86,420.00	Corporate Sponsorships
Iraq And Afghanistan Veterans	\$15,000.00	Corporate Sponsorships
Jefferson Med College at Thomas Jefferson Univ	\$10,000.00	Educational Grants
Jefferson Med College at Thomas Jefferson Univ	\$3,000.00	Corporate Sponsorships
Jefferson Med College at Thomas Jefferson Univ	\$5,000.00	Educational Grants
Jewish Hospital	\$7,500.00	Corporate Sponsorships
Johns Hopkins Technology Ventures	\$40,000.00	Fellowships and Scholarships
Johns Hopkins Technology Ventures	\$40,000.00	Fellowships and Scholarships
Johns Hopkins Technology Ventures	\$40,000.00	Fellowships and Scholarships
Johns Hopkins Technology Ventures	\$1,500.00	Corporate Sponsorships

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
Johns Hopkins Technology Ventures	\$6,500.00	Fellowships and Scholarships
Johns Hopkins Univ School of Medicine	\$25,000.00	Corporate Sponsorships
Johns Hopkins Univ School of Medicine	\$20,000.00	Educational Grants
Jonathan Wood and Associate	\$10,000.00	Corporate Sponsorships
JWC Covenant Inc.	\$50,000.00	Educational Grants
Kansas Univ Endowment Association	\$1,000.00	Charitable Donations
Keystone Symposia	\$25,000.00	Corporate Sponsorships
Keystone Symposia	\$25,000.00	Corporate Sponsorships
Kidney Foundation Inc., Northeast	\$5,000.00	Corporate Sponsorships
Laboratorio Clinico Toledo	\$735.00	Patient Support
Laboratorio Clinico Toledo	\$1,185.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$450.00	Patient Support
Laboratorio Clinico Toledo	\$750.00	Patient Support
Laboratorio Clinico Toledo	\$270.00	Patient Support
Laboratorio Clinico Toledo	\$1,545.00	Patient Support
Laboratorio Clinico Toledo	\$552.00	Patient Support
Laboratorio Clinico Toledo	\$375.00	Patient Support
Laboratorio Clinico Toledo	\$375.00	Patient Support
Laboratorio Clinico Toledo	\$675.00	Patient Support
Laboratorio Clinico Toledo	\$1,095.00	Patient Support
Laboratorio Clinico Toledo	\$2,085.00	Patient Support
Laboratorio Clinico Toledo	\$6,000.00	Patient Support
Laboratorio Clinico Toledo	\$375.00	Patient Support
Laboratorio Clinico Toledo	\$375.00	Patient Support
Laboratorio Clinico Toledo	\$705.00	Patient Support
Laboratorio Clinico Toledo	\$2,250.00	Patient Support
Laboratorio Clinico Toledo	\$375.00	Patient Support
Laboratorio Clinico Toledo	\$375.00	Patient Support
Laboratorio Clinico Toledo	\$390.00	Patient Support
Laboratorio Clinico Toledo	\$525.00	Patient Support
Laboratorio Clinico Toledo	\$750.00	Patient Support
Laboratorio Clinico Toledo	\$1,035.00	Patient Support
Laboratorio Clinico Toledo	\$1,125.00	Patient Support
Laboratorio Clinico Toledo	\$1,185.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$1,515.00	Patient Support
Laboratorio Clinico Toledo	\$750.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$1,950.00	Patient Support
Laboratorio Clinico Toledo	\$735.00	Patient Support
Laboratorio Clinico Toledo	\$735.00	Patient Support
Laboratorio Clinico Toledo	\$555.00	Patient Support
Laboratorio Clinico Toledo	\$1,125.00	Patient Support
Laboratorio Clinico Toledo	\$375.00	Patient Support
Laboratorio Clinico Toledo	\$750.00	Patient Support
Laboratorio Clinico Toledo	\$855.00	Patient Support
Laboratorio Clinico Toledo	\$1,020.00	Patient Support
Laboratorio Clinico Toledo	\$1,125.00	Patient Support
Laboratorio Clinico Toledo	\$375.00	Patient Support
Laboratorio Clinico Toledo	\$375.00	Patient Support
Laboratorio Clinico Toledo	\$990.00	Patient Support
Laboratorio Clinico Toledo	\$1,125.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$3,000.00	Patient Support
Laboratorio Clinico Toledo	\$360.00	Patient Support
Laboratorio Clinico Toledo	\$375.00	Patient Support
Laboratorio Clinico Toledo	\$510.00	Patient Support
Laboratorio Clinico Toledo	\$600.00	Patient Support
Laboratorio Clinico Toledo	\$750.00	Patient Support
Laboratorio Clinico Toledo	\$2,595.00	Patient Support

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
Laboratorio Clinico Toledo	\$750.00	Patient Support
Laboratorio Clinico Toledo	\$375.00	Patient Support
Laboratorio Clinico Toledo	\$450.00	Patient Support
Laboratorio Clinico Toledo	\$825.00	Patient Support
Laboratorio Clinico Toledo	\$1,035.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$1,860.00	Patient Support
Laboratorio Clinico Toledo	\$1,080.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$750.00	Patient Support
Laboratorio Clinico Toledo	\$750.00	Patient Support
Laboratorio Clinico Toledo	\$1,005.00	Patient Support
Laboratorio Clinico Toledo	\$1,125.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$750.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$900.00	Patient Support
Laboratorio Clinico Toledo	\$1,290.00	Patient Support
Laboratorio Clinico Toledo	\$450.00	Patient Support
Laboratorio Clinico Toledo	\$525.00	Patient Support
Laboratorio Clinico Toledo	\$600.00	Patient Support
Laboratorio Clinico Toledo	\$750.00	Patient Support
Laboratorio Clinico Toledo	\$1,050.00	Patient Support
Laboratorio Clinico Toledo	\$1,380.00	Patient Support
Laboratorio Clinico Toledo	\$750.00	Patient Support
Laboratorio Clinico Toledo	\$750.00	Patient Support
Laboratorio Clinico Toledo	\$690.00	Patient Support
Laboratorio Clinico Toledo	\$720.00	Patient Support
Laboratorio Clinico Toledo	\$739.00	Patient Support
Laboratorio Clinico Toledo	\$750.00	Patient Support
Laboratorio Clinico Toledo	\$885.00	Patient Support
Laboratorio Clinico Toledo	\$1,035.00	Patient Support
Laboratorio Clinico Toledo	\$3,000.00	Patient Support
Laboratorio Clinico Toledo	\$240.00	Patient Support
Laboratorio Clinico Toledo	\$2,220.00	Patient Support
Lake County Haven	\$10,000.00	Charitable Donations
Large Urology Group Practice Associate	\$25,000.00	Corporate Sponsorships
Large Urology Group Practice Associate	\$66,400.00	Corporate Sponsorships
Large Urology Group Practice Associate	\$20,000.00	Corporate Sponsorships
Latino Center On Aging	\$5,000.00	Corporate Sponsorships
Lenox Hill Hospital	\$10,000.00	Educational Grants
Leukemia and Lymphoma Society	\$1,267,000.00	Charitable Donations
Leukemia and Lymphoma Society	\$50,000.00	Educational Grants
Leukemia and Lymphoma Society	\$5,000.00	Corporate Sponsorships
Leukemia and Lymphoma Society	\$25,000.00	Educational Grants
Leukemia and Lymphoma Society	\$15,000.00	Corporate Sponsorships
Leukemia and Lymphoma Society	\$50,000.00	Educational Grants
Leukemia and Lymphoma Society	\$2,500.00	Corporate Sponsorships
Leukemia and Lymphoma Society	\$75,000.00	Educational Grants
Leukemia and Lymphoma Society	\$32,500.00	Corporate Sponsorships
Leukemia and Lymphoma Society	\$50,000.00	Educational Grants
Leukemia and Lymphoma Society	\$30,000.00	Corporate Sponsorships
Leukemia and Lymphoma Society	\$100,000.00	Corporate Sponsorships
Leukemia and Lymphoma Society	\$10,000.00	Corporate Sponsorships
Leukemia Research Foundation	\$50,000.00	Fellowships and Scholarships
Leukemia Research Foundation	\$5,000.00	Patient Support
Leukemia Research Foundation	\$5,000.00	Educational Grants
Leukemia Research Foundation	\$3,000.00	Corporate Sponsorships
Liver Health Connection	\$75,000.00	Fellowships and Scholarships

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
Liver Health Connection	\$5,000.00	Corporate Sponsorships
Livestrong Foundation	\$10,000.00	Patient Support
Lone Star Parkinson Society	\$500.00	Corporate Sponsorships
Louisiana Urological Society	\$5,000.00	Corporate Sponsorships
Loyola Stritch School of Medicine Division of Dermatology	\$1,000.00	Charitable Donations
Loyola Stritch School of Medicine Division of Dermatology	\$1,000.00	Charitable Donations
Lung Cancer Alliance	\$25,000.00	Corporate Sponsorships
Lung Cancer Alliance	\$100,000.00	Corporate Sponsorships
Lung Cancer Alliance	\$50,000.00	Corporate Sponsorships
Lung Cancer Alliance	\$50,000.00	Corporate Sponsorships
Lung Cancer Research Foundation	\$50,000.00	Charitable Donations
Lung Cancer Research Foundation	\$25,000.00	Charitable Donations
Lungevity Foundation	\$50,000.00	Educational Grants
Lungevity Foundation	\$5,000.00	Corporate Sponsorships
Lungevity Foundation	\$2,500.00	Corporate Sponsorships
Lungevity Foundation	\$25,000.00	Corporate Sponsorships
Lungevity Foundation	\$75,000.00	Corporate Sponsorships
Lupus and Allied Diseases Association	\$6,000.00	Corporate Sponsorships
Lupus and Allied Diseases Association	\$25,000.00	Corporate Sponsorships
Lupus and Allied Diseases Association	\$35,000.00	Corporate Sponsorships
Lupus Foundation New England, Inc.	\$5,000.00	Corporate Sponsorships
Lupus Foundation of Florida Inc.	\$5,000.00	Corporate Sponsorships
Lupus Research Alliance, Inc.	\$15,000.00	Corporate Sponsorships
Lymphoma Research Foundation	\$5,000.00	Corporate Sponsorships
Lymphoma Research Foundation	\$40,000.00	Corporate Sponsorships
Lymphoma Research Foundation	\$10,000.00	Corporate Sponsorships
Lymphoma Research Foundation	\$10,000.00	Corporate Sponsorships
MS Cure Fund Inc.	\$15,000.00	Educational Grants
Magellan Rx Management Inc.	\$20,000.00	Corporate Sponsorships
March of Dimes Foundation	\$5,000.00	Charitable Donations
Massachusetts Association for Mental Health	\$4,000.00	Corporate Sponsorships
Massachusetts General Hospital	\$40,000.00	Fellowships and Scholarships
Massachusetts General Hospital for Children	\$10,000.00	Corporate Sponsorships
Massachusetts General Hospital for Children	\$85,000.00	Corporate Sponsorships
Massachusetts Prostate Cancer Coalition	\$2,500.00	Educational Grants
Massachusetts Society for Med Research	\$7,500.00	Educational Grants
Massachusetts Society of Clinical Oncologists	\$5,000.00	Corporate Sponsorships
ME Strong Inc.	\$2,500.00	Corporate Sponsorships
Med—LQ LLC	\$50,000.00	Educational Grants
Med College of Wisconsin	\$2,000.00	Corporate Sponsorships
Med College of Wisconsin	\$1,000.00	Corporate Sponsorships
Med Univ of South Carolina Foundation	\$5,000.00	Educational Grants
Medical Learning Institute	\$33,790.00	Educational Grants
Medical Learning Institute	\$75,000.00	Educational Grants
Medical Learning Institute	\$42,300.00	Educational Grants
Medical Learning Institute	\$116,850.00	Educational Grants
Medical Univ of South Carolina	\$10,000.00	Educational Grants
Medina Community Clinic	\$1,000.00	Corporate Sponsorships
Medscape LLC	\$50,000.00	Educational Grants
Medscape LLC	\$125,000.00	Educational Grants
Medscape LLC	\$175,000.00	Educational Grants
Medscape LLC	\$200,000.00	Educational Grants
Medscape LLC	\$212,000.00	Educational Grants
Medscape LLC	\$235,500.00	Educational Grants
Medscape LLC	\$565,100.00	Educational Grants

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
Medscape LLC	\$38,000.00	Educational Grants
Medscape LLC	\$52,500.00	Educational Grants
Medscape LLC	\$300,000.00	Educational Grants
Medscape LLC	\$33,500.00	Educational Grants
Memorial Sloan Kettering Cancer Center	\$25,000.00	Educational Grants
Memphis Business Group On Health	\$5,100.00	Corporate Sponsorships
Mens Health and Wellness Center	\$1,500.00	Corporate Sponsorships
Mercy Med Center Inc.	\$3,250.00	Corporate Sponsorships
Mercy Med Center Inc.	\$3,250.00	Corporate Sponsorships
Methodist Hospital	\$25,000.00	Corporate Sponsorships
Methodist Hospital	\$1,000.00	Corporate Sponsorships
Michael J Fox Foundation	\$1,000.00	Corporate Sponsorships
Michael J Fox Foundation	\$50,000.00	Corporate Sponsorships
Michigan Institute of Urology, PC	\$5,000.00	Corporate Sponsorships
Michigan Parkinson Foundation	\$10,000.00	Corporate Sponsorships
Michigan Parkinson Foundation	\$1,000.00	Corporate Sponsorships
Michigan Rheumatism Society	\$25,000.00	Corporate Sponsorships
Mid America MS Achievement Center	\$2,000.00	Corporate Sponsorships
Midwest Business Group on Health	\$2,500.00	Corporate Sponsorships
Midwest Business Group on Health	\$2,500.00	Corporate Sponsorships
Miles for Cystic Fibrosis	\$2,500.00	Corporate Sponsorships
Minnesota Urological Society	\$5,000.00	Corporate Sponsorships
Missouri Hepatitis C Alliance	\$20,000.00	Educational Grants
Mount Sinai School of Medicine	\$10,000.00	Educational Grants
Mount Sinai School of Medicine	\$40,000.00	Fellowships and Scholarships
Mount Sinai School of Medicine	\$30,000.00	Corporate Sponsorships
Mount Sinai School of Medicine	\$40,000.00	Educational Grants
Movement Disorder Society	\$1,000.00	Corporate Sponsorships
Movement Disorder Society	\$20,000.00	Educational Grants
Movement Disorder Society	\$321,500.00	Corporate Sponsorships
Movement Disorder Society	\$12,000.00	Educational Grants
Movement Disorder Society	\$11,000.00	Corporate Sponsorships
MS Views and News Inc.	\$5,000.00	Educational Grants
Multiple Myeloma Research Foundation Inc.	\$10,000.00	Educational Grants
Multiple Myeloma Research Foundation Inc.	\$25,000.00	Educational Grants
Multiple Myeloma Research Foundation Inc.	\$15,000.00	Educational Grants
Multiple Myeloma Research Foundation Inc.	\$50,000.00	Fellowships and Scholarships
Multiple Sclerosis Foundation Inc.	\$5,000.00	Patient Support
Musella Foundation for Brain Tumor Research and Information Inc.	\$25,000.00	Charitable Donations
Nashville Cares Inc.	\$8,000.00	Corporate Sponsorships
National Academy of Dermatology Nurse Practitioners	\$30,000.00	Corporate Sponsorships
National Aids Treatment Advocacy Project	\$300,000.00	Patient Support
National Alliance of Mental Illness Florida	\$5,000.00	Corporate Sponsorships
National Alliance of Mental Illness Tennessee	\$7,500.00	Corporate Sponsorships
National Alliance of State and Territorial AIDS Directors	\$10,000.00	Corporate Sponsorships
National Alliance of State and Territorial Aids Directors	\$50,000.00	Charitable Donations
National Animal Interest Alliance	\$20,000.00	Charitable Donations
National Associate of Managed Care Physician	\$45,000.00	Educational Grants

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
National Associate of Managed Care Physician	\$10,500.00	Corporate Sponsorships
National Associate of Managed Care Physician	\$20,000.00	Educational Grants
National Associate of Managed Care Physician	\$25,000.00	Educational Grants
National Associate of Managed Care Physician	\$45,000.00	Educational Grants
National Associate of Managed Care Physician	\$20,000.00	Educational Grants
National Associate of Managed Care Physician	\$35,000.00	Educational Grants
National Associate of Managed Care Physician	\$10,500.00	Corporate Sponsorships
National Associate of Pediatric Nurse Practitioners	\$10,000.00	Charitable Donations
National Association of Hispanic Nurses	\$2,500.00	Corporate Sponsorships
National Association of Latino Elected and Appointed officials Education Fund	\$25,000.00	Corporate Sponsorships
National Brain Tumor Society (Nbts)	\$50,000.00	Patient Support
National Brain Tumor Society, Inc.	\$25,000.00	Corporate Sponsorships
National Breast Cancer Coalition Fund	\$5,000.00	Patient Support
National Business Coalition On Health	\$7,500.00	Corporate Sponsorships
National Business Group On Health	\$25,000.00	Corporate Sponsorships
National Coalition for Cancer	\$40,000.00	Corporate Sponsorships
National Coalition for Cancer	\$2,500.00	Corporate Sponsorships
National Commission On Correctional Health Care	\$10,000.00	Educational Grants
National Committee of Quality Assurance	\$125,000.00	Corporate Sponsorships
National Community Dispensing Associate NCODA	\$25,000.00	Corporate Sponsorships
National Community Dispensing Associate NCODA	\$30,000.00	Corporate Sponsorships
National Community Dispensing Associate NCODA	\$35,000.00	Corporate Sponsorships
National Comprehensive Cancer Network	\$90,898.00	Educational Grants
National Comprehensive Cancer Network	\$25,000.00	Educational Grants
National Comprehensive Cancer Network	\$10,000.00	Educational Grants
National Comprehensive Cancer Network	\$25,000.00	Educational Grants
National Comprehensive Cancer Network	\$50,000.00	Educational Grants
National Comprehensive Cancer Network	\$25,000.00	Educational Grants
National Comprehensive Cancer Network	\$50,000.00	Educational Grants
National Comprehensive Cancer Network	\$75,000.00	Educational Grants
National Comprehensive Cancer Network	\$55,000.00	Educational Grants
National Comprehensive Cancer Network	\$50,000.00	Charitable Donations
National Comprehensive Cancer Network	\$15,000.00	Educational Grants
National Comprehensive Cancer Network	\$75,000.00	Educational Grants
National Federation of Independent	\$5,000.00	Corporate Sponsorships
National Foundation for The Centers for Disease Control and Prevention	(\$81,525.67)	Educational Grants
National Hispanic Council On Aging	\$25,000.00	Corporate Sponsorships
National Kdny Foundation Inc.	\$292,054.00	Educational Grants
National Medical Association	\$7,500.00	Educational Grants
National Minority Quality forum	\$25,000.00	Corporate Sponsorships
National Multiple Sclerosis Society	\$10,000.00	Corporate Sponsorships
National Multiple Sclerosis Society	\$2,500.00	Corporate Sponsorships
National Multiple Sclerosis Society	\$2,000.00	Corporate Sponsorships
National Multiple Sclerosis Society-Greater Illinois Chapter	\$25,000.00	Corporate Sponsorships
National Organization of Rheumatology Managers	\$5,000.00	Corporate Sponsorships

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
National Pancreas Foundation	\$80,000.00	Charitable Donations
National Pancreas Foundation	\$80,000.00	Charitable Donations
National Pancreas Foundation	\$85,000.00	Educational Grants
National Pancreas Foundation	\$190,000.00	Educational Grants
National Pancreas Foundation	\$3,500.00	Corporate Sponsorships
National Pancreas Foundation	\$1,000.00	Corporate Sponsorships
National Pancreas Foundation	\$85,000.00	Charitable Donations
National Pancreas Foundation	\$85,000.00	Educational Grants
National Parkinson Foundation Inc.	\$2,500.00	Corporate Sponsorships
National Parkinson Foundation Inc.	\$1,250.00	Corporate Sponsorships
National Parkinson Foundation Inc.	\$85,000.00	Corporate Sponsorships
National Parkinson Foundation Inc.	\$45,000.00	Educational Grants
National Parkinson Foundation Inc.	\$50,000.00	Educational Grants
National Parkinson Foundation Inc.	\$5,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$50,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$25,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$35,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$50,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$35,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$15,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$10,000.00	Educational Grants
National Psoriasis Foundation	\$75,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$25,000.00	Educational Grants
National Psoriasis Foundation	\$15,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$10,000.00	Educational Grants
National Psoriasis Foundation	\$15,000.00	Educational Grants
National Psoriasis Foundation	\$50,000.00	Educational Grants
National Psoriasis Foundation	\$35,000.00	Educational Grants
National Psoriasis Foundation	\$5,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$50,000.00	Educational Grants
National Psoriasis Foundation	\$25,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$100,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$150,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$20,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$30,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$30,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$30,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$35,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$40,000.00	Corporate Sponsorships
National Society for Cutaneous Medicine	\$50,000.00	Corporate Sponsorships
National Society for Cutaneous Medicine	\$140,000.00	Corporate Sponsorships
National Society for Cutaneous Medicine	\$150,000.00	Corporate Sponsorships
Neuro Challenge Foundation Inc.	\$25,000.00	Corporate Sponsorships
Neurologic Disease Foundation	\$4,995.00	Educational Grants
New England Dermatological Society	\$75,000.00	Corporate Sponsorships
New England Immunology Conference Inc.	\$2,000.00	Corporate Sponsorships
New England Quality Care Alliance	\$5,000.00	Corporate Sponsorships
New Venture Fund	\$10,000.00	Educational Grants
New York Academy of Science	\$2,500.00	Educational Grants
New York Academy of Science	\$5,000.00	Corporate Sponsorships
New York Med College office of Continuing Med Education	\$50,000.00	Educational Grants
New York Society for Gastrointestinal Endoscopy	\$55,000.00	Corporate Sponsorships
New York State Rheumlgly Society	\$18,000.00	Corporate Sponsorships
New York State Rheumlgly Society	\$22,500.00	Corporate Sponsorships
Nexus Global Group Science	\$5,000.00	Corporate Sponsorships
Nicole T. Jarvis, M.D., PLLC	\$2,500.00	Corporate Sponsorships
NL Communications Inc.	\$50,000.00	Educational Grants
NL Communications Inc.	\$35,000.00	Educational Grants

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
NL Communications Inc.	\$35,000.00	Educational Grants
NL Communications Inc.	\$35,000.00	Educational Grants
NL Communications Inc.	\$40,000.00	Educational Grants
NL Communications Inc.	\$20,000.00	Educational Grants
NL Communications Inc.	\$40,000.00	Educational Grants
NL Communications Inc.	\$20,000.00	Educational Grants
NL Communications Inc.	\$65,000.00	Educational Grants
NL Communications Inc.	\$75,000.00	Educational Grants
NL Communications Inc.	\$50,000.00	Educational Grants
NL Communications Inc.	\$30,000.00	Educational Grants
NL Communications Inc.	\$75,000.00	Educational Grants
North American Center for Continuing Med Education	\$375,025.00	Educational Grants
North American Center for Continuing Med Education	\$90,000.00	Educational Grants
North American Society for Pediatric Gastroenterology Hepatology and Nutrition	\$15,000.00	Educational Grants
North Carolina Biosciences Organization	\$2,000.00	Corporate Sponsorships
North Dakota Pharmacists Association	\$2,500.00	Corporate Sponsorships
Northeast Business Group On Health	\$15,000.00	Corporate Sponsorships
Northeast Business Group On Health	\$15,000.00	Corporate Sponsorships
Northeastern University	\$1,000.00	Charitable Donations
Northern Illinois University Foundation	\$1,000.00	Charitable Donations
Northwest Health Law Advocates	\$1,000.00	Corporate Sponsorships
Northwest Indiana Parkinsons	\$1,000.00	Corporate Sponsorships
Northwest Kidney Centers	\$2,500.00	Corporate Sponsorships
Northwest Parkinsons Foundation	\$5,000.00	Educational Grants
Northwest Parkinsons Foundation	\$14,900.00	Corporate Sponsorships
Northwestern Univ	\$25,000.00	Corporate Sponsorships
Northwestern Univ	\$50,000.00	Fellowships and Scholarships
Norton Healthcare Foundation	\$3,000.00	Corporate Sponsorships
Norwich University	\$1,000.00	Charitable Donations
NYU School of Medicine	\$5,000.00	Educational Grants
NYU School of Medicine	\$10,000.00	Educational Grants
NYU School of Medicine	\$7,500.00	Educational Grants
NYU School of Medicine	\$10,000.00	Educational Grants
NYU School of Medicine	\$20,000.00	Educational Grants
Ocular Immunology and Uveitis Foundation	\$5,000.00	Corporate Sponsorships
Ocular Immunology and Uveitis Foundation	\$15,000.00	Corporate Sponsorships
Ohio Association of Rheumatology	\$10,000.00	Corporate Sponsorships
Ohio Gastroenterology Society	\$1,250.00	Corporate Sponsorships
Ohio Gastroenterology Society	\$1,250.00	Corporate Sponsorships
Ohio Gastroenterology Society	\$2,500.00	Corporate Sponsorships
Omnia Education Inc.	\$98,000.00	Educational Grants
Omnia Education Inc.	\$350,000.00	Educational Grants
Oncology Nursing Society	\$20,200.00	Corporate Sponsorships
Oradian Inc.	\$75,000.00	Corporate Sponsorships
Oregon Health and Science Univ	\$3,500.00	Corporate Sponsorships
Oregon Health and Science Univ	\$20,000.00	Educational Grants
Oregon Health and Science Univ	\$5,000.00	Educational Grants
Oregon Health and Science Univ	\$3,000.00	Educational Grants
Oregon Health and Science Univ	\$20,000.00	Educational Grants
Osmania Gandhi Kakatiya Medical Alumni Association of America	\$2,500.00	Corporate Sponsorships
Pacific Dermatologic Association	\$20,000.00	Corporate Sponsorships
Pacific Dermatologic Association	\$20,000.00	Corporate Sponsorships
Pack Center LLC	\$22,575.00	Educational Grants
Pack Center LLC	\$175,000.00	Educational Grants

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
Pack Health LLC	\$119,750.00	Educational Grants
Pack Health LLC	\$80,000.00	Educational Grants
Pack Health LLC	\$79,750.00	Educational Grants
Pack Health LLC	\$50,000.00	Educational Grants
Pack Health LLC	\$42,875.00	Educational Grants
Pack Health LLC	\$42,875.00	Educational Grants
Pack Center LLC	\$100,000.00	Educational Grants
Pancreas Club	\$10,000.00	Educational Grants
Pancreatic Cancer Action Network	\$50,000.00	Educational Grants
Pancreatic Cancer Action Network	\$282,000.00	Corporate Sponsorships
Park Nicollet Foundation	\$1,000.00	Corporate Sponsorships
Parkinson and Movement Disorder Alliance	\$20,000.00	Educational Grants
Parkinson and Movement Disorder Alliance	\$4,000.00	Corporate Sponsorships
Parkinson and Movement Disorder Alliance	\$2,500.00	Corporate Sponsorships
Parkinson Association	\$1,000.00	Corporate Sponsorships
Parkinson Association	\$5,000.00	Corporate Sponsorships
Parkinson Council	\$25,000.00	Corporate Sponsorships
Parkinson Foundation	\$2,500.00	Corporate Sponsorships
Parkinson Foundation	\$5,000.00	Corporate Sponsorships
Parkinson Foundation	\$10,000.00	Educational Grants
Parkinson Foundation	\$2,500.00	Corporate Sponsorships
Parkinson Study Group	\$20,000.00	Educational Grants
Parkinson Study Group	\$15,000.00	Corporate Sponsorships
Parkinson Study Group	\$2,716.00	Fellowships and Scholarships
Parkinson Support Center of Kentuciana	\$5,000.00	Corporate Sponsorships
Parkinson Support Center of Kentuciana	\$5,000.00	Corporate Sponsorships
Parkinsons and Movement Disorder Foundation	\$1,500.00	Corporate Sponsorships
Parkinsons Association	\$1,000.00	Corporate Sponsorships
Parkinsons Association	\$8,000.00	Educational Grants
Parkinsons Association	\$8,000.00	Educational Grants
Parkinson's Awareness Association of Central Indiana	\$1,500.00	Corporate Sponsorships
Parkinsons Disease Foundation	\$5,000.00	Corporate Sponsorships
Parkinsons Disease Foundation	\$10,000.00	Corporate Sponsorships
Parkinsons Institute	\$5,000.00	Corporate Sponsorships
Parkinson's Nebraska	\$1,000.00	Corporate Sponsorships
Parkinsons Outreach Association	\$1,000.00	Corporate Sponsorships
Partnership for Quality Med Donations Pqmd	\$2,000.00	Charitable Donations
Patient Access Network Foundation	\$287,000.00	Charitable Donations
Patient Access Network Foundation	\$2,284,000.00	Charitable Donations
Patient Access Network Foundation	\$10,000,000.00	Charitable Donations
Patient Access Network Foundation	\$7,577,000.00	Charitable Donations
Patient Access Network Foundation	\$15,000,000.00	Charitable Donations
Patient Empowerment Ntwrk	\$40,000.00	Educational Grants
Patient Empowerment Ntwrk	\$25,000.00	Educational Grants
Patient Empowerment Ntwrk	\$30,000.00	Educational Grants
Patient Empowerment Ntwrk	\$30,000.00	Educational Grants
Patient Empowerment Ntwrk	\$30,000.00	Educational Grants
Patient Empowerment Ntwrk	\$20,000.00	Educational Grants
Patient Empowerment Ntwrk	\$15,000.00	Educational Grants
Patient Empowerment Ntwrk	\$20,000.00	Educational Grants
Patient Empowerment Ntwrk	\$35,000.00	Educational Grants
Pcec Prostrate Conditions Education Council	\$2,500.00	Corporate Sponsorships
Pediatric Endocrine Society	\$3,750.00	Corporate Sponsorships
Pediatric Endocrine Society	\$50,000.00	Corporate Sponsorships

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
Pediatric Endocrinology Nursing Society	\$2,500.00	Corporate Sponsorships
Pediatric Endocrinology Nursing Society	\$17,000.00	Corporate Sponsorships
Pediatric Ibd Foundation	\$10,000.00	Corporate Sponsorships
Peerview Institute for Medical Education	(\$2,000.00)	Educational Grants
Pennsylvania Academy of Dermatology and Dermatologic Surgry	\$10,000.00	Corporate Sponsorships
Pennsylvania Biotechnology Association	\$3,000.00	Corporate Sponsorships
Pennsylvania Prostate Cancer Coalition	\$5,000.00	Educational Grants
Pennsylvania Society of Gastroenterology	\$5,000.00	Corporate Sponsorships
People To People Health Foundation	\$20,000.00	Charitable Donations
People To People Health Foundation	\$20,000.00	Charitable Donations
Performrx	\$5,000.00	Corporate Sponsorships
Pharmaceutical Research and Manufacturers of America	\$20,000.00	Corporate Sponsorships
Philadelphia Research and Education Foundation	\$5,500.00	Educational Grants
Phrmct Care Management Associate	\$73,000.00	Corporate Sponsorships
Phrmct Care Management Associate	\$88,000.00	Corporate Sponsorships
Phrmct Care Management Associate	\$73,000.00	Corporate Sponsorships
Physicians Education Resource LLC	\$25,000.00	Educational Grants
Physicians Education Resource LLC	\$75,000.00	Educational Grants
Physicians Education Resource LLC	\$50,000.00	Educational Grants
Physicians Education Resource LLC	\$50,000.00	Educational Grants
Pink Door Nonprofit Organization	\$2,400.00	Corporate Sponsorships
Pins for Parkinsons	\$500.00	Corporate Sponsorships
Pittsburgh Business Group On Health	\$13,000.00	Corporate Sponsorships
Pittsburgh Business Group On Health	\$13,000.00	Corporate Sponsorships
Postgraduate Institute for Medicine	\$59,725.00	Educational Grants
Presbyterian Healthcare Foundation	\$5,000.00	Corporate Sponsorships
President and Fellows of Harvard College	\$1,500.00	Educational Grants
Prevent Cancer Foundation	\$25,000.00	Charitable Donations
Prevent Cancer Foundation	\$100,000.00	Corporate Sponsorships
Prevent Cancer Foundation	\$5,000.00	Corporate Sponsorships
Prime Education Inc.	\$150,000.00	Educational Grants
Prime Education Inc.	\$225,000.00	Educational Grants
Prime Education Inc.	\$190,000.00	Educational Grants
Prime Education Inc.	\$244,000.00	Educational Grants
Prime Education Inc.	\$332,620.00	Educational Grants
Prime Education Inc.	\$100,000.00	Educational Grants
Prime Education Inc.	\$200,000.00	Educational Grants
Prime Education Inc.	\$100,000.00	Educational Grants
Prime Education Inc.	\$106,400.00	Educational Grants
Prime Education Inc.	\$128,902.00	Educational Grants
Prime Oncology Inc.	\$25,000.00	Educational Grants
Prime Oncology Inc.	\$155,125.00	Educational Grants
Prime Oncology Inc.	\$75,000.00	Educational Grants
Prime Oncology Inc.	\$154,150.00	Educational Grants
Primo Education LLC	\$50,000.00	Educational Grants
Princeton Univ Trustees	\$50,000.00	Educational Grants
Project Inform	\$75,000.00	Charitable Donations
Project Inform, Inc.	\$30,000.00	Corporate Sponsorships
Project Spark Foundation	\$1,500.00	Corporate Sponsorships
Projects in Knowledge Inc.	\$125,000.00	Educational Grants
Projects in Knowledge Inc.	\$80,000.00	Educational Grants
Projects in Knowledge Inc.	\$150,000.00	Educational Grants
Prostate Cancer Foundation Chicago	\$4,000.00	Corporate Sponsorships
Prostate Cancer International	\$5,000.00	Patient Support
Prostate Cancer Research Institutute	\$15,000.00	Corporate Sponsorships
Prostate Health Education Network	\$7,500.00	Educational Grants
Prostate Health Education Network	\$5,000.00	Educational Grants
Prostaware	\$1,500.00	Corporate Sponsorships

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
Psoriasis and Psoriatic Arthritis Clinics Multicenter Advancement Network	\$100,000.00	Corporate Sponsorships
Psoriasis and Psoriatic Arthritis Clinics Multicenter Advancement Network	\$100,000.00	Corporate Sponsorships
Puerto Rico Associate of Gastroenterology	\$20,000.00	Educational Grants
Puerto Rico Associate of Gastroenterology	\$40,000.00	Corporate Sponsorships
Puerto Rico Associate of Gastroenterology	\$10,000.00	Educational Grants
Purdue Univ College of Pharmacy	\$50,000.00	Educational Grants
Purdue Univ College of Pharmacy	\$175,000.00	Educational Grants
Recovery Idaho	\$1,000.00	Corporate Sponsorships
Regents of The Univ of California	\$40,000.00	Fellowships and Scholarships
Regents of The Univ of California	\$55,000.00	Fellowships and Scholarships
Regents of The Univ of California	(\$658.85)	Educational Grants
Regents of The Univ of California	\$5,000.00	Educational Grants
Regents of The Univ of California	\$10,000.00	Educational Grants
Regents of The Univ of California	\$5,000.00	Educational Grants
Regents of The Univ of California	\$20,000.00	Educational Grants
Regents of The Univ of Michigan	\$5,000.00	Educational Grants
Regents of The Univ of Michigan	\$20,000.00	Corporate Sponsorships
Regents of the University of Minnesota	\$5,000.00	Educational Grants
Rehabilitation and Community	\$2,500.00	Corporate Sponsorships
Renal Physician Associate	\$30,000.00	Corporate Sponsorships
Research Institute at Nationwide Chil- drens Hospital	\$7,500.00	Corporate Sponsorships
Research Institute for Fox Chase Cancer Center	\$5,000.00	Corporate Sponsorships
Rheumatology Association of Iowa	\$7,500.00	Corporate Sponsorships
Rheumatology Association of Iowa	\$5,000.00	Corporate Sponsorships
Rheumatology Association of Iowa	\$7,500.00	Corporate Sponsorships
Rheumatology Association of Minnesota and The Dakotas	\$10,000.00	Corporate Sponsorships
Rheumatology Nurses Society	\$75,000.00	Educational Grants
Rheumatology Nurses Society	\$20,000.00	Educational Grants
Rheumatology Nurses Society	\$46,325.00	Corporate Sponsorships
Rheumatology Nurses Society	\$75,000.00	Educational Grants
Rheumatology Nurses Society	\$75,000.00	Educational Grants
Rheumatology Nurses Society	\$21,250.00	Corporate Sponsorships
Rheumatology Nurses Society	\$45,000.00	Corporate Sponsorships
Rheumlgly Alliance of Louisiana	\$25,000.00	Corporate Sponsorships
Riverside Family Medicine Residency The Riverside Medical Clinic Charitable Foundation	\$2,500.00	Educational Grants
Riverside Medical Clinic Charitable Foundation	\$10,000.00	Educational Grants
Robert Michael Educational Institute LLC	\$150,000.00	Educational Grants
Rock Steady Boxing	\$500.00	Corporate Sponsorships
Rocky Mountain MS Center	\$5,000.00	Educational Grants
Rocky Mountain MS Center	\$10,000.00	Educational Grants
Rocky Mountain MS Center	\$5,000.00	Educational Grants
Rocky Mountain MS Center	\$5,000.00	Educational Grants
Rocky Mountain MS Center	\$10,000.00	Educational Grants
Roger Williams Medical Center	\$40,000.00	Fellowships and Scholarships
Roger Williams Medical Center	\$5,000.00	Educational Grants
Rotary Club of Downtown Macon	\$1,000.00	Corporate Sponsorships
Rush Univ Medical Center	\$5,000.00	Educational Grants
Rush Univ Medical Center	\$7,500.00	Educational Grants
Rush Univ Medical Center	\$75,000.00	Educational Grants
Rush Univ Medical Center	\$5,000.00	Charitable Donations
Rush Univ Medical Center	\$75,000.00	Educational Grants
Rush Univ Medical Center	\$75,000.00	Educational Grants
Rutgers Univ Foundation	\$1,000.00	Charitable Donations

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
Sacramento Gastrointestinal Education and Research	\$1,500.00	Corporate Sponsorships
Safety Pharmacology Society	\$5,000.00	Educational Grants
San Francisco Aids Foundation	\$10,000.00	Charitable Donations
San Francisco Public Center Foundation	\$75,000.00	Charitable Donations
San Francisco Retina Foundation	\$5,000.00	Educational Grants
San Francisco Retina Foundation	\$5,000.00	Educational Grants
San Juan Bautista Medical Center	\$40,000.00	Fellowships and Scholarships
Scott and White Healthcare Foundation	\$1,000.00	Corporate Sponsorships
Scripps Health	\$5,000.00	Educational Grants
Scripps Health	\$5,000.00	Educational Grants
Scripps Health	\$50,000.00	Educational Grants
Scripps Research Institute	\$2,000.00	Educational Grants
Seattle Science Foundation	\$2,500.00	Educational Grants
Seattle Science Foundation	\$8,500.00	Educational Grants
Seton Family of Hospitals	\$40,000.00	Fellowships and Scholarships
Sexual Medicine Society of North America Foundation(Smsna)	\$5,000.00	Corporate Sponsorships
Sexual Medicine Society of North America Foundation(Smsna)	\$225,000.00	Corporate Sponsorships
Shanti Project Inc.	\$10,000.00	Patient Support
Share	\$5,000.00	Educational Grants
Share	\$10,000.00	Charitable Donations
Sharsheret	\$10,000.00	Educational Grants
Sheknows LLC	\$102,500.00	Corporate Sponsorships
Sheknows LLC	\$57,500.00	Corporate Sponsorships
Sheknows LLC	\$200,000.00	Corporate Sponsorships
Sinai Health System	\$10,000.00	Charitable Donations
Sociedad Dermatologica de Puerto Rico	\$35,000.00	Patient Support
Sociedad PR Endocrinologia y Diabetologia	\$15,000.00	Corporate Sponsorships
Sociedad Puertorriquena Pediatria	\$2,000.00	Corporate Sponsorships
Sociedad Puertorriquena Pediatria	\$9,500.00	Corporate Sponsorships
Sociedad Puertorriquena Pediatria	\$14,000.00	Corporate Sponsorships
Society for Clinical Research Sites Inc.	\$15,000.00	Corporate Sponsorships
Society for Clinical Trials	\$2,000.00	Corporate Sponsorships
Society for Leukocyte Biology	\$2,500.00	Educational Grants
Society for Mucosal Immunology	\$2,500.00	Educational Grants
Society for Neuro-Oncology	\$50,000.00	Educational Grants
Society for Neuro-Oncology	\$55,000.00	Corporate Sponsorships
Society for Neuroscience	\$2,000.00	Educational Grants
Society for Neuroscience	\$5,000.00	Educational Grants
Society for Womens Health Research	\$15,000.00	Corporate Sponsorships
Society for Womens Health Research	\$150,000.00	Corporate Sponsorships
Society of Dermatology Physician Assistants	\$40,000.00	Corporate Sponsorships
Society of Dermatology Physician Assistants	\$45,000.00	Corporate Sponsorships
Society of Dermatology Physician Assistants	\$40,000.00	Corporate Sponsorships
Society of Dermatology Physician Assistants	\$40,000.00	Corporate Sponsorships
Society of Investigative Dermatology	\$30,000.00	Educational Grants
Society of Nuclear Medicine and Molecular Imaging	\$5,000.00	Corporate Sponsorships
Socty for Gynecologic Investigation	\$10,000.00	Corporate Sponsorships
Socty for Immunotherapy of Cancer	\$50,000.00	Corporate Sponsorships
South Carolina Alliance of Health Plans	\$6,000.00	Corporate Sponsorships
South Dakota Parkinson Foundation	\$1,500.00	Corporate Sponsorships
South Texas Association of Rheumatologists	\$30,000.00	Corporate Sponsorships

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
South Texas Association of Rheumatologists	\$40,000.00	Corporate Sponsorships
Spondylitis Association of America	\$40,000.00	Educational Grants
Spondylitis Association of America	\$20,000.00	Educational Grants
Spondyloarthritis Research and Treatment Network Spartan	\$70,000.00	Corporate Sponsorships
Stage One Family Theatre	\$5,000.00	Corporate Sponsorships
State of Maryland	\$40,000.00	Educational Grants
State of Pennsylvania	\$25,065.00	Educational Grants
State of Pennsylvania	\$90,000.00	Educational Grants
State of Pennsylvania	\$25,000.00	Educational Grants
State of Pennsylvania	\$25,000.00	Educational Grants
Summit for Stem Cellular Foundation	\$2,500.00	Corporate Sponsorships
Surviveit	\$10,000.00	Educational Grants
Susan G Komen Breast Cancer Foundation Inc.	\$10,000.00	Charitable Donations
Swedish Medical Center First Hill Campus	\$5,000.00	Educational Grants
Take A Breather Foundation	\$5,000.00	Corporate Sponsorships
Take A Breather Foundation	\$20,000.00	Corporate Sponsorships
Talem Health Inc.	\$150,000.00	Educational Grants
Tarsus Cardiology Inc. Dba South Beach Symposium	\$35,000.00	Corporate Sponsorships
Tennessee Disability Coalition	\$7,500.00	Corporate Sponsorships
Texas Academy of Family Physicians	\$2,500.00	Corporate Sponsorships
Texas Neuro Society	\$5,000.00	Corporate Sponsorships
Texas Society for Gastroenterology and Endoscopy	\$2,000.00	Corporate Sponsorships
Texas Society for Gastroenterology and Endoscopy	\$2,000.00	Corporate Sponsorships
Texas Society for Gastroenterology and Endoscopy	\$2,000.00	Corporate Sponsorships
Texas Urological Society	\$6,000.00	Corporate Sponsorships
Texas Urological Society	\$6,000.00	Corporate Sponsorships
Thomas Jefferson University	(\$4,242.75)	Educational Grants
Thomas Jefferson University	\$5,000.00	Corporate Sponsorships
Transcelerate Biopharma Inc.	\$1,500,000.00	Corporate Sponsorships
Trustees of Boston Univ D/B/A	\$200,000.00	Educational Grants
Trustees of Boston Univ D/B/A	\$1,500.00	Educational Grants
Trustees of Boston Univ D/B/A	\$10,000.00	Educational Grants
Trustees of Dartmouth College—Administration	\$1,000.00	Charitable Donations
Trustees of Tufts College	\$1,000.00	Charitable Donations
Trustees of Tufts College	\$1,000.00	Charitable Donations
Tufts Medical Center	\$50,000.00	Fellowships and Scholarships
Tufts Medical Center	\$10,000.00	Educational Grants
UC Regents Maxillofacial Prosthetics Clinic	\$10,000.00	Educational Grants
UC Regents Maxillofacial Prosthetics Clinic	\$40,000.00	Fellowships and Scholarships
UC Regents Maxillofacial Prosthetics Clinic	\$5,000.00	Educational Grants
UC Regents Maxillofacial Prosthetics Clinic	\$15,000.00	Educational Grants
UCSF Medical Center at Parnassus	\$50,000.00	Educational Grants
Ultimate Medical Academy LLC	\$225,000.00	Educational Grants
Ultimate Medical Academy LLC	\$175,000.00	Educational Grants
Ultimate Medical Academy LLC	\$225,000.00	Educational Grants
Ultimate Medical Academy LLC	\$200,000.00	Educational Grants
Ultimate Medical Academy LLC	\$213,500.00	Educational Grants
Ultimate Medical Academy LLC	\$249,250.00	Educational Grants

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
Ultimate Medical Academy LLC	(\$5,370.00)	Educational Grants
Ultimate Medical Academy LLC	\$250,000.00	Educational Grants
Ultimate Medical Academy LLC	\$149,000.00	Educational Grants
Ultimate Medical Academy LLC	\$250,000.00	Educational Grants
Ultimate Medical Academy LLC	\$213,500.00	Educational Grants
Ultimate Medical Academy LLC	\$115,000.00	Educational Grants
Ultimate Medical Academy LLC	\$289,810.00	Educational Grants
UMA Education Inc. Db a Global Education Group	\$375,000.00	Educational Grants
UMA Education Inc. Db a Global Education Group	\$200,000.00	Educational Grants
UMA Education Inc. Db a Global Education Group	\$38,800.00	Educational Grants
UMA Education Inc. Db a Global Education Group	\$80,000.00	Educational Grants
UMASS Memorial Foundation Inc.	\$2,500.00	Corporate Sponsorships
United Rheumatology	\$36,000.00	Corporate Sponsorships
United Rheumatology	\$205,000.00	Corporate Sponsorships
United States Adult Cystic Fibrosis Association Inc.	\$5,000.00	Educational Grants
Univ Health Service at Stony Point Inc.	\$1,166.00	Corporate Sponsorships
Univ Health Service at Stony Point Inc.	\$1,167.00	Corporate Sponsorships
Univ Health Service at Stony Point Inc.	\$1,167.00	Corporate Sponsorships
Univ Health Service at Stony Point Inc.	\$5,000.00	Educational Grants
Univ Health Service at Stony Point Inc.	\$20,000.00	Educational Grants
Univ Hospital of Brooklyn	(\$5,527.00)	Educational Grants
Univ of California Berkeley—Administration	\$30,000.00	Corporate Sponsorships
Univ of California, Riverside Student Health Services	\$55,000.00	Fellowships and Scholarships
Univ of Chicago	\$10,000.00	Educational Grants
Univ of Chicago	\$5,000.00	Educational Grants
Univ of Chicago	\$5,000.00	Educational Grants
Univ of Chicago	\$65,000.00	Educational Grants
Univ of Chicago	\$80,000.00	Educational Grants
Univ of Chicago	\$140,000.00	Educational Grants
Univ of Chicago	\$20,000.00	Corporate Sponsorships
Univ of Chicago	\$15,000.00	Charitable Donations
Univ of Chicago	\$10,000.00	Educational Grants
Univ of Chicago	\$30,000.00	Educational Grants
Univ of Cincinnati	\$60,000.00	Educational Grants
Univ of Cincinnati	\$75,000.00	Educational Grants
Univ of Cincinnati	\$195,000.00	Educational Grants
Univ of Cincinnati	\$80,000.00	Educational Grants
Univ of Cincinnati	\$250,000.00	Educational Grants
Univ of Cincinnati	\$454,420.00	Educational Grants
Univ of Cincinnati	\$25,000.00	Educational Grants
Univ of Cincinnati	(\$1,212.00)	Educational Grants
Univ of Cincinnati	\$60,000.00	Educational Grants
Univ of Cincinnati	\$75,000.00	Educational Grants
Univ of Cincinnati Foundation—Sunflower Fund	\$5,000.00	Educational Grants
Univ of Colorado Denver School of Medicine	\$25,000.00	Fellowships and Scholarships
Univ of Colorado Denver School of Medicine	\$4,000.00	Educational Grants
Univ of Florida Foundation	\$5,000.00	Educational Grants
Univ of Florida Foundation	\$500.00	Corporate Sponsorships
Univ of Florida Foundation	\$55,000.00	Fellowships and Scholarships
Univ of Illinois	\$2,000.00	Educational Grants
Univ of Illinois	\$1,000.00	Corporate Sponsorships

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
Univ of Illinois Foundation	\$5,000.00	Corporate Sponsorships
Univ of Illinois Foundation	\$5,000.00	Corporate Sponsorships
Univ of Illinois Foundation	\$1,000.00	Charitable Donations
Univ of Louisville Research Foundation	\$60,000.00	Educational Grants
Univ of Louisville Research Foundation	\$98,000.00	Educational Grants
Univ of Louisville Research Foundation	\$47,725.00	Educational Grants
Univ of Louisville Research Foundation	\$1,000.00	Educational Grants
Univ of Maryland Baltimore Foundation Inc.	\$10,000.00	Educational Grants
Univ of Maryland Baltimore Foundation Inc.	\$10,000.00	Corporate Sponsorships
Univ of Miami	\$50,000.00	Fellowships and Scholarships
Univ of Miami	\$10,000.00	Educational Grants
Univ of Miami Dept of Dermatology	\$10,000.00	Corporate Sponsorships
Univ of Nebraska Med Center	\$150,000.00	Educational Grants
Univ of Nebraska Med Center	\$675.00	Corporate Sponsorships
Univ of Nebraska Med Center	\$68,900.00	Educational Grants
Univ of Nebraska Med Center	\$25,000.00	Educational Grants
Univ of Nebraska Med Center	\$25,000.00	Educational Grants
Univ of Nebraska Med Center	\$5,000.00	Educational Grants
Univ of Nebraska Med Center	\$7,500.00	Educational Grants
Univ of Nebraska Med Center	\$5,000.00	Corporate Sponsorships
Univ of New Mexico Foundation	\$5,000.00	Corporate Sponsorships
Univ of North Carolina at Chapel Hill	\$40,000.00	Fellowships and Scholarships
Univ of North Carolina at Chapel Hill	(\$5,463.46)	Educational Grants
Univ of North Carolina at Chapel Hill	(\$40,000.00)	Fellowships and Scholarships
Univ of Pittsburgh	\$2,200.00	Educational Grants
Univ of Pittsburgh	\$10,000.00	Educational Grants
Univ of Pittsburgh	\$15,000.00	Educational Grants
Univ of Pittsburgh	\$2,500.00	Corporate Sponsorships
Univ of Pittsburgh	\$15,000.00	Educational Grants
Univ of Rhode Island Foundation	\$2,500.00	Educational Grants
Univ of South Alabama College of Medicine	\$1,500.00	Corporate Sponsorships
Univ of South Florida Health Professions Conferencing Corp	\$25,000.00	Educational Grants
Univ of Southern California	\$25,000.00	Educational Grants
Univ of Southern California	\$50,000.00	Fellowships and Scholarships
Univ of Southern California	\$78,500.00	Fellowships and Scholarships
Univ of Tennessee Obgyn Center	(\$1,758.03)	Educational Grants
Univ of Tennessee Obgyn Center	\$2,000.00	Corporate Sponsorships
Univ of Texas Health Science Center at San Antonio	\$16,032.00	Corporate Sponsorships
Univ of Texas Health Science Center at San Antonio	\$75,000.00	Educational Grants
Univ of Texas Health Science Center at San Antonio	\$3,000.00	Educational Grants
Univ of Texas M D Anderson Cancer Center	\$10,000.00	Educational Grants
Univ of Texas Southwestern Med Center	\$55,000.00	Fellowships and Scholarships
Univ of Texas Southwestern Med Center	\$2,000.00	Educational Grants
Univ of Texas Southwestern Med Center	\$55,000.00	Educational Grants
Univ of The State of New York Univ at Buffalo	\$50,000.00	Educational Grants
Univ of Toledo	\$2,000.00	Educational Grants
Universidad Central Del Caribe School of Medicine	\$7,500.00	Educational Grants
Universidad Central Del Caribe School of Medicine	\$11,205.00	Educational Grants
Universidad Central Del Caribe School of Medicine	\$12,000.00	Educational Grants

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
Universidad Central Del Caribe School of Medicine	\$12,000.00	Educational Grants
Universidad Central Del Caribe School of Medicine	(\$308.75)	Educational Grants
Universidad Central Del Caribe School of Medicine	\$7,500.00	Educational Grants
Universidad Central Del Caribe School of Medicine	\$15,000.00	Educational Grants
Universidad Central Del Caribe School of Medicine	\$15,000.00	Educational Grants
Universidad Central Del Caribe School of Medicine	\$24,939.25	Educational Grants
Universidad Central Del Caribe School of Medicine	\$10,000.00	Educational Grants
Universidad Central Del Caribe School of Medicine	\$15,000.00	Educational Grants
Universidad Central Del Caribe School of Medicine	(\$3,795.00)	Educational Grants
Universidad Central Del Caribe School of Medicine	(\$3,460.75)	Educational Grants
University of Alabama at Birmingham Hospital	(\$186.25)	Educational Grants
University of Alabama at Birmingham Hospital	\$40,000.00	Fellowships and Scholarships
University of California Irvine	\$40,000.00	Fellowships and Scholarships
University of California Irvine	\$40,000.00	Fellowships and Scholarships
University of Colorado Foundation	\$1,000.00	Charitable Donations
University of Connecticut Health Science Center	\$12,000.00	Fellowships and Scholarships
University of Connecticut Health Science Center	\$40,000.00	Fellowships and Scholarships
University of Connecticut Health Science Center	(\$774.73)	Fellowships and Scholarships
University of Edinburgh Usa Development Trust Inc.	\$1,000.00	Charitable Donations
University of Illinois—office of Business and Financial Services	\$82,092.00	Fellowships and Scholarships
University of Illinois—office of Business and Financial Services	\$79,559.00	Fellowships and Scholarships
University of Rochester	\$40,000.00	Fellowships and Scholarships
University of Sheffield in America Inc.	\$1,000.00	Charitable Donations
University of Washington Medical Center	\$40,000.00	Fellowships and Scholarships
University of Washington Medical Center	(\$255.67)	Educational Grants
Upstage Lung Cancer	\$5,000.00	Charitable Donations
Urology Center of Colorado Foundation	\$10,000.00	Corporate Sponsorships
US Too International	\$25,000.00	Corporate Sponsorships
US Too International	\$1,500.00	Corporate Sponsorships
Valley Childrens Hospital Foundation	\$4,000.00	Educational Grants
Valley Medial Center Foundation	\$5,000.00	Corporate Sponsorships
Vanderbilt Univ By and Through Its Medical Center	\$5,000.00	Corporate Sponsorships
Vanderbilt Univ By and Through Its Medical Center	\$12,500.00	Fellowships and Scholarships
Vanderbilt Univ By and Through Its Medical Center	\$5,000.00	Educational Grants
Vanderbilt Univ By and Through Its Medical Center	\$10,000.00	Educational Grants
VHA Inc.	\$35,000.00	Corporate Sponsorships
Vindico Med Education	\$25,000.00	Educational Grants
Vindico Med Education	\$50,000.00	Educational Grants
Vindico Med Education	\$95,000.00	Educational Grants

Grants Donations Report—2017—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2018

Recipient	Payment Amount	Purpose
Vindico Med Education	\$75,000.00	Educational Grants
Vindico Med Education	\$50,000.00	Educational Grants
Virginia Association of Health Plans	\$2,500.00	Corporate Sponsorships
Virginia Commonwealth Univ School of Medicine	\$2,500.00	Corporate Sponsorships
Washington and Lee University	\$1,000.00	Charitable Donations
Washington Hospital Center Corp	\$10,000.00	Educational Grants
Washington Rheumatology Alliance	\$50,000.00	Corporate Sponsorships
Washington Univ in St Louis	\$5,000.00	Educational Grants
Washington Univ in St Louis	\$1,600.00	Fellowships and Scholarships
Washington Univ in St Louis	\$40,000.00	Fellowships and Scholarships
Webmd Global LLC	(\$500.00)	Educational Grants
Webmd Global LLC	\$75,000.00	Educational Grants
Webmd Global LLC	\$146,500.00	Educational Grants
Webmd Global LLC	\$340,000.00	Educational Grants
Webmd Global LLC	\$100,000.00	Educational Grants
Webmd Global LLC	\$150,000.00	Educational Grants
Webmd Global LLC	\$105,000.00	Educational Grants
Webmd Global LLC	\$90,000.00	Educational Grants
Webmd Global LLC	\$150,000.00	Educational Grants
Webmd Global LLC	\$300,000.00	Educational Grants
Webmd Global LLC	\$600,000.00	Educational Grants
Webmd Global LLC	\$250,000.00	Educational Grants
Western Pennsylvania Hospital forbes Regional Campus	\$5,000.00	Fellowships and Scholarships
Western Pennsylvania Hospital forbes Regional Campus	(\$1,502.07)	Fellowships and Scholarships
Western States Pharmacy Conference for Pharmacy Residents Fellowships and Preceptors	\$3,250.00	Corporate Sponsorships
Wisconsin Chapter of The American College of Healthcare Executives	\$5,000.00	Corporate Sponsorships
Wisconsin Collaborative for Healthcare Quality	\$2,650.00	Corporate Sponsorships
Wisconsin Dairyland Chapter of Healthcare Information and Management Systems Society (HIMSS)	\$2,000.00	Corporate Sponsorships
Wisconsin Rheumatology Association	\$10,000.00	Corporate Sponsorships
Wj Weiser Association Management Inc.	\$5,000.00	Corporate Sponsorships
World Parkinson Coalition Inc.	\$5,000.00	Charitable Donations
Yale Univ	\$5,000.00	Educational Grants
Young Survival Coalition	\$25,000.00	Corporate Sponsorships
Zebrafish Disease Models Society	\$10,000.00	Educational Grants
Zero The Project To End Prostate Cancer	\$270,000.00	Corporate Sponsorships
Zero The Project To End Prostate Cancer	\$12,000.00	Corporate Sponsorships

Grants and Donations Report—2018

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2019

Recipient	Payment Amount	Purpose
50 Hoops	\$25,000.00	Educational Grants
50 Hoops	\$10,000.00	Patient Support
A and R Educational Group LLC	\$80,350.00	Corporate Sponsorships
A and R Educational Group LLC	\$4,500.00	Corporate Sponsorships
AAPS	\$50,000.00	Corporate Sponsorships
Aasld Foundation (American Association for The Study of Liver Disease)	\$500,000.00	Charitable Donations

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
Aasld Foundation (American Association for The Study of Liver Disease)	\$250,000.00	Charitable Donations
Academia Puertorriquena DE Neurologia	\$4,500.00	Corporate Sponsorships
Academic Cme LLC	\$45,000.00	Educational Grants
Academy of Managed Care Pharmacy	\$40,000.00	Corporate Sponsorships
Academy of Managed Care Pharmacy	\$27,000.00	Corporate Sponsorships
Academy of Managed Care Pharmacy	\$32,000.00	Corporate Sponsorships
Academy of Managed Care Pharmacy	\$30,000.00	Corporate Sponsorships
Advanced Medical Education Consultants, Corp.	\$2,500.00	Corporate Sponsorships
Advanced Urology Institute Education and General Fund	\$10,000.00	Corporate Sponsorships
Advances in Cosmetic and Med Dermatology Inc.	\$75,000.00	Corporate Sponsorships
Advances in Cosmetic and Med Dermatology Inc.	\$75,000.00	Corporate Sponsorships
Advances in Cosmetic and Med Dermatology Inc.	\$75,000.00	Corporate Sponsorships
Adventist Health System—Sunbelt Inc.	\$15,000.00	Corporate Sponsorships
Aesthetic Dermatology Symposia	\$7,500.00	Corporate Sponsorships
AIDS Connecticut	\$5,000.00	Corporate Sponsorships
AIDS Foundation of Chicago	\$10,000.00	Corporate Sponsorships
AIDS Foundation of Chicago	\$10,000.00	Charitable Donations
AIDS Institute	\$10,000.00	Corporate Sponsorships
AIDS Institute	\$7,500.00	Corporate Sponsorships
AIDS Support Network	\$2,000.00	Corporate Sponsorships
Aimed Alliance	\$20,000.00	Corporate Sponsorships
Alabama Academy of Neurology	\$1,200.00	Corporate Sponsorships
Alabama Associate of Center Plans	\$5,000.00	Corporate Sponsorships
Alabama Dermatology Society	\$50,000.00	Corporate Sponsorships
Alabama Society of Dermatology Professionals	\$750.00	Corporate Sponsorships
Albert Einstein College of Medicine Division of Dermatology	\$10,000.00	Educational Grants
Albert Einstein College of Medicine of Yeshiva Univ	\$50,000.00	Educational Grants
Albert Einstein College of Medicine of Yeshiva Univ	\$45,000.00	Educational Grants
Alliance for Aging Research	\$5,000.00	Corporate Sponsorships
Alsac St Jude Childrens Research Hospital	\$15,000.00	Charitable Donations
Alzheimers Association Greater Illinois Chapter	\$2,500.00	Corporate Sponsorships
Alzheimers Disease and Related Disorders Association Inc.	\$100,000.00	Corporate Sponsorships
Alzheimers Disease and Related Disorders Association Inc.	\$10,000.00	Charitable Donations
American Academy of Dermatology	\$40,000.00	Educational Grants
American Academy of Dermatology	\$10,000.00	Charitable Donations
American Academy of Dermatology	\$7,500.00	Corporate Sponsorships
American Academy of Dermatology	\$300,000.00	Corporate Sponsorships
American Academy of Dermatology	\$50,000.00	Charitable Donations
American Academy of Dermatology	\$50,000.00	Educational Grants
American Academy of Family Physicians	\$19,000.00	Educational Grants
American Academy of Neurology Institute	\$30,000.00	Educational Grants
American Academy of Neurology Institute	\$40,050.00	Corporate Sponsorships
American Academy of Neurology Institute	\$38,220.00	Corporate Sponsorships
American Academy of Neurology Institute	\$100,000.00	Fellowships and Scholarships
American Academy of Neurology Institute	\$16,470.00	Corporate Sponsorships
American Academy of Ophthalmology	\$24,112.40	Corporate Sponsorships

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Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
American Academy of Pediatrics	\$15,000.00	Corporate Sponsorships
American Academy of Pediatrics	\$14,000.00	Corporate Sponsorships
American Academy of Physician Assistants	\$95,000.00	Educational Grants
American Association of Clinical Endocrinologists New Jersey Chapter	\$5,000.00	Educational Grants
American Association of Clinical Endocrinologists New Jersey Chapter	\$18,000.00	Educational Grants
American Association for Accreditation of Laboratory Animal Care International (Aaalac International)	\$5,000.00	Educational Grants
American Association for Cancer Research	\$40,000.00	Fellowships and Scholarships
American Association for Cancer Research	\$25,000.00	Patient Support
American Association for Cancer Research	\$25,000.00	Educational Grants
American Association for Cancer Research	\$10,000.00	Educational Grants
American Association for Cancer Research	\$25,000.00	Charitable Donations
American Association for Cancer Research	\$10,000.00	Educational Grants
American Association for Cancer Research	\$20,000.00	Educational Grants
American Association for Cancer Research	\$5,000.00	Educational Grants
American Association for Cancer Research	\$10,000.00	Educational Grants
American Association for Cancer Research	\$5,000.00	Educational Grants
American Association for Cancer Research	\$5,000.00	Educational Grants
American Association for Cancer Research	\$25,000.00	Educational Grants
American Association for Cancer Research	\$25,000.00	Educational Grants
American Association for Cancer Research	\$75,000.00	Educational Grants
American Association for Laboratory Animal Science	\$20,000.00	Charitable Donations
American Association for The Study of Liver Disease	\$10,000.00	Charitable Donations
American Association of Clinical Endocrinologists Inc.	\$200,000.00	Patient Support
American Association of Gynecologic Laparoscopists Inc.	\$15,200.00	Corporate Sponsorships
American Association of Nurse Practitioners	\$50,000.00	Educational Grants
American Brain Tumor Association	\$50,000.00	Fellowships and Scholarships
American Brain Tumor Association	\$2,500.00	Charitable Donations
American Brain Tumor Association	\$10,000.00	Patient Support
American Brain Tumor Association	\$10,000.00	Corporate Sponsorships
American Brain Tumor Association	\$60,000.00	Corporate Sponsorships
American Brain Tumor Association	\$3,400.00	Corporate Sponsorships
American Brain Tumor Association	\$10,000.00	Patient Support
American Brain Tumor Association	\$10,000.00	Patient Support
American Brain Tumor Association	\$5,000.00	Corporate Sponsorships
American Brain Tumor Association	\$50,000.00	Fellowships and Scholarships
American Brain Tumor Association	\$22,500.00	Corporate Sponsorships
American Brain Tumor Association	\$25,000.00	Corporate Sponsorships

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
American Brain Tumor Association	\$50,000.00	Corporate Sponsorships
American Cancer Society	\$5,000.00	Corporate Sponsorships
American Cancer Society	\$1,500.00	Corporate Sponsorships
American Cancer Society	\$10,000.00	Corporate Sponsorships
American Cancer Society	\$10,000.00	Charitable Donations
American Cancer Society	\$2,500.00	Corporate Sponsorships
American Cancer Society	\$10,000.00	Corporate Sponsorships
American Cancer Society	\$5,000.00	Corporate Sponsorships
American Cancer Society	\$2,500.00	Corporate Sponsorships
American Cancer Society	\$5,000.00	Corporate Sponsorships
American Cancer Society	\$10,000.00	Corporate Sponsorships
American Cancer Society	\$5,000.00	Corporate Sponsorships
American Cancer Society	\$5,000.00	Corporate Sponsorships
American Cancer Society	\$2,500.00	Corporate Sponsorships
American Cancer Society	\$2,500.00	Corporate Sponsorships
American Cancer Society	\$2,500.00	Corporate Sponsorships
American Cancer Society	\$2,500.00	Corporate Sponsorships
American Cancer Society	\$2,500.00	Corporate Sponsorships
American Cancer Society	\$2,500.00	Corporate Sponsorships
American Cancer Society	\$5,000.00	Corporate Sponsorships
American Cancer Society	\$12,000.00	Corporate Sponsorships
American Cancer Society	\$3,500.00	Corporate Sponsorships
American Cancer Society	\$10,000.00	Corporate Sponsorships
American Cancer Society	\$50,000.00	Corporate Sponsorships
American Cancer Society	\$50,000.00	Corporate Sponsorships
American Chemist Society	\$3,000.00	Educational Grants
American Chemist Society	\$2,500.00	Educational Grants
American Chemist Society	\$1,500.00	Educational Grants
American Chemist Society	\$3,000.00	Educational Grants
American College of Gastroenterology	\$10,000.00	Corporate Sponsorships
American College of Gastroenterology	\$90,000.00	Corporate Sponsorships
American College of Gastroenterology	\$90,000.00	Corporate Sponsorships
American College of Gastroenterology	\$60,000.00	Corporate Sponsorships
American College of Gastroenterology	\$60,000.00	Corporate Sponsorships
American College of Gastroenterology	\$450,000.00	Charitable Donations
American College of Gastroenterology	\$100,000.00	Corporate Sponsorships
American College of Gastroenterology	\$125,000.00	Corporate Sponsorships
American College of Laboratory Animal Medicine	\$30,000.00	Charitable Donations
American College of Obstetricians and Gynecologists	\$32,500.00	Corporate Sponsorships
American College of Osteopathic Family Physicians of California	\$25,000.00	Corporate Sponsorships
American College of Osteopathic Obstetri- cians and Gynecologists	\$35,000.00	Corporate Sponsorships
American College of Physician Founda- tion	\$57,000.00	Corporate Sponsorships
American College of Rheumatology	\$25,000.00	Educational Grants
American College of Rheumatology	\$70,000.00	Corporate Sponsorships
American College of Rheumatology	\$25,000.00	Educational Grants
American College of Rheumatology	\$35,000.00	Educational Grants
American College of Rheumatology	\$50,000.00	Educational Grants
American College of Rheumatology	\$50,000.00	Corporate Sponsorships
American College of Rheumatology Re- search and Education Foundation	\$2,000,000.00	Corporate Sponsorships
American Congress of Obstetricians and Gynecologists	\$3,000.00	Corporate Sponsorships
American Congress of Obstetricians and Gynecologists	\$9,500.00	Corporate Sponsorships
American Congress of Obstetricians and Gynecologists	\$10,000.00	Corporate Sponsorships

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
American Congress of Obstetricians and Gynecologists	\$2,250.00	Corporate Sponsorships
American Congress of Obstetricians and Gynecologists—Hawaii Section District VIII	\$25,000.00	Educational Grants
American Congress of Obstetricians and Gynecologists—Hawaii Section District VIII	\$32,500.00	Corporate Sponsorships
American Congress of Obstetricians and Gynecologists—Hawaii Section District VIII	\$15,000.00	Corporate Sponsorships
American Congress of Obstetricians and Gynecologists—Hawaii Section District VIII	\$38,400.00	Corporate Sponsorships
American Congress of Obstetricians and Gynecologists Montana Section	\$2,500.00	Corporate Sponsorships
American Gastroenterological Association Institute	\$278,000.00	Educational Grants
American Gastroenterological Association Institute	\$46,325.00	Corporate Sponsorships
American Gastroenterological Association Institute	\$50,000.00	Corporate Sponsorships
American Gastroenterological Association Institute	\$90,000.00	Corporate Sponsorships
American Gastroenterological Association Institute	\$200,000.00	Educational Grants
American Gastroenterological Association Institute	\$40,000.00	Educational Grants
American Gastrointestinal Association	(\$2,094.95)	Educational Grants
American Kdny Fund	\$5,000.00	Corporate Sponsorships
American Liver Foundation	\$300,000.00	Corporate Sponsorships
American Liver Foundation	\$1,000.00	Corporate Sponsorships
American Liver Foundation	\$7,500.00	Corporate Sponsorships
American Liver Foundation	\$2,500.00	Corporate Sponsorships
American Liver Foundation	\$10,000.00	Educational Grants
American Liver Foundation	\$2,500.00	Corporate Sponsorships
American Liver Foundation	\$5,000.00	Corporate Sponsorships
American Liver Foundation	\$50,000.00	Educational Grants
American Liver Foundation	\$86,000.00	Corporate Sponsorships
American Liver Foundation	\$25,000.00	Educational Grants
American Med Group Associate	\$5,022.40	Corporate Sponsorships
American Med Group Associate	\$5,022.40	Corporate Sponsorships
American Med Group Associate	\$5,022.40	Corporate Sponsorships
American Med Group Associate	\$5,022.40	Corporate Sponsorships
American Med Group Associate	\$5,022.40	Corporate Sponsorships
American Military Partner Association	\$25,000.00	Corporate Sponsorships
American Military Partner Association	\$25,000.00	Corporate Sponsorships
American National Red Cross and Its Constituent Chapters and Branches	\$1,000.00	Corporate Sponsorships
American Neuro Associate	\$40,000.00	Educational Grants
American Pancreatic Associate	\$25,000.00	Charitable Donations
American Pancreatic Associate	\$75,000.00	Educational Grants
American Pancreatic Associate	\$60,000.00	Corporate Sponsorships
American Pancreatic Associate	\$70,000.00	Corporate Sponsorships
American Parkinson Disease Association	\$3,000.00	Corporate Sponsorships
American Parkinson Disease Association	\$5,000.00	Corporate Sponsorships
American Parkinson Disease Association	\$75,000.00	Corporate Sponsorships
American Parkinson Disease Association	\$25,000.00	Corporate Sponsorships
American Parkinson Disease Association	\$2,000.00	Corporate Sponsorships
American Parkinson Disease Association	\$5,000.00	Corporate Sponsorships
American Parkinson Disease Association	\$4,000.00	Corporate Sponsorships

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
American Parkinson Disease Association	\$10,000.00	Educational Grants
American Pharmacists Association (Apha)	\$15,000.00	Corporate Sponsorships
American Red Cross of Greater Chicago	\$10,000.00	Charitable Donations
American Society for Reproductive Medicine	\$40,000.00	Corporate Sponsorships
American Society for Reproductive Medicine	\$10,000.00	Corporate Sponsorships
American Society for Reproductive Medicine	\$6,000.00	Corporate Sponsorships
American Society of Anesthesiologists	\$17,500.00	Corporate Sponsorships
American Society of Hematology	\$15,000.00	Educational Grants
American Society of Hematology	\$544,550.00	Corporate Sponsorships
American Society of Hematology	\$60,000.00	Educational Grants
American Society of Hematology	\$50,000.00	Fellowships and Scholarships
American Society of Hematology	\$20,000.00	Educational Grants
American Society of Hematology	\$50,000.00	Educational Grants
American Statistical Associate	\$26,500.00	Corporate Sponsorships
American Thyroid Associate Inc.	\$30,000.00	Educational Grants
American Urological Associate Northeastern Section	\$3,500.00	Corporate Sponsorships
American Urological Associate Education and Research Inc.	\$25,000.00	Corporate Sponsorships
American Urological Associate Education and Research Inc.	\$50,000.00	Charitable Donations
American Urological Associate Education and Research Inc.	\$20,000.00	Educational Grants
American Urological Associate Education and Research Inc.	\$50,000.00	Educational Grants
American Urological Associate Inc. Western Section	\$10,000.00	Corporate Sponsorships
American Urological Associate Inc. Western Section	\$35,000.00	Corporate Sponsorships
American Urological Association—New York Section	\$2,000.00	Corporate Sponsorships
American Urological Association—Southeast Section	\$25,000.00	Corporate Sponsorships
American Urological Association—Southeast Section	\$5,800.00	Corporate Sponsorships
American Urological Association Foundation	\$10,000.00	Charitable Donations
Americans for Med Progress	\$90,000.00	Charitable Donations
Americas Hepato—Pancreato—Biliary A	\$35,750.00	Corporate Sponsorships
Angel Foundation	\$5,000.00	Corporate Sponsorships
Angel Foundation	\$10,000.00	Corporate Sponsorships
Angela Hospice Homecare	\$2,500.00	Charitable Donations
Answer2cancer	\$3,000.00	Corporate Sponsorships
Arizona State Association of Physician Assistants	\$3,500.00	Corporate Sponsorships
Arizona United Rheumatology Alliance—Aura	\$10,000.00	Corporate Sponsorships
Arkansas Prostate Cancer Foundation	\$2,000.00	Corporate Sponsorships
Arkansas Rheumatology Association	\$10,000.00	Corporate Sponsorships
Arkansas Urology Society	\$1,250.00	Corporate Sponsorships
Arthritis Foundation	\$100,000.00	Fellowships and Scholarships
Arthritis Foundation	\$25,000.00	Corporate Sponsorships
Arthritis Foundation	\$175,000.00	Corporate Sponsorships
Arthritis Foundation	\$40,000.00	Corporate Sponsorships
Arthritis Foundation	\$2,000.00	Corporate Sponsorships
Arthritis Foundation	\$25,000.00	Corporate Sponsorships
Arthritis Foundation	\$5,000.00	Charitable Donations
Arthritis Foundation	\$2,500.00	Patient Support

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
Arthritis Foundation	\$5,000.00	Patient Support
Arthritis Foundation	\$30,000.00	Corporate Sponsorships
Arthritis Foundation	\$25,000.00	Corporate Sponsorships
Arthritis Foundation	\$10,500.00	Patient Support
Arthritis Foundation	\$20,000.00	Patient Support
Arthritis Foundation	\$10,000.00	Charitable Donations
Arthritis Foundation	\$7,500.00	Patient Support
Arthritis Foundation	\$30,000.00	Corporate Sponsorships
Arthritis Foundation	\$2,500.00	Corporate Sponsorships
Arthritis Foundation	\$10,000.00	Corporate Sponsorships
Arthritis Foundation	\$1,595.00	Patient Support
Arthritis Foundation	\$1,650.00	Corporate Sponsorships
Arthritis Foundation	\$5,000.00	Corporate Sponsorships
Arthritis Foundation	\$10,000.00	Corporate Sponsorships
Arthritis Foundation	\$10,000.00	Corporate Sponsorships
Arthritis Foundation	\$5,000.00	Corporate Sponsorships
Arthritis Foundation	\$5,000.00	Corporate Sponsorships
Arthritis Foundation	\$2,500.00	Corporate Sponsorships
Arthritis Foundation	\$300.00	Corporate Sponsorships
Arthritis Foundation	\$2,500.00	Corporate Sponsorships
Arthritis Foundation	\$3,000.00	Corporate Sponsorships
Arthritis Foundation	\$5,000.00	Corporate Sponsorships
Arthritis Foundation	\$250,000.00	Corporate Sponsorships
Arthritis Foundation	\$400,000.00	Corporate Sponsorships
Arthritis Foundation	\$5,000.00	Educational Grants
Arthritis Foundation	\$40,000.00	Corporate Sponsorships
Arthritis Foundation	\$25,000.00	Corporate Sponsorships
Arthritis Foundation	\$259,000.00	Corporate Sponsorships
Arthritis Foundation	\$100,000.00	Fellowships and Scholarships
Arthritis Foundation	\$2,000.00	Corporate Sponsorships
Arthritis Foundation	\$175,000.00	Corporate Sponsorships
Arthritis Foundation	\$300,000.00	Corporate Sponsorships
Arthritis Patient Services	\$19,500.00	Charitable Donations
Arts of Healing Foundation	\$2,500.00	Corporate Sponsorships
ASCO Conquer Cancer Foundation	\$100,000.00	Charitable Donations
ASCO Conquer Cancer Foundation	\$40,000.00	Educational Grants
ASCO Conquer Cancer Foundation	\$60,000.00	Fellowships and Scholarships
ASCO Conquer Cancer Foundation	\$75,000.00	Fellowships and Scholarships
ASCO Conquer Cancer Foundation	\$30,000.00	Educational Grants
ASCO Conquer Cancer Foundation	\$30,000.00	Fellowships and Scholarships
ASCO Conquer Cancer Foundation	\$10,000.00	Educational Grants
ASCO Conquer Cancer Foundation	\$30,000.00	Educational Grants
ASCO Conquer Cancer Foundation	\$30,000.00	Educational Grants
ASCO Conquer Cancer Foundation	\$60,000.00	Educational Grants
ASCO Conquer Cancer Foundation	\$50,000.00	Educational Grants
ASCO Conquer Cancer Foundation	\$25,000.00	Educational Grants
ASCO Conquer Cancer Foundation	\$100,000.00	Charitable Donations
ASCO Conquer Cancer Foundation	\$30,000.00	Fellowships and Scholarships
ASCO Conquer Cancer Foundation	\$60,000.00	Fellowships and Scholarships
ASCO Conquer Cancer Foundation	\$75,000.00	Fellowships and Scholarships
ASCO Conquer Cancer Foundation	\$22,000.00	Educational Grants
ASHP Foundation	\$75,000.00	Fellowships and Scholarships
Aspen Cancer Conference Inc.	\$10,000.00	Educational Grants
Associate de Enfermeria Oncologica y Hematologica de Puerto Rico Inc.	\$6,700.00	Corporate Sponsorships
Associate de Gastroenterologia y Hepatologia Pediatrica de Puerto Rico Aghppr	\$10,000.00	Corporate Sponsorships
Associate de Hematologia y Oncologia Medica de Puerto Rico	\$5,000.00	Corporate Sponsorships

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
Associate de Hematologia y Oncologia Medica de Puerto Rico	\$12,000.00	Corporate Sponsorships
Associate de Hematologia y Oncologia Medica de Puerto Rico	\$3,000.00	Corporate Sponsorships
Associate de Hematologia y Oncologia Medica de Puerto Rico	\$11,000.00	Corporate Sponsorships
Associate de Reumatologos de Puerto Rico	\$15,000.00	Corporate Sponsorships
Associate Medicos Peditras Region Este Ampre	\$6,500.00	Corporate Sponsorships
Associate Medicos Peditras Region Este Ampre	\$6,500.00	Corporate Sponsorships
Associate of Physician Assistants in Oncology Inc.	\$2,950.00	Corporate Sponsorships
Associate of Physician Assistants in Oncology Inc.	\$35,000.00	Corporate Sponsorships
Associate of Professors of Gyn and Obstetrician	\$50,000.00	Corporate Sponsorships
Association of Community Cancer Centers (Accc)	\$30,000.00	Educational Grants
Association of Frontotemporal Degeneration	\$5,000.00	Corporate Sponsorships
Association of Idaho Rheumatologists Inc.	\$1,500.00	Corporate Sponsorships
Association of Physicians of Pakistani Descent of North America (Appna)—New York Chapter	\$1,500.00	Corporate Sponsorships
Association of VA Hematology Oncology	\$15,500.00	Corporate Sponsorships
Association of Women in Rheumatology	\$40,000.00	Corporate Sponsorships
Association of Women in Rheumatology	\$40,000.00	Corporate Sponsorships
Awesome Enablers LLC	\$250,000.00	Corporate Sponsorships
Awesome Enablers LLC	\$250,000.00	Corporate Sponsorships
Baylor College Medicine Infusion Dis	\$100,000.00	Fellowships and Scholarships
Baylor Scott and White Health	\$5,000.00	Educational Grants
Bellaire Crohns and Colitis Foundation	\$15,000.00	Corporate Sponsorships
Bellaire Crohns and Colitis Foundation	\$5,000.00	Corporate Sponsorships
Bellaire Crohns and Colitis Foundation	\$400,000.00	Corporate Sponsorships
Bendcare	\$434,000.00	Corporate Sponsorships
Beth Israel Deaconess Medical Center	\$40,000.00	Fellowships and Scholarships
Beth Israel Deaconess Medical Center	\$40,000.00	Fellowships and Scholarships
Beth Israel Deaconess Medical Center	\$3,500.00	Educational Grants
Betty and Milton Katz Jewish Community Center	\$1,500.00	Corporate Sponsorships
Bexar County Physician Assistant Society	\$6,250.00	Corporate Sponsorships
Big Brothers Big Sisters of Metro Chicago	\$20,000.00	Charitable Donations
Bio Ascend LLC	\$50,000.00	Corporate Sponsorships
Bio Ascend LLC	\$25,000.00	Corporate Sponsorships
Biomod Foundation	\$1,500.00	Corporate Sponsorships
Biotechnology Industry Organization	\$155,000.00	Corporate Sponsorships
Biotechnology Industry Organization	\$290,000.00	Corporate Sponsorships
Biotechnology Industry Organization	\$25,000.00	Corporate Sponsorships
Biotechnology Industry Organization	\$56,000.00	Corporate Sponsorships
Black Health Matters	\$5,000.00	Corporate Sponsorships
Board of Trustees of The Univ of Illinois	\$1,500.00	Corporate Sponsorships
Bonnie J Addario Lung Cancer Foundation	\$50,000.00	Patient Support
Bonnie J Addario Lung Cancer Foundation	\$5,000.00	Corporate Sponsorships
Borland Groover Clinic	\$750.00	Corporate Sponsorships
Boston College School of Nursing	\$10,000.00	Corporate Sponsorships
Boston Society Inc.	\$3,000.00	Educational Grants

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
Boston Taiwanese Biotechnology Association Inc.	\$2,500.00	Educational Grants
Brian Grant Foundation	\$85,000.00	Educational Grants
Brian Grant Foundation	\$15,000.00	Corporate Sponsorships
Brigham and Women's Hospital, Inc.	\$7,000.00	Educational Grants
Business Health Coalition Foundation	\$5,000.00	Corporate Sponsorships
California Associate of Physician Groups	\$10,000.00	Corporate Sponsorships
California Life Sciences Association	\$20,000.00	Corporate Sponsorships
California Life Sciences Association	\$1,500.00	Corporate Sponsorships
Cancer and Leukemia Group B Foundation	\$30,000.00	Educational Grants
Cancer and Leukemia Group B Foundation	\$50,000.00	Fellowships and Scholarships
Cancer Care	\$25,000.00	Charitable Donations
Cancer Care	\$75,000.00	Charitable Donations
Cancer Care	\$25,000.00	Educational Grants
Cancer Care	\$25,000.00	Educational Grants
Cancer Care	\$100,000.00	Educational Grants
Cancer Care	\$100,000.00	Educational Grants
Cancer Foundation for New Mexico	\$2,500.00	Corporate Sponsorships
Cancer Foundation for New Mexico	\$2,500.00	Corporate Sponsorships
Cancer Molecular Thrpt	\$5,000.00	Educational Grants
Cancer Research Institute	\$10,000.00	Educational Grants
Cancer Research Institute	\$40,000.00	Corporate Sponsorships
Cancer Support Community	\$75,000.00	Educational Grants
Cancer Support Community	\$75,000.00	Educational Grants
Cancer Wellness Center	\$5,000.00	Corporate Sponsorships
Cancercare Co-Payment Assistance Foundation	\$5,000,000.00	Charitable Donations
Captis Health	\$3,000.00	Corporate Sponsorships
Cardinal Health	\$100,000.00	Corporate Sponsorships
Cardinal Health	\$105,000.00	Corporate Sponsorships
Carevive Systems, Inc.	\$75,000.00	Educational Grants
Carevive Systems, Inc.	\$75,000.00	Educational Grants
Carevive Systems, Inc.	\$75,000.00	Educational Grants
Carevive Systems, Inc.	\$125,000.00	Educational Grants
Caring Ambassadors Program Inc.	\$5,000.00	Corporate Sponsorships
Caring Ambassadors Program Inc.	\$10,000.00	Corporate Sponsorships
Caring Ambassadors Program Inc.	\$10,000.00	Corporate Sponsorships
Caring Ambassadors Program Inc.	\$50,000.00	Charitable Donations
Caring Ambassadors Program Inc.	\$10,000.00	Charitable Donations
Carti Foundation	\$10,000.00	Corporate Sponsorships
Cascade Aids Project	\$5,000.00	Corporate Sponsorships
Case Western Reserve Univ	\$20,000.00	Fellowships and Scholarships
Cedar Rapids Metro Parkinsons Association	\$2,000.00	Corporate Sponsorships
Cedars—Sinai Med Center	\$40,000.00	Fellowships and Scholarships
Cedars—Sinai Med Center	\$8,000.00	Educational Grants
Central Brain Tumor Registry of The United States	\$30,000.00	Educational Grants
Central Savannah River Area Csra Parkinson Support Group	\$1,000.00	Corporate Sponsorships
Chicago Gynecological Society	\$8,000.00	Corporate Sponsorships
Chicago Urological Society	\$12,000.00	Corporate Sponsorships
Childrens Digestive Health and Nutrition Foundation	\$42,428.00	Corporate Sponsorships
Childrens Hospital of Wisconsin	\$2,000.00	Corporate Sponsorships
Children's Skin Disease Foundation	\$600.00	Corporate Sponsorships
Childrens Treehouse Foundation	\$10,000.00	Charitable Donations
Chimp Haven	\$15,000.00	Charitable Donations

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
Chinese American Biopharmaceutical Society	\$3,600.00	Corporate Sponsorships
Chris Elliott Fund	\$10,000.00	Charitable Donations
Chris Elliott Fund	\$10,000.00	Charitable Donations
Chris Elliott Fund	\$10,000.00	Charitable Donations
Chris Elliott Fund	\$25,000.00	Corporate Sponsorships
Chris Elliott Fund	\$50,000.00	Charitable Donations
Chris Elliott Fund	\$40,000.00	Educational Grants
Chris Elliott Fund	\$10,000.00	Corporate Sponsorships
Chris Elliott Fund	\$10,000.00	Corporate Sponsorships
Chris Elliott Fund	\$20,000.00	Corporate Sponsorships
Chris Elliott Fund	\$20,000.00	Corporate Sponsorships
Chris Elliott Fund	\$25,000.00	Corporate Sponsorships
Chris Elliott Fund	\$10,000.00	Corporate Sponsorships
Christ Hospital Foundation	\$5,000.00	Corporate Sponsorships
Chronic Liver Disease Foundation	\$450,000.00	Educational Grants
Chronic Liver Disease Foundation	\$75,000.00	Corporate Sponsorships
Chronic Liver Disease Foundation	\$75,000.00	Corporate Sponsorships
Chronic Liver Disease Foundation	\$90,000.00	Corporate Sponsorships
Chronic Lymphocytic Leukemia Society Inc.	\$50,000.00	Charitable Donations
Chronic Lymphocytic Leukemia Society Inc.	\$25,075.00	Patient Support
Chronic Lymphocytic Leukemia Society Inc.	\$75,000.00	Patient Support
Chronic Lymphocytic Leukemia Society Inc.	\$50,000.00	Patient Support
Chronic Lymphocytic Leukemia Society Inc.	\$35,000.00	Patient Support
Chronic Lymphocytic Leukemia Society Inc.	\$75,000.00	Patient Support
Cincinnati Childrens Hospital Medical Center	\$40,000.00	Fellowships and Scholarships
City of Hope National Med Center	\$50,000.00	Educational Grants
Cleveland Clinic Educational Foundation	(\$3,131.07)	Educational Grants
Cleveland Clinic Educational Foundation	\$5,000.00	Educational Grants
Cleveland Clinic Educational Foundation	(\$13,876.68)	Educational Grants
Cleveland Clinic Educational Foundation	\$50,000.00	Educational Grants
Cleveland Clinic Educational Foundation	(\$7,563.37)	Educational Grants
Cleveland Clinic Educational Foundation	\$50,000.00	Educational Grants
Cleveland Clinic Educational Foundation	\$20,000.00	Educational Grants
Cleveland Clinic Educational Foundation	\$5,000.00	Educational Grants
Cleveland Clinic Educational Foundation	\$50,000.00	Educational Grants
Cleveland Clinic Educational Foundation	\$50,000.00	Educational Grants
Cleveland Clinic Educational Foundation	\$25,000.00	Corporate Sponsorships
Cleveland Clinic Foundation	\$55,000.00	Fellowships and Scholarships
Cleveland Clinic Minority Mens Health Center	\$25,000.00	Corporate Sponsorships
Clinical Care Optn LLC	\$5,000.00	Educational Grants
Clinical Care Optn LLC	\$35,000.00	Educational Grants
Clinical Care Optn LLC	\$75,000.00	Educational Grants
Clinical Care Optn LLC	\$35,000.00	Educational Grants
Clinical Care Optn LLC	\$50,000.00	Educational Grants
Clinical Care Optn LLC	\$35,000.00	Educational Grants
Clinical Care Optn LLC	(\$35,000.00)	Educational Grants
Clinical Care Optn LLC	\$25,000.00	Educational Grants
Clinical Care Optn LLC	\$75,000.00	Educational Grants
Clinical Care Optn LLC	\$120,000.00	Educational Grants
Clinical Care Optn LLC	\$25,000.00	Educational Grants
Clinical Care Optn LLC	\$25,000.00	Educational Grants
Clinical Care Optn LLC	\$50,000.00	Educational Grants

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
Clinical Care Optn LLC	\$50,000.00	Educational Grants
Clinical Care Optn LLC	\$75,000.00	Educational Grants
Clinical Care Optn LLC	\$75,000.00	Educational Grants
Clinical Care Optn LLC	\$95,000.00	Educational Grants
CLL Global Research Foundation	\$35,000.00	Patient Support
CLL Global Research Foundation	\$35,000.00	Educational Grants
Club DE oficiales DE LA Policia DE Puerto Rico Inc.	\$495.00	Charitable Donations
Coalition for Prevention of Colorectal Cancer in Puerto Rico	\$5,000.00	Corporate Sponsorships
Coalition of Texans With Disabilities	\$5,000.00	Corporate Sponsorships
Coalition of Texans With Disabilities	\$5,000.00	Corporate Sponsorships
Cockerell Educational Foundation	\$25,000.00	Corporate Sponsorships
Cockerell Educational Foundation	\$30,000.00	Corporate Sponsorships
Cody Dieruf Benefit Foundation	\$5,000.00	Charitable Donations
Colegio DE Farmaceuticos DE Puerto Rico	\$4,000.00	Corporate Sponsorships
Colegio DE Farmaceuticos DE Puerto Rico	\$5,000.00	Corporate Sponsorships
Colegio DE Profesionales DE LA Enfermeria DE Puerto Rico Inc.	\$2,000.00	Corporate Sponsorships
Colegio DE Profesionales DE LA Enfermeria DE Puerto Rico Inc.	\$3,000.00	Corporate Sponsorships
Colegio DE Profesionales DE LA Enfermeria DE Puerto Rico Inc.	\$3,000.00	Corporate Sponsorships
Collaborative Alliance for Pancreatic Education and Research (Caper)	\$30,000.00	Educational Grants
Collaborative Alliance for Pancreatic Education and Research (Caper)	\$30,000.00	Fellowships and Scholarships
Collaborative Alliance for Pancreatic Education and Research (Caper)	\$6,000.00	Fellowships and Scholarships
College of American Pathologists	\$5,065.00	Corporate Sponsorships
College of Lake County	\$1,000.00	Charitable Donations
Colorado American Congress of Obstetrician Gyn Colorado Section	\$10,000.00	Corporate Sponsorships
Columbia Univ Med Center	\$5,000.00	Educational Grants
Columbia Univ Med Center	\$75,000.00	Fellowships and Scholarships
Community Center	\$10,000.00	Corporate Sponsorships
Community Center	\$10,000.00	Corporate Sponsorships
Community Foundation	\$5,000.00	Corporate Sponsorships
Community Foundation	\$1,500.00	Corporate Sponsorships
Community Initiatives	\$40,000.00	Corporate Sponsorships
Community Initiatives	\$25,000.00	Patient Support
Community Initiatives	\$1,500.00	Charitable Donations
Community Liver Alliance	\$15,000.00	Corporate Sponsorships
Community Liver Alliance	\$500.00	Corporate Sponsorships
Community Liver Alliance	\$1,500.00	Corporate Sponsorships
Community Oncology Alliance	\$20,000.00	Corporate Sponsorships
Connecticut Dermatology Society	\$3,722.25	Corporate Sponsorships
Connecticut Dermatology Society	\$3,500.00	Corporate Sponsorships
Connecting To Cure Crohns and Colitis	\$10,000.00	Corporate Sponsorships
Consortium of Multiple Sclerosis Centers	\$59,150.00	Educational Grants
Consortium of Multiple Sclerosis Centers	(\$452.00)	Educational Grants
Consortium of Multiple Sclerosis Centers	(\$341.36)	Educational Grants
Continuing Educational Alliance LLC	\$350,000.00	Educational Grants
Continuing Educational Alliance LLC	\$375,000.00	Educational Grants
Continuing Educational Alliance LLC	(\$623.00)	Educational Grants
Continuing Educational Alliance LLC	\$200,000.00	Educational Grants
Continuing Educational Alliance LLC	\$75,000.00	Educational Grants
Continuing Educational Alliance LLC	\$300,000.00	Educational Grants
Cornell Univ Weill Med College	\$15,000.00	Educational Grants

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/2019

Recipient	Payment Amount	Purpose
Cornell Univ Weill Med College	\$3,000.00	Educational Grants
Cornerstone Health Inc.	\$90,000.00	Educational Grants
Cornerstone Health Inc.	\$50,000.00	Educational Grants
Cradles To Crayons Inc.	\$300.00	Charitable Donations
Cristo Rey St Martin College Prep	\$7,500.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$2,500.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$5,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$1,500.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$2,500.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$5,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$15,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$10,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$20,000.00	Charitable Donations
Crohns and Colitis Foundation of America	\$40,000.00	Patient Support
Crohns and Colitis Foundation of America	\$150,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$5,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$90,000.00	Patient Support
Crohns and Colitis Foundation of America	\$250,000.00	Educational Grants
Crohns and Colitis Foundation of America	\$2,500.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$25,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$1,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$1,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$2,500.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$3,500.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$3,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$25,000.00	Educational Grants
Crohns and Colitis Foundation of America	\$25,000.00	Educational Grants
Crohns and Colitis Foundation of America	\$25,000.00	Educational Grants
Crohns and Colitis Foundation of America	\$10,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$2,500.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$5,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$5,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$2,500.00	Corporate Sponsorships

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
Crohns and Colitis Foundation of America	\$5,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$7,500.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$5,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$5,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$1,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$25,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$1,500.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$2,500.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$3,500.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$2,500.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$5,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$7,500.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$10,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$10,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$25,000.00	Corporate Sponsorships
Crohns and Colitis Foundation of America	\$250,000.00	Educational Grants
Curators of The Univ of Missouri	\$1,000.00	Charitable Donations
Curepsp Inc.	\$5,000.00	Corporate Sponsorships
Curepsp Inc.	\$2,500.00	Patient Support
Curepsp Inc.	\$30,000.00	Corporate Sponsorships
Curepsp Inc.	\$45,500.00	Corporate Sponsorships
Curepsp Inc.	\$30,000.00	Charitable Donations
Curesearch for Childrens Cancer	\$15,000.00	Charitable Donations
Cystic Fibrosis Foundation	\$1,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$25,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$2,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$2,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$1,750.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$3,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$5,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$2,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$2,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$5,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$1,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$2,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$2,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$2,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$1,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$5,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$2,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$3,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$10,000.00	Charitable Donations
Cystic Fibrosis Foundation	\$1,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$2,500.00	Corporate Sponsorships

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
Cystic Fibrosis Foundation	\$2,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$6,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$7,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$7,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$4,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$250.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$7,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$2,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$8,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$12,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$161,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$5,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$2,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$2,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$1,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$1,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$3,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$5,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$750.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$1,000.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$2,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$3,500.00	Corporate Sponsorships
Cystic Fibrosis Foundation	\$10,000.00	Charitable Donations
Cystic Fibrosis Foundation	\$750,000.00	Corporate Sponsorships
Cystic Fibrosis Research Fund Emilys Entourage	\$5,000.00	Corporate Sponsorships
Cystic Fibrosis Research Inc.	\$20,000.00	Corporate Sponsorships
Cystic Fibrosis Research Inc.	\$3,000.00	Corporate Sponsorships
Cystic Fibrosis Research Inc.	\$6,000.00	Corporate Sponsorships
Cystic Fibrosis Research Inc.	\$7,000.00	Corporate Sponsorships
Cystic Fibrosis Research Inc.	\$10,000.00	Corporate Sponsorships
Cystic Fibrosis Research Inc.	\$12,000.00	Corporate Sponsorships
Cystic Fibrosis Research Inc.	\$12,000.00	Corporate Sponsorships
Dade County Medical Association	\$5,000.00	Educational Grants
Dahshu	\$5,000.00	Corporate Sponsorships
Dallas Area Parkinsonism Society	\$2,500.00	Corporate Sponsorships
Dana Farber Cancer Institute	\$25,000.00	Educational Grants
Dana Farber Cancer Institute, Inc.	\$100,000.00	Corporate Sponsorships
Dava Oncology LP	\$37,500.00	Corporate Sponsorships
Davis Phinney Foundation	\$30,000.00	Patient Support
Davis Phinney Foundation	\$80,000.00	Corporate Sponsorships
Davis Phinney Foundation	\$30,000.00	Patient Support
Davis Phinney Foundation	\$15,000.00	Patient Support
Davis Phinney Foundation	\$15,000.00	Educational Grants
Davis Phinney Foundation	\$15,000.00	Educational Grants
Davis Phinney Foundation	\$15,000.00	Educational Grants
Dermatologic Society of Greater New York	\$100,000.00	Corporate Sponsorships
Dermatology Education Foundation	\$50,000.00	Corporate Sponsorships
Dermatology Foundation	\$135,000.00	Charitable Donations
Dermatology Foundation	\$50,000.00	Corporate Sponsorships
Dermatology Nurses Associate	\$18,000.00	Corporate Sponsorships
Dermatology PA Foundation	\$2,700.00	Corporate Sponsorships
Digestive Disease Week	\$32,400.00	Corporate Sponsorships
Digestive Disease Week	\$80,000.00	Corporate Sponsorships
Digestive Disease Week	\$255,300.00	Corporate Sponsorships
Digestive Health Foundation	\$50,000.00	Corporate Sponsorships
Direct Relief	\$25,000.00	Charitable Donations
Direct Relief	\$10,000,000.00	Charitable Donations
Direct Relief	\$25,000,000.00	Charitable Donations

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
Direct Relief	\$5,000,000.00	Charitable Donations
Direct Relief	\$10,000,000.00	Charitable Donations
Doctor Solomon Carter Fuller Mental Health Center	\$10,000.00	Educational Grants
Doctor Solomon Carter Fuller Mental Health Center	\$50,000.00	Educational Grants
Drew University Health Services	\$2,500.00	Educational Grants
Drexel University	\$55,000.00	Fellowships and Scholarships
Drugs for Neglected Diseases Initiative North America Inc.	\$10,000.00	Charitable Donations
East Tennessee Foundation	\$1,500.00	Corporate Sponsorships
Ecog Research and Education Foundation Inc.	\$20,000.00	Educational Grants
Ecog Research and Education Foundation Inc.	\$20,000.00	Educational Grants
Economic Alliance for Michigan	\$5,000.00	Corporate Sponsorships
Eisenhower Desert Orthopedic Center	(\$30,000.00)	Educational Grants
Eisenhower Desert Orthopedic Center	\$75,000.00	Educational Grants
Eisenhower Desert Orthopedic Center	\$300,000.00	Educational Grants
Eisenhower Desert Orthopedic Center	\$95,000.00	Educational Grants
Eisenhower Desert Orthopedic Center	\$90,000.00	Educational Grants
Eisenhower Desert Orthopedic Center	\$563,360.00	Educational Grants
Eisenhower Desert Orthopedic Center	\$50,000.00	Educational Grants
Eisenhower Desert Orthopedic Center	\$35,100.00	Educational Grants
Eisenhower Desert Orthopedic Center	\$250,000.00	Educational Grants
Eisenhower Desert Orthopedic Center	\$475,000.00	Educational Grants
Eisenhower Desert Orthopedic Center	\$50,000.00	Educational Grants
Embarcadero Lions Club of Sacramento	\$2,500.00	Corporate Sponsorships
Employers Health Coalition	\$5,000.00	Corporate Sponsorships
Endocrine Education Inc.	\$25,000.00	Educational Grants
Endocrine Society	\$25,000.00	Educational Grants
Endocrine Society	\$25,000.00	Educational Grants
Endocrine Society	(\$10,928.00)	Educational Grants
Endocrine Society	\$20,000.00	Educational Grants
Endometriosis Associate	\$50,000.00	Charitable Donations
Endometriosis Foundation of America	\$30,000.00	Corporate Sponsorships
Enzyme Mechanism Conference	\$2,500.00	Educational Grants
Epilepsy Association of Central Florida	\$7,500.00	Corporate Sponsorships
Epilepsy Foundation	\$15,000.00	Corporate Sponsorships
Epilepsy Foundation of Florida	\$5,000.00	Corporate Sponsorships
Epilepsy Foundation of Michigan	\$10,000.00	Corporate Sponsorships
Ethiopian Community Association of Greater Philadelphia	\$2,000.00	Corporate Sponsorships
Excellence in Gastroenterology Education LLC	\$100,000.00	Corporate Sponsorships
Excellence in Gastroenterology Education LLC	\$110,000.00	Corporate Sponsorships
Excellence in Rheumatology Education LLC	\$100,000.00	Corporate Sponsorships
Family Reach Foundation	\$5,000,000.00	Charitable Donations
Federation of American Society for Experimental Biology FASEB	\$2,000.00	Educational Grants
Federation of American Society for Experimental Biology FASEB	\$2,000.00	Educational Grants
Federation of American Society for Experimental Biology FASEB	\$2,000.00	Educational Grants
Federation of American Society for Experimental Biology FASEB	\$2,000.00	Educational Grants
Federation of Clinical Immunology Society	\$20,000.00	Educational Grants

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
Federation of Clinical Immunology Society	\$20,000.00	Educational Grants
Federation of Clinical Immunology Society	\$12,500.00	Educational Grants
Federation of Clinical Immunology Society	\$20,000.00	Fellowships and Scholarships
Feed My Starving Children	\$500.00	Charitable Donations
Feinstein Institute for Med Research	\$243,900.00	Educational Grants
Fibroid Foundation	\$90,000.00	Charitable Donations
Fibroid Foundation	\$95,000.00	Charitable Donations
Florida Academy of Family Physicians	\$18,000.00	Corporate Sponsorships
Florida Atlantic University Foundation Inc.	\$1,000.00	Charitable Donations
Florida Coalition	\$10,000.00	Corporate Sponsorships
Florida Gastroenterological Society	\$7,500.00	Corporate Sponsorships
Florida Society of Dermatology Physician Assistants Inc.	\$70,000.00	Corporate Sponsorships
Florida Society of Rheumatology Inc.	\$50,000.00	Corporate Sponsorships
Florida Society of Rheumatology Inc.	\$5,000.00	Corporate Sponsorships
Focus Med Communications	\$35,000.00	Corporate Sponsorships
Focus Med Communications	\$135,000.00	Corporate Sponsorships
Footsteps for Fertility Foundation	\$1,000.00	Corporate Sponsorships
Force—Facing Our Risk of Cancer Emp	\$5,000.00	Charitable Donations
Forsyth Area Striders Team	\$500.00	Corporate Sponsorships
Foundation Fighting Blindness	\$2,500.00	Corporate Sponsorships
Foundation for Biomedical Research	\$50,000.00	Charitable Donations
Foundation for The National Institute of Health	\$5,000.00	Corporate Sponsorships
Foundation of Consortium of Multiple Sclerosis Centers Cmsc	\$17,500.00	Fellowships and Scholarships
Foundation of Consortium of Multiple Sclerosis Centers Cmsc	\$40,000.00	Educational Grants
Foundation of Consortium of Multiple Sclerosis Centers Cmsc	\$32,875.00	Patient Support
Franklin and Marshall College	\$1,000.00	Charitable Donations
French American Chemical Society	\$3,000.00	Educational Grants
Friends of Cancer Research	\$25,000.00	Charitable Donations
Friends of Cancer Research	\$25,000.00	Corporate Sponsorships
Friends of Cancer Research	\$25,000.00	Corporate Sponsorships
Friends of The St Louis Univ Liver Center	\$50,000.00	Corporate Sponsorships
Fundacion Puertorriquena DE Pacientes Consult Endometriosis	\$17,960.00	Educational Grants
Gastrointestinal and Liver Association of The Americas Inc.	\$150,000.00	Corporate Sponsorships
Gastrointestinal Health Foundation Inc.	\$90,000.00	Corporate Sponsorships
Gateway for Cancer Research	\$10,000.00	Charitable Donations
Genesis Healthcare Foundation	\$3,000.00	Corporate Sponsorships
George Washington Univ	\$3,000.00	Corporate Sponsorships
Georgia Academy of Family Physicians	\$3,500.00	Corporate Sponsorships
Georgia Dermatology Physican Assistants	\$50,000.00	Corporate Sponsorships
Georgia Society of Dermatology and Dermatologic Surgery	\$7,500.00	Corporate Sponsorships
Georgia Society of Dermatology and Dermatologic Surgery	\$75,000.00	Corporate Sponsorships
Gildas Club Chicago	\$10,000.00	Charitable Donations
Global Academy for Medical Education	\$20,000.00	Corporate Sponsorships
Global Academy for Medical Education	\$43,750.00	Corporate Sponsorships
Global Academy for Medical Education	\$40,500.00	Corporate Sponsorships
Global Academy for Medical Education	\$76,500.00	Corporate Sponsorships
Global Academy for Medical Education	\$58,500.00	Corporate Sponsorships

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
Global Academy for Medical Education	\$76,500.00	Corporate Sponsorships
Global Healthy Living Foundation	\$45,000.00	Corporate Sponsorships
Global Healthy Living Foundation	\$75,000.00	Corporate Sponsorships
Global Oncology	\$5,000.00	Corporate Sponsorships
Good Grief	\$500.00	Corporate Sponsorships
Gordon Research Conferences	\$2,500.00	Educational Grants
Gordon Research Conferences	\$3,000.00	Educational Grants
Gordon Research Conferences	\$1,000.00	Educational Grants
Gordon Research Conferences	\$2,500.00	Educational Grants
Gordon Research Conferences	\$3,000.00	Educational Grants
Gordon Research Conferences	\$1,500.00	Educational Grants
Gordon Research Conferences	\$2,000.00	Educational Grants
Gordon Research Conferences	\$2,500.00	Educational Grants
Gordon Research Conferences	\$2,000.00	Educational Grants
Gordon Research Conferences	\$2,000.00	Educational Grants
Gordon Research Conferences	\$2,000.00	Educational Grants
Gordon Research Conferences	\$2,000.00	Educational Grants
Gordon Research Conferences	\$1,000.00	Educational Grants
Gordon Research Conferences	\$2,500.00	Educational Grants
Grand Traverse Area Parkinsons Support Group	\$1,500.00	Corporate Sponsorships
Gynecologic Oncology Group	\$10,000.00	Educational Grants
Gynecologic Oncology Group	\$25,000.00	Educational Grants
Gynecologic Oncology Group	\$5,500.00	Educational Grants
Gynecologic Oncology Group	\$40,000.00	Educational Grants
H Lee Moffitt Cancer Center and Research Institute	\$7,500.00	Educational Grants
Halo House Foundation	\$10,000.00	Corporate Sponsorships
Hamil Kerr Challenge	\$500.00	Corporate Sponsorships
Harborside Press	\$30,400.00	Corporate Sponsorships
Harborside Press	\$80,000.00	Corporate Sponsorships
Hartford Hospital	\$5,000.00	Corporate Sponsorships
Healthcare 21 Business Coalition	\$1,500.00	Corporate Sponsorships
Healthwell Foundation	\$220,000.00	Charitable Donations
Healthy Women	\$30,000.00	Corporate Sponsorships
Heart To Heart International Inc.	\$15,000.00	Charitable Donations
Heart To Heart International Inc.	\$1,000.00	Charitable Donations
Heart To Heart International Inc.	\$5,000.00	Charitable Donations
Henry M Jackson Foundation	\$10,000.00	Educational Grants
Hepatitis C Association	\$20,000.00	Educational Grants
Hepatitis C Mentor and Support Group The	\$20,000.00	Patient Support
Hepatitis Education Project	\$25,000.00	Corporate Sponsorships
Hermanas Carmelitas Teresas DE San Jose, Inc.	\$393.79	Charitable Donations
Hidradenitis Suppurativa Foundation	\$10,000.00	Charitable Donations
HIV Treaters Med Associate of Puerto Rico	\$7,500.00	Corporate Sponsorships
HMP Communications	\$15,000.00	Corporate Sponsorships
HMP Communications	\$70,000.00	Corporate Sponsorships
Hope Foundation	\$25,000.00	Educational Grants
Hospital of the University of Pennsylvania	\$10,000.00	Educational Grants
Hospital of the University of Pennsylvania	\$75,000.00	Educational Grants
Hospital of the University of Pennsylvania	\$5,000.00	Educational Grants
Hospital of the University of Pennsylvania	\$10,000.00	Educational Grants
Howard Hanna Children's Free Care Fund	\$10,000.00	Charitable Donations

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
Hubbard Street Dance Chicago	\$10,000.00	Educational Grants
Human Growth Foundation	\$5,000.00	Corporate Sponsorships
Human Growth Foundation	\$2,000.00	Corporate Sponsorships
Hunt for A Cure	\$1,250.00	Corporate Sponsorships
Huntsman Cancer Foundation	\$500.00	Corporate Sponsorships
Huntsman Cancer Foundation	\$2,000.00	Corporate Sponsorships
Huntsman Cancer Foundation	\$2,500.00	Corporate Sponsorships
IASLC Foundation	\$50,000.00	Fellowships and Scholarships
IBD Horizons	\$2,500.00	Corporate Sponsorships
IBD Horizons	\$2,500.00	Corporate Sponsorships
IBD Horizons	\$50,000.00	Corporate Sponsorships
Illinois Academy of Family Physicians	\$4,500.00	Educational Grants
Illinois CancerCare Foundation	\$2,500.00	Corporate Sponsorships
Illinois Society of Dermatology Physician Assistants	\$65,000.00	Corporate Sponsorships
Imedex LLC	\$75,000.00	Educational Grants
Imedex LLC	(\$1,119.00)	Educational Grants
Imedex LLC	\$25,000.00	Educational Grants
Imedex LLC	\$30,000.00	Educational Grants
Imedex LLC	(\$991.00)	Educational Grants
Imedex LLC	\$40,000.00	Educational Grants
Imedex LLC	\$75,000.00	Educational Grants
Imedex LLC	\$40,000.00	Educational Grants
Imedex LLC	\$114,000.00	Corporate Sponsorships
Imerman Angels	\$1,500.00	Charitable Donations
Immune Deficiency Foundation	\$9,900.00	Corporate Sponsorships
Impact Education LLC	\$75,000.00	Educational Grants
Impact Education LLC	\$95,000.00	Educational Grants
Improve Care Now Inc.	\$12,500.00	Corporate Sponsorships
Improve Care Now Inc.	\$100,000.00	Patient Support
Improve Care Now Inc.	\$12,500.00	Corporate Sponsorships
Improve Care Now Inc.	\$12,500.00	Corporate Sponsorships
Improve Care Now Inc.	\$12,500.00	Corporate Sponsorships
Indian Doc Associate of Houston	\$5,000.00	Corporate Sponsorships
Indiana Parkinson Foundation	\$4,250.00	Corporate Sponsorships
Indy Hematology Education Inc.	\$30,000.00	Corporate Sponsorships
Indy Hematology Education Inc.	\$19,000.00	Corporate Sponsorships
Infectious Disease of Puerto Rico	\$10,000.00	Patient Support
Innovation Foundation Inc.	\$55,000.00	Corporate Sponsorships
Institute for Medical and Nursing Education	\$15,000.00	Educational Grants
Integrated Med Foundation	\$15,000.00	Charitable Donations
Integrated Med Foundation	\$9,500.00	Corporate Sponsorships
Intellisphere LLC	\$7,000.00	Corporate Sponsorships
Intellisphere LLC	\$15,500.00	Corporate Sponsorships
Intellisphere LLC	\$10,500.00	Corporate Sponsorships
Intellisphere LLC	\$16,000.00	Corporate Sponsorships
Intellisphere LLC	\$18,500.00	Corporate Sponsorships
Intellisphere LLC	\$12,500.00	Corporate Sponsorships
International Society for Pharmacoeconomics and Outcomes Research	\$17,500.00	Corporate Sponsorships
International Association for The Study of Lung Cancer	\$311,000.00	Corporate Sponsorships
International Association for The Study of Lung Cancer	\$15,000.00	Corporate Sponsorships
International Association for The Study of Lung Cancer	\$75,000.00	Corporate Sponsorships
International Biometric Society Eastern North American Region	\$3,875.00	Corporate Sponsorships
International Dermatology Outcome Measures	\$70,000.00	Corporate Sponsorships

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
International Dermatology Outcome Measures	\$70,000.00	Corporate Sponsorships
International Medical Corps	\$5,000.00	Charitable Donations
International Meyoloma Foundation	\$100,000.00	Corporate Sponsorships
International Meyoloma Foundation	\$15,000.00	Corporate Sponsorships
International Meyoloma Foundation	\$25,000.00	Charitable Donations
International Meyoloma Foundation	\$10,000.00	Educational Grants
International Myeloma Society (IMS)	\$50,000.00	Corporate Sponsorships
International Organization of Multiple Sclerosis Nurses	\$50,000.00	Patient Support
International Pelvic Pain Society	\$23,000.00	Corporate Sponsorships
International Pelvic Pain Society	\$5,000.00	Corporate Sponsorships
International Physician Ntwrk Db International Oncology Ntwrk	\$75,000.00	Corporate Sponsorships
International Physician Ntwrk Db International Oncology Ntwrk	\$95,000.00	Corporate Sponsorships
International Physician Ntwrk Db International Oncology Ntwrk	\$75,000.00	Corporate Sponsorships
International Psoriasis Council	\$25,000.00	Corporate Sponsorships
International Psoriasis Council	\$50,000.00	Corporate Sponsorships
International Society for Antiviral Research	\$5,000.00	Educational Grants
It Takes Guts	\$1,000.00	Corporate Sponsorships
Johns Hopkins Technology Ventures	\$50,000.00	Educational Grants
Johns Hopkins Technology Ventures	\$20,000.00	Educational Grants
Johns Hopkins Technology Ventures	\$40,000.00	Fellowships and Scholarships
Johns Hopkins Technology Ventures	\$2,500.00	Corporate Sponsorships
Johns Hopkins Technology Ventures	\$75,000.00	Educational Grants
Johns Hopkins Technology Ventures	\$25,000.00	Educational Grants
Johns Hopkins Technology Ventures	\$40,000.00	Fellowships and Scholarships
Johns Hopkins Technology Ventures	\$40,000.00	Fellowships and Scholarships
Johns Hopkins Technology Ventures	\$40,000.00	Fellowships and Scholarships
Johns Hopkins Technology Ventures	\$70,000.00	Corporate Sponsorships
Johns Hopkins Technology Ventures	\$50,000.00	Fellowships and Scholarships
Johns Hopkins Technology Ventures	\$10,000.00	Educational Grants
Johns Hopkins University	(\$3,916.11)	Educational Grants
Johns Hopkins University	(\$2,784.14)	Educational Grants
JWC Covenant Inc.	\$50,000.00	Educational Grants
Kansas Univ Endowment Association	\$40,000.00	Educational Grants
Kelsey Research Foundation	\$40,000.00	Fellowships and Scholarships
Kentucky Rural Health Association	\$35,000.00	Corporate Sponsorships
Kentucky Rural Health Association	\$25,000.00	Corporate Sponsorships
Kentucky Rural Health Association	\$5,000.00	Corporate Sponsorships
Laboratorio Clinico Toledo	\$900.00	Patient Support
Laboratorio Clinico Toledo	\$1,095.00	Patient Support
Laboratorio Clinico Toledo	\$900.00	Patient Support
Laboratorio Clinico Toledo	\$2,250.00	Patient Support
Laboratorio Clinico Toledo	\$5,325.00	Patient Support
Laboratorio Clinico Toledo	\$465.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$750.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$315.00	Patient Support
Laboratorio Clinico Toledo	\$705.00	Patient Support
Laboratorio Clinico Toledo	\$2,295.00	Patient Support
Laboratorio Clinico Toledo	\$348.00	Patient Support
Laboratorio Clinico Toledo	\$435.00	Patient Support
Laboratorio Clinico Toledo	\$750.00	Patient Support
Laboratorio Clinico Toledo	\$1,050.00	Patient Support
Laboratorio Clinico Toledo	\$372.00	Patient Support
Laboratorio Clinico Toledo	\$255.00	Patient Support

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
Laboratorio Clinico Toledo	\$600.00	Patient Support
Laboratorio Clinico Toledo	\$600.00	Patient Support
Laboratorio Clinico Toledo	\$825.00	Patient Support
Laboratorio Clinico Toledo	\$345.00	Patient Support
Laboratorio Clinico Toledo	\$600.00	Patient Support
Laboratorio Clinico Toledo	\$750.00	Patient Support
Laboratorio Clinico Toledo	\$1,200.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$1,125.00	Patient Support
Laboratorio Clinico Toledo	\$255.00	Patient Support
Laboratorio Clinico Toledo	\$480.00	Patient Support
Laboratorio Clinico Toledo	\$750.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$705.00	Patient Support
Laboratorio Clinico Toledo	\$885.00	Patient Support
Laboratorio Clinico Toledo	\$1,695.00	Patient Support
Laboratorio Clinico Toledo	\$480.00	Patient Support
Laboratorio Clinico Toledo	\$525.00	Patient Support
Laboratorio Clinico Toledo	\$915.00	Patient Support
Laboratorio Clinico Toledo	\$1,200.00	Patient Support
Laboratorio Clinico Toledo	\$600.00	Patient Support
Laboratorio Clinico Toledo	\$675.00	Patient Support
Laboratorio Clinico Toledo	\$1,200.00	Patient Support
Laboratorio Clinico Toledo	\$3,000.00	Patient Support
Laboratorio Clinico Toledo	\$900.00	Patient Support
Laboratorio Clinico Toledo	\$360.00	Patient Support
Laboratorio Clinico Toledo	\$1,290.00	Patient Support
Laboratorio Clinico Toledo	\$900.00	Patient Support
Laboratorio Clinico Toledo	\$1,200.00	Patient Support
Laboratorio Clinico Toledo	\$750.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$1,500.00	Patient Support
Laboratorio Clinico Toledo	\$930.00	Patient Support
Laboratorio Clinico Toledo	\$1,200.00	Patient Support
Laboratorio Clinico Toledo	\$675.00	Patient Support
Laboratorio Clinico Toledo	\$600.00	Patient Support
Laboratorio Clinico Toledo	\$750.00	Patient Support
Laboratorio Clinico Toledo	\$525.00	Patient Support
Laboratorio Clinico Toledo	\$750.00	Patient Support
Laboratorio Clinico Toledo	\$360.00	Patient Support
Laboratorio Clinico Toledo	\$1,680.00	Patient Support
Laboratorio Clinico Toledo	\$525.00	Patient Support
Laboratorio Clinico Toledo	\$600.00	Patient Support
Laboratorio Clinico Toledo	\$375.00	Patient Support
Laboratorio Clinico Toledo	\$990.00	Patient Support
Laboratorio Clinico Toledo	\$1,830.00	Patient Support
Laboratorio Clinico Toledo	\$600.00	Patient Support
Laboratorio Clinico Toledo	\$600.00	Patient Support
Lahey Hospital and Medical Center	\$3,000.00	Corporate Sponsorships
Lake County Crisis Center	\$5,000.00	Charitable Donations
Lake County Haven	\$10,000.00	Charitable Donations
Large Urology Group Practice Associate	\$66,400.00	Corporate Sponsorships
Large Urology Group Practice Associate	\$20,000.00	Corporate Sponsorships
Large Urology Group Practice Associate	\$20,000.00	Corporate Sponsorships
Large Urology Group Practice Associate	\$5,000.00	Corporate Sponsorships
Leukemia and Lymphoma Society Inc.	\$50,000.00	Patient Support
Leukemia and Lymphoma Society Inc.	\$5,000.00	Corporate Sponsorships
Leukemia and Lymphoma Society Inc.	\$5,000.00	Corporate Sponsorships
Leukemia and Lymphoma Society Inc.	\$100,000.00	Corporate Sponsorships
Leukemia and Lymphoma Society Inc.	\$100,000.00	Educational Grants
Leukemia and Lymphoma Society Inc.	\$2,000.00	Corporate Sponsorships

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
Leukemia and Lymphoma Society Inc.	\$5,000.00	Corporate Sponsorships
Leukemia and Lymphoma Society Inc.	\$95,000.00	Corporate Sponsorships
Leukemia and Lymphoma Society Inc.	\$70,000.00	Corporate Sponsorships
Leukemia and Lymphoma Society Inc.	\$50,000.00	Educational Grants
Leukemia and Lymphoma Society Inc.	\$50,000.00	Educational Grants
Leukemia and Lymphoma Society Inc.	\$3,500.00	Corporate Sponsorships
Leukemia Research Foundation Inc.	\$50,000.00	Fellowships and Scholarships
Leukemia Research Foundation Inc.	\$10,000.00	Corporate Sponsorships
Leukemia Research Foundation Inc.	\$5,000.00	Charitable Donations
Leukemia Research Foundation Inc.	\$5,000.00	Educational Grants
Leukemia Research Foundation Inc.	\$50,000.00	Fellowships and Scholarships
Linkage To Health Inc.	\$25,000.00	Educational Grants
Liver Health Connection	\$40,000.00	Educational Grants
Liver Health Connection	\$5,000.00	Corporate Sponsorships
Livestrong Foundation	\$10,000.00	Charitable Donations
Loma Linda University School of Medicine	\$10,000.00	Educational Grants
Lung Cancer Alliance	\$25,000.00	Corporate Sponsorships
Lung Cancer Research Foundation	\$25,000.00	Charitable Donations
Lung Cancer Research Foundation	\$20,000.00	Corporate Sponsorships
Lungevity Foundation	\$5,000.00	Corporate Sponsorships
Lungevity Foundation	\$25,000.00	Charitable Donations
Lungevity Foundation	\$10,000.00	Corporate Sponsorships
Lungevity Foundation	\$10,000.00	Educational Grants
Lupus and Allied Diseases Association, Inc.	\$15,000.00	Corporate Sponsorships
Lymphoma Research Foundation	\$10,000.00	Corporate Sponsorships
Lymphoma Research Foundation	\$25,000.00	Corporate Sponsorships
Lymphoma Research Foundation	\$40,000.00	Corporate Sponsorships
Lymphoma Research Foundation	\$10,000.00	Corporate Sponsorships
Lymphoma Research Foundation	\$15,000.00	Corporate Sponsorships
Lymphoma Research Foundation	\$25,000.00	Corporate Sponsorships
Lymphoma Research Foundation	\$50,000.00	Corporate Sponsorships
Magellan Rx Management Inc.	\$10,000.00	Corporate Sponsorships
March of Dimes Foundation	\$5,000.00	Corporate Sponsorships
Massachusetts General Hospital	\$30,000.00	Educational Grants
Massachusetts General Hospital	\$40,000.00	Fellowships and Scholarships
Massachusetts Society for Med Research	\$10,000.00	Charitable Donations
Mayo Clinic	\$7,500.00	Corporate Sponsorships
Mayo Clinic Scottsdale Pharmacy	\$8,000.00	Educational Grants
Mayo Clinic Scottsdale Pharmacy	\$10,000.00	Educational Grants
Mckesson Specialty Health Pharmaceuticals and Biotechnology Solutions	\$60,000.00	Corporate Sponsorships
Mckesson Specialty Health Pharmaceuticals and Biotechnology Solutions	\$25,000.00	Corporate Sponsorships
Mckesson Specialty Health Pharmaceuticals and Biotechnology Solutions	\$65,000.00	Corporate Sponsorships
ME Strong Inc.	\$5,000.00	Corporate Sponsorships
Med—LQ LLC	\$75,000.00	Educational Grants
Med—LQ LLC	\$75,000.00	Educational Grants
Med—LQ LLC	\$75,000.00	Educational Grants
Med Conference Planners	\$7,500.00	Corporate Sponsorships
Med Educator Consortium	\$10,000.00	Corporate Sponsorships
Med Univ of South Carolina Foundation	\$2,500.00	Educational Grants
Medical Education Resources	\$20,000.00	Corporate Sponsorships
Medical Learning Institute	\$148,000.00	Educational Grants
Medical Learning Institute	\$95,000.00	Educational Grants
Medical Learning Institute	\$55,495.00	Educational Grants
Medical Learning Institute	\$50,000.00	Educational Grants
Medical Learning Institute	(\$715.00)	Educational Grants

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
Medical Oncology Association of Southern California	\$20,000.00	Corporate Sponsorships
Medical Univ of South Carolina	\$1,250.00	Corporate Sponsorships
Medical Univ of South Carolina	\$1,250.00	Corporate Sponsorships
Medical Univ of South Carolina	\$7,500.00	Corporate Sponsorships
Medicinal and Bioorganic Chemistry Foundation The	\$5,000.00	Educational Grants
Medina Community Clinic	\$1,000.00	Corporate Sponsorships
Medscape LLC	(\$7,703.00)	Educational Grants
Medscape LLC	(\$2,475.00)	Educational Grants
Medscape LLC	(\$205.88)	Educational Grants
Medstar Georgetown Transplant Institute Fairfax	\$800.00	Corporate Sponsorships
Medstar Health Inc.	\$10,000.00	Educational Grants
Meeting Designs LLC	\$20,000.00	Corporate Sponsorships
Memorial Hermann Foundation	\$1,500.00	Corporate Sponsorships
Memorial Hermann Foundation	\$5,000.00	Corporate Sponsorships
Memorial Sloan Kettering Cancer Center	\$25,000.00	Educational Grants
Merriam LLC Dba World Class Cme	\$73,085.00	Educational Grants
Metavivor Research and Support, Inc.	\$4,000.00	Charitable Donations
Methodist Dallas Med Center Irb	\$5,000.00	Corporate Sponsorships
Methodist Hospital	\$25,000.00	Corporate Sponsorships
Metropolitan Chicago Breast Cancer	\$5,000.00	Charitable Donations
Michael J Fox Foundation	\$10,000.00	Corporate Sponsorships
Michael J Fox Foundation	\$1,000.00	Corporate Sponsorships
Michael J Fox Foundation	\$600,000.00	Corporate Sponsorships
Michael J Fox Foundation	\$25,000.00	Corporate Sponsorships
Michael J Fox Foundation	\$25,000.00	Corporate Sponsorships
Michigan Parkinson Foundation	\$5,000.00	Corporate Sponsorships
Michigan Parkinson Foundation	\$3,000.00	Corporate Sponsorships
Michigan Rheumatism Society	\$25,000.00	Corporate Sponsorships
Midwest Business Group On Health	\$3,000.00	Corporate Sponsorships
Midwest Parkinsons Initiative	\$1,000.00	Corporate Sponsorships
Miles for Cystic Fibrosis	\$2,500.00	Corporate Sponsorships
Miles for Cystic Fibrosis	\$15,000.00	Charitable Donations
Minnesota Urological Society	\$5,000.00	Corporate Sponsorships
Mississippi Arthritis and Rheumatism Society	\$10,000.00	Corporate Sponsorships
Missouri Hepatitis C Alliance	\$25,000.00	Educational Grants
MIT Medical Obstetrics and Gynecology	\$10,000.00	Charitable Donations
Montana Academy of Ophthalmology	\$1,500.00	Corporate Sponsorships
Montefiore Med Center	\$40,000.00	Fellowships and Scholarships
Mount Sinai School of Medicine	\$2,500.00	Educational Grants
Mount Sinai School of Medicine	\$30,000.00	Corporate Sponsorships
Mount Sinai School of Medicine	\$10,000.00	Educational Grants
Mount Sinai School of Medicine	\$40,000.00	Educational Grants
Mountain Area Center Education Center	\$1,200.00	Corporate Sponsorships
Movement Disorder Society	\$2,500.00	Educational Grants
Movement Disorder Society	\$10,000.00	Educational Grants
Movement Disorder Society	\$25,000.00	Corporate Sponsorships
Movement Disorder Society	\$25,000.00	Corporate Sponsorships
Movement Disorder Society	\$15,000.00	Corporate Sponsorships
Movement Disorder Society	\$208,750.00	Corporate Sponsorships
Movement Disorder Society	\$50,000.00	Corporate Sponsorships
Multiple Myeloma Research Foundation Inc.	\$25,000.00	Patient Support
Multiple Myeloma Research Foundation Inc.	\$50,000.00	Patient Support
Multiple Myeloma Research Foundation Inc.	\$10,000.00	Patient Support

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
Multiple Myeloma Research Foundation Inc.	\$20,000.00	Patient Support
Multiple Myeloma Research Foundation Inc.	\$25,000.00	Corporate Sponsorships
Multiple Myeloma Research Foundation Inc.	\$55,000.00	Fellowships and Scholarships
Multiple Myeloma Research Foundation Inc.	\$20,000.00	Educational Grants
Multiple Myeloma Research Foundation Inc.	\$20,000.00	Educational Grants
Multiple Myeloma Research Foundation Inc.	\$75,000.00	Educational Grants
Multiple Myeloma Research Foundation Inc.	\$50,000.00	Educational Grants
Multiple Myeloma Research Foundation Inc.	\$75,000.00	Educational Grants
Musella Foundation for Brain Tumor Research and Information Inc.	\$10,000.00	Corporate Sponsorships
Nami Oregon	\$2,250.00	Corporate Sponsorships
Nami Oregon	\$2,250.00	Corporate Sponsorships
Nami Tennessee	\$2,500.00	Corporate Sponsorships
National Academy of Dermatology Nurse Practitioners	\$30,000.00	Corporate Sponsorships
National Academy of Science	\$85,000.00	Corporate Sponsorships
National AIDS Treatment Advocacy Project (NATAP)	\$300,000.00	Charitable Donations
National Alliance of Healthcare Purchaser Coalitions	\$20,000.00	Corporate Sponsorships
National Alliance of State and Territorial Aids Directors	\$100,000.00	Corporate Sponsorships
National Alliance of State and Territorial Aids Directors	\$50,000.00	Charitable Donations
National Animal Interest Alliance	\$15,000.00	Charitable Donations
National Associate of Managed Care Physician	\$45,000.00	Educational Grants
National Associate of Managed Care Physician	\$20,000.00	Educational Grants
National Associate of Managed Care Physician	\$45,000.00	Educational Grants
National Association of Area Agencies On Aging (N4a)	\$300.00	Charitable Donations
National Association of Community Health Centers Nachc	\$6,600.00	Corporate Sponsorships
National Association of School Nurses Inc.	\$10,000.00	Charitable Donations
National Brain Tumor Society Inc.	\$5,700.00	Charitable Donations
National Brain Tumor Society Inc.	\$25,000.00	Corporate Sponsorships
National Brain Tumor Society Inc.	\$50,000.00	Charitable Donations
National Brain Tumor Society Inc.	\$50,000.00	Educational Grants
National Brain Tumor Society Inc.	\$50,000.00	Corporate Sponsorships
National Coalition for Cancer Survivorship	\$50,000.00	Corporate Sponsorships
National Coalition for Cancer Survivorship	\$2,500.00	Corporate Sponsorships
National Coalition for Cancer Survivorship	\$2,500.00	Corporate Sponsorships
National Coalition for Cancer Survivorship	\$25,000.00	Corporate Sponsorships
National Coalition for Cancer Survivorship	\$25,000.00	Corporate Sponsorships

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
National Community Dispensing Associate Ncoda	\$80,000.00	Corporate Sponsorships
National Comprehensive Cancer Network	\$15,000.00	Corporate Sponsorships
National Comprehensive Cancer Network	\$15,000.00	Corporate Sponsorships
National Comprehensive Cancer Network	\$40,000.00	Corporate Sponsorships
National Comprehensive Cancer Network	\$30,000.00	Educational Grants
National Comprehensive Cancer Network	\$60,000.00	Educational Grants
National Comprehensive Cancer Network	\$75,000.00	Educational Grants
National Comprehensive Cancer Network	\$5,000.00	Corporate Sponsorships
National Comprehensive Cancer Network	\$25,000.00	Educational Grants
National Comprehensive Cancer Network	\$50,000.00	Educational Grants
National Comprehensive Cancer Network	\$55,000.00	Educational Grants
National Comprehensive Cancer Network Foundation	\$40,000.00	Patient Support
National Comprehensive Cancer Network Foundation	\$100,000.00	Fellowships and Scholarships
National Comprehensive Cancer Network Foundation	\$40,000.00	Patient Support
National Comprehensive Cancer Network Foundation	\$25,000.00	Patient Support
National Comprehensive Cancer Network Foundation	\$40,000.00	Patient Support
National Comprehensive Cancer Network Foundation	\$50,000.00	Charitable Donations
National Comprehensive Cancer Network Foundation	\$100,000.00	Fellowships and Scholarships
National Eczema Association	\$10,000.00	Corporate Sponsorships
National Health Council	\$50,000.00	Corporate Sponsorships
National Minority Quality forum Inc.	\$75,000.00	Corporate Sponsorships
National Minority Quality forum Inc.	\$75,000.00	Corporate Sponsorships
National Multiple Sclerosis Society	\$10,000.00	Corporate Sponsorships
National Pancreas Foundation	\$150,000.00	Educational Grants
National Pancreas Foundation	\$75,000.00	Corporate Sponsorships
National Pancreas Foundation	\$75,000.00	Charitable Donations
National Pancreas Foundation	\$70,000.00	Corporate Sponsorships
National Partnership for Women and Families Inc.	\$5,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$50,000.00	Fellowships and Scholarships
National Psoriasis Foundation	\$15,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$25,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$50,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$5,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$50,000.00	Educational Grants
National Psoriasis Foundation	\$35,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$25,000.00	Educational Grants
National Psoriasis Foundation	\$150,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$30,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$15,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$50,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$75,000.00	Fellowships and Scholarships
National Psoriasis Foundation	\$30,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$40,000.00	Corporate Sponsorships
National Psoriasis Foundation	\$40,000.00	Corporate Sponsorships
National Society for Cutaneous Medicine	\$55,000.00	Corporate Sponsorships
National Society for Cutaneous Medicine	\$80,000.00	Corporate Sponsorships
National Society for Cutaneous Medicine	\$225,000.00	Corporate Sponsorships
National Society for Cutaneous Medicine	\$160,000.00	Corporate Sponsorships
New England Immunology Conference Inc.	\$2,500.00	Corporate Sponsorships
New Jersey Academy of Family Physicians	(\$7,440.00)	Educational Grants

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
New York Academy of Science	\$3,500.00	Educational Grants
New York Academy of Science	\$5,000.00	Educational Grants
New York Academy of Science	\$5,000.00	Educational Grants
New York Academy of Science	\$2,500.00	Educational Grants
New York Cancer Foundation	\$10,000.00	Corporate Sponsorships
New York University School of Medicine	(\$5,000.00)	Educational Grants
Nikki Mitchell Foundation	\$7,500.00	Corporate Sponsorships
NL Communications Inc.	\$35,000.00	Educational Grants
NL Communications Inc.	\$75,000.00	Educational Grants
NL Communications Inc.	\$25,000.00	Educational Grants
NL Communications Inc.	\$225,000.00	Educational Grants
NL Communications Inc.	\$25,000.00	Educational Grants
NL Communications Inc.	\$55,000.00	Educational Grants
NL Communications Inc.	\$30,000.00	Educational Grants
NL Communications Inc.	\$85,000.00	Educational Grants
NL Communications Inc.	\$35,000.00	Educational Grants
NL Communications Inc.	\$25,000.00	Educational Grants
NL Communications Inc.	\$75,000.00	Educational Grants
NL Communications Inc.	\$45,000.00	Educational Grants
NL Communications Inc.	\$75,000.00	Educational Grants
NL Communications Inc.	\$20,000.00	Educational Grants
NL Communications Inc.	\$30,000.00	Educational Grants
NL Communications Inc.	\$50,000.00	Educational Grants
NL Communications Inc.	\$25,000.00	Educational Grants
NL Communications Inc.	\$60,000.00	Educational Grants
NL Communications Inc.	\$125,000.00	Educational Grants
NL Communications Inc.	\$145,000.00	Educational Grants
North American Center for Continuing Med Education	\$375,000.00	Educational Grants
North American Society for Pediatric and Adolescent Gynecology	\$5,000.00	Corporate Sponsorships
North American Society for Pediatric Gastroenterology Hepatology and Nu- trition	\$25,000.00	Educational Grants
North Carolina Academy of Family Physicians	\$235,500.00	Educational Grants
North Carolina Academy of Family Physicians	\$10,000.00	Corporate Sponsorships
North Carolina Oncology Management Society	\$5,000.00	Corporate Sponsorships
North Carolina Society of Eye Physicians and Surgeons	\$5,000.00	Corporate Sponsorships
North Dakota Pharmacists Association	\$2,500.00	Corporate Sponsorships
Northeast Business Group On Health	\$10,000.00	Corporate Sponsorships
Northeast Business Group On Health	\$7,500.00	Corporate Sponsorships
Northeast Kidney Foundation Inc.	\$5,000.00	Corporate Sponsorships
Northern California Society for Clinical Gastroenterology	\$20,000.00	Corporate Sponsorships
Northwell Health	\$10,000.00	Corporate Sponsorships
Northwest Parkinsons Foundation	\$5,000.00	Patient Support
Northwest Parkinsons Foundation	\$5,000.00	Patient Support
Northwestern Univ	\$50,000.00	Fellowships and Scholarships
Northwestern Univ	\$5,000.00	Corporate Sponsorships
Northwestern Univ	\$5,000.00	Educational Grants
Northwestern Univ	\$3,000.00	Educational Grants
Northwestern Univ	\$3,000.00	Fellowships and Scholarships
Northwestern Univ	\$10,000.00	Corporate Sponsorships
Nutrition4kids, LLC	\$75,000.00	Patient Support
Nutrition4kids, LLC	\$100,000.00	Patient Support
NYU School of Medicine	\$7,500.00	Educational Grants
NYU School of Medicine	\$40,000.00	Fellowships and Scholarships

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
NYU School of Medicine Cardiothoracic Surgery	\$10,000.00	Educational Grants
NYU School of Medicine Cardiothoracic Surgery	\$7,500.00	Educational Grants
Ochsner Clinic Foundation	\$10,000.00	Corporate Sponsorships
Ocular Immunology and Uveitis Foundation	\$65,000.00	Corporate Sponsorships
Ohio Association of Community Health Centers	\$1,300.00	Corporate Sponsorships
Ohio Association of Rheumatology	\$10,000.00	Corporate Sponsorships
Ohio Gastroenterology Society	\$5,000.00	Corporate Sponsorships
Ohio Gastroenterology Society	\$3,000.00	Corporate Sponsorships
Ohio State Univ	\$3,500.00	Educational Grants
Omnia Education Inc.	\$231,475.00	Educational Grants
Oncology Nursing Society	\$38,500.00	Corporate Sponsorships
Oncology Nursing Society	\$9,100.00	Corporate Sponsorships
Oregon Health and Science Univ	\$3,000.00	Patient Support
Oregon Health and Science Univ	\$12,000.00	Corporate Sponsorships
Oregon Health and Science Univ	\$10,000.00	Educational Grants
Our Brain Bank	\$50,000.00	Corporate Sponsorships
Pacific Business Group On Health	\$15,000.00	Corporate Sponsorships
Pacific Business Group On Health	\$6,250.00	Corporate Sponsorships
Pacific Business Group On Health	\$6,250.00	Corporate Sponsorships
Pacific Business Group On Health	\$6,250.00	Corporate Sponsorships
Pacific Business Group On Health	\$6,250.00	Corporate Sponsorships
Pacific Dermatologic Association	\$20,000.00	Corporate Sponsorships
Pacific Dermatologic Association	\$30,000.00	Corporate Sponsorships
Pack Center LLC	\$242,750.00	Patient Support
Pack Center LLC	\$200,000.00	Patient Support
Pack Center LLC	\$13,100.00	Educational Grants
Pack Center LLC	\$125,500.00	Educational Grants
Pack Center LLC	\$110,225.00	Educational Grants
Pack Center LLC	\$151,700.00	Educational Grants
Pancreatic Cancer Action Network	\$50,000.00	Educational Grants
Para LA Naturaleza Inc.	\$500.00	Charitable Donations
Park Nicollet Foundation	\$1,000.00	Corporate Sponsorships
Park Nicollet Foundation	\$1,000.00	Corporate Sponsorships
Parkinson Alliance	\$1,000.00	Corporate Sponsorships
Parkinson and Movement Disorder Alliance	\$10,000.00	Patient Support
Parkinson and Movement Disorder Alliance	\$15,000.00	Patient Support
Parkinson and Movement Disorder Alliance	\$50,000.00	Patient Support
Parkinson and Movement Disorder Alliance	\$100,000.00	Corporate Sponsorships
Parkinson and Movement Disorder Alliance	\$15,000.00	Patient Support
Parkinson and Movement Disorder Alliance	\$10,000.00	Educational Grants
Parkinson Association of Alabama	\$1,000.00	Corporate Sponsorships
Parkinson Association of Greater Daytona Beach Pagdb	\$1,250.00	Corporate Sponsorships
Parkinson Association of Northern California	\$1,000.00	Corporate Sponsorships
Parkinson Association of The Carolinas	\$1,000.00	Corporate Sponsorships
Parkinson Association of The Carolinas	\$1,000.00	Corporate Sponsorships
Parkinson Council	\$25,000.00	Corporate Sponsorships
Parkinson Foundation of Oklahoma	\$1,000.00	Corporate Sponsorships
Parkinson Foundation of The National Capital Area	\$10,000.00	Patient Support

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
Parkinson Foundation of The National Capital Area	\$10,000.00	Patient Support
Parkinson Foundation of The National Capital Area	\$2,500.00	Corporate Sponsorships
Parkinson Foundation Western Pennsylvania	\$5,000.00	Corporate Sponsorships
Parkinson Ntwrk of Arizona	\$500.00	Corporate Sponsorships
Parkinson Support Center of Kentuciana	\$10,000.00	Corporate Sponsorships
Parkinson Support Center of Kentuciana	\$2,500.00	Corporate Sponsorships
Parkinson's Association of San Diego	\$1,000.00	Corporate Sponsorships
Parkinson's Association of San Diego	\$17,000.00	Corporate Sponsorships
Parkinsons Association of The Rockies	\$7,500.00	Patient Support
Parkinsons Awareness Association of Central Indiana	\$1,250.00	Corporate Sponsorships
Parkinsons Disease Foundation	\$2,500.00	Corporate Sponsorships
Parkinsons Disease Foundation	\$5,000.00	Corporate Sponsorships
Parkinsons Disease Foundation	\$25,000.00	Corporate Sponsorships
Parkinsons Disease Foundation	\$5,000.00	Corporate Sponsorships
Parkinsons Disease Foundation	\$135,000.00	Corporate Sponsorships
Parkinsons Disease Foundation	\$2,500.00	Corporate Sponsorships
Parkinsons Disease Foundation	\$10,000.00	Corporate Sponsorships
Parkinsons Disease Foundation	\$4,500.00	Corporate Sponsorships
Parkinson's Nebraska	\$1,000.00	Corporate Sponsorships
Parkinson's Nebraska	\$1,000.00	Corporate Sponsorships
Parkinsons Unity Walk	\$54,000.00	Corporate Sponsorships
Partnership for A Drug Free America	\$75,000.00	Charitable Donations
Partnership for Cures	\$60,000.00	Patient Support
Partnership for Quality Med Donations Pqmd	\$1,000.00	Charitable Donations
Partnership for Quality Med Donations Pqmd	\$5,000.00	Charitable Donations
Patient Access Network Foundation	\$1,200,000.00	Charitable Donations
Patient Access Network Foundation	\$12,007,000.00	Charitable Donations
Patient Access Network Foundation	\$5,000,000.00	Charitable Donations
Patient Access Network Foundation	\$10,000,000.00	Charitable Donations
Patient Access Network Foundation	\$11,200,000.00	Charitable Donations
Patient Access Network Foundation	\$11,022,000.00	Charitable Donations
Patient Access Network Foundation	\$30,000,000.00	Charitable Donations
Patient Empowerment Ntwrk	\$20,000.00	Patient Support
Patient Empowerment Ntwrk	\$40,000.00	Patient Support
Patient Empowerment Ntwrk	\$10,000.00	Patient Support
Patient Empowerment Ntwrk	\$10,000.00	Patient Support
Patient Empowerment Ntwrk	\$20,000.00	Patient Support
Patient Empowerment Ntwrk	\$20,000.00	Patient Support
Patient Empowerment Ntwrk	\$30,000.00	Patient Support
Patient Empowerment Ntwrk	\$10,000.00	Charitable Donations
Patient Empowerment Ntwrk	\$20,000.00	Patient Support
PD Gladiators	\$10,000.00	Corporate Sponsorships
PD Gladiators	\$10,000.00	Charitable Donations
Pediatric Specialists of Virginia LLC	\$2,500.00	Corporate Sponsorships
Peerview Institute for Medical Education	\$5,000.00	Educational Grants
Pennsylvania Academy of Dermatology and Dermatologic Surgry	\$10,000.00	Corporate Sponsorships
Pennsylvania Prostate Cancer Coalition	\$1,000.00	Corporate Sponsorships
Pennsylvania Society of Gastroenterology	\$10,000.00	Corporate Sponsorships
Pennsylvania Society of Gastroenterology	\$5,000.00	Corporate Sponsorships
People To People Health Foundation	\$15,000.00	Charitable Donations
People To People Health Foundation	\$20,000.00	Charitable Donations
Pharmacy Benefit Management Institute	\$7,500.00	Corporate Sponsorships
Pharmacy Benefit Management Institute	\$5,500.00	Corporate Sponsorships
Phoenix Obgyn Society	\$2,000.00	Corporate Sponsorships

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
Phoenix Rheumatology Association	\$10,000.00	Corporate Sponsorships
Phrmct Care Management Associate	\$95,000.00	Corporate Sponsorships
Physicians Continuing Education	\$42,000.00	Corporate Sponsorships
Physicians Education Resource LLC	\$42,550.00	Educational Grants
Physicians Education Resource LLC	\$50,000.00	Educational Grants
Physicians Education Resource LLC	\$85,000.00	Educational Grants
Physicians Education Resource LLC	\$100,000.00	Educational Grants
Physicians Education Resource LLC	\$40,000.00	Educational Grants
Physicians Education Resource LLC	\$50,000.00	Educational Grants
Physicians Education Resource LLC	\$75,000.00	Educational Grants
Pinnacle Clinical Research	\$5,000.00	Corporate Sponsorships
Pins for Parkinsons	\$500.00	Corporate Sponsorships
Platformq Health Education, LLC	\$125,000.00	Educational Grants
Postgraduate Healthcare Education LLC	\$25,000.00	Educational Grants
Postgraduate Institute for Medicine	\$50,000.00	Educational Grants
Postgraduate Institute for Medicine	\$350,000.00	Educational Grants
Presbyterian Healthcare Foundation	\$5,000.00	Corporate Sponsorships
President and Fellows of Harvard College	\$12,000.00	Educational Grants
President and Fellows of Harvard College	\$20,000.00	Corporate Sponsorships
President and Fellows of Harvard College	\$30,000.00	Educational Grants
President and Fellows of Harvard College	\$11,500.00	Educational Grants
President and Fellows of Harvard College	\$3,000.00	Educational Grants
President and Fellows of Harvard College	(\$18,400.00)	Educational Grants
Prevent Cancer Foundation	\$25,000.00	Corporate Sponsorships
Prevent Cancer Foundation	\$100,000.00	Corporate Sponsorships
Prime Education Inc.	\$120,000.00	Educational Grants
Prime Education Inc.	\$225,000.00	Educational Grants
Prime Education Inc.	\$150,000.00	Educational Grants
Prime Education Inc.	\$199,725.00	Educational Grants
Prime Education Inc.	\$200,000.00	Educational Grants
Prime Education Inc.	\$200,000.00	Educational Grants
Prime Education Inc.	\$295,217.00	Educational Grants
Prime Education Inc.	\$93,930.00	Educational Grants
Prime Education Inc.	\$200,000.00	Educational Grants
Prime Education Inc.	\$274,830.00	Educational Grants
Prime Education Inc.	\$200,000.00	Educational Grants
Prime Education Inc.	\$200,000.00	Educational Grants
Prime Education Inc.	\$150,000.00	Educational Grants
Prime Oncology Inc.	\$85,000.00	Educational Grants
Prime Oncology Inc.	\$81,260.00	Educational Grants
Prime Oncology Inc.	\$86,320.00	Educational Grants
Prime Oncology Inc.	\$222,410.00	Educational Grants
Prime Oncology Inc.	\$75,000.00	Educational Grants
Prime Oncology Inc.	\$75,000.00	Educational Grants
Prime Oncology LLC	(\$21,072.00)	Educational Grants
Primo Education LLC	\$15,000.00	Corporate Sponsorships
Project Inform	\$50,000.00	Charitable Donations
Project Inform	\$10,000.00	Corporate Sponsorships
Projects in Knowledge Inc.	\$125,000.00	Educational Grants
Projects in Knowledge Inc.	\$78,000.00	Educational Grants
Promis Health Organization	\$10,000.00	Educational Grants
Prostate Cancer Foundation Chicago	\$1,400.00	Corporate Sponsorships
Prostate Cancer International	\$5,000.00	Charitable Donations
Prostate Cancer Research Institutute	\$15,000.00	Corporate Sponsorships
Prostaware	\$1,500.00	Corporate Sponsorships
Prostaware	\$1,500.00	Corporate Sponsorships
Providence Health and Services Southern California	\$20,000.00	Patient Support
Psoriasis and Psoriatic Arthritis Clinics Multicenter Advancement Network	\$100,000.00	Corporate Sponsorships
Puerto Rico Associate of Gastroenterology	(\$1,088.60)	Educational Grants

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
Puerto Rico Associate of Gastroenterology	\$5,000.00	Corporate Sponsorships
Puerto Rico Associate of Gastroenterology	\$30,000.00	Corporate Sponsorships
Puerto Rico Associate of Gastroenterology	\$20,000.00	Educational Grants
Puerto Rico Nephrology Society Inc.	\$3,500.00	Corporate Sponsorships
Puerto Rico Obstetrician and Gyn Inc.	\$1,400.00	Corporate Sponsorships
Puerto Rico Obstetrician and Gyn Inc.	\$17,000.00	Corporate Sponsorships
Puerto Rico Obstetrician and Gyn Inc.	\$5,000.00	Corporate Sponsorships
Purdue Univ College of Pharmacy	\$50,000.00	Educational Grants
Purdue Univ College of Pharmacy	\$200,000.00	Educational Grants
Purdue Univ College of Pharmacy	(\$18,852.35)	Educational Grants
Purdue Univ College of Pharmacy	\$150,000.00	Educational Grants
Randolph College	\$1,000.00	Charitable Donations
Regents of The Univ of California	\$5,000.00	Educational Grants
Regents of The Univ of California	\$40,000.00	Fellowships and Scholarships
Regents of The Univ of California	\$40,000.00	Fellowships and Scholarships
Regents of The Univ of California	\$17,612.00	Fellowships and Scholarships
Regents of The Univ of California	\$2,500.00	Patient Support
Regents of The Univ of California	\$55,000.00	Fellowships and Scholarships
Regents of The Univ of California	\$40,000.00	Fellowships and Scholarships
Regents of The Univ of California	\$10,000.00	Educational Grants
Regents of The Univ of California	\$25,000.00	Corporate Sponsorships
Regents of The Univ of California	\$10,000.00	Educational Grants
Regents of The Univ of Michigan	\$20,000.00	Corporate Sponsorships
Regents of The Univ of Michigan	\$1,000.00	Educational Grants
Regents of The Univ of Michigan	\$1,000.00	Corporate Sponsorships
Respiratory Health Association of Metropolitan Chicago	\$4,050.00	Corporate Sponsorships
Respiratory Health Association of Metropolitan Chicago	\$4,050.00	Corporate Sponsorships
Respiratory Health Association of Metropolitan Chicago	\$4,050.00	Corporate Sponsorships
Revolutionizing Atopic Dermatitis	\$35,000.00	Corporate Sponsorships
Rheumatology Association of Minnesota and The Dakotas	\$10,000.00	Corporate Sponsorships
Rheumatology Nurses Society	\$87,500.00	Educational Grants
Rheumlgly Alliance of Louisiana	\$25,000.00	Corporate Sponsorships
Rheumnow	\$105,000.00	Corporate Sponsorships
Rheumnow	\$60,000.00	Corporate Sponsorships
Richmond County Medical Society	\$2,500.00	Corporate Sponsorships
Riverside Medical Clinic Charitable Foundation	\$10,000.00	Patient Support
Rocky Mountain MS Center	\$5,000.00	Patient Support
Ronald Mcdonald House Charities, Inc.	\$60,000,000.00	Charitable Donations
Ronald Mcdonald House Charities, Inc.	\$20,000,000.00	Charitable Donations
Ronald Mcdonald House Charities, Inc.	\$20,000,000.00	Charitable Donations
Roswell Park Alliance Foundation	\$5,000.00	Educational Grants
Rotary Club of Downtown Macon	\$1,000.00	Corporate Sponsorships
Runx1 Foundation	\$2,500.00	Educational Grants
Rush University Medical Center	\$65,000.00	Educational Grants
Rush University Medical Center	\$75,000.00	Educational Grants
Rush University Medical Center	\$5,000.00	Charitable Donations
Rush University Medical Center	\$300.00	Charitable Donations
Rush University Medical Center	\$95,000.00	Educational Grants
Rush University Medical Center	\$85,000.00	Educational Grants
Rush University Medical Center	\$113,550.00	Educational Grants
Rush University Medical Center	\$75,000.00	Educational Grants
Safety Pharmacology Society	\$5,000.00	Educational Grants
Samaritan Daytop Village	\$2,500.00	Corporate Sponsorships
San Francisco Aids Foundation	\$10,000.00	Charitable Donations
San Francisco Public Center Foundation	\$100,000.00	Charitable Donations
San Francisco Retina Foundation	\$5,000.00	Educational Grants

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
San Juan Bautista Medical Center	\$40,000.00	Fellowships and Scholarships
Scripps Health	\$10,000.00	Corporate Sponsorships
Scripps Health	\$66,500.00	Corporate Sponsorships
Scripps Health	\$20,000.00	Educational Grants
Seattle Science Foundation	\$8,500.00	Educational Grants
Shanti	\$10,000.00	Charitable Donations
Share	\$7,500.00	Charitable Donations
Sociedad Dermatologica de Puerto Rico	\$20,000.00	Corporate Sponsorships
Sociedad Dermatologica de Puerto Rico	\$15,000.00	Corporate Sponsorships
Sociedad PR Endocrinologia y Diabetologia	\$15,000.00	Corporate Sponsorships
Sociedad Puertorriquena Pediatria	\$5,000.00	Corporate Sponsorships
Society for Clinical Trials	\$2,000.00	Corporate Sponsorships
Society for Leukocyte Biology	\$2,000.00	Educational Grants
Society for Neuro-Oncology	\$50,000.00	Corporate Sponsorships
Society for Neuro-Oncology	\$20,000.00	Educational Grants
Society for Neuro-Oncology	\$39,140.00	Educational Grants
Society for Neuro-Oncology	\$58,000.00	Educational Grants
Society for Neuro-Oncology	\$50,000.00	Corporate Sponsorships
Society for Physician Assistants in Pediatricians	\$10,000.00	Charitable Donations
Society for Womens Health Research	\$25,000.00	Corporate Sponsorships
Society of Dermatology Physician Assistants	\$50,000.00	Corporate Sponsorships
Society of Dermatology Physician Assistants	\$40,000.00	Corporate Sponsorships
Society of Gynecologic Surgeons	\$27,500.00	Corporate Sponsorships
Society of Investigative Dermatology	\$30,000.00	Educational Grants
Socty for Gynecologic Investigation	\$10,000.00	Corporate Sponsorships
Socty for Immunotherapy of Cancer	\$50,000.00	Corporate Sponsorships
Socty for Immunotherapy of Cancer	\$5,000.00	Educational Grants
Socty for Immunotherapy of Cancer	\$25,000.00	Corporate Sponsorships
South Carolina Alliance of Health Plans	\$6,000.00	Corporate Sponsorships
South Dakota Parkinson Foundation	\$2,500.00	Corporate Sponsorships
South Dakota Parkinson Foundation	\$1,000.00	Corporate Sponsorships
South Sound Care Foundation	\$3,250.00	Corporate Sponsorships
Southern California Society of Gastroenterology	\$100,000.00	Corporate Sponsorships
Spondylitis Association of America	\$20,000.00	Patient Support
Spondylitis Association of America	\$40,000.00	Patient Support
Spondylitis Association of America	\$17,750.00	Educational Grants
Spondyloarthritis Research and Treatment Network Spartan	\$70,000.00	Corporate Sponsorships
St. Barnabas Hospital	\$1,300.00	Fellowships and Scholarships
St. Jude Childrens Research Hospital	\$30,000,000.00	Charitable Donations
St. Jude Childrens Research Hospital	\$20,000,000.00	Charitable Donations
St. Lukes Hospital	\$2,500.00	Corporate Sponsorships
State of West Virginia Rheumatology Society	\$2,500.00	Corporate Sponsorships
Super Jake Foundation The	\$25,000.00	Charitable Donations
Susan G Komen Colorado	\$5,000.00	Corporate Sponsorships
Susan G Komen Colorado	\$5,000.00	Corporate Sponsorships
Talem Health Inc.	\$95,000.00	Educational Grants
Talem Health Inc.	\$235,820.00	Educational Grants
Tarsus Cardiology Inc. Db a South Beach Symposium	\$35,000.00	Corporate Sponsorships
Texas Academy of Family Physicians	\$2,500.00	Corporate Sponsorships
Texas Academy of Family Physicians Foundation	\$2,500.00	Corporate Sponsorships
Texas Healthcare and Bioscience	\$5,000.00	Corporate Sponsorships
Texas Indo-American Physicians Society	\$5,000.00	Corporate Sponsorships

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
Texas Medical Association	\$5,000.00	Corporate Sponsorships
Texas Osteopathic Medical Association Foundation	\$3,000.00	Corporate Sponsorships
Thomas Jefferson University	\$5,000.00	Educational Grants
Thomas Jefferson University	\$3,000.00	Corporate Sponsorships
Thomas Jefferson University	\$3,000.00	Corporate Sponsorships
Thomas Jefferson University	\$3,000.00	Corporate Sponsorships
Thomas Jefferson University	\$5,000.00	Corporate Sponsorships
Translational Research in Oncology US Inc.	\$5,000.00	Educational Grants
Trinity International College	\$1,000.00	Charitable Donations
Tufts Medical Center	(\$1,190.13)	Educational Grants
Tufts Medical Center	(\$513.14)	Educational Grants
UC Regents Maxillofacial Prosthetics Clinic	\$10,000.00	Educational Grants
UC Regents Maxillofacial Prosthetics Clinic	\$40,000.00	Fellowships and Scholarships
UC Regents Maxillofacial Prosthetics Clinic	\$15,000.00	Educational Grants
Ultimate Medical Academy LLC	(\$4,043.06)	Educational Grants
Ultimate Medical Academy LLC	\$174,700.00	Educational Grants
Ultimate Medical Academy LLC	\$50,000.00	Educational Grants
Ultimate Medical Academy LLC	(\$2,344.80)	Educational Grants
Ultimate Medical Academy LLC	\$150,000.00	Educational Grants
Ultimate Medical Academy LLC	\$100,000.00	Educational Grants
Ultimate Medical Academy LLC	\$125,000.00	Educational Grants
Ultimate Medical Academy LLC	(\$5,138.86)	Educational Grants
Ultimate Medical Academy LLC	(\$3,284.05)	Educational Grants
Ultimate Medical Academy LLC	(\$2,134.44)	Educational Grants
Ultimate Medical Academy LLC	(\$9,000.00)	Educational Grants
Ultimate Medical Academy LLC	(\$885.32)	Educational Grants
Ultimate Medical Academy LLC	\$245,000.00	Educational Grants
Ultimate Medical Academy LLC	\$95,000.00	Educational Grants
Ultimate Medical Academy LLC	\$500,000.00	Educational Grants
Ultimate Medical Academy LLC	\$349,450.00	Educational Grants
UMA Education Inc. Db a Global Education Group	\$50,000.00	Educational Grants
UMA Education Inc. Db a Global Education Group	\$375,000.00	Educational Grants
UMA Education Inc. Db a Global Education Group	\$225,000.00	Educational Grants
UMA Education Inc. Db a Global Education Group	\$43,358.00	Educational Grants
UMA Education Inc. Db a Global Education Group	\$163,000.00	Educational Grants
UMA Education Inc. Db a Global Education Group	\$166,000.00	Educational Grants
UMA Education Inc. Db a Global Education Group	\$10,000.00	Educational Grants
UMASS Memorial Foundation Inc.	\$2,500.00	Corporate Sponsorships
United Medical Center	\$2,280.00	Educational Grants
United Rheumatology	\$225,000.00	Corporate Sponsorships
United Spinal Association Inc.	\$12,500.00	Corporate Sponsorships
United Spinal Association Inc.	\$12,500.00	Corporate Sponsorships
United States Adult Cystic Fibrosis Association Inc.	\$5,000.00	Patient Support
United States and Canadian Academy of Pathology	\$30,000.00	Corporate Sponsorships
United States Renal Care Inc.	\$20,000.00	Corporate Sponsorships
Unity Health Care, Inc.	\$7,500.00	Corporate Sponsorships
Univ Connecticut Dermatology	(\$2,054.94)	Educational Grants

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
Univ Connecticut Dermatology	\$40,000.00	Fellowships and Scholarships
Univ Health Service at Stony Point Inc.	\$20,000.00	Educational Grants
Univ Health Service at Stony Point Inc.	\$120,000.00	Corporate Sponsorships
Univ Health Service at Stony Point Inc.	\$120,000.00	Corporate Sponsorships
Univ of Chicago	\$8,000.00	Educational Grants
Univ of Chicago	\$50,000.00	Patient Support
Univ of Chicago	\$10,000.00	Educational Grants
Univ of Chicago	\$15,000.00	Educational Grants
Univ of Chicago	\$25,000.00	Educational Grants
Univ of Chicago	(\$2,097.00)	Educational Grants
Univ of Chicago	\$125,000.00	Educational Grants
Univ of Chicago	\$5,000.00	Corporate Sponsorships
Univ of Chicago	\$10,000.00	Corporate Sponsorships
Univ of Chicago	\$5,000.00	Educational Grants
Univ of Chicago	\$5,000.00	Corporate Sponsorships
Univ of Chicago	\$20,000.00	Corporate Sponsorships
Univ of Chicago	\$18,000.00	Educational Grants
Univ of Chicago	(\$7,232.53)	Educational Grants
Univ of Chicago	\$1,000.00	Charitable Donations
Univ of Chicago	\$10,000.00	Educational Grants
Univ of Chicago	\$45,000.00	Educational Grants
Univ of Chicago	\$10,000.00	Educational Grants
Univ of Cincinnati	(\$68,461.18)	Educational Grants
Univ of Cincinnati	\$25,000.00	Corporate Sponsorships
Univ of Cincinnati	\$60,000.00	Educational Grants
Univ of Cincinnati	\$60,000.00	Educational Grants
Univ of Cincinnati	\$75,000.00	Educational Grants
Univ of Colorado Denver School of Medicine	\$20,000.00	Fellowships and Scholarships
Univ of Connecticut Health Center, John Dempsey Hospital	\$12,000.00	Fellowships and Scholarships
Univ of Florida Foundation	\$60,000.00	Fellowships and Scholarships
Univ of Illinois Foundation	\$1,000.00	Charitable Donations
Univ of Louisville	\$15,000.00	Corporate Sponsorships
Univ of Louisville Research Foundation	\$60,000.00	Educational Grants
Univ of Louisville Research Foundation	\$50,000.00	Educational Grants
Univ of Louisville Research Foundation	\$60,000.00	Educational Grants
Univ of Maryland Baltimore Foundation Inc.	\$10,000.00	Patient Support
Univ of Maryland Baltimore Foundation Inc.	\$5,000.00	Educational Grants
Univ of Massachusetts Med School	\$2,500.00	Corporate Sponsorships
Univ of Miami	\$20,000.00	Corporate Sponsorships
Univ of Miami	\$40,000.00	Fellowships and Scholarships
Univ of Miami	\$10,000.00	Corporate Sponsorships
Univ of Minnesota Regents	\$2,000.00	Educational Grants
Univ of Nebraska Med Center	\$100,000.00	Corporate Sponsorships
Univ of Nebraska Med Center	\$50,000.00	Educational Grants
Univ of Nebraska Med Center	\$35,000.00	Educational Grants
Univ of Nebraska Med Center	\$150,000.00	Educational Grants
Univ of Nebraska Med Center	\$125,000.00	Educational Grants
Univ of Nebraska Med Center	\$128,860.00	Educational Grants
Univ of Nebraska Med Center	\$600.00	Corporate Sponsorships
Univ of Nebraska Med Center	\$10,000.00	Corporate Sponsorships
Univ of Nebraska Med Center	\$25,000.00	Corporate Sponsorships
Univ of Nebraska Med Center	\$30,000.00	Educational Grants
Univ of Nebraska Med Center	\$7,500.00	Educational Grants
Univ of New Mexico Health Science Center Dept of Pediatrics Neonatology Division	\$10,000.00	Educational Grants
Univ of Pittsburgh	\$15,000.00	Educational Grants

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
Univ of Pittsburgh	\$2,200.00	Educational Grants
Univ of Pittsburgh	\$20,000.00	Educational Grants
Univ of South Florida Board of Trustees	\$37,500.00	Fellowships and Scholarships
Univ of South Florida Health Professions Conferencing Corp	\$25,000.00	Educational Grants
Univ of Southern California	\$1,500.00	Educational Grants
Univ of Southern California	\$25,000.00	Educational Grants
Univ of Southern California	\$7,097.77	Fellowships and Scholarships
Univ of Southern California	\$81,500.00	Fellowships and Scholarships
Univ of Texas at Austin	\$5,000.00	Educational Grants
Univ of Texas Health Science Center at San Antonio	\$16,032.00	Corporate Sponsorships
Univ of Texas Health Science Center at San Antonio	\$75,000.00	Educational Grants
Univ of Toledo	\$2,000.00	Patient Support
Univ of Utah	\$40,000.00	Fellowships and Scholarships
Univ of Wisconsin—Madison	\$1,500.00	Educational Grants
Univeristy of Chicago Cancer Research Foundation	\$15,000.00	Charitable Donations
Universidad Central Del Caribe School of Medicine	(\$2,283.00)	Educational Grants
Universidad DE Puerto Rico	\$30,000.00	Fellowships and Scholarships
Universidad DE Puerto Rico	\$59,783.50	Corporate Sponsorships
Universidad DE Puerto Rico	\$30,000.00	Fellowships and Scholarships
University Health Services	\$75,000.00	Educational Grants
University Health Services	\$5,000.00	Educational Grants
University Health Services	\$25,000.00	Educational Grants
University of Alabama at Birmingham Hospital	\$40,000.00	Fellowships and Scholarships
University of California Irvine	\$40,000.00	Fellowships and Scholarships
University of California San Francisco Foundation	\$6,000.00	Corporate Sponsorships
University of Illinois—Office of Business and Financial Services	\$15,821.60	Fellowships and Scholarships
University of Illinois—Office of Business and Financial Services	\$75,138.40	Fellowships and Scholarships
University of North Carolina at Chapel Hill	\$40,000.00	Fellowships and Scholarships
University of North Carolina at Chapel Hill	\$1,000.00	Charitable Donations
University of Rochester	\$5,000.00	Educational Grants
University of South Florida Foundation	(\$9,615.55)	Educational Grants
University of Texas Southwestern Medical Center	\$55,000.00	Fellowships and Scholarships
University of Texas Southwestern Medical Center	\$75,000.00	Fellowships and Scholarships
University of Washington Medical Center	\$40,000.00	Fellowships and Scholarships
University of Wisconsin LA Crosse Foundation Inc.	\$1,000.00	Charitable Donations
Urogpo, LLC	\$35,000.00	Corporate Sponsorships
Urological Association of Physician Assistants	\$10,000.00	Corporate Sponsorships
Urology Center of Colorado Foundation	\$10,000.00	Corporate Sponsorships
US Too International	\$1,500.00	Corporate Sponsorships
US Too International	\$25,750.00	Corporate Sponsorships
Vanderbilt Univ By and Through Its Medical Center	\$190,000.00	Educational Grants
Vanderbilt Univ By and Through Its Medical Center	\$10,000.00	Educational Grants
Vanderbilt Univ By and Through Its Medical Center	\$5,000.00	Educational Grants

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
Vanderbilt Urology Society	\$3,000.00	Corporate Sponsorships
Veritas Meeting Solutions	\$4,500.00	Corporate Sponsorships
VHA Inc.	\$35,000.00	Corporate Sponsorships
Vida Global Foundation	\$1,500.00	Corporate Sponsorships
Vietnamese American Healthcare Professionals Association of Georgia	\$3,000.00	Corporate Sponsorships
Vindico Med Education	\$50,000.00	Educational Grants
Vindico Med Education	\$200,000.00	Educational Grants
Vindico Med Education	\$50,000.00	Educational Grants
Vindico Med Education	\$75,000.00	Educational Grants
Vindico Med Education	\$50,000.00	Educational Grants
Vindico Med Education	\$49,000.00	Educational Grants
Vindico Med Education	\$50,000.00	Educational Grants
Vindico Med Education	\$50,000.00	Educational Grants
Virginia Academy of Physician Assistants	\$1,750.00	Corporate Sponsorships
Virginia Commonwealth University School of Medicine	\$7,500.00	Corporate Sponsorships
Virginia Council of Nurse Practitioners	\$1,493.94	Corporate Sponsorships
Wake Forest Univ	\$40,000.00	Fellowships and Scholarships
Wall Las Memorias	\$10,000.00	Corporate Sponsorships
Wartburg College	\$1,000.00	Charitable Donations
Washington International Trade Foundation	\$2,500.00	Corporate Sponsorships
Washington International Trade Foundation	\$2,500.00	Corporate Sponsorships
Washington International Trade Foundation	\$2,500.00	Corporate Sponsorships
Washington International Trade Foundation	\$2,500.00	Corporate Sponsorships
Washington Univ in St Louis	(\$263.21)	Fellowships and Scholarships
Washington Univ in St Louis	\$6,000.00	Educational Grants
Washington Univ in St Louis	\$1,500.00	Corporate Sponsorships
Washington Univ in St Louis	\$1,600.00	Fellowships and Scholarships
Washington Univ in St Louis	(\$17,777.79)	Educational Grants
We Care in Inflammatory Bowel Disease	\$25,000.00	Charitable Donations
WebMD Global LLC	\$90,000.00	Educational Grants
WebMD Global LLC	\$209,983.00	Educational Grants
WebMD Global LLC	\$209,983.00	Educational Grants
WebMD Global LLC	\$209,983.00	Educational Grants
WebMD Global LLC	\$50,000.00	Educational Grants
WebMD Global LLC	\$63,500.00	Educational Grants
WebMD Global LLC	\$81,500.00	Educational Grants
WebMD Global LLC	\$95,000.00	Educational Grants
WebMD Global LLC	\$348,000.00	Educational Grants
WebMD Global LLC	\$151,000.00	Educational Grants
WebMD Global LLC	\$172,000.00	Educational Grants
WebMD Global LLC	\$200,000.00	Educational Grants
WebMD Global LLC	\$75,000.00	Educational Grants
WebMD Global LLC	(\$1,500.00)	Educational Grants
WebMD Global LLC	(\$1,142.14)	Educational Grants
WebMD Global LLC	\$100,000.00	Educational Grants
WebMD Global LLC	\$65,000.00	Educational Grants
WebMD Global LLC	\$182,500.00	Educational Grants
WebMD Global LLC	\$150,000.00	Educational Grants
WebMD Global LLC	\$75,000.00	Educational Grants
WebMD Global LLC	\$350,000.00	Educational Grants
WebMD Global LLC	\$100,000.00	Educational Grants
WebMD Global LLC	\$113,500.00	Educational Grants
WebMD Global LLC	\$200,000.00	Educational Grants
WebMD Global LLC	\$227,000.00	Educational Grants
WebMD Global LLC	\$150,000.00	Educational Grants

Grants and Donations Report—2018—Continued

(Parentheses represent refunds of previously disclosed payments)

Report as of 3/31/3019

Recipient	Payment Amount	Purpose
WebMD Global LLC	\$350,000.00	Educational Grants
WebMD Global LLC	\$120,000.00	Educational Grants
WebMD Global LLC	\$136,150.00	Educational Grants
WebMD Global LLC	\$215,000.00	Educational Grants
WebMD Global LLC	\$319,770.00	Educational Grants
West Virginia Community Voices	\$5,000.00	Corporate Sponsorships
Wisconsin Collaborative for Healthcare Quality	\$3,750.00	Corporate Sponsorships
Wisconsin Rheumatology Association	\$10,000.00	Corporate Sponsorships
Wisconsin Rheumatology Association	\$10,000.00	Corporate Sponsorships
Wisconsin Section American Congress Obstetrics and Gynecologist Acog	\$2,000.00	Corporate Sponsorships
Women in Government Foundation Ltd	\$2,500.00	Corporate Sponsorships
Women in Government Foundation Ltd	\$2,500.00	Corporate Sponsorships
Women in Government Foundation Ltd	\$5,000.00	Corporate Sponsorships
Women in Government Foundation Ltd	\$5,000.00	Corporate Sponsorships
Women in Government Foundation Ltd	\$7,500.00	Corporate Sponsorships
Women in Government Foundation Ltd	\$7,500.00	Corporate Sponsorships
Women in Government Foundation Ltd	\$5,000.00	Corporate Sponsorships
Women in Government Foundation Ltd	\$5,000.00	Corporate Sponsorships
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Women in Government Foundation Ltd	\$5,000.00	Corporate Sponsorships
Women in Government Foundation Ltd	\$5,000.00	Corporate Sponsorships
Women in Government Foundation Ltd	\$10,000.00	Corporate Sponsorships
Women in Government Foundation Ltd	\$10,000.00	Corporate Sponsorships
Women in Government Foundation Ltd	\$2,500.00	Corporate Sponsorships
Women in Government Foundation Ltd	\$2,500.00	Corporate Sponsorships
Women in Government Foundation Ltd	\$2,500.00	Corporate Sponsorships
Women in Government Foundation Ltd	\$5,000.00	Corporate Sponsorships
Women in Government Foundation Ltd	\$7,000.00	Corporate Sponsorships
Women in Government Foundation Ltd	\$2,500.00	Corporate Sponsorships
Women in Government Foundation Ltd	\$10,000.00	Corporate Sponsorships
World Parkinson Coalition Inc.	\$50,000.00	Fellowships and Scholarships
Worldwide Endomarch	\$5,000.00	Corporate Sponsorships
Worldwide Endomarch	\$3,000.00	Corporate Sponsorships
Yale Univ	\$5,000.00	Educational Grants
Zebrafish Disease Models Society	\$5,000.00	Educational Grants
Zero The Project To End Prostate Cancer	\$15,000.00	Corporate Sponsorships
Zero The Project To End Prostate Cancer	\$270,000.00	Corporate Sponsorships
Zero The Project To End Prostate Cancer	\$10,000.00	Corporate Sponsorships
Zero The Project To End Prostate Cancer	\$12,000.00	Corporate Sponsorships
Zero The Project To End Prostate Cancer	\$270,000.00	Corporate Sponsorships

Exhibit 2

Organization Legal Name	2014	2015	2016	2017	2018
ALBERT B. SABIN VACCINE INSTITUTE, INC.	203,302.00		835,251.00		
ALS THERAPY DEVELOPMENT FOUNDATION INC.		5,159.91			
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC.			10,000.00	10,000.00	
AMERICAN CANCER SOCIETY, INC.			1,000.00		
AMERICAN RED CROSS	50,000.00	20,000.00	80,000.00	1,425,000.00	775,000.00
AMERICARES FOUNDATION, INC.	100,000.00	50,000.00	25,000.00	250,000.00	400,000.00
APNA GHAR, INC. (OUR HOME)					50,000.00
ASIAN UNIVERSITY FOR WOMEN SUPPORT FOUNDATION	50,000.00	50,000.00	50,000.00	50,000.00	50,000.00
ASTRAEA FOUNDATION, INC.					75,000.00
BAYLOR COLLEGE OF MEDICINE INTERNATIONAL PEDIATRIC AIDS INITIATIVE	2,220,337.00	2,477,111.00	1,660,000.00	1,610,000.00	1,610,000.00
BEACON PLACE NFP		100,000.00	100,000.00	125,000.00	150,000.00
BERNARD P. FLORIANI FOUNDATION		50,000.00	75,000.00	110,000.00	420,000.00
BIG BROTHERS BIG SISTERS OF METROPOLITAN CHICAGO					40,000.00
BOYS AND GIRLS CLUB OF LAKE COUNTY		10,000.00	10,000.00	10,000.00	25,000.00
CARING AMBASSADORS PROGRAM, INC.	253,282.00				
CASA LAKE COUNTY		25,000.00	25,000.00	25,000.00	25,000.00
CATALYSIS LLC					-
CENTER FOR NEIGHBORHOOD ENTERPRISE			50,000.00		

CENTRAIDE OF GREATER MONTREAL (Matching Grants—Canada)	11,000.00	11,000.00	1,000.00	19,600.00
CHICAGO CARES INC.	314,504.00	18,000.00	15,000.00	
CHICAGO HORTICULTURAL SOCIETY				50,000.00
CHICAGO HOUSE AND SOCIAL SERVICE AGENCY				25,000.00
CHICAGO TOOLBANK		5,000.00		
CHINESE AMERICAN SERVICE LEAGUE				50,000.00
CHOCOLATE CHIPS ASSOCIATION				10,000.00
CITY OF NORTH CHICAGO		5,000.00		
COMMUNITY ACTION PARTNERSHIP OF LAKE COUNTY		150,400.00	141,875.00	
CRADLES TO CRAYONS, INC.				515,000.00
CRISTO REY ST. MARTIN COLLEGE PREP				50,000.00
DAVIS PHINNEY FOUNDATION		120.00		
IDIRECT RELIEF	1,865,000.00	1,941,111.00	1,325,000.00	2,115,000.00
DRESS FOR SUCCESS WORLDWIDE/CENTRAL				90,000.00
ERIE FAMILY HEALTH CENTER, INC.	100,000.00	55,000.00	50,000.00	50,000.00
FAMILY REACH FOUNDATION	100,000.00	300,000.00	320,000.00	300,000.00
FEEDING AMERICA			225,000.00	25,000.00
FIELD MUSEUM OF NATURAL HISTORY				30,000.00
FISHER HOUSE FOUNDATION, INC.				750,000.00
FONDOS UNIDOS DE PUERTO RICO, INC.				136,400.00

Exhibit 2—Continued

Organization Legal Name	2014	2015	2016	2017	2018
FOOD BANK OF EASTERN MICHIGAN			10,000.00		
GILDA'S CLUB CHICAGO				25,000.00	25,000.00
GLOBAL HEALTH CORPS	50,000.00	100,000.00	100,000.00	100,000.00	100,000.00
GLOBEMED NFP	50,000.00	75,000.00	75,000.00	75,000.00	75,000.00
HABITAT FOR HUMANITY INTERNATIONAL					530,200.00
HABITAT FOR HUMANITY, LAKE COUNTY IL, INC.					125,000.00
HANDS ON ORLANDO, INC					150,000.00
HEALTHREACH, INC.					
HEART TO HEART INTERNATIONAL, INC.			35,000.00	535,000.00	310,000.00
HISPANIC SCHOLARSHIP FUND					50,000.00
ILLINOIS SCIENCE AND TECHNOLOGY INSTITUTE				70,000.00	80,000.00
IMPACTING VETERANS LIVES, INC.—MIDWEST VETERANS CLOSET					50,000.00
IMSA FUND FOR ADVANCEMENT OF EDUCATION	133,000.00	133,000.00	40,000.00		
INDIANA UNIVERSITY	1,150,000.00	1,100,000.00	1,100,000.00	1,100,000.00	1,100,000.00
INTERNATIONAL MEDICAL CORPS	100,000.00	350,000.00	25,000.00	450,000.00	550,000.00
JK GROUP, INC. (Matching Grants)					
JUNIOR ACHIEVEMENT OF CHICAGO			33,500.00	50,000.00	50,000.00
KABOOM!				342,582.00	397,081.00

KIDS RANK					25,000.00
KOHL CHILDREN'S MUSEUM		495,500.00			
KOHL CHILDREN'S MUSEUM OF GREATER CHICAGO	44,615.00		154,000.00		154,300.00
LAKE COUNTY CARES		22,145.00	22,000.00		
LAKE COUNTY CRISIS CENTER FOR THE PREVENTION AND TREATMENT OF DOMESTIC VIOLENCE, INC.		10,000.00	10,000.00	10,000.00	25,000.00
LAKE COUNTY VETERANS AND FAMILY SERVICES FOUNDATION					50,000.00
MMP INTERNATIONAL	313,800.00	412,907.00	460,000.00	510,000.00	325,000.00
MASSACHUSETTS BIOTECHNOLOGY EDUCATION FOUNDATION	40,000.00				
MEMORIAL SLOAN KETTERING CANCER CENTER	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00
MIDWEST ATHLETES AGAINST CHILDHOOD CANCER, INC		865.00			
MOTHERS TRUST FOUNDATION					25,000.00
NATIONAL AUDUBON SOCIETY, INC.	12,500.00				
NATIONAL INVENTORS HALL OF FAME, INC.	225,000.00	225,000.00	153,900.00	176,000.00	259,725.00
NATIONAL MULTIPLE SCLEROSIS SOCIETY		350.00			
NICASA NFP					
NORTH CHICAGO COMMUNITY PARTNERS	246,833.00	237,889.00	642,500.00	730,000.00	750,000.00
NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT 187		100,600.00	165,000.00		828,430.00
NORTHERN ILLINOIS FOOD BANK	14,400.00	15,000.00	25,000.00	30,000.00	55,000.00
PAUS LAKE COUNTY, INC.	10,000.00	10,000.00	10,000.00	10,000.00	25,000.00
PARTNERS IN HEALTH	100,000.00		300,000.00	383,335.00	688,925.00

Exhibit 2—Continued

Organization Legal Name	2014	2015	2016	2017	2018
POINTS OF LIGHT FOUNDATION			545,800.00	708,000.00	954,000.00
PRAIRIE STATE LEGAL SERVICES, INC.		25,000.00	25,000.00	25,000.00	25,000.00
PROJECT HOPE—THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.				250,000.00	100,000.00
READING POWER, INC.	10,000.00	40,000.00	58,000.00	260,000.00	300,000.00
ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE	10,000.00	65,120.00			
SHEDD AQUARIUM				50,000.00	50,000.00
SIEMPRE UNIDOS	60,000.00				
SILICON VALLEY COMMUNITY FOUNDATION (Matching Grants)	2,763,823.52	3,059,133.44	504,232.72		
STRENGTHEN ORLANDO, INC.			6,515.00		
TAPROOT FOUNDATION					200,000.00
TEAM RUBICON					375,000.00
TEXAS CHILDREN'S HOSPITAL				50,000.00	
THE ALS ASSOCIATION GREATER CHICAGO CHAPTER					5,000.00
THE FULLER CENTER FOR HOUSING HERO PROJECT LAKE COUNTY					60,000.00
THE HEART OF AMERICA FOUNDATION	726,910.00	1,019,652.00	1,327,500.00	2,050,000.00	1,993,300.00
THE SCRIPPS RESEARCH INSTITUTE					290,000.00
TPA NETWORK INCORPORATED			2,285.00		
TRAVIS MANION FOUNDATION					100,000.00

UNITED WAY OF CENTRAL MASSACHUSETTS		44,000.00	45,000.00	61,000.00
UNITED WAY OF LAKE COUNTY	80,000.00	80,000.00	70,000.00	
UNIVERSITY OF CHICAGO	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00
UNIVERSITY OF NOTRE DAME				50,000.00
WARRIORS AND QUIET WATERS FOUNDATION, INC.				50,000.00
WILLIAM MARSH RICE UNIVERSITY	94,300.00			
WOUNDED WARRIOR PROJECT				750,000.00
WFS60		110,000.00		
YBLC, INC.	15,000.00	15,000.00	15,000.00	
YOUR CAUSE HOLDINGS, LLC (Matching Grants)		2,805,067.87	4,120,115.28	7,012,295.67
	12,292,102.52	13,593,332.35	15,187,786.59	26,850,256.67

Note: Matching Grants are listed by Organizations that manage the program and not by the ultimate re

PREPARED STATEMENT OF HON. CHUCK GRASSLEY,
A U.S. SENATOR FROM IOWA

I want to welcome the witnesses and thank them for being here.

The information they share will help inform the committee as it addresses the issue of high prescription drug prices.

America has a problem with the high cost of prescription medicines.

Whether it's about the EpiPen, insulin, or other prescriptions, in the thousands of letters I've received, Iowans have made clear that high drug prices are hurting them.

I've heard about people skipping doses of their prescription drugs to make them last until the next paycheck.

I'm not a doctor, but rationing one's medicine doesn't sound like a safe prescription for health and wellness.

Others have told me about leaving their prescription on the pharmacy counter because it cost too much.

There is no question that researchers and doctors have developed treatments and cures for diseases where there were once none.

And, such innovations take time and money.

But, we're all trying to understand the sticker shock that many drugs generate. Especially when some of those drugs have been around for a long time.

There is a balance between incentivizing innovation and keeping prices affordable for consumers and taxpayers.

Like all systems, things can get out of balance.

The good news is, we are here to discuss solutions.

In fact, we are here today thanks to our system of checks and balances.

Congress has a constitutional responsibility to be a meaningful check on the spending of taxpayer money.

That responsibility includes not just holding hearings, but also holding the private sector and the government accountable through oversight.

Just like a doctor has to properly diagnose a disease before it can be treated, Congress needs to understand what's going on in the drug pricing supply chain in order to respond in a measured and effective way.

As a part of that fact-finding, as of last Friday, Ranking Member Wyden and I launched an inquiry into the high cost of insulin.

This hearing is not about scapegoating any one group regarding high drug costs.

That's why we're holding a series of bipartisan hearings on the issue.

Without a doubt, drug pricing is a complex issue.

But I think we should all be asking: Should it be so complex?

We cannot allow anyone to hide behind the current complexities to shield the true cost of a drug.

And, we shouldn't turn a blind eye to industry practices that thwart the laws and regulations designed to promote competition and generic drug entry in the market.

Health and Human Services Secretary Alex Azar, FDA Commissioner Scott Gottlieb and the Federal Trade Commission have identified a number of tactics that undermine competition—like withholding samples, pay for delay, product-hopping, and rebate bundling, just to name a few.

While these agencies are taking enforcement action or looking at regulatory changes, we here in Congress are exploring legislative options to deter companies from engaging in these practices that keep drug prices high for patients.

Today, we expect open, honest answers from the pharmaceutical industry to figure out how we got here and see what ideas they have to make things better.

One of the first things we need to talk about is list price.

Secretary Azar has said that pharmaceutical companies believe that the list price is meaningless.

In fact, some of your testimony today will echo that.

However, for a patient taking a drug that has no competition, the list price is meaningful.

For seniors on Part D who are paying co-insurance as a percentage of list price, the list price is meaningful.

For people who have high deductible plans and pay thousands of dollars towards list price, the list price is meaningful.

For pharmacy benefit managers, providing drugs with a high list price can be more attractive than providing a less expensive drug.

Therefore, for taxpayers, the list price is meaningful.

We've all seen the finger pointing. Every link in the supply chain has gotten skilled at that.

But, like most Americans, I'm sick and tired of the blame game.

It's time for solutions.

One way or another, we're going to get some clarity.

The American people deserve straight answers and real solutions.

On that note, I want to remind each of you that it's a crime under title 18, U.S. Code, section 1001 to provide false testimony to Congress.

Thank you for coming. I look forward to your testimony.

PREPARED STATEMENT OF PASCAL SORIOT,
CHIEF EXECUTIVE OFFICER, ASTRAZENECA

I. OVERVIEW

AstraZeneca appreciates the opportunity to engage with the committee on the important topic of drug pricing in the United States. We would like to emphasize our commitment to addressing these challenges and the important issues raised by the committee regarding drug pricing and affordability.

AstraZeneca is a global, science-led biopharmaceutical company that focuses on the discovery, development and commercialization of prescription medicines, primarily for the treatment of diseases in three main therapy areas: Oncology; Cardiovascular; Renal and Metabolism; and Respiratory. We are also selectively active in the areas of autoimmunity, neuroscience, and infection. We are proud to call Wilmington, DE home to our North American headquarters. We are equally proud that one of our three global Research and Development ("R&D") headquarters is located in Gaithersburg, MD.

We are honored to contribute to improving the lives of millions of patients in the U.S. and across the globe. This statement is focused on four points explaining AstraZeneca's purpose, core values, and vision for the future:

- *First*, we are a science-led organization, as reflected in our continued investment in R&D and our success in introducing new treatments. Continuing to develop treatments that deliver long-term benefits to patients and the overall health of the U.S. population requires society's commitment to supporting investment in innovation through purchasing our medicines for the duration of patent protection at a responsible price that allows for the recoupment of the investment and risk associated with innovation.
- *Second*, we believe medicines are part of the solution to controlling health-care costs. They not only improve patient outcomes and increase quality of life, but also reduce downstream costs by keeping people healthy and out of the hospital. This contribution to reducing overall health-care costs should be considered when discussing drug pricing.
- *Third*, we recognize that we are only able to improve the lives of patients if they are able to take our medicines as prescribed. To that end, we are committed to sustaining and improving patient access and affordability.

- *Fourth*, we recognize that the current state of drug pricing in the U.S. health-care system is not sustainable and that patients are facing increasingly high out-of-pocket costs. We believe that these issues must be addressed urgently, and we hope to be a constructive partner in finding solutions.

II. BENEFITS OF INNOVATION AND R&D FUNDING

Science is at the core of what we do, and we are focused on being at the forefront of scientific innovation to deliver tomorrow's treatments and cures. Since 2017, the Food and Drug Administration ("FDA") has approved 18 AstraZeneca products or significant indications, and five of our products have received breakthrough therapy designation. Breakthrough therapy designation is designed specifically for the expedited development and review of drugs for serious or life-threatening conditions, and these designations highlight how critical our work is to patient health in the U.S. For example, our oncology medicine CALQUENCE was granted breakthrough therapy designation for certain patients with mantle cell lymphoma and tezepelumab received such a designation for certain patients with severe asthma.

In order to achieve these results, we reinvest a significant percentage of our revenues in research to identify the next generation of life-changing medicines. Over the past several years, we have worked tirelessly to rebuild our R&D pipeline. We now have approximately 8,900 employees in our R&D organization working at sites across the world. Our financial commitment to R&D has been significant. In 2018 alone, we spent nearly \$6 billion on R&D, or 28 percent of our total product sales—a commitment to R&D that well exceeds the average spending of our research-based peers.¹ Over the past six years, even as our revenues declined, we continued to make substantial investments in both R&D and acquiring products for our pipeline. In 2018, these investments have only just started to contribute to growth of our company.

These results are possible only if society makes a commitment to support innovation so that treatments can be developed to the benefit of society as a whole for years to come.

The development of new drug therapies requires society to make an up-front investment through purchasing our medicines during the patent protection period at a responsible price we charge, and then at a very substantially reduced price for an indefinite period after patent expiry when generics are introduced. Thus, long-term improvements in healthcare derived from new medicines can only be achieved if society is willing to pay a responsible price for a certain number of years that allows for the recoupment of the investment and risk involved in pharmaceutical innovation. Improvements in patient health and reduction of overall health-care costs over the long term are a direct result of this commitment to support innovation.

For example, in the U.S., we have seen incredible progress in reducing cardiovascular disease morbidity and mortality. Between 2000 and 2014, age-adjusted mortality rates for cardiovascular and heart disease declined by approximately 35 percent; several factors have contributed to this decline, but the development of new medicines, including cholesterol-lowering medicines like statins, has played an important role.² To take an AstraZeneca example, CRESTOR, a statin, was approved by the FDA in 2003. A study of CRESTOR showed that it reduced cardiovascular mortality and morbidity over the lifetime of the patient compared to the standard of care, resulting in economic value.³

It is important to note that there are significant risks involved in developing new therapies. Only approximately 12 percent of therapies entering clinical study are approved, and the average cost of development approaches \$2.6 billion.⁴ In 2018, return on R&D investment among larger biopharmaceutical manufacturers fell to 1.9

¹ Pharmaceutical Research and Manufacturers of America (PhRMA). PhRMA Annual Membership Survey (2018). <https://www.phrma.org/report/2018-phrma-annual-membership-survey>.

² Sidney S, Quesenberry CP, Jr, Jaffe MG, Sorel M, et al. Recent trends in cardiovascular mortality in the United States and public health goals. *JAMA Cardiol.* 2016;1(5):594–599. doi: 10.1001/jamacardio.2016.1326.

³ Ohsfeldt RL, Gandhi SK, Smolen LJ, et al. Cost effectiveness of rosuvastatin in patients at risk of cardiovascular disease based on findings from the JUPITER trial. *J Med Econ.* 2010;13(3):428–37. doi: 10.3111/13696998.2010.499758.

⁴ DiMasi JA, Grabowski HG, Hansen RA. Innovation in the pharmaceutical industry: new estimates of R&D costs. *J Health Econ.* 2016;47:20–33. doi: 10.1016/j.jhealeco.2016.01.012.

percent, its lowest point since 2010.⁵ If we are not successful, we lose our investment in the therapy. Although we are proud of our success rate, we know that setbacks are inevitable when pushing the boundaries of science. For example, in 2018, we announced with our partner Lilly the discontinuation of Phase III clinical trials of lanabecestat, an investigational treatment for Alzheimer's disease. Such results are disappointing, but are an integral part of the nature of scientific discovery.

Given the risks involved in developing a medicine, strong intellectual property ("IP") protections and exclusivity for innovator products are a key component to ensuring that manufacturers continue to develop therapies that benefit society as a whole. While they create incentives to innovate, it is important to note that IP protections and exclusivity for innovator therapies do not generally prevent other competitor therapies from entering a given class, allowing robust competition to exist; for example, there are seven different statin molecules approved in the marketplace.

Once these protections expire, generic and biosimilar competitors can enter the market, which further increases competition. Again, taking CRESTOR as example, since 2016 when it lost exclusivity, over 16 generic forms have been approved and are available in the market today, driving prices down very substantially. We strongly support this construct and policy efforts to encourage competition. We describe these proposals in section V of this statement.

Finally, it is also worth noting that a significant portion of our R&D occurs here in the U.S. We invest more than \$2.7 billion annually in U.S.-based R&D work, employing approximately 2,700 people in our science units within our R&D centers in Maryland, Massachusetts, and California. Our approach to R&D is consistent with our broader and long-standing commitment to U.S. jobs in research and manufacturing. Our largest footprint is in this country, with 12,800 employees throughout the U.S. Additionally, we recently completed a \$200 million expansion in our Frederick, MD facility where biologics, including FASENRA for certain patients with severe asthma, and our immuno-oncology therapy, IMFINZI, are manufactured. This sustained investment in R&D leads to the creation of high-quality jobs and generates economic value in the U.S.

To summarize, because we have put science and research at the center of our company, we have had more success in our R&D pipeline than ever before, delivering long-term healthcare benefits. This success, however, is only possible if society remains committed to supporting investment in innovation.

III. VALUE OF MEDICINES

The investments we make in researching and developing new therapies cannot occur in a vacuum. We must also ensure that our medicines bring value to patients, payers, and the health-care system as a whole.

We are only able to stand behind the value of our medicines if that value is carefully and appropriately defined. In the health-care industry and as part of policy-making, there is frequent reflection on the meaning of "value." We believe value must be assessed holistically and include all costs related to the treatment of a given condition. In particular, we must consider improvements in clinical outcomes and quality of life as well as reduction of hospitalizations and other medical costs.

Additionally, the future savings that prescription medicines can bring to the healthcare system by preventing more costly interventions should not be overlooked as their value is considered. A recent study in *Health Affairs* of total Medicare spending per beneficiary from 1999 to 2012 found that the spending growth rate slowed to just 1.1 percent per year on average since 2005. The study found that half of the total slowdown was attributable to reduced spending growth on cardiovascular diseases and events, like heart attacks and related conditions. Increased medication use for conditions like hypertension, high cholesterol, and diabetes explained half of that effect. The authors noted that while large, even this impact of medications is likely to be understated.⁶

One of our own therapies—BRILINTA—is an example of a medicine used in the cardiovascular setting that brings value to both patients and the broader health-care system. This oral antiplatelet therapy is indicated to reduce the rate of cardio-

⁵ Deloitte Centre for Health Solutions. Unlocking R&D Productivity: Measuring the return from pharmaceutical innovation 2018. <https://www2.deloitte.com/us/en/pages/life-sciences-and-health-care/articles/measuring-return-from-pharmaceutical-innovation.html>.

⁶ Cutler D, Ghosh K, et al., Explaining the Slowdown in Medical Spending Growth Among the Elderly, 1999–2012. *Health Affairs*. February 2019. doi: 10.1377/hlthaff.2018.05372.

vascular death, heart attack, and stroke in patients with acute coronary syndrome (“ACS”) or a history of heart attacks. For at least the first 12 months following the diagnosis of ACS, BRILINTA has been shown to be superior to clopidogrel, a generic oral antiplatelet. In addition, in patients with ACS, BRILINTA in combination with aspirin resulted in 21 percent reduction in cardiovascular mortality compared to clopidogrel in combination with aspirin.⁷

In addition, BRILINTA in combination with aspirin also resulted in lower medical care costs compared to clopidogrel in combination with aspirin. The lower medical costs are driven primarily by fewer hospital readmissions and cardiovascular revascularization interventions—resulting in medical care cost offsets of approximately \$1,000 per patient per year.⁸ This represents countless hours of patient time better spent with family and friends than in the hospital.

Another example of the value that medicines can provide relates to the relationship between diabetes and heart failure. In 2015, an estimated 30.2 million adults in the U.S. had diabetes, with the vast majority (90–95 percent) having type 2 diabetes.⁹ Up to 50 percent of patients with type 2 diabetes may develop heart failure.¹⁰ The prevalence of heart failure in the U.S. is expected to increase from 5.8 million in 2012 to 8.5 million in 2030.¹¹ The total cost of heart failure, which includes direct and indirect costs, is projected to increase from \$31 billion in 2012 to \$70 billion in 2030, with the majority of these costs (80 percent) related to hospitalization.¹²

Our oral type 2 diabetes product FARXIGA is a sodium-glucose cotransporter 2 (SGLT2) inhibitor. This newest class of oral diabetes medication has consistently demonstrated cardiovascular benefits for diabetes patients that are absent in older diabetes treatments, further supporting the importance of biopharmaceutical innovation. A recent cardiovascular outcomes trial demonstrated that FARXIGA significantly reduced the risk for hospitalization for heart failure or cardiovascular death.¹³ With initial hospitalizations and readmissions for heart failure in the Medicare population exceeding \$10,000 for each event in the U.S., it can be readily observed where these new therapies can help further reduce total cost of care in the most at-risk patient populations.¹⁴

In highly complex conditions, the measure of value and effectiveness can be more multifaceted. In cancer, for example, there are several end-points to measure effectiveness, such as progression-free survival and overall survival. To account for this complexity, cost-effectiveness studies for cancer therapies can measure the value in providing the medication earlier in the course of treatment. An example from our portfolio is IMFINZI—currently the only FDA-approved immunotherapy for the treatment of patients with unresectable stage III non-small cell lung cancer whose cancer has not progressed following platinum-based concurrent chemoradiation therapy. Before IMFINZI, patients in this setting underwent a period of “watch and wait” after chemoradiation,¹⁵ and for up to 89 percent of these patients their cancer

⁷ Wallentin L, Becker RC, Budaj A, et al. Ticagrelor versus clopidogrel in patients with acute coronary syndromes. *N Engl J Med.* 2009;361(11):1045–57. doi: 10.1056/NEJMoa0904327.

⁸ Data on file. 2134602; AstraZeneca Pharmaceuticals LP.

⁹ Centers for Disease Control and Prevention (CDC). National Diabetes Statistics Report, 2017. <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>.

¹⁰ American Diabetes Association. CV Disease and risk management: standards of medical care in diabetes—2019. *Diabetes Care.* 2019;42(Suppl 1);S103–S123. doi: 10.2337/dc19-S010.

¹¹ Heidenreich P, Albert N, Allen L, et al. Forecasting the impact of heart failure in the United States: a policy statement from the American Heart Association. *Circ Heart Fail.* 2013;6:606–619. doi: 10.1161/HHF.0b013e318291329a.

¹² *Id.*

¹³ Wiviott SD, Raz I, Bonaca MP, et al. for the DECLARE-TIMI 58 Investigators. Dapagliflozin and cardiovascular outcomes in type 2 diabetes [published online ahead of print November 10, 2018]. *N Engl J Med.* 2018. <http://dx.doi.org/10.1056/NEJMoa1812389>. Accessed November 10, 2018.

¹⁴ Ziaeeian B, Heidenreich PA, Xu H, et al. Medicare expenditures by race/ethnicity after hospitalization for heart failure with preserved ejection fraction. *JACC Heart Fail.* 2018;6:388–97. doi: 10.1016/j.jchf.2017.12.007.

¹⁵ Postmus PE, Kerr KM, Oudkerk M, et al. Early and locally advanced non-small-cell lung cancer (NSCLC): ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. *Annals of Oncol.* Published online July 1, 2017. doi: 10.1093/annonc/mdx222.

was likely to spread further.¹⁶ Based on the PACIFIC trial, IMFINZI may reduce the risk of death for these patients by nearly a third.¹⁷

In a recent analysis, use of IMFINZI was found to be cost-effective in comparison to the previous “watch and wait” approach to treatment. This cost-effectiveness analysis, published in the *Journal of the American Medical Association* in December 2018, indicates that although IMFINZI consolidation therapy increased national cancer spending, treating earlier in the course of cancer progression may provide significant value.¹⁸

For a drug therapy to bring the most value to patients and the health-care system, it is imperative that the therapy is reaching the right patients at the right point in their treatment journeys. At AstraZeneca, we are focused on improving outcomes for patients on a personalized level by identifying the most appropriate treatments. Approximately 90 percent of our pipeline now has a precision medicine approach and reflects the broad range of cutting-edge technologies, tissue diagnostics, next-generation sequencing and point of care diagnostics we have introduced. By more precisely matching patients with the right medicine, we bring greater value to payers and the health-care system and help to ensure that patients receive the specific therapy that is most appropriate for their treatment needs.

Finally, the concept of value is a key component in our pricing determinations. AstraZeneca has always taken a thoughtful approach to pricing, and we continue to do so, considering many factors. In addition to our significant R&D investments, we consider clinical value, size of patient population, government/payer coverage requirements, patient affordability, competition and other market conditions. We remain committed to pricing responsibly and making our medicines available and affordable to patients.

IV. COMMITMENT TO PATIENT ACCESS AND AFFORDABILITY

Although we are thoughtful in our approach to pricing, we know that patients continue to face challenges at the pharmacy counter. We fully recognize that drug therapies cannot bring value to the health-care system or to patients unless they can access the medicines they need.

Our commitment to affordable access translates into a number of resources and programs that have helped make our medicines available to patients.

A. AstraZeneca Savings and Affordability Programs

To ensure that patients in the U.S. are aware of our affordability programs, we were the first company to include messages about these programs in all of our U.S. television advertisements. Since 2005, every televised advertisement has reminded viewers: “If you can’t afford your medication, AstraZeneca may be able to help.”

We stand behind this statement. Forty years ago, we were one of the first manufacturers in our industry to establish a patient assistance program to help low-income patients obtain certain medicines free of charge. Through our “AZ&Me” program, we have provided prescription drug savings to more than four million patients in the U.S. and Puerto Rico between 2008 and 2018.

In addition to AZ&Me, we offer extensive copay savings programs to help eligible, commercially insured patients reduce copay costs at the pharmacy. These copay savings programs are unfortunately not available to Part D patients and this has created challenges for this population, reducing adherence to important lifesaving or life-improving treatments.

B. Value-Based Agreements

We are also working closely with payers and health systems to explore innovative solutions to improve access and affordability that demonstrate the value our medicines bring to patients and the health-care system. For several years, AstraZeneca has been exploring these types of solutions through value-based agreements where

¹⁶ Albain KS, Swann RS, Rusch VW, et al. Radiotherapy Plus Chemotherapy With or Without Surgical Resection for Stage III Non-Small Cell Lung Cancer. *Lancet*. Published online August 1, 2009. doi: 0.1016/S0140-6736(09)60737-6.

¹⁷ Antonia SJ, Villegas A, Daniel D, et al. Overall survival with durvalumab after chemoradiotherapy in stage III NSCLC. *N Engl J Med*. 2018;379(24):2342-2350. doi: 10.1056/NEJMoa1809697. Epub 2018 Sep 25.

¹⁸ Criss SD, Mooradian MJ, Sheehan DF, et al. Cost-effectiveness and Budgetary Consequence Analysis of Durvalumab Consolidation Therapy vs. No Consolidation Therapy After Chemoradiotherapy in Stage III Non-Small Cell Lung Cancer in the Context of the U.S. Health Care System. *JAMA Oncol*. Published online December 13, 2018. doi: 10.1001/jamaoncol.2018.5449.

we are willing to work with health-care stakeholders to tie payment to patient outcomes.

To date, we have entered into approximately 40 value-based agreements across our therapeutic areas with a variety of payers, making AstraZeneca a leader in the field of value-based agreements. As an example, AstraZeneca agreed with Express Scripts that for IRESSA, an oral treatment for certain types of lung cancer, we will fully reimburse Express Scripts for discontinued use before the third fill, including if discontinuation occurs because patients did not respond to treatment.

While most of these agreements have been focused on securing patient access to our medicines and delivering better patient outcomes, where payers are willing, we are also looking to more directly address patient out-of-pocket affordability through these innovative arrangements.

As an example, last month, we announced the initiation of a value-based agreement for University of Pittsburgh Medical Center (“UPMC”) Medicare patients who are prescribed BRILINTA. This value-based contract, which was effective as of January 1, 2019, is groundbreaking in two ways. First, the contract lowers the out-of-pocket costs for a UPMC Medicare Part D patient to approximately \$10 for a 30-day supply. Second, what UPMC pays for BRILINTA will vary based on patient outcomes, tying the cost of the drug to its real-world clinical performance.

We are currently exploring another value-based agreement in Medicare Part D. In addition to having a significant outcomes-based component, this arrangement would reduce patient out-of-pocket costs. This type of agreement allows patients to access their medicines at a lower out-of-pocket cost and payers to control their overall health-care costs through paying for outcomes.

However, there remain significant operational and regulatory hurdles to the broader implementation of value-based agreements. Operational challenges include capturing appropriate data and other capabilities on the part of payers that are needed to successfully execute these arrangements. For example, value-based agreements typically require plans to have systems in place to report measures like adherence and readmissions. While many payers and health systems are evolving to meet the needs of the changing health-care environment, greater investments need to be made in data capabilities. In addition, policy and regulations must advance to support value-based agreements in becoming a standard approach to reimbursement.

We believe that there are steps the government can take to address these challenges to help encourage the timely adoption of value-based agreements, including in public sector programs like Medicare. These recommendations are described in more detail in section V of this statement. Through the partnership of payers and policymakers, we look forward to a future where implementation of value-based agreements across public and private payers is widespread.

C. Discounts and Rebates

Finally, we negotiate rebates and discounts with payers and pharmacy benefit managers (“PBMs”)—including in Medicare Part D—to help ensure that our therapies have the most robust access possible. Without providing these discounts and rebates, many life-savings medicines would not be placed on plan formularies and therefore would be largely unavailable to the patients who need them most. Our estimates for 2018 show that across our products, our average rebate is nearly 50 percent of our gross revenues in the U.S. Taking BRILINTA as an example, approximately one third of gross revenue is provided back in rebates. For most of our diabetes therapies, rebates well exceed 50 percent of gross revenues.

Over the past several years, discounts and rebates for our therapies have increased overall, both in the commercial sector and Part D. In recent years, in our primary care portfolio, which includes the majority of our therapies, we have seen flat to declining net effective prices to AstraZeneca for most of our products. Taking CRESTOR as an example, in the 5-year period before it lost exclusivity, even though list price increased, in 2011, CRESTOR’s average net effective price earned by AstraZeneca was \$2.52 per day (one pill per day). In 2016 when CRESTOR lost exclusivity, the average net effective price was again \$2.52.

However, discounts and rebates do not necessarily translate to lower cost-sharing for patients. There are a series of factors that impact a patient’s out-of-pocket costs, including individual insurance plan benefit design (copayments, coinsurance, and deductibles), formulary placement, provider access, and assistance programs or savings offers. As a science-led, patient-focused company, the fact that many patients

struggle with out-of-pocket costs despite the discount and rebates we provide stands counter to our mission of improving patient health.

V. THE PATH FORWARD: EVOLVING THE CURRENT SYSTEM

Despite rapidly increasing rebate amounts, affordability of drug therapies is an increasingly significant public policy and public health issue. We agree that the current system is not sustainable—for patients, payers, and society as a whole—and we are committed to engaging across stakeholders to develop a new paradigm that improves affordability and access for patients while ensuring that manufacturers can continue to develop innovative therapies.

To achieve these goals of improving affordability and supporting innovation, we must progress from a volume-based to a value-based health-care system. We continue to be forward-leaning in this regard, and we encourage other stakeholders to join us in the effort to deliver and pay for health care, including drug therapies, in a more affordable, efficient, and effective way.

An important step is to evolve the current system of paying for and delivering drug therapies to one in which patients more directly benefit from the discounts and rebates we provide. Specifically, we believe that patient cost-sharing should be more aligned to a product's net price as opposed to its list price, as is the case today.

However, as we look ahead to the future, even more must be done to improve patient affordability and to truly build a health-care system based on the value of therapies provided to patients.

A. *Value-Based Agreements Should Be the Future Standard*

First, in a future system, the default approach should be that pricing and reimbursement for drug therapies are tied to patient outcomes and the value the particular therapy provides. As such, it is imperative that manufacturers and payers—including Part D plans—engage in value-based agreements similar to the IRESSA and BRILINTA examples referenced previously. Policies to encourage these arrangements and to reduce or eliminate existing challenges will be essential to their long-term success. To that end, AstraZeneca appreciates the support of Senators Warner and Cassidy for value-based agreements, as demonstrated by their requests for input on the Patient Affordability Value and Efficiency (“PAVE”) Act. This draft legislation would promote the development of value-based agreements by offering increased flexibility for manufacturers to enter into such arrangements, including with Medicare Part D plans.

In addition to the policies outlined in the PAVE Act, there are other ways that the government could facilitate value-based agreements. For example, the Department of Health and Human Services (“HHS”) should consider how its recent proposed rule regarding PBM rebates can be structured to protect existing and future value-based agreements. We appreciate that HHS solicited comments on this topic, and we look forward to sharing our perspective in our written comments to the proposal. In addition, to encourage utilization of agreements that best address the government's goals, we recommend that HHS develop a prioritized list of clinical outcomes measures for manufacturers and payers to consider when developing outcomes-based agreements.

Over the past several years, we have engaged with HHS, and specifically the Center for Medicare and Medicaid Innovation (“CMMI”), to advance specific models involving our therapies in the Medicare program. To date, we have not been able to execute on a model with HHS or CMMI and the feedback we have received is that company-specific models are challenging to implement. We look forward to continued dialogue on these issues, and we hope to work with HHS, CMMI and other stakeholders to develop a scalable framework in which innovative models can be implemented in an appropriate way.

B. *All Patients, Including Medicare Patients, Should Benefit From Reduced Cost-Sharing*

Second, a future system should be designed to ensure that all patients benefit from lower cost-sharing, including those patients taking drug therapies on the Part D specialty tier. A recent study found that rates of prescription abandonment and

delayed initiation of oral cancer therapies increase as cost-sharing amounts rise.¹⁹ Such a result reflects the need for a restructuring of the current benefit design for specialty products.

Under one potential approach, a portion of manufacturer discounts could be used to fund a reduction in cost-sharing for patients facing the highest cost-sharing amounts. This could be accomplished by establishing a monthly or annual out-of-pocket cap, which would give patients greater certainty in the total amount of out-of-pocket costs they could face. The cap would provide a safety-net for patients that could be funded by a portion of the discounts provided across all Part D products. Such an approach would help ensure that more patients benefit from the discounts manufacturers provide.

C. Use of Biosimilars Should Be Supported

Third, we believe that competition is a key component to reducing costs, and that is why we support expanded use of biosimilars in the U.S. As a global company, we operate in countries, particularly those in the European Union, where biosimilar competition is particularly robust. We support a similarly vigorous biosimilars market in the U.S.

We therefore appreciate the efforts of the FDA to increase the availability of biosimilars in the U.S., including the FDA's development of a Biosimilars Action Plan. We support efforts to streamline and improve the efficiency of the biosimilars approval pathway for the benefit of patients.

We also support reimbursement policies that facilitate the uptake of biosimilars. Such policies include Medicare reimbursement rates that ensure that biosimilars can compete on equal footing with innovator products.

D. MARKET-BASED COMPETITION SHOULD BE MAINTAINED

Finally, it is imperative to maintain market-based competition between manufacturers and between plans. Market-based competition plays an important role in keeping costs down. This is how the lifecycle of innovator therapies works today when competitors enter the market and generic medicines become available over time.

The competitive market in the U.S. also provides patients with access to innovative medicines faster. For example, American patients have access to cancer medicines about 2 years earlier than patients in other countries, including Germany, France, and the U.K.²⁰ This timely access to new cancer therapies is correlated with improved survival rates; from 1997 to 2012, rates of cancer mortality fell by 20 percent in the U.S., compared to a 15 percent reduction in the U.K.²¹ Additionally, nearly 90 percent of newly launched medicines from 2011 to 2017 were available in the U.S., compared to just two-thirds in the U.K., half in Canada and France, and one-third in Australia; and of 14 new diabetes medicines launched over that period, only one was available in France.²² Given the benefits brought to patients by new antidiabetic agents such as SGLT2 inhibitors (reduction in heart failure and hospitalizations for heart failure), U.S. patients and payers greatly benefit from the earlier introduction of these innovative medicines.

While the current system needs reform, some of the benefits to the current structure are the speed of access and reimbursement of new medicines and the robust nature of the negotiations between manufacturers and PBMs, which in turn creates competition between manufacturers. As the system evolves, it is important that this ability to compete is maintained. Therefore, there must be flexibility to continue to negotiate net price by product and indication, among other factors.

This flexibility is necessary not only to maintain competition, but also to facilitate additional innovations in the way drugs are priced and reimbursed. For example, variable discounts could be used to reduce cost-sharing for patients over time as they remain adherent to their medications. Additionally, we support the concept of

¹⁹ Doshi JA, Li P, Petit AR, et al. Association of Patient Out-of-Pocket Costs With Prescription Abandonment and Delay in Fills of Novel Oral Anticancer Agents. *J Clin Oncol*. 2018; 36(5): 476–482. doi: 10.1200/JCO.2017.74.5091.

²⁰ PhRMA analysis of IMS Consulting Group “Patient Access to Innovative Oncology Medicines Across Developed Markets.” June 2016.

²¹ World Health Organization (WHO). WHO mortality database. http://www.who.int/healthinfo/mortality_data/en. PhRMA analysis of WHO mortality database, using age-specific death rates.

²² PhRMA analysis of IQVIA Analytics.

indication-based pricing, which recognizes that the value of a drug therapy with more than one indication may vary based on indication. Indication-based pricing would allow greater competition among manufacturers based on the clinical efficacy of their therapies on an indication-by-indication basis. Allowing discounts to vary based on the indication for which a therapy is prescribed will be key to facilitating indication-based pricing.

Finally, we would like to acknowledge that the coverage and reimbursement policies in Medicare Part B have been criticized for not sufficiently encouraging price competition for physician-administered drug therapies. We are supportive of reforms in the Medicare Part B program to address these concerns. Such reforms could include an inflation penalty if a manufacturer's price increase exceeds a certain threshold, as well as steps to ensure that the government and Medicare patients more directly benefit from the discounts and rebates provided in the commercial sector. Similar to the suggestion above on creating a Part D out-of-pocket cap funded by a portion of manufacturer discounts, the savings generated from an inflation penalty and increased competition in Part B could be used to fund an out-of-pocket cap for Medicare Part B patients.

Competition is a fundamental requirement to reducing costs over time, both in Medicare Part B and Part D. Flexibility in the future system will be necessary to maintain competition and to explore additional innovations in the pricing and reimbursement of drug therapies. We must also be willing to work together to improve the efficiency of the Part B program. We look forward to working with policymakers and other stakeholders to shape the future system to accomplish these goals.

VI. CONCLUSION

Although there is no single solution to the challenges we face, we welcome the opportunity to speak with you about ways to evolve our health-care system. We share your concern that many patients are facing challenges with out-of-pocket costs, and we are committed to working towards solutions that support patient access and affordability while sustaining innovation. AstraZeneca, along with many others in the pharmaceutical industry, is innovating to discover and develop tomorrow's cures and treatments, and we know we need to be a constructive partner to find solutions to ensure that patients benefit from the therapies we develop.

QUESTIONS SUBMITTED FOR THE RECORD TO PASCAL SORIOT

QUESTIONS SUBMITTED BY HON. CHUCK GRASSLEY

Question. At the hearing, you testified that AstraZeneca does not withhold samples from generic manufacturers in order to block generic versions of your drug from entering the market. You also expressed your support for the "Creating and Restoring Equal Access to Equivalent Samples Act," also known as the CREATES Act. However, the FDA has a list on its website which identifies reference listed drug (RLD) access inquiries where brand manufacturers may have prevented generic companies from obtaining samples of products necessary to support FDA approval. AstraZeneca is on this FDA list. This would appear to contradict your testimony at the hearing that AstraZeneca has not withheld samples of their products to delay generic competition.

Could you please explain in detail why AstraZeneca is on the FDA list?

Answer. AstraZeneca appreciates the opportunity to address the question of one of our medicines, BRILINTA® (ticagrelor) appearing on the Reference Listed Drug Access Inquiries list (RLD List). We would first like to state that AstraZeneca supports allowing generic manufacturers access to samples. Withholding or otherwise blocking such access is inconsistent with that position. Our internal review has not identified any unanswered, delayed, or outstanding requests for samples of BRILINTA by any generic manufacturers.

It is our understanding that BRILINTA was included on the RLD List based on a single inquiry received by the FDA. Unfortunately, the RLD List does not identify the company that reportedly requested information (or samples) from AstraZeneca, the date the information was requested, or any other information that would allow AstraZeneca to better understand or further investigate the circumstances of this inquiry. On its website, the FDA does advise that it has "not independently inves-

tigated or confirmed the access limitations described in the inquiries received.”¹ Given this limitation, the listing of an inquiry on the RLD List does not mean that the FDA has in fact determined that access to samples by generic manufacturers was limited or withheld for the medicines identified. Indeed, based on our internal review, we have not identified any circumstances that substantiate the inquiry received by the FDA relating to BRILINTA.

Question. Could you please explain in detail the discrepancy between your testimony and the FDA list?

Answer. AstraZeneca is not aware of any instances where the company has withheld or otherwise blocked access to samples by generic manufacturers. Based on our internal review, AstraZeneca is not aware of any unanswered, delayed, or outstanding requests for samples of BRILINTA by any generic manufacturers.

In addition, BRILINTA is and has always been available via normal commercial distribution channels (*i.e.*, wholesalers) since its U.S. launch. It has never had a restricted distribution program.

Finally, more than 15 generic manufacturers have applied for regulatory approval from the FDA for the manufacture of generic ticagrelor and some, like Watson/Teva, have received tentative approvals from the FDA. Because conducting bioequivalence studies with the branded medicine is an FDA pre-approval requirement, it is clear that these generic manufacturers are not having difficulty accessing branded ticagrelor for their studies.

In light of the context provided above, it is unclear why any generic manufacturer would be unable to obtain a sample of BRILINTA for their purposes or why an inquiry was lodged with the FDA related to this medicine.

Question. Has AstraZeneca ever blocked access to samples?

Answer. AstraZeneca is not aware of instances where the company has refused to sell samples or has otherwise blocked access to samples by generic manufacturers.

Question. The Department of Health and Human Services’ proposed rule, “Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor Protection for Certain Point-of-Sale Reductions in Price on Prescription Pharmaceuticals and Certain Pharmacy Benefit Manager Service Fees,” envisions that drug manufacturers will offer up-front discounts rather than the back-end rebates that are now commonly provided. Some observers argue that a 1996 court case called into question whether manufacturers could offer up-front discounts, resulting in today’s rebate-based system. I’ve heard differing opinions as to whether the issues related to the initial court case are still relevant.

If the HHS proposed rule is finalized, can you assure the committee that your company will offer up-front discounts? If not, why?

Answer. If the HHS proposed rule is finalized largely as proposed, AstraZeneca intends to comply with its requirements and use point-of-sale discounts.

Question. Please describe how you expect your company to respond to the HHS proposed rule to eliminate safe harbor protection for back-end rebates in Medicare Part D that is referenced above if it is finalized. Assuming you are confident that antitrust laws do not prevent your company from offering up-front discounts, specifically, do you envision that your company lowers the list price of a drug to the current after-rebate net price, offer discounts equal to the current rebate amount, or a combination of both?

Answer. Assuming the HHS rebate rule is finalized largely as proposed, AstraZeneca intends to comply with its requirements and use point-of-sale discounts. Our goal is to maintain net prices broadly in line with today, recognizing our ability to do so may be dependent on external factors and market response such as how plans evolve their benefit design and the total degree of transparency under the new model.

¹Reference Listed Drug (RLD) Access Inquiries, U.S. Food and Drug Administration, <https://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/AbbreviatedNewDrugApplicationANDAGenerics/ucm607738.htm> (last updated Feb. 7, 2019).

AstraZeneca would plan to reduce list prices, pending reforms across all payers, including in the commercial sector in addition to Part D, as the current construct does not allow for two separate list prices (*i.e.*, one list price for Part D and a different list price for the commercial sector). Therefore, we also support efforts to eliminate rebates in the commercial sector, and recommend that Congress explore such legislation. While eliminating rebates is an important step, benefit designs must also be evaluated.

Question. To what extent are the back-end rebates your company currently offers contingent on the amount of market share realized for your drugs as a result of Part D plan formulary placement and other techniques?

Answer. Our arrangements in Part D do not include a market share component.

Question. Please provide a breakdown of percentage of sales that go to each payer (including Medicare, Medicaid, private pay, other) and a similar percentage by volume of the total number of each drug compared to total volume. Please provide this data for the most recent year available.

Answer. Below you will find our estimated relative payer split of Gross Product Sales in the U.S., for the year ending December 31, 2018.

Total Products	Sales \$ Millions	Proportion of Total Business
Payer		
Medicaid	1,826,337	11.0%
Fed Gov't (VA, DOD, CDC, PHS)	2,986,585	18.1%
GPO/LTC	1,362,663	8.2%
Commercial	5,019,907	30.4%
Medicare Part D	3,514,858	21.3%
Tricare	70,799	0.4%
Non-Contracted Sales/Other	1,756,851	10.6%
Total	16,538,000	100.0%

Question. Do your companies hire consultants or lobbyists to promote products at State Medicaid Pharmacy and Therapeutics Committees? To whom do you disclose advocacy activities surrounding State Medicaid programs, if at all?

Answer. AstraZeneca does not utilize consultants or lobbyists to promote medicines at State Pharmacy and Therapeutics (P&T) Committees. However, AstraZeneca Medical Affairs personnel may engage in peer-to-peer medical discussions with members of the medical community including Medicaid P&T committee members.

AstraZeneca has comprehensive internal policies that oversee interactions between AstraZeneca employees and government officials. Federal and state laws and regulations also govern lobbying activities, and AstraZeneca complies with the attendant disclosure requirements.

Question. Please describe how the costs of patient assistance programs are accounted for within your company's financial statements. Please also describe the types of market information, such as prescribing and use patterns, that your company collects from different types of patient assistance programs and patient hub services.

Answer. AZ&Me™ Prescription Savings Program (Patient Assistance Program):

In furtherance of its objective of ensuring patient access, AstraZeneca was one of the first manufacturers in the industry to establish a patient assistance program to facilitate access to certain medicines for uninsured and underinsured low-income patients. This program, known as AZ&Me, provides eligible patients with medicines at no cost.

We account for the costs of medicines provided through the AZ&Me program as a component of our Operating Expenses.

In connection with the AZ&Me program, AstraZeneca collects general program enrollment data such as number of patients in the program and medicine provided.

Access 360™ (Patient Hub):

AstraZeneca's patient hub, Access 360, is a reimbursement support program that provides patients and their healthcare providers with limited access and reimbursement support for AstraZeneca specialty care medicines. Access 360 collects patient, provider and payer coverage data in conjunction with appropriate patient opt-ins to administer the limited reimbursement services offered by the program.

Question. Please provide a list of all contributions since January 1, 2014, that your company has made to any tax exempt organizations working on issues related to drugs within your product lines, including but not limited to patient groups, disease awareness groups, medical or professional societies, universities or hospitals, industry associations or leagues. For each contribution, please provide the name of the organization that received the donation, the date the donation was made, the amount of the donation, and a description of the purpose of the contribution (*i.e.*, was the contribution for the general fund, a specific purpose to a specific program, or continuing medical education). Please also note whether the contribution was unrestricted or restricted; if it was restricted, please explain all restrictions. Finally, if your company maintains a foundation or other separate charitable arm, please provide the name of all such entities, and list all donations made from that entity or entities.

Answer. Our commitment to improving the lives of patients goes beyond our innovative medicines. We place significant value on collaboration and partnerships, including work done by non-profits, patient advocates, medical professionals, and researchers. To that end, we provide support for eligible programs through corporate contributions, research support, fellowships, and medical education grants. We also support conferences and initiatives for healthcare professionals and scientists.

AstraZeneca believes in providing information to the public about our company, our medicines and about how we do business. In 2008, we began publishing biannual reports of our contributions to nonprofit organizations. We use contributions as our umbrella term for financial support to nonprofit organizations contributing to the public good (*e.g.*, donations, sponsorships, and partnerships).

The below data reflects the total value of contributions made by AstraZeneca to nonprofit organizations in the U.S. in the years 2014–2018. A full list of contributions, including the recipient organization, associated program name, and amount of each contribution, can be found here: <https://www.astrazeneca-us.com/sustainability/Corporate-transparency/grants-and-contributions-disclosure.html>.

- **2018:** \$18.3 million
- **2017:** \$5.5 million
- **2016:** \$10.9 million
- **2015:** \$19.8 million
- **2014:** \$15.5 million

In addition, in 1993, AstraZeneca founded the AstraZeneca HealthCare Foundation, a 501(c)(3) entity. The AstraZeneca HealthCare Foundation aims to promote public awareness surrounding healthcare issues, further public education and medical knowledge, and support charitable and qualified exempt organizations whose work aligns with the Foundation's charitable goals.

In furtherance of AstraZeneca's commitment to improving health, in 2010 the AstraZeneca HealthCare Foundation launched the Connections for Cardiovascular HealthSM (CCH) program. With the mission of improving cardiovascular health in the U.S., CCH awards grants to U.S.-based nonprofit organizations whose work supports CCH's mission. Since its launch, CCH has awarded nearly \$23 million to 52 organizations working to prevent cardiovascular disease.

The below data reflects the approximate total value of grants made by CCH per year between 2014 and 2018. A full list of grants, including the recipient organization, associated program name, and amount of each contribution, can be found here: <https://www.astrazeneca-us.com/sustainability/healthcare-foundation/connections-for-cardiovascular-health.html#past-grant-awardees--0>.

- **2018:** \$1.2 million
- **2017:** \$993,880

- **2016:** \$1.8 million
- **2015:** \$1.9 million
- **2014:** \$2.6 million

AstraZeneca also awards medical education grants and scientific sponsorships. These grants are offered to support independent medical education, scientific sponsorships, and fellowship or healthcare professional-in-training. Grants are offered for conduct of programs, are awarded on the basis of individual applications through our medical education grants process, and are not conditioned on services. This process and all grant decisions are managed independently within our Medical Affairs group and have no connection to our sales and marketing departments.

The below data reflects the approximate total value of medical education grants made by AstraZeneca per year, since 2014. A full list of medical education grants offered to non-profit organizations, including the recipient organization, associated program name, date, and amount of each contribution, can be found in Appendix A.

- **2018:** \$28.9 million
- **2017:** \$17.5 million
- **2016:** \$11.6 million
- **2015:** \$24.9 million
- **2014:** \$14.8 million

Question. Pay-for-delay agreements cost consumers and taxpayers billions in higher drug costs every year. The FTC has gone after drug companies that enter into these settlements where the brand pays the generic company to keep its lower cost alternative off the market. I'm the lead Republican sponsor of S. 64, the Preserve Access to Affordable Generics and Biosimilars Act, which would help put an end to these deals.

Do you agree that these pay-off agreements keep drug costs high for patients because they delay competition?

Answer. AstraZeneca has confidence in patents that protect our medicines and, where appropriate, we file lawsuits to protect our intellectual property.

AstraZeneca does not enter into "pay-off agreements," if those are understood to include settlements that pay generic competitors to delay entry into the market. AstraZeneca engages in patent settlements but we do not believe these resolutions contribute to increased prices. In the absence of a settlement, a generic would not necessarily prevail in the patent litigation and therefore would not be able to enter the market. Indeed, AstraZeneca has entered into many early-entry patent settlements that allow generic manufacturers to license innovator patents and thereby permit generic competition before expiration of AstraZeneca's patent rights.

Settlement agreements that permit entry of generic drugs before expiration of relevant patent rights do not stifle competition but instead permit early entry by resolving patent disputes that would otherwise prevent generic alternatives to branded medication.

All of AstraZeneca's patent settlements fully comply with the law. These settlements provide increased clarity and stability to both parties, allowing innovators like AstraZeneca to continue investing substantially in new medicines for patients and frequently allowing generic competitors to enter the market before expiration of AstraZeneca's patent rights.

Question. Has your company ever entered into these kinds of settlements with a generic company?

Answer. AstraZeneca does not enter into settlements that pay generic competitors to delay entry into the market.

Question. Do you support the pay for delay bill?

Answer. While AstraZeneca supports efforts to curb patent settlement abuses, we have concerns about the Preserve Access to Affordable Generics and Biosimilars Act in its current form. For example, the proposed legislation would be retroactive to 2013 and would unfairly subject to potential scrutiny lawful settlements entered into based on the then existing legal construct. As a general matter, AstraZeneca

believes that patent settlement agreements are pro-competitive because they can permit entry of generic drugs before expiration of relevant patent rights.

REBATE TRAPS/WALLS

Question. I'm increasingly concerned about the effect of so-called "rebate traps" or "rebate walls" on patients' access to quality, lower cost medicine. I understand there is ongoing litigation challenging these practices as anti-competitive.

Does your company engage in the bundling of rebates over multiple products? If so, why? And what benefit does the consumer gain from that?

Answer. AstraZeneca offers portfolio discount arrangements to improve patient access and affordability across multiple medicines, thus ensuring the right medicine can be prescribed for the right patient. Portfolio discounting allows manufacturers and plans another mechanism to negotiate for formulary access for the patient, in addition to single-medicine discounts and rebates. Irrespective of the approach to discounting, AstraZeneca also ensures discounts are appropriately reported in government price reporting metrics (*e.g.*, Best Price, Average Manufacturer Price, and Average Sales Price).

Question. Does your company view these practices as anticompetitive or harmful to patients' access to quality, lower cost medicine?

Answer. AstraZeneca does not view these practices as anticompetitive or harmful to patients' access. In fact, AstraZeneca offers portfolio discount arrangements to improve patient access and affordability.

Question. If a policy were adopted to eliminate rebates, or to require that rebate savings be passed on to the consumer, would that in and of itself solve the issue of rebate "traps" and "walls"? And would consumers benefit from such a policy?

Answer. AstraZeneca believes that evolving the current system of paying for and delivering drug therapies to one in which patients more directly benefit from the discounts and rebates that AstraZeneca provides is an important step towards improving affordability and supporting innovation. This can best be accomplished by eliminating rebates in Medicare Part D and the commercial sector, which would create competition between manufacturers on net price instead of rebate amounts, thereby helping to eliminate rebate "traps" and "walls."

AstraZeneca also believes that patient cost-sharing should be more aligned to a medicine's net price, and that eliminating rebates and moving to a point-of-sale discount model should help accomplish this goal. Additionally, it is important to note that lowering list prices in the U.S. without addressing broader challenges, including benefit design, will not improve affordability for many patients. While eliminating rebates is an important step, benefit designs must also be evaluated.

DRUG PRICING

Question. When setting the list price of a drug, does your company consider regulatory costs or compliance? If so, how specifically do those factors affect the list price of a drug? Please provide at least one specific example, if applicable, from your current product portfolio.

Answer. AstraZeneca does not directly consider regulatory or compliance costs when setting the list price of a drug. AstraZeneca's approach to pricing across all medicines is driven by a number of factors, including clinical value, patient access and affordability, patient population, government and payer coverage requirements, R&D expenditures, manufacturing costs, and competitive dynamics. AstraZeneca is mindful of healthcare costs and is continuously exploring innovative opportunities and solutions to deliver medicines while considering cost and value. In setting drug prices, AstraZeneca takes into account both the budget impact to payers (including Medicare and pharmacy benefit managers (PBMs)) as well as patient out-of-pocket costs to maintain patient access to needed medication. AstraZeneca has also been a leading innovator in developing alternate payment structures for its medicines. In particular, AstraZeneca has emphasized value-based agreements, which, broadly speaking, seek to link access, reimbursement or price, to a demonstrated clinical benefit or outcome.

Question. When setting the list price of a drug, does your company consider the risk of liability or litigation? If so, how specifically do those factors affect the list price of a drug? Please provide at least one specific example, if applicable, from your current product portfolio.

Answer. AstraZeneca does not consider the risk of liability or litigation when setting the list price for a particular drug.

QUESTIONS SUBMITTED BY HON. PAT ROBERTS

Question. What role do you see value-based arrangements (VBAs) playing in the effort to reduce prescription drug costs? What potential do these arrangements have to find the “sweet spot” between controlling costs to patients and encouraging innovation of new drugs?

Answer. We believe medicines are part of the solution to controlling health-care costs. They not only improve patient outcomes and increase quality of life, but also reduce downstream costs. Value-based agreements allow us to reimburse the health-care system if our medicines do not deliver as intended. This solution demonstrates our willingness to stand behind the value of our medicines.

AstraZeneca is working closely with payers and health systems to explore innovative solutions to improve access and affordability that demonstrate the value our medicines bring to patients and the health-care system. Our value-based agreements aim to manage the totality of treatment costs and keep people healthy and out of the hospital. For several years, AstraZeneca has been exploring these types of solutions through value-based agreements where we are willing to work with health-care stakeholders to tie payment to patient outcomes.

To date, we have entered into approximately 40 value-based agreements across our therapeutic areas with a variety of payers, making AstraZeneca a leader in the field of value-based agreements.

As an example, and as noted in the written testimony submitted to the Senate Committee on Finance, AstraZeneca agreed with Express Scripts that for IRESSA, an oral treatment for certain types of lung cancer, we will fully reimburse Express Scripts for discontinued use before the third fill, including if discontinuation occurs because patients did not respond to treatment.

Question. How can VBAs help lower what patients pay out-of-pocket?

Answer. While most of these agreements have been focused on securing patient access to our medicines and delivering better patient outcomes, where payers are willing, we are also looking to more directly address patient out-of-pocket affordability through these innovative arrangements.

Our ambition is that these agreements will evolve to enable reimbursement back to a payer to be shared with the patient when medicines do not perform as expected.

As an example where a value-based agreement directly reduced out-of-pocket costs for patients, we recently announced the initiation of a value-based agreement for University of Pittsburgh Medical Center (UPMC) Medicare patients who are prescribed BRILINTA. This value-based contract, which was effective as of January 1, 2019, is groundbreaking in two ways. First, the contract lowers the out-of-pocket costs for a UPMC Medicare Part D patient to approximately \$10 for a 30-day supply. Second, what UPMC pays for BRILINTA will vary based on patient outcomes, tying the cost of the medicine to its real-world clinical performance.

We are currently exploring another value-based agreement in Medicare Part D. In addition to having a significant outcomes-based component, this arrangement would reduce patient out-of-pocket costs. This type of agreement allows patients to access their medicines at a lower out-of-pocket cost and payers to control their overall healthcare costs through paying for outcomes.

Question. Can Congress do more to allow for and encourage the use of VBAs?

Answer. We believe that there are steps the government can take to address challenges and help encourage the timely adoption of value-based agreements, including in public sector programs like Medicare.

For example, at this time, the current Anti-Kickback Safe Harbor (AKS) regulations do not expressly address value-based agreements. Accordingly, manufacturers must seek to structure value-based agreements to meet the requirements of existing safe harbors from the AKS, such as the discount safe harbor and personal services safe harbor, that were created for purposes other than value-based agreements. Although we believe that value-based agreements can strongly benefit patients and the health-care system overall, the lack of clarity in application of the safe harbors

to value-based agreements creates regulatory uncertainty that discourages broader implementation of value-based agreements in public-sector programs.

In addition to the risk of AKS liability, value-based agreements present other regulatory challenges that manufacturers must navigate. For example, manufacturers must manage complex government price reporting calculations that may not account for price fluctuations over time that may be associated with a value-based agreement.

In a future system, the default approach should be that pricing and reimbursement for drug therapies are tied to patient outcomes and the value the particular therapy provides. As such, it is imperative that manufacturers and payers—including Medicare plans—engage in value-based agreements similar to the IRESSA and BRILINTA examples referenced previously.

Policies to encourage these arrangements and to reduce or eliminate existing challenges will be essential to their long-term success. To that end, AstraZeneca appreciates the support of Senators Warner and Cassidy for value-based agreements, as demonstrated by their requests for input on the Patient Affordability Value and Efficiency (PAVE) Act. This draft legislation would promote the development of value-based agreements by offering increased flexibility for manufacturers to enter into such arrangements, including with Medicare Part D plans by addressing AKS and government pricing concerns.

This legislation is particularly important given the administration's proposal to eliminate PBM rebates under the discount safe harbor. Currently, many value-based agreements are structured using a rebate agreement, under which the terms of a discount are based on clinical or cost outcomes measures. Therefore, the elimination of discount safe harbor protection for rebates without an exception for value-based agreements could inadvertently reduce incentives for value-based agreements, which we do not believe is the administration's intent. We have therefore recommended to HHS that value-based agreements are exempt from the proposed changes to the discount safe harbor and we encourage members of Congress to support this exemption.

Through the partnership of payers and policymakers, we look forward to a future where implementation of value-based agreements across public and private payers is widespread.

QUESTIONS SUBMITTED BY HON. JOHN CORNYN

Question. We continue to hear that rebates negotiated off of the list price of a drug are both good and bad. Pharmacy benefit managers and plans have argued that rebates are used to lower premiums across the board and that it is the best way to seek a price concession on otherwise expensive drugs. Your industry argues that these payers are insisting on higher rebates that can only be achieved by raising list prices. But patients often lose under this system, with out of pocket costs being tied to list price. Insulin patients appear to be routinely impacted by this perversity in the system.

Please explain to the committee how your company would reduce list prices if rebates were no longer a part of the equation?

Answer. Assuming the HHS rebate rule is finalized largely as proposed, AstraZeneca intends to comply with its requirements and use point-of-sale discounts. Our goal is to maintain net prices broadly in line with today, recognizing our ability to do so may be dependent on external factors and market response such as how plans evolve their benefit design and the total degree of transparency under the new model.

AstraZeneca would plan to reduce list prices, pending reforms across all payers, including in the commercial sector in addition to Part D, as the current construct does not allow for two separate list prices (*i.e.*, one list price for Part D and a different list price for the commercial sector). Therefore, we also support efforts to eliminate rebates in the commercial sector, and recommend that Congress explore such legislation. While eliminating rebates is an important step, benefit designs must also be evaluated.

Question. What assurance can you provide that you would in fact lower your prices?

Answer. Assuming the HHS rebate rule is finalized largely as proposed, AstraZeneca intends to comply with its requirements and use point-of-sale discounts. Our goal is to maintain net prices broadly in line with today, recognizing our ability to do so may be dependent on external factors and market response such as how plans evolve their benefit design and the total degree of transparency under the new model.

AstraZeneca would plan to reduce list prices, pending reforms across all payers, including in the commercial sector in addition to Part D, as the current construct does not allow for two separate list prices (*i.e.*, one list price for Part D and a different list price for the commercial sector). Therefore, we also support efforts to eliminate rebates in the commercial sector and recommend that Congress explore such legislation. While eliminating rebates is an important step, benefit designs must also be evaluated.

Question. What actions should be taken to ensure that patients are actually seeing the benefits of lower out-of-pocket costs?

Answer. In the absence of rebates, the market incentives for the differential between list and net price should be reduced because manufacturers will be competing on the basis of net price instead of rebate amounts. Because Part D patient cost-sharing is currently based on list price and not net price, this change may also result in lower cost-sharing for patients. Additionally, it is important to note that lowering list prices in the U.S. without addressing broader challenges, including benefit design, will not improve affordability for many patients. While eliminating rebates is an important step, benefit designs must also be evaluated.

AstraZeneca also supports monthly and annual out-of-pocket caps in Medicare Part D to further ensure that patients see the benefits of lower out-of-pocket costs.

Question. If rebates are driving high list prices for drugs as drug manufacturers' claim, why do you think that Part B drugs, which have no PBM rebates, are also seeing significant price increases? Whose fault is that?

Answer. For our Part B products, price increases are modest and generally in line with inflation. We are supportive of competition, including policies that support more widespread use of biosimilars.

QUESTIONS SUBMITTED BY HON. STEVE DAINES

Question. As an advocate for improving Montanans' access to low-cost medications, I've been a champion of the Creating and Restoring Equal Access to Equivalent Samples (CREATEs) Act, which would combat anticompetitive practices used by some brand-name pharmaceutical companies to block or delay competing generic drugs from entering the market. During the hearing when I asked if your company had ever withheld samples from generic manufacturers, you answered emphatically no. Yet, according to the Food and Drug Administration (FDA), generic drug makers have made inquiries with the agency claiming they were unable to access samples provided by Pfizer and AstraZeneca that are needed to conduct studies to produce low-cost generic drugs.

Do you agree that denying generic drug manufacturers access to samples keeps drug costs high for patients due to lack of competition?

Answer. AstraZeneca is supportive of allowing generic manufacturers to have access to samples.

Question. Has your company refused to sell samples or placed any barriers in the way of generic drug makers acquiring samples?

Answer. AstraZeneca is not aware of instances where the company has refused to sell samples or has otherwise blocked access to samples by generic manufacturers.

Question. Are you aware of any outstanding requests for samples?

Answer. AstraZeneca is not aware of any unanswered, delayed, or outstanding requests for samples of our medicines by generic manufacturers.

It is our understanding that one of our medicines, BRILINTA, was included on the Reference Listed Drug Access Inquiries List (RLD List) based on a single inquiry received by the FDA. However, BRILINTA has always been available via nor-

mal commercial distribution channels (*i.e.*, wholesalers) and has never had a restricted distribution program.

Unfortunately, the RLD List does not identify the company that reportedly requested information (or samples) from AstraZeneca, the date the information was requested, or any other information that would allow AstraZeneca to better understand or further investigate the circumstances of this inquiry. On its website, the FDA does advise that it has “not independently investigated or confirmed the access limitations described in the inquiries received.” Given this limitation, the listing of an inquiry on the RLD List does not mean that the FDA has in fact determined that access to samples by generic manufacturers was limited or withheld for the medicines identified. Indeed, based on our internal review, we have not identified any circumstances that substantiate the inquiry received by the FDA relating to BRILINTA.

Question. How does your company work to prevent abuses in the sample system?

Answer. AstraZeneca is supportive of allowing generic manufacturers to have access to samples and is not aware of instances that would be considered abuse of the samples system.

QUESTIONS SUBMITTED BY HON. TODD YOUNG

RE-EVALUATING BUSINESS STRATEGIES IN FOREIGN COUNTRIES

Question. Since taking office, President Trump has made reducing drug prices one of his highest priorities—and has repeatedly spoken about his frustration with the U.S. subsidizing the costs of pharmaceuticals for the rest of the world. He has gone so far as to issue proposals, like the International Pricing Index (IPI) Model, in an attempt to bring down prescription drug prices. With the increased scrutiny of the industry and of the drug supply chain as a whole in the United States, have any of your companies re-evaluated your business strategy in foreign countries?

Answer. We continuously evaluate our business approaches in all markets and adjust our strategies accordingly based on many factors, including the overall environment.

Question. If not, then why?

Answer. See response above.

Question. If a proposal, like IPI, were implemented, would it force your companies to potentially “walk away from the negotiating table when other countries demand low prices subsidized by America’s seniors,” as HHS Senior Advisor for Drug Pricing Reform John O’Brien has said?

Answer. If the IPI model were put into effect as proposed, where an identified average international price would be derived from 16 countries, this would impact our ability to sell our medicines in some of the identified markets.

The IPI model was issued as an Advanced Notice of Proposed Rulemaking (ANPRM). Important details such as the medicines that would be included in the model, the final list of nations included as reference countries, and the timing of reimbursement changes are still unknown. We look forward to engaging with policymakers on this proposal.

Question. What are some of your ideas on how we can ensure Americans aren’t shouldering the full cost of pharmaceuticals?

Answer. We agree that out-of-pocket costs are unsustainable in the U.S., but the answer is not to move to a system found in other countries or to link pricing in the U.S. to the International Pricing Index.

It is critical to recognize that while price controls are the default in many other countries, these price controls result in reduced access to important medicines. In the 16 countries referenced in the International Pricing Index model proposal, only 55 percent of new cancer medicines are available, compared to 96 percent in the U.S. In those countries, it also takes more than a year longer for the medicines to become available and this can have significant impacts on patients. For example, in 2018, the Food and Drug Administration (FDA) and the European Medicines Agency (EMA) approved a new indication for LYNPARZA for ovarian cancer. However, the U.K.’s National Institute for Health and Care Excellence (NICE) has not

recommended that the U.K.'s National Health System (NHS) reimburse for LYNPARZA in this indication, resulting in limited access for patients in the U.K.

Instead of international reference pricing, we should focus on market-based solutions. We believe that there are several steps that lawmakers can take to ensure that drug prices are affordable for Americans, while ensuring that innovation in the biopharmaceutical sector can continue to flourish in the U.S. Our suggestions fall in five main categories, described in more detail below:

- **Rebate Reform:** The current pharmacy benefit manager (PBM) rebate system does not fully benefit patients and has resulted in a lack of transparency across the supply chain. We support the current proposed rule to eliminate rebates in Medicare Part D and Medicaid managed care. We also support efforts to eliminate rebates in the commercial sector as well, which will likely require legislation. We therefore recommend that Congress explore legislation that would eliminate rebates in the commercial market.
- **Value-Based Agreements:** As described in detail in our written testimony to the Senate Committee on Finance hearing, we are also working closely with payers and health systems to explore innovative solutions to improve access and affordability that demonstrate the value our medicines bring to patients and the health-care system. For several years, AstraZeneca has been exploring these types of solutions through value-based agreements where we are willing to work with health-care stakeholders to tie payment to patient outcomes. To date, we have entered into approximately 40 value-based agreements across our therapeutic areas with a variety of payers, making AstraZeneca a leader in the field of value-based agreements.

We believe that there are steps the government can take to address certain regulatory challenges to the broader implementation of value-based agreements and help encourage the timely adoption of value-based agreements, including in public-sector programs like Medicare. To that end, AstraZeneca appreciates the support of Senators Warner and Cassidy for value-based agreements, as demonstrated by their requests for input on the Patient Affordability Value and Efficiency (PAVE) Act. This draft legislation would promote the development of value-based agreements by offering increased flexibility for manufacturers to enter into such arrangements, including with Medicare Part D plans.

- **Biosimilars:** We also encourage Congress to consider policies to encourage greater use of biosimilars in the U.S. We believe that competition is a key component to reducing costs, and that is why we support expanded use of biosimilars in the U.S. As a global company, we operate in countries, particularly those in the European Union, where biosimilar competition is particularly robust. We support a similarly vigorous biosimilars market in the U.S.

We therefore appreciate the efforts of the FDA to increase the availability of biosimilars in the U.S., including the FDA's development of a Biosimilars Action Plan. We support efforts to streamline and improve the efficiency of the biosimilars approval pathway for the benefit of patients. Such efforts could include increased transparency into the patents applicable to biologic medicines.

We also support cost-sharing and reimbursement policies that facilitate the uptake of biosimilars. Such policies include Medicare reimbursement rates that ensure that biosimilars can compete on equal footing with innovator medicines, and reductions to cost-sharing amounts for biosimilars.

- **Out-of-Pocket Caps for Medicare Patients:** In the commercial market, it is common for patients to have a cap on total out-of-pocket amounts. However, such a construct does not exist in the Medicare program. Because of the way the Part D benefit is designed, for example, cost-sharing can be particularly high in the first months of the plan year and/or in the first months of therapy. A recent study found that rates of prescription abandonment and delayed initiation of oral cancer therapies increase as cost-sharing amounts rise. Such a result reflects the need for a restructuring of the current benefit design, which could be accomplished by establishing a monthly or annual out-of-pocket cap. This would give patients greater certainty in the total amount of out-of-pocket costs they could face.
- **Transparency:** We support greater transparency across the biopharmaceutical supply chain, which includes greater transparency into drug pricing.

To that end, we generally support the policies included in the current versions of the SPIKE and C-THRU Acts. There are a variety of State-level drug pricing transparency laws and regulations. We believe that having a consistent, Federal standard for drug pricing transparency requirements, like those included in the SPIKE Act, should pre-empt state transparency laws to reduce confusion and compliance burden.

We also support transparency efforts to ensure that patients and prescribers have meaningful information on out-of-pocket costs at the point of prescribing, so that they can make informed decisions about the most appropriate and affordable therapy.

FOREIGN COUNTRIES' PRICING AND REIMBURSEMENT

Question. President Trump and Secretary Azar have both repeatedly described their frustrations with “foreign freeloading” of U.S. drugs in the last year. “When foreign governments extort unreasonably low prices from U.S. drug makers, Americans have to pay more to subsidize the enormous cost of research and development. . . . It’s unfair and it’s ridiculous, and it’s not going to happen any longer.”

Do you agree that because of foreign countries’ pricing and reimbursement systems, U.S. patients and innovators are shouldering the burden for financing edical advances?

Answer. We agree that many foreign countries’ pricing and reimbursement systems do not adequately recognize innovation in the biopharmaceutical sector. In many other countries, the government utilizes price controls for drug therapies, and in many cases these price controls result in reduced or delayed access to therapy for patients in those countries. The U.S. benefits from an open-market system that supports competition and innovation and accordingly Americans place high value on both choice and access to the latest medicines. For patients in the U.S., it is not a question of when an important treatment will be available, but rather how they will access that medicine. It is in this context that AstraZeneca continues to engage with other stakeholders regarding possible solutions and specific actions that can be taken to address pricing concerns, which we describe in greater detail in our written testimony. These approaches must balance the need to improve access and affordability while fostering innovation. Pricing controls as well as access and reimbursement practices in other countries are a challenge.

Question. How do foreign countries’ pricing and reimbursement systems affect our prescription drug costs?

Answer. We do not take into account foreign market pricing in setting U.S. prices.

Question. Are foreign governments taking note of the concerns being raised by the Trump administration and have they responded in any way?

Answer. While these matters have been widely reported on globally, we do not have insights into actions being taken by other health authorities directly in response to the Trump administration’s efforts in this area.

Question. Has there been any noticeable change in any of our trade agreements since these concerns have been raised by the Trump administration?

Answer. AstraZeneca and the biopharmaceutical industry have consistently advocated for trade agreements that support strong intellectual property rights and protect market access. We believe our trade partners should be fair and transparent so that patients around the world can benefit from U.S. innovation.

MEDICAID CLOSED FORMULARY PROPOSALS

Question. In an attempt to bring down drug costs, various States have been exploring whether to exclude certain drugs from its Medicaid program. For example, the State of Massachusetts recently asked CMS for permission to create a closed formulary where the State Medicaid program would pick at least one drug per therapeutic class. CMS denied their waiver request citing violation of Federal law, but this proposal does bring up important questions on how to contain drug prices in State Medicaid programs.

If the principles of the Medicare Part D program—including the necessary patient protections—were applied to State Medicaid programs, do you think it [would] lower drugs costs while ensuring access to patients?

Answer. Under the current construct in Medicaid, manufacturers provide mandatory rebates and in turn, States are required to cover all of the manufacturer's drugs. This ensures that Medicaid patients have access to the full range of available therapies. We support increased flexibility for State Medicaid agencies in managing their Medicaid programs, but only so long as there are robust protections that ensure that Medicaid patients can continue to access the medicines they need.

MEDICAID "BEST PRICE"

Question. In the Trump administration's Blueprint, they suggested that because drug manufacturers have to give Medicaid the "best price" on drugs, there is no incentive to offer deeper discounts to other payers—both government and commercial—than what is already offered under the Medicaid Drug Rebate Program.

Does the Medicaid "best price" requirement encourage manufacturers to increase initial prices?

Answer. We do not believe that the Medicaid Best Price requirement encourages manufacturers to increase their initial list price. However, the requirement does impact decisions regarding the size of rebates and discounts offered in the commercial sector because setting a new Best Price can result in significantly increased Medicaid rebate and 340B liability. Additionally, manufacturers may be hesitant to offer very aggressive value-based agreements due to the risk of setting a new Best Price.

Question. What, if any, changes would you suggest we make to the program?

Answer. We recommend an exemption from Best Price for value-based agreements, which is a policy included in Senator Grassley's and Senator Warner's draft version of the PAVE Act.

OUTCOMES-BASED CONTRACTS

Question. In almost all of your testimonies, you highlight your support of outcomes-based contracts and how we need to be shifting our system toward that approach.

How will these contracts lower drug costs for patients in both the near term and long-term?

Answer. While most value-based agreements have been focused on securing patient access to our medicines and delivering better patient outcomes, where payers are willing, AstraZeneca is also looking to more directly address patient out-of-pocket affordability through these innovative arrangements.

As an example, we recently announced the initiation of a value-based agreement for University of Pittsburgh Medical Center (UPMC) Medicare patients who are prescribed BRILINTA. This value-based contract, which was effective as of January 1, 2019, is groundbreaking in two ways. First, the contract lowers the out-of-pocket costs for a UPMC Medicare Part D patient to approximately \$10 for a 30-day supply. Second, what UPMC pays for BRILINTA will vary based on patient outcomes, tying the cost of the medicine to its real-world clinical performance.

We are currently exploring another value-based agreement in Medicare Part D. In addition to having a significant outcomes-based component, this arrangement would reduce patient out-of-pocket costs. This type of agreement allows patients to access their medicines at a lower out-of-pocket cost and payers to control their overall healthcare costs through paying for outcomes.

Question. How will they lower overall health-care costs for our Federal programs?

Answer. We believe medicines are part of the solution to controlling health-care costs. They not only improve patient outcomes and increase quality of life, but also reduce downstream costs. Value-based agreements have the potential to increase efficiencies in the health-care system, including government programs, by ensuring that payment is based on value rather than reimbursement based on volume. These agreements support patients receiving the most appropriate treatment, ensure appropriate patient behaviors and, most importantly, tie reimbursement to improved patient outcomes.

In many cases value-based agreements encourage a focus on important patient behaviors such as adherence and persistence as well as improved emphasis on patient education to promote healthier lifestyles and choices. These agreements broaden payer focus to the total cost of care and quality outcomes. It is important that we look at all aspects related to the cost of care to find efficiencies that drive greater

value in the health-care system. These opportunities exist in both the commercial and government sectors.

We support value-based agreements because they allow us to reimburse the health-care system if our medicines do not deliver as intended. This solution demonstrates our willingness to stand behind the value of our medicines.

Through the partnership of payers and policymakers, we look forward to a future where implementation of value-based agreements across public and private payers is widespread.

Question. What have the preliminary results looked like so far?

Answer. We are frequently asked if we have ever had to “pay out” on a value-based agreement, and the answer is “yes.” For example, we have entered into an agreement for one of our oncology medicines with a large payer. We have reimbursed the payer for more than 20 percent of patients on that medicine. Of course, we also have examples where we have seen the medicine perform as well or better than our clinical data. This is good for patients and good for the payer and health system overall in that, by providing access to that medicine, they have seen improved patient outcomes.

TRANSPARENCY/POINT OF SALE

Question. In almost all of your testimonies, you express your support for the Trump administration’s proposal to allow manufacturers to provide PBMs up-front discounts that are passed onto patients at the point of sale.

Do you feel like this proposal will make the transactions within the drug supply chain more transparent?

Answer. Yes, the Trump administration’s rebate proposal should make transactions more transparent because cost-sharing will reflect point-of-sale discounts and, therefore, net prices. We encourage the administration and Congress to closely assess the impact of such increased transparency on patients and the biopharmaceutical supply chain more broadly.

Question. If so, would this transparency bring down drug costs—overall and for specialty drugs?

Answer. In general, we believe that increased transparency due to point-of-sale discounts will in turn lead to greater competition and reduced costs overall. However, the impact of transparency on the prices of specific drugs will vary based on the competitive landscape for that medicine.

THE RELATIONSHIP BETWEEN WHOLESALERS AND MANUFACTURERS

Question. When talking about the pharmaceutical supply chain, a lot of focus has been placed on the pharmacy benefit manager. But there’s another side of the equation that I’d like to ask about. How do wholesalers negotiate pricing with manufacturers?

Answer. In general, wholesalers do not negotiate pricing with manufacturers. Wholesalers receive service fees from manufacturers for bona fide services they provide.

Question. What impact does this have on drug costs?

Answer. In general, wholesalers do not negotiate pricing with manufacturers.

Question. What incentives or disincentives do they have to contain price increases?

Answer. Wholesalers receive service fees from manufacturers for bona fide services they provide. Certain fees across the supply chain—including with wholesalers—are based on a percentage of the list price. We support efforts to “de-link” such fees from the list price across the supply chain, as this would align incentives across the supply chain to lower prices.

QUESTIONS SUBMITTED BY HON. RON WYDEN

PROPOSED REBATE RULE

Question. As has been done in many other settings, drug manufacturers said during the hearing that one reason list prices for drugs are high is that pharmaceutical

benefit managers (PBMs) demand larger and larger rebates in order for the drug to receive favorable placement on a formulary. You and your colleagues who testified during the hearing stated if the administration's proposal on changes to the anti-kickback safe harbor for pharmaceutical rebates took effect, your company would likely lower list price. Like many Oregonians, I am skeptical drug manufacturers would voluntarily lower their prices.

Therefore, would you support legislation that would (1) make similar changes the administration has put forward related to Part D and Medicaid managed care, (2) change the rebate system in a similar way to the proposal for the commercial market, and (3) require drug makers to lower the list price of their drugs equal to the amount of rebates provided today?

Answer. Assuming the HHS rebate rule is finalized largely as proposed, AstraZeneca intends to comply with its requirements and use point-of-sale discounts. Our goal is to maintain net prices broadly in line with today, recognizing our ability to do so may be dependent on external factors and market response such as how plans evolve their benefit design and the total degree of transparency under the new model.

AstraZeneca would plan to reduce list prices, pending reforms across all payers, including in the commercial sector in addition to Part D, as the current construct does not allow for two separate list prices (*i.e.*, one list price for Part D and a different list price for the commercial sector). Therefore, we also support efforts to eliminate rebates in the commercial sector and recommend that Congress explore such legislation. While eliminating rebates is an important step, benefit designs must also be evaluated.

MEDICAID DRUG REBATE PROGRAM

Question. The Medicaid Drug Rebate Program (MDRP) requires manufacturers to provide a basic rebate and an additional inflationary rebate for both brand and generic drugs. The inflationary rebate is an increasingly substantial part of total rebates due in large part to large increases in drug prices that exceed inflation. Under current law, this inflationary rebate is capped at 100 percent of Average Manufacturer Price (AMP). This is the case even when manufacturers continue to raise their prices well above inflation.

Please provide a list of all of your pharmaceutical products that have reached the Medicaid AMP rebate cap in any of the 20 quarters from January 1, 2014 through December 31, 2018.

Answer. Please see Appendix B.

Question. For each drug listed in response to question 1, please also provide a list of which quarters and years each drug hit the cap.

Answer. Please see Appendix B.

MEDICAID DRUG REBATE PROGRAM COMPLIANCE

Question. I am concerned about recent reports and legal settlements surrounding drug manufacturers' failure to comply fully with the requirements of the MDRP. For example, an analysis by the U.S. Department of Health and Human Services Office of Inspector General found that between 2012 and 2016 taxpayers may have overpaid by as much as \$1.3 billion for 10 potentially misclassified drugs. That is why I introduced the Right Rebate Act with Chairman Grassley to prevent drug manufacturers from manipulating Medicaid to increase their profits. However, I continued to be concerned about oversight and manufacturer compliance with the requirements of the Medicaid Drug Rebate Program.

Accordingly, please describe the following:

Your company's current compliance plan and procedures used to ensure compliance with the requirements of the Medicaid Drug Rebate Program including internal audits or other checks you use to identify compliance vulnerabilities.

Answer. All aspects of AstraZeneca's compliance with the requirements of the Medicaid Drug Rebate Program, including Statutory Pricing (average manufacturer price (AMP) and Best Price) and Medicaid Rebate payments, are covered by AstraZeneca's compliance framework. This compliance plan includes a robust review process, including Sarbanes-Oxley testing, self-auditing, and formal audits by internal and external audit.

Question. Any past or ongoing issues of non-compliance.

Answer. Since the implementation of AstraZeneca's compliance framework, we are not aware of any compliance issues that have been identified via this internal and external audit process.

Question. Any corrective actions taken to address identified problems or issues of non-compliance with the MDRP and how such steps were communicated to the Centers for Medicare and Medicaid Services.

Answer. As noted above, to date, no compliance issues have been identified via this internal and external audit process.

Question. Any steps taken to improve compliance and ensure that all Medicaid drug rebates owed to the Federal Government and the States are paid in full.

Answer. AstraZeneca has a comprehensive compliance framework that includes Sarbanes-Oxley testing, self-auditing, and formal audits by internal and external audit. Additionally, as it relates to Medicaid drug rebates owed to the Federal Government and States, AstraZeneca performs additional reviews of claims-level data, ensuring the completeness and accuracy of both the payments made by manufacturers as well as claims submitted to manufacturers. This process has identified duplicate pharmacy claims submitted to State Medicaid Agencies resulting in overpayment by both States and manufacturers. Clearly, these overpayments disadvantage both the States and manufacturers like AstraZeneca.

BONUS PAYMENTS TIED TO SPECIFIC DRUGS

Question. I am concerned by the potential for employee financial incentives to encourage high launch prices and price increases for prescription drugs.

Is your salary, bonus, or other compensation tied to sales or revenue targets of a single product your company sells? Has it ever been? If yes, please state the product or products to which your salary, bonus or other compensation was tied.

Answer. The CEO's compensation as well as the compensation of other senior leaders is directly based on three areas of performance that are generally weighted equally: development and delivery of innovative science, our aggregate sales, and other important financial metrics.

AstraZeneca understands that executive pay is a closely scrutinized issue. As part of our compensation decisions, we are mindful of the sensitivity of this issue as we determine how best to incentivize, reward and retain executives capable of leading a global pharmaceutical company in a highly competitive market.

Question. Is your salary, bonus, or other compensation tied to either revenue or net income of the company as a whole? Has it ever been? If yes, please explain what assumptions about price increases are used when the compensation committee sets revenue or net income goals. Does the compensation committee provide any guidance to executives in regards to the amount of revenue that the company will generate from price increases versus volume growth?

Answer. The CEO's compensation as well as the compensation of other senior leaders is directly based on three areas of performance that are generally weighted equally: development and delivery of innovative science, our aggregate sales, and other important financial metrics. AstraZeneca's Remuneration Committee does not provide any guidance on price increases.

PROVISION OF REBATES IN EXCHANGE FOR FORMULARY PLACEMENT

Question. In today's system, drug makers receive a limited time window to sell their drug without competition. After that period has expired, low-cost generics should become available. However, drug makers often prevent access to these cheaper generic drugs in Medicare. Researchers have found that 72 percent of Medicare Part D plans charged lower cost-sharing for a brand name drug compared to its generic equivalent. This means seniors were charged less out of pocket for brand name drugs compared to generics that are on average four times cheaper than the brand-named drug. This happens because drug makers pay a rebate to the Part D plans in order to give the more expensive drug better treatment than a generic. As a result, Medicare spending increases due to the current structure of the Part D benefit.

Has your company ever paid a rebate to a Part D plan so that a brand name drug would get preferential treatment (*i.e.*, lower cost-sharing or less utilization management) compared to a cheaper generic?

Answer. In certain instances, AstraZeneca enters into arrangements under which a branded agent is discounted at or below the net cost of the generic(s) in the market, therefore benefiting the plan and the beneficiary. AstraZeneca typically enters into these types of arrangements for medicines already existing on formulary. These arrangements benefit patients by ensuring greater affordability for the branded medicine and by ensuring continuity of treatment if a patient has already been prescribed a branded medicine. These arrangements also support competition because they provide the opportunity for multiple competitors and medicine options to compete on price and other factors. We have had several such arrangements in Medicare Part D (*see* Appendix C).

Question. If so, please provide:

A list of the drugs for which your company has done this since January 1, 2014.

Answer. A list providing this information is attached as Appendix C.

Question. The number of Part D plans in which this type of rebate was given for each drug in each year.

Answer. A list of the relevant Part D plans is included in Appendix C.

NET PRICES

Question. During your testimony, you stated, “The estimates for 2018 show that across our medicines, our average rebate is nearly 50 percent of our gross revenues in the U.S. Despite this, in recent years, in our primary cap portfolio, we have seen flat to declining net effective prices for most of our medicines.”

Please describe how the company’s year-over-year aggregate net price is calculated.

Answer. The analysis discussed during the hearing on February 26, 2019 was completed by brand; the change in Net Price was calculated at the brand level, and then weighted based on Net Sales for each brand as a percent of Total Net Product Sales for 2018.²

Question. Please also specifically address the following questions:

How many products are included in the calculation of the average net price change? What was the median net price change?

Answer. The analysis discussed during the hearing on February 26, 2019 included 26 brands that represent 98 percent of annual Net Product Sales in the United States for the period ending December 31, 2018.

The Median Price Change (prior to weighting) was a Net Price decrease of 1 percent.

Question. Is net price weighted? If so, how? For example, in determining the aggregate net price does the company assign different weights to different products based on volume or other factors? Are “on patent” and “off patent” drugs weighted identically? Are other statistical weights used or are all products treated equally?

Answer. The analysis discussed during the hearing on February 26, 2019 was completed by brand; the change in Net Price was calculated at the brand level, and then weighted based on Net Sales for each brand as a percent of Total Net Product Sales for 2018 irrespective of whether the medicines are on or off patent.

Question. Does the figure that you provided during your testimony account for U.S. prices, international prices, or both? Generally speaking, when your company reports net price changes, does it differentiate between U.S. and international prices?

Answer. The analysis discussed during the hearing on February 26, 2019 referred to 26 brands that represent 98 percent of annual Net Product Sales in the United States for the period ending December 31, 2018.

Question. Please list the five drugs your company sold in the U.S. that had the greatest year-over-year net price increase in 2018, noting the increase for each drug by dollar figure and percentage. Please list the five drugs your company sold in the

²Net Product Sales reflect the invoiced amount less movements in estimated accruals for rebates and chargebacks given to managed-care and other customers. Cash discounts for prompt payment are also deducted from sales. Average Net Price per Unit excludes product returns, and the figures were arrived at using the conventional Net Price calculation, that is, before deducting cost of goods sold, royalties, and variable selling expenses.

U.S. that had the lowest year-over-year net price increase (and/or the greatest decrease) in 2018, noting the increase (or decrease) for each drug by dollar figure and percentage.

Answer. In 2018, we experienced a Weighted Average Net price decline in our hyper-competitive respiratory and diabetes therapeutic areas, with declines of 2.4 percent and 1.9 percent, respectively. Our Weighted Average Net prices in oncology remained flat. Brand-specific pricing information is competitively sensitive information.

Question. For 2018, what was the average net price change in the U.S. market for (1) drugs with no competition, (2) drugs with *only* branded competition, and (3) drugs with generic competition?

Answer. For 2018, the Weighted Average Net price change in the United States market for:

- Medicines with no competition was an increase of 0.6 percent;
- Branded “on patent” medicines without generic equivalents was a decrease of 4.7 percent;
- “Off patent” medicines with generic equivalent competition was an increase of 4.6 percent.

With respect to the last category of medicines described above, we note by way of context that once generic options enter the market, our market share rapidly erodes, as many PBMs, insurers, and government agencies to which AstraZeneca offers rebates and discounts replace our branded medicines on their formularies with these generic competitors. Accordingly, the mix of business for medicines with generic competition shifts towards programs whereby health plans/PBMs chose to list our branded medicines on their formularies given a lower net cost versus generics, and to individual patients who chose to pay for branded agents over generic agents, resulting in a higher average net effective price across all distribution channels.

Question. You state that “the estimates for 2018 show that across our medicines, our average rebate is nearly 50 percent of our gross revenues in the U.S.” For each product, please disclose the gross revenue and the amount of rebates paid.

Answer. The table below reflects our Product Sales in the U.S. for the period ending December 31, 2018, including the proportion of Gross Sales allocated to estimated amounts we expect to pay to third-party managed care organizations, hospitals, long-term care facilities, group purchasing organizations, and various Federal or State programs. The percentage of Gross Product Sales column reflects our effective rebate rate per channel, a combination of mix of business in that channel and related rebate rate.

	USD (in millions)	% of Gross Product Sales
Gross Product Sales	\$16,538,000	
Chargebacks	\$(2,224,000)	– 13%
Regulatory—Medicaid and State programs	\$(1,304,000)	– 8%
Contractual—Managed-care and Medicare	\$(4,600,000)	– 28%
Cash and other discounts	\$(286,000)	– 2%
Customer returns	\$(119,000)	– 1%
U.S. Branded Pharmaceutical Fee	\$(140,000)	– 1%
Other	\$(989,000)	– 6%
Net Product Sales	\$6,876,000	

Brand-specific pricing information is competitively sensitive information.

QUESTIONS SUBMITTED BY HON. ROBERT MENENDEZ

Question. During the hearing, when I asked whether your company engaged in tactics to delay generic production of your products, you answered “no.” However, AstraZeneca appears on the FDA’s list of companies who have access complaints against them.

Can you explain the discrepancy between your answer and the FDA list? The FDA list can be found here: <https://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/AbbreviatedNewDrugApplicationANDAGenerics/ucm607738.htm>.

Answer. AstraZeneca appreciates the opportunity to address the question of one of our medicines (BRILINTA®) appearing on the Reference Listed Drug Access Inquiries list (RLD List). We would first like to state that AstraZeneca supports allowing generic manufacturers access to samples. Withholding or otherwise blocking such access is inconsistent with that position. Our internal review has not identified any unanswered, delayed, or outstanding requests for samples of BRILINTA (ticagrelor) by any generic manufacturers.

It is our understanding that BRILINTA was included on the RLD List based on a single inquiry received by the FDA. Unfortunately, the RLD List does not identify the company that reportedly requested information (or samples) from AstraZeneca, the date the information was requested, or any other information that would allow AstraZeneca to better understand or further investigate the circumstances of this inquiry. On its website, the FDA does advise that it has “not independently investigated or confirmed the access limitations described in the inquiries received.” Given this limitation, the listing of an inquiry on the RLD List does not mean that the FDA has in fact determined that access to samples by generic manufacturers was limited or withheld for the medicines identified. Indeed, based on our internal review, we have not identified any circumstances that substantiate the inquiry received by the FDA relating to BRILINTA.

BRILINTA is and has always been available via normal commercial distribution channels (*i.e.*, wholesalers) since its U.S. launch. It has never had a restricted distribution program.

Finally, more than 15 generic manufacturers have applied for regulatory approval from the FDA for the manufacture of generic ticagrelor and some, like Watson/Teva, have received tentative approvals from the FDA. Because conducting bioequivalence studies with the branded medicine is an FDA preapproval requirement, it is clear that these generic manufacturers are not having difficulty accessing branded ticagrelor for their studies.

In light of the context provided above, it is unclear why any generic manufacturer would be unable to obtain a sample of BRILINTA for their purposes or why an inquiry was lodged with the FDA related to this medicine.

Question. When new products enter the market, do drug companies set high initial rebates and then provide deep rebates in order to gain access to insurance plan’s formularies?

Answer. No, this is not AstraZeneca’s general practice. We negotiate rebates and discounts with payers and pharmacy benefit managers (PBMs)—including in Medicare Part D—to help ensure that patients have the most robust access possible to our therapies. Without these discounts and rebates, many lifesaving medicines would not be placed on plan formularies and therefore would be largely unavailable to the patients who need them most.

The current rebate system creates misaligned incentives. This results in a growing differential between list and net prices. We support reforms of this system that include the elimination of rebates in the commercial sector and in Medicare Part D, which will result in the reduction of the differential between list and net prices and which would allow manufacturers to ensure that the initial list price of a drug reflects its net value.

Question. If CMS finalizes the rebate rule, do you anticipate future products entering the market with significantly lower initial list prices?

Answer. We believe that eliminating rebates across Medicare Part D and commercial will generally result in lower initial list prices than in the absence of reform, although the impact on specific medicines will vary based on the competitive dynamics for that medicine. Reform only in Part D and not commercial is unlikely to impact initial list price setting practices, as the current structure does not allow for

two separate list prices (*i.e.*, one list price for Part D and a different list price for the commercial sector).

QUESTIONS SUBMITTED BY HON. THOMAS R. CARPER

Question. What are your recommendations for lowering prices for the 40 percent of drugs that do not offer rebates in Medicare Part D? In the health insurance plans that you offer your employees, do you ask your insurers to pass through the full manufacturer rebates to the beneficiaries?

Answer. All of our medicines are rebated under the statutory requirements of Medicaid, Federal Supply Schedule, 340B, and the Part D coverage gap discount program. For our highly innovative, targeted therapies, we do not typically provide additional rebates other than through our value-based agreements, where such discounts are based on patient outcomes.

In general, medicines with minimal rebates are the newest and most innovative on the market. Expanded use of value-based agreements is a key component to lowering costs and improving access to these medicines that are currently not in highly rebated therapeutic classes. Under such arrangements, manufacturers may contract to reimburse plans if the medicine does not work as expected, lowering risks for the payer. This also results in competition across manufacturers of medicines in these classes by facilitating competition across clinical results and outcomes.

As we stated before the Senate Committee on Finance, AstraZeneca has put forward several proposals in addition to value-based agreements to address drug pricing:

- Moving away from the current rebate system, while continuing to work with payers and PBMs to ensure robust negotiations;
- Using a portion of discounts and rebates to create out-of-pocket caps for Medicare patients;
- Encouraging biosimilars and eliminating policy and commercial barriers to their greater use.

AstraZeneca also supports increased transparency across the biopharmaceutical supply chain, including transparency with respect to drug pricing. To that end, we generally support the policies included in the current versions of the SPIKE and C-THRU Acts. There are a variety of state-level drug pricing transparency laws and regulations. We believe that having a consistent, federal standard for drug pricing transparency requirements, like those included in the SPIKE Act, should pre-empt state level laws to reduce confusion and compliance burden.

We also support transparency efforts to ensure that patients and prescribers have meaningful information on out-of-pocket costs at the point of prescribing, so that they can make informed decisions about the most appropriate and affordable therapy.

AstraZeneca wants to be a constructive partner in identifying solutions that continue to allow manufacturers to innovate while creating a more efficient and more affordable system.

AstraZeneca provides generous health-care benefits to its employees. Today, we provide a point-of-sale discount on prescription medicines in the form of low out-of-pocket costs for our employees. We cap our employees' out-of-pocket costs on prescription medicines at \$50 per fill to ensure they do not forgo their prescriptions due to high out-of-pocket costs.

Question. The systems for pricing and distributing drugs are opaque and difficult to understand.

What are your recommendations for increasing transparency in how your companies set the list prices for drugs, and for improving transparency in the supply chain for prescription drugs? Would you support Federal standards for transparency in setting the list prices for drugs?

Answer. We do believe that greater transparency is needed for manufacturers as well as other entities in the supply chain. We therefore would generally support transparency requirements such as those included in the SPIKE and C-THRU Acts. Any transparency requirements should consider the need to protect competitively sensitive information to ensure robust competition in the market.

There are a variety of State-level drug pricing transparency laws and regulations. We believe that having a consistent, Federal standard for drug pricing transparency requirements, like those included in the SPIKE Act, should pre-empt State-level laws to reduce confusion and compliance burden.

Question. In nearly every sector of the health-care industry, Medicare, Medicaid, employers, and insurers are moving away from fee-for-service payments to reimbursements based on value and performance. Prescription drugs and medical devices were the glaring exceptions to this trend until recently.

How many of your drugs are included in value-based contracts and how many patients are benefiting from them? How do these value-based contracts work to lower drug prices for both patients and taxpayers?

Answer. We believe medicines are part of the solution to controlling health-care costs. They not only improve patient outcomes and increase quality of life, but also reduce downstream costs. Value-based agreements allow us to reimburse the health-care system if our medicines do not deliver as intended. This solution demonstrates our willingness to stand behind the value of our medicines.

AstraZeneca is working closely with payers and health systems to explore innovative solutions to improve access and affordability that demonstrate the value our medicines bring to patients and the health-care system. Our value-based agreements aim to manage the totality of treatment costs and keep people healthy and out of the hospital. For several years, AstraZeneca has been exploring these types of solutions through value-based agreements where we are willing to work with health-care stakeholders to tie payment to patient outcomes.

To date, we have entered into approximately 40 value-based agreements for 15 medicines across our therapeutic areas with a variety of payers, making AstraZeneca a leader in the field of value-based agreements. Tens of thousands of patients have benefited from improved access as part of these agreements.

As an example, and as noted in our written testimony submitted to the Senate Committee on Finance, AstraZeneca agreed with Express Scripts that for IRESSA, an oral treatment for certain types of lung cancer, we will fully reimburse Express Scripts for discontinued use before the third fill, including if discontinuation occurs because patients did not respond to treatment.

While most of these agreements have been focused on securing patient access to our medicines and delivering better patient outcomes, where payers are willing, we are also looking to more directly address patient out-of-pocket affordability through these innovative arrangements.

As an example, we recently announced the initiation of a value-based agreement for University of Pittsburgh Medical Center (UPMC) Medicare patients who are prescribed BRILINTA. This value-based contract, which was effective as of January 1, 2019, is groundbreaking in two ways. First, the contract lowers the out-of-pocket costs for a UPMC Medicare Part D patient to approximately \$10 for a 30-day supply. Second, what UPMC pays for BRILINTA will vary based on patient outcomes, tying the cost of the medicine to its real-world clinical performance.

We are currently exploring another value-based agreement in Medicare Part D. In addition to having a significant outcomes-based component, this arrangement would reduce patient out-of-pocket costs. This type of agreement allows patients to access their medicines at a lower out-of-pocket cost and payers to control their overall health-care costs through paying for outcomes.

Question. Last year, Senator Portman and I did an investigation on the pricing of an opioid overdose reversal drug called EVZIO, manufactured by Kaléo. Kaléo increased the price of EVZIO from \$575 in 2014 to \$4,100 in 2017. We found that the best price Medicare was able to get for EVZIO, about \$4,000, was much higher than the price other federal programs and private insurers were able to get. It seemed that Kaléo was able to get this higher price of \$4,000 from Medicare by helping doctors fill out paperwork showing that the drug was medically necessary, even though there are cheaper alternatives on the market. As a result of the investigation, Kaléo announced it will bring a generic version of the drug to market at only \$168 per pack.

Are any of your companies providing medical necessity paperwork to doctors in order to get your drugs covered by Medicare?

Answer. AstraZeneca policies prohibit completing medical necessity paperwork for doctors or their staff as described in your inquiry.

Question. In 2017, the Rand Corporation estimated that biosimilar drugs, which are competitors to complex, biologic drugs, could save the United States more than \$50 billion over the next decade. Some of you have also argued that increasing the use of biosimilar drugs would help lower drugs costs for consumers and taxpayers.

What is delaying the uptake of biosimilar drugs in the United States? What policies do you recommend to increase the development of biosimilar drugs?

Answer. AstraZeneca believes that competition is a key component to reducing costs, and that is why we support the expanded use of biosimilars in the U.S. As a global company, we operate in countries, particularly those in the European Union, where biosimilar competition is particularly robust. We support a similarly vigorous biosimilars market in the U.S.

There are several challenges to biosimilar uptake in the U.S., including contracting and rebating dynamics and difficulty in obtaining interchangeability status. We therefore appreciate the efforts of the FDA to increase the availability of biosimilars in the U.S., including the FDA's development of a Biosimilars Action Plan. We support efforts to streamline and improve the efficiency of the biosimilars approval pathway for the benefit of patients. Such efforts could include increased transparency into the patents applicable to biologic medicines.

We also support reimbursement policies that facilitate the uptake of biosimilars. Such policies include Medicare reimbursement rates that ensure that biosimilars can compete on equal footing with innovator medicines, and reductions to cost-sharing amounts for biosimilars. We also believe the elimination of rebates will help biosimilars compete with innovator medicines.

QUESTIONS SUBMITTED BY HON. BENJAMIN L. CARDIN

Question. The United States is one of the only countries in the world to allow prescription drug manufacturers to advertise directly to consumers through magazines, billboards, radio, and television commercials. While I will not argue that it is beneficial to educate consumers about an unfamiliar disease and encourage them to seek medical help, most commercials from all of your companies recommend asking about a specific brand name drug, not a medical condition. Furthermore, even if your advertisements follow all FDA rules and list medication side effects, they also almost always list these while a smiling, apparently healthy person is walking on a beach. Researchers say that this type of imagery, combined with viewing hours of drug commercials each month, leads consumers to underestimate the risks associated with medications. For the past decade, studies have shown that aggressive direct-to-consumer advertising is associated with rising drug prices and an increase in inappropriate drug prescriptions.

Since researchers have concluded that consumers are misunderstanding the benefits and risks described in your ads, what further policies could help you and your colleagues ensure that you are educating patients in a clear manner?

Answer. Our advertising complies with regulatory requirements governing direct-to-consumer (DTC) advertising and AstraZeneca believes that DTC advertising is important to raising brand and disease awareness, fostering patient education, and enhancing the dialogue between patients and their physicians. Unfortunately, these positive impacts of health-care communication efforts are often left out of the DTC debate.

PHARMACEUTICAL COMPANIES CONTINUE TO RAISE PRICES

Question. As you are well aware, high prescription drug prices are the number one concern for Americans and their families. According to the Organization for Economic Cooperation and Development, the average American spends around \$1,208 annually on prescription drugs. There have been several instances where brand name or even generic drugs that have been on the market for years continue to increase in price. One of the most well-known examples is Mylan's increase of the price of EpiPen from less than \$100 in 2007 to more than \$600 in 2016. Another example, is the ever-increasing price of insulin. Sanofi increased the price of a vial of Lantus from \$88.20 in 2007 to \$307.20 in 2017. And those are just a small sample of price increases.

Why don't we see price decreases for drugs that have been on the market for years without new formulations or added benefit?

Answer. As an initial matter, it is important to note the distinction between list and net prices. Over the past several years, discounts and rebates for our therapies have increased overall, both in the commercial sector and Part D. In recent years, in our primary care portfolio, which includes the majority of our therapies, we have seen flat to declining net effective prices to AstraZeneca for most of our medicines. Flat to declining net prices is a trend across the industry.

However, the current system makes list price decreases challenging.

Therefore, to accomplish meaningful change in terms of lowering list price, the system must be restructured to eliminate rebates. Assuming the HHS rebate rule is finalized largely as proposed, AstraZeneca intends to comply with its requirements and use point-of-sale discounts. Our goal is to maintain net prices broadly in line with today, recognizing our ability to do so may be dependent on external factors and market response such as how plans evolve their benefit design and the total degree of transparency under the new model.

AstraZeneca would plan to reduce list prices, pending reforms across all payers, including in the commercial sector in addition to Part D, as the current construct does not allow for two separate list prices (*i.e.*, one list price for Part D and a different list price for the commercial sector). Therefore, we also support efforts to eliminate rebates in the commercial sector, and recommend that Congress explore such legislation. While eliminating rebates is an important step, benefit designs must also be evaluated.

PAY FOR DELAY

Question. Pay for delay is a tactic that more and more branded drug manufacturers have been using to stifle competition from lower-cost generic manufacturers. This allows you to sidestep competition by offering patent settlements that pay generic companies not to bring lower-cost alternatives to market. These “pay-for-delay” patent settlements benefit both brand-name pharmaceutical companies by helping them avoid costly patent litigation and generic manufacturers by rewarding them a hefty sum to delay entering the market with a cheaper drug alternative. However, these deals do not benefit consumers. According to an FTC study, these anticompetitive deals cost consumers and taxpayers \$3.5 billion in higher drug costs every year.

Does your company partake in pay-for-delay settlements?

Answer. AstraZeneca does not enter into settlements that pay generic competitors to delay entry into the market. In the absence of a settlement, a generic would not necessarily prevail in the patent litigation and therefore would not be able to enter the market. Indeed, AstraZeneca has entered into many early-entry patent settlements that permit generic competitors to enter the market before expiration of AstraZeneca’s patent rights by allowing generic manufacturers to license innovator patents.

All of AstraZeneca’s patent settlements fully comply with the law. These settlements provide increased clarity and stability to both parties, allowing innovators like AstraZeneca to continue investing substantially in new medicines for patients and frequently allowing generic competitors to enter the market before expiration of AstraZeneca’s patent rights.

Question. Why would a pharmaceutical company enter into a pay-for-delay agreement?

Answer. AstraZeneca does not enter into agreements that pay generic competitors to delay entry into the market.

Question. Do you think these agreements stifle competition and prevent generic alternatives to your branded medications?

Answer. AstraZeneca does not enter into agreements that pay generic competitors to delay entry into the market. However, AstraZeneca has entered into many early-entry patent settlements that permit generic competitors to enter the market before expiration of AstraZeneca’s patent rights by allowing generic manufacturers to license innovator patents. These do not stifle competition but instead permit early entry by resolving patent disputes that would otherwise prevent generic alternatives to branded medication.

VALUE-BASED PRICING

Question. One idea I wanted to get your thoughts on today, is the idea of value-based pricing. This is an idea where a company could link the single price it charges

for a given drug to an assessment of how well it works. Some value-based pricing arrangements could allow insurers and patients to receive rebates from drug manufacturers if a drug failed to work (outcome-based pricing). Another version would involve “indication-based pricing” in which drug companies charge different prices for the same drug when it is used to treat different conditions.

Dr. Soriot, we have heard that AstraZeneca has been participating in a value-based program in collaboration with the University of Pittsburgh Medical Center.

Could you talk more about your research in value-based pricing and how you believe this could be possible solution to some of the high drug prices?

Answer. We believe medicines are part of the solution to controlling health-care costs. They not only improve patient outcomes and increase quality of life, but also reduce downstream costs. Value-based agreements allow us to reimburse the health-care system if our medicines do not deliver as intended. This solution demonstrates our willingness to stand behind the value of our medicines.

AstraZeneca is working closely with payers and health systems to explore innovative solutions to improve access and affordability that demonstrate the value our medicines bring to patients and the health-care system. Our value-based agreements aim to manage the totality of treatment costs and keep people healthy and out of the hospital. For several years, AstraZeneca has been exploring these types of solutions through value-based agreements where we are willing to work with health-care stakeholders to tie payment to patient outcomes.

To date, we have entered into approximately 40 value-based agreements across our therapeutic areas with a variety of payers.

Our research in value-based agreements has been focused on addressing the comprehensive value of a medicine in terms of medical cost offsets and the economic impact of achieving certain health benefits with a medicine in a specific population. Our experience in this area consists of health economics and outcomes research (HEOR) and real-world evidence (RWE) studies which correlate improved outcomes and overall better health to a direct, positive economic impact, realized by both the payer and the patient. We use HEOR and RWE data to establish the metrics of the value-based agreement. Another important part of our value-based agreement research is how we measure the impact of a value-based agreement, so we can learn what works and what does not work for future iterations of value-based agreements.

In addition, by aligning payments for medicines more directly with their value in improving health outcomes and/or reducing the need for other healthcare services (such as hospitalizations), value-based arrangements make pharmaceutical manufacturers accountable for the results our medicines achieve and can help improve patients’ health and maximize the benefits of healthcare spending. Over time, proliferation of value-based agreements can shift utilization toward medicines with greater clinical value and greater ability to reduce hospitalizations and other costly services, resulting in better health outcomes and lower overall healthcare spending.

As manufacturers develop more complex, personalized, and promising treatments—such as gene therapies, cell therapies, or immuno-therapies—it will be increasingly important for health plans to enter into value-based agreements so that they and our healthcare system may recognize the full value of those treatments and make them available to patients at affordable out-of-pocket amounts. Value-based agreements serve an important role in linking the price of a medicine to beneficiaries’ demonstrated real world outcomes using that medicine.

While most of these agreements have been focused on securing patient access to our medicines, some have also helped payers identify which patient types are most likely to benefit from our medicines and deliver improved patient outcomes. Partnering to drive this type of clarity can reduce overall drug spend in meaningful ways. Where payers are willing, we are also looking to more directly address patient out-of-pocket affordability through these innovative arrangements.

As you mention, we recently announced the initiation of a value-based agreement for University of Pittsburgh Medical Center (UPMC) Medicare patients who are prescribed BRILINTA. This value-based contract, which was effective as of January 1, 2019, is groundbreaking in two ways. First, the contract lowers the out-of-pocket costs for a UPMC Medicare Part D patient to approximately \$10 for a 30-day supply. Second, what UPMC pays for BRILINTA will vary based on patient outcomes, tying the cost of the medicine to its real-world clinical performance.

Through the partnership of payers and policymakers, we look forward to a future where implementation of value-based agreements across public and private payers is widespread. Value-based agreements are one proactive solution; they are not the only solution.

DRUG REBATE RULE

Question. In January, the Department of Health and Human Services' (HHS) Office of Inspector General (OIG) promulgated a new regulation to remove regulatory safe harbor protections under the Anti-Kickback Statute (AKS) for rebates on prescription drugs rebates paid by manufactures to PBMs under Medicare Part D and for Medicaid managed care organizations (MCOs). The OIG proposal attempts to ban most rebates by eliminating their regulatory protections. The rule is predicted to increase net drug costs in its early years. The CMS actuaries estimate it would cost \$196 billion over 10 years. Despite this high price tag, the beneficiary benefits are limited. The proposed rule notes that under the CMS Actuary's analysis, the majority of beneficiaries would see an increase in their total out-of-pocket payments and premium costs; reductions in total cost sharing will exceed total premium increases.

I wanted to ask a question about the administration's rebate rule, which I understand that many of the drug manufacturers, and your main trade association, strongly support. According to an analysis of the rule by the Office of Actuaries at CMS, drug manufacturers are likely to initially retain 15 percent of the current rebates as higher net drug prices.

Given that estimate, can you provide the committee with any assurances that prices will not increase under this proposed rule?

Answer. Assuming the HHS rebate rule is finalized largely as proposed, AstraZeneca intends to comply with its requirements and use point-of-sale discounts. Our goal is to maintain net prices broadly in line with today, recognizing our ability to do so may be dependent on external factors and market response such as how plans evolve their benefit design and the total degree of transparency under the new model.

AstraZeneca would plan to reduce list prices, pending reforms across all payers, including in the commercial sector in addition to Part D, as the current construct does not allow for two separate list prices (*i.e.*, one list price for Part D and a different list price for the commercial sector). Therefore, we also support efforts to eliminate rebates in the commercial sector, and recommend that Congress explore such legislation. While eliminating rebates is an important step, benefit designs must also be evaluated.

QUESTIONS SUBMITTED BY HON. SHERROD BROWN

Question. According to an article recently published in the *Journal of the American Medical Association*, medical marketers spent nearly \$30 billion dollars in 2016, up from \$17 billion in 1997. Direct-to-Consumer (DTC) advertising had the biggest percentage increase: from \$2.1 billion, or 11.9 percent of all medical marketing, in 1997 to \$9.6 billion, or 32 percent of total spending, in 2016.

Can you please provide what your ratio of spending on sales and marketing to research and development is today?

Answer. In 2018, we spent \$5.9 billion on RandD and \$6.1 billion on Sales and Marketing, globally. Our Sales and Marketing figures include all costs incurred in selling, marketing, promoting, and distributing our products.

PRICE-GOUGING

Question. Sanofi, as I understand it, has made a pledge to the public to limit its price increases to the national health expenditures growth projection.

Would your company commit to a cap on annual price increases as part of your PhRMA membership criteria?

Answer. Our decisions around pricing would always need to remain independent of PhRMA membership criteria.

Question. What policies would you propose to help ensure lower launch prices for new drugs?

Answer. As we stated at the Senate Committee on Finance hearing, AstraZeneca has put forward a number of proposals to address drug pricing, including:

- Moving away from the current rebate system, while continuing to work with payers and PBMs to ensure robust negotiations; and
- Encouraging biosimilars and eliminating policy and commercial barriers to their greater use.

As described below, we also support efforts to increase transparency in the biopharmaceutical supply chain and drug pricing specifically.

TRANSPARENCY

Question. In many of your testimonies, you mentioned that the current system of pharmacy benefit manager (PBM) back-end rebates do not rarely results in a scenario where the PBM passes on savings to consumers at the point of sale (POS). The administration recently proposed a rule to eliminate the anti-kickback statute safe harbor protections for these drug rebates.

Do you agree that greater transparency should be required to understand how manufacturers and PBMs are negotiating prices and rebates to ensure that savings are passed down to beneficiaries?

Answer. Yes, AstraZeneca agrees that greater transparency is needed. We therefore generally support the policies included in the current versions of the SPIKE and C-THRU Acts.

There are a variety of State-level drug pricing transparency laws and regulations. We believe that having a consistent, federal standard for drug pricing transparency requirements, like those included in the SPIKE Act, should pre-empt state level laws to reduce confusion and compliance burden.

PBMS

Question. An *Axios* article from March 7, 2019 highlights the fact that, while “pharmaceutical companies put a lot of the blame for high drug prices on pharmacy benefit managers,” many large pharmaceutical companies “rely on PBMs to manage their own health-care benefits.”

In your role as an employer, does your company contract with a pharmaceutical benefit manager (PBM) to administer the prescription drug benefits for your employees and negotiate lower drug costs on your behalf?

Answer. AstraZeneca prescription drug benefits are managed by Express Scripts.

Question. For those of you who do use a PBM to help manage the prescription drug benefit for your employees, how do you utilize the rebates your PBM negotiates to lower health-care costs or drug costs for your employee plans and what does your company do with that savings? Specifically, do the savings go toward lowering premiums?

Answer. AstraZeneca provides generous healthcare benefits to its employees. Today, we provide a point-of-sale discount on prescription medicines in the form of low out-of-pocket costs for our employees. We cap our employees’ out-of-pocket costs on prescription medicines at \$50 per fill to ensure they do not forgo their prescriptions due to high out-of-pocket costs.

Question. For those of you who do use a PBM to help manage the prescription drug benefit for your employees, does your PBM offer point-of-sale rebates to your employees?

Answer. While AstraZeneca does not currently offer point-of-sale rebates to employees, we are exploring opportunities to evolve our benefits in the future.

QUESTIONS SUBMITTED BY HON. SHELDON WHITEHOUSE

Question. Please describe any policy changes you support that would result in your company lowering the list prices of its drugs.

Answer. The current rebate construct is the key challenge in reducing list prices and we would support legislation that would eliminate rebates in Part D and the commercial sector. Assuming the HHS rebate rule is finalized largely as proposed, AstraZeneca intends to comply with its requirements and use point-of-sale dis-

counts. Our goal is to maintain net prices broadly in line with today, recognizing our ability to do so may be dependent on external factors and market response such as how plans evolve their benefit design and the total degree of transparency under the new model.

AstraZeneca would plan to reduce list prices, pending reforms across all payers, including in the commercial sector in addition to Part D, as the current construct does not allow for two separate list prices (*i.e.*, one list price for Part D and a different list price for the commercial sector). Therefore, we also support efforts to eliminate rebates in the commercial sector, and recommend that Congress explore such legislation. While eliminating rebates is an important step, benefit designs must also be evaluated.

Question. How much does your company's research and development portfolio rely on taxpayer-funded research conducted by the National Institutes of Health (NIH)? How many of your company's products are based, at least in part, on NIH research, and how many are the result of research funded solely by your company?

Answer. We collaborate with the National Institutes of Health and the National Cancer Institute, and these partnerships can lead to important advances for patients. However, biopharmaceutical companies conduct the vast majority of R&D needed to bring new medicines to patients and they bear the associated costs and risks.

Question. In each of the last 5 years, how much has your company spent on research and development versus the advertising and marketing of your products?

Answer. Last year alone, we invested nearly \$6 billion in R&D, which represents 28 percent of our total product sales, well above the industry average.

Our Sales and Marketing figures include all costs incurred in selling, marketing, promoting, and distributing our products.

Year	R&D Investment	Sales and Marketing
2018	\$5.9 billion	\$6.1 billion
2017	\$5.8 billion	\$5.6 billion
2016	\$5.9 billion	\$5.8 billion
2015	\$6.0 billion	\$6.6 billion
2014	\$5.6 billion	\$7.1 billion

Question. During the hearing, you mentioned that your company would be likely to lower the list prices of its drugs if the recent proposal by the Trump administration to change the current system of rebates was extended to the private market.

If the policy was extended to the private market, how large would the list price reductions be relative to the size of the rebates your company is currently providing?

Answer. Assuming the HHS rebate rule is finalized largely as proposed, AstraZeneca intends to comply with its requirements and use point-of-sale discounts. Our goal is to maintain net prices broadly in line with today, recognizing our ability to do so may be dependent on external factors and market response such as how plans evolve their benefit design and the total degree of transparency under the new model.

AstraZeneca would plan to reduce list prices, pending reforms across all payers, including in the commercial sector in addition to Part D, as the current construct does not allow for two separate list prices (*i.e.*, one list price for Part D and a different list price for the commercial sector). Therefore, we also support efforts to eliminate rebates in the commercial sector, and recommend that Congress explore such legislation. While eliminating rebates is an important step, benefit designs must also be evaluated.

Question. How will this proposal affect how your company sets the list prices for new drug products?

Answer. We believe that eliminating rebates across Medicare Part D and commercial will generally result in lower initial list prices than in the absence of reform, although the impact on specific medicines will vary based on the competitive dy-

namics for that medicine. Reform only in Part D and not commercial is unlikely to impact initial list price setting practices, as the current structure does not allow for two separate list prices (*i.e.*, one list price for Part D and a different list price for the commercial sector).

Question. If the proposal is finalized and not extended to the private market, will your company make any list price reductions? If so, how large would the reductions be relative to the size of the rebates your company is currently providing?

Answer. AstraZeneca would plan to reduce list prices, pending reforms across all payers, including in the commercial sector in addition to Part D, as the current construct does not allow for two separate list prices (*i.e.*, one list price for Part D and a different list price for the commercial sector). Therefore, we also support efforts to eliminate rebates in the commercial sector, and recommend that Congress explore such legislation. While eliminating rebates is an important step, benefit designs must also be evaluated.

QUESTION SUBMITTED BY HON. MAGGIE HASSAN

Question. In June of 2018, the Medicaid and CHIP Payment and Access Commission (MACPAC) unanimously recommended under Recommendation 1.1 in their annual report to Congress that Congress remove the statutory requirement that manufacturers blend the average manufacturer price (AMP) of a brand drug and its authorized generic.³ This requirement created an unintended loophole. Rather than use the price of the authorized generic, drug companies can sell its authorized generic to a corporate subsidiary at an artificially lower price, and use that lower price to bring down the AMP, which in turn lowers the rebate obligation.

Does your company engage in this practice? Has your company ever engaged in this practice in the past?

Answer. No. In limited circumstances, AstraZeneca has made authorized generics available, but does so through a third-party distributor, not an AstraZeneca subsidiary.

QUESTIONS SUBMITTED BY HON. CATHERINE CORTEZ MASTO

Question. As a portion of your revenue, for what percentage of the drugs in your portfolio do you offer no rebates? Based on the drugs in your pipeline, do you foresee that portion growing? For those drugs, is your list price equal to your net price?

Answer. All of our medicines are rebated under the statutory requirements of Medicaid, Federal Supply Schedule, 340B, and the Part D coverage gap discount program. For our highly innovative, targeted therapies, we do not typically provide additional rebates other than through our value-based agreements, where such discounts are based on patient outcomes. Therefore, due to statutory rebates and other fees and discounts, the net price is lower than list price for all medicines.

Question. Do you invest more in R&D than you generate in U.S. sales revenue? Please include specific figures.

Answer. In 2018, AstraZeneca's U.S. revenue was \$6.88 billion. We invested \$5.9 billion in R&D, globally.

Question. Do you invest more in R&D than you spend on marketing and administration? What company functions do you consider to be included in administration? Please include specific figures.

Answer. In 2018, we spent \$5.9 billion on R&D and \$10 billion on Selling, General and Administrative (SG&A) costs globally, which is inclusive of Sales and Marketing costs of \$6.1 billion.

Selling, General and Administrative expenses are defined as fixed costs of selling products and services and costs of central services and administration, which are not included in inventory values.

³MACPAC, "Improving Operations of the Medicaid Drug Rebate Program," <https://www.macpac.gov/wp-content/uploads/2018/06/Improving-Operations-of-the-Medicaid-Drug-Rebate-Program.pdf>.

General and administrative costs include costs of central services and administration, such as: Human Resources, Finance, Facilities, Purchasing, Strategy and Business Development, Legal, Corporate Affairs, and other corporate expenses.

Our Sales and Marketing figures include all costs incurred in selling, marketing, promoting, and distributing our products.

Question. Do you invest more in R&D than you spend on marketing and sales? What company functions do you consider to be included in sales? Please include specific figures.

Answer. In 2018, we spent \$5.9 billion on R&D and \$6.1 billion on Sales and Marketing, globally.

Our Sales and Marketing figures include all costs incurred in selling, marketing, promoting, and distributing our products.

Question. Why do you advertise for the drugs you manufacture? What factors do you consider in choosing which drugs you advertise?

Answer. We consider many factors when making decisions regarding the advertising of our medicines, including the opportunity to raise brand and disease awareness, patient education, and the enhancement of the patient/physician dialogue.

We believe that health-care communications efforts can have a positive impact on patient health. AstraZeneca made a decision several years ago to use our direct-to-consumer (DTC) advertisements to share another important message with patients: We were the first company to include messages about our affordability programs in all of our DTC TV advertisements, making clear to patients that if they cannot afford their medicines, AstraZeneca may be able to help. We continue this practice today, which we believe is reflective of AstraZeneca's commitment to patient access and affordability.

Appendix A

Organization	Program Title	Date	Amount
CARDIOVASCULAR RESEARCH FOUNDATION	Chronic Total Occlusion and Left Main Summit 2014: A Live Demonstration Course	01/07/2014	\$5,000.00
TORRANCE MEMORIAL MEDICAL CENTER	Cardiology Update 2014: Conventional Wisdom and Beyond	01/08/2014	\$2,500.00
SCRIPPS HEALTH	Grand Rounds in Cardiovascular Diseases	01/09/2014	\$8,027.93
UNIVERSITY OF CHICAGO	Sixth Annual Morton Arnsdorf Cardiovascular Research Day at the University of Chicago	01/12/2014	\$3,000.00
FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION DISTRICT SOCIETY 2	15th Annual Cardiovascular and Medicine Symposium	01/15/2014	\$5,000.00
AMERICAN COLLEGE OF CARDIOLOGY—PUERTO RICO CHAPTER	25th Annual Meeting ACC Puerto Rico Chapter	01/16/2014	\$5,000.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS	Improving Patient Outcomes: Updated Treatment Strategies in the Management of Acute Coronary Syndrome (ACS)	01/23/2014	\$25,000.00
UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA	6th Annual Cardiovascular and Stroke Symposium	01/23/2014	\$5,000.00
SAINT JOSEPH'S HOSPITAL—ATLANTA	Antithrombotic Protocol for Acute Coronary Syndrome	01/23/2014	\$2,737.62
GORDON RESEARCH CONFERENCE	Gordon Research Seminar—"Lipoprotein Metabolism"	01/26/2014	\$1,700.00

Appendix A—Continued

Organization	Program Title	Date	Amount
CLEVELAND CLINIC EDUCATIONAL FOUNDATION	Rheumatology Best Practices 6th Annual Rheumatology Highlights Report—“Translating an International Meeting into Clinical Practice”	01/26/2014	\$9,795.58
KERN ASPEN LIPID CONFERENCE	Evolving Concepts of HDL Function in Cardiometabolic Diseases and Beyond	01/26/2014	\$7,000.00
ST. JOSEPH'S REGIONAL MEDICAL CENTER	Acute Coronary Syndrome: Evidence-Based Management in the Present Era	01/27/2014	\$2,225.00
NATIONAL LIPID ASSOCIATION	Lipid Academy Series of 2	01/28/2014	\$20,000.00
NATIONAL LIPID ASSOCIATION	Masters in Lipidology Series of 2	01/28/2014	\$20,000.00
REGENTS OF THE UNIVERSITY OF CALIFORNIA	Rheumatology Grand Rounds	01/29/2014	\$5,000.00
DUKE UNIVERSITY	Overview of the Duke Health Systems Acute Coronary Syndromes suggested algorithm of care	01/29/2014	\$5,439.84
PENNSYLVANIA ACADEMY OF FAMILY PHYSICIANS FOUNDATION	PAFP/F Smoking Cessation and Asthma Outcomes CME	01/29/2014	\$13,666.00
JOHNS HOPKINS UNIVERSITY	Advances in the Diagnosis and Treatment of the Rheumatic Diseases	01/30/2014	\$30,000.00
EMORY UNIVERSITY	Emory Symposium on Coronary Atherosclerosis Prevention and Education (ES-CAPE)	01/30/2014	\$5,000.00
NURSE PRACTITIONER ASSOCIATES FOR CONTINUING EDUCATION	Clinical Pearls for COPD	01/30/2014	\$5,000.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS	Practical Strategies to Improve Patient Outcomes in the Prevention and Treatment of COPD	01/30/2014	\$25,000.00
ST. JOSEPH'S REGIONAL MEDICAL CENTER	COPD	02/04/2014	\$2,200.00
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS	AACE 23rd Annual Scientific and Clinical Congress	02/04/2014	\$16,130.00
NURSE PRACTITIONER ASSOCIATES FOR CONTINUING EDUCATION	Cardiovascular Pharmacology: Latest Updates in Caring for the Cardiac Patient	02/04/2014	\$5,000.00
MIDWEST CARDIOVASCULAR RESEARCH FOUNDATION	Cardiology at the Bix	02/04/2014	\$5,000.00
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION	ACCs 63rd Annual Scientific Session (ACC.14) Prevention Learning Pathway and Prevention Pilot Program	02/05/2014	\$100,000.00
LA BIOMED	Cardiology Grand Rounds: Updates in ACS	02/05/2014	\$5,000.00
NEBRASKA ACADEMY OF PHYSICIAN ASSISTANTS	Ten Things You Didn't Learn About COPD in Class (Even If You Were Paying Attention)	02/05/2014	\$5,500.00
MINNESOTA SOCIETY OF HEALTH-SYSTEM PHARMACISTS	MSHP Annual Meeting 2014: Evidenced-based Updates in the Management of Dyslipidemia	02/05/2014	\$2,533.00

Appendix A—Continued

Organization	Program Title	Date	Amount
CARDIOVASCULAR RESEARCH FOUNDATION	20th Annual Interventional Cardiology Fellows Course	02/05/2014	\$15,000.00
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION	Best of ACC.14: Take Home Messages for the Clinicians	02/05/2014	\$50,000.00
ENDOCRINE SOCIETY	ENDO 2014 Educational Sessions	02/06/2014	\$40,000.00
ALL NYC EMERGENCY MEDICINE CONFERENCE, INC.	All NYC Emergency Medicine Conference; In the Footsteps of Giants	02/06/2014	\$5,000.00
AMERICAN COLLEGE OF PHYSICIANS; PUERTO RICO CHAPTER	Annual Scientific Meeting	02/09/2014	\$10,000.00
CARDIOVASCULAR RESEARCH FOUNDATION	Optimizing PCI Outcomes: A Vision for 2014	02/09/2014	\$5,000.00
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER	14th Annual Targeted Therapies of Lung Cancer Meeting	02/10/2014	\$12,500.00
TENNESSEE ACADEMY OF PHYSICIAN ASSISTANTS	Breast and Ovarian Cancer	02/10/2014	\$6,000.00
PURDUE UNIVERSITY	A 2014 National Educational Initiative on Therapeutics and Rheumatology for Rheumatology State Societies	02/12/2014	\$30,000.00
WEST PENN ALLEGHENY HEALTH SYSTEM, INC.	Cardiovascular Medicine Update	02/17/2014	\$10,000.00
MEDSTAR WASHINGTON HOSPITAL CENTER	12th International Congress on Targeted Anticancer Therapies (TAT)	02/18/2014	\$25,000.00
THE BIBIKHAN FOUNDATION	7th Annual Cardiovascular Update—"A Practical Tutorial"	02/18/2014	\$5,000.00
SOCIETY OF GYNECOLOGIC ONCOLOGY	SGO 45th Annual Meeting on Women's Cancer	02/19/2014	\$25,000.00
GORDON RESEARCH CONFERENCES	Gordon Research Conferences on Cardiac Regulatory Mechanisms	02/19/2014	\$5,000.00
BAYLOR UNIVERSITY MEDICAL CENTER DBA A. WEBB ROBERTS CENTER	Emerging Therapeutic Options for Medullary Thyroid Cancer and Differentiated Thyroid Cancer	02/20/2014	\$17,460.00
ACADEMIA MEDICA DEL SUR-FONDO EDUCACION MEDICA CONTINUADA	Cardiometabolic Health Congress 2014	02/20/2014	\$20,000.00
DUKE UNIVERSITY MEDICAL CENTER	13th Annual Southeastern Fellows Research Skills Retreat	02/25/2014	\$5,498.41
THE UNIVERSITY OF CHICAGO	19th Annual University of Chicago Phase II Consortium (UC P2C) Symposium	02/25/2014	\$5,000.00
INTERNATIONAL SOCIETY ON THROMBOSIS AND HAEMOSTASIS	60th Annual Meeting of the Scientific and Standardization Committee (SSC) of the International Society on Thrombosis and Haemostasis (ISTH)	02/25/2014	\$25,000.00
THE UNIVERSITY OF CHICAGO	Making Sense of the Sequence: Genomics Primer for Clinical Cancer Genetic Practitioners	02/25/2014	\$5,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
WEST VIRGINIA ACADEMY OF FAMILY PHYSICIANS	Dyslipidemia and Atherosclerosis—Reducing the Risk	02/25/2014	\$2,500.00
AMERICAN ACADEMY OF PEDIATRICS	PediaLink Influenza Course Series	02/26/2014	\$37,800.00
PREVENTIVE CARDIOVASCULAR NURSES ASSOCIATION	20th Annual Symposium	02/26/2014	\$15,000.00
NATIONAL ASSOCIATION OF FREE and CHARITABLE CLINICS	2014 NAFC Annual Summit	02/27/2014	\$30,000.00
VANDERBILT UNIVERSITY	Cardiology 2014: Advances in Science and Practice	02/27/2014	\$5,000.00
THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM	Cardiovascular Medicine and Prevention Update for Primary Care	02/27/2014	\$5,000.00
SOCIETY FOR VASCULAR MEDICINE	Society for Vascular Medicine 25th Anniversary and Scientific Sessions	03/02/2014	\$5,000.00
AMERICAN ASSOCIATION FOR THORACIC SURGERY	94th Annual Meeting American Association for Thoracic Surgery	03/04/2014	\$10,000.00
CHI ST. LUKE'S HEALTH	Cardiology Grand Rounds	03/05/2014	\$3,857.58
MIDWEST CARDIOVASCULAR RESEARCH FOUNDATION	Cardiovascular Interventions and Practice Guidelines	03/05/2014	\$5,000.00
UNIVERSITY OF ROCHESTER	27th Cardiology Spring Update 2014	03/05/2014	\$4,805.00
UNIVERSITY OF WASHINGTON	Clinical Cardiology Pearls for Primary Care Providers	03/05/2014	\$4,000.00
AMERICAN ACADEMY OF PAIN MANAGEMENT	Faces and Cases: Assessing and Managing People With Complex Chronic Pain	03/06/2014	\$50,000.00
PRESIDENT AND FELLOWS OF HARVARD COLLEGE	Pediatric Asthma and Allergy Updates for Primary Care Providers	03/06/2014	\$5,000.00
PRESIDENT AND FELLOWS OF HARVARD COLLEGE	Boston Bacterial Meeting 2014	03/06/2014	\$2,500.00
CARDIOVASCULAR RESEARCH FOUNDATION	TCTMD 2014 Post Conference Web Cast Series	03/09/2014	\$100,000.00
CARDIOVASCULAR RESEARCH FOUNDATION	DAPT Dilemmas: A Case-based Roundtable Tutorial	03/09/2014	\$66,913.46
ASSOCIATION OF BLACK CARDIOLOGISTS	40th Anniversary Annual Scientific Sessions The Ecology of Cardiovascular Disease in 2014: Trends, Challenges and Targets for 2025	03/11/2014	\$20,000.00
THE HOPE FOUNDATION	Spring 2014 SWOG Group Meeting	03/18/2014	\$10,000.00
AMERICAN LUNG ASSOCIATION OF THE UPPER MIDWEST	ALASD Asthma Educator Institute	03/18/2014	\$2,500.00
AMERICAN SOCIETY OF CONSULTANT PHARMACISTS FL CHAPTER	Getting to Goal: The Pharmacist's Role in Managing Dyslipidemia and Atherosclerosis	03/19/2014	\$5,950.00

Appendix A—Continued

Organization	Program Title	Date	Amount
THE RESEARCH FOUNDATION	Cal For Grants CGA CV 1404—Time Critical Diagnosis (TCD) Symposium	03/19/2014	\$2,000.00
EMORY UNIVERSITY	Emory Practical Intervention Course (EPIC 2014)	03/19/2014	\$3,000.00
GORDON RESEARCH CONFERENCES	Gordon Research Conference and Seminar on Hemostasis	03/20/2014	\$5,000.00
PENNSYLVANIA ALLERGY AND ASTHMA ASSOCIATION	2014 Annual Meeting of the Pennsylvania Allergy and Asthma Association	03/20/2014	\$5,000.00
ONCOLOGY NURSING SOCIETY	Oncology Nursing Society 39th Annual Congress	03/20/2014	\$25,000.00
RICHMOND UNIVERSITY MEDICAL CENTER	Lipid Management 2014 Guidelines and Beyond	03/20/2014	\$1,400.00
JOHNS HOPKINS UNIVERSITY	5th Annual Johns Hopkins Cardiovascular Research Retreat	03/23/2014	\$2,500.00
AMERICAN ACADEMY OF ALLERGY ASTHMA AND IMMUNOLOGY	Fall 2014 Symposium of the Los Angeles Society of Allergy, Asthma and Clinical Immunology	03/23/2014	\$5,000.00
UNIVERSITY OF FLORIDA	Vascular Biology Working Group US Chapter Meeting	03/23/2014	\$15,000.00
THE SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS	2014 SCAI Transradial Interventional Program (TRIP) Series	03/23/2014	\$15,000.00
ASPEN LUNG CONFERENCE	Thomas L. Petty Aspen Lung Conference: Rebuilding the Injured Lung	03/24/2014	\$5,000.00
INTERNATIONAL SOCIETY ON HYPERTENSION IN BLACKS INC.	ISHIB 2014 Annual Conference—Medical and Social Determinants of Cardiometabolic Health	03/24/2014	\$10,000.00
ARKANSAS ACADEMY OF FAMILY PHYSICIANS	67th Annual Scientific Assembly of the Arkansas Academy of Family Physicians	03/24/2014	\$3,000.00
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA	Current Advances in Cardiovascular Care 2014	03/24/2014	\$5,000.00
ST. PETER'S HOSPITAL	Cardiology Teaching Day	03/25/2014	\$3,000.00
CHARLES R. DREW UNIVERSITY OF MEDICINE and SCIENCE	18th Annual Conference	03/26/2014	\$25,000.00
GORDON RESEARCH CONFERENCES	2014 GRC on Heterocyclic Compounds	03/27/2014	\$2,500.00
THE ROCKEFELLER UNIVERSITY	Leptin and Metabolic Disease: A Special Symposium on the 20th Anniversary of the Discovery of Leptin	03/30/2014	\$25,000.00
AMERICAN COLLEGE OF ALLERGY, ASTHMA AND IMMUNOLOGY	CSAAI's A Midsummer Night's Wheeze 2014	03/30/2014	\$5,000.00
UNIVERSITY OF NEW MEXICO	PeerView Live, Using Evidence-Based Treatment to Optimize Control of Elevated Serum Triglycerides (150202699)	04/01/2014	\$353,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
THOMAS JEFFERSON UNIVERSITY	Jefferson Critical Care Symposium: A Multi-disciplinary Review of Current Evidence and Controversies	04/01/2014	\$5,000.00
AMERICAN ASSOCIATION OF ENDOCRINE SURGEONS	35th Annual Meeting of the American Association of Endocrine Surgeons	04/01/2014	\$3,000.00
GORDON RESEARCH CONFERENCES	2014 Bioorganic Chemistry Gordon Research Conference	04/02/2014	\$1,000.00
THE NEW YORK CARDIOLOGICAL SOCIETY, INC.	Seventh Annual Cardiac Care Associate Symposium 2014	04/03/2014	\$3,050.00
CLEVELAND CLINIC EDUCATIONAL FOUNDATION	15th Annual Intensive Review of Cardiology	04/03/2014	\$4,706.02
WASHINGTON UNIVERSITY	Cardiology Update	04/06/2014	\$4,000.00
DIGNITY HEALTH ST. BERNARDINE MEDICAL CENTER	16th Annual Cardiac Symposium	04/06/2014	\$6,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2014 Conquer Cancer Foundation of ASCO Merit Awards	04/09/2014	\$24,000.00
MUNSTER MEDICAL RESEARCH FOUNDATION DBA COMMUNITY HOSPITAL	New Frontiers in Cardiovascular Disease 2014	04/09/2014	\$4,200.00
GORDON RESEARCH CONFERENCES	2014 Gordon Research Conference: Enzymes CoEnzymes and Metabolic Pathways	04/09/2014	\$2,000.00
AMERICAN COLLEGE PHYSICIANS—MISSISSIPPI CHAPTER	2014 Mississippi/Louisiana ACP Educational and Scientific Meeting	04/09/2014	\$5,000.00
ICHAN SCHOOL OF MEDICINE AT MOUNT SINAI	Live Symposium of Complex Coronary, Valvular and Vascular Cases	04/10/2014	\$10,000.00
NATIONAL FOUNDATION FOR INFECTIOUS DISEASES	Clinical Vaccinology Course	04/13/2014	\$25,000.00
AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS	The AAPA 2014 Annual Conference—Cardiology Track	04/13/2014	\$7,500.00
NEW JERSEY ACADEMY OF FAMILY PHYSICIANS	Cardiovascular Controversies JNC8 and Cholesterol Treatment Guidelines (2014 Scientific Assembly)	04/13/2014	\$5,000.00
HUMBOLDT-DEL NORTE COUNTY MEDICAL SOCIETY	Asthma Update	04/14/2014	\$4,000.00
DANNEMILLER, INC.	Contemporary Perspectives in COPD: A Pulmonologist's Guide to Individualized Patient Care	04/16/2014	\$50,000.00
OKLAHOMA UNIVERSITY HEALTH SCIENCE CENTER—OUHSC	17th Annual Primary Care Update	04/16/2014	\$3,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2014 Conquer Cancer Foundation of ASCO Young Investigator Award (YIA)	04/17/2014	\$60,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
CLEVELAND CLINIC EDUCATIONAL FOUNDATION	6th Annual E-Journal Club: The Insights on Biologics and New Agents for Rheumatic Diseases	04/17/2014	\$9,352.86
NATIONAL FOUNDATION FOR INFECTIOUS DISEASES	17th Annual Conference on Vaccine Research	04/21/2014	\$15,000.00
ECOG RESEARCH AND EDUCATION FOUNDATION	2014 ECOG-ACRIN Spring Group Meeting	04/21/2014	\$5,000.00
METABOLIC ENDOCRINE EDUCATION FOUNDATION	Contemporary T2DM Management: Focus on Safety and Efficacy	04/21/2014	\$229,200.00
THE CHEST FOUNDATION	The CHEST Foundation Diversity Research/Women's Respiratory Health Awards Program	04/21/2014	\$35,000.00
MISSOURI ACADEMY OF PHYSICIAN ASSISTANTS	Hyperlipidemia	04/21/2014	\$5,000.00
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO	Lipidomics Impact on Cell Biology, Inflammation and Metabolic Disease	04/22/2014	\$2,500.00
NATIONAL MINORITY QUALITY FORUM	11th Annual National Summit on Health Disparities	04/23/2014	\$30,000.00
DUKE UNIVERSITY	2014 Carolinas COPD Symposium	04/24/2014	\$20,000.00
MICHIGAN STATE MEDICAL SOCIETY FOUNDATION	Rheumatology Update	04/24/2014	\$3,000.00
MAIN LINE HEALTH	Atherosclerosis: Prevention of Progression	04/24/2014	\$5,000.00
CASE MANAGEMENT SOCIETY OF AMERICA	CMSA 2014 Annual Conference and Expo	04/27/2014	\$15,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	NCCN 2014 Monthly Oncology Tumor Boards: A Multidisciplinary Approach to Individualized Patient Care	04/27/2014	\$25,000.00
AMERICAN HEART ASSOCIATION, INC.	Arteriosclerosis, Thrombosis, and Vascular Biology Scientific Sessions 2014	04/27/2014	\$20,000.00
SCRIPPS HEALTH	25th Annual Cardiovascular Interventions	04/27/2014	\$5,000.00
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION	Interventional Cardiology Board Preparatory Educational Package	04/27/2014	\$5,000.00
TEXAS ONE VOICE: A COLLABORATIVE FOR HEALTH AND HUMAN SERVICES	Designing Healthcare in Texas How the Past and Present will Guide the Future	04/28/2014	\$1,000.00
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA	Cardiology Update 2014: A Patient Management Approach	04/28/2014	\$10,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2014 ASCO Annual Meeting Lung Cancer Track	05/04/2014	\$56,000.00
FOUNDATION FOR CARE MANAGEMENT	Dyslipidemia and New Cholesterol Guidelines: What the Primary Care Provider Needs to Know	05/06/2014	\$25,000.00
AMERICAN COLLEGE OF ALLERGY, ASTHMA AND IMMUNOLOGY	Update in Allergy, Asthma and Immunology	05/06/2014	\$10,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS	Update in the Management of Dyslipidemia	05/06/2014	\$5,000.00
VASSAR BROTHERS MEDICAL CENTER	44th Annual Cardiology Education Day	05/06/2014	\$5,000.00
ZOE ROSE MEMORIAL FOUNDATION DBA PREEMIE PARENT ALLIANCE	2014 Preemie Parent Summit	05/06/2014	\$10,000.00
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS	AACE 23rd Annual Scientific and Clinical Congress	05/07/2014	\$25,000.00
LOUISIANA SOCIETY OF ALLERGY, ASTHMA AND IMMUNOLOGY	LSAAI 41st Annual Meeting	05/07/2014	\$5,000.00
AMERICAN ACADEMY OF FAMILY PHYSICIANS	AAFP Assembly 60 Minute Lecture titled Chronic Obstructive Pulmonary Disorder (COPD) and Pulmonary Function Testing	05/07/2014	\$13,000.00
COLUMBUS COMMUNITY CLINICAL ONCOLOGY PROGRAM	2014 ASCO REVIEW	05/08/2014	\$5,000.00
AMERICAN COLLEGE OF ALLERGY, ASTHMA AND IMMUNOLOGY	Aspen Allergy Conference	05/08/2014	\$10,000.00
AMERICAN DIABETES ASSOCIATION	29th Annual Clinical Conference on Diabetes—Reducing Risks: Primary and Secondary	05/11/2014	\$20,000.00
REGENTS OF THE UNIVERSITY OF CALIFORNIA	20th Annual UCLA Symposium Pulmonary Function and Exercise Testing: Practical Approaches for the Healthcare Practitioner	05/11/2014	\$5,000.00
AMERICAN COLLEGE OF ALLERGY, ASTHMA AND IMMUNOLOGY	The Changing Allergy Practice	05/11/2014	\$5,000.00
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS, PUERTO RICO CHAPTER	Caribbean Congress on Emergency Medicine	05/12/2014	\$5,000.00
CLEVELAND CLINIC EDUCATIONAL FOUNDATION	19th Annual Diabetes Day: Diabetes Therapy	05/13/2014	\$6,613.34
THE REGENTS UNIVERSITY OF CALIFORNIA	UCLA Family Medicine Refresher Course	05/13/2014	\$7,500.00
CLEVELAND CLINIC EDUCATIONAL FOUNDATION	ASCO Review	05/13/2014	\$4,000.00
SOCIEDAD PUERTORRIQUENA DE ENDOCRINOLOGIA Y DIABETOLOGIA	Puerto Rican Endocrinology and Diabetes Society Scientific Meeting	05/14/2014	\$10,000.00
NATIONAL MEDICAL ASSOCIATION	Asthma as a Model Chronic Illness	05/14/2014	\$25,000.00
GORDON RESEARCH CONFERENCES	2014 Lipoprotein Metabolism Gordon Research Conference	05/14/2014	\$2,500.00
ONCOLOGY NURSING SOCIETY	Pharmacology Update: Integrating Advances into Practice	05/14/2014	\$5,000.00
AMERICAN ASSOCIATION OF SERVICE COORDINATORS	2014 National Service Coordinator Conference	05/14/2014	\$5,000.00
MAYO CLINIC ARIZONA	Cardiology Update 2014: The Heart of the Matter	05/15/2014	\$10,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
AMERICAN CHEMICAL SOCIETY—DIVISION OF MEDICINAL CHEMISTRY	2014 ACS National Medicinal Chemistry Symposium	05/18/2014	\$1,000.00
CHICAGO ASTHMA CONSORTIUM	Emergency Management of Asthma	05/18/2014	\$2,000.00
SUFFOLK ACADEMY OF MEDICINE	31st Update in Allergy and Immunology Symposium	05/19/2014	\$3,000.00
EMORY UNIVERSITY	Discussing Cases with Diabetes Experts	05/19/2014	\$20,000.00
NATIONAL MEDICAL ASSOCIATION	Evidence-Based Diagnosis and Management of Asthma and COPD: Practical Tools to Improve Patient Care	05/19/2014	\$23,405.00
NORTH SHORE LONG ISLAND JEWISH HEALTH SYSTEM	Post American Society of Clinical Oncology Update 2014	05/19/2014	\$3,000.00
LAHEY CLINIC HOSPITAL, INC.	Cardiovascular Disease: State of the Art 2014	05/19/2014	\$6,000.00
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION	2014 Cardiovascular Board Review for Certification and Recertification Educational Package	05/19/2014	\$5,000.00
NEW JERSEY ACADEMY OF FAMILY PHYSICIANS	The Current Standards Of Care and Treatment of Diabetes (2014 Scientific Assembly)	05/21/2014	\$2,500.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2014 Conquer Cancer Foundation of ASCO Career Development Award (CDA)	05/21/2014	\$250,000.00
NORTHWESTERN UNIVERSITY	16th Annual Lynn Sage Breast Cancer Symposium	05/21/2014	\$10,000.00
PENNSYLVANIA SOCIETY OF PHYSICIAN ASSISTANTS	Lipid Management The Skinny on the Fat	05/21/2014	\$5,000.00
DUKE UNIVERSITY	1st Annual Duke Preventive Cardiology Symposium	05/29/2014	\$10,000.00
ALZHEIMER'S ASSOCIATION	2014 Alzheimer's Association International Conference	05/29/2014	\$95,000.00
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA	2014 Updates in Oncology: With Proceedings from International Medical Meetings	05/29/2014	\$5,000.00
SOCIETY FOR NEUROSCIENCE	Young Investigator Award	06/01/2014	\$25,000.00
METABOLIC ENDOCRINE EDUCATION FOUNDATION	The Role of the Kidney in Glucose Homeostasis and Diabetes	06/03/2014	\$149,025.00
VIVA PHYSICIANS	VIVA 14: Vascular InterVentional Advances	06/03/2014	\$20,000.00
SOCIETY OF TOXICOLOGIC PATHOLOGY	Translational Pathology: Relevance of Toxicologic Pathology to Human Health	06/04/2014	\$3,000.00
UHS PROFESSIONAL EDUCATION PROGRAMS, INC.	Gout and Hyperuricemia—Clinical Spectrum and Management Update	06/04/2014	\$100,825.00

Appendix A—Continued

Organization	Program Title	Date	Amount
AMERICAN ACADEMY OF FAMILY PHYSICIANS	AAFP Assembly 60 Minute Lecture titled Acute Coronary Syndrome and Angina (Fundamentals)	06/04/2014	\$10,000.00
AMERICAN ACADEMY OF FAMILY PHYSICIANS	AAFP Assembly 60 Minute Lecture titled Acute Coronary Syndrome and Angina (Advanced)	06/04/2014	\$10,000.00
THE NEPHCURE FOUNDATION	10th International Podocyte Conference	06/04/2014	\$5,000.00
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	Mount Sinai Division of Occupational Medicine seminar series	06/09/2014	\$2,500.00
SWEDISH MEDICAL CENTER FOUNDATION	Cardiology Update for Primary Care	06/09/2014	\$5,000.00
JOSLIN DIABETES CENTER	The Institute of Lifestyle Medicine 2014 Educational Activities	06/11/2014	\$15,000.00
CARDIOVASCULAR RESEARCH FOUNDATION	ACS/STEMI: Focus on Acute Care	06/11/2014	\$60,000.00
PENN STATE COLLEGE OF MEDICINE	20th Annual Pennsylvania Immunization	06/18/2014	\$7,000.00
AMERICAN SOCIETY FOR PAIN MANAGEMENT NURSING	ASPMN 24th National Conference	06/18/2014	\$10,000.00
AMERICAN PHARMACISTS ASSOCIATION	APhA Pharmacy-Based Immunization Delivery	06/18/2014	\$2,500.00
WASHINGTON UNIVERSITY	Mentors in Medicine	06/22/2014	\$50,000.00
PONCE MEDICAL SCHOOL FOUNDATION INC.	Advances in Dyslipidemia and Atherosclerosis Management	06/24/2014	\$5,000.00
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS	Cardiovascular Disease Track at ACEP 2014 Scientific Assembly	06/25/2014	\$15,000.00
THE BRIGHAM AND WOMEN'S HOSPITAL INC.	BWH Thyroid Visiting Professor and Endocrine Grand Rounds Speaker	06/26/2014	\$3,000.00
WASHINGTON UNIVERSITY	Clinical Allergy for the Practicing Physician	06/26/2014	\$5,000.00
PREVENTIVE CARDIOVASCULAR NURSES ASSOCIATION	Fall Programs	06/26/2014	\$5,000.00
GORDON RESEARCH CONFERENCES	2014 Gordon Research Seminar on Synaptic Transmission	06/26/2014	\$500.00
GREENWOOD LEFLORE HOSPITAL	Call for Grants: CGA Educating the Delta on Asthmatic Patients	06/29/2014	\$2,500.00
GORDON RESEARCH CONFERENCE	Gordon Research Conference on Multi-Drug Efflux Systems	06/29/2014	\$2,000.00
GORDON RESEARCH CONFERENCES	Gordon Research Conference: DNA Topoisomerases in Biology and Medicine	06/29/2014	\$2,000.00
ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES	Heart to Heart: Updates on Cardiovascular Disease and the Management of Cholesterol and Hypertension	06/30/2014	\$14,000.00
CANCER MOLECULAR THERAPEUTICS RESEARCH ASSOCIATION	Molecular Therapeutics of Cancer Conference 2014	06/30/2014	\$5,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
VANDERBILT UNIVERSITY	Vanderbilt University Hematology Oncology Educational Symposium	07/08/2014	\$3,000.00
CHILDREN'S HOSPITAL CORPORATION	Translating Neural Circuits and Pathways into Treatments	07/08/2014	\$3,000.00
PENNSYLVANIA SOCIETY OF PHYSICIAN ASSISTANTS	Breast Cancer-Fight Like a Girl	07/09/2014	\$3,000.00
PROMEDICA ACADEMIC HEALTH CENTER CORPORATION	After the Diagnosis: Helping Cardio-pulmonary Patients Succeed—Approaches to Stay Ahead of the Curve	07/09/2014	\$2,500.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2014 Breast Cancer Symposium	07/09/2014	\$10,000.00
NURSE PRACTITIONER ASSOC. FOR CONTINUING EDUCATION	Hyperlipidemia and Hypertension in 2014: What's New in Treatment Guidelines	07/09/2014	\$5,000.00
DIABLO SOCIETY OF HEALTH SYSTEM PHARMACISTS	Cost-Effective Genotype-Guided Antiplatelet Therapy with Ticagrelor	07/10/2014	\$5,600.00
ALAMO CITY CANCER COUNCIL	12th Annual Breast Cancer Conference Update	07/10/2014	\$1,500.00
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER SAN ANTONIO SCHOOL OF MEDICINE	37TH Annual San Antonio Breast Cancer Symposium	07/10/2014	\$10,000.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS	Best Practices in the Prevention and Management of Chronic Obstructive Pulmonary Disease (COPD)	07/15/2014	\$25,000.00
CEDARS-SINAI MEDICAL CENTER	Advances in Care for the New Millennium: 20th Anniversary BRCA Gene Symposium	07/17/2014	\$3,000.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS	Current Treatments and Novel Strategies in the Management of Acute Coronary Syndrome (ACS)	07/17/2014	\$25,000.00
MARSHA RIVKIN CENTER FOR OVARIAN CANCER RESEARCH	10th Biennial Ovarian Cancer Research Symposium	07/22/2014	\$5,000.00
FLORIDA ASSOCIATION OF CONSULTANT PHARMACISTS	Optimizing Oral Antiplatelet Therapy in Acute Coronary Syndrome	07/22/2014	\$9,600.00
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION	Foundations for Practice Excellence: Core Curriculum for the Cardiovascular Clinician 2014	07/22/2014	\$10,000.00
METABOLIC ENDOCRINE EDUCATION FOUNDATION	12th Annual World Congress on Insulin Resistance Diabetes and Cardiovascular Disease—WCIRDC	07/23/2014	\$100,000.00
AMERICAN ASSOCIATION OF ENDOCRINE SURGEONS FOUNDATION	Program Title Masters Course in Endocrine Surgery	07/23/2014	\$3,000.00
CARDIOVASCULAR RESEARCH FOUNDATION	Acute Coronary Syndromes, Pharmacotherapy and Shock/Hemodynamic Support	07/24/2014	\$20,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
CARDIOVASCULAR RESEARCH FOUNDATION FDA	Town Hall and Clinical Trial Design and Interpretation	07/24/2014	\$20,000.00
MINNESOTA PHARMACISTS ASSOCIATION	MPhA Annual Meeting: MTM in Cardiology Clinic	07/24/2014	\$2,150.00
AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS IN ALLERGY, ASTHMA AND IMMUNOLOGY	6th Annual Allergy, Asthma and ENT CME Conference	07/29/2014	\$5,000.00
AMERICAN COLLEGE OF ALLERGY, ASTHMA AND IMMUNOLOGY	Severe Asthma Workshop at the 2014 ACAAI Annual Scientific Meeting	07/29/2014	\$22,000.00
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER	16th World Conference on Lung Cancer	07/29/2014	\$30,000.00
AMERICAN COLLEGE OF ALLERGY, ASTHMA AND IMMUNOLOGY	The Affordable Care Act and Asthma Control	07/29/2014	\$22,000.00
DANA-FARBER CANCER INSTITUTE	Dana-Farber Cancer Institute's 10th Annual Postdoctoral and Graduate Student Retreat	07/31/2014	\$2,400.00
NATIONAL ASSOCIATION FOR HEALTHCARE QUALITY	2014 NAHQ 39th Annual Educational Conference	07/31/2014	\$15,000.00
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	2014 Top Ten Advances in Clinical Cardiology	07/31/2014	\$10,000.00
AMERICAN COLLEGE OF CHEST PHYSICIANS	COPD/Asthma Track at CHEST 2014	07/31/2014	\$25,800.00
DREXEL UNIVERSITY	Hypertension HighLights-ASH 2014	08/03/2014	\$5,000.00
ASSOCIATION OF REPRODUCTIVE HEALTH PROFESSIONALS	No Gout About It: Targeted Provider Education and Training to Screen, Diagnosis, and Manage Gout among Female Patients	08/03/2014	\$9,500.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR Tumor Immunology and Immunotherapy: A New Chapter	08/03/2014	\$10,000.00
THE OHIO STATE UNIVERSITY	Sixth Annual Contemporary Multidisciplinary Cardiovascular Conference	08/05/2014	\$5,000.00
WAYNE STATE UNIVERSITY	Update in Rheumatology	08/05/2014	\$5,000.00
AMERICAN COLLEGE OF CHEST PHYSICIANS	COPD Interactive Educational Game	08/06/2014	\$20,000.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS, INC.	Updates in the Treatment of Hypertriglyceridemia: A Closer Look at the Role of Omega-3 Fatty Acids	08/06/2014	\$25,000.00
NATIONAL JEWISH HEALTH	19th Annual Allied Health Regional Conference	08/07/2014	\$2,500.00
WESTERN SOCIETY OF ALLERGY, ASTHMA AND IMMUNOLOGY	WSAAI 53rd Annual Scientific Session	08/07/2014	\$15,000.00
DELAWARE ACADEMY OF PHYSICIAN ASSISTANTS	Acute Coronary Syndromes: Acute Myocardial Infarction and Unstable Angina	08/07/2014	\$3,500.00
AMERICAN PHARMACISTS ASSOCIATION	Addressing Racial and Ethnic Healthcare Disparities in Diabetes	08/10/2014	\$25,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
THOMAS JEFFERSON UNIVERSITY	Current Issues in Coronary and Structural Heart Disease: A Multidisciplinary Approach	08/10/2014	\$10,000.00
UNIVERSITY OF WASHINGTON CME OFFICE	University of Washington Topics in Allergy and Immunology Teaching Series 2014–2015	08/11/2014	\$5,000.00
FOUNDATION OF THE NATIONAL LIPID ASSOCIATION	The Foundation of the National Lipid Association Hunninghake FH Abstract Award	08/11/2014	\$50,000.00
NATIONAL ASSOCIATION OF NEONATAL NURSES	NANN 30th Annual Educational Conference	08/13/2014	\$10,000.00
AMERICAN SOCIETY FOR RADIATION ONCOLOGY (ASTRO)	ASTRO 56th Annual Meeting	08/17/2014	\$3,000.00
AMERICAN SOCIETY OF NEPHROLOGY	SGLT2 Inhibitor Therapy in Patients with Mild to Moderate Diabetic Kidney Disease	08/17/2014	\$170,000.00
PRESIDENT AND FELLOWS OF HARVARD COLLEGE	Multidisciplinary Breast Rounds	08/17/2014	\$4,500.00
METABOLIC ENDOCRINE EDUCATION FOUNDATION	Contemporary T2DM Management: Focus on Safety and Efficacy (Live Program)	08/17/2014	\$376,125.00
MISSISSIPPI HEALTHCARE ALLIANCE	STEMI Protocols	08/17/2014	\$1,464.83
AMERICAN ASSOCIATION OF DIABETES EDUCATORS	Practical Applications of Pramlintide in Type 1 Diabetes	08/19/2014	\$144,399.00
AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	Novel Treatments for the Management of Type 2 Diabetes: Focus on SGLT2 Inhibitors	08/19/2014	\$252,000.00
THE SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS	SCAI 2014 Interventional Cardiology Fellows Courses	08/19/2014	\$50,000.00
OLIGONUCLEOTIDE THERAPEUTICS SOCIETY	10th Annual Meeting of the Oligonucleotide Therapeutics Society	08/19/2014	\$10,000.00
SOCIETY FOR THE IMMUNOTHERAPY OF CANCER	Advances in Cancer Immunotherapy—Series of 5 Regional Programs	08/19/2014	\$75,000.00
AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS	The Sixth Annual Hospital Medicine Boot Camp	08/19/2014	\$7,500.00
UNIVERSITY OF CINCINNATI	CAI for Grants Application (CGA) CV14-1st Annual Cincinnati Collaborative Cardiovascular Consortium (C4): Practical and Contemporary Cardiology 2014	08/21/2014	\$25,800.00
WAYNE STATE UNIVERSITY	Pulmonary, Critical Care and Sleep Medicine Update 2014	08/27/2014	\$3,000.00
INTERNATIONAL SOCIETY FOR AEROSOLS IN MEDICINE	ISAM Textbook of Aerosol Medicine	08/27/2014	\$10,000.00
NURSE PRACTITIONER ASSOCIATES FOR CONTINUING EDUCATION (NPACE)	Asthma and COPD 2014	08/27/2014	\$5,000.00
AMERICAN COLLEGE OF CHEST PHYSICIANS	CHEST 2014 Lung Cancer Track	08/27/2014	\$24,150.00

Appendix A—Continued

Organization	Program Title	Date	Amount
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER	Medical Oncology and Hematology 2014: Multidisciplinary Approaches that Improve Coordination of Care	08/28/2014	\$3,000.00
NATIONAL JEWISH HEALTH	37th Annual Pulmonary and Allergy Update	08/28/2014	\$5,000.00
NOT-FOR-PROFIT HOSPITAL CORPORATION	Management and Prevention of Acute Exacerbation of COPD (AECOPD)	08/28/2014	\$2,400.00
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS	New Jersey—AACE 7th Annual Meeting	08/31/2014	\$5,000.00
WILLIAM BEAUMONT HOSPITAL	Practical and Progressive Updates in Primary Care Medicine	08/31/2014	\$2,000.00
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION	47th Annual New York Cardiovascular Symposium: Major Topics in Cardiology Today	08/31/2014	\$15,000.00
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER	IASLC Fellowships	09/02/2014	\$43,000.00
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY	Update in Rheumatology 2014	09/02/2014	\$7,500.00
CHILDREN'S HEALTHCARE OF ATLANTA	Respiratory Update 2014	09/02/2014	\$3,000.00
UNIVERSITY OF MARYLAND, BALTIMORE FOUNDATION	Patient-Focused Drug Development	09/02/2014	\$10,000.00
THE ANGIOGENESIS FOUNDATION	World Congress on Angiogenesis	09/02/2014	\$5,000.00
JOHNS HOPKINS UNIVERSITY	New Therapeutic Insights/Advances in Allergic Diseases	09/02/2014	\$20,000.00
GORDON RESEARCH CONFERENCES	Mammalian DNA Repair Gordon Research Conference and Seminar 2015	09/02/2014	\$5,000.00
ILLINOIS ACADEMY OF FAMILY PHYSICIANS	Health Care Reform and Care Coordination	09/04/2014	\$2,000.00
EXCELLENCE IN RHEUMATOLOGY EDUCATION	Rheumatology Winter Clinical Symposium 2015	09/04/2014	\$25,000.00
SOCIETY OF INFECTIOUS DISEASES PHARMACISTS	Society of Infectious Diseases Pharmacists Research Grant Program	09/04/2014	\$5,000.00
CARDIOVASCULAR INSTITUTE OF PHILADELPHIA	CVIs 21st Annual Cardiology Update: Clinical Management of Heart Disease 2014	09/09/2014	\$10,000.00
PROVIDENCE HOLY CROSS MEDICAL CENTER	Acute Coronary Syndrome	09/09/2014	\$1,900.00
DUKE UNIVERSITY	14th Annual Southeastern Fellows Research Skills and Training Workshop	09/14/2014	\$10,000.00
PHILLIPS GILMORE ONCOLOGY COMMUNICATIONS, INC.	Atlanta Lung Cancer Symposium 2014	09/14/2014	\$3,000.00
ECOG RESEARCH AND EDUCATION FOUNDATION	2014 ECOG-ACRIN Fall Group Meeting	09/14/2014	\$5,000.00
THE NEW YORK ACADEMY OF SCIENCES	Pharmacologic Resolution of Inflammation as a Novel Therapeutic Approach	09/14/2014	\$10,000.00
MEDICAL COLLEGE OF WISCONSIN	8th Annual Translational Oncology Research Symposium	09/15/2014	\$3,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
FRIENDS OF CANCER RESEARCH	Friends of Cancer Research 2014 programs	09/15/2014	\$100,000.00
UNIVERSITY OF FLORIDA	Vascular Biology Working Group Global Chapter Meeting	09/15/2014	\$15,000.00
ORLANDO HEALTH	Advancements in the Early Detection and Treatment of Breast and Gynecologic Malignancies	09/15/2014	\$3,000.00
YALE UNIVERSITY	Severe Asthma 2014: A Personalized Approach To Treatment	09/17/2014	\$5,000.00
EAST TENNESSEE STATE UNIVERSITY RESEARCH FOUNDATION	Asthma and Allergy 2014: What's New, What's Hot	09/17/2014	\$3,000.00
AMERICAN COLLEGE OF GASTROENTEROLOGY	2014 ACG Presidential Poster Award	09/17/2014	\$25,000.00
PARTNERS HEALTHCARE SYSTEM INC.	2014 Personalized Medicine Conference	09/17/2014	\$15,000.00
PERSONALIZED MEDICINE COALITION	Turning the Tide Against Cancer 2014 National Conference	09/17/2014	\$5,000.00
CEDARS-SINAI MEDICAL CENTER	Rheumatology Grand Rounds 2014	09/21/2014	\$5,000.00
AMERICAN THYROID ASSOCIATION	Early Riser Symposium: Medullary Thyroid Cancer	09/21/2014	\$125,900.00
SAFETY PHARMACOLOGY SOCIETY	14th Annual Safety Pharmacology Society Annual Meeting	09/21/2014	\$3,000.00
AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	19th Annual ASHP Conference for Leaders in Health-System Pharmacy	09/23/2014	\$10,000.00
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS	Scenes and Seminars on Hypoglycemia Management: Multidisciplinary Approaches to Improving Safety for Patients with Diabetes	09/23/2014	\$35,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	2014 NCCN Congress Series: Utilizing Guidelines to Customize Patient Care in Non-Small Cell Lung Cancer	09/23/2014	\$25,000.00
CITY OF HOPE NATIONAL MEDICAL CENTER	Multidisciplinary Approaches to Cancer Symposium	09/25/2014	\$3,000.00
THE DEUEL CONFERENCE ON LIPIDS	The 2015 Deuel Conference on Lipids	09/30/2014	\$15,000.00
AMERICAN COLLEGE OF RHEUMATOLOGY	2014 ACR/ARHP Annual Meeting Gout Educational Track	09/30/2014	\$50,000.00
NORTH AMERICAN SOCIETY FOR PEDIATRIC GASTROENTEROLOGY, HEPATOLOGY AND NUTRITION	NASPGHAN Research Skills Workshop	09/30/2014	\$4,000.00
SOCIETY FOR THE IMMUNOTHERAPY OF CANCER	SITC Workshop on Combination Immunotherapy: Where Do We Go From Here?	10/03/2014	\$100,000.00
LETTERS and SCIENCES	PARP Inhibition for BRCA 1/2 Mutation-Associated Cancers and Triple Negative BC Advances in Risk Reduction and Treatment	10/07/2014	\$275,478.44

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Organization	Program Title	Date	Amount
CHILDREN'S HOSPITAL CORPORATION	Taking on Tomorrow: Global Pediatric Innovation Summit and Awards 2014	10/07/2014	\$5,000.00
ENZYME MECHANISMS CONFERENCE, INC.	24th Enzyme Mechanisms Conference	10/07/2014	\$3,000.00
NAMI MARYLAND	2014 NAMI Maryland Annual Education Conference	10/07/2014	\$5,000.00
GORDON RESEARCH CONFERENCES	Inhibition in the CNS Gordon Research Conference and Seminar	10/07/2014	\$5,000.00
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION	Cardiometabolic Clinical Community on CardioSource/ACC.org	10/08/2014	\$150,000.00
NATIONAL ASSOCIATION DIRECTORS OF NURSING ADMINISTRATION/LTC, INC.	Managing Pain in LTC Residents: Addressing Opioid-Induced Constipation	10/09/2014	\$25,000.00
AMERICAN HEART ASSOCIATION	Heart Innovation Forum	10/09/2014	\$15,000.00
MEDICAL SOCIETY OF NEW JERSEY	Medical Society of New Jersey 2015 Physician Advocacy Conference	10/09/2014	\$2,500.00
PEDIATRIC ENDOCRINE SOCIETY	PES Parent, Patient and Physician WEB Education Program for Lipodystrophy in Children, Adolescents, and Adults	10/13/2014	\$50,000.00
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA	7th Focus on Lung Cancer Conference and 4rd CANPrevent Lung Cancer	10/13/2014	\$3,000.00
SOCIETY FOR TRANSLATIONAL ONCOLOGY	Merrill J. Egorin Workshop in Cancer Therapeutics and Drug Development	10/13/2014	\$10,000.00
SOCIETY FOR TRANSLATIONAL ONCOLOGY	The Oncologist CME Online Journal Curriculum: Lung Cancer	10/13/2014	\$10,000.00
PERSONALIZED MEDICINE COALITION	Integrating Personalized Medicine into Health Care: Solutions Summit 2015	10/15/2014	\$5,000.00
BIOMEDICAL SCIENCE CAREERS PROGRAM	Hope Scholarship 2015–2016	10/16/2014	\$7,500.00
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION	Fact vs Fact: The Cholesterol Guidelines Debate	10/21/2014	\$25,000.00
A. WEBB ROBERTS CENTER OF BAYLOR HEALTH CARE SYSTEM, DALLAS	The 41st Annual Williamsburg Conference on Heart Disease	10/22/2014	\$5,000.00
NATIONAL ASSOCIATION OF NURSE PRACTITIONERS IN WOMEN'S HEALTH	COPD: What NPs in Women's Health Need to Know	10/22/2014	\$20,000.00
SOCIETY FOR THE IMMUNOTHERAPY OF CANCER	SITC 29th Annual Meeting	10/22/2014	\$10,000.00
DAIBETES TECHNOLOGY SOCIETY	Diabetes Technology Meeting 2014	10/22/2014	\$10,000.00
AMERICAN ASSOCIATION OF PHARMACEUTICAL SCIENTISTS	2014–2015 AAPS Sustaining Sponsorship	10/30/2014	\$45,000.00
AMERICAN PSYCHIATRIC NURSES ASSOCIATION	APNA 28th Annual Conference-Building Connections: PMH Nursing Perspectives	10/30/2014	\$5,000.00
PEDIATRIC ENDOCRINE SOCIETY	PES Consensus statement on the Management of Lipodystrophy in Children, Adolescents, and Adults	10/30/2014	\$92,200.00

Appendix A—Continued

Organization	Program Title	Date	Amount
LETTERS AND SCIENCES	Ovarian Cancer—Evolution and Evidence of Emerging Strategies (ISSS)	10/30/2014	\$287,365.00
THE CVA MEDICAL EDUCATION FOUNDATION	Cardiovascular Update 2015	11/02/2014	\$5,000.00
UNIVERSITY OF MICHIGAN	Vaccines: Past, Present, and Future	11/04/2014	\$10,000.00
SOCIETY OF TOXICOLOGY	Society of Toxicology Annual Meeting	11/04/2014	\$2,000.00
NATIONAL COMMISSION FOR THE CERTIFICATION OF CME PROFESSIONALS	CCMEP Certification Exam for Healthcare CE Professionals	11/04/2014	\$10,000.00
MEDSTAR WASHINGTON HOSPITAL CENTER	Cardiovascular Research Technologies CRT 2015	11/05/2014	\$50,000.00
NATIONAL KIDNEY FOUNDATION	Primary Care Practitioner (PCP) Attitudes and Practices: Testing Type-2 Diabetic Patients for Chronic Kidney Disease (CKD) Survey	11/05/2014	\$50,000.00
AMERICAN DIABETES ASSOCIATION	Pathway To Stop Diabetes	11/07/2014	\$2,500,000.00
AMERICAN PHARMACISTS ASSOCIATION	Optimizing the Management of Acute Coronary Syndromes through the Transitions of Care	11/10/2014	\$11,250.00
TEMPLE UNIVERSITY	43rd Annual Philadelphia Workshop on Hemostasis, Thrombosis and Atherosclerosis	11/10/2014	\$5,000.00
NOT-FOR-PROFIT HOSPITAL CORPORATION	Recognizing and Treating Acute Coronary Syndrome-Current Guideline Based Management	11/11/2014	\$3,400.00
CARDIOVASCULAR RESEARCH FOUNDATION	Chronic Total Occlusion Summit 2015: A Live Demonstration Course	11/11/2014	\$10,000.00
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER	IASLC International Mentorship Program	11/12/2014	\$16,000.00
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER (IASLC)	15th Annual Targeted Therapies of Lung Cancer meeting	11/12/2014	\$25,000.00
AMERICAN HEART ASSOCIATION, INC.	Scientific Sessions 2014 Acute Coronary Syndrome Track	11/13/2014	\$30,000.00
THE JOHNS HOPKINS UNIVERSITY	The Johns Hopkins University Allergy and Clinical Immunology Fellowship Program	11/13/2014	\$138,261.57
REGENTS OF THE UNIVERSITY OF CALIFORNIA	The 2nd Annual UCLA Diabetes Symposium	11/16/2014	\$5,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR Annual Meeting—2015	11/17/2014	\$50,000.00
AMERICAN SOCIETY OF HEMATOLOGY	American Society of Hematology Scholar Awards	11/17/2014	\$25,000.00
AMERICAN SOCIETY OF HEMATOLOGY	The American Society of Hematology's Bridge Award Program	11/17/2014	\$25,000.00
AMERICAN ACADEMY OF ALLERGY, ASTHMA AND IMMUNOLOGY (AAAAI)	2015 AAAAI Annual Meeting Allied Health Programming	11/18/2014	\$30,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
AMERICAN PSYCHIATRIC NURSES ASSOCIATION	Psychiatric Nursing E Series: Bipolar Disorder Across the Lifespan	11/21/2014	\$60,400.00
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS PR CHAPTER	New Paradigms in the Practice of Endocrinology	12/01/2014	\$2,500.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS	Improving Outcomes through Evidence-Based Diagnosis and Management of Chronic Obstructive Pulmonary Disease (COPD)	12/01/2014	\$25,000.00
THE GYNECOLOGIC ONCOLOGY GROUP	3rd Semi Annual Meeting of NRG ONCOLOGY (Formerly GOG, NSABP, RTOG)	12/02/2014	\$10,000.00
FLORIDA ALLERGY, ASTHMA AND IMMUNOLOGY SOCIETY	Florida Allergy, Asthma and Immunology Society 2015 Annual CME Conference	12/02/2014	\$10,825.00
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER (IASLC)	16th World Conference on Lung Cancer—ISS Association fee	12/02/2014	\$200,000.00
NATIONAL ASSOCIATION OF SCHOOL NURSES, INC.	Evidence-based asthma care in schools	12/02/2014	\$23,795.71
THE METHODIST HOSPITAL	Cardiovascular Fellows' Bootcamp Laying the Foundation	12/03/2014	\$15,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	NCCN 20th Annual Conference General Session: Advancing the Standard of Cancer Care™	12/03/2014	\$85,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	Advances in the Treatment of Ovarian and Cervical Cancers: Expert-Facilitated Small Group Discussions of Challenging Cases	12/03/2014	\$100,000.00
THE MOUNT SINAI HOSPITAL	Complex Coronary Cases	12/03/2014	\$10,000.00
JOHNS HOPKINS UNIVERSITY	The Johns Hopkins University School of Medicine eDiabetes Review Volume 2	12/03/2014	\$150,000.00
ROME FOUNDATION	Rome IV: The Functional Gastrointestinal Disorders	12/04/2014	\$100,000.00
UNIVERSITY OF KENTUCKY COLLEGE OF MEDICINE	9th Platelet Colloquium	12/04/2014	\$10,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2015 Conquer Cancer Foundation of ASCO Merit Awards	12/04/2014	\$30,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2015 Conquer Cancer Foundation of ASCO International Innovation Grant	12/04/2014	\$25,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK NCCN	2015 Annual Nursing Program: Advancing Oncology Nursing at the 20th NCCN Annual Conference	12/04/2014	\$10,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	2015 NCCN Oncology Fellows Program: New Horizons in Quality Cancer Care at the 20th Annual Conference	12/04/2014	\$10,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
STENO DIABETES CENTER A/S	28th European Diabetic Nephropathy Study Group Annual Meeting	12/04/2014	\$20,000.00
AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	Improving Patient Outcomes: Maximizing the Role of the GLP-1 Based Therapies in Our Patients with Type 2 Diabetes	12/04/2014	\$110,000.00
ENDOCRINE SOCIETY	ENDO 2015 Thyroid Sessions	12/04/2014	\$55,000.00
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER	XVI Curso Intensivo de Diabetes, Endocrinología y Enfermedades Metabólicas	12/07/2014	\$10,000.00
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS	Advances in Medical and Surgical Management of Thyroid Cancer	12/07/2014	\$10,000.00
AMERICAN PAIN SOCIETY	2015 Fundamentals of Pain Management: An Interdisciplinary Primer	12/07/2014	\$35,000.00
HEMATOLOGY/ONCOLOGY PHARMACY ASSOCIATION	2015 HOPA 11th Annual Conference	12/07/2014	\$25,000.00
LUMEN FOUNDATION	Lumen Global 2015	12/08/2014	\$75,000.00
NATIONAL ASSOCIATION OF NEONATAL NURSES	Mentoring Program Toolkit for Novice Nurse Practitioners	12/08/2014	\$10,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2015 Conquer Cancer Foundation of ASCO Career Development Award (CDA)	12/08/2014	\$250,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2015 Conquer Cancer Foundation of ASCO International Development and Education Award (IDEA)	12/08/2014	\$10,500.00
THE ENDOCRINE SOCIETY	Applying the Evidence for GLP-1 Receptor Agonists in Type 2 Diabetes: Practice Perspectives	12/08/2014	\$525,980.00
FORCE—FACING OUR RISK OF CANCER EMPOWERED	Joining FORCEs Against Hereditary Cancer Conference	12/08/2014	\$50,000.00
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION	Lipid Management Today: Unanswered Questions and Unquestioned Answers—Live Clinical Focus Session at ACC.15	12/08/2014	\$50,000.00
AMERICAN PHARMACISTS ASSOCIATION	Access to Care: Addressing Health Literacy in Diabetes	12/09/2014	\$11,250.00
THE ENDOCRINE SOCIETY	Diabetes Diagnosis and Management 2015	12/09/2014	\$50,000.00
ENDOCRINE SOCIETY	Endocrine Fellows Conference: Type 1 Diabetes Care and Management	12/09/2014	\$70,000.00
CLINICAL AND PATIENT EDUCATORS ASSOCIATION	Clinical Issues in Type 2 Diabetes: Discussions and Debates Around GLP-1 Receptor Agonists	12/09/2014	\$368,966.00
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION	ACCs 64th Annual Scientific Session—ACC.15 Acute Coronary Syndromes Clinical Learning Pathway	12/09/2014	\$100,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2015 Conquer Cancer Foundation Young Investigator Award	12/10/2014	\$60,000.00
ENDOCRINE SOCIETY	Diabetes Masters Series 2015 : Solving the Puzzle: Putting the Pieces Together to Provide Quality T2DM Care	12/10/2014	\$235,867.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2015 ASCO Annual Meeting Lung Cancer Track	12/10/2014	\$112,000.00
INSTITUTE FOR MEDICAL AND NURSING EDUCATION	Who's on First? What's on Second? Identifying a Line-up of Newer Agents to Individualize Care for Your Patient with T2DM	12/10/2014	\$316,029.80
PENNSYLVANIA STATE UNIVERSITY	Controlling Severe Asthma Today and Tomorrow	12/11/2014	\$236,659.94
CHILDREN'S HOSPITAL CORPORATION	2015 Weinstein Cardiovascular Development Conference	12/11/2014	\$5,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC	2015–2016 Monthly Oncology Tumor Boards: A Multidisciplinary Approach to Individualized Patient Care	12/11/2014	\$35,000.00
ENDOCRINE SOCIETY	ENDO 2015 Diabetes Sessions	12/14/2014	\$30,000.00
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS	Case Challenges in T2D: Applying the AACE Algorithm to Practice	12/14/2014	\$181,705.00
THE CHEST FOUNDATION	The CHEST Foundation COPD Research Grant Program	12/15/2014	\$180,000.00
JOSLIN DIABETES CENTER, INC.	SGLT–2 Inhibitors in Type 2 Diabetes: Incorporating New Approaches Into Practice Through an Interdisciplinary Exploration	12/15/2014	\$321,885.00
AMERICAN OSTEOPATHIC ASSOCIATION	The Path to Better T2DM Outcomes, A Coordinated Approach to Patient-centered Care	12/15/2014	\$263,394.54
UNIVERSITY OF CINCINNATI	Optimizing Outcomes in Type 2 Diabetes: Integrating Longer Acting GLP–1 Receptor Agonists	12/21/2014	\$62,825.00
RICHMOND UNIVERSITY MEDICAL CENTER	Treatment-Refractory Gout	12/22/2014	\$1,100.00
DUKE UNIVERSITY SCHOOL OF MEDICINE	Regional Systems Accelerator: Implementation of The American Heart Associations Mission: Lifeline-AMI Discharge and Follow Up Demonstration Project	01/04/2015	\$3,500,000.00
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION	You Say Do, I Say Don't: Controversial Debates in ACS—Live Clinical Focus Session at ACC.15	01/06/2015	\$150,000.00
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION	ACC.15 Prevention Learning Pathway	01/07/2015	\$75,000.00
AMERICAN HEART ASSOCIATION, INC.	American Heart Association Cardiovascular Genome Phenome Study (CV–GPS)	01/08/2015	\$2,000,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
AMERICAN HEART ASSOCIATION, INC.	American Heart Association's Guideline Transformation and Optimization (GTO) Program	01/11/2015	\$6,000,000.00
CARDIOVASCULAR RESEARCH FOUNDATION	Post Conference CME Webcast Series 2015	01/14/2015	\$100,000.00
GASTROINTESTINAL AND LIVER ASSOCIATION OF THE AMERICAS (GALA)	The 2015 US GI and Liver Association of the Americas (GALA) Conference Series	01/14/2015	\$35,000.00
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION	ACC's 64th Annual Scientific Session (ACC.15) TCT@ACC-i2 Learning Pathway	01/14/2015	\$25,000.00
GORDON RESEARCH CONFERENCES	2015 Gordon Research Conference on the Molecular and Cellular Biology of Lipids	01/14/2015	\$5,000.00
GEORGIA ASSOCIATION OF PHYSICIAN ASSISTANTS	Cardiology Track—How PAs Can Impact Patient Outcomes Across Cardiovascular Diseases (Part of GAPA 2015 Spring Conference)	01/14/2015	\$5,000.00
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS	Endocrine University: Disease Management and Technology Skills for Fellows-in-Training (Thyroid Module)	01/15/2015	\$5,000.00
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER SAN ANTONIO SCHOOL OF MEDICINE	16th Annual Practical Applications of New Agents in Oncology	01/15/2015	\$3,000.00
NATIONAL LIPID ASSOCIATION	National Lipid Association 2015 Lipid Academy	01/15/2015	\$15,000.00
NATIONAL LIPID ASSOCIATION	2015 Masters in Lipidology	01/15/2015	\$15,000.00
EMORY UNIVERSITY	Atlanta Clinical Cardiology Update	01/18/2015	\$15,000.00
SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS	SCAI 2015 Scientific Sessions	01/27/2015	\$85,000.00
ENDOCRINE SOCIETY	Thyroid Endocrine Self-Assessment Program 2015	01/28/2015	\$10,000.00
SCRIPPS HEALTH	Scripps 35th Annual Conference: Clinical Hematology and Oncology 2015	01/29/2015	\$5,000.00
NORTHEASTERN UNIVERSITY	Boston Symposium on Organic and Bioorganic Chemistry (BSOBC)	01/29/2015	\$2,500.00
CARDIOVASCULAR RESEARCH FOUNDATION	ACS/STEMI: Focus on Acute Care at SCAI 2015	01/29/2015	\$60,000.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS	Exploring Optimal Antiplatelet Therapies in the Management of Acute Coronary Syndrome (ACS)	01/29/2015	\$25,000.00
CARDIOVASCULAR RESEARCH FOUNDATION	21st Annual Interventional Cardiology Fellows Course	01/29/2015	\$25,000.00
UNIVERSITY OF FLORIDA	Vascular Biology Working Group US Chapter Meeting	01/29/2015	\$15,000.00
IOWA PHYSICIAN ASSISTANT SOCIETY	Update on Lipid Management	01/29/2015	\$6,500.00

Appendix A—Continued

Organization	Program Title	Date	Amount
PREVENTIVE CARDIOVASCULAR NURSES ASSOCIATION	Cardiovascular Risk Reduction: Leading the Way in Prevention (21st Annual Symposium)	02/01/2015	\$25,000.00
PRIMARY CARE NETWORK, INC.	Are Gout Goals Achievable? The Provider/Patient Alliance	02/02/2015	\$619,095.00
PREVENTIVE CARDIOVASCULAR NURSES ASSOCIATION	PCNA-Triglycerides	02/02/2015	\$179,540.00
NATIONAL LIPID ASSOCIATION	National Lipid Association 2015 Scientific Meeting Series	02/02/2015	\$120,000.00
AMERICAN HEART ASSOCIATION	Chest Pain Coordinator Boot Camp	02/02/2015	\$15,000.00
THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM	Cardiovascular Medicine and Prevention Update for Primary Care	02/08/2015	\$5,000.00
UNIVERSITY OF KANSAS MEDICAL CENTER	6th Expert Strategies in Endoscopy, Gastrointestinal and Liver Disorders	02/09/2015	\$5,000.00
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA/CME	2nd Cardiovascular Symposium	02/11/2015	\$5,000.00
AMERICAN PHARMACISTS ASSOCIATION	APhA2015 Rise in Oral Oncologic Medications Creates New Challenges in Adherence	02/11/2015	\$22,500.00
EMORY UNIVERSITY	EPIC SEC Emory Practical Intervention Course Southeast Consortium	02/11/2015	\$25,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK	Advances in the Treatment of Ovarian and Cervical Cancers: Expert-Facilitated Small Group Discussions of Challenging Cases	02/11/2015	\$232,693.00
REGENTS OF THE UNIVERSITY OF CALIFORNIA	Moores Cancer Center 11th Industry/Academia Translational Oncology Symposium	02/12/2015	\$3,000.00
SCRIPPS HEALTH	The Future of Genomic Medicine VIII	02/12/2015	\$10,000.00
DELAWARE ACADEMY OF PHYSICIAN ASSISTANTS	Hyperlipidemia	02/12/2015	\$2,780.00
THE MASSACHUSETTS GENERAL HOSPITAL	29th Harvard Critical Issues in Tumor Microenvironment: Angiogenesis Metastasis and Immunology Course	02/17/2015	\$5,000.00
KERN ASPEN LIPID CONFERENCE	Emerging Therapies for Cardiovascular Diseases: A Dialogue Between Academic and Pharmaceutical Research	02/17/2015	\$10,000.00
FLORIDA ASSOCIATION OF CONSULTANT PHARMACISTS	Acute Coronary Syndrome; Strategies to Optimize Transitions in Care and Reduce Readmissions	02/17/2015	\$8,325.00
ST. JOSEPH'S REGIONAL MEDICAL CENTER	COPD	02/18/2015	\$1,900.00
CARDIOVASCULAR RESEARCH FOUNDATION	Issues with DAPT Series 2015	02/18/2015	\$50,000.00
NURSE PRACTITIONER ASSOCIATES FOR CONTINUING EDUCATION (NPACE)	The Challenges of Asthma and COPD in Primary Care	02/19/2015	\$5,000.00

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Organization	Program Title	Date	Amount
NORTHWESTERN UNIVERSITY	The 8th Annual Womens Cardiovascular Health Symposium	02/19/2015	\$2,500.00
AMERICAN HEART ASSOCIATION	Atlanta Mission: Lifeline Meeting	02/19/2015	\$2,500.00
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS	How to Talk to Your Patients about Opioid-induced Constipation: A Dialogue about New Advances	02/22/2015	\$231,590.00
AMERICAN THYROID ASSOCIATION	American Thyroid Association Satellite Symposium: ATA Guidelines on Medullary Thyroid Cancer and Pediatric Thyroid Cancer Highlights, Controversies a	02/22/2015	\$25,000.00
THOMAS JEFFERSON UNIVERSITY	3rd Annual Jefferson Lung Cancer Symposium 2015	02/22/2015	\$3,000.00
AMERICAN COLLEGE OF CHEST PHYSICIANS	What's New in Asthma/COPD Syndrome	02/22/2015	\$95,085.00
WEST PENN ALLEGHENY HEALTH SYSTEM	Cardiovascular Medicine Update 2015	02/22/2015	\$10,000.00
AMERICAN DIABETES ASSOCIATION	62nd Annual Advanced Postgraduate Course 2015	02/23/2015	\$10,000.00
SOCIETY OF GYNECOLOGIC ONCOLOGY	SGO Annual Meeting on Women's Cancer	02/23/2015	\$50,000.00
BAYLOR UNIVERSITY MEDICAL CENTER DBA A. WEBB ROBERTS CENTER	The 18th Annual Tyler Breast Cancer Conference 2015	02/23/2015	\$3,000.00
PENNSYLVANIA ACADEMY OF FAMILY PHYSICIANS FOUNDATION	PAFP/F Live and Enduring CME Primary and Secondary Prevention of ASCVD	02/23/2015	\$5,000.00
ONCOLOGY NURSING SOCIETY	Oncology Nursing Society 40th Annual Congress	02/23/2015	\$25,000.00
AMERICAN ASSOCIATION OF PHARMACEUTICAL SCIENTISTS	2015–2016 AAPS Sustaining Sponsorship	02/23/2015	\$50,000.00
ASPEN LUNG CONFERENCE	Thomas L. Petty Aspen Lung Conference: Asthma 2015: Mechanisms to Personalized Medicine	02/24/2015	\$15,000.00
ST. FRANCIS HOSPITAL—U.S. CATHOLIC CONFERENCE	Intravascular Coronary Imaging and Physiology 2015: A Clinical Workshop	02/26/2015	\$7,000.00
NATIONAL ASSOCIATION OF PEDIATRIC NURSE PRACTITIONERS	NAPNAP Conference Sponsorship	02/26/2015	\$7,500.00
AMERICAN ASSOCIATION FOR THORACIC SURGERY	95th Annual Meeting American Association for Thoracic Surgery	02/26/2015	\$10,000.00
NATIONAL KIDNEY FOUNDATION INC.	Session Support: CKD MANAGEMENT ALONG THE CONTINUUM: FROM PREDIALYSIS TO POLICY	02/26/2015	\$20,000.00
CITY OF HOPE NATIONAL MEDICAL CENTER	15th Annual Rachmiel Levine Diabetes and Obesity Symposium	03/01/2015	\$5,000.00
AMERICAN THORACIC SOCIETY	ATS 2015 International Conference, Fellows Track Symposium	03/01/2015	\$25,000.00
AMERICAN THORACIC SOCIETY ATS	2015 International Conference—Selected Topics in Asthma	03/01/2015	\$10,000.00

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Organization	Program Title	Date	Amount
NATIONAL JEWISH HEALTH	Improving the Quality of Care for Patients with Asthma	03/01/2015	\$10,000.00
ST. JOSEPH'S REGIONAL MEDICAL CENTER	Year in Review in Acute Coronary Syndromes	03/01/2015	\$3,700.00
THE BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA DBA THE UNIVERSITY OF NEBRASKA MEDICAL CENTER	COPD9USA	03/02/2015	\$40,000.00
AMERICAN THORACIC SOCIETY	ATS 2015 International Conference—Selected Topics in COPD	03/02/2015	\$72,919.82
NATIONAL JEWISH HEALTH	Best Practices in Managing Patients with COPD: Emerging Therapies and Patient Education Strategies	03/02/2015	\$72,161.00
CARDIOVASCULAR RESEARCH FOUNDATION	DAPT Dilemmas: A Case-Based Roundtable Tutorial	03/02/2015	\$69,100.00
ALZHEIMER'S ASSOCIATION	2015 Alzheimers Association Research Roundtable	03/02/2015	\$50,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2015 ASCO Annual Meeting Gynecologic Cancer Track: Scientific and Educational Program	03/02/2015	\$56,000.00
AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS	AAPA Conference 2015—CardiologyTrack	03/02/2015	\$5,000.00
PREVENTIVE CARDIOVASCULAR NURSES ASSOCIATION	The Post-ACS Patient: Adherence to Critical Therapies in the Short- and Long-Term	03/04/2015	\$100,000.00
NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS	2015 Charitable Health Care Education and Training Symposium	03/04/2015	\$30,000.00
GORDON RESEARCH CONFERENCES	High Throughput Chemistry and Chemical Biology	03/04/2015	\$2,500.00
NEW YORK ACADEMY OF SCIENCES	Non-Motor Symptoms: Unraveling the "Invisible" Face of Parkinson's Disease	03/04/2015	\$2,000.00
SOCIETY FOR PHYSICIAN ASSISTANTS IN PEDIATRICS	SPAP's 9th Annual Conference	03/08/2015	\$1,500.00
JDRF INTERNATIONAL	TypeOneNation Research Summit	03/08/2015	\$4,500.00
GORDON RESEARCH CONFERENCE	Solving Knowledge Gaps in Drug Metabolism and Pharmacokinetic Prediction, Improving Translational Medicine	03/08/2015	\$3,000.00
NURSE PRACTITIONER ASSOCIATES FOR CONTINUING EDUCATION (NPACE)	Clinical Pearls in Managing Diabetes in 2015	03/09/2015	\$2,500.00
PRESIDENT AND FELLOWS OF HARVARD COLLEGE	Cardiovascular Medicine 2015: Updates for the Practitioner	03/09/2015	\$11,500.00
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS	Diabetes Sessions at Endocrine University: Disease Management and Technology Skills for Endocrinology Fellows in Training	03/10/2015	\$25,000.00

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Organization	Program Title	Date	Amount
NEBRASKA ACADEMY OF PHYSICIAN ASSISTANTS	Gout 2015	03/10/2015	\$1,500.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	NCCN 2015 Oncology Case Manager and Medical Director Program	03/10/2015	\$20,000.00
GORDON RESEARCH CONFERENCES	Preclinical Form and Formulation for Drug Discovery GRC/GRS	03/11/2015	\$500.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR Annual Meeting—2015	03/12/2015	\$25,000.00
THE HOPE FOUNDATION	2015 SWOG Group Meetings	03/12/2015	\$5,000.00
AMERICAN HEAD AND NECK SOCIETY	American Head and Neck Society 2015 Annual Meeting	03/12/2015	\$10,000.00
BOSTON CHILDREN'S HOSPITAL	Pediatric Asthma and Allergy Updates for Primary Care Providers	03/16/2015	\$3,000.00
NURSE PRACTITIONER ASSOCIATES FOR CONTINUING EDUCATION (NPACE)	Managing Asthma and COPD in 2015	03/16/2015	\$1,500.00
HEALTHCARE ALLIANCE FOR MEDICAL EDUCATION	Essentials in Primary Care	03/16/2015	\$8,400.00
WEST VIRGINIA ACADEMY OF FAMILY PHYSICIANS	Opioid Induced Constipation	03/17/2015	\$3,000.00
ECOG RESEARCH AND EDUCATION FOUNDATION, INC.	2015 ECOG-ACRIN Spring Group Meeting	03/18/2015	\$5,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2015 ASCO Annual Meeting Breast Cancer Track: Scientific and Educational Program	03/18/2015	\$84,000.00
AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS	Diabetes is Primary Addressing Primary Care Clinical Gaps in Diabetes Management by Partnering With Experts	03/19/2015	\$15,000.00
MERCY HEALTH SYSTEM SEPA	Care Transitions Conference	03/19/2015	\$5,000.00
THE MEDICAL UNIVERSITY OF SOUTH CAROLINA	10th Annual Symposium entitled the Nephrology Update for Primary Care and Hospital Medicine	03/19/2015	\$5,000.00
ALZHEIMER'S ASSOCIATION	2015 Alzheimer's Association International Conference	03/23/2015	\$95,000.00
SOCIETY FOR TRANSLATIONAL ONCOLOGY	2015 Annual Meeting	03/23/2015	\$25,000.00
SWEDISH MEDICAL CENTER FOUNDATION	Thyroid Cancer and Parathyroid Disease—A Practical Approach	03/24/2015	\$3,000.00
ASSOCIATION OF WOMEN'S HEALTH, OBSTETRIC AND NEONATAL NURSES (AWHONN)	AWHONN Annual Convention	03/24/2015	\$7,500.00
GORDON RESEARCH CONFERENCES	2015 Proteins Gordon Conference	03/24/2015	\$3,000.00
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS	AACE 24th Annual Scientific and Clinical Congress (Diabetes portion)	03/25/2015	\$30,000.00

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Organization	Program Title	Date	Amount
THE ASSOCIATION FOR FRONTOTEMPORAL DEGENERATION (AFTD)	AFTD's Annual Education Conference	03/25/2015	\$1,000.00
TRINITAS REGIONAL MEDICAL CENTER	Lung Cancer	03/25/2015	\$1,750.00
INSTITUTE FOR PATIENT ACCESS	2015 Premature Infant Health Summit	03/25/2015	\$125,000.00
SOCIETY FOR NEUROSCIENCE	Young Investigator Award	03/25/2015	\$25,000.00
ST. DOMINIC—JACKSON MEMORIAL HOSPITAL	STOP STEMI and STOP STROKE program by Pulsara	03/25/2015	\$25,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	Anti-cancer Drug Action and Drug Resistance:	03/26/2015	\$10,000.00
YALE UNIVERSITY	2015 New England Thyroid Club Program	03/26/2015	\$3,000.00
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS	AACE 24th Annual Scientific and Clinical Congress (Thyroid sessions)	03/26/2015	\$25,000.00
CLEVELAND CLINIC EDUCATIONAL FOUNDATION	Cleveland Breast Cancer 2015: Collaborating For A Cure	03/26/2015	\$5,000.00
OKLAHOMA HEART RESEARCH AND EDUCATION FOUNDATION	26th Annual Update in Cardiology	03/26/2015	\$2,500.00
CEDARS-SINAI MEDICAL CENTER	3rd Annual Experimental Therapeutics in Oncology: The Road to Personalized Medicine	03/29/2015	\$5,000.00
CASE MANAGEMENT SOCIETY OF AMERICA	CMSA 2015 Conference and Expo	03/29/2015	\$15,000.00
SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS FOUNDATION	SCAI Complex Peripheral Vascular Interventions Course	03/29/2015	\$15,000.00
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION	Bringing Science to Clinical Practice: Best of ACC 2015	03/29/2015	\$50,000.00
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	Live Symposium of Complex Coronary Valvular and Vascular Cases	03/29/2015	\$10,000.00
ASOCIACIÓN PUERTORRIQUEÑA DE GRADUADOS DE UNIVERSIDADES ESPAÑOLAS-APGUE	Metabolic Syndrome Update: Challenges in Preventive Medicine	03/30/2015	\$1,500.00
UNIVERSITY OF PITTSBURGH	Breast Symposium 2015: Updates in the Management of Breast Cancer/Breast Disease	03/30/2015	\$3,250.00
JOHNS HOPKINS UNIVERSITY	6th Annual Johns Hopkins Cardiovascular Research Retreat	03/30/2015	\$2,500.00
SOCIETY FOR VASCULAR MEDICINE	Society for Vascular Medicine 26th Annual Scientific Sessions	03/30/2015	\$5,000.00
NURSE PRACTITIONER ASSOCIATES FOR CONTINUING EDUCATION (NPACE)	Updates in COPD 2015	03/30/2015	\$3,200.00
THE CHRIST HOSPITAL	The FETCH Conference	03/31/2015	\$5,000.00
THE CHEST FOUNDATION	The CHEST Foundation Lung Cancer Clinical Research Grant Program	03/31/2015	\$30,000.00
NEW YORK MEDICAL COLLEGE	Systemic Treatment of Lung Cancer	03/31/2015	\$2,500.00

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Organization	Program Title	Date	Amount
THE CENTER OF EXCELLENCE IN EDUCATION	8th Annual Cardiovascular Update- A Practical Tutorial	03/31/2015	\$5,000.00
ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER	4th Annual Arizona Diabetes Series: Focus on Treatment Advances, Patient-Centered Care, Obesity and Other Comorbidities	04/01/2015	\$15,000.00
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER	Annual Meeting of the Felix Rutledge Society	04/01/2015	\$5,000.00
GOUT AND URIC ACID EDUCATION SOCIETY	Gout and Uric Acid Education Society Roundtable: Elevating the Severity of Gout and Improving Access to Public Education and Treatment	04/01/2015	\$70,000.00
VIVA PHYSICIANS	VIVA 15: Vascular InterVentional Advances	04/01/2015	\$20,000.00
UNIVERSITY OF WASHINGTON	University of Washington Allergy and Immunology Fellowship	04/02/2015	\$20,000.00
WASHINGTON ACADEMY OF PHYSICIAN ASSISTANTS	26th Annual Recertification Review Course and Spring Conference	04/06/2015	\$1,500.00
CLEVELAND CLINIC EDUCATIONAL FOUNDATION	Advances in Lung Cancer: A Multidisciplinary Approach	04/07/2015	\$5,000.00
FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY	Molecular, Structural and Clinical Aspects of VK and VK-Dependent Proteins	04/08/2015	\$10,000.00
FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY	FASEB conference on Genetic Recombination and Genome Rearrangements	04/08/2015	\$5,000.00
SCRIPPS WHITTIER DIABETES INSTITUTE	Emerging Therapeutic Trends to Optimize Diabetes Care	04/09/2015	\$30,000.00
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION	2015 Interventional Cardiology Board Preparatory Course	04/09/2015	\$5,000.00
AMERICAN FEDERATION FOR MEDICAL RESEARCH	2015 Eastern Regional Meeting of the American Federation for Medical Research	04/12/2015	\$2,500.00
PONCE MEDICAL SCHOOL FOUNDATION INC.	Overcoming Obstacles to Reduce Acute Coronary Syndrome	04/12/2015	\$10,000.00
SOUTH CAROLINA ASTHMA ALLIANCE	Midlands Regional Asthma Conference	04/12/2015	\$3,000.00
PHARMACY QUALITY ALLIANCE (PQA, INC.)	Measuring What Matters: Improving Care and Driving the Next Generation of Performance Measures	04/13/2015	\$12,500.00
METABOLIC ENDOCRINE EDUCATION FOUNDATION	The Comprehensive Management of DM—Focus on SGLT2 Inhibitors and Combination Therapy—Emerging Concepts of Renal Effects	04/13/2015	\$283,155.00
ASTHMA AND ALLERGY FOUNDATION OF AMERICA, ALASKA CHAPTER	Wheezin', Sneezin' and Itchin' in Alaska	04/14/2015	\$5,000.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS, INC.	Individualizing Treatment Strategies to Improve Patient Outcomes in the Management of Type 2 Diabetes (T2DM)	04/14/2015	\$25,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
MIDMICHIGAN MEDICAL CENTER—MIDLAND	Valley Diabetes Symposium	04/15/2015	\$2,500.00
TRUSTEES OF BOSTON UNIVERSITY DBA BOSTON UNIVERSITY SCHOOL OF MEDICINE	Opioid Induced Constipation: A Neglected Complication	04/15/2015	\$117,200.00
PARTNERS HEALTHCARE SYSTEM	World Medical Innovation Forum	04/15/2015	\$50,000.00
MASSACHUSETTS INSTITUTE OF TECHNOLOGY	CANCER COMPLEXITY: Heterogeneity in Tumor Progression and Drug Response	04/15/2015	\$5,000.00
AMERICAN SOCIETY OF NEPHROLOGY	ASN Kidney Week—CKD Learning Pathway Support	04/16/2015	\$55,000.00
NATIONAL ASSOCIATION FOR HEALTHCARE QUALITY	Leading Care Transitions: Improving Quality in Safety Across the Healthcare Continuum	04/19/2015	\$15,000.00
FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY	12th FASEB Summer Research Conference on “Proteases in Hemostasis and Vascular Biology”	04/19/2015	\$7,000.00
AMERICAN SOCIETY FOR PAIN MANAGEMENT NURSING	ASPMN 25th National Conference	04/20/2015	\$20,000.00
REGENTS OF THE UNIVERSITY OF CALIFORNIA	5th International Symposium on Lung-Sparing Therapies for Malignant Pleural Mesothelioma	04/20/2015	\$3,000.00
GORDON RESEARCH CONFERENCES	2015 Medicinal Chemistry Gordon Research Conference	04/20/2015	\$3,000.00
AMERICAN THORACIC SOCIETY	ATS 2015 International Conference—Selected Topics in Lung Cancer	04/21/2015	\$50,000.00
OKLAHOMA UNIVERSITY HEALTH SCIENCES CENTER	18th Annual Primary Care Update 2015 Asthma	04/21/2015	\$1,500.00
OKLAHOMA UNIVERSITY HEALTH SCIENCE CENTER COLLEGE OF MEDICINE	18th Annual Primary Care Update 2015-Ovarian Cancer	04/21/2015	\$1,500.00
REGENTS OF THE UNIVERSITY OF CALIFORNIA	LIPID MAPS Meeting: Lipidomics Impact on Cancer, Metabolic and Inflammatory Diseases	04/21/2015	\$7,500.00
CARDIOVASCULAR RESEARCH FOUNDATION	Knights of the Roundtable 2015: Challenging AMI Therapies	04/21/2015	\$50,000.00
HOUSTON METHODIST HOSPITAL	Cardiovascular Fellows’ Bootcamp-Laying the Foundation	04/21/2015	\$15,000.00
UNIVERSITY OF PITTSBURGH	Seventh Annual Multidisciplinary Thyroid Cancer Symposium: Integrating the New ATA Guidelines into Clinical Practice	04/22/2015	\$3,250.00
AMERICAN ASSOCIATION OF ENDOCRINE SURGEONS	36th Annual Meeting of the American Association of Endocrine Surgeons	04/22/2015	\$3,000.00
DUKE UNIVERSITY HEALTH SYSTEM	Closing the Gap on Medication Management, Discharge Preparedness and Readmissions	04/22/2015	\$20,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
CLEVELAND CLINIC EDUCATIONAL FOUNDATION	ASCO Review	04/23/2015	\$3,000.00
SWEDISH MEDICAL CENTER FOUNDATION	Annual Oncology Symposium: Personalized Medicine—Genetic Testing, Targeted Molecular Therapy and Whole Patient Care	04/23/2015	\$3,000.00
OKLAHOMA UNIVERSITY HEALTH SCIENCE CENTER COLLEGE OF MEDICINE	18th Annual Primary Care Update: COPD	04/23/2015	\$1,500.00
WASHINGTON UNIVERSITY	Update on Gynecologic Cancer	04/23/2015	\$4,000.00
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE, ST. LOUIS	Cardiology Update	04/23/2015	\$4,000.00
NEW YORK ACADEMY OF SCIENCES	Emerging Approaches to Cancer Immunotherapy	04/27/2015	\$5,000.00
LYMPHOMA RESEARCH FOUNDATION	Lymphoma Research Foundation Immune Checkpoint Inhibitor Workshop	04/27/2015	\$15,000.00
YALE UNIVERSITY	Yale Cancer Center Oncology Series—2015	04/28/2015	\$5,000.00
MOUNT CARMEL HEALTH SYSTEM	2015 ASCO REVIEW	04/28/2015	\$3,000.00
COLUMBIA UNIVERSITY DEPARTMENT OF SURGERY	Breast Cancer Management 2015	04/28/2015	\$3,000.00
NORTHWESTERN UNIVERSITY	4th Annual Chicago Cardiovascular Update	04/28/2015	\$6,000.00
DIGNITY HEALTH ST. BERNARDINE MEDICAL CENTER	17th Annual Cardiac Symposium: Advances in Cardiovascular Disease 2015	04/29/2015	\$6,000.00
GORDON RESEARCH CONFERENCES	2015 Gordon Conference on Heterocyclic Compounds	04/29/2015	\$2,500.00
INTERNATIONAL SOCIETY FOR COMPUTATIONAL BIOLOGY INC.	Regulatory and Systems Genomics, with DREAM Challenges Conference	04/29/2015	\$2,500.00
YALE UNIVERSITY	Yale ASCO Review 2015	04/30/2015	\$3,000.00
UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE	OBESITY AND METABOLISM: An Emerging Frontier in Lung Health and Disease	04/30/2015	\$5,000.00
SWEDISH MEDICAL CENTER FOUNDATION	The Transradial Approach: A Case-based and Hands-on Training Course	04/30/2015	\$5,000.00
MONTEFIORE MEDICAL CENTER	Achieving Balance: Practical Management Strategies for Opioid-Induced Constipation	05/03/2015	\$161,500.00
CALIFORNIA SOCIETY OF ALLERGY, ASTHMA, AND IMMUNOLOGY	CSAAI 23rd Annual Educational Meeting	05/05/2015	\$3,000.00
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA	Advanced Thyroid Master Class	05/06/2015	\$5,000.00
CANCER MOLECULAR THERAPEUTICS RESEARCH ASSOCIATION	Molecular Therapeutics of Cancer Conference, 2015	05/06/2015	\$5,000.00
NORTH SHORE LONG ISLAND JEWISH HEALTH SYSTEM INC.	Post American Society of Clinical Oncology 2015	05/07/2015	\$3,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
AMERICAN COLLEGE OF ALLERGY, ASTHMA AND IMMUNOLOGY	Update in Allergy, Asthma and Immunology	05/12/2015	\$5,000.00
ALBERT EINSTEIN HEALTHCARE NETWORK	Complex Angioplasty Symposium Exchange Philadelphia	05/14/2015	\$5,000.00
SOCIETY FOR TRANSLATIONAL ONCOLOGY	The Oncologist CME Online Journal Curriculum: Breast Cancer	05/17/2015	\$10,000.00
ANENBERG CENTER FOR HEALTH SCIENCES AT EISENHOWER	Poster Perspectives: Research Developments in NSCLC / 2015 ASCO	05/18/2015	\$25,000.00
WESTERN ASSOCIATION GYNECOLOGIC ONCOLOGISTS	Hitting the targets in Gynecologic Cancer	05/18/2015	\$12,500.00
AMERICAN THYROID ASSOCIATION	ATA Early Riser Symposium: New Modalities to Treat Medullary Thyroid Cancer	05/19/2015	\$129,500.00
CARDIOVASCULAR RESEARCH FOUNDATION	Issues with DAPT: A Case-based Roundtable with the Experts	05/19/2015	\$25,000.00
LAHEY CLINIC HOSPITAL, INC.	Cardiovascular Disease State of the Art 2015	05/19/2015	\$6,000.00
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION	ACC Cardiovascular Board Review for Certification and Recertification	05/19/2015	\$5,000.00
CANCER RESEARCH INSTITUTE	Immunotherapy for the Oncology Nurse	05/19/2015	\$75,000.00
GORDON RESEARCH CONFERENCES	Gordon Research Conference; Hormone dependent cancer	05/20/2015	\$5,000.00
NORTHEASTERN UNIVERSITY	Boston Symposium on Organic and Bio-organic Chemistry (BSOBC)	05/21/2015	\$3,500.00
AMERICAN SOCIETY OF NEPHROLOGY	Anemia, Erythropoiesis, and the Nephrologist	05/21/2015	\$190,000.00
CANCER RESEARCH INSTITUTE	2015 International Cancer Immunotherapy Conference	05/24/2015	\$50,000.00
ZOE ROSE MEMORIAL FOUNDATION	2015 Premie Parent Summit	05/24/2015	\$10,000.00
THE GOG FOUNDATION INC	4th Semi Annual Meeting of NRG Oncology (formerly GOG, NSABP, RTOG)	05/26/2015	\$20,000.00
CLINICAL CARE OPTIONS	Immunotherapy for Cancer Track: CCO Independent Conference Highlights of the 2015 ASCO Annual Meeting	05/26/2015	\$25,000.00
ACADEMIA MEDICA DEL SUR	Non-Small Cell Lung Cancer: Current Therapy and Promising New Regimens	05/26/2015	\$3,000.00
AMERICAN NEUROGASTROENTEROLOGY AND MOTILITY SOCIETY	ANMS 10th Postgraduate Course in Gastroenterology and Neurogastroenterology in Clinical Practice	05/26/2015	\$6,400.00
CEO ROUNDTABLE ON CANCER, INC.	Prostate Cancer DREAM Challenge Winning Teams Educational Grant	05/27/2015	\$30,000.00
C-CHANGE	Big Data in Cancer Care	05/27/2015	\$25,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
THE GOG FOUNDATION	Rational Combination Targeted Therapies for Gynecologic Cancers	05/27/2015	\$10,000.00
TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK	Lung Cancer 2015: New Discoveries, New Directions	05/27/2015	\$3,000.00
NOT-FOR-PROFIT HOSPITAL CORPORATION	Lung Cancer Screening in 2015	05/27/2015	\$1,900.00
OLIGONUCLEOTIDE THERAPEUTICS SOCIETY	11th Annual Meeting of the Oligonucleotide Therapeutics Society	05/31/2015	\$7,500.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2015 Best of ASCO Meetings	05/31/2015	\$15,000.00
AMERICAN ASSOCIATION OF DIABETES EDUCATORS	Improving Outcomes for Women With Type 2 Diabetes Individualizing Evidence-Based Care	06/02/2015	\$101,800.00
NATIONAL KIDNEY FOUNDATION	Chronic Kidney Disease and the Primary Care Practitioner:	06/02/2015	\$75,000.00
UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION, INC.	17th Annual International Meeting of the Institute of Human Virology	06/02/2015	\$15,000.00
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA	2015 Updates in Oncology: With Proceedings from International Medical Meetings	06/03/2015	\$5,000.00
MELANOMA RESEARCH FOUNDATION	Melanoma Research Foundation CURE OM Junior Fellowship	06/03/2015	\$112,280.00
AMERICAN OSTEOPATHIC ASSOCIATION	Optimizing Anti-platelet Therapy and Secondary Prevention Strategies in Acute Coronary Syndromes The Role of the Primary Care Practice (150203494)	06/04/2015	\$357,790.00
INTERNATIONAL SOCIETY FOR STEM CELL RESEARCH	Workshop on Clinical Translation	06/09/2015	\$30,000.00
NURSE PRACTITIONER ASSOCIATES FOR CONTINUING EDUCATION (NPACE)	The Latest in Asthma and COPD	06/10/2015	\$5,000.00
AMERICAN PHARMACISTS ASSOCIATION FOUNDATION	IMPACT Care Transformation Institute	06/10/2015	\$74,987.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	Advances in Breast Cancer Research	06/11/2015	\$10,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	Advances in Ovarian Cancer Research	06/11/2015	\$10,000.00
AMERICAN COLLEGE OF ALLERGY, ASTHMA AND IMMUNOLOGY	Symposium—Asthma, COPD and Asthma-COPD Overlap Syndrome (ACOS)	06/11/2015	\$50,000.00
CASE MANAGEMENT SOCIETY OF AMERICA	Improving Medication Adherence in the COPD Patient through Greater Patient Engagement	06/11/2015	\$6,265.00
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS	California Chapter of the American Association of Clinical Endocrinologists Presents: Hot Topics in Diabetes and Endocrinology for Primary Care	06/16/2015	\$20,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS INC.	Update on COPD and Asthma Management	06/16/2015	\$4,300.00
AMERICAN ACADEMY OF FAMILY PHYSICIANS	2015 AAFP FMX Assembly 60 Minute Lecture titled Acute Coronary Syndrome and Angina	06/16/2015	\$13,000.00
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS	ACEP Pediatric Emergency Medicine Special Interest Section Annual Meeting	06/17/2015	\$2,500.00
FOUNDATION FOR GYNECOLOGIC ONCOLOGY	FGO Genetics Summit	06/18/2015	\$35,000.00
FRIENDS OF CANCER RESEARCH	2015 Friends of Cancer Research Programs	06/22/2015	\$100,000.00
DIVISION OF MEDICINAL CHEMISTRY	Division of Medicinal Chemistry Program American Chemical Society 250th National Meeting	06/23/2015	\$2,500.00
RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA	Vasculata 2015	06/24/2015	\$10,000.00
AMERICAN COLLEGE OF CHEST PHYSICIANS	Preventing Exacerbations of COPD	06/24/2015	\$48,000.00
ASSOCIATION OF ASTHMA EDUCATORS	The Asthma Team: Making Wishes Come True	06/24/2015	\$5,000.00
THE MASSACHUSETTS GENERAL HOSPITAL	30th Annual Critical Issues In Tumor Micro-environment: Angiogenesis, Metastasis and Immunology	06/24/2015	\$5,000.00
NATIONAL MEDICAL ASSOCIATION	The National Medical Association Asthma Update: Evidence-Based Diagnosis and management of Asthma—Practical Tools to Improve Patient Care	06/24/2015	\$3,000.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS	Reducing Exacerbations in the Treatment and Management of Chronic Obstructive Pulmonary Disease (COPD)	06/25/2015	\$12,500.00
ONCOLOGY NURSING SOCIETY	Pharmacology Updates in Oncology Practice Conference	06/30/2015	\$15,000.00
UC BERKELEY FOUNDATION	IGI CRISPR Workshop: Routes to Designer Biology	06/30/2015	\$10,000.00
METABOLIC ENDOCRINE EDUCATION FOUNDATION	13th Annual World Congress on Insulin Resistance Diabetes and Cardiovascular Disease—WCI/RDC	07/01/2015	\$100,000.00
PARTNERS HEALTHCARE PERSONALIZED MEDICINE	2015 Personalized Medicine Conference	07/02/2015	\$25,000.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS, INC.	Improving Patient Outcomes with Novel Treatments in the Management of Hypertriglyceridemia	07/02/2015	\$25,000.00
NEW YORK CITY SOCIETY OF HEALTH-SYSTEM PHARMACISTS	Practical considerations for using novel oral antiplatelet agents in patients with acute coronary syndromes	07/07/2015	\$9,500.00
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER	EGFR Diagnostic Expert Consensus meeting	07/09/2015	\$201,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
UB FOUNDATION ACTIVITIES, INC.	Recent Advances in the pathophysiology and management of type 2 diabetes	07/09/2015	\$2,500.00
AMERICAN PHARMACISTS ASSOCIATION	APhA's Pharmacist and Patient Centered Diabetes Care Certificate Training Program National Offerings	07/14/2015	\$25,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR-NCI-EORTC Molecular Targets and Cancer Therapeutics	07/14/2015	\$25,000.00
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE	Mid-Atlantic Nephrology Young Investigators' Forum	07/14/2015	\$49,381.58
SOUTH DAKOTA ACADEMY OF PHYSICIAN ASSISTANTS	COPD: diagnosis and optimum treatment	07/14/2015	\$3,500.00
SOUTHERN SOCIETY FOR CLINICAL INVESTIGATION	15th Annual SSCI Nephrology Young Investigators' Forum	07/15/2015	\$43,940.49
YALE UNIVERSITY	2015 London Cardiovascular Device Innovation Summit	07/16/2015	\$5,000.00
REGENTS OF THE UNIVERSITY OF CALIFORNIA	Updates in Rheumatology 2015	07/19/2015	\$5,000.00
REGENTS OF THE UNIVERSITY OF CALIFORNIA	13th Annual Nephrology Young Investigator's Forum	07/21/2015	\$34,698.53
SOCIETY FOR IMMUNOTHERAPY OF CANCER	2015 SITC International Symposium on Cancer Immunotherapy	07/22/2015	\$50,000.00
SOCIETY FOR IMMUNOTHERAPY OF CANCER	SITC 2015 Global Regulatory Summit	07/22/2015	\$25,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	NCCN/SCCA 2015 Thoracic Oncology Symposium	07/26/2015	\$10,000.00
SOCIETY FOR IMMUNOTHERAPY OF CANCER	Named Postdoctoral Cancer Immunotherapy in NSCLC Clinical Fellowship Award	07/26/2015	\$120,000.00
NATIONAL ASSOCIATION FOR CONTINUING EDUCATION	Gout: Bridging Knowledge Gaps in Diagnosis and Treatment	07/26/2015	\$163,946.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	2015 NCCN Immuno-Oncology Webinar Series for Pharmacists	07/26/2015	\$35,000.00
AMERICAN COLLEGE OF ALLERGY, ASTHMA AND IMMUNOLOGY	EPC—Updates in Pulmonary Disease: Current, Relevant and Interactive	07/28/2015	\$10,000.00
NATIONAL KIDNEY FOUNDATION	11th Annual National Young Investigator's Forum	07/29/2015	\$50,000.00
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE	Immuno-Oncology: A Revolution in Cancer Treatment	07/29/2015	\$30,000.00
GEORGIA CHAPTER OF THE AMERICAN COLLEGE OF CARDIOLOGY	2015 Scientific Meeting	07/30/2015	\$5,000.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS, INC.	Improving Outcomes with Individualized Treatment Strategies in the Management of Advanced Non Small-Cell Lung Cancer (NSCLC)	08/02/2015	\$25,000.00
HACKENSACK UNIVERSITY MEDICAL CENTER	Fifth Annual Heart and Vascular Symposium	08/03/2015	\$5,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
METABOLIC ENDOCRINE EDUCATION FOUNDATION	Early Intervention in The Continuum of Hyperglycemia—The Role of Initial Combination Therapy	08/06/2015	\$149,515.00
SOCIETY FOR IMMUNOTHERAPY OF CANCER	Primer on Tumor Immunology and Cancer Immunotherapy	08/10/2015	\$15,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	NCCN/SCCA 2015 Thoracic Oncology Symposium	08/11/2015	–\$2,005.40
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2015 Breast Cancer Symposium: Enhancing Clinical Care through Collaboration	08/11/2015	\$10,000.00
AMERICAN ACADEMY OF FAMILY PHYSICIANS	Management of Gout: Individualizing the Approach	08/11/2015	\$242,009.00
BREATHE CALIFORNIA OF LOS ANGELES COUNTY	Advancing the diagnosis and management of COPD with a focus on COPD exacerbations	08/16/2015	\$3,000.00
GLOBAL ACADEMY FOR MEDICAL EDUCATION	8th Annual Perspectives in Rheumatic Diseases presented by Rheumatology News, Internal Medicine News, Family Practice News	08/17/2015	\$35,000.00
NORTHWESTERN UNIVERSITY	17th Annual Lynn Sage Breast Cancer Symposium	08/17/2015	\$10,000.00
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS	Cardiovascular Disease Track at ACEP 2015 Scientific Assembly	08/17/2015	\$10,000.00
NATIONAL ASSOCIATION OF NEONATAL NURSES	NANN 31st Annual Educational Conference	08/19/2015	\$10,000.00
UNIVERSITY OF CINCINNATI	2nd Annual Cincinnati Collaborative Cardiovascular Symposium (C4)	08/19/2015	\$25,000.00
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS	AACE/ACE Scientific and Clinical Review of DKA and the Effects of SGLT2 Inhibitors	08/20/2015	\$99,804.71
AMERICAN COLLEGE OF ALLERGY, ASTHMA AND IMMUNOLOGY	TAS: Allergy, Asthma and Immunology Conference	08/23/2015	\$1,000.00
NAMI MARYLAND	NAMI Maryland 2015 Annual Education Conference	08/25/2015	\$5,000.00
CONNECTICUT PHARMACISTS ASSOCIATION	Insights, Pearls, and Perspectives—An Update in the Management of Chronic Obstructive Pulmonary Disease	08/25/2015	\$5,000.00
AMERICAN COLLEGE OF ALLERGY, ASTHMA AND IMMUNOLOGY	Plenary Session—Updates in Severe Asthma	08/25/2015	\$50,000.00
UNIVERSITY OF FLORIDA	Vascular Biology Working Group Global Chapter Meeting	08/26/2015	\$10,000.00
PENN STATE UNIVERSITY	Skin, Bones, Hearts and Private Parts	08/26/2015	\$5,000.00
AMERICAS HEALTH FOUNDATION	Roundtable Discussion on Decreasing the Burden of Influenza in Latin America	08/27/2015	\$37,462.15

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Organization	Program Title	Date	Amount
DANA-FARBER CANCER INSTITUTE INC.	11th Annual Postdoctoral and Graduate Student Retreat	08/27/2015	\$2,500.00
IOWA PHYSICIAN ASSISTANT SOCIETY	COPD Board Review Track	08/27/2015	\$2,000.00
BAYLOR COLLEGE OF MEDICINE	Breast Cancer Research and Education Program	08/30/2015	\$3,000.00
BAYLOR COLLEGE OF MEDICINE	Metastatic Breast Cancer Conference	08/30/2015	\$3,500.00
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	Top Ten Advances in Clinical Cardiology	08/30/2015	\$10,000.00
ASSOCIATION OF COMMUNITY CANCER CENTERS	In the Era of Value: The Importance of Patient Navigation, Psychosocial Distress Screening, and Survivorship Care Planning Programs in the Community C	09/01/2015	\$125,000.00
PENNSYLVANIA STATE UNIVERSITY	Constipation: Improving Outcomes With Individualized, Evidence-based Treatment	09/02/2015	\$142,387.00
SIDNEY KIMMEL MEDICAL COLLEGE AT THOMAS JEFFERSON UNIVERSITY	2nd Annual Current Issues in Coronary and Structural Heart Disease: A Multidisciplinary Approach	09/03/2015	\$5,000.00
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION	48th Annual New York Cardiovascular Symposium: Major Topics in Cardiology Today	09/08/2015	\$15,000.00
AMERICAN SOCIETY FOR RADIATION ONCOLOGY	ASTRO's 57th Annual Meeting	09/09/2015	\$10,000.00
NATIONAL JEWISH HEALTH	38th Annual Pulmonary and Allergy Update	09/14/2015	\$5,000.00
ST. JOSEPH'S REGIONAL MEDICAL CENTER	Acute Myocardial Infarction: Guidelines, Controversies and Updates	09/14/2015	\$1,700.00
TRUSTEES OF BOSTON UNIVERSITY	Head and Neck Cancer Symposium: From Pathways to Therapies	09/15/2015	\$3,000.00
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER	Cancer Genetics: Going Beyond the Guidelines	09/15/2015	\$3,000.00
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO	38TH Annual San Antonio Breast Cancer Symposium	09/15/2015	\$25,000.00
BAYLOR UNIVERSITY MEDICAL CENTER	The 42nd Annual Williamsburg Conference on Heart Disease	09/15/2015	\$8,500.00
UNIVERSITY OF WASHINGTON	Comprehensive Hematology and Oncology Review	09/15/2015	\$3,500.00
NATIONAL COMMITTEE FOR QUALITY ASSURANCE	NCQA Quality Talks and 25th Anniversary	09/15/2015	\$25,000.00
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	Acute Myocardial Infarction: Guidelines, Controversies and Updates	09/15/2015	\$1,400.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2015 Breast Cancer Symposium Proceedings	09/16/2015	\$25,000.00

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Organization	Program Title	Date	Amount
UT HEALTH SCIENCE CENTER SAN ANTONIO	38th Annual San Antonio Breast Cancer Symposium—Basic Science Forum/Poster Discussion Session	09/16/2015	\$35,000.00
AULTMAN HOSPITAL	Aultman Hospital's 15th Annual Cancer Conference	09/17/2015	\$2,500.00
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS	Recognizing Diabetic Emergencies: Will You Be Ready?	09/20/2015	\$209,619.96
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER	Best of the World Conference on Lung Cancer	09/21/2015	\$10,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	CancerLinQ: Real-time Learning Intelligence Network for Quality	09/21/2015	\$400,000.00
LUNG CANCER INITIATIVE OF NC	Advanced Laboratory Testing Across Cancer Types: Everything you need to know	09/22/2015	\$3,000.00
CAROLINAS HEALTHCARE SYSTEM	27th Annual Fall Foliage Cancer Conference "Update on Lung Cancer"	09/22/2015	\$3,000.00
SCRIPPS HEALTH	TRANSFORMING MEDICINE: Evidence-Driven mHealth	09/23/2015	\$2,000.00
WESTERN SOCIETY OF ALLERGY, ASTHMA AND IMMUNOLOGY	WSAAI 54th Annual Scientific Session	09/23/2015	\$10,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2016 Conquer Cancer Foundation of ASCO Young Investigator Award (YIA)	09/23/2015	\$120,000.00
ASSOCIATION OF AMERICAN CANCER INSTITUTES	2015 AACI/CCAF Annual Meeting	09/28/2015	\$10,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2016 Conquer Cancer Foundation of ASCO Merit Awards	09/29/2015	\$40,000.00
NATIONAL ASSOCIATION OF HISPANIC NURSES	2016 NAHN Leadership Meeting	09/29/2015	\$10,000.00
AMERICAN ACADEMY OF FAMILY PHYSICIANS	2015 AAFP FMX Assembly 60 Minute Lecture titled Chronic Obstructive Pulmonary Disease (COPD) and Pulmonary Function Testing	09/30/2015	\$5,000.00
NORTHWESTERN UNIVERSITY	2nd Annual Case-Based Coronary and Structural Heart Intervention Update	09/30/2015	\$5,000.00
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA	44th Annual Philadelphia Workshop on Hemostasis, Thrombosis and Artherosclerosis	10/04/2015	\$5,000.00
ECOG RESEARCH AND EDUCATION FOUNDATION, INC.	ECOG-ACRIN Fall 2015 Group Meeting	10/05/2015	\$5,000.00
PHARMACY QUALITY ALLIANCE (PQA, INC)	Getting to the Core: Building and Implementing Core Measures	10/05/2015	\$3,500.00

Appendix A—Continued

Organization	Program Title	Date	Amount
BAYLOR UNIVERSITY MEDICAL CENTER	Immune Checkpoint Inhibitors in the Treatment of Selected Tumor Types: A New Prospective	10/07/2015	\$5,000.00
CEDARS SINAI MEDICAL CENTER	4th Annual New Therapeutics in Oncology: The Road to Personalized Medicine	10/07/2015	\$5,000.00
PENN STATE UNIVERSITY	Skin, Bones, Hearts and Private Parts (two conferences)	10/07/2015	\$5,000.00
INDIANA UNIVERSITY	Performance Improvement with Point of Care Clinical Decision Making App in non-ST segment elevation myocardial infarction (NSTEMI) patients	10/07/2015	\$5,000.00
MEDSTAR WASHINGTON HOSPITAL CENTER	Update In Rheumatology 2015: New Diagnostic Tests and Treatments for Clinical Practice	10/08/2015	\$15,000.00
NEW YORK STATE OSTEOPATHIC MEDICAL SOCIETY	New York State Osteopathic Medical Students Health Policy Initiative	10/08/2015	\$2,500.00
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER	2015 Oncologic Emergency Medicine Conference	10/11/2015	\$5,000.00
AMERICAN PANCREATIC ASSOCIATION	46th Annual Meeting of the American Pancreatic Association	10/11/2015	\$10,000.00
WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE	2nd Annual Update in Rheumatology	10/15/2015	\$3,000.00
WAYNE STATE UNIVERSITY	State of the Art Management of Lung Cancer Symposium	10/15/2015	\$3,000.00
MEDICAL UNIVERSITY OF SOUTH CAROLINA	2nd Annual Comprehensive Stroke and Cerebrovascular Update	10/18/2015	\$10,000.00
AMERICAN COLLEGE OF RHEUMATOLOGY	2015 Musculoskeletal Ultrasound Course for Rheumatologists	10/19/2015	\$25,000.00
LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER IN NEW ORLEANS	LSUHSC Cardiovascular Centers Joint Retreat	10/20/2015	\$3,500.00
AMERICAN ASSOCIATION OF DIABETES EDUCATORS	Achieving Partnerships and Improving Outcomes in Your Diabetes Patients	10/20/2015	\$389,000.00
THE ENDOCRINE SOCIETY	The Truth of the Matter: An Evidence-Based Review of the Newer Antihyperglycemic Agents for T2DM: a hot seat Program	10/21/2015	\$284,438.73
GORDON RESEARCH CONFERENCES	2016 Basal Ganglia Gordon Research Conference: Emerging Views of Cellular and Circuit Diversity Within the Basal Ganglia	10/21/2015	\$2,500.00
MEDSTAR WASHINGTON HOSPITAL CENTER	Lung Cancer 2015: A Shifting Management Paradigm with	10/22/2015	\$3,000.00
NATIONAL QUALITY FORUM	NQF Measure Incubator	10/22/2015	\$100,000.00
GORDON RESEARCH CONFERENCES	2016 Gordon Research Conference on Heterocyclic Compounds	10/26/2015	\$2,500.00

Appendix A—Continued

Organization	Program Title	Date	Amount
AMERICAN HEART ASSOCIATION, INC.	Scientific Sessions 2015 Dedicated Track on Acute Coronary Syndrome: Current and Emerging Interventions and Future Directions	10/26/2015	\$30,000.00
INOVA HEALTH CARE SERVICES	Inova Heart and Vascular Institute 2016 Interventional Cardiology Symposium	11/03/2015	\$15,000.00
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS	17th Annual Intensive Course on Diabetes, Endocrinology, and Metabolic Diseases	11/04/2015	\$20,000.00
WORLDWIDE INITIATIVE FOR DIABETES EDUCATION	Novel Therapies in Type 2 Diabetes Mellitus	11/05/2015	\$77,050.00
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS	AACE/ACE Comprehensive Diabetes Algorithm 2015 Mobile App	11/05/2015	\$79,500.00
GORDON RESEARCH CONFERENCE	GRC Mutagenesis meeting 2016	11/05/2015	\$3,500.00
ONCOLOGY NURSING SOCIETY	InPractice Oncology Nursing	11/09/2015	\$49,000.00
PARTNERS HEALTHCARE SYSTEM INC.	World Medical Innovation Forum	11/22/2015	\$50,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR–IASLC Joint Conference on the Molecular Origins of Lung Cancer	11/22/2015	\$25,000.00
PREVENTIVE CARDIOVASCULAR NURSES ASSOCIATION	Cardiovascular Risk Reduction: Leading the Way in Prevention (22nd Annual Symposium)	11/22/2015	\$10,000.00
NATIONAL LIPID ASSOCIATION	National Lipid Association 2016 Lipid Academy Course Series	11/22/2015	\$15,000.00
NATIONAL LIPID ASSOCIATION	National Lipid Association 2016 Masters in Lipidology Course Series	11/22/2015	\$15,000.00
THE DEUEL CONFERENCE ON LIPIDS	The 2016 Deuel Conference on Lipids	11/24/2015	\$20,000.00
AMERICAN PHARMACISTS ASSOCIATION	APhA2016 Respiratory Update: Guidelines, Novel Inhalers and More	11/25/2015	\$11,500.00
REGENTS OF THE UNIVERSITY OF CALIFORNIA	2016 World Congress on Continuing Professional Development: Advancing Learning and Care in the Health Professions	12/01/2015	\$10,000.00
NASPGHAN FOUNDATION	Appropriate Use of Proton Pump Inhibitors in the Treatment of Pediatric Patients with GERD	12/01/2015	\$185,000.00
TRUSTEES OF BOSTON UNIVERSITY	A COPD Quality Improvement Consortium	12/01/2015	\$139,644.64
FOUNDATION FOR GYNECOLOGIC ONCOLOGY	Evolution and Revolution of PARP Targeting in Gynecologic Malignancies	12/03/2015	\$200,000.00
AMERICAN FEDERATION FOR MEDICAL RESEARCH	2016 Western Regional Meeting	12/03/2015	\$5,000.00
UNIVERSITY OF WASHINGTON	University of Washington Allergy and Immunology Fellowship	12/06/2015	\$19,942.22
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	NCCN 2016 Congress Series: Breast Cancer	12/09/2015	\$25,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
AMERICAN SOCIETY FOR RADIATION ONCOLOGY	2016 Multidisciplinary Head and Neck Cancer Symposium	12/10/2015	\$10,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	NCCN 21st Annual Conference General Session: Advancing the Standard of Cancer Care™	12/10/2015	\$75,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR Annual Meeting—2016	12/10/2015	\$125,000.00
AMERICAN FEDERATION FOR MEDICAL RESEARCH	2016 Southern Regional Meeting	12/10/2015	\$5,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	NCCN 2016 Nursing Program: Advancing Oncology Nursing at the NCCN 21st Annual Conference	12/13/2015	\$25,000.00
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER	16th Targeted Therapy meeting on Lung Cancer	12/13/2015	\$82,500.00
AMERICAN GASTROENTEROLOGICAL ASSOCIATION	Opioid-Induced Constipation: Recognition and Optimal Management	12/13/2015	\$192,601.00
KANAWHA COUNTY EMERGENCY AMBULANCE AUTHORITY	Mobile Integrated Health Program: Emphasis on Community Paramedicine	12/14/2015	\$50,000.00
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER	PDL1 Atlas	12/14/2015	\$120,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2016 Conquer Cancer Foundation of the American Society of Clinical Oncology Mission Endowment	12/15/2015	\$500,000.00
CATAMOUNT MEDICAL EDUCATION, LLC	PatientGPS : Clinical Paths in the Management of Patients with COPD	12/16/2015	\$74,841.86
AMERICAN PHARMACISTS ASSOCIATION	APhA 2016 Hot Topics in Dyslipidemia	12/16/2015	\$20,000.00
THE SCRIPPS RESEARCH INSTITUTE	27th Annual Frontiers in Chemistry Symposium at The Scripps Research Institute	12/16/2015	\$1,500.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	Behind the Guidelines: Insights into the Standard of Care in Oncology 2016	12/17/2015	\$10,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	NCCN 2016 Oncology Fellows Program: New Horizons in Quality Cancer Care at the NCCN 21st Annual Conference	12/17/2015	\$25,000.00
NATIONAL LIPID ASSOCIATION	National Lipid Association 2016 Scientific Meeting Series	12/17/2015	\$30,000.00
PEDIATRIC INFECTIOUS DISEASES SOCIETY EDUCATION AND RESEARCH FOUNDATION (PIDSERF)	Pediatric Infectious Diseases Society Fellowship Awards Program	12/20/2015	\$55,000.00
THE VANDERBILT UNIVERSITY	Cardiology 2016: Advances in Science and Practice	12/20/2015	\$5,000.00
FOUNDATION FOR CONTINUING EDUCATION IN THE HEALTH PROFESSIONS	Quality Improvement Education (QIE) Initiative National Training and Education	12/22/2015	\$20,000.00
MARYLAND SOCIETY FOR THE RHEUMATIC DISEASES	Update on Gout and Pseudogout	01/04/2016	\$1,625.00

Appendix A—Continued

Organization	Program Title	Date	Amount
THE GOG FOUNDATION	5th Semi Annual Meeting of NRG Oncology (formerly GOG, NSABP,RTOG)	01/05/2016	\$20,000.00
CEDARS-SINAI MEDICAL CENTER	The James R. Klinenberg, MD Symposium on Rheumatic Diseases: Hot Topics in Rheumatology	01/05/2016	\$5,000.00
LUNGEVITY FOUNDATION	LUNgevity Foundation Scientific and Clinical Research Roundtable	01/06/2016	\$25,000.00
CARDIOVASCULAR RESEARCH FOUNDATION	Chronic Total Occlusion Summit 2016	01/07/2016	\$10,000.00
LUMEN FOUNDATION	Lumen Global 2016	01/10/2016	\$35,000.00
CARDIOVASCULAR RESEARCH FOUNDATION	St. Francis Imaging Course 2016	01/10/2016	\$5,000.00
AMERICAN HEART ASSOCIATION, INC.	Epidemiology and Prevention—Lifestyle and Cardiometabolic Health 2016 Scientific Sessions	01/12/2016	\$10,000.00
CLEVELAND CLINIC EDUCATIONAL FOUNDATION	Beyond Revascularization for CLI-The Role of Pharmacotherapy Satellite Symposium	01/14/2016	\$22,696.65
CARDIOVASCULAR INSTITUTE OF PHILADELPHIA	CVIs 4th Annual Interventional Cardiovascular Medicine: The Crossroads of Interventional and Clinical Cardiology	01/14/2016	\$2,500.00
UNIVERSITY OF TENNESSEE COLLEGE OF PHARMACY	Testing to Target in Non-Small Cell Lung Cancer: Managed Care Perspectives	01/19/2016	\$288,885.00
SOCIETY FOR VASCULAR MEDICINE	Society for Vascular Medicine 27th Annual Scientific Sessions	01/20/2016	\$20,000.00
OHIOHEALTH	1st Bi-Annual OhioHealth Acute Cardiovascular Care Conference	01/20/2016	\$2,500.00
SOCIETY FOR IMMUNOTHERAPY OF CANCER	Immunotherapy of Cancer for the Workshop on Biomarkers	01/24/2016	\$40,000.00
NORTHEAST GEORGIA MEDICAL CENTER INC.	8th Annual Northeast Georgia Regional STEMI Summit	01/25/2016	\$2,500.00
CALIFORNIA THORACIC SOCIETY	COPD: A TEAM APPROACH	01/26/2016	\$5,000.00
CARDIOVASCULAR RESEARCH FOUNDATION	Issues with DAPT: A case-based guide to optimal antiplatelet therapies	01/28/2016	\$50,000.00
GASTROINTESTINAL AND LIVER ASSOCIATION OF THE AMERICAS INC.	The 2016 US GI and Liver Association of the Americas (GALA) Conference Series	01/28/2016	\$16,000.00
GORDON RESEARCH CONFERENCES	2016 Lipoprotein Metabolism Gordon Research Conference and Gordon Research Seminar	01/28/2016	\$5,000.00
AMERICAN ACADEMY OF PAIN MEDICINE	AAPM 32nd Annual Meeting 2016	01/31/2016	\$25,000.00
DUKE UNIVERSITY	DCRI Evidence to Practice Series: Interventional Cardiology	02/01/2016	\$10,000.00
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION	ACCs 65th Annual Scientific Session (ACC.16) Acute Coronary Syndromes Clinical Learning Pathway	02/01/2016	\$50,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
REGENTS OF THE UNIVERSITY OF CALIFORNIA	LIPID MAPS Meeting: Lipidomics Impact on Metabolic, Cancer, Cardiovascular and Inflammatory Diseases	02/01/2016	\$5,000.00
SCOTTSDALE HEALTHCARE FOUNDATION	2016 Scottsdale Interventional Forum (SIF 2016)	02/02/2016	\$2,500.00
UNIVERSITY OF FLORIDA	Vascular Biology Working Group U.S. Chapter Meeting	02/02/2016	\$15,000.00
EMORY UNIVERSITY	EPIC SEC Emory Practical Intervention Course—Southeast Consortium	02/03/2016	\$20,000.00
THE ENDOCRINE SOCIETY	DMS 2016: Initiating the Conversation: Sharing Perspectives on Advances in T2DM Treatment to Improve Patient-Centered Care	02/07/2016	\$235,318.22
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2016 ASCO Annual Meeting Lung Cancer Track	02/07/2016	\$56,000.00
SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS FOUNDATION	SCAI 2016 Scientific Sessions	02/14/2016	\$25,000.00
SOCIETY OF HOSPITAL MEDICINE	Hospital Medicine 2016	02/14/2016	\$15,000.00
AMERICAN HEAD AND NECK SOCIETY	American Head and Neck Society 9th International Conference on Head and Neck Cancer	02/17/2016	\$50,000.00
GLOBAL EDUCATION GROUP	Clinical Issues in Type 2 Diabetes: Consensus and Controversies Around Intensifying Noninsulin Therapy.	02/18/2016	\$411,613.00
NYU POST-GRADUATE MEDICAL SCHOOL	Seminar in Advanced Rheumatology	03/01/2016	\$5,000.00
NEW MEXICO THORACIC SOCIETY	44th Annual New Mexico Lung Disease Symposium—50 Shades of Blue	03/01/2016	\$5,000.00
MEDSTAR WASHINGTON HOSPITAL CENTER	14th International Congress on Targeted Anticancer Therapies	03/01/2016	\$10,000.00
FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY	FASEB Conference on Genome Engineering Cutting-Edge Research and Application	03/01/2016	\$6,000.00
DIVISION OF MEDICINAL CHEMISTRY	Division of Medicinal Chemistry Program 251st ACS National Meeting	03/01/2016	\$2,500.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS, INC.	Personalizing Therapy for Improved Patient Outcomes in the Management of Advanced Non Small-Cell Lung Cancer (NSCLC)	03/01/2016	\$35,000.00
THE AMERICAN THORACIC SOCIETY	ATS 2016 International Conference—Selected Topics in Lung Cancer	03/01/2016	\$20,000.00
THE ASSOCIATION FOR FRONOTOTEMPORAL DEGENERATION	Building an Infrastructure to Support FTLD Therapeutic Development	03/01/2016	\$2,500.00
WASHINGTON ACADEMY OF PHYSICIAN ASSISTANTS	27th Annual Recertification Review Course and Spring Conference	03/01/2016	\$1,750.00

Appendix A—Continued

Organization	Program Title	Date	Amount
ONCOLOGY NURSING SOCIETY	41st Annual Oncology Nursing Society Congress and Pharmacology Highlights regional program	03/01/2016	\$35,000.00
GORDON RESEARCH CONFERENCES	Chemical Approaches for Unraveling Biology	03/01/2016	\$2,500.00
GORDON RESEARCH CONFERENCE	Medicinal Chemistry Gordon Research Conference	03/01/2016	\$3,000.00
NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS	2016 Charitable Health Care Symposium	03/01/2016	\$30,000.00
THE HOPE FOUNDATION	2016 SWOG Group Meetings	03/01/2016	\$10,000.00
HEMATOLOGY/ONCOLOGY PHARMACY ASSOCIATION	2016 Hematology/Oncology PHarmacy Association	03/01/2016	\$25,000.00
MEDICAL LEARNING INSTITUTE INC.	New Developments in the Treatment of COPD: Updates From San Francisco (150203884)	03/03/2016	\$65,763.00
AMERICAN NEUROGASTROENTEROLOGY AND MOTILITY SOCIETY	11th Postgraduate Course on GI Motility and Neurogastroenterology in Clinical Practice	03/03/2016	\$10,000.00
AMERICAN ACADEMY OF PHYSICIAN ASSISTANT	AAPA Conference 2016—Allergy/Immunology and Pulmonology Track	03/03/2016	\$5,000.00
GORDON RESEARCH CONFERENCE	Gordon Research Conference on Cyclic Nucleotide Phosphodiesterases: Mechanisms of PDE Nano-Domain Control and Impacts on Disease	03/07/2016	\$3,000.00
AMERICAN THORACIC SOCIETY	ATS 2016 International Conference—Selected Topics in COPD	03/07/2016	\$70,000.00
MASSACHUSETTS GENERAL HOSPITAL	CoNNCT Workshop (Collaborative Novel-Novel Cancer Therapies)	03/07/2016	\$2,000.00
COLLEGIUM INTERNATIONALE ALLERGOLOGICUM	31st Symposium of the Collegium Internationale Allergologicum	03/08/2016	\$10,000.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS	Improving Outcomes in the Management and Treatment of Asthma	03/08/2016	\$25,000.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS	Identifying New Strategies to Optimize the Management and Treatment of COPD	03/08/2016	\$25,000.00
NORTHEASTERN SECTION OF THE AMERICAN CHEMICAL SOCIETY, INC.	NESACS Advances in Chemical Sciences Symposium	03/08/2016	\$1,500.00
AMERICAN THORACIC SOCIETY INC.	ATS 2016 International Conference—Selected Topics in Asthma	03/08/2016	\$30,000.00
YALE UNIVERSITY	4th Annual Yale COPD Symposium	03/08/2016	\$15,000.00
FLORIDA ALLERGY, ASTHMA AND IMMUNOLOGY SOCIETY	Florida Allergy, Asthma and Immunology Society 2016 Annual CME Conference	03/14/2016	\$15,000.00
UNIVERSITY OF CONNECTICUT	Keep your patients "moving"—An Overview of Treatment Options for Constipation	03/14/2016	\$25,000.00

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Organization	Program Title	Date	Amount
UHS PROFESSIONAL EDUCATIONAL PROGRAMS, INC.	32nd Annual Congress of Clinical Rheumatology	03/14/2016	\$10,000.00
NATIONAL KIDNEY FOUNDATION	CKD-Related Anemia and Cardiovascular Risk	03/17/2016	\$100,050.00
UHS-PROFESSIONAL EDUCATION PROGRAMS INC.	1st Annual Advances in Pain Care	03/23/2016	\$5,000.00
GORDON RESEARCH CONFERENCE	Gordon Research Conference on Cyclic Nucleotide Phosphodiesterases: Mechanisms of PDE Nano-Domain Control and Impacts on Disease	03/23/2016	\$1,000.00
OUHSC COLLEGE OF MEDICINE OFFICE OF CPD	19th Annual Primary Care Update	03/24/2016	\$1,500.00
TENNESSEE ACADEMY OF PHYSICIAN ASSISTANTS	Spring Fling 2016—Asthma and COPD	03/27/2016	\$3,000.00
AMERICAN THORACIC SOCIETY INC.	ATS 2016 International Conference—Fellow Track Symposium	03/28/2016	\$10,000.00
COLORADO ALLERGY AND ASTHMA SOCIETY	Biologics in the Treatment of Respiratory Disease	03/29/2016	\$3,000.00
BOARD OF REGENTS FOR UNIVERSITY OF NEBRASKA	Updates in Rheumatology: Gout and Hyperuricemia	03/29/2016	\$10,000.00
CANCER RESEARCH INSTITUTE	2016 International Cancer Immunotherapy Conference	04/06/2016	\$50,000.00
AMERICAN PAIN SOCIETY	2016 Pain Care for Primary Care	04/07/2016	\$10,000.00
ALZHEIMER'S ASSOCIATION	2016 Alzheimer's Association Research Roundtable	04/10/2016	\$50,000.00
CANCER MOLECULAR THERAPEUTICS RESEARCH ASSOCIATION	Molecular Therapeutics of Cancer Conference 2016	04/10/2016	\$1,500.00
AMERICAN ASSOCIATION OF PHARMACEUTICAL SCIENTISTS	AAPS Sustaining Sponsorship	04/10/2016	\$50,000.00
DINORA INC.	Lupus 2016	04/10/2016	\$25,000.00
INTERNATIONAL SOCIETY OF PHARMACOMETRICS	American Conference on Pharmacometrics	04/10/2016	\$3,000.00
HOWARD UNIVERSITY HOSPITAL	11th Kenneth Austin Annual Rheumatology Symposium	04/11/2016	\$3,375.00
ECOG RESEARCH AND EDUCATION FOUNDATION	2016 ECOG-ACRIN Spring Group Meeting	04/11/2016	\$5,000.00
AMERICAN HEART ASSOCIATION, INC.	Arteriosclerosis, Thrombosis and Vascular Biology Peripheral Vascular Disease 2016	04/11/2016	\$15,000.00
AMERICAN UROLOGICAL ASSOCIATION EDUCATION and RESEARCH INC.	AUA2016 Highlights in Bladder Cancer	04/11/2016	\$25,000.00
NATIONAL KIDNEY FOUNDATION	National Kidney Foundation's Ninth Annual Mid-Atlantic First Year Renal Fellows Symposium	04/11/2016	\$5,000.00

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Organization	Program Title	Date	Amount
THOMAS JEFFERSON UNIVERSITY	5th Annual Palliative Care Spring Symposium	04/11/2016	\$3,000.00
COLUMBUS NCORP	2016 ASCO REVIEW	04/12/2016	\$2,000.00
ALZHEIMER'S ASSOCIATION	2016 Alzheimer's Association International Conference	04/12/2016	\$45,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK	2016–2017 Monthly Oncology Tumor Boards: A Multidisciplinary Approach to Individualized Patient Care	04/12/2016	\$49,008.06
WASHINGTON UNIVERSITY	Advances in Lung Cancer	04/13/2016	\$3,000.00
TRANSLATIONAL RESEARCH IN ONCOLOGY-US, INC.	TRIO-US and UCLA Annual Research Conference	04/14/2016	\$3,000.00
YALE UNIVERSITY	Yale ASCO Review 2016	04/17/2016	\$2,000.00
SOCIETY FOR IMMUNOTHERAPY OF CANCER	SITC 31st Annual Meeting	04/17/2016	\$300,000.00
SOCIETY FOR IMMUNOTHERAPY OF CANCER	2016 Primer on Tumor Immunology and Cancer Immunotherapy	04/17/2016	\$50,000.00
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER	IASLC Fellowship/Young Investigator Award	04/18/2016	\$43,000.00
AMERICAN SOCIETY FOR RADIATION ONCOLOGY	ASTRO 2016 58th Annual Meeting	04/18/2016	\$10,000.00
NORTHWESTERN UNIVERSITY	18th Annual Lynn Sage Breast Cancer Symposium	04/18/2016	\$10,000.00
AMERICAN COLLEGE OF CHEST PHYSICIANS	GAIN (EnGAging an Inter-Disciplinary Team for NSCLC Diagnosis, Personalized Assessment, and Treatment)	04/19/2016	\$500,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	11th Biennial Ovarian Cancer Research Symposium	04/21/2016	\$10,000.00
METABOLIC ENDOCRINE EDUCATION FOUNDATION	14th Annual World Congress on Insulin Resistance Diabetes and Cardiovascular Disease—WCIRDC	04/21/2016	\$75,000.00
C-CHANGE	Catalyzing Change in Big Data and Value in Cancer Care	04/24/2016	\$50,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2016 ASCO Pre-Annual Meeting Seminar: How to Integrate Tumor Immunotherapy into Your Clinical Practice	04/24/2016	\$5,000.00
UNIVERSITY OF FLORIDA FOUNDATION INC.	Southern Salt, Water, and Kidney Club 57th Annual Scientific Meeting	04/24/2016	\$3,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2016 Best of ASCO Meetings	04/24/2016	\$30,000.00
AMERICAN SOCIETY FOR PAIN MANAGEMENT NURSING	ASPMN 26th National Conference	04/24/2016	\$15,000.00
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO SOM	American Society of Clinical Oncology (ASCO) 2016 Review	04/24/2016	\$2,000.00

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Organization	Program Title	Date	Amount
CLEVELAND CLINIC EDUCATIONAL FOUNDATION	ASCO Review	04/25/2016	\$2,000.00
DUKE UNIVERSITY	15th Annual Southeastern Fellows Research Skills and Training Workshop	04/27/2016	\$10,000.00
CEDARS-SINAI MEDICAL CENTER	2nd Annual Acing the GI Board Exam: The Ultimate High-Speed Review Course	05/02/2016	\$5,000.00
AUGUSTA UNIVERSITY RESEARCH INSTITUTE, INC.	Harnessing the Body's Immune System to Treat Cancer: the Promise of Immunotherapy	05/03/2016	\$220,000.00
AMERICAN HEART ASSOCIATION, INC.	Scientific Sessions 2016 Dedicated Track on Acute Coronary Syndromes	05/03/2016	\$35,000.00
INTERNATIONAL SOCIETY OF NEPHROLOGY	ISN Global Kidney Health Summit	05/04/2016	\$30,000.00
NORTHEASTERN UNIVERSITY	Boston Symposium on Organic and Bio-organic Chemistry (BSOBC)	05/04/2016	\$2,500.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	11th Biennial Ovarian Cancer Research Symposium,	05/04/2016	\$15,000.00
WORLD ALLERGY ORGANIZATION	WAO International Scientific Conference 2016: Travel Grants	05/09/2016	\$30,000.00
THE GOG FOUNDATION	6th Semi Annual Meeting of NRG Oncology (formerly GOG, NSABP,RTOG)	05/10/2016	\$5,000.00
AMERICAN ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN (AAPI)	Cardiovascular Seminar	05/10/2016	\$5,000.00
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS	Cardiovascular Disease Track at ACEP 2016 Scientific Assembly	05/12/2016	\$20,000.00
AMERICAN SOCIETY OF NEPHROLOGY	Expanding the Therapeutic Armamentarium for Treatment of Anemia of Kidney Disease	05/15/2016	\$190,000.00
BLADDER CANCER ADVOCACY NETWORK	2016 Bladder Cancer Think Tank	05/15/2016	\$25,000.00
PREVENTIVE CARDIOVASCULAR NURSES ASSOCIATION	2016 PCNA Fall Learning Series: Diabetes and CVD: Managing Patients with High-Risk and Co-Morbid Conditions	05/16/2016	\$5,000.00
ASSOCIATION OF AMERICAN CANCER INSTITUTES	2016 AACI/CCAF Annual Meeting	05/18/2016	\$10,000.00
UNIVERSIDAD CENTRAL DEL CARIBE, INC.	Role of the Multidisciplinary Care Team in Personalizing Treatment for Non-Small Cell Lung Cancer: Addressing Tissue Acquisition, Diagnosis, and Perso	05/19/2016	\$2,000.00
THE LEUKEMIA AND LYMPHOMA SOCIETY, INC.	2016 Waldenstrom's Roadmap Symposium	05/24/2016	\$3,000.00
AMERICAN SOCIETY OF HEMATOLOGY	ASH Scholar Award	05/25/2016	\$50,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR Conference on Tumor Immunology and Immunotherapy	05/25/2016	\$35,000.00
SCRIPPS HEALTH	13th Annual Oncology Update	05/26/2016	\$2,000.00

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Organization	Program Title	Date	Amount
DANA FARBER CANCER INSTITUTE	International Workshop on Waldenströms macroglobulinemia and symposia on Multiple myeloma (IWM9)	06/02/2016	\$10,000.00
FRIENDS OF CANCER RESEARCH	2016 Friends of Cancer Research Programs	06/05/2016	\$100,000.00
PARTNERS HEALTHCARE SYSTEM, INC.	Massachusetts General Hospital Multidisciplinary Breast Rounds	06/08/2016	\$4,771.88
VIVA PHYSICIANS, INC.	VIVA 16: Vascular InterVentional Advances	06/12/2016	\$25,000.00
UNIVERSITY OF COLORADO DENVER, CENTER FOR WOMEN'S HEALTH HEALTH RESEARCH	Sex Differences Across the Lifespan: A Focus on Metabolism	06/16/2016	\$35,000.00
THE BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA	Immunotherapy: Transformation of Therapies for Blood Cancer a satellite symposium held in conjunction with the 2016 ASH Annual Meeting	06/20/2016	\$40,000.00
VIVA PHYSICIANS, INC.	The Blockbuster at VIVA 16	06/21/2016	\$69,100.00
AMERICAN COLLEGE OF CHEST PHYSICIANS	COPD Learning Track	06/22/2016	\$40,000.00
ENDOCRINE FELLOWS FOUNDATION	Third Annual Endocrine Fellows Foundation Research Meeting	06/23/2016	\$278,000.00
AMERICAN CANCER SOCIETY INC.	American Cancer Society Post-Doctoral Research Fellowship Program	06/30/2016	\$163,500.00
AMERICAN COLLEGE OF OSTEOPATHIC INTERNISTS, INC.	Breathing New Air into the Treatment of COPD and Asthma	07/03/2016	\$10,000.00
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO SCHOOL OF MEDICINE—OFFICE OF CME	39th Annual San Antonio Breast Cancer Symposium	07/03/2016	\$75,000.00
NATIONAL JEWISH HEALTH	Evaluation and Treatment of Severe Asthma: The Role of Biologic and Directed Therapies	07/04/2016	\$94,011.50
NATIONAL MEDICAL ASSOCIATION	Chronic Obstructive Pulmonary Disease Interdisciplinary Diagnostic and Treatment Symposium	07/04/2016	\$150,000.00
GORDON RESEARCH CONFERENCE	Gordon Research Seminar in Microbial Toxins and Pathogenesis	07/10/2016	\$1,440.00
AMERICAN ACADEMY OF ALLERGY, ASTHMA AND IMMUNOLOGY	34th Annual Aspen Allergy Conference	07/13/2016	\$5,200.00
GORDON RESEARCH CONFERENCE	2016 Protein Processing Trafficking and Secretion	07/13/2016	\$5,000.00
SOCIETY FOR IMMUNOTHERAPY OF CANCER	New Cancer Immunotherapy Agents in Development	07/14/2016	\$35,000.00
ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND	16th Annual SSCI Nephrology Young Investigators' Forum	07/14/2016	\$49,939.06
NEW YORK ACADEMY OF SCIENCES	Targeting Inflammation and Podocytopathy in Chronic Kidney Disease	07/18/2016	\$15,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
SOCIETY FOR IMMUNOTHERAPY OF CANCER	SITC 2016 Workshop on Challenges, Insights, and Future Directions for Mouse and Humanized Models in Cancer Immunology and Immunotherapy	07/19/2016	\$150,000.00
MASSACHUSETTS GENERAL HOSPITAL	31th Annual Critical Issues In Tumor Micro-environment: Angiogenesis, Metastasis and Immunology	07/21/2016	\$10,000.00
CARDIOVASCULAR RESEARCH FOUNDATION	Transcatheter Cardiovascular Therapeutics (TCT) 2016	07/21/2016	\$10,000.00
PEPTIDE THERAPEUTICS FOUNDATION	11th Annual Peptide Therapeutics Symposium	07/26/2016	\$15,000.00
AMERICAN SOCIETY OF NEPHROLOGY	ASN Kidney Week—CKD Learning Pathway Support	07/27/2016	\$20,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR DNA Repair: Tumor Development and Therapeutic Response	07/31/2016	\$25,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK INC.	NCCN 2016 Congress Series: Immunotherapies in Cancer	08/01/2016	\$50,000.00
CEDARS SINAI MEDICAL CENTER	Pancreatic Cancer Conference	08/03/2016	\$3,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK INC.	NCCN 2016 Congress Series: Utilizing Guidelines to Customize Patient Care in Non-Small Cell Lung Cancer	08/04/2016	\$25,000.00
AMERICAN COLLEGE OF ALLERGY, ASTHMA AND IMMUNOLOGY	Managing Severe Asthma in Adults and Children Workshop	08/04/2016	\$12,500.00
ILLINOIS ACADEMY OF FAMILY PHYSICIANS	Tenth Annual Family Medicine Chief Residents 2016 Summit: Intensifying Diabetes Management	08/07/2016	\$54,768.91
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	Advanced Non-Small Cell Lung Cancer Patient Management Simulator	08/10/2016	\$100,000.00
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS	AACE 2016 Balance of Evidence: Considering the Clinical Impact of Newer Antihyperglycemic Agents for the Treatment of Type 2 Diabetes	08/11/2016	\$233,374.80
HOUSTON METHODIST HOSPITAL	4th Annual Houston Methodist Cancer Symposium	08/11/2016	\$3,000.00
THE AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES	AASLD/EASL HBV Treatment Endpoints Workshop	08/14/2016	\$3,000.00
ASTHMA AND ALLERGY FOUNDATION OF AMERICA, ALASKA CHAPTER	Wheezin', Sneezin' and Itchin' in Alaska	08/15/2016	\$5,000.00
DANA-FARBER CANCER INSTITUTE INC.	Dana-Farber Cancer Institute's 12 th Annual Postdoctoral and Graduate Student Retreat	08/15/2016	\$2,500.00
GLOBAL VIRUS NETWORK INC.	3rd Annual Short Course for emerging leaders in Medical Virology of the Global Virus Network	08/16/2016	\$5,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
AMERICAN COLLEGE OF ALLERGY, ASTHMA AND IMMUNOLOGY	Eastern Pulmonary Conference 2016	08/21/2016	\$8,000.00
CURATORS OF THE UNIVERSITY OF MISSOURI	2017 Midwest Nephrology Fellows Research Day	08/25/2016	\$35,260.00
GORDON RESEARCH CONFERENCES	Mammalian DNA Repair Gordon Research Conference and Seminar	08/25/2016	\$2,000.00
NATIONAL JEWISH HEALTH	The 21st Annual Regional Allied Health Conference: Current Perspectives in Asthma, Allergy and Pulmonary Practice	08/28/2016	\$3,000.00
LUNGEVITY FOUNDATION	LUNGeVity Foundation Science and Clinical Research Roundtable, Part II	08/28/2016	\$25,000.00
REGENTS OF THE UNIVERSITY OF CALIFORNIA	14th Annual Nephrology Young Investigator's Forum	08/29/2016	\$49,509.01
UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION, INC.	18th Annual International Meeting of the Institute of Human Virology	09/01/2016	\$5,000.00
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER	IASLC 17th World Conference on Lung Cancer—International Mentorship Awards	09/04/2016	\$82,500.00
USF HEALTH PROFESSIONS CONFERENCING CORPORATION	Update in Allergy and Immunology 2016 Symposium and Rhinology Hands-On Workshop	09/07/2016	\$3,000.00
UNIVERSITY OF NEW MEXICO	Update and Review of Internal Medicine	09/07/2016	\$2,500.00
PRESIDENT AND FELLOWS OF HARVARD COLLEGE	GI Motility and Functional GI Disease: Evidence vs. Consensus	09/08/2016	\$1,500.00
AMERICAN COLLEGE OF TOXICOLOGY	ACT's 37th Annual Meeting	09/08/2016	\$5,000.00
PERSONALIZED MEDICINE COALITION	12th Annual Personalized Medicine Conference	09/11/2016	\$5,000.00
UNIVERSITY OF SOUTHERN CALIFORNIA	1st Annual Southern California Kidney Symposium: "Slowing the Progression of Kidney Disease: From Bench to Bedside"	09/13/2016	\$5,000.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS, INC.	Optimizing Outcomes in Advanced Non-Small Cell Lung Cancer (NSCLC): Integrating Novel Personalized Therapy into the Treatment Paradigm	09/21/2016	\$35,000.00
ANNENBERG CENTER FOR HEALTH SCIENCES AT EISENHOWER	2016 JADPRO Live at APSHO	09/22/2016	\$100,000.00
PARTNERS HEALTHCARE SYSTEM, INC.	Massachusetts General Hospital Multidisciplinary Breast Rounds 2016–2017	09/22/2016	\$5,000.00
UNIVERSITY OF FLORIDA	Vascular Biology Working Group Global Chapter Meeting	09/22/2016	\$7,800.00
JOHNS HOPKINS UNIVERSITY	Allergy Grand Rounds	09/25/2016	\$2,846.55
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR-AstraZeneca Fellowship in Ovarian Cancer Research	09/25/2016	\$126,500.00

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Organization	Program Title	Date	Amount
PHARMACY QUALITY ALLIANCE (PQA, INC.)	PQA Leadership Summit 2016 The I's Have It! Insights into Innovations, Integration and Implementation Strategies for Medication Use Measurement	09/25/2016	\$5,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK INC.	NCCN 2017 Congress Series : Breast Cancer with Updates from the 2016 San Antonio Breast Cancer Symposium	09/27/2016	\$25,000.00
THE SCRIPPS RESEARCH INSTITUTE	28th Annual Frontiers in Chemistry Symposium	09/27/2016	\$1,500.00
THE GOG FOUNDATION INC.	7th Semi Annual Meeting of NRG Oncology (formerly; GOG, NSABP, RTOG)	09/28/2016	\$20,000.00
INTERNATIONAL FEDERATION OF HEAD AND NECK ONCOLOGIC SOCIETIES	Global CME program of IFHNOS	09/28/2016	\$25,000.00
PARKER INSTITUTE FOR CANCER IMMUNOTHERAPY	PICI Cancer Immunotherapy Workshops	09/28/2016	\$30,000.00
SOCIEDAD PUERTORRIQUE A DE ENDOCRINOLOG A Y DIABETOLOGIA	Endocrinology Now and Then SPEDs 40th Anniversary	10/02/2016	\$5,000.00
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER	Cancer Genetics: Finding Meaning in Tumor and Germline Genomes	10/03/2016	\$5,000.00
NATIONAL KIDNEY FOUNDATION	12th Annual National Young Investigator's Forum	10/03/2016	\$50,000.00
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER	The Fourth International Conference on Cancer and the Heart	10/05/2016	\$5,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR Translational Control of Cancer: A New Frontier in Cancer Biology and Therapy	10/05/2016	\$25,000.00
METABOLIC ENDOCRINE EDUCATION FOUNDATION	14th Annual World Congress on Insulin Resistance Diabetes and Cardiovascular Disease (WCIRDC)	10/05/2016	\$25,000.00
CEDARS-SINAI MEDICAL CENTER	5th Annual New Therapeutics in Oncology: The Road to Personalized Medicine	10/06/2016	\$5,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK INC.	Behind the Guidelines: Insights into the Standard of Care in Oncology 2017	10/06/2016	\$25,000.00
NATIONAL KIDNEY FOUNDATION INC.	Chronic Kidney Disease and Cardiovascular Disease: Best Practices to Improve Outcomes	10/06/2016	\$139,980.00
ECOG RESEARCH AND EDUCATION FOUNDATION, INC.	Fall 2016 ECOG-ACRIN Group Meeting	10/09/2016	\$5,000.00
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER	IASLC 17th World Conference on Lung Cancer	10/09/2016	\$170,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2017 Conquer Cancer Foundation of ASCO Merit Awards	10/10/2016	\$40,000.00
PARTERS HEALTHCARE SYSTEM, INC.	Massachusetts General Hospital Cancer Center Grand Rounds	10/10/2016	\$5,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
UNIVERSIDAD CENTRAL DEL CARIBE, INC.	Redefining Cancer Treatment Paradigms in Non-Small Cell Lung Cancer	10/11/2016	\$5,000.00
RUSH UNIVERSITY MEDICAL CENTER	Expert Insights and Key Nursing Considerations: Treating and Caring for Patients with Lung Cancer	10/18/2016	\$5,000.00
GLOBAL EDUCATION GROUP	GOLD COPD: Continuum of Care	10/18/2016	\$75,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK	NCCN 22nd Annual Conference: Improving the Quality, Effectiveness, and Efficiency of Cancer Care™	10/18/2016	\$100,000.00
SOCIETY FOR TRANSLATIONAL ONCOLOGY	2016 Chabner Colloquium: Answering the Big Questions in Cancer Research	10/19/2016	\$10,000.00
HEMATOLOGY ONCOLOGY PHARMACY ASSOCIATION	2017 Hematology Oncology Pharmacy Association q	10/26/2016	\$27,500.00
INTERNATIONAL EOSINOPHIL SOCIETY, INC.	10th Biennial Symposium	10/27/2016	\$10,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2017 ASCO-SITC Clinical Immuno-Oncology Symposium Proceedings	11/03/2016	\$13,750.00
MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL	LUNG CANCER 2016: Progress and Future Directions	11/03/2016	\$5,000.00
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS INC.	18th Annual Intensive Course on Diabetes, Endocrinology, and Metabolic Diseases	11/03/2016	\$15,000.00
GORDON RESEARCH CONFERENCES	Mammalian DNA Repair Gordon Research Conference and Seminar	11/03/2016	\$3,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR-AstraZeneca Fellowships in Lung Cancer Research	11/08/2016	\$73,238.00
PENN STATE UNIVERSITY	Cases from the Community: Investigator Perspectives on Emerging Research and Patients with Advanced Prostate Cancer: A 2017 GU Cancers Symposium ISS	11/08/2016	\$30,000.00
KEYSTONE SYMPOSIA ON MOLECULAR AND CELLULAR BIOLOGY	Genomic Instability and DNA Repair	11/08/2016	\$5,000.00
RENAL PHYSICIANS ASSOCIATION	RPA 2017 Annual Meeting	11/10/2016	\$25,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR-AstraZeneca Fellowships in Immunoncology Research	11/13/2016	\$253,000.00
WINGATE UNIVERSITY SCHOOL OF PHARMACY	AmCare Pharmacy Forum of North Carolina	11/21/2016	\$500.00
SOCIETY FOR NEURO-ONCOLOGY	21st Annual Meeting of the Society for Neuro-Oncology	11/28/2016	\$26,000.00
LYMPHOMA RESEARCH FOUNDATION	Lymphoma Research Foundation Postdoctoral Fellowship Grant Program	12/01/2016	\$105,000.00
UNIVERSITY OF NEBRASKA MEDICAL CENTER	PARP Inhibition in Ovarian Cancer: Integrating Basic Science, Clinical Data, and the Patient Voice to Enhance Care	12/01/2016	\$45,000.00
KEYSTONE SYMPOSIA	2017 Keystone Symposia Directors' Fund	12/01/2016	\$25,000.00

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Organization	Program Title	Date	Amount
BOSTON UNIVERSITY SCHOOL OF MEDICINE—OFFICE OF CME	Are You Asking the Question? Strategies for Engaging the Patient in the Diagnosis and Management of Opioid-Induced Constipation	12/04/2016	\$149,275.00
GLOBAL EDUCATION GROUP	Comprehensive Pain Management in Palliative Care: Relieving the Burden of Opioid-Induced Constipation	12/04/2016	\$324,107.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2017 Conquer Cancer Foundation of the American Society of Clinical Oncology Mission Endowment	12/04/2016	\$500,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR Annual Meeting- 2017	12/04/2016	\$150,000.00
SOCIETY OF GYNECOLOGIC ONCOLOGY	Clinical Management of New Biologics and Immunotherapies in Gynecologic Oncology	12/04/2016	\$50,000.00
SOCIETY OF GYNECOLOGIC ONCOLOGY	Genetic Counseling in Gynecologic Oncology: What Advanced Practitioners Need to Know	12/04/2016	\$210,575.00
JOHNS HOPKINS DIVISION OF NEPHROLOGY	Mid-Atlantic Nephrology Young Investigators Forum	12/04/2016	\$50,000.00
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER	EGFR Atlas	12/04/2016	\$380,000.00
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER	2017 IASLC WCLC Association-Satellite Fee	12/04/2016	\$150,000.00
FRIENDS OF CANCER RESEARCH	2017 Friends of Cancer Research Programs	12/04/2016	\$100,000.00
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER	2017 Oncologic Emergency Medicine Conference	12/06/2016	\$5,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2017 Genitourinary (GU) Cancers Symposium: Translating Research to Value-Based and Patient-Centric Care	12/08/2016	\$50,000.00
ALZHEIMER'S ASSOCIATION	2017 Alzheimer's Association Research Roundtable	12/08/2016	\$50,000.00
ALZHEIMER'S ASSOCIATION	2017 Alzheimer's Association International Conference	12/08/2016	\$45,000.00
CANCER RESEARCH INSTITUTE	Cancer Research Institute's Irvington Postdoctoral Fellowship Program	12/11/2016	\$50,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2017 ASCO-SITC Clinical Immuno-Oncology Symposium	12/11/2016	\$60,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	NCCN 11th Annual Congress: Hematologic Malignancies™	12/12/2016	\$15,000.00
INTERNATIONAL SOCIETY OF NEPHROLOGY	ISN World Congress of Nephrology 2017—WCN 2017	12/12/2016	\$130,000.00
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS	AACE 26th Annual Scientific & Clinical Congress—Diabetes Session	12/12/2016	\$50,000.00

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Organization	Program Title	Date	Amount
NATIONAL KIDNEY FOUNDATION INC.	National Kidney Foundation s Tenth Annual Mid-Atlantic First Year Renal Fellows Symposium	12/12/2016	\$5,000.00
THE ENDOCRINE SOCIETY	Diabetes Masters Series 2017: Negotiating the Therapeutic Terrain: Steps to Identifying Individualized Treatment Approaches for Patients With T2DM	12/13/2016	\$50,000.00
REGENTS OF THE UNIVERSITY OF CALIFORNIA	Making the Connection between Patients and Providers: A Modern Approach to the Treatment of Type 1 and Type 2 Diabetes	12/14/2016	\$50,000.00
THE NEW YORK ACADEMY OF SCIENCES	Cancer Immunotherapy: Frontiers in Cancer Immunotherapy and Quantitative Approaches in Immuno-Oncology	12/14/2016	\$20,000.00
REGENTS OF THE UNIVERSITY OF CALIFORNIA LOS ANGELES	44th Annual Family Medicine Refresher Course"	12/19/2016	\$2,792.00
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY	Rutgers Pharmaceutical Industry Fellowship Program	12/19/2016	\$61,728.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2017 Conquer Cancer Foundation of ASCO Young Investigator Award (YIA)	12/21/2016	\$192,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	NCCN 2017 Oncology Fellows Program: New Horizons in Quality Cancer Care at the NCCN 22nd Annual Conference	12/21/2016	\$35,000.00
METABOLIC ENDOCRINE EDUCATION FOUNDATION	1st Annual Heart in Diabetes	12/21/2016	\$100,000.00
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER	IASLC 17th World Conference on Lung Cancer	12/21/2016	\$92,500.00
PRIMARY CARE EDUCATION CONSORTIUM	11th Annual Chief Residents Summit on Intensifying Diabetes Management	12/21/2016	\$50,000.00
AMERICAN NEPHROLOGY NURSES ASSOCIATION	ANNA 2017 National Symposium	12/21/2016	\$20,000.00
NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS	2017 Charitable Health Care Symposium	12/21/2016	\$30,000.00
AMERICAN SOCIETY OF NEPHROLOGY	ASN Kidney Week Educational Session Support	12/21/2016	\$37,500.00
AMERICAN SOCIETY OF NEPHROLOGY	ASN Kidney Week Early Program Support	12/21/2016	\$15,000.00
AMERICAN SOCIETY OF NEPHROLOGY	ASN Select Streamed Session Support	12/21/2016	\$20,000.00
AMERICAN UROLOGICAL ASSOCIATION EDUCATION AND RESEARCH INC.	Emerging Immunotherapeutic Agents for the Treatment of Bladder Cancer	12/27/2016	\$100,000.00
AMERICAN SOCIETY OF HEMATOLOGY	2016 American Society of Hematology Annual Meeting	01/04/2017	\$150,000.00
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY	Severe Asthma: Clinical Phenotypes and the Emerging Age of Personalized Therapy	01/04/2017	\$225,000.00

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Organization	Program Title	Date	Amount
TRUSTEES OF BOSTON UNIVERSITY	A Better Life for Your Severe Asthma Patients: Targeted Therapies for Fewer Exacerbations	01/05/2017	\$100,000.00
NATIONAL JEWISH HEALTH	Personalized Medicine in Severe Asthma: Applying Emerging Data and Treatments to Everyday Clinical Practice	01/06/2017	\$345,500.00
PARKER INSTITUTE FOR CANCER IMMUNOTHERAPY	Streamlining Toxicity Management Guidelines	01/18/2017	\$60,000.00
FLORIDA ALLERGY, ASTHMA AND IMMUNOLOGY SOCIETY	FAAIS 2017 Annual CME Conference	01/25/2017	\$20,000.00
NYU POST-GRADUATE MEDICAL SCHOOL	Asthma, Airways and Environment	01/26/2017	\$20,000.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS, INC.	Preventing Acute Exacerbations through Novel Insights in Treatment Strategies for COPD	01/29/2017	\$15,000.00
NATIONAL JEWISH HEALTH	39th Annual National Jewish Health Pulmonary and Allergy Update	01/29/2017	\$20,000.00
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER	Best of World Conference on Lung Cancer	01/29/2017	\$20,000.00
YALE UNIVERSITY	Severe Asthma 2016: A Personalized Approach To Treatment	02/01/2017	\$16,300.00
AMERICAN SOCIETY FOR RADIATION ONCOLOGY	2017 Multidisciplinary Thoracic Cancers Symposium	02/01/2017	\$50,000.00
NATIONAL MEDICAL ASSOCIATION	Implementing the New GOLD Guidelines: Interdisciplinary Management of Chronic Obstructive Pulmonary Disease as a Chronic Disease	02/01/2017	\$75,000.00
CARDIOVASCULAR INNOVATIONS FOUNDATION	Cardiovascular Innovations 2017	02/01/2017	\$25,000.00
AMERICAN THORACIC SOCIETY INC.	ATS 2017 International Conference—Selected Topics in COPD	02/01/2017	\$70,000.00
CARDIOVASCULAR RESEARCH FOUNDATION	23rd Annual Interventional Cardiology Fellows Course	02/01/2017	\$10,000.00
NATIONAL JEWISH HEALTH	13th Annual Respiratory Disease Young Investigators Forum	02/01/2017	\$283,830.79
WASHINGTON HOSPITAL CENTER CORPORATION	Cardiovascular Research Technologies	02/02/2017	\$30,000.00
CONNECTICUT PHARMACISTS ASSOCIATION	Breathe Easy: An Overview of Inhalers for the Management of Asthma and COPD	02/02/2017	\$2,000.00
AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS, INC.	AAPA 2017—Allergy/Immunology and Pulmonology Tracks	02/06/2017	\$7,500.00
NATIONAL COMPREHENSIVE CANCER NETWORK	Immuno-Oncology Therapeutics for Renal Cell Carcinoma and Bladder Cancer: Integrating the Latest Developments Into Clinical Practice	02/07/2017	\$75,000.00

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Organization	Program Title	Date	Amount
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR Annual Meeting—2017	02/09/2017	\$100,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2017 Conquer Cancer Foundation of ASCO Career Development Award	02/12/2017	\$253,000.00
NYU POST-GRADUATE MEDICAL SCHOOL	NYU Seminar in Advanced Rheumatology	02/13/2017	\$10,000.00
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO	Cardio Renal Connections—2nd Annual Cardio-Renal Conference 2017	02/14/2017	\$2,500.00
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA	Translational Research Cancer Centers Consortium	02/14/2017	\$2,500.00
AMERICAN HEAD AND NECK SOCIETY	AHNS 2017 Annual Meeting	02/14/2017	\$25,000.00
GORDON RESEARCH CONFERENCES	Gordon Research Conference on Drug Metabolism	02/15/2017	\$2,500.00
NATIONAL JEWISH HEALTH	COPD Now: Applying New Guidelines and Effective Strategies in Diagnosis, Treatment and Management to Everyday Practice	02/15/2017	\$199,618.33
HUMBOLDT-DEL NORTE CONSORTIUM FOR CME	COPD	02/15/2017	\$2,100.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2017 ASCO Annual Meeting Lung Cancer Track	02/15/2017	\$84,000.00
GORDON RESEARCH CONFERENCES	Model Systems, Emerging Technologies and Precision Medicine in Arrhythmia Research and Therapeutic Development	02/15/2017	\$5,000.00
ST. JOSEPH'S REGIONAL MEDICAL CENTER	Acute Coronary Syndrome	02/15/2017	\$4,200.00
AMERICAN CHEMICAL SOCIETY DIVISION OF MEDICINAL CHEMISTRY	Division of Medicinal Chemistry Program 253rd ACS National Meeting	02/16/2017	\$3,000.00
SOCIETY FOR IMMUNOTHERAPY OF CANCER	2017 Advances in Cancer Immunotherapy Series	02/16/2017	\$500,000.00
UNIVERSITY OF FLORIDA	Vascular Biology Working Group US Chapter Meeting	02/16/2017	\$5,000.00
CALIFORNIA ACADEMY OF PHYSICIAN ASSISTANTS	Addressing the Needs of the ACS Patient	02/16/2017	\$3,000.00
CARDIOVASCULAR RESEARCH FOUNDATION	DAPT Dilemmas: A Case-based Roundtable Tutorial	02/19/2017	\$10,000.00
INDIANA ACADEMY OF FAMILY PHYSICIANS	Managing Severe Asthma in the Family Physician's Office	02/19/2017	\$3,921.00
ANNENBERG CENTER FOR HEALTH SCIENCES AT EISENHOWER	The Emerging Role of Molecular Testing in an Era of Precision Medicine—NSCLC	02/19/2017	\$188,600.00
ANNENBERG CENTER FOR HEALTH SCIENCES AT EISENHOWER	The Emerging Role of Molecular Testing in an Era of Precision Medicine—Ovarian Cancer	02/19/2017	\$188,600.00

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Organization	Program Title	Date	Amount
SCRIPPS HEALTH	Scripps 37th Annual Conference: Clinical Hematology and Oncology 2017	02/20/2017	\$5,000.00
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION	The Great K Debate Continues: Updates and Controversies in Heart Failure Management	02/21/2017	\$100,000.00
GORDON RESEARCH CONFERENCES	2017 Gordon Conference on Medicinal Chemistry	02/22/2017	\$2,500.00
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER	17th Annual Targeted Therapies of lung Cancer Meeting	02/22/2017	\$33,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR-AHNS Head and Neck Cancer Conference:	02/22/2017	\$25,000.00
ASTHMA AND ALLERGY FOUNDATION OF AMERICA, ALASKA CHAPTER	Wheezin', Sneezin' and Itchin' in Alaska	02/22/2017	\$5,000.00
FASEB SCIENCE RESEARCH CONFERENCES	FASEB Autoimmunity	02/22/2017	\$5,000.00
FEDERATION OF CLINICAL IMMUNOLOGY SOCIETIES INC.	Federation of Clinical Immunology Societies Annual Meeting	02/23/2017	\$15,000.00
THE BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA	Biennial International Workshop on Chronic Lymphocytic Leukemia (XVII iwCLL 2017)	03/02/2017	\$50,000.00
NATIONAL KIDNEY FOUNDATION, INC.	Change in Albuminuria and GFR as End Points for Clinical Trials in Early Stages of Chronic Kidney Disease: A Scientific Workshop Sponsored by the National Kidney Foundation, European Medicines Agency and the US Food and Drug Administration	03/02/2017	\$50,000.00
AMERICAN RESPIRATORY CARE FOUNDATION	56th RESPIRATORY CARE Journal Conference Respiratory Medications for COPD and Adult Asthma: Pharmacologic Actions to Clinical Applications	03/05/2017	\$18,000.00
AMERICAN COLLEGE OF ALLERGY, ASTHMA AND IMMUNOLOGY	ACAAI member publication—AllergyWatch	03/05/2017	\$40,000.00
GORDON RESEARCH CONFERENCE	The Enduring Potential of Heterocycles as Synthetic Targets, Cellular Probes, and Drug Candidates	03/05/2017	\$2,500.00
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA	35th Carl M. Pearson Memorial Symposium Frontiers of Rheumatology	03/06/2017	\$10,000.00
GORDON RESEARCH CONFERENCES—STAPHYLOCOCCAL DISEASES	Staphylococcal Gordon Research Conference	03/06/2017	\$5,000.00
COLD SPRING HARBOR LABORATORY	Cell Death	03/07/2017	\$2,500.00
CEDARS-SINAI MEDICAL CENTER	Lupus: What's Next? Examining Mechanisms, Monitoring, and Medication Updates	03/08/2017	\$334,625.00
AMERICAN THORACIC SOCIETY	ATS 2017 Fellows Track Symposium	03/09/2017	\$20,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
BOSTON UNIVERSITY SCHOOL OF MEDICINE, CME	EFFECTIVE ASTHMA MANAGEMENT IN PRIMARY CARE: Severity Assessment, Guidelines, and New Therapy Options	03/11/2017	\$100,000.00
PENNSYLVANIA STATE UNIVERSITY	Innovations in Allergy, Asthma and Immunology Management	03/12/2017	\$2,500.00
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER (IASLC)	IASLC SCLC workshop	03/14/2017	\$25,000.00
TRUSTEES OF BOSTON UNIVERSITY	A Better Life for Your Severe Asthma Patients: Targeted Therapies for Fewer Exacerbations	03/14/2017	\$321,485.44
REGENTS OF THE UNIVERSITY OF MICHIGAN	Clostrpath 10 Support	03/16/2017	\$5,000.00
AMERICAN COLLEGE OF CHEST PHYSICIANS	Asthma Fellows Conference	03/20/2017	\$5,000.00
AMERICAN COLLEGE OF CHEST PHYSICIANS	Multidisciplinary Management Of Severe Asthma: It Takes A Village	03/20/2017	\$24,354.00
AMERICAN COLLEGE OF CHEST PHYSICIANS	Asthma Learning Track—CHEST 2017	03/21/2017	\$79,573.00
AMERICAN COLLEGE OF CHEST PHYSICIANS	COPD Learning Track	03/22/2017	\$73,765.00
THOMAS JEFFERSON UNIVERSITY	10th Annual Young Investigators Forum	03/26/2017	\$11,000.00
FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS INC.	Diagnoses and treatment for Acute coronary syndrome	03/27/2017	\$8,000.00
SOCIETY FOR IMMUNOTHERAPY OF CANCER	SITC's Toxicity Management Workshop	03/27/2017	\$50,000.00
HOUSTON METHODIST HOSPITAL	Cardiology for the Non-Cardiologist	03/27/2017	\$8,000.00
WEST PENN ALLEGHENY HEALTH SYSTEM INC.	Cardiovascular Medicine Update	03/28/2017	\$3,000.00
AMERICAN COLLEGE OF CARDIOLOGY PUERTO RICO CHAPTER	28th Annual Meeting of the ACC Puerto Rico Chapter	03/29/2017	\$5,000.00
HOWARD UNIVERSITY	The Kenneth Austin 12th Annual Rheumatology Symposium at Howard University Hospital	03/30/2017	\$2,500.00
AMERICAN RADIUM SOCIETY	99th Annual Meeting of the American Radium Society	04/02/2017	\$10,000.00
TENNESSEE ACADEMY OF PHYSICIAN ASSISTANTS	Spring Fling 2017: Optimizing Outcomes in Patients with Opioid Induced Constipation	04/03/2017	\$2,000.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS, INC.	Navigating a Complex Treatment Landscape in Advanced Non-Small Cell Lung Cancer (NSCLC): Individualizing Therapy for Improved Patient Outcomes	04/04/2017	\$35,000.00
MEDICAL LEARNING INSTITUTE INC.	Improving the Physical and Mental Well-Being of Patients With COPD: Integrating Pharmacotherapy With Pulmonary Rehabilitation and Self-Management	04/06/2017	\$149,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS INC.	UPDATES ABOUND! Latest and Greatest in Practical Application of Cardiovascular Outcomes for Diabetes Drugs	04/06/2017	\$374,606.00
GLOBAL EDUCATION GROUP	Overcoming Challenges in Cancer Pain Management: Engaging With Patients About Opioid-Induced Constipation	04/06/2017	\$289,267.50
AMERICAN ASSOCIATION OF PHARMACEUTICAL SCIENTISTS	AAPS Sustaining Sponsorship	04/09/2017	\$50,000.00
THE UNIVERSITY OF CHICAGO CENTER FOR CONTINUING MEDICAL EDUCATION	14th International Ultmann Chicago Lymphoma Symposium	04/10/2017	\$10,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR Hematologic Malignancies:	04/10/2017	\$25,000.00
THE HOPE FOUNDATION	2017 SWOG Group Meetings	04/11/2017	\$10,000.00
PREVENTIVE CARDIOVASCULAR NURSES ASSOCIATION	2017 PCNA Fall Regional Education Programs: Cardiometabolics: Focus on New Medications and Risk Reduction Benefits and Protection	04/11/2017	\$25,000.00
EMORY UNIVERSITY SCHOOL OF MEDICINE	Updates in the Management of Head and Neck Cancer	04/12/2017	\$5,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK INC.	NCCN 2017 Congress Series : Lung Cancer	04/16/2017	\$50,000.00
ONCOLOGY NURSING SOCIETY	42nd Annual ONS Congress and Oncology Updates Regional Meetings	04/16/2017	\$50,000.00
SWEDISH MEDICAL CENTER FOUNDATION	Annual Oncology Symposium: Innovations in Gynecologic Cancer Care—Prevention to Survivorship	04/16/2017	\$5,000.00
ANNENBERG CENTER FOR HEALTH SCIENCES AT EISENHOWER	Master Class for Oncologists—Breast Cancer Track	04/18/2017	\$10,000.00
ANNENBERG CENTER FOR HEALTH SCIENCES AT EISENHOWER	Master Class for Oncologist—Genitourinary Cancers Track	04/18/2017	\$10,000.00
ANNENBERG CENTER FOR HEALTH SCIENCES AT EISENHOWER	Oral Oncolytics Adherence Resource Center: An Educational Platform for Advanced Practitioners in Oncology	04/18/2017	\$50,000.00
BLADDER CANCER ADVOCACY NETWORK	2017 Bladder Cancer Think Tank	04/18/2017	\$35,000.00
SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS	SCAI 2017 Scientific Sessions	04/23/2017	\$50,000.00
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA	BRCA1, BRCA2 and Beyond: An Update on Hereditary Cancer	04/23/2017	\$20,000.00
CANCER MOLECULAR THERAPEUTICS RESEARCH ASSOCIATION	Molecular Therapeutics of Cancer Research Conference 2017	04/24/2017	\$2,000.00
YALE UNIVERSITY	2017 Lung SPORE Workshop	04/24/2017	\$30,000.00
ECOG RESEARCH AND EDUCATION FOUNDATION, INC.	ECOG-ACRIN Spring 2017 Group Meeting	04/24/2017	\$5,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
CLEVELAND CLINIC EDUCATIONAL FOUNDATION	Hormone Receptor-Positive Advanced Breast Cancer: Challenges and New Treatment Options	04/25/2017	\$20,111.61
INTERNATIONAL THYROID ONCOLOGY GROUP	2017 ITOG Annual Meeting	04/25/2017	\$5,000.00
COLUMBIA UNIVERSITY DEPARTMENT OF SURGERY	Breast Cancer Management 2017	04/25/2017	\$3,000.00
CLEVELAND CLINIC EDUCATIONAL FOUNDATION	2017 Cleveland Breast Cancer Summit: Collaborating For A Cure	04/26/2017	\$5,000.00
DUKE UNIVERSITY	16th Annual Southeastern Fellows Research Skills and Training Workshop	04/27/2017	\$10,000.00
YALE UNIVERSITY	Yale ASCO Review 2017	05/01/2017	\$5,000.00
MEDICAL LEARNING INSTITUTE INC.	Acute Management of Immune-Related Adverse Events in Cancer Patients Receiving Immunotherapies: Essential Guidance for Emergency Medicine Specialists	05/02/2017	\$573,560.00
AMERICAN COLLEGE OF ALLERGY, ASTHMA AND IMMUNOLOGY	EAC 2017 Update in Allergy, Asthma and Immunology	05/04/2017	\$10,000.00
METABOLIC ENDOCRINE EDUCATION FOUNDATION	The Real Deal: Translating Cardiovascular Outcomes Data into Best Practices in Type 2 Diabetes Management	05/07/2017	\$162,855.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	EACR-AACR-SIC Special Conference 2017: The Challenges of Optimizing Immuno- and Targeted Therapies	05/08/2017	\$50,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2017 Best of ASCO Meetings	05/09/2017	\$120,000.00
REGENTS OF THE UNIVERSITY OF CALIFORNIA	Making the Connection Between Patients and Providers—A Modern Approach to the Treatment of Type 1 and Type 2 Diabetes	05/10/2017	\$200,000.00
GORDON RESEARCH CONFERENCE	Gordon Research Conference: Hormone-Dependent Cancer: Functional Insight and Clinical Application	05/11/2017	\$1,500.00
CARDIOVASCULAR RESEARCH FOUNDATION	29th Annual Transcatheter Cardiovascular Therapeutics	05/14/2017	\$25,000.00
CARDIOVASCULAR RESEARCH FOUNDATION	DAPT and Triple Therapy: A Case-based Guide to Optimal Antiplatelet Therapies	05/14/2017	\$10,000.00
MINNESOTA PHARMACISTS ASSOCIATION	Treating Acute Coronary Syndrome (ACS)	05/15/2017	\$3,500.00
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	Live Symposium of Complex Coronary, Valvular and Vascular Cases	05/15/2017	\$5,000.00
AMERICAN ASSOCIATION OF CRITICAL CARE NURSES SEPA CHAPTER	Acute Coronary Syndrome New Guidelines and Therapeutic Options	05/17/2017	\$5,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
ANNENBERG CENTER FOR HEALTH SCIENCES AT EISENHOWER	Integration of Immunotherapy into the Treatment of Solid Tumors and Hematologic Malignancies: Considerations for Advanced Practitioners in Oncology	05/18/2017	\$50,000.00
ST. FRANCIS HOSPITAL	Contemporary Dilemmas in Anti Platelet Therapy	05/18/2017	\$3,300.00
MEMORIAL SLOAN KETTERING CANCER CENTER	2017 MSK Cardio-Oncology Symposium: Cardiovascular Health and Disease During and After Cancer Therapy—A Case Based Curriculum	05/18/2017	\$5,000.00
GORDON RESEARCH CONFERENCE	Gordon Research Seminar and Conference on Lung Development, Injury and Repair	05/18/2017	\$8,000.00
GORDON RESEARCH CONFERENCES	Next Generation Computer-Aided Medicine Design: Going Beyond Traditional Targets, Pathways, Modalities, Agents and Techniques	05/18/2017	\$2,000.00
REGENTS OF THE UNIVERSITY OF CALIFORNIA	13th Annual Biomarkers in Heart Failure and Acute Coronary Syndromes: Diagnosis, Treatment and Devices Symposium	05/19/2017	\$5,000.00
LUNGEVITY FOUNDATION	LUNGeVity Foundation Science and Clinical Research Roundtable	05/22/2017	\$40,000.00
PRESIDENT AND FELLOWS OF HARVARD COLLEGE	Breast Cancer: New Horizons, Current Controversies	05/22/2017	\$20,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK	2017–2018 Monthly Oncology Tumor Boards: A Multidisciplinary Approach to Individualized Patient Care	05/25/2017	\$50,000.00
AMERICAN LUNG ASSOCIATION IN MISSOURI	LungForce Expo	05/28/2017	\$1,000.00
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION	Cardiovascular Risk in Diabetes	06/03/2017	\$150,000.00
AMERICAN SOCIETY FOR RADIATION ONCOLOGY	ASTRO 2017 59th Annual Meeting	06/04/2017	\$25,000.00
THE GOG FOUNDATION, INC.	8th Semi Annual Meeting of NRG Oncology	06/04/2017	\$20,000.00
AMERICAN ACADEMY OF FAMILY PHYSICIANS	AAFP FMX 60-minute Interactive Lecture and 60-Minute Problem-Based Learning Workshop titled Acute Coronary Syndromes	06/04/2017	\$33,000.00
NORTHWESTERN UNIVERSITY	6th Annual Chicago Cardiovascular Symposium	06/04/2017	\$10,000.00
MERCY HOSPITAL FOUNDATION	Catholic Health 8th Annual Cardiovascular Symposium	06/04/2017	\$5,000.00
AMERICAN COLLEGE OF CHEST PHYSICIANS	Lung Cancer Learning Track	06/06/2017	\$50,000.00
SOCIETY FOR IMMUNOTHERAPY OF CANCER	2017 Primer on Tumor Immunology and Cancer Immunotherapy	06/06/2017	\$50,000.00
SOCIETY FOR IMMUNOTHERAPY OF CANCER	2017 Workshop on Single Cell Techniques in Immunology and Cancer Immunotherapy	06/07/2017	\$150,000.00

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Organization	Program Title	Date	Amount
SOCIETY FOR IMMUNOTHERAPY OF CANCER	2018 SITC-AstraZeneca Postdoctoral Cancer Immunotherapy in Combination Therapies Clinical Fellowship Award	06/07/2017	\$120,000.00
TRANSLATIONAL RESEARCH IN ONCOLOGY-US, INC.	TRIO-US AND UCLA Annual Research Conference	06/08/2017	\$5,000.00
ACS DIVISION OF MEDICINAL CHEMISTRY	Division of Medicinal Chemistry Program 254th ACS National Meeting	06/08/2017	\$2,000.00
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	53rd Annual Robert M. Jeresaty, M.D., Cardiovascular Symposium	06/11/2017	\$3,000.00
NYU POST-GRADUATE MEDICAL SCHOOL	Women and Cancer: From Screening to Survivorship	06/12/2017	\$5,000.00
PREVENTIVE CARDIOVASCULAR NURSES ASSOCIATION	Antiplatelet Therapy Post-ACS: Choosing the Right Therapy for the Right Duration	06/12/2017	\$10,000.00
PERSONALIZED MEDICINE COALITION	Turning the Tide Against Cancer Through Sustained Medical Innovation 2017 National Conference	06/13/2017	\$10,000.00
MEDICAL LEARNING INSTITUTE	The Present and the Future of Cancer Immunotherapy Biomarkers: Assessing Challenges, Opportunities, and Implications for pathologists (150204581)	06/13/2017	\$177,230.00
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS	ACEP17 Cardiovascular Track	06/13/2017	\$15,000.00
BINAYTARA FOUNDATION	5th International Conference on Advances in Hematology and Oncology (ICAOH 2017)	06/14/2017	\$5,000.00
NORTHWESTERN UNIVERSITY	19th Annual Lynn Sage Breast Cancer Symposium	06/14/2017	\$15,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR Special Conference on Tumor Immunology and Immunotherapy	06/14/2017	\$35,000.00
COPD FOUNDATION INC.	COPD10USA	06/14/2017	\$6,800.00
DUKE UNIVERSITY	Duke Heart Center General Cardiology Update—A Case-Based Review	06/15/2017	\$5,000.00
AMERICAN HEART ASSOCIATION	2017 TN M:L STEMI Conference	06/19/2017	\$10,000.00
THE TRANSVERSE MYELITIS ASSOCIATION	2017 Rare Neuro-immune Disorders Symposium	06/19/2017	\$5,000.00
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER	IASLC—Lung Cancer Education	06/19/2017	\$1,605,600.00
MEDICAL LEARNING INSTITUTE INC.	Acute Coronary Syndrome: Getting to the Heart of the Matter for Pharmacists	06/20/2017	\$125,000.00
USF HEALTH PROFESSIONS CONFERENCING CORPORATION	inPractice Oncology 2017–2018: Breast and Gynecologic Cancers Tracks	06/21/2017	\$30,000.00
USF HEALTH PROFESSIONS CONFERENCING CORPORATION	inPractice Oncology 2017 2018: Lung Cancer Track	06/21/2017	\$20,000.00

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Organization	Program Title	Date	Amount
GLOBAL EDUCATION GROUP, LTD.	The Role of Antiplatelet Therapy in the Short- and Long-term Management of Highrisk Patients with ACS	06/22/2017	\$10,000.00
FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY	FASEB Autoimmunity- Additional Funding for Grant #73697	06/22/2017	\$5,000.00
THE LEUKEMIA AND LYMPHOMA SOCIETY, INC.	Precision and emerging Medicine for Hematological Diseases	06/27/2017	\$25,000.00
ASSOCIATION OF ASTHMA EDUCATORS	Unraveling Current Asthma Challenges	06/27/2017	\$10,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK	NCCN 2017 Oncology Case Manager and Medical Director Program	06/27/2017	\$40,000.00
COPD FOUNDATION	PRAXIS and the COPD Readmissions Institute	06/27/2017	\$120,000.00
NATIONAL KIDNEY FOUNDATION, INC.	New Paradigms in the Treatment of Hyperkalemia	06/28/2017	\$158,250.00
AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS IN ALLERGY, ASTHMA AND IMMUNOLOGY	9th Allergy, Asthma and ENT CME	06/28/2017	\$5,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK	NCCN 2017 Congress Series : Biomarkers 101 (4 Live Webinars and 4 Enduring Webinars)	06/29/2017	\$25,000.00
ASSOCIATION OF PHYSICIAN ASSISTANTS IN ONCOLOGY INC.	Association of Physician Assistants in Oncology 20th Annual Conference	06/29/2017	\$10,000.00
AMERICAN COLLEGE OF ALLERGY, ASTHMA AND IMMUNOLOGY	TSAAI 2017 Annual Meeting	07/02/2017	\$3,000.00
FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS	Rashes, joints and ANA: 2017 Lupus update	07/02/2017	\$3,000.00
WEILL CORNELL MEDICINE	Emerging Immunological Themes in Oncology, Metabolism and Inflammation	08/01/2017	\$20,000.00
THE DIATRIBE FOUNDATION	Glycemic Outcomes Beyond A1c Consensus Conference	08/01/2017	\$25,000.00
THE BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA MEDICAL CENTER DBA UNMC CENTER FOR CONTINUING EDU	PARP Inhibitors: Their Role in the Treatment of Ovarian Cancer	08/02/2017	\$90,000.00
LUNGEVITY FOUNDATION	HCP Attitudes toward Re-biopsy of Lung Cancer Patients Project	08/03/2017	\$91,800.00
HEART FAILURE SOCIETY OF AMERICA INC.	Clinical Care Crossroads: Navigating the Intersection of Heart Failure and Diabetes	08/03/2017	\$150,000.00
AMERICAN ACADEMY OF ALLERGY ASTHMA AND IMMUNOLOGY	35th Annual Aspen Allergy Conference	08/03/2017	\$10,000.00
BIOCONDUCTOR FOUNDATION OF NA INC.	Bioconductor Conference 2017	08/03/2017	\$2,000.00

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Organization	Program Title	Date	Amount
MEDICAL LEARNING INSTITUTE, INC.	Orienteering on the Complex Treatment Landscape for EGFR-Mutant NSCLC: Latest Evidence to Guide Clinical Decisions in Everyday Community Practice	08/09/2017	\$795,250.00
THE ANGIOGENESIS FOUNDATION	xME: Targeted Therapy, Immunotherapy, and the Chronic Lymphocytic Leukemia Micro-environment	08/10/2017	\$15,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	NCCN 12th Annual Congress: Hematologic MalignanciesT	08/21/2017	\$75,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR-AstraZeneca Fellowships in Hematology-Oncology Research (Lymphoma)	08/21/2017	\$253,000.00
MEDICAL LEARNING INSTITUTE, INC.	PeerView Master Class and Practicum Live at IASLC 2017 CMSTO: New Options and Evolving Strategies for Hitting the Target in EGFR-Mutant NSCLC	08/21/2017	\$340,120.00
AMERICAN SOCIETY OF HEMATOLOGY	ASH Meeting on Hematologic Malignancies	08/22/2017	\$60,000.00
MEDICAL LEARNING INSTITUTE, INC.	Addressing Unmet Needs in Lung Cancer With Rational Immunotherapy-Based Approaches: Evidence and Practicalities (150204646)	08/22/2017	\$270,630.00
MEDICAL LEARNING INSTITUTE, INC.	Integrating Immunotherapy into a Multimodal Treatment Approach (150204726)	08/22/2017	\$304,174.00
ENDOCRINE FELLOWS FOUNDATION	Fourth Annual Endocrine Fellows Research Forum	08/23/2017	\$250,000.00
AMERICAN SOCIETY OF HEMATOLOGY	59th ASH Annual Meeting	08/24/2017	\$250,000.00
MAYO CLINIC ARIZONA	Acute and Chronic Leukemias 2017	08/31/2017	\$5,000.00
COLUMBIA UNIVERSITY DEPARTMENT OF SURGERY	Innovations in the Management of Lung Cancer: Immunotherapy, targeted therapies and minimally invasive techniques	08/31/2017	\$1,500.00
ANNEBERG CENTER FOR HEALTH SCIENCES AT EISENHOWER	JADPRO Live at APSHO 2017: Managing Side Effects of Cancer Patients Treated With Immunotherapy	08/31/2017	\$25,000.00
UNIVERSITY OF MARYLAND, SCHOOL OF MEDICINE	UPDATE: Thoracic Oncology 2017	08/31/2017	\$5,000.00
BAYLOR COLLEGE OF MEDICINE. BREAST CENTER	Breast Cancer Research and Education Program	09/03/2017	\$3,000.00
SOCIETY FOR IMMUNOTHERAPY OF CANCER	Grant Writing Workshop	09/03/2017	\$10,000.00
COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS AND SURGEONS, DEPT. OF SURGERY	2017 Gigi Shaw Arledge Conference on Pancreatic Disease	09/07/2017	\$3,500.00
LUPUS RESEARCH ALLIANCE, INC.	Lupus Research Alliance 2017 Annual Scientific Conference—Forum for Discovery	09/11/2017	\$25,000.00

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Organization	Program Title	Date	Amount
DANA FARBER CANCER INSTITUTE	Dana-Farber Cancer Institute's 13th Annual Postdoctoral and Graduate Student Retreat	09/13/2017	\$2,500.00
ASSOCIATION OF COMMUNITY CANCER CENTERS	The Evolving Role of the Oncology Pharmacist in the Management of Non-small Cell Lung Cancer	09/13/2017	\$20,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	Pharmacy Updates: A Webinar Series	09/14/2017	\$50,000.00
CINCINNATI CHILDREN'S	4th CURED EGID Research Conference and Patient Education Program	09/18/2017	\$5,000.00
JOHNS HOPKINS UNIVERSITY	OncologyConsults.com Integrating Immunotherapy into SCCHN Care: Implications for the Multidisciplinary Oncology Care Team	09/19/2017	\$10,000.00
PROSTATE CANCER FOUNDATION	24th Annual Scientific Retreat	09/19/2017	\$20,000.00
AMERICAN PANCREATIC ASSOCIATION, INC.	48th Annual Meeting of the American Pancreatic Association	09/19/2017	\$25,000.00
MAYO CLINIC ARIZONA	Mayo Clinic Cancer Center Thoracic Oncology Update State of the Art Evaluation and Management of Thoracic Cancers	09/20/2017	\$5,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK FOUNDATION (NCCN)	Behind the Guidelines: Insights into the Standard of Care in Oncology 2018	09/24/2017	\$25,000.00
FOUNDATION FOR HEART FAILURE INC.	21st Annual Heart Failure 2017-An Update on Therapy	09/25/2017	\$10,000.00
UNIVERSITY OF COLORADO/ CENTER FOR WOMEN'S HEALTH RESEARCH	Sex Differences across the Lifespan: A Focus on Metabolism	10/02/2017	\$30,000.00
LYMPHOMA RESEARCH FOUNDATION	Adherence and Oral Therapies in Lymphoma and CLL Workshop	10/02/2017	\$20,000.00
ECOG RESEARCH AND EDUCATION FOUNDATION, INC.	ECOG-ACRIN 2017 Fall Group Meeting	10/02/2017	\$15,000.00
SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS FOUNDATION	SCAI 2017 Interventional Cardiology Fellows Course	10/02/2017	\$35,000.00
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER	Emerging Therapies in Oncology From Phase I and Beyond	10/04/2017	\$5,000.00
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER	Best of 18th World Conference on Lung Cancer (WCLC)	10/05/2017	\$20,000.00
AMERICAN UROLOGICAL ASSOCIATION	Assessing the Educational Needs of Urologic Care Team in the area of Bladder Cancer and Immunotherapy	10/09/2017	\$75,000.00
COLORADO ALLERGY AND ASTHMA SOCIETY	CAAS October 2017 "State of the Art Approaches to Asthma Diagnosis and Treatment"	10/09/2017	\$3,343.10
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	Top Ten Advances in Clinical Cardiology	10/12/2017	\$5,000.00

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Organization	Program Title	Date	Amount
THE MASSACHUSETTS GENERAL HOSPITAL	Boston Angiogenesis Meeting	10/12/2017	\$4,000.00
AMERICAN SOCIETY OF NEPHROLOGY	Anemia in Kidney Diseases: Beyond the Usual Suspects	10/16/2017	\$155,550.00
REGENTS OF THE UNIVERSITY OF CALIFORNIA, UCSD OFFICE OF CME	Updates in Rheumatology 2017: Highlights from the ACR and EULAR Meetings	10/16/2017	\$5,000.00
FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS	Acute Coronary Syndrome	10/16/2017	\$7,500.00
NEBRASKA ACADEMY OF PHYSICIAN ASSISTANTS	Acute Coronary Syndrome: A Review of Diagnostic Criteria, and Treatment Options	10/16/2017	\$7,500.00
PEPTIDE THERAPEUTICS FOUNDATION	12th Annual Peptide Therapeutics Symposium	10/18/2017	\$15,000.00
KEYSTONE SYMPOSIA ON MOLECULAR AND CELLULAR BIOLOGY	Cancer Immunotherapy: Combinations	10/18/2017	\$15,000.00
THE PENNSYLVANIA STATE UNIVERSITY	Beyond the Guidelines: Investigator Perspectives on Current Clinical Issues and Ongoing Research in the Management of Advanced Prostate Cancer—An ISS Held as a Premium Ancillary Educational Event During the 2018 Genitourinary Cancers Symposium	10/24/2017	\$30,000.00
TRUSTEES OF TUFTS COLLEGE	2017 Tufts Cancer Symposium, Transforming Therapeutic Outcomes: Innovations in Cancer Modeling	10/26/2017	\$2,500.00
MEDSTAR GEORGETOWN MEDICAL CENTER INC.	Lung Cancer 2017: Progress and Future Directions	10/26/2017	\$7,500.00
AMERICAN COLLEGE OF TOXICOLOGY	American College of Toxicology 38th Annual Meeting, Symposium 6: Early Career Professionals' Forum: Current Topics in Toxicology	10/29/2017	\$5,000.00
SOCIETY FOR IMMUNOTHERAPY OF CANCER	SITC's connectED	11/01/2017	\$500,000.00
THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY	Stanford Review of the 59th Annual American Society of Hematology Meeting 2018	11/06/2017	\$5,000.00
UNIVERSITY OF CINCINNATI	Rheumatology Winter Clinical Symposium 2018 (RWCS 2018)	11/07/2017	\$15,000.00
UT HEALTH SAN ANTONIO (UTHSCSA)	40TH Annual San Antonio Breast Cancer Symposium	11/07/2017	\$75,000.00
THE GOG FOUNDATION INC.	9th Semi Annual Meeting of NRG Oncology	11/08/2017	\$20,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	NCCN AACR ASCO Stage III NSCLC Practical Application of Immune Checkpoint Inhibition After Chemoradiotherapy	11/08/2017	\$710,115.00
CANCER RESEARCH INSTITUTE	CRI Irvington Postdoctoral Fellowship Program	11/08/2017	\$50,000.00

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Organization	Program Title	Date	Amount
MID-ATLANTIC SECTION OF THE AMERICAN UROLOGICAL ASSOCIATION	2017 Society for Basic Urologic Research (SBUR) and European Society for Urological Research (ESUR) joint Fall Symposium	11/09/2017	\$10,000.00
WEST PENN ALLEGHENY HEALTH SYSTEM DBA ALLEGHENY GENERAL HOSPITAL	Twelfth Annual Nemacolin International Asthma Conference An Interactive Forum on Patient Care, Therapy, and Research	11/09/2017	\$8,000.00
UNIVERSITY OF CALIFORNIA BERKELEY FOUNDATION	Request for 2017 Funding for the Forum for Collaborative Research's Program on HBV	11/14/2017	\$5,000.00
AMERICAN SOCIETY FOR RADIATION ONCOLOGY (ASTRO)	2018 Multidisciplinary Head and Neck Cancer Symposium: Expanding Treatment Horizons	11/14/2017	\$35,000.00
AMERICAN SOCIETY OF HEMATOLOGY	Hematology 2017: the ASH Education Program	11/15/2017	\$75,000.00
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER	Leukemia Research Meeting	11/15/2017	\$5,000.00
AMERICAN SOCIETY OF HEMATOLOGY	2018 Highlights of ASHr in North America	11/15/2017	\$100,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2018 Conquer Cancer Foundation of ASCO Merit Awards	11/16/2017	\$40,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2018 ASCO-SITC Clinical Immuno-Oncology Symposium	11/21/2017	\$60,000.00
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION	New York Cardiovascular Symposium	11/21/2017	\$5,000.00
NATIONAL KIDNEY FOUNDATION INC.	Scientific Workshop on Change in Albuminuria and GFR as End Points for Clinical Trials in Early Stages of Chronic Kidney Disease	11/22/2017	\$160,000.00
MEDICAL LEARNING INSTITUTE, INC.	PeerView MasterClass—Practicum Live at ASCO GI The Quest to Win Through Science in Pancreatic Cancer From Sequencing Current Options to Testing Novel Approaches	11/27/2017	\$50,000.00
THE GUTHY JACKSON CHARITABLE FOUNDATION	ECTRIMS 2017 NMO Symposium	11/29/2017	\$6,000.00
AALAS FOUNDATION	Student and Teacher Public Educational Outreach	11/30/2017	\$5,000.00
GORDON RESEARCH CONFERENCE	Biology of Acute Respiratory Infection Gordon Research Conference	12/01/2017	\$5,000.00
LEUKEMIA RESEARCH FOUNDATION	Hollis Brownstein Research Grants Program	12/03/2017	\$100,000.00
AMERICAN COLLEGE OF RHEUMATOLOGY	2017 ACR/ARHP Annual Meeting Lupus Educational Track	12/03/2017	\$75,000.00
NATIONAL JEWISH HEALTH	40th Annual National Jewish Health Pulmonary and Allergy Update	12/04/2017	\$20,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
KEYSTONE SYMPOSIA ON MOLECULAR AND CELLULAR BIOLOGY	2018 Keystone Symposia Directors' Fund	12/04/2017	\$25,000.00
AMERICAN DIABETES ASSOCIATION	Diabetes is Primary Digital Program on Cardiovascular Risk	12/04/2017	\$40,568.50
AMERICAN COLLEGE OF LABORATORY ANIMAL MEDICINE	2017 ACLAM Grants	12/04/2017	\$4,000.00
SOUTHERN MEDICAL ASSOCIATION	Medical Dilemmas in Patient Care Conference	12/05/2017	\$2,500.00
THE NORTH AMERICAN 3RS COLLABORATIVE	Virtual Education Community Support	12/06/2017	\$8,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2018 Conquer Cancer Foundation of ASCO Mission Endowment	12/10/2017	\$500,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2018 Genitourinary (GU) Cancers Symposium: Translating Evidence to Multidisciplinary Care	12/10/2017	\$60,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2018 Conquer Cancer Foundation of ASCO Young Investigator Award (YIA)	12/10/2017	\$256,000.00
REGENTS OF THE UNIVERSITY OF CALIFORNIA	15th Annual Nephrology Young Investigators Forum	12/10/2017	\$40,000.00
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE	Mid Atlantic Nephrology Young Investigators Forum	12/10/2017	\$50,000.00
ILLINOIS ACADEMY OF FAMILY PHYSICIANS	The 12th Annual Chief Residents Summit on Intensifying Diabetes Management	12/11/2017	\$54,771.32
AMERICAN COLLEGE OF RHEUMATOLOGY	2018 ACR Rheumatology Courses	12/11/2017	\$50,000.00
JOHNS HOPKINS UNIVERSITY	FastForward Corporate Sponsorship	12/12/2017	\$25,000.00
THE DEUEL CONFERENCE ON LIPIDS	The 2018 Deuel Conference on Lipids	12/13/2017	\$5,000.00
FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY (FASEB)	FASEB SRC Immunoreceptors and Immunotherapy	12/13/2017	\$5,000.00
UNIVERSITY OF CALIFORNIA BERKELEY FOUNDATION	Request for 2018 Funding for the Forum for Collaborative Research's	12/13/2017	\$10,000.00
GORDON RESEARCH CONFERENCE	Gordon Conference on Drug Resistance 2018	12/14/2017	\$5,000.00
ASSOCIATION FOR WOMEN IN SCIENCE	Innovation and Inclusion: Women at the Forefront of STEM	12/17/2017	\$25,000.00
VIRGINIA BIOTECHNOLOGY ASSOCIATION	MedImmune Chairman's Circle Membership	12/17/2017	\$25,000.00
FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY SRC	The Lung Epithelium in Health and Disease	12/20/2017	\$5,000.00
ENGINEERING CONFERENCES INTERNATIONAL	Cell Culture Engineering XVI Conference	12/21/2017	\$10,000.00
PENNSYLVANIA SOCIETY FOR BIOMEDICAL RESEARCH	2018 PSBR Membership	12/24/2017	\$2,000.00

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Organization	Program Title	Date	Amount
NATIONAL ACADEMY OF SCIENCES	Roundtable in Science and Welfare of Laboratory Animal Use	12/24/2017	\$4,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2018 Gastrointestinal (GI) Cancers Symposium: Multidisciplinary Care: Local Practice, Global Outcomes	01/02/2018	\$30,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR–IASLC Joint Conference on the Molecular Origins of Lung Cancer	01/02/2018	\$25,000.00
NATIONAL JEWISH HEALTH	14th Annual Respiratory Disease Young Investigators' Forum	01/02/2018	\$299,608.49
THE CHEST FOUNDATION	CHEST Foundation Research Award in COPD	01/02/2018	\$55,000.00
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER	Implementation of diagnostic and molecular guidelines in low-middle income regions for targeted therapies in NSCLC	01/04/2018	\$300,000.00
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL	9th International Symposia for the CGRP Family Peptides Conference	01/09/2018	\$2,500.00
UNIVERSITY OF CINCINNATI	The Intersection Between COPD and Cardiometabolic Comorbidities	01/14/2018	\$95,000.00
NATIONAL KIDNEY FOUNDATION INC.	13th Annual National Young Investigator Forum	01/14/2018	\$50,000.00
AMERICAN COLLEGE OF ALLERGY, ASTHMA AND IMMUNOLOGY (ACAAI)	WSAAI 2018: 56th Annual Scientific Session	01/17/2018	\$15,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR–SNMMI Joint Conference on State-of-the-Art Molecular Imaging in Cancer Biology and Therapy	01/18/2018	\$10,000.00
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER	2018 Oncologic Emergency Medicine Conference	01/23/2018	\$10,000.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS	Exploring the Challenges of Severe Asthma: Understanding Appropriate Treatment Strategies for Improved Patient Outcomes	01/25/2018	\$35,000.00
CANCER RESEARCH INSTITUTE	Cancer Immunotherapy Consortium Workshop	02/05/2018	\$10,000.00
ANNENBERG CENTER FOR HEALTH SCIENCES AT EISENHOWER	Advancing Knowledge to Practice Optimizing Severe Asthma Care in the Age of Biologics	02/11/2018	\$200,000.00
PENNSYLVANIA STATE UNIVERSITY	PeerView Live at the 2018 ASCO Annual Meeting, The Arrival of Novel Agent Classes in B-Cell Non-Hodgkin Lymphoma: A Personal Guide to Integrating New Therapy into Patient Care (150204877)	02/12/2018	\$104,507.00
ANNENBERG CENTER FOR HEALTH SCIENCES	Clinical Advances and Case Studies in Immune Checkpoint Inhibitors in Oncology	02/13/2018	\$75,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	NCCN 2018 Oncology Fellows Program: New Horizons in Quality Cancer CareT at the NCCN 23rd Annual Conference	02/14/2018	\$35,000.00

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Organization	Program Title	Date	Amount
INDY HEMATOLOGY EDUCATION, INC.	2018 Indy Hematology Review	02/14/2018	\$10,000.00
JOHNS HOPKINS UNIVERSITY	14th International Symposium on Sjogrens Syndrome	02/14/2018	\$20,000.00
SCRIPPS HEALTH	Scripps 38th Annual Clinical Hematology and Oncology Conference	02/14/2018	\$25,000.00
THE CHEST FOUNDATION	CHEST Foundation Research Award in Severe Asthma	02/14/2018	\$35,000.00
ANNENBERG CENTER FOR HEALTH SCIENCES	Clinical Management of Novel Therapies for Hematological Malignancies (5 Regional lectures by APSHO/JADPRO)	02/14/2018	\$100,000.00
MEDICAL LEARNING INSTITUTE, INC.	PeerView inVision, "Targeted Treatment in Severe Asthma: Moving Toward Precision Medicine"	02/14/2018	\$64,125.00
COLLEGIUM INTERNATIONALE ALLERGOLOGICUM	32nd Symposium of the Collegium Internationale Allergologicum	02/14/2018	\$10,000.00
AMERICAN SOCIETY FOR CLINICAL PATHOLOGY	Immuno-Oncology: Scientific Updates	02/14/2018	\$60,490.00
NATIONAL JEWISH HEALTH	COPD Basics: An Integrated Approach to Best Practices in Five Healthcare Networks	02/14/2018	\$100,000.00
MAYO CLINIC ARIZONA	Clinical Multidisciplinary Hematology and Oncology: The 15th Annual Review	02/14/2018	\$15,000.00
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER	18th Targeted Therapy meeting	02/14/2018	\$55,100.00
MEDICAL LEARNING INSTITUTE, INC.	PeerView Master Class and Practicum Live at CHEST 2018, "New Avenues in Asthma Management: Finding the Right Patients for Targeted Therapies" (150205033)	02/14/2018	\$299,330.00
NATIONAL KIDNEY FOUNDATION INC.	Chronic Hyperkalemia Management and Outcomes in CKD	02/15/2018	\$232,979.00
ALZHEIMER'S ASSOCIATION	Alzheimer's Association International Conference, AAIC 2018	02/15/2018	\$45,000.00
ASTHMA AND ALLERGY FOUNDATION OF AMERICA—ALASKA CHAPTER	Wheezin', Sneezin' and Itchin' in Alaska	02/16/2018	\$10,000.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS	New Agents and Emerging Strategies in Advanced Breast Cancer: Patient-Centric Navigation in the Age of Personalized Care	02/18/2018	\$35,000.00
THE PENNSYLVANIA STATE UNIVERSITY	PeerView inPlay, "The Role of the Eosinophil in COPD: Implications for Personalized Care and Novel Treatments" (150205058)	02/18/2018	\$145,730.00
DUKE UNIVERSITY	3rd Annual Duke Heart Center/DCRI Fellows' Presentation Skills Course	02/19/2018	\$2,500.00

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Organization	Program Title	Date	Amount
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS, INC.	Novel Treatment Strategies in the Management of Ovarian Cancer: A Closer Look at the Role of PARP Inhibitors	02/19/2018	\$35,000.00
AMERICAN THORACIC SOCIETY INC.	ATS 2018 Fellows Track Symposium	02/19/2018	\$10,000.00
MEDSTAR WASHINGTON HOSPITAL CENTER	Cardiovascular Research Technologies (CRT) Annual Meeting	02/20/2018	\$30,000.00
DUKE UNIVERSITY	The Southeastern Fellows Research Skills and Training Workshop	02/21/2018	\$2,500.00
AMERICAN THORACIC SOCIETY INC.	ATS 2018 International Conference—Selected Sessions in COPD	02/21/2018	\$30,000.00
SCRIPPS HEALTH	15th Annual Fundamentals of Diabetes Management	02/22/2018	\$25,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	FDA-AACR-ASTRO: Clinical Development of Drug-Radiotherapy Combinations Workshop	02/22/2018	\$25,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	Advances in Malignant Lymphoma (AACR/ICML “off year” conference in US)	02/25/2018	\$25,000.00
BLADDER CANCER ADVOCACY NETWORK	2018 Bladder Cancer Think Tank	02/25/2018	\$35,000.00
GORDON RESEARCH CONFERENCE	2018 Gordon Research Council on New Antibiotic Discovery and Development	02/27/2018	\$5,000.00
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY	Treat-to-Target and Targeted Therapy: The Evolving State of Systemic Lupus Erythematosus Patient Care	02/28/2018	\$124,857.00
AMERICAN DIABETES ASSOCIATION	Diabetes is Primary Core Programs	03/01/2018	\$300,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR Annual Meeting—2018	03/01/2018	\$225,000.00
NATIONAL JEWISH HEALTH	A Severe Asthma Roadmap for Improved Diagnosis and Personalized Treatment—A Guided Workflow	03/01/2018	\$322,170.00
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS	California Chapter of the American Association of Clinical Endocrinologists Presents Hot Topics in Diabetes and Endocrinology for Primary Care 2018 Series	03/01/2018	\$10,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	NCCN 23rd Annual Conference: Improving the Quality, Effectiveness, and Efficiency of Cancer Care™	03/02/2018	\$100,000.00
EASTERN VIRGINIA MEDICAL SCHOOL	Turning the Tide on Diabetes 2018	03/04/2018	\$5,000.00
THE UNIVERSITY OF CHICAGO	15th International Ultmann Chicago Lymphoma Symposium	03/05/2018	\$25,000.00
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS	Innovating Diabetes Care—Use of Real-Time Data to Transform Clinical Practice and Optimize Patient Glucose Management	03/05/2018	\$300,000.00
CARDIOVASCULAR RESEARCH FOUNDATION	24th Annual Interventional Cardiology Fellows Course	03/05/2018	\$10,000.00

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Organization	Program Title	Date	Amount
AMERICAN PHARMACISTS ASSOC	APhA2018 Your Annual Diabetes Update	03/05/2018	\$5,000.00
CARDIOVASCULAR RESEARCH FOUNDATION	DAPT Dilemmas: A Case-Based Roundtable at Fellows 2018	03/05/2018	\$20,000.00
AMERICAN UROLOGICAL ASSOCIATION	Japanese Urological Association (JUA) Meeting	03/05/2018	\$40,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	NCCN Foundation Young Investigator Awards	03/06/2018	\$171,801.00
PURDUE UNIVERSITY OFFICE OF CONTINUING PROFESSIONAL EDUCATION	Can You Do It Better?—A Unique Approach to Enabling Improved Asthma Management	03/06/2018	\$377,342.00
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER	IASLC Workshop on Neoadjuvant Therapy in Lung Cancer	03/06/2018	\$25,000.00
UNT HEALTH SCIENCE CENTER	Filling the Gaps in Asthma Care—Lessons Learned from Asthma411	03/07/2018	\$4,750.00
ANNENBERG CENTER FOR HEALTH SCIENCES AT EISENHOWER	Updates in Precision Medicine Elevating the Treatment of Severe, Eosinophilic Asthma	03/07/2018	\$155,000.00
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS	27th Annual Scientific and Clinical Congress—Diabetes Sessions	03/07/2018	\$63,052.00
NATIONAL COMPREHENSIVE CANCER NETWORK	Support for NCCN Distribution of the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for Management of Immunotherapy-Related Toxicities Pocket Guides	03/08/2018	\$60,000.00
BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA	2018 Pan Pacific Lymphoma Conference	03/11/2018	\$125,000.00
SCRIPPS HEALTH	Fifth Annual Clinical Advances in Heart Failure and Arrhythmias	03/11/2018	\$5,000.00
NORTHEAST GEORGIA MEDICAL CENTER	10th Annual Northeast Georgia STEMI Summit	03/12/2018	\$2,500.00
HEMATOLOGY/ONCOLOGY PHARMACY ASSOCIATION	HOPA 14th Annual Conference	03/12/2018	\$30,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2018 ASCO Annual Meeting Breast Cancer Track	03/12/2018	\$20,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2018 ASCO Annual Meeting Genitourinary Cancer Tracks Bundle: Prostate and Non-prostate	03/12/2018	\$30,000.00
THE GUTHY JACKSON CHARITABLE FOUNDATION	The Guthy-Jackson Industry Council	03/12/2018	\$25,000.00
REGENTS OF THE UNIVERSITY OF CALIFORNIA	Making the Connection Between Patients and Providers: A Comprehensive Overview of the Modern Treatment Strategies For People With Type 1 and Type 2 Diabetes	03/13/2018	\$200,000.00

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Organization	Program Title	Date	Amount
NATIONAL KIDNEY FOUNDATION	Cardiovascular Risk in Patients with Chronic Kidney Disease (CKD): The Impact of Anemia	03/13/2018	\$232,979.00
ACADEMY OF MANAGED CARE PHARMACY	The Immuno-Oncology Pipeline and the Managed Care Considerations	03/13/2018	\$35,000.00
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER	IASLC Immunotherapy Meeting	03/13/2018	\$25,000.00
ACS DIVISION OF BIOCHEMICAL TECHNOLOGY	255th ACS National Meeting and Exposition (BIOT Division)	03/13/2018	\$5,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	12th Biennial Ovarian Cancer Research Symposium	03/14/2018	\$15,000.00
AMERICAN HEART ASSOCIATION	Arteriosclerosis, Thrombosis and Vascular Biology Peripheral Vascular Disease 2018 Scientific Sessions, Vascular Discovery: From Genes to Medicine	03/18/2018	\$2,000.00
RILITE FOUNDATION	Lupus 21st Century 2018 Conference	03/18/2018	\$25,000.00
RHEUMATOLOGIC DERMATOLOGY SOCIETY INC.	4th International Conference on Cutaneous Lupus Erythematosus	03/19/2018	\$10,000.00
HOWARD UNIVERSITY	13th Annual Kenneth Austin Rheumatology Symposium	03/19/2018	\$2,500.00
SOCIETY OF GYNECOLOGIC ONCOLOGY	SGO Lunch and Learn Contemporary Ovarian Cancer: Keys to Therapies and Integrated Learning	03/20/2018	\$125,000.00
LYMPHOMA RESEARCH FOUNDATION	Mantle Cell Lymphoma Scientific Workshop	03/20/2018	\$20,000.00
CANCER MOLECULAR THERAPEUTICS RESEARCH ASSOCIATION	Molecular Therapeutics of Cancer Research Conference 2018	03/21/2018	\$5,000.00
PREVENTIVE CARDIOVASCULAR NURSES ASSOCIATION	PCNA's 24th Annual Symposium	03/22/2018	\$10,000.00
ASPEN LUNG CONFERENCE	Thomas Petty Aspen Lung Conference/Translating Resilience and Pathogenesis to Personalized Therapy for COPD	03/22/2018	\$25,000.00
ANNENBERG CENTER FOR HEALTH SCIENCES	Master Class for Oncologists—Hematology Track	03/22/2018	\$24,246.27
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS, INC.	Clinical Advances in the Diagnosis, Treatment and Management of COPD	03/25/2018	\$15,000.00
FOUNDATION FOR SURGICAL FELLOWSHIPS	American Head and Neck Society Annual Meeting—Evaluating Head and Neck Cancer Care Through Evidence Based Medicine	03/25/2018	\$15,000.00
DUKE UNIVERSITY	Duke Debates: Controversies in the Management of Patients with Hematologic Malignancies	03/25/2018	\$15,000.00
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	Mount Sinai Division of Occupational Medicine Seminar Series	03/29/2018	\$7,500.00

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Organization	Program Title	Date	Amount
GORDON RESEARCH CONFERENCE	Gordon Research Conference: Mutagenesis—Mechanisms of Intrinsic and Induced Genome Instability	04/01/2018	\$2,500.00
THE UNIVERSITY OF CHICAGO	Frontiers in Precision Medicine for Inherited Cancers: From Risk Assessment to Targeted Therapies	04/02/2018	\$25,000.00
THE PENNSYLVANIA STATE UNIVERSITY	PeerView Live: “Unraveling the Complex Treatment Landscape for Prostate Cancer: Guidance for Delivering Evidence-Based, Patient-Centered Care” (150204517)	04/02/2018	\$73,575.00
GORDON RESEARCH CONFERENCES	2018 Gordon Research Conference on Medicinal Chemistry	04/03/2018	\$2,500.00
CLEVELAND CLINIC EDUCATION FOUNDATION	2018 Cleveland Breast Cancer Summit: Collaborating for a Cure	04/03/2018	\$5,000.00
THE PENNSYLVANIA STATE UNIVERSITY	New Directions in the Management of Recurrent Ovarian Cancer: Focus on PARP Inhibitors	04/04/2018	\$124,611.00
ASSOCIATION FOR MOLECULAR PATHOLOGY	Advancing Patient Care in NSCLC: Breaking Down Barriers	04/04/2018	\$416,900.00
CLEVELAND CLINIC EDUCATIONAL FOUNDATION	2018 Diabetes Day 23rd Annual Symposium New Frontiers in Diabetes	04/04/2018	\$5,000.00
MEDICAL LEARNING INSTITUTE, INC.	PeerView Master Class and Practicum Live at ASH 2018: “Exploring the Present and Future of BTK Inhibition in B-cell malignancies: Expert Insights on Practical Implications for Patient Management” (150205092)	04/04/2018	\$370,100.00
AMERICAN UROLOGICAL ASSOCIATION	AUA2018 Highlights: Immunotherapy in GU Cancer	04/04/2018	\$150,000.00
ANNENBERG CENTER FOR HEALTH SCIENCES	Master Class for Oncologists—Women’s Cancer Track	04/05/2018	\$19,391.02
FRIENDS OF CANCER RESEARCH 2018	Friends of Cancer Research Programs	04/08/2018	\$100,000.00
THE HOPE FOUNDATION	2018 SWOG Group Meetings	04/08/2018	\$10,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2018 ASCO Annual Meeting Gynecologic Cancer Track	04/09/2018	\$45,000.00
LAHEY CLINIC HOSPITAL, INC.	Cardiovascular Disease State of the Art 2018	04/09/2018	\$5,000.00
BOARD OF REGENTS FOR UNIVERSITY OF NEBRASKA	Dissecting the Decision: Documenting and Discussing the Clinical Practice Patterns of Hematologic Oncology Investigators in the Management of Chronic Lymphocytic Leukemia—An ISS Held in Conjunction with the 2018 Pan Pacific Lymphoma Conference	04/11/2018	\$75,000.00

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Organization	Program Title	Date	Amount
TRUSTEES OF BOSTON UNIVERSITY	CVD AND RENAL DISEASE IN T2DM: Pivotal Role of Physician Assistants in Patient Management	04/11/2018	\$109,420.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2018 Conquer Cancer Foundation of ASCO Career Development Award (CDA)	04/12/2018	\$253,000.00
AMERICAN COLLEGE OF CHEST PHYSICIANS	CHEST 2018 Post Graduate Program on Difficult to Treat Asthma	04/12/2018	\$25,000.00
ECOG RESEARCH AND EDUCATION FOUNDATION, INC.	ECOG-ACRIN 2018 Spring Group Meeting	04/12/2018	\$5,000.00
LUPUS FOUNDATION OF NEW ENGLAND	Lupus Medical and Educational Symposim	04/15/2018	\$5,000.00
HEART FAILURE SOCIETY OF AMERICA INC.	Future Leaders in Heart Failure Symposium	04/16/2018	\$10,000.00
AMERICAN ACADEMY OF CME INC.	Applying the Latest Evidence to Improve Care for Patients with HR+/HER2- Metastatic Breast Cancer	04/17/2018	\$313,595.00
PRESIDENT AND FELLOWS OF HARVARD COLLEGE ACTING THROUGH THE DEPARTMENT OF GCE	Practical Considerations and Rationale for Immunotherapy 2018	04/17/2018	\$5,000.00
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS	AACE 27th Annual Scientific & Clinical Congress—Cardiovascular Track	04/17/2018	\$30,000.00
METABOLIC ENDOCRINE EDUCATION FOUNDATION	2nd Annual Heart in Diabetes	04/18/2018	\$50,000.00
SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS FOUNDATION	SCAI 2018 Scientific Sessions featuring Controversies in Interventional Pharmacology	04/18/2018	\$40,000.00
AMERICAN HEART ASSOCIATION	STEMI Protocol Stakeholder Education	04/18/2018	\$3,730.00
ALZHEIMER'S ASSOCIATION	2018 Research Roundtable	04/19/2018	\$50,000.00
PURDUE UNIVERSITY	Critical Conversations on Bruton's Tyrosine Kinase Inhibitor Development and Use in B-Cell Malignancies (CCO GR Pgm)	04/23/2018	\$575,210.00
AMERICAN COLLEGE OF ALLERGY, ASTHMA AND IMMUNOLOGY	Severe Asthma Shared Decision Making Tool Instructional Video	04/23/2018	\$60,000.00
AMERICAN COLLEGE OF ALLERGY, ASTHMA AND IMMUNOLOGY	Symposium—A Personalized Approach to Managing Patients with Uncontrolled Asthma / Shifting Paradigms in Management of Severe Asthma: Pathogenesis, Phenotypes and Personalized Medicine	04/23/2018	\$80,375.00
MEDSTAR HEALTH, INC.	2018 MedStar Health System Prostate Cancer Annual Meeting	04/24/2018	\$15,000.00
UT HEALTH SAN ANTONIO	3rd Annual Cardio Renal Connections	04/24/2018	\$5,000.00
MEDSTAR HEALTH, INC.	Enhancing Health System Initiatives Utilizing Clinical Advances to Optimize the Diagnosis and Treatment of Prostate Cancer	04/24/2018	\$10,000.00

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Organization	Program Title	Date	Amount
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS, INC.	Best Practices in the Management of Advanced Non-Small Cell Lung Cancer (NSCLC): Individualizing Therapy for Optimized Patient Outcomes	04/25/2018	\$35,000.00
TRUSTEES OF BOSTON UNIVERSITY	CVD AND RENAL DISEASE IN T2DM: Individualizing Therapeutic Options to Reduce Comorbid Risk	04/25/2018	\$49,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2018 Best of ASCO® Meetings	04/25/2018	\$120,000.00
AMERICAN CHEMICAL SOCIETY, DIVISION OF BIOCHEMICAL TECHNOLOGY, RECOVERY OF BIOLOGICAL PRODUCTS	Recovery of Biological Products XVIII Conference	04/26/2018	\$10,000.00
AMERICAN RADIUM SOCIETY	American Radium Society 100th Annual Meeting	04/26/2018	\$10,000.00
VANDERBILT UNIVERSITY	Midwest Islet Club Meeting	04/26/2018	\$2,500.00
WEST PENN ALLEGHENY HEALTH SYSTEM, INC. DBA ALLEGHENY GENERAL HOSPITAL	2018 Cardiovascular Medicine Update Conference	04/29/2018	\$5,000.00
PRESIDENT AND FELLOWS OF HARVARD COLLEGE ACTING THROUGH THE DEPARTMENT OF GCE	Diabetes Update 2018	04/30/2018	\$5,000.00
ASPEN CANCER CONFERENCE	33rd Aspen Cancer Conference	04/30/2018	\$10,000.00
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA/PERELMAN SCHOOL OF MEDICINE AT THE UNIVERSITY OF PA	6th Annual Scientific Symposium: BRCA1, BRCA2 and Beyond: An Update on Hereditary Cancer	04/30/2018	\$20,000.00
ASSOCIATION OF AMERICAN CANCER INSTITUTES	2018 AACI/CCAF Annual Meeting	05/01/2018	\$15,000.00
ONCOLOGY NURSING SOCIETY	2018 ONS Annual Congress and two Regional Conferences	05/01/2018	\$50,000.00
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA/PERELMAN SCHOOL OF MEDICINE AT THE UNIVERSITY OF PA	2018 New Advances in Lung Cancer: Stretching the Envelope	05/03/2018	\$10,000.00
HEMATOLOGY ONCOLOGY PHARMACY ASSOCIATION	Immuno oncology Educational Modules for Oncology Pharmacists	05/06/2018	\$35,000.00
CANCER RESEARCH INSTITUTE	2018 International Cancer Immunotherapy Conference	05/06/2018	\$50,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR Pancreatic Cancer: Advances in Science and Clinical Care	05/06/2018	\$25,000.00
ALLIANCE FOR CLINICAL TRIALS IN ONCOLOGY FOUNDATION	2018 Group Meetings	05/07/2018	\$40,000.00
AMERICAN THORACIC SOCIETY INC.	ATS 2018 International Conference—Selected Sessions in Lung Cancer	05/07/2018	\$40,000.00
AMERICAN SOCIETY OF HEMATOLOGY	2018 ASH Meeting on Lymphoma Biology	05/08/2018	\$50,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
LUNGEVITY FOUNDATION	LUNGEvity Foundation Scientific and Clinical Roundtable--Streamlining Clinical Trials 2018	05/08/2018	\$50,000.00
HEMATOLOGY/ONCOLOGY PHARMACY ASSOCIATION	HOPA Early Career Research Grant	05/08/2018	\$60,000.00
MEDICAL LEARNING INSTITUTE, INC.	PeerView Live at ASTRO 2018—The Era of Immunotherapy in Stage III NSCLC (150205115)	05/09/2018	\$323,020.00
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA/PERELMAN SCHOOL OF MEDICINE AT THE UNIVERSITY OF PA	2018 Breast Cancer Clinical Case Series: The Year in Review	05/09/2018	\$5,000.00
HEART FAILURE SOCIETY OF AMERICA INC.	2018 HFSA Board Certification Review Course in Advanced Heart Failure and Transplant Cardiology	05/09/2018	\$15,000.00
SOCIETY FOR IMMUNOTHERAPY OF CANCER	Immuno-Oncology Biomarkers State of the Art	05/10/2018	\$25,000.00
AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS	AAPA 2018 Annual Conference	05/10/2018	\$10,000.00
HDL WORKSHOP	HDL Workshop 2018	05/10/2018	\$5,000.00
LUPUS RESEARCH ALLIANCE, INC.	Lupus Research Alliance 2018 Annual Scientific Conference—Forum for Discovery	05/10/2018	\$25,000.00
BOARD OF REGENTS FOR UNIVERSITY OF NEBRASKA	Dissecting the Decision: Documenting and Discussing the Clinical Practice Patterns of Hematologic Oncology	05/13/2018	\$200,000.00
REGENTS OF THE UNIVERSITY OF CALIFORNIA	24th Annual San Diego Heart Failure Symposium	05/13/2018	\$10,000.00
CLEVELAND CLINIC EDUCATIONAL FOUNDATION	Intensive Review of Cardiology	05/15/2018	\$10,000.00
GORDON RESEARCH CONFERENCE	2018 Heterocyclic Gordon Research Conference	05/15/2018	\$2,000.00
CARDIOVASCULAR RESEARCH FOUNDATION	30th Annual Transcatheter Cardiovascular Therapeutics	05/16/2018	\$40,000.00
AMERICAN ACADEMY OF FAMILY PHYSICIANS	2018 Family Medicine Experience Interactive Lecture titled Acute Coronary Syndrome	05/16/2018	\$19,000.00
HUNTSVILLE HOSPITAL FOUNDATION	RSS Breast Cancer Conference	05/16/2018	\$2,000.00
SOCIETY OF INTERVENTIONAL ONCOLOGY (SIO)	2018 WCIO	05/20/2018	\$15,000.00
UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE	University of Washington Topics in Allergy and Immunology Teaching Series	05/20/2018	\$24,300.00
THE GOG FOUNDATION	10th Semi Annual Meeting of NRG Oncology (formerly NCI cooperatives groups, GOG, NSABP, RTOG)	05/21/2018	\$20,000.00
NORTHWESTERN UNIVERSITY	20th Annual Lynn Sage Breast Cancer Symposium	05/21/2018	\$15,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
AMERICAN ASSOCIATION FOR CANCER RESEARCH	Molecular Biology in Clinical Oncology Workshop	05/22/2018	\$15,000.00
UNIVERSITY OF COLORADO	Precision Medicine in Autoimmunity	05/23/2018	\$20,000.00
MEDICAL LEARNING INSTITUTE, INC.	PeerView Live at CAP18: Molecular Testing for EGFR Mutations in the Context of a Changing Treatment Landscape, Evolving Testing Options, and New Guidelines (150205165)	05/23/2018	\$313,240.00
THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER	2018 Lung Cancer SPORE Workshop	05/23/2018	\$15,000.00
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS	ACEP18, ACEP National Scientific Assembly—Cardiovascular Track	05/23/2018	\$20,000.00
HOSPITAL QUALITY FOUNDATION, LLC	Advances in the Management of Acute and Chronic Hyperkalemia: An Update for Emergency Medicine, Hospitalists and Healthcare Providers (MD, PA and CRNP)	05/23/2018	\$222,127.50
GORDON RESEARCH CONFERENCE	2018 Cardiac Regulatory Mechanisms Gordon Research Conference	05/23/2018	\$5,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2018 ASCO Annual Meeting Head and Neck Cancer Track	05/24/2018	\$30,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2018 ASCO Pre-Annual Meeting Seminar: New Drugs in Oncology	05/24/2018	\$10,000.00
FEDERATION OF CLINICAL IMMUNOLOGY SOCIETIES	18th Annual Meeting of the Federation of Clinical Immunology Societies	05/24/2018	\$10,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK	2018–2019 Monthly Oncology Tumor Boards: A Multidisciplinary Approach to Individualized Patient Care	05/24/2018	\$75,000.00
WINTHROP UNIVERSITY HOSPITAL	3rd Annual NYU Winthrop Breast Health Symposium	05/24/2018	\$3,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2018 ASCO Annual Meeting Lung Cancer Track	05/27/2018	\$25,000.00
MISSOURI ACADEMY OF PHYSICIANS ASSISTANTS	Updates in Treating Chronic Obstructive Pulmonary Disorder	05/30/2018	\$3,000.00
MEDICAL LEARNING INSTITUTE, INC.	Emergency Medicine and Immuno-Oncology Intersect: Recognizing and Managing Immune-Related Adverse Effects in the Emergency Department (150205075)	06/03/2018	\$568,470.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	NCCN 2018 Oncology Case Manager and Medical Director Program	06/03/2018	\$40,000.00
AMERICAN SOCIETY FOR RADIATION ONCOLOGY	ASTRO 2018 60th Annual Meeting	06/03/2018	\$50,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
UNIVERSITY OF PITTSBURGH	2018 Pittsburgh International Lung Conference—Pulmonary Medicine: Basic Biology and Novel Therapies	06/04/2018	\$10,000.00
AEGEAN CONFERENCES, INC.	2nd International Conference on Tissue Repair, Regeneration, and Fibrosis	06/05/2018	\$5,000.00
SYNAPTIV, INC.	Atlanta Lung Cancer Symposium 2018	06/05/2018	\$20,000.00
SOCIETY FOR TRANSLATIONAL ONCOLOGY	NSCLC Treatment in the Era of Precision Medicine: Case-Based Insights from ASCO 2018	06/05/2018	\$38,885.00
MEDICAL LEARNING INSTITUTE, INC.	Traveling Master Class for Emergency Medicine Specialists: Urgent Care of Patients Receiving Cancer Immunotherapy: Recognition and Management of Immune-Mediated Adverse Reactions in the ED	06/06/2018	\$390,030.00
PRESIDENT AND FELLOWS OF HARVARD COLLEGE	33rd Annual Critical Issues In Tumor Microenvironment: Angiogenesis, Metastasis and Immunology	06/06/2018	\$15,000.00
KERN ASPEN LIPID CONFERENCE	Metabolic Regulation of Immunity, Cardiometabolic Diseases and Cancer: New Therapeutic Approaches	06/06/2018	\$10,000.00
SOCIETY OF TOXICOLOGIC PATHOLOGY	STP 37th Annual Symposium: KEEPING IT RENAL	06/06/2018	\$3,000.00
WEILL CORNELL MEDICAL COLLEGE	2nd Annual International Conference Immunotherapy Radiotherapy Combinations	06/10/2018	\$15,000.00
AMERICAN COLLEGE OF CHEST PHYSICIANS	2018 COPD Learning Track	06/10/2018	\$5,000.00
AMERICAN COLLEGE OF CHEST PHYSICIANS	2018 Interdisciplinary Program—Lung Cancer: 2018 Update in Staging and Management	06/10/2018	\$27,000.00
AMERICAN COLLEGE OF OSTEOPATHIC INTERNISTS	Breathing New Air into the Treatment of COPD and Asthma	06/10/2018	\$20,400.00
THE RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA	PREP2018 Symposium	06/10/2018	\$5,000.00
SOCIETY FOR NEURO-ONCOLOGY	3rd CNS Anticancer Drug Discovery and Development Conference	06/11/2018	\$15,000.00
ANNENBERG CENTER FOR HEALTH SCIENCES AT EISENHOWER	2018 JADPRO Live: The Annual APSHO Meeting—Sequencing Therapies in Indolent Lymphomas	06/12/2018	\$50,000.00
AMERICAN COLLEGE OF OSTEOPATHIC INTERNISTS	ACOI 2018 Annual Convention and Scientific Sessions: Addressing Unmet Needs in Type 2	06/12/2018	\$33,782.00
UNIVERSITY OF CINCINNATI	Moving Toward A New Standard of Care: Checkpoint Inhibitors in Advanced Urothelial Cancer	06/13/2018	\$59,912.00

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Organization	Program Title	Date	Amount
AMERICAN ASSOCIATION OF DIABETES EDUCATORS	Reducing Cardiovascular Risk in T2DM with SGLT2 Inhibitors and GLP1-Receptor Antagonists: Translating Evidence into Patient Outcomes	06/13/2018	\$178,188.13
SOCIETY FOR NEURO-ONCOLOGY	23rd Annual Scientific Meeting of the Society for Neuro-Oncology	06/13/2018	\$75,000.00
AMERICAN COLLEGE OF CHEST PHYSICIANS	2018 Lung Cancer Learning Track	06/13/2018	\$70,000.00
UNIVERSITY OF CALIFORNIA BERKELEY FOUNDATION	Request for 2018 Funding for the Forum for Collaborative Research's Program on HBV	06/14/2018	\$5,000.00
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE	OncologyConsults.com Improving Outcomes in Stage III NSCLC The Emerging Role of Immunotherapy in Curbing Disease Progression	06/15/2018	\$89,885.00
SOCIETY FOR IMMUNOTHERAPY OF CANCER	Advances in Cancer ImmunotherapyT 2018–19 Educational Program Series	06/17/2018	\$500,000.00
METABOLIC ENDOCRINE EDUCATION FOUNDATION	Medications' Class Effects in DM and CVD—All you need to know- and never asked.	06/19/2018	\$100,000.00
MEDICAL LEARNING INSTITUTE, INC.	PeerView Live at ASCP 2018: Navigating the Complexities of Molecular Testing for EGFR Mutations to Guide Selection of EGFR-Targeted Therapy for Patients With Lung Cancer (150205135)	06/21/2018	\$262,040.00
NORTHWESTERN UNIVERSITY	Lurie Cancer Center Multidisciplinary Head and Neck Symposium	06/21/2018	\$10,000.00
CHARLOTTE AHEC	30th Annual Fall Foliage Cancer Conference	06/25/2018	\$5,000.00
KEYSTONE SYMPOSIA ON MOLECULAR AND CELLULAR BIOLOGY	Integrated Pathways of Disease in NASH and NAFLD	06/25/2018	\$6,000.00
AMERICAN SOCIETY OF NEPHROLOGY	ASN Kidney Week Educational Session Support	06/25/2018	\$20,000.00
GORDON RESEARCH CONFERENCE	DNA Topoisomerases in Biology and Medicine	06/25/2018	\$10,000.00
INDUSTRY NETWORKING GROUP	BioHealth Capital Region Workforce Community Engagement	06/25/2018	\$10,000.00
AMERICAN COLLEGE OF OSTEOPATHIC INTERNISTS	Unraveling the Effects of Antihyperglycemic Agents on Cardiovascular Risk	07/01/2018	\$33,782.00
MEDICAL LEARNING INSTITUTE, INC.	PeerView Live at ASCP 2018: Advances and Challenges in Refining the Use of Cancer Immunotherapies Through Biomarker Testing (150205136)	07/02/2018	\$262,040.00
ENDOCRINE FELLOWS FOUNDATION	Fifth Annual Research Forum	07/02/2018	\$250,000.00
SOCIETY FOR IMMUNOTHERAPY OF CANCER	SITC 2018 Workshop on Nutrition, Metabolism and the Microbiome in Cancer Therapy	07/02/2018	\$100,000.00

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Organization	Program Title	Date	Amount
AMERICAN SOCIETY OF NEPHROLOGY	The Role of Hypoxia-Inducible Factors and Inflammation in the Anemia of Kidney Disease	07/02/2018	\$167,500.00
AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS	Managing Cardiovascular Risk Factors in Patients with Type 2 Diabetes: Emerging Concepts	07/04/2018	\$160,000.00
AMERICAN SOCIETY OF HEMATOLOGY	ASH Meeting on Hematologic Malignancies	07/04/2018	\$60,000.00
AMERICAN HEART ASSOCIATION	Scientific Sessions 2018 Dedicated Programming on Acute Coronary Syndrome	07/05/2018	\$20,000.00
BREATHE CALIFORNIA OF LOS ANGELES COUNTY	2018 BREATHE California of Los Angeles County 10th Annual COPD Conference	07/08/2018	\$3,000.00
SOCIETY FOR INDUSTRIAL MICROBIOLOGY AND BIOTECHNOLOGY	SIMB Annual Meeting	07/08/2018	\$3,000.00
JOSLIN DIABETES CENTER, INC.	2018 AANHPI Diabetes Coalition Conference The Future of Population Diabetes Research and Advocacy: Asian American Native Hawaiian Pacific Islanders	07/08/2018	\$5,000.00
ACS DIVISION OF MEDICINAL CHEMISTRY	Division of Medicinal Chemistry Program 256th ACS national meeting	07/09/2018	\$2,500.00
GORDON RESEARCH CONFERENCES, INC.	Gordon Research Conference Tissue Niches and Resident Stem Cells in Adult Epithelia	07/10/2018	\$10,000.00
NORTH AMERICAN THROMBOSIS FORUM	Reducing Cardiovascular Risk in Patients with Diabetes: A Comprehensive Yet Concise Patient Focused Action Plan	07/11/2018	\$60,000.00
AMERICAN ACADEMY OF ALLERGY ASTHMA AND IMMUNOLOGY	36th Annual Aspen Allergy Conference	07/11/2018	\$3,000.00
SOCIETY FOR IMMUNOTHERAPY OF CANCER	SITC 33rd Annual Meeting	07/16/2018	\$400,000.00
SOCIETY FOR IMMUNOTHERAPY OF CANCER	SITC Cancer Immunotherapy Sparkathon 2018--Emerging Leaders Igniting Innovation	07/16/2018	\$67,500.00
AMERICAN COLLEGE OF CHEST PHYSICIANS	Respiratory Syncytial Virus (RSV) Education Program	07/16/2018	\$35,000.00
BINAYTARA FOUNDATION	6th International Conference on Advances in Hematology and Oncology	07/16/2018	\$5,000.00
SOCIETY FOR MUCOSAL IMMUNOLOGY	Mucosal Immunology Course and Symposium	07/16/2018	\$10,000.00
BAYLOR COLLEGE OF MEDICINE	Breast Cancer Research and Education program	07/17/2018	\$3,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR Conference on The Science of Cancer Health Disparities	07/17/2018	\$25,000.00
MEDICAL LEARNING INSTITUTE, INC.	PeerView Live at CAP18: The Central Role of Biomarker Testing in Piecing Together the Immuno-Oncology Puzzle in the Era of Precision Medicine (150205123)	07/18/2018	\$164,230.00

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Organization	Program Title	Date	Amount
PENNSYLVANIA STATE UNIVERSITY	PeerView inClinic, Building Innovative Treatment Options for Patients with B-cell Malignancies: Practical Insights on Clinical Evidence and Integration Strategies 150205182	07/18/2018	\$32,330.00
ANNENBERG CENTER FOR HEALTH SCIENCES AT EISENHOWER	2018 JADPRO Live: The Annual APSHO Meeting—Sequencing of Treatments for Patients with Ovarian Cancer	07/19/2018	\$50,000.00
AMERICAN SOCIETY OF HEMATOLOGY	ASH Scholar Awards	07/20/2018	\$100,000.00
AMERICAN SOCIETY OF HEMATOLOGY	60th ASH Annual Meeting	07/20/2018	\$150,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR Cancer Health Disparities Think Tank	07/22/2018	\$25,000.00
ASSOCIATION OF PHYSICIAN ASSISTANTS IN ONCOLOGY	Association of Physician Assistants in Oncology 21st Annual Conference	07/23/2018	\$10,000.00
ANNENBERG CENTER FOR HEALTH SCIENCES AT EISENHOWER	2018 JADPRO Live: The Annual APSHO Meeting—Management of Side Effects for Patients with Multi-Modality Therapy in Thoracic Oncology	07/24/2018	\$50,000.00
AMERICAN SOCIETY OF NEPHROLOGY	Kidney Health Initiative	07/24/2018	\$30,000.00
GORDON RESEARCH CONFERENCES	2018 Gordon Research Conference and Seminar on Cell Death	07/26/2018	\$2,500.00
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE	Fifth Annual Metastatic Breast Cancer Conference	07/29/2018	\$10,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR Translational Cancer Research for Basic Scientists Workshop	07/31/2018	\$25,000.00
BOARD OF REGENTS FOR UNIVERSITY OF NEBRASKA	Virtual Challenging Case Clinic: B-Cell Lymphomas	08/01/2018	\$75,000.00
MASSACHUSETTS GENERAL HOSPITAL	Gene Panel Testing: Decision Aid	08/01/2018	\$100,000.00
LUNG CANCER ALLIANCE	Florida and Georgia Lung Cancer Screening Demonstration Project	08/01/2018	\$199,200.00
YALE SCHOOL OF MEDICINE	Severe Asthma 2018 Advances in Pathogenesis and Treatment	08/01/2018	\$15,000.00
UTAH CHAPTER OF THE AMERICAN COLLEGE OF CARDIOLOGY	Rockies Chapter Meeting	08/02/2018	\$3,000.00
SOCIETY FOR IMMUNOTHERAPY OF CANCER	Immune Escape: Current Understanding of Mechanisms and Advances in Therapeutics Approaches	08/02/2018	\$25,000.00
LUNG CANCER ALLIANCE	Florida and Georgia Lung Cancer Screening Demonstration Project	08/02/2018	\$147,972.00
NATIONAL JEWISH HEALTH	23rd Annual Regional Allied Health Conference: Current Perspectives in Asthma, Allergy, and Pulmonary Practice	08/02/2018	\$5,000.00

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Organization	Program Title	Date	Amount
AMERICAN ASSOCIATION FOR CANCER RESEARCH	FDA-AACR Workshop on Non-clinical Models for Safety Assessment of Immunooncology Products	08/02/2018	\$25,000.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS, INC.	Novel Treatment Advances and Approaches in the Management of Advanced Breast Cancer: Expert Strategies for Individualized Treatment	08/06/2018	\$35,000.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS, INC.	New Frontiers in the Management of Ovarian Cancer: Exploring the Role of PARP Inhibitors in the Evolving Treatment Paradigm	08/06/2018	\$45,000.00
SOCIETY FOR IMMUNOTHERAPY OF CANCER	2018 SITC Primer on Tumor Immunology and Cancer ImmunotherapyT	08/07/2018	\$50,000.00
SOCIETY FOR IMMUNOTHERAPY OF CANCER	SITC 2018 Grant Writing Workshop: Grant Writing: From Start to Finish, and Then Starting Again	08/07/2018	\$10,000.00
AMERICAS HEALTH FOUNDATION	The Diagnosis and Treatment of Hereditary Breast and Ovarian Cancer Syndrome in Brazil	08/07/2018	\$85,240.00
ADMINISTRATORS OF THE TULANE EDUCATION FUND	18th Annual SSCI Nephrology Young Investigators Forum	08/10/2018	\$55,000.00
NATIONAL KIDNEY FOUNDATION	Joint Analyses of GFR slope and Change in Albuminuria by AstraZeneca and the CKDEPI Collaboration	08/10/2018	\$105,895.00
ANNENBERG CENTER FOR HEALTH SCIENCES AT EISENHOWER	JADPRO Live 2018: New Drug Updates	08/12/2018	\$25,000.00
UNIVERSITY OF FLORIDA	Vascular Biology Working Group Global Chapter Meeting	08/12/2018	\$7,500.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	Optimizing Small Molecule Inhibitor Therapy for Relapsed/Refractory B-cell Lymphomas	08/12/2018	\$50,000.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS, INC.	Improving Clinical and Economic Outcomes with Emerging Therapies in the Management of Chronic Lymphocytic Leukemia (CLL)	08/12/2018	\$35,000.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS, INC.	Optimizing Treatment Strategies in the Management of Advanced Non-Small Cell Lung Cancer (NSCLC): Individualized Therapy for Improved Patient Outcomes	08/13/2018	\$35,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	NCCN 13th Annual Congress: Hematologic Malignancies™	08/13/2018	\$75,000.00
AMERICAN PANCREATIC ASSOCIATION, INC.	49th Annual Meeting of the American Pancreatic Association	08/13/2018	\$25,000.00
REGENTS OF THE UNIVERSITY OF CALIFORNIA	16th Annual Nephrology Young Investigators Forum	08/14/2018	\$50,000.00

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Organization	Program Title	Date	Amount
PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE	PeerView MasterClass: Innovative Therapy in B-Cell Malignancies: An Expert Tumor Board on Novel Agent Classes in CLL, FL, and MCL (150205208)	08/15/2018	\$115,000.00
ASSOCIATION OF UNIVERSITY TECHNOLOGY MANAGERS INC.	Series of AUTM 2019 Annual Meetings	08/15/2018	\$25,287.50
TRANSLATIONAL RESEARCH IN ONCOLOGY-US, INC.	TRIO-US & UCLA Annual Research Conference	08/16/2018	\$5,000.00
DANA-FARBER CANCER INSTITUTE	IWWM10—International Workshop on Waldenströms macroglobulinemia	08/17/2018	\$100,000.00
MEDICAL LEARNING INSTITUTE, INC.	Integrating BTK Inhibitors into the Management of B cell Malignancies: How is Evidence Driving Patient Care	08/20/2018	\$245,090.00
MEDICAL LEARNING INSTITUTE, INC.	CRI-AACR ISS—Improving Patient Outcomes With Cancer Immunotherapies and Combinations Throughout the Continuum of Lung Cancer (150205201)	08/20/2018	\$324,460.00
AMERICAN NEPHROLOGY NURSES ASSOCIATION (ANNA)	ANNA Fall Meeting CE Symposium	08/20/2018	\$42,500.00
AMERICAN SOCIETY OF NEPHROLOGY	Risk and Treatment of Hyperkalemia	08/20/2018	\$125,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR-AstraZeneca Lymphoma Research Fellowships	08/20/2018	\$276,000.00
SOCIETY FOR IMMUNOTHERAPY OF CANCER	2019 SITC-AstraZeneca Immunotherapy in Lung Cancer Clinical Fellowship	08/20/2018	\$120,000.00
GBMC HEALTHCARE	Advances in Treatment and Management of Ovarian Cancer	08/21/2018	\$2,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK	PARP Inhibitors in Breast Cancer: Expert Perspectives on Clinical Application and Genetic Testing	08/21/2018	\$240,000.00
UT HEALTH SCIENCE CENTER AT SAN ANTONIO SCHOOL OF MEDICINE OFFICE OF CME	41st Annual San Antonio Breast Cancer Symposium	08/21/2018	\$75,000.00
MEDICAL LEARNING INSTITUTE, INC.	PeerView Live—The Evolving Role of Immunotherapy as a Component of Multi-Modal Therapy in Earlier Stages of Lung Cancer: Rationale, Current Evidence, Key Trials, and Implications for Multidisciplinary Care (150205392)	08/22/2018	\$269,660.00
TEMPLE UNIVERSITY LUNG CENTER- OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION	Severe Uncontrolled Asthma: Definition, Management, and Advance Therapies	08/26/2018	\$65,000.00
OHIO CHAPTER OF THE AMERICAN COLLEGE OF CARDIOLOGY	28th Annual Meeting of the Ohio Chapter of the American College of Cardiology	08/26/2018	\$4,500.00
PROSTATE CANCER FOUNDATION	25th Annual Scientific Retreat	08/27/2018	\$20,000.00
AMERICAN UROLOGICAL ASSOCIATION EDUCATION AND RESEARCH, INC.	Advancing the Treatment of Genitourinary Cancer	08/27/2018	\$25,000.00

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Organization	Program Title	Date	Amount
THE ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	The Lancet Women and Cardiovascular Disease Commission	08/30/2018	\$50,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK	Behind the Guidelines: Insights into the Standard of Care in Oncology 2019	08/30/2018	\$25,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK	Behind the Guidelines: Insights into the Standard of Care in Oncology 2019	08/30/2018	\$25,000.00
THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY ON BEHALF OF ITS SCHOOL OF MEDICINE	Stanford Review of the 60th Annual American Society of Hematology Meeting 2019	09/05/2018	\$5,000.00
INTERNATIONAL CYTOKINE AND INTERFERON SOCIETY INC.	6th Annual Meeting of the International Cytokine and Interferon Society	09/11/2018	\$20,000.00
CEDARS-SINAI	7th Annual New Therapeutics in Oncology: The Road to Personalized Medicine	09/11/2018	\$10,000.00
MERCY HEALTH FOUNDATION	2019 Tri-State ASH Update	09/11/2018	\$5,000.00
DUKE UNIVERSITY	Duke Stanford CEC Summit: Scientific, Regulatory and Operational Best Practices	09/18/2018	\$20,000.00
KENTUCKY ACADEMY OF PHYSICIAN ASSISTANTS	Breast Cancer—Diagnosis and Patient Treatment Options	09/18/2018	\$3,000.00
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER	13th Update on the Management of Genitourinary Malignancies	09/20/2018	\$5,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	NCCN 2019 Congress Series™: Breast Cancer with Updates from the 2018 San Antonio Breast Cancer Symposium	09/20/2018	\$50,000.00
AMERICAN SOCIETY OF HEMATOLOGY	Hematology 2018: the ASH Education Program Book	09/21/2018	\$100,000.00
PENN STATE COLLEGE OF MEDICINE	Consensus or Controversy? Clinical Investigators Provide Perspectives on the Current and Future Management of Patients with Prostate Cancer—An ISS Held as a Premium Ancillary Educational Event During the 2019 Genitourinary Cancers Symposium	09/23/2018	\$75,000.00
HARTFORD HOSPITAL	34th Annual Cardiovascular Symposium presented by Hartford HealthCare	09/23/2018	\$5,000.00
JOHN HOPKINS UNIVERSITY	Novel Therapeutic Approaches to Allergic Diseases	09/24/2018	\$5,000.00
INTERNATIONAL SOCIETY FOR MAGNETIC RESONANCE IN MEDICINE	Advances in Multiscale Cancer Detection: From Micro to Macro	09/24/2018	\$2,500.00
PARENTERAL DRUG ASSOCIATION (PDA)	PDA Universe of Pre-filled Syringes and Injection Devices	10/01/2018	\$24,000.00
KEYSTONE SYMPOSIA ON MOLECULAR AND CELLULAR BIOLOGY	2019 Keystone Symposia Directors' Fund	10/01/2018	\$25,000.00
MEMORIAL SLOAN KETTERING CANCER CENTER	State-of-the-Art Gynecologic Surgery and Ovarian Cancer Management Conference 2018	10/01/2018	\$5,000.00

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Organization	Program Title	Date	Amount
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO	Official Best of San Antonio Breast Cancer Symposium	10/02/2018	\$60,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR-AstraZeneca Immuno-Oncology Research Fellowships	10/03/2018	\$276,000.00
MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY	OPTIMAL DURATION OF ANTIPLATELET THERAPY AFTER PCI: The Case for Longerterm Dual Antiplatelet Therapy in Patients with History of MI	10/8/2018	\$387,213.13
AMERICAN COLLEGE OF TOXICOLOGY	Symposium 4: Update on RNA Therapies: Challenges and Opportunities, American College of Toxicology 39th Annual Meeting	10/08/2018	\$5,000.00
PEPTIDE THERAPEUTICS FOUNDATION	13th Annual Peptide Therapeutics Symposium	10/08/2018	\$15,000.00
UNIVERSITY OF NEBRASKA MEDICAL CENTER	7th International Conference on Gram-Positive Pathogens	10/09/2018	\$5,000.00
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE OFFICE OF CONTINUING MEDICAL EDUCATION	2019 Atlanta Breast Cancer Symposium	10/09/2018	\$10,000.00
LYMPHOMA RESEARCH FOUNDATION	LRF Postdoctoral Fellowship	10/10/2018	\$105,000.00
THE GOG FOUNDATION INC.	11th Semi Annual Meeting of NRG Oncology (formerly GOG, NSABP, RTOG) cooperative groups	10/10/2018	\$20,000.00
THE UNIVERSITY OF CHICAGO	Chicago Lung Cancer Updates 2018	10/10/2018	\$10,000.00
AMERICAN ASSOCIATION OF THE STUDY OF LIVER DISEASES	The Liver Meeting 2018 Park Benches Support	10/11/2018	\$15,000.00
NATIONAL ANIMAL INTEREST ALLIANCE	The Continued Importance of Animal Research	10/14/2018	\$2,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR-AstraZeneca Lung Cancer Research Fellowships (Driver Mutations)	10/17/2018	\$276,000.00
THE COOPER HEALTH SYSTEM	Contemporary Practices in Cardiology	10/22/2018	\$2,500.00
AMERICAN SOCIETY OF HEMATOLOGY	2019 Highlights of ASH in North America	10/22/2018	\$100,000.00
EMORY UNIVERSITY SCHOOL OF MEDICINE	3rd National Congress on the Prevention of Diabetes and Its Complications	10/24/2018	\$5,000.00
MEMORIAL SLOAN KETTERING CANCER CENTER	2018 Annual Cancer Treatment-Related Adverse Events Symposium	10/24/2018	\$5,000.00
ECOG RESEARCH AND EDUCATION FOUNDATION, INC.	2018 ECOG-ACRIN Fall Group Meeting	10/24/2018	\$5,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR Special Conference on Tumor Immunology and Immunotherapy	10/28/2018	\$25,000.00
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER	Best of 19th World Conference on Lung Cancer (WCLC)	10/28/2018	\$20,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
WASHINGTON UNIVERSITY	45th Annual Washington University Kilo Diabetes Symposium	10/29/2018	\$3,000.00
VIRGINIA BIOTECHNOLOGY ASSOCIATION	Medimmune Chariman's Circle Membership	11/01/2018	\$25,000.00
METABOLIC ENDOCRINE EDUCATION FOUNDATION	16th Annual World congress on Insulin Resistance Diabetes and Cardiovascular Disease (WCIRDC)	11/01/2018	\$100,000.00
MEDICAL LEARNING INSTITUTE, INC.	PeerView Live—ISS at the Thoracic Cancers Symposium, "The Present and Future of Immunotherapy as a Key Component of the Treatment Arsenal for Locally Advanced and Earlier Stages of Lung Cancer: State of the Science, Practicalities, and Implications for Mult	11/01/2018	\$286,060.00
METABOLIC ENDOCRINE EDUCATION FOUNDATION	CHF, the Next Frontier in Diabetes: Do SGLT2 Inhibitors Have a Role in Management and Prevention?	11/01/2018	\$150,705.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	ASCO and NCCN 2019 ISS CCO: PARP Inhibitors in Breast Cancer: Expert Perspectives on Clinical Application and Genetic Testing	11/01/2018	\$60,000.00
BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA	Grand Rounds series Bioascend: 2019 Ovarian Community Grand Rounds: Incorporating Recently Approved Targeted Agents, Emerging Combinations, and Genetic Testing for the Optimal Management of Patients with Ovarian Cancer	11/01/2018	\$250,000.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS, INC.	Webinars: PARP Inhibition and its Evolving Use in the Treatment of Cancers: What Managed Care Needs to Know for Improved Clinical and Economic Outcomes	11/01/2018	\$150,000.00
JOHNS HOPKINS UNIVERSITY	FastForward Silver Sponsorship	11/05/2018	\$25,000.00
ASSOCIATION FOR WOMEN IN SCIENCE	Innovation and Inclusion Summit	11/05/2018	\$25,000.00
FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH	2018 Biomarkers Consortium Cancer Steering Committee Annual Scientific Symposium	11/05/2018	\$10,000.00
MEDICAL LEARNING INSTITUTE, INC.	PeerView Oncology—ISS at ASCO-SITC, Seminars in Immuno-Oncology, "III, II, I: Addressing Unmet Needs in Earlier Stages of NSCLC With Immunotherapy" (150205292)	11/06/2018	\$324,340.00
MEDICAL LEARNING INSTITUTE, INC.	ISS at 2019 Multidisciplinary Thoracic Cancers Symposium- Refining Current Practice and Exploring New Frontiers in EGFR-Mutant NSCLC (150205322)	11/06/2018	\$286,060.00
AMERICAN COLLEGE OF VETERINARY PATHOLOGISTS	Comparative Pathologists in Translational Medicine reception at the 2018 ACVP/ASVCP Concurrent Annual Meeting	11/06/2018	\$2,000.00
AMERICAN ASSOCIATION OF PHARMACEUTICAL SCIENTISTS	AAPS PharmSci 360	11/06/2018	\$50,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
MAYO CLINIC ARIZONA	Mayo Clinic Cancer Center Thoracic Oncology Update State of the Art Evaluation and Management of Thoracic Cancers	11/07/2018	\$5,000.00
SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS FOUNDATION	Case-based Forum: Individualizing Anti-thrombotic Therapies for PCI Patients	11/07/2018	\$20,000.00
UT HEALTH SAN ANTONIO	2019 Practical Application of New Agents in Oncology	11/07/2018	\$5,000.00
AMERICAN SOCIETY FOR RADIATION ONCOLOGY	2018 Best of ASTRO	11/07/2018	\$10,000.00
PERSONALIZED MEDICINE COALITION	14th Annual Personalized Medicine Conference	11/11/2018	\$25,000.00
ACLAM FOUNDATION	2018 ACLAM Grants	11/11/2018	\$4,000.00
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	LIVE Conference: 3rd International Prostate Cancer and Urologic Oncology Symposium	11/11/2018	\$5,000.00
AMERICAN SOCIETY FOR RADIATION ONCOLOGY	2019 Multidisciplinary Thoracic Cancers Symposium	11/11/2018	\$50,000.00
CENTER FOR MEDICAL TECHNOLOGY POLICY	Core Outcomes in Non-Alcoholic Steatohepatitis	11/11/2018	\$75,000.00
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER	Medical Oncology and Hematology 2019: Multidisciplinary Approaches that Improve Coordination of Care	11/11/2018	\$10,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	NCCN 2019 Nursing Program: Advancing Oncology NursingT at the NCCN Annual Conference	11/11/2018	\$30,000.00
NORTH AMERICAN 3R'S COLLABORATIVE	Virtual Education Community (VEC) Support	11/11/2018	\$4,000.00
COLLEGIUM INTERNATIONALE ALLERGOLOGICUM	32nd Biennial Symposium of the Collegium Internationale Allergologicum	11/12/2018	\$40,000.00
PENN STATE COLLEGE OF MEDICINE	ISS at AACR BTK Inhibition as an Anti-Cancer Strategy: Exploring a Model for Modern Targeted Therapy in Hematologic Malignancies and Beyond (150205409)	11/12/2018	\$370,330.00
CLEVELAND CLINIC EDUCATIONAL FOUNDATION	Cleveland Clinic Florida's 2nd Annual San Antonio Breast Cancer Symposium SABCS Official Review Course	11/12/2018	\$5,000.00
MAYO CLINIC JACKSONVILLE	Mayo Clinic Advances in Breast Cancer Management 2019	11/12/2018	\$15,000.00
LEUKEMIA RESEARCH FOUNDATION INC.	Hollis Brownstein Research Grants Program	11/13/2018	\$100,000.00
MEDICAL LEARNING INSTITUTE, INC.	ISS at ONS- Taking Aim at B-Cell Malignancies with BTK Inhibitors: Hematology/Oncology Nurse Perspectives and Insights on Clinical Care (150205361)	11/13/2018	\$317,050.00
MEDSTAR HEALTH, INC.	Lung Cancer 2018: Progress and Future Directions	11/15/2018	\$5,000.00

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Organization	Program Title	Date	Amount
NATIONAL KIDNEY FOUNDATION	Research initiative to extend the analytical work related to evaluation of clinical endpoints suitable for early phase trials in CKD using the CKD-Epidemiology Consortium (CKD-EPI)	11/18/2018	\$28,800.00
BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA	2019 Lymphoma Study Group Hematology Highlights A Post ASH Review	11/20/2018	\$7,500.00
SCRIPPS HEALTH	39th Annual Clinical Hematology and Oncology Conference	11/20/2018	\$25,000.00
AMERICAN ACADEMY OF CME, INC.	Pharmacists' Role in the Comprehensive Care of Acute Coronary Syndrome	11/25/2018	\$49,800.00
PREVENTIVE CARDIOVASCULAR NURSES ASSOCIATION	Connecting Heart Disease and Diabetes-HCP Live and On-Demand Education	11/26/2018	\$40,000.00
UHS PROFESSIONAL EDUCATION PROGRAMS INC. (DBA VCU HEALTH CONTINUING MEDICAL EDUCATION)	Women's Health 2019	11/26/2018	\$5,000.00
CARDIOVASCULAR RESEARCH FOUNDATION	25th Annual Interventional Cardiology Fellows Course	11/26/2018	\$15,000.00
CEDARS-SINAI MEDICAL CENTER	13th Annual Women and Ischemic Heart Disease Symposium	11/28/2018	\$5,000.00
SCRIPPS HEALTH	Dr. Richard Schatz Interventional Cardiology Summit	11/28/2018	\$5,000.00
KEYSTONE SYMPOSIA ON MOLECULAR AND CELLULAR BIOLOGY	2019 DNA Replication and Genome Instability: From Mechanism to Disease A1	11/29/2018	\$10,000.00
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER	11th ANNUAL HEMATOLOGIC MALIGNANCIES DEMYSTIFIED: A CRITICAL APPRAISAL OF DATA FROM 2018	11/29/2018	\$50,000.00
MEDSTAR WASHINGTON HOSPITAL CENTER	Cardiovascular Research Technologies, (CRT) 2019	11/29/2018	\$25,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2019 Conquer Cancer Foundation of ASCO Merit Awards	12/02/2018	\$40,000.00
NORTHWELL HEALTH	New York City—Debates in Interventional Cardiology	12/02/2018	\$20,000.00
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION	New York Cardiovascular Symposium	12/02/2018	\$10,000.00
INTERNATIONAL EOSINOPHIL SOCIETY, INC.	11th Biennial Symposium	12/02/2018	\$25,000.00
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE	Grand Rounds series MCM:15 visiting faculty series: Novel Targeted Agents in the Management of Recurrent Advanced Ovarian Cancer	12/03/2018	\$150,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2019 Conquer Cancer Foundation of ASCO Mission Endowment	12/03/2018	\$500,000.00

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Organization	Program Title	Date	Amount
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR-AstraZeneca Breast Cancer Research Fellowships	12/03/2018	\$276,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR-AstraZeneca Ovarian Cancer Research Fellowships (DNA Damage Response)	12/03/2018	\$276,000.00
AMERICAN SOCIETY OF HEMATOLOGY	ASH Bridge Grant Program	12/03/2018	\$150,000.00
GORDON RESEARCH CONFERENCE	Gordon Research Conference: Biotherapeutics and Vaccines Development	12/03/2018	\$4,000.00
INDIANA UNIVERSITY	Breast Cancer Year in Review	12/03/2018	\$5,000.00
AMERICAN ASSOCIATION FOR CANCER RESEARCH	AACR Annual Meeting 2019	12/03/2018	\$225,000.00
TEXAS HEART INSTITUTE	9th Annual Women's Heart and Vascular Symposium: A New Era in Prevention, Diagnosis and Treatment	12/03/2018	\$3,000.00
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION	2018 Managing Cardiovascular Risk in Diabetes Roundtable	12/03/2018	\$150,000.00
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER	IASLC 19th Targeted Therapies for Lung Cancer Meeting	12/03/2018	\$100,000.00
NORTH CAROLINA THORACIC SOCIETY	North Carolina Thoracic Society Annual Meeting	12/04/2018	\$14,500.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2019 Conquer Cancer Foundation of ASCO Young Investigator Award (YIA)	12/05/2018	\$287,500.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2019 Conquer Cancer Foundation of ASCO Career Development Award (CDA)	12/05/2018	\$230,000.00
FRIENDS OF CANCER RESEARCH	2019 Friends of Cancer Research Programs	12/05/2018	\$200,000.00
COLEGIO DE MÉDICOS CIRUJANOS DE PUERTO RICO	Innovations in Medicine 2018	12/06/2018	\$10,000.00
SOCIETY FOR IMMUNOTHERAPY OF CANCER	SITC's Cancer Immunotherapy Winter School	12/06/2018	\$150,000.00
USF HEALTH PROFESSIONS CONFERENCING CORPORATION	15th Annual Clinical Breakthroughs and Challenges in Hematologic Malignancies	12/06/2018	\$7,500.00
SOCIETY FOR IMMUNOTHERAPY OF CANCER	SITC's Cancer Immunotherapy Guidelines Project	12/09/2018	\$100,000.00
AMERICAN UROLOGICAL ASSOCIATION	Next Frontiers in Urology 2019: a Biennial AUA/JUA Symposium	12/09/2018	\$10,000.00
HOSPITAL QUALITY FOUNDATION	Update on NSTEMI Management for Hospitalists	12/10/2018	\$185,000.00
CARDIOVASCULAR RESEARCH FOUNDATION	DAPT Dilemmas: A Case-Based Roundtable Tutorial	12/12/2018	\$25,000.00
ST. DOMINIC-JACKSON MEMORIAL HOSPITAL	Neuroscience Cardiovascular Symposium	12/12/2018	\$5,000.00
HEART FAILURE SOCIETY OF AMERICA INC.	2019 Future Leaders in Heart Failure Symposium	12/12/2018	\$25,000.00

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Organization	Program Title	Date	Amount
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2019 Gastrointestinal (GI) Cancers Symposium: Multidisciplinary Treatment, Personalized Care, Optimal Outcomes	12/13/2018	\$40,000.00
UNIVERSITY OF NEBRASKA MEDICAL CENTER	ONS 2019 ISS Bioascend: Patient and Nurse Perspectives on the Use of PARP Inhibitors for Ovarian Cancer: Strategies for Maximizing Patient Outcomes	12/13/2018	\$150,000.00
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER	2019 Oncologic Emergency Medicine Conference	12/13/2018	\$20,000.00
DUKE UNIVERSITY	4th Annual Duke Heart Center/DCRI Fellows' Presentation Skills Course	12/13/2018	\$3,000.00
FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY	Acute Kidney Injury: from bedside to bench (and back again)	12/16/2018	\$5,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2019 ASCO–SITC Clinical Immuno-Oncology Symposium	12/16/2018	\$70,000.00
PENNSYLVANIA SOCIETY FOR BIOMEDICAL RESEARCH	2018 Educational Programming Support	12/16/2018	\$2,000.00
AMERICAN DIABETES ASSOCIATION	Pathway to Stop Diabetes	12/16/2018	\$500,000.00
MEDICAL LEARNING INSTITUTE, INC.	ISS at ASCO GI—Breaking the Paradox: Expanding Options and New Questions in HCC Management (150205289)	12/17/2018	\$37,500.00
C DAVIS AND S THOMPSON DVM FOUNDATION	Corporate Membership	12/17/2018	\$2,000.00
MIDWINTER CONFERENCE OF IMMUNOLOGISTS	58th Midwinter Conference of Immunologists	12/18/2018	\$5,000.00
SOCIETY FOR IMMUNOTHERAPY OF CANCER	SITC General Society	12/19/2018	\$3,000.00
NATIONAL ACADEMY OF SCIENCES	Roundtable in Science and Welfare of Laboratory Animal Use	12/20/2018	\$4,000.00
MIT	Koch Institute 2019 Immune Engineering Symposium	12/23/2018	\$5,000.00
NATIONAL KIDNEY FOUNDATION	The Role of the Kidney and SGLT2 in Glucose Homeostasis and Kidney Disease: A Scientific Workshop Sponsored by the National Kidney Foundation	01/03/2019	\$100,000.00
AMERICAN ACADEMY OF ALLERGY, ASTHMA AND IMMUNOLOGY FOUNDATION, INC.	AAAAI Foundation 2019 Lectureship Series	01/03/2019	\$150,000.00
NATIONAL JEWISH HEALTH	15th Annual Respiratory Disease Young Investigators' Forum	01/03/2019	\$299,856.00
MEDICAL LEARNING INSTITUTE INC.	ONS 2019 ISS Peerview: "Realizing the Promise of PARP Inhibitors in Solid Tumor Therapy Guiding Oncology Nurses on the Advances and Challenges" (150205359)	01/07/2019	\$250,000.00
AMERICAN SOCIETY OF NEPHROLOGY	Kidney Health Initiative	01/14/2019	\$30,000.00

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Organization	Program Title	Date	Amount
MELANOMA RESEARCH ALLIANCE	Melanoma Research Alliance 11th Annual Scientific Retreat	01/14/2019	\$10,000.00
METABOLIC ENDOCRINE EDUCATION FOUNDATION	3rd Annual Heart in Diabetes (HiD)	01/15/2019	\$100,000.00
COLD SPRING HARBOR LABORATORY	Integrated control of feeding and energy balance by hypothalamic and hindbrain circuits	01/16/2019	\$10,000.00
NEW YORK UNIVERSITY	XXIV Conference on the Chemistry of the Organic Solid State	01/16/2019	\$5,000.00
NATIONAL JEWISH HEALTH	41st Annual National Jewish Health Pulmonary and Allergy Update	01/22/2019	\$10,000.00
MEDICAL LEARNING INSTITUTE INC.	ISS at AATS 2019 Broadening Horizons:The Expanding Role of Immunotherapy in Locally Advanced and Earlier Stages of Lung Cancer (150205422)	01/22/2019	\$302,760.00
MEDICAL LEARNING INSTITUTE, INC.	CAP Chapter Meetings: Molecular Testing for EGFR Mutations in the Context of a Changing Treatment Landscape, Evolving Testing Options, and New Guidelines What Do Pathologists Need to Know and Do? (150205307)	01/24/2019	\$414,050.00
LUNGEVITY FOUNDATION	LUNGeVity Foundation Nursing and Nurse Navigator Roundtable	02/03/2019	\$10,000.00
REGENTS OF UC SAN DIEGO	2nd Annual Multi-Disciplinary Head and Neck Cancer Conference-Maximizing Speech and Swallowing Outcomes in Patients Undergoing Radiation Therapy: We're in This Together	02/04/2019	\$25,000.00
UNIVERSITY OF KANSAS MEDICAL CENTER	2018 San Antonio Breast Cancer Symposium Review	02/06/2019	\$5,000.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS, INC.	Individualizing Treatment in the Management of Advanced Breast Cancer: How Novel Therapies Are Changing the Treatment Paradigm	02/06/2019	\$22,500.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS, INC.	Integrating New and Emerging Targeted Therapies into the Treatment Paradigm in Ovarian Cancer: Expert Strategies for Improved Patient Outcomes	02/06/2019	\$22,500.00
FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY	Mitochondrial Biogenesis and Dynamics in Health and Disease	02/07/2019	\$10,000.00
NATIONAL JEWISH HEALTH	Impact of Educational Program on the Career Development of Physician Scientists; Outcomes from 14 years of the Annual Respiratory Disease Young Investigators' Forum—An Article for Publication	02/07/2019	\$64,925.00
NYU SCHOOL OF MEDICINE	Asthma Airways and the Environment	02/10/2019	\$20,000.00
MEDSTAR HEALTH	Mid-Atlantic Nephrology Young Investigators Forum	02/10/2019	\$50,000.00

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Organization	Program Title	Date	Amount
SOCIETY OF GYNECOLOGIC ONCOLOGY	SGO 2019 Annual Meeting on Women's Cancer	02/10/2019	\$62,500.00
COLUMBIA UNIVERSITY DEPARTMENT OF SURGERY	Heart Disease and Women	02/11/2019	\$7,500.00
AMERICAN DIABETES ASSOCIATION	66th Advanced Postgraduate Course	02/11/2019	\$40,000.00
NATIONAL KIDNEY FOUNDATION	Hypoxia-Inducible Factor Stabilization as an Emerging Therapy for CKD Related Anemia A Scientific Workshop Sponsored by the National Kidney Foundation	02/11/2019	\$100,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	2019–2020 Monthly Oncology Tumor Boards: A Multidisciplinary Approach to Individualized Patient Care	02/13/2019	\$25,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	2019–2020 Monthly Oncology Tumor Boards: A Multidisciplinary Approach to Individualized Patient Care	02/13/2019	\$25,000.00
THE SOCIETY OF SURGICAL ONCOLOGY	SSO 2019 Annual Cancer Symposium	02/14/2019	\$5,000.00
ONCOLOGY NURSING SOCIETY	ONS Evidence-Based Practice Improvement Project: Constipation	02/17/2019	\$293,500.00
THE UNIVERSITY OF CHICAGO	16th Annual International Ultmann Chicago Lymphoma Symposium	02/17/2019	\$50,000.00
HOUSTON METHODIST HOSPITAL	Heart of a Woman	02/17/2019	\$3,000.00
HEMATOLOGY/ONCOLOGY PHARMACY ASSOCIATION	HOPA 15th Annual Conference	02/18/2019	\$35,000.00
BAYLOR SCOTT AND WHITE HEALTH	8th Annual Symposium on Current Strategies in the Treatment of Multiple Myeloma, Leukemia, Hodgkin's Lymphoma and B-cell Non-Hodgkin's Lymphoma	02/18/2019	\$10,000.00
USF HEALTH PROFESSIONS CONFERENCING CORPORATION	CARDIOVASCULAR AND RENAL COMPLICATIONS IN T2DM: Roles of Physician Assistants and Nurse Practitioners in Patient Management	02/18/2019	\$247,330.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS, INC.	New Horizons in the Treatment and Management of B-Cell Non-Hodgkin Lymphoma: A Closer Look at the Role of Emerging Targeted Therapies	02/18/2019	\$35,000.00
ONCOLOGY NURSING SOCIETY	ONS 44th Annual Congress and Regional Workshops	02/18/2019	\$50,000.00
MEDICAL LEARNING INSTITUTE INC.	PeerView inVision: "New Frontiers in Managing Heart Failure: Are SGLT2 Inhibitors the Next Leap Forward in Optimizing Patient Care?" (150205455)	02/19/2019	\$122,250.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	NCCN 2019 Annual Conference: Improving the Quality, Effectiveness, and Efficiency of Cancer Care™	02/19/2019	\$75,000.00
ACS DIVISION OF MEDICINAL CHEMISTRY	257th ACS National Meeting	02/19/2019	\$2,000.00

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Organization	Program Title	Date	Amount
ASSOCIATION FOR MOLECULAR PATHOLOGY	TARC Targeting DNA Repair Pathways: Current and Future Implications of PARP Inhibitors	02/19/2019	\$125,000.00
COLUMBIA UNIVERSITY DEPARTMENT OF SURGERY	Pancreas Symposium 2019: Current Controversies in Benign and Malignant Pancreatic Disease	02/20/2019	\$3,000.00
CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	2019 ASCO Annual Meeting Breast Cancer Track	02/20/2019	\$30,000.00
ST. JOSEPH REGIONAL HEALTH NETWORK	Annual Cardiovascular Symposium	02/21/2019	\$1,000.00
ANNENBERG CENTER FOR HEALTH SCIENCES AT EISENHOWER	Master Class for Oncologists 2019—Women's Cancer Track	02/21/2019	\$25,000.00
ANNENBERG CENTER FOR HEALTH SCIENCES AT EISENHOWER	Master Class for Oncologists 2019—Hematologic Malignancies Track	02/21/2019	\$25,000.00
AMERICAN COLLEGE OF PHYSICIANS; PUERTO RICO CHAPTER	Achieving Excellence in Patient Care American College of Physician Annual Meeting and Internal Medicine Update and Board Review	02/24/2019	\$1,500.00
MEDICAL LEARNING INSTITUTE INC.	PeerView Video in Exchange Navigating Clinical Challenges to Maximize the Benefits and Minimize the Risks of Cancer Immunotherapies (150204478)	02/25/2019	\$95,975.00
COLUMBIA UNIVERSITY DEPARTMENT OF SURGERY	Breast Cancer Management 2019	02/26/2019	\$2,000.00
HOLY CROSS HOSPITAL INC.	Updates in the Treatment of Common Cancers: Lung, Gastrointestinal, GYN, and Breast	02/28/2019	\$2,000.00
HOLY CROSS HOSPITAL INC.	Updates in the Treatment of Common Cancers: Lung, Gastrointestinal, GYN, and Breast	02/28/2019	\$2,000.00
NATIONAL KIDNEY FOUNDATION	Chronic Hyperkalemia Management and Outcomes in CKD	03/01/2019	\$257,085.00
AMERICAN ACADEMY OF CME, INC.	Crucial Conversations in Nephrology: PHD Inhibition as an Emerging Approach to Treating CKD Anemia	03/03/2019	\$99,990.00
UNIVERSITY OF ROCHESTER	20th Annual Diabetes Conference: Current Treatments for Diabetes Complications	03/03/2019	\$6,500.00
CLEVELAND CLINIC EDUCATIONAL FOUNDATION	Advanced Diagnostic Bronchoscopy Workshop	03/03/2019	\$10,000.00
PREVENTIVE CARDIOVASCULAR NURSES ASSOCIATION	Cardiovascular Risk Reduction: 25th Cardiovascular Nursing Symposium Opening Session	03/03/2019	\$50,000.00
PENN STATE COLLEGE OF MEDICINE	An Update on SGLT2 Inhibition for the Prevention and Treatment of Kidney Disease in Patients with Type 2 Diabetes (150205286)	03/03/2019	\$142,430.00

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Organization	Program Title	Date	Amount
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO	Making the Connection: A Comprehensive Strategy on the Modern Management of Type 1 and Type 2 Diabetes 2019	03/03/2019	\$200,000.00
ANNENBERG CENTER FOR HEALTH SCIENCES AT EISENHOWER	From Inquiry to Investigation to Insight (I3): Clinical Clarity in Non-Small Cell Lung Cancer—The 2019 JADPRO Lung Cancer Conference	03/03/2019	\$50,000.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS, INC.	Advances in the Management of Acute Coronary Syndrome (ACS): Updated Guideline Recommendations for Dual Antiplatelet Therapy	03/03/2019	\$30,000.00
EASTERN VIRGINIA MEDICAL SCHOOL	Turning the Tide on Diabetes 2019	03/03/2019	\$5,000.00
AMERICAN ACADEMY OF ALLERGY ASTHMA AND IMMUNOLOGY	Foundations of Asthma Management	03/04/2019	\$200,000.00
KEYSTONE SYMPOSIA ON MOLECULAR AND CELLULAR BIOLOGY	2019 Cancer Immunotherapy: Mechanistic Insights to Improve Clinical Benefit	03/04/2019	\$5,000.00
METABOLIC ENDOCRINE EDUCATION FOUNDATION	The Primary Prevention of CHF and CKD in Diabetes Satellite Symposium	03/04/2019	\$154,110.00
THE CHEST FOUNDATION	2019 CHEST Foundation Research Award in Severe Asthma	03/04/2019	\$35,000.00
MEDICAL LEARNING INSTITUTE INC.	PeerView Live at USCAP 2019, Clinical Advances in Cancer Immunotherapies, Biomarkers, and Testing: Implications for Pathologists at the Forefront of the Emerging Precision Oncology Era (150205529)	03/04/2019	\$90,000.00
AMERICAN NEPHROLOGY NURSES ASSOCIATION (ANNA)	The CKD Patient with Hyperkalemia: Nephrology Nurses Evidence Based Care	03/05/2019	\$61,500.00
NATIONAL ASSOCIATION OF MANAGED CARE PHYSICIANS, INC.	Improving Clinical and Economic Outcomes with Personalized Treatment in the Management of Advanced Non-Small Cell Lung Cancer (NSCLC)	03/05/2019	\$35,000.00
DUKE UNIVERSITY	The Southeastern Fellows Research Skills and Training Workshop	03/06/2019	\$2,500.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	NCCN 2019 Oncology Fellows Program: New Horizons in Quality Cancer CareT at the NCCN Annual Conference	03/06/2019	\$10,000.00
UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE	Allergy Fellowship	03/06/2019	\$40,000.00
DREXEL MEDICINE	Updates In Women's Health 2109	03/06/2019	\$2,000.00
MEDICAL LEARNING INSTITUTE INC.	Addressing Unmet Needs in Managing Anemia in Chronic Kidney Disease: A Closer Look at the Clinical Potential of HIF-PH Inhibitors (150205556)	03/06/2019	\$122,250.00
SIDNEY KIMMEL MEDICAL COLLEGE AT THOMAS JEFFERSON UNIVERSITY	7th Annual Lung Cancer Symposium	03/06/2019	\$2,500.00

Appendix A—Continued

Organization	Program Title	Date	Amount
MEDICAL LEARNING INSTITUTE INC.	ASCO 2019 peer view Stories from the Pancreatic Cancer CaseBook: Taking the Road to Improved Outcomes with Modern Therapeutic Concepts and Innovative Treatments (150205416)	03/10/2019	\$30,000.00
AMERICAN COLLEGE OF ALLERGY, ASTHMA AND IMMUNOLOGY	GKCAS 2019 Annual Meeting	03/10/2019	\$3,000.00
REGENTS OF THE UNIVERSITY OF CALIFORNIA	13th International Congress on Systemic Lupus Erythematosus (LUPUS 2019)	03/10/2019	\$25,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	Support for NCCN Distribution of the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for Management of Immunotherapy-Related Toxicities Pocket Guides	03/11/2019	\$60,000.00
AMERICAN UROLOGICAL ASSOCIATION	Bladder Cancer in Women: Identifying Research Needs to Improve Diagnosis and Treatment A Johns Hopkins Greenberg Bladder Cancer Institute/ American Urological Association Translational Research Collaboration	03/11/2019	\$15,000.00
GORDON RESEARCH CONFERENCES	2019 Multidrug Efflux Systems Gordon Research Conference	03/11/2019	\$2,500.00
NATIONAL KIDNEY FOUNDATION	14th Annual Young Investigator's Forum	03/12/2019	\$50,000.00
AMERICAN COLLEGE OF CHEST PHYSICIANS	Lung Cancer Screening Decision Counselor and Navigator Training	03/12/2019	\$25,000.00
SOCIETY OF INTERVENTIONAL RADIOLOGY	SIR Annual Scientific Meeting	03/13/2019	\$12,500.00
ECOG RESEARCH AND EDUCATION FOUNDATION, INC.	ECOG-ACRIN Spring 2019 Group Meeting	03/13/2019	\$5,000.00
MEDSTAR HEALTH, INC.	Kidney and Bladder Cancers 2019	03/14/2019	\$10,000.00
AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION	ACC Annual Scientific Session	03/14/2019	\$50,000.00
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	55th Annual Robert M. Jeresaty, MD Cardiovascular Symposium	03/14/2019	\$5,000.00
CARDIOVASCULAR RESEARCH FOUNDATION	A New Beat: Improving Cardiovascular Care in Women and Minorities	03/14/2019	\$25,000.00
GORDON RESEARCH CONFENCE	Therapeutically Targeted Small Molecules and Enabling Technologies in Drug Discovery	03/14/2019	\$2,500.00
NATIONAL COMPREHENSIVE CANCER NETWORK	Support for NCCN Distribution of the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for Breast Cancer Pocket Guides	03/14/2019	\$25,000.00
NORTHWELL HEALTH	1st Annual Heart of Prevention Symposium: Updates on Cardiovascular Disease Prevention With a Focus on Women's Heart Health	03/17/2019	\$15,000.00

Appendix A—Continued

Organization	Program Title	Date	Amount
AMERICAN THORACIC SOCIETY INC.	ATS 2019 Fellows Track Symposium	03/17/2019	\$10,000.00
SOCIETY FOR IMMUNOTHERAPY OF CANCER	SITC's PD-L1 Resistance Definition Project	03/17/2019	\$35,000.00
CITY OF HOPE	8th Annual Clinical Cancer Genetics and Genomics Conference; From Exceptionalism to Exceptional Care: Mainstreaming Genomic Medicine in Clinical Practice	03/17/2019	\$10,000.00
FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY	2019 FASEB SRC on Intracellular RNA localization and local translation	03/18/2019	\$5,000.00
FOUNDATION FOR HEART FAILURE EDUCATION, INC.	23rd Annual Heart Failure-An Update on Therapy	03/18/2019	\$10,000.00
PURDUE UNIVERSITY	Type 2 Diabetes Mellitus and Heart Failure: Screening, Diagnosis, and Management	03/19/2019	\$75,000.00
ASTHMA AND ALLERGY FOUNDATION OF AMERICA—ALASKA CHAPTER	"Wheezin, Sneezin and Itchin in Alaska"	03/19/2019	\$10,000.00
AMERICAN RADIUM SOCIETY	101st Annual Meeting	03/19/2019	\$25,000.00
NATIONAL KIDNEY FOUNDATION	Anemia in Chronic Kidney Disease: Arming Clinicians with Meaningful Solutions	03/19/2019	\$257,085.00
AMERICAN UROLOGICAL ASSOCIATION EDUCATION AND RESEARCH, INC.	The Evolving Role of the Urologist in Advanced Castration Dependent Prostate Cancer: a Guidelines and Case-based Discussion	03/19/2019	\$25,000.00
NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	Emerging Issues in Oncology—Ensuring Access to, and Delivery of, Innovative Therapies and Patient Centered Care in Oncology	03/20/2019	\$25,000.00
ACS DIVISION OF BIOCHEMICAL TECHNOLOGY	257th ACS National Meeting and Exposition (BIOT Division)	03/20/2019	\$5,000.00

Worksheet: Grants 2014 to Mar 20 2019

Appendix B

Product	Q114	Q214	Q314	Q414	Q115	Q215	Q315	Q415	Q116	Q216	Q316	Q416	Q117	Q217	Q317	Q417	Q118	Q218	Q318	Q418
FARXIGA													X	X	X	X	X	X	X	X
ONGLYZA					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
KOMBIGLYZE								X	X	X	X	X	X	X	X	X	X	X	X	X
SYMBICORT									X	X	X	X	X	X	X	X	X	X	X	X
PULMICORT FLEXHALER													X	X	X	X	X	X	X	X
NEXIUM OS	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
NEXIUM XSULE	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CRESTOR	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
BYETTA					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
BYDUREON																	X	X	X	X
SYMLIN	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
TUDORZA																	X	X	X	X

X URA Capped at AMP

Appendix C

Product	MPD Plan	Effective Dates
Byetta	Abarca	1/1/18–12/31/19
	Envision	1/1/18–12/31/18
	Express Scripts	4/1/18–12/31/19
	Health Delegates	1/1/18–12/31/18
	MedImpact	1/1/19–12/31/19
	SIS	1/1/18–12/31/19
Crestor	Abarca	1/1/16–12/31/16
	Blue Shield of CA	7/1/15–12/31/16; 5/2/16–12/31/16
	Emblem Health	1/1/15–12/31/15; 1/1/16–12/31/16
	Envision	1/1/17–12/31/17
	Express Scripts	5/2/16–12/31/19
	Florida Health	1/1/14–12/31/16
	Health Alliance Medical Plan	1/1/15–12/31/16
	Health Partners Plans	1/1/15–12/31/16
	Healthspring	4/1/15–12/31/15
	Highmark	7/1/14–12/31/16
	Humana	1/1/15–12/31/16; 5/1/16–7/30/16; 8/1/2016–12/31/16
	IHA	1/1/15–12/31/16
	MedImpact	1/1/15–5/1/16
	Navitus	1/1/15–12/31/16
	OptumRx	7/1/16–12/31/17
	Perform Rx	10/1/15–12/31/16
	Pharm. Tech	1/1/15–12/31/16
	Prime Therapeutics	5/2/16–12/31/16
	SelectHealth	1/1/15–12/31/16
	SilverScript	7/1/14–12/31/16
SIS	1/1/15–12/31/16	
Ventegra	1/1/15–12/31/16	
WellCare	1/1/15–12/31/16	
	Envision	1/1/17–12/31/17; 1/1/18–12/31/18

Appendix C—Continued

Product	MPD Plan	Effective Dates
Nexium	Express Scripts	1/1/16–12/31/19
	Harvard Pilgrim	1/1/14–12/31/14
	Health Alliance Medical Plan	1/1/14–12/31/14
	Healthspring	4/1/15–12/31/15
	Highmark	7/1/14–12/31/16
	Humana	1/1/14–12/31/14; 1/1/15–12/31/16
	Navitus	1/1/14–1/31/14; 1/1/15–12/31/16
	Optum Rx	1/1/14–12/31/18
	Prime Therapeutics	1/1/14–12/31/14
	Scott & White	1/1/14–12/31/14
	SilverScript	7/1/14–12/31/16
	WellCare	1/1/15–12/31/16
Seroquel	Abarca	1/1/16–12/31/16
	Blue Shield of CA	1/1/15–12/31/16
	Emblem Health	1/1/15–12/31/15; 1/1/16–12/31/16
	Envision	1/1/17–12/31/17; 1/1/18–12/31/18
	Health Partners Plans	1/1/15–12/31/16
	Healthspring	4/1/15–12/31/15
	Highmark	7/1/14–12/31/16
	Humana	1/1/15–12/31/16
	IHA	1/1/15–12/31/16
	Navitus	1/1/15–12/31/16; 1/1/17–12/31/19
	Perform Rx	10/1/15–12/31/16
	Pharm. Tech	1/1/15–12/31/16; 1/1/18–12/31/18
	SelectHealth	1/1/17–12/31/18
	SIS	1/1/15–12/31/16
Seroquel XR	Health Alliance Medical Plan	1/1/15–12/31/16
	SilverScript	7/1/14–12/31/16
	Ventegra	1/1/15–12/31/16

Appendix C—Continued

Product	MPD Plan	Effective Dates
	WellCare	1/1/15–12/31/16

ASTRAZENECA PHARMACEUTICALS LP
 1800 Concord Pike
 P.O. Box 15437
 Wilmington DE 19850-5437
 Tel 302-886-3000
www.astrazeneca-us.com

March 7, 2019

The Honorable Charles E. Grassley
 Chairman
 Committee on Finance
 U.S. Senate
 Washington, DC 20510

The Honorable Ron Wyden
 Ranking Member
 Committee on Finance
 U.S. Senate
 Washington, DC 20510

Dear Chairman Grassley and Ranking Member Wyden:

AstraZeneca's CEO Pascal Soriot appeared before your Committee on February 26, 2019 and answered a question from Senator Cortez Masto regarding whether AstraZeneca offers authorized generic versions of any of its products. At that time, Mr. Soriot indicated that AstraZeneca does not offer any authorized generics, however, following the hearing, Mr. Soriot was informed by AstraZeneca staff that an authorized generic is currently available in the U.S. This letter is intended to correct the record regarding that inadvertent oversight.

AstraZeneca does, in fact, currently have one authorized generic in the U.S. market, and it was launched more than 3 years after the first generic of that product was introduced. Authorized generics are not a primary area of focus for AstraZeneca and are introduced on a selective basis. In limited circumstances, AstraZeneca has made an authorized generic available through a third-party distributor. Because patient prescription access and coverage may vary with respect to branded versus generic medicines, AstraZeneca believes it is important to keep branded options available for patients who continue to rely on them.

We appreciate your invitation to discuss important issues of patient access and affordability with the Committee and the opportunity to supplement Mr. Soriot's testimony. We look forward to working with you as a constructive partner in addressing challenges in our health-care system.

Sincerely,

Christie Bloomquist
 Vice President, Corporate Affairs, North America

PREPARED STATEMENT OF JENNIFER TAUBERT, EXECUTIVE VICE PRESIDENT,
 WORLDWIDE CHAIRMAN, JANSSEN PHARMACEUTICALS, JOHNSON & JOHNSON

Chairman Grassley, Ranking Member Wyden, and members of the committee, thank you for the opportunity to be here to discuss how we can ensure that Americans have affordable access to the best healthcare today and to the extraordinary medical breakthroughs of tomorrow.

I am Jennifer Taubert, and I lead the Janssen Pharmaceutical Companies of Johnson & Johnson. At Janssen, we focus on discovering and developing transformational medicines that treat and cure some of the world's most challenging diseases, including blood cancers like multiple myeloma, chronic lymphocytic leukemia, and mantle cell lymphoma; prostate cancer; HIV; schizophrenia and other serious mental illnesses; cardiovascular diseases; rheumatoid arthritis; Crohn's Disease and other destructive gastrointestinal illnesses; and pulmonary hypertension, among others.

Like many of you, I know what it's like when a loved one faces a serious disease. My own mother died of lung cancer in 1988, in her 40s. At the time, there was very little that could be done for my mom. I've committed my career to bringing families genuine, meaningful hope—hope for years of life, hope for the chance to be there for a daughter's wedding or the birth of a grandchild.

COMMITMENT TO INNOVATION

Last year Janssen invested \$8.4 billion globally in research and development,¹ making Janssen one of the world's top research and development (“R&D”) investors in any industry, anywhere in the world.² In fact, our investment in R&D last year was 86 percent more than we spent on sales and marketing. This substantial investment has enabled us to research and develop more than 100 medicine candidates last year; and, over the past 5 years, we have introduced six innovative products in the U.S.³ The nine Breakthrough Therapy Designations we have received from the Food and Drug Administration (“FDA”) reflect the significance of the advances we are pursuing in areas of profound unmet medical need.⁴

Our investment changes lives. It has helped turn HIV from a death sentence into a manageable disease. Today, people with HIV can have a near-normal life expectancy.⁵ And we are working on a vaccine with the potential to eliminate HIV altogether. Our biologic therapies have transformed the lives of patients with Inflammatory Bowel Disease by dramatically improving their quality of life. Our therapies have reduced major bowel surgeries for patients with Crohn's Disease by 82 percent and cut hospitalizations by 65 percent.⁶ In ulcerative colitis patients, our therapies have reduced the need for total colectomy by 41 percent.⁷ One of our earliest pharmaceutical innovations enabled people with serious mental illness to be treated at home and in their communities rather than in psychiatric institutions, and today our innovative first and only 4-time-a-year schizophrenia treatment is improving adherence and breaking the cycle of hospitalization so that people with schizophrenia can live their best lives.⁸ In the area of mental health, we are also investigating a new medicine for people suffering from treatment-resistant depression, which profoundly impacts these patients and their families and loved ones as well. Our first-in-class cancer medicines have helped patients with some of the most common and deadly types of cancer live longer, in some cases for many additional years.^{9,10} In multiple myeloma, one of our medicines has more than doubled the length of time

¹Johnson & Johnson, FY18–Q4 Form 10–K for the Period Ending December 31, 2018 (filed February 20, 2019).

²PricewaterHouseCoopers. “2018 Global Innovation 1000 Study.” <https://www.strategyand.pwc.com/innovation1000>.

³U.S. Food and Drug Administration Center for Drug Evaluation and Research. “NDA and BLA Approval Reports—New Molecular Entity (NME) Drug and New Biologic Approvals.” <https://wayback.archive-it.org/7993/20170404174205/https://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/DrugandBiologicApprovalReports/NDAandBLAApprovalReports/ucm373420.htm>.

⁴U.S. Food and Drug Administration Center for Drug Evaluation and Research. “CDER Breakthrough Therapy Designation Approvals.” <https://www.fda.gov/downloads/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/DrugandBiologicApprovalReports/NDAandBLAApprovalReports/UCM481542.pdf>.

⁵Trickey, Adam, Margaret T. May, Jorg-Janne Vehreschild, Niels Obel, M. John Gill, Heidi M. Crane, Christoph Boesecke et al. “Survival of HIV-positive patients starting antiretroviral therapy between 1996 and 2013: a collaborative analysis of cohort studies.” *The Lancet HIV* 4, no. 8 (2017): e349–e356. doi: 10.1016/S2352-3018(17)30066-8.

⁶Lichtenstein, Gary R., Songkai Yan, Mohan Bala, Marion Blank, and Bruce E. Sands. “Infliximab maintenance treatment reduces hospitalizations, surgeries, and procedures in fistulizing Crohn's disease.” *Gastroenterology* 128, no. 4 (2005): 862–869. doi: 10.1053/j.gastro.2005.01.048.

⁷Sandborn, William J., Paul Rutgeerts, Brian G. Feagan, Walter Reinisch, Allan Olson, Jewel Johanns, Jiandong Lu et al. “Colectomy rate comparison after treatment of ulcerative colitis with placebo or infliximab.” *Gastroenterology* 137, no. 4 (2009): 1250–1260. doi:10.1053/j.gastro.2009.06.061.

⁸INVEGA TRINZA U.S. Prescribing Information, January 2019. <http://www.janssenlabels.com/package-insert/product-monograph/prescribing-information/INVEGA+TRINZA-pi.pdf>.

⁹IMBRUVICA U.S. Prescribing Information, January 2019. <https://www.imbruvica.com/docs/librariesprovider7/default-document-library/prescribing-information.pdf>.

¹⁰ZYTIGA U.S. Prescribing Information, April 2019. <http://www.janssenlabels.com/package-insert/product-monograph/prescribing-information/ZYTIGA-pi.pdf>.

patients live without return of their disease.¹¹ We recently launched a new prostate cancer treatment that delays the spread of the disease by over an additional two years versus the prior standard of care.^{12, 13}

This progress against some of the world's most challenging diseases is heartening but hard-won. Continued advancement will require perseverance and dedication. For example, we remain very committed to continuing research exploring new approaches and investigational medicines to prevent Alzheimer's dementia, which starts many years before the full onset of disease. In fact, we have invested billions of dollars in this area, and despite some significant projects that were halted because of lack of efficacy or a newly identified imbalance in benefit-risk, we continue to invest with the goal of conquering this major public health challenge in our lifetimes.

Defeating Alzheimer's would not only change the lives of millions of patients and their families, it would dramatically change the economic burden of the disease. According to one analysis, if a new treatment that delays the onset of Alzheimer's by just five years were approved by 2025, the U.S. would save an estimated \$367 billion each year by 2050.¹⁴

In fact, across a wide range of conditions, prescription medicines play a key role in keeping people well and productive and preventing the need for costly procedures and hospitalizations. For example, since the introduction of antiretroviral therapies, we've seen up to a \$402,000 lifetime cost savings for each HIV patient diagnosed at an early stage.¹⁵ Cardiovascular medicines have led to a 27 percent reduction in costs for hospitalizations and procedures.¹⁶ In fact, the U.S. health-care system could save \$213 billion annually with the correct use of prescription medications.^{17, 18}

But medicines can't make a difference if patients who need them can't get them. We understand concerns about the cost of health care. Although prescription medicines represent only 14 percent of overall health-care spend—a figure that has remained relatively steady for the past decade and is projected to remain so into the future¹⁹—and 90 percent of prescriptions are filled with generics,²⁰ managing the cost of medicines, particularly what patients pay at the pharmacy counter, is important.

¹¹ Bahlis, Nizar, Meletios A. Dimopoulos, Darrell J. White, Lotfi Benboubker, Gordon Cook, Merav Leiba, P. Joy Ho et al. "Three-Year Follow-up of the Phase 3 Pollux Study of Daratumumab Plus Lenalidomide and Dexamethasone (D-Rd) Versus Lenalidomide and Dexamethasone (Rd) Alone in Relapsed or Refractory Multiple Myeloma (RRMM)." (2018): 1996–1996. doi:10.1182/blood-2018-99-112697.

¹² DARZALEX U.S. Prescribing Information, June 2018. <http://www.janssenlabels.com/package-insert/product-monograph/prescribing-information/DARZALEX-pi.pdf>.

¹³ ERLEADA U.S. Prescribing Information, February 2018. <http://www.janssenlabels.com/package-insert/product-monograph/prescribing-information/ERLEADA-pi.pdf>.

¹⁴ Alzheimer's Association. "Changing the Trajectory of Alzheimer's Disease: How a Treatment by 2025 Saves Lives and Dollars." May 2015. <https://www.alz.org/media/Documents/changing-the-trajectory-r.pdf>.

¹⁵ Farnham, Paul G., Chaitra Gopalappa, Stephanie L. Sansom, Angela B. Hutchinson, John T. Brooks, Paul J. Weidle, Vincent C. Marconi, and David Rimland. "Updates of Lifetime Costs of Care and Quality-of-Life Estimates for HIV-Infected Persons in the United States: Late Versus Early Diagnosis and Entry Into Care." *Journal of Acquired Immune Deficiency Syndromes* 64, no. 2 (2013): 183–189. doi:10.1097/QAI.0b013e3182973966.

¹⁶ Gotto, Antonio M., Stephen J. Boccuzzi, John R. Cook, Charles M. Alexander, James B. Roehm, Gregg S. Meyer, Michael Clearfield, Stephen Weis, and Edwin Whitney. "Effect of Lovastatin on Cardiovascular Resource Utilization and Costs in The Air Force/Texas Coronary Atherosclerosis Prevention Study (AFCAPS/TexCAPS)." *The American Journal of Cardiology* 86, no. 11 (2000): 1176–181. doi:10.1016/s0002-9149(00)01198-x.

¹⁷ IMS Institute for Healthcare Informatics, "Avoidable Costs in U.S. Healthcare" (June 2013). http://offers.premierinc.com/rs/381-NBB-525/images/Avoidable_Costs_in%20US_Healthcare-IHII_AvoidableCosts_2013%5B1%5D.pdf.

¹⁸ Roebuck, M.C., J.N. Liberman, M. Gemmill-Toyama, and T.A. Brennan. "Medication Adherence Leads to Lower Health Care Use and Costs Despite Increased Drug Spending." *Health Affairs* 30, no. 1 (2011): 91–99. doi:10.1377/hlthaff.2009.1087.

¹⁹ Altarum Institute. "A 10-Year Projection of the Prescription Drug Share of National Health Expenditures, Including Nonretail." Report. August 2015. <http://altarum.org/sites/default/files/uploaded-publication-files/Non-Retail%20Rx%20Forecast%20Data%20Brief%2010-14-14.pdf>.

²⁰ IQVIA. "2017 Medicine Use and Spending in the U.S. a Review of 2017 and Outlook to 2022." April 2018. <https://www.iqvia.com/-/media/iqvia/pdfs/institute-reports/medicine-use-and-spending-in-the-us-a-review-of-2017-and-outlook-to-2022.pdf>.

OUR APPROACH TO PRICING

At Janssen, we take a responsible approach to pricing that recognizes our dual responsibility to patients *today* and patients *tomorrow*. Patients today need access to our medicines. Patients tomorrow count on us to deliver cures and treatments for the most challenging, intractable diseases. When we set an initial price for our medicines, we balance:

- **Value to patients, the health-care system, and society.** We consider how the medicine will improve patient health and assess its potential to reduce other costs—surgeries, hospital stays, or long-term care, for example—and the improvement the medicine represents over the existing standard of care.
- **Affordable access to medicines for people who need them.** We want to ensure appropriate insurance coverage so that patients who are prescribed our medicines can get them.
- **Ability to develop future groundbreaking cures and treatments.** We have an obligation to ensure we have the resources necessary to invest in future R&D to address serious unmet medical needs.

The list price of a medicine is a starting point that is ultimately reduced by the substantial discounts, rebates, and fees we provide to insurance companies, pharmacy benefit managers (“PBMs”), government programs, and others. We pay required discounts to government programs, and we negotiate with private payers so that they will cover our medicines and make them available to patients with lower out-of-pocket cost. In 2018, we provided approximately \$21 billion in discounts and rebates on our medicines—an overall reduction from list price of 47 percent. For some of our medicines, and for some of our customers, we pay discounts, rebates, and fees totaling well over 50 percent of our list price—so middlemen in the supply chain in those cases realize a majority of the revenue.

All told, while our 2018 aggregate list price increase was 6.3 percent,²¹ for the second year in a row discounts and rebates outweighed that increase, and aggregate net price—in other words, the real price—decreased by 6.8 percent.²²

TRENDS IN PHARMACEUTICAL SPENDING

The fact is that across the industry net prices for branded medicines have increased well below the rate of medical inflation in recent years.^{23, 24, 25, 26} In 2017, the total expenditure on pharmaceuticals in the U.S. grew by only 0.4 percent, compared to a 3.9 percent increase in overall health spending and a 4.6 percent increase in hospital spending.²⁷

Unfortunately, these trends are not reflected in many patients’ experiences at the doctor’s office or pharmacy counter. In fact, total patient out-of-pocket spending on medicines grew by 54 percent from 2006 to 2016.²⁸

One reason patient out-of-pocket spending has grown is due to changes in how health insurance is designed and, specifically, how pharmaceutical benefits are managed. As one recent analysis shows, patients are required to pay 13 percent of over-

²¹ Represents the year-over-year change in the average list price, or wholesale acquisition cost (“WAC”).

²² Represents the year-over-year change in the average net price, which is WAC less rebates, discounts, and returns.

²³ IQVIA INSTITUTE for Human Data Science. “The Global Use of Medicine in 2019 and Outlook to 2023.” Report. January 2019. <https://www.iqvia.com/-/media/iqvia/pdfs/institute-reports/the-global-use-of-medicine-in-2019-and-outlook-to-2023.pdf>.

²⁴ U.S. Department of Labor. Bureau of Labor Statistics. “Consumer Price Index—December 2016.” News release, January 18, 2017. https://www.bls.gov/news.release/archives/cpi_01182017.pdf.

²⁵ U.S. Department of Labor. Bureau of Labor Statistics. “Consumer Price Index—December 2017.” News release, January 12, 2018. https://www.bls.gov/news.release/archives/cpi_01122018.pdf.

²⁶ U.S. Department of Labor. Bureau of Labor Statistics. “Consumer Price Index—December 2018.” News release, January 11, 2019. <https://www.bls.gov/news.release/pdf/cpi.pdf>.

²⁷ U.S. Centers for Medicare and Medicaid Services. “NHE Fact Sheet.” December 6, 2017. <https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/national-healthexpenddata/nhe-fact-sheet.html>.

²⁸ Claxton, Gary, Larry Levitt, Matthew Rae, and Bradley Sawyer. “Increases in Cost-sharing Payments Continue to Outpace Wage Growth.” Peterson-Kaiser Health System Tracker. June 15, 2018. <https://www.healthsystemtracker.org/brief/increases-in-cost-sharing-payments-have-far-outpaced-wage-growth/>.

all pharmaceutical costs versus only 3 percent of hospital costs—even though medicine can help keep patients out of the hospital.²⁹

The reality is that our health coverage system simply wasn't built in anticipation of medicines that treat diseases previously only treated with surgeries, hospitalizations and other complex interventions. Medicines today can extend and transform life for people facing very challenging, often relatively rare, diseases. It's critical that we work together to ensure that today's medicines are more accessible and affordable for patients while at the same time preserving the incredible ecosystem of medical innovation that has delivered so much and promises so much more.

SOLUTIONS TO ADDRESS THE CHALLENGES WE FACE

Above all, we need an American solution to this American challenge. We must maintain the hallmarks that make American health care remarkable: access to innovative therapies, personal choice, and doctors and patients making decisions based on what is right for each individual.

At Janssen, we are committed to being part of the solution.

We believe open dialogue and partnership is essential to addressing the challenges in our health-care system. That's why in 2016 we began issuing an annual Janssen U.S. Transparency Report, sharing information about how we invest our resources, price our medicines, and help people who need Janssen medicines get access to them. Just recently, we expanded our commitment to transparency, announcing plans to voluntarily include list price and potential patient out-of-pocket costs in our pharmaceutical direct-to-consumer TV advertising, starting with our most frequently prescribed medicine.

These more recent steps build on a legacy of commitment to transparency at Janssen. For example, we believe that making clinical trial data available promotes the understanding of disease, expands the knowledge needed to develop new treatments, and generates new insights and more complete evidence that lead to better health-care decisions for patients. In a first-of-its-kind agreement with the Yale University School of Medicine, we share clinical trial data through the Yale Open Data Access (YODA) Project. Since 2014, YODA Project has served as an independent review panel, evaluating researchers' requests for access to participant-level trial data and research reports, which provide extensive details about the methods and results of a clinical trial. Researchers can use these clinical trial data in their own research to increase medical knowledge and improve public health.

In the same spirit of open dialogue and partnership, we have consistently brought forward ideas and perspectives to both Congress and the administration, with the goal of building on what is working in our healthcare system while fixing what is not:

PART D OUT-OF-POCKET CAP

While Medicare Part D is working for many seniors and has been effective in containing costs, we believe an out-of-pocket cap in Medicare Part D is a needed protection. Without a cap, Medicare beneficiaries face unlimited out-of-pocket expenses, and, as research shows, high out-of-pocket costs reduce patient adherence to prescribed treatments and make them more likely to abandon their prescriptions. Poor patient outcomes related to lack of adherence or abandonment of prescribed treatments can lead to an increase in overall health-care costs.

Individual and group health insurance policies are already required to have out-of-pocket caps. We believe that Medicare, which serves some of the sickest and most vulnerable patients and is essential to the health of American seniors, should also have that protection. We have been working on policy approaches that would make it possible to implement an out-of-pocket cap in a fiscally responsible way without creating new costs or access barriers for patients. As Congress considers any changes to Part D, we look forward to discussing these ideas in more depth.

MEDICARE PART B REFORM

We believe policy solutions in Medicare Part B should meet three objectives: (1) reduce cost and spending; (2) increase competition; and (3) remove incentives to pre-

²⁹ PhRMA. "PhRMA Chart Packs: Biopharmaceuticals in Perspective." Report, 2018. <https://www.phrma.org/report/chart-pack-biopharmaceuticals-in-perspective-summer-2018>.

scribe higher cost therapies without causing significant disruption to physicians or patient care.

As changes to Part B are contemplated, it is important to remember that Medicare currently benefits from aggressive negotiations in the commercial market through the Average Sales Price (ASP) mechanism. Any reform should therefore leverage the benefits of the existing system.

In our response to the Health and Human Services advance notice of proposed rulemaking regarding Part B, we proposed an option that would allow Medicare to continue to achieve the negotiated cost savings of the free market, reduce Part B acquisition cost under the ASP-based model, and reimburse all stakeholders on a fee-based mechanism aligned with the services that they provide. Our proposal aims to eliminate incentives for selecting higher list price drugs while maintaining current Part B patient access to appropriate clinical care.

REBATE REFORM

We support reforms to the rebate system that restructure incentives to ensure patients benefit from a competitive marketplace and see lower out-of-pocket costs. In 2017, the pharmaceutical industry paid \$150 billion in negotiated rebates and discounts.³⁰ As we have noted, too often these rebates and discounts are not shared with patients, leaving the sickest patients paying higher out-of-pocket costs. We anticipate eliminating rebates could result in lower list prices, provided these rebates and discounts are not replaced with equally high fees or other payments demanded by middlemen. We also strongly advocate that beneficiary copays be based on net price.

Altering the current rebate structure would be a major change to the entire pharmaceutical supply chain. It would need to be done thoughtfully and carefully to avoid disruption for patients. We look forward to commenting on the administration's proposed rule in this area.

VALUE-BASED CARE

Our current system rewards the quantity or volume of care delivered, regardless of the results of that care. Consequently, sometimes we spend money on treatments, diagnostic procedures, and surgeries that provide limited value or may not even be needed, driving up health-care costs without actually improving patient health.

At Janssen, we're working with partners throughout the health-care system to encourage more results-based health-care approaches. While we have negotiated several value-based contracts, current policy often limits our ability to implement creative solutions. To address policy barriers, we support the following measures:

- Establish safe harbors in the Federal Anti-Kickback Statute that better enable manufacturers to partner with payors and share risk; and,
- Clarify Medicaid pricing treatment, including existing Medicaid best price requirements that inhibit companies from offering arrangements that may yield lower price in some circumstances.

PROMOTING COMPETITION ON A LEVEL PLAYING FIELD

Biosimilars—near copies of biologic medicines—have the potential to increase competition and bring down costs, which is why Janssen has long supported a patient-focused, science-based regulatory framework for biosimilars.

Some stakeholders have called for government to drive uptake by creating further incentives for biosimilars. But policies designed to increase share for biosimilar manufacturers would distort the competitive environment and risk limiting the savings biosimilars deliver to patients and taxpayers. We saw this risk realized most recently in the 340B Drug Discount Program, where policy designed to encourage the use of biosimilars had the unfortunate effect of increasing cost to patients, including low-income patients who can least afford it, and to taxpayers.³¹

³⁰ Adam J. Fein. "The Gross-to-Net Bubble Topped \$150 Billion in 2017." *Drug Channels* (April 24, 2018) (citing IQVIA Institute for Human Data Science. "Medicines Use and Spending in the U.S.: A Review of 2017 and Outlook to 2022." Report. April 2018. <https://www.iqvia.com/institute/reports/medicine-use-and-spending-in-the-us-review-of-2017-outlook-to-2022>).

³¹ Center for Biosimilars. "340B Changes: What Biosimilar Manufacturers Need to Know." Feb. 19, 2018. <https://www.centerforbiosimilars.com/contributor/amanda-forys/2018/02/340b-changes-what-biosimilar-manufacturers-need-to-know>.

When it comes to making more biosimilars available for patients and their physicians, competition, not government intervention, is the best approach. And that approach is working. Not only is competition driving prices down for both innovator biologics and biosimilars, the biosimilars pipeline is strong. Competition on a level playing field will keep it that way.

340B POLICY

At Janssen, we recognize that the 340B Drug Discount Program plays an important role in the healthcare system, helping to ensure that low-income, needy patients have appropriate access to medicine. However, congressional oversight, proper implementation, and equitable application of the program are essential to ensuring the 340B program is helping those it was designed to help.

Under the 340B Drug Discount Program, we are required to provide significant discounts on certain medicines purchased by 340B covered entities (comprised of specific categories of hospitals, clinics, and health centers that meet Federal eligibility requirements). Growth in the 340B program has been well documented, and Janssen has experienced significant growth in this highly discounted channel as well. Although the program was intended to benefit needy patients, the facilities themselves receive the discounts. There is no requirement that 340B covered hospitals pass along those discounts to patients. 340B covered hospitals can therefore access 340B pricing on outpatient drugs for all of their patients, including wealthy and well-insured patients.

A more direct and accountable link between the provision of the discount and patient access is needed. We believe the benefits of the program should flow more directly and transparently to needy patients. We support efforts to strengthen the 340B program through greater transparency and increased clarity and accountability for all stakeholders. These goals can be achieved through the establishment of clear, reasonable and auditable rules including a clear definition of "patient" as well as hospital eligibility criteria.

CONCLUSION

We are here today at a moment of incredible hope, on the verge of extraordinary progress that could change our lives and the lives of our children and grandchildren. We have the opportunity to get this right for Americans today and for future generations. At Janssen, we are committed to bringing that promise to life with transformational medical innovation.

QUESTIONS SUBMITTED FOR THE RECORD TO JENNIFER TAUBERT

QUESTIONS SUBMITTED BY HON. CHUCK GRASSLEY

SPENDING ON ADVERTISING/MARKETING VS. RESEARCH AND DEVELOPMENT

Question. The Department of Health and Human Services' proposed rule, "Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor Protection for Certain Point-of-Sale Reductions in Price on Prescription Pharmaceuticals and Certain Pharmacy Benefit Manager Service Fees," envisions that drug manufacturers will offer up-front discounts rather than the back-end rebates that are now commonly provided. Some observers argue that a 1996 court case called into question whether manufacturers could offer up-front discounts, resulting in today's rebate-based system. I've heard differing opinions as to whether the issues related to the initial court case are still relevant. If the HHS proposed rule is finalized, can you assure the committee that your company will offer up-front discounts? If not, why?

Please describe how you expect your company to respond to the HHS proposed rule to eliminate safe harbor protection for back-end rebates in Medicare Part D that is referenced above if it is finalized. Assuming you are confident that antitrust laws do not prevent your company from offering up-front discounts, specifically, do you envision that your company lowers the list price of a drug to the current after-rebate net price, offer discounts equal to the current rebate amount, or a combination of both?

Answer. The 1996 antitrust law case cited, in our assessment, should not limit the ability to move from rebates to other types of discounts. Depending on whether elimination of rebates applies to the entire market or only to those related to Fed-

eral health plans and assuming rebates are not replaced by high fees or other costs that offset the amount saved, we expect to lower list prices or offer discounts for pass-through at the point of sale. In either case, we would need to renegotiate our agreements with customers.

The degree to which we can convert current rebates to list price reductions or point-of-sale discounts will depend upon the details of the final regulation and the reactions of other stakeholders in the supply chain. We are concerned that PBMs may seek to replace rebate revenue with new and increasing fees or may seek to shift costs among supply chain participants through service fees.

Question. To what extent are the back-end rebates your company currently offers contingent on the amount of market share realized for your drugs as a result of Part D plan formulary placement and other techniques?

Answer. Janssen does not currently offer rebates contingent on the amount of market share for our drugs as a result of Medicare Part D formulary placement. In other words, Janssen's current Medicare Part D rebate agreements do not contain any market share performance requirement.

Question. Please provide a breakdown of percentage of sales that go to each payer (including Medicare, Medicaid, private pay, other) and a similar percentage by volume of the total number of each drug compared to total volume. Please provide this data for the most recent year available.

Answer. Potentially responsive information may not be maintained by the company in the ordinary course of business. As such, an answer to this question is not readily available.

Question. Do your companies hire consultants or lobbyists to promote products at State Medicaid Pharmacy and Therapeutics Committees? To whom do you disclose advocacy activities surrounding State Medicaid programs, if at all?

Answer. Janssen does not hire external lobbyists or consultants for the purpose of promoting products at State Medicaid Pharmacy and Therapeutics Committees. We have internal employees who register as lobbyists and provide information about Janssen products to State Medicaid Pharmacy and Therapeutics Committee personnel. We comply with varied State laws regarding advocacy, including disclosure requirements.

Question. Please describe how the costs of patient assistance programs are accounted for within your company's financial statements. Please also describe the types of market information, such as prescribing and use patterns, that your company collects from different types of patient assistance programs and patient hub services.

Answer. Our patient assistance programs include both commercial copay support programs and charitable donations, which include both financial contributions and pharmaceutical products.

With respect to Janssen's copay card programs, the value of patient copayment support is recorded as a reduction in sales revenue. The administrative costs associated with implementing the copayment programs are captured in selling, marketing and administrative expenses on Johnson & Johnson's SEC Form 10K.

With respect to the company's charitable free product programs, Janssen donates prescription products to the Johnson & Johnson Patient Assistance Foundation, Inc. ("JJPAF"), a 501(c)(3) organization with an independent board and decision-making. Janssen also makes financial contributions to JJPAF and other independent 501(c)(3) organizations. These product and financial donations are recorded as charitable deductions.

With respect to our commercial patient assistance programs, we collect information that is needed to support administering the program, helping patients get access to the medically appropriate treatment they have selected, and identifying and addressing barriers to patient access.

Question. Please provide a list of all contributions since January 1, 2014, that your company has made to any tax-exempt organizations working on issues related to drugs within your product lines, including but not limited to patient groups, disease awareness groups, medical or professional societies, universities or hospitals, industry associations or leagues. For each contribution, please provide the name of the organization that received the donation, the date the donation was made, the amount of the donation, and a description of the purpose of the contribution (*i.e.*,

was the contribution for the general fund, a specific purpose to a specific program, or continuing medical education). Please also note whether the contribution was unrestricted or restricted; if it was restricted, please explain all restrictions. Finally, if your company maintains a foundation or other separate charitable arm, please provide the name of all such entities, and list all donations made from that entity or entities.

Answer. Through our Janssen charitable giving, we're proud to make a difference for patients and for the communities where we live and work. Janssen provides charitable donations through an established application review and approval process designed to ensure that the recipient of any contribution (i) is a valid 501(c)(3) charitable organization; (ii) has an established, good reputation; and (iii) is not on a Federal exclusion list (if the non-profit is a provider or government contractor). In addition, the charitable contributions review process is designed to review requests for donations to make sure that they are not made for the purpose of inducing the use or recommending the use of any J&J product.

Janssen releases a contributions transparency report ("Contributions Report") that details all of the charitable donations from the company for the prior year. Please see the attached link for the most recently posted Contributions Report, <https://www.janssen.com/us/transparency/educational-charitable-contribution-disclosures>.

With respect to the Contributions Report, please note:

- In keeping with our donor agreements and applicable regulatory guidance, financial donations made to independent charitable foundations that assist patients who are underinsured and in need of financial assistance with treatment-related expenses are disclosed in aggregate on the Janssen Contributions Report.
- Charitable contributions made by recently acquired company Actelion are not included in our report. In future years, these donations will be included in the Contributions Report.
- Donations in the amount of \$270,000 have been made annually to support the mission of PhRMA Foundation. These donations were made on April 29, 2014; January 21, 2015; December 21, 2015; September 11, 2017; June 1, 2018; and January 15, 2019.

Contribution Reports for years 2014 through 2017 are attached.

Most donation requests seek support for a specific program or initiative. If approved, the use of the contributed funds will be restricted to the purpose set forth in the application request. The Contribution Report details this purpose in the project title section.

In addition, the company's standard donation agreement used for most contributions stipulates that funds should not be used to (i) educate, train or support meals, salary, travel, consulting fees or any other reimbursement to U.S.-licensed physicians; or (ii) fund services for which the organization receives government reimbursement under a fee-for-service model.

Janssen makes financial contributions and prescription product donations to the Johnson & Johnson Patient Assistance Foundation, Inc. ("JJPAF"), a 501(c)(3) organization with an independent board and decision-making. The JJPAF provides free products directly to patients who meet certain income requirements and who do not have insurance coverage. In limited circumstances, JJPAF may work with other non-profit entities to distribute products to patients in need. JJPAF does not advise Janssen of the specific recipients of its donations.

In 2018, Janssen donated approximately \$1 billion in free product and financial support to the JJPAF, enabling it to provide medicines at no cost to approximately 76,000 patients.

The Johnson & Johnson Foundation ("JJF") is a private non-profit 501(c)(3) organization, founded in 1953. Solely funded by the Johnson & Johnson Family of Companies, the Foundation is responsible for managing the Corporation's Global Community Impact ("GCI") programs and activities across the globe. Donations made by this foundation are available publicly through the IRS Form 990 it submits each year.

Question. Pay-for-delay agreements cost consumers and taxpayers billions in high-drug costs every year. The FTC has gone after drug companies that enter into

these settlements where the brand pays the generic company to keep its lower cost alternative off the market. I'm the lead Republican sponsor of S. 64, the Preserve Access to Affordable Generics and Biosimilars Act, which would help put an end to these deals.

Do you agree that these pay-off agreements keep drug costs high for patients because they delay competition?

Has your company ever entered into these kinds of settlements with a generic company?

Do you support the pay for delay bill?

Answer. J&J has not entered into patent settlement agreements that require payment of money to a generic manufacturer. Since J&J has not entered into agreements of this type, we do not have direct experience with their competitive impacts. The current legal framework—FTC oversight and judicial review on a case-by-case basis—is intended to identify any patent settlement that is anti-competitive. It is important to note that not all settlement agreements would result in a delay in competition; for example, some agreements of this type might facilitate generic entry prior to patent expiry.

Although we believe that the current legal framework is sufficient to ensure that patent settlements are not anti-competitive, we would not oppose pay-for-delay legislation, provided that such legislation clearly, and in a manner consistent with current case law, defines the specific features of settlement agreements within its scope, does not hinder the ability of parties to utilize settlement agreements to efficiently settle patent disputes, and allows for an assessment of the competitive impacts of individual settlement agreements on a case-by-case basis.

REBATE TRAPS/WALLS

Question. I'm increasingly concerned about the effect of so-called "rebate traps" or "rebate walls" on patients' access to quality, lower cost medicine. I understand there is ongoing litigation challenging these practices as anti-competitive.

Does your company engage in the bundling of rebates over multiple products? If so, why? And what benefit does the consumer gain from that?

Answer. Like other companies with broad portfolios of medicines that are highly valued by payers, health-care providers, and patients, Janssen offers incremental value when customers make a broader range of our medicines available to patients. Similar programs are common in the pharmaceutical and other industries. These programs provide an incentive for the customer to utilize our products and can lower costs. Those savings may be passed through to patients.

Question. Does your company view these practices as anticompetitive or harmful to patients' access to quality, lower cost medicine?

Answer. Janssen's contract offerings encourage price competition among drug manufacturers and ultimately enhance patients' access to quality medicines at lower prices.

Question. If a policy were adopted to eliminate rebates, or to require that rebate savings be passed on to the consumer, would that in and of itself solve the issue of rebate "traps" and "walls"? And would consumers benefit from such a policy?

Answer. We support reforms to the rebate system that restructure incentives to ensure patients benefit from a competitive marketplace and see lower out-of-pocket costs.

It is important to note that in today's health-care marketplace, payers use their ability to influence utilization to extract rebates, thereby enhancing competition and lowering overall system costs. Unfortunately, these savings are not usually shared with patients.

Similarly, if rebates are eliminated, we anticipate that payers will use their ability to influence utilization to extract discounts and fees from manufacturers.

DRUG PRICING

Question. When setting the list price of a drug, does your company consider regulatory costs or compliance? If so, how specifically do those factors affect the list price of a drug? Please provide at least one specific example, if applicable, from your current product portfolio.

When setting the list price of a drug, does your company consider the risk of liability or litigation? If so, how specifically do those factors affect the list price of a drug? Please provide at least one specific example, if applicable, from your current product portfolio.

Answer. At Janssen, we take a responsible approach to pricing that recognizes our dual responsibility to patients today and patients tomorrow. Patients today need access to our medicines. Patients tomorrow count on us to deliver cures and treatments for the most challenging, intractable diseases. When we set an initial list price for our medicines, we balance:

- Value to patients, the health-care system, and society.
 - We consider how the medicine will improve patient health. We also assess the medicine's potential to reduce other costs—surgeries, hospital stays, or long-term care, for example—and the improvement the medicine represents over the existing standard of care.
- The importance of maintaining affordable access to medicines for people who need them.
 - We work with insurers, pharmacy benefits managers, governments, hospitals, physicians, and other providers of care so that patients who are prescribed our medicines can get access to them.
- The importance of preserving our ability to develop future groundbreaking cures and treatments.
 - We have an obligation to ensure that the sale of our medicines provides us with the resources to invest in R&D to address serious, unmet medical needs.

In addition, the sale of our medicines must enable us to cover the costs of compliance with all laws and regulations.

Regarding the requests for specific examples from our current product portfolio, the information requested is confidential and competitively sensitive. As such, potentially responsive information is not available for public disclosure.

QUESTIONS SUBMITTED BY HON. PAT ROBERTS

Question. What role do you see value-based arrangements (VBAs) playing in the effort to reduce prescription drug costs? What potential do these arrangements have to find the “sweet spot” between controlling costs to patients and encouraging innovation of new drugs?

Answer. We believe a value-based health-care system has tremendous potential to improve patient health, increase access to care, and curb the growth in health-care spending. Our current health-care system rewards the quantity or volume of care delivered, regardless of the results of that care. Consequently, sometimes money is spent on treatments, diagnostic procedures, and interventions that provide limited value or may not even be needed, driving up healthcare costs without actually improving patient health.

Shifting to a value-based system requires innovation in the way contracts between payers and manufacturers are structured. By creating common incentives to deliver value for patients, value-based agreements, including innovative approaches to contracting models, can provide better outcomes at lower costs. We have established several innovative, value-based contracts and continue to explore new opportunities. For example, we have contracts tied to measurable medical outcomes and contracts tied to offsets of other expenditures.

Fundamentally we believe a value-based health system will drive down the amount of waste in our current health-care system, so the money spent actually makes a measurable difference in individual health and the health of our society overall. Efforts to achieve a more value-based system have encouraged all stakeholders to more clearly define and measure the value of health-care services offered, including medicines. In a health-care system that rewards value over volume, we believe incentives will be greater to bring to market new drugs that can reduce the need for other costly health-care intervention and ultimately produce better health outcomes and lower cost.

Question. How can VBAs help lower what patients pay out-of-pocket?

Answer. Innovative contracting models can align the incentives of all stakeholders, including pharmaceutical companies, health-care providers, and payers, to achieve better outcomes for patients at a lower overall cost of care to the health-care system, including Federal programs. In most cases, because the pharmaceutical company agrees to share some of the risk around the economics of the arrangement for a particular medicine, the health plan or PBM will provide better access to that medicine, which may entail placing the medicine on a lower formulary tier. Lower formulary tier placement results in lower out-of-pocket costs for patients. We know that rising patient copayments are a barrier to adherence and therefore to optimal outcomes. We believe that keeping out-of-pocket costs reasonable for patients is an important element of getting to better outcomes, and innovative contracts can support this goal.

According to an analysis by PhRMA and Avalere Health, commercially insured patients in health plans with outcome-based contracts for diabetes, high cholesterol and HIV medicines between 2015 and 2017 had copays that were, on average, 28 percent lower for those medicines compared to patients in other plans.

Question. Can Congress do more to allow for and encourage the use of VBAs?

Answer. We are enthusiastic about the potential for expanding the use of innovative value-based agreements. Nevertheless, a number of technological and policy barriers can make these agreements challenging to implement. To address technological barriers, we advocate for modernizing our healthcare data system to make it easier to track patient outcomes. To address policy barriers, we support the following approaches: establishing safe harbors to better enable manufacturers to partner with payers and share risk; clarifying the treatment of value-based contracts in government price calculations, including in the complex Medicaid Best Price determination; and making comparative formulary and cost-sharing information readily available so patients have the information they need to make better decisions.

QUESTIONS SUBMITTED BY HON. JOHN CORNYN

Question. We continue to hear that rebates negotiated off of the list price of a drug are both good and bad.

Pharmacy benefit managers and plans have argued that rebates are used to lower premiums across the board and that it is the best way to seek a price concession on otherwise expensive drugs.

Your industry argues that these payers are insisting on higher rebates that can only be achieved by raising list prices. But patients often lose under this system, with out of pocket costs being tied to list price. Insulin patients appear to be routinely impacted by this perversity in the system.

Please explain to the committee how your company would reduce list prices if rebates were no longer a part of the equation?

What assurance can you provide that you would in fact lower your prices?

What actions should be taken to ensure that patients are actually seeing the benefits of lower out of pocket costs?

Answer. Depending on whether elimination of rebates applies to the entire market or only to those related to Federal health plans and assuming rebates are not replaced by high fees or other costs that offset the amount saved, we expect to lower list prices or offer discounts for pass-through at the point of sale. In either case, we would need to renegotiate our agreements with customers.

The degree to which we can convert current rebates to list price reductions or point-of-sale discounts will depend upon the details of the final regulation and the reactions of other stakeholders in the supply chain. We are concerned that PBMs may seek to replace rebate revenue with new and increasing fees or may seek to shift costs among supply chain participants through service fees.

We support reforms to the rebate system that restructure incentives to ensure patients benefit from rebates and discounts that are provided.

Question. If rebates are driving high list prices for drugs as drug manufacturers' claim, why do you think that Part B drugs, which have no PBM rebates, are also seeing significant price increases? Whose fault is that?

Answer. Part B benefits from competitive commercial rebates and discounts, while maintaining access to medicines for our nation's seniors, through the Average Selling Price ("ASP"). ASP, which is the basis for Part B drug reimbursement, reflects all commercial discounts and rebates. Since both provider reimbursement and patient out-of-pocket costs for Part B drugs are based on ASP, changes in a product's ASP is a more relevant indicator of true cost to the Medicare system and beneficiaries.

QUESTION SUBMITTED BY HON. MICHAEL B. ENZI

Question. The Food and Drug Administration's drug review process is known to many as the "gold standard" for evaluating medical products. I've long thought that it is critical that we maintain public confidence in their ability to ensure that drugs are safe and effective. There is a perception among some, however, that biosimilars might not be as safe as their reference products. That perception can undermine patient and provider confidence. Do you believe that when FDA approves a biosimilar, providers can be confident that it is safe and effective?

Answer. Biosimilars granted licensure by the FDA are by definition safe and effective and are highly similar to the reference biologic. We support the FDA's application of rigorous scientific standards and appropriate data requirements for the licensure of both biosimilars and interchangeable biosimilars, and we believe evidence and experience will drive patient and provider confidence in these products.

QUESTIONS SUBMITTED BY HON. TODD YOUNG

RE-EVALUATING BUSINESS STRATEGIES IN FOREIGN COUNTRIES

Question. Since taking office, President Trump has made reducing drug prices one of his highest priorities—and has repeatedly spoken about his frustration with the U.S. subsidizing the costs of pharmaceuticals for the rest of the world. He has gone so far as to issue proposals, like the International Pricing Index (IPI) Model, in an attempt to bring down prescription drug prices.

With the increased scrutiny of the industry and of the drug supply chain as a whole in the United States, have any of your companies re-evaluated your business strategy in foreign countries?

If not, then why?

If a proposal, like IPI, were implemented, would it force your companies to potentially "walk away from the negotiating table when other countries demand low prices subsidized by America's seniors," as HHS Senior Advisor for Drug Pricing Reform John O'Brien has said?

What are some of your ideas on how we can ensure Americans aren't shouldering the full cost of pharmaceuticals?

Answer. We continuously evaluate our global business strategy and country-specific market access approaches in light of current conditions, including changing policies and circumstances.

We support the use of trade tools to improve the policy environment for U.S. companies operating overseas and to enhance incentives for innovation. The U.S. government has already taken steps to advance this goal with some of our key trading partners. The U.S. Mexico Canada Agreement ("USMCA") includes important provisions committing Canada and Mexico to recognize the value of pharmaceuticals either through the operation of competitive markets or through procedures that appropriately value pharmaceuticals. The agreement also contains procedural safeguards for U.S. companies. These include a requirement that Canada and Mexico provide opportunities for stakeholder comment on measures before they are finalized and also offer U.S. companies an opportunity to appeal administrative actions. These are critical tools that will help American companies obtain fair value for innovation outside the U.S.

The U.S. government has announced its intention to negotiate trade agreements with Japan, the European Union, and the United Kingdom. These negotiations could address inadequacies in the systems of some of our largest trading partners.

The U.S. government can also effectively leverage existing trade agreements and tools like Organisation for Economic Cooperation accession negotiations to induce foreign governments to provide appropriate value for innovation and offer greater incentives for new treatments and cures.

FOREIGN COUNTRIES' PRICING AND REIMBURSEMENT

Question. President Trump and Secretary Azar have both repeatedly described their frustrations with “foreign freeloading” of U.S. drugs in the last year.

“When foreign governments extort unreasonably low prices from U.S. drug makers, Americans have to pay more to subsidize the enormous cost of research and development. . . . It’s unfair and it’s ridiculous, and it’s not going to happen any longer.”

Do you agree that because of foreign countries’ pricing and reimbursement systems, U.S. patients and innovators are shouldering the burden for financing medical advances?

Answer. According to a report by the U.S. Department of Commerce, international reference pricing and controls suppress worldwide private research and development by up to 16 percent annually, leading to fewer new medicines launched each year. Conversely, recent estimates demonstrate that removing price controls in other wealthy countries would increase the number of available new treatments by 9 percent by 2030, equivalent to a range of 8 to 13 new therapeutics that year.

Question. How do foreign countries’ pricing and reimbursement systems affect our prescription drug costs?

Answer. While there is no direct relationship between U.S. drug prices and foreign prices, according to a report by the U.S. Department of Commerce, existing foreign price controls suppress worldwide private research and development and decrease the number of new treatments and cures, to the detriment of U.S. patients.

It is important to note that most cross-country pricing comparisons focus solely on the list prices of medicines and do not account for the significant discounts required for participation in U.S. public programs, such as Medicaid, the 340B Drug Discount Program, and the Federal Supply Schedule (for U.S. Department of Veterans Affairs and the Department of Defense), as well as the discounts and rebates negotiated by private payers. For this reason, most international comparisons are not “apples to apples.” In addition, in other countries, medicine prices are achieved through national regulation, which often restricts or delays access to innovative medicines and limits patient and physician choice.

Question. Are foreign governments taking note of the concerns being raised by the Trump administration and have they responded in any way?

Answer. We understand that some foreign government officials have noted the concerns raised by the Trump administration and appear to be seeking a better understanding of the proposed policy changes in the United States and the potential future impacts on their countries.

Question. Has there been any noticeable change in any of our trade agreements since these concerns have been raised by the Trump administration?

Answer. The U.S.-Mexico-Canada Agreement (“USMCA”) contains important provisions on intellectual property that establish a higher global IP standard than in previous agreements, particularly with respect to data protection for biologics. The agreement also contains important provisions committing Canada and Mexico to recognize the value of pharmaceuticals either through the operation of competitive markets or through procedures that appropriately value pharmaceuticals. The agreement includes procedural safeguards for U.S. companies. These include a requirement that Canada and Mexico provide opportunities for stakeholder comment on measures before they are finalized and also offer U.S. companies an opportunity to appeal administrative actions. These are critical tools that will help American companies obtain fair value for innovation. The U.S. government has announced its intention to negotiate trade agreements with Japan, the European Union, and the United Kingdom. These negotiations could address inadequacies in the systems of some of our largest trading partners. The U.S. government can also effectively leverage existing trade agreements and tools like Organisation for Economic Co-operation accession negotiations to induce foreign governments to provide appropriate value for innovation and offer greater incentives for new treatments and cures.

MEDICAID CLOSED FORMULARY PROPOSALS

Question. In an attempt to bring down drug costs, various states have been exploring whether to exclude certain drugs from its Medicaid program. For example, the state of Massachusetts recently asked CMS for permission to create a closed formulary where the state Medicaid program would pick at least one drug per therapeutic class. CMS denied their waiver request citing violation of federal law, but this proposal does bring up important questions on how to contain drug prices in state Medicaid programs.

If the principles of the Medicare Part D program—including the necessary patient protections—were applied to State Medicaid programs, do you think it would lower drug costs while ensuring access to patients?

Answer. By legislative design, the Medicaid Program already receives the “best” price, in addition to substantial rebates associated with an inflation penalty and negotiated supplemental rebates. The rebate is never less than 23.1 percent, the required statutory minimum, and often requires manufacturers to sell their products (both older and newer) for as low as 1 cent per pill or unit.

The Medicaid drug rebate statute represents a carefully crafted legislative approach developed by Congress and designed as a package to offer Medicaid beneficiaries comprehensive coverage and access to outpatient drugs at the lowest cost in the marketplace. We support the significant access protections required under the current Medicaid Drug Rebate Program that serve a uniquely vulnerable population. We also question whether reducing access to medically necessary medication for vulnerable Medicaid beneficiaries will yield true program savings. Any further restrictions in medication access is likely to increase the risk of higher costs elsewhere in the health-care continuum. Moreover, vulnerable Medicaid beneficiaries may be particularly challenged to navigate the administrative, technical, logistical and other challenges that inevitably arise when additional restrictions are placed on their access to care.

MEDICAID “BEST PRICE”

Question. In the Trump administration’s Blueprint, they suggested that because drug manufacturers have to give Medicaid the “best price” on drugs, there is no incentive to offer deeper discounts to other payers—both government and commercial—than what is already offered under the Medicaid Drug Rebate Program.

Does the Medicaid “best price” requirement encourage manufacturers to increase initial prices?

Answer. We take into account the Medicaid “best price” requirement at all stages of the drug lifecycle, including launch. We consider best price when offering large discounts to commercial customers after a drug is launched and when designing value-based agreements.

Question. What, if any, changes would you suggest we make to the program?

Answer. We are supportive of ongoing efforts to promote a value-driven health-care system, including in Medicaid, and applaud recent efforts by both the administration and Congress that seek to address regulatory and legal uncertainty around value-based payment arrangements. We also support CMS’s recent approvals of State proposals to advance specific Medicaid value-based arrangements with drug makers.

OUTCOMES-BASED CONTRACTS

Question. In almost all of your testimonies, you highlight your support of outcomes-based contracts and how we need to be shifting our system toward that approach.

How will these contracts lower drug costs for patients in both the near term and long-term?

How will they lower overall health-care costs for our Federal programs?

What have the preliminary results looked like so far?

Answer. Innovative contracting models can align the incentives of all stakeholders, including pharmaceutical companies, health-care providers, and payers, to achieve better outcomes for patients at a lower overall cost of care to the health-care system, including Federal programs.

In most cases, because the pharmaceutical company agrees to share some of the risk around the economics of the arrangement for a particular medicine, the health plan or PBM will provide better access to that medicine, which often entails placing the medicine on a more preferable formulary tier. More preferable formulary tier placement results in lower out-of-pocket costs for patients. We know that rising patient copayments are a barrier to adherence and therefore to optimal outcomes. We believe that keeping out-of-pocket costs reasonable for patients is an important element of getting to better outcomes, and innovative contracts can support this goal.

According to an analysis by PhRMA and Avalere Health, commercially insured patients in health plans with outcome-based contracts for diabetes, high cholesterol and HIV medicines between 2015 and 2017 had copays that were, on average, 28 percent lower for those medicines compared to patients in other plans.

Innovative contracting models are still relatively new, and we look forward to the point at which we will have the long-term data necessary to evaluate the success of these programs with respect to health-care cost reduction. We are enthusiastic about the potential of innovative value-based contracting models to enable us to take full advantage of medicines' benefits, including their potential to reduce other health-care costs.

TRANSPARENCY/POINT OF SALE

Question. In almost all of your testimonies, you express your support for the Trump administration's proposal to allow manufacturers to provide PBMs up-front discounts that are passed onto patients at the point of sale.

Do you feel like this proposal will make the transactions within the drug supply chain more transparent?

If so, would this transparency bring down drug costs—overall and for specialty drugs?

Answer. We do believe that a point-of-sale discount model, wherein manufacturer discounts could be passed through to a patient at the point-of-sale, will make price reductions offered by the manufacturer more transparent because these discounts would be more directly reflected in patient out-of-pocket cost at the pharmacy. However, we do not believe that the proposal will improve transparency with respect to fees or mark-ups to the price of drugs added elsewhere in the supply chain.

Depending on whether elimination of rebates applies to the entire market or only with respect to Federal health plans and assuming rebates are not replaced by high fees or other costs that offset the amount saved, we expect to lower list prices or offer discounts for pass-through at the point of sale.

THE RELATIONSHIP BETWEEN WHOLESALERS AND MANUFACTURERS

Question. When talking about the pharmaceutical supply chain, a lot of focus has been placed on the pharmacy benefit manager. But there's another side of the equation that I'd like to ask about: how do wholesalers negotiate pricing with manufacturers?

Answer. Janssen sells to wholesalers and specialty distributors at list price, with discounts customarily offered for prompt payment. Janssen occasionally offers discounts to wholesalers for discrete periods of time on certain products. These are generally offered to contracted, authorized wholesalers market-wide. In addition, Janssen negotiates service agreements with wholesalers and specialty distributors for bona fide services relating to distribution of Janssen products.

Question. What impact does this have on drug costs?

Answer. We do not know the details of the wholesalers' arrangements with downstream stakeholders such as pharmacies, hospitals, providers, and other sites of care.

Question. What incentives or disincentives do they have to contain price increases?

Answer. We are not in a position to comment on wholesaler incentives or disincentives to contain price increases.

QUESTIONS SUBMITTED BY HON. RON WYDEN

PROPOSED REBATE RULE

Question. As has been done in many other settings, drug manufacturers said during the hearing that one reason list prices for drugs are high is that pharmaceutical benefit managers (PBMs) demand larger and larger rebates in order for the drug to receive favorable placement on a formulary. You and your colleagues who testified during the hearing stated if the administration's proposal on changes to the anti-kickback safe harbor for pharmaceutical rebates took effect, your company would likely lower list price.

Like many Oregonians, I am skeptical drug manufacturers would voluntarily lower their prices. Therefore, would you support legislation that would (1) make similar changes the administration has put forward related to Part D and Medicaid managed care, (2) change the rebate system in a similar way to the proposal for the commercial market, and (3) require drug makers to lower the list price of their drugs equal to the amount of rebates provided today?

Answer. We support reforms to the rebate system that restructure incentives to ensure patients benefit from a competitive marketplace and see lower out-of-pocket costs.

Depending on whether elimination of rebates applies to the entire market or only to those related to Federal health plans and assuming rebates are not replaced by high fees or other costs that offset the amount saved, we expect to lower list prices or offer discounts for pass-through at the point of sale. In either case, we would need to renegotiate our agreements with customers.

The degree to which we can convert current rebates to list price reductions or point-of-sale discounts will depend upon the details of the final regulation and the reactions of other stakeholders in the supply chain. We are concerned that PBMs may seek to replace rebate revenue with new and increasing fees or may seek to shift costs among supply chain participants through service fees.

MEDICAID DRUG REBATE PROGRAM

Question. The Medicaid Drug Rebate Program (MDRP) requires manufacturers to provide a basic rebate and an additional inflationary rebate for both brand and generic drugs. The inflationary rebate is an increasingly substantial part of total rebates due in large part to large increases in drug prices that exceed inflation. Under current law, this inflationary rebate is capped at 100 percent of Average Manufacturer Price (AMP). This is the case even when manufacturers continue to raise their prices well above inflation.

Please provide a list of all of your pharmaceutical products that have reached the Medicaid AMP rebate cap in any of the 20 quarters from January 1, 2014 through December 31, 2018.

For each drug listed in response to question 1, please also provide a list of which quarters and years each drug hit the cap.

Answer. Janssen has numerous current products, and products that have since been sold to third parties, that have reached the Medicaid AMP rebate cap in at least one of the 20 quarters from 1Q 2014 through 4Q 2018. The fact that these products reaching the 100 percent AMP cap is based on confidential metrics reported under the Medicaid Drug Rebate Program. The Medicaid AMP rebate cap is reached when AMP is less than or equal to the Unit Rebate Amount (URA). URA is calculated based on AMP and Best Price—which are confidential under the Medicaid Drug Rebate statute at 42 U.S.C. § 1396r8(b)(3)(D). There are exceptions in the statute that permit the Secretary and State Medicaid agencies to disclose the information only in certain situations, including disclosure to CBO. Thus, if there was legislation proposing to amend the 100 percent AMP cap, CBO would be able to access the drugs and underlying data to estimate the cost/savings to the government of such a legislative change.

The product-specific information requested is confidential and competitively sensitive. As such, potentially responsive information is not available for public disclosure.

MEDICAID DRUG REBATE PROGRAM COMPLIANCE

Question. I am concerned about recent reports and legal settlements surrounding drug manufacturers' failure to comply fully with the requirements of the MDRP. For

example, an analysis by the U.S. Department of Health and Human Services Office of Inspector General found that between 2012 and 2016 taxpayers may have overpaid by as much as \$1.3 billion for 10 potentially misclassified drugs. That is why I introduced the Right Rebate Act with Chairman Grassley to prevent drug manufacturers from manipulating Medicaid to increase their profits. However, I continued to be concerned about oversight and manufacturer compliance with the requirements of the Medicaid Drug Rebate Program. Accordingly, please describe the following:

Your company's current compliance plan and procedures used to ensure compliance with the requirements of the Medicaid Drug Rebate Program including internal audits or other checks you use to identify compliance vulnerabilities.

Any past or ongoing issues of non-compliance.

Any corrective actions taken to address identified problems or issues of non-compliance with the MDRP and how such steps were communicated to the Centers for Medicare and Medicaid Services.

Any steps taken to improve compliance and ensure that all Medicaid drug rebates owed to the Federal Government and the States are paid in full.

Answer. We comply with the obligations we undertake when participating in U.S. Federal, State, or local government contracts and government pricing programs such as the Medicaid Drug Rebate Program. We have an established compliance framework along with organizational structure and accountabilities designed to assure compliance. Our framework includes testing and monitoring and an obligation to correct any identified discrepancies. As such, any discrepancies have been timely addressed and corrected.

The other information requested is confidential. As such, potentially responsive information is not available for public disclosure.

BONUS PAYMENTS TIED TO SPECIFIC DRUGS

Question. I am concerned by the potential for employee financial incentives to encourage high launch prices and price increases for prescription drugs.

Is your salary, bonus or other compensation tied to sales or revenue targets of a single product your company sells? Has it ever been? If yes, please state the product or products to which your salary, bonus or other compensation was tied.

Answer. At no time during her employment with the Johnson & Johnson Family of Companies has Ms. Taubert's salary, bonus, or other compensation been tied to sales or revenue targets of a single product.

Question. Is your salary, bonus, or other compensation tied to either revenue or net income of the company as a whole? Has it ever been? If yes, please explain what assumptions about price increases are used when the compensation committee sets revenue or net income goals. Does the compensation committee provide any guidance to executives in regards to the amount of revenue that the company will generate from price increases versus volume growth?

Answer. We structure performance-based compensation to reward an appropriate balance of short-term and long-term financial and strategic business results, with an emphasis on managing the business for long-term results. Our compensation program's emphasis on long-term value reduces the possibility that our executives make excessively risky business decisions that could maximize short-term results at the expense of long-term value.

Ms. Taubert's base salary is tied to performance, market data, responsibilities, time in position, internal equity, and experience. Ms. Taubert's bonus and long-term incentive compensation has been and is awarded based on her individual performance and the company's performance.

The compensation committee does not provide guidance to executives regarding the amount of revenue that the company will generate from price increases versus volume growth.

PROVISION OF REBATES IN EXCHANGE FOR FORMULARY PLACEMENT

Question. In today's system, drug makers receive a limited time window to sell their drug without competition. After that period has expired, low-cost generics should become available. However, drug makers often prevent access to these cheaper generic drugs in Medicare. Researchers have found that 72 percent of Medicare

Part D plans charged lower cost-sharing for a brand name drug compared to its generic equivalent. This means seniors were charged less out of pocket for brand name drugs compared to generics that are on average four times cheaper than the brand-named drug. This happens because drug makers pay a rebate to the Part D plans in order to give the more expensive drug better treatment than a generic. As a result, Medicare spending increases due to the current structure of the Part D benefit.

Has your company ever paid a rebate to a Part D plan so that a brand name drug would get preferential treatment (*i.e.*, lower cost-sharing or less utilization management) compared to a cheaper generic?

If so, please provide: a list of the drugs for which your company has done this since January 1, 2014; and the number of Part D plans in which this type of rebate was given for each drug in each year.

Answer. In negotiations with PBMs and payers, Janssen may offer multiple different rebate options. The PBM or payer has sole discretion over how formularies are structured. In some cases, a PBM or payer may establish a formulary that puts a branded drug in a preferential position.

The information requested is confidential and competitively sensitive. As such, potentially responsive information is not available for public disclosure.

NET PRICES

Question. Your testimony stated that “while our 2018 aggregate list price increase was 6.3 percent, for the second year in a row discounts and rebates outweighed that increase, and aggregate net price—in other words, the real price—decreased by 6.8 percent.” According to your testimony, the net price “represents the year-over-year change in the average net price, which is WAC less rebates, discounts, and returns.” Please describe how the company’s year-over-year aggregate net price is calculated. Please also specifically address the following questions:

Answer. Average net price change represents the year-over-year change in the average net price, which is Wholesale Acquisition Cost less rebates, discounts, and returns.

Question. How many products are included in the calculation of the average net price change? What was the median net price change?

Answer. We believe weighted average net price change is the appropriate metric for evaluating list price changes across the portfolio. There are 99 products (brands) included in the average net price change calculation. The 2017–2018 weighted average net price change is –6.8 percent. The non-weighted average 2017–2018 net price change is –3.7 percent. The 2017–2018 median net price change is –1.9 percent. It is important to note that non-weighted average or median net price change treats all medicines—whether used by many patients or by very few—equally, so those figures are not useful or valuable in understanding the actual change experienced.

Question. Is net price weighted? If so, how? For example, in determining the aggregate net price does the company assign different weights to different products based on volume or other factors? Are “on patent” and “off patent” drugs weighted identically? Are other statistical weights used or are all products treated equally?

Answer. Annual net price change versus prior year is calculated at the product level and weighted across the company’s U.S. product portfolio using net trade sales. All products, both “on patent” and “off patent,” are included.

Question. Does the figure that you provided during your testimony account for U.S. prices, international prices, or both? Generally speaking, when your company reports net price changes, does it differentiate between U.S. and international prices?

Answer. The figure provided, –6.8 percent, accounts for 2018 net price change for our U.S. pharmaceutical business only. We disclose this figure in our annual Janssen U.S. Transparency Report.

Question. Please list the five drugs your company sold in the U.S. that had the greatest year-over-year net price increase in 2018, noting the increase for each drug by dollar figure and percentage. Please list the five drugs your company sold in the U.S. that had the lowest year-over-year net price increase (and/or the greatest decrease) in 2018, noting the increase (or decrease) for each drug by dollar figure and percentage.

Answer. The information requested is confidential and competitively sensitive. As such, potentially responsive information is not available for public disclosure.

Question. For 2018, what was the average net price change in the U.S. market for (1) drugs with no competition, (2) drugs with *only* branded competition, and (3) drugs with generic competition?

Answer. The information requested is confidential and competitively sensitive. As such, potentially responsive information is not available for public disclosure.

Question. Your company noted in its annual financial filing with the Securities and Exchange Commission that “Immunology was negatively impacted by lower sales of REMICADE® (infliximab) due to increased discounts/rebates and biosimilar competition,” and “Strong sales of long-acting injectables INVEGA TRINZA®/TREVICTA® (paliperidone palmitate) and INVEGA SUSTENNA®/XEPLION® were partially offset by cannibalization of RISPERDAL CONSTA® (risperidone) and generic competition for CONCERTA®/methylphenidate,” and “Lower sales of INVOKANA®/INVOKAMET® (canagliflozin) in the U.S. was primarily due to an increase in price discounts, higher rebates and market share decline driven by competitive pressure. Lower sales of XARELTO® (rivaroxaban) were driven by an increase in discounts and rebates, partially offset by an increase in market share.” What were the year-over-year net price changes for each of these drugs?

Answer. The information requested is confidential and competitively sensitive. As such, potentially responsive information is not available for public disclosure.

Question. Please define the following terms that were used on page 20 of your company’s annual report for the year ending December 31, 2018 regarding sales of various pharmaceutical products: strong uptake, market growth, and share gain. Please also define “reduction in sales,” as used in the sentence “Biosimilar versions of REMICADE® have been introduced in certain markets outside the U.S., resulting in a reduction in sales of REMICADE® in those markets.”

Answer. “Strong uptake” means that we are seeing significant utilization of a medicine that was recently introduced into the market or approved for a new indication.

“Market growth” refers to increase in utilization of medicines overall for a particular disease state or in a particular class of medicines.

“Share gain” means that within a class of medicines or therapeutic area, a particular medicine is being selected and utilized more than it had been previously and now represents a greater percentage of utilization within that class relative to competitor medicines.

“Reduction in sales” in the sentence you reference means that revenues for REMICADE® are lower than they have been in previous years. Please note that our 2018 Annual Report goes on to state, “In the U.S., a biosimilar version of REMICADE® was introduced in 2016, and additional competitors continue to enter the market. Continued infliximab biosimilar competition in the U.S. market will result in a further reduction in U.S. sales of REMICADE®.”

QUESTIONS SUBMITTED BY HON. ROBERT MENENDEZ

Question. During the hearing, when I asked whether your company engaged in tactics to delay generic production of your products, you answered “no.” However, your Johnson & Johnson’s Actelion appears on the FDA’s list of companies who have access complaints against them. Can you explain the discrepancy between your answer and the FDA list? The FDA list can be found here: <https://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/AbbreviatedNewDrugApplicationANDAGenerics/ucm607738.htm>.

Answer. Johnson & Johnson acquired Actelion in June 2017. We share FDA’s commitment to policies that promote access to generics when balanced with the protection of innovation and the safeguarding of patient safety. It is important to note that the FDA’s website on Reference Listed Drug (“RLD”) Access Inquiries does not differentiate between inquiries and complaints, and does not clarify whether the RLD Sponsor made samples available after the FDA issued a Safety Determination Letter. Following the receipt of a Safety Determination Letter from the FDA, Actelion has actively entered into a supply agreement with every generic manufacturer who has requested testing samples of our products. This is true for each in-

stance cited in the FDA's RLD Access Inquiry list. Actelion is also actively engaging with generic manufacturers to develop shared REMS programs that protect patient safety while enabling patient access to our medicines.

Question. When new products enter the market, do drug companies set high initial rebates and then provide deep rebates in order to gain access to insurance plan's formularies?

Answer. At Janssen, we take a responsible approach to pricing that recognizes our dual responsibility to patients today and patients tomorrow. Patients today need access to our medicines. Patients tomorrow count on us to deliver cures and treatments for the most challenging, intractable diseases. When we set an initial list price for our medicines, we balance:

- Value to patients, the health-care system, and society.
 - We consider how the medicine will improve patient health. We also assess the medicine's potential to reduce other costs—surgeries, hospital stays, or long-term care, for example—and the improvement the medicine represents over the existing standard of care.
- The importance of maintaining affordable access to medicines for people who need them.
 - We work with insurers, pharmacy benefits managers, governments, hospitals, physicians, and other providers of care so that patients who are prescribed our medicines can get access to them.
- The importance of preserving our ability to develop future groundbreaking cures and treatments.
 - We have an obligation to ensure that the sale of our medicines provides us with the resources to invest in R&D to address serious, unmet medical needs.

We go through a lengthy process to gather the information necessary to assess the medicine according to these factors. We use this information to determine the value of our medicine compared to what is, or will be, available to treat the same condition—be it other medicines, surgery, or other forms of health care.

Question. If CMS finalizes the rebate rule, do you anticipate future products entering the market with significantly lower initial list prices?

Answer. Depending on whether elimination of rebates applies to the entire market or only to those related to Federal health plans and assuming rebates are not replaced by high fees or other costs that offset the amount saved, we expect to lower list prices or offer discounts for pass-through at the point of sale. In either case, we would need to renegotiate our agreements with customers.

The degree to which we can convert current rebates to list price reductions or point-of-sale discounts will depend upon the details of the final regulation and the reactions of other stakeholders in the supply chain. We are concerned that PBMs may seek to replace rebate revenue with new and increasing fees or may seek to shift costs among supply chain participants through service fees.

QUESTIONS SUBMITTED BY HON. THOMAS R. CARPER

Question. What are your recommendations for lowering prices for the 40 percent of drugs that do not offer rebates in Medicare Part D? In the health insurance plans that you offer your employees, do you ask your insurers to pass through the full manufacturer rebates to the beneficiaries?

Answer. Drugs that offer lower rebates tend to be drugs that face less competition in the marketplace. Increased competition can lead to lower prices of branded and generic drugs. FDA Commissioner Scott Gottlieb prioritized faster approval of generic drugs. In 2018, FDA set a record by approving an estimated 971 generic drugs.

Within today's health-care system, we do recover manufacturer rebates from our PBM. Any savings we receive are used to offset out-of-pocket costs for employees and total plan costs. In order to help ensure affordability for our employees, we limit out-of-pocket pharmacy costs through a monthly per prescription cap.

Question. The systems for pricing and distributing drugs are opaque and difficult to understand. What are your recommendations for increasing transparency in how your companies set the list prices for drugs, and for improving transparency in the

supply chain for prescription drugs? Would you support federal standards for transparency in setting the list prices for drugs?

Answer. At Janssen, we issue an annual U.S. Transparency Report that explains what we take into account in setting list prices for our medicines. When we set an initial list price for our medicines, we balance:

- Value to patients, the health-care system, and society.
 - We consider how the medicine will improve patient health. We also assess the medicine's potential to reduce other costs—surgeries, hospital stays, or long-term care, for example—and the improvement the medicine represents over the existing standard of care.
- The importance of maintaining affordable access to medicines for people who need them.
 - We work with insurers, pharmacy benefits managers, governments, hospitals, physicians, and other providers of care so that patients who are prescribed our medicines can get access to them.
- The importance of preserving our ability to develop future groundbreaking cures and treatments.
 - We have an obligation to ensure that the sale of our medicines provides us with the resources to invest in R&D to address serious, unmet medical needs.

The list price we set is a publicly available figure that can be—and is—compared to other options available. We believe that a point-of-sale discount model will make price reductions offered by the manufacturer more transparent because these discounts will be directly reflected in patient out-of-pocket cost at the pharmacy. However, we do not believe that the proposal will improve transparency with respect to fees or mark-ups to the price of drugs added elsewhere in the supply chain.

Transparency that is meaningful and valuable to patients can help achieve what we all want: better health care, at more manageable cost, and, most importantly, longer, healthier lives for all.

We believe an environment that encourages medical innovation and robust competition to deliver the best health outcomes is essential to achieving these goals. Our support for legislation that establishes a federal standard for transparency in setting the list price for drugs would depend on the extent to which the proposed standards maintained such an environment.

Question. In nearly every sector of the health-care industry, Medicare, Medicaid, employers, and insurers are moving away from fee-for-service payments to reimbursements based on value and performance. Prescription drugs and medical devices were the glaring exceptions to this trend until recently. How many of your drugs are included in value-based contracts and how many patients are benefiting from them? How do these value-based contracts work to lower drug prices for both patients and taxpayers?

Answer. We have established several innovative, value-based contracts with insurers and continue to explore new opportunities. For example, in immunology, we partnered with payers to create an agreement in which the price of a medicine for chronic immune conditions varies based on how well it works for patients. In oncology, we partnered with public and private payers on novel contracts for patients with prostate cancer and agreed in one contract to provide additional rebates to the insurer for plan members who meet eligibility criteria and whose treatment duration is shorter than a predetermined period of time. We also partnered with a leading payer on a contract under which we are paid more if data show our medicine that treats adults with type 2 diabetes contributed to lowering other identified health-care costs, such as the use of additional medicines.

Question. Last year, Senator Portman and I did an investigation on the pricing of an opioid overdose reversal drug called EVZIO, manufactured by Kaléo. Kaléo increased the price of EVZIO from \$575 in 2014 to \$4,100 in 2017. We found that the best price Medicare was able to get for EVZIO, about \$4,000, was much higher than the price other Federal programs and private insurers were able to get. It seemed that Kaléo was able to get this higher price of \$4,000 from Medicare by helping doctors fill out paperwork showing that the drug was medically necessary, even though there are cheaper alternatives on the market. As a result of the investigation, Kaléo announced it will bring a generic version of the drug to market at only \$168 per pack. Are any of your companies providing medical necessity paperwork to doctors in order to get your drugs covered by Medicare?

Answer. Like other pharmaceutical companies, we offer a sample letter of medical necessity that offices can complete using their own clinical judgment regarding the medical and clinical rationale for submission to the insurance company or PBM. We also research and provide payer-specific forms required to provide medical necessity information such as payer-specific prior authorization forms.

Question. In 2017, the Rand Corporation estimated that biosimilar drugs, which are competitors to complex, biologic drugs, could save the United States more than \$50 billion over the next decade. Some of you have also argued that increasing the use of biosimilar drugs would help lower drugs costs for consumers and taxpayers. What is delaying the uptake of biosimilar drugs in the United States? What policies do you recommend to increase the development of biosimilar drugs?

Answer. The goal of biosimilar policy should be to lower costs for the health-care system and patients, and not simply to encourage biosimilar uptake without regard to price. The current open and competitive environment supports price competition and biosimilar uptake as appropriate. For example, the net price of infliximab products, including the innovator product REMICADE®, is falling. Furthermore, the uptake of infliximab biosimilars in the U.S. is consistent with branded biologic launches of immunology products, including those that provide a clinical benefit over the standard of care.

Biologics are used in patients with serious, chronic conditions, many of whom have taken years to become stable on a branded product. Health-care providers and patients may naturally be hesitant to switch medicines in these circumstances. The approval of an interchangeable biosimilar may address some of the physician and patient reservations about switching a stable patient to a non-interchangeable biosimilar.

The biosimilars pipeline is strong and a diverse group of companies—traditional pharmaceutical manufacturers as well as manufacturers focused on biosimilars—is investing in the space. For example, in the immunology therapeutic area alone, at least 18 biosimilars are currently in clinical development or undergoing FDA review.

We fully support a regulatory framework for FDA review and approval of biosimilars and interchangeable biosimilars with standards and policies that are science-based and rooted in patient safety. Ultimately, the uptake of biosimilars will be reliant on competitive pricing and on patient and prescriber confidence. Provider and patient confidence can be strengthened by the application of rigorous review standards, including the robust approach to interchangeability that FDA is pursuing and appropriate standards regarding biosimilar to biosimilar switching.

Biosimilar manufacturers need access to samples of reference products to perform comparative testing required to demonstrate biosimilarity or interchangeability. We cooperate with manufacturers of generic drugs and biosimilars so they have access to samples of our medicines at reasonable, market-based prices. To facilitate access to product samples while fostering efficiencies in the delivery and oversight of healthcare, we believe that manufacturers should identify for FDA a point of contact to facilitate access to samples for each approved reference product. When a Risk Evaluation and Mitigation Strategy (REMS) is in place, the REMS should facilitate the safe use of medicine and ensure access for appropriate patients; it should not be used to hinder provision of product samples for use in developing a generic or biosimilar. We believe FDA should finalize draft guidance, issued December 2018, describing a process for FDA determination that protocols pertaining to biosimilarity and interchangeability testing contain safety protections comparable to an applicable REMS with limited distribution elements. A letter from FDA stating comparable protections exist and indicating FDA would not consider it to be a violation of the REMS to provide samples to the biosimilar manufacturer provides needed assurances for reference product manufacturers about both the safe use of our products and regulatory compliance.

The Purple Book is an essential resource for many stakeholders and should be enhanced to provide timely information to stakeholders, to clarify practices regarding substitution, and to provide information to assure the appropriate use of biosimilars and interchangeable products. In addition, the Purple Book should include detailed information about approved biosimilars and interchangeable biosimilars, including, for example, a description or listing of pivotal clinical trials considered in FDA's approval of the biosimilar.

QUESTIONS SUBMITTED BY HON. BENJAMIN L. CARDIN

Question. The United States is one of the only countries in the world to allow prescription drug manufacturers to advertise directly to consumers through magazines, billboards, radio, and television commercials. While I will not argue that it is beneficial to educate consumers about an unfamiliar disease and encourage them to seek medical help, most commercials from all of your companies recommend asking about a specific brand name drug, not a medical condition. Furthermore, even if your advertisements follow all FDA rules and list medication side effects, they also almost always list these while a smiling, apparently healthy person is walking on a beach.

Researchers say that this type of imagery, combined with viewing hours of drug commercials each month, leads consumers to underestimate the risks associated with medications. For the past decade, studies have shown that aggressive direct-to-consumer advertising is associated with rising drug prices and an increase in inappropriate drug prescriptions.

Since researchers have concluded that consumers are misunderstanding the benefits and risks described in your ads, what further policies could help you and your colleagues ensure that you are educating patients in a clear manner?

Answer. At Janssen, we believe patients can get and stay healthier when they are well informed about their conditions and treatment options. We provide accurate, up-to-date educational materials in language that is clear and understandable for consumers to help patients facing diseases our medicines treat and to help patients who take our medicines understand how to use them properly. Our product-specific communications, including our DTC advertising, are designed to encourage appropriate dialogue between patients and healthcare providers about the risks and benefits of treatment.

We believe acting ethically and responsibly is not only the right thing to do but also the right way to do business. We follow all relevant laws and regulations regarding the promotion of prescription drug products and submit promotional materials to the U.S. Food and Drug Administration at the time of initial publication or dissemination.

We are always open to ways to improve our communication, including DTC, to ensure patients better understand the benefits and risks of our medicines.

PHARMACEUTICAL COMPANIES CONTINUE TO RAISE PRICES

Question. As you are well aware, high prescription drug prices are the number one concern for Americans and their families. According to the Organisation for Economic Co-operation and Development, the average American spends around \$1,208 annually on prescription drugs. There have been several instances where brand name or even generic drugs that have been on the market for years continue to increase in price.

One of the most well-known examples is Mylan's increase of the price of EpiPen from less than \$100 in 2007 to more than \$600 in 2016. Another example, is the ever-increasing price of insulin. Sanofi increased the price of a vial of Lantus from \$88.20 in 2007 to \$307.20 in 2017. And those are just a small sample of price increases.

Why don't we see price decreases for drugs that have been on the market for years without new formulations or added benefit?

Answer. In fact, net price does often decrease, sometimes quite significantly, for medicines that have been on the market for years because of competition from other, newer medicines for the same condition. Competition brings down price for payers such as PBMs and insurers, although unfortunately patients often do not benefit from the lower net price.

It is also important to note that biopharmaceutical innovation paves the way for the introduction of generic medicines, which enables medicine costs to be reduced over time. In the U.S., medicines lose patent protection, on average, about 12 years after they are introduced. When that happens, prices generally drop significantly, giving patients ongoing access to effective therapies at a lower cost.

PAY FOR DELAY

Question. Pay for delay is a tactic that more and more branded drug manufacturers have been using to stifle competition from lower-cost generic manufacturers.

This allows you to sidestep competition by offering patent settlements that pay generic companies not to bring lower-cost alternatives to market.

These pay-for-delay patent settlements benefit both brand-name pharmaceutical companies by helping them avoid costly patent litigation and general manufacturers by rewarding them a hefty sum to delay entering the market with a cheaper drug alternative. However, these deals do not benefit consumers. According to an FTC study, these anticompetitive deals cost consumers and taxpayers \$3.5 billion in higher drug costs every year.

Does your company partake in pay-for-delay settlements?

Answer. We have not entered into patent settlement agreements that require payment of money to a generic manufacturer.

Question. Why would a pharmaceutical company enter into a pay-for delay agreement?

Answer. We have not entered into patent settlement agreements that require payment of money to a generic manufacturer and, therefore, we cannot speculate as to why other companies might enter into such agreements in specific cases.

Question. Do you think these agreements stifle competition and prevent generic alternatives to your branded medications?

Answer. We have not entered into patent settlement agreements that require payment of money to a generic manufacturer, so we do not have direct experience with their competitive impacts. However, we believe that the competitive impact of any individual settlement agreement must be evaluated on a case-by-case basis. The current legal framework—FTC oversight and judicial review on a case-by-case basis—is intended to identify any patent settlement that is anti-competitive.

DRUG REBATE RULE

Question. In January, the Department of Health and Human Services' (HHS) Office of Inspector General (OIG) promulgated a new regulation to remove regulatory safe harbor protections under the Anti-Kickback Statute (AKS) for rebates on prescription drugs rebates paid by manufactures to PBMs under Medicare Part D and for Medicaid managed care organizations (MCOs). The OIG proposal attempts to ban most rebates by eliminating their regulatory protections.

The rule is predicted to increase net drug costs in its early years. The CMS actuaries estimate it would cost \$196 billion over 10 years. Despite this high price tag, the beneficiary benefits are limited. The proposed rule notes that under the CMS Actuary's analysis, the majority of beneficiaries would see an increase in their total out-of-pocket payments and premium costs; reductions in total cost sharing will exceed total premium increases.

I wanted to ask a question about the administration's rebate rule, which I understand that many of the drug manufacturers, and your main trade association, strongly support. According to an analysis of the rule by the Office of Actuaries at CMS, drug manufacturers are likely to initially retain 15 percent of the current rebates as higher net drug prices.

Given that estimate, can you provide the committee with any assurances that prices will not increase under this proposed rule?

Answer. Depending on whether elimination of rebates applies to the entire market or only to those related to Federal health plans and assuming rebates are not replaced by high fees or other costs that offset the amount saved, we expect to lower list prices or offer discounts for pass-through at the point of sale. In either case, we would need to renegotiate our agreements with customers.

The degree to which we can convert current rebates to list price reductions or point-of-sale discounts will depend upon the details of the final regulation and the reactions of other stakeholders in the supply chain. We are concerned that PBMs may seek to replace rebate revenue with new and increasing fees or may seek to shift costs among supply chain participants through service fees.

QUESTIONS SUBMITTED BY HON. SHERROD BROWN

Question. As I understand it, 2 years ago PhRMA updated its membership standards to require member companies to meet two new criteria: (1) each company must

meet a 3-year average global research and development to sales ratio of 10 percent or greater, and (2) each company must spend at least \$200 million on R&D per year over a 3-year average. As a result of these changes, several companies who continue to operate under business models that prioritize price gouging over innovation, left PhRMA.

Given your company's role in setting a higher standard for R&D, would you support a more even playing field by raising the minimum bar for R&D across the entire pharmaceutical sector, in particular for companies that participate in government programs such as Medicare and Medicaid?

Answer. We are proud to set a high standard for R&D investment. In 2018 Janssen invested \$8.4 billion globally in research and development. This investment in R&D was 86 percent more than we spent on sales and marketing. However, we would not support a policy that requires a certain amount of R&D spending for a manufacturer's products to be covered by Medicare and Medicaid because we would not want to deny patients access to needed medication based on the investment decisions of these drug companies.

Question. According to an article recently published in the *Journal of the American Medical Association*, medical marketers spend nearly \$30 billion dollars in 2016, up from \$17 billion in 1997. Direct-to-Consumer (DTC) advertising had the biggest percentage increase: from \$2.1 billion, or 11.9% of all medical marketing, in 1997 to \$9.6 billion, or 32% of total spending, in 2016.

Can you please provide what your ratio of spending on sales and marketing to research and development is today?

Answer. In 2018, the pharmaceutical segment of Johnson & Johnson invested 86 percent more in R&D globally (\$8.4B) than we spent on global sales and marketing (\$4.5B).

PRICE-GOUGING

Question. Sanofi, as I understand it, has made a pledge to the public to limit its price increases to the national health expenditures growth projection.

Would your company commit to a cap on annual price increases as part of your PhRMA membership criteria?

Answer. In 1993, the Pharmaceutical Manufacturers Association (PMA, now the Pharmaceutical Research and Manufacturers of America or PhRMA) asked the Department of Justice ("DOJ") Antitrust Division to review a proposal for a PMA effort to ask member companies to commit voluntarily to limiting price increases on their entire line of prescription medicines in any calendar year to an amount not to exceed the increase in the Consumer Price Index (CPI). In its response, the DOJ Antitrust Division stated that, "[T]he Department believes that the proposed program would violate the antitrust laws. . . . The Supreme Court has. . . made clear that agreements that set maximum prices are as equally illegal as agreements that set minimum prices." The DOJ noted that it "intends to bring suit to challenge the program if PMA and its members go forward with this proposal." Therefore, we are unable to commit to such a cap as part of PhRMA membership requirements due to likely enforcement action by the DOJ.

Question. What policies would you propose to help ensure lower *launch* prices for new drugs?

Answer. We support rebate reforms that ensure patients benefit from negotiated rebates and discounts—\$150 billion in 2017 alone—and, as a result, have patients see lower out-of-pocket costs at the pharmacy.

Depending on whether elimination of rebates applies to the entire market or only to those related to Federal health plans and assuming rebates are not replaced by high fees or other costs that offset the amount saved, we expect to lower list prices or offer discounts for pass-through at the point of sale. In either case, we would need to renegotiate our agreements with customers.

The degree to which we can convert current rebates to list price reductions or point-of-sale discounts will depend upon the details of the final regulation and the reactions of other stakeholders in the supply chain. We are concerned that PBMs may seek to replace rebate revenue with new and increasing fees or may seek to shift costs among supply chain participants through service fees.

TRANSPARENCY

Question. In many of your testimonies, you mentioned that the current system of pharmacy benefit manager (PBM) back-end rebates do not rarely results in a scenario where the PBM passes on savings to consumers at the point of sale (POS). The administration recently proposed a rule to eliminate the anti-kickback statute safe harbor protections for these drug rebates.

Do you agree that greater transparency should be required to understand how manufacturers and PBMs are negotiating prices and rebates to ensure that savings are passed down to beneficiaries?

Answer. We believe that a point-of-sale discount model will make price reductions offered by the manufacturer more transparent because these discounts will be directly reflected in patient out-of-pocket cost at the pharmacy. However, we do not believe that the proposal will improve transparency with respect to fees or mark-ups to the price of drugs added elsewhere in the supply chain.

Depending on whether elimination of rebates applies to the entire market or only to those related to Federal health plans and assuming rebates are not replaced by high fees or other costs that offset the amount saved, we expect to lower list prices or offer discounts for pass-through at the point of sale.

PBMS

Question. An *Axios* article from March 7, 2019 highlights the fact that, while “pharmaceutical companies put a lot of the blame for high drug prices on pharmacy benefit managers,” many large pharmaceutical companies “rely on PBMs to manage their own health-care benefits.”

In your role as an employer, does your company contract with a pharmaceutical benefit manager (PBM) to administer the prescription drug benefits for your employees and negotiate lower drug costs on your behalf?

Answer. As an employer, we design our own pharmacy benefit program and contract with a PBM for administration and to negotiate on our behalf.

Question. For those of you who do use a PBM to help manage the prescription drug benefit for your employees, how do you utilize the rebates your PBM negotiates to lower health-care costs or drug costs for your employee plans and what does your company do with that savings? Specifically, do the savings go toward lowering premiums?

Answer. We use any savings to offset total plan costs, enhance benefits, and lower premium and out-of-pocket costs for our employees. In order to ensure our employees have affordable access to medicine, we have a monthly per prescription out-of-pocket cap.

Question. For those of you who do use a PBM to help manage the prescription drug benefit for your employees, does your PBM offer point-of-sale rebates to your employees?

Answer. We are exploring the possibility of offering point-of-sale rebates with our PBM.

 QUESTIONS SUBMITTED BY HON. SHELDON WHITEHOUSE

Question. Please describe any policy changes you support that would result in your company lowering the list prices of its drugs.

Answer. We support rebate reforms that ensure patients benefit from negotiated rebates and discounts— \$150 billion in 2017 alone—and, as a result, have patients see lower out-of-pocket costs at the pharmacy.

Depending on whether elimination of rebates applies to the entire market or only to those related to Federal health plans and assuming rebates are not replaced by high fees or other costs that offset the amount saved, we expect to lower list prices or offer discounts for pass-through at the point of sale. In either case, we would need to renegotiate our agreements with customers.

The degree to which we can convert current rebates to list price reductions or point-of-sale discounts will depend upon the details of the final regulation and the reactions of other stakeholders in the supply chain. We are concerned that PBMs

may seek to replace rebate revenue with new and increasing fees or may seek to shift costs among supply chain participants through service fees.

Question. How much does your company's research and development portfolio rely on taxpayer-funded research conducted by the National Institutes of Health (NIH)? How many of your company's products are based, at least in part, on NIH research, and how many are the result of research funded solely by your company?

Answer. The NIH plays an important role in medical research, primarily funding basic research on medical problems. The pharmaceutical industry is responsible for developing the solutions—undertaking the long, financially risky, and costly process to discover a compound and develop new medicines that meet the stringent safety and efficacy requirements of the FDA. In those instances where NIH contributes to a product that is brought to market, NIH would receive any contracted license fees or royalties.

Question. In each of the last 5 years, how much has your company spent on research and development versus the advertising and marketing of your products?

Answer. Below is a chart including global Janssen R&D and Sales and Marketing expenditures over the last 5 years. Sales and marketing includes expenses related to: (1) selling, (2) marketing management, (3) market and consumer research, and (4) advertising and promotion.

	2014	2015	2016	2017	2018
Janssen R&D	\$6.2B	\$6.8B	\$7B	\$7.9B	\$8.4B
Janssen Sales and Marketing	\$4.5B	\$4.6B	\$4.5B	\$4.2B	\$4.5B

Question. During the hearing, you mentioned that your company would be likely to lower the list prices of its drugs if the recent proposal by the Trump administration to change the current system of rebates was extended to the private market.

If the policy was extended to the private market, how large would the list price reductions be relative to the size of the rebates your company is currently providing?

How will this proposal affect how your company sets the list prices for new drug products?

Answer. Depending on whether elimination of rebates applies to the entire market or only to those related to Federal health plans and assuming rebates are not replaced by high fees or other costs that offset the amount saved, we expect to lower list prices or offer discounts for pass-through at the point of sale. In either case, we would need to renegotiate our agreements with customers.

The degree to which we can convert current rebates to list price reductions or point-of-sale discounts will depend upon the details of the final regulation and the reactions of other stakeholders in the supply chain. We are concerned that PBMs may seek to replace rebate revenue with new and increasing fees or may seek to shift costs among supply chain participants through service fees.

Question. If the proposal is finalized and not extended to the private market, will your company make any list price reductions? If so, how large would the reductions be relative to the size of the rebates your company is currently providing?

Answer. If elimination of rebates applies only to Medicare and Medicaid Managed Care and assuming rebates are not replaced by high fees or other costs that offset the amount saved, we expect to offer discounts for pass-through at the point of sale. To do so, we would need to renegotiate our agreements with customers.

The degree to which we can convert current rebates to point-of-sale discounts will depend upon the details of the final regulation and the reactions of other stakeholders in the supply chain. We are concerned that PBMs may replace rebate revenue with new and increasing fees or may shift costs among supply chain participants through service fees.

QUESTION SUBMITTED BY HON. MAGGIE HASSAN

Question. In June of 2018, the Medicaid and CHIP Payment and Access Commission (MACPAC) unanimously recommended under Recommendation 1.1 in their an-

nual report to Congress that Congress remove the statutory requirement that manufacturers blend the average manufacturer price (AMP) of a brand drug and its authorized generic.¹

This requirement created an unintended loophole. Rather than use the price of the authorized generic, drug companies can sell its authorized generic to a corporate subsidiary at an artificially lower price, and use that lower price to bring down the AMP, which in turn lowers the rebate obligation.

Does your company engage in this practice? Has your company ever engaged in this practice in the past?

Answer. We do not include authorized generic internal transfer prices to an affiliate when calculating Average Manufacturer Price for the branded product. Under previous versions of the statute and CMS guidance, we have at times in the past included in Average Manufacturer Price the transfer prices of our authorized generic sold to an affiliate.

QUESTIONS SUBMITTED BY HON. CATHERINE CORTEZ MASTO

Question. As a portion of your revenue, for what percentage of the drugs in your portfolio do you offer no rebates? Based on the drugs in your pipeline, do you foresee that portion growing? For those drugs is your list price equal to your net price?

Answer. The information requested is confidential and competitively sensitive. As such, potentially responsive information is not available for public disclosure.

Question. Do you invest more in R&D than you generate in US sales revenue? Please include specific figures.

Answer. Janssen is one of the world's top R&D investors in any industry, anywhere in the world. In 2018 we invested \$8.4 billion in pharmaceutical R&D globally. Our pharmaceutical revenue in the U.S. was \$23.3 billion. We invested 86 percent more in pharmaceutical R&D (\$8.4 billion) than we spent on pharmaceutical global sales and marketing (\$4.5 billion).

Question. Do you invest more in R&D than you spend on marketing and administration? What company functions do you consider to be included in administration? Please include specific figures.

Answer. Johnson & Johnson is comprised of three business segments: pharmaceuticals (Janssen), medical devices, and consumer products. In its financial statements, Johnson & Johnson reports a global total figure across all segments for Sales, Marketing and Administration ("SM&A"). This figure combines marketing, sales, and administrative expenses such as insurance, legal, finance, and product distribution. In 2018, that global, cross-sector SM&A expenditure was \$22.54 billion. The total global, cross-sector R&D investment by J&J in 2018 was \$10.78 billion.

Johnson & Johnson does not report SM&A by business segment. Janssen, the pharmaceutical segment of J&J, invested \$8.4 billion in R&D globally in 2018 and spent \$4.5 billion on marketing and sales globally.

Question. Do you invest more in R&D than you spend on marketing and sales? What company functions do you consider to be included in sales? Please include specific figures.

Answer. In 2018, we invested 86 percent more in pharmaceutical R&D (\$8.4 billion) than we spent on pharmaceutical global sales and marketing (\$4.5 billion). Sales and marketing includes: (1) our expenses related to selling, (2) marketing management, (3) market and consumer research, and (4) advertising and promotion.

Question. Why do you advertise for the drugs you manufacture? What factors do you consider in choosing which drugs you advertise?

Answer. We believe direct-to-consumer communication, including advertising, can empower patients with information to help them have appropriate discussions with their healthcare providers, including dialogue about the risks and benefits of treatment. We provide accurate, up-to-date educational materials to help patients facing

¹MACPAC, "Improving Operations of the Medicaid Drug Rebate Program," <https://www.macpac.gov/wp-content/uploads/2018/06/Improving-Operations-of-the-Medicaid-Drug-Rebate-Program.pdf>.

diseases our medicines treat and to help patients who take our medicines understand how to use them properly.

We believe acting ethically and responsibly is not only the right thing to do but also the right way to do business. We follow all relevant laws and regulations regarding the promotion of prescription drug products and submit promotional materials to the U.S. Food and Drug Administration at the time of initial publication or dissemination.

We work to communicate in ways that will be most valuable in empowering patients to have appropriate dialogue with their healthcare providers.

We consider the availability of information and awareness of treatment options. We build a communication plan that can include a variety of channels, with direct-to-consumer advertising being one channel among many we may use.

Janssen Biotech, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014

(Payments made from January 1, 2014 to December 31, 2014)—Amended March 19, 2019

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	100 Black Men (of Metro St. Louis)	4631 Delmar Boulevard, St. Louis, MO 63108	\$1,000	8/29/2014	100 Black Men of Metro St. Louis, St. Louis, MO
Monetary	Abington Art Center	515 Meetinghouse Road Jenkintown, PA 19046	\$300	8/29/2014	Abington Art Center, Jenkintown, PA (2014 Janssen Cares Volunteer Days)
Monetary	Aldie Foundation Inc.	11 Welden Drive Doylestown, PA 18901	\$300	9/10/2014	Aldie Foundation, Doylestown, PA Janssen Cares Volunteer Days
Monetary	American Cancer Society	2600 US Highway 1 North North Brunswick, NJ 08902	\$1,000	4/21/2014	Run for Dad Prostate Cancer event in Hamilton, NJ
Monetary	Arthritis Foundation	115 NE 100th Suite #350 Seattle, WA 98125	\$5,000	8/29/2014	Arthritis Foundation, Seattle, WA—Great West Region JBRs
Monetary	Arthritis Foundation	1876 Minnehaha Avenue West St. Paul, MN 55104	\$6,000	11/10/2014	Jingle Bell Run/Walks Upper Midwest
Monetary	Arthritis Foundation	35 East Wacker Drive Suite 2260 Chicago, IL 60601	\$10,000	8/29/2014	AF, Chicago, IL 2014 Heartland Region Jingle Bell Runs and Walks
Monetary	Arthritis Foundation	4300 McArthur Suite 245 Dallas, TX 75209	\$7,000	12/22/2014	Arthritis Foundation, Dallas, TX—JBRs South Central Region
Monetary	Arthritis Foundation	4530 Park Road Charlotte, NC 29209	\$5,000	8/29/2014	Arthritis Foundation, Charlotte, NC—2014 JBRs
Monetary	Arthritis Foundation	4630 Richmond Road Suite 240 Cleveland, OH 44128	\$7,500	10/3/2014	Arthritis Foundation, Cleveland, OH JBRs

Janssen Biotech, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)—Amended March 19, 2019

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Arthritis Foundation	800 West Sixth Street Suite 1250 Los Angeles, CA 90017	\$12,500	11/13/2014	Jingle Bell Run/Walks, Los Angeles CA
Monetary	Arthritis Foundation	8383 North Davis Highway Pensacola, FL 32514	\$1,000	11/13/2014	Arthritis Foundation, Pensacola, FL—Jacksonville JBR
Monetary	Arthritis Foundation	8383 North Davis Highway Pensacola, FL 32514	\$1,000	11/13/2014	Arthritis Foundation, Pensacola, FL for Pensacola JBR/W
Monetary	Arthritis Foundation	8383 North Davis Highway Pensacola, FL 32514	\$1,500	11/13/2014	Arthritis Foundation, Pensacola, FL—Orlando Jingle Bell Run & Walk
Monetary	Arthritis Foundation, Inc.	111 South Independence Mall E Suite 500 Philadelphia, PA 19106	\$2,500	4/18/2014	Walk to Cure Arthritis, Philadelphia, PA, May 17, 2014
Monetary	Arthritis Foundation, Inc.	115 NE 100th Suite #350 Seattle, WA 98125	\$5,000	6/9/2014	Eight Walks to Cure Arthritis in the Great West Region
Monetary	Arthritis Foundation, Inc.	122 East 42nd Street 18th Floor New York, NY 10168	\$50,000	4/4/2014	NE Region Jingle Bell Runs 2014
Monetary	Arthritis Foundation, Inc.	1876 Minnehaha Avenue West St. Paul, MN 55104	\$3,500	4/4/2014	Arthritis Foundation's 2014 Walks in MN, WI and ND
Monetary	Arthritis Foundation, Inc.	209 10th Avenue South Suite 228 Nashville, TN 37203	\$2,000	4/21/2014	Arthritis Foundation Walks to Cure Arthritis in TN and AL
Monetary	Arthritis Foundation, Inc.	29 Crafts Street Suite 450 Newton, MA 02458	\$3,500	4/21/2014	Walks to Cure Arthritis in CT, RI, NH, and MA
Monetary	Arthritis Foundation, Inc.	35 East Wacker Drive Suite 2260 Chicago, IL 60601	\$12,000	4/21/2014	Walks to Cure Arthritis in IL, IN, IA, KS, MO, NE
Monetary	Arthritis Foundation, Inc.	400 Hibiscus Street West Palm Beach, FL 33401	\$500	6/9/2014	2014 Walk to Cure Arthritis, Lake Worth, FL
Monetary	Arthritis Foundation, Inc.	408 12th Street West Bradenton, FL 34205	\$500	4/18/2014	Walk to Cure Arthritis, Sarasota, FL, May 17, 2014
Monetary	Arthritis Foundation, Inc.	4300 McArthur Suite 245 Dallas, TX 75209	\$4,000	4/21/2014	South Central Region Walks to Cure Arthritis

Janssen Biotech, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)—Amended March 19, 2019

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Arthritis Foundation, Inc.	4720 Montgomery Lane Suite 300 Bethesda, MD 20814	\$10,000	4/18/2014	Arthritis Walks—Mid Atlantic Region—DE, MD, DC, VA, NC, and SC.
Monetary	Arthritis Foundation, Inc.	800 West 6th Street Suite 1250 Los Angeles, CA 90017	\$10,000	6/25/2014	Walks to Cure Arthritis in CA, AZ, and HI
Monetary	Arthritis Foundation, Inc.	8383 North Davis Highway Pensacola, FL 32514	\$500	3/17/2014	2014 Walk to Cure Arthritis Pensacola FL
Monetary	Big Brothers Big Sisters	2875 York Road Jamison, PA 18929	\$300	6/24/2014	Janssen Cares Volunteers Days—Community Service at Big Brothers Big Sisters, Jamison, PA
Monetary	Bowmans Hill Wildflower Preserve	1635 River Road New Hope, PA 18938	\$300	8/29/2014	Bowman's Hill Wild Flower Preserve, New Hope, PA (2014 JCVD)
Monetary	Bringing Hope Home Inc.	940 West Valley Road Wayne, PA 19087	\$2,500	10/28/2014	Bringing Hope Home Inc., Wayne, PA
Monetary	Cancer Care, Inc.	121 Avenue of the Americas 6th Floor New York, NY 10013	\$2,000	4/21/2014	Cancer Care's 6th Annual Healing Hearts Family Bereavement Camp, Milford, PA
Monetary	Cancer Care, Inc.	121 Avenue of the Americas 6th Floor New York, NY 10013	\$10,000	4/21/2014	2014–2015 Edition of "A Helping Hand: The Resource Guide for People with Cancer."
Monetary	Cancer Support Community Gilda's Club Warminster, PA	200 Kirk Road Warminster, PA 18974	\$600	6/25/2014	Janssen Cares Volunteer Days—community service at Gilda's Club June 24 and June 26, 2014
Monetary	Cancer Support Community of Philadelphia	4100 Chamounix Drive Philadelphia, PA 19131	\$2,500	10/3/2014	Cancer Support Community of Philadelphia, Warminster, PA
Monetary	Childrens Hospital of Philadelphia Foundation	34th and Civic Center Blvd. Philadelphia, PA 19104-4399	\$5,000	10/3/2014	CHOP Philadelphia, PA Child Life Program
Monetary	Crohn's and Colitis Foundation	386 Park Avenue South 17th Floor New York, NY	\$15,000	8/29/2014	Crohn's and Colitis Foundation, New York, NY—Camp Oasis
Monetary	Community Volunteers in Medicine Inc.	300B Lawrence Drive West Chester, PA 19380	\$20,000	10/15/2014	Community Volunteers in Medicine, West Chester, PA

Janssen Biotech, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)—Amended March 19, 2019

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Crohns and Colitis Foundation of America	116 Wilson Pike Circle Brentwood, TN 37027	\$5,000	11/13/2014	Buds N Suds Benefit Concert Nashville, TN
Monetary	Crohns and Colitis Foundation of America	116 Wilson Pike Circle Brentwood, TN 37027	\$5,000	11/13/2014	Donate A Photo Awareness Campaign at ACG Fall 2014
Monetary	Crohns and Colitis Foundation of America	386 Park Avenue South 17th Floor New York, NY	\$135,000	4/22/2014	Take Steps Walks Nationwide
Monetary	Crohns and Colitis Foundation of America	9 Lake Bellevue Drive Suite 203 Bellevue, WA 98005	\$3,000	4/18/2014	CCFA 's Camp Oasis for IBD Pediatric Patients, Longbranch, WA
Monetary	Crohn's and Colitis Foundation of America	386 Park Avenue South 17th Floor New York, NY	\$5,000	8/29/2014	CCFA, NY, NY (DDW Awareness)
Monetary	Delaware Valley Science Council	215 South 16th Street, Philadelphia PA 19102	\$3,000	9/10/2014	Delaware Valley Science Council, STEM Programs
Monetary	Delaware Valley Science Fairs, Inc.	215 South 16th Street, Philadelphia PA 19102	\$21,300	4/4/2014	Delaware Valley Science Fairs Tri-State Competition, Oaks, PA
Monetary	Education-Plus Inc.	454 Maple Terrace Ardmore, PA	\$5,000	10/3/2014	Education-Plus Inc., Philadelphia, PA Read Now Program
Monetary	Franklin Institute	222 North 20th Street Philadelphia, PA 19103	\$10,000	10/3/2014	Franklin Institute, Philadelphia, PA
Monetary	Girl Scouts of Eastern Pennsylvania Inc.	330 Manor Road Miquon, PA 19444	\$4,000	10/3/2014	Girl Scouts of Eastern PA, Miquon, PA
Monetary	Green Valleys Association of Southeastern Pennsylvania	1368 Prizer Road Pottstown, PA 19465	\$15,000	10/3/2014	Green Valleys, Pottstown, PA (EITC participant)
Monetary	Hatboro Area YMCA	440 South York Road Hatboro, PA 19040	\$300	9/4/2014	Hatboro Area YMCA, Hatboro, PA (2014 Jansen Cares V.D.)
Monetary	Hatboro Horsham Educational Foundation	229 Meetinghouse Road Hatboro-Horsham, PA 19044	\$300	8/29/2014	Hatboro-Horsham Educational Foundation, Horsham, PA
Monetary	Hatboro Horsham Educational Foundation	229 Meetinghouse Road Hatboro-Horsham, PA 19044	\$25,000	8/29/2014	Hatboro-Horsham Ed. Foundation (EITC), Horsham, PA

Janssen Biotech, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)—Amended March 19, 2019

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Impact Thrift Sortes Inc.	2979 Bethlehem Pike Montgomeryville, PA	\$300	8/29/2014	JB Impact Thrift Sortes, Inc., Montgomeryville, PA
Monetary	Integrated Medical Foundation, Inc.	532 Broadhollow Road Suite 142A Melville, NY 11747	\$1,000	4/4/2014	2014 Belmont Stakes Blue Ribbon Run for Prostate Cancer, Melville, NY
Monetary	International Waldenströms Macroglobulinemia Foundation	6144 Clark Center Avenue Sarasota, FL 34238	\$10,000	12/24/2014	International Waldenströms Macroglobulinemia Founda- tion, Sarasota, FL
Monetary	Junior Achievement of Delaware Valley	522 South Walnut Street Wilmington, DE 19801	\$5,000	10/3/2014	Junior Achievement, Wayne, PA (Horsham Schools)
Monetary	Leukemia and Lympho Society, Inc.	555 North Lane Suite 5010 Conshohocken, PA 19428	\$175,000	6/16/2014	LLS Nationwide Light the Night Walks
Monetary	Metropolitan Area Neighborhood Nutrition Alliance	2323 Ranstead Street Philadel- phia, PA 19103	\$15,000	10/3/2014	MANNA, Philadelphia, PA
Monetary	National Ovarian Cancer Coalition Inc.	PO Box 303 Holicong, PA 18928	\$2,500	8/29/2014	National Ovarian Cancer Coali- tion Inc., Holicong, PA
Monetary	National Psoriasis Foundation	6600 SW 2nd Avenue Suite 300 Port- land, OR 97223	\$50,000	11/13/2014	National Psoriasis Foundation, Portland OR—Compliments are Contagious
Monetary	Open Door	350 Main Street Royersford, PA 19468	\$300	8/29/2014	Royersford Outreach Open Door (Janssen Cares V.D.), Royersford, PA
Monetary	Perkiomen Watershed Conservancy	1 West Skippack Pike Schwenksville, PA 19473	\$300	8/29/2014	Perkioment Watershed Conser- vancy, Schwenksville, PA
Monetary	Philadelphia Reads, Inc.	325 Chestnut Street Philadelphia, PA 19106	\$10,000	10/3/2014	Philadelphia Reads, Inc., Philadelphia, PA (EITC)
Monetary	Premier Cares Foundation Inc.	PO Box 93 Pleasant Valley, NY 12569	\$5,000	10/3/2014	Premier Cares Foundation, Inc.
Monetary	Prostate Cancer Education Council	7009 S. Potomac Street Centennial, CO 80112	\$1,000	8/29/2014	Prostate Cancer Education Council, Centennial, CO
Monetary	Prostate Health Education Network, Inc.	500 Victory Road Quincy, MA 02170	\$10,000	4/21/2014	Prostate Health Education Net- work (PHEN) Sixth Annual Father's Day Rally Nation- wide

Janssen Biotech, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)—Amended March 19, 2019

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Rebuilding Together Philadelphia	PO Box 42752 Philadelphia, PA 19101-2752	\$5,000	6/13/2014	Mantua Block Build, Philadelphia, PA
Monetary	Retired Senior Volunteer Program of Montgomery County	925 Harvest Drive Suite 100 Blue Bell, PA 19422	\$7,000	10/15/2014	RSVP, Blue Bell, PA
Monetary	Riverbend Environmental Education Center	1950 Spring Mill Road Gladwyne, PA 19035	\$5,000	6/9/2014	Outreach to Children/Access to Nature Education for local elementary school in Norristown, PA
Monetary	Special Equestrians	2800 Street Road Warrington, PA 18976	\$4,000	12/31/2014	Special Equestrians, Warrington, PA
Monetary	The Childrens Hospital of Philadelphia Foundation	34th Street Civic Center Boulevard Philadelphia, PA 19104	\$2,000	4/18/2014	5th Annual Walk for Hope, Veteran's Park, Hamilton, NJ, benefitting IBD Research at CHOP
Monetary	The Giving Tree	4275 County Line Road Suite 138 Chalfont, PA 18914	\$3,000	6/9/2014	Hands-On Helping by Children
Monetary	The Melmark Charitable Foundation	2600 Wayland Road Berwyn, PA 19312	\$10,000	4/21/2014	Hubert J. P. Schoemaker Classic, October 6, 2014, Berwyn, PA
Monetary	Trustees of the University of Pennsylvania	University of Pennsylvania Philadelphia, PA 19104	\$7,000	10/15/2014	WXP (Trustees of the U of PA), Philadelphia, PA
Monetary	United Way of Greater Philadelphia and Southern New Jersey	1709 Benjamin Franklin Parkway Philadelphia, PA 19103	\$223,382	12/22/2014	United Way Campaign Match
Monetary	Us Too International	5003 Fairview Ave. Downers Grove, IL 60515	\$1,000	9/10/2014	Us Too International, Des Plaines, IL
Monetary	Wissahickon Valley Watershed Association	12 Morris Road Ambler, PA 19002	\$2,603	6/25/2014	New wildflower meadow development via Janssen Cares Volunteer Days.

Janssen Biotech, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)—Amended March 19, 2019

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Wissahickon Valley Watershed Association, Inc.	12 Morris Road Ambler, PA 19002	\$1,400	4/21/2014	Community Service Project for JBI's Bridge to Employment program; mentors and students planting trees and shrubs for water conservation at Wissahickon Valley Watershed

Janssen has also made financial donations to independent charitable foundations that assist patients who are underinsured and in financial need with treatment-related expenses. In keeping with our donor agreements and applicable regulatory guidance, we will only disclose aggregate data on our charitable giving and do not publicize information on donations to specific foundations and disease states. In 2014, we contributed approximately \$40 million in donations to independent charitable foundations, enabling them to provide assistance with medication-related copays to patients with cancer diseases.

Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza, New Brunswick, NJ 08933	\$84,591,419	3/15/2013	Patient Assistance Product Donation
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza, New Brunswick, NJ 08933	\$86,924,535	6/15/2013	Patient Assistance Product Donation
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza, New Brunswick, NJ 08933	\$78,551,321	9/15/2013	Patient Assistance Product Donation
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza, New Brunswick, NJ 08933	\$86,312,829	12/15/2013	Patient Assistance Product Donation

Updated February 24, 2017

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	180 Turning Lives Around, Inc.	1 Bethany Road, Building 3 Suite 42 Hazlet, NJ 07730	\$1,000	9/22/2014	Youth Helpline Hunterdon, Mercer, and Somerset Operations
Monetary	A Woman's Place	P.O. Box 299 Doylestown, PA 18901	\$2,500	12/4/2014	A Woman's Place Prevention Project

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Adult Day Center of Somerset County	872 E Main Street Bridgegewater, NJ 08807	\$300	8/4/2014	Cost associated with 2014 Janssen Cares volunteer activity
Monetary	Allies, Inc.	1262 Whitehorse-Hamilton Square Road Building A, Suite 101 Ham- ilton, NJ 08690	\$7,500	11/17/2014	Greensleeves Flemington Ex- pansion Environmental Stewardship Program
Monetary	American Diabetes Association	100 West Station Square Drive Suite 1900 Pitts- burgh, PA 15219	\$5,000	5/27/2014	2014 EXPO Pittsburgh
Monetary	American Diabetes Association	1160 Route 22 East Suite 103 Bridgegewater, NJ 08807	\$30,000	12/10/2014	Diabetes Intervention Project (\$20,000), and Community Outreach Education (\$10,000)
Monetary	American Diabetes Association	1701 North Beau- regard Street Al- exandria, VA 22311	\$125,000	12/10/2014	American Diabetes Associa- tion's Outcomes-based Community Programs Tar- geted to High Risk Popu- lations
Monetary	American Heart As- sociation	1 Union Street Suite 301 Robbinsville, NJ 08691	\$5,000	10/16/2014	Fundraising event support to benefit general mission of organization.
Monetary	American Psy- chiatric Founda- tion	1000 Wilson Boule- vard Suite 1825 Arlington, VA 22208	\$20,000	12/10/2014	Partnership for Workplace Mental Health ICU: Im- proving Emotional Health
Monetary	American Psy- chiatric Founda- tion	1000 Wilson Boule- vard Suite 1825 Arlington, VA 22208	\$100,000	12/10/2014	Typical or Troubled?® Stu- dent Mental Health Edu- cation Program
Monetary	American Psy- chiatric Founda- tion	1000 Wilson Boule- vard Suite 1825 Arlington, VA 22208	\$225,000	12/10/2014	Campaign by Psychiatrists and Judges to Reduce the Overrepresentation of Incarserated Individuals with SMI
Monetary	American Red Cross	707 Alexander Road Princeton, NJ 08550	\$15,000	10/20/2014	Support for the American Red Cross Disaster Cycle Serv- ices Program
Monetary	American Red Cross	Central New Jersey 707 Alexander Road Suite 101 Princeton, NJ 08540-6331	\$20,000	3/14/2014	Support to American Red Cross Disaster Relief Serv- ices
Monetary	Anchor House, Inc.	482 Centre Street Trenton, NJ 08611	\$418	1/9/2014	General Operating Support

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Anderson House	PO Box 134 532 County Rd. 523 Whitehouse, NJ 08889	\$17,500	10/22/2014	Integrated Care Management
Monetary	Ann Silverman Community Health Clinic	595 West State Street Doylestown, PA 18901	\$9,500	12/4/2014	Ann Silverman Community Health Clinic for Bucks County residents
Monetary	Arc of Somerset County	141 South Main Street Manville, NJ 08835	\$5,000	9/22/2014	Fundraising event support to benefit general mission of organization
Monetary	Arc of Somerset County	141 South Main Street Manville, NJ 08835	\$4,000	10/1/2014	Respite Services for Families with Children with Disabil- ities
Monetary	Arthritis Services	500 E. Morehead Street Suite 320 Charlotte, NC 28202	\$1,500	7/1/2014	The Community Arthritis/Dia- betes Project—targeting women with Type II Diabe- tes
Monetary	Asian Health Coali- tion	180 W Washington Street Suite 1000 Chicago, IL 60602	\$2,000	8/28/2014	Cardiovascular Health Screenings for Low-In- come, Limited-English Speaking At-Risk Diabetic Asian Immigrants and Refugees in Chicago
Monetary	Association for Ad- vancement of Mental Health	819 Alexander Road Princeton, NJ 08540	\$9,000	8/15/2014	Perinatal Care Rehabilitation and Support Services
Monetary	Association of Black Cardiologists	2400 N Street NW Suite 249 Wash- ington, DC 20037	\$20,000	11/17/2014	Spirit of the Heart: Commu- nity Intervention to Im- prove Cardiovascular Health of Underserved Pa- tients with AFIB
Monetary	Athens Mental Health, Inc.	7 N. Congress St Athens, OH 45701	\$2,500	6/6/2014	The Gathering Place case management services pro- gram for community drop- in center for adults with mental illness
Monetary	Autism Speaks	1060 State Road 2nd Floor Prince- ton, NJ 08540	\$1,000	8/28/2014	Community Partner 15th An- nual Central New Jersey Walk Now for Autism Speaks
Monetary	B More Clubhouse, Inc.	5 East Franklin Street Baltimore, MD 21202	\$5,000	8/15/2014	Support of B'More Clubhouse which offers members meaningful work, friend- ship, and links to stable housing, education and other resources

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Bay Cove Human Services, Inc.	66 Canal Street Boston, MA 02114	\$5,000	6/12/2014	Bay Cove Wellness Center to assist diverse low-income clients who are working towards recovery from severe mental illness
Monetary	Bear Tavern Parents Association	1162 Bear Tavern Road Titusville, NJ 08560	\$500	10/15/2014	Bear Tavern Elementary School Science Fair
Monetary	Big Brothers Big Sisters of Bucks County	2875 York Road Jamison, PA 18929	\$6,500	10/14/2014	School-Based Mentoring Program
Monetary	Big Brothers Big Sisters Of Hunterdon Somerset and Warren County	2 West Washington Avenue Suite 210 PO Box 123 Washington, NJ 07882	\$7,500	10/1/2014	Big Brothers Big Sisters Youth Mentoring Program-Somerset County
Monetary	Big Brothers Big Sisters of Mercer County	535 East Franklin Street Trenton, NJ 08610	\$8,000	8/26/2014	Big Brothers Big Sisters of Mercer County Youth Mentoring Program
Monetary	Boys and Girls Club of Trenton and Mercer County	212 Centre Street Trenton, NJ 08611	\$22,500	10/14/2014	Career Launch (Career Exploration, Work Readiness, HS Graduation, and Career Pathway Program)
Monetary	Bridgehaven, Inc.	950 S. First Street Louisville, KY 40203	\$4,000	6/12/2014	Recovery Connection program
Monetary	Bridgeway Rehabilitation Services	615 N. Broad Street Elizabeth, NJ 07208	\$5,000	12/4/2014	Self-Sufficiency Fund for Somerset, Mercer and Hunterdon residents
Monetary	Bristol Riverside Theater Co, Inc.	120 Radcliffe Street P O Box 1250 Bristol, PA 19007	\$7,500	12/10/2014	ArtRageous Summer Camp
Monetary	Broward County Community Development Corporation, Inc.	305 Southeast 18th Court Fort Lauderdale, FL 33316	\$10,000	5/27/2014	Affordable Rental Housing program
Monetary	Bucks County Housing Group	1069 Jacksonville Road Ivlyland, PA 18974	\$5,000	11/17/2014	Bucks County Housing Group's Veterans Housing Assistance Program
Monetary	Catholic Charities	Diocese of Trenton Delaware House Mental Health Services 25 Ikea Drive Westhampton, NJ 08060	\$5,000	7/1/2014	On My Own—Supportive Housing Program Services program

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Catholic Charities	Diocese of Trenton Delaware House Mental Health Services 25 Ikea Drive Westhampton, NJ 08060	\$17,500	7/7/2014	Partners In Recovery program
Monetary	Catholic Charities Diocese of Pitts- burgh	212 Ninth Street Pittsburgh, Penn- sylvania 15222	\$75	1/28/2014	Employee directed donation in lieu of company holiday gift
Monetary	Catholic Charities Diocese of Pitts- burgh	212 Ninth Street Pittsburgh, Penn- sylvania 15222	\$75	12/3/2014	Employee directed donation in lieu of company holiday gift
Monetary	Catholic Youth Or- ganization of Mercer County	920 South Broad Street Trenton, NJ 08611	\$4,000	10/16/2014	CYO's Broad St. Trenton Cen- ter After School Program's (ASP) Tutoring Project
Monetary	Center for Edu- cational Ad- vancement	11 Minneakoning Road Flemington, NJ 08822	\$300	8/4/2014	Cost associated with 2014 Janssen Cares volunteer activity
Monetary	Center for Edu- cational Ad- vancement	11 Minneakoning Road Flemington, NJ 08822	\$15,000	10/20/2014	Employment Training pro- gram enhancements
Monetary	Center for Practical Bioethics	Harzfeld Building 1111 Main Street, Suite 500 Kansas City, MO 64105-2116	\$10,000	9/16/2014	PAINS: National Pain Strategy Roll-Out Meeting
Monetary	Chabad Lubavitch of Mercer County, Inc.	PO Box 29 Prince- ton, NJ 08542	\$1,000	5/9/2014	"We Care" Educational Se- ries
Monetary	Child Home and Community	204 N. West Street #101 Doylestown, PA 18901	\$2,000	10/1/2014	Adolescent Prenatal and Par- enting Continuum
Monetary	Children's Home Society of New Jersey	635 South Clinton Avenue Trenton, NJ 08611	\$10,000	10/20/2014	CUNA and Body and Soul Prenatal Health Education Program
Monetary	Children's Home Society of New Jersey	Roebing Market Complex 635 South Clinton Avenue Trenton, NJ 08611-1831	\$5,000	5/7/2014	Fundraising event support to benefit general mission of organization
Monetary	Christines Hope for Kids Foundation	PO Box 190 Hope- well, NJ 08525	\$2,500	12/3/2014	Pajama Bags for Kids in Need in Mercer County
Monetary	College of New Jer- sey	2000 Pennington Road P.O. Box 7718 Ewing, NJ 08628	\$22,500	10/14/2014	Nursing Merit Scholarships (\$10,000) and Educational Opportunity Fund Promise Awards (\$12,500)

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Colorado Mental Wellness Network	PO Box 6336 Denver, CO 80206	\$2,500	8/1/2014	Peer Workforce Initiative
Monetary	Community Action Service Center, Inc.	PO Box 88 116 North Main Street Hightstown, NJ 08520	\$5,000	11/17/2014	Rise Summer Healthy Food Initiative for low income youth
Monetary	Community Conservatory of Music	4059 Skyron Drive Doylestown, PA 18902	\$5,000	10/23/2014	Arts for Seniors (\$3,000) and Music Therapy (\$2,000)
Monetary	Community Foundation of New Jersey	PO Box 338 Morristown, NJ 07963	\$150,000	12/12/2014	Johnson & Johnson Somerset County Contributions Fund to support healthcare and basic needs of residents in Somerset and Hunterdon Counties
Monetary	Community Health Coalition, Inc.	P.O. Box 15176 407 Crutchfield Street Durham, NC 27704	\$11,500	10/13/2014	Each One, Teach One: An Evidence Based Diabetes Self-Management Workshop and Community Leaders Training
Monetary	Community Hope, Inc.	199 Pomeroy Road Parsippany, NJ 07054	\$12,000	5/27/2014	Pathway to Recovery residential programs (\$10,000) and The Mental Health Educational Forum and Wellness Fair (\$2,000)
Monetary	Community Hope, Inc.	199 Pomeroy Road Parsippany, NJ 07054	\$13,000	11/5/2014	Hope for Veterans and Valley Brook Village for Veterans
Monetary	Community Justice Center, Inc.	310 W. State Street 3rd Floor Trenton, NJ 08618	\$7,500	10/20/2014	Social Security Services and Veterans Assistance Project
Monetary	Community Mental Health Center For Mid-Eastern Iowa dba Compeer Program, Inc.	507 E. College Street Iowa City, IA 52240	\$4,000	7/1/2014	Compeer Program of Johnson County
Monetary	Compeer Rochester, Inc.	259 Monroe Avenue Rochester, NY 14607	\$2,500	7/29/2014	Compeer Rochester Youth and Family Mentoring Program
Monetary	Compeer, Inc.	259 Monroe Avenue Suite 340 Rochester, NY 14607	\$3,000	7/1/2014	Compeer Senior Partners program
Monetary	Contact of Mercer County New Jersey, Inc.	60 S. Main Street Pennington, NJ 08534	\$8,500	12/4/2014	CRISIS HOTLINES and Online Emotional Support: CRISIS CHAT and TxtToday

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Contact of Mercer County New Jersey, Inc.	60 South Main Street Pennington, NJ 08534	\$1,000	3/17/2014	Annual Senior Volunteer Recognition Brunch, "Volunteers Are Heroes!"
Monetary	Court Appointed Special Advocates	1450 Parkside Avenue Suite 22 Ewing, NJ 08638	\$12,500	10/14/2014	CASA of Mercer Child Advocacy Program for Abused and Neglected Children
Monetary	D&R Canal Watch	P.O. Box 2 Rocky Hill, NJ 08553	\$250	2/3/2014	23rd Annual D&R Canal Watch 5K Fun Run
Monetary	Deborah Hospital Foundation	212 Trenton Road Browns Mills, NJ 08015	\$1,000	8/28/2014	2015 Women's Heart Health Symposium
Monetary	Delaware River Steamboat Floating Classroom, Inc.	14 Michael McCorrstin Road Hamilton, NJ 08690	\$300	8/4/2014	Cost associated with 2014 Janssen Cares volunteer activity
Monetary	Delaware River Steamboat Floating Classroom, Inc.	14 Michael McCorrstin Road Hamilton, NJ 08690	\$4,000	11/3/2014	Environmental education for underfunded and underserved schools and youth groups
Monetary	Depression and Bipolar Support Alliance	5 Village Court Lawrenceville, NJ 08648	\$1,000	3/17/2014	DBSA NJ Mutual Aid Support Group Facilitator Training
Monetary	Detroit Central City Community Mental Health, Inc.	10 Peterboro Professional Building Detroit, MI 48201	\$5,000	8/25/2014	Managing SPMI and Chronic Disease
Monetary	Didi Hirsch Mental Health Services	4760 South Sepulveda Boulevard Culver City, CA 90230	\$3,500	5/7/2014	Healthy Inglewood Project
Monetary	Dress for Success	3131 Princeton Pike, Building 4, Suite 209 Lawrenceville, NJ 08648	\$9,000	10/13/2014	Dress for Success Mercer County—Job Readiness Program Expansion Project—Tools to Succeed
Monetary	Eden Autism Services Foundation	2 Merwick Road Princeton, NJ 08540	\$5,000	10/14/2014	2015 Eden Autism Services Princeton Lecture Series on Autism
Monetary	Elijah's Promise	211 Livingston Ave. New Brunswick, NJ 08901	\$850	5/7/2014	General Operating Support
Monetary	Emma Norton Services	670 North Robert Street St. Paul, MN 55101-2523	\$3,500	7/1/2014	Mental Health Recovery Skills Training and Medication Support at Emma Norton Residence

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Enable, Inc.	13 Roszel Road, Suite B110 Princeton, NJ 08540	\$6,000	11/5/2014	Connect with Enable program
Monetary	Every Child Valued A NJ Nonprofit Corporation	Fred Vereen, Jr. Community Center 175 Johnson Avenue Lawrenceville, NJ 08648	\$8,500	11/17/2014	Every Child Valued After School Program
Monetary	Everybody Loves Kenny Project, Inc.	PO Box 3127 Princeton, NJ 08543	\$2,000	11/17/2014	Coming Up for AIR™
Monetary	Faith Christian Counseling Center	39 Somerset Drive Willingboro, NJ 08046	\$1,000	9/22/2014	Responsible Fatherhood Em- powerment Workshop
Monetary	Family Guidance Center Corpora- tion	1931 Nottingham Way Hamilton, NJ 08619	\$8,000	5/27/2014	Behavioral Healthcare Serv- ices for the Chronically Mentally Ill
Monetary	Family Resource Network	1 AAA Dr. Suite 203 Trenton, NJ 08691	\$15,000	11/17/2014	Get FIT Youth program
Monetary	Family Resource Network	1 AAA Drive Suite 203 Trenton, NJ 08691	\$1,000	5/9/2014	Fundraising event support to benefit general mission of organization
Monetary	Family Service As- sociation of Bucks County	4 Cornerstone Drive Langhorne, PA 19047	\$7,500	6/6/2014	Emergency Homeless Shelter Community Nurse Educator
Monetary	Family Service League, Inc.	790 Park Avenue Huntington, NY 11743	\$4,000	5/27/2014	STEPS to Wellness Program
Monetary	Federation of Orga- nizations	Administrative Of- fices One Farm- ingdale Road Route 109 West Babylon, NY 11704	\$1,000	5/9/2014	The Big Nosh Vocational Services Program
Monetary	Forsyth Humane So- ciety	61 Miller Street Winston-Salem, NC 21704	\$75	12/3/2014	Employee directed donation in lieu of company holiday gift
Monetary	Foundation of Mor- ris Hall/St. Law- rence	2381 Lawrenceville Road Lawrenceville, NJ 08648	\$7,000	11/17/2014	The "I'm still here" approach to managing challenging behaviors in Grace Gar- den.
Monetary	Foundation of Mor- ris Hall/St. Law- rence	2381 Lawrenceville Road Lawrenceville, NJ 08648	\$2,500	11/17/2014	Fundraising event support to benefit general mission of organization

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Gateway Homes, Inc.	11901 Reedy Branch Road Chesterfield, VA 23838	\$9,500	7/1/2014	Support for a Nurse Practitioner to provide comprehensive personalized health education and counseling
Monetary	Georgia Mental Health Consumer Network	246 Sycamore Street Suite 160 Decatur, GA 30030	\$1,500	6/18/2014	Consumer scholarships to attend the 23rd Annual Statewide Consumer Conference, "Year of the Peer"
Monetary	Girl Scouts Heart of New Jersey, Inc.	201 Grove Street Westfield, NJ 07090	\$2,000	12/3/2014	Robotics Program
Monetary	Good Grief, Inc.	38 Elm Street Morristown, NJ 07960	\$1,000	12/19/2014	Peer Support Program—Princeton
Monetary	Grand View Health Foundation	700 Lawn Avenue Sellersville, PA 18960	\$100	2/11/2014	Memorial donation
Monetary	Gulf Ridge Council Boy Scouts of America	13228 N. Central Avenue Tampa, FL 33612-3462	\$100	5/27/2014	Memorial donation
Monetary	Habitat for Humanity of Greater Bucks	31 Oak Avenue, Suite 100 Chalfont, PA 18914	\$4,000	11/17/2014	Women Build / A Brush with Kindness
Monetary	Habitat for Humanity of Southern Santa Barbara	6860 Cortona Drive, Suite A Goleta, CA 93117	\$800	8/15/2014	Costs associated with 2014 Janssen Cares Volunteer Activity
Monetary	Hamilton Area YMCA	1315 Whitehorse-Mercerville Road Hamilton, NJ 08619	\$9,500	12/12/2014	A.C.T. (Actively Changing Together) Program
Monetary	Heart to Hearts, Inc.	78 Ditmars Avenue Lawrenceville, NJ 08648	\$2,000	12/19/2014	HealthCare Portfolio Program
Monetary	Heartland Health Outreach	4750 N. Sheridan Road Chicago, IL 60640	\$7,500	8/15/2014	Pathways Home, supportive housing program for those living with mental health issues
Monetary	HiTops, Inc.	21 Wiggins Street Princeton, NJ 08540	\$7,000	11/17/2014	HiTOPS' Dating Violence Risk-Reduction and Prevention Program
Monetary	HomeFront	1880 Princeton Avenue Lawrenceville, NJ 08648	\$20,000	10/20/2014	24-Hour and Emergency Childcare Center: Providing Care "Around the Time Clock"

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	HomeFront	1880 Princeton Avenue Lawrenceville, NJ 08648	\$10,000	10/27/2014	Huchet House
Monetary	Hopewell Elementary School Parent Teacher Organization, Inc.	35 Princeton Ave Hopewell, NJ 08525	\$1,000	9/16/2014	Hopewell Elementary Science Fair 2015
Monetary	Hopewell Valley Education Foundation	PO Box 553 Pennington, NJ 08534	\$3,500	6/12/2014	Scholarship for a Hopewell Valley Regional School District graduating student (\$1,000), I Dream a World: 15 Day Artist Residency (\$2500)
Monetary	Horizon House, Inc.	120 S. 30th St. Philadelphia, PA 19104	\$1,000	5/7/2014	Philly Has Talent outreach and awareness event
Monetary	Hunterdon County YMCA	1410 Route 22 West Annandale, NJ 08801	\$2,500	9/22/2014	Fundraising event support to benefit general mission of organization
Monetary	Institute of Wonderful Women Working for Empowerment	PO Box 7869 West Trenton, NJ 08628	\$3,500	10/14/2014	IWWWE Nursing Experienceship Program
Monetary	Interfaith Caregivers Trenton, Inc.	3635 Quakerbridge Road Suite 16 Hamilton, NJ 08619	\$5,000	8/28/2014	Fundraising event support to benefit general mission of organization
Monetary	Interfaith Caregivers Trenton, Inc.	3635 Quakerbridge Road Suite 16 Hamilton, NJ 08619	\$15,000	10/14/2014	Neighbors Helping Neighbors program to support elderly and disabled in Mercer County
Monetary	Isles, Inc.	10 Wood Street Trenton, NJ 08618	\$9,000	11/17/2014	Trenton ReHEET (Residential, Health, Energy, and Environmental Treatment)
Monetary	Jewish Family and Children's Service of Greater Mercer County	707 Alexander Road Suite 102 Princeton, NJ 08540	\$7,500	12/4/2014	Mercer County Caregiver Help Line and Caregiver Services
Monetary	Junior Achievement of New Jersey	4365 Route 1 South 2nd Floor Princeton, NJ 08540	\$7,800	12/10/2014	2015 J&J Pharma Day Program
Monetary	Karis Community	1361 Detroit St. Denver, CO 80206	\$3,500	6/6/2014	Direct support of the Karis Community Continuum of Care Programs in lieu of event sponsorship

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Kidsbridge, Inc.	4556 South Broad Street 2nd Floor Trenton, NJ 08620	\$4,500	9/22/2014	Kidsbridge Anti-Bullying Life Skills Program for At-Risk Children in Trenton at the Elementary School Level
Monetary	Laguna Beach Community Clinic	362 Third Street Laguna Beach, CA 92651	\$12,000	5/27/2014	Diabetes Program for Disadvantaged Individuals
Monetary	Latin American Legal Defense And Educational Fund, Inc.	669 Chambers Street Suite B Trenton, NJ 08611	\$3,500	12/10/2014	Door to Health/Puerta de Salud program
Monetary	Lawrence Township Education Foundation, Inc.	PO Box 6531 17 Philips Ave. Lawrenceville, NJ 08648	\$2,710	10/1/2014	Engaging Budding Engineers at Lawrenceville Elementary School: enhancing the third grade STEM curriculum.
Monetary	Leyden Family Service and Mental Health Center	10001 Grand Avenue Franklin Park, IL 60131	\$5,000	7/18/2014	Health Home and Integrated Care = Innovation program
Monetary	Libertae, Inc.	5245 Bensalem Boulevard Bensalem, PA 19020	\$6,500	12/4/2014	Psychiatric Services for Women Recovering from Substance Use Disorders
Monetary	LifeTies, Inc.	LifeTies, Inc. 2205 Pennington Road Ewing, NJ 08638	\$5,150	11/17/2014	The Transgender Youth Health Services Project: Staff Training and Mentor Program
Monetary	Literacy and Life, Inc.	55 Primrose Circle Princeton, NJ 08540	\$2,500	12/18/2014	Early Childhood: Building Blocks for the Future
Monetary	Literacy New Jersey, Inc.	121 Chestnut Street Suite 203 Roselle, NJ 07203	\$5,000	12/3/2014	Adult Literacy Program in Mercer County
Monetary	Literacy Volunteers of Somerset County	120 Finderne Ave—Box 7 Bridge-water, NJ 08807	\$4,000	11/17/2014	Literate Moms, Stable Futures program
Monetary	Main Street Counseling Center	8 Marcella Avenue West Orange, NJ 07052	\$2,500	7/1/2014	Accessible Care for Schizoaffective Disorder
Monetary	Mary's Place By The Sea	15 Broadway Ocean Grove, NJ 07756	\$75	3/17/2014	Employee directed donation in lieu of company holiday gift
Monetary	Massachusetts Association for Mental Health Inc.	130 Bowdoin Street Boston, MA 02108	\$2,500	6/6/2014	Peer Support Whole Health Resiliency Program

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	McCarter Theatre Center	91 University Place Princeton, NJ 08450	\$9,500	11/17/2014	OnStage Seniors: A Community Project of McCarter Theatre
Monetary	Meals On Wheels in Hunterdon, Inc.	5 Walter Foran Boulevard Suite 2006 Flemington, NJ 08822	\$300	8/4/2014	Cost associated with 2014 Janssen Cares volunteer activity
Monetary	Meals on Wheels of Trenton Ewing	180 Ewingville Road Ewing, NJ 08638	\$15,000	10/22/2014	Meals-on-Wheels Program
Monetary	Mental Health America	1431 North Delaware Street Indianapolis, IN 46202	\$1,000	6/6/2014	2014 Mental Health Symposium and Annual Meeting
Monetary	Mental Health America	2000 North Beauregard Street 6th Floor Alexandria, VA 22311	\$90,000	12/10/2014	Building Skills of Caregivers to Assist People Living with Schizophrenia through Social Self-Directed Care
Monetary	Mental Health America	70 E. Lake Street Suite 900 Chicago, IL 60601	\$1,500	8/28/2014	Mental Health and Wellness Fair/Chicago Area Resource Guide
Monetary	Mental Health America of Greater Houston	2211 Norfolk Suite 810 Houston, TX 77098	\$15,000	8/1/2014	School Behavioral Health Initiative
Monetary	Mental Health America of Colorado	1385 S. Colorado Boulevard Suite 610 Denver, CO 80222	\$2,500	7/1/2014	Pro Bono Counseling and Referral Program
Monetary	Mental Health America of Franklin County	2323 W. Fifth Avenue Suite 160 Columbus, OH 43204	\$10,000	7/11/2014	Get Connected Wellness program
Monetary	Mental Health America of Georgia	100 Edgewood Avenue Suite 502 Atlanta, GA 30303	\$5,000	7/1/2014	What is Schizophrenia? Educational Forum
Monetary	Mental Health America of Texas	1210 San Antonio Street Suite 200 Austin, TX 78757	\$2,500	7/1/2014	Mental Health Education and Advocacy Campaign
Monetary	Mental Health Association	475 Cleveland Avenue N Suite 222 Saint Paul, MN 55104	\$2,500	5/27/2014	Mental Health Education for Support Systems
Monetary	Mental Health Association	870 Market Street Suite 928 San Francisco, CA 94102	\$7,500	8/1/2014	Reducing the Stigma and Discrimination of Mental Illness within Multi-cultural Communities

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Mental Health Association in Delaware	100 West 10th Street Suite 600 Wilmington, DE 19801	\$1,500	7/1/2014	13th Annual Community Mental Health Conference—Back to Basics: Mind, Body and Spirit
Monetary	Mental Health Association in Delaware	100 West 10th Street Suite 600 Wilmington, DE 19801	\$1,000	8/15/2014	Bronze sponsor 2014 E-Racing the Blues 5K Run/Walk 10K Run
Monetary	Mental Health Association In Greensboro, Inc.	330 S. Greene St, Suite B-12 Greensboro, NC 27401	\$5,000	8/1/2014	Schizophrenia and Schizo-Affective Supportive Services
Monetary	Mental Health Association in New Jersey	88 Pompton Ave. Verona, NJ 07044	\$1,000	8/28/2014	Silver Sponsor 7th Annual Walk for Wellness and Recovery
Monetary	Mental Health Association in Santa Barbara County	617 Garden Street Santa Barbara, CA 93101	\$2,500	6/5/2014	Support Mental Wellness Center
Monetary	Mental Health Association of Central Carolinas Inc	3701 Latrobe Drive, Suite 140 Charlotte, NC 28211	\$8,000	8/1/2014	Mental Health First Aid Training for Mecklenburg County Sheriff's Office
Monetary	Mental Health Association of Maryland, Inc.	1301 York Road Suite 505 Lutherville, MD 21093	\$10,000	9/17/2014	Health Care Reform Parity Initiative
Monetary	Mental Health Association of Southwestern Florida	2335 Tamiami Trail North (Ninth Street) Suite 404 Naples, FL 34103	\$1,000	7/1/2014	Open Doors Open Minds—Cultural Competency Educational Program Promoting Wellness and Recovery Through Inclusion
Monetary	Mental Health Association of Westchester	580 White Plains Road Tarrytown, NY 10591	\$1,000	2/13/2014	Supporting sponsor 2014 MHA on the Move: Run/Walk
Monetary	Mental Health Association Oklahoma	1870 South Boulder Avenue Tulsa, OK 74119-5234	\$1,000	7/24/2014	Copper sponsor for the 20th Annual Zarrow Mental Health Symposium, "All Things Prevention"
Monetary	Mental Health Association Residential Care Inc.	555N. Woodlawn, Suite 3105 Wichita, KS 67208	\$4,000	8/15/2014	MHA Housing Initiative: Ensuring Housing for Our Most Vulnerable Populations
Monetary	Mental Health Center of Denver	4141 E. Dickenson Place Denver, CO 80222	\$7,500	7/1/2014	Enhancement of The Downstairs program
Monetary	Mental Illness Recovery Center, Inc.	3809 Rosewood Dr. P.O. Box 4246 Columbia, SC 29240	\$10,000	6/24/2014	Outreach and Behavioral Healthcare for Homeless Individuals with Mental Illness

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Mercer Alliance to End Homelessness	3150 Brunswick Pike Lawrenceville, NJ 08648-2420	\$7,500	12/4/2014	Integrating healthcare access into operation of the Mercer County Service Access Center for Homeless Individuals
Monetary	Mercer County Community College Foundation	PO Box 17202 Trenton, NJ 08690	\$3,950	11/17/2014	Z.O.M.B.I.E.: Zooming in On Making Biology Interactive and Engaging—(Peer Tutor support)
Monetary	Mercer Regional Economic Development Foundation, Inc.	Growth Partnership of Central Jersey, Inc. 1A Quakerbridge Plaza Drive, Suite 2 Mercerville, NJ 08619	\$7,500	8/11/2014	Data Through Action: Education and Tourism Initiatives Throughout Central New Jersey
Monetary	Mercer Street Friends	151 Mercer Street Trenton, NJ 08611	\$20,000	9/22/2014	Food Bank—Healthy Choices
Monetary	Merrimack Valley Habitat for Humanity	60 Island Street 2nd Floor East Lawrence, MA 01840	\$800	8/26/2014	Costs associated with 2014 Janssen Cares volunteer activity
Monetary	Metropolitan Family Services	1 North Dearborn Chicago, IL 60602	\$1,500	8/4/2014	Adult Mental Health Wellness Initiative
Monetary	Michael Stern Parkinson's Research Foundation	1115 Broadway, Suite 1200 New York, NY 10010	\$100	12/19/2014	Memorial Donation
Monetary	Middle Earth	P.O. Box 8045 520 North Bridge Street Bridge- water, NJ 08807	\$15,000	10/14/2014	Outreach Program and Community Youth Centers
Monetary	Midland Adult Services, Inc.	60 Industrial Park- way PO Box 5026 North Branch, NJ 08876	\$7,500	9/22/2014	Midland Helping Hands Employment Training Program
Monetary	Millhill Child and Family	101 Oakland Street Trenton, NJ 08618	\$15,000	11/5/2014	Trenton PEERS—Teen Education and Empowerment Program
Monetary	Millhill Foundation, Inc.	101-A Oakland Street Trenton, NJ 08618	\$300	8/4/2014	Cost associated with 2014 Janssen Cares volunteer activity
Monetary	Minding our Business, Inc.	2083 Lawrenceville Rd Lawrenceville, NJ 08648	\$5,000	3/17/2014	2014 Minding Our Business Summer Program: Bridge to the Future for Mercer County Youth

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Morven Museum and Garden	55 Stockton Street Princeton, NJ 08540	\$5,000	10/14/2014	Morven Museum and Garden Summer Internship Program for Isles of Trenton Youths
Monetary	Mount Carmel Guild	73 North Clinton Avenue Trenton, NJ 08609	\$12,500	9/22/2014	Mount Carmel Guild Home Health Nursing Program
Monetary	NAMI—CVA Central Virginias Voice On Mental Illness	1904 Byrd Ave Richmond, VA 23230	\$1,000	5/27/2014	Consumer, Public, and Provider Education: Peer to Peer and In Our Own Voice Programs
Monetary	NAMI Arkansas	1012 Autumn Rd Suite 1 Little Rock, AR 72211	\$1,000	2/13/2014	Bronze sponsor 2014 Arkansas NAMIWalk
Monetary	NAMI Delaware	2400 West 4th St. Wilmington, DE 19805	\$1,000	5/9/2014	Bronze sponsor 12th Annual NAMI Delaware Walk
Monetary	NAMI Lansing, Inc.	P.O. Box 26101 Lansing, MI 48909	\$1,000	7/18/2014	Purchase of books for family education, communication enhancement and support
Monetary	NAMI Mercer NJ	3371 Brunswick Pike Suite 124 Lawrenceville, NJ 08648	\$2,500	1/14/2014	Silver sponsor NAMI Mercer Walk 2014
Monetary	NAMI Mercer NJ	3371 Brunswick Pike Suite 124 Lawrenceville, NJ 08648	\$9,500	6/6/2014	Education and Support Programs
Monetary	NAMI Mercer NJ	3371 Brunswick Pike Suite 124 Lawrenceville, NJ 08648	\$2,500	12/10/2014	Silver sponsor 2015 NAMI Mercer Walk
Monetary	NAMI of DuPage County Illinois	2100 Manchester Road Building B Suite 925 Wheaton, IL 60187	\$5,000	7/1/2014	Educational and supportive services programs to include community outreach, school connections, hospital education, educational courses, NAMI Connection, MICAP, Family Support Group and other resources
Monetary	NAMI of Lake County	One Victoria Sq., Ste. 260 Painesville, OH 44077	\$500	8/15/2014	Bronze sponsor 2014 NAMI Lake County's Strides for Awareness Walk
Monetary	NAMI of PA Montgomery County	100 West Main Street Suite 204 Lansdale, PA 19446	\$1,000	3/17/2014	Bronze sponsor 2014 Greater Philadelphia NAMIWalk

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	NAMI St. Louis	1750 South Brentwood Blvd., Suite 511 St. Louis, MO 63144	\$1,000	5/9/2014	Bronze sponsor 2014 NAMIWalks
Monetary	NAMI Summit County	PO Box 462 Cuyahoga Falls, OH 44321	\$1,000	3/6/2014	Bronze sponsor NAMIWalks 2014
Monetary	NAMI Ventura County	5251 Verdugo Road, Suite K PO Box 1613 Camarillo, CA 93011	\$1,000	2/13/2014	Bronze sponsor NAMIWalk Ventura County 2014
Monetary	NAMI Waukesha	217 Wisconsin Ave Suite 300 Waukesha, WI 53186	\$1,000	5/27/2014	Bronze sponsor 2014 NAMIWalks in Waukesha
Monetary	National Alliance for Research on Schizophrenia and Depression	90 Park Avenue 16 Floor New York, NY 10016	\$2,500	10/23/2014	26th Annual New York Mental Health Research Symposium
Monetary	National Alliance for the Mentally Ill	1 Bangor Street Augusta, ME 04330	\$1,000	5/16/2014	Supporter sponsor 2014 NAMI Maine Walk for Mental Health Awareness
Monetary	National Alliance for the Mentally Ill	10630 Little Patuxent Parkway Columbia, MD 21044	\$1,000	9/16/2014	Silver sponsor NAMI Maryland 2014 Annual Education Conference
Monetary	National Alliance for the Mentally Ill	1225 Dublin Road; Ste. 125 Columbus, OH 43215	\$10,000	5/9/2014	NAMI Ohio's Medication Access Initiative
Monetary	National Alliance for the Mentally Ill	1536 West Chicago Avenue Chicago, IL 60622	\$7,500	7/1/2014	"Ending the Silence" training for students regarding mental illness and brain disorders (\$6000) and Special and Restorative Programming for individuals living with Mental Illness (\$1500)
Monetary	National Alliance for the Mentally Ill	1562 Route 130 North Brunswick, NJ 08902	\$1,000	3/17/2014	Bronze sponsor 2014 NAMIWalks New Jersey: Step Forward for Our Heroes
Monetary	National Alliance for the Mentally Ill	1562 Route 130 North Brunswick, NJ 08902	\$2,500	7/1/2014	2014 Conference: Expanding Horizons
Monetary	National Alliance for the Mentally Ill	237 Fernwood Blvd Suite 101 Fern Park, FL 32730	\$1,000	12/3/2014	Bronze sponsor 2015 NAMIWALKS. Changing minds one step at a time.

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	National Alliance for the Mentally III	309 West Millbrook Road Suite 121 Raleigh, NC 27609	\$1,000	3/17/2014	Bronze sponsor 2014 NAMIWalks
Monetary	National Alliance for the Mentally III	3250 Wilshire Blvd Ste 1501 Los Angeles, CA 90010	\$1,000	3/6/2014	Bronze sponsor 2014 NAMIWalks Los Angeles County
Monetary	National Alliance for the Mentally III	3440 Viking Drive, Suite 104A Sacramento, CA 95827	\$1,000	7/1/2014	Bronze sponsor Northern California NAMI Walk 2015
Monetary	National Alliance for the Mentally III	3803 N. Fairfax Drive Suite 100 Arlington, VA 22203	\$50,000	12/10/2014	Crisis Intervention Team Technical Assistance and Statewide Expansion
Monetary	National Alliance for the Mentally III	3803 N. Fairfax Drive Suite 100 Arlington, VA 22203	\$35,000	12/10/2014	Multicultural Action Center
Monetary	National Alliance for the Mentally III	3803 N. Fairfax Drive Suite 100 Arlington, VA 22203	\$40,000	12/10/2014	NAMI Basics Education Program
Monetary	National Alliance for the Mentally III	498 Georgetown Street Suite 201 Lexington, KY 40508	\$9,500	8/14/2014	NAMI Lexington Advocacy, Education, Outreach and Support (\$8,500), bronze sponsor 2014 Walk (\$1,000)
Monetary	National Alliance for the Mentally III	576 Farmington Avenue Hartford, CT 06105	\$1,000	1/15/2014	Bronze sponsor 2014 NAMIWalks
Monetary	National Alliance for the Mentally III	800 Transfer Road Suite 31 Saint Paul, MN 55114	\$1,000	5/7/2014	Bronze sponsor NAMIWalks 2014
Monetary	National Alliance for the Mentally III	800 Transfer Road Suite 31 Saint Paul, MN 55114	\$1,000	7/1/2014	NAMI Connections Training
Monetary	National Alliance for the Mentally III	99 Pine St. Suite 302 Albany, NY 12207	\$3,000	8/28/2014	2014 NAMI-NYS Education Conference-United We Stand: Shaping our Future.
Monetary	National Alliance for the Mentally III	Kentucky Affiliate c/o Somerset Community College 808 Monticello Street Somerset, KY 42501	\$1,000	7/1/2014	Community Sponsor 2014 Annual Conference, "Advocating for Change Together"

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	National Alliance for the Mentally III	PO Box 22697 2601 Cold Spring Road Indianapolis, IN 46222-0697	\$1,000	7/24/2014	Family-to-Family and Peer-to-Peer Education programs
Monetary	National Alliance for the Mentally III	PO Box 66270 Houston, TX 77274	\$1,000	10/23/2014	Bronze sponsor 2015 NAMIWalks Greater Houston
Monetary	National Alliance for the Mentally III	PO Box 8260 Richmond, VA 23218	\$1,000	7/1/2014	Bronze sponsor 2014 NAMIWalks Virginia
Monetary	National Alliance for the Mentally III	Scott County 1706 Brady Street Suite 200 Davenport, IA 52803	\$1,000	5/16/2014	Bronze sponsor 2014 NAMIWalk Greater Mississippi Valley
Monetary	National Alliance for the Mentally III	The Schrafft's Center 529 Main Street Suite 1M17 Boston, MA 02129	\$1,000	3/17/2014	Bronze sponsor 2014 NAMIWalks Massachusetts
Monetary	National Alliance for the Mentally III—Greater Cleveland	2012 West 25th Street 6th Floor Cleveland, OH 44113	\$1,000	7/1/2014	Mental Illness Peer Support and Education programs
Monetary	National Alliance for the Mentally III—Greater Cleveland	2012 West 25th Street 6th Floor Cleveland, OH 44113	\$1,000	8/12/2014	Bronze sponsor 2014 NAMIWalks for the Mind of America Greater Cleveland
Monetary	National Alliance for the Mentally III—Iowa	5911 Meredith Drive Suite E Des Moines, IA 50322-1903	\$1,000	8/12/2014	Bronze sponsor 2014 NAMI IOWA NAMIWalk
Monetary	National Alliance for the Mentally III of Greater Toledo	2753 West Central Avenue Toledo, OH 43606	\$1,000	1/15/2014	Bronze sponsor 2014 NAMIWalk
Monetary	National Alliance for the Mentally III of New York City	505 Eighth Avenue Suite 1103 New York, NY 10018	\$1,000	2/13/2014	Bronze sponsor NAMIWalks NYC 2014 Walk/Run
Monetary	National Alliance for the Mentally III Queens/Nassau	1981 Marcus Ave, C117 Lake Success, NY 11042	\$1,000	11/5/2014	Bronze sponsor 2015 Long Island/Queens NAMIWalk for Mental Health
Monetary	National Alliance on Mental Illness	of Butler County 5963 Boymel Drive Fairfield, OH 45014	\$1,000	8/12/2014	Bronze sponsor 2014 National Alliance on Mental Illness of Butler County NAMIWalks

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	National Alliance on Mental Illness Santa Clara County	1150 South Bascom Ave., Ste 24, San Jose, CA 95128	\$3,500	5/15/2014	Peer PALS program
Monetary	National Art Exhibitions of the Mentally Ill, Inc	P O Box 350891 Miami Fl 33135	\$6,000	5/16/2014	27 Annual National Art Exhibition by the Mentally Ill
Monetary	National Blood Clot Alliance	110 N. Washington Street Suite 328 Rockville, MD 20850	\$30,000	11/17/2014	STOP THE CLOT, SPREAD THE WORD® VTE Awareness and Advocacy Initiative : Patient Toolkit (\$15,000), and Specialty Magazines (\$15,000)
Monetary	National Blood Clot Alliance	110 North Washington Street Suite 328 B Rockville, MD 20850	\$7,500	3/17/2014	Education briefing, "So You Think You Can't Get A Blood Clot? Think Again!"
Monetary	National Council for Behavioral Health	1701 K Street NW, Suite 400 Washington, DC 20006	\$20,000	12/10/2014	Prescription Drug Abuse and Pain Management Initiative
Monetary	National Council for Behavioral Health	1701 K Street NW, Suite 400 Washington, DC 20006	\$60,000	12/10/2014	Same Day Access Initiative
Monetary	National Council for Behavioral Health	1701 K Street NW, Suite 400 Washington, DC 20006	\$35,000	12/10/2014	Early Onset Psychosis Initiative
Monetary	National Council for Behavioral Health	1701 K Street NW, Suite 400 Washington, DC 20006	\$50,000	12/10/2014	Health Justice Learning Initiative
Monetary	National Council for Behavioral Health	1701 K Street NW, Suite 400 Washington, DC 20006	\$75,000	12/10/2014	2015 Policy Action Center
Monetary	National Council for Behavioral Health	1701 K Street NW, Suite 400 Washington, DC 20006	\$30,000	12/10/2014	Leadership Development Initiatives
Monetary	National Junior Tennis and Learning of Trenton	949 W. State Street Trenton, NJ 08618	\$16,500	12/3/2014	Academic Creative Engagement Program (\$6,500.00), Benefactor sponsor 2015 Annual Gala (\$10,000.00)

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	National Stroke Association	9707 E Easter Lane, Suite B Centennial, CO 80112	\$10,000	11/19/2014	Patient Navigator Program / Stroke Recovery Navigator
Monetary	National Stroke Association	9707 E Easter Lane, Suite B Centennial, CO 80112	\$62,290	11/19/2014	Web-based health game, "Stroke and Nonvalvular Atrial Fibrillation: Beating Your Odds"
Monetary	New Foundation Center	444 W. Frontage Road Northfield, IL 60093—3009	\$6,000	3/17/2014	Support Health and Wellness Program, benefitting clients who are managing a co-morbid diagnosis
Monetary	New Jersey Parents Caucus	275 Rt. 10 East, Suite 220-414 Succasunna, NJ 07876	\$4,000	3/17/2014	New Jersey Parent's Caucus Outreach RV Tour and Professional Parent Advocacy Training Program
Monetary	NewBridge Services, Inc.	PO Box 336 (7 Industrial Road, Pequannock, NJ 07440) Pompton Plains, NJ 07444	\$2,000	7/1/2014	Day Treatment Program for Adults
Monetary	NHS Human Services Foundation Inc	620 E. Germantown Pike Lafayette Hill, PA 19444	\$5,000	5/27/2014	Hollywood Beauty Salon Documentary Project—post production costs
Monetary	Northeast Organic Farming Association of NJ	334 River Road Hillsborough, NJ 08844	\$2,500	8/26/2014	Healthy Food for Healthy Communities
Monetary	Notre Dame of Bethlehem School	1835 Catasauqua Road Bethlehem, PA 18018	\$100	8/18/2014	Memorial donation
Monetary	Oldies But Goodies Cocker Rescue, Inc.	PO Box 361 Newington, VA 22122	\$75	3/17/2014	Employee directed donation in lieu of company holiday gift
Monetary	One Simple Wish	1977 North Olden Ave, #292 Trenton, NJ 08618	\$3,500	11/17/2014	Wish Program: Education Fund for Aging Out Youth
Monetary	Open Road	14 Lake Court Flemington, NJ 08822	\$2,000	7/18/2014	Support to provide the homebound elderly and people with disabilities or mental illness with stimulating and enriching activities that would otherwise be unavailable to them
Monetary	Our Hospice of South Central Indiana	2626 E 17th Street Columbus, IN 47201	\$100	8/4/2014	Memorial Donation

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Passage Theatre Company Inc.	211 Mercer Street PO Box 967 Trenton, NJ 08611	\$5,000	12/15/2014	The State Street Project
Monetary	PEI Kids	231 Lawrence Road Lawrenceville, NJ 08648	\$300	8/4/2014	Cost associated with 2014 Janssen Cares volunteer activity
Monetary	PEI Kids	231 Lawrence Road Lawrenceville, NJ 08648	\$17,500	10/14/2014	Comprehensive Juvenile Offenders Outreach Services (CJOOS) program
Monetary	Pennington Day, Inc.	PO Box 628 Pennington, NJ 08534	\$1,000	5/30/2014	Fundraising event support to benefit general mission of organization
Monetary	People And Stories—Gente Y Cuentos Inc.	140 East Hanover Street Trenton, NJ 08608	\$2,500	10/22/2014	People and Stories with Mercer County Seniors
Monetary	Planned Living Assistance Network of Central Texas	PO Box 4755 Austin, TX 78765	\$4,000	7/1/2014	Whole-Health and Wellness Program
Monetary	Planned Living Assistance Network of North Texas, Inc.	13151 Emily Road, Suite 240 Dallas, TX 75240	\$2,500	8/26/2014	Education and Social Skills Development Program
Monetary	Plansmart NJ	118 West State Trenton, NJ 08608	\$3,500	9/16/2014	2014 Corporate membership renewal donation to support efforts around sound land use planning
Monetary	Princeton Area Community Foundation, Inc.	15 Princess Road Lawrenceville, NJ 08648	\$25,000	12/12/2014	Path to Impact—Capacity Building Program
Monetary	Princeton Outreach Projects / Crisis Ministry of Mercer County	123 E. Hanover St. Trenton, NJ 08608	\$15,000	11/17/2014	Hunger Prevention and Nutrition Education (\$10,000) and Housing Stability Services (\$5,000)
Monetary	Princeton Senior Resource Center	45 Stockton St Princeton, NJ 08540	\$2,500	10/29/2014	Living Healthy for Older Adults
Monetary	Princeton-Blairstown Center Inc.	350 Alexander Road Princeton, NJ 08540	\$10,000	9/22/2014	United Leaders of Tomorrow (ULOT) at Trenton Central High School-West Campus
Monetary	Printmaking Center of New Jersey	440 River Road Branchburg, NJ 08876	\$5,000	10/20/2014	Roving Press
Monetary	Printmaking Center of New Jersey	440 River Road Branchburg, NJ 08876	\$15,000	10/20/2014	Combat Paper NJ

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Project HOME	1515 Fairmount Avenue Philadelphia, PA 19130	\$5,000	7/18/2014	Mental Health/Recovery Treatment Services for Adults Who Have Experienced Homelessness
Monetary	Raritan Headwaters Association	P.O. Box 273 Gladstone, NJ 07934	\$8,000	11/17/2014	WaterWays Environmental Education Program
Monetary	Raritan Valley Community College Foundation	118 Lamington Road Branchburg, NJ 08876	\$20,000	11/5/2014	Promoting Access to STEM and Nursing Education at Raritan Valley Community College: Nursing Scholarships (\$10,000), Galileo Scholarships (\$5,000), Textbooks (\$2,500), STEM Institute (\$2,500)
Monetary	Regions Hospital Foundation	640 Jackson Street St. Paul, MN 55101	\$5,000	5/9/2014	Mental Health Drug Assistance Program
Monetary	Regions Hospital Foundation	640 Jackson Street St. Paul, MN 55101	\$12,500	5/9/2014	Make It OK Campaign to fight stigma
Monetary	Rescue Mission of Trenton	98 Carroll Street, PO Box 790 Trenton, NJ 08605	\$25,000	9/22/2014	Emergency Services program
Monetary	Resource Center Of Somerset, Inc	427 Homestead Road Hillsborough, NJ 08844	\$300	8/4/2014	Cost associated with 2014 Janssen Cares volunteer activity
Monetary	Rider University	2083 Lawrenceville Road Lawrenceville, NJ 08648	\$20,000	11/5/2014	Urban STEM (\$10,000), Janssen Science and Business Scholarships (\$7,500), Environmental Symposium (\$2,500)
Monetary	Riverbend Community Mental Health Inc	PO Box 2032 Concord, NH 03302-2032	\$5,000	7/1/2014	In-SHAPE Program
Monetary	Riverside Symphonia Inc	4 South Union Street P.O. Box 650 Lambertville, NJ 08530	\$7,500	10/20/2014	Riverside Symphonia Senior Outreach Program
Monetary	San Francisco General Hospital Foundation	2789 25th Street Suite 2028 PO Box 410836 San Francisco, CA 94110	\$5,000	5/27/2014	San Francisco Collaborative Court's Behavioral Health Court—Supported Employment and Motivational Incentives Program
Monetary	Schizophrenia And Related Disorders Alliance Of America	PO Box 941222 Houston, TX 77094-8222	\$2,500	8/15/2014	2014 National Conference, "Call to Action: Shattering Stigma"

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	SERV Foundation, Inc.	20 Scotch Road Ewing, NJ 08628	\$5,000	5/27/2014	12th Annual SERV Recovery NJ conference
Monetary	SERV Foundation, Inc.	20 Scotch Road Ewing, NJ 08628	\$5,000	5/27/2014	SERV Foundation Scholarship Fund
Monetary	Shannon Daley Memorial Fund	PO Box 1271 36 Indian Run Whitehouse Station, NJ 08889	\$500	8/28/2014	Donation in lieu of event sponsorship to help local area residents battling serious ailments and their families facing hardship
Monetary	Sharing Place Inc	1920 10th Avenue South P.O. Box 55945 Birmingham, AL 35255	\$2,000	7/31/2014	Art program at the 1920 Club
Monetary	Sisters Network of Central New Jersey	1201 Hamilton Street Somerset, NJ 08873	\$1,000	2/3/2014	Blue Ribbon sponsor 2014 Health Summit and Breakfast
Monetary	Sisters Network of Central New Jersey	1201 Hamilton Street Somerset, NJ 08873	\$5,000	8/28/2014	Fundraising event support to benefit general mission of organization
Monetary	Somerset County Office on Aging	PO Box 3000 Somerville, NJ 08876-1262	\$100	11/12/2014	Memorial donation
Monetary	Somerset Home for Temporarily Displaced Children	49 Brahma Avenue Bridgewater, NJ 08807	\$680	2/3/2014	General Operating Support
Monetary	Somerset Home for Temporarily Displaced Children	49 Brahma Avenue Bridgewater, NJ 08807	\$7,500	10/20/2014	Street Smart—HIV Prevention program within Somerset county
Monetary	St. Jude's Children's Research Hospital	501 St Jude Place Memphis, TN 38105	\$100	1/14/2014	Memorial Donation
Monetary	St. Mary Medical Center Foundation	One Summit Square, Suite 300 1717 Langhorne-Newtown Road Langhorne, PA 19047	\$15,000	10/20/2014	Providing Food for School-Age Children Living in Poverty: The St. Mary Backpacks for Kids Program
Monetary	Stony Brook Millstone Watershed Association	31 Titus Mill Road Pennington, NJ 08534	\$15,000	11/5/2014	StreamWatch: Science in the Service of Conservation

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	SWIM Inc.	120 Finderne Avenue Bridgewater, NJ 08807	\$2,000	9/22/2014	Program Development Project in Somerset and Hunterdon Counties—Volunteer Training in aquatic exercise for the disabled, administrative training for coordinators and co-coordinators, and sensitivity training
Monetary	TASK, Inc.	72½ Escher Street, P.O. Box 872 Trenton, NJ 08605	\$25,000	10/14/2014	TASK Meal Service Program
Monetary	The Arts Council of Princeton	Paul Robeson Center for the Arts 102 Witherspoon Street Princeton, NJ 08542	\$9,500	10/1/2014	Arts Council of Princeton Community Outreach programs for youth and seniors
Monetary	The Center for Contemporary Art	2020 Burnt Mills Road Bedminster, NJ 07921	\$2,000	11/17/2014	Art for Special Needs Children
Monetary	The Center For Great Expectations	19 Dellwood Lane Somerset, NJ 08873	\$13,500	9/22/2014	Clinically-managed, residential treatment program for homeless, pregnant/parenting adult women in substance use recovery, and their children (\$10,000), Annual Gala (\$3,500)
Monetary	The Edinburg Center	1040 Waltham Street Lexington, MA 02421-8033	\$5,000	7/1/2014	Jail Diversion Program
Monetary	The Mended Hearts, Inc.	8150 N. Central Expressway, Suite M2248 Dallas, TX 75206	\$40,000	11/17/2014	HeartGuide—Patient Resource and Visiting Program
Monetary	The Mental Health Center Of Greater Manchester	401 Cypress Street Manchester, NH 03103	\$500	1/14/2014	Flash Lite sponsor 2014 Lite Up The Nite Run/Walk for Mental Health 5k
Monetary	The Pennsbury Society	400 Pennsbury Memorial Road Morrisville, PA 19067	\$300	8/26/2014	Costs associated with 2014 Janssen Cares volunteer activity
Monetary	The Princeton Festival	P.O. Box 2063 Princeton, NJ 08543	\$5,000	12/3/2014	The Princeton Festival Inter-generational Opera Workshop for Teens and their Families

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Thomas Edison State College Foundation	101 West State Street Trenton, NJ 08608	\$10,000	11/5/2014	Scholarships for Nursing Students Enrolled in Thomas Edison State College's Accelerated Second Degree BSN Program.
Monetary	Trenton Community Music School	PO Box 5206 Trenton, NJ 08638	\$1,500	9/22/2014	Financial Aid to subsidize tuition costs for families qualifying based on family size and income—music instructions for students
Monetary	Trenton Education Dance Institute	635 South Clinton Avenue Trenton, NJ 08611	\$3,500	11/17/2014	Trenton Education Dance Institute program for at-risk youth in Trenton
Monetary	Trenton Health Team Inc	218 N Broad St Trenton, NJ 08608	\$10,000	10/23/2014	Inroads for Health: Taking it to the Streets
Monetary	Trinity Counseling Services	22 Stockton Street Trinity Counseling Service Princeton, NJ 08540	\$9,000	11/17/2014	Mental Health and Wellness Programs
Monetary	Truist/Frontstream, Inc.	Department CH16952 Palatine, IL 60055-6952	\$32,261	12/12/2014	Truist processing fee for total 2014 United Way Campaign (fee associated with NJ companies)
Monetary	Twilight Wish Foundation	P.O. Box 1042 11 Duane Road Doylestown, PA 18901	\$5,000	11/17/2014	Simple Needs Wish Granting Program Expansion
Monetary	UIH Family Partners	4 North Broad Street 2nd Floor Trenton, NJ 08618-4408	\$7,500	10/14/2014	Community of Health for Men
Monetary	United Negro College Fund	9-25 Alling St. Second Floor Newark, NJ 07102	\$9,000	8/26/2014	Princeton Committee of UNCF Scholarship—Scholarship support for deserving STEM students in Mercer or Somerset Counties
Monetary	United Way Worldwide	P.O. Box 418607 Boston, MA 02241-8607	\$607,875	12/12/2014	Company match to employee United Way campaign for NJ based commercial companies of Janssen Pharmaceutical Companies of Johnson & Johnson less Truist processing fee
Monetary	US Pain Foundation	670 newfield street suite b middle-town, CT 06457	\$7,500	12/4/2014	Invisible Project

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Valeo Behavioral Health Care Inc	5401 SW 7th Street Topeka, KS 66606	\$5,000	7/18/2014	Services for Employment Success Program serving consumers with Schizophrenia and other severe mental illness
Monetary	Volunteer Connect	P.O. Box 615 Princeton, NJ 08542	\$8,500	10/1/2014	SkillsConnect skills based community volunteer program
Monetary	West Bergen Mental Healthcare	120 Chestnut Street Ridgewood, NJ 07450-2500	\$2,000	7/1/2014	Young Adults with Schizophrenia Young Adult Track of the Partial Care Program
Monetary	West Bergen Mental Healthcare	120 Chestnut Street Ridgewood, NJ 07450-2500	\$300	8/4/2014	Cost associated with 2014 Janssen Cares Volunteer Activity
Monetary	West Windsor Plainsboro Education Foundation	PO Box 280 West Windsor, NJ 08550-0280	\$5,000	9/22/2014	STEM Excellence in Education Grant Program
Monetary	Womanspace	1530 Brunswick Avenue Lawrenceville, NJ 08648	\$2,500	10/20/2014	Emergency Domestic Violence Shelter program
Monetary	Wounded Warrior Project	4899 Belfort Road Suite 300 Jacksonville, FL 32256	\$100	5/16/2014	Memorial Donation
Monetary	Wounded Warrior Project	4899 Belfort Road Suite 300 Jacksonville, FL 32256	\$75	12/3/2014	Employee directed donation in lieu of company holiday gift
Monetary	YMCA of Trenton	431 Pennington Avenue Trenton, NJ 08618	\$7,500	12/10/2014	The YMCA of Trenton's Stars of Science Program
Monetary	Young Scholars' Institute	349 W. State St Trenton, NJ 08618	\$3,500	10/20/2014	College Preparatory Program
Monetary	YWCA Princeton	59 Paul Robeson Place Princeton, NJ 08540	\$3,000	11/17/2014	Breast Cancer Resource Center—Women of Wisdom (WOW) Program
Product	AmeriCares Foundation	88 Hamilton Avenue Stamford, CT 06902	\$490,904	3/19/2014	Product Donation for Humanitarian Relief in the U.S., El Salvador, Guatemala, Honduras, Nicaragua, Cambodia, Pakistan, and Peru.

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	AmeriCares Foundation	88 Hamilton Avenue Stamford, CT 06902	\$834,365	3/19/2014	Product Donation for Humanitarian Relief in Guatemala, El Salvador, Honduras, Nicaragua.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$383,214	10/23/2014	Product Donation in support of Disaster Response
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$233,871	12/3/2014	Product donation for humanitarian assistance in Malawi, Tanzania, West Bank, Armenia, Dominican Republic, El Salvador, Guatemala, Nicaragua, Peru, Tanzania
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$100,985	12/3/2014	Product donation for humanitarian assistance in Malawi, Tanzania, Armenia, Dominican Republic, Colombia
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$825,981	11/6/2014	Product Donations for Humanitarian Aid for Armenia, Dominican Republic, Gaza, Pakistan, West Bank and Tanzania.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$2,389,565	8/4/2014	Product Donation in support of Humanitarian Aid for the U.S., Afghanistan, Bangladesh, Pakistan, and Peru.
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$5,279	12/3/2014	Pharmaceutical Product Donation for Humanitarian Aid in Haiti
Product	Direct Relief International	27 S. La Patera Lane Santa Barbara, CA 93117	\$665,263	3/19/2014	Product Donation to support Humanitarian Relief in Haiti, Dominican Republic, Honduras, Paraguay, and Nicaragua.
Product	Direct Relief International	27 S. La Patera Lane Santa Barbara, CA 93117	\$614,185	3/19/2014	Product Donation to support Humanitarian Relief in Haiti, Dominican Republic, and Paraguay.
Product	Direct Relief International	27 S. La Patera Lane Santa Barbara, CA 93117	\$116,610	2/27/2014	Humanitarian Aid for Obstetric Fistula program.
Product	Direct Relief International	27 S. La Patera Lane Santa Barbara, CA 93117	\$322,359	11/6/2014	Humanitarian Aid for Ghana, Paraguay, and Peru.

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	Direct Relief International	27 S. La Patera Lane Santa Barbara, CA 93117	\$2,354,643	12/3/2014	Pharmaceutical Product Donation for Disaster Response and/or Humanitarian Aid in Dominican Republic, Guatemala, Nicaragua, Peru, Panama, Paraguay and United States
Product	Direct Relief International	27 S. La Patera Lane Santa Barbara, CA 93117	\$30,164	12/3/2014	Pharmaceutical Product Donation for Humanitarian Aid in Nicaragua, Peru
Product	Direct Relief International	27 S. La Patera Lane Santa Barbara, CA 93117	\$2,093,905	8/5/2014	Humanitarian Aid for Haiti, Paraguay, and U.S.
Product	Heart to Heart International	1021 Pacific Avenue Kansas City, KS 66102	\$72,493	3/19/2014	Product Donation for Humanitarian Relief in Papua New Guinea and Cameroon.
Product	Heart to Heart International	1021 Pacific Avenue Kansas City, KS 66102	\$33,156	12/18/2014	Pharmaceutical Product donation for Ebola Treatment Unit in Liberia
Product	Heart to Heart International	1021 Pacific Avenue Kansas City, KS 66102	\$46,435	12/3/2014	Pharmaceutical Product donation for humanitarian relief in Papua New Guinea
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza New Brunswick, NJ 08933	\$380,566,479	3/15/2014	Patient Assistance Product Donation
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza New Brunswick, NJ 08933	\$87,387,455	12/15/2014	Patient Assistance Product Donation
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza New Brunswick, NJ 08933	\$74,577,911	9/15/2014	Patient Assistance Product Donation
Product	MAP International	4700 Glynco Parkway Brunswick, GA 31525	\$772,428	1/9/2014	Donation for Medical Mission Pack Plus Program
Product	MAP International	4700 Glynco Parkway Brunswick, GA 31525	\$26,142	1/9/2014	Donation for the Medical Mission Pack Plus Program
Product	MAP International	4700 Glynco Parkway Brunswick, GA 31525	\$26,394	12/3/2014	Pharmaceutical Product Donation to support the Medical Mission Pack Plus

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	Mercy Ships International Operations Center	15862 State Highway 110 North Lindale, TX 75771	\$8,397	3/19/2014	Product Donation in support of Humanitarian Relief in West Africa.
Product	New Jersey Academy of Aquatic Sciences	1 Riverside Drive Camden, NJ 08103-1037	\$13,297	8/4/2014	Product Donation.
Product	Project Hope	255 Carter Hall Lane Millwood, VA 22646	\$149,962	3/19/2014	Product Donation in support of Humanitarian Relief in Kosovo, Macedonia, and Tajikistan.
Product	Project Hope	255 Carter Hall Lane Millwood, VA 22646	\$768,245	3/10/2014	Product Donation for Humanitarian Relief in Tajikistan.
Product	Project Hope	255 Carter Hall Lane Millwood, VA 22646	\$821,994	3/10/2014	Product Donation for Humanitarian Aid in Tajikistan.

Similar payments to the same organization may appear in this report as contributions may be distributed in multiple payments.

**Janssen Therapeutics, Division of Janssen Products, LP, Monetary and Product Contributions
to U.S.-based Charitable Organizations Full Year 2014**

(Payments made from January 1, 2014 to December 31, 2014)—Amended March 19, 2019

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Abounding Prosperity	South Boulevard Dallas, TX 75215	\$1,500	3/24/2014	HEALTHY U! . . . HEALTHY US!
Monetary	Acercamiento Hispano de Carolina del Sur	827 Wildwood Avenue Suite 200 Columbia, SC 29203	\$7,000	6/16/2014	ContraSIDA (Against AIDS)
Monetary	Aid for AIDS International	515 Greenwich Street New York, NY 10013	\$5,000	11/7/2014	New York Immigrant AIDS Link Program
Monetary	AIDS Action Committee	75 Amory Street Boston, MA 02119	\$10,000	11/7/2014	Viral Hepatitis Access Project (VHAP)
Monetary	AIDS Action Committee	75 Amory Street Boston, MA 02119	\$15,000	3/5/2014	Mental Health Program/Charitable Contribution
Monetary	Aids Community Research Initiative of America (ACRIA)	575 Eighth Avenue Suite 502 New York, NY 10018	\$20,000	7/9/2014	HIV Health Literacy Program (HHLIP)
Monetary	AIDS Foundation Houston	6260 Westpark Drive Houston, TX 77057	\$4,500	10/27/2014	Wall Talk HIV/Hepatitis C Co-Infection
Monetary	AIDS Foundation of Chicago	411 South Wells Street Suite 300 Chicago, IL 60607	\$30,000	7/10/2014	Road to Health: Promoting Successful Implementation of Health Care Reform for People Living with HIV/AIDS in Illinois
Monetary	AIDS Service of Austin	7215 Cameron Road Austin, TX 78752	\$5,000	12/15/2014	Case Management
Monetary	AIDS Services Center of Orange County	17982 Sky Park Circle Irvine, CA 92614	\$3,000	8/18/2014	HIV Medical Case Management
Monetary	AIDS Services of Austin	7215 Cameron Road Austin, TX 78752	\$5,000	4/4/2014	Case Management Program
Monetary	AIDS United	1424 K Street, NW Washington, DC 20005	\$250,000	11/10/2014	Access to Care (A2C) Initiative
Monetary	Alliance for Housing and Healing	825 Colorado Boulevard Suite 100 Los Angeles, CA 90041	\$5,000	7/8/2014	Group Home Care for Homeless Persons with HIV/AIDS at Soldano House and Casa de Corazon
Monetary	Bay Area Young Positives	701 Oak Street San Francisco, CA 94117	\$2,400	1/17/2014	Youth Engagement Program/Charitable contribution

**Janssen Therapeutics, Division of Janssen Products, LP, Monetary and Product Contributions
to U.S.-based Charitable Organizations Full Year 2014—Continued**

(Payments made from January 1, 2014 to December 31, 2014)—Amended March 19, 2019

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Bay Area Young Positives	701 Oak Street San Francisco, CA 94117	\$5,000	11/7/2014	Patient Peer Navigator
Monetary	Bienestar Human Services Inc	5326 E Beverly Road Los Angeles, CA 90022	\$15,000	11/5/2014	General Organizational Support
Monetary	Caring Ambassadors	19591 S. Alberta Beavercreek, OR 97004	\$20,000	8/18/2014	Patients CHOICES—Changing Hepatitis through Outreach, Information, Comprehensive Education, and Support
Monetary	Catholic Charities of East Tennessee	3009 Lake Brook Boulevard Knoxville, TN 37909	\$5,000	11/7/2014	The Home Place
Monetary	Chicago House and Social Service Agency	1925 North Clybourn Suite 401 Chicago, IL 60614	\$5,000	2/21/2014	Connect2Care (C2C) / Charitable Contribution
Monetary	Chicago House and Social Service Agency	1925 North Clybourn Suite 401 Chicago, IL 60614	\$10,000	12/15/2014	Connect2Care
Monetary	Christie's Place	2440 Third Avenue San Diego, CA 92101	\$15,000	12/15/2014	CHANGE for Women Program
Monetary	Community Health Outreach Work to Prevent AIDS	677 Ala Moana Boulevard Suite 226 Honolulu, HI 96813	\$3,000	3/24/2014	HIV and Hep C Prevention in Drug-Using Community/Charitable Contribution
Monetary	Desert Aids Project	1695 N. Sunrise Way Palm Springs, CA 92262	\$5,000	1/17/2014	Case Management/Charitable Contribution
Monetary	Fund For The City of New York Inc	121 Avenue of the Americas 6th Floor New York, NY 10013	\$25,000	11/5/2014	Get SMART About Hepatitis C
Monetary	Gay Men's Health Crisis	446 West 33rd Street New York, NY 10001	\$15,000	11/7/2014	Community Education and Treatment as Prevention Program
Monetary	HARM Reduction Coalition	South Boulevard Dallas, TX 75215	\$50,000	4/18/2014	Hepatitis C Innovations Network/Charitable Contribution
Monetary	Health Federation of Philadelphia	1211 Chestnut Street Suite 801 Philadelphia, PA 19107	\$75,000	3/17/2014	"C Change" Program

**Janssen Therapeutics, Division of Janssen Products, LP, Monetary and Product Contributions
to U.S.-based Charitable Organizations Full Year 2014—Continued**

(Payments made from January 1, 2014 to December 31, 2014)—Amended March 19, 2019

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Hep C Alliance	601 Business Loop 70 West Columbia, MO 65203	\$15,000	6/17/2014	HepC Education and Testing—The Kansas Project
Monetary	Hep C Connection	1325 South Colorado Boulevard Suite 302 Denver, CO 80222	\$10,000	3/14/2014	Expanding Efforts to Locate Undiagnosed HCV Patients and Link to Care
Monetary	Hepatitis C Mentor and Support Group, Inc	35 East 38th Street New York, NY 10016	\$25,000	7/25/2014	The Hepatitis C Patient Assistance Program
Monetary	HIV Aids Empowerment Resource Center for Young Women, Inc.	100 Edgewood Avenue NE Suite 1020 Atlanta, GA 30303-3065	\$5,000	3/12/2014	The EmpowerLink Program
Monetary	Housing Works	57 Willoughby Street Brooklyn, NY 11201	\$5,000	11/13/2014	The Undetectables—HIV Viral Suppression Initiative
Monetary	Howard Brown Health Center	4025 N. Sheridan Street Chicago, IL 60613	\$10,000	7/25/2014	Hepatitis C Medical Management and Support for People who Inject Drugs
Monetary	Iris House	2348 Adam Clayton Powell Jr Boulevard New York, NY 10030	\$7,500	2/21/2014	Hepatitis C Testing, Education and Connection to Care programs/Charitable Contribution
Monetary	J&J Family of Companies Contributions Fund	One Johnson & Johnson Plaza, New Brunswick, NJ 08933	\$11,200,000	12/19/2014	Global Public Health programs in South Africa and Uganda (HIV and TB)
Monetary	Josephs House	1730 Lanier Place NW Washington, DC 20009	\$5,000	3/13/2014	Care and Intensive Treatment Adherence Support for People with HIV
Monetary	Kansas City Free Health Clinic	3515 Broadway Kansas City, MO 64111	\$5,000	12/15/2014	Reducing Risks through Health Education
Monetary	Legacy Counseling Center	4054 McKinney Avenue Dallas, TX 75204	\$5,000	10/27/2014	Mission Support Legacy Counseling Center
Monetary	Maine General Health	35 Medical Center Parkway Augusta, ME 04330	\$5,000	6/23/2014	Harm Reduction Program: HIV and HCV Prevention
Monetary	Making It Possible to End Homelessness	60 Clif Prescod Lane Edison, NJ 08817	\$5,000	12/15/2014	Imani Park Transitional Housing Program
Monetary	Minority AIDS Project	5149 West Jefferson Blvd. Los Angeles, CA 90016	\$7,500	2/21/2014	“The Bridge Program”

**Janssen Therapeutics, Division of Janssen Products, LP, Monetary and Product Contributions
to U.S.-based Charitable Organizations Full Year 2014—Continued**

(Payments made from January 1, 2014 to December 31, 2014)—Amended March 19, 2019

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	NAESM, Inc.	2140 Martin Luther King Jr Drive Atlanta, GA 30310	\$5,000	6/16/2014	The D.C. Project
Monetary	Nashville CARES	633 Thompson Lane Nashville, TN 37204	\$5,000	5/13/2014	Outreach, Testing, Linkage to Care, and Supportive Services for young AA gay/bisexual or other MSM
Monetary	National AIDS Education and Services for Minorities	2140 Martin Luther King Jr. SW Atlanta, GA 30310	\$7,000	12/15/2014	Project Impact
Monetary	National AIDS Treatment Advocacy Project (NATAP)	580 Broadway Suite 1010 New York, NY 10012	\$175,000	4/18/2014	NATAP HIV, HCV/HIV Coinfection and Hep C Care and Treatment Education/Information and Policy/Advocacy Program
Monetary	National Alliance of State and Territorial AIDS Directors	444 North Capitol Street, NW Suite 339 Washington, DC 20001	\$125,000	3/17/2014	Affordable Care Act (ACA), Viral Hepatitis, and Ryan White/ADAP Public Policy and Technical Assistance Projects/Charitable Contribution
Monetary	National Alliance of State and Territorial AIDS Directors	444 North Capitol Street, NW Suite 339 Washington, DC 20001	\$150,000	12/18/2014	2015 Affordable Care Act (ACA), Viral Hepatitis, and Ryan White/ADAP
Monetary	New Jersey AIDS Services	44 South Street, Morristown NJ 07960	\$5,000	8/7/2014	Community Based Services
Monetary	North Shore Health Project, Inc.	5 Center Street Gloucester, MA 01930	\$10,000	2/3/2014	Living Well with Hepatitis C
Monetary	Nova Salud	2946 Sleepy Hollow Road Suite 4A Falls Church, VA 22044	\$5,000	6/23/2014	En Direccion Positiva Spanish-Speaking HIV/AIDS Support Group
Monetary	OPAT Outcomes Registry	1192 Smith Street Honolulu, HI 96817	\$2,500	3/12/2014	Infectious Disease Hepatitis C Virus (HCV) Education, Screening, Pre/Post Education and Linkage to Care 2014-2015 / Charitable Contribution
Monetary	Patient Advocate Foundation	421 Butler Farm Road Hampton, VA 23666	\$750,000	12/16/2014	Patient Advocate Foundation's Co-Pay Relief (CPR) Program Hepatitis C Silo
Monetary	Patient Advocate Foundation	421 Butler Farm Road Hampton, VA 23666	\$5,000,000	1/14/2014	Patient Advocate Foundation's Co-Pay Relief (CPR) Program-Hepatitis C Silo

**Janssen Therapeutics, Division of Janssen Products, LP, Monetary and Product Contributions
to U.S.-based Charitable Organizations Full Year 2014—Continued**

(Payments made from January 1, 2014 to December 31, 2014)—Amended March 19, 2019

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Philadelphia FIGHT	1233 Locust Street 3rd Floor Philadelphia, PA 19107	\$10,000	7/9/2014	2014 AIDS Education Month
Monetary	Project Inform	273 Ninth Street San Francisco, CA 94103	\$25,000	6/25/2014	Think Tank to Provide Technical Assistance to Ten Jurisdictions on the Use of HIV Surveillance to Support Linkage and Retention in Care and Treatment
Monetary	Project Inform	273 Ninth Street San Francisco, CA 94103	\$40,000	7/1/2014	The Support Partnership
Monetary	Project Inform	273 Ninth Street San Francisco, CA 94103	\$40,000	7/4/2014	Mission Support for Project Inform / Charitable Contribution
Monetary	Project Inform	273 Ninth Street San Francisco, CA 94103	\$25,000	12/15/2014	Educational and Policy Activities to Support Hepatitis C Care Linkage
Monetary	Project Link of South Florida, Inc.	2929 NE 6 Avenue Wilton Manors, FL 33334	\$2,000	3/12/2014	Many Men, Many Voices (3MV) and Many Women, Many Voices (3WV)
Monetary	Project Transitions	530 W Street Road Warminster, PA 18974	\$5,000	11/13/2014	Transitional Housing
Monetary	Providence Health Foundation	1150 Varnum St. NE Washington, DC 20721	\$40,000	7/4/2014	Providence Hepatitis C Program
Monetary	Ryan White CARE Act Title II Community AIDS National Network (TII CANN)	1775 T Street NW Washington, DC 20009	\$10,000	4/25/2014	HEPATITIS: Education, Advocacy and Leadership (HEAL)
Monetary	San Francisco AIDS Foundation	1035 Market Street San Francisco, CA 94103	\$30,000	8/25/2014	The Stonewall Project
Monetary	Southwest Boulevard Family Health Care, Inc	300 Southwest Boulevard Kansas City, KS 66103	\$5,000	3/1/2014	HIV Care in a Safety Net Clinic/Charitable Contribution
Monetary	Special Service for Groups, Inc.	605 W Olympic Boulevard Suite 600 Los Angeles, CA 90015	\$5,000	1/28/2014	Asian Pacific AIDS Intervention Team (APAIT) Charitable Contribution

**Janssen Therapeutics, Division of Janssen Products, LP, Monetary and Product Contributions
to U.S.-based Charitable Organizations Full Year 2014—Continued**

(Payments made from January 1, 2014 to December 31, 2014)—Amended March 19, 2019

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	The AIDS Institute	17 Davis Boulevard Suite 403 Tampa, FL 33606	\$60,000	3/5/2014	Florida Hepatitis Education and Advocacy Network (FHEAN) and health web portal (www.HepInfoNow.org) / Charitable Contribution
Monetary	The AIDS Institute	17 Davis Boulevard Suite 403 Tampa, FL 33606	\$50,000	7/9/2014	Protecting and enhancing the Hepatitis C and the HIV/AIDS national and state programs and policies in the U.S.
Monetary	The Fund for the City of New York	121 Avenue of the Americas 6th Floor New York, NY 10013	\$40,000	4/18/2014	The SHE Initiative
Monetary	The Well Project	330 Grace Glen Nellysford, VA 22958	\$15,000	7/22/2014	The Well Project's Online Resources for Women and HIV
Monetary	Tides Center	835 Solano Street West Sacramento, CA 95605	\$20,000	11/25/2014	Website: HCVAdvocate
Monetary	TPA Network Incorporated—Test Positive Aware Network	5537 N Broadway Chicago, IL 60640	\$20,000	7/9/2014	Total Care Portal
Monetary	Treatment Action Group (TAG)	261 5th Avenue Suite 2110 New York, NY10016	\$40,000	6/17/2014	Case Studies Project
Monetary	University of California, San Diego	c/o UC San Diego AIDS Research Institute 9500 Gilman Drive #0716 La Jolla, CA 92093-0716	\$15,000	3/5/2014	"Linkage To Care, After HIV Testing"/Charitable Contribution
Monetary	Victory Programs, Inc.	965 Massachusetts Avenue Boston, MA 02118	\$10,000	2/3/2014	Prevention, Education, and Health Connections Services for People with HIV/AIDS.
Monetary	VT Committee For AIDS Resources Educ and Services	187 Saint Paul Street Burlington, VT 05401	\$5,000	3/13/2014	HIV Care and Support Program Across Vermont

Janssen Therapeutics, Division of Janssen Products, LP, Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2014—Continued

(Payments made from January 1, 2014 to December 31, 2014)—Amended March 19, 2019

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Wright House Wellness Center	8101 Cameron Road Suite 105 Austin, TX 78754	\$5,000	3/3/2014	Case Management for HIV/HCV Clients

Janssen has also made financial donations to independent charitable foundations that assist patients who are underinsured and in financial need with treatment-related expenses. In keeping with our donor agreements and applicable regulatory guidance, we will only disclose aggregate data on our charitable giving and do not publicize information on donations to specific foundations and disease states. In 2014, we contributed approximately \$5.8 million in donations to independent charitable foundations, enabling them to provide assistance with medication-related copays to patients with infectious diseases.

Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza, New Brunswick, NJ 08933	\$5,615,443	3/15/2013	Patient Assistance Product Donation
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza, New Brunswick, NJ 08933	\$9,794,392	6/15/2013	Patient Assistance Product Donation
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza, New Brunswick, NJ 08933	\$26,177,458	9/15/2013	Patient Assistance Product Donation
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza, New Brunswick, NJ 08933	\$58,375,988	12/15/2013	Patient Assistance Product Donation

Janssen Biotech, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015

(Payments made from January 1, 2015 to December 31, 2015)—Amended on February 24, 2017

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	100 Black Men of Metropolitan St. Louis	4631 Delmar St. Louis, Missouri 63108	\$2,000	7/17/2015	The 100 Black Men of Metropolitan St. Louis Community Health Day Featuring Prostate Cancer Run/Walk
Monetary	100 Black Men of Metropolitan St. Louis	4631 Delmar St. Louis, Missouri 63108	\$1,800	12/23/2015	The 100 Black Men of Metropolitan St. Louis Community Health Day Featuring Prostate Cancer Run/Walk
Monetary	Achieve Now	104 Gladstone Street Philadelphia, PA 19148	\$5,625	12/4/2015	Achieve Now: Bringing Students Up to Grade Level Reading

Janssen Biotech, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)—Amended on February 24, 2017

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	American Cancer Society, Inc.	Manasquan, NJ 08736	\$10,000	4/8/2015	Road To Recovery Program
Monetary	American Cancer Society, Inc.	Manasquan, NJ 08736	\$1,000	5/27/2015	2015 Run for Dad
Monetary	American Cancer Society, Inc.	1626 Locust Street Philadelphia, PA 19103	\$1,000	7/8/2015	American Cancer Society, Relay For Life of the Wissahickon Valley, Ambler, PA
Monetary	Arthritis Foundation	National Office 1330 W. Peachtree St., N.W. Atlanta, GA 30309	\$225,000	6/5/2015	Sponsorship of ~117 Jingle Bell Run events, reaching more than 100,000 participants and volunteers, across the country
Monetary	Arthritis Services	1817 Central Avenue Suite 211 Charlotte, NC 28205	\$2,000	6/4/2015	The Community Arthritis Project of Charlotte, Mecklenburg County, North Carolina
Monetary	Cancer Care, Inc.	275 Seventh Avenue New York, NY 10001	\$2,000	7/3/2015	Seventh Annual Healing Hearts Family Bereavement Camp Milford, PA
Monetary	Cancer Support Community Central New Jersey	3 Crossroads Drive Bedminster, NJ 07921	\$5,000	12/2/2015	Oncology Support Groups
Monetary	Cancer Support Community of Philadelphia (formerly Gilda's Club Bucks/Mont Counties)	200 Kirk Road PO Box 3187 Warminster, PA 18974	\$1,000	7/10/2015	Paws 4 Life Dog Walk, Warminster PA
Monetary	Cancer Support Community of Philadelphia (formerly Gilda's Club Bucks/Mont Counties)	200 Kirk Road PO Box 3187 Warminster, PA 18974	\$2,500	10/23/2015	Celebration of Hope: A Free, Full-Day, Educational and Inspirational Conference for Greater Philadelphia-Area Cancer Patients, Survivors, and Caregivers
Monetary	Center for Child Advocates	1900 Cherry Street Philadelphia, PA 19103	\$2,000	7/9/2015	Project for Medically Needy Children
Monetary	Childrens Cancer Recovery Foundation	6380 Flank Drive, Suite 400 Harrisburg, PA 17112	\$7,500	3/17/2015	Children's Cancer Recovery Foundation's Bear-Able Gift Program: administered to the Children's Hospital of Philadelphia
Monetary	Childrens Cancer Recovery Foundation	6380 Flank Drive, Suite 400 Harrisburg, PA 17112	\$7,500	12/22/2015	Bear-Able Gifts program

Janssen Biotech, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)—Amended on February 24, 2017

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Children's Hospital of Philadelphia Foundation	The Children's Hospital of Philadelphia Foundation Attn: Staci Carney, Associate Director, Corporate and Foundation Relations 100 Penn Square East 8th Floor, Suite 8050 Philadelphia, PA 19107	\$1,000	12/23/2015	General Operating Support for The Center for Pediatric Inflammatory Bowel Disease
Monetary	Children's Hospital of Philadelphia Foundation	The Children's Hospital of Philadelphia Foundation Attn: Staci Carney, Associate Director, Corporate and Foundation Relations 100 Penn Square East 8th Floor, Suite 8050 Philadelphia, PA 19107	\$12,000	4/8/2016	Family Care Binder Program at The Children's Hospital of Philadelphia Philadelphia, PA
Monetary	Children's Hospital of Philadelphia Foundation	The Children's Hospital of Philadelphia Foundation Attn: Staci Carney, Associate Director, Corporate and Foundation Relations 100 Penn Square East 8th Floor, Suite 8050 Philadelphia, PA 19107	\$6,000	4/8/2016	6th Annual Walk for Hope benefiting IBD research at The Children's Hospital of Philadelphia, Veterans Park, Hamilton, NJ
Monetary	Community Volunteers in Medicine	300B Lawrence Drive West Chester, PA 19380	\$20,000	12/8/2015	Free Medical and Dental Care to Uninsured, Low-Income Individuals and Families Who Live or Work in Chester County. Community Volunteers in Medicine is located in West Chester, PA
Monetary	Crohns and Colitis Foundation of America	733 Third Avenue Suite 510 New York, NY 10017	\$135,000	6/5/2015	CCFA Take Steps Walk/Run
Monetary	Crohn's and Colitis Foundation of America, Inc.	733 Third Avenue Suite 510 New York, NY 10017	\$18,000	7/7/2015	Camp Oasis—Program is hosted at 12 campsite locations across the country

Janssen Biotech, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)—Amended on February 24, 2017

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Delaware Valley Science Fairs, Inc.	236 Randell Hall 3141 Chestnut Street Philadelphia, PA 19104	\$21,500	3/20/2015	Delaware Valley Science Fairs Philadelphia, PA
Monetary	Family Reach Foundation	2001 Route 46, Suite 310 Parsippany, NJ 07054	\$250,000	12/21/2015	Family Reach Programmatic Support
Monetary	Family Reach Foundation	2001 Route 46, Suite 310 Parsippany, NJ 07054	\$20,000	12/21/2015	Family Reach Foundation General Support
Monetary	Friends Association For Care and Protection Of Children	113 West Chestnut Street West Chester, PA 19380	\$3,000	12/14/2015	Homelessness to Independence Initiative
Monetary	Friends of the Queen City Academy Charter School	815 West 7th Street Plainfield, NJ 07063	\$825	9/23/2015	Employee directed donation in Lieu of holiday gift
Monetary	Georgia Prostate Cancer Coalition, Inc.	Alpharetta, GA 30022	\$1,500	8/12/2015	Georgia Prostate Cancer Free Screening Event
Monetary	Georgia Prostate Cancer Coalition, Inc.	Alpharetta, GA 30022	\$1,700	12/23/2015	Georgia Prostate Cancer Free Screening Event
Monetary	Girl Scouts of Southeastern Pennsylvania	330 Manor Road Miquon, PA 19444	\$3,000	12/14/2015	GSEP STEM Programming
Monetary	Girl Scouts of the Chesapeake Bay Council, Inc.	501 S. College Avenue Newark, DE 19713	\$1,250	5/27/2015	16th Annual Women of Distinction Program and Celebration
Monetary	Great Valley Nature Center	PO Box 82 4251 State Road Devault, PA 19432	\$5,000	12/14/2015	GVNC Environmental Education Programs with Schools-Water Quality, Pond, Stream and Habitat Study
Monetary	Green Valleys Association	1368 Prizer Road Pottstown, PA 19465	\$15,000	12/8/2015	Watershed Education Programs
Monetary	Habitat for Humanity of Chester County, Inc.	P.O. Box 1452 621 Lumber Street Coatesville, PA 19320	\$1,000	10/27/2015	Habitat for Humanity of Chester County
Monetary	Habitat For Humanity Philadelphia, Inc.	1829 N. 19th Street Philadelphia, PA 19121	\$5,000	12/14/2015	Habitat for Humanity Philadelphia Homeownership Program

Janssen Biotech, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)—Amended on February 24, 2017

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Hatboro-Horsham Educational Foundation	229 Meetinghouse Road Horsham, PA 19044	\$25,000	12/2/2015	STEM Programs for Hatboro-Horsham Students
Monetary	Hope for Kids, Inc.	129 Yerger Road Schwenksville, PA 19473	\$300	9/21/2015	Costs associated with 2015 Janssen Cares Volunteer Activity
Monetary	Kids Connected	26071 Merit Circle, #103 Laguna Hills, CA 92653-7016	\$3,000	9/4/2015	Support Groups for Children of Cancer Patients Costa Mesa, Ca Brea, Ca Santa Ana, Ca Laguna Hills, Ca La Jolla, Ca Temecula, Ca
Monetary	Metropolitan Area Neighborhood Nutrition Alliance (MANNA)	2323 Ranstead Street Philadelphia, PA 19103	\$20,000	12/7/2015	Medically Appropriate Meals for People with Critical Illnesses
Monetary	Montgomery County Community College Foundation	340 DeKalb Pike Blue Bell, PA 19422	\$10,000	12/15/2015	Bridge to Employment Program Enhancement through Strategies for Success
Monetary	Movember Foundation	Culver City, CA 90232	\$5,000	5/22/2015	Movember is a national US campaign where we ask men to grow moustaches to raise awareness and funds for men's health
Monetary	Multiple Myeloma Research Foundation	51 Locus Avenue Suite 201 Norwalk, CT 06851	\$5,000	7/10/2015	2015 MMRF Team for Cures: New York City 5K Walk/Run
Monetary	Multiple Myeloma Research Foundation	51 Locus Avenue Suite 201 Norwalk, CT 06851	\$5,000	7/10/2015	2015 MMRF Team for Cures: Philadelphia 5K Walk/Run
Monetary	Multiple Myeloma Research Foundation	383 Main Avenue 5th Floor Norwalk, CT 06851	\$10,000	7/13/2015	MMRF Team for Cures Sponsor—NYC Marathon, (NY, NY) and Fenway Spartan Race (Boston, MA)
Monetary	National Ovarian Cancer Coalition—Central Ohio Chapter	4719 Reed Road #150 Holicong, PA 18928	\$2,500	4/8/2015	17th Annual Break the Silence on Ovarian Cancer Philadelphia, PA
Monetary	National Psoriasis Foundation	6600 SW 02nd Avenue, Ste. 300 Portland, OR 97223	\$75,000	4/14/2015	2015 Team NPF Walk—National (19 U.S. cities)
Monetary	Pennypack Farm and Education Center	7005 Sheaff Lane Fort Washington, PA 19034	\$300	9/21/2015	Costs associated with 2015 Janssen Cares Volunteer Activity

Janssen Biotech, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)—Amended on February 24, 2017

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Project HOME	1515 Fairmount Avenue Philadelphia, PA 19130	\$1,000	12/2/2015	Mental Health and Recovery Services for Individuals Who Have Experienced Homelessness
Monetary	Prostate Cancer Education Council	7009 S. Potomac Street Suite 125 Centennial, CO 80112	\$30,000	7/13/2015	Prostate Cancer Disparities Outreach Program—A national, ten city event
Monetary	Prostate Cancer Education Council	7009 S. Potomac Street Suite 125 Centennial, CO 80112	\$20,000	12/23/2015	Prostate Cancer Disparities Outreach Program—A national, ten city event
Monetary	Rebuilding Together Philadelphia	P.O. Box 42752 Philadelphia, PA 19101-2752	\$6,000	3/17/2015	House Build
Monetary	Retired and Senior Volunteer Program of Montgomery County	925 Harvest Drive, Suite 100 Blue Bell, PA 19422	\$10,000	3/20/2015	RSVP's My Free Tutor (MFT) and Family Literacy Volunteer Program (FLVP)
Monetary	Retired and Senior Volunteer Program of Montgomery County	925 Harvest Drive, Suite 100 Blue Bell, PA 19422	\$5,000	7/9/2015	RSVP's Protégé and America Reads/Writes Programs
Monetary	Retired and Senior Volunteer Program of Montgomery County	925 Harvest Drive, Suite 100 Blue Bell, PA 19422	\$10,000	12/7/2015	RSVP's Family Literacy Volunteer Program (FLVP) and My Free Tutor (MFT) virtual STEM tutoring and career awareness program.
Monetary	Riverbend Environmental Education Center	1950 Spring Mill Road Gladwyne, PA 19035	\$6,000	7/3/2015	Outreach to Children/Access to Nature (Norristown, PA)
Monetary	Sandy Rollman Ovarian Cancer Foundation, Inc.	2010 West Chester Pike Suite 300 Havertown, PA 19083	\$2,000	5/15/2015	11th Annual Sandy Sprint 5K/10K Run/Walk
Monetary	Senior Adult Activities Center of Montgomery County	536 George St. Norristown, PA 19401	\$500	8/12/2015	2015 Meals On Wheels Outrunning Senior Hunger 5k/3k. Mont Co Comm College, Blue Bell, PA. Meals On Wheels of the Senior Adult Activities Center of Montgomery County impacts home-bound seniors in Central, North Penn and the Eastern Montgomery Co areas.

Janssen Biotech, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)—Amended on February 24, 2017

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Senior Adult Activities Center of Montgomery County	536 George St. Norristown, PA 19401	\$300	8/20/2015	Costs associated with 2015 Janssen Cares Volunteer Activity
Monetary	Special Equestrians	2800 Street Road P.O. Box 1001 Warrington, PA 18976	\$300	8/20/2015	Costs associated with 2015 Janssen Cares Volunteer Activity
Monetary	Special Equestrians	2800 Street Road P.O. Box 1001 Warrington, PA 18976	\$4,000	9/23/2015	Special Equestrians Equine Assisted Learning and Therapeutic Riding Program Warrington, PA
Monetary	Starfinder Foundation	4015 Main Street Philadelphia, PA 19127	\$10,000	3/20/2015	Youth Development through Soccer and Education Philadelphia, PA
Monetary	Stop Hunger Now	2501 Clark Street, Suite 301 Raleigh, NC 27607	\$40,700	5/22/2015	Janssen Biotech and Stop Hunger Now Engage Employee Volunteers in Dallas, Texas
Monetary	The Franklin Institute	222 North 20th Street Philadelphia, PA 19103	\$10,000	11/26/2015	Corporate Membership
Monetary	The Giving Tree	Gwynedd Valley, PA 19437	\$3,000	7/3/2015	General Operating Support
Monetary	The Melmark Charitable Foundation	2600 Wayland Road Berwyn, PA 19312	\$10,000	4/8/2015	Hubert J.P. Schoemaker Classic
Monetary	The Melmark Charitable Foundation	2600 Wayland Road Berwyn, PA 19312	\$300	8/21/2015	Costs associated with 2015 Janssen Cares Volunteer Activity
Monetary	The Pennsbury Society	400 Pennsbury Memorial Road Morrisville, PA 19067	\$300	8/20/2015	Costs associated with 2015 Janssen Cares Volunteer Activity
Monetary	Trustees Of The University Of Pennsylvania	3025 Walnut Street Philadelphia, PA 19104	\$5,000	12/23/2015	WXPN Musicians On Call
Monetary	United Way of Southeastern Pennsylvania	1709 Benjamin Franklin Parkway Philadelphia, PA 19103	\$260,045	12/23/2015	United Way Campaign Match
Monetary	Us Too International, Inc.	5003 Fairview Ave. Downers Grove, IL 60515	\$1,000	4/8/2015	11th Annual SEA Blue Prostate Cancer 5K Run and Celebration Walk in Chicago, IL

Janssen Biotech, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)—Amended on February 24, 2017

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Zero The Project To End Prostate Cancer	515 King Street, Suite 420 Alexandria, VA 22314	\$75,000	4/8/2015	ZERO Prostate Cancer Run/Walk Series 40-plus cities nationwide running from March to November 2015
Monetary	Zero The Project To End Prostate Cancer	515 King Street, Suite 420 Alexandria, VA 22314	\$8,000	10/23/2015	ZERO Baltimore Free Prostate Cancer Screening Program

Janssen has also made financial donations to independent charitable foundations that assist patients who are underinsured and in financial need with treatment-related expenses. In keeping with our donor agreements and applicable regulatory guidance, we will only disclose aggregate data on our charitable giving and do not publicize information on donations to specific foundations and disease states. In 2015, we contributed \$29.5 million in donations to independent charitable foundations, enabling them to provide assistance with medication-related copays to patients with cancer and autoimmune diseases.

Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza, New Brunswick, NJ 08933	\$87,940,000	3/15/2015	Patient Assistance Product Donation
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza, New Brunswick, NJ 08933	\$69,856,000	6/15/2015	Patient Assistance Product Donation
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza, New Brunswick, NJ 08933	\$60,259,000	9/15/2015	Patient Assistance Product Donation
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza, New Brunswick, NJ 08933	\$70,842,000	12/15/2015	Patient Assistance Product Donation

Updated February 24, 2017

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	180 Turning Lives Around, Inc.	1 Bethany Road, Building 3, Suite 42 Hazlet, NJ 07730	\$1,000	11/3/2015	Youth Helpline
Monetary	Adult Day Center of Somerset County	872. E. Main Street Bridgewater, NJ 08807	\$600	8/20/2015	Costs associated with 2015 Janssen Cares Volunteer Activity

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Advancing Opportunities, Inc.	1005 Whitehead Road Extension, Suite 1 Ewing, NJ 08520	\$2,500	10/23/2015	College Aspire and Inquire Program
Monetary	Allies, Inc.	1262 Whitehorse-Hamilton Square Road Building A, Suite 101 Hamilton, NJ 08690	\$7,500	11/16/2015	Project Grow-Allies Farm Program located on the Grounds of Mercer County Community College, West Windsor, NJ
Monetary	American Cancer Society	6500 Sugarloaf Parkway, Suite 260 Duluth, GA 30097	\$600	1/22/2015	Employee directed donation in lieu of company holiday gift
Monetary	American Cancer Society	Buffalo Hope Lodge 197 Summer Street Buffalo, NY 14222	\$100	3/12/2015	Memorial donation
Monetary	American Diabetes Association	1160 Route 22 East Suite 103 Bridgewater, NJ 08807	\$30,000	10/29/2015	Diabetes Intervention Project (\$30K) and the General Education Outreach (\$10K)
Monetary	American Diabetes Association, Inc.	1701 North Beauregard Street Alexandria, VA 22311	\$125,000	12/8/2015	American Diabetes Association's What Can I Eat? Choices for People with Type 2 Diabetes
Monetary	American Foundation For Womens Health	1392 CR 2740, Decatur, TX 76234-7401	\$30,000	12/23/2015	Atrial Fibrillation Patient Education and Support
Monetary	American Heart	7272 Greenville Avenue Dallas, TX 75231	\$10,000	12/8/2015	Garden State Go Red For Women Luncheon
Monetary	American Psychiatric Foundation	1000 Wilson Blvd, Suite 1825 Arlington, VA 22209	\$210,000	12/17/2015	Judges' Leadership Initiative-Psychiatric Leadership for Criminal Justice (JLI/PLCJ)
Monetary	American Psychiatric Foundation	1000 Wilson Blvd, Suite 1825 Arlington, VA 22209	\$35,000	12/17/2015	Partnership for Workplace Mental Health
Monetary	American Psychiatric Foundation	1000 Wilson Blvd, Suite 1825 Arlington, VA 22209	\$100,000	12/17/2015	Typical or Troubled?® Student Mental Health Education Program

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	American Red Cross	707 Alexander Road Princeton, NJ 08550	\$94,250	12/17/2015	Effort to support disaster relief american military families, health and safety services, international aid, and blood donation services within central New Jersey and across the US
Monetary	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$4,600	12/8/2015	General mission support
Monetary	Anchor House, Inc.	482 Centre Street Trenton, NJ 08611	\$812	4/16/2015	General Operating Support
Monetary	Anderson House	PO Box 134 532 Route 523 Whitehouse Station, NJ 08889	\$300	8/19/2015	Costs associated with 2015 Janssen Cares Volunteer Activity
Monetary	Anderson House	532 County Road 523 P.O. Box 134 Whitehouse Station, NJ 08889	\$19,000	12/3/2015	Integrated Care Management
Monetary	Ann Silverman Community Health Clinic	595 West State Street Doylestown, PA 18901	\$9,500	11/12/2015	Ann Silverman Community Health Clinic for Bucks County residents
Monetary	Arc Foundation Of Somerset County, Inc.	141 South Main Street Manville, NJ 08835	\$3,500	11/2/2015	Fundraising event support to benefit general mission of organization
Monetary	Association for Advancement of Mental Health	819 Alexander Road Princeton, NJ 08540	\$9,000	11/16/2015	Partial Care Day Treatment, Physical Health Expansion
Monetary	Athens Mental Health, Inc.	7 N. Congress St. Athens, OH 45701	\$1,000	7/1/2015	Mental Health Awareness Event: 2nd Annual Community Illumination
Monetary	Autism Speaks	1060 State Road 2nd Floor Princeton, NJ 08540	\$1,000	11/16/2015	Autism Resource Fair Sponsor 2016 Central NJ Walk Now for Autism Speaks
Monetary	Bay Cove Human Services, Inc.	66 Canal St Boston, MA 02114	\$5,000	6/22/2015	Bay Cove Wellness Center to assist diverse low-income clients who are working towards recovery from severe mental illness
Monetary	Bentley Community Services, Inc.	PO Box 1093 Belle Mead, NJ 08502	\$300	8/11/2015	Costs associated with 2015 Janssen Cares Volunteer Activity

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Big Brothers Big Sisters of Bucks County	2875 York Road Jamison, PA 18966	\$6,500	11/16/2015	The STEM School Mentoring program (Centennial, Bensalem, Bristol Township, and Pennsbury school districts in Bucks County, PA)
Monetary	Big Brothers Big Sisters of Hunterdon Somerset and Warren Counties	2 West Washington Avenue, Suite 210 PO Box 123 Washington, NJ 07882	\$7,500	10/13/2015	Big Brothers Big Sisters of Hunterdon Somerset and Warren
Monetary	Big Brothers Big Sisters of Mercer County	535 East Franklin Street Trenton, NJ 08610	\$6,500	9/28/2015	Youth Mentoring Program Support
Monetary	Boys and Girls Club of Trenton and Mercer County	212 Centre Street Trenton, NJ 08611	\$22,500	12/8/2015	Career Launch
Monetary	Bristol Riverside Theater Co, Inc.	120 Radcliffe Street Bristol, PA 19007	\$7,500	11/12/2015	ArtRageous Theatre Arts Education Program
Monetary	Broward County Community Development Corporation, Inc.	305 SE 18th Court Fort Lauderdale, FL 33316	\$12,500	7/21/2015	Affordable Rental Housing program
Monetary	Bucks County Housing Group	1069 Jacksonville Road Ivyland, PA 18974	\$5,000	11/16/2015	Bucks County Veterans Housing Assistance Program
Monetary	Caminar	2600 S. El Camino Real, Suite 200 San Mateo, CA 94403	\$2,500	4/9/2015	First Annual Mental Health Symposium: New Research in Mental Health and its Impact on Treatment
Monetary	Camp Odayin	P.O. Box 2068 Stillwater, MN 55082	\$10,000	12/11/2015	Camp Odayin—a camp with heart
Monetary	Carrier Clinic	PO Box 147 252 Route 601 Belle Mead, NJ 08502	\$300	8/19/2015	Costs associated with 2015 Janssen Cares Volunteer Activity
Monetary	Catholic Charities	25 Ikea Drive Westhampton, NJ 08060	\$4,000	10/2/2015	Catholic Charities, Diocese of Trenton On My Own—Supportive Housing Program Services
Monetary	Catholic Charities	25 Ikea Drive Westhampton, NJ 08060	\$15,000	10/6/2015	Partners In Recovery
Monetary	Catholic Youth Organization of Mercer County	920 South Broad Street Trenton, NJ 08611	\$4,000	11/16/2015	CYO's Broad St. Center After School Program Tutoring Project

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Center for Educational Advancement	11 Minneakoning Road Flemington, NJ 08822	\$600	8/19/2015	Costs associated with 2015 Janssen Cares Volunteer activity
Monetary	Center for Educational Advancement	11 Minneakoning Road Flemington, NJ 08822	\$12,000	11/25/2015	CORE Values job readiness program
Monetary	Child Home and Community	204 N. West Street #101 Doylestown, PA 18901	\$3,000	9/28/2015	Teen Prenatal and Parenting Continuum
Monetary	Children's Home Society of New Jersey	635 South Clinton Avenue Trenton, NJ 08611	\$5,000	3/30/2015	Fundraising event support to benefit general mission of organization
Monetary	Children's Home Society of New Jersey	635 South Clinton Avenue Trenton, NJ 08611	\$5,000	12/22/2015	Fundraising event support to benefit general mission of organization
Monetary	Children's Home Society of New Jersey	635 South Clinton Avenue Trenton, NJ 08611	\$10,000	12/22/2015	CUNA and Body and Soul Prenatal Health Education Program
Monetary	Cit International, Inc.	111 S. Highland St. Box 71 Memphis, TN 38111	\$3,000	10/13/2015	Silver level sponsor of the 2016 International Conference
Monetary	College Diabetes Network, Inc.	50 Milk St 16th Floor Boston, MA 02109	\$20,000	12/8/2015	Assessing the unmet needs of young adults with diabetes on college campuses
Monetary	College of New Jersey	2000 Pennington Road P.O. Box 7718 Ewing, NJ 08628	\$22,500	12/17/2015	Nursing Merit Scholarships (\$10,000) and Educational Opportunity Fund Promise Awards (\$12,500)
Monetary	Colorado Mental Wellness Network	1031 33rd Street, Suite 237 Denver, CO 80205	\$2,500	7/28/2015	Peer Support Coach Training
Monetary	Community Action Service Center, Inc.	PO Box 88 116 North Main Street Hightstown, NJ 08520	\$5,000	8/18/2015	Rise Summer Healthy Food Initiative for low income youth.
Monetary	Community Foundation of New Jersey	PO Box 338 Morristown, NJ 07963	\$200,000	11/25/2015	Johnson & Johnson Somerset County Companies Contribution Fund at the Community Foundation of NJ
Monetary	Community Health Charities	15 Highland Avenue Matawan, NJ 07747	\$7,000	12/25/2015	Donation to be split evenly across charitable organizations which serve patients in their therapeutic areas

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Community Health Coalition, Inc.	P.O. Box 15176 407 Crutchfield Street Durham, NC 27704	\$16,000	11/24/2015	Each One, Teach One: An Evidence Based Diabetes Self-Management Workshop and Community Leaders Training
Monetary	Community Hope, Inc.	959 Route 46 East, Suite 402 Parsippany, NJ 07054	\$12,000	5/15/2015	Pathway to Recovery Residential Programs (\$10,000) The Annual Learning Forum on Mental Health and Wellness Fair (\$2,000)
Monetary	Community Hope, Inc.	959 Route 46 East, Suite 402 Parsippany, NJ 07054	\$12,000	10/6/2015	Hope for Veterans and Valley Brook Village for Veterans
Monetary	Community Justice Center, Inc.	310 W. State Street, 3rd Floor Trenton, NJ 08618	\$5,000	9/28/2015	Making the Invisible Visible—Legal Services for the Underserved
Monetary	Community Mental Health Center For Mid-Eastern Iowa dba Compeer Program, Inc.	507 E. College Street Iowa City, IA 52245	\$4,000	7/1/2015	Compeer Program of Johnson County, Iowa
Monetary	Compeer Rochester, Inc.	259 Monroe Avenue Rochester, NY 14607	\$2,500	7/16/2015	Youth and Family Mentoring Program—Family Support
Monetary	Contact Of Mercer County New Jersey, Inc.	60 S. Main Street Pennington, NJ 08534	\$5,000	8/18/2015	Fundraising event support to benefit general mission of organization
Monetary	Contact Of Mercer County New Jersey, Inc.	60 S. Main Street Pennington, NJ 08534	\$8,500	12/1/2015	CRISIS HOTLINE, CRISIS CHAT, and TxtToday Programs
Monetary	CONTACT We Care, Inc.	P.O. Box 2376 Westfield, NJ 07091	\$3,500	5/14/2015	Crisis Intervention for Non-professionals for People Experiencing Psychosis
Monetary	Court Appointed Special Advocates	1450 Parkside Avenue, Suite 22 Suite 22 Ewing, NJ 08638	\$15,000	11/13/2015	CASA of Mercer County Child Advocacy Program for Abused and Neglected Children
Monetary	Daytop Village Of New Jersey, Inc.	362 Sunset Rd Skillman, NJ 08558	\$2,500	12/10/2015	Daytop of NJ at Crawford House—work readiness initiative
Monetary	Deborah Hospital Foundation	212 Trenton Road Browns Mills, NJ 08015	\$2,000	11/3/2015	Women's Heart Health Symposium

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Delaware River Steamboat Floating Classroom, Inc.	14 Michael McCorrstin Road Hamilton, NJ 08690	\$300	8/19/2015	Costs associated with 2015 Janssen Cares Volunteer Activity
Monetary	Delaware River Steamboat Floating Classroom, Inc.	14 Michael McCorrstin Road Hamilton, NJ 08690	\$4,900	11/16/2015	Environmental education for underfunded and underserved schools and youth groups
Monetary	Denver Rescue Mission	3501 E 46th Avenue Denver, CO 80216	\$75	2/6/2015	Employee directed donation in lieu of company holiday gift
Monetary	Depression and Bipolar Support Alliance	C/O David Mizenko 5 Village Ct Lawrenceville, NJ 08648	\$1,000	6/4/2015	DBSA NJ Annual Conference for Support Group Participants
Monetary	Depression and Bipolar Support Alliance	C/O David Mizenko 5 Village Ct Lawrenceville, NJ 08648	\$1,000	6/4/2015	DBSA NJ Mutual Aid Support Group Facilitator Training
Monetary	Desert Aids Project	1695 N. Sunrise Way Palm Springs, CA 92262	\$3,500	7/28/2015	Quality of life services for patients with schizophrenia and schizo-affective disorders
Monetary	Detroit Central City Community Mental Health, Inc.	10 Peterboro Detroit, MI 48201	\$5,000	7/16/2015	InSHAPE Program (Individualized Self Health Action Plan for Empowerment)
Monetary	Detroit Metropolitan Bar Association Foundation	645 Griswold, Suite 1356 Detroit, MI 48226	\$750	2/9/2015	Employee directed donation in lieu of company holiday gift
Monetary	Diabetes Foundation	13 Sunflower Avenue, Suite 1010 Paramus, NJ 07652	\$15,000	10/21/2015	Medical Assistance and Patient Support Services
Monetary	Diabetes Foundation	13 Sunflower Avenue, Suite 1010 Paramus, NJ 07652	\$5,000	12/11/2015	Medical Assistance and Patient Support Services
Monetary	Diabetes Sisters	319 N. Weber Road, pmb #163 Bolingbrook, IL 60490	\$20,000	12/1/2015	DiabetesSisters' Minority Initiative
Monetary	Dress for Success	3131 Princeton Pike, Building 4, Suite 209 Lawrenceville, NJ 08648	\$9,000	11/16/2015	Roads to Success: The Latina Literacy Mobile Program.

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Emory University	Rollins School of Public Health 1518 Clifton Rd. NE Room 606 Atlanta, GA 30322	\$10,000	12/23/2015	Emory Latino Diabetes Education Program (ELDEP)
Monetary	Emory University	Rollins School of Public Health 1518 Clifton Rd. NE Room 606 Atlanta, GA 30322	\$12,500	12/23/2015	Emory Latino Diabetes Education Program (ELDEP)
Monetary	Enable, Inc.	13 Roszel Road, Suite B110 Princeton, NJ 08540	\$7,500	11/12/2015	Connect with Enable
Monetary	Every Child Valued A NJ Nonprofit Corporation	Fred Vereen, Jr. Community Center 175 Johnson Avenue Lawrenceville, NJ 08648	\$9,000	11/16/2015	Every Child Valued After School Program
Monetary	Everybody Loves Kenny Project, Inc.	PO Box 3127 Princeton, NJ 08543	\$4,000	11/16/2015	Coming Up for AIR™
Monetary	Family Guidance Center Corporation	1931 Nottingham Way Hamilton, NJ 08619	\$9,000	6/4/2015	Outpatient Mental Health Treatment for the Chronically Mentally Ill
Monetary	Family Guidance Center Corporation	1931 Nottingham Way Hamilton, NJ 08619	\$300	6/26/2015	Costs associated with 2015 Janssen Cares Volunteer Activity
Monetary	Family Guidance Center Corporation	1931 Nottingham Way Hamilton, NJ 08619	\$300	9/24/2015	Costs associated with 2015 Janssen Cares Volunteer Activity September
Monetary	Family Resource Network	1 AAA Dr. Suite 203 Trenton, NJ 08691	\$10,000	10/2/2015	Get FIT @ YMCA
Monetary	Family Service Association of Bucks County	4 Cornerstone Drive Langhorne, PA 19047	\$9,500	11/16/2015	Nursing services at the emergency homeless shelter
Monetary	Family Service League, Inc.	790 Park Avenue Huntington, NY 11743	\$4,000	4/16/2015	STEPS to Wellness program
Monetary	Federation of Organizations	One Farmingdale Road West Babylon, NY 11704	\$1,000	4/16/2015	Big Nosh Vocational Services

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Feed More, Inc.	Central Virginia Food Bank 1415 Rhoadmiller Street Richmond, VA 23220	\$75	1/14/2015	Employee directed donation in lieu of company holiday gift
Monetary	Feed the Children, Inc.	333 N. Meridian Avenue Oklahoma City, OK 73107	\$75	2/25/2015	Employee directed donation in lieu of company holiday gift
Monetary	Forsyth Humane Society	61 Miller Street Winston-Salem, NC 27104	\$75	11/19/2015	Employee directed donation in lieu of Company Holiday gift
Monetary	Foundation of Morris Hall/St. Lawrence	2381 Lawrenceville Road Lawrenceville, NJ 08648	\$2,000	11/16/2015	Fundraising event support to benefit general mission of organization
Monetary	Foundation of Morris Hall/St. Lawrence	2381 Lawrenceville Road Lawrenceville, NJ 08648	\$7,500	11/16/2015	Communicating for Success
Monetary	Fountain House	425 West 47th Street New York, NY 10036	\$1,000	3/30/2015	Silver sponsor Fountain House Wellness Campaign and One in Four 5K
Monetary	Fountain House	425 West 47th Street New York, NY 10036	\$5,000	10/13/2015	Fundraising event support to benefit general mission of organization
Monetary	Gateway Homes, Inc.	11901 Reedy Branch Road Chesterfield, VA 23238	\$7,500	7/16/2015	Support for an Occupational Therapist
Monetary	Georgia Mental Health Consumer Network	246 Sycamore St. Suite 260 Decatur, GA 30030	\$1,500	7/1/2015	Consumer scholarships to attend the 24th Annual Statewide Consumer Conference
Monetary	Girl Scouts Heart of New Jersey, Inc.	1171 Route 28 North Branch, NJ 08876	\$2,000	12/3/2015	GSHNJ Robotics Program Expansion—Make It and Take It
Monetary	Greater Trenton	16 W. Lafayette St. Trenton, NJ 08608	\$100,000	12/22/2015	Greater Trenton Initiative operating activities in support of its strategic plan for 2015 and 2016
Monetary	Grounds for Sculpture	80 Sculptors Way Hamilton, NJ 08619	\$7,200	12/15/2015	Supporting Wellness Walks for Low Income Seniors
Monetary	Habitat for Humanity—Trenton Area	601 N Clinton Ave Trenton, NJ 08638-3446	\$7,500	11/16/2015	Community Development Grant for 7-Plex Build

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Habitat for Humanity of Greater Bucks	31 Oak Ave Chalfont, PA 18914	\$4,000	11/16/2015	Women Build Homes and Strong Families
Monetary	Habitat for Humanity of Greater Pittsburgh	212 Yost Boulevard Suite A Pitts- burgh, PA 15221	\$300	8/24/2015	Costs associated with 2015 Janssen Cares Volunteer Activity
Monetary	Hamilton Area YMCA	1315 Whitehorse- Mercerville Road Hamilton, NJ 08619	\$15,000	12/15/2015	Healthy Living Programs: Diabetes Prevention Program (\$7,500.00), ACT (\$7,500.00)
Monetary	Heart Rhythm Society, Inc.	1325 G Street NW, Suite 400 Wash- ington, DC 20005	\$20,000	1/19/2015	Improving Health Literacy and Health Information in Atrial Fibrillation and Stroke Patients
Monetary	Heartland Health Outreach	4750 N. Sheridan Road Chicago, IL 60640	\$7,500	7/16/2015	Pathways Home, supportive housing program for those living with mental health conditions
Monetary	Henderson Behavioral Health	4740 North State Road 7 Lauder- dale Lakes, FL 33319	\$5,800	8/5/2015	Mental Health First Aid: Helping Persons in Need
Monetary	HiTops, Inc.	21 Wiggins Street Princeton, NJ 08540	\$6,000	11/12/2015	HiTops' Adolescent Women and Girls' Sexual Health Programming
Monetary	Homecare and Hospice Foundation	240 North Radnor—Chester Road, Suite 100 Radnor, PA 19087-5174	\$100	8/5/2015	Memorial donation
Monetary	HomeFront	1880 Princeton Ave. Lawrenceville, NJ 08648	\$365	7/10/2015	Costs associated with 2015 Janssen Cares Volunteer Activity
Monetary	HomeFront	1880 Princeton Ave. Lawrenceville, NJ 08648	\$9,000	10/13/2015	Huchet House
Monetary	Hopewell Elementary School Parent Teacher Organization, Inc.	35 Princeton Ave- nue Hopewell, NJ 08525	\$750	11/16/2015	Hopewell Elementary Science Fair 2016
Monetary	Hopewell Valley Arts Council, Inc.	P.O. Box 145 Hope- well, NJ 08525	\$750	12/21/2015	"aMAZing Pumpkin Carve" Exhibition

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Hopewell Valley Education Foundation	PO Box 553 Pennington, NJ 08534	\$5,400	7/27/2015	Scholarship for a Hopewell Valley Regional School District graduating student (\$1,000), district-wide workshops on childhood mental health (\$4,400)
Monetary	Hopewell Valley Senior Foundation	48 Orchard Avenue Pennington, NJ 08534	\$2,500	2/12/2015	Hopewell Valley Rides
Monetary	Humane Society of Missouri	1201 Macklind Avenue St. Louis, MO 63110	\$75	2/3/2015	Employee directed donation in lieu of company holiday gift
Monetary	Hunterdon County YMCA	1410 Route 22 West Annandale, NJ 08801	\$300	8/19/2015	Costs associated with 2015 Janssen Cares Volunteer Activity
Monetary	Hunterdon County YMCA	1410 Route 22 West Annandale, NJ 08801	\$2,500	10/13/2015	Fundraising event support to benefit general mission of organization
Monetary	Hunterdon Drug Awareness Program, Inc.	8 Main Street Flemington, NJ 08822	\$10,000	4/20/2015	Prescription Drug Abuse Education and Evaluation Project.
Monetary	Hunterdon Land Trust	111 Mine Street Flemington, NJ 08822	\$1,000	12/8/2015	Stewardship of the Hunterdon Land Trust's Dvoor Farm Preserve
Monetary	Institute of Wonderful Women Working For Empowerment	P.O. Box 7869 West Trenton, NJ 08628	\$3,500	10/2/2015	Nursing Experienceship Program
Monetary	Interfaith Caregivers Trenton, Inc.	3635 Quakerbridge Rd. Suite 16 Hamilton, NJ 08619	\$15,000	11/13/2015	Neighbors Helping Neighbors Program
Monetary	Isles, Inc.	10 Wood Street Trenton, NJ 08618	\$7,500	11/16/2015	Healthy Homes Training to Reduce Asthma and Lead
Monetary	Jewish Family and Children's Service of Greater Mercer County	707 Alexander Road, Suite 102 Princeton, NJ 08540	\$300	7/14/2015	Costs associated with 2015 Janssen Cares Volunteer Activity
Monetary	Jewish Family and Children's Service of Greater Mercer County	707 Alexander Road, Suite 102 Princeton, NJ 08540	\$7,500	12/15/2015	Mercer County Caregiver Help Line and Caregiver Services 2016
Monetary	Jewish Family and Children's Service of Greater Mercer County	707 Alexander Road, Suite 102 Princeton, NJ 08540	\$10,000	12/15/2015	Fundraising event support to benefit general mission of organization

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza New Brunswick, NJ 08933	\$6,000,000	6/29/2015	Funding to support the Johnson & Johnson Patient Assistance Foundation (JJPAF) to help fund their mission to provide pharmaceutical product to needy patients on a non-discriminatory basis without charge
Monetary	Junior Achievement of New Jersey	4365 Route 1 South, 2nd fl. Princeton, NJ 08540	\$5,850	9/25/2015	2016 J&J Pharma Day Program
Monetary	Kansas Foodbank Warehouse	1919 East Douglas Wichita, KS 67211	\$450	1/10/2015	Employee directed donation in lieu of company holiday gift
Monetary	Kidsbridge, Inc.	4556 South Broad St, 2nd Floor Trenton, NJ 08620	\$7,500	9/28/2015	Kidsbridge Anti-Bullying Life Skills Program for At-Risk Children in Trenton at the Elementary School Level
Monetary	Lawrence Township Education Foundation, Inc.	PO Box 6531 17 Philips Ave. Lawrenceville, NJ 08648	\$2,500	11/16/2015	WaterBotics: An underwater robotics program for 6th grade students in Lawrence Township Public Schools
Monetary	Leyden Family Service and Mental Health Center	10001 W Grand Ave Franklin Park, IL 60131	\$5,000	6/23/2015	Peer Support Center
Monetary	Literacy And Life, Inc.	55 Primrose Circle Princeton, NJ 08540	\$2,500	11/12/2015	Early Childhood—Building Blocks for the Future Program
Monetary	Literacy New Jersey, Inc.	121 Chestnut Street Suite 203 Roselle, NJ 07203	\$5,000	9/28/2015	Adult Literacy Program
Monetary	Literacy Volunteers of Somerset County	120 Finderne Ave—Box 7 Bridge-water, NJ 08807	\$4,000	12/1/2015	Let's Talk About Health Literacy
Monetary	Main Street Counseling Center	8 Marcella Avenue West Orange, NJ 07052	\$2,500	4/16/2015	Serious Mental Disorders: Improving Access to Treatment Without Insurance As an Obstacle
Monetary	Massachusetts Clubhouse Coalition	15 Vernon Street Waltham, MA 02453	\$4,000	2/25/2015	Changing Minds and Improving Lives of People with Mental Illness Project
Monetary	McCarter Theatre Company	91 University Place Princeton, NJ 08450	\$12,000	12/15/2015	OnStage Seniors: A Community Project of McCarter Theatre

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Meals On Wheels In Hunterdon, Inc.	5 Walter Foran Blvd Suite 2006 Flemington, NJ 08822	\$300	8/20/2015	Costs associated with 2015 Janssen Cares Volunteer Activity
Monetary	Meals on Wheels of Trenton Ewing	320 Hollowbrook Drive Ewing, NJ 08638	\$15,000	10/2/2015	Meals on Wheels Program
Monetary	Mental Health America	2000 N. Beauregard St. 6th Floor Alexandria, VA 22311	\$90,000	12/17/2015	It's My Life: Social Self Directed Care
Monetary	Mental Health America of Greater Houston	2221 Norfolk, Suite 810 Houston, TX 77098	\$15,000	7/27/2015	School Behavioral Health Initiative
Monetary	Mental Health America of Franklin County	2323 W 5th Ave. Suite 160 Columbus, OH 43204	\$10,000	8/6/2015	Get Connected program
Monetary	Mental Health America of Montana	205 Haggerty Lane, Suite 170 Bozeman, MT 59715	\$1,500	9/4/2015	2015 Montana Mental Health Policy Summit
Monetary	Mental Health America of Texas	1210 San Antonio, Suite 200 Austin, TX 78701	\$2,500	8/10/2015	Mental Health Education and Advocacy Campaign
Monetary	Mental Health Association in Delaware	100 W. 10th St. Ste. 600 Wilmington, DE 19801	\$1,000	4/16/2015	Bronze sponsor 2015 E-Racing the Blues for Mental Health
Monetary	Mental Health Association in Delaware	100 W. 10th St. Ste. 600 Wilmington, DE 19801	\$1,500	9/25/2015	Annual Community Mental Health Conference—Understanding Mental Wellness
Monetary	Mental Health Association in Santa Barbara County	617 Garden Street Santa Barbara, CA 93101	\$2,500	5/22/2015	Support of the Mental Wellness Center
Monetary	Mental Health Association of Central Carolinas, Inc.	3701 Latrobe Drive, Suite 140 Charlotte, NC 28211	\$7,500	6/4/2015	ParentVOICE: Bringing Hope to Families in Need
Monetary	Mental Health Association of Maryland, Inc.	1301 York Road, Suite 505 Lutherville, MD 21093	\$10,000	7/27/2015	Equitable Access to Effective Care Project—(print, web, media, salaries)
Monetary	Mental Health Association of Westchester	580 White Plains Road Suite 510 Tarrytown, NY 10591	\$1,000	2/25/2015	Supporting sponsor 2015 MHA on the Move: Run/Walk

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Mental Health Association Oklahoma	1870 South Boulder Avenue Tulsa, OK 74119	\$2,000	4/16/2015	Costs associated with Peer Outreach Services program
Monetary	Mental Health Association Residential Care, Inc.	555 N Woodlawn, Ste. 3105 Wichita, KS 67208	\$4,000	6/22/2015	MHA Housing Initiative: Ensuring Housing for Our Most Vulnerable Populations
Monetary	Mental Illness Recovery Center, Inc.	3809 Rosewood Drive PO Box 4246 Columbia, SC 29240	\$10,000	7/28/2015	Outreach and Behavioral Healthcare for Homeless Individuals with Mental Illness
Monetary	Mercer Alliance to End Homelessness	3150 Brunswick Pike Lawrenceville, NJ 08648-2420	\$8,000	11/16/2015	Integrating housing and healthcare access for veteran and senior homeless populations in the Trenton/Mercer CEASE HOMELESSNESS System
Monetary	Mercer County Community College Foundation	PO Box 17202 Trenton, NJ 08690	\$19,500	12/15/2015	Supporting STEM Education: Making Physics Available to Students at the James Kerney Campus at Trenton
Monetary	Mercer Street Friends	151 Mercer Street Trenton, NJ 08611	\$300	7/10/2015	Costs associated with 2015 Janssen Cares Volunteer Activity
Monetary	Mercer Street Friends	151 Mercer Street Trenton, NJ 08611	\$20,000	10/23/2015	Food Bank-Food Distribution Programs
Monetary	Middle Earth	P.O. Box 8045 520 North Bridge Street Bridgewater, NJ 08807	\$15,000	11/24/2015	Outreach Program and Community Youth Centers
Monetary	MIDJersey Center for Economic Development	1A Quakerbridge Plaza Drive, Suite 2 Hamilton, NJ 08619	\$1,500	11/23/2015	Urban Youth Employment Initiative
Monetary	Midland Adult Services, Inc.	60 Industrial Parkway PO Box 5026 North Branch, NJ 08876	\$7,500	10/6/2015	Midland Meals on Wheels Employment Training Program
Monetary	Mighty Rivers Regional Worship Center	10th and Poplar Cairo, IL 62914	\$100	5/14/2015	Memorial Donation
Monetary	Millhill Child and Family	101 Oakland Street Trenton, NJ 08618	\$15,000	10/2/2015	Millhill Trenton PEERS
Monetary	Millhill Child and Family	101 Oakland Street Trenton, NJ 08618	\$5,000	10/2/2015	Trenton Area Stakeholders

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Minding Our Business, Inc.	2083 Lawrenceville Road Lawrenceville, NJ 08648	\$5,000	6/4/2015	Minding Our Business Summer Program: A Bridge to the Future for Mercer County Low-Income Youth
Monetary	Morven Museum and Garden	55 Stockton Street Princeton, NJ 08540	\$5,000	9/28/2015	Morven Museum and Garden Summer Internship Program for Isles of Trenton Youths
Monetary	Mount Carmel Guild	73 North Clinton Avenue Trenton, NJ 08609	\$15,000	11/2/2015	Mount Carmel Guild Home Health Nursing Program
Monetary	NAMI—CVA Central Virginia's Voice on Mental Illness	1904 Byrd Avenue, Suite 207 (POB 18086) Richmond, VA 23230	\$2,000	4/10/2015	Community Mental Health Education and Social Inclusion
Monetary	Nami Alabama	1401 I-85 Parkway, Suite A Montgomery, AL 36106	\$1,000	7/1/2015	Bronze sponsor 2015 NAMI Alabama Walk
Monetary	NAMI Delaware	2400 W. 4th St. Wilmington, DE 19805	\$1,000	2/12/2015	Bronze sponsor 2015 NAMIWalks Delaware
Monetary	NAMI Mercer NJ	3371 Brunswick Pike, Suite 124 Lawrenceville, NJ 08648	\$9,500	8/18/2015	Education and Support Programs
Monetary	NAMI New Hampshire	85 N. State Street Concord, NH 03301	\$1,000	8/6/2015	Bronze sponsor 2015 NAMIWalks New Hampshire
Monetary	NAMI of DuPage County Illinois	2100 Manchester Rd, Bldg B, Suite 925 Wheaton, IL 60187	\$7,500	7/28/2015	Living Room-Peer to Peer program
Monetary	NAMI of Lake County	One Victoria Sq., Ste. 260 Painesville, OH 44077	\$1,500	7/1/2015	Start to Finish sponsor 2015 Strides for Awareness Walk
Monetary	NAMI of Lake County	One Victoria Sq., Ste. 260 Painesville, OH 44077	\$2,000	7/1/2015	Supporting Families and Individuals Impacted by Schizophrenia: NAMI Family-to-Family Education
Monetary	NAMI of PA Montgomery County	100 W. Main Street Suite 204 Lansdale, PA 19446	\$1,000	2/13/2015	Bronze sponsor 2015 Greater Philadelphia NAMIWalk
Monetary	NAMI of Southern Arizona	6122 E 22nd St Tucson, AZ 85711	\$1,000	12/15/2015	Bronze sponsor 2016 Southern Arizona NAMIWalks

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	NAMI St. Louis	1750 S. Brentwood Blvd. Suite 511 St. Louis, MO 63144	\$1,000	2/27/2015	Bronze sponsor 2015 St. Louis NAMIWalks
Monetary	NAMI Summit County	150 Cross Street, Akron Ohio 44311 PO Box 462, Cuyahoga Falls, Ohio 44222 Akron, OH 44311	\$1,000	5/14/2015	Bronze sponsor 2015 NAMIWalks
Monetary	NAMI Ventura County	5251 Verdugo Way, #K (PO Box 1613) Camarillo, CA 93011	\$1,000	3/13/2015	Bronze sponsor 2015 NAMIWalk Ventura County
Monetary	NAMI Waukesha	217 Wisconsin Ave Suite 300 Waukesha, WI 53186	\$1,000	6/10/2015	Bronze sponsor 2015 NAMIWalks in Waukesha
Monetary	National Alliance for Research on Schizophrenia and Depression	90 Park Avenue 16 Floor New York, NY 10016	\$2,500	8/10/2015	27th Annual New York Mental Health Research Symposium
Monetary	National Alliance for Research on Schizophrenia and Depression	90 Park Avenue 16 Floor New York, NY 10016	\$2,500	9/13/2015	Meet the Scientist: A Virtual Q&A Webinar Series
Monetary	National Alliance for the Mentally Ill	100 Clearbrook Drive Elmsford, NY 10523	\$1,000	1/20/2015	Bronze sponsor 2015 NAMI Walks Westchester
Monetary	National Alliance for the Mentally Ill	576 Farmington Avenue Hartford, CT 06105	\$1,000	1/20/2015	Bronze sponsor 2015 NAMI Connecticut Walk
Monetary	National Alliance for the Mentally Ill	3250 Wilshire Blvd., Suite 1501 Los Angeles, CA 90010	\$1,000	2/13/2015	Bronze sponsor 2015 NAMIWalk Los Angeles County
Monetary	National Alliance for the Mentally Ill	309 W. Millbrook Road, Suite 121 Raleigh, NC 27609	\$1,000	2/25/2015	Bronze sponsor 2015 NAMIWalks
Monetary	National Alliance for the Mentally Ill	1706 Brady Street Suite 101 Dav- enport, IA 52803	\$1,000	3/12/2015	Bronze sponsor 2015 NAMIWalk Greater Mississippi Valley
Monetary	National Alliance for the Mentally Ill	5095 Murphy Can- yon Road, Suite 320 San Diego, CA 92123	\$1,000	3/12/2015	Bronze sponsor 2015 San Diego County NAMI Walk

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	National Alliance for the Mentally III	The Schrafft's Center, 529 Main Street Suite 1M17 Boston, MA 02129	\$1,000	3/30/2015	Bronze sponsor 2015 NAMIWalks Massachusetts
Monetary	National Alliance for the Mentally III	800 Transfer Road #31 St. Paul, MN 55114	\$5,000	4/17/2015	Understanding Psychosis: Resources and Recovery
Monetary	National Alliance for the Mentally III	3250 Wilshire Blvd., Suite 1501 Los Angeles, CA 90010	\$5,000	5/14/2015	Crisis Intervention Team training for Custody Program for Los Angeles County Sheriff's Department
Monetary	National Alliance for the Mentally III	1225 Dublin Road, Suite 125 Columbus, OH 43215	\$10,000	5/14/2015	2015 State Conference
Monetary	National Alliance for the Mentally III	1 Bangor Street Augusta, ME 04330	\$1,000	6/10/2015	Supporter sponsor 2015 NAMI Maine Annual Awareness Walk Walk the Walk to Start the Talk
Monetary	National Alliance for the Mentally III	3440 Viking Drive Suite 104 Sacramento, CA 95827	\$1,000	6/10/2015	Bronze sponsor 2016 Northern California NAMI Walk
Monetary	National Alliance for the Mentally III	PO Box 550039 Birmingham, AL 35255-0039	\$1,000	7/15/2015	Platinum level sponsor NAMI Birmingham 2015 Walk for Mental Health
Monetary	National Alliance for the Mentally III	808 Monticello Street Somerset, KY 42501	\$1,000	7/15/2015	2015 Annual Conference, "Shattering the Stigma—Facts vs. Fiction—How Much Do You Know?"
Monetary	National Alliance for the Mentally III	1536 W Chicago Chicago, IL 60642	\$6,000	7/16/2015	Coming out Proud Program
Monetary	National Alliance for the Mentally III	PO Box 4096 2206 N. Gordon Street Alvin, TX 77512	\$1,000	7/20/2015	2015 Mental Health Awareness Conference (MHAC)
Monetary	National Alliance for the Mentally III	2059 Atwood Avenue Madison, WI 53704	\$1,000	7/28/2015	Bronze sponsor 2015 Dane County NAMIWalk
Monetary	National Alliance for the Mentally III	P.O Box 8260 Richmond, VA 23226	\$1,500	8/25/2015	Silver sponsor 2015 NAMIWalks Virginia

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	National Alliance for the Mentally III	99 Pine St. Suite 302 Albany, NY 12207	\$4,000	8/28/2015	2015 NAMI-NYS Education Conference-Redefining Recovery: New Challenges, New Opportunities, New Hopes
Monetary	National Alliance for the Mentally III	2601 Cold Spring Road P.O. Box 22697 Indianapolis, IN 46222	\$2,000	8/28/2015	Support of the 2015 NAMI Indiana State Conference
Monetary	National Alliance for the Mentally III	1562 Route 130 North Brunswick, NJ 08902	\$2,500	9/25/2015	Healing Ourselves, Healing Others: NAMI NJ 2015 Annual Conference
Monetary	National Alliance for the Mentally III	3803 N. Fairfax Drive Suite 100 Arlington, VA 22203	\$75,000	12/17/2015	NAMI Helpline
Monetary	National Alliance for the Mentally III	3803 N. Fairfax Drive Suite 100 Arlington, VA 22203	\$50,000	12/17/2015	NAMI Multicultural Action Center
Monetary	National Alliance for the Mentally III—Greater Cleveland	2012 West 25th Street, #600 Cleveland, OH 44113	\$1,000	6/10/2015	Bronze sponsor NAMIWalks 2015
Monetary	National Alliance for the Mentally III—Greater Cleveland	2012 West 25th Street, #600 Cleveland, OH 44113	\$2,000	6/23/2015	Mental Illness Peer Support and Education programs
Monetary	National Alliance for the Mentally III of Greater Toledo	2753 West Central Avenue Toledo, OH 43606	\$1,000	2/13/2015	Bronze sponsor 2015 NAMI Walk
Monetary	National Alliance for the Mentally III of New York City	505 8th Avenue, Ste 1103 New York, NY 10018	\$1,000	2/25/2015	Bronze sponsor 2015 NAMIWalks NYC
Monetary	National Alliance for the Mentally III Queens/Nassau	1981 Marcus Ave, C117 Lake Success, NY 11042	\$1,000	11/17/2015	Bronze sponsor 2016 Long Island/Queens/NAMIWalks
Monetary	National Alliance on Mental Illness	5963 Boymel Dr. Fairfield, OH 45014	\$1,000	7/27/2015	Bronze sponsor 2015 National Alliance on Mental Illness of Butler County NAMIWALK
Monetary	National Alliance on Mental Illness Western Mass., Inc.	324A Springfield Street Agawam, MA 01001	\$1,000	1/9/2015	Gold sponsor of the 2015 NAMI-WM Annual Walkathon: A Journey of Hope and Recovery

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	National Art Exhibitions of the Mentally Ill, Inc.	PO Box 350891 Miami, FL 33135	\$6,000	4/16/2015	28 Annual National Art Exhibition by the Mentally Ill
Monetary	National Blood Clot Alliance	110 N Washington St. Suite 328 Rockville, MD 20850	\$30,000	12/1/2015	MY BLOOD CLOT—An Online Resource for Patients and Caregivers Managing Life with VTE
Monetary	National Council for Behavioral Health	1400 K Street NW, Suite 400 Washington, DC 20005	\$75,000	12/17/2015	2016 Policy Action Center
Monetary	National Council for Behavioral Health	1400 K Street NW, Suite 400 Washington, DC 20005	\$75,000	12/17/2015	Early Onset Psychosis Project
Monetary	National Council for Behavioral Health	1400 K Street NW, Suite 400 Washington, DC 20005	\$75,000	12/17/2015	Health Justice Learning Initiative
Monetary	National Junior Tennis and Learning of Trenton	949 W. State Street Trenton, NJ 08618	\$7,500	11/16/2015	Academic Creative Engagement (ACE) and STEM Pilot Program
Monetary	National Stroke Association	9707 E Easter Lane, Suite B Centennial, CO 80112	\$100	11/3/2015	Memorial Donation
Monetary	National Stroke Association	9707 E Easter Lane, Suite B Centennial, CO 80112	\$15,000	12/3/2015	Navigator training, program development, services delivered, participant materials and resources, and outcomes measurement.
Monetary	National Stroke Association	9707 E Easter Lane, Suite B Centennial, CO 80112	\$35,000	12/4/2015	Develop a multi-channel marketing plan
Monetary	New Jersey Capital Philharmonic Orchestra, Inc.	P.O. Box 7683 Trenton, NJ 08628	\$1,500	12/8/2015	Fundraising event support to benefit general mission of organization
Monetary	New Jersey Parents Caucus	275 Rt. 10 East Suite 220-414 Succasunna, NJ 07876	\$4,000	7/1/2015	NJPC Strengthening Family and Youth Involvement Conference and Professional Parent Advocacy Training
Monetary	NewBridge Services, Inc.	7 Industrial Road Pequanock, NJ 07440	\$2,000	6/10/2015	NewBridge Day Treatment Program for Adults

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Ohio Great Dane Rescue	433 Canal Ct Waterville, OH 43566	\$75	2/6/2015	Employee directed donation in lieu of company holiday gift
Monetary	Paralyzed Veterans of America	2235 Enterprise Drive, Suite 3501 Westchester, IL 60154	\$75	2/6/2015	Employee directed donation in lieu of company holiday gift
Monetary	Parent Booster USA dba Steinert High Robotics Parents Association	P.O. Box 3352 Mercerville, NJ 08690	\$2,000	12/8/2015	Steinert High Robotics FIRST FRC Team 2180 Parents Association
Monetary	Partners in Health	888 Commonwealth Ave, 3rd Floor Boston, MA 02215	\$10,700	12/15/2015	General mission support of organization
Monetary	Passage Theatre Company, Inc.	PO Box 967 Trenton, NJ 08608	\$5,000	12/8/2015	The State Street Project
Monetary	PEI Kids	231 Lawrence Road Lawrenceville, NJ 08648	\$300	8/27/2015	Costs associated with 2015 Janssen Cares event
Monetary	PEI Kids	231 Lawrence Road Lawrenceville, NJ 08648	\$17,500	10/27/2015	Comprehensive Juvenile Offenders Outreach Services
Monetary	People And Stories—Gente Y Cuentos, Inc.	140 E Hanover Street Trenton, NJ 08608	\$2,500	11/16/2015	People and Stories with Mercer County Seniors
Monetary	Plansmart NJ	118 West State PlanSmart NJ Trenton, NJ 08608	\$3,500	6/4/2015	2015 Corporate membership renewal donation to support efforts around sound land use planning
Monetary	Princeton Girl Choir	P.O. Box 145 190 Nassau Street, Lower Level Princeton, NJ 08542	\$1,500	10/30/2015	Giving Voice To Communities: PGC's Music Afterschool Program
Monetary	Princeton Nursery School, Inc.	78 LEIGH AVE PRINCETON, NJ 08542	\$5,000	11/16/2015	PNS Role Models for Health
Monetary	Princeton Outreach Projects / Crisis Ministry of Mercer County	123 E. Hanover St. Trenton, NJ 08608	\$12,500	12/15/2015	Hunger Prevention and Nutrition Education (\$7,500.00) Healthy Living and Housing Stability Services (\$5,000.00)

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Princeton Symphony Orchestra	P.O. Box 250 Princeton, NJ 08542	\$2,500	12/8/2015	Princeton Symphony Orchestra @ Isles Youth Institute—a series of interactive music appreciation programs
Monetary	Princeton-Blairstown Center, Inc.	13 Roszel Road, Suite C204A Princeton, NJ 08540-7137	\$7,500	11/16/2015	Princeton-Blairstown Center's 2015–16 Summer Bridge Program for Mercer County At-Risk Youth
Monetary	Printmaking Center of New Jersey	440 River Road Branchburg, NJ 08876	\$5,000	11/3/2015	Roving Press
Monetary	Printmaking Center of New Jersey	440 River Road Branchburg, NJ 08876	\$15,000	11/24/2015	Combat paper of NJ
Monetary	PTA New Jersey Congress Of Parents and Teachers	171 Old Turnpike Road Califon, NJ 07830	\$3,000	8/5/2015	Fundraising event support to benefit general mission of organization
Monetary	Raritan Headwaters Association	P.O. Box 273 Gladstone, NJ 07934	\$8,000	12/1/2015	WaterWays Environmental Education Program
Monetary	Raritan Valley Community College	118 Lamington Road Branchburg, NJ 08844	\$20,000	11/24/2015	Promoting Access to STEM, Nursing and Community Health Education at Raritan Valley Community College
Monetary	ReDiscover	901 NE Independence Avenue Lees Summit, MO 64086	\$7,500	6/23/2015	Same-Day Access to Care program
Monetary	Regions Hospital Foundation	640 Jackson Street, MS 11202C St. Paul, MN 55101	\$15,000	7/21/2015	Make It OK Stigma Campaign
Monetary	Rescue Mission of Trenton	98 Carroll Street, PO Box 790 Trenton, NJ 08605	\$5,000	1/14/2015	Fundraising event support to benefit general mission of organization
Monetary	Rescue Mission of Trenton	98 Carroll Street, PO Box 790 Trenton, NJ 08605	\$25,000	10/2/2015	Emergency services program
Monetary	Rider University	2083 Lawrenceville Road Lawrenceville, NJ 08648	\$20,000	11/24/2015	STEM Program; Janssen Science and Business Scholarships; Shakesperian at Rider

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Riverbend Community Mental Health, Inc.	3 N. State Street, PO Box 2032 Concord, NH 03301	\$5,000	5/22/2015	InSHAPE Program
Monetary	Riverside Symphonia, Inc.	4 South Union Street P.O. Box 650 Lambertville, NJ 08530	\$9,300	11/16/2015	Riverside Symphonia Senior Outreach Program
Monetary	San Antonio Clubhouse, Inc.	445 Recoleta Rd. San Antonio, TX 78216	\$5,000	5/14/2015	Culinary, Education and Nutrition Program—Nutritious meals, culinary training, pre-vocational education, employment placement
Monetary	San Francisco General Hospital Foundation	2789-25th Street, #2028 PO Box 410836 San Francisco, CA 94110	\$5,000	4/16/2015	MHRC Client Wellness Enhancement Project
Monetary	SAVE A Friend to Homeless Animals	900 Herrontown Road Princeton, NJ 08540	\$300	10/13/2015	Costs associated with 2015 Janssen Cares Volunteer Event
Monetary	Save The Children U.S. Headquarters	501 Kings Highway East, Suite 400 Fairfield, CT 06825	\$66,700	12/22/2015	Support efforts to give children a healthy start, the opportunity to learn and protection from harm (child protection, education, emergency response, health and nutrition, hunger and livelihoods, HIV and AIDS)
Monetary	Schizophrenia And Related Disorders Alliance Of America	602 Pink Azalea Trl PO Box 941222 Houston, TX 77094-8222 Houston, TX 77079-1123	\$2,500	7/16/2015	2015 Conference, "Schizophrenia: It's Global"
Monetary	Scripps Foundation for Medicine and Science	10140 Campus Point Drive Suite 200 San Diego, CA 92121	\$30,000	12/23/2015	Dulce Prevention: A Diabetes Early Prevention Program
Monetary	Scripps Foundation for Medicine and Science	10140 Campus Point Drive Suite 200 San Diego, CA 92121	\$25,000	12/23/2015	Project Dulce
Monetary	SERV Foundation, Inc.	20 Scotch Road, 3rd Floor Ewing, NJ 08628	\$7,500	9/22/2015	The SERV Foundation Scholarship Fund

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	SERV Foundation, Inc.	20 Scotch Road, 3rd Floor Ewing, NJ 08628	\$5,000	9/22/2015	13th Annual Recovery NJ Conference
Monetary	SERV Foundation, Inc.	20 Scotch Road, 3rd Floor Ewing, NJ 08628	\$300	9/24/2015	Costs associated with 2015 Janssen Cares Volunteer event
Monetary	Shannon Daley Memorial Fund	PO Box 1271 36 Indian Run Whitehouse Station, NJ 08889	\$500	12/1/2015	Shannon Daley Memorial Fund Charity Events
Monetary	Sharing Place, Inc.	1920 10th Avenue South PO Box 55945 Birmingham, AL 35255-5945	\$2,000	5/22/2015	Art and Music Program at the 1920 Club
Monetary	Sister Network of Central New Jersey, Inc.	1201 Hamilton Street Somerset, NJ 08873	\$6,500	10/6/2015	Fundraising event support to benefit general mission of organization
Monetary	Sisters Network of Central New Jersey	1201 Hamilton Street Somerset, NJ 08873	\$1,000	2/6/2015	2015 Health Summit and Breakfast
Monetary	Somerset Hills Learning Institute	1810 Burnt Mills Road Bedminster, NJ 07921	\$8,292	12/1/2015	Teaching Social Skills
Monetary	Somerset Home for Temporarily Displaced Children	49 Brahma Avenue, P.O. Box 6871 Bridgewater, NJ 08807-0871	\$1,250	1/20/2015	2014 Steps for Giving Program
Monetary	Somerset Home for Temporarily Displaced Children	49 Brahma Avenue, P.O. Box 6871 Bridgewater, NJ 08807-0871	\$7,500	5/22/2015	Fundraising event support to benefit general mission of organization
Monetary	Somerset Home for Temporarily Displaced Children	49 Brahma Avenue, P.O. Box 6871 Bridgewater, NJ 08807-0871	\$7,500	11/25/2015	Street Smart—HIV/AIDS and STD Prevention
Monetary	St. Frances Cabrini Church	208 Bound Brook Avenue Piscataway, NJ 08854	\$100	2/13/2015	Memorial donation
Monetary	St. Mary Medical Center Foundation	One Summit Square, Suite 300 1717 Langhorne-Newtown Road Langhorne, PA 19047	\$15,000	12/8/2015	Providing Food for School-Age Children Living in Poverty in Bucks County: The St. Mary Backpacks for Kids Program

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Stony Brook Millstone Watershed Association	31 Titus Mill Road Pennington, NJ 08534	\$15,000	11/13/2015	StreamWatch Volunteer Water Quality Monitoring Program
Monetary	T-1 Today, Inc.	8216 Princeton-Glendale Road, PMB 200 West Chester, OH 45069	\$35,000	11/25/2015	Type 2 Education for Type 1 Families
Monetary	TASK, Inc.	72½ Escher Street, P.O. Box 872 Trenton, NJ 08605	\$300	6/23/2015	Costs associated with 2015 Janssen Cares Volunteer Activity
Monetary	TASK, Inc.	72½ Escher Street, P.O. Box 872 Trenton, NJ 08605	\$25,000	10/8/2015	Trenton Area Soup Kitchen Meal Service Program
Monetary	TASK, Inc.	72½ Escher Street, P.O. Box 872 Trenton, NJ 08605	\$20,700	12/15/2015	Support hunger program in the Trenton area, programs to encourage self-sufficiency and improve the quality of life of their patrons
Monetary	The Arts Council of Princeton	Paul Robeson Center for the Arts 102 Witherspoon Street Princeton, NJ 08542	\$5,000	11/13/2015	Communiversity ArtsFest 2016
Monetary	The Arts Council of Princeton	Paul Robeson Center for the Arts 102 Witherspoon Street Princeton, NJ 08542	\$10,000	11/16/2015	Community outreach programs for youth and seniors
Monetary	The Center for Contemporary Art	2020 Burnt Mills Road Bedminster, NJ 07921	\$2,000	12/1/2015	"Art for Children with Autism Spectrum Disorder and Special Needs"
Monetary	The Center For Great Expectations	19 Dellwood Lane Somerset, NJ 08873	\$300	8/19/2015	Costs associated with 2015 Janssen Cares Volunteer Activity
Monetary	The Center For Great Expectations	19 Dellwood Lane Somerset, NJ 08873	\$13,500	10/21/2015	Trauma-informed, residential treatment for homeless, pregnant/parenting adult women in substance use recovery, and their children.
Monetary	The Edinburg Center	1040 Waltham Street Lexington, MA 02421	\$5,000	6/23/2015	Jail Diversion Program

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	The Mended Hearts, Inc.	8150 N. Central Expressway, Suite M2248 Dallas, TX 75206	\$40,000	12/4/2015	VTE Education and Outreach Program
Monetary	The Mental Health Center Of Greater Manchester	401 Cypress Street Manchester, NH 03103	\$500	3/2/2015	Flash Lite sponsor 2015 Lite up the Nite for Mental Health Run/Walk
Monetary	The Princeton Festival	P.O. Box 2063 Princeton, NJ 08543	\$7,500	11/16/2015	Arts education and community engagement programs
Monetary	Thomas Edison State College Foundation	101 West State Street Trenton, NJ 08608	\$12,000	11/13/2015	Scholarships for Students Enrolled in the Accelerated Second Degree BSN Program at Thomas Edison State College's W. Cary Edwards School of Nursing
Monetary	TPTO Inc—Timberlane Parent Teacher Organization	51 South Timberlane Drive, Pennington NJ 08534 Pennington, NJ 08534	\$1,000	11/16/2015	2016 Timberlane Science and Engineering Fair
Monetary	Trenton Community Music School	P.O. Box 5206 (physical address: 439 S. Broad Street, Ste. 90, Trenton NJ 08611 Trenton, NJ 08638	\$5,000	11/12/2015	Trenton Community Music School Community-Based Music Education
Monetary	Trenton Education Dance Institute	635 South Clinton Avenue Trenton, NJ 08611	\$3,500	11/16/2015	Trenton Education Dance Institute program for at-risk youth in Trenton
Monetary	Trenton Health Team, Inc.	218 N Broad St Trenton, NJ 08608	\$15,000	10/23/2015	Further Inroads for Health
Monetary	Trinity Counseling Services	22 Stockton Street Trinity Counseling Service Princeton, NJ 08540	\$7,500	11/12/2015	Mental Health and Wellness Programs
Monetary	Twilight Wish Foundation	P.O. Box 1042 11 Duane Road Doylestown, PA 18901	\$7,500	11/16/2015	Simple Needs Wish Granting Program
Monetary	UIH Family Partners	4 North Broad Street 2nd Floor Trenton, NJ 08618-4408	\$7,500	9/28/2015	Community of Health for Men Program (Year 2)

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	United Negro College Fund	9-25 Alling Street 2nd Floor Newark, NJ 07102	\$7,500	9/25/2015	Princeton Committee of UNCF Scholarship
Monetary	United Way Worldwide	Attn: Finance Operation P.O. Box 418607 Boston, MA 02241-8607	\$595,877	12/21/2015	Company match to employee United Way campaign for NJ based commercial companies of Janssen Pharmaceutical Companies of Johnson & Johnson
Monetary	Valeo Behavioral Health Care, Inc.	5401 SW 7th Street Topeka, KS 66606	\$3,500	5/22/2015	Creations of Hope: A gallery by artists experiencing mental illness
Monetary	Volunteer Connect	12 Stockton Street Princeton, NJ 08540	\$7,500	11/12/2015	SkillsConnect program
Monetary	Washington Crossing Park Association, Inc.	P.O. Box 83 Titusville, NJ 08560	\$500	2/27/2015	Educational program focused on New Jersey in the American Revolutionary War
Monetary	We Care Arts	3035 Wilmington Pike Kettering, OH 45429	\$1,500	6/22/2015	Support Artwork program, which aims to use art to help enrich lives of the mentally ill
Monetary	West Bergen Mental Healthcare	120 Chestnut Street Ridgewood, NJ 07450-2500	\$300	8/20/2015	Costs associated with 2015 Janssen Cares Volunteer Activity
Monetary	West Windsor Plainsboro Education Foundation	PO Box 280 West Windsor, NJ 08550-0280	\$5,000	11/12/2015	Excellence in Education Grant Program
Monetary	Womanspace	1530 Brunswick Ave. Lawrenceville, NJ 08648	\$300	6/26/2015	Costs associated with 2015 Janssen Cares Volunteer Activity
Monetary	Women's Community, Inc.	3200 Hilltop Avenue Wausau, WI 54401	\$75	1/14/2015	Employee directed donation in lieu of company holiday gift
Monetary	Woods Services Foundation	40 Martin Gross Drive PO box 36 Langhorne, PA 19047	\$4,000	11/20/2015	Improving the Health of People with Disabilities at Woods Services through Enhanced Recreational Activities
Monetary	YMCA of Trenton	431 Pennington Avenue Trenton, NJ 08618	\$5,000	11/16/2015	Science in the City—Minorities in M.I.N.T. Mentoring Program
Monetary	Young Scholars' Institute	349 W. State St Trenton, NJ 08618	\$300	7/14/2015	Costs associated with 2015 Janssen Cares Volunteer Activity

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Zufall Health Center, Inc.	18 West Blackwell Street Dover, NJ 07801	\$300	8/3/2015	Costs associated with 2015 Janssen Cares Volunteer Activity
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$6,802,406	3/10/2015	Product donation for humanitarian assistance in Afghanistan, Armenia, Dominican Republic, Gaza, Ghana, Honduras, Nicaragua, Peru, US, West Bank
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$413,439	3/10/2015	Product donation for humanitarian assistance in Dominican Republic, Nicaragua, Peru, US, West Bank
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$292,148	4/2/2015	Product donation for humanitarian assistance in Armenia, Columbia, Dominican Republic, Gaza, Lebanon, Nicaragua, West Bank
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$219,598	4/30/2015	Product donation for humanitarian assistance in Nepal (2015 earthquake relief)
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$673,887	5/5/2015	Product donation for humanitarian relief in Lebanon (ANERA program)
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$279,339	5/20/2015	Product donation for humanitarian relief in Romania, Senegal, United States
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$1,454,074	6/4/2015	Product donation for humanitarian assistance in Lebanon, West Bank, US, Tanzania, Peru, Afghanistan, Colombia, Malawi, Armenia
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$6,800,452	6/29/2015	Product donation for humanitarian assistance in Gaza, West Bank, US
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$13,984	8/3/2015	Product donation for humanitarian assistance in Nicaragua
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$54,149,760	8/6/2015	Product donation for humanitarian assistance in Armenia, Uzbekistan, US
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$84,124	9/9/2015	Product donation for humanitarian assistance: disaster relief preparedness

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$2,921,081	10/5/2015	Product donation for humanitarian assistance in Honduras, Peru, Armenia, Tanzania, Senegal, Afghanistan and for disaster preparedness modules
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$1,544,676	10/5/2015	Product donation for humanitarian assistance in Afghanistan, Armenia, Gaza, Peru, Senegal, Tanzania, West Bank, US
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$456,654	11/4/2015	Product donation for humanitarian assistance in Armenia, Gaza, Peru, Romania, Senegal, Uzbekistan, West Bank
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$1,070,880	11/18/2015	Product donation for humanitarian assistance in Guatemala
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$897,021	12/8/2015	Product donation for humanitarian assistance in Armenia, Nicaragua, Peru, US
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$48,945	12/21/2015	Product donation for humanitarian assistance in USA
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$2,005,526	12/21/2015	Product donation for humanitarian assistance in USA
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$812,025	3/10/2015	Product donation for humanitarian assistance in Haiti, Honduras, Jamaica, Nicaragua
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$105,683	3/10/2015	Product donation for humanitarian assistance in Haiti, Jamaica
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$275,375	6/4/2015	Product donation for humanitarian assistance in Jamaica, Armenia, Guatemala
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$313,574	6/29/2015	Product donation for humanitarian assistance in El Salvador
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$1,612,989	10/9/2015	Product donation for humanitarian assistance in Guatemala, Honduras, Haiti
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$563,598	10/9/2015	Product donation for humanitarian assistance in Guatemala, Honduras, Haiti

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$8,754	11/4/2015	Product donation for humanitarian assistance in Dominican Republic, El Salvador, Guyana, Nicaragua
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$343,347	12/18/2015	Product donation for humanitarian assistance in El Salvador, Dominican Republic, Sierra Leone, Uganda, Guatemala, Guyana, Philippines
Product	Direct Relief	27 S. La Patera Lane Goleta, CA 93117	\$2,014,130	3/10/2015	Pharmaceutical Product Donation for Humanitarian Aid in Dominican Republic, El Salvador, Guatemala, Haiti, US
Product	Direct Relief	27 S. La Patera Lane Goleta, CA 93117	\$274,761	3/10/2015	Product donation for humanitarian assistance in Dominican Republic, Ghana, Guatemala, Nicaragua, US
Product	Direct Relief	27 S. La Patera Lane Goleta, CA 93117	\$17,185	4/2/2015	Pharmaceutical Product Donation for Humanitarian Aid in Paraguay
Product	Direct Relief	27 S. La Patera Lane Goleta, CA 93117	\$13,131	5/4/2015	Product donation for humanitarian assistance in Nepal (2015 earthquake relief)
Product	Direct Relief	27 S. La Patera Lane Goleta, CA 93117	\$10,680	5/5/2015	Product donation for humanitarian assistance in Congo, Malawi, Mali, Somalia, Tanzania, Zambia (obstetric fistula program)
Product	Direct Relief	27 S. La Patera Lane Goleta, CA 93117	\$187,713	5/20/2015	Product donation for humanitarian relief in El Salvador, Guatemala, Dominican Republic, United States
Product	Direct Relief	27 S. La Patera Lane Goleta, CA 93117	\$852,327	6/4/2015	Product donation for humanitarian assistance in Paraguay, El Salvador, Nicaragua
Product	Direct Relief	27 S. La Patera Lane Goleta, CA 93117	\$9,636,065	6/29/2015	Product donation for humanitarian assistance in Haiti, India, Jamaica, Paraguay, Armenia, Dominican Republic, Ghana, Guatemala, Honduras, US
Product	Direct Relief	27 S. La Patera Lane Goleta, CA 93117	\$20,976	8/4/2015	Product donation for humanitarian assistance in Paraguay

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	Direct Relief	27 S. La Patera Lane Goleta, CA 93117	\$13,878	8/5/2015	Product donation for humanitarian assistance in Africa
Product	Direct Relief	27 S. La Patera Lane Goleta, CA 93117	\$198,318	9/11/2015	Product donation for humanitarian assistance: disaster relief preparedness
Product	Direct Relief	27 S. La Patera Lane Goleta, CA 93117	\$5,543,118	10/12/2015	Product donation for humanitarian assistance in Nicaragua, Sierra Leone, Ghana, US and for disaster preparedness modules
Product	Direct Relief	27 S. La Patera Lane Goleta, CA 93117	\$918,456	10/12/2015	Product donation for humanitarian assistance in Ghana, Sierra Leone, Nicaragua, US
Product	Direct Relief	27 S. La Patera Lane Goleta, CA 93117	\$81,702	11/4/2015	Product donation for humanitarian assistance in Cambodia, Guatemala, Haiti, Honduras, India, Paraguay
Product	Direct Relief	27 S. La Patera Lane Goleta, CA 93117	\$27,755	11/25/2015	Product donation for humanitarian assistance in Africa (obstetric fistula program)
Product	Direct Relief	27 S. La Patera Lane Goleta, CA 93117	\$186,387	12/7/2015	Product donation for humanitarian assistance in Ecuador, Ghana, Mexico, Jamaica
Product	Heart To Heart International	13250 W 98th Street Lenexa, KS 66215	\$4,874,474	10/6/2015	Product donation for humanitarian assistance in Dominican Republic, Papua New Guinea
Product	Heart To Heart International	13250 W 98th Street Lenexa, KS 66215	\$1,148,070	10/6/2015	Product donation for humanitarian assistance in Dominican Republic
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza New Brunswick, NJ 08933	\$299,754,483	12/31/2015	Patient Assistance Product Donation
Product	MAP International	4700 Glynco Parkway Brunswick, GA 31525	\$2,230,112	2/20/2015	Pharmaceutical Product Donation to support the Medical Mission Pack+ Program
Product	MAP International	4700 Glynco Parkway Brunswick, GA 31525	\$1,312,483	7/20/2015	Global Public Health programs in Sub Saharan Africa (HIV)

Janssen Pharmaceuticals, Inc. Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	MAP International	4700 Glyngo Parkway Brunswick, GA 31525	\$46,453	9/11/2015	Product donations for humanitarian assistance: Medical Mission Pack Plus replenishment
Product	MAP International	4700 Glyngo Parkway Brunswick, GA 31525	\$35,015	11/25/2015	Product donation for humanitarian assistance and medical mission pack + program
Product	MAP International	4700 Glyngo Parkway Brunswick, GA 31525	\$951,077	12/15/2015	Product donation for humanitarian assistance (medical mission pack + program)
Product	US Agency for International Development	1300 PA Avenue., NW, SA-44 Rm 475-J Washington, DC 20523	\$29,310,000	12/17/2015	Global Public Health programs—Bedaquiline Donation Program

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Janssen Therapeutics, Division of Janssen Products, LP, Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Abounding Prosperity, Inc.	2311 Martin Luther King Blvd Dallas, TX 75215	\$5,000	5/8/2015	Project CONNECT
Monetary	Abounding Prosperity, Inc.	2311 Martin Luther King Blvd Dallas, TX 75215	\$15,000	11/13/2015	Confidential and Mature Explanations (C-ME): HCV Awareness for At-Risk Adults in South Dallas
Monetary	Abounding Prosperity, Inc.	2311 Martin Luther King Blvd Dallas, TX 75215	\$30,000	12/22/2015	Project TEST
Monetary	Acercamiento Hispano de Carolina del Sur	827 Wildwood Ave, Suite 200 Columbia, SC 29203	\$7,000	5/8/2015	ContraSIDA (Against AIDS)
Monetary	ADAP Advocacy	PO Box 15275 Physical:312 11th Avenue, #21g, New York, NY 10001 Washington, DC 20003	\$5,000	3/16/2015	ADAP Directory
Monetary	Aid For AIDS International, Inc.	515 Greenwich St New York, NY 10013	\$10,000	7/13/2015	Case Management Program

**Janssen Therapeutics, Division of Janssen Products, LP, Monetary and Product Contributions
to U.S.-based Charitable Organizations Full Year 2015—Continued**

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	AID Upstate	811 Pendleton Street Bldg. #10 Greenville, SC 29601	\$18,259	12/22/2015	Project Healthy Pink Parts
Monetary	AIDS Action Committee of Massachusetts	75 Amory Street Boston, MA 02119	\$15,000	11/13/2015	Viral Hepatitis Access to Care Project: Access to treatment
Monetary	AIDS Care Service, Inc.	995 Northwest Boulevard Winston Salem, NC 27101	\$5,000	7/27/2015	Bridges Project
Monetary	AIDS Community Research Initiative of America ACRIA	575 8th Ave, Suite 502 New York, NY 10018	\$20,000	7/13/2015	HIV Health Literacy Education and Training for Service Providers Working with Vulnerable Populations
Monetary	AIDS Foundation Houston, Inc.	6260 Westpark Drive Suite 100 Houston, TX 77057	\$3,000	5/27/2015	Supportive Services
Monetary	AIDS Foundation of Chicago	200 W. Jackson Blvd., Suite 2100 Chicago, IL 60606	\$40,000	5/20/2015	Road to Health: Promoting Successful Implementation of Health Care Reform for People Living with HIV/AIDS in Illinois
Monetary	AIDS Outreach Center	400 N Beach Street, Suite 100 Ft. Worth, TX 76111	\$5,000	3/12/2015	Case Management Program for People Living with HIV
Monetary	AIDS Project of the East Bay	1320 Webster Street Oakland, CA 94612	\$28,020	12/22/2015	Transcend
Monetary	AIDS United	1424 K Street, NW, Ste. 200 Washington, DC 20005	\$150,000	11/17/2015	Dissemination of Access to Care and Retention in Care Best Practices
Monetary	AIDS Walk San Diego	Box 3068 San Diego, CA 92163	\$5,000	3/13/2015	Latino Services
Monetary	Alexian Brothers Bonaventure House	825 W. Wellington Chicago, IL 60657	\$5,000	7/15/2015	Transitional Living Program for Homeless Adults with HIV/AIDS Case Management Services
Monetary	Aliveness Project, Inc.	3808 Nicollet Ave Minneapolis, MN 55409	\$5,000	5/27/2015	Health and Wellness Program: Aging with HIV/AIDS
Monetary	Alliance For Housing And Healing	825 Colorado Blvd., Suite 100 Los Angeles, CA 90041	\$3,000	5/27/2015	Nurse Case Management for Residential Care Facility Serving Homeless Persons with HIV/AIDS

Janssen Therapeutics, Division of Janssen Products, LP, Monetary and Product Contributions to U.S.-based Charitable Organizations Full Year 2015—Continued

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Atlanta Harm Reduction Coalition	P.O. Box 92670 Atlanta, GA 30314	\$32,000	4/16/2015	Comprehensive HIV and HCV treatment for IDUs
Monetary	BASIC NWFL, INC.	432 Magnolia Avenue Panama City, FL 32401	\$5,000	5/15/2015	Fully Committed
Monetary	BASIC NWFL, INC.	432 Magnolia Avenue Panama City, FL 32401	\$29,250	12/22/2015	FULLY COMMITTED: Improving Linkage to Care and Retention among Young MSM of Color Living with HIV
Monetary	Bay Area Young Positives	701 Oak Street San Francisco, CA 94117	\$5,000	12/21/2015	Patient Peer Navigation
Monetary	Brockton Area Multi-Services, Inc.	500 Belmont Street Ste 300 Brockton, MA 02301	\$5,000	3/24/2015	HIV/AIDS Case Management Initiative and Hepatitis C Support Group.
Monetary	Bronx AIDS Services, Inc.	540 East Fordham Rd Bronx, NY 10458	\$40,000	3/10/2015	Improving Care and Treatment for People who Inject Drugs (PWID) who are Living with HIV and/or Hepatitis C
Monetary	Caring Ambassadors Program, Inc.	PO Box 1748 Oregon City, OR 97045	\$40,000	5/20/2015	Hepatitis C Program Support
Monetary	Center for Health Justice	900 Avila Street, Suite 301, Los Angeles, CA 90012	\$25,000	3/10/2015	Hepatitis and HIV Navigation Project—RFA
Monetary	Central Louisiana Aids Support Services, Inc. (CLASS)	1785 Jackson Street Alexandria, LA 71301	\$5,000	10/12/2015	Increasing Timely Access to HIV Care, Testing and Prevention Services
Monetary	Coalition On Positive Health Empowerment, Inc.	127 W 127th street Suite 208 New York, NY 10027	\$50,000	12/21/2015	Hepatitis C Education and Services Project
Monetary	Coastal Bend AIDS Foundation	400 Mann Street, Suite 800 Corpus Christi, TX 78401	\$40,000	3/24/2015	Hepatitis Education Program (HEP)
Monetary	Community Health Outreach Work To Prevent Aids	677 Ala Moana #226 Honolulu, HI 96813	\$7,500	10/3/2015	Integrating Hepatitis Care Coordination into Hawaii AIDS Service Organizations
Monetary	Desert Aids Project	1695 N. Sunrise Way Palm Springs, CA 92262	\$5,000	3/16/2015	Get Tested Coachella Valley

**Janssen Therapeutics, Division of Janssen Products, LP, Monetary and Product Contributions
to U.S.-based Charitable Organizations Full Year 2015—Continued**

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Exponents, Inc.	2 Washington Street, Fourth Floor New York, NY 10004	\$5,000	11/16/2015	HEPAware Project
Monetary	Gay Men's Health Crisis	446 W 33rd St New York, NY 10001	\$15,000	10/3/2015	HIV Community Education and Treatment Adherence Support
Monetary	Gay Men's Health Crisis	446 W 33rd St New York, NY 10001	\$30,000	12/22/2015	Peer Navigation Services for HIV-positive Transgender and Gender Non-Conforming Individuals
Monetary	Harm Reduction Coalition	22 West 27th Street 5th Floor New York, NY 10001	\$30,000	6/5/2015	Hepatitis C and Injection Drug Use Initiative
Monetary	Hips	HIPS Center for Health and Achievement 906 H St., NE Washington, DC 20002	\$30,000	12/22/2015	Treatment Plus: Peer Based Community Health Worker Support to Improve Health Outcomes for Highly Marginalized Transgender Women
Monetary	Housing Works, Inc.	301 West 37th Street, #3 New York, NY 10018	\$7,500	12/8/2015	Hepatitis C Peer Navigator Program
Monetary	Jacksonville Area Sexual Minority Youth Network, Inc. (JASMYN)	P.O. Box 380103 923 Peninsular Place Jacksonville, FL 32205	\$5,000	8/27/2015	JASMYN Safety Net Program Expansion
Monetary	Legacy Counseling Center	4054 McKinney Avenue, Suite 102 Dallas, TX 75204	\$5,000	12/21/2015	Counseling services to individuals living with HIV/AIDS
Monetary	Long Island Crisis Center, Inc.	2740 Martin Ave Bellmore, NY 11710	\$30,000	12/22/2015	Pride for Youth POZ Night
Monetary	Macedonia Family And Community Enrichment Center	1835 Centre Avenue, Suite 285 Pittsburgh, PA 15219	\$5,000	3/24/2015	Peer Navigator for Prevention/Case Management Services
Monetary	Macedonia Family And Community Enrichment Center	1835 Centre Avenue, Suite 285 Pittsburgh, PA 15219	\$5,000	10/23/2015	Peer Navigator for Prevention/Case Management Services Implementation
Monetary	MCCNY Charities	446 West 36th Street New York, NY 10018	\$30,000	12/23/2015	Trans in Action

**Janssen Therapeutics, Division of Janssen Products, LP, Monetary and Product Contributions
to U.S.-based Charitable Organizations Full Year 2015—Continued**

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Mendocino County AIDS Volunteer Network adba Mendocino County AIDS/Viral Hepatitis Network	148 Clara Ave. Ukiah, CA 95482	\$39,870	3/30/2015	Linkage and Support Services for PWID's
Monetary	Metropolitan Charities, Inc.	3251 3rd Avenue North Suite#125 St Petersburg, FL 33713	\$30,000	12/23/2015	TransHealth Care Coordination
Monetary	Minority AIDS Project	5149 W. Jefferson Blvd Los Angeles, CA 90016	\$7,500	4/30/2015	"G.L.A.M.O.R." Getting Linked And Managing Our Regimen. It is The Missing Link.
Monetary	Missouri Hepatitis C Alliance	601 Business Loop 70 West, Suite 134K, Columbia, MO 65203-2585	\$18,000	3/24/2015	General Charitable Contribution
Monetary	Montgomery AIDS Outreach	820 W. Wouth Blvd., Montgomery, AL 36105	\$18,000	3/13/2015	Alabama eHealth Access to Rural care for HIV/AIDS and Hepatitis C
Monetary	Nashville CARES, Inc.	633 Thompson Lane Nashville, TN 37204	\$18,000	12/22/2015	Brothers United Network of Tennessee: Mobilization of Young African American MSM in Rural Middle and East Tennessee
Monetary	National AIDS Education and Services for Minorities	2140 Martin Luther King Jr. Drive Atlanta, GA 30310	\$5,000	7/15/2015	Brothers Like Us (B.L.U.) Project
Monetary	National AIDS Education and Services for Minorities	2140 Martin Luther King Jr. Drive Atlanta, GA 30310	\$30,000	12/22/2015	Be Connected Mentoring Program
Monetary	National AIDS Treatment Advocacy Project	580 Broadway Suite 1010 New York, NY 10012	\$200,000	2/25/2015	Hepatitis C Project, HIV Too
Monetary	National Alliance of State and Territorial AIDS Directors	National Latino AIDS Action Network and National Alliance of State and Territorial AIDS Directors 444 N Capitol St Suite 339 Washington, DC 20001	\$150,000	11/17/2015	Affordable Care Act (ACA), Viral Hepatitis, and Ryan White/ADAP Public Policy and Technical Assistance Programs

**Janssen Therapeutics, Division of Janssen Products, LP, Monetary and Product Contributions
to U.S.-based Charitable Organizations Full Year 2015—Continued**

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	National Black Justice Coalition, Inc.	Post Office Box 71395 Wash- ington, DC 20024	\$7,500	7/27/2015	Black LGBT Health and Wellness Initiative
Monetary	National Minority AIDS Council	1825 Connecticut Avenue, NW Washington, DC 20009-5721	\$35,000	3/10/2015	Strong Communities: Strengthening connections between communities of color and the healthcare providers that serve them.
Monetary	New Jersey AIDS Services	44 South Street Morristown, NJ 07960	\$5,000	8/27/2015	Support of case management
Monetary	Next Step Fund, Inc.	99 Bishop Allen Drive Cambridge, MA 02139	\$5,000	7/27/2015	Next Step Transitional Sup- port for HIV+ Teens and Young Adults
Monetary	Our House Of Port- land Incorporated	2727 SE Alder St. Portland, OR 97214	\$5,000	3/13/2015	NHCP: Independent Living Support for Individuals with HIV/AIDS
Monetary	Philadelphia Fight	1233 Locust St. Philadelphia, PA 19107	\$10,000	6/25/2015	End AIDS Summit/AIDS Edu- cation Month 2015
Monetary	Project Inform	273 Ninth Street San Francisco, CA 94103	\$40,000	3/13/2015	The Support Partnership
Monetary	Project Inform	273 Ninth Street San Francisco, CA 94103	\$65,000	6/12/2015	Mission Support for Project Inform
Monetary	Project Transitions, Inc.	P.O. Box 4826 Aus- tin, TX 78765	\$5,000	10/3/2015	Transitional Supportive Hous- ing Programs
Monetary	Resource Center of Dallas, Inc.	2701 Reagan Street Dallas, TX 75219	\$3,000	5/27/2015	Valor Latino—HIV Prevention Program
Monetary	San Diego Human Dignity Founda- tion	2508 Historic Deca- tur Road Suite 160 San Diego, CA 92106	\$20,000	8/3/2015	Creating Circles of Care
Monetary	Set Apart Aiming Victoriously To Eliminate Diseases	8035 E. R.L. Thorn- ton Frwy. Suite 424 Dallas, TX 75228	\$5,000	10/3/2015	Phenomenal Woman Program (PWP)
Monetary	Sexual Minority Youth Assistance League (SMYAL) DBA: Supporting and Mentoring Youth Advocates and Leaders	410 7th st SE Washington, DC 20003	\$30,000	12/22/2015	Peer Education: Empowering young MSM of color to end HIV.

**Janssen Therapeutics, Division of Janssen Products, LP, Monetary and Product Contributions
to U.S.-based Charitable Organizations Full Year 2015—Continued**

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Shanti Project, Inc.	730 Polk Street 3rd Floor San Francisco, CA 94109	\$15,000	7/14/2015	Shanti's Hep C Pilot Expansion of our HIV Services Program
Monetary	Someone Cares Inc Of Atlanta	1950 Spectrum Circle Ste. A145 Marietta, GA 30067	\$30,000	12/22/2015	Improving Linkage to Care and Retention among Transgender Women and Gender Nonconforming People Living with HIV Project title: Transforming, Renewing and Unifying Transgender Health Project (TRUTH)
Monetary	Southwest Boulevard Family Health Care, Inc.	300 Southwest Boulevard Kansas City, KS 66103	\$5,000	9/3/2015	HIV Care in a Safety Net Clinic Setting
Monetary	Southwest Center For HIV/AIDS, Inc.	1101 N. Central Avenue, Suite 200 phoenix, AZ 85004	\$4,500	5/15/2015	Hepatitis C Education and Support for High-risk Populations
Monetary	St Johns Well Child And Family Center, Inc.	808 W. 58th Street Los Angeles, CA 90037	\$40,000	3/10/2015	South L.A. Mobile Health—Peer Navigator Program for PWID Living with HIV and/or Hepatitis C
Monetary	St. Luke's Roosevelt Hospital Center	1111 Amsterdam Ave New York, NY 10025	\$75,000	12/22/2015	FINISH THE JOB: Providing HCV care to current or former IV drug users previously diagnosed through governmental testing programs.
Monetary	The AIDS Institute	17 Davis Blvd. Suite 403 Tampa, FL 33606	\$65,000	7/14/2015	Ensuring Adequate Funding for Domestic HIV/AIDS and Hepatitis Programs
Monetary	The Hep C Connection	1325 S. Colorado Blvd., B-302 Denver, CO 80222	\$25,000	5/20/2015	Hepatitis C Testing and Linkage to Care
Monetary	The Open Door, Inc.	PO Box 99243 Pittsburgh, PA 15233	\$39,000	3/13/2015	The Open Door: Peer Support for HIV Engagement and Retention in Care
Monetary	The Well Project	85 Norman Avenue, Suite 1 Brooklyn, NY 11222	\$15,000	5/15/2015	Women's HIV Treatment Advocacy Development Program
Monetary	The Well Project	85 Norman Avenue, Suite 1 Brooklyn, NY 11222	\$15,000	7/21/2015	Charitable Donation for Online Resources and Program Evaluation/Outcome Measurement
Monetary	The Wright House Wellness Center, Inc.	8101 Cameron Rd., Suite 105 Austin, TX 78754	\$5,000	7/15/2015	Personal Disease Management for HIV/AIDS and HepC Clients

**Janssen Therapeutics, Division of Janssen Products, LP, Monetary and Product Contributions
to U.S.-based Charitable Organizations Full Year 2015—Continued**

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	TPA Network Incorporated Test Positive Aware Network	5050 N. Broadway Suite 300 Chicago, IL 60640	\$20,000	10/8/2015	Peer Health Navigation Services
Monetary	TPA Network Incorporated Test Positive Aware Network	5050 N. Broadway Suite 300 Chicago, IL 60640	\$26,056	12/22/2015	Youth Investment
Monetary	Treatment Action Group, Inc.	261 Fifth Ave Suite 2110 New York, NY 10016	\$40,000	5/21/2015	Case Studies
Monetary	University of California San Francisco	UCSF Alliance Health Project 1855 Folsom Street, Ste. 670 Box 0884 San Francisco, CA 94143	\$7,500	8/27/2015	Mission-Based Support of UCSF Alliance Health Project Services for People Living With or at Risk of HIV/AIDS
Monetary	University of Cincinnati	51 Goodman Drive Suite 100, P.O. Box 19970 Cincinnati, OH 45219-0970	\$7,500	10/23/2015	The Cincinnati Exchange Project: A Public Health Initiative
Monetary	US Agency for International Development	1300 PA Avenue., NW, SA-44 Rm 475-J Washington, DC 20523	\$1,000,000	10/23/2015	Sirturo Donation Program—USAID Agreement
Monetary	Vermont Committee For Aids Resources Education and Services	P. O. Box 5248 Burlington, VT 05402	\$40,000	3/10/2015	Expansion of Vermont's Services to Improve Care for PWID Living with HCV
Monetary	Warren-Vance Community Health Center, Inc.	511 Ruin Creek Rd STE 105 Henderson, NC 27536	\$28,800	12/22/2015	Online Linkage and Retention Project for YMSM
Monetary	Washington Heights CORNER Project	566 West 181st Street, Floor 2 New York, NY 10033	\$40,000	3/13/2015	Engaging High Risk Active Injection Drug Users in Hepatitis C testing and Treatment in Northern Manhattan
Monetary	Wellness Center of South Florida, Inc.	2921 NE 6th Ave Wilton Manors, FL 33334	\$5,000	7/15/2015	Sister-to-Sister
Monetary	WORLD Women Organized to Respond to Life-threatening Diseases	449 15th St., Suite 303 Oakland, CA 94612	\$15,000	12/17/2015	2nd CHANCE (Creating a Healthy and Nurturing Community Environment)

**Janssen Therapeutics, Division of Janssen Products, LP, Monetary and Product Contributions
to U.S.-based Charitable Organizations Full Year 2015—Continued**

(Payments made from January 1, 2015 to December 31, 2015)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza, New Brunswick, NJ 08933	\$13,174,000	3/15/2013	Patient Assistance Product Donation
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza, New Brunswick, NJ 08933	\$6,019,000	6/15/2013	Patient Assistance Product Donation
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza, New Brunswick, NJ 08933	\$59,199,000	9/15/2013	Patient Assistance Product Donation
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza, New Brunswick, NJ 08933	\$4,718,000	12/15/2013	Patient Assistance Product Donation

Updated March 24, 2016

**Janssen Biotech, Inc. Monetary and Product Contribution to U.S.-based Charitable
Organizations Full Year 2016**

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Aid For Friends	12271 Townsend Rd Philadelphia, PA 19154	\$300	9/19/2016	Costs associated with 2016 Janssen Cares Volunteer Activity
Monetary	American Cancer Society Inc.	2310 Route 34, Suite 1D Manasquan, NJ 08736	\$1,500	4/11/2016	2016 Run for Dad, Awareness Sponsor
Monetary	American Cancer Society Inc.	1626 Locust Street Philadelphia, PA 19103	\$1,000	4/15/2016	Relay For Life of the Wissahickon Valley
Monetary	Arthritis Foundation	1355 Peachtree Street, Suite 600 Atlanta, GA 30309	\$200,000	6/3/2016	Renewal support of Arthritis Foundation Run / Walk series -Walk to Cure Arthritis and Jingle Bell Run
Monetary	Arthritis Foundation	1355 Peachtree Street, Suite 600 Atlanta, GA 30309	\$100,000	4/11/2016	General Operating Support
Monetary	Arthritis Foundation, Great West Region, Inc.	2280 South Albion Street Denver, CO 80222-4906	\$75	3/7/2016	Employee directed donation in lieu of company holiday gift
Monetary	Bicol Foundation	21019 47th Ave W Lynnwood, WA 98036	\$1,425	3/8/2016	Employee directed donation in lieu of company holiday gift

Janssen Biotech, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Cancer Support Community of Philadelphia	200 Kirk Road PO Box 3187 Warminster, PA 18974	\$2,000	8/17/2016	Paws 4 Life Dog Walk
Monetary	Cancer Support Community of Philadelphia	200 Kirk Road PO Box 3187 Warminster, PA 18974	\$2,500	8/30/2016	Celebration of Hope
Monetary	Cancer Support Community of Philadelphia	200 Kirk Road PO Box 3187 Warminster, PA 18974	\$900	9/13/2016	Costs associated with 2016 Janssen Cares Volunteer Activity
Monetary	Cancer Support Community of the Greater Lehigh Valley	944 Marcon Blvd., #110 Allentown, PA 18109	\$3,500	8/5/2016	Cancer Support and Education Allentown, PA
Monetary	Canine Partners for Life	PO Box 170 Cochranville, PA 19330	\$300	9/14/2016	Costs associated with 2016 Janssen Cares Volunteer Activity
Monetary	Center for Child Advocates	1900 Cherry Street Philadelphia, PA 19103	\$5,000	5/27/2016	Project for Medically Needy Children
Monetary	Children's Hospital of Philadelphia Foundation	CHOP Foundation ATTN: Holly Hubbard/Walk for Hope 2016 PO Box 40930 34th and Civic Center Blvd. Philadelphia, NJ 19107	\$5,000	4/12/2016	7th Annual Walk for Hope benefiting pediatric Inflammatory Bowel Disease Research
Monetary	Community Volunteers in Medicine	300B Lawrence Drive West Chester, PA 19380	\$20,000	12/14/2016	Free medical and dental care services for uninsured families in Chester County
Monetary	Crohn's and Colitis Foundation of America, Inc.	733 Third Avenue Suite 510 New York, NY 10017	\$135,000	2/26/2016	Take Steps 2016 Walk Program
Monetary	Crohn's and Colitis Foundation of America, Inc.	733 Third Ave, Suite 510 New York, NY 10017	\$5,000	6/13/2016	Disease State Awareness (DSA) Word Cloud Activity
Monetary	Crohn's and Colitis Foundation of America, Inc.-NY Chapter	733 Third Ave, Suite 510 New York, NY 10017	\$18,000	6/13/2016	Camp Oasis
Monetary	Delaware Valley Science Fairs, Inc.	236 Randell Hall 3141 Chestnut Street Philadelphia, PA 19104	\$5,000	3/21/2016	Teacher Development Program

Janssen Biotech, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Doernbecher Children's Hospital Foundation	1121 SW Salmon St #100 Portland, OR 97205	\$75	3/21/2016	Employee directed donation in lieu of company holiday gift
Monetary	Family Reach Foundation	142 Berkeley Street, 4th Floor Boston, MA 02116	\$25,000	9/30/2016	Family Reach Foundation General Support
Monetary	Family Reach Foundation	142 Berkeley Street, 4th Floor Boston, MA 02116	\$250,000	12/22/2016	Family Reach Programmatic Support
Monetary	Food Bank of South Jersey	1501 John Tipton Blvd Pennsauken Township, NJ 08110	\$5,000	12/15/2016	Year Round Youth Feeding Programs
Monetary	Friends Association For Care and Protection Of Children	113 West Chestnut Street West Chester, PA 19380	\$3,000	12/26/2016	Outreach to Homeless Families
Monetary	Georgia Prostate Cancer Coalition Inc.	560 Barnesley Lane Alpharetta, GA 30022	\$1,700	4/12/2016	Free Prostate Cancer Screening
Monetary	Girl Scouts of Southeastern Pennsylvania	330 Manor Road Miquon, PA 19444	\$4,000	10/10/2016	Girl Scouts of Eastern Pennsylvania Science, Technology, Engineering, and Math (STEM) programming.
Monetary	Green Valleys Association	1368 Prizer Road Pottstown, PA 19465	\$15,000	12/15/2016	Watershed Science Education Program
Monetary	Habitat for Humanity of Chester County, Inc.	1847 E Lincoln Hwy Coatesville, PA 19320	\$2,000	5/30/2016	Building communities and changing lives
Monetary	Habitat For Humanity Philadelphia Inc.	1829 N. 19th Street Philadelphia, PA 19121	\$300	11/3/2016	Costs associated with 2016 Janssen Cares Volunteer Activity
Monetary	Habitat For Humanity Philadelphia Inc.	1829 N. 19th Street Philadelphia, PA 19121	\$5,000	12/26/2016	Diamond Park Phase 2—affordable housing
Monetary	Hatboro-Horsham Educational Foundation	229 Meetinghouse Road Horsham, PA 19044	\$25,000	12/14/2016	STEM Programs for Hatboro-Horsham Students
Monetary	Horsham Neighbors Association	PO Box 621 Horsham, PA 19044	\$1,000	8/5/2016	K9 Program Fit Out and National Night Out Celebration
Monetary	Junior Achievement Of Delaware Valley	994 Old Eagle School Rd Suite 1014 Wayne, PA 19087	\$7,500	8/18/2016	Junior Achievement Whole School Initiative

Janssen Biotech, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Kids Connected	26071 Merit Circle, #103 Laguna Hills, CA 92653-7016	\$3,000	8/30/2016	Support Groups for the Children of Cancer Patients
Monetary	Melanoma International Foundation	250 Mapleflower Road Glenmoore, PA 19343	\$100	9/30/2016	Memorial Donation
Monetary	Metropolitan Area Neighborhood Nutrition Alliance (MANNA)	2323 Ranstead Street Philadelphia, PA 19103	\$25,000	12/16/2016	Medically Appropriate Meals for People with Critical Illnesses
Monetary	Mitzvah Circle Foundation	1561 Gehman Road Harleysville, PA 19438	\$300	9/22/2016	Costs associated with 2016 Janssen Cares Volunteer Activity
Monetary	Mitzvah Circle Foundation	1561 Gehman Road Harleysville, PA 19438	\$5,000	8/5/2016	Critical Needs Support for Individuals and Families
Monetary	Montgomery County Community College Foundation	340 DeKalb Pike Blue Bell, PA 19422	\$10,000	12/9/2016	The Study of Psychology as a Guide to Peer Mentorship for BTE—Wissahickon
Monetary	Montgomery County Community College Foundation	340 DeKalb Pike Blue Bell, PA 19422	\$23,811	12/9/2016	Bridge to Employment—Wissahickon
Monetary	Mt. Sinai Medical Center	One Gustave L. Levy Place Box 1049 New York, NY 10029	\$50,000	10/18/2016	Overcoming the Barriers to Clinical Care for Underserved Multiple Myeloma Patients
Monetary	Multiple Myeloma Research Foundation	383 Main Avenue 5th Floor Norwalk, CT 06851	\$50,000	12/22/2016	MMRF Endurance Events
Monetary	Multiple Myeloma Research Foundation	383 Main Avenue 5th Floor Norwalk, CT 06851	\$100,000	12/22/2016	2017 MMRF Team for Cures 5K Walk/Run Program
Monetary	Multiple Myeloma Research Foundation	383 Main Avenue 5th Floor Norwalk, CT 06851	\$275,000	12/22/2016	MMy Ride for a Cure
Monetary	Multiple Myeloma Research Foundation	383 Main Avenue 5th Floor Norwalk, CT 06851	\$40,000	12/23/2016	MMRF Patient Support Center
Monetary	Multiple Myeloma Research Foundation	51 Locus Avenue Suite 201 Norwalk, CT 06851	\$100,000	2/23/2016	2016 MMRF Team for Cures 5K Walk/Run Program
Monetary	Multiple Myeloma Research Foundation	383 Main Avenue 5th Floor Norwalk, CT 06851	\$50,000	3/7/2016	2016 MMRF Team for Cures Endurance Events Program

Janssen Biotech, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	National Ovarian Cancer Coalition Inc.	4950 York Rd, Unit 631 Holicong, PA 18928	\$2,500	4/15/2016	Run/Walk to Break the Silence on Ovarian Cancer
Monetary	National Psoriasis Foundation	6600 SW 92nd Ave., #300 Portland, OR 97223	\$50,000	5/3/2016	2016 Team NPF Walk
Monetary	NET Treatment Services	499 N. 5th St., Suite A Philadelphia, PA 19123	\$1,125	3/4/2016	Employee directed donation in lieu of company holiday gift
Monetary	Philadelphia Mural Arts Program	1729 Mount Vernon Street Philadelphia, PA 19130	\$75,000	12/27/2016	STEAM Mural Initiative
Monetary	Project HOME	1515 Fairmount Avenue Philadelphia, PA 19130	\$1,000	12/16/2016	Mental Health and Recovery Services
Monetary	Prostate Cancer Education Council	7009 S. Potomac Street Suite 125 Centennial, CO 80112	\$30,000	5/20/2016	Prostate Cancer Disparities Outreach Program
Monetary	Prostate Health Education Network Inc.	500 Victory Road Quincy, MA 02170	\$50,000	2/8/2016	Partnerships for Education, Support and Outreach
Monetary	Reach Out and Read	89 South Street, Suite 201 Boston, MA 02111	\$5,000	12/21/2016	Preparing Families for School Success
Monetary	Rebuilding Together Philadelphia	4355 Orchard Street Suite 2R Philadelphia, PA 19124	\$5,000	4/12/2016	Mantua Block Build 2016
Monetary	Regional Hospice and Home Care Center	30 Milestone Road Danbury, CT 06810	\$100	6/10/2016	Memorial Donation
Monetary	Retired and Senior Volunteer Program of Montgomery County	901 East 8th Street Suite 200 King of Prussia, PA 19406	\$7,000	5/23/2016	RSVP's America Reads/Writes and Protege One-on-One Mentoring Programs.
Monetary	Retired and Senior Volunteer Program of Montgomery County	901 East 8th Street Suite 200 King of Prussia, PA 19406	\$10,000	12/15/2016	RSVP's Family Literacy Volunteer Program (FLVP) and My Free Tutor (MFT) virtual STEM tutoring and career awareness Program.
Monetary	Riverbend Environmental Education Center	1950 Spring Mill Road Gladwyne, PA 19035	\$6,000	8/5/2016	Outreach to Children/Access to Nature/Norristown Area School District

Janssen Biotech, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Sandy Rollman Ovarian Cancer Foundation, Inc.	2010 West Chester Pike, Suite 410 Havertown, PA 19083	\$2,000	12/14/2016	Sandy Sprint Superhero 5K or 10K Run/Walk
Monetary	SARC	24 Frank Lloyd Wright Drive A/ 3100 PO Box 406 Ann Arbor, MI 48105	\$9,500	9/22/2016	General Operating Support— Website
Monetary	Special Equestrians	2800 Street Road P.O. Box 1001 Warrington, PA 18976	\$300	9/22/2016	Costs associated with 2016 Janssen Cares Volunteer Activity
Monetary	Special Equestrians	2800 Street Road P.O. Box 1001 Warrington, PA 18976	\$4,000	10/10/2016	Special Equestrians Equine- Assisted Learning and Therapeutic Riding Pro- gram
Monetary	Starfinder Founda- tion	4015 Main Street Philadelphia, PA 19127	\$10,000	4/19/2016	Starfinder's Soccer, Edu- cation, and Leadership Development Programs for Youth
Monetary	The Children's Hos- pital of Philadel- phia Foundation	The Children's Hos- pital of Philadel- phia Foundation Attn: Staci Car- ney, Associate Director, Cor- porate and Foun- dation Relations 100 Penn Square East 8th Floor, Suite 8050 Philadelphia, PA 19107	\$12,000	4/19/2016	Family Care Binder Program
Monetary	The Children's Hos- pital of Philadel- phia Foundation	The Children's Hos- pital of Philadel- phia Foundation Attn: Staci Car- ney, Associate Director, Cor- porate and Foun- dation Relations 100 Penn Square East 8th Floor, Suite 8050 Philadelphia, PA 19107	\$5,000	4/12/2016	Child Life, Education, and Creative Arts Therapy Pro- gram
Monetary	The Franklin Insti- tute	222 North 20th St. Philadelphia, PA 19103	\$10,000	12/26/2016	Corporate Membership

Janssen Biotech, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	The Giving Tree	622 Evans Road PO Box 823 Gwynedd Valley, PA 19437	\$2,000	8/18/2016	General Operating Support with an emphasis on the Public Educational Giving Events
Monetary	The Melmark Charitable Foundation	2600 Wayland Road Berwyn, PA 19312	\$10,000	3/24/2016	Hubert J.P. Schoemaker Classic
Monetary	The Pennsbury Society	400 Pennsbury Memorial Road Morrisville, PA 19067	\$600	9/19/2016	Costs associated with 2016 Janssen Cares Volunteer Activity
Monetary	The Sarcoma Alliance	775 E Blithedale #334 Mill Valley, CA 94941	\$9,500	8/5/2016	Sarcoma Alliance General Support
Monetary	Trustees Of The University Of Pennsylvania	3025 Walnut Street Philadelphia, PA 19104	\$5,000	12/26/2016	WXPN Musicians On Call
Monetary	Turning Points For Children	415 South 15th Street Philadelphia, PA 19146	\$5,000	4/12/2016	Families and Schools Together (FAST) Program
Monetary	United Way of Southeastern Pennsylvania	1709 Benjamin Franklin Parkway Philadelphia, PA 19103	\$245,879	12/19/2016	Impact Fund Greater Philadelphia, PA and Southern, NJ
Monetary	Youth Rally Committee Inc.	949 Chestnut Oak Dr St. Charles, MO 63303	\$5,000	12/9/2016	The Youth Rally—a camp for kids/teens living with conditions affecting the bowel (Crohn's Disease and UC) and bladder systems.
Monetary	Zero The Project To End Prostate Cancer	2000 Joseph E Sanker BLVD Norwood, OH 45212	\$50,000	4/21/2016	ZERO Prostate Cancer Run/Walk National Series—Nationwide
<p><i>Janssen has also made financial donations to independent charitable foundations that assist patients who are underinsured and in financial need with treatment-related expenses. In keeping with our donor agreements and applicable regulatory guidance, we will only disclose aggregate data on our charitable giving and do not publicize information on donations to specific foundations and disease states. In 2016, we contributed \$47 million in donations to independent charitable foundations, enabling them to provide assistance with medication-related copays to patients with cancer and autoimmune diseases.</i></p>					
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza New Brunswick, NJ 08933	\$71,016,839	3/31/2016	Patient Assistance Product Donation

Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza New Brunswick, NJ 08934	\$58,963,086	6/30/2016	Patient Assistance Product Donation
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza New Brunswick, NJ 08935	\$60,107,176	9/30/2016	Patient Assistance Product Donation
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza New Brunswick, NJ 08936	99,129,337	\$12/31/ 2016	Patient Assistance Product Donation

Updated March 30, 2017

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	180 Turning Lives Around Inc.	1 Bethany Road, Building 3 Suite 42 Hazlet, NJ 07730	\$1,000	12/15/2016	2NDFLOOR Youth Helpline Hunterdon, Mercer, and Somerset Operations
Monetary	Alzheimer's Association	225 N. Michigan Avenue Chicago, IL 60601	\$5,000	12/15/2016	Comfort Zone Program Support
Monetary	American Diabetes Association	4100 Alpha Road, Suite 100 Dallas, TX 75244	\$20,000	12/7/2016	General mission support
Monetary	American Diabetes Association	1160 Route 22 East, Suite 103 Bridgewater, NJ 08807	\$10,000	7/11/2016	What Can I Eat?
Monetary	American Foundation For Womens Health	PO Box 541 Greenwood, TX 76246	\$30,000	12/23/2016	Atrial Fibrillation Patient Education and Support
Monetary	American Heart Association—New Jersey	1 Union Street Suite 301 Robbinsville, NJ 08691	\$5,000	12/23/2016	Garden State Go Red For Women Luncheon
Monetary	American Psychiatric Foundation	1000 Wilson Blvd, Suite 1825 Arlington, VA 22209	\$100,000	12/15/2016	Typical or Troubled?® School-Based Mental Health Education Program
Monetary	American Psychiatric Foundation	1000 Wilson Blvd, Suite 1825 Arlington, VA 22209	\$200,000	12/15/2016	Judges' and Psychiatrists' Leadership Initiative previously known as Judges' Leadership Initiative (JLI)

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	American Psychiatric Foundation	1000 Wilson Blvd, Suite 1825 Arlington, VA 22209	\$35,000	12/15/2016	Partnership for Workplace Mental Health
Monetary	America's Grow-A-Row, Inc.	150 Pittstown Road Pittstown, NJ 08867	\$300	9/27/2016	Costs associated with 2016 Janssen Cares Volunteer Activity
Monetary	Anchor House, Inc.	482 Centre Street Trenton, NJ 08611	\$743	1/19/2016	General Operating Support
Monetary	Anderson House	PO Box 134 532 Route 523 Whitehouse Station, NJ 08889	\$20,000	12/7/2016	Integrated Care Management
Monetary	Ann Silverman Community Health Clinic	595 W. State Street Doylestown, PA 18901	\$9,500	12/15/2016	Improving Patient Self-Care and Management of Chronic Illnesses at a Free Clinic for the Uninsured.
Monetary	Arbor Day Foundation	211 North 12th St Lincoln, NE 68508	\$75	5/17/2016	Employee directed donation in lieu of company holiday gift
Monetary	Arc of Somerset County	141 South Main Street Manville, NJ 08835	\$3,000	9/28/2016	Day Care subsidies for at risk children and children with disabilities
Monetary	Asian Health Coalition	180 W Washington St Suite 1000 Chicago, IL 60602	\$2,000	4/6/2016	Cardiovascular Health Screenings for Low-Income at-risk Asians Immigrants and Refugees in Chicago
Monetary	Bay Cove Human Services, Inc.	66 Canal Street Boston, MA 02114	\$5,000	6/24/2016	Bay Cove Wellness Center
Monetary	Bear Tavern Parents Association	1162 Bear Tavern Road Titusville, NJ 08560	\$750	12/15/2016	The Bear Tavern Science Fair
Monetary	Bear Tavern Parents Association	1162 Bear Tavern Road Titusville, NJ 08560	\$750	3/1/2016	Bear Tavern Elementary School Science Fair
Monetary	Big Brothers Big Sisters of Bucks County	2875 York Road Jamison, PA 18929	\$6,500	11/18/2016	STEM School Mentoring Initiative
Monetary	Big Brothers Big Sisters of Mercer County	535 East Franklin Street Trenton, NJ 08610	\$7,500	11/18/2016	Youth Mentoring Programs
Monetary	Boys and Girls Club of Trenton and Mercer County	212 Centre Street Trenton, NJ 08611	\$20,000	12/15/2016	Extended Day Learning

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Bristol Riverside Theater Co Inc.	120 Radcliffe Street Bristol, PA 19007	\$7,500	12/15/2016	ArtRageous Theatre Arts Education Program
Monetary	Broward County Community Development Corporation, Inc.	305 SE 18th Court Fort Lauderdale, FL 33316	\$15,000	8/4/2016	Affordable Housing program
Monetary	Bucks County Housing Group	1069 Jacksonville Road Ivlyland, PA 18974	\$5,000	12/15/2016	Veterans Housing Assistance Program
Monetary	California Pacific Medical Center Foundation	2015 Steiner Street San Francisco, CA 94115	\$25,000	4/11/2016	Using Community Health Workers to increase underserved patients' ability to manage type 2 diabetes.
Monetary	Caminar	2600 S. El Camino Real, Suite 200 San Mateo, CA 94403	\$7,500	4/12/2016	Bridges to Wellness
Monetary	Cardiovascular Institute of Philadelphia	PO Box 54632 Philadelphia, PA 19148	\$5,000	3/31/2016	25th Annual Lansdale International Spring Festival
Monetary	Catholic Charities	25 Ikea Drive Westhampton, NJ 08060	\$4,000	12/22/2016	Catholic Charities, Diocese of Trenton On My Own—Supportive Housing Program Services
Monetary	Catholic Charities	25 Ikea Drive Westhampton, NJ 08060	\$15,000	12/22/2016	Partners in Recovery program
Monetary	Catholic Charities Diocese of Pittsburgh	212 Ninth Street Pittsburgh, Pennsylvania 15222	\$75	1/19/2016	Employee directed donation in lieu of company holiday gift
Monetary	Catholic Youth Organization of Mercer County	920 South Broad Street Trenton, NJ 08611	\$4,000	11/18/2016	CYO's Broad St. Trenton Center After School Program (ASP) Tutoring Project
Monetary	Catholic Youth Organization of Mercer County	920 South Broad Street Trenton, NJ 08611	\$600	10/19/2016	Costs associated with 2016 Janssen Cares Volunteer Activity—(2 Activities)
Monetary	Center for Educational Advancement	11 Minneakoning Road Flemington, NJ 08822	\$10,000	10/24/2016	Community Based Work Assessments
Monetary	Center for Educational Advancement	11 Minneakoning Road Flemington, NJ 08822	\$300	11/3/2016	Costs associated with 2016 Janssen Cares Volunteer Activity
Monetary	Children's Home Society of New Jersey	635 South Clinton Avenue Trenton, NJ 08611	\$300	11/19/2016	Costs associated with 2016 Janssen Cares Volunteer Activity

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Children's Home Society of New Jersey	635 South Clinton Avenue Trenton, NJ 08611	\$10,000	11/22/2016	CUNA and Body and Soul Prenatal Health Education Program
Monetary	Cleveland Clinic Educational Foundation	9500 Euclid Ave. Cleveland, OH 44195	\$25,000	8/19/2016	Diabetes Center Educational Initiatives at Cleveland Clinic South Pointe Hospital
Monetary	College Diabetes Network Inc.	50 Milk St 16th Floor Boston, MA 02109	\$20,000	12/21/2016	Establishing Best Practices, Policies, and Interventions
Monetary	College of New Jersey	2000 Pennington Road P.O. Box 7718 Ewing, NJ 08628	\$20,000	11/22/2016	Nursing Merit Scholarships (\$7,500) and Educational Opportunity Fund Promise Awards (\$12,500)
Monetary	College of New Jersey	2000 Pennington Road P.O. Box 7718 Ewing, NJ 08628	\$5,000	11/22/2016	TCNJ Stress Management and Mental Health Days
Monetary	Colorado Mental Wellness Network	915 E. 9th Avenue Denver, CO 80218	\$3,000	8/9/2016	Wellness Recovery Action Planning Program
Monetary	Community Action Service Center, Inc.	PO Box 88 116 North Main Street Hightstown, NJ 08520	\$5,000	12/15/2016	Rise Summer Healthy Food Initiative for low income youth.
Monetary	Community Conservatory of Music	4059 Skyrion Drive Doylestown, PA 18902	\$5,000	3/1/2016	Arts for Seniors (\$3,000) and Music Therapy (\$2,000)
Monetary	Community Foundation of New Jersey	PO Box 338 Morristown, NJ 07963	\$250,000	12/21/2016	Janssen Pharmaceutical Companies Contribution Fund
Monetary	Community Foundation of New Jersey	PO Box 338 Morristown, NJ 07963	\$60,000	12/21/2016	HealtheVoices Impact Fund
Monetary	Community Foundation of New Jersey	PO Box 338 Morristown, NJ 07963	\$125,000	12/7/2016	Healthcare and Basic Needs Fund
Monetary	Community Foundation of Northwest Mississippi	315 Loshier Street Suite 100 Hernando, MS 38632	\$75	5/27/2016	Employee directed donation in lieu of Company Holiday gift
Monetary	Community Hope, Inc.	959 Route 46 East, Suite 402 Parsippany, NJ 07054	\$2,000	3/10/2016	General Operating Support

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Community Hope, Inc.	959 Route 46 East, Suite 402 Parsippany, NJ 07054	\$15,000	11/15/2016	Hope for Veterans and Valley Brook Village for Veterans
Monetary	Community Hope, Inc.	959 Route 46 East, Suite 402 Parsippany, NJ 07054	\$11,000	5/16/2016	Pathway to Recovery Residential Programs (\$10,000) The Annual Forum and Wellness Fair (\$1,000)
Monetary	Compeer Rochester, Inc.	259 Monroe Avenue Rochester, NY 14607	\$2,500	5/30/2016	Youth and Family Mentoring—Family Peer Advocate Services
Monetary	Contact of Mercer County New Jersey Inc.	60 South Main Street Pennington, NJ 08534	\$1,000	10/20/2016	Fundraising event support to benefit general mission of organization
Monetary	Contact Of Mercer County New Jersey Inc.	60 South Main Street Pennington, NJ 08534	\$8,500	12/15/2016	Crisis and Suicide Prevention HOTLINES, Telephone and Online: Crisis Chat and TxtToday
Monetary	CONTACT We Care, Inc.	P.O. Box 2376 Westfield, NJ 07091	\$3,500	4/12/2016	Training Nonprofessionals in Crisis Intervention for People Experiencing Psychosis
Monetary	Court Appointed Special Advocates	1450 Parkside Avenue, Suite 22 Ewing, NJ 08638-2946	\$15,000	12/15/2016	CASA of Mercer County Child Advocacy Program for Abused and Neglected Children
Monetary	Curtain Up Productions Inc.	1483 Rte. 179 Lambertville, NJ 08530	\$5,000	12/19/2016	Deaf and Hard of Hearing Access for Curtain Up Productions
Monetary	Daytop Village Of New Jersey Inc.	80 West Main St Mendham, NJ 07945	\$2,000	11/15/2016	Work Readiness
Monetary	Deborah Hospital Foundation	212 Trenton Road Browns Mills, NJ 08015	\$2,000	11/14/2016	2017 Women's Heart Health Symposium
Monetary	Delaware River Steamboat Floating Classroom, Inc.	14 Michael McCorristin Road Hamilton, NJ 08690	\$300	10/19/2016	Costs associated with 2016 Janssen Cares Volunteer Activity
Monetary	Depression and Bipolar Support Alliance	C/O David Mizenko 5 Village Ct Lawrenceville, NJ 08648	\$750	3/1/2016	DBSA NJ Annual Conference for Support Group Participants—July, 2016
Monetary	Depression and Bipolar Support Alliance	C/O David Mizenko 5 Village Ct Lawrenceville, NJ 08648	\$750	3/1/2016	DBSA NJ Mutual Aid Support Group Facilitator Training—March, 2016

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Desert Aids Project	1695 N. Sunrise Way Palm Springs, CA 92262	\$3,500	5/16/2016	Quality of Life and Wellness Interventions for Desert AIDS Project Clients Living with Schizophrenia or Schizoaffective Disorder
Monetary	Diabetes Sisters	319 N. Weber Road, pmb #163 Bolingbrook, IL 60490	\$24,000	12/22/2016	Diabetes Sisters' Minority Initiative Program
Monetary	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$4,600	2/18/2016	Support to improve the lives of people affected by poverty or emergency situations by mobilizing and providing essential medical resources needed for their care
Monetary	Dress for Success	3131 Princeton Pike Bldg 4; Suite 209 Lawrenceville, NJ 08648	\$9,000	10/11/2016	Women's Empowerment Programs
Monetary	Eden Autism Services Foundation	2 Merwick Road Princeton, NJ 08540	\$9,500	12/15/2016	Adult Employment Program
Monetary	Emory University	49 Jesse Hill Jr. Dr Atlanta, GA 30303	\$25,000	10/24/2016	Emory Latino Diabetes Education Program (ELDEP)
Monetary	Enable, Inc.	13 Roszel Road, Suite B110 Princeton, NJ 08540	\$3,000	9/12/2016	Fundraising event support to benefit general mission of organization
Monetary	Enable, Inc.	13 Roszel Road, Suite B110 Princeton, NJ 08540	\$7,500	12/15/2016	Enable Connect—Campus Volunteer Program
Monetary	Every Child Valued A NJ Nonprofit Corporation	Fred Vereen, Jr. Community Center 175 Johnson Avenue Lawrenceville, NJ 08648	\$9,000	12/15/2016	Every Child Valued (ECV) After School Program
Monetary	Everybody Loves Kenny Project Inc.	707 Alexander Road, Suite 208 PO Box 3127 Princeton, NJ 08543	\$7,500	12/15/2016	Coming Up for AIR™
Monetary	Family Guidance Center Corporation	1931 Nottingham Way Hamilton, NJ 08619	\$10,000	12/21/2016	Family Campus Project—HomeFront Collaboration

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Family Guidance Center Corporation	1931 Nottingham Way Hamilton, NJ 08619	\$600	10/19/2016	Costs associated with 2016 Janssen Cares Volunteer Activities
Monetary	Family Resource Network	1 AAA Dr. Suite 203 Trenton, NJ 08691	\$14,790	12/13/2016	Center on Nutrition and Disability—Diabetes Prevention and Self Management Program
Monetary	Family Service Association of Bucks County	4 Cornerstone Drive Langhorne, PA 19047	\$10,000	12/15/2016	Nurse Educator for Homeless Shelter
Monetary	Federation of Organizations	One Farmingdale Road West Babylon, NY 11704	\$2,000	4/11/2016	Big Nosh Vocational Services Program
Monetary	Feed More, Inc.	Central Virginia Food Bank 1415 Rhoadmiller Street Richmond, VA 23220	\$75	1/19/2016	Employee directed donation in lieu of company holiday gift
Monetary	Feeding America	National Office 35 East Wacker Drive Suite 2000 Chicago, IL 6618	\$32,200	2/18/2016	Domestic hunger relief efforts—meal program
Monetary	Flemington Area Food Pantry	110 Broad Street Box 783 Flemington, NJ 08822	\$300	9/15/2016	Costs associated with 2016 Janssen Cares Volunteer Activity
Monetary	Foundation of Morris Hall/St. Lawrence	2381 Lawrenceville Road Lawrenceville, NJ 08648	\$2,500	12/15/2016	Funding support for the 2017 Philly Pops Benefit Concert
Monetary	Foundation of Morris Hall/St. Lawrence	2381 Lawrenceville Road Lawrenceville, NJ 08648	\$7,000	12/15/2016	Music and Memory
Monetary	Fountain House	425 West 47th Street New York, NY 10036	\$6,000	9/13/2016	2016 Mad About Art Auction and Benefit
Monetary	Fountain House	425 West 47th Street New York, NY 10036	\$1,000	3/11/2016	Silver sponsor Fountain House One-in-Four 5K—April 9, 2016
Monetary	From The Heart Productions Inc.	1455 Mandalay Beach Road Oxnard Shores, CA 93035	\$12,500	8/4/2016	N.O.S. Film Project

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Gateway Homes, Inc.	11901 Reedy Branch Road PO Box 460 Chesterfield, VA 23838	\$10,000	5/19/2016	Community Reintegration: Maximizing Work Readiness and Independence for Those with Schizophrenia and Schizoaffective Disorder
Monetary	Georgia Mental Health Consumer Network	246 Sycamore St. Suite 260 Decatur, GA 30030	\$1,500	8/4/2016	Consumer Scholarships to attend the 25th Annual Statewide Consumer Conference
Monetary	Girl Scouts Heart of New Jersey, Inc.	1171 Route 28 North Branch, NJ 08876	\$2,000	12/23/2016	Science, Technology, Engineering and Math (STEM) Program
Monetary	Grounds for Sculpture	80 Sculptors Way Hamilton, NJ 08619	\$7,500	12/15/2016	Wellness Walks/Wellness Talks for Fixed Income Seniors
Monetary	Habitat for Humanity of Greater Bucks	31 Oak Ave Chalfont, PA 18914	\$5,000	12/15/2016	Women Build and Repair Homes that Strengthen Families
Monetary	Habitat for Humanity of Greater Pittsburgh	212 Yost Boulevard Suite A Pittsburgh, PA 15221	\$500	11/3/2016	Costs associated with 2016 Janssen Cares Volunteer Activity
Monetary	HARK, Inc.	5 Pirozzi Lane Hillsborough, NJ 08844	\$2,000	12/15/2016	Scholarships for low-income participants in Girls on the Run of Central New Jersey
Monetary	Heartland Health Outreach	4750 N. Sheridan Road Chicago, IL 60640	\$7,500	5/30/2016	Pathways Home
Monetary	Henderson Behavioral Health	4740 North State Road 7 Lauderdale Lakes, FL 33319	\$7,500	4/12/2016	Helping Individuals Live Longer (HILL)
Monetary	Henry J. Austin Health Center, Inc.	321 North Warren Street Trenton, NJ 08618	\$7,500	12/21/2016	Decreasing Opioid Use through Patient Empowerment and Chiropractor Services
Monetary	His House Children's Home	20000 NW 47th Avenue Hector Building No. 2 Development Department Miami Gardens, FL 33055	\$600	1/18/2016	Employee directed donation in lieu of company holiday gift
Monetary	HiTops, Inc.	21 Wiggins Street Princeton, NJ 08540	\$7,500	9/12/2016	HiTOPS' Sexual Health Interventions for Youth-at-Risk

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Holiday Express Inc.	968 Shrewsbury Avenue Tinton Falls, NJ 07724	\$4,000	9/29/2016	Holiday Express Central Jersey Charity Concert Series
Monetary	HomeFront	1880 Princeton Avenue Lawrenceville, NJ 08648	\$2,500	9/12/2016	Fundraising event support to benefit general mission of organization
Monetary	HomeFront	1880 Princeton Avenue Lawrenceville, NJ 08648	\$10,000	10/26/2016	Breaking the Cycle of Poverty for Homeless Families
Monetary	HomeFront	1880 Princeton Avenue Lawrenceville, NJ 08648	\$300	10/20/2016	Costs associated with 2016 Janssen Cares event
Monetary	Hopewell Elementary School Parent Teacher Organization Inc.	35 Princeton Avenue Hopewell, NJ 08525	\$750	12/15/2016	Hopewell Elementary School Science Fair
Monetary	Hopewell Valley Education Foundation	PO Box 553 Pennington, NJ 08534	\$6,500	12/15/2016	(1) College Scholarship (\$1,000) (2) Hopewell Valley HOSA (\$500) (3) Teaching the Stars—Using Starlab to enhance curricula in the HVRSD (\$5,000)
Monetary	Hopewell Valley Education Foundation	PO Box 553 Pennington, NJ 08534	\$1,000	5/2/2016	Scholarship support
Monetary	Hopewell Valley Senior Foundation	48 Orchard Ave PO Box 567 Pennington, NJ 08534	\$2,000	12/21/2016	Hopewell Valley Rides
Monetary	Hunterdon Art Center	7 Lower Center Street Clinton, NJ 08809	\$7,500	12/21/2016	Artistic Expressions Program
Monetary	Hunterdon County YMCA	1410 Route 22 West Annandale, NJ 08801	\$2,500	11/9/2016	YMCA Comedy Night
Monetary	Hunterdon Healthcare Foundation	9100 Wescott Drive Suite 202 Flemington, NJ 08822	\$100	1/19/2016	Memorial Donation
Monetary	Hunterdon Land Trust	111 Mine Street Flemington, NJ 08822	\$2,000	12/15/2016	Dvoor Farm Public Access Enhancement

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	HVRSD Special Education PTO	C/O Pupil Services 425 South Main Street Pennington, NJ 08534	\$5,000	12/22/2016	Playground resurfacing project Stonybrook Elementary
Monetary	Interfaith Caregivers Trenton, Inc.	3635 Quakerbridge Road, Suite 16 Hamilton, NJ 08619	\$15,000	10/26/2016	Neighbors Helping Neighbors Program (NHN)
Monetary	Isles, Inc.	10 Wood Street Trenton, NJ 08618	\$9,000	12/15/2016	Trenton Healthy Homes
Monetary	Jewish Family and Children's Service of Greater Mercer County	707 Alexander Road, Suite 102 Princeton, NJ 08540	\$7,500	11/22/2016	Mercer County Caregiver Support Initiative
Monetary	Jewish Family and Children's Service of Greater Mercer County	707 Alexander Road, Suite 102 Princeton, NJ 08540	\$7,500	11/22/2016	Senior Outreach Service
Monetary	Jewish Family and Children's Service of Greater Mercer County	707 Alexander Road, Suite 102 Princeton, NJ 08540	\$600	10/19/2016	Costs associated with 2016 Janssen Cares Volunteer Activities
Monetary	Junior Achievement of New Jersey	360 Pear Blossom Drive Edison, NJ 08837	\$7,150	12/21/2016	Junior Achievement program in Trenton Schools
Monetary	Lafayette General Medical	1214 Coolidge Street Lafayette, LA 70503	\$30,000	1/6/2016	The Healthy Heart Fairs: EKG to Survivorship Program
Monetary	Latin American Legal Defense And Educational Fund Inc.	669 Chambers St Suite B Trenton, NJ 08611	\$5,000	12/16/2016	Welcome House Community Center
Monetary	Lawrence Township Education Foundation Inc.	PO Box 6531 17 Philips Ave. Lawrenceville, NJ 08648	\$3,900	12/15/2016	Mobile Makerspaces to create, build, tinker, fail and think critically from elementary classrooms in Lawrence Township, NJ.
Monetary	Leyden Family Service and Mental Health Center	10001 W Grand Ave Franklin Park, IL 60131	\$8,500	5/16/2016	Affordable Supportive Housing for Individuals with Serious Mental Illness
Monetary	Literacy And Life Inc.	PO Box 55636 Trenton, NJ 08638	\$5,000	12/21/2016	Early Childhood: Building Blocks for the Future
Monetary	Literacy New Jersey Inc.	100 Menlo Park Dr. #314 Edison, NJ 08837	\$5,000	12/22/2016	Women Empowered

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Literacy Volunteers of Somerset County	120 Finderne Ave— Box 7 Bridge- water, NJ 08807	\$4,000	12/15/2016	Let's Talk About Health
Monetary	Main Street Counseling Center	8 Marcella Avenue West Orange, NJ 07052	\$4,000	4/12/2016	Accessible Mental Health Care for Schizoaffective Disorder
Monetary	Massachusetts Clubhouse Coalition	15 Vernon Street Waltham, MA 02453	\$3,500	2/9/2016	Changing Minds and Expanding Employment Campaign
Monetary	McCarter Theatre Center	91 University Place Princeton, NJ 08540	\$10,000	11/22/2016	OnStage Seniors: A Community Project of McCarter Theatre
Monetary	Meals On Wheels In Hunterdon Inc.	5 Walter Foran Blvd Suite 2006 Flemington, NJ 08822	\$300	11/3/2016	Costs associated with 2016 Janssen Cares Volunteer Activity
Monetary	Meals On Wheels of Rocky Mount Inc.	1501 Sunset Ave Rocky Mount, NC 27804	\$75	5/23/2016	Employee directed donation in lieu of company holiday gift
Monetary	Meals on Wheels of Trenton Ewing	320 Hollowbrook Drive Ewing, NJ 08638	\$15,000	10/26/2016	Meals on Wheels Program
Monetary	Mental Health America	500 Montgomery St. Suite 820 Alex- andria, VA 22314	\$90,000	12/15/2016	Social Self-Directed Care (SSDC)
Monetary	Mental Health America of Greater Houston	2211 Norfolk, Suite 810 Houston, TX 77098	\$7,500	6/21/2016	Mental Health Community and Legislative Advocacy
Monetary	Mental Health America of Franklin County	2323 W 5th Ave. Suite 160 Co- lumbus, OH 43204	\$10,000	5/27/2016	Get Connected program
Monetary	Mental Health America Of Northeast Florida Inc.	8280 Princeton Square Blvd. W. Suite 8 Jackson- ville, FL 32256	\$2,500	8/24/2016	2016 Florida Mental Health Summit
Monetary	Mental Health America of Texas	1210 San Antonio, Suite 200 Austin, TX 78701	\$2,500	5/16/2016	Mental Health Education and Advocacy Campaign
Monetary	Mental Health Association in Delaware	100 W. 10th St. Ste. 600 Wil- mington, DE 19801	\$1,000	8/9/2016	Bronze sponsor 2016 E-Racing the Blues for Mental Health—October 30, 2016
Monetary	Mental Health Association in Delaware	100 W. 10th St. Ste. 600 Wil- mington, DE 19801	\$2,000	10/18/2016	Community Mental Health Conference 2016: Bridging the Gaps—Through Resources and Networking

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Mental Health Association in New Jersey	673 Morris Avenue, Suite 100 Springfield, NJ 07081	\$10,000	8/4/2016	MHANJ Access to Mental Health Care
Monetary	Mental Health Association in Santa Barbara County	617 Garden Street Santa Barbara, CA 93101	\$2,500	4/21/2016	Operating Support for the Mental Wellness Center's Fellowship Club
Monetary	Mental Health Association Of Central Carolinas Inc.	3701 Latrobe Drive, Suite 140 Charlotte, NC 28211	\$7,500	5/16/2016	ParentVOICE
Monetary	Mental Health Association of Maryland, Inc.	1301 York Road, Suite 505 Lutherville, MD 21093	\$10,000	8/4/2016	Citizens Action Team: Engaging Consumers of Behavioral Health in Healthcare Reform Initiatives
Monetary	Mental Health Association of Westchester	580 White Plains Road Suite 510 Tarrytown, NY 10591	\$1,000	3/15/2016	Bronze sponsor MHA on the Move: Run/Walk—May 1, 2016
Monetary	Mental Health Association Residential Care Inc.	555 N Woodlawn, Ste. 3105 Wichita, KS 67208	\$3,500	6/24/2016	Access to Care Fund
Monetary	Mental Illness Recovery Center, Inc.	3809 Rosewood Drive PO Box 4246 Columbia, SC 29240	\$12,500	8/4/2016	Outreach and Behavioral Healthcare for Homeless Individuals with Mental Illness
Monetary	Mercer Alliance to End Homelessness	1001 Spruce Street, Suite 205 Trenton, NJ 08638	\$9,500	12/15/2016	Implementing a Plan to End Chronic Homelessness in the Trenton/Mercer Community: Utilizing assertive engagement, permanent housing and healthcare access to achieve this goal
Monetary	Mercer County Community College Foundation	P.O. Box 17202 Trenton, NJ 08690	\$16,680	12/15/2016	Mercer Student Competency in Optical Examination (M-SCOPE)
Monetary	Mercer Street Friends	151 Mercer Street Trenton, NJ 08611	\$20,000	10/26/2016	Mercer Street Friends Food Bank
Monetary	Mercer Street Friends	151 Mercer Street Trenton, NJ 08611	\$300	10/19/2016	Costs associated with 2016 Janssen Cares Volunteer Activity
Monetary	Metropolitan Development Council	945 Fawcett Ave. Tacoma, WA 98402	\$5,000	7/20/2016	Supported Employment

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Middle Earth	P.O. Box 8045 520 North Bridge Street Bridge- water, NJ 08807	\$15,000	11/15/2016	Outreach Program and Community Youth Centers
Monetary	MIDJersey Center for Economic Development	423 Riverview Plaza Trenton, NJ 08611	\$5,000	10/26/2016	Urban Youth Employment Program
Monetary	Midland Adult Services Inc.	60 Industrial Parkway PO Box 5026 North Branch, NJ 08876	\$6,500	9/28/2016	Midland Helping Hands Employment Training Program.
Monetary	Millhill Child and Family	101 Oakland Street Trenton, NJ 08618	\$5,000	10/26/2016	Trenton Area Stakeholders
Monetary	Millhill Child and Family	101 Oakland Street Trenton, NJ 08618	\$15,000	10/26/2016	Millhill Trenton PEERS
Monetary	Minding Our Business Inc.	2083 Lawrenceville Road Lawrenceville, NJ 08648	\$6,000	12/15/2016	Minding Our Business Summer Program: A Bridge to the Future for Mercer County Low-Income Youth
Monetary	Minding Our Business Inc.	2083 Lawrenceville Road Lawrenceville, NJ 08648	\$6,000	5/2/2016	Minding Our Business Summer Program: A Bridge to the Future for Mercer County Low-Income Youth
Monetary	Morven Museum and Garden	55 Stockton Street Princeton, NJ 08540	\$5,000	12/15/2016	Internship for At-Risk Youth
Monetary	Mount Carmel Guild	73 North Clinton Avenue Trenton, NJ 08609	\$15,000	9/15/2016	In Home Health Nursing Program
Monetary	NAMI Broward County, Inc.	4161 NW 5 St, Suite 203 Plantation, FL 33317	\$1,000	4/18/2016	Bronze sponsor NAMIWalks Broward County—November 12, 2016
Monetary	NAMI Cook County North Suburban	8324 Skokie Blvd 420 Frontage Road Northfield Skokie, IL 60077	\$1,000	3/21/2016	Bronze sponsor NAMI CCNS Walk—September 18, 2016
Monetary	NAMI Delaware	2400 W. 4th St. Wilmington, DE 19805	\$1,000	3/15/2016	Bronze sponsor NAMIWalks Delaware—May 7, 2016
Monetary	NAMI Mercer NJ	3371 Brunswick Pike, Suite 124 Lawrenceville, NJ 08648	\$2,500	3/1/2016	Silver sponsor 2016 NAMI Mercer Walk—May 7, 2016

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	NAMI Mercer NJ	3371 Brunswick Pike, Suite 124 Lawrenceville, NJ 08648	\$10,000	9/15/2016	NAMI Mercer Education and Support Programs
Monetary	NAMI New Hampshire	85 N. State Street Concord, NH 03301	\$1,000	9/7/2016	Bronze sponsor 2016 NAMIWalks New Hampshire—October 2, 2016
Monetary	NAMI of DuPage County Illinois	115 North County Farm Road Wheaton, IL 60187	\$8,000	8/9/2016	Peer Support Specialist Program
Monetary	NAMI of Johnson County dba Compete of Johnson County	2701 Rochester Avenue Iowa City, IA 52245	\$4,000	8/24/2016	General Program Support/ Finds Friends/Volunteer Recruitment
Monetary	NAMI of Lake County	One Victoria Sq., Ste. 260 Painesville, OH 44077	\$1,500	8/4/2016	Start to Finish sponsor NAMI Lake County Strides for Awareness NAMI Walk—August 20, 2016
Monetary	NAMI of PA Montgomery County	100 W. Main St. Suite 204 Lansdale, PA 19446	\$1,000	3/15/2016	Bronze sponsor Greater Philadelphia NAMIWalks—May 14, 2016
Monetary	NAMI of Southwest Ohio	4055 Executive Park Drive, Suite 450 Cincinnati, OH 45241	\$2,500	5/4/2016	Hope for Recovery Pilot
Monetary	NAMI St. Louis	1750 S. Brentwood Blvd. Suite 511 St. Louis, MO 63144	\$1,000	3/15/2016	Kilometer sponsor NAMIWalks St. Louis—May 28, 2016
Monetary	NAMI Summit County	PO Box 462 Cuyahoga Falls, OH 44222	\$1,000	4/19/2016	Bronze sponsor 2016 NAMIWalks Summit County—October 22, 2016
Monetary	NAMI Waukesha	217 Wisconsin Ave Suite 300 Waukesha, WI 53186	\$1,000	5/27/2016	Bronze sponsor 2016 NAMIWalks Waukesha—9/17/16
Monetary	National Alliance for Research on Schizophrenia and Depression	90 Park Avenue 16th Floor New York, NY 10016	\$2,500	5/16/2016	Meet the Scientist Monthly Webinar Series
Monetary	National Alliance for Research on Schizophrenia and Depression	90 Park Avenue 16th Floor New York, NY 10016	\$2,500	5/16/2016	28th New York Mental Health Research Symposium

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	National Alliance for the Mentally III	1851 Heritage Lane, Suite 150 Sacramento, CA 95815	\$2,500	2/9/2016	Bronze sponsor 2016 NAMI California Annual Conference
Monetary	National Alliance for the Mentally III	The Schrafft's Center 529 Main Street, Suite 1M17 Boston, MA 02129	\$1,000	3/15/2016	Bronze sponsor NAMIWalks Mass—May 14, 2016
Monetary	National Alliance for the Mentally III	3250 Wilshire Blvd., Suite 1501 Los Angeles, CA 90010	\$1,000	3/15/2016	Bronze sponsor NAMIWalks Los Angeles County—October 1, 2016
Monetary	National Alliance for the Mentally III	2812 Swiss Avenue Dallas, TX 75204	\$1,000	5/16/2016	Bronze sponsor Dallas NAMIWalk—May 14, 2016
Monetary	National Alliance for the Mentally III	1706 Brady Street Suite 101 Davenport, IA 52803	\$1,000	3/15/2016	Bronze sponsor NAMIWalks Greater Mississippi Valley—September 24, 2016
Monetary	National Alliance for the Mentally III	PO Box 4096 Alvin, TX 77512	\$1,000	8/4/2016	NAMIFest 2016—2 Day Educational Conference
Monetary	National Alliance for the Mentally III	1225 Dublin Road, Suite 125 Columbus, OH 43215	\$7,500	2/9/2016	The Year of the Affiliate: Strengthening NAMI's Voice in Ohio's Local Communities
Monetary	National Alliance for the Mentally III	1562 Route 130 North Brunswick, NJ 08902	\$1,000	2/2/2016	Bronze sponsor 2016 NAMI Walks New Jersey, "Step Forward for Our Heroes"
Monetary	National Alliance for the Mentally III	5095 Murphy Canyon Road Suite 320 San Diego, CA 92123	\$1,000	2/2/2016	Bronze sponsor 2016 NAMI Walk
Monetary	National Alliance for the Mentally III	3200 S. 3rd Street, Unit 6 Milwaukee, WI 53207	\$1,000	2/9/2016	Bronze sponsor 2016 NAMIWalks Greater Milwaukee
Monetary	National Alliance for the Mentally III	2601 Cold Spring Road P.O. Box 22697 Indianapolis, IN 46222	\$2,500	2/9/2016	Supporting sponsor NAMI Indiana's 13th Annual Mental Health and Criminal Justice Summit
Monetary	National Alliance for the Mentally III	576 Farmington Avenue Hartford, CT 06105	\$1,500	2/9/2016	Bronze sponsor 2016 NAMI Walk
Monetary	National Alliance for the Mentally III	PO Box 550039 Birmingham, AL 35255-0039	\$1,000	5/27/2016	Platinum sponsor 2016 NAMI Birmingham Walk for Mental Health—9/17/16

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	National Alliance for the Mentally III	1536 West Chicago Ave Chicago, IL 60642	\$8,000	6/24/2016	Honest, Open, Proud to erase the stigma of mental illness
Monetary	National Alliance for the Mentally III	1562 Route 130 North Brunswick, NJ 08902	\$2,500	11/18/2016	2016 NAMI NJ Conference: "Building Better Lives"
Monetary	National Alliance for the Mentally III	3333 West Pensacola Street Suite 250 Tallahassee, FL 32302-0961	\$1,000	12/14/2016	Pink Ribbon Sponsor—2017 Blueberry Horseshoe 5k—February 19, 2017
Monetary	National Alliance for the Mentally III	99 Pine St. Suite 302 Albany, NY 12207	\$4,000	12/1/2016	2016 NAMI-NYS Education Conference
Monetary	National Alliance for the Mentally III	3803 N. Fairfax Drive Suite 100 Arlington, VA 22203	\$75,000	12/15/2016	Strengthening CIT
Monetary	National Alliance for the Mentally III	3803 N. Fairfax Drive Suite 100 Arlington, VA 22203	\$50,000	12/15/2016	NAMI Helpline
Monetary	National Alliance for the Mentally III—Greater Cleveland	2012 West 25th Street, #600 Cleveland, OH 44113	\$5,000	6/24/2016	Mental Illness Education
Monetary	National Alliance for the Mentally III—Greater Cleveland	2012 West 25th Street, #600 Cleveland, OH 44113	\$1,000	3/15/2016	Bronze sponsor NAMIWalks—August 27, 2016
Monetary	National Alliance for the Mentally III—Iowa	3839 Merle Hay Road, Suite 226 Des Moines, IA 50310	\$1,000	3/15/2016	Bronze sponsor NAMIWalks Iowa—September 24, 2016
Monetary	National Alliance for the Mentally III of New York City	505 8th Avenue, Ste 1103 New York, NY 10018	\$1,000	3/15/2016	Bronze sponsor NAMIWalks NYC—May 7, 2016
Monetary	National Alliance for the Mentally III Queens/Nassau	1981 Marcus Ave Suite C117 Lake Success, NY 11042	\$1,000	11/11/2016	Bronze sponsor NAMIWalks Long Island/Queens May 6, 2017
Monetary	National Alliance on Mental Illness	5963 Boymel Dr. Fairfield, OH 45014	\$1,000	7/20/2016	Bronze sponsor NAMIWalks Butler County—October 8, 2016
Monetary	National Alliance on Mental Illness Western Mass., Inc.	324A Springfield Street Agawam, MA 01001	\$1,000	3/15/2016	NAMI Walk—May 15, 2016

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	National Art Exhibitions of the Mentally Ill, Inc.	P O Box 350891 Miami, FL 33135	\$6,000	5/3/2016	29th Annual NAEMI Art Exhibition
Monetary	National Council for Behavioral Health	1400 K St NW, #400 Washington, DC 20005	\$75,000	12/15/2016	Policy Action Center
Monetary	National Council for Behavioral Health	1400 K St NW, #400 Washington, DC 20005	\$75,000	12/15/2016	Early Onset Psychosis Community of Practice
Monetary	National Council for Behavioral Health	1400 K St NW, #400 Washington, DC 20005	\$75,000	12/15/2016	Health Justice Learning Collaborative
Monetary	National Junior Tennis and Learning of Trenton	949 W. State Street Trenton, NJ 08618	\$7,500	12/15/2016	Academic Creative Engagement (ACE) Program and Science Technology Engineering Arts Math (STEAM) Pilot Program
Monetary	National Stroke Association	9707 E Easter Lane, Suite B Centennial, CO 80112	\$20,000	12/22/2016	Stroke Recovery Navigator
Monetary	National Stroke Association	9707 E Easter Lane, Suite B Centennial, CO 80112	\$30,000	12/22/2016	National Stroke Awareness Month
Monetary	New Jersey Parents Caucus	275 Rt. 10 East Suite 220-414 Succasunna, NJ 07876	\$4,000	4/12/2016	NJPC NJ Youth Caucus (Formerly known as NJ Youth Coalition)
Monetary	NewBridge Services, Inc.	7 Industrial Road P.O. Box 336 Pequannock, NJ 07440	\$2,000	6/24/2016	NewBridge Day Treatment Program for Adults
Monetary	Northeast Guidance Center	2900 Conner Avenue, Building A Detroit, MI 48215	\$2,500	7/12/2016	Day of Restoration—assistance for Detroit's Homeless with Mental Illness
Monetary	NorthShore University Health system	1033 University Place Suite 450 Evanston, IL 60201	\$10,000	12/22/2016	Clot Aware Support Group
Monetary	Ohio Association of County Behavioral Health Authorities	33 N. High Street, Ste. 500 Columbus, OH 43215	\$2,500	3/21/2016	Ohio's 2016 Recovery Conference: Recovery Is Beautiful

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Pancreatic Cancer Action Network	1500 Rosecrans Ave, Suite 200 Manhattan Beach, CA 90266	\$100	2/15/2016	Memorial Donation
Monetary	Passage Theatre Company Inc.	PO Box 967 Trenton, NJ 08605	\$7,500	12/15/2016	Support for the State Street Project
Monetary	PEI Kids	231 Lawrence Road Lawrenceville, NJ 08648	\$17,500	10/26/2016	Comprehensive Juvenile Offenders Outreach Services
Monetary	PEI Kids	231 Lawrence Road Lawrenceville, NJ 08648	\$300	10/20/2016	Costs associated with 2016 Janssen Cares event
Monetary	People And Stories—Gente Y Cuentos Inc.	295 Eggerts Crossing Road Lawrenceville, NJ 08648	\$2,500	11/18/2016	Reading Deeply in Community: A Literature Project for Mercer County Youth and Seniors
Monetary	Places for People, Inc.	4130 Lindell Blvd. St. Louis, MO 63108	\$100	3/3/2016	Memorial Donation
Monetary	Planned Living Assistance Network of Central Texas	P.O. Box 4755 Austin, TX 78765	\$5,000	4/12/2016	Life Planning Program
Monetary	Positive Coaching Alliance	1411 N. Westshore Blvd. Suite 205 Tampa Bay, FL 33607	\$75	3/1/2016	Donation in lieu of company holiday gift
Monetary	Princeton Area Community Foundation, Inc.	15 Princess Road Lawrenceville, NJ 08648	\$50,000	12/21/2016	Bridge to Employment program
Monetary	Princeton Girl Choir	P.O. Box 145 190 Nassau Street, Lower Level Princeton, NJ 08542	\$2,500	12/15/2016	PGC Afterschool Music Outreach Program
Monetary	Princeton Outreach Projects / Crisis Ministry of Mercer County	123 E. Hanover St. Trenton, NJ 08608	\$10,000	12/15/2016	Hunger Prevention and Nutrition Education (\$7,500.00) Healthy Living and Housing Stability Services (\$2,500.00)
Monetary	Princeton Senior Resource Center	45 Stockton St Princeton, NJ 08540	\$4,000	12/15/2016	Family Caregiver Conference: Family Caregiving: Compassion for Self and Others
Monetary	Princeton Symphony Orchestra	575 Ewing Street Princeton, NJ 08540	\$3,500	12/15/2016	BRAVO! Trenton Initiative

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Princeton-Blairstown Center Inc.	13 Roszel Road, Suite C204A Princeton, NJ 08540	\$7,500	12/15/2016	Summer Bridge 2017—Trenton
Monetary	Printmaking Center of New Jersey	440 River Road Branchburg, NJ 08876	\$5,000	12/22/2016	Roving Press
Monetary	Printmaking Center of New Jersey	440 River Road Branchburg, NJ 08876	\$15,000	12/8/2016	Combat Paper NJ
Monetary	Raritan Headwaters Association	P. O. Box 273 Gladstone, NJ 07934	\$7,000	12/15/2016	WaterWays Environmental Education Program
Monetary	Raritan Valley Community College	118 Lamington Rd Branchburg, NJ 08844	\$20,000	10/24/2016	Promoting Access to STEM and Nursing Education at Raritan Valley Community College
Monetary	Recovery Consultants Of Atlanta Incorporated	3423 Covington Drive, Suite B Decatur, GA 30032	\$15,000	5/16/2016	Healthy Start Pilot Program—(Mental Health Portion of Program)
Monetary	Regions Hospital Foundation	640 Jackson Street, MS 11202C St. Paul, MN 55101	\$15,000	5/16/2016	Make It OK, the campaign to fight stigma
Monetary	Rescue Mission of Trenton	98 Carroll St. PO Box 790 Trenton, NJ 08605	\$25,000	12/16/2016	Emergency Services program
Monetary	Rider University	2083 Lawrenceville Road Lawrenceville, NJ 08648	\$19,500	12/6/2016	Summer STEM (\$12,000); Scholarship Support (\$5,000); Shakesperian at Rider (\$2,500)
Monetary	Riverbend Community Mental Health Inc.	PO Box 2032 Concord, NH 03302-2032	\$5,000	4/12/2016	InSHAPE Program
Monetary	Riverside Symphonia Inc.	4 South Union Street P.O. Box 650 Lambertville, NJ 08530	\$10,000	12/7/2016	Riverside Symphonia Senior Outreach Program
Monetary	Rutgers University School of Communication, Information and Library Studies	4 Huntington Street New Brunswick, NJ 08901-1071	\$124,863	9/19/2016	Corporate Social Responsibility Fellowship
Monetary	SAFE in Hunterdon	47 East Main Street Flemington, NJ 08822	\$600	9/22/2016	Costs associated with 2016 Janssen Cares Volunteer Activity

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Saint Anthony of Padua Roman Catholic Church	436 Port Reading Avenue Port Reading, NJ 07064	\$100	3/28/2016	Memorial Donation
Monetary	San Francisco General Hospital Foundation	2789-25th Street, #2028 San Francisco, CA 94110	\$5,000	5/16/2016	MHRC Client Wellness Enhancement Project
Monetary	SAVE A Friend to Homeless Animals	1010 Route 601 Cedar Lodge Road Skillman, NJ 08558	\$600	9/19/2016	Costs associated with 2016 Janssen Cares Volunteer Activity
Monetary	Schizophrenia and Related Disorders Alliance Of America	602 Pink Azalea Trl PO Box 941222 Houston, TX 77094-8222	\$5,000	5/23/2016	Platinum sponsor 2016 symposium and workshop, "You are NOT Alone" Self-help/peer support Symposium and workshop
Monetary	Scripps Foundation for Medicine and Science	10140 Campus Point Drive Suite 200 San Diego, CA 92121	\$25,000	12/14/2016	Scripps Community Diabetes Programs: Dulce Transitions
Monetary	Scripps Foundation for Medicine and Science	10140 Campus Point Drive Suite 200 San Diego, CA 92121	\$30,000	12/14/2016	Scripps Community Diabetes and Prevention Programs: Project Dulce
Monetary	SERV Foundation, Inc.	20 Scotch Road, 3rd Floor Ewing, NJ 08628	\$5,000	9/15/2016	14th Annual SERV Wellness and Development Conference
Monetary	SERV Foundation, Inc.	20 Scotch Road, 3rd Floor Ewing, NJ 08628	\$7,500	9/15/2016	SERV Foundation Scholarship Fund
Monetary	Shannon Daley Memorial Fund	PO Box 1271 36 Indian Run Whitehouse Station, NJ 08889	\$500	12/14/2016	Shannon Daley Memorial Fund Charity Events
Monetary	Sharing Place Inc.	1920 10th Avenue South PO Box 59455 Birmingham, AL 35255	\$2,000	5/30/2016	1920 Club Art Program
Monetary	Shiloh Community Development Corporation	PO Box 398 Trenton, NJ 08603	\$5,000	2/18/2016	Family Wellness Club—Diabetes and Chronic Disease Self Management
Monetary	Shiloh Community Development Corporation	PO Box 398 Trenton, NJ 08603	\$5,000	12/15/2016	Family Wellness Club—Diabetes and Chronic Disease Self Management
Monetary	Sister Network of Central New Jersey, Inc.	1201 Hamilton Street Somerset, NJ 08873	\$5,000	9/14/2016	Pearl Grace Breast Cancer Assistant Tournament

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Somerset Home for Temporarily Displaced Children	49 Brahma Avenue P.O. Box 6871 Bridgewater, NJ 08807	\$7,500	12/23/2016	Street Smart—HIV/AIDS Program
Monetary	Somerset Home for Temporarily Displaced Children	49 Brahma Avenue P.O. Box 6871 Bridgewater, NJ 08807	\$900	12/5/2016	Costs associated with 2016 Janssen Cares Volunteer Activity
Monetary	Somerset Medical Center Foundation	One Rehill Avenue Somerville, NJ 08876	\$20,000	12/13/2016	El Poder Sobre La Diabetes—NJ Neighbor of Choice Program
Monetary	Somerville Educational Foundation, Inc.	51 West Cliff Street P.O. Box 8721 Somerville, NJ 08876	\$2,000	10/19/2016	A Maker Space for Every Child
Monetary	St. Mark Church and School	1025 Radcliffe Street Bristol, PA 19007	\$100	3/3/2016	Memorial Donation
Monetary	St. Mary Medical Center Foundation	One Summit Square, Suite 300 1717 Langhorne-Newtown Road Langhorne, PA 19047	\$15,000	12/21/2016	Providing Food for Underserved School-Age Children in Bucks County: The St. Mary Backpacks for Kids Program
Monetary	Stony Brook Millstone Watershed Association	31 Titus Mill Road Pennington, NJ 08534	\$15,000	10/26/2016	StreamWatch Volunteer Water Quality Monitoring Program
Monetary	T-1 Today Inc.	8216 Princeton-Glendale Road, PMB 200 West Chester, OH 45069	\$35,000	10/25/2016	Friends for Life Orlando 2017
Monetary	Taking Control of Your Diabetes	1110 Camino Del Mar Suite C Del Mar, CA 92014	\$35,000	10/25/2016	Taking Control Of Your Diabetes (TCOYD) Conference and Health Fair
Monetary	TASK, Inc.	72½ Escher Street, P.O. Box 872 Trenton, NJ 08605	\$25,000	10/26/2016	Trenton Area Soup Kitchen Meal Service Program
Monetary	The Arts Council of Princeton	Paul Robeson Center for the Arts 102 Witherspoon Street Princeton, NJ 08542	\$5,000	9/15/2016	Communiversity ArtsFest 2017

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	The Arts Council of Princeton	Paul Robeson Center for the Arts 102 Witherspoon Street Princeton, NJ 08542	\$10,000	9/15/2016	Arts Council of Princeton Community Outreach Programs
Monetary	The Center for Contemporary Art	2020 Burnt Mills Road Bedminster, NJ 07921	\$2,000	12/23/2016	Art Classes for Children with Autism Spectrum Disorder and Other Special Needs
Monetary	The Center For Great Expectations	19 Dellwood Lane Somerset, NJ 08873	\$12,000	9/14/2016	Support of Adult Women's Program through a Program Grant and 2016 Gift of Hope Gala Sponsorship
Monetary	The Edinburg Center	1040 Waltham Street Lexington, MA 02421	\$7,500	8/4/2016	Jail Diversion Program
Monetary	The Franklin Institute	222 North 20th St. Philadelphia, PA 19103	\$75,000	12/22/2016	Terracotta Warriors: Guards for Eternity
Monetary	The Legacy Treatment Services Foundation	1289 Route 38 West Suite 203 Hainesport, NJ 08036	\$300	9/22/2016	Costs associated with 2016 Janssen Cares Volunteer Activity
Monetary	The Mended Hearts, Inc.	8150 N. Central Expressway Suite M2248 Dallas, TX 75206	\$40,000	12/14/2016	HeartGuide—Patient Resource and Visiting Program: An Educational and Support Program for Patients, Caregivers and Families Affected by Heart Disease
Monetary	The Mental Health Center Of Greater Manchester	401 Cypress Street Manchester, NH 03103	\$1,000	4/11/2016	Head Lite sponsor 7th Annual Lite up the Nite Run/Walk for Mental Health—June 23, 2016
Monetary	The Princeton Festival	P.O. Box 2063 Princeton, NJ 08543	\$7,500	11/18/2016	Opera for All
Monetary	The Thresholds	4101 North Ravenswood Avenue Chicago, IL 60613	\$20,000	8/23/2016	MindStrong program
Monetary	The William J. Gould Associates, Inc.	100 Gould Road PO Box 157 Monterey, MA 01245	\$10,000	8/4/2016	Farm Based Psychiatric Rehabilitation and Recovery

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Thomas Edison State College Foundation	111 West State Street Trenton, NJ 08608	\$12,000	12/15/2016	Scholarship Support for Nursing Students Enrolled in the W. Cary Edwards School of Nursing's Accelerated Second Degree BSN Program at Thomas Edison State University
Monetary	Tpto Inc.— Timberlane Parent Teacher Organization	51 South Timberlane Drive, Pennington, NJ 08534	\$1,000	9/12/2016	2017 Timberlane Science and Engineering Fair
Monetary	Trenton Community Music School	439 S. Broad Street, Ste. 90 Trenton, NJ 08638	\$7,000	9/12/2016	Second Semester, Trenton Community Music School
Monetary	Trenton Education Dance Institute	635 South Clinton Avenue Trenton, NJ 08611	\$5,000	12/15/2016	Trenton Education Dance Institute (TEDI)
Monetary	Trenton Health Team Inc.	218 N Broad St Trenton, NJ 08608	\$15,000	11/22/2016	Navigating for Health
Monetary	Trinity Counseling Services	22 Stockton Street Trinity Counseling Service Princeton, NJ 08540	\$7,500	12/15/2016	TCS Mental Health and Wellness Program
Monetary	Tuscaloosa Mental Health Alliance	PO Box 2322 Tuscaloosa, AL 35403	\$1,000	3/30/2016	Supporting sponsorship—Hot Hundred Bicycle Ride—July, 30, 2016
Monetary	Twilight Wish Foundation	P.O. Box 1042 11 Duane Road Doylestown, PA 18901	\$7,500	11/9/2016	Simple Needs Wish Granting Program
Monetary	UIH Family Partners	4 North Broad Street 2nd Floor Trenton, NJ 08618-4408	\$9,000	12/15/2016	Community of Health for Men, Year 3
Monetary	United Negro College Fund	9-25 Alling Street 2nd Floor Newark, NJ 07102	\$7,500	11/18/2016	Janssen Pharmaceuticals-Princeton Committee of UNCF Scholarship
Monetary	United Way of Greater Mercer County	Crossroads Corporate Center 3150 Brunswick Pike, Suite 230 Lawrenceville, NJ 08648-2420	\$530,664	12/19/2016	Company match to employee United Way campaign for Titusville based companies
Monetary	United Way of Hunterdon County	4 Walter Foran Blvd. Flemington, NJ 08822	\$600	11/29/2016	Costs associated with 2016 Janssen Cares Volunteer Activity

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	United Way of Northern New Jersey	PO Box 6835 1011 Route 22 West, 2nd Floor Bridgewater, NJ 08807	\$42,219	12/21/2016	Company match to employee United Way campaign less Truist processing fee for Raritan campus
Monetary	Urbanpromise International Inc.	801 West State Street Trenton, NJ 08618	\$3,500	10/26/2016	StreetLeader Program
Monetary	Valeo Behavioral Health Care Inc.	5401 SW 7th Street Topeka, KS 66606	\$3,500	4/12/2016	Creations of Hope: A gallery by artists experiencing mental illness focused on advocacy through art.
Monetary	Volunteer Connect	12 Stockton Street Princeton, NJ 08540	\$7,500	12/15/2016	SkillsConnect
Monetary	Washington Crossing Park Association Inc.	P. O. Box 83 Titusville, NJ 08560	\$750	9/12/2016	Educational program support: "Digging New Jersey: Colonial and Revolutionary War Archeology" and "The Occupation of Trenton: December 1–21, 1776"
Monetary	West Windsor Plainsboro Education Foundation	PO Box 280 West Windsor, NJ 08550-0280	\$5,000	11/9/2016	Excellence in Education Grant Program
Monetary	Womanspace	1530 Brunswick Ave. Lawrenceville, NJ 08648	\$5,000	11/18/2016	Domestic Violence Shelter (Safe House) and Transitional Housing (Barbara's House)
Monetary	Women's Community, Inc.	3200 Hilltop Avenue Wausau, WI 54401	\$75	1/19/2016	Employee directed donation in lieu of company holiday gift
Monetary	Woods Services Foundation	40 Martin Gross Drive PO box 36 Langhorne, PA 19047	\$600	10/24/2016	2016 Janssen Cares Volunteer Events
Monetary	Woods Services Foundation	40 Martin Gross Drive PO box 36 Langhorne, PA 19047	\$4,000	12/15/2016	Yoga at Maplewood: A Program for People with Prader-Willi Syndrome
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$ 1,489,699	4/27/2016	Product donation for humanitarian assistance in Gaza, Tanzania, West Bank, Afghanistan, USA, Jamaica, Nicaragua
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$ 1,865,102	4/27/2016	Product donation for humanitarian assistance in Afghanistan, Jamaica, Nicaragua, USA

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$ 2,283,779	4/27/2016	Product donation for humanitarian assistance in Afghanistan, Armenia, Nicaragua, Peru, St. Lucia, West Bank
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$ 189,778	4/27/2016	Product donation for humanitarian assistance in USA
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$ 871,464	5/10/2016	Product donation for humanitarian assistance in USA
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$ 3,176,645	5/10/2016	Product donation for humanitarian assistance in Afghanistan, USA, Armenia, Nicaragua, Peru, St. Lucia, West Bank
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$ 1,347,810	5/10/2016	Product donation for humanitarian assistance in Afghanistan, Armenia, Nicaragua, Peru, St. Lucia, West Bank
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$ 1,482,447	5/10/2016	Product donation for humanitarian assistance in Tanzania, Armenia, St. Lucia, Jamaica
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$ 133,034	5/10/2016	Product donation for humanitarian assistance in St. Lucia, Tanzania, Afghanistan
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$ 15,673	6/8/2016	Product donation for humanitarian assistance in Tanzania.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$ 518,523	6/9/2016	Product donation for humanitarian assistance in Nicaragua, Tanzania, West Bank, and the US
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$ 1,087,540	6/9/2016	Product donation for humanitarian assistance in Gaza, Sierra Leone, Tanzania, West Bank, Afghanistan, and US
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$672,076	8/1/2016	Product Donation for humanitarian assistance in: Dominican Republic, Lebanon, Palestine Territory, Senegal, St. Lucia, Guatemala, Nicaragua and US

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$15,291	8/1/2016	Product donation for humanitarian assistance in Guatemala, Nicaragua, Dominican Republic.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$536,094	8/1/2016	Product donation for humanitarian assistance in: Dominican Republic, Lebanon, Palestine Territory, Senegal, Guatemala, Nicaragua
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$2,923,869	8/1/2016	Product Donation for humanitarian assistance in: Dominican Republic, Lebanon, Palestine Territory, Senegal, St. Lucia, Guatemala, Nicaragua, US
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$83,360	8/1/2016	Product donation for humanitarian assistance in: Haiti, Palestine Territory, St. Lucia, Lebanon, Senegal, Jamaica
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$481,959	8/1/2016	Product donation for humanitarian assistance in: Guatemala, Nicaragua, Palestine Territory, Senegal, US
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$354,276	9/13/2016	Product donation for humanitarian assistance in Colombia, Lebanon, Tanzania and West Bank.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$589,968	9/13/2016	Product donation for AmeriCares US Clinics Network.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$34,315	9/13/2016	Product donation for humanitarian assistance in Tanzania and West Bank.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$114,481	9/13/2016	Product donation for humanitarian assistance in Afghanistan, Colombia, Tanzania, and West Bank
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$613,250	9/21/2016	Product donation for humanitarian assistance in US Clinics.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$6,343,517	9/21/2016	Product donation for humanitarian assistance in Lebanon, St. Lucia, West Bank, Gaza, Afghanistan and the US

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$807,284	9/21/2016	Product donation for humanitarian assistance in Colombia, West Bank, Afghanistan.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$61,169	9/21/2016	Product donation for humanitarian assistance in St. Lucia.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$1,516,094	9/21/2016	Product donation for humanitarian assistance in West Bank and the US
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$252,240	9/21/2016	Product donation for humanitarian assistance in US
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$292,992	9/21/2016	Product donation for humanitarian assistance in US Clinics.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$1,270,212	9/21/2016	Product donation for humanitarian assistance in US Clinics
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$641,091	9/21/2016	Product donation for humanitarian assistance in West Bank and the US
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$113,318	9/13/2016	Product donation for humanitarian assistance in Afghanistan, Colombia, Tanzania, West Bank.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$622,686	10/24/2016	Product donation for humanitarian assistance in Dominican Republic.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$42,437	10/24/2016	Product donation for humanitarian assistance in Haiti, Sierra Leone, Ghana.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$555,202	10/24/2016	Product donation for humanitarian assistance in West Bank, Gaza, US
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$1,321,288	11/17/2016	Product donation for humanitarian assistance in Puerto Rico
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$99,595	11/22/2016	Product Donation for humanitarian assistance in St. Lucia and Colombia
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$25,655	11/29/2016	Product donation for humanitarian assistance in West Bank, Gaza, Dominican Republic, St. Lucia, Colombia

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$151,578	11/29/2016	Product donation for humanitarian assistance in Colombia.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$38,160	11/29/2016	Product donation for humanitarian assistance in Colombia.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$119,132	11/29/2016	Product donation for humanitarian assistance in West Bank and St. Lucia.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$238,579	11/29/2016	Product donation for humanitarian assistance in Colombia.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$381,064	11/30/2016	Product donation for humanitarian assistance in Nicaragua.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$86,941	12/22/2016	Product donation for humanitarian assistance in Nicaragua and West Bank.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$239,612	12/22/2016	Product donation for humanitarian assistance in Nicaragua, St. Lucia.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$46,647	12/22/2016	Product donation for humanitarian assistance in Nicaragua.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$10,987	12/22/2016	Product donation for humanitarian assistance in St. Lucia.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$145,709	12/22/2016	Product donation for humanitarian assistance in Dominican Republic, Nicaragua, West Bank and US
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$23,053	12/22/2016	Product donation for humanitarian assistance in Dominican Republic.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$282,912	12/22/2016	Product donation for humanitarian assistance in US
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$142,865	12/22/2016	Product donation for humanitarian assistance in Afghanistan, Nicaragua, St. Lucia, and West Bank.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$212,731	12/22/2016	Product donation for humanitarian assistance in Afghanistan and Nicaragua.

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$54,332	12/22/2016	Product donation for humanitarian assistance in Nicaragua and Liberia.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$25,485	12/22/2016	Product donation for humanitarian assistance in US
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$183,120	12/22/2016	Product donation for humanitarian assistance in the US
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$179,712	12/19/2016	Product donation for humanitarian assistance in Romania.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$428,182	12/21/2016	Product donation for humanitarian assistance in St. Lucia.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$270,923	12/22/2016	Product donation for humanitarian assistance in Afghanistan and Tanzania.
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$30,737	12/22/2016	Product donation for humanitarian assistance in US
Product	AmeriCares Foundation	88 Hamilton Ave Stamford, CT 06902	\$291,417	12/30/2016	Product Donation for humanitarian assistance in Dominican Republic, Nicaragua, West Bank, and US
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$1,167,782	12/22/2016	Product donation for humanitarian assistance in D.R., El Salvador, Guatemala, Haiti, Honduras.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$30,737	12/22/2016	Product donation for humanitarian assistance in El Salvador.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$30,737	12/22/2016	Product donation for humanitarian assistance in El Salvador.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$12,212,928	12/21/2016	Product donation for humanitarian assistance in Haiti, Honduras, Jamaica, Dominican Republic, El Salvador, Guatemala
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$135,843	12/19/2016	Product donation for humanitarian assistance.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$43,471	12/22/2016	Product donation for humanitarian assistance in Jamaica.

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$374,394	12/22/2016	Product donation for humanitarian assistance in Dominican Republic, El Salvador, Guatemala.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$42,860	12/22/2016	Product donation for humanitarian assistance in El Salvador.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$106,365	12/22/2016	Product donation for humanitarian assistance in El Salvador.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$27,166	12/22/2016	Product donation for humanitarian assistance in Jamaica.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$101,942	12/22/2016	Product donation for humanitarian assistance in El Salvador.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$2,140,908	12/22/2016	Product donation for humanitarian assistance in Dominican Republic, El Salvador, Guatemala, Haiti, Honduras.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$336,398	12/22/2016	Product donation for humanitarian assistance in Dominican Republic, El Salvador, Guatemala.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$582,322	12/22/2016	Product donation for humanitarian assistance in Dominican Republic, El Salvador, Guatemala, Haiti, Honduras.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$2,723,631	12/22/2016	Product donation for humanitarian assistance in Dominican Republic, El Salvador, Guatemala, Haiti, Honduras.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$89,706	12/22/2016	Product donation for humanitarian assistance in El Salvador.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$43,293	12/1/2016	Product donation for humanitarian assistance in Haiti, Jamaica and El Salvador.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$223,922	12/1/2016	Product donation for humanitarian assistance in Guatemala, Haiti, Dominican Republic.

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$218,883	12/1/2016	Product donation for humanitarian assistance in Guatemala, Haiti, Dominican Republic.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$41,696	12/1/2016	Product donation for humanitarian assistance in Haiti.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$26,039,346	12/1/2016	Product donation for humanitarian assistance in Guatemala, Haiti, Dominican Republic, El Salvador.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$248,988	12/1/2016	Product donation for humanitarian assistance in Haiti.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$381,604	12/1/2016	Product donation for humanitarian assistance in Haiti and Dominican Republic.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$361,008	12/1/2016	Product donation for humanitarian assistance in Guatemala and Haiti.
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$76,321	9/13/2016	Product donation for humanitarian assistance in Haiti.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$622,686	10/25/2016	Product donation for humanitarian assistance in El Salvador, Guatemala
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$482,784	10/25/2016	Product donation for humanitarian assistance in El Salvador and Guatemala.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$16,848,000	10/25/2016	Product donation for humanitarian assistance in Guatemala.
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$822,943	9/22/2016	Product donation for humanitarian relief in Honduras.
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$139,387	9/22/2016	Product donation for humanitarian assistance in Honduras.
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$732,675	9/22/2016	Product donation for humanitarian assistance in Honduras.
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$76,696	9/13/2016	Product donation for humanitarian assistance in Haiti.

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$30,737	9/13/2016	Product Donation for humanitarian assistance in Haiti.
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$75,546	9/13/2016	Product donation for humanitarian assistance in Haiti.
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$270,923	9/13/2016	Product donation for humanitarian assistance in Haiti.
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$151,003	9/13/2016	Product donation for humanitarian assistance in Haiti.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$275,235	8/1/2016	Product donation for humanitarian assistance in Guatemala and Nicaragua.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$48,005	8/1/2016	Product donation for humanitarian assistance in Guatemala and Nicaragua.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$208,481	8/1/2016	Product donation for humanitarian assistance in Guatemala and Nicaragua.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$1,162,207	8/1/2016	Product donation for humanitarian assistance in Guatemala and Nicaragua.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$4,168	8/1/2016	Product donation for humanitarian assistance in Jamaica.
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$952,711	8/1/2016	Product donation for humanitarian assistance in Guatemala and Nicaragua.
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$15,673	6/8/2016	Product donation for humanitarian assistance in Nicaragua
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$884,080	6/9/2016	Product donation for humanitarian assistance in Nicaragua
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$294,990	6/9/2016	Product donation for humanitarian assistance in Nicaragua.
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$97,026	5/10/2016	Product donation for humanitarian assistance in Nicaragua
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$137,045	5/10/2016	Product donation for humanitarian assistance in Nicaragua

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$561,881	5/10/2016	Product donation for humanitarian assistance in Armenia, Guatemala, Honduras, El Salvador
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$3,165,318	5/10/2016	Product donation for humanitarian assistance in Dominican Republic, El Salvador, Haiti, Jamaica
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$439,527	4/27/2016	Product donation for humanitarian assistance in Dominican Republic, Haiti, Jamaica, Honduras
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$864,289	4/27/2016	Product donation for humanitarian assistance in Dominican Republic, Armenia, Haiti, Jamaica, El Salvador
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$1,970,703	4/27/2016	Product donation for humanitarian assistance in Ecuador, Guatemala, Honduras, Liberia, Paraguay, Peru, Dominican Republic, Ghana, Haiti
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$2,216,643	4/27/2016	Product donation for humanitarian assistance in Ghana, Honduras, Jordan, Liberia, Malawi, Paraguay, Peru, Sierra Leone, Guatemala, Haiti
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$68,096	4/4/2016	Product donation for disaster preparedness module
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$571,913	4/27/2016	Product donation for humanitarian assistance in Nicaragua, Malawi, Ghana, US
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$1,270,853	4/27/2016	Product donation for humanitarian assistance in Colombia, Ghana, Guatemala, Honduras, Jordan, Paraguay
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$172,405	6/8/2016	Product donation for humanitarian assistance in Dominican Republic, Ghana, Pakistan, Paraguay.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$3,702,692	5/10/2016	Product donation for humanitarian assistance in Guyana, Armenia

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$114,204	5/10/2016	Product donation for humanitarian assistance in Guyana
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$4,350,366	6/9/2016	Product donation for humanitarian assistance in Dominican Republic, Ghana, Jamaica, Pakistan, Paraguay, Liberia, and Honduras
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$2,620,434	6/9/2016	Product donation for humanitarian assistance in Ghana, Haiti, Paraguay, Somaliland, Dominican Republic, Honduras, Jamaica, Malawi, Pakistan, Rwanda.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$20,006	8/2/2016	Product donation for humanitarian assistance in Haiti.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$91,508	9/7/2016	Product donation for humanitarian assistance in the Dominican Republic.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$1,368,726	9/7/2016	Product donation for humanitarian assistance in Dominican Republic, Guyana, Fiji.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$30,737	9/7/2016	Product donation for humanitarian assistance in Nicaragua.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$812,768	9/7/2016	Product donation for humanitarian assistance in Dominican Republic.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$300,317	9/7/2016	Product donation for humanitarian assistance in Dominican Republic and Guyana.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$572,406	9/7/2016	Product donation for humanitarian assistance in Dominican Republic and Guyana.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$423,969	9/7/2016	Product donation for humanitarian assistance in Dominican Republic and Honduras.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$996,184	11/16/2016	Product donation for humanitarian assistance in Ghana

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$159,065	11/16/2016	Product donation for humanitarian assistance in Ghana
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$296,198	11/16/2016	Product donation for humanitarian assistance in Ghana
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$113,778	11/16/2016	Product donation for humanitarian assistance in Ghana
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$70,614	11/16/2016	Product donation for humanitarian assistance in Ghana
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$56,506	11/16/2016	Product donation for humanitarian assistance in Ghana
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$801,421	11/16/2016	Product donation for humanitarian assistance in Ghana
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$720,416	11/16/2016	Product donation for humanitarian assistance in Ghana
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$848,095	11/16/2016	Product donation for humanitarian assistance in Ghana
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$22,144	5/10/2016	Product donation for humanitarian assistance in USA
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$1,151,659	10/24/2016	Product donation for humanitarian assistance in Haiti, Ghana, Sierra Leone.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$1,781,473	10/24/2016	Product donation for humanitarian assistance in Honduras
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$49,798	11/22/2016	Product donation for humanitarian assistance in Jamaica.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$18,947	11/22/2016	Product donation for humanitarian assistance in Peru and Nicaragua.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$21,529	11/22/2016	Product donation for humanitarian assistance in Peru.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$152,642	11/22/2016	Product donation for humanitarian assistance in Jamaica and Nicaragua.

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$244,221	11/22/2016	Product donation for humanitarian assistance in Jamaica, Guatemala, Colombia, Nicaragua
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$54,936	11/22/2016	Product donation for humanitarian assistance in Peru, Nicaragua and Colombia.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$86,941	12/22/2016	Product donation for humanitarian assistance in Honduras and Afghanistan.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$381,882	12/22/2016	Product donation for humanitarian assistance in Haiti, Afghanistan, Honduras.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$64,354	12/22/2016	Product donation for humanitarian assistance in US
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$145,709	12/22/2016	Product donation for humanitarian assistance in US
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$57,146	12/22/2016	Product donation for humanitarian assistance in Lebanon and Honduras.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$53,183	12/22/2016	Product donation for humanitarian assistance in Afghanistan.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$45,277	12/22/2016	Product donation for humanitarian assistance in Afghanistan and Honduras.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$203,883	12/22/2016	Product donation for humanitarian relief in Honduras and US.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$241,908	12/22/2016	Product donation for humanitarian assistance in Haiti and US
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$102,180	12/22/2016	Product donation for humanitarian assistance in the US
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$126,300	12/22/2016	Product donation for humanitarian assistance in Haiti.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$8,017	11/28/2016	Product donation for humanitarian assistance in Peru.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$179,712	12/19/2016	Product donation for humanitarian assistance in Malawi.

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	Heart To Heart International	13250 W 98th Street Lenexa, KS 66215	\$8,017	11/28/2016	Product donation for humanitarian assistance in Honduras.
Product	Heart To Heart International	13250 W 98th Street Lenexa, KS 66215	\$199,190	11/28/2016	Product donation for humanitarian assistance in Haiti.
Product	Heart To Heart International	13250 W 98th Street Lenexa, KS 66215	\$190,802	11/28/2016	Product donation for humanitarian assistance in Honduras
Product	Heart To Heart International	13250 W 98th Street Lenexa, KS 66215	\$83,392	11/28/2016	Product donation for humanitarian assistance in Dominican Republic, Honduras.
Product	Heart To Heart International	13250 W 98th Street Lenexa, KS 66215	\$635,226	9/26/2016	Product donation for humanitarian assistance in Haiti.
Product	Heart To Heart International	13250 W 98th Street Lenexa, KS 66215	\$194,454	9/16/2016	Product donation for humanitarian assistance in Haiti and Guatemala
Product	Heart To Heart International	13250 W 98th Street Lenexa, KS 66215	\$1,327,428	9/16/2016	Product donation for humanitarian assistance in Haiti, Guatemala and Honduras.
Product	Heart To Heart International	13250 W 98th Street Lenexa, KS 66215	\$114,481	9/16/2016	Product donation for humanitarian assistance in Haiti.
Product	Heart To Heart International	13250 W 98th Street Lenexa, KS 66215	\$61,475	9/16/2016	Product donation for humanitarian assistance in Guatemala and El Salvador.
Product	Heart To Heart International	13250 W 98th Street Lenexa, KS 66215	\$128,184	9/16/2016	Product donation for humanitarian assistance in Haiti and Guatemala.
Product	Heart to Heart International	1021 Pacific Avenue Kansas City, KS 66102	\$148,499	6/9/2016	Product donation for humanitarian assistance in Dominican Republic, Guatemala, Jamaica
Product	Heart to Heart International	1021 Pacific Avenue Kansas City, KS 66102	\$31,346	6/8/2016	Product donation for humanitarian assistance in Guatemala, Jamaica.
Product	Heart To Heart International	13250 W 98th Street Lenexa, KS 66215	\$963,188	5/10/2016	Product donation for humanitarian assistance in Dominican Republic
Product	Heart To Heart International	13250 W 98th Street Lenexa, KS 66215	\$808,425	5/10/2016	Product donation for humanitarian assistance in Swaziland

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	Johnson and Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza New Brunswick, NJ 08933	\$84,928,778	3/31/2016	Patient Assistance Product Donation
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza New Brunswick, NJ 08934	\$86,415,842	6/31/2016	Patient Assistance Product Donation
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza New Brunswick, NJ 08935	\$68,286,613	9/30/2016	Patient Assistance Product Donation
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza New Brunswick, NJ 08936	\$77,655,085	12/31/2016	Patient Assistance Product Donation
Product	MAP International	4700 Glynco Parkway Brunswick, GA 31525	\$168,361	10/21/2016	Product donation for disaster response in Haiti.
Product	MAP International	4700 Glynco Parkway Brunswick, GA 31525	\$35,275	11/28/2016	Product donation for humanitarian assistance in Central America.
Product	MAP International	4700 Glynco Parkway Brunswick, GA 31525	\$1,600,598	12/14/2016	Product donation for Humanitarian assistance in Dominican Republic.
Product	MAP International	4700 Glynco Parkway Brunswick, GA 31525	\$1,816	12/14/2016	Product donation for humanitarian assistance in Dominican Republic
Product	MAP International	50 Hurt Plaza Atlanta, GA 30303	\$1,471,357	12/16/2016	Product donation for humanitarian assistance in Dominican Republic

Updated March 30, 2017

Janssen Therapeutics, Division of Janssen Products, LP, Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Acercamiento Hispano de Carolina del Sur	827 Wildwood Ave, Suite 200 Columbia, SC 29203	\$7,500	4/25/2016	ContraSIDA (Against HIV/AIDS)
Monetary	ADAP Advocacy	312 11th Avenue, #21g New York, NY 10001	\$5,000	6/1/2016	Improving Access to Care Among Transgender Men and Women Living with HIV/AIDS under the AIDS Drug Assistance Program (ADAP)

**Janssen Therapeutics, Division of Janssen Products, LP, Monetary and Product Contribution to
U.S.-based Charitable Organizations Full Year 2016—Continued**

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	ADAP Advocacy	312 11th Avenue, #21g New York, NY 10001	\$5,000	2/29/2016	ADAP Directory
Monetary	African-American Aids Policy And Training Institute	1833 W. 8th St., Suite 200 Los Angeles, CA 90057	\$200,000	12/6/2016	Certification of the U.S. HIV Workforce: A Project to In- crease HIV Literacy and Competency
Monetary	AIDS Action Coali- tion of Huntsville	600 St. Clair Ave- nue P.O. Box 2409 Huntsville, AL 35801	\$26,700	8/24/2016	(RFA)—Healthy Start
Monetary	AIDS Action Com- mittee of Massa- chusetts	75 Amory Street Boston, MA 02119	\$30,000	12/6/2016	Getting to Zero MA
Monetary	Aids Community Research Initia- tive of America ACRIA	575 8th Ave, Suite 502 New York, NY 10018	\$15,000	7/13/2016	HIV Health Literacy Education and Training for Service Providers Working with Vulnerable Populations
Monetary	AIDS Foundation of Chicago	200 W. Jackson Blvd Suite 2100 Chicago, IL 60606	\$48,000	6/21/2016	Ensuring Access to HIV Pre- vention and Care in Illi- nois through Policy Moni- toring and Advocacy
Monetary	AIDS Outreach Cen- ter	400 N Beach Street Fort Worth, TX 76111	\$5,000	2/29/2016	HIV Case Management at AIDS Outreach Center
Monetary	AIDS Project Los Angeles	The David Geffen Center 611 S. Kingsley Dr. Los Angeles, CA 90005	\$7,500	12/14/2016	HIV Access and Care Coordi- nation Program
Monetary	AIDS Service Center NYC	64 West 35th Street, 3rd Floor New York, NY 10001	\$20,000	6/21/2016	Peer Education, Health Coaching, and Access to Care programs
Monetary	AIDS Services Coali- tion	P.O. Box 169 121 College Street Hattiesburg, MS 39401	\$30,000	8/24/2016	(RFA)—Positive Living
Monetary	AIDS Services Foun- dation Orange County	17982 Sky Park Cir- cle, Suite J Irvine, CA 92614	\$5,000	12/16/2016	HIV and Hepatitis C Testing Program
Monetary	AIDS Services Foun- dation Orange County	17982 Sky Park Cir- cle, Suite J Irvine, CA 92614	\$5,000	2/29/2016	HIV and Hepatitis C Testing Program
Monetary	AIDS Services of Austin Inc.	7215 Cameron Road Austin, TX 78752	\$5,000	1/18/2016	HIV Case Management

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**Janssen Therapeutics, Division of Janssen Products, LP, Monetary and Product Contribution to
U.S.-based Charitable Organizations Full Year 2016—Continued**

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	AIDS Services of Austin Inc.	7215 Cameron Road Austin, TX 78752	\$2,500	12/14/2016	Palateria Cart
Monetary	AIDS Services of Austin Inc.	7215 Cameron Road Austin, TX 78752	\$30,000	8/8/2016	(RFA)—Rising Star University
Monetary	AIDS United	1424 K Street, NW Suite 200 Washington, DC 20005-2411	\$300,000	12/19/2016	Transgender Leadership Demonstration Project
Monetary	Alexian Brothers Bonaventure House	825 W. Wellington Chicago, IL 60657	\$5,000	6/20/2016	Transitional Living Program for Homeless Adults with HIV/AIDS
Monetary	Alliance For Housing And Healing	825 Colorado Blvd., Suite 100 Los Angeles, CA 90041	\$3,000	12/14/2016	Continuum-of-Care Services for Multi-Diagnosed Persons with HIV/AIDS
Monetary	American Liver Foundation	Greater New York Division 39 Broadway Suite 2700 New York, NY 10006	\$3,000	8/25/2016	Ask the Experts: Hepatitis C/ HIV Co-infection Seminar
Monetary	Atlanta Harm Reduction Coalition	P.O. Box 92670 Atlanta, GA 30314	\$15,000	2/16/2016	Hepatitis C Prevention Program
Monetary	Bienestar	5326 E Beverly Blvd Los Angeles, CA 90022	\$25,000	12/6/2016	Bienestar HIV Programs and Services
Monetary	Brotherhood, Inc.	2714 Canal Street Suite 503A New Orleans, LA 70119	\$28,500	8/24/2016	(RFA)—EMPOWER NOLA
Monetary	Caring Ambassadors Program Inc.	PO Box 1748 Oregon City, OR 97045	\$40,000	3/24/2016	Hepatitis C Program Support—SHAPE and CHOICES
Monetary	Catholic Charities of East Tennessee Inc.	119 Dameron Avenue Knoxville, TN 37917	\$5,000	3/14/2016	The Home Place
Monetary	Central Louisiana Aids Support Services Inc. (CLASS)	1785 Jackson Street Alexandria, LA 71301	\$5,000	2/29/2016	Free On-Site Neighborhood Testing, Counseling, and Prevention Program
Monetary	Christie's Place Inc.	2440 Third Ave San Diego, CA 92101	\$10,000	7/13/2016	Integrated Services for Women, Children and Families
Monetary	Christie's Place Inc.	2440 Third Ave San Diego, CA 92101	\$20,000	2/18/2016	CHANGE for Women

**Janssen Therapeutics, Division of Janssen Products, LP, Monetary and Product Contribution to
U.S.-based Charitable Organizations Full Year 2016—Continued**

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Coalition On Positive Health Empowerment Inc.	127 W 127th Street Suite 208 New York, NY 10027	\$50,000	12/6/2016	Strengthening Patient Education through Technology and Social Media
Monetary	Coastal Bend Wellness Foundation	5633 South Staples, Suite 700 Corpus Christi, TX 78411	\$15,000	10/7/2016	HEP: Hepatitis Education Program
Monetary	Community Counseling Center	714 East Sahara Ave. Suite 103 Las Vegas, NV 89104	\$5,000	6/24/2016	Patient Wellness Education
Monetary	Community Health Interventions and Sickle Cell Agency Incorporated	2409 Murchison Rd Fayetteville, NC 28301	\$29,633	8/24/2016	(RFA)—Safe Spaces Ambassador Program
Monetary	Community Healthcare Network	60 Madison Avenue, 5th floor New York, NY 10010	\$30,000	2/29/2016	Transgender Linkage to Care
Monetary	Comprehensive Aids Resource Encounter Inc.	142 S. Brunswick Street Suite B P.O. Box 552 Jesup, GA 31545	\$25,000	8/24/2016	(RFA)—Project IRIS (Improving Retention In the South)
Monetary	Crisis Shelter of Lawrence County	1218 West State Street New Castle, PA 16101-2021	\$75	7/12/2016	Employee directed donation in lieu of company holiday gift
Monetary	Desert AIDS Project	1695 N. Sunrise Way Palm Springs, CA 92262	\$5,000	6/1/2016	Get Tested Coachella Valley Linkage to Care for Newly Diagnosed HIV-Positive Persons
Monetary	Frannie Peabody Center Inc.	30 Danforth St. Suite 311 Portland, ME 04101	\$5,000	9/13/2016	Integrated Access to Care for People Living with HIV/AIDS
Monetary	Harm Reduction Coalition	22 West 27th Street 5th Floor New York, NY 10001	\$25,000	7/13/2016	Hepatitis C Project
Monetary	Health Federation Of Philadelphia	1211 Chestnut Street, Suite 801 Philadelphia, PA 19107	\$5,000	12/14/2016	Pennsylvania Ryan White Part C/D Collaborative
Monetary	HealthHIV	2000 S Street NW Washington, DC 20009	\$30,000	2/18/2016	Do You Know Me?: Engaging and Retaining Young MSM of Color in HIV Care
Monetary	Heart Health and Healing Ministries Inc.	3600 Broadway West Palm Beach, FL 33407	\$5,000	3/16/2016	BROTHA—Brothers Responding Openly to HIV/AIDS (Ujima Men's Collective)

Janssen Therapeutics, Division of Janssen Products, LP, Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2016—Continued

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Hepatitis C Mentor And Support Group Inc.	35 East 38th Street, Suite #4G New York, NY 10016	\$22,000	2/18/2016	The Hepatitis C Education and Support Group Assistance Program
Monetary	Hepatitis Education Project	1261 S. Jackson St. Suite 201 Seattle, WA 98144	\$35,000	3/14/2016	Case management (\$25,000); King County Jail Hepatitis Education (\$10,000)
Monetary	Hepatitis Foundation International Inc.	8121 Georgia Avenue Suite 350 Silver Spring, MD 20910	\$5,000	5/6/2016	Call To Action: A National Response for Hepatitis C Treatment among the Hard to Reach, Hard to Treat. Proposal
Monetary	Jacksonville Area Sexual Minority Youth Network, Inc. (JASMYN)	P.O. Box 380103 Jacksonville, FL 32205	\$30,000	8/8/2016	(RFA)—#AIDSFreeJax Linkage to Care (L2C) Program—a Comprehensive HIV/AIDS Linkage to Care Program for African American YMSM, ages 13–23
Monetary	Legacy Counseling Center	4054 McKinney Avenue Suite 102 Dallas, TX 75204	\$5,000	12/14/2016	Legacy Counseling Center Counseling and Walk-In Crisis Clinic Program for People Living with HIV/AIDS
Monetary	Make-A-Wish Foundation of Eastern North Carolina	2880 Slater Road, Suite 108 Morrisville, NC 27560	\$450	2/8/2016	Employee directed donation in lieu of company holiday gift
Monetary	MCCNY Charities	446 West 36th Street New York, NY 10018	\$10,000	12/6/2016	Linkage to Care for LGBTIQ Homeless Youth
Monetary	Minority AIDS Project	5149 W. Jefferson Blvd Los Angeles, CA 90016	\$7,500	4/12/2016	The Missing Link "G.L.A.M.O.R." (Getting Linked And Managing Our Regimen)
Monetary	Missouri Hepatitis C Alliance	601 Business Loop 70 West Suite 138 Columbia, MO 65203	\$9,650	8/9/2016	Hep C Education and Testing—The Texas Project
Monetary	National AIDS Treatment Advocacy Project	580 Broadway Suite 1010 New York, NY 10012	\$175,000	3/7/2016	NATAP HIV and HCV Information and Education Project
Monetary	National Alliance of State and Territorial AIDS Directors	444 N. Capitol St., NW Suite 339 Washington, DC 20001	\$150,000	12/19/2016	Health Systems Integration, Ryan White/ADAP, and Viral Hepatitis Public Policy and Technical Assistance Programs
Monetary	National Minority AIDS Council	1000 Vermont Avenue NW Suite 200 Washington, DC 20005	\$50,000	12/15/2016	Strong Communities: Social Drivers of HIV

**Janssen Therapeutics, Division of Janssen Products, LP, Monetary and Product Contribution to
U.S.-based Charitable Organizations Full Year 2016—Continued**

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	National Minority AIDS Council	1000 Vermont Avenue NW Suite 200 Washington, DC 20005	\$30,000	2/16/2016	Strong Communities: Strengthening connections between LGBT communities of color and the providers that serve them
Monetary	New Jersey AIDS Services	44 South Street Morristown, NJ 07960	\$5,000	2/29/2016	Community Based Services
Monetary	Next Step Fund Inc.	99 Bishop Allen Drive Cambridge, MA 02139	\$5,000	6/20/2016	Expansion of Next Step's Year-round Programming for teens and young adults living with HIV.
Monetary	Our House of Portland Incorporated	2727 SE Alder St. Portland, OR 97214	\$5,000	8/23/2016	Neighborhood Housing and Care Program (NHCP)
Monetary	Palmetto AIDS Life Support Services	2638 Two Notch Road, Suite 108 Columbia, SC 29204	\$7,500	5/6/2016	HIV Care Coordination Program
Monetary	Positive Resource Center	785 Market Street, 10th Floor San Francisco, CA 94103	\$2,500	12/16/2016	Employment and Benefits Education
Monetary	Project Inform	273 Ninth Street San Francisco, CA 94103	\$60,000	10/6/2016	Policy Initiatives to Improve Access to Care and Treatment
Monetary	Project Inform	273 Ninth Street San Francisco, CA 94103	\$20,000	7/15/2016	Hepatitis C Education and Linkage to Care
Monetary	Project Inform	273 Ninth Street San Francisco, CA 94103	\$30,000	12/19/2016	The Support Partnership
Monetary	Project Inform	273 Ninth Street San Francisco, CA 94103	\$70,000	5/19/2016	Mission Support for Project Inform
Monetary	Project Inform	273 Ninth Street San Francisco, CA 94103	\$40,000	2/18/2016	The Support Partnership
Monetary	RAIN, Inc.	601 E. 5th Street, Suite 470 Charlotte, NC 28202	\$30,000	8/8/2016	(RFA)—Improving Retention in Care and Access to Treatment for African Americans Living with HIV in Charlotte Metropolitan area
Monetary	RAIN, Inc.	601 E. 5th Street, Suite 470 Charlotte, NC 28202	\$5,000	4/25/2016	Medical Case Management for Youth, Adults and Seniors with HIV/AIDS

**Janssen Therapeutics, Division of Janssen Products, LP, Monetary and Product Contribution to
U.S.-based Charitable Organizations Full Year 2016—Continued**

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Recovery Consultants Of Atlanta Incorporated	3423 Covington Drive, Suite B Decatur, GA 30032	\$75,000	4/15/2016	The Healthy Start Program
Monetary	Resource Center of Dallas, Inc.	5750 Cedar Springs Road Dallas, TX 75235-6805	\$3,000	12/14/2016	Valor Latino Project
Monetary	Sero Project Inc.	PO Box 1233 Milford, PA 18337	\$15,000	2/29/2016	HIV is Not a Crime regional and national conferences and webinar trainings
Monetary	Shanti Project Inc.	730 Polk Street, 3rd Floor San Francisco, CA 94109	\$10,000	7/13/2016	Shanti HIV Services Program/ HCV Services
Monetary	South Central Educational Development	601 Bland Street P.O. Box 4322 Bluefield, WV 24701	\$7,500	6/27/2016	West Virginia Infection Disease Coalition
Monetary	Southwest Center For HIV/AIDS Inc.	1101 N. Central Avenue Suite 200 Phoenix, AZ 85004	\$5,000	12/14/2016	General mission support
Monetary	Step-Up Incorporated	850 N. Meridian Street First Floor Indianapolis, IN 46204	\$5,000	12/16/2016	Indianapolis Men Advancing Prevention (IMAP)
Monetary	The Aids Institute	17 Davis Blvd. Suite 403 Tampa, FL 33606	\$65,000	12/6/2016	Ensuring Adequate Funding for Domestic HIV/AIDS and Hepatitis Programs
Monetary	The Health Foundation of Greater Indianapolis	429 E. Vermont Street, Suite 400 Indianapolis, IN 46202	\$75	2/8/2016	Employee directed donation in lieu of company holiday gift
Monetary	The Hep C Connection	1325 S. Colorado Blvd., B-302 Denver, CO 80222	\$15,000	7/12/2016	HCV Patient Linkage to Care and Navigation
Monetary	The Open Door, Inc.	PO Box 99243 Pittsburgh, PA 15233	\$30,000	8/24/2016	(RFA)—“Rep” presenting the solution for optimal health outcomes and housing stability for African American “payees” living with HIV/AIDS
Monetary	The San Diego LGBT Community Center	3909 Centre St San Diego, CA 92103	\$5,000	3/7/2016	Latin@ Services program

**Janssen Therapeutics, Division of Janssen Products, LP, Monetary and Product Contribution to
U.S.-based Charitable Organizations Full Year 2016—Continued**

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	The Well Project	85 Norman Avenue, Suite 1 P.O. Box 220410 Brooklyn, NY 11222	\$30,000	3/24/2016	Support Information, Community, Advocacy and Evaluation
Monetary	The Women's Collective	1331 Rhode Island Avenue NE Washington, DC 20018	\$30,000	8/24/2016	(RFA)—Enhancements of Community Health Worker Program
Monetary	Tourette Association of America	4240 Bell Blvd., Suite 205 Bayside, NY 11361	\$75	5/4/2016	Donation in lieu of company holiday gift
Monetary	TPA Network Incorporated Test Positive Aware Network	5050 N. Broadway Suite 300 Chicago, IL 60640	\$5,000	6/1/2016	Healthy Aging with HIV
Monetary	TPA Network Incorporated Test Positive Aware Network	5050 N. Broadway Suite 300 Chicago, IL 60640	\$25,000	10/6/2016	Total Care Portal
Monetary	Treatment Action Group, Inc.	261 Fifth Ave Suite 2110 New York, NY 10016	\$25,000	5/19/2016	Case Studies
Monetary	University of California San Francisco	UCSF Alliance Health Project 1855 Folsom Street, Ste. 670 Box 0884 San Francisco, CA 94143	\$7,500	6/20/2016	Mission-Based Support of UCSF Alliance Health Project Services for People Living With or at Risk of HIV/AIDS
Monetary	University of Chicago	5801 S. Ellis Avenue Chicago, IL 60637	\$20,741	3/7/2016	4 Her by Her
Monetary	US Agency for International Development	1300 PA Avenue., NW SA-44 Rm 475-J Washington, DC 20523	\$500,000	8/5/2016	Bedaquiline Donation Program in support of World Health Organization's END TB Strategy for 2016-2035
Monetary	Venice Family Clinic	604 Rose Ave. Venice, CA 90291	\$5,000	12/16/2016	Venice Family Clinic's Common Ground
Monetary	Vermont Committee For Aids Resources Education and Services	187 Saint Paul Street Burlington, VT 05401	\$5,000	6/1/2016	Vermont HIV Transportation Support

**Janssen Therapeutics, Division of Janssen Products, LP, Monetary and Product Contribution to
U.S.-based Charitable Organizations Full Year 2016—Continued**

(Payments made from January 1, 2016 to December 31, 2016)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Washington Heights CORNER Project	566 West 181st Street, Floor 2 New York, NY 10033	\$30,000	3/24/2016	Engaging High Risk Active Injection Drug Users in Hepatitis C Testing and Treatment in Northern Manhattan
Monetary	Women On Maintaining Education And Nutrition	417 Welshwood Drive, Suite 303 Nashville, TN 37211-4248	\$7,500	4/25/2016	SafetyPIN
Monetary	Womens Challenge Inc.	4615 Harrier Way Belcamp, MD 21017	\$2,500	3/23/2016	She's Still Got It educational initiative
Monetary	WORLD Women Organized to Respond to Life-threatening Diseases	389 30th St Oakland, CA 94609	\$15,000	12/14/2016	Community Researchers Engaging Women (CREW) III
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza New Brunswick, NJ 08933	\$ 3,700,026	3/31/2016	Patient Assistance Product Donation
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza New Brunswick, NJ 08934	\$ 3,459,402	6/30/2016	Patient Assistance Product Donation
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza New Brunswick, NJ 08935	\$ 2,280,117	9/30/2016	Patient Assistance Product Donation
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza New Brunswick, NJ 08936	\$ 3,874,808	12/31/2016	Patient Assistance Product Donation
Product	Partnership for Supply Chain Management	1616 Fort Myer Drive, 12th Floor Arlington, VA 22209-3100	\$ 6,123,407	10/3/2016	Product donation for humanitarian assistance.

Product	US Agency for International Development	1300 PA Avenue., NW, SA-44 Rm 475-J Washington, DC 20523	\$ 44,580,000	12/1/2016	Bedaquiline product donation
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Updated March 30, 2018

Janssen Biotech, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	AAUW Makefield Area Branch PA Inc.	7511 Germantown Avenue Philadelphia, PA 19119	\$1,000	12/14/2017	Annual Girl's Recognition Reception and Scholarship Awards American Association of University Women—Makefield Branch
Monetary	Aid For Friends	12271 Townsend Rd. Philadelphia, PA 19154	\$300	11/16/2017	Costs associated with Janssen Cares Volunteer Activity—September 27, 2017
Monetary	Aid For Friends	12271 Townsend Rd. Philadelphia, PA 19154	\$300	11/16/2017	Costs associated with Janssen Cares Volunteer Activity—October 6, 2017
Monetary	American Cancer Society (HDQTS)	250 Williams Street NW Atlanta, GA 30303	\$9,500	2/2/2017	General Operating Support
Monetary	American Cancer Society Inc.	Atlanta Hope Lodge 1552 Shoup Ct Decatur, GA 30033	\$300	10/25/2017	Costs associated with Janssen Cares Volunteer Activity
Monetary	American Cancer Society Inc, Philadelphia, PA	1626 Locust Street Philadelphia, PA 19103	\$1,000	4/21/2017	Relay For Life of the Wissahickon Valley
Monetary	Arthritis Foundation	1355 Peachtree Street, Suite 600 Atlanta, GA 30309	\$200,000	5/24/2017	Walk To Cure Arthritis and Jingle Bell Run
Monetary	Arthritis Foundation	1355 Peachtree Street, Suite 600 Atlanta, GA 30309	\$200,000	12/21/2017	Walk To Cure Arthritis and Jingle Bell Run
Monetary	Artz Philadelphia	1229 Chestnut Street, #188 Philadelphia, PA 19107	\$7,500	11/30/2017	"ARTZ in the Neighborhood: A Community-Based Program"
Monetary	Breathing Room Foundation	600 West Avenue, P.O. Box 287 Jenkintown, PA 19046-2729	\$5,000	12/25/2017	Program and Family Services—Breathing Room Foundation
Monetary	Cancer Support Community Central New Jersey	3 Crossroads Drive Bedminster, NJ 07921	\$5,000	3/30/2017	Oncology Support Groups

Janssen Biotech, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Cancer Support Community Central Ohio	1200 Old Henderson Columbus, OH 43220	\$5,000	5/19/2017	Voice of the Patient: Distress Screening and Support for Cancer Patients and Survivors
Monetary	Cancer Support Community of Philadelphia	200 Kirk Road Warminster, PA 18974	\$2,000	7/31/2017	Paws 4 Life Dog Walk
Monetary	Cancer Support Community of Philadelphia	200 Kirk Road Warminster, PA 18974	\$300	11/30/2017	Costs associated with Janssen Cares Volunteer Activity—September 28 2017
Monetary	Cancer Support Community of Philadelphia	200 Kirk Road Warminster, PA 18974	\$300	11/30/2017	Costs associated with Janssen Cares Volunteer Activity—September 28 2017
Monetary	Center for Child Advocates	1617 John F. Kennedy Boulevard Philadelphia, PA 19103	\$5,000	9/4/2017	Project for Medically Needy Children
Monetary	Central Bucks Family YMCA	2500 Lower State Road Doylestown, PA 18901	\$300	11/30/2017	Costs associated with Janssen Cares Volunteer Activity—October 3 2017
Monetary	Chester County Art Association	100 North Bradford Avenue West Chester, PA 19382	\$5,000	12/1/2017	Outreach Programs
Monetary	Chester County Opportunities Industrialization Center	790 East Market Street, Suite 100 West Chester, PA 19382	\$6,000	12/22/2017	Certified Nurse Assistant (CNA) Program
Monetary	Chestnut Hill Meals on Wheels	1710 Bethlehem Pike Flourtown, PA 19031	\$2,500	11/30/2017	General Operating Support
Monetary	Children's Hospital of Philadelphia Foundation	100 Penn Square East 8th Floor, Suite 8050 Philadelphia, PA 19107	\$12,000	6/28/2017	Family Care Binder Program
Monetary	Children's Hospital of Philadelphia Foundation	100 Penn Square East 8th Floor, Suite 8050 Philadelphia, PA 19107	\$6,000	4/13/2017	Walk for Hope Benefiting Pediatric Inflammatory Bowel Disease Research at CHOP
Monetary	Community Volunteers in Medicine	300B Lawrence Drive West Chester, PA 19380	\$25,000	12/21/2017	Provision of free medical and dental healthcare to the uninsured in Chester County

Janssen Biotech, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Crohn's and Colitis Foundation—NY Chapter	733 3rd Avenue Suite 510 New York, NY 10017	\$18,000	6/13/2017	Camp Oasis
Monetary	Crohn's and Colitis Foundation—NY Chapter	733 3rd Avenue Suite 510 New York, NY 10017	\$100,000	10/30/2017	Take Steps for Crohn's and Colitis Walks
Monetary	Delaware Valley Science Fairs, Inc.	236 Randell Hall 3141 Chestnut Street Philadelphia, PA 19104	\$5,000	5/22/2017	Teacher Development Program
Monetary	Emmanuel Cancer Foundation	67 Walnut Ave. Suite 107 Clark, NJ 07040	\$3,500	12/21/2017	Pediatric Cancer Family Financial Assistance Fund
Monetary	Family Reach Foundation	142 Berkeley Street, 4th Floor Boston, MA 02116	\$250,000	12/15/2017	Family Reach Financial Assistance and Resource Navigation Programs
Monetary	For Pete's Sake Cancer Respite Foundation	620 West Germantown Pike Suite 250 Plymouth Meeting, PA 19462	\$1,000	5/15/2017	7th Annual For Pete's Sake, Walk! at Citizens Bank Park
Monetary	Friends Association For Care and Protection Of Children	113 West Chestnut Street West Chester, PA 19380	\$5,000	12/14/2017	Outreach to Homeless Families
Monetary	Georgia Prostate Cancer Coalition Inc.	560 Barnesley Lane Alpharetta, GA 30022	\$2,500	5/11/2017	Free Prostate Cancer Screening
Monetary	Girl Scouts of Southeastern Pennsylvania	330 Manor Road Miquon, PA 19444-1741	\$4,000	11/21/2017	Science, Technology, Engineering, and Math Outreach Programming
Monetary	Global Healthy Living Foundation, Inc.	515 N. Midland Ave Upper Nyack, NY 10960	\$25,000	12/21/2017	Puerto Rico Rheumatology Relief
Monetary	Habitat for Humanity of Chester County, Inc.	1847 E Lincoln Hwy Coatesville, PA 19320	\$2,500	12/18/2017	Cambria Housing Development—providing decent affordable housing options in Chester County Pa.
Monetary	Habitat For Humanity Philadelphia Inc.	1829 N. 19th Street Philadelphia, PA 19121	\$5,000	12/13/2017	Diamond Park
Monetary	Hatboro-Horsham Educational Foundation	229 Meetinghouse Road Horsham, PA 19044	\$25,000	12/1/2017	STEM Programs for Hatboro-Horsham Students

Janssen Biotech, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Jack And Jill Late Stage Cancer Foundation Inc.	3282 Northside Parkway, NW Suite 100 Atlanta, GA 33327	\$25,000	5/31/2017	WOW! Experience
Monetary	Joy of Sox	580 Lindsey Dr., Ste 150 Radnor, PA 19087	\$525	4/11/2017	Employee directed donation in lieu of company holiday gift
Monetary	Kids Connected	26071 Merit Circle, #103 Laguna Hills, CA 92653-7016	\$3,000	11/21/2017	Support Groups for the Children of Cancer Patients
Monetary	Lenape Valley Foundation	500 N. West Street Doylestown, PA 18901	\$ 300	11/30/2017	Costs associated with Janssen Cares Volunteer Activity—September 29 2017
Monetary	Metropolitan Area Neighborhood Nutrition Alliance (MANNA)	420 N 20th Street Philadelphia, PA 19103	\$30,000	12/1/2017	Medical Nutrition for People with Severe Illnesses
Monetary	Mitzvah Circle Foundation	1561 Gehman Rd. Harleysville, PA 19438	\$5,000	11/28/2017	Critical Needs for Families and Individuals
Monetary	Montgomery County Community College Foundation	340 Dekalb Pike Blue Bell, PA 19422	\$33,660	10/27/2017	Bridge to Employment Extension—Wissahickon High School
Monetary	NAMI of PA Montgomery County	100 W. Main St. Suite 204 Lansdale, PA 19446	\$2,500	10/4/2017	Mental health education, support and advocacy programs as well as support of Ending the Silence program
Monetary	NAMI of PA Montgomery County	100 W. Main St. Suite 204 Lansdale, PA 19446	\$1,000	12/25/2017	NAMIWalks Greater Philadelphia
Monetary	National Cancer Survivors Day Foundation	1107 Lakeview Dr, Suite C1 Franklin, TN 37067	\$2,500	5/31/2017	National Cancer Survivors Day 2017
Monetary	National Ovarian Cancer Coalition Inc.	4950 York Rd, Unit 631 Holicong, PA 18928	\$2,500	7/31/2017	19th Annual Break the Silence on Ovarian Cancer Run/Walk
Monetary	National Psoriasis Foundation	6600 SW 92nd Ave., #300 Portland, OR 97223	\$50,000	3/16/2017	2017 Team NPF Walk
Monetary	National Psoriasis Foundation	6600 SW 92nd Ave., #300 Portland, OR 97223	\$20,000	12/5/2017 2017	Patient Education Initiative: Phase Three

Janssen Biotech, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	North Penn Valley Boys and Girls Club Inc.	P.O. Box 103 16 Susquehanna Avenue Lansdale, PA 19446	\$5,000	12/4/2017	Project Learn Homework Program
Monetary	One Days Wages	P.O. Box 18071 Seattle, WA 98118	\$75	4/11/2017	Employee directed donation in lieu of company holiday gift
Monetary	Patients Rising Inc.	700 12TH ST NW Ste. 700 Washington, DC 20005	\$5,000	3/31/2017	Patients Rising University: Spotlight Rheumatoid Arthritis
Monetary	Philadelphia Reads	325 Chestnut Street—Suite 903 Philadelphia, PA 19106	\$5,000	1/24/2017	Summer READS
Monetary	Project Home	1515 Fairmount Avenue Philadelphia, PA 19130	\$2,000	11/30/2017	Ending Homelessness in Philadelphia Through Supportive Housing
Monetary	Prostate Cancer Education Council	7009 S. Potomac Street Suite 125 Centennial, CO 80112	\$30,000	6/2/2017	Prostate Cancer Disparities Outreach Program
Monetary	Quest Therapeutic Services Inc.	461 Cann Rd. West Chester, PA 19382	\$4,000	5/25/2017	Hippotherapy (Equine-Assisted Therapy) Program Support to Serve Children with Special Needs
Monetary	Rebuilding Together Philadelphia	4355 Orchard Street Suite 2R Philadelphia, PA 19124	\$5,000	3/22/2017	Belmont Block Build 2017
Monetary	Retired and Senior Volunteer Program of Montgomery County	901 East 8th Street Suite 200 King of Prussia, PA 19406	\$7,000	5/31/2017	RSVP's America Reads/Writes and Protege Programs
Monetary	Retired and Senior Volunteer Program of Montgomery County	901 East 8th Street Suite 200 King of Prussia, PA 19406	\$10,000	12/13/2017	RSVP's My Free Tutor (MFT) Program and Family Literacy Volunteer Program (FLVP)
Monetary	Riverbend Environmental Education Center	1950 Spring Mill Road Gladwyne, PA 19035	\$6,000	7/31/2017	Philadelphia Children Access Nature Program
Monetary	Sandy Rollman Ovarian Cancer Foundation, Inc.	2010 West Chester Pike, Suite 410 Havertown, PA 19083	\$2,000	11/21/2017	Sandy Sprint Superhero 5K or 10K Run/Walk and Canine Sprint
Monetary	Sarcoma Foundation of America	9899 Main Street, #204 Damascus, MD 20872	\$2,500	11/16/2017	Race to Cure SarcomaT 5K Walk/Run Series

Janssen Biotech, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Special Equestrians	2800 Street Road P.O. Box 1001 Warrington, PA 18976	\$4,000	11/21/2017	Special Equestrians Equine-Assisted Learning and Therapeutic Riding Program
Monetary	Starfinder Foundation	4015 Main Street Philadelphia, PA 19127	\$10,000	5/24/2017	Starfinder's Senior Leaders Program
Monetary	The Franklin Institute	222 North 20th Street Philadelphia, PA 19103	\$10,000	12/22/2017	Corporate Membership
Monetary	The Giving Tree, Gwynedd Valley, PA	PO Box 823 Gwynedd Valley, PA 19437	\$2,000	7/31/2017	General Operating Support
Monetary	The Leukemia and Lymphoma Society	3 International Drive Suite 200 Rye Brook, NY 10573	\$250,000	4/12/2017	FY 2018 Light the Night National Sponsor
Monetary	The Mann Center for the Performing Arts	123 South Broad Street Suite 815 Philadelphia, PA 19109	\$7,500	12/14/2017	Master Class Artist Residency
Monetary	The Melmark Charitable Foundation Berwyn, PA	2600 Wayland Road Berwyn, PA 19312	\$10,000	4/25/2017	Hubert J.P. Schoemaker Classic
Monetary	Travis Manion Foundation	164 E State Street Doylestown, PA 18901	\$5,000	12/13/2017	Character Does Matter
Monetary	Trustees of the University of Pennsylvania	3025 Walnut Street Philadelphia, PA 19104	\$6,000	12/14/2017	WXPN Musicians On Call
Monetary	Turning Points For Children	415 South 15th Street Philadelphia, PA 19146	\$5,000	4/20/2017	Families and Schools Together (FAST)
Monetary	United Mitochondrial Disease Foundation	8085 Saltsburg Road Suite 201 Pittsburgh, PA 15239	\$2,017	8/8/2017	General mission support
Monetary	Us Too International Inc.	2720 South River Road #112 Des Plaines, IL 60018	\$1,000	5/25/2017	13th Annual SEA Blue Prostate Cancer Walk & Run
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Austin, TX
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Columbus, OH

Janssen Biotech, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Charleston, SC
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Boston, MA
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Cleveland, OH
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Birmingham, AL
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk San Diego, CA
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk San Antonio, TX
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Sacramento, CA
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Oklahoma City, OK
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk East Lansing, MI
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Kansas City, KS
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Jacksonville, FL
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Harrisburg, PA
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Greensboro, NC
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Des Moines, IA
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Dayton, OH

Janssen Biotech, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Dallas/Fort Worth, TX
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Corpus Christi, TX
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Virginia Beach, VA
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Tyler, TX
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk St. Louis, MO
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Puget Sound, WA
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk San Francisco, CA
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,000	8/1/2017	ZERO Prostate Cancer Run/Walk Napa Valley, CA
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Minneapolis, MN
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Hollywood, FL
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Asheville, NC
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Augusta, SC
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Towson/Baltimore, MD
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk El Paso, TX
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Hartford, CT

Janssen Biotech, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Wichita, KS
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Capital Area/Arlington, VA
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Syracuse, NY
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Salt Lake City, UT
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Raleigh, NC
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Portland, OR
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Los Angeles, CA
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Lincoln, NE
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$1,250	8/1/2017	ZERO Prostate Cancer Run/Walk Lehigh Valley, PA
Monetary	ZERO—The End of Prostate Cancer	515 King Street, Ste 420 Alexandria, VA 22314	\$20,000	6/16/2017	Printed News Resource for Men Living with Advanced Disease
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza Kilmer Square, Suite 130 New Brunswick, NJ 08933	\$497,856,557	12/31/2017	Patient Assistance Product Donation

Janssen has also made financial donations to independent charitable foundations that assist patients who are underinsured and in financial need with treatment-related expenses. In keeping with our donor agreements and applicable regulatory guidance, we will only disclose aggregate data on our charitable giving and do not publicize information on donations to specific foundations and disease states. In 2017, we contributed approximately \$61 million in donations to independent charitable foundations, enabling them to provide assistance with medication-related copays to patients with cancer and autoimmune diseases. Updated

Updated March 30, 2018

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	180 Turning Lives Around, Inc.	1 Bethany Road, Building 3 Suite 42 Hazlet, NJ 07730	\$2,500	12/5/2017	2NDFLOOR Youth Helpline—Hunterdon, Mercer, Somerset Operations
Monetary	Adult Day Center of Somerset County	872 E. Main Street Bridgewater, NJ 08807	\$300	11/6/2017	Costs associated with Janssen Cares Volunteer Activity—October 4, 2017
Monetary	Alliance For Aging Research	2021 K Street N.W. Suite 305 Washington, DC 20006	\$20,000	12/28/2017	“Living with Atrial Fibrillation” Stroke Prevention PSA Campaign
Monetary	Allies, Inc.	1262 Whitehorse Hamilton Square Rd. Hamilton, NJ 08690	\$7,500	11/6/2017	Project Grow
Monetary	Alternatives	600 First Ave. Raritan, NJ 08869	\$300	9/29/2017	Costs associated with Janssen Cares Volunteer Activity #2—September 12, 2017
Monetary	Alternatives	600 First Ave. Raritan, NJ 08869	\$300	9/29/2017	Costs associated with Janssen Cares Volunteer Activity #1—September 12, 2017
Monetary	Alternatives	600 First Ave. Raritan, NJ 08869	\$7,500	12/13/2017	Fundraising event support to benefit general mission of organization
Monetary	American Diabetes Association	900 Fort Street Mall, Suite 940 Honolulu, HI 96813	\$10,000	5/2/2017	Stop Diabetes @ Work
Monetary	American Foundation For Women's Health	PO Box 541 Greenwood, TX 76246	\$30,000	12/22/2017	Atrial Fibrillation Patient Education Conference, AF Patient Treatment and Stroke Prevention Decision-Making Tool, and AF Community Screening Pilot
Monetary	American Heart	7272 Greenville Ave Dallas, TX 75231	\$30,000	12/28/2017	Raising Awareness on the Effects and Consequences of Untreated Type 2 Diabetes
Monetary	American Heart	7272 Greenville Ave Dallas, TX 75231	\$30,000	12/28/2017	Increasing Awareness of Deep Vein Thrombosis/Venous Thromboembolism in General Population and At-Risk Patients
Monetary	American Heart Association—New Jersey	One Union Street Suite 301 Robbinsville, NJ 08691	\$300	9/29/2017	Costs associated with Janssen Cares Volunteer Activity—October 7, 2017

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	American Heart Association—New Jersey	One Union Street Suite 301 Robbinsville, NJ 08691	\$5,000	12/4/2017	16th Annual Garden State Go Red For Women Luncheon
Monetary	American Psychiatric Foundation	1000 Wilson Blvd, Suite 1825 Ar- lington, VA 22209	\$200,000	12/12/2017	Judges and Psychiatrists Leadership Initiative (JPLI)
Monetary	American Psychiatric Foundation	1000 Wilson Blvd, Suite 1825 Ar- lington, VA 22209	\$100,000	12/12/2017	Typical or Troubled?® School Mental Health Education Program
Monetary	American Psychiatric Foundation	1000 Wilson Blvd, Suite 1825 Ar- lington, VA 22209	\$35,000	12/12/2017	Center for Workplace Mental Health (formerly the Partnership for Workplace Mental Health)
Monetary	Americares Founda- tion	88 Hamilton Ave. Stamford, CT 06902	\$600	11/28/2017	Donation In Lieu of Gift
Monetary	America's Grow-A- Row, Inc.	150 Pittstown Road Pittstown, NJ 08867	\$300	9/29/2017	Costs associated with Janssen Cares Volunteer Activity—September 27, 2017
Monetary	America's Grow-A- Row, Inc.	150 Pittstown Road Pittstown, NJ 08867	\$300	9/29/2017	Costs associated with Janssen Cares Volunteer Activity—October 6, 2017
Monetary	Anchor House, Inc.	482 Centre Street Trenton, NJ 08611	\$300	9/29/2017	Costs associated with Janssen Cares Volunteer Activity—September 28, 2017
Monetary	Anchor House, Inc.	482 Centre Street Trenton, NJ 08611	\$8,000	12/12/2017	Anchor House Shelter
Monetary	Ann Silverman Community Health Clinic	595 W. State Street Doylestown, PA 18901	\$9,500	12/12/2017	Increasing Access to Comprehensive Healthcare for Low-Income, Uninsured Bucks County residents
Monetary	Arm In Arm, Inc.	123 E. Hanover St. Trenton, NJ 08608	\$15,000	10/30/2017	Improving Food Security and Housing Stability
Monetary	Bear Tavern Parents Association	1162 Bear Tavern Road Titusville, NJ 08560	\$750	12/12/2017	2018 Bear Tavern Elementary Science Fair
Monetary	Big Brothers Big Sisters of Bucks County	2875 York Road Jamison, PA 18929	\$6,500	10/30/2017	STEM School Mentoring Initiative

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Big Brothers Big Sisters of Mercer County	535 East Franklin Street Trenton, NJ 08610	\$10,000	8/23/2017	Fundraising event support to benefit general mission of organization
Monetary	Big Brothers Big Sisters of Mercer County	535 East Franklin Street Trenton, NJ 08610	\$7,500	10/16/2017	Youth Mentoring Programs
Monetary	Boys and Girls Club of Trenton and Mercer County	212 Centre Trenton, NJ 08611	\$20,000	10/30/2017	Extended Day Learning
Monetary	Bristol Riverside Theater Co Inc.	120 Radcliffe Street P.O. Box 1250 Bristol, PA 19007	\$7,500	11/6/2017	ArtRageous Theatre Arts Education Program
Monetary	Briteside Adult Day Centers, Inc.	16 Sand Hill Road Flemington, NJ 08822	\$300	11/15/2017	Costs associated with Janssen Cares Volunteer Activity—September 22, 2017
Monetary	Broward County Community Development Corporation, Inc.	305 SE 18th Court Fort Lauderdale, FL 33316	\$15,000	6/28/2017	Affordable Housing
Monetary	Bucks County Association For The Blind And Visually Impaired	400 Freedom Drive Newtown, PA 18940	\$300	9/20/2017	Costs associated with Janssen Cares Volunteer Activity—September 26, 2017
Monetary	Bucks County Housing Group	626 Jacksonville Road Suite 140 Warminster, PA 18974	\$5,000	12/18/2017	Veterans Housing Assistance Program
Monetary	Bucks County Opportunity Council, Inc.	100 Doyle Street Doylestown, PA 18901	\$10,000	12/21/2017	Economic Self-Sufficiency Program
Monetary	Caminar	2600 S. El Camino Real, Suite 200 San Mateo, CA 94403	\$7,500	8/11/2017	Bridges to Wellness Program
Monetary	Capital City Community Foundation	PO Box 1743 Trenton, NJ 08607-1743	\$8,000	2/1/2017	"I Am Trenton!": Positive Images Campaign
Monetary	Catholic Youth Organization of Mercer County	920 South Broad St. Trenton, NJ 08611	\$5,000	12/5/2017	CYO's Broad St. Trenton Center's After School Program Tutoring Project
Monetary	Center for Alternative Sentencing and Employment Services (CASES)	151 Lawrence Street 3rd Floor Brooklyn, NY 11201	\$10,000	10/13/2017	Community-Based Health Services for Justice-Involved Adults with Schizophrenia

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Central Bucks Family YMCA	2500 Lower State Road Doylestown, PA 18901	\$5,000	10/3/2017	Diabetes Prevention Program
Monetary	Child Home and Community	204 N. West Street #101 Doylestown, PA 18901	\$3,000	3/8/2017	Upper Bucks Area Young Parent Initiative
Monetary	Children's Home Society of New Jersey	635 South Clinton Avenue Trenton, NJ 08611	\$10,000	11/20/2017	CUNA and Body and Soul Prenatal Health Education for Low-Income Women
Monetary	CIT International, Inc.	111 S. Highland St. Box 71 Memphis, TN 38111	\$5,000	8/15/2017	CIT International Conference 2017
Monetary	Cleveland Clinic Foundation	950 Euclid Ave., DV4 Cleveland, OH 44195	\$20,000	10/25/2017	Diabetes Center Educational Initiatives at Cleveland Clinic South Pointe Hospital
Monetary	College Diabetes Network (CDN)	50 Milk St 16th Floor Boston, MA 02109	\$20,000	12/28/2017	Campus Quality Improvement: Diabetes and Higher Education
Monetary	College of New Jersey	2000 Pennington Road P.O. Box 7718 Ewing, NJ 08628	\$20,000	11/20/2017	Nursing Merit Scholarships \$7,500; and Educational Opportunity Fund (EOF) Promise Awards \$12,500
Monetary	Community Action Service Center, Inc.	P.O. Box 88 116 North Main Street Hightstown, NJ 08520-9804	\$5,000	12/5/2017	Rise Summer Healthy Food Initiative for Low-Income Youth
Monetary	Community Conservatory of Music	4059 Skyron Drive Doylestown, PA 18902	\$5,000	3/8/2017	Arts for Seniors (\$3,000) and Music Therapy (\$2,000)
Monetary	Community Conservatory of Music	4059 Skyron Drive Doylestown, PA 18902	\$4,500	11/6/2017	Making the Arts Accessible for Seniors and Persons with Disabilities: Music Therapy and Arts for Seniors
Monetary	Community Foundation of New Jersey	P.O. Box 338 Morristown, NJ 07963-0338	\$60,000	12/18/2017	HealthVoices™ Impact Fund
Monetary	Community Foundation of New Jersey	P.O. Box 338 Morristown, NJ 07963-0338	\$75,000	12/18/2017	Healthcare and Basic Needs Fund
Monetary	Community Health Coalition, Inc.	P.O. Box 15176 407 Crutchfield Street Durham, NC 27704	\$14,000	7/17/2017	"Each One, Teach One": Community Empowerment Diabetes Self-Management Education Program

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Community Hope, Inc.	959 Route 46 East Suite 402 Parsippany, NJ 07054	\$11,000	6/14/2017	Pathway to Recovery Residential Programs/The Annual Forum and Wellness Fair
Monetary	Community Hope, Inc.	959 Route 46 East Suite 402 Parsippany, NJ 07054	\$15,000	10/16/2017	Hope for Veterans and Valley Brook Village for Veterans
Monetary	Community Justice Center, Inc.	310 W. State Street, 3rd Floor Trenton, NJ 08618	\$5,000	12/18/2017	Basic Needs: Legal Services
Monetary	Compeer Rochester, Inc.	259 Monroe Avenue Rochester, NY 14607	\$2,500	5/31/2017	Caregiver Support
Monetary	Contact Of Mercer County New Jersey Inc.	60 S. Main St. Pennington, NJ 08628	\$8,500	12/4/2017	Emotional Support and Crisis Services: HOTLINE, Crisis Chat and TxtToday
Monetary	CONTACT We Care, Inc.	P.O. Box 2376 Westfield, NJ 07091	\$4,000	10/4/2017	Training Nonprofessionals in Crisis Intervention for People Experiencing Psychosis
Monetary	Court Appointed Special Advocates	1450 Parkside Avenue, Suite 22 Ewing, NJ 08638-2946	\$300	8/29/2017	Costs associated with Janssen Cares Volunteer Activity—September 12, 2017
Monetary	Court Appointed Special Advocates	1450 Parkside Avenue, Suite 22 Ewing, NJ 08638-2946	\$15,000	11/20/2017	General mission support
Monetary	Deborah Hospital Foundation	212 Trenton Road Browns Mills, NJ 08015	\$5,000	12/22/2017	2018 Women's Heart Health Educational Expo
Monetary	Delaware River Steamboat Floating Classroom, Inc.	14 Michael McCorrstin Road Hamilton, NJ 08690	\$4,500	11/6/2017	Environmental education for underfunded and underserved schools and youth groups
Monetary	Depression and Bipolar Support Alliance	5 Village Ct. Lawrenceville, NJ 08648	\$1,000	3/8/2017	DBSA NJ Mutual Aid Support Group Facilitator Training
Monetary	Diabetes Collective, Inc.	14652 Corkwood Drive Tampa, FL 33626	\$5,000	3/23/2017	The Diabetes UnConference
Monetary	Dress for Success	3131 Princeton Pike Building 4, Suite 209 Lawrenceville, NJ 08648	\$10,000	10/16/2017	Women's Empowerment Programs

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Eden Autism Services Foundation	2 Merwick Road Princeton, NJ 08540	\$10,000	10/16/2017	Adult Employment Program
Monetary	Eden Autism Services Foundation	2 Merwick Road Princeton, NJ 08540	\$10,000	12/18/2017	Eden Dreams Sponsorship
Monetary	Emory University	550 Peachtree Street 6th Fl, Suite 4300 At- lanta, GA 30308	\$3,500	7/3/2017	Atrial Fibrillation Support Group Meeting
Monetary	Enable, Inc.	13 Roszel Road, Suite B110 Princeton, NJ 08540	\$7,500	12/12/2017	Connect with Enable—Diver- sity Drive
Monetary	Every Child Valued A NJ Nonprofit Corporation	Fred Vereen, Jr. Community Cen- ter 175 Johnson Avenue Lawrenceville, NJ 08648	\$9,000	12/4/2017	Every Child Valued (ECV) After School Program
Monetary	Everybody Loves Kenny Project Inc.	707 Alexander Road, Suite 208 Princeton, NJ 08540	\$7,500	12/4/2017	Coming Up for AIR™
Monetary	Families and Friends of the Mentally Ill and Emotionally Dis- turbed, Inc, dba NAMI-Rochester	320 N. Goodman St., Suite 102 Rochester, NY 14607	\$3,500	8/29/2017	DBT-Based Coping Skills for Families
Monetary	Family Guidance Center Corpora- tion	1931 Nottingham Way Hamilton, NJ 08619	\$300	8/24/2017	Costs associated with Janssen Cares Volunteer Activity—September 28, 2017
Monetary	Family Guidance Center Corpora- tion	1931 Nottingham Way Hamilton, NJ 08619	\$10,000	10/27/2017	Outpatient mental health treatment for homeless women and children.
Monetary	Family Resource Network	1 AAA Dr Suite 203 Trenton, NJ 08691	\$12,500	11/20/2017	Caregiver Wellness Series
Monetary	Family Service As- sociation of Bucks County	4 Cornerstone Drive Langhorne, PA 19047	\$14,000	12/4/2017	Nurse Educator at Bucks County Emergency Home- less Shelter
Monetary	Federation of Orga- nizations	One Farmingdale Road West Bab- ylon, NY 11704	\$2,500	5/31/2017	Big Nosh Vocational Services Program

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Feed More, Inc.	Central Virginia Food Bank 1415 Rhoadmiller Street Richmond, VA 23220	\$75	2/24/2017	Employee directed donation in lieu of company holiday gift
Monetary	Florida Coalition for the Homeless, Inc.	2525 Saint Lucie Avenue Vero Beach, FL 32960	\$1,500	10/13/2017	2017 Florida Institute on Homelessness and Supportive Housing
Monetary	Forsyth Humane Society	4881 Country Club Rd. Winston Salem, NC 27104	\$75	4/11/2017	Employee directed donation in lieu of company holiday gift
Monetary	Foundation of Morris Hall/St. Lawrence	2381 Lawrenceville Road Lawrenceville, NJ 08648	\$2,500	12/5/2017	Funding support for the 2018 Philly Pops Benefit Concert
Monetary	Foundation of Morris Hall/St. Lawrence	2381 Lawrenceville Road Lawrenceville, NJ 08648	\$7,000	12/5/2017	It's Never 2 Late
Monetary	Fountain House	425 West 47th Street New York, NY 10036	\$2,500	10/16/2017	Danny Zorn Scholarship Fund
Monetary	Fountain House	425 West 47th Street New York, NY 10036	\$6,000	10/16/2017	Mad About Art Auction and Benefit
Monetary	Fountain House	425 West 47th Street New York, NY 10036	\$1,000	3/23/2017	Fountain House One-in-Four 5K
Monetary	Friends Of Hopewell Valley Open Space	P.O. Box 395 Pennington, NJ 08534	\$10,125	11/20/2017	Project Hopewell Healthy Habitats
Monetary	Friends Of Hopewell Valley Open Space	P.O. Box 395 Pennington, NJ 08534	\$2,500	10/27/2017	Fundraising event support to benefit general mission of organization
Monetary	Friends of Lambertville Library, Inc.	6 Lilly Street Lambertville, NJ 08530	\$3,600	12/18/2017	Giving Voice Through Film
Monetary	Friends Of Princeton Open Space	57 Mountain Avenue Princeton, NJ 08540	\$300	10/16/2017	Costs associated with Janssen Cares Volunteer Activity—September 13, 2017
Monetary	Gateway Homes, Inc.	4901 Libbie Mill East Boulevard Suite 210 Richmond, VA 23230	\$10,000	8/29/2017	Outpatient Clinical Services to Support Individuals with Schizophrenia and Schizoaffective Disorder

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Georgia Mental Health Consumer Network	246 Sycamore St. Suite 260 Decatur, GA 30030	\$2,000	8/21/2017	26th Annual Statewide Consumer Conference
Monetary	Globalgiving Foundation, Inc.	1110 Vermont Ave. NW Suite 550 Washington, DC 20005	\$825	11/30/2017	Donation In Lieu of Gift
Monetary	Good Grief, Inc.	38 Elm Street Morristown, NJ 07960	\$5,000	12/18/2017	Nights of Support—Princeton Center
Monetary	Greater Trenton	102 Barrack Street Trenton, NJ 08608	\$150,000	2/2/2017	Greater Trenton Initiative
Monetary	Grounds for Sculpture	80 Sculptors Way Hamilton, NJ 08534	\$7,500	12/4/2017	Wellness Walks
Monetary	Habitat for Humanity of Burlington County and Greater Trenton-Princeton	530 Route 38 E Maple Shade, NJ 08052	\$300	12/18/2017	Costs associated with Janssen Cares Volunteer Activity—October 6, 2017
Monetary	Habitat for Humanity of Burlington County and Greater Trenton-Princeton	530 Route 38 E Maple Shade, NJ 08052	\$300	12/18/2017	Costs associated with Janssen Cares Volunteer Activity—October 4, 2017
Monetary	Habitat for Humanity of Burlington County and Greater Trenton-Princeton	530 Route 38 E Maple Shade, NJ 08052	\$300	12/18/2017	Costs associated with Janssen Cares Volunteer Activity—September 29, 2017
Monetary	Habitat for Humanity of Burlington County and Greater Trenton-Princeton	530 Route 38 E Maple Shade, NJ 08052	\$300	12/18/2017	Costs associated with Janssen Cares Volunteer Activity—September 8, 2017
Monetary	Habitat for Humanity of Burlington County and Greater Trenton-Princeton	530 Route 38 E Maple Shade, NJ 08052	\$5,000	12/18/2017	Affordable Homeownership Program
Monetary	Habitat for Humanity of Greater Bucks	31 Oak Avenue, Suite 100 Chalfont, PA 18914	\$7,500	11/6/2017	Women Build and Safe at Home Repair Clinics
Monetary	Heart Rhythm Society, Inc.	1325 G Street NW, Suite 400 Washington, DC 20005	\$30,000	12/22/2017	HRS-WebMD: Atrial Fibrillation and How to Reduce Your Risk of Stroke

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Heartland Health Outreach	4750 N. Sheridan Road Chicago, IL 60640	\$7,500	8/11/2017	Pathways Home
Monetary	Henderson Behavioral Health	4740 North State Road 7 Lauderdale Lakes, FL 33319	\$7,500	5/31/2017	Helping Individuals Live Longer (HILL)
Monetary	HiTOPS, Inc.	21 Wiggins Street Princeton, NJ 08540	\$9,000	12/12/2017	HiTOPS Comprehensive Sexuality Interventions for Youth-at-Risk
Monetary	HomeFront	1880 Princeton Avenue Lawrenceville, NJ 08648	\$300	10/30/2017	Costs associated with Janssen Cares Volunteer Activity—October 20, 2017
Monetary	HomeFront	1880 Princeton Avenue Lawrenceville, NJ 08648	\$300	10/30/2017	Costs associated with Janssen Cares Volunteer Activity—September 27, 2017
Monetary	HomeFront	1880 Princeton Avenue Lawrenceville, NJ 08648	\$300	10/30/2017	Costs associated with Janssen Cares Volunteer Activity—September 20, 2017
Monetary	HomeFront	1880 Princeton Avenue Lawrenceville, NJ 08648	\$10,000	11/20/2017	Helping Homeless Families Break the Cycle of Poverty
Monetary	Hopewell Elementary School Parent Teacher Organization Inc.	35 Princeton Avenue Hopewell, NJ 08525	\$750	12/12/2017	2018 Hopewell Elementary School Science Fair
Monetary	Hopewell Valley Education Foundation	PO Box 553 Pennington, NJ 08534	\$6,446	12/4/2017	Scholarship Support: \$1,000; STEM Education and Sustainability Education at Hopewell Elementary and Stony Brook Elementary Schools : \$5446
Monetary	Hopewell Valley Senior Foundation	48 Orchard Ave PO Box 567 Pennington, NJ 08534	\$1,500	12/4/2017	Mobility for Homebound Residents of the Hopewell Valley
Monetary	Hopewell Valley Youth Chorale, Inc.	P.O. Box 159 16 Seminary Avenue, Suite C Hopewell, NJ 08525	\$2,525	12/18/2017	Scholarship Fund
Monetary	Hunterdon Art Center	7 Lower Center Street Clinton, NJ 08809	\$7,500	12/4/2017	Open Studio/Open Hearts: Artistic Expressions and Art with Heart

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Hunterdon County YMCA	1410 Route 22 West Annandale, NJ 08801	\$2,500	11/6/2017	Fundraising event sponsorship to benefit general mission of organization
Monetary	Hunterdon Land Trust	111 Mine Street Flemington, NJ 08822	\$300	9/29/2017	Costs associated with Janssen Cares Volunteer Activity—September 14, 2017
Monetary	Hunterdon Land Trust	111 Mine Street Flemington, NJ 08822	\$2,500	12/4/2017	Promotion and Protection of Preserves
Monetary	Interfaith Care-givers Trenton, Inc.	3635 Quakerbridge Road, Suite #16 Hamilton, NJ 08619	\$15,000	10/30/2017	Neighbors Helping Neighbors
Monetary	Isles, Inc.	10 Wood Street Trenton, NJ 08618	\$300	9/29/2017	Costs associated with Janssen Cares Volunteer Activity—September 20, 2017
Monetary	Isles, Inc.	10 Wood Street Trenton, NJ 08618	\$9,000	12/12/2017	Trenton Healthy Homes
Monetary	Jewish Family and Children's Service of Greater Mercer County	707 Alexander Road Suite 102 Princeton, NJ 08540	\$300	9/29/2017	Costs associated with Janssen Cares Volunteer Activity—September 28, 2017
Monetary	Jewish Family and Children's Service of Greater Mercer County	707 Alexander Road Suite 102 Princeton, NJ 08540	\$15,000	12/18/2017	Senior Outreach Service (SOS) PLUS (\$12,000); Caregiver Program (\$3,000)
Monetary	Jewish Family Service of Somerset Hunterdon and Warren Counties Inc.	150-A West High St. Somerville, NJ 08876	\$5,000	10/30/2017	Expanding Horizons
Monetary	Johnson & Johnson Patient Assistance Foundation Inc.	One Johnson & Johnson Plaza Kilmer Square Suite 130 New Brunswick, NJ 08933	\$5,500,000	7/3/2017	General mission support
Monetary	Johnson & Johnson Patient Assistance Foundation Inc.	One Johnson & Johnson Plaza Kilmer Square Suite 130 New Brunswick, NJ 08933	\$15,500,000	9/28/2017	General mission support

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Johnson & Johnson Patient Assistance Foundation Inc.	One Johnson & Johnson Plaza Kilmer Square Suite 130 New Brunswick, NJ 08933	\$2,400,000	12/18/2017	General mission support
Monetary	Junior Achievement of New Jersey	360 Pear Blossom Drive Edison, NJ 08837	\$7,150	10/30/2017	STEMCivics High School Heroes JA Day
Monetary	Kidsbridge, Inc.	999 Lower Ferry Rd Ewing, NJ 08628	\$10,000	10/16/2017	Bullying Prevention and Diversity Appreciation Life Skills Program for At-Risk Middle School Students in Trenton
Monetary	Kidsbridge, Inc.	999 Lower Ferry Rd Ewing, NJ 08628	\$9,500	2/1/2017	Bullying Prevention and Diversity Appreciation Life Skills Program for At-Risk Elementary/Middle School Students in Trenton
Monetary	Latin American Legal Defense and Educational Fund Inc.	669 Chambers Street, Suite B Trenton, NJ 08611	\$5,000	12/12/2017	FUTURO
Monetary	Leyden Family Service and Mental Health Center	10001 W Grand Ave Franklin Park, IL 60131	\$25,000	12/12/2017	Transitional Living Program Expansion
Monetary	LifeTies, Inc.	2205 Pennington Road Ewing, NJ 08638	\$8,000	12/18/2017	Programs to Serve Chronically Ill and Abused and Neglected Older Youth Transitioning Into Adulthood.
Monetary	Literacy New Jersey, Inc.	100 Menlo Park Drive, Suite 314 Edison, NJ 08837	\$5,000	12/12/2017	Women Empowered (WE)
Monetary	Literacy Volunteers of Somerset County	120 Finderne Avenue Box 7 Bridgewater, NJ 08807	\$4,000	12/12/2017	Health Literacy for All
Monetary	Main Street Counseling Center	8 Marcella Avenue West Orange, NJ 07052	\$1,000	5/31/2017	Crisis Intervention Team Training for Essex County Law Enforcement
Monetary	Main Street Counseling Center	8 Marcella Avenue West Orange, NJ 07052	\$5,000	6/12/2017	Accessible Mental Health Care for Individuals Suffering From Schizoaffective Disorder
Monetary	Massachusetts Clubhouse Coalition	15 Vernon Street Waltham, MA 02453	\$3,500	2/6/2017	Changing Minds and Expanding Employment Campaign

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	McCarter Theatre Center	91 University Place Princeton, NJ 08540	\$10,000	11/20/2017	OnStage Seniors: A Community Project of McCarter Theatre
Monetary	Meals on Wheels of Trenton Ewing	320 Hollowbrook Drive Ewing, NJ 08638	\$300	9/29/2017	Costs associated with Janssen Cares Volunteer Activity—October 4, 2017
Monetary	Meals on Wheels of Trenton Ewing	320 Hollowbrook Drive Ewing, NJ 08638	\$15,000	11/6/2017	Subsidized Meal Program (SMP)
Monetary	Mental Health America	500 Montgomery St. Suite 820 Alexandria, VA 22314	\$50,000	9/21/2017	General mission support
Monetary	Mental Health America	500 Montgomery St. Suite 820 Alexandria, VA 22314	\$100,000	12/12/2017	Social Self-Directed Care (SSDC)
Monetary	Mental Health America of Greater Houston	2211 Norfolk, Suite 810 Houston, TX 77098	\$7,500	10/20/2017	Mental Health Advocacy
Monetary	Mental Health America of Franklin County	2323 W 5th Ave. Suite 160 Columbus, OH 43204	\$10,000	5/24/2017	Get Connected
Monetary	Mental Health America of Texas	1210 San Antonio, Suite 200 Austin, TX 78701	\$2,500	4/24/2017	Mental Health Education and Advocacy Campaign
Monetary	Mental Health Association in Delaware	100 W. 10th St. Ste. 600 Wilmington, DE 19801	\$2,000	10/13/2017	Community Mental Health Conference 2017
Monetary	Mental Health Association in Delaware	100 W. 10th St. Ste. 600 Wilmington, DE 19801	\$1,000	10/3/2017	E-Racing the Blues for Mental Health Run/Walk
Monetary	Mental Health Association in Santa Barbara County	617 Garden Street Santa Barbara, CA 93101	\$2,500	5/31/2017	Operating Support for the Fellowship Club
Monetary	Mental Health Association of Central Carolinas, Inc.	3701 Latrobe Drive, Suite 140 Charlotte, NC 28211	\$7,500	5/31/2017	ParentVOICE
Monetary	Mental Health Association of Westchester	580 White Plains Road Suite 510 Tarrytown, NY 10591	\$1,000	5/31/2017	Get On Your Mat For Mental Health
Monetary	Mental Illness Recovery Center, Inc.	3809 Rosewood Drive P.O. Box 4246 Columbia, SC 29240	\$12,500	8/30/2017	Outreach and Behavioral Healthcare for Homeless Individuals with Mental Illness

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Mercer Alliance to End Homelessness	1001 Spruce Street Suite 205 Trenton, NJ 08638	\$15,000	12/19/2017	Addressing Young Adult Homelessness, through planning, assertive engagement, housing, and healthcare access
Monetary	Mercer County Community College Foundation	P.O. Box 17202 Trenton, NJ 08690	\$6,500	11/6/2017	Miscellaneous medical equipment (\$1,000), and work study student mentors (\$3,500) to provide academic enrichment for health profession students success
Monetary	Mercer Science And Engineering Club	3 Creek Rim Drive Titusville, NJ 08560	\$1,000	11/20/2017	Mercer Science Fair 2018
Monetary	Mercer Street Friends	151 Mercer Street Trenton, NJ 08611	\$300	8/24/2017	Costs associated with Janssen Cares Volunteer Activity—October 4, 2017
Monetary	Mercer Street Friends	151 Mercer Street Trenton, NJ 08611	\$300	8/24/2017	Costs associated with Janssen Cares Volunteer Activity—September 14, 2017
Monetary	Mercer Street Friends	151 Mercer Street Trenton, NJ 08611	\$25,000	10/30/2017	Mercer Street Friends Food Bank
Monetary	Middle Earth	P.O. Box 8045 520 North Bridge Street Bridgewater, NJ 08807	\$15,000	10/16/2017	Outreach Program and Community Youth Center
Monetary	MIDJersey Center for Economic Development	423 Riverview Plaza Trenton, NJ 08611	\$5,000	8/16/2017	City of Trenton—Summer Youth Employment Program
Monetary	Midland Adult Services, Inc.	60 Industrial Parkway P.O. Box 5026 North Branch, NJ 08876	\$6,500	8/16/2017	Midland Meals on Wheels Employment Training Program
Monetary	Midland Foundation	94 Readington Road P.O. Box 5026 North Branch, NJ 08876	\$300	9/13/2017	Costs associated with Janssen Cares Volunteer Activity—October 3, 2017
Monetary	Millhill Child and Family Development	101 Oakland Street Trenton, NJ 08618	\$5,000	10/30/2017	Trenton Area Stakeholders
Monetary	Millhill Child and Family Development	101 Oakland Street Trenton, NJ 08618	\$15,000	10/30/2017	Millhill Trenton PEERS

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Morven Museum and Garden	55 Stockton Street Princeton, NJ 08540	\$5,000	11/6/2017	Internships for At-Risk Youth
Monetary	Mount Carmel Guild	73 North Clinton Avenue Trenton, NJ 08609	\$15,000	10/27/2017	In Home Nursing Services
Monetary	NAMI	7500 Greenwood Ave N Seattle, WA 98103	\$3,000	10/4/2017	Educational and Training Programs
Monetary	NAMI—CVA Central Virginias Voice On Mental Illness	1904 Byrd Avenue Suite 207 (POB 18086) Rich- mond, VA 23230	\$2,500	8/14/2017	Education and support programs and HelpLine
Monetary	NAMI Geauga County	107 South Street; # 5 Chardon, OH 44024	\$5,000	8/29/2017	NAMI Ending the Silence
Monetary	NAMI Geauga County	107 South Street; # 5 Chardon, OH 44024	\$2,000	8/29/2017	NAMI Connection and Peer-to-Peer Collaboration A Peer-led Support and Education Program
Monetary	NAMI Broward County, Inc.	4161 NW 5 St. Suite 203 Plan- tation, FL 33317	\$1,000	5/31/2017	NAMIWalks Broward County
Monetary	NAMI Cook County North Suburban	8324 Skokie Blvd Skokie, IL 60077	\$1,000	3/20/2017	NAMI CCNS 5k Run/Walk 2017
Monetary	NAMI Delaware	2400 W. 4th Street Wilmington, DE 19805	\$1,000	3/20/2017	2017 NAMIWalks Delaware
Monetary	NAMI Hernando	P.O. Box 5613 Spring Hill, FL 34609	\$2,500	10/4/2017	Support Services and CARE Line
Monetary	NAMI Mercer NJ	1235 Whitehorse Mercerville Road Bldg. C, Suite 303 Hamilton, NJ 08619	\$10,000	10/16/2017	Education and Support Programs for Mental Health Consumers and Family Members
Monetary	NAMI Mercer NJ	1235 Whitehorse Mercerville Road Bldg. C, Suite 303 Hamilton, NJ 08619	\$2,500	3/8/2017	Silver sponsor 2017 NAMIWalks Mercer County, NJ May 6, 2017
Monetary	NAMI New Hampshire	85 N. State Street Concord, NH 03301	\$1,000	10/5/2017	NAMIWalks NH 2017

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	NAMI New Orleans	1538 Louisiana Ave. New Orleans, LA 70115	\$7,500	8/29/2017	1-on-1 Education for People Living with Schizoaffective Disorder/Schizophrenia and Their Loved Ones/Care-givers
Monetary	NAMI of DuPage County Illinois	115 North County Farm Road Wheaton, IL 60187	\$8,000	10/3/2017	Living Room Program
Monetary	NAMI of Johnson County dba Compeer of Johnson County	2701 Rochester Ave. Iowa City, IA 52245	\$3,000	10/13/2017	Compeer connects with Local Businesses to Increase Volunteerism and Visibility
Monetary	NAMI of Lake County	One Victoria Sq., Ste. 260 Painesville, OH 44077	\$3,000	9/29/2017	NAMI Peer-to-Peer Recovery Education Program
Monetary	NAMI of Lake County	One Victoria Sq., Ste. 260 Painesville, OH 44077	\$1,500	8/11/2017	NAMI Lake County Strides for Awareness NAMI Walk
Monetary	NAMI of PA Montgomery County	100 W. Main St. Suite 204 Lansdale, PA 19446	\$1,000	1/31/2017	Bronze sponsor NAMIWalks Greater Philadelphia May 6, 2017
Monetary	NAMI of Southwest Ohio	4055 Executive Park Drive, Suite 450 Cincinnati, OH 45241	\$3,500	9/29/2017	Hope for Recovery
Monetary	NAMI Oklahoma	3037 NW 63RD, SUITE 104W Oklahoma City, OK 73116	\$1,000	5/9/2017	NAMI Walks Oklahoma
Monetary	NAMI St. Louis	1750 S. Brentwood Blvd. Suite 511 St. Louis, MO 63144	\$1,000	5/4/2017	2017 NAMIWALKS St. Louis
Monetary	NAMI Summit County	P.O. Box 462, Cuyahoga Falls OH 44222 Akron, OH 44311	\$1,000	9/7/2017	13th Annual NAMIWalks Summit County 2017
Monetary	NAMI Ventura County	5251 Verdugo Way, #K P.O. Box 1613 Camarillo, CA 93011	\$1,000	5/31/2017	NAMIWalks event in Ventura County, CA
Monetary	NAMI Waukesha	217 Wisconsin Ave Suite 300 Waukesha, WI 53186	\$1,000	8/30/2017	NAMIWalks Waukesha

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	NAMI Waukesha	217 Wisconsin Ave Suite 300 Waukesha, WI 53186	\$1,000	8/11/2017	Crisis Intervention Training for Law Enforcement
Monetary	National Alliance for the Mentally III	1851 Heritage Way, Suite 150 Sac- ramento, CA 95815	\$2,500	5/31/2017	2017 NAMI California Annual Conference
Monetary	National Alliance for the Mentally III	576 Farmington Avenue Hartford, CT 06105	\$1,500	3/20/2017	2017 NAMI Connecticut Walk
Monetary	National Alliance for the Mentally III	5095 Murphy Canyon Road, Suite 320 San Diego, CA 92123	\$1,000	3/20/2017	NAMIWalks/Run San Diego County
Monetary	National Alliance for the Mentally III	1562 Route 130 North Brunswick, NJ 08902	\$1,000	1/31/2017	Bronze sponsor 2017 NAMIWalks New Jersey "Building Better Lives"—May 13, 2017
Monetary	National Alliance for the Mentally III	800 Transfer Road #31 St. Paul, MN 55114	\$3,500	8/29/2017	Project ADD Advocating for Dual Diagnosis
Monetary	National Alliance for the Mentally III	3440 Viking Drive, Suite 104A Sac- ramento, CA 95827	\$1,000	4/21/2017	NAMIWalks Northern California
Monetary	National Alliance for the Mentally III	PO Box 550039 Bir- mingham, AL 35255-0039	\$1,000	8/29/2017	NAMI Birmingham 2017 Walk for Mental Health
Monetary	National Alliance for the Mentally III	3803 N. Fairfax Drive Suite 100 Arlington, VA 22203	\$50,000	10/3/2017	General mission support
Monetary	National Alliance for the Mentally III	1801 W Warner Ave, Suite 202 Chi- cago, IL 60613	\$8,000	11/16/2017	Honest, Open, Proud: Addressing Stigma Among the Incarcerated Population
Monetary	National Alliance for the Mentally III	1562, Route 130 North Brunswick, NJ 08902	\$2,500	10/13/2017	Annual Conference—Honoring The Past, Embracing The Present, Looking To The Future
Monetary	National Alliance for the Mentally III	3200 S. 3rd Street, Unit 6 Mil- waukee, WI 53207	\$1,000	1/31/2017	Bronze sponsor 2017 NAMI Walk of Greater Milwaukee—May 20, 2017
Monetary	National Alliance for the Mentally III	218 West Lawrence Springfield, IL 62704	\$5,000	10/19/2017	NAMI Illinois—Grassroots Advocacy Capacity Project

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	National Alliance for the Mentally III	P.O. Box 4096 Alvin, TX 77512	\$1,000	10/11/2017	Mental Health Education Conference—May 2018
Monetary	National Alliance for the Mentally III	3803 N. Fairfax Drive Suite 100 Arlington, VA 22203	\$75,000	12/18/2017	NAMI 2018 CIT/Criminal Justice Enhancement Initiative
Monetary	National Alliance for the Mentally III	3803 N. Fairfax Drive Suite 100 Arlington, VA 22203	\$50,000	12/18/2017	NAMI HelpLine 2018
Monetary	National Alliance for the Mentally III	99 Pine St. Suite 105 Albany, NY 12207	\$5,000	10/27/2017	Intervention, Engagement, Implementation: Three Pronged Approach to Sustainable Mental Health Recovery
Monetary	National Alliance for the Mentally III	P.O. Box 24128 117 William Hilton Parkway, Suite K Hilton Head Island, SC 29925	\$1,000	10/19/2017	12th Annual NAMI Lowcountry Walk
Monetary	National Alliance for the Mentally III	4701 SE 24th Ave., Suite E Portland, OR 97202	\$2,500	8/23/2017	NAMI Oregon Mental Health Education and Support Programs for Recovery and Wellness
Monetary	National Alliance for the Mentally III	10630 Little Patuxent Parkway Columbia, MD 21044	\$1,000	5/9/2017	2017 NAMI Walks Maryland
Monetary	National Alliance for the Mentally III	2059 Atwood Ave, Floor 4 Madison, WI 53704	\$2,000	5/31/2017	Dane County Crisis Intervention Team (CIT) Program
Monetary	National Alliance for the Mentally III	2059 Atwood Ave, Floor 4 Madison, WI 53704	\$1,000	5/31/2017	NAMI Walks Dane County 2017
Monetary	National Alliance for the Mentally III	309 West Millbrook Rd, Suite 121 Raleigh, NC 27609	\$1,000	5/5/2017	NAMI Walks North Carolina
Monetary	National Alliance for the Mentally III—Greater Cleveland	2012 West 25th Street, #600 Cleveland, OH 44113	\$5,000	8/29/2017	Mental Illness Peer Support and Education
Monetary	National Alliance for the Mentally III—Greater Cleveland	2012 West 25th Street, #600 Cleveland, OH 44113	\$1,000	8/29/2017	NAMI Walks 2017

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	National Alliance for the Mentally Ill of New York City	505 8th Avenue, Ste. 1103 New York, NY 10018	\$1,000	5/4/2017	NAMIWalks NYC 2017 Walk/Run for Mental Health
Monetary	National Alliance of Mental Illness	154 Waterman St., Suite 5B Providence, RI 02906	\$1,000	10/2/2017	NAMIWalks Rhode Island 2017
Monetary	National Alliance on Mental Illness	5963 Boymel Dr. Fairfield, OH 45014	\$1,000	8/11/2017	NAMIWalks Butler County
Monetary	National Art Exhibitions of the Mentally Ill, Inc.	P.O. Box 350891 Miami, FL 33135	\$6,000	4/21/2017	General mission support
Monetary	National Blood Clot Alliance	8321 Old Courthouse Rd. Suite 255 110 N. Washington St., Suite 255 Rockville, MD 20850 Vienna, VA 22182	\$30,000	12/28/2017	TakeIt2Heart™—An e-Health Anticoagulation Management Education Program Focused on AFib Awareness and Lifestyle Issues Encountered by AFib Patients and their Non-Medical Caregivers
Monetary	National Coalition for Women with Heart Disease, Inc.	1100 17th Street, NW Suite 500 Washington, DC 20036	\$10,000	10/25/2017	2017 Science and Leadership Symposium
Monetary	National Council for Behavioral Health	1400 K Street NW Washington, DC 20005	\$85,000	12/18/2017	Medication Adherence Learning Community
Monetary	National Council for Behavioral Health	1400 K Street NW Washington, DC 20005	\$85,000	12/18/2017	Policy Action Center
Monetary	National Junior Tennis and Learning of Trenton	949 West State St. Trenton, NJ 08618	\$7,500	12/4/2017	ACE and STEM Program, plus tennis
Monetary	National Stroke Association	9707 E Easter Lane, Suite B Centennial, CO 80112	\$25,000	12/22/2017	National Stroke Awareness Month
Monetary	New Jersey Parents Caucus	275 Rt. 10 East Suite 220-414 Succasunna, NJ 07876	\$4,000	5/24/2017	NJPC Professional Parent Advocacy Training
Monetary	North American Thrombosis Forum	368 Boylston St. Brookline, MA 02445	\$10,000	12/22/2017	NATF Spring Patient Program
Monetary	North American Thrombosis Forum	368 Boylston St. Brookline, MA 02445	\$20,000	12/22/2017	VTE Support Group Project

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Northeast Guidance Center	2900 Conner Avenue, Building A Detroit, MI 48215	\$2,500	4/4/2017	Day of Restoration
Monetary	Passage Theatre Company, Inc.	P.O. Box 967 Trenton, NJ 08605	\$7,500	12/4/2017	Support for Passage Theatre's Education programming the State Street Project
Monetary	Peggie and Paul Shevlin Family Foundation	93 Patricia Place Media, PA 19063	\$75	3/9/2017	Employee directed donation in lieu of company holiday gift
Monetary	PEI Kids	231 Lawrence Road Lawrenceville, NJ 08648	\$17,500	10/16/2017	Comprehensive Juvenile Offenders Outreach Services (CJOOS) Program
Monetary	PEI Kids	231 Lawrence Road Lawrenceville, NJ 08648	\$300	9/29/2017	Costs associated with Janssen Cares Volunteer Activity—October 13, 2017
Monetary	People And Stories—Gente Y Cuentos, Inc.	295 Eggerts Crossing Road Lawrenceville, NJ 08648	\$2,500	12/5/2017	Reading Deeply in Community: A Literature Project for Mercer County Youth and Seniors
Monetary	PlanSmart NJ	118 West State PlanSmart NJ Trenton, NJ 08608	\$3,500	3/8/2017	2017 Corporate membership renewal donation to support efforts around sound land use planning
Monetary	Princeton Girl Choir	P.O. Box 134 190 Nassau Street Princeton, NJ 08542	\$2,500	12/4/2017	Afterschool Music Outreach Program
Monetary	Princeton Senior Resource Center	45 Stockton St Princeton, NJ 08540	\$4,000	12/12/2017	Supporting Family Caregivers
Monetary	Princeton Symphony Orchestra	P.O. Box 250, 575 Ewing Street Princeton, NJ 08540	\$4,000	12/12/2017	PSO BRAVO! TRENTON Youth Education Initiative
Monetary	Princeton-Blairstown Center, Inc.	13 Roszel Road Suite C204A Princeton, NJ 08540	\$7,500	12/5/2017	Summer Bridge 2018—Trenton
Monetary	Printmaking Center of New Jersey	440 River Road Branchburg, NJ 08876	\$15,000	12/18/2017	Combat Paper NJ
Monetary	Public Media NJ, Inc.	825 Eighth Avenue New York, NY 10019	\$7,500	7/25/2017	NJTV's In Your Neighborhood Trenton

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Rainier Therapeutic Riding	12020 123rd Ave. SE Rainier Rainier, WA 98576	\$750	4/20/2017	Employee directed donation in lieu of company holiday gift
Monetary	Raritan Headwaters Association	P.O. Box 273 Gladstone, NJ 07934	\$7,000	12/5/2017	WaterWays Environmental Education Program
Monetary	Raritan Valley Community College	118 Lamington Rd. Branchburg, NJ 08876	\$20,000	10/30/2017	Nursing Scholarships (\$12,500); Galileo Scholars Program (\$5,000); Text-book Scholarships (\$2,500)
Monetary	Regions Hospital Foundation	640 Jackson Street, MS 11202C St. Paul, MN 55101	\$15,000	5/24/2017	Make It OK
Monetary	Rescue Mission of Trenton	98 Carroll Street P.O. Box 790 Trenton, NJ 08605-0790	\$25,000	10/16/2017	Emergency Services Program
Monetary	Rider University	2083 Lawrenceville Rd. Lawrenceville, NJ 08648	\$19,500	10/30/2017	Summer STEM (\$12,000); Scholarship Support (\$5,000); Shakespearian at Rider (\$2,500)
Monetary	Riverbend Community Mental Health, Inc.	P.O. Box 2032 Concord, NH 03302-2032	\$5,000	8/14/2017	InSHAPE Program
Monetary	Riverside Symphonia, Inc.	P.O. Box 650 Lambertville, NJ 08530	\$10,000	12/4/2017	Riverside Symphonia Senior Outreach Program
Monetary	Robert Wood Johnson Hamilton Foundation	One Hamilton Health Place Hamilton, NJ 08690	\$8,500	12/18/2017	Girls to Women: Myth vs. Reality
Monetary	Rush Copley Foundation	2000 Ogden Ave. Aurora, IL 60504	\$2,500	10/16/2017	Fox Valley Heart Fund
Monetary	Rutgers University Foundation	7 College Avenue Winants Hall New Brunswick, NJ 08901	\$300	9/29/2017	Costs associated with Janssen Cares Volunteer Activity—September 20, 2017
Monetary	Rutgers University School of Communication, Information and Library Studies	4 Huntington Street New Brunswick, NJ 08901-1071	\$8,546	12/18/2017	Corporate Social Responsibility Fellowship
Monetary	SAFE in Hunterdon	46 East Main Street Flemington, NJ 08822	\$300	9/29/2017	Costs associated with Janssen Cares Volunteer Activity—September 19, 2017

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	SAFE in Hunterdon	46 East Main Street Flemington, NJ 08822	\$300	9/29/2017	Costs associated with Janssen Cares Volunteer Activity—September 18, 2017
Monetary	San Francisco General Hospital Foundation	P.O. Box 410836 San Francisco, CA 94110	\$5,000	8/15/2017	Behavioral Health Court's Motivational Incentives Program
Monetary	SAVE A Friend to Homeless Animals	900 Herrontown Road Princeton NJ 08540	\$300	9/29/2017	Costs associated with Janssen Cares Volunteer Activity—September 22, 2017
Monetary	Schizophrenia And Related Disorders Alliance Of America	P.O. Box 94122 Houston, TX 77094	\$15,000	12/12/2017	HVoS (Hearing Voices of Support) Perception Changing Experiential Installation and Scientific Briefing
Monetary	SERV Foundation, Inc.	20 Scotch Road Ewing, NJ 08628	\$5,000	10/16/2017	SERV 15th Annual Wellness and Development Conference
Monetary	SERV Foundation, Inc.	20 Scotch Road Ewing, NJ 08628	\$7,500	10/16/2017	SERV Foundation Scholarship Fund
Monetary	SERV Foundation, Inc.	20 Scotch Road Ewing, NJ 08628	\$300	8/24/2017	Costs associated with Janssen Cares Volunteer Activity—August 20, 2017
Monetary	Shannon Daley Memorial Fund	36 Indian Run P.O. Box 1271 Whitehouse Station, NJ 08889	\$500	12/5/2017	Shannon Daley Memorial Fund Charity Events
Monetary	The Sharing Place, Inc.	1920 10th Avenue South P.O. Box 59455 Birmingham, AL 35255	\$2,500	8/14/2017	1920 Club Art Program
Monetary	Sisters Network of Central New Jersey	1201 Hamilton Street Somerset, NJ 08873	\$5,000	10/30/2017	Pearl Grace Memorial Golf Tournament
Monetary	Somerset County Park Foundation	190 Lord Stirling Road Basking Ridge, NJ 07920	\$300	8/24/2017	Costs associated with Janssen Cares Volunteer Activity—September 15, 2017
Monetary	Special Olympics New Jersey	1 Eunice Kennedy Shriver Way Lawrence Township, NJ 08648	\$7,500	12/12/2017	Special Olympics New Jersey—Camp Shriver

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	St. Mary Medical Center Foundation	One Summit Square, Suite 300 1717 Langhorne-Newtown Rd. Langhorne, PA 19047	\$20,000	12/4/2017	Providing Food for Under-served Children in Bucks County: The St. Mary Backpacks for Kids Program
Monetary	Stony Brook Millstone Watershed Association	31 Titus Mill Road Pennington, NJ 08534	\$15,000	12/18/2017	StreamWatch: Citizen Scientists Monitoring Water Quality in Central New Jersey
Monetary	TASK, Inc.	72½ Escher Street Trenton, NJ 08609	\$25,000	10/30/2017	Meal Service Program
Monetary	The Arc Mercer	180 Ewingville Road Ewing, NJ 08683	\$5,000	12/18/2017	The Arc Mercer and Medina Community Clinic
Monetary	The Arts Council of Princeton	Paul Robeson Center for the Arts 102 Witherspoon Street Princeton, NJ 08542	\$5,000	10/27/2017	Community ArtsFest 2018
Monetary	The Arts Council of Princeton	Paul Robeson Center for the Arts 102 Witherspoon Street Princeton, NJ 08542	\$10,000	10/27/2017	Arts Council of Princeton Community Outreach Programs
Monetary	The Arts Council of Princeton	Paul Robeson Center for the Arts 102 Witherspoon Street Princeton, NJ 08542	\$300	9/29/2017	Costs associated with Janssen Cares Volunteer Activity—September 11, 2017
Monetary	The Center for Contemporary Art	2020 Burnt Mills Road Bedminster, NJ 07882	\$2,000	11/6/2017	Art Classes for Children with Autism Spectrum Disorder and Other Special Needs
Monetary	The Center For Great Expectations	19B Dellwood Lane Somerset, NJ 08873	\$300	8/24/2017	Costs associated with Janssen Cares Volunteer Activity—September 19, 2017
Monetary	The Center For Great Expectations	19B Dellwood Lane Somerset, NJ 08873	\$12,000	9/15/2017	Adult Women's Program
Monetary	The Edinburg Center	205 Burlington Road Lexington, MA 01730	\$7,500	10/30/2017	The Edinburg Center Jail Diversion Program
Monetary	The Mental Health Center Of Greater Manchester	401 Cypress Street Manchester, NH 03103	\$1,000	5/4/2017	8th Annual Run/Walk for Mental Health

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	The Pennsbury Society	400 Pennsbury Memorial Rd. Morrisville, PA 19067	\$300	9/29/2017	Costs associated with Janssen Cares Volunteer Activity—September 25, 2017
Monetary	The Princeton Festival	P.O. Box 2063 Princeton, NJ 08543	\$9,000	12/5/2017	Opera for All
Monetary	The Roxey Ballet Company, Inc.	243 North Union Street Lambertville, NJ 08530	\$5,000	12/14/2017	Sensory Friendly Performances at Trenton Psychiatric Hospital and The College of New Jersey
Monetary	The Thresholds	4101 North Ravenswood Avenue Chicago, IL 60613	\$20,000	9/26/2017	MindStrong
Monetary	The William J. Gould Associates, Inc.	100 Gould Road P.O. Box 157 Monterey, MA 01245	\$10,000	8/30/2017	Farm Based Psychiatric Rehabilitation and Recovery
Monetary	Thomas Edison State College Foundation	111 West State Street Trenton, NJ 08608	\$15,000	12/18/2017	Scholarships for Nursing Students Enrolled in the Accelerated Second Degree BSN Program at the W. Cary Edwards School of Nursing at Thomas Edison State University.
Monetary	TPTO Inc—Timberlane Parent Teacher Organization	51 South Timberlane Drive Pennington, NJ 08534	\$1,500	10/30/2017	2018 Timberlane Science and Engineering Fair
Monetary	Trenton Children's Chorus, Inc.	471 Parkway Avenue Trenton, NJ 08618	\$7,500	12/18/2017	Trenton Children's Chorus
Monetary	Trenton Community Music School	P.O. Box 5206 Trenton, NJ 08638	\$8,500	11/6/2017	Second Semester Programs, Trenton Music Makers
Monetary	Trenton Education Dance Institute	635 South Clinton Avenue Trenton, NJ 08611	\$5,000	12/4/2017	Trenton Education Dance Institute (TEDI)
Monetary	Trenton Health Team Inc.	218 North Broad Street Trenton, NJ 08608	\$19,000	10/27/2017	Wheels to Wellness
Monetary	Trinity Counseling Services	22 Stockton Street Princeton, NJ 08540	\$7,500	10/30/2017	TCS General Counseling and Prevention Programming
Monetary	Tuscaloosa Mental Health Alliance	P.O. Box 2322 Tuscaloosa, AL 35403	\$1,000	5/4/2017	Hot Hundred 2017

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Twilight Wish Foundation	P.O. Box 1042 Doylestown, PA 18901	\$7,500	10/30/2017	Simple Needs Wish Granting Program
Monetary	UIH Family Partners	4 North Broad Street Suite 2R Trenton, NJ 08608	\$10,000	12/18/2017	Healthy Relationships, Healthy Choices
Monetary	UIH Family Partners	4 North Broad Street Suite 2R Trenton, NJ 08608	\$20,000	12/18/2017	Community of Health for Men, Year 4
Monetary	United Negro College Fund	60 Park Place Suite 406 Newark, NJ 07102	\$7,500	10/30/2017	UNCF Scholarship
Monetary	United Way of Bucks County	413 Hood Blvd Fairless Hills, PA 19030	\$85,000	9/29/2017	Fresh Connect program
Monetary	United Way of Bucks County	413 Hood Blvd Fairless Hills, PA 19030	\$42,500	9/29/2017	Emergency Needs program
Monetary	United Way of Greater Mercer County	3150 Brunswick Pike Suite 230 Lawrenceville, NJ 08648	\$85,000	10/30/2017	United Way of Greater Mercer County Minority and Multi-cultural Health Initiative
Monetary	United Way of Greater Mercer County	3150 Brunswick Pike Suite 230 Lawrenceville, NJ 08648	\$920	12/4/2017	Costs associated with Janssen Cares Volunteer Activity—September 26, 2017
Monetary	UrbanPromise International, Inc.	801 West State Street Trenton, NJ 08618	\$2,770	12/12/2017	Mindfulness Pilot Program
Monetary	Valeo Behavioral Health Care, Inc.	5401 SW 7th Street Topeka, KS 66606	\$3,500	9/19/2017	Vocational Empowerment Photovoice
Monetary	Visions and Pathways	49 Brahma Ave. Bridgewater, NJ 08807	\$7,500	12/12/2017	Street-Smart HIV/AIDS
Monetary	Visions and Pathways	49 Brahma Ave. Bridgewater, NJ 08807	\$300	11/6/2017	Costs associated with Janssen Cares Volunteer Activity
Monetary	Volunteer Connect	12 Stockton Street Princeton, NJ 08540	\$9,000	12/1/2017	SkillsConnect
Monetary	Washington Crossing Park Association, Inc.	P.O. Box 83 Titusville, NJ 08560	\$750	10/16/2017	Revolutionary War Weekend

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	We Care Arts	3035 Wilmington Pike Kettering, OH 45429	\$1,500	5/31/2017	ArtWORK
Monetary	West Windsor Plainsboro Education Foundation	P.O. Box 280 West Windsor, NJ 08550	\$5,000	12/5/2017	Excellence in Education, and Innovation Fair 2018
Monetary	Westmoreland County Food Bank, Inc.	100 Devonshire Drive Delmont, PA 15626-1607	\$75	3/22/2017	Employee directed donation in lieu of company holiday gift
Monetary	Womanspace	1530 Brunswick Ave. Lawrenceville, NJ 08648	\$7,500	12/5/2017	Safe House (Emergency Shelter) and Barbara's House (Transitional Housing): Supporting Women and Children Impacted by Domestic Violence
Monetary	Womanspace	1530 Brunswick Ave. Lawrenceville, NJ 08648	\$300	9/29/2017	Costs associated with Janssen Cares Volunteer Activity—October 2, 2017
Monetary	Womanspace	1530 Brunswick Ave. Lawrenceville, NJ 08648	\$300	9/29/2017	Costs associated with Janssen Cares Volunteer Activity—October 5, 2017
Monetary	Woods Services Foundation	40 Martin Gross Drive, P.O. Box 36 Langhorne, PA 19047	\$4,000	12/12/2017	Yoga at Woods Services: A Recreational Program for People with Special Needs
Monetary	Young Scholars' Institute	349 W. State St Trenton, NJ 08618	\$3,500	12/18/2017	Early Literacy Engagement and Development
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$493,168	1/3/2017	Product donation for humanitarian assistance in Dominican Republic, Nicaragua, West Bank, and U.S.
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$145,709	1/6/2017	Product donation for humanitarian assistance in Nicaragua, Dominican Republic, West Bank, and U.S.
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$257,792	1/9/2017	Product donation for humanitarian assistance in Nicaragua, Dominican Republic, West Bank, and U.S.
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$100,065	2/16/2017	Product donation for humanitarian assistance in St. Lucia, Nicaragua, Republic, and Lebanon

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$1,185,644	2/16/2017	Product donation for humanitarian assistance in U.S. clinics
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$4,640	3/13/2017	Product donation for humanitarian assistance in Puerto Rico
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$1,281,296	3/20/2017	Product donation for humanitarian assistance in Tanzania, West Bank, Gaza, St. Lucia, Lebanon, Dominican Republic, Colombia, Nicaragua, and U.S.
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$91,239	3/20/2017	Product donation for humanitarian assistance in Nicaragua and Colombia
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$1,077,988	4/11/2017	Product donation for humanitarian assistance in Gaza, West Bank, Colombia, and U.S.
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$181,140	4/11/2017	Product donation for humanitarian assistance in St. Lucia, Afghanistan, and Colombia
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$191,031	5/23/2017	Product donation for humanitarian assistance in Nicaragua, Dominican Republic, and St. Lucia
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$72,844	5/23/2017	Product donation for humanitarian assistance in Nicaragua.
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$871,110	6/22/2017	Product donation for humanitarian assistance in Dominican Republic, St. Lucia, and West Bank
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$185,347	6/22/2017	Product donation for humanitarian assistance in Dominican Republic, and West Bank
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$9,583,716	7/17/2017	Product donation for humanitarian assistance in Kyrgyzstan
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$149,758	7/19/2017	Product donation for humanitarian assistance in St. Lucia
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$91,601	8/21/2017	Product donation for humanitarian assistance in United States

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$259,213	8/21/2017	Product donation for humanitarian assistance in United States
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$383,085	9/27/2017	Pharmaceutical product Donation for humanitarian aid in Gaza, St. Lucia, and Peru
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$134,651	9/27/2017	Product donation for humanitarian aid for El Salvador, Peru and St. Lucia
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$2,013,098	10/10/2017	Product for humanitarian and disaster response in Houston, Florida and Puerto Rico
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$65,375	10/10/2017	Product donation for humanitarian and disaster relief in Houston, Florida, and Puerto Rico
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$75,473	10/20/2017	Product donation for humanitarian aid in Nicaragua and US Clinics
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$82,469	11/15/2017	Product donation for humanitarian aid in US Clinic Network
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$442,409	11/15/2017	Product donation for humanitarian aid in Sierra Leone
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$816,348	8/31/2017	Product Donation for Disaster Response—Hurricane Harvey
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$1,320,624	11/17/2017	Product donation for humanitarian assistance in U.S
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$504,595	12/5/2017	Product donation for humanitarian assistance in the Dominican Republic
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$971,862	12/5/2017	Product for humanitarian assistance in the Dominican Republic
Product	AmeriCares Foundation	88 Hamilton Ave. Stamford, CT 06902	\$4,298,976	12/5/2017	Product donation for humanitarian assistance in US Clinic Networks
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$432,510	11/16/2017	Product donation for humanitarian assistance in: Dominican Republic, Haiti and Guatemala

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$566,919	11/16/2017	Product donation for humanitarian assistance in: Dominican Republic, Haiti, and Guatemala
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$68,662	10/20/2017	Product donation for humanitarian assistance in the Dominican Republic, Guatemala and Haiti
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$47,020	9/27/2017	Product donation for humanitarian aid in the Dominican Republic
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$1,626,679	7/19/2017	Product donation for humanitarian assistance in Guatemala, Haiti, Dominican Republic, and Nicaragua
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$2,839,769	7/19/2017	Product donation for humanitarian assistance in Guatemala, Haiti, Dominican Republic, and Nicaragua
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$129,896	8/21/2017	Product donation for humanitarian assistance in Dominican Republic, and Nicaragua
Product	Catholic Medical Mission Board	100 Wall Street, 9th Floor New York, NY 10005	\$2,091,213	8/21/2017	Product donation for humanitarian assistance in Dominican Republic, Haiti, and Nicaragua
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$698,911	6/22/2017	Product donation for humanitarian assistance in Guatemala, El Salvador, Nicaragua, Haiti, and Jamaica
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$537,473	6/22/2017	Product donation for humanitarian assistance in Dominican Republic, Haiti, Guatemala, Jamaica, and El Salvador
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$597,003	4/10/2017	Product donation for humanitarian assistance in El Salvador, Haiti, and Nicaragua
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$565,051	4/10/2017	Product donation for humanitarian assistance in El Salvador, Haiti, Honduras, Nicaragua, and Guatemala
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$610,715	5/23/2017	Product donation for humanitarian assistance in Tanzania, Guatemala, Jamaica, and Dominican Republic

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$716,298	5/23/2017	Product donation for humanitarian assistance in Dominican Republic, Tanzania, and Guatemala
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$1,336,614	3/20/2017	Product donation for humanitarian assistance in Guatemala, El Salvador, and Haiti
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$102,932	3/20/2017	Product donation for humanitarian assistance in Guatemala and Haiti
Product	Catholic Medical Mission Board	33-01 Eleventh Street Long Island City, NY	\$117,953	2/15/2017	Product donation for humanitarian assistance in Haiti, El Salvador and Honduras
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$1,051,504	3/20/2017	Product donation for humanitarian assistance in Honduras, Liberia, Haiti and El Salvador.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$91,239	3/20/2017	Product donation for humanitarian assistance in Haiti and Liberia.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$23,107	2/16/2017	Product donation for humanitarian assistance in Honduras.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$378,636	2/16/2017	Product donation for humanitarian assistance in Honduras.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$2,390,729	4/11/2017	Product donation for humanitarian assistance in Colombia, Sierra Leone, Vanuatu, Ghana, Malawi, Haiti, Nicaragua and U.S.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$249,548	4/11/2017	Product donation for humanitarian assistance in Ghana, Malawi, Sierra Leone, Liberia, Pakistan and U.S.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$804,308	5/23/2017	Product donation for humanitarian assistance in Malawi and Sierra Leone
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$209,508	5/23/2017	Product donation for humanitarian assistance in Colombia, Pakistan, Ghana, Malawi, Sierra Leone and Liberia.

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$500,169	6/22/2017	Product donation for humanitarian assistance in Jamaica, Nicaragua, Pakistan, and Liberia
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$710,949	6/22/2017	Product donation for humanitarian assistance in Jamaica
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$1,405,277	7/19/2017	Product donation for humanitarian assistance in Honduras, Colombia, and Pakistan
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$1,152,189	7/19/2017	Product Donation for humanitarian assistance in Honduras, Colombia, Pakistan, and USA.
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$271,063	9/27/2017	Product donation for humanitarian assistance in Ghana
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$61,205	9/27/2017	Product donation for humanitarian assistance in Ghana
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$373,326	8/21/2017	Product donation for Humanitarian assistance in the United States
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$259,561	8/21/2017	Product donation for Humanitarian assistance in the United States
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$239,304	10/23/2017	Product donation for humanitarian assistance in US Clinics
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$571,784	12/5/2017	Product donation for humanitarian assistance in Syria
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$62,628	10/2/2017	Product donation for humanitarian assistance in Houston, Florida, and Puerto Rico
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$3,961,872	11/17/2017	Product donation for humanitarian assistance in Syria
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$3,482,171	12/1/2017	Product donation for humanitarian assistance in Syria
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$82,127	9/7/2017	Product Donation for Disaster response—Hurricane Harvey

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$494,813	11/16/2017	Product donation for humanitarian assistance in Syria
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$224,506	11/16/2017	Product donation for humanitarian assistance in Syria
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$161,977	11/16/2017	Product donation for humanitarian assistance in Syria
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$31,448	11/16/2017	Product donation for humanitarian assistance in US
Product	Direct Relief	27 S. La Patera Lane Santa Barbara, CA 93117	\$505,634	11/16/2017	Product donation for humanitarian assistance in US Clinics
Product	Heart to Heart International	1021 Pacific Avenue Kansas City, KS 66102	\$61,205	9/27/2017	Product donation for humanitarian assistance in the Dominican Republic
Product	Heart to Heart International	1021 Pacific Avenue Kansas City, KS 66102	\$224,044	9/27/2017	Product donation for humanitarian assistance in the Dominican Republic
Product	Heart to Heart International	1021 Pacific Avenue Kansas City, KS 66102	\$979,095	6/22/2017	Product donation for humanitarian assistance in Honduras.
Product	Heart to Heart International	1021 Pacific Avenue Kansas City, KS 66102	\$126,867	6/22/2017	Product Donation for humanitarian assistance in Honduras.
Product	Heart to Heart International	1021 Pacific Avenue Kansas City, KS 66102	\$436,536	4/10/2017	Product donation for humanitarian assistance in Dominican Republic, Honduras and Papua New Guinea.
Product	Heart to Heart International	1021 Pacific Avenue Kansas City, KS 66102	\$62,476	4/10/2017	Product donation for humanitarian assistance in Honduras and Dominican Republic.
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza Kilmer Square, Suite 130 New Brunswick, NJ 08933	\$338,315,809	12/31/2017	Patient Assistance Product Donation
Product	MAP International	4700 Glynco Parkway Brunswick, GA 31525	\$13,197	2/15/2017	Product donation for humanitarian assistance (Medical Mission Packs).

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Product	MAP International	4700 Glynco Parkway Brunswick, GA 31525	\$125,592	2/14/2017	Product donation for humanitarian assistance in Sierra Leone
Product	MAP International	4700 Glynco Parkway Brunswick, GA 31525	\$108,127	11/16/2017	Product donation for humanitarian assistance in the Eastern Caribbean
Product	MAP International	4700 Glynco Parkway Brunswick, GA 31525	\$19,241	7/31/2017	Product donation for medical mission program
Product	MAP International	4700 Glynco Parkway Brunswick, GA 31525	\$868,191	6/22/2017	Product donation for humanitarian assistance in Haiti, Dominican Republic, and Guatemala.
Monetary	Acercamiento Hispano de Carolina del Sur	P.O. Box 3820 Columbia, SC 29230	\$5,000	4/26/2017	ContraSIDA
Monetary	ADAP Advocacy	P.O. Box 15275 Washington, DC 20003	\$5,000	4/4/2017	ADAP Directory
Monetary	ADAP Advocacy	P.O. Box 15275 Washington, DC 20003	\$5,000	10/16/2017	Improving Access to Care Among Formerly Incarcerated Populations with HIV/AIDS under the AIDS Drug Assistance Program (ADAP)
Monetary	African-American Aids Policy And Training Institute	1833 West 8th Street Suite 200 Los Angeles, CA 90057	\$75,000	7/20/2017	Black Treatment Advocates Network (BTAN) Advanced Development Program
Monetary	AIDS Foundation Houston, Inc.	6260 Westpark Drive Suite 100 Houston, TX 77057	\$3,000	4/4/2017	Linkage to Care
Monetary	AIDS Foundation of Chicago	200 W. Jackson Blvd., Suite 2100 Chicago, IL 60606	\$50,000	3/1/2017	Ensuring Access to HIV Prevention and Care in Illinois through Policy Monitoring and Advocacy
Monetary	AIDS Outreach Center	400 North Beach Street Fort Worth, TX 76111	\$5,000	4/4/2017	HIV Case Management at AIDS Outreach Center
Monetary	AIDS Resource Center of Wisconsin	820 N. Plankinton Ave. Milwaukee, WI 53203	\$5,000	8/17/2017	Driving Innovation in HIV Healthcare Via ARCW HIV Medical Centers
Monetary	AIDS Services Foundation Orange County	17982 Sky Park Circle, Suite J Irvine, CA 92614	\$2,000	5/8/2017	HIV and Hepatitis C Testing Program

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	AIDS United	1101 14th Street, NW Suite 300 Washington, DC 20005	\$200,000	12/19/2017	Transgender Leadership Initiative
Monetary	Alexian Brothers Bonaventure House	825 W. Wellington Chicago, IL 60657	\$5,000	8/17/2017	Transitional Living Program for Homeless Adults with HIV/AIDS
Monetary	Aliveness Project, Inc.	3808 Nicollet Ave Minneapolis, MN 55409	\$1,000	7/31/2017	Integrative Therapies for People Living with HIV
Monetary	Aunt Rita's Foundation	1101 N. Central Ave. Suite 212 Phoenix, AZ 85004	\$2,500	7/11/2017	Project HIVAZ
Monetary	Caring Ambassadors Program, Inc	PO Box 1748 Oregon City, OR 97045	\$40,000	3/20/2017	General Hepatitis C Program Support
Monetary	Catholic Charities of East Tennessee, Inc.	119 Dameron Avenue Knoxville, TN 37917	\$5,000	4/4/2017	The Home Place
Monetary	Center For Health Empowerment (CHE)	1115 E. 12th St. Austin, TX 78702	\$3,500	10/23/2017	HIV Prevention Access and Linkage to Care
Monetary	Central Louisiana Aids Support Services Inc (CLASS)	1785 Jackson Street Alexandria, LA 71301	\$5,000	11/13/2017	HIV Testing, Counseling, and Prevention for African American Teens and Young Adults
Monetary	Community Education Group	1930 Martin Luther King Jr Avenue SE Washington, DC 20020	\$20,000	12/18/2017	Equal Access
Monetary	Community Education Group	1930 Martin Luther King Jr Avenue SE Washington, DC 20020	\$20,000	3/13/2017	Access Tools Linking All to Services (ATLAS).
Monetary	Community Research Initiative on AIDS, Inc.	575 8th Avenue, Suite 502 New York, NY 10018	\$15,000	7/20/2017	HIV Health Literacy Education and Training for Service Providers Working with Vulnerable Populations
Monetary	Frannie Peabody Center Inc.	30 Danforth St. Suite 311 Portland, ME 04101	\$5,000	11/13/2017	Supportive Pathways Along the Care Continuum (SPACC)
Monetary	Gay Men's Health Crisis	446 W. 33rd Street New York, NY 10001	\$30,000	12/19/2017	Peer Navigation for high-risk and HIV-positive transgender people

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Gay Men's Health Crisis	446 W. 33rd Street New York, NY 10001	\$30,000	3/1/2017	Peer Navigation for high-risk and HIV-positive transgender people
Monetary	Hepatitis C Mentor and Support Group Inc.	35 East 38th Street, Suite #4G New York, NY 10016	\$20,000	2/7/2017	The Hepatitis C Education and Support Group Assistance Program
Monetary	Hepatitis Education Project	1261 S. Jackson St., Suite 201 Seattle, WA 98144	\$35,000	2/8/2017	General Program Support
Monetary	Howard Brown Health Center	4025 N. Sheridan Chicago, IL 60613	\$25,000	9/29/2017	Patient Assistance Clinic (PAC): Medication Therapy Management for Under-served Patients
Monetary	International Association of Physicians in AIDS Care Inc.	2200 Pennsylvania Avenue, NW 4th Floor East Washington, DC 20037	\$75,000	3/1/2017	Conversation Maps: Patient Empowerment through HIV Peer Dialogue in Five U.S. Fast-Track Cities
Monetary	Legacy Counseling Center	4054 McKinney Ave., Suite 102 Dallas, TX 75204	\$5,000	4/26/2017	Grace Project Program for Women Living with HIV/AIDS
Monetary	Legal Council for Health Justice	17 N. State Street, Suite 900 Chicago, IL 60602	\$5,000	8/23/2017	Communities of Color Outreach Program
Monetary	Lifelong Aids Alliance	P.O. Box 80547 Seattle, WA 98108	\$3,000	3/20/2017	Living Positively
Monetary	Minority AIDS Project	5149 W. Jefferson Blvd Los Angeles, CA 90016	\$7,500	4/4/2017	S.T.E.P. Program Strengthening Treatment Education for People Living with HIV/AIDS
Monetary	National AIDS Treatment Advocacy Project	580 Broadway Suite 1010 New York, NY 10012	\$175,000	3/16/2017	NATAP HIV and HCV Information and Education Project
Monetary	National AIDS Treatment Advocacy Project	580 Broadway Suite 1010 New York, NY 10012	\$175,000	12/18/2017	NATAP HIV and Hepatitis Information and Education Project
Monetary	National Alliance of State and Territorial AIDS Directors	444 North Capitol Street NW #339 Washington, DC 20001	\$150,000	12/19/2017	Affordable Care Act (ACA), Ryan White/ADAP, Public Policy and Technical Assistance, and the Minority Leadership Programs
Monetary	NovaSalud, Inc.	2946 Sleepy Hollow Rd. Falls Church, VA 22044	\$2,500	11/15/2017	"Increasing Testing and Improving Retention in Care and Access to Treatment for People at Risk or Currently Living with HIV"

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Palmetto AIDS Life Support Services	2638 Two Notch Road, Suite 108 Columbia, SC 29204	\$7,500	7/11/2017	HIV Care Coordination Program
Monetary	Positive Resource Center	785 Market Street, 10th Floor San Francisco, CA 94103	\$2,500	11/13/2017	Integrated Support Services
Monetary	PowerSource Tucson, Inc.	P.O. Box 12354 Tucson, AZ 85732	\$2,500	10/23/2017	Bridging the Gap
Monetary	Project Inform	273 Ninth Street San Francisco, CA 94103	\$10,000	12/18/2017	Mission Support
Monetary	Project Inform	273 Ninth Street San Francisco, CA 94103	\$10,000	6/26/2017	Mission Support for Project Inform
Monetary	Project Inform	273 Ninth Street San Francisco, CA 94103	\$25,000	6/26/2017	HIV Care Linkage, Retention and Re-engagement
Monetary	Project Inform	273 Ninth Street San Francisco, CA 94103	\$25,000	6/26/2017	Policy Advocacy to Protect HIV Treatment and Care
Monetary	Project Link of South Florida, Inc.	2929 NE 6TH Avenue Wilton Manors, FL 33334	\$5,000	10/16/2017	"Surviving and Thriving; Long-term Survivors workshops, for Gay Men 50 and Over Living with HIV," and for our "Long-term Survivor" support group.
Monetary	RAIN, Inc.	601 E. 5th Street, Suite 470 PO Box 37190 Charlotte, NC 28202	\$20,000	9/29/2017	Free On-Site Mental Health Services for People Living with HIV
Monetary	San Francisco AIDS Foundation	1035 Market Street, Suite 400 San Francisco, CA 94103	\$25,000	6/27/2017	TransLife HIV Care and Support
Monetary	Services and Advocacy For Gay Lesbian Bisexual and Transgender Elders Inc.	305 7th Avenue, 15th Floor New York, NY 10001	\$5,000	4/21/2017	SAGEPositive
Monetary	The AIDS Institute	17 Davis Boulevard, Suite 403 Suite 403 Tampa, FL 33606	\$65,000	7/20/2017	Ensuring Adequate Funding for Domestic HIV/AIDS Programs

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	The AIDS Institute	17 Davis Boulevard, Suite 403 Suite 403 Tampa, FL 33606	\$65,000	12/19/2017	2018 Federal and State HIV/ AIDS Policy Issues
Monetary	The Alliance for Positive Change	64 West 35th Street, 3rd Floor New York, NY 10001	\$4,000	9/18/2017	ID Inspired Challenge
Monetary	The Next Step Fund, Inc.	99 Bishop Allen Drive Cambridge, MA 02138	\$5,000	7/11/2017	Expansion of Next Step's Year-round Programming for teens and young adults living with HIV.
Monetary	The San Diego LGBT Community Center	P.O. Box 3357 San Diego, CA 92163	\$2,500	8/18/2017	Youth Services
Monetary	The San Diego LGBT Community Center	P.O. Box 3357 San Diego, CA 92163	\$5,000	7/19/2017	HIV services
Monetary	The Well Project	85 Norman Avenue P.O. Box 220410 Brooklyn, NY 11222	\$30,000	12/18/2017	Building H.O.P.E. (Hopeful Outreach and Positive En- gagement for Women Liv- ing with HIV)
Monetary	The Well Project	85 Norman Avenue P.O. Box 220410 Brooklyn, NY 11222	\$30,000	3/1/2017	HIV Disease Awareness/ In- formation, Community Support, Advocacy and Capacity Building
Monetary	Treatment Action Group, Inc.	90 Broad Street, Suite 2503 New York, NY 10004	\$15,000	6/26/2017	Ending the Epidemic
Monetary	University Of Cali- fornia San Fran- cisco	UCSF Alliance Health Project 1855 Folsom Street, Ste. 670 Box 0884 San Francisco, CA 94143	\$15,000	9/29/2017	UCSF Alliance Health Project Mission-Based Support— Community Based Inten- sive Case Management for People Living With HIV/ AIDS
Monetary	University Of Mary- land Baltimore Foundation, Inc.	620 W. Lexington St. 2nd floor Baltimore, MD 21201	\$2,500	11/13/2017	JACQUES Initiative Commu- nity Outreach Program
Monetary	US Agency for Inter- national Develop- ment	1300 PA Avenue., NW SA-44 Rm 475-J Wash- ington, DC 20523	\$725,000	12/19/2017	Global Public Health Pro- grams: Infection Control (\$250,000), Anti-Microbial Resistance (\$300,000), Pharmacovigilance (\$175,000)

Janssen Pharmaceuticals, Inc. Monetary and Product Contribution to U.S.-based Charitable Organizations Full Year 2017—Continued

(Payments made from January 1, 2017 to December 31, 2017)

Donation Type	Payee	Payee Address	Payment Amount (USD)	Payment Date	Project Title/Description
Monetary	Wellness Center of South Florida, Inc.	2929 NE 6 Avenue, Suite B Wilton Manors, FL 33334	\$2,000	10/16/2017	Prevention for HIV Positive Heterosexual/Minority Outreach Program
Monetary	Young Scholars For Academic Empowerment	4164 Brockton Ave Riverside, CA 92501	\$5,000	7/19/2017	TruEvolution Community Wellness Center
Product	Johnson & Johnson Patient Assistance Foundation	One Johnson & Johnson Plaza Kilmer Square, Suite 130 New Brunswick, NJ 08933	\$14,933,212	12/31/2017	Patient Assistance Product Donation
Product	Partnership for Supply Chain Management	1616 Fort Myer Drive, 12th Floor Arlington, VA 22209-3100	\$1,018,932	3/31/2017	Product Donation for New Horizons global public health program
Product	Partnership for Supply Chain Management	1616 Fort Myer Drive, 12th Floor Arlington, VA 22209-3100	\$124,669	9/8/2017	Product donation for New Horizons Global Public Health Program
Product	US Agency for International Development	1300 Pennsylvania Avenue, N.W. Washington, DC 20523	\$302,250,000	12/18/2017	Product donation for global public health programs

Actelion Pharmaceuticals US, Inc. Contribution Payments Made in 2018

Organization Information	Project Title	Paid Amount	Paid
Westchester Medical Center Foundation	Girls' Night Out	\$2,000.00	20180326
Scleroderma Research Foundation	CONQUER Registry Project	\$500,000.00	20180125
Multiple Sclerosis Association of America	The Latest MS Research Updates	\$12,000.00	20180424
Have a Ball Foundation	14th Annual "Have a Ball" Golf Tournament	\$5,000.00	20180309
CMDAT Research Foundation	Free seminars on pulmonary arterial hypertension and Gaucher disease in the Greater Denver area	\$1,400.00	20180411
Echo Hill Outdoor School Heart Camp 2018	Echo Hill Outdoor School Heart Camp 2018	\$5,000.00	20180410
Pulmonary Hypertension Association	Chicago Area Trivia Night	\$3,200.00	20180510

Actelion Pharmaceuticals US, Inc. Contribution Payments Made in 2018—Continued

Organization Information	Project Title	Paid Amount	Paid
American Lung Association in Missouri	St. Louis Lung Force Expo	\$1,500.00	20180524
Pulmonary Hypertension Association	Thirsting for a Cure	\$6,000.00	20180725
UPHill Journeys	11th Annual Northern New England PH Forum	\$2,000.00	20180710
Pulmonary Hypertension Association	Steps for Stripes Fun Walk	\$1,500.00	20180925
American Heart Association	Ann Arbor-Jackson Heart Ball	\$5,000.00	20181025
phaware global association	PHAWARE® CHARITY POKER TOURNAMENT	\$2,500.00	20181116
Pulmonary Hypertension Association	Georgia Fun Walk	\$2,500.00	20181010
American Lung Association in Missouri	St. Louis Lung Force Expo	\$1,500.00	20181010

Actelion has also made financial donations to independent charitable foundations that assist patients who are underinsured and in financial need with treatment-related expenses. In keeping with our donor agreements and applicable regulatory guidance, we will only disclose aggregate data on our charitable giving and do not publicize information on donations to specific foundations and disease states. In 2018, we contributed approximately \$50.2 million in donations to independent charitable foundations, enabling them to provide assistance with medication-related copays to patients with pulmonary hypertension.

SUBMITTED BY HON. JOHN THUNE, A U.S. SENATOR FROM SOUTH DAKOTA

340B Health

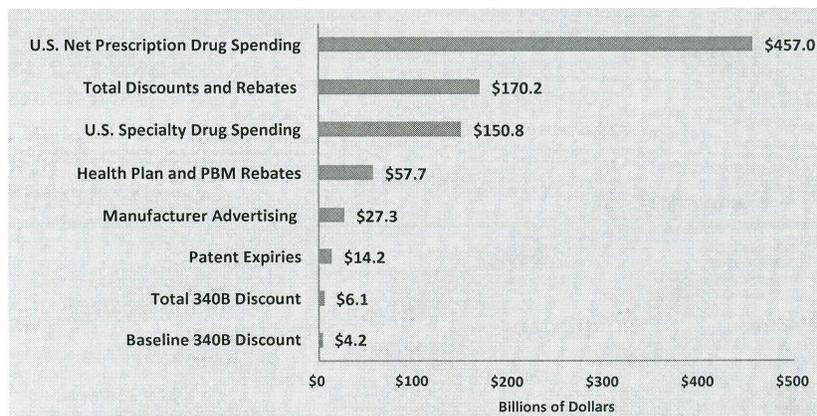
1101 15th Street NW, Suite 910
 Washington, DC 20005
 Phone: 202-552-5850
 FAX: 202-552-5868
www.340bhealth.org

340B is a Small Share of the Drug Market and Does Not Increase Drug Prices

New data show drug manufacturers provided \$6.1 billion in total drug discounts in 2015 under the 340B Program. The 340B discount is less than 2 percent of the total U.S. drug market and is dwarfed by other segments of the drug industry.

340B does not increase drug prices. 340B reduces costs for safety net providers, allowing them to provide affordable drugs and services to low-income patients.

The 340B Program and the U.S. Drug Market, 2015



Compared to other segments of the market, the total 340B discount is:

- Less than 2 percent of total U.S. drug spending.
- 3.6 percent of all discounts and rebates offered by manufacturers.
- 4 percent of the specialty drug spending.
- 89 percent less than the rebates manufacturers provide to health plans and PBMs.
- 78 percent less than what manufacturers spend on advertising.
- 57 percent less than what brand-name manufacturers have lost from patent expirations.

Nearly one third of the total 340B discount is due a penalty enforced against drug manufacturers for raising the price of drugs higher than the rate of inflation or voluntarily providing a discount lower than the 340B price. Manufacturers could avoid this penalty by not increasing their drug prices at such high rates.

Total 340B Discount, \$6.1 Billion

Required by 340B Statute, \$4.2 Billion

**Inflationary Penalty,
\$1.9 Billion**

The full analysis by Dobson Davanzo is available here: http://www.340bhealth.org/files/340B_Financial_Impact_7_17.pdf.

PREPARED STATEMENT OF HON. RON WYDEN,
A U.S. SENATOR FROM OREGON

Prescription drugs did not become outrageously expensive by accident. It's not the result of a system too complicated for Americans to comprehend. Drug prices are astronomically high because that's where pharmaceutical companies and their investors want them. The brakes have come off pharmaceutical pricing, and American families are hurtling along in the passenger seat terrified of what comes next.

Today the committee will hear uplifting stories about miracle cures, but it is morally repugnant when patients can't afford them. It is morally repugnant when ailing patients are forced to choose between filling that next prescription or putting food on the table, because they can't afford both. It is morally repugnant when patients are forced to skip doses.

You Pharma executives are here because the way you do business is unacceptable and unsustainable. Ten companies accounted for half of all profits in the health-care sector last fall. Nine of those ten were drug manufacturers. All but one of today's witnesses represent companies on that list. Drug makers behave as if patients and

taxpayers are unlocked ATMs full of cash to be extracted, and their shareholders are the customers they value above all else.

Let's look at concrete examples, starting with AbbVie. AbbVie manufactures the top-selling prescription drug in America, the arthritis medication Humira. Over 6 years, the company doubled the price of a 12-month supply from \$19,000 to \$38,000. Can patients opt for a less-expensive alternative? No they cannot, because AbbVie protects the exclusivity of Humira like Gollum with his ring: thick cobwebs of patents, legal tricks, and shadowy deals with other drug makers, all to keep the cash flowing.

I also want to address troubling information the committee recently uncovered. I'm holding AbbVie's proxy statement, a document every publicly traded company must file with the SEC. Page 37 shows that in 2017, a portion of CEO Richard Gonzalez's multi-million-dollar bonus was directly tied to sales of Humira. It appears the same incentive was in place in 2015 and 2016.

In fact, the committee's review shows that all of AbbVie's top executives had the same arrangement. Mr. Gonzalez is welcome to respond, but the implication of that incentive ought to be clear. From top down, AbbVie's leadership had reason to keep pushing prices and sales upward.

Now on to Pfizer. Pfizer gets first prize for emptiest gesture on pricing in 2018. After stern Trump tweets last year, Pfizer said it would temporarily freeze prices. But once the President got his splashy headlines, his gaze turned elsewhere, and Pfizer's former CEO told investors it was back to "business as normal." Another round of price hikes in 2019, including on its pain medication Lyrica. Lyrica's price has increased 163 percent since 2012. With this one drug, Pfizer raked in \$4.5 billion in 2017.

Merck: Merck gets second prize for emptiest gesture on pricing in 2018. It made sweet-sounding promises after coming under criticism, but it cut prices for drugs that provide essentially no revenue to the company. Left untouched were the cash cows Keytruda and Januvia, which account for more than a quarter of Merck's revenue. It's like promising car shoppers a great deal, except the only discounted model on the lot is an Edsel.

Sanofi: A company wringing more and more cash out of people with an incurable disease. In 2010, a vial of Sanofi insulin cost less than \$100. In 2018 it cost nearly \$300, and the company raised prices again in 2019. Considering that the landmark breakthrough on insulin came early in the roaring twenties, nothing could justify that sudden price increase nearly a century later. Diabetics who can't afford the costs are self-rationing and endangering their lives, but at least the investors are happy.

AstraZeneca: A lesson in saying the quiet part out loud. In an interview earlier this year, CEO Pascal Soriot complained that his \$12-million salary made him "the lowest-paid CEO in the whole industry." He said it was "annoying to some extent." His company, meanwhile, continues to raise the price of Symbicort, its \$3-billion asthma drug. For some asthmatics, being able to breathe costs hundreds of dollars a month.

Johnson & Johnson: A record-setting flip-flop. This January 7th, at the JP Morgan Healthcare Conference, CEO Alex Gorsky said that the pharmaceutical industry needed to self-police on pricing. Sounds good, but it didn't last long. Three days later, his company hiked the prices of hundreds of its drugs, including drugs that account for billions in Medicare spending.

Bristol-Myers-Squibb: In 2017, the company spent roughly \$11.5 billion on dividends, stock buybacks, marketing, sales, and administrative costs. That's roughly triple the amount it spent on R&D.

This is all a stark illustration of drug makers' profiteering and two-faced scheming. The central argument that the committee will hear in response is that the fault is everybody else's. The health plans are at fault. The PBMs are at fault. Regulators are at fault. They always point the finger elsewhere.

We'll also hear that list prices don't matter; that the true costs are complicated. But companies don't set and raise list prices for fun. Those prices are directly tied to the amount patients pay out-of-pocket at the pharmacy window. They are directly tied to what taxpayers spend on health-care programs.

Next, drug makers point fingers at the middlemen, pharmacy benefit managers. I've said for years that PBMs are wasteful and secretive, taking their cut without

proving their worth to anybody. They will have their day before this committee. But PBMs don't set list prices; manufacturers do. Furthermore, manufacturers don't offer rebates for nearly 40 percent of Part D brand-name drugs. Those prices continue to rise. That's on the drug companies, not on PBMs.

Next, drug makers say changes in the status quo will hurt R&D. A quick look at these companies' finances, on both sides of the balance sheet, shows that isn't the case. Revenue generated from American patients alone dwarfs what they spend on R&D worldwide. Drug makers also spend as much, if not more, on flashy TV ads and office-to-office salesmen as they spend on R&D. And if lower prices would diminish R&D, why don't costly dividends? Why don't stock buybacks? Is the stock price more important than inventing the next miracle cure?

Even if you buy the specious argument that a drug's list price at launch is driven by the cost of R&D, what could justify arbitrary price increases year after year, long after the R&D spending is done?

Finally, companies say they help patients afford drugs with "coupons" or patient assistance programs. But if these programs are so widely generous, why can't drug makers instead simply lower prices across the board? Because it's just more slick branding—ploys that allow companies to maintain the status quo.

One final point. I was there when seven Big Tobacco CEOs testified in a committee room like this one, and they lied. The chairman and I expect better this morning. Your profits are outsized compared to others in the industry, you receive a massive portion of your revenue from American taxpayers, and you bear none of the consequences of high drug prices. It's past time to get beyond the excuses and make prescription drugs affordable.

COMMUNICATIONS

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February 26, 2019

The Honorable Chuck Grassley
Chairman
Committee on Finance
U.S. Senate
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Committee on Finance
U.S. Senate
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Grassley and Ranking Member Wyden:

AARP appreciates your focus on prescription drug prices and the challenges that increasing drug costs pose for seniors, and we thank you for holding the hearing on February 26, 2019, to highlight rising prescription drug prices. AARP, with its nearly 38 million members in all 50 states, the District of Columbia, and the U.S. territories is a nonpartisan, nonprofit, nationwide organization that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse.

Prescription drug prices are a high priority for AARP and all older Americans, as older adults are particularly vulnerable to high prescription drug prices. Medicare Part D enrollees take an average of 4.5 prescriptions per month, and over two-thirds have two or more concurrent chronic illnesses. When older Americans talk about the impact of high prescription drug prices, they are often talking about costs that they will face every year for the rest of their lives.

Most Medicare beneficiaries live on modest incomes, with an annual median of just over \$26,000. One-quarter have incomes of just over \$15,000. One-quarter have less than \$15,000 in savings. This is not a population that has the resources to absorb rapidly escalating prescription drug prices, and many are simply unable to afford the medications they need.

Unfortunately, older Americans have seen their prescription drug prices skyrocket in recent years. About 30 years ago, the public was outraged over a drug that cost less than \$10,000 per year. We now have drugs with prices approaching \$1 million per year.

In 2015, the average annual cost for a single specialty drug used on a chronic basis was \$52,486—which is only slightly less than the median household income in the United States.¹ We strongly support efforts to bring new treatments to market, but innovation is meaningless if patients cannot afford to use the treatment.

AARP has been tracking the prices of widely-used prescription drugs since 2004. Our most recent *Rx Price Watch Report* focused on brand-name drugs and found that their retail prices increased by an average of 8.4% in 2017—four times the rate of inflation. AARP's report also examined how drug companies' relentless price in-

¹ <https://www.aarp.org/content/dam/aarp/ppi/2017/11/full-report-trends-in-retail-prices-of-specialty-prescription-drugs-widely-used-by-older-americans.pdf>.

creases add up over time and found that the average annual cost of one brand-name drug—now around \$6,800—would have been just under \$2,200 in 2017 if retail price changes had been limited to general inflation between 2006 and 2017.²

The average annual price increases for brand name drugs have exceeded the corresponding rate of inflation every year since at least 2006. More importantly, this problem goes beyond a few bad actors: virtually all of the manufacturers we track raise their prices every single year.

As a result, it is hardly surprising that our members consistently tell us they cannot afford the medications they need and are forced to make difficult choices as a result. Even less surprising is that they want this situation to change. Last year, in AARP's 2018 Mid-Term Voter Issues Survey, 92 percent of voters age 50 and older told us that candidates' positions on lowering drug costs was important to them, with 74 percent saying "very important."

Moreover, in a Kaiser 2018 Health Tracking Poll, prescription drug prices topped the list of the public's priorities, with 90 percent calling it an important priority, and 52 percent listing it as a "top priority." In that poll, a large majority (80 percent) of the public reported perceiving prescription drug costs as "unreasonable," a share that has increased since 2015.

Today it seems that prescription prices are in a never-ending race to the top. High priced specialty drug approvals have exceeded traditional drug approvals since 2010, and the number of people using such drugs is growing. Meanwhile, the research pipeline is full of products like orphan drugs, biologics, and personalized medicines that face little competition and will undoubtedly command even higher prices.

We have also seen massive increases in Medicare spending on prescription drugs. Between 2005 and 2016, Medicare Part B drug spending more than doubled from \$12 billion to \$29 billion. Total Medicare Part D spending is approaching \$150 billion. These escalating costs will eventually result in higher taxes, cuts to vitally important public programs, or both.

Current prescription drug price trends are simply not sustainable. High and growing drug prices are affecting all Americans in some way. Their cost is passed along to everyone with health coverage through increased health care premiums, deductibles, and other forms of cost-sharing. They are also driving larger cost increases for a variety of taxpayer-funded programs. Meanwhile, drug companies are working very hard to try to shift the blame to others in the health care system, leaving them free to set incredibly high prices and increase them with little restraint.

It is long past time for Congress to take action to rein in high drug prices. Thoughtful bipartisan efforts to help reduce prescription drug prices could save tens of billions of dollars for patients, taxpayers and the U.S. health care system. More importantly, they will help ensure that all Americans have affordable access to the drugs that they need to get and stay healthy.

We look forward to working with this Committee to find solutions that will lower prescription drug prices and costs for older Americans. If you have any additional questions, feel free to contact me or have your staff contact Amy Kelbick on our Government Affairs staff at akelbick@aarp.org or 202-434-2648.

Sincerely,

Joyce A. Rogers
Senior Vice President
Government Affairs

AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS (ASHP)

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Email: gad@ashp.org
Phone: 301-664-8692

ASHP (American Society of Health-System Pharmacists) respectfully submits the following statement for the record to the Senate Committee on Finance hearing on "Drug Pricing in America: A Prescription for Change, Part II."

² <https://www.aarp.org/content/dam/aarp/ppi/2018/09/trends-in-retail-prices-of-brand-name-prescription-drugs-year-end-update.pdf>

ASHP represents pharmacists who serve as patient care providers in acute and ambulatory settings. The organization's nearly 50,000 members include pharmacists, student pharmacists, and pharmacy technicians. For more than 75 years, ASHP has been at the forefront of efforts to improve medication use and enhance patient safety.

ASHP's vision is that medication use will be optimal, safe, and effective for all people all of the time. A primary tenet of that vision includes access to affordable medications needed to save or sustain lives. Addressing the issue of skyrocketing drug prices, including excessive price increases on commonly used generic medications, is one of ASHP's highest and longstanding public policy priorities. According to a Kaiser Health Tracking Poll, 1 in 4 Americans cannot afford their medications.¹ Poor access to medications can lead to increased morbidity and mortality, and can cause healthcare costs to increase.

ASHP has been proactively addressing challenges related to the rapid increase of prescription drug pricing on several fronts, including working with like-minded stakeholders and educating members of Congress about the unsustainable burdens faced by patients, healthcare providers, and the entire healthcare system.

ASHP is a lead member of the Steering Committee of the Campaign for Sustainable Rx Pricing (CSRxP), a coalition of prominent national organizations representing physicians, consumers, payers, hospitals, health systems, and patient advocacy groups. CSRxP has developed a policy platform promoting market based solutions supported by three pillars: competition, value, and transparency.

The goal of the campaign is to identify policy options that have bipartisan support and, therefore, a greater likelihood of passage. To that end, CSRxP focuses on policies to incentivize a more competitive marketplace to help stimulate lower drug prices. The campaign has also expressed support for efforts to loosen restrictions that prevent generic drug companies from obtaining the samples necessary to manufacture a competing product.

The price increases have placed enormous budgetary pressure on healthcare organizations, including hospitals and health systems. ASHP, along with the American Hospital Association (AHA) and the Federation of American Hospitals (FAH), recently released a report on the impact that the cost of and access to prescription drugs are having on hospital budgets and operations.

Specifically, the report showed that:

- Average total drug spending per hospital admission increased by 18.5% between fiscal years (FY) 2015 and FY2017.
- Outpatient drug spending per admission increased by 28.7%, while inpatient drug spending per admission increased by 9.6%, between FY2015 and FY2017.
- Hospitals experienced price increases of over 80% across different classes of drugs, including those for anesthetics, parenteral solutions, and chemotherapy.
- Over 90% of surveyed hospitals reported having to identify alternative therapies to manage spending.
- One in 4 hospitals had to cut staff to mitigate budget pressures.²

ASHP does not collect, store, or report drug pricing information. However, we continually hear from pharmacy leaders in hospitals and health systems that sudden, inexplicable, and unpredictable price increases in connection with some of the most commonly used, long standing generic medications are becoming more prevalent—and are occurring on a nationwide basis.

As there is no single solution to spikes in the prices of certain drugs, there is no single cause either. In this statement, we address four additional issues as they relate to drug pricing: competition, Risk Evaluation and Mitigation Strategies (REMS), Direct and Indirect Remuneration (DIR Fees), and the 340B Drug Pricing Program.

¹DiJulio, Bianca, et al. "Kaiser Health Tracking Poll: August 2015." The Henry J. Kaiser Family Foundation, 20 Aug. 2015. www.kff.org/health-costs/poll-finding/kaiser-health-tracking-poll-august-2015/. Accessed February 10, 2019.

²NORC at the University of Chicago. "Recent Trends in Hospital Drug Spending and Manufacturer Shortages" (2019), https://www.aha.org/system/files/2019-01/aha-drug-pricing-study-report-01152019_1.pdf. Accessed 25 Feb. 2019.

COMPETITION

In particular, ASHP would like to learn more about the marketplace dynamics that could contribute to this issue, as we have worked diligently to address the issue of drug shortages for nearly 15 years. Although drug shortages are caused by a number of factors, we have observed that drugs in short supply made by only one or two manufacturers often result in higher-than-normal prices. If, for example, there is a lack of competition in the generic market place, we urge the committee to look at ways to stimulate more marketplace presence. ASHP supports bills such as S. 64, the “Preserve Access to Affordable Generics and Biosimilars Act.” This bipartisan bill would potentially increase competition by prohibiting companies from engaging in “pay-to-delay” tactics to stifle generic and biosimilar entry into the market.

RISK EVALUATION AND MITIGATION STRATEGY (REMS)

ASHP recognizes that there may be limited circumstances in which constraints on the traditional drug supply system may be appropriate for reasons of patient safety, including through the use of manufacturer-driven REMS. However, we believe that REMS should never be used to artificially inflate drug prices, nor should REMS interfere with the professional practice of pharmacists, physicians, nurses, and other providers. We believe that there may be current cases in which a manufacturer-driven REMS using restricted distribution is causing higher prices for those drugs, having adverse effects on patient access, and delaying treatment. In some cases, there may be evidence to suggest that the use of restricted or limited distribution channels has resulted in the inability of a potential competitor to acquire enough of a drug to conduct the required testing to bring a generic competitor to market. For this reason, ASHP thanks Chairman Grassley for introducing S. 340, the “Creating and Restoring Equal Access to Equivalent Samples (CREATES) Act of 2019.” The CREATES Act will help ensure that brand-name pharmaceutical companies cannot manipulate regulatory rules to prevent competition, which is essential for patient access to affordable medications. Additionally, we recommend that Congress require the Food and Drug Administration (FDA) to investigate restricted distribution under a REMS as a means to artificially increase drug prices and limit access to critical medications. Restricting distribution of medications is often a means to push patients to a specific purchasing channel, which in some cases increases not only their out-of-pocket costs, but also systemic costs. Further, restricted distribution networks can complicate patient access to critical medications, potentially disrupting care.

DIRECT AND INDIRECT REMUNERATION FEES (DIR FEES)

Many factors contribute to high drug product costs; addressing the problem is made difficult by lack of transparency about the marketplace for those products. For example, DIR fees and other rebates negotiated by pharmacy benefit managers (PBMs) make it difficult to determine the actual cost of a drug. DIR fees are a growing nationwide concern among pharmacies that dispense medications in a community pharmacy or outpatient clinic setting. Created under the Medicare Part D Program, DIR fees were originally intended as a way for CMS to account for the true cost of the drug dispensed, including any manufacturer rebates. Often these rebates were unknown until the drug was dispensed and the claim adjudicated. Moreover, the fees themselves, which are often arbitrary in nature, have mushroomed over the past decade, to the point that pharmacies regularly see annual DIR totals in the tens of thousands of dollars.

Recently, a concerning trend has emerged in which pharmacy benefit managers (PBMs) have begun to charge DIR fees to their pharmacy providers. Under this scenario, PBMs are inappropriately applying their own plan performance measures as a way to assess fees on pharmacies. This is problematic for the following reasons:

- It is an arbitrary and unintended application of quality measures meant for total plan performance as opposed to pharmacy-level metrics.
- The quality measures applied tend to be based on maintenance medications such as blood pressure medications or medications used to treat diabetes. These measures were never intended to be applied to specialty medications or to other specialized disease states such as oncology, yet PBMs assess DIR fees against the gross reimbursement for all prescriptions received by pharmacy providers, not just maintenance medication s.
- Pharmacy providers are essentially being penalized with backdoor fees without any requirement that PBMs define, justify, or explain these charges to providers and to CMS.

DIR fees assessed on pharmacies providing specialty medications have been especially hard-hit, due to the fee structure. Fees could be a flat rate of per dollar per claim or a percentage (typically 3–9%) of the total reimbursement per claim. Using the percentage-based structure, the fees would increase markedly for specialty drugs, which are typically much more expensive than maintenance medications, sometimes resulting in thousands of dollars. A 9% fee on a drug costing \$100,000 is \$9,000. Additionally, these fees are assessed retroactively, sometimes months after the claim has been adjudicated, providing no recourse for the pharmacy impacted by the assessment.

The result of imposing DIR fees has led to higher cost-sharing responsibilities for Medicare beneficiaries, which have, in turn, caused more of these beneficiaries to enter the Part D donut hole, where the patient is solely responsible for the cost of the drug. Along with the higher costs absorbed by patients, adherence rates tend to be lower among Medicare beneficiaries who are in the donut hole and may not have the financial resources to pay for their medications. This is in stark contrast to the very reason DIR fees targeting manufacturer rebates were created—so that savings could be passed on to patients.

Pharmacies are not alone in their concern. In January 2017, CMS published a fact sheet expressing concern over DIR fees and cited those fees as contributing to increased drug costs, which, in turn, increased patients' out-of-pocket spending and Medicare spending overall.³ Additionally, questions remain as to whether Part D plan sponsors have the authority to assess these fees on pharmacies. There are no references to DIR fees collected on pharmacies in either the Part D statute or corresponding CMS regulations.

ASHP's professional policy on DIR fees is as follows:

To advocate that payers and pharmacy benefit managers be prohibited from recovering direct and indirect remuneration fees from pharmacies on adjudicated dispensing claims; further,

To oppose the application of plan-level quality measures on specific providers, such as participating pharmacies.⁴

THE 340B DRUG PRICING PROGRAM

For 25 years, the federal 340B program has allowed safety-net hospitals “to stretch scarce Federal resources as far as possible, reaching more eligible patients and providing more comprehensive services.” This program has been essential to expanding access to lifesaving prescription drugs and comprehensive healthcare services to low-income and uninsured individuals, at no cost to the federal government. *The federal 340B program is not causing high drug prices.* The program accounts for less than 5% of annual drug purchases in the United States, while safety-net providers give 30% of the care. There are many contributing factors to higher drug costs, but there is no objective evidence that the program has increased overall drug pricing. In fact, the 340B program is revenue-neutral, benefiting patients without increasing costs for federal payors.

The federal 340B program enables these hospitals to serve their communities by providing vital care such as:

- Free or lower-cost medications to patients.
- Programs to increase medication adherence, including clinical pharmacy services to high-risk patients who are on multiple and/or complex medications.
- Increased access to primary care.
- Screenings and preventive care services to detect health problems early and decrease morbidity and mortality, as well as to decrease healthcare costs and hospital admissions.

The federal 340B program is at risk because of a recent change in Medicare payment policy that reduces payment from average sales price plus 6 percent to average sales price minus 22.5 percent. Cuts of this magnitude undermine the intent of the program, reducing resources that hospitals use to expand access to care and services to vulnerable communities. Given the increasingly high cost of pharmaceuticals, the federal 340B program provides critical support to the entities eligible to participate in the program.

³ Fact sheet, “Medicare Part D—Direct and Indirect Remuneration (DIR).” Centers for Medicare and Medicaid Services, 19 January. 2017, <https://www.cms.gov/newsroom/fact-sheets/medicare-part-d-direct-and-indirect-remuneration-dir>. Accessed February 10, 2019

⁴ ASHP Policy 1814, “Direct and Indirect Remuneration Fees.”

CONCLUSION

ASHP thanks the Committee on Finance for holding this important hearing. ASHP remains committed to working with Congress and industry stakeholders to ensure that patients have affordable access to lifesaving and life-sustaining medications.

COALITION FOR AFFORDABLE PRESCRIPTION DRUGS

U.S. Senate
Committee on Finance
Dirksen Senate Office Bldg.
Washington, DC 20510-6200

Tuesday, February 26, 2019

The Coalition for Affordable Prescription Drugs (CAPD) appreciates the opportunity to submit the following statement for the record.

Overview

CAPD is a diverse group of employers, unions, public sector employees and retirees and the pharmacy benefit managers (PBMs) they partner with to provide more affordable prescription drug coverage for millions of Americans.

Today, too many patients and families are struggling to pay for the medications they need. It's no surprise that a recent Politico/Harvard Chan School of Public Health poll showed that 80 percent of Americans see high prescription drug prices as a top priority for the new Congress and the Administration.

The Role of PBMs in Lowering Costs

In the face of rising drug prices, PBMs partner with employers, unions, public sector retirees and other organizations who purchase health care to help manage prescription drug coverage for millions of Americans. By negotiating with drug companies and providing patient-centered tools to improve care and help lower out-of-pocket costs, PBMs save over \$900 per person each year.

In addition, PBMs are expanding visibility into drug prices by enabling doctors and patients to see the price of various medicines at the point of prescribing, based on the individual's specific drug benefits. With this information, physicians switch to a more affordable medicine nearly 20 percent of the time when clinically equivalent alternatives are offered through UnitedHealth Group's RTBT, PreCheck MyScript. In another example, CVS Health's Real Time Benefits tool has saved patients an average of \$120 to \$130 per fill.

Drug Company Prices Are the Problem

Although there have been many ideas proffered about how to address the rising prices of medicines, CAPD believes that we first need to address the root problem: prices set by drug makers. Drug companies alone set their prices and they are rising at an unsustainable rate. In fact, drug companies have raised prices already in 2019 on hundreds of medicines. And, what's worse is that this is repeat behavior. Drug companies often raise those prices multiple times a year for the exact same product. Over the last five years, prices increased on the top 20 most prescribed brand-name drugs for seniors by an average of 12 percent each year, which is significantly above the annual rate of inflation. The truth is simple: Drug companies hike their prices because they can. When they do so, millions of patients pay more at the counter.

Drug companies, hoping to avoid scrutiny and sustain high profits, are pointing the finger at every other industry except themselves. According to drug companies, the reason why drug prices are so high isn't because they keep raising prices, or abuse the patent system, or make by far the highest profits in health care—it's everyone else's problem, not theirs.

In today's testimony, we will likely hear a common refrain from drug companies: part of the reason that drug prices are so high are because of the rebates that they are forced to give to PBMs. But the problem with this argument is that, according to a recent study, there is little correlation between prices drug companies set for their drugs and the rebates negotiated by PBMs across 23 major drug categories. What's more, in Medicare Part D, even after accounting for rebates, the costs of brand name drugs still increased 62% from 2011 to 2015.

All parties need to come to the table to make prescriptions more affordable and accessible to the patients who need them—but *nothing* will be done if pharma refuses to even pull up a chair and address the problem where it starts: their high prices.

We hope Congress will use this hearing as an opportunity to ask the pharmaceutical industry to answer for these increases.

Pharma's Gamesmanship Reducing Competition to Keep Prices High

One way to meaningfully lower drug prices for patients is to stop the gamesmanship of the patent and regulatory systems that drug companies use to maintain their monopoly pricing power and keep lower-cost generic alternatives from entering the market.

Brand drug manufacturers exploit the FDA Risk Evaluation and Mitigation Strategies (REMS) program to prevent generic drug makers from accessing needed samples, costing the U.S. health care system \$5.4B each year. The CREATES Act, which passed out of the Senate Judiciary Committee last year, is a targeted, market-based, bipartisan solution to the longstanding problem of brand name pharmaceutical companies denying generic manufacturers access to the samples they require to conduct necessary equivalence testing to bring their product to market.

Another way brand drug manufacturers game the patent and regulatory system is through "pay-for-delay" deals, in which drug makers engage in anticompetitive patent settlements with potential generic competitors, resulting in \$3.58 in higher drug costs each year. In the most high-profile example of these abuses, drug maker AbbVie last year reached agreements with Amgen, Samsung Bioepis and Mylan to delay entry of a lower-cost biosimilar version of the drug to 2023 in the United States.

A third example of gamesmanship by brand drug manufacturers is evergreening, in which generic competition is delayed by additional patents on minor variations of the original drug for the clear purpose of extending monopoly protection. While these tweaks often do not convey enhanced clinical benefits to the patient, they do extend the time period during which drug manufacturers can continue to control pricing by preventing competition. For example, best selling drug Humira to treat rheumatoid arthritis and psoriasis is protected by over 100 patents and the product may not face any competition until as late as 2034.

We encourage Congress to explore proposals that target patent and regulatory abuses by drug companies in order to lower drug prices for patients.

Conclusion

Simply put, a patient cannot be helped by a drug they cannot afford. We ask today that Congress once and for all refuse to accept drug manufacturers' excuses for high prices and take steps to put an end to the patent and regulatory abuses that keep prices artificially high.

We believe the time to act is now. CAPD is committed to working with Congress and other stakeholders on this and other solutions to meaningfully lower prescription drug prices for all Americans. We look forward to supporting this critical effort.

Debra Barrett
Executive Director, Coalition for Affordable Prescription Drugs

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What They're Saying: Don't Let Pharma Off the Hook

On January 29, the Senate Finance Committee held a hearing, "Drug Pricing in America: A Prescription for Change." During the hearing, both Senators and witnesses discussed drug companies' high prices and their anti-competitive actions.

DRUG COMPANIES' HIGH PRICES

- **Chairman Chuck Grassley (R-Iowa):** "I've also heard from seniors who have seen their prescriptions increase month after month for no apparent reason. And I've heard stories about people reducing their life-saving medicines...to save money. This is unacceptable. . . . But other drugs are creating problems as well, that is why tackling high prescription drug costs is one of Senator Wyden's and my first priority on this committee."
- **Ranking Member Ron Wyden (D-Oregon):** "So there's no shortage of evidence about what the problems are. The companies have unchecked powers to

set prices on their own, and often it's to meet Wall Street's expectations rather than meet demand in the market."

- **Mark Miller, The Arnold Foundation:** "The revenues that come out of the United States exceed R&D by something like 70, 75 percent. . . . So the first point is when people say R&D is driving these prices, there is a big disconnect in there. . . . We found many companies in which they're spending much more on advertising, marketing and other administrative expenses than they are on R&D."
- **Peter Bach, Memorial Sloan Kettering:** "Prices for monopoly goods such as these are determined by the market in which they are sold, not the other way around. . . . Please realize that these drugs do not inherently cost \$1 million any more than they inherently cost \$1."
- **Kathy Sego, mother of a child with diabetes:** "As a mother, I would probably say to them—I hope you know that there are people who are going without their medication, and because they're going without their medication they're at risk of dying. And how can you be OK with that? . . . That should never be a decision that a person needs to make. And unfortunately, it is."

GAMESMANSHIP AND ANTICOMPETITIVE PRACTICES

- **Douglas Holtz-Eakin, American Action Forum:** "We have some very isolated instances of cost associated with off-patent sole-source drugs. And in those circumstances, it appears that firms are able to take advantage of their market power and raise the prices of drugs sharply. This strikes me as a fundamental anti-competitive act that ought to be investigated."
- **Senator Robert Menendez (D-New Jersey):** "Manufacturer coupons, many suggest, distort spending. . . . Who's winning with these coupons?" Peter Bach: "I can assure you we know who's winning and it's the people who are printing the coupons . . . the reality is they're artificial price supports."
- **Senator Maggie Hassan (D-New Hampshire):** "We've seen a lot of bad actors gaming the system over the years, really to pad their pockets. There are countless ways drug companies take advantage of loopholes and taxpayers end up footing the bill."
- **Mark Miller:** "We need to curb the anticompetitive behaviors of manufacturers and inject competition back into the marketplace. Manufacturers benefit from taxpayer-funded NIH research and from government granted monopolies. And naturally, they devote resources to protecting those monopolies."

AffordablePrescriptionDrugs.org

LETTER SUBMITTED BY LINDA GEORGE

March 4, 2019

U.S. Senate
Committee on Finance
Dirksen Senate Office Bldg.
Washington, DC 20510-6200

RE: "Drug Pricing in America," Senate hearing held on February 26, 2019

Dear Finance Committee:

On Wednesday January 23, 2019, I gave myself my last weekly injection of Humira, which had helped my mobility due to psoriatic arthritis. I have done very well for the past two years with this drug—one typically requiring a biweekly 40mg syringe injection. But I just started a new medication, an infusion administered in my doctor's office by an outsourced nurse who's not part of the practice.

I needed to switch to the infused medication because on March 1st—when I became eligible for Medicare—Humira would increase from \$5/monthly under our previous private insurer, Anthem Blue Cross, to a prohibitive \$800+ per injection with Medicare Part D coverage. Bottom line: Medicare does not cover self-injections. Because an infusion would be administered in my rheumatologist's office, it is 100% covered as a medical procedure through Part B via Medicare. Now, I understand why Humira's advertisements, invading my television screen no matter what time or what channel I watch, always feature younger people engaged in various physical activities.

When I needed information about how to navigate this insurance morass, I called my Humira ambassador, an AbbVie employee who serves as a liaison between the

consumer and the company. She assured me that I may be covered if I submitted my tax returns to the company's foundation. Evidently if I make less than \$65,000, through the company's assistance program, the parent company's foundation pays a portion of the thousands needed to offset consumers' exorbitant cost of this drug; however, regardless of my income, I have a huge problem submitting my tax statements to anyone—except to my trusted accountant and the IRS.

It seems AbbVie puts some big money into tiers of bureaucracy through advertising, marketing, and supporting a foundation based on employees forced to donate a percentage of their income. In addition, whenever a consumer needs to have the simplest question answered by the company, instead of AbbVie offering an 800 phone number, that consumer must first enroll in the "Ambassador Program," then wait for their designated ambassador to return the call. I've had two ambassadors so far, and each seems more than willing to keep me on the phone for an extended time, asking all kinds of questions, as if padding their own positions by calling consumers on a monthly basis. I'd much prefer that these ambassadors work to figure out ways to reduce the drug's cost, so consumers like me can afford it.

Switching to new medication certainly had caused me some angst. I had no sense of how I will respond to the new infusion. Based on history, I've had my share of side effects during the 38 years I've been dealing with arthritis. I have trouble with drugs that are ingested through the GI tract. I also have had two different cancers, a risk accompanying many of the biologic arthritis medications. In addition, I've had some serious adverse reactions to medications, requiring hospitalization. Lucky for me, the new infusion, 100% covered by Medicare Part B, seems to be working well.

Despite having this ailment, I consider myself to be healthy, doing whatever possible to maintain whatever I can do to stay well to overcome arthritis' swelling, fatigue, and pain that has challenged me physically and mentally. I probably have had more knee aspirations and steroid injections than some Olympic athletes. My Fitbit gets a daily workout. Even after trying many alternative treatments in search of a solution, Humira seemed to help me resume a normal life. And for that, I was grateful.

AbbVie Chairman and CEO Richard A Gonzalez stated at the U.S. Senate Finance Committee on February 26, 2019, "We believe it is important that discussions about access and affordability include a focus on how to alleviate Medicare Part D out-of-pocket burdens above and beyond just lowering list prices." I must raise the question to AbbVie: What is the company doing internally to cut costs for consumers?

I am hoping that you will help address the mounting bureaucratic issues surrounding health care in America that make it challenging for consumers to afford and navigate. Please feel free to reach out to me if you need more information or assistance in any way.

Yours,

Linda George

cc: Senator Patrick Toomey
 Senator Bob Casey
 Attorney General Josh Shapiro

STATEMENT OF ROBIN K. HUSZAGH

February 26, 2019

After listening to the hearing today on C-SPAN, I wanted to share my situation with you as a patient being forced to pay the full "negotiated" price for Humira and Enbrel. My husband and I are self-employed and self-insured. We must purchase health insurance through the independent "retail" market. I specifically renewed a grandfathered "retail" PPO health insurance policy we've had since 2010 for our family of 3, now priced at **\$2,166.00/month**, so that could get the **specialty formulary** I needed to treat my Rheumatoid Arthritis at an affordable price and continue to see my doctors. To my distress, the Insurer (BCBS) and Pharmacy Benefit Manager (Prime Therapeutics) altered the PPO plan's pharmacy benefits (cost sharing details) after the plan commenced, leaving me with an expensive policy that no longer covers my expensive specialty formulary at an affordable price. Unlike typical commercial employer-based group policies, once I needed the expensive specialty formulary, my independent retail PPO policy was switched into a restricted pharmacy

network with only one mail-order supplier and an “Accumulator Adjustment Program.” The Insurer/PBM also blocked the use of drug manufacturer’s discount coupons and programs completely (worth \$12,000 to \$16,000 per year in my case) so that a drug that used to cost me \$5.00 to \$10.00 per month with a manufacturer’s coupon now costs between **\$5356 to \$6652 per month**, the negotiated contract rate between the insurer and the drug manufacturer. My deductible was raised from \$2600 to \$5200 for a 20% coinsurance responsibility and \$11,200 out-of-pocket max for full benefits. The insurer added a second review process in 2019 for any drug with a contract rate of \$5000/month or higher, in addition to the one put in place in 2018 as part of a “step therapy” restriction/review. In 2019 the price for both Humira and Enbrel jumped to over \$5000 per month and the insurer has stated their “secondary review” would allow them to deny benefits for these drugs even though the policy states they are approved formularies.

At the current premium rate, paying for insurance and an expensive formulary has been financially challenging to say the least and has caused us to take an early withdrawal from our IRA. I contacted the Illinois Department of Insurance and asked why insurers can change pharmacy benefits mid-year and weren’t required to document the **specific** cost-sharing and pharmacy details on all insurance policy documents, so benefits are locked in for the year. I was told those details are NOT a requirement for retail plans, and pharmacy benefit changes are allowed to occur throughout the life of the contract which also includes medication price changes. So, if a consumer buys a policy based on access and pricing for a particular drug, there is no guarantee the terms will remain in effect for the full contract year. I was never notified of the changes even after contacting the insurer. I hadn’t realized any changes until I went to the pharmacy to pick up a prescription and hit the payment “brick wall”!

The Network Transparency Act of 2019 was passed in Illinois, however that only set policy guidelines for “notification requirements” to the policy holder if a particular provider pulls out of a network but doesn’t address the insurer’s ability to change a policy’s pharmacy benefits mid-year, leaving the policy holder with a shocking bill. The contract price for Humira went up 9% in January, the cost of my PPO policy went up 9% in 2019, and now I’m required to pay a higher premium, higher out-of-pocket max, and the full price for Humira without the use of manufacturer’s discount programs. **Patients with employer-based group plans who are already benefiting from employer cost-sharing perks are allowed the use of discount programs and coupons at the point of sale (the pharmacy) because the insurer and the employer never know the coupon is being used as a form of payment at the retail pharmacy location.** The coupon value pays for the drug and that hidden payment is applied to the user’s deductible. Those who benefit from these programs do not care what the list price or the negotiated price is for a high-priced drug because they never have to actually pay it, the insurer pays for it because deductibles and out-of-pocket limits are met early in the year. Those with commercial group plans obtain specialty formularies for \$5 to \$10 per month. I have to pay the full price. The change in my PPO policy was intentionally made by the insurer to ensure I personally pay the full cost of the drug for as long as possible. They do not want me to get assistance from Pharma to reach my deductible or maximum. There is no relief in sight for the independently insured who have no employer or government subsidies and actually pay the full high price for each medication and monthly insurance premiums. **With the majority of Americans getting health insurance perks from their employer and using drug coupons, there is no incentive for drug manufacturers to ever lower list prices.**

INTERFAITH CENTER ON CORPORATE RESPONSIBILITY (ICCR)
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March 12, 2019

Mr. Chairman, Ranking Member and Members of the Committee:

ICCR is a coalition of over 300 global institutional investors representing more than \$400 billion in managed assets. Leveraging our equity ownership in some of the world’s largest and most powerful companies, ICCR members regularly engage management to identify and mitigate social and environmental risks resulting from corporate operations and policies. While ICCR members never shy away from making the moral case for action, our fundamental proposition as investors is that respon-

sible and sustainable business practices—and a strong corporate culture of ethics—are in the long-term interest of companies, investors and communities.

ICCR members have a long-standing history of engagement with pharmaceutical companies on issues of price restraint, equitable pricing strategies, anti-competitive practices, marketing policies and practice, as well as disclosure of R&D expenditures (*e.g.*, report on the number of products in the R&D pipeline that are new versus enhanced versions of existing products) and lobbying/political activities with agendas that may restrict the access and affordability of medicines.

For decades, ICCR members have pressed drug companies for greater disclosures on pricing structures as a way to promote greater access to medicines. A lack of transparency around how drug prices are determined has led to an industry-wide ethos of “whatever the market will bear,” which can lead to predatory pricing. We have asked companies to disclose the rates of price increases year-to-year of their top selling branded prescriptions drugs and to disclose the rationale and criteria used for these price increases. We have also asked the companies to assess the legislative, reputational and financial risks these increases represent for the companies. However, that lack of transparency still prevails.

Most recently, we have become increasingly concerned about pharmaceutical companies’ governance structures and their Boards’ ability to proactively mitigate risk related to high drug prices. A 2017 Credit Suisse analyst report stated that “US drug price rises contributed 100% of industry EPS growth in 2016” and characterized that fact as “the most important issue for a Pharma investor today.” In response to this, in 2018 ICCR members filed resolutions at the companies highlighted in the 2017 Credit Suisse report asking “the Compensation Committee (the ‘Committee’) to report annually to shareholders on the extent to which risks related to public concern over drug pricing strategies are integrated into [company’s] incentive compensation policies, plans and programs (‘arrangements’) for senior executives. The report should include, but need not be limited to, discussion of whether (i) incentive compensation arrangements reward, or not penalize, senior executives for adopting pricing strategies, or making and honoring commitments about pricing, that incorporate public concern regarding prescription drug prices; and (ii) such concern is taken into account when setting financial targets for incentive compensation arrangements.” In other words, are executives incentivized to simply increase the price of drugs with no added benefit in clinical efficacy simply to meet short-term revenue targets?

In particular, we are seeking better articulation of the goal-setting process and the translation of those goals into incentive pay targets. We would strongly encourage you, as members of the Senate Finance Committee, to also seek written answers to the following questions:

- How assumptions about price changes are incorporated when revenue goals are set;
- Whether any policy or guideline exists regarding the preferred proportion of revenue growth derived from price increases;
- Whether any policy exists regarding unplanned price increases that would enable revenue goals or compensation revenue targets to be met and whether the board has to approve such increases; and
- How the compensation committee uses revenue goals or estimates to produce the various target levels (*e.g.*, minimum, target and maximum) used to determine incentive payouts.

Mirroring Senator Wyden’s concern that AbbVie’s CEO’s bonus is directly tied to the sales of Humira, we have also been asking why Humira sales are an appropriate measure for AbbVie’s short-term incentive plan (STIP), and whether the company considers pricing increases when awarding STIP? AbbVie uses net revenue, income before taxes and Humira sales as metrics for the annual bonus and earnings per share (EPS) as a metric for certain long-term incentive awards to senior executives. For Pfizer, it is concerning to investors that the company publicly states that “innovation in medicine has been and continues to be the cornerstone of the company,” yet no pipeline metrics are included in the executive incentive agreements.

In addition to increased disclosure on incentive structures, we have also asked companies to formalize board oversight of prescription drug pricing risk. For example, what is Pfizer’s board oversight of drug pricing, or lack thereof, which may have led to the settlement of the co-pay kickback investigation and drug shortages due to manufacturing or market issues. A 2018 Credit Suisse report highlighted AbbVie as among the companies most at risk from specialty pricing pressures in commercial

insurance. Humira, which accounted for 65% of AbbVie’s revenues in 2017 now faces competition in Europe from biosimilars, which are expected to cost less. Therefore, robust board oversight of risks related to drug pricing would provide a valuable outside perspective and help ensure that those risks are being managed for the long term.

Lastly, we also recognize that the strategy to expand monopolies without any meaningful new science is an unsustainable business model that exacts a heavy cost on patients and on the systems in which they seek care, and therefore, encourage companies to refrain from engaging in anti-competitive practices.

As investors, we want the companies in which we invest to be successful in the long term, with sustainable business models that deliver value to customers and stakeholders. Because pharmaceutical companies derive their social license to operate from their contribution to public health, it is critical that their businesses—including their executive incentives structures—reinforce, not undermine, that social contract. After many years of investor engagement in an effort to promote greater access and affordability of medicines, today we seriously question the value pharmaceutical companies are delivering to their shareholders and to the greater public.

If you have any questions, please contact, Meg Jones-Monteiro, Program Director—Health Equity, at mjonesmonteiro@iccr.org or (212) 870-2984.

APPENDIX: 2019 ICCR EXECUTIVE INCENTIVES AND DRUG PRICING RISK RESOLUTIONS

2018 Companies: AbbVie, Amgen, Biogen, Bristol-Meyers Squibb, Eli Lilly

2019 Companies: AbbVie, Biogen, Bristol-Meyers Squibb, Celgene, Johnson & Johnson, Merck & Co, Pfizer, Vertex

Example 2019 Resolutions:

AbbVie (ABBV)

RESOLVED, that shareholders of AbbVie Inc. (“AbbVie”) urge the Compensation Committee (the “Committee”) to report annually to shareholders on the extent to which risks related to public concern over drug pricing strategies are integrated into AbbVie’s incentive compensation policies, plans and programs (together, “arrangements”) for senior executives. The report should include, but need not be limited to, discussion of whether (i) incentive compensation arrangements reward, or not penalize, senior executives for adopting pricing strategies, or making and honoring commitments about pricing, that incorporate public concern regarding the level or rate of increase in prescription drug prices; and (ii) such concern is considered when setting financial targets for incentive compensation arrangements.

Supporting Statement: As long-term investors, we believe that senior executive incentive compensation arrangements should reward the creation of sustainable long-term value. To that end, it is important that those arrangements align with company strategy and encourage responsible risk management.

A key risk facing pharmaceutical companies is potential backlash against high drug prices. Societal anger over exorbitant prices and pressure over limited patients’ access due to unaffordability may force price rollbacks and harm corporate reputation.

We applaud AbbVie for committing not to increase prices by more than 10% for 2018, yet we are unaware of a like commitment for 2019 or beyond. Moreover, we are concerned that the incentive compensation arrangements applicable to AbbVie’s senior executives may undermine any such commitment.

AbbVie uses net revenue, income before taxes and Humira sales as metrics for the annual bonus and earnings per share (EPS) as a metric for certain long-term incentive awards to senior executives (2018 Proxy Statement, at 31). A 2017 Credit Suisse analyst report stated that “US drug price rises contributed 100% of industry EPS growth in 2016” and characterized that fact as “the most important issue for a Pharma investor today.” The report identified AbbVie as a company where price increases accounted for at least 100% of EPS growth in 2016 (Global Pharma and Biotech Sector Review: Exploring Future US Pricing Pressure, Apr. 18, 2017, at 1). It has been noted that the company’s 2018 9.7% price increase for Humira could add \$1.2 billion to the U.S. healthcare system (https://www.fiercepharma.com/pharma/drug-price-hikes-a-few-bad-actors-or-widespread-pharma?mkt_tok=eyJpIjoiWWpZeFlt

RTBOMIZoThkRJNSlslnQiOiJhckk2UONqNXBxNOx2UCtvdVlddzZVZXRIUHIrSOxZOVRENXdTV1FOeVNBSDMxb3NWUGJsRWtNcFROZmlPYmM5d2hXd3VuVokldGICelBTYmk2).

In our view, excessive dependence on drug price increases is a risky and unsustainable strategy, especially when price hikes drive large senior executive payouts. We believe that the company's strategy to use "nursing support," which the California Department of Insurance claims in its suit against the company to be largely a kickback scheme to boost Humira sales, may have been better managed by leadership if Humira sales were not an explicit part of the payment incentive plan (<https://www.law360.com/articles/1084008>).

The disclosure we request would allow shareholders to better assess the extent to which compensation arrangements encourage senior executives to responsibly manage risks relating to drug pricing and contribute to long-term value creation. We urge shareholders to vote for this Proposal.

Merck & Co. (MRK)

RESOLVED, that shareholders of Merck & Co., Inc. ("Merck") urge the Compensation and Benefits Committee to report annually to shareholders on the extent to which risks related to public concern over drug pricing strategies are integrated into Merck's incentive compensation policies, plans and programs ("arrangements") for senior executives. The report should include, but need not be limited to, discussion of whether (i) incentive compensation arrangements reward, or not penalize, senior executives for adopting pricing strategies, or making and honoring commitments about pricing, that incorporate public concern regarding prescription drug prices; and (ii) such concern is considered when setting financial targets for incentive compensation arrangements.

Supporting Statement: As long-term investors, we believe that senior executive incentive compensation arrangements should reward the creation of sustainable value. To that end, it is important that those arrangements align with company strategy and encourage responsible risk management.

We are concerned that the incentive compensation arrangements applicable to Merck's senior executives may discourage them from taking actions that result in lower short-term financial performance even when those actions may be in Merck's best long-term interests. Merck has committed to limit average price increases of its drugs to no more than the rate of inflation (<https://www.marketwatch.com/story/merck-to-lower-price-of-hep-c-treatment-zepatier-by-60-commits-to-responsible-pricing-2018-07-19>), but incentive compensation arrangements may be inconsistent with that commitment.

Merck uses revenue and pre-tax income as metrics for the annual bonus, and earnings per share (EPS) is a metric for performance share units granted after January 1, 2017 (2018 Proxy Statement, at 51, 61). A 2017 Credit Suisse analyst report identified Merck as a company where U.S. net price increases accounted for at least 100% of 2016 net income growth (Global Pharma and Biotech Sector Review: Exploring Future US Pricing Pressure, Apr. 18, 2017, at 22).

In our view, risks to long-term value arise when large senior executive payouts can be driven by price hikes. Attention may focus on both high senior executive payouts and drug pricing, fueling public outrage. Ovid Therapeutics CEO Jeremy Levin has argued that incentives to boost short-term performance, such as EPS, lead executives to raise prices (and rebates to middlemen), starve research and development and buy back shares (<https://www.biocentury.com/biocentury/strategy/2016-09-19/why-jeremy-levin-says-executive-compensation-and-drug-pricing-must->).

Incentives may have societal implications, as one critic of high pay for healthcare executives has noted: "[I]f the most influential executives of these companies are being paid to keep that [cost] trajectory up, that's money that's being taken away from education or infrastructure or other parts of the economy that may not be growing as quickly, and maybe that we'd want to grow more quickly" (<https://www.npr.org/sections/health-shots/2017/07/26/539518682/as-cost-of-u-s-health-care-skyrockets-so-does-pay-of-health-care-ceos>).

The disclosure we request would allow shareholders to better assess the extent to which compensation arrangements encourage senior executives to responsibly manage risks relating to drug pricing and contribute to long-term value creation. For example, it would be useful for investors to know whether incentive compensation

target amounts reflect consideration of pricing pressures. We urge shareholders to vote for this Proposal.

Pfizer (PFE)

RESOLVED, that shareholders of Pfizer Inc. (“Pfizer”) urge the Compensation Committee (the “Committee”) to report annually to shareholders on the extent to which risks related to public concern over drug pricing strategies are integrated into Pfizer’s incentive compensation policies, plans and programs (“arrangements”) for senior executives. The report should include, but need not be limited to, discussion of whether (i) incentive compensation arrangements reward, or not penalize, senior executives for adopting pricing strategies, or making and honoring commitments about pricing, that incorporate public concern regarding prescription drug prices; and (ii) such concern is considered when setting financial targets for incentive compensation arrangements.

Supporting Statement: As long-term investors, we believe that senior executive incentive compensation arrangements should reward the creation of sustainable value. To that end, it is important that those arrangements align with company strategy and encourage responsible risk management.

A key risk facing pharmaceutical companies is potential backlash against high drug prices. Pfizer has been criticized for repeated price increases, and in July 2018 President Trump called out “Pfizer and others” in a tweet, saying they “should be ashamed that they have raised drug prices for no reason”; Pfizer then postponed planned increases.

We are concerned that the incentive compensation arrangements applicable to Pfizer’s senior executives may discourage them from taking actions, like foregoing price increases that result in lower short-term financial performance even when those actions may be in Pfizer’s best long-term interests.

Pfizer uses revenue and earnings per share (EPS) as metrics for the annual bonus and operating income as a metric for performance share awards (2018 Proxy Statement, at 66, 68). A 2017 Credit Suisse analyst report identified Pfizer as a company where U.S. net price increases accounted for at least 100% of 2016 net income growth (Global Pharma and Biotech Sector Review: Exploring Future US Pricing Pressure, Apr. 18, 2017, at 22). In its 2018 report, Credit Suisse characterized Pfizer’s 2017 10% net price increase as above average for the industry and noted that its list price increases were the second highest (Global Pharmaceuticals: Scoring Sensitivity to Trump’s Reforms, May 25, 2018, at 15, 20).

In our view, excessive dependence on drug price increases is a risky and unsustainable strategy, especially when price hikes appear to drive large senior executive payouts. Highlighting this connection, a March 2018 article carried the headline, “Pfizer CEO Gets 61% Pay Raise—to \$27.9 Million—As Drug Prices Continue to Climb” (<https://arstechnica.com/science/2018/03/amid-drug-price-increases-pfizer-ceo-gets-61-pay-raise-to-27-9-million/>); see also <https://www.usnews.com/opinion/articles/2017-08-30/bernie-sanders-take-on-big-pharma-and-lower-prescription-drug-prices>). We are concerned that large payouts based on financial metrics that can be affected by pricing create risks for Pfizer.

The disclosure we request would allow shareholders to better assess the extent to which compensation arrangements encourage senior executives to responsibly manage risks relating to drug pricing and contribute to long-term value creation. For example, it would be useful for investors to know whether incentive compensation target amounts reflect consideration of pricing pressures. We urge shareholders to vote for this Proposal.

NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS
1800 Diagonal Road, Suite 600
Alexandria, VA 22314

Nicole Lamoureux, President and Chief Executive Officer

Chairman Grassley, Ranking Member Wyden and Members of the Committee, my name is Nicole Lamoureux and I am the President and Chief Executive Officer of the National Association of Free and Charitable Clinics. Last month, I was sitting in the hearing room as the pharma executives testified. While I applaud Congress

for finally getting these executives to speak, I noticed some important gaps in the conversation.

During the hearing, both Congress and the pharmaceutical executives focused on a specific group of Americans: those with health insurance. Senate Finance Committee Chairman Grassley opened the hearing by describing how high list prices hurt “those with high deductibles” and “taxpayers,” but did not mention the uninsured. While we understand that the committee’s focus remains largely on health programs within your jurisdiction that require significant federal investments, we believe that by not addressing the high cost of medication for the uninsured as well as the insured, the overall cost of health care will continue to increase.

When medication costs are too high, uninsured individuals must forgo their medication or split doses, and often end up needing the emergency department for both the repercussions of missed prescriptions and for primary care. Research shows that 75 percent of all emergency department visits not resulting in admission are for non-emergencies that should be treated outside of the emergency room (Hwang et al. 2012). Patients who lack insurance and access to primary care are often forced to use the emergency room for routine medical needs. These emergency room visits are expensive, contribute to overcrowding, and drive up healthcare costs for everyone.

Currently, there are 27 million Americans without insurance—about 1 in 12 people—and that number is growing. I know this group well. These are the people who receive access to health care and medication from the 1,400 free and charitable clinics in our country. Free and Charitable Clinics are safety-net health care organizations that utilize a volunteer/staff model to provide a range of medical, dental, pharmacy, vision and/or behavioral health services to economically disadvantaged individuals. Such clinics are 501(c)(3) tax-exempt organizations or operate as a program component or affiliate of a 501(c)(3) organization. Free or Charitable Clinics restrict eligibility for their services to individuals who are uninsured, underinsured and/or have limited or no access to primary, specialty or prescription health care. Additionally, Free and Charitable Clinics receive little to no state funding and no federal funding, do not receive HRSA 330 funds, and are not Federally Qualified Health Centers or Rural Health Centers. Therefore, these clinics rely heavily on the generosity of individual donors, foundations and grants as funding sources.

Even though our organizations do not receive federal funding, we are impacted by every decision that is made at the federal level, especially when it comes to medication affordability. In 2018, the 1,400 free and charitable clinics served 2 million Americans, with a total of 6.3 million patient visits. In the most recent data reported by our members, the number one concern for both our patient population and their providers is the high cost of medication.

I understand why Medicaid and Medicare patients were the main focus of the testimony, but the needs of millions of uninsured Americans are also critical to the conversation about solving the pricing issues and inequities of the current healthcare system. When Congress asked the seven executives, “Who pays list price?” Merck CEO Ken Frazier responded by saying, “There’s a small percentage of people who have no insurance who could actually be charged the list price.” He also said that in our current system, “The poorest and the sickest are subsidizing others.” Senator Daines summarized the issue this way: “So the people who can afford it the least, arguably, are paying the list price?”

Those who are paying the list price are our patients, the uninsured and underinsured in this country. The current minimum price of \$150 for a vial of insulin is not affordable for a mother making the choice between putting food on her table or paying for her prescription. Our patients have no choice but to ration medications, taking lower doses of them or stopping them altogether. We have no shortage of these stories, from young adults eating less than they should to reduce the amount of insulin they need to parents starving themselves to afford insulin for their children. In our network of clinics, this is a lived reality.

In a time when few issues are truly bipartisan, and health care continues to become ever more divisive, the exponential growth of drug prices is a rare issue that crosses the aisle. Needing insulin isn’t red or blue, nor is using an EpiPen or depending on an inhaler to breathe. We need to harness this rare moment of unity and push for true progress.

I know that Congress realizes how important it is to have the conversation to make medication more affordable once and for all, so we can fix this broken system. I want to make sure we get it right this time around. America’s free and charitable

clinics try to catch the people who slip through the cracks. If we don't stop this unchecked rise in the cost of medications, these cracks will widen until they threaten the foundation of our health care system.

I appreciate the opportunity to submit my comments to the hearing record on behalf of the 2 million Americans who receive care at free and charitable clinics and look forward to answering any questions that the committee might have.

Works Cited:

Hwang, Liao, Griffin, and Foley. "Do Free Clinics Reduce Unnecessary Emergency Department Visits?" *The Virginian Experience Journal of Health Care for the Poor and Underserved* 23 (2012): 1189–1204.

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Chairman Grassley, Ranking Member Wyden and members of the Senate Committee on Finance, thank you for the opportunity to submit a statement for the record on the large employers' perspective on drug pricing.

The National Business Group on Health (NBGH or the "Business Group"), whose members include 437 of the nation's largest employers, commend the Committee's effort to take a holistic look at the root causes of high and escalating drug prices. In addition to these, we anticipate submitting comments on subsequent hearings within the Committee's series on drug pricing.

Along with the government, taxpayers and families, employers have a vested interest in improving the efficiency and effectiveness of health care delivery, which includes the delivery of pharmaceuticals. According to NBGH's 2019 Large Employers' Health Care Strategy and Plan Design Survey, almost half, 49% of respondents are taking an activist role in driving delivery system change.¹ As part of this, more employers are scrutinizing the role of the pharmaceutical supply chain, as specialty pharmacy costs remain one of the top drivers of overall health care trend. Particularly as the growth of high-deductible plans over the past decade has put a spotlight on drug prices, employers have become increasingly frustrated by complexity within the supply chain, which could be described as a "rebate-driven" contracting model.

Nearly all employers believe the pharmaceutical supply chain model needs to change:

- 14% believe it needs to be more transparent.
- 35% believe rebates need to be reduced.
- 49% believe the model needs to be overhauled and simplified.

Regarding the use of rebates as a mechanism to control drug costs:

- 75% do not believe drug manufacturer rebates are an effective tool for helping to drive down pharmaceutical costs.
- 91% would welcome an alternative to the rebate-driven approach to managing drug costs.

The rapid pace at which reforms are being considered within the marketplace and by both legislative and regulatory bodies at the federal and state levels is encouraging. A focus of the hearing, the Administration's proposals to implement changes to how pharmaceutical reimbursement and contracting is administered within Medicare Part Band Part D illuminates the need and possibility that there are likely to be multiple solutions that improve upon the current model within the private and public sector. NBGH supports a model marked by transparency, and one that removes incentives to consistently increase prescription drug prices. However, we also urge cautious, thoughtful, and analytical approaches that comprehensively evaluate the impact to market dynamics for all supply chain stakeholders.

Below, we highlight NBGH's perspectives on two of the widely discussed proposals. Our full comments on the International Pricing Index (IPI) model can be found online. Additionally, we intend to provide full comments on the rebate proposal by the April 8th deadline.

¹2019 Large Employers' Health Care Strategy and Plan Design Survey, National Business Group on Health.

*International Pricing Index (IPI) Model*²

- **We must take a broad perspective to assure that public policy decisions contribute to overall cost control and quality improvement for all Americans.** We commend the Administration's commitment to lowering the cost of prescription drugs and encourage it to seek solutions. However, we strongly recommend that whatever CMS adopts, part of the consideration and criteria for evaluating the results must be the impact on the private market and the 170 plus million people covered by employers and insurers and not limited to the impact on Medicare alone. If we as a nation are to succeed in controlling health care costs, we must ensure that public policy decisions do not merely "squeeze the cost balloon" in one area only for it to expand and exacerbate the problem in another area.
- **Our chief concern centers on the ANPRM's proposal to link reimbursement rates to other nations' prices.** Apart from the fact that these nations determine prices differently, have different patent and exclusivity models, and often vastly different incentives for biosimilar utilization, we are concerned that the impact on prices for the same pharmaceuticals in the US may rise in the private sector and the market for biosimilars may be adversely impacted if Medicare adopts this approach.

*Rebate Reform Proposal*³

Many large employers have already begun evaluating the utility of point-of-sale rebates as part of their benefit design and a subset (29 percent) have them in place today. Thus, HHS's proposal picks up on the momentum from large employers and, more importantly, underscores the inefficiency of the pharmaceutical supply chain. Given the market momentum on this issue, to both lower out-of-pocket costs for patients and evaluate ways to simplify a complex system, the Business Group is in favor of market-based solutions relative to point-of-sale rebates. NBSGH has the following serious concerns about proposals around rebates.

While the stated goal of these proposals is to lower prescription drug prices and out-of-pocket costs for consumers by encouraging PBMs to pass discounts from drug manufacturers directly on to consumers and bring transparency to prescription drug market, we have various concerns with the proposals including but not limited to the following:

- **The proposals focus on out-of-pocket costs only.** The intent of the proposed rule and companion legislation is to lower out-of-pocket costs at the pharmacy counter and add needed pricing transparency to the market. While we support the proposed increased transparency and pricing relief for patients, we urge policy makers to avoid "quick fixes" that focus only on out-of-pocket costs, as opposed to total cost to the system. Focusing on out-of-pocket costs only has the potential to mask root causes of price increases, potentially lead to even higher increases over time, and drive the escalating trend on drug expenditures.
- **Any changes in supply-chain contracting should not result in a net increase in drug costs to any payor, nor windfall to any supply chain stakeholder.** Medicaid and CHIP Payment and Access, the Congressional Budget Office Commission (MACPAC) staff have noted that the CMS Office of the Actuary (OACT) estimated a net increase in Medicaid drug spending of \$200 million over 10 years if the proposed rebate rule is finalized. A large chunk, if not the largest chunk, of this expected increase would come from the decline in inflation-based rebates.⁴ Further, manufacturer claim liabilities through the coverage gap discount program (CGDP) would be lower, which would produce

²"International Pricing Index (IPI) Model," Center for Medicare and Medicaid Innovation, accessed March 11, 2019.

³"Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor Protection for Certain Point-of-Sale Reductions in Price on Prescription Pharmaceuticals and Certain Pharmacy Benefit Manager Service Fees" (Federal Register, February 6, 2019).

⁴"Proposed Safe Harbor Regulation Impact" (Office of the Actuary, August 30, 2018).

an overall substantial savings for manufacturers.^{5,6} While savings is expected, that savings should be realized comprehensively across both the supply and demand sides of the pharmaceutical supply chain.

- **The proposals do nothing to address list prices.** The proposed rule “intends” and speculates that manufacturers might lower list prices, but there is little assurance that manufacturers will offset rebates with price reductions. In fact, at the hearing, not all CEOs in attendance would affirmatively state this would be the case at all, due to antitrust case law.⁷
- **The proposed timeline within the HHS proposal is arguably too aggressive.** PBMs have largely already concluded negotiations on price concessions for plan year 2020 and are in the middle of actuarial analysis to prepare bids. There is no way to renegotiate in time to know the associated costs in order to bid properly, and it would be impossible to retool the supply chain in such a short period of time.
- **Premiums will increase.** The proposals are projected to increase the cost of healthcare for those who don’t use drugs having rebates, through premium increases, while disproportionately decreasing costs for those who do use drugs with discounts.

Thus, while we agree that the rebate-driven model is ripe for reform and ineffective at controlling drug prices, we are concerned about the unintended consequences associated with the proposals as written.

In addition to contracting concerns within the rebate-driven model, there remains substantial opportunity for policy change relative to prescription drug prices, most of which would encourage a more competitive and dynamic market with correspondingly more affordable prices.

Advance Policies to Promote More Affordable, Financially Sustainable Prescription Drug Pricing

While many of the recommendations below are directed toward various agencies in the Administration, several of them require Congressional action. All of these policy recommendations are highlighted in the National Business Group on Health’s Issue Brief on Policy Recommendations to Promote Sustainable, Affordable Pricing for Specialty Pharmaceuticals.

- **Remove Uncertainties Surrounding Risk-based and Value-Oriented Contracting and Implement Indication Specific Pricing and Reference Pricing in Public Programs:**
 - Consider exemptions for value-based contracts from Medicaid best price requirements and clarify how drug makers and payers can conceive of value-based contracts without triggering broader Medicaid best price program implications.
 - Allow for variable pricing, where the price better reflects the evidence for benefit.
 - Evaluate the usefulness and application of the existing developed value frameworks and their potential to impact drug pricing in public programs, as well as their overall utility to the health care system.
 - Directly link reimbursement and improved patient outcomes.
 - Consider how drug makers and payers can enter into other types of innovative VBP arrangements, such as indication-specific pricing.
 - Implement reference pricing policies supported by clinical evidence consistently across public programs, where possible.
- **Limit Reach of Medicare Part D Protected Classes:**
 - Following the MedPAC’s recommendations, the Congress and CMS should limit legislative and regulatory restrictions on formulary design within protected classes by modifying the Medicare Part D rules to remove those protected classes where enough generic competition exists, a change that

⁵Manufacturer payments through the CGDP are expected to be about \$2 billion per year lower on average. When POS costs are lower, it takes longer for he costs to accumulate toward the initial coverage limit (ICL) and the TrOOP threshold. CGDP payments would be lower as fewer members would be calculated as a percentage of a lower POS cost, but the impact would vary by manufacturer and by plan sponsor.

⁶“Impact of Potential Changes to the Treatment of Manufacturer Rebates” (Milliman, Inc., January 31, 2019).

⁷“Foley Hoag LLP white paper, “Antitrust Implications of a Proposed HHS Rule to Limit Manufacturer Rebates,” accessed March 11, 2019.

- would give private plans more freedom to control their formularies and negotiate for expanded manufacturer rebates.
- Specifically, CMS should resubmit its proposal to remove antidepressants, antipsychotics, and immunosuppressants for transplant rejection from the list of protected classes because, in these classes, price reductions have been more closely linked with the availability of generics than to their status as “protected” and stand firm against industry-funded campaigns that seek to undermine the agency’s data-driven proposal to increase competitive pricing.
 - At a minimum, policy makers should evaluate the potential anticompetitive influence of protected classes on the commercial market, and specifically, evaluate the limitations imposed on private payers’ ability to negotiate competitive prices for drugs in the protected classes due to market spillover.
- **Eliminate Perverse Payment Incentives Under Medicare Part B:**
 - Eliminate financial incentives for prescribing more expensive medicines, in more expensive settings.
 - Establish direct links between reimbursement and improved patient outcomes.
 - Encourage manufacturers to assume some financial risk for use of high-priced drugs.
 - **Encourage the Uptake of Biosimilars:**
 - Consider the utility of having an “interchangeability” distinction and potential alignment with the European biosimilars model, which has no such distinction.
 - Work with stakeholders to disseminate provider and patient education to firmly establish the safety and efficacy of biosimilar drugs to their reference products, recognizing that key successes to the uptake of biosimilar medicines in other countries was predicated on the creation of trust and confidence among all the stakeholders involved, such as prescribers, pharmacists, and patients.
 - Maintain payer autonomy to implement utilization management tools for specialty pharmaceuticals, including tools that pertain to biosimilar products.
 - **Reform Permissive Patent and Exclusivity Protocols:**
 - Reduce the market exclusivity period for biologics from 12 years to 7 years.
 - Eliminate or limit additive patent extensions and exclusivity periods that serve only to extend monopoly power, especially where there is limited, or no additional company investment or patient value produced.
 - Develop sound policy that would discourage patent abuses such as “evergreening” and “product hopping.” These policies may include financial penalties, loss of exclusivity periods and/or reduced patent terms for other products.
 - Refine the biosimilars patent dance to effectively incentivize the use of the section 351(1) patent dispute resolution provisions.
 - **Reject anticompetitive “quick fixes”:**
 - As consumers find themselves paying more of their drug costs, it’s tempting to be lured into new policies which may only further contribute to an anticompetitive climate. These policies may include specialty drug price caps, out-of-pocket payment caps, limitations on utilization management tools and mandated disclosure of propriety information.
 - Additionally, a federal law permitting importation nationwide could lead to some price reductions for both payors and patients in the short-term but, as markets adapt, it is unclear what the long-term effect on prices would be. It would also likely require a significant boost in resources for the Food and Drug Administration (FDA) to monitor imports and assure safety.

The National Business Group on Health, representing 437, primarily large, employers (including 70 of the Fortune 100) who voluntarily provide valued health benefits and other health programs to over 55 million American employees, retirees, and their families, looks forward to working with you on our shared goals for health care: lower costs, improved access, and higher quality—umbrella goals we consider inclusive of prescription drugs. Please contact Steven Wojcik, the National Business Group on Health’s Vice President of Public Policy, at (202) 558-3012, if you would like to discuss our comments in more detail or if we can provide additional information as the Committee continues its evaluation of drug pricing.

Sincerely,
 Brian J. Marcotte
 President and CEO

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Michael Scott, Executive Director

The National Coordinating Committee for Multiemployer Plans (the “NCCMP”) appreciates the opportunity to provide comments to the Committee on the issue of prescription drug pricing and the challenges that multiemployer group health plans face in today’s environment. We also appreciate the efforts of the Committee to promote discussion of solutions to America’s problem of the high cost of prescription medications.

Background on the Multiemployer Plans and the NCCMP

Multiemployer plans are a product of the collective bargaining process, where at least one labor organization and two or more employers provide health, pension and a variety of other employee benefits through negotiated contributions to trust funds that are required by law to be maintained for the “sole and exclusive benefit” of plan participants. Multiemployer plans are jointly trusted by both labor and management and are subject to applicable provisions of the Taft-Hartley Act, ERISA, and the Internal Revenue Code. The NCCMP is the only national organization devoted exclusively to protecting the interests of the over 20 million active and retired American workers and their families who rely on multiemployer plans for retirement, health, and other benefits. The NCCMP is a nonprofit, non-partisan organization with members, plans, and contributing employers in a broad range of industries, including agriculture, building and construction, bakery and confectionary, entertainment, health care, hospitality, longshore, maritime, mining, retail food, service, steel, and trucking. The NCCMP’s purpose is to assure an environment in which multiemployer plans continue their vital role in providing benefits to working men and women.

Multiemployer health plans are often self-insured and plan sponsors contract with both medical and pharmacy benefit managers to provide administrative services. These plans provide benefits to both active workers and their families, and to retirees. Consequently, multiemployer plans will often contract with a Medicare Part D Prescription Drug Plan or Medicare Advantage plan to provide prescription drug and other benefits to retired participants.

Prescription Drug Prices Continue to Rise

Most multiemployer health plans provide prescription drug coverage to active employees, dependents, and retirees. Prescription drug costs are a significant part of health plan expenses. Multiemployer plan sponsors have looked to a variety of means to lower drug prices. Strategies include increased use of step therapy, prior authorization, quantity limits, formularies (which exclude certain drugs) and other utilization management techniques. However, prescription drug cost increases are primarily driven by price increases, not increased utilization.¹ Drug price inflation is a significantly greater component of projected prescription drug price trend than utilization. In addition, specialty drug price increases are projected to be in the double digits for 2019, a significant and concerning pattern because specialty drugs now account for as much as 35 percent of total pharmacy spending.² New specialty brand drugs to treat serious illnesses contribute to the cost increase, and there are limited opportunities to substitute generic drugs in therapeutic classes dominated by single-source specialty brand drugs. Consequently, plan sponsors cannot effectively control prices through utilization controls alone.

Areas for Congressional and/or Regulatory Inquiry and Action

The NCCMP recommends that the Committee take action to promote transparency in the rebate system while ensuring that action taken on the rebate side of the pric-

¹ 2019 Segal Health Plan Cost Trend Survey, available at <http://www2.segalco.com/me-trend-survey-2019.pdf>.

² *Id.*

ing equation results in lower—not higher—drug prices paid by plan sponsors and consumers. In addition, we emphasize the NCCMP’s commitment to eliminating the tax that penalizes plan sponsors and workers for the high costs of health care (including drug costs) beyond their control.

Rebates and Transparency

Rebates account for a substantial portion of the drug pricing equation. Rebate offsets that are passed through to multiemployer plan sponsors from pharmacy benefit managers (PBMs) help to lower net plan cost trends. However, multiemployer plans must aggressively monitor PBMs to assure that rebates are actually passed through to the plan, and in many cases, the rebate structure is opaque and impenetrable. Pricing structures also change frequently, as can be seen by some of the PBMs “market pricing” strategies, which adjust prices, rebates, and participant cost sharing based on market price variations for certain drugs.

State legislators are increasingly attempting to rein in drug costs by passing laws requiring greater transparency. However, those laws may not be effective, either because the states cannot tackle the problem alone, or the laws will be subject to multiple challenges by pharmaceutical manufacturers and PBMs.

As a core principle of ERISA, employee benefit plan fiduciaries need information concerning all compensation to be received by a service provider and any conflicts of interest that may adversely affect the service provider’s performance under the contract or arrangement. In 2014, the NCCMP provided supporting testimony to the ERISA Advisory Council, which was studying PBM Compensation and Fee Disclosure.³ At that time, we suggested that plan fiduciaries would be well served if PBMs were required to disclose all instances in which they receive financial remuneration from drug manufacturers, retail pharmacy providers, and data managers. The disclosures need to be sufficient to allow trustees to assess whether, and to what extent, the services offered by the PBMs are in the best interest of plan participants, rather than simply furthering the financial interests of the PBM. Transparency continues to be a concern to plan sponsors and efforts of the Committee to increase transparency for rebates and financial arrangements between PBMs and pharmaceutical manufacturers would assist multiemployer plans in efforts to control prescription drug prices.

More attention is being paid of late to the rebate system and the important role that it plays in determining the prices that plan sponsors and consumers pay for prescription drugs. But rebates are only part of the equation. The list price that drug manufacturers set for their prescription drugs is the starting point for the negotiation between manufacturers and PBMs over rebates. More transparency in the setting of list prices could help to put some downward pressure on those prices. But if list prices continue to go up while rebates go down, plan sponsors and consumers will end up paying more. As a result, it is essential that any action taken to address the rebate structure not have the unintended consequence of actually increasing what plan sponsors and consumers pay for prescription drugs.

Eliminating the Unfair Tax on Health Plan Coverage

For decades before the enactment of the Patient Protection and Affordable Care Act (ACA), the majority of Americans with health coverage received their coverage through employment. This has remained the case well after the ACA first went into effect. Today, over 181 million Americans have employment-based health coverage, which includes coverage under multiemployer plans. The 40 percent excise tax under Internal Revenue Code section 49801, enacted as part of the ACA, threatens these hard-working Americans with a steep and unfair tax on their health coverage. Sometimes popularly (although inappropriately) referred to as the “Cadillac plan” tax, the original intent of the tax was to impact plans with “gold-plated coverage.” In actuality, however, the tax will have a much broader impact on even modest plans as a result of underlying medical inflation.

Employers understand that quality health care is an investment in employees and not simply a monetary benefit. At the same time, both employers and employees recognize that the cost of health care cannot become so great that it makes employers non-competitive. This marketplace reality is the reason that the vast majority of private plan sponsors have utilized cost containment strategies for decades to manage and stretch finite compensation dollars as much as possible.

³ <https://www.dol.gov/sites/default/files/ebsa/about-ebsa/about-us/erisa-advisory-council/2014-pbm-compensation-and-fee-disclosure.pdf>.

Unfortunately, the high and ever-increasing health care costs faced by the private sector are directly amplified by the U.S. Government through its own health care programs, statutes, and regulatory requirements. As the largest provider and purchaser of health care in the U.S. through Medicare and Medicaid, programs that collectively spend more than \$1.2 trillion annually,⁴ the U.S. Government's long-standing policy of significantly under-compensating health care providers results in these providers charging more to their private sector clients in order to recoup their uncompensated federal expenses. In this way, the private sector subsidizes Medicare, Medicaid, and the U.S. Government by absorbing these uncompensated expenses through higher costs and premiums.

The simple fact is that the high costs of employment-based health plans and medical inflation are not driven by employment based health plans themselves, but by other factors, including the actions (and inactions) of the U.S. Government. Congress should continue to work to address medical care inflation, including rising drug costs, while maintaining good health care outcomes and quality of care. Congress should not penalize employers, health plans, or employees and their families through unfair taxes. If the excise tax is imposed, the end result will not be an overall reduction in health care costs, lower medical inflation or higher federal tax revenue; rather it will be borne by hardworking Americans through cost-shifting and foregoing needed care. Additionally, as employment based healthcare is penalized, it will become increasingly unavailable to those currently covered, which will increase federal spending on subsidies and Medicare as a significant portion of the currently covered workforce is eligible for these programs.

NCCMP appreciates the actions Congress has taken in the past to help prevent the imposition of the 40 percent excise tax by delaying it twice, so that the effective date is now pushed back to 2022. Delays, however, are not sufficient to prevent the harmful impact of this tax. In calling for repeal, NCCMP joins the voices of a large, diverse group, as evidenced by a recent letter to Congress signed by over 550 organizations representing such interests as public and private sector employers across a wide range of industries, non-profit organizations, chambers of commerce, unions, and patient groups. We support the bi-partisan Middle Class Health Benefits Tax Repeal Act of 2019, recently introduced in the Senate by Senators Heinrich (D-NM) and Rounds (R-SD) and co-sponsored by many others, including members of this Committee. We also support the House version of the bill, which was introduced in January and which as of this writing has 229 co-sponsors, with growing numbers.

The NCCMP recommends fully and immediately repealing the 40% excise tax on employer sponsored health coverage and also opposes any efforts to tax employees on their health care benefits.

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February 26, 2019

Mr. Chairman, Ranking Member and Members of the Committee,

Oxfam appreciates the Committee's sincere intention to ensure affordable and accessible medicines for all who need them. We would like to take this opportunity to bring the Committee's attention to our recent investigation, Prescription for Poverty,¹ illustrating how four major pharmaceutical firms (three of whom are testifying before the Committee at this hearing) may well be underpaying their US taxes to the tune of \$2.3 billion annually by systematically stashing their profits in overseas tax havens. On top of these tax losses from offshore tax avoidance, these companies likely benefitted significantly from the Tax Cuts and Jobs Act (TCJA).²

⁴ In 2017, Medicare spending grew 4.2% to \$705.9 billion in 2017 and Medicaid spending grew 2.9% to \$581.9; <https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nhe-fact-sheet.html>.

¹ Oxfam, "Prescription for Poverty: Drug companies as tax dodgers, price gougers, and influence peddlers," Sept. 2018 at <https://www.oxfamamerica.org/explore/research-publications/prescription-for-poverty/>.

² Report of the Senate Finance Committee Democratic Staff, "Trump Tax Law and the Health Care Industry: A \$100 Billion Bonanza," April 17, 2018.

Here in the US and around the world, in rich and poor countries alike, high drug prices are causing too many people to sacrifice their savings or worse—their lives—to enrich executives at highly profitable and influential drug companies.

As is well known, these drug companies' very business model depends to a large degree on American taxpayer dollars: to pay for essential front-end drug research, to protect patents and intellectual property, and to purchase their drugs through Medicare, and the Veteran's Administration.

Yet, these same companies are undermining public trust (and their very own business model) by steadily under-paying their taxes, in the US and around the world. Scouring the companies' financials, we've found that four major pharmaceutical firms—Abbott, Johnson & Johnson (JNJ), Merck (MRK), and Pfizer (PFE)—alone appear to have deprived rich and poor countries alike of around \$3.7 billion of vital revenue that could have been spent on vaccines, midwives, or health clinics. Because the companies reveal little financial information about their subsidiaries, Oxfam's investigation barely scratches the surface. Yet even a small sampling reveals a striking degree of tax avoidance through profit-shifting.

As the largest market for the four pharmaceutical companies, the United States is the biggest loser from tax avoidance by these companies, to the tune of an estimated \$2.3 billion a year: \$1 billion by JNJ, \$589 million by Pfizer, \$533 million by Merck, and \$143 million by Abbott. Together, this is enough to pay for health insurance for nearly a million low-income children in the US.

How are companies avoiding their tax responsibilities?

Oxfam examined publicly available data on subsidiaries of four of the largest US drug companies and found a striking pattern. In the countries analyzed with standard corporate tax rates, the companies reported low pre-tax profits—7 percent profits on average in high-income countries, and 5 percent on average in seven low- and middle-income countries. In contrast, these corporations reported annual *global* profits of up to 30 percent. So, where were these companies reporting such sky-high profits? Tax havens. In four countries which charge very low or no corporate tax rates, these companies posted 31 percent profit margins—suggesting that the companies are artificially shifting their profits to avoid paying taxes in countries with higher tax rates.

In the case of the pharmaceutical giants, the ploy may involve “domiciling” their patent, not in the corporation's home country where the drug was actually developed, but in a tax haven—where a company's presence may be as little as a mailbox. That subsidiary then charges hefty licensing fees to subsidiaries in other countries. The fees are a tax deductible expense in the normal jurisdictions, meaning that they can be used to offset any earnings and thereby lower the reported profits. At the same time, the fee income accrues to the subsidiary in the tax haven, where it is taxed lightly or not at all. The company's overall tax payment then is lowered, sometimes significantly.

Another technique many companies have used is to sell their production or services not directly to the countries where they will be consumed, but to “pivot” companies in low tax jurisdictions that then resell them at a profit to affiliated distributors. This practice creates an artificial profit that remains in the tax haven. Most of the time, these are only paper transactions—the goods are shipped straight from the factory in the production country to the warehouse in the consumption country—but the transactions allow profits to move from one country to another almost tax-free.

Because companies refuse to release their full country-by-country financial reports to the public, and many governments have yet to make these reports public, the information on tax dodging is far from complete. Yet, the pattern of Big Pharma's tax practices is consistent: this is either an astounding coincidence or the result of using accounting tricks to deliberately shift profits from where they are actually earned to tax havens. Pfizer, Merck, and Abbott are among the 20 US corporations with the greatest number of subsidiaries in tax havens; Johnson & Johnson is not far behind. While profits can vary from country to country for any number of legitimate reasons, it is highly unlikely that these explanations can fully account for the consistent pattern of much higher profits being posted in countries with very low tax rates where these corporations do not sell the majority of their medicines.

Tax injustice and price gouging are two sides of the same coin

Tax avoidance and price gouging are not, in fact, completely independent phenomena. Today's hearing provides a timely opportunity to connect the dots between

high drug prices and unjust tax avoidance practices which deprive the US Treasury of precious public revenue needed to fund essential public health programs in the US. Every tax dollar avoided means a tax dollar less for new drug research at the National Institutes of Health, and for essential health insurance programs like Medicaid, Medicare and the Child's Health Insurance Program.

What's more, as we detail in our report cited above, a cornerstone of these companies' business model—the intellectual property rules protecting many of these pharmaceutical companies' most profitable products—is a central factor in allowing these companies to drive up drug prices, while driving down their tax payments. And conversely, our tax system at present incentivizes price hikes in a variety of ways.

While the specific solutions to drug pricing and tax avoidance are distinct, there are some essential common approaches in our view. Global companies should be transparent about where they earn and spend their money, they should pay tax in alignment with actual economic activity rather than abuse our tax system in a variety of ways, and they should use their political influence responsibly, rather than undermining governments' efforts to provide essential medicines and healthcare for us all.

In this context, we would encourage the Senate Committee to raise the following questions to JNJ, PFE and MRK during the February 26th hearing:

1. According to evidence received, your companies systematically report low pre-tax profits in high-tax countries, and high pre-tax profits in low-tax countries: reportedly resulting in billions of dollars of lost revenue in the US which could have been spent on new drug research or to fund essential healthcare. Can you explain why these aggressive tax planning practices serve the public interest?
2. Is your company involved in offshore tax avoidance? If so, please explain why you believe this is acceptable practice. Can you commit to publicly releasing your company's country-by-country financial reports to show and prove your tax practices meet social expectations?
3. How has your company invested the fresh cash resulting from the passage of the TCJA? Very concretely, can you explain how these expenditures are working to drive down drug prices? If they are not doing so, why not?

For any questions, please contact Nicholas J. Lusiani, Senior Advisor at nicholas.lusiani@oifam.org, or (202) 777-2912.

PATIENTS FOR AFFORDABLE DRUGS NOW

Statement by David Mitchell, Founder

Chairman Grassley, Ranking Member Wyden, and members of the Senate Finance Committee,

Thank you for your leadership to address the problem of high drug prices in America. U.S. patients and taxpayers spend more than \$450 billion¹ each year on prescription drugs. By some estimates, nearly one-fifth² of all health care costs go toward prescription drugs. The main driver of prescription drug spending is patent-protected brand-name drugs, which make up only about 10 percent³ of prescriptions but account for three-quarters of drug spending.⁴

That's why today's hearing is so important. You have called CEOs of seven major drug corporations before the Senate Finance Committee to explain their pricing practices, patent thickets and the fact that American patients and taxpayers pay anywhere from two to six times⁵ more than the rest of the world for brand name prescription drugs.

¹ <https://www.finance.senate.gov/imo/media/doc/29JAN2019MILLERSTMNT.pdf>

² <https://www.ncbi.nlm.nih.gov/pubmed/27552619>.

³ <https://docs.house.gov/meetings/GO/G000/20190129/108817/HHRG-116-GOOO-Wstate-KesselheimA-20190129.pdf>.

⁴ <https://docs.house.gov/meetings/GO/G000/20190129/108817/HHRG-116-GOOO-Wstate-KesselheimA-20190129.pdf>.

⁵ <https://www.cnn.com/2015/09/28/health/us-pays-more-for-drugs/index.html>.

We hear every day from patients suffering under the high cost of prescription drugs—cutting pills in half, choosing between groceries and medication, and simply going without.

Patients have questions for the CEOs in front of you today, and we hope Congress will ask them.

AbbVie Inc,

About AbbVie: AbbVie’s anti-inflammatory drug Humira is the top-selling⁶ drug in the world. The drug company doubled the price⁷ from about \$19,000 per year in 2012 to \$38,000 per year in 2018. AbbVie secured over 100 patents⁸ on Humira, ensuring that patent thickets will keep competition off the U.S. market, while the company cut the price in Europe by 80 percent⁹ for the exact same drug.

Questions:

- Is it fair that Europeans have access to a less expensive biosimilar competitor for Humira, but your company bragged¹⁰ about blocking that competition in the U.S.?
- Do you partake in pay for delay or deals for delay? Do you support the Preserve Access to Affordable Generics and Biosimilars Act (S. 64)?
- Since Humira has already been very successful with more sales than the revenue of eBay,¹¹ will you commit to holding the price of Humira steady until a biosimilar comes to market?

Patient Stories:

- **James Baer from Aurora, CO:** “I have seropositive degenerative rheumatoid arthritis, and am on a regimen of high cost drugs. Humira is the most expensive, at \$4,500–\$6,500 a month. My insurance, Humana, is refusing to pay for it starting next month. My doctor says I need it to win my fight against this genetic defect.”
- **Jacquie from Iowa:** “Since my Crohn’s diagnosis, I’ve taken Lialda and Humira. Both drugs would have been astronomical if I hadn’t been for my good insurance and eligibility for the pharmacy savings programs for each. I have been lucky. But I am always constantly worried about no longer being able to work due to my health, or losing my health insurance, making these essential drugs unaffordable.”
- **Sherry from North Carolina:** “I am unable to afford the biologic Humira even on Medicare. My monthly copay went from \$5/month to \$1,200/month.”

Pfizer

About Pfizer: Pfizer’s history of price hikes is as staggering as it is long. Here’s a look at the last three years: In 2017,¹² Pfizer raised the price of 91 drugs by 20 percent—that was nearly 10 times the rate of inflation. In mid-2018,¹³ Pfizer announced price hikes on about 100 prescription drugs. After temporary freezes, Pfizer raised the price of 40 drugs in January 2019.¹⁴

Questions:

- Will you commit to limiting the increase in list price of your drugs to the rate of inflation?
- Will you commit to submitting to this committee at the end of this year (2019) a report of the ways you have utilized the \$10 billion stock buyback¹⁵ to serve patients?

⁶ <https://www.nytimes.com/2018/01/06/business/humira-drug-prices.html>.

⁷ <https://www.nytimes.com/2018/01/06/business/humira-drug-prices.html>.

⁸ <https://www.bloomberg.com/news/articles/2017-09-07/this-shield-of-patents-protects-the-world-s-best-selling-drug>.

⁹ <https://www.axios.com/abbvie-cuts-humira-price-europe-biosimilars-cc2d3d61-5782-4042-8c24-b322ea8285b4.html>.

¹⁰ <https://www.nbcnews.com/nightly-news/video/world-s-best-selling-drug-costs-five-times-more-in-u-s-than-europe-1445064259924>.

¹¹ <https://www.axios.com/humira-2018-revenues-drug-prices-eb637e1f-09ae-479a-91ca-870ed7f75b4a.htm>.

¹² <https://www.ft.com/content/Ub2eOdd80-47ab-11e7-8519-9f94ee97d996>.

¹³ <https://medcitynews.com/2018/07/pfizer-increases-prices-on-100-drugs/>.

¹⁴ <https://www.cnn.com/2018/11/16/business/pfizer-drug-prices/index.html>.

¹⁵ <https://www.axios.com/pharma-share-buyback-tax-reform-40a30b93-6149-4c67-bd6cd50-5ee814215.htm>.

Patient Stories:

- **Helen Sgarlat from Kingston, PA:** “Because of the \$600 price tag, I had to switch medications. I switched from Spiriva to one that’s not working as well, Singulair. This is outrageous.”
- **Sharon from Iowa:** “I can’t eat any more! My Keppra costs \$460, Pradaxa \$400, Lyrica \$360. If drug prices came down, I would be able to eat again.”
- **Susan from Nevada:** “My sister has metastatic breast cancer taking Ibrance. Her co-pay is \$2,290/month! Without this [drug] her cancer will spread! She received a short term grant to help but has to reapply to keep receiving. This is a lifesaving drug . . . must be more affordable!”

Sanofi

About Sanofi: Almost 30 million¹⁶ Americans live with diabetes and 6 million need insulin to survive. From 2010 to 2015, Sanofi raised the price of the lifesaving diabetes drug Lantus by 168 percent.¹⁷

Questions:

- If PBM rebates were eliminated, would you lower your list prices?
- Will you commit to undoing the dozens of times you’ve raised the price of Lantus and lower the list price this year?
- As the Chairman of the lobbying group, PhRMA, your organization spent \$27.5 million on lobbying in 2018.¹⁸ Next year, will you agree to take half that money and use it to lower drug prices across the board for patients?

Patient Stories:

- **Jerraline Krawetzki from Berlin Heights, OH:** “Because of diabetes type 2, Lantus and Humalog are required. Because of the increased costs of these medications, after filling the first prescriptions, already IN the donut hole. This means a one month prescription of these 2 drugs, will cost over \$600 per month. Senior citizens on a fixed income cannot afford this.”
- **David from Nevada:** “I have to take Lantus and Januvia for my Diabetes and Xeralto for my AFIB and many other medications for my heart, blood pressure, cholesterol, and BPH. These medications are very expensive and I can’t afford them after I reach the Medicare Part D donut hole. Medicare prohibits free medications or discounts so living on social security means I will eventually die from lack of medicine.”
- **Jeannie from Kansas:** “I am a type 2 diabetic. I take Lantus insulin. One month supply is \$128 with insurance. I am single and on Social Security of \$942 a month. How am I to pay for the insulin that keeps me alive?”

Merck & Co. Inc.

About Merck: Merck is no stranger to drug price increases. From January 2017 to mid-2018, Merck raised the price of Januvia by nearly 20 percent.¹⁹ In November 2018, the corporation raised the price on five drugs,²⁰ including top-selling Gardasil and Keytruda.

Questions:

- Will you submit, for the record, the cost of research and development for the drug Keytruda, which reaped²¹ a total of \$1.89 billion the third quarter of 2018 alone—an increase of 80% since 2017?
- Your company recently spent \$10 billion on stock buybacks.²² This year, will you commit to decreasing drug prices by that same amount?

Patient Stories:

- **Stephen Hadfield from Charlotte, NC:** “I am on very expensive insulin for my diabetes. My Januvia is \$400 a month and my Lantus is \$350 every three weeks. If it was not for insurance, I would not be able to afford these drugs.”

¹⁶ <https://www.cbsnews.com/news/insulin-prices-rise-yet-again-causing-diabetics-to-cry-foul/>.

¹⁷ <https://www.nytimes.com/2016/02/21/opinion/sunday/break-up-the-insulin-racket.html>.

¹⁸ <https://www.statnews.com/2019/01/22/phrma-spent-a-record-breaking-27-5-million-on-lobbying-in-2018-new-filings-show/>.

¹⁹ <https://www.latimes.com/business/hiltzik/la-fi-hiltzik-drug-prices-20181206-story.html>.

²⁰ <https://www.reuters.com/article/us-merck-co-drugprices/merck-raised-prices-five-drugs-including-keytruda-in-november-idUSKCN1NX2ZN>.

²¹ <https://www.bloomberg.com/news/articles/2018-10-25/merck-plans-10-billion-buyback-as-cancer-drug-tops-estimates>.

²² <https://www.bloomberg.com/news/articles/2018-10-25/merck-plans-10-billion-buyback-as-cancer-drug-tops-estimates>.

- **Yvonne from Georgia:** “I can’t afford the medicines I need to treat my diabetes. Januvia costs over \$200, and with my other medications too I am in the donut hole, making it hard to manage my disease.”
- **Mark from Louisiana:** “I have extremely high cholesterol and I am allergic to statins. The only medication that I can take would be Zetia which costs \$800 for 3 month supply after insurance coverage. The same drug is available in Canada for \$150 for a 3 month supply and no insurance coverage!”

Johnson & Johnson

About Johnson & Johnson: Since 2012, Johnson & Johnson has raised the price of its blockbuster drug Xarelto by 87 percent.²³ In January of 2019, the company raised the price on about two dozen drugs.²⁴

Questions:

- Will you commit to holding your price increases to inflation each year?
- Will you commit to striking a deal with the New York Drug Utilization Review Board if they deem it necessary to decrease the cost of Remicade for state taxpayers?

Patient Stories:

- **Sarah Pekarske from Texas:** “I have Lupus and I have had 3 blood clot episodes. I take Xarelto. In August of last year it was suddenly \$100/month. It has cost \$150/month since September! This is too expensive for me.”
- **Diane from Georgia:** “I have been on Remicade since 2013, but when I retire I won’t be able to take it anymore because of change in insurance and higher co-pays. I don’t know what I’ll do.”
- **Patricia from Texas:** “I am on fixed income because I am disabled with rheumatoid arthritis. I need infusions for Simponi Aria I cannot afford. Even with help to pay for the infusion, my part is going to be over \$500 per month. That is half of my income every month.”

Bristol-Myers Squibb Co.

About Bristol-Myers Squibb: Over the last eight years, Bristol-Myers Squibb has spent over \$25 million²⁵ in lobbying expenditures and \$1.75 million²⁶ in campaign contributions, according to Open Secrets. The company raised the price of its blockbuster drug Eliquis by 6 percent²⁷ in January 2019. Last year alone, U.S. Patients’ paid Bristol-Myers Squibb \$3.8 billion²⁸ for Eliquis, a 30 percent²⁹ year-over-year increase.

Questions:

- Will you commit to donating 50% less to candidates for public office in 2020 and investing that money toward research and development or decreasing price for patients?
- With your recent acquisition of Celgene, will you commit to ending Celgene’s use of the REMS program to prevent a generic from coming to market for its blockbuster drug, Revlimid?
- Do you support the CREATES Act?

Patient Stories:

- **Elizabeth from New Jersey:** “The greed of Bristol-Myers-Squibb is horrible. Now I have to decide if I should just take aspirin each day and hope I don’t have a stroke or pay the high cost each month for Eliquis for \$145 per month.”
- **Gail from Michigan:** “I didn’t have coverage for a year and the Eliquis I need costs \$400 per month. It’s a crying shame that these drugs are so expensive. I had to stretch the script out by taking them every other day.”
- **Tara from Kansas:** “Drug prices are killing me faster than the disease. When I first started taking my blood thinner a few years ago, I thought \$400 a month

²³ <https://www.i-mak.org/wp-content/uploads/2018/08/I-MAK-Overpatented-Overpriced-Report.pdf>.

²⁴ <https://www.reuters.com/article/us-johnson-johnson-drugpricing/jj-raises-u-s-prices-on-around-two-dozen-drugs-idUSKCNIP42VY>.

²⁵ <https://www.opensecrets.org/orgs/summary.php?id=D000000149&cycle=2018>.

²⁶ <https://www.opensecrets.org/orgs/summary.php?id=D000000149&cycle=2018>.

²⁷ <https://www.foxbusiness.com/healthcare/meet-the-big-pharma-ceos-who-will-testify-in-the-senate>.

²⁸ <https://www.foxbusiness.com/healthcare/meet-the-big-pharma-ceos-who-will-testify-in-the-senate>.

²⁹ <https://www.foxbusiness.com/healthcare/meet-the-big-pharma-ceos-who-will-testify-in-the-senate>.

was terrible. Now, I wonder how I can possibly afford the next dose of Opdivo. I can't. Without it I die. With it I go broke. What kind of choice is that? No one should ever be put in this position. No one should make this choice ever."

AstraZeneca

About AstraZeneca: AstraZeneca has a history of charging cancer patients high prices. Here are three examples: Imfinzi costs \$180,000 per year³⁰ for lung cancer, Lynparza costs around \$15,000 for 112 pills³¹ for ovarian cancer, and Iressa costs \$8,000 for 30 pills³² lung cancer. And before AstraZeneca faced a generic competitor for its high cholesterol drug, Crestor, the company raised prices multiple times, including by about 15 percent³³ right before a generic competitor came to market.

Question:

- Will you submit for the record the following information: the amount you have spent on research and development vs. AstraZeneca's yearly budget for marketing and advertising?

Patient Stories:

- **Teresa Bianco from Elyria, OH said:** "We have a family history of dangerously high cholesterol levels. My sister and I have been on every medicine out there. The only one that lowers us into the high 200's is Crestor. It is not covered by our insurances and thus is out of our reach. Sadly, we are both RNs and see others also go through this. We are college educated, helping people, always gainfully employed full time, but we are apparently disposable."
- **Linda Schoene from Pikesville, MD said:** "I have GERD and am prescribed Nexium. On Medicare Part D, my copay is a little over \$100 per month. I can't afford that. So I go without which causes me sharp pains in my stomach when I have a flair. I sometimes buy the over the counter version, but it is half the strength of what I am prescribed and doesn't treat my symptoms."
- **Silvio from Pennsylvania:** "I was taking Crestor but the prices kept rising and because I am on Medicare I was not eligible for a discount. So I had to stop taking it. Next time I got a blood test my bad cholesterol skyrocketed."

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION
325 7th Street, NW, Suite 900
Washington, DC, 20004

Introduction

The Pharmaceutical Care Management Association (PCMA) is the national association representing America's pharmacy benefit managers (PBMs), which administer prescription drug plans for more than 266 million Americans with health coverage provided through Fortune 500 employers, health insurers, labor unions, Medicare, Medicaid, and the Federal Employees Health Benefits Program (FEHBP).

PBMs are the primary advocate for consumers and health plans in the fight to keep prescription drugs accessible and affordable. PBMs negotiate on behalf of consumers, and work to keep a lid on overall costs for prescription drugs with market-based tools that encourage competition among drug manufacturers and pharmacies, and incentivize consumers to take the most cost effective and clinically appropriate medication.

By leveraging competition among manufacturers, PBMs save patients and health plans \$123 per prescription, and will negotiate prescription drug costs down \$654 billion over the ten years ending 2025.¹

PBMs manage Medicare Part D drug benefits through insurers, either as contractual service providers to stand-alone Prescription Drug Plans (PDPs) or Medicare Advantage plans that offer prescription drug coverage (MA-PDs).

³⁰ https://professionals.optumrx.com/content/dam/optum3/professional-optumrx/news/rxnews/drug-approvals/drugapprovals_imfinzi_2017-0502.pdf.

³¹ <https://www.goodrx.com/lynparza/medicare-coverage>.

³² <https://www.goodrx.com/iressa>.

³³ <https://www.marketwatch.com/story/big-pharma-games-the-system-to-make-generic-drugs-more-expensive-2018-07-27>.

¹ Visante, "Pharmacy Benefit Managers (PBMs): Generating Savings for Plan Sponsors and Consumers," February 2016, <https://www.pcmanet.org/wp-content/uploads/2016/08/visante-pbm-savings-feb-2016.pdf>.

PBMs are proud of their performance in Part D. PBMs and Part D sponsors have kept overall program costs 30 percent below original government projections, offered beneficiaries lower-than-expected premiums, and generated high levels of generic utilization while providing broad choice of drugs and access to over 60,000 pharmacies, all while attaining a continually high rate of beneficiary satisfaction.

PBMs Negotiate to Keep Drug Spending Manageable

The most recent available data, which is for years 2016 and 2017, show that the overall growth in spending for all prescription drugs has been low,² tallying 1.4% and -0.3% for 2016 and 2017, respectively. Drug industry stakeholders rightly trumpet such figures to show the success of private-sector negotiation in bringing spending discipline to the prescription drug market.

However, the totals mask the dynamics at work in different sectors of the prescription drug market. Spending on generic drugs has actually been declining, while spending on brands has been increasing. According to a November 2018 analysis, for the previous year, spending on brands increased 4% while spending on generics decreased 3%.³

Further, the report indicates that while brand drugs made up only 17% of total prescriptions, they accounted for 79% of overall drug spending in the previous year.⁴

Data underlying the overall spending figures shows that manufacturers have been increasing the prices they set for their drugs rapidly. According to IQVIA data, for the 5-year period ending 2017, brand invoice price grew at an average annual rate of 10.5%, while overall inflation in the economy, as measured by CPI-U, grew at an average annual rate of 1.3%.⁵ These trends are mirrored in a study conducted on drugs most used by the elderly. A 2018 AARP analysis found retail prices for 113 chronic-use brand name drugs on the market since at least 2006 increased cumulatively over 12 years by an average of 214 percent, compared with the cumulative general inflation rate of 25 percent from 2006 to 2017.⁶

The near-flat overall trend for spending on all drugs, despite rising prices and spending for brands, illustrates the work that PBMs do as advocates for patients and their client health plans to hold the line on prescription drug costs.

Drug Manufacturers Alone Set and Raise Prescription Drug Prices

As the Committee continues its work with respect to prescription drug costs, one thing is clear: only manufacturers have the power to set or change prices. In recent years, brand manufacturers and their allies have attempted to deflect blame for the prices they set by blaming other parties in the drug supply chain,⁷ including pharmacies, PBMs, and wholesalers. While much has been said and written, research studies show that there is *no* correlation between the prices manufacturers set and the rebates PBMs negotiate with manufacturers.

A 2018 study found no correlation between the prices that brand drug manufacturers set for individual drugs and the rebates that they negotiate with PBMs on those products (see chart below).⁸ The data in the scatter plot below show that increasing list prices over a 5-year period were not correlated with changes in rebates ($R^2=0.016$), as shown with the horizontal blue line. Additionally, there are prominent cases of higher-than-average price increases on brand drugs where rebates stayed the same or declined (*e.g.*, Humulin).

²KFF, "What Are the Recent and Forecasted Trends in Prescription Drug Spending?", February 20, 2019, <https://www.healthsystemtracker.org/chart-collection/recent-forecasted-trends-prescription-drug-spending/#item-start>.

³Blue Cross Blue Shield Association, "Prescription Drug Cost Trend Update," November 14, 2018, <https://www.bcbs.com/the-health-of-america/reports/prescription-drug-costs-trend-update>.

⁴BCBSA, *Op. Cit.*

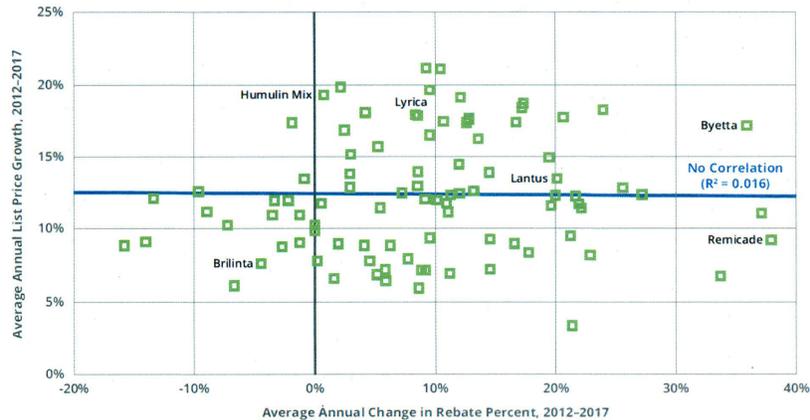
⁵<https://www.iqvia.com/institute/reports/medicine-use-and-spending-in-the-us-review-of-2017-outlook-to-2022>.

⁶AARP, "No End in Sight for Skyrocketing Prescription Drug Prices," September 26, 2018.

⁷See, *e.g.*, <https://www.phrma.org/press-release/new-report-shows-how-supply-chain-shapes-brand-name-medicine-prices>.

⁸Visante, "Increasing Prices Set by Drugmakers Not Correlated With Rebates: An Analysis Prepared by Visante on Behalf of PCMA," June 2017.

Increasing Drug List Prices Show No Correlation with **Change** in Rebates (2012–2017)



Source: PCMA and Visante analysis of data from CMS and SSR Health, 2018.

At the same time, separate research confirmed that negotiated rebates are correlated with competition—that the size of drug rebates is positively correlated with the extent to which a given brand drug faces competition in the market.⁹

Other research sponsored in part by a multinational brand drug manufacturing firm reports that, for every \$100 spent in the drug supply chain on branded drugs, manufacturers capture \$58. This contrasts sharply with the amounts captured by pharmacies (\$3), PBMs (\$2), and wholesalers (\$1).¹⁰ These results show that it is the manufacturers who benefit far more than any other party in the drug supply chain, and any rhetoric to the contrary is a smokescreen.

Further illustrating the lack of any connection of manufacturer list prices to negotiated rebates is the chart below containing Part B pricing data. Drugs under Medicare Part B typically carry no rebates. The chart shows that several unrebated branded drugs have posted price increases vastly outpacing the rate of inflation, as well as the rate of price increases among most drugs. Moreover, unrebated drugs in Medicare are not unique to Part B—HHS’s Office of the Inspector General finds a full 39% of branded drugs in Part D carry no rebates.¹¹

⁹ Credit Suisse Equity Research, “Global Pharma and Biotech,” April 18, 2017.

¹⁰ Sood, N. et al. “The Flow of Money Through the Pharmaceutical Distribution System,” University of Southern California, Leonard D. Schaeffer Center for Health Policy and Economics, June 2017. https://healthpolicy.usc.edu/wp-content/uploads/2017/06/USC_Flow-of-Money-WhitePaper-Final-Spreads.pdf.

¹¹ HHS Office of the Inspector General, “Increases in Reimbursement for Brand-Name Drugs in Part D,” June 2018.

Selected Part B Drugs With High Price Increases From 2017 to 2018

Brand Name	2012 Price per Part B Prescription	Estimated 2017 Price per Part B Prescription*	% Price Increase 2012-17	Estimated 2018 Price per Part B Prescription	% Price Increase 2012-17
Miacalcin	\$461	\$16,375	3,449%	\$19,266	18%
Krystexxa	\$2,717	\$19,163	605%	\$21,127	10%
Teflaro	\$110	\$399	263%	\$439	10%
Bicillin	\$41	\$106	159%	\$120	13%
Rituxan	\$5,125	\$6,890	34%	\$7,416	8%
Orencia	\$1,636	\$2,849	74%	\$3,020	6%

* Estimated inflation adjusted price = 2012 price * weighted average manufacturer increase in list price per unit. Not affected by changes in numbers of units per claim, or mix of doses/dosage forms. Estimated 2018 price through Q3 2018. During study years PBMs were not involved in Medicare Part B program, so no PBM rebates were involved. Analysis included drugs with Part B spending data for full period 2012-16.

Source: Visante and PCMA analysis of data from CMS and SSR Health, 2019.

In sum, the research record is clear: drug manufacturers alone are responsible for the prices they set and neither PBM-negotiated rebates, nor any other party nor factor in the supply chain affects the list price of a brand drug.

Managing Drug Cost Growth Is Challenging, but Policy Changes Could Improve Competition

PBMs have an established record of negotiating with manufacturers and pharmacies to reduce costs for patients, either in the form of lower premiums for all participants in a plan, or through lower costs at the pharmacy, and usually both.

The key to reducing prescription drug costs is increasing and encouraging competition. PBMs are best able to negotiate when competition exists, and PCMA's member companies support a number of ideas for increasing competition and building upon market-based tools to improve the Part D program. These include:

- **Remove Part D's protected classes.** Designating "classes of clinical concern" where all or substantially all drugs in a class must be covered allows drug manufacturers to virtually name their price. Indeed, a recent Milliman analysis showed that the average brand rebate (for drugs that had any rebate) in Part D was 30%, while the average rebate for brand drugs in protected classes was 14%.¹² CMS already applies careful plan formulary coverage checks to assure proper coverage. A pending CMS plan only to lessen the effect of protected classes-not eliminate them-would save \$2 billion over 10 years.
- **Encourage greater use of generics for Part D LIS enrollees.** MedPAC recommended allowing the Secretary to lower cost-sharing on generics and raise it for brands that have generic competition. Allowing plans to lower generic cost-sharing for these beneficiaries would save money for beneficiaries, taxpayers, and the Medicare program.
- **Modify the requirement for two drugs per class.** The requirement that Part D plans cover two drugs per class is outmoded. It has encouraged manufacturers to argue for ever more granular classes and reduced competition, increasing Part D costs. Modifying the requirement by requiring plans to ensure access to therapies based on conditions or disease states instead would reduce costs without reducing access to needed drugs.
- **Build on existing efforts to apply Part D management tools to Part B drugs.** PBM tools such as value-based formularies, manufacturer negotiation, and prior authorization have proven indispensable for improving patient safety and lowering costs in outpatient prescription drug plans like Part D. Adding Part D management tools to the Medicare fee-for-service program and building on efforts in Medicare Advantage for Part B drugs would make drugs more affordable on Medicare's medical side.
- **Encourage use of mail-order pharmacy in Part D.** Mail-order pharmacy: vastly reduces errors in dispensing; increases convenience for beneficiaries on maintenance medications; improves adherence; and offers a lower cost-sharing option to beneficiaries in most cases. With much of the public using home-

¹²Milliman, "Prescription Drug Rebates and Part D Drug Costs: Analysis of Historical Medicare Part D Drug Prices and Manufacturer Rebates," July 16, 2018, <https://www.ahip.org/wp-content/uploads/2018/07/AHIP-Part-D-Rebates-20180716.pdf>.

delivery for a wide range of goods and with many Medicare beneficiaries home-bound, CMS should take further steps to encourage home delivery of maintenance medications.

- **Repeal any willing pharmacy provisions.** Requirements that all pharmacies be included in Part D networks drives up costs and are unnecessary, given the network adequacy requirements. Congress should repeal the provision. One study showed that greater use of limited network pharmacies in Part D could generate \$35 billion in savings over 10 years.¹³
- **Give Part D plans meaningful access to Part A and B claims data.** To coordinate care and make the best coverage decisions for beneficiaries, plans need to be able to use medical data as well as Rx data. Existing prohibitions on using A and B data to inform coverage design and decisions are misguided and keep plans from using claims data to improve care coordination and coverage. Researchers suggest combined data sets of Parts A, B, and D claims can be a “rich resource” for comparative effectiveness data.

The following list of additional solutions would further increase competition in the marketplace. While these proposals are outside the Finance Committee’s jurisdiction, they should help to bring balance back to the drug marketplace and enhance competition.

- **Eliminate use of Risk Evaluation and Mitigation Strategies (REMS) to delay competition.** Some manufacturers have used REMS to prevent generic or biosimilar developers from getting sufficient quantities of a drug or biologic to develop a competitor to the innovator product. REMS were never intended for this purpose; this practice should be prohibited. S. 340, “Creating and Restoring Equal Access to Equivalent Samples Act of 2019” or the “CREATES Act of 2019” would address these abuses.
- **Stop anticompetitive product adjustments, i.e., “evergreening.”** Drug manufacturers sometimes use tactics such as “product hopping” or “evergreening,” submitting applications to the FDA for approval of a “new” product that is essentially the same as the original product. These product lifecycle management tactics artificially extend drug exclusivity periods and delay the take-up of lower-cost generics.
- **End orphan drug exclusivity abuses.** Orphan drug exclusivities are meant to encourage research on rare diseases, but manufacturers have gamed the policy to apply it to blockbuster drugs with script volume in the tens of millions. Orphan exclusivity periods should only apply to those drugs originally approved by FDA under an orphan indication and only for the orphan indication itself.
- **Eliminate “pay-for-delay” agreements.** Patent settlements, or “pay-for-delay” agreements, allow drug patent holders to pay off potential competitors who would otherwise produce a competing generic or biosimilar drug. These anticompetitive agreements should be eliminated. S. 64, The Preserve Access to Affordable Generics and Biosimilars Act, would greatly ameliorate these concerns.
- **Allow for FDA accelerated approval of brand drugs based on increasing competition.** Accelerated review is granted to new drug applications that address “unmet need.” The economic need for competition to lower prices, or what some call “financial toxicity,” should be a criterion of unmet need.
- **Revisit and improve biosimilar labeling and naming.** Substitutable biosimilars should bear identical names and labels to their innovator analogs. Use of different names will confuse patients and providers and inhibit prescribing of biosimilars.
- **Reduce innovator biologic exclusivity to 7 years.** Seven years of data exclusivity would still provide a sufficient return to manufacturers, while also speeding more affordable biosimilars to market.

These policies and some of the specific bills that contain them can help lower costs in Part D and the wider prescription drug market.

¹³Visante, “How Pharmacy Networks Could Save Medicare, Medicaid, and Commercial Payers \$115 Billion,” January 2013, <https://www.pcmnet.org/wp-content/uploads/2016/10/visante-pcma-pharmacy-networks-study-1-13.pdf>.

Part D Should Work for All Enrollees, but the Administration's Proposed Rule Ending Drug Rebates Is Counterproductive

In addition to the suggested policy changes above, specific interventions to help Part D beneficiaries who have high out-of-pocket spending are needed. Fourteen years into the program, it remains a great success with high enrollee satisfaction, however, policymakers should consider how best to balance the needs of all Part D enrollees.

With respect to the Administration's recently proposed rule to end the drug rebate safe harbor, there is grave concern that this proposed rule would increase premiums for Medicare beneficiaries and costs for taxpayers.

While the Administration's goals are well intentioned, the proposed rule does nothing to reduce the prices drug manufacturers set. To the contrary, it would cause substantial increases in seniors' Part D premiums, as well as the cost to taxpayers.

The Administration's proposal also includes an unprecedented six different cost impact estimates by three different actuarial groups, including the independent HHS Office of the Actuary (OACT). The range of impact for cost to the federal government across the six estimates is an immense \$300 billion. The great uncertainty surrounding the proposal should give the Committee pause. Americans deserve clarity on how such a proposal will affect those who rely on Medicare and Medicaid, and commercial coverage. Given OACT's skill and institutional independence from the agency, it is likely they have the most accurate estimates.

Under the Administration's proposal, according to OACT, Part D premiums could rise by as much as 25 percent for 2020 to reach \$47.66, marking the largest average premium increase in the program's history. Such a large increase could cause many seniors and disabled Americans to drop the prescription drug coverage they need to protect their health and financial security, or never sign up in the first place. Healthier beneficiaries (*i.e.*, those who need fewer drugs) would drop coverage first, causing premiums to increase further and potentially destabilizing the Part D program, as increasingly those eligible for enrollment would find Part D coverage unaffordable.

Additionally, OACT estimates that the proposal would cost the federal government an extra \$196 billion over the next 10 years. If finalized, this could make the proposed rule among the costliest in U.S. history.¹⁴

PCMA urges the Committee to encourage the Administration to withdraw, or at the very least significantly delay the implementation of, the proposed rule until its impact on beneficiaries and on Part D can be better understood and managed.

Conclusion

In the search for solutions to address high drug costs, the Committee and Congress would be best served in pursuing policies that foster and encourage competition to keep prescription drug costs and pharmacy benefits more affordable for employers, enrollees, taxpayers, and government programs. Unfortunately, the rule recently proposed by the Administration will not accomplish this goal, since it does nothing to encourage manufacturers to bring down the drug prices they alone set.

PCMA member companies welcome continuing discussion among all stakeholders to create a robust, sustainable market that will continue to deliver needed cures and treatments for patients who suffer through disease and chronic illness.

LETTER SUBMITTED BY DEBRA L. RAFFLE

February 27, 2019

U.S. Senate
Committee on Finance
Dirksen Senate Office Bldg.
Washington, DC 20510-6200

¹⁴American Action Forum, "Mandating Talking Cars: Costliest and Most Beneficial?", December 16, 2016. This article describes what were at the time, the two costliest proposed regulations in U.S. history. The OACT cost estimate for the Administration's proposal is in excess of these two, <https://www.americanactionforum.org/regulation-review/mandating-talking-cars-costliest-beneficial/>.

RE: The Escalating and Unsustainable Rising Cost of Insulin for Insulin-Dependent Diabetics

Chairman Grassley and the Committee:

I hope I am not too late and will be read at least. I only received this notification a few days ago from the American Diabetes Association, but I see you continue to have hearings, so I am revising and resending my letter.

I have type 1 diabetes. **I am an insulin-dependent diabetic, which means there's not one hour of every single day of my life that I MUST have insulin, or I will die.** It's that simple. I was diagnosed around 9–11, sadly that it makes it easy to remember. I was an adult diagnosed with a mostly childhood disease and had a lot to learn! The cost of insulin that I need to stay alive 24 hours a day has escalated from \$70 per 1000 ml vial to nearly \$300 a bottle. The same bottle of Novolog sells for \$47.99 in Canada. I just had to pay \$2300 out of pocket for 3 months of insulin (and that was with a supposed discount)! The insurance I have through my employer has an extremely high deductible and high copays and some items are not covered at all. If my insulin pump supplies are not covered, I simply cannot afford them. If I can't afford to manage my diabetes the way my doctor and I have been doing successfully through pump therapy all these years, I will likely get sick, get a complication or two and then die. And no one seems to care! Certainly not the insurance companies or the pharmacies. People need to care. It will cost far more with the complications that will arise if I don't get my insulin and if I can't afford to pay it, other tax payers will ultimately bear those costs when all of this can be avoided. Again, I feel that most insurance companies and certainly the pharmacies prefer their profits over actual health care and effective management and if we can't afford the astronomical prices they are putting on once affordable drugs and supplies, then they would prefer we die and let someone else pay. This is insane to me! I should be able to afford my insulin and pump supplies, as in the past, but due to escalating prices of medications, insulin and insurance costs (so they can all make their profits) it is becoming unsustainable. I can't afford it and am very healthy and have a good paying job.

I would like to join in the battle to fight insurance companies who seem to think we can do without these drugs—insulin is not even a drug, it's something my body quit making almost 20 years ago and that most of you all take for granted, but without it, I will, in fact, die within a few days/possibly lingering a few weeks in a coma. I didn't ask for this, however, if I am able to get what I need, what my doctor prescribes for me and have that covered by my insurance, I remain healthy. I am a working, productive, tax paying citizen and if you allow me to get insulin and medical supplies at a sustainable price, I can continue to be a productive tax paying citizen. If you don't I become unable to work, pay taxes and get sicker and die. Diabetes is a completely manageable disease and it's disheartening that the insurance companies, the pharmacies and the United States Government seem to have such low regard for those of us who were unfortunate to contract a disease where we have NO OPTION but to buy insulin at escalating prices. They keep raising the price of insulin higher and higher and higher, because they have a captive audience they are holding hostage. I really wish someone would take a stand on this and I would be willing to help, testify, or whatever it takes to help this situation.

In addition, I also take a medication called Symlin that allows me to utilize my insulin more efficiently. It decreases my insulin intake about 30%. This helps me maintain a healthy weight. More insulin means more weight and more weight means taking more insulin. It's a vicious circle. I am a type 1 so I have never been over weight and I struggle to maintain my weight for the reasons I have listed above. If I can maintain my weight, not only will I be healthier, but I can take slightly less insulin to help combat the astronomical cost of something that I MUST HAVE EVERY SINGLE DAY OF MY LIFE. By reducing my intake by 10 units a day, I may get another day or two out each vial and that's a lot! It certainly will NOT help my overall health to put on extra pounds! Anyhow, my new insurance will not cover Symlin at all and they tell me it will cost \$5800 for a 3 month's supply that I used to pay \$70 co-pay when I had Premera. I have been on this drug about 10 years. This is ridiculous and clearly, I cannot afford this, so I get to go off it cold turkey, increase my insulin intake and pay more than I ever have for the same insulin!

I don't think they understand how this all works nor do insurance companies and administrators care, but if you give us the tools (medications and supplies) to manage our diseases with, we will not have as many costly complications. **So, it is cost-effective to give us what we need now to avoid higher costs of complica-**

tions later! To date, since I was diagnosed as a type 1 in 2001 and having been on an insulin pump for 17–18 years, I have never had any complications due to my diabetes and would like to keep it that way.

I am so disgusted with insurance companies and I want to know what we can do to get things changed. Can I go up to Canada and purchase my insulin? Can I testify and be a witness? I am willing to do whatever I can to help! What can I do to lower my medication and durable medical equipment costs? The insurance company cannot even tell me what things cost until I purchase them, which is ridiculous since I don't want to pay for things I clearly cannot afford. I'm lost and feeling desperate. I look to your committee to make this manageable disease financially manageable. It is manageable if we can afford what we need to survive and there's NO reason for the price to quadruple in the last 10 years, NONE except for greed and profits.

I spent over \$6.5K last year on out pocket medical costs, mostly insulin and pump supplies. I had no surgeries, I had no illnesses, I had no procedures. This is becoming very difficult to afford.

I don't think I should have to struggle to afford groceries and lose my home or just make simple choices because I can't afford my insulin and supplies. **Please do something about the escalating cost of health care, specifically common insulin, Novolog in my case, and do what you have promised for many years!** This is unsustainable as it currently is!

Thank you for listening.

Debra L. Raffle

LETTER SUBMITTED BY LAURA T. RICCI

March 4, 2019

U.S. Senate
Committee on Finance
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RE: February 26, 2019, "Drug Pricing in America: A Prescription for Change, Part II"

To the Senate Committee on Finance,

Thank you for beginning to tackle the outrageous prices of prescription drugs in America. I've watched many of the meetings and also the Congressional Oversight meeting with Congressman Cummings. I watched this meeting again and took notes. What I find interesting is several of the "Magnificent Seven" are foreigners. These are CEOs that have come to America to use Americans and the American healthcare system as pawns for their profits. I do think that it is a multi-layered problem and the American healthcare system is to blame for a lot of it. The first thing that the senate and congress need to do is regulate this industry so these people have to abide by stricter laws. All of the levels need to abide by stricter laws.

I come to you as a mother of a type 1 diabetic, 20 years old, who will soon be on his own. What will happen to him if he has to enter a high deductible healthcare plan one day? Will he be the next Alec Smith or Antavia Worsham? I would like to see this system fixed before he has to cross that road. I am lucky enough to live in the Commonwealth of Massachusetts, where he is eligible for Masshealth benefits so I am not taxed in my wallet for his insulin. But one day, under the current system, he may be. What if he ever wants to move out of Massachusetts? What kind of healthcare plan will he be forced into? The current system is designed for failure for a T1 diabetic. The only way T1s can get their insulin for free or cheap is to make less than \$16,000 or just work a part-time job so you will qualify financially. What kind of contribution to society is that? Will he ever be able to use the college degree he will earn? He might end up living at home for the rest of his life to be able to afford insulin because he will never be able to afford \$324.00 for a bottle of insulin or the ridiculous copays assessed and high deductibles. High deductible healthcare plans need to be abolished. High deductible healthcare plans are only for the really healthy, they're not for anyone who needs to use the system, the only system in place. T1s are forced to use the system because insulin is not available over the counter like a loaf of bread is. My son can't buy and eat the bread if he doesn't have the insulin to go with it.

Why does America not allow insulin to be purchased over the counter without a prescription? Why does America not trust Americans to use insulin correctly? I want insulin to be able to be purchased over the counter, maybe with a prescription, but no insurance attached to it. When you look at the supply chain of food, there's a manufacturer, a warehouse and distributor, the supermarket and then the consumer. When you look at the supply chain of medicine, there's the manufacturer, the warehouse and distributor, the pharmacy (supermarket), the consumer and then the PBMS and insurance companies. If the PBMS and insurance companies were eliminated from this chain, then the prices would come down because there would be no clawbacks and rebates involved. Is there a rebate for bread? No.

My son was diagnosed with T1 diabetes in 2007. I was looking at some of my old receipts. I looked at one from 2010. The price that Blue Cross paid was \$390.13 for 6 bottles of humalog. I had a \$60 copay. That was \$75.00 a bottle, but I only paid \$10.00 a bottle with the copay. The lantus insulin was \$152.48 that the insurance paid, and I paid \$60.00. I got 3 bottles. So that was \$212.48 divided by 3 is \$70.82. I paid \$20.00 for each bottle with the \$60.00 copay. Today, I see the receipt from Walgreen's, and the cash price is \$974.89 for 3 bottles of humalog. That's \$324.96 each. That is what the Commonwealth of Massachusetts must pay because he is covered under Masshealth. Does Massachusetts pay that much? I have a feeling they do because Medicaid is not allowed to negotiate prices with drug companies. The budget for Massachusetts is 40% healthcare. Former Gov. Mitt Romney put this mandatory healthcare in place. This should have been used as the template for the ACA. Did the ACA cause these high deductible healthcare plans? Some people think it did. That's a question I have for you. Did the ACA cause high deductible plans? High deductible plans are bankrupting Americans. They're causing people to have to pay upwards to \$25,000.00 sometimes for drug coverage before insurance will pay anything. It's unaffordable. People are selling their houses, taking out second and third mortgages, moving back home with mom and dad, and even living on the streets.

You've heard the stories about people rationing insulin and dying. I don't want that to happen to my son. T1 diabetes will never go away. There is no cure. The pharmaceutical companies know there is no cure and know we are at their mercy. The American lawmakers allow them to carry on. You need to regulate this industry and put the brakes on their practices. Utilities, food, tobacco, guns, are all regulated. It's time for pharmaceutical companies to be held accountable so they will stop using Americans as pawns for profit. As said in the hearing, they make money on their drugs in Germany. If they didn't, they would say goodbye to Germany.

When people can go to Mexico and buy the insulin for \$30.00 a bottle, Canada for \$35–45.00 a bottle, then that tells you that the price to produce it is low. I read an article that showed a study that said it only costs \$3–6.00 to produce a bottle of insulin. It's just like the EpiPen. Heather Bresch, the CEO of Mylan, she told the Senate that it costs Mylan \$1.00 to make it, they sell it for \$60.00 and it retails for \$300.00! That's nuts. A lot of EpiPens never even get used. They're there for an emergency. Insulin is used anywhere from 4–10 times a day because you need to take it every time you eat. You don't need an EpiPen every time you eat. The equivalent to an EpiPen for a diabetic is a device called a glucagon injection. It is also very expensive and is often never used. It's an injection that will revive you from a low blood sugar if you pass out and may have a seizure. According to GoodRX website, the glucagon retails for \$292.81 which is 19% off the retail price of \$364.50. This is another device that often goes unused, but people pay for it because they want it in case of emergency. There are no coupons available to get it for free. I would like to know how much it really costs to manufacture a glucagon kit.

The other thing that people are doing to get insulin is they're taking out gofundme accounts. They try to raise money to pay for the copays. They don't always succeed in raising the money and still end up dead, which is the case with a man named Shane Patrick Boyle. People then have to take out gofundme accounts to bury their loved ones because once you are diagnosed with T1 diabetes, you have a lot of difficulty in getting life insurance. You're a threat to insurance companies. They only want to bring money in, they don't want to pay it out. But they pay it out to CEOs in the form of huge salaries.

All of the CEOs at every level of the supply chain make a lot of money. David Ricks, CEO of Eli Lilly, he makes \$40,000.00 a day in salary. \$5,000.00 an hour. Some people don't make \$40K in two years. The CEOs of CVS, Walgreen's, Rite Aid, Kroger and all the insurance companies, like United Healthcare and Blue Cross, they also

make millions. Why? Why is that allowed? They've all created monopolies. I've watched their stocks and they've all skyrocketed and I see a new CVS store in many towns around where I live. They've closed the old stores and built these fancy new buildings that are full of expensive products. I only get my son's insulin at Walgreen's because I am forced to get it locally, Medicaid will not allow you to use a 90 day pharmacy service. And insulin isn't the only thing that diabetics need to use for daily management of diabetes. They need test strips, meters, pump supplies, Dexcom supplies, glucose tablets, ketone test strips, alcohol wipes, and sometimes they have to eat special food if they also end up with Celiac Disease.

There are at least 80 autoimmune diseases. There is no cure for any of them. Do you think the pharmaceutical companies think there is a cure on the horizon, a vaccine? Is that why they're raping American's to get their profits before people don't need insulin anymore?

Nicole Smith-Holt, the mother from Minnesota that lost her son Alec to rationing insulin said this in a Minnesota Roundtable: "Before insulin was invented, diabetes was a death sentence. Now diabetes is a death sentence again because insulin is no longer affordable." Let that sit with you.

I have a *change.org* petition going around asking Congress to subpoena the CEOs of the insulin companies. One of the signers of the petition posted that this is the new AMERICAN GENOCIDE. Let that sit with you.

I like what Senator Wyden said about these CEOs using patients and taxpayers as "unlocked ATMS." It's the truth. I also like what he said when he said "drug prices are astronomically high because that's where pharmaceutical companies and investors want them, and diabetics who can't afford the costs self-ration and endanger their lives but the investors are happy." It's the truth.

The CEOs were asked "What keeps you up at night?" None of them answered that they were concerned about anyone dying because they can't afford their medicines. They all answered that they were more concerned about their drugs being put on formularies. That brings me to another problem. The formularies. The PBMS play games all the time with the switching in and out of the type of insulin that the insurance company will pay for. This means that people often end up getting a physician's override to be able to continue using the insulin of their choice. The formulary dictates to the diabetic what they can and cannot use. They limit your choices or make you fight for the kind of insulin you want to use. Do you have the choice to buy Pepperidge Farm bread or store brand bread? Yes. So why doesn't the diabetic or person in need of medication, have the ability to choose the one that works right for them and not have to argue and fight for it? If the industry was regulated, we may have the ability to choose what is right for us, the patient and consumer.

Another problem I see and have stated this before, is that Congress has to pass legislation stopping these pharmaceutical companies from advertising on TV. They did it with tobacco. The last advertisement for tobacco was for a Virginia Slims ad on December 31, 1970 on the Johnny Carson show. Congress did that. So they need to do it again for pharmaceutical. American and New Zealand are the only countries that allow them to spend their profits on advertising. If they want to advertise, they should only be able to advertise for medicines that don't require a prescription. And I'm also tired of seeing advertisements on TV for erectile dysfunction.

Doctors: Doctors need to inform patients of alternatives to getting insulin and not having to use insurance. People are already buying insulin from Canadian Pharmacies and going to Mexico if they can. The State of Utah will actually pay their state employees \$500.00 to cross the Mexican border and get their medicines there instead of having to put the burden on the state's budget to pay for expensive medicines in the U.S. Isn't that crazy? Why should that happen? If medicines were affordable, the drug companies wouldn't have to give so much away for free. The burden would be shared equally and the money would stay in America. And I don't buy the insulin companies' stories about the fact that the insulin supply chain is not protected in Mexico like it is in the U.S. If the insulin in Mexico were tainted, people would be dying from it and it would be in the news that people are dying from it there, and dying in foreign countries from it. So that is just a scare tactic to get you to continue to pay high prices to support the high CEO salaries.

Soriot—He said he was annoyed that he was the lowest paid CEO. Give me a break. That is all part of the GREED before NEED and PROFITS before PATIENTS.

The FDA—Mr. Gottlieb, the commissioner, he is a part of the problem behind insulin as well. Insulin was classified as a DRUG. He went and changed the classifica-

tion to a BIOLOGIC. That's just a term for a liquid medicine. So then that created the new biosimilar insulins. After thinking about this, I figured out that the biosimilars didn't make insulin a generic, all it did was allow these insulin companies to take out new patents, patents that will have maybe a 20 year life span under the Hatch-Waxman Act. So what does that do? It creates even more of a monopoly. Why, after almost 100 years, is there no generic insulin available? No one has an answer to that. The patent for humalog is long since expired. All these insulin companies have to do is tweak an amino acid in the insulin and they get a new patent. That's ridiculous to me.

Today, March 4, 2019, there was a news article issued about Eli Lilly: <https://investor.lilly.com/news-releases/news-release-details/lilly-introduce-lower-priced-insulin>. In this article, Eli Lilly said they were going to make a "generic" humalog and the list price of it would be \$137.35 for a vial and \$265.20 for a box of 5 pens. That is ridiculous to me. First, how do we know that Eli Lilly won't just use the humalog as it is now and just put it in a new bottle with a different color and change the name on it? Are they only doing this to appease the senate and Ms. DeGette's investigation into these high prices? Plus, they already have their BLINK HEALTH system, which is like a GoodRX, that allows you to get a vial of insulin at \$178.90 and if you don't have insurance, you can get insulin from GoodRX for \$177.87. These prices are lower than the \$324.00, but they still aren't the \$30.00 or \$45.00 that Mexicans and Canadians reap the benefits from. Canada would never allow insulin to be price gouged because it was invented there by Sir Frederick Banting who has probably rolled over in his grave a million times by now. I told my congressman, James McGovern, that insulin wasn't supposed to be a FOR-PROFIT business. He turned around to me, looked me in the eyes, and said: "Well, it is!"

The other thing about the financial aid that Eli Lilly offers, is you have to be really poor to be able to qualify for it. So only the poor, nonworking people in America can get it for free. They wouldn't have to give it out for free if it was affordable and accessible over the counter at the pharmacy. They also give a lot of insulin way to camps. Another thing that doctors don't tell people about is the 340B program. That's like a big secret, just like the other secrets that revolve around this industry. Many state attorney general's already have their own investigations going on to find out what is going on behind closed doors.

What I heard from some of these CEOs, especially Caforio, was that they "need America's help and support" to fix this problem. I heard that from several of them. So they are asking YOU, the congress and the senate, those that write the laws, to help them figure it out because they know the system is unsustainable as it is and they will only continue to do what they are doing because there are no laws saying they can't do it. That's where my new hashtag comes into play—#thepowerofthepen. Lawmakers are voted in with the power of the pen and lawmakers can pick up the pen and write laws to protect Americans from the greed of this industry.

I write to my congressman, James McGovern, and my senator, Elizabeth Warren, and share with them what I am sharing with you. I share that they need to take action and write better laws and regulate this industry. They also have to stop taking money from the pharmaceutical companies and lobbyists and don't fall for their antics. These people are crooked and have the thief mentality.

Mr. Frazier stated that he couldn't walk away from the U.K. even though they give lower prices because he believes it is immoral. But it's okay. that he price gouges Americans and that's not immoral?

I read in a recent article about Mr. Brandicourt, that he fought to keep any generic insulins out of the market and actually took out more patents to prevent it. So why is that allowed? That's crookedness. That is another case of Greed before Need. Companies like his, Sanofi, they give out coupons for their lantus insulin. They wouldn't have to give out coupons for people to get it for cheap or free if they just lowered the prices and made them affordable.

NovoNordisk also gives out coupons and the same applies to them. Why can they let you have insulin for \$25.00 with the coupon, but you can't go to the pharmacy and get the insulin for \$25.00 without the coupon? So you know the price to make insulin is cheap if they are able to give out coupons for you to get it for free or cheap.

Senator Isakson, he had quite the story. He has Parkinson's disease and takes 8 medicines. His story about all the ways he could get his medicines for cheaper were right on target. The options: Don't use insurance, use coupons, get rebates or just

pay CASH. People could just pay cash if they didn't have to pay and arm and a leg for medicines that are supposed to keep you alive, not kill you because you can't afford them. And his story about his staff member's 2nd child being diagnosed with T1 diabetes was heartbreaking. T1 diabetes is an epidemic. There is never anything shared on TV about the signs and symptoms of T1 diabetes. Kids die from it after being misdiagnosed with strep throat or the flu. T1 diabetes mimics the flu. My son had strep throat when he was diagnosed. And it's not caused by vaccines. T1 diabetes has been around for over 4500 years and no vaccines were invented then. People just died from it before insulin was invented in 1921.

My personal story is this: I have epilepsy. I take 3 medications for it. One of them was invented in 1914. It's older than insulin. When my husband had a great job with great insurance, I paid \$3.96 for a 90 day supply. When my husband lost his job, I was eligible to get on Medicare because I am on disability. When I went to get my medicine at the pharmacy, I was hit with a \$114.41 bill. YIKES! This stuff is cheaper than aspirin and here I am paying \$114.41. The Medicare system, the Part D, they put the medicine on the most expensive tier. So what am I supposed to do? I have to pay it or my head goes nuts. Another medicine I take, the patent doesn't expire until 2022, so there is no generic for it. I just had to pay \$1,200.00 for this medicine at the beginning of the year. Ouch! My disability benefits are \$1,600.00 a month. Do the math. I wish I had never started to take it. The next time I get the prescription filled, it will be \$800.00 for it. I will never meet the deductible set on my Part D plan because it is set so high that I never reach it. So I pay over \$300/year for my Part D plan, over 1,200.00/year for my Part B, and even though the deductibles are lower than a high deductible plan like a Blue Cross plan, it still hurts the wallet every time I need to refill these prescriptions.

I'd like to share with you some stories of people that have children with T1 diabetes.

1. This lady had a child die from T1 diabetes after the girl was kicked off of BCMH at the age of 21. The girl rationed her insulin and was found dead at home. The lady also has a second daughter that has T1 diabetes. She started a foundation and is on the warpath to make sure people don't die from insulin rationing and get kicked off of health plans. She just shared a story about her daughter being denied the Dexcom continuous glucose monitor. People like her are always fighting with insurance and distributors, especially Edgepark Medical Supply, to get their supplies. This is a problem created by insurance companies that "don't want to pay." They will do everything in their power to deny you and now people are turning to Costco to get this Dexcom device and get out of the insurance loop to get it, and get it cheaper than it costs to use their insurance. Yet, these people are still paying their premiums and they can't use the insurance.

2. This lady and her son, they live in Tennessee. Tennessee, as I found out, is one of the states that did not adopt the Medicaid expansion. The son is 24 years old. He is a T1 diabetic as well. He was working at a Hardee's burger place. He lost his job after getting sick with diabeticketoacidosis (OKA). He was in the hospital and couldn't work so they fired him. He had no access to insulin and started taking the "WALMART" insulin. This isn't the right kind of insulin for a T1 diabetic to take. He ended up with a big sore on his arm from injecting the insulin in the same spot all the time. He ended up with a bad MRSA infection. He went to the hospital and was not taken care of very well and he checked himself out. He wanted something to drink and was denied water. The mother didn't know how to navigate the politics to get help in the state. She tried to get a social worker to get her son on Medicaid. She was told NO, that he didn't qualify because he wasn't pregnant, wasn't a single parent, and was over the age of 21.

So the message from the state of Tennessee is "JUST GO DIE" if you can't work and get private insurance and you're over the age of 21. "We don't want to take care of you anymore even though you have a life threatening disease." So I contacted the governor there and got his office to contact TennCare, the Medicaid office, and was able to at least get him set up to get insulin, but he still has no doctor to report to because he was denied care at a medical center there because he missed three appointments and they won't take him because of a long wait list. The option of moving out of the state is out of the question I was told. So here is a man that will end up living with his mother the rest of his life because he can't hold a job due to his diabetes.

3. A family from Texas. The father has a decent job but they live paycheck to paycheck. They also have a T1 diabetic child. The father was offered a TWENTY CENT raise. That means he would make \$416.00 more per year. Guess what? The twenty cent raise put his family over the income qualifications to be able to continue to get

CHIP benefits so they can afford the insulin for the diabetic. The family would be forced to take the insurance from the place of work. The insurance would cost them \$400.00 per month out of their paycheck. That means they would lose \$2.50 an hour if they took the twenty cent raise. Does that make sense to you? The father ended up signing a waiver and not accept the raise so he won't lose the CHIP benefits so he can keep his child alive and not have to go get another job or try to come up with the money for insulin one way or another? If insulin was affordable and accessible over the counter, the \$416.00 a year raise might pay for it. But that's not the case. So much for a raise. I told the mother to tell the company to give him a gift card for \$400.00 that she can use on groceries.

4. A United States citizen moved to the U.K. so she could get her insulin to stay alive. What in the world? Are you kidding me? Cases like this are what take money out of the U.S. economy.

5. A mother was on vacation, she only took one bottle of insulin with her. The insulin got dropped on the floor. She came running to Facebook to see if anyone could supply her with insulin because she couldn't get a hold of her doctor to see if she could get her prescription filled where she was. She couldn't just walk into any pharmacy and say she wanted to buy the insulin her child used. She could do that if she needed a bottle of water, but she can't do that with insulin. She was frantic, thinking, how am I going to keep my child alive? The pharmacist was not allowed to give her insulin without a prescription. There was no emergency system in place. The pharmacist had no authorization to give an emergency supply of insulin to this desperate mother. In the end, she was finally able to get her doctor to call her back and call in a prescription to the pharmacy to get a bottle of insulin. That should never happen in America.

So I see people pay for premiums out of their paychecks, they pay for copays at the doctor's office, they pay outrageous amounts of money in high deductibles, and what do they end up with? They end up in debt, end up with their own health problems because they are going crazy wondering where in the world they are going to get this money from and not have to lose everything they have.

Senator Stabenow was in a hearing that I watched and she actually said she took people over the border to Canada herself to get cheaper medicines. What does that tell you? That tells you that she's a great person that will do whatever she has to do to make sure people don't die at the hands of the current system. Our system is broken, it's old, it out of date, and I am not 100% sure if this is all because of the Affordable (Unaffordable) Care Act. I find that the people that make these laws are not the people that actually have children with life-threatening diseases and they have no idea what the cost of managing the diseases consists of. If America is going to allow the pharmaceutical industry to dictate to them how the system should be run, then that is the wrong way of doing business.

I do think that the Senate Finance Committee and congress have to subpoena these other pharmaceutical CEOs and get them to answer and be transparent about how much it costs them to make their products. I have a *change.org* petition going around getting signatures to ask congress to subpoena them. You can't just invite them. An invitation can be ignored and turned down, but not a subpoena. Heather Bresch had to come to Washington to be transparent, so don't let the rest of them off the hook.

Another thing about Eli Lilly: I read in the news that they were going to buy an \$8Billion oncology company. If they have \$8B to buy an oncology company, then why are they killing people with the high costs of insulin, literally killing people because they just can't afford their outrageous prices? They should not be able to buy a company like that until insulin is affordable and accessible to everyone, not just in America, but even in Africa. Why isn't insulin available in Africa? People die from having no access to insulin there as well. Diabetes is a global disease. You can't eradicate it. There is a genetic component to it. People are living longer now with the invention of insulin so they are passing the genes along to their offspring who ultimately pass it on to the next generation.

March 5, 2019: This morning, as I continue to write and finish this, I see a news article about Senator Durbin's response to Eli Lilly's announcement yesterday. He acknowledges in there that insulin is as low as \$38.00 in Canada, but charging Americans four times the amount of what Canadians pay it not an outpouring of gratitude. Canadians pay less because their government negotiates the prices with these insulin companies (<http://www.kfvs12.com/2019/03/05/lawmaker-weighs-announcement-by-drug-maker-sell-lower-cost-insulin/>). When will the United States

do the same thing? Why do you have to have a National Health Care system to do it? Just regulate the industry, like gas and electric, and start setting limits on the prices they can charge. And the article says that Senator Durbin is urging the FDA to approve lower cost drugs. There is no generic insulin. Why, after almost 100 years, is there no generic insulin? Generic insulin is not the solution to this dilemma. Just lower the cost. They've made their money over the years, the patent for humalog is long since expired.

Like I said, Eli Lilly can just take humalog, stick it in a different bottle, relabel it, and tell you it's a generic. The FDA can't regulate prices. Let them be in charge of making sure drugs are safe, but don't leave them in charge of this. Mr. Gottlieb went and changed the category from a drug to a biologic—that didn't lower the price, it only created new patents. If there was a regulated industry, the price would still be controlled on new patents.

Recap:

- The drug industry needs to be regulated. These companies need to be saved from themselves. They don't know how to do it on their own.
- Insulin needs to be available over the counter without a prescription. (Kevin's Law has been passed in many states to authorize pharmacies to give an emergency, up to 30 day, supply of insulin and the pharmacy and insurance can catch up with paperwork afterwards.)
- The United States needs to trust citizens to use insulin correctly. It's available over the counter in Mexico.
- The United States needs to find out exactly how much it costs to make insulin. The U.S. found out how much it costs to make an epipen.
- PBMs need to be abolished.
- High deductible healthcare plans need to be abolished.
- If insulin is not accessible over the counter without a prescription, then it should be exempt from any and all deductibles on healthcare plans, as should any prescription medications.
- No diabetic in America should be denied healthcare (#medicare4all).
- People shouldn't have to take out gofundme accounts to raise money for their medicines.
- People shouldn't have to take out home equity loans and second mortgages to pay for their medicines.
- People shouldn't have to turn to the black market and Facebook to find insulin.
- People shouldn't have to go out of the country to get affordable insulin (#insulin4all).
- People shouldn't have to share insulin with family members.
- People shouldn't have to revert to using the "WALMART" insulin which is going to kill them if not used correctly.
- People shouldn't have to rely on coupons and scrounge around for ways to get discounts on insulin and other drugs.
- People shouldn't have to feel they are a burden to their family and ration insulin.
- Companies that price gouge should be held accountable, fined and sued so they will stop being so greedy.
- CEOs shouldn't be making so much money while people are dying.
- Insurance companies shouldn't be able to dictate which medicines and insulin they want us to use. We should be able to choose the one that works for us. That's how the PBMs work. They tell us which insulin they will pay for. If insulin was available over the counter, the PBMs wouldn't be able to dictate which kind of insulin I want to use, just like they can't decide what kind of bread I want to eat or if I want to buy Mobil or Shell gasoline for my car.
- The Hatch-Waxman Act is being abused.

- The V.A. can negotiate prices for drugs and medical care, but only Medicare Parts A and B can negotiate prices. Medicare part D needs to be able to negotiate prices in an unregulated industry. You have the power, use it.
- Insulin doesn't need new R&D. Using that as a reason for high prices is a bad excuse for high prices.
- Television ads for prescription drugs has to stop, just as tobacco ads stopped.
- Politicians have to stop taking money from big pharmaceuticals. The pharmaceutical companies are like the mafia.
- If financial aid is going to remain available, the income requirements need to be adjusted to keep up with inflation and keep up with the times. People that make a decent, living wage, should be able to get some relief if these high deductible plans continue to exist. If you just got rid of high deductibles and the prices got lowered, we wouldn't be talking about this.
- Be proactive, not reactive. Right now we are in a reactive position.
- A sick person will always use the system since most want to live. Those that don't want to live will commit suicide.
- More teaching needs to take place in our country on what Type 1 Diabetes really is. It is often mixed up with Type 2 diabetes. They are not the same disease.
- The PBMs need to be hired by the U.S. government to do the negotiating for lower prices, not be employees of the insurance companies. That creates a racket and secrets.
- Listen to more REAL stories of the burdens placed on Americans. Let the Americans tell you what they need and want, not allow the pharmaceutical companies to run their own agenda. Without sick people, they wouldn't even be in business.
- Put the brakes on big pharma.
- List prices work against the patient. Either set lower list prices or pass on the discounts to the patient.
- Patients don't care about pharmaceutical's position on the formularies, they care about being well.
- Stop the "Happy Talk"; get down to business and pick up the pen (#thepowerofthepen).
- Lawmakers work for the citizens of the United States and get paid by our tax dollars. It's time for lawmakers to listen to citizens and not big pharma.
- **Soriot's wise words: VBP—It used to be a system that was fit for purpose. Now it's no longer fit for purpose. No one in the system can fix it for themselves. The government has to step up and change the rules.**
- #painpassionpurpose: Three words uttered to Nette Worsham by Congressman Cummings on January 29, 2019.
- CEOs from the two other insulin manufacturers, Eli Lilly and NovoNordisk need to be subpoenaed. They have been invited too many times and never accept the invite.
- Don't send letters asking for CEOs to tell you how much it costs them to make their drugs, make them come to Washington to tell you so the public can hear their lame excuses as well.

Thank you, and I look forward to the next showdown with the PBMs and insurance companies. They are part of the problem, not part of the solution. The United States government is the entity that is part of the solution.

Sincerely,

Laura T. Ricci

STATEMENT OF RHONDA ROWLAND
R2 Communications, LLC
Atlanta, GA

March 5, 2019

U.S. Senate
Committee on Finance
Dirksen Senate Office Bldg.
Washington, DC 20510-6200

To whom it may concern:

This is in reference to the “Drug Pricing in America: A Prescription for Change, Part II” hearing held on February 26, 2019.

As a person living with a rare disease and an advocate, I’m submitting the attached articles that provide background on the discovery/development of two old, cheap drugs that pharma has raised prices on, and the impact on patients.

Best regards,

Rhonda Rowland
R2 Communications, LLC
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High drug costs: the tale of 4 women

In 2016, Berna Heyman testified before a U.S. Senate committee about her personal experience with sudden and dramatic increases in drug prices. She was forced to switch drugs to treat her chronic genetic disease, which was not the ideal option for her.

“The only reason I changed was the cost,” Berna testified. Her health had been stable while taking the drug Syprine, which removes excess copper in people with Wilson disease (WD) to prevent potentially fatal poisoning. “My doctor and I made the change only under duress.”

Valeant Pharmaceuticals (now Bausch Health) acquired the rights to Syprine in 2010 and began increasing the price. It’s an old drug that was developed in the 1960s by British physician Dr. John Walshe, who made it in his laboratory and distributed it for free for many years. “It was cheap to make,” he told me. The generic name for it is trientine.

As a librarian at the College of William and Mary in Virginia for 34 years, Berna had good health insurance and drug coverage. Her WD went undiagnosed for 60 years, making her one of the oldest patients to be diagnosed. The first sign of her disease was cirrhosis of the liver that was picked up incidentally by a radiologist.

Upon retirement, she was insured through Medicare and supplementary insurance.

“By 2014 my projected co-pay exceeded \$10,000 per year with my insurance paying over \$260,000,” Berna testified. “That is untenable. Something has to be done.”

At the hearing, Valeant executives expressed regret and admitted to being too aggressive with their pricing strategies. When questioned by Senators, they said they’d lower their prices.

For 3 years, Berna has waited. But Bausch Health has yet to lower prices.

“I left the hearing feeling hopeful, and anticipated changes by Valeant,” Berna told me. “It’s very disappointing. It’s the same old, same old.”

Therapist kept patients out of the system, but drug company put her in it

Rose was completing her college degree in mechanical engineering when she noticed that she drooled while reading. Then she began forgetting math formulas, so she’d write them on her arm. As a straight-A student, she was bewildered that she had to re-read book chapters because she forgot what she’d read. She was on the crew team, but her fatigue got so bad that she couldn’t keep up.

“I left college and went home,” said Rose, who asked that her name be changed for privacy. After seeing more than a dozen doctors in New York and not getting a diagnosis, she went to an ophthalmologist who told her that some diseases can be diagnosed through the eye. He was right; an exam revealed Rose had rust-colored rings

in her eyes, known as Kayser-Fleischer rings which are commonly seen in WD patients.

Once diagnosed, Rose began taking the de-coppering drug, penicillamine. Her condition improved and she returned to college. But her WD left her with some memory loss and she couldn't remember her calculus formulas. She switched majors and got a degree in occupational therapy.

Rose moved to Arizona and worked full-time as an occupational therapist for 20 years.

"Then one day I went to the pharmacy to pick up my WD drugs and was told my co-pay was \$12,000! I was a single mom raising two kids and I couldn't afford it," said Rose. "I felt totally screwed."

She had been prescribed Cuprimine, the brand name version of penicillamine—also made by Bausch Health. Penicillamine was discovered in 1955, also by Dr. John Walshe. "It's easy to make if you're a good chemist," Dr. Walshe told me.

Rose tried zinc supplements, an inexpensive, alternate treatment for WD, but they made her violently ill. Without her daily dose of Cuprimine, her fatigue returned and depression set in. She could only work part-time, so she lost her health insurance. Her WD symptoms worsened, so she could no longer work and applied for disability benefits.

"As an occupational therapist I was contributing to the system, and keeping others out of the system," said Rose. "Then the drug company put me into the system."

Importing drugs from Canada and overseas

After going without medication for months, Rose's uncle found a way for her to get affordable penicillamine through a Canadian pharmaceutical broker. At first, her supply came from England. "The medicine looked and smelled like what I had taken for years, although the brands were different," said Rose. "But then a shipment came from India that didn't smell right."

She looked for another option and found Duane, a prescription drug broker in the Midwest who could get her drugs shipped directly from Australia. She needed a doctor's prescription and paid about \$200 for a 3-month supply.

"We operate in a loophole," Duane said. "Individuals are allowed to bring in a three-month supply of prescription drugs from other countries."

What Duane told me is partly true: It's illegal for individuals to import prescription drugs in most circumstances, because the FDA can't ensure the drugs' safety. And anyone who facilitates the importation is also liable. But in reality, the FDA looks the other way.

So, it's tempting to take the risk. Duane imports an AIDS medication for a client who had a \$25,000 co-pay. "I can get it for him for \$1,200 a month."

With exorbitant drug prices and patients' growing inability to pay them, there's momentum to make such drug imports legal. Five bills are before Congress that would allow prescription drug imports, primarily from Canada.

Staying at poverty level to get prescription drugs

Ashley Williams was about to start classes at Kansas State when she was diagnosed with WD and had to quit school to go to work instead. She was grateful to have a diagnosis for the hospitalizations and unnecessary surgeries she experienced the previous 2 years.

"I needed health insurance, so I took a full-time job with a technology company," said Ashley. "I worked my way up from 'coffee girl' to project manager and was working 70–80 hours a week." Even though she was taking Syprine, her health deteriorated. She thinks it was due to working too hard, to prove she wasn't sick.

For medical reasons she got laid off and applied for disability benefits. Now with Medicare and supplemental insurance to cover her health care, she can't afford her Syprine co-pays.

"This year, I was told that the funds for Wilson disease were already gone!" said Ashley. "The \$1,200 co-pay for my 30 days of trientine took my entire Social Security check."

"A health insurance broker advised me to look into the PAN Foundation," said Ashley. "I qualified and get \$10,000 a year to cover the cost of my co-pay." The Patient

Access Network Foundation relies on donations to help people who are underinsured with medication costs.

Patients have to reapply every January for the PAN Foundation's drug benefit. "But this year, I was told that the funds for Wilson disease were already gone!" said Ashley. "The \$1,200 co-pay for my 30 days of trientine took my entire Social Security check."

Teva Pharmaceuticals introduced the first generic trientine in 2018 to compete with Bausch's Syprine.

Generic competition hasn't lowered the drug cost . . . yet

Dawn, who was diagnosed with WD at age 37 after her liver failed, was shocked when she picked up her prescription for trientine in January. The list price was \$38,365.09. Her insurance co-pay was only \$15.

Still, she's not taking her good fortune for granted, and is stockpiling her drugs.

"I'm scared to take them all," said Dawn, who asked that her real name not be used. "I went without my drugs for 3 years because we couldn't pay for them when the costs spiked."

Ultimately, the drug saved her life. But they went bankrupt in the process.

Her husband had taken a new job just before she was diagnosed with WD. And then, just as their new insurance was coming through, "the suckers fired him," Dawn says. "They knew I needed a liver transplant and was really sick."

She had no choice but to take Syprine, and ultimately, the drug saved her life. But they went bankrupt in the process.

Bausch currently offers patient assistance programs to insured and uninsured WD patients in the US who need Syprine or Cuprimine. "Our first priority is that every patient has access to the medicines they need," a Bausch Health spokesperson said in a statement.

Dawn tried to get help from the drug company previously, but couldn't. The inexpensive alternative, zinc therapy, made her sick.

Her husband eventually found a job that provided health insurance—700 miles from their home, in another state. "He works 70 hours a week hauling chemicals in extreme weather on treacherous roads. It aged him so much."

Dawn's liver healed enough so she could be taken off the transplant list. Still, she's furious with the drug company for making the drug's cost out of reach for 3 years. And, she's fearful it could happen again.

How does the tale end for the 4 women?

Berna Heyman is encouraged that the problem of high drugs costs is still a major discussion. "That's the bright side," she said.

However, since she was forced to switch her WD medication, tests show copper has reaccumulated in her liver. Her doctor advised a low-copper diet for several months, but that didn't help. "I may have to start taking trientine again."

Rose credits Duane for saving her life with the drug imports. But fear of her supply line drying up led her to enroll in a clinical trial testing a new drug for Wilson disease so she can get her life-saving medication at no cost for the next five years. "I hope the new drug works," she said.

Fear over the uncertainty of being able to pay for her drugs also led Ashley Williams to enroll in the new WD drug trial. By chance, she was put in the "standard of care" arm of the trial. That means she continued on trientine for a year and paid the drug's cost. "Starting in April, I will be taking the new study drug," she said. That means she pays the \$1,200 co-pay for her trientine for another month.

"It's scary to think that I have to stay in a drug trial to get my medication paid for," Ashley said.

Even though Syprine saved Dawn's life, she's fearful that the drug's cost could make it out of reach for her again. Her solution: Rationing her drugs.

Perhaps this will be the year that the Wilson disease drugs Dr. John Walshe discovered and developed more than 50 years ago will be affordable again. But, the human toll and cost to society that the drugs' price spikes caused, remains.

98-year-old drug inventor chastises pharma for “behaving badly”

I’ve spent my career reporting medical news. It’s an important topic to me because I live with my own health challenge: A rare, genetic condition called Wilson disease that allows copper—an essential dietary mineral—to build up in the liver and brain, leading to copper poisoning that can be fatal. It caused my liver to fail when I was a college student. But I was lucky—I was diagnosed, there was a treatment, and it worked.

Before 1955, my disease was fatal. Then, through a series of chance events and serendipities, an English physician, Dr. John Walshe, discovered a drug that turned Wilson disease (WD) into one that could be treated and managed. The drug is known by its generic name, penicillamine, and the brand names, Cuprimine and Depen.

While doing research for a book I’m writing on WD, I discovered that Dr. Walshe is still very much alive and well at age 98. So I traveled to Cambridge, England to thank him for saving my life and talk to him about his drug discovery.

He invited me to his home, which is a William and Mary style house built in the late 1600s, in the riverside village of Hemingford Grey, near Cambridge. Talking in Dr. Walshe’s quintessential English garden, it didn’t take him long to attack the pharmaceutical industry that now sells the drug that he discovered and tested.

“The way they’re charging for it now is absolutely immoral. There is no other word for it,” Dr. Walshe told me. “It is totally immoral. It is business at its worst!”

For more than 20 years I took Cuprimine and never paid more than \$60 a month for it. Today, it costs \$31,426 a month making it the 13th most expensive prescription drug in 2018.

Discovering the first treatment for Wilson disease

Listening to the story of Dr. Walshe’s drug discovery, it’s easy to understand why he’s incredulous about its cost.

The story began in 1954, when Dr. Walshe traveled to the United States for a Fulbright Fellowship in Boston. “I was working with Charlie Davidson who was a liver doctor, and we were asked to see a Wilson disease patient who had gone into liver failure,” said Dr. Walshe.

They couldn’t do anything to help the patient then, but crossing the “bridge” from what was then Boston City Hospital where the patient was being cared for, back to Thorndike Laboratory where he worked, Dr. Walshe had what he calls as inspiration: “I said to Charlie Davidson, ‘You know what this chap really needs is penicillamine.’ And Charlie Davidson said ‘What’s that?’ I told him I discovered this new amino acid that had never been seen in human urine before,” said Dr. Walshe.

Previously, while working in London during the early 1950s, Dr. Walshe had studied laboratory samples from people who were given the antibiotic penicillin. He observed that penicillamine—a derivative of penicillin—binds with copper. It’s a process called chelation. His theory was that penicillamine could search out the excess copper in people with Wilson disease, bind with it, and then remove it from the body through urination.

Proving his idea

To test his theory, Dr. Walshe obtained some penicillamine from a chemist at MIT. Then, he did what would be unheard of today—he tried it on himself first. “It didn’t do me any harm and the next day I was alive and well,” he said. “I decided if it was safe for me, it was safe for the patient.”

Dr. Walshe gave penicillamine to the WD patient—who was in liver failure at Boston City Hospital—and as he predicted, it got copper out. When his fellowship in Boston ended, he returned to London with a small supply of penicillamine to continue his experiments there.

“My father was England’s leading neurologist at the time, and I asked him to find some Wilson disease patients for me to try it out on,” said Dr. Walshe. His father came through with a handful of patients, and in 1956 Dr. Walshe reported in the *American Journal of Medicine* that his drug discovery worked.

After that, Dr. Walshe searched for chemical companies willing to make penicillamine so the new treatment could be made available to WD patients as soon as possible. This was years before the start of the current FDA drug approval process that requires costly and extensive testing before a drug can be considered for marketing.

Developing an alternative

As word spread that there was a treatment for Wilson disease, doctors started prescribing penicillamine for their patients. However, as more patients took it, they found that some developed severe side effects. So, Dr. Walshe looked for a second option.

“We had run into trouble with penicillamine, and I wanted an alternative treatment,” said Dr. Walshe.

By this time he was working at the University of Cambridge, and one morning he ran into a biochemist named Dr. Hal Dixon. Dr. Walshe explained his predicament, and Dr. Dixon pulled a chemical called triethylene tetramine off his laboratory shelf.

“He said it was non-toxic and known to bind with copper,” said Dr. Walshe. “He told me to try it, and that’s how we got the drug trientine. It was Hal Dixon’s idea, and my work proving that it worked and it was safe.”

Walshe made the drug himself

For years, Dr. Walshe and his assistant made trientine in their laboratory until they could no longer keep up with demand. Dr. Dixon had explained how to purify the chemical so it would be safe to use in people. So, as he had done with penicillamine, Dr. Walshe searched for a chemical company to make and distribute trientine. In 1985, trientine became the fifth drug approved through the Orphan Drug Act.

“The trouble now is the people who make trientine behave so badly about pricing,” said Dr. Walshe. “No doubt about it, they have behaved appallingly badly about pricing.”

Univar Europe charges the UK’s National Health Service the equivalent of \$96,000 to treat a patient for a year. Because of the high cost, the NHS debated whether or not it could continue paying for the drug in 2019. The North American company Valeant Pharmaceuticals—now Bausch Health—charges even more for its brand-name version, Syprine.

Investigating high drug costs

In 2016, Senator Susan Collins (R–Maine) launched a bipartisan investigation into the extreme spikes that were being seen in drugs that were off-patent. “For example, the price of a Valeant drug that is used to treat Wilson disease,” said Collins, “increased from \$652 per month to more than \$21,000 per month. That’s more than a 3,000 percent increase in price with no justification.”

“It’s monstrous, it’s iniquitous what they’re charging for it,” said Dr. Walshe. For several years he made trientine in his laboratory. “I sent it out for free on my basic laboratory expense allowance without upsetting it. It was cheap!”

In the United States, Bausch Health now markets Syprine (the brand-name version of trientine) as well as Cuprimine. The company acquired both drugs in 2010 and, soon after, boosted the prices astronomically. Despite extensive adverse publicity, a Congressional hearing, and the addition of generic equivalents the company has yet to lower the drugs’ unjustified cost.

Walshe never profited from his drug discoveries

It’s been almost 65 years since Dr. John Walshe had his “inspiration” while walking across the bridge at Harvard. I asked him where the idea came from. He simply pointed to the sky and posed the rhetorical question: “Where do ideas come from?”

Dr. Walshe’s discovery of penicillamine and the development of trientine turned Wilson disease from a death sentence into a treatable disease. Today, the challenge for patients is not finding treatment, but being able to pay for it. Dr. Walshe says he never made any money from the two drugs, instead devoting his medical career to helping people with WD.

His idea saved my life. Now with the prices being charged for his discoveries, will others be so lucky?