Apidra® Improved A1C In People With Type 2 Diabetes When Added to Basal Insulin And Oral Antidiabetic Treatments (BOT)

- First Study to Demonstrate Benefits of Adding a Single Dose Of Rapid-Acting Insulin During Main Meal -

Paris, France – 24 June 2007 - Results from a new study presented at the American Diabetes Association’s (ADA) 67th Annual Scientific Sessions show that adding Apidra® (insulin glulisine [rDNA origin] injection) to a Basal insulin and Oral antidiabetic drug Therapy (BOT+ or Basal plus) may provide an effective treatment option for people with type 2 diabetes unable to control their blood sugar (A1C > 6.5%), despite good titration (fasting blood glucose [FBG] < 120 mg/dl), with BOT alone. The findings are from the first prospective study (OPAL study group) assessing the benefits of adding a single dose of rapid-acting Apidra® to BOT for the treatment of people with type 2 diabetes who were inadequately controlled.

When a single dose of Apidra® was added to a basal regimen with Lantus® (insulin glargine [rDNA origin] injection) serving as the basal insulin, A1C was significantly reduced at endpoint (6.99±0.83 vs. 7.32 ± 0.70 percent at baseline, p<0.0001). Overall, 84.2 percent of participants reached the post-prandial target (2h post-prandial blood glucose [ppBG] ≤ 135 mg/dl). Taking Apidra® at the main meal showed a similar response rate in lowering A1C comparing with Apidra® at breakfast.

The most common adverse event in the study was the rate of on-treatment hypoglycemia, which was similar between the two treatment groups.

"The data suggest that adding one injection of Apidra® at a patient’s main meal of the day in addition to a BOT regimen allows patients to achieve a significantly improved glycemic control," stated Mark Lankisch, MD, German Diabetes Center, Leibniz Center at Heinrich-Heine-University, Düsseldorf, Germany.

About the OPAL Study
OPAL is a 26-week, randomised, prospective, multi-center study involving 316 patients (per-protocol set) with type 2 diabetes, who had A1C levels between 6.5 percent and 9 percent on previous basal insulin and oral antidiabetic drug therapy.
Participants with FBG level ≤120 mg/dL were stratified by main meal, as determined by the highest postprandial blood glucose level, and randomised to one of the following:

- BOT with Apidra® (recommended dose=5 U/day) given at breakfast (n=162)
- BOT with Apidra® taken at the main meal (n=154)

The OPAL study aimed to show equivalence in baseline to endpoint A1C change between both arms. This was assessed by examining the overall A1C reductions at endpoint. With overall A1C reduced at endpoint (6.99±0.83 vs 7.32±0.70% at baseline and a predefined equivalence margin=0.4%, both regimens was equivalent. The change from baseline was statistically significant (p<0.0001).

Overall, 84.2 percent of participants reached post-prandial target (2h ppBG ≤135 mg/dL). The rate of on-treatment hypoglycemia (BG < 60 mg/dL) observed in the study was 3.21 per patient year (n=393 safety set) and similar in both groups.

About Diabetes
Diabetes is a chronic, widespread condition in which the body does not produce or properly use insulin – the hormone needed to convert glucose (sugar) into energy. More than 230 million people worldwide are living with the disease. This number is expected to rise to a staggering 350 million within 20 years. It is estimated more than 20 million Americans have diabetes, including an estimated 6.2 million who remain undiagnosed. At the same time, approximately half of those diagnosed are not achieving the general blood sugar control standard of A1C <7 percent recommended by the American Diabetes Association (ADA). The A1C test measures average blood glucose levels over a two- to three-month period.

About Apidra®
Apidra® is the rapid-acting insulin analogue that offers patients enhanced mealtime dosing flexibility—it can be taken within 15 minutes before or within 20 minutes after starting a meal. Apidra® is used in combination with a long-acting basal insulin.

Apidra® is also flexible for use in patients with a wide range of BMI. Nearly 9 out of 10 people with newly diagnosed type 2 diabetes are overweight, and for patients that require insulin therapy, this presents an additional challenge (speed at which insulin is absorbed by the body is affected by overweight). However, in clinical studies, Apidra® was found to have a faster onset of action than other mealtime insulin when it was given to patients with lean to obese body types.

Sanofi-aventis announced in 2007 that the European Commission has approved Apidra®SoloStar®, a new disposable insulin pen that comes prefilled with 80 units of Apidra®. Apidra®SoloStar® will be available in Europe later this year.

About Lantus®
Lantus®, the number-one prescribed insulin, is the only 24-hour insulin approved exclusively for use once a day. The activity of Lantus® results in a relatively constant concentration/time profile over 24 hours with no pronounced peak. This profile is what allows Lantus® to be dosed once a day as a patient's basal insulin. Long-acting Lantus® provides a continuous level of insulin, mimicking the slow, steady (basal) secretion of insulin provided by the normal pancreas. Although insulin is sometimes associated with weight gain, a recent study found that Lantus®,
when added to oral diabetes medication, provided sustained glycemic control with a neutral
effect on weight.10

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Administration (FDA) have approved Lantus®SoloStar®, a new disposable insulin pen that
comes prefilled with 80 units of Lantus®. Lantus®SoloStar® is available in Europe starting April
2007 and will be available in the United States later this year.

About sanofi-aventis
Sanofi-aventis is one of the world’s leading pharmaceutical companies, ranking number one in
Europe. Backed by a world-class R&D organisation, sanofi-aventis is developing leading
positions in seven major therapeutic areas: cardiovascular, thrombosis, oncology, metabolic
diseases, central nervous system, internal medicine and vaccines. Sanofi-aventis is listed in
Paris (EURONEXT: SAN) and in New York (NYSE: SNY).

Forward Looking Statements
This press release contains forward-looking statements as defined in the Private Securities Litigation
Reform Act of 1995, as amended. Forward-looking statements are statements that are not historical facts.
These statements include financial projections and estimates and their underlying assumptions,
statements regarding plans, objectives, intentions and expectations with respect to future events,
operations, products and services, and statements regarding future performance. Forward-looking
statements are generally identified by the words “expects,” “anticipates,” “believes,” “intends,” “estimates,”
“plans” and similar expressions. Although sanofi-aventis’ management believes that the expectations
reflected in such forward-looking statements are reasonable, investors are cautioned that forward-looking
information and statements are subject to various risks and uncertainties, many of which are difficult to
predict and generally beyond the control of sanofi-aventis, that could cause actual results and
developments to differ materially from those expressed in, or implied or projected by, the forward-looking
information and statements. These risks and uncertainties include those discussed or identified in the
public filings with the SEC and the AMF made by sanofi-aventis, including those listed under “Risk
Factors” and “Cautionary Statement Regarding Forward-Looking Statements” in sanofi-aventis’ annual
report on Form 20-F for the year ended December 31, 2006. Other than as required by applicable law,
sanofi-aventis does not undertake any obligation to update or revise any forward-looking information or
statements.

1 World Health Organization. Unite for Diabetes Campaign key messages. Available at:
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2 Centers for Disease Control. National Diabetes Fact Sheet 2005. Available at:
3 Resnick HE. Achievement of American Diabetes Association Clinical Practice Recommendations
4 ADA Website. Weight Loss Matters. Available at http://www.diabetes.org/weightloss-and-
5 Vora JP, Burch A, Peters JR, Owens DR. Absorption of radiolabelled soluble insulin in type 1 (insulin-
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6 Sindelka G, Heinemann L, Berger M, Frenck W, Chantelau E. Effect of insulin concentration,
subcutaneous fat thickness and skin temperature on subcutaneous insulin absorption in healthy
7 Olefsky JM, Kruszynska YT. Type 2 diabetes mellitus: etiology, pathogenesis, and natural history.


9 Data on file, Aventis Pharmaceuticals, Inc.