

SANOFI
Rare Blood Disorders
Medical Affairs
Request for Proposals

Date: May 15, 2026	
Therapeutic Area: Rare Blood Disorders	
Area of Interest: Hemophilia	
Geographic Scope: US	
Internal Requestor Information:	
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Due Date: June 19th, by 12:00 PM ET	
Submission Portal: iEnvision	
RFP Title: Hem RWE 2026	

BACKGROUND

Stable clot formation is the result of the complex interplay between platelets, red blood cells, and coagulation factors. This process is negatively regulated by the natural anticoagulation system. (1) Secondary hemostasis, which involves the coagulation cascade, is critical for survival. Individuals who have reduced levels of procoagulants are at increased risk of death due to hemorrhage, and the most common deficiencies in secondary hemostasis are in factors VIII (FVIII) and (FIX), resulting in hemophilia A and B, respectively. (2)

Spontaneous bleeding and hemarthrosis may occur frequently in patients with severe hemophilia, whereas symptoms may occur only with trauma in patients with mild and moderate disease. People with severe hemophilia often show symptoms as early as the neonatal period. (3)

Since people with hemophilia have a deficiency in procoagulant factors, tipping the scale toward bleeding, inhibition of the anticoagulant factors, protein C, protein S, tissue factor pathway inhibitor, and antithrombin, has been exploited to rebalance coagulation. (4)

Nevertheless, low levels of natural anticoagulants, even in the presence of hemorrhagic diseases such as hemophilia, are associated with an increased risk of thrombosis. (5) A plausible explanation for these events may be our limited understanding of the physiology of natural anticoagulants and their interaction with other physiological pathways. (6) Nonfactor therapies have already started to have a significant role in the treatment of hemophilia and will likely have even more impact as other nonfactor therapies with a variety of mechanisms of action become widely available. (5)

Additionally, there needs to be a more targeted approach to meet the needs of people with Hemophilia who are increasingly physically active or might self limit physical activity based on historical recommendations, as it will benefit them further in addition to recent treatment advances. (9) Despite improved outcomes with current treatment strategies, there remains a need to address disease burden for people with hemophilia. Greater understanding is required

of the driving factors behind similar treatment and disease burden between the subgroups to facilitate individualized care. (16)

Current treatment options – such as factor replacement, rebalancing agents, bypassing agents, gene therapy, and factor mimetics - have both challenges and positive impact on health burden of hemophilia care, as well as treatment goals of patients. (14) While these products have the potential to change hemophilia care dramatically, questions and educational needs remain regarding broader applicability, long-term safety, and which option to pursue for each patient. (16)

People with hemophilia may fail to recognize important symptoms, experience abnormal bleeding symptoms and a lack of awareness about this topic coupled with additional knowledge gaps and barriers leads to suboptimal care for this population. (17) The importance of Real World Evidence (RWE) for guiding diagnosis and care strategies in populations often overlooked clinically. (18) Specifically, case based learning improves clinical knowledge application and learner outcomes in multiple health professions, highlighting how connecting real cases with theory enhances learning and retention — a foundational method often used for disease state education like inherited bleeding disorders. (19)

REQUEST FOR Hemophilia Independent Medical Education (IME) PROPOSALS

Sanofi is seeking to close independently identified gaps and provide evidence-based recommendations and education for health care providers involved in the diagnosis and treatment of people with hemophilia. Proposals can target one or multiple audiences and should focus on key evidence-based data to support recognized healthcare gaps and independently identified and referenced educational needs.

Specifically, Sanofi will consider programs including, but not limited to, the following:

- IME live and/or enduring programs
- Accredited or Non-accredited IME activities
- Digital/omnichannel, state-of-the-art formats
- Regional and/or Local distribution channels
- Maximum request not to exceed \$100,000
- Single and/or multi-supported activities

Preference will be given to proposals that recommend innovative and appropriately designed interventions that are likely to enhance a learner’s knowledge of the unmet needs and employ proven strategies to overcome knowledge and performance gaps and barriers.

PROPOSALS

Proposal should include the following information

- Target Audience and Audience Generation: describe methods for reaching the target audience including description of recruitment and placement strategies to maximize participation.
- Learning Objectives and Content Accuracy: Provide clearly defined and measurable learning objectives framed as expected practice improvements in relation to the identified gaps and barriers.
- Include an overview of program content and explanation of criteria that will guide content selection, considering level of evidence and other variables. Sanofi is committed to the highest standards in ensuring patient safety; the applicant should describe methods to ensure complete, accurate, evidence-based review of key safety data for any therapeutic entities discussed in the

activity. Explain how content will be updated, if necessary, throughout the program period, and how accuracy will be ensured.

- **Educational Methods:** Sanofi supports the ACCME guidance for educational methods to be clearly designed to address the knowledge, competence and/or performance gaps that may underlie an identified healthcare gap. Your proposal should demonstrate an understanding of instructional design as it relates to the gaps in the knowledge, competence, or performance of the targeted audience. Educational methods and design should be based on current literature in CME best practice and consistent with ACCME accreditation criteria, as applicable. Preference will be given to applications that utilize methods that have been shown to result in practice improvements, and/or with data on the effectiveness of other programs of the same type.
- **Faculty Recruitment and Development:** Provide Information on the expected qualifications of contributors and description of methods to ensure recruitment of course directors and faculty who meet the qualifications. Explain any methods that will be used to ensure that faculty are fully trained in the program expectations and any skills that may be needed to ensure effective delivery of intended education.
- **Program Evaluation and Outcomes:** Provide a description of the approach to evaluate the reach and quality of program delivery; methods for monitoring individual activities and for ensuring ongoing quality improvements. Preference will be given to programs with Objectives and Outcomes Plans with objective measures of changes in knowledge, and/or additional measures of improvements in competence, performance, patient health, population health, and/or system improvements, as aligned with the design of the intervention.
- **Budget:** Include a detailed budget with rationale and breakdown of costs, per unit, and description of each budget line item. In addition, please include any registrations fees paid by the learner, and how the fees will be applied.
- **Accreditation:** If proposal involves an accredited program, the accreditation must be provided by an appropriate accrediting body and fully compliant with the accrediting body's criteria and applicable government guidelines and regulations.
- **Fair Balance:** The proposal should briefly describe methods for ensuring fair and balanced content, identification and resolution of conflict of interest, in alignment with applicable ACCME criteria.
- **Communication and Publication Plan:** Provide a description of how the provider will keep Sanofi informed of progress. If applicable, include description of how the results of this educational intervention will be presented, published or disseminated.

REFERENCES

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