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DISTRICT:		BROOKLYN	
PRODUCT:		COX II	
		EFFICACY - SAFETY - ACCESS	
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4	POA1 2004 Goals		
5	COX II		
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10	Messaging		
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17	CELEBREX JACOBI/CHS/ES&E		
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20	Strategic Mixes		
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29	Visual Aid Mixes		
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34			
35	Key Clinicals		

EXHIBIT
128
CR 08-10049

BEX000313275

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	A	B
36	Ray	Success vs.aid
37	White	ACR Viox Acute MI data
38	Motion 1 & 2	
39		
40	 Resources	
41	Capula Video	
42	CME Grand Rounds	
43	Cor. 2 Clinical Compendium	
44	Cor. 2 Hospital Compass	
45	Dr. Puma	
46	Dr. Abraham	
47	Power Phrases	
48	 The reason why Baxtra works so well where other fail is because Baxtra rapidly penetrates the CNS. This means that Baxtra works to control pain at the source of the pain and inflammation and prevents central sensitization to pain (much like an opioid). Baxtra is the strongest non-narcotic on the market.	
49	Doctor, your patients have a better chance of surviving a GI bleed than they do on Acute MI.	
50	In fact, in EVERY study that we've ever done, Celebrex at it's LOWEST dose of 200mg a day has ALWAYS shown to work at least as well as the MAX dose of every other traditional NSAID.	
51	Your just put in a \$10,000 hip and you want a "me too" drug for their pain?	
52	Use Baxtra when your patients need a VOL. 1 OR EFFICACY.	
53	Objections	
54	Medicaid - Traditional NSAIDs	
55	I'm using Celebrex. I'll live. I don't need Baxtra.	
56	I use a little of everything. They need the business too.	
57	VIP hospital	

1	A
2	DISTRICT:
3	PRODUCT:
4	POAI 2004 Goals
5	BEXTRA
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8	Messaging
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16	Strategic Muzis
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20	Visual Aid Muzis
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26	Key Clinicals
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31	Resources
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B
BROOKLYN
BEXTRA SURGICAL FOCUS

1) Sell Bextra as the replacement to Vioxx and NSAAs

2) Get Bextra added to pre-op briefing sheets in our Largest Orthopedic offices

3) IPRs - Pre-op briefing sheets in anesthesia/OR as well

4) Get Bextra added to pre-op briefing sheets in other surgical subspecialties - podiatry, general surgery, plastic surgery, ENT, etc.

Core Message: - Tell the story - solve the two problems related to increased pre-op pain

Surgical Detail -

Openers:

1) 2 minutes and I will prove to you how I can improve your post op pain control while decreasing your narcotic use!

2) Pre-op pain relates to post op pain control & morphine use. (i.e. The amount of Post-op pain is related to the degree of Pre-op pain that a patient has. The higher the Pre-op pain, the higher the Post-op pain, the more morphine is used.)

3) Study demonstrated patients who had moderate to severe pain pre-op used 50% more morphine.

4) Facts:

In order to improve pre/post op pain you are going to need to control and solve 2 problems.

1. Patients are taken off traditional NSAIDs 2 weeks prior to surgery in order to avoid bleeding complications.

2. By taking them off their medication their pain & inflammation return or a FLARE occurs. (Hence pre-op pain due to their arthritis.

Solution:

- Patients who are on traditional NSAIDs should be switched to Bextra 2 weeks prior to surgery.
- There is no worry of bleeding (Please Bextra/Pretelid Study) even at 8 x normal dose.
- This is the best agent for arthritic pain and inflammation!
- Problem Solved.

3. Any time you have tissue injury (such as surgical incision) Cox 2 is expressed in the CNS (Use Makrowski)

- Bextra is the only agent proven to cross the blood brain barrier and thus inhibit Cox 2 in the CNS!
- This is why you see narcotic-like efficacy with Bextra in arthritic patients with pain & inflammation.
- Due to the fact that Bextra is taking care of pain at its source (CNS), your patients will be here less pain, will use less narcotics and will ambulate quicker!

12) Patient Benefit: Your patients will experience less pain and will ambulate faster/more less pain.

13) Physician Benefit: You no longer have to rely on narcotics as the cornerstone of pain management. Bextra is so powerful that the patient will need less narcotics and can actually reduce them to a PRN basis.

14) Trial Close/Close: What are your thoughts on this? What does your current office patient pre-op form look like? How can we incorporate Bextra into this? Is there anyone coming in today for their pre-op briefing? When is your next OR day? Can you start all of these patients on Bextra pre-operatively?

15) Get Bextra added to pre-op briefing sheets in our surgical subspecialty offices (ortho, podiatry, general surgery, ENT, plastic surgery, etc.)

16) IPRs - Pre-op briefing sheets in anesthesia/OR as well (see Makrowski and Ringback examples)

17) Get Bextra added to hospital formularies for peri-operative use

18) Slipped pg 148 and 147

19) Flare data

20) Salt with Celebrex/Lease but handout Bextra Lease (WLF)

21) Makrowski CNS data

22) Coaling

23) Slipped

24) Makrowski

25) Desflurine (not approved for detailing) - great explanation of the importance of CNS penetration of Cox-2 inhibition and Pre-emptive analgesia

26)

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31) Local pre-op instruction sheets in ortho offices and hospital anesthesia departments

32) Orthopedic Surgery video series

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40	Power Phrases
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44	Objections
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Exempt from FOIA -
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BEX000313279

TF867

A		B	
DISTRICIT:		BROOKLYN	
PRODUCT:		ZOLOFT	
1	POAI 2004 Goals	1) Go right after Paxil Generic and switch to Zoloft reach 20% market share.	
2	ZOLOFT	2) Move Zoloft to #1 in Medicinal Access	
3		3) Maintain consistent messaging across all division in the territory	
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8	Messaging		
9		Opener: Doctor for your patients who presents with mixture of anxiety and depressive symptoms you can count on Zoloft.	
10		Promiser: You are guaranteed that Zoloft is proven to work faster, better and longer for the anxious depressed patient with the most indications.	
11		<p>Facts:</p> <ul style="list-style-type: none"> - Zoloft works faster. Regardless of mood disorder, Zoloft works in as little as 1-2 weeks. This is much shorter than the 4 weeks that it takes Paxil to kick in. Your anxiety patients get back to their normal lives faster on Zoloft. - Paxil works faster, because in its first of its kind study from APA (American Psychiatric Association) in 2003 Zoloft shows similar efficacy for first 12 weeks vs. Paxil. But after 3 weeks of taper, statistically more Zoloft patients remained panic attack free. The Zoloft patients also had statistically fewer withdrawal symptoms during the taper. The withdrawal symptoms are similar to the symptoms of anxiety and depression. - Zoloft shows better efficacy in terms of drug-to-drug interactions. According to the Journal of Psychiatric Practice, May 2003, p 228, on Table 1, Zoloft showed the least effect on P450 liver enzymes. Just look at the 2008 inhibition that Paxil shows at 358%!! With Zoloft, you can be confident that you are using the safest SSRI. - Zoloft works longer. Long-term treatment of at least 1 year is now recommended by the American Psychiatric Association's Expert Consensus Panel. Zoloft has the longest term data that supports the sustained efficacy. Zoloft should be longer maintained to treat the anxious depressed patient because of its longer term data. 	
12		Patient Benefit: The benefit to your patient is that they will get rapid, long lasting and tolerated relief so they can return to their normal lives.	
13		Physician Benefit: The real value to you is that your patients will be treated right the first time resulting in fewer calls. Zoloft has the most formulary access with Zoloft being on or preferred on 90% of all plans.	
14		Trial Close: What are your thoughts on using Zoloft first line in your anxious depressed patients instead of Paxil?	
15		Close: Remember, Zoloft works faster, better, and longer for your patients that present with both anxiety and depression. Can I count on you to write Zoloft first line for your patients with anxiety and depression?	
16			
17	Strategic Musis	Consistent Cluster A Team Message w/ compare & win.	
18		Access - Every Zoloft Call, mention starter pack and Zoloft's preferred MCO status and Medicaid status.	
19		Enroll in Ownership w/ PCPA. Run Paxil Highlighters list for Primary Care Physicians. Incorporate Top 10 Paxil users into call cycle and lead the call with Zoloft. Goal is to drive Zoloft to 20% market share.	
20		Target High Medicaid writers and Top 10 decile doctors.	
21		Accountability: team notes, leave behind, lunch & learn programs, CCP coordination	
22		ASK FOR SWITCHES FROM PAXIL TO ZOLOFT	
23			
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25	Visual Aid Musis	Visual Aid Page 8. "Zoloft: Proven efficacy across a broad range of indications"	
26		Visual Aid page 7. "In the first Double-Blind, Head to Head Trial in Panic Disorders"	
27		Visual Aid from Journal article "Journal of Psychiatric Practice, May 2003, p 229, Table 1"	
28		Visual Aid Detail Page 9. "Long term treatment is needed to meet guidelines for depression and anxiety disorders"	
29		Visual Aid Page 14 "Convenient Once-a-day dosing"	
30		"Sell sheet against Paxil" Compare Zoloft and Paxil"	
31		"Sell sheet against Lexapro" Compare Zoloft and Paxil"	
32			
33	Key Clinicals	Bandlow (Paxil vs. Zoloft 15 week study)	
34		Prescon (drug to drug interactions)	
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38	Resources	Medicaid - full access SSRI	
39		MAO status - most favorable SSRI	

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	A	B
40	 Hospital formulary - most favorable SSRI	
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43	Power Phrases	
44	Zoloft has a decade of evidence based data.	
45	Zoloft is still the best starting point because it is a classic.	
46	Zoloft is a low maintenance drug with proven results	
47		
48	Objections	
49	<ul style="list-style-type: none"> Doctor, what is this the most important reason why you reach for Paxil? I use Paxil because it has many indications. page 8 detail, Zoloft has as many indications as Paxil and even more on Paxil CR (3). I use Paxil because it easy to taper off. 	
50		
51		

BEX000313282

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TF870

A		B	
DISTRICT:		BROOKLYN	
PRODUCT:		ZYVOX	
1	POA 1 2004 Goal	1)	Establish Zyvox as the leading choice for the treatment of infections caused by known or suspected MRSA.
2	ZYVOX	2)	Broaden and expand usage for NP/NAP/DFI at the expense of Vanco for MRSA.
3		3)	Overcome Restrictions and Account Challenges.
4		4)	Leverage Superiority Data to gain first line use in the hospital.
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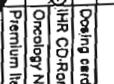
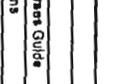
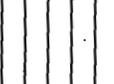
	A	B
37	Key Clinicals	Wunderink study in CHEST
38		Stevens
39		Parodi - Early Switch and Early Discharge Opportunities in Intensive Vancomycin Treatment of Suspected Methicillin-Resistant Staphylococcal Species Infections
40		Linky DFL Poster - Not for Detailing
41		Tice - Cost Perspectives for Outpatient Antimicrobial Therapy
42		
43	Resources	Medical Inquiry
44		PNP Program / RSVF
45		CDC 12 Step file card, wait charts, test sheets, CD-ROM (ZV041552, ZV041550, ZV041558, ZV041557)
46		www.zyvox.com website - doctors can get slides and photos of infections as well as peer reviewed data
47		1 hr CME/ACPE interactive monographs - reps can order for physicians and pharmacists - Diabetic Foot BRC and VAP BRC
48		Kollid 24 hour teleconference - www.linovandad.com/gip/bf.cfm
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52	Power Phrases	Zyvox is the superior choice for your patients with documented or suspected MRSA....
53		Zyvox can help you say "NO" to vanco
54		Superior/Better is hard to Resist
55		Zyvox is the only agent proven to be Superior to Vanco
56		The only oral agent approved for MRSA
57		
58	Objections	10 Restricted - Hard to Resist Superior. For any of these objections, get right back to superior availability.
59		Cost - This may be a concern if the two drugs were equivalent but Zyvox saves more lives.
60		Resistance
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BEX000313284

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OBJECTIONS		A
1	Zyvox costs too much	
2	✓ Keys - SUPERIORITY, Efficacy, LOS/Discharge, Total Hosp cost, QOL, PIN, RSV	
3	✓ Confirm managed care status.	
4		
5		
6	Cost is the exact reason why you should choose Zyvox first line for MRSA.	
7	✓ I could understand your concern if the two drugs were equivalent but Zyvox saves more lives.	
8	✓ The most expensive drug is the one that doesn't work. No other drug works better for MRSA than Zyvox.	
9	✓ Zyvox is proven to reduce LOS in patients with MRSA by 4 days vs. vancomycin (7 vs. 11 days), due to Zyvox's 100% bioavailability of oral step down.	
10	✓ 61% of Zyvox were stepped down to oral within 5 days.	
11	✓ Twice as many Zyvox patients were discharged within the first week vs. vanco.	
12	✓ Respond quicker.	
13	✓ Home infusion cost of vanco = \$150/day versus \$94/day for oral Zyvox	
14	• In the hospital, cost of vanco = \$7-\$10/day and IV Zyvox = \$126	
15	✓ No home IV therapy required.	
16	✓ So back to your question about cost, Zyvox will reduce total cost to hospital and the patients will benefit because they will be out of the hospital, reduced exposure to nosocomial infection, Improved QOL ⇒ Road to Recovery.	
17		
18	Resistance	
19	✓ Resistance is the exact reason why you should use Zyvox.	
20	• Pg. 1481 MRSA resistance to vanco is developing	
21	• VRE - result of too much pressure on vanco/overuse	
22	• Unique mechanism of action (PI)	
23	• O cross resistance - requires a 6 step mutation to develop resistance	
24	Pg. 1488 - O resistance in my clinical trial	
25	• Pg. 1489 - Use of Zyvox will relieve pressure off of vancomycin	
26	• Get patients out of the hospital sooner, less exposure for nosocomial infections	
27	• Take IV line out, less chance of developing catheter-related infection.	
28	• CDC recommends restricting the use of vanco	
29		
30	ID Restricted	
31	✓ It is Hard to Restrict Better/Superior	
32	✓ MRSA Fund	

A		B	
1	District:	BROOKLYN	
2	Product:	Vfend	
3	POA 1 2004 Goals	1) Target appropriately - Hospitals and Healthcare providers	
4	Vfend	2) Establish superior efficacy and survivability	
5		3) Focus on the competition and not the indication (Focus on the drug and not the bug) - amphotericin products and caspofungin	
6		4) Feasibility in doing IV and oral	
7		5) Utilize Vfend Resources	
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10	Messaging	Opener: I'm sure that the one thing that matters the most to you when treating serious fungal infections is SURVIVABILITY. Promiser: Vfend offers superior antifungal efficacy and survivability over both traditional and lipid forms of amphotericin B. Fact: 1) Hebrecht study setup.	
11			
12			
13		Visual Aid pg 18 - statistically superior efficacy to amphotericin B (53% vs 32%)	
14		Hebrecht pg 412 - statistical superiority regardless of whether it was documented or probable infection and regardless of patient type.	
15		Vfend showed statistically superior survivability over amphi B at 71% vs. 58%. More than twice as many patients on amphotericin B died due to mold infections	
16		4) Visual Aid pg 33 - Feasibility of IV to PO without sacrificing efficacy. This will allow you to discharge patients faster and reduce LOS.	
17		Patient Benefit: Vfend gives your patients best chance of survival.	
18		Physician Benefit: The real value to you is that you will know that you are giving them the best chance to survive. At the same time, you have the opportunity to reduce LOS and thus reduce overall hospital costs.	
19		Tital Close: Knowing this, what are your thoughts are using Vfend instead of amphotericin?	
20		Close: Do you have any patients that right now that you are considering putting on an AP7 will you put that patient on Vfend Smg/ing Q12hr? Do you any patients right now on amphotericin? Will you switch that patient to oral Vfend?	
21			
22	Strategic Musis	Dr. Barucha Halesonance	
23		Identifying the patient and utilize pull through to get the patient - Just get 1 patient from each HIV doctor right now (REFRACTORY OPPORTUNISTIC INFECTION (OAI)S); PROLONGED NEUTROPENIA (neutropenia > 6 days) in HemOnc	
24		Each IHR bring in 1 Vfend and aim dunk speaker per Quarter - Grand Rounds - 1 on 1's with thought leaders	
25		Search PHR set up Grand Rounds and programs for fall of '02 - speakers like Dr. Fater, J. Papadopoulos, Dr Martinez	
26		Vfend added to formulary in our biggest accounts - all Inset/ID restricted	
27		Allison Vfend as effective & tolerable.	
28		examples where business opportunities exist for Vfend.	
29		Vfend Clinical Pathways - Be sure Vfend is listed as an agent of choice. Rewrite any existing Diflucan pathways and add Vfend side.	
30		Just ask to add Vfend on. If the patient is improving, slip down to oral Vfend.	
31		Update Clinical Pathways - Be sure Vfend is listed as an agent of choice. Rewrite any existing Diflucan pathways and add Vfend side.	
32		Increase focus on ID and HemOnc	
33			
34	Visual Aid Musis	Left Side	
35		Cover - Survival	
36		Right Side	
37		Superior Efficacy pg. 18	
38		Superior Survival - Visual pg 19	
39		How to dose - Visual pg 30	
40			
41			
42			
43	Key Clinical	Hamroun study (WLF) - Vardenazole - Better Chances for Patients with Invasive Mycoses	
44		Hamroun study (WLF) - Vardenazole - Better Chances for Patients with Invasive Mycoses	
45		Hamroun study (WLF) - Vardenazole - Better Chances for Patients with Invasive Mycoses	
46		Hamroun study (WLF) - Vardenazole - Better Chances for Patients with Invasive Mycoses	
47		Hamroun study (WLF) - Vardenazole - Better Chances for Patients with Invasive Mycoses	
48		Hamroun study (WLF) - Vardenazole - Better Chances for Patients with Invasive Mycoses	
49	Resources	Vfend Resource Navigator	
50		One thing matters... Survival detail piece	
51		Superior Efficacy detail piece	

	A	B
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53		Dozing cards
54		CD-ROM Oncology Nurses Guide
55		Premium Items
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58		Vendor is the Gold Standard and Imphoridin is the Old standard.
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64	Objections	Vendor is only indicated for IA.
65		SBECD
66		Efficacy
67		Cost
68		Drug Drug Interactions
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Exempt from FOIA -
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BEX000313287

TF875

A		B
1	DISTRICT:	
2	PRODUCT:	INSERT PRODUCT NAME
3	Launch Goals	
4	VFEND	
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8	Messaging	Opener:
9		Premise:
10		Facit:
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12		Patient Benefit:
13		Physician Benefit:
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29	Visual Aid Musis	
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38	Key Clinical	
39	(Not for Detailing at this time)	
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46	Resources	
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BEX000313288

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55	<i>Power Phrases</i>	
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61	<i>Objections</i>	
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BEX000313289

TF877