

A		B	
DISTRICT:		BROOKLYN	
PRODUCT:		COX II	
1			
2			
3			
4	<b>POA1 2004 Goals</b>		
5	<b>COX II</b>		
6			
7			
8			
9			
10	<b>Messaging</b>		
11			
12			
13			
14			
15			
16			
17	<b>CELEBREX</b>		
18			
19			
20	<b>Strategic Muscs</b>		
21			
22			
23			
24			
25			
26			
27			
28			
29	<b>Visual Aid Muscs</b>		
30			
31			
32			
33			
34			
35	<b>Key Clinicals</b>		

EXHIBIT  
129  
08-10-04

	A	B
36	Ray	Success visaid
37	White	ACR Viox Acute MI data
38	Athelton 1 & 2	
39		
40	 Resources	
41	Capsule Video	
42	CME Grand Rounds	
43	Cox-2 Clinical Compendium	
44	Cox-2 Hospital Compass	
45	Dr. Purna	
46	Dr. Avraham	
47	 Power Phrases	
48		The reason why Bextra works so well while other fail is because Bextra rapidly penetrates the CNS. This means that Bextra works to control pain at the source of the pain and inflammation and prevents central sensitization to pain (much like an opioid). Bextra is the strongest non-narcotic on the market.
49		Doctor, your patients have a better chance of surviving a GI bleed than they do an Acute MI. 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.
50		You just put in a \$10,000 mg and you want a "me too" drug for their pain?
51		Use Bextra when your patients need a JOLT OF EFFICACY.
52		
53	 Objections	
54		Medicaid - Traditional NSAIDs I'm using Celebrex first line. I don't need Bextra.
55		use a little of everything. They need the business too.
56	 VIP hospital	
57		

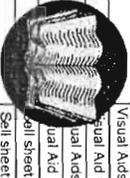
	A
1	DISTRICT:
2	PRODUCT:
3	FOIA 2004 Goals
4	BEXTRA
5	
6	
7	
8	Messaging
9	
10	
11	
12	
13	
14	
15	
16	Strategic Musts
17	
18	
19	
20	Visual Aid Musts
21	
22	
23	
24	
25	
26	Key Clinicals
27	
28	
29	
30	Resources
31	
32	



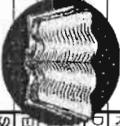
33	A
34	\$, ., .
35	•
36	•
37	•
38	•
39	•
40	Power Phrases
41	•
42	•
43	•
44	Objections
45	•
46	•
47	•
48	•



A		B	
DISTRICT:		BROOKLYN	
PRODUCT:		ZOLOFT	
1			
2			
3	<b>POAI 2004 Goals</b>		
4	<b>ZOLOFT</b>		
5			
6			
7			
8	<b>Messaging</b>		
9			
10			
11			
12			
13			
14			
15			
16			
17	<b>Strategic Musts</b>		
18			
19			
20			
21			
22			
23			
24			
25	<b>Visual Aid Musts</b>		
26			
27			
28			
29			
30			
31			
32			
33	<b>Key Clinicals</b>		
34			
35			
36			
37			
38	<b>Resources</b>		
39			



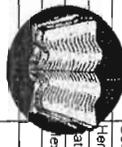
	A	B
40	 Hospital formulary - most favorable SSRI	
41		
42		
43	<b>Power Phrases</b> Zolof has a decade of evidence based data.	
44	Zolof is still the best starting point because it is a classic	
45	Zolof is a low maintenance drug with proven results	
46		
47		
48		
49	 <b>Objections</b> Doctor, what is this the most important reason why you reach for Paxil? - I use Paxil because it has many indications. - page 8 detail, Zolof has as many indications as Paxil and even more on Paxil CR (3). - I use Paxil because it easy to taper off.	
50	Lexapro is the fastest acting SSRI. No data to show Lexapro is safer, or faster acting, or more potent than Citala or anything else. Remember the issue of "The Medical Letter" on Lexapro states exactly this.	
51	Paxil CR - Same effect on ZDs as Paxil, same withdrawal warning in the PI as in the Paxil PI	

A		B
1	DISTRICT:	BROOKLYN
2	PRODUCT:	ZYVOX
3	FOA 1 2004 Goals	1) Establish Zyxox as the leading choice for the treatment of infections caused by known or suspected MRSA. 2) Broaden and expand usage for NP/VA/ID/FI at the expense of Vanco for MRSA. 3) Overcome Restrictions and Account Challenges. 4) Leverage Superiority Data to gain first line use in the hospital.
4	ZYVOX	
5		
6		
7		
8	Messaging	Open: The information that I would like to share with you has transformed the way that the thought leaders/your colleagues treat NP/VA/ID/FI due to suspected or known MRSA. Promise: Zyxox is the Superior agent for your patients with known or suspected MRSA infections...
9		Facts: Hot off the press in the November issue of Chest, Zyxox demonstrated superiority to Vanco with better clinical outcomes and survivability Superior in NP and VAP/II WHY? As you know, in order for the AB to truly fight the infection, it must penetrate to the site of the infection. For your nosocomial pneumonia patients, Zyxox penetrates the lungs better than any other AB. In fact, Zyxox penetrates the lungs 450% higher than the serum and stays above the MICs for the full 24 hour period. Your patients benefit by the increased chance of a successful outcome Facts: Patients with Diabetes and Peripheral Vascular Disease are at higher risk for MRSA. Many of these patients will end up with a Diabetic Foot Infection. Hot off the press in a study done by Dr. Lipsky et al, Zyxox demonstrated statistically significant Clinical Cure Rates vs. comparators in treating infected foot ulcers due to MRSA. And in CSSSs, Zyxox penetration is 104% versus the serum. This means that you know that with every dose of Zyxox, the patients infection will be treated with maximum amount of Zyxox possible. Again your patients benefit by the increased
10		
11	<b>ZYVOX</b> linezolid injection, tablets, and for oral suspension	Benefit: With Zyxox, your patients have the best possible chance of survival from gram positive/MRSA infections. Benefit: With Zyxox, you can be confident knowing that regardless of whether the gram positive pathogen is susceptible or not, your patient is
12		se: What are your thoughts on Zyxox for MRSA? What do you currently use when you suspect MRSA? Do you currently have restrictions on Vanco? Zyxox? How do you think your patients could benefit from the superior survivability data that Zyxox has for MRSA NP/VA/ID/FI? Can of any patients that you can start or switch to Zyxox today?
13		Close: What I am asking you to do is to use Zyxox before vancomycin in your MRSA infected patients.
14		
15		
16	Strategic Musts	Begin each day in the hospital to find new patient starts and switches In the next 2 weeks, see every ID, Hospitalist, Pharm D, PUDCC, Administrator with the Wunderink Superiority Study.
17		Send additional MI Requests to Physicians
18		Speaker Tour throughout Territory and District
19		SA Fund Initiative
20		own the Wound Care DVD to Targeted Surgeons, Podiatrists, Wound Care Specialists in the next month.
21		5 - Complete Zyxox Hospital map - SWOT Analysis/ Account Grid for top accounts and submit to C&E by December 15th
22		s - Update Zyxox Website for Key Opinion Leaders and notify DM by December 15th
23		Discharge Planner Thursdays - every week to find new oral Zyxox patients.
24		
25		
26	Visual Aid Musts	Wunderink Study - Chest Pneumonia Section / Penetration Risk Factors Highlighted - Diabetes and Peripheral Vascular-Skin Disease DFI Section / Penetration Coverage Page Resistance Section. Efficacy Flash Cards Stevens, Parodi, Tice
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		

	A	B
37	<b>Key Clinicals</b>	
38		Wunderink study in CHEST
39		Sevens
40		Parodi - Early Switch and Early Discharge Opportunities in Intravenous Vancomycin Treatment of Suspected Methicillin-Resistant Staphylococcal Species Infections
41		Lipsky DRJ Poster - Not for Detailing
42		Hice - Cost Perspectives for Outpatient Antimicrobial Therapy
43	<b>Resources</b>	
44		Medical Inquiry
45		IPN Program / RSVP
46		CDC 12 Step file card, wall charts, tear sheets, CD-ROM (ZV841552, ZV841550, ZV841559, ZV841557)
47		www.Zyvox.com website - doctors can get slides and photos of infection as well as peer reviewed data
48		1 hr CHEACPE interactive monographs - reps can order for physicians and pharmacists - Diabetic Foot BRC and VAP BRC
49		Kollief 24 hour teleconference – <a href="http://www.linovamed.com/register.cfm">www.linovamed.com/register.cfm</a>
50		
51		
52	<b>Power Pirasas</b>	
53		Zyvox is the superior choice for your patients with documented or suspected MRSA ...
54		Zyvox can help you say "NO" to vance
55		Superior/Better is hard to Restrict
56		Zyvox is the only agent proven to be Superior to Vance
57		The only oral agent approved for MRSA
58	<b>Objections</b>	
59		ID Restricted - Hard to Restrict Superior. For any of these objections, get right back to superior survivability
60		Cost - This may be a concern if the two drugs were equivalent but Zyvox saves more lives.
61		Resistance
62		
63		

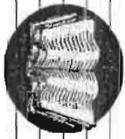
OBJECTIONS		A
1	Zyvox costs too much	
2	✓ Keys - SUPERIORITY, Efficacy, LOS/Discharge, Total Hosp cost, QOL, PIN, RSV	
3	✓ Confirm managed care status.	
4		
5		
6	Cost is the exact reason why you should choose Zyvox first line for MRSA.	
7	✓ I could understand your concern if the two drugs were equivalent 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 patient's 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 any 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	

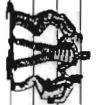
	A	B
1	DISTRICT:	BROOKLYN
2	PRODUCT:	VFEND
3	POA 1 2004 Goals	
4	VFEND	
5		1) Target appropriately - Hospitals and Healthcare providers
6		2) Establish superior efficacy and survivability
7		3) Focus on the competition and not the indication (focus on the drug and not the bug) - amphotericin products and caspofungin
8		4) Flexibility in dosing IV and oral
9		5) Utilize Vmend Resources
10	Messaging	Opener: I'm sure that the one thing that matters the most to you when treating serious fungal infections is SURVIVABILITY
11		Promiser: Vmend offers superior antifungal efficacy and survivability over both traditional and lipid forms of amphotericin B
12		Facts: 1) Hebrecht study setup
13		Visual Aid pg 16 - 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		4) Vmend showed statistically superior survivability over amphotericin 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 - Flexibility of IV to PO without sacrificing efficacy. This will allow you to discharge patients faster and reduce LOS
17		Patient Benefit: Vmend 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		Trial Close: Knowing this, what are your thoughts are using Vmend instead of amphotericin?
20		Close: Do you have any patients that right now that you are considering putting on an AF? Will you put that patient on Vmend 5mg/kg Q12H? Do you any patients right now on amphotericin? Will you switch that patient to oral Vmend?
21		
22	Strategic Musts	
23		Dr. Boucher teleconference
24		Identifying the patient and utilize pull through to get the patient - just get 1 patient from each HIV doctor right now (REFRACTORY OPPORTUNISTIC INFECTION IN AIDS); PROLONGED NEUTROPHILIA (neutropenia > 5 days) in HemOnc
25		Each IHR bring in 1 Vmend slam dunk speaker per Quarter - Grand Rounds, 1 on 1's with thought leaders
26		Phy set up Grand Rounds and programs for rest of '2022 - speakers like Dr. Farber, J. Papadopoulos, Dr. Martinez
27		Vmend added to formulary in our biggest accounts - at least ID restricted
28		Utilize Vmend as effective & tolerable
29		Integrate where business opportunities exist for Vmend
30		Identify Clinical Pathways - Be sure Vmend is listed as an agent of choice. Renew any existing Diffucan pathways and add Vmend side
31		Identify the "mole" - anytime you hear a doctor prescribe amphotericin, ask for an upgrade to Vmend. Remember is the patient is doing poorly then you can just ask to add Vmend on. If the patient is improving, step down to oral Vmend.
32		Update Clinical Pathways - Be sure Vmend is listed as an agent of choice. Renew any existing Diffucan pathways and add Vmend side
33		Increase focus on ID and HemOnc
34		
35	Visual Aid Musts	
36		Left Side
37		Cover - Survival
38		Hebrecht study front page
39		Patient demographics Hebrecht pg. 412
40		Flexibility IV to PO - Visaid pg 33
41		Superior Efficacy pg. 16
42		Superior Survival - Visaid pg 18
43		How to dose - Visaid pg 30
44	Key Clinical	
45		Hebrecht
46		Hannoun study (MLF) - Voriconazole - Better Chances for Patients with Invasive Mycoses
47		Miller (WLF)
48		Caspofungin vs Diffucan for Esophageal Candidiasis (NOT APPROVED FOR DETAILING)
49	Resources	
50		Vmend Resource Navigator
51		One thing matters - Survival detail piece



	A	B
52		Dosing cards
53		HHR CD-Rom
54		Oncology Nurses Guide
55		Premium Items
56		
57		
58	<b>Power Phrases</b>	Viend is the Gold Standard and amphotericin is the Old standard.
59		
60		
61		
62		
63		
64	<b>Objections</b>	Viend is only indicated for IA
65		SBECD
66		Efficacy
67		Post
68		Drug-Drug Interactions
69		

	A	B
1	DISTRICT:	INSERT PRODUCT NAME
2	PRODUCT:	
3	Launch Goals	
4	VFEND	
5		
6		
7		
8	Messaging	Opener:
9		Promise:
10		Facts:
11		
12		Patient Benefit:
13		Physician Benefit:
14		Trial Close:
15		Close:
16		
17		
18	Strategic Points	
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29	Visual Aid Musics	
30		
31		
32		
33		
34		
35		
36		
37		
38	Key Clinical	
39	(Not for Detailing at this time)	
40		
41		
42		
43		
44		
45		
46	Resources	
47		
48		



	A	B
49		
50		
51		
52		
53		
54		
55	<i>Power Phrases</i>	
56		
57		
58		
59		
60		
61	<i>Objections</i>	
62		
63		
64		
65		
66		