

COX 2

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1	DISTRICT:
2	PRODUCT:
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4	POA1 2004 Goals
5	COX II
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10	Messaging
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17	CELEBRE (CELECOXIB CAPSULES)



	<b>B</b>
1	<b>BROOKLYN</b>
2	<b>COX II</b>
3	<b>EFFICACY - SAFETY - ACCESS</b>
4	1) Take business away from NSAIDs & Vioxx - sell both on each call
5	2) Access - Utilize our open status with Medicaid to overcome traditional NSAIDs - \$2.00 copay for Medicaid same for Celebrex
6	3) Capitalize on the information coming out of the ACR (Celebrex capsule study and Solomon poster - Acute MI)
7	4) Get Bextra added to hospital formularies (Maimo example) for use in the acute, peri-operative setting with the overall goal of getting the
8	5) Maintain Celebrex's status on hospital formularies and proactively block VIP contracts
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10	<b>CLUSTER A Core Message:</b> Celebrex provides "Proven strength that your patients can stay with." Bextra provides "Rapid Powerful Relief."
11	<b>Opener:</b> The...s compelling new information coming from the latest American College of Rheumatology that is causing physicians to rethink where they... SAIDs and Cox-2 inhibitors. The first piece of compelling information...  Doctor, there's some compelling new data that is coming out of the American College of Rheumatology that is changing the way that many of your colleagues use Vioxx. In fact, many of your colleagues are switching their patients from Vioxx to Bextra.
12	<b>Promise:</b> Bextra provides rapid, powerful relief and is the strongest NNA (non-narcotic anti-inflammatory) on the market.
13	<b>Facts:</b> Doctor, Bextra should be your Cox-2 of choice because Bextra works faster and better than Vioxx without increasing the risk of Acute MI. - Visaid Pg. 9 - Bextra is the fastest NSAID on the market as shown in this head to head study that showed that Bextra worked within 26 minutes compared to Anaprox. - Visaid Pg. 10 - Bextra excels in the tough to treat pain of arthritic flares. In this double-blind, randomized, placebo-controlled trial of osteoarthritis, patients were taken off of their Vioxx, Mobic, or traditional NSAIDs and an arthritic flare was induced. Once the flare was classified as severe, patients were started on Bextra 10mg or placebo. At the end of the study, patients on Bextra received better pain control than their original therapy. - Pg 294 (Makarowski) - Bextra works well where others fail because <b>Bextra rapidly penetrates the CNS</b> . This means that Bextra works to control pain at the source of the pain and inflammation and <u>prevents central sensitization to pain</u> (much like an opioid). Bextra is the strongest non-narcotic on the market. - Ray Study: This cohort study in Tennessee Medicaid that was funded by the FDA clearly shows a 70% increase in Acute MI in patients taking Vioxx. Merck presented their own study at the American College of Rheumatology that confirms exactly this. This study was done in Boston at the Brigham and Women's Hospital and was covered by all the major news media including the Wall Street Journal. Now that the information is in the lay press many of your colleagues are switching their patients from Vioxx to Bextra. - Visaid Pg. 13 - In contrast, Bextra has shown no increase in cardiovascular risks compared to traditional NSAIDs and does not carry a Package Insert warning for increased cardiovascular risk. <b>Trial Close:</b> Doctor, what are your thoughts on Merck's own data from the ACR? I can have this information sent to you from our Medical Department. - Pg 11 Dr. ... now you can see how Bextra can replace Vioxx without concern for Acute MI or replace Non-Narcotic analgesics such as Ultram and Tylenol.
14	<b>Patient Benefit:</b> Your patients with severe pain will receive the fastest relief from the strongest NNA on the market. They will return to their normal lives.
15	<b>Physician Benefit:</b> You have the peace of mind knowing that you are providing a safer, more effective medication for their pain that will not increase MI's or stroke unlike Vioxx and will not cause the narcotic-like addiction and AE like Ultracet.
16	<b>Close: First Line Therapy over Vioxx and Ultracet.....</b>
17	<b>CFI FBREX:</b> Doctor, there's some compelling new data that is coming out of the American College of Rheumatology that is changing the way that many of your colleagues use traditional NSAIDs. In fact, many are switching their patients from traditional NSAIDs over to Celebrex. <b>Close:</b> Celebrex will provide superior efficacy and safety that your patients can stay on.

COX 2

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20	<i>Strategic Musts</i>
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29	<i>Visual Aid Musts</i>
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35	<i>Key Clinicals</i>
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40	<i>Resources</i>
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46	<i>Power Phrases</i>
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COX 2

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	<p><b>Facts:</b> Pg. 4 - Patients with ankle sprains that were placed on Celebrex were able to be returned to their normal lives a full day earlier than ibuprofen patients.</p> <p>- Pg. 4 - When compared to tylenol, patients with OA preferred the superior pain relief that they received with Celebrex 200mg QD versus 4g of acetaminophen.</p> <p>- Pg. 6 - In this largest ever encapsulated study in healthy young patients, Celebrex 200mg BID was compared to an NSAID + PPI (Naproxen plus omeprazole). This was a randomized, multicenter, placebo-controlled comparison in patients with an average age of 33. Patients were verified to have a clean bill of health using a capsule at the start of the study. At the end of the 2 weeks, even with a PPI, Naproxen had a statistically significant 12 fold increase in small bowel lesions compared to Celebrex. At the end of the study, compared to placebo, Celebrex patients maintained their clean bill of health.</p> <p><b>Trial Close:</b> What are your thoughts on the findings of this study? How will this affect your use of traditional NSAIDs?</p> <p>- The real impact that using Celebrex over traditional NSAIDs can have for you and your patients is better overall outcomes. In the largest outpatients with OA, patients on Celebrex had 45% fewer referrals to specialists and 34 % fewer physician office visits for GI complications as compared to naproxen. Most importantly the Celebrex patients had 75% fewer ICU hospitalizations and 52% fewer GI hospitalizations. The benefits to your patients are significant. The real value to you is that you are able to provide a better drug for your Medicaid patients while maintaining the same \$2.00 copay for NSAIDs.</p> <p>- Your patients that start on Celebrex will stay on Celebrex as shown in our persistency data. Significantly more patients stayed on Celebrex at 6 months compared to naproxen. As you can see, Celebrex truly provides you with the efficacy and safety that your patients will be able to stay with.</p> <p><b>Close:</b> Doctor, based upon Celebrex's ability to return your patients earlier to their normal lives, superior safety compared to traditional NSAIDs,</p>
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20	Vioxx Violators - Top 25 in each LAT will be sent a Vioxx Acute MI ACR Medical Inquiry (Ortho&Rheum - Powers, PRO; PCP - Upjohn & Alta) - Drive 5% mkt share from Vioxx to Bextra
21	Dr. Solomon Teleconferences scheduled with local speakers and Vioxx Violators, VIP hospitals
22	Medicaid NSAID Highwriters targets - focus on Access (\$2.00 copay) - Drive 5% market share from NSAIDs to Celebrex (set LAT baseline)
23	Phone call cycles to include Celebrex Highwriters for Medicaid, Cash, Express Scripts, Advance PCS - fish where the fish are
24	Puma - set up Grand Rounds at local hospitals and round tables discussions
25	Through opportunities - pathways, standing orders, formulary successes
26	Short Term Scripts - 5 days of Celebrex or Bextra cost no more that \$10-\$12 (no more than NSAID) - applies to ER as well
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29	<b>Bextra</b> <span style="float: right;"><b>Celebrex - NSAIDs</b></span>
30	Onset <span style="margin-left: 100px;">Flare Data</span> <span style="margin-left: 100px;">ACR Guidelines</span> <span style="float: right;">Visaid Pg 4 - ankle sprain</span>
31	Makarowski CNS <span style="margin-left: 100px;">Ray Study</span> <span style="margin-left: 100px;">Visaid Pg. 6 Capsule Study</span> <span style="float: right;">Success &amp; Persistency - Pg. 8</span>
32	Hypertension/Edema <span style="margin-left: 100px;">Dosing</span> <span style="float: right;">Dosing - \$2 copay</span>
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35	Makarowski <span style="margin-left: 100px;">ACR Capsule study &amp; video</span>
36	Ray <span style="margin-left: 100px;">Success visaid</span>
37	White <span style="margin-left: 100px;">ACR Vioxx Acute MI data</span>
38	Helton 1 & 2
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40	Capsule Video
41	CME Grand Rounds
42	Cox-2 Clinical Compendium
43	Cox-2 Hospital Compass
44	Dr. Puma
45	Dr. Abraham
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47	The reason why Bextra works so well where 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-
48	factor, your patients have a better chance of surviving a GI bleed than they do an Acute MI.
49	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 hip and you want a "me too" drug for their pain?



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53	<b>Objections</b>
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51	Use Bextra when your patients need a JOINT OF EFFICACY.
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53	Medicaid - Traditional NSAIDs
54	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
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COX 2

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Bextra Surgical

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2	<i>PRODUCT:</i>
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4	<i>BEXTRA</i>
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16	<i>Strategic Musts</i>
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20	<i>Visual Aid Musts</i>
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Bextra Surgical

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1	<b>BROOKLYN</b>
2	<b>BEXTRA SURGICAL FOCUS</b>
3	1) Sell Bextra as the replacement to Vioxx and NNAs
4	2) Get Bextra added to pre-op briefing sheets in our Largest Orthopedic offices
5	3) IHRs - Pre-op briefing sheets in anesthesia/OR as well
6	4) Get Bextra added to pre-op briefing sheets in other surgical subspecialties - podiatry, general surgery, plastic surgery, ENT, etc.
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8	<b>Core Message:</b> <b>Surgical Detail - Tell the story – solve the two problems related to increased pre-op pain!</b>
9	Opener: Give me 2 minutes and I will prove to you how I can improve your post op pain control while decreasing your narcotic use!
10	<b>Message:</b> Post 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.) - Study demonstrated patients who had moderate to severe pain pre-op used 50% more morphine.
11	<b>Facts:</b> 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. - 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 (Leese Bextra/Platelet Study) even at 8 x normal dose. - This is the best agent for arthritic pain and inflammation! Problem Solved.  - Any time you have tissue injury (such as surgical incision) Cox 2 is expressed in the CNS (Use Makarowski) - 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 have less pain, will use less narcotics and will ambulate quicker!  So doctor, as you can see this is a great multi-modal approach to treating the pain and inflammation in your patients.  You decrease pre-op pain – by controlling their pain and inflammation prior to surgery and you take care of post op pain by inhibiting Cox 2 expression allows you the opportunity to improve your patients post op pain relief while at the same time decreasing narcotic utilization!
12	<b>Patient Benefit:</b> Your patients will experience less pain and will ambulate faster/with less pain.
13	<b>Physician Benefit:</b> 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	<b>Trial Close/Close:</b> What are your thoughts on this? What does your current office patient pre-op form look like? How can we incorporate Bextra into this? <b>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?</b>
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16	Get Bextra added to pre-op briefing sheets in our surgical subspecialty offices (ortho, podiatry, general surgery, ENT, plastic surgery, etc.)
17	IHRs - Pre-op briefing sheets in anesthesia/OR as well (see Maimonides and Kingsbrook examples)
18	Get Bextra added to hospital formularies for peri-operative use
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20	Slappendel pg 146 and 147
21	Flare data
22	Sell with Celebrex Leese but handout Bextra Leese (WLF)
23	Makarowski CNS data
24	Dosing

Bextra Surgical

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Bextra Surgical

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26	<i>Key Clinicals</i>
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31	<i>Resources</i>
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39	<i>Power Phrases</i>
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44	<i>Objections</i>
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Bextra Surgical

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26	Slappendel
27	Makarowski
28	Desjardin (not approved for detailing) - great explanation of the importance of CNS penetration of Cox-2 inhibition and Pre-emptive analgesia
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31	Local pre-op instruction sheets in ortho offices and hospital anesthesia departments
32	Orthopedic Surgery video series
33	CME Grand Rounds series
34	Orthopedic slim jim
35	New Promotional Slide Kit
36	Central Sensitization Flash Card
37	Clinical Perspectives in surgery
38	Anatomical Arthritis Model
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40	The reason why Bextra works so well where 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).
41	You just put in a \$10,000 hip and you want a "me too" drug for their pain?
42	<b>Use Bextra when your patients need a JOLT OF EFFICACY.</b>
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44	HMOs/Cost - PA initiative
45	VIP contract - find busiest Ortho and get Bextra/Celebrex available for usage just for this Ortho
46	Lost with an Ortho - "You just put in a \$10K hip and you want to use a "me too" drug?"
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Bextra Surgical

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3	<i>POA1 2004 Goals</i>
4	<i>ZOLOFT</i>
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8	<i>Messaging</i>
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17	<i>Strategic Musts</i>
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25	<i>Visual Aid Musts</i>
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33	<i>Key Clinicals</i>
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PHR ZOLOFT

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1	<b>BROOKLYN</b>
2	<b>ZOLOFT</b>
3	1) Go right after Paxil Generic and switch to Zoloft reach 20% market share.
4	2) Move Zoloft to # 1 in Medicaid Access
5	3) Maintain consistent messaging across all division in the territory
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9	<b>Opener:</b> Doctor for your patients who presents with mixture of anxiety and depressive symptoms you can count on Zoloft.
10	<b>Promise:</b> You are guaranteed that Zoloft is proven to work faster, better and longer for the anxious depressed patient with the most indications.
11	<b>Points:</b> - 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. - I say Zoloft works Better, because in its First of it's 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 229. on Table 1. Zoloft showed the least effect on P450 liver enzymes. Just look at the 2D6 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 its sustained efficacy. Zoloft should be your first choice to treat the anxious depressed patient. <b>Patient Benefit:</b> The benefit to your patient is that they will get rapid, long lasting and tolerated relief so they can return to their normal lives.
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13	<b>Physician Benefit:</b> 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 96% of all plans.
14	<b>Trial Close:</b> What are your thoughts on using Zoloft first line in your anxious depressed patients instead of Paxil?
15	<b>Close:</b> 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?
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17	<b>Consistent Cluster A Team Message w/ compare &amp; win.</b>
18	Access - Every Zoloft Call, mention starter pack and Zoloft's preferred MCO status and Medicaid status.
19	Team Ownership w/ PCPs. Run Paxil Highwriters 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 behinds, lunch & learn programs, CCP coordination
22	ASK FOR SWITCHES FROM PAXIL TO ZOLOFT
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25	Visual Aid Page 8. "Zoloft -Proven efficacy across a broad range of Indications"
26	Visual Aids 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 Aids 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"
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33	Bandelow (Paxil vs. Zoloft 15 week study)
34	Prescorn ( drug to drug interactions)
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PHR ZOLOFT

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	<i>Objections</i>
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PHR ZOLOFT

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38	Medicaid - full access SSRI	
39	HMO status - most favorable SSRI	
40	Hospital formulary - most favorable SSRI	
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43	Zoloft has a decade of evidence based data.	
44	Zoloft is still the best starting point because it is a classic.	
45	Zoloft is a low maintenance drug with proven results	
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49	<p>Doctor, what is this the most important reason why you reach for Paxil?</p> <ul style="list-style-type: none"> <li>- I use Paxil because it has many indications.</li> <li>- page 8 detail. Zoloft has as many indications as Paxil and even more on Paxil CR (3).</li> <li>- use Paxil because it easy to taper off.</li> </ul>	
50	Lexapro is the fastest acting SSRI - No data to show Lexapro is safer, or faster acting, or more potent than Celexa or anything else. Remember the issue of "The Medical Letter" on Lexapro states exactly this.	
51	Paxil CR - Same effect on 2D6 as Paxil, same withdrawal warning in the PI as in the Paxil PI.	

PHR ZOLOFT

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	<i>Messaging</i>
8	  <b>ZYVOX</b> linezolid injection tablets, and oral suspension
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16	<i>Strategic Musts</i>
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ZYVOX

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1	<b>BROOKLYN</b>
2	<b>ZYVOX</b>
3	1) Establish Zyvox as the leading choice for the treatment of infections caused by known or suspected MRSA.
4	2) Broaden and Expand usage for NP/VAP/DFI at the expense of Vanco for MRSA.
5	3) Overcome Restrictions and Account Challenges.
6	4) Leverage Superiority Data to gain first line use in the hospital.
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8	<b>Opener:</b> The information that I would like to share with you has transformed the way that the thought leaders/your colleagues treat NP/VAP/DFI due to suspected or known MRSA.
9	<b>Promise:</b> Zyvox is the Superior agent for your patients with known or suspected MRSA Infections...
10	<b>Facts:</b> Hot off the press in the November Issue of Chest, Zyvox demonstrated superiority to Vanco with better clinical outcomes and survivability. Superior in NP and VAP!! 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, Zyvox penetrates the lungs better than any other AB. In fact, Zyvox 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. <b>Facts:</b> 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, Zyvox demonstrated statistically significant Clinical Cure Rates vs. comparators in treating infected foot ulcers due to MRSA. And in CSSSis, Zyvox penetration is 104% versus the serum. This means that you know that with every dose of Zyvox, the patients infection will be treated with maximum amount of Zyvox possible. Again your patients benefit by the increased chance of a successful outcome.
11	<b>OR</b> <b>Benefit:</b> With Zyvox, your patients have the best possible chance of survival from gram positive/MRSA infections.
12	<b>OR</b> <b>Benefit:</b> With Zyvox, you can be confident knowing that regardless of whether the gram positive pathogen is susceptible or not, your patient is covered.
13	<b>Trial Close:</b> What are your thoughts on Zyvox for MRSA? What do you currently use when you suspect MRSA? Do you currently have restrictions on the use of vanco? Zyvox? How do you think your patients could benefit from the superior survivability data that Zyvox has for MRSA NP/ VAP/DFI? Can you think of any patients that you can start or switch to Zyvox today?
14	<b>Close:</b> What I am asking you to do is to use Zyvox before vancomycin in your MRSA infected patients.
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16	Begin each day in the hospital to find new patient starts and switches.
17	In the next 2 weeks see every ID, Hospitalist, Pharm-D, PUD/CC, Administrator with the Wunderink Superiority Study.
18	Send additional MI Requests to Physicians.
19	Speaker Tour throughout Territory and District.
20	Wunderink Fund Initiative.
21	Give the Wound Care DVD to targeted Surgeons, Podiatrists, Wound Care Specialists in the next month.
22	- Complete Zyvox Hospital map - SWOT Analysis/ Account Grid for top accounts and submit to DM by December 15th
23	- update Zyvox Website for Key Opinion Leaders and notify DM by December 15th
24	Discharge Planner Thursdays - every week to find new oral Zyvox patients.
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26	Wunderink Study - Chest
27	Pneumonia Section / Penetration
28	Risk Factors Highlighted - Diabetes and Peripheral Vascular Skin Disease
29	DFI Section / Penetration
30	Average Page

ZYVOX

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ZYVOX

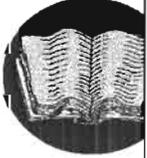
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31	st/Resistance Section:
32	fficacy Flash Cards
33	Stevens, Parodi, Tice
34	CDC
35	Dosing
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37	Wunderink study in CHEST
38	Stevens
39	Parodi - Early Switch and Early Discharge Opportunities In Intravenous Vancomycin Treatment of Suspected Methicillin-Resistant Staphylococcal Species Infections
40	Lipsky DFI Poster - Not for Detailing
41	Tice - Cost Perspectives for Outpatient Anti-microbial Therapy
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43	Medical Inquiry
44	PIN Program / RSVP
45	CDC 12 Step file card, wall charts, tear sheets, CD-ROM (ZV841552, ZV841550, ZV841559, ZV841557)
46	www.Zyvox.com website - doctors can get slides and photos of infection as well as peer reviewed data
47	3 hr CME/ACPE interactive monographs - reps can order for physicians and pharmacists - Diabetic Foot BRC and VAP BRC
48	Kollef 24 hour teleconference – <a href="http://www.innovameded.com/register.cfm">www.innovameded.com/register.cfm</a>
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52	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 Restrict
55	Zyvox is the only agent proven to be Superior to Vanco
56	The only oral agent approved for MRSA
57	
58	ID Restricted - Hard to Restrict Superior. For any of these objections, get right back to superior survivability.
59	Cost - This may be a concern if the two drugs were equivalent but Zyvox saves more lives.
60	Resistance
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ZYVOX

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ZYVOX OBJECTIONS

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1	OBJECTIONS
2	Zyvox costs too much
3	✓ Keys - SUPERIORITY, Efficacy, LOS/Discharge, Total Hosp cost, QOL, PIN, RSVP
4	✓ Confirm managed care status.
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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
	✓ Zyvox is proven to reduce LOS in patients with MRSA by 4 days vs. vancomycin (7 vs. 11 days),
9	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 $\cong$ \$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.
	✓ So back to your question about cost, Zyvox will reduce total cost to hospital and the patients will
16	benefit because they will be out of the hospital, reduced exposure to nosocomial infection, improved
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	0 cross resistance - requires a 6 step mutation to develop resistance
24	Pg. 1488 - 0 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
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30	ID Restricted
31	✓ It Is Hard to Restrict Better/Superior
32	✓ MRSA Fund
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1	<i>DISTRICT:</i>
2	<i>PRODUCT:</i>
3	<i>POA 1 2004 Goals</i>
4	<i>VFEND</i>
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10	<i>Messaging</i>
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22	<i>Strategic Musts</i>
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35	<i>Visual Aid Musts</i>
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IHR VFEND

	<b>B</b>	
1	<b>BROOKLYN</b>	
2	<b>VFEND</b>	
3	1) Target appropriately - Hospitals and Healthcare providers	
4	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) Flexibility in dosing IV and oral	
7	5) Utilize Vfend Resources	
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10	<b>Opener:</b> I'm sure that the one thing that matters the most to you when treating serious fungal infections is SURVIVABILITY.	
11	<b>Promise:</b> Vfend offers superior antifungal efficacy and survivability over both traditional and lipid forms of amphotericin B.	
12	<b>Facts:</b> 1) Hebrecht study setup.	
13	Visual Aid pg 16 - statistically superior efficacy to amphotericin B (53% vs 32%)	
14	Herbrecht pg 412 - statistical superiority regardless of whether it was documented or probable infection and regardless of patient type.	
15	4) Vfend showed statistically superior survivability over ampho 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	<b>Patient Benefit:</b> Vfend gives your patients best chance of survival.	
18	<b>Physician Benefit:</b> 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	<b>Trial Close:</b> Knowing this, what are your thoughts are using Vfend instead of amphotericin?	
20	<b>Close:</b> Do you have any patients that right now that you are considering putting on an AF? Will you put that patient on Vfend 6mg/kg Q12h? Do you any patients right now on amphotericin? Will you switch that patient to oral Vfend?	
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23	Dr. Boucher teleconference	
24	Identifying the patient and utilize pull through to get the patient - <b>just get 1 patient from each HIV doctor right now (REFRACTORY OPPORTUNISTIC INFECTION IN AIDS); PROLONGED NEUTROPENIA (neutropenia &gt; 5 days) in Hem/Onc</b>	
25	Each IHR bring in 1 Vfend slam dunk speaker per Quarter - Grand Rounds, 1 on 1's with thought leaders	
26	PHR set up Grand Rounds and programs for rest of yr 2002 - speakers like Dr Farber, J. Papadopoulos, Dr Martinez	
27	Vfend added to formulary in our biggest accounts - at least ID restricted	
28	Position Vfend as effective & tolerable.	
29	Recognize where business opportunities exist for Vfend.	
30	Update Clinical Pathways - Be sure Vfend is listed as an agent of choice. Revisit any existing Diflucan pathways and add Vfend side.	
31	<b>"the mole" - anytime you hear a doctor prescribe ampho, ask for an upgrade to Vfend. Remember is the patient is doing poorly then you can just ask to add Vfend on. If the patient is improving, step down to oral Vfend.</b>	
32	Update Clinical Pathways - Be sure Vfend is listed as an agent of choice. Revisit any existing Diflucan pathways and add Vfend side.	
33	Increase focus on ID and Hem/Onc	
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35	<b>Left Side</b>	<b>Right Side</b>
36	Cover - Survival	
37	Herbrecht study front page	Superior Efficacy pg. 16
38	Patient demographics Herbrecht pg. 412	Superior Survival - Visaid pg 18
39	Flexibility IV to PO - Visaid pg. 33	How to dose - Visaid pg 30
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IHR VFEND

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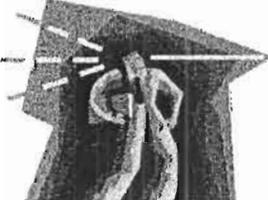
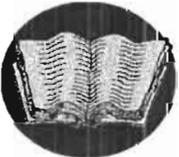
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43	<i>Key Clinical</i>
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49	<i>Resources</i>
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58	<i>Power Phrases</i>
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64	<i>Objections</i>
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IHR VFEND

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43	Herbrecht
44	Annoum study (WLF) - Voriconazole - Better Chances for Patients with Invasive Mycoses
45	Pfizer (WLF)
46	Isofungin vs. Diflucan for Esophageal Candidiasis (NOT APPROVED FOR DETAILING)
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49	Vfend Resource Navigator
50	One thing matters... Survival detail piece
51	Superior Efficacy detail piece
52	Dosing cards
53	IHR CD-Rom
54	Oncology Nurses Guide
55	Premium items
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58	Vfend is the Gold Standard and amphotericin is the Old standard.
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64	Vfend is only indicated for IA.
65	SBECD
66	Efficacy
67	Post
68	Drug-Drug Interactions
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IHR VFEND

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3	<b>Launch Goals</b>	
4	<b>VFEND</b>	
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8	<b>Messaging</b>	<b>Opener:</b>
9		<b>Promise:</b>
10		<b>Facts:</b>
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13		<b>Patient Benefit:</b>
14		<b>Physician Benefit:</b>
15		<b>Trial Close:</b>
16		<b>Close:</b>
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18	<b>Strategic Musts</b>	
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29		<b>Visual Aid Musts</b>
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38	<b>Key Clinical</b>	
39	<i>(Not for Detailing at this time)</i>	
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46	<i>Resources</i>	
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55	<i>Power Phrases</i>	
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