

	A	B
36	Ray	Success vsaid
37	White	ACR Viox Acute MI data
38	Ahnelton 1 & 2	
39		
40	 Resources	Capsule Video
41		CME Grand Rounds
42		Cox-2 Clinical Compendium
43	 Cox-2 Hospital Compass	
44	Dr. Purna	
45	Dr. Abraham	
46		
47	Power Phrases	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-narcotic on the market.
48	 Doctor, 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?
51		Use Bextra when your patients need a JOLT OF EFFICACY.
52		
53	Objections	Medicaid - Traditional NSAIDs
54		I'm using Celebrex first line. I don't need Bextra
55		I use a little of everything. They need the business, too
56	 VIP hospital	
57		

1	A
2	DISTRICT:
3	PRODUCT:
4	POAI 2004 Goals
5	BEXTRA
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8	Messaging
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14	
15	
16	Strategic Musts
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20	Visual Aid Musts
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26	Key Clinicals
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30	Resources
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BROOKLYN

BEXTRA SURGICAL FOCUS

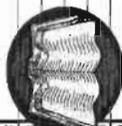
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2	
3	1) Sell Bextra as the replacement to Vioxx and NNAs
4	2) Get Bextra added to pre-op briefing sheets in our Largest Orthopedic offices
5	3) IHRs - Pre-op briefing sheets in anesthesia/OR as well
6	4) Get Bextra added to pre-op briefing sheets in other surgical subspecialties - podiatry, general surgery, plastic surgery, ENT, etc
7	
8	Core Message: - Tell the story - solve the two problems related to increased pre-op pain!
9	Operer: - me 2 minutes and I will prove to you how I can improve your post op pain control while decreasing your narcotic use!
10	pendel: - 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	Facts: In order to improve prepost 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/Patelet Study) even at 8 x normal dose - This is the best agent for arthritic pain and inflammation! - Problem Solved.
12	2. 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!
13	11 12 Patient Benefit: Your patients will experience less pain and will ambulate faster/with less pain.
14	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.
15	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?
16	15 Can you start all of these patients on Bextra pre-operatively?
17	16 Get Bextra added to pre-op briefing sheets in our surgical subspecialty offices (ortho, podiatry, general surgery, ENT, plastic surgery, etc.)
18	17 IHRs - Pre-op briefing sheets in anesthesia/OR as well (See Maimonides and Kingsbrook examples)
19	18 Get Bextra added to hospital formularies for pre-operative use
20	19 Suspendel pg 146 and 147
21	20 Flare data
22	21 Sell with Celebrex Leese but handout Bextra Leese (WLF)
23	22 Makarowski CNS data
24	23 Dosing
25	24 Suspendel
26	25 Makarowski
27	26 Desjardin (not approved for detailing) - great explanation of the importance of CNS penetration of Cox-2 inhibition and Pre-emptive analgesia
28	27 Local pre-op instruction sheets in ortho offices and hospital anesthesia departments
29	28 Orthopedic Surgery video series
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40	Power Phrases
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44	Objections
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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 Advertis Model
39	
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
41	You just put in a \$10,000 hip and you want a "me too" drug for their pain?
42	Use Bextra when your patients need a JOLT OF EFFICACY.
43	
44	HMOs/Coast - PA initiative
45	VIP contract - find busiest Ortho and get Bextra/Celebrex available for usage just for this Ortho
46	Coast with an Ortho - "You just put in a \$10K hip and you want to use a "me too" drug"
47	
48	

A		B	
DISTRICT:		BROOKLYN	
PRODUCT:		ZOLOFT	
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2			
3	POA1 2004 Goals	1) Go right after Paxil! Generic and switch to Zolofit reach 20% market share	
4	ZOLOFT	2) Move Zolofit to # 1 in Medicaid Access	
5		3) Maintain consistent messaging across all division in the territory	
6			
7			
8	Messaging		
9		Operate: Doctor for your patients who presents with mixture of anxiety and depressive symptoms, you can count on Zolofit.	
10		Promise: You are guaranteed that Zolofit is proven to work faster, better and longer for the anxious depressed patient with the most indications.	
		Facts:	
		- Zolofit works faster. Regardless of mood disorder, Zolofit 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 Zolofit.	
		- say Zolofit works better, because in its First of its kind study from APA (American Psychiatric Association) in 2003 Zolofit shows similar efficacy for first 12 weeks vs. Paxil. But after 3 weeks of taper, statistically more Zolofit patients remained panic attack free. The Zolofit patients also had statistically fewer withdrawal symptoms during the taper. The withdrawal symptoms are similar to the symptoms of anxiety and depression.	
		- Zolofit shows better efficacy in terms of drug-to-drug interactions. According to the Journal of Psychiatric Practice, May 2003, p. 229, on Table 1, Zolofit showed the least effect on P450 liver enzymes. Just look at the 2D6 inhibition that Paxil shows at 358%!! With Zolofit, you can be confident that you are using the safest SSRI.	
11		- Zolofit works longer. Long-term treatment of at least 1 year is now recommended by the American Psychiatric Association's Expert Consensus Panel. Zolofit has the longest term data that evaluate its sustained efficacy. Zolofit should be used for chronic treatment of anxiety disorders, as well as for the treatment of depression.	
12		Physician 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. Zolofit has the most formulary access with Zolofit being on or preferred on 96% of all plans.	
14		Trial Close: What are your thoughts on using Zolofit first line in your anxious depressed patients instead of Paxil?	
15		Close: Remember, Zolofit works faster, better, and longer for your patients that present with both anxiety and depression. Can I count on you to write Zolofit first line for your patients with anxiety and depression?	
16			
17	Strategic Musks	Consistent Cluster A Team Message w/ compare & win.	
18		Access - Every Zolofit Call, mention starter pack and Zolofit's preferred MCO status and Medicaid status.	
19		-claim Ownership w/ PCPs. Run Paxil Highwriters list for Primary Care Physicians. Incorporate Top 10 Paxil users into call cycle and lead the call w/ Zolofit. Goal is to drive Zolofit to 20% market share.	
20		Target high Medicaid writers and Top 10 decile doctors.	
21		Accountability - learn notes, leave behinds, lunch & learn programs, CCP coordination	
22		ASK FOR SWITCHES FROM PAXIL TO ZOLOFT	
23			
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25	Visual Aid Musks	Visual Aid Page 8, "Zolofit - 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 "Commentary, Once-a-day dosing"	
30		Sell sheet against Paxil "Compare Zolofit and Paxil"	
31		Sell sheet against Lexapro "Compare Zolofit and Paxil"	
32			
33	Key Clinicals	Bandelow (Paxil vs. Zolofit 15 week study)	
34		Prescom (drug to drug interactions)	
35			
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38	Resources	Medicaid - full access SSRI	
39		HMO status - most favorable SSRI	

	A	B
40		Hospital formulary - most favorable SSRI
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42		
43	Power Phrases	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
46		
47		
48		
	Objections	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.
49		
50		Lexapro is the fastest acting SSRI - No data to show Lexapro is safer, or faster acting, or more potent than Cefexa 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	BROOKLYN ZYVOX	B
1	DISTRICT:	
2	PRODUCT:	
3	POA 1 2004 Goals	1) Establish Zyxov as the leading choice for the treatment of infections caused by known or suspected MRSA
4	ZYVOX	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.
7		
8	Messaging	Openers: 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		Promises: Zyxov is the Superior agent for your patients with known or suspected MRSA infections... Facts: Hot off the press in the November issue of Chest, Zyxov 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, Zyxov penetrates the lungs better than any other AB. In fact, Zyxov 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, Zyxov demonstrated statistically significant Clinical Cure Rates vs. comparators in treating infected foot ulcers due to MRSA. And in CSSSIS, Zyxov penetration is 104% versus the serum. This means that you know that with every dose of Zyxov, the patient's infection will be treated with maximum amount of Zyxov possible. Again your patients benefit by the increased chance of a successful outcome.
10	 ZYVOX	
11	Benefit: With Zyxov, you can be confident knowing that regardless of whether the gram positive pathogen is susceptible or not, your patient is	
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	A	B
37	Key Clinicals	
38	 Wunderink study in CHEST 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 Antimicrobial Therapy	
42		
43	Resources	
44	Medical Inquiry PIN Program / RSVP	
45	CDIC 12 Step file card, wall charts, tear sheets, CD-ROM; ZV841582, ZV841550, ZV841559, ZV841557	
46	www.Zyvox.com website - doctors can get slides and photos of infection 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	 Keller 24 hour teleconference - www.linnovamed.com/register.cfm	
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52	Power Phrases	
53	Zyvox is the superior choice for your patients with documented or suspected MRSA.	
54	Zyvox can help you say "NO" to Vanco	
55	Superior/Better is hard to Restrict	
56	Zyvox is the only agent proven to be Superior to Vanco	
57	The only oral agent approved for MRSA	
58		
59	Objections	
60	ID Restricted - Hard to Restrict Superior For any of these objections, get right back to superior survivability.	
61	Cost - This may be a concern if the two drugs were equivalent but Zyvox saves more lives	
62	Resistance	
63		

OBJECTIONS		A
1	Zyvox costs too much	
2	✓ Keys - SUPERIORITY, Efficacy, LOS/Discharge, Total Hosp cost, QOL, PIN, RSVF	
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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Pg. 1481 MRSA resistance to vanco is developing • VRE - result of too much pressure on vanco/overuse 	
21	<ul style="list-style-type: none"> • Unique mechanism of action (PI) 	
22	0 cross resistance - requires a 6 step mutation to develop resistance	
23	Pg. 1488 - 0 resistance in any clinical trial	
24	<ul style="list-style-type: none"> • Pg. 1489 - Use of Zyvox will relieve pressure off of vancomycin • Get patients out of the hospital sooner, less exposure for nosocomial infections • Take IV line out, less chance of developing catheter-related infection. • CDC recommends restricting the use of vanco 	
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30	ID Restricted	
31	✓ It is Hard to Restrict Better/Supertor	
32	✓ MRSA Fund	

A	B
1	DISTRICT: BROOKLYN
2	PRODUCT: VFNEND
3	POA 1 2004 Goals
4	VFNEND
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	
11	Messaging
12	Open: I'm sure that the one thing that matters the most to you when treating serious fungal infections is SURVIVABILITY
13	Promise: Vmend offers superior antifungal efficacy and survivability over both traditional and lipid forms of amphotericin B
14	Fact: 1) Herbrecht study setup
15	Visual Aid pg 16 - statistically superior efficacy to amphotericin B (53% vs 32%)
16	Herbrecht pg 412 - statistical superiority regardless of whether it was documented or probable infection and regardless of patient type
17	Vmend 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
18	4) Visual Aid pg 33 - Flexibility of IV to PO without sacrificing efficacy. This will allow you to discharge patients faster and reduce LOS
19	Patient Benefit: Vmend gives your patients best chance of survival.
20	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.
21	Trial Close: Knowing this, what are your thoughts are using Vmend instead of amphotericin?
22	Close: Do you have any patients that right now that you are considering putting on an AF? Will you put that patient on Vmend 6mg/kg Q12h? Do you any patients right now on amphotericin? Will you switch that patient to oral Vmend?
23	Strategic Musts
24	Dr. Boucher teleconference
25	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 NEUTROPENIA (neutropenia > 5 days) in HemOnc
26	Each IHR bring in 1 Vmend slam dunk speaker per Quarter - Grand Rounds, 1 on 1's with thought leaders
27	- PHR set up Grand Rounds and programs for rest of yr 2012 - speakers like Dr Falber, J Papadopoulos, Dr Martinez
28	Vmend added to formulary in our biggest accounts - at least ID restricted
29	siton Vmend as effective & tolerable
30	ategize where business opportunities exist for Vmend
31	ate Clinical Pathways - Be sure Vmend is listed as an agent of choice. Review any existing Diflucan pathways and add Vmend side
32	nd the role - anytime you hear a doctor prescribe amphi, 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.
33	Update Clinical Pathways - Be sure Vmend is listed as an agent of choice. Review any existing Diflucan pathways and add Vmend side
34	Increase focus on ID and Hem/Onc
35	Visual Aid Musts
36	Left Side
37	Cover - Survival
38	Herbrecht study front page
39	patient demographics Herbrecht pg. 412
40	Survival - Vmsaid pg 18
41	How to dose - Vmsaid pg 30
42	
43	Key Clinical
44	Herbrecht
45	Vannourm study (WLF) - Voriconazole - Better Chances for Patients with Invasive Mycoses
46	ier (WLF)
47	Assofungin vs. Diflucan for Esophageal Candidiasis (NOT APPROVED FOR DETAILING)
48	
49	Resources
50	Vmend Resource Navigator
51	One thing matters... Survival detail piece
	Superior Efficacy detail piece

	A	B
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53	Dosing cards	
54	IHR CD-Rom	
55	Oncology Nurses Guide	
56	Premium Items	
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58	Power Phrases	
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64	Objections	
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66	Vendor is only indicated for IA.	
67	SBECD	
68	Efficacy	
69	Cost	
	Drug-Drug Interactions	

A	B
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2	DISTRICT: INSERT PRODUCT NAME
3	PRODUCT: LAUNCH GOALS
4	VFEND
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8	Messaging Opener:
9	Promise:
10	Facts:
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12	Patient Benefit:
13	Physician Benefit:
14	Trial Close:
15	Close:
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18	Strategic Insights
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29	Visual Aid Illustrations
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37	
38	Key Clinical
39	(Not for Detailing at this time)
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45	Resources
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	A	B
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55	<i>Power Phrases</i>	
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61	<i>Objections</i>	
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