

DISTRICT:
PRODUCT:

BROOKLYN
COX II

EFFICACY - SAFETY - ACCESS

POA1 2004 Goals
COX II

- 1) Take business away from NSAIDs & Vioxx - sell both on each call
- 2) Access - Utilize our open status with Medicaid to overcome traditional NSAIDs - \$2.00 copay for Medicaid same for Celebrex
- 3) Capitalize on the information coming out of the ACR (Celebrex capsule study and Solomon poster - Acute MI)
- 4) Get Bextra added to hospital formularies (Maimo example) for use in the acute, peri-operative setting with the overall goal of getting the patient to remain on Bextra long term
- 5) Maintain Celebrex's status on hospital formularies and proactively block VIP contracts

Messaging



CLUSTER A Core Message:
Celebrex provides "Proven strength that your patients can stay with."
Bextra provides "Rapid Powerful Relief."

Opener:

There's compelling new information coming from the latest American College of Rheumatology that is causing physicians to rethink where they use NSAIDs 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.

Promise: Bextra provides rapid, powerful relief and is the strongest NNA (non-narcotic anti-inflammatory) on the market.

Facts:

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 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.

- 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. Doctor, just last month, 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 by Dr. Solomon 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 stopping their use of Vioxx.

- 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 on CV risks.

Trial Close: 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 Ultracet avoiding patient somnolence as well as the traditional NSAIDs such as Ibuprofen and Naproxen avoiding the dyspepsia and nausea.

- Dosing

Patient Benefit: Your patients with severe pain will receive the fastest relief from the strongest NNA on the market. They will return to their normal QOL faster with Bextra.

Physician Benefit: 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.

Close: First Line Therapy over Vioxx and Ultracet.



CELEBREX: 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.

Promise: Celebrex will provide superior efficacy and safety that your patients can stay on.

Facts: 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.

- 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.

- 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.

Trial Close: What are your thoughts on the findings of this study? How will this affect your use of traditional NSAIDs?

- The real impact that using Celebrex over traditional NSAIDs can have for you and your patients is better overall outcomes. In the largest outcomes study including over 13,000 patients with OA, patients on Celebrex had 45% fewer referrals to specialists and 34% fewer physician office visits for GI complications as compared to Naprosyn or Diclofenac.

Most importantly the Celebrex patients had 75% fewer ICU hospitalizations and 52% fewer GI hospitalizations. The benefits to your patients are obvious, more tolerability with less complications. 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 that they would pay for the older NSAIDs.

- Your patients that start on Celebrex will stay on Celebrex as shown in our persistency data. Significantly more patients stayed on Celebrex at 62% compared to ibuprofen and naproxen. As you can see, Celebrex truly provides you with the efficacy and safety that your patients will be able to stay with.

Close: Doctor, based upon Celebrex's ability to return your patients earlier to their normal lives, superior safety compared to traditional NSAIDs + PPI's, and favorable Medicaid access, will you use Celebrex before NSAIDs for your patients with pain.

Strategic Musts



Vioxx Violators - Top 25 in each LAT will be sent a Vioxx Acute MI ACR Medical Inquiry (Ortho&Rheum - Powers, PRO, PCP - Upjohn & Altai) - Drive 5% mkt share from Vioxx to Bextra

Dr. Solomon Teleconferences scheduled with local speakers and Vioxx Violators, VIP hospitals

Medicaid NSAID Highwriters targets - focus on Access (\$2.00 copay) - Drive 5% market share from NSAIDs to Celebrex (set LAT baseline)

Revamp call cycles to include Celebrex Highwriters for Medicaid, Cash, Express Scripts, Advance PCS - fish where the fish are

Dr. Puma - set up Grand Rounds at local hospitals and round table discussions

Pull Through opportunities - pathways, standing orders, formulary successes

Short Term Scripts - 5 days of Celebrex or Bextra cost no more than \$10-\$12 (no more than NSAID) - applies to ER as well

Visual Aid Musts



Bextra

Onset

Flare Data

Makarowski CNS

Ray Study

Hypertension/Edema

Dosing

Celebrex - NSAIDs

ACR Guidelines

Visaid Pg. 4 - ankle sprain

Visaid Pg. 6 Capsule Study

Success & Persistency - Pg. 8

Dosing - \$2 copay

Key Clinicals



Makarowski

ACR Capsule study & video

Ray

Success visaid

White

ACR Vioxx Acute MI data

Whelton 1 & 2

Resources



Capsule Video

CME Grand Rounds

Cox-2 Clinical Compendium

Cox-2 Hospital Compass

Dr. Puma

Dr. Abraham

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.

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 its LOWEST dose of 200mg a day has ALWAYS shown to work at least as well as the MAX dose of every other traditional NSAID.

You just put in a \$10,000 hip and you want a "me too" drug for their pain?

Use Bextra when your patients need a JOLT OF EFFICACY.

Objections



Medicaid - Traditional NSAIDs

I'm using Celebrex first line. I don't need Bextra.

I use a little of everything. They need the business too.

VIP hospital

EXHIBIT
17-C
2008-10049
BAYONE NJ
M.M.L.A.

DISTRICT:
PRODUCT:

BROOKLYN
BEXTRA SURGICAL FOCUS

POA1 2004 Goals
BEXTRA

- 1) Sell Bextra as the replacement to Vioxx and NNAs
- 2) Get Bextra added to pre-op briefing sheets in our Largest Orthopedic offices
- 3) IHRs - 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

Messaging



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

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!

Slappendel:
- Pre-op pain relates to post op pain control & morphine use (1.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

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
- 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
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 be 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 caused by surgical trauma. This allows you the opportunity to improve your patients post op pain relief while at the same time decreasing narcotic utilization!

Patient Benefit: Your patients will experience less pain and will ambulate faster/with less pain.
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.

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?

Strategic Musts

Get Bextra added to pre-op briefing sheets in our surgical subspecialty offices (ortho, podiatry, general surgery, ENT, plastic surgery, etc.)
IHRs - Pre-op briefing sheets in anesthesia/OR as well! (see Maimonides and Kingsbrook examples)
Get Bextra added to hospital formularies for peri-operative use.

Visual Aid Musts



Slappendel pg 146 and 147
Flare data
Sell with Celebrex Leese but handout Bextra Leese (WLF)
Makarowski CNS data
Dosing

Key Clinicals



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

Resources



Local pre-op instruction sheets in ortho offices and hospital anesthesia departments
Orthopedic Surgery video series
CME Grand Rounds series
Orthopedic slim jim
New Promotional Slide Kit
Central Sensitization Flash Card
Clinical Perspectives in surgery
Anatomical Arthritis Model

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).
You just put in a \$10,000 hip and you want a "me too" drug for their pain?
Use Bextra when your patients need a JOLT OF EFFICACY.

Objections



HMOs/Cost - PA initiative
VIP contract - find busiest Ortho and get Bextra/Celebrex available for usage just for this Ortho
Cost with an Ortho - "You just put in a \$10K hip and you want to use a "me too" drug?"

DISTRICT:
PRODUCT:

BROOKLYN
ZOLOFT

POA1 2004 Goals
ZOLOFT

- 1) Go right after Paxil Generic and switch to Zoloft reach 20% market share
- 2) Move Zoloft to # 1 in Medicaid Access
- 3) Maintain consistent messaging across all division in the territory

Messaging



Opener: Doctor for your patients who presents with mixture of anxiety and depressive symptoms you can count on Zoloft.

Promise: You are guaranteed that Zoloft is proven to work faster, better and longer for the anxious depressed patient with the most indications.

Facts:

- 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 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 229, on Table 1, Zoloft showed the least effect on P450 liver enzymes. Just look at the ZD6 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 young or old.

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.

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 96% of all plans.

Trial Close: What are your thoughts on using Zoloft first line in your anxious depressed patients instead of Paxil?

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?

Strategic Musts



Consistent Cluster A Team Message w/ compare & win.

Access - Every Zoloft Call, mention starter pack and Zoloft's preferred MCO status and Medicaid status

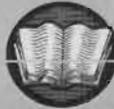
Claim Ownership w/ PCPs - Run Paxil Highwriters list for Primary Care Physicians. Incorporate Top 10 Paxil users into call cycle and lead the call with Zoloft. Goal is to drive Zoloft to 20% market share.

Target high Medicaid writers and Top 10 decile doctors

Accountability - team notes, leave behinds, lunch & learn programs, CCP coordination

ASK FOR SWITCHES FROM PAXIL TO ZOLOFT

Visual Aid Musts



Visual Aid Page 8. "Zoloft -Proven efficacy across a broad range of indications"

Visual Aids page 7. "In the first Double-Blind, Head to Head Trial in Panic Disorders

Visual Aid from journal article -Journal of Psychiatric Practice, May 2003, p 229, Table 1

Visual Aids Detail Page 9. "Long term treatment is needed to meet guidelines for depression and anxiety disorders"

Visual Aid page 14 "Convenient. Once-a-day dosing"

Sell sheet against Paxil "Compare Zoloft and Paxil"

Sell sheet against Lexapro "Compare Zoloft and Paxil"

Key Clinicals



Bardelov (Paxil vs Zoloft 15 week study)

Prescom (drug to drug interactions)

Resources



Medicaid - full access SSRI

HMO status - most favorable SSRI

Hospital formulary - most favorable SSRI

Power Phrases



Zoloft has a decade of evidence based data.

Zoloft is still the best starting point because it is a classic.

Zoloft is a low maintenance drug with proven results.

Objections



Doctor, what is 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.

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.

Paxil CR - Same effect on ZD6 as Paxil, same withdrawal warning in the PI as in the Paxil PI.

DISTRICT: PRODUCT:	BROOKLYN ZYVOX
POA 1 2004 Goals ZYVOX	1) Establish Zyvox as the leading choice for the treatment of infections caused by known or suspected MRSA. 2) Broaden and Expand usage for NPVAP/DFI 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.
Messaging  	<p>Opener: The information that I would like to share with you has transformed the way that the thought leaders/your colleagues treat NPVAP/DFI due to suspected or known MRSA.</p> <p>Promise: Zyvox is the Superior agent for your patients with known or suspected MRSA infections...</p> <p>Facts: 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. 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, 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.</p> <p>Cost/Resistance Spread: It is hard to resist! Superior! Stevens (IV exposure file card), Parodi, Tice and CDC. Dosing</p> <p>Patient Benefit: With Zyvox, your patients have the best possible chance of survival from gram positive/MRSA infections</p> <p>Physician Benefit: With Zyvox, you can be confident knowing that regardless of whether the gram positive pathogen is susceptible or not, your patient is covered.</p> <p>Trial Close: 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?</p> <p>Close: What I am asking you to do is to use Zyvox before vancomycin in your MRSA infected patients</p>
Strategic Musts 	<p>Begin each day in the hospital to find new patient starts and switches.</p> <p>In the next 2 weeks see every ID, Hospitalist, Pharm-D, PUD/CC, Administrator with the Wunderink Superiority Study</p> <p>Send additional MI Requests to Physicians</p> <p>Speaker Tour throughout Territory and District.</p> <p>MRSA Fund initiative.</p> <p>Show the Wound Care DVD to targeted Surgeons, Podiatrists, Wound Care Specialists in the next month.</p> <p>IHRs - Complete Zyvox Hospital map - SWOT Analysis/ Account Grid for top accounts and submit to DM by December 15th</p> <p>IHRs - update Zyvox Website for Key Opinion Leaders and notify DM by December 15th</p> <p>Discharge Planner Thursdays - every week to find new oral Zyvox patients</p>
Visual Aid Musts 	<p>Wunderink Study - Chest</p> <p>Pneumonia Section / Penetration</p> <p>Risk Factors Highlighted - Diabetes and Peripheral Vascular Skin Disease</p> <p>DFI Section / Penetration</p> <p>Coverage Page</p> <p>Cost/Resistance Section:</p> <p>Efficacy Flash Cards</p> <p>Stevens, Parodi, Tice</p> <p>CDC</p> <p>Dosing</p>
Key Clinicals 	<p>Wunderink study in CHEST</p> <p>Stevens</p> <p>Parodi - Early Switch and Early Discharge Opportunities in Intravenous Vancomycin Treatment of Suspected Methicillin-Resistant Staphylococcal Skin and Soft Tissue Infections</p> <p>Lipsky DFI Poster - Not for Deterring</p> <p>Tice - Cost Perspectives for Outpatient Antimicrobial Therapy</p>
Resources 	<p>Medical Inquiry</p> <p>PIN Program / RSVP</p> <p>CDC 12 Step file card, wall charts, tear sheets, CD-ROM (ZV841552, ZV841550, ZV841559, ZV841557)</p> <p>www.Zyvox.com/website - doctors can get slides and photos of infection as well as peer reviewed data</p> <p>1 hr CME/ACPE Interactive monographs - reps can order for physicians and pharmacists - Diabetic Foot-BRC and VAP BRC</p> <p>Kollef 24 hour teleconference - www.innovamed.com/register.cfm</p>
Power Phrases 	<p>Zyvox is the superior choice for your patients with documented or suspected MRSA ...</p> <p>Zyvox can help you say "NO" to vanco</p> <p>Superior/Better is Hard to Resist</p> <p>Zyvox is the only agent proven to be Superior to Vanco</p> <p>The only oral agent approved for MRSA</p>
Objections 	<p>ID Restricted - Hard to Resist! Superior! For any of these objections, get right back to superior survivability.</p> <p>Cost - This may be a concern if the two drugs were equivalent, but Zyvox saves more lives.</p> <p>Resistance</p>

OBJECTIONS

Zyvox costs too much

- ✓ Keys - SUPERIORITY, Efficacy, LOS/Discharge, Total Hosp cost, QOL, PIN, RSVP
- ✓ Confirm managed care status.

Cost is the exact reason why you should choose Zyvox first line for MRSA.

- ✓ I could understand your concern if the two drugs were equivalent but Zyvox saves more
- ✓ The most expensive drug is the one that doesn't work. No other drug works better for
- ✓ 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.
- ✓ 61% of Zyvox were stepped down to oral within 5 days.
- ✓ Twice as many Zyvox patients were discharged within the first week vs. vanco.
- ✓ Respond quicker.
- ✓ Home infusion cost of vanco \cong \$150/day versus \$94/day for oral Zyvox
 - In the hospital, cost of vanco = \$7-\$10/day and IV Zyvox = \$126
- ✓ No home IV therapy required.
- ✓ 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 \Rightarrow Road to Recovery.

Resistance

- ✓ Resistance is the exact reason why you should use Zyvox.
 - Pg. 1481 MRSA resistance to vanco is developing
 - VRE - result of too much pressure on vanco/overuse
 - Unique mechanism of action (PI)
- 0 cross resistance - requires a 6 step mutation to develop resistance
- Pg. 1488 - 0 resistance in any clinical trial
 - 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

ID Restricted

- ✓ It Is Hard to Restrict Better/Superior
- ✓ MRSA Fund

DISTRICT:
PRODUCT:

**BROOKLYN
VFEND**

**POA 1 2004 Goals
VFEND**

- 1) Target appropriately - Hospitals and Healthcare providers
- 2) Establish superior efficacy and survivability
- 3) Focus on the competition and not the indication (Focus on the drug and not the bug) - amphotericin products and caspofungin
- 4) Flexibility in dosing IV and oral
- 5) Utilize Vfend Resources

Messaging



Opener: I'm sure that the one thing that matters the most to you when treating serious fungal infections is SURVIVABILITY.
Promise: Vfend offers superior antifungal efficacy and survivability over both traditional and lipid forms of amphotericin B

Facts: 1) Hebrecht study setup.

- 2) Visual Aid pg 16 - statistically superior efficacy to amphotericin B (53% vs 32%)
 - 3) Hebrecht pg 412 - statistical superiority regardless of whether it was documented or probable infection and regardless of patient type.
 - 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
 - 4) Visual Aid pg 33 - Flexibility of IV to PO without sacrificing efficacy. This will allow you to discharge patients faster and reduce LOS.
- Patient Benefit:** Vfend gives your patients best chance of survival

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

Trial Close: Knowing this, what are your thoughts are using Vfend instead of amphotericin?

Close: 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?

Strategic Musts



Dr. Boucher teleconference

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 Hem/Onc**

Each IHR bring in 1 Vfend slam dunk speaker per Quarter - Grand Rounds, 1 on 1's with thought leaders

Each PHR set up Grand Rounds and programs for rest of yr 2002 - speakers like Dr Farber, J. Papadopoulos, Dr Martinez

Get Vfend added to formulary in our biggest accounts - at least ID restricted

Position Vfend as effective & tolerable

Strategize where business opportunities exist for Vfend.

Update Clinical Pathways - Be sure Vfend is listed as an agent of choice. Revisit any existing Diflucan pathways and add Vfend side.

"Find 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.

Update Clinical Pathways - Be sure Vfend is listed as an agent of choice. Revisit any existing Diflucan pathways and add Vfend side.

Increase focus on ID and Hem/Onc

Visual Aid Musts



Left Side

- Cover - Survival
- Herbrecht study front page
- Patient demographics Herbrecht p.g. 412
- Flexibility IV to PO - Visaid pg 33

Right Side

- Superior Efficacy pg 16
- Superior Survival - Visaid pg 18
- How to dose - Visaid pg 30

Key Clinical



Herbrecht

Ghannoum study (WLF) - Voriconazole - Better Chances for Patients with Invasive Mycoses

Pfaller (WLF)

Caspofungin vs. Diflucan for Esophageal Candidiasis (NOT APPROVED FOR DETAILING)

Resources



- Vfend Resource Navigator
- One thing matters... Survival detail piece
- Superior Efficacy detail piece
- Dosing cards
- IHR CD-Rom
- Oncology Nurses Guide
- Premium items

Power Phrases



Vfend is the Gold Standard and amphotericin is the Old standard.

Objections



- Vfend is only indicated for IA.
- SBECD
- Efficacy
- Cost
- Drug-Drug Interactions

DISTRICT:
PRODUCT:

INSERT PRODUCT NAME

Launch Goals
VFEND

Messaging



Opener:

Promise:

Facts:

Patient Benefit:

Physician Benefit:

Trial Close:

Close:

Strategic Musts



Visual Aid Musts



Key Clinical
(Not for Detailing at this time)



Resources



Power Phrases



Objections



	A	B
49		
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55	<i>Power Phrases</i>	
56		
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61	<i>Objections</i>	
62		
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