

From: Paula C Williams
To: Jeffrey Dierks
CC: Matthew Wieman; Paul Yeung; Denisa Hurtukova; Kathy Sapp
Sent: 8/26/2014 2:52:52 AM
Subject: RE: US MA 2015 AOP_aug 20 - Vantrela ER investments
Attachments: 2014 Chronic Pain Med and Pt Ed.ppt

Dierks Exhibit

15

10/13/21 - ctm

Thanks for your note Jeff. The short answer is that we will provide support for various Med Ed programs for HCPs who treat pain and for Patient Ed programs for pain patients and their caregivers to run throughout 2015 with the following overall objectives:

- Support programs that improve understanding of the burden of chronic pain
- Support programs that increase awareness of opioid treatment options while educating on appropriate use, abuse potential and deterrence technology

In addition, we support programs, as appropriate, with organizations such as APS, AAPM, AAFP, AAPA, PriMed, and PainWeek as well as groups such as US Pain Foundation and ACPA for patients.

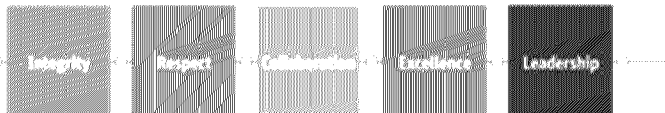
For the 2014 Med Ed programs we supported, over 74,000 HCP and over 100,000 patient/caregiver learners are anticipated. The attached slides provide more detail on our 2014 support and high level results from the Chronic Pain Needs Assessment that was conducted in early 2014 to identify the educational needs of PCPs.

Please feel free to contact me with any questions.

Paula



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From: Jeffrey Dierks
Sent: Monday, August 25, 2014 2:19 PM
To: Paula C Williams; Kathy Sapp
Cc: Matthew Wieman; Paul Yeung
Subject: RE: US MA 2015 AOP_aug 20 - Vantrela ER investments

Paula/Kathy-

I was hoping that you could provide me with some insights into what makes up the \$1MM Patient Education and \$1.7MM of Educational Grants for VANTRELA™ ER.

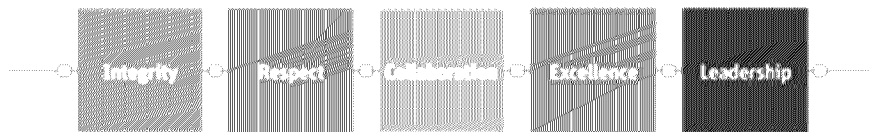
We have an alignment meeting Thursday am with Mike Derkacz and was hoping to better understand the ask in the event should the discussion go to budget.

Thank you in advance-

Jeff



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From: Paul Yeung
Sent: Thursday, August 21, 2014 10:04 AM
To: Paula C Williams; Kathy Sapp
Cc: Jeffrey Dierks; Matthew Wieman
Subject: FW: US MA 2015 AOP_aug 20 - Vantrela ER investments
Importance: High

Paula and Kathy,

Could you please address Jeff's questions about Educational Grants, and Patient Education?

Thanks,
 Paul



Paul Yeung, MD, MPH
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From: Jeffrey Dierks
Sent: Wednesday, August 20, 2014 2:02 PM
To: Paul Yeung; Matthew Wieman
Subject: FW: US MA 2015 AOP_aug 20 - Vantrela ER investments
Importance: High

Paul/Matt-

Wanted to follow up on the below two items in the 2015 AOP Plans to better understand what is in these two items. They represent about 25% of the overall MA budget.

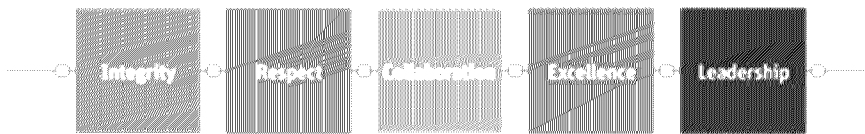
Also, I did not see a Publications line in the attached – where does that fall? Want to make sure Nate has funding needed to support our pub plan.

Thanks in advance-
 Jeff

Expense	GMG Project	Total
Educational Grants	PA_FENTORA	325
	PA_VANTRELA (Hydrocodone)	1,700
Patient Education	PA_Pain MA General	500
	PA_VANTRELA (Hydrocodone)	1,000



CNS
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From: Robert Peifer
Sent: Wednesday, August 20, 2014 11:58 AM
To: Jeffrey Dierks; Matthew Day; Chinedu Momah; Nathan Ross
Subject: FW: US MA 2015 AOP_aug 20

Pain Team,

I have attached the draft medical allocations to the Pain BU which I received earlier today. Please review tab 33 to ensure this what was discussed and agreed upon for 2014 between you and the medical team. In yellow is the total medical amount which I will allocate to each of the brands. It is a combination of direct and general allocations. I allocated the general portion based on the % of your overall direct spend. If you have any question please follow up with Medical to allow for any changes. The sooner the better so we can get back any changes from them for the first draft of the AOP.

Thank you for your help

Bob

From: Peter Doyle
Sent: Wednesday, August 20, 2014 9:50 AM
To: Robert Peifer; Jennifer Curtis; John Berman; Li Ge; Julie Tuohey; Frank Dona; Yiming Chiu; Robert Maslanski; Bonnie Bouchard; Lynn Dumas; Jeff Pribyl; Rachel Svaty
Cc: David Loughery
Subject: FW: US MA 2015 AOP_aug 20

Hello Everyone,

Attached is the first round of Medical Affairs for AOP. Please let me know if you have any issues with the file sent.

Thank you.

Peter Doyle
Manager, Finance
610-786-7333
Teva Pharmaceuticals USA

From: Evridiki Simotas
Sent: Wednesday, August 20, 2014 9:25 AM
To: David Loughery; Peter Doyle
Cc: Michael Fabel
Subject: US MA 2015 AOP_aug 20

Dave, Pete,

Attached is the US MA 2015 AOP as of today, 8/20. The medical directors and commercial teams had already many discussions, however, changes may occur upon additional reviews.

Regards,



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US Medical Education (including Patient Education) 2014 Activities

Pain 2014/2015 Med Ed Objectives



TEVA

Pain Education Objectives

Chronic Pain (CP):

- Improve understanding of CP as a public health problem, with significant socioeconomic impact, patient health consequences, and societal burden
- Increase awareness of the benefits and risks of current and emerging treatment strategies/options, including long-term opioid therapy
- Increase awareness of the extended-release/long-acting opioid analgesic REMS and its goal to balance the benefits of prescribing these opioids to treat pain against the risks of serious adverse outcomes including addiction, unintentional overdose, and death.
- Address educational and system-based barriers to safe and effective management of patients suffering with CP
- Improve communication between health care provider (HCP) and patients and caregivers to build trust and work as a team towards tailoring multimodal management plans with the highest likelihood of improving patient outcomes

CP Audiences: Pain Specialists, Primary Care Physicians, Nurse Practitioners, Physician Assistants, Nurses, Pharmacists

Pain 2014 Med Ed Activities



Disease State	2014 Med Ed Budget	2014 Remaining Budget	Supported Requests	# Learners Anticipated	2015 Med Ed Budget
-Chronic Pain and/or Opioid Misuse & Abuse	\$1,250,000	\$0	18	>74,000	\$1,700,000

2014 CP/Opioid Misuse programs include:

- Support for APS, AAPM, AAFP meetings
- Various live and web programs on Chronic Pain and Opioid Abuse for PCPs, Pharmacists, and PAs (including local programs in known high opioid abuse geographies)
- *Prescription Monitoring Programs – An Important Tool to Decrease Diversion and Abuse of Opioids*
 - web and newsletters inserted into relevant Elsevier journals (American Journal of Medicine, Journal of Pain, Pain) for PCP, NP/PA
- *CARING FOR PATIENTS WITH CHRONIC PAIN Responsible Opioid Prescribing to Achieve Individualized Functional Goals*
 - live Interactive Exchange programs held at 2014 Primary Care Updates meetings, PAINWeek 2014, the 2014 AAFP, and the IMPACT 2014 Conference of the AAPA to educate PCPs, pain specialists, and other clinicians involved in the opioid-based treatment of chronic pain.
 - online programs hosted on www.Pri-Med.com running Apr 2014 – Oct 2015

Pain 2015 Patient Ed Objectives



TEVA

2014 Pain Patient Education Objectives

Chronic Pain (CP):

Initiatives should increase patients' and their caregivers' knowledge in:

- Understanding of chronic pain and the health consequences of an inadequate treatment strategy
- Understanding of the benefits and risks of current and emerging therapies
- Understanding of the reasons for an increase in barriers to access safe and effective therapies
- The importance of abuse deterrent technologies to the entire healthcare team, the patient, the physician, pharmacist, family members, and the general public
- Importance of compliance and adherence to therapies
- Understanding the benefits of chronic pain management, and the impact that health & wellness can have on their quality of life
- Importance of effective and ongoing communications with their HCP and healthcare team

CP Audiences: Patients and Caregivers

Pain 2014 Patient Ed Activities



Disease State	2014 Patient Education	2014 Remaining Budget	Supported Requests	# Estimated Patient Learners Reached	2015 Med Ed Budget
-Chronic Pain and/or Opioid Misuse & Abuse	\$1,050,000	\$0	18	>100,000	\$1,000,000

•2014 Patient Education Highlights:

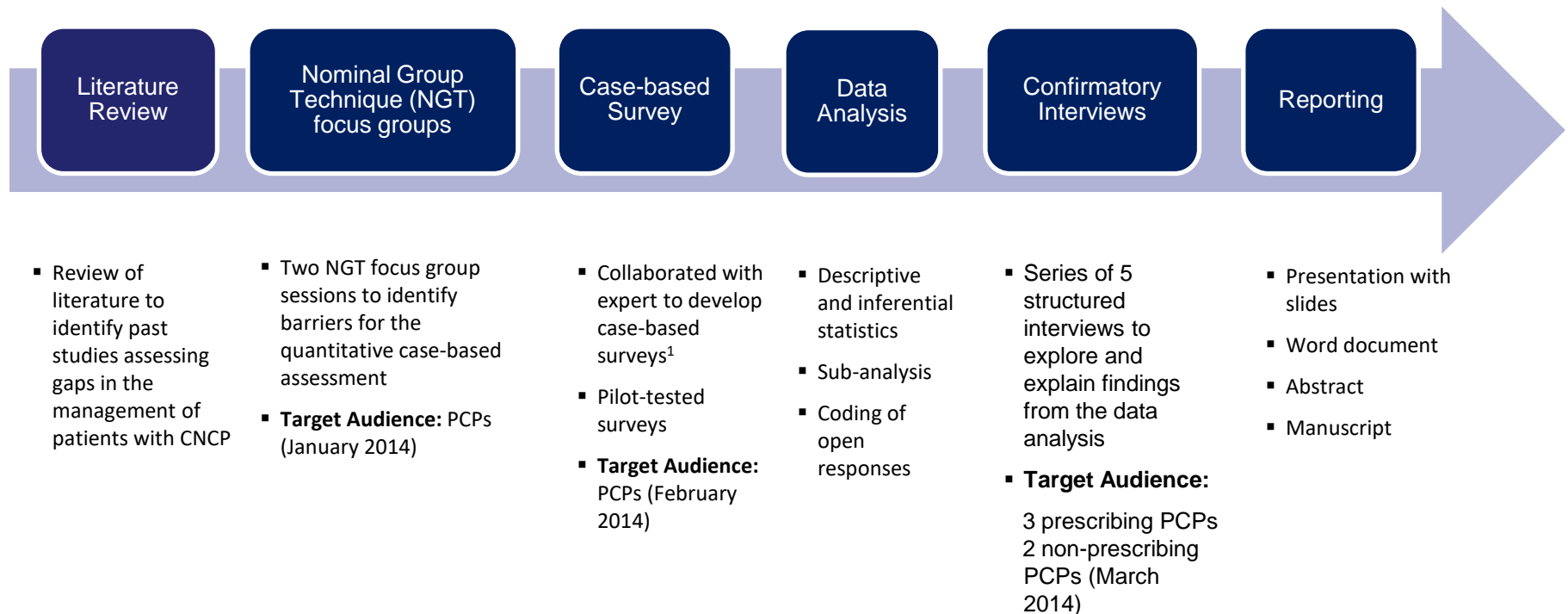
- US Pain Foundation (patient organization): “Ambassador Advocacy Summit”; “Invisible Project”; “Pain Warrior Initiative”; “Take Control of Your Pain Patient Education Summits”
- American Chronic Pain Association (patient organization): “Dealing With Chronic Pain: Family Matters” Manual; “Vets in Pain”; “Persons with Pain and Pharmacists in Partnership”
- Women in Pain (patient organization): “7th Annual Women in Pain Conference”

Chronic Pain Needs Assessment

A Needs Assessment was completed in early Q2 2014

Purpose: To identify the primary educational needs, attitudes, and barriers of US primary care physicians (PCPs) in managing patients with chronic non-cancer pain (CNCNCP)

Study Process/Methods:



¹ Peabody JW. Measuring the quality of physician practice by using clinical vignettes: a prospective validation study. *Ann Intern Med.* 2004; 16:771-780.

Suggested Educational Opportunities

LEVEL 3 KNOWLEDGE

- Awareness of REMS and other regulatory oversight for long-acting opioid analgesics
- Availability of tools and procedures to use to evaluate patient risk of opioid misuse or abuse prior to prescribing opioid analgesics and monitoring while the patient is taking opioid analgesics
- Awareness of guidelines for the management of patients with chronic non-cancer pain, particularly the role of opioid analgesics in management
- Awareness of abuse deterrent formulations of long-acting opioid analgesics

LEVEL 4 COMPETENCE

- Understanding the role of short- and long-acting opioid analgesics in pain management
- How to determine risk of abuse/misuse in patients with chronic pain

LEVEL 5 PERFORMANCE

- Following evidence-based guidelines for the management of patients with chronic non-cancer pain, particularly in using opioid analgesics to manage patients
- Using appropriate tools and procedures to evaluate risk of opioid misuse/abuse and monitoring patients on opioid analgesics
- Using abuse deterrent formulations of long-acting opioid analgesics in patients with high risk

LEVEL 6 PATIENT

- Recognizing the impact of improved guideline and evidence-based treatment on patient function, activities of daily living, and quality of life
- Improving the communication between the physician and patient
- Improving the patient satisfaction regarding pain management care provided by his/her physician