

From: Paula C Williams
To: Annette Taylor
Sent: 9/14/2016 3:23:04 AM
Subject: RE: NAMA External Insights - Week of Sept. 6th
Attachments: NAMA Insights Template Vantrela med ed 091316.docx

PAULA WILLIAMS
EXHIBIT

7036

Juliana Zajicek, CSR. 01/28/2021

exhibitstick.com

Hi Annette: Just Vantrela.

Regards,



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OUR PURPOSE & VALUES

From: Annette Taylor
Sent: Monday, September 12, 2016 3:41 PM
To: Azhar Choudhry; Susan Larijani; Paula C Williams; Michael Vredenburg; Olga Tarasova; Stephanie Falcao
Subject: NAMA External Insights - Week of Sept. 6th

Hi all,

Can you please send me your External Insights for the week of Sept. 5th by Wednesday Sept. 14th.... If you have any.

I have also attached the External Insights from the week of August 29th – please let me know if you need to add to these documents.

Thanks
 Annette

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PLAINTIFFS TRIAL
EXHIBIT

P-29618_00001

NAMA External Insights

Date: Week of _____

Product: Vantrela

Medical Directors

Action:

Medical Information

Action:

Medical Education

Med ed and Sci Comm commissioned an update to the chronic pain needs assessment that was done in 2014. This version has a patient component with results due at the end of September. The HCP results were presented during the poster session at PAINWeek – here are the findings:

- 1) PCPs in 2016 appear more concerned than they were in 2014 with patient-and physician-related factors that inhibit prescribing opioids for CNCP – specifically potential for abuse, misuse, diversion and addiction. Recent CDC guidelines have recommended they should not be used for chronic pain due to unfavorable risk/benefit profile, which may be driving these increases in concern.
- 2) Increasing a physician's confidence in patient management will increase their likelihood to prescribe an opioid for CNCP. However, all prescribers now must undergo training with opioid REMS. Increased familiarity with REMS leads to lower prescription of opioids for CNCP. Mandated education on the risk/benefit, potentially coupled with the CDC guideline recommendations, may be prompting physicians to seek other means of mitigating pain in these patients.
- 3) Perhaps due to these increases in concern with opioids, more PCPs are assessing patients for risk before prescribing these medications (state monitoring programs, urine drug tests, documentation for LA/ER opioids), yet PCPs may be underutilizing opioid screening tools, potentially due to lack of experience and confidence in their efficacy.

4) PCPs are using opioids less often for chronic pain in 2016 than they did in 2014. Abuse-deterrent technologies do not appear to assuage PCPs; while more familiar with abuse-deterrent opioid analgesics as a whole in 2016, PCPs are using these technologies less often than they were.

Action:

Results of HCP and Patient Needs Assessment will be presented in October at a NAMA meeting.

Field Medical Affairs

Action:

Canada

Action:

*****Please provide brief action description where relevant**