

**From:** Nathalie Leitch  
**To:** Jennifer Altier  
**Sent:** 2/23/2012 11:30:07 AM  
**Subject:** RE: Proposal for Message / Concept Testing  
**Attachments:** image001.gif

Jennifer,

According to the 3 months of data that I have received (24 months data will be available Feb 29), and including the following product/strength Rx in the mix:

Oxycodone HCl 5MG, 10MG, 15MG, 20MG, 30MG

Oxycodone-acetaminophen 2.5-325MG, 5MG-325MG, 5MG-500MG, 7.5-325MG, 7.5-500MG, 10MG-325MG, 10MG-650MG

Tapentadol (Nucynta) 50MG, 75MG, 100MG

Oxymorphone 5MG, 10MG

Morphine sulfate 15MG, 30MG

Oxycodone-ibuprofen 400MG-5MG

Codeine sulfate 15MG, 30MG, 60MG

Hydromorphone 2MG, 3MG, 4MG, 8MG

--the following specialty groups account for 65% of Rx for the above products

Family Practice 24%

Internal Medicine 16%

Anesthesiology 9%

Emergency Medicine 8%

Orthopedics 8%

PLAINTIFF TRIAL  
EXHIBIT  
P-02347\_00001

Exhibit: 004  
Allergan - ALTIER  
Date: 8/2/18  
Reporter: Amanda Miller, CRR

If you think we should cast the net even wider, I would consider adding general surgeons and PM&R to the mix - and even neurology, OBGYN, dentistry and plastic surgery. How many respondents will be involved?

I think we should absolutely include PCPs who are high volume prescribers of opioids. This group accounts for the largest proportion of Rx and I don't see how we can exclude them. We will definitely have some of these folks as targets. Let's set the inclusion criteria aggressively in terms of opioid Rx written per month.

Internists are also important - based on share of total Rx, but we may have this voice well-enough covered by including PCPs. Your call. Of the smaller groups, my choice would be to

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include PM&R. They aren't a huge specialty in terms of numbers, but next to anesthesiology, they write the highest proportion of high strength/high mg Rx. I think that folks are going to perceive Moxduo as being appropriate for severe pain given the potency of the two ingredients - so including writers of high mg/potent products are going to be important. At least that's what I think

Bottom line - in my opinion - include:

Family Practice

Internal Medicine (depending on success recruiting above)

Anesthesiology/Pain

Emergency Medicine

Orthopedics

PM&R

Hope this helps.

Nathalie Leitch  
Director, Specialty Rx Products

Actavis  
60 Columbia Rd. Bldg B t +1 973-889-6968 @ NLeitch@actavis.com  
Morristown , NJ 07960 United States w www.actavis.com <<http://www.actavis.com/>>  
Internal VoIP number t 125 6968

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From: Jennifer Altier [mailto:jaltier2001@yahoo.com]  
Sent: Wednesday, February 22, 2012 10:33 PM  
To: Nathalie Leitch  
Subject: Fw: Proposal for Message / Concept Testing

Hi - attached is the proposal from Diane for the message and concept testing. We're planning to conduct 24-27 interviews. My struggle is again with the physicians to involve in the research. Right now we have the same as the last round: anesthesiologists, pain specialists and orthopedic surgeons. I'm not sure how easy it would be to identify primary care docs with a significant pain patient population (or if that make sense), or if we should just include some other specialties. What do you think?

--- On Thu, 2/16/12, Donald, Diane <ddonald@CampbellAlliance.com> wrote:

From: Donald, Diane <ddonald@CampbellAlliance.com>

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Subject: Proposal for Message / Concept Testing  
To: "'Jennifer Altier'" <jaltier2001@yahoo.com>  
Cc: "'Gibbs, Kelli'" <kelli.gibbs@inventivcommunications.com>, "Johnson, Dave" <djohnson@CampbellAlliance.com>, "Wilson, Karen" <kwilson@CampbellAlliance.com>  
Date: Thursday, February 16, 2012, 10:39 AM

Hi Jennifer,

Attached is the proposal for the next wave of qualitative research. Based on my discussions with Kelli we are aiming to conduct the research the w/o April 2nd - 3 cities / five days. It's a hectic schedule but we've done it before and given your timeline warranted. Please let me know if that week works with you and the team.

In addition I didn't include Focus Vision in the budget but as I have mentioned before it's \$1,750 / day. Although I love the interaction with the backroom it's a way of cutting down on some of the travel costs.

Let me know your thoughts and then I can start putting together an SOW. This time around it should be "cake".

Diane Donald  
Senior Director

Campbell Alliance  
500 Atrium Drive  
Somerset, NJ 08873  
USA

Voice: (973) 967-2300 x7463

Mobile: (908) 770-2324  
Fax: (973) 967-2399

ddonald@campbellalliance.com  
<http://www.campbellalliance.com> <<http://www.campbellalliance.com/>>

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