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**From:** Morrison, Jacqueline [/O=CEPHALON/OU=US01 ADMINISTRATIVE GROUP/CN=RECIPIENTS/CN=JMORRISO]  
**Sent:** 1/21/2006 12:49:15 PM  
**To:** Sales PCS Northwest [salespcsnorthwest@cephalon.com]  
**CC:** Tatum, Chandler [ctatum@cephalon.com]  
**Subject:** National Sales meeting follow up  
**Attachments:** NSM.06.ppt

Hi Everyone,

I wanted to thank you for your hard work, participation and attention at the sales meeting. It was a long week to be away from your families but I feel it was well worth it. This is an exciting time for our new team and I look forward to a great 2006. With all of the experience each of you has, I know we will be able to learn from each other. It was a pleasure getting to know each of you and I know we are going to have a lot of fun together.

Our breakout meeting was cut short due to time and I wanted to follow up with you all; we briefly discussed how important it is to provide our physicians with factoids. I challenge each of you to be a great resource to your physicians, come in with a fact each time you call on your accounts. We spent a lot of time on targeting, this will be the key to your success, and we need to make sure we are calling on the right people. Take the time to analyze your data. Once you have an idea of who your top targets are look at the doses they are writing, how many prescriptions they are writing and what competitors they are writing. Make sure when you call on these prescribers you are doing the total office call. Get to know the nurse, the billing person and get to know your pharmacies. These are all important to your success. Utilize your resources, MEP's, reprints, ESP tool kit, coupons, placebo units and MIFR's.

We will have a conference call next week probably Friday to continue our discussion from our breakout. I will send you an email next week with the details for the conference call. Once again thanks for your hard work this week, you guys are the best team and I look forward to working with each of you throughout the year.

Have a great weekend!

Jackie Morrison  
Area Manager- Pacific Northwest  
Pain Care Division  
Cephalon  
415-613-1493



# Document Produced in Native Format

# National Sales Meeting

Pacific Northwest Area  
Pain Care Division

January 14<sup>th</sup>, 2006  
Hollywood, FL

## Welcome to the New Northwest Pain Care Division

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- Jody Krohn
- Alyson Kempton
- Jay Jacobs
- Vanessa Amurao
- Rachel Cook
- Garry Skinner
- Ryan McKeehan
- John Bateman

# Agenda

- Thursday:
  - Introductions
  - Business overview
  - Targeting
  - MDM- David Hennecke presents
  - Marketing materials- Ryan McKeehan

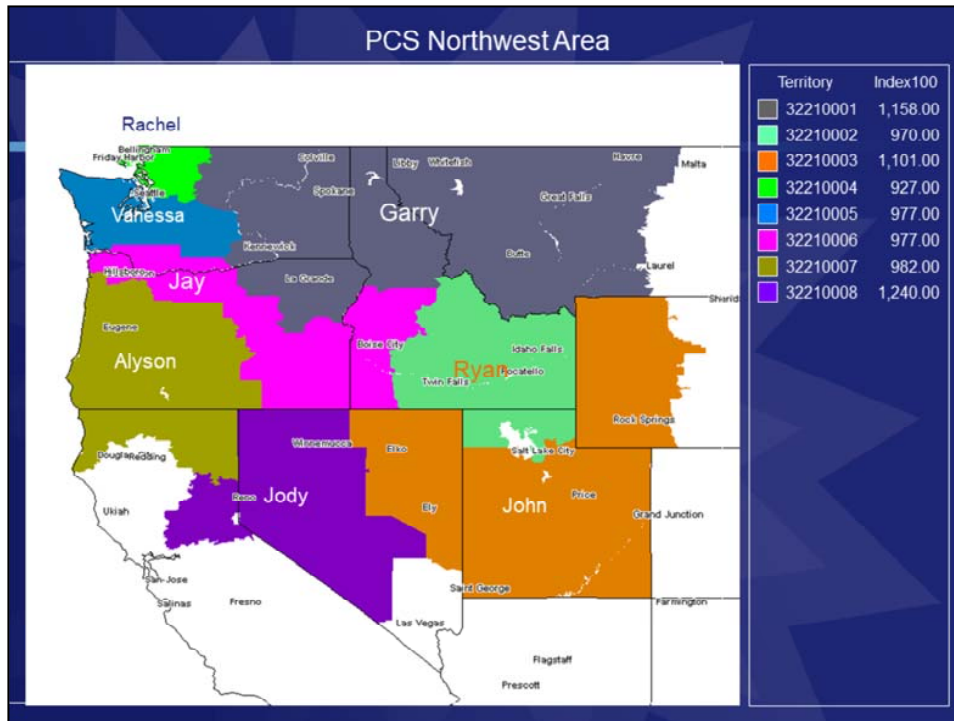
## Friday

Managed care presentation  
Objections  
Goals for '06

## Get to know your teammate

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- Take 15 minutes and learn about each other and then present it to the group
  - What are their hobbies/ interests
  - Where are they from
  - Where did they go to college
  - What company did they use to work for
  - What is their dream vacation



## My Leadership commitment

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- Be a resource to you
- Lead by example
- Be available
- Be honest and open
- Respect your individuality
- Identify and develop the tools you need for your success
- Provide a fun work environment



## Your Leadership commitment

- Grow Sales within guidelines
- Rank in the top 50% of sales force
- Follow Cephalon code of conduct
- Follow Northwest expectations
- Accurate and timely communication
- Spend your MEP budget
  - Spend it early in the year

## Your Leadership Commitment

- Commitment to skill development
- Operate according to standards
- Strong work ethic
- Integrity
- Be timely with all compliance wire assignments
- Mutual respect

## Expectations/ Administration standards

- Email
  - Checked daily
- Voicemail
  - Checked 3 times per day
- Expense reports
  - Due monthly: I should receive it by the 10<sup>th</sup> of every month
  - Circle dates, location and amount
  - Receipts must be taped in chronological order
  - Entertainment receipts must be itemized
  - Phone/internet expense- must provide entire bill \$175/ month
  - Expenses must follow expense guidelines
  - Include all receipts for expenses
  - Entertainment: First and last names recorded on receipt
  - Airfare/ hotel/ car
    - Booked through world travel

## Expectations/ Administration standards

- Compliance wire
  - Needs to be completed on time
  - Compliance guidelines are found on the intranet under sales force policy handbook
- Field Visits
  - Targets must be updated
  - Provide hard copy of daily plan
  - Must confirm FCR within 10 days
- Lotus notes
  - Replicate at least 2 times per week
  - Weekly report due by Sunday 12 noon
  - Complete weekly report prior to going on vacation
- Calendar
  - Emailed monthly, due on the 28<sup>th</sup> of every month

## Expectations/ Administration standards

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- Sick day
  - Must voicemail me by 9 AM for sick day approval
- Vacation/ Personal days
  - Must email prior to date of vacation/ personal day
- Mileage reporting
  - Must be reported monthly



# Compliance

# Compliance Policy on Promotional Meetings

- For a venue-based MEP, there must be at least three HCPs present
- 1:1 MEPs may only take place in an HCPs office
  - For ANY MEP with fewer than 3 attendees, the content certification must be signed by the attendees and faxed to COGENiX
- MEP meal costs must follow those permitted under the Gifts, Meals and Entertainment Policy
  - \$20 or less per head for in-office programs
  - \$100 or less for venue-based programs (room charges should be removed)
- Government employees
  - No government employee shall attend an MEP (lunch or dinner) or receive a gift, payment or honorarium without a signed certification form.
  - "Government" includes state and federal (i.e., physicians at state hospitals).
- No Entertainment

# Policy on Promotional Meetings

- Must have 3 attendees at venue-based MEPs
  - Not good enough to “try”
  - If not sure, use 1:1 MEP
- Get content form signed for ANY MEP with <3 attendees (even if you expected >3 attendees)
- Per-person limit is \$100 – still too many programs exceeding that limit
- No “Journal Clubs”
- Programs need to be reconciled promptly in COGENiX
  - Programs several months old have still not been reconciled
  - Many “repeat offenders”



## Policy on gift meals and entertainment

- Cephalon “signed on” to the PhRMA Code
- Where Code and Policies are in conflict, follow Policies
- Gifts: Only those approved by Marketing or the VP of Sales
  - No textbooks, models, equipment or other “medically relevant” items unless approved as above
  - Never cash or gift certificates
  - No “holiday” gifts (fruit baskets etc.)

## Policy cont.

- Meals
  - Purpose: to discuss Cephalon products
  - In-Office: \$20 per head (incl. tax and tip), max of \$325 per office unless advance written approval of AM
  - Out-of-Office: \$100 per HCP (incl. tax and tip)
    - Only HCPs permitted (includes MD, NP, PA, Nurse, Pharmacist)
    - No more than 5 attendees
    - At least one attendee must be a prescriber HCP (NP, PA, MD)
    - No "dine and dash"
  - No more than one "meal" every two weeks (in- or out-of-office)
  - No guests

## Policy cont.

- Expense Reporting
  - Be sure to follow revised T&E Policy
  - Must include full name of each HCP attending meal
  - Must include # of staff attending (for in-office meal)
  - State whether in-office or out-of-office
  - MUST USE CORPORATE CARD

## Keys for success

- Focus
  - How can you drive your business?
- Execution
  - Keep it simple
- Plan for success
  - Utilize your resources

## In which ways can we increase our business?

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- More prescribers
- More units
- Higher strengths
- More units per script
- More scripts per prescriber

## Who are we calling on?

- Pain Medicine
- Anesthesiologist
- Pain Medicine and Rehab
- Oncology
- Neurology
- FP, IM (if they are writing opioids)

## What data is important to look at when choosing our targets?

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- What do you consider long hanging fruit?

## Expanding our business base

- We want to continue to grow our core base of prescribers
- We don't want a business that is successful on a few writers
- We must continually analyze our data and look for new opportunities to explore
- Utilizing E launch and our excel data, we can uncover potential opportunities



## Targeting

- Effective targeting will be the key to your success
- Targets should be based on prescribers with most potential for growth
- Utilize your resources on these prescribers
  - MEP's, MIRIF's, coupons, ESP, etc
- See top prescribers on a regular bases
  - Weekly
    - Hot list
- Calling on key pharmacies

## Targeting cont.

- Effective MEP's
  - Small round tables
  - Inviting the right prescribers
  - Effective speakers
  - One on One office based MEP's, when appropriate
- Quality calls not quantity

## Targeting cont.

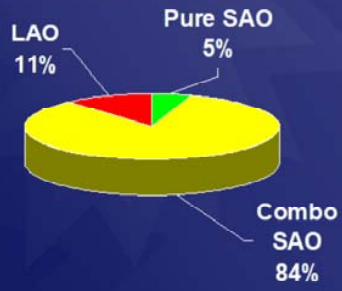
1. First look at prescriber who have a high potential for writing short acting opioids and is currently writing Actiq
2. Non- Actiq writers with high potential
3. Low to med potential who are currently writing Actiq

# Total Opioid Market

2004

## Volume (TRx)

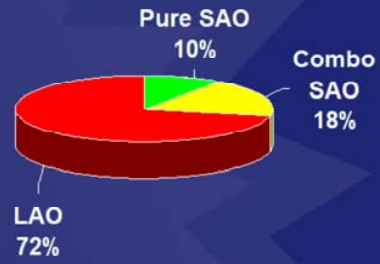
142.7 M TRxs



Combo SAOs dominate volume

## Value (\$)

\$5.9 B

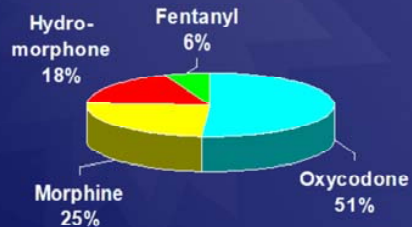


LAOs dominate value

Note: LAO = long-acting opioid. SAO = short-acting opioid  
Source: IMS NPA Audit

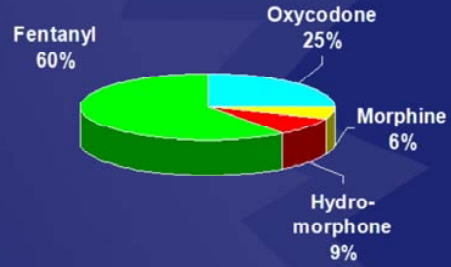
# Pure SAO Market

Volume (TRx)  
7.5 M TRx



Oxycodone dominates volume

Value (\$)  
\$743 M

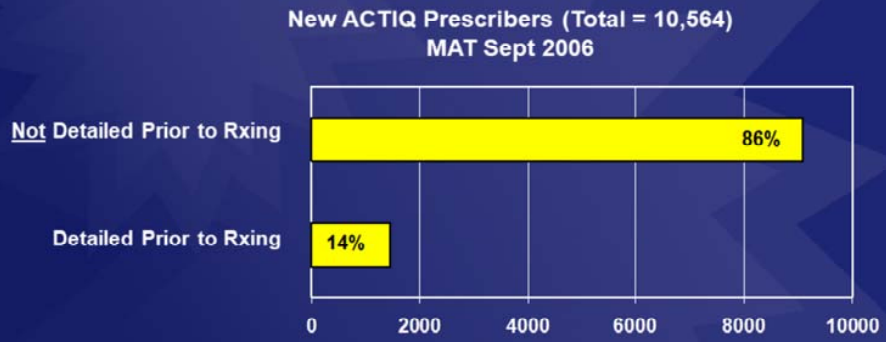


Fentanyl dominates value

**SAO Market Definition**

Oxycodone - 8 generics, OxylR, Oxycast, Roxicodone, Oxydose  
Morphine - 9 generics, MSIR, Roxanol  
Hydromorphone - 16 generics, Dilaudid  
Fentanyl - ACTIQ

What % of new ACTIQ prescribers (10,564 Rxers) were detailed prior to prescribing?



What % of ***all*** ACTIQ prescribers (12,510 Rxers)...prescribe only ***one*** strength?

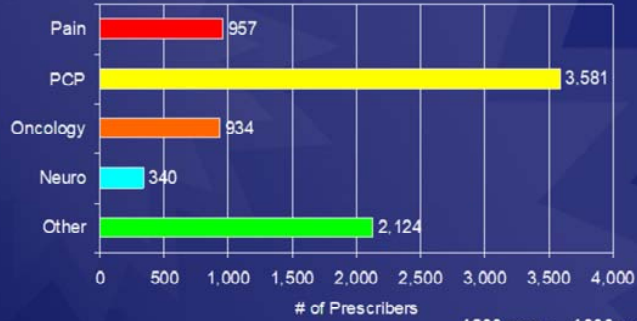
# Opportunity?

ACTIQ Prescribers by # of Strengths Prescribed  
(Total Prescribers 12,510)



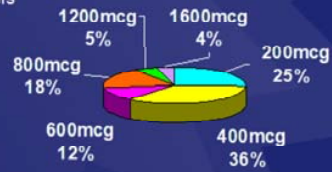


**Total Prescribers – 1 Strength  
(Total Prescribers 7,936)**

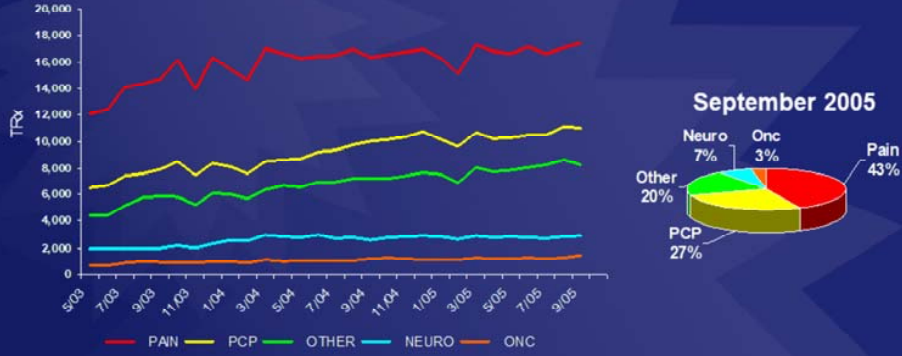


**Pain Prescribers – 1 Strength  
(Total Prescribers 957)**

***We only have 2,755 Pain Rxers***



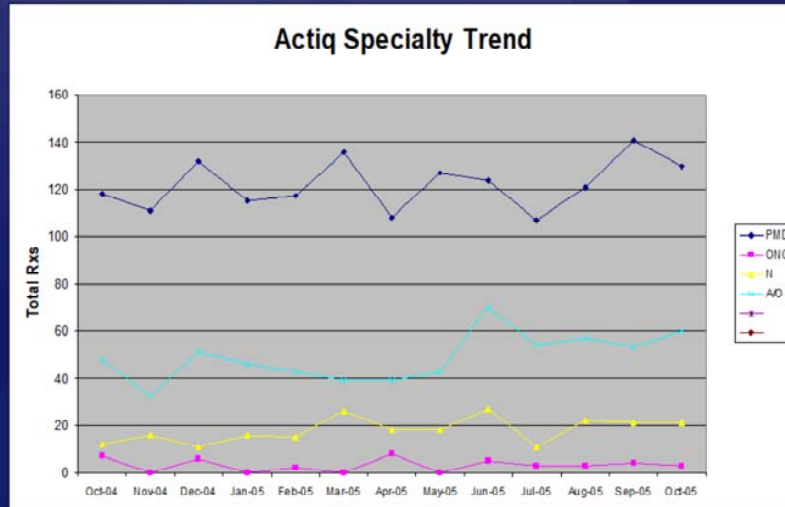
# ACTIQ TRxs By Specialty



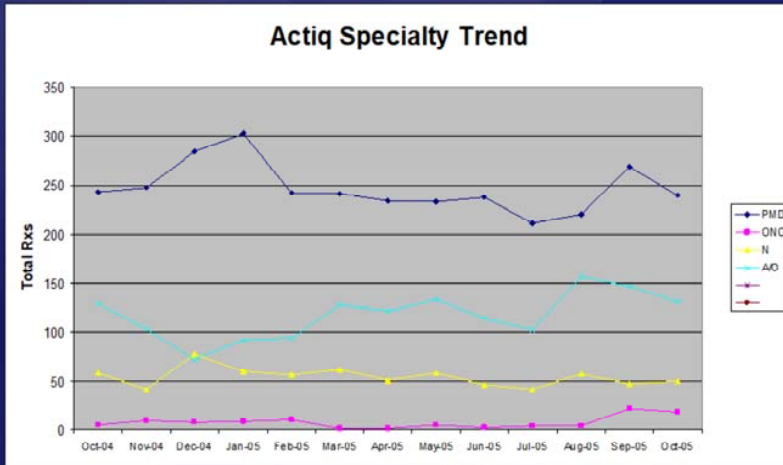
**Pain Specialists consistently most productive**

Source: IMS NPA

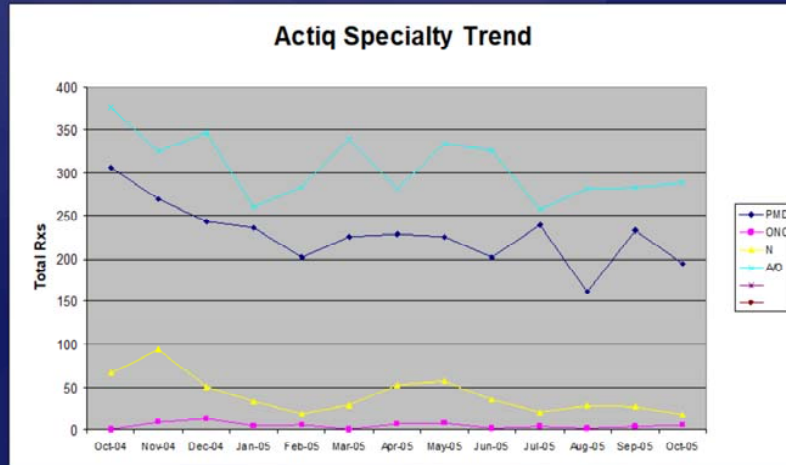
# Garry



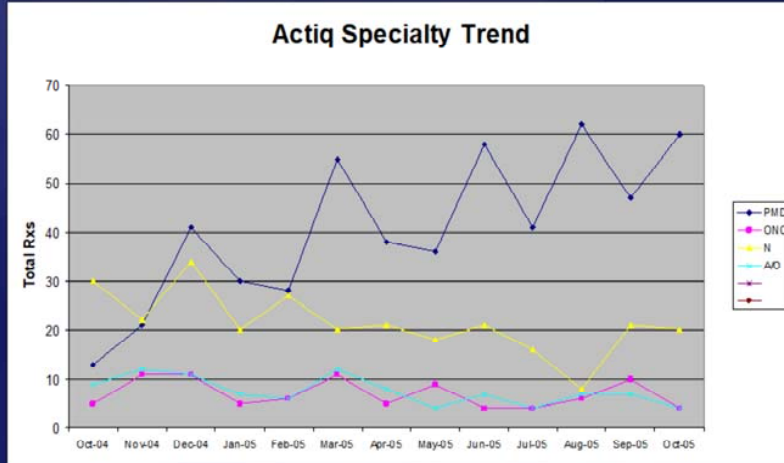
# Ryan



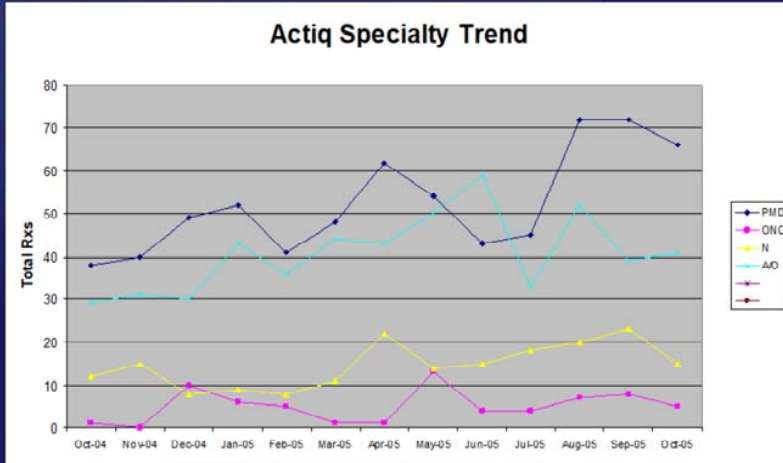
John



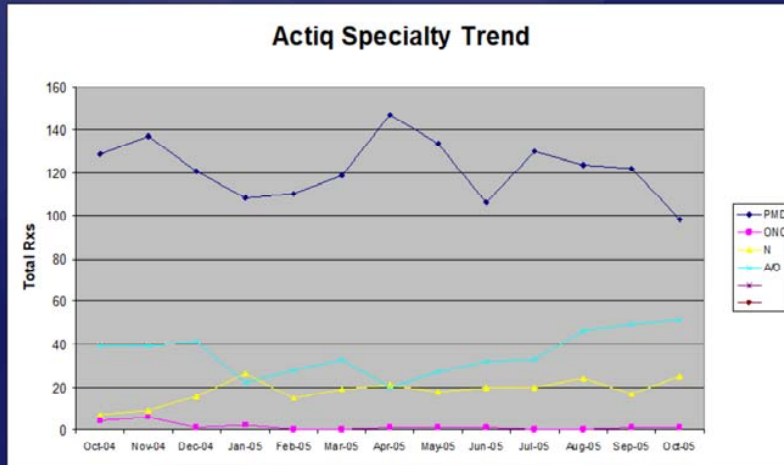
# Rachel



# Vanessa

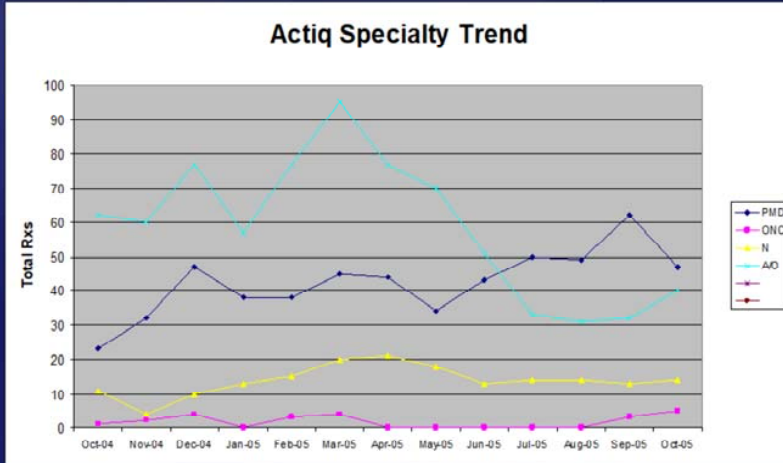


# Jay

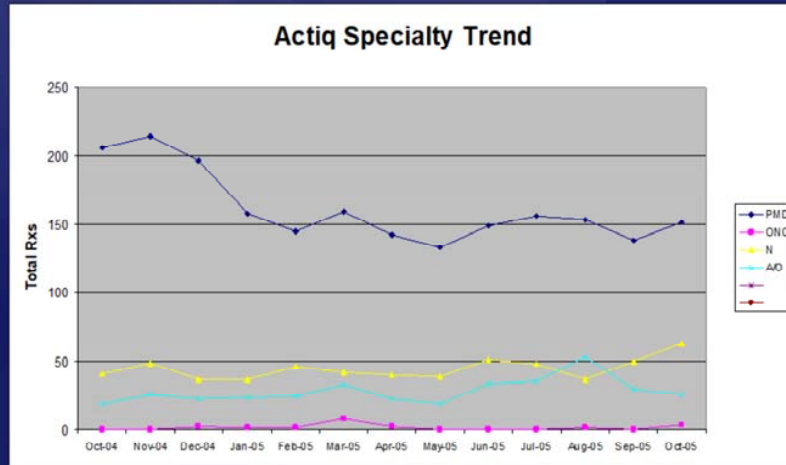




# Alyson



# Jody



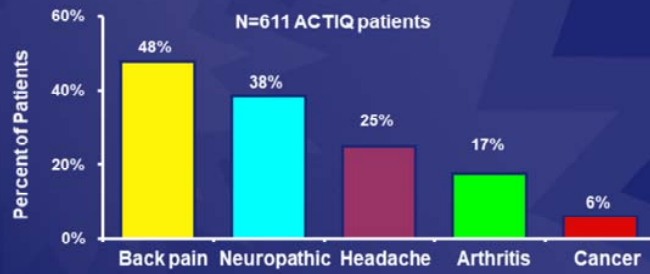


Market Research

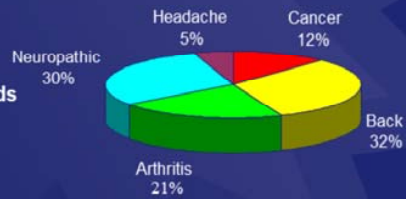
## Chart Study

- Objective – learn about ACTIQ utilization
- 611 ACTIQ patient charts reviewed

## Underlying Conditions Treated With ACTIQ



Chronic Pain Patients Treated with Opioids  
Estimate - 2.8 M patients\*



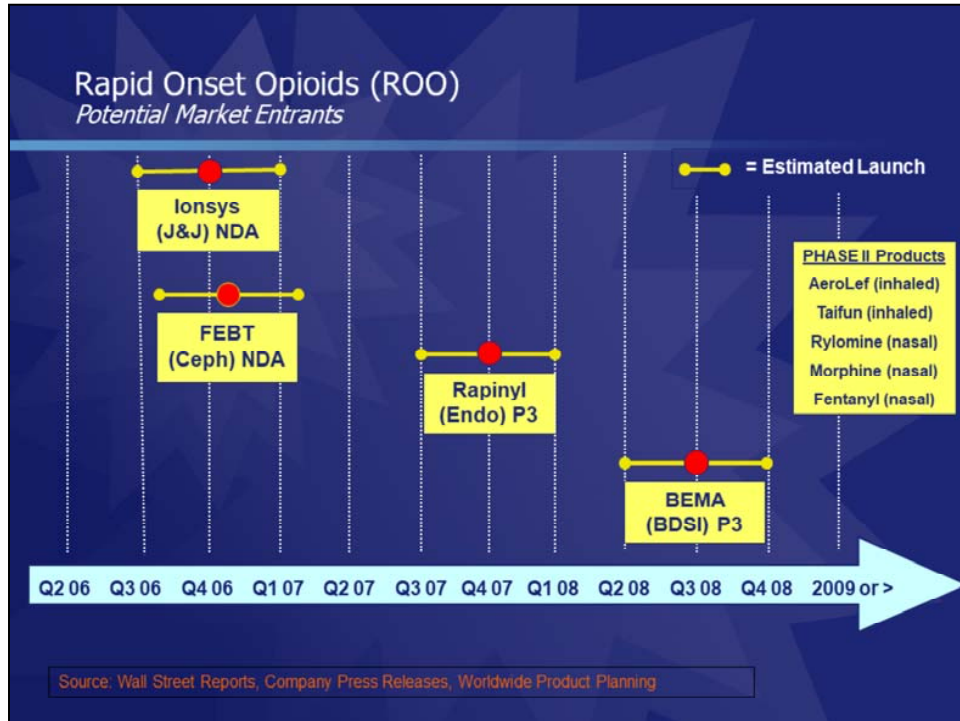
Source: IMS Chart Audit, 2004  
Source: Secondary Data Review

## Pulse Survey

- Objective – determine drivers & barriers
- 45 Pain Specialists (Anes & PMR)
  - High ACTIQ prescribers (decile 5-10)

## Drivers & Barriers to ACTIQ Use

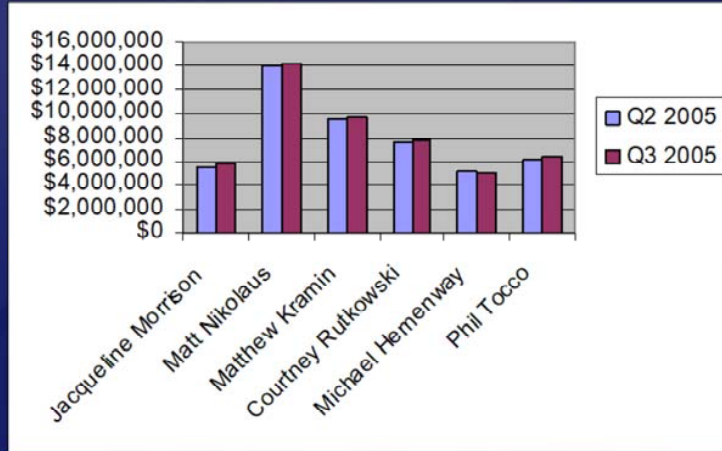
Drivers	Barriers
Rapid onset of action (65%)	Lack of insurance coverage (51%)
Strong & effective (34%)	Abuse concerns (34%)
Good for sudden onset pain (32%)	Dental issues (24%)
Fewer GI problems (20%)	Limited indication in cancer (22%)
Good cancer pain relief (17%)	
Matches LAO molecule (17%)	
Useful after treatment failures (15%)	



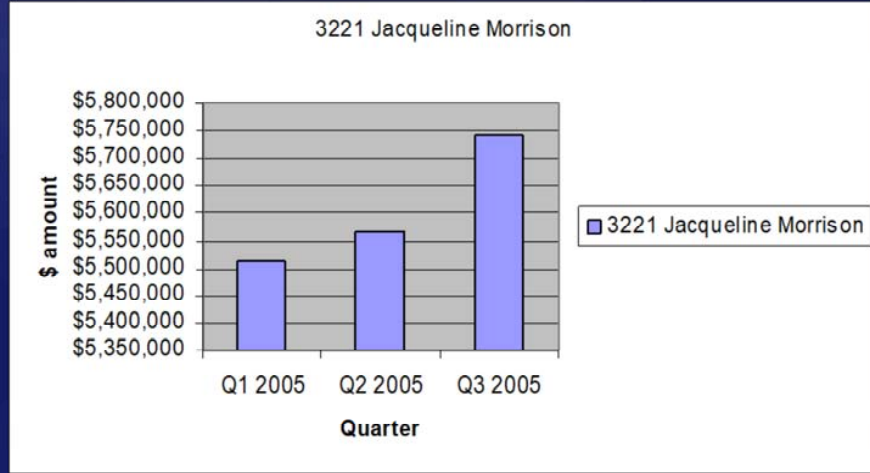
Actiq patent expire based on SF launch and / or Pediatric exclusivity



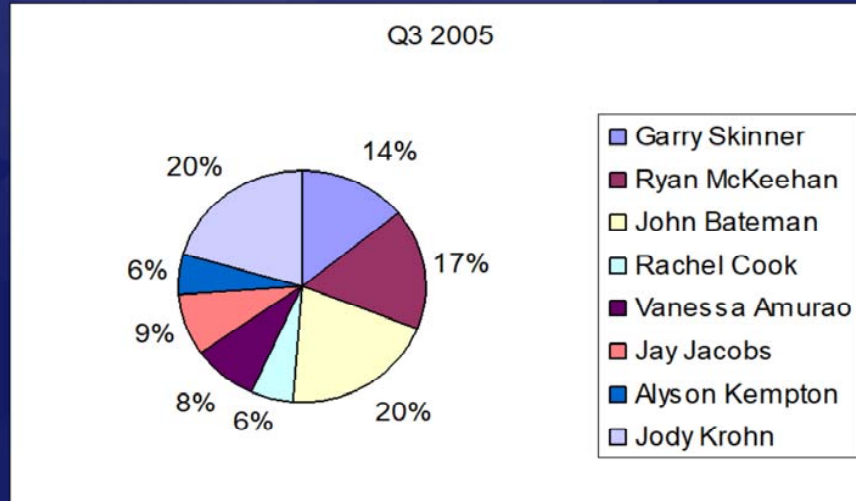
## Where do we stand compared to the other areas in the West?



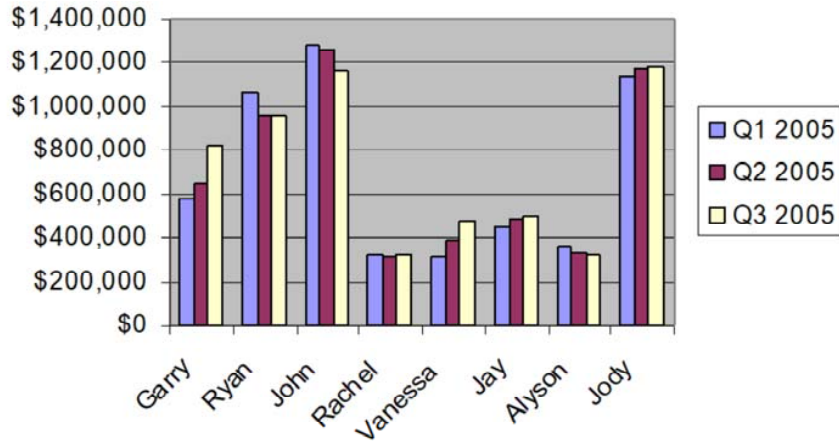
# Dollar Growth



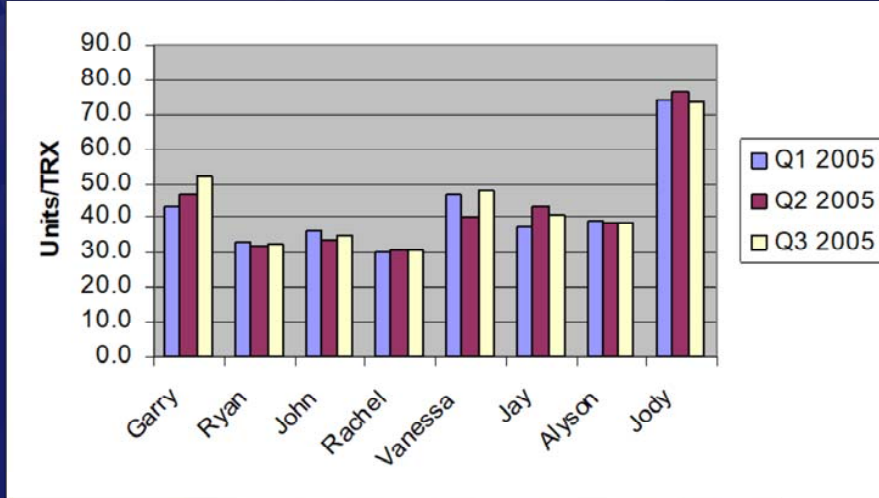
## Dollar volume of each territory for Q3 2005



## Dollar Growth For Q1, Q2 and Q3



## Units/TRX for Q1, Q2 and Q3



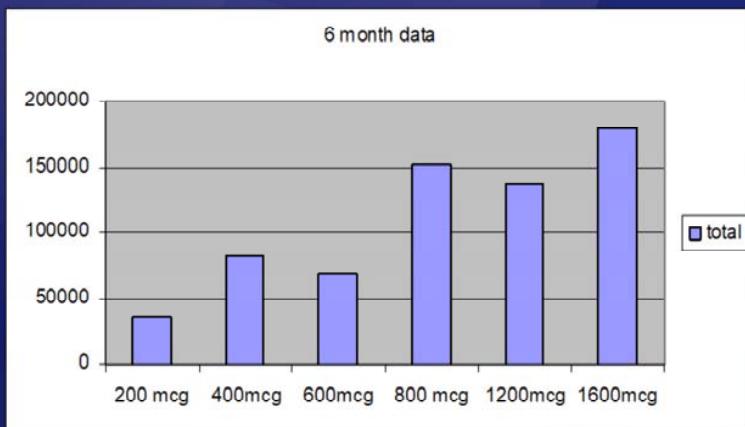
## Units per TRx

Units/TRx	Q1 2005	Q2 2005	Q3 2005
Garry	43.1	46.5	51.9
Ryan	33.0	32.2	32.5
John	35.9	33.7	35.2
Rachel	30.4	30.6	30.7
Vanessa	46.8	40.4	47.7
Jay	37.2	43.5	40.7
Alyson	39.3	38.6	38.3
Jody	74.2	76.6	73.4

## Number of Rx's per prescriber

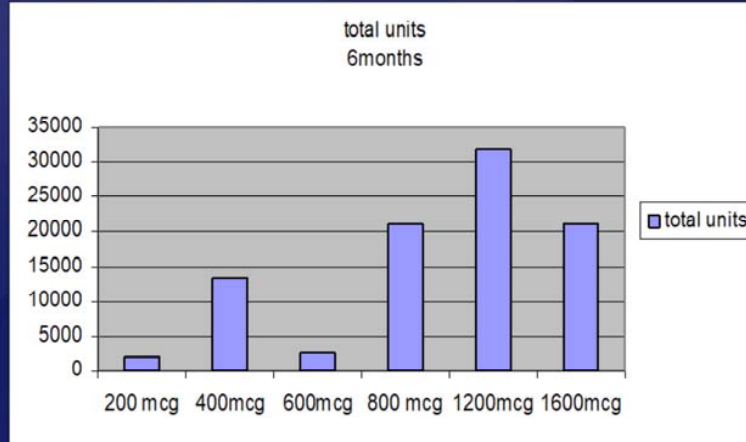
<b>TRx Count/Prescriber</b>	<b>Q1 2005</b>	<b>Q2 2005</b>	<b>Q3 2005</b>
Garry	9.9	9.8	8.6
Ryan	17.4	18.8	17.6
John	18.7	17.9	16.4
Rachel	9.5	10.8	8.7
Vanessa	7.0	7.1	7.1
Jay	11.4	10.6	9.9
Alyson	9.5	9.4	7.6
Jody	10.3	9.2	9.7

## Strengths of Actiq written

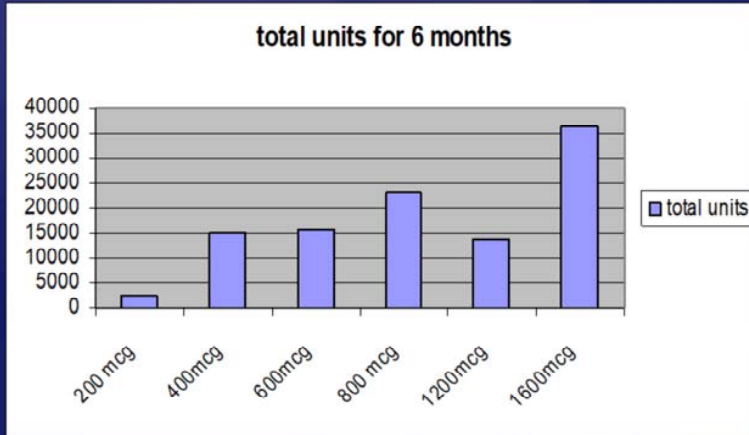




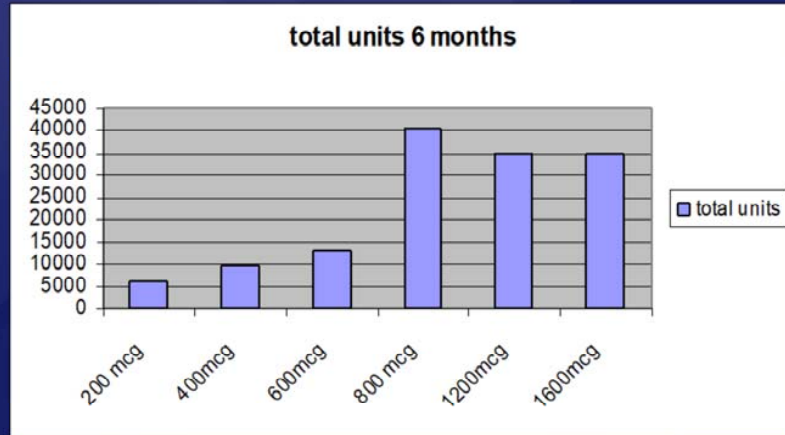
# Garry



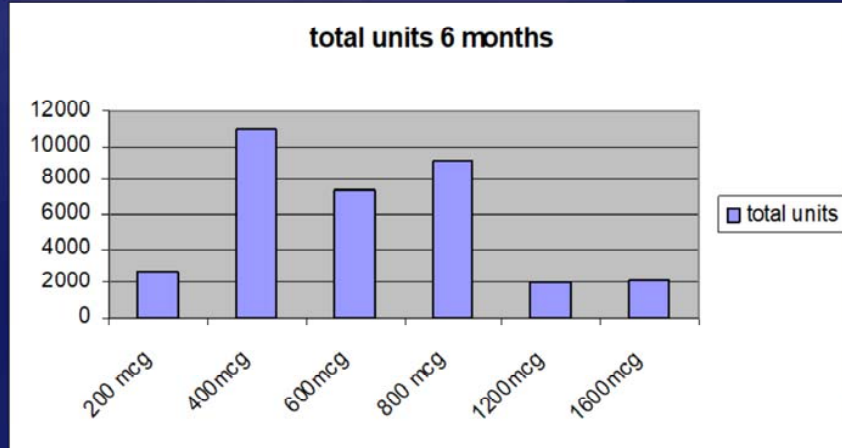
# Ryan



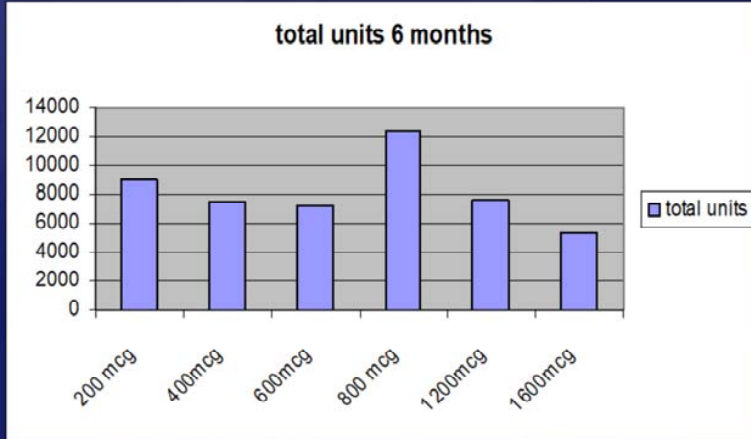
# John



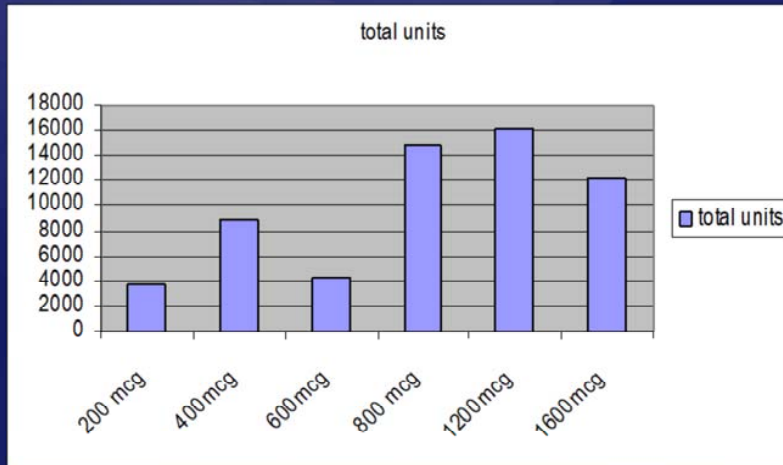
# Rachel



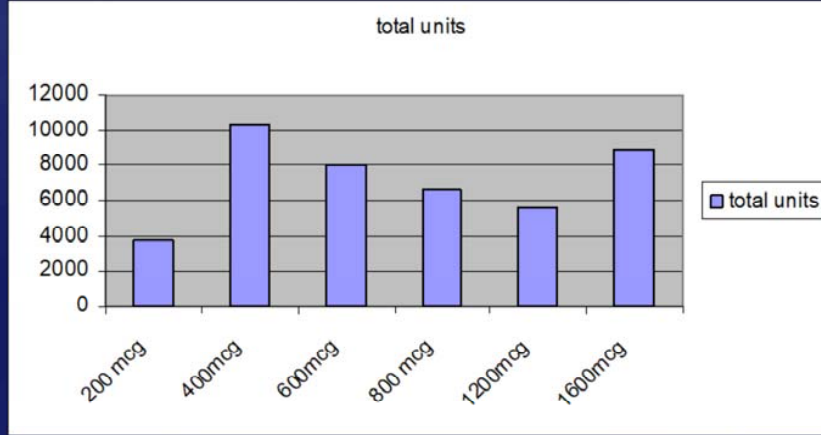
# Vanessa



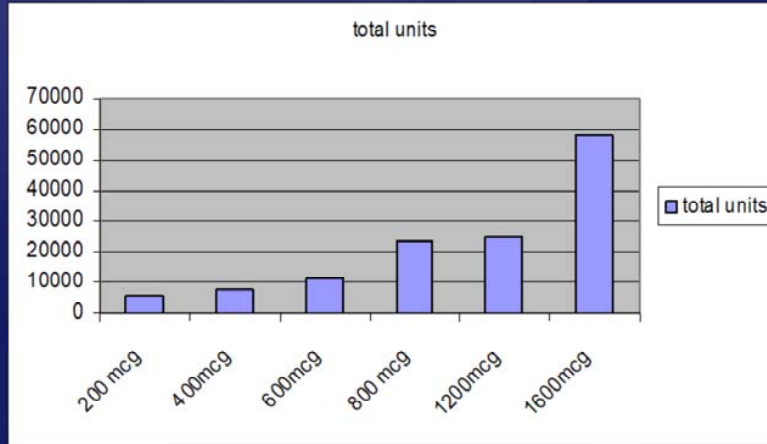
# Jay



# Alyson



# Jody







# Targeting workshop



# Selling Skills

# Actiq

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- What are some of the key selling points for Actiq?
- What are some potential barriers?

## Actiq's AWP

Strenght	AWP/30	AWP 1
200	263	8.77
400	334	11.13
600	409	13.63
800	485	16.17
1200	631	21.03
1600	789	26.03

# Handling Objections

- What are some of the objections you have been hearing?
- What are some of the resources we have available to use when answering objections?
  - Studies?
  - What else?

## Reimbursement

- 800 number/ Covance
- Know the PA process
- Total office call
  - Nurse, physician, billing manager, pharmacist

## MEP's

- What makes a successful MEP?
- How many MEP's can we do by June?
- Budgets for '06
  - \$18,000 per representative until June ,then we will revisit it

## Draft Requests

- Grant requests
  - You need to contact me and we can discuss it
  - You will need to fill out a draft request form
- Preceptor ships
  - Everyone one needs to complete a half day preceptorship by Feb 28<sup>th</sup> 2006
  - You will need to fill out a draft request form prior to the preceptorship
  - Completion of preceptorship form will need to be signed by you and physician
  - We will pay physicians \$250 for the half day



# Speakers

Name	City	State	Degree	specialty	Actiq Classification	notes
<b>Actiq</b>						
Wayne Anderson	San Francisco	CA	DO	N.P.M.D.	National	Affiliated to CPIC in San Francisco
Lynn Webster	Salt Lake City	UT	MD	AN.P.M.D.	National	Addiction specialist
Michael Moskowitz	Mid Valley	CA	MD	P	National	excellent speaker, great in all settings- does not like to travel much
Howard Rosner	LA	CA	MD	AN.P.M.D.	National	
Robert Singer	Bellevue	WA	MD	N	Regional	headache specialist
Dermot Fitzgibbon	Seattle	WA	MD	AN.P.M.D.	Regional	Director of University of WA / Cancer Pain Center
Stuart Rosenblum	Portland	OR	MD	AN.P.M.D.	Regional	
Jeffery Penning	Aurburn	CA	MD	P.M.B.R.	Regional	
Gerald Sacks	LA	CA	MD	AN.P.M.D.	Regional	
Stuart Dupen	Bellevue	WA	MD	P.M.D.	Qualified	

## Goals for '06

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- What are our goals?



Money Money Money

## Keys to success

- Targeting
- Successful titration (lower treatment failures)
- Successful MEP's
- Total office call
- Product knowledge/ competitors
- Utilization of resources
  - ESP, reprints, coupons, MEP's, RMP, marketing pieces, placebo units, etc.
- Add value to your offices on each call
- Anything else?

## Keys to success cont.

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- Four main drivers:
  - Prescribers
  - Prescriptions
  - Units
  - Doses



You have the opportunity to create your  
destiny.....

Dream Big

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