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**P-11408\_00001**

**Highly Confidential**

**TEVA\_MDL\_A\_01211474**

P-11408 \_ 00001

# 2012 FENTORA Brand Plan

Draft – November 2011



 **FENTORA.**  
*fentanyl buccal tablet @*  
**Relief beyond the flare**



Update to Teva logo

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1

## Detailed Agenda

- ▲ Executive Summary
- ▲ Market Situation Analysis
  - Market Overview
  - Competitive Landscape
  - Target Audiences
  - TIRF
- ▲ Product Situation Analysis
  - Financial Results (2011)
  - Customer Perceptions
  - REMS impact
  - Sales Force Size & Structure
  - Payer Situation
- ▲ Issues & Opportunities
  - SWOT, Key Issues
- ▲ Brand Strategy
  - Indication, Vision, Positioning, Strategic Map, Messaging
  - Tactical Plan & Timing
    - » Med Ed/Speaker Programs, Pubs, PR, HCP Promotion, REMS, Market Research, Managed Markets
- ▲ Budget

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2

- ▲ Fentora is an effective yet underutilized brand
- ▲ Fentora has a small prescribing base, REMS hurdles, dosing confusion, and a lack of clear positioning in the doctor's mind
- ▲ In 2012, Teva will efficiently execute programs to
  - Clearly differentiate Fentora within the market
  - Mitigate prescribing hurdles
  - Solidify and expand the prescribing base
  - Establish clear triggers on when to utilize Fentora

# The Process



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4

# Market Situation



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5

## Market Landscape

- ▲ Need a slide on the opioid market in general
- ▲ Get from Sheila Joe McHale

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6

## Add competitive – slide 57

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7



# Target Audience

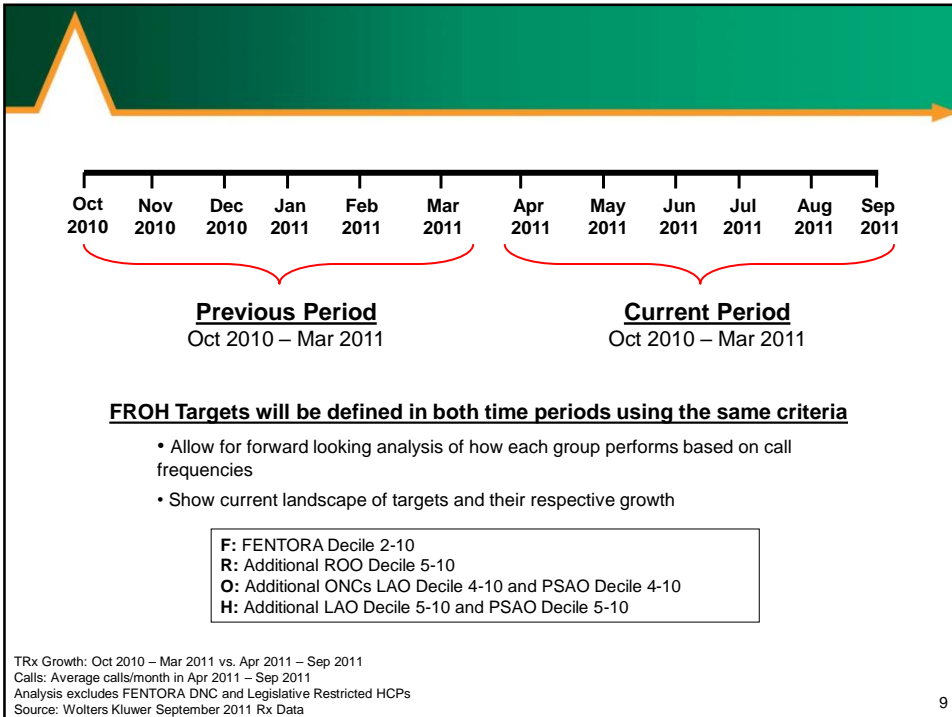
H4B Chelsea to update –  
Message Recall (targeting email)

How do we name these docs in a way  
that tells reps how to message

Audience	Description	Opportunity
Field Sales Force	<ul style="list-style-type: none"> <li>71 reps</li> <li>X DMs</li> <li>X RDs/ X DAE / X SD Corporate Accts.</li> <li>X NAE / X AE / X Gov / X Instit / X Trade</li> </ul>	<ul style="list-style-type: none"> <li>Protect/Grow</li> </ul>
Fentora Prescribers (8-10) XXX # of Prescribers	<ul style="list-style-type: none"> <li>XX East Region (XX%)</li> <li>XX West Region (XX%)</li> <li>Highest opioid &amp; ROO comfort &amp; productivity</li> <li>Likely influencers of others due to experience</li> </ul>	<ul style="list-style-type: none"> <li>Protect</li> <li>Grow (Writing Intensity)</li> </ul>
TIRF Prescribers (5-10) XXX # of Prescribers	<ul style="list-style-type: none"> <li>XX East Region (XX%)</li> <li>XX West Region (XX%)</li> <li>Less comfortable with ROOs</li> <li>Driven more by patient request, efficacy, samples</li> </ul>	<ul style="list-style-type: none"> <li>Protect</li> <li>Grow (Unique Prescribers)</li> </ul>
Oncologists	<ul style="list-style-type: none"> <li>Limited Opioid &amp; ROO experience</li> </ul>	<ul style="list-style-type: none"> <li>Grow selectively</li> <li>Non-personal</li> </ul>
Skilled Opioid Prescribers (H targets)	<ul style="list-style-type: none"> <li>Exhibit similar behavior to Mid-decile prescribersXXXX Whitespace XXXX</li> </ul>	<ul style="list-style-type: none"> <li>Grow selectively</li> <li>Non-personal</li> </ul>

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**F:** FENTORA Decile 2-10  
**R:** Additional ROO Decile 5-10  
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**H:** Additional LAO Decile 5-10 and PSAO Decile 5-10

**FROH Target Movement: Previous 6 months vs. current 6 months**

		<u>Previous Targets</u> (Oct 2010 – Mar 2011)					
		F	R	O	H	Non Target	Total
<u>Current Targets</u> (Apr 2011 – Sep 2011)	F	885	47	24	161	151	1,268
	R	34	236	3	47	37	357
	O	13	6	933	0	597	1,549
	H	152	69	0	6,401	1,523	8,145
	Non Target	156	46	614	1,244	326,896	328,956
	Total	1,240	404	1,574	7,853	329,204	340,275

**Current F Targets:**

- 70% came from previous F Targets
- 6% came from previous R and O Targets
- 24% came from previous H or Non-Targets

Current and Previous targets based on same criteria in respective time periods  
 Analysis excludes FENTORA DNC and Legislative Restricted HCPs  
 Source: Wolters Kluwer September 2011 Rx Data

## TIRF TOE

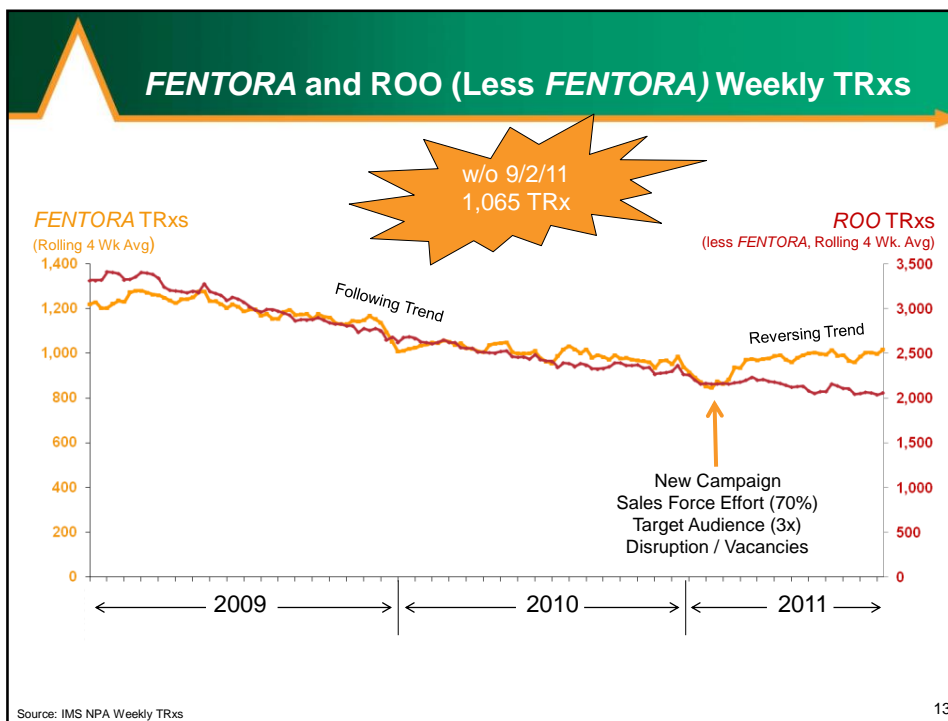
- ▲ Contact Paula Castagno for a slide/info

# Brand Situation



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12



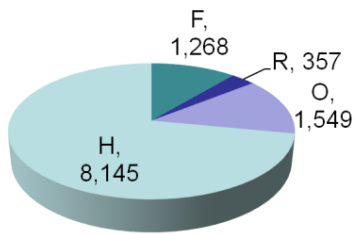
Week of 9/2/11 2<sup>nd</sup> highest weekly for TRx of 1,065. Only 3 TRx short of 2011 weekly TRx high of 1,068 w/o 6/24

Data is through 8/26/11

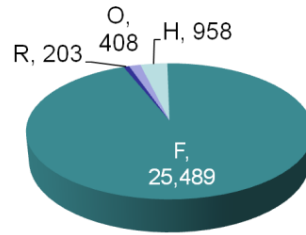
ROO market continues to decline, FENTORA beginning to reverse trend

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**FROH Target Count**  
(Apr 2011 – Sep 2011)



**FROH TRx**  
(Apr 2011 – Sep 2011)

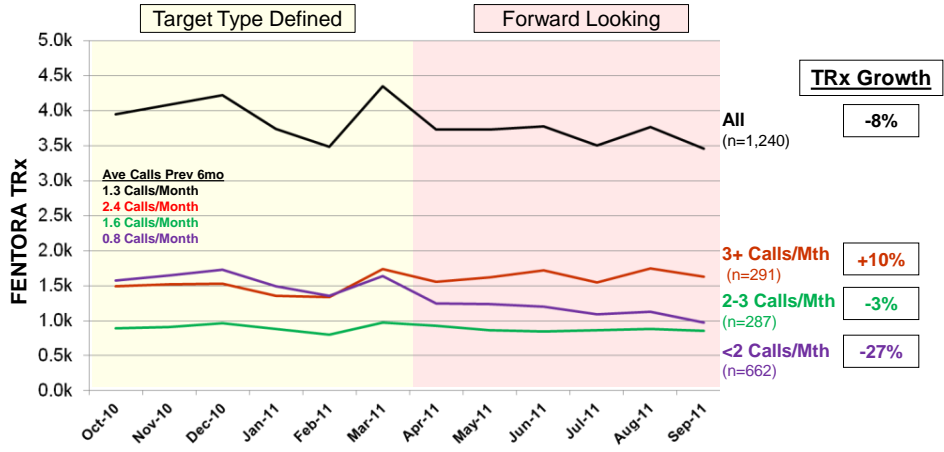


F Targets make up 11% of the total targets and account for 94% of FENTORA TRx

Analysis excludes FENTORA DNC and Legislative Restricted HCPs  
Source: Wolters Kluwer September 2011 Rx Data

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### FENTORA Growth by Call Count - F Targets

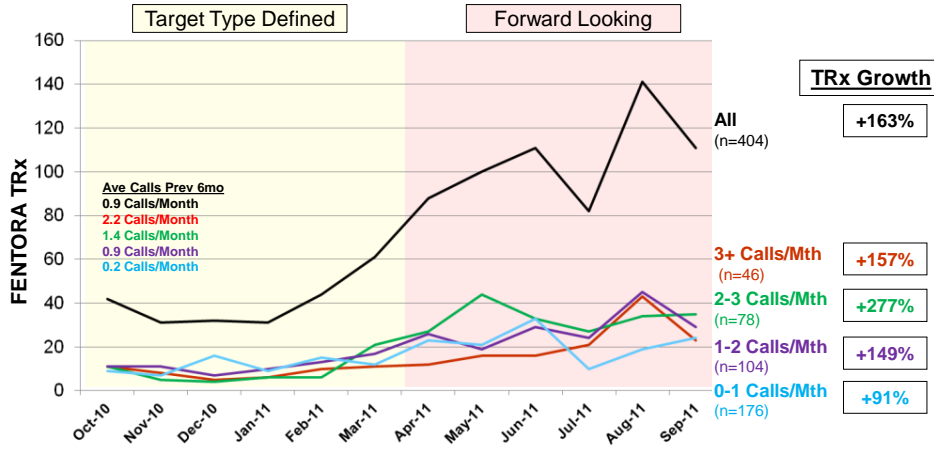


TRx Growth: Oct 2010 – Mar 2011 vs. Apr 2011 – Sep 2011  
 Calls: Average calls/month in Apr 2011 – Sep 2011  
 Analysis excludes FENTORA DNC and Legislative Restricted HCPs  
 Source: Wolters Kluwer September 2011 Rx Data



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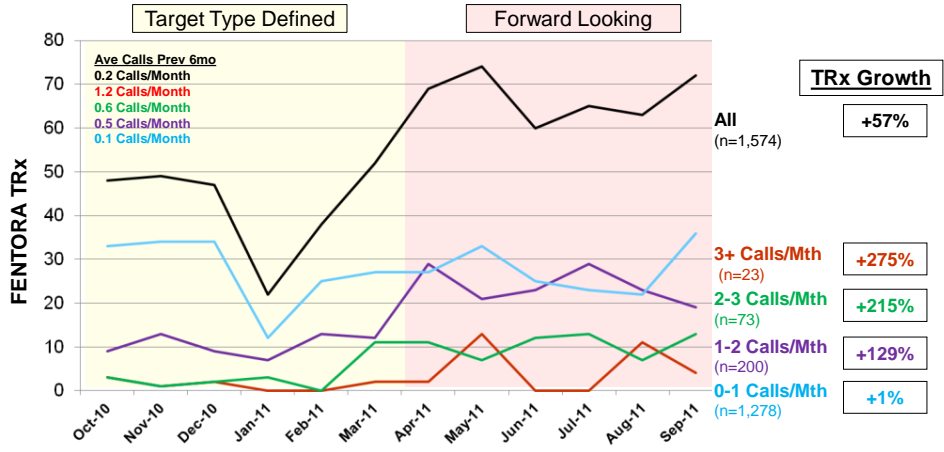
### FENTORA Growth by Call Count - R Targets



TRx Growth: Oct 2010 – Mar 2011 vs. Apr 2011 – Sep 2011  
 Calls: Average calls/month in Apr 2011 – Sep 2011  
 Analysis excludes FENTORA DNC and Legislative Restricted HCPs  
 Source: Wolters Kluwer September 2011 Rx Data

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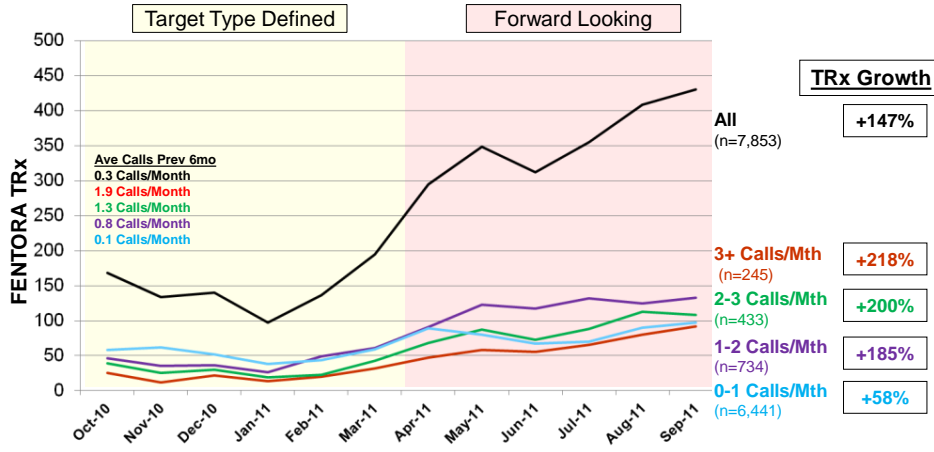
### FENTORA Growth by Call Count - O Targets



TRx Growth: Oct 2010 – Mar 2011 vs. Apr 2011 – Sep 2011  
 Calls: Average calls/month in Apr 2011 – Sep 2011  
 Analysis excludes FENTORA DNC and Legislative Restricted HCPs  
 Source: Wolters Kluwer September 2011 Rx Data

F: FENTORA Decile 2-10  
 R: Additional ROO Decile 5-10  
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 H: Additional LAO Decile 5-10 and PSAO Decile 5-10

### FENTORA Growth by Call Count - H Targets



TRx Growth: Oct 2010 – Mar 2011 vs. Apr 2011 – Sep 2011  
 Calls: Average calls/month in Apr 2011 – Sep 2011  
 Analysis excludes FENTORA DNC and Legislative Restricted HCPs  
 Source: Wolters Kluwer September 2011 Rx Data

### FENTORA TRx Growth by Specialty

Specialty	FENTORA TRx Previous 6mo	FENTORA TRx Current 6mo	FENTORA TRx Growth	% Growth
PMD	17,430	17,698	268	2%
PCP	4,236	4,733	497	12%
ONC	881	1,151	270	31%
N	1,488	1,812	324	22%
A/O	2,257	2,860	603	27%
Total	26,292	28,254	1,962	7%

### Specialty Breakdown by Target Type

Specialty	F	R	O	H
PMD	59%	52%	0%	38%
PCP	20%	27%	0%	48%
ONC	5%	3%	100%	0%
N	5%	9%	0%	3%
A/O	11%	9%	0%	11%
Total	100%	100%	100%	100%

Previous 6 months: Oct 2010 – Mar 2011; Current 6 months: Apr 2011 – Sep 2011  
 Analysis excludes FENTORA DNC and Legislative Restricted HCPs  
 Source: Wolters Kluwer September 2011 Rx Data

20

### New\* FENTORA Writers

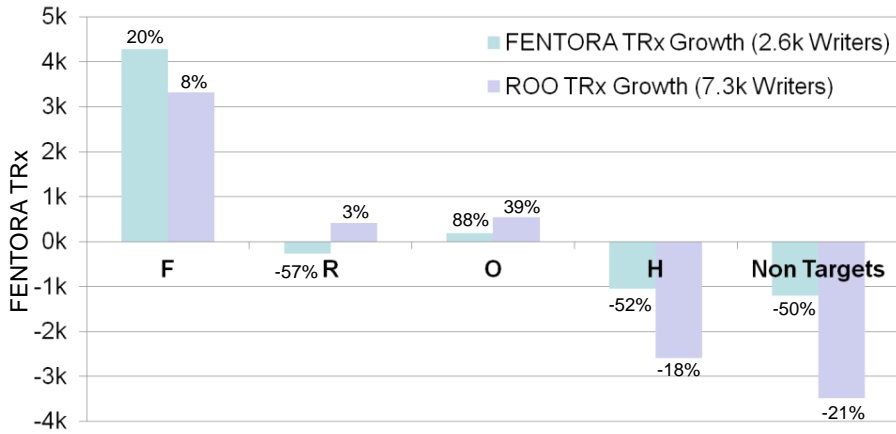
Specialty	HCP Count	FENTORA TRx Current 6mo
PMD	336	1,356
PCP	358	962
ONC	189	473
N	34	105
A/O	195	963
<b>Total</b>	<b>1,112</b>	<b>3,859</b>

Targets Current 6mo	HCP Count	FENTORA TRx Current 6mo
F	197	2,172
R	35	85
O	166	311
H	242	465
<b>Non-Targets</b>	<b>472</b>	<b>826</b>
<b>Total</b>	<b>1,112</b>	<b>3,859</b>

\*New FENTORA writers wrote in current 6 months (Apr 2011 –Sep 2011) and not in previous (Oct 2010 – Mar 2011)  
 Analysis excludes FENTORA DNC and Legislative Restricted HCPs  
 Source: Wolters Kluwer September 2011 Rx Data

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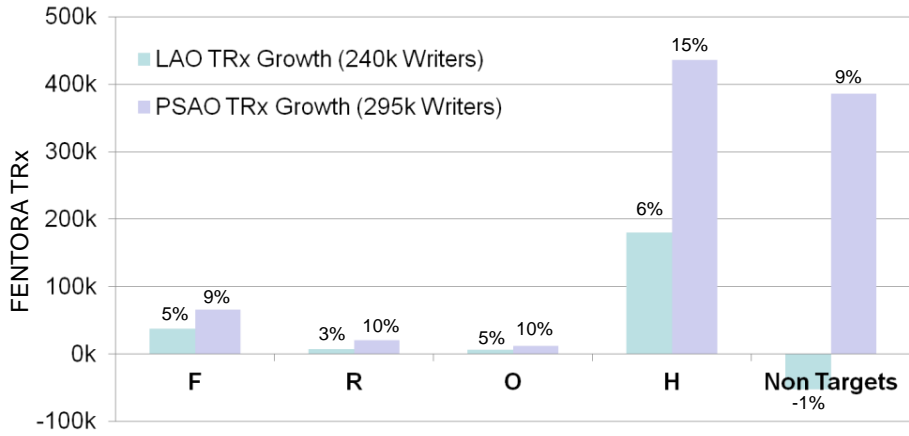
### FENTORA and ROO TRx Growth\* by Target Type\*\*



\*6 vs. 6 month growth: Oct 2010 – Mar 2011 vs. Apr 2011 – Sep 2011  
 \*\*Targets defined based on current time period: Apr 2011 – Sep 2011  
 Analysis excludes FENTORA DNC and Legislative Restricted HCPs  
 Source: Wolters Kluwer September 2011 Rx Data

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**H:** Additional LAO Decile 5-10 and PSAO Decile 5-10

### LAO and PSAO TRx Growth\* by Target Type \*\*



\*6 vs. 6 month growth: Oct 2010 – Mar 2011 vs. Apr 2011 – Sep 2011  
 \*\*Targets defined based on current time period: Apr 2011 – Sep 2011  
 Analysis excludes FENTORA DNC and Legislative Restricted HCPs  
 Source: Wolters Kluwer September 2011 Rx Data

## Financial Summary

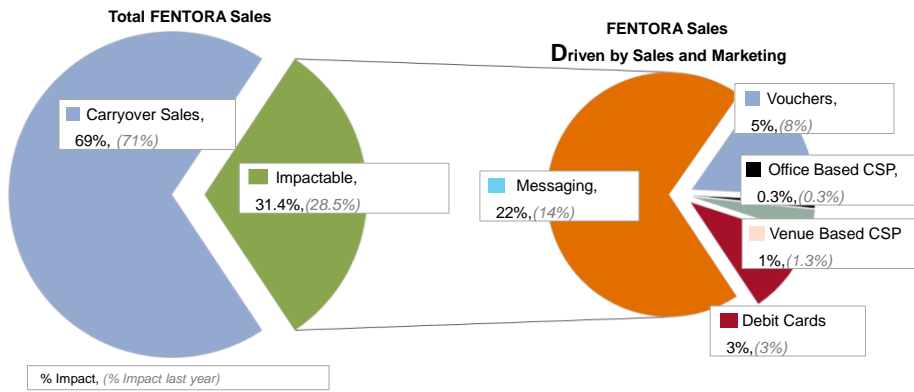
- ▲ Growth from F targets (~4.3k TRx) is outweighing the decline from H and non-targets (~-2.3k)
- ▲ Potential to grow ROO Writers for FENTORA
- ▲ PSAO and LAO TRx is growing among all target groups

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24



## Promotion Explains 31.4% of FENTORA Sales



	Rep Message	Vouchers	Debit Cards	Venue Based CSPs	Office Based CSPs	Carryover
% of Revenue	22%	5%	3%	1%	0.3%	69%

FENTORA Sales at Historical Promotional Effort (Annualized Mar 2011 – May 2011)

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25

## For the Most Part, Tactics are Highly Profitable

Tactic	Short-Term Marginal ROI*	Total ROI*
Sales Call	67%	262%
Rep Message	58%	263%
Vouchers	73%	254%
Debit Cards	Physician-level data unavailable	267%
CSPs – Venue	5%	5%
CSPs – Office	-51%	-51%

35% of "mapped" attendees are outside 17K target universe\*\*

Sales calls are the total of Messages, vouchers & debit cards

\*mROI is the incremental profit at a given activity level over the Mar-May'11 time period; Rep message cost assumes PDE cost of \$121  
mROI of Rep Message includes 2 years of carryover impact. For the rest of the tactics, no future carryover impact is included in the profitability calculation

\*Total ROI = (Impactable Sales \* Gross-to-Net Margin) / Cost - 1

Sales Impact and Cost are based on annualized 3 months activity covering the Mar-May'11.

Debit card costs include GTN costs, while voucher costs exclude GTN costs for ROI calculation purposes

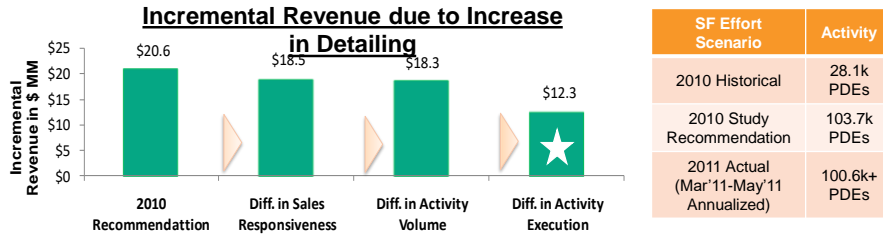
\*\*FENTORA 1-10, ROO 1-10, LAO/PSAO 5-10, Onc

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26

## 2011 Incremental Revenue from Detailing

- Projected volume of activity (PDEs) is tracking well against recommended levels
- Short-fall on potential incremental revenue is due, primary, to differences at the prescriber segment (decile) level compared to the recommendation



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27

## 2011 Detailing Reach and Frequency

ROO Decile	2010 Recommended PDE Effort		Current Effort* (annualized Mar – May'11)	
	% MD Reach	PDE Freq.	% MD Reach	PDE Freq.
H (10-8)	98%	30	89%	33
M (7-5)	98%	27	80%	27
L (4-1)	71%	14	34%	19

Frequency is tracking on, or above, recommended levels

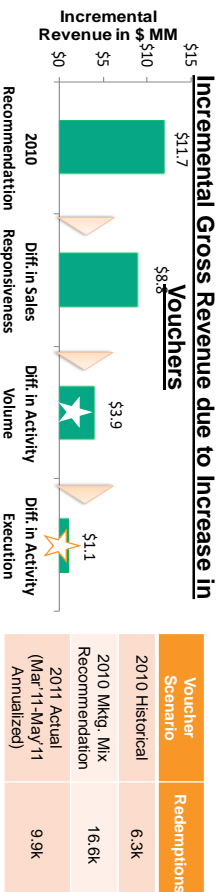
Reach well below recommended levels  
In lower deciles

\* Does not include calls outside ROO deciles

28

## 2011 Incremental Revenue from Vouchers

- While the volume of voucher redemptions is substantially higher in 2011 compared to 2010, we have achieved only a fraction of the recommended increase
- Further short-falls on potential incremental revenue are the result of differences at the prescriber segment level compared to the recommendation



Voucher Scenario	Redemptions
2010 Historical	6.3K
2010 Mktg. Mix Recommendation	16.6K
2011 Actual (Mar '11-May '11 Annualized)	9.9K

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29

## 2011 Voucher Reach and Frequency

- Most of the increased activity (voucher redemptions) came from the same set of prescribers redeeming more vouchers

ROO Decile	2010 Recommended Voucher Utilization		Current Utilization (annualized Mar – May'11)	
	% MD Reach	Voucher Freq.	% MD Reach	Voucher Freq.
H (10-8)	80%	27	45%	44
M (7-5)	60%	17	19%	18
L (4-1)	14%	3	3%	10

Negative ROI  
In high deciles –  
cannibalizing  
scripts

Reach well below  
Recommended  
levels

30

## 2011 Debit Card Utilization

- Overall, debit card usage (~4k) lags the number of voucher redemptions (~10k) on an annual basis – renewed focus on the program / linkage may improve use
- We are now receiving debit card data at the **prescriber level** which, going forward, will allow us to improve:
  - ✓ Overall impact assessment
  - ✓ Our coverage strategy
  - ✓ Tracking of program execution



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31

## Customer Perceptions

- ▲ Need insights slides from Wendy & Michele
  
- ▲ Insert mkt research slides with Fentora negatives from HCPs
  - Why Rxing? Why not?
  - Look at *3928 Final report*

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32



## REMS will be a major factor in 2011

- ▲ Insert REMS slide that outlines what has to happen in March
- ▲ Ask Jessica for slide with different phases of the REMS program

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## Fentora Sales Force

- ▲ Contact Sales Ops – Jennifer for info
- ▲ Insert Sales Force
  - Size
  - Structure
  - # of calls by target

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34

## Payer Situation

▲ Insert Payer situation slide

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35

# Issues and Opportunities



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36

## FENTORA SWOT Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Efficacy: provides early and sustained relief of BTCP</li> <li>• Onset: pain relief within 15 minutes in some patients</li> <li>• Duration: pain relief sustained through 60 minutes</li> <li>• Body of evidence</li> <li>• 45k Patients &amp; 290k Rx</li> <li>• Profile is conducive to effectively treat BTCP</li> <li>• Unique delivery system may optimize delivery of fentanyl across the buccal mucosa</li> <li>• Currently only product promoted by PCS</li> </ul>	<ul style="list-style-type: none"> <li>• Non clinical barriers to prescribing               <ul style="list-style-type: none"> <li>• Cost</li> <li>• Reimbursement</li> <li>• REMS</li> </ul> </li> <li>• Existing product/class reputation</li> <li>• Internal perception and lack of consistent focus</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>• Reinvigorate brand and raise awareness of <i>FENTORA</i> with “matching” focused campaign launched in 2011</li> <li>• Empower appropriate patients by educating them about BTCP and encourage dialogue with their HCP about treatment options</li> <li>• Increased competition may raise awareness &amp; treatment of BTCP with ROO</li> <li>• Development of appropriate BTCP / ROO recommendations / guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Generic OTFC ROO share ~62%</li> <li>• Non ROO alternatives highly generic (SAOs) and currently do not have REMS (LAOs / SAOs)</li> <li>• New competitors: Onsolis, Abstral, PecFent, Lazanda</li> <li>• MCO pressures / step therapy</li> <li>• Patent and exclusivity challenges</li> <li>• Inability to establish breakthrough SOV in marketplace</li> <li>• Concentrated prescriber base</li> </ul>

37

**Strengths:** characteristics of the business or team that give it an advantage over others in the industry.

**Weaknesses:** are characteristics that place the firm at a disadvantage relative to others.

**Opportunities:** *external* chances to make greater sales or profits in the environment.

**Challenges:** *external* elements in the environment that could cause trouble for the business.

## Cool looking hurdles slide

- ▲ Insert TIRF announcement
- ▲ REMS
- ▲ Increased Competition
- ▲ Sales Force Size (decrease of 30)

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38

## FENTORA Key Issues

FENTORA is not viewed as the treatment of choice for BTCP

Non clinical barriers hinder patient starts and retention (REMS, Complicated Dosing, Affordability)

Lack of clarity about where Fentora fits within pain management

Category shifting to TIRF may cause confusion

Small base of prescribing physicians

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39

- 1) Many HCPs accept RECOGNIZED mediocrity in order to avoid potential risk for an unfamiliar benefit. Dispel “good enough” ...challenge HCPs that there may be another option.
- 2) Need to let HCPs know exactly where FENTORA fits in – present the algorithm
- 3) 12 months to 6 months avg months on therapy and 3,550 wrote at least 1 TRx in prior 20 months before May 09 – April 11, but 0 TRx in current 4 months

# Brand Strategy



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## **FENTORA** Indication

*FENTORA* is indicated only for the management of breakthrough pain in adult patients with cancer who are already receiving and who are tolerant to around-the-clock opioid therapy for their underlying persistent cancer pain



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41

## Vision Statement

Establish *FENTORA* as the first choice ROO for cancer patients suffering with BTP



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## Positioning Statement

For HCPs **that** are comfortable with their treatment of BTCP, **FENTORA is** the proven product of choice **that** enables HCPs to advance their approach providing freedom from BTCP



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43

# Fentora Strategic Map

**TODAY**

**TOMORROW**

Effective yet underutilized brand

First choice in BTCP for widespread number of physicians

Key Issues

*FENTORA* is not viewed as the treatment of choice for BTCP

Non clinical barriers hinder patient starts and retention (REMS, Complicated Dosing, Affordability)

Lack of clarity about where Fentora fits within pain management

Category shifting to TIRF may cause confusion

Small base of prescribing physicians

Strategies

Highlight compelling data and unique Mechanism of delivery as reason to believe Fentora is ideal BTCP choice

Target Office Managers/Nurses to champion Fentora and overcome obstacles

Highlight patient triggers for HCPs to recognize when to initiate Fentora therapy

Utilize first mover advantage to differentiate with new language

Solidify prescribing base while also expanding prescribing universe

## **FENTORA Message Platform**

- ▲ **Breakthrough pain in patients with cancer is a legitimate medical condition that requires specific pain management**
- ▲ **FENTORA generally matches the onset, intensity, and duration of a breakthrough pain flare in appropriate opioid-tolerant patients with cancer**
  - Provides relief as early as 15 minutes
  - 75% of episodes significantly relieved by 33% at 1 hour versus 48% of placebo-treated episodes
- ▲ **FENTORA utilizes Oravescent® technology to optimize delivery of fentanyl**
- ▲ **Proper patient selection and dosing are essential to help ensure the appropriate use of FENTORA**

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## Programs/Tactical Plan



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46

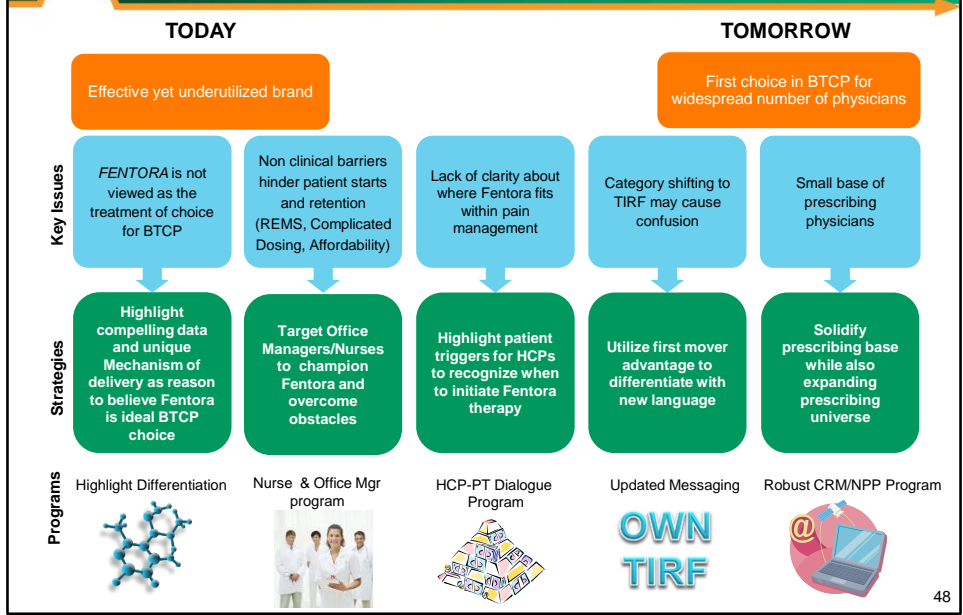
## Tactical Plan

- ▲ HCP Promotion
- ▲ REMS
- ▲ Med Ed/Speaker Programs
- ▲ Publications
- ▲ Public Relations
- ▲ Market Research
- ▲ Managed Markets

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47

# HCP Promotion By Strategy





## Insert Tactics By Medium

- ▲ HCP Promotion
- ▲ REMS
- ▲ Med Ed/Speaker Programs
- ▲ Publications
- ▲ Public Relations
- ▲ Market Research
- ▲ Managed Markets

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49

# 2012 FENTORA Budget & OPEX

Draft – November 2011



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*fentanyl buccal tablet @*  
**Relief beyond the flare**



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50

**Insert Promotion sensitivity slide**

51

## FENTORA 2012 Budget – Gross Revenue



## FENTORA 2012 Budget Assumptions

	LRP (3/11) 2012	Budget Plan (9/11) 2012
<b>Market</b>	<ul style="list-style-type: none"> <li>• TRx Growth 13.2%</li> </ul>	<ul style="list-style-type: none"> <li>• TRx Growth - 6.5%</li> </ul>
<b>Competition</b>	<ul style="list-style-type: none"> <li>• Competitive uptake to drive growth                             <ul style="list-style-type: none"> <li>PecFent launch 6/11, 12.5% share</li> <li>Abstral launch 3/11, 12.2% share</li> <li>Onsolis 5/11 REMS, 9.2% share</li> </ul> </li> <li>• Minimal competitive impact on FENTORA share</li> <li>• Class REMS in 2011</li> </ul>	<ul style="list-style-type: none"> <li>• Limited competitive uptake in '11</li> <li>• Competitive uptake helped by Class REMS (targeted 2H '12)                             <ul style="list-style-type: none"> <li>Lazanda, 4% share</li> <li>Abstral 3% share</li> <li>Onsolis 2% share</li> </ul> </li> </ul>
<b>Brand</b>	<ul style="list-style-type: none"> <li>• REMs Impact 10%, April 2011</li> <li>• Average Share 33% (2012)</li> <li>• PCS 70% weighting, (~77 FTEs)</li> <li>• Target Audience ~ ROO prescribers ~6K</li> <li>• Price Increase 3%</li> </ul>	<ul style="list-style-type: none"> <li>• REMS Impact (10%), April – June 2012</li> <li>• Average Share 34%</li> <li>• PCS 100% FENTORA (~ 104K PDEs)</li> <li>• Target Audience: ~5.5k (FENTORA D10-2, ROO D5-10)                             <ul style="list-style-type: none"> <li>Hi/Hi D10-5, additional oncologists hi/hi D4-10)</li> </ul> </li> <li>• Price Increase 5%, 1/12</li> </ul>

## 2012 *FENTORA* Brand Objectives

The 2012 brand objective for *FENTORA* is to achieve:

- ▲ Gross sales of \$205MM
- ▲ Net sales of \$127MM
- ▲ 34% average market share

In order to achieve this objective, we must achieve the following:

- ▲ 50,700 TRx's
- ▲ XX% Market share by XX
- ▲ % Targeted HCP Awareness level by
- ▲ % Untargeted HCP Awareness level by

## 2011 Plan vs. 6+6

2011 Plan	2011 YTD – August	% to YTD 2011 Plan
TRx (54.4k)	35,640	95%
Share (33%)	%	%
Gross Sales (\$205MM)	\$126.8MM	96%
Net Sales (\$MM)	\$108,396,118	%

2011 6+6	2011 YTD – August	% to YTD 2011 6+6
TRx (51.1k)	35,640	%
Share	%	%
Gross Sales (\$195.6MM)	\$126.8MM	%
Net Sales (\$MM)	\$108,396,118	%

55

2010 Net Sales = \$

2011 Plan Net Sales = \$

2011 6+6 Net Sales = \$

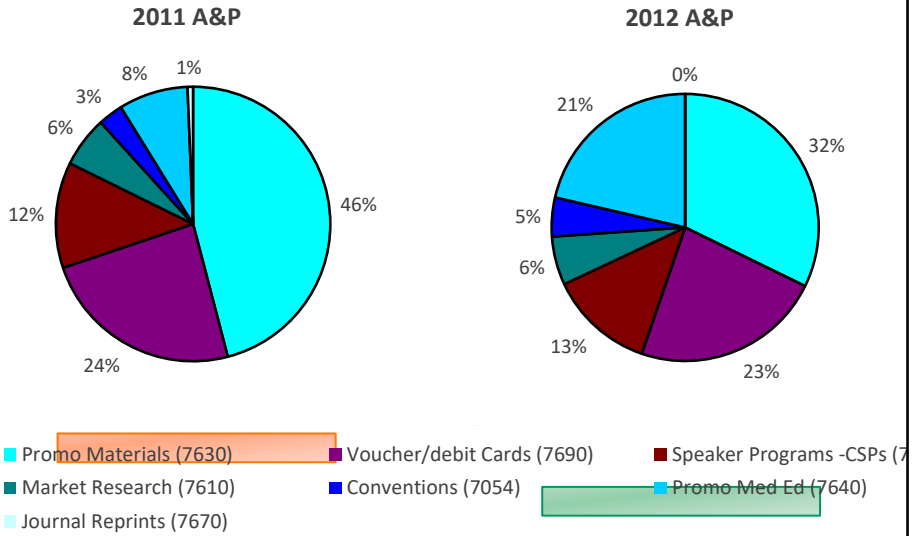
## FENTORA 2012 Marketing Budget

Category (\$K)	2011 Budget	2011 e-e	2012	Chg vs Budget
Promotional Materials (7630)	7,514	3,718	3,288	(4,226)
Voucher / Debit Cards (7690) <sup>1</sup>	3,909	2,326	2,350	(1,559)
Speaker Programs – CSPs (7600)	2,040	2,253	1,300	(740)
Market Research (7610)	975	592	600	(375)
Conventions (7054)	481	481	481	0
Medical Education (7640)	1,335	953	2,181	846
Journal Reprints (7670)	106	0	0	(106)
Corporate Memberships ((7056)	5	20	20	15
Charitable Contributions (7070)	5	5	0	(5)
Consultants (7225)	5	5	0	(5)
<b>Total Promotion</b>	<b>16,375</b>	<b>10,353</b>	<b>10,220</b>	<b>(6,155)</b>
Public Relations	630	388	630	0
REMS (marketing only)	2,601	2,247	500	(2,101)
<b>Total FENTORA Marketing (before G-N)</b>	<b>19,606</b>	<b>12,988</b>	<b>11,350</b>	<b>(8,256)</b>
Voucher / Debit Card Gross to Net	5,000	9,327	9,400	4,400
<b>Total FENTORA Marketing</b>	<b>24,606<sup>3</sup></b>	<b>22,315</b>	<b>20,750</b>	<b>(3,856)</b>

2011: \$2,400 vouchers, \$1,200 debit cards, \$200K non-dating  
 2012: \$1,550 vouchers, \$800 debit cards



## FENTORA 2011 Plan A&P vs. 2012 Budget



**2012 Marketing A&P of \$10.2MM, down 37.6% from 2011 plan**

57

Assumes how many reps?

## FENTORA 2012 Call Plan with Optimized Alignment

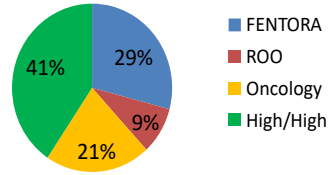
~104k FENTORA Calls  
~5,200 Physicians<sup>1</sup>

Target Group	FENTORA Decile 2-10	Additional ROO Decile 5-10	Additional High/High LAO/PSAO Oncologists	Additional High/High LAO/PSAO
Physician Count	1,253	390	1,526	7,771
Planned Reach	100%	100%	80%	30%
Planned Monthly Frequency	2	2	1.5	1.5
Total Annual Calls	30,072	9,360	21,975	41,964

<sup>1</sup>Based on planned reach

Additional High/High LAO/PSAO Oncologists = Decile 4-10 for both LAO and PSAO  
Additional High/High LAO/PSAO = Decile 5-10 for both LAO and PSAO

### Calls



- Coverage 94% prescribers, 95% TRx
- 59% of promotional effort applied toward
  - FENTORA business
  - ROO business to support REMS Launch
  - Highest potential oncologists
- 41% of promotional effort focused on non FENTORA prescribers with highest potential

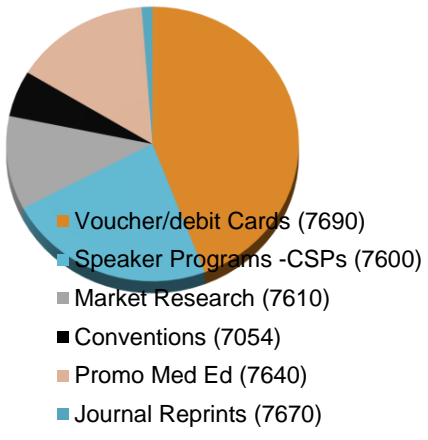
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58

Optimization analysis --

Last year ROO 5-10, additional oncs LAO/SAOs

~ same count



# FENTORA 2012 Contribution Statement

	2011 Budget	2012 LRP	2012 Budget
Gross Shipments	205,000	227,391	204,992
Net Sales	173,350	188,626	168,913
	84.6%	83.0%	82.4%
Cost of Goods Sold	6,886	7,581	6,863
cg5%	4.0%	4.0%	4.1%
Gross Margin	166,464	181,045	162,050
Marketing	16,375	18,200	10,220
Reimb	-	-	-
SAA	-	-	-
Marketing & Promo.	16,375	18,200	10,220
Sales Force	19,019	19,399	16,480
3rd Party Sales Force	-	-	-
Expense Subtotal	35,394	37,599	26,700
<b>Total Marketing Responsibility</b>	<b>131,071</b>	<b>143,446</b>	<b>135,350</b>
Clinical Trials	2,148	-	1,000
Medical Education	2,100	1,200	1,200
Phase IV	200	-	-
Publications	544	309	250
ISS	150	100	25
Regulatory	1,116	1,227	-
REMS	2,711	1,300	4,923
Public Relations	630	500	630
Expense Subtotal	9,599	4,636	8,028
Total Expense	44,992	42,235	34,728
<b>Total Product Contribution</b>	<b>121,472</b>	<b>138,810</b>	<b>127,322</b>

Sales & Marketing Activities
5% Price Increase assumed Jan. 2012
Co-Pay Program and Vouchers included in G-N deduction
Personal, Non-Personal and Web Initiatives , Voucher / Co-Pay
Admin Costs, CSPs, Medical Education, Marketing Research
71 FTEs
Pediatric Study
Includes Marketing (\$500K)

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60

# Back Up



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61

## 2009 – 2010 KEY EVENTS SUMMARY

Nov '09	Dec '09	Jan '10	Feb '10	March '10	April '10	May '10
<b>Demand Generation:</b>						
<ul style="list-style-type: none"> <li>Satellite broadcast rep pull through materials</li> </ul>		<ul style="list-style-type: none"> <li>Wellpoint Win (20MM Lives)</li> <li>113 Speaker Programs Launched</li> </ul>	<ul style="list-style-type: none"> <li>Evolved HCP Campaign</li> <li>HCP Segmentation Implemented</li> </ul>	<ul style="list-style-type: none"> <li>WebMD Consumer Launch</li> <li>DTC Ad in 5 CBSA's</li> </ul>	<ul style="list-style-type: none"> <li>Sales Rep DTC/DTP Pull-through</li> </ul>	<ul style="list-style-type: none"> <li>Revised materials in field minimizing PI promotion to 1 day</li> </ul>
<b>Challenges:</b>						
<ul style="list-style-type: none"> <li>Hepatic Label Update</li> </ul>	<ul style="list-style-type: none"> <li>Negative media coverage on Hepatic Label Update               <ul style="list-style-type: none"> <li>Medscape</li> <li>Arthritis.org</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Writers, Tubes/TRx &amp; Tubes all down from prior month</li> <li>Healthcare Reform</li> </ul>			<ul style="list-style-type: none"> <li>DDMAC Untitled Letter</li> </ul>	<ul style="list-style-type: none"> <li>Promotional Materials Pulled (twice)</li> <li>DTC/DTP Delayed</li> </ul>
Confidential Internal Document. Draft – Not Approved by Management. June 8, 2010						

## 2010 UPCOMING KEY EVENTS

June '10	July '10	Aug '10	Sep '10	Oct '10	Nov '10	Dec '10
<b>Demand Generation:</b>						
<ul style="list-style-type: none"> <li>• Re-launch DTC/DTP (Pending DDMAC response timing)</li> <li>• POA II</li> </ul>	<ul style="list-style-type: none"> <li>• Vimovo prep. &amp; messaging</li> </ul>	<ul style="list-style-type: none"> <li>• Pharmacy re-contact program</li> </ul>	<ul style="list-style-type: none"> <li>• Phase II Speaker Programs</li> </ul>	<ul style="list-style-type: none"> <li>• ABG ready to execute when appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• American College of Rheum.</li> </ul>	
← Own the Office Campaign →						
← Revise appropriate HCP materials →						
<b>Challenges:</b>						
<ul style="list-style-type: none"> <li>• Awaiting DDMAC guidance on Patient Brief Summary</li> </ul>	<ul style="list-style-type: none"> <li>• Vimovo Launch</li> <li>• Naproxcinod PDUFA</li> </ul>			<ul style="list-style-type: none"> <li>• Loss of exclusivity 10/17/10</li> </ul>		
← Healthcare Reform →						
Confidential Internal Document. Draft – Not Approved by Management. June 8, 2010						

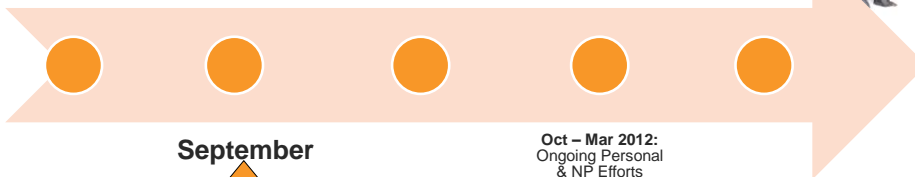
# REMS Update – We're Ready!



**July 21, 2011:**  
Approval &  
Press Release

**October:**  
REMS Speaker  
Training and CSPs

**March 20, 2012:**  
REMS  
Operational

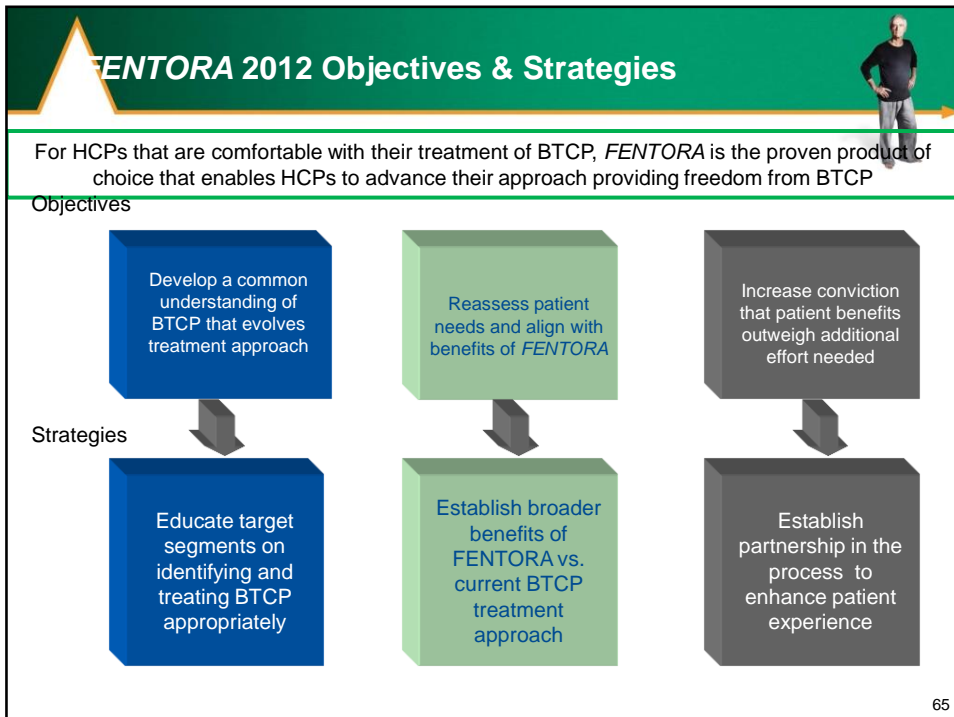


**September**

**Oct – Mar 2012:**  
Ongoing Personal  
& NP Efforts

- September 6 – Dear Stakeholder Letters Mailed
- September 6-21 – PCS & NAM E-learning/Training
- September 7-9 – Ready For REMS at Pain Week
- September 13th – Prescriber Field Test
- September 19 – PCS Enrollment Materials Shipment
- September 19-21 – AM Meeting
- September 22&23 – RD led Implementation Telecons
- September 26 – Enrollment begins






Positioning – How we want consumers to think about our product

Objectives - Convert vision/position into specific performance targets

Strategies - the “what” and “how” we are going to achieve our objective

# Treating BTCP Appropriately



Objectives

Develop a common understanding of BTCP that evolves treatment approach

Strategies

Educate target segments on identifying and treating BTCP appropriately

Key Tactics & Initiatives

- Pain / Oncology Centers of Excellence (COE) Targeted Engagement
- COE Editorial Steering Committee (Content/Best Practices)
- Efficient Medical Education (leveraging peer interaction)
- Third Party / Advocacy Outreach

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66

Targeted –

Know our audience, refined...

Know who influences and the networks regionally, locally, nationally.

Right content, right audience, right people delivering (they are connected and opinion is valued as determined by survey of their peers)

# Current BTCP Treatment Approach



## Objectives

Reassess patient needs and align with benefits of *FENTORA*

## Strategies

Establish broader benefits of *FENTORA* vs. current BTCP treatment approach

<u>Key Tactics &amp; Initiatives</u>	ROI
• Sales Force Engagement / Selling Tools	3:1
• Case Based Approach / Learning	
• Targeted CSPs (venue) <sup>1</sup>	2:1 / 3:1 <sup>2</sup>
• Medical Education (web, teleconferences)	
• Patient Resources (HCP intermediary)	
• Pain/Oncology Nurse Initiative	

<sup>1</sup>Reducing spend, modifying business rules, mix & setting to increase effectiveness, efficiencies

<sup>2</sup>ROI in Decile 10-9 / Decile 8-7; Overall ROI is 5%. ROI calculated based on all attendees.

# Step 3: Establish Partnership in the Process to Enhance Patient Experience



## Objectives

Increase conviction that patient benefits outweigh additional effort needed



## Strategies

Establish partnership in the process to enhance patient experience

<u>Key Tactics &amp; Initiatives</u>	ROI
• REMS	
• Vouchers	3:1
• Debit Cards	3:1
• Patient Education (HCP intermediary)	
• Reimbursement Resources	

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68

## 2012 FENTORA Budget Plan Summary



- ▲ Significant Unmet Need in BTCP; ROOs underutilized
- ▲ 2011 Plan => Increased investment: sales force effort, focus on key drivers of marketing mix (vouchers, debit cards, CSPs)
  - FENTORA slightly below 2011 performance goals
- ▲ 2011 was a year of learnings
  - Level of promotion required to maintain base of business
  - Key business drivers remain profitable
  - Refine in execution required to optimize and realize 2012 plan
- ▲ Opportunity to maintain product contribution via increased effectiveness and efficiencies
  - Sales force alignment
  - Focused spend (sales force, vouchers, debit cards)
  - Differential resourcing & improved execution

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69

Industry	Customer	Brand
<p><b>Economic crisis has negatively impacted the market</b></p> <ul style="list-style-type: none"> <li>▪ Fewer patients visiting physician</li> <li>▪ Decline in branded new starts and add-ons</li> <li>▪ Decline in adherence and brand refills</li> </ul> <p><b>Growing competitive intensity</b></p> <ul style="list-style-type: none"> <li>▪ Introductions and approval of other TIRF products (Onsolis, Abstral &amp; Lazanda)</li> <li>▪ Generic medications dominate market</li> </ul> <p><b>Increasing restrictive regulatory guidelines challenge promotion</b></p> <ul style="list-style-type: none"> <li>▪ Heightened DDMAC vigilance with increased review staff &amp; number of enforcement actions</li> <li>▪ REMS</li> </ul>	<p><b>HCP brand choice primarily driven by efficacy, onset, habit and ease to Rx</b></p> <ul style="list-style-type: none"> <li>▪ OTFC (60% market) perceived as more affordable to prescribe</li> <li>▪ HCPs are more familiar</li> <li>▪ <i>FENTORA</i> perceived has difficult to prescribe, "good enough" relief is acceptable and other options are available</li> </ul> <p><b>HCPs prescribe cautiously (since Dear Doctor Letter)</b></p> <ul style="list-style-type: none"> <li>▪ 3,550 <i>FENTORA</i> writers lost from May 2007 – April 2009 to May 2009 – April 2011</li> </ul> <p><b>BTCP is low priority condition</b></p> <ul style="list-style-type: none"> <li>▪ Low volume of diagnosed patients</li> <li>▪ Average annual months of therapy has declined from 12 months to 6 months</li> </ul>	<p><b>Low level of awareness among HCPs, Patients and Caregivers</b></p> <ul style="list-style-type: none"> <li>▪ HCPs: ~20% of MDs prescribing or familiar with <i>FENTORA</i> (ATU)</li> <li>▪ Patients: low awareness, but receptive to message and are very to extremely satisfied when using <i>FENTORA</i></li> </ul> <p><b><i>FENTORA</i> continues to outpace BTCP market amid challenges</b></p> <ul style="list-style-type: none"> <li>▪ ROO market continues to decline, <i>FENTORA</i> beginning to reverse trend</li> </ul>



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## Performance Back Up

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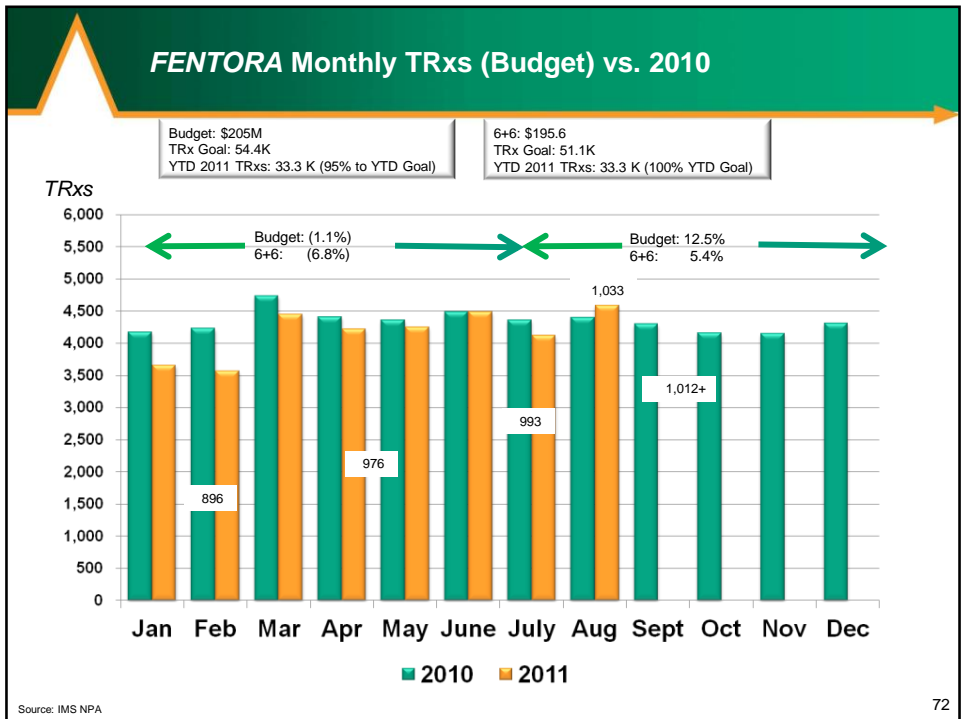
 **FENTORA.**  
*fentanyl buccal tablet @*  
**Relief beyond the flare**



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71



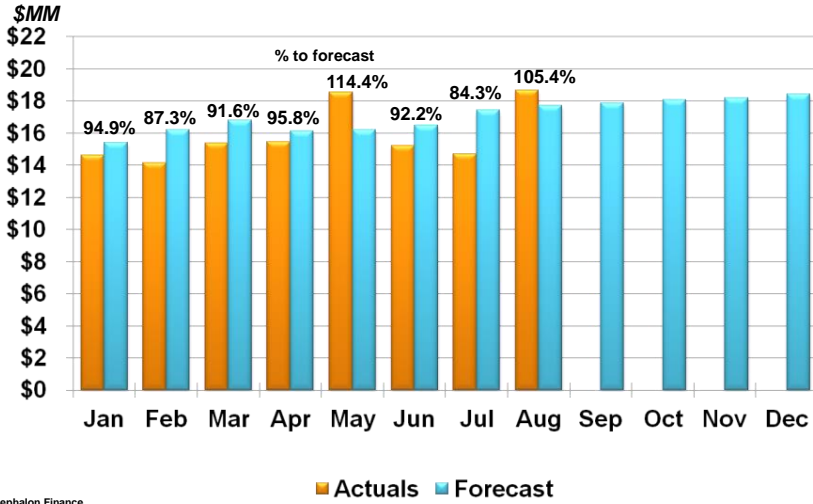
Need 1,035 / week rest of year to meet 6+6 or 4,437 / month



# FENTORA Monthly Shipments vs. Budget



**2011 Budget: \$205M**  
**YTD 2011 Shipments: \$126.8M (96% to YTD goal)**



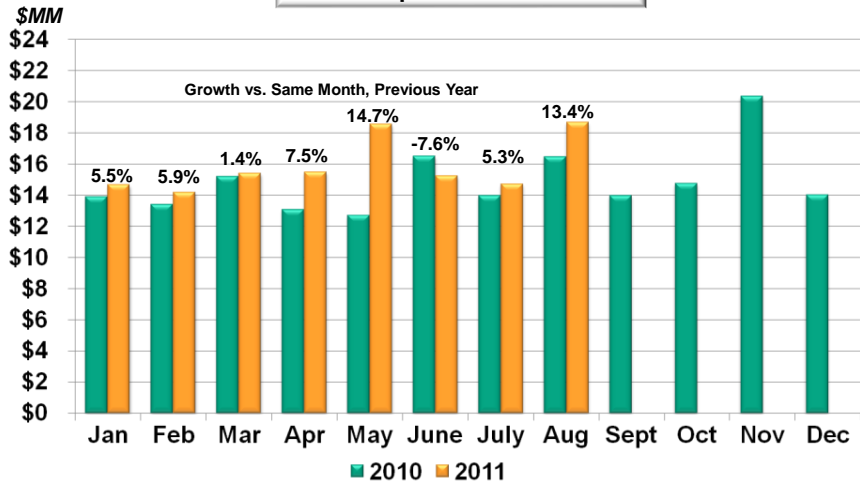
Source: Cephalon Finance

73

# FENTORA Monthly Shipments vs. 2010



2010 Actual Shipments: \$178M  
2011 Shipment Goal: \$205M

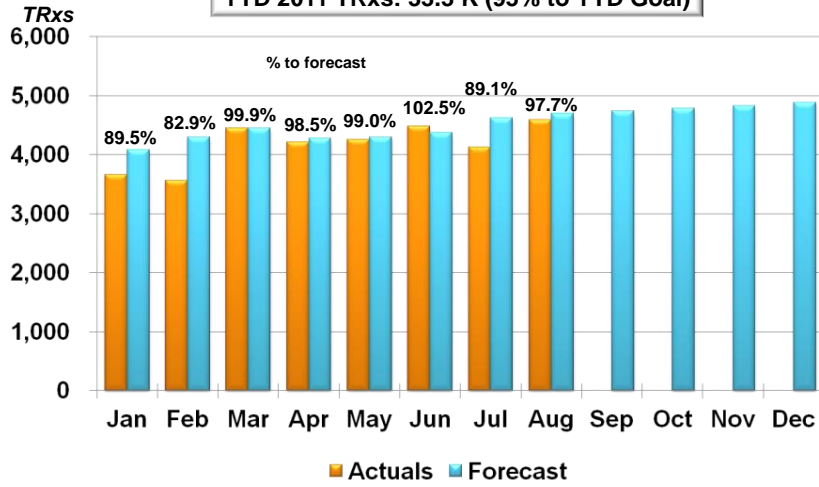


Source: Cephalon Finance

## FENTORA Monthly TRxs vs. Budget



2011 Budget: \$205M  
 2011 TRx Goal: 54K  
 YTD 2011 TRxs: 33.3 K (95% to YTD Goal)



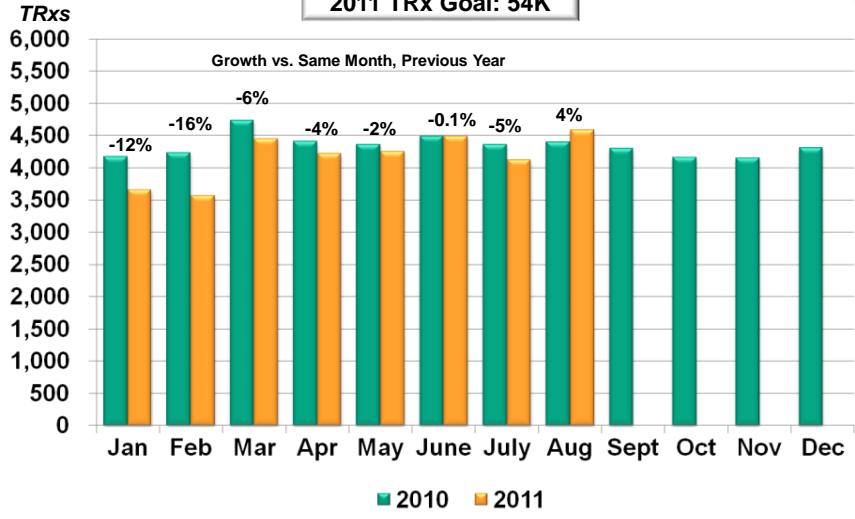
Source: IMS NPA

75

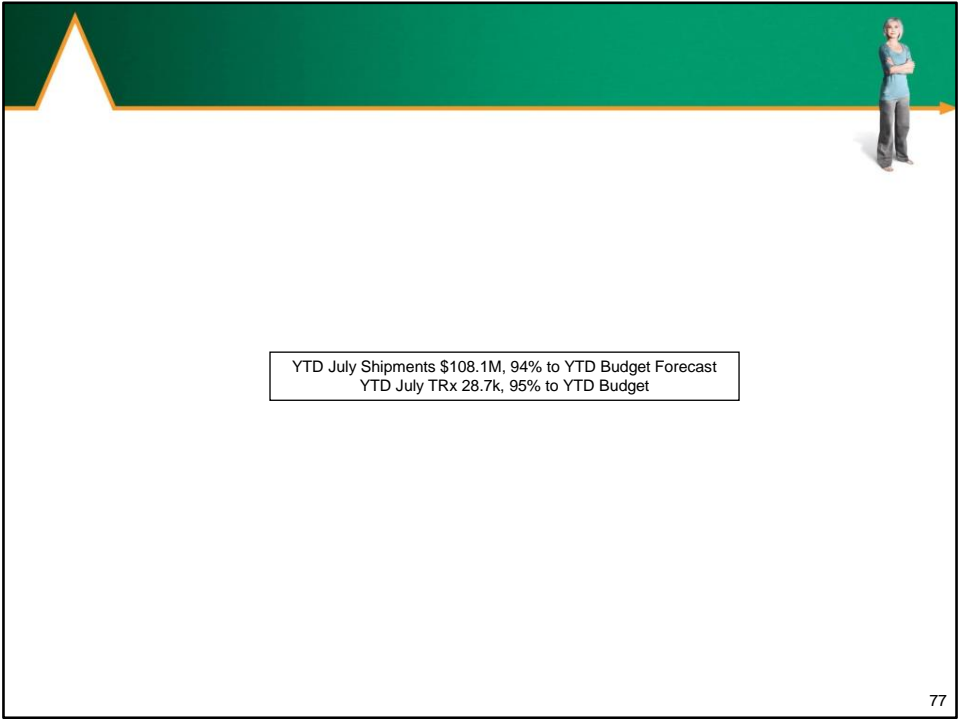
# FENTORA Monthly TRxs vs. 2010



2010 TRx Actuals: 52K  
2011 TRx Goal: 54K



Source: IMS NPA



# Key Issues Challenges/Opportunities Back Up

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78

## Issue # 1: Challenges & Opportunities

### Misconceptions about the characteristics of BTCP and comfort with current treatment approach

#### Challenges:

Clinically meaningful value of a ROO / *FENTORA* is not seen by HCPs

No current clear guidelines exist for BTCP

Limited commercial discussion around BTCP (Cephalon)

Limited commercial resources to support broad based education

#### Opportunities:

Expand educational initiatives on BTCP and *FENTORA* to key targeted audiences and COEs

Accelerate *FENTORA* publication plan to disseminate key unpublished data (BOI, head-to-head, expanded label). Align release of data with PR / New Bureau

Improve reach/frequency of sales contacts, support broad reaching efficient education initiatives

Utilize influence mapping to develop and optimize new/enduring content pull through

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79

## Issue # 2: Challenges & Opportunities

*FENTORA* is not viewed as the treatment of choice for BTCP

### Challenges:

Therapeutic Expert ID plan outside PMD is limited

Continuity of commercial therapeutic experts communications have been sporadic

HCP perception that the clinical benefit of *FENTORA* is not significant enough to make it worth the "risk" of prescribing

### Opportunities:

Establish a centralized database of therapeutic experts for *FENTORA*

Establish a communication plan and database for management of therapeutic expert interactions

Communicate the *FENTORA* value proposition and paint the appropriate patient type in order to move *FENTORA* up in the HCPs current algorithm

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80



## Issue # 3: Challenges & Opportunities

### Non clinical barriers hinder patient starts and retention

#### Challenges:

Some HCPs accept recognized sub-optimal treatment "It's not worth it"

Fear of cost, dose escalation, prior auths, time, poor understanding of dosing regimen

Comfort with current treatment option

Fear of addiction

#### Opportunities:

Optimize voucher / debit card strategy to facilitate convenient dosing, broader adoption

# Market Research Back Up

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## Summary Metrics – June 2011 ATU

Measure	Wave I 2Q'08	Wave II 4Q'08	Wave III 2Q'09	Wave IV 4Q'09	Wave V 2Q'10	Wave VI 4Q'10
Unaided Awareness of <i>FENTORA</i>	20%	30%	29%	26%	44%	13%
Total Awareness of <i>FENTORA</i> (unaided + aided)	83%	80%	79%	82%	77%	80%
% Ever Prescribed <i>FENTORA</i>	41%	44%	40%	55%	66%	40%
% Prescribed <i>FENTORA</i> in Past Month	20%	23%	23%	26%	40%	19%
Intent to Increase Prescribing	23%	19%	27%	20%	24%	16%
Overall Satisfaction (%Top 2 Box)	5.0 (25%)	4.8 (22%)	5.0 (24%)	4.8 (26%)	5.1 (38%)	4.9 (23%)
Likelihood to Recommend (%Top 2 Box)	4.6 (25%)	4.7 (34%)	4.8 (34%)	4.7 (33%)	5.1 (42%)	5.6 (55%)
Efficacy of Pain Relief (#1 in importance)	1 <sup>st</sup> (1,2)	1 <sup>st</sup> (1,2)	1 <sup>st</sup> (1,2)	1 <sup>st</sup> (1,2)	1 <sup>st</sup> (1,2)	2 <sup>nd</sup> (1,3)
Efficacy in Treating Severe Pain (#2 in importance )	1 <sup>st</sup> (1,2)	1 <sup>st</sup> (1,2)	1 <sup>st</sup> (1,2)	1 <sup>st</sup> (1,2)	1 <sup>st</sup> (1,2)	1 <sup>st</sup> (1,2)
Onset of Action (#6 in importance)	1 <sup>st</sup> (1)	1 <sup>st</sup> (1)	1 <sup>st</sup> (1)	1 <sup>st</sup> (1)	1 <sup>st</sup> (1,2)	2 <sup>nd</sup> (1,3)
Patient Out-of-Pocket Affordability (#5 in importance)	4 <sup>th</sup> (last)	4 <sup>th</sup> (last)	3 <sup>rd</sup> (2)	5 <sup>th</sup> (last)	5 <sup>th</sup> (last)	5 <sup>th</sup> (last)

(1) *FENTORA* rated top 2 box; (2) Tied with ACTIQ; (3) Second to ACTIQ

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83

## Physician Insights to Positioning Statement

Comfortable	Proven	Product of Choice	Advance Their Approach	Freedom
Experience	Clinical Data	Standard of care	Having greater success	Patients aren't entrenched in the pain
Knowledge	Body of Evidence	Everyone is prescribing it	An advanced treatment	Not controlled by the pain
Peace-of-Mind	Reason to Believe	Easy to prescribe	Taking things to the next level	Freedom from the constant reminder that they have cancer
Secure	Thousands of people have tried	Efficacy	An enlightened approach	Not limited by the pain
Confident	Effective	Clinically the best in the group	A specialized option	
No worries	Confident in data			
Reliable	Security			
Efficacy	Assurance			
Aware of side effects				

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84

## Physician Insights to Positioning Statement (cont)

Comfortable	Proven	Product of Choice	Advance Their Approach	Freedom
<p><i>"I like that you are acknowledging my comfort zone and my clinical experience...."</i></p> <p><i>"That means I'm doing the best I can with the tools I have but at times I'm unsuccessful."</i></p>	<p>Drawn to PROVEN because it encompasses the comfort &amp; confidence that the drug will work &amp; they will be protected.</p>	<p>Struggle to see FENTORA in the role as product of choice although they are more accepting of it playing this role in BTCP.</p>	<p><i>"FENTORA is definitely a more advanced treatment. It is state of the art."</i></p>	<p>Over-promise? Pain-free? Important goal</p>

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85

## Budget / OPEX Back Up

Draft – September 2011



 **FENTORA.**  
*fentanyl buccal tablet @*  
**Relief beyond the flare**

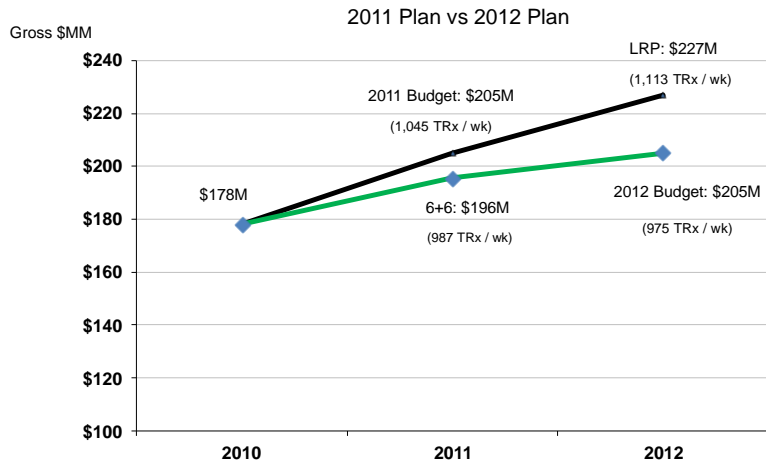


 **Cephalon**  
RESOLVE INTO MEDICINE™

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86

# FENTORA Revenue Forecast



# Fentora Strategic Map

**TODAY**

**TOMORROW**

Effective yet underutilized brand

First choice in BTCP for widespread number of physicians

Key Issues

*FENTORA* is not viewed as the treatment of choice for BTCP

Non clinical barriers hinder patient starts and retention (REMS, Complicated Dosing, Affordability)

Lack of clarity about where Fentora fits within pain management

Category shifting to TIRF may cause confusion

Small base of prescribing physicians

Strategies

Highlight compelling data and unique Mechanism of Delivery as reason to believe Fentora is ideal BTCP choice

Target Office Managers/Nurses to champion Fentora and overcome obstacles

Highlight patient triggers for HCPs to recognize when to initiate Fentora therapy

OWN TIRF

Solidify prescribing base while also expanding prescribing universe