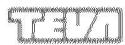


From: Chinedu Momah
To: Jessica Mclin; Matthew Day; Randy Spokane; Matthew Wieman; James G King Jr; Evonne Matthews; Hopper, David (CHI-GHI); Okeeffe, Leah (MTN-ETL); Karen Hill; Yousseff Khan; Jeffrey Dierks; 'Neil Gardiner (External)'; Chirag Shah; Hong Na; 'Reggio, Jaimee (CHI-GHI)'; 'Fischer, Erica (CHI-GHI)'; 'Jen, Eric (MTN-ETL)'; Deborah Bearer; Andy Cheadle; sperry@health4brands.com; Michael Tillinger; Kelly Conrad; Jeffrey Martini; Doris Saltkill; 'Alison Labombarda (External)'; Jessica Reckner; Angel Angelov; Shweta Shah; Dorit Mimrod; Matthew Kurth; Orna Srur Kidron; Jorge Vasquez; Kavita Gajria; Jan Faiola; 'Briddick, Heather (CHI-GHI)'; Deborah Crawford; Santosh Naik (External)
CC: Amy Ross; Brian Kilmartin
Sent: 8/6/2015 12:59:56 PM
Subject: PainWeek Preconference Planning Meeting
Attachments: PAINWeek and AAPMan PreConference Meeting 8.6.2015.pptx; Microsoft_Excel_Worksheet1.xlsx

Team,
Attached are the slides for our PainWeek alignment meeting today.
Thanks
Chi



CNS

Chinedu N. Momah, PharmD
Brand Manager, CNS Marketing
Tel: 610.786.7182 / chinedu.momah@tevapharm.com

IMPROVING HEALTH,
MAKING PEOPLE FEEL BETTER

GETTING
IT DONE
TOGETHER

CREATIVITY
WHERE IT
MATTERS

CARING

MAKING OUR
FAMILIES
PROUD

LEADING
THE WAY

OUR PURPOSE & VALUES

PLAINTIFFS TRIAL
EXHIBIT

P-29708_00001

Confidential

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File Provided Natively

PAINWeek 2015

September 8 - 12, 2015

Las Vegas, NV



This presentation is a draft for discussion purposes only. It may include information with respect to actual or potential prescriptions for uses of our products that are not presently approved by the FDA and thus not promoted by Teva. Off-label promotion is against company policy. Sales and marketing promotional activity is strictly limited to the indications currently listed in the products' respective package inserts. Information about non-promoted prescriptions is to be used only for legitimate business planning purposes (e.g., discussions of ongoing or potential clinical development plans, considerations of promotional strategies if and when new indications are approved, production planning, and for budgeting and forecasting revenues). All revenue assumptions or projections assume strict compliance with Teva's policy prohibiting any promotion of off-label uses of our products.

☐ **PAINWeek Overview**

- ☐ Attending organizations
- ☐ Travel and Logistics
- ☐ Schedule at-a-glance

☐ **Medical Affairs Activities**

☐ **Commercial Activities**

☐ **American Academy of Pain Management Overview**

- ☐ Attending organizations
- ☐ Travel and Logistics
- ☐ Schedule at-a-glance

☐ **Commercial Activities**

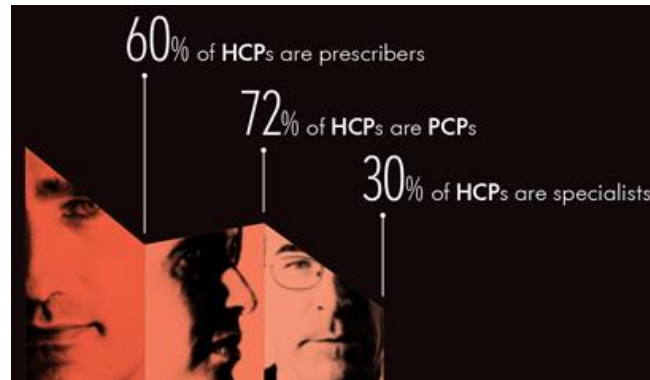
☐ **Next Steps**

Overview:

- PAINWeek is now the largest U.S. pain conference and is managed by Aventine Co., a medical communications company primarily focused on pain management education
- 70% of attendees prescribe opioids, NSAIDs, antidepressants and other analgesics
- 50% of attendees do not attend any other pain conference; 30% do not attend any other medical conference
- PAINWeek Journal, which published its first edition in Q3 2013, has a circulation of 10,000
- PAINWeek has nearly 30 media partners, including Pain Medicine News, Family Practice News, Internal Medicine News

Who Attends:

- 2,100+ Attendees
 - 40%—MD/DO
 - 15%—Pharmacists
 - 17%—NP
 - 8%—Nurses
 - 10%—PA
 - 10%—Other

**Education:**

- Offers 120+ CME/CE Credits



Industry Exhibitors of Relevance



Advocacy/Association Exhibitors



Attendee	Department
John Hassler	VP Marketing
Jeff Dierks	Marketing
Chi Momah	Marketing
Matt Day	Marketing
Jessica Reckner	Marketing
Brian Kilmartin	REMS Operations
Kishore Gopu	REMS Operations
Deb Bearer	Marketing – Market Access
Yousseff Khan	Marketing Research
Karen Hill	Marketing – Advocacy
Evonne Matthews	Conventions
Randy Spokane	Sales
Bill Sweet	Sales
Geoff Merris	Sales
Mike Morreale	Sales
Shawn Lally	Sales
Cheryl Foreman	Sales
Brook Finlinson	Sales
Tony Parsons	Sales
Angel Angelov	Global Medical Affairs
Michael Tillinger	Global Medical Affairs
Susan Larijani	Med info
Shweta Shah	Med info
Jim King	Med info

Attendee	Department
Matt Wieman	Medical Affairs
Kavita Gajria	Global HEOR
Sanjay Gandhi	Global HEOR
Chirag Shah	Global Sci Com
Jorge Vasquez	Launch Excellence
Dorit Mimrod	Global R&D
Orna Srur Kidron	Global R&D
Andy Cheadle	MSL
Jan Faiola	MSL
Deborah Crawford	MSL
Tommy Guillot	MSL
Matt Cross	MSL
Sarah Mahne	MSL
Brian O'Connor	MSL
Kelli Rodvelt	MSL
Plamen Stoytchev	MSL
Heather Vita	MSL
Lily Zurkovsky	MSL
Dalton Tomlinson	Global Marketing
Matt Kurth	Global Marketing
Martijn Negen	Global Marketing

Attendee	Department
Sam Schwarz	Golin
Jaimee Reggio	Golin
Erica Fischer	Golin
Heather Briddick	Golin
Alyssa Leys	Golin
Kallie Culbertson	Golin
Neil Gardiner	HealthLogix
Maggie Holsten	HealthLogix
Abbas Ebrahim	HealthLogix
Emma Tucci	HealthLogix
Leah O'Keeffe	McCann
Eric Jen	McCann
Shawn Perry	H4B

Flights – Ultrama Travel

tevagrps@ultramartravel.com

201-594-5800 or 888-681-8813 8:30am - 5:00pm CST

After hours emergency- 888-759-8783

Hotels – Evonne Matthews

Evonne.Matthews@comcast.net

816-718-1624

**Contact Evonne Matthews for travel logistic questions:
EVONNE.MATTHEWS@COMCAST.NET**

The Cosmopolitan Las Vegas
3708 S Las Vegas Blvd
Las Vegas, NV 89109
702-698-7000



Functional Area	Planned Activities
Advocacy	<ul style="list-style-type: none"> Diamond Sponsorship
CME Program	<ul style="list-style-type: none"> Clinical Issues in Chronic Pain
Marketing	<ul style="list-style-type: none"> Booth - Pain Matters, FENTORA & AMRIX (#101) Product Theatre - Understanding Abuse-Deterrent Opioid Technologies Product Theatre - Conversations That Matter: Addressing Challenging Topics in Exam Room Communications Room drops/Tote Bag Inserts Sponsored Tweets Pain Matters KOL Reception
Medical Information	<ul style="list-style-type: none"> In-booth medical information
MSLs	<ul style="list-style-type: none"> Opening reception with exhibits and posters Relevant session and symposia coverage External expert dinner meetings Executive briefings
Publications	<p><u>ER Hydrocodone</u></p> <ul style="list-style-type: none"> 10032 Intranasal Liking (APS 2015 Encore) 3103 Abuse Diversion (APS 2015 Encore) 3103 Efficacy and Safety (APS 2015 Encore) 10024 (Food Effects) (Original) <p><u>GHEOR</u></p> <ul style="list-style-type: none"> Alcohol Abuse Diagnosis Economic Burden Dosing Patterns Characterization of Outcomes

Preliminary PAINWeek Schedule at-a-glance



PAINWeek Activity



Teva Event



Internal Activity

	Tuesday, September 8	Wednesday, September 9	Thursday, September 10	Friday, September 11	Saturday, September 12
8:00 AM					
8:30 AM					
9:00 AM					
9:30 AM					
10:00 AM					
10:30 AM					
11:00 AM			Exhibit Hall Open 10:00 am - 12:30 pm	Exhibit Hall Open 10:00 am - 12:30 pm	
11:30 AM					
12:00 PM					Teva CME Program 11:30 am - 1:30 pm
12:30 PM					
1:00 PM					
1:30 PM					
2:00 PM					
2:30 PM					
3:00 PM		Pain Matters PDM Program			
3:30 PM			Exhibit Hall Open 2:30 pm - 5:00 pm	Exhibit Hall Open 2:30 pm - 5:00 pm	
4:00 PM					
4:30 PM					
5:00 PM			Teva Pre-con 4:00 pm - 6:00 pm		
5:30 PM	KOL Reception				
6:00 PM		Keynote Address and Welcome Reception			
6:30 PM					
7:00 PM					
7:30 PM	Pain Matters Panel Dinner		Scientific Poster Session & Reception 7:00 pm - 9:00 pm		
8:00 PM					
8:30 PM			Exhibit Hall Open 7:30 pm - 9:30 pm		
9:00 PM					
9:30 PM					

- ☐ When: Wednesday, September 9
 - ☐ 4:00 p.m. – 6:00 p.m.
- ☐ Where: Cosmopolitan conference room Condesa 8

Proposed Agenda:

☐ Meeting Overview

- ☐ Strategic Imperatives
- ☐ Schedule of Events

☐ Commercial Activities

- ☐ Exhibit Booth
- ☐ Sponsored Programs
- ☐ Advocacy Activities

☐ Medical Affairs Activities

- ☐ Teva Poster Data Review
- ☐ EE Events Review
- ☐ Competitor Data Review

MEDICAL AFFAIRS ACTIVITIES

Hydrocodone ER Abstracts

Study 10032 Intranasal Liking (APS 2015 Encore)

Evaluation of the Relative Intranasal Abuse Potential of a Hydrocodone Extended-Release Tablet Formulated with Abuse-Deterrence Technology in Nondependent, Recreational Opioid Users

Study 3103 Abuse Diversion (APS 2015 Encore)

Efficacy and Safety of Hydrocodone Extended-Release Tablets Formulated with an Abuse-Deterrence Technology Platform for the Treatment of Moderate to Severe Pain in Patients With Chronic Low Back Pain

Study 3103 Efficacy and Safety (APS 2015 Encore)

Efficacy and Safety of Hydrocodone Extended-Release Tablets Formulated with an Abuse-Deterrence Technology Platform for the Treatment of Moderate to Severe Pain in Patients With Chronic Low Back Pain

Study 10024 Food Effect (Original)

Effect of Food on the Steady-State Pharmacokinetics of a Hydrocodone Extended-Release Tablet Formulated with Abuse-Deterrence Technology in Healthy Volunteers

GHEOR Abstracts

Alcohol Abuse Diagnosis: Differences in Outcomes by Alcohol Abuse or Dependence Diagnosis among Long term Opioid Users with Chronic Non Cancer Pain

Economic Burden: Differences in Economic Burden by Long Term Opioid Therapy Type among Chronic Non Cancer Pain Patients

Dosing Patterns: Characteristics and Dosing Patterns in Patients using Long acting Opioids Long term for Non Cancer Chronic Pain Treatment

Characterization of Outcomes: Outcomes from Long Term Opioid and Concomitant Alcohol Use in Chronic Non-Cancer Pain Patients: An Electronic Medical Record Data Analysis of an Integrated Health Plan Population

*Abstracts pending acceptance

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Saturday, September 12
11:30 a.m. – 1:30 p.m.

Confirmed Faculty:

- Charles Argoff, MD
- Michael Brennan, MD
- Jeffrey Gudin, MD

Educational Objectives:

- Assess candidates for chronic opioid therapy via comprehensive clinical interviews, reviews of the medical history, physical exam, and stratification of risks for drug misuse and abuse
- Discuss the clinical profiles of current and emerging prescription opioid analgesics, including abuse-deterrent formulations
- Initiate opioid trials for patients with functionally impairing chronic pain severe enough to require around-the-clock, long-term therapy
- Tailor opioid-based regimens founded on evaluations of analgesia, functional goals, side effects, and risk evaluation and mitigation strategy (REMS)—compliant principles for patient monitoring and documentation
- Engage in open dialogues with patients with chronic pain about actively participating in a care plan, adhering to the treatment regimen, and safely using prescription opioid analgesics

SEPTEMBER 12 2015

11:30 AM - 1:30 PM

BRERA BALLROOM LEVEL 3

The Cosmopolitan of Las Vegas Las Vegas, Nevada


ISSUES CONSENSUS CONTROVERSIES

4 ROUNDS


MAIN EVENT

CHRONIC PAIN


DISCUSSIONS & DEBATES AROUND RESPONSIBLE OPIOID PRESCRIBING




CHARLES E. Argoff, MD




MICHAEL J. Brennan, MD



JEFFREY A. Gudin, MD



REGISTER TODAY!
ExchangeCME.com/PW2015



global IUMA
INTEGRITAS

This activity is jointly provided by Global Education Group and Integritas Communications.
This activity is supported by an educational grant from Teva Inc.
This satellite symposium is neither sponsored nor endorsed by PAINWEEK. This program was planned in accordance with AANP's Standards and Policies and AANP Commercial Support Standards.

TARGET AUDIENCE

The educational design of this activity addresses the needs of pain specialists, primary care providers, and other clinicians involved in opioid-based management of chronic pain.

EDUCATIONAL OBJECTIVES

After completing this activity, the participant should be better able to:

- Assess candidates for chronic opioid therapy via comprehensive clinical interviews, reviews of the medical history, physical exam, and stratification of risks for drug misuse and abuse
- Discuss the clinical profiles of current and emerging prescription opioid analgesics, including abuse-deterrent formulations
- Initiate opioid trials for patients with functionally impairing chronic pain severe enough to require around-the-clock, long-term therapy
- Tailor opioid-based regimens founded on evaluations of analgesia, functional goals, side effects, and risk evaluation and mitigation strategy (REMS)—compliant principles for patient monitoring and documentation
- Engage in open dialogues with patients with chronic pain about actively participating in a care plan, adhering to the treatment regimen, and safely using prescription opioid analgesics

PHYSICIAN ACCREDITATION STATEMENT

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Global Education Group (Global) and Integritas Communications. Global is accredited by the ACCME to provide continuing medical education for physicians.

This CME/CE activity complies with all requirements of the federal Physician Payment Sunshine Act. If a reportable event is associated with this activity, the accredited provider managing the program will provide the appropriate physician data to the Open Payments database.

Physician Credit Designation
Global Education Group designates this live activity for a maximum of 1.5 AMA PRA Category 1 Credit®. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Pharmacist Accreditation Statement
Global Education Group is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

For information about the accreditation of this program, please contact Global at 303-395-1782 or inquire@globaleducationgroup.com.

STATEMENT OF NEED/PROGRAM OVERVIEW

Affecting an estimated 100 million adults in the United States, chronic pain is among the most common reasons that patients seek medical treatment.¹ Prescription opioids are an established treatment option for functionally limiting chronic pain severe enough to require around-the-clock therapy.^{2,4} Indeed, opioids are the cornerstone of cancer pain treatment,^{2,3} and have gained acceptance—though not unqualified—for select patients with noncancer chronic pain.⁴ Unfortunately, increased opioid prescribing for patients in pain has been mirrored by higher rates of opioid abuse and overdose.⁴ For example, in recent years, prescription opioids have been linked to approximately three quarters of pharmaceutical overdose deaths in the United States.^{4,5} To ensure patient safety and meet regulatory requirements, clinicians must adopt responsible prescribing strategies, including assessing all patients for risks related to opioid pharmacology and potential aberrant drug use.⁶ Initial risk-stratification efforts must be accompanied by appropriate follow-up monitoring and meticulous documentation of clinical decision making. Even among pain management experts, recommendations for the individualization of opioid-based regimens, incorporation of urine drug testing, and potential roles of abuse-deterrent opioid formulations continue to evolve.^{6,8} During this *Clinical Issues*® program, an expert faculty panel will discuss and debate guideline recommendations and newly published data on long-term opioid therapy, while providing practical advice on the growing evidence pool, risk-mitigation strategies, and regulatory requirements.

REFERENCES

1. Institute of Medicine. *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*. 2011.
2. Swann RA, Abernethy AP, Anghelescu DL, et al. *J Natl Compr Canc Netw*. 2013;11(8):992-1022.
3. Porteney RK. *Lancet*. 2011;377(9784):2236-2247.
4. Chou R, Fanciullo GJ, Fine PG, et al. *J Pain*. 2009;10(2):113-120.
5. Warner M, Hedegard H, Chen LH, NCCHS Health E-Stat, Atlanta, GA: Centers for Disease Control and Prevention/National Center for Health Statistics; 2014.
6. Peppin JF, Pressa SD, Coe JE, et al. *Pain Med*. 2012;13(7):998-999.
7. Butler SF, Connolly TA, Chilcoat H, et al. *J Pain*. 2013;14(4):351-358.
8. Simon K, Worthing SL, Barnes MC, Taitel B. *Ther Adv Drug Saf*. 2015;6(2):67-79.

This CME/CE activity complies with all requirements of the federal Physician Payment Sunshine Act and as such, this activity is eligible for Sunshine Act Reporting. Additional information is required to be collected from participants. If you are planning on participating in the meal, please indicate so on the evaluation and provide your NPI number.

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P-29708 _ 00016

MSL Update

- ☐ Director: Andy Cheadle, PhD
- ☐ AD Lead: Jan Faiola
- ☐ Lead: Deborah Crawford, DVM – Sr. MSL
- ☐ Writer: Tommy Guillot, PhD – MSL
- ☐ Matt Cross, PhD – MSL
- ☐ Sarah Mahne, PhD – MSL
- ☐ Brian O'Connor, MD – MSL
- ☐ Kelli Rodvelt, PhD – MSL
- ☐ Plamen Stoytchev, MD – Exec. MSL
- ☐ Heather Vita, PhD – Sr. MSL
- ☐ Lily Zurkovsky, PhD – MSL

*Pending final approval

- ☐ Session coverage will span 5 days and include prioritized sessions from 16 different course concentrations and full day programs presented by:
 - ☐ American Academy of Pain Medicine
 - ☐ American Headache Society
 - ☐ American Pain Society
 - ☐ American Society of Addiction Medicine
 - ☐ American Society of Pain Educators
 - ☐ National Association of Drug Diversion Investigators (NADDI)
- ☐ Poster sessions
 - ☐ Abstract availability pending
- ☐ Please review the excel file of the preliminary MSL coverage plan (to be sent after this call) and provide us with your feedback
 - ☐ Please provide feedback and requests for coverage to Jan Faiola and Deb Crawford

- ☐ Coverage of relevant scientific areas:
 - ☐ Chronic Pain conditions including CLBP, OA, PHN, PDN
 - ☐ Opioids
 - ☐ Abuse Deterrence
 - ☐ Pipeline therapeutics for chronic pain including ion-channel modulators
 - ☐ Migraine and other headache conditions
- ☐ Scientific exchange with External Experts (EE)
- ☐ Competitive intelligence gathering
 - ☐ Migraine and Pain SEOs as approved by Legal and Compliance (now include CGRP antagonists in Migraine and Nav-channel blockers in Chronic Pain)

Sessions

TUESDAY, SEPTEMBER 8

Adolescent Pain Management

Safe Opioid Prescribing

Opioid Monitoring at a Nurse Practitioner Clinic

Embrace 2015 Practice Changes and Patient Education: Overview of Critical Pain Management Issues

When Acute Pain Becomes Chronic

WEDNESDAY, SEPTEMBER 9

American Academy of Pain Medicine: - Essential Tools for Treating the Patient in Pain: What Every Primary Care and Pain Specialist Needs to Know

Strategies for Success for Chronic Opioid Therapy

Assessing and Managing Acute and Lower Back Pain

Pain Terminology

Pain Mechanisms

Chronic Pain Assessment

Pain Diagnostic Methods

Pain Therapeutics: Pharmacologic

Pain Clinical Trials

Keynote Address and Welcome Reception

Sessions

THURSDAY, SEPTEMBER 10

Integrative Pain Management

Focus on Changes in Billing/Coding Clinical Laboratory: Roll With the Changes and Learn How to Keep Payors Out of Your Bank Account

Rx Abuse: The Scope of the Problem in 2015

Opioid Overdose Strategies: Are They Working?

Talking (and Perhaps Even Listening) to Patients in Pain (2 hours)

Risk Assessment: What Is It? How to Use It

Poster Session and Reception**FRIDAY, SEPTEMBER 11**

Diagnosis of Chronic Migraine and Episodic Migraine

Preventive Treatment Strategies

American Pain Society: Assessment of Pain in Older Adults

American Pain Society: Management of Pain and Maintaining Function in Older Adults

Opioid Conversion Calculations

SATURDAY, SEPTEMBER 12

American Society of Addiction Medicine : Nonpharmacologic Management of Pain

Pain Management Economics: Surviving Reimbursement Changes

Differential Diagnosis of Low Back Pain

New Drugs and Drug News in Pain Management and Palliative Care

- ❑ **Conference Highlights Report (PPT slide deck)**
 - ❑ Cross-functional distribution usually occurs 3-4 weeks post-meeting
 - ❑ Dependent on Legal and Compliance review and approval
 - ❑ The MSLs will be available to provide webinar updates to your groups using this presentation
 - ❑ Legal & Compliance approval needed

COMMERCIAL ACTIVITIES

- ☐ Diamond Sponsorship Level
- ☐ Pain Matters KOL Reception
- ☐ Pain Matters/FENTORA/AMRIX Booth Exhibit
- ☐ Understanding Abuse-Deterrent Opioid Technologies PDM
- ☐ Conversations That Matter: Addressing Challenging Topics in Exam Room Communications PDM



Diamond Sponsorship

- Benefits include:
 - ☐ Sponsorship of welcome reception
 - ☐ Premiere signage in exhibit hall entrance
 - ☐ Banner ad in PAINWeek and PAINWeekend emails
 - ☐ Encore PDM program
 - ☐ Program guide listing
 - ☐ Premiere listing on Mobile app (logo and link)
 - ☐ Premier listing on Exhibit Hall Passport
 - ☐ 3 Hotel room drops
 - ☐ 3 Tote bag inserts
 - ☐ Recognition and listing in the PAINWeek Program Guide
 - ☐ Sponsored Tweets sent to PAINWeek followers on Twitter
 - ☐ **25 full-access conference badges, plus 64-exhibit-hall only badges**
 - ☐ **12 comp badges allocated to MSL team**
 - ☐ **Additional comps available**

Exhibitors

Click a link below to expand for more information.

- General Information, Deadlines, and Contacts
- Prospectus and Application
- Space Assignments and Floorplan
- Housing
- Booth Promotional Opportunities
- Sponsorships and Advertising
- Meeting Room Request
- Official Services Contractors
- Exhibitor-Appointed Contractor (EAC)
- Exhibitor Policies and Guidelines
- Booth Staff Registration

SEPT. 8-12
62 days to go

Banner ads on PAINWeek.org

ONE-MinUTE CLINICIAN!
60 seconds of BRAIN FOOD.

Advertisement

Introducing PainMatters.com

A website focused on responsible pain management

Because to all of us, PAIN MATTERS

Visit PainMatters.com

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Natalie Strand, MD, on a promising new indication for an old analgesic: Ketamine for refractory chronic migraine

"Ketamine has been in clinical use for over 30 years. It has an excellent safety profile and profound analgesic. Ketamine is starting to be used more and more in the chronic pain population because of its relatively profound analgesic properties. Recent evidence is showing that ketamine might be a therapeutic option for chronic refractory migraine."

Read more from Dr. Strand [here!](#)

Banner ads on One-Minute Clinician email blasts, delivered via PAINWeek

PAIN MATTERS

PainMatters.com Provides Updated Information & Resources to Support Responsible Pain Management

In April 2015, the Food and Drug Administration (FDA) released Guidance for Industry to help guide pharmaceutical manufacturers in the evaluation and labeling of opioid drug products with potential abuse deterrent properties. [Pain Matters](#) provides a variety of information on advancements in abuse deterrence technology and the recent FDA guidance including:

- Information about the categories of studies recommended to evaluate a product's abuse potential and insight into the impact of study results on product labeling
- A short video describing the science of abuse deterrence technology

Email blasts to PAINWeek Universe

Pain Matters KOL Reception
Tuesday, September 8 | 5:30 p.m. – 6:30 p.m.
Cosmopolitan Condessa 8

☐ **Overview:**

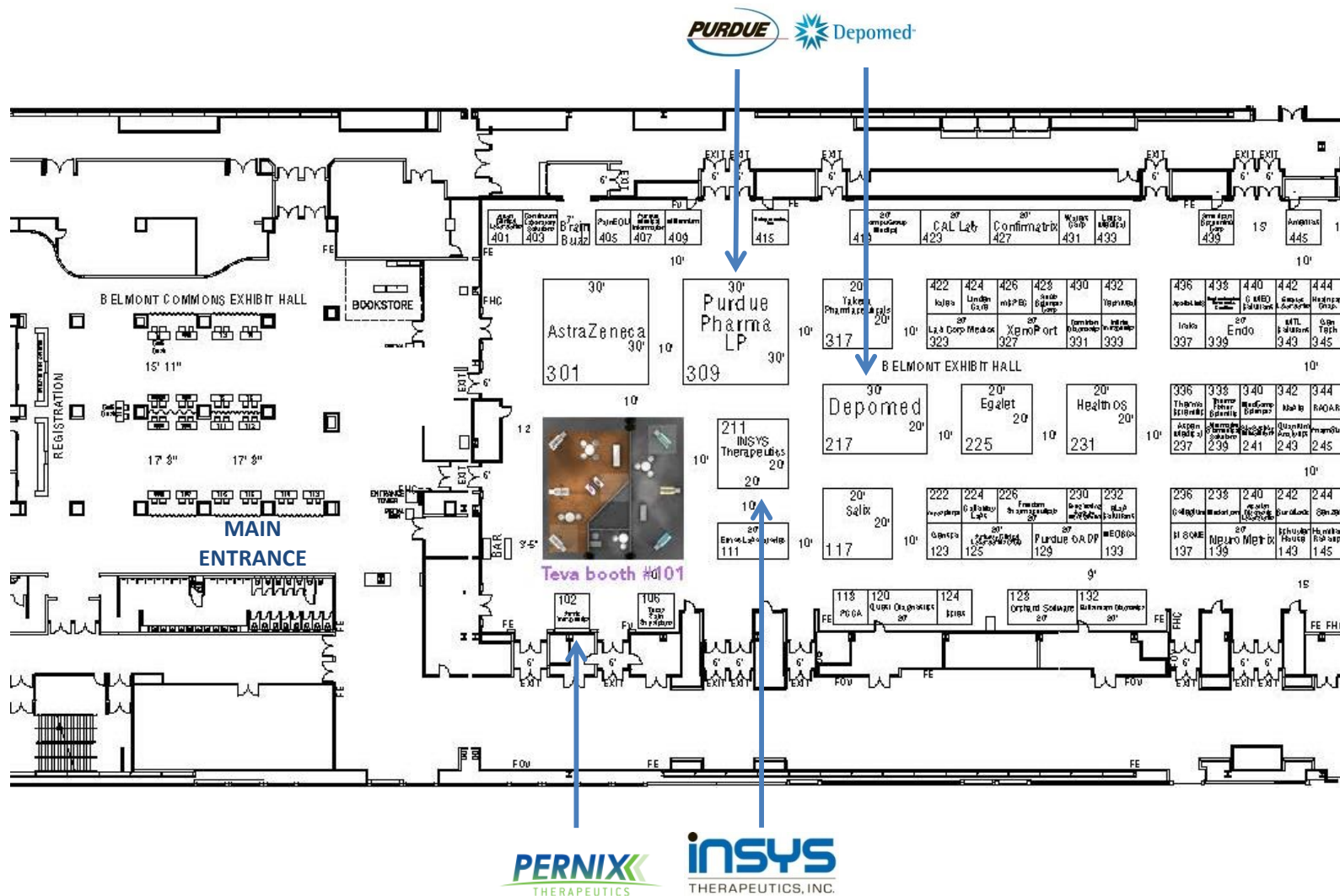
- ☐ Teva leadership to provide opening remarks and attendees will be encouraged to engage with various “stations” throughout the room to learn more about:
 - ☐ Pain Matters progress and programs
 - ☐ Design for Dialogue
 - ☐ HCP speaker programs
 - ☐ Ongoing opportunities for participation and collaboration

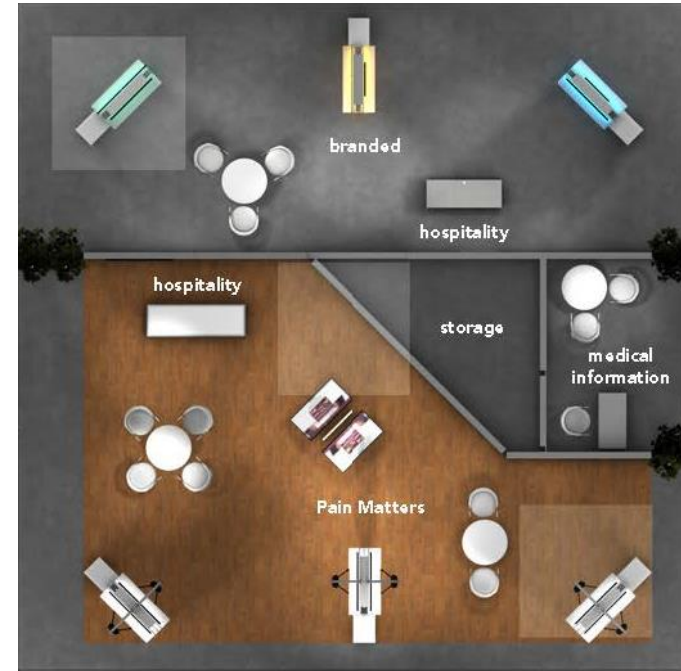
☐ **Objectives:**

- ☐ Recognize participation of individuals who have played a role
- ☐ Leverage excitement to encourage attendees continued support and ongoing participation
- ☐ Raise awareness of Design for Dialogue and identify opportunities to create new resources
- ☐ Establish Teva as a leader in responsible pain management

☐ **Attendees:**

- ☐ Voluntary participation from HCP KOLs, key patient contributors, and advocacy leaders
- ☐ Representatives from Teva CNS and marketing leadership





- 40x40 booth footprint from APS
- Slight modifications to floor plan will improve traffic flow and drive deeper engagement with PainMatters.com

AMRIX

Once-Daily
AMRIX[®] **hydrochloride**
(cyclobenzaprine hydrochloride
Extended-Release Capsules)

Visit Booth 101

Learn about the only once-daily
extended-release cyclobenzaprine —
for relief of muscle spasm¹

AMRIX[®] (cyclobenzaprine hydrochloride)
Extended-Release Capsules

Indications and Usage

AMRIX is indicated as an adjunct to rest and physical therapy for relief of muscle spasm associated with acute, painful musculoskeletal conditions. Improvement is manifested by relief of muscle spasm and by associated signs and symptoms, namely, pain, tenderness, and limitation of motion. AMRIX should be used only for short periods (up to two or three weeks). AMRIX has not been found effective in the treatment of spasticity associated with cerebral or spinal cord disease or in children with cerebral palsy.

Important Safety Information

Contraindications

- Hypersensitivity to any component of this product. These adverse reactions may manifest as an anaphylactic reaction, urticaria, facial and/or tongue swelling or pruritus. Discontinue AMRIX if a hypersensitivity reaction is suspected.
- Concurrent use of monoamine oxidase (MAO) inhibitors within 14 days after their discontinuation. Hypertensive crisis seizures and deaths have occurred in patients receiving cyclobenzaprine (or structurally similar tricyclic antidepressants) concurrently with MAO inhibitor drugs.
- During the acute recovery phase of myocardial infarction, and in patients with arrhythmias, heart block or conduction disturbances, or congestive heart failure.
- Hypertension

AMRIX should be used with caution in patients with a history of urinary retention, glaucoma, or other conditions that may be exacerbated by anticholinergic medication.

Interactions with MAO inhibitors may enhance the effects of CNS depressants, and may increase the risk of hypotension.

Please see Important Safety Information continued on back and Full Prescribing Information in packet.

- AMRIX is not recommended for use in the elderly or in patients with hepatic impairment.

AMRIX may cause drowsiness, dizziness, and other effects. Avoidance of alcohol and other CNS depressants is recommended. AMRIX may interact with other drugs, including MAO inhibitors, and may increase the risk of hypotension.

Reference: 1. AMRIX (cyclobenzaprine hydrochloride) Extended-Release Capsules, NDA 141-053, Teva Pharmaceuticals USA, Inc., 2013.

Please see Full Prescribing Information in packet.

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AMRIX is a product of Teva Pharmaceutical Industries.

FENTORA

APPROVED
FOR USE
SINCE 2004

Nearly 65%
of cancer patients are suffering
from breakthrough pain*

1. J. Demaree, "BYONDORGE
(fentanyl buccal tablet) 120 mg
(NDA 201-261) vs. Vicodin® (NDA
019-033) in the treatment of
cancer pain." *Journal of
Pain Management* 2006; 10(1): 1-10

Visit Booth 101

Learn how FENTORA may help manage
individual episodes of breakthrough pain in
opioid-tolerant adult patients with cancer.^{1,2}

2. Dr. Peter H. O'Connor, MD, PhD
1. Dr. Patricia F. O'Neil, MD, Radiation
Oncologist

FENTORA is indicated for the management of breakthrough pain in cancer patients, 18 years of age and older who are already receiving and who are tolerant to around the clock, opioid therapy for their underlying persistent cancer pain. Patients considered opioid tolerant are those who are taking around the clock routine dosing consisting of at least 60 mg of oral morphine daily, at least 25 mg/kg of transdermal fentanyl, at least 30 mg of oral oxycodone daily, at least 6 mg of oral hydrocodone daily, at least 25 mg oral buprenorphine daily, or an equivalent dose of another opioid drug for a week or longer. Patients must remain on around the clock dosing while taking FENTORA.

This product must not be used in opioid non-tolerant patients. Because the shortening of respiratory and death could occur at any time in patients not on a chronic regimen of opioids. For this reason, FENTORA is contraindicated in the management of acute or postoperative pain.

FENTORA is intended to be used only in the care of opioid-tolerant cancer patients and only by healthcare professionals who are knowledgeable of and skilled in the use of Schedule II opioids to treat cancer pain.

Limitations of Use:

FENTORA may be dispensed only to patients enrolled in the TMS REMS. Access program.

Please see Important Safety Information, including Black Box Warning, on back cover and Full Prescribing Information for product.

*Fentanyl is considered a component in an essential, minimal low use set to a cancer

due with other risk factors and cytotoxic PEG-20-4
inhibitors may increase degradation effects, including hypotension,
respiratory and profound sedation. Considered dose adjustments
if necessary.

FENTORA may impair the ability to drive a car or perform other
potentially dangerous tasks. Cancer patients' tendency

FENTORA is not recommended for use in patients who have received
MAO inhibitors within 14 days, because severe and unpredictable
prescriptions by MAO inhibitors for use with opioids with rapid analgesics

Use in Specific Populations:

Administration FENTORA with caution to patients with severe hepatic
or renal impairment

1. Demaree, J. & Demaree, M. A. *Pharmacokinetics of fentanyl buccal tablet*. *Journal of
Pain Management* 2006; 10(1): 1-10. 2. Demaree, J. & Demaree, M. A. *Pharmacokinetics of
fentanyl buccal tablet*. *Journal of Pain Management* 2006; 10(1): 1-10. 3. Demaree, J. &
Demaree, M. A. *Pharmacokinetics of fentanyl buccal tablet*. *Journal of Pain Management*
2006; 10(1): 1-10. 4. Demaree, J. & Demaree, M. A. *Pharmacokinetics of fentanyl buccal tablet*.
Journal of Pain Management 2006; 10(1): 1-10.

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Pain Matters

**PAIN
MATTERS**

VISIT BOOTH 101 | TO DISCOVER THE LATEST
ADVANCEMENTS IN ABUSE
DETERRENCE TECHNOLOGY

PainMatters.com
Helping Support What Matters to You—
Responsible Pain Management

TEVA **CNS**

Healthcare Professionals Resources
Get access to materials to help
support your practice in responsible
pain management.

Patient Resources
Download tools to use with patients,
including discussion guides and
other resources to help encourage
responsible opioid use.

VISIT BOOTH 101 TO LEARN MORE ABOUT PAIN MATTERS.

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Understanding Abuse-Deterrent Opioid Technologies

Thursday, September 10 | 12:00 p.m. – 1:30 p.m.

Approximately 300 attendees anticipated

Program Objectives:

- Describe some of the different approaches used to develop abuse-deterrent opioid formulations
- Review how these individual approaches may be tested
- Provide an overview of the development and testing for various abuse-deterrent technologies

Confirmed Speakers:

- Jeffrey Gudin, MD**, Director, Pain and Palliative Care Pain Management and Wellness Center Englewood Hospital and Medical Center, Englewood, NJ
- Michael Brennan, MD**, Chief Medical Officer, The Pain Center of Fairfield, CT
Associate Medical Director, Chronic Pain and Recovery Center, Silver Hill Hospital, New Canaan, CT



Understanding Abuse-Deterrent Opioid Technologies

PROGRAM OVERVIEW
This program will discuss how different abuse-deterrent technologies seek to limit manipulation, and studies that may be conducted.

PAIN MATTERS

To be held during PAINWeek 2015

Date:
Thursday, September 10, 2015

Time:
12:15 PM – 1:30 PM

Location:
The Cosmopolitan of Las Vegas
Las Vegas, NV
Brera Ballroom, Level 3

PROGRAM OBJECTIVES

- Describe some of the different approaches used to develop abuse-deterrent opioid formulations
- Review how these individual approaches may be tested
- Provide an overview of the development and testing for various abuse-deterrent technologies

REGISTRATION
There is no registration fee for attending this program, however, seating is limited. We do recommend arriving at the program location early.

PROGRAM FACULTY

Jeffrey Gudin, MD
Director, Pain and Palliative Care
Pain Management and Wellness Center
Englewood Hospital and Medical Center
Englewood, NJ

Michael Brennan, MD
Chief Medical Officer
The Pain Center of Fairfield
Fairfield, CT
Associate Medical Director
Chronic Pain and Recovery Center
Silver Hill Hospital
New Canaan, CT

The industry theater's content, and the views expressed therein, are those of Teva Pharmaceuticals and not of PAINWeek. This is not a CME program.
In order to maintain the professional and educational nature of our program, Teva is unable to accommodate family members, office staff, or other guests of healthcare professionals at our program.
Teva is required to disclose all items of value provided to healthcare providers and to disclose these amounts publicly.

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TEVA

Conversations That Matter: Addressing Challenging Topics in Exam Room Communications

Wednesday, September 9 | 3:30 p.m. – 4:30 p.m.
Approximately 300 attendees anticipated

Program:

- Panelist Discussion – Barriers to open dialogue in the exam room
- Techniques for more open dialogue
- How to discuss with patients and talk about abuse deterrence technology with patients

Confirmed Speakers:

- **Laura Cooley**, The American Academy on Communication in Healthcare
- **Paul Gileno**, Founder and President, US Pain Foundation
- **Bob Twillman, PhD**, American Academy of Pain Management
- **Richard Payne, MD**, Professor, Duke University

Related Activities:

- **September 8** - Design for Dialogue Panel Dinner

PAIN MATTERS **CNS**

**Conversations That Matter:
Addressing Challenging Topics
in the Exam Room**

**[INSERT DATE]
[INSERT TIME]
[INSERT ROOM LOCATION]**

EXPERT PANEL DISCUSSION
*Discuss challenges to open communication and
techniques for fostering meaningful dialogue*

SPEAKERS

Laura Cooley, PhD
Director of Education and Outreach at
the American Academy on Communication
in Healthcare

Paul Gileno
Founder of the U.S. Pain Foundation

Bob Twillman, PhD
Executive Director and Director of Policy and Advocacy
at the American Academy of Pain Management

Richard Payne, MD
Esther Colliflower Professor of Medicine and Divinity
at Duke University, medical director for the Pain Action
Alliance, and John B. Francis Chair in Bioethics at the
Center for Practical Bioethics

Visit PainMatters.com for
more information and resources

PAIN MATTERS

inspires Change

**FOR
GUE**

can be uncomfortable
y pain alike. Pain Matters
and seeks solutions
exam room.

ected by pain and healthcare
om conversations can be
out the impact of pain on
and discuss the risks of abuse
medications may contribute
vs that simple changes to the
people's mood and behavior.

to allow the pain community
design a space to help address
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to customize your
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el by Teva
discussion.

**PAIN-40343
August 2015**

Tactic	Corporate	Booth Drivers Pain Matters, AMRIX, & FENTORA	ADT Product Theater	Encore PDM
Conference Tote Bag Insert			✓	✓
Hotel Room Drop		✓	✓	
Premiere Mobile Site Listing	✓			
Exhibit Hall Passport Premiere Listing	✓			
Premiere Signage at Exhibit Hall Entrance	✓			
PAINWeek Program Guide	✓			
Sponsored PAINWeek Tweets	✓	✓	✓	

- ☐ Functional area needs
 - Travel Logistics
 - Resources
- ☐ Hospitality Suite Needs
- ☐ PAINWeek Attendee List
- ☐ KOL Dinner Meetings
- ☐ PAINWeek Conference Play Book



American Academy of Pain Management

September 17 - 20, 2015

National Harbor, MD



Who Attends**80% Prescriber /20% Other****Attendee Type**

65% MD/DO

18% Nurses

7% Psychologists

6% Other Disciplines

3% Pharmacists

3% PAs

2% Chiropractors

2% Naturopathic Physicians

2% Acupuncturists

25 Physical Therapists

Overview

- ☐ The mission of the American Academy of Pain Management is to improve the lives of people with Pain by advancing a person centered, integrative model of pain care through evidence-guided education, credentialing, and advocacy
- ☐ The 26th Annual Meeting, “No Life Limited By Pain 2015” features
 - ☐ 1,000+ Practitioners
 - ☐ 46 Expert speakers
 - ☐ 100+ Exhibitors
 - ☐ 2 Receptions
 - ☐ 5 Keynotes
 - ☐ 30 Breakout sessions
 - ☐ Industry supported symposia

Industry Exhibitors of Relevance



Attendee	Department
Jeffrey Dierks	Marketing
Chi Momah	Marketing
Jessica Reckner	Marketing
Karen Hill	Marketing – Advocacy
Evonne Matthews	Conventions
Muriel Suggs	Sales
Julia Rogers	Sales
Jason Schwarz	Sales
Tara Carter	Sales
Kelly Athey	Sales

Attendee	Department
Sam Schwarz	Golin
Jaimee Reggio	Golin
Erica Fischer	Golin
Heather Briddick	Golin
Alyssa Leys	Golin
Kallie Culbertson	Golin
Neil Gardiner	HealthLogix
Brian Marcus	HealthLogix
Maggie Holsten	HealthLogix
Abbas Ebrahim	HealthLogix
Emma Tucci	HealthLogix
Leah O'Keeffe	McCann Echo
Eric Jen	McCann Echo
Shawn Perry	H4B

Contact Evonne Matthews for travel logistic questions:
EVONNE.MATTHEWS@COMCAST.NET

**Gaylord National Resort & Convention Center
201 Waterfront St
National Harbor, MD 20745**



Hydrocodone ER Abstracts

Study 10032 Intranasal Liking (APS 2015 Encore)

Evaluation of the Relative Intranasal Abuse Potential of a Hydrocodone Extended-Release Tablet Formulated with Abuse-Deterrence Technology in Nondependent, Recreational Opioid Users

Study 3103 Abuse Diversion (APS 2015 Encore)

Efficacy and Safety of Hydrocodone Extended-Release Tablets Formulated with an Abuse-Deterrence Technology Platform for the Treatment of Moderate to Severe Pain in Patients With Chronic Low Back Pain

Study 3103 Efficacy and Safety (APS 2015 Encore)

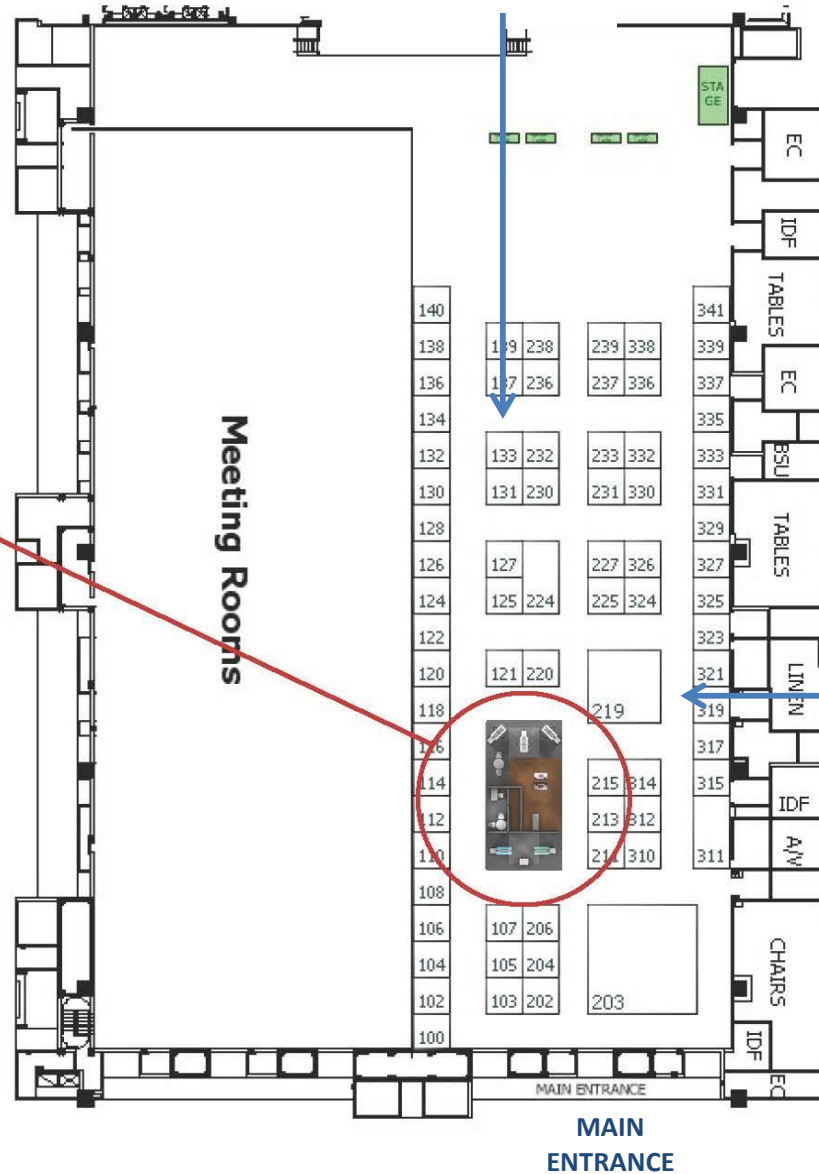
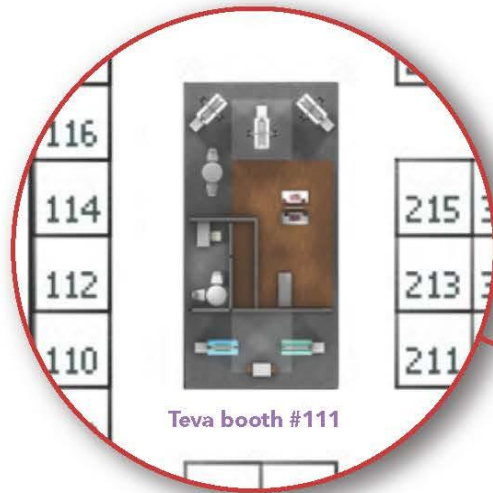
Efficacy and Safety of Hydrocodone Extended-Release Tablets Formulated with an Abuse-Deterrence Technology Platform for the Treatment of Moderate to Severe Pain in Patients With Chronic Low Back Pain

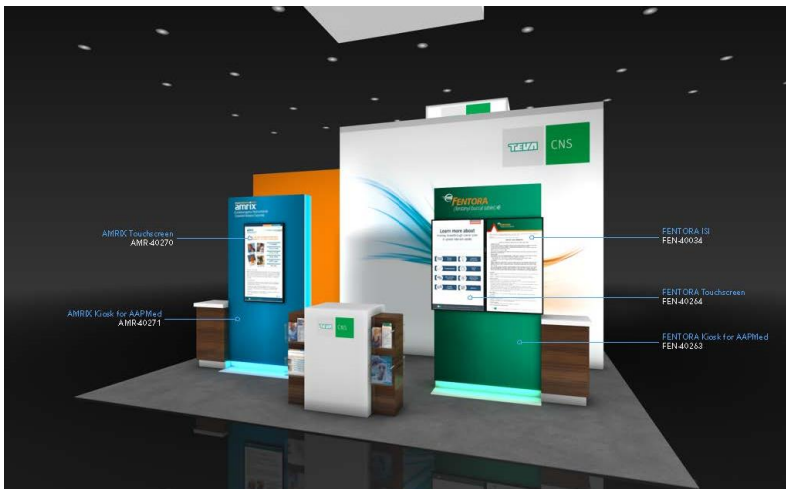
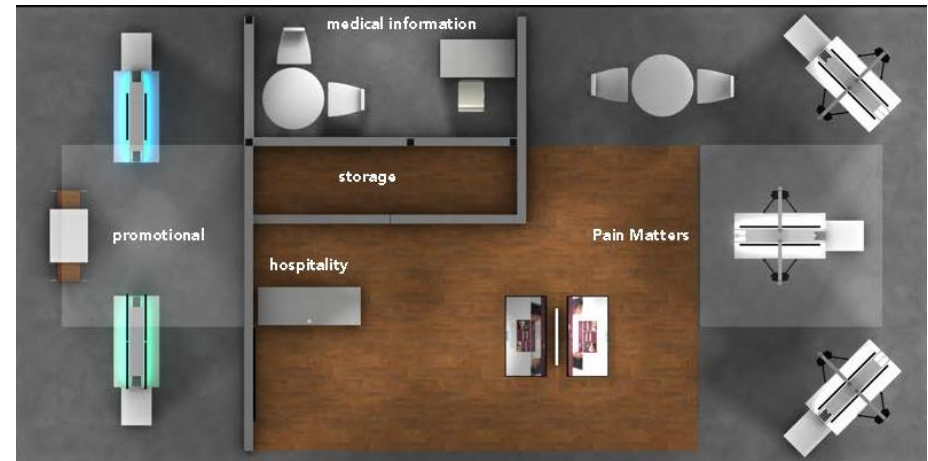
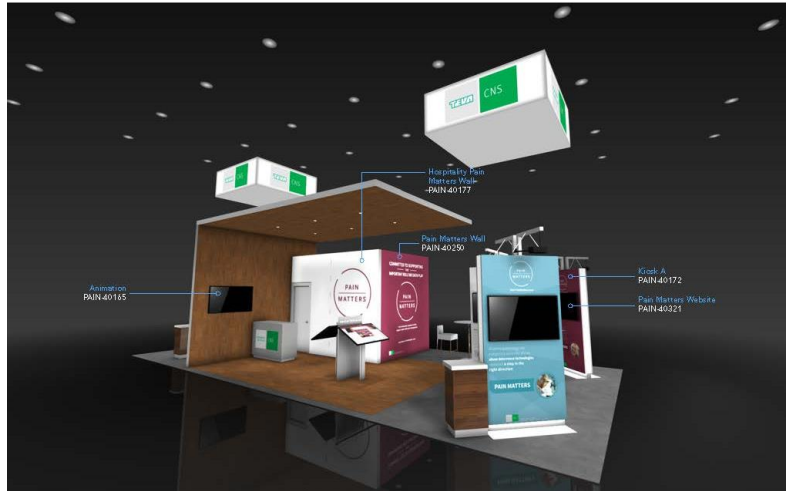
*Abstracts pending acceptance

hall layout

AAPMgmt | National Harbor, MD | 20x40

PERNIX
THERAPEUTICS





- 40x20 booth footprint from AAPMed
- Slight modifications to floor plan will improve traffic flow and drive deeper engagement with PainMatters.com

Conversations That Matter: Addressing Challenging Topics in Exam Room Communications

Thursday, September 18
7:00 a.m. – 8:00 a.m.

PAIN MATTERS **TEVA** **CNS**

**Conversations That Matter:
Addressing Challenging Topics in the Exam Room**

[INSERT DATE]
[INSERT TIME]
[INSERT ROOM LOCATION]

EXPERT PANEL DISCUSSION
Discuss challenges to open communication and techniques for fostering meaningful dialogue

Speakers

Laura Cooley, PhD
Director of Education and Outreach at the American Academy on Communications in Healthcare

Paul Gileno
Founder of the U.S. Pain Foundation

Bob Twillman, PhD
Executive Director and Director of Policy and Advocacy at the American Academy of Pain Management

Richard Payne, MD
Esther Collifower Professor of Medicine and Divinity at Duke University, medical director for the Pain Action Alliance, and John B. Francis Chair in Bioethics at the Center for Practical Bioethics

DESIGN FOR DIALOGUE

Visit PainMatters.com for more information and resources

Speakers are compensated for their time and/or travel by Teva Pharmaceuticals for their participation in the panel discussion.

TEVA
PAIN-40342
August 2015

Understanding Abuse-Deterrent Opioid Technologies

Saturday, September 19
11:50 a.m. – 1:20 p.m.

TEVA **PAIN MATTERS**

Understanding Abuse-Deterrent Opioid Technologies

PROGRAM OVERVIEW
This program will discuss how different abuse-deterrent technologies seek to limit manipulation, and studies that may be conducted.

To be held during the American Academy of Pain Management 26th Annual Meeting

Date:
Saturday, September 19, 2015

Time:
11:50 AM – 1:20 PM

Location:
Gaylord National Convention Center
National Harbor, MD
Potomac Ballroom A

PROGRAM OBJECTIVES

- Describe some of the different approaches used to develop abuse-deterrent opioid formulations
- Review how these individual approaches may be tested
- Provide an overview of the development and testing for various abuse-deterrent technologies

PROGRAM FACULTY

Christopher Gharibo, MD
Associate Professor of Anesthesiology and Orthopedics
NYU School of Medicine
Medical Director of Pain Medicine
NYU-Hospital
New York, NY

Joseph P. Valenza, MD
Director of Pain Management
Kessler Institute for Rehabilitation
West Orange, NJ
Assistant Clinical Professor
Physical Medicine and Rehabilitation Rutgers
New Jersey Medical School
Newark, NJ

REGISTRATION
There is no registration fee for attending this program, however, seating is limited. We do recommend arriving at the program location early.

The industry speaker's content, and the views expressed therein, are those of Teva Pharmaceuticals and not of the American Academy of Pain Management 26th Annual Meeting.

This is not a CME program.

In order to maintain the professional and educational nature of our program, Teva is unable to accommodate family members, office staff, or other guests of healthcare professionals at our program.

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TEVA

- ☐ Functional area needs
 - Travel Logistics
 - Resources
- ☐ KOL Meetings
- ☐ AAPM Conference Play Book



File Provided Natively