
From: Teno, Kelli (CHI-GHI) <kteno@golinharris.com>
Sent: Friday, April 05, 2013 9:04 PM
To: John C. Jacobs
Cc: Matthew Day; Kate Reedy; Ryan Daufenbach; GHI WW TEVA
Subject: RE: Teva Advocacy Mapping Project Request
Attachments: Teva Advocacy Mapping Presentation 3.26.13 for Teva.pptx

Hi John,

We're glad to hear that feedback. As next steps, we'll be working to add pharmacy groups to the matrix, as well as create an engagement plan for working with these groups. In the meantime, attached please find the slides for your planning process. Please let us know if you need anything else.

Best,

Kelli Teno
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[Kteno@golinharris.com](mailto:kteno@golinharris.com)

From: John C. Jacobs [<mailto:John.Jacobs@tevapharm.com>]
Sent: Friday, April 05, 2013 9:50 AM
To: Teno, Kelli (CHI-GHI)
Cc: Matthew Day; Kate Reedy; Ryan Daufenbach
Subject: Teva Advocacy Mapping Project Request

Hi Kelli

Thanks for sending the extra copies. This is outstanding work!

I would like to request that you send the ppt slides in their electronic version today if possible...the slides that made up the front section of the binder. We could really use that for our long range planning process. Thanks!

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TEVA ADVOCACY MAPPING

MARCH 28, 2013



NfMCPA
National Fibromyalgia &
Chronic Pain Association



U.S. PAIN
FOUNDATION



PANCREATIC CANCER
ACTION NETWORK



American Society of
Anesthesiologists



American Chronic Pain Association



American Academy of
Physical Medicine and Rehabilitation

AMERICAN SOCIETY FOR
Pain Management
Nursing



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ADVOCACY MAPPING NEED

- Although Cephalon has a heritage within the pain space, Teva is relatively new to the pain community – specifically to those who manage chronic pain. It's critical to engage patient and professional advocacy groups to help establish positive relationships with both patients and HCPs.
- GolinHarris analyzed the pain/oncology advocacy landscape to help identify and prioritize those groups with which Teva is most aligned. This proprietary GH program is designed to help brands better understand potential allies and detractors as an important early step in developing strategies to engage and/or minimize them.
- As the priorities differ for each pain brand, GolinHarris created two reports: one that evaluated pain groups and another that looked at oncology groups.

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AGENDA

- Advocacy mapping methodology
- Advocacy group matrix
- Engagement strategies
- Key influencers
- Next steps

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METHODOLOGY

- **Utilized GH proprietary processes:**
 - "Engage" specialty practice
 - Advocacy mapping process
 - Independent, objective analysis
 - Provides "directional" strategies for engagement
- **Examined a variety of sources:**
 - Factiva
 - IMS data
 - Guidestar.org
 - Internet analysis
 - Social media analysis
 - Congressional and regulatory sources

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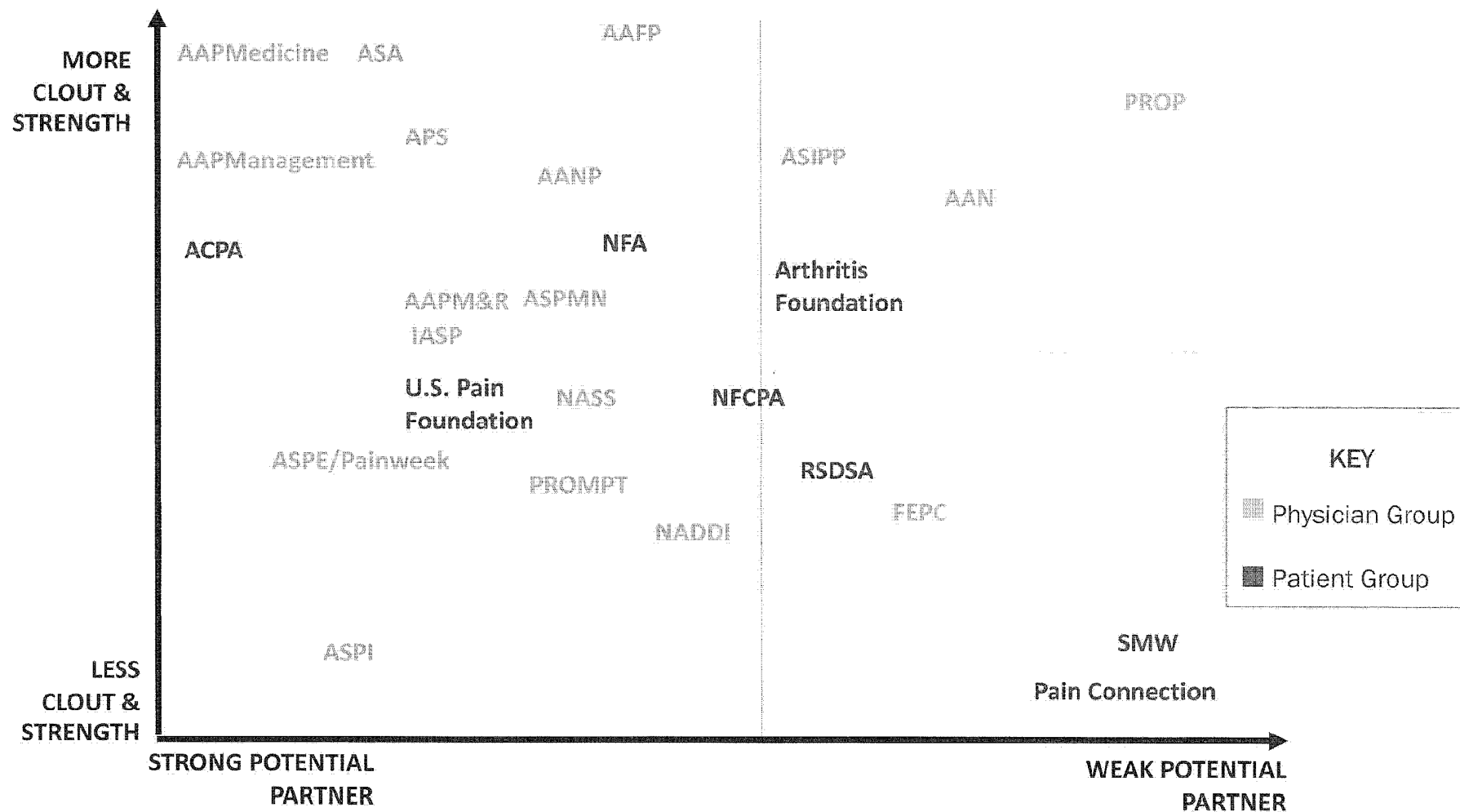
SCORING CRITERIA

- **Organizational resources:** Annual revenue, expenses, # of employees
- **Membership:** # of members, prescribing habits
- **Visibility:** Publications, congresses, social media and traditional media presence
- **Partnerships:** Corporate opportunities and sponsorship; past partnerships, particularly with pharma
- **Issues:** AD properties, label changes, rescheduling, access to pain medication, REMS, other
- **Influence:** Active on the Hill, medical guidelines, achievements
- **Focus on pain management:** Particularly relevant for oncology groups

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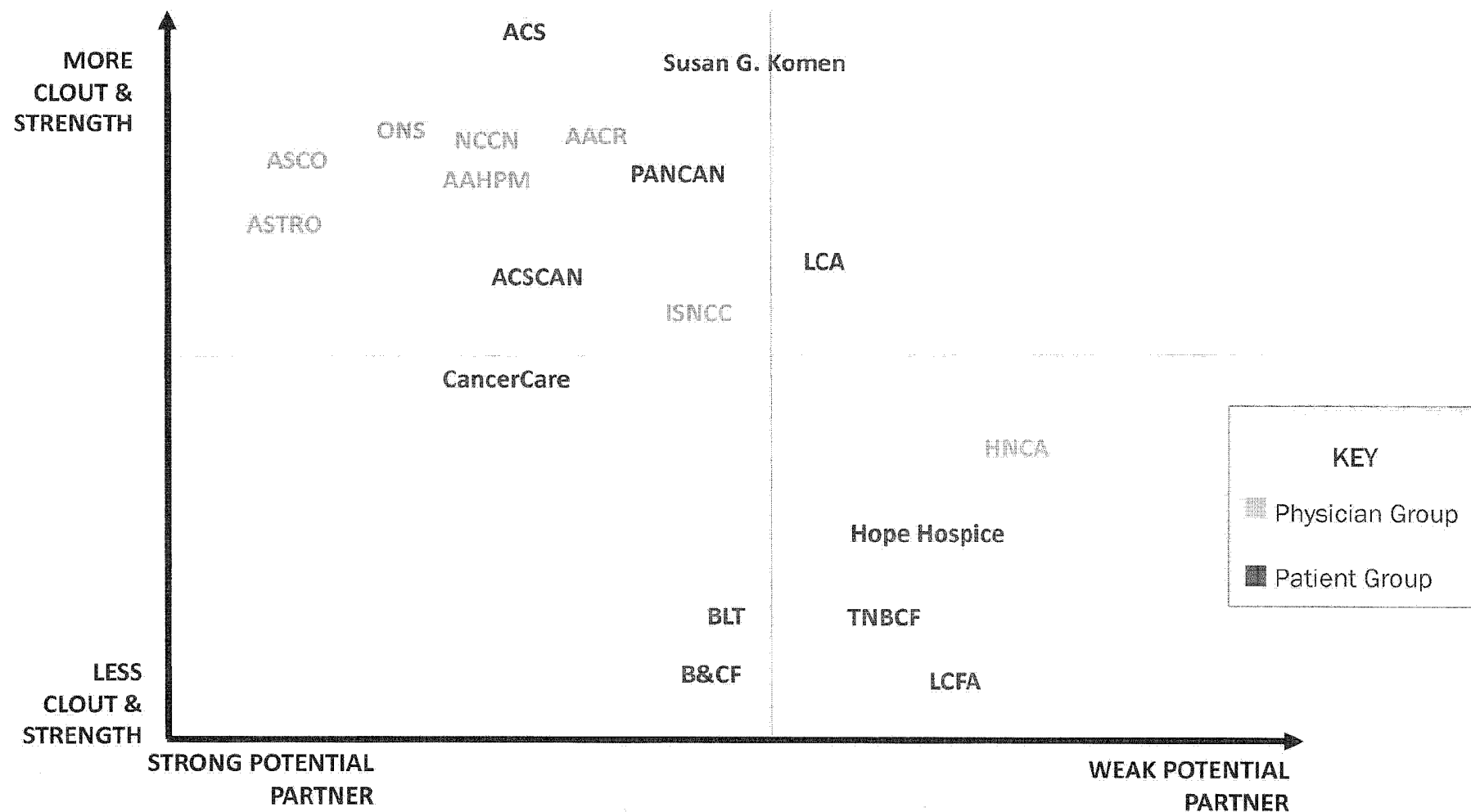
GRID – PAIN



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GRID - ONCOLOGY



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ENGAGEMENT STRATEGIES

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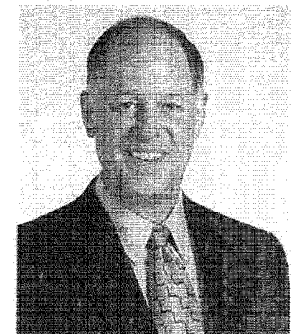
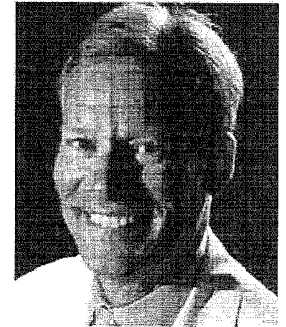


AMERICAN SOCIETY OF ANESTHESIOLOGISTS

American Society of Anesthesiologists



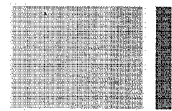
- **Why:** Largest anesthesiology organization; write 23% of LAO prescriptions¹; >half of physicians board certified in pain medicine are anesthesiologists
- **Engagement Strategy:** Provide tools and resources tailored to anesthesiologists unique needs to show Teva value
- **Approach:** Participate in introductory meetings at annual meeting to understand alignment and partnership opportunities
- **Key Dates:**
 - Annual Meeting: October 12 – 16, San Francisco; 12,000+ attendees
- **Influencers:**
 - John F. Dombrowski, MD, Board of Directors
 - Richard W Rosenquist, MD, Chair, ASA Committee on Pain Medicine



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1. American Society of Interventional Pain Physicians (ASIPP) Guidelines for Responsible Opioid Prescribing in Chronic Non-Cancer Pain: Part I – Evidence Assessment

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U.S. PAIN FOUNDATION



U.S. PAIN FOUNDATION

- **Why:** Newer advocacy organization with fewer resources that could be more receptive to Teva partnership
- **Engagement Strategy:** Identify overlap between Teva and the organization's future goals and strategies moving forward
- **Approach:** Current awareness run/walk only takes place in one city; become the title sponsor for the event and work with the organization to add additional events throughout the country
- **Key Dates:**
 - April 21, 2013 - Patient and Family Day to Learn About Managing Pain
 - May 4, 2013 - 5th Annual Triumph Over Pain Triumph Over Pain: Run, Walk, Roll Event
- **Influencer:**
 - Paul Gileno - Founder & President, U.S. Pain Foundation and Advisory Board Member for *PainPathways* magazine



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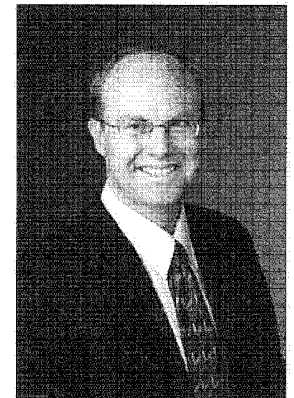
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AMERICAN CHRONIC PAIN ASSOCIATION



American Chronic Pain Association

- **Why:** ACPA is the most visible patient advocacy group in the pain space. As a current top-tier corporate sponsor, there is room for Teva to lead more focused initiatives
- **Engagement Strategy:** Work with ACPA to fulfill unmet needs among pain patients to improve quality of care and empower them to become pain advocates
- **Approach:** Assess success of chronic pain survey/TaskRabbit campaign in Q4 2013 and discuss extension opportunities
- **Key Dates:**
 - Pain Awareness Month: September
- **Influencers:**
 - Penney Cowan, ACPA Founder and CEO
 - Sean Mackey, M.D., Ph.D., ACPA Advisory Board Member, AAPMed VP of Scientific Affairs, Chief, Pain Management Division, Stanford University School of Medicine



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AMERICAN SOCIETY FOR PAIN MANAGEMENT NURSING



- **Why:** Nurses and NPs are often frontline practitioners and key in managing patients' pain; audience is often underserved and under-recognized
- **Engagement Strategy:** Hold on programming until FDA decision on hydrocodone rescheduling
- **Approach:** Expand website to include patient/HCP tools regarding pain; host roundtable to discuss challenges in pain care at annual meeting
- **Key Dates:**
 - Annual Meeting: October 9-12, 2013, Indianapolis
- **Influencers:**
 - Patricia M. Bruckenthal, PhD, RN, ANP, President Elect, Communications Committee Liaison; Clinical Associate Professor, Stony Brook University School of Nursing (COE)



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AMERICAN ACADEMY FOR HOSPICE AND PALLIATIVE MEDICINE



- **Why:** Palliative care practitioners play an important role in pain management among patients with serious illness, but are often overlooked among oncologists
- **Engagement Strategy:** Hold introductory meeting with leadership during 2013 Assembly and identify strategically aligned opportunities (completed)
- **Approach:** Provide tools to elevate the importance of palliative care among oncologists to help improve pain care
 - Pursue opportunities for AAHPM/ASCO partnership; collaborate on public policy issues; engage with AAHPM bloggers/Twitter influencers
- **Key Date:**
 - Annual Assembly: March 2014, San Diego
- **Influencer example:**
 - Dr. Amy Abernethy, AAHPM President-elect



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ONCOLOGY NURSING SOCIETY



- **Why:** Nurses are frontline caregivers for cancer patients; ONS is a highly reputable organization with a well-attended annual congress
- **Engagement Strategy:** Highlight the important role nurses play in pain care to elevate Teva's reputation among oncology nurses
- **Approach:** Introduce Teva to the ONS community through symposium on BTP highlighting FENTORA's new sublingual administration; create awards program recognizing practitioners who have provided exceptional pain care
- **Key Dates:**
 - Annual Congress – April 25-28, Washington, DC
- **Influencers:**
 - Georgia Decker, APRN, ANP-BC, CN, AOCN, ONS:Edge Director
 - MaryGullatte, PhD, RN, ANP, BC, AOCN, FAAN, ONS President (2012– 2014)



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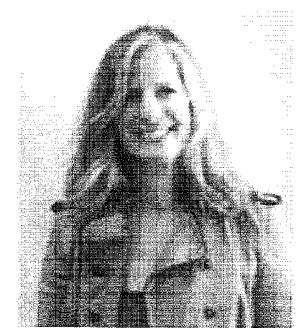
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AMERICAN CANCER SOCIETY



- **Why:** ACS/ACSCAN increasingly is prioritizing palliative care and pain management. There is a history to capitalize on, as Cephalon was involved in ACS/ACSCAN initiatives in the past
- **Engagement Strategy:** Participate in introductory meetings to understand alignment and partnership opportunities
- **Approach:** As an active public policy organization, engage Teva government affairs to work with ACS to secure pain on policy agenda
- **Key Dates:**
 - Celebration on the Hill National Advocacy Day: September 2013; 700+ advocates attend
- **Influencers:**
 - Rebecca Kirch, JD, Director of Quality of Life and Survivorship
 - Vincent T. DeVita Jr., MD, President, ACS Board of Directors, Advisory Board Chair, Yale Cancer Center



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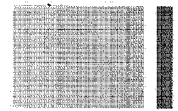
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KEY INFLUENCER ENGAGEMENT

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INFLUENCERS – ORGANIZATIONAL

- Work with organizational influencers to understand organizations' agenda, create partnership opportunities and advocate for pain
 - **Keysha Brooks Coley**, Director of Federal Relations, American Cancer Society Cancer Action Network
 - **Scott Fishman**, MD, Chief, Division of Pain Medicine, University of California; Senior Editor, *Pain Medicine*, American Academy of Pain Medicine; Board of Directors, American Pain Society
 - **Jeffrey Fudin**, PharmD, FCCP, Adjunct Associate Professor of Pharmacy Practice, Albany College of Pharmacy; Founder and Chair, PROMPT
 - **Bob Twillman**, PhD, FAPM, Clinical Associate Professor of Psychiatry, University of Kansas School of Medicine; Director of Policy and Advocacy, American Academy of Pain Management
 - **Amy P. Abernethy**, MD, FACP, FAAHPM, President Elect, American Academy of Hospice and Palliative Medicine

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INFLUENCERS - COES

- Extend invitations to COE influencers to ad boards, symposia, speakers' bureaus and other Teva events to build relationships and identify opportunities to provide educational content to COE practitioners
 - **John T. Farrar**, MD PhD, Associate Professor of Anesthesia and Critical Care, Associate Professor of Neurology, University of Pennsylvania; Director at Large, American Pain Society
 - **David Craig**, PharmD, BCPS, Director, Pain and Palliative Care Specialty Residency, H Lee Moffitt Cancer Center; Chair, *E-News* Editorial Board, American Pain Society
 - **John D. Loeser**, MD, Professor of Neurological Surgery and Anesthesiology, University of Washington School of Medicine; Editorial Advisory Board of *Pain Physicians*, American Society of Interventional Pain Physicians
 - **Steve Feinberg**, MD, Adjunct Clinical Professor, Stanford University Pain Service; Board of Directors, American Chronic Pain Association



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SUMMARY

- There is opportunity to be more **focused**
- Meet with organizational influencers to determine group priorities and develop **mutually-beneficial initiatives**
- Expand advocacy relations to **peripheral groups** as the Teva pipeline continues to expand
- **Maximize current** corporate membership and funding opportunities
- Building advocacy relationships may also provide opportunities to **provide COE education**

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NEXT STEPS

- Teva alignment on priority groups
- GH/Kathy to develop individual group engagement plans
- Assess success of ACPA/AAPM partnership and identify potential extension opportunities

QUESTIONS?

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