From: Horan, Brian
Sent: Thursday, May 12, 2005 2:34 PM
To: Castagno, Paula; Spokane, Randy
Cc: Carnohan, William; Winkelman, Dan; Pyfer, Andy
Subject: RE: segmentation guide
Attachments: Horan Spokane Segment Training Piece.doc

Paula,

My comments are attached highlighted in purple and I either added to what Randy was stating or added my own thoughts. Thanks for the opportunity to help.

However, by the tone and hesitation of your email below, I would suggest that you probably have answered your own questions and doubts. I would suggest that this guide is an exercise to aid the representatives and not to serve as an exact algorithm because it could never happen in the real world no matter how much you analyze and fine tune this. The real value is to get it in the hands of the reps and let them go! If marketing and sales work together and guide the reps as best as we can, I believe we will all be successful. (Just my 2 cents)

Thanks for this opportunity and if you have any questions, please give me a call.

Brian

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From: Castagno, Paula
Sent: Friday, May 06, 2005 3:56 PM
To: Horan, Brian; Spokane, Randy
Subject: segmentation guide

Hi guys:

I hope you can help me out. Dan Winkelman and I are working on a handout to be used as a guide for the segmentation info. Randy, I know you saw some of our pre-pilot prototypes – this one is somewhere in the middle of those. Our original intent was to be able to say the following to the reps: "if the doc is tagged as an expert, then go in with message X, then Y, followed by Z." After the pilot, however, we realized that, despite a lot of positive feedback, our tagging accuracy was lower than we hoped we were unable to accurately tag the docs and, there was no exact formula for which message to give to which segment – the differences were sometimes subtle. This posed a challenge on how we wanted to roll this out. We could not roll it out as a sales-call algorithm, however, we know it will help some reps with pre-call planning. We want to put something in their hands that will remind them of the definitions of each segment, as well as guide their call planning. It needs to be a simple reference guide – certainly not exhaustive – and it also needs to help the reps to know

what to do with the segmentation info. Please take a look and let me know your thoughts. Note that it is a working document and that font size/font type, layout/format, etc. are not finished. Thanks!

Paula

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ACTIQ PHYSICIAN SEGMENTATION GUIDE

Segment Name Call Tips	Characteristics	Reference
Expert (EXP) Be ready to discuss: ❖ Onset of analgesia ❖ Unique delivery system ❖ Bioavailability ❖ Dosing and titration ❖ Fentanyl concentration (ng/mL)and dosing proportionality ❖ Different routes of admin of fentanyl ❖ Absorption levels ❖ Lipid solubility ❖ Expert definition – point out that most are in this group due to their high volume of writing of SAO's or whatever - does not necessarily mean an expert with all pain procedures or a product like Actiq.	▪ Predominant patient type is pain patient, usually non-cancer (? Not necessary) ▪ Prefer to manage their own patients (rarely refer) because they consider themselves best equipped to handle severe pain ▪ Concerned about patients' opioid addiction/diversion, but has the patient management tools for dealing with these issues ▪ Spends patient time educating (many experts rely on someone else in the office to educate the patients – this is one negative for Actiq because the perceived time it takes to educate patients on proper usage vs. a pill is deemed too much staff time) and regulating opioid prescribing ▪ Favors opioid agreements ▪ Tend not to shy away from treating chronic pain patients long-term with opioids ▪ Comfortable using special procedures for pain management (biofeedback, trigger point injections, intrathecal etc.) ▪ Rep should be cognizant of physician specialty as that will influence treatment options, therapies, and desired outcomes ▪ Tend to have working relationship with specific pharmacies and share information with these pharmacists ▪ Rely on assessments by NP, RN, or PA-c's for treatment option suggestions ▪ More likely to rely on spouse or other family member for feedback concerning attainment of daily goals ▪ Familiar with fentanyl via Duragesic or operating room experience	Refer to: -Core sales aid -PK piece -Dosing Guide -Coupons -ESP mini disc/slim jim -Grant supported CME programs - Promotional slide kit when available - Product Monograph

ACTIQ PHYSICIAN SEGMENTATION GUIDE

Open & Understanding (O-U) Be ready to discuss: ❖ Onset of analgesia ❖ BTCP characteristics ❖ Patient types ❖ Convenience and ease of use	▪ More likely to refer severe chronic pain patients ▪ Less sophisticated knowledge of pain management compared to experts but open to learning ▪ Tend to be more patient centered and possibly more focused on quality of life (improved functioning) ▪ More apt to feel pain is the most debilitating part of a patient's life ▪ Less likely to use special procedures (biofeedback, trigger point injections, intrathecal etc.) ▪ Higher percentage of practice usage of combination Short-acting Opioids compared to Experts ▪ Less skeptical of patients who take opioids for chronic pain use ▪ Better educated in the differences between addiction, pseudo-addiction, tolerance, and dependence (Should this be here or in the expert section?) ▪ May be more likely to listen to nurse, PA-c, or NP about treatment suggestions ▪ More likely to want to enhance knowledge level in pain management ▪ To further the above point - Most would like to treat but are fearful due to their limited knowledge of pain management – excellent training opportunity but we need multiple resources to do so.	Refer to: -Core sales aid -Patient profiles -Pain assement tool/poster -Placebo or demo unit
Conservative & Careful (C-C) Be ready to discuss: ❖ BTCP characteristics ❖ Safety ❖ Well-established therapy	▪ Smaller portion of practice time focused on pain treatment ▪ Concerns of abuse and diversion may limit opioid prescribing ▪ Least open to trying new pain medications ▪ Tend to under treat pain ▪ Most likely to refer chronic pain patients ▪ Less likely to use special procedures (biofeedback, trigger point injections, intrathecal etc.) ▪ Higher percentage of practice usage of combination Short-acting Opioids compared to Experts – Since this statement is here – why is it relevant? Lack of education, treat based on common practice of others?, etc, etc… ▪ Usually do not have time or ware withal to conduct a full initial pain visit ▪ Highly skeptical of patients who use opioids or who are in chronic	Refer to: -Core sales aid - RMP info -Quarterly safety update -ESP mini disc/slim jim -Welcome kit -Patient education video -Grant supported CME programs

	pain ▪ Less educated in differences between addiction, pseudo-addiction, dependence, tolerance, and addiction ▪ Less likely to have working relationship with one pharmacy ▪ Less likely to trust judgment of PA-c , NP, or RN about opioid use as a treatment option ▪ Usually has a friend who was addicted to fentanyl in med. School, failed out and is an addict? It's amazing how often it happens??	