

Frequently Asked
Questions and Answers

PLAINTIFF TRIAL
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CONFIDENTIAL - SUBJECT TO PROTECTIVE ORDER

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Frequently Asked Questions and Answers

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For Physicians

Doctor

I really don't like to use any pain medications in my patients, particularly opiates, unless it's absolutely necessary. I think it's better that they learn to get through their pain without medication. It builds character.

Representative

You're right, you probably shouldn't use pain medications unless it's absolutely necessary. But what is absolutely necessary? After surgery, for example, patients who are provided with adequate pain medication—regular scheduled doses of analgesics—are able to rest better and become mobile more quickly than those denied pain medications or treated PRN. In the long run, this translates to shorter hospital stays, and ultimately, reduced costs. Plus, the patients are more comfortable.

Doctor

Well, why a combination product?

Representative

Studies have shown that combination products—those with both narcotic and non-narcotic analgesics—provide superior relief to either type of medication alone. The effects may be additive, or they may be synergistic; the studies are not clear. However, the combination products perform better than single agents, particularly for moderate to severe pain. And the side effects of these products is less than if you boosted the level of either agent alone.

Doctor

Why Norco™?

Representative

Norco™ provides two proven pain relievers—hydrocodone and acetaminophen—in a unique formulation.

Doctor

There are a bunch of other hydrocodone/acetaminophen combinations on the market. You mean that none of them has the same formulation as Norco™?

Representative

No. Only Norco™ provides the preferred starting dose of hydrocodone—10 mg—with a lower 325-mg dose of acetaminophen.

Doctor

I prescribe Lorcet 10/650 or Vicodin ES. They're like Norco™. Why should I change?

Representative

They're not the same. Lorcet 10/650 has twice the acetaminophen, and Vicodin ES more than twice the acetaminophen with only 75% of the hydrocodone. That's fine if you're interested in the analgesic action of acetaminophen, but some types of pain are much more responsive to the CNS activity of hydrocodone. The large dose of acetaminophen may be largely unnecessary.

Doctor

What difference does a hundred or so milligrams of acetaminophen really make?

Representative

It can add up to a big difference. First of all, the recommended limit of acetaminophen is 4 grams a day for a person without compromised hepatic or renal function. Liver damage has been observed in otherwise healthy patients taking that much Tylenol for upwards of a year. In fact, liver damage has been observed after just a few months at doses of 5 grams or more. Remember, two extra strength Tylenol four times a day add up to 4 grams of acetaminophen. That's only eight pills. That's not a lot.

Now, the acetaminophen in Vicodin ES limits the number of tablets patients can take to only five a day, and the number of Lorcet 10/650 tablets to six. And if the primary reason you're prescribing either is for the effect of the hydrocodone, **Norco™** allows you to increase the hydrocodone dose without flirting with that 4-gram daily limit.

Even more important, many patients should not be taking that full 4-gram daily dose. Acetaminophen toxicity can pose a real problem for these patients.

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Doctor

I don't believe I've come in contact with that many patients for whom acetaminophen toxicity poses a problem.

Representative

They're more common than you might realize. I'm sure you're aware of all the patients in your practice with overt hepatic dysfunction. But when you consider those on medications like barbiturates, phenothiazines, and warfarin, the number who should limit acetaminophen intake begins to rise. And then, when you also consider that most older patients have declining hepatic and renal function, the total number for whom smaller doses of acetaminophen might be prudent becomes impressive. Why give more of something that's potentially harmful if it isn't necessary?

Doctor

Acetaminophen toxicity can't be that common.

Representative

Unfortunately, it's quite common. Over 100,000 incidents of accidental and intentional acetaminophen poisoning required hospitalization in 1994. Of these, 34,000 involved combination products. It's logical to assume that some incidents went unreported or didn't require hospitalization, and others won't show up until the patient has a work-up for a physical or some other illness.

Doctor

I often prescribe oxycodone—Percocet—when I need a more potent analgesic. That doesn't contain any more acetaminophen than Norco™. Or I could even prescribe Percodan, which doesn't contain any acetaminophen at all.

Representative

Norco™ is a Schedule III substance, not a Schedule II like oxycodone, even though both opioids are indicated for moderate to moderately severe pain. It certainly uncomplicates prescribing—you can even phone in a prescription (most states). And an aspirin formulation has the GI and bleeding problems that go along with aspirin.

Doctor

If I don't want to prescribe a Schedule II, I use a Tylenol 4 with codeine. That only has 300 mg of acetaminophen.

Representative

Tylenol 4 has 60 mg of codeine; that's a great deal. Many patients have trouble tolerating that much codeine at once.

Doctor

Am I going to get complaints from my patients about the price of Norco™?

Representative

No. **Norco™** is aggressively priced against all 10-mg hydrocodone products. It costs less than Lorcet 10/650, Lortab 10/500, and Vicodin. And the tablet is smaller, so it should be easier for patients to take—both physically and financially.

For Trade Customers

Customer

Why should I stock another hydrocodone/APAP?

Representative

Because **Norco™** represents a unique formulation. No other product combines high-dose hydrocodone with lower-dose acetaminophen, and you will not be able to directly substitute any other product for a **Norco™** prescription.

Plus, **Norco™** is the lowest priced 10-mg hydrocodone product currently available, at an AWP of \$49.75 per 100 tablets and a direct price of \$40.80 per 100.

Pharmacists: If you order now, you can take advantage of our great offer—a \$5.00 rebate on your first order of **Norco™**.

Frequently Asked Questions and Answers

Customer

Why lower-dose acetaminophen? What can be safer than Tylenol?

Representative

Unfortunately, acetaminophen is not as benign a drug as we have traditionally believed. The recommended limit on acetaminophen is 4 grams daily, and even that dose causes liver toxicity after a while. On the other hand, hydrocodone can be dosed up to 120 or 200 mg or even more daily. So if acetaminophen levels are too high, combination products can come up short on hydrocodone.

Plus, doctors and other prescribers are becoming sensitive to the problem of acetaminophen toxicity. Over 100,000 incidents of accidental and intentional acetaminophen poisoning required hospitalization in 1994. Of these, 34,000 involved combination products.

Customer

There is a lot of competition. Am I going to move this stock?

Representative

Absolutely. **Norco™** has a high-powered promotional campaign under way to insure that the product message gets out. Plus, the promotion is being directed specifically at high prescribers of these products, where the message can have the greatest impact on prescriptions.