
From: Pyfer, Andy
Sent: Thursday, January 05, 2006 12:22 AM
To: Burlakoff, Alec; Cooke, Peter; Gaither, Amy; Hemenway, Michael; Kramin, Matthew; Morrison, Jacqueline; Nikolaus, Matthew; Robinson, Dean; Rocco, Phil; Sweeney, Timothy; Tocco, Philip
Cc: Berg, Edward; Siegel, Eric; Craig, Roy; DeWildt, Charles; Datin, Joseph; Tatum, Chandler; Spokane, Randy; Brookes, Lynne; Mulholland, Michael; Castagno, Paula; Napoletano, Matthew; Terifay, Terrence; Winkelman, Dan
Subject: ACTIQ marketing ppt from managers meeting
Attachments: Mgrs Mtg Dec 05 ACTIQ_ NSM Prep Version.ppt

PCS Area Managers—

As promised, please find attached the ACTIQ Marketing presentation we reviewed at the December 2005 Managers Meeting.

As we discussed, this ppt has been reviewed by legal. You should feel free to utilize any/all of this information at your area breakouts at the NSM. Please note that if you make changes to the language within the slide deck it will necessitate subsequent legal review. As we discussed, some of the information/data we reviewed might be better when looking at territory level data – which we didn't do at the meeting and I have not provided.

Lastly, please know that this ppt will form the basis of the ACTIQ general session presentation. You should not feel that your use of the information will be unnecessary or redundant. Your use of the information will provide consistent direction and reinforce **our** plans for success.

We hope you find this helpful and look forward to seeing you in Florida.

Andy

File Provided Natively

2006 ACTIQ Marketing

Overview

- 2006 Challenges & Planning for Success
- ACTIQ Marketing Plan
 - 60,000 Foot View from Sales Perspective
 - Situation Analysis
 - Key Commercial Issues/Challenges
 - Field-related Strategies & Tactics

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2006 Challenges & Planning for Success

Key Marketing Issues

1. ACTIQ patent expiration in February 2007
 - Assumes pediatric exclusivity granted
2. Transition to ACTIQ sugar free formulation
 - Expected launch May 1, 2006
3. Newly formed Pain Care Sales Force requires appropriate training, motivation, and direction
4. Increased reimbursement barriers from managed care
5. Limited awareness and knowledge of appropriate assessment, diagnosis & treatment of BTP in cancer patients
6. Continued concerns of abuse, addiction and diversion

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ACTIQ Critical Success Factors

- | | |
|--------|---|
| CSF #1 | Maximize ACTIQ TRx growth & market share prior to loss of exclusivity |
| CSF #2 | Effectively transition to new formulation |
| CSF #3 | New Sales Force is adequately prepared/trained, provided with effective tools and given clear direction about targeting and messaging |
| CSF #4 | Targeted ACTIQ prescribers are aware of reimbursement tools (Covance) |
| CSF #5 | Targeted physicians are aware of both proper assessment and treatment of BTP in cancer |
| CSF #6 | Targeted prescribers are aware of resources to assist in minimizing risk for abuse, addiction, & diversion of ACTIQ |

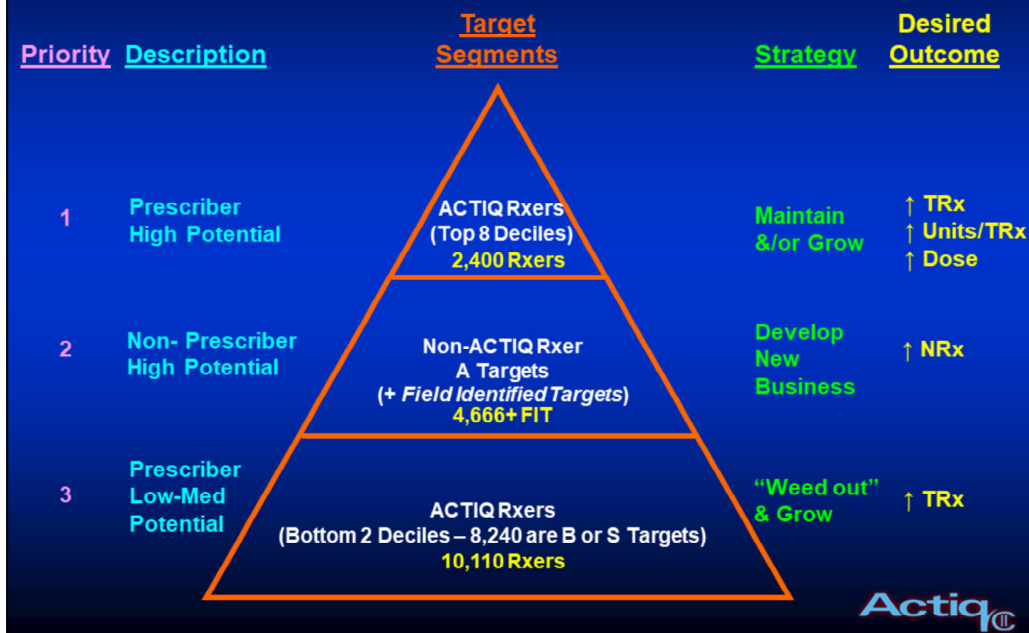


Identifying Targets

- Marketing/Sales Ops targets (“A & B”)
 - Potential based on behavior (Rx data)
- Field identified targets
 - Potential based on behavior (Rx data)
 - Potential based on other knowledge (rep autonomy)
 - Please refer to targeting algorithm reviewed in ITC
- **Marketing/Sales Ops goals**
 - ID best targets for direct & indirect promo activities
 - Have significant overlap with field targets
- **Our mutual goal**
 - Identify the BEST targets for promotional activity

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Success in 2006



1. Top Priority – secure your big guns (bread & butter)
2. Second Priority – greatest opportunity for growth is your non-ACTIQ high opioid writers (Pain Specialists)
3. Third Priority – biggest challenge is to determine who is a dabbler and who has real potential (weed out the dabblers)

Activity Breakdown of Target Segments

April – September 2005

Target Segment	# of Rxers	Rxers with >0 PDEs	Total PDEs	PDEs per Called-On Rxer
ACTIQ Deciles 3-10	2,400	2,214	39,129.7	17.67
Non-ACTIQ Rxer A Targets	4,666			
ACTIQ Deciles 1-2	10,110			

Do we have an opportunity?

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Distribution of Targets by Area

Area	ACTIQ Decile 3-10	Non-Rxer A Targets	ACTIQ Decile 1-2
3111 - Sweeney	198	426	951
3112 - Gaither	158	354	773
3113 - Rocco	224	254	819
3114 - Robinson	223	412	830
3115 - Cooke	183	392	726
3116 - Burlakoff	220	366	773
3221 - Morrison	168	518	755
3222 - Nikolaus	240	215	1,048
3223 - Kramin	222	369	777
3224 - Rutkowski	221	432	965
3225 - Hemenway	127	439	676
3226 - Tocco	181	352	812
TOTAL	2,400	4,666	10,110
Min	127	215	676
Max	240	518	1,048
Avg	197	377	825

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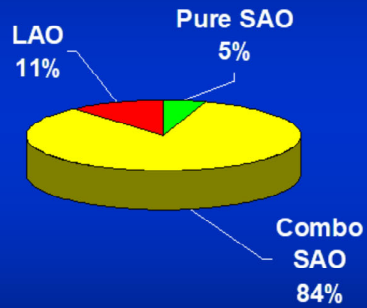
2006 ACTIQ Marketing Plan

Situation Analysis

Total Opioid Market

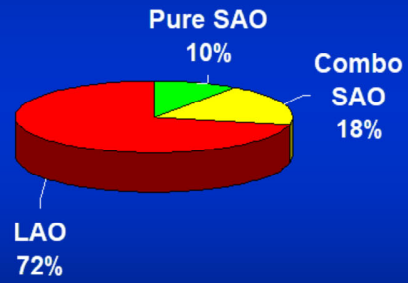
2004

Volume (TRx)
142.7 M TRxs



Combo SAOs dominate volume

Value (\$)
\$5.9 B



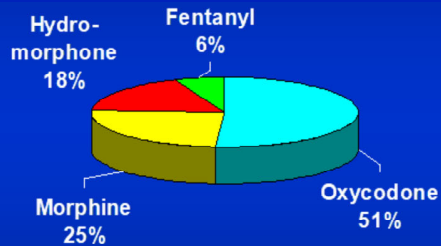
LAOs dominate value

Note: LAO = long-acting opioid, SAO = short-acting opioid
Source: IMS NPA Audit

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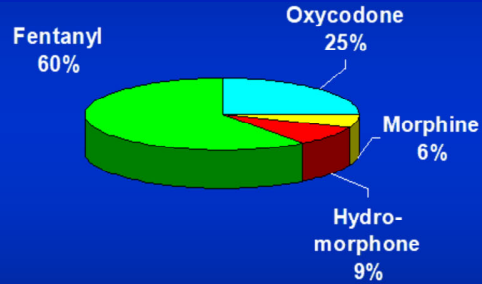
Pure SAO Market

Volume (TRx)
7.5 M TRx



Oxycodone dominates volume

Value (\$)
\$743 M



Fentanyl dominates value

SAO Market Definition

Oxycodone – 8 generics, OxyIR, Oxyfast, Roxicodone, Oxydose
Morphine – 9 generics, MSIR, Roxanol
Hydromorphone – 16 generics, Dilaudid
Fentanyl - ACTIQ

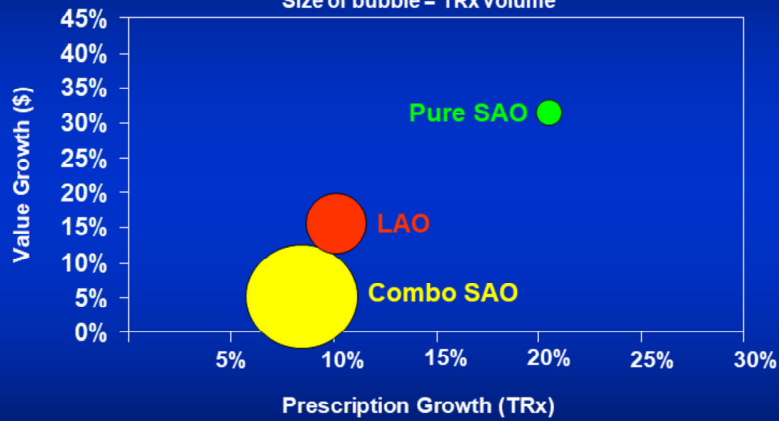
Source: IMS, NPA Audit MAT 2Q 2005

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Opioid Market Growth

2004 Opioid Market Growth Rate

Size of bubble = TRx volume



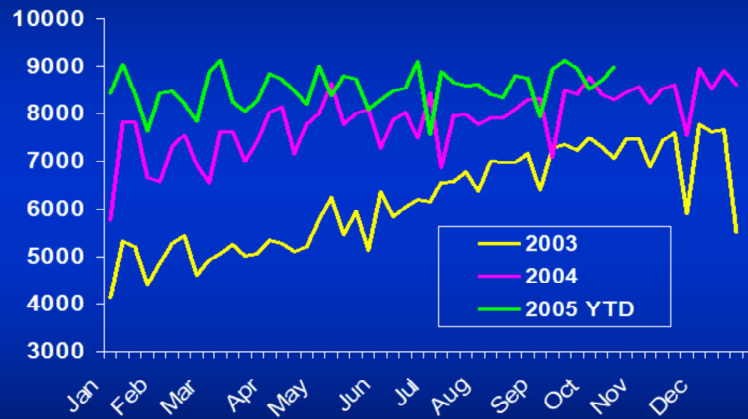
Pure SAO market growing at fastest rate

Source: IMS NPA (TRx) and NPS (\$)

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ACTIQ Weekly TRx

2003, 2004, 2005 YTD

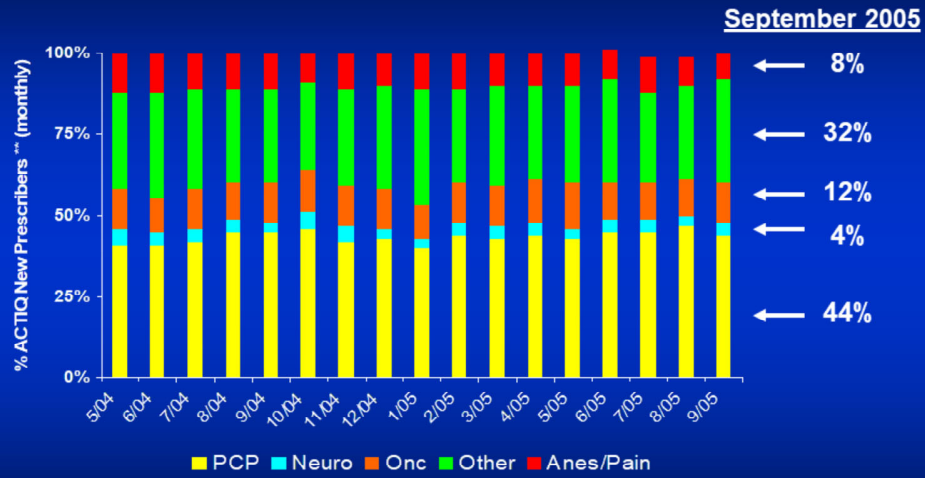


ACTIQ TRx flat since end of 2004

Source: NPA weekly data

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New Prescribers by Specialty



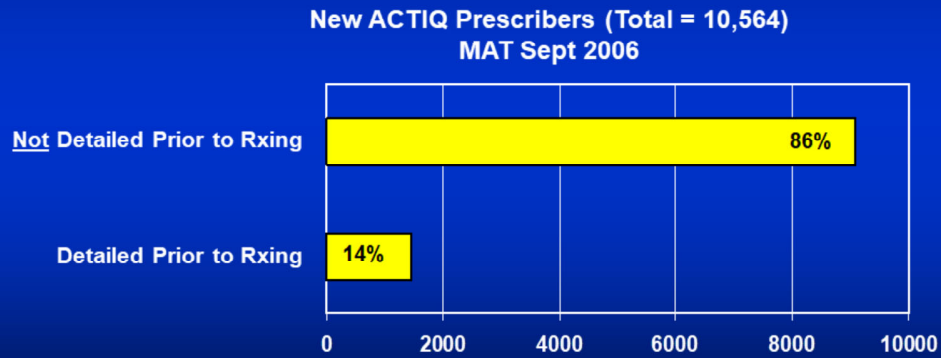
PCPs continue to be the largest new user specialty
PCPs & Other = 76% of New Rxers → WHY?

Source: NDC

Note - New prescribers are defined as writing in current month but not in the last 12 months

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What % of new ACTIQ prescribers (10,564 Rxers) were detailed prior to prescribing?

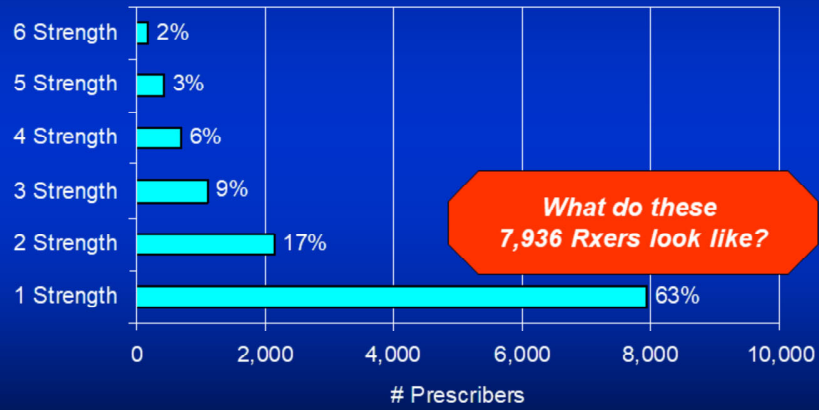


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What % of **all** ACTIQ prescribers
(12,510 Rxers)...prescribe only
one strength?

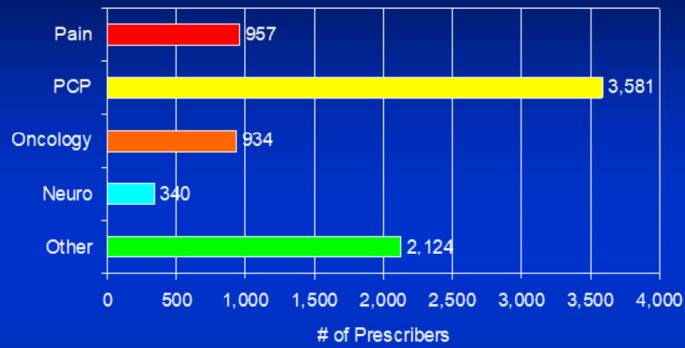
Opportunity?

ACTIQ Prescribers by # of Strengths Prescribed
(Total Prescribers 12,510)



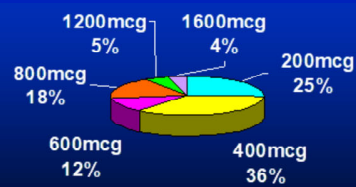
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**Total Prescribers – 1 Strength
(Total Prescribers 7,936)**



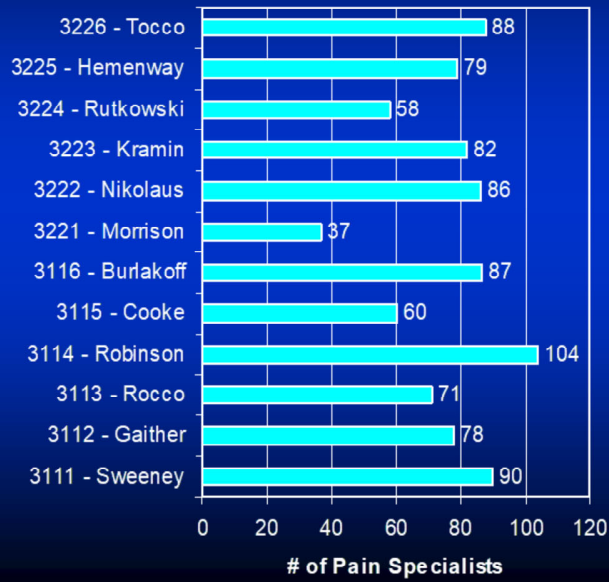
**Pain Prescribers – 1 Strength
(Total Prescribers 957)**

We only have 2,755 Pain Rxers



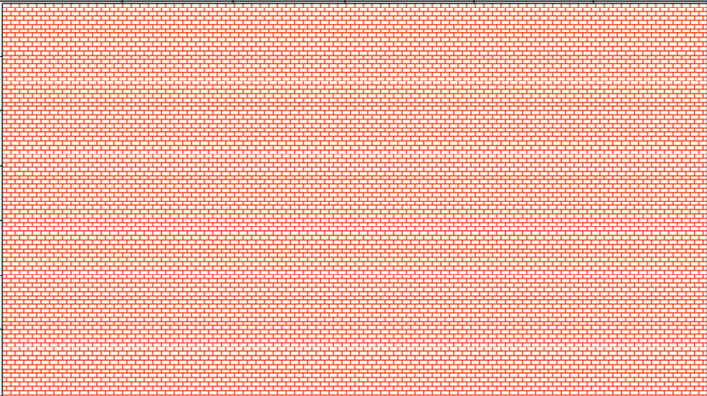
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Area Breakdown of 957 Pain Specialists Rxing 1 Strength



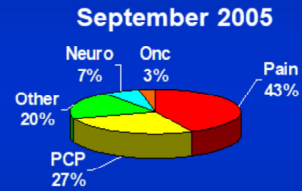
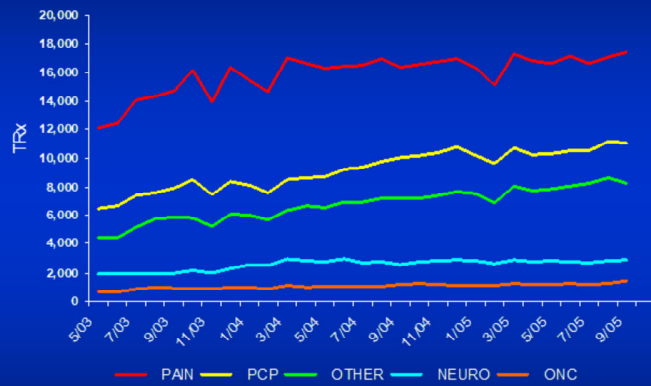
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63% of Prescribers Rxing 1 Strength

ACTIQ	Total Rxers	ACTIQ Specialty Group				
		Other	Neuro	Oncology	PCP	Pain
200mcg						
400mcg						
600mcg						
800mcg						
1200mcg						
1600mcg						
ACTIQ Total Rxers						



ACTIQ TRxs By Specialty



Pain Specialists consistently most productive

Source: IMS NPA

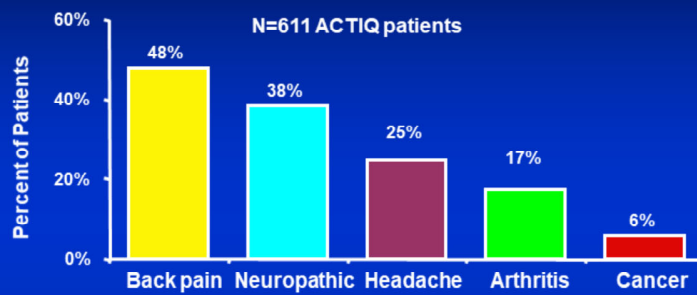
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Market Research

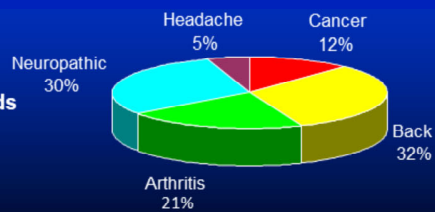
Chart Study

- Objective – learn about ACTIQ utilization
- 611 ACTIQ patient charts reviewed

Underlying Conditions Treated With ACTIQ



Chronic Pain Patients Treated with Opioids
Estimate - 2.8 M patients*



Source: IMS Chart Audit, 2004
Source: Secondary Data Review

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Pulse Survey

- Objective – determine drivers & barriers
- 45 Pain Specialists (Anes & PMR)
 - High ACTIQ prescribers (decile 5-10)

Drivers & Barriers to ACTIQ Use

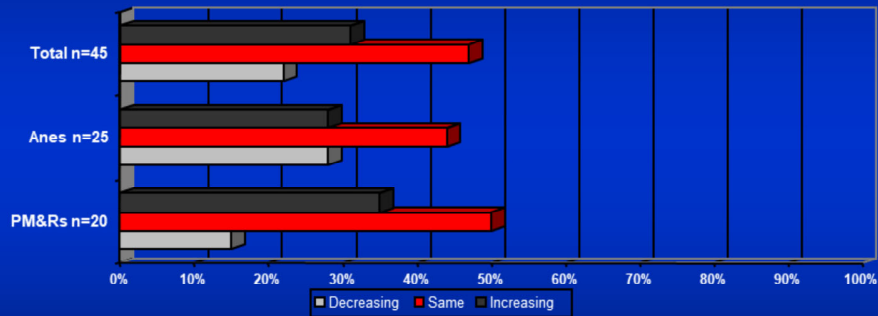
Drivers	Barriers
Rapid onset of action (65%)	Lack of insurance coverage (51%)
Strong & effective (34%)	Abuse concerns (34%)
Good for sudden onset pain (32%)	Dental issues (24%)
Fewer GI problems (20%)	Limited indication in cancer (22%)
Good cancer pain relief (17%)	
Matches LAO molecule (17%)	
Useful after treatment failures (15%)	

Source: ACTIQ High Users – Pain Specialist (deciles 10 - 5) Survey, Q1 2005



ACTIQ Changes in Usage Over the Last Six Months

Physician Reported ACTIQ Use Over Previous Six Months
% of physicians



Cost and reimbursement were again the most frequent reasons physicians were not increasing their use of ACTIQ (71%)

Source: ACTIQ High Users – Pain Specialist (deciles 10 - 5) Survey, Q1 2005

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ACTIQ Changes in Usage Over the Last Six Months (cont.)

- Overall, more physicians feel their use of ACTIQ has **not reached saturation** of the patient types for whom they prescribe it in their practice
 - 20 “no” vs. 11 “yes”
- Both physicians that feel their practice is saturated (11) and those that feel it is not (20) feel that ACTIQ has potential for increased usage but is constrained due to **cost and insurance coverage**
 - Difference between two groups is **willingness to get coverage**

Source: ACTIQ High Users – Pain Specialist (deciles 10 - 5) Survey, Q1 2005



Anticipated Changes in the Treatment of BTP (next 12-24 months)

- 67% feel their prescribing will remain the same
- 20% feel they will increase the long-acting agent in attempt to lower patients' overall pain level and therefore, reduce the need for BTP meds

"My approach is to try to get pain under control and limit the use of short-acting opioids." (Anes)

"I envision starting patients on short-acting opioids and then pushing them to more sustained release formulations and ultimately decreasing the use of the short-acting opioids." (PM&R)

"I am going to continue to limit the amount of BTP meds I use and increase the use of long-acting agents." (Anes)

Source: ACTIQ High Users – Pain Specialist (deciles 10 - 5) Survey, Q1 2005

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Sub-Classification of Opioids

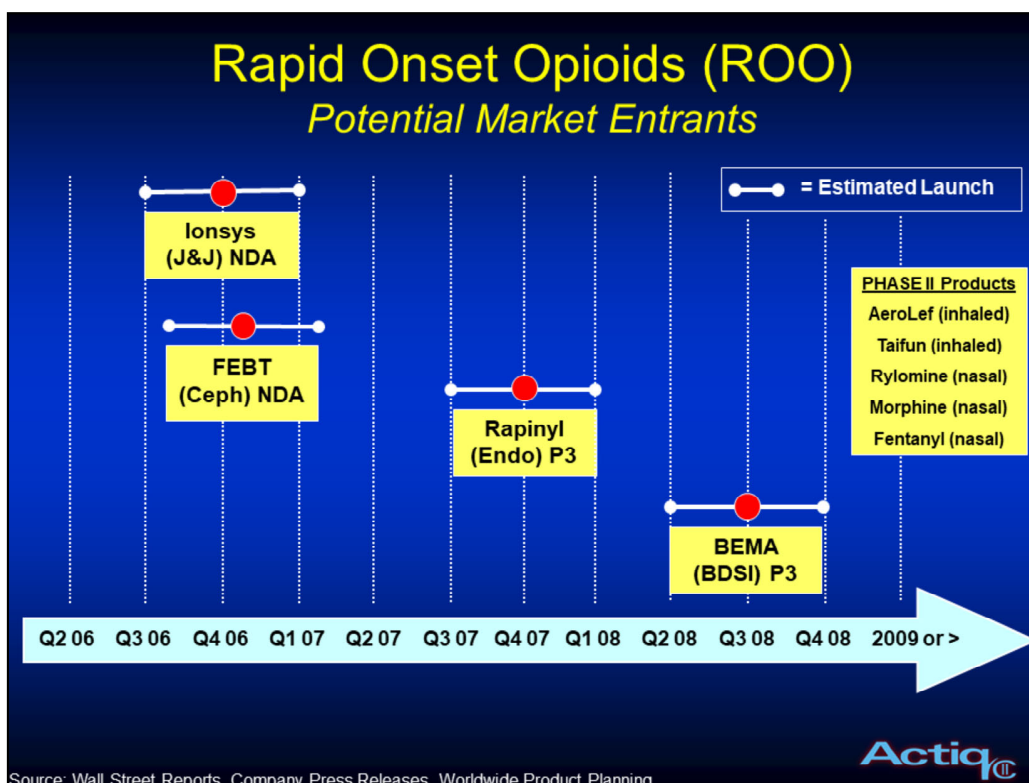
A New Sub-Class Emerging?

- Current standard classification of analgesics (US Pharmacopoeia) categorize opioids based on duration of analgesia
 - Long-acting opioids (LAOs)
 - Short-acting opioids (SAOs)
- No differentiation made based on onset of analgesia, which may have clinical implications

Therapeutic Category	Pharmacologic Class	Pharmacologic Preparations
Analgesics	Opioids	Long-Acting Short-Acting Rapid-Onset

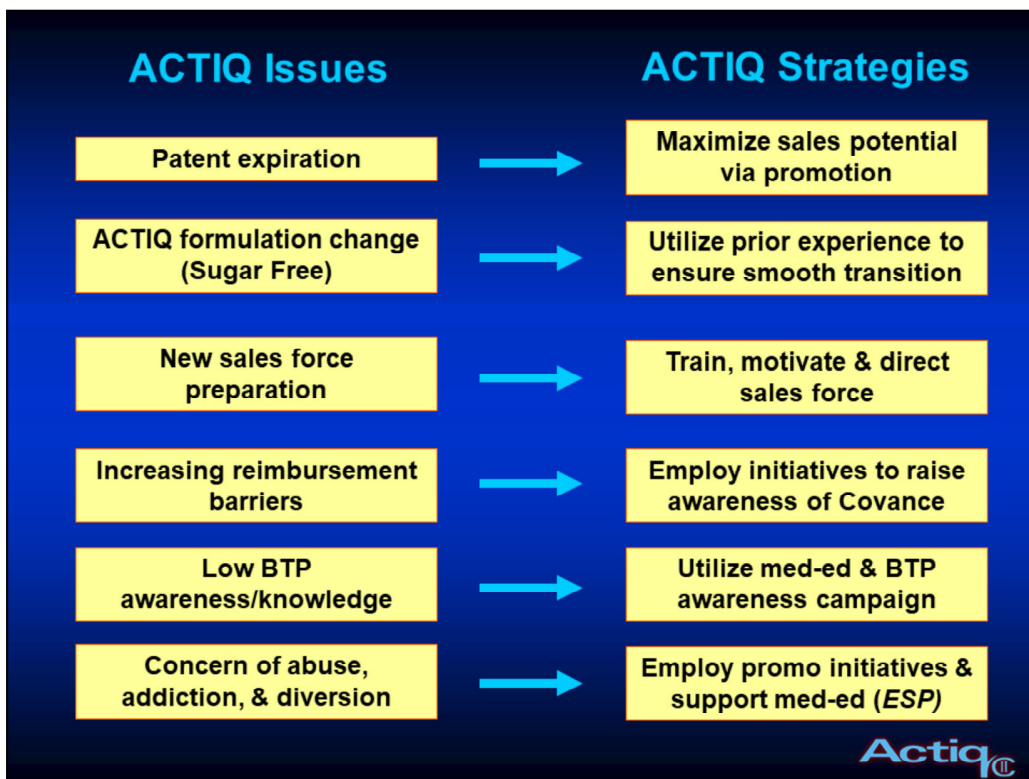
- ROO – Opioid with an onset ≤ 15 minutes (both invasive and non-invasive)

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Actiq patent expire based on SF launch and / or Pediatric exclusivity

Marketing Issues & Strategies



Field-Related Strategies & Tactics

CSF #1: Maximize ACTIQ TRx growth & market share

STRATEGIES

- Apply bulk of resources to field force activity
- Provide indirect promotional efforts to complement sales force efforts (due to ↓ SOV)

TACTICS

- \$3.0 MM for MEPs (~15 programs/rep)
- 15,000 coupon books/area/qtr (~50 books/rep/qtr)
- 10,000 Placebos (~50 rep/qtr – until SF launches)
- Medically relevant giveaways
- Chronic Pain assessment tool/poster
- The Little Blue Book & PDR Pain Mgt. Prescribing Guide
- E-detail
- Journal ads
- Convention presence
- Triple i Rx pads

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CSF #2: Effectively transition to new formulation

STRATEGIES

- Optimize proactive measures by applying past experience
- Utilize taste-test results to better inform tactical plan

TACTICS

- Pre-Launch
 - Sugar-Free placebos to field
 - Direct mail to physicians & pharmacists
 - Creation & distribution of launch materials
 - Addition of “Sugar-Free” to promotional items & other collateral
 - Representative training (at NSM)
 - Update ACTIQ Speaker slide deck and speakers
 - Goody bags
- Launch
 - Physician & Pharmacist blast e-mail & fax campaigns
 - Catalina newsletter to current ACTIQ patients (distributed at pharmacy)

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CSF #3: New sales force prepared, motivated & directed

STRATEGIES

- Enhance ITC training to support more pain-experienced sales force
- Maximize opportunity to prepare & motivate the sales reps at the NSM and provide clear guidance on targeting
- Re-evaluate targeting methodology

TACTICS

- ITC
 - Work with Sales Training to enhance ITC
- NSM
 - Physician speakers – pain overview & A/A/D with Q&A session
 - Interactive workshops – situational selling
 - Team-building, motivational events
 - Themed meeting with on-going initiatives/interaction for 2006
- Targeting
 - Directors involved in identifying targets

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CSF #4: Increase prescriber awareness of reimbursement support to assist with MCO barriers

STRATEGY

- Employ targeted mechanisms to inform ACTIQ prescribers of Covance hotline offerings/capabilities

TACTICS

- Direct mail initiative
 - Sent to all ACTIQ Rxers Q4 2005
 - Included Covance info, patient consent form, magnet & checklist of items needed when calling the hotline
 - Waiting for results to initiate 2006 mailing
- Updated reimbursement detail aids
- Meeting with NAMs this week to discuss other opportunities



CSF #5: Increase physician awareness of both proper assessment and treatment of BTP in cancer

STRATEGIES

- Initiate BTP disease awareness campaign
- Employ other targeted mechanisms to encourage independent assessment and targeted treatment of BTP in cancer

TACTICS

- MEPs
- E-detail
- ACTIQ journal ads & convention presence
- Catalina newsletter about BTP attached to Duragesic & Oxycontin TRxs
 - Initiated August 2005
- PR initiatives
- BTP disease awareness campaign details to follow
- Triple i Rx pads

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CSF #6: Minimize risk for abuse, addiction, & diversion of ACTIQ

STRATEGY

- Employ targeted mechanisms to raise awareness of Cephalon's commitment to support physicians in safe opioid prescribing

TACTICS

- ACTIQ RMP sales aid
- Direct mail initiative – ACTIQ welcome kit
 - Sent Q4 2005
- Direct mail initiative – focused on accidental ped exposure -TBD
- **ESP** BRC/mini-discs
- “Opioid Glossary” to facilitate discussion between physicians and patients
 - Available Q1 2006
- Quarterly safety update
- MEP specific to A/A/D (still in discussion)

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