

## Marketing Plan 2007

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PLAINTIFFS TRIAL  
EXHIBIT

**P-18137\_00001**

## Presentation Overview

- Launch Plan Assessment Terrence Terifay
- Market Situation Analysis
  - Disease Overview
  - Opioid Market
  - Competitive Analysis
  - Environmental Trends
- Product Situation Analysis Matt Napoletano
  - Profile & Position
  - Actiq Performance
  - FENTORA Performance
- SWOT Analysis & Key Issues Michael Richardson
- Marketing Strategy John Messina
  - Mission & Strategic Vision
  - Objectives, CSFs & Strategies
  - LCM / Clinical Plan
  - Targeting
- Tactical Plan Paula Castagno
  - NSM Plan

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Focus: Product Situation, Strategy Tweaks, Tactics

## Where We Were

### Launch Plan Assessment & Situation Analysis

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## Executing the Plan

- In order to overcome any challenge, two things are vital for success to be achieved
  - Leadership
  - Execution } Sales & Marketing Synergy
- 3 main attributes of leadership
  - Passion
  - Style
  - Perseverance
- “Luck doesn’t favor the lucky, it favors the prepared team” – Vince Lombardi
- “Success is where preparation and opportunity meet” – Bobby Unser

## Market Conditioning & Brand Awareness 2005 - 2006

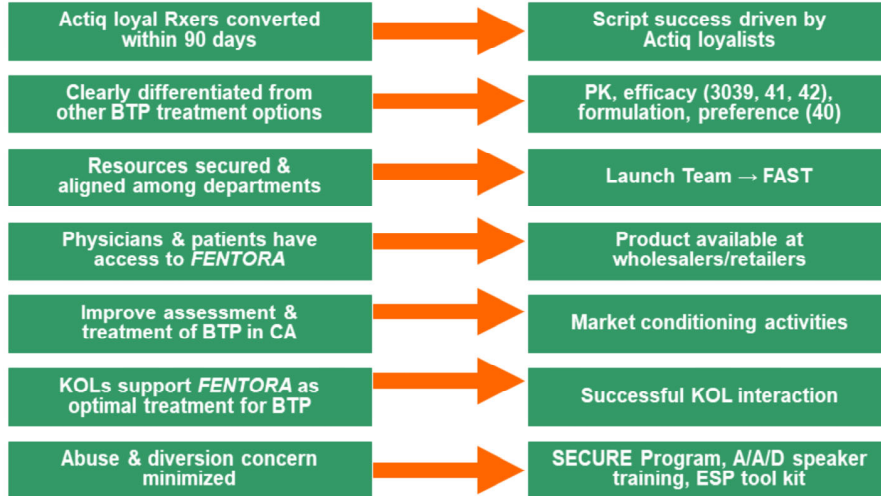
- PF & OV Tech campaigns launched
  - Journal Ads, 3-wave direct mail, animation, booth panels, etc.
- BTP campaign launched
  - Journal Ads, 3-wave direct mail, animation, DA booth, brochures, etc.
- Interviewed 500+ physicians, patients and pharmacists to develop branding, messaging and pricing
- 400+ Physicians provided consultation and advice on commercial and clinical plans
- Public relations and media outreach
- Publications and education presence at major congresses
- 285 Speakers Trained
- 150 field personnel trained, motivated and focused

**70% of core Actiq prescribers were ready  
for FENTORA & we were ready for them**

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# FENTORA CSFs & Accomplishments



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Market Situation

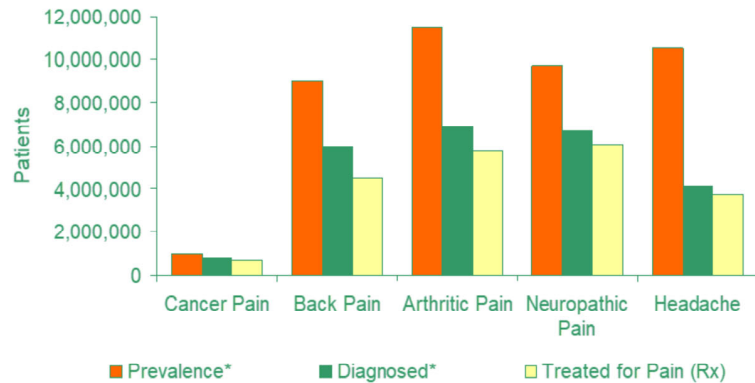
Disease Overview

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## Chronic Pain: Prevalence

- Chronic pain prevalence, diagnosed & treated by underlying conditions



Source: Analysis of secondary data reports by Cephalon  
Market Research Department

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Chronic pain is prevalent & when diagnosed is generally treated (areas where studying FENTORA is most prevalence)

The question remains, "Is it being treated effectively?"



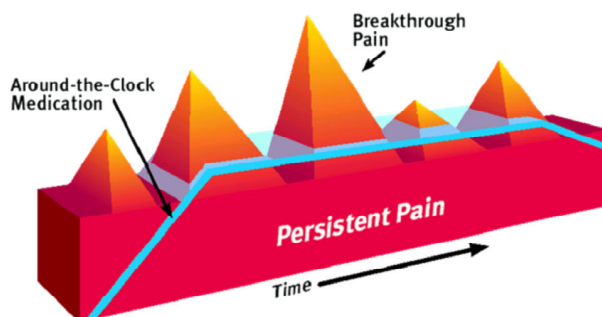
## Chronic Pain: Components

### Baseline or Persistent Pain

Pain that is continuous throughout the day ( $\geq 12$  hours/day) and is managed with around-the-clock medication.

### Breakthrough Pain

Transitory exacerbation, or flare, of moderate-to-severe pain that occurs in patients on chronic opioid therapy with otherwise stable persistent pain.



Portenoy RK, Hagen NA. *Pain*. 1990;41:273-281.  
Bennett D, et al. *Pharm Ther*. 2005;30:354-361.

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Chronic cancer pain is often thought of as having 2 components: *persistent pain*, or pain that is continuous throughout the day (ie, is experienced for at least 12 hours per day); and *breakthrough pain*, a transitory exacerbation, or flare, of moderate-to-severe pain that occurs in patients on chronic opioid therapy with otherwise stable persistent pain. Each component requires independent assessment and targeted treatment.

The graphic illustrates how breakthrough pain “breaks through” the level of analgesia provided by the around-the-clock medication used to control a patient’s persistent pain.

## BTP Prevalence & Characteristics

	Cancer BTP (N =63) <sup>1</sup>	Noncancer BTP (N=228) <sup>4</sup>
Prevalence	64% to 89% <sup>1,2</sup>	74%
Median Episodes/Day	4 to 7 <sup>1-3</sup>	2
Time to Peak Intensity	43% in 3 min	50% in 5 min
Median Duration	30 min	60 min
Incident Related	55%	92%
Pathophysiology	<ul style="list-style-type: none"> <li>• somatic (33%)</li> <li>• visceral (20%)</li> <li>• neuropathic (27%)</li> <li>• mixed (20%)</li> </ul>	<ul style="list-style-type: none"> <li>• somatic (38%)</li> <li>• visceral (4%)</li> <li>• neuropathic (18%)</li> <li>• mixed (40%)</li> </ul>

<sup>1</sup>Portenoy, Hagen. *Pain*. 1990;41:273-281

<sup>2</sup>Zeppetella. *J Pain Symptom Manage*. 2000;20:87-92

<sup>3</sup>Portenoy et al. *Pain*. 1999;81:129-134

<sup>4</sup>Portenoy, et al. *APS*. 2005

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(2) Fisher K, Stiles C, Hagen NA. Characterization of the early pharmacodynamic profile of oral methadone for cancer-related breakthrough pain: a pilot study. *J Pain Symptom Manage*. 2004;28(6):619-625.

(3) Robison JM, Wilkie DJ, Campbell B. Sublingual and oral morphine administration. Review and new findings. *Nurs Clin North Am*. 1995;30(4):725-743.

(4) Cleary JF. Pharmacokinetic and pharmacodynamic issues in the treatment of breakthrough pain. *Semin Oncol*. 1997;24(5 Suppl 16):S16-S19.

(5) Osborne R, Joel S, Trew D, Slevin M. Morphine and metabolite behavior after different routes of morphine administration: demonstration of the importance of the active metabolite morphine-6-glucuronide. *Clin Pharmacol Ther*. 1990;47(1):12-19.

(6) Weinberg DS, Inturrisi CE, Reidenberg B, et al. Sublingual absorption of selected opioid analgesics. *Clin Pharmacol Ther*. 1988;44(3):335-342.

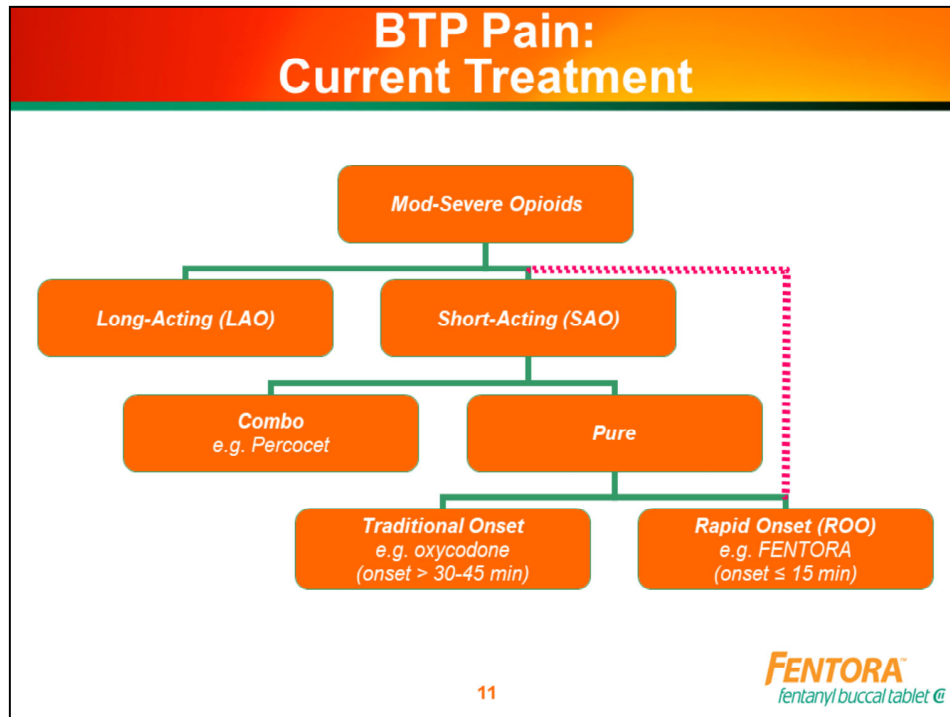
(7) Zeppetella G, Ribeiro MD. Pharmacotherapy of cancer-related episodic pain. *Expert Opin Pharmacother*. 2003;4(4):493-502.

(8) De Conno F, Ripamonti C, Saita L, MacEachern T, Hanson J, Bruera E. Role of rectal route in treating cancer pain: a randomized crossover clinical trial of oral versus rectal morphine administration in opioid-naive cancer patients with pain. *J Clin Oncol*. 1995;13(4):1004-1008.

(9) Ripamonti C, Bruera E. Rectal, buccal, and sublingual narcotics for the management of cancer pain. *J Palliat Care*. 1991;7(1):30-35.

(10) Gardner-Nix J. Oral transmucosal fentanyl and sufentanil for incident pain. *J Pain Symptom Manage*. 2001;22(2):627-630.

## BTP Pain: Current Treatment



What's it being treated with?

ATC – LAO or SAO, LAO + SAO

## BTP Treatment Patterns

Typical Course of Action	# of BTP Episodes	
	≤ 3	≥ 4
Increase dose of LAO	34%	64%
Increase frequency of LAO	7%	12%
Increase frequency of SAO	21%	10%
Switch the LAO	2%	7%
Increase dose of SAO	28%	4%
Switch the SAO	3%	2%

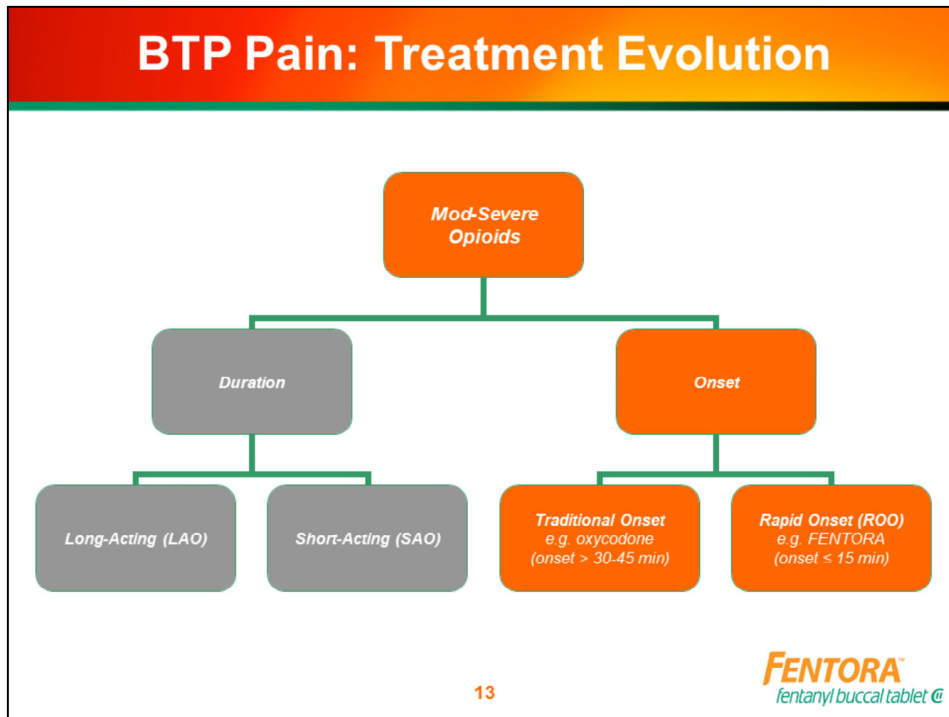
- The most common treatment choice is to increase the dose of LAOs regardless of # of episodes
- The next most common approach is to either increase the frequency or dose of the SAO
- Switching to an alternative SAO is typically the last course of action

Source: GfK Market Measures – 05

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# BTP Pain: Treatment Evolution



What's it being treated with?

# Pain Market (Opioids)

Definition

## Current USP Opioid Sub-classifications

- **Long-acting opioids (LAOs)**
  - Opioid + drug delivery technology
- **Short-acting opioids (SAOs)**
  - Combination SAO = opioid + APAP or NSAID
  - Pure SAO = opioid only

## Proposed USP Opioid Sub-classification of SAOs

- **Rapid-onset opioids (ROOs)**
  - Onset of analgesia  $\leq 15$  minutes
  - Actiq & *FENTORA* considered ROOs
  - ROO concept
    - Gaining momentum (referred to in press)
    - Not fully recognized by pain community
    - Current USP def. based on duration of action

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## Market Situation

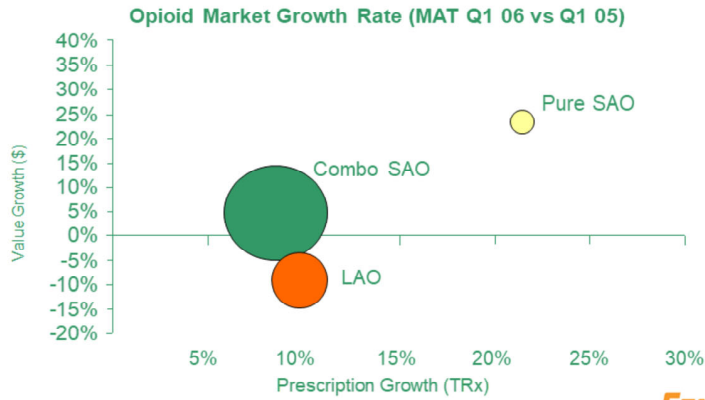
### Opioid Market

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# US Pain Market – TRx

- Total TRx market growing at 7%
  - Pure SAOs continue most robust growth in both value & volume
  - Combination SAOs (largest segment) continue modest growth in both value & volume
  - LAOs continue volume growth, but are declining in value due to generics



Size of bubble = TRx volume  
Source: IMS NPA (TRx) and NPS (\$)

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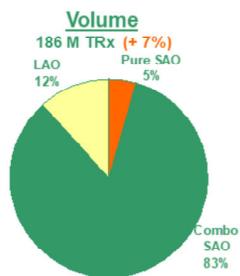
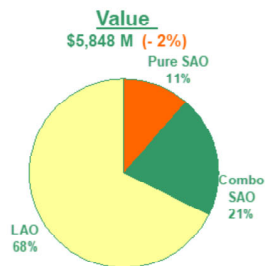
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First year LAO value declined



## Market Overview

### Opioid Market 2005



Source: IMS - NPA & NSP 2005

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#### Size & Growth

- Opioid market is large
- Value is relatively flat over '04 due to generic LAO entry
- Volume up 7%

#### Share

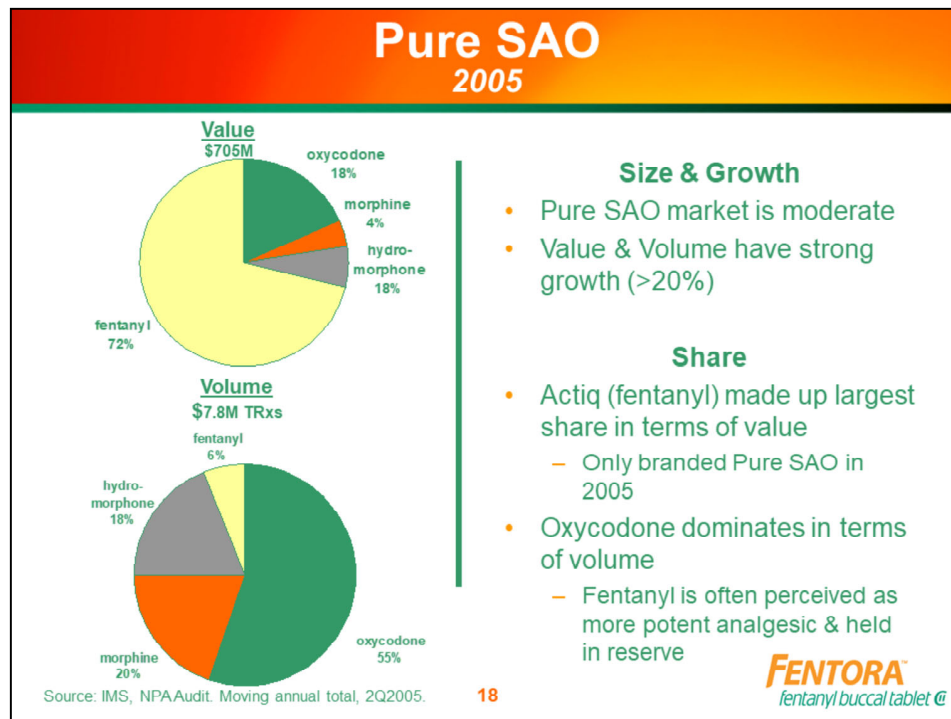
- LAOs make up the largest share in terms of value
- SAOs make up the largest share in terms of volume

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Big market – down slightly due to LAO generic entry

- LAO make up biggest value (but slightly declining due to generic entry)
- Actiq makes up the majority of pure SAO value (only branded pure SAO in 2005), but only captured a small part of volume

Combo SAOs make up biggest volume (mostly generic) – a large percentage used for acute pain



Pure SAOs have strong growth in terms of both Value & Volume

Fentanyl made up the largest value in 2005 due to branded Actiq, all other compounds are generic

Oxycodone dominates the Pure SAO mkt in terms of volume

•Fentanyl is often perceived as a more potent analgesic and held in reserve

Actiq makes up the majority of Pure SAO value (only branded in 2005), but only minimal volume

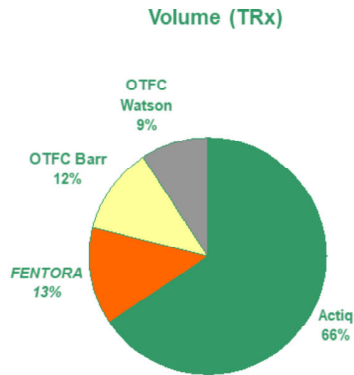
Oxycodone: 8 generics, OxyIR®, Oxyfast®, Roxicodone®, Oxydose®

Morphine: 9 generics, MSIR®, Roxanol™

Hydromorphone: 16 generics, Dilaudid®

Fentanyl: Actiq®

## ROO Market October 2006



### Prior to Oct 2006

- Actiq was sole ROO
- Consistent Value growth (more recently due to price increases)
- Strong Volume growth up to 2004 (reached plateau)

### As of Oct 2006

- Generic OTFC introduced
  - Captured 21% of volume
- FENTORA introduced
  - Captured 13% of volume

Source: IMS, NPA, Oct 2006

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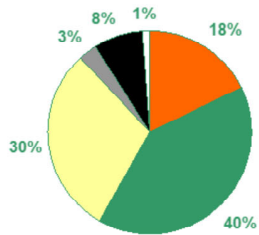
Fentanyl made up the largest value in 2005 due to branded Actiq, all other compounds are generic

But in terms of volume, oxycodone makes up the majority of the pure SAO mkt

- Fentanyl is often perceived as a more potent analgesic and held in reserve

# Customer Analysis\*

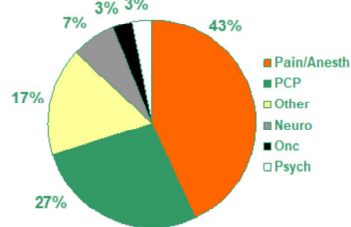
Pure SAO by Specialty (TRx)



## Pure SAO Sub-Class

- PCPs generate largest volume
- Pain/Anesth only account for 18% of volume

Actiq by Specialty (TRx)



## ROO Sub-Class (Actiq)

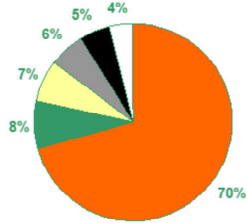
- Pain/Anesth generate largest volume
  - Typically early adopters of emerging therapies
- The other major contributors are PCPs & Other

\*Pain Medicine, Anesthesiology & Physical Medicine and Rehab  
 \*\*Source: IMS Prescribers - NPA TRx - Class of Trade - NSP Units

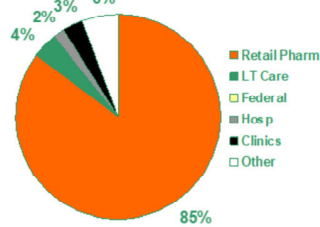


# Trade Class

Pure SAO Distribution Channels



ROO (Actiq) Distribution Channels



- Vast majority of product moves through Retail Pharmacy
- Modest penetration of Pure SAO in non-retail segment
  - Non-Retail often provides spill-over effect
- Less penetration by ROO (Actiq) sub-class in non-retail segment
  - Non-retail segment is price sensitive

\*Pain Medicine, Anesthesiology & Physical Medicine and Rehab  
 \*\*Source: IMS Prescribers - NPA TRx - Class of Trade - NSP Units



Market Situation

Competitive Analysis

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## Major Chronic Pain Players

	2005 Pain Sales (US)	Primary Focus	Pain Products	Potential to Lead in Future
<b>Purdue</b>	\$1.4B	Pain Care	OxyContin (\$1.36B), MS Contin (\$32M), Palladone (\$20M)*, OxyLR	Reputation suffers due to OxyContin issues and Palladone withdrawal
<b>J&amp;J</b>	\$1.4B	Primary Care	Duragesic (\$687M), Ultracet (\$145M), Ultram (\$37M), Ultram ER*	Part of corporate strategy is to re-focus efforts in pain, developing new business unit
<b>Endo</b>	\$1.2B	Pain Care	Lidoderm (\$573M), Percocet (\$122M), Depodur, Opana, Opana ER, Additional generic opioids (\$370M)	Potential to lead in the future due to single focus in Pain Category
<b>King/Ligand</b>	\$179M	Oncology, Pain Care	Avinza (\$179M)	Strong presence in LAO market with a focus on TR (Remoxy)
<b>Alpharma</b>	\$140M	Pain Care	Kadian (\$140M)	Limited product portfolio

\* Pulled from market due to alcohol risk  
Source: IMS 2006

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# Product Pipeline

Company	Phase I-II	Phase III	Reg. – Approval
J&J • Alza • OMP PriCara		Oros Hydromorphone Tapentadol	Ionsys (Fentanyl Iontophoretic Transdermal System) – Approved May 2006
Endo	Lidoderm (chronic LBP) LidoPAIN (acute LBP) Chronogesic (Chronic moderate to severe pain) Ketoprofen patch Hydrocodone/paracetamol/dextromethorphan Oxycodone/dextromethorphan Oxycodone/paracetamol/dextromethorphan Sufentanil – DURECT Morphine/dextromethorphan	Rapinyl (BTP in cancer patients)	
Forest	Memantine Neramexane RGH-896	Milnacipran	
Purdue			Tramadol XR
BioDelivery Sciences		BEMA Fentanyl	

Source: Competitive Intelligence

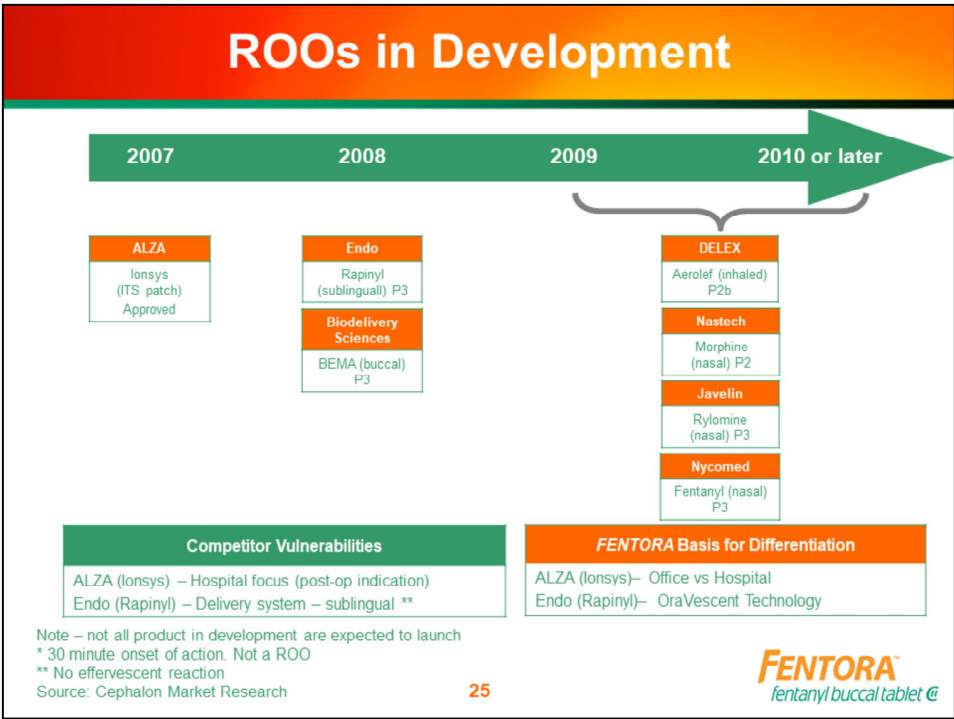
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Endo is making significant efforts to be leader in chronic pain

Other competitors attempting to sustain market presence





BDSI – Bema (fentanyl) is scheduled for early 3Q'08 launch

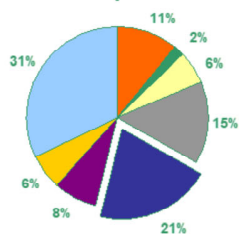
# Share of Voice

Rank	Pain	PCP
Depodur	1 <sup>st</sup>	8 <sup>th</sup>
Actiq	2 <sup>nd</sup>	5 <sup>th</sup>
Kadian	3 <sup>rd</sup>	4 <sup>th</sup>
Avinza	4 <sup>th</sup>	1 <sup>st</sup>
Duragesic	5 <sup>th</sup>	6 <sup>th</sup>
OxyContin	6 <sup>th</sup>	3 <sup>rd</sup>
Other	7 <sup>th</sup>	7 <sup>th</sup>
Combunox	8 <sup>th</sup>	2 <sup>nd</sup>

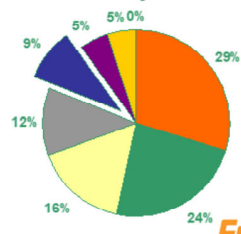
## Opioid Sales Calls (Q1 06)

- Actiq has a significant SOV in the Pain specialty (ranked 2<sup>nd</sup> vs. LA Depodur) market segment
- The branded LAOs represent the greatest SOV in the PCP segment (approximately 63%) while Actiq SOV was limited to 9%

Pain Specialists



Primary Care



Source: IMS IPS Q1 06

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Market Situation

Market Environment

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# Key Environmental Trends

## Key Factors

### Economic

### Social / Cultural

### Political / Governmental

### Legal

### Clinical / Technological

## Current Dynamics

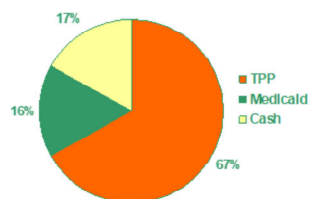
- Unfavorable reimbursement environment
- Payers are increasing restrictions to drive usage to less costly drugs
- Payers don't understand BTP
- Abuse and diversion are top-of-mind topics for physicians and other stakeholders
- Society (including many physicians) are critical of their patients' inability to cope with their pain
- Pain patients feel misunderstood by physicians, friends, and family and often become frustrated and depressed
- Patients are often looking for an easy short-term solution to their pain and are not focused on long-term wellness
- Opioid abuse is a hot political issue and physicians are under significant scrutiny about proper use of opioids
- FDA is hypersensitive about safety issues in a post-Cox II and OxyContin world
- DEA guidelines for writing opioids are unclear
- Ongoing issues between the DEA and various pain societies
- Perception that more physicians getting sued/licenses taken away
- Lack of significant practical advancements in pain medicine
- New drugs, routes of administration, and improved control of side effects
- New insights into the anatomy and physiology of pain perception
- Greater understanding of how to integrate pharmacotherapeutic, psychological, and behavioral pain management approaches
- New tracking technology for packaging to avoid diversion

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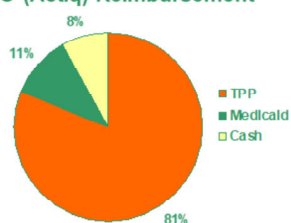
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# Economic

## Pure SAO (w/o Actiq) Reimbursement



## ROO (Actiq) Reimbursement



\*Source: NDC Claims - 2005

## Reimbursement

- Opioid market is highly genericized
- Vast majority of Pure SAOs & ROOs covered by TPP
- *FENTORA* more apt to have TPP reimbursement barriers due to its premium price
  - Tiered co-pays, co-insurance, PAs, step-edits, qty limits, dose limits
- Overall Pure SAO class has slightly greater share of Medicaid reimbursement compare to ROO sub-class

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Note: Medicare falls under TPP (to small to blow out)

## Social: BTP Awareness

### Prescribers

- BTP is a relatively new disease state, only generally recognized by top tier opioid prescribers
  - First in print in 1990 (Portenoy survey)
  - Actiq first product indicated for BTP, launched 1998

### Patients

- Do not recognize term “Breakthrough Pain”

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# BTP Communication

Topic	Physician*	Patient**
BTP Terminology	If BTP discussed, use "BTP" and "pain flares" interchangeably	Don't use "BTP", describe pain as "uncontrolled" or use descriptive terminology (e.g., flares, burning)
Quality of Life	Treatment success reported by patient in terms of function or activity	<ul style="list-style-type: none"> <li>• Focus on holistic impact on life</li> <li>• E.g. emotion, personality, social, &amp; function</li> </ul>
Fear	<ul style="list-style-type: none"> <li>• Patient abuse, addiction, &amp; diversion of opioids</li> <li>• Regulatory scrutiny</li> </ul>	<ul style="list-style-type: none"> <li>• Addiction (loss of independence)</li> <li>• Over medication (sedated / confused)</li> <li>• Running out of opioids (rationing)</li> <li>• Anxiety over severity and timing of next BTP episode (unpredictability)</li> <li>• Physicians will stop prescribing opioids</li> </ul>
Communication of Pain	Distance themselves from chronic pain patients	Hold back communicating full impact of pain

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## Market Drivers – BTP Market

### Growth Drivers

- Aging baby boomers and growing US population will increase the size of the chronic pain patient population
- Increase in treatment of chronic pain with opioids
- Pain Specialists are more aggressive in treating chronic pain
- More sophisticated usage of opioids by PCPs who continue to drive the majority of opioid TRx volume
- Increasing understanding about the proper identification, diagnosis and treatment of BTP
- New competitive entries

### Growth Inhibitors

- Scrutiny from regulators and general confusion on the part of key stakeholders fuels concern about the abuse, addiction, and diversion of opioids
- Due to the widespread availability of generics in the opioid market, managed care has placed significant restrictions on the use of branded opioids
- Chronic pain practice standards (especially for BTP) are still evolving
- Physicians believe that increasing the dose or dosing frequency of LAOs can adequately cover a BTP episode while ignoring the effects of overmedication [influenced by Purdue and Janssen]
- Perception by some physicians that SAOs are a preferred treatment option for BTP based on familiarity, ease-of-use, and cost

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## Summary

- The chronic pain opioid market remains attractive because of its substantial size and growth
  - Pure SAOs – highest growth rate (TRx +21%, \$ +23%)
  - Combination SAOs – dominate volume (83% TRx market share)
  - LAOs – dominate market value (68% \$ market share)
- Generic expirations of blockbuster brands (ie, Duragesic, OxyContin) has resulted in a promotional void in the pain market
- Innovative drug delivery technology is the foundation of recent successful brands and drugs in the later stage of development

## Summary

- BTP remains an untapped market
  - Physicians rely heavily on LAOs when addressing patients' BTP
  - Physicians also utilize generic SAOs due to familiarity, ease of use and cost
  - Even among high-users of Actiq, SAOs remain the treatment standard for BTP
- For the treatment of BTP, a communication gap exists between physicians and patients
- Concerns over opioid misuse and reimbursement hurdles continue to be key barriers to utilization
- The pain specialist continues to be the key market segment for new brand adoption
- Several new formulations of ROOs are in development and should come to market over the next 1-5 years helping to solidify this emerging sub-class of opioids

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## Product Situation

### Profile & Position

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## FENTORA Description & Indication



### Description

FENTORA, which employs the OraVescent® drug delivery technology, is a potent opioid analgesic, intended for buccal administration. FENTORA is formulated as a flat-faced, round, beveled-edge tablet.

### Indication

FENTORA is indicated for the management of breakthrough pain in patients with cancer who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain

Prescribing Information

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FENTORA (fentanyl buccal tablet) is a potent opioid analgesic, intended for buccal administration. FENTORA employs the OraVescent® drug delivery technology and is designed to be placed and retained within the buccal cavity for a period sufficient to allow tablet dissolution and absorption of fentanyl across the oral mucosa.

FENTORA is formulated as a flat-faced, round, beveled-edge tablet that contains fentanyl citrate, sodium bicarbonate, sodium carbonate, citric acid, and other inactive ingredients.

# FENTORA Product Profile Comparison

Attributes		FENTORA	Actiq
Indication		Launch: BTP in patients w/ Ca 2008: BTP in non-Ca patients	BTCP
Efficacy	Onset	15 min (99-14) 10 min + "meaningful relief" (3039)	15 min
	Duration	60 min (99-14) 120 min (3039)	60 min
PK (FENTORA 400 mcg vs Actiq 800 mcg)	Absolute Bioavailability	65%	47%
	Transmucosal Absorption	48%	22%
	Cmax (mean ng/mL)	1.02	1.26
	Tmax (median, min)	46.8	90.8
Administration	Convenience	Discreet tablet	Lozenge on a stick
	Ease of Use	Passive administration	Active administration
	Dosage	Launch: 100, 200, 400, 600, 800 mcg sNDA: 300 mcg In development: higher dose	200, 400, 600, 800, 1200, 1600 mcg
	Titration	Multiple 100 & 200 mcg tablets	1 higher strength at a time

# FENTORA Product Profile Comparison

Attributes		FENTORA	Actiq
Safety	AE Profile	Comparable to other opioids (except for application site abnormalities)	Comparable to other opioids (except for application site abnormalities)
	Abuse Potential	Comparable to other opioids	Comparable to other opioids
	Accidental Exposure	Comparable to other opioids	Lozenge on stick presents potential concerns: <ul style="list-style-type: none"> <li>- Pediatric exposure</li> <li>- Partially used unit exposure</li> </ul>
Formulation		Sugar-free	Sugar

<b>FENTORA Product Profile Comparison</b>			
<b>Features/Benefits</b>	<b>FENTORA</b>	<b>Actiq</b>	<b>SAOs</b>
Efficacy – Onset	+++	++	-
Efficacy – Duration	++	++	+
Convenience	++	+	++
Ease of Use	+	-	++
Ease of Titration	+	-	++
Side Effect Profile	+	-	++
Abuse Potential	-	-	-

Sources: TrialZ Study, Jan 2005 (Conjoint Study).  
MDS Study, Dec 2004

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Efficacy – Duration: matches BTP profile

SE – Fentora application site abnormalities, Actiq applic site + tooth decay, SAOs

# FENTORA Product Profile: Physician Reactions

## Physician Perception of FENTORA

Drivers	Barriers
<ul style="list-style-type: none"> <li>• Faster onset of pain relief</li> <li>• Overall efficacy</li> <li>• Convenient administration</li> <li>• Ease of use (vs IV administration)</li> <li>• Sugar-free</li> <li>• Unique delivery system</li> <li>• Utilizes less fentanyl</li> <li>• Discreet (ie, no handle vs Actiq)</li> </ul>	<ul style="list-style-type: none"> <li>• Anticipated high cost (reimb. hassle)</li> <li>• Potential for abuse</li> <li>• Potent opioid (held in reserve)</li> <li>• No handle administration*               <ul style="list-style-type: none"> <li>– Actiq saves \$ with partial dosing</li> <li>– Perception Actiq can be removed if S/Es</li> </ul> </li> </ul>

- Overwhelmingly, the majority of physicians expressed an interest in this product and felt it had a place in their practice

\* Contrary to Actiq PI (physicians perception)  
Source: Summary of Market Research Q4 04 – Q1 06

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### Market Research Barriers

#### Field Feedback/Objections:

- Taste
- Dosing & Titration (conversion chart)
- Application site abnormalities



## Position & RTB

### Position Statement

*FENTORA* is the first and only fentanyl buccal tablet which utilizes an effervescent reaction to provide the most **rapid onset of analgesia** of any oral opioid, resulting in improved patient functioning and activities of daily living.

### Reason to Believe

*FENTORA* employs the **OraVescent® drug delivery technology**, which generates a reaction that releases carbon dioxide when the tablet comes in contact with saliva<sup>1,2</sup>

- It is believed that transient pH changes accompanying this reaction may optimize dissolution (at a lower pH) and membrane permeation (at a higher pH)

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## Messaging (Vanilla at Launch)

- Onset of pain relief within 15 min in some patients (1<sup>st</sup> time pt measured)
- Duration of pain relief up to 60 min (last time pt measured)
- OraVescent drug delivery technology may optimize delivery of fentanyl across the buccal mucosa
- Fentanyl is readily absorbed, achieving an absolute bioavailability of 65%
- AEs comparable to other opioids, except for application site abnormalities (8%)
- Convenient, discreet, and sugar-free tablet

**Note:**

- 99-14 data only included in label at launch

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Product Situation

Actiq Performance

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# Actiq Gross Sales

- Actiq continues growth in Sales



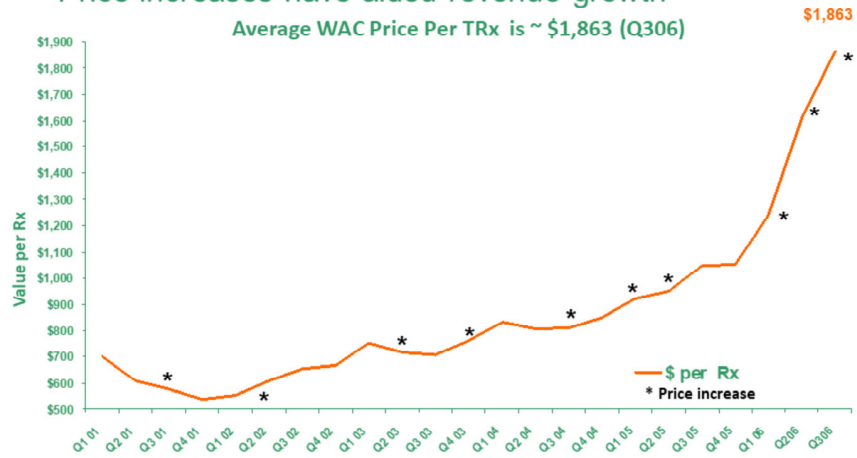
Source: Internal shipment data

\*Actuals through 10/06,  
11,12/06: per 9+3 forecast

# Actiq Pricing

- Price increases have aided revenue growth

Average WAC Price Per TRx is ~\$1,863 (Q306)



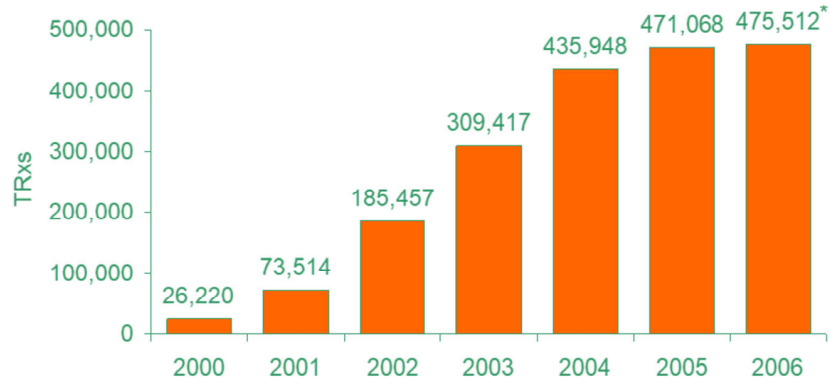
Source: IMS NPA Audit; Internal price as of Sep 2006

45

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## Actiq TRxs

- Actiq has performed beyond expectations despite limited data
- Field Force has been able to maintain TRx volume



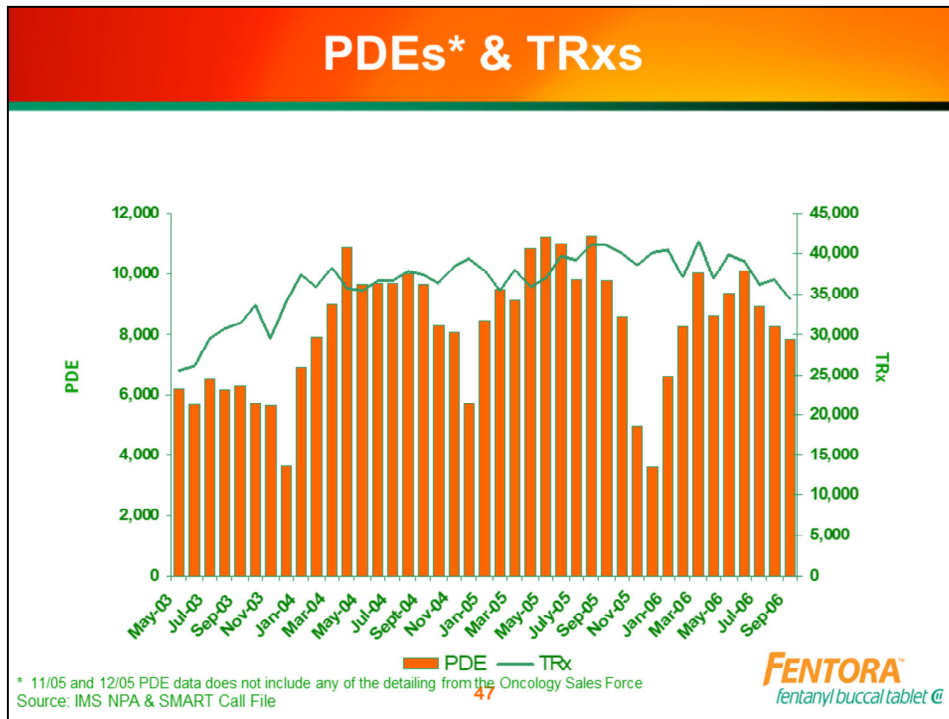
Source: IMS NPA

\* Actuals through 10/06,  
11,12/06: per 9+3 forecast

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Mention volume has leveled off



PDEs with dedicated Field Force roughly mirrored that of combined Field Force  
 More focused details maintained TRx volume  
 Price increase impacted TRx volume in mid 2006





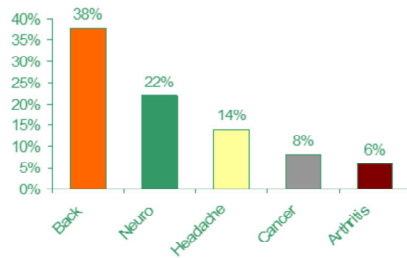


## Conditions Treated with Actiq

- Despite promotion in BTCP, Actiq use mirrors that of all opioids

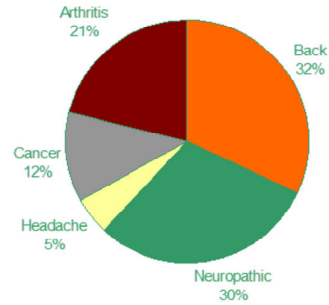
### Underlying Conditions Treated with Actiq

N=774 Patients



### Chronic Pain Patients Treated with Opioids

Estimate – 2.8 M Patients



Source: ACTIQ - Gfk V2 Chart Audit, 2006 \* Chronic pain – Cephalon market research 2nd reports

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Underlying conditions treated w/ Actiq mirror that of the opioid market

## Product Situation

*FENTORA* Performance

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## Product Availability

- Initial supply chain hiccups (resolved quickly)
- Currently stocked in ~1,400 pharmacies
  - ~13% of the number of pharmacies stocking Actiq (11K)
  - Initial stocking more in independent pharmacies

Source: October Pharmacy Stocking

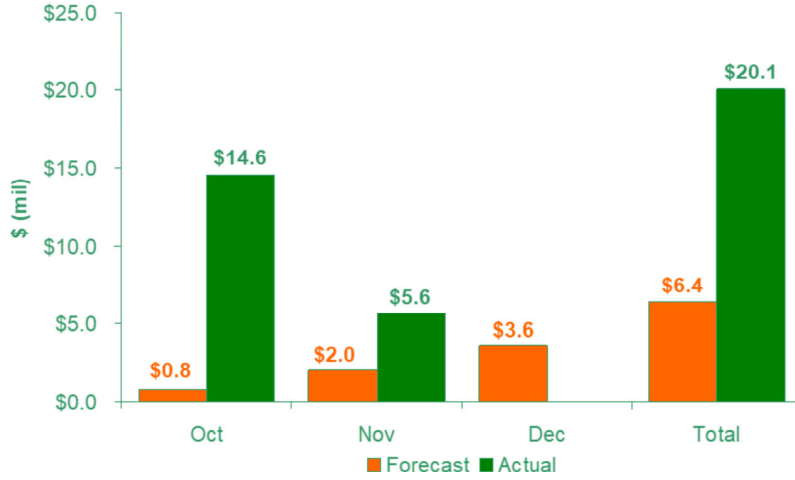
52

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# FENTORA Shipments

Forecast vs Actual

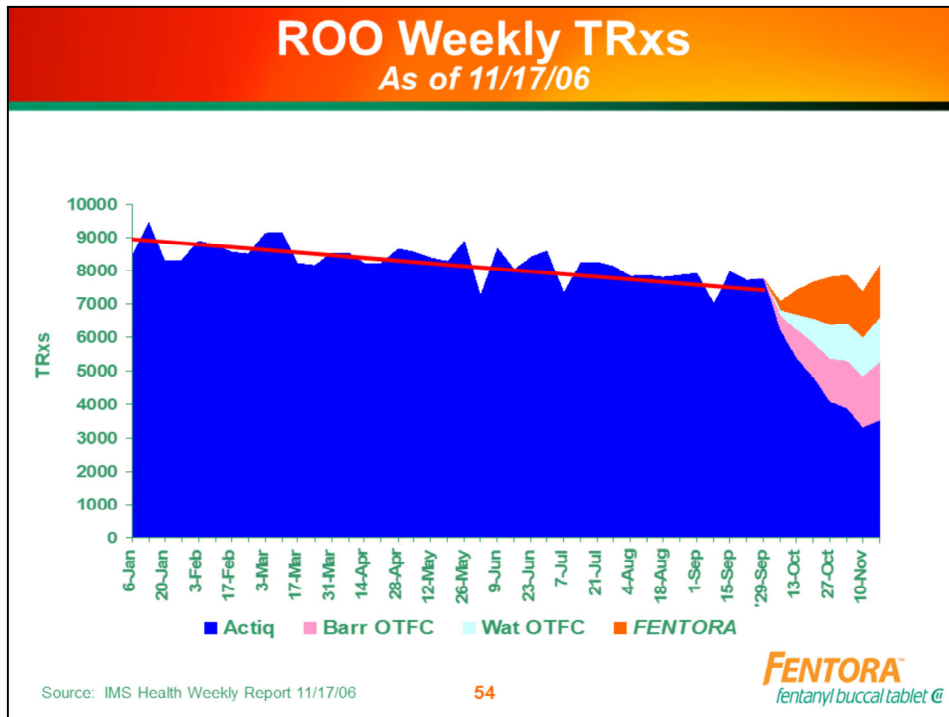
FENTORA Shipments (\$20M YTD 11/16, 315% of Tot '06F)



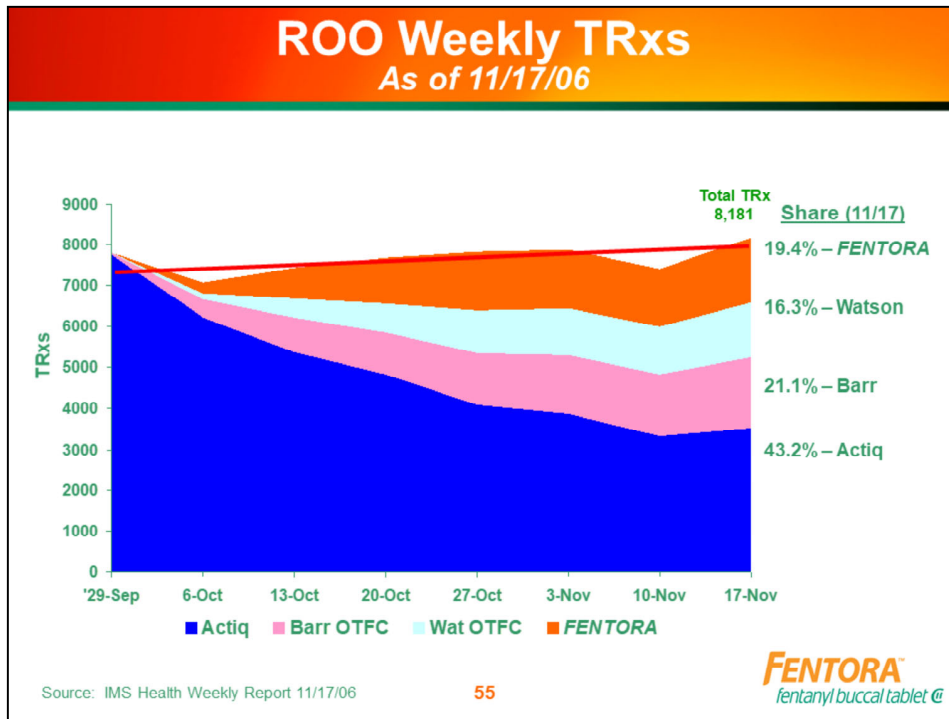
Source: IMS Health Monthly

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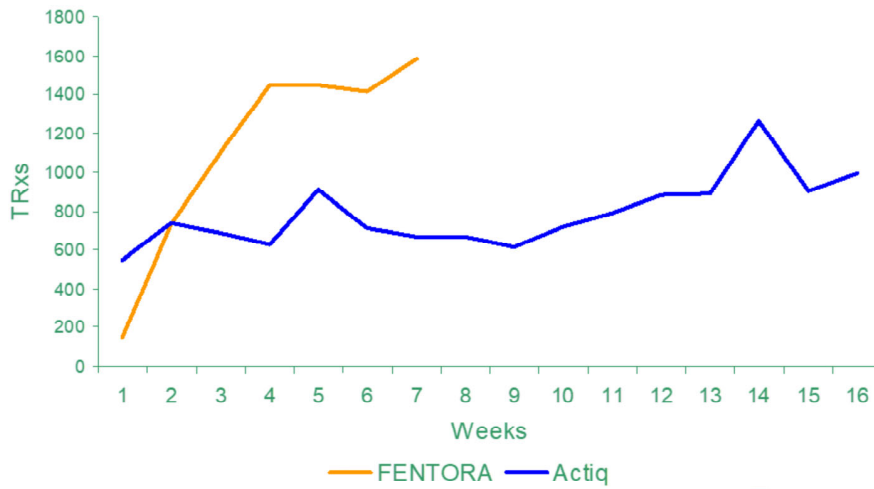


Importance of timing: FENTORA launch in concert w/ generic entry



Importance of timing: FENTORA launch in concert w/ generic entry

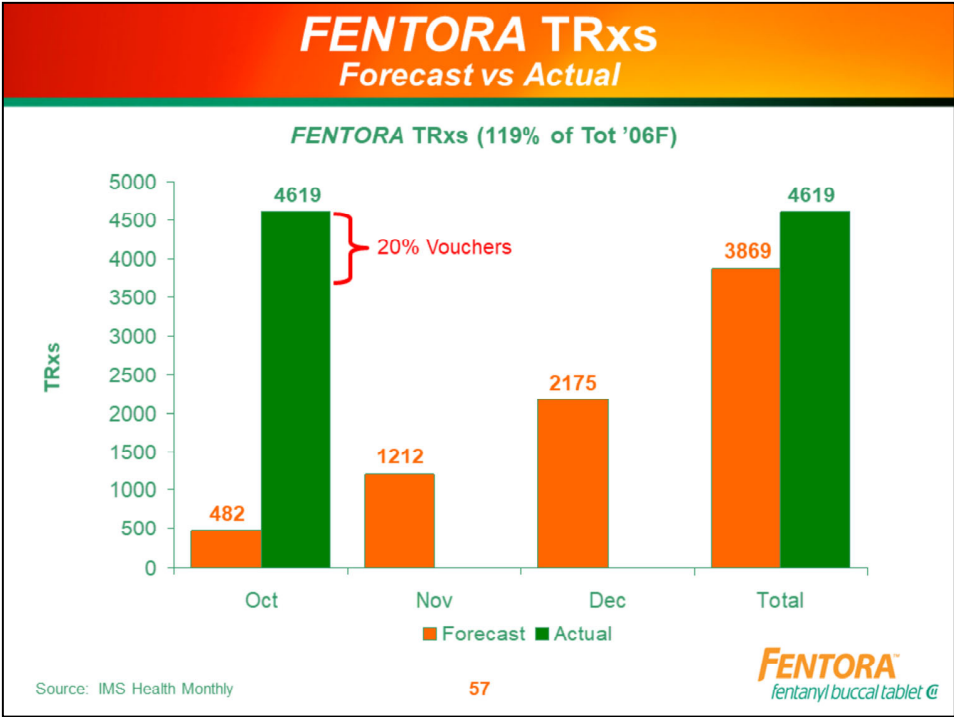
# FENTORA vs. Actiq\* Weekly TRxs



\*Actiq weeklies are from Cephalon re-launch (April 2001) 56

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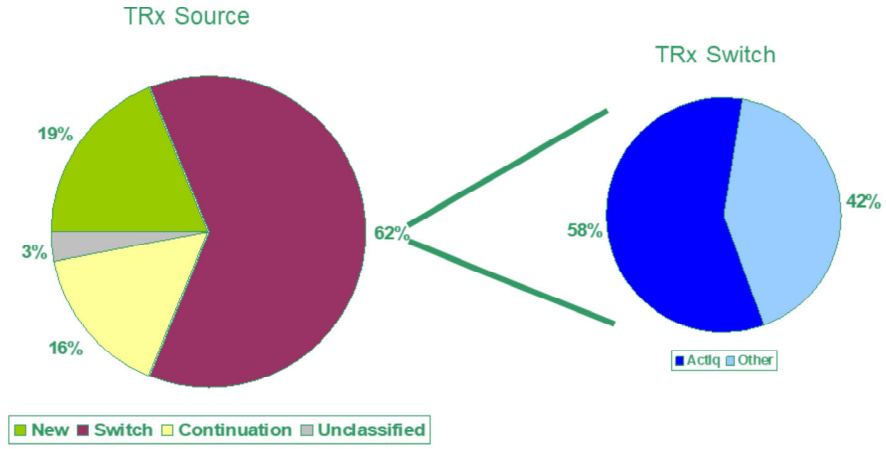




One data point

# FENTORA TRx Origin

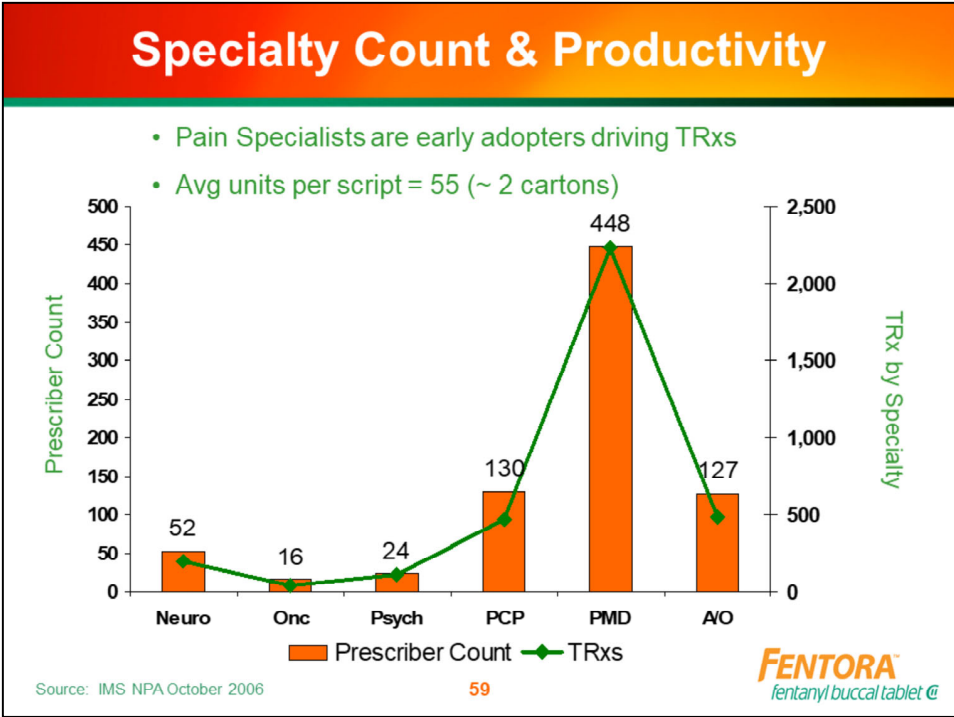
Sum of weeks 10/06 – 11/10



Source: IMS Weekly Longitudinal (Oct 6 – Nov 10)

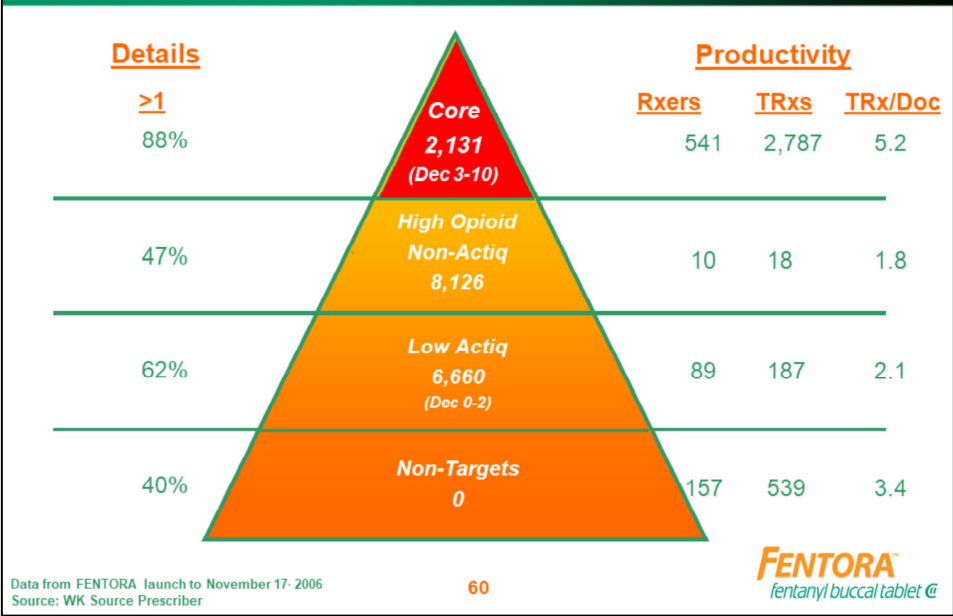
58

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Oncologists prescribe a higher number of units/script - 79

# TRx by Targets



## Field Activity

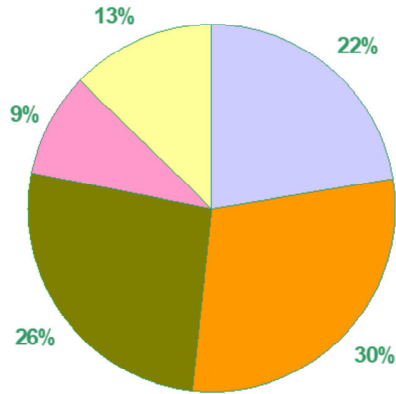
- Cephalon Speaker Programs (CSP)
  - 284 Speakers Trained (148 E & 136 W)
  - FENTORA YTD (2 mos) – 781 completed, 271 pending
    - Reach YTD: 5,570 attendees (non-Cephalon)
    - Reach Pending: 1,700
  - Actiq YTD – ~ 400/qtr
- October vouchers
  - 942 redeemed
  - 20% of TRxs

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## Vouchers by Strength October

Total vouchers redeemed: 942



100 200 400 600 800

Source: NDC October 2006

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## SWOT & Key Issues

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# FENTORA SWOT Analysis

## Strengths

- Onset of analgesia 10 min
- Duration of analgesia 120 min
- Discreet and convenient dosing formulation
- Predictable bioavailability vs. Actiq
- Efficient drug delivery (65% absolute bioavailability)
- Easier dose titration scheme than Actiq
- Data on Actiq to *FENTORA* switch
- Clinical program to expand label
- Patent on *FENTORA* through 2019
- Published data in non-cancer BTP

## Weaknesses

- C-II abuse and diversion potential
- Cost vs. other SAOs (branded and generic alternative therapeutic options)
- Reimbursement restrictions
- Limited label (BTP in cancer patients) at launch and potentially up to 3 years post-launch due to carcinogenicity study
- Perceived safety concerns of fentanyl due to misunderstanding of potency and equianalgesic conversion (mg vs. mcg)
- Cephalon not a lead player in pain market
- Current sales force size limits ability to expand into new market segments, e.g., broader audience, hospitals, etc.



# FENTORA SWOT Analysis

## Opportunities

- KOL eagerness to evaluate and establish standards for treatment guidelines for BTP
- Increased focus on pain management from JCAHO (5<sup>th</sup> vital sign) and NIH (Decade of pain Control and Research)
- Though limited, there is some increasing awareness and understanding of BTP
- Concentrated Actiq prescriber base enables for focused targeting
- Limited number of promoted products within the market segment (SOV)
- Aging population
- Opportunity to develop outcomes data for BTP (burden of illness)

## Threats

- Limited understanding of BTP and its appropriate management outside a small community of pain specialists
- Fear of abuse and diversion with opioids
- Increasing government restrictions on C-II opioids
- Generic SAOs
- Generic OTFC
- Published data for Actiq vs. IV morphine documenting median time for pain relief 4.2 minutes
- Managed care and other third-party payers (including Medicare Part D and Medicaid) increasing their efforts to restrict high-cost drug use
- Competitive pricing pressure
- Treatment guidelines include competitive products, e.g. Actiq, SAOs
- Emerging ROO pain formulations (e.g., Rapinyl)

\*Pending study results 3039

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## Key Issues

- Third Party Payers manage costs by placing reimbursement limitations/restrictions on premium priced therapies
- Limited number of health care providers prescribe a ROO for BTP
- FENTORA is not clearly differentiated from other BTP and non-BTP treatment options
- Physicians and patients have limited understanding about the appropriate diagnosis and treatment of BTP; a contributing factor is the communication disconnect between physicians and patients in regards to pain
- Anticipated dosing and administration challenges for both physicians and patients
- Risk for abuse, addiction, and diversion
- Limited KOL and professional society relationships impact peer-to-peer knowledge and uptake of FENTORA

## Where We Are Now

**Today's Objective:  
Commercial Alignment**

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## Where we are now

- Product Uptake: initial trial & utilization by Actiq loyalists
- Product Profile: Little more than Actiq without a stick
  - Launch Promotional Package – PK Story, Sugar Free
- Goal: Lay the groundwork to expand the product profile & position FENTORA as the gold standard BTP product beyond Actiq loyalists
- Today's Objective: Establish commercial alignment in laying the foundation for the future

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Where we're going

**Marketing Strategy**

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## Marketing Strategy

### Mission & Strategic Vision

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# Mission

## Franchise Mission

Establish Cephalon as a major player in pain management

## FENTORA Mission

Establish FENTORA as the gold standard for BTP

# Three Year Strategy

What FENTORA Should Be: The optimal solution for BTP

Brand Essence: Effervescent speed

Differentiate from existing options



2007 - 2008

2008 - 2009

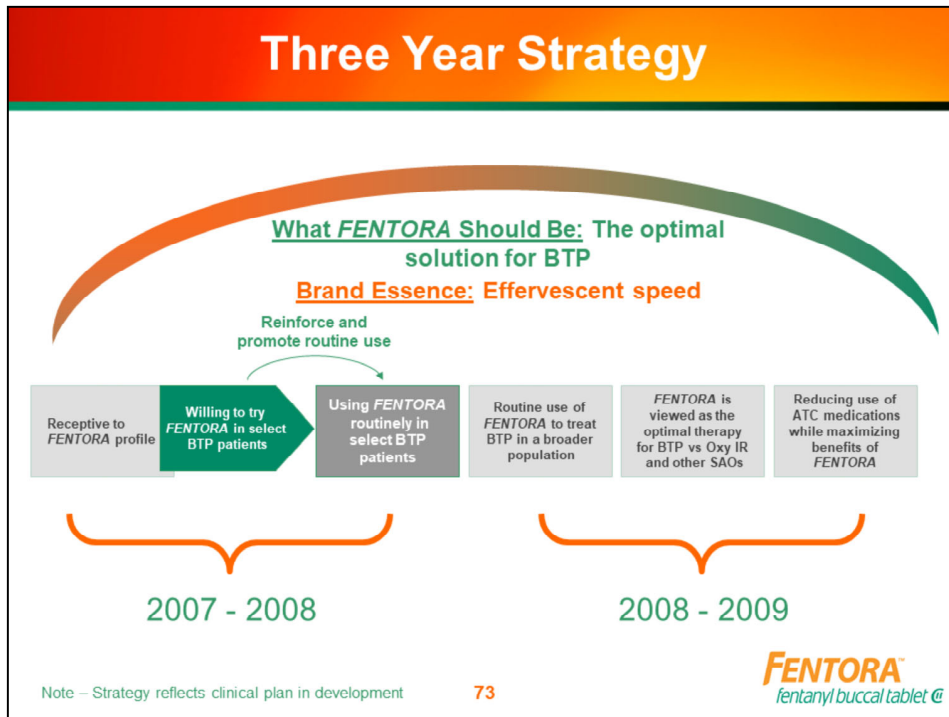
Note – Strategy reflects clinical plan in development

72

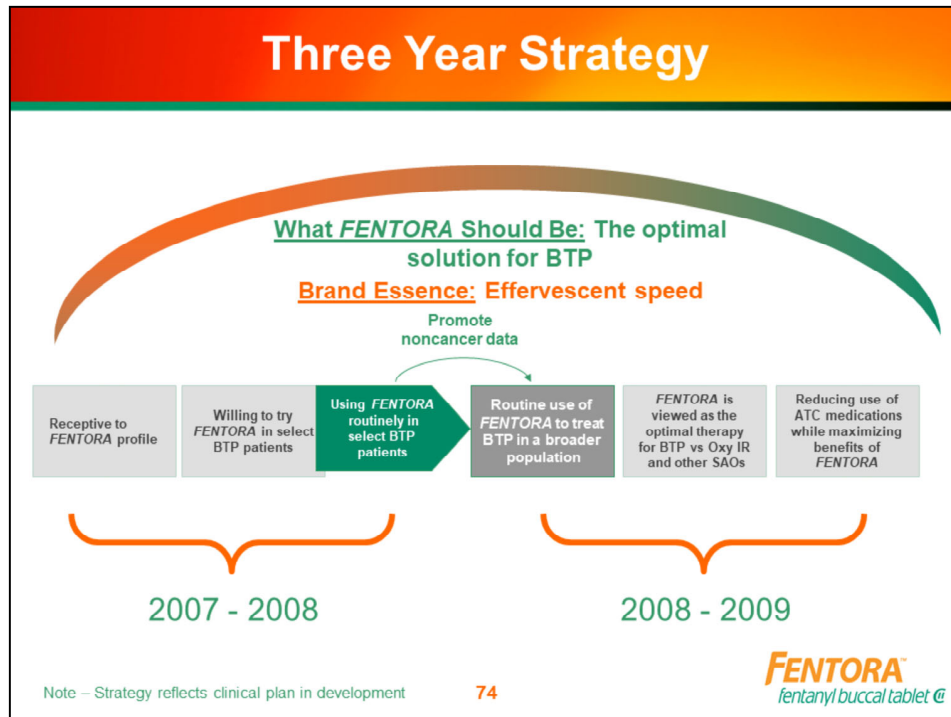
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# Three Year Strategy



# Three Year Strategy



# Three Year Strategy

What FENTORA Should Be: The optimal solution for BTP

Brand Essence: Effervescent speed

Promote superiority data



2007 - 2008

2008 - 2009

Note – Strategy reflects clinical plan in development

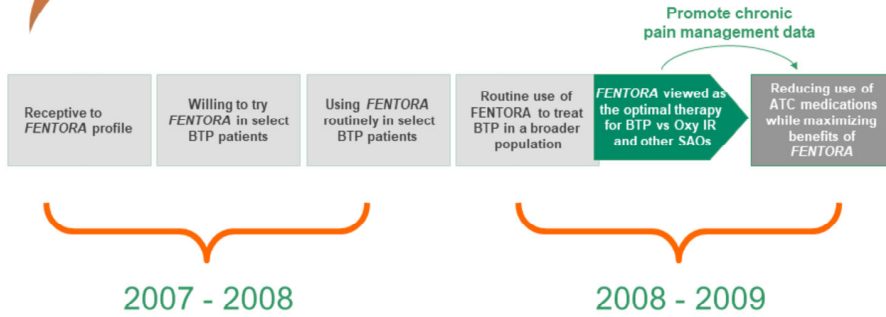
75

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# Three Year Strategy

What FENTORA Should Be: The optimal solution for BTP

Brand Essence: Effervescent speed

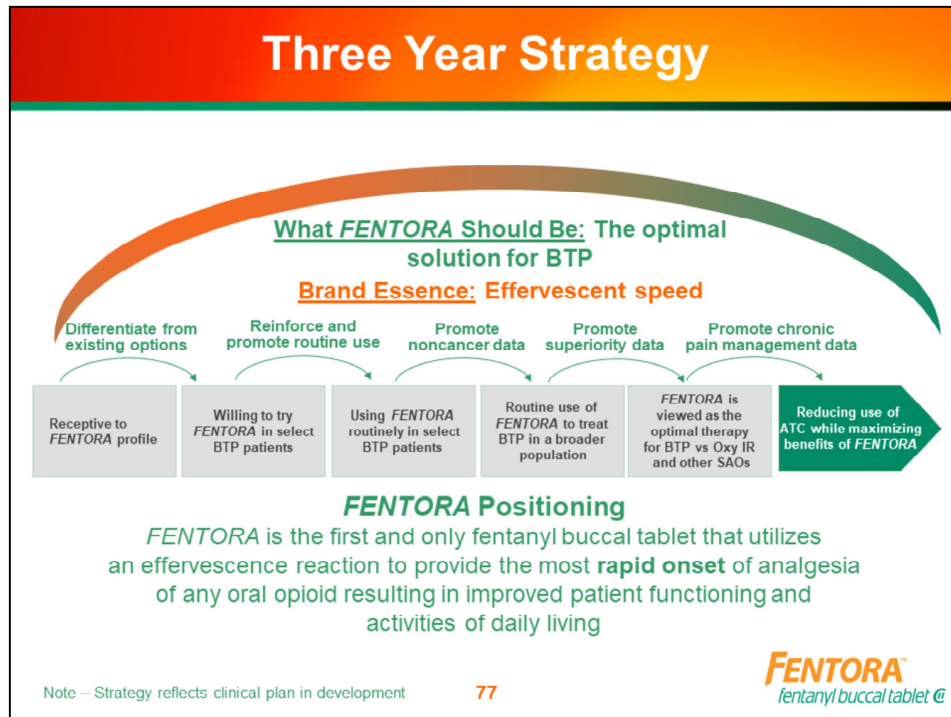


Note – Strategy reflects clinical plan in development

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# Three Year Strategy



Position doesn't change

# Marketing Strategy

**2007 Objectives, CSFs, Strategies**

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# Objectives 2007

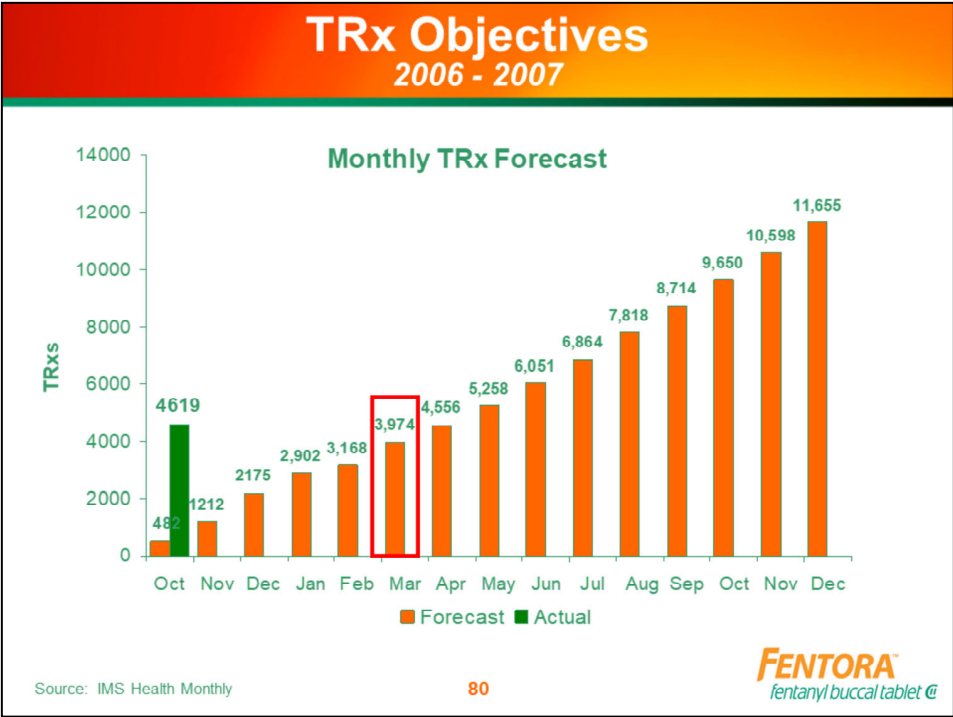
**\$139.5M Total Revenue**  
**81,207 TRxs**

## Assumptions

- TRx Share @ month 12 = 28% of ROO (fentanyl) Market
- FENTORA will grow from Actiq conversion & incremental market growth
- WAC/TRx = \$1,357 (2.5% annual price increase)

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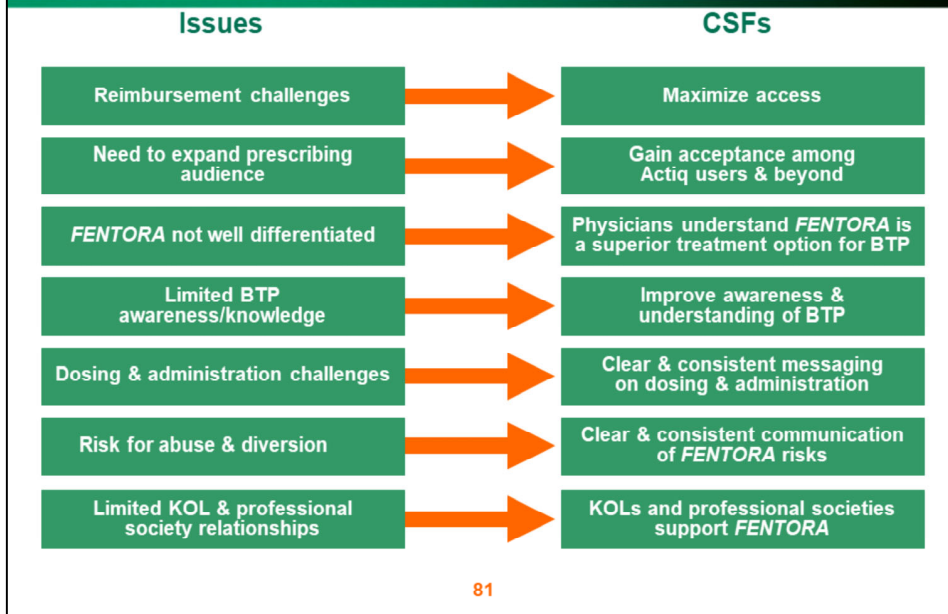
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One data point



# Critical Success Factors



## Key Strategies – FENTORA

### Issue

Third Party Payers manage costs by placing reimbursement limitations/restrictions on premium priced therapies

### Critical Success Factor

Physicians & patients have access to reasonable/favorable reimbursement for FENTORA

### Strategies

Manage and mitigate managed care barriers (cost, generic step-edit):

- Selectively contract with MCOs
- Educate MCOs regarding:
  - FENTORA value to health system
  - BTP:
    - Optimal assessment and treatment of BTP
    - Establish the Burden of Illness of BTP
    - Further develop ROO sub-class as an optimal treatment for BTP
  - Minimize risk of Abuse, Addiction, and Diversion
- Provide physician/patient assistance access programs

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## Key Strategies – FENTORA

### Issue

Limited number of health care providers prescribe a ROO for BTP

### Critical Success Factor

Expand FENTORA prescribing audience with Actiq users and beyond

### Strategies

- Maximize core prescriber to set the stage for expanded use
- Expand use with high opioid prescribers and low Actiq users
- Explore broader audience, non-retail segment opportunities, as well as other potential channels

## Key Strategies – FENTORA

### Issue

FENTORA is not clearly differentiated from other BTP and non-BTP treatment options

### Critical Success Factor

Physicians understand FENTORA is a superior treatment option for BTP

### Strategies

- Create high level of awareness among target segments
- Educate physicians on the potential limitations of prescribing LAOs and SAOs to treat BTP
- Leverage new clinical data when available and appropriate
- Further develop ROO sub-class as an optimal treatment for BTP

## Key Strategies – FENTORA

### Issue

Physicians and patients have limited understanding about the appropriate diagnosis and treatment of BTP; a contributing factor is the communication disconnect between physicians and patients in regards to pain

### Critical Success Factor

BTP awareness and understanding of treatment options among physicians and patients

### Strategies

- Continue to establish BTP as a distinct clinical problem among opioid prescribing physicians
- Facilitate dialogue between physicians and patients to improve the proper diagnosis and treatment of BTP
- Support BTP educational initiatives

## Key Strategies – FENTORA

### Issue

Anticipated dosing and administration challenges for both physicians and patients

### Critical Success Factor

Physicians and patients understand the proper dosing and administration of FENTORA

### Strategies

Educate physicians and patients on

- How the delivery system is different from traditional oral administration
- Dosing, conversion and titration
- Package Handling & Administration

## Key Strategies – FENTORA

### Issue

Limited KOL and professional society relationships impact peer-to-peer knowledge and uptake of FENTORA

### Critical Success Factor

KOLs and societies support FENTORA as an effective treatment option for BTP

### Strategies

- Improve and expand KOL and society relationships
- Continue to consult KOLs to better inform Cephalon on the optimal design of FENTORA clinical studies, as well as the positioning of the brand

## Key Strategies – FENTORA

### Issue

Risk for abuse, addiction, and diversion

### Critical Success Factor

FENTORA risks are understood by health care professionals

### Strategies

- Educate HCPs on appropriate patient selection
- Educate patients about safe use of FENTORA and allay fears of opioids
- Continue to implement risk minimization tools
- Maximize SECURE outreach program initiatives



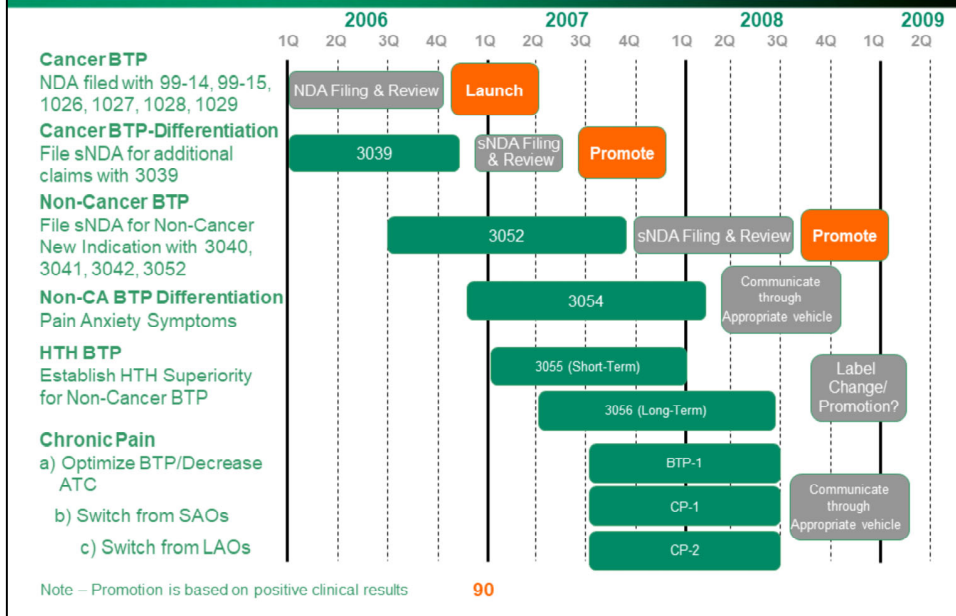
What's going to get us there

Enhancing the Product Profile:  
Clinical Development Plan

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# LCM Plan



*FENTORA* Clinical Update

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New BTP Efficacy Data in Patients  
with Cancer

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Study 3039  
Efficacy, Safety, and Tolerability  
Study in Patients with Cancer and  
Breakthrough Pain

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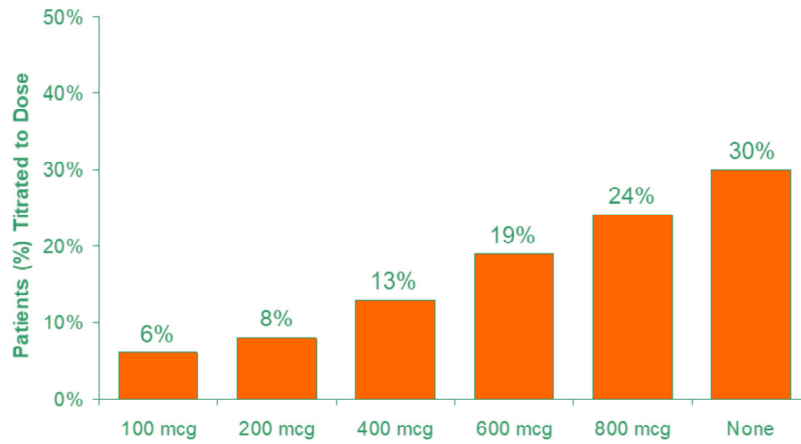
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## Efficacy Measures with Each Episode

- Pain Intensity- (0= no pain to 10= worst pain)
  - Completed prior to dosing and at 5, 10, 15, 30, 45, 60, 90, 120 min post dosing
- Pain Relief- (0= none to 4= complete)
  - Completed at 5, 10, 15, 30, 45, 60, 90, 120 min post dosing
- Time to meaningful pain relief
- Use of Rescue Medication
- Global Medication Performance Assessment (0= poor to 4= excellent)
  - 60 and 120 min post dose

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## Successful Dose of *FENTORA* Following Titration



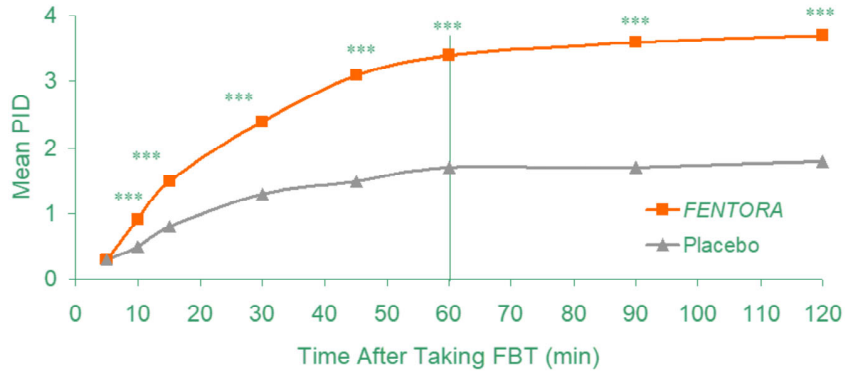
Successful dose = The dose strength that provided adequate analgesia for 2 consecutive episodes of BTP without unacceptable adverse events.

Study 3039

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# Mean Pain Intensity Differences (PID) Over Time

SPID<sub>60</sub>: FENTORA 9.8 ± 0.26 vs Placebo 5.0 ± 0.38 p<0.0001

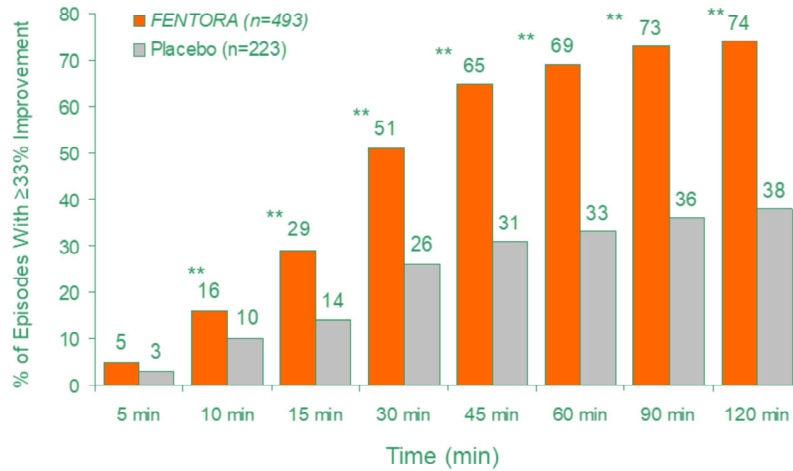


\*\*\* P<0.0001

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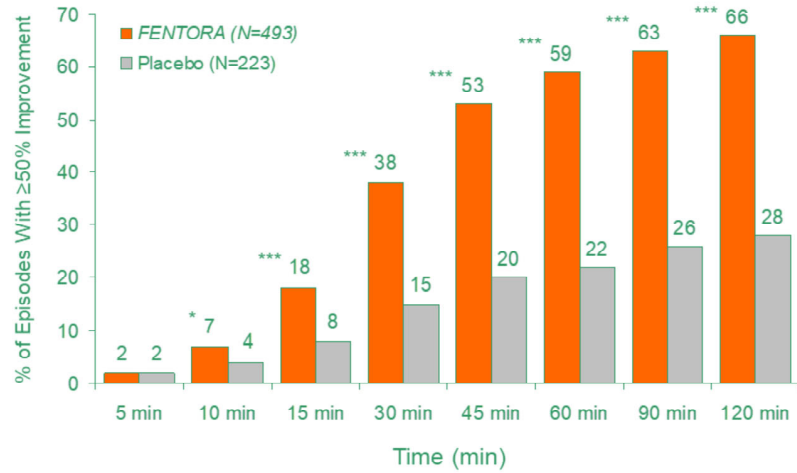
## Clinically Significant Change in Pain Intensity ( $\geq 33\%$ Reduction)



\*\*  $P < 0.01$   
Study 3039

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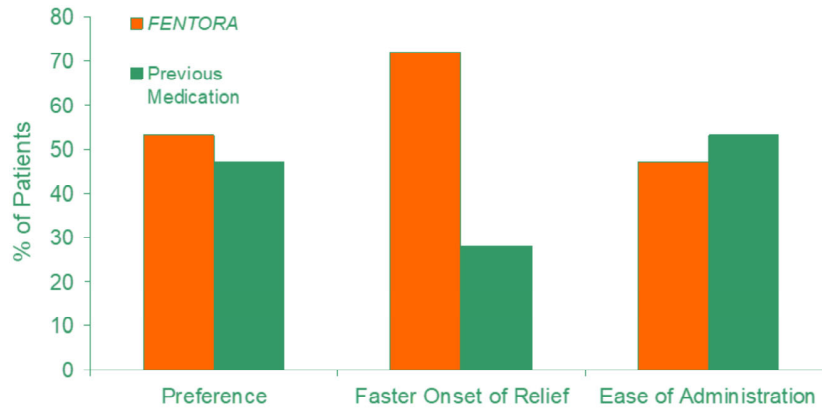
## Clinically Significant Change in Pain Intensity (>50% Reduction)



\* P<0.05  
\*\*\* P<0.0001  
Study 3039

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# Patients Prefer *FENTORA* to Previously Used Medication



Study 3039

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## Study 3039 Conclusions

- *FENTORA* was significantly superior to placebo on all measures of efficacy
- Efficacy observed as early as early as 10 minutes after taking *FENTORA* and maintained through 120 minutes
- First study in which clinically relevant responses separate at 10 min time point
- Episodes treated with placebo were over ~3x as likely to require rescue medication as those treated with *FENTORA*
- Well tolerated with AEs being typical of opioids; frequency less than that seen in 099-14

Non-Cancer Program

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## Noncancer BTP Clinical Trials

- **3040:** Open-label, 18-month study in chronic pain patients with BTP
- **3041:** Double-blind, placebo-controlled, short-term efficacy study in neuropathic pain patients
- **3042:** Double-blind, placebo-controlled, short-term efficacy study in low-back pain patients
- **3052:** Double-blind, placebo-controlled, 12-week efficacy study in chronic pain patients
- **3054:** Open-Label, 4-week study in chronic pain patients  
Evaluating the Impact of *FENTORA* on Pain Associated Anxiety

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## Status of Noncancer Studies

- **Supportive efficacy studies**
  - 3041: completed
  - 3042: completed
- **3040**
  - >800 patients exposed
  - >180 patients exposed for 1 year
- **3052**
  - Pivotal study
  - “Agreement” with US Food and Drug Administration on study design
  - 91/120 patients enrolled
- **3054**
  - First patient screened November 27, 2006
- **Supplemental New Drug Application**
  - To be submitted 4Q2007

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Effects of *FENTORA* in Opioid-  
tolerant Patients With  
Non–cancer-related BTP

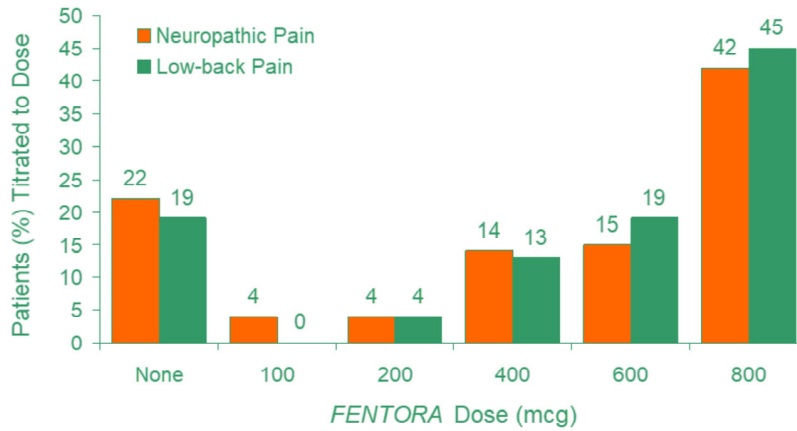
Results from Studies 3041 and 3042

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## Successful Dose Following Titration

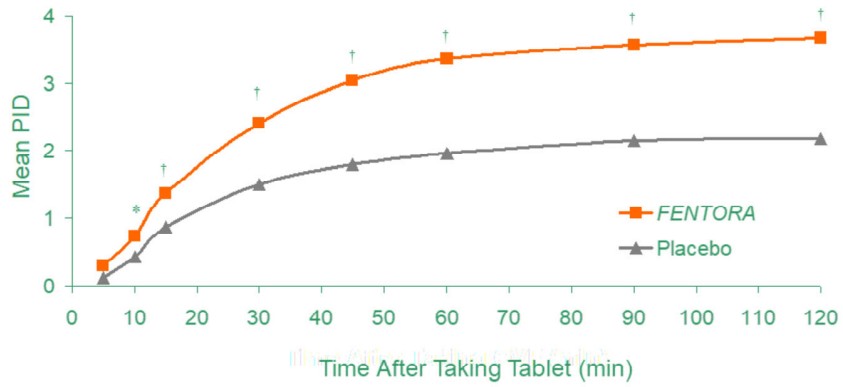


Successful dose = the dose strength that provided adequate analgesia for two thirds of episodes of BTP without unacceptable AEs

105

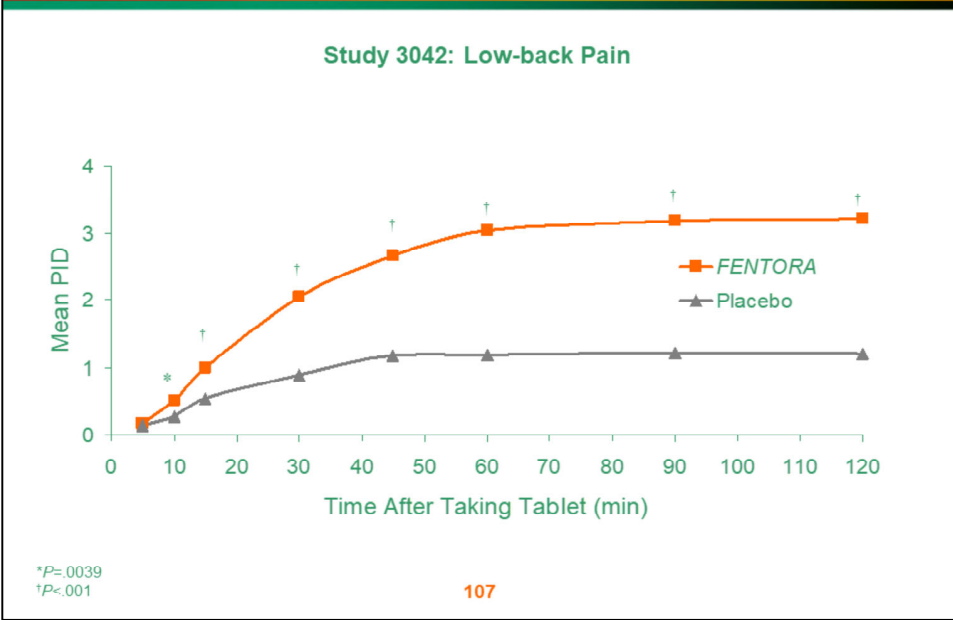
# Mean PIDs Over Time

Study 3041: Neuropathic Pain

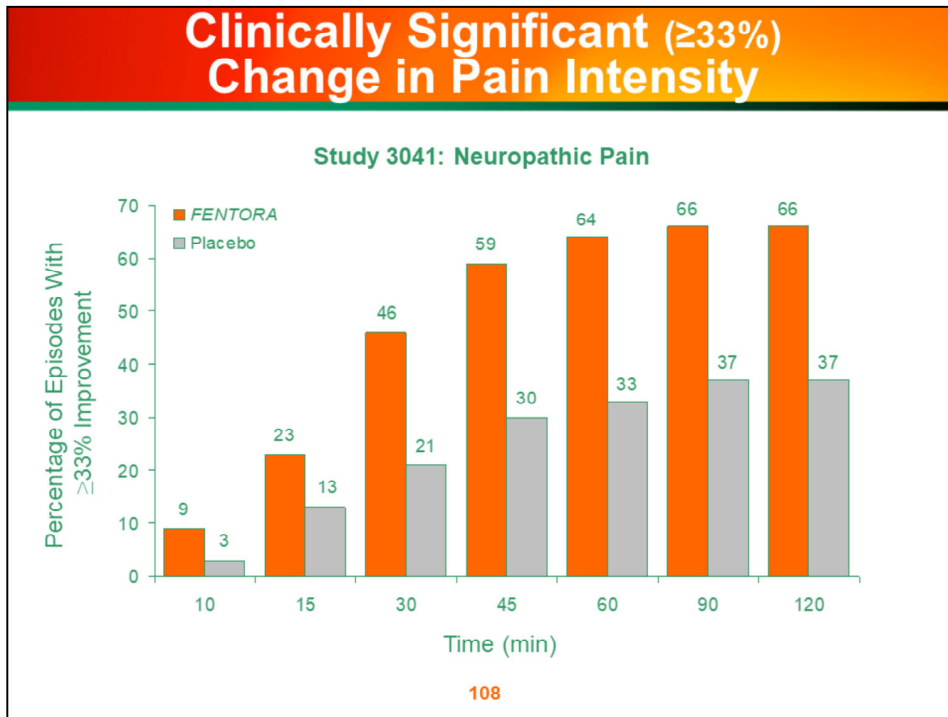


\*P=.0436  
†P<.01

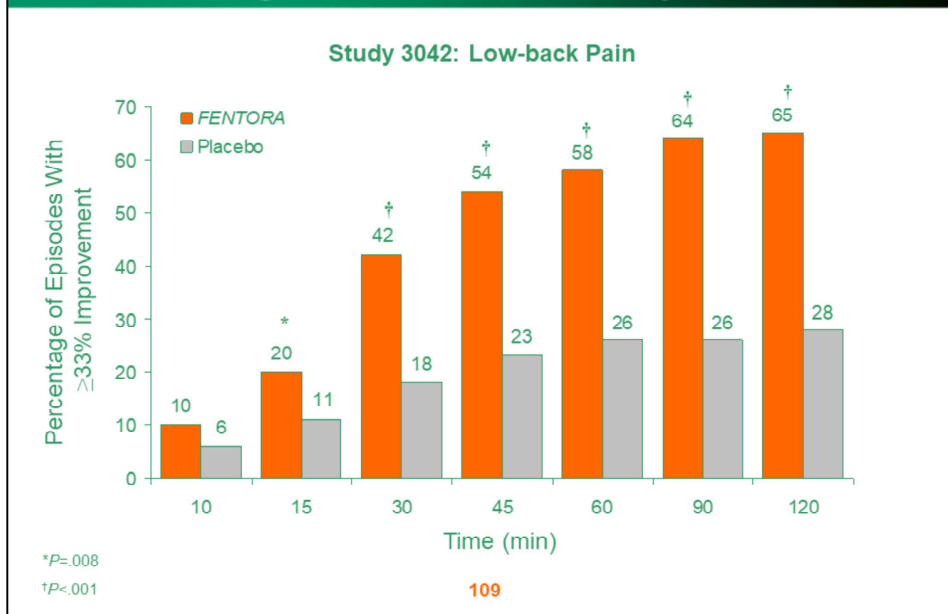
# Mean PIDs Over Time (cont'd)



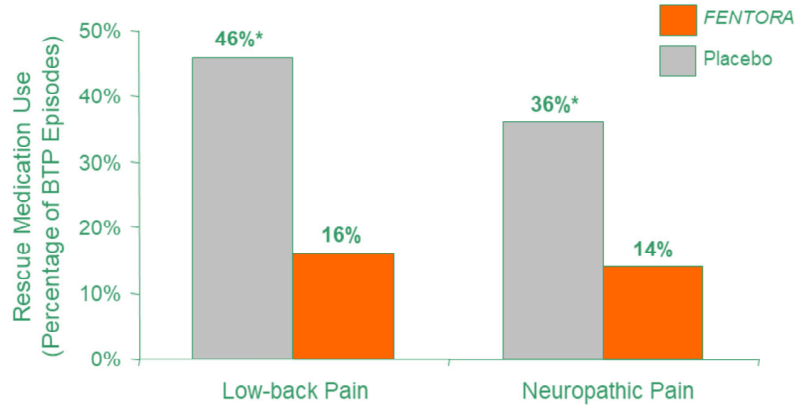
# Clinically Significant ( $\geq 33\%$ ) Change in Pain Intensity



## Clinically Significant ( $\geq 33\%$ ) Change in Pain Intensity (cont'd)



## Rescue Medication Use in Chronic Neuropathic Pain and Chronic Low-back Pain Studies



\* $P \leq 0.05$

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## Conclusions From Chronic Neuropathic Pain and Chronic Low-back Pain Studies

- >80% of patients in both studies found a successful *FENTORA* dose in the range of 100 mcg to 800 mcg
- Patient populations had significant comorbidities
- Efficacy first observed as early as 10 minutes after taking *FENTORA* and maintained through 120 minutes in both studies
- Clinically significant pain relief greater with *FENTORA* compared with placebo as early as 15 minutes
- Episodes treated with placebo were more than 4× as likely to require rescue medication as those treated with *FENTORA*
- *FENTORA* was well tolerated and AEs typical of those seen with opioids

Study 3040  
Open-label Non-Cancer Pain  
Interim Results

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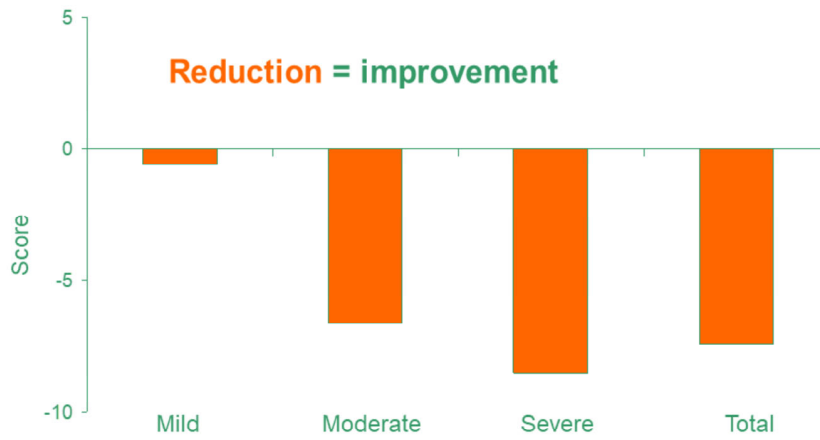
## Global Medication Performance Assessment



Data represent last available assessment  
Study 3040

113

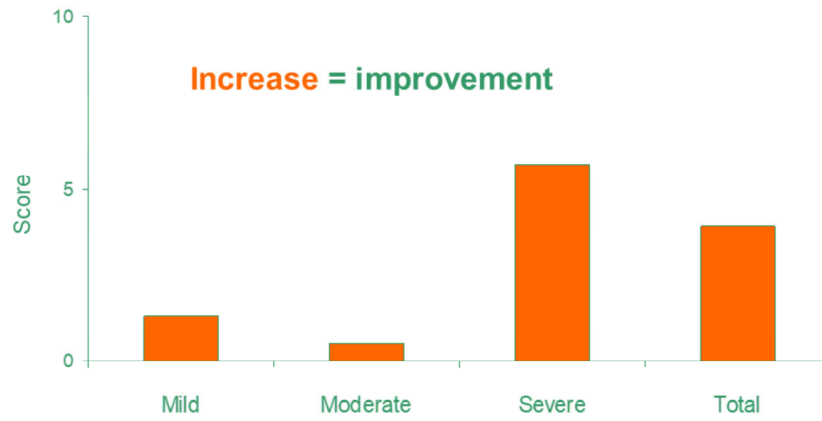
## POMS Total Mood Disturbance: Change From Baseline (3 Months)



POMS = profile of mood states  
Study 3040

114

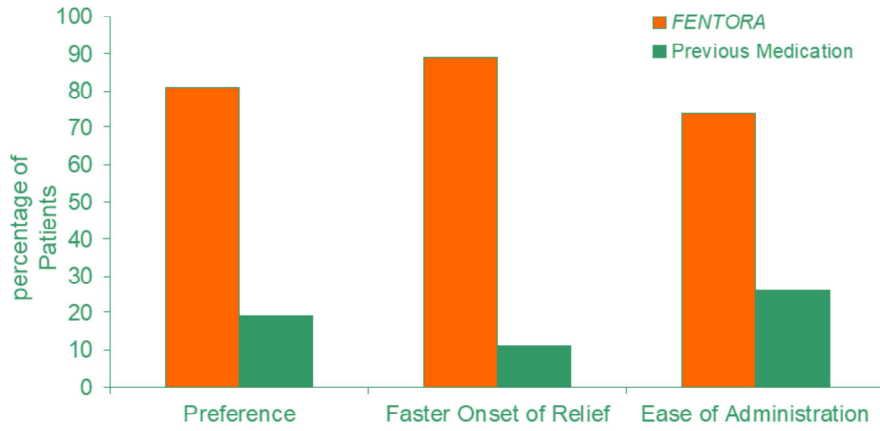
## SF-36 Physical Functioning: Change From Baseline (3 Months)



Study 3040

115

## Patients Prefer *FENTORA* to Previously Used Medication



Assessed after 1 month of maintenance  
Study 3040

116

## Summary of Interim Data

- Patients reflective of intended population
  - Back pain was the most prevalent condition
  - Patients had a high number of comorbid conditions
- *FENTORA* was well tolerated
  - 88% of patients found a successful dose
  - AEs were those commonly associated with opioid use
- Patients overwhelmingly reported a preference for *FENTORA* versus their previous BTP medication

## New Studies for 2007

- PK
  - Sublingual vs Buccal Delivery – Nov 2006
  - Evaluation of 1000 and 1200 mcg doses – 1Q2007
- Clinical Studies
  - 2 Head-to-Head studies against oxycodone IR
    - 3055 – March 2007
    - 3056 – July 2007
  - 2 Relative potency studies
    - 1046 – *FENTORA* vs IV Morphine January 2007
    - ## – *FENTORA* vs Oxycodone IR 4Q 2007

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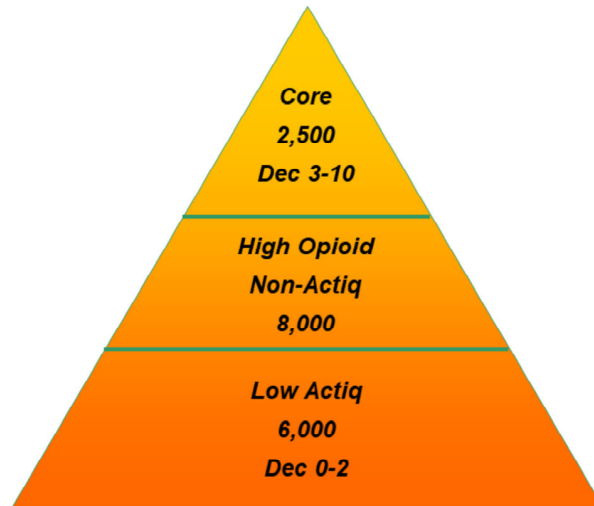
What's going to get us there

Effective Targeting & Tactics

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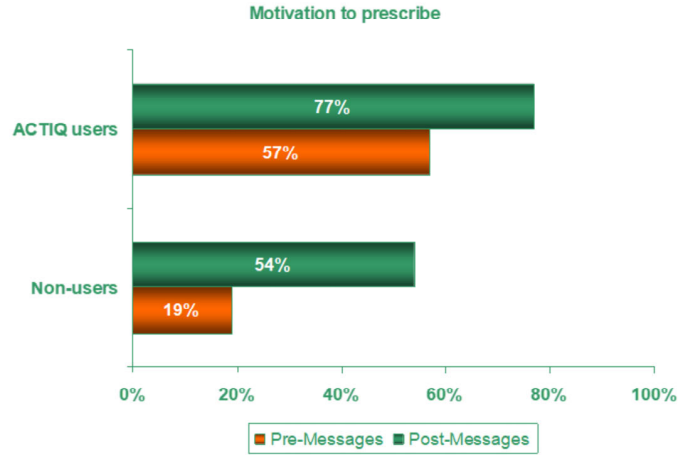
# Targeting



120



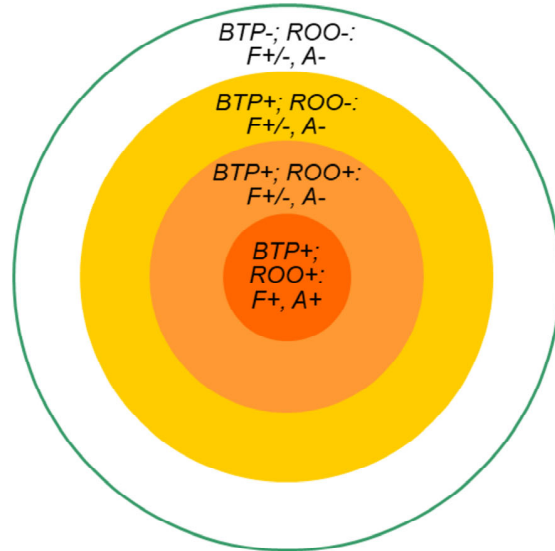
# Rxers Reaction to Messages



\* To what degree does this new information motivate you to prescribe FENTORA over other short-acting opioid (SAO) medications for breakthrough pain (1-7 scale)?

Source: Gfk V2 Q2 06 N = 77 (users) N = 52 (non-users) 121

# Targeting



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## Tactical Plan

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**CSF #1: Physicians & patients have access to reasonable/favorable reimbursement for *FENTORA***

**STRATEGY**

- Selectively contract with MCOs
- Educate MCOs regarding:
  - *FENTORA* value to health system
  - BTP:
    - Optimal assessment and treatment of BTP
    - Establish the Burden of Illness of BTP
    - Further develop ROO sub-class as an optimal treatment for BTP
  - Minimize risk of Abuse, Addiction, and Diversion
- Provide physician/patient assistance access programs

**TACTICS**

- AMCP Dossier
- NAM Slide Kit
- Formulary Kit
- Reprints
- BTP Collateral Material
  - Direct Mail, Journal Ads, targeted media
- ESP Tool Kit & Collateral
- AMCP Convention Presence
- Reimbursement Kit / Hotline
- Debit Card Pilot Program
- In-Office Reimbursement Training

## CSF #2: Expand *FENTORA* prescribing audience beyond Actiq users

### STRATEGY

- Maximize core prescribers to set the stage for expanded use
- Expand use with high opioid prescribers and low Actiq users
- Explore non-retail segments opportunities, as well as other potential channels

### TACTICS

- NSM Workshops
- Field driven promotional programs
  - CSPs – \$6M
  - Vouchers – 75/rep 1st half, 50/rep 2nd half
  - Sales collateral materials (w/ 3039)
    - Actiq users material
    - Animation, case study series
  - Hospital program – grand rounds
  - Reprints
- Marketing driven promotional programs
  - Direct mail, targeted media, journal ads
  - E-detail
  - Website
  - Convention presence

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**CSF #3: Physicians understand *FENTORA* is a superior treatment option for BTP**

**STRATEGY**

- Create high level of awareness among target segments
- Educate physicians on the potential limitations of prescribing LAOs and SAOs to treat BTP
- Leverage new clinical data when available and appropriate
- Further develop ROO sub-class as an optimal treatment for BTP

**TACTICS**

- Appropriate dissemination of clinical data
- Branded collateral material
- CSPs
- Case Studies Program
- *FENTORA* animation
- PR outreach to KOLs, societies, advocacy groups, & pain centers of excellence
- Government affairs outreach to USP
- SECURE educational initiatives

## CSF #4: BTP awareness and understanding of treatment options among physicians and patients

### STRATEGY

- Continue to establish BTP as a distinct clinical problem among opioid prescribing physicians
- Facilitate dialogue between physicians and patients to improve the proper diagnosis and treatment of BTP
- Support BTP educational initiatives

### TACTICS

- BTP campaign
  - Journal ad & targeted media
  - DA Convention Booth
  - BTP website
  - Direct Mail
  - PR initiatives (outreach, etc)
- ISS Support (e.g. Knox Todd, MD)
- Appropriate support of 3rd party educators
- In-office patient material

## CSF #5: Physicians and patients understand the proper dosing and administration of *FENTORA*

### STRATEGY

- Educate physicians and patients on
  - How the delivery system is different from traditional oral administration
  - Dosing and titration
  - Package Handling & Administration

### TACTICS

- Administration poster
- Wallet card
- Administration script for Prof Services
- Pain diary
- Flip chart
- Patient starter kit
- Catalina newsletter
- E-detail
- Pod cast
- Blackberry download (in booth promotion)
- Case Studies

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**CSF #6: FENTORA risks are understood by health care professionals**

**STRATEGY**

- Educate HCPs on appropriate patient selection
- Educate patients about safe use of *FENTORA* and allay fears of opioids
- Continue to implement risk minimization tools
- Maximize SECURE outreach program initiatives

**TACTICS**

- Branded collateral materials
- Lunch & Learns
- AAD CSPs
- SECURE educational initiatives
- ESP initiatives
- Media outreach training (issues mgt)

**CSF #7: KOLs and societies support *FENTORA* as an effective treatment option for BTP**

**STRATEGY**

- Improve and expand select KOL and society relationships
- Continue to consult KOLs to develop clinical & commercial plans

**TACTICS**

- Implement KOL Plan, e.g. roundtables, congress interaction, one-on-ones, HOVs
- Speaker Training / CSPs
- Media outreach training
- Society outreach initiatives, e.g. educational programs
- Implement Pain Centers of Excellence Program
- Ad Boards
- Consultant Meetings

## 2007 Promotional Budget

Category	Spend	Share of Total Spend
Market Research	\$1,750,000	6%
Consultants	\$400,000	1%
Journal Reprints	\$200,000	1%
Conventions	\$1,600,000	6%
Advertising/Promotional Materials	\$8,900,000	32%
Sample Coupons	\$6,000,000	21%
Public Relations	\$600,000	2%
Field Driven Speaker Programs (CSPs)	\$6,000,000	21%
Medical Education	\$2,500,000	9%
Corporate Contributions	\$50,000	0%
<b>TOTAL SPEND</b>	<b>\$28,000,000</b>	<b>100%</b>

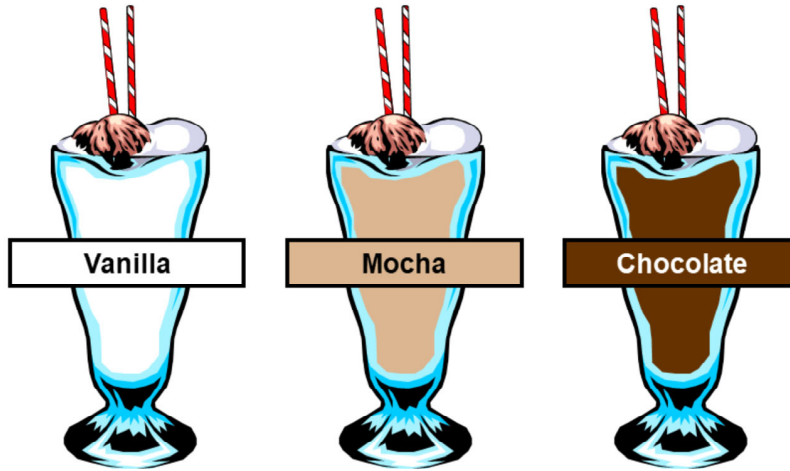
## Tactical Plan

### *FENTORA* Campaign Evolution

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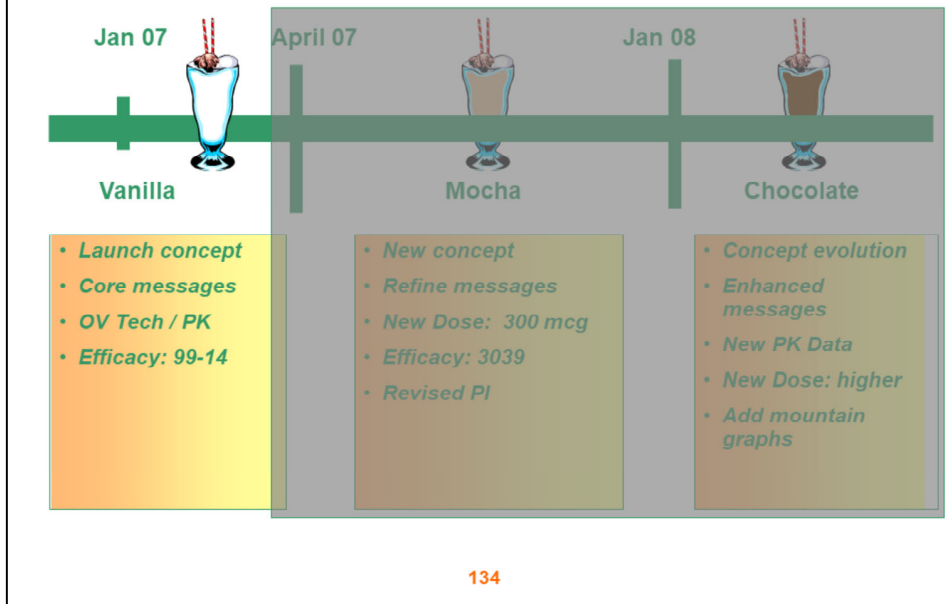
132

# Campaign



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# Campaign Evolution



# Current Campaign

**Now available**

**New FENTORA—relief for breakthrough pain in opioid tolerant patients with cancer**

- Onset of pain relief within 15 minutes in some patients<sup>1</sup>
- Duration of pain relief up to 60 minutes (last time point measured)<sup>1</sup>
- OraVescent® drug delivery technology may optimize delivery of fentanyl across the buccal mucosa
- Fentanyl is readily absorbed, achieving an absolute bioavailability of 65%<sup>1</sup>
- Convenient, discreet, sugar-free tablet

**New FENTORA<sup>®</sup>**  
fentanyl buccal tablet c/

and the same strength should be used

Various adverse events associated with all routes of immediate-release fentanyl, including leading to abuse or respiratory depression, hypotension, hypoxia, and shock. All patients should be advised to avoid alcohol, grapefruit juice, and other drugs that may interact with fentanyl. For information on drug interactions, see the full prescribing information.

The most commonly observed adverse events with FENTORA are onset of opioid side effects. Opioid side effects should be monitored and managed accordingly. In clinical trials, FENTORA for most common side effects included constipation, nausea, vomiting, dizziness, sedation, dry mouth, dysphagia, headache, blurred vision, fatigue, weakness, and difficulty concentrating. Other common side effects included drowsiness, somnolence, and difficulty breathing. Other common side effects included constipation, nausea, vomiting, dizziness, sedation, dry mouth, dysphagia, headache, blurred vision, fatigue, weakness, and difficulty concentrating. Other common side effects included drowsiness, somnolence, and difficulty breathing.

PHYSICIANS AND OTHER HEALTHCARE PROVIDERS MUST BECOME FAMILIAR WITH THE IMPORTANT WARNINGS IN FULL LABELING.

FENTORA contains fentanyl, an opioid agonist and a Schedule II controlled substance, with an abuse liability associated with opioid agonists. FENTORA can be abused in a manner similar to other opioid agonists, liquid and solid. This drug has the potential for abuse in the form of addiction, abuse, or dependence. Abuse or dependence may lead to withdrawal symptoms, which may include sweating, runny nose, tearing, and rhinorrhea. Abuse or dependence may also lead to tolerance, which may result in a need for increased doses. Abuse or dependence may also lead to respiratory depression, which may result in respiratory arrest. Abuse or dependence may also lead to death. Abuse or dependence may also lead to other adverse effects, including seizures, coma, and respiratory depression. Abuse or dependence may also lead to other adverse effects, including seizures, coma, and respiratory depression. Abuse or dependence may also lead to other adverse effects, including seizures, coma, and respiratory depression.

FENTORA is indicated for the management of breakthrough pain in patients with cancer who are already receiving and who are tolerant to opioid therapy for chronic pain management. FENTORA is not indicated for the management of chronic pain, or for the management of acute or postoperative pain. This product is not indicated for use in opioid-naïve patients. Abuse and dependence should be monitored. FENTORA contains a warning to keep all tablets out of the reach of children. (See Information for Patients and Important Information about FENTORA, other controlled substances from which oral fentanyl products have the highest bioavailability of fentanyl in FENTORA, other controlled substances from which oral fentanyl products have the highest bioavailability of fentanyl in FENTORA, and other controlled substances from which oral fentanyl products have the highest bioavailability of fentanyl in FENTORA.)

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.

For more information about FENTORA, please call Cephalon Professional Services and Medical Information at 1-800-894-3833 or visit [www.FENTORA.com](http://www.FENTORA.com).

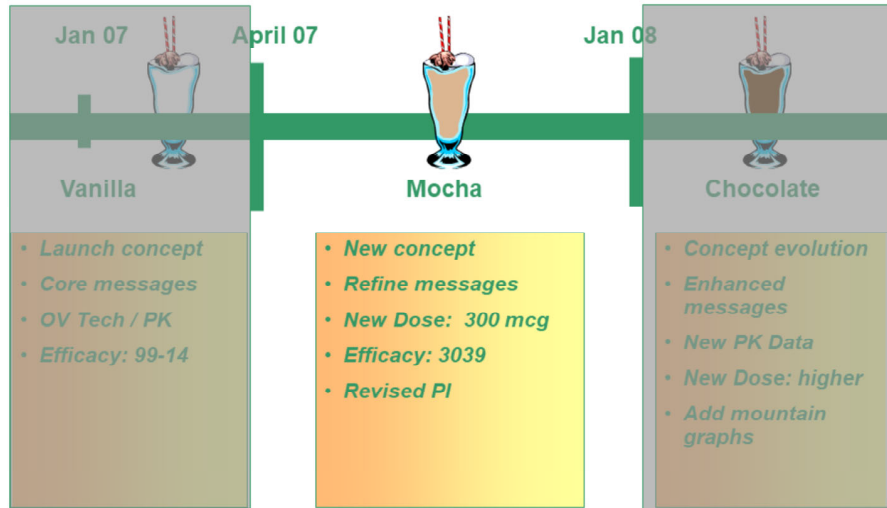
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**New FENTORA—relief for breakthrough pain in opioid tolerant patients with cancer**

- Onset of pain relief within 15 minutes in some patients<sup>1</sup>
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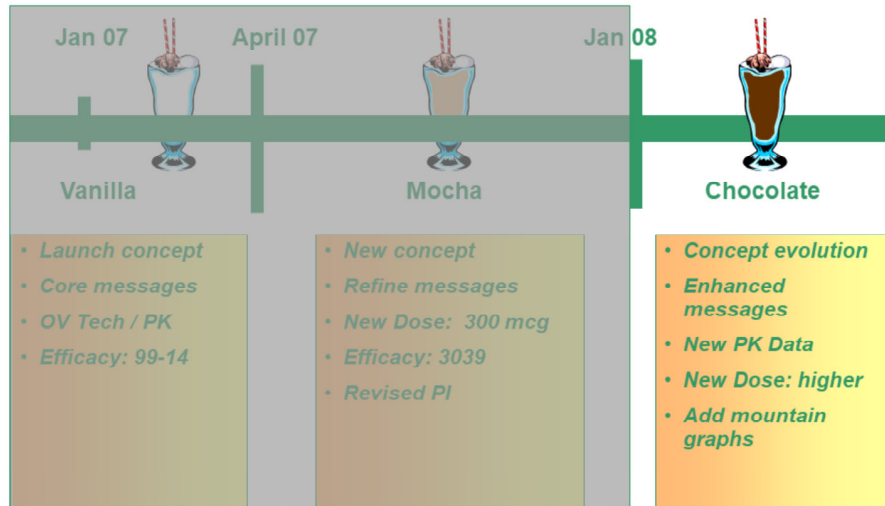
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# Campaign Evolution

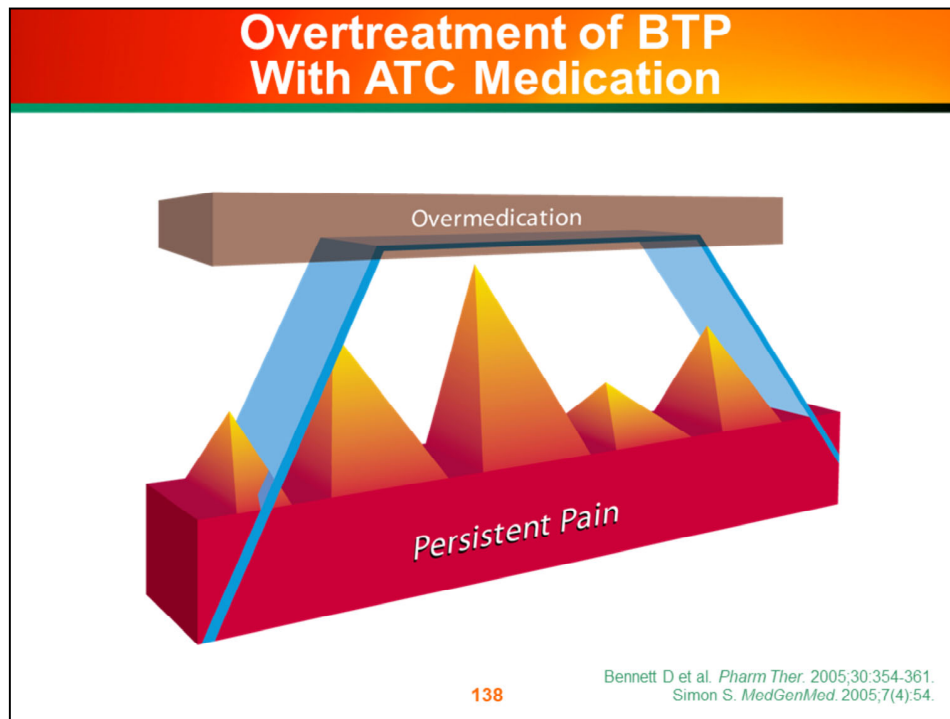




# Campaign Evolution



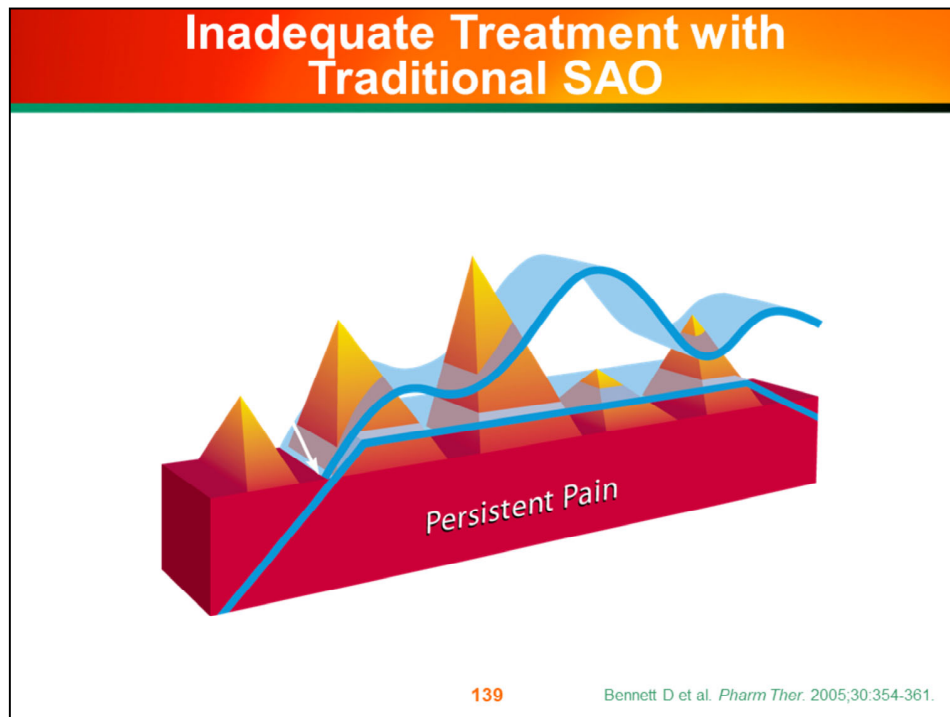
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- A common approach to managing BTP is to increase the ATC medication to cover these episodes of BTP<sup>1,2</sup>
- However, if the ATC analgesic is raised high enough to cover the episodes of BTP, patients may become overmedicated and have increased likelihood of adverse effects<sup>2</sup>
- Patients typically report excessive sedation when overmedicated<sup>2</sup>
- By raising the ATC dosage excessively, the optimal balance between analgesia and adverse effects may be lost<sup>2</sup>

#### References

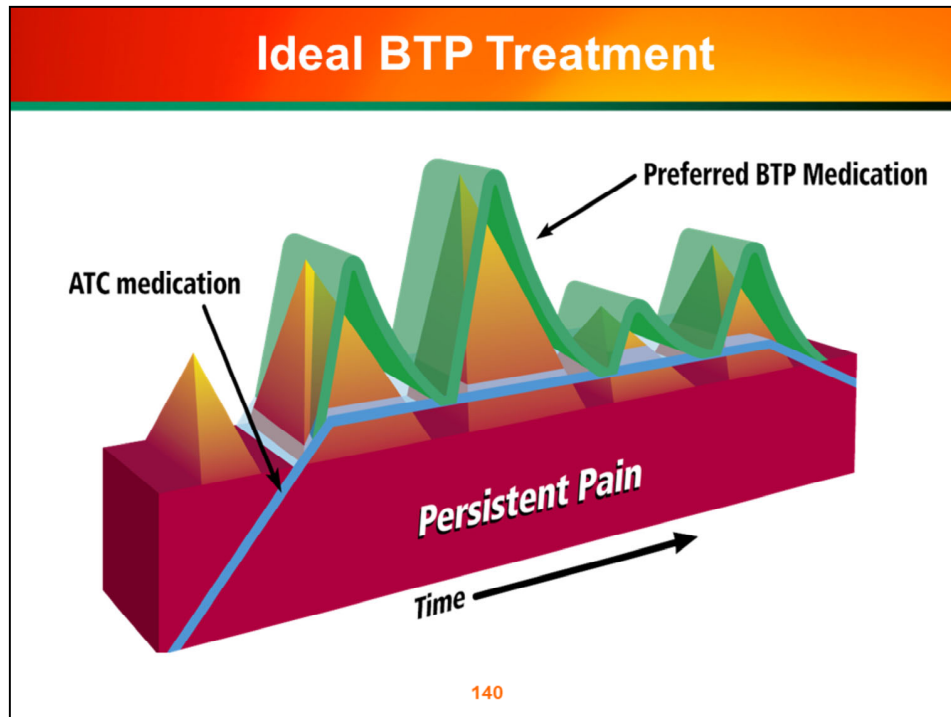
1. Bennett D, Burton AW, Fishman S, et al. Consensus panel recommendations for the assessment and management of breakthrough pain. Part II—management. *Pharm Ther.* 2005;30:354-361. This article was supported by an educational grant from Cephalon, Inc. [p 356]
2. Simon S. Opioids and treatment of chronic pain: understanding pain patterns and the role for rapid-onset opioids. *MedGenMed.* 2005;7(4):54. Available at: [http://www.medscape.com/viewprogram/4756\\_pnt](http://www.medscape.com/viewprogram/4756_pnt). Accessed May 26, 2006. [p 2]



- To address the issue of overmedication, most dosing guidelines for cancer and noncancer pain recommend that whenever a longer-acting opioid is prescribed for chronic pain, a shorter-acting opioid should also be prescribed to treat episodes of BTP (ie, supplemental dose)<sup>1</sup>
- The goal for using a supplemental opioid dose to treat BTP is to provide rapid and effective pain relief without overmedicating the patient<sup>1,2</sup>
- The onset of effect with typical tablet and liquid-formulation hydrophilic opioids takes approximately 30–45 minutes; the onset of these medications may not match the rapid onset of a typical BTP episode<sup>1,2</sup>
- This results in a “pain gap,” which is the length of time between the occurrence of significant BTP and the time of meaningful pain relief<sup>1,2</sup>
- This time delay can be problematic for patients whose BTP reaches maximal intensity quickly<sup>1,2</sup>

### References

1. Bennett D, Burton AW, Fishman S, et al. Consensus panel recommendations for the assessment and management of breakthrough pain. Part II—management. *Pharm Ther.* 2005;30:354-361. This article was supported by an educational grant from Cephalon, Inc. [pp 356, 357]
2. Simon S. Opioids and treatment of chronic pain: understanding pain patterns and the role for rapid-onset opioids. *MedGenMed.* 2005;7(4):54. Available at: [http://www.medscape.com/viewprogram/4756\\_pnt](http://www.medscape.com/viewprogram/4756_pnt). Accessed May 26, 2006. [p 2]



The ideal pain medication would match the characteristics of BTP with rapid onset and a short duration. This would lead to fewer side effects for the patient because the phenomenon of overmedication would be unlikely to occur and it would not require the patient to “wait” for the medication.

Tactical Plan

CSP Allocation

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## CSP Allocation

	Total	PCS	NAMS	OAS
CSP Budget Total	\$ 7,000,000			
CSP Budget (Minus Mgmt Fees)	\$ 5,250,000	\$ 4,750,000	\$ 300,000	\$ 200,000
Avg Cost per CSP	\$ 1,400	\$ 1,400	\$ 1,400	\$ 1,400
Total # of Programs per Year	3751	3,393	214	143
# of Programs per Field Rep	0	34	11	5

# Tactical Plan

## BTP Campaign Evolution

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## Expanded BTP Disease Awareness Campaign

**Goal: To continue to establish BTP as a distinct clinical problem & to facilitate dialogue between physicians and patients to improve the proper diagnosis and treatment of BTP**

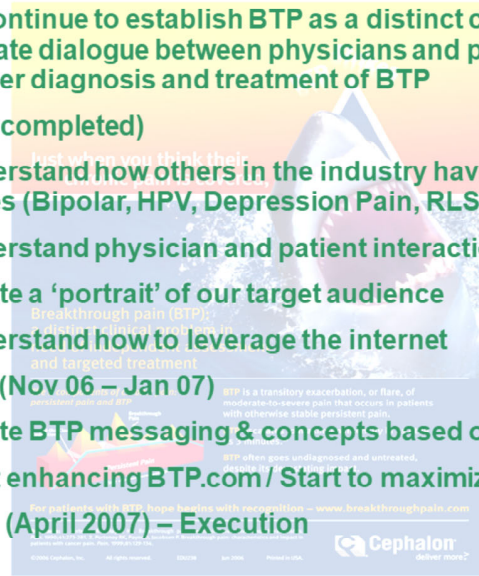
➤ **Phase I (completed)**

- Understand how others in the industry have built disease states (Bipolar, HPV, Depression Pain, RLS)
- Understand physician and patient interactions around BTP
- Create a 'portrait' of our target audience
- Understand how to leverage the internet and targeted treatment

➤ **Phase II (Nov 06 – Jan 07)**

- Create BTP messaging & concepts based on Ph I learnings
- Start enhancing BTP.com / Start to maximize internet search

➤ **Phase III (April 2007) – Execution**



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**NSM Workshops**

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## **FENTORA™ NSM Training Objectives:**

The purpose of the *FENTORA* training workshops are to increase the knowledge base of the PCS and OAS representatives in preparation to meet the strategic objective of; maintaining current prescribing activity with the “ACTIQ® loyalists” and expanding their prescribing universe to those physicians that treat breakthrough pain with SAO but have had limited experience with ACTIQ. This strategy will be met by implementing the following tactics in each of the proposed workshops:

- Consistently communicate *FENTORA* marketing messages
- Effectively use resources (CVA, Clinical Reprints, Formulary Kit)
- Increase reimbursement/MCO knowledge to minimize reimbursement obstacles
- Strengthen clinical proficiency
- Reinforce territory acumen through scenario driven learning (skill enhancement with HCP, critical office staff and Pharmacist)

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Theme of “Breakthrough”

## Workshop #1 Breakthrough Barriers: Reimbursement

### This workshop is designed to be a 2 step process:

- Step #1- will provide a lecturer to educate the audience on the managed care environment and provide time for Q&A
- Step #2- will provide application based learning utilizing knowledge gleaned from step #1, practice with the FENTORA Formulary Kit and sharing of best practices, successes and ideas
- **Logistics:**
  - ✔ 4 rooms w/ 4 presenters (AD's and M.Felker) for presentation (step #1)
  - ✔ 4 rooms- AM facilitators at district tables for application (step #2)

**Recommended Time: 2 hours**

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Lecturer can focus on:

Perceptions (HCP and Rep)

The environment

Definitions/concepts

The challenges

Solutions

The value the rep can bring to HCP with increased knowledge

NOTE: Reimbursement is never to be the primary goal of the PCS/OAS on the sales call. Reimbursement issues exist and are a challenge but would be most appropriately addressed after product/Disease state dialogue.

## Workshop #2 (Rotating w/ Workshop #3 Clinical) Breakthrough Vision: Core Visual Aid

This workshop is designed to be a 2 step process:

- Step #1- Gallery Walk of CVA spreads
- Step #2- Application

### ➤ Logistics

- 1 room for 'Gallery walk' 75-80 participants- 12-13 attendees / spread (*rotating w/ Clinical Workshop #3*)
  - ▼ Request Marketing Participation (1 hour)
- 1 room for application/ verbalization – 1 district /table (7-10 tables)
  - ▼ AM to be district facilitators at table( 30 minutes)

**Recommended time 3 hours (due to rotation w/ CVA Workshop #3)**

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Gallery walk with spreads. This will most likely need to be a rotational workshop w/ 40-50 / room (prefer 4 rooms of 40)

Reps would be equally divided based on number of stations w/ CVA spreads

Request Marketing or clinical to “man” each station of CVA spread- reps rotate through *rotate through clinical WS if necessary*

## Workshop #3 (rotating w/ Workshop #2 CVA) *Breakthrough Science: Clinical Proficiency*

### ➤ Clinical Presentation

- ✓ 3039 data from completed trial
- ✓ 3042 and 3041 queries
  - ✓ Utilization of data in the field (potential as WLF- April time frame)

### ➤ Application Exercise

- ✓ Verbalization (99-14, 1028)
  - ✓ Utilization of approved reprints

### ➤ Logistics

#### ➤ Clinical Presentation (J. Messina or A. Narayana)

- ✓ 1 room w/ 75-80 attendees
- ✓ Presentation for 1 hour

#### ➤ Application

- ✓ AM to be facilitator at district table
- ✓ 1 room 7-10 tables 1 district per table

**Recommended Time 3 hours** (due to rotation w/ CVA Workshop #2)

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Workshop #3

(rotating w/ workshop #2 CVA) *Breakthrough Limitations: Clinical Proficiency*

## Workshop #4: Breakthrough Skills: Skill Refinement

### Situational Driven Aptitude

- Increasing your territory acumen based on:
    - ✔ Data Review
      - ✔ Proper customer
      - ✔ Knowledge of customer
      - ✔ Establish outcome
    - ✔ Message
      - ✔ Identify the KIC
      - ✔ Be relevant
    - ✔ Tools
      - ✔ Determine resource
      - ✔ Review resource
      - ✔ Maintain a deliberate and specific focus
    - ✔ Communication: *Dialogue Initiated- Monologue Concluded*
      - ✔ End every customer interaction with a KIS
      - ✔ **"Give your customer a "KIC" and always leave them with a "KIS"**
    - ✔ Analysis
      - ✔ Achievement of established outcome
      - ✔ Assessment of next steps
- Recommended Time 2.5 hours**

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Under communication customer is HCP, Critical office staff and Pharmacist. Each are important

HCP- focus on disease state/product, Education A,A&D, Rx availability and reimbursement

Critical office staff- Education, Reimbursement, A,A&D and Rx product availability

Pharmacist- Education, HCP activity, A,A&D (this is where the "white Rx" turns into Green \$\$)

## Workshop #4: Breakthrough Skills: Skill Refinement (cont.)

- Logistics
  - ✔ 4 rooms (optimal)
  - ✔ Facilitator presents background and direction of workshop
  - ✔ AM are table facilitators
  - ✔ PCS/OAS develop territory specific scenarios (reality based)
    1. Representative defines outcome of call but keeps the goal concealed until after individual presentation
    2. Representative flip charts highlights of office for table
    3. Representative presents (role plays) to table utilizing peers as doctor, nurse and pharmacist
    4. Table debrief w/ peers and AM

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4 rooms optimal- facilitator needs by 1 or 2

3 rooms good (Danielle , Cynthia- def) request Terry T.

2 rooms- (Danielle and Cynthia)

Reps to build scenarios from their territory (1 office of each ACTIQ user/switch, ACTIQ non, and LOA no BTP belief)

20 minute intro from facilitator

10 minutes for each office scenario/ rep (1/2 hour prep time)

10 (5 mins / customer) minute presentation/debrief / rep/ (1 hour and 40 minutes)

## Additional Workshops

- Regulatory(60 minutes)
  - ✓ Compliance (mandatory)
  - ✓ Presentations broken out by sales force

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Thank you!

Questions?

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## FENTORA 2007 Tactical Plan

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## Tactics

The remainder of this deck describes the tactics planned to address the 2007 FENTORA CSFs and strategies. The tactics are organized within the following categories:

- FENTORA
- Dosing and Administration
- Managed Care
- Market Development
- Disease Awareness
- Conventions
- Advisory Boards
- Publications
- Education
- Public Relations
- Special Programs (RiskMAP, Reimbursement Hotline, PAP)

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# CSF and Strategy Coding

CSF	Strategy	CSF Number	Strategy letter
Majority of lives covered by Third Party Payers have access to reasonable/favorable reimbursement for FENTORA	• Selectively contract with MCOs	1	A
	• Educate MCOs regarding:	1	B
	• FENTORA value to health system	1	C
	• BTP: – Optimal assessment and treatment of BTP – Establish the Burden of Illness of BTP – Further develop ROO sub-class as an optimal treatment for BTP	1	D
	• Minimize risk of Abuse, Addiction, and Diversion	1	E
Expand FENTORA prescribing audience beyond ACTIQ users	• Further explore and maximize retail segment expansion opportunities	2	F
	• Explore non-retail segments opportunities, as well as other potential channels	2	G
	• Target segments and audiences with focused messages and programs/materials	2	H
Physicians understand FENTORA is a superior treatment option for BTP	• Create high level of awareness among target segments	3	I
	• Leverage new clinical data when available and appropriate		J
	• Further develop ROO sub-class as an optimal treatment for BTP		K
Measurable improvement of BTP awareness and understanding of treatment options among physicians and patients	• Continue to establish BTP as a distinct clinical problem among opioid prescribing physicians	4	L
	• Facilitate dialogue between physicians and patients to improve the proper diagnosis and treatment of BTP	4	M
	• Support BTP educational initiatives	4	N

## Coding (cont.)

CSF	Strategy	CSF Number	Strategy letter
Physicians and patients understand the proper dosing and administration of FENTORA	Educate physicians and patients on <ul style="list-style-type: none"> <li>- How the delivery system is different from traditional oral administration</li> <li>- Dosing and titration</li> <li>- Administration</li> </ul>	5	O
FENTORA risks are understood by health care professionals	• Educate HCPs on appropriate patient selection	6	P
	• Educate patients about safe use of FENTORA and allay fears of opioids	6	Q
	• Continue to implement risk minimization tools	6	R
	• Maximize SECURE outreach program initiatives	6	S
Cephalon Pain Franchise is considered to be a leader in the pain market	• Partner with KOLs and key professional/advocacy societies to advance the field of pain management	7	T
	• Elevate awareness of Cephalon dedication to advancing the science of pain therapy	7	U
	• Expand Pain Franchise product offerings	7	V
Target KOLs and societies support FENTORA as an effective treatment option for BTP	• Improve and expand select KOL and society relationships	8	W
	• Continue to consult KOLs to better inform Cephalon on the optimal design of FENTORA clinical studies, as well as the positioning of the brand	8	X

# FENTORA Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
3039 Launch PCSF Selling Tools	Tactics updated to include 3039 data <ul style="list-style-type: none"> <li>• Rev Enlarged PI</li> <li>• Core Sales Aid</li> <li>• File Card</li> <li>• Rev Regional TT Panels</li> <li>• Rev Local TT Panels</li> <li>• HCP FAQ</li> <li>• Product Monograph</li> </ul>	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists	Field driven	Q2 - Q4	3	1
Launch Ads	4-page and 2-page launch ads updated to include 3039 data	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Managed Care Executives	Non-field driven	Q2 - Q4	3	1
Online Advertising	<ul style="list-style-type: none"> <li>• Banner advertising, primarily focused in rich media, will be aimed at driving site traffic;</li> <li>• Rich media advertising has the ability to deliver multimedia content including video, database registrations, and animated content in an expandable, near micro-site format</li> </ul>	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Managed Care Executives	Non-field driven	Q1 - Q4	3	1

# FENTORA Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
Targeted Media	PDR Pain Management Prescribing Guide PDR Addendum Direct Mail The Little Blue Book ePocrates - DocAlert Campaign Rep Triggered Mail MPR Prescribing Alert Physicians Weekly Triple I Prescription Pad Blitz Mailer Triple I Prescription Pads (or MediScripts) Medsite Catalina Newsletters NEJM Coverwrap Rx PROvisions Office Suite	Actiq and Non-Actiq Users Oncology Nurses Physical Medicine and Rehab Managed Care Executives	Non-field driven	Q2 - Q4	2 3 5	H I O
Launch Booth	Booth at major professional meeting to facilitate interaction with customers and provide information on FENTORA. Booth will be 40x40 and capable of breaking down into both 20x20 and 10x20	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Managed Care Executives	Field driven	Q1 - Q4	3 4 5 6	I,J,K L,N O P,Q
Convention Media and Sponsorship Opportunities	Identify opportunities such as programs books, room drops, airport advertising, and association event sponsorships	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Managed Care Executives	Non-field driven	Q1 - Q4	3 7	I T

# FENTORA Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
Convention Follow Up Letters	Letter thanking HCPs for visiting the booth to find out information about FENTORA. Letter will also include key selling messages	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Managed Care Executives	Non-field driven	Q1 - Q4	3 4 5 6	I,J,K L,N O P,Q
Launch Mailers	Launch Letter and Direct Mail (4) updated to include 3039 data	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Managed Care Executives	Non-field driven	Q2	2 3 5	H I,J,K O
3-D Stereo or Animation	Video will communicate the key selling messages of FENTORA (ie, BTP, OV, Bio, PK, Efficacy, etc.) Video incorporated into the following: <ul style="list-style-type: none"> <li>- <b>Diamond Touch</b> - interactive game within launch booth</li> <li>- <b>Booth Handouts</b> - CD Rom and packaging</li> <li>- <b>Direct Mailer</b> - possibly included within one of the launch mail pieces</li> <li>- <b>Rep Deliverable</b></li> <li>- <b>Animation Clips</b> - incorporated onto the Website, patient video, booth panels</li> <li>- <b>Speaker Presentations</b></li> </ul>	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Managed Care Executives	Non-field driven	Q2 - Q4	2 3	H I,J,K



# FENTORA Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
Patient starter kit	Patient Starter Kit (English and Spanish) includes the following: <ul style="list-style-type: none"> <li>- Holder</li> <li>- Patient Video</li> <li>- Placebo Pack</li> <li>- Patient FAQ</li> <li>- Pain Diary with Calendar</li> <li>- Caregiver Brochure</li> <li>- Voucher</li> </ul>	Patients	Field driven	Q2 - Q4	2 3 4 5	H I M O
Rev WebSite	Phase II of FENTORA site, focused on Physicians and Patients, will round out content truncated for the early release of the drug and the accompanying web site.  <b>New content includes:</b> <b>Physicians:</b> <ul style="list-style-type: none"> <li>- Pain Identification Tool; OraVescent Technology, Thought Leadership section (KOL videos, Reference links and PDF Resources)</li> </ul> <b>Patients:</b> <ul style="list-style-type: none"> <li>- Pain Identification Tool; Living with Pain section (Coping Strategies, Talking with Your Doctor, Addiction concerns, Treatment options)</li> </ul>	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Managed Care Executives Patients	Non-field driven	Q2 - Q4	2 3 4 5 6 7	H I L,M,N O PQ T
eNewsletters	- 2 Quarterly newsletters will target Physicians and Patients; <ul style="list-style-type: none"> <li>- Content will be generated by Palio, Blue Diesel, and Cephalon</li> <li>- Delivering timely product, disease and treatment information;</li> </ul> <p><i>Long-term Goal:</i> Leverage sales channel and trade shows to help increase registrations and participation</p>	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Managed Care Executives Patients	Non-field driven	Q1 - Q4	2 3 4 5 6 7	H I L,M,N O PQ T

# FENTORA Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
Search Engine Marketing Management	Provides a tracking site as well as search parameters to help stay on top of search engine changes and competitive landscape as it relates to search criteria	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Managed Care Executives Patients	Non-field driven	Q1 - Q4	3	I
Online Usability Study	Usability study to focus on the areas of the site to which identified target markets navigate and reach primary, secondary & tertiary content. <ul style="list-style-type: none"> <li>- Can be facilitated through 1:1 interviews and computer activities;</li> <li>- Integration of eye-tracking usability for visual and quantitative results</li> </ul>	Actiq and Non-Actiq Users Physicians & Assistants Nurses Pharmacists KOLs Managed Care Executives Patients	Non-field driven	Q2	3	1
Actiq Users Switch Selling Tools for PCSF	Tactics updated to include 3039 data <ul style="list-style-type: none"> <li>- AUS Sales Aid</li> <li>- AUS Cling Posters</li> </ul>	Actiq Users	Field driven	Q2 - Q4	2 3 5	H I J O
Actiq Users Direct Mail and Email	Tactics updated to include 3039 data <ul style="list-style-type: none"> <li>- AUS Direct Mail (7)</li> <li>- AUS Launch Letter</li> <li>- AUS Email</li> </ul>	Actiq Users	Non-field driven	Q2	2 3 5	H I O

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**FENTORA**  
fentanyl buccal tablet @

# FENTORA Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
Key Pain Meetings via Webcast	Utilize web channel to deliver key meetings via webcast and downloadable podcasts; Can be used for Key meetings across the pain franchise where & when appropriate to primary audiences of HCPs and Patients	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Managed Care Executives	Field and Non-field driven	Q1 - Q4	2 3 4 5 6	H I L,M,N O PQ
Hospital Program	The first goal of the program would be to establish awareness of FENTORA via Grand Rounds or possibly Tumor Boards. Second goal would be to get FENTORA on the hospital formulary by providing pricing, packaging, and other formulary-related information. Once awareness and formulary are established, the reps can provide in-service by utilizing the detail aid, clinical reprints, leave behinds, table tops, etc.	Physicians Residents Fellows Nurses Patients	Field driven	Q3	2 3 4 5	H I,J,K L O
300 mcg materials	Various tactics regarding the launch of the 300-mcg tablet will be developed and implemented. Most sales materials will also be updated to include the 300-mcg dose	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Managed Care Executives	Field driven	Q3	2 3 5	H I O
Revised Med Guide	Med Guide updated with new language, 3039 data, and 300-mcg dose	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Managed Care Executives	Field driven	Q2 - Q4	3 5	I O

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**FENTORA**  
fentanyl buccal tablet @

# FENTORA Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
Revised PI	PI updated with new language, 3039 data, and 300-mcg dose	Patients	Field driven	Q2 - Q4	3 4 5	I M O
Quarterly Case Studies	On-demand audio case studies. Physicians dial in once each quarter to hear new case study highlighting FENTORA	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists	Non-field driven	Q1 - Q4	2 3 5	H I O
Reprint Folders	Folders will be produced highlighting the key findings of the studies and also include a copy of the article	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Managed Care Executives	Field driven	Q1 - Q4	3	I
Pharmacy Article	Article will be written about rapid onset opioids (ROOs) to educate pharmacists on how ROOs can be used to treat BTP. Article will run in key pharmacy journal	Pharmacists	Non-field driven	Q4	2 4	H N
Product Monograph	Monograph will help educate healthcare professionals on the use of FENTORA in the treatment of BTP in cancer, includes 3039 data	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Managed Care Executives	Non-field driven	Q2 - Q4	3 5	I O

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**FENTORA**  
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# FENTORA Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
Cephalon Pain University.com	In conjunction with top pain specialists, Cephalon to create a virtual pain university that would conduct clinical studies, generate position papers, fund fellowships, as well as provide current product information/materials and promotional activity updates. Could include Speakers' Corner - a password protected resource for speakers only, driven by eVites, provides online registration for training. Activities could be carried out to create awareness for this initiative as well	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists KOLs Managed Care Executives	Non-field driven	Q3 - Q4	2 3 4 5 6	H I L,N O P,Q

## Dosing and Administration Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
Administration Poster	Wall poster includes the "peel it, place it, feel it" information/illustrations. Placed within the physician office to help educate patients on FENTORA administration	Actiq and Non-Actiq Users Physician Assistants Nurses Patients	Field driven	Q2 - Q4	5	0
Administration Wallet Card	Small card could be placed inside patients wallet or even pocket. Includes the "peel it, place it, feel it" information/illustrations. Can also include information on "what not to do." Could possibly be included as part of the Patient Starter Kit	Patients	Field driven	Q2 - Q4	5	0
Administration Magnet	Small magnet could be placed within the patient's home. Includes the peel it, place it, feel it information/illustrations. Could possibly be included as part of the Patient Starter Kit	Patients	Field driven	Q2 - Q4	5	0

## Dosing and Administration Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
Administration Script for Cephalon Professional Services/Medical Information	Cephalon Professional Services and/or Medical Information could have a script available to help answer physician and patients questions/concerns with regard to the administration of FENTORA	Actiq and Non-Actiq Users Physician Assistants Nurses Patients	Non-field driven	Q2 - Q4	5	0
Revised Pain Diary	Current Pain Diary would be revised to help patients with the titration phase. This can then be used as a tool to help physicians with redosing	Actiq and Non-Actiq Users Physician Assistants Nurses Patients	Field driven	Q2 - Q4	5	0
Flip Chart	Incorporating the copy/tabs from the Patient FAQ, Flip Book will be developed so that physicians, nurses, and PAs can educate patients on FENTORA, including the titration and administration information	Actiq and Non-Actiq Users Physician Assistants Nurses Patients	Field driven	Q2 - Q4	5	0

## Dosing and Administration Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
Catalina Newsletter	Newsletters could be created to focus on patient titration and administration	Patients	Non-field driven	Q2 - Q4	5	0
eDetail	Administration animation can be incorporated into the eDetails	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists	Field driven	Q2 - Q4	5	0
Podcast	Titration and administration information/animation could be downloaded as Podcasts	Actiq and Non-Actiq Users Physician Assistants Nurses Patients	Non-field driven	Q2 - Q4	5	0
Blackberry Download	Titration and administration information/animation could be downloaded within the booth	Actiq and Non-Actiq Users Physician Assistants Nurses	Non-field driven	Q2 - Q4	5	0



# Managed Care Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
National Managed Care Advisory Boards	Advisory boards to enhance relationships with MCOs, disseminate positive clinical FENTORA information, and aid in lessening PA obstructions. Build a steering committee to address key issues. Identify and create possible value proposition statements. Influence on a national level to then tier-down on a regional/local level	P&T Committee Members from larger MCOs	Non-field driven	Q2 - Q4	1	A
Office Manager Advisory Boards	Advisory boards with office staff to gain feedback and insights on education, specific training, and appropriate tools to reduce PA resubmission and rejection rates	Office-based administrators	Non-field driven	Q2	1	A
Payer / Prescriber Data	Payer/Prescriber Data for Field Force to tailor messages regarding formulary coverage by regional plans	Actiq and Non-Actiq Users Physician Assistants Nurses Patients	Field driven	Q1 - Q4	1	A
Contracting	Ongoing assessment of contracting options.	Pharmacy & Medical Directors	NAM driven	Q1 - Q4	1	A
AMCP Booth	Booth at spring and fall AMCP meetings. Disseminate product literature and educational materials.		Nam driven	Q2 Q4	1	A

# Managed Care Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
Office Manager Training	<p><b>Regional Office Manager PA Training:</b> Workshop training program with office staff in top 25 markets to facilitate PA compliance and reduce resubmission and rejection rates</p> <p><b>Local Office Manager Luncheon Programs:</b> Luncheon programs to provide education, training, and appropriate tools to facilitate PA compliance and reduce resubmission and rejection rates.</p> <p><b>Office Manager Training DVD and/or Booklet:</b> 30-minute interactive presentation for office managers who review the PA process, methods on facilitating reimbursement, and typical completion of required managed care forms</p> <p><b>Office Manager Online Training:</b> Online training reviews the PA process, methods on facilitating reimbursement, and typical completion of required managed care forms</p>	Office-based Administrators	Field Driven	Q1 - Q4	1	A
Educational materials	Provide both CME and Non-CME educational materials to facilitate enhanced understanding of BTP and its appropriate assessment and treatment	MCO staff	Non-field and NAM driven	Q1 - Q4	1	A

# Managed Care Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
NAM Slide Kit	Provide NAMs with 3039 supplemental slides	P&T Committee Members	NAM driven	Q1	1	A
Formulary Kit	Updated to include all new data, new concepts and messages.	P&T Committee Members	NAM driven	Q1 - Q4	1	A
Key Reprints	Once studies are published, clinical reprint carriers will be produced and distributed to the NAMs	P&T Committee Members	NAM driven	Q1 - Q4	1	A

# Market Development Market Research

Research	Description	Target Audience	Implementation	Timing	CSF	Strategy
Rep Advisory Board	Brand Team, PCSF, and Agency can all meet at the National Sales Meeting to discuss what issues they are encountering, what's working/what's not, what materials they need, how the messages are working, etc.	Actiq and Non-Actiq Users	Field driven	Q1	2	F
Segmentation Study	Segmentation research with physicians to determine attitudinal, emotional, etc. reactions to FENTORA	Non-Actiq Users	Non-field driven	Q1	2	F
Path to Rx	Research to identify the dynamics and flow of the path to Rx. Target each area to identify points of entry, barriers, triggers, and leverage points	Actiq and Non-Actiq Users	Non-field driven	Q1	2	F
Message Refinement Research	Based on feedback from the rep ad board and path to Rx research, messages can be revised and tested with multiple segments	Actiq and Non-Actiq Users	Non-field driven	Q1	2	F

# Market Development Market Research

Research	Description	Target Audience	Implementation	Timing	CSF	Strategy
Hospital Landscape Study	Determine points of use, attitudes, how FENTORA would fit within the hospital system, etc.	Non-field driven	Non-field driven	Q1	2	G
Consumer Identification and Connection	Includes the following Client and Agency development: <ul style="list-style-type: none"> <li>- Brand Revolution Research</li> <li>- Target Delineation Research</li> <li>- Heart and Soul Research</li> <li>- Media Usage Analysis</li> <li>- Target Portraiture</li> </ul>	Non-high prescribers, determined based on research results	Non-field driven	Q1	2	G
Brand Insight Synopsis	Includes a Brandscape Summary - Compilation of all the primary research that helps frame the forthcoming Positioning and Vision Development.	N/A	Non-field driven	Q1	2	G
Communication Strategy Development	Includes the following Client and Agency development: <ul style="list-style-type: none"> <li>- Illumination Brief Development</li> <li>- Illumination Brief Client Review/Approval</li> </ul>	N/A	Non-field driven	Q1	2	G

# Market Development Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
Sales Training Materials	Based on findings from the path to Rx research and message refinement research, training tools for the PCSF will be developed. Tools will help educate them on the customer portrait matrix, ie, what multiple physician segments feel and what motivates them. Examples of materials might include specialty reference sheet and targeted messages by segment	Pain Care Sales Force	Non-field driven	Q2	2	F
Communication Platform and Tactical Plan Development	Includes Brand Arc Development - The Brand Arc bridges the gap between the current and desired mindsets, outlining realistic interim target mindsets necessary to reach the end goal. Also, new tactics will be incorporated into the master tactical plan	Determined based on research results	Non-field driven	Q2	2	G

# Disease Awareness Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
BTP Physician Materials	<p>Take findings from Futurescape and Brand Revolution Research to broaden reach to physicians. Once research is complete and targets have been identified, various types of materials can be implemented, such as the following:</p> <ul style="list-style-type: none"> <li>- Journal Ad</li> <li>- BTP Treatment Differentiator Flashcard</li> <li>- Differential Diagnosis: Identifying BTP Case Study</li> <li>- DM Wave 1: BTP Pamphlet and Holder</li> <li>- DM Wave 2: BTP Poster</li> <li>- DM Wave 3: BTP Assessment Sheet</li> <li>- Best Practices Meeting and Enduring Materials</li> <li>- Advertorial Series</li> <li>- Letters to the Editor Series</li> </ul> <p>Determine how all tactics translate to online activities</p>	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Managed Care Executives	Non-field driven	Q3 - Q4	4	L,M
Targeted Media	<p>ePocrates - DocAlert Campaign IMNG KOL Series The Patient Counselor WebMD Booklets Catalina Newsletters</p>	Actiq and Non-Actiq Users Oncology Nurses Physical Medicine and Rehab Managed Care Executives Patients	Non-field driven	Q3 - Q4	4	L,M

# Disease Awareness Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
Revised www.BTP.com	Phase II of BreakthroughPain.com site, focused on Physicians and Patients, to expand the initial HCP-only focused site currently live. Site will be focus on 1 destination, with a specialized section for HCP content offerings.  <b>New content includes:</b> <b>Physicians:</b> - Pain Identification Tool; Thought Leadership section (KOL videos, Reference links and PDF Resources); keyword-rich content development <b>Patients:</b> - Pain Identification Tool; Living with Pain section (Coping Strategies, Talking with Your Doctor, Addiction concerns, Treatment options); Education for Pain and Breakthrough Pain, Conditions affected by BTP; viewing/ordering The Path of Pain DVD; keyword-rich content development	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Managed Care Executives	Non-field driven	Q3 - Q4	4	L,M
Online Usability Study	Usability study to focus on the areas of the site to which identified target markets navigate and reach primary, secondary & tertiary content; - Can be facilitated through 1:1 interviews and computer activities; - Integration of eye-tracking usability for visual and quantitative results	Actiq and Non-Actiq Users Physicians & Assistants Nurses Pharmacists KOLs Managed Care Executives Patients	Non-field driven	Q2	4	N



# Disease Awareness Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
BTP Content Feeding	<ul style="list-style-type: none"> <li>Focus on identifying those sites and potential partners willing to accept content generated through a PR development effort;</li> <li>Sites will be categorized by those requiring internal support for content inclusion, those accepting of automated syndication feeds, and those which can be updated by the PR team;</li> <li>Maintenance will continue through 2007 to continue to generate and feed content to the identified sites, along with any new entities deemed as worthy sources of pain information</li> </ul>	Actiq and Non Actiq Users Physician Assistants Nurses Pharmacists Managed Care Executives	Non-field driven	Q1	4	L
Online Advertising	<ul style="list-style-type: none"> <li>Banner advertising, primarily focused in rich media, will be aimed at driving site traffic;</li> <li>Rich media advertising has the ability to deliver multimedia content including video, database registrations, and animated content in an expandable, near micro-site format</li> </ul>	Actiq and Non Actiq Users Physician Assistants Nurses Pharmacists Managed Care Executives Patients	Non-field driven	Q1 - Q4	4	L
Online Viral Campaign	Implement an advertorial/sweepstakes/campaign or some other form of engaging, HCP-focused material that is compelling enough that users/viewers are included to forward on to colleagues; Material will help drive users back to the websites and create "buzz" about topic of BTP and FENTORA	Actiq and Non Actiq Users Physician Assistants Nurses Pharmacists Managed Care Executives Patients	Non-field driven	Q1 - Q4	4	L,M

# Disease Awareness Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
3rd Screen Downloadable Application	Includes information on BTP, as well as pain identification tool	Actiq and Non-Actiq Users Physician Assistants Nurses	Non-field driven	Q1 - Q4	4	L
Direct to Patient via Physician  Pain Care Centers of Excellence Program	<p>Pilot program with the top 25 PCCE to help educate healthcare professionals, patients, caregivers, and their families on BTP. Program components could include the following:</p> <p><b>Pain Day Patient Seminar/Community Outreach</b></p> <ul style="list-style-type: none"> <li>- Posters</li> <li>- Slides</li> <li>- Handout materials</li> <li>- Testimonials</li> </ul> <p><b>In Office Informational Center</b></p> <ul style="list-style-type: none"> <li>- Holder with pain related pamphlets</li> <li>- "How to Talk to Your doctor about Pain" brochure</li> </ul> <p><b>Reach a Patient Counseling Tools</b></p> <ul style="list-style-type: none"> <li>- Flipbooks</li> <li>- Path of Pain acetate tool</li> <li>- Take-home brochures</li> <li>- Acetate education tool</li> <li>- Patient Video</li> <li>- Video Take Away Brochure</li> </ul> <p>Tactics will be coordinated with PR efforts as well</p>	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Patients	Non-field driven	Q3 - Q4	4	M

# Disease Awareness Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
Direct to Patient via Physician	Take findings from Futurescape and Brand Revolution Research to broaden reach to patients. Once research is complete and targets have been identified, various types of materials can be implemented, such as the following: <ul style="list-style-type: none"> <li>- KOL Advisory Board Slide Deck: Improved Dialogue between physicians and patients</li> <li>- Physician and Patient Speaker Program: Gain feedback from patients on improved Dialogue</li> </ul>	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Patients	Non-field driven	Q3 - Q4	4	M
Direct to Patient Journal Ad	Journal Ads in Publications (ie, Coping and Cure) Tactics will be coordinated with PR efforts as well	Patients	Non-field driven	Q3 - Q4	4	M

# Convention Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
Convention Media and Sponsorship Opportunities	Identify opportunities such as programs books, room drops, airport advertising, and association event sponsorships	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Managed Care Executives	Non-field driven	Q1 - Q4	3 7	I T
FENTORA Booth	Booth at major professional meeting to facilitate interaction with customers and provide information on FENTORA. Booth will be 40x40 and capable of breaking down into both 20x20 and 10x20	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Managed Care Executives	Field driven	Q1 - Q4	3 4 5 6	I,J,K L,N O P,Q
Convention Follow Up Letters	Letter thanking HCPs for visiting the booth to find out information about FENTORA. Letter will also include key selling messages	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Managed Care Executives	Non-field driven	Q1 - Q4	3 4 5 6	I,J,K L,N O P,Q

# Advisory Boards Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
Consultant Meetings	Consultant Meetings: <ul style="list-style-type: none"> <li>- 4 regional meetings</li> <li>- Including topics related to BTP, FENTORA</li> <li>- Segmented by behavior and geography</li> <li>- 50 MDs/meeting</li> <li>- 200 MDs total</li> </ul>	Opioid prescribers KOLs	Non-field driven		8	X
Health care Providers Advisory Board		RN PA	Non-field driven	Q2	8	X

# Publication Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
Journal Articles	Top priority manuscripts for key clinical data. 3042, 3041, 3039, 99-16, 1037	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Managed Care Executives	Non-field driven	Q1 - Q4	1 3 4	A I,J,K L
Journal Articles	Second wave manuscripts of clinical data. 99-11/99-18, 99-15, 1043, 3040, 3052, 1046, 3054, 3055, 3056	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Managed Care Executives	Non-field driven	Q1 - Q4	1 3 4	A I,J,K L
Other manuscripts	Additional manuscripts to support education efforts: •Statistical support paper •Expert Opinion in Investigational Drugs •ADIS Drugs Profile •FBT Drugs of Today Monograph •Patient/Physician Attitudes research •Case Histories	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Managed Care Executives	Non-field driven	Q1 - Q4	1 3 4	A I,J,K L
Abstracts	Abstracts of clinical data at congresses. 3040,3041,30.42	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Managed Care Executives	Non-field driven	Q1 - Q4	3 4	I,J,K L

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# Promotional Education Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
Promotional CSPs	Field-Driven Medical Education Programs (CSPs)	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Hospitalists	Field driven	1Q - 4Q	3 5 6	I,J,K O P,Q
Promotional Programs Speaker Training	National Speaker Training with online follow-up	Actiq and Non-Actiq Users	Non-field driven	1Q	3 5 6	I,J,K O P,Q

# Non-Promotional Education Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
Independent Medical Education-CME (see SciCom Medical Education Plan)	Examples of potential medical education initiatives: <ul style="list-style-type: none"> <li>- Live events: Satellite Symposium, Teleconferences, regional meetings</li> <li>- Print and Enduring Materials, i.e., Monographs, special reports</li> <li>- WEB based initiatives, i.e., Medscape, Pain.com</li> </ul>	Opioid Prescribers Physician Assistants Nurses Residents Hospital MDs Pharmacists Managed Care Executives	Non-field driven	Q1 - Q4	4	L,M,N
Emerging Solutions in Pain (see SciCom Medical Education Plan)	Examples of potential medical education initiatives: <ul style="list-style-type: none"> <li>-2006 Monograph collection</li> <li>-Monograph series with PPM</li> <li>-Expert Commentary</li> <li>-"In the know" abstract summaries</li> <li>-Ask the Expert</li> <li>-State Your Case</li> <li>-Pain and Addiction 101</li> <li>-Urine Drug Testing Tool</li> <li>-E-Journal Club</li> <li>-Live symposium (TBD)</li> <li>-Convention presence (booth)</li> <li>-Scholarship Fund</li> </ul>	Opioid Prescribers Physician Assistants Nurses Pharmacists Managed Care Executives	Non-field driven	Q1 - Q4	4	L,M,N



# Public Relations Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
BTP Awareness Campaign: Local Events	Roll out local campaign in three cities; selection based on presence of top 25 pain center, medical meeting, and/or other national/regional/local venue highlighting health issues. Elements may include:  Traveling exhibit/booth with computer kiosks linking to BTP site, self-assessment tools; appropriate giveaways Local panel discussions for patients with chronic pain led by pain expert, patient, etc. Use of media and local celeb to promote activities, BTP as a health topic. Utilize existing website to raise awareness of events, and help develop appropriate content such as patient case studies, Ask-the-Expert section, articles by health care professionals (4) on BTP, and help with repurposing videos into video vignettes for site. Develop patient BTP materials (to include brochure, fact sheet, identity materials, logo and stationary suite).	Patients with Chronic Pain Who Experience BTP General Public FENTORA, Actiq and Non Actiq Users Physician Assistants Nurses Pharmacists	Non-field Driven	1Q - 4Q	3	I,J,K
Third-Party Relationships: Organizations	Identify opportunities to maintain and extend relationships with third-party organizations; monitor follow through with activities funded through unrestricted 2006 education grants, including appropriate dissemination of information to patients and HCPs; host event for patient advocates at the American Pain Society to highlight data presentations (Advocacy Group Clinical Update)	Patients with Chronic Pain Who Experience BTP Patient Advocate Groups	Non-field Driven	1Q - 4Q	6 7	Q T
Third-Party Relationships: Health Care Professionals Advisory Board	Coordinate 2-day meeting – in collaboration with the Marketing team – of the Health Care Professional Advisory Board; agenda to include topics such as BTP awareness campaign, product-related education activities, clinical developments, etc. Board will be consulted for expertise in patient communication.	Actiq and Non Actiq Users Physician Assistants Nurses	Non-field Driven	2Q - 4Q	6 7	Q T,U
Third-Party Relationships: Bylined articles and Educational Materials	Work with selected HCPAD members to develop content on BTP for newsletters and online outreach.	Patients with Chronic Pain Who Experience BTP General Public FENTORA, Actiq and Non Actiq Users Physician Assistants Nurses Pharmacists	Non-field Driven	1Q - 4Q	3 6 7	I,J,K Q T

# Public Relations Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
Media Relations: Abstract/Posters and Journal Articles	Work with investigator/author(s) and clinical to develop key messages. Coordinate media training when necessary, develop media materials, conduct media outreach.	Patients with Chronic Pain Who Experience BTP General Public FENTORA, Actiq and Non Actiq Users Physician Assistants Nurses Pharmacists	Non-field Driven	1Q - 4Q	3 6 7	L, K Q T, U
Media Relations: Publicize sNDAs and Regulatory Milestones	Identify FENTORA investigators and patients, develop media materials including media alerts or press releases and fact sheets. Conduct outreach with key media outlets to publicize milestones.	Patients with Chronic Pain Who Experience BTP General Public FENTORA, Actiq and Non Actiq Users Physician Assistants Nurses Pharmacists	Non-field Driven	1Q - 4Q	3 6 7	L, K Q T
Issues Management: Media Monitoring	Incident-related media monitoring of FENTORA and OTFC-related stories including monitoring and coverage reports.	Internal	Non-field Driven	Q107- Q407		
Issues Management: Letters to the Editor	Draft media letters to the editors related to inaccurate coverage of FENTORA or BTP. Includes identification of appropriate KOL or internal spokesperson (if appropriate).	Patients with Chronic Pain Who Experience BTP Patient Advocates FENTORA, Actiq and Non Actiq Users	Non-field Driven	Q107- Q407		
Issues Management: Proactive Preparation	Prepare company spokespersons on intermittent basis and identify outside experts as needed. Help to develop or edit issues management materials containing key messages related to abuse, diversion, cost, and supply issues.	Internal	Non-field Driven	Q107- Q407		

# RiskMAP Tactics

Tactic	Description	Target Audience	Implementation	Timing	CSF	Strategy
Lunch and Learn	PCSF can utilize a turn key kit that incorporates some of the RiskMAP tools as well as includes table top panels on the RiskMAP only	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Hospitalists	Field driven	Q1	6	R
RiskMAP Tools	Continue usage of all tactics within the RiskMAP plan (ie, patient FAQ, PharmAlert, RiskMAP flashcard, etc.)	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Patients	Field driven	Q1 - Q4	6	R
SECURE Program	Brand the SECURE program with logo, colors, etc. and roll out into the following: <ul style="list-style-type: none"> <li>- RiskMAP flashcard</li> <li>- Web page</li> <li>- eNewsletter</li> <li>- Other sales and booth tactics where appropriate</li> </ul>	Actiq and Non-Actiq Users Physician Assistants Nurses Pharmacists Patients	Field driven	Q2 - Q4	6	S

## Core Messages

- For High Actiq users the majority of *FENTORA* usage will occur in place Actiq
- For Low Actiq users *FENTORA* will replace a broader range of products

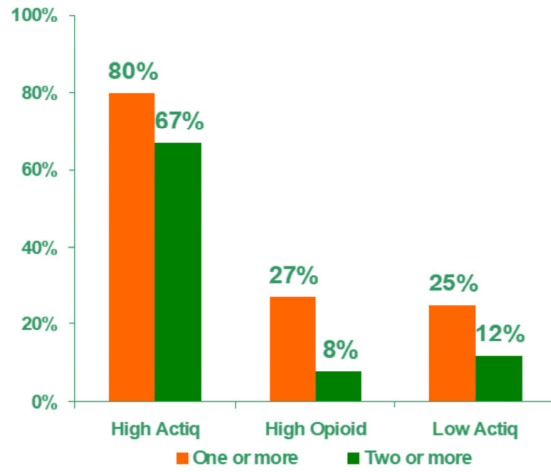
Products <i>FENTORA</i> Would Replace	High Users	Low Users
Actiq	75%	38%
Oxycodone (OxyIR, Oxyfast, Roxicodone)	24%	36%
Hydrocodone (Lorcet, Lortab, Norco, Vicodin, Vicoprofen)	24%	27%
SA Morphine (MSIR, Roxanol)	16%	19%
SA Hydromorphone (Dilaudid)	5%	8%

Source: Gfk V2 Q2 06 N = 77 (users) N = 52 (non-users) 188

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## Field Activity Details

- 80% of the top 2,400 Actiq targets have been detailed at least once



Data from FENTORA launch to November 10, 2006  
Source: WK Source Prescriber

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