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From: Siciliano, Cheryl
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Subject: Weekly Highlights P/E 1/20/2017

MANAGED CARE SALES – REGIONAL ACCOUNTS

Currier:

- Conducted a TBM managed care work with session with a representative from the **Buffalo district** that has a very high concentration of Independent Health in her territory. Independent Health is a plan that is being targeted in the Northeast Region for pull through success. Discussed messaging, targeting, use of support material including DAM grids and plantrak report to help in achieving our corporate pull through goals for 2017 and '18.
- Met with members of the **Buffalo team** and held an area trade meeting with several members of the district to discuss and align ideas of achieving a successful pull through campaign with IHA. Discussed targeting, best practices, messaging and informing all HCP's that all of our products are preferred on all lines of business at IHA. We had a great two and a half hour discussion and came away from our meeting with a clear strategy on how to execute on ideas discussed.
- Met **with DBM from Buffalo district** to discuss managed care opportunity pull through, a major plan of focus was IHA . Discussed messaging, targeting and the use of support material to help in execution of our pull through campaign. Created a sense of urgency for this plan to make him and his team understand the importance of delivering on all pull through goals that were reviewed during our discussions. He agreed that meeting our pull through objectives will be high on his priority list for the coming year and into 2018.
- Met with **Magellan** clinical lead for **NH Medicaid** , discussed pain management issues and the resources the company could offer to help in their quest to help in better managing pain. Reviewed updates to the PDL and the new 100 MED that are now in place for prescribers in the state for prescribing opioids.

Steckler:

- **MO Health Net** - Attended MO Health Net DUR Meeting. DUR board approved P&T Recommendations that were given from the Dec. P&T meeting. Thus all Purdue Products were recommended to be maintained on the MO Health Net PDL. The term will be from 4/6/17 - 3/31/18. The following products are PDL Preferred: Butrans, Hysingla ER, OxyContin, Embeda, Morphine ER and Fentanyl. The current enrollment for MO Health Net is 995,000 lives and state anticipates by Mid-late 2017 for enrollment to near 1 million members.
- **MO Health Net** - Met w. Stephen Calloway, MO Health Net Dir. Discussed MO Health Net implementation of their Opiate Roadmap in effort reduce overall Opiate utilization in state of MO. Currently roadmap applies to SAO's. Stephen stated that expected roll out of plan will be in

PLAINTIFF TRIAL
EXHIBIT
P-27204_00001

Feb. 2017, but expects to have to push-back that roll out to ensure state can handle help desk demand that change will make. There are 8 eight steps to the Opiate roll out plan. first four are the main push w. state at this time and will eventually look at carrying into the last four steps once first four are completed. Opiate road Rollout eight step plan. 1) Reduce Morphine-Equivalent-Doses for SAO's to 120 mg. 2). Reduce MED dose for SAO combination's to 120 MED. 3). 7 day limit on New Opiate RX's for Opiate Naive patients. 4). Require 85% of supply be used up before refill/new rx is allowed. Last four steps will be implemented slowly over time as SAO requirements are established. No timetable has been set for last four steps: they are 5). Limit of 50 MED on 1st rx for opiate naive patients. 6). Limit cumulative duration of narcotic Rx's for acute pain to 30 days., 7). Reduce MED's of SAO and Combos to 120 MED., 8). Reduce Methadone MED in participant population and 9). Work to reduce MED for Chronic pain patients.

- Cross-Functional CC's – CC's w. Various members of the **Managed Markets and Sales teams**. Primarily to discuss Market Access opportunities, as well as strategy for Pull-Thru of various formulary wins.
- ATBM CC - CC w. **DeAnn Kenehan ATBM**. Discussed strategies for leveraging LTC contacts as well as continued activities geared toward Heritage Homes thru Green Tree.

Packer:

- **MC TBM** we session
Purdue has a tremendous opportunity to relaunch this new Medicare coverage for Hysingla ER and follow the success we have had with Butrans to this point. **A simple message that if the patient has a straight Red White and Blue Medicare only card on the chart without a plan name then two thirds of the time we are covered. Those members will have a supplemental pharmacy benefit in your area being probably Humana, CVS MedicareRX or AARP preferred.** If on the other hand, if they have a plan name on the Medicare card like Humana or AARP they have an MAPD medical/pharmacy card and we are not covered. This is where much opportunity exists in 2017!!!!
- **Amerigroup-FL.**
Reached out to Pharmacy Director on a Butrans coverage issue with Florida MM plan. Hello, we'll take a look at our current information and reach out to our PBM if there is anything that needs to be followed up on thanks for reaching out thanks, Tamara (Reado) Cohenour, PharmD | Pharmacy Account Director | Anthem Pharmacy Solutions | Medicaid Business Unit | Email: Tamara.ReadoCohenour@Anthem.com | Mobile: (850)-508-1702 Thank you for the response. If this will help....FYI, the two PA forms for Butrans w/o patient information are from the following. The provider working on the PA's is Dr. Thomas DiGeronimo 3303 W Baker St Plant City, FL 33563 813-752-1336.
- **ProCare**
Demetrius said that they are expanding next door forr the Pharma compliance programs thy have and that are coming on line. Looking at a PBM purchase in 2017 as well. Did receive the hospice books for Andrea and i went over value of the CDC and PDMP programs in hospice pertaining to family members. Probed about QL and days of therapy.

HID- Health Information Designs

Meeting to promote 2017 activities and relationship. PDMP direction Honarc Ethel key contacts this year

Topic/Objective for Next Meeting: On ADP products and tools Purdue has to offer.

Call Summary: Started out the meeting meeting with Pam on the PA criteria they develop for each of the states. Saw Pam's stepson at at state meeting so we discussed his role as well. Went over the two pieces on CDC and PDMP fliers. Rob then interrupted and asked if we could talk for in his office.

Health Information Designs, LLC operates as a pharmacy services company that provides clinical solutions. The company offers drug utilization review, which include retrospective drug utilization, lock-in services, and drug utilization review board support; prior authorization, which include automated prior authorization systems, preferred drug lists, P&T committee support, and academic detailing and related pharmacy support services. It serves state health agencies and programs and commercial pharmacy benefit management organizations.

PDMP

Rob is the long time CEO of the total company. He let me know that the PDMP portion of the business to APPRISS of Kentucky. I will let Keith know that.

PA Call center

They run a call center with about 80 people. Run many states including Texas, BCBSAL, Alabama and NY. This is a point of education and a chance to work together.

RxPert- automated Prior Authorization program Used in West Virginia, New York and other states Rob is interred in promoting the automated system in a way to reduce cost probably including fraud and abuse of Opioids. Wanted some contacts for NC. Also met with chief Pharmacy officer about an educational meeting on ADP's and Purdue tools.

DiPietro:

- Attended Indiana Medicaid DUR Board Meeting on 1/20/17. Met with Optum and CareSource Clinical Pharmacists to discuss Appeals process of Rx claims. CareSource provided insights into process and how state, product and segment specific the process can be.
- Spent several days this past week working on reimbursement issues with the field.

Johnson:

- **Mayo Health System** and Plan Strategy meeting- Met with Nancy Keller to discuss health system utilization data and how we will work with the MN TBM/DSM's to identify a KOL to request Hysingla ER be added to the Mayo formulary. Plantrak data is showing 0 TRX or MS right now. I sent an email to Aidan Doyle to investigate why there is no data there now. Once I hear back from Aidan , I will run the reports and arrange a call with the Mayo Stakeholder team. Last quarter we identified 2 providers in the Mankato area, who are writing Hysingla ER, Nancy and Shawn (TBM) were going to make an appointment to discuss Mayo formulary process.
- **Minnesota OPWG-** Attended meeting today.

Agenda

1. Introductions and welcome; DHS updates; approval of December minutes noon
2. Opportunity for public comment
3. Discuss and develop chronic pain prescribing domains

BREAK

4. Continue discussion of chronic pain prescribing domains
 5. Review chronic pain assessment and treatment planning domains
 6. Process for OPWG feedback
- **Dr. Jeffery Schiff, Medical Dir., MN DHS** gave an update and reported that MN has been awarded a grant for 5.3 million dollars for 2 years as a result of the 21st Century Cures act. The funds will be used increasing access to drug addiction treatment, addressing the unmet need of patient and provider opioid management and reducing overdose with treatment and prevention. Dr. Schiff also stated that 250K will be used on a marketing and communication plan to providers on “how to communicate with your patients who are on opioids”, RFP are out now for a 3rd party vendor to handle this marketing campaign. He also reported that on 2-8, he will present OPWG recommendations to the MN Medical Association. Today the OPWG continued to review the Chronic pain guidelines. I spoke to Sarah Rinn, Coordinator of the committee about our unbranded educational resources, she said she would like to talk to the Medical Dir. about our UDT information. UDT will be discussed at the next meeting which will be in either Feb. or not until March.
 - **Monthly DBM Touchpoint** with Garry Colquitt- Reviewed Top opportunities in Iowa, MN and ND and how to track progress. . Discussed Push-up strategy for Mayo Clinic KOL's for Hysingla ER.. Also discussed recent CVS Caremark Hysingla ER win, reviewed Employer groups in his geography following the national formulary. Reviewed other coverage issues and discussed field ride alongs I will do with his team.

Gross:

Strategy Meeting: Met with DBM Telford and KAM England to discuss joint strategy and goals and IDN/KOL coordination. Gina has not had a full district for some time and its possible affecting her MS (Hysingla is -2.39%, Butrans 2.77%). She has been focusing on Wallgreens and has met with the Regional representatives providing clinical information. Carol continues to introduce herself to new customers and will be hyper targeting Providence.

Field Visit: Spent the day with TBMII Michelle Kreider to gain insight in to why she has been so successful over the past several years, etc. I received several Part D questions from staff and we actually followed a Hysingla script from initiation to the pharmacy submitting the claim, to it being filled (did not get patient information). Michelle did pass out Senocot (first time I have witnessed sampling here). Sales are still handing out the copay card and targeting Blue Shield.

DBM Smith: Met with Lesley to figure out what her team is doing with Butrans and discussed joint goals. The Sac team is by far ahead of the other CA sales teams with a current MS of 18.43% vs DBM Telford's share of 2.77% (they split SAC) They are also focusing on the new Cigna win that began 1/1/17.

Ventegra: Conducted pull through calls for field sales for employer targeting.

WA: Conducted a call with DBM Nave to gain insight into WA Health Plans and overall coverage of our PPLP products. Also, spoke with DBM team regarding Part D insurance coverage and the donut hole.

Jarman:

- **Call with General Prescription programs** to discuss Some of the services Purdue has to offer. Went through the goals for the opioid category. Their contract is up at the end of this year and was asking their goals for the opioid market place. I reviewed the Hysingla ER information and focused on 9.2 of the FPI and informed her of the nuances of our product compared to the other and shared all aspects of fair balance and compliance. Willing to meet with Karen Staff and myself for the next call.
- **Call with Alex Wiggall, Pharm. D. Pharmacy Management Horizon Blue Cross Blue Shield of New Jersey.** Went through some of the programs Purdue has regarding opioid management. He needed more details in order to set up meetings with others inside Horizon.
 - Law Enforcement Education
 - Case Management Education
 - Physician/Pharmacist Education
 - Abuse Deterrent Properties – Education of FDA labeling for Opioid abuse deterrent properties.
- Worked with the **DBM George Evancho.** Worked on the opportunity in his district. Went through the coverage and the areas of opportunity. Update on the legislation for New Jersey
 - Went over best practices on pull through MC Wins. They provided there market share data and best practices from there reps.
 - Communication from them on pull through messaging. We broke it down by frequency and impact. Shared the TBM's communication and how this should be increased to have more peer to peer selling MC Tips
 - MC Liaison role. How are they using them
- Worked with **Jim Franzetti TBM Newark District.** Discussion revolved around pull-thru programs in place for high priority health plans and current performance of Purdue Products within these plans. Discussed messaging for ESI and Caremark for pull through. Discussion w. appropriate HCP's and staff regarding current MC requirements. Specifically worked on very specific pull thru plan messaging for these plans. Had success in many different offices and he was excited to use this with more offices. Did filters and pre-call planning examples for pull through.

Charlie:

- Work session with **Dave DiPietro** in Louisville, KY.
- **Medicaid** conference calls.
- Calls/meetings with **3 RBD's** on market conditions.

MANAGED CARE SALES – NATIONAL ACCOUNTS

Doucette

- **Aetna/ Healthagen** – Executive summit meeting was held in Stamford with Dr. Knecht, COS, Head of Clinical Strategy and Louis Sanquini, Head of Strategic planning. Attendees from Purdue were Saeed, Stella, Gail C, Brian, Dan, Alan and Jaren H. The discussion focused on the opioid epidemic. Dr. Knecht shared thoughts on how Aetna plans to address this issue. Gail and Saeed shared what Purdue is doing from a communication and education standpoint. The group discussed some potential collaborative projects that would help insure safe and appropriate use, help minimize diversion, while maintaining access to appropriate patients. Saeed would like to meet with Dr. Knecht again in 2-3 weeks. Next steps: Alan and I are planning a debrief call with Jaren, Tracy M, and Gail to discuss ideas for collaboration with Aetna. Then we will engage Aetna again to share ideas and suggestions.
- **Kaiser** - Meeting held on Thursday with Ambrose and Macy. Purdue attendees, Chris, Dan, Karen and Mike. We shared our contract proposal with them for OxyContin. This offer would require them to purchase all their product in 1Q17. Ambrose and Macy were very pleased with the offer; Ambrose stated that “it seems like Purdue finally understands the Kaiser Model; this is a first in the last 9 years. Purdue gets a gold star”. One challenge with the offer is that Kaiser does not warehouse CII products; this service is done through Amerisource Bergen. Kaiser will discuss the feasibility of doing this with ABC and they promised to provide us feedback in the next few days. (by early next week at the latest). Next steps; Chris Almeida will hold a conf call with Bob Palma and Kate M to update them on the ABC component, based on Ambrose comments. We will get feedback from Kaiser next week, and proceed accordingly based on what we learn.
- **ESI Commercial** - ESI commercial amendment for 2017 has finally been executed by both parties. I am still pushing ESI to sign off on allowing for the Audit which Purdue requested last year. If I don't get a favorable response by Friday, I will ask Ed Adamcik for a legal to legal call, as Purdue has every right to move forward with an audit per our current commercial agreement. ESI has delayed this process purposefully for far too long.
- **Caremark Med D** - Alan learned from Caremark that they are considering removing ALL branded opioids from their Silverscript Med D formulary in 2018. They are receiving lots of pressure from their clinical team given the current landscape pressures and the opioid epidemic. Keith indicated that Silverscript and UHC are the only two National Med D plans that are covering these Meds and its getting increasingly difficult to defend with their clinical review team. Keith is demanding considerable rebate enhancements for 2018 for consideration to maintain coverage / access. Next steps: Alan is gathering more details from Keith and then he will engage discussion with me, Karen and Mike to evaluate profitability and risk. More to come on this issue to be sure.

Eckroth

Prime Therapeutics:

- Follow up and next steps discussion with Purdue Medical and Policy teams regarding their call with Rick Z at Prime. Rick shared plans for Lock in program on the commercial membership which does include an MED but also multiple prescribers and multiple pharmacies. It's very much the same program they already have in place which is the CS Alert program and the Triple Threat program. If a member meets that criteria to be entered in those programs and then the prescriber does not certify them they will be entered into the lock in program. Good discussion occurred around other ways to support the prescriber working with this member and Purdue's offered up some of our resources as possible tools for Prime to consider. Purdue will need to follow up on when this program will begin as of now Prime is presenting and discussing it to the P&T (owner client pharmacy directors) next week.

- Also finalizing commercial plans for moving forward with contract options for Prime to consider. Also conducted internal account team discussions on strategy that we will take with Prime and considerations for implementing into current contract and impact to FL Blue.

OptumRx:

- Call with Brian Sabin at OptumRx to have him outline their plans for implementation of an opioid management program. Plans are still being finalized but could be considered for an effective date of 7/1/17. OptumRx is implementing very rigorous program on the IRO's which will include short fill (patients can get 2-7 day Rx's within 60 days and then a PA will go into effect. There will also be an MED on the IRO's. As for ERO/LAO's there will be a class wide PA (including Generic and Brands) that includes appropriate use criteria. They will not implement an MED on the ERO's at the start of this program. Brian said as soon as he has the criteria he will share with us for final review. We asked about Transdermal and Brian was not sure how they would be handled but agreed to find out. Also asked about if this was an elective program for plans to take from Optum. He thought perhaps it would be applied to the category on their National Core-Select formulary so any plans following that would have to apply. Brian was unsure and agreed to confirm. We will continue these discussions and also the potential for Hysingla ER's formulary consideration in '17 during our meeting next week.

UHC commercial:

- Multiple internal discussions on UHC commercial clarifying of details and refocusing. Internal call with Nana and Dan to determine next steps on sales leadership and field communications for 1Q17. Prepared email with details and reminders to go to RAE team that will be shared with sales teams.

Sloan

- CVS Caremark Commercial – Alan and Karen held a conference call with Wil Rossman to present the 2017 -2018 RFP. Explained to Will that the Purdue will provide a rebate for an IR

step at a slightly reduced rate. Agreed to the QL of 2 tabs/day. Will restate that rate will most likely apply to all of 2018, as Caremark is not anticipating re-reviewing this category in 2018. Will thought the offer was reasonable and will review with Joe, Gary Loeber, and committee. Feedback might not be until June. Explained Butrans LOE, and reason for not bidding Butrans. Caremark will be drafting new Amendment to reflect the bid, and Purdue will have to sign the amendment before any announcement. Medicaid rate will be included in the Amendment for Hysingla ER. New Amendment will also reflect Caremark's desire to change the enrollment report. I explained that there are certain fields that are necessary for us to validate eligibility. Anticipate some challenges in negotiating through this issue.

- CVS Caremark Med D – I received a call from Keith Pearson regarding the 2018 Bid and the review of the opioid category. Caremark under significant pressure to reduce costs in Med D. Opioid category is very expensive to Caremark. Also, significant pressure from clinical to remove all brands in this category. No UM programs going to be implemented. Either products are going to be covered or not covered. Bottom line is that Caremark is requiring Purdue to significantly increase rebates on all products in order to remain preferred, in spite of the fact that we have a multi-year contract. An internal meeting is scheduled for Monday to discuss this treat, and how to respond.
- Aetna – Dr. Daniel Knecht MD, Head of Strategy, Aetna, and Louis Sanquini, Head of Strategic Programs at Healthagen presented to Saeed, Gail Cawkwell, Brian Clark, Jaren Howard, Dan and me on Aetna's strategy for mitigation of opioids and proper utilization. Aetna is looking for partnership opportunities with Purdue. Jaren Howard is working with his team to respond to Aetna's proposals. A follow-up meeting is to be scheduled with Aetna in 2 or 3 weeks.

Almeida

- Envision Pharmaceutical Services – 3.5M Commercial lives – 550K Med D lives – 1M Medicaid lives – Discussed the Medicare D Contract and Formulary. EnvisionRxPlus (PDP) 2017 Comprehensive Formulary, updated on 12/1/16, shows OxyContin and Butrans; no Hysingla ER yet. Hysingla ER is being considered for formulary, even though account already verbally committed to add, and signed contract with Hysingla ER included. Account indicated that consultants hired by the account have raised the question of adverse selection. P&T convening by 1/20 to determine Hysingla ER and a handful of other products, across several classes of drug.
- Kaiser Permanente – 10.1M lives – Prepped and presented the approved offer of fixed rates at Average Generic WAC less 40%; Overall Modeled Effective Rebate discussed, with all product purchased in 1Q2017 to be eligible for discounted pricing. Kaiser Contracting Team thought this to be a very good offer. Only foreseen challenge in taking possession of all product in Q1 is due to CII logistics and location where it might be stored; AmeriSourceBergen to be contacted by Kaiser to uncover how this might be handled and any costs involved in storage. Account inquired about secondary offer in case they are not able to operationalize the aforementioned. Discussed the fixed rates offer for product that may be purchased anytime between 1Q and 4Q 2017 to be eligible for discounted pricing; Kaiser contract team found this secondary offer to be

good as well. Requirement for 1 of 3 PPLP expectations was met; under this agreement, OxyContin would be the exclusive branded extended release opioid available for purchase within the Kaiser system.

Smith

- I spoke with Rich at Cigna regarding our DAM piece. He informed me that they do not allow manufacturers to use their name in any piece. However, Cigna has their own piece that shows all products in the competing class. I obtained a PDF copy from Cigna and provided to Nana for internal routing. Once approved the sales team will have access to a Cigna leave behind.
- I exchanged emails with Tom Abson this week regarding our Hysingla ER Med D offer. He expressed to me that providing a rate 11 points lower than what we presented last summer will not work. He has asked for that rate at a minimum to continue to have Hysingla ER seriously considered for their 2018 formulary. Donna ran the revised number through our model and based on our assumptions this number does demonstrate profitable return.
- Kim Fear (DM in upstate NY) reported through one of her TBMs that Excellus's step edit on Butrans appears to be lifted. On Excellus's website their PDF formulary shows Butrans with a step. However, when reviewing the class listing for opioids that require a PA and or step, Butrans is not listed. When Excellus switched their backend services this month to ESI it appears that ESI missed adding this requirement. The agreed to strategy (with the sales force) is to not verify the issue with Excellus but rather encourage prescribers in the upstate NY market to prescribe Butrans for their appropriate patients.

CUSTOMER ACCOUNTS

Andrea Boyatzi

- **Optum Commercial Conference Call (1/18):** Andrea and Lisa had call with Brian Sabin at Optum to discuss their plans to implement a new class-wide PA program; Brian provided us with information on the criteria, which still needs to be approved by Optum's P&T, including that it will apply to both brand and generic LAOs, immediate-release opioids would be subject to strict MED, QL, and fill limits, and the program will likely become effective 7/1. We have several outstanding questions regarding grandfathering and whether or not the program will be optional or required for Optum's clients, which we hope to have answered at our live meeting next week.
- **ME Medicaid Agreement:** Fully-executed supplemental rebate agreement with pricing for Butrans to remain preferred on Maine's Medicaid PDL through 12/31/17, covering 270k lives, received from Change Healthcare. (Potential 1-year NPV: \$17k)

Kris Christensen

- **Express Scripts (Medicare) Inflation Agreement:** Kris assisted Donna Spencer (while she was on vacation) in finalizing the ESI Medicare inflation amendment which was due back to the customer this week.

Karen Staff

- **Kaiser Permanente Meeting & Offer (1/19):** Along with Chris Almeida, Mike McGlinn and Dan Doucette, Karen participated in a customer facing meeting with Kaiser to deliver an innovative OxyContin contract proposal. Offer was very well received by Kaiser. Next steps include accelerating completion of negotiating Kaiser's new boiler plate contract and addressing any potential operational/logistical issues associated with offer. 1YR NPV: \$2.6MM.
- **Caremark Commercial/Managed Medicaid RFP and Conference Call:** Along with Alan Sloan, Karen participated in conference call with Caremark Comm to review Purdue's RFP submission for OxyContin "WITH IR STEP" (commercial) & Hysingla ER "WITH IR STEP" (commercial & mgd mcd) offers (submitted on 1/13/17) for 7/1/17 effective date. Customer's initial response to Purdue's RFP was favorable. Next steps: Caremark to submit "accepted" bids internally for processing. Applicable amendments will be initiated by Caremark in the near future. 3YR NPV: \$83MM

Donna Spencer

- **ESI Commercial 2017 Amendment** – Donna Spencer fully executed ESI's Commercial Amendment which enhances the OxyContin and Hysingla ER rates on ESI's National and Custom Formularies Effective 1/1/17 as agreed to in June 2016 in order to remove these products from ESI's Exclusion List. (1 yr NPV: \$65M) Donna is continuing to work on finalizing 2017 Amendments to ESI's Commercial Inflation Agreement and Medicare Rebate and Inflation Agreements. These three Amendments are expected to be finalized next week so ESI's January invoices can be processed accordingly.
- **ESI Medicare 2018 RFP** - Donna and Ken received feedback from ESI that they require a higher rebate on Hysingla ER to prevent it from being placed on ESI's Medicare Exclusion list. Donna remodeled the offer and resubmitted an Approval memo for review. (2 yr NPV: \$2.1M)
- **CIGNA HIX 2018 RFP** - Donna and Ken were advised by CIGNA earlier this month they're aligning their HIX formularies with their Commercial formularies Eff. 1/1/18 and Implementing a Prior Authorization of all ERO's. Besides modeling the Preferred rebate which Donna provided them on 1/5/17, they also requested the PA be allowed if OxyContin and Hysingla ER are left on the Non-Preferred tier. Donna remodeled this offer and resubmitted an Approval memo for review. (2 yr NPV: \$25K)

Mike McGlinn

- **Year-End Review of Rebates/Accruals:** Mike met with Finance and the Contract Admin. team to continue our review of year-end rebates and discuss necessary 2016 accruals that will carry into this year. These results will be provided to Saeed in the next 1-2 weeks.
- **PJC Workshops:** Mike set-up several workshops with the PJC Team on Monday and Tuesday on a variety of topics:
 - Model Training: David Velez spent time with Kristin Emard and Rob Barmore to provide them with more enriched training on our models, now that David Deng is gone; he also provided training to the MCAs on how to handle the governance of our Account Master in preparation for release of the new "enterprise" version of CPM-1.
 - Planning for 2017: David Velez met with Rob Barmore, Mike, David Rosen, Aidan Doyle, and Kristin Emard to discuss needs for 2017 from Analytics and IT, and what types of proposals they would need from PJC for these services; potential work includes enhancements to the reporting within CPM-2 (in order to provide cleaner reports to senior management and EC members), and support of Kristin Emard as she makes

- updates to the models and develops analogues and benchmarks across channels for CPM-1.
- New Market/Product Planning: David spent time with Kristin and Aidan Doyle, showing them what is involved in adding a new product and therapeutic category to CPM-1, in preparation for the launch of Symproic.
- Contracting Strategy for Symproic: Pat, Rich, and David met with the Purdue Mgd Markets team to discuss Symproic and our potential Managed Markets strategy, with a particular emphasis on contracting strategies for each payer channel.

MANAGED MARKETS MARKETING

Nana

Symbroic:

Field Reimbursement Specialist Research: performed research and compiled report on Field Reimbursement Specialists to evaluate the viability of using such a service for the new asset. The report included the access support benchmarking assessment highlights that Shionogi has conducted. The objective of the research was to establish potential ways of differentiating the brand from competitors by way of white glove service offerings that are currently not utilized in the OIC market.

MMIT: commenced analysis to determine access trajectory for OIC market. The final results will communicate when current OIC brands obtained formulary access with major health plans and will inform our own formulary access trajectory, a key component of our Managed Markets strategy.

Channel Strategy: led meeting with Exequor and key stakeholders to dissect the IDN and other channels in preparation for the new asset launch. Main outcome of the meeting was the need for an ATBM/KAM assessment to ensure appropriate alignment and KPI development for successful product pull through.

Pull Through: Reinforced key elements of UHC communication strategy executed in Q4 2016 to supplement Lisa Eckroth's plan of action for addressing UHC letters recently received by several HCPs. The plan (to be implemented in the next few weeks) includes informing the RAEs how to respond to questions from Field Sales, joining a sales leadership call to address the letters and our recommended response for TBMs, and long term, frequent communication with the District Managed Care Liaisons.

Anne

Pull Through:

AZ FFS Medicaid: Assisted RAE, James Gausted, to get DAM grids working for AZ FFS Medicaid: grids were not printing and info needed to be edited with MMIT.

- DRG HLI Reports, worked with finance and DRG on finalizing and executing contract.

Empty the Medicine Cabinet initiative: Collaborating with Marketing, and Field Force Effectiveness to develop an educational campaign for HCPs and patients on storing, safeguarding and properly disposing of prescribed opioids.

- Created a draft educational information sheet. Met with the production committee to work out logistics of development of information sheet (flashcard) and poster.
 - Met with Marketing and Field Force Effectiveness to work out details of project along with

e-marketing to arrange for email distribution to HCPs promoting the EMC initiative. Finalized poster and information sheet with creative services and submitted for MRL approval and with IT to get metric added to Phoenix system to keep track of poster and info sheet distribution.

Addiction Working Group: This is an inter-disciplinary group comprised of representatives from departments throughout Purdue to review recommendations made by the Addiction Advisory Group. I represent Commercial/Managed Markets and work with the group to review potential opportunities to assist external entities on increasing access to addiction treatment and recovery programs and/or providing assistance to further educate and/or raise awareness of opioid prescribing and pain management. We finalized which recommendations we will be focusing on and arranging for a technical call with the Addiction Advisory Board.

John

1199 SEIU: Lorelei has informed me that next meeting with Express Scripts to discuss the implementation of the Fund's Opioid Pilot Program is scheduled on January 24, 2017. She has asked for a follow up meeting with us to be scheduled for some time in February. Working on securing meeting dates.

Boeing: I could confirm Jason's interest in a follow up conference call. He asked for dates during the 2nd and 3rd weeks of February. The purpose of this call is to discuss with Jason the options of conducting a pain management pilot at one of Boeing's locations. Working to coordinate calendars to provide Jason with some options

Midwest Business Group on Health (MBGH): I had a follow up call with Cheryl Larson, Vice President for MBGH, to discuss opportunities for 2017. During this call, she mentioned that Pfizer had written a pain management white paper with them. This white paper has not been published since MBGH may because MBGH will be changing the type of document it will become. She will also facilitate an introduction with Chelle Pfiffner, Director of Health and Wellness at Cummins.

Steve

ASHP GPO Meeting Follow-Up - Following up on actions items generated from the annual ASHP Meeting in Las Vegas last month. The meeting enhanced relationships with Premier, Vizient, ProVista and Intalere. The goal is to replicate the communication success achieved with Premier at Vizient and Intalere. We will work closely with their marketing teams to provide Purdue information on a regular basis to be distributed to their memberships. We will work to provide both electronic content for various modalities and hard copy content where appropriate.

Magellan and Premier Healthcare Year End Mailers – Follow-up with end-users determines that both mailers went out successfully to reach key Magellan and Premier Healthcare personnel before year end. End-users at Magellan and Premier were extremely satisfied with our execution and follow-up on this project.

Value Proposition Project – Updating branded Value Propositions for Hysingla ER, OxyContin and Butrans to reflect the recent label changes. We will be updating the content and working with Creative services to refine the presentations.

Aimee

Conventions:

as part of the transition of all MM conventions over to promotion services, working to create a process that will allow the MM teams to submit requests online directly to the Conventions group who will then manage all logistics including: contracting, field recruitment, booth structure, ordering

literature and processing invoices. Reviewing SOP's, eCampuses procedures and field request forms to modify for MM use. Rollout to field anticipated at NSM.

Promotional materials:

Reauthorizing all FACETS modules for MM teams. Initiated dialogue with MRL team to resolve concerns about giving MM the ability to present these to their customers and expanded the target audiences to include all MM customers, not just LTC as initially requested

PHARMACY AND DISTRIBUTION

Specialty Pharmacy Update – Met with Mike Sampar and LaDonna Steiner to discuss adding the Specialty Pharmacies to the Pharmacy Locator Program which will be rolled out to the field force. LaDonna has no issue having them be included as alternative option for providers/patients as needed when they cannot find a local retail outlet for Hysingla ER. Mike Sampar will work with Pharma Centra to update the business rules and how to operationalize. I will be following up with both ReCept and LindenCare to gain their commitment to be included in the locator program and determine how to integrate states in the program. LindenCare is licensed in all 50 states and ReCept is licensed in ~ 45 states.

Symproic – Led PD sub-team meetings Steve Projansky and Laura Watson, and B. Clark to begin the process for developing PD launch plan based on information obtained and assumptions with different scenarios. Also spoke with Josh Sylvester at Shionogi (Senior Director, Trade, Planning and Distribution Services Supply Chain) There are still many questions which need answered regarding PD launch strategies and resources, in order to develop PD launch strategy, timelines, and implementation with PD accounts.

Lucy Bard

Realo Discount Drug

- This meeting was scheduled for an MTM presentation facilitated by Maribeth Kowalski to 5 Pharmacists and 3 Pharmacy students.
- Maribeth presented *MTM: Focus on Extended – Release Opioids in Chronic Pain Care*. The presentation and Q & A lasted for 2 hours.
- The group responded very favorably to the presentation and found the materials informative:
 - o CDC Guidelines, PDMP, and CDC: Prescribing Opioids for Chronic Pain, How To Protect Your Medicines at Home, Providing Relief Preventing Abuse and How to Help Protect Drug Diversion & Protect Your Pharmacy.
 - o One of the Pharmacists, (Christine) is on the board of a Substance Abuse Organization in New Bern, NC. She inquired about the Rx React programs and Non-branded educational materials. Christine commented that the information would be useful in her role there.

Met with Nancy Williams (ATBM) in North Carolina with Maribeth Kowalski.

- Discussed opportunities with Realo Discount Drug (they service an ACO and LTC facilities). Nancy will reach out to Kendra Kormos to request Maribeth's support in the ACO and LTC arena to further provide education to these organizations.

Attended Lawful Prescribing and the Prevention of Diversion Program in Tyler, Texas (Thursday,

January 19 at 7:00 PM)

- Total of 27 Healthcare Professionals attended the program.
- The following attended the program from Brookshire's Grocer (119 Pharmacies):
 - Michelle Beall, Pharm D. – Manager-Pharmacy Health Services
 - Ben Sims, CPhT - Pharmacy Compliance Analyst
 - Charlotte Weller, Pharm D – Manager- Pharmacy Health Services
 - Lisa Glorioso, RPH – VP, Pharmacy Operations
 - Traci George, RPH – Pharmacy Supervisor
 - Alyssa Anderson – 4th Year Pharmacy student (Rotation at Brookshire's).
- All customers above found the program very educational; they are interested in scheduling a program for their Brookshire's Pharmacists Conference in April/May.

Tony Scifo

- **Walgreens District Office- San Francisco**
 - Walgreen Attendees- Andy Davenport Pharma D. Healthcare Supervisor– San Francisco and Eleanor Wong Pharm D Healthcare Supervisor – SF Peninsula and Hawaii
 - Purdue Attendees – Gina Telford DBM San Francisco, Tony Scifo NAE.
- Andy Davenport has responsibility for 66 Walgreens stores approximately 175 Walgreens Pharmacists in the San Francisco area.
- Eleanor Wong has responsibility for 29 Walgreens stores in San Francisco and 20 Walgreens stores in Hawaii, approximately 125 Walgreen pharmacists.
- There are 629 Walgreens stores in California and 20 stores in Hawaii.
- There are a total of 10 Pharmacy Healthcare Supervisors in California. Two other Walgreens HCS's were scheduled to attend but had to cancel.
- Reviewed Current Brands and Business Review from a corporate view. Walgreens was our largest account in 2016 up 3.6%
- Provided current sales by brand and store. Andy and Eleanor were impressed by the store volume as well as the total volume in California of \$28 million.
- Reviewed corporate Educational material that has been sent out to Walgreens stores and how we work with Walgreens corporate on security and data.
- Discussed current patient co-pay cards and Managed Care coverage. Gina discussed the National patient savings cards and the Hysingla card for California.
- Gina also reviewed coverage in California on our brands. Eleanor requested electronic copies of our coverage and will post internally for her stores.
- Eleanor also requested electronic copies of our Savings cards. She mentioned that with so many unauthorized cards in the marketplace their techs sometimes are confused as to which ones are valid at Walgreens. Eleanor asked that I send the electronic PDF to Tasha Polster (Compliance) but I indicated that it would be more appropriate and would receive faster approval if she sent PDF to Tasha for approval. Eleanor agreed and will do so. She will also follow up on the Managed coverage PDF with her counterparts.
- One objective for the call was to solidify an open line of communication between Gina and the Walgreens DBM's when appropriate patients for

whatever reason do have their scripts filled. Both Andy and Eleanor were open to Gina contacting them.

- We asked that they communicate the PDF that we are sending to their counterparts. Gina also asked if they would reach out to their counterparts as Gina's counterparts would be requesting meetings as well.
- Follow up
 - Working with Aimee Devonport to obtain electronic copies of patient savings cards and managed markets coverage. Aimee will also work with Peter Justason as this may already be in a format that was prepared for Pharmacy Times. Will follow up with Rich Gilardoni, Michelle and Leslie Smith. Gina will request a follow up appointment with the two HCS that could not make the appointment.

McKesson

- NAE's received several e-mails over the past week that physicians are titrating to higher doses and that all three wholesalers were out of stock on 100mg, 120mg or both. McKesson restocked Hysingla 120mg to Arizona, Florida and Utah this week.
- McKesson Settlement News -
 - Had conference calls with Nate Chapman, Vice President of Purchasing for an update on this week's news on the settlement. I asked for an updated letter from McKesson on the distribution for control products. Nate checked internally and called me back stating that no letter or e-mail could be communicated. Nate confirmed the following
 - McKesson and the DEA have been in discussions since 2015. Distribution patterns were changed over a year ago.
 - All Purdue controlled products have and continue to be shipped to the RDC in Mississippi. The Clear Lake DC, a new DC, opened in May 2016 is servicing all customers that were once serviced by Little Canada MN DC. The Little Canada DC is now closed. This transition happened in May 2016
 - Livonia MI, DC which was closed early last year. Depending on the customer, pharmacies have been serviced CS for almost a year out of our Memphis, Chicagoland, or Washington Ohio DC. The customers normally serviced out of Aurora, CO DC #8131 receive their controls from another DC in Aurora, CO DC #8107. Livonia MI only ships controls to the VA. Florida DC – the only items affected are Hydromorphone.

Field Work – Spent day in the Field with Drew Oppelt Sales Representative Development, San Francisco. Drew was a corporate trainer for the last several years and is now back in the field.

- Much of our discussion revolved around education to the pharmacist, industry information, new prescribers in the area, and building a relationship with the pharmacist and techs. As the day went on much of this unfolded.
- We called on the number one Walgreens dollar volume store in California which is in his territory. The Pharmacy is in a clinic/Hospital and on the Walgreens approval list. In this clinic are pain Specialists that Drew calls on a regular basis and who send their scripts to the Walgreens in the building. Drew gave a very thorough presentation to the pharmacist. I added that speaking to the techs is impactful especially when discussing trial and patient savings cards as they are the ones keying them in. If any issues arise what do they do? i.e. call the 800# on the card?

- Another pharmacy in Drew's discussion the Pharmacist mentioned a physician that was not on his list that writes a large number of Butrans scripts. Drew took down the name for future reference.
- Another pharmacy discussed the reimbursement issues he is facing and the number of scripts that he is losing money on. He has a service that reviews scripts/payments and files for reimbursements, without this service he would be out of business.
- Drew is sending his DBM Gina Telford a pharmacy call effectiveness memo for the rest of the district on key points that we discussed on calling on a pharmacy, such as:
 - having the physician's staff call the pharmacy in advance to check that the pharmacy has the specific strength being prescribed.
 - asking the pharmacist if he needs additional information on the patient
 - if the strength is not available, approximately how long will it take to receive product so the physician can make adjustments.
 - discuss patient copay cards and coverage with techs as well as the pharmacist.

Kate McElhone
Cardinal

- Met with Alicia Graziano, Kat Mitchell and Deidra Montgomery of Deloitte, Alexandra Merrill of CIS Partners, and Kelly Lins and Colin Kaufman of Cardinal Health. Our goal is to determine what points were lost on Contracts & Chargebacks and the changes necessary to increase the score on the SCE (Supply Chain of Excellence) award from Cardinal. Alicia indicated that Purdue sends notifications of contract price changes to Cardinal Health 15 days prior to change. This is much more than the 2 day notice requested to secure the points on the Chargebacks portion of the SCE. The lower score may be the result of CIS by Deloitte (the company which now submits chargebacks on behalf of Purdue) submits both EDI and with an electronic spreadsheet. This duplication causes additional work and since it counts separately as a submission, it may be part of the lower score. They will stop submitting the excel spreadsheet.
 - o Kelly Lins at Cardinal Health provided us examples of some delays in the quarter we were reviewing. Alicia and I had a separate discussion and she shared that there was a resignation on her staff that may have contributed to the late submission of some of the contracts. Alicia indicated that the next quarter was not impacted by this so we should expect to see a higher score. Additionally, she shared that Purdue retroactively discounts to customers when appropriate. This is penalized in the score carding process for the SCE award. This is good customer service and an area that I am addressing with Dianne Pfahl.
- Met with Laura Watson, and Quentin Dittman and Colin Kaufman of Cardinal Health. We were focused on improving our scores on ASNs. Laura indicated that we send ASNs for all orders and nearly all our shipments go to the NLC. In reviewing how the score is derived, Quentin shared that each line is scored for an ASN. If a line was ordered and no product was received, there is no product and no corresponding ASN. This may account for some of the missed points as several of the Dilaudid products were discontinued during that quarter and, therefore, not shipped. Colin continues to order product until a written discontinuation letter is received. Quentin is going to review some recent orders Colin will provide him to determine if there is a pattern; i.e., is it Louisville orders or brokerage orders or possibly a particular product. We have scheduled a follow up call for next week.

CVS

- Earlier this month, I learned from Peter Justason of reported issues from field regarding with CVS and NADEAN numbers that were preventing some Butrans Rx's from being filled at CVS through Athena Health (eHr). I had reached out to CVS and they requested specific information so they can follow-up internally to assess and address the issue accordingly as reported. Peter Justason has reached out several times to try and get detailed information including from RBDs at RLM this week for details and specific CVS locations reported to forward to CVS. Despite this, nobody can remember which TBMs reported the issue. It is necessary to get all pertinent information from the field when they report issues in order to follow-up and for our team to assist the field. We suggested that Peter follow-up with Athena to see if they have any specifics they can share which may help.

ABC

- Met with Sheila Rizzo, Manager, Product Promotions Services with AmerisourceBergen. The OTC team indicated that they would like to better understand the marketing capabilities of the wholesalers. We have scheduled a meeting for Sheila to present in Stamford at the end of the month.

HEALTH CARE SYSTEMS

IDN

Beer

UPMC - \$12 billion in revenue, 46% of Pittsburgh Health System Market Share: 20 hospitals with 500 physician offices and outpatient sites, 17 Senior Communities. Pennsylvania's largest non-governmental employer

UPMC St. Margaret Hospital –

Doris Cavlovich, MSN, RN-BC, CCRN-K - Clinical Education Specialist - Nursing Education

In follow-up to capabilities review January 11- Doris Cavlovich- Clinical Education Specialist requested Purdue to participate in a nursing education session scheduled for January 26th. The original request was for RxREACTS Diversion presentation however as that team was previously booked I worked with the customer specific to additional needs- agreed to move forward with FACETS presentation on "Communicating to Enhance Collaboration and Outcomes and to review POEM questions and responses. In reviewing the FACETS and POEM content with Nursing Education they agreed that the content would help to pull through the UPMC presentation on Communication. Following the presentation the Educator will ask each nurse to develop a 3-questions that they could ask a patient a patient being discharge on a pain medication (i.e.: storage, dosing, adherence.) Attending the session will be 25-first year floor nurses. Next steps: Coordinate meeting with Nursing Director to discuss additional opportunities across the system.

UPMC Hamot-

Dr. David Kruszewski- Senior Medical Director Care Management University of Pittsburgh- Hamot-Erie, PA

MSL Attendee: Laurel Raines

Dr Kruszewski started the meeting with challenges and questions that have presented within the Hamot Physician Group since the PDMP went into effect January 1st. Requested information

regarding OADP and inquired as to why the UPMC Health Plan was not making more OADP products available. Requested information managed care coverage information. He discussed the current state of opioid abuse and diversion in Erie County. Discussed the recent hiring of a UPMC Pain Management physician however he stated their focus is on alternatives to opioid prescribing. The following opportunities were identified: 1) research focused on extracting UPMC data with pain as primary DX in ED this would be a joint collaboration with the Pharmacy Department- a new Pharmacy Director started 1/1/17 2) Participating in the Hamot Physician Network Spring Summit- felt the information on urine testing might fit in well with the meeting curriculum. Next steps: Dr. Kruszewski asked that I reach out to Director of the Hamot Physician Network and request a meeting to discuss participation in the Spring Summit- Dr. Kruszewski agreed to speak with the CMO of the physician network to discuss the need for greater physician education specific to pain management. Next Steps: Agreed to follow-up in two weeks to discuss progress.

Keller

Mayo Health System: \$10M in revenue for 2015. Located in 5 states with 3 main campuses. Approximately 65,000 employees which all utilize the Mayo Health Plan formulary, currently OxyContin and Butrans are on formulary.

Met the new Contracting Portfolio Manager for Mayo Health System, Adam Ewald, PharmD. He was very engaged and has worked at Mayo for 12 years at various positions. He is responsible for all Vizient GPO purchases for the system. OxyContin and Butrans are on formulary for both Mayo Health Plan and Mayo Health System. Reviewed the formulary process at Mayo which he sits on the Formulary Review Board. He is very knowledgeable regarding the Opioid market and explained that several pharma companies have come to Mayo explaining their ADP technology in hope to gain formulary acceptance. Oxycontin is currently the only long-action oxycodone formulation on formulary. He sent me an email inquiring about COT pricing for Mayo pharmacies which I am reaching out to Alicia Graziano for her expertise. Action: Follow up with Adam on this email and a possible OADP presentation by my MSL since Purdue's presentation is non-branded and is an overview, he was interested in having this as an educational session for everyone in his office. Kelley Waara-Wolleat is forwarding an overview of OADP so he can evaluate the interest level of his pharmacy team.

Fairview Health System: \$3.0 billion in revenue for 2015 and 2nd largest health system in MN

Met with Dr. Katie Nixdorf, Director of Pain Medicine for Fairview, with MSL Kelley. Fairview has committed to utilizing Purdue's UDT education for the entire health system. We have discussed many alternatives on how to standardize this education to meet the needs all HCP's. Dr. Nixdorf wants to make sure the UDT deck covered adequate information so Kelley will present to the Fairview Journal Club on March or April, depending on availability. Dr. Nixdorf will meet with the Pain Committee to discuss all of the possible options we discussed with her for the rollout. Dr. Nixdorf informed us that Fairview's new CEO, James Hereford, announced in January that Pain Management will be one of the primary objectives for 2017. The CMO, Beth Thomas, will be heading up this new committee and Dr. Nixdorf will be committee chairman. This is exactly what Fairview needs since I have been heavily involved with several areas of education for the past 2 years but it has not been standardized. Our "shark tank" presentation in June of 2016 laid this plan out because of the inconsistent engagement across the system. Action: Set up meeting with all key individuals again to revisit our collaboration ideas and educational opportunities. Will arrange an appt with CMO in the next month if possible.

Levenson

Partners Healthcare: \$7.3B in net patient revenue. Comprised of 8 hospitals from Boston to

Martha's Vineyard that serve more than a third of hospital patients in the Greater Boston Area. Partners also has a health plan and a full rehabilitation chain (Spaulding rehab). One of the 19 Pioneer Accountable Care Organizations in the Nation.

Mass General Hospital: Had a meeting with Dr. Jianren Mao, the Pain Division Chief for MGH. He stated similar frustrations, and that the current protocol doesn't differentiate between patients. Most docs are just "checking the box" and thinks there should be more individualization for patients while making sure to document necessary elements. He recommended a PCP in Bulfinch (no name given). Reached out again to Medical Director, Dr. del Carmen for a meeting.

Brigham and Women's: Have appointment set with Bonnie Southworth for 2/9 to discuss current pain protocol and ideas from Dr. Tishler.

Cooley Dickinson: Very small hospital. Met the pharmacy coordinator. Stated that for a drug to be approved at Partners, it must first be approved on the Partners Organization Formulary. From there, each hospital has the choice of adding it or not. Reached out to Katherine Bechtold, CNO around a meeting, and haven't heard back. Jeff harness is the lead on their opioid task force. He declined a meeting.

BWH Pain Center, Chestnut Hill: Finally have appointment with Director of the Fellowship Program, Dr. Nadeljkovic on 2/8. Came as a referral from Dr. Jamison. Will discuss presenting OADP or RxReacts to his Fellows.

Steward Healthcare: \$2.3B in revenue, 10 hospitals and 3000 doctors. Rare privately-owned for-profit health system. One of the 19 Pioneer Accountable Care Organizations in the Nation.

Administration: Got in touch with Ed Allie, Senior Manager of Pharmacy and Wellness for Steward Healthcare. Meeting in February

St. Anne's: Spoke with addiction nurse Stephanie Perry around education. Waiting to have her set up meeting.

Beth Israel Deaconess: \$64M in revenue, 820 doctors. BID has 4 owned hospitals as well as 3 affiliated hospitals and is one of the 19 Pioneer ACOs in the country.

Administration: Meeting finally set up with Don Pare, Director of Information Systems for Beth Israel Healthcare.

Needham: Met nurse educator Cristina Allen. Interested in discussing educational programs and are setting up time to meet.

Lahey Health System: \$1.5B in revenue, 1400 doctors. Lahey has 3 Medical Centers in Massachusetts as well as 12 satellite centers in Northern Massachusetts and Southern New Hampshire. Lahey participates in the Medicare Shared Savings Accountable Care model.

Burlington: Met with Associate Director of Medical Education Donna Ales to discuss grand rounds. Working with Longworth to get in front of Dr. Faust who schedules the series. Plan is to share the different options with Dr. Faust and get on the books.

Trying to get in front of Brian Spoelhof in the Pharmacy to follow up with formulary process. He is looking at March.

Peabody: Met Pharmacy Manager Bob Ritchie, and sent a follow up to meet to discuss needs. Also found out that the opioid task force is led by Dr. Lars Reinhold, who is also the Internal Medicine Division Chief for Lahey. Still attempting to get in front of Dr. Reinhold to discuss needs.

Loffredo

UNC Health System with \$3.2B in revenue FY2015, owns 20% of NC market and the states 3rd largest health system in revenue and top 30 Nationally: Payer Mix: 45% Medicare, 44% Commercial, 11% Medicaid, 9 State Hospitals and Medical School as well as 9 affiliate Nursing homes with 139+ facilities under the UNCHS umbrella. UNC is ranked 3rd by US News and World Report in the state of NC.

I was able to meet with two individuals this week that have similar priorities but have not co-mingled their efforts:

1. Met with Sheetal Patel-House, Pharmacy D and composer of their internal Diversion work stream which is Isra of building educational modules and materials for staff members and caregivers alike. She illustrated a real need and willingness to work with Purdue in two separate areas. The first being bringing resource and education to their take-back pilot which should be executed in Q2 provided they get funding. While just a pilot they are lacking in how and with what they will use to educate internal stakeholders and patients as far as taking proper care in disposal of their unused medication. The second area being bringing in RX Reacts as a complement to their homegrown curriculum relative to diversion capabilities and Education within UNC.
2. Met with Stephanie Foley, Medical director of UNC Family medicine and director of their controlled substances collaborative. She is looking for manpower and infrastructure to bring forth to their entry point of Family medicine from an educational perspective to help remove the stigma of appropriate pain management.

Duke University Health System with \$3.0B in revenue FY2015, owns 19% of NC market and the state's 4th largest health system in revenue and top 30 Nationally: Payer Mix: 48% Medicare, 38% Commercial, 14% Medicaid, 5 State Hospitals and 10 affiliate Nursing homes with 120+ facilities under the DUHS umbrella. DUHS is ranked 1st by US news and World Report in the state of NC.

Had the opportunity to meet with Udobi Campbell, Associate Chief Pharmacy Officer. The impetus for this meeting was to initially discuss their hope of pulling together a take-back program within Duke. While we are not interested in partnering per-se there could be opportunity to bring resource to coincide with their program. The conversation shifted to her work with the diversion committee and how that interrelates to their opioid task force which is newly formed. We learned that their diversion approaches are largely metric based to potentially build better controls to educate from in the future. In her opinion the most appropriate way to collaborate would be to work through Aaron Will on the Opioid task force with the fundamentals of building curriculum and lending support in other ways. She was able to make this friendly introduction for me to set up a meeting next week.

Carolinas Health System with \$8.7B in revenue FY2015 owns 25% of NC market and the state's largest health system in revenue and 5th largest in the Nation, Payer Mix: 46% Medicare, 42% Commercial, 12% Medicaid 39 total Hospitals and 13 affiliate Nursing homes with 900+ facilities under the CHS Umbrella. CHS is ranked 2nd by US News and World Report in the state of NC.

Collaborating with our MSL, Maribeth, we we're able to secure a meeting with Nancy Zeleniak and her team within the therapeutics and Research team at CHS. This coincides with a new dialogue established with Dr. George Mclendon who is CHS VP of Therapeutic Research and Development in an effort to learn of their capabilities and wishes for collaboration with industry and Purdue specifically.

As I approached Dr. Mclendon we learned they met as a group and wanted to move forward with discussion around Phase 1,2,3 capabilities which Maribeth started in December. We plan on pooling our efforts to build additional capabilities within CHS.

Sensabaugh

Northwell Health System with \$9.5B in revenue FY2015, owns 32% of NYC market and the nation's 14th largest health system in revenue and largest in state: Payer Mix: 57% CMS and 39% Commercial 21 City Hospitals and 34 affiliate Nursing homes with 450+ primary care and ambulatory office

Met with Medication Safety and Manager in SUI and finally Onisis Stefas, the VP of Vivo pharmacy. I have been trying to meet Onisis for almost two years. We discussed a long range program for abuse and diversion in the entire system. We are at the table in developing strategies for training. We presented the OADP presentation and from that James will take some of the referenced information to add to his presentation to the RN Executive Council. The first phase of training will be in RN.

Montefiore Health System with \$3.4B in revenue and owns 6% of the NYC market also ranked 6th in the state and largest employer in the Bronx: Payer Mix 85% CMS and 15% Commercial 10 City Hospitals and 100+ owned and affiliated primary care offices. Diamond Care LTC brand managing most of their 460K home visits to the elder per year

Had BUT presentation at Hebrew Home for the Aged a 900 bed facility with Rita Mulvihill presenting BUT to 11 physicians. This presentation was put on in conjunction with Kristeen Andronescu the NY State ATBM. We were able to have some very productive conversations around BUT and received a firm commitment for new starts. Following the meeting Kristeen was able to get a commitment from the Medical Director for us to come in and train the nursing staff on appropriate us and patient selection. This home is an affiliate of Montefiore.

Taylor:

Sisters of Mercy Healthcare System: The 7th largest Catholic healthcare system in the U.S. with 2000+ Mercy clinic physicians in Arkansas, Kansas, Missouri, and Oklahoma. 2015 Operating revenue was \$51.8 million, up 5% from 2014. 2015 Revenue Payer Mix: Commercial/Managed Care 38.3%, Medicare 45.2%, Medicaid 11.8%

Follow-up meeting with both hospital pharmacies to schedule an OADP presentation for the staff as discussed last year. Both teams want to meet together for the presentation. We are currently working through pharmacy coverage issues due to current EPIC training. I have received agreement from both groups the training is needed. We also reviewed the topics for RxREACTs programs. I confirmed that the leadership team has met to discuss adding a special designation for abuse deterrent products in the EMR system. The pharmacy manager recommended that I follow up with the Director, who I will meet with on the 31st. I learned that Mercy has received a national IT award from HIMSS who named Mercy the 2016 recipient of the Enterprise Davies Award for their success in using technology to improve patient care and drive costs down. I will see their system live on the 31st during the tour of the virtual care center. They will be attending the HIMSS Conference and Exhibition on February 19th. I also communicated with key contacts at LDI-Mercy's payer group to schedule a product review and update. We will coordinate appointment time with my RAE to attend with me.

Next Steps: Meeting with Pharmacy Director and tour of VCC scheduled for January 31st.

Ascension Healthcare System: Nation's largest nonprofit health system and world's largest Catholic health system with 40,000 affiliated and employed physicians and 1900 sites of care in 24 states and the District of Columbia. Operating Revenue of \$20.5B in 2015 up 3% from 2014. 2015 Revenue Payer Mix: Commercial/Managed Care 50%, Medicare 35%, Medicaid 11%

Held a discussion with the team who coordinates care for the Ascension's employee group, appointment set for February 22nd. Next steps: secure meeting with clinical team to review product highlights.

Medicaid:

Kormos

Change Healthcare, Chad Bissell, Director Pharmacy Services

Confirmed with Chad their new leadership change at CHC and how this impacts their new roles/responsibilities. I'll use this information for my slides for our upcoming meeting with Steve Liles on Mon 1/23. He also shared how the timelines will be pushed back for the SSDC and GA RFPs as well as possible State LAO class reviews.

Indian Health Services

Finalized and initiated Pull Through of HYS/BU TPR with select ATBMs/DBMs/RBDs. It has started with 2 and growing to 4 ATBM areas which I will lead activity with the FF.

DOD MTFs

Initiating first calls with DBMs and ATBMs for Federal updates, collaboration, etc. Working with Lisa and the Consultants on the Priority report, dashboards, resources, training and conferences in 2017.

PDMP Accelerator:

Miller

Presented and gained approval of KPI from Exec Ops Committee
Press release and internal communication scheduled for Thursday
Contributed to Market Research project on educational needs

GPO:

Miller

Premier, Angela Merryman – Met to refine Hysingla ER Formulary Initiative before the Premier Committee meeting. Outcome: Program approved and slated to begin Feb 1. Next Steps: Brennan to market directly to Premier sites; KAMs to advance in Premier sites; discuss with FFE team.

Informatics:

Miller

HitLAB project weekly call – good progress on chronic pain and addiction solutions scan

Dashboards:

Miller

Zudy Associates – Reveal call with Market Insights and Analytics, KAM and NAE representatives. IDN = 90% complete (next step is affiliation business rules); DoD is 50% complete (next step is MTF builds)

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