Northeast CBU
1997 Situation Analysis
5/31/96

NORTHEAST CBU

Cognex

Total Mots

	94	95	96 Plan
Xponent	83,390	76,537	79,879
DDD +	19,800	17,070	18,592
Total	105,190	93,607	98,470
Gross Sales	$9600	$9200	$10,100

Performance to Date

	1/96	2/96	3/96	YTD
Tmots	7490	6821	7267	21,578

Focused Objective - in the NE CBU for Cognex has two parts. The first part, is to focus on our best prescription writers decile 7 - 10. The second part, of our objective is to identify a new geriatric segment for sales growth.

Strength to Objective

- Conducting interactive consultant meetings.
- Precision marketing
- Utilizing the best medical faculty with Cognex
- Promote AFC

Cognex

Marketing Overview

As the leader in this category, we can focus on increasing our growth in 1996 with our users. The Northeast CBU has a focused effort to educate our key prescribers and we intended to grow our business from physicians who know the product. We are also educating our physicians with faculty who have strong experience in this area.

A competitive analysis shows the E2020 by Pfizer will be launched in late 1996 or early 1997. The product is considered a "me to" drug. The message is stressing safety and dosing convenience over Cognex. All preliminary indications show that E2020 will be targeting our best writers and key R & D physicians in the field.

A. Precision Marketing
- Increased efforts with territory managers to use all key targeting data.
- Field sales used TCR and PIR reports to identify key physicians in their areas.

B. Cognex Consultant Meetings
- Focus on using the product
- Key faculty used at each program has at least 100 or more of patients on Cognex Dr. Boyd, Dr. Jurkowski and Dr. Sherman. Darlene Boyd, RN presented the nursing and family care role that each office should play when helping families and patients.
- A Key speaker we use is Dr. Boyd who has over 900 patients on Cognex
- Special meetings featured Key guest speakers on Behavior, Delay Nursing Home Placement and Alzheimer's Family Care.
- Established a geriatric physician focus, targeting programs to specific physicians who have older patient populations.

C. Long Term Care
- Currently looking at the growing role of the long term care facility may play in taking care of these patients.
- Dr. Boyd is directing this project to look at Key opportunities in our area.

NORTHEAST CBU

Accupril

AVG Share

	94	95	96 Plan	96 Plus Plan	96 L.E.
Xponent	5.2%	6.5%	7.5%	8.6%	9.0%
DDD +	5.7%	8.3%	8.1%	8.5%	10.0%
Total	5.3%	6.7%	7.6%	8.6%	9.1%
Gross Sales $58,900	$26,900	$39,700	$48,900	$55,600	

New Rx Mot Share - Northeast CBU

	10/95	11/95	12/95	1/96	2/96	3/96
Accupril	7.5	7.8	8.1	8.5	9.1	9.3
Zestril	15.5	15.6	15.9	16.0	16.4	16.4
Prinivil	10.2	10.4	10.5	11.0	11.3	11.2
Capoten	12.2	11.8	10.6	8.2	6.6	4.6
Vasotec	41.8	41.4	42.0	42.8	42.9	42.2
Altace	4.0	4.0	4.0	4.1	4.1	4.0
Monopril	4.3	4.3	4.3	4.6	4.6	4.6
Lotensin	4.3	4.4	4.5	4.6	4.7	4.7

Market Overview

Accupril new Rx's are growing at an average rate of 3 tenths per month representing the fastest growing ACE inhibitor in the Northeast. The leading ACE inhibitor, Vasotec, is maintaining its current new Rx market share of 42% and has gained less than .5 new Rx market share points over the last six months. The newer ACE inhibitors, Altace, Monopril, Lotensin have new Rx market share of 4%, 4.6% and 4.7% respectively and show little or no growth over the last six months.

Accupril - contd

Losartan's CBU new Rx market share is 5.1% and some of our key areas have started to see growth. The Northeast CBU is taking a very aggressive and proactive approach to blunt Losartan's growth in these key areas. The CBU's major strategy is to utilize the benefits provided by Accupril to block Angiotensin II's degradation of bradykinin and the vascular protective benefits of nitric oxide.

Current Strategies

A. Focus and Targeting
- Increased effort is being made to provide the sales force with current precision marketing information on a timely basis.
- Precision Marketing Manager is creating specific CBU reports (i.e. Accupril Trend) so the sales force can more effectively analyze their areas and recognize key opportunities.

B. Hypertension and Vascular Biology
1. Consultant Programs
   - Extensive focus on vascular biology by utilizing national thought leaders (Dr. Pepine, Dr. Gibbons, etc.)
   - Utilizing Dr. Doug Vaughn and his message on "Thrombotic Effects of Angiotensin" to effectively counter Losartan.
   - Providing additional information on hypertension in the elderly, hypertension and renal disease, hypertension in minorities and effect of insulin on hypertension.
   - Hold workshops to provide MD's one-on-one discussions with thought leaders and provide feedback to CBU Marketing Team for future events.
2. Continuing Medical Education Regional Symposia
   - "Vascular Biology in Coronary Artery Disease"sponsored by the University of Florida.

C. Cardiology Preceptorship Program
- Focus on high decile, no see cardiologists
- Clinical preceptor for program is Dr. Victor Dzau, Stamford University.
- Clear objectives defined, invitation letter to MD from Dr. Dzau, case study provided to MD to review with territory managers.
- Success of program has led to roll-out of Phase II

D. Medical Grand Rounds
- Focus on key hospitals within business unit that have teaching affiliations, resident programs, Accupril formulary approval and positive managed care impact.
- Utilize list of national faculty to speak at hospitals
- Build additional programs around grand rounds to take advantage of speakers presence

E. Managed Care Opportunities
- Aggressive pull-through programs in place for HMO's where Accupril has preferred status including: HIP-NY, Pilgrim, Cigna, HIP-NJ and CHP

Accupril - contd

F. African American Initiative
- A precision marketing opportunity to grow business in the NE CBU
- Highly selected faculty Dr. Saunders, Dr. Cook, Dr. Gibbons
- Faculty education presentations on End Organ protection and low Renin
- Target physicians that treated a high number of African American patients in their practice.
- Educated these physicians on the benefits of Accupril
- Educated physicians on the vascular biology benefits of Accupril
- Interactive Consultant meetings.

G. Long Term Care
- Emphasis on Long Term Care providers where we have favorable contracts

H. Hospital
- Aggressively gained formulary acceptance at major institutions throughout CBU (ie. within last 12 months, 11 new Accupril acceptances on New York City hospitals).
- Market share has increased from 2.0% in 6/95 to 5.1% in 3/96.

I. Clinical Liaisons
- Utilized by sales force to effectively target high decile, low Accupril market share physicians.

NORTHEAST CBU

Neurontin

AVG Share

	94	95	96 Plan	96 Plus Plan
Xponent	1.3%	3.5%	5.5%	5.9%
DDD +	.8%	2.2%	3.8%	3.9%
Total	1.2%	3.2%	5.1%	5.5%
Gross Sales	$4500	$14,000	$25,300	$27,200

New Rx Mot Share - Northeast CBU

	10/95	11/95	12/95	1/96	2/96
	3/96				
Dilantin	34.8	34.3	32.7	N/A	33.6
	32.8				
Neurontin	4.3	4.6	4.7	N/A	5.2
	5.5				
Tegretol	19.0	18.4	18.6	N/A	18.0
	17.8				
Depakote	23.3	24.0	25.3	N/A	25.3
	26.1				
Felbatol	.2	.2	.2	N/A	.2
	.3				
Carbamezipine	16.4	16.3	16.2	N/A	15.3
	15.2				
Zarontin	.5	.5	.5	N/A	.5
	.4				
Lamictal	1.5	1.7	1.8	N/A	1.9
	1.9				

Neurontin

Market Overview

Neurontin is growing at a rate of approximately two tenths per month which is behind the national average. Market share, which had been erratic for most districts, has begun to trend with consistent and steady growth. Several key areas have experienced significant growth within the past several months, this momentum is expected to continue throughout the CBU.

Neurontin has proved itself to be a safe anticonvulsant agent which is an important step in the very conservative Northeast marketplace. In epilepsy, Neurontin is being used primarily as an add-on therapy and neurologists are slowly becoming comfortable with titrating and pushing the dose.

Neurontin usage in chronic pain has been graining tremendous ground over the past six months. The continued "noise" regarding pain will undoubtedly have significant impact through the coming year. The Northeast has a high percentage of psychiatrists and provides tremendous potential for use in bipolar disorders.

The Competition

Depakote – Depakote is the only other agent, besides Neurontin, that has made marked gains in the Northeast (5/10 per month).

Lamictal – Metropolitan areas continue to have a slightly higher market share for Lamictal coming mostly from our teaching institutions. It is perceived that Lamictal has a broader spectrum than Neurontin, however, its side effects (rash) and difficulty of use concomitantly with other AEDs keeps it as a second choice behind Neurontin. Lamictal market share is growing slowly (1/10 per month), however, we are beginning to see a greater presence of the Glaxo-Wellcome sales force.

Vigabatrin/Topiramate/Tigabine – With a large number of teaching institutions in the Northeast, many of our thought-leaders have been involved in clinical trials for these newer agents and are somewhat eager to have new choices in the near future. At this point, none of these new agents are perceived to be "cleaner" than Neurontin, but possibly more potent. There has not been a great deal of prelaunch "noise" surrounding these agents.

Neurontin contd

Strategies/Tactics

- Target high-potential physicians -- representatives are focusing their selling efforts on decile 8-10 neurologists. Moving our high deciles with give us the greatest gains in our market share.

- Training -- renewed emphasis is being placed on preparing the sales force to aggressively sell Neurontin to the neurology audience. The sales force needs to be more effective with their time when calling on the neurologists.

- Shadowing/Preceptorships -- each representative will participate in a formalized preceptorship with a high-decile no-see neurologist. They are also setting up Preceptorships on their own with influential called-on physicians. This will help to build relationships and spur more meaningful discussions regarding Neurontin.

- Expand the speaker base -- identify and train strong Neurontin advocates and users to speak locally for Neurontin. Peer-to-peer selling is one of the most effective ways to communicate our message.

- Medical Liaisons -- 90% percent of their time is dedicated to responding to inquiries face to face with our area neurologists. It is critical to take advantage of the momentum regarding Neurontin in other uses.

- Consultants Programs -- Continued interaction with our local thought-leaders. Programs will be held throughout the CBU on a local level. Hosted by a local thought-leader and presentations given by national speakers. Key topics for discussion include:
  - monotherapy -- especially use in the non-refractory pt.
  - special pt populations (children, women, elderly)
  - new uses for anticonvulsants
  - optimal use of Neurontin

- Psychiatry CME Program -- support for education regarding anticonvulsants in bipolar disorders taking advantage of our high potential.

- Chronic Pain CME Study Groups -- Continue the series throughout the CBU.

- Funding for Local Studies and Published Findings -- Protocols placed at key institutions with the goal of publishing data.

- Strengthen Relationships with Thought-Leaders -- they are not convinced of Neurontin superiority, their support is critical.

NORTHEAST CBU

Atorvastatin/ Pre-Marketing Plan

Strategies

1. Utilize a tiered approach for physician identification and implement a focused marketing plan to gain support pre-launch.

   A. Tier 1 - Thought leaders and key influencers on prescribing
      1. Phase III B investigators (representing 25% of study sites)
      2. Nationally sponsored consultant meetings
      3. Regular interaction with medical liaisons and marketing
      4. Develop 3 key consultant advisors for NE CBU - objective is to gain insight on how we can make Atorvastatin, as well as information on what our competitors are doing.
      5. Develop the most qualified speakers from the Tier 1 group
         - Maintain an active file of each physician's area of expertise to ensure appropriate focus in setting up programs at launch.

   B. Tier 2 - Influencers and Top Prescribers
      Back-up to top tier.
      1. Phase IIIB investigators (representing 75% of study sites)
      2. Nationally sponsored consultant meetings
      3. Relationship building with clinical liaisons and marketing staff

   C. Tier 3 - High Prescribers
      1. Relationship building with Medical Liaisons
      2. Phase IV targets
      3. Inclusion in educational events sponsored by disease team.

NORTHEAST CBU

Troglitazone Pre-Launch Strategy

A. Market Analysis - analyzed CBU based on metropolitan sales areas to identify potential markets with increased opportunity.

B. Thought Leader Identification
- Worked closely with Medical Liaisons to identify top thought leaders throughout CBU with additional emphasis on major cities.
- Compiled thought leader list for access to future Troglitazone events.
- Maintain continuous interaction with thought leaders by marketing team and medical liaisons to ensure development of strong relationships.
- Target thought leaders for Phase IIIB and IV studies.
- Develop marketing plan to utilize thought leaders for peer selling (ie. Consultant program, advisory boards).

C. Speaker Development
- Target thought leaders who will be utilized as NE CBU Troglitazone speakers.
- Maintain active file of preferred topics to be used in educational programs.

D. Preceptorships
- Prepare NE CBU for preceptorship training
- Identified 12-15 institutions who will host TM's for preceptorship. Afford CBU opportunity to develop relations with these institutions prior to launch.

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Cerebyx

A. Prioritize hospitals/Identified TM/HTM to promote sales force

B. Established northeast educational platform
- Advisory board meetings throughout CBU
  - Emergency medical physicians and neurologists
  - Learned issues for each area pertinent to launch
  - Gained initial feedback to Cerebyx profile
- Developed Speakers Bureau - consultants
  - RN's
  - PharmD
  - MD

C. Establish Field Sales Advisory Team to identify specific issues in each area geography. Advisory Team comprised of:
- ABM's
- HTM's
- Medical Liaisons
- Training & Development Specialist

D. Prelaunch Activities
1. Identify key players and advocates
   - Pharmacy
     - P & T --members, meeting date, protocol for phenytoin administration
   - Neurology
     - Advocate, RN manager
   - Emergency Department
     - Chief, advocate, head RN, triage nurse, protocol for treating seizures
   - EMS
     - Part of emergency department or separate group
     - Chief
     - Level 1 or Level 2
     - Protocol for treating seizures
   - Other departments
     - Critical care
     - Medical education
     - Grand rounds
     - Neurosurgery
     - Anesthesiology
     - Risk manager

Cerebyx contd

E. Training individuals identified to sell Cerebyx
- MOPS modules - June/July
- Utilize Medical Liaisons & T & D specialists
- CBU Meeting - July

F. Launch
- Work with advocate - Prepare for P & T meeting
- Hospital pharmacy - Full support in pharmacy department
- Deliver formulary kit, P & T meeting

G. Pull through
- Utilize advocate as speakers
- Nurse education
- In-service training
- Medical education (CME, consultant programs)