

Allegation: Report On Tactics To “Push” Butrans Sales

Massachusetts AG FAC ¶¶341-42:

341. In May, in response to the Sacklers’ repeated requests, **staff sent Richard, Jonathan, Kathe, Mortimer, and Theresa Sackler a report on the sales tactics reps were using to push Butrans.** The first tactic reported to these Sacklers was focusing on a select “core” of physicians that Purdue calculated would be most susceptible to sales reps lobbying to prescribe more opioids...

342. The second tactic staff reported to Richard, Jonathan, Kathe, Mortimer, and Theresa Sackler in the May 25, 2011 email was “positioning of Butrans for specific patient types.” **In Massachusetts, promotion for “specific patient types” meant pushing opioids for elderly patients with arthritis...**

²⁴⁹ 2011-05-25 email from Russell Canada, DPL/PC012000326017.

2011 Email: High Level Report On Sales

The regional management team in here this week. A great deal of focus has been on Butrans and what needs to be done to increase growth at a faster pace. The major areas of focus are:

- Improving physician "targeting" to ensure representatives are calling on the highest potential physicians
- Increasing call frequency on a select "super core" of physicians. We are seeing a direct correlation between call activity and results. The results indicate it is taking more calls than expected to generate a first prescription (buprenorphine is "new" to many physicians, the 7- day transdermal system is a "new" concept and identifying a patient who's managed care plan covers them are all contributing factors to a longer selling cycle)
- Improving selling skill effectiveness to:
 - o Improve specific patient focus on calls and effective positioning of Butrans for specific patient types
 - o Improve identification of managed care access for patients within the physician's practice
 - o Improving "closing" skills to gain commitment to prescribe Butrans for appropriate patients

- Butrans, not OxyContin
- No mention of elderly, arthritis or pushing opioids
- Sensible to focus on doctors with proper specialties
- OIG confirmed compliance for 2011

patient types

- o Improve identification of managed care access for patients within the physician's practice
- o Improving "closing" skills to gain commitment to prescribe Butrans for appropriate patients

The regional management team indicates that the biggest challenge thus far has been managed care access. We knew that this would be a challenge at launch, but it has had a greater impact than anticipated. Many physicians see a role for Butrans in elderly, yet we do not have formulary coverage in Medicare D plans. They are currently developing their 2012 formularies and we have lined up meetings with Medicare Part D providers to present Butrans with the objective of gaining formulary support for 2012. We are starting to get good support via commercial managed care providers and this should start to have a positive impact on prescription growth.

Finally, the regional management team has indicated that they are hearing about positive results with

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PPLPC012000326017

5/25/11 Email from R. Gasdia (PPLPC012000326017)