

2001 LTC Strategic and Tactical Plan

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Planning T&E

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Depakote LTC 2001 Marketing Strategy

Situation Analysis

Background

- The geriatric market (65+ years of age) represented 13% of the U.S. Population in 1997 (34 million individuals). Approximately 16% of this group will present with a psychiatric diagnoses before death, and an additional 10% will be afflicted with Alzheimer's type dementia (3.5MM people).
- Of the Alzheimer's-specific group of patients approximately 30%, or 3% of the total elderly population, will exhibit significant psychopathological symptoms. Disruptive psychiatric behavior (ie: verbal/physical agitation and aggression) occurs in between 70-90% of dementia patients, and is the primary reason for nursing home admissions.
- Below are the 1-year prevalence rates for primary DSM-IV diagnostic category illnesses in the 65+population (MM):
 - Major Depression: 0.9
 - Bipolar Disorder: 0.2
 - Anxiety Disorder: 2.2
 - Schizophrenia: 0.2
 - Cognitive Impairment
 - Mild 19.1
 - Severe 13.5
- Based on identified growth within the LTC channel, Abbott launched a devoted Long Term Care sales force in January of 1998. Market research indicated that the primary driver for prescription growth of Depakote was as a treatment for symptoms of agitation associated with Alzheimer's dementia. A sales force of 28 representatives and 1 account manager began detailing efforts focused towards consultant pharmacists, nursing directors, and medical directors in nursing homes.
 - The base nursing home business is 1.7 MM beds, and is growing at roughly 2-3% per year. Market dynamics (Medicaid reimbursement issues, staffing shortages, quality of care issues, expansion of assisted living facilities with higher acuity capabilities) are forcing a shift in the number of available beds and admissions; as a result, the nursing home business appears to be facing a slowdown in growth.
 - Seven pharmacy providers dominate the prescription drug management business and account for over 60% of the total nursing home beds. These providers are covered at the national level by Account Manager activity and by sales force members at the local level.

- The market for “anti-agitation” therapy has typically been comprised of antipsychotic and antidepressant or anxiolytic medications. Physicians typically considered neuroleptics (Haldol) as the first-line treatment for acutely aggressive patients, and continued treatment as maintenance in many cases. Benzodiazepine hypnotics were also highly prescribed as PRN medication.
- With the introduction of the atypical antipsychotic risperidone (Risperdal, REDACTED) in 1994, a major move away from neuroleptic medications was solidified. The OBRA act of 1987 and later the HCFA regulations have helped move atypical antipsychotics to the forefront of treatment for this cluster of symptoms in dementia. Market perception has been that atypical antipsychotics provide “safe haven” from regulatory restrictions. This in fact is not the case, and HCFA continues to refine codes to monitor atypical usage. Currently, divalproex is not grouped in the antipsychotic definition and therefore is not open to the same regulatory restrictions.
- Currently, Risperdal maintains the market share lead for treatments used in behavioral disturbances in dementia. Olanzapine (REDACTED, REDACTED), launched in 1996 has moved to the 2nd most prescribed position. Zyprexa
 - Both products have devoted LTC sales forces (100 and 125 representatives respectively), and will sell between (\$300-375MM: CONFIRM) in 2000.
 - Quetiapine (Seroquel, REDACTED) launched as the third atypical antipsychotic entrant in 1997, and is currently expanding its’ presence in LTC through increased clinical research and marketing activity. It is currently completing the deployment of a devoted LTC sales force and account management team. (\$ SALES)
 - A fourth entrant, ziprasidone (REDACTED) may enter the market as early as 2Q01. This will be a particularly strong entry as REDACTED co-promotes REDACTED (donepezil) with REDACTED. REDACTED and promotes Zoloft, the number one prescribed SSRI in LTC. REDACTED will enter the market with a strong understanding of the LTC market and the related provider issues.
 - Two cholinesterase inhibitors are currently marketed in the US Market. REDACTED (Aricept) and REDACTED (Exelon) are both developing and promoting combined cognition and behavior management messages. A third compound was recently approved and is preparing to enter the US market (BRAND, selegeline; REDACTED).
- Mood stabilizer/anticonvulsant competition has been moderate and has consisted primarily of pockets of activity by Neurontin (REDACTED). Market advisors estimate increased clinical activity and promotional efforts for Neurontin to coincide with the product’s takeover by REDACTED (2000 \$ SALES LTC) Relatively little data exists documenting efficacy of other mood stabilizers; product safety profiles preclude uptake of lithium or carbamazepine. REDACTED appears poised to initiate data collection for oxcarbazepine.

Key Issues

- **Factors enhancing Depakote growth for 2001 include:**
 - Sales force expansion from 28 to 55 devoted LTC representatives (completed 2Q00) and an two additional Account Managers (3 total LTC) to work with key influencers at the local level and pharmacy providers at the national level.
 - Territory disruption absorbed in 2000
 - Initial LTC physician-level data rolled out 4Q00
 - LTC Consultant Meetings executed 3/4Q00
 - Commercial Analysis initiative
 - Message recall (4Q00)
 - Rx Influencer definition (1Q01)
 - Market Expansion definition (Assisted Living, Retail; 1/2Q01)
 - Publication of two pivotal datasets for Depakote in nursing home patients (4Q00/1Q01)
 - M97-738: Depakote in Elderly Mania
 - VALIDATE: Depakote in signs/symptoms of Elderly Mania
 - LTC Provider contracting for Depakote (growth incentives) initiated 3Q00
 - Launch of Depakote ER and subsequent ER growth incentives with LTCPP
 - Account Manager implementation of disease state management programs to key providers (**REDACTED** and **REDACTED** initially).
 - Define market (agitation) vs. Competitive focus (psychosis)
 - Focus provider staff on safety advantage and lack of regulatory control vs. antipsychotics (OBRA and HCFA)
 - Leverage pivotal data publications
 - Increased promo spend vs. 2000
 - Comprehensive Educational initiative roll-out (2Q01)
 - Consultant Programs (1Q01)
 - NAM Program funding
 - Ongoing clinical activity involving Depakote (M99-082 and ADCS study).
 - Development of “neuroprotective” data and commercial message

- **Factors limiting growth include:**
 - Short term perceived lack of clinical data (controlled).
 - Diversity of influences on LTC Rx’s.
 - Competitive pressure:
 - Sales force expansions; added nursing/pharmacy coverage
 - Relative promotional spend and lost SOV (**BACKUP/ LTC**)
 - New entrants (Exelon, ziprasidone, selegeline)
 - Aggressive competitive contracting/bundling at provider level

- Entrenched treatment pattern (antipsychotics) at primary care level and current lack of PCP channel coverage.
- Depakote labeling considerations:
 - Perception of monitoring requirements at PCP level
 - Hepatotoxicity, pancreatitis, geriatric dosing warnings
- Valproic Acid initiatives at provider level
- Lack of clinical data for Depakote ER; size of 500mg formulation.

Segmentation

- The Long Term Care Channel is segmented in terms of prescribers and non-prescribers
 - Prescribers: Geriatric Psychiatrists, Consultant Psychiatrists, Medical Directors, Consulting Geriatricians (GP/FP), Nurse Practitioners
 - Non-Prescribers: Pharmacy Providers, Consultant Pharmacists, Nurses
- **Use Segmentation**
 - Estimated available uses for Geriatric population;
 - Behavior Disorders associated with Dementia: 70-80%
 - Seizure Disorders/other: 20-30%
 - Behavioral Disturbances
 - Of 4.1MM dementia patients, minimally 2.9MM (70%) will experience BDD
 - Primary disturbances
 - Depression: 10-80%
 - Anxiety: 20-60%
 - Psychosis: 5-49%
 - Agitation/Aggression: 10-90%
 - Depakote is 1st-line therapy in agitation/aggression; adjunctive therapy (for suboptimal control) in agitated depressed, anxious, or psychotic patient
 - Seizure Disorders (all)
 - Approximately 24% of population 65 years+ have a seizure disorder
 - Total SNF population estimated to be taking anticonvulsant at given time: 10-25%
 - Depakote is 1st-line therapy for geriatric seizure patients who are candidates for maintenance AED therapy
- **Channel Segmentation: Messages**
 - Prescribers:
 - Psychiatry: 1st line maintenance treatment and effective adjunctive control of agitation and aggression associated with Alzheimer's disease.
 - Safe (well tolerated), proven effective alone and as adjunct TX, easy to initiate and titrate with flexible dosing and new ER formulation.
 - General Medicine: 1st line maintenance treatment and effective adjunctive control of symptoms of agitation and aggression associated with normal progression of Alzheimer's disease.

- Safe (vs. antipsychotics, not regulated by OBRA/HCFA), proven effective and considered 1st line by Expert Consensus panel, easy to initiate and monitor with flexible dosing, allows antipsychotic dose reduction. ER formulation offers improved tolerability and once daily dosing.
- Secondary Message: Depakote is a first-line treatment for seizure disorders in the elderly, with specific benefits (broad spectrum, use in co-morbidity, use as mono or combo-therapy, lack of drug interactions, and lack of negative cognitive adverse effects) compared to phenytoin and carbamazepine in this population.
- Non-prescribers: Consultant Pharmacists
 - Proven 1st line maintenance for symptoms of agitation and aggression in dementia.
 - Depakote is clinically proven, safe treatment for maintenance treatment in the nursing home; use is not regulated by OBRA/HCFA. This allows antipsychotic reduction/removal at the individual nursing home level.
 - Depakote is a cost-effective alternative to atypical antipsychotics.
 - Flexible formulations are ideal for geriatric patients (ER allows improved tolerability and QD dosing, fewer med pass errors, and reduced staff time) while sprinkle provides smooth blood levels ideal for initiation and maintenance at lower doses.
 - Secondary Message: Depakote is a first-line treatment for seizure disorders in the elderly; lack of cognitive effects and drug/drug interactions provide benefit over current first-use therapies phenytoin and carbamazepine.
- Non-prescribers: Nursing
 - Proven 1st line maintenance for symptoms of agitation and aggression in dementia.
 - Clinical data supports Depakote as a safe and effective treatment in this population. It is not an antipsychotic, and therefore is not associated with adverse events such as EPS/TD, anticholinergic effects, or hypotension. It is also not regulated by OBRA/HCFA, and allows for either antipsychotic dose reductions or elimination. Depakote ER and sprinkle offer convenient formulations for initiating and titrating; ER can be dosed once daily which helps significantly save staff time and cut down on Medication Pass errors.
 - Depakote is also an effective therapy for seizure disorders, with substantial benefits vs. Carbamazepine and phenytoin in terms of broad spectrum of activity, use in co-morbidity, relative lack of drug interactions, and lack of cognitive adverse events particularly associated with phenytoin.
- Non-prescribers: LTC Pharmacy Providers with NAM coverage
 - Proven 1st line maintenance treatment for agitation and aggression in dementia
 - Substantial clinical data to support clinical use
 - As effective in agitation and aggression as antipsychotics with more benign adverse event profile
 - Cost savings vs. Atypical antipsychotics (combination use allows lower AP doses)
 - ER available; data is being generated at nursing home level
 - ER formulation will help cut med pass errors and reduce staff time in dispensing tablets
 - Not monitored by OBRA/HCFA

- Committed effort by Abbott to partner with providers
 - Depakote contract and ER incentive
 - DSM Programs include ER data

- **Channel Segmentation in 2001**
 - Current focus is prescribers. Targets include geriatric/consulting psychiatry and Medical Director/Geriatrician in nursing home channel. Representatives detail Rx influencers at nursing home at retail settings.
 - Secondary emphasis is on nursing home staff (nurses/consultant pharmacists).
 - NAM coverage of key LTC Provider personnel at national/regional level; sales force management and rep coverage of pharmacy staff at local level.

 - **2001 Plan**
 - Maintain focus on prescribers 1st trimester; initiate analysis of Rx influencers on national level 4Q00/1Q01 to identify ideal customer mix and message.
 - Regional call focus to be determined by business conditions (sales management).
 - Evaluate BDD message in neurology
 - Evaluate epilepsy message in nursing home and LTC market.
 - Target non-prescribers through educational programming and direct personal promotion at key accounts. NAM coverage to continue at national level; secondary influence through national DSM programs.
 - Evaluate market expansion (ALF, regional providers, SNF chains) opportunities 1/2Q01.
 - Evaluate potential for new neuroscience products and non-neuroscience products in the LTC/geriatric markets.

Channel Segmentation: plan

- Currently focus on physicians and staff who work within framework of nursing home facilities. Large nursing homes have historically been the outlets which house advanced Alzheimer's dementia patients. As stated earlier, presentation of psychiatric symptoms is a primary driver of patients into nursing facilities. Trends today point towards earlier treatment of dementia and its' associated behavioral disturbances. Additionally, increased operational costs have begun to limit the growth of true nursing homes.

- In order to optimize penetration, we will perform analysis and identify expansion strategy into LTC Channel growth segments:
 - Assisted Living and Home Health Care: these are the two fastest growing segments of the LTC/geriatric market. High operating costs and the prospective payment system now limit the ability of large, staffed nursing homes to function profitably.
 - We will evaluate both of these markets and implement a two-part plan to impact pharmacy providers and prescribers in these channels. Due to key LTCPP involvement in

ALF market, initial strategy will address this segment. Home Health Care and Regional Providers/Nursing Chains will be evaluated during Tri.2/01.

- Commercial Analysis plan to be completed 11/00. (See attachment "Commercial Analysis" for channel segment plans, data collection methodology, and timelines.

Product Positioning

- Launch position (1/98): 1st line treatment for manic-like agitated symptoms ("Psychobehavioral Metaphor").
 - Message: Logical, Rational, Safe, Easy to Use
- Re-position/M97-738 results (8/99): 1st line treatment for agitation in elderly dementia patients
 - Message: Safe, Effective, Easy to Use
- Current position (10/00): 1st line maintenance treatments for symptoms of agitation and aggression in elderly dementia patients.
 - This position more accurately reflects the treatment process followed by geriatric physicians and psychiatrists. Agitation manifests as numerous specific symptoms, most of which tend to respond to treatment with a mood stabilizer (Consensus Guidelines). This clarified statement positions Depakote as a first choice for maintenance treatment of agitation and aggression, regardless of specific symptomology, and allows for flexibility as an initial or adjunctive treatment. It also aligns more directly with clinical use of mood stabilizers vs. Antipsychotics (which are initiated for acute Tx and then erroneously left on as maintenance treatment).
 - Safety vs. atypical antipsychotics is the key differentiation for Depakote (lack of EPS, cholinergic AEs, hypotension). This is reinforced with the noticeable exclusion to date from regulatory action in OBRA or HCFA.
 - Antipsychotics are currently believed to be more effective based on historical use and a large database of clinical trials. Antipsychotics position themselves as first line for the "psychotic" symptoms of dementia. Through interpretation of cognitive deficit associated with Alzheimer's itself as "psychotic" symptoms, competitive companies have gained acceptance as first-line therapy.
 - Depakote has been proven effective in clinical trials (open and double-blind). *Expert Consensus Guidelines* published in 1998 also position Depakote as first or second-line (adjunct) maintenance treatment for agitation and aggression. Two pivotal publications are planned for 4Q00 and 2Q01 supporting claim.
 - M97-738 has helped us more clearly understand the dosing parameters and patient monitoring issues related to Depakote use in the nursing home. Doses in the

500-1000mg range will typically be considered maintenance doses. In clinical studies, initiation over 2-4 weeks was well tolerated by subjects.

- M99-082 will define optimal dosing for the nursing home population and will establish primary criteria for efficacy in “agitation” vs. “Mania.”
- NIA Protocol will support the dosing, efficacy and safety message utilizing the sprinkle formulation, which currently accounts for 15-20% of LTC use.

Neuroscience Market Segment Analysis

Priority Segment: Agitation (Dementia)

Criteria	Comments / Analysis
Rationale for Focus	<p>-Depakote proven effective in multiple pilot studies of agitated dementia population (clinical utility high); Two double-blind, clinical studies accepted for publication (Q400 and Q101).</p> <p>-Market has high clinical unmet need. There is moderate to heavy competitive activity in this market, however Depakote is positioned uniquely as a non-antipsychotic compound. Cholinesterase inhibitors are marketed for cognitive and behavioral symptoms associated with Alzheimer's disease.</p> <p>-Alzheimer's dementia continues to grow as population ages, placing emphasis on need for early and continued treatment of symptoms of agitation. The primary reason for skilled care facility admissions is uncontrollable behavioral disturbances (~70%).</p>
Positioning	<p>-Depakote is a first-line maintenance treatment for symptoms of agitation and aggression associated with Alzheimer's dementia.</p> <p>-It holds a unique position as the only well-documented mood stabilizer proven effective in this population; this position is supported primarily by the safety profile Depakote offers compared to current first-line therapy (antipsychotics). It also offers ease of use in this population (dosing flexibility, few drug interactions, lack of monitoring, and a broad array of formulations).</p>
Core Messages	<p>-Depakote is safe medication in the geriatric population. It uniquely offers no risk of EPS/movement disorders, anticholinergic effects, and relatively few drug interaction considerations. It is well tolerated in the geriatric population when dosed appropriately.</p> <p>-Depakote has been proven effective in significantly reducing the symptoms of agitation and aggression in patients with Alzheimer's dementia. It can be used as monotherapy or in combination with commonly prescribed psychotropic medications in the symptomatic treatment of agitated and aggressive symptoms.</p> <p>-Depakote therapy is easy to initiate and maintain. Formulation flexibility allows initiation at low doses (125mg tablet or sprinkle), titration to effective levels, and maintenance treatment with once daily Depakote ER.</p>
Clinical Data Inventory	<p><u>Completed ABT Studies</u></p> <p>-M97-738: Depakote in the Treatment of Mania Associated with Alzheimer's Dementia. Study initiated in 1997 with goal of supporting Depakote Mania label. Study was suspended in March of 1999 due to abnormally high incidence of somnolence and anorexia. Primary data analysis did not support efficacy in mania; secondary analysis did support a statistically significant response for Depakote treated patients in verbal and overall agitation scores. Adverse events were deemed to be the result of an overly aggressive initiation and titration schedule. Study results were presented as poster at APA 2000. Manuscript has been accepted for publication Q101 in Current Therapeutic Research.</p> <p><u>In-Progress ABT Studies</u></p> <p>-M99-082: Depakote in the Treatment of Agitation Associated with Alzheimer's Dementia. Initiated</p>

	<p>January 2000; double-blind, placebo controlled, randomized study of Depakote in agitation. Primary efficacy variable is reduction in agitation scores (Cohen-Mansfield Agitation Index). Goal is publication of data in tier 1 journal, with potential use as one of two labeling studies (pending FDA decision on agitation definition; Abbott-led consensus panel planned 2Q01).</p> <p><u>External Publications</u></p> <ul style="list-style-type: none"> -Multiple pilot studies support efficacy and safety message in Alzheimer's dementia market. See clinical data inventory "Depakote in Dementia." -VALIDATE study (U. of Rochester) accepted for publication in 12/00 issue of JAAGP.
Key Strategies	<ul style="list-style-type: none"> -Position Depakote as first-line maintenance treatment for agitation and aggression either alone or as adjunctive therapy in uncontrolled patients; position ER appropriately. Secondary epilepsy detail. -Continue to direct sales force efforts to key LTC prescribers trimester 1 01. Support education of LTC non-prescribers (RN/Consultant Pharmacist) at territory level based on influence of local business. -Initiate LTC Commercial Analysis plan 4Q00/1Q01 to answer key questions related to target channels, customer segments, and messaging. Implement findings beginning trimester 2 01. -Support Nam and field pull-through initiatives with national pharmacy providers (DSM and other). -Increase CME programming to support product positioning. <p>Drive dissemination of major data (M97-738 and VALIDATE) through sales force and educational efforts.</p> <ul style="list-style-type: none"> -Support ongoing clinical research (NIA/Alzheimer's Agitation) and basic science (Neuroprotection) efforts. Develop and disseminate educational message for neuroprotective therapy.

Neuroscience Market Segment Analysis

Priority Segment: Geriatric Seizure Disorders

Criteria	Comments / Analysis
Rationale for Focus	<p>-Depakote is a broad-spectrum anticonvulsant effective in controlling partial and generalized seizures. Approximately 25% of the population 65+ will experience a seizure disorder. It is estimated that between 20-40% of patients in long term care facilities receive anticonvulsant treatment.</p> <p>-Depakote is currently gaining acceptance as maintenance pharmacotherapy for behavioral disturbances in this population. It has a broad array of formulations including an I.V. for the emergency room setting, a sprinkle formulation, and an ER form, which provides improved tolerability and once daily dosing. In the geriatric market, the "nuisance" adverse events often mentioned in the child or adult populations do not inhibit use (particularly, teratogenicity, weight gain, and hair loss). Despite a significant adverse event profile, Dilantin continues to be heavily prescribed in the LTC market.</p> <p>-The LTC sales force has capacity to deliver a secondary detail to appropriate customers in long term care (Medical Directors, GP/FPs, Nurse Practitioner/RNs, Consultant Pharmacists).</p>
Positioning	-Depakote is a proven, broad-spectrum AED ideal for first-line use in the elderly.
Core Messages	<p>-Depakote is a clinically proven, safe treatment for all seizure types in the geriatric population. It offers few drug interactions and a lack of cognitive adverse events compared to other first-line AEDs.</p> <p>-Depakote is effective in both partial and generalized seizures. Additionally, it can be used for patients with co-morbid seizures and behavioral disturbances.</p> <p>-Depakote is easy to use in the geriatric population. It offers multiple formulations including an I.V. for use in emergency settings, a sprinkle capsule and ER tablet which offer smooth, steady blood levels, an improved adverse event profile and once daily dosing.</p>
Clinical Data Inventory	<p><u>Completed ABT Studies</u></p> <p>-Pivotal studies in the label for partial seizures (Beydoun and Willmore) support first-line use alone or as adjunctive therapy. Other supportive data available for Depacon.</p> <p><u>In-Progress ABT Studies</u></p> <p>-Depacon rapid infusion study will support PCP educational efforts.</p> <p><u>External Publications</u></p> <p>-Multiple review papers support valproate as a first-line treatment in geriatric seizure patients.</p>
Key Strategies	<p>-Continue to detail Depakote for geriatric seizure disorders during 1st trimester using pivotal data. Initiate commercial analysis (ATU) and MDS database projects to clearly define phenytoin/other AED use in LTC and to create specific, targeted message for customer segments.</p> <p>-Incorporate seizure treatment into CME plan for 2001 educational programming.</p> <p>-Coordinate Depacon educational efforts to impact Rx initiators.</p>

Category	Program/Event Name	Program Start	Program End	Objective	Champion/Target	Deliverables (if applicable)	Total Cost (if applicable)	Expected reach	Total Cost in 2011	Cost/Expense	Person Responsible/Vendor	Comments
Sales Force Support	Sales Force Support	6	Yonkers	Drive sales through direct mail campaigns	LTC MAs (Retail and Creative) Psych MAs	01	\$70,000	500	\$70,000	\$140	Psych Team	Vendor TBD per market
	Reminder/Response	7	LTC Branding, Pharmacy, LTC Support	AD Pharmacist/branding efforts	ALTC Support Team	01-14	\$75,000	1000	\$75,000	\$75	Creative Services	Timeline 1.5 premiums
	Refill	8	LTC Support for disambiguation	Customer data used disambiguation of data to target customer	ALTC Support Team	01-14	\$20,000	500	\$20,000	\$40	JCD Creative Services	By 7/31/11 based on publication date
	Other Publications	9	VALIDATE Reports for disambiguation	Deliverable sales promotion materials to target customer	ALTC Support Team	01-14	\$20,000	500	\$20,000	\$40	ALTC Support Team	VALIDATE OT based on publication date 03/30/12 (see above)
	Sales Alerts	10	LTC Pharmacists	Pay EA on introduction	ALTC Support Team	01-14	\$20,000	500	\$20,000	\$40	ALTC Support Team	Timeline TBD
	Workshop	11	LTC Hospital Panel	Identify key hospital stakeholders	ALTC Support Team	01 and 02	\$10,000	1000	\$10,000	\$10	Creative Services	Request for proposal 1/18/12 (file and 03/1)
	Meetings	12	Save Force Workshop Funding	Enable in support workshop and 4th quarter	Creative Psych, RN, DON	02	\$10,000	NA	\$10,000	NA	Creative Services	Based on M/R approval
	Launch Meetings	13	Save Force	Support MAs and outreach activities for LTC Pharmacy Providers	LTC Pharmacy Providers, Key Site Leads, Y.A. GREC, (NAM) B/J	01 and 02	\$10,000	400	\$10,000	\$10	Marketplace/OTIS	Based on 6/20/11 agreement SO Review of SOK
	Meetings	14	Save Force	Network/Other Sales Meeting Changes	Save Force	01 and 02	\$30,000	TBD	\$30,000	TBD	Marketing	Final amount TBD based on publication date available from non-estimated CME (see above)
	Meetings	15	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	16	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	17	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	18	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	19	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	20	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	21	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	22	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	23	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	24	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	25	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	26	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	27	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	28	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	29	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	30	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	31	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	32	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	33	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	34	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	35	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	36	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	37	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	38	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	39	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	40	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	41	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	42	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	43	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	44	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	45	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	46	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	47	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	48	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	49	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	50	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	51	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	52	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	53	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	54	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	55	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	56	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	57	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	58	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	59	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11
	Meetings	60	Save Force	Marketing support	Save Force	01 and 02	\$8,000	NA	\$8,000	NA	Marketing	Marketing per 6/21/11

LTC TACTICS												
JAN-DEC 01												
Category	Promo Category	Promo Code	Program/Event	Objective	Channel Targeted	Date(s)/Place (if applicable)	Total cost (if applicable)	Expected reach	Total Cost In 2001	Cost/Exposure	Person Responsible/Vendor	Comments
Sales Force Support	Samples/Free Goods	8	Vouchers	Drive initial/initial MDs	LTC MDs (Retail) and General Psychs, NPs?	Q1	\$20,000	500	\$20,000	\$40	Psych Team	Vouchers TBD per Make/Rock
	Faculty Advisory Boards	35	District Consultants: 01	LTC Peer Influence	LTC MDs/Prescribers: some high potential	Jan-Mar 2001	\$420,000	350	\$420,000	\$1,200	Marketing/TBD	Q1 only; Q2 Masters starts
			Psych Advisory	LTC Improvement w/initial psych	LTC National Advisors	Jan; Beaver Creek	\$15,000	2	\$15,000	\$7,500	Marketing/HALO	Only 2 LTC Advisors
			Sales Force National Meeting	LTC MD Presentation/Training	LTC Sales Force	Jan; New Orleans	\$1,000	75	\$5,000	NA	Marketing/RTS	Confirm Nat'l agenda; speaker
			LTC National Advisory	LTC faculty development	Geriatric Opinion Leaders	2001; location TBD	\$40,000	15	\$40,000	\$2,600	Marketing/TBD	LTC Faculty development
	Fellowships	34	LTC CME Mini-fellowships	LTC Message Development	LTC MDs/NPs/Genl Psychs	2/3/01	\$180,000	150	\$180,000	\$1,200	Marketing/ABComm	TBD based on Masters?
	Seedling Trials (NML)	37	NML LTC Projects	Support message/initial	LTC MDs/Phy Providers	Q1-4/2001	\$150,000	NA	\$150,000	NA	Sickler/NMLs	Schedule projects w/initials
Peer Opinion	Grants	18	ASConn Grant Round	LTC Support of CME/Info-CME programs	Physicians/LTC Targets	Q1-4/2001	\$20,000	NA	\$20,000	NA	Luis Beer/ABComm	Support TBD based on Masters' Allocation per district
			CME Grant: Neuroscience Masters Program	Support LTC portion of 2001 Comprehensive CME program	LTC: Geriatric, Maximal DV, RN/Phy	Trimester 2, Q1	\$400,000	1000	\$400,000	\$400	Marketing/Vendor; TBD; see proposals re: specific	Old process ongoing; SPM message; shared contacts; SEE incremental funds to make up 2nd part of LTC portion
			UCLA Foundation	Support Alzheimer's Disease Program	UCLA Med/Physic Dept	May 2001; LA	\$10,000	TBD	\$10,000	NA	Roger Aumann/Gary Small MD	Support for UCLA Alzheimer's
			Yale Geriatric Psych Program	Support Drug Nelson	Geriatric Psychs / LTC MDs	2001	\$5,000	TBD	\$5,000	NA	Marketing/Contact Larry Wisfield	Supported 9900; call Drug re: 01 plans
			USC Outreach Program	Support Lori Schneider	Geriatric Psychs	2001	\$5,000	TBD	\$5,000	NA	Marketing/Contact Roger Aumann and Cedric C.	Supported 00 call Lori re: 01
			Drug Nelson: Am Society of Neurogeriatrics/Neurology	Grant for publication by Nelson, Swann, TBD targeting IA	Psych/Genl Psychs	10/01	\$40,000	TBD	\$40,000	TBD	Marketing/Drug Nelson	Completed Airport for 01; plan to 200; call re: contacts
			ANPA National Meeting	New Psych/LTC Messages to Neurogeriatrics	Neurogeriatrics	Jan 01	\$5,000	TBD	\$5,000	TBD	Marketing/Toni McAlister	Call Tom to make payment; board 10/01; call psych
			National Geriatric Psychological Nurse Practitioners	Support CME/Natl Mtg	LTC NPs	Sept 2001; TBD	\$5,000	150	\$5,000	\$10	Mitra; DM of Nat'l Mtg site	Contact Jodie Amazon-Lance
Direct Marketing	Direct Mail etc.	50	Member list acquisition	Cover yearly list requests	LTC Target Organizations	Q1-4/01	\$10,000	NA	\$10,000	NA	Commercial Analysts	List acquisition fees depend on org; contact Comm/Analysis
Market Research	Misc. Studies	73										
			LTC ATU (message development)	Identify key messages by LTC segment type	Physicians, Pharmacy Provider, RN	Initial Q1 01	\$40,000	NA	\$40,000	NA	Marketing/Jeff Borman	Need to frame questions and objectives
			Re "Influencer" Targeting Analysis	Create channel/target segmentation	All LTC (MD/RN/Phcy)	Initial Q1 01	\$100,000	NA	\$100,000	NA	Marketing/Jeff Borman	Good call plan and targeting (value/LTC Target type)
			Omnicare MDS Database	Define LTC key DS and Tx patterns; Develop tool	LTC Pharmacy Providers and Rx Influencers	Initial Q4/00; quarterly; will continue Q1 01	\$25,000	NA	\$25,000	NA	David Mahan/Jeff Borman	LTC Business overview based on database (actuals)
			LTC Channel Segmentation	Segment schizophrenia (ALF, Home Health, Retail)	LTC	Initial Trimester 201	\$30,000	NA	\$30,000	NA	Marketing/Jeff Borman	Initial ALF/Home Health analysis and recs

JAN 01 2011

Category	Program/Event	Phase	Channel Targeted	Dates/Phase (if applicable)	Total Cost (if applicable)	Expected reach	Total Cost in 2011	Cost/Expense	Person Responsible/Order	Comments
Basic Form Survey	Survey	6	UIC, MOA (Risks and Genetic Predisposition)	Q1	2,000	600	170,000	140	Psych Team	Variable TBD per MarketPlace
Public Relations	PR Support for VAL DATE and Publications		UIC, MOA, Genetic Predisposition	Target meta study publication in 2012, continue with additional analyses and papers	approx. 10,000	TBD	150,000	TBD	Marketing PR Support	7 new releases for public release in 2012 - 100% coverage in print and online

Non Targeted Costs Agency fees

Budget Capline 1100:

\$4,000,000

ALL

LTC 2001 Planning T&E

January Trimester 1	May Trimester 2	August Trimester 3
<p>In Development</p> <p>Commercial Analysis LTC Market ATU Rx "Influencer" Analysis (Optimal Detailing Analysis) LTC/SR Overlap analysis REDACTED MDS Database Analysis LTC Consultant Surveys Neurology</p> <ul style="list-style-type: none"> Geriatric Epilepsy Analysis (Market Potential/Message) BDD Neurology Potential <p>Sales Reporting Retail Sales Impact of LTC Sales Force LTCPP Contract Impact Tracking ER Sales Tracking</p> <p>Tactics CME Video/Monograph: BDD: Role of Mood Stabilizers Comprehensive CME Package ("Masters") Training</p> <ul style="list-style-type: none"> Advanced LTC Preceptorships: REDACTED MD <p>LTC Pilot Studies (NML) "Progress Notes": Psychopharm publication</p>	<p>In Development</p> <p>Commercial Analysis Rx "Influencer" Analysis (Optimal Detailing Analysis) Market Expansion: ALF Message</p> <ul style="list-style-type: none"> ALF Account Management: Purchasing/Provider (NAMs) Rx Influencer Overlap (SNF/ALF) <p>Regional Account Management (Nursing Home Chains/Providers) LTC Sales Force Expansion ROI</p> <p>Tactics NAM Provider pull-through programs SNF/ALF Promo Materials (premiums) Comprehensive CME Package: BDD/Epilepsy content LTC Pilot Studies (NML) Impulsive Aggression (002) Data</p>	<p>In Development</p> <p>Commercial Analysis Program ROI Analysis Market Expansion</p> <ul style="list-style-type: none"> Home Healthcare Account Management Rx Influencer Overlap (SNF/ALF: HHC) <p>Tactics Comprehensive CME Package components LTC Pilot Studies Trimester 1 02 Promo</p>
<p>Implementation</p> <p>Commercial Analysis Q400 LTC Message Recall Q400 LTC Consultant Surveys LTC Sales Force Optimization Analysis Sales Force 2001 Reports (revised)</p> <p>Incentive Plan Revised LTC Incentive Plan: DDD, Retail, Impact Goals</p> <p>Tactics LTC Consultant Programs BDD Supporting Articles (738/VALIDATE) ER Geriatric Data AAGP: CME Symposia "Neuroprotection" AMDA: CME Symposia "BDD: Role of Mood Stabilizers" CME Monograph: "Treating Agitation/Aggression" LTC "branded" premiums</p> <p>Training ISTC Preceptorships ISTC LTC Training Program (revised)</p>	<p>Implementation</p> <p>Commercial Analysis LTC Market ATU Rx "Influencer" Analysis (part 1: District/geographical targeting) REDACTED MDS Database Analysis LTC Consultant Surveys Neurology</p> <ul style="list-style-type: none"> Geriatric Epilepsy Targeting/Message BDD in Neurology <p>Tactics Comprehensive CME Package ("Masters")</p> <ul style="list-style-type: none"> Regional CME Meetings CME Video/Monograph <p>BDD Supporting Articles (738/VALIDATE) APA CME Symposia: "Neuroprotection" AGS CME Symposia: "Anticonvulsants in LTC" US Geriatric/LTC Congress CME Symposia: "New Perspectives in Managing BDD" LTC Advisory Meeting LTC "branded" premiums LTC Pilot Data (NML) "Progress Notes": Am. Society of Psychopharm national publication Training: Advanced Preceptorships (April and May w/REDACTED, MD)</p>	<p>Implementation</p> <p>Commercial Analysis Rx Influencer Analysis (part 2) Market Expansion</p> <ul style="list-style-type: none"> SNF/ALF: NAM/Rep Targeting Regional Account Management <p>Tactics Comprehensive CME Package ("Masters")</p> <ul style="list-style-type: none"> CME Monograph Teleconferences <p>CME Symposia: NADONNA CME Symposia: ASCP LTC Pilot Data Impulsive Aggression (002) Data</p>