



2000  
BUDGET PLAN

PP 00215

Produced to: Connecticut  
Attorney General Richard Blumenthal



# **OxyContin® Tablets**

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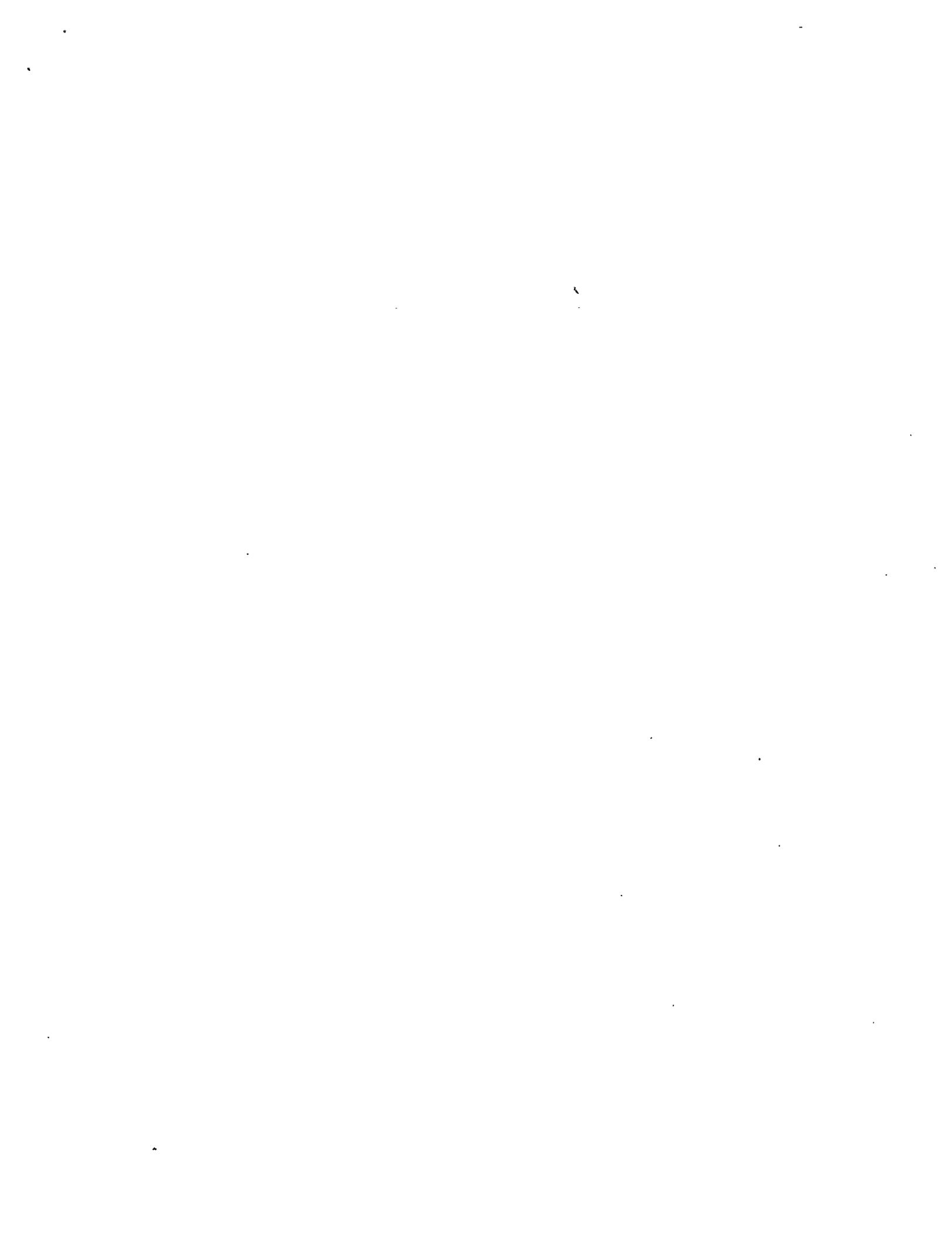
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## II. ASSUMPTIONS

### A. Market Overview

To date, the market for OxyContin Tablets consists of patients with both cancer pain and non-cancer pain. The non-cancer pain market is the significantly larger market. In 1998, sales of opioids in the OxyContin market were \$1.3 billion for non-cancer pain compared to \$261 million for cancer pain. Over 70% of OxyContin Tablets prescriptions are written for non-cancer pain. With the launch of Palladone XL™ capsules, the promotional focus will be OxyContin Tablets in non-cancer pain. OxyContin Tablets will be a secondary promotion for cancer pain management.

The classic model utilized in the treatment of cancer pain is the World Health Organization (W.H.O.) Three Step Analgesic Ladder. While treatment of non-cancer pain often varies by the specific pain state, and the use of opioids is much more controversial compared to cancer pain, physicians often use the W.H.O. ladder as a guide for treatment of non-cancer pain. The recommendations of the W.H.O. are:

- Step 1:           Use NSAIDS to treat mild pain, e.g., aspirin (ASA), acetaminophen (APAP), and non-steroidal anti-inflammatory agents (NSAIDS).
- Step 2:           Use weak opioids to treat moderate pain, e.g., codeine, oxycodone, and hydrocodone combinations.
- Step 3:           Use strong opioids to treat severe pain, e.g., morphine, hydromorphone, fentanyl, etc.

### B. Fixed Combination Opioids

Prior to the introduction of OxyContin Tablets, opioid choices for treating moderate-to-moderately severe pain in Step 2 had been limited to combination products containing oxycodone, hydrocodone, codeine, and either ASA (example: Percodan®) or APAP (example: Percocet®). The short duration of action of these products causes peaks and valleys in blood levels, which can contribute to increased side effects and poor, inconsistent pain control. The short duration of action is also problematic for patients who need around-the-clock dosing of their pain medication. Dosing every four to six hours does not allow a patient to sleep through the night, or participate easily in many normal activities. Even dosing every eight hours can interrupt activities or sleep. The combination of an opioid with APAP or ASA limits the number of tablets that can be prescribed because of potential liver toxicity. The APAP or ASA component also has the potential to mask fever in cancer patients and other patients with infections. All these factors, associated with the choice of opioid analgesics in Step 2, as well as the large dollar and prescription

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volume of this class of drugs, provide a continuing opportunity for a single-entity, long-acting oxycodone product, OxyContin Tablets.

C. Single Entity Opioids

Long-acting morphine and transdermal fentanyl provide physicians with two long-acting products to meet the needs of patients with moderately severe to severe pain as described in Step 3. However, these products possess disadvantages such as the stigma that surrounds morphine and the reluctance of the physician, nurse, and pharmacist to use them. They are also considered "potent" opioids which physicians may be reluctant to prescribe until the pain is severe. Hydromorphone is considered a potent opioid analgesic, but has been limited in its use in chronic pain due to the need to dose it at least every six hours for consistent around-the-clock pain relief. OxyContin Tablets are now being utilized for severe pain, as evidenced by an increase in the sales volume of the 40 mg and 80 mg OxyContin Tablets during 1999.

◆ MS Contin Tablets / Generic Sustained Release Morphine

- MS Contin Tablets remains the gold standard for treating moderately severe to severe cancer pain (W.H.O. Step 3). In fact, some physicians, particularly oncologists, continue to switch patients with more severe pain from OxyContin Tablets to MS Contin Tablets®. Many health care providers continue to believe that MS Contin Tablets are more potent than OxyContin Tablets. This may be due in part to the carryover to OxyContin Tablets of the perception of Percocet as a weaker Step 2 drug. Although faced with stiff competition from Duragesic®, Oramorph SR™, OxyContin Tablets and generic sustained release morphine, MS Contin Tablets prescriptions have decreased only 4% (9,392) in 1999 year-to-date through March 1999 compared to the same time period in 1998.
- MS Contin prescriptions, plus our generic (ABG) prescriptions, have decreased 7.6% (20,052) 1999 year-to-date compared to the same period in 1998.
- Generic sustained release morphine is now an alternative that decreases the cost of opioid therapy with q12h dosing. An AB-rated generic to MS Contin is produced by ENDO. When distribution is adequate, it is likely that a "maximum allowable charge" (MAC) will be developed for MS Contin Tablets, increasing significantly the rate of substitution.

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- Duragesic

Duragesic is another competitor to OxyContin Tablets. Janssen has been targeting the moderate-to-moderately severe pain market for the past two to three years. Their progress has been slow but steady in obtaining patients coming directly from fixed combination opioids, as they stress convenience, less side effects (particularly constipation), and increased quality of life. Field reports tell us that in 1999, Janssen is seeking to replace Percocet, OxyContin Tablets and MS Contin Tablets prescriptions. Janssen is expected to gain FDA approval for a 12.5 mcg patch, potentially by the end of 1999. It is expected to be targeted to the early treatment of non-cancer pain and pain in the more frail elderly patient.

Janssen has a dedicated sales force targeted specifically to the long-term care (LTC) market. In addition to marketing Duragesic, they are promoting Ultram® for Ortho-McNeil in this market. Ultram is provided as a Step 1 to Step 2 analgesic, while Duragesic is promoted as a Step 2 to Step 3 analgesic.

Janssen has been stressing decreased side effects, especially constipation, as well as patient quality of life, as supported by patient ratings compared to sustained release morphine. They have expanded their patient preference claims to oral opioids.

Due to the above initiatives, it is probable that Janssen will continue to target primary care physicians (internists and selected family practice physicians), as well as oncologists. We estimate that their 1999 journal spend will be approximately four million dollars based on \$1,041,000 in journal spend January-March 1999. This compares to \$1,302,000 spent in 1998. Over 70% of the 1998 spend occurred during the fourth quarter of 1998.

Market research from recent focus groups continues to show that Duragesic is perceived to be less effective than MS Contin Tablets and, in most cases, OxyContin Tablets. It is also perceived by physicians to have a slow onset of action, lacks the ability to be titrated quickly, and is not considered cost effective. We will be taking advantage of these Duragesic weaknesses in our 2000 OxyContin Tablets promotions.

- Kadian®

In 1999, Faulding continued active promotion of Kadian. The promotion of Kadian centers on its 24-hour dosing, its sprinkle formulation, and cost effectiveness. Due to these features, Kadian is being positioned as a better alternative to MS Contin Tablets.

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Faulding's main program to support Kadian has been the continuation of their "sample" program with a free supply of Kadian at the retail pharmacy through use of a special coupon and the patient's prescription.

While prescriptions have increased 77% (+2,342) year-to-date 1999 through March compared to the same period in 1998, total prescriptions remain less than 1,200 prescriptions per month.

It is anticipated that, with continued promotion, Kadian will continue to have minimal impact on either MS Contin or OxyContin.

- Oramorph SR

Roxane is expected to continue promotion of Oramorph SR by positioning it as a cost-effective alternative to MS Contin and OxyContin Tablets. Individual Roxane representatives are also promoting Oramorph SR as a cost effective alternative to OxyContin Tablets, utilizing a 1:1 conversion of morphine to oxycodone.

During 1999, Roxane continues an Oramorph SR promotion that combines promotion of their pain products with other palliative care products under a Roxane Palliative Care Products umbrella.

In 1999, Roxane's prescriptions increased 32% (+12,742) YTD through March 1999 compared to the same period last year.

- PCA Pumps

During 1998, sales of injectable morphine were \$68,000,000. Recent market research at ASCO lists PCA pumps as a form of cancer pain management used (along with MS Contin Tablets and Duragesic) when OxyContin Tablets is perceived to be ineffective, or no longer tolerated. While a percentage of the patients changed to PCA pumps may not be able to swallow, it is likely that a number of patients were switched to a PCA pump strictly due to lack of perceived OxyContin Tablets efficacy, or reimbursement issues.

Medtronic has been aggressively promoting their implantable pump (Synchoromed) in the hospice market, as well as for other chronic pain patients. For non-hospice patients, reimbursement issues can play a role. Medicare will pay for pump implantation as well as the medication refills. Medicare does not reimburse for oral analgesics like OxyContin Tablets.

In the postoperative patient, OxyContin Tablets are positioned for post-PCA pain management. A clinical study (Ginsberg) has supported OxyContin Tablets

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use in the post-operative patient. Abbott Pharmaceutical has the main responsibility for promotion in this market.

D. OxyContin Future Opportunities

- OxyContin 160 mg Tablet

FDA approval of OxyContin 160 mg Tablets is expected late 1999 to early 2000. This will coincide very closely with the launch of Palladone XL™ Capsules. Currently, almost 80% of OxyContin 80 mg Tablet prescriptions are for the management of non-cancer pain. The 160 mg tablets will also be positioned for the management of severe non-cancer pain.

- OxyContin Post-Operative SNDA

It is expected that Purdue will file a supplemental NDA by the end of 1999 to eliminate the limitation placed on OxyContin Tablets use during the first 12-24 hours post-operative. Approval of the SNDA would be expected by the end of June 2000. This will allow promotion of OxyContin Tablets use by Purdue and Abbott in the ambulatory surgery market.

- JCAHO Pain Management Initiative

In mid-1999, JCAHO approved new requirements regarding appropriate pain assessment and management. These requirements have the potential to revolutionize pain management in the hospital setting. New attention will be paid to proper assessment and management of pain within all key departments of a hospital. This presents Purdue with the opportunity to provide true value-added services as the "pain experts" in this key area.

E. Expected Entries

◆ Morphidex™

- A new competitor, Morphidex, a combination of morphine and dextromethorphan, was expected to be launched as early as August 1999. The FDA issued a nonapproval letter August 2, 1999. At best, a significant delay is expected before the approval of this product. We will continue to monitor the status of this product. This product is expected to claim equally effective analgesia at a lower number of milligrams of morphine, due to the potentiating effects of the dextromethorphan. It appears unlikely that a claim of less development of tolerance to the analgesic effects, compared to morphine alone, will be given based on the clinical data we have seen to date. However, it is expected that Algos will discuss the research supporting

NMDA inhibitor's impact on the development of tolerance to analgesia and allow the health care practitioner to make the transition to Morphidex and tolerance development.

- An additional promotional message will be geared to physicians' desire for a pain medication with the effectiveness of an opioid with less side effects. A claim of less opioid side effects due to lower morphine milligram quantities may be expected. Physicians reported in market research that a decrease of 25% or more in opioid related side effects would be significant enough for them to change their opioid prescribing habits. However, even a smaller percent difference is likely to have some impact on prescribing habits.
- The dosing interval for Morphidex is likely to be q6h or q8h. This is not a sustained release product, but rather the expansion of duration of effect of the immediate release morphine by the dextromethorphan.
- Although Morphidex would not be a direct competitor for OxyContin Tablets, since it would compete directly with MS Contin Tablets, this product will likely be targeted against all long-acting opioids.

◆ Roxicodone SR™

- Near the end of 1998, Roxane received an FDA "approval" letter for their q12h sustained release oxycodone product, Roxicodone SR. They currently have two strengths, 10 mg and 30 mg tablets. To date, they have not launched this product. We have received reports that some Roxane representatives are discussing its future launch with health care professionals.
- The 10 mg strength has been assigned a "BX" rating with OxyContin Tablets as the reference drug. The 30 mg strength remains unrated because there is no reference product. It is expected that this product will launch in late 1999 or early 2000 and will be positioned as a more affordable version of OxyContin Tablets.
- The 10 mg tablet creates the greatest risk to OxyContin prescriptions, if individual states and/or managed care plans accept Roxicodone SR as therapeutically equivalent to OxyContin. We will position Roxicodone SR as not being therapeutically substitutable for OxyContin, due to the significant increase in blood levels seen, when dosed with a high fat meal.

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### III. PRODUCT INITIATIVES

#### A. Objectives

- To achieve \$922 million in factory sales.
- To protect our market share from new competitors.
- To continue to expand OxyContin Tablets use in the non-malignant pain market by positioning it as the opioid to "Start With and Stay With."
- To establish OxyContin Tablets as the opioid of choice in Step 2 of the W.H.O. analgesic ladder by positioning it as the opioid to "Start With" for non-cancer pain management.
- Continue to establish OxyFAST™ and OxyIR® as the ideal medications for breakthrough and/or incidental pain for patients on OxyContin Tablets.
- Launch OxyContin Tablets 160 mg. for high dose non-cancer pain patients.
- Enhance the acceptance of opioids for non-cancer pain.
- Increase the use of OxyContin Tablets in the elderly patient, particularly in the long-term care market.
- Increase the use of OxyContin Tablets in acute and sub-acute conditions (e.g., post-op pain, trauma, fractures where pain lasts more than a few days).
- Increase the use of OxyContin Tablets in the ambulatory surgery setting following FDA approval of the SNDA.

#### B. Positioning Statements

- The analgesic efficacy of immediate-release oxycodone. The familiarity of physicians with oxycodone is an important part of the message and has led to rapid acceptance. This familiarity is a principal factor that should lead to continued growth of OxyContin Tablets.
- The ease of q12h dosing. Our market research indicates that the most important feature of OxyContin Tablets, beyond the familiarity of oxycodone, is the q12h dosing schedule
- Onset within one hour, comparable to immediate-release oxycodone. Recent market research focus groups, discussing product attributes, indicated OxyContin Tablets is perceived as being very effective, with a lower side effect profile than its competitors and with a favorable dosing schedule. In the first half of 1998, OxyContin Tablets were perceived to have a slow onset of action. This perception has improved through the first half of 1999, as shown in market research results. This onset of action message is very important in the post-operative pain market.
- When an opioid naïve patient needs an opioid analgesic, physicians should prescribe OxyContin Tablets. The many benefits of OxyContin Tablets make it logical as the opioid to start with (for patients who would otherwise be started

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- on Percocet, Lortab®, Vicodin®, Tylenol® #3 or Darvocet®, W.H.O. Step 2), and the opioid to stay with through proper titration as the disease progresses.
- One to stay with. In 1999, OxyContin Tablets have been marketed for severe non-cancer pain. The primary strategy in the non-cancer pain market will be to establish OxyContin Tablets for a broader range of use than is available to combination opioids. OxyContin Tablets will be positioned as an opioid physicians can initiate patients with and stay with through the entire course of therapy.
  - Promoting ease of use – including one-to-two day titration and encouraging the use of higher dosage strengths to reduce the number of tablets taken. By encouraging assessment of pain on a daily basis, we can prevent physicians from switching patients with more severe pain to MS Contin Tablets or Duragesic.
  - Effective in non-malignant pain states. In 2000, OxyContin Tablets will be more aggressively promoted for use in the non-malignant pain market. The most common diagnoses for non-malignant pain are back pain, osteoarthritis, injury, and trauma pain. The major competitors for these diagnoses will be oxycodone and hydrocodone combination products, as well as Ultram. OxyContin Tablets will be positioned as providing the equivalent efficacy and safety of combination opioids, with early onset of pain relief and the benefit of a q12h dosing schedule. The promotional efforts will focus on specific disease syndromes such as back pain, osteoarthritis, reflex sympathetic dystrophy, trauma/injury, neuropathic type pains, etc.
  - A single agent with no acetaminophen, aspirin or ibuprofen. OxyContin Tablets is a single entity opioid agent without the limitations in dosing present in products that are fixed combinations of an opioid and a second agent like acetaminophen, aspirin, ibuprofen, or dextromethorphan. There is added dosing flexibility with a single agent, since a variety of co-analgesics and adjuvant medications can be used to enhance the individual patient's pain relief, while having the freedom to dose the OxyContin Tablets as high as is clinically necessary. There is also a decreased risk of side effects, or organ toxicity, compared to products containing acetaminophen, aspirin, or ibuprofen.
  - No food effect. This attribute of OxyContin is particularly important in light of Roxycodone SR. OxyContin will be promoted as being able to be dosed without any need to limit or time food intake. This contrasts with Roxycodone SR, which must be taken one hour before a meal, or at least two hours after a meal.

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C. Competition

- Combination opioids, (oxycodone, hydrocodone, codeine and propoxephine with APAP, ibuprofen, or ASA): moderate-to-moderately severe pain (Step 2 of the W.H.O. ladder).
- Ultram: non-cancer pain.
- Duragesic: non-cancer pain.
- Methadone: Market research, as well as reports from the sales force, indicate that methadone use is increasing in both the management of cancer pain and non-malignant pain due to its low cost. Clinical studies have also been published over the last year regarding the effective use of methadone for cancer pain management. While not yet a serious competitor, this trend needs to be monitored.
- Morphidex: as noted earlier, this product may become a competitor in the future, although its future is quite uncertain at this time.
- Roxycodone SR: This second entrant into the sustained-release oxycodone market will compete for the "start with" patient and for patients with stable pain where a 30 mg q12h dose is appropriate (one pill vs. three OxyContin 10 mg tablets per dose).

D. Communication Objectives

- Convince MDs to prescribe, (as well as RNs and appropriate pharmacists to recommend), OxyContin Tablets instead of combination opioids or Ultram for opioid-naïve or opioid-exposed patients with moderate-to-severe pain lasting more than a few days. Through proper dosing and titration, eliminate or delay the need for other long-acting opioids.
- Broader OxyContin Tablets usage among various pain syndromes (e.g., back pain, osteoarthritis, neuropathic pain, post-operative pain, etc.) will be stressed.
- Convince health care professionals (physicians, nurses, pharmacists, and managed health care professionals) to aggressively assess and treat both non-cancer pain and cancer pain. The positive use of opioids, and OxyContin Tablets in particular, will be emphasized.
- Convince patients and their families to actively pursue effective pain relief. The importance of patients assessing their own pain and communicating the status to the health care giver will be stressed.
- Put into perspective issues that the introduction of Morphidex may highlight: tolerance, opioid side effects, the convenience of 12-hour vs. eight hour (or six hour) dosing, and flexible vs. fixed combinations of products in pain management.
- Emphasize BX rating of Roxycodone SR 10 mg tablets to OxyContin 10 mg Tablets as well as food effect for Roxycodone SR.

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## E. Selling Points

### The One to Start With

- The logical "next step" for patients no longer tolerating or responding to non-opioids – conforms to the three-step W.H.O. analgesic ladder.
- The analgesic efficacy of immediate-release oxycodone – with the convenience of q12h dosing.
- Rapid onset of action (similar to short-acting opioids).
- Pain control lasts 12 hours; two-to-three times longer than each dose of short-acting products such as Percocet, Percodan, Tylox®, Vicodin, Lortab, Lorcet, Ultram, and Tylenol with codeine. OxyContin Tablets should only be dosed every twelve hours, as it is not an eight-hour drug.
- Convenient q12h schedule won't interfere with patient's daytime activities, or nighttime rest and encourages compliance.
- Even q8h dosing interferes with activities and a good night's sleep. Q12h dosing is the most frequent acceptable dosing schedule for chronic pain.
- Patient is less likely to anxiously "clock watch" when pain control is sustained over long periods.
- Single-entity agent – avoids adding the potential toxicities of products containing aspirin or acetaminophen, as well as allowing flexibility in prescribing concomitant NSAIDS.
- Four dosage strengths, bioequivalent and dose-proportional, are appropriate for a broad range of pain. A fifth dosage strength, 160 mg tablets, is expected to be approved in late 1999.
- Small color-coded tablets are easy to identify and swallow – an important benefit for elderly patients and those on multiple medications.
- In studies of patients with non-malignant pain:
  - Rapid reduction in pain intensity over the first 24 hours
  - By day three, patients achieved 94% of their total pain reduction
  - Patients reported improved ability to sleep, walk, perform normal work, interact with others, and enjoy life
- May be titrated every one to two days.

### The One to Stay With

- Q12h dosing provides smooth and sustained blood levels – fewer peaks and valleys than with immediate-release oxycodone.
- Smooth and reliable pain control – less frequent dosing than with Percocet, Vicodin, or Tylenol with codeine.
- No maximum daily dose or "ceiling" to analgesic efficacy – may be titrated upward as necessary. With full agonists, such as oxycodone, "*effectiveness with increasing doses is not limited by a 'ceiling'.*"
- Patients avoid the added risk of gastric/hepatic/renal toxicity that can occur with products containing aspirin or acetaminophen.

- Excellent compliance, high degree of patient acceptability during clinical trials.
- Multiple dose strengths are available to accommodate patients with severe pain. Fewer pills to take and for physicians to prescribe. The introduction of the 160 mg OxyContin Tablets will increase the dosing flexibility.

#### Ideal for Long-Term Therapy

- A single-entity oral agent, contains no APAP or ASA – allows flexibility of independent coadministration and dosage adjustments with non-opioids of choice.
- No development of analgesic tolerance seen over 18 months of therapy in osteoarthritis patients.
- Q12h dosing convenience for both patients and staff.
- Q12h increases the probability of a full night's rest.

#### Easy to Live With

- Effective pain control may allow many patients to achieve the goal of functioning as close as possible to the way they did prior to having pain.
- Convenient q12h schedule won't interfere with patient's daytime activities or nighttime rest and encourages compliance.
- The q12h dosing schedule will make life easier for both the patient and caregiver, as their days and nights will not be interrupted frequently by difficult dosing schedules.
- Improved control of the pain may allow for greater patient independence, as patients will not have to depend on others to do things for them. It may also result in more patients being able to be treated in the home environment.
- Breakthrough medications (OxyIR and OxyFAST) available for incident or breakthrough pain. Polypharmacy can be avoided.
- Common opioid side effects may be anticipated and effectively managed or prevented.
- A significant decrease in the percentage of patients reporting adverse events (56.5% vs. 25.9%,  $P < 0.0001$ ) was seen between the first and last weeks of a cancer study – even as daily doses increased.

#### The 12-Hour ACROCONTIN<sup>®</sup> Delivery System Allows Both Rapid and Prolonged Absorption Over a 12-Hour Period

- Bi-phasic absorption in the Acrocontin delivery system allows for early onset of pain relief – similar to short-acting opioids, as well as a long-acting (12-hour) component similar to other controlled-release opioids (e.g., MS Contin Tablets).
- Rapid absorption – pain relief begins promptly, within one hour.
- Prolonged absorption – pain control continues as tablet matrix slowly releases oxycodone granules at a constant rate over a 12-hour period.
- 100% of patients in clinical trials were dosed q12h.

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- Special acrylic coating renders oxycodone granule “pH independent,” allowing uniform release within an acid environment (the stomach), or an alkaline environment (the intestines).
- “pH independence” assures...minimal effect of stomach contents on absorption – bioavailability unaffected by food or ingestion of other medications.

#### Easy to Titrate

- Steady state achieved in 24-48 hours and remains constant thereafter. If needed, pain assessment and titration are possible every one to two days.
- In cancer studies:
  - Titration enhanced efficacy of therapy – only 3.5% of cancer patients discontinued, (due to inadequate pain control), when allowed to titrate and use rescue medications.
  - Patients were titrated as quickly and easily with OxyContin Tablets as with immediate-release oxycodone.
  - 92% of patients were titrated to stable pain control with OxyContin Tablets, compared with 79% for immediate-release oxycodone.
  - Average time to stable pain control was 1.6 days.
  - The goal of titration – to effectively control pain with two or fewer rescue doses per day.

#### Easy to Dose

- Small, color-coded tablets are easy to identify and swallow – an important benefit for patients on multiple medications.
- Variety of strengths permits precise titration to an effective dose. Breakthrough or incident pain can be managed with OxyIR or OxyFAST, avoiding polypharmacy.

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2. Secondary Audiences

Secondary Audiences	Site	Targets	Comments
A. Patients and Caregivers			
B. Residents/Fellows	Teaching Hospitals	TBD	Provides the ability to influence physicians still in training. Chief residents can be especially influential in teaching facilities.
C. Wholesalers		150	
D. Pharmacies	<ul style="list-style-type: none"> <li>• Hospital</li> <li>• Retail</li> </ul>	<p>6,000</p> <p>60,000</p>	To assure appropriate stocking of the five dosage strengths.

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## VI. TACTICS

### A. Sales Force Allocation

The deployment of our most valuable resource, the sales force, is critical to the continued success of OxyContin Tablets. Heavy promotional support will continue in order to ensure appropriate awareness of OxyContin Tablets in the opioid market.

OxyContin will remain the primary product in calls on physicians who predominately treat non-cancer pain. It will be the second promoted product on calls to physicians who predominately treat cancer pain.

Sales force allocation to OxyContin Tablets will continue at 70% of primary sales calls in 1999.

### B. Representative Delivered Promotional Materials

#### Wholesalers/Chain Headquarters (National Accounts Managers)

Contacts will be made with wholesalers to ensure that there are appropriate inventory levels for the 10 mg, 20 mg, 40 mg, 80 mg, and, when appropriate, the 160 mg strength tablets. Adequate inventory levels of OxyIR and OxyFAST will also be ensured.

#### Pharmacies

Representatives will call on chain and independent retail stores to make sure there is adequate stocking of the OxyContin Tablets strengths, with particular emphasis on increasing distribution of the 40 mg, 80 mg, and, when appropriate, the 160 mg strength. Representatives will also continue to increase the distribution of OxyIR and OxyFAST at the retail level.

#### Hospitals

In an effort to continue gaining hospital formulary acceptance of OxyContin Tablets, representatives will work with their Abbott counterparts to make calls on all Pharmacy and Therapeutic (P&T) committees.

The hospital formulary kit and product data brochure will be utilized by the sales force to provide the appropriate clinical data necessary to continue to add OxyContin Tablets to hospital formularies. In addition, representatives will continue to use the OxyContin Tablets tabletop hospital display panels. Speakers' Bureau lectures will be conducted during grand rounds, tumor boards, etc. The focus of these presentations will be the addition of OxyContin Tablets to the analgesic treatment armamentarium.

The OxyContin Tablets post-operative SNDA will add the ability to actively promote OxyContin Tablets in the ambulatory surgery market. This will include hospital-based same day surgery units. This will be a major initiative in 2000.

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JCAHO (Joint Commission Agency that accredits hospitals) is beginning a major emphasis on pain assessment and treatment. We have an opportunity to be seen as a leader in helping hospitals meet the JCAHO requirements in this area through the development of pain assessment and pain management materials geared to the hospital setting.

#### Managed Care Organizations

Managed Care Account Executives will target all major PBMs and IPA plans where OxyContin Tablets are not on formulary. They will also promote the formulary inclusion of OxyIR and OxyFAST, as well as adding the 160 mg strength of OxyContin Tablets, when available. P&T committee members will be provided with formulary kits and product data brochures.

The Partners Against Pain® program will continue to be expanded for the managed care market, providing customized materials to meet their needs. Educational materials will be offered to managed care organizations with their plan "indicia" printed on them. Consultations with pain management specialists, etc. are being explored as a possible value-added service offered through the Partners Against Pain program.

#### C. Direct Mail

##### Mailings

A number of mailings are planned to support OxyContin Tablets in 2000. With the launch of the 160 mg tablets, announcement mailings will be sent to appropriate health care professionals announcing the availability of this line extension. Additional mailings will be done to support key OxyContin Tablets messages following the launch of Morphidex as well as to support the use of OxyContin in the post-operative pain area following SNDA approval.

##### Representative Follow-up Mailings

Representatives will be able to send follow-up mailings to MDs and RNs after making a call. This will be accomplished through the Quest system.

#### D. Journal Advertising

The journal ad for OxyContin Tablets will continue to contain the "Keep It Simple" message begun in 1999, as well as the patient profile campaign for non-cancer pain management. This humane, quality of life look, with pictures of patients with their pain under control with OxyContin Tablets will discuss specific pain states. This will be a component of our Patients' Profiles campaign that highlights specific pain states such as osteoarthritis and low back pain. The journal schedule and publications used will be chosen based on important specialties for treating non-cancer pain.

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E. Conventions

The OxyContin Tablets exhibit structure will feature graphic panels of the OxyContin Tablets core creative concept as seen in our journal ads and visual aids. Panels highlighting specific pain states from our Patients' Profiles campaigns will be utilized at appropriate conventions. For example, a panel highlighting the use of OxyContin Tablets for osteoarthritis will be utilized at primary care conventions, as well as the rheumatology and consultant pharmacist conventions. Various promotional activities will be conducted at the booth to draw attendees into a discussion with our representatives about OxyContin Tablets.

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OXYCONTIN Tablets Promotional Plan

Program	Total Cost 2000	First Quarter			Second Quarter			Third Quarter			Fourth Quarter		
		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
<b>Promotional Materials</b>													
160 mg Tablets Launch	\$765,000			X	X	X	X	X	X	X			
"Taking Control of Your Pain" Booklets	\$300,000				X	X	X						
Promotional Materials Reprints/Reorders	\$2,665,000	X	X	X	X	X	X	X	X	X	X	X	X
New Reprints	\$300,000	X	X	X	X	X	X	X	X	X	X	X	X
Educational Slide Kit for Representatives	\$460,000	X	X	X	X	X	X	X	X	X	X	X	X
<b>Primary Care Expansion</b>													
Primary Care Physician Visual Aid on Pain	\$80,000	X	X	X									
OxyContin vs. Combo Analgesic Slim Jim	\$150,000	X	X	X									
2000 Prescribing Guide	\$70,000	X	X	X									
Guidelines for use of opioids in non-malignant pain	\$100,000	X	X	X									
OxyContin Annotated Prescribing Information	\$150,000							X	X	X			
Pain Terms Definition Tear Pad	\$100,000				X	X	X						
Primary Care Clinical Background - OxyContin in Low Back Pain	\$150,000							X	X	X			

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OXYCONTIN Tablets Promotional Plan

Program	Total Cost 2000	First Quarter			Second Quarter			Third Quarter			Fourth Quarter		
		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
<b>New Patient Profiles</b>													
Regional Highlights in Pain Management	\$100,000				X	X	X	X	X	X			
<b>Pain Clinic Focus</b>													
CME Critical Pathways workbook	\$50,000				X	X	X						
Mensana Diagnostic Program	\$100,000										X	X	X
PCA Conversion to OxyContin Quick Reference Wall Chart	\$50,000				X	X	X						
OxyContin Clinical Highlights - Review	\$100,000							X	X	X			
Manage the Pain... Manage the Recovery	\$50,000				X	X	X						
Post-Op SNDA	\$100,000										X	X	X
<b>Patient Education</b>													
OxyContin Patient Instruction Booklets	\$200,000				X	X	X						
<b>JCAHO</b>													
OxyContin Scroll Pens	\$300,000				X	X	X	X	X	X	X	X	X
JCAHO Resource Binder with Tabbed Section	\$225,000	X	X	X									
Pain: The Fifth Vital Sign Clipboard	\$240,000	X	X	X	X	X	X	X	X	X	X	X	X

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PP 00236

OXYCONTIN Tablets Promotional Plan

Program	Total Cost 2000	First Quarter			Second Quarter			Third Quarter			Fourth Quarter		
		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Pain: The Fifth Vital Sign Wall Chart	\$50,000	X	X	X									
Wisconsin Pain Initiative Resource "Building an Institutional Commitment to Pain Management"	\$500,000	X	X	X	X	X	X	X	X	X	X	X	X
<b>Premium Items</b>													
OxyContin Canvas Tote Bags	\$250,000										X	X	X
OxyContin Mag Light	\$125,000				X	X	X						
<b>New Competition</b>													
Fact Sheets	\$80,000	X	X	X	X	X	X	X	X	X	X	X	X
Reminder Post Cards	\$15,000				X	X	X						
<b>Managed Care</b>													
OxyContin Template Package (MC)	\$100,000				X			X			X		
Template Binder (LTC)	\$75,000							X					
<u>Journal Advertising</u>	\$4,000,000	X	X	X	X	X	X	X	X	X	X	X	X
<u>Journal Ad Production</u>													
New Journal Ads	\$50,000				X	X	X	X	X	X			
- Post-op													
- PHN													
- Fibro													

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## OXYCONTIN Tablets Promotional Plan

Program	Total Cost 2000	First Quarter			Second Quarter			Third Quarter			Fourth Quarter		
		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
<b>Special Programs</b>													
OxyContin Starter Pak with PCS Card	\$6,000,000				X	X	X	X	X	X	X	X	X
Relaunch of Partners Against Pain (including materials)	\$975,000	X	X	X	X	X	X	X	X	X	X	X	X
Regulatory Environment Program	\$750,000	X	X	X	X	X	X	X	X	X	X	X	X
<b>Direct Mail</b>													
Case Study Direct Mail combines existing profiles with reminder points to PCPs	\$300,000				X							X	
JCAHO Direct Mail	\$50,000				X			X					
Osteoarthritis Direct Mail: PCP Audience	\$300,000		X					X					
Power Pak - Pharmacy Education Mailing	\$30,000					X							
PA/NP Mailer	\$180,000							X	X	X			
OB/GYN Mailer	\$100,000										X	X	X
Representative Follow-up Letters	\$385,000	X	X	X	X	X	X	X	X	X	X	X	X
Keep it Simple Mailers	\$300,000	X			X			X			X		

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OXYCONTIN Tablets Promotional Plan

Program	Usage	New or Repeat	1st Qtr. No. Pieces	2nd Qtr. No. Pieces	3rd Qtr. No. Pieces	4th Qtr. No. Pieces	Total Pieces 2000	1st Qtr. Cost	2nd Qtr. Cost	3rd Qtr. Cost	4th Qtr. Cost	Total Cost 2000
<b>Promotional Materials</b>												
160 mg Tablets Launch	To support printing and promotional materials revisions for the 160 mg tablet.	New	2,000	TBD	TBD		TBD	\$50,000	\$357,500	\$357,500		\$765,000
"Taking Control of Your Pain" Booklets	Patient booklets on pain developed with Tufts University Hospital (in five languages).	New		100,000			100,000		\$300,000			\$300,000
Promotional Materials Reprints/Reorders	To provide reprints of successful materials based on 1999 utilization and field force expansion. Includes purchase of outserts used in promotion.	Repeat	N/A	N/A	N/A	N/A	N/A	\$666,250	\$666,250	\$666,250	\$666,250	\$2,665,000
New Reprints	Reprints for OxyContin	New	75,000	75,000	75,000	75,000	300,000	\$75,000	\$75,000	\$75,000	\$75,000	\$300,000
Educational Slide Kit for Representatives	A comprehensive in-service slide kit on pain management to educate key customers.	New	250	250	250	250	1,000	\$115,000	\$115,000	\$115,000	\$115,000	\$460,000

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OXYCONTIN Tablets Promotional Plan

Program	Usage	New or Repeat	1st Qtr. No. Pieces	2nd Qtr. No. Pieces	3rd Qtr. No. Pieces	4th Qtr. No. Pieces	Total Pieces 2000	1st Qtr. Cost	2nd Qtr. Cost	3rd Qtr. Cost	4th Qtr. Cost	Total Cost 2000
Primary Care Expansion												
Primary Care Physician Visual Aid on Pain	A visual aid which will address the issues faced by PCPs in the treatment of pain.	New	20,000				20,000	\$80,000				\$80,000
OxyContin vs. Combo Analgesic Slim Jim	A slim jim visual which focuses on combo vs. single entity, IR vs. CR and benefits of q12h dosing.	New	50,000				50,000	\$150,000				\$150,000
2000 Prescribing Guide	A combined program (Senokot and OxyContin) with a focus on pain medications which cause constipation.	Repeat	50,000				50,000	\$70,000				\$70,000
Guidelines for use of opioids in non-malignant pain	A compendium of current references which support the use of opioids in the treatment of non-malignant pain.	New	50,000				50,000	\$100,000				\$100,000
OxyContin Annotated Prescribing Information	A graphic visual which calls out the key information from the OxyContin prescribing information.	New			50,000		50,000			\$150,000		\$150,000

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OXYCONTIN Tablets Promotional Plan

Program	Usage	New or Repeat	1st Qtr. No. Pieces	2nd Qtr. No. Pieces	3rd Qtr. No. Pieces	4th Qtr. No. Pieces	Total Pieces 2000	1st Qtr. Cost	2nd Qtr. Cost	3rd Qtr. Cost	4th Qtr. Cost	Total Cost 2000
Pain Terms Definition Tear Pad	A tear pad version of the terminology visual.	New		50,000			50,000		\$100,000			\$100,000
Primary Care Clinical Background - OxyContin in Low Back Pain	To expand the results of OxyContin studies into the primary care audience.				50,000		50,000			\$150,000		\$150,000
<b>New Patient Profiles</b>												
Regional Highlights in Pain Management	Regional testimonials on pain management success stories which will be compiled into new profiles to expand acceptance of opioids in treatment of non-malignant pain.	New		TBD	TBD		TBD		\$50,000	\$50,000		\$100,000
<b>Pain Clinic Focus</b>												
CME Critical Pathways Workbook	A case study format designed to challenge the pain physician.	New		10,000			10,000		\$50,000			\$50,000
Mensana Diagnostic Program	A third party reference for physicians to utilize when diagnosing "problem" patients.	New				TBD	TBD				\$100,000	\$100,000

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OXYCONTIN Tablets Promotional Plan

Program	Usage	New or Repeat	1st Qtr. No. Pieces	2nd Qtr. No. Pieces	3rd Qtr. No. Pieces	4th Qtr. No. Pieces	Total Pieces 2000	1st Qtr. Cost	2nd Qtr. Cost	3rd Qtr. Cost	4th Qtr. Cost	Total Cost 2000
PCA Conversion to OxyContin Quick Reference Wall Chart	Designed to be a quick reference for clinicals based on most popular parenteral opioids to OxyContin conversions.	New		50,000			50,000		\$50,000			\$50,000
OxyContin Clinical Highlights - Review	A clinical review of current OxyContin data.	New			50,000		50,000			\$100,000		\$100,000
Manage the Pain...Manage the Recovery	A quick reference card which focuses on OxyContin benefits in post-operative setting.	New		50,000			50,000		\$50,000			\$50,000
Post-Op SNDA	New materials to support expanded indication in post-operative market.	New				TBD	TBD				\$100,000	\$100,000
<b>Patient Education</b>												
OxyContin Patient Instruction Booklets	Small booklets which can be read by patients to outline proper administration of OxyContin Tablets.	New		200,000			200,000		\$200,000			\$200,000

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OXYCONTIN Tablets Promotional Plan

Program	Usage	New or Repeat	1st Qtr. No. Pieces	2nd Qtr. No. Pieces	3rd Qtr. No. Pieces	4th Qtr. No. Pieces	Total Pieces 2000	1st Qtr. Cost	2nd Qtr. Cost	3rd Qtr. Cost	4th Qtr. Cost	Total Cost 2000
JCAHO												
OxyContin Scroll Pens	A pen with OxyContin conversion and titration information.	New		50,000	50,000	50,000	150,000		\$100,000	\$100,000	\$100,000	\$300,000
JCAHO Resource Binder with Tabbed Section	A binder which will outline the tools from Purdue to help aid in JCAHO compliance as well as provide template examples of tools currently being used for assessment, etc. Contains CD-ROM which will allow accounts to customize examples of resource tools.	New	20,000				20,000	\$225,000				\$225,000
Pain: The Fifth Vital Sign Clipboard	A pain assessment clipboard which is targeted to hospital and outpatient setting.	New	20,000	20,000	20,000	20,000	80,000	\$60,000	\$60,000	\$60,000	\$60,000	\$240,000
Pain: The Fifth Vital Sign Wall Chart	A wall chart assessment tool for use by institutions as well as the office setting to assess pain.	New	50,000				50,000	\$50,000				\$50,000

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OXYCONTIN Tablets Promotional Plan

Program	Usage	New or Repeat	1st Qtr. No. Pieces	2nd Qtr. No. Pieces	3rd Qtr. No. Pieces	4th Qtr. No. Pieces	Total Pieces 2000	1st Qtr. Cost	2nd Qtr. Cost	3rd Qtr. Cost	4th Qtr. Cost	Total Cost 2000
Wisconsin Pain Initiative Resource "Building an Institutional Commitment to Pain Management"	A resource which can be offered by the representative to key institutions who are gearing up for JCAHO review regarding pain standards.	New	TBD	TBD	TBD	TBD	TBD	\$125,000	\$125,000	\$125,000	\$125,000	\$500,000
<b>Premium Items</b>												
OxyContin Canvas Tote Bags	Quality denier nylon tote bag embossed with OxyContin.	New				25,000	25,000				\$250,000	\$250,000
OxyContin Mag Light	A mini flashlight of high quality embossed with OxyContin logo.	New		25,000			25,000		\$125,000			\$125,000
<b>New Competition</b>												
Fact Sheets	A fact sheet comparison piece to highlight OxyContin advantages over future competition.	New	TBD	TBD	TBD	TBD	40,000	\$20,000	\$20,000	\$20,000	\$20,000	\$80,000

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OXYCONTIN Tablets Promotional Plan

Program	Usage	New or Repeat	1st Qtr. No. Pieces	2nd Qtr. No. Pieces	3rd Qtr. No. Pieces	4th Qtr. No. Pieces	Total Pieces 2000	1st Qtr. Cost	2nd Qtr. Cost	3rd Qtr. Cost	4th Qtr. Cost	Total Cost 2000
Reminder Post Cards	Leave-behind versions of our Keep it Simple direct mail or other creative direction focusing on OxyContin features and benefits.	New		50,000			50,000		\$15,000			\$15,000
<b>Managed Care</b>												
OxyContin Template Package (MC)	A template package to support promotional efforts in managed care.	New		TBD	TBD	TBD	TBD		\$40,000	\$40,000	\$20,000	\$100,000
Template Binder (LTC)	A template binder to support promotional efforts in long-term care.	New			TBD		TBD			\$75,000		\$75,000
<u>Journal Advertising</u>	Expanded focus for 2000 to include primary care, orthopedic surgery, general surgery, long-term care, anesthesia and rheumatology.	Repeat	TBD	TBD	TBD	TBD	TBD	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$4,000,000

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OXYCONTIN Tablets Promotional Plan

Program	Usage	New or Repeat	1st Qtr. No. Pieces	2nd Qtr. No. Pieces	3rd Qtr. No. Pieces	4th Qtr. No. Pieces	Total Pieces 2000	1st Qtr. Cost	2nd Qtr. Cost	3rd Qtr. Cost	4th Qtr. Cost	Total Cost 2000
<u>Journal Ad Production</u>												
New ads to Primary Care Journals - Post-op - PHN - Fibro	Creation of new OxyContin ads which incorporate new focus of "keep it simple."	New		TBD	TBD		TBD		\$25,000	\$25,000		\$50,000
<u>Special Programs</u>												
OxyContin Starter Pak with PCS Card	A PCS program with flexibility targeted at high potential prescribers of OxyContin to initiate trial therapy in non-cancer pain. Program through Porter Novelli pain survey.	New		50,000	50,000	50,000	150,000		\$2,000,000	\$2,000,000	\$2,000,000	\$6,000,000
Relaunch of Partners Against Pain (including materials)	To expand the influence of Partners Against Pain and build brand equity.	New	TBD	TBD	TBD	TBD	TBD	\$243,750	\$243,750	\$243,750	\$243,750	\$975,000
Regulatory Environment Program	To monitor and influence policy and public information related to pain.	New	N/A	N/A	N/A	N/A	N/A	\$187,500	\$187,500	\$187,500	\$187,500	\$750,000

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OXYCONTIN Tablets Promotional Plan

Program	Usage	New or Repeat	1st Qtr. No. Pieces	2nd Qtr. No. Pieces	3rd Qtr. No. Pieces	4th Qtr. No. Pieces	Total Pieces 2000	1st Qtr. Cost	2nd Qtr. Cost	3rd Qtr. Cost	4th Qtr. Cost	Total Cost 2000
<u>Direct Mail</u>												
Case Study Direct Mail combines existing profiles with reminder points to PCPs.		New		50,000		50,000	100,000		\$150,000		\$150,000	\$300,000
JCAHO Direct Mail	Direct mail campaign targeted to hospital administration and Q/A personnel for JCAHO pain standards to support representative efforts regarding JCAHO.	New		5,000	5,000		10,000		\$25,000	\$25,000		\$50,000
Osteoarthritis Direct Mail: PCP Audience	A direct mail program targeted to primary care physicians on the effectiveness of OxyContin in osteoarthritis. Focuses on quality of life.	New	50,000		50,000		100,000	\$150,000		\$150,000		\$300,000
Power Pak - Pharmacy Education Mailing	A cooperative mailer containing information to educate pharmacists on terminology of pain (i.e. addiction/pseudo-addiction)	New		65,000			65,000		\$30,000			\$30,000

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OXYCONTIN Tablets Promotional Plan

Program	Usage	New or Repeat	1st Qtr. No. Pieces	2nd Qtr. No. Pieces	3rd Qtr. No. Pieces	4th Qtr. No. Pieces	Total Pieces 2000	1st Qtr. Cost	2nd Qtr. Cost	3rd Qtr. Cost	4th Qtr. Cost	Total Cost 2000
PA/NP Mailer	A direct mail program focused on the value of PA/NP in diagnosing and treating pain.	New			20,000		20,000			\$180,000		\$180,000
OB/GYN Mailer	A direct mail program focusing on quality of pain management after operative gynecological procedures.	New				10,000	10,000				\$100,000	\$100,000
Representative Follow-up Letters	Quest system letters which will be sent by representatives following a sales call.	Repeat	70,000	70,000	70,000	70,000	280,000	\$96,250	\$96,250	\$96,250	\$96,250	\$385,000
Keep it Simple Mailers	A direct mail campaign on early adoptions of new technology in light of future competition.	Repeat	TBD	TBD	TBD	TBD	TBD	\$75,000	\$75,000	\$75,000	\$75,000	\$300,000

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**V. Total S&P Overview**  
(000s)  
**OXYCONTIN\***

	1998		1999		2000		% Change	
	Actual	% of Sales	Est.	% of Sales	Proj.	% of Sales	99/98	00/99
<b>Sales</b>	\$305,143	100%	\$659,455	100%	\$933,000	100%	116.1%	41.5%
<b>Marketing &amp; Promotion</b>								
Promotional Materials	\$3,872	1.3%	\$7,996	1.2%	\$8,623	0.9%	106.5%	7.8%
Direct Mail	\$308	0.1%	\$885	0.1%	\$1,729	0.2%	187.3%	95.4%
Journal Advertising	\$1,906	0.6%	\$2,526	0.4%	\$4,107	0.4%	32.5%	62.6%
<b>Total Direct Mail/Journal Advertising</b>	\$2,214	0.7%	\$3,411	0.5%	\$5,836	0.6%	54.1%	71.1%
Samples	\$3	0.0%	\$0	0.0%	\$0	0.0%	-100.0%	NA
Agency Fee	\$813	0.3%	\$1,075	0.2%	\$1,387	0.1%	32.2%	29.0%
Special Promotions	\$220	0.1%	\$6,545	1.0%	\$9,171	1.0%	NA	40.1%
Co-op Advertising	\$24	0.0%	\$0	0.0%	\$0	0.0%	-100.0%	NA
Conventions	\$821	0.3%	\$1,077	0.2%	\$1,051	0.1%	31.2%	-2.4%
Abbott Commission	\$20,122	6.6%	\$49,282	7.5%	\$71,578	7.7%	144.9%	45.2%
<b>Total Marketing &amp; Promotion</b>	\$28,089	9.2%	\$69,386	10.5%	\$97,646	10.5%	147.0%	40.7%
<b>Total Allocation</b>	\$79,605	26.1%	\$114,730	17.4%	\$104,116	11.2%	44.1%	-9.3%
<b>Total S&amp;P</b>	\$107,694	35.3%	\$184,116	27.9%	\$201,762	21.6%	71.0%	9.6%

\* Includes MHC and LTC

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PP 00249

V. Total S&P Overview  
(000s)  
MS CONTIN / OXYCONTIN\*

	MSC 1999		MSC 2000		OXY 1999		OXY 2000		Combined	
	Actual	% of Sales	Est.	% of Sales	Est.	% of Sales	Proj.	% of Sales	MSC+ OXY 2000	% of Sales
<b>Sales</b>	\$109,199	100%	\$90,000	100%	\$659,455	100%	\$933,000	100%	\$1,023,000	100.0%
<b>Marketing &amp; Promotion</b>										
Promotional Materials	\$1,268	1.2%	\$1,270	1.4%	\$7,996	1.2%	\$8,623	0.9%	\$9,893	1.0%
Direct Mail	\$511	0.5%	\$391	0.4%	\$885	0.1%	\$1,729	0.2%	\$2,120	0.2%
Journal Advertising	\$0	0.0%	\$0	0.0%	\$2,526	0.4%	\$4,107	0.4%	\$4,107	0.4%
<b>Total Direct Mail/Journal Advertising</b>	\$511	0.5%	\$391	0.4%	\$3,411	0.5%	\$5,836	0.6%	\$6,227	0.6%
Samples	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%
Agency Fee	\$0	0.0%	\$0	0.0%	\$1,075	0.2%	\$1,387	0.1%	\$1,387	0.1%
Special Promotions	\$498	0.5%	\$0	0.0%	\$6,545	1.0%	\$9,171	1.0%	\$9,171	0.9%
Co-op Advertising	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%
Conventions	\$85	0.1%	\$0	0.0%	\$1,077	0.2%	\$1,051	0.1%	\$1,051	0.1%
Sales Agent Commission	\$0	0.0%	\$0	0.0%	\$49,282	7.5%	\$71,578	7.7%	\$71,578	7.0%
<b>Total Marketing &amp; Promotion</b>	\$2,362	2.2%	\$1,661	1.8%	\$69,386	10.5%	\$97,646	10.5%	\$99,307	9.7%
<b>Total Allocation</b>	\$14,384	13.2%	\$16,191	18.0%	\$114,730	17.4%	\$104,116	11.2%	\$120,307	11.8%
<b>Total S&amp;P</b>	\$16,746	15.3%	\$17,852	19.8%	\$184,116	27.9%	\$201,762	21.6%	\$219,614	21.5%

\* Includes MHC and LTC

PP 00250

# **MS Contin® Tablets**

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PP 00251