

Teva and Allergan Documents – Fentanyl Forerunner

Summary and Sample Documents Explained:

Teva/Cephalon were among the first companies to introduce rapid-onset fentanyl products to the market; in their documents, we see the forerunners of sales tactics used by other opioid manufacturers. Although their products were indicated for breakthrough cancer pain (BTCP), they promoted a “pain is pain” message that supported off-label prescribing. They targeted pain specialists over oncologists, pursued a variety of medical education programming, and had a reimbursement hotline to facilitate insurance coverage of their products (echoed later by the Insys Reimbursement Center).

Sample Documents:

Document Title: Actiq 2002 marketing plan

OIDA ID: <https://idl.ucsf.edu/opioids/docs/#id=sldg0312>

Date: 2002

Description: In addition to breakthrough pain (BTP), the 2002 marketing plan adds “episodic pain” as a new segment of the targeted pain market, despite no changes in the drug’s labeling. In the Target Audiences section, the document notes that oncologists “are not as adept at pain management as once believed.” Their primary audience, then, is pain specialists, who they note can be physicians from any number of specialties, from anesthesiologists to psychiatrists. “It will be critical to evaluate opioid prescribing habits. More specifically, it may be important to evaluate specific opioid usage; a high decile prescriber of Duragesic, another product utilizing fentanyl and a unique delivery system, may be an excellent ACTIQ target.”

Document Title: 5 Advisor Responses ACTIQ OAP 3.doc

OIDA ID: <https://idl.ucsf.edu/opioids/docs/#id=fmkd0336>

Date: 2004-09

Description: Cephalon worked with a SageMed Online Advisory Panel (OAP) to get prescriber opinions on questions such as the difference between breakthrough pain in cancer patients versus noncancer patients, preferred opioid therapies, and their experiences with Actiq. When asked for which patients or disease states they found Actiq most useful, many prescribers listed noncancer ailments.

Document Title: RE. Actiq Presentation

OIDA ID: <https://idl.ucsf.edu/opioids/docs/#id=nrwp0311>

Date: 2004-10

Description: Deborah Bearer, national account manager at Cephalon, emails with Bill Cunningham, Cephalon sales director, about an upcoming presentation about Actiq for a managed care audience. Among objectives in the “story,” she says, “paint the picture—pain is pain” and further draws out the distinction between BTP and BTCP: “PAIN is PAIN, not treating underlying condition.” However, Actiq and later Fentora were indicated only for BTCP. Prescribing otherwise would be considered off-label.

Document Title: Deposition Exhibit 9.pdf

OIDA ID: <https://idl.ucsf.edu/opioids/docs/#id=tjcv0312>

Date: 2004-10

Description: In an exit interview, Andrea BeDan, a Cephalon sales representative, says the company encouraged off-label selling “through either verbal directives, example, or ‘wink-and-nod’ coercion”; she notes that off-label selling was the way to meet sales thresholds eligibility for bonus payouts. “I was also instructed...NOT to call on oncologists because ‘terminal cancer patients do not represent repeat business’.”

Document Title: Exhibit 15.pdf

OIDA ID: <https://idl.ucsf.edu/opioids/docs/#id=ffnp0311>

Date: 2005-09

Description: An internal company market analysis shows that while the fentanyl drug was indicated for BTCP, the projected 2004 numbers showed cancer patients accounted for only 6% of underlying conditions being treated with Actiq. Nearly half of patients were receiving the drug for back pain, 38% for neuropathic pain, 25% for headaches (for which the drug was contraindicated), and 17% for arthritis.

Document Title: Pain 2007 report.doc

OIDA ID: <https://idl.ucsf.edu/opioids/docs/#id=mslg0312>

Date: 2007

Description: A report summarizes Cephalon’s medical education activities conducted in the first half of 2007. It describes sessions they sponsored at pain medicine conferences, articles placed in journals and on medical websites, and other efforts. Appendices include feedback received from prescribers on these activities.

Document Title: Tactic Template 10.13.06.xls

OIDA ID: <https://idl.ucsf.edu/opioids/docs/#id=iqhk0333>

Date: 2006-10

Description: A spreadsheet charts the costs, audiences and other metrics for marketing tactics. It describes implementation, broken down into categories including managed care, market development, Fentora awareness, BTP awareness and KOL (key opinion leader) development.

Document Title: FENTORA-Letter of Medical Necessity-Non cancer Breakthrough [sic] pain, Chronic Neuropathic Pain.pdf

OIDA ID: <https://idl.ucsf.edu/opioids/docs/#id=nkck0325>

Date: 2010-07

Description: Cephalon provided templates of letters of medical necessity (LMNs) for sales representatives to offer to prescribers. This set of templates includes versions for chronic noncancer pain and chronic neuropathic pain. Prescribers could use the pre-written verbiage to prepare appeals to insurance companies to cover Fentora (an expensive drug) and/or to justify off-label uses of the drug.

Document Title: CEP12053 1000_Promo Deck_3July12_Annotations.pptx

OIDA ID: <https://idl.ucsf.edu/opioids/docs/#id=frvb0334>

Date: 2012-12

Description: Near the end of this presentation on Fentora, a slide provides information about the Reimbursement Assistance Hotline, a Teva program to ease the prior authorization process for prescribers. Hotline staff provided services ranging from providing prior authorization forms for specific insurance plans to staying on hold and otherwise liaising with insurance company payors until a decision was reached.

Document Title: RE: Policy Revision - Promotional Peer-to-Peer Speaker Programs

OIDA ID: <https://idl.ucsf.edu/opioids/docs/#id=thwp0311>

Date: 2013-07

Description: This email chain notes a policy change relating to promotional speakers—one-on-one speaker programs, where one healthcare provider (HCP) speaks to another HCP, would no longer be permitted as of September 1, 2013. A July email reiterates the policy and urges sales representatives to “conduct programs with an ROI mindset” and to try to get more than two HCPs at each session.

Selected Additional Documents

- [nrwp0311](#)
- [lkfp0311](#)
- [gxvm0312](#)
- [yrhb0312](#)
- [rlwk0334](#)
- [smb10313](#)
- [pzgm0312](#)
- [gmnm0312](#)
- [nmyw0312](#)
- [rspl0312](#)
- [pygp0311](#)
- [qynw0313](#)
- [mhfb0312](#)
- [fhjm0335](#)
- [hkpy0329](#)