INTRODUCING ISENTRESS 600 mg FOR ONCE-DAILY DOSING

at 1200 mg (2 × 600 mg)

Sales Manager Coaching Guide



NOTE TO COUNTRIES: Use of this discussion guide requires local medical legal review for use, and must conform with all applicable SOPs, laws, and regulations.

ONCE DAILY

TOLERABILITY

EFFICACY



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ISENTRESS[™] 600 mg Sales Manager Coaching Guide – Front Cover

EFFICACY TOLERABILITY

ONCE DAILY



Plan



Your precall plan should include:

- Call objective
- How you will open the call
- Open-ended, thought-provoking questions to ask to uncover belief(s) that will help you meet your call objective
- Close or call to action to execute
 on your objective

Open



Use the front cover to open your discussion of ISENTRESS 600 mg.

VERBALIZATION

Insight:

Treating HIV is a marathon, not a sprint. The bicyclist image shown on the front cover conveys the strength and endurance of ISENTRESS to help HIV patients on their journey.





INTRODUCING

at 1200 mg (2 × 600 mg)

ISENTRESS 600 mg

FOR ONCE-DAILY DOSING



2

GOING STRONG



Open the Interaction

Doctor, we have discussed how your HIV patients have benefited from a regimen that included ISENTRESS due to its efficacy and tolerability. And I'm sure you would agree that after more than 10 years on the market, ISENTRESS is still going strong.

Well, I have some exciting news to share with you—ISENTRESS 600 mg is now available with the added convenience of once-daily dosing.





Coaching Tips

Ask the representative about their PRECALL PLAN for a target customer in their territory:

- Based on your precall plan, what do you think this physician's response will be to the new QD dosing for ISENTRESS?
- What types of patients have you discussed with this physician in the past?
- To what specific data do you think this physician will respond?
- Is the representative prepared to identify the opportunity with open-ended. thought-provoking questions?

Listen for the following as the representative OPENS the call:

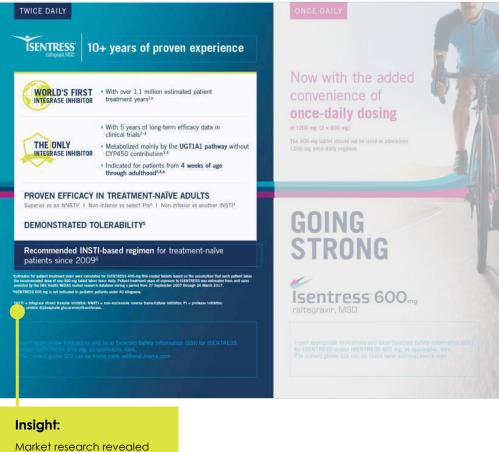
- Interest-generating Open that focuses on the long-term experience of ISENTRESS and the confidence that physicians can have in prescribing ISENTRESS for their HIV patients.
- Enthusiastic delivery of first key message—ISENTRESS 600 mg is now available with the added convenience of once-daily dosing.





ISENTRESS[™] 600 mg Sales Manager Coaching Guide – Spread 1 (LEFT)





Identify & Confirm



Ask open-ended, thought-provoking questions about the physician's perceptions of ISENTRESS to date.

VERBALIZATION

Share Information



Use the left page of the first spread to set the stage by reminding the customer of the heritage of ISENTRESS.

VERBALIZATION



Market research revealed that physicians want to be reminded of all the reasons they use ISENTRESS today.





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Identify and Confirm

Doctor, what has your clinical experience been with ISENTRESS?

Doctor please share with me, what patient types do you treat with ISENTRESS?





Share Information

...I am glad to hear that you have had such great clinical experience with ISENTRESS and your patients have benefited. You know, ISENTRESS has more than 10 years of proven clinical experience and was the world's first integrase inhibitor. Even today, ISENTRESS is still the only integrase inhibitor with long-term efficacy of 5 years demonstrated in clinical trials. That's proven long-term efficacy that your HIV patients can count on.

ISENTRESS is the only integrase inhibitor metabolized mainly by the UGT1A1 pathway without CYP450 contribution. That means fewer clinically significant drug interactions, unanticipated adverse reactions, and therapeutic failures in your patients. And it is the only integrase inhibitor indicated for your pediatric patients from 4 weeks of age through adulthood.

Doctor, ISENTRESS has proven efficacy in treatment-naïve adults; has been proven superior versus an NNRTI; proven non-inferior vs select PIs; and proven non-inferior vs another INSTI. ISENTRESS also has demonstrated tolerability, and has been a recommended INSTI-based regimen for treatment-naïve patients since 2009. All excellent reasons why you have chosen ISENTRESS time and time again.





NEXT



Coaching Tips

Listen for the following as the representative asks questions to IDENTIFY or CONFIRM the customer's needs:

- Focused questions designed to identify or confirm the physician's perceptions of ISENTRESS 400 mg to date
 - Open-ended, thought-provoking questions, if the purpose is to identify needs
 - Closed questions, if the purpose is to confirm needs

Listen for the following as the representative SHARES key messages:

• Descriptive summary enumerating the major attributes of ISENTRESS 400 mg BID.





ISENTRESS[™] 600 mg Sales Manager Coaching Guide – Spread 1 (RIGHT)





Insight:

Note the "TWICE DAILY" and "ONCE DAILY" banners across the top of the spread that cue you to the formulation under discussion. It's important to attribute the data to the correct formulation as clinical trials for ISENTRESS 600 mg used ISENTRESS as a comparator.

Identify & Confirm
Ask open-ended, thought-provoking questions about the physician's thoughts on once-daily dosing.
VERBALIZATION
Share Information
Now that you've set the stage, use the right side of the spread to introduce ISENTRESS 600 mg with the added convenience of once- daily dosing.
VERBALIZATION



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Identify and Confirm

Doctor, share with me, what are some of the challenges you face with managing your HIV patients complex treatment regimens?

Now that ISENTRESS 600 mg is available in once-daily dosing, how does that change how you manage and treat your HIV patients?





Share Information

Doctor, you chose ISENTRESS for your HIV patients for all the reasons we've discussed and now you have one more—the added convenience of once-daily dosing with ISENTRESS 600 mg.





NEXT |



Coaching Tips

Listen for the following as the representative asks questions to IDENTIFY or CONFIRM the customer's needs:

- Focused, concise question(s) designed to identify or confirm the physician's thoughts on once-daily dosing
 - Was the representative able to uncover the challenges the physician faces managing the complex treatment regimens of his/her HIV patients?

Listen for the following as the representative SHARES key messages:

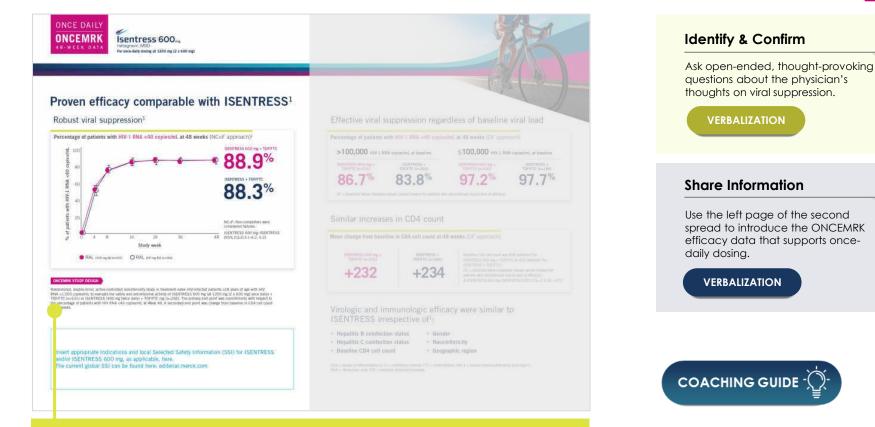
• Strong statement linking the physician's experience with ISENTRESS 400 mg to the added convenience of once-daily dosing with ISENTRESS 600 mg.



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ISENTRESS[™] 600 mg Sales Manager Coaching Guide – Spread 2 (LEFT)





Insight:

The primary end point in ONCEMRK was noninferiority with respect to the percentage of patients with HIV-1 RNA <40 copies/mL at Week 48. It is more common to assess efficacy of an HIV therapy based on attainment of <50 copies/mL.





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Identify and Confirm

Doctor, what do you expect from an HIV therapy in regard to viral suppression? Does the viral suppression provided by ISENTRESS 400 mg meet your expectations?

Doctor, you have been prescribing ISENTRESS 400 mg BID for some time now. What is your perception of the viral suppression provided by ISENTRESS?

Doctor, could you share an example of one of your HIV patients' response to ISENTRESS 400 mg BID in terms of viral suppression? Have you been satisfied with the results achieved?





Share Information

Doctor, ISENTRESS 600 mg has proven efficacy comparable with ISENTRESS. In a randomized, double-blind, active-controlled noninferiority study in 797 treatmentnaïve HIV-infected patients ≥18 years of age with HIV-1 RNA ≥1,000 copies/mL, 88.9% of patients in the ISENTRESS 600 mg group achieved HIV-1 RNA <40 copies/mL at 48 weeks, and 88.3% of patients in the ISENTRESS group achieved HIV-1 RNA <40 copies/mL at 48 weeks.

And doctor, I want to point out that the results I just mentioned were reductions in viral load measured at <40 copies/mL. That is a more stringent endpoint than you may have previously seen in clinical studies.

In summary, you can expect the same results in patients for whom you prescribe once daily ISENTRESS 600 mg tomorrow as those for whom you prescribed ISENTRESS 400 mg BID yesterday.





NEXT



Coaching Tips

Listen for the following as the representative asks questions to IDENTIFY or CONFIRM the customer's needs:

- Focused, concise question(s) designed to identify or confirm the physician's thoughts on viral suppression in his/her current patients who are being treated with ISENTRESS 400 mg parentheses (once the rep has confirmed the physician's thoughts on viral suppression, has the rep transitioned to reinforcing this benefit with ISENTRESS 600 mg?)
 - Was the representative able to uncover the physician's expectations regarding viral suppression provided by HIV therapies?

Listen for the following as the representative SHARES key messages:

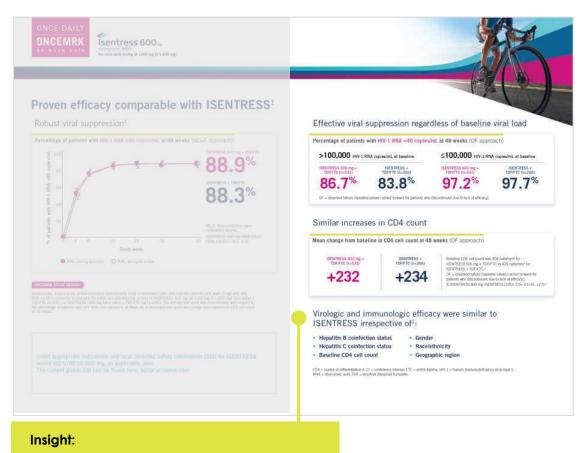
- Strong statement of the key message.
- Simple, brief explanation of the ONCEMRK study design and the efficacy data that supports once-daily dosing.
- Statement linking clinical results experienced with ISENTRESS 400 mg in the past to what the physician can expect with ISENTRESS 600 mg going forward.





ISENTRESS[™] 600 mg Sales Manager Coaching Guide – Spread 2 (RIGHT)





The efficacy results in ONCEMRK are solid. Make sure to emphasize that the efficacy results for ISENTRESS 600 mg were comparable to those of ISENTRESS regardless of baseline viral load, coinfection, baseline CD-4 cell count, gender, race, or ethnicity.

Identify & Confirm

Ask open-ended, thought-provoking questions about the physician's experience prescribing ISENTRESS 400 mg in a diverse patient population.

VERBALIZATION

Share Information



Use the right page of the second spread to engage the customer in a discussion of the comparable efficacy demonstrated in ONCEMRK across its diverse patient population.

VERBALIZATION







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Identify and Confirm

Doctor, how are you treating your treatment-naïve patients who have comorbidities such as CNS, renal impairment, cardiovascular, HCV coinfection and polypharmacy type patients? What challenges do you face in treating these patients?

[NOTE: Pick one of these comorbidities to focus on during the interaction so you can ask for a simple, reasonable call to action.]





Share Information

Doctor, ISENTRESS 600 mg provides effective viral suppression comparable to ISENTRESS regardless of baseline viral load. At week 48 of the ONCEMRK study, 86.7% of patients in the ISENTRESS 600 mg group, who had greater than 100,000 HIV-1 RNA copies/mL at baseline, attained HIV-1 RNA <40 copies/mL, compared to 83.8% of patients in the ISENTRESS mg group.

And ISENTRESS 600 mg provided similar increases in CD4 count to those of ISENTRESS as well— 232 and 234 TDF/FTC, respectively.

In the ONCEMRK study, the virologic and immunologic efficacy of ISENTRESS 600 mg were similar to ISENTRESS irrespective of hepatitis B coinfection status, hepatitis C coinfection status, baseline CD4 cell count, gender, race/ethnicity, or geographic region.

Doctor, no matter how challenging the patient, ISENTRESS 600 mg once daily provides proven efficacy comparable with ISENTRESS.

[NOTE: If the doctor responds to your patient types question, skip to Spread 3 or 4 to discuss tolerability and the common HIV medications that can be used in combination with ISENTRESS 600 mg.]





NEXT





Coaching Tips

Listen for the following as the representative asks questions to IDENTIFY or CONFIRM the customer's needs:

- Clear, concise questions designed to identify the opportunity in a prioritized treatment naïve plus 1 comorbidity patient type.
 - Once the representative identified the opportunity, did he/she ask additional open-ended, thought-provoking questions to understand how the physician is currently treating the treatment naïve plus 1 comorbidity patient?

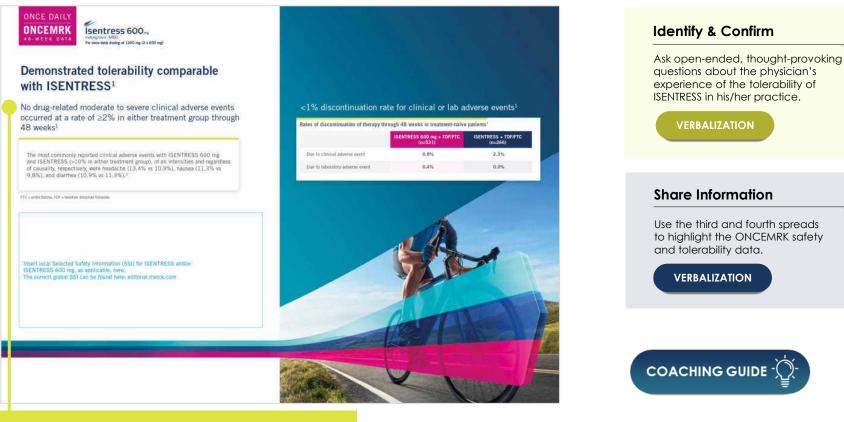
Listen for the following as the representative SHARES key messages:

- Strong statement of the key message.
- Concise enumeration of the multiple ways in which comparable efficacy was demonstrated in ONCEMRK across its diverse patient population.





ISENTRESS[™] 600 mg Sales Manager Coaching Guide – Spread 3



Insight:

ISENTRESS is already well known for its tolerability, and the ONCEMRK safety results demonstrate comparable tolerability for ISENTRESS 600 mg.



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CFI

X

Identify and Confirm

What has been your clinical experience when it comes to your patients' tolerability of ISENTRESS?

Doctor, how do you manage tolerability issues that may occur with other treatment regimens?





Share Information

...I am glad to hear that your patients on ISENTRESS have not experienced many tolerability issues. And now, Doctor, ISENTRESS 600 mg with once-daily dosing has demonstrated tolerability comparable with ISENTRESS.

In ONCEMRK, no drug-related moderate to severe clinical adverse events occurred at a rate of $\geq 2\%$ in either treatment group through 48 weeks. The most commonly reported clinical adverse events with ISENTRESS 600 mg and ISENTRESS (greater than10% in either treatment group), of all intensities and regardless of cause, respectively, were headache (13.4% vs 10.9%), nausea (11.3% vs 9.8%), and diarrhea (10.9% vs 11.3%).

And the discontinuation rate for clinical or lab adverse events was less than 1% in the ISENTRESS 600 mg plus TDF/FTC treatment group through 48 weeks.

Doctor, you can expect the same tolerability with ISENTRESS 600 mg once daily as your patients have experienced with ISENTRESS 400 mg BID, for all these years.





NEXT

Coaching Tips

Listen for the following as the representative asks questions to IDENTIFY or CONFIRM the customer's needs:

• Has the representative asked an open-ended, thought-provoking question to uncover a clinical experience that can be used throughout the conversation?

Listen for the following as the representative SHARES key messages:

- Clear statement of the key message.
 - Has the representative reinforced the clinical experience shared by the physician with relevant key messages?
 - Has the representative related the tolerability issues experienced by the physician with other treatments, to data confirming why they occur, and transitioned to the key messages showing the lack of DDIs with ISENTRESS 600 mg?
- Highlights of the ONCEMRK safety and tolerability data.
- Statement linking clinical results experienced with ISENTRESS 400 mg in the past to what the physician can expect with ISENTRESS 600 mg going forward.





Primarily metabolized through the UGT1A1 pathway



sentress 600 ...

Can be used with a range of medications¹

	ISENTRESS 600 mg	
AIDS-telated complications Glucocortionids	~	~
Anxiety/depression/pain Midazolam, opioid analgenics	~	~
	~	~
CWmetabolic disarders Pioglitazione, statins.	~	~
Erectile dysfunction Anti-erectile dysfunction agents	~	~
	~	~
HCV direct-acting anthinals ¹⁰ Effanvergradoprevir, ombitasvir/paritaprevir/itonavir (used with or without Savabovir), simeprevir, sofosbovir/fedipeavir, sofosbovir/selpatasvir	~	~
	~	~
Substance above Methadone	1	~
Tuberculosis. Titampicie	×	~
	×	~
Antacids Calcium carbonatis-containing antacids	×	~
	×	×

replote reduces plasms levels of rategories. The impact of other strong induces of any methods, a declarage of the dope of inflangment 5 mg leader daily/ can be considered. The impact of other strong induces of drag metabolising eligymes, nich as pheispton said socialities, in UGT181 is remeasing therefore, coadministration selfs subgrave 1200 mg coacidate is not recommended,

Share Information



The fourth spread continues the tolerability story. Use the left page of the fourth spread to discuss how ISENTRESS 600 mg is metabolized.

VERBALIZATION

Close



One call option is to reinforce the physician's tolerability experience with this page and then ask for a commitment.

VERBALIZATION



Insight:

The Drug Metabolism image at the top depicts the high proportion of drugs that are at least partially metabolized by the CYP450 pathway in comparison to ISENTRESS 600 mg. Remember, ISENTRESS is the only HIV therapy metabolized mainly by the UGT1A1 pathway without CYP450 contribution.

The drug metabolism of ISENTRESS provides a rationale for the favorable safety profile of ISENTRESS.





Share Information

Doctor, are you aware that approximately 80% of drugs are metabolized by enzymes in the CYP450 pathway? 80%! As you may know, inhibition or induction of CYP450 enzymes can cause clinically significant drug interactions, unanticipated adverse reactions, and even therapeutic failures. Metabolism by a non-CYP pathway is less likely to precipitate drug interactions. This may be one of the reasons ISENTRESS is well tolerated by many patients.





NEXT

Close

Doctor, considering all the positive clinical experience you have had with ISENTRESS 400 mg BID — the proven efficacy that your patients have experienced year after year and the reliable tolerability that you get from an agent metabolized by a non-CYP pathway — will you consider prescribing ISENTRESS 600 mg for (INSERT TREATMENT NAÏVE PLUS 1 COMORBIDITY PATIENT TYPE) who would benefit from the added convenience of once-daily dosing?





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Coaching Tips

Listen for the following as the representative SHARES key messages:

- Strong statement regarding the percentage of drugs metabolized by enzymes in the CYP450 pathway.
- Concise summary of the adverse effects of agents metabolized by enzymes in the CYP450 pathway.
- Clear differentiation of benefits of metabolism by a non-CYP pathway.
- Statement linking metabolism of ISENTRESS 600 mg to patient tolerability.

Listen for the following as the representative CLOSES the call and AGREES on next steps:

- Gains agreement on the information that was just shared regarding the benefits of the CYP450 pathway.
- Asks the customer for a commitment to prescribe ISENTRESS 600 mg for a prioritized treatment naïve plus 1 comorbidity patient type.
- Gets an agreement for follow-up.



CFI

Primarily metabolized through the UGT1A1 pathway



Isentress 600.

Can be used with a range of medications^{10,a}

	Constant of the Owner of the Owner of the	
	ISENTRESS 600 mg	ISENTRES
AIDS-related complications Electronicities	1	~
Andety/depression/pain Midazolam, epicid analgenics	~	~
Contraception Inmodual contraceptives	~	1
ZV/metabolic disorders Pisglitazone, statinis	~	1
Erectile dysfunction Anti-erectile dysfunction agents	~	~
9 complications. Proton pump inhibitors	~	~
HCV direct-acting anthinals ¹⁰ Eliasvoigrazoprever, orobitasviopanitapreventionawir (used with or without Jasabuvir), simeprever, sofosbuviriledipasvir, sofosbuvirivelpatasver	~	~
Opportunistic Infections Azole antifungalis	~	~
Substance abuse Methadone	1	1
fuberculouis Rifampices	×	~
ARVs. Atazanavir or tipranavirhitonavir.	×	~
Intesids Jaicium marbonate-containing antacids	×	1
Numioum; or magnesium-containing antacids	×	×
Calcium carbonate-containing antacids	soliting entry?	plong of the doos o

Identify & Confirm

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Ask open-ended, thought-provoking questions leading the HCP into a conversation about the prioritized patient types.

VERBALIZATION

Share Information

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Use the right page of the fourth spread to share the common HIV medications that can be used in combination with ISENTRESS 600 mg.

VERBALIZATION

Close



One call option is to reinforce the physician's tolerability experience with the fourth spread and then ask for a commitment to one or more specific patient types.

VERBALIZATION



Insight:

While ISENTRESS 600 mg is comparable to ISENTRESS and can be used with a wide range of medications, there are a few exceptions. Be transparent about the medications that can not be used in combination with ISENTRESS 600 mg. You don't want to appear to be hiding unfavorable details and risk losing your customer's trust.





Identify and Confirm

Doctor, what are the factors you consider when choosing treatment for your treatment-naïve, **CNS** HIV patients?

How are you treating your treatment-naïve HIV patients with **renal impairment**?

How are you treating your treatment-naïve HIV patients with cardiovascular disease?

How are you treating your treatment-naïve HIV patients with HCV coinfection?

How are you treating your treatment-naïve HIV patients with polypharmacy issues?

[NOTE: Pick one of these comorbidities to focus on during the interaction so you can ask for a simple, reasonable call to action.]





Share Information

Doctor, treating HIV-related complications can be complicated enough without worrying about which medications can and can't be used with your preferred HIV therapy.

Like ISENTRESS, ISENTRESS 600 mg can be used with a range of commonly prescribed HIV medications, such as glucocorticosteroids, proton pump inhibitors, and HCV direct-acting antivirals, used to treat HIV-related complications.

[NOTE: If the physician answers your Identify and Confirm question(s) with a response that includes a competitive product, address the differences between the products at this point.]

However, I need to draw your attention to a few exceptions that you may have been prescribing in combination with ISENTRESS in the past. ISENTRESS 600 mg should not be used in combination with rifampin, ARVs (such as, atazanavir or tipranavir/ritonavir), or calcium carbonate-, aluminum-, or magnesium-containing antacids.





NEXT

Close

Doctor, based on the information I shared with you, would you agree that ISENTRESS 600 mg may be a better choice for your:

- treatment-naïve HIV patients with **CNS** issues?
- treatment-naïve HIV patients with renal impairment?
- treatment-naïve HIV patients with cardiovascular disease?
- treatment-naïve HIV patients with HCV coinfection?
- treatment-naïve, **polypharmacy** HIV patients?

Great! Will you start your treatment-naïve patients with (INSERT TREATMENT NAÏVE PLUS 1 COMORBIDITY PATIENT TYPE) on ISENTRESS 600 mg?

May I follow up with you in a few weeks to discuss these new starts?





Coaching Tips

Listen for the following as the representative asks questions to IDENTIFY or CONFIRM the customer's needs:

- Open-ended, thought-provoking question(s) leading the HCP into a conversation about the prioritized patient types.
 - Uncovers beliefs about how the prescriber is treating that specific treatment naïve plus
 1 comorbidity patient type and why.
 - Effectively "changes the conversation" and focuses on the treatment naïve plus 1 comorbidity patient type.

Listen for the following as the representative SHARES key messages:

- Outlines the range of common HIV medications that can be used in combination with ISENTRESS 600 mg.
- Describes the few drugs that interact with ISENTRESS 600 mg.
- Effectively differentiates between ISENTRESS 600 mg and the competitor (if the prescriber shared a preferred competitor).

Listen for the following as the representative CLOSES the call and AGREES on next steps:

- Gains agreement on the information that was just shared regarding the efficacy, tolerability and range of common HIV medications that can be used in combination with ISENTRESS 600 mg.
- Asks the customer for a commitment to prescribe ISENTRESS 600 mg for a prioritized treatment naïve plus 1 comorbidity patient type.
- Gets an agreement for follow-up.



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ISENTRESS[™] 600 mg Sales Manager Coaching Guide – Spread 5 (LEFT)





Insight:

Spread 5 is a great opportunity to guide the physician into a conversation around oncedaily dosing of ISENTRESS 600 mg.





X

Identify and Confirm

How do your patients feel about once-daily dosing?

How do you feel about now having the option of once-daily dosing along with the proven efficacy and tolerability in ISENTRESS 600 mg?

How is this going to change how you treat your patients?





CFI

Share Information

Now you can offer your patients the efficacy and tolerability of ISENTRESS 600 mg with the added convenience of once-daily dosing.

Most likely, you already have patients on ISENTRESS 400 mg, which is for both treatment-naïve and treatment-experienced patients. These patients are currently taking one 400-mg tablet twice daily for a total daily dose of 800 mg.

Now you can offer ISENTRESS 600 mg for your treatment-naïve plus 1 comorbidity patients or your patients who are already virologically suppressed on an initial regimen of ISENTRESS 400 mg twice daily. These patients will take two 600-mg tablets once daily for a total daily dose of 1200 mg.

And doctor, it is not recommended to substitute the 400-mg tablet for the 600-mg tablet to create a 1200-mg once-daily dose because there are differences in the pharmacokinetic profile.





NEXT

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Coaching Tips

Listen for the following as the representative asks questions to IDENTIFY or CONFIRM the customer's needs:

- Clear, concise questions designed to identify or confirm the physician's thoughts on the convenience of once-daily dosing.
 - Did the representative learn or uncover how the prescriber is going to change his future prescribing habits?
 - If the prescriber isn't going to change their habits, what else does the representative need to ask or share?

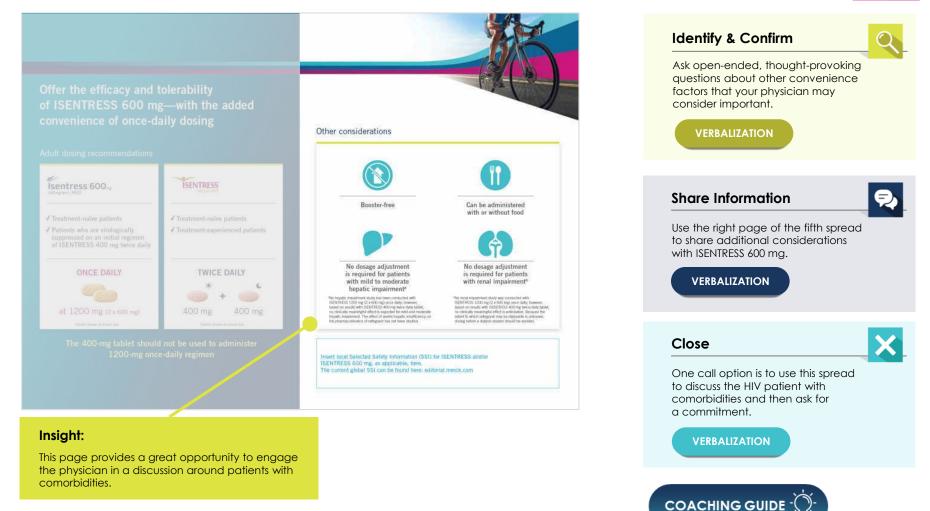
Listen for the following as the representative SHARES key messages:

- Relevant information based on the customer's response.
- Strong statement of the key message.
- Clear differentiation between the dosing and total daily dose of ISENTRESS 400 mg and that of ISENTRESS 600 mg.
- Caution around substituting 3 X 400 mg for 2 X 600 mg once daily.



ISENTRESS[™] 600 mg Sales Manager Coaching Guide – Spread 5 (RIGHT)







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X

Identify and Confirm

Doctor, what other factors do you and your patients consider to be important in relation to the "convenience" of a drug regimen?

Doctor share with me, what are some of the challenges you face in prescribing therapies for your HIV patients with CNS (OR, INSERT DIFFERENT COMORBIDITY)?

How do you identify treatment-naïve patients who have comorbidities and thus may need to be on a tailored regimen?





Share Information

Doctor, ISENTRESS 600 mg is booster-free and can be taken with or without food.

In addition, no dosage adjustments are required for patients with renal impairment or with mild to moderate hepatic impairment.

All in all, ISENTRESS 600 mg may be more convenient for your patients to take.





NEXT

Close

Doctor, considering all the advantages of prescribing ISENTRESS 600 mg as an HIV therapy that provides durable efficacy, is well tolerated, and has few drug-to-drug interactions, will you consider prescribing ISENTRESS 600 mg for appropriate treatment-

naïve HIV patients with (INSERT TREATMENT NAÏVE PLUS 1 COMORBIDITY PATIENT TYPE) in your practice?

[NOTE: Close on the comorbidity that you focused on during the interaction so you can ask for a simple, reasonable call to action.]







Coaching Tips

Listen for the following as the representative asks questions to IDENTIFY or CONFIRM the customer's needs:

- Clear, concise questions to identify or confirm other convenience factors that the physician may consider important.
 - Did the representative uncover the customer's challenges?

Listen for the following as the representative SHARES key messages:

- Descriptive summary of the other factors that the physician may take into consideration when selecting an HIV therapy.
- Confirmation of the benefits to both the physician and patient of other convenience factors associated with ISENTRESS 600 mg.

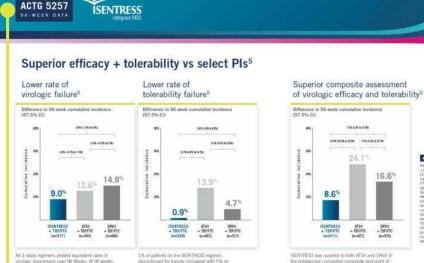
Listen for the following as the representative CLOSES the call and AGREES on next steps:

- Gains agreement on the information that was just shared regarding the other convenience factors with ISENTRESS 600 mg.
- Asks the customer for a commitment to prescribe ISENTRESS 600 mg for the prioritized treatment naïve plus 1 comorbidity patient type that was the focus of the call.
- Gets an agreement for follow-up.



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ISENTRESS[™] 600 mg Sales Manager Coaching Guide – Spread 6



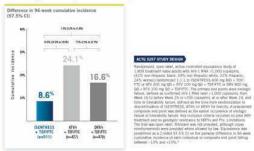
vitologic suppression over 96 Weeks. At 96 weeks 94% of patients on the ISENTRESS regimen had HIV-1 FINA levels <50 copies/mil_ compared with 89% on DRV/r and 88% on ATV/r.6

TWICE DAILY

DRV/r and 16% on ATV/r.4

ATV = atagasate; O = confidence interval; DRV = daruman; FTC = entricupation; HVF1 = transit announced-likency area type 1, NRT1 = tracleoade revens transcripture inflation; PI = proteine inflation; RNA = ribonucleic; acid; TDF = terrotoxir discplinit firmi

Insert local Selected Safety Information (SSI) for ISENTRESS and/or ISENTRESS 600 mg, as applicable, here. The current global SSI can be found here: aditorial.merck.com



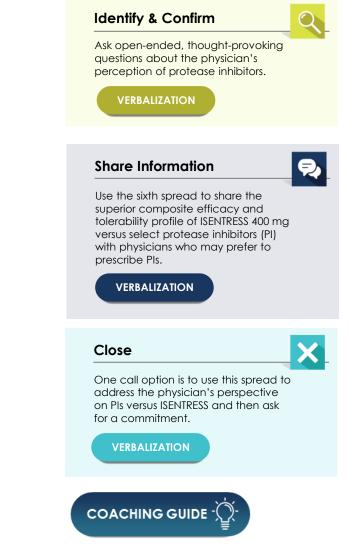
ISENTRESS was superior to both ATV/r and DRV/r in the preplanned cumulative composite end point of virologic failure and tolerability failure.⁶

> Insert local Selected Safety Information (SSI) for ISENTRESS and/or. ISENTRESS 600 mg, as applicable, here. The current global SSI can be found here- editorial merck.com

Insight:

Note the banner across the top of the page - this spread provides a head-to-head comparison between select protease inhibitors (PI) and ISENTRESS 400 mg BID.

This is an opportunity to remind physicians that while PIs are highly respected for their efficacy profile, the ACTG 5257 study demonstrated that ISENTRESS 400 mg BID provides a superior composite assessment of virologic efficacy and tolerability compared to select PIs.





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Identify and Confirm

Doctor, share your thought process with me; in what patient type would you use a protease inhibitor? Why?

Doctor, what protease inhibitors do you currently prescribe? What do you like about protease inhibitors?





Share Information

Doctor, I think you'd agree that PIs are highly respected for their efficacy profile. However, the ACTG 5257 study demonstrated that ISENTRESS 400 mg BID provides a superior composite assessment of virologic efficacy and tolerability compared to select PIs. The ACTG study showed equivalent virologic failure between treatment groups. Only the composite endpoint was superior.





NEXT

Close

Doctor, you have agreed that ISENTRESS 400 mg provides a superior composite assessment of virologic efficacy and tolerability compared with select PIs.

Will you consider prescribing ISENTRESS 600 mg with the added advantage of oncedaily dosing for your treatment-naïve HIV patients with (INSERT TREATMENT NAÏVE PLUS 1 COMORBIDITY PATIENT TYPE) instead of the (INSERT COMPETITOR NAME) you currently prescribe?





×

Coaching Tips

Listen for the following as the representative asks questions to IDENTIFY or CONFIRM the customer's needs:

- Clear, concise questions designed to identify or confirm the physician's use of protease inhibitors in his/her practice.
 - Did the representative identify the opportunity in a specific treatment naïve plus 1 comorbidity patient type?
 - Has the representative uncovered the physician's preferred PI and what he/she likes about it?

Listen for the following as the representative SHARES key messages:

• Strong description of the superior composite efficacy and tolerability profile of ISENTRESS 400 mg versus select protease inhibitors (PI).

Listen for the following as the representative CLOSES the call and AGREES on next steps:

- Gains agreement on the information that was just shared regarding a superior composite assessment of virologic efficacy and tolerability with ISENTRESS 600 mg compared with select PIs.
- Ask physician to switch from their preferred protease inhibitor to ISENTRESS 600 mg for the specific patient type focused on during the interaction.
- Gets an agreement for follow-up.



ISENTRESS[™] 600 mg Sales Manager Coaching Guide – Spread 7



Durable efficacy and tolerability through 5 years vs an NNRTI²

Sustained viral suppression²





Demonstrated tolerability profile

	ISENTRESS + TDF/FTC (n=281)	
Xarites	6.3%	9.9%
Tatulence	3.6%	5.0%
lausea	8.9%	11.0%
adigue .	4.3%	8.9%
Nzziness	7.8%	35,1%
leadache	9.3%	14.2%
omnolence	1.1%	7.4%
bnormal dreams	6.8%	13.1%
nooronile	7.5%	8.2%
lightmane	2.8%	5.3%
aish.	1.1%	8.2%

ISENTRESS + TORFTC In=281

5%

EFR + TORFEC (m. 282)

10%

Low	discontinuations due
to a	iverse events ²

APT - antibetroveral therapy, EDK - cluster of otherestatical A, CL + constance interval, EPK - elepterets, PTC - enterclatione. HINA - formal interval doctoring result (b) - A MARTI - non-reactionate researce transcription intellity. BNA - itoenactic acids, TCF - invested external transmit

Insert local Selected Safety Information (SSI) for ISENTRESS and/or ISENTRESS 600 mg, as applicable, here. The current global SSI can be found here, editorial,merck.com

Identify & Confirm



Ask open-ended, thought-provoking questions about the physician's perception of the duration of efficacy of ISENTRESS.

VERBALIZATION

Share Information



Use the seventh spread to highlight the durable efficacy and tolerability through 5 years with ISENTRESS 400 mg BID vs an NNRTI.

VERBALIZATION



Insight:

You should be very familiar with this data as STARTMRK was the original study used to support the ISENTRESS 400 mg indication in treatment-naïve patients. It isn't necessary to provide a traditional detail on the STARTMRK data as you introduce ISENTRESS 600 mg. Instead focus on the message that ISENTRESS is the only integrase inhibitor with long-term efficacy of 5 years demonstrated in clinical trials.





X

Identify and Confirm

Doctor, what has been your clinical experience of the duration of efficacy and tolerability of ISENTRESS?





CF

Share Information

Doctor, I don't know if you're aware of it but ISENTRESS is the only integrase inhibitor with long-term efficacy of 5 years demonstrated in clinical trials.

The STARTMRK study compared the durable efficacy and tolerability of ISENTRESS 400 mg BID to an NNRTI over a 240-week period. Over the 5 years of the study, ISENTRESS provided sustained viral suppression, high immunologic response, with a demonstrated tolerability profile and low discontinuation due to adverse events.

These data suggest that your patients may continue to experience the proven efficacy and tolerability of ISENTRESS year after year.







Coaching Tips

Listen for the following as the representative asks questions to IDENTIFY or CONFIRM the customer's needs:

- Focused questions designed to identify or confirm the physician's perceptions of the duration of efficacy of ISENTRESS.
 - Was the representative able to engage the customer in a discussion of their clinical experience?

Listen for the following as the representative SHARES key messages:

- Compelling messaging highlighting the durable efficacy and tolerability through 5 years of ISENTRESS 400 mg BID vs an NNRTI that was demonstrated in STARTMRK.
- If the representative was able to engage the customer in a discussion of their clinical experience, was he/she able to reinforce the customer's clinical experience with the key messages?





ISENTRESS[™] 600 mg Sales Manager Coaching Guide – Back Cover

Prescribe **ISENTRESS 600 mg** and keep your patients GOING STRONG

INTRODUCING **ISENTRESS 600 mg** FOR ONCE-DAILY DOSING at 1200 mg (2 × 600 mg)

The 400-mg tablet should not be used to administer 1200-mg once-daily regimen

 Proven EFFICACY¹ Demonstrated TOLERABILITY¹

Now ONCE DAILY

References: 1. Data on file, MSD_____2. Rockstroh JK, DeJesus E, Lennox JL, et al; for STARTMRK investigators. Durable efficacy and safety of raitegravir versus etavirenz when combined with tendoviriemtricitablee in treatment-naive HIV-1-indected patients: final 5-year results from STARTMRK. J Acquir Immune Defic Syndr. 2013;63(1):77-85. 3. Gerwaya (summary of product characteristics). County Cork, tretand: Gilead Sciences Ireland UC; 2017. 4. Tivicay Isummary of product characteristics). Burgos, Spain: Glaxo Wellcome, S.A.; 2017. 5. Lennox JL, Landovitz RJ, Ribaudo HJ, et al.; for the ACTG A5257 Team. Efficacy and tolerability of 3 nonnucleoside reverse transcriptase inhibitor-sparing antiretroviral regimens for treatment-naive volunteers infected with HIV-1: a randomized, controlled equivalence trial. Ann Intern Med. 2014;161(7):461–471. DHHS Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. https://aidsinfo.nih.gov/contentfiles/lyguidelines/idultandadolescentgl.pdf. Updated 14 July 2016. Accessed 16 March 2017. 7, Zanger adorecomes, nuscantancian generalmentering and a service and a service service and a ser among patients treated with nonnucleoside reverse transcriptase inhibitor-, protease inhibitor-, and rattegravir-based antiretroviral regimens. Ann Pharmacother. 2011;45(3);317-324. 10. AASL0/IDSA/IAS. Recommendations for testing, managing, and treating negatitis C. http://hougudelines. org/sites/default/files/HCV-Guklance_October_2016_a.pdf. Updated 6 July 2016. Accessed 16 March 2017. 11. Rockstroh JK, Lennox JL, DeJesus E, et al; for STARTMRK Investigators. Long-term treatment with raitegravir or efavirenz combined with tenofovir/emtricitabine for treatment-naive human immunodeficiency virus-1-infected patients: 156-week results from STARTMRK. Clin Infect Dis. 2011;53(8):807–816. 12. Rockstroh JK; DeJesus E; Lennox JL, et al; for STARTMRK Investigators. Durable efficacy and safety of raitegravir versus efavirenz when combined with tendlowi in treatment-naive HIV-1 infected patients: final five-year results from STARTMRK (supplemental digital content). J Acquir Immune Defic Syndr. http:// links.iww.com/QAI/A397. Accessed 14 June 2017.

Insert appropriate Indications and local Selected Safety Information (SSI) for ISENTRESS and/or ISENTRESS 600 mg, as applicable, here. The current global SSI can be found here: editorial.merck.com



Close



Use the back cover to summarize all the features and benefits that your customer has appreciated with ISENTRESS 400 mg BID, now with the added convenience of oncedaily dosing. Then, close with a call to action.

VERBALIZATION



Insight:

Use the back cover to explore the various patients in your customer's practice appropriate for ISENTRESS 600 mg once daily.



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Close

Doctor, all the features you have appreciated with ISENTRESS 400 mg BID — the 10 years of proven experience, the proven efficacy in treatment-naïve adults, long-term efficacy of 5 years demonstrated in clinical trials, and demonstrated tolerability — are available in ISENTRESS 600 mg, with the added convenience of once-daily dosing.

Doctor, I know you have had great clinical experience with ISENTRESS, and you agreed that ISENTRESS 600 mg may be a convenient choice for your (INSERT TREATMENT NAÏVE PLUS 1 COMORBIDITY PATIENT TYPE); will you choose a regimen with ISENTRESS 600 mg for those patients?





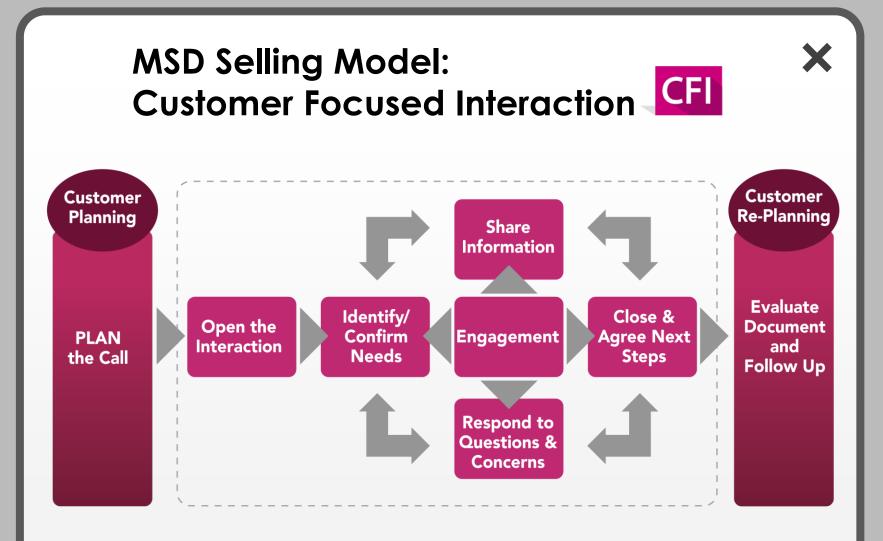
Coaching Tips

Listen for the following as the representative CLOSES the call and AGREES on next steps:

- Gains agreement on the information that was just shared regarding the features and benefits that your customer has appreciated with ISENTRESS 400 mg BID, now with the added convenience of once-daily dosing.
- Asks the customer for a commitment to prescribe ISENTRESS 600 mg for the prioritized treatment naïve plus 1 comorbidity patient type that was the focus of the call.
- Gets an agreement for follow-up.









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