

Radio (Product)[®]: Tape #2

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Cast

Professional Talent

1. Keith Hecht – male co-host
2. Kelly Brighton – female co-host
3. For movie commercial #1
 - Male Announcer doing impressions of Lawrence Fishburn and Arnold Schwarzenegger
 - Female impression of Cameron Diaz
4. Earl G., a Black man in his late 40s
5. Dr. Irv Crossmeyer – a frenetic and gruff older physician.
6. John, our off-mike studio technician
7. Gina Competina at the Radio (Product) News Desk
8. For movie commercial #2
 - Man
 - Woman
 - Male Announcer (same as commercial #1?)
9. “Flying Joe” Jensen, helicopter traffic reporter
10. Lost driver calling in via cell phone
11. Average Rep
12. Top Rep (*These two should be vocally distinct from one another. Top Rep should NOT sound snooty or lord his/her superior ability over Average Rep.*)
13. For movie commercial #3
 - Male announcer (same as commercial #1?) & his echo

Track 1: Opening

SFX:

[Quick snippets of radio shows as listener scans the dial.]

KEITH:

... reminding you to keep your radio tuned – just *weld* it in place – to 40 mg on your dial. You’re listening to “Keith and Kelly on the Highways” on ...

MUSICAL STING:

[Radio (Product) ... proven safe CV protection!]

KEITH:

And we’re back with yours truly, Keith Hecht, and the *painfully* gorgeous Kelly Brighton.

KELLY:

(soft laugh) Thank you, Keith. We’ve got another great show as you cruise the highways and byways between sales calls. We have a guest expert; a (Product)-call with Dr. Irv Crossmeyer, The Doctor With No Time at All; and “Flying Joe” Jenson with the traffic. So stay with us.

KEITH:

Today’s show is sponsored by “Just Two More,” the initiative that urges you to get just two more scripts of (Product) each week from just one member of your target list.

KELLY:

That’s right. If each rep sells just two more scripts, we’ll increase (Product)’s market share by .5%. Not only that, imagine how our competitors would feel if we grew volume in the face of all their efforts to steal our business.

KEITH:

Well, Kelly. It's an achievable goal for the best sales force in the country, so fit one more sales call into your day... sell to office staff in addition to the physician ...ask for a commitment to prescribe (Product) on every call.

KELLY:

And you'll surely sell just two more.

MUSICAL STING:

[Radio (Product) ... proven safe CV protection!]

KEITH:

We'll be right back after this word from "Just Two More."

Track 2: 1st Movie Ticket Commercial

MUSIC:

[Action movie music.]

ANNOUNCER:

Which free movies will *you* rent? Dyslipidemia Reloaded?

SFX:

[Fist fight, kicking.]

ANNOUNCER DOING SOPORIFIC

LAWRENCE FISHBURN:

All our lives, we've been fighting this war on high cholesterol.

ANNOUNCER:

Terminator 40?

MUSIC:

[Another action movie theme.]

SFX:
[Explosion.]

ANNOUNCER DOING ARNOLD:
Hasta la vista, CV risk.

ANNOUNCER:
Or Charlie's Cholesterol?

MUSIC:
[Action movie theme.]

ANNOUNCER DOING A FALSETTO
CAMERON DIAZ:
Okay girls, let's kick some CHD butt.

SFX:
[Kicking, punching, women grunting.]

ANNOUNCER:
Get *your* coupon for just two more Blockbuster rentals. Simply complete and return the quick quiz that came with this program. The first 250 reps who return a completed quiz with the correct answers will receive two free rentals at Blockbuster Video. Send in *your* quiz today!

Track 3: New Patient Profiles

KELLY:
We have a special and distinguished guest with us in the studio today.

KEITH:
A true celebrity.

KELLY:
Is he ready, John?

JOHN (*off-mike*):
Coming out of the green room now.

KEITH:

It's not often that we have a guest of such stature. Ladies and gentlemen, please welcome to our studio, Earl G.

MUSIC:

[Brief fanfare]

KEITH:

Welcome to the show, Earl. May I call you Earl?

EARL:

Sure.

KEITH:

It is an honor to meet you in the flesh. Do you find your celebrity status a burden? I mean, is it a mob scene wherever you go?

EARL:

Not too bad. I'm used to it.

KELLY:

Earl, you might want to remind some of our listeners where they've seen you.

EARL:

Glad to, Kelly. I am the third patient profile in the new (Product) visual aid.

KELLY:

The patient who may be reluctant to start lifelong statin therapy.

EARL:

That's me.

KELLY:

Now, you're one of three new patient types, is that correct?

EARL:

That's right, Kelly. In addition to myself, there is

Theresa M., who sees multiple physicians and takes multiple medications. And Abe R., an older gentleman, who may have multiple comorbidities due to advancing age.

KEITH:

So all three patient profiles in the visual aid have been replaced.

EARL:

That's correct.

KEITH:

The contract negotiations didn't work out? I hear they were holding out for an *astronomical* sum.

EARL:

That wasn't it. The product managers wanted broader examples of the (Product) patient types, so they brought in new faces. What can I say? I ... I wish them well.

KEITH:

Tell me about Theresa M. What's she like to work with?

EARL:

She's terrific. As you know, she sees multiple physicians and takes multiple medications.

KEITH:

So reps can talk about the safety of (Product) and its low risk of drug interactions.

EARL:

They can. That's the whole idea behind the three patient types. You're prompting doctors to think of current patients who would benefit from (Product).

KEITH:

And Abe R? The older gentleman?

EARL:

Another type of patient who takes multiple medications. So the safety of (Product) would be important to him, as well.

KEITH:

Let's talk about your role for a moment, the patient who may be reluctant to start lifelong statin therapy. How did you prepare for playing that patient type?

EARL:

Well, unlike the other two profiles, I'm not taking multiple medications, and I'm not elderly. But while I'm not at immediate risk, I *will* be taking (Product) for the rest of my life.

KELLY:

And that makes the safety of (Product) an important benefit?

EARL:

Absolutely. I mean, think about it. I'm hoping the rest of my life will be a very long time. A lot of things could happen during that time which might require me to take additional medications. So, being on the safe side with (Product) right from the beginning of my cholesterol therapy makes a lot of sense to me and to my doctor. My doctor especially likes the fact that the incidence of myopathy and lab abnormalities was comparable to placebo in landmark clinical trials.

KEITH:

That's right out of the visual aid.

EARL:

It is. And the fact that (Product) has been prescribed over 73 million times in 11 years.

KEITH:

More great facts from the vis aid.

KELLY:

You appear again as the patient with LDL cholesterol levels of less than 160 in the new patient profile cards, don't you, Earl? **Is this still the case?**

EARL:

Yes, I'm in those, too. I'm really happy with my agent, Marty Saltzman. He's got me everywhere.

KELLY:

Well it's great to see you.

EARL:

My pleasure.

KEITH:

Earl G., a legend among patient profiles! Keep it tuned to 40 mg on Radio (Product). We'll be right back right back.

MUSICAL STING:

[Radio (Product) ... proven safe CV protection!]

Track 4: Concern #1 – Why use (Product) when Zocor has proof in primary and secondary prevention?

KELLY:

You're back with "Keith and Kelly on the Highways."

KEITH:

And you're just in time for a ...

SFX:

[Telephone rings.]

KEITH:

(Product)-call with Dr. Irv Crossmeyer, ...

MUSIC:

[Shrieking violins from *Psycho*. Or heavy echo on the following.]

KEITH:

... the doctor with NO TIME AT ALL!

SFX:

[Door opens, hustle and bustle of man thrashing about the studio.]

MUSIC:

[Frenetic and fast-paced.]

DR. IRV:

Where is that pharmaceutical rep!? Did you bring lunch? Don't even *think* of talking to me if you're not holding a pizza!

KELLY:

(*laughing at his wackiness*) Sorry, no pizza, Doctor Irv. How are you?

DR. IRV:

Busy, Kelly. Busier than a plastic surgeon in Beverly Hills.

KELLY:

(*still laughing*) Sorry to hear that, Dr. Irv. Do you think you could fit us in for one (Product)-call?

DR. IRV:

Okay, Kelly. But just one.

SFX:

[Filtered telephone ring.]

KELLY:

We're talking with Debbie Derrick, a Senior Representative from the Brooklyn Queens District.

DEBBIE (*via telephone*):

Hello?

KELLY:

Debbie Derrick? I'm calling with Dr. Irv Crossmeyer, The Doctor With No Time. This is a (Product)-call. Are you ready to do it?

DEBBIE:

Sure.

KELLY:

Go ahead, Dr. Irv. This is Debbie Derrick.

DR. IRV:

Okay, Debbie. You know all those (Product) prescriptions I used to write?

DEBBIE:

Yes...

DR. IRV:

Well now I don't! Now that Zocor has proof in primary and secondary prevention patients, I don't see why I should continue to write (Product).

KELLY:

There you have it, Debbie. "Now that Zocor has proof in primary and secondary prevention patients, why should I use (Product)?" What downstream probes would you use to uncover his root concerns?

DEBBIE:

I'd ask the doctor what factors are important to him when prescribing a statin. How important is a reduced risk of a drug-drug interaction?

DR. IRV:

Of course that's important!

DEBBIE:

I'd also ask what he heard about HPS.

DR. IRV:

I heard that Zocor equals (Product) in primary and secondary prevention. That's all I need to know!

KELLY:

You've got your work cut out for you, Debbie. How would you prioritize Dr. Irv's costs, risks and the value he has identified in prescribing more (Product) over Zocor?

DEBBIE:

I'd say, "Dr. Crossmeyer, HPS did not reveal anything unexpected. It simply reinforced the value of statins in primary and secondary prevention."

DR. IRV:

Okay, so you have good proof of protection....

DEBBIE:

Then I'd use the (Product) Sales Aid to illustrate another (Product) benefit. In addition to efficacy, (Product) has proven safety. (Product) is not metabolized by the CYP450 system to a clinically significant extent.

DR. IRV:

Yeah. So ...?

DEBBIE:

I would explain that potent inhibitors of the CYP450 3A4 system – including some hypertensive and hypoglycemic agents – are commonly prescribed medications in CHD patients. Using these drugs concomitantly with statins metabolized by this enzyme may increase the serum concentration of the statin to a clinically significant extent. And that may increase the risk for these types of drug interactions. This is particularly important, Dr. Crossmeyer, in your patients who are taking multiple medications.

DR. IRV:
You do have a point there.

KELLY:
You're making headway, Debbie. How would you close?

DEBBIE:
Dr. Crossmeyer, will you prescribe (Product) 40 mg for your patients at risk of a primary or secondary CV event who are taking multiple medications?

DR. IRV:
That seems reasonable. Okay.

DEBBIE:
Great! Then I will leave you a (Product) dosing card.

KELLY:
Good (Product)-call, Debbie! You did it!

DR. IRV:
Yes, good work. Now good riddance! I'm history!
(*off-mike*) I'm vapor trails!

SFX:
[Man thrashing around the studio, door slam.]

MUSIC:
[Frenetic and fast-paced.]

KELLY:
[Laughing.]

KEITH:
Thanks, Debbie. To show our appreciation, we're sending you a coupon, courtesy of "Just Two More," for two free video rentals. All you listeners out there, keep it at 40 mg on your dial, because this is ...

MUSICAL STING:

[Radio (Product) ... proven safe CV protection!]

Track 5: Putting HPS in Perspective

KELLY:

And we have been joined via telephone by the renowned and very handsome [NAME] Director of Medical Services at [COMPANY].

AL:

Good to be with you.

KELLY:

Al will fill us in on the latest Zocor trial. This was HPS, right?

AL:

That's correct, Kelly. The Heart Protection Study, or HPS, was published in 2002. In the wake of this study, Zocor became the second statin to be indicated for both primary and secondary prevention.

KELLY:

Until then, (Product) was the only statin that could say that.

AL:

Correct. We're going to see how that affects your selling and the best ways to respond to HPS.

KELLY:

Great. What do we need to know about HPS?

AL:

HPS looked at the efficacy of *Zocor* in a high risk patient population. These patients had an average LDL-C of 132 mg/dL.

KELLY:

That's actually *about average* cholesterol levels, no?

AL:

It is.

KEITH:

And the results?

AL:

In the Zocor-treated group, death from all causes was reduced by 13%. So, Zocor now has a primary prevention indication. In patients at high risk of coronary events because of existing coronary heart disease, diabetes, peripheral vessel disease, history of stroke or other cerebrovascular disease, to:

- reduce the risk of total mortality by reducing CHD deaths
- reduce the risk of non-fatal myocardial infarction and stroke
- reduce the need for coronary and non-coronary revascularization procedures

KELLY:

How does that affect (Product), AI?

AL:

Prior to the HPS trial, Zocor's indications were based on a trial called 4S.

KELLY:

4S.

AL:

That stands for Scandinavian Simvastatin Survival Study, Kelly. The patients in 4S had much higher LDL cholesterol levels than those in HPS. These

patients were extremely high risk because not only did they have elevated cholesterol, but also established CHD. So up until HPS, Merck did not have a primary prevention study with simvastatin.

KELLY:

And HPS changed that.

AL:

HPS did change that. Now Merck can point to a trial that demonstrates the efficacy of Zocor in a high risk primary prevention population – much like the WOSCOPS trial did for (Product) in a primary prevention population.

KEITH:

And we can no longer say that (Product) is the only statin to be indicated in both primary and secondary prevention.

AL:

Not any more. Zocor caught up with us. As a matter of fact, the CARDS study with atorvastatin 10 mg in a population of patients with diabetes was just stopped early. The press release indicates that atorvastatin might file for a primary prevention indication, much like that of Zocor and (Product).

KEITH:

So are we in trouble?

AL:

Not at all, Keith. HPS simply reinforces the clinical event reductions that have long been observed with pravastatin. The overall risk reductions in HPS were similar to those seen in the landmark pravastatin trials.

KEITH:

It reinforces the benefits that we have been promoting for years.

AL:

Absolutely. While (Product) is not the only statin with a primary and secondary prevention indication, it was the first. Like ASCOT, the results of HPS are not new news for the class, but great news for the class! It further confirms the benefits of using statins for both primary and secondary prevention and the results of HPS support what (Product) had already established in previous landmark clinical trials.

KEITH:

So what are the benefits of using (Product)?

AL:

Remember, the patients in HPS were at high risk – many of them had diabetes. As you know, people with diabetes may need multiple medications to control their lipids as well as other comorbidities. As you know, (Product) is not metabolized by the CYP 450 3A4 system to a clinically significant extent. Therefore, it has a reduced potential for these types of drug interactions. In addition, (Product)'s safety and tolerability profile was comparable to placebo for up to 5-years of follow-up in over 10,000 patients in a pooled analysis of clinical studies. Now that should give physicians confidence!

KELLY:

So like previous landmark pravastatin trials, the HPS trial proves the efficacy of statins in primary and secondary prevention ...

AL:

Right.

KELLY:

...But it does nothing to diminish what (Product) offers in terms of safety.

AL:
That's it in a nutshell.

KEITH:
Thank you Al D'Alonzo. You're listening to ...

MUSICAL STING:
[Radio (Product) ... proven safe CV protection!]

Track 6: CRESTOR Update

KELLY:
You're listening to "Keith and Kelly on the Highways." Let's go to the Radio (Product) News Desk with our very own Gina Competina. Gina?

SFX:
[Teletype machines. Or maybe a "News" musical sting instead?]

GINA:
Thanks, Kelly. After an initial delay and removal of the 80 mg dose from the NDA, AstraZeneca has received approval for its new statin, Crestor. The new drug has significant LDL-lowering capabilities and a better HDL profile than Lipitor. It seems to be well tolerated, with a pharmacokinetic profile that is similar to (Product).

Although AstraZeneca's main target will be Lipitor, Crestor may have an impact on other agents in market, including (Product). Back to you, Kelly.

KELLY:
A new statin? How will it be positioned against (Product)?

GINA:

NEED AN UPDATE FOR THIS: Early indicators point to a “Lower is Better” message, or perhaps, “Get it right the first time.” We’re also anticipating an aggressive pricing campaign.

KEITH:

And how will that change our strategy?

GINA:

It doesn’t, Keith. If anything, it *re-enforces* our strategy. The fact that Crestor is not metabolized by the CYP450 pathway is not the same thing as our proven long-term history of safety.

KEITH:

That’s right. (Product) 40 mg has shown safety comparable to placebo in over 47,000 patient-years. Crestor certainly can’t say that.

GINA:

It can’t come close. And doctors have seen for themselves how a statin with short track record can come onto the market and then turn out to be not as safe as it was thought to be.

KEITH:

So keep delivering the (Product) safety messages?

GINA:

Keep delivering those messages and watch for more training in [???]. This is Gina Competina at the Radio (Product) News Desk.

KEITH:

Thanks, Gina.

Track 7: 2nd Movie Ticket Commercial

SFX:

[Outdoor traffic ambiance. Car door slams and the outdoor ambiance fades – we’re inside the car now. Clacking of video cassettes.]

MAN:

Okay, I rented “Terms of Endearment” for you.

WOMAN:

Great!

MAN:

“Braveheart” for me.

WOMAN:

Yuck.

MAN:

“When Harry Met Sally” for us.

WOMAN:

Awww! Now go back in and rent just two more.

MAN:

Huh?

WOMAN:

Don’t worry, they’re free ...

SFX:

[Paper crinkle.]

WOMAN:

... I got this coupon by answering the Radio (Product) Quick Quiz.

ANNOUNCER:

You, too, can get two free rentals this summer. Simply complete and return the quick quiz that came with this program. The first 250 representatives to return cards with the correct

answers will receive a coupon for two free rentals at Blockbuster Video.

SFX:

[Car door slam.]

WOMAN:

Did you get two more?

MAN:

“Lethal Weapon” for me.

WOMAN:

Ugh!

MAN:

“Sleepless in Seattle” for us.

WOMAN:

Awww!

Track 8: Concern #2 – Zocor more effective at reducing stroke?

KELLY:

You’re back with “Keith and Kelly on the Highways” and we’re just about ready to ...

SFX:

[Pop.]

KELLY:

... Pop the Question. Each day, we call a territory business manager and surprise him or her with a pop question.

SFX:

[Filtered telephone ring, as heard by a caller.]

KELLY:

We're calling Suzanne Smith, a Territory Business Manager with the National Northeast Region.

SUZANNE (*via telephone*):

Hello, this is Suzanne.

KELLY:

Hi, Suzanne. This is Kelly Brighton from Radio (Product) and we've called you at random to ...

SFX:

[Pop.]

KELLY:

... Pop the Question.

SUZANNE:

This is so cool! What's the question?

KELLY:

Doesn't the stroke data from the HPS study suggest that Zocor is more effective than (Product) in reducing CV events, such as stroke?

SUZANNE:

Hmm...

KELLY:

Zocor is more effective in reducing CV events. What kind of downstream probes might you use to determine the physician's true concern?

SUZANNE:

I'd ask, "What have you heard or read about the stroke data in the HPS trial?"

KELLY:

Okay. Let's role-play. I heard that simvastatin reduced the risk of death from any vascular cause, including heart attack, stroke, and related blood vessel diseases, by 17%.

SUZANNE:

And how do you currently treat your patients with CHD or CHD risk equivalents?

KELLY:

I go by the NCEP guidelines.

SUZANNE:

So you treat these patients to a LDL of 100 or less?

KELLY:

That's right.

KEITH:

Based on Kelly's responses to your probes, Suzanne, how would you prioritize the costs, risks and values she identified?

SUZANNE:

I'd say, "Dr. Brighton, the results of HPS reinforce the body of evidence supporting the use of statins in a broad range of patients at risk for CV events. (Product) is indicated to reduce the risk of stroke based on two long-term clinical trials in such patients.

KELLY:

Two trials?

SUZANNE:

Yes. In the CARE trial, (Product) reduced the risk of stroke by 31% in patients with a history of MI and average cholesterol levels. And in the LIPID study, (Product) reduced the risk of stroke by 19% in patients with CHD and a broad range of cholesterol levels. The FDA granted (Product) an approved indication for reducing stroke several years ago.

KELLY:

Hmm! Those are impressive reductions.

SUZANNE:

Furthermore, (Product) is not metabolized by the CYP450 3A4 system to a clinically significant extent. I imagine many of your patients, particularly elderly ones with other comorbidities, take medications that are metabolized by this system.

KELLY:

They do.

SUZANNE:

With (Product) 40 mg, there is a reduced potential for these types of drug interactions. Simvastatin's labeling recommends avoiding the concomitant use of simvastatin with potent inhibitors of CYP450 3A4 system.

KELLY:

You have a point there.

KEITH:

Good work, Suzanne. How would you trial close and then close?

SUZANNE:

Dr. Brighton, are you confident in (Product)'s ability to reduce the risk of stroke?

KELLY:

I am.

SUZANNE:

Will you prescribe (Product) 40 mg for your patients at risk of stroke who are taking multiple medications?

KELLY:

I will. That was great, Suzanne!

SFX:

[Off-mike applause in the studio.]

KEITH:

Well done! We're sending you just two more – a coupon for two free rentals at Blockbuster Video. And thanks for joining us for ...

SFX:

[Pop.]

KEITH:

... Pop the Question!

MUSICAL STING:

[Radio (Product) ... proven safe CV protection!]

Track 9: Sales Force One

KELLY:

And you're listening to "Keith and Kelly on the Highways." Time for a quick traffic check with "Flying Joe" Jenson. How's the flow, Joe?

SFX:

[Helicopter sounds in the background.]

JOE (*filtered*):

Smooth as the coating on a (Product) tablet, Keith. A little congestion around the receptionist's desk, but you should get past that without any problem.

STUDIO TECHNICIAN (*Filtered, off-mike*):

Another caller, Kelly.

KELLY:

Can you hold a sec, Joe? Hello? You're on with Keith and Kelly.

LOST DRIVER (*filtered, over a cell phone*):

Hi, uh, I'm on Sales Force One right now and I'm just ... totally lost.

KELLY:

Sorry to hear that, caller. Maybe Flying Joe can direct you. Joe?

JOE:

Sure, what are you looking for?

LOST DRIVER:

Where can I find the formulary tracking tool, so I can update it with my recent formulary win at St. Joe's hospital?

JOE:

No problem! Click on (Product), then Distribution Channel and look under "hospital." You'll find the formulary tracking tool.

LOST DRIVER:

Great! Oh, I see it now.

JOE:

While you're there, click on the link for nominal pricing. You'll see a copy of the nominal pricing contract.

LOST DRIVER:

So where would I find the study backgrounder for HPS?

JOE:

Go to (Product) and click on Medical. Then look under Medical Backgrounders. You'll see the HPS Study and also the CARE and PROSPER studies.

LOST DRIVER:

How about the list of physicians who attended the second quarter 2003 consultant conferences? I want to follow up with them to get feedback on the (Product) messages they heard.

JOE:

Go to (Product) then Medical Education and look

under Consultant programs. Click on National Conferences and Q2 2003. There's your list of attendees.

KELLY:

Great advice, Joe. Can you find your way now, lost caller?

LOST DRIVER:

Just one more. Where do I find the customer concern grid for the HPS study?

JOE:

Go to (Product) and click on Training. Then look under "Customer Concerns." You'll find a copy of the study, plus guidelines for responding to concerns around it. Are you better oriented?

LOST DRIVER:

Yes, thank you.

JOE:

I think I see you now. Is that you turning left in the blue Buick Century?

LOST DRIVER:

It is!

JOE:

Wow, my Grandmother just bought the exact same car! Well good luck to you. This is Flying Joe Jenson, your eye in the sky, signing off.

MUSICAL STING:

[Radio (Product) ... proven safe CV protection!]

Track 10: 2003 Core Brand Strategies

KEITH:

You're listening to Radio (Product). Keep it right

there at 40 mg on your dial. And now it's time for
...

SFX:
[Flashy sound effect.]

KEITH:
... What's That Sound?

KELLY:
That's right, Keith. We're going to call a sales representative at random and ask him or her to guess that sound. Let's see if we can reach ...Kim Tindale, a territory business manager with the Keystone Region.

SFX:
[Filtered telephone ring.]

KIM (via telephone):
Hello?

KELLY:
Kim? This is Kelly Brighton at Radio (Product). Ready to play "What's That Sound?" We play a sound and you tell us what it is.

KIM:
Sure, I'm ready.

MUSIC:
[Drum roll.]

KEITH:
Okay, Kim, here's the mystery sound.

SFX:
[Rising slide whistle, or a more substantial sound to suggest levitation.]

KELLY:
Did you hear that? Here it is again.

SFX:
[Repeat sound effect.]

KELLY:
Not an easy one, Kim. Can you tell us what's that sound?

KIM:
Sure. It's the sound of (Product)'s growing market share as we follow our 2003 Core Brand Strategies.

MUSIC:
[A single triangle note: correct!]

KELLY:
You're amazing, Kim!

KEITH:
Wow! Kim, can you tell us what those strategies are? There are five of them, right?

KIM:
Right. First, we must leverage recent safety events to make safety a more important prescribing consideration.

Second, differentiate (Product) around safety. (Product) is not metabolized by the CYP450 system to a clinically significant extent and the incidence of myopathy and lab abnormalities is comparable to placebo in landmark clinical trials.

KEITH:
That's two, Kim. Can you tell us the third core strategy?

KIM:
Drive the 40-mg start dose and 80 mg titration option.

KEITH:
And fourth?

KIM:
Reinforce the substantial proof of (Product)'s efficacy and CV protection. Familiarize yourself with the clinical papers, especially the WOSCOPS study and utilize the great new portfolio of clinical trials.

And fifth, leverage nominal pricing to make (Product) the preferred choice in hospitals. Use this opportunity to drive (Product) usage in hospitals and the surrounding community

KELLY:
Excellent work, Kim!

KEITH:
Because you did so well, we're sending you a pair of free video rentals. Thank you for playing ...

SFX:
[Flashy sound effect.]

KEITH:
... What's That Sound?

KELLY:
Stay with us. We'll be right back on...

MUSICAL STING:
[Radio (Product) ... proven safe CV protection!]

Track 11: Product Knowledge

KELLY:
You're back with Radio (Product) and Keith and Kelly on the Highways. And we have been joined in the studio by [NEED TITLE] Mike Valenta.

MIKE:
Hello, everyone.

KELLY:
Mike, you brought two guests with you. Is that right?

MIKE:
Yes, I'd like our listeners to meet Average Rep ...

AVERAGE REP:
Hello.

MIKE:
... and Top Rep.

TOP REP:
Hi.

KEITH:
Welcome to our show, Average Rep. You certainly look ... average.

AVERAGE REP:
That's right. I'm 5', 9.1" tall [or 5' 3.7" if we cast a woman], I've been married 4.2 years, and my company car is a Buick Century. My wife and I went away this summer - just the two of us - to the Jersey shore.

KEITH:
And Top Rep?

TOP REP:
I'm actually about the same height.

KEITH:
And married?

TOP REP:
About the same time.

KEITH:

And your company car?

TOP REP:

The Century – but I’m due for a new one soon and can’t wait to get rid of it for something a little more sporty!

KEITH:

Any special get-away with your wife?

TOP REP:

We just went to Puerto Rico for a week with Pinnacle.

KEITH:

Really!

KELLY:

These two reps look kind of the same, Mike. What makes them different?

MIKE:

Product knowledge, Kelly. Top reps demonstrate superior knowledge more often than average reps. They get into product discussions with doctors and effectively convey the product benefits and advantages.

KELLY:

Is that true, Top Rep? How do you do it?

TOP REP:

Well, I do spend a lot of time in the hospital library and online, reading up on cardiac care. I read everything I can get my hands on that pertains to my products and my competition. Sometimes I test myself to see if I can give one of my competitor’s sales presentations just using their PI. I routinely get on Sales Force One and read up on additional information.

KELLY:

That helps you talk to doctors and show how much you know?

TOP REP:

Actually, I let the doctors do most of the talking. But it helps me understand what I'm hearing. That's how I learn what's important to them. My product knowledge helps me understand what they're saying and what I should ask next.

MIKE:

What kinds of discussions do you have with doctors?

TOP REP:

I might ask their goals regarding reduction in LDL levels and clinical outcomes such as reduction in events. And I'd open a discussion on patient types they treat where safety is a meaningful consideration. I'd talk with them about their concerns regarding the risks of drug interactions with drugs that are metabolized through the CYP450 3A4 system. I want to get them to talk about it. Meanwhile, I'm listening for needs that I can meet with features of (Product).

MIKE:

Good suggestion. Top reps also make it a point to know about market dynamics, including competitors and managed care.

KELLY:

Is that so, Top Rep?

TOP REP:

I find it helpful to know if low-income patients can get (Product) at the clinic, for example. Or how it's reimbursed by a certain plan. Then, I can say, "Doctor I've looked at the numbers and you can

save patients on that plan \$250 a year if you switch them from Zocor to (Product).”

AVERAGE REP:

How do you find that stuff out?

TOP REP:

Ask the doctor’s office staff. And pay close attention to your START reports. And take advantage of all the great information available on Sales Force One. I also maintain regular contact with the local DBM who is the point for Managed Care.

AVERAGE REP:

I’m going to try those things.

KELLY:

There you have it. Build up your product knowledge and get up to speed on market dynamics. Thank you, Top Rep and Average Rep.

TOP REP:

You’re welcome.

AVERAGE REP:

Sure.

KELLY:

You two still have a busy day today?

TOP REP:

Gonna hit the library, the gym, then I’m having a home entertainment system put in.

AVERAGE REP:

Just going home to my 2.1 children.

KELLY:

Thank you Average Rep and Top Rep.

Track 12: Closing

KEITH:

Nice guys. Well, Mike, our time is nearly up. Before we close today's show, I understand *you* have some tips on closing a (Product) *sales call*.

MIKE:

I do, Keith. A good close has multiple components.

KEITH:

You don't just ask them to prescribe?

MIKE:

You do, but only after you've laid the groundwork. Engage! requires you to paint a picture of a patient type in your Open, Position, and Close. This is essential so that the physician will understand which patient he should write (Product) for.

KEITH:

A patient type?

MIKE:

It could be the diabetic patient who is on multiple medications, or the elderly patient who has co-morbid conditions and is on multiple medications. Or it could be the patient with LDL-C <160 mg/dL who is concerned about being on life-long statin therapy.

KELLY:

The patient profiles in the visual aid help you paint that picture, no?

MIKE:

Absolutely. So do the (Product) patient profile cards. In addition, your close should touch upon three points. Dosing – give the doctor a clear idea of what you want him to prescribe. Managed health care status – how is (Product) covered or

reimbursed for this doctor's patients? And pharmacy availability – point out *where* the doctor's patients can get (Product).

KELLY:

Dosing, managed health care status, and pharmacy availability.

MIKE:

That's right.

KELLY:

Sounds good, Mike. Care to give us an example?

MIKE:

Actually, I thought I'd invite a rep to do that for us.

KEITH:

Great idea. We're on the line with ...

JOHN (*off-mike*):

[NEW REP]

KEITH:

Thanks, John. [NEW REP], welcome to Keith and Kelly on the Highways on Radio (Product). What region are you from?

NEW REP:

[Region.]

KEITH:

[Ad lib discussion of that region.] Well, [NEW REP], you heard the elements that make up a successful close: painting a picture of a patient type, touching upon dosing, managed health care status, and pharmacy availability. Can you give us an example of what that might sound like?

NEW REP:

Sure. Dr. Valenta, today we agreed that (Product)

40 mg is an appropriate choice for your patients with type 2 diabetes who are on multiple medications.

MIKE:
Yes, correct.

NEW REP:
That is because (Product) has a unique safety profile, proven cardiovascular event data, and the ability to reduce LDL-C's to appropriate levels.

MIKE:
Uh-huh.

NEW REP:
Will you prescribe (Product) 40 mg for your patients with type 2 diabetes who are on multiple medications with an LDL-C level < 160 mg/dL? Particularly those patients who have Blue Cross/Blue Shield of Tennessee as their health care insurer?

MIKE:
Yes, I will.

NEW REP:
Thank you, Dr. Valenta. (Product) is preferred on Blue Cross/Blue Shield of Tennessee. Additionally, (Product) 40 mg and 80 mg are available at ABC Pharmacy.

MIKE:
Thank you.

KELLY:
Good job, [REP]! Thanks for helping us out. To show our appreciation, we're sending you a Starbucks gift card. Treat yourself to two cups of coffee and remember, just two more scripts!

NEW REP:
Thanks. I will.

KEITH:
And now this.

Track 13: 3rd Movie Ticket Commercial, Close

MUSIC:
[Action movie music]

ANNOUNCER:
It's the movie so thrilling.

ANNOUNCER'S ECHO:
So thrilling.

ANNOUNCER:
So powerful.

ECHO:
So powerful.

ANNOUNCER:
You have to rent it twice.

ECHO:
Twice, twice, twice...

ANNOUNCER:
So awe-inspiring.

ECHO:
Inspiring.

ANNOUNCER:
So gripping.

ECHO:
Gripping.

ANNOUNCER:
You must rent it twice.

ECHO:
Twice.

ANNOUNCER:
So captivating.

ECHO:
Okay.

ANNOUNCER:
So riveting.

ECHO:
I get it.

ANNOUNCER:
You must rent it twice.

ECHO:
Twice! I get it, I get it.

MUSIC:
[Movie music out at this point?]

ANNOUNCER:
But will you get the coupon?

ECHO:
The coupon?

ANNOUNCER:
For two free rentals. The first 250 reps to return
the Quick Quiz get two free rentals from
Blockbuster.

ECHO:
Free rentals from Blockbuster?

ANNOUNCER:
But you must answer correctly and return the card.

ECHO:
Return the card.

ANNOUNCER:
So do it today.

ECHO:
Today, today, today....

ANNOUNCER:
Today.

ECHO:
Today, today, today....

ANNOUNCER:
Thank you.

ECHO:
You're welcome.

KEITH:
That's all today for "Keith and Kelly on the
Highways." Tune in again next time for more of
Dr. Irv Crossmeyer, The Doctor With No Time At
All, "Flying Joe" Jensen with traffic, me, Keith
Hecht, and the *devastatingly* beautiful Kelly
Brighton.

KELLY:
Thank you, Keith. Remember, just two more
(Product) scripts.

KEITH:
Just two more. Two more. Two more.

KELLY:
That's six, Keith.

MUSICAL STING:
[Radio (Product) ... proven safe CV protection!]