

Fueling an EPIDEMIC

REPORT FOUR

Inside the Insys Strategy for Boosting Fentanyl Sales



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EXECUTIVE SUMMARY

During the height of the prescription opioid crisis in the United States, Insys Therapeutics, Inc., adopted and intensified sales and marketing techniques Purdue Pharma pioneered in the 1990s for OxyContin and applied them to Insys' powerful fentanyl drug Subsys. Like Purdue, Insys aggressively used speakers programs—in which the company paid physicians to discuss Subsys with colleagues—and compensation programs for sales representatives to boost sales for Subsys.

Based on a review of 1.6 million pages of internal Insys documents provided in response to March 2017 requests from Ranking Member McCaskill, this report discusses how the interplay between compensation—for physicians on the one hand and their assigned sales representatives on the other—drove explosive growth for Insys. Alongside speakers programs, Insys also established several other sales and marketing practices that formed the core of its approach to boosting Subsys sales: bonus structures for sales representatives that rewarded high-dosage prescriptions, accountability for representatives who failed to generate sufficient scripts, and the leveraging of personal relationships between physicians and representatives. Uniting these efforts, as an Insys national sales director wrote in 2013, was a simple idea: 'What drives us all? COMPENSATION.'

In connection with these policies, Insys executives emphasized the importance of "owning" a physician—meaning that sales representatives should tightly monitor and control prescribing behavior—as well as the "return on investment" the company expected from speakers programs. Similarly, company managers referred to Subsys patients as representing "annuities" for sales representatives. Using slogans like "Strength Makes the Difference" and "Don't Forget the Doses," Insys executives also reminded representatives that strong Subsys dosages yielded higher bonus payouts. And managers encouraged representatives to "hold the customer accountable" when physicians and nurses failed to sustain or increase Subsys prescriptions—in part by leveraging personal relationships with these prescribers.

This report also highlights the examples of Heather Alfonso, a nurse practitioner from Connecticut, and Dr. Steven Simon, a physician practicing near Kansas City, Missouri—two practitioners separated by geography but united in their high Subsys prescribing and receipt of substantial payments from Insys. These case studies demonstrate exactly how company executives motivated sales representatives to "own" physicians through promises of compensation for both sides—and how these efforts in turn significantly affected patient treatment.

At the same time, Insys knew as early as 2014 that the company's speakers programs suffered from serious deficiencies. According to a report an outside consultant drafted for the company in February 2014, compliance issues with these programs included an absence of safety content, no clear disclosure of Insys sponsorship, and in at least one case, a guest list that indicated the program lacked a true educational purpose.

In correspondence with the Committee on September 1, 2017, new Insys CEO Saeed Motahari emphasized his concern over previous “unacceptable actions of former Insys employees” and stated that “the company has taken necessary steps to ensure that we will not repeat the mistakes of the past.”¹ Insys, for example, “has completely transformed its employee base,” replacing key managers and overseeing the departure of “over 90% of the 250 field-based sales staff employed prior to 2014.”² In general, according to Mr. Motahari, the company “has actively taken the appropriate steps to place ethical standards of conduct and patient interests at the heart of our business decisions.”³ In August 2018, the company announced it had reached a \$150 million settlement to resolve a Department of Justice investigation into its sales practices.⁴

Although Insys has discontinued speakers programs for Subsys, the success of its policies ensures the industry-wide threat of physician payments affecting the volume and strength of prescriptions will continue. Just as Insys adopted and expanded methods Purdue pioneered, the next pharmaceutical company moving rapidly to establish market share in a crowded field may look to Insys as a model. This report represents a warning to policymakers seeking to prevent actors in the pharmaceutical industry from fueling the next public health crisis.

INTRODUCTION

Since the 1990s, the volume of opioid prescriptions dispensed in the United States has grown dramatically, along with the number of Americans suffering from opioid use disorder and the number of fatal drug overdoses involving opioid products.⁵ An increase in chronic pain in the U.S. population cannot serve—alone—as an adequate explanation for this epidemic. A slide from an internal Depomed, Inc., presentation from October 2016, arguing for the need for opioid prescribing guidelines, states it plainly: “Prescription opioid sales in the United States have increased by 300% since 1999 without a commensurate increase in the amount of pain.”⁶

One explanation for the explosion in opioid use in the United States points to the sales and marketing techniques Purdue Pharma pioneered for the introduction of OxyContin in 1996.⁷ As Dr. Andrew Kolodny of Brandeis University has explained, “[i]f you look at the prescribing trends for all the different opioids, it's in 1996 that prescribing really takes off ... It's not a coincidence. That was the year Purdue launched a multifaceted campaign that misinformed the medical community about the risks [of OxyContin].”⁸ As part of this campaign, Purdue employed “speakers programs”—in which the company paid physicians to discuss OxyContin with their colleagues—to boost sales of the drug. Along with sales representatives, physicians received all-

expenses-paid vacations to “pain management seminars” in resort locations like Boca Raton, Florida, and Pebble Beach, California.⁹ According to Purdue records, physicians attending speaker training seminars issued more than twice as many OxyContin prescriptions as non-attendants.¹⁰ At the same time, Purdue set aggressive quotas for sales representatives, premised on the concept of “sell or be gone,”¹¹ and established lucrative bonuses for higher dosages of OxyContin.¹² (As one Purdue manager allegedly wrote in 1996, “[h]e who sells 40mg”—the largest dose then available—“will win the battle.”¹³)

This interplay between compensation—for physicians on the one hand and their assigned sales representatives on the other—drove explosive growth. By the fifth year of OxyContin sales, the drug generated more than \$1 billion in annual revenue for the company.¹⁴ In 2001 alone, “Purdue paid \$40 million in sales incentive bonuses to its sales representatives.”¹⁵ The same year, annual bonuses for Purdue sales representatives averaged \$71,500—compared to the average salary of \$55,000—with a bonus range of \$15,000 to almost \$240,000.¹⁶

In late 2016, Purdue announced the end of its speakers programs for OxyContin,¹⁷ and in February 2018—days before the release of the Homeland Security and Governmental Affairs Committee minority staff report entitled, “Fueling an Epidemic: Exposing the Financial Ties Between Opioid Manufacturers and Third Party Advocacy Groups”—the company announced it would end all efforts to promote opioid products directly to physicians.¹⁸

Speakers programs and other payments to physicians represent an effective means of changing prescribing practices in general, and recent research also shows the same trend applies for opioids. A June 2018 study of payments to New York doctors found, for example, that “physicians who received payments from opioid manufacturers had higher opioid prescribing to Medicare patients than physicians who did not receive any opioid-related payments.”¹⁹ According to a May 2018 research letter in *JAMA Internal Medicine*, “[o]f physicians who prescribed opioids under Medicare Part D, 7.0% received nonresearch payments related to opioid products in 2014,” and these payments “were associated with greater opioid prescribing in 2015.”²⁰ Similarly, a March 2018 analysis of Medicare prescribing from CNN and Harvard University found that “the more opioids a doctor prescribes, the more money he or she makes.”²¹ Among the physicians in the top tenth of 1% of opioid prescribers by volume, 95% received payments from opioid manufacturers, and these physicians received nine times as many payments as physicians with median prescription volumes.²² In addition, a 2018 investigation by CareDash Analytics “found that physicians receiving payment on behalf of an opioid were 14.5 times more likely to choose that drug over its alternatives in the same year.”²³

Like Purdue, Insys Therapeutics, Inc., aggressively used speakers programs, physician detailing, bonus structures, and management pressure to boost sales for its fentanyl product Subsys. Between 2012—the year the Food and Drug Administration approved Subsys²⁴—and 2013, Insys achieved more than 1,000% growth in net revenue from Subsys sales.²⁵ Following multiple federal investigations, indictments—including for Insys founder and former CEO Dr. John Kapoor—and whistleblower complaints, the

company reduced speakers programs between 2015 and 2017 before ending the practice altogether.²⁶ At the same time, former Subsys patients have continued to struggle with the lingering effects of excessive or unnecessary fentanyl treatment. At a roundtable event hosted by Ranking Member McCaskill in September 2017, for example, Jeffrey Buchalter, an Army veteran, described how he suffered serious physical injury from the overprescription of Subsys.²⁷ His physician, Dr. William Tham, received approximately \$50,000 in payments from Insys between 2014 and 2016.²⁸

Drawing on over 1.6 million pages of documents provided in response to March 2017 requests from Ranking Member McCaskill, this report examines Insys sales and marketing practices through internal company reports, presentations, and communications. The sections below also highlight the cases of Heather Alfonso, a nurse practitioner from Connecticut, and Dr. Steven Simon, a physician practicing near Kansas City, Missouri—two practitioners separated by geography but united in their high Subsys prescribing and receipt of substantial payments from Insys. These examples demonstrate how company executives motivated sales representatives to “own” physicians—through promises of compensation for both sides—and how these efforts in turn significantly affected patient treatment.

THE INSYS MODEL

Faced with lackluster initial sales of Subsys in 2012, company founder Dr. John Kapoor and CEO Michael Babich worked with Insys sales executive Alec Burlakoff to use speakers programs to boost prescription volume.²⁹ As the *New York Times* has explained, these “programs are a widely used marketing tool in the pharmaceutical business. Drug makers enlist doctors to give paid talks about the benefits of a product to other potential prescribers, at a clinic or over dinner in a private room at a restaurant.”³⁰ Alongside speakers programs, Insys also established several other sales and marketing practices that formed the core of its approach to boosting Subsys sales: bonus structures for sales representatives that rewarded high-dosage prescriptions, accountability for representatives who failed to generate sufficient scripts, and the leveraging of personal relationships between physicians and representatives. Uniting these efforts, as National Director of Sales Richard Simon wrote to district sales managers in October 2013, was a simple idea: “What drives us all? COMPENSATION.”³¹

Because of these efforts, Subsys prescribers often appeared as outliers among their peers in terms of opioid claims and the cost of the opioids they prescribed. In the Medicare Part D program in 2015, for example, 33.4% of Subsys prescribers generated more than 2,500 opioid claims, compared to 3.3% of fentanyl prescribers and 0.4% of opioid prescribers generally.³² Similarly, almost 20% of Subsys prescribers generated more than \$1 million in total opioid costs in Part D in 2015, compared to less than 1% of both fentanyl prescribers and opioid prescribers generally.³³ The sections below discuss how the interplay between the complementary financial motives driving sales representatives and physicians achieved these results.

A. Speakers Programs and Compensation for Physicians

Speakers programs formed the centerpiece of Insys efforts to influence physician behavior and boost prescriptions of Subsys. Internal Insys documents produced to the Committee confirm the importance of speakers programs to company sales and marketing efforts. Mr. Burlakoff, for example, stated in an October 2013 email to district and regional sales managers that “my personal feeling is that Insys speaker programs are the single most important thing we have the luxury of doing here in order to promote our product. [...] Although our sales organization is well educated, nothing is more powerful than [sic] a physician's lecture to his or her fellow physicians.”³⁴ Mr. Burlakoff also noted that when interviewing sales representatives, “you need to explain that their single most important function will be facilitating speaker programs.”³⁵ Regarding current sales representatives, Mr. Burlakoff explained that “[i]f you determine that they are not doing more programs now than ever before; because they can't fulfill their administrative responsibilities—they must be terminated from Insys.”³⁶ Similarly, Mr. Burlakoff stated to all Insys sales personnel in April 2013:

*ISP's [Insys speakers programs] are the most important thing you will do to increase your business. ISP's are basically the ONLY thing you should be focusing on to increase your sales. [...] Most of you say you want to work, say you want to make money, but don't put forth the necessary effort pertaining to ISP's to back up what you say. [...] If you are not living, eating, and breathing ISP's to drive sales, you should not be in specialty pharma.*³⁷

Several central concepts guided the Insys approach to speakers programs. First, multiple Insys communications emphasize the importance of “owning” a physician—meaning that sales representatives should tightly monitor and influence prescribing behavior. In an October 2012 email providing guidance to sales representatives, Frank Serra, the Northeast Regional Sales Manager at the time, tellingly describes physicians as “customers,” explaining that “[b]y hold[ing] the customer accountable to which patient they will prescribe for, keeps THEM focused. By letting them know you're standing right by them watching, keeps them committed.”³⁸ In response, Mr. Burlakoff concurs, telling Mr. Serra, “[g]reat e-mail, we are most definitely on the same page....”³⁹ Mr. Serra echoed the language in a subsequent email the same month, recounting that when a sales representative “looked up the data, she noted that [a prescriber] hadn't written as much Subsys as he told her!! Needless to say, [the representative] was right there in his face. Talk about accountability.”⁴⁰

Similarly, in a December 2012 email to regional sales managers, Mr. Burlakoff dismissed excuses from representatives related to the upcoming holidays, noting that “[h]olidays never hurt the representatives whom [sic] OWN five doctors.”⁴¹ Regarding underperforming representatives, Mr. Burlakoff stated: “They failed—because [they] neglected to listen. They did not put in the work to own their physicians over the past 9 months, and now they are blaming it in [sic] the ‘holidays.’”⁴²

Months later, in March 2013, Mr. Burlakoff similarly noted to Insys sales representatives that the five representatives “at the top of the company rankings—literally have their entire business being driven by basically 1 customer. This is NOT luck and it is not due to any special advantage these sales people have been given. [...] They found a customer to ‘own,’ and they packed the proverbial suitcase and moved in.”⁴³ (The high cost of Subsys allowed a relatively small number of prescribers to sustain company revenues. The “Strategic Imperatives” slide of an Insys presentation entitled, “2014 SUBSYS Marketing Planning,” for example, states that “[t]he core group of prescribers must be nurtured and protected. With a relatively small number of core prescribers, we must maintain their current business and seek additional opportunity.”⁴⁴) Mr. Burlakoff closed his email by urging representatives to “[o]wn your territory—own a doctor—and own your destiny.”⁴⁵

Second, internal Insys documents repeatedly emphasized the “return on investment” the company expected from speakers programs. An Insys presentation titled, “2013 Proposed Marketing Budget,” for example, features a chart showing a sharp spike in Subsys prescriptions in 2012 at the same time as an upward “trend line inflection” in the number of speakers programs.⁴⁶ The same presentation includes an “ROI Assessment” explaining that “[s]peakers with programs generated ~6Xs more revenue per prescriber than those with no programs” and noting a “7.5:1 ROI” based on a comparison of honoraria to speakers to net revenue and a 5:1 return on investment based on a comparison of *total* speakers program expenses to net revenue.⁴⁷ Later in the presentation, a slide states that speakers with “ROI less than 2:1” have been “flagged.”⁴⁸ Similarly, another slide states that “all Regions with low ROI” have been “flagged.”⁴⁹

According to a slide in an Insys presentation titled, “2014 Proposed Marketing Budget,” physicians “who attend multiple [Insys speakers programs] are more prolific” prescribers—with an average of 8.61 prescriptions from physicians who attended one program compared to 17.63 prescriptions from physicians who attended more than one program.⁵⁰ Based on data from 2012 through March 28, 2013, the slide also stated that 207 physician participants (or 30% of attendees) wrote at least one prescription for Subsys, with an average of \$37,260 in revenue and 13.43 prescriptions per participant.⁵¹ Within this category, moreover, 42% of physicians “did not write a [prescription] until *after* their first [Insys speakers program]” and the average time between a program and a prescription was 95 days.⁵²

Communications to the Insys sales force also suggest the company clearly recognized a direct connection between payments to physicians in speakers programs and Subsys prescribing. In fact, in an email reviewed by the minority staff, Mr. Burlakoff asked a fellow Insys sales executive, “[w]hy are we allocating money to each rep for [speakers] programs. Half of your reps do not produce, why give them program dollars? [...] I am tired of giving money to reps whom [sic] produce zero return on investment. The majority of your reps produce sales, but do they all produce ROI as it pertains to programs? Those whom [sic] do not produce ROI from programs should not be spending our ISP dollars.”⁵³ Mr. Burlakoff noted in closing that “I need the reps whom [sic] can get the most bang for their buck using our money.”⁵⁴ District sales manager Jonathan Roper echoed this language in an email to sales representatives, asking:

“Where is the ROI??!! [...] We hire only the best of the best to be apart [sic] of our speaker bureau and dropping script counts is what we get in turn? [...] Time for your main guys to step it up and give you the ROI you deserve.”⁵⁵ Underscoring this point in an email to sales representatives, regional sales manager Jeff Pearlman included a sample presentation for representatives to use when describing their “opportunities” and “threats”; one of the sample threats listed was “No ROI from speaker programs.”⁵⁶

At the other end of the spectrum, Insys documents show that when physicians met prescribing expectations, additional speaking opportunities followed. In one case, a sales representative informed a prescriber: “They see you're prescribing and gaining clinical experience with Subsys, so I asked for more [speaker] programs asap – it worked :).”⁵⁷

Insys knew as early as 2014 that speakers programs presented serious compliance challenges even as they produced dramatic results. According to a report dated February 25, 2014, Insys asked Compliance Implementation Services, LLC (CIS) to monitor 15 speakers programs in the fourth quarter of 2013—“to provide assistance in meeting the on-going challenges in sustaining compliance” in these programs.⁵⁸ CIS later summarized certain compliance issues with nine speaker programs its representatives had monitored. In one summary, for example, CIS noted that “the presentation was severely lacking in content delivery of safety information.”⁵⁹ In another case, “[s]afety information was not discussed at all during the presentation”—and troublingly, “there was no clear disclosure to the attendees that the program was sponsored by INSYS.”⁶⁰ Similarly, during another program, “the INSYS Sales Representative introduced the speaker and informed the attendees that the Speaker [would] be providing further information on the SUBSYS® product...[h]owever, there was no clear disclosure to the attendees that the program was sponsored by INSYS.”⁶¹ The speaker also provided “anecdotal information regarding a patient with back pain for which SUBSYS® was effective; however, it is unclear if the patient is an adult cancer patient.”⁶² The speaker also “spent a minimal amount of time discussing safety information”⁶³; a detailed checklist describing this program further stated that the speaker “noted that he was not aware of any incidents that have resulted in death for patients that have utilized SUBSYS.”⁶⁴ Finally, in an indication that certain speakers programs lacked a true educational purpose, one speaker program checklist notes that “[a]part from CIS, and INSYS rep, all attendees were from the speaker’s office.”⁶⁵

B. Compensation for Sales Representatives

As with their physician counterparts, Insys sales representatives received significant financial incentives to boost the number and strength of the Subsys prescriptions they generated. To motivate sales representatives, Insys allegedly implemented a compensation structure with a low base salary and high commissions and rewards for “the achievement of certain goals known to the company to increase off-label Subsys prescriptions.”⁶⁶ In 2016, an external consulting firm informed Insys executives that this “incentive compensation structure was troubling because it incentivized non-compliant behavior and was ‘way outside the norm.’”⁶⁷ During interviews with the firm, Insys employees admitted “that they themselves found that Insys’s ‘compensation structure encouraged inappropriate behavior,’ which [one

executive at the company] assumed to mean 'off label promotion and quid pro quo behavior.'"68

Mr. Burlakoff clearly outlined the financial incentives for sales personnel to meet company goals in an email in March 2013, writing that "[w]e expect at minimum we each grow our territory by 25 percent in the uncapped bonus plan I just sent. The faster you get to 100K, the faster your earnings will grow. We need to start fast out of the gate Monday to ensure our goal of almost 20 million is hit. The top rep earned over 90K this quarter, who else wants some of that???"69 He later noted in March 2014 that the lowest-ranked representatives made "20k a quarter plus a 40k base which equals 140K for only **maintaining** the base of business. This is ridiculously unheard of in the industry— BUT TRUE FOR INSYS!"70

Bonuses for representatives also varied significantly based on the Subsys dosage prescribed—with higher doses yielding higher payouts. According to a Subsys Incentive Compensation Plan for Q2 2013, for example, "[h]igh dose (1200 and 1600MCG [micrograms]) still gets the highest payout rate."71 Similarly, a slide presentation entitled, "SUBSYS Incentive Compensation Plan Q4 2013" noted that for specialty sales professionals who started with Insys before the second quarter of 2013, bonus payouts of 5% applied to prescriptions with doses of 100-800 mcg and 7.5% bonus payouts applied to prescriptions with doses of 1200-1600 mcg.72 For specialty sales professionals starting during or after the second quarter of 2013, the bonus payouts for these doses amounted to 7% and 10%, respectively.73

As CEO Michael Babich noted in a June 2012 email to Insys sales personnel, "you will make more money the more units and higher dose you sell. This is never changing so continue to discuss with you [sic] writers how to ensure the patient is getting proper pain relief. We have heard stories where 800 mcg of subsys [sic] works for some patient [sic] that was on 12000 Actiq [a competing fentanyl product] and we have heard others says [sic] it isn't strong enough in this scenario."74 (Mr. Babich did note, however, that representatives should "encourage your doctor to practice medicine as he or she sees fit and to use their clinical judgement [sic]."75)

In an email from July 2012, Mr. Babich also explained that in a new contest for July and August 2012, the top five sales representatives "who have the highest number of UNITS written for 600 mcg or higher will receive an extra \$1500 and the overall winner will get \$2000."76 Similarly, in an email to sales representatives in November 2012, Northeast Regional Sales Manager Frank Serra urged Insys employees to push for higher doses:

*[L]ook at the attached spreadsheet that shows an approximate cash [sic] you'll make when making sure to have the effective dose conversation with each target. Note, that at 120 units, there is serious money to be made. [...] Every time a doc tells you they prescribed, the very next question should be, 'How Many Units? And What Dose?' Bang and the door is wide open.*77

The accompanying slide, entitled "Strength Makes the Difference," shows the payouts associated with doses ranging from 100 mcg to 1600 mcg.⁷⁸ A dosage of 100 mcg, for example, would yield a payout of \$283, while a dosage of 1600 mcg would yield a significantly larger payout of \$1,830.⁷⁹ The slide also notes that a 10% bonus payout applied for 100 mcg-800 mcg scripts, while a 12.5% bonus payout applied for 1200 mcg-1600 mcg scripts.⁸⁰

A similar slide entitled, "Don't Forget the Doses" outlines how bonus payouts ranged from \$340 per quarter for the 100 mcg version of Subsys to \$2,352 for the 1200 mcg version.⁸¹ In a December 2012 email attaching the slide, Mr. Serra was even more explicit, stating that "the bigger the script the more money you make. What we used to call at my uncle tony's [sic] beer store, 'Cash on the Barrel Head.' Why do you think [a sales representative's] inspection sticker expired, he was making sure a 90/1200 script got filled. Now he'll earn enough to pay off the judge and the DMV!"⁸²

Insys executives paired this emphasis on high dosages with pressure on sales representatives to increase doses for existing Subsys patients, as well as reminders of the financial benefits of this "titration" process. In an email dated March 15, 2013, for example, Mr. Burlakoff praised a sales representative who "generated an enormous script," noting that "[t]he best part of this entire scenario is the fact that the patient was switched from Actiq 1600mcg. The physician has every intention of increasing the dose slowly but surely to 1200mcg in an effort to ensure the patient is being titrated effectively. Cha Ching again!"⁸³ In an email to sales representatives from November 2012, Mr. Serra stated that "[i]t's [sic] infinitely easier to get somebody who is Writing to Write MORE. We simply need to open the doors."⁸⁴ Mr. Serra noted that one nurse practitioner "had a patient on 3 of the .25 patches plus Actiq 6x's a day @1200," adding that "this is a practitioner who is not afraid to titrate, you think?"⁸⁵

Mr. Serra's November 2012 email replied to an email from Mr. Burlakoff that urged sales representatives to "take specific notice of the number of units per prescription your doctor is prescribing. If it is less than 60 per day, your message to this doctor should be built around increasing the number of units per day by just 1 unit."⁸⁶ Mr. Burlakoff added:

It is much easier to take an existing patient and double their units (which in essence is the same as generating a new prescription)[.] The patient has already been through PA process, it is 'low hanging fruit.' Be smart and work smart, lets [sic] take the existing writers and create a habit of he or she using Subsys 4 times a day (as intended) as opposed to the prescriber 'sprinkling' a little Subsys on top of the patient's current medications. THIS IS THE NEXT BIG STEP!⁸⁷

Extending the concept of "return on investment" for physicians, Insys executives also referred to Subsys patients as representing "annuities" for sales representatives. In November 2012, for example, Mr. Babich wrote to other top Insys officials to request they inform sales representatives of the bonus amounts associated with specific units and dosages of Subsys.⁸⁸ In response, sales operations director Xun (Sean) Yu responded with certain bonus amounts and added that Insys executives should "please

see slide attached for 'patient as annuity.'"⁸⁹ The attached slide stated that "[a]n average patient stays on [rapid onset opioid] therapy for 9-12 months since inception of treatment. That's 3-4 quarters worth of monthly sales to you, an annuity that keeps paying."⁹⁰ Top performing sales representatives also served as a kind of annuity for the company itself; as Mr. Burlakoff explained, "it's the top 20 percent [of representatives] that continues to bless Insys with 80 percent of the company's growth on a quarterly basis."⁹¹

C. Accountability for Sales Representatives

Even as Insys executives emphasized to sales representatives the financial rewards of increasing prescriptions and dosages, they also clearly outlined the consequences of failing to meet these goals. As CNBC has reported, "sales staff were under immense pressure, including threats of termination, to get doctors to write more prescriptions and higher doses of Subsys for everything from neck pain to migraines."⁹²

In an email in September 2012 to sales personnel, for example, Mr. Burlakoff explained that under a new policy, Insys sales representatives would "receive an email...each and every time a prescriber in your territory writes for a Subsys prescription at 100mcg or 200mcg."⁹³ After receiving notices of low doses, sales representatives then needed "to report back within 24 hours **on WHY the low dose was used and HOW the doctor plans to titrate the patient to effective dose.** [...] I know it is not at all easy to get a physician to initiate a new habit, and this is exactly what we are attempting to do."⁹⁴

Mr. Burlakoff further explained that the intention of the policy was to "help you to maintain these newly generated Subsys patients by rapidly informing you of the fact that they wrote for a dose and number of units that is simply **NOT** effective. We are 100 percent sure that those patients whom [sic] are prescribed 60 units of 100mcg, do not end up filling a prescription for Subsys the following month. This is information that we feel obligated to share with you, as there is no good at all that comes out of withholding the very data that will determine your quarterly bonus payouts."⁹⁵ Moreover, "[t]he goal is to generate Subsys patients whom [sic] believe in the safety and efficacy behind this product, hence these patients will continuously refill their monthly prescriptions indefinitely. This of course equates to residual income for you!"⁹⁶ Mr. Burlakoff further stated that "[w]e must educate our physicians how to ensure their patients find the 'EFFECTIVE DOSE.' I will go as far as to say that we are truly better off dissuading a physician to prescribe Subsys for 100 and 200mcg until we have had ample time to review...clinical trial data with them."⁹⁷

In a later email to Insys regional sales managers in July 2013, Mr. Burlakoff stated, "Fridays, we literally do half in sales as the other 4 days. Every rep that does not produce a script two consecutive Fridays will also be placed on a PIP [performance improvement plan], considering 1 rx per day has been the goal for over a year.... Below is the list that failed to produce this past Friday, if you are on this list you must produce 1 single script this Friday to avoid a PIP. All of you are saying 'what's with the scare tactics,' that's no way to motivate a sales force! LET ME BE CRYSTAL CLEAR[.] I'm

not trying to motivate anyone, **I am truly trying to get rid of those reps whom [sic] choose or simply can't follow direction.**"⁹⁸

D. Leveraging Personal Relationships to Boost Prescriptions

Internal Insys communications clearly show that company executives expected sales representatives to leverage their personal relationships with physicians to encourage prescribing—with Subsys prescriptions framed as personal obligations instead of medical treatments. In a December 2012 email to all sales personnel, for example, Mr. Burlakoff urged Insys employees to think about “[w]hat have I done different than that of all the other representatives calling on these physicians? [...] How do I transition from the doctor viewing me as ‘the Subsys representative’ to ‘Alec—my friend in pharmaceuticals?’ Have I really FORCED myself to step ‘outside’ of my comfort zone?”⁹⁹ Mr. Burlakoff continued: “I am 100 percent serious when I tell you, if you have not found a way to spend time with your customers OUT OF THE OFFICE AND **NOT** IN A RESTAURANT (its [sic] simply not good enough). [...] If you happen to notice one of your doctors on this list...I would sincerely suggest your finding a way to see this physician out [of] his or her office.”¹⁰⁰ Similarly, district sales manager Jonathan Roper advised sales representatives in a February 2014 email to “not be hesitant in asking your docs to give you the business in which [sic] you are owed.... [...] If you have a relationship, asking this of your docs should be one of the easiest things you do as [a specialty sales professional].”¹⁰¹

Communications from the Insys workforce indicate sales personnel adapted their behavior accordingly. One sales representative, for example, wrote to Mr. Burlakoff in October 2012 that she had met with a physician and potential Subsys prescriber and “made plans with him to run together every Monday night at 5 pm. He is looking to get back in shape so I told him that I promised i [sic] could help him get to his goal. I am sure he will help me get to mine as well:) Thanks for the motivation I am out if [sic] finding my go-to doctors.”¹⁰² In describing her efforts to convince a physician to prescribe Subsys, another representative stated that she had visited the physician “2x a month Saturday evenings with my girls at his night clinic. I can tell you everything about his family and his personal life. I have invited him to dinner but he is not interested as he is over committed [sic] with work.”¹⁰³

Similarly, in pushing back against pressure to encourage a physician to switch from Actiq to Subsys, another representative acknowledged the “huge potential” at stake but noted that the prescriber “can not be bought, forced, coerced, bullied, or anything else into writing any product. I have lived with [the prescriber] for 10 weeks and have developed a great relationship with her. I have met her husband, been shown numerous photos of her grandson, invited to her tap classes on Thursday nights, and so forth and can tell you that [the prescriber] will be a great advocate for Subsys on her own time frame and it will take time.”¹⁰⁴

In keeping with these efforts, Insys executives often framed relationships between sales representatives and physicians in personal terms. In an email from December 2012, for example, Mr. Burlakoff stated: “Quite honestly it always bugs the heck out of me when a doctor says how much he loves you, but doesn’t care if you can feed your

family or put gas in your car or buy shoes for the kids. If he loved you, he's [sic] be writing."¹⁰⁵ In another 2014 email to sales representatives, an Insys executive stated, "There is no excuse for any of your docs to *not take care of you* at this critical time of the quarter."¹⁰⁶

CASE STUDIES: HEATHER ALFONSO AND STEVEN SIMON

On June 23, 2015, the U.S. Attorney for the District of Connecticut charged Heather Alfonso, an Advanced Practice Registered Nurse and participant in Insys speakers programs, with receiving kickbacks in connection with Subsys prescriptions under Medicare Part D.¹⁰⁷ According to the charging document, from January 2013 until March 2015, Ms. Alfonso "knowingly and willfully solicit[ed] and receive[d] remuneration [of] approximately \$83,000, in return for recommending and ordering a pain medication [Subsys] used to treat cancer patients."¹⁰⁸

During roughly this same time period, Dr. Steven Simon of Overland Park, Kansas—just outside of Kansas City, Missouri—ranked as the eighth-highest paid Subsys speaker in the United States.¹⁰⁹ According to the CMS Open Payments database, Dr. Simon received over \$230,000 from Insys between 2013 and 2016.¹¹⁰ As the *Kansas City Star* has reported, moreover, Dr. Simon and his nurses "prescribed more Subsys to people on Medicare Part D than any other Kansas practitioners."¹¹¹ Importantly, federal authorities have not charged Dr. Simon with receiving kickbacks or other violations, although agents from the Federal Bureau of Investigation reportedly seized his patient records in July 2017.¹¹²

The experiences of Heather Alfonso and Steven Simon serve as case studies of the impact of sales and marketing techniques on opioid prescriber behavior—as well as the internal pressures Insys exerted on representatives and other executives to boost Subsys use. As shown in Figures 1-8 appended to this report, Ms. Alfonso, Dr. Simon, and other Missouri-area Subsys prescribers discussed below placed among the very highest prescribers in the Medicare Part D program in 2015 and 2016 by opioid claims, opioid costs, fentanyl claims, and fentanyl costs. (Ms. Alfonso ceased prescribing in 2015.) Drawing on hundreds of thousands of internal documents produced to the Committee, the sections below provide context for these statistics and the behavior of two prominent Subsys prescribers.

A. Heather Alfonso

1. Kickback Allegations

According to statements during her plea hearing in June 2015, Heather Alfonso was among the highest prescribers of Subsys in the New England area and nationwide.¹¹³ In fact, Ms. Alfonso "was responsible for over 1.6 million dollars in Subsys claims and was the highest prescriber of this particular drug ... in Connecticut."¹¹⁴ Additionally, a number of the Medicare Part D beneficiaries receiving Subsys prescriptions from Ms. Alfonso could "testify that they did not have a cancer diagnosis,

but that prior authorizations submitted on their behalf had represented that they had cancer."¹¹⁵

Plea hearing statements also explained that Insys paid Ms. Alfonso to speak at over 70 speakers programs—at the rate of around \$1,000 per program.¹¹⁶ These programs were “basically a dinner at a nice restaurant where ... Ms. Alfonso was supposed to provide a presentation about the benefits of Subsys,” yet “in the majority of instances ... the only attendees at the speaker programs were individuals who had no license to prescribe controlled substances.”¹¹⁷ In addition, “at the majority of these dinner programs[,] Ms. Alfonso did not give any kind of presentation about Subsys ... [the programs were] basically a social engagement where everyone came to eat, drink, and it was paid for by ... Insys.”¹¹⁸ In exchange, Ms. Alfonso, with the encouragement of Insys sales representatives, “continued to increase her prescribing of Subsys and [try] to find more patients for whom she could prescribe the drugs.” In statements to prosecutors, “Ms. Alfonso admitted that the money she was paid influenced her prescribing of Subsys.”¹¹⁹ On June 23, 2015, Ms. Alfonso entered into a plea agreement in which she admitted to violating federal law by receiving kickbacks for prescribing Subsys.¹²⁰

2. Initial Approaches to Ms. Alfonso

Over the course of 2012 and 2013, according to documents the minority staff reviewed, Insys employees repeatedly expressed interest in increasing Subsys prescribing from Ms. Alfonso. On August 1, 2012, for example, Insys President and CEO Michael Babich wrote to Insys sales representative Abe Rosenberg, stating that he had “listed your top targets below and need a brief weekly email summarizing how, if and when the doctor will write, if he is already and can he be a bigger doctor to you.”¹²¹ The list of “top targets” included Heather Alfonso.¹²² In a response to Mr. Babich on August 1, 2012, Mr. Rosenberg wrote that Ms. Alfonso “is writing, likes [S]ubsys and says she wants to switch all patients off of Actiq to Subsys! I visit her at least once a week and sometimes twice.”¹²³ Later, on August 17, 2012, Mr. Rosenberg stated in an email to Mr. Babich that he and Ms. Alfonso “had a nice discussion about getting more patients on Subsys,” and she had “expressed interest in becoming a speaker for us and I told her I would let her know as soon as we had another training scheduled.”¹²⁴

Yet in September 2012, Insys sales executive Xun (Sean) Yu provided sales personnel with a list of dispensed Subsys prescriptions with low strength and encouraged representatives to “work with your writers”—including Ms. Alfonso—“to titrate patients to their effective doses.”¹²⁵ In response, Mr. Rosenberg stated that he spoke with “Heather Alfonso and she wants to titrate slowly. She is aware of the statistical analysis but she [sic] going to use her best judgment on [a] patient to patient basis.”¹²⁶ Ms. Alfonso presumably met company expectations; by the beginning of October 2012, Mr. Rosenberg listed her as one of his top three “go to” physicians for Subsys prescriptions.¹²⁷ By the middle of October, Insys had also approved Ms. Alfonso as an addition to the Insys speakers bureau.¹²⁸ Frank Serra, Northeast Regional Sales Manager, noted in an October 12, 2017, email to an Insys marketing and sales communication specialist: “Abe is going to call you, Heather Alfonso is in.”¹²⁹ In an email to Mr. Serra on October 17, 2012, Mr. Rosenberg stated that “Heather Alfonso has

promised me she will switch all Actiq patients and I text her every morning to remind her as well as visit her 2 to 3 per week [sic]. They will come!!"¹³⁰ Similarly, in an email to sales personnel on October 29, 2012, Mr. Serra noted that "Abe is on the phone constantly with Heather Alfonso."¹³¹

Despite these developments, however, pressure from Insys management continued. On November 2, 2012, Mr. Serra met with Mr. Rosenberg and informed him that he was "failing to meet the standard for certain critical results of [his] position," including his utilization of speakers programs.¹³² A subsequent "performance improvement plan" required Mr. Rosenberg to "have at least 4-5 programs executed for Heather Alfonso" prior to November 23, 2012.¹³³ In an email dated November 9, 2012, Mr. Burlakoff wrote to Mr. Serra with information on Heather Alfonso and asked "[w]hy has Abe not used this trained speaker to present via an [Insys Speaker Program]."¹³⁴ Mr. Serra responded by stating that "[s]he definitely wants to speak, abe's [sic] been in there working to get her dates and places lined up. [...] No excuses at all but he needs to finish this off."¹³⁵

3. Continued Pressure to Increase Prescribing from Ms. Alfonso

In a personal assessment in April 2013, Mr. Rosenberg listed one of his "strengths" as "[b]uilt a strong relationship with Heather Alfonso decile 9."¹³⁶ In a presentation the same month, he also noted that Ms. Alfonso "[w]orks in large pain practice [and] certainly has more patients that could benefit from treatment with subsys [sic]."¹³⁷ Mr. Rosenberg added a "special note" in keeping with the Insys policy of leveraging personal relationships to boost prescriptions: "Her and I have become friends she def. will keep writing and I will use our friendship to increase script count and get more writing in CT."¹³⁸ Mr. Rosenberg also noted in a May 2013 email to Jeff Pearlman concerning Ms. Alfonso that "[t]o date she has influenced two prescribers to write. Dr. Feldman and Liza Paolini, Both [sic] have written multiple scrips [sic] and have committed to continue to write."¹³⁹

Internal Insys rankings also confirmed the importance of Ms. Alfonso to the overall volume of Subsys prescriptions. On April 23, 2013, for example, Mr. Burlakoff sent a list of the top 25 Subsys prescribers—including Ms. Alfonso—for the previous 13 weeks to all sales personnel, noting that "[t]hese are our top performing customers, there are the clinicians that make us 'tick.'"¹⁴⁰

Mr. Burlakoff further stated, however, that "I am still positive that the greatest opportunity for bonus dollars remain with the 'big' doctors whom are already sold on Subsys. In the majority of cases 'not all', you will notice that the top 25 Subsys prescribers still only give us a smidgeon of their ROO [rapid onset opioid] business. This of course means GREAT opportunity for growth!"¹⁴¹ Ms. Alfonso, for example, had generated \$9,201 in net sales for Insys during the previous 13 weeks, yet Subsys prescriptions only constituted 21% of the 113 ROO prescriptions Ms. Alfonso had written during this time period.¹⁴²

Similarly, on May 8, 2013, Mr. Burlakoff sent an email with a list of ROO prescribers—including Ms. Alfonso—and stated that "I look at some of these names,

and I just can't believe that we do not get at least 50 percent of their ROO business."¹⁴³ Mr. Burlakoff speculated that "[e]ither one of two things is happening": "You are NOT following the company's direction and making it your 1 and only priority to OWN a customer" or "You are not having success, tell my why?"¹⁴⁴ Mr. Burlakoff further stated that "[w]e give our blood, heart, and souls to these customers, and we can't even get half the business that I know we have in fact EARNED?"¹⁴⁵ Mr. Burlakoff closed by noting that the list of prescribers and prescribing history he had attached to his email represented "an enormous slap in the face that none of us deserve...."¹⁴⁶

Perhaps in response to the email from Mr. Burlakoff, Jeff Pearlman wrote to Mr. Rosenberg on May 29, 2013, stating that he "wanted to bring to your attention the prescribing pattern of Heather Alfonso, someone you have recommended as a speaker to influence others and educate them in the use of Subsys."¹⁴⁷ Mr. Pearlman noted that "[i]t may be a struggle for her to identify new patients on a regular basis who will benefit from the use of Subsys."¹⁴⁸ Mr. Pearlman also noted that "[w]ith the exception of one recent script, every script is for 30 units. The average script trx runs in the 70-80 range and it is pretty standard for many of the patients to be using the drug up to 4 times per day, allowing for a 120 count script. She does not have a single patient on a 4x/day regimen. Why not?"¹⁴⁹ Based on these indications, Mr. Pearlman concluded that Ms. Alfonso "has either not been sold on the true benefits of using our product as the real break through [sic] pain remedy or she has some insecurities still which keep her from prescribing it at the 'usual' 120 count. Given these facts is this really someone we can feel comfortable that they are representing our product well and are helping you to promote Subsys in the best light to other prescribers?"¹⁵⁰

In response, Mr. Rosenberg stated that Ms. Alfonso "has informed me that in her opinion it [sic] 'safe practice' to first titrate slowly and then also to slowly increased the times per day. Both practices I personally support and also know Insys as the new branded leader in the ROO's [sic] market does as well."¹⁵¹ Mr. Rosenberg noted, however, that "Heather has assured me she will continue to increase script units on a [sic] 'individual patient' basis and need."¹⁵² Mr. Pearlman responded by stating that although he was "not in a position to say what her patients should be getting as far as 30 or 120," Mr. Rosenberg had previously confirmed that Ms. Alfonso could find one new patient a week and "it is clear that is not happening."¹⁵³ Mr. Pearlman further stated that "[v]ery simply when I look at return on investment as she has not motivated any new prescribers as of yet and she is not significantly her own business, I am going to have tremendous difficult in justifying more programs."¹⁵⁴ Mr. Rosenberg replied that he "fully understand[s] your concern" and "will continue to remind [Alfonso] of that verbal agreement."¹⁵⁵

Internal Insys communications also suggest Mr. Pearlman himself intervened directly with Ms. Alfonso to boost prescriptions. In an email to Mr. Burlakoff in June 2013 with the subject line, "watch out," Mr. Pearlman stated that "[a]fter my trip yesterday and today I am telling you to watch out for Heather Alfonso (Abe's). Of course I am thinking KOD [possibly "kiss of death"] as I type this, but wouldn't be the sales person I am if I didn't believe in what I think I just accomplished and what I expect to see."¹⁵⁶ According to a qui tam complaint filed in June 2016—unsealed when the United States intervened in the litigation in April 2018—Mr. Babich has referred to low Subsys dosages

as “the kiss of death.”¹⁵⁷ The complaint further states that the “kiss of death” message “consists of telling doctors that 100 mcg is not effective for pain relief and continually pushing them to titrate to higher dosages.”¹⁵⁸ Moreover, “[w]hile INSYS refrains from referencing the kiss of death...message in official emails and statements, INSYS management encourages this marketing scheme in person.”¹⁵⁹

Over the next several months, Insys executives continued to pressure Mr. Rosenberg to boost Subsys prescriptions from Ms. Alfonso. On August 30, 2013, for example, Sunrise Lee—a regional sales director—sent a list of “key clinicians to target” to Mr. Burlakoff. The list included a section on “primary targets,” which again included Heather Alfonso.¹⁶⁰ Over a month later, on October 9, 2013, Mr. Burlakoff sent an email to district and regional sales managers “highlighting some key ‘ROO’ prescribers whom have failed us tremendously. [...] Focus on the big ROO writers whom are giving us less than 50 percent, demand the business you have worked so hard to EARN.”¹⁶¹ This list included Ms. Alfonso.¹⁶² Mr. Burlakoff also urged sales executives to ask themselves a series of questions:

*Did we do enough to earn more than 50 percent of their ROO business? If so, did we have a ‘heart to heart’ with our customer to address our valid concerns pertaining to the lack of business we are currently getting? If we had the ‘heart to heart’ and we are still **not** getting more than 50 percent, why the hec [sic] are we still spending the majority of our time and resources there!!*¹⁶³

Mr. Burlakoff added that there was “[w]ay too much business left on the table, please address each rep individually and light a fire under them. We are sales people.... Sales people have pride..... Our pride has to be hurting **big time** as a direct result of some of these doctors [sic] prescribing habits....”¹⁶⁴

4. Examples of Alfonso Prescriptions

In an email dated February 4, 2014, Jonathan Roper, an Insys district sales manager, noted to regional sales director Sunrise Lee that Heather Alfonso’s “business has increased greatly since being given more spaeker [sic] programs and she has also helped in many new writer activations.”¹⁶⁵ In fact, based on a review of prior authorization forms and other paperwork, Ms. Alfonso appears to have written numerous prescriptions to treat ailments apart from breakthrough cancer pain—the only FDA-approved indication for Subsys.¹⁶⁶ For example, Ms. Alfonso completed paperwork to obtain Subsys for patients suffering from chronic pain,¹⁶⁷ chronic pain syndrome, dysphagia,¹⁶⁸ abdominal pain,¹⁶⁹ neck and upper extremity pain,¹⁷⁰ “[r]ight sided low back pain,”¹⁷¹ chronic axial low back pain and leg pain,¹⁷² neck and bilateral shoulder pain,¹⁷³ and chronic occipital neuralgia,¹⁷⁴ among other non-cancer-related ailments.

5. End of Relationship with Alfonso

Insys ended its relationship with Ms. Alfonso just months before the Department of Justice announced her guilty plea in June 2015.¹⁷⁵ On April 14, 2015, an employee of a third-party contractor sent a list of all speakers programs events with Ms. Alfonso and stated: "Please let me know if we should cancel the programs or if another speaker will replace her for some of the ones taking place in the next few weeks."¹⁷⁶ In an email dated April 28, 2015, the employee noted that five programs had been scheduled for Ms. Alfonso, but "[b]y an update I received today from Insys Ms. Alfonso is no longer active. [...] We are holding all planning of these until receiving further direction."¹⁷⁷ (Mr. Rosenberg left Insys in the fall of 2013.¹⁷⁸)

B. Dr. Steven Simon

In July 2017, FBI agents seized patient records from Dr. Steven Simon, a pain specialist operating outside Kansas City, Missouri, in Overland Park, Kansas.¹⁷⁹ According to the *Kansas City Star*, Dr. Simon "was the eighth-highest-paid Subsys speaker nationally from August 2013 to December 2015, taking in more than \$200,000 in meals, speaking fees and related travel expenses."¹⁸⁰ According to the CMS Open Payments database, Dr. Simon accepted over \$230,000 from Insys between 2013 and 2016.¹⁸¹ As mentioned above, Dr. Simon also ranked as the top prescriber of Subsys in the Medicare Part D program in Kansas, as well as "the top-paid Kansas doctor in the Subsys speaking program."¹⁸²

According to recent lawsuits, Dr. Simon aggressively pushed Subsys in high volumes and dosages even in cases in which patients lacked a cancer diagnosis and complained of side effects. One former patient has alleged, for example, that Dr. Simon prescribed Subsys even after the patient—who did not have a cancer diagnosis—was discharged from the hospital with the recommendation that he "begin to taper opioids" because "continuing at current high amounts is likely not realistic as an outpatient."¹⁸³ After a year on Subsys, this patient has stated, a nurse in Dr. Simon's office asked him if he would "feel comfortable telling me that you have at least precancerous cells"—presumably to aid in the prior authorization process for the medication.¹⁸⁴ Later, an Insys sales representative visiting the clinic advised on insurance approval issues and even urged the patient to change insurers.¹⁸⁵ Between December 2013 and May 2014, according to medical records, Dr. Simon and his nurse increased the Subsys dosage for this patient to the "maximum allowable and most expensive dose."¹⁸⁶

Similarly, in a lawsuit filed in January 2018, the husband of a now-deceased patient alleged that Dr. Simon quickly increased the Subsys dosages his wife received for back pain between 2013 and 2014—despite a lack of a cancer diagnosis.¹⁸⁷ Dr. Simon also allegedly created "fully executed pre-signed prescriptions for patients to refill Subsys" to accommodate patients as he traveled for speaking engagements with pharmaceutical companies.¹⁸⁸ The patient at issue eventually died of "fentanyl intoxication with contribution from underlying diseases."¹⁸⁹ According to the January 2018 complaint, Dr. Simon never informed the patient or her husband that Subsys carried a risk of overdose.¹⁹⁰

Another patient—who did, in fact, have “an ongoing diagnosis of leukemia”—complained of side effects from Subsys, but “Dr. Simon continued to push Subsys on her the entire time she was under his care” between 2013 and 2015.¹⁹¹ Dr. Simon also allegedly left signed prescriptions for this patient when he traveled for speaking engagements.¹⁹² In fact, the patient recalls Dr. Simon boasting of the frequent trips pharmaceutical companies provided: “He said he was going to Miami, and they were going to give him a convertible, and he was going to stay in the best hotel and eat the best Cuban food he'd ever had.”¹⁹³

Insys documents the minority staff reviewed demonstrate the importance the company attached to Dr. Simon and his prescribing habits. According to an internal Insys spreadsheet, for example, Subsys accounted for a high percentage of Dr. Simon's rapid onset opioid prescribing. In April 2013, as mentioned above, Mr. Burlakoff sent a list of the top 25 Subsys prescribers for the previous 13 weeks to all sales personnel, noting that “[t]hese are our top performing customers, there are the clinicians that make us ‘tick.’”¹⁹⁴ Mr. Burlakoff also stressed that “the greatest opportunity for bonus dollars remain with the ‘big’ doctors whom are already sold on Subsys” and explained that boosting the ROO prescribing share for the top 25 Subsys prescribers “means GREAT opportunity for growth!”¹⁹⁵

This list included Dr. Simon, who appeared in the top 15 prescribers.¹⁹⁶ According to the spreadsheet, Dr. Simon generated \$107,656 in net sales for Subsys during the previous 13 weeks. But unlike certain other doctors on the list, Dr. Simon was a loyal prescriber; Subsys prescriptions constituted 84% of the 113 ROO prescriptions Dr. Simon had written in the previous 13 weeks.¹⁹⁷ The chart also noted that Dr. Simon had prescribed \$138,254 in ROO prescriptions over the previous three months.¹⁹⁸

As mentioned previously, Mr. Burlakoff also sent an email in May 2013 that contained a list of ROO prescribers—including Dr. Simon—and stated that “I look at some of these names, and I just can't believe that we do not get at least 50 percent of their ROO business.”¹⁹⁹ Mr. Burlakoff speculated that sales representatives had not “owned” their physicians, complained that Insys had not received the prescriptions it had “earned,” and described the prescribing histories he attached as “an enormous slap in the face.”²⁰⁰

In a reply to this email, Insys sales executive Richard Simon sent an email to his team asking them to “[p]lease look at this list. Look at the TWO top potential people on this list that are underperforming within your geography and please respond what your plan is to turn this around.”²⁰¹ Mr. Simon further stated that “with every highlighted physician [on the list] there is an opportunity to make an impact.”²⁰² Dr. Simon was not highlighted on the attached list, however; according to the spreadsheet, Subsys accounted for 82% of Dr. Simon's ROO prescribing during the relevant period, which placed him above the 50% threshold Mr. Burlakoff had mentioned.²⁰³

Dr. Simon also appears on several lists for proposed Insys panels related to pain management practices. He appears, for example, on a list of physicians for a “Pain Practice Steering Committee” and a “Pain Oral Solution Practice Steering

Committee."²⁰⁴ The list of physicians for this second committee designates Dr. Simon as a "decile 10" prescriber—the highest ranking Insys used for Subsys-prescribing physicians.²⁰⁵ He also appears on a list of physicians scheduled to attend an "in-person consultant meeting" at the JW Marriott Scottsdale Camelback resort in Scottsdale, Arizona, in March 2012²⁰⁶ and on a November 2012 list of invitees for a "2013 Strategic Planning Ad Board" event planned for January 2013.²⁰⁷

In later Insys documents, Torgny Andersson appears as the designated sales representative for Dr. Simon.²⁰⁸ In October 2013, Mr. Andersson filed a *qui tam* complaint against Insys, claiming that the company made false claims for reimbursement to federal health insurance programs.²⁰⁹ Among other allegations, the complaint asserts the Insys sales force "has offered and made unlawful financial inducements to providers to encourage them to prescribe Insys drugs."²¹⁰ While counsel for Dr. Simon has claimed "this suit does not relate to or affect Dr. Simon," Dr. Simon has stated that Mr. Anderson served as his primary point of contact at Insys.²¹¹

Dr. Simon was not the only Insys-targeted physician in the Missouri and Kansas areas to later come under scrutiny for their prescribing practices. In an email to Mr. Babich listing Insys sales representatives and their assigned physicians, Dr. Simon appears below an Insys representative operating out of Kansas City, Kansas.²¹² Dr. Randall Halley and Dr. Anthony Guarino—both of Missouri—appear on this list as well.²¹³ Dr. Guarino, a St. Louis area anesthesiologist, was one of the leading recipients of pharmaceutical company payments in 2009 and 2010—receiving over \$250,000 over 18 months—while prescribing drugs from the same companies.²¹⁴ And in 2015, the owner of a Springfield-area pharmacy chain—Missouri Rep. Lynn Morris—acknowledged filling false prescriptions under Dr. Halley's name.²¹⁵ Dr. Guarino and Dr. Halley received \$106,434.84 and \$87,859.41, respectively, from Insys between 2013 and 2016.²¹⁶ See Appendix A for additional information.

CONCLUSION

On October 24, 2017, federal prosecutors issued an indictment against senior Insys executives, including founder and former CEO Dr. John Kapoor, former CEO Michael Babich, Alec Burlakoff, and Richard Simon.²¹⁷ According to the indictment, these executives "sought to devise and foster a scheme to profit by using bribes and fraud to cause the illicit distribution" of Subsys.²¹⁸ In correspondence with the Committee on September 1, 2017, new Insys CEO Saeed Motahari stated that "the company has taken necessary steps to ensure that we will not repeat the mistakes of the past."²¹⁹

Even as Insys takes action to reform the sales and marketing techniques Dr. Kapoor, Mr. Babich, and Mr. Burlakoff instituted, the industry-wide threat of speakers programs affecting the volume and strength of prescriptions continues. Just as Insys adopted and expanded methods Purdue pioneered, the next pharmaceutical company moving rapidly to establish market share in a crowded field may look to Insys as a model. And so long as both sales representatives and prescribers have strong financial incentives to boost prescriptions, simple greed will continue to distort the

patient-physician relationship. As a result, this report represents a warning to policymakers seeking to prevent actors in the pharmaceutical industry from fueling the next public health crisis.

APPENDIX A

Figure 1: Count of Prescribers by Opioid Claim Count in Part D in 2015²²⁰

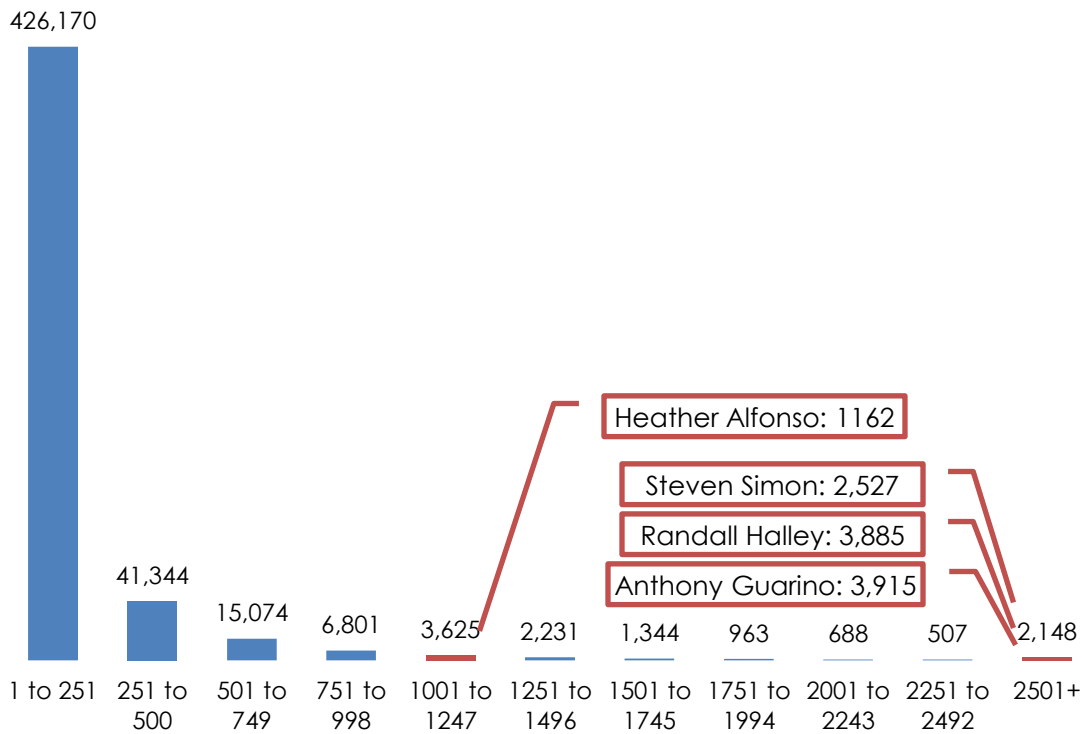


Figure 2: Count of Prescribers by Opioid Claim Count in Part D in 2016²²¹

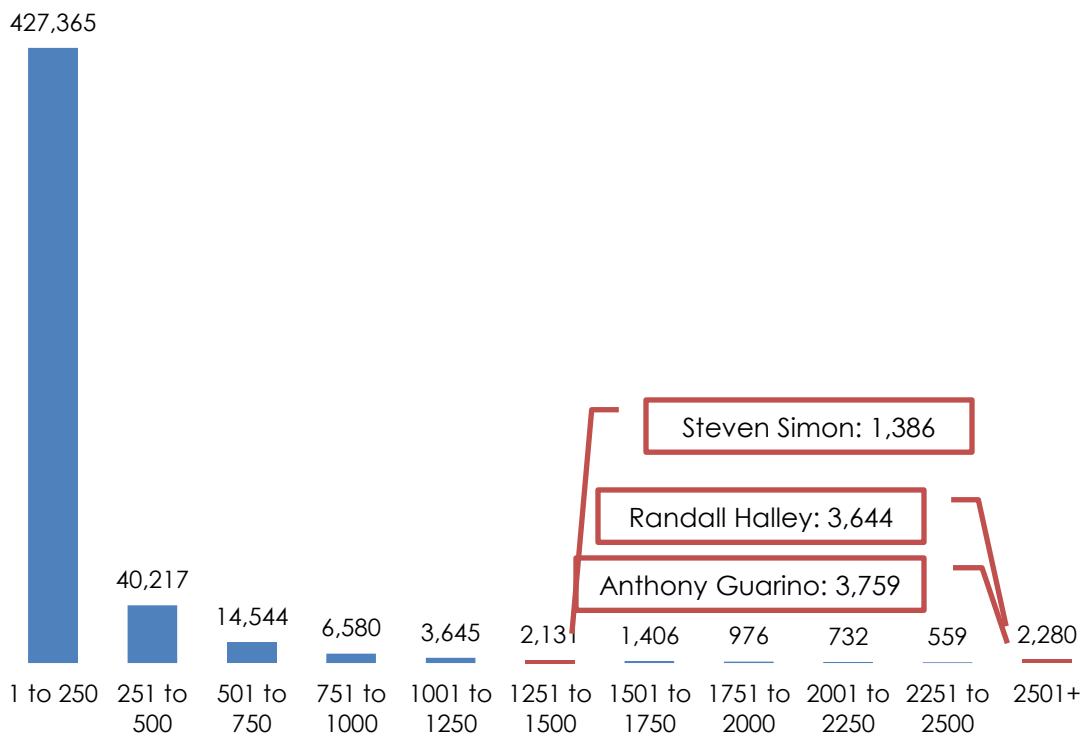


Figure 3: Count of Prescribers by Opioid Costs in Part D in 2015²²²

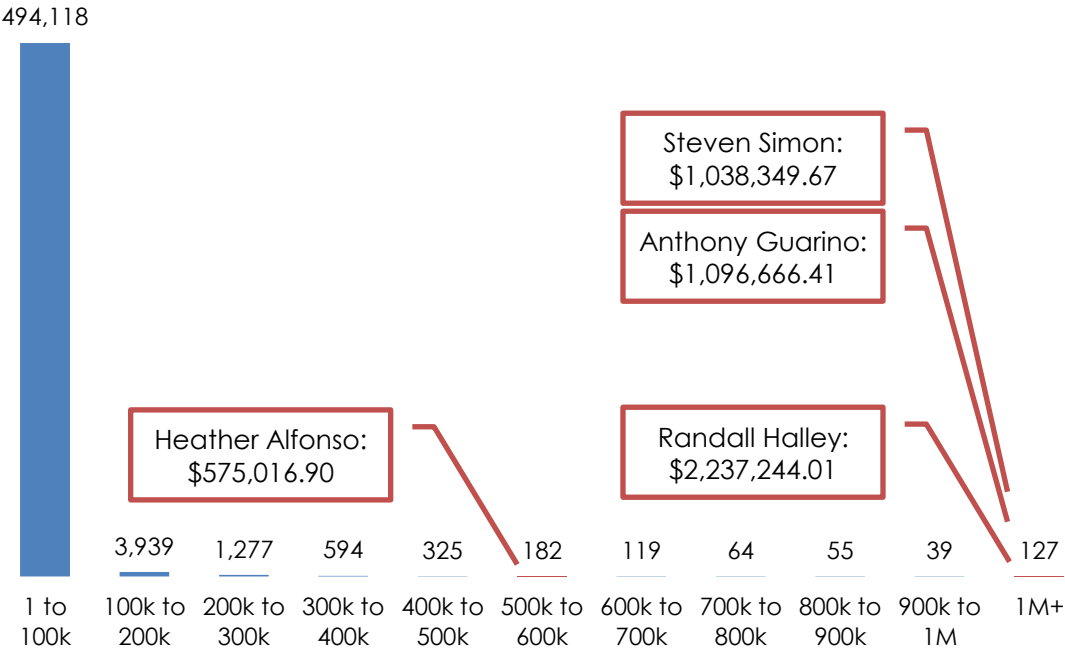


Figure 4: Count of Prescribers by Opioid Costs in Part D in 2016²²³

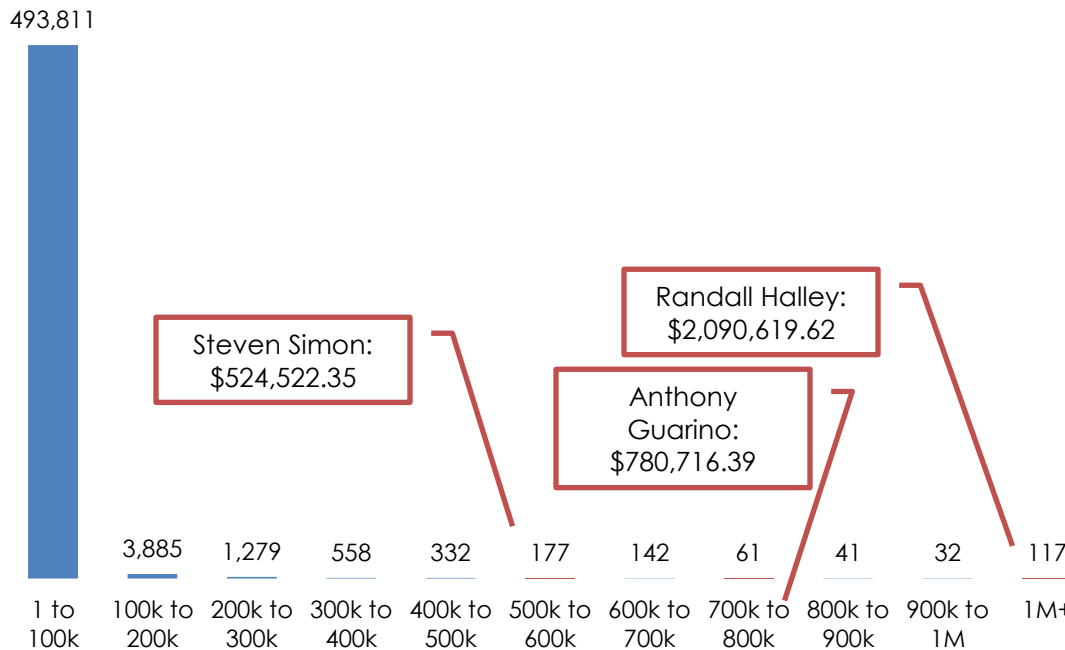


Figure 5: Count of Prescribers by Fentanyl Claim Count in Part D in 2015²²⁴

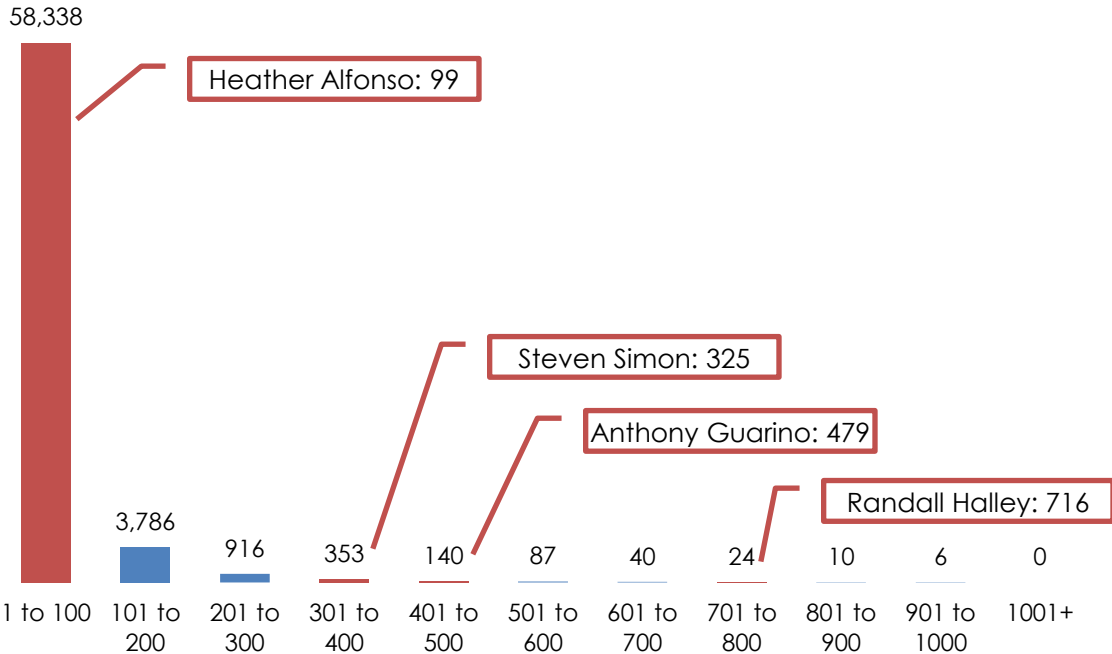


Figure 6: Count of Prescribers by Fentanyl Claim Count in Part D in 2016²²⁵

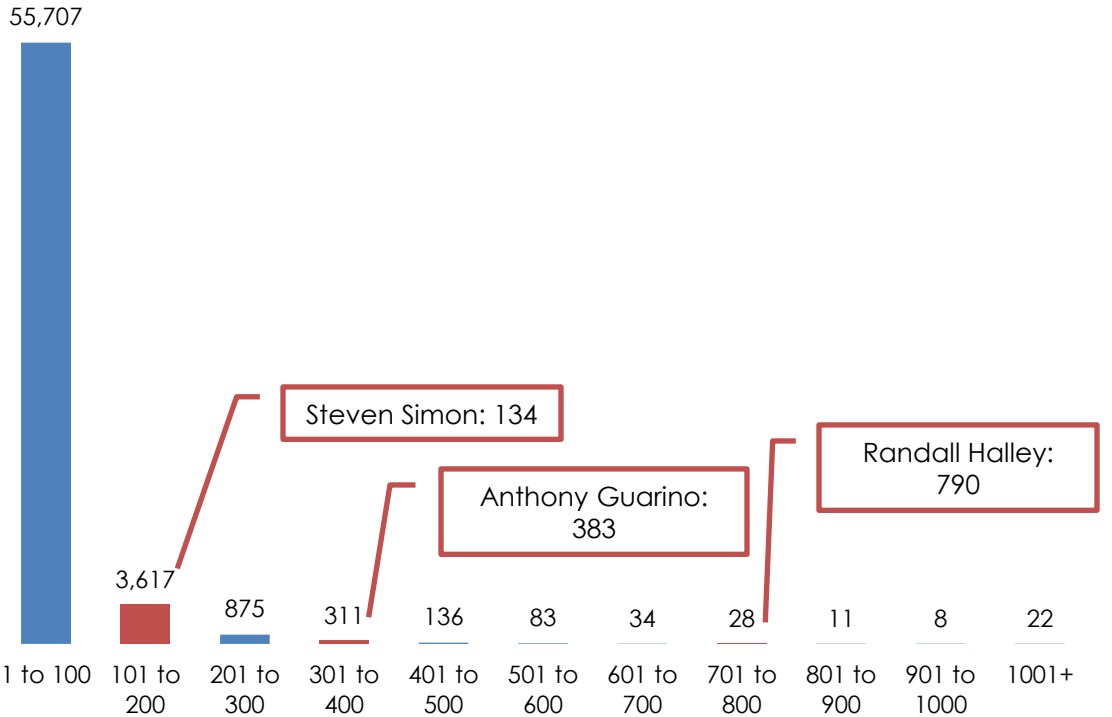


Figure 7: Count of Prescribers by Fentanyl Costs in Part D in 2015²²⁶

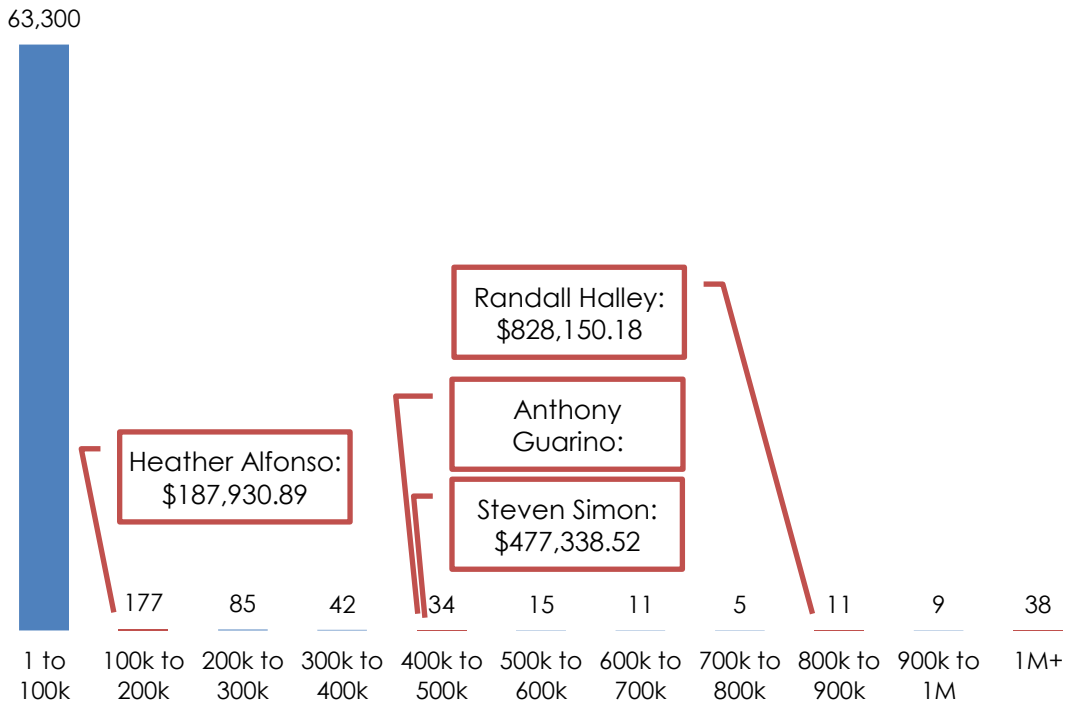
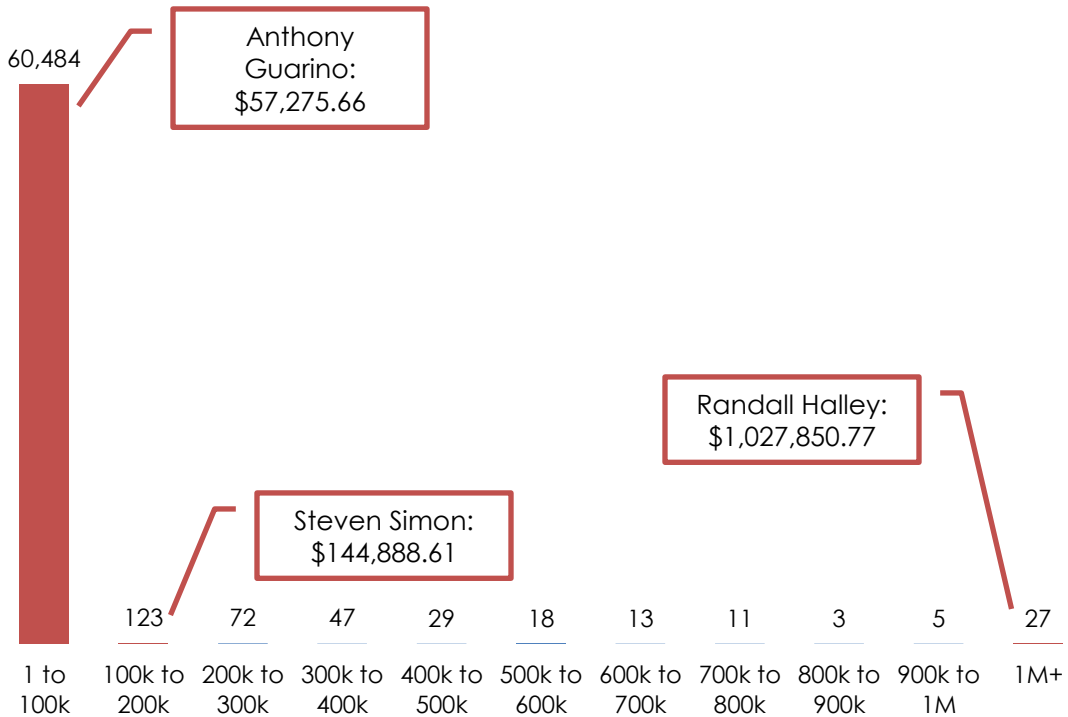


Figure 8: Count of Prescribers by Fentanyl Costs in Part D in 2016²²⁷



¹ Letter from Insys CEO Saeed Motahari to Sen. Claire McCaskill (Sept. 1, 2017). See Minority Staff, Senate Committee on Homeland Security and Governmental Affairs, *Fueling an Epidemic: Insys Therapeutics and the Systemic Manipulation of Prior Authorization* (Sept. 6, 2017) (Exhibit C) (www.hsgac.senate.gov/media/minority-media/breaking-mccaskill-opioid-investigation-releases-first-report-detailing-systemic-manipulation-of-prior-authorization-process-by-insys-therapeutics-).

² *Id.*

³ *Id.*

⁴ *Insys to Pay \$150 Million to Settle Justice Department Investigation*, Wall Street Journal (Aug. 8, 2018) (www.wsj.com/articles/insys-to-pay-150-million-to-settle-justice-department-investigation-1533733598).

⁵ Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Opioid Overdose, Understanding the Epidemic (www.cdc.gov/drugoverdose/epidemic/index.html) (accessed June 13, 2018). See also Rose A. Rudd, et al., *Increases in Drug and Opioid Overdose Deaths — United States, 2000–2014*, Morbidity and Mortality Weekly Report (Jan. 1, 2016); Leonard J. Paulozzi, et al., *Vital Signs: Overdoses of Prescription Opioid Pain Relievers — United States, 1999–2008*, Morbidity and Mortality Weekly Report (Nov. 4, 2011); Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Vital Signs, Opioid Overdoses Treated in Emergency Departments (www.cdc.gov/vitalsigns/opioid-overdoses/) (accessed June 13, 2018); Rose A. Rudd, et al., *Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015*, Morbidity and Mortality Weekly Report (Dec. 16, 2016); Department of Health and Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism: *Rates of Nonmedical Prescription Opioid Use and Opioid Use Disorder Double in 10 Years* (June 22, 2016) (www.niaaa.nih.gov/news-events/news-releases/rates-nonmedical-prescription-opioid-use-and-opioid-use-disorder-double-10).

⁶ Production from Depomed, Inc. to the Senate Committee on Homeland Security and Governmental Affairs (May 17, 2017) (DEP00000205).

⁷ The Food and Drug Administration (FDA) approved OxyContin in December 1995. See Department of Health and Human Services, Food and Drug Administration, *Timeline of Selected FDA Activities and Significant Events Addressing Opioid Misuse and Abuse* (Apr. 23, 2018) (www.fda.gov/downloads/Drugs/DrugSafety/InformationbyDrugClass/UCM566985.pdf).

⁸ *The Family that Built an Empire of Pain*, The New Yorker (Oct. 30, 2017) (www.newyorker.com/magazine/2017/10/30/the-family-that-built-an-empire-of-pain).

⁹ *The Secretive Family Making Billions From the Opioid Crisis*, Esquire (Oct. 16, 2017) (www.esquire.com/news-politics/a12775932/sackler-family-oxycontin/); *The Family that Built an Empire of Pain*, The New Yorker (Oct. 30, 2017) (www.newyorker.com/magazine/2017/10/30/the-family-that-built-an-empire-of-pain).

¹⁰ *The Family that Built an Empire of Pain*, The New Yorker (Oct. 30, 2017) (www.newyorker.com/magazine/2017/10/30/the-family-that-built-an-empire-of-pain); Complaint (Jan. 8, 2018), *Jennings County v. Purdue Pharma L.P., et al.*, S.D. Ind. (No. 4:18 CV 6).

¹¹ Plaintiff's Complaint for Violation of the Michigan Consumer Protection Act, Public Nuisance, Negligence, Unjust Enrichment, and Violation of the Racketeer Influenced and Corrupt Organization Act (Jan. 22, 2018), *County of Monroe v. Purdue Pharma L.P., et al.*, E.D. Mich. (No. 2:18 CV 10251).

¹² 'You Want a Description of Hell?' OxyContin's 12-Hour Problem, Los Angeles Times (May 5, 2016) (www.latimes.com/projects/oxycontin-part1/).

¹³ *Id.*

¹⁴ *Id.*

¹⁵ Plaintiff's Complaint for Public Nuisance, Negligence Per Se, Negligence, and Violations of the Racketeer Influenced and Corrupt Organization Act (Mar. 13, 2018), *City of Iron Mountain, Michigan v. Purdue Pharma L.P., et al.*, W.D. Mich. (No. 2:18 CV 00037).

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²⁴ Complaint for Violation of the New Jersey False Claims Act (Oct. 5, 2017), *Porrino v. Insys Therapeutics, Inc.*, Sup. Ct. of N.J. Chancery Div. (No. A 8:54) (nj.gov/oag/newsreleases17/Insys-Complaint.pdf).

²⁵ *The Pain Hustlers*, New York Times (May 2, 2018) (www.nytimes.com/interactive/2018/05/02/magazine/money-issue-insys-opioids-kickbacks.html); Securities and Exchange Commission, *Form 10-K Submitted by Insys Therapeutics, Inc.* (Commission File Number: 1-35902) (Mar. 4, 2014) (www.sec.gov/Archives/edgar/data/1516479/000143774914003376/insy20131231_10k.htm).

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³⁰ *Id.*

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³³ *Id.*

³⁴ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00259439).

³⁵ *Id.*

³⁶ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00259440).

³⁷ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01081021).

³⁸ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01027431).

³⁹ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01027440).

⁴⁰ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01027444).

⁴¹ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01009498).

⁴² Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01009500).

⁴³ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00589621).

⁴⁴ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (May 12, 2017) (INSYS_HSGAC_00006045).

⁴⁵ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00589623).

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⁴⁹ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (May 24, 2017) (INSYS_HSGAC_00007229-R).

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⁵¹ *Id.*

⁵² *Id.* (emphasis in original).

⁵³ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00276257).

⁵⁴ *Id.*

⁵⁵ Complaint for Violation of 18 U.S.C. §§ 371 and 2 and 42 U.S.C. § 1320a-7b(b)(2)(B) (June 8, 2016), *United States of America v. Roper*, S.D.N.Y. (No. 16 MAG 3628).

⁵⁶ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01222132).

⁵⁷ Plaintiffs' First Amended Complaint for Violation of the New Jersey False Claims Act, as well as other Claims (Nov. 16, 2017), *Porrino v. Insys Therapeutics, Inc., and John Kapoor*, N.J. Super. Ct. (No. MID-C-162-17).

⁵⁸ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (May 12, 2017) (INSYS_HSGAC_00007775).

⁵⁹ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (May 12, 2017) (INSYS_HSGAC_00007778).

⁶⁰ *Id.*

⁶¹ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (May 12, 2017) (INSYS_HSGAC_00007781).

⁶² Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (May 12, 2017) (INSYS_HSGAC_00007780).

⁶³ *Id.*

⁶⁴ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (May 12, 2017) (INSYS_HSGAC_00007794).

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⁶⁷ *Id.*

⁶⁸ *Id.*

⁶⁹ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00235599).

⁷⁰ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00241138).

⁷¹ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00406275).

⁷² Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01179501).

⁷³ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01179503).

⁷⁴ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01291403).

⁷⁵ *Id.*

⁷⁶ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01058063).

⁷⁷ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01021271).

⁷⁸ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01028895).

⁷⁹ *Id.*

⁸⁰ *Id.*

⁸¹ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01377055-59).

⁸² Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01377055).

⁸³ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00235400).

⁸⁴ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01077246).

⁸⁵ *Id.*

⁸⁶ *Id.*

⁸⁷ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01077247).

⁸⁸ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01377057).

⁸⁹ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01377056).

⁹⁰ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01377058).

⁹¹ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00241138).

⁹² *The Pain Killer: A Drug Company Putting Profits Above Patients*, CNBC (Nov. 4, 2015) (www.cnbc.com/2015/11/04/the-deadly-drug-appeal-of-insys-pharmaceuticals.html).

⁹³ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00486492).

⁹⁴ *Id.*

⁹⁵ *Id.*

⁹⁶ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00486492-93).

⁹⁷ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00486493).

⁹⁸ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00407939-40).

⁹⁹ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00396918).

¹⁰⁰ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00396919).

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¹⁰² Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01371418).

¹⁰³ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01031468).

¹⁰⁴ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00495776).

¹⁰⁵ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01014623).

¹⁰⁶ Complaint for Violation of 18 U.S.C. §§ 371 and 2 and 42 U.S.C. § 1320a-7b (b) (2) (B) (June 8, 2016), *United States of America v. Roper*, S.D.N.Y. (No. 16 MAG 3628) (emphasis added).

¹⁰⁷ Information (June 23, 2015), *U.S. v. Heather Alfonso*, D. Conn. (No. 3:15-cr-00111); see also Plea Hearing (June 23, 2015), *U.S. v. Heather Alfonso*, D. Conn. (No. 3:15-cr-00111); and 42 U.S.C. § 1320a-7b(b)(1).

¹⁰⁸ Information (June 23, 2015), *U.S. v. Heather Alfonso*, D. Conn. (No. 3:15-cr-00111); see also 42 U.S.C. § 1320a-7b(b)(1).

¹⁰⁹ *Second Patient Says Doctor Under FBI Investigation Pushed Opioid Spray*, Kansas City Star (Sept. 5, 2017) (www.kansascity.com/news/business/health-care/article171412822.html).

¹¹⁰ Centers for Medicare and Medicaid Services, Steven M. Simon, Open Payments Data, (openpaymentsdata.cms.gov/physician/386520/summary) (accessed May 29, 2018).

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¹¹⁴ *Id.*

¹¹⁵ *Id.*

¹¹⁶ *Id.*

¹¹⁷ *Id.*

¹¹⁸ *Id.*

¹¹⁹ *Id.*

¹²⁰ Plea Agreement Letter (June 23, 2015), *U.S. v. Heather Alfonso*, D. Conn. (No. 3:15-cr-00111); see also 42 U.S.C. § 1320a-7b(b)(1).

¹²¹ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01017784).

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¹²⁴ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01370925).

¹²⁵ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01295161).

¹²⁶ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01295160).

¹²⁷ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01371417).

¹²⁸ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01022111).

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¹³⁰ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01372372).

¹³¹ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01009356).

¹³² Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01028253-54).

¹³³ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01028254).

¹³⁴ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01019987).

¹³⁵ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01028310).

¹³⁶ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01404181).

¹³⁷ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01083656).

¹³⁸ *Id.*

¹³⁹ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01417446).

¹⁴⁰ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01004973).

¹⁴¹ *Id.*

¹⁴² Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01004979).

¹⁴³ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01005027).

¹⁴⁴ *Id.*

¹⁴⁵ *Id.*

¹⁴⁶ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01005028).

¹⁴⁷ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01121885).

¹⁴⁸ *Id.*

¹⁴⁹ *Id.*

¹⁵⁰ *Id.*

¹⁵¹ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01127761).

¹⁵² *Id.*

¹⁵³ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01127763).

¹⁵⁴ *Id.*

¹⁵⁵ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01127767).

¹⁵⁶ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00988849). On August 8, 2018, the Department of Justice announced that Mr. Pearlman pleaded guilty to inducing "certain physicians, advanced practice registered nurses...and physicians' assistants to prescribe Subsys by paying them to participate in numerous sham 'Speaker Programs.'" Department of Justice: *Drug Company Manager Admits Role in Kickback Scheme Related to Fentanyl Spray Prescriptions* (Aug. 8, 2018) (www.justice.gov/usao-ct/pr/drug-company-manager-admits-role-kickback-scheme-related-fentanyl-spray-prescriptions). Mr. Pearlman "arranged \$83,000 in kickbacks to Heather Alfonso" and "collected a \$95,000 quarterly bonus in 2013 based on his success selling Subsys." *Former Drug Company Official Pleads Guilty in Fraud and Kickback Scheme That Cost Medicare Millions*, Hartford Courant (Aug. 8, 2018) (www.courant.com/news/connecticut/hc-subsys-pearlman-plea-0809-story.html).

¹⁵⁷ Second Amended Complaint for Violations of the Federal False Claims Act and State False Claims Acts (June 13, 2016), *United States of America ex rel. Guzman v. Insys Therapeutic, Inc., [sic] et al.*, C.D. Cal. (No. CV 13 5861).

¹⁵⁸ *Id.*

¹⁵⁹ *Id.*

¹⁶⁰ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00987172).

¹⁶¹ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00987019).

¹⁶² Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00987021).

¹⁶³ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00987019).

¹⁶⁴ *Id.*

¹⁶⁵ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01368106).

¹⁶⁶ Insys Therapeutics, Inc., Approved Products (www.insysrx.com/products/approved) (accessed May 29, 2018).

¹⁶⁷ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00784553).

¹⁶⁸ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00784576).

¹⁶⁹ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00784591).

¹⁷⁰ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00794954).

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¹⁷⁴ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00842933).

¹⁷⁵ Department of Justice: *APRN Admits Receiving Kickbacks from Drug Company for Prescribing Medication* (June 23, 2015) (www.justice.gov/usao-ct/pr/aprn-admits-receiving-kickbacks-drug-company-prescribing-pain-medication).

¹⁷⁶ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01433609).

¹⁷⁷ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01433435).

¹⁷⁸ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00987139-40).

¹⁷⁹ *FBI Seizes Records of Overland Park Pain Doctor Tied to Insys*, Kansas City Star (July 19, 2017) (www.kansascity.com/news/business/health-care/article162569383.html).

¹⁸⁰ *Id.*

¹⁸¹ Centers for Medicare and Medicaid Services, Steven M. Simon, Open Payments Data, (openpaymentsdata.cms.gov/physician/386520/summary) (accessed May 29, 2018).

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¹⁸⁴ *Id.*

¹⁸⁵ *Id.*

¹⁸⁶ *Id.*

¹⁸⁷ *Kansas Doctor Sued in Woman's Fentanyl Overdose Death*, Associated Press (Feb. 20, 2018) (www.apnews.com/68ad111e4712457988063cf08f1aac01).

¹⁸⁸ *Fatal Fentanyl Overdose Caused by Kansas Doctor, Suit Says. This is His Third Suit*, Kansas City Star (Feb. 20, 2018) (www.kansascity.com/news/business/health-care/article201048979.html).

¹⁸⁹ *Id.*

¹⁹⁰ *Id.* According to a lawsuit filed in July 2018 by another former patient, Dr. Simon "aggressively pushed for the continued use and increasing doses of Subsys consistent with the Subsys marketing program instead of exploring other, non-narcotic pain options." *Another Lawsuit Accuses Overland Park Doctor of Kickbacks from Opioid Spray Maker*, Kansas City Star (July 13, 2018) (www.kansascity.com/news/local/article214834685.html). In addition, Dr. Simon allegedly failed to inform the patient of the risk of overdose and addiction from oral fentanyl and "falsely represented to the Plaintiff that the fact she previously had cancer qualified her to use Subsys." *Id.*

¹⁹¹ *Second Patient Says Doctor under FBI Investigation Pushed Opioid Spray*, Kansas City Star (Sept. 5, 2017) (www.kansascity.com/news/business/health-care/article171412822.html).

¹⁹² *Id.*

¹⁹³ *The More Opioids Doctors Prescribe, the More Money They Make*, CNN (Mar. 12, 2018) (www.cnn.com/2018/03/11/health/prescription-opioid-payments-eprise/index.html).

¹⁹⁴ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01004973).

¹⁹⁵ *Id.*

¹⁹⁶ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00995591).

¹⁹⁷ *Id.*

¹⁹⁸ *Id.*

¹⁹⁹ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01005027).

²⁰⁰ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01005028).

²⁰¹ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00989340).

²⁰² *Id.*

²⁰³ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00989344).

²⁰⁴ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00989674-75).

²⁰⁵ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00989675).

²⁰⁶ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00990862; INS-BOS-00990868).

²⁰⁷ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01187260).

²⁰⁸ Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-01187267).

²⁰⁹ Original Complaint for Violations of the Federal False Claims Act (Oct. 15, 2013), *United States ex rel. Torgny Andersson v. Insys Therapeutics, Inc.*, D. Mass. (No. 14 CV 9179) (www.documentcloud.org/documents/4489342-Andersson-v-Insys.html).

²¹⁰ *Id.*

²¹¹ *Drug Rep for Doctor Sued Over Fentanyl Spray Prescriptions Revealed as Whistleblower*, Kansas City Star (May 31, 2018) (www.kansascity.com/news/business/health-care/article212260139.html).

²¹² Production from Insys Therapeutics, Inc., to the Senate Committee on Homeland Security and Governmental Affairs (Aug. 27, 2017) (INS-BOS-00990857).

²¹³ *Id.*

²¹⁴ *Database Has Drug Firms' Payments to 17,000 Doctors*, St. Louis Post-Dispatch (Nov. 29, 2010) (www.stltoday.com/news/local/metro/database-has-drug-firms-payments-to-doctors/article_0cd2662c-970e-5311-ad0f-61418464cb33.html).

²¹⁵ *Rep. Lynn Morris Disciplined for Filling False Prescriptions*, Springfield News-Leader (May 29, 2015) (www.news-leader.com/story/news/politics/2015/05/29/rep-lynn-morris-disciplined-filling-false-prescriptions/28148567/).

²¹⁶ Centers for Medicare and Medicaid Services, Anthony H. Guarino, Open Payments Data (openpaymentsdata.cms.gov/physician/163707/payment-information) (accessed May 29, 2018); Centers for Medicare and Medicaid Services, Randall E. Halley, Open Payments Data (openpaymentsdata.cms.gov/physician/237491/payment-information) (accessed May 29, 2018).

²¹⁷ First Superseding Indictment (Oct. 24, 2017), *U.S. v. Babich et al.*, D. Mass. (No. 1:16-cr-10343).

²¹⁸ *Id.*

²¹⁹ Letter from Insys CEO Saeed Motahari to Sen. Claire McCaskill (Sept. 1, 2017).

²²⁰ Centers for Medicare & Medicaid Services, *Medicare Provider Utilization and Payment Data: Part D Prescriber Summary Table CY2015* (Oct. 31, 2017) (data.cms.gov/Medicare-Part-D/Medicare-Provider-Utilization-and-Payment-Data-Par/qywy-pajd).

²²¹ Centers for Medicare & Medicaid Services, *Medicare Provider Utilization and Payment Data: Part D Prescriber Summary Table CY2016* (Apr. 19, 2018) (data.cms.gov/Medicare-Part-D/Medicare-Provider-Utilization-and-Payment-Data-Par/c9xz-7zpd).

²²² Centers for Medicare & Medicaid Services, *Medicare Provider Utilization and Payment Data: Part D Prescriber Summary Table CY2015* (Oct. 31, 2017) (data.cms.gov/Medicare-Part-D/Medicare-Provider-Utilization-and-Payment-Data-Par/qywy-pajd).

²²³ Centers for Medicare & Medicaid Services, *Medicare Provider Utilization and Payment Data: Part D Prescriber Summary Table CY2016* (Apr. 19, 2018) (data.cms.gov/Medicare-Part-D/Medicare-Provider-Utilization-and-Payment-Data-Par/c9xz-7zpd).

²²⁴ Centers for Medicare & Medicaid Services, *Medicare Provider Utilization and Payment Data: Part D Prescriber CY2015* (May 25, 2017) (data.cms.gov/Medicare-Part-D/Medicare-Provider-Utilization-and-Payment-Data-201/3z4d-vmhm).

²²⁵ Centers for Medicare & Medicaid Services, *Medicare Provider Utilization and Payment Data: Part D Prescriber CY2016* (May 15, 2018) (data.cms.gov/Medicare-Part-D/Medicare-Provider-Utilization-and-Payment-Data-201/yvpj-pmj2).

²²⁶ Centers for Medicare & Medicaid Services, *Medicare Provider Utilization and Payment Data: Part D Prescriber CY2015* (May 25, 2017) (data.cms.gov/Medicare-Part-D/Medicare-Provider-Utilization-and-Payment-Data-201/3z4d-vmhm).

²²⁷ Centers for Medicare & Medicaid Services, *Medicare Provider Utilization and Payment Data: Part D Prescriber CY2016* (May 15, 2018) (data.cms.gov/Medicare-Part-D/Medicare-Provider-Utilization-and-Payment-Data-201/yypj-pmj2).

EXHIBITS

The Opioid Epidemic¹: The Need for Guidelines

- Prescription opioid sales in the United States have increased by 300% since 1999 without a commensurate increase in the amount of pain
- Approximately 1.9 million Americans, age 12 or older, either abused or were dependent on opioid pain relievers in 2014²
- More than 14,000 deaths occurred in 2014, four times the number of overdose deaths related to prescription opioids in 1999³
- The total societal costs of prescription opioid abuse in the U.S. have been estimated at \$55.7 billion⁴

¹Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.r6501e1>.

²Center for Behavioral Health Statistics and Quality. (2015). Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from <http://www.samhsa.gov/data/>

³Injury Prevention & Control: Opioid Overdose <http://www.cdc.gov/drugoverdose/data/overdose.html>

⁴Birnbaum, H. G., White, A. G., Schiller, M., Waldman, T., Cleveland, J. M., & Roland, C. L. (2011). Societal costs of prescription opioid abuse, dependence, and misuse in the United States. *Pain Medicine (Malden, Mass)*, 12(4), 657–667. <http://doi.org/10.1111/j.1526-4637.2011.01075.x>

Email Message

From: Alec Burlakoff [REDACTED]
Sent: Friday, March 15, 2013 4:00:48 PM
To: Sales All
CC: Stephanie Torres
Subject: DO NOT DELETE! Congrats - Stephanie Bissel

Importance: High

Congratulations to Stephanie Bissel / Torres

Stephanie generated an enormous script, she has been working on this extremely hard for some time now.

It just goes to show you persistence pays off!

Stephanie just made a yearly commission from this one patient in need of our cutting edge medication for BTCP .

\$ 40,320 (one patient in need of a medication that treats BTCP with a vengeance)

This was not luck, this was pure heart and desire!

The best part of this entire scenario is the fact that the patient was switched from Actiq 1600mcg.

The physician has every intention of increasing the dose slowly but surely to 1200mcg in an effort to ensure the patient is being titrated effectively.

Cha Ching again!

Email Message

From: Alec Burlakoff [REDACTED]
Sent: Thursday, March 28, 2013 11:57 PM
To: Sales RSMs; Sales All
Subject: Q2 IC plan - follow up

Importance: High

Insys,

I would like to highlight the 100 percent growth you have shown as a sales team quarter over quarter. Q1 Launch - 1.1 Million

Q2 - 2.5

Q3 - 4.7

This Quarter - 9.6!!!

As you can see we expect to continually double every quarter as we have done every quarter so far. We expect at a minimum we each grow our territory by 25 percent in the uncapped bonus plan I just sent. The faster you get to 100K, the faster your earnings will grow. We need to start fast out of the gate Monday to ensure our goal of almost 20 million is hit. The top rep earned over 90K this quarter, who else wants some of that???

Sincerely,
Alec Burlakoff

Email Message

From: Alec Burlakoff [REDACTED]
Sent: Monday, March 24, 2014 5:40:38 PM
To: Sales All
Subject: Top 20 Base Bonus for Q2 - assuming no growth in Q2

Sales

The MOTTO has always been, INSYS only wants the best of the best and greatly desires to PAY the best of the best. Relative to compensation there has been some questions regarding whether Insys will continue to PAY its top reps.

Please see below.

The graph depicts the top 20 reps and their projected payouts for Q2 if they only **maintained** their base of business and achieved 100% eligibility for their bonus. What it does not show is the 10% commission for every script that a rep achieves over 100% eligibility that Insys WILL HAPPILY CONTINUE TO PAY.

Here is another way to look at it. The BOTTOM SSP on this list essentially makes 20k a quarter plus a 40k base which equals 140K for only **maintaining** the base of business. This is ridiculously unheard of in the industry - BUT TRUE FOR INSYS!

As you were all made aware of numerous times during the interview process, our model is solely focused on rewarding the top performers.

Be a top performer at Insys, and we will make sure you never want to leave. As for the rest of you, I wish you the very best of luck in your quest to be in the top 20 percent.

After all, it's the top 20 percent that continues to bless Insys with 80 percent of the company's growth on a quarterly basis.

Email Message

From: Alec Burlakoff [REDACTED]
Sent: Thursday, October 03, 2013 7:18:49 PM
To: Sales DMs; Sales RDs
CC: Sales All
BCC: Desiree Hollandsworth; Matthew Napoletano
Subject: Interviewing new potential hires / coaching existing Insys sales representatives

Importance: High

Management team

(I am copying in the sales force purposely)

As ALL of you know, my personal feeling is that Insys speaker programs are the single most important thing we have the luxury of doing here in order to promote our product.

The opportunity to have physicians from our esteemed speakers' bureau provide an educational based program to his or her colleagues is priceless!

Although our sales organization is well educated, nothing is more powerful than a physician's lecture to his or her fellow physicians.

With this being said, these programs will come to a screeching halt if not done properly.

Based on the fact that I hold these programs in such high regard, I will not allow lack of **'focus and attention to detail'** to impede this initiative.

So, the only answer is to hire sales people that can do these programs the right way!

When interviewing, you need to explain that their single most important function will be facilitating speaker programs.

1. They must be able to work at-least 3 nights a week
2. They must be able to recruit viable clinicians whom have the potential to treat

BTCP for every single program!

- If they do not possess the skills to recruit and confirm viable attendees / do NOT hire this person under any circumstances!
- I don't care if he or she is a Nobel prize winner, they will NOT be successful here (as ISP's are an absolute must with a scheduled 2 opioid)
- 3. They must be administratively STRONG, as they must obtain a signature and NPI # for each attendee **before** they leave the speaker program.
- They are expected to submit this paperwork within 24 hours of the program.
- 4. There are no 'short -cuts' here, either they can do this or they cant.
- 5. Many sales people acknowledge the fact that they can't do this for one reason or another, so they simply avoid booking programs.
- This is NOT the answer / nor is it an option
- 6. Speaker programs are a MUST, so only hire those whom can fulfill these necessary requirements
- 7. I want MORE speaker programs now than ever, so those who can't do it or choose to avoid the ISP's – must not be hired.

Lastly – everything I mentioned above applies to our current Insys sales representatives.

1. If you determine that they are not doing more programs now than ever before; because they can't fulfill their administrative responsibilities – they must be terminated from Insys.
2. Any current sales representative that you identify as incapable of facilitating a program *while at the same time* performing the necessary administrative task that accompany this luxury- they must also be terminated.

Programs are imperative, these ISP's are the foundation for our sales and marketing campaign.

Email Message

From: Alec Burlakoff [REDACTED]
Sent: Thursday, March 14, 2013 10:52 PM
To: Mike Gurry
Subject: FW: re-allocation
Attachments: NE_Exp_YTD.docx

Importance: High

From: Alec Burlakoff
Sent: Thursday, March 14, 2013 2:38 PM
To: Frank Serra
Cc: Desiree Hollandsworth
Subject: re-allocation
Importance: High

Frank

Why are we allocating money to each rep for programs. Half of your reps do not produce, why give them program dollars?

I am trying to make statement here, all in the world of business (is NOT fair)

Please reallocate these funds accordingly...

Some reps should have zero speaker dollars, others maybe 5k (to give them a 2nd chance to prove themselves worthy of ISP dollars)

The discrepancy of allocated ISP funds should vary greatly between the top reps to the bottom reps. I am tired of giving money to reps whom produce zero return on investment.

The majority of your reps produce sales, but do they all produce ROI as it pertains to programs?

Those whom do not produce ROI from programs should not be spending our ISP dollars.....

Lastly, look at the cost per program for some of these reps.

What the hec are they spending all this money on?

I need the reps whom can get the most bang for their buck using our money.

Please assist.....

Alec

Email Message

From: Alec Burlakoff [REDACTED]
Sent: Wednesday, December 19, 2012 11:07:49 PM
To: Sales All
CC: Michael Babich
BCC: [REDACTED]

Subject: Daily Rep Report for RX 12-18-2012.xlsm

Attachments: photo.JPG; Subsys Top 50 witters 12.1.12.xlsx; Daily Rep Report for RX 12-18-2012.xlsm

Good evening

Please find the attached daily Subsys prescription report for yesterday's activity.

I am extremely pleased with the most recent results you have produced (as it pertains to the Insys daily prescription count and total net sales)

If (for whatever reason) you find that you had a day where you did not produce a prescription, ask yourself a few questions...

i.e.

- What have I done different than that of all the other representatives calling on these physicians?

- Am I TRULY thinking 'out of the box'?

-What am I doing aside from visiting the doctor's office on a routine basis to generate the business?

-What have I done to be seen in a different light?

- How do I transition from the doctor viewing me as 'the Subsys representative' to 'Alec – my friend in pharmaceuticals'?

- Have I really FORCED myself to step 'outside' of my *comfort zone*?

Please see the attached picture.....

Although you may find some humor in seeing me attempt to workout, this is truly not meant to be a joke. J

I am 100 percent serious when I tell you, if you have not found a way to spend time with your customers OUT OF THE OFFICE AND **NOT** IN A RESTAURANT (its simply not good enough)

(RESTAURANTS ARE WHERE EVERY PHARMACEUTICAL REPRESENTATIVE SPENDS TIME WITH THEIR CUSTOMERS)

NOT different

its "ok" – but it is definitely

You have to discover a way to be different, think differently, and do something different in order to generate a loyal Subsys customer.

This is the customer whom will **NOT** let you down, he or she **WILL** always find a way to make sure you get a least 1 Subsys prescription per day!

Lastly, I was at the gym with Dr. Steve Fanto and his local Subsys pharmaceutical representative Brianna Smith this early afternoon.

Dr. Fanto is currently the fifth largest Subsys 'net sales' generator to Insys.

This is in **FACT** quality time with a 'key' physician on his lunch hour.

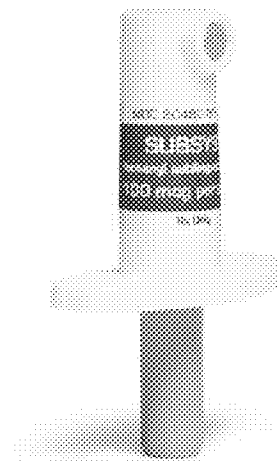
Do you think he might be inclined to be thinking about prescribing Subsys , when he goes back to the office to see his afternoon patients?

I have also attached the Insys report of our top 50 prescribers as of 12-12-12.

If you happen to notice one of your doctors on this list along with Dr. Steve Fanto (#5), I would sincerely suggest your finding a way to see this physician out his or her office.

SUBSYS Incentive Compensation Plan

Q2 2013



- Reward high performers, and reduce the payout to lower tiers
- For each net sales “bracket”, payout % gets progressively higher. For example, the first \$60K net sales gets a 5% payout rate, net sales between \$60K - \$100K gets 8%, etc.
- High dose (1200 and 1600MCG) still gets the highest payout rate
- Keep focus on expanding writer base (kicker for exceptional performance on activating the writers)
- New hires (those started their first day with Insys in Q4'12 or Q1'13) will have a simplified IC plan instead

Gates Do Not Apply if You Started in Q4'12 or Q1'13

	Gate
NET SALES	\$60K
# TRX	45
WRITER %	20%

- We will communicate to you the # SUBSYS writers you need to clear the Writer gate

For Existing SSPs: If You Started BEFORE Q4'12

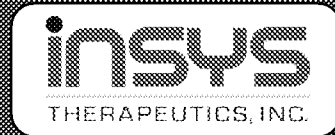
NET SALES (\$)	Payout %
0-60K	5%
60K-100K	8%
100K-150K	9%
150K-200K	10%
>200K	12.5%
1200-1600MCG	12.5%
NEW PATIENT INITIATION	\$50
RXer Special Bonus (If >=35% of All ROO Rxers Write Subsys AND >=\$150K Net Sales in Q2)	10% Extra Payout (Subject To \$2K Cap)

For internal planning purposes only

For New SSPs: If You Started in Q4'12 or Q1'13

NET SALES (\$)	Payout %
100-800MCG, Any Amount	10%
1200-1600MCG, Any Amount	12.5%
NEW PATIENT INITIATION	\$50
RXer Special Bonus (If $\geq 35\%$ of All ROO Rxers Write Subsys AND $\geq \\$150K$ Net Sales in Q2)	10% Extra Payout (Subject To \$2K Cap)

High vs Low Earners – A Comparison



NET SALES	Q1 PAYOUT	Q2 PAYOUT
\$60K	\$6K	\$3K
\$100K	\$10K	\$6.2K
\$150K	\$16K	\$11K
\$200K	\$22K	\$16K
\$250K	\$28K	\$22K
\$300K	\$35K	\$28K
Payout Ratio: \$300k:\$60K	6	9.4

- *To simplify calculations, no 1200-1600MCG exceptions were made*

For internal planning purposes only

Email Message

From: Alec Burlakoff <[REDACTED]>
Sent: Monday, July 22, 2013 5:30 PM
To: Sales RSMs
Cc: Sales All; Mike Gurry; Michael Babich; Matthew Napoletano; Richard Simon
Subject: URGENT - 30 Day Pip
Attachments: Over a week fills.xlsx

Importance: High

Hello

Please see the attached and click on the first tab labeled (RSM)

If you see a comment in where you should have inputted your follow up (as requested), **you are 1 week away from a 30 day pip.**

The top 30 reps will stay with Insys, the bottom 30 **whom cant comply with a simple request** should be actively looking for a replacement job.

I continuously hear how hard everyone is working.

We are not in the construction business, you don't get paid to work hard - you get paid to produce results.

Furthermore – you are expected to work smart.

Your decision to not be in the office face to face the very next day after a first time prescription is NOT working smart, STOP WITH THE DAMN OHONE NONSENSE!

Now, those who fail to comply will not be working at all.

Fridays, we literally do half in sales as the other 4 days.

Every rep that does not produce a script two consecutive Fridays will also be placed on a PIP, considering 1 rx per day has been the goal for over a year

(this should NOT be of concern to those who work, develop relationships, and have their 'go to ' offices IN PLACE.

Below is the list that failed to produce this past Friday, if you are on this list you must produce 1 single script this Friday to avoid a PIP.

All of you are saying "what's with the scare tactics", that's no way to motivate a sales force!

LET ME BE CRYSTAL CLEAR

I'm not trying to motivate anyone, I am truly trying to get rid of those reps whom choose or simply can't follow direction.

You want a cheerleader?

Your with the wrong company.

We are here to WIN and get paid, not run pep rallies.

Jenna

Please understand that we have a goal to hit, we have been just missing Fentora for the past 6 weeks.

We won't catch Fentora working 4 days a week.

I need to get a full sales force here at Insys that can get it done.

I apologize, but we are going to have at least 15 reps on a PIP by next week.

SSP Activity Week of 7/20/13

Data Date:

7/19/2013

Fri

Reg #	Terr#	SSP Name	RX in DAY	Dr Last Name	# DOSES	STRENGTH	GROSS \$	NEW/REPEAT	# TIMES ON SUBSYS
CHI	CHI-103	April Moore	N		0	0	0		
CHI	CHI-106	Brett Szymanski	N		0	0	0		
CHI	CHI-109	Stephanie Torres	N		0	0	0		
DAL	DAL-101	Avery Aboud	N		0	0	0		
DAL	DAL-102	Diana Maldonado	N		0	0	0		
DAL	DAL-105	Shannon Paradis	N		0	0	0		
MIA	MIA-104	Lilian Logatti	N		0	0	0		
MIA	MIA-109	Brittany Williams	N		0	0	0		
NYC	NYC-101	Michael Volansky	N		0	0	0		
NYC	NYC-105	Jonathan Roper	N		0	0	0		

Email Message

From: Alec Burlakoff [REDACTED]
Sent: Monday, September 17, 2012 11:06:44 PM
To: Sales All; Sales RSMs
CC: Michael Babich; Matthew Napoletano
BCC: [REDACTED]
Subject: 30 Unit Effective Dose Savings Program - Live Wed 9/19

Attachments: Daily Rep Report for Low Strength.xlsm

Hello Insys!

After today's conversation in the home office, I felt it to be imperative that I send you an e-mail pertaining to the below correspondences you will be receiving on a daily basis. As you know by now, you will receive an e-mail (example below) each and every time a prescriber in your territory writes for a Subsys prescription at 100mcg or 200mcg. Please utilize the attached spreadsheet prepared by Darin Fila (West, Regional Sales Manager) to report back within 24 hours **on WHY the low dose was used and HOW the doctor plans to titrate the patient to effective dose.** You do not need to fill out every column, but the responses we are receiving thus far are just much too vague in order to allow us to formulate any worthy level of understanding behind the clinician's action. I fully understand that a physician does what he or she wants to do as it pertains to prescribing for their patients. I am **thrilled** to see you are all generating so many Subsys prescriptions! I know it is not at all easy to get a physician to initiate a new habit, and this is exactly what we are attempting to do.

So, you are most likely asking "why is the company harassing me on a daily basis, for doing a great job?"

Each new Subsys patient should be started at 100mcg, per the package insert.

To be clear, the last thing we want you to think is that we are harassing you for generating sales. What we are attempting to do is; help you to maintain these newly generated Subsys patients by rapidly informing you of the fact that they wrote for a dose and number of units that is simply **NOT** effective. We are 100 percent sure that those patients whom are prescribed 60 units of 100mcg, do not end up filling a prescription for Subsys the following month. This is information that we feel obligated to share with you, as there is no good at all that comes out of withholding the very data that will determine your quarterly bonus payouts. We understand that you are not out here to just give away free product, we know that your goal is the same as ours. The goal is to generate

Subsys patients whom believe in the safety and efficacy behind this product, hence these patients will continuously refill their monthly prescriptions indefinitely. This of course equates to residual income for you! This is how you reap the rewards for your unsurpassed efforts in the field on a daily basis. There is nothing more frustrating to a salesperson whom makes a sales, only to learn that the sales was 'returned' shortly then after. This in essence is exactly what is happening with the majority of all patients put on Subsys at 100mcg (60 units).

In the case you as a sales person are earning a commission for a sale made, only you have that commission revoked due to a return of product the following month. You are spinning your wheels, due to the fact that these physicians are writing for an inferior dose. Hence our infatuation and obsession with the '**EFFECTIVE DOSE**' message. We must educate our physicians how to ensure their patients find the 'EFFECTIVE DOSE'. I will go as far as to say that we are truly better off dissuading a physician to prescribe Subsys for 100 and 200mcg until we have had ample time to review how clinical trial data with them via the Rauck study. After all, you only get once chance to make a first impression, is this the lackluster impression we want to make for our superior product?

We will of course be discussing this subject matter in far greater detail at this upcoming meeting! We will do so, because we will inevitably fail miserably if we do not vehemently drive home the EFFECTIVE DOSE message on every sales call. You as a sales force are way to talented and hard working to fail due to an inferior dose being prescribed. We have a tremendous product and an even better team of sales representatives. Together – we will utilize every single piece of data, feedback, clinicals, information, etc. to get the job done and reap the rewards of our unprecedented efforts!

Good selling!

Alec

EXAMPLE of Daily 'Low Dose' E-Mail

Email Message

From: Alec Burlakoff [REDACTED]
Sent: Monday, February 04, 2013 1:32 AM
To: Mike Gurry
Subject: Fw: Letter of Concern regarding Rich as a manager!

Sent via BlackBerry by AT&T

-----Original Message-----

From: [REDACTED]
Date: Fri, 1 Feb 2013 11:09:52
To: Alec Burlakoff [REDACTED]
Subject: Letter of Concern regarding Rich as a manager!

Alec:

So I've worked for Insys for 2 months now and I understand being under the gun and the intentions of getting Mary Jean's Actiq switches as quickly as possible and trust me I get the huge potential Mary Jean is. However, I have talked to her multiple times regarding sitting down and identifying Actiq switches and helping out to get their prior auth's done for them and opt-in any and all patients that this product is applicable for on numerous occasions which Rich is very aware of. I have also let Rich know that Mary Jean can not be bought, forced, coerced, bullied, or anything else into writing any product. I have lived with Mary Jean for 10 weeks and have developed a great relationship with her. I have met her husband, been shown numerous photos of her grandson, invited to her tap classes on Thursday nights, and so forth and can tell you that Mary Jean will be a great advocate for Subsys on her own time frame and it will take time. You've had 3 reps now in this territory in 9 months--Tara, Jacqueline, and me which the doctors know all of our names and ask what happened to the other rep?? These other 2 reps obviously worked just as hard as I've been working and ran into the same scenerio which is Mary Jean can't be bought, bullied, manipulated, or anything else. I'm including her last response that I made an effort to try and work with Audrie her prior auth specialist even while she's on vacation to get switches identified and even talked to her about how I'm Hipaa compliant several times, but that's not comfortable to her. I have been working my butt off with my top doctors and I get the frustration of them not jumping on board with this great product, but just because they aren't coming along as quickly as possible, doesn't mean I'm not making great progress and getting scripts. I get the frustration--- trust me and I have expressed to Rich, but this frustration of doctors not coming around quick enough does not warrant the unprofessional and unacceptable behavior that Rich Simon my manager has been demonstrating through his emails, calls, and texts. Nothing seems to be right in his opinion that I am saying or doing, and I've been a rep for over 5 years and have had 6 different managers (all of whom were fantastic managers) and have won multiple awards on many different products and have never once been treated so unprofessionally, and in such a hostile working environment. I sincerely question if Rich Simon has ever been a manager before this job and do not believe he has management qualities nor temperament for the current position he is in with Insys. Let me give you some examples that have been so concerning:

If Rich has a concern with a situation he doesn't know how to respond appropriately and instead shoots back in a derogatory or demeaning manner with either a hostile statement or question---ex. Rich is in working with me on Wednesday and we finish our meeting with Dr. Saxton and get to the parking lot @ 11:15 where the subs are to be picked up for the luncheon which happens to be right in the same parking lot as Katie Toledo's office and seeing that we have 45 mins, I say to Rich "Hey let's go make a call on Katie Toledo since we have time right now" and Rich ignorantly begins to chew me out by saying, "why would you suggest that? Do you not listen when we are talking to you about JUST spending time with your top 4 docs and forget about these other distractions!" I turn to Rich and say, "are you really going to chew me out and be mad at me because I am suggesting to utilize these 45 minutes to the best I can and take this opportunity to have the office throw out the expired vouchers and leave them new ones and maybe get the opportunity to speak to Katie Toledo (decile 6 target) and try and generate a script? I mean

really--- I am working my butt off with my top 4 but when I see an opportunity and have a window to go try and create business for the company only to be ridiculed and treated with such hostile disrespect by my manager like I just made the worst suggestion possible is a disgrace and further has me questioning what warrants Rich to be a manager?????? Really this is probably the worst case of unprofessionalism I have ever been exposed to in my 5 year career.

Oh the kicker--- not only am I able to go in and switch out the old voucher and replace with new, but Katie Toledo spent 10 mins as I explained the opt-in program and told me to come back in a few days as she was sure there were some patients that would benefit and we still had 15 mins to pick up the subs in the same parking lot and go to the doctors office 3 mins down the road.

Next example:

We are meeting with Dr. Chen and Dr. Oscar Johnson for lunch and I tell Rich that I have only been able to briefly meet each of these doctors because they have been so busy, and after a few times of calling on them, Dr. Chen asks me to schedule a lunch so he can hear about Subsys. So we go in and I am setting up my laptop and monitor so I can detail these doctors on Subsys and go over the important slides outlined in our sales brochure and Rich once again disrespectfully and in a mean-spirited tone says "WHAT are you doing?" I proceed to tell him again that these doctors have only brief bits about Subsys so I am set up to detail them. Rich says disgustedly "put that thing away--we're just going to talk to them anyway" I say okay and Dr. Chen walks in and I say "Hey Dr. Chen, what do you know about Subsys?" And he responds "nothing" and Rich begins talking. Once again, the disgust that Rich vocalized at my intentions to fully detail 2 doctors who know nothing about Subsys by going over information that is in the Subsys voucher was so unprofessional. If Rich doesn't like something he is rude in his response to you as if you are the dumbest person he's dealing with. I do a great job detailing and know my product so this is unacceptable to be treated with such disrespect. Once again expressing my concern for the unprofessional manner that Rich exudes as a manager. Everything you say or do with Rich is just wrong.

Another example of Rich's unprofessionalism:

Torgny and I were talking and Torgny said to ask Rich if I should just submit for the speaker program since Mary Jean is my doctor so I ask Rich about it and he says "yah why haven't you submitted that yet? Submit to Desiree and copy me on it" Now we were told that in order to do a speaker program there had to be at least 4 writers and to do a luncheon there had to be 2 writers so when I submit to Desiree and copy Rich I put 6 attendees. So I get Rich's email with his question again "there's only Mary Jean, Dr. Simon, you and me so why 6? And I realize that things are constantly changing in the company, but I was trying to adhere to speaker program guidelines. Now my concern once again is with Rich's condescending manner when he's questioning something....he doesn't know polite suggestion--he only knows demeaning questioning. So I reply that he is giving me whiplash and since he asked the question of why 6--I explain. I just can't say this enough--it is hostile work environment that Rich invites because of his unprofessionalism as a manager. I don't know if he even fully understands how demeaning he comes across as so with that I am asking you to call each of the reps in the district and ask the tough question of how they really feel that Rich relates to them and what tone they get from Rich. Also ask them if they feel like they are getting whiplash from Rich saying he told them something when he hasn't.

So, Rich calls me and first thing is "I don't like your tone" and I reply "I don't like yours either" and he begins to talk about going over train the trainer and I tell him we've never talked about that...it's always been a speaker program with Mary Jean and Dr. Simon" Rich says I don't like how you are talking to me and the next call I will get will be a call about my termination" and I said Rich you'll have to do what you have to do!"

So the company needs to let me know what their intentions are and we will go from there, but I will restate that Rich lacks managerial skills which lead to a hostile and unproductive working relationship. He questions every one of us about any course of action we are taking and says why did you do that or why didn't you do this (our last team conference call where Casey is excitedly saying what he feels is a great accomplishment and Rich jabs him with "Did you secure a script? Then you accomplished nothing!"

I'm telling you right now that Rich has a hard time finding positives and yet is very quick to demean and find fault---exact recipe for management disaster and failure to lead. You know who would be great as a manager? Torgny. He's got all the right nuts and bolts.

So with his all said---just waiting on further instructions from home office.

Sincerely concerned,

[REDACTED]

Sent from my iPad

Email Message

From: Alec Burlakoff [REDACTED]
Sent: Tuesday, March 19, 2013 5:36:53 PM
To: Sales All
BCC: [REDACTED]
Subject: SUBSYS Relay Weekly QuickView - Week Ending 03/15
Importance: High
Attachments: SUBSYS Relay Weekly Quickview 2013 0315.xlsm

Sales

Please see the attached....

It is nothing you have not heard me say a thousand times.

I know you are sick of hearing it; but I have to keep saying it (because it continues to be proven over and over again.)

The below 5 names mentioned at the top of the company rankings – literally have their entire business being driven by basically 1 customer.

This is NOT luck and it is not due to any special advantage these sales people have been given.

These sales people, did what most are not able to do!

They found a customer to 'own', and they packed the proverbial suitcase and moved in.

It takes more than one customer to sustain long term success, but you will NOT achieve success w/o the 1 customer - you must create!

The names mentioned below earned every single penny they will be getting paid.

In fact – I say they should be paid more , because they proved that finding this one customer is not as easy as one might think.

It takes hard work, perseverance, dedication, and an internal burning desire to win!

Every winning team, must have their 'MVP' player.

You can't build a winning team without this 1 key player.

--- It is and has always been your assignment to find this key player.

--- If you have not found this doctor, throw the decile list, call list, routing, ROO list, etc. out the window.

--- You have to start prospecting and develop a key doctor

Finally --- 10 reps out of 50 will generate of 300k this quarter. That means a minimum payout of 30k.

--- 40 out of 50 reps will generate less than 100k this quarter (still a 10k payout)

40 reps will generate less than 100k in net sales this quarter, because they have not found this 1 doctor.

You must follow the formula, and find this doctor.

This is what the Fentora reps did, we all must do this same thing in order to truly be successful.

Brett, Joe, Dan, Abe, Nanette, and Ty.....

GREAT WORK!

You were not lucky, you were simply great!

anyone who claims these people were lucky are 100 percent wrong, this is a promise!

Own your territory – own a doctor – and own your destiny.....

Alec

From: Xun (Sean) Yu
Sent: Monday, March 18, 2013 2:33 PM
To: Michael Babich; Matthew Napoletano; Alec Burlakoff; Mike Gurry
Cc: Ashok Chavan; Willene Brondum; Larry Dillaha; Maury Rice; Jenna Grosshans; Dion Reimer; Linda Keelan; [REDACTED]; Venkat Goskonda; Bryan Waltrip; Frank Koppenhagen; Neha Parikh; Stacy Ruggiero; RelayReporting
Subject: SUBSYS Relay Weekly QuickView - Week Ending 03/15
Importance: High

This report is a standard weekly delivery every **Monday** utilizing Relay report. It represents the most recent/accurate view of SUBSYS business and is generally **1-2 days delayed**. Please let me know if you would like to see other topics covered. Suggestions/comments are always welcome.

Highlights for the last week:

- 1), Generated \$1244K new high gross sales = \$64.7M annual run rate; Generated \$1108K new high “Net” sales = \$57.6M annual run rate**
- 2), Dispensed 316 TRx, including 17 “Super Vouchers”. Thumb of rule each 20 TRX/week = 1% TIRF market share**
- 3), “Net” sales at 89% of the gross WAC revenue**
- 4), Doses/RX at 65.6/script. Blended pricing at \$60**
- 5), 75% Scripts generated last week were from repeat patients, 25% from new patients**

Email Message

From: Richard Simon [REDACTED]
Sent: Wednesday, October 02, 2013 10:15 PM
To: Sales DMs
CC: Sales RDs; Alec Burlakoff; Desiree Hollandsworth
Subject: Q1-2-3 Missing ISP post documentation/Administrative Responsibilities
Attachments: ALL_Q1_2_3_MISSING_PROGRAM_INFO For Rich.xlsx

Importance: High

District Managers,

It has been brought to my attention that the vast majority of the managers have failed to motivate their SSP's properly to be on time with their administrative responsibilities.

Managers administrative responsibilities are to include at the very least:

1. Post ISP paperwork
2. Expense reports

It is simply unacceptable to go quarter after quarter without ensuring that your SSP's are on time with documentation that is scrutinized internally at the highest level. This also creates additional administrative work for our internal customers at the home office that distracts from their ability to support us where we need our support the most.

What drives us all? COMPENSATION

Moving forward:

For Q4

- Managers that are **OVER 90%** efficient with these responsibilities will receive a 5% kicker over and above their quarterly bonus
- Managers that are **UNDER 80%** efficient with these responsibilities lose 5% of their quarterly bonus

For Q3

- We are still evaluating what if any punitive actions will be taken for any failure of your SSP's to get their administrative paperwork in. So PLEASE get your reps up to speed and on the ball with their administrative responsibilities NOW so the management team isn't forced to take any punitive actions for Q3 payouts.

Attached is spreadsheet that outlines each program missing information.

Highlighted below are the major offenders relative to submitting their post ISP paperwork for Q1,2 and 3.

It's not a pretty site.

Email Message

From: Alec Burlakoff
Sent: Wednesday, October 09, 2013 9:18 PM
To: Sales RDs; Sales DMs
Subject: Muy Interesante!

Importance: High

Management team

Please see the below, I have taken the liberty of highlighting some key 'ROO' prescribers whom have failed us tremendously. I am not sure that any of us need to analyze any additional reports, as this report pretty much provides us the 'roadmap' to success or failure. Focus on the big ROO writers whom are giving us less than 50 percent, demand the business that you have worked so hard to EARN.

Ask yourself a few questions and then proceed forward accordingly.....

1. Did we do enough to earn more than 50 percent of their ROO business?
2. If so, did we have a 'heart to heart' with our customer to address our valid concerns pertaining to the lack of business we are currently getting?
3. If we had the 'heart to heart' and we are still **not** getting more than 50 percent, why the hec are we still spending the majority of our time and resources there!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

Way too much business left on the table, please address each rep individually and light a fire under them. We are sales people.... Sales people have pride..... Our pride has to be hurting **big time** as a direct result of some of these doctors prescribing habits....

Alec

WK Unique ID	HCP NAME	3-MO WORTH (TOTAL ROO \$, WK)	13-WEEK TOTAL ROO TRX (WK)	13-WEEK SUBS YS TRX (WK)	13-WEEK SUBS YS TRX SHARE (WK)	13-WEEK SUBSYS NET SALES (REMS)	SSP NAME	NEW ROO Docile	NEW PEN Decile	SUBS YS Decile		
0250784009	AWERBUCH, GAVIN, MI	\$ 2,075,89	3	592	568	96%	\$ 2,185,133	Brett Szymanski	10	8	10	NEUROLOG
0540492030	CHUN, STEVEN, FL	\$ 1,655,84	4	400	180	45%	\$ 579,16	Daniel Tondre	10	10	8	ANESTHESIC
2434688001	RUAN, XIULU, AL	\$ 1,574,40	5	361	246	68%	\$ 651,80	Natalie Perhacs	10	10	9	ANESTHESIC
XMS232862	SONG, ERIC, CA	\$ 1,398,00	8	606	226	37%	\$ 184,98	Erika Gutzeit	10	10	7	OTHER
0481488175	SOMERVILLE, JUDSON, TX	\$ 1,298,25	334	286	86%	\$	Ty Rustin	10	1	9	ANESTHESIC	

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INS-BOS-00987019

		1				3					
0480491020	BURTON, ALLEN, TX	\$ 390,22	83	0	0%	\$ -	Amy Bender	9	9	1	ANESTHESIC
0000056314	BEDELL, RAYMOND, UT	\$ 378,69	70	33	47%	\$ 82,29	CodiAnne Christensen	8	7	4	ANESTHESIC
0350892188	VALENZA, JOSEPH, NJ	\$ 369,03	58	0	0%	\$ -	Sandy Wong	8	9	0	PHYSICAL M REHABILITAT
1650178002	WAND, PAUL, FL	\$ 358,14	136	117	86%	\$ 315,65	Lilian Logatti	8	8	5	NEUROLOG
XMA238439	ALFONSO, HEATHER, CT	\$ 356,69	145	68	47%	\$ 75,90	Natalie Levine	9	7	2	OTHER
0190296056	MANGAR, STEVEN, CA	\$ 343,50	219	73	33%	\$ 117,16	Myles Walsh	9	5	5	ANESTHESIC
6540181005	CARABELLI, ROBERT, NJ	\$ 343,29	66	0	0%	\$ -	Lauren Hanley	9	8	1	PHYSICAL M REHABILITAT
4220198057	ALLADIN, IRFAN, NJ	\$ 334,10	59	31	53%	\$ 66,87	Susan Beisler	8	9	5	INTERNAL M
0350885233	BRENNAN, MICHAEL, CT	\$ 307,24	105	15	14%	\$ 22,62	Susan Beisler	9	3	3	PHYSICAL M REHABILITAT
0230192061	GUARINO, ANTHONY, MO	\$ 300,70	67	0	0%	\$ -	Justin Lierz	9	9	1	ANESTHESIC
0352076109	FYMAN, PHILLIP, NY	\$ 300,18	82	37	45%	\$ 81,54	Sonia Palermo	9	6	6	ANESTHESIC
0160183119	GOODMAN, IRA, IL	\$ 297,63	64	0	0%	\$ -	Jonas Lieponis	9	9	0	ANESTHESIC
1430370024	WHITE, PETER, CA	\$ 296,73	17	3	18%	\$ 6,16	Erika Gutzeit	8	8	1	ANESTHESIC
0420107062	MIRANDA-GRAJALES, HECTOR, FL	\$ 296,34	51	42	82%	\$ 118,88	Robert Zarrilli	2	2	2	PHYSICAL M REHABILITAT
6494484001	JOSELEVITZ, JOEL, TX	\$ 290,01	67	4	6%	\$ 8,04	Diana Maldonado	10	9	3	PHYSICAL M REHABILITAT
0354780027	HOFFBERG, HOWARD, MD	\$ 279,39	55	13	24%	\$ 49,73	Jessica Larichiuta	8	8	4	PHYSICAL M REHABILITAT
0200285022	COHEN, HOWARD, TX	\$ 273,25	94	40	43%	\$ 94,20	Lance Clark	9	6	2	FAMILY PRA PRACTICE
0051487025	DOMINGUEZ, MIGUEL, CA	\$ 272,99	67	48	72%	\$ 91,12	Sayra Torberson	7	4	6	ANESTHESIC
0384391048	GERBER, GREGORY, OH	\$ 271,97	77	65	84%	\$ 239,90	Lisa McBride	7	3	7	PHYSICAL M REHABILITAT
XML1607792	LAGUE, DAVID, CA	\$ 271,22	44	4	9%	\$ (501	Andrew McNaughton	7	7	2	OTHER
0384186092	JONES, BYRON, CO	\$ 269,61	55	19	35%	\$ 64,95	Jeff Leischner	9	8	4	PHYSICAL M REHABILITAT
XMS084206	STDENNIS, RICHARD, RI	\$ 265,95	61	58	95%	\$ 218,06	Natalie Levine	4	1	5	ORS
0411390172	WOLFE, WILLIAM, NJ	\$ 264,48	42	1	2%	\$ 13,48	Rachel Barrans	9	9	1	NEUROLOG

Email Message

From: Alec Burlakoff
Sent: Monday, September 16, 2013 8:25 PM
To: Abe Rosenberg
CC: Natalie Levine; Jonathan Roper; Sunrise Lee
Subject: RE: Letter of Resignation

Hi Abe

Thanks for the e-mail. We will move forward with transferring Dr. Rosenberg's account over to Natalie Levine now.

In addition, we will still need to backfill your vacancy.

Can you or your dad recommend anyone?

keep in mind that the new rep will **not** be servicing your dad (as this account will belong to Natalie Levine - indefinitely)

Thanks
Alec

From: Abe Rosenberg
Sent: Monday, September 16, 2013 1:05 PM
To: Alec Burlakoff
Subject: Letter of Resignation

Hi Alec -

Thank You for the email and the phone call today.
I am appreciate your support and I look forward to my next chapter.

I have spoken directly with my father again who continues to feel as though working with Natalie Levine would be the best option moving forward. It would be a seamless transition for him to continue to manage his Subsys patients and represent Insys as a Speaker. Feel free to reach out to him to discuss any details at his personal cell phone - [REDACTED]. The best time to reach him will be any time after 5pm EST.

Again, I am grateful for the opportunity you have provided me and I hope we will cross working paths in the future.

Please keep me informed with any tasks that need to be accomplished before my departure.

Thank You,

Abe Rosenberg
Specialty Sales Professional

Insys Therapeutics, Inc.
[REDACTED]

Email Message

From: Alec Burlakoff [REDACTED]
Sent: Saturday, August 31, 2013 2:58 PM
To: Sunrise Lee
CC: Beth McKey; Joseph Rowan; Richard Simon; Michael Babich
Subject: Fw: List of Key Clinicians to target

Nice job Sunrise, thank you for your timely response....

Alec

Sent from my BlackBerry 10 smartphone on the Verizon Wireless 4G LTE network.

From: Sunrise Lee
Sent: Friday, August 30, 2013 9:30 PM
To: Alec Burlakoff
Subject: List of Key Clinicians to target

Primary Targets

1. Gavin Awerbuch, MI
1. Gordon Freedman, NY
2. Jeffrey Goldstein, NY
3. Jerrold Rosenberg, RI
4. Paul Madison, IL
5. Harvey Finkelstein, NY
6. Romanth Waghmarae, NY
7. Alexander Weingarten, NY
8. Phillip Fyman, NY
9. Heather Alfonso, CT
10. John Milnor, TN
11. Gladstone McDowell, OH
12. Daniel Salcedo, NY
13. Riad Laham, OH
14. Anthony Mimms, IN
15. Michael Brennan, CT

Secondary Targets

1. Gregory Gerber, OH
2. Richard St. Dennis, RI
3. Hammam Akbik, OH
4. Serge Menkin, NY
5. Roger Kasendorf, NY
6. Niles Jobalia, OH
7. John Kelly, KY
8. Mitchell Weisberg, IL
9. Bruce Durell, IN
10. Kevin Hastings, NY

Email Message

From: [REDACTED]
Sent: Wednesday, June 19, 2013 8:08 PM
To: Jeff Pearlman
Subject: Re: watch out

Nice!!!!!!!!!!!!!!

On that note, keep an eye our for Dr Furchansky in Houston. I had dinner with him last night.. :)
Sent via BlackBerry by AT&T

From: Jeff Pearlman [REDACTED]
Date: Wed, 19 Jun 2013 12:59:58 -0700
To: Alec Burlakoff [REDACTED]
Subject: watch out

Probably not what you are thinking from the title, hehehe.
After my trip yesterday and today I am telling you to watch out for Heather Alfonso(Abe's). Of course I am thinking KOD as I type this, but wouldn't be the sales person I am if I didn't believe in what I think I just accomplished and what I expect to see.
Time will tell.

Jeff Pearlman
Regional Sales Manager
INSYS Therapeutics, Inc.
[REDACTED]

Email Message

From: Alec Burlakoff
Sent: Wednesday, May 08, 2013 10:30 PM
To: Richard Simon
CC: Michael Babich; Sales RSMs
Subject: FW: what is it going to take?

Importance: High

GREAT e-mail!

From: Richard Simon
Sent: Wednesday, May 08, 2013 3:07 PM
To: Sales Team - SFO
Cc: Alec Burlakoff
Subject: FW: what is it going to take?
Importance: High

Team,

A RESPONSE IS WARRANTED HERE:

1. Please look at this list. Look at the TWO top potential people on this list that are underperforming within your geography and please respond what your plan is to turn this around.
2. If there is a reason the top two people on the list shouldn't be your GO TO doctor please explain and have TWO OTHER doctors that you share your plan to grow their business.
3. Please provide the current market share of the two doctors you have chosen with rationale as to why you have chosen them so we can track your progress
4. If your top doctor or two are NOT highlighted because you have done extremely well with your top two physicians, then please let me know first and foremost their market share so you can be recognized for your efforts. And also be working on your backups!

OUR ULTIMATE GOAL IS TO HAVE A LIST FULL OF PEOPLE ON OUR TEAM WHERE WE CAN CELEBRATE ALL OF YOUR EFFORTS FOR THE HARD WORK YOU HAVE DONE. AND MAKE NO MISTAKE WITH EVERY HIGHLIGHTED PHYSICIAN THERE IS AN OPPORTUNITY TO MAKE AN IMPACT.

Thanks,
Rich

From: Alec Burlakoff
Sent: Wednesday, May 08, 2013 2:11 PM
To: Sales All
Cc: Michael Babich
Subject: what is it going to take?
Importance: High

Sales

Please see the below report, I have sorted it from the largest 'ROO' prescriber down to the smallest.
I look at some of these names, and I just can't believe that we do not get at least 50 percent of their ROO business.

Confidential

INS-BOS-00989340

XMW1252179	WILENSKY, BONNIE, CO	\$	220,510	39	2	5%	\$	23,189	Crystal Skelton	9	10	3	ANE
0472094008	BHAKTA, BHADRESH, OK	\$	216,910	82	0	0%	\$	-	Casey Hanoch Michelle	9	1	1	ANE
6540197098	PATHARKAR, MANOJ, NJ	\$	216,818	53	46	87%	\$	58,532	Breitenbach Michelle	7	0	6	APM PHY
3060197021	SIDDIQUI, ASMA, NJ	\$	214,088	43	0	0%	\$	-	Breitenbach	8	8	0	REH. PHY
0350892188	VALENZA, JOSEPH, NJ	\$	212,908	49	0	0%	\$	-	Sandy Wong	9	9	0	REH. PHY
4220102167	SINGH, RAMNIK, CA	\$	210,618	39	0	0%	\$	-	Sayra Torberson Andrew	6	4	1	REH.
XML1607792	LAGUE, DAVID, CA	\$	207,972	34	3	9%	\$	15,945	McNaughton	7	7	2	OTH
0160275079	STERLING, MELVYN, CA	\$	206,913	91	33	36%	\$	57,838	Sayra Torberson	7	7	2	INTE
0481282007	AVILA, FERNANDO, TX	\$	203,441	84	3	4%	\$	6,242	Ty Rustin Katarina	9	7	1	ANE PHY
7481683016	SALCEDO, DANIEL, NY	\$	203,292	57	4	7%	\$	18,006	Haumesser	9	8	1	REH.
5500281012	FINKELSTEIN, HARVEY, NY	\$	202,903	74	32	43%	\$	125,803	Sonia Palermo	9	1	5	ANE FAM
0051983018	COSTELLO, LLOYD, CA	\$	200,646	60	5	8%	\$	2,193	Lisa Bailey	7	6	1	PRA
0352076109	FYMAN, PHILLIP, NY	\$	200,091	68	23	34%	\$	96,466	Sonia Palermo	9	6	6	ANE
4953982003	SINGH, VIKRAM, CA	\$	198,080	57	14	25%	\$	5,239	Brook Smets	9	8	2	ANE
9150278047	MASHALI, FATHALLA, RI	\$	197,081	43	2	5%	\$	3,672	Abe Rosenberg	8	0	0	CCA PHY
3050183031	SIMON, STEVEN, KS	\$	196,882	49	40	82%	\$	145,690	Torgny Andersson	7	4	6	REH.
0560685070	HESS, CARL, CA	\$	191,148	43	0	0%	\$	-	Lisa Bailey	8	5	1	ANE PHY
0000040377	HARTMAN, STUART, PA	\$	189,800	40	0	0%	\$	-	Kristen Ogg	9	3	0	REH.
1650178002	WAND, PAUL, FL	\$	186,071	41	14	34%	\$	44,472	Lilian Logatti CodiAnne	8	9	0	NEU
0000056314	BEDELL, RAYMOND, UT	\$	184,627	44	14	32%	\$	11,147	Christensen	8	7	5	ANE
0000034809	MATTHEWS, PHILIP, WA	\$	183,764	27	19	70%	\$	84,640	Kristiana Wright	9	6	5	ANE PHY
5500296009	ELFENBAUM, MARCIA, CA	\$	182,851	32	0	0%	\$	894	Colt Woods	9	3	0	REH.
0250780196	ROSS, EDGAR, MA	\$	180,657	45	0	0%	\$	-	Natalie Levine	8	9	0	ANE

Email Message

From: Matthew Napolitano [REDACTED]

Sent: Friday, October 25, 2013 6:45 PM

To: [REDACTED]

CC: John Kapoor [REDACTED] Michael Babich; Vikram Malhotra; Mark Hein; Alberts, David S - [REDACTED] [REDACTED]

Subject: Panels

Importance: High

Des,

Here are the comprehensive list of panels for Insys. Please work on compliant justification documents and contracts ASAP. We will put in \$500/hr as a place holder (JK may want to offer a flat fee instead). Note 1 and 2 below require a T-Con Ad Board ASAP. 3-5 below require recruiting for an oral solution panel. JK would also like to choose 3 or 4 people from 3-5 below and establish a mixed specialty cannabinoid ad panel. We can discuss further when we meet. Regards --- Matt

1. Pain Practice Steering Committee – Please set-up a T-Con call for next week to discuss Nucynta (Vik and I put together questions and already spoke to Nicholson and Kesten)

Bruce	Nicholson
Michael	Brennan
Jeffrey	Kesten
Bart	Gatz
Gorden	Freedman
Mark	Gerber
Forrest	Tennant
Ken	Sun
Romanth	Waghmarae
Steve	Simon
Jerrold	Rosenberg
Louis	Spagnoletti

2. Oncology Steering Committee – Set-up a T-Con ASAP to discuss marketing to patients and then a live meeting 3rd week in January

First Name	Middle Initial	Last Name	Degree	Institution/Practice	City	State	
Susan		Nolte	RN, PhD	Abington Memorial Hospital	Philadelphia	PA	Nurse Onc, Chair, GOG Nu
Robert		Figlin	MD	Cedars Sinai		CA	
George		Demetri	MD	Dana Farber Cancer Center	Boston	MA	Head Sarcoma
Laura		Havrielesky	MD	Duke University Cancer Institute	Durham	NC	Gyn Onc, Pharmacocon &
Lawrence		Einhorn	MD	Indiana University Cancer Center	Indianapolis	IN	Testicular & Lung Ca, inter
Richard		Gralla	MD	Jacobi Med Center	New York	NY	Antiemetics top KOL
Charles		Loprinzi	MD	Mayo Clinic	Rochester	MN	Supportive Care

Fadi	Braiteh	MD, CPI	Comprehensive Cancer Centers of Nevada	Las Vegas	NV	Supportive Care, GI Ca, re
Martee	Hensley	MD	Memorial Sloan Kettering Cancer Center	New York	NY	Med Gyn Onc, HEOR/QoL
George	Sledge	MD	Stanford Univ		CA	Oncologist, breast Ca, pas
Theodore	Lawrence	MD, PhD	Univ of Michigan Comprehensive Cancer Center		MI	Chair, Rad Onc
Edward	Bruera	MD, FAAHPM	Univ of Texas, MD Anderson Cancer Center	Houston	TX	Supportive Care
Nancy	Davidson	MD	UPMC Cancer Center	Pittsburgh	PA	Breast Ca, past ASCO pres

3. Pain Oral Solution Practice Steering Committee (to recruit from) – shoot for 10-15

DRO DECILE	SPEC	SPECIALTY	INSYS SPEC	FIRST	LAST	TITLE	TITLE	INS
10	N	NEUROLOGY	PM	MOACIR	SCHNAPP	MD		
10	PM	PHYSICAL MEDICINE & REHABILITATION	PM	GREGORY	GERBER	MD		
10	PM	PHYSICAL MEDICINE & REHABILITATION	PM	DANIEL	WIK	MD		
10	PM	PHYSICAL MEDICINE & REHABILITATION	PM	JUSTIN	WASSERMAN	MD		
10	PMM	PAIN MEDICINE	PM	HOWARD	COHEN	MD		
10	AN	ANESTHESIOLOGY	PM	EDGAR	ROSS	MD		
10	IM	INTERNAL MEDICINE	PM-ONC	ALFRED	MCKEE	MD	Asst Professor	Tuff
10	PM	PHYSICAL MEDICINE & REHABILITATION	PM	KURT	GOLD	MD		
10	N	NEUROLOGY	PM	LAWRENCE	WILKIN	MD		
10	N	NEUROLOGY	PM	GAVIN	AWERBUCH	MD		
10	AN	ANESTHESIOLOGY	PM	BARRY	STRAUS	MD, JD		Non
10	PM	PHYSICAL MEDICINE & REHABILITATION	PM	STEVEN	SIMON	MD		Mid
10	PMM	PAIN MEDICINE	PM	ALFRED	ANDERSON	MD	Medical Director	Me
9	PMM	PAIN MEDICINE	PM	JOHN	HUNT	MD		Me

4. Infectious Disease Oral Solution Practice Steering Committee (to recruit from) – shoot for 10-15

DRO DECILE	SPEC	SPECIALTY	INSYS SPEC	FIRST	LAST	TITLE	TITLE	INSTITUTION/PR
10	IM	INTERNAL MEDICINE	ID	JOSEPH	JEMSEK	MD		
10	ID	INFECTIOUS DISEASES	ID	ARDIS	MOE	MD		
10	ID	INFECTIOUS DISEASES	ID	JOHN	FANGMAN	MD		
10	IM	INTERNAL MEDICINE	ID	DAVID	PARKS	MD		
10	IM	INTERNAL MEDICINE	ID	DONNA	SWEET	MD		Kansas Univers
10	IM	INTERNAL MEDICINE	ID	NEIL	FLYNN	MD		
10	ID	INFECTIOUS DISEASES	ID	RICHARD	POLLARD	MD		
10	ID	INFECTIOUS DISEASES	ID	JOSEPH	GATHE	MD		
10	IM	INTERNAL MEDICINE	ID	DAVID	PRELUTSKY	MD		Southhamptom
10	ID	INFECTIOUS DISEASES	ID	EDWIN	DE JESUS	MD	Medical Director	Orlando Immur

Email Message

From: Connor Hubach [REDACTED]
Sent: Wednesday, August 01, 2012 4:54 PM
To: Michael Babich
Subject: Rep List

Katarina Sullivan - Buffalo, NY

DERMADY, DEBRA, NY
PEER, GERALD, NY
SALCEDO, DANIEL, NY
WAGHMARAE, ROMANTH, NY
ZHOU, XIN, NY

Michelle Breitenbach - Central, NJ

ALCOCK, NAOMI, NY
CHEN, CHU-KUANG, NJ
COHN, JOSEPH, NJ
DUNN, KEVIN, NJ
FILORAMO, MEGAN, NJ
FOREMAN, DIANE, NJ
FREEMAN, ERIC, NJ
KAUFMAN, ANDREW, NJ
MALANGA, GERARD, NJ
MENKIN, SERGE, NY
RIHACEK, GREGORY, NJ
SIDDIQUI, ASMA, NJ
SUN, KENNETH, NJ

Abe Rosenberg - Hartford, CT

ALFONSO, HEATHER, CT
COONEY, ELIZABETH, CT
MCGEENEY, BRIAN, MA
ROSENBERG, JERROLD, RI
ROSS, EDGAR, MA

Sonia Palermo - Long Island, NY

Crystal Skelton - Denver, CO

BENNETT, DANIEL, CO
CLEMENS, ORRIE, CO
HALL, TIMOTHY, CO
JONES, BYRON, CO
KESTEN, JEFFREY, CO
KOONS, DEXTER, CO
SHEMESH, GARETH, CO
THORN, TERRI, CO
WILENSKY, BONNIE, CO
WRIGHT, STEVEN, CO

Bill Winter - Kansas City, KS

GOLD, KURT, NE
GUARINO, ANTHONY, MO
HALLEY, RANDALL, MO
LANGE, MICHAEL, KS
ROSE, JESSICA, NE
SIMON, STEVEN, KS

Tara Sunseri - Salt Lake City, UT

BEDELL, RAYMOND, UT
MILLER, GREG, UT
SAXTON, PAUL, UT
STIRLING, TODD, UT
WALKER, MARY, UT

Ty Rustin - San Antonio, TX

AVILA, FERNANDO, TX
BACON, DONALD, TX
BOYLE, DANIEL, TX
BUYANOV, DMITRIY, TX
GABRIEL, JOSEPH, TX
HERNANDEZ, ARTHUR, TX
JONES, STEPHANIE, TX
SOMERVILLE, JUDSON, TX

Email Message

From: Stacy Ruggiero [REDACTED]
Sent: Tuesday, March 13, 2012 6:01 PM
To: Michael Babich
Subject: FW: Upcoming Meetings

FYI.....

From: [REDACTED]
Sent: Tuesday, March 13, 2012 11:00 AM
To: Stacy Ruggiero
Subject: RE: Upcoming Meetings

Hi Stacy,
I am sorry that none of these days will work for Dr. Von Hoff.
Both of the Saturdays he is out of town for previously scheduled work commitments and the April date conflicts with his patient care at our clinic and since his main Nurse is on leave he feels he cannot also be away.
My apologies for not being able to accommodate.
Best,
Tina

From: Stacy Ruggiero [REDACTED]
Sent: Monday, March 12, 2012 12:25 PM
To: Tina Harter
Subject: Upcoming Meetings

Good Morning Tina,

Hope all is well! ☺

Our "In-Person Consultant Meetings" will be held at the JW Marriott Camelback. (Dates highlighted below) Most of the doctors/attendees are listed below, but can always change until the actual event happens. Mike would like Dan to attend one/both any time between 8am – 4pm if his schedule permits..... can you let me know if he'll be available?

There is also an upcoming FDA meeting in Washington DC on April 17th Mike would like to know if Dan could attend with him? (Leaving PHX April 16th for the April 17th meeting)

Please let me know if you have any questions.

Regards, Stacy

Meeting Date	First Name	Last Name	Degree	Title	Practice Name	Address 1	Address 2	City	State	Zip Code
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3/31/12	David	Rosenfeld	MD			3161 Howell Mill Rd NW	Suite 310	Atlanta	GA	30327						
3/31/12	Benny	Sanchez	MD			2200 North Loop West	Suite 102	Houston	TX	77018						
3/31/12	Gareth	Shemesh	MD	Physician	Western Orthopaedics	1830 Franklin Street	Suite 450	Denver	CO	80218						
3/31/12	Joseph	Shurman	MD	Chairman of Pain Management	Scripps Hospitals / Integrated Medical Research	9834 Genesee Avenue	Suite 427	La Jolla	CA	92037						
3/31/12	Steven	Simon	MD	Assistant Clinical Professor	Kansas University Medical Center	11120 Tomahawk Creek Parkway		Leawood	KS	66211						
3/31/12	Raymond	Sorensen	DO		Pain Institute of Tulsa	1145 South Utica Avenue	Suite 364	Tulsa	OK	74104						
3/31/12	Lisa	Stearns	MD	Medical Director Medical Director		4611 East Chea Boulevard	Suite 190	Phoenix	AZ	85028						
3/31/12	Sarah	Turnipseed	NP		Boulder Community Hospital	311 Mapleton Ave		Boulder	CO	80301						
3/31/12	Robert	Venuti	DO	President	Family Practice Associates	188 Fries Mill Road	Suite N-3	Turnesville	NJ	08012						
3/31/12	Jose	Villarreal	MD		Pain and Spine Center	5652 North Mesa Street		El Paso	TX	79912						
3/31/12	Daniel	Wik	MD			1414 North 13th		Norfolk	NE	68701						
3/31/12	Bonnie	Wilensky	MSN	Clinical Nurse Specialist	Boulder Community Hospital	311 Mapleton Avenue		Boulder	CO	80304						

Stacy Ruggiero

Executive Assistant/Office Manager
State of Arizona Notary Public



Email Message

From: Alec Burlakoff [REDACTED]
Sent: Tuesday, April 23, 2013 4:41 PM
To: Sales All
Subject: Top 25 Subsys and 'ROO' prescribers for the past 13 weeks

Importance: High

Insys

I realize you get this report, but I wanted to make sure you took notice of the column I highlighted in yellow. These are our top performing customers, there are the clinicians that make us 'tick'.

Although I know it is imperative to continuously create new prescribers for Subsys, I am still positive that the greatest opportunity for bonus dollars remain with the 'big' doctors whom are already sold on Subsys.

In the majority of cases *'not all'*, you will notice that the top 25 Subsys prescribers still only give us a smidgeon of their ROO business.

This of course means GREAT opportunity for growth!

Please proceed accordingly.....

Dr. Steve Fanto is a perfect example of what I am referring to.

This is NOT a negative in any way, conversely – it is just the opposite.

Dr. Fanto is the 3rd largest ROO prescriber in the country, yet we are not even getting 1/3 of his ROO business.

WK Unique ID	HCP NAME	3-MO WORTH (TOTAL ROO \$, WK)
0350889055	FANTO, STEVE, AZ	\$ 716,074

This is 1 of several stellar opportunities to grow the business quickly, again - this is just 1 example of a huge opportunity that many of us can identify with our top Subsys prescribers in our respective territories.

Please proceed accordingly.....

Thank You

Alec

WK Unique ID	HCP NAME	3-MO WORTH (TOTAL ROO \$, WK)	13-WEEK TOTAL ROO TRX (WK)	13-WEEK SUBSYS TRX (WK)	13-WEEK SUBSYS TRX SHARE (WK)	13-WEEK SUBSYS NET SALES (REMS)	SSP NAME
0250784009	AWERBUCH, GAVIN, MI	\$ 531,743	372	351	94%	\$ 948,175	Brett Szymanski
0481488175	SOMERVILLE, JUDSON, TX	\$ 706,489	210	156	74%	\$ 462,336	Ty Rustin
0540492030	CHUN, STEVEN, FL	\$ 1,267,843	329	94	29%	\$ 448,070	Daniel Tondre
0100180116	ROSENBERG, JERROLD, RI	\$ 475,336	160	153	96%	\$ 285,978	Abe Rosenberg
6491477435	SPAGNOLETTI, LOUIS, NJ	\$ 260,643	73	44	60%	\$ 218,464	Nanette Alonzo
0300593025	GATZ, BART, FL	\$ 286,021	130	63	48%	\$ 211,890	Mia Guzman
0350889055	FANTO, STEVE, AZ	\$ 716,074	162	76	47%	\$ 195,643	Brianna Smith Katarina Haumesser
8360181009	WAGHMARAE, ROMANTH, NY	\$ 418,369	112	22	20%	\$ 176,180	Crystal Skelton
0384391068	KESTEN, JEFFREY, CO	\$ 293,919	85	32	38%	\$ 139,938	Jonathan Roper
5500285012	FREEDMAN, GORDON, NY	\$ 438,081	110	25	23%	\$ 139,270	Torgny Andersson
0000038973	GROTE, STEWART, KS	\$ 81,586	22	15	68%	\$ 129,328	Torgny Andersson
3050183031	SIMON, STEVEN, KS	\$ 138,254	49	41	84%	\$ 107,656	Lisa McBride
0384391048	GERBER, GREGORY, OH	\$ 136,618	37	23	62%	\$ 104,774	Colt Woods
0410974108	SAJBEN, NANCY, CA	\$ 119,422	15	0	0%	\$ 104,014	Brook Smets
7481067022	MAC, NELLY, CA	\$ 65,024	22	9	41%	\$ 101,670	Tracey Couch
8750288047	AKBIK, HAMMAM, OH	\$ 192,679	23	5	22%	\$ 100,295	Sonia Palermo Michelle Breitenbach
5500281012	FINKELSTEIN, HARVEY, NY	\$ 157,120	73	23	32%	\$ 93,669	Crystal Skelton
4220100034	MENKIN, SERGE, NY	\$ 111,152	25	20	80%	\$ 90,866	Stephanie Torres
0110289009	BENNETT, DANIEL, CO	\$ 145,106	64	37	58%	\$ 90,849	April Moore
0510484004	APRIL, MICHAEL, MD	\$ 221,793	50	27	54%	\$ 88,530	Sonia Palermo
0164281059	MADISON, PAUL, IL	\$ 309,604	115	89	77%	\$ 86,298	Kristiana Wright
0352076109	FYMAN, PHILLIP, NY	\$ 188,513	58	18	31%	\$ 83,530	
0000034809	MATTHEWS, PHILIP, WA	\$ 212,909	28	22	79%	\$ 82,292	

Email Message

From: Alec Burlakoff [REDACTED]
Sent: Tuesday, April 23, 2013 4:41 PM
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Please proceed accordingly.....

Thank You

									Haumesser
XMH0179514	HODGES, ERNEST, NC	\$	147,416	53	10	19%	\$ 11,952	Carrie Dove	
9134281002	MARKIV, VOLODIMIR, IL	\$	156,221	41	14	34%	\$ 11,730	VACANT	
0411477034	HOLZER, DONALD, VA	\$	66,526	13	0	0%	\$ 11,684	Carrie Dove	
0330592202	PITERA, MATTHEW, NJ	\$	46,366	15	0	0%	\$ 11,381	Francis Rizzo Andrew	
0000072504	JADALI, MICHAEL, CA	\$	15,278	11	10	91%	\$ 11,349	McNaughton	
6491488067	LEPORE, HENRY, NC	\$	146,860	38	6	16%	\$ 10,814	Carrie Dove	
4962493023	LAKKARAJU, RAVI, MI	\$	159,469	36	9	25%	\$ 10,732	Brett Szymanski	
XMJ2075895	JONES, BRITTANY, AZ	\$	108,864	31	5	16%	\$ 10,455	Brianna Smith	
0051295228	PANG, NORMAN, CA	\$	58,620	20	10	50%	\$ 10,377	Gigi Brannon	
6493085018	MORALES, OSMIN, FL	\$	77,966	57	16	28%	\$ 10,253	Lilian Logatti	
0160190074	NATH, HEATHER, IN	\$	140,326	51	28	55%	\$ 9,946	Matthew Hughes	
9136482001	ARBUCK, DMITRY, IN	\$	171,894	26	10	38%	\$ 9,444	Matthew Hughes	
XMA2384395	ALFONSO, HEATHER, CT	\$	290,444	113	24	21%	\$ 9,201	Abe Rosenberg Andrew	
0000060452	ANDERSON, WAYNE, CA	\$	131,828	42	28	67%	\$ 9,176	McNaughton Katarina	
XMG2009769	GLASS, KATHLEEN, NY	\$	26,551	5	0	0%	\$ 9,133	Haumesser Michelle	
0240777020	COHN, JOSEPH, NJ	\$	146,227	51	0	0%	\$ 8,976	Breitenbach	
0164303023	ANNELLO, PATRICK, NY	\$	31,808	14	10	71%	\$ 8,851	Sonia Palermo	
7370159028	PACHAS, WILLIAM, MA	\$	102,130	56	19	34%	\$ 8,706	Natalie Levine	
0160688119	SMITH, DAVID, CA	\$	91,492	15	0	0%	\$ 7,968	Colt Woods CodiAnne	
XMW0558099	WALKER, MARY, UT	\$	325,767	133	7	5%	\$ 7,864	Christensen	
0000036923	WHALEN, THOMAS, PA	\$	142,524	28	5	18%	\$ 7,852	Ryan Mitchell	
0400288014	CHIU, ANDREW, OR	\$	23,959	14	7	50%	\$ 7,789	Jaimi Hooker	
0000144576	SAYANLAR, JENNIFER, NJ	\$	62,788	15	3	20%	\$ 7,740	Sandy Wong	
0070299116	GROVE, JEROME, AZ	\$	105,784	30	10	33%	\$ 7,568	Brianna Smith	
XML0563468	LEONARD-BURNS, SOPHIA, MD	\$	269,223	40	2	5%	\$ 7,154	Jessica Larichiuta	

Email Message

From: Alec Burlakoff [REDACTED]
Sent: Wednesday, May 08, 2013 9:10:32 PM
To: Sales All
CC: Michael Babich
Subject: what is it going to take?

Importance: High

Sales

Please see the below report, I have sorted it from the largest 'ROO' prescriber down to the smallest.

I look at some of these names, and I just can't believe that we do not get at least 50 percent of their ROO business.

I know the business model we have in place allows each and every one of you to devote more time, resources, and effort into each individual customer than any of our competitors.

I know this, because I am the one who put this process in place.

Either one of two things is happening and I will not stop until I find out.

1. You are NOT following the company's direction and making it your 1 and only priority to OWN a customer

OR

2. You are not having success, tell me why?

Please take a look at the percentages that I have begun to highlight.

We give our blood, heart, and souls to these customers, and we can't even get half the business that I know we have in fact EARNED?

Some say, "Alec, there is not enough 'ROO' business' out there", the below reports indicates otherwise.

THERE IS A TON OF BUSINESS.....

I want to know

- *why*
- *what is it going to take*
- *what are we NOT doing*
- *what more should we be doing*

I WANT THE BUSINESS THAT WE HAVE EARNED!

I WANT ANSWERS, BECAUSE WE ARE ENTITLED TO HAVE THEM!

Please send all communications to your managers, your managers will communicate their findings with me.

One way or the other, this will not continue (that I promise!)

the below is an enormous slap in the face that none of us deserve....

WK Unique ID

Email Message

From: Alec Burlakoff [REDACTED]
Sent: Monday, October 29, 2012 3:30 PM
To: Sales RSMs
CC: Michael Babich
Subject: FW: Last Week Numbers

Managers

Great – energetic email below from Frank, we need to see more of this!.

We have momentum, let's use it to our greatest advantage.....

Thanks
Alec

From: Frank Serra
Sent: Monday, October 29, 2012 7:45 AM
To: Alec Burlakoff
Subject: FW: Last Week Numbers

Sorry Alec. I start typing and send without the copy.

Frank R Serra
Northeast Regional Sales Manager
iNSYS Therapeutics, Inc.
[REDACTED]

From: Frank Serra
Sent: Monday, October 29, 2012 10:45 AM
To: Abe Rosenberg; Jeff Pearlman; Katarina Haumesser; Michelle Breitenbach; Nanette Alonzo; Rebecca Haas; Ryan Mitchell; Sonia Palermo; Susan Beisler
Subject: Last Week Numbers

Guys,

I am waiting on the official total, as I tend to miss docs when I do my own count.

However, Michelle and Sonia are officially on fire. And Nanette is just warming up, yet kept the fire going while out.

Some solid notes on the week:

Friday: Michelle put up 6 and Sonia put up 2. That's selling!!

Thursday: We had 5 Reps report, Sonia put up 5!!

Wednesday: We had 7 reps report, Michelle put up 2

Tuesday: 3 reps reporting

Monday: 5 Reps, Nanette put up 2.

Two Exceeding the 1 per day:

Michelle with 10 and Sonia with 9 (Rumor has it Sonia sent Dr. Sun to Hawaii for two weeks so she could catch Michelle)

Two Exceeding the Bare Bones Minimum of 2.5 per week:
Nanette with 4 and Abe with 3.

Why are they successful? First, if you haven't reached out (and I know you have), do so again. Their success is about "Swagger". Confidence and Commitment. And NOT letting the customer off of the hook.

This is not about a "hopefully I'll get him" sell. It's about, "I'm getting him". Period. When Sonia calls me to tell me how p-d off she is about a doctor, she doesn't just tell me, SHE TELLS HIM.

Michelle doesn't care how busy doctor Sun is. (She wanted to follow him to Hawaii, but didn't want to leave Menkin and Kauffman to think they were getting a break). She doesn't care about Dr. Menkin's "excuse jar". She doesn't care about Dr. Patharkar's push back. Michelle wants the script. Goal number 1.

Heck, Sue went back to Dr. Zhang and pulled one out of her this week.

Abe is on the phone constantly with Heather Alfonso.

Sonia runs with Dr. Litman. And almost lives in Lindencare.

Somehow, Spags and Wolfe kept writing while Nanette was out. Wonder how that happened?????

Roughly 40 selling days to get to 13%. As a region we need reach a weekly goal of 56 Trx to contribute to the goal and not ride on somebody's coat tails.

Alec shared a formula that he's used, that I've used, and that Michelle/Sonia/Nanette use and are successful. It is not just about focusing on key targets, it's about selling those targets. It's about deciding that the primary goal is getting the script and taking every step to get and keep that prescription. Right now it's about execution.

We'll talk later!!

Frank

Frank R Serra
Northeast Regional Sales Manager
iNSYS Therapeutics, Inc.



Email Message

From: Alec Burlakoff [REDACTED]
Sent: Saturday, December 01, 2012 5:12:27 PM
To: Sales RSMs
Subject: FW: "Holidays Dude"

Thank you Frank!

From: Frank Serra
Sent: Saturday, December 01, 2012 10:08 AM
To: Alec Burlakoff
Subject: RE: "Holidays Dude"

Alec,

Nanette, Jeff, Abe, and Becky did not generate script yesterday.

Thanks,

Frank

Frank R Serra

Northeast Regional Sales Manager

iNSYS Therapeutics, Inc.
[REDACTED]

From: Alec Burlakoff
Sent: Saturday, December 01, 2012 12:01 PM
To: Sales RSMs
Cc: Michael Babich; Matthew Napoletano
Subject: "Holidays Dude"
Importance: High

Good morning Managers

“holidays dude”, this is what I continue to hear.....

This is absolute nonsense.

It’s nonsense, because we spent the past 6 months preparing for the holidays!

What do I mean by preparing for the holidays?

I mean that if we were truly getting the sales representatives to follow the direction down from the top, we would be able to sustain the ‘hit’ from the holidays.

Holidays never hurt the representatives whom OWN five doctors.

NEVER does there present a time where a sales representative can’t generate 1 rx a day, because never is there a time where at least 1 of these 5 doctors are on vacation all at once.

In fact, even if all doctors are out of the office at one time (a good rep – will make sure ‘somehow / some way – a Subsys rx is written!)

I don’t want to hear excuses, I want to see each rep generate 1 prescription per day.

I understand I have been talking units, strength, market share, and net sales.

The top performing reps should be having these ‘higher’ level conversations with you on a daily basis.

This type of ‘higher level’ thinking will absolutely take these representatives to the next level, and ultimately result in what they really want. (big bonus dollars)

The problem is NOT the top representatives at Insys, although we can and should always strive to make them better and adhere to the needs they have expressed along these lines.

We have to understand that we cannot always manage to the top. The top will always survive!

If we continue to neglect those at the bottom, the one's at the bottom will always bring us down.

We generated 31 prescriptions yesterday, it does not take a genius to understand that the company did not make enough money to sustain itself long term.

I will not allow anyone to distract me from my primary goal of 1 rx per day; with this 'BS' around the company not providing them enough data.

The ones who are killing us do not need more data in order to calculate their bonus's.

There is NO bonus if the doctor can't even PUT PEN TO PAD.

I want to have 'higher level' conversations more than anyone, these were the only conversations I ever had as a manager with this class of drugs at Cephalon.

The bottom 30 percent of our representatives are not there yet.

We are not there with any representative whom cannot generate one prescription per day.

If they cannot get the doctor to put PEN TO PAD, there is nothing else to discuss.

I need you all to divide and conquer.

It's a different conversation with each sales representative.

Start with the reps whom continuously fail us!

E-mail me with a copy to Jenna every rep who failed us yesterday and every day moving forward!

I am going to have Xun generate this list for me daily as well.

After two weeks, those who consistently fail this company by not getting 1 lousy doctor in their entire territory to generate 1 rx a day - will be terminated.

They failed - because they neglected to listen. They did not put in the work to own their physicians over the past 9 months, and now they are blaming it on the 'holidays'.

WHAT A JOKE!

This is not my first holiday season in this market, Hence - I will not buy this nonsense for one split second.

I want to coach at a higher level, but I can't teach algebra to those who can't do simple arithmetic.

Teach algebra to your top reps, show them the love.

Give them everything they want!

Conversely, we need to 'smoke the bottom feeders out' !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

50 prescriptions per day, and I promise you (nothing else will matter)

Alec Burlakoff

Vice President, Sales

Description: Description: Description: Description:
cid:image002.jpg@01CC93F7.57F45FA0
444 South Ellis Road Chandler, AZ 85224



* www.insysrx.com

Email Message

From: Alec Burlakoff [REDACTED]
Sent: Wednesday, December 19, 2012 2:56 PM
To: Frank Serra
CC: Michael Babich
Subject: RE: Transition Game

Good morning
Great message Frank, thanks for your enthusiasm and efforts to make this happen!

From: Frank Serra
Sent: Wednesday, December 19, 2012 6:27 AM
To: Abe Rosenberg; Jeff Pearlman; Katarina Haumesser; Michelle Breitenbach; Nanette Alonzo; Rebecca Haas; Ryan Mitchell; Sonia Palermo; Susan Beisler
Cc: Alec Burlakoff
Subject: Transition Game

Team,
While meeting with one of Katie's top docs, we had what was probably the 347th discussion on the Switch Program.
Yet, what was the deal? Why was this guy who claims to love Subsys and love Katie leaving her on the curb? Quite honestly it always bugs the heck out of me when a doctor says how much he loves you, but doesn't care if you can feed your family or put gas in your car or buy shoes for the kids. If he loved you, he's be writing.

Sorry for the side bar.....and now...back to the original message...

So, here begins discussion 348 on the Switch program.

Key points for Katie Discussion:

- Clinically, doctor, why and how could you even consider OTFC over Subsys?
 - Katie had "Swagger" on this call.
- Insys is standing behind every switch patient
 - To which point he asked, "Why would you do that?"
- He then shared with Katie, "My only concern is in transitioning patients from OTFC or Fentora".
 - OMG!!! Is that All?????
 - She did a great job letting him that not all patients are ready. However, if you don't ask you'll never know. She identified some patient types and gained his buy in that he has folks who would benefit.
 - Hey Doc, can I tell you about our switch program? (Seriously, Katie Re-launched the Switch program which she just discussed with him 10 minutes before)
 - However, NOW it made sense to him. "Transition"
- Doc then asks, " Insys will help me with the Transition?"
 - Katie gave her commitment and Insys commitment
- My point is, identify the doctors hot button. We all know these guys are scared to death to talk to their patients about Switching.

Email Message

From: Michael Babich [REDACTED]
Sent: Wednesday, August 01, 2012 6:54:44 PM
To: Abe Rosenberg
CC: Frank Serra
Subject: CT

Abe,

Hope all is well and good to see some scripts coming out of the region!

As you know, it is in all of our best interest to keep the focus on where the scripts are. I know the entering a top 20 was cumbersome (please no longer do) so we came up with something easier for me to be involved where the action is. I have listed your top targets below and need a brief weekly email summarizing how, if and when the doctor will write, if he is already and can he be a bigger doctor to you.

In addition, I would like to know if calling on the following at least once per week is doable and why not. This exercise only needs to be done one and not weekly obviously.

Here are some examples of how simple this is and what I am looking for followed by the doctors who I need weekly updates on.

“He won’t see me, only loves actiq and it’s a waste of my time”

“Been a huge suppoorter of Subsys and I don’t see it changing. I see him twice a week”

“Great call this week, I think he is close to writing”

“due to the long drive, I see him once every two weeks”

I thank you for doing this and please start doing this once the week is done and by Monday am at the latest every week for me.

ALFONSO, HEATHER, CT

COONEY, ELIZABETH, CT

MCGEENEY, BRIAN, MA

ROSENBERG, JERROLD, RI

ROSS, EDGAR, MA

Michael Babich

President and CEO

[REDACTED]

[REDACTED]

[REDACTED]

Email Message

From: Alec Burlakoff [REDACTED]
Sent: Friday, November 09, 2012 11:23:27 PM
To: Frank Serra
BCC: Michael Babich
Subject: Abe Rosenberg

Frank

Why has Abe not used this trained speaker to present via an ISP

Comments

Total ISP Speaker Usage (completed & Scheduled ISPs)

RSM Region

Territory

Rep

Speaker
Classification

Scripts

Units

WK ID

FULL NAME

Degree

Title

Practice Name

Address 1

Address 2

City

State

Zip Code

0

NE

101A03

Rosenberg

Local

7

390

XMA2384395

ALFONSO, HEATHER, CT

APRN

Comprehensive Pain and Headache Treatment Center

130 Division Street

Derby

CT

06418

Alec Burlakoff

Vice President, Sales

Description: Description: Description: Description:
cid:image002.jpg@01CC93F7.57F45FA0
444 South Ellis Road Chandler, AZ 85224



 * www.insysrx.com

Email Message

From: Alec Burlakoff [REDACTED]
Sent: Friday, November 16, 2012 9:48:16 PM
To: Michael Babich; Frank Serra
Subject: FW: Lets discuss

Attachments: Strength Makes the Difference.pptx

Good e-mail!

From: Frank Serra
Sent: Friday, November 16, 2012 2:47 PM
To: Abe Rosenberg; Jeff Pearlman; Katarina Haumesser; Michelle Breitenbach; Nanette Alonzo; Rebecca Haas; Ryan Mitchell; Sonia Palermo; Susan Beisler
Cc: Alec Burlakoff
Subject: FW: Lets discuss

Team,

As Alec shared the value in 120 units per script, look at the attached spreadsheet that shows an approximate cash you'll make when making sure to have the effective dose conversation with each target.

Note, that at 120 units, there is serious money to be made.

And note that simply by taking each script to the PI approved 4x's a day for a month, you can increase your payout on EXISTING patients.

Every time a doc tells you they prescribed, the very next question should be, "How Many Units? And What Dose?". Bang and the door is wide open.

Remember effective dose on every call with every customer.

Thanks,

Frank

Frank R Serra

Northeast Regional Sales Manager

Email Message

From: Frank Serra [REDACTED]
Sent: Wednesday, October 17, 2012 9:43 PM
To: Larry Dillaha; Matthew Napoletano
CC: Alec Burlakoff; Teresa Grasso
Subject: 4 NE Candidates for speaker training

Hi Dr. Larry/Matt,
I have three doctors and one nurse practitioner who have been approved by Alec/Matt to be added to the speakers bureau.
Dr. Pathakar, Dr. Kasendorf, and Heather should be able to join tomorrow. I haven't heard back from anyone they couldn't.
Dr. Levy originally claimed next week would be easier, Becky is searching out now. Maybe communication from you could change his mind.

If there is anything you need from me, let me know.

Michelle Breitenbach:

Dr. Pathakar:
[REDACTED]
[REDACTED]

Sonia Palermo:

Dr. Roger Kasendorf:
[REDACTED]
[REDACTED]

Becky Haas:

Dr. Eric Levy
[REDACTED]
[REDACTED]

Abe Rosenberg:

Heather Alfonso
[REDACTED] [REDACTED]
[REDACTED]

Thanks,
Frank

Frank R Serra
Northeast Regional Sales Manager
iNSYS Therapeutics, Inc.
[REDACTED]

Email Message

From: Frank Serra [REDACTED]

Sent: Tuesday, October 02, 2012 11:30 AM

To: Abe Rosenberg; Jeff Pearlman; Katarina Sullivan; Michelle Breitenbach; Nanette Alonzo; Rebecca Haas; Ryan Mitchell; Sonia Palermo; Susan Beisler

CC: Alec Burlakoff

Subject: "1" a Day Vitamin

Attachments: Northeast - 1 RX day 10.1.12.xlsx; NE Go To.xlsx

Team,

I wanted to let you know your efforts getting out of the gates to generate 1 Trx per day are apparent. This is where the work begins. Follow UP, Follow UP, Follow UP.

In sales, nothing changes unless WE change. The doctors will do the same dance over and over, they'll even let us lead, as long as we keep doing the same thing again and again.

While, quite honestly, each of you has a multitude of customers who are "On the edge of the High Dive", we need to change the structure of how we approach the business.

Docs who are listening to you want to prescribe, they simply don't know how. That's why we're here. Show them. By showing them, you eliminate the barriers to the prescription.

Identifying the Key Go To customers keeps your eyes on the end zone.

Changing the structure of the call with these (and the 1200/1600 docs), keeps you in control of the conversation.

If you remember from launch, we talked at length that in this market each script must be handheld. By holding the customer to the "1 patient" coming in today, you eliminate the distraction of having to remember somebody who is coming in.

By hold the customer accountable to which patient they will prescribe for, keeps THEM focused.

By letting them know you're standing right by them watching, keeps them committed.

By following up with the doctor within the next day or 2, shows YOUR commitment.

You now have what I call a "Shorter Call Universe". It's an awesome responsibility. No dead weight to deal with.

Please review the notes on the Co-Pay/Voucher. If you have any questions, please do not hesitate to call.

I'll be chatting with everyone, please do not hesitate to call me with any questions.

Thanks,

Frank

Frank R Serra

Northeast Regional Sales Manager

iNSYS Therapeutics, Inc.
[REDACTED]

Email Message

From: Alec Burlakoff [REDACTED]
Sent: Tuesday, October 02, 2012 12:53 PM
To: Frank Serra
Subject: Re: "1" a Day Vitamin

Hi Frank
Great e-mail, we are most definitely on the same page...

Alec
Sent via BlackBerry by AT&T

From: Frank Serra [REDACTED]
Date: Tue, 2 Oct 2012 04:29:47 -0700
To: Abe Rosenberg [REDACTED]; Jeff Pearlman [REDACTED]
Katarina Sullivan [REDACTED] Michelle
Breitenbach [REDACTED] Nanette Alonzo [REDACTED] Rebecca
Haas [REDACTED] Ryan Mitchell [REDACTED] Sonia
Palermo [REDACTED] Susan Beisler [REDACTED]
Cc: Alec Burlakoff [REDACTED]
Subject: "1" a Day Vitamin

Team,
I wanted to let you know your efforts getting out of the gates to generate 1 Trx per day are apparent. This is where the work begins. Follow UP, Follow UP, Follow UP.
In sales, nothing changes unless WE change. The doctors will do the same dance over and over, they'll even let us lead, as long as we keep doing the same thing again and again.

While, quite honestly, each of you has a multitude of customers who are on the edge of the High Dive, we need to change the structure of how we approach the business. Docs who are listening to you want to prescribe, they simply don't know how. That's why we're here. Show them. By showing them, you eliminate the barriers to the prescription.

Identifying the Key Go To customers keeps your eyes on the end zone.
Changing the structure of the call with these (and the 1200/1600 docs), keeps you in control of the conversation.

If you remember from launch, we talked at length that in this market each script must be handheld. By holding the customer to the 1 patient coming in today, you eliminate the distraction of having to remember somebody who is coming in.
By hold the customer accountable to which patient they will prescribe for, keeps THEM focused.
By letting them know you're standing right by them watching, keeps them committed.
By following up with the doctor within the next day or 2, shows YOUR commitment.

Email Message

From: Frank Serra [REDACTED]

Sent: Wednesday, October 03, 2012 12:30 PM

To: Abe Rosenberg; Jeff Pearlman; Katarina Sullivan; Michelle Breitenbach; Nanette Alonzo; Rebecca Haas; Ryan Mitchell; Sonia Palermo; Susan Beisler

CC: Alec Burlakoff

Subject: 1 a Day

Attachments: Northeast - 1 RX day 10.2.12.xlsx

Team,

Your efforts, again, are focused on the right customer. There isn't one doc on this list that you haven't established a solid relationship with. Therein lies the magic of the "Go To" doctor.

Also to note, your notes to me when sending the spreadsheet are chock full of the activity you have in the customers office, in fact, not only are you working for today's script, but you've also communicate the docs whose patients are coming in on Thursday or Friday. Awesome opportunity to find ANOTHER reason to go back to that office. (If too far, give them a call.)

Some Bullets:

- Fingertip Formulary appears to have made a splash!! It's a great tool to use to address situations right there. Solve the problem IMMEDIATELY!!
- Focusing in on the docs who are the 1200/1600 Actiq's. In fact, Sue shared with me a situation where one of her advocates placed HIGH on the list, so when she looked up the data, she noted he hadn't written as much Subsys as he told her!! Needless to say, Sue was right there in his face. Talk about accountability.
- Abe is spending quality time with his 9 decile target!! And making a hit in MA, spending more time in Mass than most of the politicians.
- After pounding on Dr. Cole, Becky got him to crank out another. Believe me, he's a piece of work, but Beck isn't laying off.
- Katie is on the 90 heading to the Eastern portion working over the phone with a practice 3 hours away
- Michelle officially moved into Dr. Sun's house. Every time he turns around, she is there
- Ryan hammered Dr. Padnes on what was his first official sales call. Called the office back and the staff assured him that Doc wrote Subsys!! Should track today.
- Jeff and I will have lunch tomorrow with his number one target. He is all amped up to get out into the field.
- Sonia has two phenomenal programs lined up. One has her TOP DOCS coming and the other has all of the Pain NP's in Long Island attending.

My point is that all of these actions are those that PRODUCE results. The saying goes that you have to earn the right to close. That's BULL. You have not only have earned the right to close, but you've earned the business. Take it!!

Looking forward to spectacular results. Keep up your efforts. Keep up your passion.

Take Care,
Frank

Performance Improvement Plan

To: Abe Rosenberg, Specialty Sales Professional
From: Frank Serra, Regional Sales Manager- Northeast

Subject: Performance Improvement Plan (PIP)

The purpose of this memorandum is to afford you a formal, structured opportunity to demonstrate acceptable performance in all the critical elements of your position. This memorandum confirms our discussion of 11/2/12, during which I informed you that you are failing to meet the standard for certain critical results of your position.

Because your current performance is unacceptable, you will now be provided a formal opportunity to demonstrate that you can perform at the "Meets Expectations" level with respect to the critical results and performance indicators, listed below. This formal opportunity period will begin on 11/2/12 and end on 01/31/13. If at the end of this period your performance has not improved to the "Meets Expectations" level, or if your performance does improve to the "Meets Expectations" level but you do not sustain that level for at least one year, then you may be placed on another PIP or a recommendation may be made to terminate your employment.

The critical result(s) and performance indicator(s) that you are failing and examples of your unacceptable performance follow:

- **Average of 2.0 Trx per week. The Company goal is to achieve at least an average of 2.5 Trx per week.**

CRITICAL RESULT 1 (Promoting INSYS' Products) – Develop a customized approach for each call on each customer to access customer needs and increase sales of INSYS products. Read and react to customer environment. Employee's sales outcomes and activities consistently reflect a full and up-to-date command of the methods, approaches, techniques, and technologies involved in impacting pharmaceutical sales. Employee also displays a working knowledge of the concepts, resources, processes, and policies associated with pharmaceutical sales. Employee demonstrates consistent factual reliability and good technical judgment.

You are failing to meet the Meets Expectations level in this critical result of your position.

1. **Example 1** – Generate Prescription Volume/Increase from the following Key Customers:

FIRST NAME	LAST NAME	NEW ROO Decile	C3M SUBSYS UNITS	C3M MARKET UNITS
EDGAR	ROSS	9	0	4542
HEATHER	ALFONSO	9	120	6330
BRIAN	MCGEENEY	8	0	3222
DAVID	MONTI	7	0	2820
FATHALLA	MASHALI	7	0	2238

MICHAEL	ROSSEN	6	0	1344
MARILOU	OH	6	0	1496
MARK	THIMINEUR	6	0	1098
WILLIAM	PACHAS	5	60	860
MICHAEL	ROBBINS	5	0	886
EDISON	WONG	5	0	892
JAMES	BRODEY	5	0	1020
LUCILLE	LANNA	5	0	900
MICHAEL	MARCIELLO	5	0	1080
DANIEL	FELDMAN	5	0	930
JONATHAN	KOST	4	0	676
MARY	ONEAL	4	0	784
JERROLD	ROSENBERG	4	450	982
CAROLINE	COLOZZI	4	0	720
EDWARD	MICHNA	4	0	830

Physicians Highlighted in Yellow, you've already made impact with. Continue to drive your efforts to these customers.

CRITICAL RESULT 2 - (Speaker Programs) - Effectively utilize all available resources to sell and promote INSYS products, including determining which resources to use in any given situation.

You are failing to meet the Meets Expectations level in this critical result of your position.

1. You've also signed Heather Alfonso to speak on behalf of Insys and are currently working to build programs for her, since her completion of training two weeks prior. You've also made strides getting Dr. Rosenberg out to speak at both lunches/dinners.
2. Prior to November 23rd, have at least 4-5 programs executed for Heather Alfonso.
3. Prior to November 23rd, have at least 4-5 programs executed for Dr. Rosenberg
 - a. You've already committed to programs with Wong and Shifreen who are two Actiq Switch Targets.
4. Continue your efforts with Michna/Ross in Boston.

CRITICAL RESULT 3- (Effectively manage and prioritize time and available resources to achieve maximum sales in the local territory) - Effectively manage and prioritize time to ensure maximum customer penetration and sales volume with limited supervision. Evaluate, identify, and develop order of calls and routes that maximize the opportunity to call on targeted customers.

Email Message

From: Frank Serra [REDACTED]
Sent: Saturday, November 10, 2012 4:45 PM
To: Alec Burlakoff
Subject: Re: Abe Rosenberg

Damn Right. I know she was all fired up to get trained on the last training session. She definitely wants to speak, abe's been in there working to get her dates and places lined up. she got whacked by the storm so that put things back. That's why I told him to plan it, TELL her when and where. And done. It's not rocket science.

No excuses at all but he needs to finish this off.

Now go enjoy spongebob square pants with the kids!!!

Thanks
Frank

Sent from my iPad

On Nov 10, 2012, at 11:30 AM, "Alec Burlakoff" [REDACTED] wrote:

Frank
This clinician is writing, she has experience...

She needs to speak ASAP

Alec Burlakoff
Vice President, Sales
INSYS Therapeutics, Inc.
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

On Nov 10, 2012, at 6:43 AM, "Frank Serra" [REDACTED] wrote:

I'll also tell him 1 a week till years end.
He communicates with her all the time, which means there is no reason.
Sorry for incomplete sentences.
Thanks
Frank

Sent from my iPhone

See how your payout will differ for ONE paid script, 120 units, under each strength

	100MCG	200MCG	400MCG	600MCG	800MCG	1200MCG	1600MCG
Your Payout	\$283	\$358	\$519	\$674	\$830	\$1,434	\$1,830

NOTE: * 10% Bonus payout for 100MCG-800MCG paid scripts

**** 12.5% Bonus payout for 1200MCG-1600MCG paid scripts**

Email Message

From: Darin Fila [REDACTED]
Sent: Thursday, May 09, 2013 6:53:11 PM
To: Sara Sadraie
CC: Alec Burlakoff
Subject: RE: what is it going to take?

Sara-

Hyper, hyper, hyper focused on Chatman as he IS your game changer.

Do not let up, as he now knows the direction his boss is heading.

Thank you,

Darin L Fila

Regional Sales Manager, West Region

[REDACTED]

[REDACTED]

Description: Description: Description: Description:
cid:image002.jpg@01CC93F7.57F45FA0

From: Sara Sadraie
Sent: Thursday, May 09, 2013 6:41 AM
To: Darin Fila
Subject: Re: what is it going to take?

Darin,

Re: Mr. Chatman

Why? Fentora and Actiq patients do not want to make the switch and Mr. Chatman does not push for it. Mr. Chatman does not want to deal with the paperwork even though I have assured him and proved to him that I can do everything except write the RX. I have went as far to complete opt in forms with pt names on them and he said "you have done enough at this time" I am in the office 3 days a week and have solid relationships with everyone in the office including Dr. Hymes who is a speaker for Subsys and who Mr. Chatman is employed under.

What's it going to take? I visit Mr. Chatman 2x a month Saturday evenings with my girls at his night clinic. I can tell you everything about his family and personal life. I have invited him to dinner but he is not interested as he is over committed with work. I will continue to ask for business.

What am I not doing? Writing the RX and challenging the patients to switch. I am not signing the opt in form. I challenge and ask for business every time I see Mr. Chatman. There is a fine line with him though and I know when to push and went to back away.

What more should I be doing? Challenging Hymes to have a talk with Chatman.

Sara Sadraie

Specialty Sales Professional

Insys Therapeutics

[REDACTED]

[REDACTED]

[REDACTED]

On May 8, 2013, at 5:26 PM, "Darin Fila" [REDACTED] wrote:

Email Message

From: Frank Serra [REDACTED]
Sent: Wednesday, July 18, 2012 1:41:17 PM
To: Sales Team - Northeast
BCC: [REDACTED]

Subject: Fwd: Items of importance

Note the high dose contest in the bullet points.
Highest number of units for the 600 mcg or higher.
Cash money.
If we don't challenge.... We gain nothing.

Sent from my iPad

Begin forwarded message:

From: Michael Babich [REDACTED]
Date: July 15, 2012 9:57:06 PM EDT
To: Sales All [REDACTED]
Cc: Matthew Napoletano [REDACTED], Jim Papazis [REDACTED], Larry Dillaha [REDACTED]
Subject: Items of importance

Good evening,

I hope everyone had a great weekend and I look forward to our call Tuesday. We will discuss the following topics:

- 3rd quarter incentive comp plan. This will be sent tomorrow and I apologize for not sending Friday but I was in NY longer than anticipated. Feel free to ask your questions on the call or discuss with your rsm.
- Your rsm will have your itemized breakdown of second quarter performance to review with you this week. We all owe Xun a great thank you for the work he does in this regard. We will continue to work on turning data quickly and keep payouts as close to quarter end as possible.
- Medco.. Quite the week with news and there is an update on that so please discuss with your rsm in more detail. Fentora was blocked early in the week and Teva did a deal on all their branded products with Medco. As of now, both subsys and fentora are covered by Medco and Fentora is listed as favored as they

negotiated a discount on Fentora after their recent price hike. We will be looking to doing the same with Medco and are evaluating if we will need to. We received this updated info Friday on a call with Medco and will keep the sales team updated once we know more. Long and short of it, Medco covers Subsys and Fentora. Contact Jim, your rsm or myself with any questions.

- New contest! Note this contest is for July and August combined. 3 out of 4 patients on in the clinical trial titrated to 600 mcg or higher. The top 5 ssp's who have the highest number of UNITS written for 600 mcg or higher will receive an extra \$1500 and the overall winner will get \$2000.

- New July contest. This one will end at the end of July. We are able to track market share in each territory. Therefore, we will calculate subsys market share for July in each territory and the top 5 market share territories for the month of July only will receive 500 additional stock options and \$1,000.

- Finally, your Rsms, marketing and clinical all just put on whole hell of a show this weekend in Chicago. Thank you to them and to the sales force as we hit our goal of 75 doctors live. It was a tremendous learning session and I received so many compliments about our sales force. This is our biggest opportunity to continue to take share from Actiq and fentora. Matt may sleep until Wednesday and that is ok cause he drove this program so well and we need to capitalize on these doctors this week and for years to come.

Have a great week and please contact me if I can be of any assistance.

My best,

Mike

Sent from my iPad

Email Message

From: Abe Rosenberg [REDACTED]
Sent: Wednesday, August 01, 2012 10:30:20 PM
To: Michael Babich
CC: Frank Serra
BCC: [REDACTED]
Subject: RE: CT

Hi Mike, my responses are below.

ALFONSO, HEATHER, CT: is writing, likes subsys and says she wants to switch all patients off of Actiq to Subsys! I visit her at least once a week and sometimes twice.

COONEY, ELIZABETH, CT: Has moved out of my territory into Waterbury CT as far as I know.

ROSENBERG, JERROLD, RI: Been a huge supporter of Subsys and I dont see it changing. I see him twice a week

MCGEENEY, BRIAN, MA: Does not see reps. at his new location but I am attempting to make contact elsewhere as he is a high decile.

ROSS, EDGAR, MA: Have got some face time with other Dr.'s in his practice and am attempting to set up an educational meeting with him on Subsys.

From: Michael Babich
Sent: Wednesday, August 01, 2012 2:54 PM
To: Abe Rosenberg
Cc: Frank Serra
Subject: CT

Abe,

Hope all is well and good to see some scripts coming out of the region!

As you know, it is in all of our best interest to keep the focus on where the scripts are. I know the entering a top 20 was cumbersome (please no longer do) so we came up with

Email Message

From: Frank Serra [REDACTED]
Sent: Wednesday, November 14, 2012 1:27 PM
To: Abe Rosenberg; Jeff Pearlman; Katarina Haumesser; Michelle Breitenbach; Nanette Alonzo; Rebecca Haas; Ryan Mitchell; Sonia Palermo; Susan Beisler
Cc: Alec Burlakoff
Subject: FW: SUBSYS Top 50 Writers 11-09-2012.xlsx
Attachments: SUBSYS Top 50 Writers 11-09-2012.xlsx; ATT00001.htm

Team,

Take note of Alec's comment below, more specifically the comment, "What other meds is the patient on?"

Katie had a solid example of an NP who shared she had a patient on 3 of the .25 patches plus Actiq 6x's a day @1200.

Uhhh, clearly something is not working. Better yet, the patch and the Actiq were generic. As you know, if you've read the Hatch-Waxman Act, generics can vary up to +/- 20%.

And on the upside, this is a practioner who is not afraid to titrate, you think?

Its infinitely easier to get somebody who is Writing to Write MORE. We simply need to open the doors.

That's why we're here.

We'll talk later.

Ciao

Frank

Frank R Serra
Northeast Regional Sales Manager
iNSYS Therapeutics, Inc.
[REDACTED]

From: Alec Burlakoff
Sent: Tuesday, November 13, 2012 2:48 PM
To: Sales All
Cc: Sales RSMs; Michael Babich; Matthew Napoletano
Subject: : SUBSYS Top 50 Writers 11-09-2012.xlsx

Hello Insys

Please see the attached, this is one of my favorite reports.

Please LOOK to see if any of your doctors are on this list.

I want you to take specific notice of the number of units per prescription your doctor is prescribing. If it is less than 60 per day, your message to this doctor should be built around increasing the number of units per day by just 1 unit.

What other meds is the patient on?

Can we increase Subsys units per the (PI) to 120 units and remove one of the short acting opioids?

It is much easier to take an existing patient and double their units (which in essence is the same as generating a new prescription)

The patient has already been through PA process, it is 'low hanging fruit'.

Be smart and work smart, lets take the existing writers and create a habit of he or she using Subsys 4 times a day (as intended) as opposed to the prescriber 'sprinkling' a little Subsys on top of the patient's current medications. THIS IS THE NEXT BIG STEP!

Please call me with questions.....

Alec Burlakoff
Vice President, Sales
INSYS Therapeutics, Inc.

[REDACTED]
[REDACTED]
[REDACTED]

Begin forwarded message:

From: "Xun (Sean) Yu" [REDACTED]
Date: November 12, 2012 12:40:02 PM PST
To: Alec Burlakoff [REDACTED]
Subject: SUBSYS Top 50 Writers 11-09-2012.xlsx

Email Message

From: Alec Burlakoff [REDACTED]
Sent: Monday, April 01, 2013 10:20:49 PM
To: Sales All
CC: Desiree Hollandsworth
BCC: [REDACTED]

Subject: ISP programs - if it is on 'hold' / it is gone and never existed in the first place!

Importance: High

Insys

You were given a deadline by Desiree and your managers.

April 1st was the deadline for all ISP programs to be submitted with every single detail necessary in order for Desiree to CONFIRM this program.

Until Desiree sends a confirmation for each and every ISP you allocated to your speaker, we all have NOTHING!!!!!!!!!!!!!!!!!!!!

I am not sure where this 'hold' terminology came into play. What a bunch of nonsense!

Deadlines for programs to be submitted by a specific date - have a specific 'business

rational behind it, your rational for not dropping everything in order to fine tune every single detail associated with each program opportunity bewilders me.

I said it a thousand times.

ISP's are the most important thing you will do to increase your business.

ISP's are basically the ONLY thing you should be focusing on to increase your sales.

ISP's are a ton of hard work to put together, that's why most reps do not do many programs.

Most of you say you want to work, say you want to make money, but don't put forth the necessary effort pertaining to ISP's to back up what you say.

What are you wasting your time on?

Are you still making your 12 calls a day and moving zero business, while at the same time disrespecting yourself because your doctors see you as a 'UPS' salesperson as opposed to a business professional?

If you are not living, eating, and breathing ISP's to drive sales, you should not be in specialty pharma.

You need to work for "big pharma", and collect 20 signatures a day.

I want Insys to be seen and respected as business people, 20 calls a day in the hallway -will not make this happen!

The top performers are working all day to schedule programs with every single detail 'checked off', they are spending their evenings with their top prescribers while his or her speaker trains the clinician on how to prescribe Subsys.

That's the formula!

What the hec else is there to do in this industry?

The answer is NOTHING.

This is also why the top 20 reps will always be in the top 20, they know what is important and how to allocate their time.

All programs with a 'hold' in place are now officially gone.

They do not exist, they have NEVER existed.

The top performers understood that the only thing they should have spending their time on was solidifying ISP's!

Those of you whom continue to ignore the direction of Insys, will continue to find yourself in the bottom 50 percent.

PROGRAMS ARE THE ONLY THING THAT MATTERS, WHY DO SOME OF YOU REFUSE TO ACKNOWLEDGE THIS PROVEN FACT?

All 'hold' programs are gone.

The ISP dollars have been spent for Q2, the reps who 'fine-tuned' every program detail to make sure their programs were CONFIRMED / will 'cash in' accordingly.

You get your next opportunity in Q3.

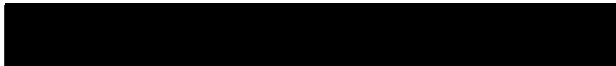
One again – very unfortunate.....

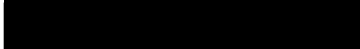
Alec

Alec Burlakoff

Vice President, Sales

Description: Description: Description: Description:
cid:image002.jpg@01CC93F7.57F45FA0
444 South Ellis Road Chandler, AZ 85224



 * www.insysrx.com

Heather Alfonso, APRN

- **TRX Q1 to date:** 19
- **Calls:** 100
- **MEPS:** 1
- **Hot buttons:** Likes subsys "no street value"
- **Potential:** Works in large pain practice certainly has more patients that could benefit from treatment with subsys
- **Goal:** Use her to get other doctors in practice writing as well.
- **Challenge:** Most patients on public health plans
- **Special note:** Her and I have become friends she def. will keep writing and I will use our friendship to increase script count and get more writers in CT
- **Trending:** Q1 washer highest script count thus far
- **Plan:** Get her more ISP's and keep her happy and writing. Get her to use OPT In more.

Email Message

From: Jeff Pearlman [REDACTED]
Sent: Wednesday, May 29, 2013 1:10:58 AM
To: Abe Rosenberg
BCC: [REDACTED]
Subject: FW: IMPORTANT - Hartford, CT Daily REMS Report / Authorized Rx Count - 5.23.13

Importance: High

Attachments: Authorized Rx Count 3.26.12 - 5.23.13 NYC-102 Hartford, CT.xlsx

Abe, in looking to help you manage your territory both with new and existing physicians, I wanted to bring to your attention the prescribing pattern of Heather Alfonso, someone you have recommended as a speaker to influence others and educate them in the use of Subsys. In analyzing her numbers there are two things that stand out to me.

1. It seems as it may be a struggle for her to identify new patients on a regular basis who will benefit from the use of Subsys. How many current patients does she have on Subsys? How many new patients in the last 30 days?

2. With the exception of one recent script, every script is for 30 units. The average script trx runs in the 70-80 range and it is pretty standard for many of the patients to be using the drug up to 4 times per day, allowing for a 120 count script. She does not have a single patient on a 4x/day regimen. Why not?

I am not sure what the issues at hand are here but I feel it is clear by these two indicators that she either has not been sold on the true benefits of using our product as the real break through pain remedy or she has some insecurities still which keep her from prescribing it at the "usual" 120 count.

Given these facts is this really someone we can feel comfortable that they are representing our product well and are helping you to promote Subsys in the best light to other prescribers?

I welcome your thoughts and insight.

Jeff Pearlman
Regional Sales Manager
INSYS Therapeutics, Inc.
[REDACTED]

From: Xun (Sean) Yu
Sent: Friday, May 24, 2013 11:53 AM

Email Message

From: Abe Rosenberg [REDACTED]
Sent: Wednesday, June 05, 2013 10:12 PM
To: Jeff Pearlman
Subject: RE: IMPORTANT - Hartford, CT Daily REMS Report / Authorized Rx Count - 5.23.13

I have been considering my response to this email very carefully and I have come to the conclusion that Heather is absolutely a great speaker on behalf of Subsys and our company moving forward. I have spoken with her about her script count and also her hesitancy to write 120 unit scripts. She has informed me that in her opinion it "safe practice" to first titrate slowly and then also to slowly increase the times per day. Both practices I personally support and also know Insys as the new branded leader in the ROO's market does as well. Heather has assured me she will continue to increase script units on a "individual patient" basis and need. A practice mandated by the REMS board. She is also constantly trying to identify new Subsys candidates and found one today. When you come to her ISP this month I am sure you will also see her passion for Subsys and these doubts will be put to rest.

Best,

Abe

Abe Rosenberg
Specialty Sales Professional

Insys Therapeutics, Inc.
[REDACTED]
[REDACTED]
[REDACTED]

From: Jeff Pearlman
Sent: Tuesday, May 28, 2013 9:10 PM
To: Abe Rosenberg
Subject: FW: IMPORTANT - Hartford, CT Daily REMS Report / Authorized Rx Count - 5.23.13

Abe, in looking to help you manage your territory both with new and existing physicians, I wanted to bring to your attention the prescribing pattern of Heather Alfonso, someone you have recommended as a speaker to influence others and educate them in the use of Subsys. In analyzing her numbers there are two things that stand out to me.

1. It seems as it may be a struggle for her to identify new patients on a regular basis who will benefit from the use of Subsys. How many current patients does she have on Subsys? How many new patients in the last 30 days?

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I am not sure what the issues at hand are here but I feel it is clear by these two indicators that she either

has not been sold on the true benefits of using our product as the real break through pain remedy or she has some insecurities still which keep her from prescribing it at the "usual" 120 count. Given these facts is this really someone we can feel comfortable that they are representing our product well and are helping you to promote Subsys in the best light to other prescribers? I welcome your thoughts and insight.

Jeff Pearlman
Regional Sales Manager
INSYS Therapeutics, Inc.



From: Xun (Sean) Yu
Sent: Friday, May 24, 2013 11:53 AM
To: Abe Rosenberg
Cc: Jeff Pearlman
Subject: IMPORTANT - Hartford, CT Daily REMS Report / Authorized Rx Count - 5.23.13

Dear Hartford, CT SSP,
Attached please find your daily REMS report (*aka Authorized Rx Count report*) that lists ONLY your scripts from your specific territory.

All your scripts/reversals during the past 3-month period should be listed. If not, please contact Sales Ops at your earliest convenience.

If not listed in this report YOU WILL NOT GET CREDIT FOR IC.

Please feel free to contact your RSM or the home office if you have any questions. Thanks,
Regards,

Insys Sales Ops Team

Email Message

From: Jeff Pearlman [REDACTED]
Sent: Wednesday, June 05, 2013 10:26 PM
To: Abe Rosenberg
Subject: RE: IMPORTANT - Hartford, CT Daily REMS Report / Authorized Rx Count - 5.23.13

I am not in a position to say what her patients should be getting as far as 30 or 120. She is the doctor, that is for her to say for her patients. What I am concerned about is you and I spoke about 6 weeks ago when we were giving her this extra program and asked if her finding 1 new patient a week was a reasonable expectation and something to be accountable to. You told me she said yes and that you would be able to hold her accountable to that. In looking at 1 new patient in April and just 1 in May it is clear that is not happening.

Keep in mind these emails are for you and me, not her. But our conversation was very clear about what had to happen. I am not sure why from the tone of your reply you now are seeming to hedge off of that commitment?

Very simply when I look at return on investment as she has not motivated any new prescribers as of yet and she is not significantly increasing her own business, I am going to have tremendous difficulty in justifying more programs.

Am I not understanding some part of why she committed to one new patient per week and it is not happening?

Jeff Pearlman
Regional Sales Manager
INSYS Therapeutics, Inc.
[REDACTED]
[REDACTED]

Error! Filename not specified.

From: Abe Rosenberg
Sent: Wednesday, June 05, 2013 6:12 PM
To: Jeff Pearlman
Subject: RE: IMPORTANT - Hartford, CT Daily REMS Report / Authorized Rx Count - 5.23.13

I have been considering my response to this email very carefully and I have come to the conclusion that Heather is absolutely a great speaker on behalf of Subsys and our company moving forward. I have spoken with her about her script count and also her hesitancy to write 120 unit scripts. She has informed me that in her opinion it "safe practice" to first titrate slowly and then also to slowly increase the times per day. Both practices I personally support and also know Insys as the new branded leader in the ROO's market does as well. Heather has assured me she will continue to increase script units on a "individual patient" basis and need. A practice mandated by the REMS board. She is also constantly trying to identify new Subsys candidates and found one today. When you come to her ISP this month I am sure you will also see her passion for Subsys and these doubts will be put to rest.

Best,

Abe

Email Message

From: Abe Rosenberg [REDACTED]
Sent: Wednesday, June 05, 2013 10:39 PM
To: Jeff Pearlman
Subject: RE: IMPORTANT - Hartford, CT Daily REMS Report / Authorized Rx Count - 5.23.13

I fully understand your concern and I hope it has only been an issue of finding the right candidates for Subsys.

I will see her again on Friday and will continue to remind her of that verbal agreement.

Abe Rosenberg
Specialty Sales Professional

Insys Therapeutics, Inc.
[REDACTED]
[REDACTED]
[REDACTED]

From: Jeff Pearlman
Sent: Wednesday, June 05, 2013 6:26 PM
To: Abe Rosenberg
Subject: RE: IMPORTANT - Hartford, CT Daily REMS Report / Authorized Rx Count - 5.23.13

I am not in a position to say what her patients should be getting as far as 30 or 120. She is the doctor, that is for her to say for her patients. What I am concerned about is you and I spoke about 6 weeks ago when we were giving her this extra program and asked if her finding 1 new patient a week was a reasonable expectation and something to be accountable to. You told me she said yes and that you would be able to hold her accountable to that. In looking at 1 new patient in April and just 1 in May it is clear that is not happening.

Keep in mind these emails are for you and me, not her. But our conversation was very clear about what had to happen. I am not sure why from the tone of your reply you now are seeming to hedge off of that commitment?

Very simply when I look at return on investment as she has not motivated any new prescribers as of yet and she is not significantly increasing her own business, I am going to have tremendous difficulty in justifying more programs.

Am I not understanding some part of why she committed to one new patient per week and it is not happening?

Jeff Pearlman
Regional Sales Manager
INSYS Therapeutics, Inc.
[REDACTED]

For Existing SSPs: If You started before Q2'13

NET SALES (\$)	Payout %
100-800MCG (Effective Dose)	5%
1200-1600MCG (Effective Dose)	7.5%
NEW PATIENT INITIATION	\$50

For New SSPs: If You started during or after Q2'13

NET SALES (\$)	Payout %
100-800MCG (Effective Dose)	7%
1200-1600MCG (Effective Dose)	10%
NEW PATIENT INITIATION	\$50

Obviously, the clinicians will need to officially confirm with Desiree in the home office.

Alec

From: Matthew Napoletano
Sent: Thursday, November 29, 2012 4:26 PM
To: Desiree Hollandsworth
Cc: Michael Babich; Alec Burlakoff
Subject: 2013 Strategic Ad Board

Here is the list of 59 invitees for the 2013 Strategic Planning Ad Board to be held in Scottsdale on 1/19/12. I would anticipate a best case response rate of 70% which would be around 40-45 attendees. Please send a hold the date tomorrow in the am pending Mikes approval.

NAME

TERR #

SSP

REG

DECILE

SPAGNOLETTI, LOUIS, NJ

101A09

Nanette Alonzo

101

D10-8

WAGHMARAE, ROMANTH, NY

D7-5

SIMON, STEVEN, KS

104A05

Torgny Andersson

104

D10-8

BENNETT, DANIEL, CO

104A04

Crystal Skelton

104

D10-8

TAYLOR, DONALD, GA

103A01

Marcus Seiferth

103

D10-8

CHATMAN, GERALD, CA

105A02

Sara Sadraie

105

D10-8

SAXTON, ERNESTINA, CA

105A12

Email Message

From: Jeff Pearlman [REDACTED]
Sent: Tuesday, March 26, 2013 3:00:50 PM
To: Sales Team - NYC
BCC: [REDACTED]

Subject: presentation

Thought this sample might help you with your presentations. Just be original and specific to your territory please as opposed to using these answers and taking the easy road. I do expect one of the bigwigs to sit in on these, just no idea which one.

1. SWOT analysis
 - a. 1. Identify Strengths; These strengths are the good things about your business unit
 - i. 1. Great Access to Key Docs
 - ii. 2 key pharmacys
 - iii. Solid support from top decile docs
 - b. Weakness: what are the area you need to strengthen
 - i. 1. Need to increase the number of pharmacies who I can work with outside of Lindencare
 - ii. Get somebody to write who isnt a speaker
 - iii. % Net has increased
 - c. Opportunities:
 - i. Horizon Blue Tier Two
 - ii. NY Medicaid reimburses for Subsys
 - iii. New Pain Doc joining big practice
 - iv. Fentora Rep just quit
 - v. Key doc inconsistent
 - d. Threats:
 - i. Stop phoning it in, get into field before I get caught
 - ii. Depending on Linden Care.
 - iii. Lazanda hustling into my key accounts and Im someplace else
 - iv. No ROI from speaker programs
 - v. Fentora rep piggy backing my programs
2. Business Analysis:
 - a. Identify your Top 5 Targets
 - b. Identify them as A Target, B Target, or C target
 - c. What is the current situation? Are they Trending up or down or flat
 - d. What is the expected outcome?
 - e. What are you currently doing to change the outcome?
3. For Example:
 - a. Dr. Springsteen, number one target
 - b. Dr. Springsteen is currently an A target
 - i. He prescribes Subsys 3 times a week, Actiq 4 times a week, and Fentora 1 time a week.
 - ii. Trending flat for Subsys and Down for Actiq
 - iii. My goal is to get the extra 4 Actiq scripts from him by May 1.
 - iv. I am working to get Dr. Simon in front of him. Planning a lunch.

Email Message

From: Michael Babich [REDACTED]
Sent: Monday, June 25, 2012 2:22 AM
To: Sales All
Cc: Matthew Napoletano; Lindsay Couturier
Subject: The home stretch of the quarter

Good evening,

Tomorrow starts the final week of our first quarter promoting subsys. In this short time, we have all made tremendous strides in the field, grown as a team and have seen efforts pay off with patient satisfaction. It's easy to say things like many do such as "I am in sales", but you are all different and you are selling relief that changes patients lives. Giving relief faster, more powerful and in a convenient way is our simple message but you all have seen some of the patients you are affecting and you know it's so much more than that.

The next two weeks are crucial for your personal success. Why? First, this final week has a lot at stake with the June contests and you can also beef up your bonus with some large unit numbers when it matters most. Second, the fourth of July falls on a strange day this year and many other reps will think everyone is off that week. Use this week to figure what days your high prescribers will be in during the fourth of July and you will separate yourselves from others by showing them you will out work their lazy behinds. Lastly, the fourth of July week is the first week of the 3rd quarter and you will want to get out the gate strong to continue to build your base of business.

Thanks to marketing and your Rsms we have almost 50 speakers scheduled to come to Chicago for the live speaker training. Please continue to work with your Rsms to discuss the speakers in your territory.

Key hits

- number of units in each script are continuing to rise. Great work and let's see less and less scripts for 30 units. Tell docs to write the same as they would Actiq and fentora. And for the four doctors still using Abstral and Lazanda, well, get those patients on the best drug

- same indication as Actiq and and fentora
- you will make more money the more units and higher dose you sell. This is never changing so continue to discuss with you writers how to ensure the patient is getting proper pain relief. We have heard stories where 800 mcg of subsys works for some patient that was on 12000 Actiq and we have heard others says it isn't strong enough in this scenario. Remember, encourage your doctor to practice medicine as he or she sees fit and to use their clinical judgement.

Finally, my apologies for the long email but the Yankees are on tv and I would rather watch House Hunters International in German than watch the yankees anymore.

I am proud of the great start and for forging the relationships we do on a daily basis.

Please reach out if you need anything.

My best,

Mike

Email Message

From: Abe Rosenberg [REDACTED]
Sent: Tuesday, September 25, 2012 12:11:08 AM
To: Xun (Sean) Yu
Subject: Re: Please note you have low strength (<=400MCG) RX dispensed yesterday - Daily Rep Report for Low Strength Usage

Attachments: image001.jpg

I spoke w/ Heather Alfonso and she wants to titrate slowly. She is aware of the statistical analysis but she going to use her best judgment on patient to patient basis. I will see her again this week and will make sure to deliver our new titration guide which I think will prove very beneficial.

Best, Abe

Sent from my iPad

On Sep 19, 2012, at 10:43 AM, "Xun (Sean) Yu" [REDACTED] wrote:

Thank you Abe please keep me updated. Going forward if you feel a dr always writes low doses for a certain reason please feel free to let me know so that you do not have to update that particular dr all the time unless its a special case. But other than that I appreciate your regular input into this very important project when you have a low dose RX.

Regards,

Xun (Sean) Yu, PhD, MBA

<image001.jpg>

[REDACTED]

[REDACTED]

[REDACTED]

From: Abe Rosenberg
Sent: Wednesday, September 19, 2012 5:32 AM
To: Xun (Sean) Yu
Cc: Frank Serra
Subject: Re: Please note you have low strength (<=400MCG) RX dispensed yesterday - Daily Rep Report for Low Strength Usage

Hi Xun, Dr. Rosenberg is sending me an email response today. Which I will forward along as soon as I get it.

Sorry for the delay

Best, Abe

Sent from my iPad

On Sep 11, 2012, at 12:04 PM, "Xun (Sean) Yu" [REDACTED] wrote:

Dear SSP,

Attached please find the list of dispensed Subsys scripts yesterday with low strength (**<=400MCG**). Some of these low dose scripts were from your doctors. It is imperative that you work with your writers to titrate patients to their effective doses.

Following writers had 100MCG, 60-Unit Voucher (Free Product) redeemed yesterday:

Sun from 101A02
Ruan from 103A99

How To Read the List :

- **Date of Service:** The date the script was brought into the pharmacy.
- **Processing Date:** The date the script was dispensed (picked up by patient). Can be several days later than Date of Service.
- **NDC:** Strength of the script. For example 20482-0004-30 = 400MCG, 20482-0012-30 = 1200MCG.
- **Quantity Dispensed:** Number of units (devices) dispensed to the patient.

Email Message

From: Jonathan Roper [REDACTED]
Sent: Tuesday, February 04, 2014 10:04 PM
To: Sunrise Lee
Subject: Speaker info

1. Clough- one of top writers in the company, has also had many successful ISPs in which Natalie was able to grow her business and increase new writer who attended the programs.
2. Goldstein- Top ten writer who we have also benefited from with many succesful ISPs. Dr. Goldstein has also made a full commitment to his ISPs throughout the entire 2014 calender year .
3. Freedman- Top ten writer who has been with Insys since launch. Insys has also benefited from Dr. Freedman with many succesful ISPs. Dr. Freedman has also made a full commitment to his ISPs throughout the entire 2014 calender year .
4. Alfonso- PA Alfonsos business has increased greatly since being given more spaeker programs and she has also helped in many new writer activations.
5. Waghmarae- A great speaker who was praised by compliance as being the best speaker in the company. His business is on its way back as he puts it , now that we have the rep he requested working with him.
6. Rosenberg- A veteran speaker whos business has been on the up and up, and he is also committed to Insys throughout the year.
7. Griver- A great speaker who writes on a consistent basis.
8. Shlifstein- NEW SPEAKER
9. Thomas- NEW SPEAKER
10. Morales-Ultrilla- Finally got a new rep in that territory who starts in 2 weeks. Business should grow that we also have Rebecca visiting Dr. Morales in the meantime.
11. Hoh- ISPs have helped in new writer activations for Aimee Huber
12. Thorson- no longer would utilize

Email Message

From: Abe Rosenberg [REDACTED]
Sent: Friday, August 17, 2012 10:49 PM
To: Michael Babich
CC: Frank Serra
BCC: [REDACTED]
Subject: RE: Re: CT - Rosenberg

Heather Alfonso

8/17- I saw Heather on Monday and stopped back in her office today but missed her. On Monday we had a nice discussion about getting more patients on Subsys and if I could bring a Speaker to our scheduled lunch on the 24th of August. She said absolutely but that speaker program unfortunately was cancelled as I'm sure you are aware. On Monday she also expressed interest in becoming a speaker for us and I told her I would let her know as soon as we had another training scheduled. She also was helping me think of places where I might do a dinner program for the CT area and which other Dr.'s would be good to invite.

Dr. Rosenberg

8/17- Dr. Rosenberg actually did a speaker program for me today in Dr. Robbin's office which I thought went rather well. Topics of discussion were ease of use and how quickly Subsys hits and "crushes" the breakthrough pain episode. Dose strengths and titration were also discussed at length. Dr. Rosenberg did a very organized and professional presentation and I will continue to use him as one of my speakers moving forward.

Cooney

8/17 Moved out of my Territory, DNS

Ross

8/17- I am trying very hard to get face time with Dr. Ross, Hazel his office manager tells me she is putting my weekly dropped promotional material in his mail box and he will call me for an appointment if interested. So far nothing has come of that. I am continuing to come up with a way to get face time including rep. triggered letters. I believe a dinner which are allowed in MA again would be very beneficial for this office and many others in the Boston area. These Harvard Dr.'s are very tight knit group and they all seem eager to learn about new treatments and medications. I am speaking to some of the lower decile Dr.'s like Dr. Pachas who I see on a regular basis.

McGeeney,

8/17- Does not see reps. at his new Albany location. I am attempting to contact his office manger to see if I can set up a meeting elsewhere. Thus far she has not returned my calls but I will keep trying. Similar to Dr. Ross's I feel a dinner program may be the best way to get Dr. McGeeney to the table. I plan to talk with Scimedica on such a dinner and perhaps they will know when dinners can be offered again to MA Dr.'s.

Have a great weekend.

Best, Abe

Email Message

From: Abe Rosenberg [REDACTED]
Sent: Monday, October 01, 2012 11:03 PM
To: Frank Serra
BCC: [REDACTED]
Subject: RE: Getting it done

Hi Frank, here are my top three as of now. Hopeful soon to be added onto!

Dr. Rosenberg
Heather Alfonso
William Pachas

From: Frank Serra
Sent: Monday, October 01, 2012 5:14 PM
To: Sales Team - Northeast
Subject: Fwd: Getting it done

team-
i need from each of you (excluding jeff and ryan), your top three "Go To" docs.
please submit with your spreadsheets tonight.
thanks
frank

Sent from my iPad

Begin forwarded message:

From: Alec Burlakoff [REDACTED]
Date: October 1, 2012 3:32:51 PM EDT
To: Sonia Palermo [REDACTED]
Cc: Sales RSMs [REDACTED] Sales All
[REDACTED], Michael Babich [REDACTED] Matthew
Napoletano [REDACTED]
Subject: RE: Getting it done

Hi Sonia
I read your below e-mail, you made my day!
This is exactly how you create your 'go to doctor'.

I sincerely appreciate your willingness to try something a little different, as subtle change is definitely the way to long term success.

Congratulations on finding a 'healthy' way to create a quality selling opportunity;
with a clinician whom will soon be your 'TOP DECILE ' target!

Have a great day
Alec

-----Original Message-----

From: Sonia Palermo
Sent: Monday, October 01, 2012 12:19 PM
To: Alec Burlakoff
Subject: Getting it done

Hey Alec I'm following your lead. I met with doctor Steven Litman today. I got him super excited about the super vouchers. He has not written a script for me yet. But I am pretty confident by the end of the quarter he will be one of my go to doctors. I made plans with him to run together every Monday night at 5 pm. He is looking to get back in shape so I told him that I promised i could help him get to his goal. I am sure he will help me get to mine as well:) Thanks for the motivation I am out if finding my go-to doctors. I know there out there.

Sonia Palermo

Sent from my iPad

Email Message

From: Frank Serra [REDACTED]
Sent: Friday, October 12, 2012 6:23 PM
To: Lindsay Couturier
BCC: [REDACTED]
Subject: RE: List

Lindsay,
Abe is going to call you, Heather Alfonso is in. ♦
All geared up, in fact, she wants to know if she needs to study anything to prepare.
Thanks,
Frank

Frank R Serra
Northeast Regional Sales Manager
iNSYS Therapeutics, Inc.
[REDACTED]

From: Lindsay Clancy
Sent: Friday, October 12, 2012 11:41 AM
To: Frank Serra
Subject: RE: List

Thanks Frank.
Looking forward to hearing back.

Best Regards,

Lindsay Clancy

Marketing and Sales Communication Specialist



From: Frank Serra
Sent: Friday, October 12, 2012 6:31 AM
To: Lindsay Clancy
Subject: RE: List

Sure thing Lindsay.

Email Message

From: Abe Rosenberg [REDACTED]

Sent: Wednesday, October 17, 2012 11:41 PM

To: Frank Serra

BCC: [REDACTED]

Subject: 1 rx per day

Attachments: 1 rx per day.xls

No new script today. But i'm getting close. I have copay cards in folders waiting for Actiq patients to come in!! Heather Alfonso has promised me she will switch all Actiq patients and I text her every morning to remind her as well as visit her 2 to 3 per week. They will come!!

Frank can we chat tomorrow I need some clarification on a few items?

Email Message

From: Frank Serra [REDACTED]
Sent: Sunday, December 02, 2012 5:19 PM
To: Abe Rosenberg; Jeff Pearlman; Katarina Haumesser; Michelle Breitenbach; Nanette Alonzo; Rebecca Haas; Ryan Mitchell; Sonia Palermo; Susan Beisler
BCC: [REDACTED]
Subject: FW: IMPORTANT / Immediate Attention
Attachments: Bring A Patient on SUBSYS, Get Paid Multiple Quarters.pptx

Team,
A reminder on the slide attached.
As well, the bigger the script the more money you make.
What we used to call at my uncle tony's beer store, "Cash on the Barrel Head".
Why do you think Jeff's inspection sticker expired, he was making sure a 90/1200 script got filled.
Now he'll earn enough to pay off the judge and the DMV!!
Thanks,
Frank

Frank R Serra
Northeast Regional Sales Manager
iNSYS Therapeutics, Inc.
[REDACTED]

From: [REDACTED]
Sent: Wednesday, November 14, 2012 12:26 PM
To: Frank Serra; Darin Fila; Sunrise Lee; Joseph Rowan; Richard Simon
Cc: Michael Babich; Matthew Napoletano
Subject: IMPORTANT / Immediate Attention

Managers
This weeks script count is down. I believe it is because the reps are holding back on giving the 30 free unit and super vouchers because they feel it will negatively impact their bonus. THIS IS NOT WHAT I WANT.

I need you assistance in making sure the reps think 'big picture'.

I have already spoken with some of you, I need to speak continuously with all of you to make sure the sales force is following the company's direction.

I will be in the office tomorrow and Friday.
I will also be in the office next week (Mon, tues, and wed)

I need this message conveyed today. I have even heard some of you say " if I were a rep- I would do the same thing".

I appreciate and need your honesty, so I can plan accordingly. However- now that it is all on the table.....

I NEED you to make sure every rep is evaluated on the utilization of the various sales tools we provide. I.e. SUPER VOUCHERS

The reps do not get to do it "their" way. They follow the company line or they go on a "PIP".

The bonuses in Q4 will be very strong. This is because the reps followed the plan all the way to fruition. We all need to stick with the plan!

Thank you

Alec

Sent via BlackBerry by AT&T

From: "Xun (Sean) Yu" [REDACTED]
Date: Wed, 14 Nov 2012 09:36:44 -0700
To: Michael Babich [REDACTED] Alec Burlakoff [REDACTED]
Cc: Mike Gurry [REDACTED] Matthew Napoletano [REDACTED]
Subject: RE: draft (Sean, please in) IMPORTANT

Please see below Mike and Alec. All numbers assume: 1) net sales 2) 10% bonus share

Also please see slide attached for "patient as annuity".

My two cents is reps should know firstly they are not forced to use vouchers. If they can get all patients started on insurance (like Katie with Dr Waghmaere) then that's better for everyone. However vouchers are a great tool for reps to help them sell and start new patients, and like other good tools (such as iPad) they should not expect to get paid just because they are using them.

Regards,

Xun (Sean) Yu, PhD, MBA
Dir. Sales Operations



From: Michael Babich
Sent: Wednesday, November 14, 2012 9:20 AM
To: Alec Burlakoff; Xun (Sean) Yu
Cc: Mike Gurry; Matthew Napoletano
Subject: draft (Sean, please in) IMPORTANT

I would like simple message like the below to go out from Alec today in email and voicemail. Any rumblings that vouchers and SV's hurt their business is complete garbage. This message needs to be communicated clearly and today. Sean, please fill in the bonus amounts on the scripts. Put all the 7 doses in there if need be so we provide them true clarity. The concept of the below can be adjusted by anyone on here so send Alec and I suggestions right away. I want this out there, simple and straight forward and the RSM's need to drive this home today, not tomorrow.

In an effort to provide more clarity on how to succeed, the bonus plan is structured on net sales which is commercially insured paid scripts. Here a few examples,

120 units of 100 mcg is worth **\$283** of bonus
120 units of 200 mcg is worth **\$358** of bonus

60 units of 600 mcg is worth **\$337** of bonus

60 units of 800 mcg is worth **\$415** of bonus
90 units of 800 mcg **\$623**

120 units of 1200 is worth **\$1147** of bonus

120 units of 1600 is worth **\$1464** of bonus

How do you get to this point?

1. Start a patient on 30 free units. Even though you are giving 30 free units, many times the insurance still picks up this claim and it gets paid. If it does, you get paid
2. PA, get patient approved for the long term
3. Focus to ensure the patient reaches the effective dose and has enough monthly supply

I have heard some reps comment that super vouchers and initiations will hurt their net revenue? I can honestly say that this statement is absurd. Why? The more patients you start and properly track, the more success you will have long term.

Did you see Mike Gurry's email? Almost 40% of Actiq switches have already been approved by the PA process! These reps whom have sold the actiq switch not have a patient that will most likely be on Subsys for over a year. You get paid every single time a script comes through.

Michael Babich
President and CEO



An average patient stays on R00 therapy for 9 - 12 months since inception of treatment. That's 3 - 4 quarters worth of monthly sales to you, an annuity that keeps paying

For each SINGLE patient on SYBSYS, you will make:

Quarter 1 *	Quarter 2 *	Quarter 3 *	Quarter 4 *
\$974	\$974	\$974	\$974

NOTE: * Assuming 1 TRx per patient per month at 400MCG; 75 units per TRx; as well as IC plan based on 10% net sales.

Don't Forget the Doses



See how your payout will differ if the patient is on 100MCG, 400MCG, or 1200MCG doses throughout the course of the therapy

And remember, higher doses also mean more units/TRx *

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
100 MCG	\$340	\$340	\$340	\$340
400 MCG	\$974	\$974	\$974	\$974
1200 MCG	\$2,352	\$2,352	\$2,352	\$2,352

NOTE: * For all ROO products, 100MCG TRx has on avg. 48 units; 400MCG TRx has 75 units; while 1200MCG TRx has 82 units (WK 2012 Data). All assumptions and conditions in the previous page apply.

For internal planning purposes only

Email Message

From: Abe Rosenberg [REDACTED]
Sent: Monday, April 08, 2013 12:49 AM
To: Jeff Pearlman
Subject: Swat

Strengths:

- Strong relationship w/ my number one Doc. Dr Rosenberg
- Strong Relationship w/ Glen and Linden Care
- Built a strong relationship with Heather Alfonso decile 9
- Developing strong relationship with new Dr's should lead to more writers

Weakness:

- Need more writers wider base
- Need to find more commercially insured patient population
- Take more advantage of switch program

Opportunities:

- Dr. Robbins
- Dr. Levin
- Dr. Braylovsky
- Dr. Kost
- **Dr. Rosenberg doing Grand Rounds on Cancer pain in the RI area.**

Threats:

- Fentora Rep. Free loading off my hard work of getting Fentanyl Citrate Patients converted.
- Lazanda: Launch

Slides via Ipad soon to follow.

Abe Rosenberg
Specialty Sales Professional

Insys Therapeutics, Inc.
[REDACTED]
[REDACTED]

Email Message

From: Jeff Pearlman [REDACTED]
Sent: Sunday, May 12, 2013 2:53 AM
To: Abe Rosenberg
BCC: [REDACTED]
Subject: RE: speakers ASAP

Unfortunately, since we didn't get the original email until Wed. evening. and Heather was already in New Orleans I have not been able to speak with her and don't want to bother her until her return early next week. If that is ok with you?

NO problem! Just please make a note to do it.

Jeff Pearlman
Regional Sales Manager
INSYS Therapeutics, Inc.



From: Abe Rosenberg
Sent: Saturday, May 11, 2013 8:16 PM
To: Jeff Pearlman
Subject: RE: speakers ASAP

Dr. Jerrold Rosenberg

- To date he has influenced 2 Dr.'s to write. Dr. Pachas, PA Rich St. Dennis. Dr. Pachas was a solid repeater but his only patient has recently come off Subsys due to a belief that his previous TIRF medication worked better.
- I actually introduced Rich to Dr. Rosenberg who then attended a dinner and subsequently works with Dr. Rosenberg part time and will continue to write.
- Dr. Rosenberg has also recently done several programs with Doctors Mariarenzi, Aumentado, and Reardon. Just last week I was able to successfully enroll the latter two in Rems and I am confident that they will write a Subsys script in the coming weeks.

Lunch: Luigis: 1357 Hartford Ave, Johnston, RI 02919



Dinner: The Capital Grille, 1 Union St, Providence, RI 02903 This venue does has private room **not needed** but also has a more private upper area that can be requested.



- Dr. Rosenberg is available for lunches Mondays, Tuesdays, Wed. and Fridays. Not sure how we are going schedule those. As I need to confirm which offices are available on those dates for lunches. **And I do not want random calls to my offices that I am building relationships with.** With that being said Dr. Rosenberg and myself have worked well together lately to target offices not in our lists for lunches that should translate into scripts and are happy to work with you and Emily to schedule more lunches.
- Dr. Rosenberg is available for dinners Mondays and Wed. after 6pm. He does not like Tues. but will make that work if need be.

Heather Alfonso

- To date she has influenced two prescribers to write. Dr. Feldman and Liza Paolini, Both have written multiple scrips and have committed to continue to write.

Heather is not available for lunches as she does not make her own schedule. She is available for dinners Mondays Tuesdays and Wed. after 6pm with enough notice. However I need to speak with her about which venue or venues work best for her. I have not done that many programs in CT and it a very large state. We may need to have two venues dependent on the target audience. Unfortunately, since we didn't get the original email until Wed. evening. and Heather was already in New Orleans I have not been able to speak with her and don't want to bother her until her return early next week. If that is ok with you?

Abe Rosenberg
Specialty Sales Professional

Insys Therapeutics, Inc.

[REDACTED]

[REDACTED]

From: Jeff Pearlman
Sent: Wednesday, May 08, 2013 6:34 PM
To: Sales Team - NYC
Subject: speakers ASAP

As I prepare the budgeting for the ISPs, I am taking this approach as used by another RSM....

Team,

In preparation for Q3 budget planning:

- ◆ I would like each of you to send me a list of your speakers and to the best of your ability please share with me the names of the physicians that these speakers have influenced to write and if they are repeat writers
- ◆ Please also send the name and address, contact of each restaurant you plan to use for each speaker moving forward for both lunch and or dinner venues
- ◆ Finally please provide the days of the week the dr. is willing to speak. Lunch, dinner etc.

Please have this in to me by End of business Friday(If you need weekend time I am OK with that, as long as I have it no later than Sunday night, no delays).

This is what it should look like.....

Q3 speakers:

Rajni Jutla

- **To date she has not influenced any physicians to write, however, there are three docs she is currently working on that would be new to this class of meds.**
- **Restaurants**
 - **Nell's - 6804 E Green Lake Way N, Seattle, WA 98115 (206) 524-4044**
- **Avail to speak at lunches and dinners July 8-12, Aug 5-9 and Sept 3-5. Local dinners are more flexible and may be scheduled on other evenings if needed.**

Philip Matthews

- **Dr. Matthews was instrumental in activating Dr. Chabal, who is now a repeat writer.**
- **Restaurants**
 - **Magiano's 10455 NE 8th St Bellevue, WA 98004 (425) 519-6476**
- **Available most dates as long as program is scheduled a few weeks in advance. Both lunch and dinner dates are flexible.**

-

Thank you

Jeff Pearlman
Regional Sales Manager
INSYS Therapeutics, Inc.



Email Message

From: JW Scherm [REDACTED]
Sent: Tuesday, April 28, 2015 8:33 PM
To: Jonathan Roper; Jessica Crane
Cc: Kianna Riley; Desiree Hollandsworth; Denise Schuck
Subject: Heather Alfonso no longer active.
Attachments: Heather Alfonso.xls

Hi Jon

Per our conversation attached is a spreadsheet of 5 program I have with Heather Alfonso scheduled as the speaker. By an update I received today from Insys Ms. Alfonso is no longer active.

Informing Kianna of this she had just talked with Jessica a short while ago. Apparently they touched base previously. We are holding all planning of these until receiving further direction. Please note the next closest program is currently shows the date as May 12.

Thank you,
JW Scherm



JW Scherm | Account Manager | Plan 365, Inc.
[REDACTED]
[REDACTED]

Email Message

From: Kianna Riley [REDACTED]
Sent: Tuesday, April 14, 2015 7:59 PM
To: Jessica Crane
Subject: Upcoming Alfonso Programs

Importance: High

Hello Jessica,

How are you? I hope you've been enjoying your day.

I wanted to send you an updated list of all the programs that are scheduled with Heather Alfonso as the speaker. Please let me know if we should cancel the programs or if another speaker will replace her for some of the ones taking place in the next few weeks.

See below:

8067AP3015E	04/30/2015	Dinner	Work-in-Progress	Laskara Restaurant	Wallingford	CT	Heather Alfonso
8067MA0615E	05/06/2015	Dinner	Work-in-Progress	Caseus Fromagerie Bistro	New Haven	CT	Heather Alfonso
8067MA1215E	05/12/2015	Dinner	Work-in-Progress	The Library Wine Bar and Bistro	Wallingford	CT	Heather Alfonso
8067MA1415E	05/14/2015	Dinner	Work-in-Progress	ROIA Restaurant and Cafe	New Haven	CT	Heather Alfonso
8067MA1915E	05/19/2015	Dinner	Confirmed	Grant's Restaurant	West Hartford	CT	Heather Alfonso
8067JN0415E	06/04/2015	Dinner	Work-in-Progress	Restaurant Bricco	West Hartford	CT	Heather Alfonso
8067JN1015E	06/10/2015	Dinner	Work-in-Progress	Treva	West Hartford	CT	Heather Alfonso
8067JN1815E	06/18/2015	Dinner	Work-in-Progress	Michael's Trattoria	Wallingford	CT	Heather Alfonso
8067JN2415E	06/24/2015	Dinner	Work-in-Progress	ROIA Restaurant and Cafe	New Haven	CT	Heather Alfonso

Speaker Program ROI

2012 and 2013 (thru 3/28) Attendees

Overall analysis (N = 692)

- 692 attendees (matched to NPI).
 - 2,781 TRxs and \$7,712,867 Rev
 - \$11,146 Rev/attendee
 - 4.02 TRx/attendee
 - 207 (30%) have written at least one TRx.

Prescriber Analysis (n = 207)

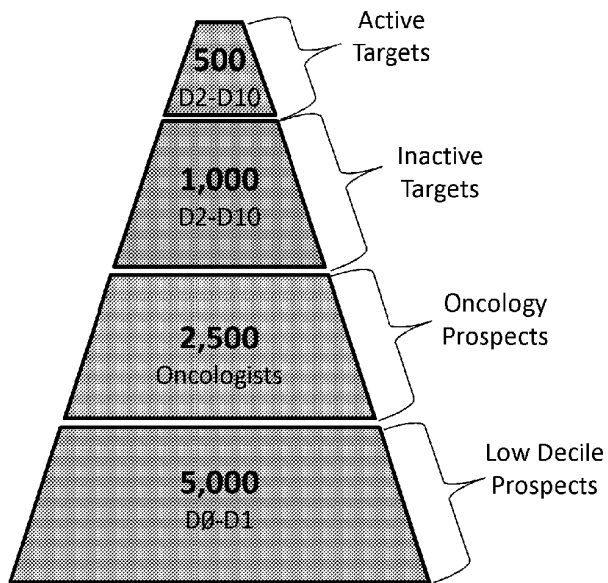
- 207 (30%) have written at least one TRx
 - 2,781 TRxs and \$7,712,867 Rev
 - \$37,260 Rev/attendee with at least one TRx
 - 13.43 TRx/attendee

Other Findings

- Those who attend multiple ISPs are more prolific - 8.61 TRx/attendee 1 program vs 17.63 TRx/attendee >1 program
- Of the 207 with ≥ 1 TRx
 - 120 (58%) wrote at least one TRx *prior* to their first ISP attendance.
 - 84 (42%) did not write a TRx until *after* their first ISP
 - Avg time from ISP to first TRx was 95 days (min 0 days & max 273 days).
 - 683 TRxs and \$1,869,037 Rev

Strategic Imperatives

3,500



Expanding the Rx base of prescribers

The number of new prescribers must grow to maintain the rate of growth necessary to meet our objective

Maximize the current base of prescribers

The core group of prescribers must be nurtured and protected. With a relatively small number of core prescribers, we must maintain their current business and seek additional opportunity

Improving SUBSYS patient utilization

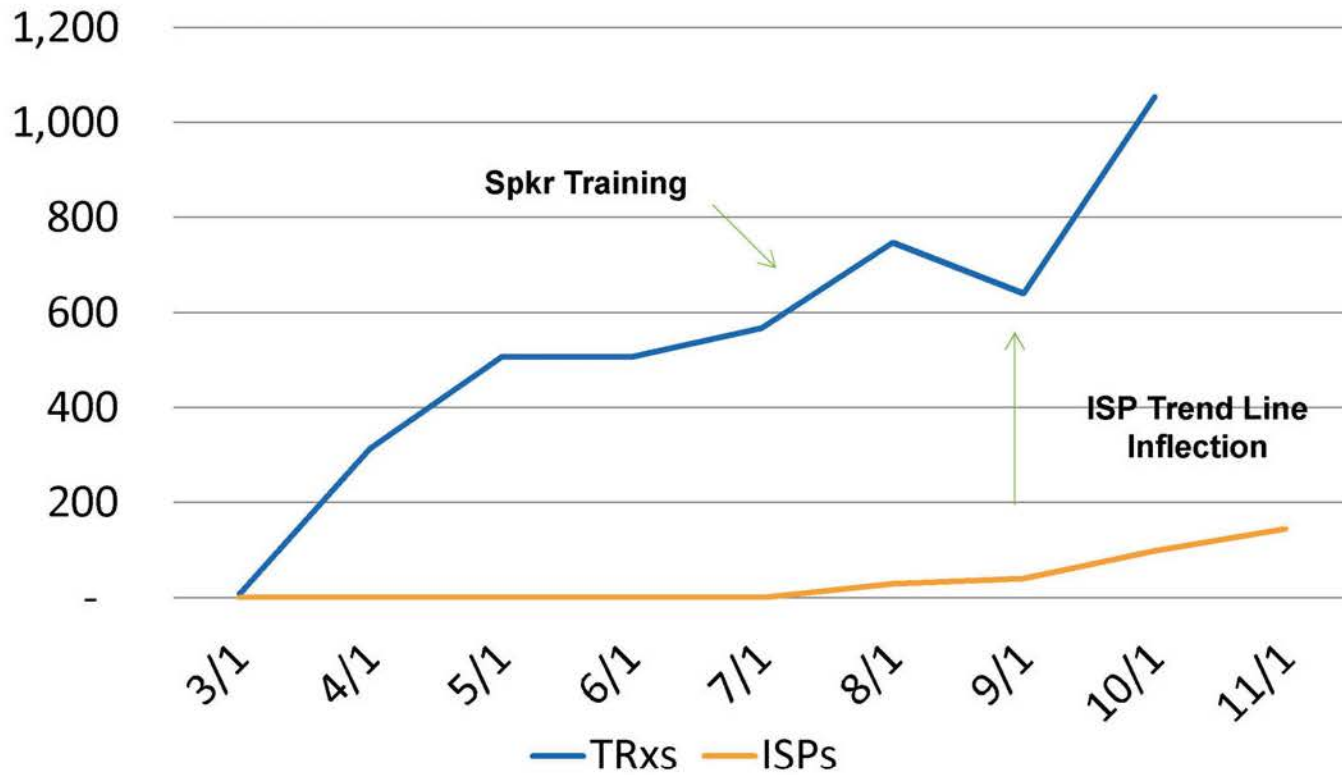
The patients that are prescribed SUBSYS need to be optimized by removing financial barriers and ensuring positive experience with SUBSYS

Minimize competitive impact

The growth of SUBSYS cannot be maintained if the competition is chipping away at the current and/or future book of business. Minimizing competitive impact with current and future prescribers is essential.

TRxs & ISPs

2012 TRxs & ISPs



Speaker ROI

LTD 12/6/12: Total Active Speakers

Region	Tot Active Speakers	4Q Mkt Share	Tot Programs	Net Rev	Honor	ROI
Total:	141	29%	349	\$ 4,183,616	\$ 554,600	7.5
NE	28	29%	75	\$ 1,491,611	\$ 105,600	14.1
SE	36	39%	102	\$ 910,252	\$ 169,400	5.4
MA	28	43%	42	\$ 459,465	\$ 62,600	7.3
C	28	19%	73	\$ 574,715	\$ 117,600	4.9
W	21	19%	57	\$ 747,573	\$ 99,400	7.5

- ROI Assessment

- Captured 29% ROO Share of speakers (3Xs > overall ROO Market Share)
- Speakers generated \$4.2M Net Rev LTD (60% of total net)
 - Speakers with programs generated ~6Xs more revenue per prescriber than those with no programs
- Speakers received \$554,600 total honoraria
- 7.5:1 ROI, Honoraria to Net Rev (5:1 ROI Tot Prog Exp to Net Rev)
 - 11:1 ROI, Honoraria to Gross Rev (7:1 ROI Tot Prog Exp to Gross Rev)

- Regional Assessment

- All Regions have an ROI of $\geq 5:1$
- NE doing best with ROI at 14:1 (largely due to Spags, Wags, & Nicholson)

Speaker ROI Management

LTD 12/6/12: Total Active Speakers

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C	28	19%	73	\$ 574,715	\$ 117,600	4.9
W	21	19%	57	\$ 747,573	\$ 99,400	7.5

- Flagged all speakers with ROI less than 2:1
 - Identified speakers to put temporary hold-on programming
 - Identified candidates to consider to “soft delete”
- Identified speakers with revenue > \$5K and no programs – to target programs

Speaker ROI Management

LTD 12/6/12: Total Active Speakers

Region	Tot Active Speakers	4Q Mkt Share	Tot Programs	Net Rev	Honor	ROI
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MA	28	43%	42	\$ 459,465	\$ 62,600	7.3
C	28	19%	73	\$ 574,715	\$ 117,600	4.9
W	21	19%	57	\$ 747,573	\$ 99,400	7.5

- Flagged all Regions with low ROI
 - Identified speakers to put temporary hold-on programming
 - Identified candidates to consider to “soft delete”
- Identified speakers with no programs >\$5K and no programs – to target programs

INSYS Speaker Program Compliance Monitoring Report

Presented to



February 25, 2014

By



Compliance Implementation Services



CONFIDENTIAL

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DRAFT

Introduction

Project Background

INSYS Therapeutics, Inc. (INSYS) is a specialty pharmaceutical company that develops and commercializes innovative supportive care products that target the unmet needs of cancer patients, with an initial focus on cancer-supportive care. INSYS launched its first two products in the United States in 2012; SUBSYS®, a proprietary sublingual fentanyl spray for breakthrough cancer pain in opioid-tolerant patients and Dronabinol SG Capsule, a generic equivalent to Marinol, an approved-second line treatment for chemotherapy-induced nausea and vomiting and anorexia associated with weight loss in patients with AIDS.

INSYS engages Healthcare Professionals (HCPs), via Speaker Programs, to provide scientific, disease state, on-label product information to HCPs and other external parties on their product SUBSYS®. INSYS will conduct approximately one thousand (1,000) speaker programs a year on the product SUBSYS® and recognizes for a compliance program to be meaningful and sustainable it has to be seen as significant to all employees. INSYS acknowledges the importance to perform monitoring and auditing activities for speaker programs. As such, INSYS contracted with Compliance Implementation Services, LLC (CIS) to implement a monitoring program by observing a percentage of those programs throughout the year to ensure that all speaker programs are in compliance with applicable standards, laws, regulations, and INSYS policies and procedures.

INSYS has identified a need for dedicated resources from CIS to provide assistance in meeting the on-going challenges in sustaining compliance in regards to speaker programs. As part of the Speaker Program Compliance Monitoring project, CIS was asked to monitor fifteen (15) speaker programs in Q4 2013. This monitoring project included a visit to each individual speaker program site and concluded with the delivery of this draft report on February 25, 2014. This report provides the overall Scope and Methodology for the project and CIS' observations.

Project Objective and Scope

The scope and objective of this project was to conduct monitoring of fifteen (15) speaker programs to audit in Q4 2013, based on a risk-based targeting approach as well as a random sampling approach, to ensure compliance and adherence with regulations, guidance, existing INSYS policies and Standard Operating Procedures (SOPs), and industry best practices related to speaker programs and interactions with Health Care Professionals (HCPs). Certain key areas were the central focus while monitoring the INSYS Speaker Programs. They include, but are not limited to:

- Speaker Programs must be solely intended and necessary to fulfill a legitimate, unmet business need for speaking services.
- Speaker Programs must provide an educational benefit to the audience, present accurate and truthful information within the product's FDA approved labeling, be fair and balanced, and disclose relevant safety information, warnings and side effects.
- Participation in Speaker Programs must not be offered to prospective speakers or speaker program attendees as a reward or inducement for past or future prescribing, purchasing, recommending for formulary placement, or arrangement for the purchase or sale of a INSYS product or service.

Documentation, Interview, & Live Monitoring Scope:

CIS reviewed the following policies and procedures that INSYS provided related to their internal requirements governing speaker programs, and interactions with HCPs. CIS also collected functional data for the audit which is listed below, to gain a better understanding of processes and requirements as they related to INSYS Speaker Programs.

Document Type	Title
SOP # SBM 1	Speaker Bureau Management
PPT – Training	Advancements in the Treatment of Breakthrough Pain in Cancer Patients (BTCP)
PPT – Training	Supplemental Speaker Deck Slides
PPT – Training	INSYS Speaker Programs (ISP) (Non-CME Peer to Peer Education)

Project Methodology

The methodology outlined below was used for the Speaker Program Compliance Monitoring Project:

- **Planning**
 - CIS collected and reviewed relevant policies, procedures, guidance, and training as determined by INSYS.
 - CIS attended the INSYS Speaker Training Meeting held in Chicago, IL on September 27th, 2013, and was formally trained on SUBSYS® and the approved speaker program materials presented at each Speaker Program, including the following slide deck “*Advancements in the Treatment of Breakthrough Pain in Cancer Patients (BTCP)*” along with the supplemental slides regarding “*Prior Authorizations*”.
 - CIS obtained the INSYS product training to gain an understanding of approved indications, and product uses, including potential off-label uses.
 - CIS worked with INSYS to co-develop working protocols and set expectations related to the Speaker Program Compliance Monitoring project.
 - CIS worked with INSYS to schedule the Speaker Program monitoring activities throughout the fourth quarter.
 - CIS developed and maintained a detailed project plan for the engagement which acted as a living document to ensure successful project execution.
- **Fieldwork**
 - CIS performed in-person reviews of Speaker Programs to evaluate against pre-determined criteria based on INSYS’s policies and SOPs, and industry best practices related to speaker programs and interactions with HCPs.
 - ✓ CIS selected programs based on a risk-based targeting approach and random sampling approach
 - ✓ For each Speaker Program, CIS reviewed slide materials, speaker statements, and INSYS representative statements to verify compliance with regulations, policies, and procedures
- **Reporting**
 - CIS completed a Speaker Program Monitoring Checklist at the conclusion of each Speaker Program
 - CIS communicated any high risk concerns promptly

Observations Overview

Due to cancellations and rescheduling of several Speaker Programs, CIS selected a total of twenty two (22) Speaker Programs to monitor. Of these 22 programs, CIS was able to successfully monitor nine (9) programs. A total of thirteen (13) programs were cancelled and/or rescheduled; eight (8) of the cancelled programs were cancelled after the CIS Monitor traveled to the program site, and had confirmed the Speaker Program prior to travelling; and the remaining five (5) of the cancelled programs were cancelled prior to the scheduling of travel by the CIS Monitor.

Of the eight (8) cancelled programs which included CIS Monitor travel, four (4) of the programs were cancelled by the INSYS Sales Representatives and/or Speakers; three (3) of the programs were cancelled due to attendee cancellation; and one (1) program did not occur because the INSYS Sales Representative, Speaker, and the attendees did not attend the scheduled Speaker Program.

CIS has summarized all eight (8) Speaker Programs monitored in the subsequent sections of this report. CIS noted that during all Speaker Programs, the Speakers and INSYS Sales Representatives demonstrated product knowledge and were able to control the conversation by ensuring the conversation revolved around the subject at hand. All Speakers used the INSYS approved slide presentation for the Speaker Programs.

All presentations were thirty five (35) minutes or less in duration. Five (5) of the eight (8) programs were off-site programs which requires that the program is at least forty five (45) minutes in length.

DRAFT

Summary of Speaker Program 1

Program Logistics and General Information

The first Speaker Program that CIS was able to monitor occurred at 7:00 PM on Monday, November 4, 2013 at Vietnam Restaurant in Corpus Christi, Texas. The INSYS Sales Representative at the program was Ty Rustin and the speaker was Dr. Judson Sommerville. A total of six (6) individuals took part in the program and the meal; this includes the CIS Monitor, the INSYS Sales Representative, the Speaker, and two (2) other HCPs from the Speaker's office. The total dollar amount for the dinner program is unknown by CIS as the dinner was pre-paid by INSYS.

Program Overview

The presentation was displayed by the speaker using a tablet but was noted that the Speaker read from the tablet often, and did not turn it around for others to see specific slides shows graphs and data. The program was approximately twenty-nine (29) minutes in length with an additional three (3) minutes for a Q&A session. The Speaker did use the approved slide deck but did not specifically speak to the approved slide deck; he mostly spoke to his own knowledge of the product. The Speaker was effective in his delivery of the product information; however, the presentation was severely lacking in content delivery of safety information. The venue was moderately busy with normal patrons during the program, and information shared by the speaker was audible by others sitting at tables within arm's length.

See the checklist for this program in [Appendix A](#).

Summary of Speaker Program 2

Program Logistics and General Information

The second Speaker Program that CIS was able to monitor occurred at 1:00 PM on Thursday, November 7, 2013 at the office of Dr. Darshana Desai in Edison, New Jersey. The INSYS Sales Representative at the program was Michelle Breitenbach and the speaker was Dr. Monoj Patharkar. A total of five (5) individuals took part in the program; this includes the CIS Monitor, two (2) INSYS Sales Representatives (one INSYS Sales Representative was shadowing for educational purposes), the Speaker, and one (1) other HCP. According to the Program Sign-in Sheet, there were an additional four (4) individuals from the office that took part in the meal but did not attend the program. The total bill for the lunch was \$139.72. The total cost divided by the five individuals that attended the program is \$27.94 per person, which is above the \$20.00 allowed per attendee for breakfast/lunch programs.

Program Overview

The presentation was displayed by the speaker using a tablet and was approximately eight minutes in duration, which is far under the recommended duration for in-office programs. The INSYS Sales Representative introduced the speaker and informed the attendees that the speaker uses SUBSYS® and that he will be providing further information on the product. However, there was no clear disclosure to the attendees that the program was sponsored by INSYS. Dr. Monoj Patharkar started the discussion by providing a brief history of Fentanyl, and then continued with specific product information such as how SUBSYS® is administered and its indications. Safety information was not discussed at all during the presentation. The Speaker Program attendee asked if SUBSYS® was only used for breakthrough pain in cancer patients and the attendee was informed that breakthrough cancer pain in cancer is the only indication approved by FDA.

See the checklist for this program in [Appendix B](#).

Summary of Speaker Program 3

Program Logistics and General Information

The third Speaker Program that CIS was able to monitor occurred at 11:30 AM on Tuesday, November 19, 2013 at the office of Rockwood Oncology in Spokane, Washington. The INSYS Sales Representative at the program was Kristiana Wright and the speaker was Dr. John Hatheway. A total of six (6) individuals took part in the program and the meal; this includes the CIS Monitor, the INSYS Sales Representative, the Speaker, and three (3) other HCPs. The total dollar amount for the dinner program is unknown by CIS as the dinner was pre-paid by INSYS.

Program Overview

The Speaker was present in the office for approximately two hours with the expectation that five (5) HCPs would quickly pass through to hear the presentation. A total of three (3) HCPs took part in the program during different times. The first HCP attended the program for 6:32 minutes; the second HCP attended the program for 9:24 minutes; and the last HCP attended the program for 8:23 minutes. Although each HCP did not have ample time to attend a full program, the Speaker was still able to effectively summarize the approved INSYS presentation, along with specific usage and safety information.

See the checklist for this program in [Appendix C](#).

Summary of Speaker Program 4

Program Logistics and General Information

The fourth Speaker Program that CIS was able to monitor occurred at 7:00 PM on Tuesday, November 26, 2013 at Devon Seafood Grill restaurant in Philadelphia, Pennsylvania. The INSYS Sales Representative at the program was Ben Ecker and the speaker was Dr. Rishin Patel. A total of six (6) individuals took part in the program and the meal; this includes the CIS Monitor, the INSYS Sales Representative, the Speaker, and three (3) other HCPs. The total bill for the dinner was \$382.09. The total cost divided by the six individuals that attended the program is \$63.68 per person, which is below the \$100.00 allowed per attendee for dinner programs.

Program Overview

The CIS Monitor was not able to participate in the presentation portion of the program. The program was originally scheduled to begin at 7:00 PM, but was rescheduled to an earlier time. Per review of the copy of receipt, CIS noted that the program commenced roughly at 5:23 PM. CIS was not notified of the change until 5:20 PM and therefore did not arrive at the location until 6:15 PM. Upon arrival, the speaker notified the CIS Monitor that the presentation was roughly 20-30 minutes in length and was presented using a tablet.

Due to the change in start time of the program, the CIS Monitor could only review the presentation slides. The CIS Monitor noted that the slides presented during the program were consistent with the INSYS approved slides.

See the checklist for the program in [Appendix D](#).

Summary of Speaker Program 5

Program Logistics and General Information

The fifth Speaker Program that CIS was able to monitor occurred at 7:30 PM on Monday, December 2, 2013 at Ruth Chris Steakhouse in Sarasota, Florida. The INSYS Sales Representative at the program was Dan Tondre and the speaker was Dr. Dwight Fitch. A total of seven (7) individuals took part in the program and the meal; this includes the CIS Monitor, the INSYS Sales Representative and the Area Business Liaison, the Speaker, and three (3) other HCPs. The total bill for the dinner was \$700.00. The total cost divided by the seven individuals that attended the program is \$100.00, which is the exact amount allowed per attendee for dinner programs.

Program Overview

A copy of the presentation was provided to all attendees prior to the start of the program. The presentation was approximately thirty-two (32) minutes in duration with a Q&A session of approximately six (6) minutes in length, which is slightly under the forty five (45) minute recommended duration for vendor-based programs. At the beginning of the presentation, the INSYS Sales Representative introduced the Speaker and informed the attendees that the Speaker will provide details regarding SUBSYS®, but did not specifically disclose that the program was sponsored by INSYS. The speaker provided a brief overview of the history of Fentanyl, and then provided specific product information. The speaker spent a minimal amount of time discussing safety information and mainly focused on accidental exposure. The Speaker did provide anecdotal information regarding a patient with back pain for which SUBSYS® was effective; however, it is unclear if the patient is an adult cancer patient.

See the checklist for the program in [Appendix E](#).

Summary of Speaker Program 6

Program Logistics and General Information

The sixth Speaker Program that CIS was able to monitor occurred at 7:00 PM on Thursday, December 12, 2013 at Sojourn restaurant in Manhattan, New York. The INSYS Sales Representative at the program was Fernando Serrano and the speaker was Dr. Romanth Waghmarae. A total of seven (7) individuals took part in the program and the meal; this includes the CIS Monitor, two (2) INSYS Sales Representatives (one INSYS Sales Representative was shadowing for educational purposes) and the District Manager, the Speaker, and two (2) other HCPs.. The total dollar amount for the dinner program is unknown by CIS as the dinner was pre-paid by INSYS. The CIS Monitor noted that the INSYS Sales Representative's choice of venue was poor; the program was held in the middle of a crowded and loud restaurant which made the presentation nearly inaudible.

Program Overview

The presentation was displayed by the speaker using a tablet and was approximately thirty three (33) minutes in length. The INSYS Sales Representative stated that he had passed out the approved INSYS documents for review by the attendees, however the CIS Monitor did not witness the speaker provide a copy of the presentation to all HCPs present at the program. This particular program did not have a specific Q&A session, however questions were asked by HCPs during the presentation. The Speaker was able to effectively control the conversation, and also provided a good transition from section to section. The Speaker thoroughly explained product uses, indications and titration, as well as all safety information.

See the checklist for the program in [Appendix F](#).

Summary of Speaker Program 7

Program Logistics and General Information

The seventh Speaker Program that CIS was able to monitor occurred at 6:30 PM on Friday, December 13, 2013 at Capitol Grill restaurant in Manhattan, New York. The INSYS Sales Representative at the program was Fernando Serrano and the speaker was Dr. Steve Fanto who had been flown in from Scottsdale, Arizona at INSYS request. A total of seven (7) individuals took part in the program and the meal; this includes the CIS Monitor, two (2) INSYS Sales Representatives and one (1) District Manager, the Speaker, and two (2) other HCPs. Two INSYS Sales Representatives were present because one of the representatives is new to INSYS and was job shadowing. The total dollar amount for the dinner program is unknown by CIS as the dinner was pre-paid by INSYS.

Program Overview

The presentation was displayed by the speaker using a tablet and was approximately twenty seven (27) minutes in length. This particular program did not have a specific Q&A session, however questions were asked by HCPs during the presentation. The Speaker was able to effectively control the conversation, and also provided a good transition from section to section. The Speaker thoroughly explained product uses, indications and titration, as well as all safety information. The speaker was able to connect on specific levels and keep the conversation going with respect to safety, product information such as lypophylic and reaction times that demonstrated product knowledge and was able to bring the conversation back to a SUBSYS® point when it had veered off. The monitor noted that the only HCP really listening to the presentation specifically stated that he was a sports medicine MD, and would never see a use other than off-label promotion within his specialty.

See the checklist for the program in [Appendix G](#).

Summary of Speaker Program 8

Program Logistics and General Information

The eighth Speaker Program that CIS was able to monitor occurred at 12:00 PM on Wednesday, December 18, 2013 at the office of Advanced Pain Management in San Ramon, California. The INSYS Sales Representative at the program was Andrew McNaughton and the speaker was Dr. Ravi Panjabi. A total of five (5) individuals took part in the program and the meal; this includes the CIS Monitor, two (2) INSYS Sales Representatives, the Speaker, and one (1) HCP. CIS noted that although there were two (2) INSYS Sales Representatives, there were not at least twelve (12) HCPs. The total dollar amount for the lunch program is unknown by CIS, however the meal provided was limited.

Program Overview

The presentation was displayed by the speaker using a tablet and was approximately twenty six (26) minutes in duration with a Q&A session of approximately five (5) minutes in length. The INSYS Sales Representative introduced the speaker and informed the attendees that the Speaker will be providing further information on the SUBSYS® product. However, there was no clear disclosure to the attendees that the program was sponsored by INSYS. The Speaker was able to effectively control the conversation, and also provided a good transition from section to section. The Speaker explained product uses, indications, as well as all mandatory safety information.

See the checklist for the program in [Appendix H](#).

Summary of Speaker Program 9

Program Logistics and General Information

The ninth Speaker Program that CIS was able to monitor occurred at roughly 8:30 PM on Thursday, December 19, 2013 at Prime Bistro restaurant in Lawrence, New York. The INSYS Sales Representative at the program was Sonia Palermo and the speaker was Dr. Phillip Pyman. A total of five (5) individuals took part in the program and the meal; this includes the CIS Monitor, one (1) INSYS Sales Representatives, the Speaker, one (1) HCP, and the Speaker's office manager/wife. CIS noted that although there were two (2) INSYS Sales Representatives, there were not at least twelve (12) HCPs. The total bill for the dinner was \$500.00. The total cost divided by the five individuals that attended the program is \$100.00, which is the exact amount allowed per attendee for dinner programs.

Program Overview

The Speaker Program was approximately twenty seven (27) minutes in duration with a Q&A session of approximately five (5) minutes in length. Copies of the presentation were disseminated by the Speaker at the beginning of the program and later collected. The INSYS Sales Representative introduced the speaker and informed the attendees that the Speaker will be providing further information on the SUBSYS® product. The Speaker provided a brief overview of the history of fentanyl and then provided SUBSYS® specific information. The Speaker was able to effectively control the conversation, and also provided a good transition from section to section. The Speaker explained product uses, indications, as well as all mandatory safety information. The Speaker also made a direct comparison with ACTIQ.

See the checklist for the program in [Appendix I](#).

Conclusion

Although CIS was only able to successfully monitor nine (9) Speaker Programs, CIS noted that during all nine programs, both the Speakers and INSYS Sales Representatives demonstrated great product knowledge and were able to control the conversation by ensuring the conversation revolved around the subject at hand. A majority of the Speakers thoroughly transitioned between sections and provided an adequate amount of information on both the disease state and the SUBSYS product. In most instances, CIS did not note off-label discussion during the Speaker Programs. Some speakers provided anecdotal information regarding dosages, and patient experiences. All Speakers used the INSYS approved slide presentation for the Speaker Programs and did not deviate from the approved slide deck.

Appendix A: Speaker Program 1 Checklist

**INSYS Therapeutics
Speaker Programs Field Monitoring - Testing**

Program Logistics	
Program Contacts (INSYS Sales Representative, Additional INSYS Attendees, CIS Monitor, INSYS Monitor)	CIS Monitor: Adam Toronto INSYS Sales Representative: Ty Rustin
Program Location (venue name, street address, city, state)	Vietnam Restaurant 710 N Waters Rd. Corpus Christi, TX 78401
Program Type (In-Office, Venue-based, Marketing, Virtual, etc.)	Venue-based
Program Date & Start Time	Monday, November 4, 2013 - 8:40 PM
Brand	SUBSYS®
Presentation Title	Advancements in the Treatment of Breakthrough Pain in Cancer Patients (BTCP)
Speaker(s)	Dr. Judson Somerville, MD
How long was the presentation (in minutes)?	30 minutes
How long was the Q&A (in minutes)?	4 minutes
Enter the total dollar amount from the duplicate receipt, obtained from the venue or food delivery company (excluding AV, room rental, parking)	Paid by INSYS Corporate

General Program Information		Yes / No	Remarks
1	Was PowerPoint presentation used the same as the approved slides noted during product training?	Yes	The approved slide deck was used for presentation purposes only. The Speaker did not specifically speak to the slides but mostly spoke about his own knowledge of the product and was effective in his delivery but hard to specify how far he veered off from the specific delivery of the approved deck.
2	If handouts were disseminated to the audience, were all the materials INSYS approved? Collect materials and note the INSYS document ID # in the Remarks section.	N/A	No handouts were given to the two office staff or attending HCP during the presentation. The knowledge was distributed verbally by the speaker to the audience.
3	Was the presentation/exchange of information knowledge at a minimum 30 minutes for in-office programs and 45 minutes for vendor programs?	No	The HCP showed up 1 hour and 40 minutes after the original start time and it appeared he rushed through the presentation so that all could eat and go as it was almost 9pm when the presentation started.

Category 1 - Feedback to Speaker/Sales Representative (if appropriate)		Yes / No	Remarks
4	Describe the transition between the disease state and product sections of the presentation.		The speaker rushed through specific slides with respect to the type of information that came from pharmacokinetics and safety and copied non intolerance and hypersensitivity sections word for word from slides as they were quickly scanned over.
5	All safety information was presented during the program (e.g., discussed at some point during presentation and/or attendees had enough time to read the safety slides)? If safety information was not presented in its entirety do not provide feedback and describe in category 4.	No	Severely lacking in content delivery in slides 6-13. Lacked the Adverse reactions in their entirety on page 11.
6	If paper slides were used for the presentation, were they collected at the conclusion of the program?	N/A	Paper slides were not used for the presentation. Only the approved deck electronically on an iPad provided by the rep. The speaker read from the iPad and did not present it to the group, and the HCP at the table glanced occasionally over the shoulder of the speaker (round table) to see slides.

Category 2 - Feedback to Speaker/Sales Representative (if appropriate)		Yes / No	Remarks
7	If handouts were disseminated to the audience, were they distributed after completion of the disease awareness portion of the speaker program (explain how the handouts were disseminated)?	N/A	
8	Did the speaker (or sales rep if speaker is introduced) disclose that the program was sponsored by INSYS? Note: If no verbal disclaimer was made that INSYS Therapeutics is sponsoring the program, the observation remains Category 2. If signage/other materials or program setting indicates INSYS Therapeutics sponsorship, note the observation and provide feedback as Category 1 that this should be done orally.	No	No signage stating that INSYS was the sponsor of the program. The observation remains category 2 as it was all verbal
9	Was there at least one attendee from an institution or office other than the speaker's?	No	Apart from CIS, and INSYS rep, all attendees were from the speaker's office.
10a	How many HCP attendees were at the event?		2 including the speaker
10b	How many speaker(s) were at the event?		1
10c	How many sales representatives were at the event?		1
10d	How many monitors were at the event?		1
10e	Total number of people at the event and took part in the meal		5
11	Was a sales representative present during the entire presentation? (Note: this is not a requirement, however, it is good to note if the representative did not stay for the duration of the program)	Yes	
12a	No more than two representatives were present at the program?	Yes	
12b	Were there at least 3 RSVPs prior to proceeding with the program?	Yes	
13	If two sales representatives were present at the program, did the total RSVPs or attendees exceed 12 HCPs?	N/A	
14	If two sales representatives were present at the program, did the second representative leave before the beginning of the presentation?	N/A	
15	If two sales representatives were present at the program, and the second representative did not leave before the beginning of the presentation, was there prior approval?	N/A	
Category 3 - Feedback to Speaker/Sales Representative (if appropriate)		Yes / No	Remarks
16	If an offsite program, were all participants who received a meal also present for the entire information presentation?	Yes	
17	Was the event held in a private room away from the general public?	No	The table where the presentation was given was within two (2) arms lengths of patrons also eating at the same restaurant.
18	Did the sales representative require the attendees to sign into an attendance list?	No	
19	List the number of attendees on the sign-in sheet(s) (including monitor(s), speaker(s), INSYS employees). Note: Some offices may refuse to allow their employees to sign in, and in those cases the representative has to note the refusal to sign. Does it match the number observed?	Yes	Sign in sheet was filled out after dinner as the auditor asked the rep for a duplicate receipt and sign in sheet
20	List the number of attendees entered into the speaker program system (including the monitor(s), speaker(s), INSYS employees). Does it match the number on the sign-in sheet(s)?	Yes	Access to system is not given to the monitors.

Category 4 - No feedback to the Sales Representatives/Speakers by Monitor		Yes / No	Remarks
21	Was a slide deck presented at the program?	Yes	
22	Did the speaker use only approved INSYS Therapeutics slides, which included the INSYS references/watermark? If no, comment in the Remarks section regarding specific slides added by the speaker.	Yes	
23	Was at least some of the mandatory safety information presented during the presentation and/or did the attendees had ample time to read the safety slides?	No	See category 1
24	Did the speaker limit the discussion to product or disease state information that is consistent with the approved product indication?	Yes	
25	If no, was the information given in response to an attendee's unsolicited question? Document, with as much detail as possible, the question(s) and response(s) in section 36.	N/A	
26	If it was in response to an unsolicited question, did the speaker state that the information was not part of the approved indication for the product and provide the medical liaison officer contact information?	N/A	
27	If it was in response to an unsolicited question, did the speaker only respond to the question by providing the medical liaison officer contact information and return to the presentation?	N/A	
28	Describe any anecdotal information on the product that was shared with attendees, and how the speaker made it clear that these were his/her personal opinion or professional judgment, and did not represent INSYS Therapeutics' position. (If off-label)		Other than a general approval of the product by the speakers' patients, no further opinions were shared by the speaker.
29	Describe any anecdotal information added by the sales representative. Note: This excludes formulary and/or patient assistant program questions.		
30	Describe any lavish or deluxe features at the venue.		
31	Was the program free from entertainment or recreation activities?	Yes	
32	Was the program free from gifts? If no, describe in detail the gifts that were distributed.	Yes	
33	Describe any direct comparisons that were made between the product and other product(s).		A direct comparison was made between the Fentanyl Lollipop or sucker and SUBSYS with respect to destruction of the product when finished. SUBSYS has prepackaged destruction support, and the comparison between that and leaving a half used fentanyl sucker laying out was made stating the obvious safety concerns.
34	Did the meal provided stay within the limit of the INSYS Therapeutics Compliance Policies (\$100/attendee dinner program, \$20/attendee breakfast/lunch program), excluding AV, room rental, and parking?	Yes	
35	Enter the speakers honorarium.	2400	

36a	Fill out a row below for each question asked by the attendees that did not appear consistent with the approved product indications.
-	N/A
-	
-	

36b	Speaker Response (document exactly how the question was handled by the speaker)
-	N/A
-	
-	

37a	Based on the monitor's experience, describe areas where the sales representative exhibited behavior(s) that represent leading practices (e.g., particularly engaging program, sales representative that seamlessly integrates compliance into their style, etc.)?
-	Rep interjected on slide number 21 to correct the physician on an incorrect dosage for the example that was being given.
-	
-	

37b	Based on the monitor's experience, describe areas where the speaker exhibited behavior(s) that represent leading practices (e.g., particularly engaging speaker, speaker that seamlessly integrates compliance into their style, etc.)?
-	N/A
-	
-	

38	Other Comments and Observations (e.g. duration of the program was not sufficient, too much extra information added to the title slide)
-	HCPs attending the program did not pay close attention to the presentation, speaker did not engage the participants but just kept repeating "you should read the insert, you should read the insert"
-	The Speaker seemed to have a hard time with slides 14-16 discussing the efficacy of the drug during phase II and phase II pain relief from Subsys compared to the placebo. The Speaker mentioned most of the time that the drug was only indicated for break through pain "in adult cancer patients"
-	No specificity given as to how to titrate up and or down with the right type of prescription quantity. Speaker was very thorough in the opening of the product and destruction and application
-	The event was originally scheduled at 7:00 PM but did not commence until 8:40 PM due to a late arrival by a HCP.

Appendix B: Speaker Program 2 Checklist

**INSYS Therapeutics
Speaker Programs Field Monitoring - Testing**

Program Logistics		
Program Contacts (INSYS Sales Representative, Additional INSYS Attendees, CIS Monitor, INSYS Monitor)		CIS Monitor: Ryan Stewart INSYS Sales Representative: Michelle Breitenbach
Program Location (venue name, street address, city, state)		Dr. Darshana Desai 2177 Oaktree Road Edison, NJ 08820
Program Type (In-Office, Venue-based, Marketing, Virtual, etc.)		In-Office
Program Date & Start Time		Thursday, November 7, 2013 - 1:00 PM
Brand		SUBSYS®
Presentation Title		Advancements in the Treatment of Breakthrough Pain in Cancer Patients (BTCP)
Speaker(s)		Dr. Monoj Patharkar, MD
How long was the presentation (in minutes)?		8 minutes
How long was the Q&A (in minutes)?		1 minute
Enter the total dollar amount from the duplicate receipt, obtained from the venue or food delivery company (excluding AV, room rental, parking)		\$139.72

General Program Information		Yes / No	Remarks
1	Was powerpoint presentation used the same as the approved slides noted during product training?	Yes	The presentation was displayed by the speaker via iPad.
2	If handouts were disseminated to the audience, were all the materials INSYS approved? Collect materials and note the INSYS document ID # in the Remarks section.	N/A	
3	Was the presentation/exchange of information knowledge at a minimum 30 minutes for in-office programs and 45 minutes for vendor programs?	No	

Category 1 - Feedback to Speaker/Sales Representative (if appropriate)		Yes / No	Remarks
4	Describe the transition between the disease state and product sections of the presentation.		The speaker provided a brief overview of the history of fentanyl, then provided SUBSYS specific information.
5	All safety information was presented during the program (e.g., discussed at some point during presentation and/or attendees had enough time to read the safety slides)? If safety information was not presented in its entirety do not provide feedback and describe in category 4.	No	No safety information was discussed. This was a very quick presentation describing what SUBSYS was and if the HCP would find it useful in her OB/GYN office. The speaker provided a brief background of history of Fentanyl, described how SUBSYS is used and its indications.
6	If paper slides were used for the presentation, were they collected at the conclusion of the program?	N/A	Paper slides were not used for the presentation. Only the approved deck electronically on an iPad provided by the rep.

Category 2 - Feedback to Speaker/Sales Representative (if appropriate)		Yes / No	Remarks
7	If handouts were disseminated to the audience, were they distributed after completion of the disease awareness portion of the speaker program (explain how the handouts were disseminated)?	N/A	
8	Did the speaker (or sales rep if speaker is introduced) disclose that the program was sponsored by INSYS? Note: If no verbal disclaimer was made that INSYS Therapeutics is sponsoring the program, the observation remains Category 2. If signage/other materials or program setting indicates INSYS Therapeutics sponsorship, note the observation and provide feedback as Category 1 that this should be done orally.	No	The Sales Representative introduced the speaker and informed the attendee that the speaker uses the INSYS product SUBSYS and that he will be providing further detail on the product. But there was no clear disclosure to the attendee that the program was sponsored by INSYS.
9	Was there at least one attendee from an institution or office other than the speaker's?	Yes	Dr. Darshana Desai
10a	How many HCP attendees were at the event?		1
10b	How many speaker(s) were at the event?		1
10c	How many sales representatives were at the event?		2
10d	How many monitors were at the event?		1
10e	Total number of people at the event and took part in the meal		9 (5 total individuals attended the actual speaker program. Per the checklist, a total of an additional 4 other office staff members took part in the meal.)
11	Was a sales representative present during the entire presentation? (Note: this is not a requirement, however, it is good to note if the representative did not stay for the duration of the program)	Yes	
12a	No more than two representatives were present at the program?	Yes	
12b	Were there at least 3 RSVPs prior to proceeding with the program?	Yes	
13	If two sales representatives were present at the program, did the total RSVPs or attendees exceed 12 HCPs?	N/A	The additional sales representative present was being trained by Michelle.
14	If two sales representatives were present at the program, did the second representative leave before the beginning of the presentation?	N/A	The additional sales representative present was being trained by Michelle.
15	If two sales representatives were present at the program, and the second representative did not leave before the beginning of the presentation, was there prior approval?	N/A	The additional sales representative present was being trained by Michelle.
Category 3 - Feedback to Speaker/Sales Representative (if appropriate)		Yes / No	Remarks
16	If an offsite program, were all participants who received a meal also present for the entire information presentation?	N/A	
17	Was the event held in a private room away from the general public?	Yes	
18	Did the sales representative require the attendees to sign into an attendance list?	Yes	
19	List the number of attendees on the sign-in sheet(s) (including monitor(s), speaker(s), INSYS employees). Note: Some offices may refuse to allow their employees to sign in, and in those cases the representative has to note the refusal to sign. Does it match the number observed?	No	4 employees of the office (these employees did not attend the program) 1 HCP 2 INSYS Employees 1 Speaker 1 Monitor
20	List the number of attendees entered into the speaker program system (including the monitor(s), speaker(s), INSYS employees). Does it match the number on the sign-in sheet(s)?	N/A	Access to system is not given to the monitors.

Category 4 - No feedback to the Sales Representatives/Speakers by Monitor	Yes / No	Remarks
21 Was a slide deck presented at the program?	Yes	Via iPad
22 Did the speaker use only approved INSYS Therapeutics slides, which included the INSYS references/watermark? If no, comment in the Remarks section regarding specific slides added by the speaker.	Yes	
23 Was at least some of the mandatory safety information presented during the presentation and/or did the attendees had ample time to read the safety slides?	No	No safety information was discussed. This was a very quick presentation describing what SUBSYS was and if the HCP would find it useful in her OB/GYN office. The speaker provided a brief background of history of Fentanyl, described how SUBSYS is used and its indications.
24 Did the speaker limit the discussion to product or disease state information that is consistent with the approved product indication?	Yes	
25 If no, was the information given in response to an attendee's unsolicited question? Document, with as much detail as possible, the question(s) and response(s) in section 36.	N/A	
26 If it was in response to an unsolicited question, did the speaker state that the information was not part of the approved indication for the product and provide the medical liaison officer contact information?	N/A	
27 If it was in response to an unsolicited question, did the speaker only respond to the question by providing the medical liaison officer contact information and return to the presentation?	N/A	
28 Describe any anecdotal information on the product that was shared with attendees, and how the speaker made it clear that these were his/her personal opinion or professional judgment, and did not represent INSYS Therapeutics' position. (if off-label)		None
29 Describe any anecdotal information added by the sales representative. Note: This excludes formulary and/or patient assistant program questions.		None
30 Describe any lavish or deluxe features at the venue.		None
31 Was the program free from entertainment or recreation activities?	Yes	
32 Was the program free from gifts? If no, describe in detail the gifts that were distributed.	Yes	
33 Describe any direct comparisons that were made between the product and other product(s).		None
34 Did the meal provided stay with the limit of the INSYS Therapeutics Compliance Policies (\$100/attendee dinner program, \$20/attendee breakfast/lunch program), excluding AV, room rental, and parking?	No	Total of \$139.72 divided by the total number of people that attended the program comes out to a total of \$27.94 per person.
35 Enter the speakers honorarium.	1600	

36a Fill out a row below for each question asked by the attendees that did not appear consistent with the approved product indications.
- The attendee asked if SUBSYS was only used for breakthrough pain in cancer patients.
-
-

36b Speaker Response (document exactly how the question was handled by the speaker)
- The speaker informed the attendee that yes, this is only to be used for breakthrough pain in cancer patients.
-
-

37a Based on the monitor's experience, describe areas where the sales representative exhibited behavior(s) that represent leading practices (e.g., particularly engaging program, sales representative that seamlessly integrates compliance into their style, etc.)?
- N/A
-
-

37b Based on the monitor's experience, describe areas where the speaker exhibited behavior(s) that represent leading practices (e.g., particularly engaging speaker, speaker that seamlessly integrates compliance into their style, etc.)?
- N/A
-
-

38 Other Comments and Observations (e.g. duration of the program was not sufficient, too much extra information added to the title slide)
- The duration of the program was not sufficient and the safety slides were not reviewed. The presentation was very short in time, but the attendee did also inform the speaker that they do not treat many cancer patients that have not already seen pain specialists and that they would not see themselves using this product on cancer patients, as indicated on the label.
- N/A
-

Appendix C: Speaker Program 3 Checklist

**INSYS Therapeutics
Speaker Programs Field Monitoring - Testing**

Program Logistics		
Program Contacts (INSYS Sales Representative, Additional INSYS Attendees, CIS Monitor, INSYS Monitor)		CIS Monitor: Adam Toronto INSYS Sales Representative: Kristiana Wright
Program Location (venue name, street address, city, state)		Rock Oncology Specialists 910 W 5th Ave #700 Spokane WA, 99204
Program Type (In-Office, Venue-based, Marketing, Virtual, etc.)		In-Office
Program Date & Start Time		Tuesday, November 19, 2013 - 11:30 AM
Brand		SUBSYS®
Presentation Title		Advancements in the Treatment of Breakthrough Pain in Cancer Patients (BTCP)
Speaker(s)		Dr. John Hatheway, MD
How long was the presentation (in minutes)?		6 minutes - 9 minutes; Three HCPs passed through while monitor was present 1, 6 minutes, 2, 10 minutes, 3, 9 minutes. Speaker was present for about 2 hours with an expectation of 5 HCPs to hear the presentation.
How long was the Q&A (in minutes)?		No Q&A as it was a quick in and out lunch program so HCPs asked questions as they had them and included in the total time amount.
Enter the total dollar amount from the duplicate receipt, obtained from the venue or food delivery company (excluding AV, room rental, parking)		Paid upfront by INSYS corporate

General Program Information		Yes / No	Remarks
1	Was powerpoint presentation used the same as the approved slides noted during product training?	Yes	
2	If handouts were disseminated to the audience, were all the materials INSYS approved? Collect materials and note the INSYS document ID # in the Remarks section.	Yes	
3	Was the presentation/exchange of information knowledge at a minimum 30 minutes for in-office programs and 45 minutes for vendor programs?	No	Very difficult as HCP's passed in and have 5-10 minutes to listen

Category 1 - Feedback to Speaker/Sales Representative (if appropriate)		Yes / No	Remarks
4	Describe the transition between the disease state and product sections of the presentation.		Again, being that the HCPs had very little time, the speaker did a good job to summarize the slides and specific safety, titration, and usage information within a very short period of time
5	All safety information was presented during the program (e.g., discussed at some point during presentation and/or attendees had enough time to read the safety slides)? If safety information was not presented in its entirety do not provide feedback and describe in category 4	Yes	Speaker was certain to review all safety information with the minimal time for each HCP as they passed through.
6	If paper slides were used for the presentation, were they collected at the conclusion of the program?	N/A	

Category 2 - Feedback to Speaker/Sales Representative (if appropriate)		Yes / No	Remarks
7	If handouts were disseminated to the audience, were they distributed after completion of the disease awareness portion of the speaker program (explain how the handouts were disseminated)?	Yes	Handouts for the discount cards/PaP programs as well as the REMS(TIRF) enrollment were provided to each HCP by the rep.
8	Did the speaker (or sales rep if speaker is introduced) disclose that the program was sponsored by INSYS? Note: If no verbal disclaimer was made that INSYS Therapeutics is sponsoring the program, the observation remains Category 2. If signage/other materials or program setting indicates INSYS Therapeutics sponsorship, note the observation and provide feedback as Category 1 that this should be done orally.	No	
9	Was there at least one attendee from an institution or office other than the speaker's?	Yes	
10a	How many HCP attendees were at the event?		3
10b	How many speaker(s) were at the event?		1
10c	How many sales representatives were at the event?		1
10d	How many monitors were at the event?		1
10e	Total number of people at the event and took part in the meal		6 (Monitor left after 1.5 hours and three HCP presentations - possible that others came)
11	Was a sales representative present during the entire presentation? (Note: this is not a requirement, however, it is good to note if the representative did not stay for the duration of the program)	Yes	
12a	No more than two representatives were present at the program?	Yes	
12b	Were there at least 3 RSVPs prior to proceeding with the program?	Yes	
13	If two sales representatives were present at the program, did the total RSVPs or attendees exceed 12 HCPs?	N/A	N/A
14	If two sales representatives were present at the program, did the second representative leave before the beginning of the presentation?	N/A	N/A
15	If two sales representatives were present at the program, and the second representative did not leave before the beginning of the presentation, was there prior approval?	N/A	N/A

Category 3 - Feedback to Speaker/Sales Representative (if appropriate)		Yes / No	Remarks
16	If an offsite program, were all participants who received a meal also present for the entire information presentation?	N/A	Onsite presentation - N/A
17	Was the event held in a private room away from the general public?	Yes	Lunch Room in office
18	Did the sales representative require the attendees to sign into an attendance list?	Yes	
19	List the number of attendees on the sign-in sheet(s) (including monitor(s), speaker(s), INSYS employees). Note: Some offices may refuse to allow their employees to sign in, and in those cases the representative has to note the refusal to sign. Does it match the number observed?	N/A	Review with INSYS Corporate
20	List the number of attendees entered into the speaker program system (including the monitor(s), speaker(s), INSYS employees). Does it match the number on the sign-in sheet(s)?	N/A	Access to system is not given to the monitors.

Category 4 - No feedback to the Sales Representatives/Speakers by Monitor		Yes / No	Remarks
21	Was a slide deck presented at the program?	Yes	
22	Did the speaker use only approved INSYS Therapeutics slides, which included the INSYS references/watermark? If no, comment in the Remarks section regarding specific slides added by the speaker.	Yes	
23	Was at least some of the mandatory safety information presented during the presentation and/or did the attendees had ample time to read the safety slides?	Yes	
24	Did the speaker limit the discussion to product or disease state information that is consistent with the approved product indication?	Yes	
25	If no, was the information given in response to an attendee's unsolicited question? Document, with as much detail as possible, the question(s) and response(s) in section 36.	N/A	
26	If it was in response to an unsolicited question, did the speaker state that the information was not part of the approved indication for the product and provide the medical liaison officer contact information?	N/A	
27	If it was in response to an unsolicited question, did the speaker only respond to the question by providing the medical liaison officer contact information and return to the presentation?	N/A	
28	Describe any anecdotal information on the product that was shared with attendees, and how the speaker made it clear that these were his/her personal opinion or professional judgment, and did not represent INSYS Therapeutics' position. (if off-label)		N/A
29	Describe any anecdotal information added by the sales representative. Note: This excludes formulary and/or patient assistant program questions.		N/A
30	Describe any lavish or deluxe features at the venue.		N/A
31	Was the program free from entertainment or recreation activities?	Yes	
32	Was the program free from gifts? If no, describe in detail the gifts that were distributed.	Yes	
33	Describe any direct comparisons that were made between the product and other product(s).		Comparison made between the lollipop and dental cavities that can occur with competitive products
34	Did the meal provided stay with the limit of the INSYS Therapeutics Compliance Policies (\$100/attendee dinner program, \$20/attendee breakfast/lunch program), excluding AV, room rental, and parking?	Yes	
35	Enter the speakers honorarium.	1000	

36a	Fill out a row below for each question asked by the attendees that did not appear consistent with the approved product indications.
-	N/A
-	
-	

36b	Speaker Response (document exactly how the question was handled by the speaker)
-	N/A
-	
-	

37a	Based on the monitor's experience, describe areas where the sales representative exhibited behavior(s) that represent leading practices (e.g., particularly engaging program, sales representative that seamlessly integrates compliance into their style, etc.)?
-	Sales rep was very knowledgeable in product information and actually corrected speaker on more than one occasion with respect to usage and destruction to ensure the most accurate information was presented
-	
-	

37b	Based on the monitor's experience, describe areas where the speaker exhibited behavior(s) that represent leading practices (e.g., particularly engaging speaker, speaker that seamlessly integrates compliance into their style, etc.)?
-	Speaker was very able to present the benefits of the product and how it has vastly changed the lives of his patients. Made good comparisons between competing products and SUBSYS
-	
-	

38	Other Comments and Observations (e.g. duration of the program was not sufficient, too much extra information added to the title slide)
-	Both Rep and Speaker did well with a small venue and HCPs that were rushed through a small break room.
-	
-	

Appendix D: Speaker Program 4 Checklist

**INSYS Therapeutics
Speaker Programs Field Monitoring - Testing**

Program Logistics		
Program Contacts (INSYS Sales Representative, Additional INSYS Attendees, CIS Monitor, INSYS Monitor)		CIS Monitor: Eugene Shvartsman INSYS Sales Representative: Ben Ecker
Program Location (venue name, street address, city, state)		Devon 225 S 18th Street Philadelphia, PA 19103
Program Type (In-Office, Venue-based, Marketing, Virtual, etc.)		Venue-based
Program Date & Start Time		Tuesday, November 26, 2013 - 5:23 PM
Brand		SUBSYS®
Presentation Title		Advancements in the Treatment of Breakthrough Pain in Cancer Patients (BTCP)
Speaker(s)		Dr. Rishin Patel, MD
How long was the presentation (in minutes)?		20 - 30 minutes; Per discussion with the sales representative and the speaker, CIS noted the presentation was approximately 20 -30 minutes. CIS noted the program was originally scheduled at 7:00 PM, but was re-scheduled to an earlier time due to weather conditions. Per review of the copy of the receipt, CIS noted the program commenced at 5:23 PM. CIS was notified of this change at 5:20 PM and did not arrive at the venue until 6:15 PM therefore, CIS was not present for the presentation.
How long was the Q&A (in minutes)?		10 minutes; Per discussion with the sales representative and the speaker, CIS noted the Q&A was approximately 10 minutes. As noted above, the program was originally scheduled at 7:00 PM, but was re-scheduled to an earlier time due to weather conditions. Per review of the copy of the receipt, CIS noted the program commenced at 5:23 PM. CIS was notified of this change at 5:20 PM and did not arrive at the venue until 6:15 PM therefore, CIS was not present for Q&A.
Enter the total dollar amount from the duplicate receipt, obtained from the venue or food delivery company (excluding AV, room rental, parking)		\$382.09

General Program Information		Yes / No	Remarks
1	Was PowerPoint presentation used the same as the approved slides noted during product training?	N/A	Although not present for the presentation, CIS reviewed a copy of the slides within the iPad and noted there were no inconsistencies between the presentation and the approved slides.
2	If handouts were disseminated to the audience, were all the materials INSYS approved? Collect materials and note the INSYS document ID # in the Remarks section.	N/A	CIS noted an invitation to the speaker program was disseminated to the audience prior to the event. CIS noted that no other materials were given out during the event and the program was presented via iPad.
3	Was the presentation/exchange of information knowledge at a minimum 30 minutes for in-office programs and 45 minutes for vendor programs?	No	

Category 1 - Feedback to Speaker/Sales Representative (if appropriate)		Yes / No	Remarks
4	Describe the transition between the disease state and product sections of the presentation.		CIS was not present during the presentation.
5	All safety information was presented during the program (e.g., discussed at some point during presentation and/or attendees had enough time to read the safety slides)? If safety information was not presented in its entirety do not provide feedback and describe in category 4.	N/A	CIS was not present during the presentation.
6	If paper slides were used for the presentation, were they collected at the conclusion of the program?	N/A	CIS was not present during the presentation. As noted above, CIS reviewed a copy of the slides within the iPad and noted there were no inconsistencies between the presentation and the approved slides.

Category 2 - Feedback to Speaker/Sales Representative (if appropriate)		Yes / No	Remarks
7	If handouts were disseminated to the audience, were they distributed after completion of the disease awareness portion of the speaker program (explain how the handouts were disseminated)?	N/A	CIS was not present during the presentation.
8	Did the speaker (or sales rep if speaker is introduced) disclose that the program was sponsored by INSYS? Note: If no verbal disclaimer was made that INSYS Therapeutics is sponsoring the program, the observation remains Category 2. If signage/other materials or program setting indicates INSYS Therapeutics sponsorship, note the observation and provide feedback as Category 1 that this should be done orally	N/A	CIS was not present during the presentation.
9	Was there at least one attendee from an institution or office other than the speaker's?	Yes	
10a	How many HCP attendees were at the event?		3
10b	How many speaker(s) were at the event?		1
10c	How many sales representatives were at the event?		1
10d	How many monitors were at the event?		1
10e	Total number of people at the event and took part in the meal		6
11	Was a sales representative present during the entire presentation? (Note: this is not a requirement, however, it is good to note if the representative did not stay for the duration of the program)	Yes	
12a	No more than two representatives were present at the program?	Yes	
12b	Were there at least 3 RSVPs prior to proceeding with the program?	Yes	
13	If two sales representatives were present at the program, did the total RSVPs or attendees exceed 12 HCPs?	N/A	
14	If two sales representatives were present at the program, did the second representative leave before the beginning of the presentation?	N/A	
15	If two sales representatives were present at the program, and the second representative did not leave before the beginning of the presentation, was there prior approval?	N/A	
Category 3 - Feedback to Speaker/Sales Representative (if appropriate)		Yes / No	Remarks
16	If an offsite program, were all participants who received a meal also present for the entire information presentation?	Yes	
17	Was the event held in a private room away from the general public?	Yes	The speaker program was held in a private corner of a restaurant.
18	Did the sales representative require the attendees to sign into an attendance list?	Yes	
19	List the number of attendees on the sign-in sheet(s) (including monitor(s), speaker(s), INSYS employees). Note: Some offices may refuse to allow their employees to sign in, and in those cases the representative has to note the refusal to sign. Does it match the number observed?	Yes	1 Speaker 3 HCP (2 MDs and 1 PA) 1 Sales Representative CIS noted the sales representative printed name was included on the sign-in sheet but no signature was present.
20	List the number of attendees entered into the speaker program system (including the monitor(s), speaker(s), INSYS employees). Does it match the number on the sign-in sheet(s)?	N/A	Access to system is not given to the monitors.

Category 4 - No feedback to the Sales Representatives/Speakers by Monitor		Yes / No	Remarks
21	Was a slide deck presented at the program?	N/A	CIS was not present during the presentation. Per discussion with the sales representative and the speaker, the slides were presented via iPad.
22	Did the speaker use only approved INSYS Therapeutics slides, which included the INSYS references/watermark? If no, comment in the Remarks section regarding specific slides added by the speaker.	N/A	Although not present for the presentation, CIS reviewed a copy of the slides and noted there were no inconsistencies between the presentation and the approved slides.
23	Was at least some of the mandatory safety information presented during the presentation and/or did the attendees had ample time to read the safety slides?	N/A	CIS was not present during the presentation. Per discussion with speaker, CIS noted he did not review all the slides within the presentation.
24	Did the speaker limit the discussion to product or disease state information that is consistent with the approved product indication?	N/A	CIS was not present during the presentation and Q&A.
25	If no, was the information given in response to an attendee's unsolicited question? Document, with as much detail as possible, the question(s) and response(s) in section 36.	N/A	CIS was not present during the presentation and Q&A.
26	If it was in response to an unsolicited question, did the speaker state that the information was not part of the approved indication for the product and provide the medical liaison officer contact information?		CIS was not present during the presentation and Q&A.
27	If it was in response to an unsolicited question, did the speaker only respond to the question by providing the medical liaison officer contact information and return to the presentation?		CIS was not present during the presentation and Q&A.
28	Describe any anecdotal information on the product that was shared with attendees, and how the speaker made it clear that these were his/her personal opinion or professional judgment, and did not represent INSYS Therapeutics' position. (if off-label)		CIS was not present during the presentation and Q&A.
29	Describe any anecdotal information added by the sales representative. Note: This excludes formulary and/or patient assistant program questions.		CIS was not present during the presentation and Q&A.
30	Describe any lavish or deluxe features at the venue.		None
31	Was the program free from entertainment or recreation activities?	Yes	
32	Was the program free from gifts? If no, describe in detail the gifts that were distributed.	Yes	
33	Describe any direct comparisons that were made between the product and other product(s).		CIS was not present during the presentation and Q&A.
34	Did the meal provided stay within the limit of the INSYS Therapeutics Compliance Policies (\$100/attendee dinner program, \$20/attendee breakfast/lunch program), excluding AV, room rental, and parking?	Yes	
35	Enter the speakers honorarium.	1000	

36a	Fill out a row below for each question asked by the attendees that did not appear consistent with the approved product indications.
-	N/A
-	
-	

36b	Speaker Response (document exactly how the question was handled by the speaker)
-	N/A
-	
-	

37a	Based on the monitor's experience, describe areas where the sales representative exhibited behavior(s) that represent leading practices (e.g., particularly engaging program, sales representative that seamlessly integrates compliance into their style, etc.)?
-	N/A
-	
-	

37b	Based on the monitor's experience, describe areas where the speaker exhibited behavior(s) that represent leading practices (e.g., particularly engaging speaker, speaker that seamlessly integrates compliance into their style, etc.)?
-	N/A
-	
-	

38	Other Comments and Observations (e.g. duration of the program was not sufficient, too much extra information added to the title slide)
-	N/A
-	
-	

Appendix E: Speaker Program 5 Checklist

**INSYS Therapeutics
Speaker Programs Field Monitoring - Testing**

Program Logistics		
Program Contacts (INSYS Sales Representative, Additional INSYS Attendees, CIS Monitor, INSYS Monitor)		CIS Monitor: Eugene Shvartsman INSYS Sales Representative: Dan Tondre INSYS Area Business Liaison: Asqa Nawaz
Program Location (venue name, street address, city, state)		Ruth's Chris 6700 S Tamiami Trail Sarasota, FL 34231
Program Type (In-Office, Venue-based, Marketing, Virtual, etc.)		Venue-based
Program Date & Start Time		Monday, December 2, 2013 - 7:30 PM
Brand		SUBSYS®
Presentation Title		Advancements in the Treatment of Breakthrough Pain in Cancer Patients (BTCP)
Speaker(s)		Dr. Dwight Fitch, MD
How long was the presentation (in minutes)?		32 minutes
How long was the Q&A (in minutes)?		6 minutes
Enter the total dollar amount from the duplicate receipt, obtained from the venue or food delivery company (excluding AV, room rental, parking)		\$700.00
		It is unclear which line item within the receipt is related to a room rental.

General Program Information		Yes / No	Remarks
1	Was PowerPoint presentation used the same as the approved slides noted during product training?	Yes	
2	If handouts were disseminated to the audience, were all the materials INSYS approved? Collect materials and note the INSYS document ID # in the Remarks section.	Yes	A hard copy of the presentation was provided to all attendees. CIS noted that slide 7 (Indications and Usage) and slide 10 (Important Safety Information) were not legible. The illegibility appears to have been caused by a printing error.
3	Was the presentation/exchange of information knowledge at a minimum 30 minutes for in-office programs and 45 minutes for vendor programs?	No	

Category 1 - Feedback to Speaker/Sales Representative (if appropriate)		Yes / No	Remarks
4	Describe the transition between the disease state and product sections of the presentation		The speaker provided a brief overview of the history of fentanyl, then provided SUBSYS specific information
5	All safety information was presented during the program (e.g., discussed at some point during presentation and/or attendees had enough time to read the safety slides)? If safety information was not presented in its entirety do not provide feedback and describe in category 4.	No	As noted above slide 10 (Important Safety Information) was not legible within the handouts provided to the attendees. Minimal amount of time was on spent on safety information. The speaker primarily focused on accidental exposure and that SUBSYS is only available through TIRF REMS. The speaker also noted that he was not aware of any incidents that have resulted in death for patients that have utilized SUBSYS. This statement was confirmed by Asqa Nawa, Area Business Liaison. The speaker also noted that due to the fact that SUBSYS contains alcohol; it prevents patients from spraying the drug into their nose or eyes.
6	If paper slides were used for the presentation, were they collected at the conclusion of the program?	No	

Category 2 - Feedback to Speaker/Sales Representative (if appropriate)		Yes / No	Remarks
7	If handouts were disseminated to the audience, were they distributed after completion of the disease awareness portion of the speaker program (explain how the handouts were disseminated)?	N/A	No handouts were disseminated after the disease state portion.
8	Did the speaker (or sales rep if speaker is introduced) disclose that the program was sponsored by INSYS? Note: If no verbal disclaimer was made that INSYS Therapeutics is sponsoring the program, the observation remains Category 2. If signage/other materials or program setting indicates INSYS Therapeutics sponsorship, note the observation and provide feedback as Category 1 that this should be done orally.	No	There was no clear disclosure to the attendees that the program was sponsored by INSYS. The Sales Representative introduced the speaker and informed the attendees that the speaker will provide details regarding SUBSYS.
9	Was there at least one attendee from an institution or office other than the speaker's?	No	All the attendees including the speaker were affiliated with the same practice.
10a	How many HCP attendees were at the event?		3
10b	How many speaker(s) were at the event?		1
10c	How many sales representatives were at the event?		2 (1 sales representative and 1 area business liaison)
10d	How many monitors were at the event?		1
10e	Total number of people at the event and took part in the meal		7
11	Was a sales representative present during the entire presentation? (Note: this is not a requirement, however, it is good to note if the representative did not stay for the duration of the program)	Yes	
12a	No more than two representatives were present at the program?	Yes	
12b	Were there at least 3 RSVPs prior to proceeding with the program?	Yes	
13	If two sales representatives were present at the program, did the total RSVPs or attendees exceed 12 HCPs?		Not applicable, there was only 1 sales representative and 1 area business liaison.
14	If two sales representatives were present at the program, did the second representative leave before the beginning of the presentation?		Not applicable, there was only 1 sales representative and 1 area business liaison.
15	If two sales representatives were present at the program, and the second representative did not leave before the beginning of the presentation, was there prior approval?		Not applicable, there was only 1 sales representative and 1 area business liaison.

Category 3 - Feedback to Speaker/Sales Representative (if appropriate)		Yes / No	Remarks
16	If an offsite program, were all participants who received a meal also present for the entire information presentation?	Yes	
17	Was the event held in a private room away from the general public?	Yes	
18	Did the sales representative require the attendees to sign into an attendance list?	Yes	
19	List the number of attendees on the sign-in sheet(s) (including monitor(s), speaker(s), INSYS employees). Note: Some offices may refuse to allow their employees to sign in, and in those cases the representative has to note the refusal to sign. Does it match the number observed?	No	1 Speaker 3 HCP 1 Monitor (CIS) 1 Sales Representative The Area Business Liaison did not sign the sign-in sheet.
20	List the number of attendees entered into the speaker program system (including the monitor(s), speaker(s), INSYS employees). Does it match the number on the sign-in sheet(s)?	N/A	Access to system is not given to the monitors.

Category 4 - No feedback to the Sales Representatives/Speakers by Monitor		Yes / No	Remarks
21	Was a slide deck presented at the program?	Yes	A hard copy of the presentation was disbursed prior to the commencement of the presentation. As noted above, CIS noted that slide 7 (Indications and Usage) and slide 10 (Important Safety Information) were not legible. The illegibility appears to have been caused by a printing error.
22	Did the speaker use only approved INSYS Therapeutics slides, which included the INSYS references/watermark? If no, comment in the Remarks section regarding specific slides added by the speaker.	Yes	
23	Was at least some of the mandatory safety information presented during the presentation and/or did the attendees had ample time to read the safety slides?	No	The speaker noted the attendees were knowledgeable about the safety information based on their professional experience with Fentanyl.
24	Did the speaker limit the discussion to product or disease state information that is consistent with the approved product indication?	Yes	
25	If no, was the information given in response to an attendee's unsolicited question? Document, with as much detail as possible, the question(s) and response(s) in section 36.	N/A	N/A
26	If it was in response to an unsolicited question, did the speaker state that the information was not part of the approved indication for the product and provide the medical liaison officer contact information?	N/A	N/A
27	If it was in response to an unsolicited question, did the speaker only respond to the question by providing the medical liaison officer contact information and return to the presentation?	N/A	N/A
28	Describe any anecdotal information on the product that was shared with attendees, and how the speaker made it clear that these were his/her personal opinion or professional judgment, and did not represent INSYS Therapeutics' position. (if off-label)		The speaker stated that he had a patient that complained about back pain and that the patient acknowledged that they have been prescribed several drugs on the market but none of them were effective. The speaker prescribed the patient SUBSYS and noted that was only medication that worked for the patient. CIS noted it was unclear if the patient was a cancer patient.
29	Describe any anecdotal information added by the sales representative. Note: This excludes formulary and/or patient assistant program questions.		None
30	Describe any lavish or deluxe features at the venue.		None
31	Was the program free from entertainment or recreation activities?	Yes	
32	Was the program free from gifts? If no, describe in detail the gifts that were distributed.	Yes	
33	Describe any direct comparisons that were made between the product and other products.		The sales representative and the speaker compared SUBSYS with Actiq. They noted that SUBSYS is disposed after it has been used therefore, it's easier to keep out of reach of children. They further noted that Actiq, is a lollipop that can be accidentally picked up by a non intended user if the intended individual did not use the full dosage of the product.
34	Did the meal provided stay with the limit of the INSYS Therapeutics Compliance Policies (\$100/attendee dinner program, \$20/attendee breakfast/lunch program), excluding AV, room rental, and parking?	Yes	CIS noted there were 6 individuals that were drinking wine and at least each person had two servings but, only 7 glasses were charged to the bill. Furthermore, the speaker had an alcoholic beverage that was not wine which was not included within the bill. Therefore, it is unclear why the receipt did not include these items.
35	Enter the speakers honorarium.	0	

36a	Fill out a row below for each question asked by the attendees that did not appear consistent with the approved product indications.
-	
-	
-	

36b	Speaker Response (document exactly how the question was handled by the speaker)
-	
-	
-	

37a	Based on the monitor's experience, describe areas where the sales representative exhibited behavior(s) that represent leading practices (e.g., particularly engaging program, sales representative that seamlessly integrates compliance into their style, etc.)?
-	
-	
-	

37b	Based on the monitor's experience, describe areas where the speaker exhibited behavior(s) that represent leading practices (e.g., particularly engaging speaker, speaker that seamlessly integrates compliance into their style, etc.)?
-	
-	
-	

38	Other Comments and Observations (e.g. duration of the program was not sufficient, too much extra information added to the title slide)
-	The speaker did not discuss the majority of the slides in detail.
-	An attendee inquired if patients complained about any burning when taking the product due to dehydrated alcohol. The speaker noted he was not aware of any situations.
-	An attendee inquired if insurance companies cover SUBSYS. The Sales Representative and Area Business Liaison stated that it depends on the patient's insurance. They noted that majority of the insurance companies will cover the medication. The Area Business Liaison noted there have been instances where INYSIS has paid for patient's co-pays or provided them coupons.
-	An attendee inquired if all pharmacies stock SUBSYS. The sales representative noted INYSIS supplies their product to a niche community of pharmacies. The sales preventative further noted not all pharmacies stock this product, but it can be delivered to the patient within 1 business day to their house.

DRAFT

Appendix F: Speaker Program 6 Checklist

**INSYS Therapeutics
Speaker Programs Field Monitoring - Testing**

Program Logistics		
Program Contacts (INSYS Sales Representative, Additional INSYS Attendees, CIS Monitor, INSYS Monitor)		CIS Monitor: Adam Toronto INSYS Sales Representative: Fernando Serrano INSYS District Manager: Jonathon Roper Other: John Grummer, Divya Agrawahl, Rachel Ortense
Program Location (venue name, street address, city, state)		Sojourn 233 E 79th Street Manhattan, NY
Program Type (In-Office, Venue-based, Marketing, Virtual, etc.)		Venue-based
Program Date & Start Time		Friday, December 13, 2013 - 7:35 PM
Brand		SUBSYS®
Presentation Title		Advancements in the Treatment of Breakthrough Pain in Cancer Patients (BTCP)
Speaker(s)		Dr. Romanth Wahmahrae, MD
How long was the presentation (in minutes)?		33 minutes
How long was the Q&A (in minutes)?		N/A;
Enter the total dollar amount from the duplicate receipt, obtained from the venue or food delivery company (excluding AV, room rental, parking)		No specific Q&A but questions were asked during the presentation. Paid by INSYS Corporate

General Program Information		Yes / No	Remarks
1	Was PowerPoint presentation used the same as the approved slides noted during product training?	Yes	
2	If handouts were disseminated to the audience, were all the materials INSYS approved? Collect materials and note the INSYS document ID # in the Remarks section.	Yes	Monitor did not see handouts presented to the HCPs present and when asked by the monitor, the INSYS sales representative stated that he had already passed out the approved INSYS documents.
3	Was the presentation/exchange of information knowledge at a minimum 30 minutes for in-office programs and 45 minutes for vendor programs?	No	

Category 1 - Feedback to Speaker/Sales Representative (if appropriate)		Yes / No	Remarks
4	Describe the transition between the disease state and product sections of the presentation.		The speaker did a very thorough job at transition from section to section. Disease state to actual product, use, and titration was well defined.
5	All safety information was presented during the program (e.g., discussed at some point during presentation and/or attendees had enough time to read the safety slides)? If safety information was not presented in its entirety do not provide feedback and describe in category 4.	Yes	
6	If paper slides were used for the presentation, were they collected at the conclusion of the program?	N/A	Paper slides were not used for the presentation. Only the approved deck electronically on an iPad provided by the rep.

Category 2 - Feedback to Speaker/Sales Representative (if appropriate)		Yes / No	Remarks
7	If handouts were disseminated to the audience, were they distributed after completion of the disease awareness portion of the speaker program (explain how the handouts were disseminated)?	N/A	No handouts were disseminated after the disease state portion
8	Did the speaker (or sales rep if speaker is introduced) disclose that the program was sponsored by INSYS? Note: If no verbal disclaimer was made that INSYS Therapeutics is sponsoring the program, the observation remains Category 2. If signage/other materials or program setting indicates INSYS Therapeutics sponsorship, note the observation and provide feedback as Category 1 that this should be done orally.	No	
9	Was there at least one attendee from an institution or office other than the speaker's?	Yes	
10a	How many HCP attendees were at the event?		2
10b	How many speaker(s) were at the event?		1
10c	How many sales representatives were at the event?		3
10d	How many monitors were at the event?		1
10e	Total number of people at the event and took part in the meal		7
11	Was a sales representative present during the entire presentation? (Note: this is not a requirement, however, it is good to note if the representative did not stay for the duration of the program)	Yes	
12a	No more than two representatives were present at the program?	No	2 reps/ 1 District Manager
12b	Were there at least 3 RSVPs prior to proceeding with the program?	No	According to the INSYS sales representative there were only two
13	If two sales representatives were present at the program, did the total RSVPs or attendees exceed 12 HCPs?	No	
14	If two sales representatives were present at the program, did the second representative leave before the beginning of the presentation?	No	
15	If two sales representatives were present at the program, and the second representative did not leave before the beginning of the presentation, was there prior approval?	Yes	Second sales representative is new and was shadowing for educational purposes.

Category 3 - Feedback to Speaker/Sales Representative (if appropriate)		Yes / No	Remarks
16	If an offsite program, were all participants who received a meal also present for the entire information presentation?	No	The second HCP that arrived late got a brief summary of the product and the deck was not shared as it should have been as the speaker was rushing to make a flight home and eat.
17	Was the event held in a private room away from the general public?	No	The table was in the middle of a crowded and loud restaurant where patrons were within armslength of the speaker and audible presentation
18	Did the sales representative require the attendees to sign into an attendance list?	Yes	
19	List the number of attendees on the sign-in sheet(s) (including monitor(s), speaker(s), INSYS employees). Note: Some offices may refuse to allow their employees to sign in, and in those cases the representative has to note the refusal to sign. Does it match the number observed?	Yes	See attendee box above
20	List the number of attendees entered into the speaker program system (including the monitor(s), speaker(s), INSYS employees). Does it match the number on the sign-in sheet(s)?	N/A	Access to system is not given to the monitors

Category 4 - No feedback to the Sales Representatives/Speakers by Monitor		Yes / No	Remarks
21	Was a slide deck presented at the program?	Yes	
22	Did the speaker use only approved INSYS Therapeutics slides, which included the INSYS references/watermark? If no, comment in the Remarks section regarding specific slides added by the speaker.	Yes	
23	Was at least some of the mandatory safety information presented during the presentation and/or did the attendees had ample time to read the safety slides?	Yes	
24	Did the speaker limit the discussion to product or disease state information that is consistent with the approved product indication?	Yes	Did very well controlling the conversation
25	If no, was the information given in response to an attendee's unsolicited question? Document, with as much detail as possible, the question(s) and response(s) in section 36.	N/A	
26	If it was in response to an unsolicited question, did the speaker state that the information was not part of the approved indication for the product and provide the medical liaison officer contact information?	N/A	
27	If it was in response to an unsolicited question, did the speaker only respond to the question by providing the medical liaison officer contact information and return to the presentation?	N/A	
28	Describe any anecdotal information on the product that was shared with attendees, and how the speaker made it clear that these were his/her personal opinion or professional judgment, and did not represent INSYS Therapeutics' position. (if off-label)		N/A
29	Describe any anecdotal information added by the sales representative. Note: This excludes formulary and/or patient assistant program questions.		N/A
30	Describe any lavish or deluxe features at the venue.		N/A
31	Was the program free from entertainment or recreation activities?	Yes	
32	Was the program free from gifts? If no, describe in detail the gifts that were distributed.	Yes	
33	Describe any direct comparisons that were made between the product and other product(s).		N/A
34	Did the meal provided stay with the limit of the INSYS Therapeutics Compliance Policies (\$100/attendee dinner program, \$20/attendee breakfast/lunch program), excluding AV, room rental, and parking?	Yes	Verify with INSYS
35	Enter the speakers honorarium.	2400	

36a	Fill out a row below for each question asked by the attendees that did not appear consistent with the approved product indications.
-	N/A
-	
-	

36b	Speaker Response (document exactly how the question was handled by the speaker)
-	N/A
-	
-	

37a	Based on the monitor's experience, describe areas where the sales representative exhibited behavior(s) that represent leading practices (e.g., particularly engaging program, sales representative that seamlessly integrates compliance into their style, etc.)?
-	Rep is relatively new and was well presented -no specific compliance integration was noted
-	
-	

37b	Based on the monitor's experience, describe areas where the speaker exhibited behavior(s) that represent leading practices (e.g., particularly engaging speaker, speaker that seamlessly integrates compliance into their style, etc.)?
-	The speaker was able to accurately present the data that was on each slide, and did an excellent job to articulate it in a loud venue.
-	
-	

38	Other Comments and Observations (e.g. duration of the program was not sufficient, too much extra information added to the title slide)
-	Poor choice of venue, relatively hard to hear the presentation - much have this type of program in a private room.
-	The event was originally scheduled at 7:00 PM but did not commence until 7:35 PM due to a late arrival by a HCP
-	

Appendix G: Speaker Program 7 Checklist

**INSYS Therapeutics
Speaker Programs Field Monitoring - Testing**

Program Logistics		
Program Contacts (INSYS Sales Representative, Additional INSYS Attendees, CIS Monitor, INSYS Monitor)		CIS Monitor: Adam Toronto INSYS Sales Representative: Fernando Serrano INSYS District Manager: Jonathon Roper Other: Dr. Fanto, (2 HCPs), Rachel Ortense.
Program Location (venue name, street address, city, state)		Capitol Grill - Midtown Manhattan
Program Type (In-Office, Venue-based, Marketing, Virtual, etc.)		Venue-based
Program Date & Start Time		Friday, December 13, 2013 - 8:10 PM
Brand		SUBSYS®
Presentation Title		Advancements in the Treatment of Breakthrough Pain in Cancer Patients (BTCP)
Speaker(s)		Dr. Steve Fanto, MD
How long was the presentation (in minutes)?		27 minutes
How long was the Q&A (in minutes)?		N/A;
Enter the total dollar amount from the duplicate receipt, obtained from the venue or food delivery company (excluding AV, room rental, parking)		No specific Q&A but questions were asked during the presentation. Paid by INSYS Corporate

General Program Information		Yes / No	Remarks
1	Was PowerPoint presentation used the same as the approved slides noted during product training?	Yes	
2	If handouts were disseminated to the audience, were all the materials INSYS approved? Collect materials and note the INSYS document ID # in the Remarks section.	Yes	Example of the Placebo INSYS spray was handed out and used by one of the attendees
3	Was the presentation/exchange of information knowledge at a minimum 30 minutes for in-office programs and 45 minutes for vendor programs?	No	

Category 1 - Feedback to Speaker/Sales Representative (if appropriate)		Yes / No	Remarks
4	Describe the transition between the disease state and product sections of the presentation.		The speaker did a very thorough job at transition from section to section. Disease state to actual product, use, and titration was well defined.
5	All safety information was presented during the program (e.g., discussed at some point during presentation and/or attendees had enough time to read the safety slides)? If safety information was not presented in its entirety do not provide feedback and describe in category 4.	Yes	
6	If paper slides were used for the presentation, were they collected at the conclusion of the program?	N/A	Paper slides were not used for the presentation. Only the approved deck electronically on an iPad provided by the rep.

Category 2 - Feedback to Speaker/Sales Representative (if appropriate)		Yes / No	Remarks
7	If handouts were disseminated to the audience, were they distributed after completion of the disease awareness portion of the speaker program (explain how the handouts were disseminated)?	N/A	No handouts were disseminated after the disease state portion.
8	Did the speaker (or sales rep if speaker is introduced) disclose that the program was sponsored by INSYS? Note: If no verbal disclaimer was made that INSYS Therapeutics is sponsoring the program, the observation remains Category 2. If signage/other materials or program setting indicates INSYS Therapeutics sponsorship, note the observation and provide feedback as Category 1 that this should be done orally.	No	
9	Was there at least one attendee from an institution or office other than the speaker's?	Yes	
10a	How many HCP attendees were at the event?		2
10b	How many speaker(s) were at the event?		1
10c	How many sales representatives were at the event?		3
10d	How many monitors were at the event?		1
10e	Total number of people at the event and took part in the meal		7
11	Was a sales representative present during the entire presentation? (Note: this is not a requirement, however, it is good to note if the representative did not stay for the duration of the program)	Yes	
12a	No more than two representatives were present at the program?	No	2 reps/ 1 District Manager
12b	Were there at least 3 RSVs prior to proceeding with the program?	No	According to the rep there were only two
13	If two sales representatives were present at the program, did the total RSVs or attendees exceed 12 HCPs?	No	
14	If two sales representatives were present at the program, did the second representative leave before the beginning of the presentation?	No	
15	If two sales representatives were present at the program, and the second representative did not leave before the beginning of the presentation, was there prior approval?	Yes	Second sales representative present is new and was shadowing for educational purposes

Category 3 - Feedback to Speaker/Sales Representative (if appropriate)		Yes / No	Remarks
16	If an offsite program, were all participants who received a meal also present for the entire information presentation?	Yes	
17	Was the event held in a private room away from the general public?	No	The table was in a corner of a restaurant where there was some privacy but still within 2-3 arms lengths of other patrons in the restaurant.
18	Did the sales representative require the attendees to sign into an attendance list?	Yes	
19	List the number of attendees on the sign-in sheet(s) (including monitor(s), speaker(s), INSYS employees). Note: Some offices may refuse to allow their employees to sign in, and in those cases the representative has to note the refusal to sign. Does it match the number observed?	Yes	See attendee box above
20	List the number of attendees entered into the speaker program system (including the monitor(s), speaker(s), INSYS employees). Does it match the number on the sign-in sheet(s)?	N/A	Access to system is not given to the monitors

Category 4 - No feedback to the Sales Representatives/Speakers by Monitor		Yes / No	NOTE: questions with a * require notification to ABC Pharma 96 hours after the program has occurred
21	Was a slide deck presented at the program?	Yes	
22	Did the speaker use only approved INSYS Therapeutics slides, which included the INSYS references/watermark? If no, comment in the Remarks section regarding specific slides added by the speaker. *	Yes	
23	Was at least some of the mandatory safety information presented during the presentation and/or did the attendees had ample time to read the safety slides? Note: Incomplete coverage of the mandatory safety slides is considered category one. If safety slides were not skipped in their entirety, describe in category 1. *	Yes	
24	Did the speaker limit the discussion to product or disease state information that is consistent with the approved product indication?	Yes	Did very well controlling the conversation
25	If no, was the information given in response to an attendee's unsolicited question? Document, with as much detail as possible, the question(s) and response(s) in section 36. *	N/A	
26	If it was in response to an unsolicited question, did the speaker state that the information was not part of the approved indication for the product and provide the medical liaison officer contact information?	N/A	
27	If it was in response to an unsolicited question, did the speaker only respond to the question by providing the medical liaison officer contact information and return to the presentation? *	N/A	
28	Describe any anecdotal information on the product that was shared with attendees, and how the speaker made it clear that these were his/her personal opinion or professional judgment, and did not represent INSYS Therapeutics' position. * (if off-label)		N/A
29	Describe any anecdotal information added by the sales representative. Note: This excludes formulary and/or patient assistant program questions. *		N/A
30	Describe any lavish or deluxe features at the venue.		N/A
31	Was the program free from entertainment or recreation activities?	Yes	Moderately loud restaurant.
32	Was the program free from gifts? If no, describe in detail the gifts that were distributed. *	Yes	
33	Describe any direct comparisons that were made between the product and other product(s). *		N/A
34	Did the meal provided stay with the limit of the INSYS Therapeutics Compliance Policies (\$125/attendee off-site, \$20/attendee on-site), excluding AV, room rental, and parking? *	Yes	Verify with INSYS
35	Enter the speakers honorarium.		N/A

36a	Fill out a row below for each question asked by the attendees that did not appear consistent with the approved product indications.
-	Attendee stated that the majority of his patients were pain patients and not post chemo/cancer patients etc. Then stated that the product could easily be used for BACK PAIN in the middle of the night with more ease than taking a pill form pain killer.
-	
-	

36b	Speaker Response (document exactly how the question was handled by the speaker)
-	The speaker did state upon hearing that that SUBSYS needed to be used only for breakthrough cancer pain in adults and was not medically indicated for back pain
-	
-	

37a	Based on the monitor's experience, describe areas where the sales representative exhibited behavior(s) that represent leading practices (e.g., particularly engaging program, sales representative that seamlessly integrates compliance into their style, etc.)?
-	N/A
-	
-	

37b	Based on the monitor's experience, describe areas where the speaker exhibited behavior(s) that represent leading practices (e.g., particularly engaging speaker, speaker that seamlessly integrates compliance into their style, etc.)?
-	Speaker dealt with an HCP that was very interruptive and not really paying attention. The second HCP paid no attention whatsoever and the monitor questioned whether or not she was an actual practicing HCP of a friend/some other association of the HCP and along for the meal. (To be verified). The speaker was able to connect on specific levels and keep the conversation going with respect to safety, product information such as lypophylic and reaction times that demonstrated product knowledge and engagement brining the conversation back to a SUBSYS point when it had veered off.
-	
-	

38	Other Comments and Observations (e.g. duration of the program was not sufficient, too much extra information added to the title slide)
-	Verify whether or not HCP (female) is actually a physician.
-	The event was originally scheduled at 6:30 PM but did not commence until 8:10 PM due to a late arrival by a HCP.
-	

DRAFT

Appendix H: Speaker Program 8 Checklist

**INSYS Therapeutics
Speaker Programs Field Monitoring - Testing**

Program Logistics		
Program Contacts (INSYS Sales Representative, Additional INSYS Attendees, CIS Monitor, INSYS Monitor)		CIS Monitor: Erin Jen INSYS Sales Representative: Andrew McNaughton INSYS District Manager: Tiffany Cromartie
Program Location (venue name, street address, city, state)		2301 Camino Ramon #140 San Ramon, CA
Program Type (In-Office, Venue-based, Marketing, Virtual, etc.)		In-Office
Program Date & Start Time		Wednesday, December 18, 2013 - 12:59 PM
Brand		SUBSYS®
Presentation Title		Advancements in the Treatment of Breakthrough Pain in Cancer Patients (BTCP)
Speaker(s)		Dr. Ravi Panjabi, MD
How long was the presentation (in minutes)?		26 minutes
How long was the Q&A (in minutes)?		5 minutes
Enter the total dollar amount from the duplicate receipt, obtained from the venue or food delivery company (excluding AV, room rental, parking)		Paid by INSYS Corporate

General Program Information		Yes / No	Remarks
1	Was PowerPoint presentation used the same as the approved slides noted during product training?	Yes	
2	If handouts were disseminated to the audience, were all the materials INSYS approved? Collect materials and note the INSYS document ID # in the Remarks section.	N/A	
3	Was the presentation/exchange of information knowledge at a minimum 30 minutes for in-office programs and 45 minutes for vendor programs?	Yes	

Category 1 - Feedback to Speaker/Sales Representative (if appropriate)		Yes / No	Remarks
4	Describe the transition between the disease state and product sections of the presentation.		The speaker did a very thorough job at transition from section to section. Disease state to actual product, use, and titration was well defined.
5	All safety information was presented during the program (e.g., discussed at some point during presentation and/or attendees had enough time to read the safety slides)? If safety information was not presented in its entirety do not provide feedback and describe in category 4.	Yes	
6	If paper slides were used for the presentation, were they collected at the conclusion of the program?	Yes	

Category 2 - Feedback to Speaker/Sales Representative (if appropriate)		Yes / No	Remarks
7	If handouts were disseminated to the audience, were they distributed after completion of the disease awareness portion of the speaker program (explain how the handouts were disseminated)?	N/A	
8	Did the speaker (or sales rep if speaker is introduced) disclose that the program was sponsored by INSYS? Note: If no verbal disclaimer was made that INSYS Therapeutics is sponsoring the program, the observation remains Category 2. If signage/other materials or program setting indicates INSYS Therapeutics sponsorship, note the observation and provide feedback as Category 1 that this should be done orally.	No	Speaker did mention that he was being sponsored by SUBSYS, and all the slides were from the SUBSYS slide deck. However, there was no mention of INSYS.
9	Was there at least one attendee from an institution or office other than the speaker's?	No	
10a	How many HCP attendees were at the event?		1
10b	How many speaker(s) were at the event?		1
10c	How many sales representatives were at the event?		2
10d	How many monitors were at the event?		1
10e	Total number of people at the event and took part in the meal		5
11	Was a sales representative present during the entire presentation? (Note: this is not a requirement, however, it is good to note if the representative did not stay for the duration of the program)	Yes	
12a	No more than two representatives were present at the program?	Yes	
12b	Were there at least 3 RSVPs prior to proceeding with the program?	Yes	
13	If two sales representatives were present at the program, did the total RSVPs or attendees exceed 12 HCPs?	No	
14	If two sales representatives were present at the program, did the second representative leave before the beginning of the presentation?	No	
15	If two sales representatives were present at the program, and the second representative did not leave before the beginning of the presentation, was there prior approval?	No	

Category 3 - Feedback to Speaker/Sales Representative (if appropriate)		Yes / No	Remarks
16	If an offsite program, were all participants who received a meal also present for the entire information presentation?	N/A	Not an off-site program - However, two office staff members came in and left during the presentation. Two other office staff members were in the office and may have eaten the food after the presentation. HCP was present for entire information presentation.
17	Was the event held in a private room away from the general public?	Yes	Office break room
18	Did the sales representative require the attendees to sign into an attendance list?	Yes	
19	List the number of attendees on the sign-in sheet(s) (including monitor(s), speaker(s), INSYS employees). Note: Some offices may refuse to allow their employees to sign in, and in those cases the representative has to note the refusal to sign. Does it match the number observed?	N/A	N/A. CIS monitor did not collect sign in sheet at the end of presentation. Monitor was asked to sign in, and witnessed the HCP and speaker sign in as well.
20	List the number of attendees entered into the speaker program system (including the monitor(s), speaker(s), INSYS employees). Does it match the number on the sign-in sheet(s)?	N/A	Access to system is not given to the monitors.

Category 4 - No feedback to the Sales Representatives/Speakers by Monitor		Yes / No	NOTE: questions with a * require notification to INSYS 96 hours after the program has occurred
21	Was a slide deck presented at the program?	Yes	Via Ipad
22	Did the speaker use only approved INSYS Therapeutics slides, which included the INSYS references/watermark? If no, comment in the Remarks section regarding specific slides added by the speaker. *	Yes	
23	Was at least some of the mandatory safety information presented during the presentation and/or did the attendees have ample time to read the safety slides? Note: Incomplete coverage of the mandatory safety slides is considered category one. If safety slides were not skipped in their entirety, describe in category 1. *	Yes	
24	Did the speaker limit the discussion to product or disease state information that is consistent with the approved product indication?	Yes	
25	If no, was the information given in response to an attendee's unsolicited question? Document, with as much detail as possible, the question(s) and response(s) in section 36. *	N/A	
26	If it was in response to an unsolicited question, did the speaker state that the information was not part of the approved indication for the product and provide the medical liaison officer contact information?	N/A	
27	If it was in response to an unsolicited question, did the speaker only respond to the question by providing the medical liaison officer contact information and return to the presentation? *	N/A	
28	Describe any anecdotal information on the product that was shared with attendees, and how the speaker made it clear that these were his/her personal opinion or professional judgment, and did not represent INSYS Therapeutics' position. * (if off-label)		No off-label discussions. Speaker gave anecdotal information regarding dosages and how his patients were much more comfortable and less irritated at doses under 600mg. He stressed slide 20 that most patients receive over 600mg doses, but did state start at 100mg. Speaker mentioned that he has his patients bring the used products back in their next appointment to ensure none are in the wrong person's hands.
29	Describe any anecdotal information added by the sales representative. Note: This excludes formulary and/or patient assistant program questions. *		Tiffany gave advice regarding ordering units vs. doses.
30	Describe any lavish or deluxe features at the venue.		
31	Was the program free from entertainment or recreation activities?	Yes	
32	Was the program free from gifts? If no, describe in detail the gifts that were distributed. *	Yes	
33	Describe any direct comparisons that were made between the product and other products. *		
34	Did the meal provided stay within the limit of the INSYS Therapeutics Compliance Policies (\$125/attendee off-site, \$20/attendee on-site), excluding AV, room rental, and parking? *	N/A	N/A. Did not have access to receipt. Meal was limited to pizza and salad from zpizza.
35	Enter the speakers honorarium.		

36a	Fill out a row below for each question asked by the attendees that did not appear consistent with the approved product indications.
-	N/A
-	
-	

36b	Speaker Response (document exactly how the question was handled by the speaker)
-	N/A
-	
-	

37a	Based on the monitor's experience, describe areas where the sales representative exhibited behavior(s) that represent leading practices (e.g., particularly engaging program, sales representative that seamlessly integrates compliance into their style, etc.)?
-	N/A
-	
-	

37b	Based on the monitor's experience, describe areas where the speaker exhibited behavior(s) that represent leading practices (e.g., particularly engaging speaker, speaker that seamlessly integrates compliance into their style, etc.)?
-	N/A
-	
-	

38	Other Comments and Observations (e.g. duration of the program was not sufficient, too much extra information added to the title slide)
-	N/A
-	
-	

Appendix I: Speaker Program 8 Checklist

**INSYS Therapeutics
Speaker Programs Field Monitoring - Testing**

Program Logistics	
Program Contacts (INSYS Sales Representative, Additional INSYS Attendees, CIS Reviewer, INSYS Monitor)	CIS: Eugene Shvartsman INSYS Sales Representative: Sonia Palermo
Program Location (venue name, street address, city, state)	Prime Bistro 305 Central Avenue Lawrence, NY 11559
Program Type (In-Office, Venue-based, Marketing, Virtual, etc.)	Venue-based
Program Date & Start Time	Thursday, December 19, 2013 - 8:41 PM
Brand	SUBSYS®
Presentation Title	Advancements in the Treatment of Breakthrough Pain in Cancer Patients (BTCP)
Speaker(s)	Dr. Phillip Fyman, MD
How long was the presentation (in minutes)?	27 minutes
How long was the Q&A (in minutes)?	5 minutes
Enter the total dollar amount from the duplicate receipt, obtained from the venue or food delivery company (excluding AV, room rental, parking)	\$500.00

General Program Information		Yes / No	Remarks
1	Was PowerPoint presentation used the same as the approved slides noted during product training?	Yes	
2	If handouts were disseminated to the audience, were all the materials INSYS approved? Collect materials and note the INSYS document ID # in the Remarks section.	N/A	The presentation was presented via laptop.
3	Was the presentation/exchange of information knowledge at a minimum 30 minutes for in-office programs and 45 minutes for vendor programs?	No	

Category 1 - Feedback to Speaker/Sales Representative (if appropriate)		Yes / No	Remarks
4	Describe the transition between the disease state and product sections of the presentation.		The speaker provided a brief overview of the history of fentanyl, then provided SUBSYS specific information.
5	All safety information was presented during the program (e.g., discussed at some point during presentation and/or attendees had enough time to read the safety slides)? If safety information was not presented in its entirety do not provide feedback and describe in category 4.	Yes	
6	If paper slides were used for the presentation, were they collected at the conclusion of the program?	Yes	

Category 2 - Feedback to Speaker/Sales Representative (if appropriate)		Yes / No	Remarks
7	If handouts were disseminated to the audience, were they distributed after completion of the disease awareness portion of the speaker program (explain how the handouts were disseminated)?	No	Copies of the presentation were disseminated at the beginning of the presentation. None of the attendees kept the handouts therefore, they were collected back by the sales representative.
8	Did the speaker (or sales rep if speaker is introduced) disclose that the program was sponsored by INSYS? Note: If no verbal disclaimer was made that INSYS Therapeutics is sponsoring the program, the observation remains Category 2. If signage/other materials or program setting indicates INSYS Therapeutics sponsorship, note the observation and provide feedback as Category 1 that this should be done orally.	Yes	
9	Was there at least one attendee from an institution or office other than the speaker's?	Yes	
10a	How many HCP attendees were at the event?		1
10b	How many speaker(s) were at the event?		1
10c	How many sales representatives were at the event?		1
10d	How many monitors were at the event?		1
10e	Total number of people at the event and took part in the meal		5 (The fifth person, who is not included in 10a-d was the speaker's office manager and wife).
11	Was a sales representative present during the entire presentation? (Note: this is not a requirement, however, it is good to note if the representative did not stay for the duration of the program)	Yes	
12a	No more than two representatives were present at the program?	Yes	
12b	Were there at least 3 RSVPs prior to proceeding with the program?	Yes	
13	If two sales representatives were present at the program, did the total RSVPs or attendees exceed 12 HCPs?	N/A	
14	If two sales representatives were present at the program, did the second representative leave before the beginning of the presentation?	N/A	
15	If two sales representatives were present at the program, and the second representative did not leave before the beginning of the presentation, was there prior approval?	N/A	

Category 3 - Feedback to Speaker/Sales Representative (if appropriate)		Yes / No	Remarks
16	If an offsite program, were all participants who received a meal also present for the entire information presentation?	Yes	
17	Was the event held in a private room away from the general public?	No	The meeting took place at a table located in the front of restaurant. The table was in a non-private setting, in a high traffic area and the surrounding noise level was high.
18	Did the sales representative require the attendees to sign into an attendance list?	Yes	
19	List the number of attendees on the sign-in sheet(s) (including monitor(s), speaker(s), INSYS employees). Note: Some offices may refuse to allow their employees to sign in, and in those cases the representative has to note the refusal to sign. Does it match the number observed?	No	1 Speaker 1 Speaker's Office Manager, who was also his wife. 1 HCP 1 Monitor (CIS) 1 Sales Representative
20	List the number of attendees entered into the speaker program system (including the monitor(s), speaker(s), INSYS employees). Does it match the number on the sign-in sheet(s)?	N/A	Access to system is not given to the monitors.

Category 4 - No feedback to the Sales Representatives/Speakers by Monitor		Yes / No	NOTE: questions with a * require notification to ABC Pharma 96 hours after the program has occurred
21	Was a slide deck presented at the program?	Yes	
22	Did the speaker use only approved INSYS Therapeutics slides, which included the INSYS references/watermark? If no, comment in the Remarks section regarding specific slides added by the speaker. *	Yes	
23	Was at least some of the mandatory safety information presented during the presentation and/or did the attendees had ample time to read the safety slides? Note: Incomplete coverage of the mandatory safety slides is considered category one. If safety slides were not skipped in their entirety, describe in category 1. *	Yes	
24	Did the speaker limit the discussion to product or disease state information that is consistent with the approved product indication?	Yes	
25	If no, was the information given in response to an attendee's unsolicited question? Document, with as much detail as possible, the question(s) and response(s) in section 36. *	N/A	
26	If it was in response to an unsolicited question, did the speaker state that the information was not part of the approved indication for the product and provide the medical liaison officer contact information?	N/A	
27	If it was in response to an unsolicited question, did the speaker only respond to the question by providing the medical liaison officer contact information and return to the presentation? *	N/A	
28	Describe any anecdotal information on the product that was shared with attendees, and how the speaker made it clear that these were his/her personal opinion or professional judgment, and did not represent INSYS Therapeutics' position. * (if off-label)		None
29	Describe any anecdotal information added by the sales representative. Note: This excludes formulary and/or patient assistant program questions. *		None
30	Describe any lavish or deluxe features at the venue.		None
31	Was the program free from entertainment or recreation activities?	Yes	
32	Was the program free from gifts? If no, describe in detail the gifts that were distributed. *	Yes	
33	Describe any direct comparisons that were made between the product and other product(s).		As noted in the slides, the speaker compared SUBSYS and ACTIQ. CIS noted that no other products were not mentioned during the presentation.
34	Did the meal provided stay within the limit of the INSYS Therapeutics Compliance Policies (\$100/attendee dinner program, \$20/attendee breakfast/lunch program), excluding AV, room rental, and parking? *	Yes	
35	Enter the speakers honorarium.	\$500.00	

36a	Fill out a row below for each question asked by the attendees that did not appear consistent with the approved product indications.
-	N/A
-	
-	

36b	Speaker Response (document exactly how the question was handled by the speaker)
-	N/A
-	
-	

37a	Based on the monitor's experience, describe areas where the sales representative exhibited behavior(s) that represent leading practices (e.g., particularly engaging program, sales representative that seamlessly integrates compliance into their style, etc.)?
-	N/A
-	
-	

37b	Based on the monitor's experience, describe areas where the speaker exhibited behavior(s) that represent leading practices (e.g., particularly engaging speaker, speaker that seamlessly integrates compliance into their style, etc.)?
-	N/A
-	
-	

38	Other Comments and Observations (e.g. duration of the program was not sufficient, too much extra information added to the title slide)
-	Subsequent to the presentation, the speaker noted that INSYS was doing well within the stock market.
-	The event was originally scheduled at 7:30 PM but did not commence until 8:41 PM due to a late arrival by a HCP.
-	
-	

Appendix J: Documentation of Eight (8) Cancelled Programs which included CIS Travel

Cancelled Program 1

Summary of Events

Program Logistics:	
CIS Reviewers	Dominique Lukic Ryan Stewart
Program Location (venue name, street address, city, state)	Greater Philadelphia Spine and Pain 700 East Township Line Road Havertown, PA 19803
Program Type (In-Office, Venue-based, Marketing, Virtual, etc.)	In-Office
Program Date & Start Time	10/30/2013 8:00am
Brand	SUBSYS®
Presentation Title	Advancements in the Treatment of Breakthrough Pain in Cancer Patients (BTCP)
Speaker(s)	Dr. Miteswar Purewal
Sale Representative	Ben Ecker
Event Summary:	
<p>CIS Reviewers; Dominique Lukic and Ryan Stewart, arrived at the office of Greater Philadelphia Spine and Pain located at 700 East Township Line Road, Havertown PA at 7:30 am on Wednesday, October 30th, 2013. Upon entering the building, at approximately 7:45 am, the CIS reviewers spoke to an individual at the front desk and was informed that Dr. Miteswar Purewal, the program speaker, was not scheduled to be in the office on 10/30/2013 and instead was working at the Phoenixville, PA office. While the CIS reviewers were still in the office building, a doctor, by the name of Rishin Patel phoned Dr. Purewal and relayed to the CIS reviewers that the INSYS Sales Representative, Ben Ecker, called Dr. Purewal the night of 10/29 and cancelled the speaker program.</p> <p>Upon confirmation of the cancellation, the CIS reviewers contacted Desiree Hollandsworth at INSYS to note the cancellation. Ms. Hollandsworth informed the CIS reviewers that as of 8:30 pm the night prior (October 29th) the program was scheduled and there had been no discussion of a potential cancellation.</p> <p>In light of the cancelled program on October 30th, the CIS Reviewers will attend a speaker program involving the same speaker and sales representative at a future date.</p>	

Cancelled Program 2

Summary of Events

Program Logistics:	
CIS Reviewers	Eugene Shvartsman
Program Location (venue name, street address, city, state)	Dr. David Disanto 2464 Pawtucket Ave East Providence, RI 02914
Program Type (In-Office, Venue-based, Marketing, Virtual, etc.)	In-Office
Program Date & Start Time	12/11/2013 12:00 PM
Brand	SUBSYS®
Presentation Title	Advancements in the Treatment of Breakthrough Pain in Cancer Patients (BTCP)
Speaker(s)	Dr. Jerrold Rosenberg
Sale Representative	Natalie Levine
Event Summary:	
<p>CIS Reviewers: Eugene Shvartsman arrived at the office of Dr. David Disanto located at 2464 Pawtucket Avenue, East Providence, RI at 11:00 AM on Wednesday, December 11, 2013. Upon arrival, CIS spoke with Maha Janik, Office Manager, who informed CIS that the event was canceled because Dr. Disanto was never aware of the program, nor was available to participate in the speaker program. The only source of communication that was received from Natalie Levine, INSYS Sales Representative, was a confirmation voice message that was left after business hours on December 10, 2013. Since Dr. Disanto was not aware of the speaker program, Maha Janik called Natalie Levine first thing in the morning and canceled the event. Maha Janik further noted that there was no discussion of rescheduling the event.</p>	

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Cancelled Program 3

Summary of Events

Program Logistics:	
CIS Reviewers	Dominique Lukic
Program Location (venue name, street address, city, state)	Dr. Dennis Aumentado 1065 Mendon Road Woonsocket, RI 02895
Program Type (In-Office, Venue-based, Marketing, Virtual, etc.)	In-Office
Program Date & Start Time	11/13/2013 12:00pm
Brand	SUBSYS®
Presentation Title	Advancements in the Treatment of Breakthrough Pain in Cancer Patients (BTCP)
Speaker(s)	Dr. Jerrold Rosenberg
Sale Representative	Natalie Levine
Event Summary:	
<p>CIS Reviewer; Dominique Lukic, arrived at the office of Dr. Dennis Aumentado located at 1065 Mendon Road, Woonsocket RI at 11:30 am on Wednesday, November 13th, 2013. Upon entering the building, at approximately 11:45 am, the CIS reviewer spoke to an individual at the front desk and was informed that the speaker program was rescheduled and was to occur at 12:00 pm on Thursday, November 14th, 2013. The CIS reviewer was informed by the individual at the front desk that the program was rescheduled late in the afternoon of November 12th due to scheduling conflicts.</p> <p>Upon confirmation of the cancellation, the CIS reviewers contacted Desiree Hollandsworth at INSYS to note the cancellation. Ms. Hollandsworth was unable to answer her phone, therefore; the CIS reviewer left a detailed voicemail.</p> <p>In light of the cancelled program on October 30th, the CIS Reviewers will attend a speaker program involving the same speaker and sales representative at a future date.</p>	



Cancelled Program 4

Summary of Events

Program Logistics:	
CIS Reviewers	Ryan Stewart
Program Location (venue name, street address, city, state)	Melrose Park Clinic 28 E. Burlington Street Riverside, IL 60546
Program Type (In-Office, Venue-based, Marketing, Virtual, etc.)	In-office
Program Date & Start Time	12/12/2013 12:00pm
Brand	SUBSYS®
Presentation Title	Advancements in the Treatment of Breakthrough Pain in Cancer Patients (BTCP)
Speaker(s)	Dr. Paul Madison
Sale Representative	Jonas Lieponis
Event Summary:	
<p>CIS Reviewer, Ryan Stewart, arrived at Melrose Park Clinic located at 28 E. Burlington Street, Riverside IL at 12:00 pm on Thursday, December 12th, 2013. Upon arriving at the location, the CIS Monitor was informed by an unidentifiable individual inside the HCP office that the office was closed for the day and was not aware of any Speaker Programs. The CIS Monitor mentioned the INSYS Sales Representative's name and the unidentifiable individual informed the CIS Monitor that the INSYS Sales Representative was not available today since he had to appear in court for most of the day, even though the Speaker Program was confirmed by the INSYS Sales Representative the night before. The CIS Monitor provided this information to the INSYS internal contact, who then further concluded that the INSYS Sales Representative also picked up the food for the Speaker Program even though the program did not occur.</p>	

Cancelled Program 5

Summary of Events

Program Logistics:	
CIS Reviewers	Dominique Lukic
Program Location (venue name, street address, city, state)	Tre Montie 1695 E. Big Beaver Road Troy, MI 48083
Program Type (In-Office, Venue-based, Marketing, Virtual, etc.)	Vendor
Program Date & Start Time	10/30/2013 8:00am
Brand	SUBSYS®
Presentation Title	Advancements in the Treatment of Breakthrough Pain in Cancer Patients (BTCP)
Speaker(s)	Dr. Gavin Awebuch
Sale Representative	Brett Szymanski
Event Summary:	
<p>CIS Reviewer, Dominique Lukic, arrived at Tre Montie located at 1695 E. Big Beaver Road, Troy MI at 6:15 pm on Wednesday, December 11th, 2013. Upon entering the restaurant, at approximately 6:15 pm, the CIS reviewers spoke to Brett Szymanski and was informed that Dr. Gavin Awebuch was on his way to the restaurant and the attendees should be arriving a few minutes late. After the Speaker arrived, an appetizer was ordered prior to the attendees' arrival. The INSYS Sales Representative, Speaker, and CIS Monitor waited approximately two hours for the attendees to arrive, however the attendees cancelled without prior notice of cancellation.</p>	



Cancelled Program 6

Program Logistics:	
CIS Reviewers	Adam Toronto
Program Location (venue name, street address, city, state)	Stephen Pyles 1807 Ross Avenue Dallas TX 75201
Program Type (In-Office, Venue-based, Marketing, Virtual, etc.)	Vendor
Program Date & Start Time	12/09/2013 7:00pm
Brand	SUBSYS®
Presentation Title	Advancements in the Treatment of Breakthrough Pain in Cancer Patients (BTCP)
Speaker(s)	Dr. Christopher INce
Sale Representative	Lance Clark
Event Summary:	
<p>On the evening of December 9th, 2013 the monitor arrived to the location at 6:45pm and when he asked where the program would be taking place or if the INSYS representative had arrived, the staff informed the monitor that the representative had called two (2) hours previous to cancel the program without reason. The monitor called the INSYS home office contact Desiree Hollandsworth to enquire as to why the program was cancelled. Due to a weekend of poor weather and ice storms, the HCP opted to not attend the program and the INSYS representative did not cancel and notify the proper channels in a timely manner. This resulted in subsequent upfront travel fees, billable time, food, and lodging to be covered with no service provided.</p>	

Cancelled Program 7

Program Logistics:	
CIS Reviewers	Adam Toronto
Program Location (venue name, street address, city, state)	Arthur's Steakhouse 27 Rahlings Ave Little Rock AR 72223
Program Type (In-Office, Venue-based, Marketing, Virtual, etc.)	Vendor
Program Date & Start Time	11/05/2013 6:30pm
Brand	SUBSYS®
Presentation Title	Advancements in the Treatment of Breakthrough Pain in Cancer Patients (BTCP)
Speaker(s)	Dr. Ahmoud
Sale Representative	Casey Hannock
Event Summary:	
<p>On November 5th, 2013 the monitor arrived at the location at 6:15pm and was directed to a private room that was very well set up. It was private, had a projector, and upon arrival SUBSYS example placebos were placed on the tables as well as SUBSYS documentation. Both the rep and the speaker were punctual and at 7pm the rep assured the monitor that there were at least 3 RSVP's out of the 8 that were confirmed the preceding night via INSYS scheduling systems. The monitor, speaker, and rep sat for another hour with no HCPs present. The speaker and rep ate full meals and the monitor opted out. The meeting was called as no HCPs arrived despite communicated constant and real time updates that they were in route.</p>	

Cancelled Program 8

Program Logistics:	
CIS Reviewers	Ryan Stewart
Program Location (venue name, street address, city, state)	Yolo 5841 Transit Road East Amherst, NY 14051
Program Type (In-Office, Venue-based, Marketing, Virtual, etc.)	Vendor
Program Date & Start Time	11/11/2013 6:30pm
Brand	SUBSYS®
Presentation Title	Advancements in the Treatment of Breakthrough Pain in Cancer Patients (BTCP)
Speaker(s)	Dr. Romanth Waghmarae
Sale Representative	Michael Volansky
Event Summary:	
<p>CIS Reviewer; Ryan Stewart, arrived at Yolo located at 5841 Transit Road, East Amherst NY at 6:15 pm on Monday, November 11th, 2013. Per Michael Volansky, he called to confirm with the attendees the day of the program and they cancelled. Michael Volansky and Dr. Waghmarae, the speaker, still attended dinner at YOLO.</p>	

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