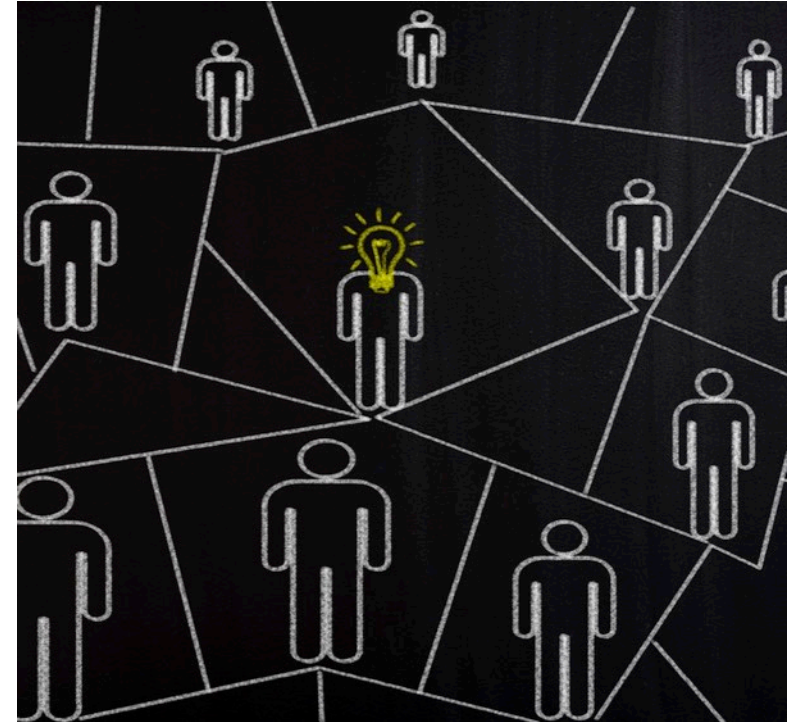


The Power of Insights to Drive Organizational Transformation

Scott Seidewitz
The Seidewitz Group
March 12, 2020



What are “Insights”?

How can they drive business growth?

How can they transform organizations?

Two Case Studies

Mid-Market
\$100M

Big Pharma
\$22B

Challenger

Dominant Incumbent

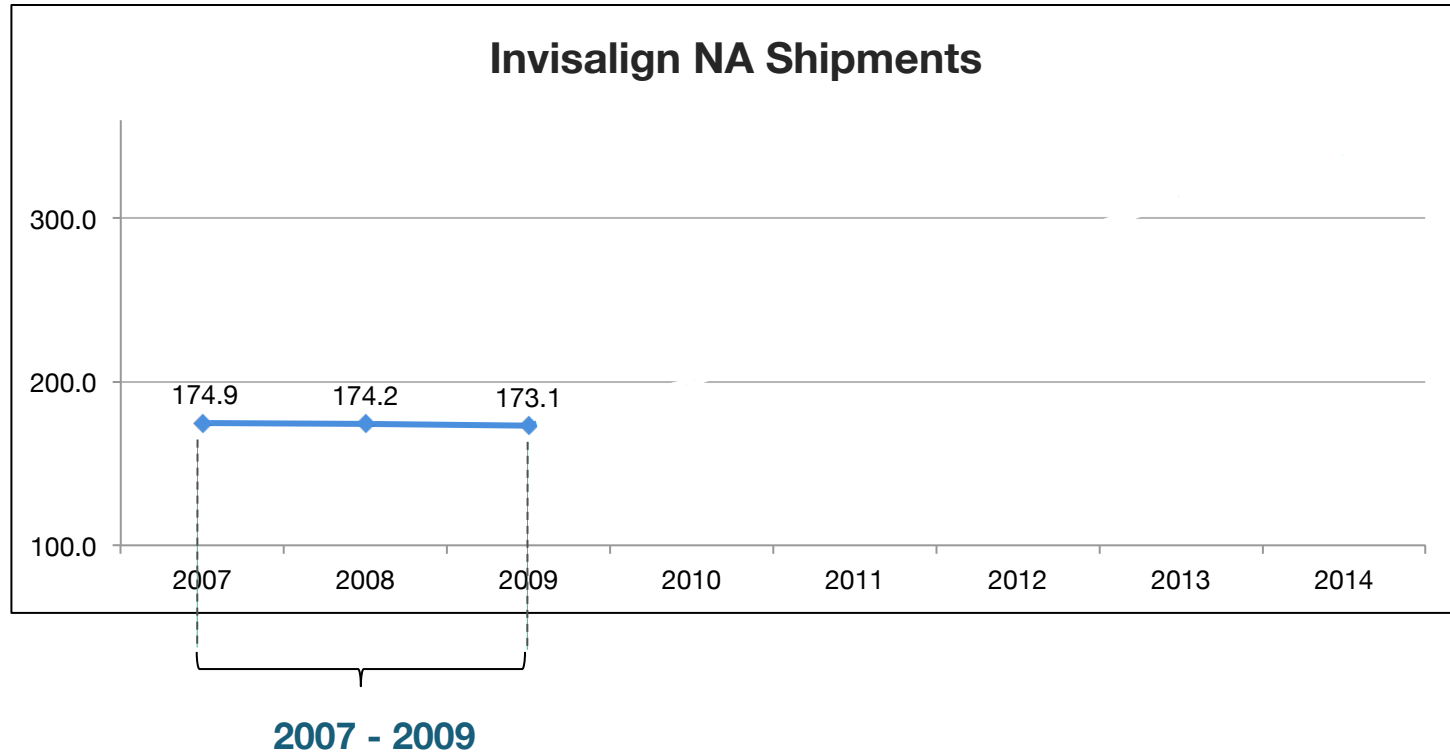
Strategic Pivot

Strategic Pivot

Organizational Obstacles

Organizational Obstacles







The overriding belief in the organization:

**ALIGNERS ARE JUST
AS GOOD AS BRACES!**

Product Development Strategy

Line Extensions to Fix Small Problems & Capture Incremental Opportunities

invisalign[®]
express

BLACKJACK

 **invisalign[®]**teen

invisalign | assist
WITH YOU EVERY STEP OF THE WAY



MetAnalysis™



Barrier: The product! → Clinical Outcomes, Clinical Scope & Value not delivering vs. braces

Concept Analysis



Improvements to Product Efficacy > Line Extensions

Research – Doctors



Delivering Clinical Outcomes > Clear Esthetics

Research - Consumers

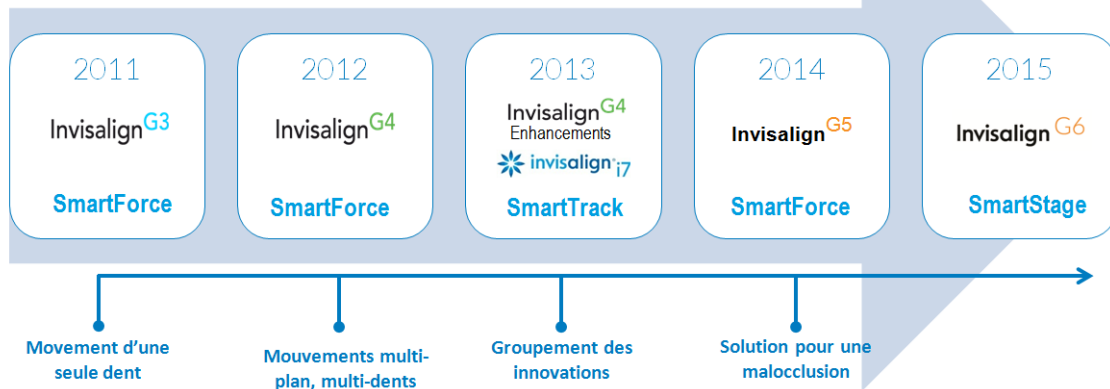


Emotional Drivers > Clear Esthetics

1. New product innovation strategy

invisalign
express

 **invisalign**® *teen*



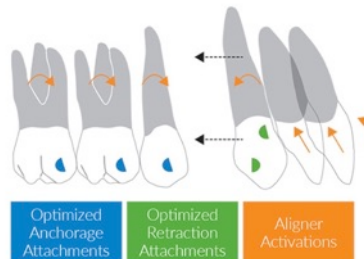
invisalign | assist
WITH YOU EVERY STEP OF THE WAY

1. New product innovation strategy
2. New professional positioning strategy

*The Clear Alternative
To Braces*



*Constantly innovates to
deliver the clinical results
you expect*

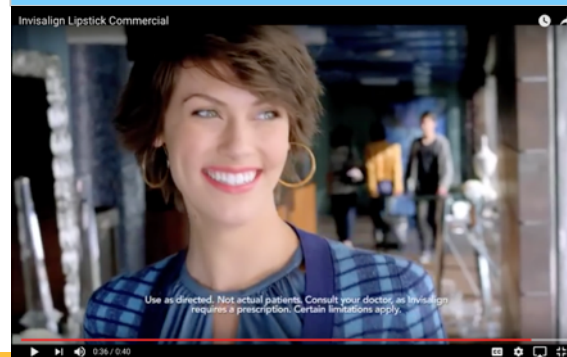


1. New product innovation strategy
2. New professional positioning strategy
3. New consumer positioning strategy

*The Clear Alternative
To Braces*



*The Confidence of a
Great Smile*



1. New product innovation strategy

2. New professional positioning strategy

3. New consumer positioning strategy

**ALIGNERS ARE JUST
AS GOOD AS BRACES!**

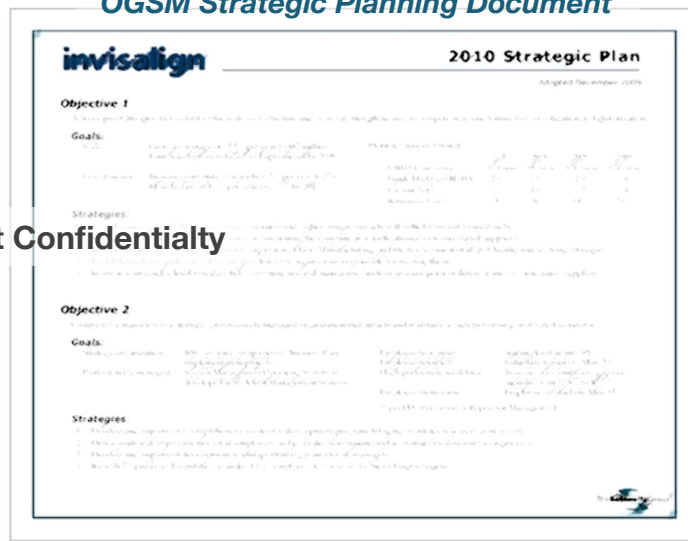
Inspiring Change

1. Senior leadership commitment
2. Best practices for documenting & disseminating

Positioning Strategy Brief



OGSM Strategic Planning Document



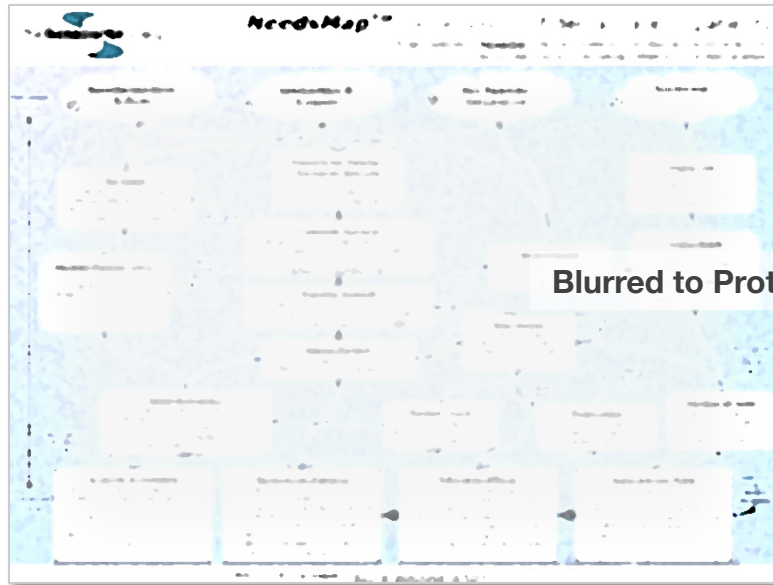
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Inspiring Change

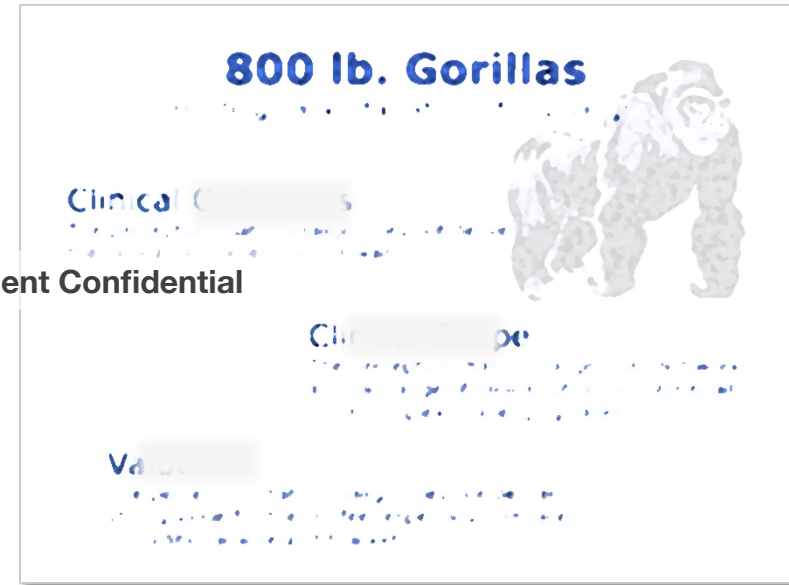
1. Senior leadership commitment
2. Best practices for documenting & disseminating
3. Internal marketing using customer insights

Internal marketing using customer insights



Blurred to Protect Client Confidential

“Think like a customer”

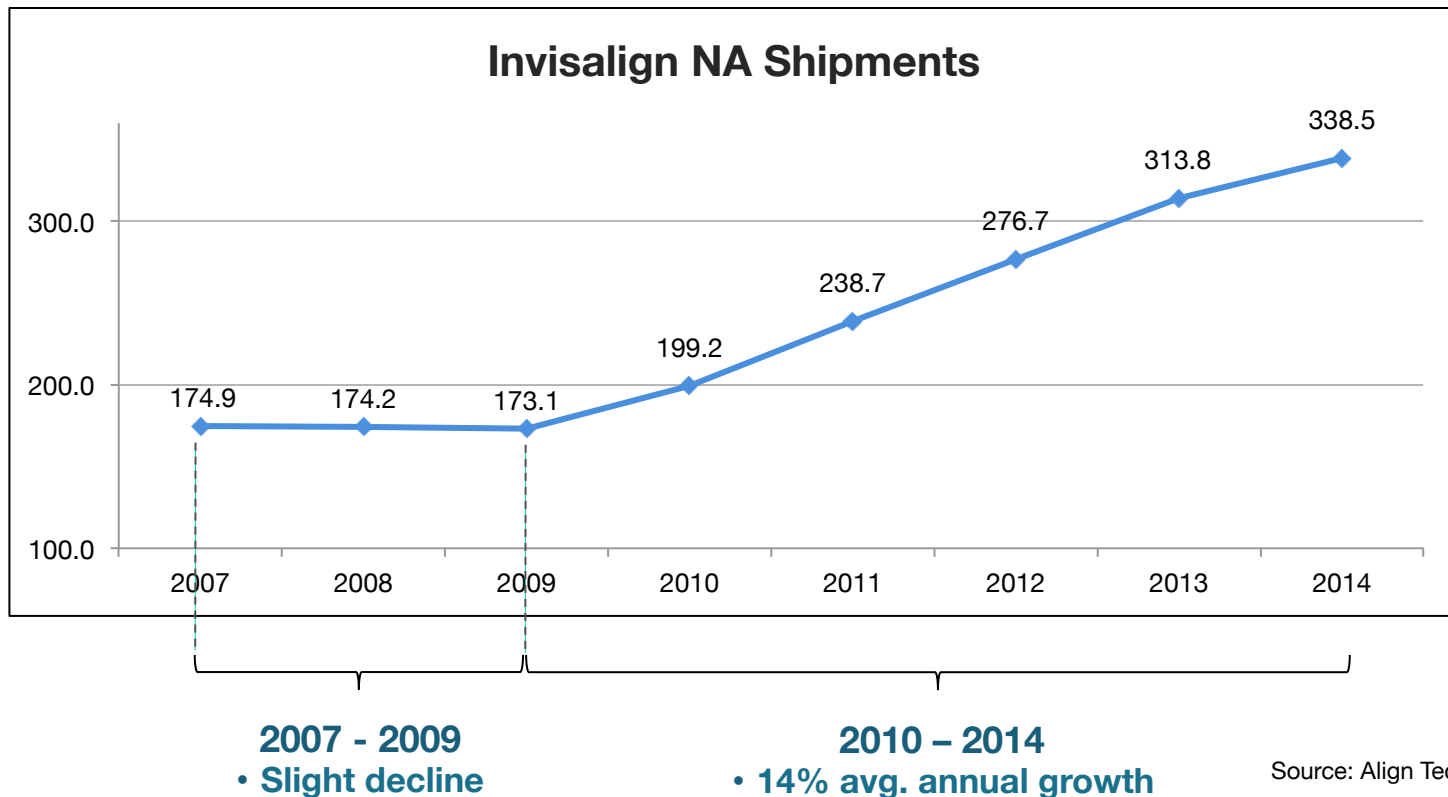


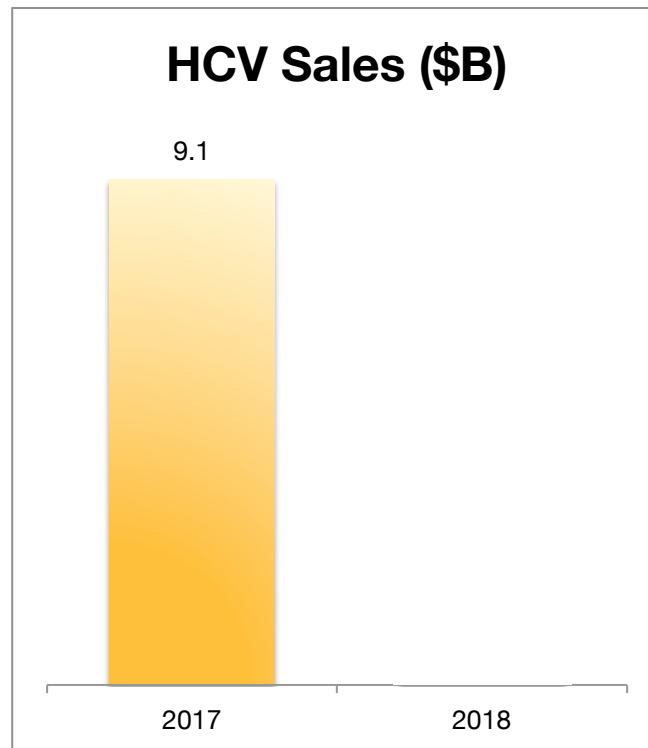
“The customer defines our problems”



Inspiring Change

1. Senior leadership commitment
2. Best practices for documenting & disseminating
3. Internal marketing using customer insights
4. Rewards systems





\$91K

For one course of therapy

MAVYRET[®]
glecaprevir/pibrentasvir
100 mg/40 mg tablets

HOME ABOUT MAVYRET[®] TOOLS & RESOURCES SUPPORT & SALES

MAVYRET: FOR CHRONIC HCV

TREAT ALL GENOTYPES IN AS FEW AS 8 WEEKS

THE ONLY 8-WEEK[†] PANGENOTYPIC REGIMEN FOR GT 1-6 TREATMENT-NAÏVE, NON-CIRRHOTIC PATIENTS[‡]

#1 PRESCRIBED CHRONIC HCV REGIMEN
QOVA, week ending 1/19/18-8/10/18[§]

DON'T LOOK BACK

*Cure = sustained virologic response (SVR12); HCV RNA <LLOQ at 12 weeks end of treatment.
†Excludes liver or kidney transplant recipients.
‡QOVA data includes NPA week ending 1/19/18-8/10/18; WSP and LRx 1/19/18-8/3/18.
§Majority defined as 9 out of 12 national plans cover MAVYRET.
¶As of March 9, 2018.

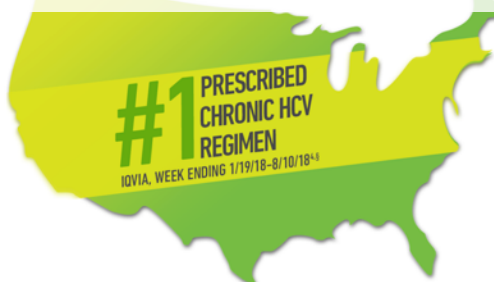
MAVYRET[™]

glecaprevir/pibrentasvir

100 mg/40 mg tablets

\$24K

For one course of therapy



*Majority defined as 9 out of 12 national plans cover MAVYRET.
†As of March 9, 2018.

MAVYRET: FOR CHRONIC HCV

TREAT ALL GENOTYPES IN AS FEW AS 8 WEEKS
THE ONLY 8-WEEK PANGENOTYPIC REGIMEN FOR TREATMENT-NAÏVE, NON-CIRRHOTIC PATIENTS

OVERALL 98%

CURE* RATE (SVR12)
per the USPST, in GT 1-6 patients who took the recommended regimen for 8, 12, or 16 weeks (n=1034/1060)[†]

SVR12 varied by GT and prior treatment experience. Range: 92-100% (ITT); 94-100% (nITT)[†]

- NO ribavirin[‡]
- NO baseline viral load restrictions[‡]
- NO baseline resistance testing required[‡]
- NO dose adjustment for renal impairment[‡]

*Cure = sustained virologic response (SVR12); HCV RNA < LLOQ 12 weeks after the end of treatment.
†GT = genotype; LLOQ = lower limit of quantification; nITT = ITT for patients who did not achieve SVR12 for reasons other than virologic failure.
‡See full Prescribing Information for details.

OVERALL DISCONTINUATION RATE OF MAVYRET
due to adverse reactions (n=3/226)[‡], including a placebo-controlled trial[‡]

0.1%

- The most common adverse reactions (>10% prevalence) were headache (13%) and fatigue (11%) in patients treated with MAVYRET[®]
- Most adverse reactions were mild in severity[‡]
- 1 subject experienced a serious adverse reaction[‡]

SIMPLE, ONCE-DAILY DOSING[†]

- 3 tablets in a single-dose pack, taken once daily with food

Weeks of Treatment	Genotype	Treatment-Naïve	Compensated Cirrhosis
8 weeks	GT 1-6	TREATMENT-NAÏVE	NON-CIRRHOTIC
12 weeks	GT 1-6	TREATMENT-NAÏVE	COMPENSATED CIRRHOTIC
16 weeks	GT 1	NNSA-EXPERIENCED (NS3/4A PI-NAÏVE) [‡]	COMPENSATED CIRRHOTIC/ NON-CIRRHOTIC

Refer to the full Prescribing Information for further dosing information.

INDICATION[†]
MAVYRET[™] (glecaprevir and pibrentasvir) tablets are indicated for the treatment of adult patients with chronic hepatitis C virus (HCV) genotype 1, 2, 3, 4, 5, or 6 infection without cirrhosis or with compensated cirrhosis (Child-Pugh A). MAVYRET is also indicated for the treatment of adult patients with HCV genotype 1 infection, who previously have been treated with a regimen containing an HCV NS5A inhibitor or an NS3/4A protease inhibitor (PI), but not both.

SAFETY CONSIDERATIONS[†]
Test all patients for evidence of current or prior hepatitis B virus (HBV) infection before initiating treatment with MAVYRET. HBV reactivation has been reported in HCV/HBV coinfecting patients who were undergoing or had completed treatment with HCV direct-acting antivirals and were not receiving HBV antiviral therapy. Some cases have resulted in fulminant hepatitis, hepatic failure, and death. Monitor HCV/HBV coinfecting patients for hepatitis flare or HBV reactivation during HCV treatment and post-treatment follow-up. Initiate appropriate patient management for HBV infection as clinically indicated. MAVYRET is contraindicated in patients with severe hepatic impairment (Child-Pugh C) and with coadministration of atazanavir or rifampin. Carbamazepine, efavirenz, and St. John's Wort may significantly decrease plasma concentrations of glecaprevir and pibrentasvir, leading to reduced therapeutic effect of MAVYRET. The use of these agents with MAVYRET is not recommended.

Please see Important Safety Information, including BOXED WARNING on Hepatitis B Virus reactivation, on the following page.
Please see full Prescribing Information.

MAVYRET[®]
glecaprevir/pibrentasvir
100 mg/40 mg tablets

HCV Sales (\$B)

9.1

- **Chronic hepatitis C virus (HCV) product sales**, which consist of Epclusa[®] (sofosbuvir 400 mg/velpatasvir 100 mg), Harvoni[®] (ledipasvir 90 mg/sofosbuvir 400 mg), Vosevi[®] (sofosbuvir 400 mg/velpatasvir 100 mg/voxilaprevir 100 mg) and Sovaldi[®] (sofosbuvir 400 mg), were \$738 million for the fourth quarter of 2018 compared to \$1.5 billion for the same period in 2017. For 2018, HCV product sales were \$3.7 billion compared to \$9.1 billion in 2017. The declines were primarily due to lower average net selling price and lower sales volume of Harvoni and Epclusa across all major markets as a result of increased competition and lower patient starts.

3.7

2017

2018

–\$5 billion! (60%)

MetAnalysis™

1. Still talking about category benefits, not differentiating benefits

**TREAT WITH CONFIDENCE.
TREAT WITH EPCLUSA.**

HIGH CURE RATES ACROSS ALL GENOTYPES HAVE BEEN PROVEN IN THE REAL WORLD^{1,2}

97%

OVERALL CURE RATE IN GT 1-6 NC AND CC PATIENTS¹

(n=232/239 HCV-TARGET)

99%

OVERALL CURE RATE IN GT 1-4 PATIENTS^{1,2}

(n=903/905 Pooled study, ITT)

REAL-WORLD UNITED STATES STUDY POPULATIONS REFLECT THE PATIENTS YOU TREAT IN YOUR PRACTICE¹

LARGE REAL-WORLD STUDY OUTSIDE THE US DEMONSTRATED CURE IN NEARLY EVERY PATIENT²

IMPORTANT SAFETY INFORMATION
WARNINGS AND PRECAUTIONS (continued)

- Risk of Reduced Therapeutic Effect Due to Concomitant Use of EPCLUSA with P-gp Inducers and/or Moderate to Potent Inducers of CYP2B6, CYP2C8 or CYP3A4: Rifampin, St. John's wort, and carbamazepine are not recommended for use with EPCLUSA as they may significantly decrease sofosbuvir and/or velpatasvir plasma concentrations.

DRUG INTERACTIONS

- Coadministration of EPCLUSA is not recommended with toposiderone due to increased concentrations of toposiderone.
- Coadministration of EPCLUSA is not recommended with proton-pump inhibitors, omeprazole, phenobarbital, phenytoin, rifabutin, rifapentine, efavirenz, and tipranavir/ritonavir due to decreased concentrations of sofosbuvir and/or velpatasvir.

Consult the full Prescribing Information for EPCLUSA for more information on potentially significant drug interactions, including clinical comments.

Please see full Prescribing Information for EPCLUSA, including **BOXED WARNING**, in pocket.

EPCLUSA[®]
sofosbuvir/velpatasvir
400 mg/100 mg tablets

**TREAT WITH POWER.
TREAT WITH EPCLUSA.**

PANFIBROTIC EFFICACY IN ALL GENOTYPES—INCLUDING THE MOST COMMON GT 1^{1,2}

98%

OVERALL CURE RATE IN GT 1-6 NC AND CC SUBJECTS^{1,2}

(n=1015/1035 ASTRAL-4, 2, 3)
SVR12 RATES RANGED FROM 96% (GT 3) TO 100% (GT 4, GT 6)

	OVERALL CURE RATE, GT 1-6 ¹	OVERALL CURE RATE, GT 1 ¹
F0-2	99% (n=87/934)	100% (n=305/303)
F3	99% (n=252/254)	99% (n=9/92)
F4	97% (n=43/443)	98% (n=152/155)

Computer analysis from ASTRAL-4 studies

¹Sustained virologic response (SVR12) was the primary endpoint and was defined as HCV RNA <10 IU/mL at 12 weeks after the end of treatment. Achieving SVR12 is considered a "cure." ²CC = compensated cirrhosis; NC = non-cirrhosis.

IMPORTANT SAFETY INFORMATION
CONTRAINDICATIONS

- If EPCLUSA is used in combination with ribavirin (RBV), all contraindications, warnings and precautions, in particular pregnancy avoidance, and adverse reactions to RBV also apply. Refer to RBV prescribing information.

WARNINGS AND PRECAUTIONS

- **Serious Symptomatic Bradycardia When Coadministered with Amiodarone:** Amiodarone is not recommended for use with EPCLUSA due to the risk of symptomatic bradycardia, particularly in patients also taking beta blockers or with underlying cardiac comorbidities and/or with advanced liver disease. A fatal cardiac arrest was reported in a patient taking amiodarone who was coadministered a sofosbuvir containing regimen. In patients without alternative, viable treatment options, cardiac monitoring is recommended. Patients should seek immediate medical evaluation if they develop signs or symptoms of bradycardia.

Please see full Prescribing Information for EPCLUSA, including **BOXED WARNING**, in pocket.

EPCLUSA[®]
sofosbuvir/velpatasvir
400 mg/100 mg tablets

MetAnalysis

1. Still talking about category benefits, not differentiating benefits
2. Internally dismissing importance of Mavyret's 8 week duration

WE FOUND THE CURE TO HCV!
WE'RE THE MARKET LEADERS!
OUR DRUGS ARE THE BEST!



MetAnalysis

1. Still talking about category benefits, not differentiating benefits
2. Internally dismissing importance of Mavyret's 8 week duration
3. Differentiators they did identify not seen as important by doctors
4. Doctors have **STRONG** negative emotions about Gilead's pricing policies

Strategies

1. Don't talk about pricing; fix it
→ Authorized generics
2. Internal positioning workshop + Iterative research w/ doctors
→ New differentiating positioning strategy



GILEAD

DIFFERENT QUESTIONS.
SAME ANSWER. **EPCLUSA.**

IS HE TREATMENT EXPERIENCED?

WHAT IS HIS GENOTYPE?

IS SHE TREATMENT-NAIVE?

DOES SHE HAVE COMPENSATED CIRRHOSIS?

INDICATION
EPCLUSA is indicated for the treatment of adults with chronic hepatitis C virus (HCV) GT 1-6 infection without cirrhosis or with compensated cirrhosis.

WARNING: RISK OF HEPATITIS B VIRUS REACTIVATION IN PATIENTS COINFECTED WITH HCV AND HBV: Hepatitis B virus (HBV) reactivation has been reported, in some cases resulting in fulminant hepatitis, hepatic failure, and death.

Please see additional Important Safety Information, including **BOXED WARNING** on Hepatitis B reactivation on page 12.

Please see accompanying full Prescribing Information for EPCLUSA in back pocket.

EPCLUSA
sofosbuvir/velpatasvir
400 mg/100 mg tablets

CONSIDER ALL THE
PATIENT-RELATED CHALLENGES
WHEN CHOOSING AN
HCV TREATMENT

HOW WILL BRIAN'S CHALLENGES AFFECT HIS TREATMENT?

- 28 years old
- GT 3
- Non-cirrhotic (F2)
- Treatment-naïve
- Currently taking methadone
- Food insecurities
- Has an unstable housing situation

Dosing Consideration:
• Based on drug interaction studies conducted with sofosbuvir, no clinically significant drug interactions have been observed with methadone and sofosbuvir. Interactions between velpatasvir and methadone have not been studied.

IMPORTANT SAFETY INFORMATION
DRUG INTERACTIONS

- Coadministration of EPCLUSA is not recommended with fosphenytoin due to increased concentrations of fosphenytoin.
- Coadministration of EPCLUSA is not recommended with proton-pump inhibitors, oxcarbazepine, phenobarbital, phenytoin, rifabutin, rifampin, efavirenz, and lopinavir/ritonavir due to decreased concentrations of sofosbuvir and/or velpatasvir.

Consult the full Prescribing Information for EPCLUSA for more information on potentially significant drug interactions, including clinical comments.

DIFFERENT QUESTION.
SAME ANSWER. **EPCLUSA.**
Consistent outcomes also seen in the real world^{1,4}

SUSAN JUST FOUND OUT SHE HAS HCV. IS EPCLUSA RIGHT FOR HER?

- 33 years old
- GT 1
- Non-cirrhotic (F0)
- Treatment-naïve
- Currently taking Lo Loestrin® Fe, an ethinyl estradiol-containing oral contraceptive

IMPORTANT SAFETY INFORMATION
BOXED WARNING: RISK OF HEPATITIS B VIRUS REACTIVATION IN HCV/HBV COINFECTED PATIENTS
Test all patients for evidence of current or prior hepatitis B virus (HBV) infection before initiating treatment with EPCLUSA. HBV reactivation has been reported in HCV/HBV coinfected patients who were undergoing or had completed treatment with HCV direct acting antiviral (DAA) and were not receiving HBV antiviral therapy. Some cases have resulted in fulminant hepatitis, hepatic failure, and death. Cases have been reported in patients who are HBsAg positive, in patients with serologic evidence of resolved HBV, and also in patients receiving certain immunosuppressant or chemotherapeutic agents. The risk of HBV reactivation, associated with treatment with HCV DAAs may be increased in patients taking these other agents. Monitor HCV/HBV coinfected patients for hepatitis flare or HBV reactivation during HCV treatment and post-treatment follow-up. Initiate appropriate patient management for HBV infection as clinically indicated.

98% overall cure rate in GT 1-6 NC/CC patients^{1,4}
(p < 0.001; ASSTRAL-1, 2, 3 studies)

1 DURATION
1 PILL
1 ONCE A DAY
• 12 weeks with or without food • Protease Inhibitor-free

With high cure rates and convenient dosing, confidently treat with EPCLUSA¹

Please see full Prescribing Information for EPCLUSA including **BOXED WARNING** in back pocket.

EPCLUSA
sofosbuvir/velpatasvir
400 mg/100 mg tablets

Strategies

1. Don't talk about pricing; fix it

→ Authorized generics

2. Internal positioning workshop + iterative research w/ doctors

→ New differentiating positioning strategy

WE ARE THE LEADER!
OUR DRUGS ARE THE BEST!

Inspiring Change

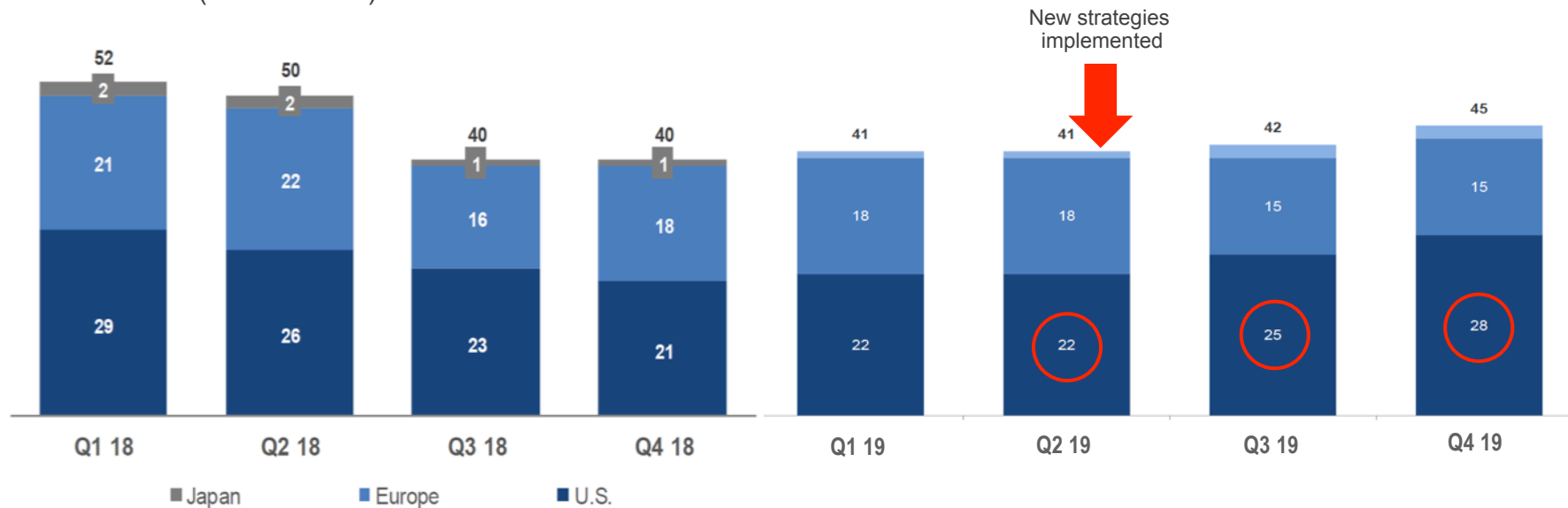
1. Senior leadership commitment
2. Best practices for documenting & disseminating
3. Internal marketing using customer insights
 - Goal of gaining belief and commitment of sales, not just education
 - Sales education/marketing materials
 - Research quotes & clips at sales meeting & training
 - Evangelists at regional sales meetings and ride-alongs



Inspiring Change

1. Senior leadership commitment
2. Best practices for documenting & disseminating
3. Internal marketing using customer insights
4. Rewards systems

Patient Starts (in thousands)



Source: Gilead earnings report presentations

Lessons 1 – The Problems

1. People are emotionally vested in the old way of doing things (especially if they've worked in the past)
2. People ignore information right in front of their eyes when it challenges existing paradigms
3. As a result, change isn't easy!

Lessons 2 – The Solutions (how to bring about change)

1. Consistent public commitment from senior leaders
2. Document and disseminate decisions using best practices
3. Build change into reward systems
4. Use customer insights to inform and inspire change
 - Outside voice of authority
 - Non-threatening
 - Something altruistic and inspiring about putting the customer first

Lessons 3 – How to Use Customer Insights to Inform and Inspire Change

1. Create a strong message and make sure everyone is on it

Fix the Gorillas!

**Use patient challenges
to differentiate!**

Lessons 3 – How to Use Customer Insights to Inform and Inspire Change

1. Create a strong message and make sure everyone is on it
2. Combine informing with inspiring
3. Use good marketing internally
4. Use evangelists

Thank You!

Contact Information:

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