



**Over one-quarter of Endos learned something new in their most recent Lantus detail – a large majority of those new insights involve SoloSTAR**

**Detail Characteristics: Endo**

	Rep Relationship (years)	Length of Detail (minutes)	% Dialogue Discussions	Detail Location	% Learning something new	New Learnings (% of MDs learning something new)
<b>Lantus</b>	3.0	7.1	72%	48% Personal office 24% Lunch/Break room 16% Hallway	26%	92% New pen 39% SoloSTAR info 15% Formulary update
<b>Levemir</b>	1.9	7.8	70%	40% Lunch/Break room 28% Hallway 20% Personal office	16%	25% New needles 13% Less variability 13% Dosing / Titration
<b>Byetta</b>	2.4 <sup>PCP</sup>	8.6	84%	30% Lunch/Break room 23% Hallway 21% Personal office	7%	38% New long-acting product out soon 13% Formulary update
<b>Humalog Mix</b>	3.2	9.4	50%	32% Hallway 29% Personal office 25% Lunch/Break room	19%	50% Lily interested in inhaled insulin 50% Education opport.
<b>Novolog 70/30</b>	2.6	4.7	45%	34% Hallway 24% Personal office 21% Lunch/Break room	7%	50% Starter Kit / Coupons 50% Pen device
<b>Januvia</b>	1.8	9.7	66%	34% Personal office 31% Hallway 17% Lunch/Break room	17%	40% Formulary update 20% Vouchers 20% Indication update



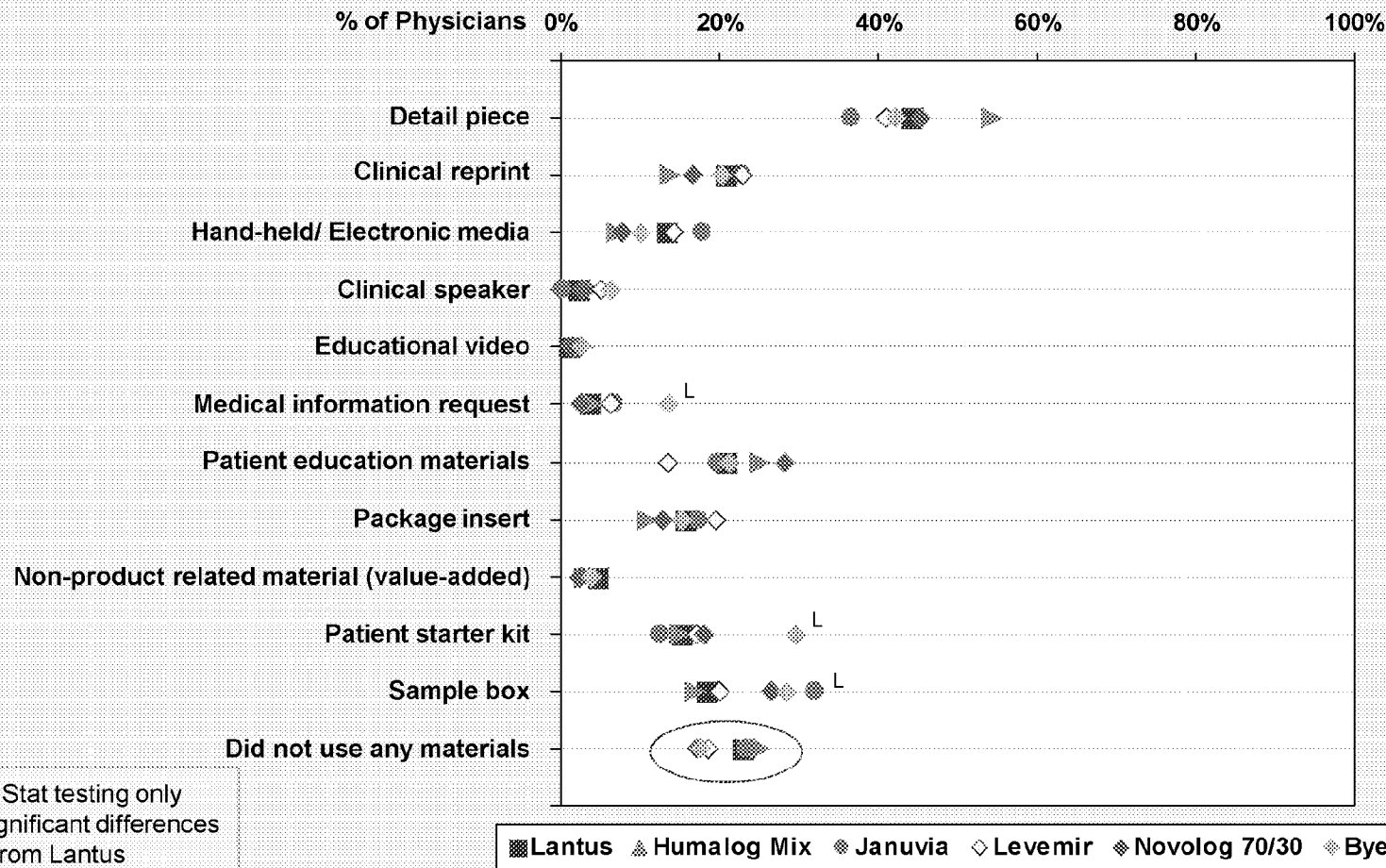
New Learnings percentages not mutually exclusive. Other footnotes shown in appendix

Yellow shading indicates category leader



# Use of the various sales rep resources differs marginally by company; one-quarter of physicians were not shown any materials in their last Lantus detail

Resources Sales Rep Used in Last Discussion: Total



Note: Stat testing only shows significant differences from Lantus

Sep-Oct 07	
Lantus	126
Levemir	126
Byetta	118
Hum Mix	103
Nov 70/30	105
Januvia	104

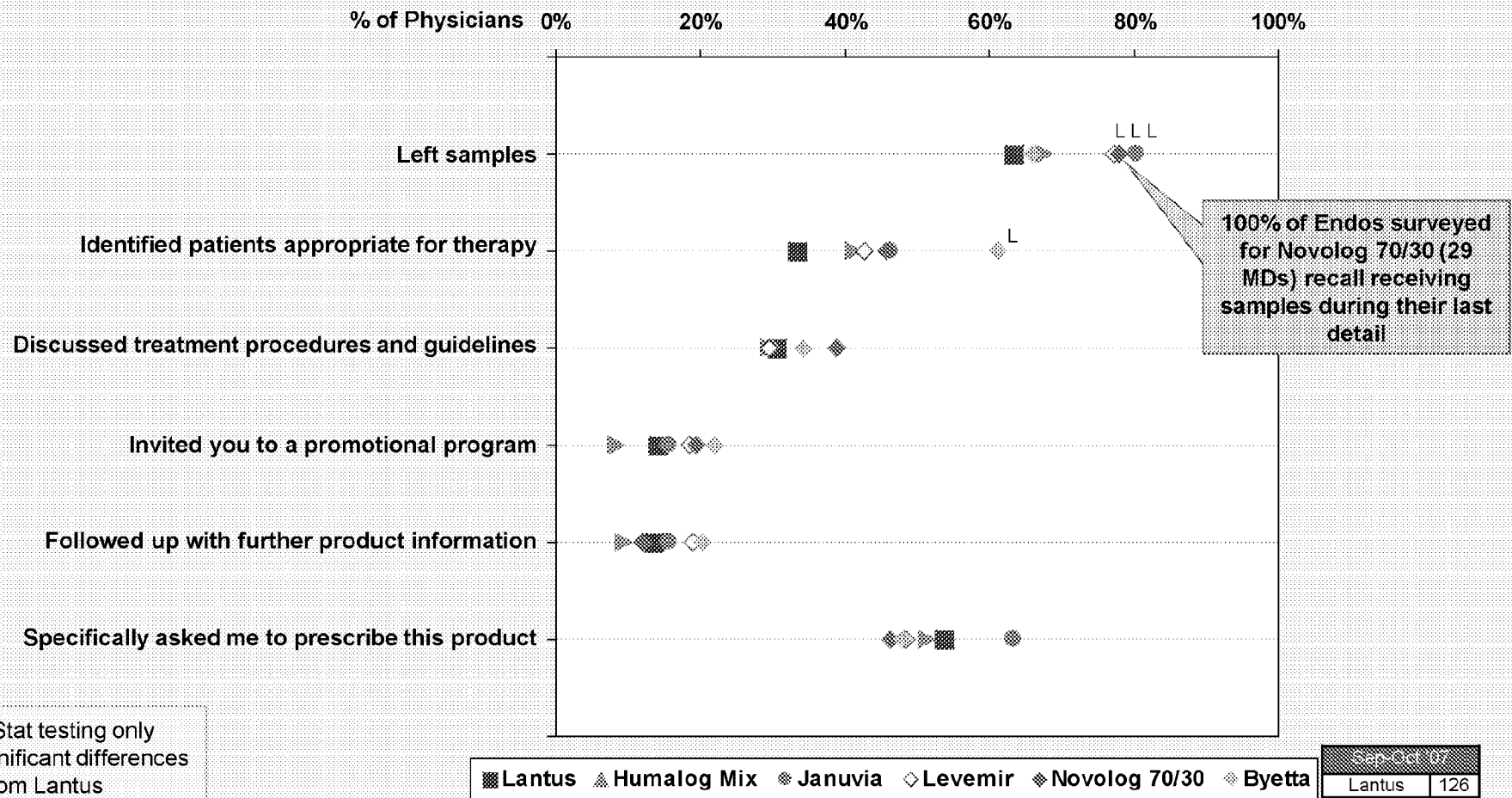


Source: COMPASS Sales Force Tracking Study  
 Note: Data are weighted by reach. L=Statistically different at 95% between Lantus and other products. TRK6: During the last detail for [Product] what did the sales rep use to aid the discussion?



## Directionally, Lantus reps *leave samples* and *identify patients appropriate for therapy* less often than do competitor reps

Activities Sales Rep Performed During Last Discussion: Total



Note: Stat testing only shows significant differences from Lantus



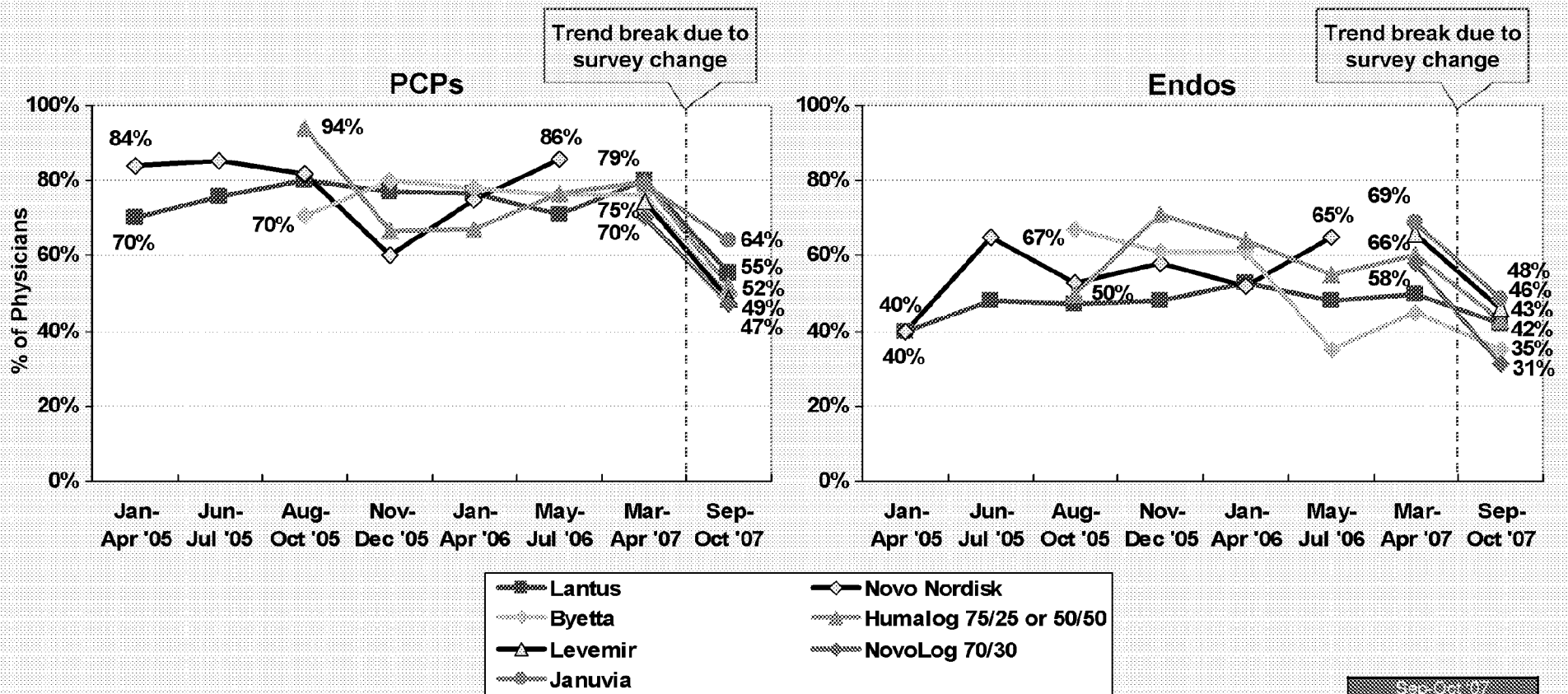
Source: COMPASS Sales Force Tracking Study  
 Note: Data are weighted by reach. L=Statistically different at 95% between Lantus and other products. SFACT3: During the most recent detail for [Product], which of the following activities did the representative do?

Sep-Oct 07	
Lantus	126
Levemir	126
Byetta	118
Hum Mix	103
Nov 70/30	105
Januvia	104



# Lantus reps "closed the call" directionally more often with PCPs than Endos in Sep-Oct '07, but there was a trendbreak in the data due to a necessary survey change that syncs Lantus up with COMPASS for other s-a brands

## Physicians Specifically Asked to Prescribe: by Specialty



Source: COMPASS Sales Force Tracking Study  
 Note: Data are weighted by reach. Dotted red line indicates trend break due to survey revisions for Sep-Oct '07. Green line formerly Eli Lilly Insulins. Not statistically different at between specialties. Statistical testing between product shown in appendix. Statistical testing not performed between Mar-Apr '07 and Sep-Oct '07 due surey revisions in Sep-Oct '07. LAN8: During your last visit from your [company] sales representative for [product], did the representative specifically ask you to prescribe the product?

Specialty	Sep-Oct '07	
	PCP	Endo
Lantus	76	50
Levemir	76	50
Byetta	75	43
Hum Mix	75	28
Nov 70/30	76	29
Januvia	75	29



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PTX-0739.0114  
 Sanofi Exhibit 2146.114  
 Mylan v. Sanofi  
 IPR2018-01676



## Contents

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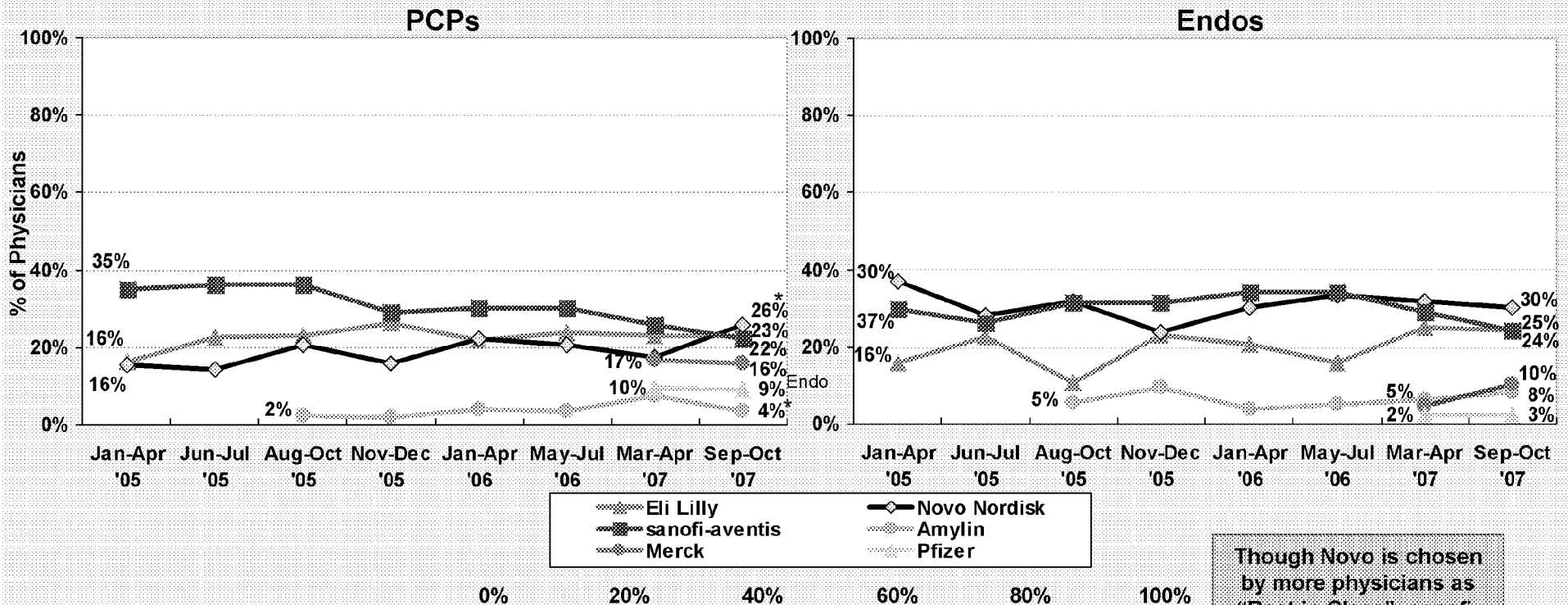
- ◆ Introduction
- ◆ Key Findings
- ◆ Awareness and Trial
- ◆ Special Topics
- ◆ Product Perceptions
- ◆ Product Usage
- ◆ Sales Force
  - Messaging
  - Resources & Activities
  - Sales Rep Ratings
- ◆ Appendix



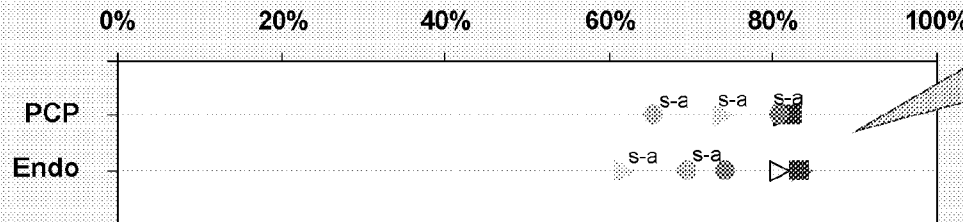


Directionally, Novo Nordisk's diabetes sales force is considered "best in class" by the highest percentage of physicians in Sep-Oct '07

Best in Class Diabetes Sales Force: by Specialty



Sales Force Relative Ratings (best in class = 100%)



Though Novo is chosen by more physicians as "Best in Class", sanofi-aventis's overall rating is 82% vs. 81% for Novo.

	PCP	Endo
Eli Lilly	89	38
Novo	100	47
s-a	85	38
Amylin	14	13
Merck	61	16
Pfizer	35	4

Source: COMPASS Sales Force Tracking Study  
 Note: Data are weighted by reach. Statistical testing between companies shown in appendix. s-a = statistically different at 95% between sanofi-aventis and other companies as noted. VL2: In this exercise, we would like to understand your overall impression of the sales force for each company that details you for diabetes products. Considering these companies, which one would you define as the "best" in terms of meeting your needs?





## Appendix Contents

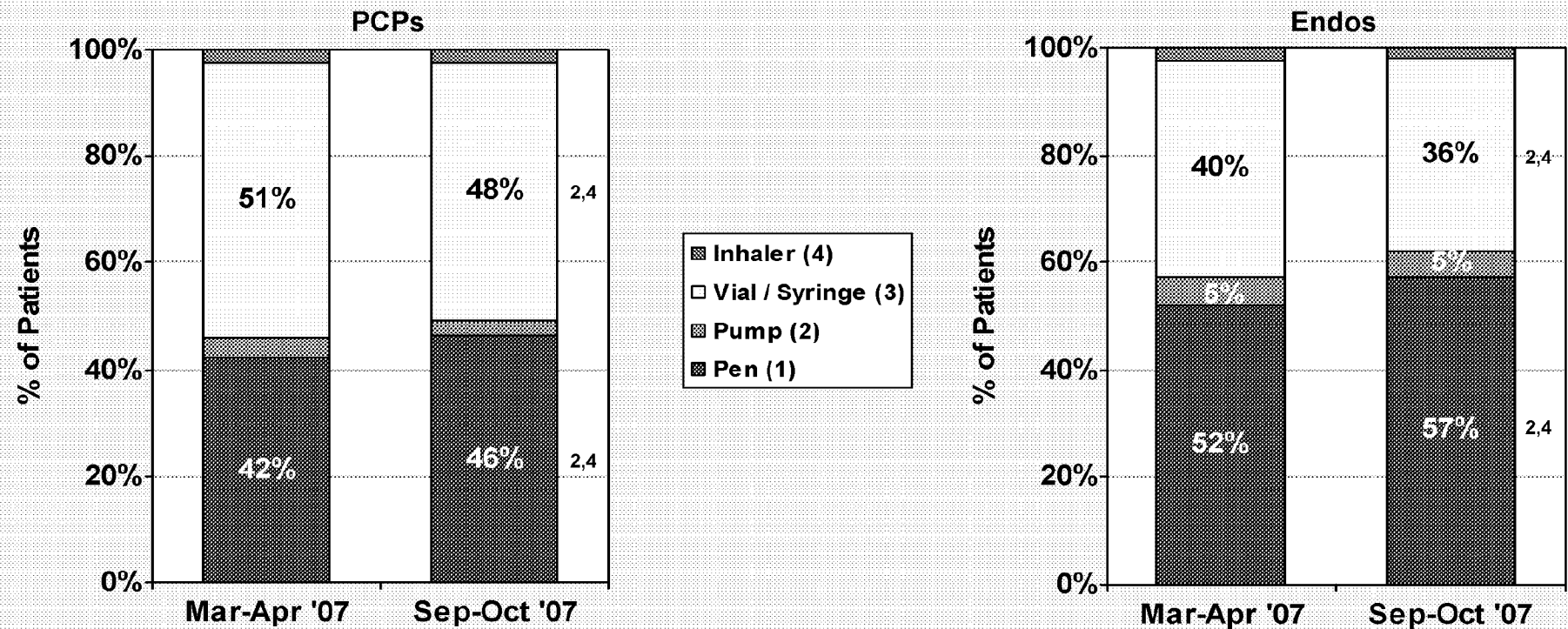
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- ◆ Introduction
- ◆ Key Findings
- ◆ Awareness and Trial
- ◆ Special Topics
- ◆ Product Perceptions
- ◆ Product Usage
- ◆ Sales Force
- ◆ Appendix
  - Appendix 1: Additional ATU Slides
  - Appendix 2: Additional Sales Force Slides
  - Appendix 3: Stat Testing Appendix & New Question List



The percentage of physicians initiating patients with an insulin pen increased directionally in Sep-Oct '07

Delivery Method of Insulins to Type 2 Patients: by Specialty



Source: COMPASS Physician ATU Tracking Study

Note: Data are weighted by physician population and patient base. INS3: Please consider your Type 2 diabetes patients using insulin. What percent did you personally initiate with each of the following methods of delivery?

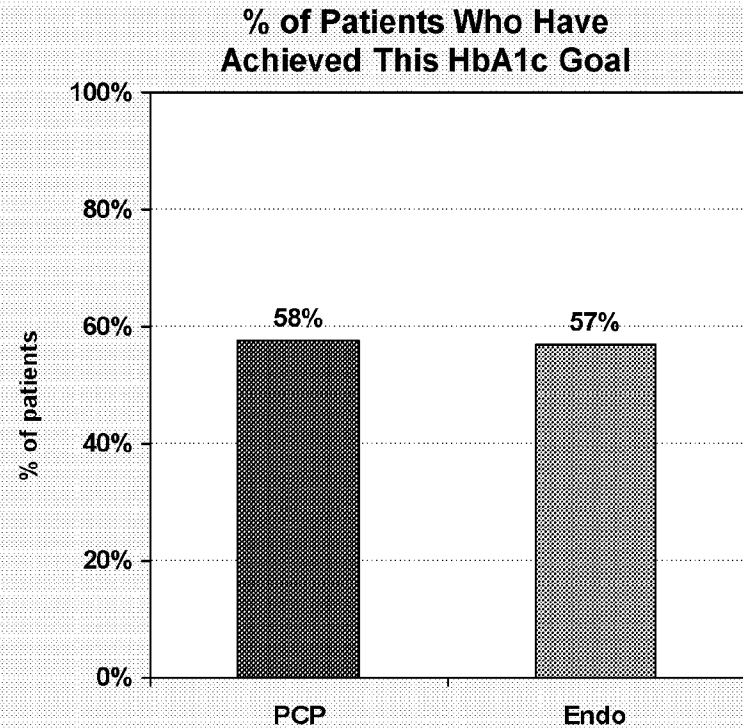
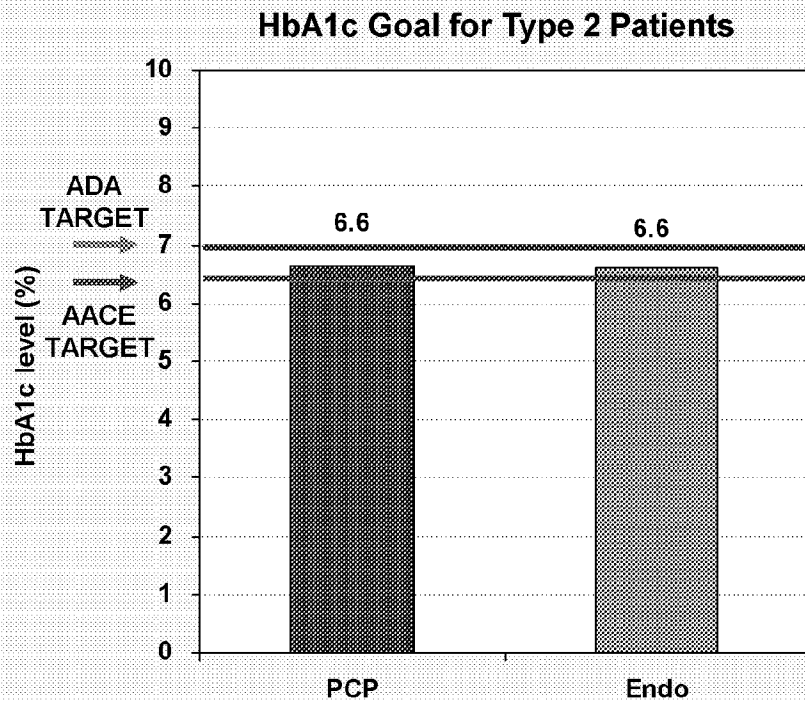
PCP	125
Endo	76





**On average, PCPs and Endos consider Type 2 patients to be at goal when HbA1c levels reach 6.6; however, only 57% to 58% of patients achieve this goal**

**HbA1c Goals & Achievement: by Specialty**



Source: COMPASS Physician ATU Tracking Study

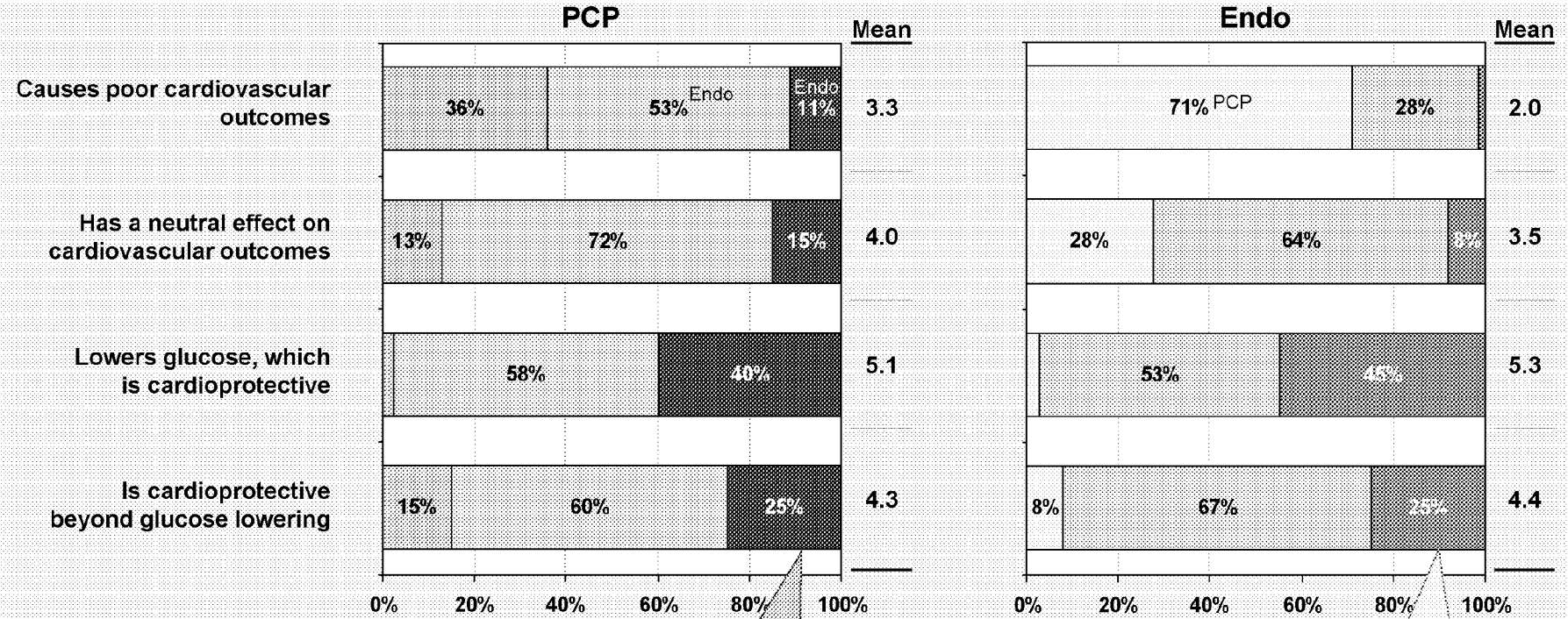
Note: Data are weighted by physician population. HBA1: Please consider your Type 2 patients. What is your HbA1c goal, on average, for these patients? HBA2: What percentage of your Type 2 patients have achieved this HbA1c goal?

Specialty	Count
PCP	125
Endo	76



# Physicians agree most strongly that exogenous insulin is cardioprotective because it lowers glucose; approximately one-quarter believe that insulin's cardioprotective benefits extend beyond glucose lowering

Cardiovascular Effects of Exogenous Insulin: by Specialty



Bottom Box (1-2) Middle Box (3-5) Top Box (6-7)

**Because exogenous insulin...**  
 84% Reduces free fatty acids  
 79% Reduces inflammation  
 74% Reduces lipids  
 16% Other

Reasons for Agreement (% of those rating 6-7)

**Because exogenous insulin...**  
 71% Reduces lipids  
 68% Reduces inflammation  
 55% Reduces free fatty acid  
 0% Other



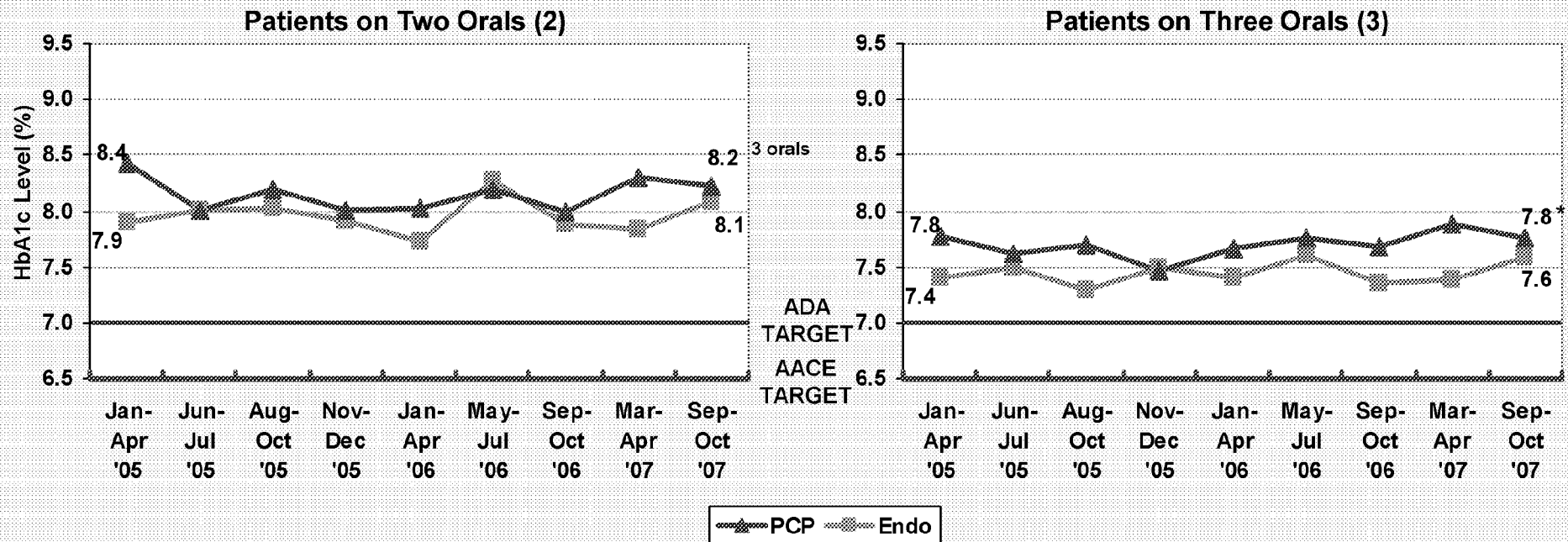
Source: COMPASS Physician ATU Tracking Study  
 CV1: For each of the statements below, on a scale of 1 to 7, please indicate how much you agree or disagree with each statement. (Please select one response for each statement) CV2: Why do you strongly agree that "the use of exogenous insulin is cardioprotective beyond glucose lowering"? Please select all that apply.

	PCP	Endo
CV1	125	76
CV2	31	19



## Despite goals that are comparable to AACE, most physicians wait until HbA1c approaches 8.0 to introduce insulin into the treatment regimen

HbA1c Level at Which Insulin Is Introduced



Addressing barriers to insulinization and emphasizing Lantus' efficacy at helping patients achieve HbA1c goals remains an opportunity for Lantus



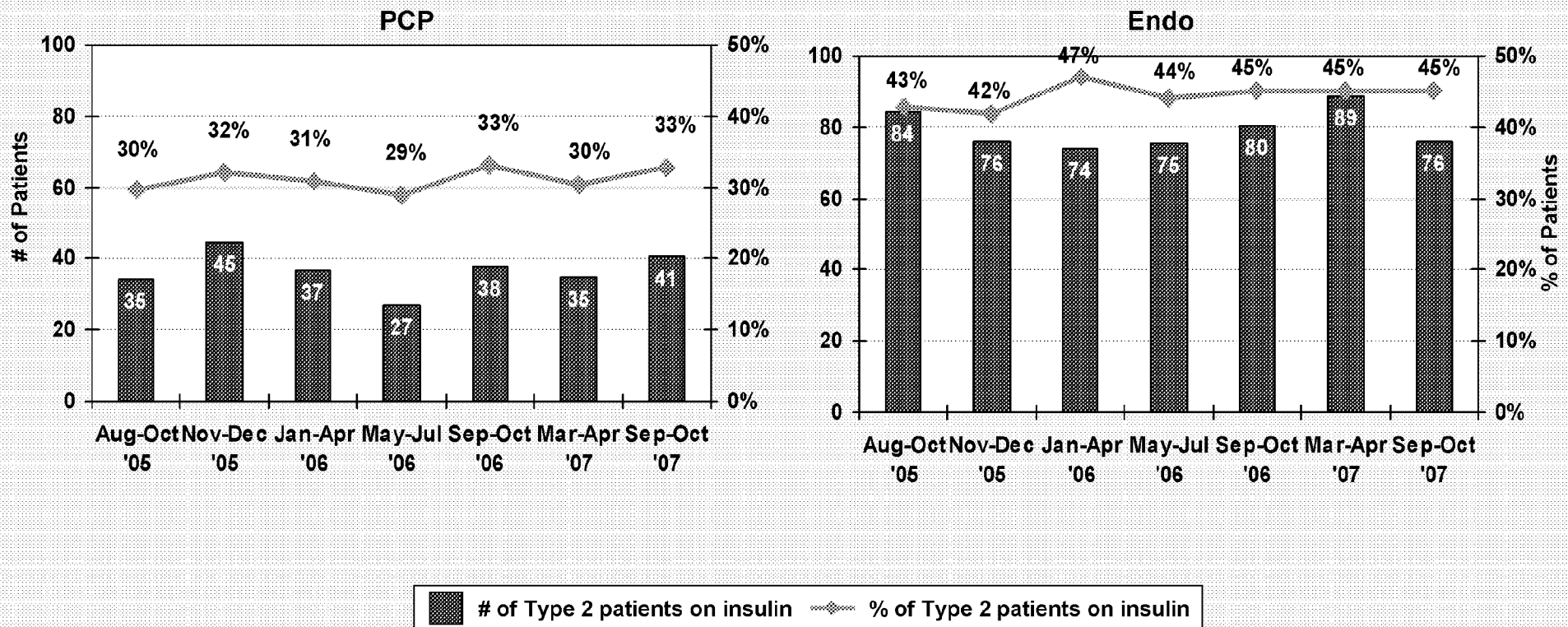
Source: COMPASS Physician ATU Tracking Study  
 Note: Data are weighted by physician population. LAN2B: For each patient type described below, what level of HbA1c would compel you to introduce insulin into the treatment regimen?

PCP	125
Endo	76



# In Sep-Oct '07 only 33% of PCP and 45% of Endo patients are treated with insulin

## Type 2 Patients Treated with Insulin per Month: by Specialty



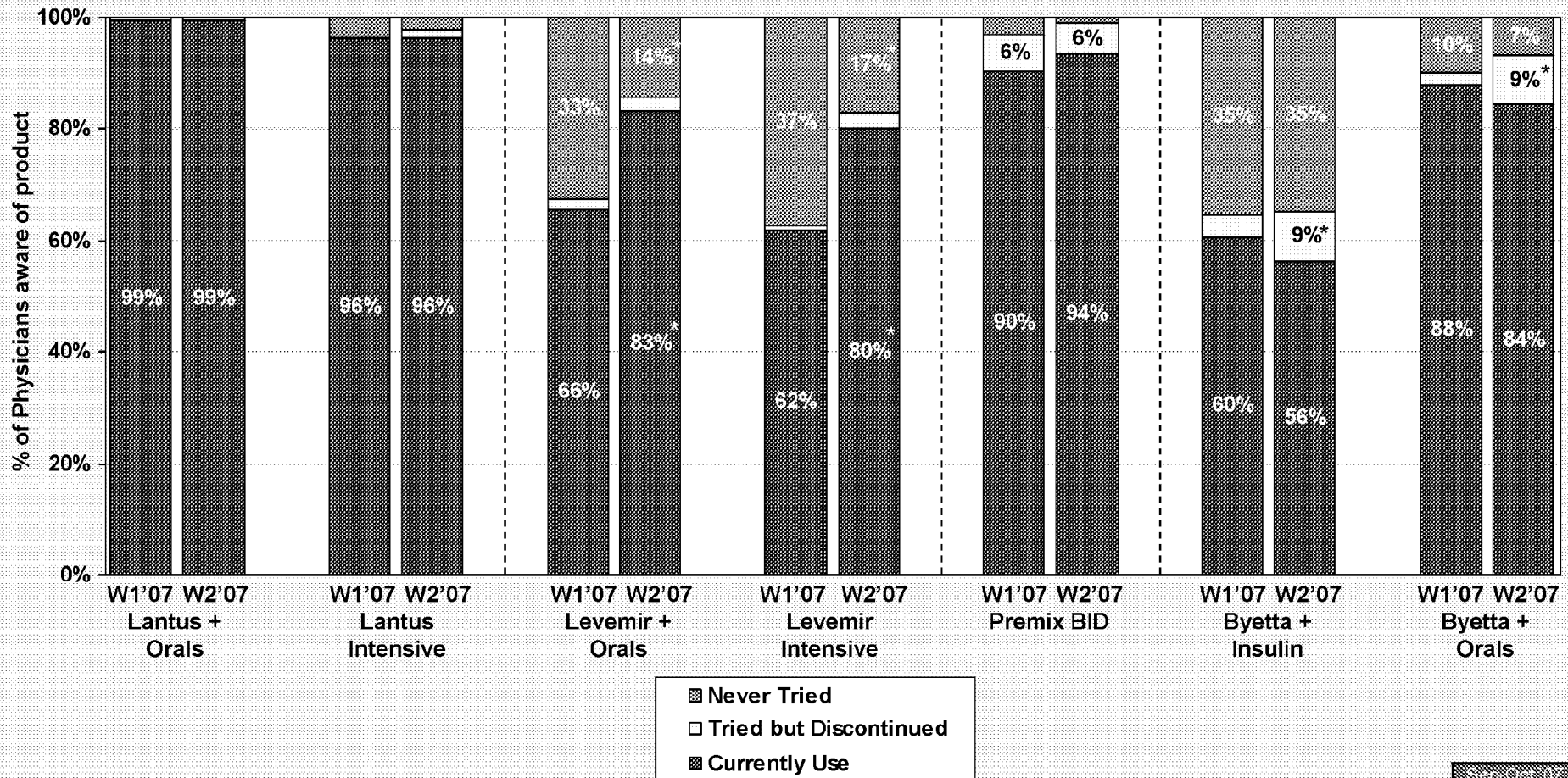
Source: COMPASS Physician ATU Tracking Study  
 Note: Data are weighted by physician population. BS2A: In the past month, how many total patients did you treat for each of the following conditions? (If the past month was not a typical month, please answer based on a "typical month"). TP1A: In the past month, what percent of your Type 2 diabetes patients did you treat with the following? Please consider a fixed combination oral pill as one therapy.

PCP	125
Endo	76



## Lantus usage remains nearly universal in Sep-Oct '07 while Levemir usage increased significantly since last wave

### Aided Therapy Experience: Total



Source: COMPASS Physician ATU Tracking Study

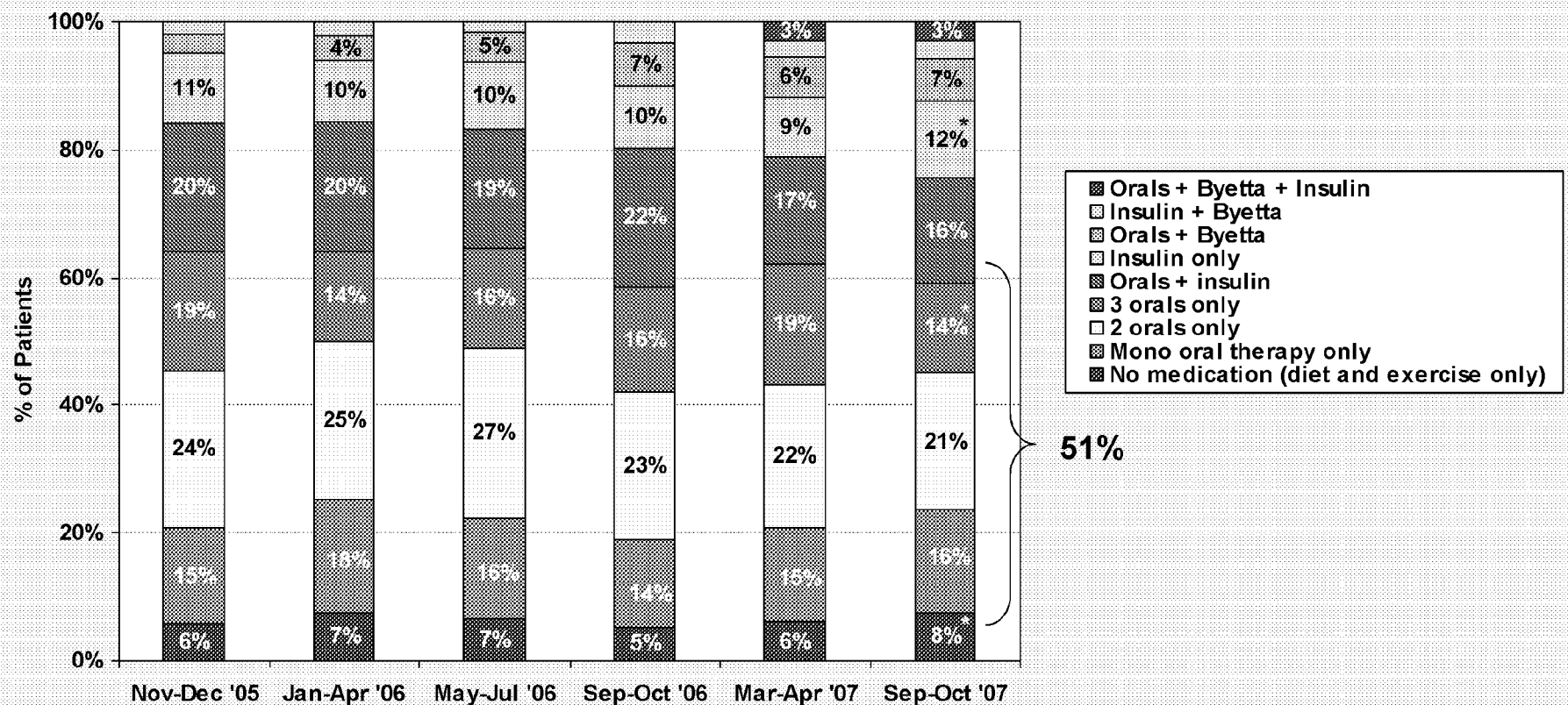
Note: Data are weighted by physician population. Stat testing across products for current wave shown in appendix. TP11: Please indicate your experience with each of the following therapies by checking the appropriate box for each therapy listed below.

Sep-Oct '07	
LAN	201
LEV	200
PRE	201
BYT	200



**In Sep-Oct '07, physicians report that just over 50% of their Type 2 patients were treated with an orals only regimen in the past month**

**Therapies for Treatment of Type 2 Patients: Total**

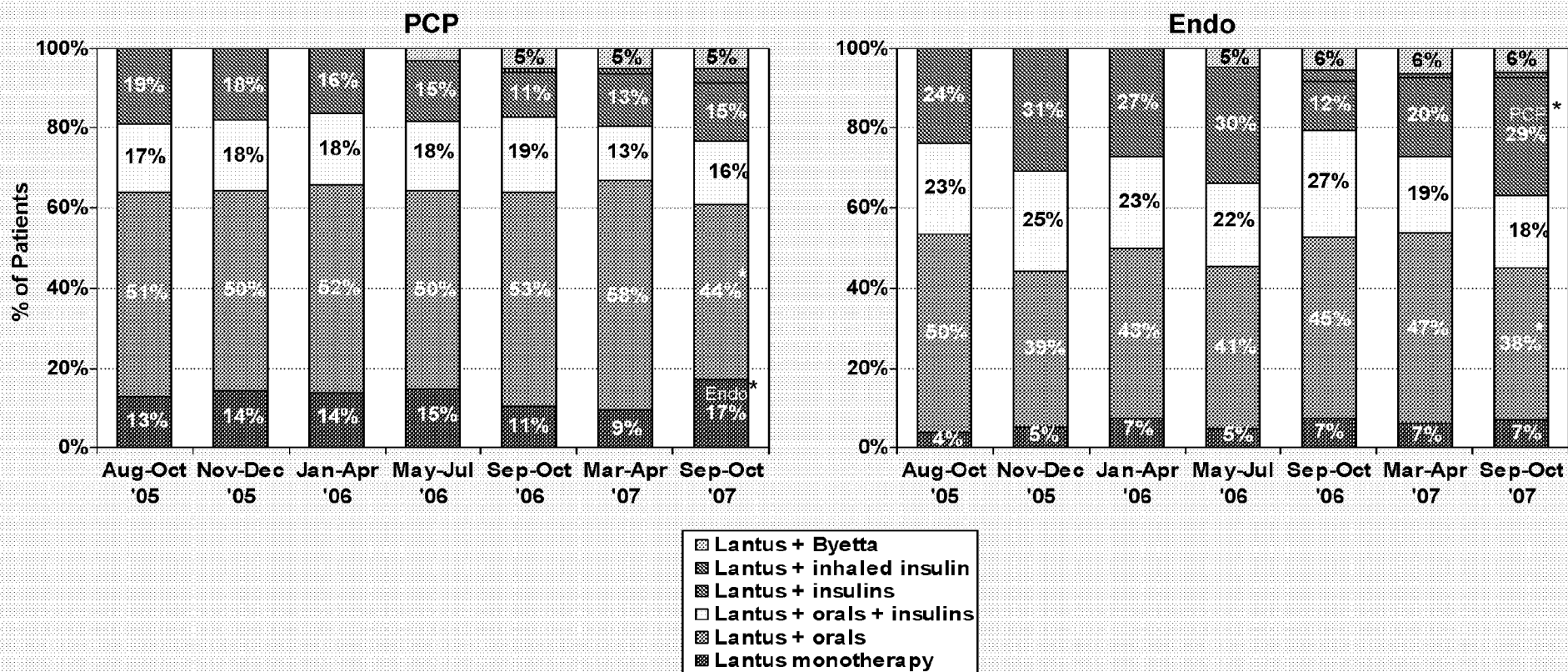


Source: COMPASS Physician ATU Tracking Study.  
 Note: Data are weighted by patient base and physician population. TP1A: In the past month, what percent of your Type 2 diabetes patients did you treat with the following types of therapy?



## Reported Endo usage of Lantus with other insulins has increased over the past year from 12% to 29%

Lantus Usage for Type 2 Patients: by Specialty



Source: COMPASS Physician ATU Tracking Study  
 Note: Data are weighted by patient base and physician population. Statistical testing between therapies shown in appendix. LAN4B.  
 Please think about all of the times that you have used Lantus with Type 2 patients. What percentage of the time would you say that you use the following?

PCP	124
Endo	76

125

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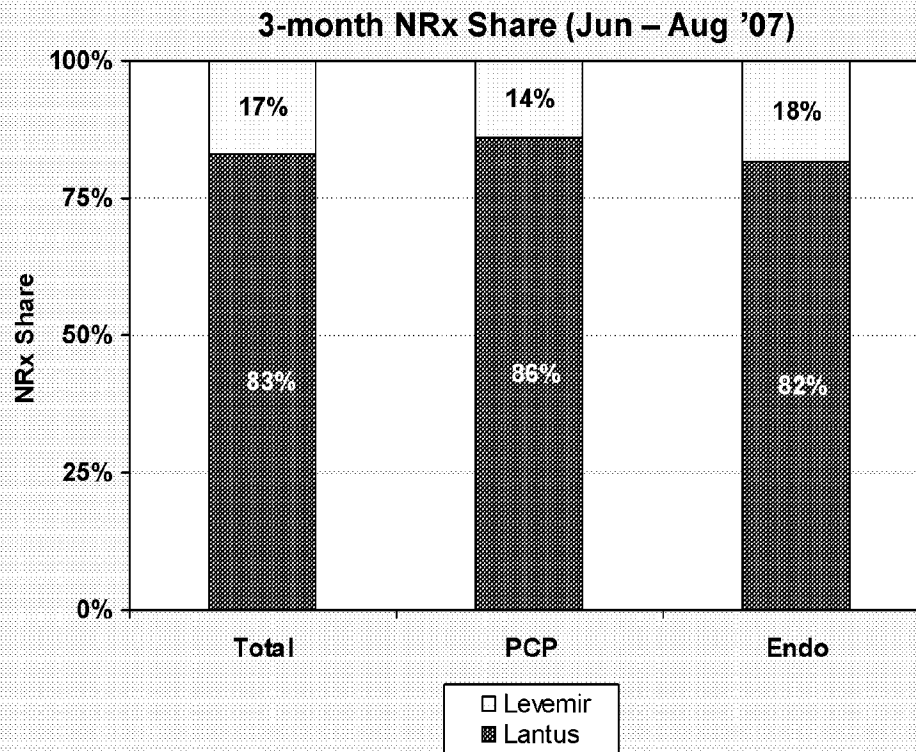
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PTX-0739.0125  
 Sanofi Exhibit 2146.125  
 Mylan v. Sanofi  
 IPR2018-01676



## Levemir comprises 17% of the Jun-Aug '07 basal insulins prescribed (NRx) by physicians surveyed in Sep-Oct '07

### Sample NRx Share of Basal Insulins (Lantus and Levemir only): by Specialty



COMPASS

Source: COMPASS Physician ATU Tracking Study, IMS Health Confidential Proprietary; Source IMS Health Incorporated Xponent NRx share Jun-Aug '07. Data are not weighted. Note: Basal market includes Lantus and Levemir only.

Total 201 126

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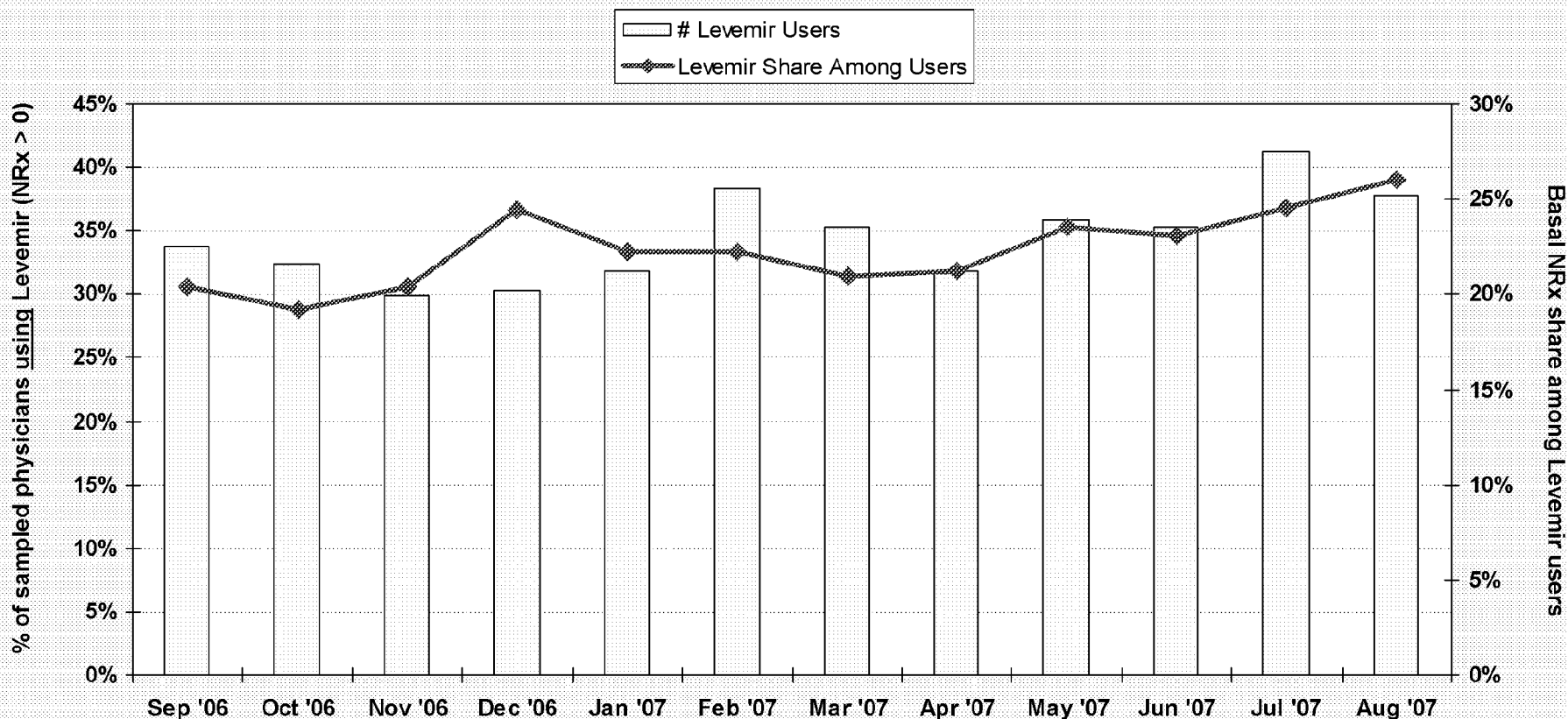
PTX-0739.0126  
Sanofi Exhibit 2146.126  
Mylan v. Sanofi  
IPR2018-01676





**30% of physicians in the sample wrote new Levemir prescriptions in Sep '06, compared to 38% in Aug '07; average share among writers increased from 20% to 26% in that timeframe**

Sample Physician Levemir Users and Basal NRx Share: Total



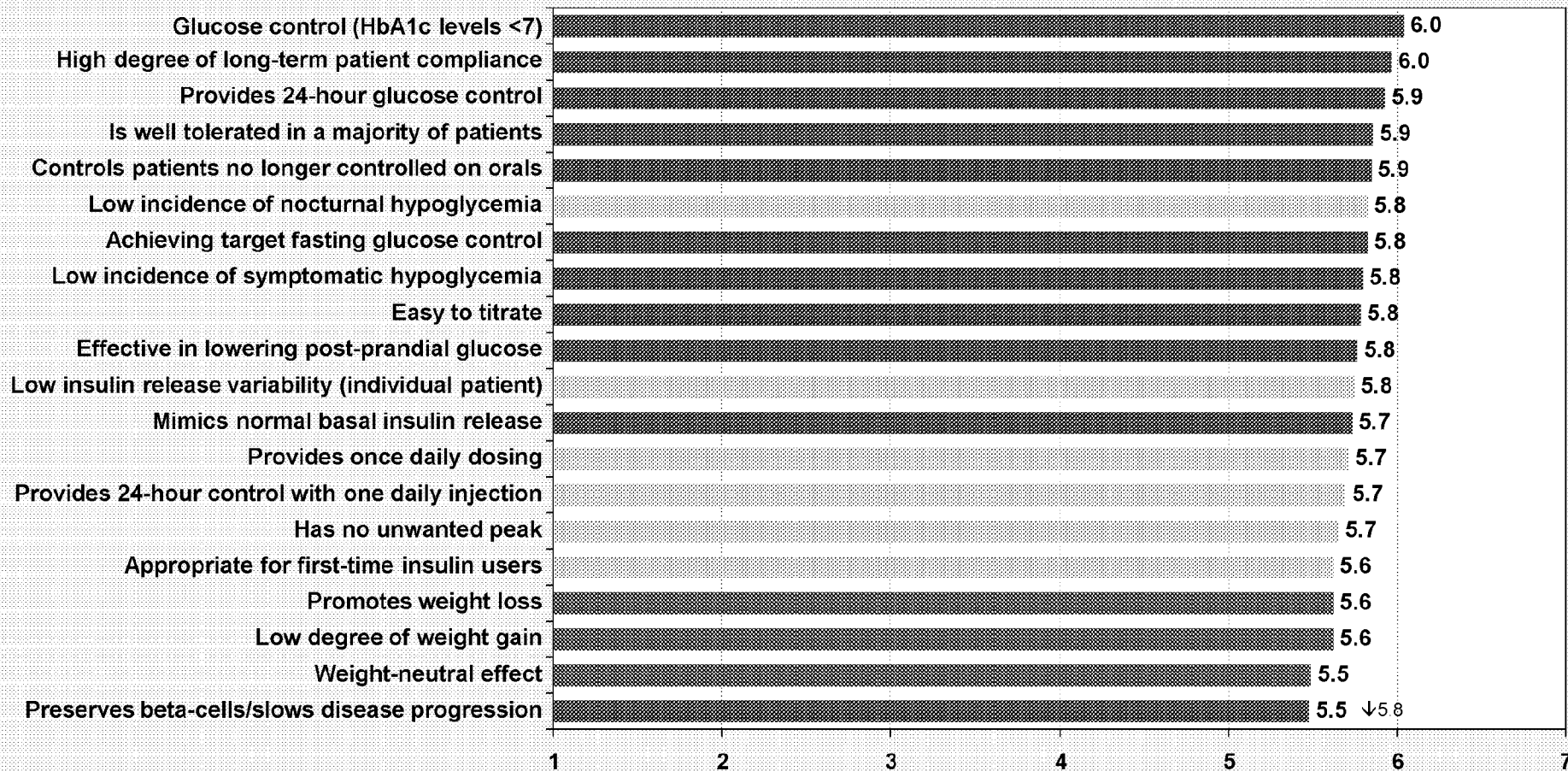
Source: Lantus COMPASS Physician ATU Tracking Study, IMS Lantus NRx Data Jun-Aug '07



## Physicians rate efficacy and safety attributes as the most important in Sep-Oct '07 while weight attributes are considered the least relevant when selecting a product for their patients

Efficacy	Weight
Safety	Dosing

Attribute Stated Importance Means: Total



Source: COMPASS Physician Study

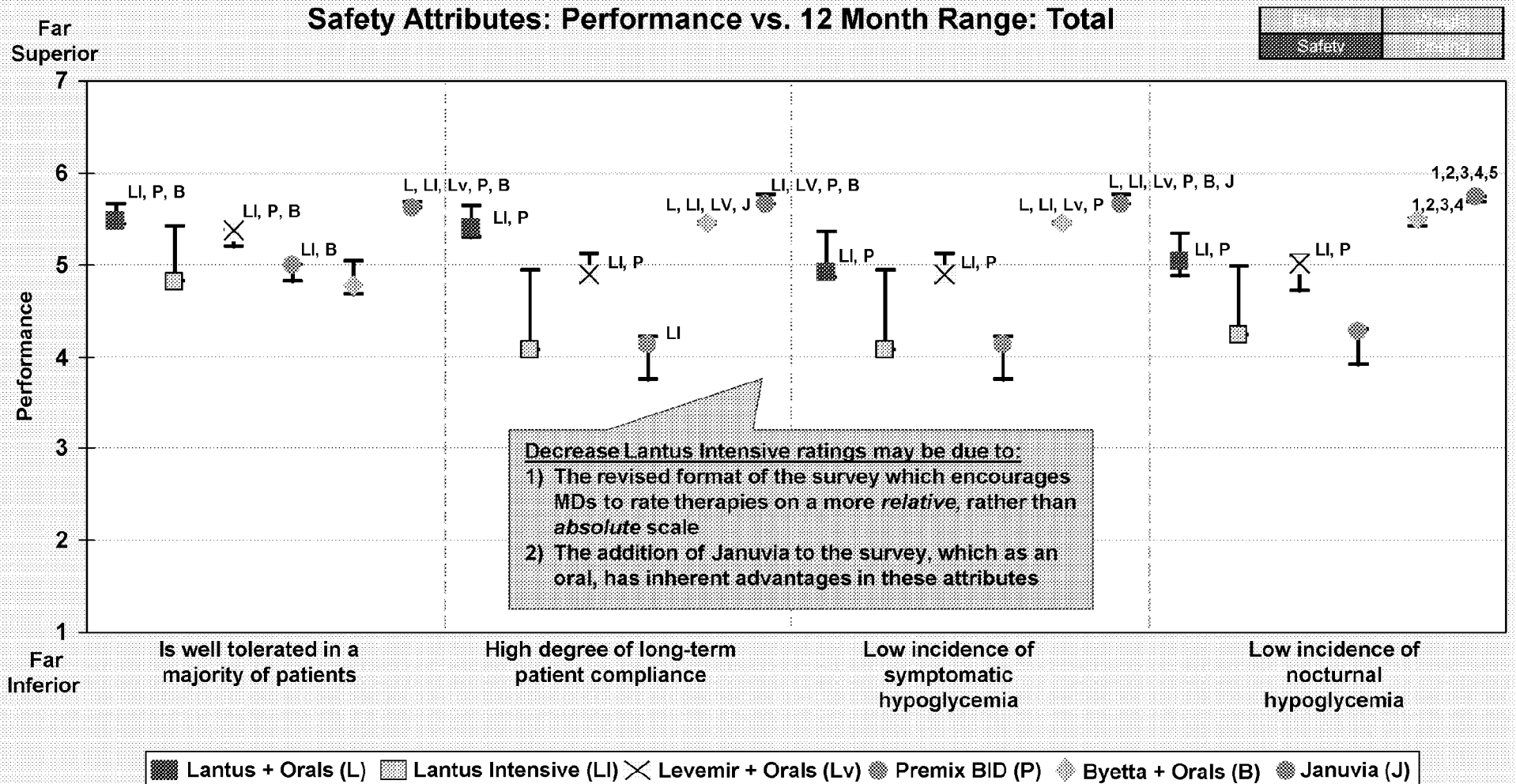
Note: Data are weighted by physician population. PR3A: For each of the factors listed below, please indicate how important each factor is in your selection of a particular diabetes product for Type 2 patients.

Sep-Oct '07	128
Sep-Oct '07	201



# Physicians do not differentiate significantly between Lantus with orals and Levemir with orals on any safety attributes

Safety Attributes: Performance vs. 12 Month Range: Total



**Decrease Lantus Intensive ratings may be due to:**  
 1) The revised format of the survey which encourages MDs to rate therapies on a more *relative*, rather than *absolute* scale  
 2) The addition of Januvia to the survey, which as an oral, has inherent advantages in these attributes

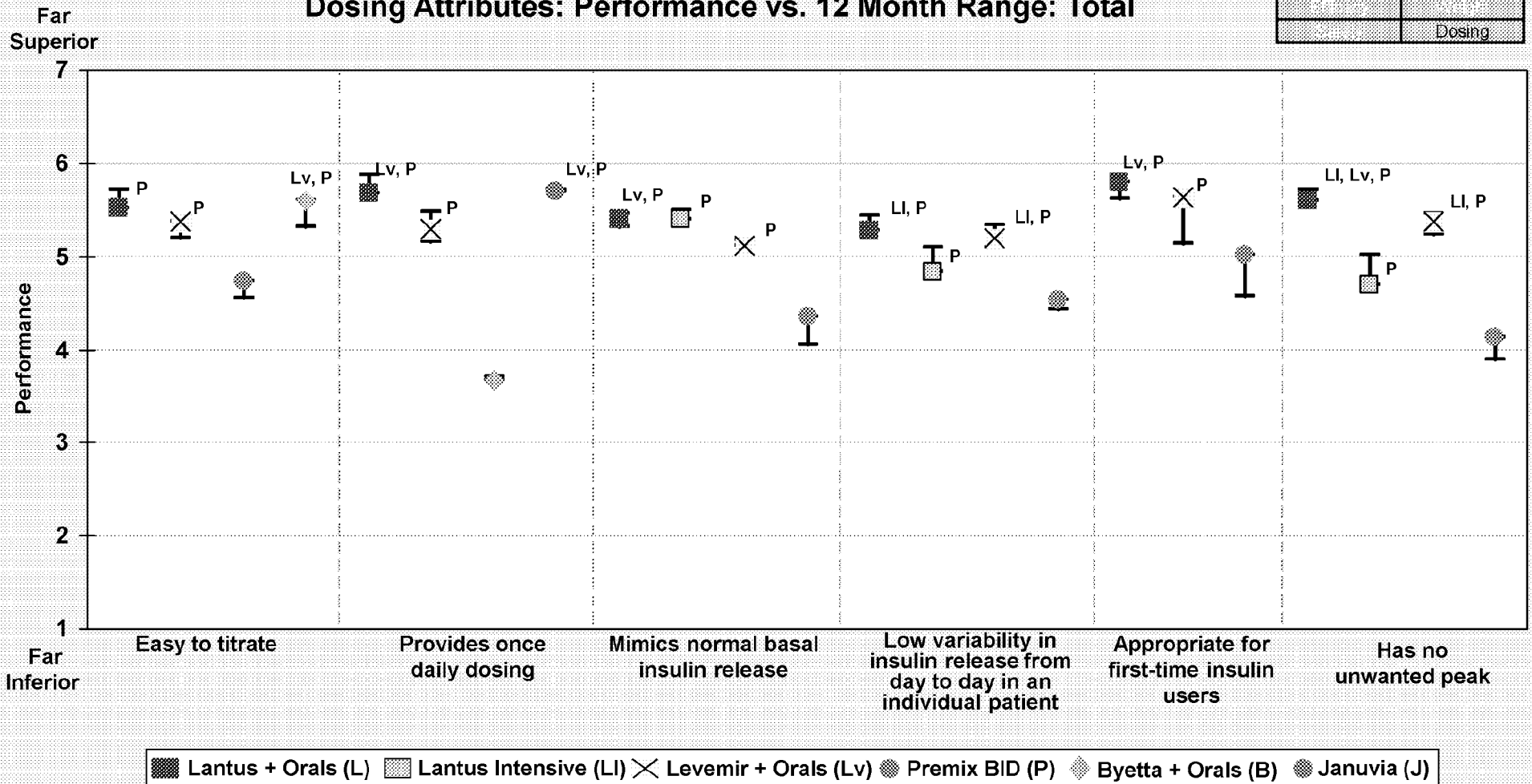


Source: COMPASS Physician ATU Tracking Study  
 Note: Data are weighted by physician population. PR3B. On a scale of 1 to 7, please rate how well you feel each therapy performs on these attributes/functions for Type 2 patients. Please consider all other therapies that you currently use with your Type 2 diabetes patients (not only the therapies listed below). Not all attributes applicable for all therapies.



# Lantus maintains at least a directional advantage over other insulins across all dosing attributes

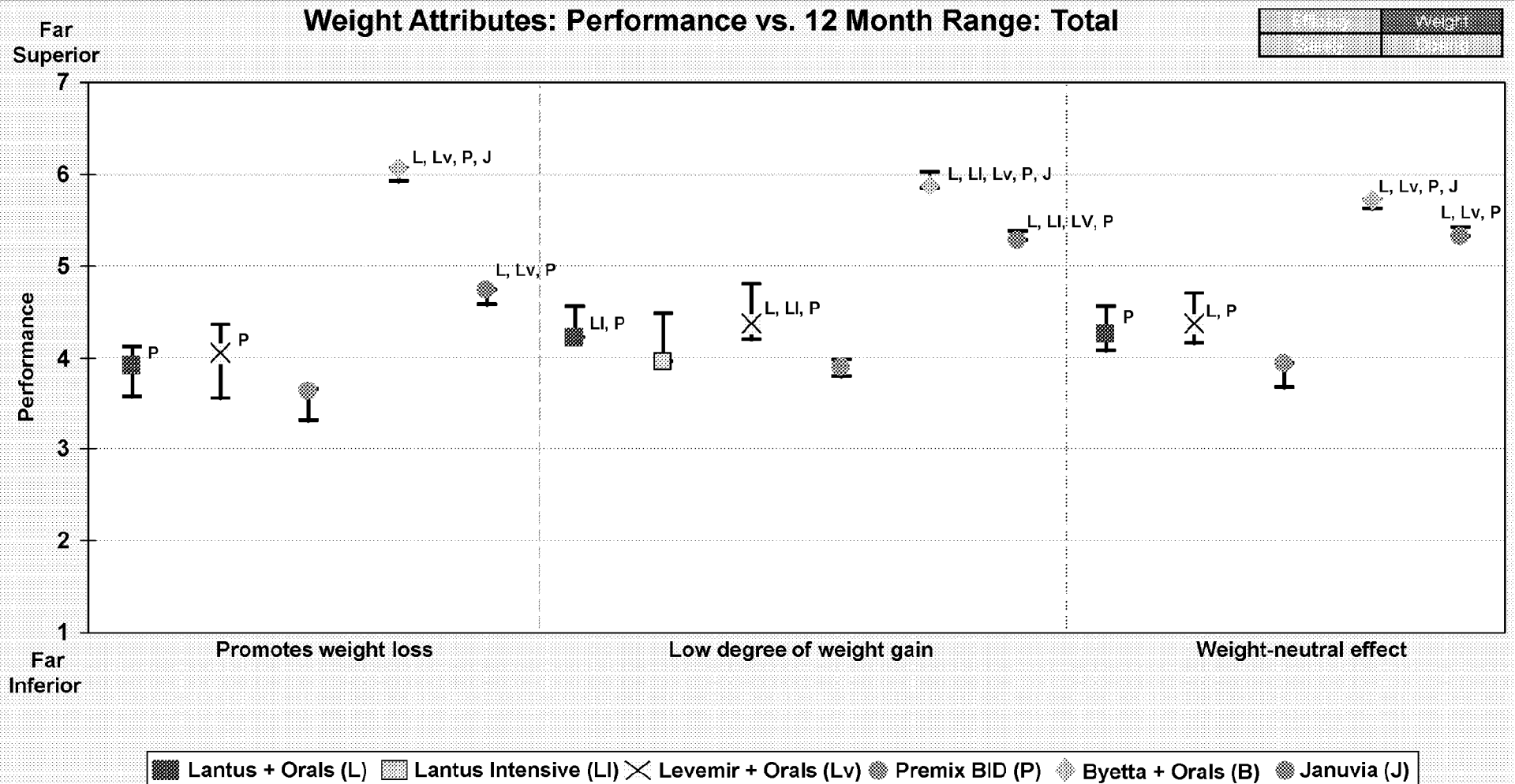
Dosing Attributes: Performance vs. 12 Month Range: Total



Source: COMPASS Physician ATU Tracking Study  
 Note: Data are weighted by physician population. PR3B. On a scale of 1 to 7, please rate how well you feel each therapy performs on these attributes/functions for Type 2 patients. Please consider all other therapies that you currently use with your Type 2 diabetes patients (not only the therapies listed below). Not all attributes applicable for all therapies.



**Byetta is the clear leader in weight-related attribute performance; Levemir with orals is perceived as better than Lantus with orals on *Low degree of weight gain* and *Weight-neutral effect***



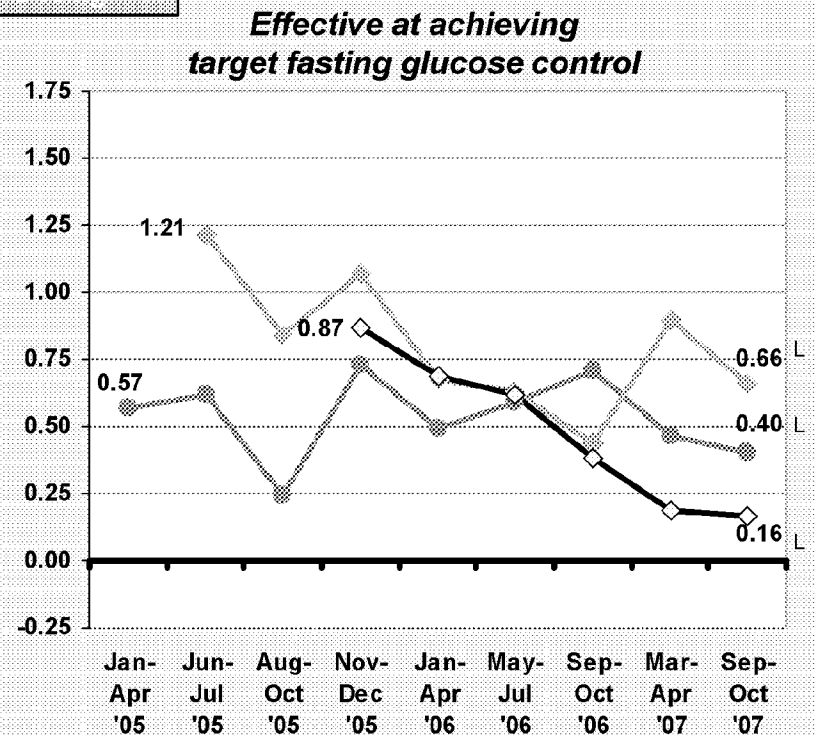
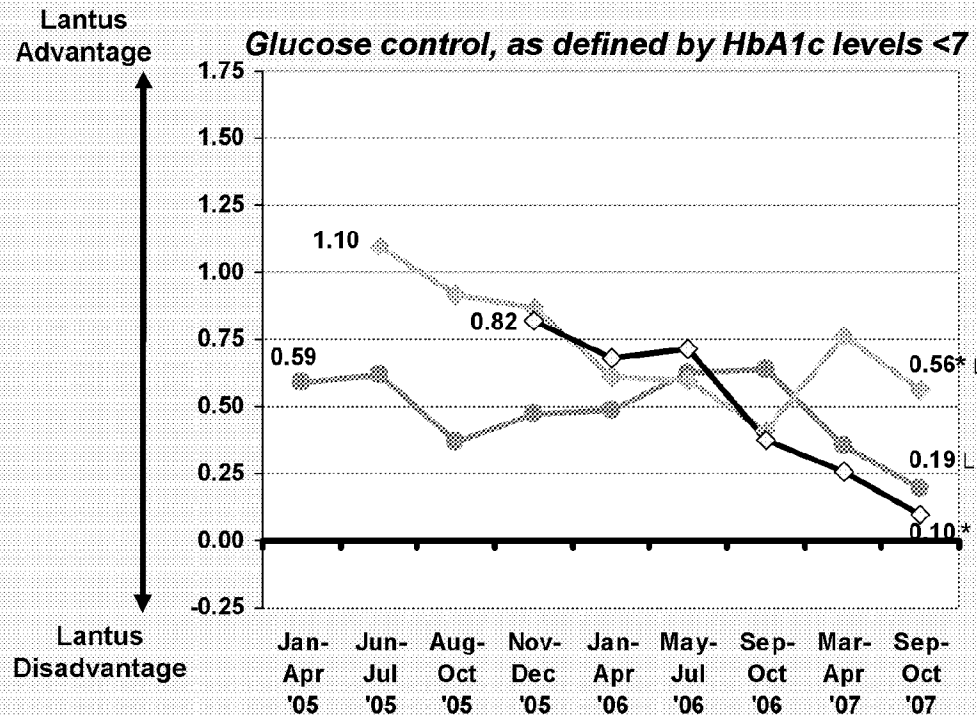
Source: COMPASS Physician ATU Tracking Study  
 Note: Data are weighted by physician population. PR3B. On a scale of 1 to 7, please rate how well you feel each therapy performs on these attributes/functions for Type 2 patients. Please consider all other therapies that you currently use with your Type 2 diabetes patients (not only the therapies listed below). Not all attributes applicable for all therapies.



## Over the past year Levemir and Premix have made steady progress closing the gap against Lantus on *glucose control* attributes

Lantus vs. Competitors Performance Ratings – Selected Attributes: Total

Efficacy	Byetta
Score	Byetta



◆ Lantus with Orals versus Premix twice per day  
 ■ Lantus with Orals versus Byetta with Orals  
 ● Lantus with Orals versus Levemir with Orals



Source: COMPASS Physician ATU Tracking Study  
 Note: Data are weighted by physician population. L = statistically different between Lantus and [Product]. Stat testing performed with paired data points, using data only from physicians who answered for both regimens. PR3B: On a scale of 1 to 7, where 1 means "Far inferior to all other products" and 7 means "Far superior to all other products," please rate how well you feel each product performs on these attributes/functions for Type 2 Patients.

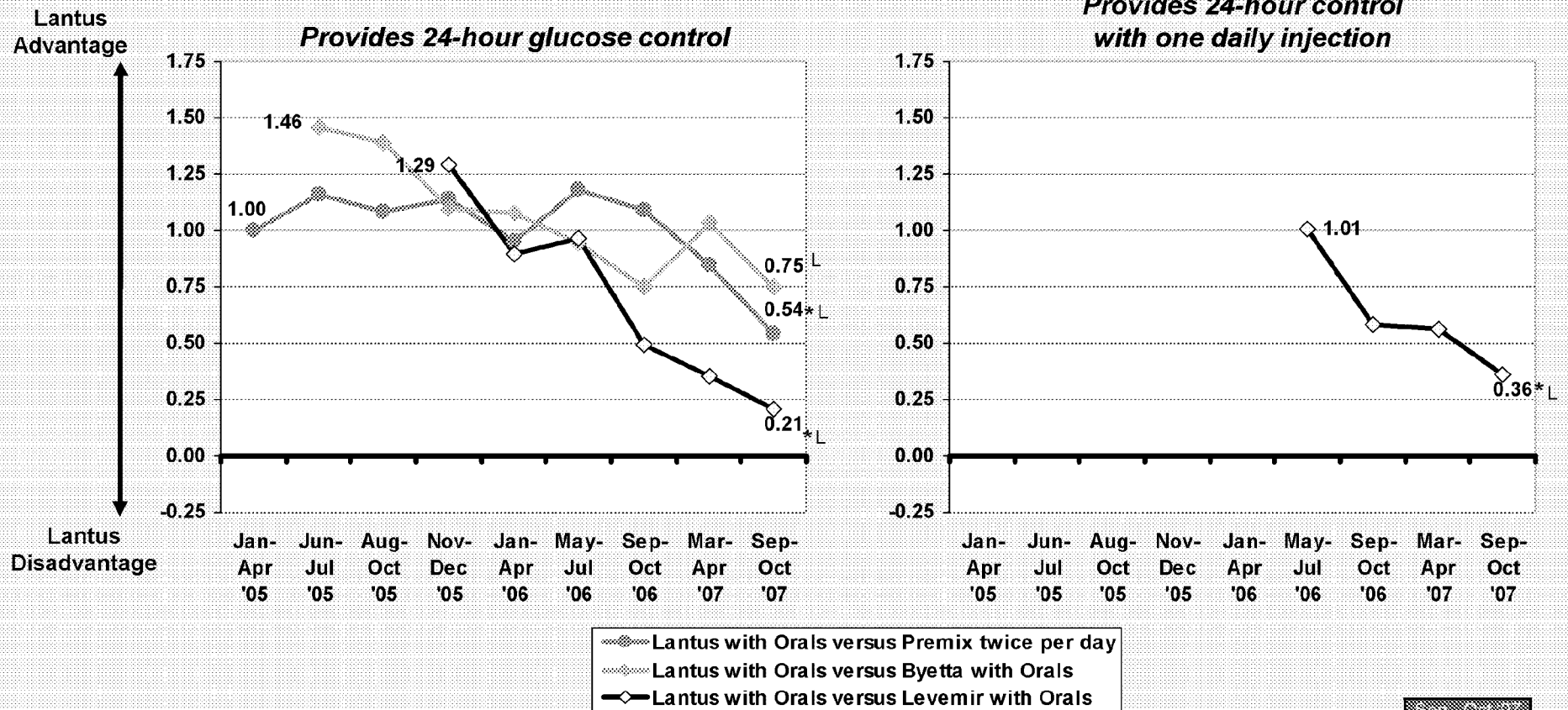
LAN	201
LEV	179
BYT	190
PRE	199



## Despite large gains by Levemir and Premix over the past year, Lantus maintains a significant advantage on 24-hour glucose control attributes

Lantus vs. Competitors Performance Ratings – Selected Attributes: Total

Efficacy	Insulin
Stroke	Boeing



Source: COMPASS Physician ATU Tracking Study  
 Note: Data are weighted by physician population. L = statistically different between Lantus and [Product]. Stat testing performed with paired data points, using data only from physicians who answered for both regimens. PR3B: On a scale of 1 to 7, where 1 means "Far inferior to all other products" and 7 means "Far superior to all other products," please rate how well you feel each product performs on these attributes/functions for Type 2 Patients.

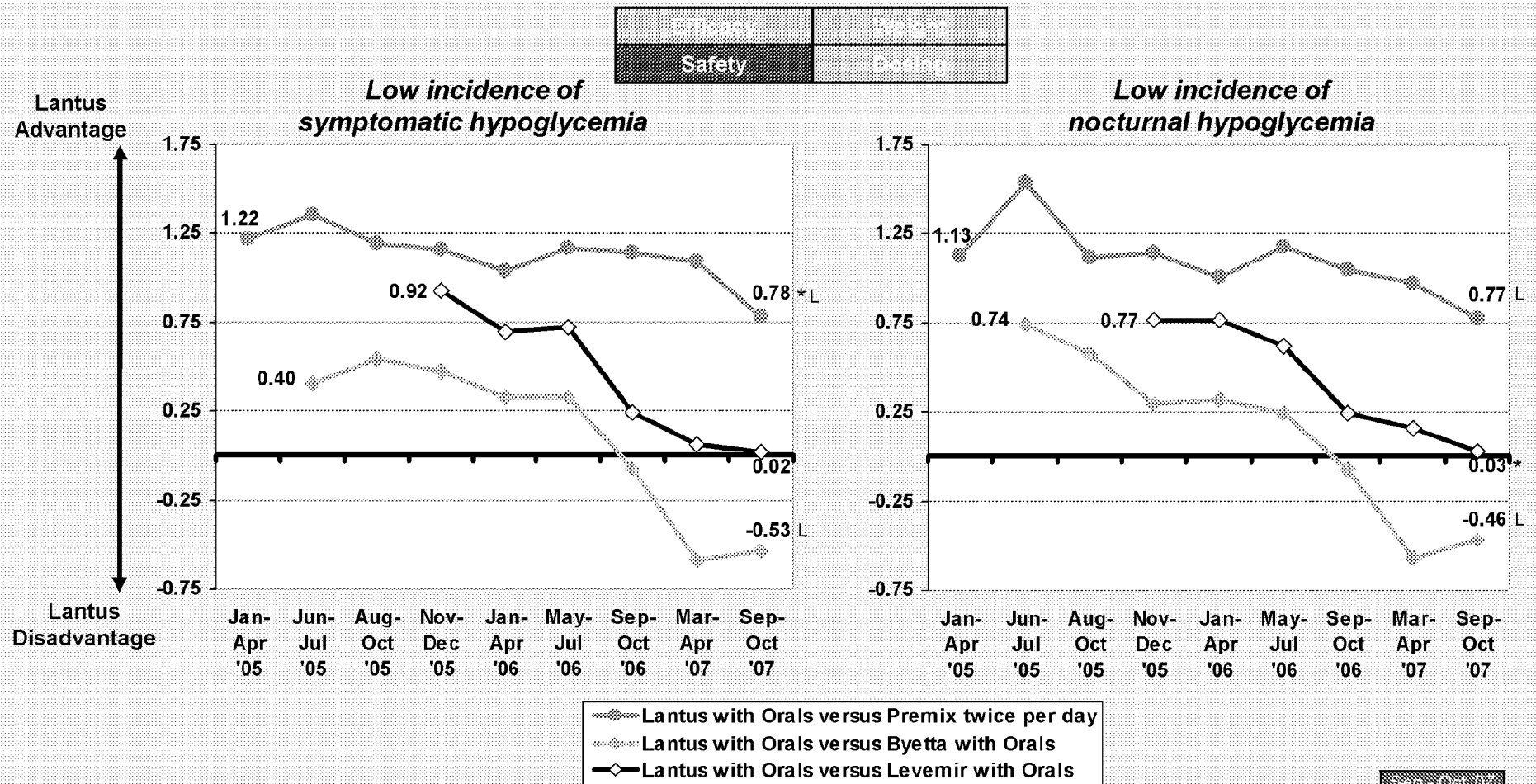
LAN	201
LEV	179
BYT	190
PRE	199

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# Physicians perceive only small performance gaps between Lantus and Levemir on hypoglycemia attributes

Lantus vs. Competitors Performance Ratings – Selected Attributes: Total



Source: COMPASS Physician ATU Tracking Study  
 Note: Data are weighted by physician population. L = statistically different between Lantus and [Product]. Stat testing performed with paired data points, using data only from physicians who answered for both regimens. PR3B: On a scale of 1 to 7, where 1 means "Far inferior to all other products" and 7 means "Far superior to all other products," please rate how well you feel each product performs on these attributes/functions for Type 2 Patients.

LAN	201
LEV	179
BYT	190
PRE	199

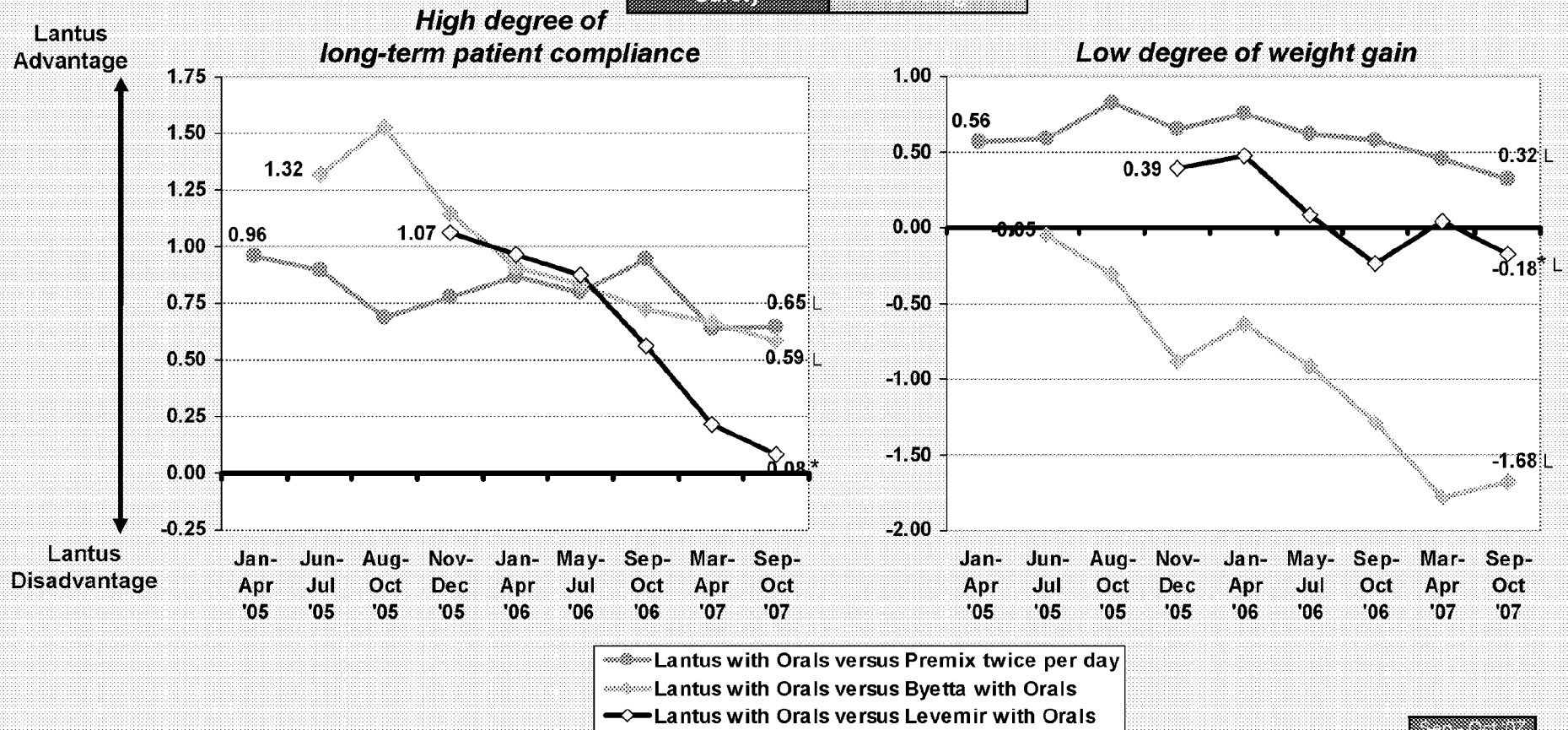




# Physicians perceive little difference between Lantus and Levemir on *high degree of long-term patient compliance*

Lantus vs. Competitors Performance Ratings – Selected Attributes: Total

Attribute	Weight
Efficacy	
Safety	
Dosing	



Source: COMPASS Physician ATU Tracking Study  
 Note: Data are weighted by physician population. L = statistically different between Lantus and [Product]. Stat testing performed with paired data points, using data only from physicians who answered for both regimens. PR3B: On a scale of 1 to 7, where 1 means "Far inferior to all other products" and 7 means "Far superior to all other products," please rate how well you feel each product performs on these attributes/functions for Type 2 Patients.

LAN	201
LEV	179
BYT	190
PRE	199

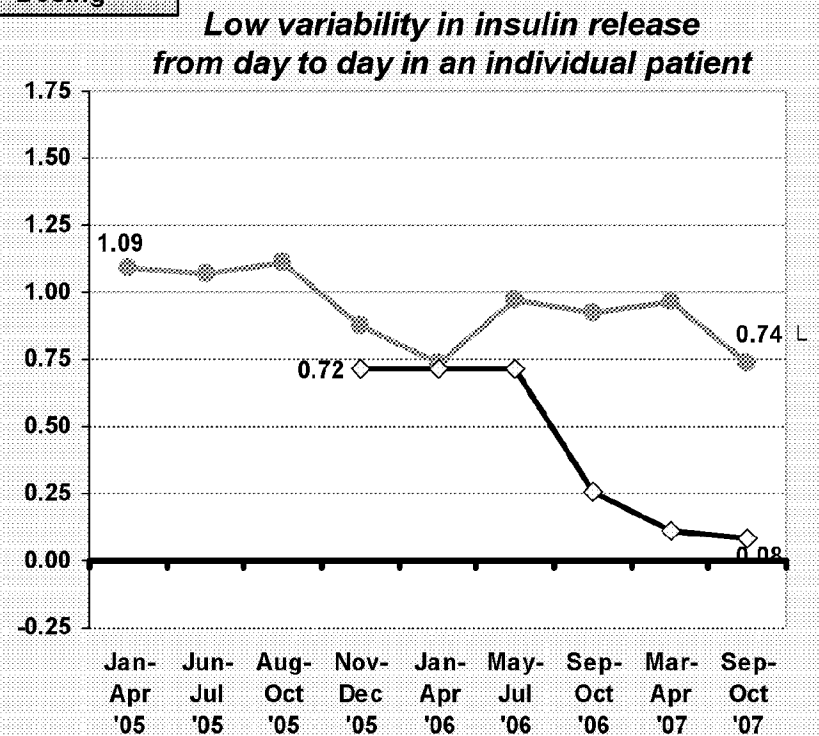
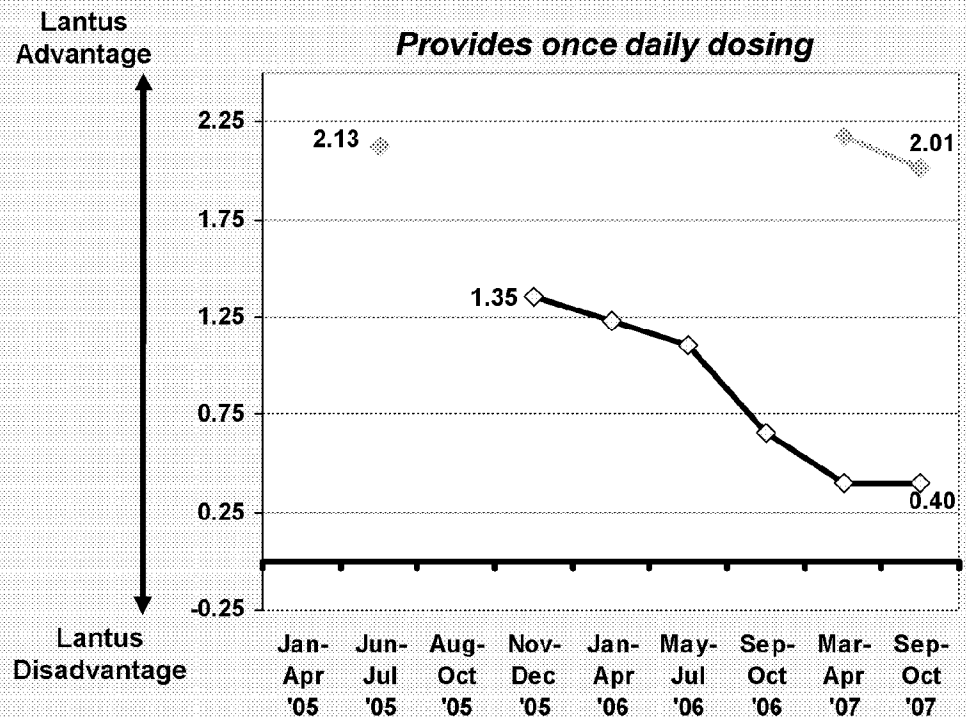
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# Lantus maintains a significant advantage over Levemir on provides once daily dosing and low variability in insulin release

Lantus vs. Competitors Performance Ratings – Selected Attributes: Total

Byetta	Levemir
Once	Dosing



◆	Lantus with Orals versus Premix twice per day
◆	Lantus with Orals versus Byetta with Orals
◆	Lantus with Orals versus Levemir with Orals



Source: COMPASS Physician ATU Tracking Study  
 Note: Data are weighted by physician population. L = statistically different between Lantus and [Product]. Stat testing performed with paired data points, using data only from physicians who answered for both regimens. PR3B: On a scale of 1 to 7, where 1 means "Far inferior to all other products" and 7 means "Far superior to all other products," please rate how well you feel each product performs on these attributes/functions for Type 2 Patients.

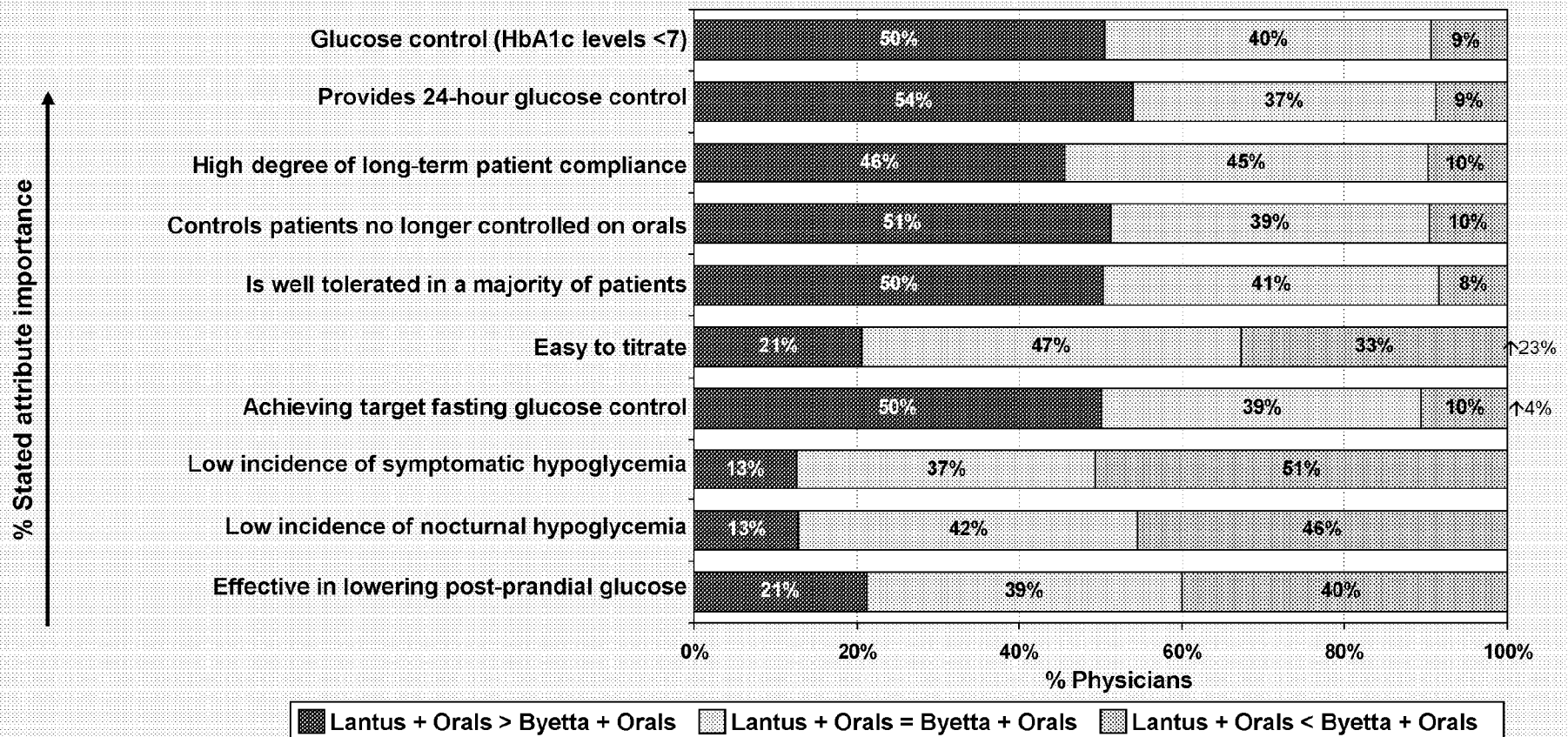
LAN	201
LEV	179
BYT	190
PRE	199

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**Roughly 50% of physicians perceive Lantus with Orals as superior to Byetta on efficacy attributes, while a high percentage of physicians prefer Byetta for low incidence of hypoglycemia**

**Top 10 Attributes Head-to-Head Performance Ratings: Total Lantus with Orals vs. Byetta with Orals**



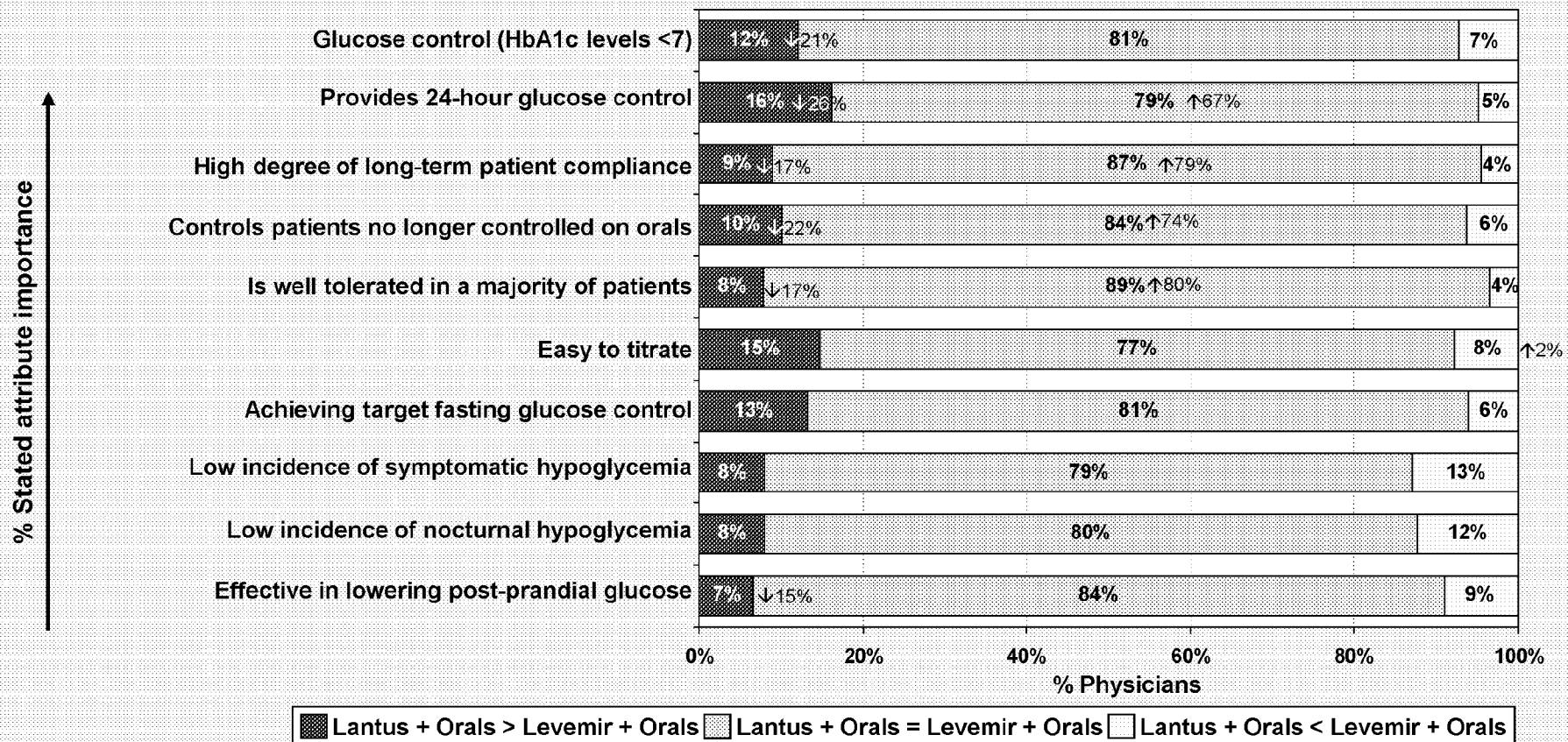
Source: COMPASS Physician ATU Tracking Study  
 Notes: Data are weighted by physician population. Statistically different at 95% between products as indicated by filled gaps. Stat testing performed on paired data (physicians who answered for both products). PR3B: On a scale of 1 to 7, please rate how well you feel each therapy performs on these attributes/functions for Type 2 patients.

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The majority of physicians believe Lantus and Levemir perform similarly on the top 10 attributes; the percentage of physicians rating Lantus higher than Levemir decreased on several of these attributes since the prior wave

Top 10 Attributes Head-to-Head Performance Ratings: Total Lantus with Orals vs. Levemir with Orals



Source: COMPASS Physician ATU Tracking Study

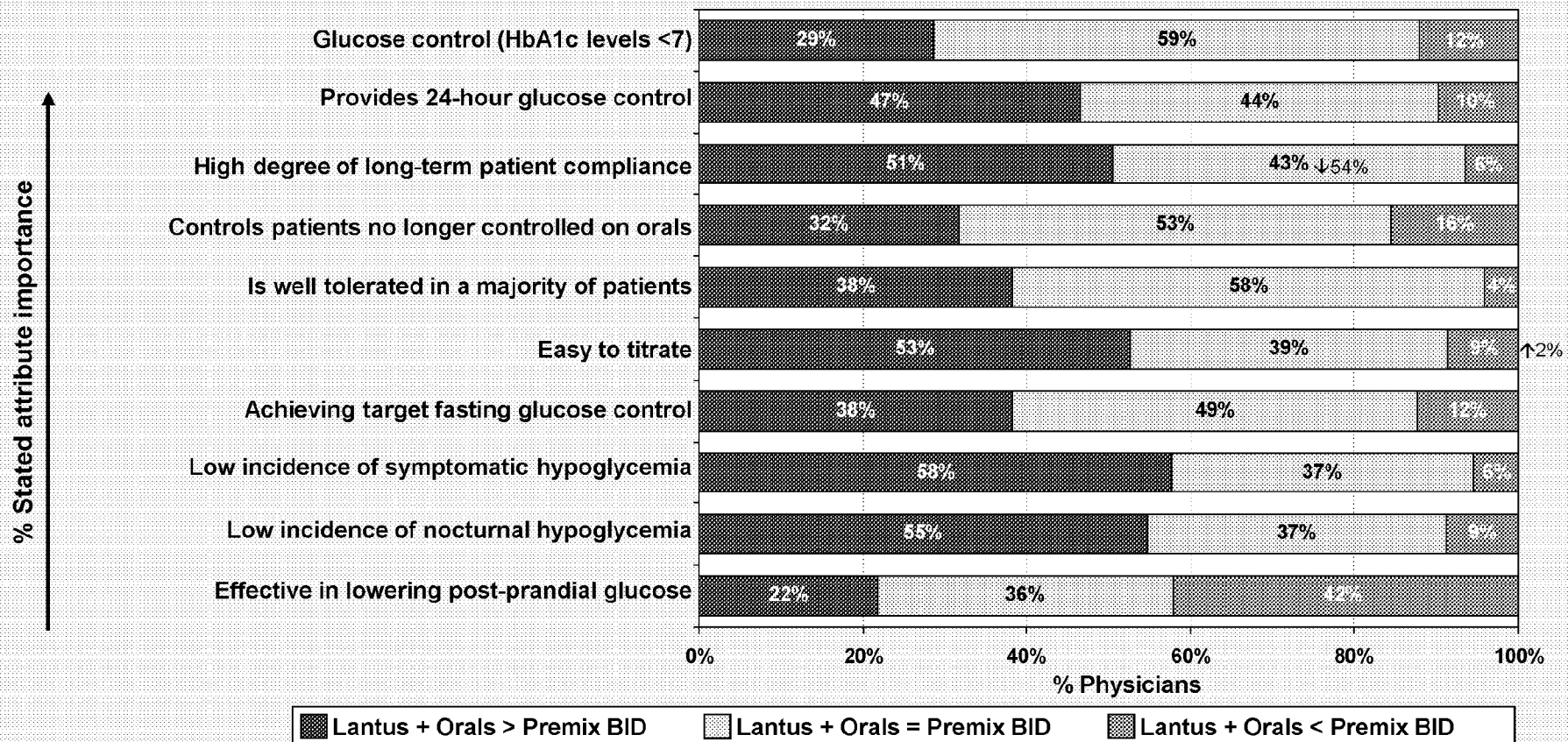
Notes: Data are weighted by physician population. Statistically different at 95% between products as indicated by filled gaps. Stat testing performed on paired data (physicians who answered for both products). PR3B: On a scale of 1 to 7, please rate how well you feel each therapy performs on these attributes/functions for Type 2 patients.

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# Physicians perceive Lantus with Orals to be equivalent or superior to Premix BID across the top 10 attributes

## Top 10 Attributes Head-to-Head Performance Ratings: Total Lantus with Orals vs. Premix BID



Source: COMPASS Physician ATU Tracking Study

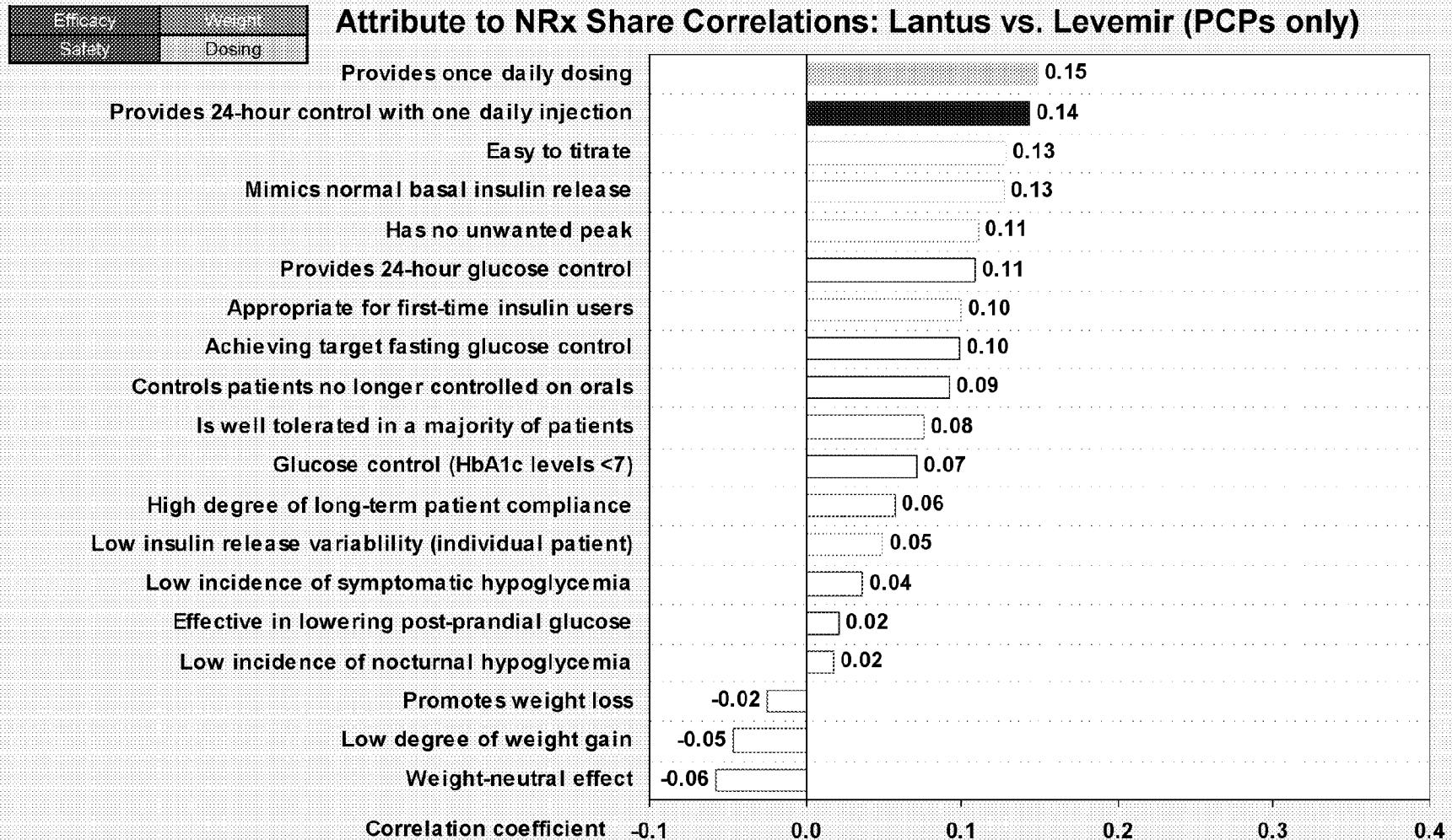
Notes: Data are weighted by physician population. Statistically different at 95% between products as indicated by filled gaps. Stat testing performed on paired data (physicians who answered for both products). PR3B: On a scale of 1 to 7, please rate how well you feel each therapy performs on these attributes/functions for Type 2 patients.

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## When choosing between Lantus and Levemir, *once daily dosing and 24-hour control with one injection* are the most important attributes (derived)

**Attribute to NRx Share Correlations: Lantus vs. Levemir (PCPs only)**

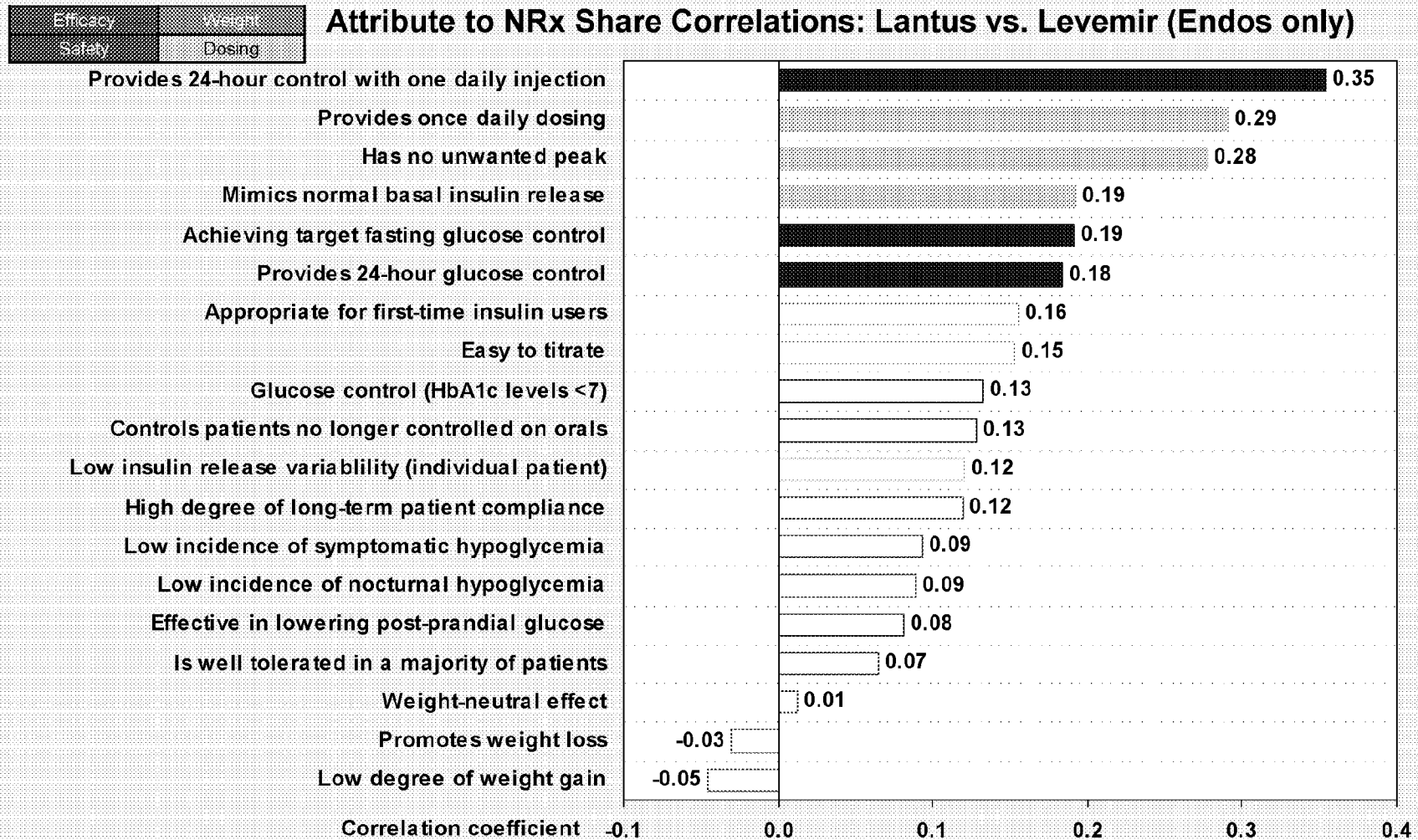


Source: Lantus COMPASS Physician ATU Tracking Study, IMS Lantus NRx Data Jun-Aug '07  
 PR3B: On a scale of 1 to 7, please rate how well you feel each therapy performs on these attributes/functions for Type 2 patients. Please consider all other therapies that you currently use with your Type 2 diabetes patients. Statistically different at 95% between products as indicated by filled colored bars. Derived importance correlation run for Lantus and Levemir only.



## When choosing between Lantus and Levemir, *once daily dosing and 24-hour control with one injection* are the most important attributes (derived)

**Attribute to NRx Share Correlations: Lantus vs. Levemir (Endos only)**

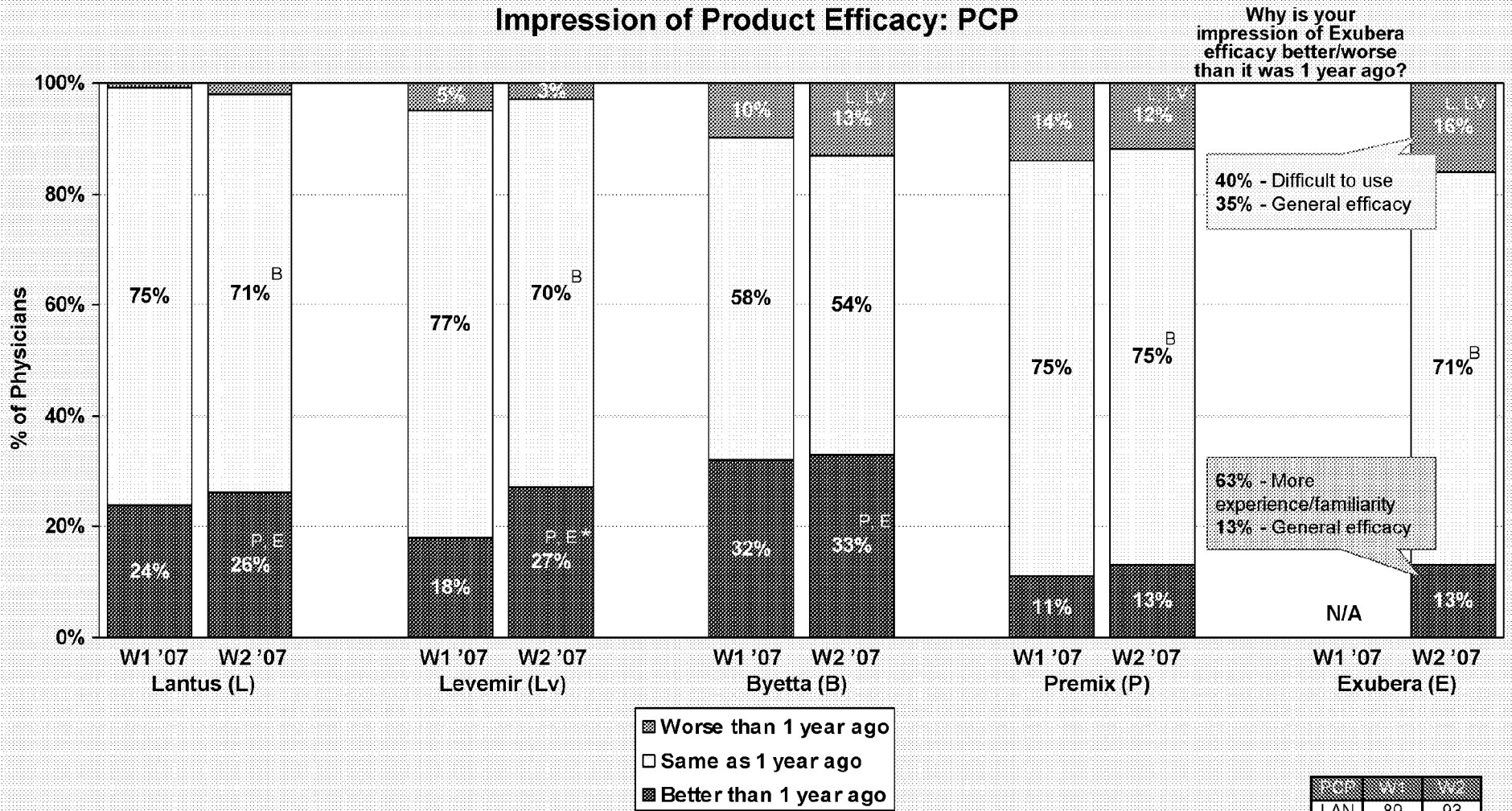


Source: Lantus COMPASS Physician ATU Tracking Study, IMS Lantus NRx Data Jun-Aug '07  
 PR3B: On a scale of 1 to 7, please rate how well you feel each therapy performs on these attributes/functions for Type 2 patients. Please consider all other therapies that you currently use with your Type 2 diabetes patients. Statistically different at 95% between products as indicated by filled colored bars. Derived importance correlation run for Lantus and Levemir only.



# A nearly equal number of PCPs report their impression of Lantus and Levemir efficacy as improving in Sep-Oct '07

## Impression of Product Efficacy: PCP



Worse than 1 year ago  
 Same as 1 year ago  
 Better than 1 year ago

POP	W1	W2
LAN	89	93
LEV	91	87
BYT	72	67
PRE	94	94
EXU	N/A	88

142



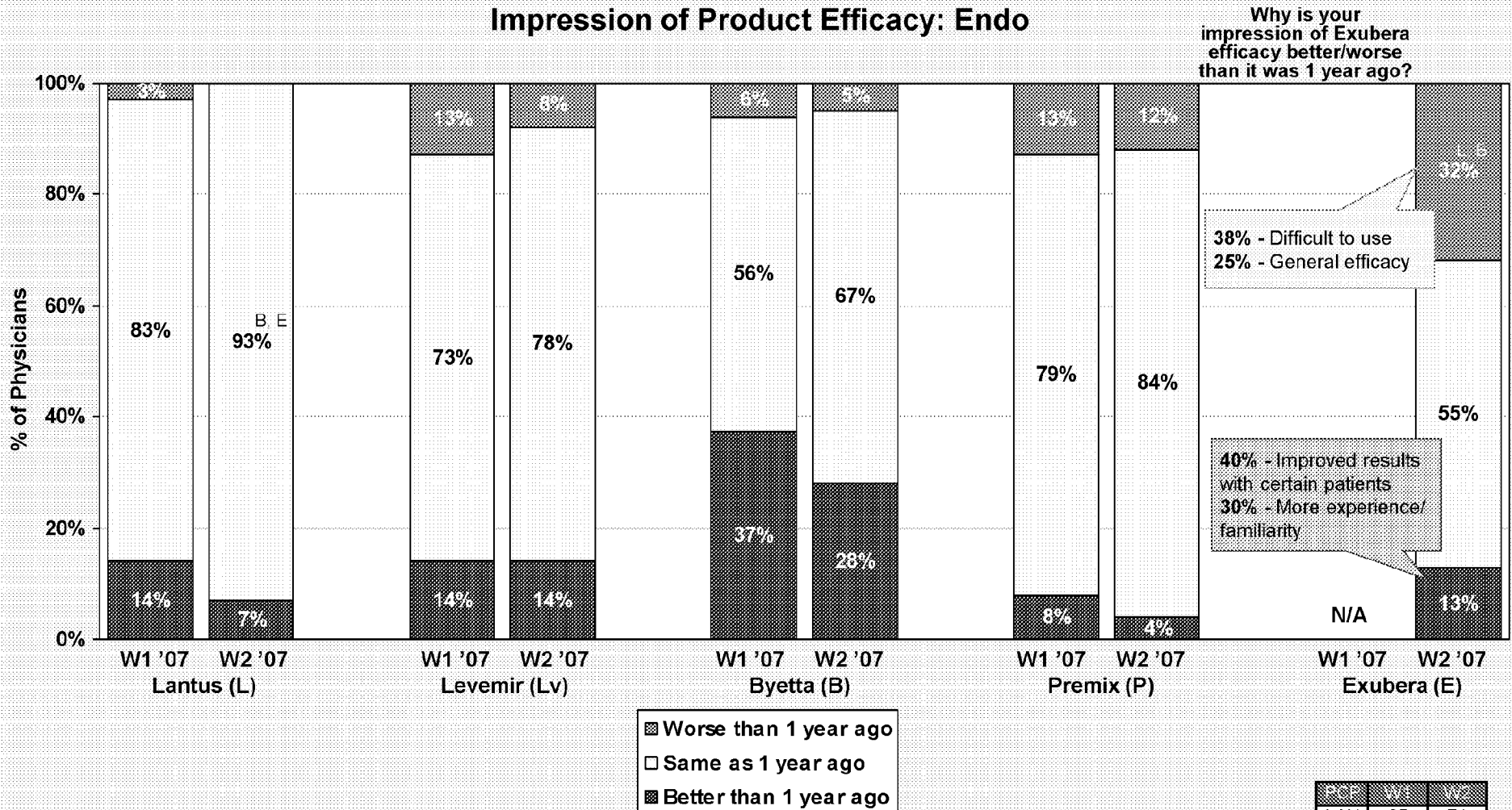
Source: COMPASS Physician ATU Tracking Study  
 Note: Data are weighted by physician population. PR5: For each of the products below, which of the following best describes your impression of efficacy as it has evolved over the past year? PR5\_E\_1/2: Why is your impression of Exubera efficacy better/worse than it was 1 year ago?





## Although Endo impression of Lantus efficacy decreased directionally in Sep-Oct '07, none report their impression as worse than 1 year ago

### Impression of Product Efficacy: Endo



Source: COMPASS Physician ATU Tracking Study

Note: Data are weighted by physician population. PR5: For each of the products below, which of the following best describes your impression of efficacy as it has evolved over the past year? PR5\_E\_1/2: Why is your impression of Exubera efficacy better/worse than it was 1 year ago?

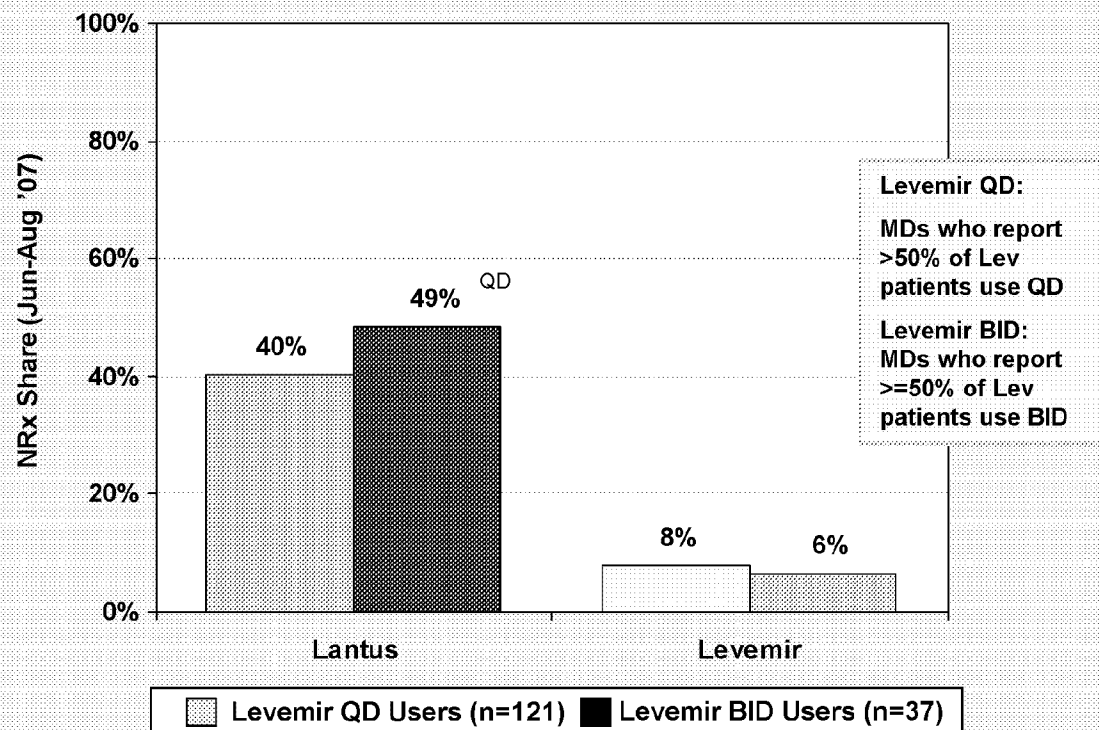
POP	W1	W2
LAN	65	71
LEV	56	59
BYT	44	51
PRE	62	64
EXU	N/A	42

143



## Physicians who prescribe Levemir predominantly BID have a significantly higher share of Lantus compared to those who prescribe Levemir QD

NRx Share of Lantus and Levemir: by Levemir Dosing Segment



Source: COMPASS Physician ATU Tracking Study, IMS Health Confidential Proprietary  
Note: Data are not weighted. IMS Health Incorporated Xponent NRx share of select injectibles market (Jun - Aug '07) for surveyed physicians. LAN22B: Of your Type 2 diabetes patients who currently use Levemir, what percent of these use Levemir once a day versus twice a day?

QD	127	144
BID	44	

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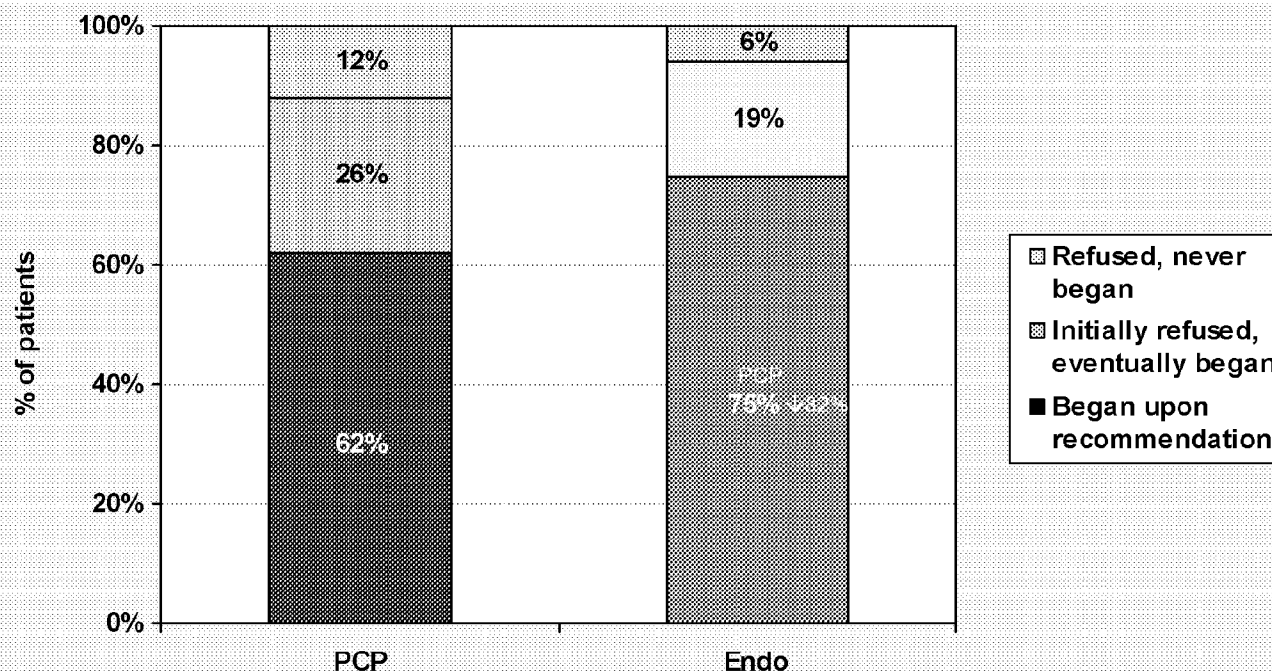
SANOI13\_90330950

PTX-0739.0144  
Sanofi Exhibit 2146.144  
Mylan v. Sanofi  
IPR2018-01676



**An lower percentage of Endos report that their patients initiate insulin upon recommendation; however, only 6% of their patients never begin insulinization**

**Insulin Refusal and Delay: by Specialty**



**Patients who initially refused, but eventually initiated insulin treatment delayed insulin by an average of 10 months**



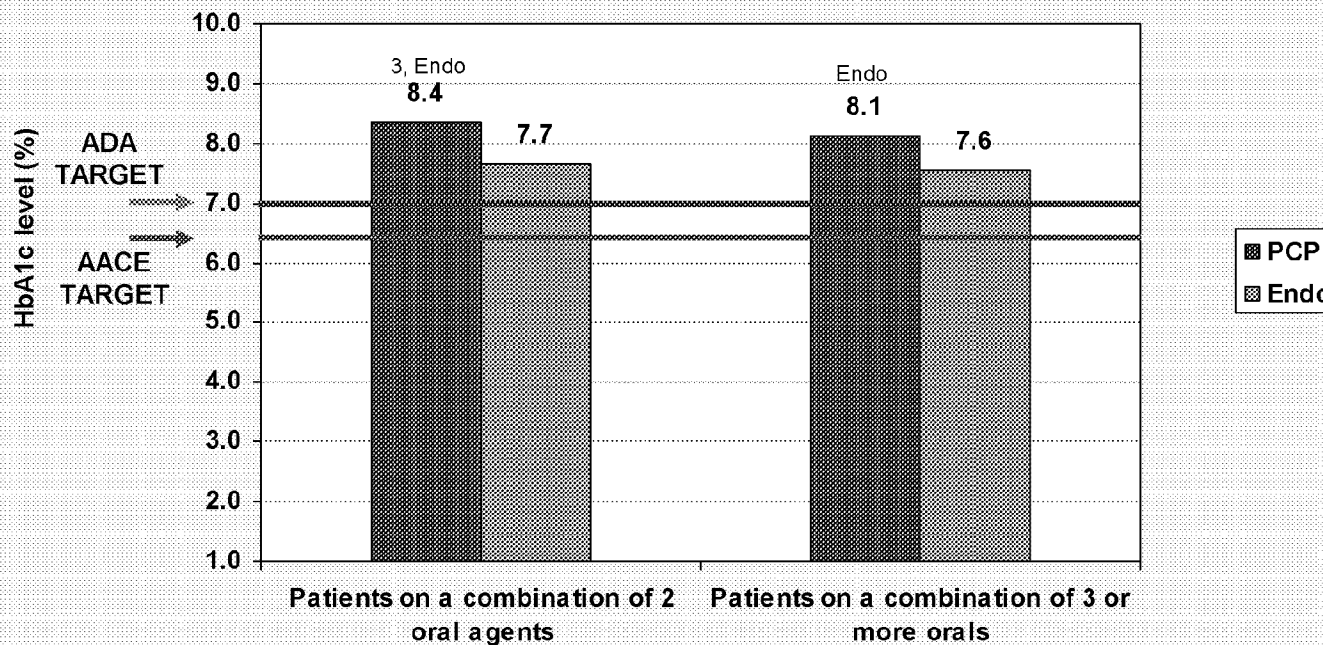
Source: COMPASS Physician ATU Tracking Study

Note: Data are weighted by physician population and patient base. TP6: Of the Type 2 diabetes patients to whom you have recommended insulin, what percentage initially refused and did not start on insulin at that time? TP7: Of those patients who did not start insulin when you recommended it, what percentage eventually started insulin?

	Sep-Oct 07	
	TP6	TP7
PCP	125	125
Endo	71	69

## Endos have a lower HbA1c threshold at which Byetta is initiated than do PCPs

**HbA1c Level at Which Byetta Is Introduced: by Specialty**



**COMPASS**

Source: COMPASS Physician ATU Tracking Study

Note: Data are weighted by physician population. Statistically different at 95% between introduction levels as indicated above. 3 = Patients on a combination of 3 or more orals. LAN2C: For each patient type described below, what level of HbA1c (%) would compel you to introduce Byetta into the treatment regimen?

Specialty	n
PCP	102
Endo	75

146

CONFIDENTIAL

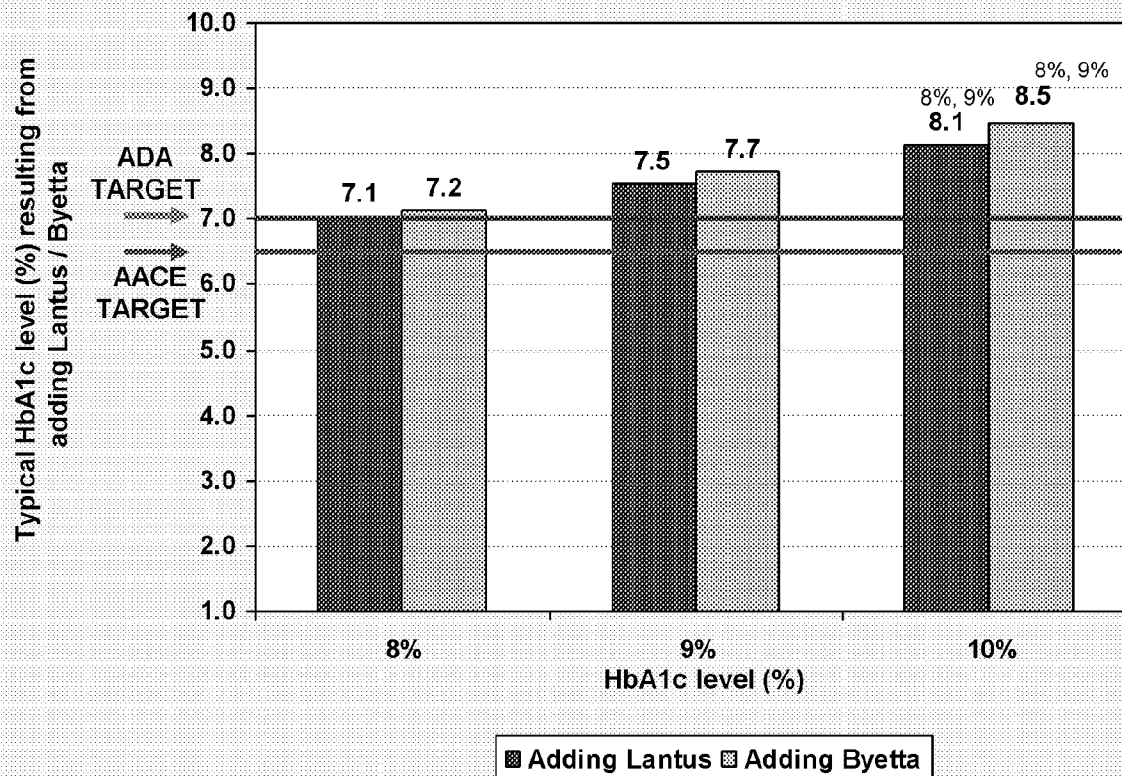
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PTX-0739.0146  
Sanofi Exhibit 2146.146  
Mylan v. Sanofi  
IPR2018-01676



**Directionally, physicians report that adding Lantus to orals is more effective than adding Byetta to orals for patients with HbA1c levels of 8%, 9%, or 10%**

**HbA1c Resulting from Adding Lantus or Byetta to Oral Therapies: by Total**



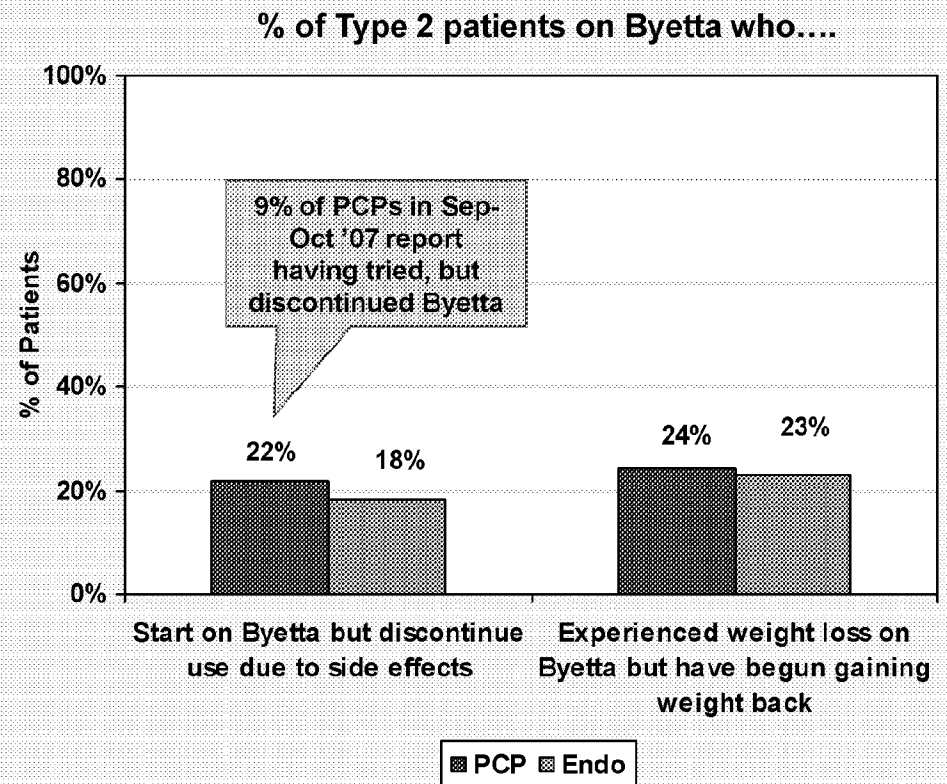
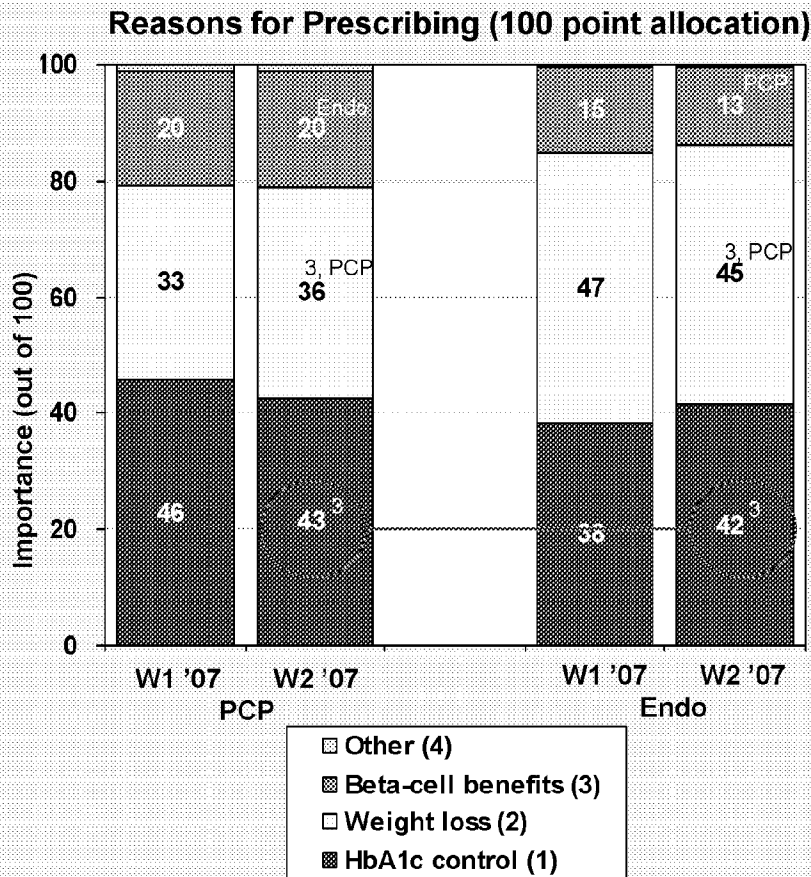
Source: COMPASS Physician ATU Tracking Study

Note: Data are weighted by physician population. Statistically different between current HbA1c levels as noted. LAN27/LAN26: Please consider your Type 2 patients who take [Lantus/Byetta] with oral(s). For patients at the following HbA1c levels (%) before adding [Lantus/Byetta] to the treatment regimen, what is the typical HbA1c level (%) resulting from adding [Lantus/Byetta] to the oral(s) regimen?

LAN	200
BYT	177

## PCPs and Endos value Byetta's HbA1c control similarly; Endos place more value on its Weight loss effects than do PCPs

### Byetta Attributes: by Specialty



COMPASS

Source: COMPASS Physician ATU Tracking Study  
 Note: Data are weighted by physician population and patient weight. LAN31: What percentage of your Type 2 patients who start on Byetta discontinue use due to side effects? LAN32: Byetta has been known to cause weight loss in Type 2 diabetes patients. Of your Type 2 patients who experienced weight loss with Byetta, what percentage of them has begun gaining weight back? LAN34: Considering Byetta's attributes, please allocate 100 points over the following based on what is important to you when you prescribe this product.

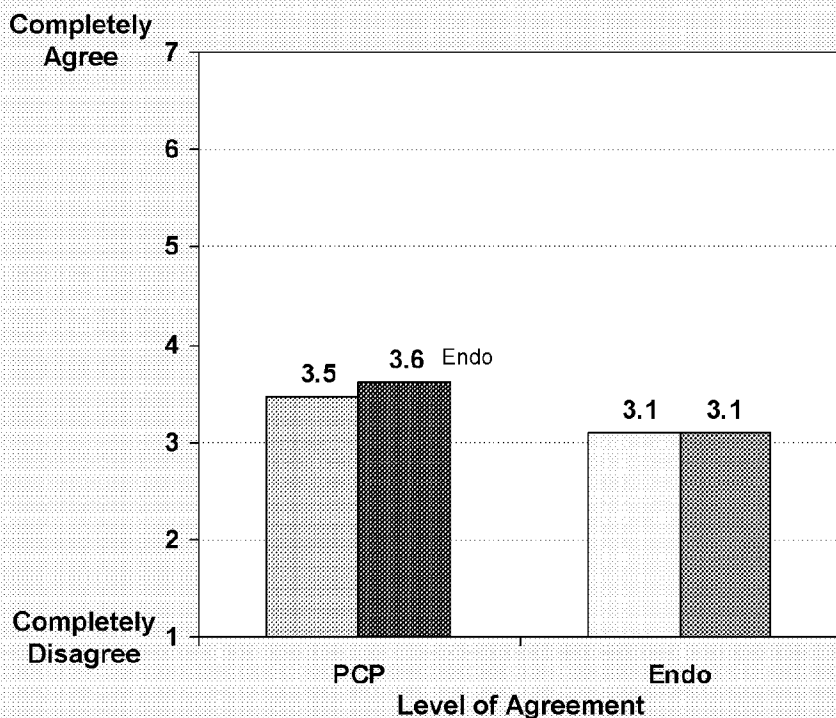
PCP	102
Endo	75

48

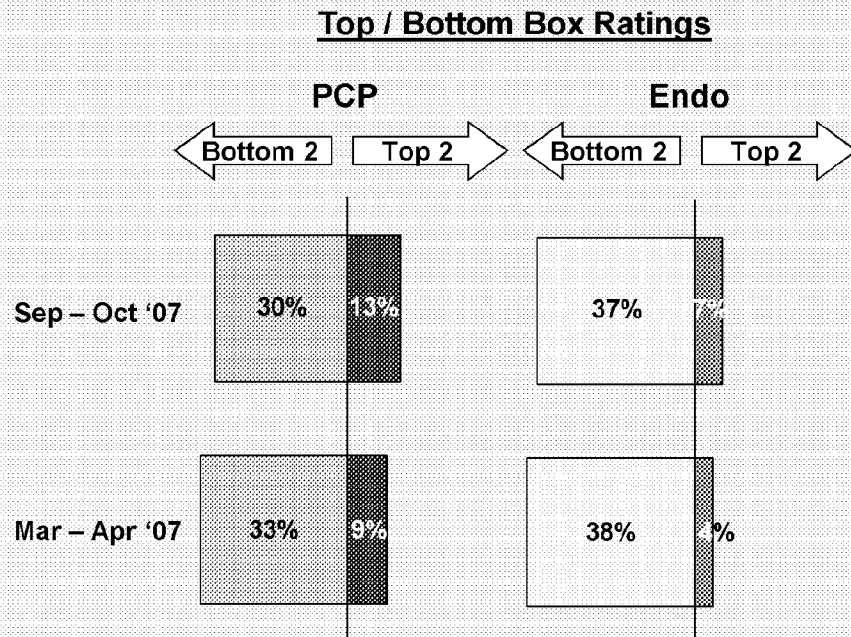
# Only a small percentage of physicians believes that Byetta will positively affect beta-cells enough to prevent the need for insulin

## Byetta Beta-Cell Benefits: by Specialty

Physician agreement with statement:  
*"Type 2 patients currently on Byetta and orals are unlikely to ever need insulin because of Byetta's positive effects on beta-cells"*



Legend: Muted Shades: Mar – Apr '07; Darker shades: Sep – Oct '07



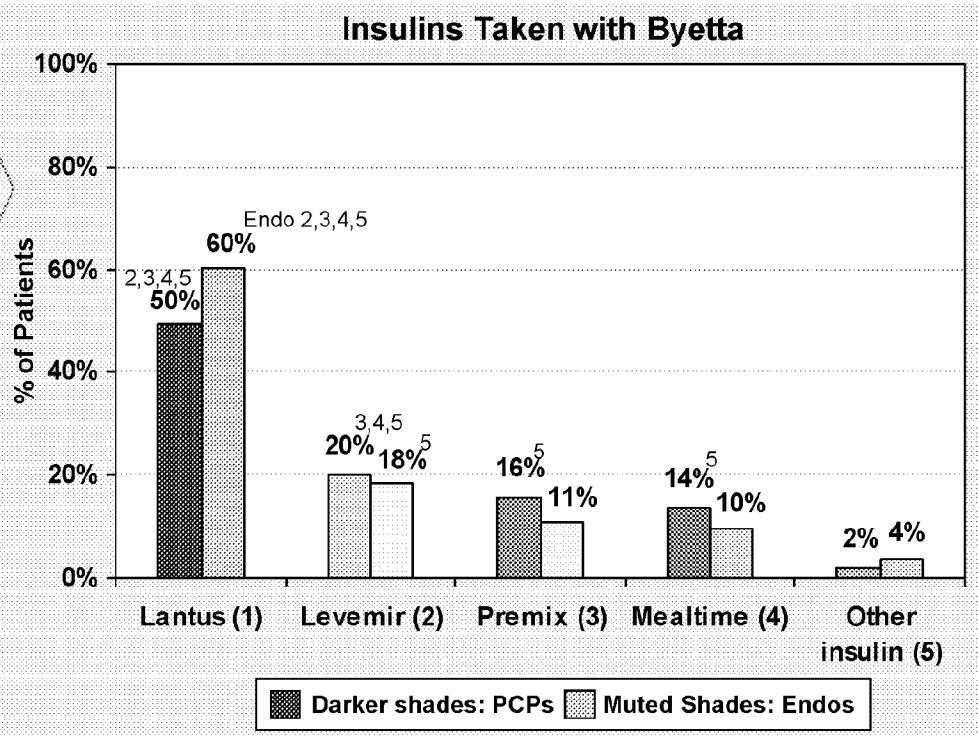
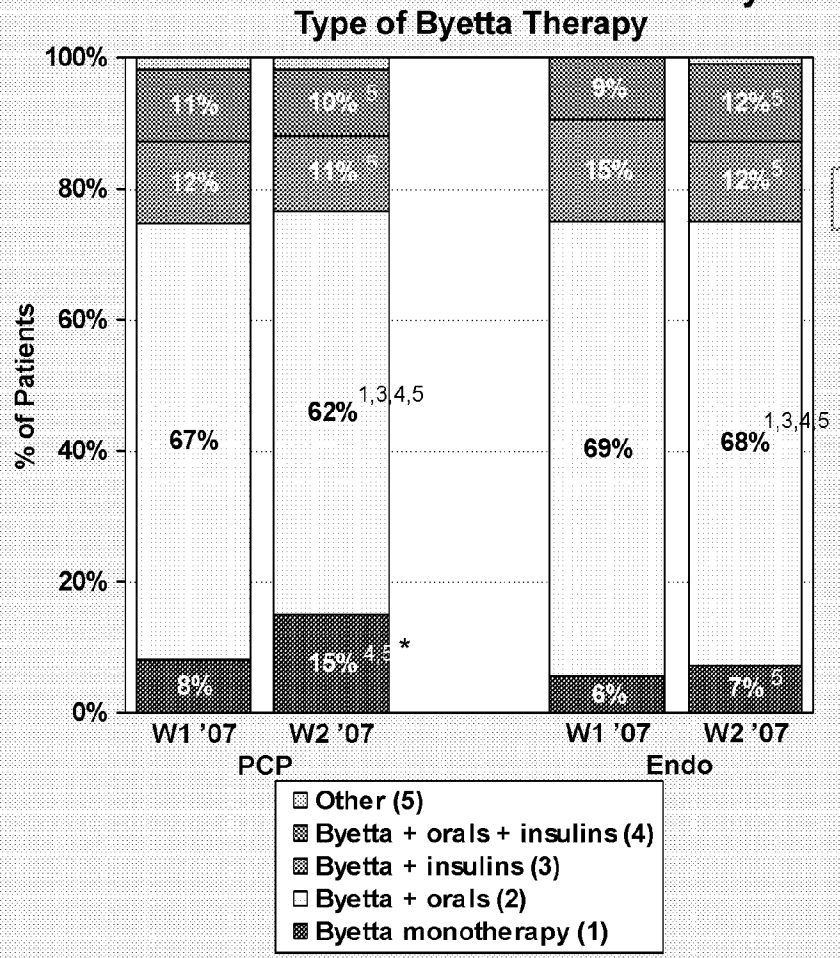
Source: COMPASS Physician ATU Tracking Study  
 Note: Data are weighted by physician population. LAN33: On a scale of 1 to 7, please indicate how much you agree or disagree with the following statement: "Type 2 patients currently on Byetta and orals are unlikely to ever need insulin because of Byetta's positive effects on beta-cells."

Sep – Oct '07	
PCP	102
Endo	75



**A majority of Type 2 patients on Byetta use it in conjunction with an OAD; when Byetta is used in combination with an insulin, Lantus is the preferred choice**

**Byetta Usage: by Specialty**



Source: COMPASS Physician ATU Tracking Study  
 Note: Data are weighted by patient base and physician population. Chart on left: statistically different between therapies as noted in legend. LAN28: Of your Type 2 patients currently taking Byetta, what percent are using the following therapies?  
 LAN29: Of those Type 2 patient on Byetta with insulin, what percent take the following insulins with Byetta?

	LAN28	LAN29
PCP	102	60
Endo	75	64

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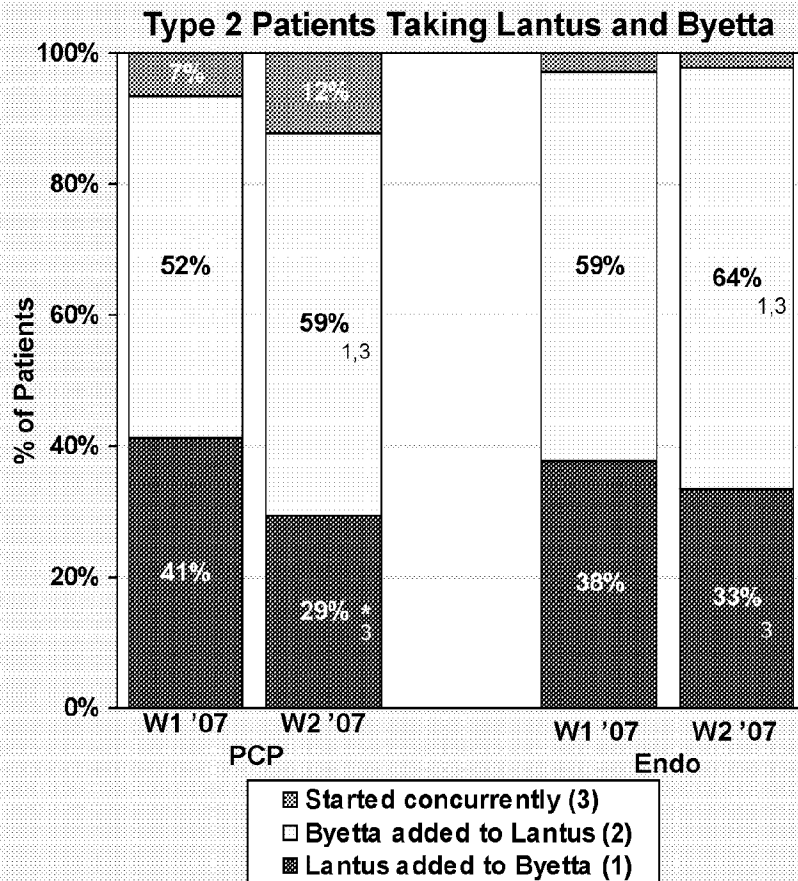
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PTX-0739.0150  
 Sanofi Exhibit 2146.150  
 Mylan v. Sanofi  
 IPR2018-01676

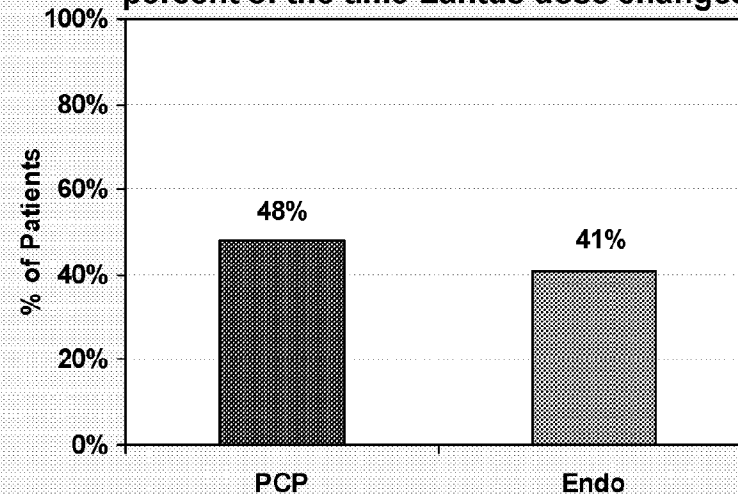


**Nearly 50% of physicians change the Lantus dose when Byetta is added to the therapy; 80-90% of these physicians decrease the units of Lantus**

**Byetta and Lantus Combination Usage: by Specialty**



**When adding Byetta to an existing Lantus regimen, percent of the time Lantus dose changes**



**20% of PCPs increase** Lantus dose, a **29% unit change on average**  
**80% of PCPs decrease** Lantus dose, a **28% unit change on average.**

**10% of Endos increase** Lantus dose, a **27% unit change on average**  
**90% of Endos decrease** Lantus dose, a **23% unit change on average.**



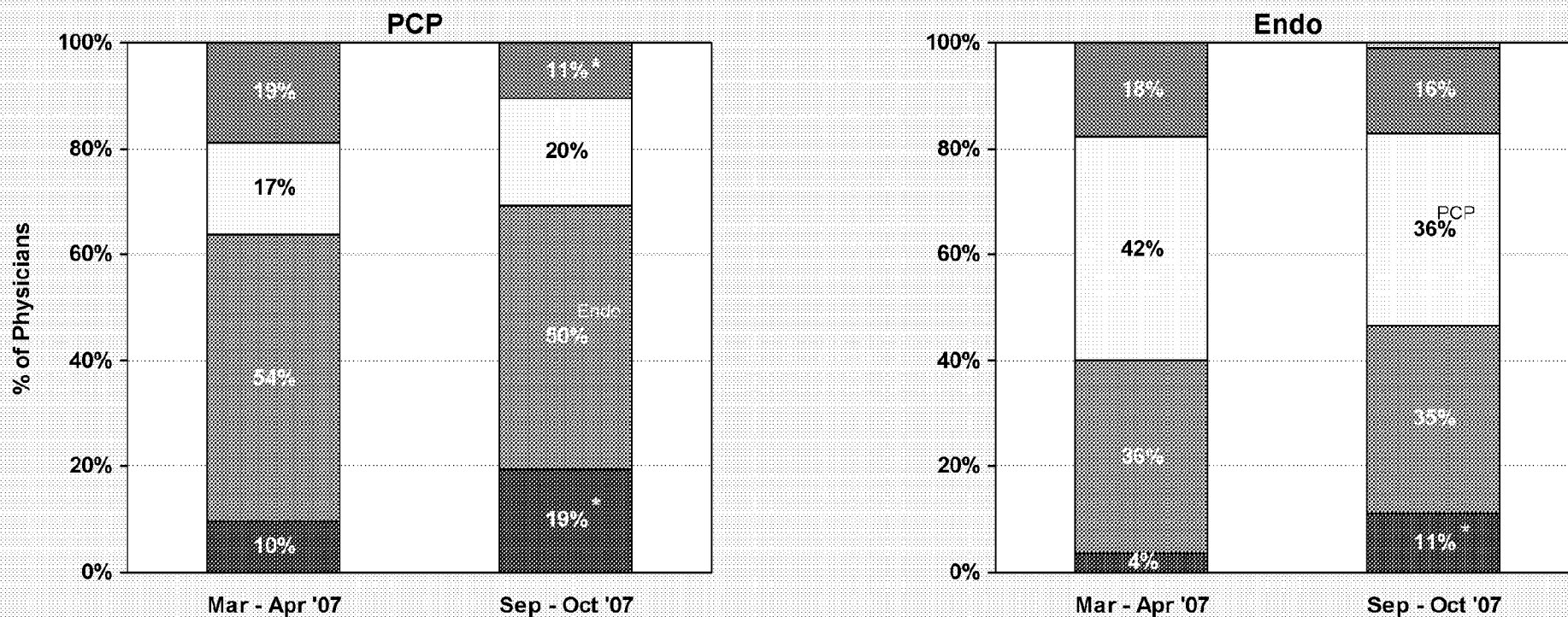
Source: COMPASS Physician ATU Tracking Study  
 Note: Data are weighted by physician population and patient base. LAN35: Please consider your Type 2 patients who are taking Lantus and Byetta. For these patients, what percent of the time was... LAN30: When adding Byetta to an existing Lantus regimen, what percent of the time do you change the Lantus dose? LAN30B: For those patients whose Lantus dose changes, does it typically increase or decrease, and by what percentage?

	Sep-Oct '07		
	LAN35	LAN30	LAN30B
PCP	59	57	40
Endo	64	59	45



## Intention to use Exubera as a monotherapy over the next month increased significantly for both PCPs and Endos in Sep-Oct '07

Exubera Usage: by Specialty



- Exubera other
- Exubera replace injectable insulin
- Exubera add-on to basal
- Exubera add-on to orals
- Exubera monotherapy



Source: COMPASS Physician ATU Tracking Study

Note: Data are weighted by physician population. BS11: You indicated that you intend to prescribe Exubera to some of your NEXT 100 Type 2 patients. When using Exubera, what percent of the time will you use the product...

Sep - Oct '07	
PCP	52
Endo	38

152



## Appendix Contents

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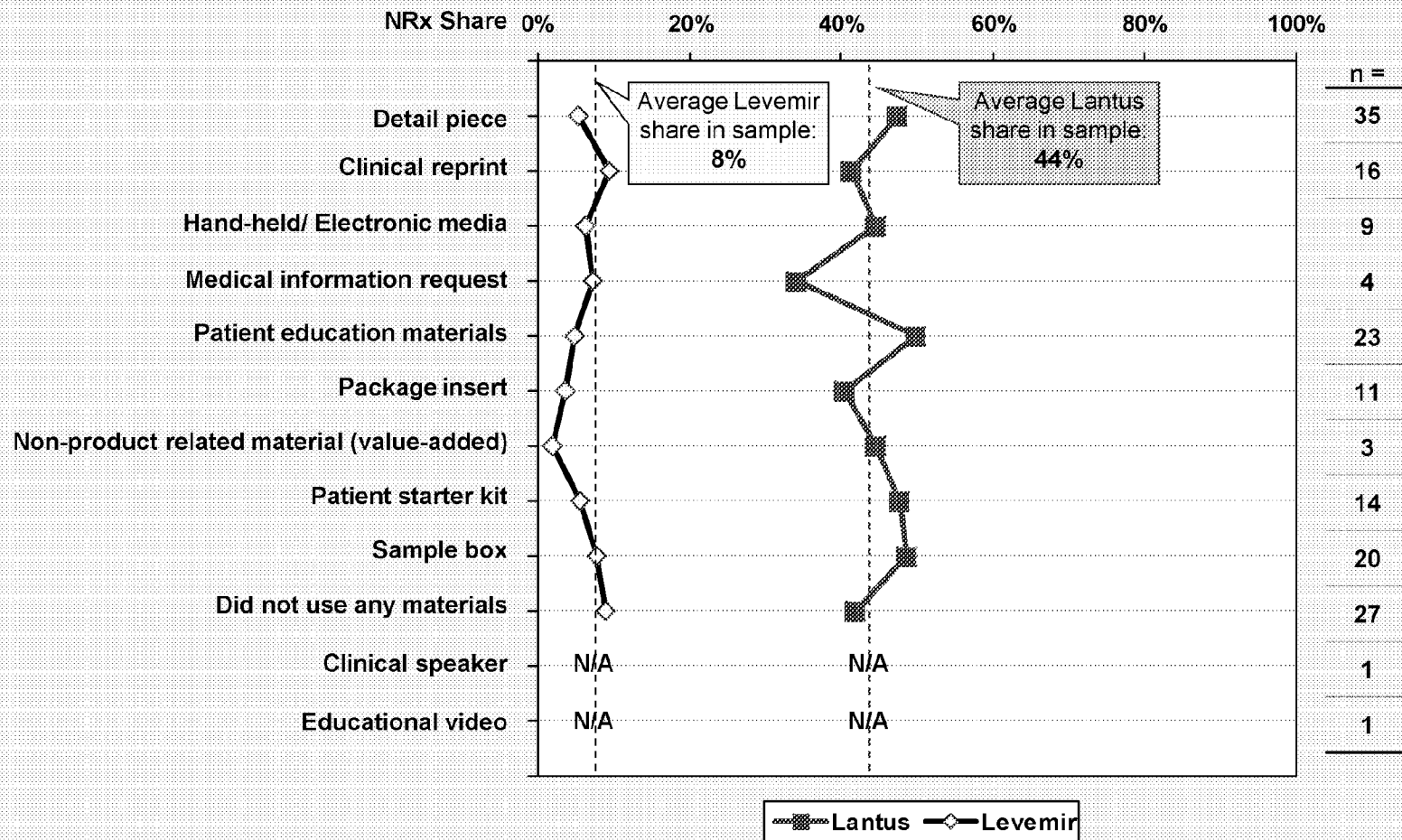
- ◆ Introduction
- ◆ Key Findings
- ◆ Awareness and Trial
- ◆ Special Topics
- ◆ Product Perceptions
- ◆ Product Usage
- ◆ Sales Force
- ◆ Appendix
  - Appendix 1: Additional ATU Slides
  - Appendix 2: Additional Sales Force Slides
  - Appendix 3: Stat Testing Appendix & New Question List





## Use of patient related resources during a Lantus detail are associated with above average Lantus market share and below average Levemir share

NRx Share by Resources Lantus Rep Used in Last Discussion: Total



Source: Lantus COMPASS Physician ATU Tracking Study, IMS Lantus NRx Data Jun-Aug '07

Note: Data are weighted by reach. Not statistically different at 95% between Lantus and Levemir market share. TRK6: During the last detail for [Product] what did the sales rep use to aid the discussion? Clinical speaker and Educational video not shown due to small sample size.

Lantus	126	154
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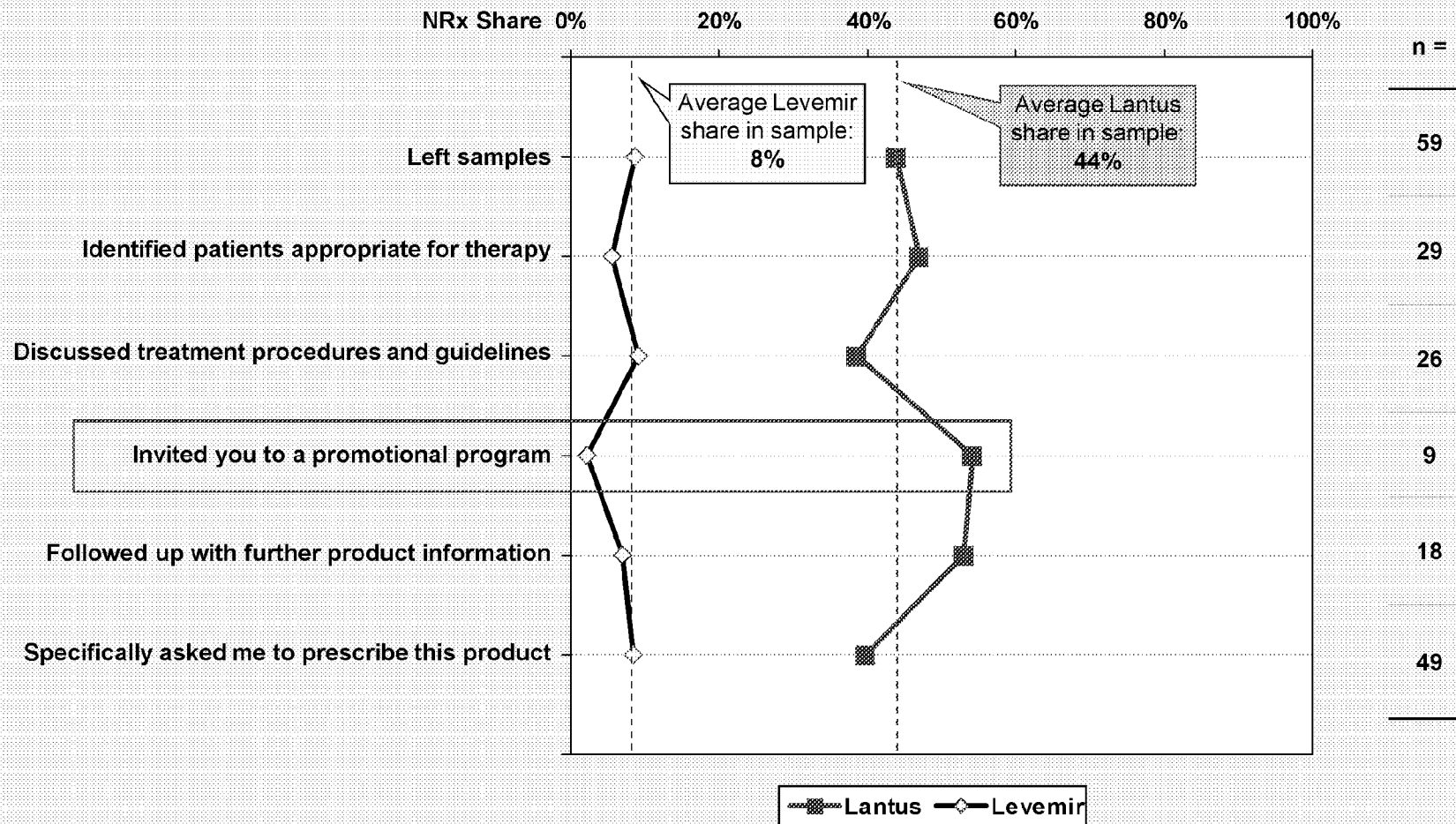
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PTX-0739.0154  
 Sanofi Exhibit 2146.154  
 Mylan v. Sanofi  
 IPR2018-01676



## Physicians who were invited by Lantus reps to attend a promotional program have above average Lantus market share and below average Levemir share

NRx Share by Activities Lantus Rep Performed During Last Discussion: Total



Source: Lantus COMPASS Physician ATU Tracking Study, IMS Lantus NRx Data Jun-Aug '07

Note: Data are weighted by reach. Not statistically different at 95% between Lantus and Levemir market share. SFACT3: During the most recent detail for [Product], which of the following activities did the representative do?

Lantus	126	155
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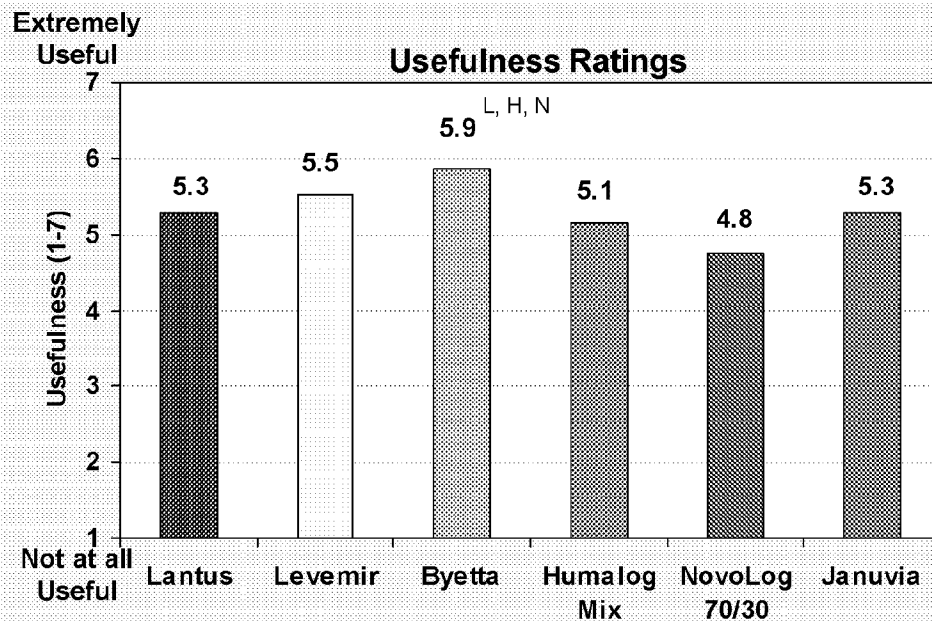
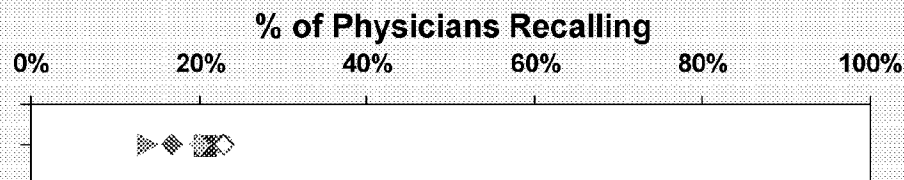
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PTX-0739.0155  
 Sanofi Exhibit 2146.155  
 Mylan v. Sanofi  
 IPR2018-01676



## While recalled by only 20% of physicians, Byetta's clinical reprints are considered more valuable than those of Lantus or Premix

### Recalled Use of Clinical Reprint: Total



### Most Significant Finding (% out of those who discussed)

<b>Lantus</b> (n=21)	52% Improved HbA1c levels 29% General efficacy 12% Once daily dosing
<b>Levemir</b> (n=31)	40% Less weight gain 23% Improved HbA1c levels 11% Duration of action
<b>Byetta</b> (n=20)	49% Improved HbA1c levels 32% Weight loss / No weight gain 31% General efficacy
<b>Humalog Mix</b> (n=18)	48% Improved HbA1c levels 14% General efficacy 15% Improved PPG control
<b>Novolog 70/30</b> (n=16)	60% General efficacy 53% Improved HbA1c levels 1% Improved PPG control
<b>Januvia</b> (n=19)	50% Improved HbA1c levels 34% General efficacy 17% Weight loss

Product	n
Lantus	21
Levemir	31
Byetta	20
Hum Mix	18
Nov 70/30	16
Januvia	19

156



Source: COMPASS Sales Force Tracking Study

Note: Data are weighted by reach. TRK6: During the last detail for [Product] what did the sales rep use to aid the discussion? TRK7: What was the most significant finding of the clinical study? TRK8A: How useful was the clinical study that the sales representative used during your last detail for [Product]?

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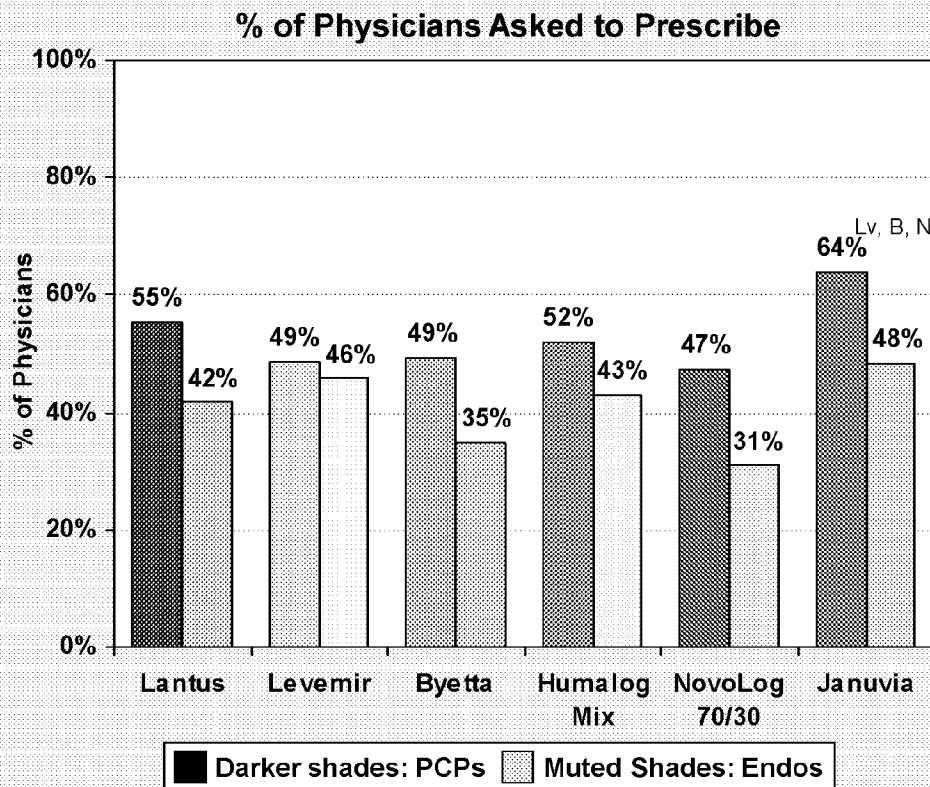
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PTX-0739.0156  
Sanofi Exhibit 2146.156  
Mylan v. Sanofi  
IPR2018-01676



## Physicians report no significant differences across products for being specifically asked to prescribe for particular patient types

### Specifically Asked to Prescribe to Particular Patient Types: Total



### Specific Patient Types (% of those who were asked)

<b>Lantus (n=43)</b>	34% Patients who failed on orals 21% Type 2 patients 19% Uncontrolled patients / Patients not at target
<b>Levemir (n=38)</b>	31% Patients who failed on orals 28% Uncontrolled patients / Patients not at target 24% Patients needing basal insulin
<b>Byetta (n=44)</b>	55% Obese patients 24% Uncontrolled patients / Patients not at target 21% Patients who failed on orals
<b>Humalog Mix (n=32)</b>	34% Uncontrolled patients / Patients not at target 17% Type 2 patients 16% Patients needing insulin
<b>Novolog 70/30 (n=26)</b>	35% Patients who failed on orals 26% Uncontrolled patients / Patients not at target 18% Type 2 patients
<b>Januvia (n=41)</b>	30% Type 2 patients 21% Uncontrolled patients / Patients not at target 18% Patients who failed on metformin

	Sep-Oct 07	
	RGP	Endo
Lantus	76	50
Levemir	76	50
Byetta	75	43
Hum Mix	75	28
Nov 70/30	76	29
Januvia	75	29



Source: COMPASS Sales Force Tracking Study

Note: Data are weighted by reach. SFACT3: During the most recent detail for [Product], which of the following activities did the representative do? DET1: For what patient types were you asked to prescribe [product]?

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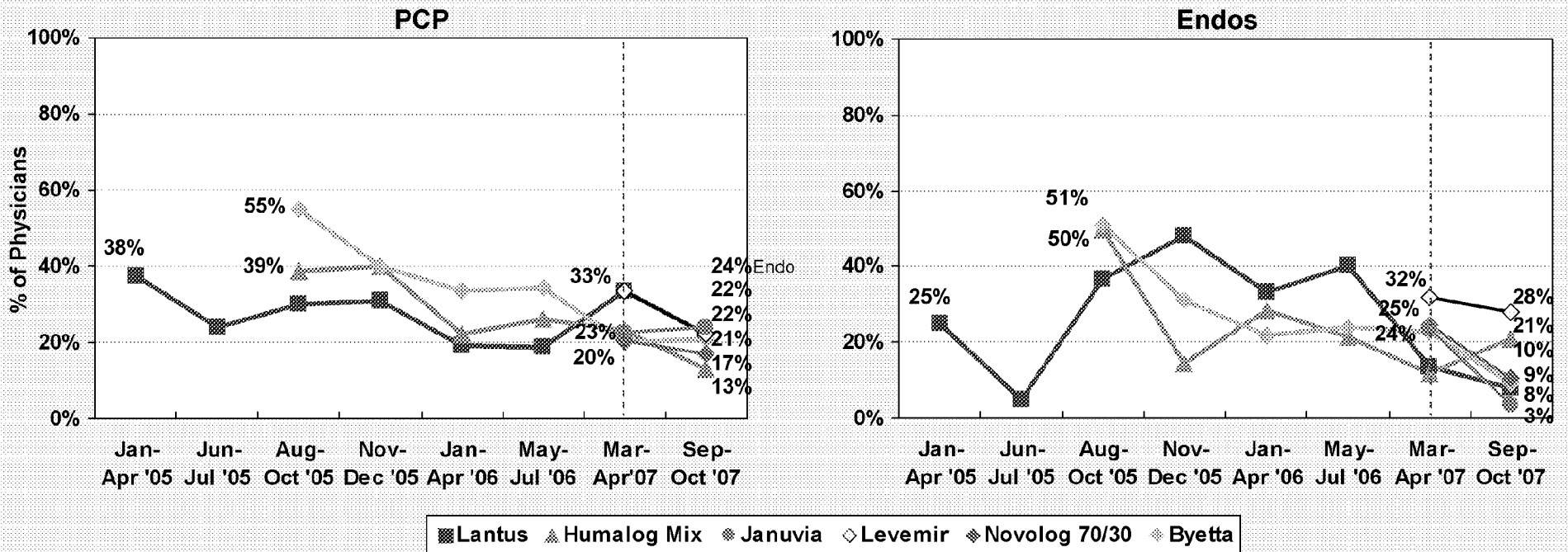
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Sanofi Exhibit 2146.157  
Mylan v. Sanofi  
IPR2018-01676



# Lantus recalled use of clinical reprints among Endos has decreased from 40% to 8% over the past three waves

## Recalled Use of Clinical Reprint: by Specialty



	Sep-Oct '07	
	PCP	Endo
Lantus	76	50
Levemir	76	50
Byetta	75	43
Hum Mix	75	28
Nov 70/30	76	29
Januvia	75	29



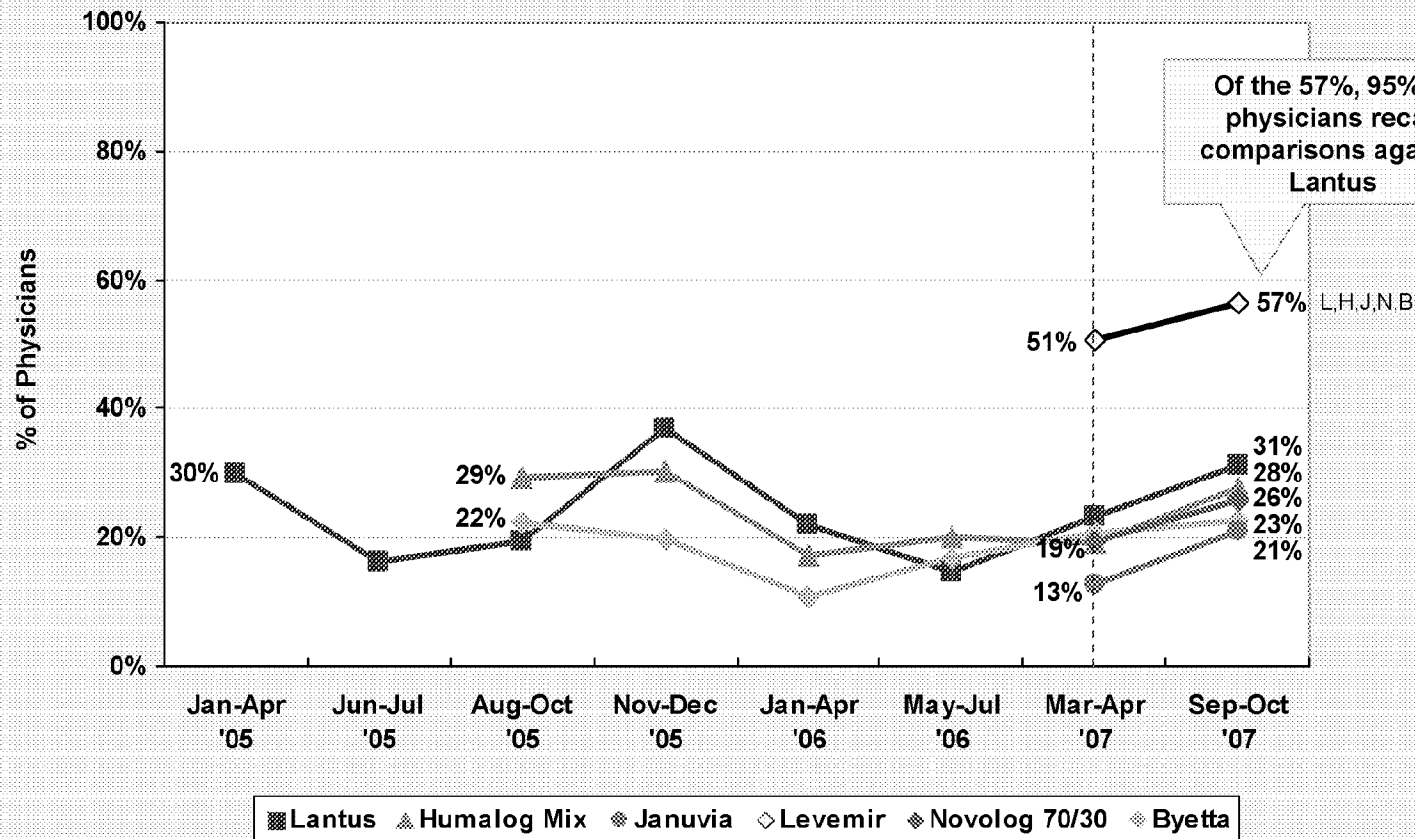
Source: COMPASS Sales Force Tracking Study  
 Note: Data are weighted by reach. Dotted red line indicates trend break in quota groups. Green line formerly Eli Lilly Insulins. Novo Nordisk split into Novolog 70/30 and Levemir in Mar-Apr '07. TRK6: During the last detail for [product] which of the following occurred?





# Levemir reps make comparisons to another product in 57% of physician details, significantly more often than all other company reps

Comparisons to Other Products: Total



Sep-Oct '07	
Lantus	126
Levemir	126
Byetta	118
Hum Mix	103
Nov 70/30	105
Januvia	104

159



Source: COMPASS Sales Force Tracking Study

Note: Data are weighted by reach. Dotted red line indicates trend break in quota groups. Green line formerly Eli Lilly Insulins. ME6A\_E: Did your [product] sales representative make a comparison to another diabetes product?

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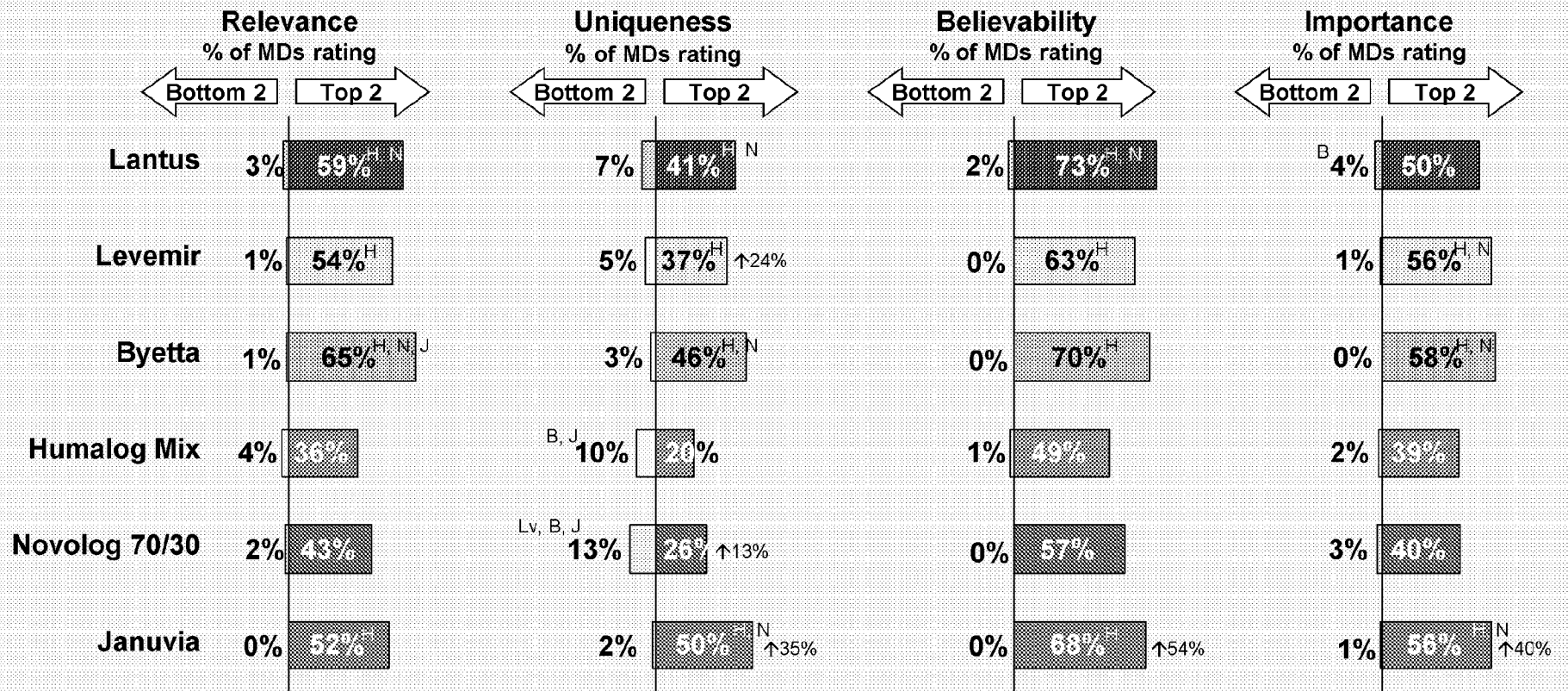
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PTX-0739.0159  
 Sanofi Exhibit 2146.159  
 Mylan v. Sanofi  
 IPR2018-01676



Lantus, Levemir, Byetta, and Januvia details are perceived at parity across all of the message effectiveness attributes

Main Message Effectiveness: Total



Sep-Oct 07	
Lantus	126
Levemir	126
Byetta	118
Hum Mix	103
Nov 70/30	105
Januvia	104

160



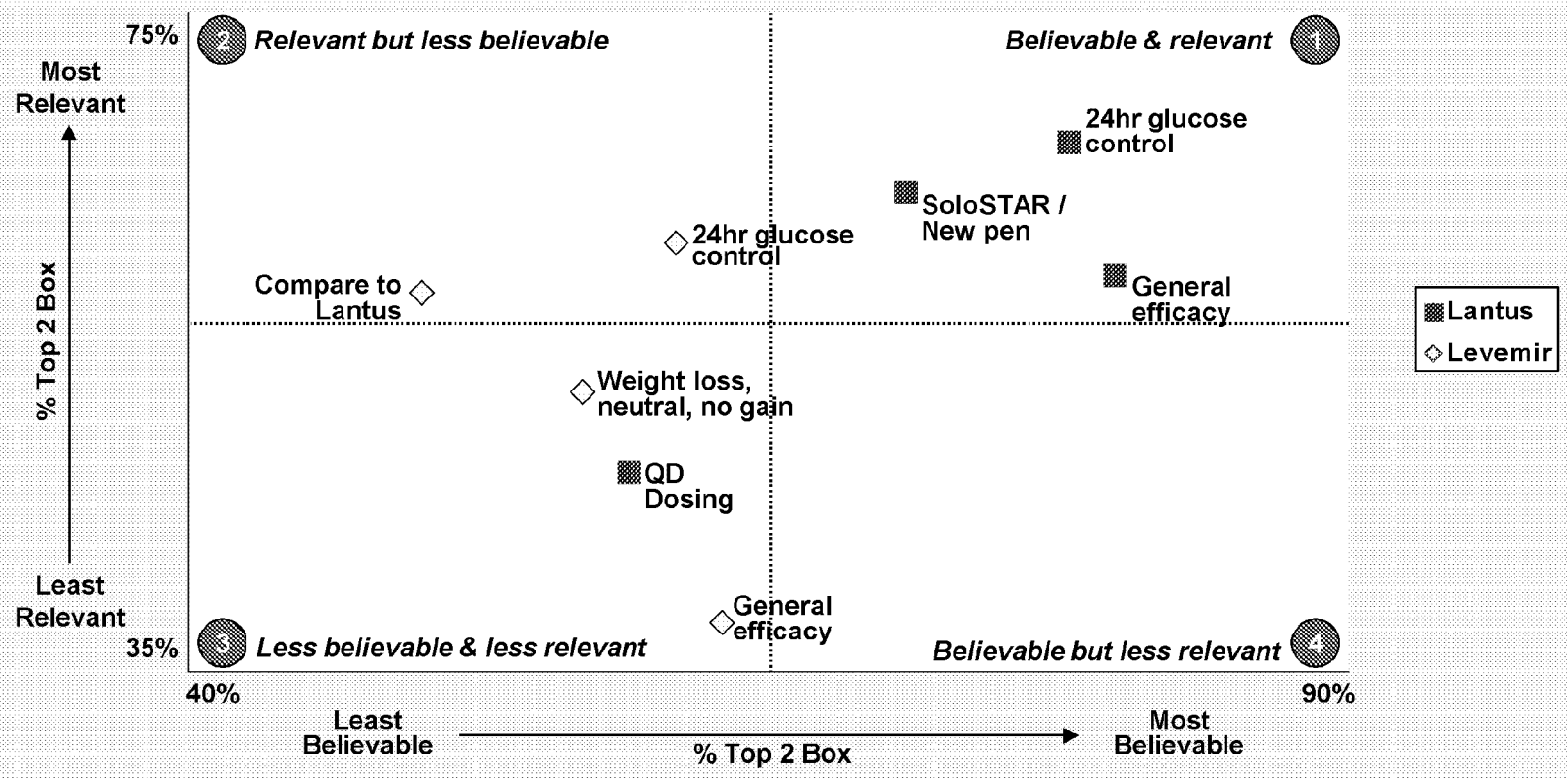
Source: COMPASS Sales Force Tracking Study

Note: Data are weighted by reach. ME2-5: During your last visit from your [Product] sales representative, on a scale of 1 to 7 how (relevant, believable, unique, important) was the main message you received about [Product]?



**Efficacy, 24 hour coverage and SoloSTAR messages are all rated as highly believable and relevant for Lantus, but physicians have less favorable perceptions of QD messages**

**Main Message Relevance and Believability**



**QD messages may require additional effort to increase believability and relevance ratings, or they may not be as effective in resonating with physicians**



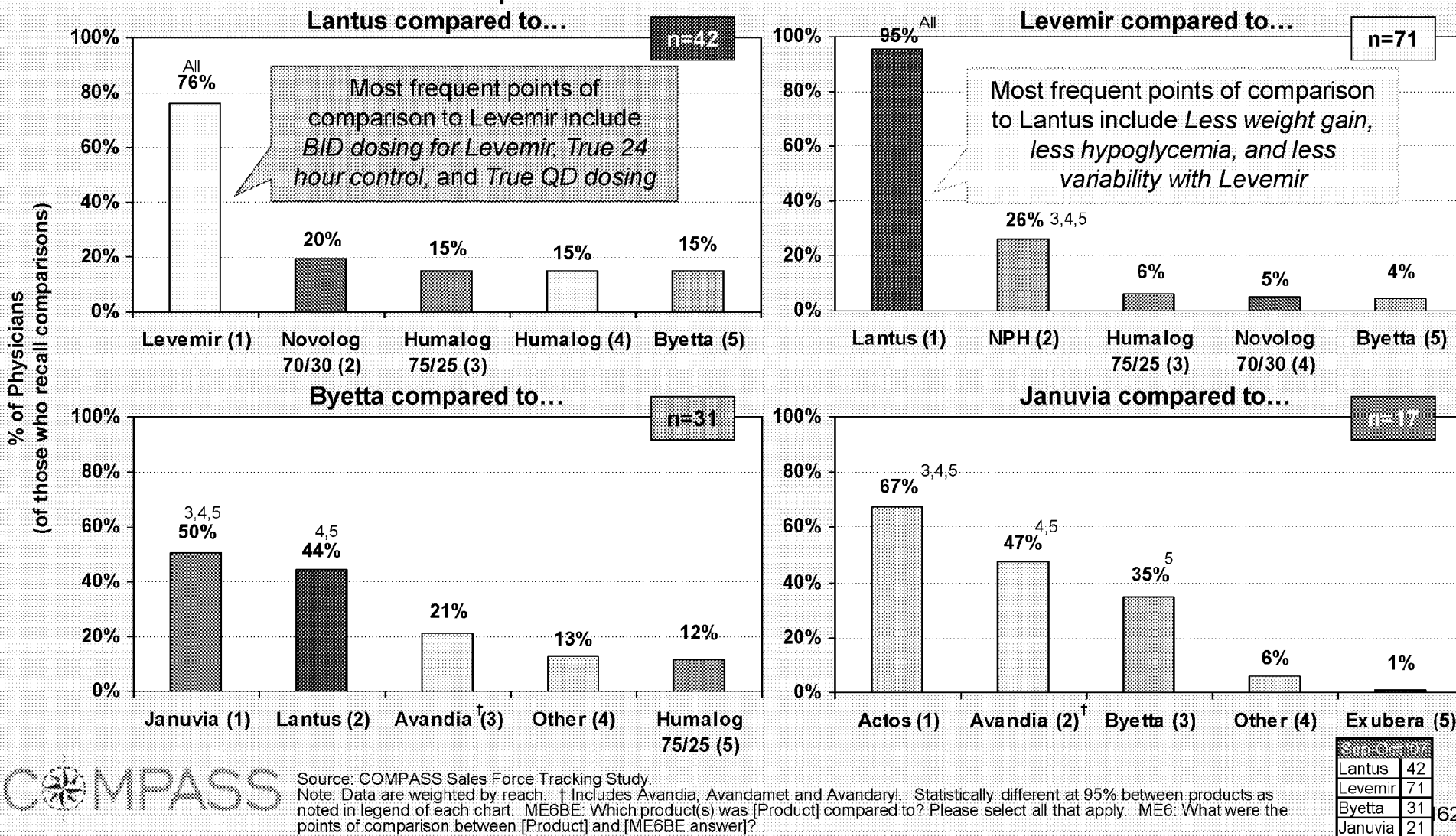
Source: COMPASS Sales Force Tracking Study  
 Note: Data are weighted by reach. ME2-5: During your last visit from your [Product] sales representative, on a scale of 1 to 7 how (relevant, believable, unique, important) was the main message you received about [Product]? ME1: In your last discussion with your [Company] sales representative, what was the main message conveyed regarding [Product]? Overlap may exist between data points due to unaided recall of multiple messages during the same detail.

Lantus	126
Levemir	126



**Lantus and Levemir are frequently compared to each other during product details; Lantus reps mention superior QD dosing while Levemir reps discuss less weight gain, less hypoglycemia, and less variability**

**Comparisons Made to Other Products: Total**





**Cost / Formulary status is mentioned by nearly one-fifth of physicians as the secondary message of their Lantus detail**

**Unaided Message Recall (Secondary Message): Total**

(% of physicians recalling)

**sanofi-aventis for Lantus**

Main Message	Mar – Apr '07	Sep – Oct '07
Cost / Formulary status	15%	19%
Safety / Tolerability	7%	9%
Duration of action / 24 hour	12%	8%
Less hypoglycemia	3%	8%
General dosing / Titration	5%	7%
n =	127	126

**Amylin or Eli Lilly for Byetta**

Main Message	Mar – Apr '07	Sep – Oct '07
Weight loss / No weight gain	19%	19%
Safety / Tolerability	5%	9%
Glucose / HbA1c control	5%	9%
Pen / Delivery device	0%	8%
General efficacy	9%	7%
n =	128	118

**Novo Nordisk for Levemir**

Main Message	Mar – Apr '07	Sep – Oct '07
Pen use	10%	19%
Cost / Formulary status	19%	13%
Less weight gain	7%	9%
Glucose / HbA1c control	8%	9%
Compare to Lantus	6%	7%
n =	122	126

**Merck for Januvia**

Main Message	Mar – Apr '07	Sep – Oct '07
Safety / Side effects	16%	27%
Cost / Formulary status	22%	15%
General efficacy	9%	11%
Glucose / HbA1c control	8%	8%
Weight loss / No weight gain	7%	7%
n =	126	104



Source: COMPASS Sales Force Tracking Study

Note: Data are weighted by reach. Weighted percent of physicians shown for open-ended questions. ME1B: In your last discussion with your [company] sales representative, what other messages were conveyed regarding [product]? Please be as specific as possible.



**Premix reps discuss product cost, convenience, and delivery devices in addition to their main messages**

**Unaided Message Recall (Secondary Message): Total**

(% of physicians recalling)

**Eli Lilly for Humalog Mix**

Main Message	Mar – Apr '07	Sep – Oct '07
Cost / Formulary status	23%	22%
Convenience / Ease of use	16%	14%
Pen / Pump / Delivery device	11%	9%
General efficacy	3%	5%
Glucose / HbA1c control	1%	9%
n =	124	103

**Novo Nordisk for Novolog 70/30**

Main Message	Mar – Apr '07	Sep – Oct '07
Pen / Pen's ease of use	19%	24%
Cost / Formulary status	22%	19%
General efficacy	5%	8%
Glucose / HbA1c control	2%	4%
Rapid onset of action	0%	4%
n =	127	105



Source: COMPASS Sales Force Tracking Study

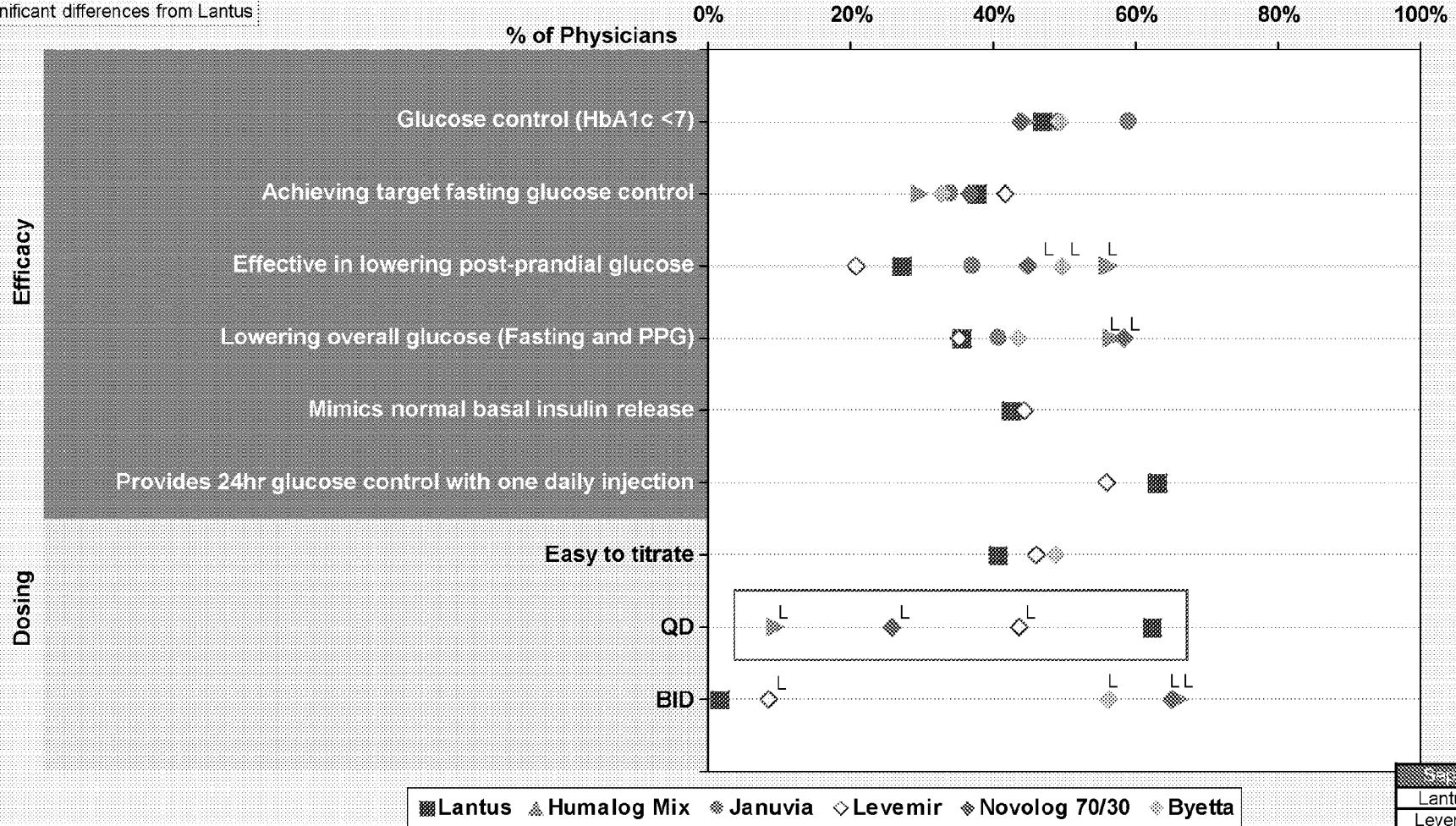
Note: Data are weighted by reach. Weighted percent of physicians shown for open-ended questions. ME1B: In your last discussion with your [company] sales representative, what other messages were conveyed regarding [product]? Please be as specific as possible.



**Though Lantus QD dosing messages may be perceived as less compelling, a higher percentage of physicians recall discussing QD dosing with Lantus reps than with competitor reps**

Note: Stat testing only shows significant differences from Lantus

**Aided Recall of Topics Discussed: Total**



■ Lantus ▲ Humalog Mix ● Januvia ◇ Levemir ◆ Novolog 70/30 ◆ Byetta

Product	Sample Size
Lantus	126
Levemir	126
Byetta	118
Hum Mix	103
Nov 70/30	105
Januvia	104



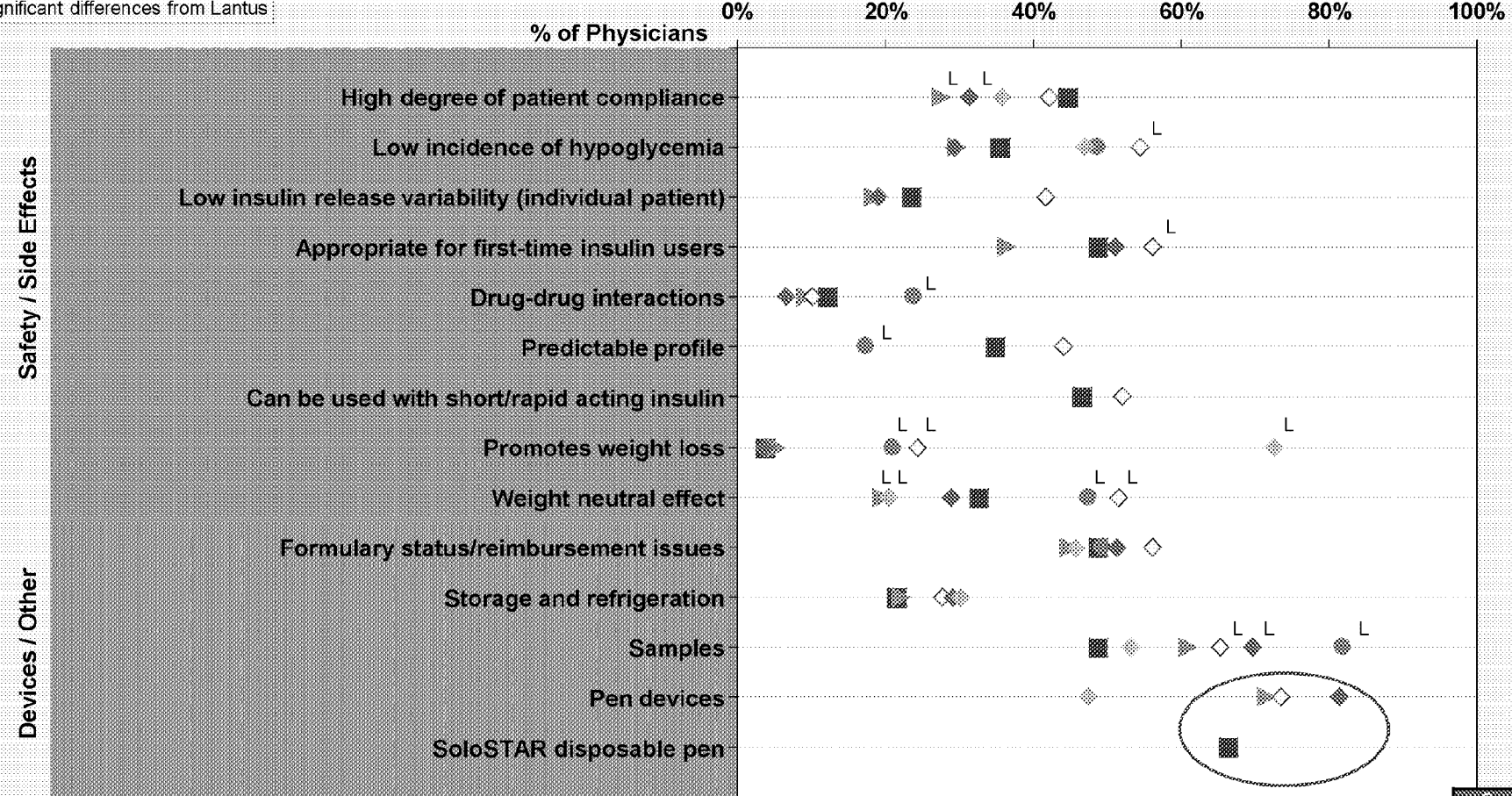
Source: COMPASS Sales Force Tracking Study  
 Note: Data are weighted by reach. L=Statistically different at 95% between Lantus and other products; ME6: Please indicate which of the following product attributes or topics you and the sales representative discussed during your last visit with your representative.



# Aided, over 60% of physicians recall discussing SoloSTAR with their Lantus reps; however, directionally more physicians still recall pen discussions with their Novo and Lilly reps

Note: Stat testing only shows significant differences from Lantus

## Aided Recall of Topics Discussed: Total



■ Lantus ▲ Humalog Mix ● Januvia ◇ Levemir ▼ Novolog 70/30 + Byetta

Product	Sample Size
Lantus	126
Levemir	126
Byetta	118
Hum Mix	103
Nov 70/30	105
Januvia	104



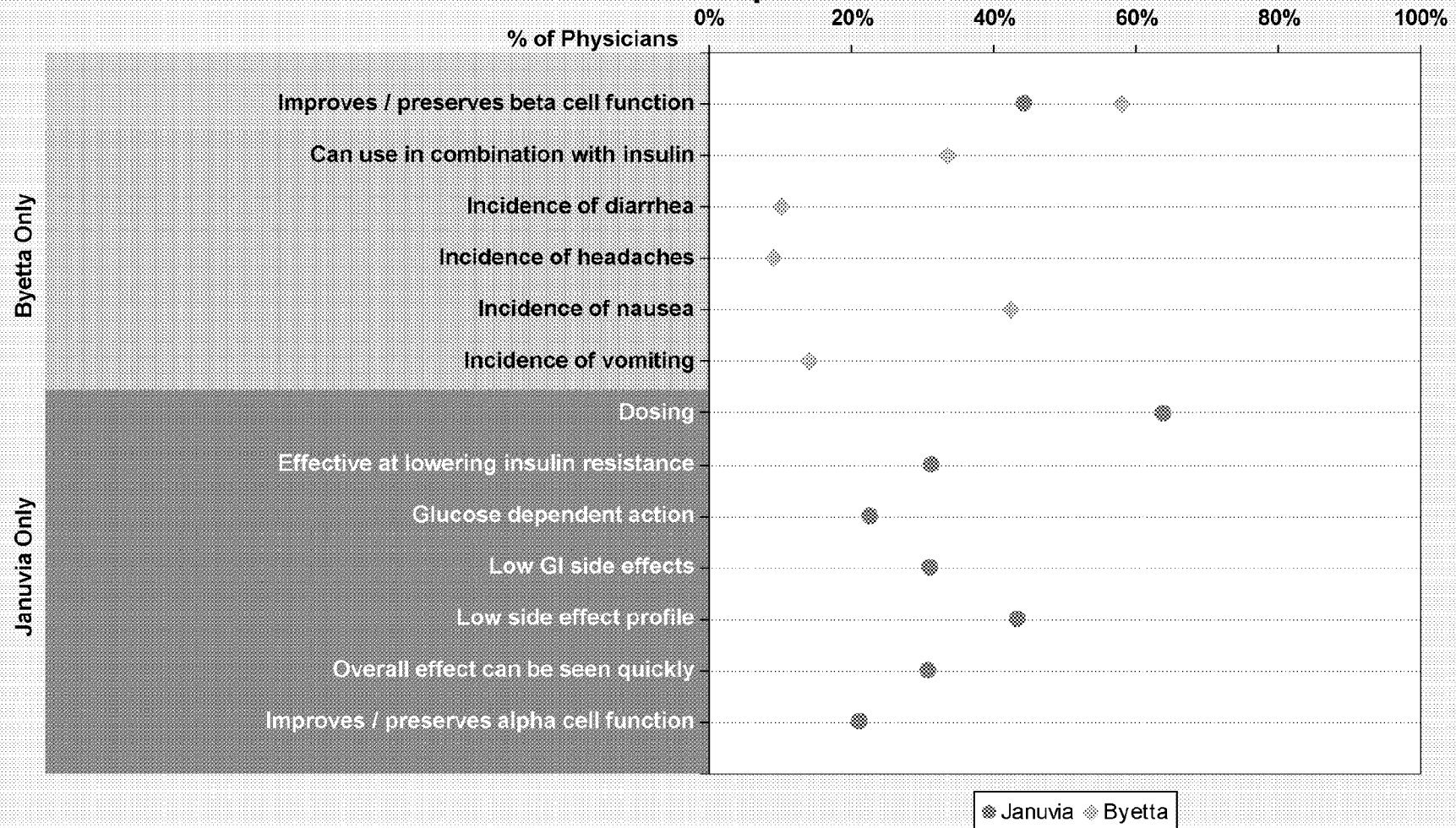
Source: COMPASS Sales Force Tracking Study  
 Note: Data are weighted by reach. L=Statistically different at 95% between Lantus and other products. ME6: Please indicate which of the following product attributes or topics you and the sales representative discussed during your last visit with your representative.





## Nearly 60% of physicians recall Byetta reps discussing the drug's positive effects on beta-cells; side-effects are less frequently discussed

Aided Recall of Topics Discussed: Total



Source: COMPASS Sales Force Tracking Study

Note: Data are weighted by reach. L=Statistically different at 95% between Lantus and other products; ME6: Please indicate which of the following product attributes or topics you and the sales representative discussed during your last visit with your representative.

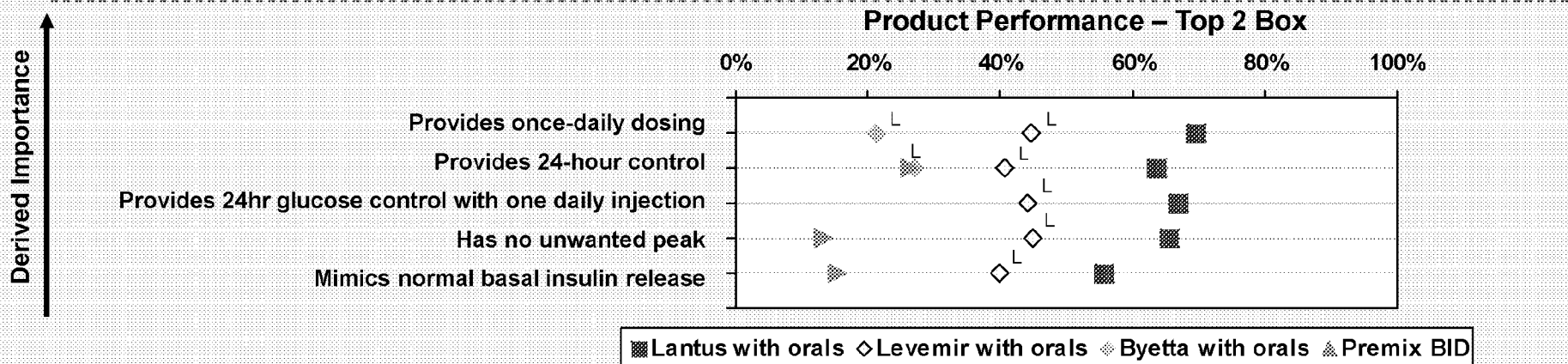
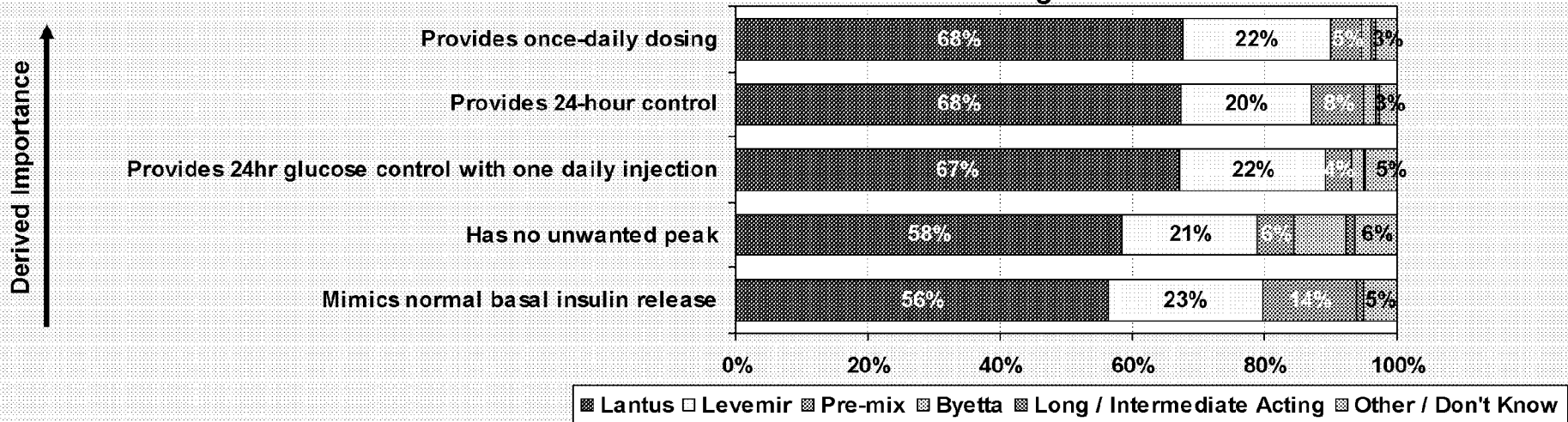
Byetta	118
Januvia	104

167



## In Sep-Oct '07, physicians perceived strong links between Lantus messaging and top derived importance attributes

Message Association and Performance on Top 5 Derived Importance Attributes: Total Message Association



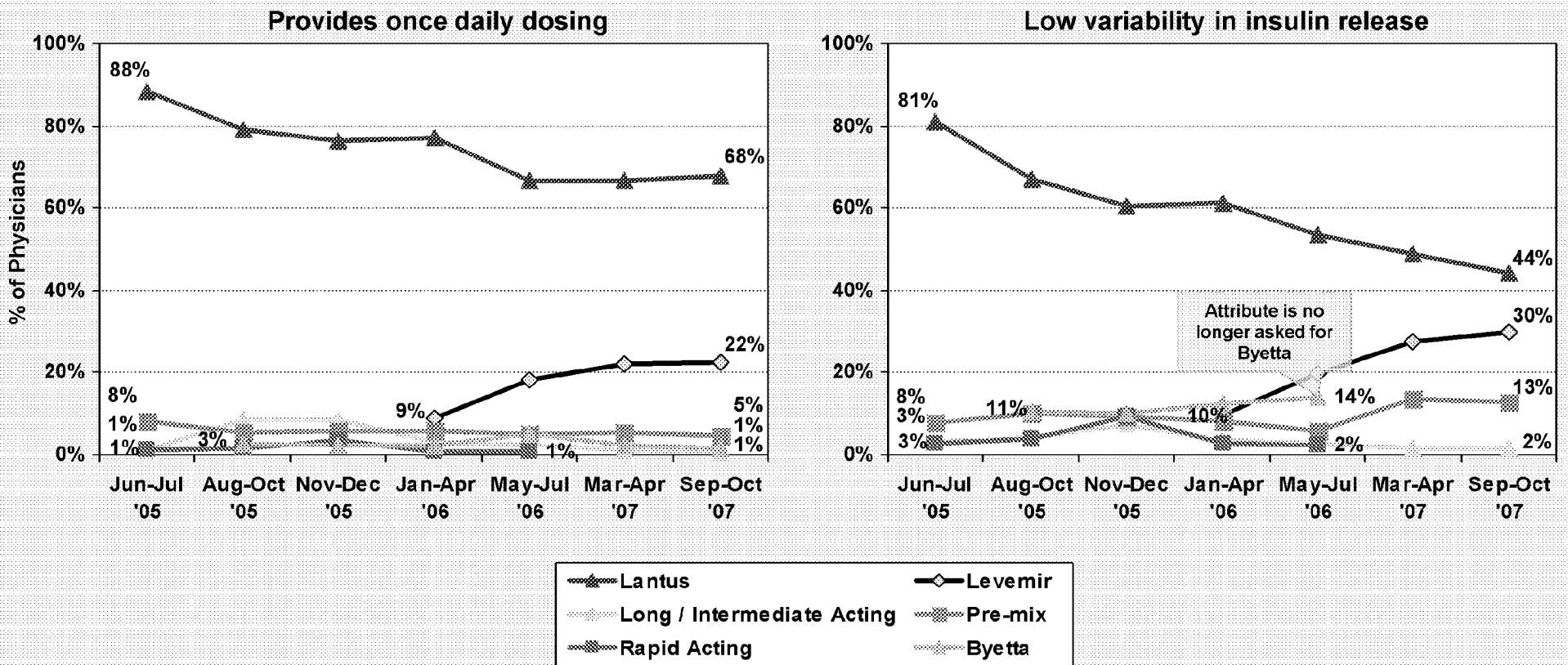
Source: COMPASS Sales Force and Physician Tracking Study  
 Note: Data are weighted by reach. L=Statistically different at 95% between Lantus and other products. ME7: For each of the following statements please select the one diabetes product that you believe is best associated with the statement. PR3B: On a scale of 1 to 7, please rate how well you feel each therapy performs on these attributes/functions for Type 2 patients.

ME7	540
PR3B	179-201



**While Lantus continues to maintain ownership of the *Once daily dosing* message, its advantage over Levemir in *Low variability* continues to erode**

**Message Association: Total  
(Select ONE Product)**



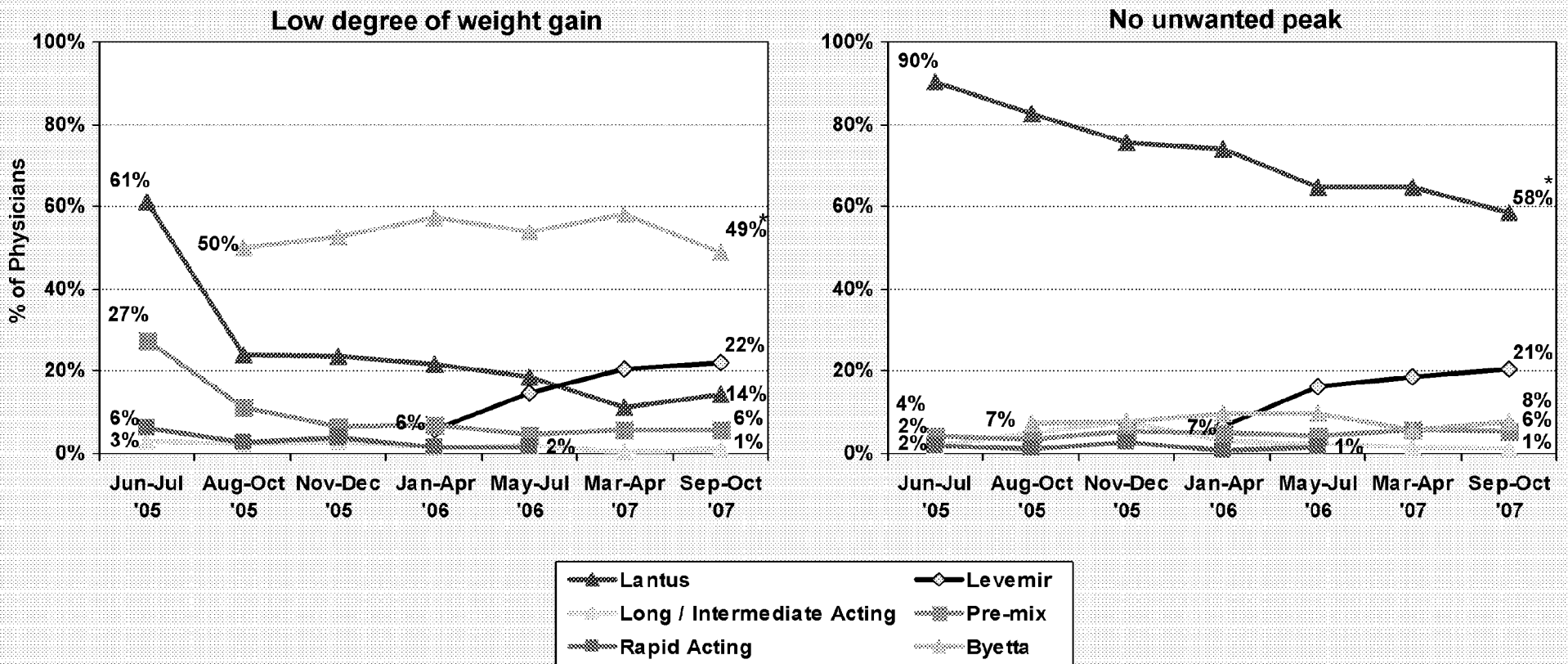
Source: COMPASS Sales Force Tracking Study  
 Note: Data are weighted by reach. ME7: For each of the following statements please select the one diabetes product that you believe is best associated with the statement. Low variability in insulin release not asked for Byetta. Rapid acting products not asked after May-Jul '06.

540 / 169



**At the cost of Byetta, Levemir demonstrated directional growth in its share of Low degree of weight gain, while Lantus continues its ownership of No unwanted peak**

Message Association: Total  
(Select ONE Product)



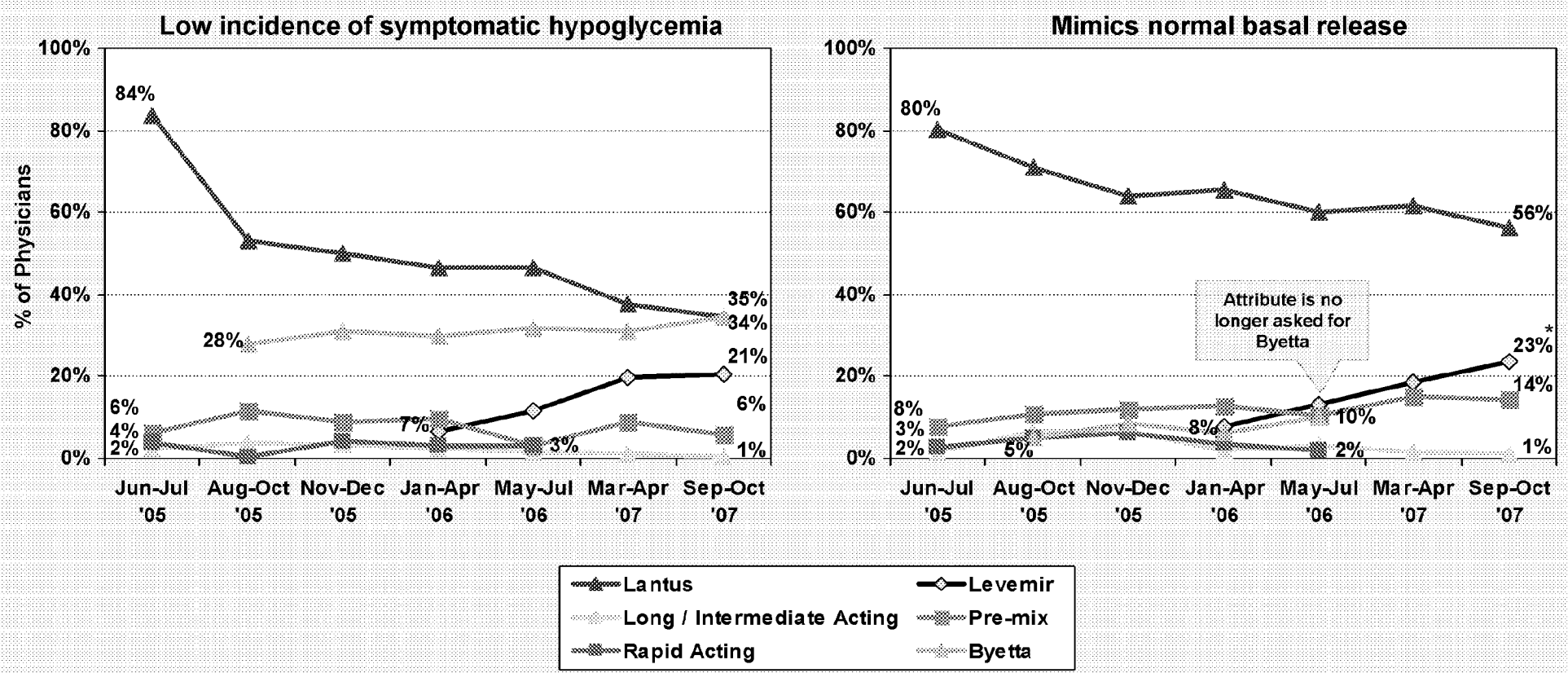
Source: COMPASS Sales Force Tracking Study  
 Note: Data are weighted by reach. ME7: For each of the following statements please select the one diabetes product that you believe is best associated with the statement. Low variability in insulin release not asked for Byetta. Rapid acting products not asked after May-Jul '06.

540 / 170



**In Sep - Oct '07, Lantus and Byetta share of *Low incidence of symptomatic hypoglycemia* became nearly equal while Levemir demonstrated significant growth in *Mimics normal basal insulin release***

Message Association: Total  
(Select ONE Product)



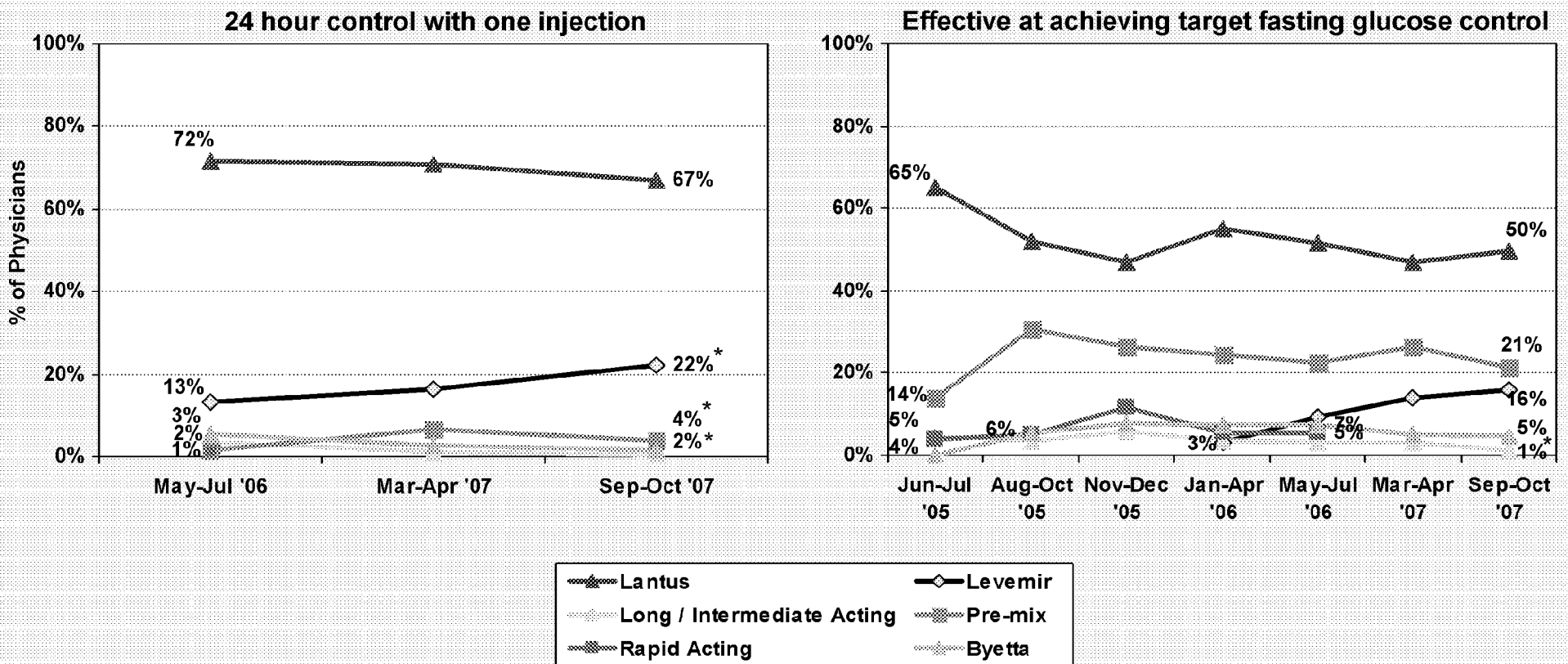
Source: COMPASS Sales Force Tracking Study  
 Note: Data are weighted by reach. ME7: For each of the following statements please select the one diabetes product that you believe is best associated with the statement. Low variability in insulin release not asked for Byetta. Rapid acting products not asked after May-Jul '06.

540 171



**While Lantus maintains ownership of 24 hour control with one injection and Efficacy controlling FBG, Levemir continues to gain traction on both attributes**

Message Association: Total  
(Select ONE Product)



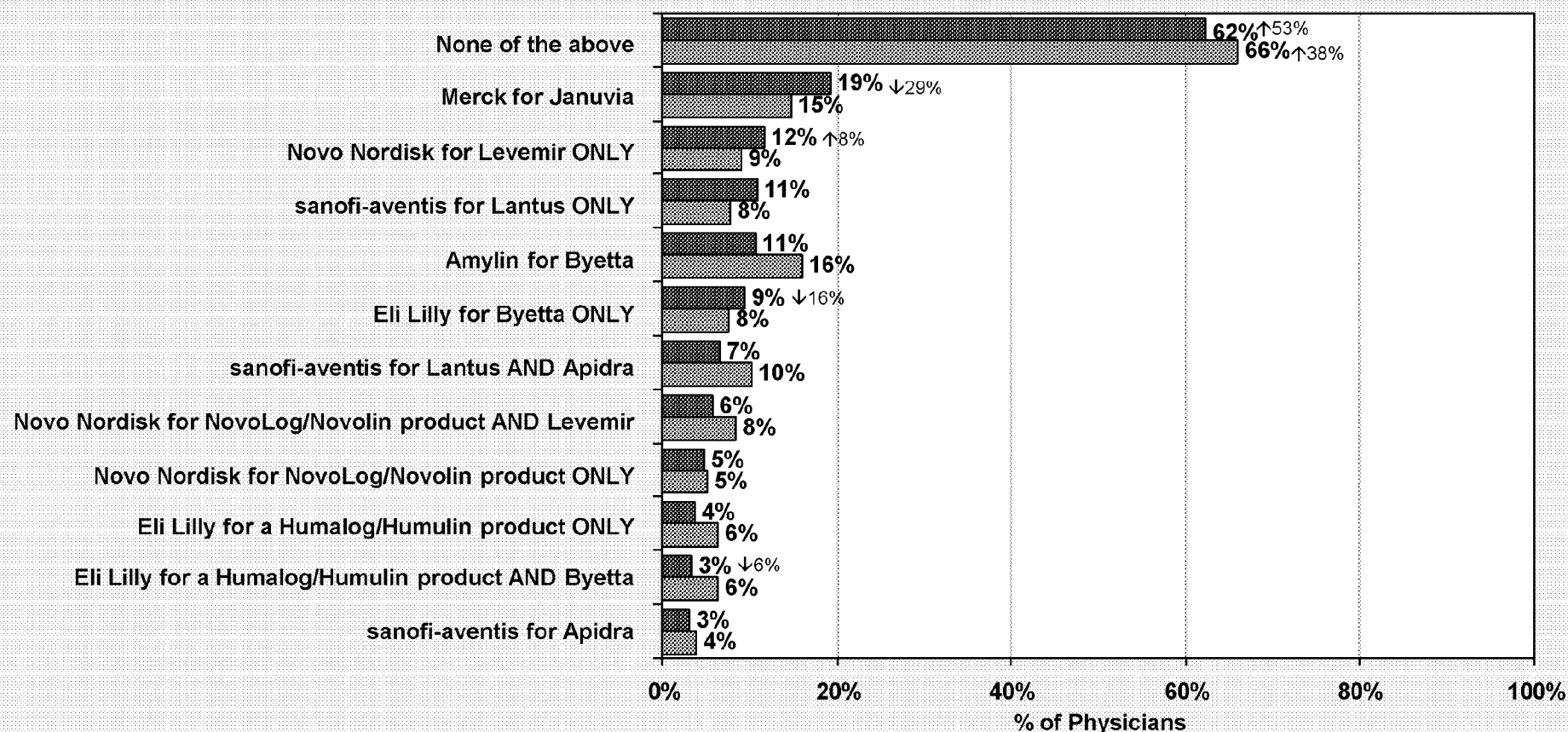
Source: COMPASS Sales Force Tracking Study  
 Note: Data are weighted by reach. ME7: For each of the following statements please select the one diabetes product that you believe is best associated with the statement. Low variability in insulin release not asked for Byetta. Rapid acting products not asked after May-Jul '06.

540 / 172



## Nearly two-thirds of physicians did not attend a company sponsored event in the past month

### Company Event Attendance: by Specialty



Source: COMPASS Physician ATU Tracking Study

Note: Data are weighted by reach. TRK1: Please indicate which companies sponsored a conference, symposium or other event that you attended in the past month.

PCP	384
Endo	156

173

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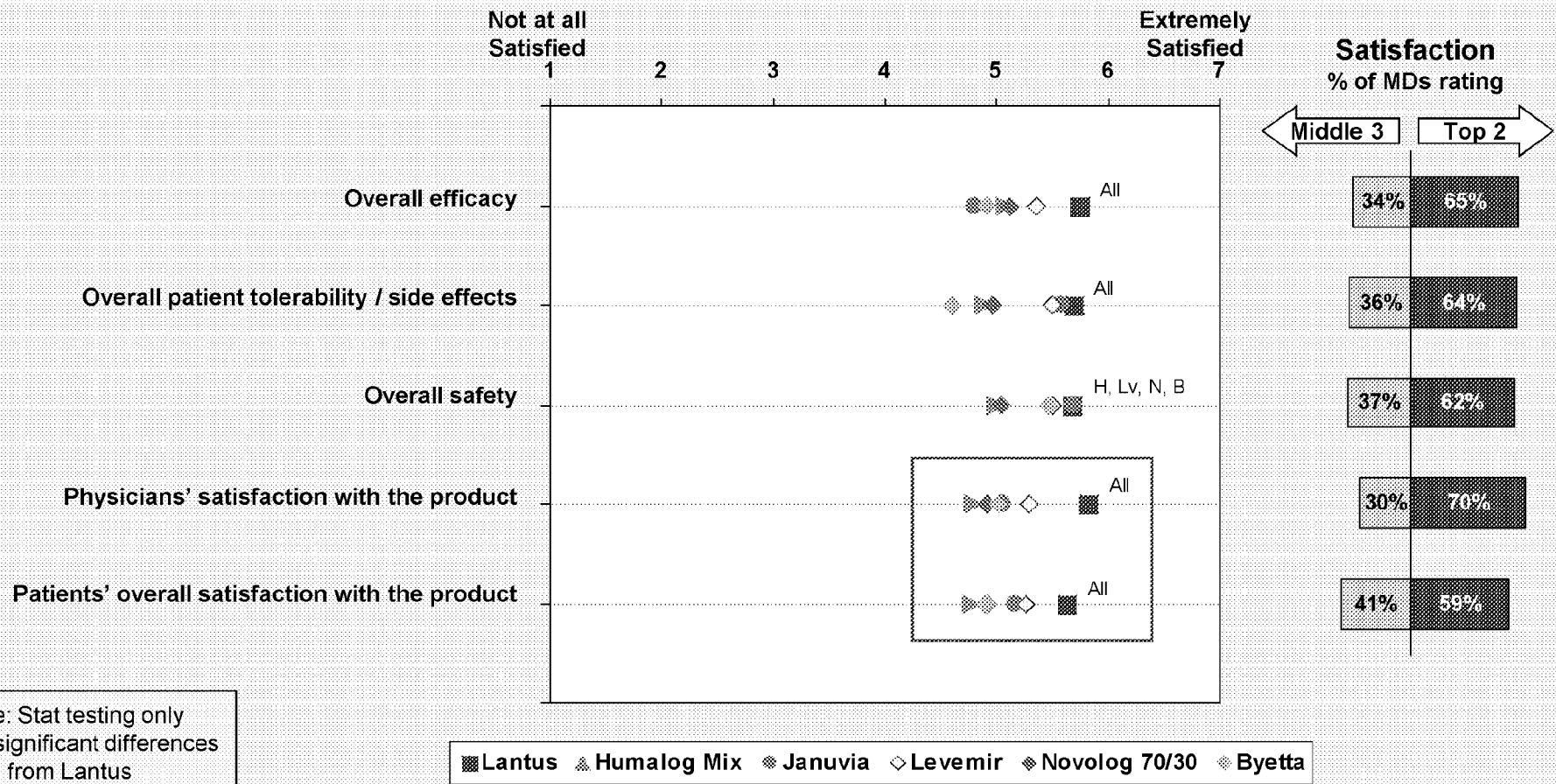
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PTX-0739.0173  
 Sanofi Exhibit 2146.173  
 Mylan v. Sanofi  
 IPR2018-01676



# Physicians and patients (as perceived by physicians) are more satisfied with Lantus than with any other therapy

## Overall Product Satisfaction: by Total



Source: COMPASS Sales Force Tracking Study

Note: Data are weighted by reach. SFPR1. For each of the following diabetes products, please rate how well you feel each product performs on these factors.

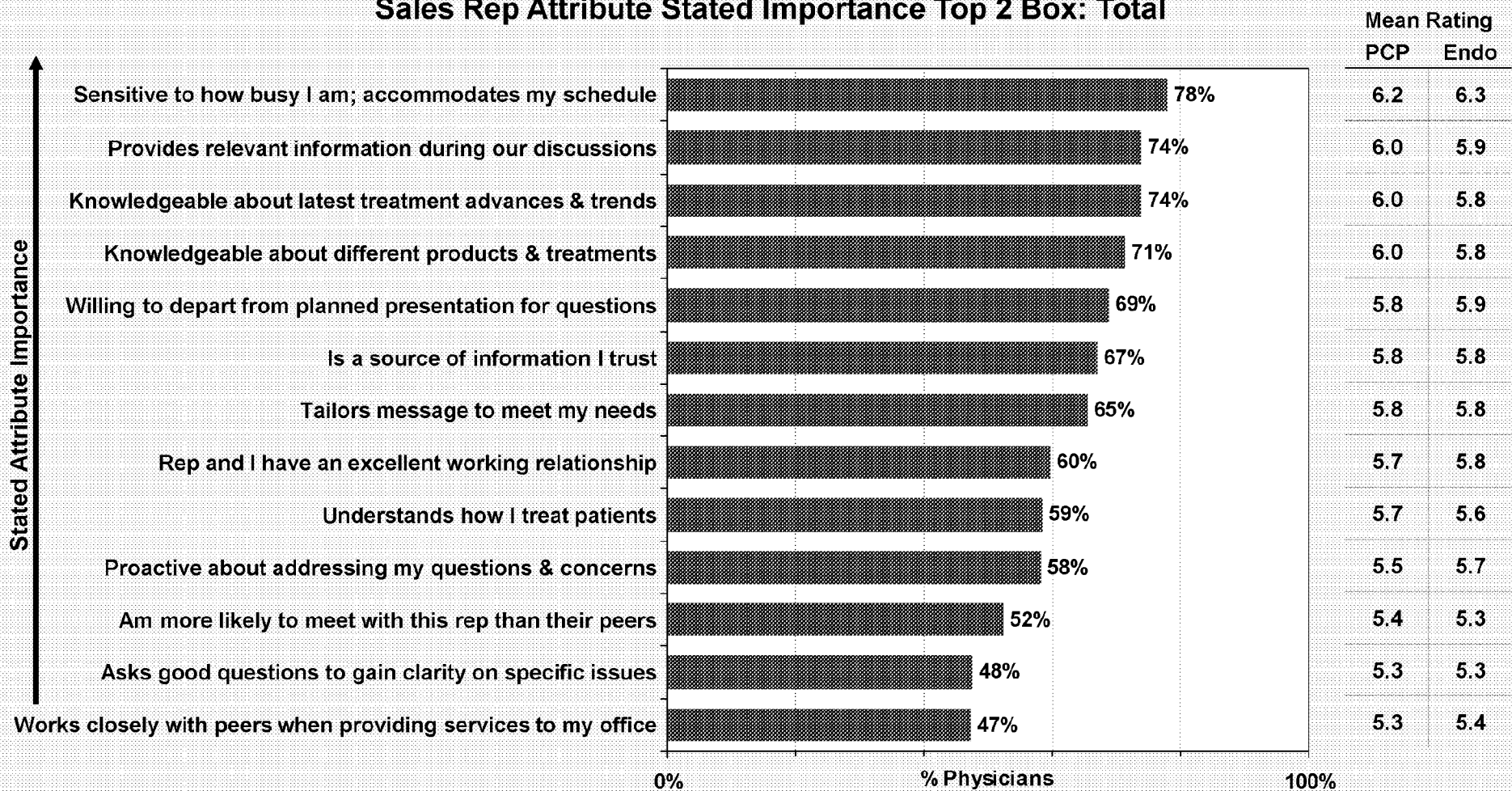
540 74





## Sensitivity to physicians' schedules is stated as the most important sales rep characteristic in Sep-Oct '07

### Sales Rep Attribute Stated Importance Top 2 Box: Total



Source: COMPASS Physician Study

Note: Data are weighted by physician population. VL1: Please indicate how important each of the following sales representative qualities or services are as they relate to the diabetes market.

	75
PCP	384
Endo	156
Total	540

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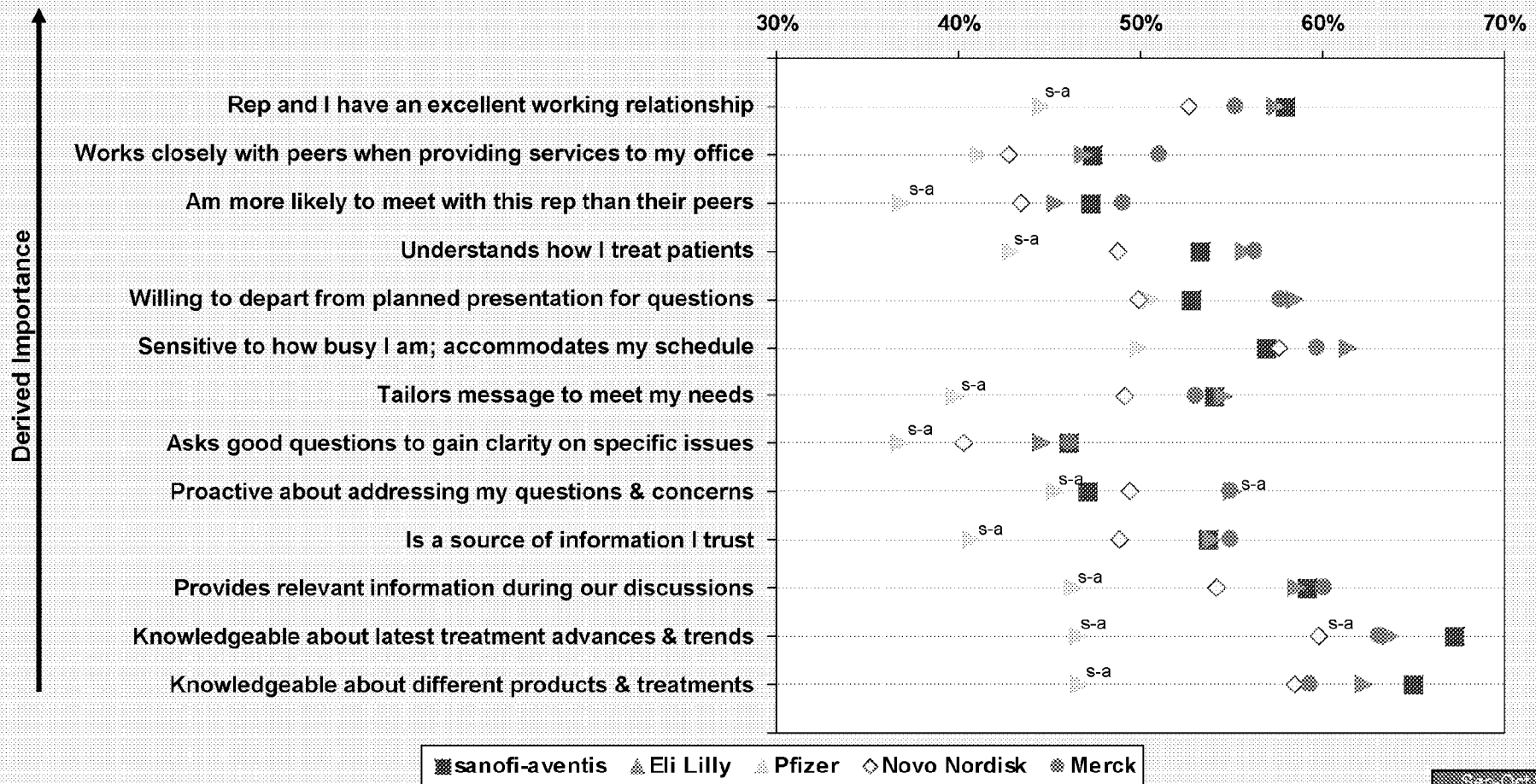
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PTX-0739.0175  
 Sanofi Exhibit 2146.175  
 Mylan v. Sanofi  
 IPR2018-01676



# Physicians rate sanofi-aventis directionally higher than Novo Nordisk on the five sales rep attributes most highly correlated with NRx share

## Sales Force Performance: Total



■ sanofi-aventis ▲ Eli Lilly ▲ Pfizer ◇ Novo Nordisk ● Merck

Company	Count
sanofi-aventis	323
Eli Lilly	327
Pfizer	333
Novo Nordisk	313
Merck	313



Source: COMPASS Sales Force Tracking Study  
 Note: Data are weighted by reach. s-a = statistically different at 95% between sanofi-aventis and other companies as noted. VL6. For each of the following sales qualities or services, please rate how well the following sales forces for diabetes products perform in that category.

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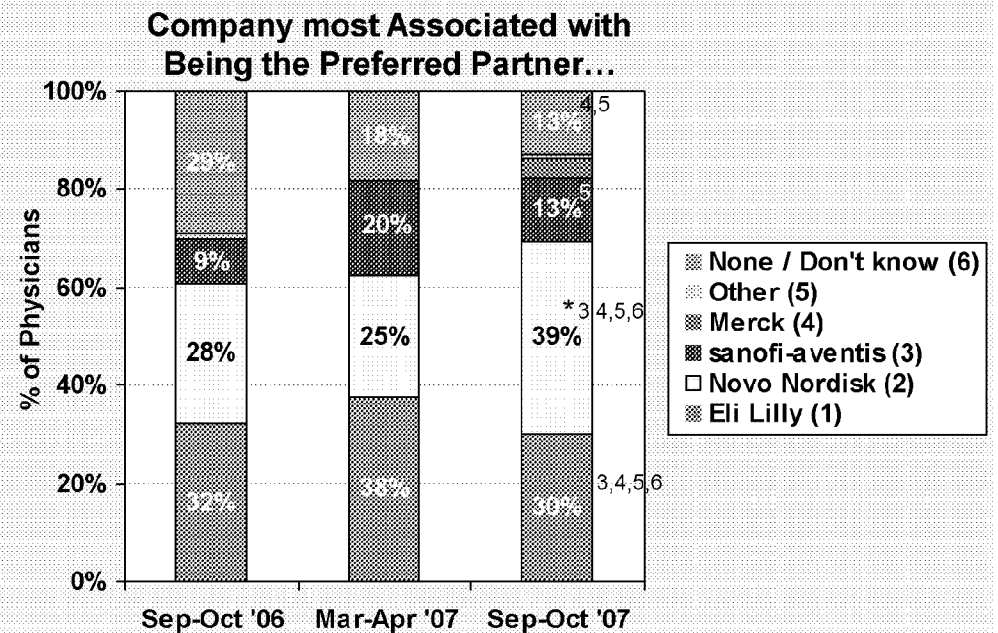
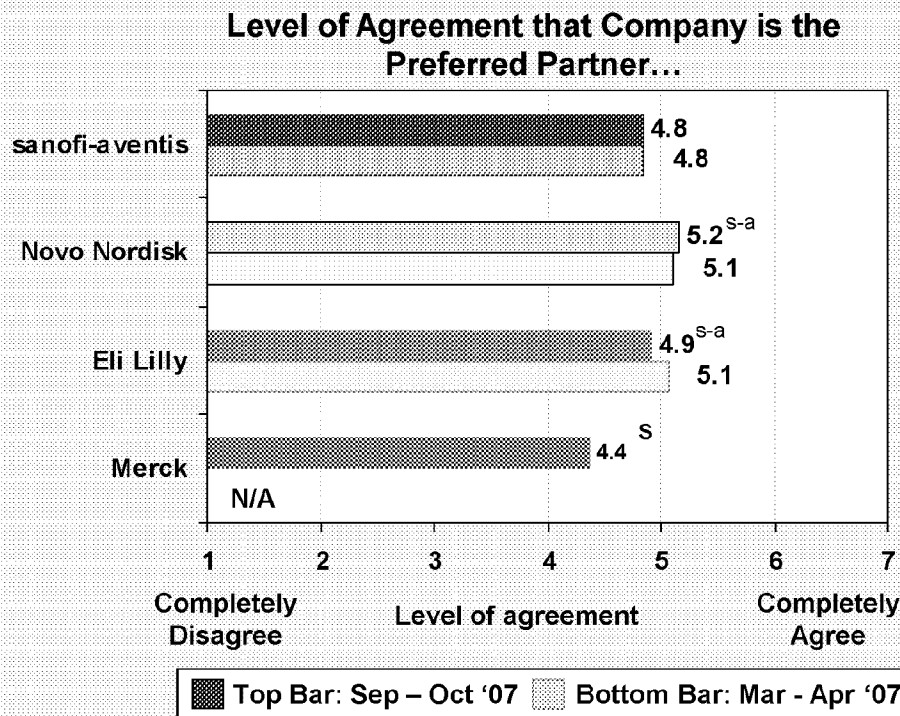
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PTX-0739.0176  
 Sanofi Exhibit 2146.176  
 Mylan v. Sanofi  
 IPR2018-01676



## Physicians most often see Novo Nordisk or Eli Lilly as the Preferred partner of diabetes patients and health care professionals

### Preferred Partner of Diabetes Patients and Health Care Professionals



The percentage of physicians who call sanofi-aventis their Preferred Partner increased significantly in Sep - Oct '07



Source: COMPASS Physician ATU Tracking Study

Note: Data are weighted by physicians population. In Mar-Apr '07, Merck was not an option. LAN11A: Which company do you most associate with being "the preferred partner of diabetes patients and healthcare professionals"? LAN12: For each of the statements below, on a scale of 1 to 7, please indicate how much you agree or disagree with each statement.

Sep-Oct '07	
LAN11A	77
LAN 12	201

177



Preferred Partner

**The majority of physicians rating sanofi-aventis as the preferred partner of diabetes patients and healthcare professionals cite superior representatives as the company's primary strength**

**Strengths and Weakness of Preferred Partner: Total**

**Strengths**

sanofi-aventis (n=32)		Novo Nordisk (n=77)		Eli Lilly (n=54)		Merck (n=6)	
Superior reps / Support	53%	Superior reps / Support	35%	Long-term reputation / history of DM care	32%	Superior reps / Support	4
Best (quality) products	27%	Superior patient / CME programs & materials	19%	Superior reps / Support	23%	More samples	1
Superior patient / CME programs & materials	17%	Best (quality) products	17%	Superior patient / CME programs & materials	19%	Experience / relationship with rep	1

**Weaknesses**

sanofi-aventis (n=32)		Novo Nordisk (n=77)		Eli Lilly (n=54)		Merck (n=6)	
None / Nothing	71%	None / Nothing	53%	None / Nothing	41%	None / Nothing	67%
Cost / formulary status	15%	Cost / formulary status	27%	Lack of innovation	12%	Rep turnover	17%
Lack of / poor CME materials	6%	No (or too few) oral medications	8%	Inferior quality product	8%	Lack of innovation	17%



Source: COMPASS Physician ATU Tracking Study  
 Note: Data are weighted by reach. Weighted percent of physicians shown for open-ended question. LAN11A: Why do you associate [Company] with being the "preferred partner of diabetes patients and healthcare professionals"? LAN11B: What do you see as [Company]'s weaknesses as the "preferred partner of diabetes patients and healthcare professionals"?



## Appendix

### Additional Treatment Pathway Slides

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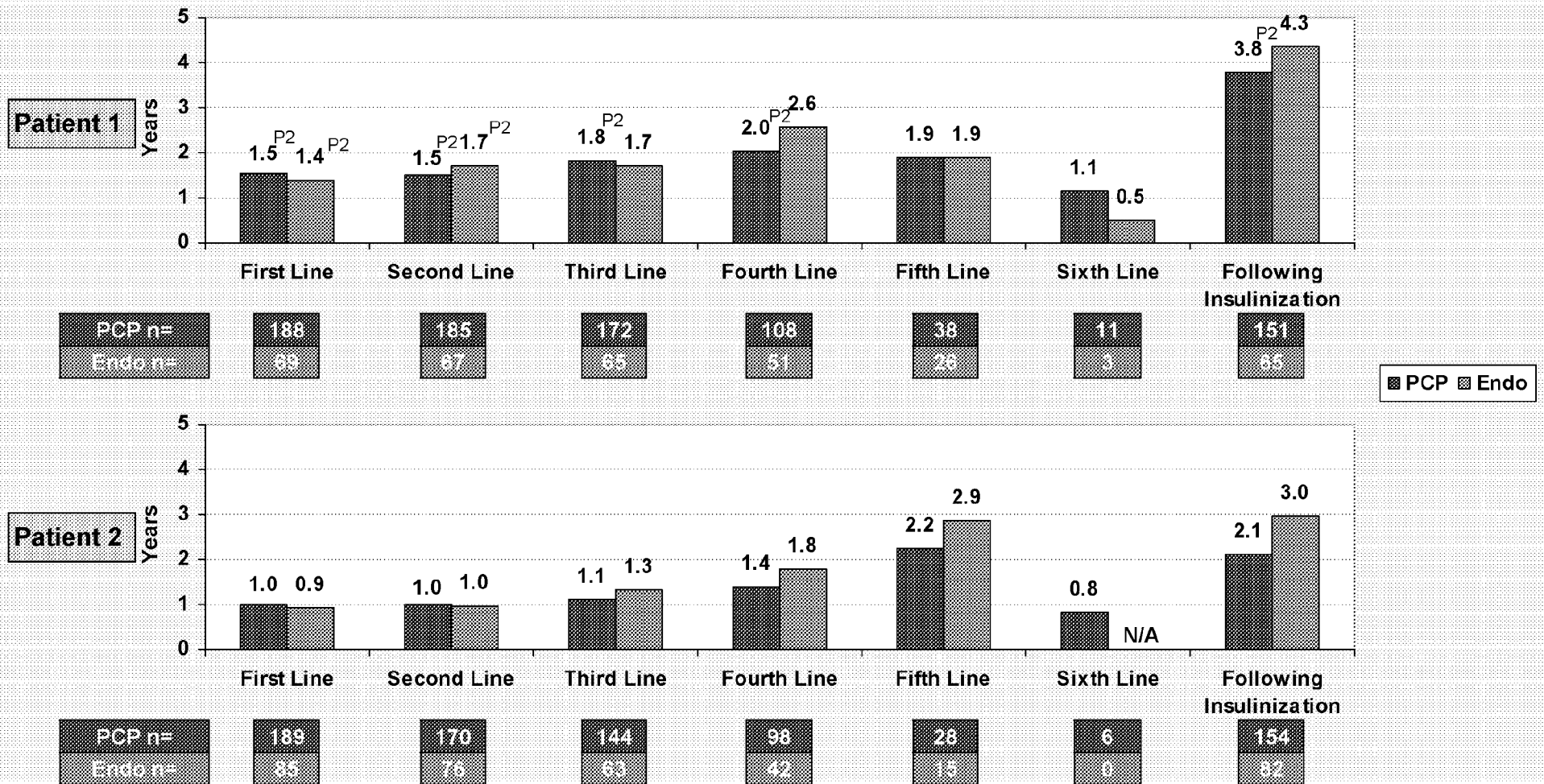
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PTX-0739.0179  
Sanofi Exhibit 2146.179  
Mylan v. Sanofi  
IPR2018-01676



## PCPs and Endos tend to wait longer before switching or adding medication to achieve a desired HbA1c goal for Patient 1 than for Patient 2

Average Years before Switching or Adding Another Agent: by Specialty



Source: COMPASS Sales Force Tracking Study

Note: TXP5: How long do you expect that this patient's HbA1c level will be controlled using this therapy before you will need to change their therapy (either by switching or adding on medications)? Responses beyond 3 standard deviations not included in analysis.



**Endos have more aggressive HbA1c thresholds than PCPs for both patient types; however, the number of products used and reported time to insulin do not differ by specialty**

**Treatment Process Overview**

	Patient 1 PCP	Patient 1 Endo	Patient 2 PCP	Patient 2 Endo
Average HbA1c at which therapy is altered (%)	7.23 <sup>Endo</sup>	6.96	7.35 <sup>P1, Endo</sup>	7.17 <sup>P1</sup>
Average line of therapy insulin is initiated (numeric value for Line 1 - 6)	3.7 <sup>P2</sup>	4.1 <sup>P2, PCP</sup>	3.4	3.3
Average length of time until insulin (years)	4.5	4.8	2.4	2.4
Average length of time on <b>first line</b> of therapy	1.5	1.4	1.0	0.9
Average length of time on <b>second line</b> of therapy	1.5	1.7	1.0	1.0
Average length of time on <b>third line</b> of therapy	1.8	1.7	1.1	1.3
Average length of time on <b>fourth line</b> of therapy	2.0	2.6	1.4	1.8
Average length of time on <b>fifth line</b> of therapy	1.9	1.9	2.2	2.9
Average length of time on <b>sixth line</b> of therapy	1.1	0.5	0.8	-

**Patient 1 - Healthier**

- 45 years old
- BMI of 29 (overweight, but not obese)
- HbA1c of 7.5
- Fasting glucose of 155

**Patient 2 – Less Healthy**

- 45 years old
- BMI of 34 (obese)
- HbA1c of 9.5
- Fasting glucose of 200
- Treated for dyslipidemia & hypertension



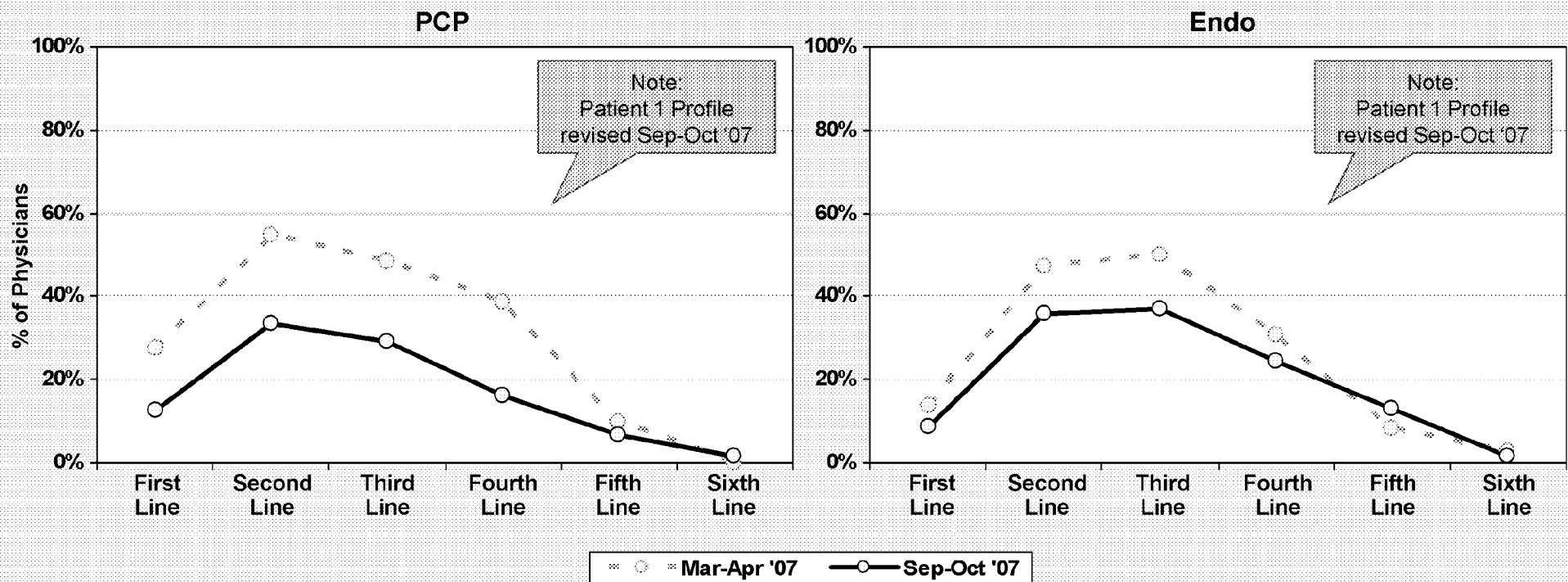
Source: COMPASS Sales Force Tracking Study  
 Note: TXP5: Length of time controlled on this therapy before switching to next therapy. TXP6: HbA1c level at which you alter the patient's therapy

	PCP	Endo
P1	191	70
P2	189	85



**Likely due to Avandia safety concerns, physicians in Sep-Oct '07 recommend TZDs to Patient 1 less frequently than in Mar-Apr '07; the decrease is more pronounced among PCPs than Endos**

Percentage of MDs Using TZDs in Each Line for Patient 1: by Specialty



Source: COMPASS Sales Force Tracking Study  
 TXP: What would you recommend as each line of therapy? If you would recommend more than one medication for each any line of therapy for this patient, please check all that apply. If you would add treatments to a next line of therapy (rather than discontinuing a prior treatment) please select all treatments for that line of therapy, both prior and new treatments. Note: Data assumes that once insulin is added to the treatment regimen, it remains in the regimen through the sixth line. Question also asked for Meglitinides, Alpha-glucose inhibitors, and Referral, but data not shown for these options.

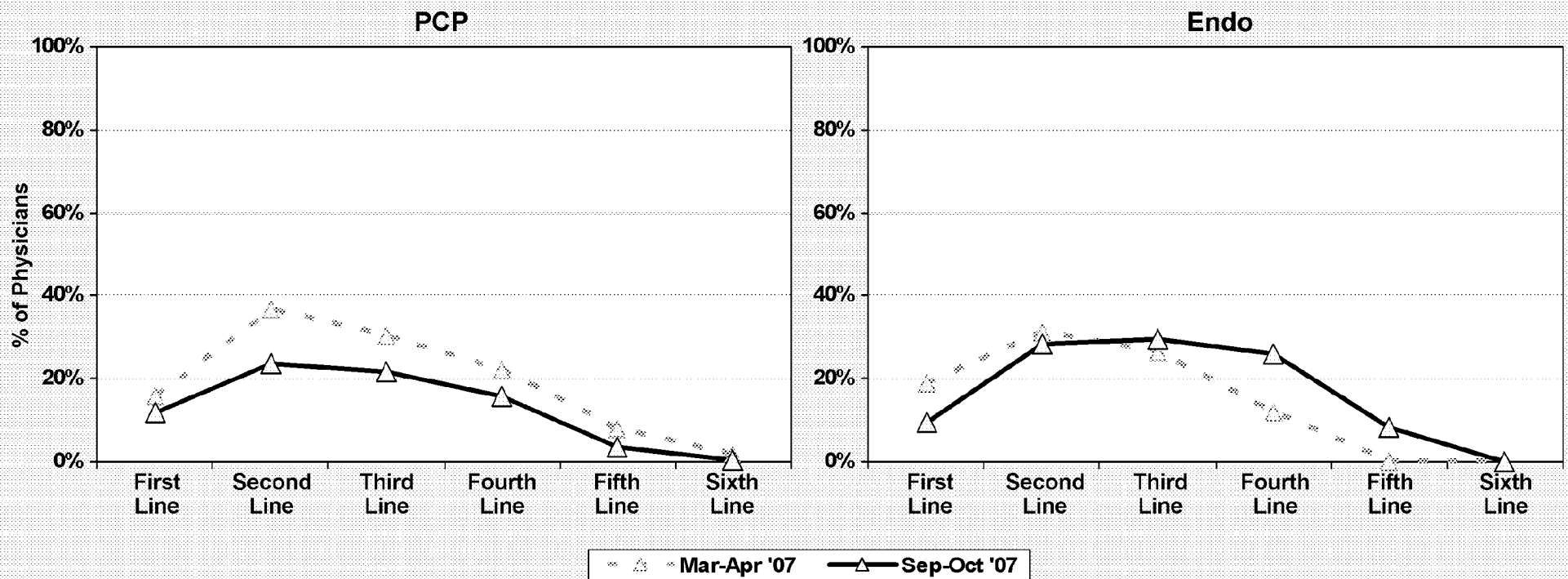
	Mar-Apr '07	Sep-Oct '07	Total
P1	191	70	261
P2	189	85	274





## Compared to Patient 1, the decrease in TZD usage for Patient 2 is less drastic among both PCPs and Endos

Percentage of MDs Using TZDs in Each Line for Patient 2: by Specialty



Source: COMPASS Sales Force Tracking Study  
 TXP: What would you recommend as each line of therapy? If you would recommend more than one medication for each any line of therapy for this patient, please check all that apply. If you would add treatments to a next line of therapy (rather than discontinuing a prior treatment) please select all treatments for that line of therapy, both prior and new treatments. Note: Data assumes that once insulin is added to the treatment regimen, it remains in the regimen through the sixth line. Question also asked for Meglitinides, Alpha-glucose inhibitors, and Referral, but data not shown for these options.

	Mar-Apr '07	Sep-Oct '07	Total
P1	191	70	261
P2	189	85	274



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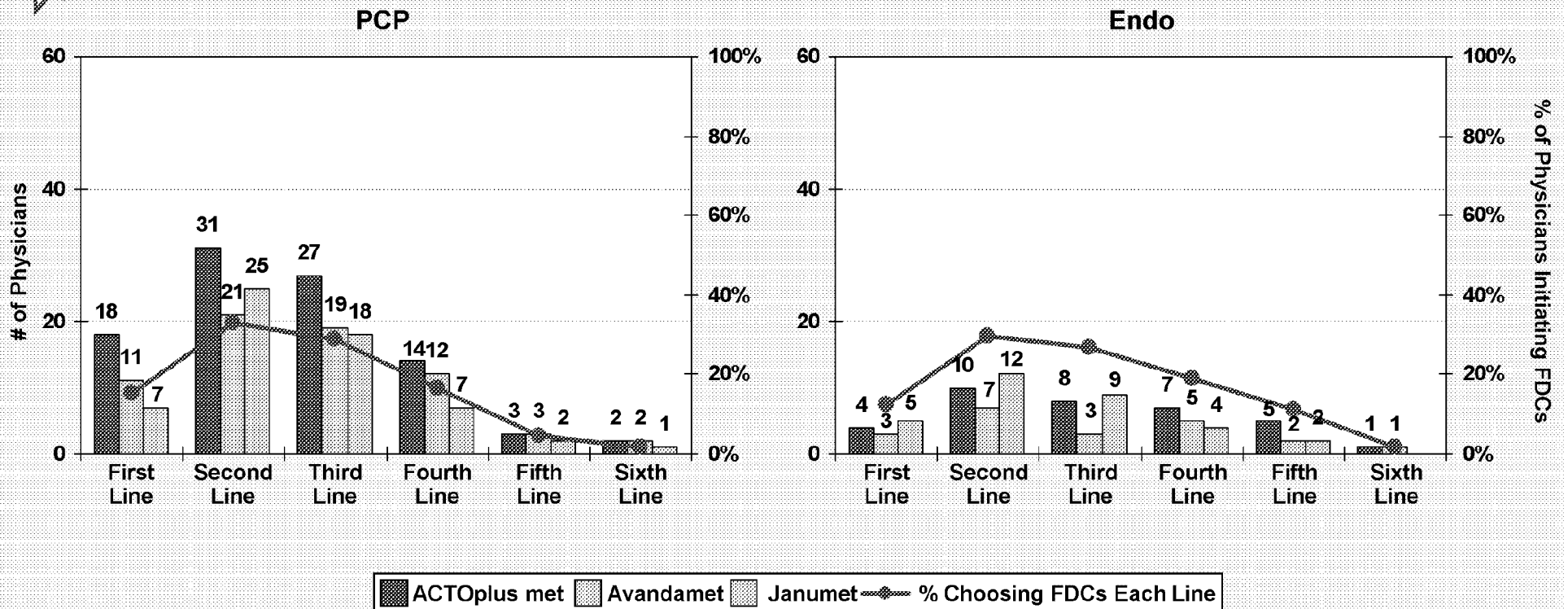
PTX-0739.0183  
 Sanofi Exhibit 2146.183  
 Mylan v. Sanofi  
 IPR2018-01676



**Fixed dose combinations are most frequently chosen as second or third line treatments for Patient 1; PCPs show a slight preference toward ACTOplus met, while Endos recommend Janumet most often**



Type of FDC Selected in Each Line of Therapy for Patient 1: by Specialty



Source: COMPASS Sales Force Tracking Study  
 TXP: What would you recommend as each line of therapy? Statistical testing between products within a line shown in appendix. Data assumes that once insulin is added to the treatment regimen, it remains in the regimen. Physicians able to select more than one kind of FDC in same line.

	ACTOplus met	Avandamet	Janumet	
P1	191	70	84	
P2	189	85		

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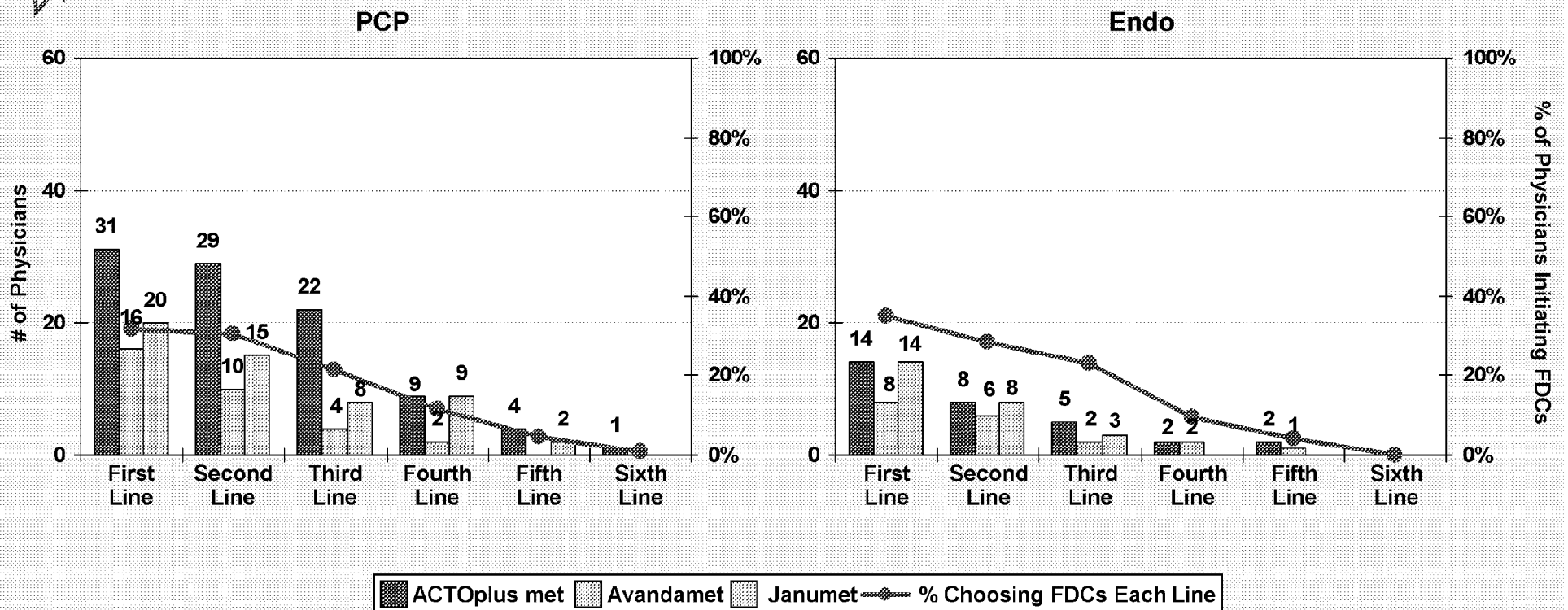
PTX-0739.0184  
 Sanofi Exhibit 2146.184  
 Mylan v. Sanofi  
 IPR2018-01676



**For Patient 2, fixed dose combinations are most commonly chosen as first or second line therapies; PCPs choose ACTOplus met most often, while Endos select ACTOplus met and Janumet similarly**



Type of FDC Selected in Each Line of Therapy for Patient 2: by Specialty



Source: COMPASS Sales Force Tracking Study  
 TXP: What would you recommend as each line of therapy? Statistical testing between products within a line shown in appendix. Data assumes that once insulin is added to the treatment regimen, it remains in the regimen. Physicians able to select more than one kind of FDC in same line.

	ACTOplus met	Avandamet	Janumet	
P1	191	70		85
P2	189	85		

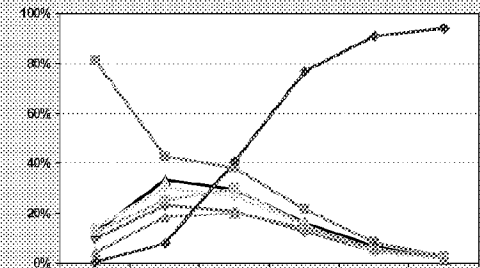
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PTX-0739.0185  
 Sanofi Exhibit 2146.185  
 Mylan v. Sanofi  
 IPR2018-01676



## Treatment Process – Patient 1 - PCP



### Line 1

	Insulin	Met-formin	TZDs	FDCs	Sulfony-lureas	DDPIVs	Byetta
Insulin		x	x	x	x	x	x
Metformin			x	x	x	x	x
TZDs				-	-	-	x
FDCs					-	-	x
Sulfony-lureas						-	x
DDPIVs							x
Byetta							

### Line 2

	Insulin	Met-formin	TZDs	FDCs	Sulfony-lureas	DDPIVs	Byetta
Insulin		x	x	x	x	x	x
Metformin			x	x	x	x	x
TZDs				-	x	x	x
FDCs					-	-	x
Sulfony-lureas						-	-
DDPIVs							-
Byetta							

### Line 3

	Insulin	Met-formin	TZDs	FDCs	Sulfony-lureas	DDPIVs	Byetta
Insulin		-	x	x	x	x	x
Metformin			x	x	x	x	x
TZDs				-	x	-	x
FDCs					-	-	-
Sulfony-lureas						x	-
DDPIVs							x
Byetta							

### Line 4

	Insulin	Met-formin	TZDs	FDCs	Sulfony-lureas	DDPIVs	Byetta
Insulin		x	x	x	x	x	x
Metformin			-	-	x	-	x
TZDs				-	-	-	-
FDCs					-	-	-
Sulfony-lureas						-	-
DDPIVs							-
Byetta							

### Line 5

	Insulin	Met-formin	TZDs	FDCs	Sulfony-lureas	DDPIVs	Byetta
Insulin		x	x	x	x	x	x
Metformin			-	-	-	-	-
TZDs				-	-	-	-
FDCs					-	-	-
Sulfony-lureas						-	-
DDPIVs							-
Byetta							

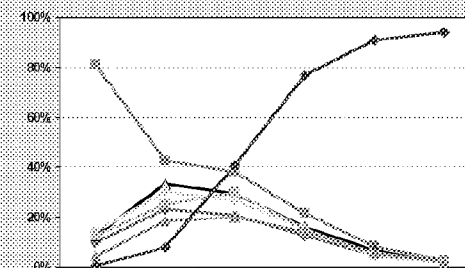
### Line 6

	Insulin	Met-formin	TZDs	FDCs	Sulfony-lureas	DDPIVs	Byetta
Insulin		x	x	x	x	x	x
Metformin			-	-	-	-	-
TZDs				-	-	-	-
FDCs					-	-	-
Sulfony-lureas						-	-
DDPIVs							-
Byetta							

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## Treatment Process – Patient 2 - PCP



### Line 1

	Insulin	Metformin	TZDs	FDCs	Sulfonylureas	DDPIVs	Byetta
Insulin		x	-	x	-	-	-
Metformin			x	x	x	x	x
TZDs				x	-	-	-
FDCs					x	x	x
Sulfonylureas						-	-
DDPIVs							-
Byetta							

### Line 2

	Insulin	Metformin	TZDs	FDCs	Sulfonylureas	DDPIVs	Byetta
Insulin		x	-	-	-	-	-
Metformin			x	x	x	x	x
TZDs				-	-	-	-
FDCs					-	-	-
Sulfonylureas						-	-
DDPIVs							-
Byetta							

### Line 3

	Insulin	Metformin	TZDs	FDCs	Sulfonylureas	DDPIVs	Byetta
Insulin		x	x	x	x	x	x
Metformin			-	x	x	-	-
TZDs				-	-	-	-
FDCs					-	-	x
Sulfonylureas						-	x
DDPIVs							-
Byetta							

### Line 4

	Insulin	Metformin	TZDs	FDCs	Sulfonylureas	DDPIVs	Byetta
Insulin		x	x	x	x	x	x
Metformin			-	x	x	x	-
TZDs				x	x	-	-
FDCs					-	-	-
Sulfonylureas						-	-
DDPIVs							-
Byetta							

### Line 5

	Insulin	Metformin	TZDs	FDCs	Sulfonylureas	DDPIVs	Byetta
Insulin		x	x	x	x	x	x
Metformin			-	-	x	-	-
TZDs				-	-	-	-
FDCs					-	-	-
Sulfonylureas						-	-
DDPIVs							-
Byetta							

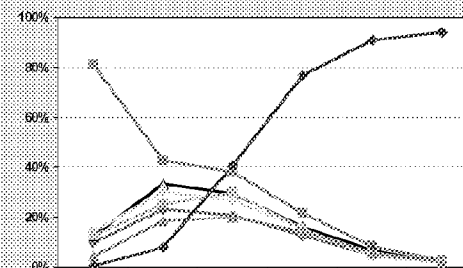
### Line 6

	Insulin	Metformin	TZDs	FDCs	Sulfonylureas	DDPIVs	Byetta
Insulin		x	x	x	x	x	x
Metformin			-	-	-	-	-
TZDs				-	-	-	-
FDCs					-	-	-
Sulfonylureas						-	-
DDPIVs							-
Byetta							

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## Treatment Process – Patient 1 - Endo



### Line 1

	Insulin	Met-formin	TZDs	FDCs	Sulfony-lureas	DDPIVs	Byetta
Insulin		x	-	-	-	-	-
Metformin			x	x	x	x	x
TZDs							
FDCs							
Sulfony-lureas						-	-
DDPIVs							-
Byetta							

### Line 2

	Insulin	Met-formin	TZDs	FDCs	Sulfony-lureas	DDPIVs	Byetta
Insulin		x	x	-	-	-	-
Metformin			-	-	-	-	-
TZDs							
FDCs							
Sulfony-lureas						-	-
DDPIVs							-
Byetta							

### Line 3

	Insulin	Met-formin	TZDs	FDCs	Sulfony-lureas	DDPIVs	Byetta
Insulin		-	-	-	-	-	-
Metformin			-	-	-	-	-
TZDs							
FDCs							
Sulfony-lureas						-	-
DDPIVs							-
Byetta							

### Line 4

	Insulin	Met-formin	TZDs	FDCs	Sulfony-lureas	DDPIVs	Byetta
Insulin		-	x	x	x	x	x
Metformin			-	-	-	-	-
TZDs							
FDCs							
Sulfony-lureas						-	-
DDPIVs							-
Byetta							

### Line 5

	Insulin	Met-formin	TZDs	FDCs	Sulfony-lureas	DDPIVs	Byetta
Insulin		x	x	x	x	x	x
Metformin			-	-	-	-	-
TZDs							
FDCs							
Sulfony-lureas						-	-
DDPIVs							-
Byetta							

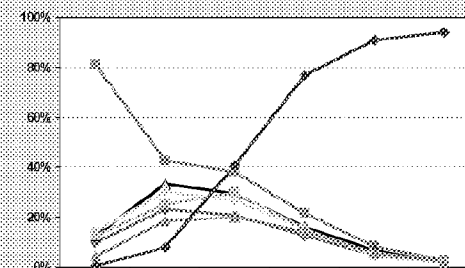
### Line 6

	Insulin	Met-formin	TZDs	FDCs	Sulfony-lureas	DDPIVs	Byetta
Insulin		x	x	x	x	x	x
Metformin			-	-	-	-	-
TZDs							
FDCs							
Sulfony-lureas						-	-
DDPIVs							-
Byetta							

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## Treatment Process – Patient 2 - Endo



### Line 1

	Insulin	Metformin	TZDs	FDCs	Sulfonylureas	DDPIVs	Byetta
Insulin		x	-	-	-	-	-
Metformin			x	x	x	x	x
TZDs							
FDCs						x	-
Sulfonylureas							
DDPIVs							-
Byetta							

### Line 2

	Insulin	Metformin	TZDs	FDCs	Sulfonylureas	DDPIVs	Byetta
Insulin		-	-	-	-	-	-
Metformin			-	-	x	x	-
TZDs							
FDCs							x
Sulfonylureas							x
DDPIVs							x
Byetta							

### Line 3

	Insulin	Metformin	TZDs	FDCs	Sulfonylureas	DDPIVs	Byetta
Insulin		-	-	x	-	x	-
Metformin			-	-	-	x	-
TZDs							
FDCs							-
Sulfonylureas							-
DDPIVs							x
Byetta							

### Line 4

	Insulin	Metformin	TZDs	FDCs	Sulfonylureas	DDPIVs	Byetta
Insulin		x	x	x	x	x	x
Metformin			-	x	-	x	-
TZDs							
FDCs							
Sulfonylureas							
DDPIVs							-
Byetta							

### Line 5

	Insulin	Metformin	TZDs	FDCs	Sulfonylureas	DDPIVs	Byetta
Insulin		x	x	x	x	x	x
Metformin			-	-	-	-	-
TZDs							
FDCs							
Sulfonylureas							
DDPIVs							-
Byetta							

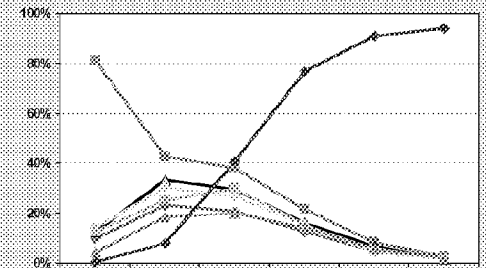
### Line 6

	Insulin	Metformin	TZDs	FDCs	Sulfonylureas	DDPIVs	Byetta
Insulin		x	x	x	x	x	x
Metformin			-	-	-	-	-
TZDs							
FDCs							
Sulfonylureas							
DDPIVs							-
Byetta							

COMPASS



## Treatment Process – Patient 1 – Across Specialty



### Line 1

	PCPs	Endos
Insulin	-	-
Metformin	-	-
TZDs	-	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

### Line 2

	PCPs	Endos
Insulin	-	-
Metformin	-	-
TZDs	-	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

### Line 3

	PCPs	Endos
Insulin	-	-
Metformin	-	-
TZDs	-	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

### Line 4

	PCPs	Endos
Insulin	-	-
Metformin	-	-
TZDs	-	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

### Line 5

	PCPs	Endos
Insulin	-	-
Metformin	-	-
TZDs	-	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

### Line 6

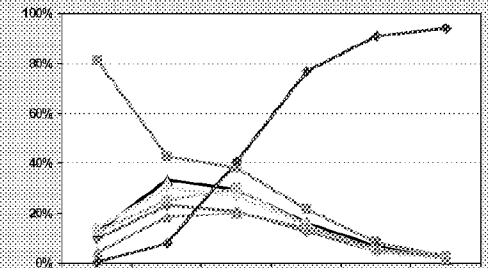
	PCPs	Endos
Insulin	-	X
Metformin	-	-
TZDs	-	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	X	-
Byetta	X	-

COMPASS





## Treatment Process – Patient 2 – Across Specialty



### Line 1

	PCPs	Endos
Insulin	-	-
Metformin	-	-
TZDs	-	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

### Line 2

	PCPs	Endos
Insulin	-	-
Metformin	-	-
TZDs	-	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	X

### Line 3

	PCPs	Endos
Insulin	-	-
Metformin	-	-
TZDs	-	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

### Line 4

	PCPs	Endos
Insulin	-	-
Metformin	-	-
TZDs	-	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

### Line 5

	PCPs	Endos
Insulin	-	X
Metformin	-	-
TZDs	-	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

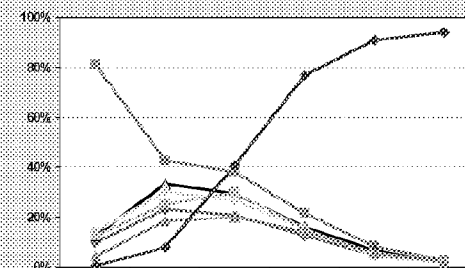
### Line 6

	PCPs	Endos
Insulin	-	X
Metformin	-	-
TZDs	-	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

COMPASS



## Treatment Process – Patient 1 – PCP – Across Wave



### Line 1

	Mar-Apr '07	Sep-Oct '07
Insulin	-	-
Metformin	-	-
TZDs	X	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

### Line 2

	Mar-Apr '07	Sep-Oct '07
Insulin	-	-
Metformin	X	-
TZDs	X	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

### Line 3

	Mar-Apr '07	Sep-Oct '07
Insulin	-	-
Metformin	-	-
TZDs	X	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	X	-

### Line 4

	Mar-Apr '07	Sep-Oct '07
Insulin	-	-
Metformin	X	-
TZDs	X	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

### Line 5

	Mar-Apr '07	Sep-Oct '07
Insulin	X	-
Metformin	-	-
TZDs	-	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

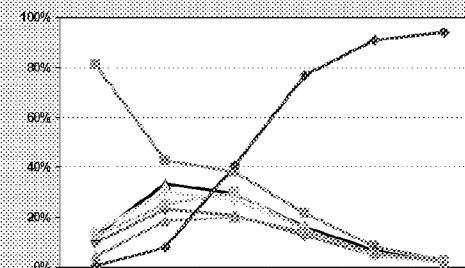
### Line 6

	Mar-Apr '07	Sep-Oct '07
Insulin	X	-
Metformin	-	X
TZDs	-	X
FDCs	-	-
Sulfonylureas	-	X
DDPIVs	-	X
Byetta	-	X

COMPASS



## Treatment Process – Patient 1 – Endo – Across Wave



### Line 1

	Mar-Apr '07	Sep-Oct '07
Insulin	-	-
Metformin	-	-
TZDs	-	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

### Line 2

	Mar-Apr '07	Sep-Oct '07
Insulin	-	-
Metformin	-	-
TZDs	-	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

### Line 3

	Mar-Apr '07	Sep-Oct '07
Insulin	-	-
Metformin	-	-
TZDs	-	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

### Line 4

	Mar-Apr '07	Sep-Oct '07
Insulin	-	-
Metformin	-	-
TZDs	-	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

### Line 5

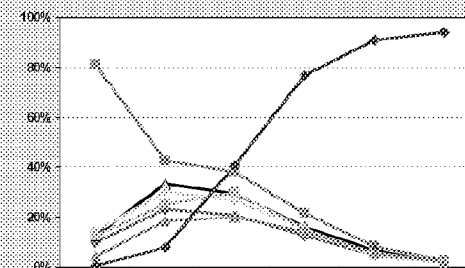
	Mar-Apr '07	Sep-Oct '07
Insulin	-	-
Metformin	-	-
TZDs	-	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

### Line 6

	Mar-Apr '07	Sep-Oct '07
Insulin	-	-
Metformin	-	-
TZDs	-	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

COMPASS

## Treatment Process – Patient 2 – PCP – Across Wave



### Line 1

	Mar-Apr '07	Sep-Oct '07
Insulin	-	-
Metformin	-	X
TZDs	-	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

### Line 2

	Mar-Apr '07	Sep-Oct '07
Insulin	-	-
Metformin	-	-
TZDs	X	-
FDCs	X	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

### Line 3

	Mar-Apr '07	Sep-Oct '07
Insulin	-	-
Metformin	-	-
TZDs	-	-
FDCs	X	-
Sulfonylureas	-	-
DDPIVs	X	-
Byetta	-	-

### Line 4

	Mar-Apr '07	Sep-Oct '07
Insulin	-	-
Metformin	-	-
TZDs	-	-
FDCs	X	-
Sulfonylureas	X	-
DDPIVs	-	-
Byetta	-	-

### Line 5

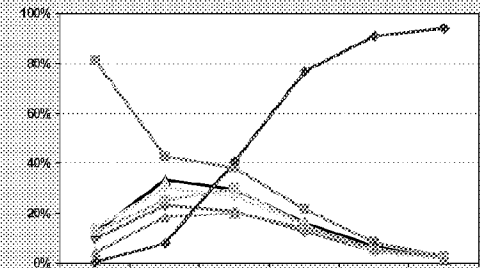
	Mar-Apr '07	Sep-Oct '07
Insulin	-	-
Metformin	-	-
TZDs	-	-
FDCs	-	-
Sulfonylureas	X	-
DDPIVs	-	-
Byetta	-	-

### Line 6

	Mar-Apr '07	Sep-Oct '07
Insulin	-	-
Metformin	-	-
TZDs	-	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-



## Treatment Process – Patient 2 – Endo – Across Wave



### Line 1

	Mar-Apr '07	Sep-Oct '07
Insulin	-	-
Metformin	-	-
TZDs	-	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

### Line 2

	Mar-Apr '07	Sep-Oct '07
Insulin	-	-
Metformin	-	-
TZDs	-	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

### Line 3

	Mar-Apr '07	Sep-Oct '07
Insulin	-	-
Metformin	-	-
TZDs	-	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

### Line 4

	Mar-Apr '07	Sep-Oct '07
Insulin	-	-
Metformin	-	-
TZDs	-	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

### Line 5

	Mar-Apr '07	Sep-Oct '07
Insulin	-	-
Metformin	-	-
TZDs	-	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

### Line 6

	Mar-Apr '07	Sep-Oct '07
Insulin	-	-
Metformin	-	-
TZDs	-	-
FDCs	-	-
Sulfonylureas	-	-
DDPIVs	-	-
Byetta	-	-

COMPASS

Printer friendly format – next 6 slides

**Each physician answers the treatment pathway questions with the one particular patient in mind**

**Treatment Pathway Example – ILLUSTRATION ONLY**

	First Treatment Regimen
Alpha-Glucose inhibitors (e.g. Glyset, Precose)	<input type="checkbox"/>
Biguanide metformin (e.g. Glucophage, generic metformin)	<input checked="" type="checkbox"/>
Meglitinides (e.g. Prandin, Starlix)	<input type="checkbox"/>
Sulfonylureas (e.g. Glipizide, glyburide)	<input checked="" type="checkbox"/>
TZDs (e.g. Actos, Avandia)	<input type="checkbox"/>
Fixed dose combinations (e.g. ACTOplus met, Avandamet, Avandaryl, Duetact, Glipizide/Metform, Glyburide/Metfo, Glucovance, Janumet)	<input type="checkbox"/>
DPPiVs (Januvia)	<input type="checkbox"/>
Byetta	<input type="checkbox"/>
Insulin	<input type="checkbox"/>
Referral to another physician	<input type="checkbox"/>
Length of time controlled on this therapy before switching to next therapy	<input type="text" value="3"/> years
	<input type="text" value="6"/> months
HbA1c level at which you alter the patient's therapy	<input type="text" value="8.0"/> %





Each physician answers the treatment pathway questions with the one particular patient in mind

Treatment Pathway Example – ILLUSTRATION ONLY

	First Treatment Regimen	Second Treatment Regimen
Alpha-Glucose inhibitors (e.g. Glyset, Precose)	<input type="checkbox"/>	<input type="checkbox"/>
Biguanide metformin (e.g. Glucophage, generic metformin)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Meglitinides (e.g. Prandin, Starlix)	<input type="checkbox"/>	<input type="checkbox"/>
Sulfonylureas (e.g. Glipizide, glybunde)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TZDs (e.g. Actos, Avandia)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fixed dose combinations (e.g. ACTOplus met, Avandamet, Avandaryl, Duetact, Glipizide/Metform, Glybunde/Metfo, Glucovance, Janumet)	<input type="checkbox"/>	<input type="checkbox"/>
DPPIVs (Januvia)	<input type="checkbox"/>	<input type="checkbox"/>
Byetta	<input type="checkbox"/>	<input type="checkbox"/>
Insulin	<input type="checkbox"/>	<input type="checkbox"/>
Referral to another physician	<input type="checkbox"/>	<input type="checkbox"/>
Length of time controlled on this therapy before switching to next therapy	<input type="text" value="3"/> years	<input type="text" value="3"/> years
	<input type="text" value="6"/> months	<input type="text" value="0"/> months
HbA1c level at which you alter the patient's therapy	<input type="text" value="8.0"/> %	<input type="text" value="7.5"/> %

Previous responses remain visible as physicians advance to later lines



**Each physician answers the treatment pathway questions with the one particular patient in mind**

**Treatment Pathway Example – ILLUSTRATION ONLY**

	First Treatment Regimen	Second Treatment Regimen	Third Treatment Regimen
Alpha-Glucose inhibitors (e.g. Glyset, Precose)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biguanide metformin (e.g. Glucophage, generic metformin)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Meglitinides (e.g. Prandin, Starlix)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sulfonylureas (e.g. Glipizide, glyburide)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TZDs (e.g. Actos, Avandia)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fixed dose combinations Duetact, Glipizide/Metformin	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Fixed Dose Combinations	
<input type="checkbox"/>	ACTOplus met
<input type="checkbox"/>	Avandamet
<input type="checkbox"/>	Avandaryl
<input type="checkbox"/>	Duetact
<input type="checkbox"/>	Glipizide/Metformin
<input type="checkbox"/>	Glyburide/Metformin
<input type="checkbox"/>	Glucovance
<input checked="" type="checkbox"/>	Janumet
<input type="checkbox"/>	Other fixed-dose combination pill

When fixed dose combinations are selected, physicians specify the appropriate combination(s)





Each physician answers the treatment pathway questions with the one particular patient in mind

Treatment Pathway Example – ILLUSTRATION ONLY

Sulfonylureas (e.g. Glipizide, glyburide)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TZDs (e.g. Actos, Avandia)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fixed dose combinations (e.g. ACTOplus met, Avandamet, Avandaryl, Duetact, Glipizide/Metform, Glyburide/Metfo, Glucovance, Janumet)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DPPIVs (Januvia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Byetta	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Insulin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Referral to another physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Insulin	Check all that apply	Number of shots / doses per day
Lantus	<input checked="" type="checkbox"/>	<input type="text" value="1"/>
Levemir	<input type="checkbox"/>	<input type="text"/>
NPH	<input type="checkbox"/>	<input type="text"/>
Premixed insulin	<input type="checkbox"/>	<input type="text"/>
Exubera	<input type="checkbox"/>	<input type="text"/>
Apidra	<input type="checkbox"/>	<input type="text"/>
Humalog	<input type="checkbox"/>	<input type="text"/>
Novolog	<input type="checkbox"/>	<input type="text"/>
Regular human insulin	<input type="checkbox"/>	<input type="text"/>

When insulin is selected, physicians specify the appropriate insulin(s) and the number of doses per day





Each physician answers the treatment pathway questions with the one particular patient in mind

Treatment Pathway Example – ILLUSTRATION ONLY

Byetta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																														
Insulin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																														
<table border="1"> <thead> <tr> <th></th> <th>Check all that apply</th> <th>Number of shots / doses per day</th> </tr> </thead> <tbody> <tr> <td>Lantus</td> <td><input checked="" type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Levemir</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>NPH</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Premixed insulin</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Exubera</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Apidia</td> <td><input checked="" type="checkbox"/></td> <td>2</td> </tr> <tr> <td>Humalog</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Novolog</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Regular human insulin</td> <td><input type="checkbox"/></td> <td></td> </tr> </tbody> </table>							Check all that apply	Number of shots / doses per day	Lantus	<input checked="" type="checkbox"/>	1	Levemir	<input type="checkbox"/>		NPH	<input type="checkbox"/>		Premixed insulin	<input type="checkbox"/>		Exubera	<input type="checkbox"/>		Apidia	<input checked="" type="checkbox"/>	2	Humalog	<input type="checkbox"/>		Novolog	<input type="checkbox"/>		Regular human insulin	<input type="checkbox"/>	
	Check all that apply	Number of shots / doses per day																																	
Lantus	<input checked="" type="checkbox"/>	1																																	
Levemir	<input type="checkbox"/>																																		
NPH	<input type="checkbox"/>																																		
Premixed insulin	<input type="checkbox"/>																																		
Exubera	<input type="checkbox"/>																																		
Apidia	<input checked="" type="checkbox"/>	2																																	
Humalog	<input type="checkbox"/>																																		
Novolog	<input type="checkbox"/>																																		
Regular human insulin	<input type="checkbox"/>																																		
Referral to another physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
Length of time controlled on this therapy before switching to next therapy	3 years	3 years	1 years	10 years	10 years																														
	6 months	6 months	6 months	30 months	30 months																														
HbA1c level at which you alter the patient's therapy	8.0 %	7.5 %	7.5 %	7.0 %	7.0 %																														

After insulin is FIRST initiated, physicians are asked one additional line of therapy



## Each physician answers the treatment pathway questions with the one particular patient in mind

### Treatment Pathway Example – ILLUSTRATION ONLY

View patient characteristics

Please confirm that we have accurately captured your treatment pathway and timing of treatments for this particular patient.

First line: Biguanide metformin and Sulfonylureas for 3 year(s) and 6 month(s)

Second line: Biguanide metformin and TZDs for 3 year(s) and 0 month(s)

Third line: Fixed dose combinations and Byetta for 1 year(s) and 6 month(s)

Fourth line: Byetta and Insulin for 10 year(s) and 0 month(s)

Fifth line: Byetta and Insulin for 10 year(s) and 0 month(s)

The overall time from first treatment to initiation of insulin: 8 year(s) and 0 month(s).

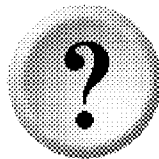
Is this correct?

- Yes  
 No

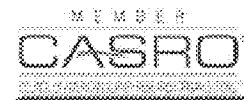
By choosing "No",  
physicians can return  
to a previous line of  
therapy for revising

Next

0%  100%



Need Help? [Click Survey Help!](#)  
or call toll-free 1-888-799-5311





## Appendix Contents

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- ◆ Introduction
- ◆ Key Findings
- ◆ Awareness and Trial
- ◆ Special Topics
- ◆ Product Perceptions
- ◆ Product Usage
- ◆ Sales Force
- ◆ Appendix
  - Appendix 1: Additional ATU Slides
  - Appendix 2: Additional Sales Force Slides
  - Appendix 3: Stat Testing Appendix & New Question List





## AWR1 - Product Familiarity by Specialty Sep- Oct '07 - PCP

### Currently use

PCP	L	B	N	H	Lv	A	NP	E	J
L		x	x	-	x	x	x	x	x
B			x	x	-	x	-	x	x
N				-	x	x	x	x	x
H					x	x	x	x	x
Lv						x	x	x	-
A							x	x	x
NP								x	x
E									x
J									

### Heard of, but never tried

PCP	L	B	N	H	Lv	A	NP	E	J
L		x	-	-	x	x	-	x	x
B			x	x	-	x	x	x	-
N				-	x	x	-	x	x
H					x	x	-	x	x
Lv						x	x	x	-
A							x	x	x
NP								x	x
E									x
J									

### Tried but discontinued

PCP	L	B	N	H	Lv	A	NP	E	J
L		x	-	-	-	-	x	x	-
B			x	x	x	x	x	-	x
N				-	-	-	x	-	x
H					-	-	x	x	-
Lv						-	x	x	-
A							x	x	-
NP								x	x
E									x
J									

### Never heard of

PCP	L	B	N	H	Lv	A	NP	E	J
L		-	-	-	-	x	-	-	x
B			-	-	-	x	-	-	-
N				-	-	x	-	-	x
H					-	x	-	-	x
Lv						x	-	-	-
A							x	x	-
NP								-	x
E									-
J									



Source: COMPASS Physician ATU Tracking Study

Note: AWR1: Please indicate your experience with each of the following diabetes products. X denotes significance between products

203

CONFIDENTIAL

SANOFI3\_90331009

PTX-0739.0203  
Sanofi Exhibit 2146.203  
Mylan v. Sanofi  
IPR2018-01676



## AWR1 - Product Familiarity by Specialty Sep- Oct '07 - Endos

### Currently use

PCP	L	B	N	H	Lv	A	NP	E	J
L		-	-	-	-	-	-	X	-
B			-	-	-	-	-	X	-
N				-	-	-	-	X	-
H					-	-	-	X	-
Lv						-	-	X	-
A							-	-	-
NP								X	-
E									X
J									

### Heard of, but never tried

PCP	L	B	N	H	Lv	A	NP	E	J
L		-	-	-	-	-	-	X	-
B			-	-	-	-	-	X	-
N				-	-	-	-	X	-
H					-	-	-	X	-
Lv						-	-	X	-
A							-	-	-
NP								X	-
E									X
J									

### Tried but discontinued

PCP	L	B	N	H	Lv	A	NP	E	J
L		-	-	-	-	-	-	-	-
B			-	-	-	-	-	-	-
N				-	-	-	-	-	-
H					-	-	-	-	-
Lv						-	-	-	-
A							-	-	-
NP								-	-
E									-
J									

### Never heard of

PCP	L	B	N	H	Lv	A	NP	E	J
L		-	-	-	-	-	-	-	-
B			-	-	-	-	-	-	-
N				-	-	-	-	-	-
H					-	-	-	-	-
Lv						-	-	-	-
A							-	-	-
NP								-	-
E									-
J									



Source: COMPASS Physician ATU Tracking Study

Note: AWR1: Please indicate your experience with each of the following diabetes products. X denotes significance between products

204

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SANOI13\_90331010

PTX-0739.0204  
Sanofi Exhibit 2146.204  
Mylan v. Sanofi  
IPR2018-01676



## PR3B – Product attribute performance Sep – Oct '07

### Glucose control (HbA1c levels <7)

	L	Lv	P	B	J	Li
L	-	x	x	x	x	x
Lv			x	x	x	x
P				x	x	x
B					x	x
J						x
Li						

### High degree of long-term patient compliance

	L	Lv	P	B	J	Li
L	-	x	x	-	x	
Lv			x	x	x	x
P				-	x	x
B					x	x
J						x
Li						

### Low degree of weight gain

	L	Lv	P	B	J	Li
L	x	x	x	x	x	x
Lv			x	x	x	x
P				x	x	-
B					x	x
J						x
Li						

### Provides once daily dosing

	L	Lv	P	B	J	Li
L	x	-	x	-	-	
Lv			-	x	x	-
P				-	-	-
B					x	-
J						-
Li						



Source: COMPASS Physician ATU Tracking Study

Note: PR3B: On a scale of 1 to 7, please rate how well you feel each therapy performs on these attributes/functions for Type 2 patients.

205

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SANOFI3\_90331011

PTX-0739.0205  
Sanofi Exhibit 2146.205  
Mylan v. Sanofi  
IPR2018-01676



## TP11 – Insulin therapy experience Sep – Oct '07

### Currently Use

	Lantus + orals	Lantus intensive	Levemir + orals	Levemir intensive	Premix BID	Byetta + insulin	Byetta + orals
Lantus + orals		x	x	x	x	x	x
Lantus intensive			x	x	x	x	x
Levemir + orals				-	x	-	x
Levemir intensive					x	-	x
Premix BID						x	-
Byetta + insulin							x
Byetta + orals							

### Tried but Discontinued

	Lantus + orals	Lantus intensive	Levemir + orals	Levemir intensive	Premix BID	Byetta + insulin	Byetta + orals
Lantus + orals		-	-	-	x	x	-
Lantus intensive			-	-	x	x	x
Levemir + orals				-	x	-	-
Levemir intensive					x	x	-
Premix BID						-	x
Byetta + insulin							-
Byetta + orals							



Source: COMPASS Physician ATU Tracking Study

Note: TP11: Please indicate your experience with each of the following therapies by checking the appropriate box for each therapy listed below.

206

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SANOI13\_90331012

PTX-0739.0206  
Sanofi Exhibit 2146.206  
Mylan v. Sanofi  
IPR2018-01676





## TP11 – Insulin therapy experience Sep – Oct '07

### Never Heard of

	Lantus + orals	Lantus intensive	Levemir + orals	Levemir intensive	Premix BID	Byetta + insulin	Byetta + orals
Lantus + orals		x	x	x	x	x	x
Lantus intensive			x	x	x	x	x
Levemir + orals				-	x	-	x
Levemir intensive					x	-	x
Premix BID						x	-
Byetta + insulin							x
Byetta + orals							



Source: COMPASS Physician ATU Tracking Study

Note: TP11: Please indicate your experience with each of the following therapies by checking the appropriate box for each therapy listed below.

207

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SANOFI3\_90331013

PTX-0739.0207  
Sanofi Exhibit 2146.207  
Mylan v. Sanofi  
IPR2018-01676



## LAN4B – Lantus Usage – by Specialty Sep – Oct '07

### PCPs

	Lantus mono-therapy	Lantus + orals	Lantus + orals + insulins	Lantus + insulins	Lantus + inhaled insulin	Lantus + Byetta
Lantus mono-therapy		x	-	-	x	x
Lantus + orals			x	x	x	x
Lantus + orals + insulins				-	x	x
Lantus + insulins					x	x
Lantus + inhaled insulin						-
Lantus + Byetta						

### Endos

	Lantus mono-therapy	Lantus + orals	Lantus + orals + insulins	Lantus + insulins	Lantus + inhaled insulin	Lantus + Byetta
Lantus mono-therapy		x	-	x	-	-
Lantus + orals			-	-	-	-
Lantus + orals + insulins				-	-	-
Lantus + insulins					-	-
Lantus + inhaled insulin						-
Lantus + Byetta						



Source: COMPASS Physician ATU Tracking Study

Note: LAN4B: Please think about all of the times that you have used Lantus with Type 2 patients. What percentage of the time would you say that you use the following? 208

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SANOFI3\_90331014

PTX-0739.0208  
Sanofi Exhibit 2146.208  
Mylan v. Sanofi  
IPR2018-01676



## LAN5 – Uncontrolled on Orals – by Specialty Sep – Oct '07

### PCPs

	Adding other oral agent(s)	Lantus	Other insulin options	Byetta	Levemir	Exubera
Adding other oral agent(s)		-	-	x	-	-
Lantus			-	x	-	-
Other insulin options				x	-	-
Byetta					-	-
Levemir						-
Exubera						

### Endos

	Adding other oral agent(s)	Lantus	Other insulin options	Byetta	Levemir	Exubera
Adding other oral agent(s)		-	-	-	x	x
Lantus			-	-	x	x
Other insulin options				-	x	x
Byetta					x	x
Levemir						x
Exubera						



Source: COMPASS Physician ATU Tracking Study

Note: LAN5: In your practice over the next year, for Type 2 diabetes patients who are uncontrolled on two oral medications, what percent of the time will you recommend the following? 209

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SANOFI3\_90331015

PTX-0739.0209  
Sanofi Exhibit 2146.209  
Mylan v. Sanofi  
IPR2018-01676



## TZD5: Therapy adjustments following Avandia news - Sep – Oct '07 - PCPs

### Sep-Oct '07 - PCP

	Continued Avandia / Avandamet / Avandaryl	Discontinued Avandia / Avandamet / Avandaryl and did not replace with another product	Switched to another oral diabetes drug class	Switched to Byetta	Switched to insulin	Other, please specify
Continued Avandia / Avandamet / Avandaryl		x	x	x	x	x
Discontinued Avandia / Avandamet / Avandaryl and did not replace with another product			x	x	x	x
Switched to another oral diabetes drug class				x	x	x
Switched to Byetta					-	-
Switched to insulin						-
Other, please specify						



Source: COMPASS Physician ATU Tracking Study

Note: TZD5: Considering your patients who were taking Avandia / Avandamet / Avandaryl at the time when the information about the potential link to cardiovascular side effects was released (May- June 2007), what percentage...

210

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SANOFI3\_90331016

PTX-0739.0210  
Sanofi Exhibit 2146.210  
Mylan v. Sanofi  
IPR2018-01676



## TZD5: Therapy adjustments following Avandia news - Sep – Oct '07 - Endos

### Sep-Oct '07 - Endo

	Continued Avandia / Avandamet / Avandaryl	Discontinued Avandia / Avandamet / Avandaryl and did not replace with another product	Switched to another oral diabetes drug class	Switched to Byetta	Switched to insulin	Other, please specify
Continued Avandia / Avandamet / Avandaryl		-	-	x	x	x
Discontinued Avandia / Avandamet / Avandaryl and did not replace with another product			-	x	x	-
Switched to another oral diabetes drug class				x	x	x
Switched to Byetta					-	-
Switched to insulin						-
Other, please specify						



Source: COMPASS Physician ATU Tracking Study

Note: TZD5: Considering your patients who were taking Avandia / Avandamet / Avandaryl at the time when the information about the potential link to cardiovascular side effects was released (May- June 2007), what percentage...

211

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SANOFI3\_90331017

PTX-0739.0211  
Sanofi Exhibit 2146.211  
Mylan v. Sanofi  
IPR2018-01676



## TZD7: Oral therapy selection following Avandia news - Sep – Oct '07

### Sep-Oct '07 - Total

	Actos / ActoPLUS met/ Duetact	DPPIVs	Biguanide Metformin	Sulfonylureas	FDC w/o a TZD component	Meglitinides	Alpha- Glucose inhibitors
Actos / ActoPLUS met/ Duetact		x	x	x	x	x	x
DPPIVs			-	x	x	x	x
Biguanide Metformin				x	x	x	x
Sulfonylureas					x	x	x
FDC w/o a TZD component						x	x
Meglitinides							x
Alpha-Glucose inhibitors							



Source: COMPASS Physician ATU Tracking Study

Note: TZD7: Of the Avandia / Avandaryl / Avandamet patients you have switched to another oral diabetes medication, to what percent have you prescribed each of the following? Your answers may sum to > 100%.

212

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SANOFI3\_90331018

PTX-0739.0212  
Sanofi Exhibit 2146.212  
Mylan v. Sanofi  
IPR2018-01676



## BS4- Recalled details - Sep – Oct '07

### Sep-Oct '07 – PCP

	Lantus	Byetta	Novolog 70/30	Levemir	Humalog 75/25	Januvia
Lantus		x	-	x	-	-
Byetta			-	x	-	-
Novolog 70/30				-	-	-
Levemir					-	-
Humalog 75/25						-
Januvia						

### Sep-Oct '07 – Endo

	Lantus	Byetta	Novolog 70/30	Levemir	Humalog 75/25	Januvia
Lantus		-	-	-	-	-
Byetta			-	-	-	-
Novolog 70/30				-	-	-
Levemir					-	-
Humalog 75/25						-
Januvia						



Source: COMPASS Physician ATU Tracking Study

Note: BS4: In the past month, how many times has a sales representative visited you to inform you about each of the following products?

213

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SANOFI3\_90331019

PTX-0739.0213  
Sanofi Exhibit 2146.213  
Mylan v. Sanofi  
IPR2018-01676



## Detail characteristics footnotes - PCPs

Source: COMPASS Sales Force Tracking Study

Note: Data are weighted by share of voice.

TRK5: How long has this [Product] representative been visiting you to discuss products made by that company?

TRK3: How long, in minutes, was this discussion of [Product]?

SFACT1: Which of the following best describes your last discussion with your [Company] representative regarding?

SFACT4: Where did your last discussion with your [Company] representative regarding [Product] take place?

TRK4: During your last visit from your [Company] sales representative about [Product], did you learn anything new?

TRK4A: did you learn that was new? Please be as specific as possible.

TRK5	
LAN	61
LEV	58
BYT	59
HUM	59
NOV	56
JAN	59

TRK3	
LAN	76
LEV	76
BYT	75
HUM	75
NOV	76
JAN	75

SFACT1	
LAN	48
LEV	48
BYT	50
HUM	35
NOV	45
JAN	47

SFACT4	
LAN	76
LEV	76
BYT	75
HUM	75
NOV	76
JAN	75

TRK4	
LAN	76
LEV	76
BYT	75
HUM	75
NOV	76
JAN	75

TRK4A	
LAN	23
LEV	25
BYT	18
HUM	11
NOV	8
JAN	14







## Detail characteristics footnotes - Endos

Source: COMPASS Sales Force Tracking Study

Note: Data are weighted by share of voice.

TRK5: How long has this [Product] representative been visiting you to discuss products made by that company?

TRK3: How long, in minutes, was this discussion of [Product]?

SFACT1: Which of the following best describes your last discussion with your [Company] representative regarding?

SFACT4: Where did your last discussion with your [Company] representative regarding [Product] take place?

TRK4: During your last visit from your [Company] sales representative about [Product], did you learn anything new?

TRK4A: did you learn that was new? Please be as specific as possible.

TRK5	
LAN	45
LEV	41
BYT	35
HUM	23
NOV	22
JAN	25

TRK3	
LAN	50
LEV	50
BYT	43
HUM	28
NOV	29
JAN	29

SFACT1	
LAN	36
LEV	35
BYT	36
HUM	14
NOV	13
JAN	19

SFACT4	
LAN	50
LEV	50
BYT	43
HUM	28
NOV	29
JAN	29

TRK4	
LAN	50
LEV	50
BYT	28
HUM	43
NOV	29
JAN	29

TRK4A	
LAN	13
LEV	8
BYT	8
HUM	2
NOV	2
JAN	5





## TRK6: Company best at meeting needs - Sep-Oct '07

### PCPs

	Eli Lilly	Novo Nordisk	sanofi-aventis	Amylin	Merck	Pfizer
Eli Lilly		-	-	x	x	x
Novo Nordisk			-	x	x	x
sanofi-aventis				x	x	x
Amylin					x	x
Merck						x
Pfizer						

### Endo

	Eli Lilly	Novo Nordisk	sanofi-aventis	Amylin	Merck	Pfizer
Eli Lilly		-	-	-	-	x
Novo Nordisk			-	x	x	x
sanofi-aventis				-	-	x
Amylin					-	-
Merck						-
Pfizer						



Source: COMPASS Sales Force Tracking Study

Note: TRK6: During the last detail for [Product] what did the sales rep use to aid the discussion?

216

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SANOI13\_90331022

PTX-0739.0216  
Sanofi Exhibit 2146.216  
Mylan v. Sanofi  
IPR2018-01676



## TRK6: Detail piece - Sep-Oct '07

### PCPs

	L	H	B	Lv	N	J
L		-	-	-	-	-
H			-	-	-	x
J					-	-
Lv					-	-
N						-
B						

### Endo

Not statistically different at 95% between products



Source: COMPASS Sales Force Tracking Study

Note: TRK6: During the last detail for [Product] what did the sales rep use to aid the discussion?

217

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SANOFI3\_90331023

PTX-0739.0217  
Sanofi Exhibit 2146.217  
Mylan v. Sanofi  
IPR2018-01676



## LAN8- Closed the Call - Sep – Oct '07

### Sep-Oct '07 – PCP

	Lantus	Byetta	Novolog 70/30	Levemir	Humalog 75/25	Januvia
Lantus		-	-	-	-	-
Byetta			-	-	-	x
Novolog 70/30				-	-	x
Levemir					-	x
Humalog 75/25						-
Januvia						

### Sep-Oct '07 – Endo

	Lantus	Byetta	Novolog 70/30	Levemir	Humalog 75/25	Januvia
Lantus		-	-	-	-	-
Byetta			-	-	-	-
Novolog 70/30				-	-	-
Levemir					-	-
Humalog 75/25						-
Januvia						



Source: COMPASS Physician SF Tracking Study

Note: LAN8: During your last visit from your [company] sales representative for [product], did the representative specifically ask you to prescribe the product?

218

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SANOI13\_90331024

PTX-0739.0218  
Sanofi Exhibit 2146.218  
Mylan v. Sanofi  
IPR2018-01676



## New questions in Wave 2 2007 are given a marker:



### ◆ Market Overview

- Are you aware of the 2006 ADA Guidelines that recommend earlier use of basal insulin among Type 2 patients (that is, the ADA now recommends adding basal insulin as early as after 2-3 months if Metformin is insufficient)?
- As a result of these guidelines, are you likely to initiate insulin sooner?
- How much sooner are you likely to initiate insulin as a result of these guidelines?

### ◆ Pen Devices

- Of your Type 2 diabetes patients currently using a pen device to inject Lantus insulin, what percent use the following devices?
- Of your patients who inject Lantus with the SoloSTAR pen device, what percent are new to Lantus, switched from Lantus vial / syringe, or switched from OptiClik?
- Of your new to Lantus patients who inject with the SoloSTAR pen device, what percent came from an oral regimen vs. another insulin regimen?
- For each of the factors listed below, please indicate how important each factor is when considering a particular diabetes pen.
- Now, please choose the three attributes which you feel are MOST important when considering a particular diabetes pen.
- On a scale of 1 to 7, please rate how well you feel each pen performs on these attributes/functions.
- Overall, how would you rate SoloSTAR compared to the other insulin injection devices? Please consider the insulin pen independently from the insulin medication it contains. "SoloSTAR is..."
- Why do you rate SoloSTAR better / worse than FlexPen?
- Overall, what do you consider to be the main advantages / disadvantages of SoloSTAR?

### ◆ Market Drivers and Product Positioning

- Why is your impression of Exubera efficacy better / worse than it was 1 year ago?

### ◆ TZD Safety

- Considering the recent news linking Avandia to a possible increased risk of cardiovascular side effects, do you believe this to be a class effect?
- What percentage of your patients using Avandia / Avandamet / Avandaryl in the past six months have inquired about the news events?
- On a scale of 1-7, how influential have these issues been on your decision to prescribe Avandia / Avandamet / Avandaryl?
- On a scale of 1-7, how influential have these issues been on your decision to prescribe Actos / ACTOplus Met? / Duetact?
- Considering your patients who were taking Avandia / Avandamet / Avandaryl at the time when the information about the potential link to cardiovascular side effects was released (May- June 2007), what percentage:
- How has the Avandia news affected your prescribing habits for new patients? You may check more than one option below.
- By what percent have you reduced your new prescriptions written for Avandia / Avandamet / Avandaryl? \_\_\_%
- By what percent have you reduce your new prescriptions written for Actos / ACTOplus Met / Duetact? \_\_\_%
- Of the Avandia / Avandaryl / Avandamet patients you have switched to another oral diabetes medication, to what percent have you prescribed each of the following? Your answers may sum to > 100%.
- As a result of the Avandia safety concerns, how likely are you to initiate your patients on insulin sooner? Please use a 1 to 7 scale where '1' is 'Not at all likely' and '7' is 'Extremely likely'.
- How much sooner are you likely to initiate your patients on insulin as a result of the Avandia safety concerns?

### ◆ Other

- For each of the statements below, on a scale of 1 to 7, please indicate how much you agree or disagree with each statement. (Please select one response for each statement). The use of exogenous insulin...
- Why do you strongly agree that "the use of exogenous insulin is cardioprotective beyond glucose lowering"?

