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Attract. Convert. Grow.

Gilead Email Surgery
January 2021

Presented By: Kate Barrett

Agenda

- Introduction: 5 mins
- Subject Line tutorial: 10 mins
- Creative review 1 - Liver: 10-15 mins
- Creative review 2/Webinar Email Plans – OAR: 10 mins
- Q&A: 10 mins

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Creating Open Worthy Subject Lines

Gileademailsupport@e-focusmarketing.com

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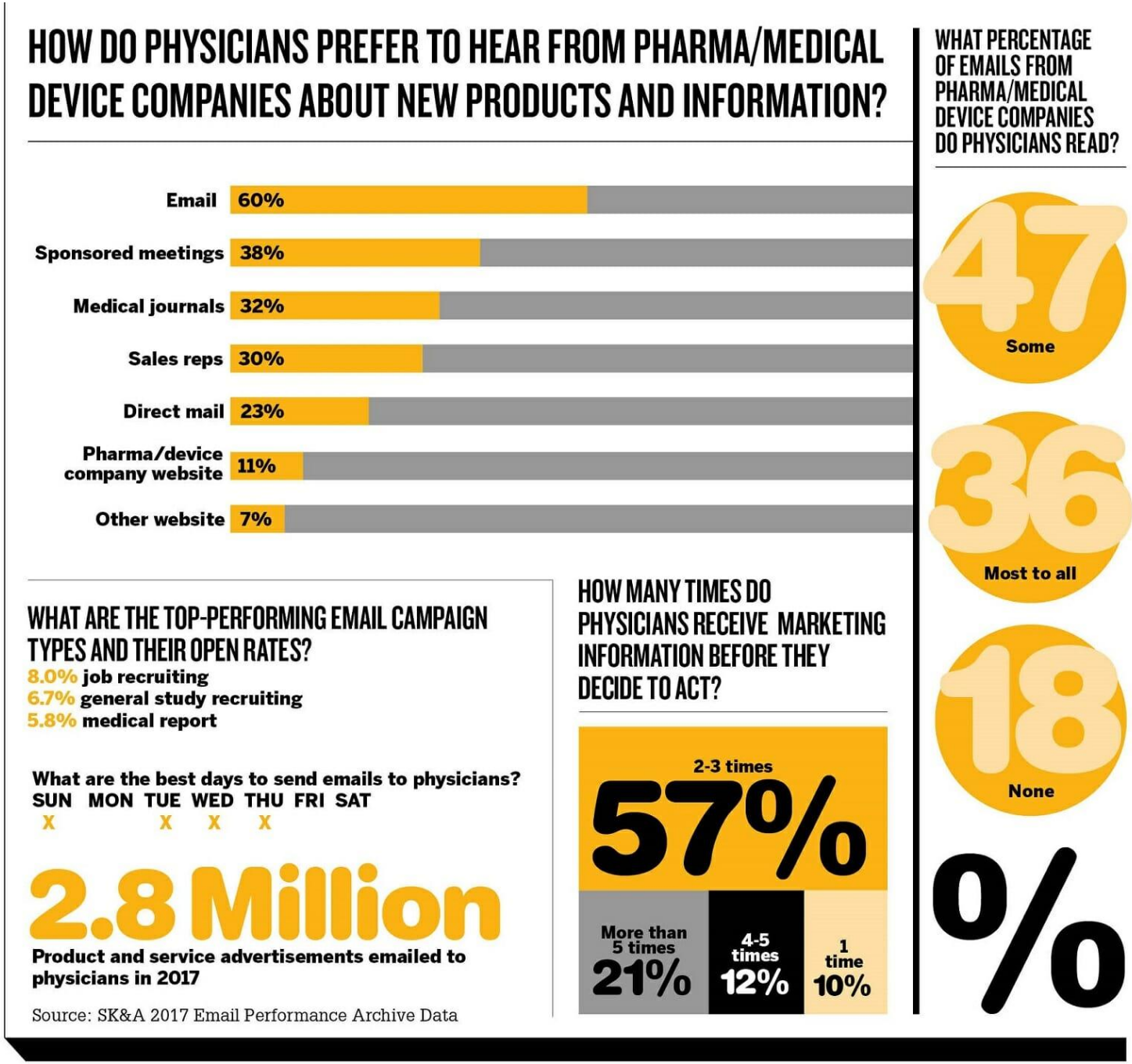
What Influences HCPs to Open?

- HCPs are a willing audience for pharma and medtech information:
  - 89% Email with product information is more effective than a digital ad
  - 85% Want pharma and medtech emails about new products and indications
  - 84% Check their email 2-3 times per day or more
  - 78% Are interested in receiving information from pharma and medtech
  - 58% Prefer to receive emails at their personal address



Source: Medical Marketing Service, Annual Pharmaceutical and Medical Device Physician Preferences Survey, June 2018

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What Influences Recipients to Open?

Top 3 factors:

1. Know and trust the sender:	59.2%
2. Subject Line:	41.1%
3. Previously opened and thought valuable	30.1%

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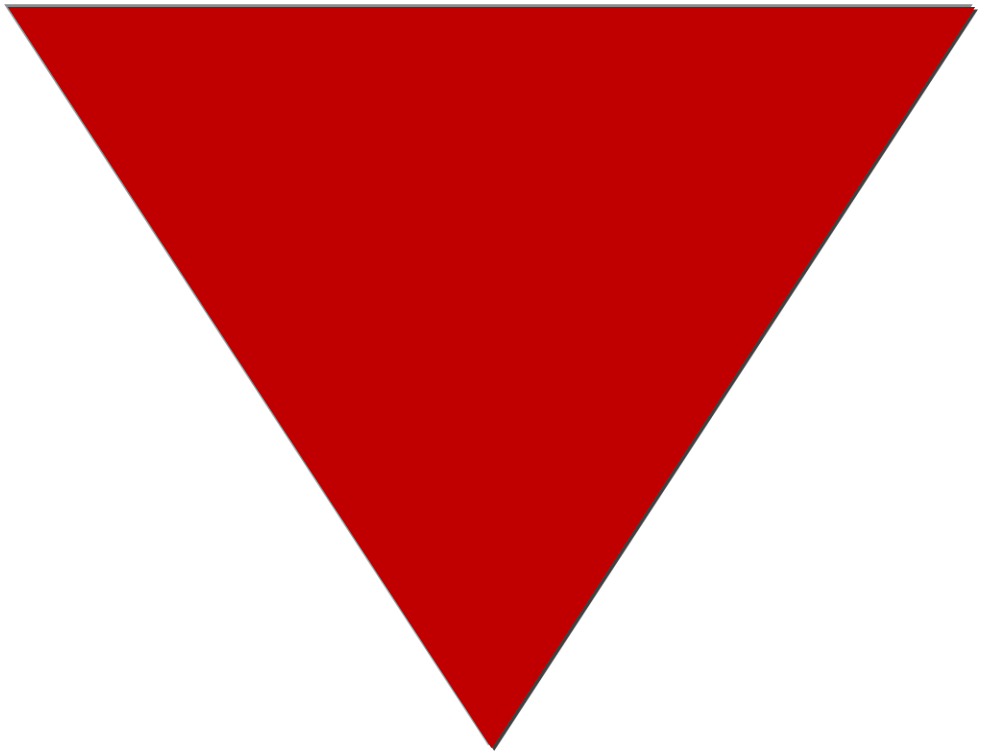
(Source: Return Path, Validity)

Three Key Elements in The Inbox

From Name

Subject Line



Pre-header text

eFocus Marketing ← FRIENDLY 'FROM' NAME

Learn how to create a highly successful email marketing strategy ← SUBJECT LINE

Read our latest blog post now! ← PRE-HEADER TEXT

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What to include in your subject line

- Over 65% of HCPs said a subject line is what prompts them to open an email.

  When asked what they wanted to see in a subject line, HCPs were all about the product and new information:

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Source: https://www.klick.com/health/news/blog/engagement-marketing/78-of-hcps-welcome-emails-from-pharma/

Optimise Your Subject Lines to Grab Attention

1. Your subject line is the “implied promise” of your email, so make sure inside copy picks up from there and clearly keeps that promise.
   - Use your pre-header to back up your subject line (don’t repeat it here)

2. Mobile Devices: commonly wrap at 35 characters so frontload your important information

3. Don’t … use Title Case or all CAPS

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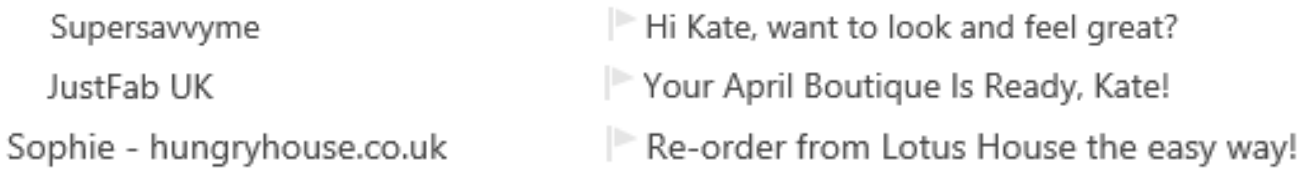
Subject Line Tactics

1. **Be Informational**

   Busy, organised people thrive on efficiency. These readers need you to be clear and concise in your subject lines, as time is always an asset. Help them out by placing pertinent information up front in your subject lines.

2. **Be Personalised**

   Taking a personalised approach to your subject lines can help engage an audience from the beginning. Try including the recipient's first name, or other personal information like the hospital they work at, in the subject line.



3. **Be descriptive (don't be deceitful)**

   Try to communicate the benefits of your message, or call attention to specific details.

   Try including... statistics, keywords, and think about what kind of words your audience uses

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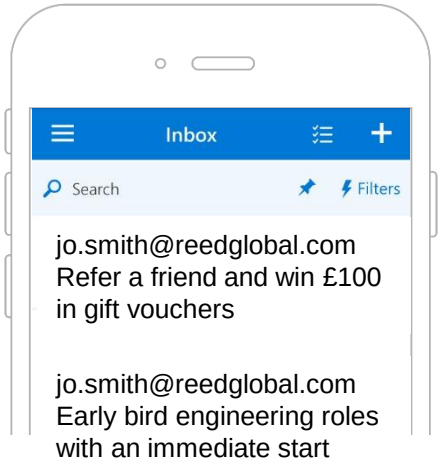
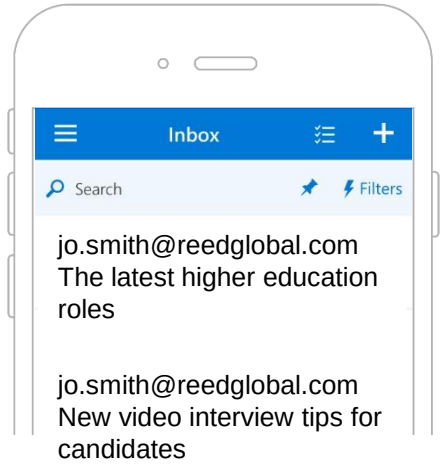
Benefit-driven

The most common way to write a subject line is to clearly explain the benefits of the email to the recipient.



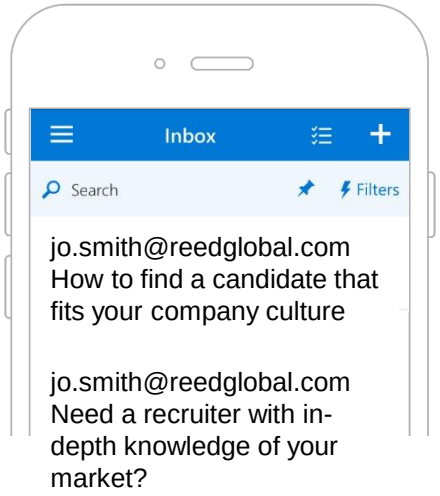
Plain and overt

This type of subject line says exactly what the email is about in plain language. It may be shorter than 40 characters.



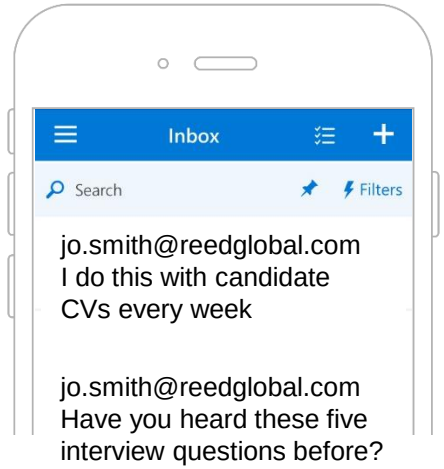
Mention a pain point

It's an easy win and if you can show that you understand their particular problems they'll want to know more.



An open question/statement

A question or statement in the subject line and then complete/answer the subject line in the email.



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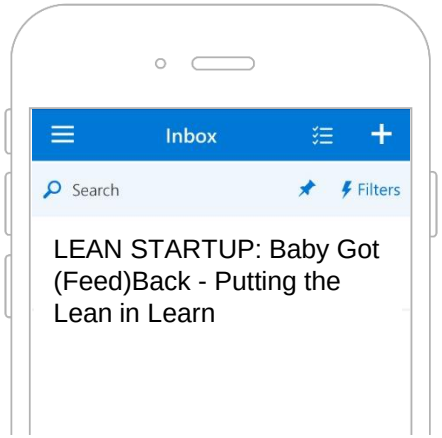
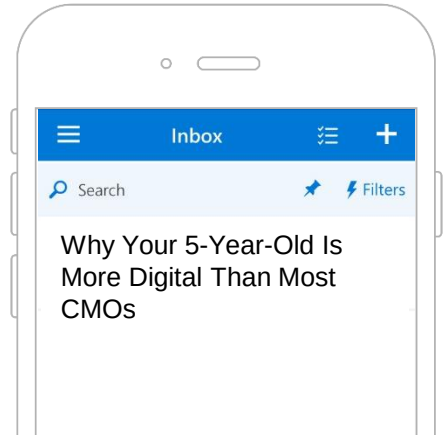
Funny

Use humour and social references to gain the users attention.



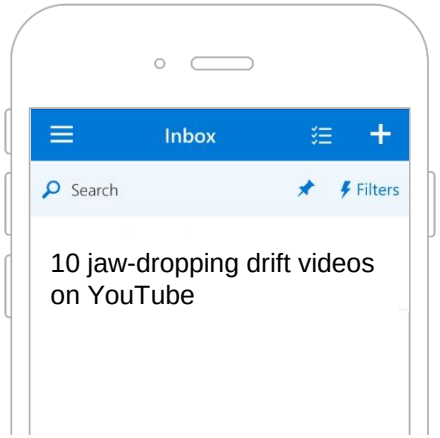
Controversy & Shock

Controversy (sometimes) sells, and it most certainly grabs attention. Using shock, controversy, or insult in your subject lines requires you to tread *really* carefully.



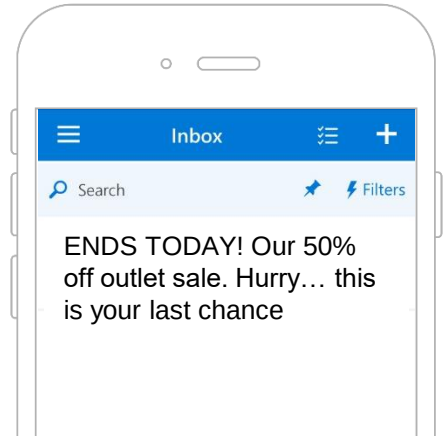
Numbered Lists

Incorporating numbers into your subject line attracts attention, as our brains are naturally drawn to digits – lists are easier for our brains to process and they create curiosity, as well as the promise of a quick and easy read.



FOMO

A question or statement in the subject line and then complete/answer the subject line in the email.



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Test, Test & Test Again!

1. Testing subject lines can provide small, **quick wins**

2. **Be strategic** with your testing:

   - **Test elements of your email based on what you want to achieve.**
   - **Test a specific element – form a hypothesis** (for example, *"we think that short subject lines (under 35 characters) will generate more opens and clicks that long subject lines (over 35 characters), because, over 60% of our audience open our emails on mobile devices and that's where they commonly wrap"*)
   - **Know your KPIs –** what signals success. Look at multiple metrics to make your decision
   - **Record your results** so that the knowledge can be reused

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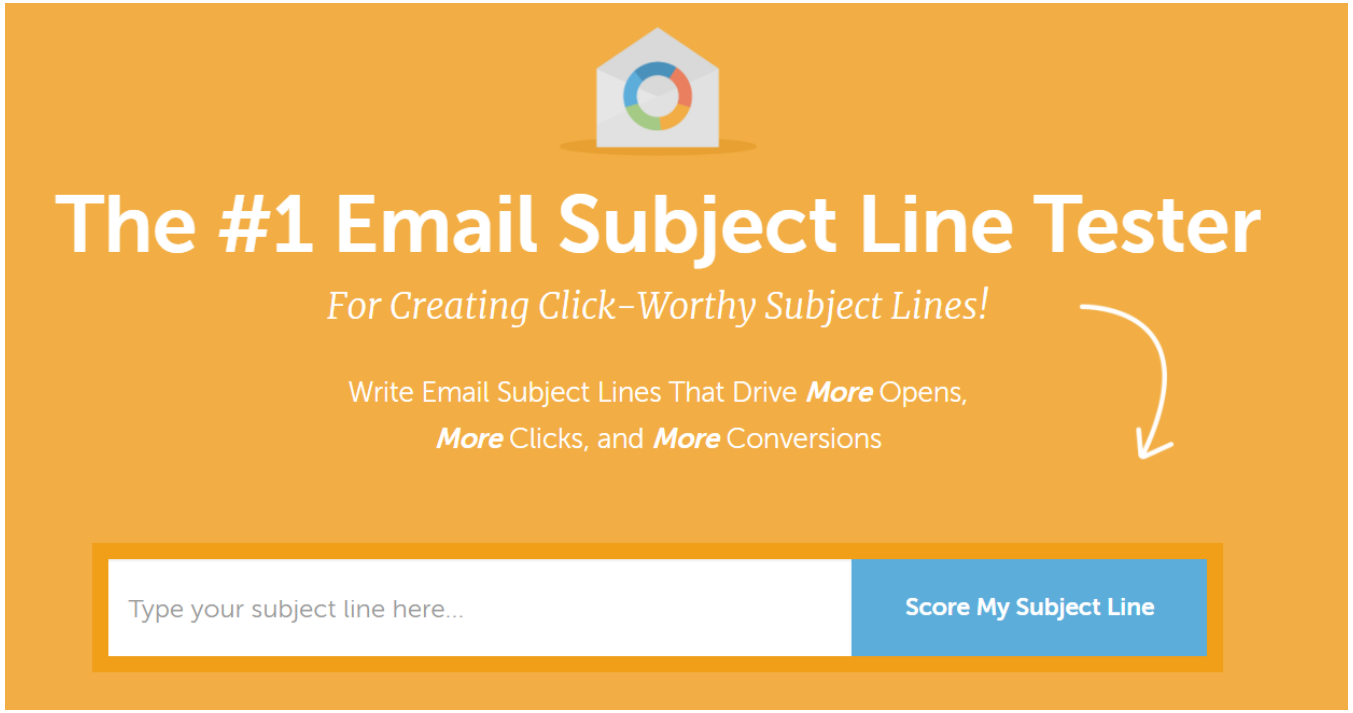
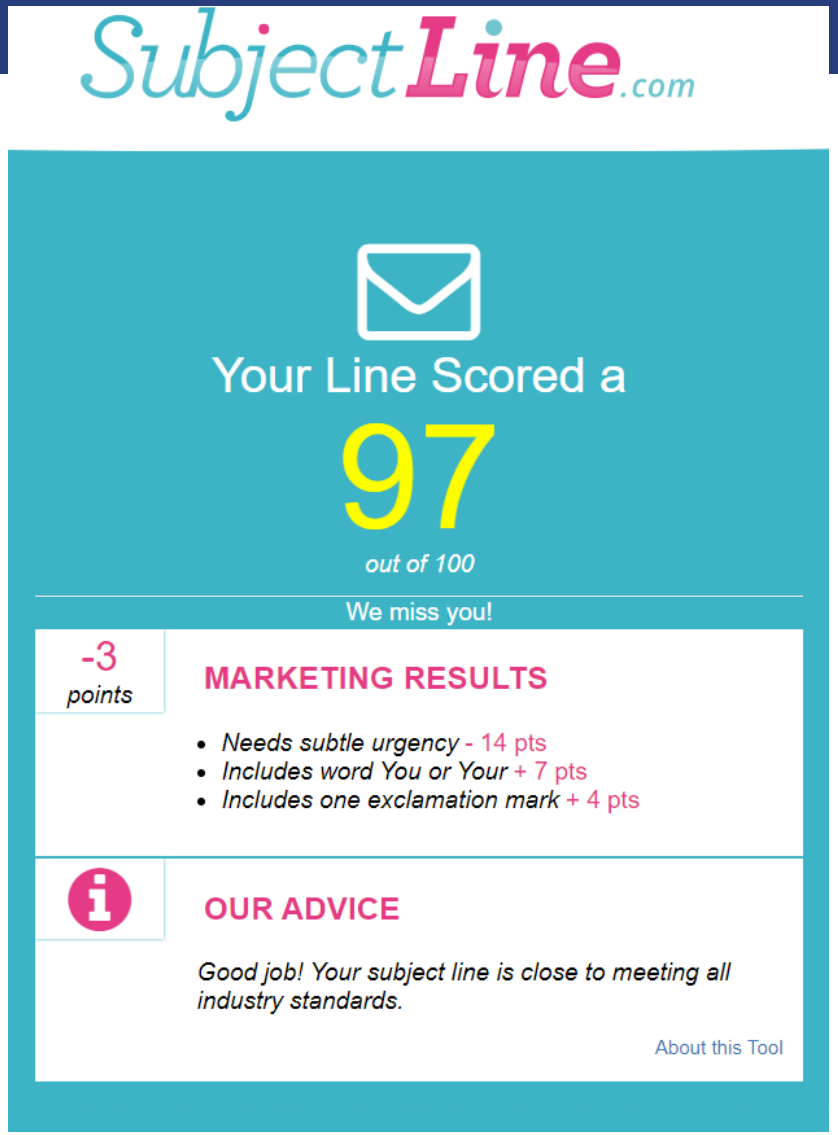
Tools

1. Subjectline.com
2. Coschedule.com/email-subject-line-tester





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Any Questions?

Was this helpful?

What future topics would you like covered in these email surgery's?

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Creative Review 1
Liver

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This is a promotional email from Gilead Sciences Ltd.
Prescribing information is available at the bottom of this email.

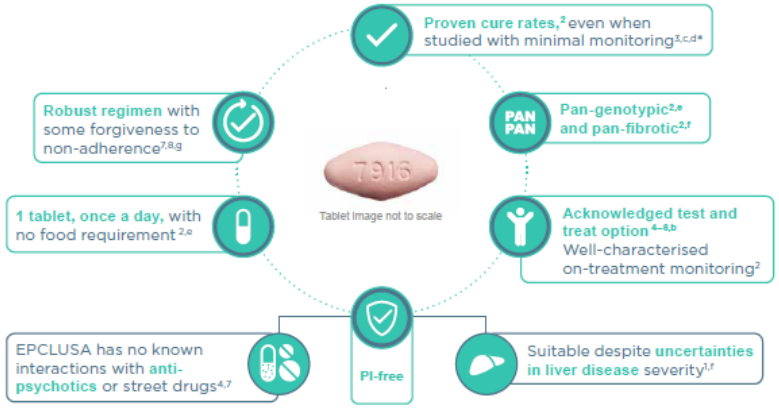
EPCLUSA▼
sofosbuvir/velpatasvir
400 mg/100 mg tablets

DIFFERENT QUESTIONS **SAME ANSWER.**

EPCLUSA has proven cure rates across diverse patient populations[1,a]

NOTE: this email is currently being amended to include a PI link (icomply) instead of the PI itself

You can have confidence in EPCLUSA to deliver desirable outcomes in a variety of settings, despite unknowns[1,a,b]



* Except in the following populations where close monitoring is required: patients on amiodarone, digoxin, dabigatran, vitamin K antagonists, tenofovir disoproxil fumarate (TDF), statins, ciclosporin, and tacrolimus.

EPCLUSA's use as a simplified treatment option is supported by the EASL 2020 guidelines[4]

This email is only intended for healthcare professionals
Material developed by Gilead Sciences Ltd.

Adverse events

Headache, fatigue and nausea were the most common AEs associated with EPCLUSA in clinical trials. Headache, fatigue and nausea (incidence ≥10%), as well as other AEs, were reported at a similar frequency in placebo-treated patients. Rash was identified as a common AE (frequency of ≥1/100 to <1/10) through post-marketing surveillance for sofosbuvir/velpatasvir-containing products.

Please refer to full SmPC for further details. Cases of Stevens-Johnson syndrome, severe bradycardia and heart block have been identified during post-marketing surveillance of sofosbuvir-containing products.

Abbreviations:

AE = adverse event; CI = confidence interval; CPT = Child-Pugh-Turcotte; DAA = direct-acting antiviral; EASL = European Association for the Study of the Liver; GT = genotype; HBV = hepatitis B virus; HCV = hepatitis C virus; IV = intravenous; Peg-IFN = pegylated interferon; PI = protease inhibitor; PPI = proton-pump inhibitor; RBV = ribavirin; SmPC = Summary of Product Characteristics; STR = single-tablet regimen; SVR12/24 = sustained virological response at 12 or 24 weeks following treatment completion.

Footnotes:

a Despite unknowns in baseline characteristics of some patients, such as: HCV genotype, fibrosis stage, former/current IV drug use, PPI use at baseline and treatment history. Based on a retrospective, pooled analysis of SVR12/24 in adult patients treated for 12 weeks with EPCLUSA without RBV in 12 real-world cohorts in Canada, Europe and the US (N = 5,552). Treatment-naïve patients and patients who have previously received IFN-based therapy (Peg-IFN + RBV with or without telaprevir, boceprevir or simeprevir) were included. Patients who had previously failed other DAA treatments, and patients with current or prior decompensated cirrhosis or hepatocellular carcinoma were excluded from the study. Patients were treated in different clinical settings, including university hospitals, academic centres, community centres, outpatient clinics and private practices. Treatment and patient monitoring were based on local clinical practice and standard of care, at the discretion of the treating physician. SVR12/24 in the effectiveness population (excluding patients who did not achieve SVR12/24 due to non-virologic or unknown reasons) was 98.9%. SVR12/24 in the overall population was 92.8%. All patients with unknown genotype (n = 42), unknown fibrosis score (n = 82) and unknown treatment history (n = 33) achieved SVR12/24 with EPCLUSA for 12 weeks.[1]

b Cases of HBV reactivation, some fatal, have been reported during or after treatment with DAA agents. HBV screening should be performed in all patients before initiation of treatment. HBV/HCV coinfected patients are at risk of HBV reactivation, and should therefore be monitored and managed according to current clinical guidelines.[1]

c On-treatment monitoring may be required for patients with comorbidities or on certain comedications. Please refer to the SmPC for further information.[1]

d In a Phase 3 study conducted at 18 sites in India, 129 adult patients with chronic HCV infection of any genotype initiated 12 weeks of once-daily EPCLUSA. Study drug was dispensed monthly, but there were no on-treatment study assessments. The SVR12 rate was 93% (120/129; 95% CI, 87–97%; p = 0.009 compared with the 85% performance goal).[3]

e EPCLUSA offers an RBV-free STR option for the majority of HCV patients, excluding those with decompensated cirrhosis. For further information on restrictions, please refer to the SmPC. The addition of RBV is recommended for the treatment of patients with decompensated cirrhosis and may be considered for the treatment of HCV GT3 patients with compensated cirrhosis.[1]

f In a Phase 2 study in patients with chronic HCV and CPT-C cirrhosis, EPCLUSA + RBV for 12 weeks led to a 78% (25/32) SVR12 rate. Treatment was well tolerated, with observed AEs consistent with expectations for a patient population with advanced liver disease.[5]

g In patients who inject drugs.[1,6]

References:

1. Mangia A *et al. Liver Int* 2020;40:1841–1852.
2. EPCLUSA Summary of Product Characteristics, August 2020.
3. Sood A *et al. Hepatol Int* 2019;13(2):173–179.
4. European Association for the Study of the Liver (EASL). *J Hepatol* 2020;73(5):1170–1218.
5. Mangia A *et al.* Poster GS-03 presented at the International Liver Congress 2019, Vienna, Austria.
6. World Health Organization. WHO Model List of Essential Medicines 21st List (August 2019). Available from: www.who.int/medicines/publications/essentialmedicines/en/. Accessed December 2020.
7. Grebely J *et al. Lancet Gastroenterol Hepatol* 2018;3(3):153–161.
8. Cunningham EB *et al. Int J Drug Policy* 2018;62:14–23.
9. Flamm S *et al.* THU-138 presented at the International Liver Congress 2019, Vienna, Austria.

Date of preparation: December 2020
Job code: XXXX

PRESCRIBING INFORMATION
Consult the Summary of Product Characteristics (SmPC) before prescribing.
Epclusa▼400 mg sofosbuvir/100 mg velpatasvir or 200 mg sofosbuvir/50 mg velpatasvir film-coated tablets. INDICATION: For the treatment of chronic hepatitis C virus (HCV) infection in patients aged ≥ 3 years and older and weighing at least 17 kg. **DOSAGE AND ADMINISTRATION:** Adults: one 400 mg/100 mg tablet, taken orally once daily with or without food. Paediatric patients: aged 6 to < 18 years and weighing at least 17 kg, dosage is based on weight, refer to SmPC. Adult patients without cirrhosis and adult patients with compensated cirrhosis: 12 weeks. Consider addition of ribavirin (RBV) for genotype 3 infected patients with compensated cirrhosis. Adult patients with decompensated cirrhosis: Epclusa + RBV for 12 weeks. Adult patients who have previously failed therapy with an NS5A-containing regimen: Epclusa + RBV for 24 weeks may be considered. Elderly: No dose adjustment. Renal impairment: Mild/moderate renal impairment: no dose adjustment. Severe renal impairment/end stage renal disease requiring haemodialysis: no dose adjustment, can be used when no other relevant treatment options are available. Hepatic impairment: No dose adjustment. Paediatric population: aged less than 6 years and weighing less than 17 kg: No data available. **CONTRAINDICATIONS:** Hypersensitivity to active substance or excipients. Use with strong P-gp and/or strong CYP inducers (carbamazepine, phenobarbital, phenytoin, rifampicin, rifabutin, and St. John's wort) may reduce efficacy of Epclusa, refer to SmPC. **WARNING AND PRECAUTIONS:** Epclusa should not be administered concomitantly with other medicinal products containing sofosbuvir. Severe bradycardia and heart block: Life-threatening cases of severe bradycardia and heart block have been observed when sofosbuvir-containing regimens are used in combination with amiodarone. If co-administration is necessary, patients should undergo cardiac monitoring in an in-patient setting for the first 48 hours when initiating Epclusa. Outpatient or cardiac self-monitoring should occur on a daily basis through at least the first 2 weeks of treatment. Cardiac monitoring in patients who have discontinued amiodarone within past few months should also be carried out; refer to SmPC. HCV/HBV co-infection: Cases of HBV reactivation, some of them fatal, have been reported during or after treatment with Direct-Acting Antiviral agents. HBV screening should be performed in all patients before initiation of treatment. Patients should be monitored and managed according to current clinical guidelines. Use with moderate P-gp inducers and/or moderate CYP inducers (e.g. efavirenz, modafinil, oxcarbazepine or rifapentine): Co-administration of Epclusa is not recommended. Use with certain HIV antiretroviral regimens: Epclusa co-administration increases tenofovir exposure, especially with an HIV regimen containing tenofovir disoproxil fumarate (TDF) and a pharmacokinetic enhancer (ritonavir or cobicistat). Safety of TDF in this setting not yet established. Potential risks and benefits associated with co-administration of Epclusa with elvitegravir/cobicistat/emtricitabine/TDF, or TDF and a boosted HIV protease inhibitor, should be considered, particularly in patients at increased risk of renal dysfunction, and patients should be monitored for tenofovir-associated adverse reactions. Refer to the SmPCs of the aforementioned agents for recommendations on renal monitoring. Use in diabetic patients: Diabetics may experience improved glucose control, potentially resulting in symptomatic hypoglycaemia. Glucose levels after initiating Epclusa therapy should be closely monitored, particularly within the first 3 months, and diabetic medication modified when necessary. The physician in charge of the diabetic care of the patient should be informed when Epclusa therapy is initiated. CPT Class C cirrhosis: No data available. Liver transplant patients: No data available. Treat only if potential benefits and risks have been assessed. **INTERACTIONS:** Refer to SmPC for full list. **PREGNANCY AND LACTATION:** Not recommended. Epclusa should not be used during breast-feeding. If RBV is co-administered with Epclusa, refer to the RBV SmPC. **SIDE EFFECTS:** Refer to SmPC for full information on side effects. Very common (≥1/10): headache, fatigue and nausea. Common (≥1/100 to <1/10): Rash. Serious: Stevens-Johnson Syndrome (Frequency not known), bradycardia and heart block. **LEGAL CATEGORY:** POM **PACK:** Bottle of 28 film-coated tablets **PRICE:** Basic NHS List Price: £12,083.33. Ireland: POA **MARKETING AUTHORISATION NUMBER:** EU/1/16/1116/001-2 **FURTHER INFORMATION:** Gilead Sciences Ltd, 280 High Holborn, London, WC1V 7EE, UK; +44 (0) 8000 113700; For Ireland: +353 214 825 999. ukmedinfo@gilead.com
Epclusa is a trademark. **DATE OF PREPARATION:** September 2020; UK-HCV-2020-08-0004
▼Additional monitoring required

Adverse events should be reported. For the UK, reporting forms and information can be found at www.mhra.gov.uk/yellowcard or via the Yellow Card app (download from the Apple App Store or Google Play Store). Adverse events should also be reported to Gilead: safety_FC@gilead.com or +44 (0)1223 897500.

Adverse events should be reported. For Ireland, reporting forms and information can be found at www.hpra.ie and can be reported to HPRA on +353 1 6764971. Adverse events should also be reported to Gilead: safety_FC@gilead.com or +44 (0)1223 897500.

EPCLUSA▼ sofosbuvir/velpatasvir

GILEAD

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sofosbuvir/velpatasvir
400 mg/100 mg tablets

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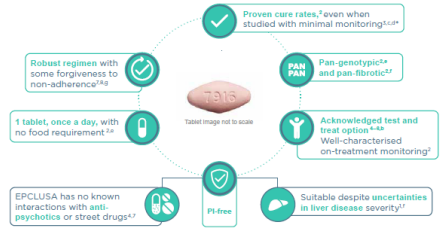

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Thank You

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