## STEP 1 - ACTIVITY DETAILS

Activity ID	2021-061641
Activity Type	Market Research
Activity Status	Submitter Close-Out

#### ACTIVITY OVERVIEW

Activity Title (HIP Migrated Activity) Migraine and Headache Payer Focus Group Series

Activity Start Date 11-0ct-2021

Activity End Date 31-Mar-2022

Project Originator maurice.driessen@tevaeu.com

Designated Reviewer

Country Financially Responsible

Site

Therapeutic Area/Product Headache / Migraine

You selected "Other" for Therapeutic Area/Product please specify

Is this activity related to other activities? No

#### RELATED ACTIVITY DETAILS

Activity ID	Activity Type	Activity Status

#### Veeva Vault ID

Purpose or Business Objective	1. Gain insights on how EU payers perceive the changing EU migraine prevention treatment landscape [current to 2023] (e.g. introduction of rimegepant, atogepant, eptinezumab, and the recently published data on the HERMES study by erenumab) insight from EU payers how the availability of new migraine prevention treatments will impact their current and future national/regional/local formulary decision making and pricing payers on how results from the HERMES study will impact their reimbursement and pricing
	decision making. materials and scientific evidence TEVA has to

Submitte	r Name
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bogdan.muresan@tevaeu.com

Submitter Vertical

Designated Reviewer Hidden for Delegation

Project Originator Hidden for Delegation

Submitter Hidden for Delegation

### ACTIVITY DETAILS

Research Type	
Will you use a Third Party Representative?	Yes
Enter Third Party Representative Name	eMAX Health
Has an approval been obtained from the Third Party Due Diligence Team?	Yes

I	S	there	а	Venue?	No	

#### VENUE DETAILS

Venue	You selected "Other" for Venue Type please specify	Venue	Venue	Venue
Type		Name	Address	Country

#### ESTIMATED BUDGET

Currency	Spend Type	You selected "Other" for Spend Type please specify	Amount
USD		105000.00	

#### MARKET RESEARCH

Will the name of the product be identified as part of the research?

No

Please Explain

Development Stage of product(s)

Cross Border?

Yes

Choose Countries Involved

Phases of the Project

1. Pre-meeting materials and research: Teva will provide any clinical or educational content (stimuli) for both pre-read/survey materials and in-meeting presentation materials in raw form. The vendor will incorporate this content into pre-meeting materials and meeting presentations. A 20/30-minute pre-meeting online survey will be developed to gather initial insights from the payer advisors by market and comparatively across markets with the results to serve as part of the meeting content. This survey will also ensure advisors read the preparation stimuli before the live meeting.

will deploy a webinar for all panelist and attendees, and simultaneously run a Microsoft Teams meeting for Teva-only participants to ask probing questions, which the vendor's moderators will integrate into the meeting in real-time

produce a Final Report (PowerPoint) encompassing the content from the virtual advisory meeting discussion with other relevant insights gained throughout the engagement. The final report will include segmentation of results where applicable (i.e., coverage and access considerations by country-relevant factors, payer type, etc).

#### RESPONDENT

Phase Country	Description of all respondent groups/specialties	of Healthcare	Total number of Patients/Consumers to be included, pay rate and method of payment per phase/country	
Will Femalbe prevealed as the sponsorders comp part made the researchayers/advisers (UK –1, Nordics – 3 of Denmark, Sweden, or Netherlands, Spain – 1, Italy – 1,	angy as No	0		
Please Explain				
Who will be selecting respondents?	The ver	dor will utilize nnaire.	a screener	
Selection criteria for respondents	earlier in thei managed	with more than r current role a care. They need	er types specified 2 years of experience and more than 5 in I experience in ine therapeutic area.	
Will Teva know the identities of the respond	ents? Yes			
Please Explain				
Who will manage the contractual relationship the respondents/participants? Include name, phone and country		alth Brian Jenki Research 6	n Associate Director,	

Are the results going to be part of a publication?

How will be the publication be shared and who will be named as the author?

Document Upload

## STEP 2 - CLOSE-OUT

#### CLOSE-OUT DETAILS

Do you need to enter close-out detail?

Why do you not need to enter close-out details

You selected "Other" for why you do not need to enter close-out details

Longest Payment Term

Comments

Document Upload Close out

#### **ATTENDEES**

#### **ATTENDEES**

Attendee First Name	Attendee Last Name	Address Line 1	Country	Postal Code

#### CLOSE-OUT CERTIFICATION

I certify that the value transfer is consistent with the approved amounts outlined in the terms of the Service Provider / Attendee contract. You are also verifing the Transparency transfer of value requirements are captured in the close out for accurate and complete reporting.

Unchecked

# AUDIT TRAIL

Activity Created	30-Sep-2022 19:07:24
Submitter Name:	bogdan.muresan@tevaeu.com
Nan	30-Sep-2022 19:07:27
Submitter Name:	boqdan.muresan@tevaeu.com