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retention with POTIGA, Risk Evaluation and Mitigation Strategy (REMS)

Author(s): (GlaxoSmithKline); (Concentrics Research)

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Earlier CSRs NA

Sponsor Signatory: , MD

Safety Physician GlaxoSmithKline

This study was performed in compliance with Good Clinical Practices and GlaxoSmithKline Standard Operating Procedures for all processes involved, including the archiving of essential documents.

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# **Table of Contents**

	Page
TITLE PAGE	1
ABBREVIATIONS	3
ETHICS AND GOOD CLINICAL PRACTICE	4
1. INTRODUCTION	5
2. STUDY OBJECTIVES	6
3. INVESTIGATORS AND STUDY ADMINISTRATIVE STRUCTURE	6
4. INVESTIGATIONAL PLAN	6
4.1. Study Design	6
4.2. Discussion of Study Design	7
4.3. Selection of Study Population	
4.3.1. Inclusion/Exclusion Criteria	8 8
4.3.2. Withdrawal Criteria	8
4.4. Study Assessments and Procedures	9
4.4.1. Administration of Survey	9
4.4.2. Data Collected at Screening	9
4.4.3. Data Collected During the Survey	9
4.4.4. Safety Assessments	10
4.5. Data Quality Assurance	10
4.6. Statistical Ánalyses	10
5. STUDY POPULATION RESULTS	11
5.1. Subject Disposition	11
5.2. Protocol Deviations	12
5.3. Protocol Amendments	12
5.4. Demographics and Baseline Characteristics	12
5.4.1. Physician Practice History	13
5.4.2. Pharmacist Practice History	13
6. SURVEY RESULTS	15
6.1. Organization of Results	15
6.2. Healthcare Providers Understanding of Risks Associated with POTIGA	15
6.3. Healthcare Provider Profiling Questions	22
6.4. Adverse Event Reporting	28
7. DISCUSSION AND CONCLUSIONS	28
7.1. Discussion	28
7.1.1. Healthcare Provider Demographics	28
7.1.2. Healthcare Providers' Understanding of Risks of POTIGA	28
7.2. Conclusions	31
8. REFERENCES	33
9. POST-TEXT TABLES AND FIGURES	34

# **ABBREVIATIONS**

AΕ Adverse Event **AED** 

Anti-Epileptic Drug Confidentiality & Consent Agreement CCA Drug Enforcement Administration DEA Dear Healthcare Provider (Letter) **DHCP** Food and Drug Administration FDA

GlaxoSmithKline **GSK HCPs Healthcare Providers Informed Consent** IC

IRB Institutional Review Board

**REMS** Risk Evaluation and Mitigation Strategy

US **United States** 

# **Trademark Information**

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POTIGA
TREXIMET

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None

# ETHICS AND GOOD CLINICAL PRACTICE

Physician agreement to participate was obtained for each physician by electronically signing a Confidentiality & Consent Agreement (CCA) prior to the survey.

Privacy issues were addressed and respected at each stage of the study. Physician data from the screening and survey responses were stored confidentially in password protected systems maintained by Concentrics Research.

In all cases, subject identifiers were not collected or transmitted to GSK according to GSK policy. All physicians were given a numeric subject identifier.

# 1. INTRODUCTION

GlaxoSmithKline (GSK) conducted a survey to inform healthcare professionals' of the risk of urinary retention and the symptoms of acute urinary retention in patients taking POTIGA. POTIGA was approved with a FDA requirement for a Risk Evaluation and Mitigation Strategy (REMS). The REMS was comprised of a communication plan for healthcare professionals that was designed to disseminate information about the risk of urinary retention with POTIGA and highlight this potential risk and the need to inform patients to seek immediate medical attention for symptoms of urinary retention, inability to urinate, and/or pain with urination.

There were two elements of the communication plan: (1) A Dear Healthcare Professional (DHCP) Letter designed to disseminate information about the risk of urinary retention with POTIGA; letters were disseminated within 4 weeks of first retail availability (actual – May 7, 2012) and annually for the next two years (2) a REMS Program Website (available at time of launch; actual -April 16, 2012).

The target audience for these communications was: (1) Prescribing physicians i.e., Epileptologists, Neurologists and Neurosurgeons, (2) Pharmacists dispensing POTIGA tablets and the Medication Guide.

As a condition of approval, FDA required that GlaxoSmithKline (GSK) assess the effectiveness of the communication plan. Accordingly, a survey was conducted among a sample of prescribing physicians to evaluate whether they could recall the risk of urinary retention with POTIGA. In addition, the survey evaluated where HCPs prefer to seek information for POTIGA, for example Dear HCP letters, website, or product labeling. The survey concentrated on the risks described in the DHCP letter for POTIGA, though it was recognized that the DHCP letter was not the only source of information concerning risks associated with medication use. The design for this study was based on previous experience of risk management programs for GSK products.

A survey was also conducted among a sample of pharmacists to evaluate whether they can recall the risk of urinary retention with POTIGA.

Although the Marketing Application was approved June 10, 2011, initial retail availability did not commence until after the Drug Enforcement Administration (DEA) had completed rule making placing POTIGA into Schedule V under of the Controlled Substances Act. The drug did not become available to patients until early May 2012 (first distribution to wholesalers April 19, 2012). FDA has agreed that with such delayed retail availability of POTIGA, an assessment of HCP understanding submitted on June 10, 2012 would provide little meaningful information. Therefore, the first assessment of the REMS survey will be included with the report due on June 10, 2013.

Originally, ER physicians and urologists were planned to be included in the survey as well. Given the survey targeted prescribers only, ER physicians and urologists were no longer targeted in the survey per FDA feedback received on January 25, 2013.

# 2. STUDY OBJECTIVES

The objectives of this survey were to assess prescribers' and pharmacists' understanding of the risk of urinary retention and the symptoms of acute urinary retention with POTIGA as evaluated by a survey instrument.

# 3. INVESTIGATORS AND STUDY ADMINISTRATIVE STRUCTURE

This study, sponsored by GSK, was conducted with one dedicated market research center. Concentrics Research was responsible for oversight of the site and to conduct data management and analysis. Site oversight also included a 100% quality check of the web survey programming prior to live implementation.

# 4. INVESTIGATIONAL PLAN

# 4.1. Study Design

This was a cross-sectional, non-interventional observational survey of individuals who prescribe POTIGA or dispense AEDs. The study was limited to a survey of physicians and pharmacists and did not include any treatment intervention.

This cross-sectional study assessed prescribers' and pharmacists' understanding of the risk of urinary retention and the symptoms of acute urinary retention with POTIGA as evaluated by a survey instrument.

Table 1 Events Table

Procedures	Telephone, Email or Fax Screening	Survey
Inclusion/Exclusion Criteria	X	
Physician specialty	X	
Medications prescribed to treat epilepsy (past 12	X	
months) (Physicians)		
Dispensed an AED medication within past 3 months	X	
(Pharmacists)		
Demography (Age, gender, clinical specialty, years	X	
of clinical practice, etc.)		
Confidentiality & Consent Agreement (CCA)		X
Understanding Evaluation of Key Safety Messages		X
POTIGA Prescribing and Dispensing History		X
Additional Practice Characteristics not captured at		X
Screening		

A listing of physicians eligible to complete the survey was compiled at one research center, utilizing a custom database of approximately 500,000 geographically and therapeutically diverse physicians and over 168,000 pharmacists from all 50 states.

Pharmacists and physicians in the targeted specialties were contacted initially via multiple methods, including, telephone, e-mail, and/or fax, with an invitation to participate in the study. Interested physicians were asked to contact the market research center staff on the study, who then completed a telephone screening process to determine if the physician met all of the study protocol-defined eligibility criteria and, to confirm their interest in participating in the survey if they did meet the eligibility criteria. Eligible physicians who agreed to participate were scheduled for either an appointment with an interviewer to complete the survey via telephone or were provided an email containing a link to an on-line survey for completion along with their unique access passcode.

A total of three hundred and seventy-three (n=373) prescribing physicians and pharmacists participated in the survey on the understanding of the risk of urinary retention and the symptoms of acute urinary retention with POTIGA.

# 4.2. Discussion of Study Design

Cohort	Description	Number of Subjects
1	Prescribing Physicians (Neurologists, Neurosurgeons, Epileptologists) who have prescribed POTIGA within the past 12 months	168
2	Pharmacists who have dispensed an AED within the previous three months	205

The final study design was based on experience from risk management studies previously completed by GSK. Therefore, this study was a cross-sectional, non-interventional observational survey of individuals who prescribe POTIGA or dispense AEDs did not include any treatment intervention.

Prescribers' and pharmacists' understanding of the risk of urinary retention and the symptoms of acute urinary retention with POTIGA was assessed using the survey instrument.

Prior to start of the survey, physicians and pharmacists were asked to sign a Confidentiality & Consent Agreement, which described the purpose of the study, data handling, storage and security, expectations of confidentiality of study data and participation, honoraria for study participation, and rights as a survey subject. The individual completing the survey was required to confirm that he/she was the same individual who was screened previously to help safeguard against delegation of participation to other colleagues or staffs in the physician's office or pharmacy. The design of the survey instrument included closed-ended questions, including True/False and multiple choice questions.

# 4.3. Selection of Study Population

Using the database described previously, physicians and pharmacists were recruited from a demographically representative population who prescribe POTIGA (neurologists, neurosurgeons, epileptologists), and dispense POTIGA (pharmacists).

#### 4.3.1. Inclusion/Exclusion Criteria

Recruiters used the approved screener questions and qualified physicians and pharmacists if they met the following inclusion and exclusion criteria:

#### Inclusion criteria

- 1. Prescribing physicians and pharmacists:
  - a. Practicing physician or pharmacist who sees and treats, or fills prescriptions for, patients with epilepsy, currently (within the past 12 months).
  - b. Prescribed POTIGA within the past 12 months (prescribing physicians)
  - c. Filled a prescription for at least one AED within the previous three months (pharmacists).
- 2. Able to read, speak, and understand English.
- 3. Willing to take the online survey or have the survey administered via a telephone interview, including electronically signing a Confidentiality & Consent agreement and completing all study protocol-specified procedures.

#### **Exclusion criteria**

- 1. The physician or pharmacist was currently employed by, or was a representative of any of the following:
  - a. A pharmaceutical company or manufacturer of medicines or healthcare products.
  - b. Contributor/editor to published guideline committees for epilepsy or UR.
- 2. The physician or pharmacist has a visual impairment that would prevent him or her from being able to read independently.
- 3. The physician or pharmacist participated in the Pilot REMS study for POTIGA.
- 4. The physician or pharmacist was an employee of GSK or Concentrics Research.

#### 4.3.2. Withdrawal Criteria

Physicians and pharmacists could withdraw from the study at any time during the interview or survey.

# 4.4. Study Assessments and Procedures

# 4.4.1. Administration of Survey

The survey proceeded in several parts. There were 30 closed-end questions included in the POTIGA survey. Questions were as follows:

- Understanding Evaluation of Key Safety Messages of POTIGA based on the US Prescribing Information & Practices
- Demographics and Practice/Prescribing History of each Physician
- Demographics and Dispensing History of each Pharmacist
- Personal experience, Awareness, Receipt and Dissemination of information about POTIGA

# 4.4.2. Data Collected at Screening

The following items were recorded in the screening questionnaire:

- Inclusion/Exclusion criteria
- Demographics: Gender, race, ethnic origin, age
- Interest in study participation

# 4.4.3. Data Collected During the Survey

The following baseline assessments were recorded in the study questionnaire:

- Awareness of information about POTIGA: General awareness of sources for POTIGA information, and preference of resources to learn about the risks associated with POTIGA in the future.
- Physician Demographics: Years of clinical practice, size of practice (total and epilepsy patient population), age range of current patient population, how long prescribing AEDs, how many months prescribing POTIGA, within a month, how many POTIGA (including new prescriptions and refills) prescriptions written in the past 12 months, how many patients have been prescribed POTIGA within the past 12 months.
- Pharmacist Demographics: Years as practicing pharmacist, number of years dispensing/answering questions on AEDs, have dispensed POTIGA within the past 12 months, have answered patient questions related to POTIGA within the past 12 months, how many months dispensing POTIGA, number of patients have dispensed POTIGA to within the past 12 months, within a month, number of prescription for AEDs (including new prescription and refills) have been filled within the past 12 months.

### 4.4.4. Safety Assessments

This survey did not investigate adverse events associated with the use of POTIGA. If during a phone survey the physician described an adverse event experienced personally or experienced by a patient, that was purported to be associated with the use of the aforementioned medicines or any other GSK product to the survey administrator, the survey administrator was instructed to complete an adverse event reporting form and submit the completed form via fax to GSK Global Clinical Safety and Pharmacovigilance at within 24 hours of receiving the information. No adverse events were reported during the course of the survey.

# 4.5. Data Quality Assurance

The physician screening information was captured on paper and then data entered into an online form. The online survey captured all physician questionnaire responses. Physicians responded directly via the web survey, and telephone interviews were conducted so that interviewers read the questionnaire text from the web survey and directly entered the physician's responses into the online forms. This way, all data were captured in one location. All screening information, demographic data, and questionnaire response data was exported from the online survey database into SPSS using a predefined protocol for exporting survey data. Data were aggregated and tabulated into summary tables in SPSS. All data were stored confidentially in the appropriate validated systems maintained by Concentrics Research.

In all cases, physician identifiers were not collected or transmitted to GSK according to GSK policy. Physicians were given a numeric subject ID.

# 4.6. Statistical Analyses

Baseline assessments including demographics and geographic location, HCP speciality and prescribing/dispensing history of POTIGA and other AEDs were summarized using descriptive statistics for continuous data and proportions (%) for categorical data.

The primary outcome in the study was the proportion (%) of HCPs answering each question of understanding of the risks associated with POTIGA correctly. Point estimates for the proportion with correct responses, and associated 95% confidence intervals, were calculated for each question about the awareness of risks of POTIGA. In the case of multiple choice questions, the number and proportion of subjects reporting each response were also provided.

GSK considers a proportion (%) of correct responses of at least 80% for each individual question to represent sufficient subject understanding of the risks associated with POTIGA. This is based on previous studies by GSK including the risk management program for LAMICTAL and TREXIMET. This threshold was imposed for prescribers and pharmacists. Prescribers and pharmacists were the HCPs who play an important role in re-enforcing the safety messages for POTIGA.

The proportion of correct answers to survey questions was summarized overall and by demographic subgroups within the tabulated data. Although the sample size in some subgroups may be relatively small and have low precision, data was grouped into 2-3 sub-categories as appropriate to identify potential trends in subject understanding including:

- Demographics (geographic location)
- Type of HCP
- POTIGA prescribing/dispensing (yes or no, months prescribing POTIGA)
- Other practice/prescribing characteristics (years in practice, years prescribing AEDs, size of patient population)

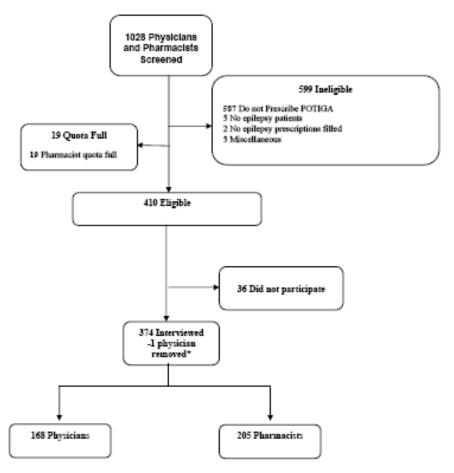
This study was descriptive; hence no formal statistical testing was completed.

# 5. STUDY POPULATION RESULTS

# 5.1. Subject Disposition

A total number of 1028 healthcare providers were screened in the study in order to achieve 373 completed surveys as presented in Figure 1.

Figure 1 Summary of Screening - Total Population



<sup>\*</sup> One physician was removed from the study due to inconsistencies between indicated primary specialty on screener and questionnaire.

<sup>\*\*</sup>The most common reason for termination of physicians at time of screening was not prescribing Potiga, therefore, recruitment was suspended by GSK.

Over a thousand physicians and pharmacists (n=1,028) responded to the recruitment information and were screened for the study. The most common reason for not meeting the inclusion criteria was that physicians did not prescribe POTIGA (n=587).

Physicians and pharmacists were recruited into the study without strict quotas across demographic characteristics.

### 5.2. Protocol Deviations

There were no protocol deviations during the course of this study.

### 5.3. Protocol Amendments

Throughout the course of the study, two protocol amendments were made and documented within the final protocol (see Modular Appendix)

- Amendment 01 The survey will focus on POTIGA prescribers and pharmacists only:
  - The screener was amended after the study began to ask physicians a subset of epilepsy drugs at Q7 instead of the full list previously included. This subset still allowed for masking of the drug to be studied (POTIGA), but shortened the burden on the physician to respond to the full listing during recruitment. This revision was made based on qualitative feedback during recruitment where physicians were not continuing with screening due to frustration with the length of this question. After reviewing data gathered to date, the most common responses to the drugs prescribed were included in the remaining listing, along with POTIGA.
- Amendment 02- Honoraria has been increased for POTIGA prescribers:
  - o For prescribing physicians, the honorarium for completing the survey was \$125. The honorarium for the prescribing physicians was increased from \$100 to \$125 after the start of the study, due to recruitment being significantly lower than expected.

# 5.4. Demographics and Baseline Characteristics

Physician and pharmacist demographic and baseline characteristics are presented in Table 2.

Physicians stated their primary specialty was in Neurology (64%, n=108) or Epileptology (36%, n=60). Pharmacists stated their primary specialty was in Community/Retail (55%, n=113), and Hospital/Clinic (45%, n=92).

Table 2 Summary of Demographic Characteristics

Demographics	Prescribing Physicians	Pharmacists
Total Responding:	168	205
	n (%)	n (%)
Primary Specialty		
Neurology	108 (64.3)	<del></del>
Neurosurgery		<del></del>
Epileptology	60 (35.7)	<del></del>
Pharmacy (Community/Retail)		113 (55.1)
Pharmacy (Hospital/Clinical)	-	92 (44.9)

Columns may not sum to 100% due to rounding.

# 5.4.1. Physician Practice History

A summary of prescribing physician practice history is presented in Table 3. The largest practice history grouping of physicians surveyed was the category of practicing medicine for 5 to 15 years (41%, n=69) followed by those physicians that have been practicing for more than 16 to 25 years (36%, n=61). Approximately 43% (n=72) had prescribed AEDs for 5 to 15 years (as reflected in the table below), and most (33%, n=55) reported having prescribed POTIGA within the past 3 months. Fifty-two percent (52%, n=87) of physicians have prescribed POTIGA for only 1-2 patients in the past 12 months; however, over the past year, 60% (n=101) of physicians reported they have written more than 50 prescriptions for AEDs per month on average. Prescribing physicians treat patient populations across all age ranges, and most reported a patient population size of over 1,000 patients, with an epilepsy patient population size of more than 100 patients.

# 5.4.2. Pharmacist Practice History

The largest practice history grouping of pharmacists surveyed was the category of practicing pharmacy for 5 to 15 years (29%, n=60). Approximately 31% (n=64) had dispensed or answered patient questions regarding prescribed AEDs for more than 5 years (as reflected in the table below), and most (83%, n=171) reported not having answered patient questions related to POTIGA in the past 12 months. Seventy-seven percent (77%, n=158) have not dispensed POTIGA in the past 12 months. Of those pharmacists who have dispensed POTIGA within the past 12 months (44%, n=14), most reported having dispensed POTIGA for only 1-3 months and for approximately 1-2 patients within that timeframe. Pharmacists reported having dispensed an average of 50+ AED prescriptions per month over the past year.

<sup>(--)</sup> Indicates a percentage that does not round to 1 or is zero.

<sup>\*</sup> This question was asked at screening and a second primary specialty question was asked after agreement to participate that resulted in slightly different answers. While this data is reported as it relates to screening, the final assessment of specialty is based off the questionnaire data.

Table 3 Summary of Physician and Pharmacist Practice History

Healthcare Provider Practice History	Prescribing Physicians	Pharmacists
Total Responding:	168	205
	n (%)	n (%)
Q14(Q22) Practicing Medicine/Pharmacy		
Less than 5 years	8 (4.8)	30 (14.6)
5-15 years	69 (41.1)	60 (29.3)
16-25 years	61 (36.3)	49 (23.9)
26-35 years	25 (14.9)	45 (22.0)
More than 35 years	5 (3.0)	21 (10.2)
Q15(Q23) Prescribing/Dispensing Anti-Epileptic I	Drugs (AEDs)	
Less than 5 years	6 (3.6)	35 (17.1)
5-15 years	72 (42.9)	64 (31.2)
16-25 years	59 (35.1)	48 (23.4)
26-35 years	26 (15.5)	41 (20.0)
More than 35 years	5 (3.0)	17 (8.3)
Q24 Answered Patient Questions related to POTIC	GA in past 12 months	
Yes	()	21 (10.2)
No	()	171 (83.4)
Don't know/don't remember	()	13 (6.3)
Q25 Dispensed POTIGA in past 12 months		
Yes	()	32 (15.6)
No	()	158 (77.1)
Don't know/don't remember	()	15 (7.3)
Q16(Q26*) Months Prescribing/Dispensing POTIC	GA	
Less than 1	16 (9.5)	3 (9.4)
1-3	55 (32.7)	14 (43.8)
4-6	50 (29.8)	5 (15.6)
7 – 9	19 (11.3)	1 (3.1)
10 – 12	12 (7.1)	5 (15.6)
More than 12 months	11 (6.5)	1 (3.1)
Don't know/don't remember	5 (3.0)	3 (9.4)
Q17(Q27*) Patients Prescribed/Dispensed POTIG	A in past 12 months	
1-2	87 (51.8)	21 (65.6)
3 – 10	66 (39.3)	8 (25.0)
11 - 20	12 (7.1)	1 (3.1)
More than 20	3 (1.8)	1 (3.1)
Don't know/don't remember	()	1 (3.1)
Q18(Q28) Prescriptions for AEDs written/filled pe	er month on average over past year	ar
1 – 10	5 (3.0)	4 (12.5)
11 – 30	24 (14.3)	8 (25.0)
31 – 50	38 (22.6)	7 (21.9)
More than 50	101 (60.1)	13 (40.6)
Q19 Range of Patient Population (multiple respons	se)	
Pediatric (Under 18)	53 (31.5)	()
18-34	155 (92.3)	()
35-64	157 (93.5)	()
65 +	143 (85.1)	()

Healthcare Provider Practice History	Prescribing Physicians	Pharmacists
Total Responding:	168	205
	n (%)	n (%)
Q20 Size of Total Patient Population		
Less than 100 patients	1 (0.6)	()
101 – 500 patients	19 (11.3)	()
501 – 1000 patients	56 (33.3)	()
More than 1000 patients	92 (54.8)	()
Q21 Size of Epilepsy Patient Population		
Less than 10 patients	()	()
10 – 50 patients	3 (1.8)	()
51 – 100 patients	25 (14.9)	()
101+ patients	140 (83.3)	()
I do not treat patients with epilepsy	()	()

Columns may not sum to 100% due to rounding.

# 6. SURVEY RESULTS

# 6.1. Organization of Results

Responses from physicians who have prescribed POTIGA at least once within the past 12 months and pharmacists who have filled a prescription for at least one AED within the previous 3 months are presented in this section.

# 6.2. Healthcare Providers Understanding of Risks Associated with POTIGA

Healthcare providers understanding of the primary objectives are presented in Table 4 below, as well as the tabulated data appended at the end of the report.

Of the 13 primary objectives, 5 were related specifically to urinary retention and symptoms of acute urinary retention risks associated with POTIGA. Of these risk objectives, 3 were correctly answered by more than 80% of physicians based on the point estimate. The urinary retention objectives that met the pre-defined threshold with a point estimate of at least 80% included:

- Correct Response: According to the U.S. prescribing information, urinary retention is a potential risk associated with POTIGA (85.1%, n=143).
- Correct Response: If a patient on POTIGA experiences inability to pass urine, they should be advised to seek immediate medical attention (82.7%, n=139).
- Correct Response: Patients with benign prostatic hyperplasia (BPH) (85.7%, n=144), patients who are unable to communicate clinical symptoms (e.g. cognitively impaired patients) (79.8%, n=134) and patients who use concomitant

<sup>(--)</sup> Indicates a percentage that does not round to 1 or is zero

<sup>\*</sup>These questions were only asked of pharmacists who had dispensed Potiga in the past 12 months.

medications that may affect voiding (e.g. anti-cholinergics) (82.1%, n=138) are recommended to have closer monitoring for urinary retention.

The remaining 2 primary risk objectives related to urinary retention and symptoms of urinary risks with POTIGA did not meet the targeted threshold within the physician population:

- True: It is known from controlled clinical studies that adverse events related to voiding dysfunction generally tend to be reported within the first 6 months after starting POTIGA (73.8%, n=124).
- Correct Response: Pain when urinating (22.6%, n=38), difficulty starting urination (58.3%, n=98) and inability to urinate (76.8%, n=129) are all urinary symptoms that patients taking POTIGA should be specially advised to watch out for.
  - Only 23 (14%) physicians correctly responded that they should specially be advising patients to watch out for pain when urinating, difficulty starting urination and the inability to urinate.
  - Thirty-four out of 92 Neurologists (37%) reported "urinary retention as a symptom to watch for/an AE/potential side effect" of POTIGA. Seventeen out of 51(33%) Epileptologists provided the same response.

The following three primary objectives, not specifically related to the risk of urinary retention, were correctly answered by more than 80% of physicians based on the point estimate. These objectives that met the pre-defined threshold of 80% were:

- Correct Response: According to the U.S. prescribing information, partial-onset seizures are the FDA-approved indication for POTIGA (97.6%, n=164).
- False: According to U.S. prescribing information, POTIGA can be used as monotherapy (91.1%, n=153).
- Correct Response: Yes, the label for POTIGA recommends caution when prescribing for patients with moderate to severe renal or hepatic impairment (87.5%, n=147).

The remaining primary objectives for POTIGA had a point estimate that fell below the 80% targeted threshold:

- Correct Response: According to the U.S. prescribing information, POTIGA can be taken with or without food (69.0%, n=116).
  - o Thirty percent (n=52) of total physicians did not know or did not recall the correct response to this objective and almost 25% (n=42) stated they were not sure or uncertain of the appropriate response.

- Correct Response: According to the U.S. prescribing information, 1,200 mg is the maximum recommended daily maintenance dose of POTIGA for the General Population (67.9%, n=114).
  - Almost 15% (n=8) of physicians who provided an incorrect response stated their response were based on "general recall/memory/best recall from PI/from literature/dosing directions". Thirteen percent (n=7) of physicians either reported they were "not aware of the maximum dose/uncertain or maximum dose" or "do not know/recall" the correct maximum dosing.
- Correct Response: According to the U.S. prescribing information, the youngest age at which POTIGA can be used is 18 (61.9%, n=104).
  - O Twelve percent (n=8) of total physicians stated that "persons 12 years of age/adolescents/FDA approved for 12 years" is the youngest age at which the medicine can be used. Five out of the 30 physicians (17%) who stated their specialty was Epileptology provided the same response to the follow-up question.
- Correct Response: According to the U.S. prescribing information, when increasing a dose, 150mg/day is the maximum total daily dose at which POTIGA can be increased once every 7 days (59.5%, n=100).
  - Twenty percent (n=9) Neurologists provided their response was based on the "label/indications/package inserts/prescribing literature" and 21% (n=4) of Epileptologists stated their response was based on "general recall". Eight (12%) of the total physicians stated the maximum daily dose at which POTIGA could be increased once every 7 days was 150mg.
- False: According to U.S. prescribing information, for the General Population, the recommended total initial dosage should be 150mg per day for one week (54.8%, n=92).
  - o 15 of the 75 total physicians (20%, n=15) stated that 150mg/day as an initial dosage was true and based their response on the "label/indications/package inserts/prescribing literature", while 12 (16%) physicians stated their rationale to this objective was based on "general recall".

### • Correct Responses:

- No, the label for POTIGA does not recommend caution when prescribing for patients with moderate to severe asthma (63.1%, n=106).
- Yes, the label for POTIGA recommends caution when prescribing for patients over the age of 65 years (55.4%, n=93).

- No, the label for POTIGA does not recommend caution when prescribing for patients with moderate to severe Crohn's disease (51.8%, n=87).
- No, the label for POTIGA does not recommend caution when prescribing for patients with moderate to severe glaucoma (47.0 %, n=79).

None of the primary objectives for the pharmacist cohort achieved the pre-defined 80% threshold; however, when stratified by those pharmacists who had dispensed POTIGA, four objectives met the established threshold:

- Correct Response: According to the U.S. prescribing information, partial-onset seizures are the FDA-approved indication for POTIGA (90.6%, n=29).
- Correct Response: Yes, the label for POTIGA recommends caution when prescribing for patients with moderate to severe renal or hepatic impairment (87.5%, n=28).

The following 2 objectives, that met the threshold when stratified, were specifically related to urinary retention risks when using POTIGA:

- Correct Response: According to the U.S. prescribing information, urinary retention is a potential risk associated with POTIGA (81.2%, n=26).
- Correct Response: If a patient on POTIGA experiences inability to pass urine, they should be advised to seek immediate medical attention (81.2%, n=26)

Rationale provided for some of the additional POTIGA objectives that failed to meet the target threshold were:

- Almost three-fourths (73%, n=38) of retail pharmacists were not able to provide a correct response to the objective related to POTIGA can be taken with or without food because of their lack of familiarity of POTIGA. Over 42% (n=14) of hospital pharmacists provided an incorrect response to this objective because of their lack of familiarity with the drug and 15% (n=5) stated they simply did not know/did not recall the correct dosing directions.
- Sixty-two percent (n=39) of retail pharmacists and 46% (n=18) of hospital pharmacists stated a "lack of familiarity/never heard of POTIGA/never dispensed POTIGA/no experience with POTIGA" at the objective concerning the recommended maximum daily maintenance dose of POTIGA.
- Over half (55%, n=36) of retail pharmacists and 41% (n=21) of hospital pharmacists stated a lack of familiarity with POTIGA, while 15% of total pharmacists were not aware of the minimum dosing age.
- About half (53% of retail and 48% hospital) of total pharmacists stated their lack of POTIGA knowledge as the rationale for providing an incorrect response to the

objective that 150mg/day is the total daily dose POTIGA can be increased by over the course of 7 days. Approximately the same percentage (50% retail and 46% hospital) provided the same rational to the objective testing the recommended initial dose of POTIGA as 150mg/day is "False".

• Most of the pharmacists (n=173; 84%) reported not having dispensed POTIGA in the past 12 months or being unsure if they had, which, likely resulted in the high rate of uncertainty.

Table 4 Summary of Physician and Pharmacist Risk Questions

		Phys	sicians	Phari	macists
Total I	Responding:	1	68	2	05
Q#	Objective	n	%	n	%
Q1	According to U.S. prescribing information, what is the				
Q1	FDA-approved indication for POTIGA?				
	Migraine	2	1.2	1	0.5
	*Partial-onset seizures	164	97.6	127	62.0
	Generalized tonic clonic seizures	9	5.4	6	2.9
	None of the above				
	I don't know	2	1.2	74	36.1
Q2	True or False: According to U.S. prescribing information, POTIGA can be used as monotherapy.				
	True	8	4.8	29	14.1
	*False	153	91.1	82	40.0
	I don't know	7	4.2	94	45.9
Q3	According to U.S. prescribing information, which of the following are potential risks associated with POTIGA?				
	*Urinary retention	143	85.1	117	57.1
	Pancreatitis	9	5.4	5	2.4
	Ischemic colitis	3	1.8	1	0.5
	I don't know	19	11.3	85	41.5
Q4	According to U.S. prescribing information, what is the maximum recommended daily maintenance dose of POTIGA for the General Population?			10	
	600 mg	11	6.5	10	4.9
	900 mg	13	7.7	4	2.0
	*1200 mg	114	67.9	105	51.2
	2000 mg	1	0.6		
	None of the above	4	2.4	6	2.9
	I don't know	27	16.1	84	41.0
Q5	According to U.S. prescribing information, which of the following statements, if any, is true?				
	The oldest age at which POTIGA can be used is 65	6	3.6	2	1.0
	There are no lower age limits for POTIGA	11	6.5	4	2.0
	The youngest age at which POTIGA can be used is 12	22	13.1	11	5.4

		Phys	icians	Phari	nacists
Total F	Responding:	168		205	
<b>Q</b> #	Objective	n	%	n	%
	*The youngest age at which POTIGA can be used is 18	104	61.9	85	41.5
	None of the above	9	5.4	10	4.9
	I don't know	25	14.9	94	45.9
Q6	According to U.S. prescribing information, which of the following statements, if any, is true?				
	POTIGA should always be taken with food	6	3.6	5	2.4
	POTIGA should always be taken on its own, without food	2	1.2	3	1.5
	*POTIGA can be taken with or without food	116	69.0	120	58.5
	None of the above	2	1.2	1	0.5
	I don't know	42	25.0	77	37.6
Q7	Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch out for?				
	*Pain when urinating	38	22.6	47	22.9
	*Difficulty starting urination	98	58.3	97	47.3
	Renal colic	17	10.1	10	4.9
	*Inability to urinate	129	76.8	88	42.9
	None of the above	1	0.6	1	0.5
	I don't know	12	7.1	73	35.6
Q8	If a patient on POTIGA experiences inability to pass urine, what would you advise them to do?				
	Report the issue at their next doctor's appointment	6	3.6	25	12.2
	Drink more water	6	3.6	6	2.9
	*Seek immediate medical attention	139	82.7	138	67.3
	Stop taking POTIGA	68	40.5	26	12.7
	None of the above	2	1.2	1	0.5
	I don't know	3	1.8	44	21.5
Q9	According to U.S. prescribing information, when increasing the dose, what is the maximum total daily dose at which POTIGA can be increased once every 7 days?				
	Total daily dose increased by 50mg/day	21	12.5	26	12.7
	*Total daily dose increased by 150mg/day	100	59.5	88	42.9
	Total daily dose increased by 200mg/day	8	4.8		
	Total daily dose increased by 300mg/day	13	7.7	2	1.0
	None of the above	4	2.4	1	0.5
	I don't know	22	13.1	88	42.9
Q10	True or False: According to U.S. prescribing information, for the General Population, the recommended total initial dosage should be 150mg per day for one week.  True	54	32.1	24	11.7
	*False	92	54.8	102	49.8
	I don't know	22	13.1	79	38.5

			sicians	Phari	nacists	
Total R	esponding:	1	68	2	05	
Q#	Objective	n	%	n	%	
	Moderate to severe renal or hepatic impairment: The					
Q11_1	label for POTIGA recommends caution when prescribing					
<b>*</b>	for patients with which of the following conditions, if					
	any?					
	*Yes	147	87.5	133	64.9	
	No	8	4.8	9	4.4	
	I don't know	13	7.7	63	30.7	
	Moderate to severe Crohn's disease: The label for					
Q11_2	POTIGA recommends caution when prescribing for					
	patients with which of the following conditions, if any?					
	Yes	18	10.7	20	9.8	
	*No	87	51.8	62	30.2	
	I don't know	63	37.5	123	60.0	
	Moderate to severe asthma: The label for POTIGA					
Q11_3	recommends caution when prescribing for patients with					
	which of the following conditions, if any?					
	Yes	6	3.6	12	5.9	
	*No	106	63.1	72	35.1	
	I don't know	56	33.3	121	59.0	
	Patients over the age of 65 years: The label for POTIGA					
Q11_4	recommends caution when prescribing for patients with					
	which of the following conditions, if any?					
	*Yes	93	55.4	90	43.9	
	No	39	23.2	22	10.7	
	I don't know	36	21.4	93	45.4	
	Moderate to severe glaucoma: The label for POTIGA					
Q11_5	recommends caution when prescribing for patients with					
	which of the following conditions, if any?					
	Yes	20	11.9	31	15.1	
	*No	79	47.0	52	25.4	
	I don't know	69	41.1	122	59.5	
	True or False: It is known from controlled studies that					
012	adverse events related to voiding dysfunction generally					
Q12	tend to be reported within the first 6 months after starting					
	POTIGA.					
	*True	124	73.8	94	45.9	
	False	8	4.8	8	3.9	
	I don't know	36	21.4	103	50.2	
	Which of the following patient groups are recommended					
Q13	to have closer monitoring (including comprehensive					
	evaluation of urologic symptoms) for urinary retention?					
	*Patients with benign prostatic hyperplasia (BPH)	144	85.7	137	66.8	
	*Patients who are unable to communicate clinical	124	70.0	00	40.2	
	symptoms (e.g. cognitively impaired patients)	134	79.8	99	48.3	
	*Patients who use concomitant medications that may	138	82.1	129	62.9	
		•	•	•		

Total Re	Physicians sponding: 168		Pharmacists		
Q#	Objective	n	%	n	%
	affect voiding (e.g. anti-cholinergics)				
	Patients who use non-steroidal anti-inflammatory drugs (NSAIDs)	13	7.7	33	16.1
	Patients who are obese	4	2.4	12	5.9
	None of the above	1	0.6	2	1.0
	I don't know	11	6.5	57	27.8

Columns may not sum to 100% due to rounding.

# 6.3. Healthcare Provider Profiling Questions

Following the understanding questions, physicians and pharmacists were asked a series of profiling questions to gain an understanding of how they learned about the risks associated with POTIGA and how they would prefer to learn about risk associated with the use of POTIGA in the future. Physician and pharmacist responses are presented in Table 5.

Over half of the physicians reported interest in GSK-sponsored Education Meetings (55%, n=92), followed by GSK sales representatives (46%) and POTIGA product labeling or other healthcare professionals (36%, respectively). Pharmacists preferred to receive information from the POTIGA product labeling (49%, n=101), along with GSK-sponsored educational meetings (36%) and from GSK sales representatives (35%).

Most physicians reported learning about the risks associated with POTIGA from the product labeling (78%) or from a GSK sales representative (60%). Most pharmacists reported learning about the risks associated with POTIGA from the product labeling (46%) or from other healthcare professionals (22%).

The majority of both physicians (82%, n=137) and pharmacists (91%, n=186) did not learn about the risks associated with POTIGA from a Dear HCP Letter and relatively few healthcare professionals reported learning information on POTIGA from GSK medical information, promotional materials, websites for both GSK and POTIGA or GSK-sponsored education meetings.

Physicians and pharmacists were then asked how they would prefer to learn about the risks associated with POTIGA in the future. Over half of the physicians reported interest in GSK-sponsored Education Meetings (55%, n=92), followed by GSK sales representatives (46%) and POTIGA product labeling or other healthcare professionals (36%, respectively). Pharmacists preferred to receive information from the POTIGA product labeling (49%, n=101), along with GSK-sponsored educational meetings (36%) and from GSK sales representatives (35%).

<sup>(--)</sup> Indicates a percentage that does not round to 1 or is zero

Table 5 Healthcare Provider Profiling Questions

			sicians	Phar	macists	
Total Ro	esponding:	1	68	205		
Q#	Objective	n	%	n	%	
	POTIGA Dear HCP Letter: Have you learned					
Q29_1	about the risks associated with the use of POTIGA					
` _	from any of the following sources?					
	Yes	14	8.3	10	4.9	
	No	137	81.5	186	90.7	
	Don't know	17	10.1	9	4.4	
Q29_2	GlaxoSmithKline Medical Information: Have you learned about the risks associated with the use of					
	POTIGA from any of the following sources?	£0	24.5	21	10.2	
	Yes No	58 98	34.5 58.3	21	10.2 86.3	
	1 -	12		177		
	Don't know	12	7.1	7	3.4	
Q29 3	GlaxoSmithKline Promotional Materials: Have you learned about the risks associated with the use					
` _	of POTIGA from any of the following sources?					
	Yes	67	39.9	28	13.7	
	No	90	53.6	171	83.4	
	Don't know	11	6.5	6	2.9	
	GSK Website: POTIGA.com: Have you learned					
Q29_4	about the risks associated with the use of POTIGA					
ζ	from any of the following sources?					
	Yes	39	23.2	41	20.0	
	No	118	70.2	159	77.6	
	Don't know	11	6.5	5	2.4	
	2 on vinion		0.0			
	GlaxoSmithKline Sales Representatives: Have you					
Q29 5	learned about the risks associated with the use of					
ζ <u>-</u>	POTIGA from any of the following sources?					
	Yes	100	59.5	9	4.4	
	No	64	38.1	190	92.7	
	Don't know	4	2.4	6	2.9	
	Don't know	· ·	2	Ü	2.7	
	GlaxoSmithKline-sponsored Educational Meeting:					
	Have you learned about the risks associated with					
Q29_6	the use of POTIGA from any of the following					
	sources?					
	Yes	30	17.9	4	2.0	
	No	130	77.4	195	95.1	
	Don't know	8	4.8	6	2.9	
	2 OII CRIICH		1.0		2.7	
	POTIGA Product Labeling (including Prescribing					
	Information, Medication Guide): Have you learned					
Q29_7	about the risks associated with the use of POTIGA					
	from any of the following sources?					
	Yes	131	78.0	95	46.3	
	No	30	17.9	104	50.7	

		Physicians		Pharmacists		
Total Responding:		168		205		
<b>Q</b> #	Objective	n	%	n	%	
	Don't know	7	4.2	6	2.9	
Q29_8	Other Healthcare Professionals: Have you learned about the risks associated with the use of POTIGA from any of the following sources?					
	Yes	74	44.0	45	22.0	
	No	85	50.6	154	75.1	
	Don't know	9	5.4	6	2.9	
Q30	How would you prefer to learn about the risks associated with the use of POTIGA in the future? (Select up to 3 options).					
	GlaxoSmithKline-sponsored Educational Meeting	92	54.8	74	36.1	
	GlaxoSmithKline Sales Representatives	77	45.8	71	34.6	
	POTIGA Product Labeling (including Prescribing Information, Medication Guide)	60	35.7	101	49.3	
	Other Healthcare Professionals	60	35.7	36	17.6	
	GlaxoSmithKline Medical Information	41	24.4	48	23.4	
	GSK Website: POTIGA.com	37	22.0	61	29.8	
	GlaxoSmithKline Promotional Materials	28	16.7	60	29.3	
	POTIGA Dear HCP Letter	21	12.5	64	31.2	

Table 6 Summary of Pharmacist Risk Questions by POTIGA Dispensing History

Total Responding:		Pharmacists who Have Dispensed POTIGA 32		Pharmacists who Have Not Dispensed POTIGA 173	
<b>Q</b> #	Objective	n	%	n	%
	According to U.S. prescribing information, what is the				
Q1	FDA-approved indication for POTIGA?				
	Migraine	1	3.1		
	*Partial-onset seizures	29	90.6	98	56.6
	Generalized tonic clonic seizures	3	9.4	3	1.7
	None of the above				
	I don't know	2	6.2	72	41.6
	T don't know		0.2	, 2	11.0
Q2	True or False: According to U.S. prescribing information, POTIGA can be used as monotherapy.				
	True	9	28.1	20	11.6
	*False	20	62.5	62	35.8
	I don't know	3	9.4	91	52.6
Q3	According to U.S. prescribing information, which of the following are potential risks associated with POTIGA?				
	*Urinary retention	26	81.2	91	52.6
	Pancreatitis	3	9.4	2	1.2
	Ischemic colitis	1	3.1		
	I don't know	4	12.5	81	46.8
Q4	According to U.S. prescribing information, what is the maximum recommended daily maintenance dose of POTIGA for the General Population?				
	600 mg	4	12.5	6	3.5
	900 mg	2	6.2	2	1.2
	*1200 mg	24	75.0	81	46.8
	2000 mg				
	None of the above			6	3.5
	I don't know	4	12.5	80	46.2
Q5	According to U.S. prescribing information, which of the following statements, if any, is true?				
	The oldest age at which POTIGA can be used is 65	1	3.1	1	0.6
	There are no lower age limits for POTIGA	1	3.1	3	1.7
	The youngest age at which POTIGA can be used is 12	5	15.6	6	3.5
	*The youngest age at which POTIGA can be used is 18	18	56.2	67	38.7
	None of the above	1	3.1	9	5.2
	I don't know	7	21.9	87	50.3
		*			
Q6	According to U.S. prescribing information, which of the following statements, if any, is true?				
	POTIGA should always be taken with food	2	6.2	3	1.7
	POTIGA should always be taken on its own, without	3	9.4		

		Pharmacists who Have Dispensed POTIGA		Pharmacists who Have Not Dispensed POTIGA 173	
	1 8		32		
Q#	Objective	n	%	n	%
	food				
	*POTIGA can be taken with or without food	24	75.0	96	55.5
	None of the above			1	0.6
	I don't know	4	12.5	73	42.2
	I don't know	4	12.3	13	42.2
Q7	Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch out for?				
	*Pain when urinating	14	43.8	33	19.1
	*Difficulty starting urination	24	75.0	73	42.2
	Renal colic	3	9.4	7	4.0
	*Inability to urinate	22	68.8	66	38.2
	None of the above			1	0.6
	I don't know	2	6.2	71	41.0
	1 don't know		0.2	, 1	71.0
Q8	If a patient on POTIGA experiences inability to pass urine, what would you advise them to do?				
<del></del>	Report the issue at their next doctor's appointment	6	18.8	19	11.0
	Drink more water	2	6.2	4	2.3
	*Seek immediate medical attention	26	81.2	112	64.7
	Stop taking POTIGA	6	18.8	20	11.6
	None of the above			1	0.6
	I don't know			44	25.4
	1 don't know				20.1
Q9	According to U.S. prescribing information, when increasing the dose, what is the maximum total daily dose at which POTIGA can be increased once every 7 days?				
	Total daily dose increased by 50mg/day	6	18.8	20	11.6
	*Total daily dose increased by 150mg/day	19	59.4	69	39.9
	Total daily dose increased by 200mg/day				
	Total daily dose increased by 300mg/day	1	3.1	1	0.6
	None of the above			1	0.6
	I don't know	6	18.8	82	47.4
Q10	True or False: According to U.S. prescribing information, for the General Population, the recommended total initial dosage should be 150mg per day for one week.				
	True	9	28.1	15	8.7
	*False	22	68.8	80	46.2
	I don't know	1	3.1	78	45.1
Q11_1	Moderate to severe renal or hepatic impairment: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?				
	*Yes	28	87.5	105	60.7
	No	2	6.2	7	4.0
	I don't know	2	6.2	61	35.3

		Pharmacists who Have Dispensed POTIGA 32		Pharmacists who Have Not Dispensed POTIGA 173	
	ponding:				
Q#	Objective	n	%	n	%
	Moderate to severe Crohn's disease: The label for				
Q11_2	POTIGA recommends caution when prescribing for				
	patients with which of the following conditions, if any?				
	Yes	6	18.8	14	8.1
	*No	18	56.2	44	25.4
	I don't know	8	25.0	115	66.5
Q11_3	Moderate to severe asthma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?				
	Yes	3	9.4	9	5.2
	*No	21	65.6	51	29.5
	I don't know	8	25.0	113	65.3
Q11_4	Patients over the age of 65 years: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?				
	*Yes	24	75.0	66	38.2
	No	6	18.8	16	9.2
	I don't know	2	6.2	91	52.6
Q11_5	Moderate to severe glaucoma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?				
	Yes	9	28.1	22	12.7
	*No	12	37.5	40	23.1
	I don't know	11	34.4	111	64.2
Q12	True or False: It is known from controlled studies that adverse events related to voiding dysfunction generally tend to be reported within the first 6 months after starting POTIGA.				
	*True	25	78.1	69	39.9
	False	2	6.2	6	3.5
	I don't know	5	15.6	98	56.6
	Which of the Collection metions are series				
Q13	Which of the following patient groups are recommended to have closer monitoring (including comprehensive evaluation of urologic symptoms) for urinary retention?				
	*Patients with benign prostatic hyperplasia (BPH)	26	81.2	111	64.2
	*Patients who are unable to communicate clinical				
	symptoms (e.g. cognitively impaired patients)	21	65.6	78	45.1
	*Patients who use concomitant medications that may	26	01.2	102	50.5
	affect voiding (e.g. anti-cholinergics)	26	81.2	103	59.5
	Patients who use non-steroidal anti-inflammatory drugs (NSAIDs)	5	15.6	28	16.2
	Patients who are obese	3	9.4	9	5.2
	None of the above			2	1.2
	I don't know	2	6.2	55	31.8

# 6.4. Adverse Event Reporting

No adverse events were reported during the study.

### 7. DISCUSSION AND CONCLUSIONS

### 7.1. Discussion

### 7.1.1. Healthcare Provider Demographics

Overall, the surveyed population encompassed various levels of experience in practice, with the majority of physicians having 5 to 25 years of medical practice experience and prescribing AEDs of at least 5 to 15 years. The majority of pharmacists had between 5 to 35 years of experience as a practicing pharmacist and have been dispensing or answering question regarding AEDs for the past 5 to 15 years.

Both the majority of physicians and pharmacists state they prescribe or fill prescriptions for AEDs more than 50 times per month within the past year (60% and 41%, respectively). However, within the past 12 months, the healthcare providers mention that POTIGA is prescribed (52%) or dispensed (66%) to only 1-2 patients on average per month.

Physicians report treating patient populations of all ages and most report patient populations of at least 1,000 or more, with an epilepsy patient population size of more than 100 patients.

# 7.1.2. Healthcare Providers' Understanding of Risks of POTIGA

Generally, the results of this cross-sectional study revealed a good level of understanding of some aspects of the urinary risks associated with the use of POTIGA, although a number of risk questions did not meet the 80% correct response benchmark, especially within the pharmacist population.

Of the 13 primary objectives, 5 were related specifically to urinary retention and symptoms of acute urinary retention risks associated with POTIGA. Of these risk objectives, 3 were correctly answered by more than 80% of physicians based on the point estimate. The urinary retention objectives that met the pre-defined threshold with a point estimate of at least 80% included:

- Correct Response: According to the U.S. prescribing information, urinary retention is a potential risk associated with POTIGA (85.1%, n=143).
- Correct Response: If a patient on POTIGA experiences inability to pass urine, they should be advised to seek immediate medical attention (82.7%, n=139).
- Correct Response: Patients with benign prostatic hyperplasia (BPH) (85.7%, n=144), patients who are unable to communicate clinical symptoms (e.g. cognitively impaired patients) (79.8%, n=134) and patients who use concomitant

medications that may affect voiding (e.g. anti-cholinergics) (82.1%, n=138) are recommended to have closer monitoring for urinary retention.

The remaining 2 primary risk objectives related to urinary retention and symptoms of urinary risks with POTIGA did not meet the targeted threshold within the physician population:

- True: It is known from controlled clinical studies that adverse events related to voiding dysfunction generally tend to be reported within the first 6 months after starting POTIGA (73.8%, n=124).
- Correct Response: Pain when urinating (22.6%, n=38), difficulty starting urination (58.3%, n=98) and inability to urinate (76.8%, n=129) are all urinary symptoms that patients taking POTIGA should be specially advised to watch out for.
  - Only 23 (14%) physicians correctly responded that they should specially be advising patients to watch out for pain when urinating, difficulty starting urination and the inability to urinate.
  - Thirty-four out of 92 Neurologists (37%) reported "urinary retention as a symptom to watch for/an AE/potential side effect" of POTIGA. Seventeen out of 51(33%) Epileptologists provided the same response.

The following three primary objectives, not specifically related to the risk of urinary retention, were correctly answered by more than 80% of physicians based on the point estimate. These objectives that met the pre-defined threshold of 80% were:

- Correct Response: According to the U.S. prescribing information, partial-onset seizures are the FDA-approved indication for POTIGA (97.6%, n=164).
- False: According to U.S. prescribing information, POTIGA can be used as monotherapy (91.1%, n=153).
- Correct Response (part of question 11): Yes, the label for POTIGA recommends caution when prescribing for patients with moderate to severe renal or hepatic impairment (87.5%, n=147).

The remaining primary objectives for POTIGA had a point estimate that fell below the 80% targeted threshold:

- Correct Response: According to the U.S. prescribing information, POTIGA can be taken with or without food (69.0%, n=116).
  - o Thirty percent (n=52) of total physicians did not know or did not recall the correct response to this objective and almost 25% (n=42) stated they were not sure or uncertain of the appropriate response.

- Correct Response: According to the U.S. prescribing information, 1,200 mg is the maximum recommended daily maintenance dose of POTIGA for the General Population (67.9%, n=114).
  - Almost 15% (n=8) of physicians who provided an incorrect response stated their response were based on "general recall/memory/best recall from PI/from literature/dosing directions". Thirteen percent (n=7) of physicians either reported they were "not aware of the maximum dose/uncertain or maximum dose" or "do not know/recall" the correct maximum dosing.
- Correct Response: According to the U.S. prescribing information, the youngest age at which POTIGA can be used is 18 (61.9%, n=104).
  - Twelve percent (n=8) of total physicians stated that "persons 12 years of age/adolescents/FDA approved for 12 years" is the youngest age at which the medicine can be used. Five out of the 30 physicians (17%) who stated their specialty was Epileptology provided the same response to the followup question.
- Correct Response: According to the U.S. prescribing information, when increasing a dose, 150mg/day is the maximum total daily dose at which POTIGA can be increased once every 7 days (59.5%, n=100).
  - Twenty percent (n=9) Neurologists provided their response was based on the "label/indications/package inserts/prescribing literature" and 21% (n=4) of Epileptologists stated their response was based on "general recall". Eight (12%) of the total physicians stated the maximum daily dose at which POTIGA could be increased once every 7 days was 150mg.
- False: According to U.S. prescribing information, for the General Population, the recommended total initial dosage should be 150mg per day for one week (54.8%, n=92).
  - o 15 of the 75 total physicians (20%, n=15) stated that 150mg/day as an initial dosage was true and based their response on the "label/indications/package inserts/prescribing literature", while 12 (16%) physicians stated their rationale to this objective was based on "general recall".
- Correct Responses (part of question 11):
  - No, the label for POTIGA does not recommend caution when prescribing for patients with moderate to severe asthma (63.1%, n=106).
  - Yes, the label for POTIGA recommends caution when prescribing for patients over the age of 65 years (55.4%, n=93).

- No, the label for POTIGA does not recommend caution when prescribing for patients with moderate to severe Crohn's disease (51.8%, n=87).
- No, the label for POTIGA does not recommend caution when prescribing for patients with moderate to severe glaucoma (47.0 %, n=79).

None of the primary objectives for the pharmacist cohort achieved the pre-defined 80% threshold; however, when stratified by those pharmacists who had dispensed POTIGA, four objectives met the established threshold:

- Correct Response: According to the U.S. prescribing information, partial-onset seizures are the FDA-approved indication for POTIGA (90.6%, n=29).
- Correct Response: Yes, the label for POTIGA recommends caution when prescribing for patients with moderate to severe renal or hepatic impairment (87.5%, n=28).

The following 2 objectives, that met the threshold when stratified, were specifically related to urinary retention risks when using POTIGA:

• Correct Response: According to the U.S. prescribing information, urinary retention is a potential risk associated with POTIGA (81.2%, n=26).

Correct Response: If a patient on POTIGA experiences inability to pass urine, they should be advised to seek immediate medical attention (81.2%, n=26)

### 7.2. Conclusions

This study of physicians and pharmacists assessed their knowledge of the serious urinary retention risks associated with POTIGA. In addition, this study assessed whether or not both physicians and pharmacists recall receiving a Dear Healthcare Provider Letter and where they receive their information about POTIGA.

- Physician comprehension was adequate for the majority of key safety issues addressed in the REMS.
  - Six of the thirteen questions met or exceeded the 80% threshold for the proportion of correct responses and an additional question was near the threshold (74%).
- In the Pharmacist group, there were no scores that achieved the threshold. However, when stratified by whether or not the pharmacists had dispensed POTIGA, those pharmacists (n=32) that had dispensed the medicine scored above the established threshold on 4 of the objectives.
- The majority of physicians (82%, n=137) and pharmacists (91%, n=186) did not learn about the risks associated with POTIGA from a Dear HCP Letter and

relatively few healthcare professionals reported learning information on POTIGA from GSK medical information, promotional materials, websites for both GSK and POTIGA or GSK-sponsored education meetings.

- However, over half of physicians (60%, n=100) who completed the assessment stated they learned about the risks of POTIGA from a GSK sales representative. Seventy-eight percent (n=131) of physicians also learned of the POTIGA risks from the product labeling (including Prescribing Information, Medication Guide), while 46% (n=95) of pharmacists also mentioned learning the risks from the product labeling.
- Due to the short relative time that POTIGA has been available, it was not unexpected that the pharmacists surveyed did not have much experience with dispensing POTIGA to patients yet.

# 8. REFERENCES

Davis TC, Long SW, Jackson RH, Mayeaux EJ, George RB, Murphy PW, and Crouch MA. (1993) Rapid Estimate of Adult Literacy in Medicine: A Shortened Screening Instrument. Family Medicine, 25, 391-396.

# 9. POST-TEXT TABLES AND FIGURES

Not applicable.

# **Synopsis**

**Study Number: WEUKBRE5993** 

Title: Prescriber and Pharmacist Understanding of the Risk of Urinary Retention with

**POTIGA** 

Investigator(s): None

Study center(s): 1

**Publication(s):** None at the time of this report

**Study Period:** 25 Feb 2013 – 10 Apr 2013

**Phase of Development:** IV

**Objective:** The objectives of this survey were to assess prescribers' and pharmacists' understanding of the risk of urinary retention and the symptoms of acute urinary retention potentially associated with POTIGA use as evaluated by a survey instrument.

**Methodology:** A cross-sectional, non-interventional observational survey of physicians who treat patients with epilepsy (including neurologists, neurosurgeons, and epileptologists) and who have prescribed POTIGA, as well as with pharmacists who currently dispense anti-epileptic drugs (AEDs), was conducted to determine prescribing physicians' and pharmacists' understanding of the FDA labeling regarding the risk of urinary retention and the symptoms of acute urinary retention potentially associated with POTIGA use. Physicians' demographic information including clinical specialty, years of practice, and prescribing practices were collected at screening and if qualified and interested, physicians participated in either a telephone or an online physician survey of the prescribing information for POTIGA.

Number of subjects: 373

Prescribing physicians and pharmacists were recruited into the study.

Cohort	Description	Number of Subjects
	Prescribing Physicians (Neurologists,	
1	Neurosurgeons, Epileptologists) who have	168
	prescribed POTIGA within the past 12 months	
2	Pharmacists who have dispensed an AED within	205
	the previous three months	205

**Main criteria for inclusion:** Physicians were required to be currently practicing medicine and have treated patients with epilepsy as well as prescribed POTIGA to their epilepsy patients within the past 12 months.

Pharmacists were required to be currently practicing pharmacy and have filled prescriptions for patients with epilepsy, including at least one AED within the previous three months.

**Treatment administration:** No treatment was administered.

**Criteria for evaluation:** The primary outcome of this study is the proportion of subjects that correctly respond to individual survey questions concerning the risk of urinary retention and the symptoms of acute urinary retention associated with POTIGA. The order in which potential responses to survey questions appear were randomized. The proportion responding correctly was tabulated separately for each item in the subject understanding survey instrument. These risks represent those described in the DHCP letter.

**Statistical methods:** Data analyses were quantitative in nature. Correct responses to the questions about the risks and symptoms of urinary retention associated with POTIGA were tabulated using the proportion of physicians who chose the correct answer. The proportion of health care providers (HCPs) reporting each response was provided for each cohort.

#### **Summary:**

**Demographics:** 168 physicians and 205 pharmacists were enrolled into this study.

Limited demographic information was collected. Physicians stated their primary specialty was in Neurology (64%, n=108) or Epileptology (36%, n=60). Pharmacists stated their primary specialty was in Community/Retail (55%, n=113), and Hospital/Clinic (45%, n=92).

Demographics	Prescribing Physicians	Pharmacists
<b>Total Responding:</b>	168	205
	n (%)	n (%)
Primary Specialty		
Neurology	108 (64.3)	<del></del>
Neurosurgery		
Epileptology	60 (35.7)	
Pharmacy (Community/Retail)		113 (55.1)
Pharmacy (Hospital/Clinical)	-	92 (44.9)

Columns may not sum to 100% due to rounding.

(--) Indicates a percentage that does not round to 1 or is zero.

Prescribing Physician Practice History: The largest practice history grouping of physicians surveyed was the category of practicing medicine for 5 to 15 years (41%, n=69) followed by those physicians that have been practicing for more than 16 to 25 years (36%, n=61). Approximately 43% (n=72) had prescribed AEDs for 5 to 15 years years (as reflected in the table below), and most (33%, n=55) reported having prescribed POTIGA within the past 1 to 3 months. Fifty-two percent (52%, n=87) of physicians have prescribed POTIGA for only 1-2 patients in the past 12 months; however, over the

past year, 60% (n=101) of physicians reported they have written more than 50 prescriptions for AEDs per month on average. Prescribing physicians treat patient populations across all age ranges, and most reported a patient population size of over 1,000 patients (55%; n=92), and an epilepsy patient population size of more than 100 patients (83%; n=140).

**Pharmacist Practice History:** The largest practice history grouping of pharmacists surveyed was the category of practicing pharmacy for 5 to 15 years (29%, n=60). Approximately 31% (n=64) had dispensed or answered patient questions regarding prescribed AEDs for 5 to 15 years (as reflected in the table below), and most (83%, n=171) reported not having answered patient questions related to POTIGA in the past 12 months. Seventy-seven percent (77%, n=158) have not dispensed POTIGA in the past 12 months. Of those pharmacists who have dispensed POTIGA within the past 12 months (16%, n=32), most reported having dispensed POTIGA for only 1-3 months and for approximately 1-2 patients within that timeframe. Over 40% of pharmacists (n=13) reported having dispensed an average of 50+ AED prescriptions per month over the past year.

Healthcare Provider Practice History	Prescribing Physicians	Pharmacists
Total Responding:	168	205
	n (%)	n (%)
Q14(Q22) Practicing Medicine/Pharmacy		
Less than 5 years	8 (4.8)	30 (14.6)
5-15 years	69 (41.1)	60 (29.3)
16-25 years	61 (36.3)	49 (23.9)
26-35 years	25 (14.9)	45 (22.0)
More than 35 years	5 (3.0)	21 (10.2)
Q15(Q23) Prescribing/Dispensing Anti-Epileptic	Drugs (AEDs)	
Less than 5 years	6 (3.6)	35 (17.1)
5-15 years	72 (42.9)	64 (31.2)
16-25 years	59 (35.1)	48 (23.4)
26-35 years	26 (15.5)	41 (20.0)
More than 35 years	5 (3.0)	17 (8.3)
Q24 Answered Patient Questions related to POTI	GA in past 12 months	
Yes	()	21 (10.2)
No	()	171 (83.4)
Don't know/don't remember	()	13 (6.3)
Q25 Dispensed POTIGA in past 12 months		
Yes	()	32 (15.6)
No	()	158 (77.1)
Don't know/don't remember	()	15 (7.3)
Q16(Q26) Months Prescribing/Dispensing POTIC	GA	
Less than 1	16 (9.5)	3 (9.4)
1 – 3	55 (32.7)	14 (43.8)
4 – 6	50 (29.8)	5 (15.6)
7 – 9	19 (11.3)	1 (3.1)
10 – 12	12 (7.1)	5 (15.6)
More than 12 months	11 (6.5)	1 (3.1)
Don't know/don't remember	5 (3.0)	3 (9.4)

Healthcare Provider Practice History	Prescribing Physicians	Pharmacists				
Total Responding:	168	205				
	n (%)	n (%)				
Q17(Q27) Patients Prescribed/Dispensed POTIGA i	Q17(Q27) Patients Prescribed/Dispensed POTIGA in past 12 months					
1 – 2	87 (51.8)	21 (65.6)				
3 – 10	66 (39.3)	8 (25.0)				
11 - 20	12 (7.1)	1 (3.1)				
More than 20	3 (1.8)	1 (3.1)				
Don't know/don't remember	()	1 (3.1)				
Q18(Q28) Prescriptions for AEDs written/filled per	month on average over past	year				
1 – 10	5 (3.0)	4 (12.5)				
11 – 30	24 (14.3)	8 (25.0)				
31 – 50	38 (22.6)	7 (21.9)				
More than 50	101 (60.1)	13 (40.6)				
Q19 Range of Patient Population (multiple response	)					
Pediatric (Under 18)	53 (31.5)	()				
18-34	155 (92.3)	()				
35-64	157 (93.5)	()				
65 +	143 (85.1)	()				
Q20 Size of Total Patient Population						
Less than 100 patients	1 (0.6)	()				
100 – 500 patients	19 (11.3)	()				
501 – 1000 patients	56 (33.3)	()				
More than 1000 patients	92 (54.8)	()				
Q21 Size of Epilepsy Patient Population						
Less than 10 patients	()	()				
10 – 50 patients	3 (1.8)	()				
51 – 100 patients	25 (14.9)	()				
101+ patients	140 (83.3)	()				
I do not treat patients with epilepsy	()	()				

Columns may not sum to 100% due to rounding.

#### **Healthcare Providers Understanding of Risks Associated with POTIGA:**

There were 13 primary risk objectives evaluated in this study. However, there was one objective (*Q11-Label for POTIGA recommends caution with prescribing for these patients*) that had 5 parts and therefore 5 questions were asked of the physicians and pharmacists about this objective.

Of the 13 primary objectives, 5 were related specifically to urinary retention and symptoms of acute urinary retention risks associated with POTIGA. Of these risk objectives, 3 were correctly answered by more than 80% of physicians based on the point estimate. The urinary retention objectives that met the pre-defined threshold with a point estimate of at least 80% included:

• Correct Response: According to the U.S. prescribing information, urinary retention is a potential risk associated with POTIGA (85.1%, n=143).

<sup>(--)</sup> Indicates a percentage that does not round to 1 or is zero

- Correct Response: If a patient on POTIGA experiences inability to pass urine, they should be advised to seek immediate medical attention (82.7%, n=139).
- Correct Response: Patients with benign prostatic hyperplasia (BPH) (85.7%, n=144), patients who are unable to communicate clinical symptoms (e.g. cognitively impaired patients) (79.8%, n=134) and patients who use concomitant medications that may affect voiding (e.g. anti-cholinergics) (82.1%, n=138) are recommended to have closer monitoring for urinary retention.

The remaining 2 primary risk objectives related to urinary retention and symptoms of urinary risks with POTIGA did not meet the targeted threshold within the physician population:

- True: It is known from controlled clinical studies that adverse events related to voiding dysfunction generally tend to be reported within the first 6 months after starting POTIGA (73.8%, n=124).
- Correct Response: Pain when urinating (22.6%, n=38), difficulty starting urination (58.3%, n=98) and inability to urinate (76.8%, n=129) are all urinary symptoms that patients taking POTIGA should be specially advised to watch out for.
  - Only 23 (14%) physicians correctly responded that they should specially be advising patients to watch out for pain when urinating, difficulty starting urination and the inability to urinate.
  - Thirty-four out of 92 Neurologists (37%) reported "urinary retention as a symptom to watch for/an AE/potential side effect" of POTIGA. Seventeen out of 51(33%) Epileptologists provided the same response.

The following three primary objectives, not specifically related to the risk of urinary retention, were correctly answered by more than 80% of physicians based on the point estimate. These objectives that met the pre-defined threshold of 80% were:

- Correct Response: According to the U.S. prescribing information, partial-onset seizures are the FDA-approved indication for POTIGA (97.6%, n=164).
- False: According to U.S. prescribing information, POTIGA can be used as monotherapy (91.1%, n=153).
- Correct Response (part of question 11): Yes, the label for POTIGA recommends caution when prescribing for patients with moderate to severe renal or hepatic impairment (87.5%, n=147).

The remaining five primary objectives for POTIGA had a point estimate that fell below the 80% targeted threshold:

• Correct Response: According to the U.S. prescribing information, POTIGA can be taken with or without food (69.0%, n=116).

- o Thirty percent (n=52) of total physicians did not know or did not recall the correct response to this objective and almost 25% (n=42) stated they were not sure or uncertain of the appropriate response.
- Correct Response: According to the U.S. prescribing information, 1,200 mg is the maximum recommended daily maintenance dose of POTIGA for the General Population (67.9%, n=114).
  - Almost 15% (n=8) of physicians who provided an incorrect response stated their response were based on "general recall/memory/best recall from PI/from literature/dosing directions". Thirteen percent (n=7) of physicians either reported they were "not aware of the maximum dose/uncertain or maximum dose" or "do not know/recall" the correct maximum dosing.
- Correct Response: According to the U.S. prescribing information, the youngest age at which POTIGA can be used is 18 (61.9%, n=104).
  - Twelve percent (n=8) of total physicians stated that "persons 12 years of age/adolescents/FDA approved for 12 years" is the youngest age at which the medicine can be used. Five out of the 30 physicians (17%) who stated their specialty was Epileptology provided the same response to the follow-up question.
- Correct Response: According to the U.S. prescribing information, when increasing a dose, 150mg/day is the maximum total daily dose at which POTIGA can be increased once every 7 days (59.5%, n=100).
  - Twenty percent (n=9) Neurologists provided their response was based on the "label/indications/package inserts/prescribing literature" and 21% (n=4) of Epileptologists stated their response was based on "general recall". Eight (12%) of the total physicians stated the maximum daily dose at which POTIGA could be increased once every 7 days was 150mg.
- False: According to U.S. prescribing information, for the General Population, the recommended total initial dosage should be 150mg per day for one week (54.8%, n=92).
  - o 15 of the 75 total physicians (20%, n=15) stated that 150mg/day as an initial dosage was true and based their response on the "label/indications/package inserts/prescribing literature", while 12 (16%) physicians stated their rationale to this objective was based on "general recall".
- Correct Responses (part of question 11):
  - No, the label for POTIGA does not recommend caution when prescribing for patients with moderate to severe asthma (63.1%, n=106).

- Yes, the label for POTIGA recommends caution when prescribing for patients over the age of 65 years (55.4%, n=93).
- No, the label for POTIGA does not recommend caution when prescribing for patients with moderate to severe Crohn's disease (51.8%, n=87).
- No, the label for POTIGA does not recommend caution when prescribing for patients with moderate to severe glaucoma (47.0 %, n=79).

None of the primary objectives for the pharmacist cohort achieved the pre-defined 80% threshold; however, when the analysis was restricted to those pharmacists who had dispensed POTIGA, four objectives met the established threshold:

- Correct Response: According to the U.S. prescribing information, partial-onset seizures are the FDA-approved indication for POTIGA (90.6%, n=29).
- Correct Response: Yes, the label for POTIGA recommends caution when prescribing for patients with moderate to severe renal or hepatic impairment (87.5%, n=28).

The following two objectives, that met the threshold when stratified, were specifically related to urinary retention risks when using POTIGA:

- Correct Response: According to the U.S. prescribing information, urinary retention is a potential risk associated with POTIGA (81.2%, n=26).
- Correct Response: If a patient on POTIGA experiences inability to pass urine, they should be advised to seek immediate medical attention (81.2%, n=26)

#### **Conclusions:**

This study of physicians and pharmacists assessed their knowledge of the serious urinary retention risks associated with POTIGA. In addition, this study assessed whether or not both physicians and pharmacists recall receiving a Dear Healthcare Provider Letter and where they receive their information about POTIGA.

- Physician comprehension was adequate for the majority of key safety issues addressed in the REMS
  - Six of the thirteen questions met or exceeded the 80% threshold for the proportion of correct responses, including three that were specifically related to urinary retention.
  - An additional question related to urinary retention was near the threshold (74%).
- In the Pharmacist group, there were no scores that achieved the threshold. However, when stratified by whether or not the pharmacists had dispensed

POTIGA, those pharmacists (n=32) that had dispensed the medicine scored above the established threshold on 4 of the objectives.

- The majority of physicians (82%, n=137) and pharmacists (91%, n=186) did not learn about the risks associated with POTIGA from a Dear HCP Letter and relatively few healthcare professionals reported learning information on POTIGA from GSK medical information, promotional materials, websites for both GSK and POTIGA or GSK-sponsored education meetings.
- However, over half of physicians (60%, n=100) who completed the assessment stated they learned about the risks of POTIGA from a GSK sales representative. Seventy-eight percent (n=131) of physicians also learned of the POTIGA risks from the product labeling (including Prescribing Information, Medication Guide), while 46% (n=95) of pharmacists also mentioned learning the risks from the product labeling.

Date of Report: 28-MAY-2013

GlaxoSmithKline group of companies

**Division:** Worldwide Development **Retention Category:** GRS019

**Information Type:** Worldwide Epidemiology Study Protocol

**Title:** Prescriber and Pharmacist Understanding of the Risk of Urinary Retention with

**POTIGATM** 

Compound Number: GW582892

**Development Phase** IV

**Effective Date:** 22-APR-2013

**Description**: This is a cross-sectional survey of physicians and pharmacists that aims to assess their understanding of the risk of urinary retention and the symptoms of acute urinary retention with POTIGA. This forms part of the Risk Evaluation and Mitigation Strategy (REMS) requirements as detailed in the POTIGA REMS approved by the FDA on 10 June 2011.

**Subject:** Physician and pharmacist survey of the understanding of the risk of urinary retention with POTIGA, Risk Evaluation and Mitigation Strategy (REMS)

(GlaxoSmithKline); Author(s): (Concentrics Research)

2011N126225_02	CONFIDENTIAL	2013N169690_00
		WEUKBRE5993

# **Revision Chronology:**

2011N126225_00	2012-SEP-18	Original
2011N126225_01	2013-MAR-15	Amendment No.:01 The survey will now focus on POTIGA prescribers and pharmacists only.
2011N126225_02	2013-APR-22	Amendment No.:02 Honoraria has been increased for POTIGA prescribers and screening question (Q7) has been revised to include only a subset of products based on issues identified during recruitment and lower than expected completion rates.

2011N126225\_02

#### CONFIDENTIAL

WEUKBRE5993

#### **SPONSOR SIGNATORY:**

STUDY TITLE: Prescriber and Pharmacist Understanding of the Risk of Urinary Retention with POTIGA

Study: WEUKBRE5993

Development Phase: IV

Name of Sponsor Signatory:

.

Title of Sponsor Signatory:

Safety Physician

Signature:

Date:

22 APRIL 2013

# **SPONSOR INFORMATION PAGE**

Worldwide Epidemiology Study Identifier: WEUKBRE5993

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# **TABLE OF CONTENTS**

			PAGE
LIS	T OF A	BBREVIATIONS	6
PR	отосс	DL SUMMARY	7
1.	INTRO	DDUCTION	8
2.	OBJE	CTIVE(S)	9
2	INIVEC	CTICATION DI ANI	0
3.	3.1.	STIGATION PLANStudy Design	
	3.2.	Study Population	
	3.3.	Discussion of Design	11
		3.3.1. Risk management studies for other GSK medications	11
4.	SUBJE	ECT SELECTION AND ELIGIBILITY	12
	4.1.	Number of Subjects	
	4.2.	Inclusion and Exclusion criteria	12
		4.2.1. Inclusion criteria	
		4.2.2. Exclusion criteria	13
5.	STUD	Y ASSESSMENTS AND PROCEDURES	13
	5.1.	Screening and baseline assessments	13
	5.2.	Outcomes	
	5.3.	Adverse drug experience/event measures	14
6.	DATA	COLLECTION AND MANAGEMENT	14
7.	DATA	ANALYSIS	15
	7.1.	Analysis Populations	
	7.2.	Analyses	15
8.	PREC	ISION BY SAMPLE SIZE	16
9.	STUD	Y LIMITATIONS	16
10.	STUD	Y MANAGEMENT	17
	10.1.	Ethical approval and subject consent	
	10.2.	Subject confidentiality	17
	10.3.	1 5	17
	10.4.	Study reporting and publications	17
11.	APPEI	NDICES	18
	11.1.	Screener	
	11.2.	Questionnaire	23
	11.3.	,	
		2009	40

# **LIST OF ABBREVIATIONS**

AE	Adverse Event
AED	Anti-epileptic drug
DHCP	Dear Healthcare Provider (Letter)
GSK	GlaxoSmithKline
НСР	Healthcare Provider
REMS	Risk Evaluation and Mitigation Strategy
US	United States

# **Trademark Information**

Trademarks of the GlaxoSmithKline group of companies
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LAMICTAL
LAMICTAL ODT
LAMICTAL XR
TREXIMET

Trademarks not owned by the GlaxoSmithKline group of companies

None

#### PROTOCOL SUMMARY

#### **Rationale**

As part of a post-marketing commitment, GSK will conduct a survey of prescribers' and pharmacists' understanding of the risk of urinary retention with POTIGA<sup>TM</sup> products. This is to address the effectiveness of the Risk Evaluation and Mitigation Strategy (REMS) as outlined in the REMS approved by the FDA on 10<sup>th</sup> June 2011.

### Objective(s)

The objectives of this survey are to assess prescribers' and pharmacists' understanding of the risk of urinary retention and the symptoms of acute urinary retention potentially associated with POTIGA use as evaluated by a survey instrument.

### Study Design

This is a cross-sectional study of approximately:

- 1. 200 physicians (e.g. neurologists/epileptologists/neurosurgeons) who have prescribed POTIGA at least once in the last 12 months.
- 2. 200 pharmacists who have dispensed an anti-epileptic drug (AED) at least once in the last 3 months.

Individuals eligible for the survey will be asked to take the survey online or via a telephone interview if the latter is preferred.

# **Study Endpoints/Assessments**

The primary outcome of the survey is the proportion of physicians and pharmacists providing correct responses to a series of questions concerning the risk of urinary retention and the symptoms of acute urinary retention that may be associated with POTIGA. The risks captured will be those described in the POTIGA Dear Healthcare Provider (DHCP) letters, specifically risks of urinary retention.

#### 1. INTRODUCTION

POTIGA was approved with a FDA requirement for a Risk Evaluation and Mitigation Strategy (REMS). The goal of the REMS for POTIGA is to inform healthcare professionals of the risk of urinary retention and the symptoms of acute urinary retention in patients taking POTIGA. The REMS is comprised of a communication plan for healthcare professionals that is designed to disseminate information about the risk of urinary retention with POTIGA and highlight this potential risk and the need to inform patients to seek immediate medical attention for symptoms of urinary retention, inability to urinate, and/or pain with urination. There are two elements of the communication plan: (1) A Dear Healthcare Professional (HCP) Letter designed to disseminate information about the risk of urinary retention with POTIGA; letters are disseminated within 4 weeks of first retail availability (actual – May 7, 2012) and annually for the next two years (2) a REMS Program Website (available at time of launch; actual -April 16, 2012).

The target audience for these communications is: (1) Prescribing physicians i.e., Epileptologists, Neurologists and Neurosurgeons, (2) Pharmacists dispensing POTIGA tablets and the Medication Guide.

As a condition of approval, FDA requires that GlaxoSmithKline (GSK) assess the effectiveness of the communication plan. Accordingly, a survey will be conducted among a sample of prescribing physicians to evaluate whether they can recall the risk of urinary retention with POTIGA. In addition, the survey will evaluate where HCPs prefer to seek information for POTIGA, for example Dear HCP letters, website, or product labeling. The survey will concentrate on the risks described in the DHCP letter for POTIGA, though it is recognised that the DHCP letter is not the only source of information concerning risks associated with medication use. The design for this study is based on previous experience of risk management programs for GSK products.

A survey will also be conducted among a sample of pharmacists to evaluate whether they can recall the risk of urinary retention with POTIGA.

Although the Marketing Application was approved June 10, 2011, initial retail availability could not commence until after the Drug Enforcement Administration (DEA) had completed rule making placing POTIGA into Schedule V under of the Controlled Substances Act. The drug did not become available to patients until early May 2012 (first distribution to wholesalers April 19, 2012). FDA has agreed that with such delayed retail availability of POTIGA, an assessment of HCP understanding submitted on June 10, 2012 would provide little meaningful information. Therefore, the first assessment of the REMS survey will be included with the report due on June 10, 2013.

Originally, ER physicians and urologists were planned to be included in the survey as well. Given the survey will target prescribers only, as of FDA feedback received on January 25, 2013, ER physicians and urologists will no longer be targeted in the survey.

POTIGA was generally available to prescribers and patients for the first time in May 2012 and to date, there has been modest prescribing of the product. The impact of this on

the recruitment goals is uncertain but represents a potential challenge for GSK in this first assessment of HCP knowledge.

# 2. OBJECTIVE(S)

The objectives of this study are:

- 1. To assess prescribers' understanding of the risk of urinary retention and the symptoms of acute urinary retention with POTIGA as evaluated by a survey instrument.
- 2. To assess pharmacists' understanding of the risk of urinary retention and the symptoms of acute urinary retention with POTIGA as evaluated by a survey instrument.

#### 3. INVESTIGATION PLAN

# 3.1. Study Design

This study is sponsored by GlaxoSmithKline (GSK), and will be conducted by Concentrics Research LLC, a contract research organization, on behalf of GSK.

This is a cross-sectional study of individuals prescribing POTIGA or dispensing AEDs.

Physicians and pharmacists will be recruited using a multi-modal approach:

- 1. Telephone
- 2. Email
- 3. Fax

Screening interviews will take place via telephone, email or fax using a standardized screening questionnaire to assess whether the physician or pharmacist is eligible for and interested in participating in the study. Also, demographic information including clinical specialty and geographic location will be collected at screening.

Following recruitment, physicians' and pharmacists' understanding of the risk of urinary retention and the symptoms of acute urinary retention with POTIGA products will be evaluated using an online survey or the same survey instrument delivered during a telephone interview. If the healthcare provider (HCP) qualifies and is interested in participating, the survey recruiter will schedule an appointment for the interview if the HCP states a preference for the telephone survey, or will send an email including a link to the online survey with their unique passcode. The telephone option will be made available to accommodate individuals who would prefer a telephone call to participate in the survey. It is estimated that approximately 85% will complete the internet survey and the remaining 15% will complete the survey via telephone interview. HCPs will be allowed to respond throughout the entire data collection period, and non-responders will receive up to 5 follow-up messages (sent either via email or phone call) to remind them to participate in the survey.

All physicians and pharmacists will be asked to re-confirm their clinical specialty at the start of the interview (whether online or via telephone). Prescribing physicians (e.g. neurologists, neurosurgeons, epileptologists) will be asked medications prescribed again as well, and pharmacists will similarly be asked to confirm medications dispensed again. Any prescribing physician or pharmacist will be excluded from the survey if he/she gives an answer to these screening questions that would be inconsistent with an answer provided previously during the telephone screening and would also meet an exclusion criteria.

To ensure consistency across interviews, all HCP assessments will be conducted in a structured manner, where all interviews (telephone and on-line) follow a standardized script, and both telephone and on-line surveys will provide the same response options for each question for each participant. Telephone interviewers will be trained on the protocol and questionnaire, as well as following general interviewing practice and quality standards. Telephone interviewers will not be allowed to deviate from the survey procedure or supply additional information or instructions.

Prior to start of the survey, HCPs will be asked to electronically sign a Confidentiality and Consent Agreement, which describes the purpose of the study, data handling, storage and security, expectations of confidentiality of study data and participation, honoraria for study participation, and their rights as a survey subject. All HCPs completing the survey will be required to confirm that he/she is the same HCP who was screened previously to help safeguard against delegation of participation to other colleagues or staff in the HCP's office/pharmacy. Following the HCP's agreement with the Confidentiality and Consent form, the interviewer will administer the telephone survey or the internet survey will begin.

Prior to implementation of the full survey, a pilot study will be conducted involving 30 healthcare providers (HCPs) (10 prescribing physicians, 5 urologists, 5 emergency room physicians and 10 pharmacists), enrolled to complete the survey via telephone. Approximately 5 of the prescribing physicians included in the pilot will have prescribed POTIGA. The objectives of the pilot are to test the physicians' and pharmacists' understanding of the draft questions and follow-up responses, in order to understand the nature of the responses and why specific responses were selected. Feedback from HCPs is intended to improve the clarity of the survey questions and answers. Following the completion of the pilot, all study implementation procedures and assumptions will be reviewed to determine if changes in study procedures and/or training of survey administrators will be required prior to implementation of the full survey.

# 3.2. Study Population

A listing of physicians eligible to complete the survey will be compiled at one research center utilizing a custom database of approximately 500,000 geographically and therapeutically diverse physicians from all 50 states. Working with a partner, this research center also has access to over 168,000 geographically diverse pharmacists from all 50 states.

Pharmacists and physicians in the targeted specialties will be contacted initially via multiple methods, including, telephone, e-mail, and/or fax, with an invitation to participate in the study. Interested physicians will be asked to contact the market research center staff on the study, who will then complete a telephone screening process to determine if the physician meets all of the study protocol-defined eligibility criteria (see Section 4.2.1 and Section 4.2.2) and, to confirm their interest in participating in the survey if they do meet the eligibility criteria. Eligible physicians who agree to participate will be scheduled for either an appointment with an interviewer to complete the survey via telephone or they will be provided an email containing a link to an on-line survey for completion along with their unique access passcode.

For prescribing physicians, the honorarium for completing the survey will be \$125, and for pharmacists, the honorarium will be \$50. The honorarium for the prescribing physicians was increased from \$100 to \$125 after the start of the study, due to recruitment being significantly lower than expected.

#### 3.3. Discussion of Design

The final study design is based on experience from risk management studies previously completed by GSK.

#### 3.3.1. Risk management studies for other GSK medications

Experience from previous risk management studies was used to determine the threshold for the proportion of correct responses per individual survey question against which to base sample size calculations and precision estimates.

The REMS post marketing commitments for LAMICTAL<sup>TM</sup> (NDA 022115) included:

- a. A survey of patients' understanding of the serious risks of Lamictal (lamotrigine) Orally Disintegrating Tablets
- b. A report on periodic assessments of the distribution and dispensing of the Medication Guide in accordance with 21 CFR 208.24
- c. A report on failures to adhere to distribution and dispensing requirements, and corrective actions taken to address noncompliance

The REMS post marketing commitments for TREXIMET<sup>TM</sup> (NDA 21-926) included:

- a. Survey of patients' understanding of the serious risks of TREXIMET;
- b. Report on periodic assessments of the distribution and dispensing of the Medication Guide in accordance with 21 CFR 208.24; and,
- c. Report on failures to adhere to distribution and dispensing requirements, and corrective actions taken to address non-compliance.

Based on these studies, a threshold of 80% was determined to be acceptable for the proportion of subjects answering correctly the questions regarding risks associated with POTIGA. This threshold will be imposed for prescribers and pharmacists, not urologists

nor emergency room doctors. Prescribers and pharmacists are the HCPs who will play an important role in re-enforcing the safety messages for POTIGA.

It should be noted that TREXIMET and POTIGA REMS have since been revised, because the FDA determined that a Medication Guide is not necessary to ensure the benefits of the drug outweigh the risks described above because labeling and a REMS that includes a communication plan will be adequate to describe these serious risks. The Medication Guide will be part of the approved labeling and be subject to the requirements under 21 CFR 208.

#### 4. SUBJECT SELECTION AND ELIGIBILITY

### 4.1. Number of Subjects

This survey aims to recruit approximately 400 total POTIGA prescribers and pharmacists. These numbers reflect a trade-off between what is practical in terms of recruitment, given the relatively low predicted uptake of POTIGA, and providing sufficient precision around outcome estimates (proportion giving correct responses per question) (Section 8).

Ideally, this study aims to recruit a sample of physicians and pharmacists from a demographically representative population database who prescribe POTIGA (neurologists, neurosurgeons, epileptologists), and dispense POTIGA (pharmacists). In order to achieve 400 completed interviews, it is anticipated that approximately 4,000 potential physicians or pharmacists may be contacted for potential recruitment for this study.

#### 4.2. Inclusion and Exclusion criteria

#### 4.2.1. Inclusion criteria

Physicians and pharmacists will be required to meet all the following inclusion criteria:

- 1. Able to read, speak, and understand English.
- 2. Willing to take the online survey or have the survey administered via a telephone interview, including electronically signing a Confidentiality & Consent agreement and completing all study protocol-specified procedures.
- 3. Prescribing physicians and pharmacists:
  - a. Practicing physician or pharmacist who sees and treats, or fills prescriptions for, patients with epilepsy, currently (within the past 12 months).
  - b. Prescribed POTIGA within the past 12 months (prescribing physicians)
  - c. Filled a prescription for at least one AED within the previous three months (pharmacists).

#### 4.2.2. Exclusion criteria

Physicians or pharmacists meeting any of the following criteria will not be eligible to take the survey:

- a. The physician or pharmacist is currently employed by, or is a representative of any of the following:
  - A A pharmaceutical company or manufacturer of medicines or healthcare products.
  - B Contributor/editor to published guideline committees for epilepsy or UR.
- b. The physician or pharmacist has a visual impairment that would prevent him or her from being able to read independently.
- c. The physician or pharmacist participated in the Pilot REMS study for POTIGA.
- d. The physician or pharmacist is an employee of GSK or Concentrics Research.

#### 5. STUDY ASSESSMENTS AND PROCEDURES

#### 5.1. Screening and baseline assessments

Subjects participating in the pilot study will be removed programmatically from the sample list in order to avoid bias in the screener by specifically mentioning the drug name, even in a masked approach, during screening which may heighten awareness prior to the interview

After accepting the initial recruitment invitation to participate in the study, individuals will be scheduled for a telephone screening interview. The screener will assess:

- Inclusion/exclusion criteria
  - The screener was amended after the study began to ask physicians a subset of epilepsy drugs at Q7 instead of the full list previously included. This subset still allows for masking of the drug to be studied (POTIGA), but shortens the burden on the physician to respond to the full listing during recruitment. This revision was made based on qualitative feedback during recruitment where physicians were not continuing with screening due to frustration with the length of this question. After reviewing data gathered to date, the most common responses to the drugs prescribed were included in the remaining listing, along with POTIGA.
- Whether POTIGA has been prescribed within the past 12 months (physicians) or whether AEDs have been dispensed within the past 3 months (pharmacists).
- Demographics: geographic region and type of healthcare provider. Additional
  prescribing or dispensing-related questions will be asked in the main survey
  questionnaire.

#### 5.2. Outcomes

Subject understanding of the risk of urinary retention and the symptoms of acute urinary retention associated with POTIGA will be assessed using the survey instrument.

The primary outcome of this study is the proportion of subjects that correctly respond to individual survey questions concerning the risk of urinary retention and the symptoms of acute urinary retention associated with POTIGA. The order in which potential responses to survey questions appear will be randomized. The proportion responding correctly will be tabulated separately for each item in the subject understanding survey instrument. These risks represent those described in the DHCP letter.

At the conclusion of the online survey, the final screen will display a summary of the relevant information from the POTIGA prescribing information, and a link to http://www.potiga.com. The phone respondents will be offered materials by email or the POTIGA website, but will also be given the toll-free number for the POTIGA response center

# 5.3. Adverse drug experience/event measures

This study will not investigate adverse events associated with the use of POTIGA. Whilst it is not the intention of the survey to solicit adverse events (AEs), it is possible that a respondent may spontaneously provide information that meets the criteria of an adverse event. Any reported adverse events will be entered into the GSK Safety Database:

- Online respondents will be provided with the number for the GSK Global Clinical Safety and Pharmacovigilance Response Center at the end of the online survey and will be directed to call the Center to report any adverse events potentially associated with POTIGA.
- If, at any time during the telephone interview, the subject describes an adverse event associated with POTIGA or any GSK product, the interviewer will complete an adverse event form and fax it to GSK Global Clinical Safety and Pharmacovigilance at within 24 hours of receiving the information.

At the end of the project, Concentrics shall provide a summary of all AEs that it has submitted to GSK to enable the reports to be reconciled.

#### 6. DATA COLLECTION AND MANAGEMENT

Subject data from the screening and survey response parts of the questionnaire will be stored confidentially in password protected systems maintained by Concentrics Research.

In all cases, subject identifiers will not be collected or transmitted to GSK according to GSK policy. All subjects will be given a numeric subject identifier.

#### 7. DATA ANALYSIS

#### 7.1. Analysis Populations

The population for analysis will comprise all physicians and pharmacists recruited into the study, meeting eligibility criteria as assessed in the survey screener, and completing the survey.

## 7.2. Analyses

Demographics including geographic location, HCP specialty and prescribing/dispensing of POTIGA and other AEDs will be summarized using descriptive statistics for continuous data and proportions for categorical data.

The primary outcome is the proportion of HCPs answering each question of understanding of the risks associated with POTIGA correctly. Point estimates for the proportion with correct responses, and associated 95% confidence intervals, will be calculated for each question about the awareness of risks of POTIGA. In the case of multiple choice questions, the number and proportion of subjects reporting each response will also be provided.

GSK considers a proportion (%) of correct responses of at least 80% for each individual question to represent sufficient subject understanding of the risks associated with POTIGA. This is based on previous studies by GSK including the risk management program for LAMICTAL and TREXIMET. This threshold will be imposed for prescribers and pharmacists. Prescribers and pharmacists are the HCPs who will play an important role in re-enforcing the safety messages for POTIGA.

The proportion of correct answers to survey questions will be summarized overall and by demographic subgroups. Consideration of these subgroups may highlight differences in subjects' responses. Although the sample size in some subgroups may be relatively small and have low precision, data will be grouped into 2-3 sub-categories as appropriate to identify potential trends in subject understanding including:

- Demographics (geographic location)
- Type of HCP
- POTIGA prescribing/dispensing (yes or no, months prescribing POTIGA)
- Other practice/prescribing characteristics (years in practice, years prescribing AEDs, size of patient population)

This study is descriptive; hence there will be no formal statistical testing completed.

#### 8. PRECISION BY SAMPLE SIZE

If the estimate of the percentage of subjects indicating a correct response to an individual survey question is 80%, then a sample of 200 subjects will provide a margin of error of  $\pm$  5.5 percentage points of this estimate with a 95% confidence interval. The margin of error reduces to  $\pm$ 4.7 percentage points if the sample size increases to 300. Subgroups of the total sample will have smaller numbers of subjects, resulting in larger margins of error and therefore provide estimates with lower precision. The following table indicates the margin of error at the 95% confidence level provided by varying sample sizes and estimates of percentage of subjects indicating a correct response.

Sample Size	Proportion of Correct Responses to Each Question						
	50	60	70	75	80	85	90
		Precision	/ Margin of	Error (±%) w	ith 95% Con	fidence Inte	rval
50	14	14	12	11	10	9.0	8.0
100	10	10	9.0	8.0	8.0	7.0	6.0
150	8.0	8.0	7.3	7.0	6.7	5.7	4.7
200	7.0	7.0	6.5	6.0	5.5	5.0	4.0
250	6.0	6.0	5.6	5.4	4.8	4.6	3.6
300	5.7	5.7	5.3	5.0	4.7	4.0	3.3
350	5.1	5.1	4.9	4.4	4.3	3.9	3.1
400	5.0	4.8	4.5	4.3	4.0	3.5	3.0
450	4.7	4.4	4.2	3.9	3.8	3.2	2.7
500	4.4	4.2	4.0	3.8	3.6	3.2	2.6

Table 1 Sample size and precision estimates

#### 9. STUDY LIMITATIONS

There are some limitations inherent in the study design. The sample may not be fully representative of prescribers and pharmacists typically prescribing/dispensing POTIGA. However, this limitation will be addressed to the extent possible via recruitment across many geographical regions recruiting a demographically diverse sample. This study aims to limit this potential bias by accessing HCPs via one of the largest online databases of healthcare professionals in the US rather than targeting high POTIGA prescribing physicians or those known to GSK through previous collaborations or participation in clinical studies.

Since this is an online survey, we cannot detect whether or not HCPs attempt to utilize any reference materials while taking the survey. They will not be provided with any reference materials.

#### 10. STUDY MANAGEMENT

#### 10.1. Ethical approval and subject consent

Subject participation is voluntary. Subject consent will be implied by the subject completing the survey online or via a telephone interview.

As neither GSK nor Concentrics will have any contact with, nor details of, subjects prior to the subject initiating the survey, IRB approval is not deemed necessary.

#### 10.2. Subject confidentiality

Privacy issues will be addressed and respected at each stage of the study. Concentrics will maintain strict confidentiality in handling all HCP identification information. All data provided to GSK will be de-identified; no individual HCP-level data or protected health information will be communicated to GSK.

#### 10.3. Reporting of adverse drug events

See Section 5.3.

## 10.4. Study reporting and publications

A final report will be written and submitted to FDA.

## 11. APPENDICES

# 11.1. Screener

# PHYSICIAN/PHARMACIST STUDY

#### PRE-RECRUIT SCREENER

This section contained Clinical Outcome Assessment data collection questionnaires or indices, which are protected by copyright laws and therefore have been excluded.
copyright laws and therefore have been excluded.

# 11.2. Questionnaire

# PHYSICIAN/PHARMACIST ASSESSMENT

**Quantitative Questionnaire** 

This section contained Clinical Outcome Assessment data collection questionnaires or indices, which are protected by copyright laws and therefore have been excluded.	4

#### Confidentiality & Consent Agreement

The purpose of this survey is to assess physician and pharmacist understanding of prescribing information and practice habits related to a medication used to treat epilepsy.

By signing this agreement, you agree not to disclose your participation to anyone unless required by law and to treat what you see confidentially for a period of two (2) years. Any answers, information, and suggestions you may offer are given without obligation of any kind, and your answers to the survey will not affect your ability to [INSERT: prescribe (IF QA = 1/2/3) / dispense (IF QA = 4/5)] the drug.

During your participation in this study, you will be asked a minimal amount of demographic information about yourself. All of this information will be kept confidential and your information will be linked only to your participant number and not directly to you.

Records about you and your part in this survey will be kept private so far as permitted by law. If results of this survey are published, you will not be identified by name. All information recorded during the course of this survey, except your name and contact information, may be provided to the study Sponsor and/or the Food and Drug Administration (FDA).

There are no costs to you for being in this survey. When you have finished all of the survey, you will be paid [INSERT: \$125 (IF QA = 1/2/3) / \$50 (IF QA = 4/5)] for your time.

It is completely up to you if you wish to take part in this survey. You can stop participating in this survey at any time.

☐ I affirm my understanding of the Confidentiality & Consent agreement and checking this box represents my electronic signature.

After reading the agreement, please select one option below:

OR

☐ I would not like to participate in this study.

# RECONFIRM IF CLICK 'I WOULD NOT LIKE TO PARTICIPATE IN THIS STUDY'. IF STILL YES – TAKE TO CLOSING SCREEN.

ecord for this survey. Please select one of the following options:
<ul> <li>1. I affirm that I am the same [INSERT: physician/pharmacist] who was screened and sent the survey passcode. [INSERT NAME]</li> </ul>
☐ 2. I am not [INSERT NAME], but I work in this [INSERT:

IF PUNCH 1 (SAME PHYSICIAN/PHARMACIST), CONTINUE.

physician's office/pharmacy].

IF PUNCH 2 (NOT PHYSICIAN OR PHARMACIST, BUT WORK IN SAME OFFICE/PHARMACY), SHOW SCREEN WITH MESSAGE: 'THANK YOU FOR YOUR TIME. UNFORTUNATELY, ONLY THE HEALTHCARE PROVIDER ON RECORD MAY PARTICIPATE IN THIS STUDY. IF YOU BELIEVE YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE CONTACT [INSERT NAME & PHONE #] FOR FURTHER INSTRUCTIONS.' DO NOT ALLOW SUBJECT TO CONTINUE.

# Survey

protected by copyright laws and therefore have been excluded.

We would now like for you to take a moment to review some important information about POTIGA. This information can be found in the Prescribing Information, which can be found online at: http://us.gsk.com/products/assets/us potiga.pdf

The Dear Healthcare Professional Letters (for prescribing physicians and pharmacists) can be found online at:

## Prescribing Physicians:

 $https://www.gsksource.com/gskprm/en/US/images/gsk\_content/POTIGA/PGA056R0\_R\\EMS\_HCP\_Letter\_DC.pdf$ 

#### Pharmacists:

 $https://www.gsksource.com/gskprm/en/US/images/gsk\_content/POTIGA/PGA055R0\_R\\ EMS\_PharmLetter\_DC.pdf$ 

# 11.3. GlaxoSmithKline Adverse Drug Reaction Form – Revised Nov 30, 2009

Global Adverse Event Report Reporting Form for Marketing Research				
To be completed by Market Research Agency – this form applies to both patients and HCPs.  This form is to be used for AEs mentioned worldwide in market research commissioned by GSK global.  Minimum criteria - A Reporter, at least one patient detail, suspect drug and adverse event  Please complete with as much detail as possible and forward within one business day (24 hours) to your Pharmaceutical company contact via fax to:  GSK Case Management Group  Reports from Americas: +				
For drugs	Reports outside of Americ	cas:		
For vaccines  GSK Biologicals Case Management Group	Reports from US & Canad Reports outside US & Ca			
Cloup	- Reports outside oo d ou	mada.		
Market Research Agency:	Date aware of the adverse  Month: Date: Yea	e event/product complaint:		
Agency Address (include country):	Project Title and Agency Reference/Project No:			
Agency Telephone No:	Researchers Name:			
Agency Fax No:	Researchers Signature:			
	1			
Drug(s)/ Vaccine(s) and Event(s) Details				
Drug/ Vaccines Name(s):	Adverse Event(s)/Produc	ct Complaint details:		
Indication (condition for which the drug(s)/ vaccine(s) has been prescribed):				
Unknown □	Reported to the local regulatory agency?			
Was the patient pregnant?	Yes □ No □ Unknown □			
Yes □ No □ Unknown □	Lot/Batch number:			
1.00 Z 1.00 Z 01.11.10 Z		Unknown □		
Dose:	Did the HCP/patient consider that the event was possibly related to the drug/ vaccine?			
Unknown □  Yes □ No □ Unknow		wn 🗆		
Patient Details (At least one of these patient details	MUST be completed)		_	
Age:		Other (approx. age of patient)		
Sex: Male □ Female □				
Respondent Details				
lf consent not given to disclose personal details, just o Respondent name:	complete the type of report	ter (i.e., Dr., nurse, patient, pharm.)  Doctor		
Address:		Nurse		
		Patient		
Telephone No:		Pharmacist		
Email:			$\dashv$	
s respondent willing for the Pharmaceutical company's safety team to contact them or their doctor to discuss further? Yes □ No□		ct them or Respondent Signature:	e:	

# PHYSICIAN/PHARMACIST STUDY

PRE-RECRUIT SCREENER

This section contained Clinical Outcome Assessment data collection questionnaires or indices, which are protected by
copyright laws and therefore have been excluded.

# PHYSICIAN/PHARMACIST ASSESSMENT

**QUANTITATIVE QUESTIONNAIRE** 

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copyright laws and therefore have been excluded.	

#### Confidentiality & Consent Agreement

The purpose of this survey is to assess physician and pharmacist understanding of prescribing information and practice habits related to a medication used to treat epilepsy.

By signing this agreement, you agree not to disclose your participation to anyone unless required by law and to treat what you see confidentially for a period of two (2) years. Any answers, information, and suggestions you may offer are given without obligation of any kind, and your answers to the survey will not affect your ability to [INSERT: prescribe (IF QA = 1/2/3) / dispense (IF QA = 4/5)] the drug.

During your participation in this study, you will be asked a minimal amount of demographic information about yourself. All of this information will be kept confidential and your information will be linked only to your participant number and not directly to you.

Records about you and your part in this survey will be kept private so far as permitted by law. If results of this survey are published, you will not be identified by name. All information recorded during the course of this survey, except your name and contact information, may be provided to the study Sponsor and/or the Food and Drug Administration (FDA).

There are no costs to you for being in this survey. When you have finished all of the survey, you will be paid [INSERT: \$100 (IF QA = 1/2/3) / \$50 (IF QA = 4/5) for your time.

It is completely up to you if you wish to take part in this survey. You can stop participating in this survey at any time.

After reading the agreement, please select one option below:

I affirm my understanding of the Confidentiality & Consent agreement
and checking this box represents my electronic signature.

OR

☐ I would not like to participate in this study.

RECONFIRM IF CLICK 'I WOULD NOT LIKE TO PARTICIPATE IN THIS STUDY'. IF STILL YES – TAKE TO CLOSING SCREEN.

We would also like to confirm that you are the **[INSERT: physician/pharmacist]** on record for this survey. Please select one of the following options:

- □ 1. I affirm that I am the same [INSERT: physician/pharmacist] who was screened and sent the survey passcode. [INSERT NAME]
- □ 2. I am not [INSERT NAME], but I work in this [INSERT: physician's office/pharmacy].

IF PUNCH 1 (SAME PHYSICIAN/PHARMACIST), CONTINUE.

IF PUNCH 2 (NOT PHYSICIAN OR PHARMACIST, BUT WORK IN SAME OFFICE/PHARMACY), SHOW SCREEN WITH MESSAGE: 'THANK YOU FOR YOUR TIME. UNFORTUNATELY, ONLY THE HEALTHCARE PROVIDER ON RECORD MAY PARTICIPATE IN THIS STUDY. IF YOU BELIEVE YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE CONTACT [INSERT NAME & PHONE #] FOR FURTHER INSTRUCTIONS.' DO NOT ALLOW SUBJECT TO CONTINUE.

#### WEUKBRE5993 ARISTOTLE YR 1

Survey

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This section contained Clinical Outcome Assessment data collection questionnaires or indices, which are protected by copyright laws and therefore have been excluded.							

#### WEUKBRE5993 ARISTOTLE YR 1

This section contained Clinical Outcome Assessment data collection questionnaires or indices, which are protected by copyright laws and therefore have been excluded.

We would now like for you to take a moment to review some important information about POTIGA. This information can be found in the Prescribing Information, which can be found online at: http://us.gsk.com/products/assets/us\_potiga.pdf

The Dear Healthcare Professional Letters (for prescribing physicians and pharmacists) can be found online at:

Prescribing Physicians:

https://www.gsksource.com/gskprm/en/US/images/gsk\_content/POTIGA/PGA056R0\_R EMS\_HCP\_Letter\_DC.pdf

Pharmacists:

https://www.gsksource.com/gskprm/en/US/images/gsk\_content/POTIGA/PGA055R0\_R EMS\_PharmLetter\_DC.pdf

#### Confidentiality & Consent Agreement

The purpose of this study is to assess physician understanding of prescribing information and practice habits related to a medication used to treat epilepsy.

By signing this agreement, you agree not to disclose your participation to anyone unless required by law and to treat what you see confidentially for a period of two (2) years. Any answers, information, and suggestions you may offer are given without obligation of any kind, and your answers to the survey will not affect your ability to [INSERT: prescribe/dispense] the drug.

During your participation in this study, you will be asked a minimal amount of demographic information about yourself. All of this information will be kept confidential and your information will be linked only to your participant number and not directly to you.

In all cases, your confidentiality will be maintained. If results of this study are published, you will not be identified by name. All information recorded during the course of this study, except your name and contact information, may be provided to the study Sponsor and/or the Food and Drug Administration (FDA).

You will be paid for your participation in this survey. There are no costs to you for being in this survey. When you have finished all of the survey, you will be paid for your time.

It is completely up to you if you wish to take part in this study. You can stop participating in this study at any time.

I affirm my understanding of the Confidentiality & Consent agreement and checking this box represents my electronic signature.
OR
I would not like to participate in this study.

RECONFIRM IF CLICK 'I WOULD NOT LIKE TO PARTICIPATE IN THIS STUDY'. IF STILL YES – TAKE TO CLOSING SCREEN.

ke to confirm that you are the [INSERT: physician/pharmacist] on irvey. Please select one of the following options:
1. I affirm that I am the same [INSERT: physician/pharmacist] who was screened and sent the survey passcode. [INSERT NAME]
2. I am not [INSERT NAME], but I work in this [INSERT: physician's office/pharmacy].
3. I am a [INSERT: physician/pharmacist] and I was scheduled for a survey, but I am not [INSERT NAME].

# SPONSOR SIGNATORY SIGNATURE PAGE

STUDY TITLE:	Prescriber and	Pharmacist	Understanding	of the	Risk of Urii	nary
Retention with Po	OTIGATM Study	Report				

Study: WEUKBRE5993 Development Phase: IV

I have read this report and confirm that to the best of my knowledge it accurately describes the conduct and results of the study.

Name of Sponsor Signatory:	MD	
Title of Sponsor Signatory:	Safety Physician	
	GlavoSmithKline	
Signature:		
Date:	28.5-2013	

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

for?

Banner 1
Table QSCR3 Page 1S3: How would you classify your primary specialty?
Table TYPE Page 2Type: Physician/Pharmacist
Table QSCR4 Page 3S4: Are you a currently practicing physician? (for physicians only)
Table QSCR5 Page 4S5: Do you currently see and treat patients with epilepsy? (physicians only)
Table QSCR6 Page 5S6: Do you currently fill prescriptions for patients with epilepsy? (pharmacist only)
Table QSCR7 Page 6S7: Please tell me all of the medicines, if any, for which you have written at least one prescription in the past 12 months. (Total Medications - physicians only)
Table QSCR8 Page 9S8: Please tell me all of the medicines, if any, for which you have filled at least one prescription in the past 12 months. (Total Medications - pharmacist only)
Table QSA Page 12SA: How would you classify your primary specialty?
Table QSB Page 13SB: Approximately how many patients have you prescribed anti-epileptic drugs (AEDs) for in the past 12 months?
Table QSC Page 14SC: Please confirm which of the following medicines, if any, you have written at least one prescription for in the past 12 months. (Multiple responses accepted - physicians only)
Table QSD Page 15SD: Approximately how many prescriptions for AEDs have you filled in the past 3 months? (pharmacist only)
Table Q1 Page 16Q1: According to U.S. prescribing information, what is the FDA-approved indication for POTIGA? (Please select all that apply)
Table Q2 Page 17Q2: True or False: According to U.S. prescribing information, POTIGA can be used as monotherapy.
Table Q3 Page 18Q3: Urinary retention - According to U.S. prescribing information, which of the following are potential risks associated with POTIGA? (Please select all that apply)
Table Q4 Page 19Q4: According to U.S. prescribing information, what is the maximum recommended daily maintenance dose of POTIGA for the General Population?
Table Q5 Page 20Q5: According to U.S. prescribing information, which of the following statements, if any, is true? (Please select all that apply)
Table Q6 Page 21Q6: According to U.S. prescribing information, which of the following statements, if any, is true? (Please select all that apply)
Table Q7 Page 22Q7: Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch out for? (Please select all that apply)
Table Q7NET Page 23Q7: Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch out

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Table Q8 Page 24	.Q8: If a patient on POTIGA experiences inability to pass urine, what would you advise them to do? (Please select all that apply)
Table Q9 Page 25	.Q9: According to U.S. prescribing information, when increasing the dose, what is the maximum total daily dose at which POTIGA can be increased once every 7 days?
Table Q10 Page 26	.Q10: True or False: According to U.S. prescribing information, for the General Population, the recommended total initial dosage should be 150mg per day for one week.
Table Q11R1 Page 27	.Q11: Moderate to severe renal or hepatic impairment: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
Table Q11R2 Page 28	.Q11: Moderate to severe Crohn's disease: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
Table Q11R3 Page 29	.Q11: Moderate to severe asthma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
Table Q11R4 Page 30	.Q11: Patients over the age of 65 years: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
Table Q11R5 Page 31	.Q11: Moderate to severe glaucoma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
Table Q12 Page 32	.Q12: True or False: It is known from controlled studies that adverse events related to voiding dysfunction generally tend to be reported within the first 6 months after starting POTIGA.
Table Q13 Page 33	.Q13: Which of the following patient groups are recommended to have closer monitoring (including comprehensive evaluation of urologic symptoms) for urinary retention? (Please select all that apply)
Table Q14 Page 34	.Q14: How long have you been practicing medicine?
Table Q15 Page 35	.Q15: How long have you been prescribing anti-epileptic drugs (AEDs)?
Table Q16 Page 36	.Q16: How many months have you been prescribing POTIGA?
Table Q17 Page 37	.Q17: Approximately how many patients have you prescribed POTIGA for in the past 12 months?
Table Q18 Page 38	.Q18: Over the past year, approximately how many prescriptions for AEDs (including new prescriptions and refills) have you written per month on average?
Table Q19 Page 39	.Q19: What is the age range of your current patient population? Please select all categories that you treat.
Table Q20 Page 40	.Q20: Approximately what is the size of your current total patient population?
Table Q21 Page 41	.Q21: Approximately what is the size of your current epilepsy patient population?
Table Q22 Page 42	.Q22: How long have you been a practicing pharmacist?

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Table Q23 Page 43Q23: How long have you been dispensing and/or answering patient questions regarding prescribed AEDs?
Table Q24 Page 44Q24: Have you answered any patient questions related to POTIGA in the past 12 months?
Table Q25 Page 45Q25: Have you dispensed POTIGA in the past 12 months?
Table Q26 Page 46Q26: How many months have you been dispensing POTIGA?
Table Q27 Page 47Q27: Approximately how many patients have you dispensed POTIGA for in the past 12 months?
Table Q28 Page 48Q28: Over the past year, approximately how many prescriptions for anti-epileptic drugs (AEDs) (including new prescriptions and refills) have you filled per month on average?
Table Q29R1 Page 49Q29: POTIGA Dear HCP Letter: Have you learned about the risks associated with the use of POTIGA from any of the following sources?
Table Q29R2 Page 50Q29: GlaxoSmithKline Medical Information: Have you learned about the risks associated with the use of POTIGA from any of the following sources?
Table Q29R3 Page 51Q29: GlaxoSmithKline Promotional Materials: Have you learned about the risks associated with the use of POTIGA from any of the following sources?
Table Q29R4 Page 52Q29: GSK Website: POTIGA.com: Have you learned about the risks associated with the use of POTIGA from any of the following sources?
Table Q29R5 Page 53Q29: GlaxoSmithKline Sales Representatives: Have you learned about the risks associated with the use of POTIGA from any of the following sources?
Table Q29R6 Page 54Q29: GlaxoSmithKline-sponsored Educational Meeting: Have you learned about the risks associated with the use of POTIGA from any of the following sources?
Table Q29R7 Page 55Q29: POTIGA Product Labeling (including Prescribing Information, Medication Guide): Have you learned about the risks associated with the use of POTIGA from any of the following sources?
Table Q29R8 Page 56Q29: Other Healthcare Professionals: Have you learned about the risks associated with the use of POTIGA from any of the following sources?
Table Q30 Page 57Q30: How would you prefer to learn about the risks associated with the use of POTIGA in the future? Please select up to 3 options.
Table Q1_1CODE Page 58Q1. According to U.S. prescribing information, what is the FDA-approved indication for POTIGA?
Table Q2_1CODE Page 60Q2: True or False: According to U.S. prescribing information, POTIGA can be used as monotherapy.
Table Q3_1CODE Page 63Q3. According to U.S. prescribing information, which of the following are potential risks associated with POTIGA?
Table Q4_1CODE Page 66Q4. According to U.S. prescribing information, what is the maximum recommended daily maintenance dose of POTIGA for the General Population?

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Ranner 1

- Table Q5 1CODE Page 69...Q5. According to U.S. prescribing information, which of the following statements, if any, is true?
- Table Q6\_1CODE Page 73...Q6. According to U.S. prescribing information, which of the following statements, if any, is true?
- Table Q7\_1CODE Page 76...Q7. Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch
- Table Q8 1CODE Page 80...Q8. If a patient on POTIGA experiences inability to pass urine, what would you advise them to do? ?
- Table Q9\_1CODE Page 83...Q9. According to U.S. prescribing information, when increasing the dose, what is the maximum total daily dose at which POTIGA can be increased once every 7 days?
- Table Q10\_1CODE Page 87...Q10: True or False: According to U.S. prescribing information, for the General Population, the recommended total initial dosage should be 150mg per day for one week.
- Table Q11\_1ACODE Page 90...Q11A: Moderate to severe renal or hepatic impairment: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
- Table Q11\_1BCODE Page 92...Q11B: Moderate to severe Crohn's disease: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
- Table Q11\_1CCODE Page 95...Q11C: Moderate to severe asthma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
- Table Q11\_1DCODE Page 97...Q11D: Patients over the age of 65 years: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
- Table Q11\_1ECODEA Page 100...Q11E: Moderate to severe glaucoma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
- Table Q12\_1CODE Page 101...Q12: True or False: It is known from controlled studies that adverse events related to voiding dysfunction generally tend to be reported within the first 6 months after starting POTIGA.
- Table Q13\_1CODEA Page 104...Q13. Which of the following patient groups are recommended to have closer monitoring (including comprehensive evaluation of urologic symptoms) for urinary retention?

### **CONFIDENTIAL**

Table QSCR3 Page 1 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

S3: How would you classify your primary specialty?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)	
-	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
Total Answering	373	168	205	108	-	60	113	92	
Neurology	126 33.8			104 96.3 BFF		22 36.7	-	-	
Neurosurgery	-	-	-	-	-	-	-	-	
Epileptology	42 11.3	42 25.0 D		4 3.7		38 63.3 BDD	-	-	
Pharmacy (Community/ Retail)	108 29.0		108 52.7 H		-	-	106 93.8 CHH	2 2.2	
Pharmacy (Hospital/ Clinical)	97 26.0	-	97 47.3 G	-	-	-	7 6.2	90 97.8 CGG	
Total	373	168	205	108	-	60	113	92	

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Table TYPE Page 2 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Type: Physician/Pharmacist

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	373	168	205	108	-	60	113	92
Physician	168 45.0		-	108 100.0	-	60 100.0	-	-
Pharmacist	205 55.0	-	205 100.0	-	-	-	113 100.0	92 100.0
Total	373	168	205	108	-	60	113	92

### **CONFIDENTIAL**

Table QSCR4 Page 3 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

S4: Are you a currently practicing physician? (for physicians only)

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
Total Answering	373	168	205	108	-	60	113	92	
Yes	373 100.0	168 100.0	205 100.0	108 100.0	-	60 100.0	113 100.0	92 100.0	
No	-	-	-	-	-	-	-	-	
Don't know	-	-	-	-	-	-	-	-	
Total	373	168	205	108	-	60	113	92	

#### CONFIDENTIAL

Table QSCR5 Page 4 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

S5: Do you currently see and treat patients with epilepsy? (physicians only)

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
-	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	168	168	-	108	-	60	-	-
Yes	168 100.0	168 100.0	-	108 100.0	-	60 100.0	-	-
No	-	-	-	-	-	-	-	-
Don't know	-	-	-	-	-	-	-	-
Total	168	168	-	108	-	60	-	-

### **CONFIDENTIAL**

Table QSCR6 Page 5 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

S6: Do you currently fill prescriptions for patients with epilepsy? (pharmacist only)

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
Total Answering	205	-	205	-	-	-	113	92	
Yes	205 100.0	-	205 100.0	-	-	-	113 100.0	92 100.0	
No	-	-	-	-	-	-	-	-	
Don't know	-	-	-	-	-	-	-	-	
Total	205	-	205	-	-	-	113	92	

Table QSCR7 Page 6 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

S7: Please tell me all of the medicines, if any, for which you have written at least one prescription in the past 12 months. (Total Medications - physicians only)

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	168	168	-	108	-	60	-	-
Ativan (Lorazepam)	167 99.4			107 99.1		60 100.0	-	-
Carbatrol (Carbamazepine)	83 49.4			54 50.0		29 48.3	-	-
Celontin (Methsuximide)	28 16.7			18 16.7		10 16.7		-
Cerebyx (Fosphenytoin sodium)	64 38.1			42 38.9		22 36.7	-	-
Depakote/Depakote ER/ Depakote Sprinkle (Divalproex Sodium)	168 100.0			108 100.0		60 100.0	-	-
Depacon (Valproate sodium)	75 44.6			49 45.4		26 43.3	-	-
Depakene (Valproic acid)	76 45.2			49 45.4		27 45.0	-	-
Diastat (Diazepam)	79 47.0			51 47.2		28 46.7	-	-
Dilantin (Phenytoin)	162 96.4			104 96.3		58 96.7	-	-
Felbatol (Felbamate)	53 31.5			30 27.8		23 38.3	-	-
Gabitril (Tiagabine hydrochloride)	52 31.0			32 29.6		20 33.3	-	-

Comparison Groups: BC/DEFGH/BDEF/CGH

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level. Lowercase letters indicate significance at the 90% level.

Table QSCR7 Page 7 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

S7: Please tell me all of the medicines, if any, for which you have written at least one prescription in the past 12 months. (Total Medications - physicians only)

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol		Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Keppra (Levetiracetam)	167 99.4			107 99.1		60 100.0	-	-
Klonopin (Clonazepam)	83 49.4			54 50.0		29 48.3	-	-
Lamictal (Lamotrigine)	168 100.0			108 100.0		60 100.0	-	-
Lorazepam Intensol (Lorazepam)	73 43.5			47 43.5		26 43.3	-	-
Lyrica (Pregabalin)	83 49.4			53 49.1		30 50.0	-	-
Mebaral (Mephobarbital)	21 12.5			11 10.2		10 16.7	-	-
Mysoline (Primidone)	75 44.6			49 45.4		26 43.3	-	-
Neurontin (Gabapentin)	167 99.4			108 100.0		59 98.3	-	-
Peganone (Ethotoin)	21 12.5			14 13.0		7 11.7		-
Potiga (Ezogabine)	168 100.0			108 100.0		60 100.0	-	-
Tegretol/Tegretol XR (Carbamazepine)	83 49.4			54 50.0		29 48.3	-	-
Topamax (Topiramate)	157 93.5			100 92.6		57 95.0	-	-

Comparison Groups: BC/DEFGH/BDEF/CGH

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Lowercase letters indicate significance at the 90% level.

#### CONFIDENTIAL

Table QSCR7 Page 8 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

S7: Please tell me all of the medicines, if any, for which you have written at least one prescription in the past 12 months. (Total Medications - physicians only)

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Tranxene (Clorazepate	52	52	-	31	-	21	-	-
dipotassium)	31.0	31.0		28.7		35.0		
Trileptal	82	82	-	52	-	30	-	-
(Oxcarbazepine)	48.8	48.8		48.1		50.0		
Valium (Diazepam)	81	81	-	53	-	28	-	-
	48.2	48.2		49.1		46.7		
Zonegran (Zonisamide)	81	81	-	52	-	29	-	-
	48.2	48.2		48.1		48.3		
NONE OF THESE	-	-	-	-	-	-	-	-
Total	2569	2569	-	1645	-	924	-	-

Table QSCR8 Page 9 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

S8: Please tell me all of the medicines, if any, for which you have filled at least one prescription in the past 12 months. (Total Medications - pharmacist only)

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	205	-	205	-	-	-	113	92
Ativan (Lorazepam)	202 98.5		202 98.5	-	-	-	112 99.1	90 97.8
Carbatrol (Carbamazepine)	145 70.7		145 70.7	-	-	-	84 74.3	61 66.3
Celontin (Methsuximide)	37 18.0		37 18.0	-	-	-	22 19.5	15 16.3
Cerebyx (Fosphenytoin sodium)	81 39.5		81 39.5 G	=	=	-	18 15.9	63 68.5 CGG
Depakote/Depakote ER/ Depakote Sprinkle (Divalproex Sodium)	198 96.6		198 96.6	-	-	-	112 99.1 HH	86 93.5
Depacon (Valproate sodium)	88 42.9		88 42.9 G	-	-	-	28 24.8	60 65.2 CGG
Depakene (Valproic acid)	134 65.4		134 65.4	-	-	-	64 56.6	70 76.1 cGG
Diastat (Diazepam)	121 59.0		121 59.0	-	-	-	71 62.8	50 54.3
Dilantin (Phenytoin)	187 91.2		187 91.2	-	-	-	107 94.7 hh	80 87.0

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table QSCR8 Page 10 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

S8: Please tell me all of the medicines, if any, for which you have filled at least one prescription in the past 12 months. (Total Medications - pharmacist only)

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Felbatol (Felbamate)	61 29.8		61 29.8		-	-	32 28.3	29 31.5
Gabitril (Tiagabine hydrochloride)	93 45.4		93 45.4		-	-	52 46.0	41 44.6
Keppra (Levetiracetam)	201 98.0		201 98.0		-	-	112 99.1	89 96.7
Klonopin (Clonazepam)	197 96.1		197 96.1		-	-	112 99.1 CHH	85 92.4
Lamictal (Lamotrigine)	190 92.7		190 92.7		-	-	110 97.3 CHH	80 87.0
Lorazepam Intensol (Lorazepam)	141 68.8		141 68.8 H		-	-	92 81.4 CHH	49 53.3
Lyrica (Pregabalin)	193 94.1		193 94.1		-	-	108 95.6	85 92.4
Mebaral (Mephobarbital)	20 9.8		20 9.8	-	-	-	12 10.6	8 8.7
Mysoline (Primidone)	111 54.1		111 54.1		-	-	57 50.4	54 58.7
Neurontin (Gabapentin)	200 97.6		200 97.6		-	-	112 99.1	88 95.7
Peganone (Ethotoin)	15 7.3		15 7.3	-	-	-	9 8.0	6 6.5

 ${\tt Comparison~Groups:~BC/DEFGH/BDEF/CGH}$ 

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Lowercase letters indicate significance at the 90% level.

### **CONFIDENTIAL**

Table QSCR8 Page 11 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

S8: Please tell me all of the medicines, if any, for which you have filled at least one prescription in the past 12 months. (Total Medications - pharmacist only)

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Potiga (Ezogabine)	15 7.3		15 7.3	-	-	-	8 7.1	7 7.6
Tegretol/Tegretol XR (Carbamazepine)	179 87.3		179 87.3	-	-	-	101 89.4	78 84.8
Topamax (Topiramate)	187 91.2		187 91.2	-	-	-	108 95.6 HH	79 85.9
Tranxene (Clorazepate dipotassium)	92 44.9		92 44.9 h	-	-	-	60 53.1 HH	32 34.8
Trileptal (Oxcarbazepine)	163 79.5		163 79.5 H	-	-	-	101 89.4 CHH	62 67.4
Valium (Diazepam)	188 91.7		188 91.7	-	-	-	109 96.5 CHH	79 85.9
Zonegran (Zonisamide)	137 66.8		137 66.8	-	-	-	83 73.5 HH	54 58.7
NONE OF THESE	-	-	-	-	-	-	-	-
Total	3576	-	3576	-	-	-	1996	1580

Lowercase letters indicate significance at the 90% level.

### **CONFIDENTIAL**

Table QSA Page 12 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

SA: How would you classify your primary specialty?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
-	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	373	168	205	108	-	60	113	92
Neurology	108 29.0		-	108 100.0 B		-	-	-
Neurosurgery	-	-	-	-	-	-	-	-
Epileptology	60 16.1	60 35.7	-	-	-	60 100.0 B	-	-
Pharmacy (Community/ Retail)	113 30.3		113 55.1		-	-	113 100.0 C	-
Pharmacy (Hospital/ Clinical)	92 24.7	-	92 44.9	-	-	-	-	92 100.0 C
Total	373	168	205	108	-	60	113	92

### **CONFIDENTIAL**

Table QSB Page 13 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

SB: Approximately how many patients have you prescribed anti-epileptic drugs (AEDs) for in the past 12 months?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	168	168	-	108	-	60	-	-
None	-	-	-	-	-	-	-	-
1-2	-	-	-	-	-	-	-	-
3-10	-	-	-	-	-	-	-	-
11-20	1	1		-	-	1.7	-	-
More than 20 patients	167 99.4			108 100.0		59 98.3	-	-
Total	168	168	-	108	-	60	-	-

#### CONFIDENTIAL

Table QSC Page 14 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

SC: Please confirm which of the following medicines, if any, you have written at least one prescription for in the past 12 months. (Multiple responses accepted - physicians only)

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	168	168	-	108	-	60	-	-
Lamictal (Lamotrigine)	168 100.0		-	108 100.0		60 100.0	-	-
Lyrica (Pregabalin)	161 95.8		-	105 97.2		56 93.3	-	-
Potiga (Ezogabine)	168 100.0		-	108 100.0		60 100.0	-	-
Tegretol/Tegretol XR (Carbamazepine)	164 97.6			105 97.2		59 98.3	-	-
Topamax (Topiramate)	167 99.4		-	107 99.1	-	60 100.0	-	-
None of the above	-	-	-	-	-	-	-	-
Total	828	828	-	533	-	295	-	-

### **CONFIDENTIAL**

Table QSD Page 15 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

SD: Approximately how many prescriptions for AEDs have you filled in the past 3 months? (pharmacist only)

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)	
•	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
Total Answering	205	-	205	-	-	-	113	92	
None	-	-	-	-	-	-	-	-	
1-2	1.0	-	1.0	-	-	-	1	1 1.1	
3-10	17 8.3	-	17 8.3 G	-	-	-	3 2.7	14 15.2 GG	
11-20	40 19.5	-	40 19.5	-	-	-	25 22.1	15 16.3	
More than 20 prescriptions	146 71.2	-	146 71.2	-	-	-	84 74.3	62 67.4	
Total	205	-	205	_	_	-	113	92	

Table Q1 Page 16 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q1: According to U.S. prescribing information, what is the FDA-approved indication for POTIGA? (Please select all that apply)

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	373	168	205	108	-	60	113	92
Migraine	3	2 1.2	1 0.5			-	-	1 1.1
Partial-onset seizures	291 78.0		62.0			60 100.0 BDDGH	62 54.9	65 70.7 GG
Generalized tonic clonic seizures	15 4.0	9 5.4	-			1 1.7	-	6 6.5
None of the above	-	-	-	-	-	-	-	-
I don't know	76 20.4			1.9		-	51 45.1 HDH	23 25.0 D
Total	385	177	208	116	-	61	113	95

#### CONFIDENTIAL

Table Q2 Page 17 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q2: True or False: According to U.S. prescribing information, POTIGA can be used as monotherapy.

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	373	168	205	108	-	60	113	92
True	37 9.9		29 14.1 B	7.4		-	13 11.5	16 17.4 D
False	235 63.0					58 96.7 bDDGH	38 33.6	44 47.8 GG
I don't know	101 27.1		94 45.9 hB	4.6		3.3	62 54.9 HDFH	32 34.8 DF
Total	373	168	205	108	_	60	113	92

Table Q3 Page 18 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q3: Urinary retention - According to U.S. prescribing information, which of the following are potential risks associated with POTIGA? (Please select all that apply)

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	373	168	205	108	-	60	113	92
Urinary retention	260 69.7		57.1			55 91.7 DDGH	60 53.1	57 62.0
Pancreatitis	14 3.8		5 2.4			3 5.0	-	5 5.4
Ischemic colitis	4 1.1		1			1 1.7	-	1 1.1
I don't know	104 27.9			14.8		3 5.0	53 46.9 hDFh	32 34.8 DF
Total	382	174	208	112	-	62	113	95

Table Q4 Page 19 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q4: According to U.S. prescribing information, what is the maximum recommended daily maintenance dose of POTIGA for the General Population?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	373	168	205	108	-	60	113	92
600mg	21 5.6			7 6.5		4 6.7	6 5.3	4 4.3
900mg	17 4.6					3 5.0	-	4 4.3
1200mg	219 58.7		51.2			40 66.7 G	51 45.1	54 58.7 gg
2000mg	10.3			1 0.9		-	-	-
None of the above	10 2.7			2 1.9		2 3.3	2 1.8	4 4.3
I don't know	111 29.8			16 14.8		11 18.3	56 49.6 HDFH	28 30.4 Df
Total	379	170	209	110	-	60	115	94

Table Q5 Page 20 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q5: According to U.S. prescribing information, which of the following statements, if any, is true? (Please select all that apply)

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	373	168	205	108	-	60	113	92
The oldest age at which POTIGA can be used is 65	8 2.1			3 2.8	-	3 5.0	1 0.9	1 1.1
There are no lower age limits for POTIGA	15 4.0		2.0	8 7.4 Gh		3 5.0	1.8	2 2.2
The youngest age at which POTIGA can be used is 12	33 8.8		5.4	11 10.2 G		11 18.3 Gh	4 3.5	7 7.6
The youngest age at which POTIGA can be used is 18	189 50.7		41.5	73 67.6 FFGH		31 51.7	44 38.9	
None of the above	19 5.1		10 4.9	6 5.6	-	3 5.0	1.8	8 8.7 GG
I don't know	119 31.9					12 20.0	60 53.1 HDFH	34 37.0 DF
Total	383	177	206	114	-	63	113	93

Table Q6 Page 21 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q6: According to U.S. prescribing information, which of the following statements, if any, is true? (Please select all that apply)

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	(Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	373	168	205	108	-	60	113	92
POTIGA should always be	11					2		
taken with food	2.9	3.6	2.4	3.7		3.3	1.8	3.3
POTIGA should always be	5	2	3	2	-	-	2	1
taken on its own, without food	1.3	1.2	1.5	1.9			1.8	1.1
POTIGA can be taken with	236	116	120	73	-	43	61	59
or without food	63.3			67.6		71.7	54.0	64.1
		C		G		G		
None of the above	3	2	1	1	-	1	-	1
	0.8	1.2	0.5	0.9		1.7		1.1
I don't know	119	42	77	28	-	14	49	28
	31.9	25.0	37.6	25.9		23.3	43.4	30.4
			В				hDFh	
Total	374	168	206	108	-	60	114	92

Table Q7 Page 22 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q7: Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch out for? (Please select all that apply)

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	373	168	205	108	-	60	113	92
Pain when urinating	85 22.8					15 25.0	25 22.1	22 23.9
Difficulty starting urination	195 52.3		47.3	53.7		40 66.7 ddG	42 37.2	
Renal colic	27 7.2		4.9			9 15.0 G	3 2.7	
Inability to urinate	217 58.2		42.9			49 81.7 GH		45 48.9
None of the above	2 0.5		1 0.5		-	1 1.7	-	1 1.1
I don't know	85 22.8		35.6	10.2		1.7	50 44.2 HDFH	23 25.0 DF
Total	611	295	316	180	-	115	163	153

### **CONFIDENTIAL**

Table Q7NET Page 23 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q7: Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch out for?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	373	168	205	108	-	60	113	92
Correct response (1,2,4)	52 13.9		29 14.1	14 13.0	-	9 15.0	14 12.4	15 16.3
Incorrect response	321 86.1		176 85.9			51 85.0	99 87.6	77 83.7
Total	373	168	205	108	-	60	113	92

Table Q8 Page 24 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q8: If a patient on POTIGA experiences inability to pass urine, what would you advise them to do? (Please select all that apply)

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	373	168	205	108	-	60	113	92
Report the issue at	31	6	25	3	-	3	15	10
their next doctor's appointment	8.3	3.6	12.2 B			5.0	13.3 Df	
Drink more water	12 3.2		6 2.9			3.3		
Seek immediate medical	277	139	138	89	-	50	70	68
attention	74.3	82.7 C	67.3	82.4 G		83.3 G		73.9 gg
Stop taking POTIGA	94 25.2					25 41.7 GH	12.4	
None of the above	3			1 0.9		1 1.7		1 1.1
I don't know	47 12.6		44 21.5 B	2.8		-	27 23.9 D	18.5
Total	464	224	240	143	-	81	129	111

Table Q9 Page 25 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q9: According to U.S. prescribing information, when increasing the dose, what is the maximum total daily dose at which POTIGA can be increased once every 7 days?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	373	168	205	108	-	60	113	92
Total daily dose increased by 50mg/day	47 12.6		12.7			3 5.0	15 13.3 f	11 12.0
Total daily dose increased by 150mg/day	188 50.4		42.9	54.6		41 68.3 ddG	36 31.9	52 56.5 CGG
Total daily dose increased by 200mg/day	8 2.1		-	5 4.6	-	3 5.0	-	-
Total daily dose increased by 300mg/day	15 4.0		1.0			4 6.7 g	1 0.9	11.1
None of the above	5 1.3			4 3.7		-	1 0.9	-
I don't know	110 29.5			12.0		9 15.0	60 53.1 cHDFH	28 30.4 DF
Total	373	168	205	108	-	60	113	92

#### CONFIDENTIAL

Table Q10 Page 26 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q10: True or False: According to U.S. prescribing information, for the General Population, the recommended total initial dosage should be  $150\,\mathrm{mg}$  per day for one week.

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	373	168	205	108	-	60	113	92
True	78 20.9		11.7			21 35.0 GH	12 10.6	12 13.0
False	194 52.0		102 49.8			31 51.7	48 42.5	54 58.7 GG
I don't know	101 27.1		79 38.5 hB	13.0		8 13.3	53 46.9 HDFH	26 28.3 DF
Total	373	168	205	108	-	60	113	92

#### **CONFIDENTIAL**

Table Q11R1 Page 27 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q11: Moderate to severe renal or hepatic impairment: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	373	168	205	108	-	60	113	92
Yes	280 75.1		64.9	93 86.1 GH		54 90.0 GH	65 57.5	68 73.9 GG
No	17 4.6			6 5.6		2 3.3	4 3.5	5 5.4
Don't know	76 20.4			9 8.3		4 6.7	44 38.9 HDFH	19 20.7 DF
Total	373	168	205	108	-	60	113	92

### **CONFIDENTIAL**

Table Q11R2 Page 28 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q11: Moderate to severe Crohn's disease: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)	
-	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
Total Answering	373	168	205	108	-	60	113	92	
Yes	38 10.2	18 10.7	20 9.8	15 13.9 FF		3 5.0	10 8.8	10 10.9	
No	149 39.9	87 51.8 C	62 30.2 g	53 49.1 G		34 56.7 Gh	24 21.2	38 41.3 cGG	
Don't know	186 49.9	63 37.5	123 60.0 hB	40 37.0		23 38.3	79 69.9 cHDFH	44 47.8	
Total	373	168	205	108	_	60	113	92	

### **CONFIDENTIAL**

Table Q11R3 Page 29 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q11: Moderate to severe asthma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)	
-	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
Total Answering	373	168	205	108	-	60	113	92	
Yes	18 4.8	6 3.6	12 5.9	3 2.8	-	3 5.0	5 4.4	7 7.6	
No	178 47.7		72 35.1		-	41 68.3 GH	32 28.3	40 43.5 GG	
Don't know	177 47.5		121 59.0 B		-	16 26.7	76 67.3 HDFH	45 48.9 dF	
Total	373	168	205	108	_	60	113	92	

#### CONFIDENTIAL

Table Q11R4 Page 30 May 15, 2013

Dl------ Dl------

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q11: Patients over the age of 65 years: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	(Com/Ret)	(Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	373	168	205	108	-	60	113	92
Yes	183 49.1		43.9	55.6		33 55.0 G	39 34.5	51 55.4 cGG
No	61 16.4		10.7			15 25.0 GH	12 10.6	10 10.9
Don't know	129 34.6					12 20.0	62 54.9 HDFH	31 33.7 df
Total	373	168	205	108	-	60	113	92

### **CONFIDENTIAL**

Table Q11R5 Page 31 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q11: Moderate to severe glaucoma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	373	168	205	108	-	60	113	92
Yes	51 13.7		31 15.1	13 12.0	-	7 11.7	12 10.6	19 20.7 gg
No	131 35.1					29 48.3 GH	25 22.1	27 29.3
Don't know	191 51.2		122 59.5 B	41.7		24 40.0	76 67.3 HDFH	46 50.0
Total	373	168	205	108	_	60	113	92

#### CONFIDENTIAL

Table Q12 Page 32 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q12: True or False: It is known from controlled studies that adverse events related to voiding dysfunction generally tend to be reported within the first 6 months after starting POTIGA.

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	373	168	205	108	-	60	113	92
True	218 58.4		45.9	73.1		45 75.0 GH	41 36.3	53 57.6 cGG
False	16 4.3			7 6.5 ffH		1 1.7	7 6.2 HH	1.1
I don't know	139 37.3					14 23.3	65 57.5 HDFH	38 41.3 DF
Total	373	168	205	108	-	60	113	92

Table Q13 Page 33 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q13: Which of the following patient groups are recommended to have closer monitoring (including comprehensive evaluation of urologic symptoms) for urinary retention? (Please select all that apply)

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	373	168	205	108	-	60	113	92
Patients with benign prostatic hyperplasia (BPH)	281 75.3		66.8	94 87.0 GH		50 83.3 Gh		66 71.7
Patients who are unable to communicate clinical symptoms (e.g. cognitively impaired patients)	233 62.5		48.3	82 75.9 GH		52 86.7 ddGH	45.1	48 52.2
Patients who use concomitant medications that may affect voiding (e.g. anti-cholinergics)	267 71.6		62.9	90 83.3 GH		48 80.0 Gh		62 67.4
Patients who use non- steroidal anti- inflammatory drugs (NSAIDs)	46 12.3			9 8.3		4 6.7		15 16.3 df
Patients who are obese	16 4.3			3 2.8		1 1.7		5 5.4
None of the above	3 0.8		1.0	1 0.9		-	1 0.9	1 1.1
I don't know	68 18.2			7 6.5		4 6.7		19 20.7 DF
Total	914	445	469	286	-	159	253	216

Comparison Groups: BC/DEFGH/BDEF/CGH

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Lowercase letters indicate significance at the 90% level.

### **CONFIDENTIAL**

Table Q14 Page 34 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q14: How long have you been practicing medicine?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	168	168	-	108	-	60	-	-
Less than 5 years	8 4.8			4 3.7		4 6.7	-	-
5-15 years	69 41.1			40 37.0		29 48.3	-	-
16-25 years	61 36.3			42 38.9		19 31.7	-	-
26-35 years	25 14.9			19 17.6		6 10.0	-	-
More than 35 years	5 3.0			3 2.8		2 3.3	-	-
Total	168	168	-	108	-	60	-	-

### **CONFIDENTIAL**

Table Q15 Page 35 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q15: How long have you been prescribing anti-epileptic drugs (AEDs)?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	168	168	-	108	-	60	-	-
Less than 5 years	6 3.6		-	3 2.8		3 5.0	-	-
5-15 years	72 42.9			39 36.1		33 55.0 DD		-
16-25 years	59 35.1			42 38.9		17 28.3	-	-
26-35 years	26 15.5			20 18.5		6 10.0	-	-
More than 35 years	5 3.0		-	4 3.7		1 1.7	-	-
Total	168	168	-	108	-	60	_	_

Table Q16 Page 36 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q16: How many months have you been prescribing POTIGA?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
Total Answering	168	168	-	108	-	60	-	-	
Less than 1	16 9.5			11 10.2		5 8.3	-	-	
1-3	55 32.7			35 32.4		20 33.3	-	-	
4-6	50 29.8			35 32.4		15 25.0	-	-	
7-9	19 11.3			9		10 16.7	-	-	
10-12	12 7.1			6 5.6		6 10.0	-	-	
More than 12 months	11 6.5			8 7.4		3 5.0	-	-	
I don't know/don't remember	5 3.0			4 3.7		1 1.7	-	-	
Total	168	168	_	108	_	60	_	_	

### **CONFIDENTIAL**

Table Q17 Page 37 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q17: Approximately how many patients have you prescribed POTIGA for in the past 12 months?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	168	168	-	108	-	60	-	-
1-2	87 51.8			63 58.3 FF		24 40.0	-	-
3-10	66 39.3			36 33.3		30 50.0 DD	-	-
11-20	12 7.1			8 7.4		4 6.7	-	-
More than 20 patients	3 1.8			1 0.9		2 3.3	-	-
Total	168	168	-	108	-	60	_	-

#### **CONFIDENTIAL**

Table Q18 Page 38 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q18: Over the past year, approximately how many prescriptions for AEDs (including new prescriptions and refills) have you written per month on average?

		Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total	Answering	168	168	-	108	-	60	-	-
1-10		5 3.0			5 4.6		-	-	-
11-30	)	24 14.3			22 20.4 FF		2 3.3	-	-
31-50	)	38 22.6			29 26.9 ff		9 15.0	-	-
More	than 50	101 60.1			52 48.1		49 81.7 BDD	-	-
Total	L	168	168	-	108	-	60	-	-

### **CONFIDENTIAL**

Table Q19 Page 39 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q19: What is the age range of your current patient population? Please select all categories that you treat.

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	168	168	-	108	-	60	-	-
Pediatric (Under 18)	53 31.5			29 26.9		24 40.0 dd	-	-
18-34	155 92.3			100 92.6		55 91.7	-	-
35-64	157 93.5		-	102 94.4		55 91.7	-	-
65 +	143 85.1		-	91 84.3		52 86.7	-	-
Total	508	508	-	322	-	186	-	-

#### CONFIDENTIAL

Table Q20 Page 40 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q20: Approximately what is the size of your current total patient population?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
•	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	168	168	-	108	-	60	-	-
Less than 100 patients	1 0.6	0.6	-	-	-	1.7	-	-
100 - 500 patients	19 11.3	19 11.3		10 9.3		9 15.0	-	-
501 - 1000 patients	56 33.3	56 33.3		35 32.4	-	21 35.0	-	-
More than 1000 patients	92 54.8	92 54.8		63 58.3	-	29 48.3	-	-
Total	168	168	-	108	-	60	-	-

# CONFIDENTIAL

Table Q21 Page 41 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q21: Approximately what is the size of your current epilepsy patient population?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	168	168	-	108	-	60	-	-
Less than 10 patients	-	-	-	-	-	-	-	-
10 - 50 patients	3 1.8	3 1.8	-	3 2.8		-	-	-
51 - 100 patients	25 14.9			24 22.2 FF		1.7	-	-
101+ patients	140 83.3			81 75.0		59 98.3 BDD	-	-
I do not treat patients with epilepsy	-	-	-	-	-	-	-	-
Total	168	168	-	108	-	60	-	-

### **CONFIDENTIAL**

Table Q22 Page 42 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q22: How long have you been a practicing pharmacist?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	205	-	205	-	-	-	113	92
Less than 5 years	30 14.6		30 14.6 H		-	-	28 24.8 CHH	2 2.2
5-15 years	60 29.3		60 29.3 H		-	-	43 38.1 HH	17 18.5
16-25 years	49 23.9		49 23.9		-	-	22 19.5	27 29.3
26-35 years	45 22.0		45 22.0 G		-	-	12 10.6	33 35.9 CGG
More than 35 years	21 10.2		21 10.2		-	-	8 7.1	13 14.1
Total	205	-	205	_	-	-	113	92

### **CONFIDENTIAL**

Table Q23 Page 43 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q23: How long have you been dispensing and/or answering patient questions regarding prescribed AEDs?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	205	-	205	-	-	-	113	92
Less than 5 years	35 17.1		35 17.1 H		-	-	30 26.5 cHH	5 5.4
5-15 years	64 31.2		64 31.2 H		-	-	47 41.6 CHH	17 18.5
16-25 years	48 23.4		48 23.4		-	-	21 18.6	27 29.3 gg
26-35 years	41 20.0		41 20.0 G		-	-	10 8.8	31 33.7 CGG
More than 35 years	17 8.3		17 8.3		-	-	5 4.4	12 13.0 GG
Total	205	-	205	-	-	-	113	92

### **CONFIDENTIAL**

Table Q24 Page 44 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q24: Have you answered any patient questions related to POTIGA in the past 12 months?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
Total Answering	205	-	205	-	-	-	113	92	
Yes	21 10.2	-	21 10.2	-	-	-	9 8.0	12 13.0	
No	171 83.4	-	171 83.4	-	-	-	98 86.7	73 79.3	
I don't know/don't remember	13 6.3	-	13 6.3	-	-	-	6 5.3	7 7.6	
Total	205	_	205	-	-	_	113	92	

### **CONFIDENTIAL**

Table Q25 Page 45 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q25: Have you dispensed POTIGA in the past 12 months?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)	
-	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
Total Answering	205	-	205	-	-	-	113	92	
Yes	32 15.6	-	32 15.6	-	-	-	12 10.6	20 21.7 GG	
No	158 77.1	-	158 77.1	-	-	-	92 81.4	66 71.7	
I don't know/don't remember	15 7.3	-	15 7.3	-	-	-	9 8.0	6 6.5	
Total	205	-	205	-	-	-	113	92	

### **CONFIDENTIAL**

Table Q26 Page 46 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q26: How many months have you been dispensing POTIGA?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	32	-	32	-	-	-	12	20
Less than 1	3 9.4		3 9.4	-	-	-	-	3 15.0
1-3	14 43.8		14 43.8		-	-	7 58.3	7 35.0
4 - 6	5 15.6		5 15.6		-	-	2 16.7	3 15.0
7-9	1 3.1		1 3.1		-	-	-	1 5.0
10-12	5 15.6		5 15.6		-	-	1 8.3	4 20.0
More than 12 months	1 3.1		1 3.1	-	-	-	1 8.3	-
I don't know/don't remember	3 9.4		3 9.4		-	-	1 8.3	2 10.0
Total	32	-	32	-	-	_	12	20

### **CONFIDENTIAL**

Table Q27 Page 47 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q27: Approximately how many patients have you dispensed POTIGA for in the past 12 months?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
Total Answering	32	-	32	-	-	-	12	20	
1-2	21 65.6		21 65.6		-	-	9 75.0	12 60.0	
3-10	8 25.0		8 25.0		-	-	3 25.0	5 25.0	
11-20	1 3.1	-	1 3.1	-	-	-	-	1 5.0	
More than 20 patients	1 3.1	-	1 3.1		-	-	-	1 5.0	
I don't know/don't remember	1 3.1	-	1 3.1		-	-	-	1 5.0	
Total	32	-	32	-	-	-	12	20	

#### CONFIDENTIAL

Table Q28 Page 48 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q28: Over the past year, approximately how many prescriptions for anti-epileptic drugs (AEDs) (including new prescriptions and refills) have you filled per month on average?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
Total Answering	32	-	32	-	-	-	12	20	
1 - 10	4 12.5	-	4 12.5		-	-	-	4 20.0	
11 - 30	8 25.0	-	8 25.0		-	-	5 41.7	3 15.0	
31 - 50	7 21.9	-	7 21.9	-	-	-	3 25.0	4 20.0	
More than 50 prescriptions	13 40.6	-	13 40.6		-	-	4 33.3	9 45.0	
Total	32	-	32	-	_	-	12	20	

### **CONFIDENTIAL**

Table Q29R1 Page 49 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q29: POTIGA Dear HCP Letter: Have you learned about the risks associated with the use of POTIGA from any of the following sources?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	373	168	205	108	-	60	113	92
Yes	24 6.4					9 15.0 DDG	4 3.5	6 6.5
No	323 86.6		186 90.7 B	82.4		48 80.0	103 91.2 df	83 90.2 f
Don't know	26 7.0					3 5.0	6 5.3	3 3.3
Total	373	168	205	108	-	60	113	92

### **CONFIDENTIAL**

Table Q29R2 Page 50 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q29: GlaxoSmithKline Medical Information: Have you learned about the risks associated with the use of POTIGA from any of the following sources?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	373	168	205	108	-	60	113	92
Yes	79 21.2			31 28.7 GH		27 45.0 DDGH	7 6.2	14 15.2 GG
No	275 73.7			63.0		30 50.0	101 89.4 DF	76 82.6 DF
Don't know	19 5.1					3 5.0	5 4.4	2 2.2
Total	373	168	205	108	-	60	113	92

### **CONFIDENTIAL**

Table Q29R3 Page 51 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q29: GlaxoSmithKline Promotional Materials: Have you learned about the risks associated with the use of POTIGA from any of the following sources?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	373	168	205	108	-	60	113	92
Yes	95 25.5					23 38.3 GH	13 11.5	15 16.3
No	261 70.0		171 83.4 B	51.9		34 56.7	96 85.0 DF	75 81.5 DF
Don't know	17 4.6		6 2.9			3 5.0	4 3.5	2 2.2
Total	373	168	205	108	-	60	113	92

### **CONFIDENTIAL**

Table Q29R4 Page 52 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q29: GSK Website: POTIGA.com: Have you learned about the risks associated with the use of POTIGA from any of the following sources?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	373	168	205	108	-	60	113	92
Yes	80 21.4	39 23.2		23 21.3		16 26.7	23 20.4	18 19.6
No	277 74.3					42 70.0	88 77.9	71 77.2
Don't know	16 4.3	11 6.5 c	2.4			2 3.3	1.8	3 3.3
Total	373	168	205	108	-	60	113	92

#### CONFIDENTIAL

Table Q29R5 Page 53 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q29: GlaxoSmithKline Sales Representatives: Have you learned about the risks associated with the use of POTIGA from any of the following sources?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	373	168	205	108	-	60	113	92
Yes	109 29.2		4.4	68 63.0 GH	-	32 53.3 GH	5 4.4	4 4.3
No	254 68.1		190 92.7 B	34.3	-	27 45.0	105 92.9 DF	85 92.4 DF
Don't know	10 2.7		6 2.9	3 2.8	-	1.7	3 2.7	3 3.3
Total	373	168	205	108	_	60	113	92

#### CONFIDENTIAL

Table Q29R6 Page 54 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q29: GlaxoSmithKline-sponsored Educational Meeting: Have you learned about the risks associated with the use of POTIGA from any of the following sources?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	373	168	205	108	-	60	113	92
Yes	34 9.1					16 26.7 DDGH	2 1.8	2 2.2
No	325 87.1			80.6	-	43 71.7	108 95.6 DF	87 94.6 DF
Don't know	14 3.8		6 2.9			1.7	3 2.7	3 3.3
Total	373	168	205	108	-	60	113	92

#### CONFIDENTIAL

Table Q29R7 Page 55 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q29: POTIGA Product Labeling (including Prescribing Information, Medication Guide): Have you learned about the risks associated with the use of POTIGA from any of the following sources?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
-	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	373	168	205	108	-	60	113	92
Yes	226 60.6	131 78.0 C	95 46.3	79 73.1 GH		52 86.7 DDGH	47 41.6	48 52.2
No	134 35.9	30 17.9	104 50.7 B	23 21.3 ff		7 11.7	63 55.8 DF	41 44.6 DF
Don't know	13 3.5	7 4.2	6 2.9	6 5.6		1 1.7	3 2.7	3 3 3
Total	373	168	205	108	-	60	113	92

#### CONFIDENTIAL

Table Q29R8 Page 56 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q29: Other Healthcare Professionals: Have you learned about the risks associated with the use of POTIGA from any of the following sources?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	373	168	205	108	-	60	113	92
Yes	119 31.9		45 22.0	38 35.2 Gh	-	36 60.0 BDDGH	23 20.4	22 23.9
No	239 64.1		154 75.1 B	59.3	-	21 35.0	86 76.1 DF	68 73.9 DF
Don't know	15 4.0		6 2.9	6 5.6	-	3 5.0	4 3.5	2 2.2
Total	373	168	205	108	_	60	113	92

Table Q30 Page 57 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q30: How would you prefer to learn about the risks associated with the use of POTIGA in the future? Please select up to 3 options.

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	373	168	205	108	-	60	113	92
POTIGA Dear HCP Letter	85 22.8	21 12.5		13 12.0		8 13.3	29 25.7 DF	35 38.0 gDFg
GlaxoSmithKline Medical Information	89 23.9			21 19.4		20 33.3 ddg	24 21.2	24 26.1
Other Healthcare Professionals	96 25.7	60 35.7 C	17.6	36 33.3 GH		24 40.0 GH	17 15.0	19 20.7
GlaxoSmithKline Promotional Materials	88 23.6	28 16.7		22 20.4 ff		10.0	34 30.1 dF	26 28.3 F
GSK Website: POTIGA.com	98 26.3	37 22.0		23 21.3		14 23.3	33 29.2	28 30.4
GlaxoSmithKline Sales Representatives	148 39.7	77 45.8 FC	34.6	53.7		19 31.7	48 42.5 HH	23 25.0
GlaxoSmithKline- sponsored Educational Meeting	166 44.5	92 54.8 C	36.1			35 58.3 GH	45 39.8	29 31.5
POTIGA Product Labeling (including Prescribing Information, Medication Guide)	161 43.2			37 34.3		23 38.3	62 54.9 hDFh	39 42.4
Total	931	416	515	267	-	149	292	223

Comparison Groups: BC/DEFGH/BDEF/CGH

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Lowercase letters indicate significance at the 90% level.

Table Q1\_1CODE Page 58 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q1. According to U.S. prescribing information, what is the FDA-approved indication for POTIGA?

	Total (A)	Physician (B)	Pharmacist (C)	Neurology 	Neurosurg 	Epileptol (F)		Pharmacy (Hosp/Cli)
Total Answering	91			. ,		1		29
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	62 68.1	_		10.0		-	41 80.4 D	20 69.0 D
FDA approved only for partial on-set seizures/ used for partial seizures	6 6.6	_	2.5			-	1 2.0	1 3.4
Used for all indications listed/aware of different uses for the med/med used for expanded indications in other countries	3 3.3					-	-	2 6.9
General recall/memory	44.4	_		10.0		-	-	3 10.3
Seizures/severe seizure disorder	2 2 . 2					-	-	1 3.4
Adjunctive therapy for CP seizures	1.1	_		1 10.0		-	-	-
Information provided from Pharmaceutical Representative	1.1			10.0		-	-	-

Table Q1\_1CODE Page 59
May 15, 2013
(Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q1. According to U.S. prescribing information, what is the FDA-approved indication for POTIGA?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
GTC could be partial with secondary or primary generalization (indicated)/this drug works well with partial seizure & also may work with generalized tonic clonic seizure	2 2.2				-	1 100.0 BH		1 3.4
Epilepsy	1		1.2		-	-	2.0	-
Not seen the approved uses for POTIGA	2.2	-	2.5		-	-	2.0	1 3.4
Not sure for what type of seizures	3 . 3		3 3 . 8		-	-	3 5.9	-
Forgot	1 1.1		1.2		-	-	1 2.0	-
Misunderstood question/ Question is vague	3 . 3	2 18.2		10.0		1 100.0 BDDG	2.0	-
Don't know/Do not recall	44.4	-	4 5.0		-	-	3 5.9	1 3.4
Total	95	13	82	11	-	2	52	30

Table Q2\_1CODE Page 60 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q2: True or False: According to U.S. prescribing information, POTIGA can be used as monotherapy.

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	135	13	122	11	-	2	74	48
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	72 53.3		72 59.0	-	-	-	50 67.6 HH	22 45.8
I believe so/I think it can be used for monotherapy	1.5			1 9.1		-	-	1 2.1
Using clinically/on- going trials for monotherapy use	2 1.5	2 15.4	-	2 18.2		-	-	-
Do not believe it is approved, but can be used as monotherapy	0.7			-	-	1 50.0	-	-
General recall/memory/ best recall from PI/from clinical pharmacology reference literature/ based on dosing directions	12 8.9	1 7.7				-	6 8.1	5 10.4
To be used as add-on therapy/approved as add- on to be treat seizures associated with epilepsy	2 1.5	1 7.7		1 9.1		-	-	1 2.1

Table Q2\_1CODE Page 61 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q2: True or False: According to U.S. prescribing information, POTIGA can be used as monotherapy.

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Can be used as mono- therapy/believe it can be used for monotherapy/ have patients just using POTIGA/have seen it prescribed as a monotherapy/general mechanism lends itself to monotherapy	6 4.4					-	3 4.1	2 4.2
Information provided from Pharmaceutical Representative	0.7			1 9.1		-	-	-
Newer medications are usually monotherapy treatment	0.7		0.8	-	-	-	1 1.4	-
Have not seen the PI	1 0.7		1	-	-	-	1 1.4	-
Could be more effective as a monotherapy	1 0.7		1	-	-	-	1 1.4	-
Can use used in patients with previous failed therapies	0.7		0.8	-	-	-	-	1 2.1
The drug information does not state it is used in conjunction	1 0.7		0.8	-	-	-	-	1 2.1
Have not seen it promoted as adjunct therapy	0.7		0.8	-	-	-	-	1 2.1

 ${\tt Comparison~Groups:~BC/DEFGH/BDEF/CGH}$ 

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Lowercase letters indicate significance at the 90% level.

Table Q2\_1CODE Page 62 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q2: True or False: According to U.S. prescribing information, POTIGA can be used as monotherapy.

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Literature states can be used with other agents but dose may need to be increased	0.7		10.8		-	-	-	1 2.1
Cannot be used a monotherapy	1 0.7		1 0.8		-	-	-	1 2.1
Not sure/not sure if it can be used as monotherapy	6 4.4					1 50.0		2 4.2
Miscellaneous	5 3.7		5 4.1		-	-	3 4.1	2 4.2
Don't know/Do not recall	11 8.1	_				-	5 6.8	5 10.4
Used as adjunctive therapy/only prescribed as adjunctive therapy/ FDA approved as adjunctive therapy/can be used with other seizure meds	7 5.2		7 5.7		-	-	4 5.4	3 6.2
Total	135	13	122	11	-	2	74	48

Table Q3\_1CODE Page 63 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q3. According to U.S. prescribing information, which of the following are potential risks associated with POTIGA?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	117	28	89	22	-	6	52	37
Lack of familiarity/ never heard of POTIGA, POTIGA risks or side effects/never dispensed POTIGA/no experience with POTIGA	59 50.4		58 65.2 B	4.5		-	38 73.1 hDh	20 54.1 D
Pancreatitis is common with AEDs	1 0.9		-	1 4.5		-	-	-
Ischemic colitis possible/may be reported	1 0.9		-	1 4.5		-	-	-
Risks reported in literature	1 0.9		-	1 4.5		-	-	-
General recall/memory/ best recall from PI/ clinical pharmacology reference literature/ based on dosing directions/recall from clinical trial data	4 3.4		1			1 16.7	-	1 2.7
Conditions can occur when stopping use of POTIGA	1 0.9		-	1 4.5		-	-	-
Aware of some risks associated with medicine, but not aware of all risks/aware of the major risks	4 3.4		2 2.2	2 9.1		-	-	2 5.4

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions) Uppercase letters indicate significance at the 95% level.

Table Q3\_1CODE Page 64 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q3. According to U.S. prescribing information, which of the following are potential risks associated with POTIGA?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Aware of urinary issues/ problem with urinary function	6 5.1	2 7.1	44.5	2 9.1		-	3 5.8	1 2.7
Incorporated POTIGA into regimen, but not able to learn about the drug yet	1 0.9	1 3.6	-	1 4.5	-	-	-	-
Side effect/recall some of the side effects	2 1.7	2 7.1	-	-	-	2 33.3	-	-
Kidney, liver problems/ potentially toxic to kidneys	2 1.7	1 3.6	1.1	1 4.5	-	-	1 1.9	-
Never read the PI and not explained by pharmaceutical representative/never had a POTIGA representative visit/never fully read prescribing information	9 7.7			9.1		1 16.7	4 7.7	2 5.4
Known caution when using POTIGA	1	1	-	1 4.5	-	-	-	-
Have not done research yet	2 1.7	-	2 2 . 2	-	-	-	2 3.8	-
Not a lot of information available on POTIGA	1 0.9	-	1.1	-	-	-	1 1.9	-
Could cause hepatic issues/requires dose adjustments in hepatic diseases	2 1.7	-	2 2.2	-	-	-	-	2 5.4

Comparison Groups: BC/DEFGH/BDEF/CGH

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q3\_1CODE Page 65 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q3. According to U.S. prescribing information, which of the following are potential risks associated with POTIGA?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Mistaken POTIGA for another medicine/ mistaken in initial response	2 1.7			1 4.5		1 16.7		-
Risks listed on the article on the list server	1 0.9		1.1		-	-	-	1 2.7
Adverse event reported by patient, not ruled out as the cause	1 0.9		11.1		-	-	-	1 2.7
Limited knowledge of drug	1 0.9		1 1.1		-	-	-	1 2.7
Not sure/not sure about the side effects, risks	8 6.8					1 16.7		2 5.4
Miscellaneous	6 5.1					-	1 1.9	3 8.1
Misunderstood question/ Question is vague	1 0.9			-	-	1 16.7		-
Don't know/Do not recall	8 6.8					-	2 3.8	3 8.1
Total	125	31	94	24	-	7	55	39

Table Q4\_1CODE Page 66 May 15, 2013

Pharmacy Pharmacy

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q4. According to U.S. prescribing information, what is the maximum recommended daily maintenance dose of POTIGA for the General Population?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	(Com/Ret)	(Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	156	54	102	34	-	20	63	39
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	58 37.2			2.9		-	39 61.9 D	18 46.2 D
Not aware of the maximum dosage/uncertain of maximum dosage/not seen information on maximum dosing/not heard of maximum dosing	19 12.2					4 20.0	10 15.9 hh	2 5.1
Recall maximum dose from pharmaceutical representative/ information from pharmaceutical representative	4 2.6			4 11.8		-	-	-
400mg three times a day/ 1200mg maximum dose	11 7.1					2 10.0	1.6	10.3 gg
General recall/memory/ best recall from PI/from clinical pharmacology reference literature/ based on dosing directions/recall from clinical trial data/from prescriber information	9 5.8		1.0			2 10.0	-	1 2.6

Comparison Groups: BC/DEFGH/BDEF/CGH Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions) Uppercase letters indicate significance at the 95% level.

Table Q4\_1CODE Page 67 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q4. According to U.S. prescribing information, what is the maximum recommended daily maintenance dose of POTIGA for the General Population?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Thought it was a different value	1 0.6		-	-	-	1 5.0		-
Representative said 1200mg, but being conservative	0.6	<del>-</del>	-	1 2.9	-	-	-	-
Clinical trials tested at 900mg-1200mg maximum dose	1 0.6		-	1 2.9		-	-	-
Personal experience/how currently prescribing	2 1.3			2 5.9	-	-	-	-
Previous studies indication a dose greater than 900mg offered no significant increased benefit, but greater side effects/ 1200mg not shown to be efficacious than 900mg/ seizure frequency reduced at a lesser percent with higher dose	5 3.2		2.0			2 10.0		1 2.6
Never read the PI/never fully read the prescribing information	4 2.6				-	1 5.0		1 2.6
Never met with a pharmaceutical representative	1.3		1.0		-	-	1.6	-

Comparison Groups: BC/DEFGH/BDEF/CGH Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions) Uppercase letters indicate significance at the 95% level.

Table Q4\_1CODE Page 68 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q4. According to U.S. prescribing information, what is the maximum recommended daily maintenance dose of POTIGA for the General Population?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
150mg per day/per week that can be titrated	1 0.6		-	1 2.9		-	-	-
Incorrect suggested maximum dose stated	10 6.4		7 6.9			1 5.0	3 4.8	10.3
Refer/consult PI/would look up before dispensing	5 3.2		3 2.9		-	10.0	2 3.2	1 2.6
Rarely use POTIGA/only used POTIGA a few times	3 1.9		-	-	-	3 15.0	-	-
Depends on the patient	0.6		1.0		-	-	1	-
Not had a chance to look up dosing recommendations/research of the drug/need further info	4 2.6		4 3.9		-	-	2 3.2	2 5.1
Maximum dose is between 600mg-1200mg	3 1.9		3 2.9	-	-	-	2 3.2	1 2.6
Not sure	2 1.3		1.0		-	-	-	1 2.6
Miscellaneous	4 2.6		2 2 . 0	-	-	2 10.0	-	2 5.1
Don't know/Do not recall	10 6.4		3 2.9			1 5.0	1 1.6	2 5.1
Total	160	55	105	34	-	21	65	40

Comparison Groups: BC/DEFGH/BDEF/CGH

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q5\_1CODE Page 69 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q5. According to U.S. prescribing information, which of the following statements, if any, is true?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol		Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	184	67	117	37	-	30	66	51
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	58 31.5			2.7		-	36 54.5 D	21 41.2 D
Not aware of the minimum age/do not know lower age limit/have not heard about what the lower age limit is	25 13.6					3 10.0	10 15.2	8 15.7
Pharmaceutical representative unsure of the age limits	1 0.5			1 2.7		-	-	-
No known upper age limits	2 1.1					-	-	1 2.0
General recall/memory/ best recall from PI/from clinical pharmacology reference literature/ based on dosing directions/recall from clinical trial data/from prescriber information	8 4.3		1.7			2 6.7		3.9
Persons 12 years of age/ believe 12 years of age/ adolescents/most recently approved AEDs for age 12	9 4.9		0.9			5 16.7 G		-

Table Q5\_1CODE Page 70 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q5. According to U.S. prescribing information, which of the following statements, if any, is true?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Adults/only approved for adults/approved for 18+	9 4.9		5 4.3	3 8.1	-	1 3.3	3.0	3 5.9
Clinical trials/studies did not include children/ not established data in children	6 3.3		4 3.4	-	-	2 6.7	2 3.0	2 3.9
Incorrect label reference/indications	1 0.5		-	1 2.7		-	-	-
Data does not provide/ indicate/cannot recall from clinical trials/ information not available	3 1.6		1	1 2.7		1 3.3	-	1 2.0
Used for medically refractory seizures	1 0.5		-	1 2.7		-	-	-
Not approved for children/do not use in the pediatric population/ new anticonvulsants do not have pediatric dosing	5 2.7		10.9	3 8.1	-	1 3.3	-	1 2.0
Information form pharmaceutical representative	1 0.5		-	-	-	1 3.3	-	-
Do not use POTIGA enough to have this experience	1 0.5		-	1 2.7		-	-	-
No lower age limit/safe for infants and children/ AEDs do not have a lower age limit	3 1.6		10.9	2 5.4	-	-	1 1.5	-

Comparison Groups: BC/DEFGH/BDEF/CGH

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q5\_1CODE Page 71 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q5. According to U.S. prescribing information, which of the following statements, if any, is true?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Uncertain whether lower age limit is 12 or 18/ uncertain if age limit is 18 years	6 3.3					3 10.0	1 1.5	-
Used with caution for those 65+/over 65 could have urination problems, immune system problems, weakness/65 is age limit/ not sure if contraindicated for patients over 65	16 8.7	-				2 6.7		4 7.8
No indication in the prescribing information	3 1.6		-	2 5.4		1 3.3	-	=
Would refer to the package insert/have to research the drug/not studied drug yet	4 2.2	1 1.5	3 2.6	-	-	3.3	2 3.0	1 2.0
Based on FDA labeling	1 0.5		-	-	-	1 3.3	-	-
Do not treat pediatrics/ patients are over age 18	1.1		-	-	-	2 6.7	-	-
Age 17 and above	1 0.5		-	-	-	1 3.3	-	-
Have used it in patients over 65 and under 12 years	1 0.5		-	-	-	1 3.3	-	-

Comparison Groups: BC/DEFGH/BDEF/CGH Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions) Uppercase letters indicate significance at the 95% level.

Table Q5\_1CODE Page 72 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q5. According to U.S. prescribing information, which of the following statements, if any, is true?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Dosage limits based on age, hepatic, renal functions	1 0.5		1 0.9	-	-	-	1 1.5	-
Label is unclear	1 0.5	-	1 0.9	-	-	-	-	1 2.0
Not sure of age limit / best guess from PI	7 3.8	2 3.0			-	2 6.7	4 6.1	1 2.0
Miscellaneous	9 4.9					1 3.3	-	4 7.8
Don't know/Do not recall	13 7.1					2 6.7	3 4.5	4 7.8
Total	198	74	124	41	_	33	70	54

Table Q6\_1CODE Page 73 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q6. According to U.S. prescribing information, which of the following statements, if any, is true?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	136	51	85	34	-	17	52	33
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	56 41.2		52 61.2 hB	8.8	-	1 5.9	38 73.1 HDFH	14 42.4 DF
POTIGA can be taken with or without food/pretty sure can be taken with or without food	6 4.4		3 3.5	2 5.9	-	1 5.9	2 3.8	1 3.0
POTIGA should be taken with food/think it should be taken with food	2 1.5		-	1 2.9	-	1 5.9	-	-
POTIGA should be taken without food/believe absorption is better with an empty stomach	10.7		-	1 2.9	-	-	-	-
Not sure about the absorption of this medication/unaware how food effects absorption of product	4 2.9		3 3.5	1 2.9	-	-	-	3 9.1
Not aware of any need to specify that it should be taken with or without food	2 1.5		1.2		-	-	-	3.0
General recall/believe to be true	3 2.2		2 2.4	1 2.9		-	1 1.9	1 3.0

Comparison Groups: BC/DEFGH/BDEF/CGH

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions) Uppercase letters indicate significance at the 95% level.

Table Q6\_1CODE Page 74 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q6. According to U.S. prescribing information, which of the following statements, if any, is true?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Taken with food due to stomach side effects	1 0.7		-	-	-	1 5.9	-	-
Food slows the absorption but not area under the curve	1 0.7		-	1 2.9	-	-	-	-
Minimize nonspecific neurocognitive side effects on multiple AEDs	0.7		-	-	-	1 5.9	-	-
Incorrect selection	2 1.5	-	2.4		-	-	2 3.8	-
From the prescribing literature/from pharmaceutical representative/from the information	3 2.2		1.2		-	-	-	1 3.0
Never met with a pharmaceutical representative	0.7		-	1 2.9	-	-	-	-
Normally advise to take without food unless seen that it should be taken with food	1 0.7		1.2		-	-	1.9	-
Nothing in literature about recommendation with or without food/ nothing in literature about specific guidelines/information not readily available	3 2.2		3 3.5		-	-	1.9	2 6.1

Comparison Groups: BC/DEFGH/BDEF/CGH

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions) Uppercase letters indicate significance at the 95% level.

Table Q6\_1CODE Page 75
May 15, 2013
(Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q6. According to U.S. prescribing information, which of the following statements, if any, is true?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Refer/consult PI/would look up before dispensing	2 1.5		1.2	-	-	1 5.9	1.9	-
Never had a patient on POTIGA	2 1.5	-	2 2 . 4	-	-	-	-	2 6.1
GI side effects	0.7	-	1.2	-	-	-	-	1 3.0
Not had a chance to look up the dosing recommendations/research of the drug/need further information/never researched the drug/ would need to look up drug/not aware of this detail/never read prescribing information	7 5.1		3 3.5	3 8.8		1 5.9	3 5.8	-
Not sure/uncertain/ unaware	11 8.1	•	4 4.7	6 17.6 H		1 5.9	3 5.8	1 3.0
Miscellaneous	2 1.5		1.2	-	-	1 5.9	-	1 3.0
Don't know/Do not recall	27 19.9	20 39.2 C	7 8.2	12 35.3 Gh		8 47.1 GH	3.8	5 15.2 gg
Total	139	52	87	35	_	17	54	33

Comparison Groups: BC/DEFGH/BDEF/CGH Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions) Uppercase letters indicate significance at the 95% level. Lowercase letters indicate significance at the 90% level.

Table Q7\_1CODE Page 76 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q7. Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch out for?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	318	143	175	92	-	51	98	77
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	55 17.3	2 1.4		1.1		1 2.0	37 37.8 HDFH	16 20.8 DF
Unique side effect/side effects reported by patients/side effects/ symptom/potential complication	43 13.5	22 15.4				8 15.7	14 14.3	7 9.1
Unaware of the urinary symptoms/unaware of side effects, symptoms when taking POTIGA	6 1.9	1 0.7		1 1.1		-	4 4.1	1
Urinary retention is a symptom or AE/watch for urinary retention/ urinary retention/ urinary retention potential side effect/ urinary retention has been reported	80 25.2	51 35.7 C	16.6			17 33.3 G	13 13.3	16 20.8
POTIGA may make symptoms worse	10.3			-	-	1 2.0	-	-
Affect urinary flow/ difficulty starting urination/voiding dysfunction/difficulty urinating/urinary problems/pain with urination	22 6.9		16 9.1 b	4.3	-	2 3.9	9 9.2	7 9.1

Comparison Groups: BC/DEFGH/BDEF/CGH

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q7\_1CODE Page 77 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q7. Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch out for?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
General recall/memory/	15	10	5	6		4	2	3
knowledge	4.7	7.0 c	2.9	6.5		7.8	2.0	3.9
Forgot, but did know	2	1		1		-	1	-
about urinary symptoms/ forgot about these risks	0.6	0.7	0.6	1.1			1.0	
Warning from package	18	12		7		5	2	4
insert/from package insert and patient info	5.7	8.4	3.4	7.6 q		9.8 g	2.0	5.2
materials/warning for the drug/drug info/main warning		C		9		g		
Read/heard about it (non-	5	3	2	1	-	2	1	1
specific)	1.6	2.1	1.1	1.1		3.9	1.0	1.3
Clinical trials/results	11	8	3	5		3	1	2
of clinical trials	3.5	5.6 c	1.7	5.4 g		5.9	1.0	2.6
From the prescribing	29	18	11	13		5	5	6
literature/from pharmaceutical representative/from the information, medication inserts/drug company/ online pamphlet, REMS literature	9.1	12.6 c	6.3	14.1 G		9.8	5.1	7.8
Indications and label/	3 0.9	1 0.7	2 1.1	1		-	-	2 2.6
Tabel	0.9	0.7	1.1	1.1				2.0

Comparison Groups: BC/DEFGH/BDEF/CGH Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions) Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.

Table Q7\_1CODE Page 78
May 15, 2013
(Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q7. Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch out for?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
From internet/Google	10.3		-	1 1.1	-	-	-	-
From past experience with patients/personal experience	6 1.9		-	1.1	-	5 9.8 DD	-	-
Never discussed/seen POTIGA representative	0.3		-	1		-	-	-
Easiest to tell patients to look out for/discuss with patients/advise patients	6 1.9		3 1.7		-	1 2.0	2 2.0	1
Bladder hypotonia can occur	0.3		-	1 1.1	-	-	-	-
Never read prescribing information	0.3		1		-	-	1	-
Not enough information on drug/not enough time to research it/not specific recommendations to patients	4 1.3		4 2.3		-	-	1.0	3 3.9
Side effects of an urinary tract infection	10.3		1		-	-	1	-
Black box warning	10.3		1		-	-	1	-
Ask a doctor right away if pain when urinating/ seek medical attention right away	3 0.9		3 1.7		-	-	2 2.0	11.3

Comparison Groups: BC/DEFGH/BDEF/CGH

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q7\_1CODE Page 79
May 15, 2013
(Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q7. Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch out for?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Associated with renal function/renal adverse effects	0.3		1 0.6		-	-	1.0	-
Urinary obstruction, which is serious	10.3		1		-	-	-	1 1.3
Subject error/mouse error	10.3		1		-	-	-	1 1.3
Anticholinergic	4 1.3		4 2.3		-	-	1	3 3.9
Not sure/uncertain/ unaware	4 1.3		4 2.3		-	-	2 2.0	2 2.6
Miscellaneous	7 2.2					2 3.9	2 2.0	1.3
Nothing	10.3		1		-	-	-	1 1.3
Don't know/Do not recall	3 0.9					-	-	1 1.3
Total	337	154	183	98	-	56	103	80

Table Q8\_1CODE Page 80 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q8. If a patient on POTIGA experiences inability to pass urine, what would you advise them to do? ?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	173	80	93	52	-	28	53	40
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	35 20.2			1.9		-	21 39.6 D	13 32.5 D
Stop use and seek immediate medical attention	13 7.5		4.3			1 3.6	2 3.8	2 5.0
Medical emergency/seek medical care/seek medical attention right away	20 11.6			7 13.5		5 17.9	3 5.7	5 12.5
Stop use/stop use, cause of the problem	11 6.4		4 4 . 3			1 3.6	2 3.8	2 5.0
Prudent action to take with urinary retention/ prudent response	1.2					-	-	1 2.5
Advise given to my patients/recommendation	6 3.5		1.1			4 14.3 ddg	1 1.9	-
Correct course of action/ best possible action, advice/most logical action/best next steps/ right thing to do	8 4.6	7 8.8 C	1.1			3 10.7	-	1 2.5
Information found in studies	1	_		1 1.9		-	-	-

Comparison Groups: BC/DEFGH/BDEF/CGH

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q8\_1CODE Page 81 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q8. If a patient on POTIGA experiences inability to pass urine, what would you advise them to do? ?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
POTIGA causes urinary retention	5 2.9	4 5.0	1 1.1	2 3.8	-	2 7.1	1 1.9	-
Urinary retention may be reversible	4 2.3	4 5.0	-	3 5.8	-	1 3.6	-	-
Information from the PI	3 1.7	2 2.5	1 1.1	2 3.8	-	-	1 1.9	-
Label/label indications	1.2	1.2	1.1	1 1.9	-	-	-	1 2.5
Side effects/serious side effect/dangerous issue	11 6.4	7 8.8	44.3	6 11.5 h		1 3.6	3 5.7	1 2.5
General recall/general knowledge	8 4.6	6 7.5	2.2	3 5.8	-	3 10.7	1 1.9	1 2.5
Information from pharmaceutical representative/drug company	3 1.7	3 3 . 8	-	2 3.8		1 3.6	-	-
Titrate down the dose	0.6	1	-	1 1.9		-	-	-
Helps with urination	0.6	1.2		-	-	1 3.6	-	-
Common sense	5 2.9	5 6.2	-	1.9		4 14.3 dd	-	-
Not familiar with urinary dysfunction	1	1.2	-	1 1.9		-	-	-

Comparison Groups: BC/DEFGH/BDEF/CGH Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions) Uppercase letters indicate significance at the 95% level. Lowercase letters indicate significance at the 90% level.

Table Q8\_1CODE Page 82 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q8. If a patient on POTIGA experiences inability to pass urine, what would you advise them to do? ?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol		Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Further research necessary	4 2.3					-	2 3.8	1 2.5
Would not give advice about a product not familiar with	1 0.6		1.1		-	-	-	1 2.5
Ask a doctor	11 6.4		11 11.8		-	-	7 13.2	4 10.0
Patient needs follow-up	1		1.1		-	-	-	1 2.5
Prevent patient harm/ could lead to further complications	2 1.2		2.2		-	-	1.9	1 2.5
Urinary retention is acute issue that needs to be treated	4 2.3					1 3.6	1.9	1 2.5
Based on other drugs in this category	1		1 1.1		-	-	1 1.9	-
Doctor needs to update the dose	1		1.1		-	-	1 1.9	-
Not sure/uncertain/ unaware	2 1.2		2.2		-	-	1 1.9	1 2.5
Miscellaneous	9 5.2					1 3.6	4 7.5	3 7.5
Don't know/Do not recall	4 2.3					-	2 3.8	-
Total	180	85	95	56	-	29	55	40

Comparison Groups: BC/DEFGH/BDEF/CGH
Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.

Table Q9\_1CODE Page 83 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q9. According to U.S. prescribing information, when increasing the dose, what is the maximum total daily dose at which POTIGA can be increased once every 7 days?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol		Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	180	65	115	46	-	19	75	40
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	60 33.3			2.2		-	40 53.3 D	19 47.5 D
Uncertain of maximum weekly dosage	11 6.1					3 15.8		1 2.5
Start at a lower dosage/ conservative when adjusting dosage	1.1			2 4.3		-	-	-
Thought answer provided was correct response	3 1.7			_		-	1	-
From internet/Google	1	_		1 2.2		-	-	-
50mg per day is minimal increased dosage/ recalled 50mg	6 3.3					-	5 6.7	-
General recall/recall from reading	8 4.4					4 21.1 DDG		2 5.0
150mg per day/do not exceed 150 mg per day150mg per day/do not exceed 150 mg per day	11 6.1		2.6			2 10.5		1 2.5

Comparison Groups: BC/DEFGH/BDEF/CGH

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q9\_1CODE Page 84 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q9. According to U.S. prescribing information, when increasing the dose, what is the maximum total daily dose at which POTIGA can be increased once every 7 days?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
1200mg/maximum dose is 1200mg	1.1	1 1.5	0.9		-	-	-	1 2.5
Have not titrated patient to maximum dosage	0.6	1.5	-	1 2.2	-	-	-	-
Titrate slowly/titrate patient 50mg weekly/ titration scale/dosing charts	8 4.4		3 2.6			-	1.3	2 5.0
From label/indications/ samples to patients/ package insert/the prescribing literature/ from the information	22 12.2		11 9.6		-	2 10.5	6 8.0	5 12.5
From manufacturer's recommendation/pharmaceutical representative	4 2.2		-	4 8.7	-	-	-	-
No adverse effects/ adverse effects limitations	0.6	1 1.5	-	-	-	1 5.3	-	-
Depends on patient/based on patient's tolerability and frequency of seizures	4 2.2		2 1.7		-	1 5.3	2 2.7	-
Past experience	3 1.7		1 0.9		-	-	-	1 2.5

Comparison Groups: BC/DEFGH/BDEF/CGH Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions) Uppercase letters indicate significance at the 95% level.

Table Q9\_1CODE Page 85 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q9. According to U.S. prescribing information, when increasing the dose, what is the maximum total daily dose at which POTIGA can be increased once every 7 days?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Titration should not be more than 300mg per week/ 300mg would be the reasonable maximum	2 1.1		-	1 2.2	-	1 5.3	-	-
Can increase by one pill per week	1.1		-	1 2.2		1 5.3	-	-
Not had a chance to look up the dosing recommendations/research of the drug/need further information/never researched the drug/ would need to look up drug/not aware of this detail/never read prescribing information	4 2.2				-	1 5.3		1 2.5
No pediatric dosing recommendations	0.6		-	-	-	1 5.3	-	-
Not familiar with titration being necessary	1 0.6		0.9		-	-	1.3	-
Looked up information in reference book	1 0.6	-	1 0.9		-	-	1.3	-
Based on the drug's side effects	1 0.6	-	1 0.9		-	-	1.3	-
Not sure	4 2.2		2 1.7		-	-	1 1.3	1 2.5

Comparison Groups: BC/DEFGH/BDEF/CGH

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q9\_1CODE Page 86 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q9. According to U.S. prescribing information, when increasing the dose, what is the maximum total daily dose at which POTIGA can be increased once every 7 days?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
Miscellaneous	5 2.8	1 1.5	4 3.5	1 2.2	-	-	4 5.3	-	
Misunderstood question/ Question is vague	2 1.1	1 1.5	1 0.9	2.2	-	-	-	1 2.5	
Nothing	2 1.1	2 3.1	-	2 4.3	-	-	-	-	
Don't know/Do not recall	15 8.3	6 9.2	9 7.8	4 8.7	-	2 10.5	3 4.0	6 15.0 gg	
Total	187	70	117	51	-	19	76	41	

Table Q10\_1CODE Page 87 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q10: True or False: According to U.S. prescribing information, for the General Population, the recommended total initial dosage should be  $150 \, \mathrm{mg}$  per day for one week.

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	176	75	101	46	-	29	64	37
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	50 28.4			2.2		-	32 50.0 D	17 45.9 D
300mg per day is initial dose/100mg TID	11 6.2					4 13.8	3 4.7	1 2.7
Do not know initial dose/ unsure of initial dose/ unsure of initial dose for general population	14 8.0					3 10.3		3 8.1
200mg per day is initial dose	1 0.6		-	1 2.2		-	-	-
150mg per day is minimal dose for efficacy	2 1.1		-	1 2.2		1 3.4	-	-
150mg is for geriatric population/renal population	1 0.6	_		1 2.2		-	-	-
General recall/recall from reading	17 9.7		5.0			3 10.3		3 8.1
Titrate slowly/start low/ start low and go slow	6 3.4		-	4 8.7		2 6.9	-	-
150mg is initial dosage increase/not to exceed 150mg dosage increase per week	3 1.7		1.0			-	-	1 2.7

Comparison Groups: BC/DEFGH/BDEF/CGH

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q10\_1CODE Page 88 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q10: True or False: According to U.S. prescribing information, for the General Population, the recommended total initial dosage should be  $150 \, \mathrm{mg}$  per day for one week.

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
150mg is dose for general population/start patients with 150mg initially	6 3.4		3 . 0	3 6.5		-	1.6	2 5.4
Conservative response/ initially conservative when prescribing	0.6		-	1 2.2		-	-	-
From label/indications/ samples to patients/pkg insert/prescribing literature/ from the info/representative starter kits	22 12.5		7 6.9	7 15.2 g		8 27.6 Gh	3 4.7	10.8
300mg three times a day	1		-	-	-	1 3.4	-	-
Clinical trials/studies	0.6		-	1 2.2		-	-	-
Depends on patient/ titrate based on patient's tolerability	1.1		1.0	1 2.2		-	1.6	-
Recommended dosing of POTIGA	5 2.8		2.0	-	-	3 10.3	1 1.6	1 2.7
Past prescribing experience	3 1.7		-	-	-	3 10.3	-	-

Table Q10\_1CODE Page 89 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q10: True or False: According to U.S. prescribing information, for the General Population, the recommended total initial dosage should be  $150\,\mathrm{mg}$  per day for one week.

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Not had a chance to look	7		7		-	-	6	1
up the dosing recommendations/research of the drug/need further information/never researched the drug/ would need to look up drug/not aware of this detail/never read prescribing information	4.0		6.9				9.4	2.7
Wrong response provided/ selected	2			1 2.2		1 3.4	-	-
Not sure/uncertain/ unaware	4 2.3			3 6.5		1 3.4	-	-
Miscellaneous	12 6.8					2 6.9	6 9.4 d	3 8.1
Don't know/Do not recall	10 5.7			-		-	6 9.4	1 2.7
Total	181	79	102	47	-	32	65	37

Table Q11\_1ACODE Page 90 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q11A: Moderate to severe renal or hepatic impairment: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	89	20	69	14	-	6	46	23
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA/never read literature on POTIGA	50 56.2			7.1		-	34 73.9 D	15 65.2 D
General recall/recall from reading/general understanding	3 . 4		1.4		-	-	-	1 4.3
From label/indications/ samples to patients/ package insert/the prescribing literature/ from the information/ representative starter kits/pharmaceutical rep	3 3.4		1.4			1 16.7	1 2.2	-
No information available/ could not find the information	3 3 . 4		3 4.3	-	-	-	1 2.2	2 8.7
Urinary contraindications/ contraindicated	1 1.1		1.4		-	-	-	1 4.3
A safe dose can be found for patients	1			-	-	1 16.7	-	-
Unaware of precautions/ problems/issues/ contraindications	5 5.6	10.0	3 4.3	1 7.1		1 16.7	3 6.5	-

Comparison Groups: BC/DEFGH/BDEF/CGH

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

## 2013N169690\_00 WEUKBRE5993

#### CONFIDENTIAL

Table Q11\_1ACODE Page 91 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q11A: Moderate to severe renal or hepatic impairment: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	(Com/Ret)	(Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Unaware of renal/hepatic issues/not aware of specific renal/hepatic issues	4 4.5				-	1 16.7	2 4.3	-
Answer should be "yes"	1 1.1	-	1 1.4		-	-	-	1 4.3
Not sure/uncertain/ unaware	3 3 . 4					1 16.7	-	1 4.3
Miscellaneous	5 5.6		4 5.8		-	1 16.7	3 6.5	1 4.3
Don't know/Do not recall	10 11.2		4.3			-	2 4.3	1 4.3
Total	89	20	69	14	-	6	46	23

Table Q11\_1BCODE Page 92 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q11B: Moderate to severe Crohn's disease: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	218	78	140	52	-	26	86	54
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA/never read literature on POTIGA	54 24.8	1.3	53 37.9 B	1.9		-	35 40.7 D	18 33.3 D
General recall/recall from reading/general understanding	1.8					1 3.8		-
Use with caution/a precaution	4 1.8	-	4 2.9		-	-	2 2.3	2 3.7
Worsen the condition/ because of side effects/ might cause problems with condition	10 4.6	1.3	9 6.4 B	1.9		-	5 5.8	4 7.4
Conservative response/ initially conservative when prescribing/lower starting dose	1 0.5		-	1 1.9		-	-	-
From label/indications/ samples to patients/ package insert/the prescribing literature/ from the information/ representative starter kits/pharmaceutical rep	10 4.6		5 3.6			1 3.8	2 2.3	3 5.6

Comparison Groups: BC/DEFGH/BDEF/CGH

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q11\_1BCODE Page 93 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q11B: Moderate to severe Crohn's disease: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
No information available/ could not find the information	3 1.4					-	-	1 1.9
Never heard about this/ never heard one way or the other	8 3.7		0.7			4 15.4 G	1.2	-
Urinary contraindications/ contraindicated	3 1.4			3 5.8		-	-	-
Unaware of precautions/ problems/issues/ contraindications	31 14.2					4 15.4	8 9.3	8 14.8
Not had a chance to look up the dosing recommendations/research of the drug/need further information/never researched the drug/ would need to look up drug/not aware of this detail/never read prescribing information	3 1.4		3 2.1		-	-	1.2	2 3.7
Wrong response provided/ selected	1 0.5		0.7		-	-	1.2	-
Not sure/uncertain/ unaware	29 13.3					4 15.4	11 12.8	6 11.1
Miscellaneous	12 5.5		5 3.6		-	4 15.4 h	4.7	1 1.9

Comparison Groups: BC/DEFGH/BDEF/CGH

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

## 2013N169690\_00 WEUKBRE5993

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Table Q11\_1BCODE Page 94 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q11B: Moderate to severe Crohn's disease: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Misunderstood question/ Question is vague	0.9		1 0.7	1 1.9	-	-	1	-
Don't know/Do not recall	43 19.7	20 25.6	23 16.4	12 23.1		8 30.8	14 16.3	9 16.7
Total	218	78	140	52	-	26	86	54

Table Q11\_1CCODE Page 95 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q11C: Moderate to severe asthma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	190	60	130	41	-	19	78	52
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA/never read literature on POTIGA	51 26.8	1.7		1 2.4		-	30 38.5 D	20 38.5 D
Data from past research/ studies/clinical trials	1	-	1 0.8	-	-	-	1.3	-
Patients need to be monitored	1 0.5	1		1 2.4		-	-	-
Use with caution/a precaution	4 2.1	1		1 2.4		-	2 . 6	1 1.9
Worsen the condition/ because of side effects/ might cause problems with condition	3 1.6	1 1.7		1 2.4		-	1.3	1 1.9
From label/indications/ samples to patients/ package insert/the prescribing literature/ from the information/ representative starter kits/pharmaceutical rep	7 3.7			2 4.9		1 5.3	1.3	3 5.8
No information available/ could not find the information	4 2.1	1.7		1 2.4		-	1.3	2 3.8

Comparison Groups: BC/DEFGH/BDEF/CGH

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q11\_1CCODE Page 96 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q11C: Moderate to severe asthma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Never heard about this/ never heard one way or the other	2.1					-	1.3	1 1.9
Unaware of precautions/ problems/issues/ contraindications	29 15.3					3 15.8	10 12.8	11 21.2
Not had a chance to look up the dosing recommendations/research of the drug/need further information/never researched the drug/ would need to look up drug/not aware of this detail/never read prescribing information	5 2.6		5 3.8		-	-	4 5.1	11.9
Wrong response provided/ selected	4 2.1					1 5.3	2 2.6	-
Answer should be "yes"	1 0.5			1 2.4		-	-	-
Not sure/uncertain/ unaware	20 10.5					2 10.5	8 10.3	5 9.6
Miscellaneous	17 8.9		4.6		=	6 31.6 GH	4 5.1	2 3.8
Don't know/Do not recall	41 21.6		13.8			6 31.6 h	13 16.7	5 9.6
Total	192	62	130	43	-	19	78	52

Comparison Groups: BC/DEFGH/BDEF/CGH

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q11\_1DCODE Page 97 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q11D: Patients over the age of 65 years: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	186	74	112	47	-	27	71	41
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA/never read literature on POTIGA	48 25.8	11.4		1 2.1		-	31 43.7 D	16 39.0 D
Depends on the patient	1 0.5	1.4		1 2.1		-	-	-
Odds of BPH/urinary retention increase after age 65/higher rate of renal problems	8 4.3	3 4.1		3 6.4		-	2 2.8	3 7.3
Personal prescribing history	1	1		1 2.1		-	-	-
No upper age limit/ unaware of upper age limit/no age limit	22 11.8	9 12.2		7 14.9		2 7.4		4 9.8
Data from past research/ studies/clinical trials	1 0.5	1 1.4		-	-	1 3.7	-	-
Patients need to be monitored	1 0.5	1.4		1 2.1		-	-	-
Use with caution/a precaution	5 2.7	4 5.4	_	3 6.4		1 3.7		1 2.4
Worsen the condition/ because of side effects/ might cause problems with condition	2 1.1	2 2.7		1 2.1		1 3.7		-

Comparison Groups: BC/DEFGH/BDEF/CGH

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q11\_1DCODE Page 98 May 15, 2013 (Continued)

Pharmacy Pharmacy

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q11D: Patients over the age of 65 years: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	(Com/Ret)	(Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Conservative response/ initially conservative when prescribing/lower starting dose	3 1.6	-	3 2.7		-	-	1 1.4	2 4.9
No information available/ could not find the information	1.1	-	2 1.8		-	-	1.4	1 2.4
From label/indications/ samples to patients/ package insert/the prescribing literature/ from the information/ representative starter kits/pharmaceutical rep	13 7.0	8	5 4.5	5 10.6		3 11.1	2 2.8	3 7.3
Never heard about this/ never heard one way or the other	0.5	-	10.9		-	-	1.4	-
Urinary contraindications/ contraindicated	0.5	-	10.9		-	-	-	1 2.4
A safe dose can be found for patients	1 0.5	1.4	-	-	-	1 3.7	-	-
Unaware of precautions/ problems/issues/ contraindications	13 7.0	8 10.8	5 4.5	4 8.5 g		4 14.8 g	1.4	4 9.8 gg

Table Q11\_1DCODE Page 99 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q11D: Patients over the age of 65 years: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Not had a chance to look up the dosing recommendations/research of the drug/need further information/never researched the drug/ would need to look up drug/not aware of this detail/never read prescribing information	6 3.2		6 5.4		-	-	5 7.0	1 2.4
Caution when using in patients 65+/not recommended for 65+ patients	3 1.6					-	-	1 2.4
Treat pediatric patients only/do not treat adult populations	1.1			-	-	2 7.4	-	-
There are dosing limits for 65+	2 1.1		2 1.8		-	-	1 1.4	1 2.4
Not sure/uncertain/ unaware	13 7.0					4 14.8 h		1 2.4
Miscellaneous	19 10.2	13 17.6 C	5.4			5 18.5 H	5 7.0	1 2.4
Don't know/Do not recall	20 10.8	9 12.2		-	-	3 11.1	8 11.3	3 7.3
Total	188	74	114	47	-	27	71	43

Comparison Groups: BC/DEFGH/BDEF/CGH

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

# 2013N169690\_00 WEUKBRE5993

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Table Q11\_1ECODEA Page 100 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q11E: Moderate to severe glaucoma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	2	-	2	-	-	-	1	1
Use with caution/a precaution	1 50.0	-	1 50.0	-	-	-	-	1 100.0
Worsen the condition/ because of side effects/ might cause problems with condition	1 50.0	-	1 50.0	-	-	-	100.0	-
Total	2	_	2	_	_	-	1	1

Table Q12\_1CODE Page 101 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q12: True or False: It is known from controlled studies that adverse events related to voiding dysfunction generally tend to be reported within the first 6 months after starting POTIGA.

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	153	44	109	29	-	15	70	39
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	52 34.0			10.3		1 6.7	33 47.1 DF	15 38.5 DF
Unaware of AE time frame/ never heard of the timeframe/unsure of the timeframe/did not recall specific timeframe	23 15.0					2 13.3		9 23.1 gg
Not familiar with studies referenced in statement	8 5.2				-	3 20.0	2 2 . 9	3 7.7
Do not recall any data on this/do not recall this fact	4 2.6		1 0.9			1 6.7	-	1 2.6
Timing is usual for most side effects	1 0.7			-	-	1 6.7	-	-
AE's can occur at any time/soon after starting medicine	1.3					-	-	1 2.6
General recall	1 0.7			1 3.4		-	-	-
AE's may not be reported within 6 mos/can occur after 6 mos	2.0		1 0.9			1 6.7	1.4	-

Comparison Groups: BC/DEFGH/BDEF/CGH

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q12\_1CODE Page 102 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q12: True or False: It is known from controlled studies that adverse events related to voiding dysfunction generally tend to be reported within the first 6 months after starting POTIGA.

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Clinical trials still	3		1	1		1	1	-
<pre>pending/will require post-market data/ research</pre>	2.0	4.5	0.9	3.4		6.7	1.4	
AE's should be reported	3	1	2	1	-	-	2	-
immediately/earlier than 6 mos	2.0	2.3	1.8	3.4			2.9	
Label/PI/resources do	4	2	2	2	-	-	-	2
not mention	2.6	4.5	1.8	6.9				5.1
Not had a chance to look	1		1	-	-	-	1	-
up the dosing recommendations/research of the drug/need further information/never researched the drug/would need to look up drug/not aware of this detail/never read prescribing information	0.7		0.9				1.4	
From label/indications/ samples to patients/ package insert/the prescribing literature/ from the information/ representative starter kits/pharmaceutical rep/ internet research	2 1.3			2 6.9		-	-	-
Should have answered	5	2	3	1	-	1	2	1
"yes"/true statement	3.3	4.5	2.8	3.4		6.7	2.9	2.6

Comparison Groups: BC/DEFGH/BDEF/CGH Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions) Uppercase letters indicate significance at the 95% level. Lowercase letters indicate significance at the 90% level.

Table Q12\_1CODE Page 103 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q12: True or False: It is known from controlled studies that adverse events related to voiding dysfunction generally tend to be reported within the first 6 months after starting POTIGA.

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Not sure/uncertain/ unaware	5 3.3		4 3.7	-	-	1 6.7	2 2 . 9	2 5.1
Miscellaneous	14 9.2	3 6.8	11 10.1	3 10.3	-	-	9 12.9	2 5.1
Misunderstood question/ Question is vague	0.7	-	1 0.9	-	-	-	1 1.4	-
Don't know/Do not recall	24 15.7	11 25.0 c	13 11.9	5 17.2		6 40.0 gH	10 14.3	3 7.7
Total	156	47	109	29	-	18	70	39

Table Q13\_1CODEA Page 104 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q13. Which of the following patient groups are recommended to have closer monitoring (including comprehensive evaluation of urologic symptoms) for urinary retention?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol		Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total Answering	192	60	132	40	-	20	74	58
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	37 19.3			2.5		-	23 31.1 D	
All are high risk groups/ need to be monitored	11 5.7					-	5 6.8	4 6.9
Patients cannot report symptoms/problems	12 6.2		3.0			3 15.0	4 5.4	-
Patients are at higher risk for BPH/voiding difficulty/urinary retention/underlying urinary retention concerns	66 34.4					7 35.0	27 36.5	16 27.6
Side effects/known side effect(s) of urinary retention	19 9.9			7.5		-	7 9.5	9 15.5
Approach on a patient by patient basis	1 0.5			1 2.5		-	-	-
General recall	3 1.6					-	-	1 1.7
Previous knowledge/past experience	3 1.6				-	1 5.0	-	1 1.7

Comparison Groups: BC/DEFGH/BDEF/CGH

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q13\_1CODEA Page 105 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q13. Which of the following patient groups are recommended to have closer monitoring (including comprehensive evaluation of urologic symptoms) for urinary retention?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Understanding of product labeling	1 0.5			-	-	1 5.0	-	-
Patients with kidney/ stomach issues monitored closely/NSAIDS patients/ effect kidney	7 3.6			1 2.5		-	5 6.8	1.7
Obvious precautions	1.0		2 1.5	-	-	-	-	2 3.4
From label/indications/ samples to patients/ package insert/the prescribing literature/ from the information/ representative starter kits/pharmaceutical rep/ internet research, past clinical research	9 4.7			4 10.0 g		-	1.4	4 6.9
Not had a chance to look up the dosing recommendations/research of the drug/need further information/never researched the drug/ would need to look up drug/not aware of this detail/never read prescribing information	1.0		2 1.5	-	-	-	2.7	-
Make situation worse	1 0.5			1 2.5	-	-	-	-

Comparison Groups: BC/DEFGH/BDEF/CGH Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions) Uppercase letters indicate significance at the 95% level. Lowercase letters indicate significance at the 90% level.

Table Q13\_1CODEA Page 106 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Banner 1

Q13. Which of the following patient groups are recommended to have closer monitoring (including comprehensive evaluation of urologic symptoms) for urinary retention?

	Total	Physician	Pharmacist	Neurology	Neurosurg	Epileptol	Pharmacy (Com/Ret)	Pharmacy (Hosp/Cli)	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
Not sure/uncertain/ unaware	6 3.1	2 3.3	4 3.0	1 2.5	-	1 5.0	2 2.7	2 3.4	
Miscellaneous	22 11.5	11 18.3 c	11 8.3	5 12.5	-	6 30.0 Gh	5 6.8	6 10.3	
Misunderstood question/ Question is vague	1 0.5	-	0.8	-	-	-	-	1 1.7	
Don't know/Do not recall	10 5.2	3 5.0	7 5.3	1 2.5	-	2 10.0	4 5.4	3 5.2	
Total	213	65	148	44	-	21	85	63	

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Pharmacist
Table QSCR3 Page 1S3: How would you classify your primary specialty?
Table TYPE Page 2Type: Physician/Pharmacist
Table QSCR4 Page 3S4: Are you a currently practicing physician? (for physicians only)
Table QSCR5 Page 4S5: Do you currently see and treat patients with epilepsy? (physicians only)
Table QSCR6 Page 5S6: Do you currently fill prescriptions for patients with epilepsy? (pharmacist only)
Table QSCR7 Page 6S7: Please tell me all of the medicines, if any, for which you have written at least one prescription in the past 12 months. (Total Medications - physicians only)
Table QSCR8 Page 9S8: Please tell me all of the medicines, if any, for which you have filled at least one prescription in the past 12 months. (Total Medications - pharmacist only)
Table QSA Page 13SA: How would you classify your primary specialty?
Table QSB Page 14SB: Approximately how many patients have you prescribed anti-epileptic drugs (AEDs) for in the past 12 months?
Table QSC Page 15SC: Please confirm which of the following medicines, if any, you have written at least one prescription for in the past 12 months. (Multiple responses accepted - physicians only)
Table QSD Page 16SD: Approximately how many prescriptions for AEDs have you filled in the past 3 months? (pharmacist only)
Table Q1 Page 17Q1: According to U.S. prescribing information, what is the FDA-approved indication for POTIGA? (Please select all that apply)
Table Q2 Page 18Q2: True or False: According to U.S. prescribing information, POTIGA can be used as monotherapy.
Table Q3 Page 19Q3: Urinary retention - According to U.S. prescribing information, which of the following are potential risks associated with POTIGA? (Please select all that apply)
Table Q4 Page 20Q4: According to U.S. prescribing information, what is the maximum recommended daily maintenance dose of POTIGA for the General Population?
Table Q5 Page 21Q5: According to U.S. prescribing information, which of the following statements, if any, is true? (Please select all that apply)
Table Q6 Page 22Q6: According to U.S. prescribing information, which of the following statements, if any, is true? (Please select all that apply)
Table Q7 Page 23Q7: Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch out for? (Please select all that apply)
Table Q7NET Page 24Q7: Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch out for?

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Table Q8 Page 25	.Q8: If a patient on POTIGA experiences inability to pass urine, what would you advise them to do? (Please select all that apply)
Table Q9 Page 26	.Q9: According to U.S. prescribing information, when increasing the dose, what is the maximum total daily dose at which POTIGA can be increased once every 7 days?
Table Q10 Page 27	.Q10: True or False: According to U.S. prescribing information, for the General Population, the recommended total initial dosage should be 150mg per day for one week.
Table Q11R1 Page 28	.Q11: Moderate to severe renal or hepatic impairment: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
Table Q11R2 Page 29	.Q11: Moderate to severe Crohn's disease: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
Table Q11R3 Page 30	.Q11: Moderate to severe asthma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
Table Q11R4 Page 31	.Q11: Patients over the age of 65 years: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
Table Q11R5 Page 32	.Q11: Moderate to severe glaucoma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
Table Q12 Page 33	.Q12: True or False: It is known from controlled studies that adverse events related to voiding dysfunction generally tend to be reported within the first 6 months after starting POTIGA.
Table Q13 Page 34	.Q13: Which of the following patient groups are recommended to have closer monitoring (including comprehensive evaluation of urologic symptoms) for urinary retention? (Please select all that apply)
Table Q14 Page 35	.Q14: How long have you been practicing medicine?
Table Q15 Page 36	.Q15: How long have you been prescribing anti-epileptic drugs (AEDs)?
Table Q16 Page 37	.Q16: How many months have you been prescribing POTIGA?
Table Q17 Page 38	.Q17: Approximately how many patients have you prescribed POTIGA for in the past 12 months?
Table Q18 Page 39	.Q18: Over the past year, approximately how many prescriptions for AEDs (including new prescriptions and refills) have you written per month on average?
Table Q19 Page 40	.Q19: What is the age range of your current patient population? Please select all categories that you treat.
Table Q20 Page 41	.Q20: Approximately what is the size of your current total patient population?
Table Q21 Page 42	.Q21: Approximately what is the size of your current epilepsy patient population?
Table Q22 Page 43	.Q22: How long have you been a practicing pharmacist?

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Table Q23 Page 44Q23: How long have you been dispensing and/or answering patient questions regarding prescribed AEDs?
Table Q24 Page 45Q24: Have you answered any patient questions related to POTIGA in the past 12 months?
Table Q25 Page 46Q25: Have you dispensed POTIGA in the past 12 months?
Table Q26 Page 47Q26: How many months have you been dispensing POTIGA?
Table Q27 Page 48Q27: Approximately how many patients have you dispensed POTIGA for in the past 12 months?
Table Q28 Page 49Q28: Over the past year, approximately how many prescriptions for anti-epileptic drugs (AEDs) (including new prescriptions and refills) have you filled per month on average?
Table Q29R1 Page 50Q29: POTIGA Dear HCP Letter: Have you learned about the risks associated with the use of POTIGA from any of the following sources?
Table Q29R2 Page 51Q29: GlaxoSmithKline Medical Information: Have you learned about the risks associated with the use of POTIGA from any of the following sources?
Table Q29R3 Page 52Q29: GlaxoSmithKline Promotional Materials: Have you learned about the risks associated with the use of POTIGA from any of the following sources?
Table Q29R4 Page 53Q29: GSK Website: POTIGA.com: Have you learned about the risks associated with the use of POTIGA from any of the following sources?
Table Q29R5 Page 54Q29: GlaxoSmithKline Sales Representatives: Have you learned about the risks associated with the use of POTIGA from any of the following sources?
Table Q29R6 Page 55Q29: GlaxoSmithKline-sponsored Educational Meeting: Have you learned about the risks associated with the use of POTIGA from any of the following sources?
Table Q29R7 Page 56Q29: POTIGA Product Labeling (including Prescribing Information, Medication Guide): Have you learned about the risks associated with the use of POTIGA from any of the following sources?
Table Q29R8 Page 57Q29: Other Healthcare Professionals: Have you learned about the risks associated with the use of POTIGA from any of the following sources?
Table Q30 Page 58Q30: How would you prefer to learn about the risks associated with the use of POTIGA in the future? Please select up to 3 options.
Table Q1_1CODE Page 59Q1. According to U.S. prescribing information, what is the FDA-approved indication for POTIGA?
Table Q2_1CODE Page 61Q2: True or False: According to U.S. prescribing information, POTIGA can be used as monotherapy.
Table Q3_1CODE Page 64Q3. According to U.S. prescribing information, which of the following are potential risks associated with POTIGA?
Table Q4_1CODE Page 66Q4. According to U.S. prescribing information, what is the maximum recommended daily maintenance dose of POTIGA for the General Population?

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- Table Q5 1CODE Page 69...Q5. According to U.S. prescribing information, which of the following statements, if any, is true?
- Table Q6\_1CODE Page 72...Q6. According to U.S. prescribing information, which of the following statements, if any, is true?
- Table Q7\_1CODE Page 75...Q7. Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch
- Table Q8\_1CODE Page 79...Q8. If a patient on POTIGA experiences inability to pass urine, what would you advise them to do? ?
- Table Q9\_1CODE Page 82...Q9. According to U.S. prescribing information, when increasing the dose, what is the maximum total daily dose at which POTIGA can be increased once every 7 days?
- Table Q10\_1CODE Page 85...Q10: True or False: According to U.S. prescribing information, for the General Population, the recommended total initial dosage should be 150mg per day for one week.
- Table Q11\_1ACODE Page 87...Q11A: Moderate to severe renal or hepatic impairment: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
- Table Q11\_1BCODE Page 89...Q11B: Moderate to severe Crohn's disease: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
- Table Q11\_1CCODE Page 91...Q11C: Moderate to severe asthma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
- Table Q11\_1DCODE Page 93...Q11D: Patients over the age of 65 years: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
- Table Q11\_1ECODEA Page 96...Q11E: Moderate to severe glaucoma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
- Table Q12\_1CODE Page 97...Q12: True or False: It is known from controlled studies that adverse events related to voiding dysfunction generally tend to be reported within the first 6 months after starting POTIGA.
- Table Q13\_1CODEA Page 99...Q13. Which of the following patient groups are recommended to have closer monitoring (including comprehensive evaluation of urologic symptoms) for urinary retention?

Table QSCR3 Page 1 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

S3: How would you classify your primary specialty?

		7	Tears Dispe	Dispensed POTIGA			
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Neurology	-	-	-	-	-	-	-
Neurosurgery	-	-	-	-	-	-	-
Epileptology	-	-	-	-	-	-	-
Pharmacy (Community/ Retail)	108 52.7		45 70.3 DE	37.5	16 27.6		96 55.5 f
Pharmacy (Hospital/ Clinical)	97 47.3		19 29.7		42 72.4 BC	20 62.5 g	77 44.5
Total	205	35	64	48	58	32	173

Table TYPE Page 2 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Type: Physician/Pharmacist

			Dispensed POTIGA				
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Physician	-	-	-	-	-	-	-
Pharmacist	205 100.0	35 100.0	64 100.0	48 100.0	58 100.0	32 100.0	173 100.0
Total	205	35	64	48	58	32	173

Table QSCR4 Page 3 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

S4: Are you a currently practicing physician? (for physicians only)

	Years Dispensing QED's					Dispensed	Dispensed POTIGA	
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	
Total Answering	205	35	64	48	58	32	173	
Yes	205 100.0	35 100.0	64 100.0		58 100.0	32 100.0	173 100.0	
No	-	-	-	-	-	-	-	
Don't know	-	-	-	-	-	-	-	
Total	205	35	64	48	58	32	173	

Table QSCR5 Page 4 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

S5: Do you currently see and treat patients with epilepsy? (physicians only)

	Years Dispensing QED's					Dispensed POTIGA	
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	-	-	-	-	-	-	-
Yes	-	-	-	-	-	-	-
No	-	-	-	-	-	-	-
Don't know	-	-	-	-	-	-	-
Total	-	_	-	_	_	-	_

Table QSCR6 Page 5 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

S6: Do you currently fill prescriptions for patients with epilepsy? (pharmacist only)

	Years Dispensing QED's				Dispensed	Dispensed POTIGA	
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Yes	205 100.0	35 100.0	64 100.0	48 100.0	58 100.0	32 100.0	173 100.0
No	-	-	-	-	-	-	-
Don't know	-	-	-	-	-	-	-
Total	205	35	64	48	58	32	173

Table QSCR7 Page 6 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

S7: Please tell me all of the medicines, if any, for which you have written at least one prescription in the past 12 months. (Total Medications - physicians only)

		•	Years Dispe	nsing QED's		Dispensed POTIGA		
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	
Total Answering	-	-	-	-	-	-	-	
Ativan (Lorazepam)	-	-	-	-	-	-	-	
Carbatrol (Carbamazepine)	-	-	-	-	-	-	-	
Celontin (Methsuximide)	-	-	-	-	-	-	-	
Cerebyx (Fosphenytoin sodium)	-	-	-	-	-	-	-	
Depakote/Depakote ER/ Depakote Sprinkle (Divalproex Sodium)	-	-	-	-	-	-	-	
Depacon (Valproate sodium)	-	-	-	-	-	-	-	
Depakene (Valproic acid)	-	-	-	-	-	-	-	
Diastat (Diazepam)	-	-	-	-	-	-	-	
Dilantin (Phenytoin)	-	-	-	-	-	-	-	
Felbatol (Felbamate)	-	-	-	-	-	-	-	

Table QSCR7 Page 7 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

S7: Please tell me all of the medicines, if any, for which you have written at least one prescription in the past 12 months. (Total Medications - physicians only)

		Years Dispensing QED's				Dispensed POTIGA		
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	
Gabitril (Tiagabine hydrochloride)	-	-	-	-	-	-	-	
Keppra (Levetiracetam)	-	-	-	-	-	-	-	
Klonopin (Clonazepam)	-	-	-	-	-	-	-	
Lamictal (Lamotrigine)	-	-	-	-	-	-	-	
Lorazepam Intensol (Lorazepam)	-	-	-	-	-	-	-	
Lyrica (Pregabalin)	-	-	-	-	-	-	-	
Mebaral (Mephobarbital)	-	-	-	-	-	-	-	
Mysoline (Primidone)	-	-	-	-	-	-	-	
Neurontin (Gabapentin)	-	-	-	-	-	-	-	
Peganone (Ethotoin)	-	-	-	-	-	-	-	
Potiga (Ezogabine)	-	-	-	-	-	-	-	

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions) Uppercase letters indicate significance at the 95% level.

Table QSCR7 Page 8 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

S7: Please tell me all of the medicines, if any, for which you have written at least one prescription in the past 12 months. (Total Medications - physicians only)

			Years Dispe		Dispensed POTIGA		
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Tegretol/Tegretol XR (Carbamazepine)	-	-	-	-	-	-	-
Topamax (Topiramate)	-	-	-	-	-	-	-
Tranxene (Clorazepate dipotassium)	-	-	-	-	-	-	-
Trileptal (Oxcarbazepine)	-	-	-	-	-	-	-
Valium (Diazepam)	-	-	-	-	-	-	-
Zonegran (Zonisamide)	-	-	-	-	-	-	-
NONE OF THESE	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-

Table QSCR8 Page 9 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

S8: Please tell me all of the medicines, if any, for which you have filled at least one prescription in the past 12 months. (Total Medications - pharmacist only)

		Years Dispensing QED's				Dispensed POTIGA	
	Pharmacist			16-25 yrs			No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Ativan (Lorazepam)	202 98.5	35 100.0	62 96.9		58 100.0	32 100.0 g	170 98.3
Carbatrol (Carbamazepine)	145 70.7	26 74.3	45 70.3		39 67.2	26 81.2	119 68.8
Celontin (Methsuximide)	37 18.0	7 20.0	12 18.8 e	27.1	5 8.6	10 31.2 g	27 15.6
Cerebyx (Fosphenytoin sodium)	81 39.5		18 28.1		30 51.7 BC	23 71.9 G	58 33.5
Depakote/Depakote ER/ Depakote Sprinkle (Divalproex Sodium)	198 96.6	35 100.0 e	62 96.9		55 94.8	32 100.0 G	166 96.0
Depacon (Valproate sodium)	88 42.9	12 34.3	21 32.8		31 53.4 bC	25 78.1 G	63 36.4
Depakene (Valproic acid)	134 65.4		40 62.5 b	70.8	45 77.6 Bc	27 84.4 G	107 61.8
Diastat (Diazepam)	121 59.0	19 54.3	44 68.8		32 55.2	22 68.8	99 57.2
Dilantin (Phenytoin)	187 91.2	33 94.3	58 90.6		53 91.4	31 96.9	156 90.2

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table QSCR8 Page 10 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

S8: Please tell me all of the medicines, if any, for which you have filled at least one prescription in the past 12 months. (Total Medications - pharmacist only)

			Dispensed POTIGA				
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	
	(A)	(B)	(C)			(F)	(G)
Felbatol (Felbamate)	61 29.8		19 29.7		15 25.9	17 53.1 G	44 25.4
Gabitril (Tiagabine	93	13	32	26	22	22	71
hydrochloride)	45.4	37.1	50.0	54.2 e	37.9	68.8 G	41.0
Keppra (Levetiracetam)	201	35	63	48	55	32	169
	98.0	100.0	98.4		94.8	100.0	97.7
		e		е		G	
Klonopin (Clonazepam)	197		61				165
	96.1	100.0 cd	95.3	93.8	96.6	100.0 G	95.4
Lamictal (Lamotrigine)	190	35	57	44	54	30	160
	92.7	100.0 CDE	89.1	91.7	93.1	93.8	92.5
Lorazepam Intensol	141	30	54	30	27	24	117
(Lorazepam)	68.8	85.7	84.4		46.6	75.0	67.6
		DE	DE	е			
Lyrica (Pregabalin)	193	34	61	45	53	31	162
	94.1	97.1	95.3	93.8	91.4	96.9	93.6
Mebaral (Mephobarbital)	20		9				11
	9.8	5.7			5.2		6.4
			е			G	
Mysoline (Primidone)	111	14	31	31	35	22	89
	54.1	40.0	48.4		60.3	68.8	51.4
				Bc	b	g	

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table QSCR8 Page 11 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

S8: Please tell me all of the medicines, if any, for which you have filled at least one prescription in the past 12 months. (Total Medications - pharmacist only)

				Dispensed POTIGA			
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)				(G)
Neurontin (Gabapentin)	200 97.6	34 97.1	62 96.9		57 98.3	32 100.0 G	168 97.1
Peganone (Ethotoin)	15 7.3					7 21.9 G	8 4.6
Potiga (Ezogabine)	15 7.3					13 40.6 G	1.2
Tegretol/Tegretol XR (Carbamazepine)	179 87.3	33 94.3 C	50 78.1		53 91.4 C	30 93.8	149 86.1
Topamax (Topiramate)	187 91.2	33 94.3	55 85.9	47 97.9 Ce	52 89.7	30 93.8	157 90.8
Tranxene (Clorazepate dipotassium)	92 44.9	13 37.1	29 45.3		23 39.7	19 59.4 g	73 42.2
Trileptal (Oxcarbazepine)	163 79.5	33 94.3 CDE	50 78.1		42 72.4	29 90.6 G	134 77.5
Valium (Diazepam)	188 91.7	35 100.0 CDE	59 92.2		50 86.2	30 93.8	158 91.3
Zonegran (Zonisamide)	137 66.8	23 65.7	47 73.4 e		34 58.6	27 84.4 G	110 63.6

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level. Lowercase letters indicate significance at the 90% level.

Table QSCR8 Page 12 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

S8: Please tell me all of the medicines, if any, for which you have filled at least one prescription in the past 12 months. (Total Medications - pharmacist only)

	Years Dispensing QED's						l POTIGA	
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	
NONE OF THESE	-	-	-	-	-	-	-	
Total	3576	606	1112	874	984	664	2912	

Table QSA Page 13 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

SA: How would you classify your primary specialty?

		7	Wears Dispe	Dispensed POTIGA			
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Neurology	-	-	-	-	-	-	-
Neurosurgery	-	-	-	-	-	-	-
Epileptology	-	-	-	-	-	-	-
Pharmacy (Community/ Retail)	113 55.1			43.8		12 37.5	101 58.4 F
Pharmacy (Hospital/ Clinical)	92 44.9				43 74.1 BCd	20 62.5 G	72 41.6
Total	205	35	64	48	58	32	173

Table QSB Page 14 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

SB: Approximately how many patients have you prescribed anti-epileptic drugs (AEDs) for in the past 12 months?

		7	Years Dispensing QED's				Dispensed POTIGA		
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK		
	(A)	(B)	(C)	(D)	(E)	(F)	(G)		
Total Answering	-	-	-	-	-	-	-		
None	-	-	-	-	-	-	-		
1-2	-	-	-	-	-	-	-		
3-10	-	-	-	-	-	-	-		
11-20	-	-	-	-	-	-	-		
More than 20 patients	-	-	-	-	-	-	-		
Total	-	-	-	_	_	_	_		

Table QSC Page 15 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

SC: Please confirm which of the following medicines, if any, you have written at least one prescription for in the past 12 months. (Multiple responses accepted - physicians only)

	Years Dispensing QED's				-		
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs			No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	-	-	-	-	-	-	-
Lamictal (Lamotrigine)	-	-	-	-	-	-	-
Lyrica (Pregabalin)	-	-	-	-	-	-	-
Potiga (Ezogabine)	-	-	-	-	-	-	-
Tegretol/Tegretol XR (Carbamazepine)	-	-	-	-	-	-	-
Topamax (Topiramate)	-	-	-	-	-	-	-
None of the above	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	_

Table QSD Page 16 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

SD: Approximately how many prescriptions for AEDs have you filled in the past 3 months? (pharmacist only)

		Years Dispensing QED's				Dispensed POTIGA	
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
None	-	-	-	-	-	-	-
1-2	2	-	1	1 2.1	-	1 3.1	1
3-10	17 8.3	3 8.6	4 6.2	5 10.4	5 8.6		14 8.1
11-20	40 19.5	10 28.6 d		6 12.5		5 15.6	35 20.2
More than 20 prescriptions	146 71.2	22 62.9	45 70.3	36 75.0		23 71.9	123 71.1
Total	205	35	64	48	58	32	173

Table Q1 Page 17 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q1: According to U.S. prescribing information, what is the FDA-approved indication for POTIGA? (Please select all that apply)

		Years Dispensing QED's				-	
	Pharmacist <	< 5 years	5-15 yrs				No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Migraine	1 0.5	-	1 1.6	-	-	1 3.1	-
Partial-onset seizures	127 62.0	17 48.6	40 62.5		41 70.7 B	29 90.6 G	98 56.6
Generalized tonic clonic seizures	6 2.9		1.6	2 4.2		3 9.4	3 1.7
None of the above	-	-	-	-	-	-	-
I don't know	74 36.1	18 51.4 E	24 37.5	17 35.4			72 41.6 F
Total	208	35	66	48	59	35	173

Table Q2 Page 18 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q2: True or False: According to U.S. prescribing information, POTIGA can be used as monotherapy.

		Years Dispensing QED's				Dispensed POTIGA	
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
True	29 14.1	2 5.7	8 12.5	7 14.6	12 20.7 B	9 28.1 G	20 11.6
False	82 40.0	13 37.1	26 40.6		24 41.4	20 62.5 G	62 35.8
I don't know	94 45.9	20 57.1 e	30 46.9	22 45.8	22 37.9	3 9.4	91 52.6 F
Total	205	35	64	48	58	32	173

Table Q3 Page 19 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q3: Urinary retention - According to U.S. prescribing information, which of the following are potential risks associated with POTIGA? (Please select all that apply)

		Years Dispensing QED's				Dispensed POTIGA	
	Pharmacist <	5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Urinary retention	117 57.1	19 54.3	38 59.4 d	43.8	39 67.2 D	26 81.2 G	91 52.6
Pancreatitis	5 2.4	-	1 1.6		3 5.2	3 9.4	2 1.2
Ischemic colitis	1 0.5	-	1 1.6	-	-	1 3.1	-
I don't know	85 41.5	16 45.7	26 40.6		17 29.3	4 12.5	81 46.8 F
Total	208	35	66	48	59	34	174

Table Q4 Page 20 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q4: According to U.S. prescribing information, what is the maximum recommended daily maintenance dose of POTIGA for the General Population?

		Years Dispensing QED's			Dispensed POTIGA		
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
600mg	10 4.9	2 5.7	4 6.2		3 5.2		
900mg	4 2.0	-	1	3 6.2	-	2 6.2	2 1.2
1200mg	105 51.2	14 40.0	32 50.0			24 75.0 G	81 46.8
2000mg	-	-	-	-	-	-	-
None of the above	6 2.9	1 2.9	3.1		3 5.2	-	6 3.5
I don't know	84 41.0	18 51.4 E	28 43.8 e	43.8	17 29.3	4 12.5	80 46.2 F
Total	209	35	67	48	59	34	175

Table Q5 Page 21 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q5: According to U.S. prescribing information, which of the following statements, if any, is true? (Please select all that apply)

	Years Dispensing QED's						
		-	-	16-25 yrs	26+ yrs	Yes	No/DK
				(D)			
Total Answering	205	35	64	48	58	32	173
The oldest age at which POTIGA can be used is 65	2 1.0		1 1.6	1 2.1		1 3.1	1 0.6
There are no lower age limits for POTIGA	4 2.0	1 2.9			2 3.4	1 3.1	3 1.7
The youngest age at which POTIGA can be used is 12				2 4.2		5 15.6 g	
The youngest age at which POTIGA can be used is 18					27 46.6	18 56.2 g	67 38.7
None of the above	10 4.9			3 6.2			9 5.2
I don't know	94 45.9				20 34.5		87 50.3 F
Total	206	35	65	48	58	33	173

Table Q6 Page 22 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q6: According to U.S. prescribing information, which of the following statements, if any, is true? (Please select all that apply)

		Years Dispensing QED's				Dispensed POTIGA	
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
POTIGA should always be taken with food	5 2.4	-	2 3.1		3 5.2	2 6.2	3 1.7
POTIGA should always be taken on its own, without food	3 1.5	-	1.6	_	-	3 9.4	-
POTIGA can be taken with or without food	120 58.5	17 48.6	39 60.9		37 63.8	24 75.0 G	96 55.5
None of the above	1 0.5	-	-	-	1 1.7	-	1 0.6
I don't know	77 37.6	18 51.4 cE	22 34.4		17 29.3		73 42.2 F
Total	206	35	64	49	58	33	173

Table Q7 Page 23 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q7: Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch out for? (Please select all that apply)

		Y	ears Dispe	Dispensed POTIGA			
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs		
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Pain when urinating		9 25.7			18 31.0 D		
Difficulty starting urination	97 47.3	16 45.7	25 39.1		37 63.8 bCD	24 75.0 G	73 42.2
Renal colic	10 4.9	-	2 3.1		6 10.3	3 9.4	7 4.0
Inability to urinate	88 42.9		27 42.2				
None of the above	1 0.5	-	-	-	11.7	-	1 0.6
I don't know	73 35.6		24 37.5	19 39.6 e			71 41.0 F
Total	316	53	92	62	109	65	251

Table Q7NET Page 24 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q7: Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch out for?

		Years Dispensing QED's					POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Correct response (1,2,4)	29 14.1	7 20.0 d	6 9.4	3 6.2	13 22.4 CD	10 31.2 G	19 11.0
Incorrect response	176 85.9	28 80.0	58 90.6 E	45 93.8 bE	45 77.6	22 68.8	154 89.0 F
Total	205	35	64	48	58	32	173

Table Q8 Page 25 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q8: If a patient on POTIGA experiences inability to pass urine, what would you advise them to do? (Please select all that apply)

		Years Dispensing QED's					
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Report the issue at their next doctor's appointment	25 12.2	5 14.3	8 12.5		_	6 18.8	
Drink more water	6 2.9		3 4.7		1 1.7	2 6.2	4 2.3
Seek immediate medical attention		18 51.4		66.7	43 74.1 B	26 81.2 G	
Stop taking POTIGA	26 12.7			7 14.6			20 11.6
None of the above	1 0.5	-	-	1 2.1	-	-	1 0.6
I don't know	44 21.5		13 20.3		-		44 25.4
Total	240	41	77	57	65	40	200

Table Q9 Page 26 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q9: According to U.S. prescribing information, when increasing the dose, what is the maximum total daily dose at which POTIGA can be increased once every 7 days?

		7	ears Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Total daily dose increased by 50mg/day	26 12.7	3 8.6	10 15.6		-	6 18.8	20 11.6
Total daily dose increased by 150mg/day	88 42.9	11 31.4	27 42.2		32 55.2 Bd	19 59.4 G	69 39.9
Total daily dose increased by 200mg/day	-	-	-	-	-	-	-
Total daily dose increased by 300mg/day	2 1.0	-	1.6		1.7	1 3.1	1 0.6
None of the above	1 0.5	1 2.9	-	-	-	-	1 0.6
I don't know	88 42.9	20 57.1 E	26 40.6		19 32.8	6 18.8	82 47.4 F
Total	205	35	64	48	58	32	173

Table Q10 Page 27 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q10: True or False: According to U.S. prescribing information, for the General Population, the recommended total initial dosage should be  $150\,\mathrm{mg}$  per day for one week.

		7	ears Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
True	24 11.7	3 8.6	5 7.8	5 10.4	11 19.0 c	9 28.1 G	15 8.7
False	102 49.8	15 42.9	35 54.7		30 51.7	22 68.8 G	80 46.2
I don't know	79 38.5	17 48.6 e	24 37.5		17 29.3	3.1	78 45.1 F
Total	205	35	64	48	58	32	173

Table Q11R1 Page 28 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q11: Moderate to severe renal or hepatic impairment: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

		7	Mears Dispe	Dispensed	Dispensed POTIGA		
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Yes	133 64.9	20 57.1	41 64.1	31 64.6	41 70.7	28 87.5 G	105 60.7
No	9 4.4	-	3.1	3 6.2	4 6.9	2 6.2	7 4.0
Don't know	63 30.7	15 42.9 E	21 32.8	14 29.2	13 22.4	2 6.2	61 35.3 F
Total	205	35	64	48	58	32	173

Table Q11R2 Page 29 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q11: Moderate to severe Crohn's disease: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

		7	ears Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Yes	20 9.8	3 8.6	7 10.9	4 8.3	6 10.3	6 18.8	14 8.1
No	62 30.2	9 25.7	12 18.8		23 39.7 C	18 56.2 G	44 25.4
Don't know	123 60.0	23 65.7	45 70.3 dE		29 50.0	8 25.0	115 66.5 F
Total	205	35	64	48	58	32	173

Table Q11R3 Page 30 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q11: Moderate to severe asthma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

		Ž	Years Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Yes	12 5.9	1 2.9	5 7.8	3 6.2	3 5.2	3 9.4	9 5.2
No	72 35.1	14 40.0 C	15 23.4		24 41.4 C	21 65.6 G	51 29.5
Don't know	121 59.0	20 57.1	44 68.8 e	26 54.2	31 53.4	8 25.0	113 65.3 F
Total	205	35	64	48	58	32	173

Table Q11R4 Page 31 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q11: Patients over the age of 65 years: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

		Y	ears Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist <	5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Yes	90 43.9	11 31.4	28 43.8		27 46.6	24 75.0 G	66 38.2
No	22 10.7	2 5.7	7 10.9	_	8 13.8	6 18.8	16 9.2
Don't know	93 45.4	22 62.9 cDE	29 45.3	19 39.6	23 39.7	2 6.2	91 52.6 F
Total	205	35	64	48	58	32	173

Table Q11R5 Page 32 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q11: Moderate to severe glaucoma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

			Years Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Yes	31 15.1	3 8.6	6 9.4	10 20.8 C	12 20.7 bc	9 28.1 g	22 12.7
No	52 25.4	12 34.3 C	11 17.2		19 32.8 C	12 37.5	40 23.1
Don't know	122 59.5	20 57.1	47 73.4 dE	58.3	27 46.6	11 34.4	111 64.2 F
Total	205	35	64	48	58	32	173

Table Q12 Page 33 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q12: True or False: It is known from controlled studies that adverse events related to voiding dysfunction generally tend to be reported within the first 6 months after starting POTIGA.

		Ž	Years Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
True	94 45.9	10 28.6	28 43.8	26 54.2 B	30 51.7 B	25 78.1 G	69 39.9
False	8 3.9	3 8.6	4 6.2	-	1 1.7	2 6.2	6 3.5
I don't know	103 50.2	22 62.9	32 50.0	22 45.8	27 46.6	5 15.6	98 56.6 F
Total	205	35	64	48	58	32	173

Table Q13 Page 34 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q13: Which of the following patient groups are recommended to have closer monitoring (including comprehensive evaluation of urologic symptoms) for urinary retention? (Please select all that apply)

		7	ears Dispe	nsing QED's		Dispensed POTIGA	
	Pharmacist	< 5 years	5-15 yrs		26+ yrs		No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Patients with benign prostatic hyperplasia (BPH)	137 66.8	18 51.4	44 68.8 b	70.8	41 70.7 b	26 81.2 G	111 64.2
Patients who are unable to communicate clinical symptoms (e.g. cognitively impaired patients)	99 48.3	15 42.9	34 53.1		29 50.0	21 65.6 G	78 45.1
Patients who use concomitant medications that may affect voiding (e.g. anti-cholinergics)	129 62.9	18 51.4	45 70.3 b	56.2	39 67.2	26 81.2 G	103 59.5
Patients who use non- steroidal anti- inflammatory drugs (NSAIDs)	33 16.1		16 25.0 BE		5 8.6	5 15.6	28 16.2
Patients who are obese	12 5.9	2 5.7	5 7.8	3 6.2	2 3.4	3 9.4	9 5.2
None of the above	2 1.0	1 2.9	1.6	-	-	-	2 1.2
I don't know	57 27.8	15 42.9 Cde	15 23.4	12 25.0	15 25.9	2 6.2	55 31.8 F
Total	469	72	160	106	131	83	386

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level. Lowercase letters indicate significance at the 90% level.

Table Q14 Page 35 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q14: How long have you been practicing medicine?

		Ŋ	Years Dispe	nsing QED's		Dispensed	Dispensed POTIGA		
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK		
	(A)	(B)	(C)	(D)	(E)	(F)	(G)		
Total Answering	-	-	-	-	-	-	-		
Less than 5 years	-	-	-	-	-	-	-		
5-15 years	-	-	-	-	-	-	-		
16-25 years	-	-	-	-	-	-	-		
26-35 years	-	-	-	-	-	-	-		
More than 35 years	-	-	-	-	-	-	-		
Total	_	_	-	_	_	_	_		

Table Q15 Page 36 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q15: How long have you been prescribing anti-epileptic drugs (AEDs)?

		7	Years Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	-	-	-	-	-	-	-
Less than 5 years	-	-	-	-	-	-	-
5-15 years	-	-	-	-	-	-	-
16-25 years	-	-	-	-	-	-	-
26-35 years	-	-	-	-	-	-	-
More than 35 years	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-

Table Q16 Page 37 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q16: How many months have you been prescribing POTIGA?

		7	Years Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	-	-	-	-	-	-	-
Less than 1	-	-	-	-	-	-	-
1-3	-	-	-	-	-	-	-
4-6	-	-	-	-	-	-	-
7-9	-	-	-	-	-	-	-
10-12	-	-	-	-	-	-	-
More than 12 months	-	-	-	-	-	-	-
I don't know/don't remember	-	-	-	-	-	-	-
Total	-	_	-	_	_	_	_

Lowercase letters indicate significance at the 90% level.

Table Q17 Page 38 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q17: Approximately how many patients have you prescribed POTIGA for in the past 12 months?

		•	Years Dispe	nsing QED's		Dispensed	POTIGA	
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	
Total Answering	-	-	-	-	-	-	-	
1-2	-	-	-	-	-	-	-	
3-10	-	-	-	-	-	-	-	
11-20	-	-	-	-	-	-	-	
More than 20 patients	-	-	-	-	-	-	-	
Total	-	-	-	-	-	-	-	

## 2013N169690\_00 WEUKBRE5993

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Table Q18 Page 39 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q18: Over the past year, approximately how many prescriptions for AEDs (including new prescriptions and refills) have you written per month on average?

			Years Dispensing QED's			Dispensed POTIGA		
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	
Total Answering	-	-	-	-	-	-	-	
1-10	-	-	-	-	-	-	-	
11-30	-	-	-	-	-	-	-	
31-50	-	-	-	-	-	-	-	
More than 50	-	-	-	-	-	-	-	
Total	-	-	-	-	-	-	-	

Table Q19 Page 40 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q19: What is the age range of your current patient population? Please select all categories that you treat.

		•	Years Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	-	-	-	-	-	-	-
Pediatric (Under 18)	-	-	-	-	-	-	-
18-34	-	-	-	-	-	-	-
35-64	-	-	-	-	-	-	-
65 +	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-

Table Q20 Page 41 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q20: Approximately what is the size of your current total patient population?

		7	Years Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	-	-	-	-	-	-	-
Less than 100 patients	-	-	-	-	-	-	-
100 - 500 patients	-	-	-	-	-	-	-
501 - 1000 patients	-	-	-	-	-	-	-
More than 1000 patients	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-

Table Q21 Page 42 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q21: Approximately what is the size of your current epilepsy patient population?

			Dispensed POTIGA				
	Pharmacist	< 5 years		16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	-	-	-	-	-	-	-
Less than 10 patients	-	-	-	-	-	-	-
10 - 50 patients	-	-	-	-	-	-	-
51 - 100 patients	-	-	-	-	-	-	-
101+ patients	-	-	-	-	-	-	-
I do not treat patients with epilepsy	-	-	-	-	-	-	-
Total	-	-	-	_	_	_	_

Table Q22 Page 43 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q22: How long have you been a practicing pharmacist?

		Y	ears Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Less than 5 years	30 14.6				-	3 9.4	27 15.6
5-15 years	60 29.3	2 5.7		1 2.1	-	8 25.0	52 30.1
16-25 years	49 23.9					9 28.1	40 23.1
26-35 years	45 22.0				40 69.0 BCD	9 28.1	36 20.8
More than 35 years	21 10.2			2 4.2	18 31.0 BD	3 9.4	18 10.4
Total	205	35	64	48	58	32	173

Table Q23 Page 44 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q23: How long have you been dispensing and/or answering patient questions regarding prescribed AEDs?

		3	Years Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Less than 5 years	35 17.1		-	-	-	5 15.6	30 17.3
5-15 years	64 31.2		64 100.0		-	9 28.1	55 31.8
16-25 years	48 23.4		-	48 100.0	-	9 28.1	39 22.5
26-35 years	41 20.0	-	-	-	41 70.7	7 21.9	34 19.7
More than 35 years	17 8.3	-	-	-	17 29.3	2 6.2	15 8.7
Total	205	35	64	48	58	32	173

Table Q24 Page 45 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q24: Have you answered any patient questions related to POTIGA in the past 12 months?

		,	Years Dispe	nsing QED's		Dispensed	l POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Yes	21 10.2	4 11.4	7 10.9	5 10.4	5 8.6	15 46.9 G	6 3.5
No	171 83.4	31 88.6	52 81.2		48 82.8	14 43.8	157 90.8 F
I don't know/don't remember	13 6.3	-	5 7.8	3 6.2	5 8.6	3 9.4	10 5.8
Total	205	35	64	48	58	32	173

Table Q25 Page 46 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q25: Have you dispensed POTIGA in the past 12 months?

		3	Years Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Yes	32 15.6	5 14.3	9 14.1	9 18.8	9 15.5	32 100.0	-
No	158 77.1	29 82.9	48 75.0		44 75.9	-	158 91.3
I don't know/don't remember	15 7.3	1 2.9	7 10.9 b	2 4.2	5 8.6	-	15 8.7
Total	205	35	64	48	58	32	173

Table Q26 Page 47 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q26: How many months have you been dispensing POTIGA?

		7	ears Dispe?	nsing QED's		Dispensed	POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	32	5	9	9	9	32	-
Less than 1	3 9.4	-	-	1 11.1	2 22.2	3 9.4	-
1-3	14 43.8	3 60.0	4 44.4			14 43.8	-
4-6	5 15.6	1 20.0		1 11.1	-	5 15.6	-
7-9	1 3.1	-	-	-	1 11.1	1 3.1	-
10-12	5 15.6		-	3 33.3		5 15.6	-
More than 12 months	1 3.1		1 11.1		-	1 3.1	-
I don't know/don't remember	3 9.4	-	1 11.1		2 22.2	3 9.4	-
Total	32	5	9	9	9	32	_

Table Q27 Page 48 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q27: Approximately how many patients have you dispensed POTIGA for in the past 12 months?

		7	ears Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	32	5	9	9	9	32	-
1-2	21 65.6	3 60.0	6 66.7		6 66.7	21 65.6	-
3-10	8 25.0	2 40.0	2 22.2		2 22.2	8 25.0	-
11-20	1 3.1	-	1 11.1		-	1 3.1	-
More than 20 patients	1 3.1	-	-	1 11.1	-	1 3.1	-
I don't know/don't remember	1 3.1	-	-	-	1 11.1	1 3.1	-
Total	32	5	9	9	9	32	_

Table Q28 Page 49 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q28: Over the past year, approximately how many prescriptions for anti-epileptic drugs (AEDs) (including new prescriptions and refills) have you filled per month on average?

		7	Mears Dispe	Dispensed POTIGA			
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	32	5	9	9	9	32	-
1 - 10	4 12.5	1 20.0	-	1 11.1	2 22.2	4 12.5	-
11 - 30	8 25.0	-	4 44.4 d	11.1	3 33.3		-
31 - 50	7 21.9	1 20.0	3 33.3	1 11.1		7 21.9	-
More than 50 prescriptions	13 40.6	3 60.0			2 22.2		-
Total	32	5	9	9	9	32	_

Table Q29R1 Page 50 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q29: POTIGA Dear HCP Letter: Have you learned about the risks associated with the use of POTIGA from any of the following sources?

		Ž	Mears Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Yes	10 4.9	-	4 6.2		2 3.4	5 15.6 g	5 2.9
No	186 90.7	35 100.0 CDE	57 89.1		53 91.4	27 84.4	159 91.9
Don't know	9 4.4	-	3 4.7	3 6.2	3 5.2	-	9 5.2
Total	205	35	64	48	58	32	173

Table Q29R2 Page 51 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q29: GlaxoSmithKline Medical Information: Have you learned about the risks associated with the use of POTIGA from any of the following sources?

		7	ears Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Yes	21 10.2	2 5.7	3.1	8 16.7 C	9 15.5 C	8 25.0 G	13 7.5
No	177 86.3	33 94.3 DE	60 93.8 DE	79.2	46 79.3	24 75.0	153 88.4 f
Don't know	7 3.4	-	2 3.1	2 4.2	3 5.2	-	7 4.0
Total	205	35	64	48	58	32	173

Table Q29R3 Page 52 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q29: GlaxoSmithKline Promotional Materials: Have you learned about the risks associated with the use of POTIGA from any of the following sources?

		7	Mears Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Yes	28 13.7	2 5.7	10 15.6 b	14.6	9 15.5	7 21.9	21 12.1
No	171 83.4	33 94.3 cDE	53 82.8	38 79.2	47 81.0	25 78.1	146 84.4
Don't know	6 2.9	-	1.6	3 6.2	2 3.4	-	6 3.5
Total	205	35	64	48	58	32	173

Table Q29R4 Page 53 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q29: GSK Website: POTIGA.com: Have you learned about the risks associated with the use of POTIGA from any of the following sources?

		7	ears Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Yes	41 20.0	7 20.0	16 25.0	8 16.7	10 17.2	10 31.2	31 17.9
No	159 77.6	28 80.0	48 75.0	37 77.1	46 79.3	22 68.8	137 79.2
Don't know	5 2.4	-	-	3 6.2	2 3.4	-	5 2.9
Total	205	35	64	48	58	32	173

Table Q29R5 Page 54 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q29: GlaxoSmithKline Sales Representatives: Have you learned about the risks associated with the use of POTIGA from any of the following sources?

		7	ears Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Yes	9 4.4	2 5.7	3.1	3 6.2	2 3.4	5 15.6 G	4 2.3
No	190 92.7	33 94.3	62 96.9 d	42 87.5	53 91.4	27 84.4	163 94.2
Don't know	6 2.9	-	-	3 6.2	3 5.2	-	6 3.5
Total	205	35	64	48	58	32	173

Table Q29R6 Page 55 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q29: GlaxoSmithKline-sponsored Educational Meeting: Have you learned about the risks associated with the use of POTIGA from any of the following sources?

		7	Tears Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Yes	4 2.0	-	2 3.1	1 2.1	1 1.7	2 6.2	2 1.2
No	195 95.1	35 100.0 DE	62 96.9	44 91.7	54 93.1	30 93.8	165 95.4
Don't know	6 2.9	-	-	3 6.2	3 5.2	-	6 3.5
Total	205	35	64	48	58	32	173

Table Q29R7 Page 56 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q29: POTIGA Product Labeling (including Prescribing Information, Medication Guide): Have you learned about the risks associated with the use of POTIGA from any of the following sources?

		7	ears Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Yes	95 46.3	10 28.6	31 48.4 B	50.0	30 51.7 B	26 81.2 G	69 39.9
No	104 50.7	25 71.4 CDE	32 50.0		26 44.8	6 18.8	98 56.6 F
Don't know	6 2.9	-	1	3 6.2	2 3.4	-	6 3.5
Total	205	35	64	48	58	32	173

Table Q29R8 Page 57 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q29: Other Healthcare Professionals: Have you learned about the risks associated with the use of POTIGA from any of the following sources?

		7	ears Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	205	35	64	48	58	32	173
Yes	45 22.0	10 28.6	13 20.3		14 24.1	14 43.8 G	31 17.9
No	154 75.1	25 71.4	50 78.1		41 70.7	18 56.2	136 78.6 F
Don't know	6 2.9	-	1		3 5.2	-	6 3.5
Total	205	35	64	48	58	32	173

Table Q30 Page 58 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q30: How would you prefer to learn about the risks associated with the use of POTIGA in the future? Please select up to 3 options.

		У	ears Dispe	nsing QED's		Dispensed POTIGA		
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	
Total Answering	205	35	64	48	58	32	173	
POTIGA Dear HCP Letter	64 31.2	11 31.4	17 26.6		19 32.8	11 34.4	53 30.6	
GlaxoSmithKline Medical Information	48 23.4	6 17.1	19 29.7		13 22.4	9 28.1	39 22.5	
Other Healthcare Professionals	36 17.6	7 20.0	12 18.8		12 20.7	6 18.8	30 17.3	
GlaxoSmithKline Promotional Materials	60 29.3	8 22.9	16 25.0		18 31.0	5 15.6	55 31.8 F	
GSK Website: POTIGA.com	61 29.8	17 48.6 CDE	15 23.4		16 27.6	7 21.9	54 31.2	
GlaxoSmithKline Sales Representatives	71 34.6	11 31.4	30 46.9 dE	31.2	15 25.9	12 37.5	59 34.1	
GlaxoSmithKline- sponsored Educational Meeting	74 36.1	12 34.3	24 37.5		23 39.7	13 40.6	61 35.3	
POTIGA Product Labeling (including Prescribing Information, Medication Guide)	101 49.3	22 62.9 Cd	27 42.2		31 53.4	15 46.9	86 49.7	
Total	515	94	160	114	147	78	437	

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level. Lowercase letters indicate significance at the 90% level.

Table Q1\_1CODE Page 59 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q1. According to U.S. prescribing information, what is the FDA-approved indication for POTIGA?

		7	ears Dispe	nsing QED's		Dispensed POTIGA		
	Pharmacist	< 5 years	5-15 yrs		26+ yrs		No/DK	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	
Total Answering	80	18	25	19	18	5	75	
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	61 76.2	15 83.3	18 72.0		13 72.2	-	61 81.3	
FDA approved only for partial on-set seizures/ used for partial seizures	2 2.5		1 4.0	-	-	-	2 2.7	
Used for all indications listed/aware of different uses for the med/med used for expanded indications in other countries	2.5	-	-	-	2 11.1	240.0	-	
General recall/memory	3 . 8	-	14.0		1 5.6	2 40.0 g	1.3	
Seizures/severe seizure disorder	1	-	-	-	1 5.6	-	1	
GTC could be partial with secondary or primary generalization (indicated)/this drug works well with partial seizure & also may work with generalized tonic clonic seizure	1.2	-	-	1 5.3	-	-	1.3	

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions) Uppercase letters indicate significance at the 95% level.

Lowercase letters indicate significance at the 90% level.

Table Q1\_1CODE Page 60 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q1. According to U.S. prescribing information, what is the FDA-approved indication for POTIGA?

		7	Years Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Epilepsy	1	-	-	-	1 5.6	-	1 1.3
Not seen the approved uses for POTIGA	2 2.5		1 4.0		1 5.6	20.0	1.3
Not sure for what type of seizures	3 3 . 8	1 5.6	1 4.0		-	-	3 4.0
Forgot	1	-	1 4.0		-	-	1 1.3
Misunderstood question/ Question is vague	1	-	-	-	1 5.6	-	1 1.3
Don't know/Do not recall	4 5.0	1 5.6	2 8.0			1 20.0	3 4.0
Total	82	18	25	19	20	6	76

Table Q2\_1CODE Page 61 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q2: True or False: According to U.S. prescribing information, POTIGA can be used as monotherapy.

		Y	ears Dispe	nsing QED's		-		
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs			No/DK	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	
Total Answering	122	22	37	29	34	12	110	
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	72 59.0	18 81.8 cdE	22 59.5			2 16.7	70 63.6 F	
I believe so/I think it can be used for monotherapy	10.8	-	-	1 3.4	-	-	1 0.9	
General recall/memory/ best recall from PI/from clinical pharmacology reference literature/ based on dosing directions	11 9.0	-	2 5.4			4 33.3 g	7 6.4	
To be used as add-on therapy/approved as add- on to be treat seizures associated with epilepsy	10.8	-	-	-	1 2.9	-	1 0.9	
Can be used as mono- therapy/believe it can be used for monotherapy/ have patients just using POTIGA/have seen it prescribed as a monotherapy/general mechanism lends itself to monotherapy	5 4.1	-	2 5.4		3 8.8	3 25.0 g	2	

Table Q2\_1CODE Page 62 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q2: True or False: According to U.S. prescribing information, POTIGA can be used as monotherapy.

		3					
	Pharmacist	< 5 years			26+ yrs		
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Newer medications are usually monotherapy treatment	10.8	-	1 2.7		-	-	0.9
Have not seen the PI	1 0.8	-	1 2.7		-	-	1 0.9
Could be more effective as a monotherapy	1 0.8		-	-	-	-	1 0.9
Can use used in patients with previous failed therapies	10.8	-	-	-	1 2.9	-	1 0.9
The drug information does not state it is used in conjunction	10.8	-	1 2.7		-	-	1
Have not seen it promoted as adjunct therapy	1 0.8	-	2.7		-	-	1 0.9
Literature states can be used with other agents but dose may need to be increased	10.8	-	-	-	1 2.9	-	1
Cannot be used a monotherapy	1	-	1 2.7		-	-	1 0.9
Not sure/not sure if it can be used as monotherapy	2 1.6	-	-	-	2 5.9	-	2 1.8

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Table Q2\_1CODE Page 63 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q2: True or False: According to U.S. prescribing information, POTIGA can be used as monotherapy.

		7	ears Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Miscellaneous	5 4.1	1 4.5	-	3 10.3	1 2.9	1 8.3	4 3.6
Don't know/Do not recall	10 8.2	1 4.5	3 8.1			1 8.3	9 8.2
Used as adjunctive therapy/only prescribed as adjunctive therapy/ FDA approved as adjunctive therapy/can be used with other seizure meds	7 5.7	1 4.5	3 8.1	1 3.4		1 8.3	6 5.5
Total	122	22	37	29	34	12	110

Table Q3\_1CODE Page 64 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q3. According to U.S. prescribing information, which of the following are potential risks associated with POTIGA?

			Years Dispe	nsing QED's		Dispensed POTIGA		
	Pharmacist			16-25 yrs	26+ yrs		No/DK	
	(A)	(B)	(C)		(E)	(F)	(G)	
Total Answering	89	16	26	27	20	7	82	
Lack of familiarity/ never heard of POTIGA, POTIGA risks or side effects/never dispensed POTIGA/no experience with POTIGA	58 65.2	15 93.8 CDE	16 61.5		12 60.0		58 70.7	
General recall/memory/ best recall from PI/ clinical pharmacology reference literature/ based on dosing directions/recall from clinical trial data	1.1	-	1 3.8		-	1 14.3	-	
Aware of some risks associated with medicine, but not aware of all risks/aware of the major risks	2 2.2	-	13.8		-	-	2 2.4	
Aware of urinary issues/ problem with urinary function	4 4.5	-	3.8		-	1 14.3	3 3.7	
Kidney, liver problems/ potentially toxic to kidneys	1.1	-	3.8	-	-	-	1 1.2	
Never read the PI and not explained by pharmaceutical representative/never had a POTIGA representative visit/never fully read prescribing information	6 6.7	-	3 11.5			1 14.3	5 6.1	

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions) Uppercase letters indicate significance at the 95% level.

Table Q3\_1CODE Page 65 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q3. According to U.S. prescribing information, which of the following are potential risks associated with POTIGA?

		3	Years Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist	< 5 years		16-25 yrs			
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Have not done research yet	2 2.2	-	1 3.8		-	-	2 2.4
Not a lot of information available on POTIGA	1 1.1	-	-	1 3.7	-	-	1.2
Could cause hepatic issues/requires dose adjustments in hepatic diseases	2 2.2	-	-	3.7	1 5.0	1 14.3	11.2
Risks listed on the article on the list server	1 1.1	-	-	-	1 5.0	-	1.2
Adverse event reported by patient, not ruled out as the cause	1.1	-	-	-	1 5.0	1 14.3	-
Limited knowledge of drug	1 1.1	-	1 3.8		-	-	1 1.2
Not sure/not sure about the side effects, risks	5 5.6	1 6.2	2 7.7		1 5.0	-	5 6.1
Miscellaneous	4 4.5	-	-	1 3.7	3 15.0	-	4 4.9
Don't know/Do not recall	5 5.6	-	1 3.8		-	2 28.6	3 3.7
Total	94	16	28	29	21	7	87

Table Q4\_1CODE Page 66 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q4. According to U.S. prescribing information, what is the maximum recommended daily maintenance dose of POTIGA for the General Population?

			ears Disper	nsing QED's		Dispensed POTIGA	
		< 5 years	5-15 yrs	16-25 yrs		Yes	No/DK
	(A)	(B)	(C)		(E)	(F)	(G)
Total Answering	102	21	34	25	22	9	93
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	57 55.9	15 71.4 C	15 44.1		13 59.1	11.1	56 60.2 F
Not aware of the maximum dosage/uncertain of maximum dosage/not seen information on maximum dosing/not heard of maximum dosing	12 11.8	1 4.8	7 20.6 be	12.0	1 4.5	-	12 12.9
400mg three times a day/ 1200mg maximum dose	5 4.9	-	1 2.9		3 13.6	1 11.1	4 4.3
General recall/memory/ best recall from PI/from clinical pharmacology reference literature/ based on dosing directions/recall from clinical trial data/from prescriber information	11.0	-	-	-	1 4.5	1 11.1	-
Previous studies indication a dose greater than 900mg offered no significant increased benefit, but greater side effects/ 1200mg not shown to be efficacious than 900mg/ seizure frequency reduced at a lesser percent with higher dose	2.0	1 4.8	-	1 4.0	-	11.1	11.1

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions) Uppercase letters indicate significance at the 95% level.

# 2013N169690\_00 WEUKBRE5993

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Table Q4\_1CODE Page 67 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q4. According to U.S. prescribing information, what is the maximum recommended daily maintenance dose of POTIGA for the General Population?

		Y		Dispensed POTIGA			
	Pharmacist	< 5 years		16-25 yrs			No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Never read the PI/never fully read the prescribing information	3 2.9	-	3 8.8		-	1 11.1	2 2.2
Never met with a pharmaceutical representative	1.0	-	-	1 4.0	-	-	1
Incorrect suggested maximum dose stated	7 6.9	1 4.8	2 5.9		1 4.5	-	7 7.5
Refer/consult PI/would look up before dispensing	3 2.9	-	1 2.9		1 4.5	-	3 3.2
Depends on the patient	1	1 4.8	-	-	-	-	1 1.1
Not had a chance to look up dosing recommendations/research of the drug/need further info	4 3.9	2 9.5	1 2.9		-	-	44.3
Maximum dose is between 600mg-1200mg	3 2.9	-	3 8.8	-	-	2 22.2	1 1.1
Not sure	1	-	-	-	1 4.5	-	1 1.1
Miscellaneous	2 2.0	-	1 2.9	-	1 4.5	2 22.2	-

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q4\_1CODE Page 68
May 15, 2013
(Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q4. According to U.S. prescribing information, what is the maximum recommended daily maintenance dose of POTIGA for the General Population?

			Dispensed POTIGA				
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Don't know/Do not recall	3 2.9	-	1 2.9	2 8.0	-	1 11.1	2 2.2
Total	105	21	35	27	22	10	95

Table Q5\_1CODE Page 69 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q5. According to U.S. prescribing information, which of the following statements, if any, is true?

		У	ears Dispe	nsing QED's		Dispensed POTIGA	
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	117	23	35	28	31	14	103
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	57 48.7	15 65.2 cE	15 42.9		12 38.7	1 7.1	56 54.4 F
Not aware of the minimum age/do not know lower age limit/have not heard about what the lower age limit is	18 15.4	4 17.4	8 22.9 D	3.6	5 16.1 d	5 35.7 g	13 12.6
No known upper age limits	1 0.9	-	-	-	1 3.2	-	1
General recall/memory/ best recall from PI/from clinical pharmacology reference literature/ based on dosing directions/recall from clinical trial data/from prescriber information	2	-	-	1 3.6	3.2	1 7.1	1 1.0
Persons 12 years of age/ believe 12 years of age/ adolescents/most recently approved AEDs for age 12	1 0.9	-	1 2.9		-	-	1
Adults/only approved for adults/approved for 18+	5 4.3	2 8.7	-	-	3 9.7	1 7.1	4 3.9

Table Q5\_1CODE Page 70 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q5. According to U.S. prescribing information, which of the following statements, if any, is true?

		7	Years Dispe	nsing QED's			l POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs		Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Clinical trials/studies did not include children/ not established data in children	4 3.4	-	2 5.7	-	2 6.5	1 7.1	3 2.9
Data does not provide/ indicate/cannot recall from clinical trials/ information not available	10.9	-	1 2.9	-	-	-	1
Not approved for children/do not use in the pediatric population/ new anticonvulsants do not have pediatric dosing	10.9	-	-	-	3.2	-	1.0
No lower age limit/safe for infants and children/ AEDs do not have a lower age limit	0.9	-	1 2.9	-	-	1 7.1	-
Uncertain whether lower age limit is 12 or 18/ uncertain if age limit is 18 years	0.9	-	1 2.9	-	-	-	1
Used with caution for those 65+/over 65 could have urination problems, immune system problems, weakness/65 is age limit/ not sure if contraindicated for patients over 65	11 9.4	3 13.0	1 2.9		5 16.1 c	2 14.3	9 8.7

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions) Uppercase letters indicate significance at the 95% level.

Table Q5\_1CODE Page 71 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q5. According to U.S. prescribing information, which of the following statements, if any, is true?

		Ž		nsing QED's				
	Pharmacist	< 5 years		16-25 yrs				
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	
Would refer to the package insert/have to research the drug/not studied drug yet	3 2.6	-	1 2.9		2 6.5	-	3 2.9	
Dosage limits based on age, hepatic, renal functions	10.9	-	-	1 3.6	-	-	1.0	
Label is unclear	1 0.9	-	-	1 3.6	-	-	1	
Not sure of age limit / best guess from PI	5 4.3	1 4.3	2 5.7	1 3.6	1 3.2	-	5 4.9	
Miscellaneous	4 3.4	-	2 5.7	1 3.6	1 3.2	3 21.4 g	1.0	
Don't know/Do not recall	7 6.0	-	2 5.7	5 17.9	-	1 7.1	6 5.8	
Total	124	25	37	28	34	16	108	

Table Q6\_1CODE Page 72 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q6. According to U.S. prescribing information, which of the following statements, if any, is true?

				nsing QED's			
	Pharmacist			16-25 yrs			No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	85	18	24	22	21	9	76
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	52 61.2						52 68.4
POTIGA can be taken with or without food/pretty sure can be taken with or without food	3 3.5	-	1 4.2		-	3 33.3	-
Not sure about the absorption of this medication/unaware how food effects absorption of product	3 3.5	-	1 4.2			11.1	2.6
Not aware of any need to specify that it should be taken with or without food	1.2	-	-	1 4.5	-	1 11.1	-
General recall/believe to be true	2 2.4	-	1 4.2		1 4.8	1 11.1	1 1.3
Incorrect selection	2 2.4	-	-	1 4.5	1 4.8	1 11.1	1.3
From the prescribing literature/from pharmaceutical representative/from the information	11.2	-	-	-	1 4.8	-	1

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level. Lowercase letters indicate significance at the 90% level.

Table Q6\_1CODE Page 73
May 15, 2013
(Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q6. According to U.S. prescribing information, which of the following statements, if any, is true?

		Years Dispensing QED's						
	Pharmacist	< 5 years		16-25 yrs			No/DK	
	(A)	(B)	(C)	(D)		(F)	(G)	
Normally advise to take without food unless seen that it should be taken with food	1.2	-	14.2		-	1 11.1	-	
Nothing in literature about recommendation with or without food/ nothing in literature about specific guidelines/information not readily available	3 3.5		14.2		-	-	3 3.9	
Refer/consult PI/would look up before dispensing	1.2	1 5.6	-	-	-	1 11.1	-	
Never had a patient on POTIGA	2 2.4	-	-	2 9.1	-	-	2 2.6	
GI side effects	1	-	-	-	1 4.8	-	1.3	
Not had a chance to look up the dosing recommendations/research of the drug/need further information/never researched the drug/ would need to look up drug/not aware of this detail/never read prescribing information	3 3.5	-	2 8.3		-	111.1	2.6	

Comparison Groups: BCDE/FG
Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.

Table Q6\_1CODE Page 74
May 15, 2013
(Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q6. According to U.S. prescribing information, which of the following statements, if any, is true?

		Years Dispensing QED's Di						
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	
Not sure/uncertain/	4	1	2	-	1	-	4	
unaware	4.7	5.6	8.3		4.8		5.3	
Miscellaneous	1.2	-	-	-	1 4.8	-	1.3	
Don't know/Do not recall	7 8.2	-	-	3 13.6	4 19.0	-	7 9.2	
Total	87	19	24	23	21	10	77	

Table Q7\_1CODE Page 75 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q7. Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch out for?

		7	ears Dispe	nsing QED's			
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs			No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	175	28	57	45	45	22	153
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	53 30.3	14 50.0 CDE	16 28.1	12 26.7	11 24.4	-	53 34.6
Unique side effect/side effects reported by patients/side effects/ symptom/potential complication	21 12.0	3 10.7	9 15.8	5 11.1	4 8.9	4 18.2	17 11.1
Unaware of the urinary symptoms/unaware of side effects, symptoms when taking POTIGA	5 2.9	1 3.6	3 5.3	1 2.2	-	-	5 3.3
Urinary retention is a symptom or AE/watch for urinary retention/ urinary retention/ urinary retention potential side effect/ urinary retention has been reported	29 16.6	3 10.7	10 17.5	6 13.3	10 22.2	3 13.6	26 17.0
Affect urinary flow/ difficulty starting urination/voiding dysfunction/difficulty urinating/urinary problems/pain with urination	16 9.1	2 7.1	7 12.3	3 6.7	4 8.9	4 18.2	12 7.8

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level. Lowercase letters indicate significance at the 90% level.

Table Q7\_1CODE Page 76 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q7. Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch out for?

		Z	ears Dispe	Dispensed POTIGA			
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs		No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
General recall/memory/knowledge	5 2.9	-	1.8			3 13.6 g	2 1.3
Forgot, but did know about urinary symptoms/ forgot about these risks	10.6	-	-	1 2.2	-	-	1 0.7
Warning from package insert/from package insert and patient info materials/warning for the drug/drug info/main warning	6 3.4	1 3.6	-	1 2.2	4 8.9	1 4.5	5 3.3
Read/heard about it (non-specific)	2 1.1	-	2 3.5	-	-	1 4.5	0.7
Clinical trials/results of clinical trials	3 1.7	-	2 3.5		-	2 9.1	1 0.7
From the prescribing literature/from pharmaceutical representative/from the information, medication inserts/drug company/online pamphlet, REMS literature	11 6.3	-	4 7.0		4 8.9	3 13.6	8 5.2
Indications and label/	2	-	-	1 2.2	1 2.2	-	2 1.3

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level. Lowercase letters indicate significance at the 90% level.

Table Q7\_1CODE Page 77
May 15, 2013
(Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q7. Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch out for?

			Years Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist				26+ yrs		No/DK
	(A)	(B)	(C)			(F)	(G)
Easiest to tell patients to look out for/discuss with patients/advise patients	3 1.7		2 3.5			1 4.5	1.3
Never read prescribing information	1 0.6	-	1	-	-	1 4.5	-
Not enough information on drug/not enough time to research it/not specific recommendations to patients	4 2.3	-	1.8		2 4.4	-	4 2.6
Side effects of an urinary tract infection	1 0.6	1 3.6	-	-	-	-	1 0.7
Black box warning	1 0.6	-	-	-	1 2.2	-	0.7
Ask a doctor right away if pain when urinating/ seek medical attention right away	3 1.7	1 3.6	1.8		-	-	3 2.0
Associated with renal function/renal adverse effects	1 0.6	-	1.8	-	-	-	1 0.7
Urinary obstruction, which is serious	1 0.6	-	-	-	1 2.2	-	1 0.7
Subject error/mouse error	1	-	1.8	-	-	-	1 0.7

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q7\_1CODE Page 78
May 15, 2013
(Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q7. Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch out for?

		Years Dispensing QED's						
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	
Anticholinergic	4 2.3	2 7.1	-	1 2.2	1 2.2	2 9.1	2 1.3	
Not sure/uncertain/ unaware	4 2.3	-	1	2 4.4	1 2.2	-	4 2.6	
Miscellaneous	3 1.7	1 3.6	-	2 4.4	-	-	3 2.0	
Nothing	1 0.6	-	-	-	1 2.2	-	1 0.7	
Don't know/Do not recall	1 0.6	-	-	1 2.2	-	-	0.7	
Total	183	29	62	45	47	25	158	

Table Q8\_1CODE Page 79 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q8. If a patient on POTIGA experiences inability to pass urine, what would you advise them to do? ?

		7	ears Disper	nsing QED's		Dispensed	
	Pharmacist				26+ yrs		
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	93	20	28	23	22	12	81
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	34 36.6	11 55.0 c	8 28.6	8 34.8	7 31.8	-	34 42.0
Stop use and seek immediate medical attention	4 4 . 3	1 5.0	3.6	-	2 9.1	1 8.3	3 3.7
Medical emergency/seek medical care/seek medical attention right away	8 8.6	3 15.0	4 14.3		-	18.3	7 8.6
Stop use/stop use, cause of the problem	4 . 3		-	1 4.3	-	3 25.0 g	1
Prudent action to take with urinary retention/ prudent response	1.1	-	-	-	1 4.5	-	1
Advise given to my patients/recommendation	1 1.1	-	1 3.6	-	-	-	1
Correct course of action, best possible action, advice/most logical action/best next steps/ right thing to do	1.1	-	-	-	1 4.5	18.3	-

Table Q8\_1CODE Page 80 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q8. If a patient on POTIGA experiences inability to pass urine, what would you advise them to do? ?

		•	Years Dispe	nsing QED's		Dispensed	POTIGA
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)			(E)		(G)
POTIGA causes urinary retention	1.1	-	-	1 4.3	-	-	1
Information from the PI	1.1	-	1 3.6		-	1 8.3	-
Label/label indications	1.1	-	-	1 4.3	-	-	1
Side effects/serious side effect/dangerous issue	4 4 . 3	-	2 7.1		1 4.5	8.3	3 3.7
General recall/general knowledge	2.2	-	1 3.6		1 4.5	1 8.3	1.2
Further research necessary	3 3.2	-	2 7.1		1 4.5	-	3 3.7
Would not give advice about a product not familiar with	1.1	-	-	1 4.3	-	-	1
Ask a doctor	11 11.8	1 5.0	_	_	4 18.2	_	10 12.3
Patient needs follow-up	1.1	-	-	1 4.3	-	-	1 1.2
Prevent patient harm/ could lead to further complications	2 . 2	-	1 3.6	_	-	8.3	1 1.2
Urinary retention is acute issue that needs to be treated	2 . 2	-	-	1 4.3	1 4.5	-	2 2.5

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q8\_1CODE Page 81 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q8. If a patient on POTIGA experiences inability to pass urine, what would you advise them to do? ?

		3	ears Dispe	Dispensed POTIGA			
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Based on other drugs in this category	1 1.1	-	1 3.6		-	-	1 1.2
Doctor needs to update the dose	1 1.1	-	-	-	1 4.5	-	1
Not sure/uncertain/ unaware	2 2.2	-	1 3.6		-	-	2 2.5
Miscellaneous	7 7.5	1 5.0	2 7.1			1 8.3	6 7.4
Don't know/Do not recall	2 2.2	1 5.0	1 3.6		-	-	2 2.5
Total	95	21	28	24	22	12	83

Table Q9\_1CODE Page 82 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q9. According to U.S. prescribing information, when increasing the dose, what is the maximum total daily dose at which POTIGA can be increased once every 7 days?

			ears Dispe				
	Pharmacist	< 5 years	5-15 yrs		26+ yrs		No/DK
	(A)	(B)	(C)				(G)
Total Answering	115	24	36	30	25	13	102
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	59 51.3	15 62.5	15 41.7			7.7	58 56.9 F
Uncertain of maximum weekly dosage	6 5.2	1 4.2	3 8.3			2 15.4	4 3.9
Thought answer provided was correct response	1	-	1 2.8		-	-	1
50mg per day is minimal increased dosage/ recalled 50mg	5 4.3	1 4.2	2 5.6	_	1 4.0	-	5 4.9
General recall/recall from reading	3 2.6	-	-	2 6.7		1 7.7	2 2.0
150mg per day/do not exceed 150 mg per day150mg per day/do not exceed 150 mg per day	3 2.6	2 8.3	-	-	14.0	-	3 2.9
1200mg/maximum dose is 1200mg	1	-	-	1 3.3	-	-	1
Titrate slowly/titrate patient 50mg weekly/ titration scale/dosing charts	3 2.6	-	2 5.6		-	2 15.4	1

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q9\_1CODE Page 83 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q9. According to U.S. prescribing information, when increasing the dose, what is the maximum total daily dose at which POTIGA can be increased once every 7 days?

		Years Dispensing QED's				Dispensed POTIGA	
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)			(F)	(G)
From label/indications/ samples to patients/ package insert/the prescribing literature/ from the information	11 9.6	1 4.2			5 20.0 b	3 23.1	8 7.8
Depends on patient/based on patient's tolerability and frequency of seizures	2	2 8.3	-	-	-	-	2 2.0
Past experience	1 0.9	-	-	-	1 4.0	1 7.7	-
Not had a chance to look up the dosing recommendations/research of the drug/need further information/never researched the drug/ would need to look up drug/not aware of this detail/never read prescribing information	3 2.6	-	2 5.6		-	1 7.7	2 2.0
Not familiar with titration being necessary	1 0.9	-	2.8		-	-	1
Looked up information in reference book	1 0.9	-	1 2.8		-	-	1
Based on the drug's side effects	1 0.9	-	-	1 3.3	-	-	1

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q9\_1CODE Page 84 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q9. According to U.S. prescribing information, when increasing the dose, what is the maximum total daily dose at which POTIGA can be increased once every 7 days?

			Years Dispe	nsing QED's		Dispensed POTIGA	
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Not sure	2 1.7	-	-	2 6.7	-	1 7.7	1
Miscellaneous	4 3.5	2 8.3	2 5.6		-	-	4 3.9
Misunderstood question/ Question is vague	1 0.9	-	-	-	1 4.0	1 7.7	-
Don't know/Do not recall	9 7.8	1 4.2	2 5.6	_	1 4.0	1 7.7	8 7.8
Total	117	25	36	30	26	14	103

Table Q10\_1CODE Page 85 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q10: True or False: According to U.S. prescribing information, for the General Population, the recommended total initial dosage should be 150mg per day for one week.

		7				Dispensed POTIGA		
	Pharmacist	< 5 years			26+ yrs		No/DK	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	
Total Answering	101	20	28	26	27	10	91	
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	49 48.5	13 65.0 e	12 42.9		11 40.7	-	49 53.8	
300mg per day is initial dose/100mg TID	4 4.0	1 5.0	2 7.1		1 3.7	1 10.0	3 3.3	
Do not know initial dose/ unsure of initial dose/ unsure of initial dose for general population	7 6.9	-	3 10.7	3 11.5	1 3.7	-	7 7.7	
General recall/recall from reading	5 5.0	-	-	1 3.8	4 14.8	20.0	3 3.3	
150mg is initial dosage increase/not to exceed 150mg dosage increase per week	1	-	1 3.6	-	-	-	1 1.1	
150mg is dose for general population/start patients with 150mg initially	3 . 0	-	3 10.7	-	-	1	2 2.2	
From label/indications/ samples to patients/pkg insert/prescribing literature/ from the info/representative starter kits	7 6.9	-	1 3.6		5 18.5 cd	3 30.0 g	44.4	

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level. Lowercase letters indicate significance at the 90% level.

Table Q10\_1CODE Page 86 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q10: True or False: According to U.S. prescribing information, for the General Population, the recommended total initial dosage should be  $150\,\mathrm{mg}$  per day for one week.

	Years Dispensing QED's					*		
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs		Yes		
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	
Depends on patient/ titrate based on patient's tolerability	1.0	-	1 3.6		-	-	1.1	
Recommended dosing of POTIGA	2.0	1 5.0	-	-	1 3.7		1.1	
Not had a chance to look up the dosing recommendations/research of the drug/need further information/never researched the drug/ would need to look up drug/not aware of this detail/never read prescribing information	7 6.9	15.0				10.0	-	
Miscellaneous	9 8.9	2 10.0		3 11.5			8 8.8	
Don't know/Do not recall	7 6.9	2 10.0	-	3 11.5	2 7.4	-	7 7.7	
Total	102	20	29	26	27	10	92	

Table Q11\_1ACODE Page 87 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q11A: Moderate to severe renal or hepatic impairment: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

		Years Dispensing QED's				Dispensed POTIGA	
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs			No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	69	15	21	17	16	3	66
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA/never read literature on POTIGA	49 71.0	14 93.3 CdE	13 61.9		10 62.5	1 33.3	48 72.7
General recall/recall from reading/general understanding	1.4	-	-	-	1 6.2	-	1 1.5
From label/indications/ samples to patients/ package insert/the prescribing literature/ from the information/ representative starter kits/pharmaceutical rep	11.4	-	-	1 5.9	-	-	1.5
No information available/ could not find the information	3 4.3	-	-	1 5.9	2 12.5	-	3 4.5
Urinary contraindications/ contraindicated	1.4	-	-	1 5.9	-	1 33.3	-
Unaware of precautions/ problems/issues/ contraindications	3 4.3	-	3 14.3	-	-	-	3 4.5

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q11\_1ACODE Page 88 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q11A: Moderate to severe renal or hepatic impairment: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

		Years Dispensing QED's					Dispensed POTIGA		
	Pharmacist	< 5 years				Yes	No/DK		
	(A)	(B)	(C)	(D)	(E)	(F)	(G)		
Unaware of renal/hepatic issues/not aware of specific renal/hepatic issues	2.9	-	2 9.5		-	-	3.0		
Answer should be "yes"	1 1.4	-	-	-	1 6.2	-	1 1.5		
Not sure/uncertain/ unaware	1 1.4	-	-	-	1 6.2	-	1 1.5		
Miscellaneous	4 5.8	-	2 9.5		1 6.2	-	4 6.1		
Don't know/Do not recall	3 4.3	1 6.7	1 4.8		-	1 33.3	2 3.0		
Total	69	15	21	17	16	3	66		

Table Q11\_1BCODE Page 89 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q11B: Moderate to severe Crohn's disease: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

		Z	Dispensed POTIGA				
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	140	26	49	30	35	14	126
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA/never read literature on POTIGA	53 37.9	13 50.0	15 30.6	12 40.0	13 37.1	2 14.3	51 40.5 F
General recall/recall from reading/general understanding	0.7	-	2.0	-	-	1 7.1	-
Use with caution/a precaution	4 2.9	-	3 6.1	1 3.3	-	2 14.3	2 1.6
Worsen the condition/ because of side effects/ might cause problems with condition	96.4	2 7.7	1 2.0	2 6.7	4 11.4	2 14.3	7 5.6
From label/indications/ samples to patients/ package insert/the prescribing literature/ from the information/ representative starter kits/pharmaceutical rep	5 3.6	-	-	2 6.7	3 8.6	17.1	4 3.2
No information available/ could not find the information	0.7	-	-	1 3.3	-	-	0.8

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level. Lowercase letters indicate significance at the 90% level.

Table Q11\_1BCODE Page 90 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q11B: Moderate to severe Crohn's disease: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

						Dispensed	POTIGA
	Pharmacist	< 5 years		16-25 yrs			No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Never heard about this/ never heard one way or the other	0.7		2.0		-	-	1 0.8
Unaware of precautions/ problems/issues/ contraindications	16 11.4			6.7			15 11.9
Not had a chance to look up the dosing recommendations/research of the drug/need further information/never researched the drug/ would need to look up drug/not aware of this detail/never read prescribing information	3 2.1		1 2.0		1 2.9	-	3 2.4
Wrong response provided/ selected	0.7	-	2.0		-	-	0.8
Not sure/uncertain/ unaware	17 12.1	2 7.7			_	_	15 11.9
Miscellaneous	5 3.6	2 7.7			-	-	5 4.0
Misunderstood question/ Question is vague	1 0.7	-	1 2.0		-	-	0.8
Don't know/Do not recall	23 16.4		8 16.3		5 14.3	3 21.4	20 15.9
Total	140	26	49	30	35	14	126

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q11\_1CCODE Page 91 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q11C: Moderate to severe asthma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

			Years Dispe		Dispensed POTIGA		
	Pharmacist	< 5 years		16-25 yrs			No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	130	20	47	29	34	11	119
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA/never read literature on POTIGA	50 38.5	12 60.0 Ce	13 27.7		12 35.3	-	50 42.0
Data from past research/ studies/clinical trials	0.8	-	1 2.1		-	1 9.1	-
Use with caution/a precaution	3 2.3	-	3 6.4		-	-	3 2.5
Worsen the condition/ because of side effects/ might cause problems with condition	2 1.5	-	1 2.1		1 2.9	-	1.7
From label/indications/ samples to patients/ package insert/the prescribing literature/ from the information/ representative starter kits/pharmaceutical rep	4 3.1	-	-	1 3.4		1 9.1	3 2.5
No information available/ could not find the information	y 3 2.3	-	2 4.3		-	-	3 2.5
Never heard about this/ never heard one way or the other	2 1.5	-	1 2.1		1 2.9	-	2 1.7

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q11\_1CCODE Page 92 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q11C: Moderate to severe asthma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

	Years Dispensing QED's				-		
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs			No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Unaware of precautions/ problems/issues/ contraindications	21 16.2		9 19.1 bd	6.9		2 18.2	
Not had a chance to look up the dosing recommendations/research of the drug/need further information/never researched the drug/ would need to look up drug/not aware of this detail/never read prescribing information	5 3.8	-	2 4.3		1 2.9	1 9.1	4 3.4
Wrong response provided/ selected	2 1.5	1 5.0	1 2.1		-	-	2 1.7
Not sure/uncertain/ unaware	13 10.0	1 5.0	4 8.5			2 18.2	11 9.2
Miscellaneous	6 4.6	1 5.0	3 6.4		-	1 9.1	5 4.2
Don't know/Do not recall	18 13.8	4 20.0	7 14.9			3 27.3	15 12.6
Total	130	20	47	29	34	11	119

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q11\_1DCODE Page 93 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q11D: Patients over the age of 65 years: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

	Years Dispensing QED's					Dispensed POTIGA		
	Pharmacist			16-25 yrs			No/DK	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	
Total Answering	112	24	33	24	31	8	104	
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA/never read literature on POTIGA	47 42.0	13 54.2	12 36.4				47 45.2	
Odds of BPH/urinary retention increase after age 65/higher rate of renal problems	5 4.5		2 6.1		2 6.5	1 12.5	4 3.8	
No upper age limit/ unaware of upper age limit/no age limit	13 11.6	4 16.7	5 15.2		4 12.9	2 25.0	11 10.6	
Use with caution/a precaution	1 0.9	-	-	-	1 3.2	-	1	
Conservative response/ initially conservative when prescribing/lower starting dose	3 2.7	-	3.0		2 6.5	-	3 2.9	
No information available/could not find the information	2	-	-	1 4.2	1 3.2	-	2 1.9	
From label/indications/ samples to patients/ package insert/the prescribing literature/ from the information/ representative starter kits/pharmaceutical rep	5 4.5	-	13.0		3 9.7	1 12.5	4 3.8	

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions) Uppercase letters indicate significance at the 95% level.

Table Q11\_1DCODE Page 94 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q11D: Patients over the age of 65 years: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

		Ţ		Dispensed POTIGA			
	Pharmacist	< 5 years	5-15 yrs		26+ yrs		No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Never heard about this/ never heard one way or the other	1 0.9	-	3.0		-	-	1.0
Urinary contraindications/ contraindicated	10.9	-	-	1 4.2		1 12.5	-
Unaware of precautions/ problems/issues/ contraindications	5 4.5	-	-	-	5 16.1	-	5 4.8
Not had a chance to look up the dosing recommendations/research of the drug/need further information/never researched the drug/ would need to look up drug/not aware of this detail/never read prescribing information	6 5.4	1 4.2	26.1			1 12.5	5 4.8
Caution when using in patients 65+/not recommended for 65+ patients	10.9	-	-	1 4.2	-	-	1
There are dosing limits for 65+	2 1.8	-	1 3.0	_	-	1 12.5	1.0
Not sure/uncertain/ unaware	5 4.5	-	1 3.0	3 12.5	1 3.2	-	5 4.8

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q11\_1DCODE Page 95 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q11D: Patients over the age of 65 years: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

		Years Dispensing QED's				Dispensed POTIGA	
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Miscellaneous	6 5.4	1 4.2	3 9.1	1 4.2	1 3.2	1 12.5	5 4.8
Don't know/Do not recall	11 9.8	4 16.7	4 12.1		1 3.2	-	11 10.6
Total	114	24	33	24	33	8	106

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Table Q11\_1ECODEA Page 96 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q11E: Moderate to severe glaucoma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

		Years Dispensing QED's				Dispensed POTIGA	
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Total Answering	2	-	-	-	2	-	2
Use with caution/a precaution	1 50.0	-	-	-	1 50.0	-	1 50.0
Worsen the condition/ because of side effects/ might cause problems with condition	1 50.0	-	-	-	1 50.0	-	1 50.0
Total	2	_	-	_	2	_	2

Table Q12\_1CODE Page 97 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q12: True or False: It is known from controlled studies that adverse events related to voiding dysfunction generally tend to be reported within the first 6 months after starting POTIGA.

		Y	ears Dispe		Dispensed POTIGA				
	Pharmacist	< 5 years	5-15 yrs		26+ yrs		No/DK		
	(A)	(B)	(C)	(D)	(E)	(F)	(G)		
Total Answering	109	25	34	22	28	7	102		
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	48 44.0	15 60.0 ce	12 35.3		10 35.7	-	48 47.1		
Unaware of AE time frame/ never heard of the timeframe/unsure of the timeframe/did not recall specific timeframe	15 13.8	3 12.0	3 8.8		5 17.9	-	15 14.7		
Not familiar with studies referenced in statement	5 4.6	-	1 2.9		4 14.3	1 14.3	4 3.9		
Do not recall any data on this/do not recall this fact	10.9	-	-	-	1 3.6	1 14.3	-		
AE's can occur at any time/soon after starting medicine	10.9	-	-	-	1 3.6	-	1.0		
AE's may not be reported within 6 mos/can occur after 6 mos	10.9	1 4.0	-	-	-	1 14.3	-		
Clinical trials still pending/will require post-market data/ research	1 0.9	1 4.0	-	-	-	-	1		

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q12\_1CODE Page 98
May 15, 2013
(Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q12: True or False: It is known from controlled studies that adverse events related to voiding dysfunction generally tend to be reported within the first 6 months after starting POTIGA.

			Years Dispe		Dispensed POTIGA				
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs			No/DK		
	(A)	(B)	(C)	(D)	(E)	(F)	(G)		
AE's should be reported immediately/earlier than 6 mos	2 1.8		1 2.9		-	-	2 2.0		
Label/PI/resources do not mention	1.8	-	1 2.9		1 3.6	-	2.0		
Not had a chance to look up the dosing recommendations/research of the drug/need further information/never researched the drug/ would need to look up drug/not aware of this detail/never read prescribing information	10.9	-	1 2.9		-	1 14.3	-		
Should have answered "yes"/true statement	3 2.8	1 4.0	-	1 4.5	1 3.6	-	3 2.9		
Not sure/uncertain/ unaware	4 3.7	-	2 5.9		1 3.6	-	4 3.9		
Miscellaneous	11 10.1	2 8.0	5 14.7		2 7.1	1 14.3	10 9.8		
Misunderstood question/ Question is vague	0.9	-	-	-	1 3.6	-	1.0		
Don't know/Do not recall	13 11.9	1 4.0	8 23.5 BE	13.6		2 28.6	11 10.8		
Total	109	25	34	22	28	7	102		

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Lowercase letters indicate significance at the 90% level.

Table Q13\_1CODEA Page 99 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q13. Which of the following patient groups are recommended to have closer monitoring (including comprehensive evaluation of urologic symptoms) for urinary retention?

				Dispensed POTIGA				
	Pharmacist			16-25 yrs		Yes	No/DK	
	(A)	(B)	(C)		(E)	(F)	(G)	
Total Answering	132	25	41	32	34	18	114	
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	36 27.3	11 44.0 C	7 17.1		9 26.5	-	36 31.6	
All are high risk groups/ need to be monitored	, 9 6.8	2 8.0	4 9.8		1 2.9	2 11.1	7 6.1	
Patients cannot report symptoms/problems	4 3.0	1 4.0	3 7.3		-	1 5.6	3 2.6	
Patients are at higher risk for BPH/voiding difficulty/urinary retention/underlying urinary retention concerns	43 32.6	8 32.0	18 43.9 e	28.1	8 23.5	7 38.9	36 31.6	
Side effects/known side effect(s) of urinary retention	16 12.1		7 17.1 b	6.2	6 17.6 b	2 11.1	14 12.3	
General recall	1 0.8	-	1 2.4		-	1 5.6	-	
Previous knowledge/past experience	1 0.8	-	-	1 3.1	-	-	1 0.9	
Patients with kidney/ stomach issues monitored closely/NSAIDS patients/ effect kidney	6 4.5	1 4.0	4 9.8		-	1 5.6	5 4.4	

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Lowercase letters indicate significance at the 90% level.

Table Q13\_1CODEA Page 100 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q13. Which of the following patient groups are recommended to have closer monitoring (including comprehensive evaluation of urologic symptoms) for urinary retention?

				Dispensed POTIGA				
	Pharmacist	Pharmacist < 5 years 5-15 yrs 16-25 yrs 26+ yrs					No/DK	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	
Obvious precautions	2 1.5	-	-	-	2 5.9	2 11.1	-	
From label/indications/ samples to patients/ package insert/the prescribing literature/ from the information/ representative starter kits/pharmaceutical rep/ internet research, past clinical research	5 3.8			3 9.4		2 11.1	3 2.6	
Not had a chance to look up the dosing recommendations/research of the drug/need further information/never researched the drug/ would need to look up drug/not aware of this detail/never read prescribing information	2 1.5	1 4.0			-	1 5.6	0.9	
Not sure/uncertain/ unaware	4 3.0	-	-	3 9.4		-	4 3.5	
Miscellaneous	11 8.3	2 8.0	1 2.4	-	5 14.7 c	1 5.6	10 8.8	
Misunderstood question/ Question is vague	1	-	1 2.4		-	-	1 0.9	

Comparison Groups: BCDE/FG

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Lowercase letters indicate significance at the 90% level.

Table Q13\_1CODEA Page 101 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Pharmacist Banner

Q13. Which of the following patient groups are recommended to have closer monitoring (including comprehensive evaluation of urologic symptoms) for urinary retention?

		Dispensed POTIGA					
	Pharmacist	< 5 years	5-15 yrs	16-25 yrs	26+ yrs	Yes	No/DK
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Don't know/Do not recall	7 5.3	1 4.0	2 4.9	1 3.1	3 8.8	1 5.6	6 5.3
Total	148	29	49	34	36	21	127

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Physician
Table QSCR3 Page 1S3: How would you classify your primary specialty?
Table TYPE Page 2Type: Physician/Pharmacist
Table QSCR4 Page 3S4: Are you a currently practicing physician? (for physicians only)
Table QSCR5 Page 4S5: Do you currently see and treat patients with epilepsy? (physicians only)
Table QSCR6 Page 5S6: Do you currently fill prescriptions for patients with epilepsy? (pharmacist only)
Table QSCR7 Page 6S7: Please tell me all of the medicines, if any, for which you have written at least one prescription in the past 12 months. (Total Medications - physicians only)
Table QSCR8 Page 9S8: Please tell me all of the medicines, if any, for which you have filled at least one prescription in the past 12 months. (Total Medications - pharmacist only)
Table QSA Page 12SA: How would you classify your primary specialty?
Table QSB Page 13SB: Approximately how many patients have you prescribed anti-epileptic drugs (AEDs) for in the past 12 months?
Table QSC Page 14SC: Please confirm which of the following medicines, if any, you have written at least one prescription for in the past 12 months. (Multiple responses accepted - physicians only)
Table QSD Page 15SD: Approximately how many prescriptions for AEDs have you filled in the past 3 months? (pharmacist only)
Table Q1 Page 16Q1: According to U.S. prescribing information, what is the FDA-approved indication for POTIGA? (Please select all that apply)
Table Q2 Page 17Q2: True or False: According to U.S. prescribing information, POTIGA can be used as monotherapy.
Table Q3 Page 18Q3: Urinary retention - According to U.S. prescribing information, which of the following are potential risks associated with POTIGA? (Please select all that apply)
Table Q4 Page 19Q4: According to U.S. prescribing information, what is the maximum recommended daily maintenance dose of POTIGA for the General Population?
Table Q5 Page 20Q5: According to U.S. prescribing information, which of the following statements, if any, is true? (Please select all that apply)
Table Q6 Page 21Q6: According to U.S. prescribing information, which of the following statements, if any, is true? (Please select all that apply)
Table Q7 Page 22Q7: Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch out for? (Please select all that apply)
Table Q7NET Page 23Q7: Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch out for?

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Table Q8 Page 24	.Q8: If a patient on POTIGA experiences inability to pass urine, what would you advise them to do? (Please select all that apply)
Table Q9 Page 25	.Q9: According to U.S. prescribing information, when increasing the dose, what is the maximum total daily dose at which POTIGA can be increased once every 7 days?
Table Q10 Page 26	.Q10: True or False: According to U.S. prescribing information, for the General Population, the recommended total initial dosage should be 150mg per day for one week.
Table Q11R1 Page 27	.Q11: Moderate to severe renal or hepatic impairment: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
Table Q11R2 Page 28	.Q11: Moderate to severe Crohn's disease: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
Table Q11R3 Page 29	.Q11: Moderate to severe asthma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
Table Q11R4 Page 30	.Q11: Patients over the age of 65 years: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
Table Q11R5 Page 31	.Q11: Moderate to severe glaucoma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
Table Q12 Page 32	.Q12: True or False: It is known from controlled studies that adverse events related to voiding dysfunction generally tend to be reported within the first 6 months after starting POTIGA.
Table Q13 Page 33	.Q13: Which of the following patient groups are recommended to have closer monitoring (including comprehensive evaluation of urologic symptoms) for urinary retention? (Please select all that apply)
Table Q14 Page 34	.Q14: How long have you been practicing medicine?
Table Q15 Page 35	.Q15: How long have you been prescribing anti-epileptic drugs (AEDs)?
Table Q16 Page 36	.Q16: How many months have you been prescribing POTIGA?
Table Q17 Page 37	.Q17: Approximately how many patients have you prescribed POTIGA for in the past 12 months?
Table Q18 Page 38	.Q18: Over the past year, approximately how many prescriptions for AEDs (including new prescriptions and refills) have you written per month on average?
Table Q19 Page 39	.Q19: What is the age range of your current patient population? Please select all categories that you treat.
Table Q20 Page 40	.Q20: Approximately what is the size of your current total patient population?
Table Q21 Page 41	.Q21: Approximately what is the size of your current epilepsy patient population?
Table Q22 Page 42	.Q22: How long have you been a practicing pharmacist?

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Table Q23 Page 43Q23: How long have you been dispensing and/or answering patient questions regarding prescribed AEDs?
Table Q24 Page 44Q24: Have you answered any patient questions related to POTIGA in the past 12 months?
Table Q25 Page 45Q25: Have you dispensed POTIGA in the past 12 months?
Table Q26 Page 46Q26: How many months have you been dispensing POTIGA?
Table Q27 Page 47Q27: Approximately how many patients have you dispensed POTIGA for in the past 12 months?
Table Q28 Page 48Q28: Over the past year, approximately how many prescriptions for anti-epileptic drugs (AEDs) (including new prescriptions and refills) have you filled per month on average?
Table Q29R1 Page 49Q29: POTIGA Dear HCP Letter: Have you learned about the risks associated with the use of POTIGA from any of the following sources?
Table Q29R2 Page 50Q29: GlaxoSmithKline Medical Information: Have you learned about the risks associated with the use of POTIGA from any of the following sources?
Table Q29R3 Page 51Q29: GlaxoSmithKline Promotional Materials: Have you learned about the risks associated with the use of POTIGA from any of the following sources?
Table Q29R4 Page 52Q29: GSK Website: POTIGA.com: Have you learned about the risks associated with the use of POTIGA from any of the following sources?
Table Q29R5 Page 53Q29: GlaxoSmithKline Sales Representatives: Have you learned about the risks associated with the use of POTIGA from any of the following sources?
Table Q29R6 Page 54Q29: GlaxoSmithKline-sponsored Educational Meeting: Have you learned about the risks associated with the use of POTIGA from any of the following sources?
Table Q29R7 Page 55Q29: POTIGA Product Labeling (including Prescribing Information, Medication Guide): Have you learned about the risks associated with the use of POTIGA from any of the following sources?
Table Q29R8 Page 56Q29: Other Healthcare Professionals: Have you learned about the risks associated with the use of POTIGA from any of the following sources?
Table Q30 Page 57Q30: How would you prefer to learn about the risks associated with the use of POTIGA in the future? Please select up to 3 options.
Table Q1_1CODE Page 58Q1. According to U.S. prescribing information, what is the FDA-approved indication for POTIGA?
Table Q2_1CODE Page 60Q2: True or False: According to U.S. prescribing information, POTIGA can be used as monotherapy.
Table Q3_1CODE Page 62Q3. According to U.S. prescribing information, which of the following are potential risks associated with POTIGA?
Table Q4_1CODE Page 65Q4. According to U.S. prescribing information, what is the maximum recommended daily maintenance dose of POTIGA for the General Population?

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- Table Q5\_1CODE Page 68...Q5. According to U.S. prescribing information, which of the following statements, if any, is true?
- Table Q6\_1CODE Page 72...Q6. According to U.S. prescribing information, which of the following statements, if any, is true?
- Table Q7\_1CODE Page 75...Q7. Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch
- Table Q8\_1CODE Page 78...Q8. If a patient on POTIGA experiences inability to pass urine, what would you advise them to do? ?
- Table Q9\_1CODE Page 81...Q9. According to U.S. prescribing information, when increasing the dose, what is the maximum total daily dose at which POTIGA can be increased once every 7 days?
- Table Q10\_1CODE Page 85...Q10: True or False: According to U.S. prescribing information, for the General Population, the recommended total initial dosage should be 150mg per day for one week.
- Table Q11\_1ACODE Page 88...Q11A: Moderate to severe renal or hepatic impairment: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
- Table Q11\_1BCODE Page 90...Q11B: Moderate to severe Crohn's disease: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
- Table Q11\_1CCODE Page 92...Q11C: Moderate to severe asthma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
- Table Q11\_1DCODE Page 94...Q11D: Patients over the age of 65 years: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
- Table Q11\_1ECODEA Page 97...Q11E: Moderate to severe glaucoma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?
- Table Q12\_1CODE Page 98...Q12: True or False: It is known from controlled studies that adverse events related to voiding dysfunction generally tend to be reported within the first 6 months after starting POTIGA.
- Table Q13\_1CODEA Page 100...Q13. Which of the following patient groups are recommended to have closer monitoring (including comprehensive evaluation of urologic symptoms) for urinary retention?

Table QSCR3 Page 1 May 15, 2013

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S3: How would you classify your primary specialty?

		Years Prescribing AED Drugs				Months Prescribing POTIGA				# Pats Presb		# Precrpt AEDs		Tot Patient		
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)	
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92	
Neurology	126 75.0	3 50.0	50 69.4	49 83.1 C	24 77.4	13 81.2	40 72.7	42 84.0 i	28 66.7	70 80.5 k	56 69.1		67 66.3		75 81.5 N	
Neurosurgery	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Epileptology	42 25.0	3 50.0	22 30.6 d	10 16.9	7 22.6	3 18.8	15 27.3	8 16.0	14 33.3 h	17 19.5	25 30.9 j		34 33.7 L	32.9	18.5	
Pharmacy (Community/ Retail)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Pharmacy (Hospital/ Clinical)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92	

Table TYPE Page 2 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Type: Physician/Pharmacist

		Years	Prescrib	ing AED	Drugs	Months Prescribing POTIGA				# Pats	Presb	# Precrpt AEDs		Tot Patient	
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Physician	168 100.0	6 100.0	72 100.0	59 100.0	31 100.0	16 100.0	55 100.0	50 100.0	42 100.0	87 100.0	81 100.0	67 100.0	101 100.0	76 100.0	92 100.0
Pharmacist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92

Table QSCR4 Page 3 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

S4: Are you a currently practicing physician? (for physicians only)

		Years	Prescrib	ing AED	Drugs	Months Prescribing POTIGA				# Pats Presb		# Precrpt AEDs		Tot Patient			
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000		
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)		
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92		
Yes	168 100.0	6 100.0	72 100.0	59 100.0	31 100.0	16 100.0	55 100.0	50 100.0	42 100.0	87 100.0	81 100.0	67 100.0	101 100.0	76 100.0	92 100.0		
No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Don't know	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92		

Table QSCR5 Page 4 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

S5: Do you currently see and treat patients with epilepsy? (physicians only)

		Years	Prescrib	ing AED	Drugs	Months Prescribing POTIGA				# Pats Presb		# Precrpt AEDs		Tot Patient		
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)	
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92	
Yes	168 100.0	6 100.0	72 100.0	59 100.0	31 100.0	16 100.0	55 100.0	50 100.0	42 100.0	87 100.0	81 100.0	67 100.0	101 100.0	76 100.0	92 100.0	
No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Don't know	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92	

Table QSCR6 Page 5 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

S6: Do you currently fill prescriptions for patients with epilepsy? (pharmacist only)

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot Pa	tient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Yes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Don't know	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Table QSCR7 Page 6 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

S7: Please tell me all of the medicines, if any, for which you have written at least one prescription in the past 12 months. (Total Medications - physicians only)

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Ativan (Lorazepam)	167 99.4	6 100.0	72 100.0	59 100.0	30 96.8	16 100.0	55 100.0	50 100.0	41 97.6	86 98.9	81 100.0	66 98.5	101 100.0	75 98.7	92 100.0
Carbatrol (Carbamazepine)	83 49.4	-	36 50.0	29 49.2	18 58.1	6 37.5	31 56.4	24 48.0	21 50.0	41 47.1	42 51.9	30 44.8	53 52.5	37 48.7	46 50.0
Celontin (Methsuximide)	28 16.7	-	14 19.4	9 15.3	5 16.1	3 18.8	8 14.5	8 16.0	9 21.4	12 13.8	16 19.8	8 11.9	20 19.8	10 13.2	18 19.6
Cerebyx (Fosphenytoin sodium)	64 38.1	-	28 38.9	22 37.3	14 45.2	5 31.2	20 36.4	21 42.0	17 40.5	29 33.3	35 43.2	23 34.3	41 40.6	27 35.5	37 40.2
Depakote/Depakote ER/ Depakote Sprinkle (Divalproex Sodium)	168 100.0	6 100.0	72 100.0	59 100.0	31 100.0	16 100.0	55 100.0	50 100.0	42 100.0	87 100.0	81 100.0	67 100.0	101 100.0	76 100.0	92 100.0
Depacon (Valproate sodium)	75 44.6	-	33 45.8	27 45.8	15 48.4	5 31.2	27 49.1	23 46.0	19 45.2	35 40.2	40 49.4	26 38.8	49 48.5	32 42.1	43 46.7
Depakene (Valproic acid)	76 45.2	-	35 48.6	26 44.1	15 48.4	5 31.2	27 49.1	24 48.0	19 45.2	36 41.4	40 49.4	27 40.3	49 48.5	32 42.1	44 47.8
Diastat (Diazepam)	79 47.0	-	34 47.2	28 47.5	17 54.8	6 37.5	30 54.5	22 44.0	20 47.6	41 47.1	38 46.9	28 41.8	51 50.5	34 44.7	45 48.9
Dilantin (Phenytoin)	162 96.4	6 100.0 C	68 94.4	57 96.6	31 100.0 C	16 100.0 i	54 98.2	48 96.0	39 92.9	86 98.9 k	76 93.8	64 95.5	98 97.0	73 96.1	89 96.7
Felbatol (Felbamate)	53 31.5	-	27 37.5 d	14 23.7	12 38.7	6 37.5	18 32.7	18 36.0	10 23.8	25 28.7	28 34.6	15 22.4	38 37.6 L	20 26.3	33 35.9

Comparison Groups: BCDE/FGHI/JK/LM/NO

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level. Lowercase letters indicate significance at the 90% level.

Table QSCR7 Page 7 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

S7: Please tell me all of the medicines, if any, for which you have written at least one prescription in the past 12 months. (Total Medications - physicians only)

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5				< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Gabitril (Tiagabine hydrochloride)	52 31.0	-	23 31.9	14 23.7	15 48.4 D	3 18.8	16 29.1	18 36.0	14 33.3	19 21.8	33 40.7 J	17 25.4	35 34.7		28 30.4
Keppra (Levetiracetam)	167 99.4	6 100.0	71 98.6	59 100.0	31 100.0	16 100.0	55 100.0	49 98.0	42 100.0	87 100.0	80 98.8	67 100.0	100 99.0	76 100.0	91 98.9
Klonopin (Clonazepam)	83 49.4	-	36 50.0	29 49.2	18 58.1	6 37.5	31 56.4	24 48.0	21 50.0	41 47.1	42 51.9	30 44.8	53 52.5	37 48.7	46 50.0
Lamictal (Lamotrigine)	168 100.0	6 100.0	72 100.0	59 100.0	31 100.0	16 100.0	55 100.0	50 100.0	42 100.0	87 100.0	81 100.0	67 100.0	101 100.0	76 100.0	92 100.0
Lorazepam Intensol (Lorazepam)	73 43.5	-	34 47.2	25 42.4	14 45.2	6 37.5	26 47.3	21 42.0	19 45.2	34 39.1	39 48.1	22 32.8	51 50.5 L	34 44.7	39 42.4
Lyrica (Pregabalin)	83 49.4	-	37 51.4	29 49.2	17 54.8	6 37.5	31 56.4	24 48.0	21 50.0	42 48.3	41 50.6	31 46.3	52 51.5	36 47.4	47 51.1
Mebaral (Mephobarbital)	21 12.5	-	9 12.5	6 10.2	6 19.4	-	7 12.7	9 18.0	4 9.5	8 9.2	13 16.0	7 10.4	14 13.9		15 16.3 n
Mysoline (Primidone)	75 44.6	-	32 44.4	27 45.8	16 51.6	5 31.2	28 50.9	22 44.0	19 45.2	38 43.7	37 45.7	28 41.8	47 46.5	33 43.4	42 45.7
Neurontin (Gabapentin)	167 99.4	6 100.0	71 98.6	59 100.0	31 100.0	16 100.0	54 98.2	50 100.0	42 100.0	87 100.0	80 98.8	67 100.0	100 99.0	76 100.0	91 98.9
Peganone (Ethotoin)	21 12.5	-	11 15.3	7 11.9	3 9.7	-	10 18.2	6 12.0	5 11.9	7 8.0	14 17.3 j	7 10.4	14 13.9		14 15.2

Comparison Groups: BCDE/FGHI/JK/LM/NO

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level. Lowercase letters indicate significance at the 90% level.

Table QSCR7 Page 8 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

S7: Please tell me all of the medicines, if any, for which you have written at least one prescription in the past 12 months. (Total Medications - physicians only)

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO'	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Potiga (Ezogabine)	168 100.0	6 100.0	72 100.0	59 100.0	31 100.0	16 100.0	55 100.0	50 100.0	42 100.0	87 100.0	81 100.0		101 100.0	76 100.0	92 100.0
Tegretol/Tegretol XR (Carbamazepine)	83 49.4	-	36 50.0	29 49.2	18 58.1	6 37.5	31 56.4	24 48.0	21 50.0	41 47.1	42 51.9		53 52.5	37 48.7	46 50.0
Topamax (Topiramate)	157 93.5	5 83.3	66 91.7	56 94.9	30 96.8	15 93.8	52 94.5	47 94.0	39 92.9	79 90.8	78 96.3		95 94.1	70 92.1	87 94.6
Tranxene (Clorazepate dipotassium)	52 31.0	-	23 31.9	18 30.5	11 35.5	3 18.8	17 30.9	17 34.0	14 33.3	25 28.7	27 33.3		40 39.6 L	23 30.3	29 31.5
Trileptal (Oxcarbazepine)	82 48.8	-	35 48.6	29 49.2	18 58.1	6 37.5	30 54.5	23 46.0	22 52.4	41 47.1	41 50.6		53 52.5	36 47.4	46 50.0
Valium (Diazepam)	81 48.2	-	35 48.6	28 47.5	18 58.1	6 37.5	30 54.5	23 46.0	21 50.0	40 46.0	41 50.6		52 51.5	37 48.7	44 47.8
Zonegran (Zonisamide)	81 48.2	-	35 48.6	28 47.5	18 58.1	6 37.5	30 54.5	23 46.0	21 50.0	40 46.0	41 50.6		52 51.5	36 47.4	45 48.9
NONE OF THESE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	2569	47	1117	891	514	216	883	768	646	1281	1288	955	1614	1136	1433

Table QSCR8 Page 9 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

S8: Please tell me all of the medicines, if any, for which you have filled at least one prescription in the past 12 months. (Total Medications - pharmacist only)

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot P	atient	
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)	
Total Answering	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Ativan (Lorazepam)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Carbatrol (Carbamazepine)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Celontin (Methsuximide)	-	-	-	-	-	-	-	-	-	-	-	_	-	-	-	
Cerebyx (Fosphenytoin sodium)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Depakote/Depakote ER/ Depakote Sprinkle (Divalproex Sodium)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Depacon (Valproate sodium)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Depakene (Valproic acid)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Diastat (Diazepam)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Dilantin (Phenytoin)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Felbatol (Felbamate)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

Table QSCR8 Page 10 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

S8: Please tell me all of the medicines, if any, for which you have filled at least one prescription in the past 12 months. (Total Medications - pharmacist only)

		Years Prescribing AED Drugs				Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot P	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Gabitril (Tiagabine hydrochloride)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Keppra (Levetiracetam)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Klonopin (Clonazepam)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lamictal (Lamotrigine)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lorazepam Intensol (Lorazepam)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lyrica (Pregabalin)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mebaral (Mephobarbital)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mysoline (Primidone)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Neurontin (Gabapentin)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Peganone (Ethotoin)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Potiga (Ezogabine)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Comparison Groups: BCDE/FGHI/JK/LM/NO Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions) Uppercase letters indicate significance at the 95% level. Lowercase letters indicate significance at the 90% level.

Table QSCR8 Page 11 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

S8: Please tell me all of the medicines, if any, for which you have filled at least one prescription in the past 12 months. (Total Medications - pharmacist only)

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot P	atient	
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)	
Tegretol/Tegretol XR (Carbamazepine)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Topamax (Topiramate)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Tranxene (Clorazepate dipotassium)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Trileptal (Oxcarbazepine)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Valium (Diazepam)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Zonegran (Zonisamide)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
NONE OF THESE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	-	_	_	_	_	_	_	_	-	_	_	-	_	_	_	

Table QSA Page 12 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

SA: How would you classify your primary specialty?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	ΓΙGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Neurology	108 64.3	3 50.0	39 54.2	42 71.2 C	24 77.4 C	11 68.8	35 63.6	35 70.0	23 54.8	63 72.4 K	45 55.6		52 51.5		63 68.5
Neurosurgery	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Epileptology	60 35.7	3 50.0	33 45.8 DE	17 28.8	7 22.6	5 31.2	20 36.4	15 30.0	19 45.2	24 27.6	36 44.4 J		49 48.5 L		29 31.5
Pharmacy (Community/ Retail)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pharmacy (Hospital/ Clinical)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92

Table QSB Page 13 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

SB: Approximately how many patients have you prescribed anti-epileptic drugs (AEDs) for in the past 12 months?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO'	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient	
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)	
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92	
None	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
1-2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
3-10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
11-20	1 0.6	-	11.4	-	-	-	-	-	1 2.4	-	1	-	1.0	-	1.1	
More than 20 patients	167 99.4	6 100.0	71 98.6	59 100.0	31 100.0	16 100.0	55 100.0	50 100.0	41 97.6	87 100.0	80 98.8		100 99.0		91 98.9	
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92	

Table QSC Page 14 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

SC: Please confirm which of the following medicines, if any, you have written at least one prescription for in the past 12 months. (Multiple responses accepted - physicians only)

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Lamictal (Lamotrigine)	168 100.0	6 100.0	72 100.0	59 100.0	31 100.0	16 100.0	55 100.0	50 100.0	42 100.0	87 100.0	81 100.0	67 100.0	101 100.0	76 100.0	92 100.0
Lyrica (Pregabalin)	161 95.8	6 100.0 C	68 94.4	57 96.6	30 96.8	15 93.8	53 96.4	46 92.0	42 100.0 H	82 94.3	79 97.5	65 97.0	96 95.0	71 93.4	90 97.8
Potiga (Ezogabine)	168 100.0	6 100.0	72 100.0	59 100.0	31 100.0	16 100.0	55 100.0	50 100.0	42 100.0	87 100.0	81 100.0	67 100.0	101 100.0	76 100.0	92 100.0
Tegretol/Tegretol XR (Carbamazepine)	164 97.6	6 100.0 c	69 95.8	58 98.3	31 100.0 c	16 100.0 H	55 100.0 H	46 92.0	42 100.0 H	85 97.7	79 97.5	65 97.0	99 98.0	74 97.4	90 97.8
Topamax (Topiramate)	167 99.4	6 100.0	72 100.0	59 100.0	30 96.8	16 100.0	55 100.0	49 98.0	42 100.0	86 98.9	81 100.0	66 98.5	101 100.0	75 98.7	92 100.0
None of the above	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	828	30	353	292	153	79	273	241	210	427	401	330	498	372	456

Table QSD Page 15 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

SD: Approximately how many prescriptions for AEDs have you filled in the past 3 months? (pharmacist only)

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot P	atient	
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)	
Total Answering	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
None	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
1-2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
3-10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
11-20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
More than 20 prescriptions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	

Table Q1 Page 16 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q1: According to U.S. prescribing information, what is the FDA-approved indication for POTIGA? (Please select all that apply)

		Years Prescribing AED Drugs			Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient	
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Migraine	2 1.2	-	2 2.8	-	-	-	1	1 2.0	-	1	1.2		1.0	-	2 2.2
Partial-onset seizures	164 97.6	6 100.0	71 98.6	58 98.3	29 93.5	16 100.0	54 98.2	49 98.0	42 100.0	83 95.4	81 100.0 J		100 99.0	75 98.7	89 96.7
Generalized tonic clonic seizures	9 5.4	-	3 4.2	5 8.5	1 3.2	-	3 5.5	4 8.0	1 2.4	4 4.6	5 6.2		44.0	1.3	8 8.7 N
None of the above	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
I don't know	2 1.2	-	-	1	1 3.2	-	-	1 2.0	-	2 2.3	-	2 3.0	-	-	2 2.2
Total	177	6	76	64	31	16	58	55	43	90	87	72	105	76	101

Table Q2 Page 17 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q2: True or False: According to U.S. prescribing information, POTIGA can be used as monotherapy.

		Years	Prescrib	ing AED	Drugs	Months	s Prescr	ibing PO	ΓIGA	# Pats	Presb	# Precrp	ot AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
True	8 4.8	-	3 4.2	3 5.1	2 6.5	-	2 3.6	3 6.0	2 4.8	4 4.6	4 4.9		5 5.0	1.3	7 7.6 N
False	153 91.1	6 100.0 CDE	65 90.3	55 93.2	27 87.1	15 93.8	52 94.5	45 90.0	38 90.5	80 92.0	73 90.1		93 92.1	72 94.7	81 88.0
I don't know	7 4.2	-	4 5.6	1	2 6.5	1 6.2	1	2 4.0	2 4.8	3 3.4	4 4.9		3.0		4 4.3
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92

Table Q3 Page 18 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q3: Urinary retention - According to U.S. prescribing information, which of the following are potential risks associated with POTIGA? (Please select all that apply)

		Years	Prescrib	ing AED	Drugs	Months	s Prescr	ibing PO'	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Urinary retention	143 85.1	5 83.3	62 86.1	50 84.7	26 83.9	14 87.5	44 80.0	43 86.0	39 92.9 g	74 85.1	69 85.2		85 84.2		74 80.4
Pancreatitis	9 5.4	-	4 5.6	4 6.8	1 3.2	2 12.5	5 9.1	2.0	1 2.4	6 6.9	3 3.7	1 1.5	8 7.9 L	2.6	7 7.6
Ischemic colitis	3 1.8	-	2 2.8	1.7	-	1 6.2	2 3.6	-	-	3 3.4	-	1 1.5	2.0	2 2 . 6	1
I don't know	19 11.3	1 16.7	8 11.1	6 10.2	4 12.9	1 6.2	8 14.5 i	6 12.0	2 4.8	10 11.5	9 11.1		11 10.9	6 7.9	13 14.1
Total	174	6	76	61	31	18	59	50	42	93	81	68	106	79	95

Table Q4 Page 19 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q4: According to U.S. prescribing information, what is the maximum recommended daily maintenance dose of POTIGA for the General Population?

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO'	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
600mg	11 6.5	-	4 5.6	3 5.1	4 12.9	-	4 7.3	2 4.0	5 11.9	5 5.7	6 7.4		5 5.0	9 11.8 O	2 2.2
900mg	13 7.7	-	5 6.9	6 10.2	2 6.5	1 6.2	3 5.5	5 10.0	4 9.5	3 3 . 4	10 12.3 J		7 6.9		7 7.6
1200mg	114 67.9	5 83.3	52 72.2	39 66.1	18 58.1	8 50.0	37 67.3	35 70.0	31 73.8 f	55 63.2	59 72.8		71 70.3		61 66.3
2000mg	1 0.6	-	-	1 1.7	-	-	1	-	-	1 1.1	-	1 1.5	-	1.3	-
None of the above	4 2.4	-	3 4.2	-	1 3.2	-	2 3.6	1 2.0	1 2.4	4 4.6	-	2 3.0	2.0	-	44.3
I don't know	27 16.1	1 16.7	10 13.9	10 16.9	6 19.4	7 43.8 GHI	8 14.5	7 14.0	3 7.1	19 21.8 K	8 9.9		18 17.8	9 11.8	18 19.6
Total	170	6	74	59	31	16	55	50	44	87	83	67	103	78	92

Table Q5 Page 20 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q5: According to U.S. prescribing information, which of the following statements, if any, is true? (Please select all that apply)

		Years	Prescrib	oing AED	Drugs	Months	s Prescr	ibing PO	ΓIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
The oldest age at which POTIGA can be used is 65	6 3.6	-	3 4.2	1 1.7	2 6.5	-	1 1.8	3 6.0	2 4.8	-	6 7.4		3 . 0		5 5.4
There are no lower age	11 6.5	1 16.7	4 5.6	3 5.1	3 9.7	1 6.2	3 5.5	5 10.0	2 4.8	4 4.6	7 8.6		8 7.9	4 5.3	7 7.6
The youngest age at which POTIGA can be used	22 13.1	2 33.3	5 6.9	10 16.9	5 16.1	2	5 9.1	7	8	9	13 16.0	10	12 11.9	10	
is 12	104	2	4.5	c 36	2.0	0	2.6	2.2	2.4	5.4	F.0	42	61	4.4	60
The youngest age at which POTIGA can be used is 18	104 61.9	50.0	45 62.5	61.0	20 64.5	8 50.0	36 65.5	33 66.0	24 57.1	54 62.1	50 61.7		61 60.4		60 65.2
None of the above	9 5.4	-	4 5.6	4 6.8	1 3.2	1 6.2	1.8	2 4.0	5 11.9 g	3 3.4	6 7.4		6 5.9	4 5.3	5 5.4
I don't know	25 14.9	-	14 19.4	8 13.6	3 9.7	4 25.0	10 18.2	5 10.0	4 9.5	17 19.5 k	8 9.9		15 14.9		11 12.0
Total	177	6	75	62	34	16	56	55	45	87	90	72	105	77	100

Table Q6 Page 21 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q6: According to U.S. prescribing information, which of the following statements, if any, is true? (Please select all that apply)

		Years	Prescrib	ing AED	Drugs	Months	s Prescr	ibing POT	ГIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
POTIGA should always be taken with food	6 3.6	1 16.7	1 1.4	2 3.4	2 6.5	-	1	3 6.0	1 2.4	2 2.3	4 4.9		44.0		5 5.4
POTIGA should always be taken on its own, without food	1.2	-	-	2 3.4	-	-	1	1 2.0	-	11.1	1.2		2.0		2 2.2
POTIGA can be taken with or without food	116 69.0	3 50.0	53 73.6	40 67.8	20 64.5	10 62.5	34 61.8	34 68.0	37 88.1 fGH	53 60.9	63 77.8 J		70 69.3		59 64.1
None of the above	2 1.2	-	2 2.8	-	-	-	1	-	1 2.4	1	1 1.2		1.0	2.6	-
I don't know	42 25.0	33.3	16 22.2	15 25.4	9 29.0	6 37.5 I	18 32.7 I	12 24.0 I	3 7.1	30 34.5 K	12 14.8		24 23.8		26 28.3
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92

Table Q7 Page 22 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q7: Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch out for? (Please select all that apply)

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO	ΓIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Pain when urinating	38 22.6	2 33.3	17 23.6	10 16.9	9 29.0	3 18.8	11 20.0	9 18.0	14 33.3 h	20 23.0	18 22.2		22 21.8	22 28.9 0	16 17.4
Difficulty starting urination	98 58.3	5 83.3 D	44 61.1	28 47.5	21 67.7 d	11 68.8	29 52.7	28 56.0	28 66.7	55 63.2	43 53.1	40 59.7	58 57.4	50 65.8 o	48 52.2
Renal colic	17 10.1	3 50.0 CdE	6 8.3	6 10.2	2 6.5	1 6.2	7 12.7 H	1 2.0	7 16.7 H	11 12.6	6 7.4	7 10.4	10 9.9	8 10.5	9 9.8
Inability to urinate	129 76.8	4 66.7	53 73.6	49 83.1	23 74.2	12 75.0	41 74.5	37 74.0	36 85.7	65 74.7	64 79.0		80 79.2	62 81.6	67 72.8
None of the above	1 0.6	-	1 1.4	-	-	-	-	2.0	-	1 1.1	-	1 1.5	-	1.3	-
I don't know	12 7.1	1 16.7	3 4.2	5 8.5	3 9.7	1 6.2	4 7.3	5 10.0	-	7 8.0	5 6.2		7 6.9	3 3.9	9 9.8
Total	295	15	124	98	58	28	92	81	85	159	136	118	177	146	149

Table Q7NET Page 23 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q7: Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch out for?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	tient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Correct response (1,2,4)	23 13.7	-	12 16.7 d	4 6.8	7 22.6 d	2 12.5	4 7.3	7 14.0	10 23.8 G	9 10.3	14 17.3	10 14.9	13 12.9	15 19.7 O	8 8.7
Incorrect response	145 86.3	6 100.0 CDE	60 83.3	55 93.2 ce	24 77.4	14 87.5	51 92.7 I	43 86.0	32 76.2	78 89.7	67 82.7	57 85.1	88 87.1	61 80.3	84 91.3 N
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92

Table Q8 Page 24 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q8: If a patient on POTIGA experiences inability to pass urine, what would you advise them to do? (Please select all that apply)

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot P	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Report the issue at their next doctor's appointment	6 3.6	-	4 5.6	1.7	1 3.2	-	4 7.3	2 4.0	-	1.1	5 6.2 j		3.0	1.3	
Drink more water	6 3.6	-	2 2.8	3 5.1	1 3.2	1 6.2	1 1.8	3 6.0	1 2.4	2 2.3	4 4.9		44.0		
Seek immediate medical attention	139 82.7	6 100.0 CDE	58 80.6	51 86.4	24 77.4	14 87.5	45 81.8	39 78.0	37 88.1	73 83.9	66 81.5		85 84.2		77.2
Stop taking POTIGA	68 40.5	3 50.0	35 48.6 D	18 30.5	12 38.7	8 50.0	26 47.3 i	20 40.0	13 31.0	34 39.1	34 42.0		45 44.6		
None of the above	2 1.2	-	-	-	2 6.5	-	-	2.0	1 2.4	1 1.1	1.2	3.0	-	1.3	1 1.1
I don't know	3 1.8	-	1 1.4	1 1.7	1 3.2	-	1.8	1 2.0	-	2 2.3	1.2	3.0	1.0	-	3 3.3
Total	224	9	100	74	41	23	77	66	52	113	111	86	138	103	121

Table Q9 Page 25 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q9: According to U.S. prescribing information, when increasing the dose, what is the maximum total daily dose at which POTIGA can be increased once every 7 days?

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO	riga	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Total daily dose increased by 50mg/day	21 12.5	-	11 15.3	7 11.9	3 9.7	2 12.5	11 20.0 H	2 4.0	4 9.5	14 16.1	7 8.6		13 12.9	8 10.5	
Total daily dose increased by 150mg/day	100 59.5	4 66.7	47 65.3	31 52.5	18 58.1	8 50.0	32 58.2	34 68.0	25 59.5	46 52.9	54 66.7 j		61 60.4	54 71.1 O	50.0
Total daily dose increased by 200mg/day	8 4.8	-	5 6.9	1 1.7	2 6.5	1 6.2	-	4 8.0	3 7.1	4 4.6	4 4.9	4 6.0	4.0	4 5.3	4 4.3
Total daily dose increased by 300mg/day	13 7.7	1 16.7	2 2 . 8	8 13.6 C	2 6.5	2 12.5	4 7.3	3 6.0	4 9.5	9 10.3	4 4.9		5 5.0	3.9	10 10.9 n
None of the above	4 2.4	-	11.4	2 3.4	1 3.2	-	-	2 4.0	2 4.8	-	4 4.9		3.0	2.6	
I don't know	22 13.1	1 16.7	6 8.3	10 16.9	5 16.1	3 18.8	8 14.5	5 10.0	4 9.5	14 16.1	8 9.9		15 14.9	5 6.6	17 18.5 N
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92

Table Q10 Page 26 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q10: True or False: According to U.S. prescribing information, for the General Population, the recommended total initial dosage should be  $150\,\mathrm{mg}$  per day for one week.

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	tient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
True	54 32.1	1 16.7	18 25.0	25 42.4 C	10 32.3	5 31.2	16 29.1	19 38.0	13 31.0	27 31.0	27 33.3	19 28.4	35 34.7	21 27.6	33 35.9
False	92 54.8	4 66.7	46 63.9 D	27 45.8	15 48.4	7 43.8	32 58.2	24 48.0	27 64.3	44 50.6	48 59.3	39 58.2	53 52.5	47 61.8 0	45 48.9
I don't know	22 13.1	1 16.7	8 11.1	7 11.9	6 19.4	25.0 i	7 12.7	7 14.0	2 4.8	16 18.4 K	6 7.4		13 12.9	8 10.5	14 15.2
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92

Table Q11R1 Page 27 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q11: Moderate to severe renal or hepatic impairment: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

		Years	Years Prescribing AED Drugs				s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	tient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Yes	147 87.5	5 83.3	66 91.7	51 86.4	25 80.6	14 87.5	51 92.7	43 86.0	37 88.1	78 89.7	69 85.2		90 89.1	66 86.8	81 88.0
No	8 4.8	-	4 5.6	2 3.4	2 6.5	-	1	4 8.0	3 7.1	2 2.3	6 7.4		4.0		2 2.2
Don't know	13 7.7	1 16.7	2 2.8	6 10.2 c	4 12.9	2 12.5	3 5.5	3 6.0	2 4.8	7 8.0	6 7.4		7 6.9	4 5.3	9 9.8
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92

Table Q11R2 Page 28 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q11: Moderate to severe Crohn's disease: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	tient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Yes	18 10.7	1 16.7	4 5.6	11 18.6 Ce	2 6.5	1 6.2	6 10.9	6 12.0	5 11.9	8 9.2	10 12.3		9 8.9	8 10.5	10 10.9
No	87 51.8	2 33.3	46 63.9 De	25 42.4	14 45.2	7 43.8	24 43.6	28 56.0	27 64.3 G	48 55.2	39 48.1		52 51.5	44 57.9	43 46.7
Don't know	63 37.5	3 50.0	22 30.6	23 39.0	15 48.4 c	8 50.0 i	25 45.5 I	16 32.0	10 23.8	31 35.6	32 39.5		40 39.6	24 31.6	39 42.4
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92

Table Q11R3 Page 29 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q11: Moderate to severe asthma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

		Years	Prescrib	ing AED	Drugs	Months	s Prescr	ibing PO	riga	# Pats 1	Presb	# Precrp	ot AEDs	Tot Pa	tient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Yes	6 3.6	-	2.8	1.7	3 9.7	1 6.2	-	2 4.0	3 7.1	11.1	5 6.2 j	1 1.5	5 5.0	3 3.9	3 3.3
No	106 63.1	2 33.3	51 70.8 bE	38 64.4	15 48.4	8 50.0	32 58.2	36 72.0	29 69.0	52 59.8	54 66.7	41 61.2	65 64.4	55 72.4 O	51 55.4
Don't know	56 33.3	4 66.7 C	19 26.4	20 33.9	13 41.9	7 43.8	23 41.8 Hi	12 24.0	10 23.8	34 39.1 k	22 27.2	25 37.3	31 30.7	18 23.7	38 41.3 N
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92

Table Q11R4 Page 30 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q11: Patients over the age of 65 years: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO'	riga	# Pats	Presb	# Precrp	t AEDs	Tot Pa	tient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Yes	93 55.4	6 100.0 CDE	36 50.0	35 59.3	16 51.6	11 68.8 g	25 45.5	30 60.0	25 59.5	49 56.3	44 54.3		61 60.4	48 63.2 o	45 48.9
No	39 23.2	-	20 27.8	12 20.3	7 22.6	1 6.2	14 25.5 F	12 24.0 F	12 28.6 F	17 19.5	22 27.2	20 29.9	19 18.8	16 21.1	23 25.0
Don't know	36 21.4	-	16 22.2	12 20.3	8 25.8	4 25.0	16 29.1 I	8 16.0	5 11.9	21 24.1	15 18.5		21 20.8	12 15.8	24 26.1 n
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92

Table Q11R5 Page 31 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q11: Moderate to severe glaucoma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	riga	# Pats	Presb	# Precrp	t AEDs	Tot Pa	tient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Yes	20 11.9	1 16.7	5 6.9	10 16.9 c	4 12.9	5 31.2 gi	5 9.1	6 12.0	4 9.5	10 11.5	10 12.3		13 12.9	11 14.5	9 9.8
No	79 47.0	3 50.0	38 52.8	25 42.4	13 41.9	4 25.0	21 38.2	26 52.0 F	27 64.3 FG	33 37.9	46 56.8 J		48 47.5	39 51.3	40 43.5
Don't know	69 41.1	2 33.3	29 40.3	24 40.7	14 45.2	7 43.8	29 52.7 hI	18 36.0	11 26.2	44 50.6 K	25 30.9		40 39.6	26 34.2	43 46.7 n
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92

Table Q12 Page 32 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q12: True or False: It is known from controlled studies that adverse events related to voiding dysfunction generally tend to be reported within the first 6 months after starting POTIGA.

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
True	124 73.8	3 50.0	51 70.8	45 76.3	25 80.6	15 93.8 GHI	42 76.4	34 68.0	31 73.8	67 77.0	57 70.4		76 75.2		65 70.7
False	8 4.8	1 16.7	2 2.8	4 6.8	1 3.2	-	2 3.6	4 8.0	1 2.4	5 5.7	3 . 7		2.0		7 7.6 N
I don't know	36 21.4	2 33.3	19 26.4	10 16.9	5 16.1	1 6.2	11 20.0 f	12 24.0 F	10 23.8 F	15 17.2	21 25.9		23 22.8	16 21.1	20 21.7
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92

Table Q13 Page 33 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q13: Which of the following patient groups are recommended to have closer monitoring (including comprehensive evaluation of urologic symptoms) for urinary retention? (Please select all that apply)

		Years Prescribing AED Drugs					s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot P	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Patients with benign prostatic hyperplasia (BPH)	144 85.7	5 83.3	62 86.1	52 88.1	25 80.6	16 100.0 GHI	47 85.5	41 82.0	37 88.1	79 90.8 k	65 80.2		85 84.2	65 85.5	
Patients who are unable to communicate clinical symptoms (e.g. cognitively impaired patients)	134 79.8	5 83.3	56 77.8	49 83.1	24 77.4	14 87.5	45 81.8	37 74.0	36 85.7	70 80.5	64 79.0		80 79.2	67 88.2 O	72.8
Patients who use concomitant medications that may affect voiding (e.g. anti-cholinergics)	138 82.1	6 100.0 CDE	56 77.8	51 86.4	25 80.6	16 100.0 GHI	49 89.1 h	38 76.0	33 78.6	74 85.1	64 79.0		80 79.2	65 85.5	
Patients who use non- steroidal anti- inflammatory drugs (NSAIDs)	13 7.7	1 16.7	4 5.6	7 11.9	1 3.2	25.0 h	6 10.9	3 6.0	-	10 11.5 k	3 3.7	4 6.0	9 8.9	6 7.9	
Patients who are obese	4 2.4	-	1 1.4	3 5.1	-	-	3 5.5	1 2.0	-	3 3.4	1.2		3.0	-	4 4.3
None of the above	1 0.6	-	1 1.4	-	-	-	-	-	1 2.4	-	1.2		1.0		1
I don't know	11 6.5	-	6 8.3	2 3.4	3 9.7	-	1 1.8	7 14.0 GI	1 2.4	5 5.7	6 7.4		8 7.9		
Total	445	17	186	164	78	50	151	127	108	241	204	179	266	208	237

Comparison Groups: BCDE/FGHI/JK/LM/NO

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Lowercase letters indicate significance at the 90% level.

Table Q14 Page 34 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q14: How long have you been practicing medicine?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Less than 5 years	8 4.8	5 83.3 CD	2 2 . 8	1.7	-	2 12.5	3 5.5	1 2.0	1 2.4	6.9	2 2.5	4 6.0	4.0	4 5.3	4 4.3
5-15 years	69 41.1	1 16.7	63 87.5 BD	5 8.5	-	4 25.0	22 40.0	26 52.0 F	16 38.1	31 35.6	38 46.9		46 45.5	40 52.6 O	29 31.5
16-25 years	61 36.3	-	6 8.3	51 86.4 CE	4 12.9	6 37.5	21 38.2	17 34.0	16 38.1	33 37.9	28 34.6		36 35.6	18 23.7	43 46.7 N
26-35 years	25 14.9	-	11.4	2 3.4	22 71.0 CD	4 25.0	8 14.5	5 10.0	7 16.7	13 14.9	12 14.8		15 14.9	11 14.5	
More than 35 years	5 3.0	-	-	-	5 16.1	-	1	1 2.0	2 4.8	4 4.6	1.2	5 7.5	-	3 3.9	2 2.2
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92

Table Q15 Page 35 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q15: How long have you been prescribing anti-epileptic drugs (AEDs)?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO'	riga	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Less than 5 years	6 3.6	6 100.0	-	-	-	2 12.5	1.8	-	2 4.8	5 5.7	1.2		2.0		2 2 . 2
5-15 years	72 42.9	-	72 100.0	-	-	5 31.2	25 45.5	25 50.0	16 38.1	33 37.9	39 48.1		48 47.5		32 34.8
16-25 years	59 35.1	-	-	59 100.0	-	6 37.5	19 34.5	19 38.0	14 33.3	32 36.8	27 33.3		36 35.6		41 44.6 N
26-35 years	26 15.5	-	-	-	26 83.9	2 12.5	10 18.2	5 10.0	8 19.0	13 14.9	13 16.0		14 13.9		14 15.2
More than 35 years	5 3.0	-	-	-	5 16.1	1 6.2	-	1 2.0	2 4.8	4 4.6	1.2		1.0	2.6	3 3 . 3
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92

Table Q16 Page 36 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q16: How many months have you been prescribing POTIGA?

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precr	pt AEDs	Tot P	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Less than 1	16	2	5	6	3	16	_	_	_	14	2	7	9	7	9
	9.5	33.3	6.9	10.2	9.7	100.0				16.1 K	2.5	10.4	8.9	9.2	9.8
1-3	55	1	25	19	10	_	55	_	_	39	16		32	25	30
	32.7	16.7	34.7	32.2	32.3		100.0			44.8 K	19.8	34.3	31.7	32.9	32.6
4-6	50	-	25	19	6	_	-	50	_	21	29	19	31	22	28
	29.8		34.7 e	32.2	19.4			100.0		24.1	35.8 j	28.4	30.7	28.9	30.4
7 - 9	19	1	9	5	4	_	_	_	19	4	15	8	11	10	9
	11.3	16.7	12.5	8.5	12.9				45.2	4.6	18.5 J		10.9	13.2	9.8
10-12	12	1	3	4	4	_	_	_	12	4	8	6	6	7	5
	7.1	16.7	4.2	6.8	12.9				28.6	4.6	9.9	9.0	5.9	9.2	5.4
More than 12 months	11	-	4	5	2	_	_	-	11	1	10		9		7
	6.5		5.6	8.5	6.5				26.2	1.1	12.3 J		8.9 1	5.3	7.6
I don't know/don't	5	1	1	1	2	-	-	-	-	4	1		3	1	4
remember	3.0	16.7	1.4	1.7	6.5					4.6	1.2	3.0	3.0	1.3	4.3
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92

Table Q17 Page 37 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q17: Approximately how many patients have you prescribed POTIGA for in the past 12 months?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
1-2	87 51.8	5 83.3 Cd	33 45.8	32 54.2	17 54.8	14 87.5 HI	39 70.9 HI	21 42.0 I	9 21.4	87 100.0	-	46 68.7 M	41 40.6	40 52.6	47 51.1
3-10	66 39.3	1 16.7	30 41.7	22 37.3	13 41.9	2 12.5	15 27.3	21 42.0 F	27 64.3 FGH	-	66 81.5		49 48.5 L	31 40.8	35 38.0
11-20	12 7.1	-	8 11.1	3 5.1	1 3.2	-	-	7 14.0	5 11.9	-	12 14.8		8 7.9	5 6.6	
More than 20 patients	3 1.8	-	11.4	2 3.4	-	-	1	1 2.0	1 2.4	-	3 3.7		3 . 0	-	3 3.3
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92

Table Q18 Page 38 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q18: Over the past year, approximately how many prescriptions for AEDs (including new prescriptions and refills) have you written per month on average?

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
1-10	5 3.0	1 16.7	11.4	2 3.4	1 3.2	-	2 3.6	1 2.0	1 2.4	4 4.6	1.2		-	3 3 . 9	2 2.2
11-30	24 14.3	1 16.7	8 11.1	8 13.6	7 22.6	3 18.8	8 14.5	6 12.0	6 14.3	19 21.8 K	5 6.2		-	13 17.1	11 12.0
31-50	38 22.6	2 33.3	15 20.8	13 22.0	8 25.8	4 25.0	13 23.6	12 24.0	9 21.4	23 26.4	15 18.5		-	16 21.1	22 23.9
More than 50	101 60.1	2 33.3	48 66.7 be	36 61.0	15 48.4	9 56.2	32 58.2	31 62.0	26 61.9	41 47.1	60 74.1 J		101 100.0	44 57.9	57 62.0
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92

Table Q19 Page 39 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q19: What is the age range of your current patient population? Please select all categories that you treat.

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Pediatric (Under 18)	53 31.5	1 16.7	23 31.9	17 28.8	12 38.7	4 25.0	20 36.4	14 28.0	15 35.7	24 27.6	29 35.8		39 38.6 L	26.3	33 35.9
18-34	155 92.3	5 83.3	68 94.4	55 93.2	27 87.1	15 93.8	52 94.5	45 90.0	40 95.2	80 92.0	75 92.6		96 95.0		84 91.3
35-64	157 93.5	6 100.0 cDE	69 95.8	55 93.2	27 87.1	15 93.8	50 90.9	47 94.0	41 97.6	80 92.0	77 95.1		96 95.0		85 92.4
65 +	143 85.1	6 100.0 CDE	61 84.7	50 84.7	26 83.9	15 93.8 g	44 80.0	41 82.0	39 92.9 g	75 86.2	68 84.0		90 89.1 1		77 83.7
Total	508	18	221	177	92	49	166	147	135	259	249	187	321	229	279

Table Q20 Page 40 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q20: Approximately what is the size of your current total patient population?

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Less than 100 patients	1 0.6	-	1 1.4	-	-	-	-	1 2.0	-	-	1.2	-	1.0	1.3	-
100 - 500 patients	19 11.3	-	10 13.9 E	8 13.6 e	1 3.2	2 12.5	5 9.1	8 16.0	4 9.5	12 13.8	7 8.6	8 11.9	11 10.9		-
501 - 1000 patients	56 33.3	4 66.7 D	29 40.3 D	10 16.9	13 41.9 D	5 31.2	20 36.4	13 26.0	17 40.5	28 32.2	28 34.6		32 31.7		-
More than 1000 patients	92 54.8	33.3	32 44.4	41 69.5 bC	17 54.8	9 56.2	30 54.5	28 56.0	21 50.0	47 54.0	45 55.6		57 56.4	-	92 100.0
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92

Table Q21 Page 41 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q21: Approximately what is the size of your current epilepsy patient population?

		Years	Prescrib	ing AED	Drugs	Months	Prescr	ibing PO	ΓIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Less than 10 patients	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10 - 50 patients	3 1.8	-	3 4.2	-	-	-	1	1 2.0	1 2.4	2 2.3	1	3 4.5	-	3	-
51 - 100 patients	25 14.9	3 50.0 cd	10 13.9	6 10.2	6 19.4	2 12.5	9 16.4	6 12.0	7 16.7	15 17.2	10 12.3		9 8.9		7 7.6
101+ patients	140 83.3	3 50.0	59 81.9	53 89.8 b	25 80.6	14 87.5	45 81.8	43 86.0	34 81.0	70 80.5	70 86.4		92 91.1 L	55 72.4	85 92.4 N
I do not treat patients with epilepsy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92

Table Q22 Page 42 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q22: How long have you been a practicing pharmacist?

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot P	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Less than 5 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5-15 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
16-25 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
26-35 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
More than 35 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	_	-	-	-	-	-	_	-	-	-	-	_

Table Q23 Page 43 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q23: How long have you been dispensing and/or answering patient questions regarding prescribed AEDs?

		Years Prescribing AED Drugs				Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot P	atient	
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)	
Total Answering	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Less than 5 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
5-15 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
16-25 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
26-35 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
More than 35 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	_	_	-	_	_	_	_	_	_	_	_	_	-	_	_	

Table Q24 Page 44 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q24: Have you answered any patient questions related to POTIGA in the past 12 months?

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PC	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Yes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
I don't know/don't remember	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Table Q25 Page 45 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q25: Have you dispensed POTIGA in the past 12 months?

		Years	Years Prescribing AED Drugs				s Prescr	ibing PC	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Yes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
I don't know/don't remember	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Table Q26 Page 46 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q26: How many months have you been dispensing POTIGA?

		Years					s Prescr	ibing PC	TIGA	# Pats	Presb	# Precrp	pt AEDs	Tot P	atient	
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)	
Total Answering	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Less than 1	-	-	-	-	-	-	-	-	-	-	-	_	-	-	-	
1-3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
4-6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
7-9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
10-12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
More than 12 months	-	-	-	-	-	-	-	-	-	-	-	_	-	-	-	
I don't know/don't remember	-	-	-	-	-	-	-	-	-	-	-	_	-	-	-	
Total	-	_	_	_	_	_	_	_	_	_	-	_	-	-	_	

Table Q27 Page 47 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q27: Approximately how many patients have you dispensed POTIGA for in the past 12 months?

		Years Prescribing AED Drugs				Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot P	atient	
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)	
Total Answering	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
1-2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
3-10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
11-20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
More than 20 patients	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
I don't know/don't remember	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	

Table Q28 Page 48 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q28: Over the past year, approximately how many prescriptions for anti-epileptic drugs (AEDs) (including new prescriptions and refills) have you filled per month on average?

		Years	Years Prescribing AED Drugs				s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot Pa	atient	
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)	
Total Answering	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
1 - 10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
11 - 30	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
31 - 50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
More than 50 prescriptions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

Table Q29R1 Page 49 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q29: POTIGA Dear HCP Letter: Have you learned about the risks associated with the use of POTIGA from any of the following sources?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot Pa	tient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Yes	14 8.3	-	8 11.1	3 5.1	3 9.7	1 6.2	4 7.3	3 6.0	6 14.3	6 6.9	8 9.9		8 7.9		7 7.6
No	137 81.5	5 83.3	57 79.2	49 83.1	26 83.9	12 75.0	44 80.0	46 92.0 gi	33 78.6	71 81.6	66 81.5		85 84.2		75 81.5
Don't know	17 10.1	1 16.7	7 9.7	7 11.9	2 6.5	3 18.8 h	7 12.7 H	2.0	3 7.1	10 11.5	7 8.6		8 7.9		10 10.9
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92

Table Q29R2 Page 50 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q29: GlaxoSmithKline Medical Information: Have you learned about the risks associated with the use of POTIGA from any of the following sources?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot Pa	tient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Yes	58 34.5	2 33.3	21 29.2	24 40.7	11 35.5	4 25.0	19 34.5	17 34.0	17 40.5	22 25.3	36 44.4 J		39 38.6	22 28.9	36 39.1
No	98 58.3	4 66.7	45 62.5	31 52.5	18 58.1	9 56.2	33 60.0	30 60.0	24 57.1	57 65.5 K	41 50.6	41 61.2	57 56.4	46 60.5	52 56.5
Don't know	12 7.1	-	6 8.3	4 6.8	2 6.5	3 18.8	3 5.5	3 6.0	1 2.4	8 9.2	4 4.9		5 5.0		4 4.3
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92

Table Q29R3 Page 51 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q29: GlaxoSmithKline Promotional Materials: Have you learned about the risks associated with the use of POTIGA from any of the following sources?

		Years Prescribing AED Drugs				Months	s Prescr	ibing PO	riga	# Pats	Presb	# Precrp	ot AEDs	Tot Pa	tient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Yes	67 39.9	-	26 36.1	30 50.8 c	11 35.5	3 18.8	22 40.0 f	21 42.0 f	21 50.0 F	26 29.9	41 50.6 J	26 38.8	41 40.6	26 34.2	41 44.6
No	90 53.6	6 100.0 CDE	39 54.2	27 45.8	18 58.1	10 62.5	29 52.7	27 54.0	21 50.0	52 59.8 k	38 46.9		55 54.5	43 56.6	47 51.1
Don't know	11 6.5	-	7 9.7	2 3.4	2 6.5	3 18.8	4 7.3	2 4.0	-	9 10.3 K	2 2.5		5 5.0	7 9.2	44.3
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92

Table Q29R4 Page 52 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q29: GSK Website: POTIGA.com: Have you learned about the risks associated with the use of POTIGA from any of the following sources?

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	tient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Yes	39 23.2	3 50.0 de	23 31.9 DE	9 15.3	4 12.9	4 25.0	14 25.5	12 24.0	9 21.4	15 17.2	24 29.6 j		25 24.8	21 27.6	18 19.6
No	118 70.2	3 50.0	44 61.1	46 78.0 C	25 80.6 C	10 62.5	36 65.5	37 74.0	32 76.2	63 72.4	55 67.9		73 72.3	51 67.1	67 72.8
Don't know	11 6.5	-	5 6.9	4 6.8	2 6.5	2 12.5	5 9.1	2.0	1 2.4	9 10.3 K	2.5		3.0		7 7.6
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92

Table Q29R5 Page 53 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q29: GlaxoSmithKline Sales Representatives: Have you learned about the risks associated with the use of POTIGA from any of the following sources?

		Years	Prescrib	oing AED	Drugs	Months	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	tient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Yes	100 59.5	2 33.3	37 51.4	43 72.9 BC	18 58.1	10 62.5	32 58.2	32 64.0	25 59.5	49 56.3	51 63.0	37 55.2	63 62.4	46 60.5	54 58.7
No	64 38.1	4 66.7 D	33 45.8 D	15 25.4	12 38.7	6 37.5	22 40.0	18 36.0	16 38.1	34 39.1	30 37.0		37 36.6	29 38.2	35 38.0
Don't know	4 2.4	-	2 2.8	1 1.7	1 3.2	-	1	-	1 2.4	4 4.6	-	3 4.5	1.0	1.3	3 3.3
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92

Table Q29R6 Page 54 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q29: GlaxoSmithKline-sponsored Educational Meeting: Have you learned about the risks associated with the use of POTIGA from any of the following sources?

		Years	Prescrib	ing AED	Drugs	Months	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Yes	30 17.9	2 33.3	11 15.3	13 22.0	4 12.9	3 18.8	8 14.5	6 12.0	12 28.6 gH	10 11.5	20 24.7 J		22 21.8 1	12 15.8	18 19.6
No	130 77.4	4 66.7	56 77.8	44 74.6	26 83.9	12 75.0	44 80.0	43 86.0 i	29 69.0	72 82.8 k	58 71.6		76 75.2		70 76.1
Don't know	8 4.8	-	5 6.9	2 3.4	1 3.2	1 6.2	3 5.5	1 2.0	1 2.4	5 5.7	3.7	5 7.5	3.0	4 5.3	4 4.3
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92

Table Q29R7 Page 55 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q29: POTIGA Product Labeling (including Prescribing Information, Medication Guide): Have you learned about the risks associated with the use of POTIGA from any of the following sources?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Yes	131 78.0	5 83.3	57 79.2	44 74.6	25 80.6	11 68.8	42 76.4	39 78.0	38 90.5 fgh	66 75.9	65 80.2		78 77.2		68 73.9
No	30 17.9	1 16.7	12 16.7	12 20.3	5 16.1	3 18.8	11 20.0	10 20.0	4 9.5	16 18.4	14 17.3		20 19.8		19 20.7
Don't know	7 4.2	-	3 4.2	3 5.1	1 3.2	2 12.5	2 3.6	1 2.0	-	5 5.7	2 2.5		3 . 0	_	
Total	168	6	72	59	31	16	55	5.0	4.2	87	81	67	101	76	92

Table Q29R8 Page 56 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q29: Other Healthcare Professionals: Have you learned about the risks associated with the use of POTIGA from any of the following sources?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	tient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
Yes	74 44.0	5 83.3 CDE	35 48.6	21 35.6	13 41.9	4 25.0	23 41.8	18 36.0	28 66.7 FGH	30 34.5	44 54.3 J	28 41.8	46 45.5	37 48.7	37 40.2
No	85 50.6	1 16.7	31 43.1	36 61.0 BC	17 54.8 B	10 62.5 I	30 54.5 I	30 60.0 I	13 31.0	50 57.5 k	35 43.2		51 50.5	36 47.4	49 53.3
Don't know	9 5.4	-	6 8.3	2 3.4	3.2	2 12.5	2 3.6	2 4.0	1 2.4	7 8.0 k	2.5	5 7.5	4.0	3 3.9	6 6.5
Total	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92

Table Q30 Page 57 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q30: How would you prefer to learn about the risks associated with the use of POTIGA in the future? Please select up to 3 options.

		Years Prescribing AED Drugs				Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	168	6	72	59	31	16	55	50	42	87	81	67	101	76	92
POTIGA Dear HCP Letter	21 12.5	-	10 13.9	7 11.9	4 12.9	6.2	11 20.0 f	5 10.0	4 9.5	11 12.6	10 12.3		13 12.9	11 14.5	10 10.9
GlaxoSmithKline Medical Information	41 24.4	1 16.7	22 30.6	11 18.6	7 22.6	3 18.8	13 23.6	12 24.0	13 31.0	12 13.8	29 35.8 J	20.9	27 26.7		21 22.8
Other Healthcare Professionals	60 35.7	2 33.3	32 44.4 D	16 27.1	10 32.3	5 31.2	17 30.9	16 32.0	21 50.0 gh	29 33.3	31 38.3		36 35.6	35 46.1 O	25 27.2
GlaxoSmithKline Promotional Materials	28 16.7	2 33.3	9 12.5	15 25.4 cE	2 6.5	4 25.0	10 18.2 i	10 20.0 i	3 7.1	18 20.7	10 12.3		12 11.9	10 13.2	18 19.6
GSK Website: POTIGA.com	37 22.0	1 16.7	22 30.6 D	7 11.9	7 22.6	4 25.0	13 23.6	11 22.0	8 19.0	21 24.1	16 19.8	17 25.4	20 19.8	14 18.4	23 25.0
GlaxoSmithKline Sales Representatives	77 45.8	1 16.7	30 41.7	30 50.8 B	16 51.6 B	9 56.2	21 38.2	26 52.0	19 45.2	38 43.7	39 48.1		46 45.5	29 38.2	48 52.2 n
GlaxoSmithKline- sponsored Educational Meeting	92 54.8	5 83.3 C	32 44.4	38 64.4 C	17 54.8	8 50.0	33 60.0	27 54.0	23 54.8	46 52.9	46 56.8		58 57.4	40 52.6	52 56.5
POTIGA Product Labeling (including Prescribing Information, Medication Guide)	60 35.7	3 50.0	27 37.5 d	14 23.7	16 51.6 D	4 25.0	20 36.4	12 24.0	22 52.4 FH	35 40.2	25 30.9		34 33.7	36 47.4 O	24 26.1
Total	416	15	184	138	79	38	138	119	113	210	206	170	246	195	221

Comparison Groups: BCDE/FGHI/JK/LM/NO

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Lowercase letters indicate significance at the 90% level.

Table Q1\_1CODE Page 58 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q1. According to U.S. prescribing information, what is the FDA-approved indication for POTIGA?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot P	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	11	-	4	6	1	-	3	6	1	5	6	6	5	1	10
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	1 9.1	-	-	1 16.7	-	-	-	-	-	1 20.0	-	1 16.7	-	-	10.0
FDA approved only for partial on-set seizures/ used for partial seizures	4 36.4	-	2 50.0	2 33.3	-	-	2 66.7	2 33.3	-	3 60.0	1 16.7	2 33.3	2 40.0		30.0
Used for all indications listed/aware of different uses for the med/med used for expanded indications in other countries	1 9.1	-	1 25.0	-	-	-	1 33.3	-	-	20.0	-	1 16.7	-	-	10.0
General recall/memory	1 9.1	-	-	1 16.7	-	-	1 33.3	-	-	-	1 16.7	-	1 20.0		10.0
Seizures/severe seizure disorder	1 9.1	-	1 25.0	-	-	-	-	-	100.0	-	1 16.7		-	-	10.0
Adjunctive therapy for CP seizures	1 9.1	-	-	-	100.0	-	-	1 16.7	-	1 20.0	-	1 16.7	-	-	1 10.0
Information provided from Pharmaceutical Representative	1 9.1	-	-	1 16.7	-	-	-	1 16.7	-	-	1 16.7	_	-	-	10.0

Table Q1\_1CODE Page 59 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q1. According to U.S. prescribing information, what is the FDA-approved indication for POTIGA?

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precr	ot AEDs	Tot P	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
GTC could be partial with secondary or primary generalization (indicated)/this drug works well with partial seizure & also may work with generalized tonic clonic seizure	1 9.1	-	-	1 16.7	-	-	-	1 16.7	-	-	1 16.7	-	1 20.0	-	10.0
Misunderstood question/ Question is vague	2 18.2	-	1 25.0	1 16.7	-	-	-	2 33.3	-	-	33.3	-	2 40.0	-	2 20.0
Total	13	-	5	7	1	-	4	7	1	6	7	7	6	1	12

Table Q2\_1CODE Page 60 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

to monotherapy

Q2: True or False: According to U.S. prescribing information, POTIGA can be used as monotherapy.

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PC	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot P	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	13	-	7	3	3	1	3	5	4	5	8	5	8	4	9
I believe so/I think it can be used for monotherapy	1 7.7	-	1 14.3	-	-	-	-	1 20.0	-	1 20.0	-	-	1 12.5		1 11.1
Using clinically/on- going trials for monotherapy use	2 15.4	-	-	1 33.3	1 33.3	-	-	1 20.0	1 25.0	1 20.0	1 12.5		2 25.0		2 22.2
Do not believe it is approved, but can be used as monotherapy	1 7.7	-	-	-	1 33.3	-	-	-	1 25.0	-	1 12.5		-	1 25.0	
General recall/memory/ best recall from PI/from clinical pharmacology reference literature/ based on dosing directions	1 7.7	-	-	1 33.3	-	-	1 33.3	-	-	-	1 12.5		1 12.5		1 11.1
To be used as add-on therapy/approved as add- on to be treat seizures associated with epilepsy	1 7.7	-	-	-	1 33.3	-	-	1 20.0	-	1 20.0	-	1 20.0	-	1 25.0	
Can be used as mono- therapy/believe it can be used for monotherapy/ have patients just using POTIGA/have seen it prescribed as a monotherapy/general mechanism lends itself	1 7.7	-	14.3	-	-	-	-	-	1 25.0	-	1 12.5		-	-	11.1

Comparison Groups: BCDE/FGHI/JK/LM/NO Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions) Uppercase letters indicate significance at the 95% level. Lowercase letters indicate significance at the 90% level.

Table Q2\_1CODE Page 61 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q2: True or False: According to U.S. prescribing information, POTIGA can be used as monotherapy.

		Years	Prescrib	oing AED	Drugs	Months	s Prescr	ibing POT	ΓIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	tient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Information provided from Pharmaceutical Representative	1 7.7	-	-	1 33.3	-	-	-	1 20.0	-	-	1 12.5	1 20.0	-	-	1 11.1
Not sure/not sure if it can be used as monotherapy	4 30.8	-	4 57.1	-	-	1 100.0 I	2 66.7	-	1 25.0	2 40.0	2 25.0		3 37.5	1 25.0	3 33.3
Don't know/Do not recall	1 7.7	-	1 14.3	-	-	-	-	1 20.0	-	-	1 12.5	-	1 12.5	1 25.0	-
Total	13	-	7	3	3	1	3	5	4	5	8	5	8	4	9

Table Q3\_1CODE Page 62 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q3. According to U.S. prescribing information, which of the following are potential risks associated with POTIGA?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	28	1	13	10	4	3	14	7	3	16	12	9	19	9	19
Lack of familiarity/ never heard of POTIGA, POTIGA risks or side effects/never dispensed POTIGA/no experience with POTIGA	1 3.6	-	-	1 10.0	-	-	-	-	-	16.2	-	1 11.1	-	-	1 5.3
Pancreatitis is common with AEDs	1 3.6	-	-	10.0	-	-	1 7.1	-	-	1 6.2	-	-	1 5.3	-	1 5.3
Ischemic colitis possible/may be reported	1 3.6	-	-	10.0	-	-	1 7.1	-	-	1 6.2	-	-	1 5.3	-	1 5.3
Risks reported in literature	1 3.6	-	1 7.7	-	-	-	1 7.1	-	-	1 6.2	-	1 11.1	-	1 11.1	-
General recall/memory/ best recall from PI/ clinical pharmacology reference literature/ based on dosing directions/recall from clinical trial data	3 10.7	-	1 7.7	20.0	-	1 33.3	7.1	1 14.3	-	16.2	2 16.7		3 15.8	1 11.1	2 10.5
Conditions can occur when stopping use of POTIGA	1 3.6	-	1 7.7	-	-	-	7.1	-	-	1 6.2	-	1 11.1	-	1 11.1	-
Aware of some risks associated with medicine, but not aware of all risks/aware of the major risks	2 7.1	-	1 7.7	-	1 25.0	=	1 7.1	1 14.3	-	-	2 16.7		1 5.3	1 11.1	1 5.3

Comparison Groups: BCDE/FGHI/JK/LM/NO Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions) Uppercase letters indicate significance at the 95% level.

Table Q3\_1CODE Page 63 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q3. According to U.S. prescribing information, which of the following are potential risks associated with POTIGA?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot P	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Aware of urinary issues/ problem with urinary function	2 7.1	-	1 7.7	-	1 25.0	1 33.3	-	1 14.3	-	2 12.5	-	-	2 10.5		
Incorporated POTIGA into regimen, but not able to learn about the drug yet	1 3.6	-	7.7	-	-	-	-	1 14.3	-	-	1 8.3		1 5.3		1 5.3
Side effect/recall some of the side effects	2 7.1	-	2 15.4	-	-	-	2 14.3	-	-	1 6.2	8.3		2 10.5		2 10.5
Kidney, liver problems/ potentially toxic to kidneys	1 3.6	-	7.7	-	-	-	7.1	-	-	1 6.2	-	-	1 5.3		
Never read the PI and not explained by pharmaceutical representative/never had a POTIGA representative visit/never fully read prescribing information	3 10.7	-	-	2 20.0	1 25.0	-	1 7.1	2 28.6	-	2 12.5	1 8.3		3 15.8		
Known caution when using POTIGA	1 3.6	-	1 7.7	-	-	-	7.1	-	-	1 6.2	-	-	1 5.3		1 5.3
Mistaken POTIGA for another medicine/ mistaken in initial response	2 7.1	-	1 7.7	10.0	-	-	1 7.1	-	1 33.3	2 12.5	-	1 11.1	1 5.3		2 10.5
Not sure/not sure about the side effects, risks	3 10.7	-	1 7.7	1 10.0	1 25.0	-	1 7.1	1 14.3	1 33.3	-	3 25.0		2 10.5		3 15.8

Table Q3\_1CODE Page 64 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q3. According to U.S. prescribing information, which of the following are potential risks associated with POTIGA?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Miscellaneous	2 7.1	-	1 7.7	10.0	-	-	1 7.1	-	1 33.3	-	2 16.7	2 22.2	-	22.2	-
Misunderstood question/ Question is vague	1 3.6	-	1 7.7	-	-	-	7.1	-	-	1 6.2	-	-	1 5.3	-	1 5.3
Don't know/Do not recall	3 10.7	1 100.0 CD	7.7	10.0	-	1 33.3	2 14.3	-	-	3 18.8	-	2 22.2	1 5.3	1 11.1	2 10.5
Total	31	1	15	11	4	3	17	7	3	19	12	10	21	10	21

Table Q4\_1CODE Page 65 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q4. According to U.S. prescribing information, what is the maximum recommended daily maintenance dose of POTIGA for the General Population?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot P	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	54	1	21	20	12	8	18	15	12	31	23	23	31	24	30
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	1 1.9	-	-	1 5.0	-	-	-	-	-	1 3.2	-	1 4.3	-	-	1 3.3
Not aware of the maximum dosage/uncertain of maximum dosage/not seen information on maximum dosing/not heard of maximum dosing	7 13.0	-	5 23.8 d	1 5.0	1 8.3	2 25.0	3 16.7	1 6.7	1 8.3	5 16.1	2 8.7		6 19.4 1		
Recall maximum dose from pharmaceutical representative/ information from pharmaceutical representative	4 7.4	-	14.8	3 15.0	-	-	2 11.1	2 13.3	-	2 6.5	2 8.7		-	3 12.5	
400mg three times a day/ 1200mg maximum dose	6 11.1	-	3 14.3	1 5.0	2 16.7	2 25.0	2 11.1	1 6.7	1 8.3	4 12.9	2 8.7		2 6.5		
General recall/memory/ best recall from PI/from clinical pharmacology reference literature/ based on dosing directions/recall from clinical trial data/from prescriber information	8 14.8	-	9.5	5 25.0	1 8.3	-	1 5.6	3 20.0	33.3 g	3 9.7	5 21.7	4 17.4	4 12.9		6.7

Table Q4\_1CODE Page 66 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q4. According to U.S. prescribing information, what is the maximum recommended daily maintenance dose of POTIGA for the General Population?

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot P	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Thought it was a different value	1 1.9	-	1 4.8	-	-	-	-	-	1 8.3	1 3.2	-	1 4.3	-	-	1 3.3
Representative said 1200mg, but being conservative	1.9	-	-	-	1 8.3	-	1 5.6	-	-	1 3.2	-	1 4.3	-	-	1 3.3
Clinical trials tested at 900mg-1200mg maximum dose	1.9	-	-	1 5.0	-	-	-	-	1 8.3	-	1 4.3		1 3.2		1 3.3
Personal experience/how currently prescribing	2 3.7	-	1 4.8	1 5.0	-	-	1 5.6	1 6.7	-	-	2 8.7		2 6.5		2 6.7
Previous studies indication a dose greater than 900mg offered no significant increased benefit, but greater side effects/ 1200mg not shown to be efficacious than 900mg/ seizure frequency reduced at a lesser percent with higher dose	3 5.6	-	2 9.5	-	18.3	1 12.5	1 5.6	-	18.3	1 3.2	2 8.7		2 6.5		
Never read the PI/never fully read the prescribing information	1.9	-	-	1 5.0	-	-	-	1 6.7	-	-	1 4.3		3.2		
Never met with a pharmaceutical representative	1 1.9	-	-	-	1 8.3	-	-	1 6.7	-	1 3.2	-	-	1 3.2		1 3.3

Table Q4\_1CODE Page 67 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q4. According to U.S. prescribing information, what is the maximum recommended daily maintenance dose of POTIGA for the General Population?

		Years Prescribing AED Drugs			Months	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient	
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
150mg per day/per week that can be titrated	1 1.9	-	1 4.8	-	-	-	1 5.6	-	-	1 3.2	-	-	1 3.2	-	1 3.3
Incorrect suggested maximum dose stated	3 5.6	-	1 4.8	-	2 16.7	-	-	2 13.3	1 8.3	2 6.5	1 4.3		1 3.2		
Refer/consult PI/would look up before dispensing	2 3.7	-	-	-	2 16.7	-	1 5.6	-	1 8.3	-	2 8.7		1 3.2	-	2 6.7
Rarely use POTIGA/only used POTIGA a few times	3 5.6	-	1 4.8	2 10.0	-	1 12.5	1 5.6	-	8.3	2 6.5	1 4.3	-	3 9.7	1 4.2	2 6.7
Not sure	1 1.9	-	1 4.8	-	-	-	-	-	1 8.3	-	1 4.3		-	1 4.2	
Miscellaneous	2 3.7	-	1 4.8	1 5.0	-	-	1 5.6	1 6.7	-	1 3.2	1 4.3	1 4.3	1 3.2	1 4.2	1 3.3
Don't know/Do not recall	7 13.0	1 100.0 CDE	2 9.5	3 15.0	1 8.3	2 25.0	3 16.7	2 13.3	-	6 19.4 k	1 4.3		6 19.4 1		4 13.3
Total	55	1	22	20	12	8	18	15	13	31	24	23	32	24	31

Table Q5\_1CODE Page 68 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q5. According to U.S. prescribing information, which of the following statements, if any, is true?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	67	2	29	25	11	7	20	20	19	31	36	26	41	32	35
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	1 1.5	-	-	1 4.0	-	-	-	-	-	3.2	-	1 3.8	-	-	1 2.9
Not aware of the minimum age/do not know lower age limit/have not heard about what the lower age limit is	7	-	5 17.2 d	14.0	1 9.1	1 14.3	1 5.0	3 15.0	2 10.5	5 16.1	2 5.6		3 7.3	5 15.6	2 5.7
Pharmaceutical representative unsure of the age limits	1 1.5	-	1 3.4	-	-	-	1 5.0	-	-	1 3.2	-	1 3.8	-	1 3.1	-
No known upper age limits	1 1.5	-	-	-	1 9.1	-	1 5.0	-	-	1 3.2	-	-	1 2.4	1 3.1	-
General recall/memory/ best recall from PI/from clinical pharmacology reference literature/ based on dosing directions/recall from clinical trial data/from prescriber information		1 50.0	2 6.9	2 8.0	9.1	1 14.3	1 5.0	2	2 10.5	3 9.7	3 8.3		5 12.2	2 6.2	11.4
Persons 12 years of age/ believe 12 years of age/ adolescents/most recently approved AEDs for age 12	8 11.9	1 50.0	3 10.3	8.0	2 18.2	1 14.3	10.0	10.0	3 15.8	3 9.7	5 13.9		6 14.6	3 9.4	5 14.3

Table Q5\_1CODE Page 69 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q5. According to U.S. prescribing information, which of the following statements, if any, is true?

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot P	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Adults/only approved for adults/approved for 18+	4 6.0	-	-	3 12.0	1 9.1	-	1 5.0	2 10.0	1 5.3	2 6.5	2 5.6	3 11.5	1 2.4		3 8.6
Clinical trials/studies did not include children/ not established data in children	2 3.0	1 50.0	-	-	1 9.1	1 14.3	-	-	1 5.3	-	2 5.6	1 3.8	1 2.4		1 2.9
Incorrect label reference/indications	1 1.5	-	-	1 4.0	-	-	-	1 5.0	-	-	1 2.8	1 3.8	-	-	1 2.9
Data does not provide/ indicate/cannot recall from clinical trials/ information not available	2 3.0	-	1 3.4	14.0	-	1 14.3	1 5.0	-	-	2 6.5	-	-	2 4.9		
Used for medically refractory seizures	1 1.5	-	-	1 4.0	-	-	-	-	1 5.3	1 3.2	-	-	1 2.4		1 2.9
Not approved for children/do not use in the pediatric population/ new anticonvulsants do not have pediatric dosing	6.0	-	1 3.4	2 8.0	1 9.1	1 14.3	10.0	1 5.0	-	2 6.5	2 5.6	-	4 9.8		2 5.7
Information form pharmaceutical representative	1.5	-	-	1 4.0	-	-	-	1 5.0	-	-	1 2.8		1 2.4		-
Do not use POTIGA enough to have this experience	1 1.5	-	-	1 4.0	-	-	1 5.0	-	-	1 3.2	-	-	1 2.4		1 2.9

Table Q5\_1CODE Page 70 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q5. According to U.S. prescribing information, which of the following statements, if any, is true?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot P	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
No lower age limit/safe	2	_	2	_	_	_	1	_	1	1	1	1	1	2	_
for infants and children/ AEDs do not have a lower age limit	3.0		6.9				5.0		5.3	3.2	2.8	3.8	2.4	6.2	
Uncertain whether lower	5	-	3	2	_	1	1	3	-	1	4	_	5	3	2
age limit is 12 or 18/ uncertain if age limit is 18 years	7.5		10.3	8.0		14.3	5.0	15.0		3.2	11.1		12.2	9.4	5.7
Used with caution for	5	-	3	2	-	-	-	5	-	1	4		2		
those 65+/over 65 could have urination problems, immune system problems, weakness/65 is age limit/ not sure if contraindicated for patients over 65	7.5		10.3	8.0				25.0		3.2	11.1	11.5	4.9	6.2	8.6
No indication in the	3	-	1	1	1	_	1	2	-	1	2	1	2	_	3
prescribing information	4.5		3.4	4.0	9.1		5.0	10.0		3.2	5.6	3.8	4.9		8.6
Would refer to the	1	-	-	-	1	-	_	-	1	_	1		1		1
<pre>package insert/have to research the drug/not studied drug yet</pre>	1.5				9.1				5.3		2.8		2.4		2.9
Based on FDA labeling	1	-	-	1	-	-	-	1	-	-	1		-	-	1
	1.5			4.0				5.0			2.8	3.8			2.9
Do not treat pediatrics/	2	-	2	-	_	-	-	-	2	-	2	-	2		1
patients are over age 18	3.0		6.9						10.5		5.6		4.9	3.1	2.9
Age 17 and above	1 1.5	-	1 3.4	-	-	-	-	-	1 5.3	-	1 2.8		1 2.4		1 2.9
	1.5		٥.4						5.3		۷.8		∠.4		∠.9

Table Q5\_1CODE Page 71 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q5. According to U.S. prescribing information, which of the following statements, if any, is true?

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precr	pt AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Have used it in patients over 65 and under 12 years	1 1.5	-	-	1 4.0	-	-	-	-	1 5.3	1 3.2	-	1 3.8	-	1 3.1	-
Not sure of age limit / best guess from PI	2 3.0	-	1 3.4	-	1 9.1	-	1 5.0	-	1 5.3	1 3.2	2.8	-	2 4.9	1 3.1	1 2.9
Miscellaneous	5 7.5	-	2 6.9	2 8.0	1 9.1	-	3 15.0	-	2 10.5	2 6.5	3 8.3		-	3 9.4	2 5.7
Don't know/Do not recall	6 9.0	-	3 10.3	3 12.0	-	2 28.6	3 15.0	-	1 5.3	4 12.9	2 5.6		4 9.8		2 5.7
Total	74	3	31	2.8	12	9	21	23	2.0	3.4	40	2.8	46	3.6	38

Table Q6\_1CODE Page 72 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q6. According to U.S. prescribing information, which of the following statements, if any, is true?

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot P	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	51	3	19	19	10	6	21	16	5	33	18	20	31	19	32
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	4 7.8	-	2 10.5	2 10.5	-	-	2 9.5	-	-	4 12.1	-	1 5.0	3 9.7		
POTIGA can be taken with or without food/pretty sure can be taken with or without food	3 5.9	-	1 5.3	1 5.3	10.0	-	2 9.5	-	1 20.0	1 3.0	2 11.1		2 6.5		3 9.4
POTIGA should be taken with food/think it should be taken with food	2 3.9	-	2 10.5	-	-	-	1 4.8	1 6.2	-	2 6.1	-	-	2 6.5		
POTIGA should be taken without food/believe absorption is better with an empty stomach	1 2.0	-	-	-	10.0	-	1 4.8	-	-	-	1 5.6		-	-	1 3.1
Not sure about the absorption of this medication/unaware how food effects absorption of product	1 2.0	-	1 5.3	-	-	1 16.7	-	-	-	3.0	-	1 5.0	-	-	1 3.1
Not aware of any need to specify that it should be taken with or without food	2.0	-	-	1 5.3	-	1 16.7	-	-	-	1 3.0	-	1 5.0	-	-	1 3.1

Table Q6\_1CODE Page 73
May 15, 2013
(Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q6. According to U.S. prescribing information, which of the following statements, if any, is true?

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot P	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
General recall/believe to be true	1 2.0	-	-	1 5.3	-	-	1 4.8	-	-	-	1 5.6	-	1 3.2		1 3.1
Taken with food due to stomach side effects	1 2.0	-	-	1 5.3	-	-	-	1 6.2	-	-	1 5.6	-	3.2		1 3.1
Food slows the absorption but not area under the curve	1 2.0	-	-	-	10.0	-	-	-	20.0	-	1 5.6	-	3.2		
Minimize nonspecific neurocognitive side effects on multiple AEDs	1 2.0	1 33.3	-	-	-	-	-	-	-	1 3.0	-	-	3.2		1 3.1
From the prescribing literature/from pharmaceutical representative/from the information	2 3.9	-	-	2 10.5	-	-	-	2 12.5	-	3.0	1 5.6		1 3.2		2 6.2
Never met with a pharmaceutical representative	1 2.0	-	-	-	10.0	-	-	1 6.2	-	1 3.0	-	-	3.2		1 3.1
Refer/consult PI/would look up before dispensing	1 2.0	-	-	-	1 10.0	-	1 4.8	-	-	-	1 5.6	1 5.0	-	-	1 3.1
Not had a chance to look up the dosing recommendations/research of the drug/need further information/never researched the drug/ would need to look up drug/not aware of this detail/never read prescribing information	4 7.8	-	4 21.1	-	-	1 16.7	1 4.8	2 12.5	-	3 9.1	1 5.6		2 6.5		

 ${\tt Comparison\ Groups:\ BCDE/FGHI/JK/LM/NO}$ 

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions) Uppercase letters indicate significance at the 95% level.

Table Q6\_1CODE Page 74
May 15, 2013
(Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q6. According to U.S. prescribing information, which of the following statements, if any, is true?

		Years	ars Prescribing		Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Not sure/uncertain/ unaware	7 13.7	2 66.7 CD	2 10.5	1 5.3	20.0	1 16.7	3 14.3	3 18.8	-	5 15.2	2 11.1	4 20.0	3 9.7		-
Miscellaneous	1 2.0	-	1 5.3	-	-	-	1 4.8	-	-	1 3.0	-	-	1 3.2	-	1 3.1
Don't know/Do not recall	20 39.2	-	7 36.8	10 52.6	3 3 0 . 0	3 50.0	8 38.1	6 37.5	3 60.0	13 39.4	7 38.9	8 40.0	12 38.7		12 37.5
Total	52	3	20	19	10	7	21	16	5	34	18	21	31	19	33

Table Q7\_1CODE Page 75 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q7. Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch out for?

		Years Prescribing AED Drugs				Months	s Prescr	ibing POT	ΓIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	143	6	60	55	22	14	50	43	32	77	66	55	88	61	82
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	2 1.4	-	-	2 3.6	-	-	-	1 2.3	-	1.3	1 1.5	1	1.1		11.2
Unique side effect/side effects reported by patients/side effects/ symptom/potential complication	22 15.4	1 16.7	9 15.0	10 18.2	2 9.1	2 14.3	9 18.0 i	9 20.9 i	2 6.2	11 14.3	11 16.7	8 14.5	14 15.9		15 18.3
Unaware of the urinary symptoms/unaware of side effects, symptoms when taking POTIGA	1 0.7	-	1.7	-	-	-	1 2.0	-	-	1.3	-	1	-	1 1.6	-
Urinary retention is a symptom or AE/watch for urinary retention/ urinary retention/ urinary retention potential side effect/ urinary retention has been reported	51 35.7	3 50.0	25 41.7	17 30.9	6 27.3	5 35.7	17 34.0	14 32.6	15 46.9	29 37.7	22 33.3	24 43.6	27 30.7	25 41.0	26 31.7
POTIGA may make symptoms worse	1 0.7	-	1 1.7	-	-	-	-	1 2.3	-	-	1 1.5	-	1 1.1	-	1
Affect urinary flow/ difficulty starting urination/voiding dysfunction/difficulty urinating/urinary problems/pain with urination	6 4.2	-	3 5.0	1	2 9.1	2 14.3	3 6.0	1 2.3	-	6 7.8	-	2 3.6	4 4.5		2 2.4

Comparison Groups: BCDE/FGHI/JK/LM/NO

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions) Uppercase letters indicate significance at the 95% level.

# 2013N169690\_00 WEUKBRE5993

# CONFIDENTIAL

Table Q7\_1CODE Page 76
May 15, 2013
(Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q7. Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch out for?

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
General recall/memory/ knowledge	10 7.0	-	3 5.0	6 10.9	1 4.5	1 7.1	4 8.0	2 4.7	3 9.4	6 7.8	4 6.1		6 6.8		6 7.3
Forgot, but did know about urinary symptoms/ forgot about these risks	0.7	1 16.7	-	-	-	1 7.1	-	-	-	1.3	-	1.8	-	1 1.6	-
Warning from package insert/from package insert and patient info materials/warning for the drug/drug info/main warning	12 8.4	-	6 10.0	4 7.3	2 9.1	2 14.3	7 14.0	-	3 9.4	7 9.1	5 7.6		8 9.1		6 7.3
Read/heard about it (non-specific)	3 2.1	-	2 3.3	-	1 4.5	-	-	1 2.3	2 6.2	-	3 4.5	-	3 . 4		2 2.4
Clinical trials/results of clinical trials	8 5.6	1 16.7	4 6.7	3 5.5	-	-	3 6.0	3 7.0	1 3.1	4 5.2	4 6.1		7 8.0 1		4 4.9
From the prescribing literature/from pharmaceutical representative/from the information, medication inserts/drug company/online pamphlet, REMS literature	18 12.6	-	5 8.3	9 16.4	4 18.2	1 7.1	6 12.0	5 11.6	6 18.8	10 13.0	8 12.1		12 13.6		12 14.6
Indications and label/	1 0.7	-	-	1 1.8	-	-	-	1 2.3	-	-	1 1.5	1 1.8	-	-	1 1.2

Table Q7\_1CODE Page 77
May 15, 2013
(Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q7. Which of the following urinary symptoms, if any, should you specifically advise patients taking POTIGA to watch out for?

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot P	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
From internet/Google	0.7	-	1 1.7	-	-	-	-	-	-	1.3	-	-	1 1.1	-	11.2
From past experience with patients/personal experience	6 4.2	-	4 6.7	1	1 4.5	-	3 6.0	1 2.3	2 6.2	1.3	5 7.6 j	1.8	5 5.7	4 6.6	2 2.4
Never discussed/seen POTIGA representative	0.7	-	-	-	1 4.5	-	-	1 2.3	-	1.3	-	-	1 1.1	-	11.2
Easiest to tell patients to look out for/discuss with patients/advise patients	3 2.1	-	3.3	-	1 4.5	-	-	2 4.7	-	-	3 4.5	-	3 . 4		2 2.4
Bladder hypotonia can occur	1 0.7	-	-	-	1 4.5	-	-	-	1 3.1	-	1.5	-	1.1	1.6	-
Miscellaneous	4 2.8	-	3 5.0	1 1.8	-	-	1 2.0	2 4.7	1 3.1	2 2.6	3.0		2.3		
Don't know/Do not recall	2 1.4	-	-	2 3.6	-	-	1 2.0	1 2.3	-	1.3	1.5		2.3		2 2.4
Total	154	6	69	57	22	14	55	45	36	82	72	56	98	69	85

Table Q8\_1CODE Page 78 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q8. If a patient on POTIGA experiences inability to pass urine, what would you advise them to do? ?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	80	3	38	22	17	9	29	26	14	39	41	30	50	34	46
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	1	-	-	1 4.5	-	-	-	-	-	1 2.6	-	1 3.3	-	-	1 2.2
Stop use and seek immediate medical attention	9 11.2	-	5 13.2	2 9.1	2 11.8	2 22.2	4 13.8	1 3.8	2 14.3	5 12.8	4 9.8	4 13.3	5 10.0		7 15.2
Medical emergency/seek medical care/seek medical attention right away	12 15.0	1 33.3	5 13.2	2 9.1	4 23.5	2 22.2	3 10.3	5 19.2	2 14.3	6 15.4	6 14.6	4 13.3	8 16.0		6 13.0
Stop use/stop use, cause of the problem	7 8.8	-	3 7.9	2 9.1	2 11.8	1 11.1	1 3.4	4 15.4	1 7.1	6 15.4 K	1 2.4		5 10.0		5 10.9
Prudent action to take with urinary retention/ prudent response	1.2	-	-	1 4.5	=	-	-	1 3.8	-	1 2.6	-	-	1 2.0		1 2.2
Advise given to my patients/recommendation	5 6.2	-	4 10.5	-	1 5.9	1 11.1	-	2 7.7	1 7.1	2 5.1	3 7.3	1 3.3	4 8.0		1 2.2
Correct course of action, best possible action, advice/most logical action/best next steps/ right thing to do	/ 7 8.8	2 66.7 Cd	2 5.3	3 13.6	-	2 22.2	2 6.9	2 7.7	1 7.1	5 12.8	2 4.9	4 13.3	3 6.0		3 6.5

Table Q8\_1CODE Page 79
May 15, 2013
(Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q8. If a patient on POTIGA experiences inability to pass urine, what would you advise them to do? ?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Information found in studies	1 1.2	-	-	-	1 5.9	-	1 3.4	-	-	-	1 2.4		-	-	1 2.2
POTIGA causes urinary retention	4 5.0	-	2 5.3	1 4.5	1 5.9	-	3 10.3	1 3.8	-	2 5.1	2 4.9	1 3.3	3 6.0		
Urinary retention may be reversible	4 5.0	-	2 5.3	1 4.5	1 5.9	-	-	2 7.7	2 14.3	2 5.1	2 4.9		3 6.0		
Information from the PI	2 2.5	-	1 2.6	-	1 5.9	-	-	1 3.8	1 7.1	-	2 4.9		2 4.0		
Label/label indications	1.2	-	-	1 4.5	-	-	-	1 3.8	-	-	1 2.4		-	-	1 2.2
Side effects/serious side effect/dangerous issue	7 8.8	-	2 5.3	4 18.2	1 5.9	-	2 6.9	3 11.5	2 14.3	3 7.7	4 9.8		4 8.0	4 11.8	
General recall/general knowledge	6 7.5	-	3 7.9	2 9.1	1 5.9	-	3 10.3	1 3.8	2 14.3	-	6 14.6		6 12.0		
Information from pharmaceutical representative/drug company	3 3 . 8	-	1 2.6	9.1	-	-	2 6.9	1 3.8	-	1 2.6	2 4.9		2.0		3 6.5
Titrate down the dose	1 1.2	-	1 2.6	-	-	-	1 3.4	-	-	1 2.6	-	-	2.0	-	1 2.2
Helps with urination	1 1.2	-	-	1 4.5	-	-	-	1 3.8	-	-	1 2.4		2.0		1 2.2
Common sense	5 6.2	-	3 7.9	1 4.5	1 5.9	-	5 17.2	-	-	3 7.7	2 4.9		4 8.0		

Table Q8\_1CODE Page 80 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q8. If a patient on POTIGA experiences inability to pass urine, what would you advise them to do? ?

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Not familiar with urinary dysfunction	11.2	-	1 2.6	-	-	-	-	1 3.8	-	-	1 2.4	-	1 2.0	-	1 2.2
Further research necessary	1 1.2	-	1 2.6	-	-	-	-	1 3.8	-	-	1 2.4	-	1 2.0	-	1 2.2
Urinary retention is acute issue that needs to be treated	2.5	-	2 5.3	-	-	1 11.1	-	-	7.1	1 2.6	1 2.4	3.3	1 2.0	-	2 4.3
Miscellaneous	2 2.5	-	2 5.3	-	-	-	2 6.9	-	-	1 2.6	1 2.4	1 3.3	1 2.0	2 5.9	-
Don't know/Do not recall	2 2.5	-	1 2.6	-	1 5.9	-	2 6.9	-	-	2 5.1	-	2 6.7	-	1 2.9	1 2.2
Total	85	3	41	24	17	9	31	28	15	42	43	30	55	36	49

Table Q9\_1CODE Page 81 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q9. According to U.S. prescribing information, when increasing the dose, what is the maximum total daily dose at which POTIGA can be increased once every 7 days?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	65	2	25	27	11	8	22	16	16	40	25	25	40	21	44
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	1 1.5	-	-	1 3.7	-	-	-	-	-	1 2.5	-	14.0	-	-	2.3
Uncertain of maximum weekly dosage	5 7.7	-	3 12.0	1 3.7	1 9.1	-	3 13.6	1 6.2	1 6.2	2 5.0	3 12.0	3 12.0	2 5.0		3 6.8
Start at a lower dosage/ conservative when adjusting dosage	3.1	-	1 4.0	1 3.7	-	1 12.5	1 4.5	-	-	2 5.0	-	1 4.0	1 2.5		2 4.5
Thought answer provided was correct response	2 3.1	-	1 4.0	1 3.7	-	-	2 9.1	-	-	2 5.0	-	1 4.0	1 2.5		2 4.5
From internet/Google	1 1.5	-	1 4.0	-	-	-	-	-	-	1 2.5	-	-	1 2.5		1 2.3
50mg per day is minimal increased dosage/ recalled 50mg	1 1.5	-	14.0	-	-	-	-	-	1 6.2	-	1 4.0		-	-	1 2.3
General recall/recall from reading	5 7.7	-	3 12.0	1 3.7	1 9.1	1 12.5	3 13.6	-	1 6.2	2 5.0	3 12.0		5 12.5		2 4.5
150mg per day/do not exceed 150 mg per day150mg per day/do not exceed 150 mg per day	8 12.3	-	4 16.0	3 11.1	1 9.1	1 12.5	3 13.6	2 12.5	2 12.5	4 10.0	4 16.0		5 12.5		7 15.9

Table Q9\_1CODE Page 82 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q9. According to U.S. prescribing information, when increasing the dose, what is the maximum total daily dose at which POTIGA can be increased once every 7 days?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
1200mg/maximum dose is 1200mg	1 1.5	-	-	1 3.7	-	-	1 4.5	-	-	1 2.5	-	-	1 2.5	-	1 2.3
Have not titrated patient to maximum dosage	1 1.5	-	-	1 3.7	-	-	1 4.5	-	-	1 2.5	-	-	1 2.5	-	1 2.3
Titrate slowly/titrate patient 50mg weekly/ titration scale/dosing charts	5 7.7	-	3 12.0	3.7	1 9.1	1 12.5	2 9.1	1 6.2	1 6.2	2 5.0	3 12.0		3 7.5	-	5 11.4
From label/indications/ samples to patients/ package insert/the prescribing literature/ from the information	11 16.9	-	14.0	8 29.6 C	2 18.2	2 25.0	3 13.6	4 25.0	2 12.5	7 17.5	4 16.0		10.0		7 15.9
From manufacturer's recommendation/pharmaceutical representative	4 6.2	-	14.0	2 7.4	1 9.1	1 12.5	1 4.5	1 6.2	-	2 5.0	2 8.0		2 5.0	4 19.0	-
No adverse effects/ adverse effects limitations	1 1.5	-	1 4.0	-	-	-	=	-	1 6.2	1 2.5	-	14.0	-	-	1 2.3
Depends on patient/based on patient's tolerability and frequency of seizures	2 3.1	-	-	2 7.4	-	-	-	1 6.2	1 6.2	1 2.5	1 4.0		1 2.5	-	2 4.5
Past experience	2 3.1	-	-	1 3.7	1 9.1	-	-	-	2 12.5	1 2.5	1 4.0		2 5.0	1 4.8	1 2.3

Comparison Groups: BCDE/FGHI/JK/LM/NO Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Table Q9\_1CODE Page 83 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q9. According to U.S. prescribing information, when increasing the dose, what is the maximum total daily dose at which POTIGA can be increased once every 7 days?

		Years	Prescrib	ing AED	Drugs	Months	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot P	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Titration should not be more than 300mg per week/ 300mg would be the reasonable maximum	2 3.1	1 50.0	1 4.0	-	-	-	-	-	2 12.5	1 2.5	1 4.0		1 2.5	2 9.5	
Can increase by one pill per week	2 3.1	-	1 4.0	1 3.7	-	-	-	2 12.5	-	1 2.5	1 4.0		-	1 4.8	
Not had a chance to look up the dosing recommendations/research of the drug/need further information/never researched the drug/ would need to look up drug/not aware of this detail/never read prescribing information	1 1.5	-	1 4.0	-	-	1 12.5	-	-	-	1 2.5	-	-	1 2.5		1 2.3
No pediatric dosing recommendations	1 1.5	-	-	1 3.7	-	1 12.5	-	-	-	1 2.5	-	-	1 2.5	-	1 2.3
Not sure	2 3.1	1 50.0	1 4.0	-	-	1 12.5	1 4.5	-	-	2 5.0	-	1 4.0	1 2.5		
Miscellaneous	1 1.5	-	-	-	1 9.1	-	-	-	1 6.2	-	1 4.0		1 2.5		
Misunderstood question/ Question is vague	1 1.5	-	-	1 3.7	-	-	-	1 6.2	-	1 2.5	-	-	1 2.5		2.3
Nothing	2 3.1	-	1 4.0	-	1 9.1	-	1 4.5	1 6.2	-	2 5.0	-	1 4.0	1 2.5		2 4.5

Table Q9\_1CODE Page 84 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q9. According to U.S. prescribing information, when increasing the dose, what is the maximum total daily dose at which POTIGA can be increased once every 7 days?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot P	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Don't know/Do not recall	6 9.2	-	1 4.0	3 11.1	2 18.2	-	3 13.6	2 12.5	1 6.2		1 4.0		6 15.0		4 9.1
Total	70	2	26	30	12	10	25	16	16	44	26	28	42	23	47

Table Q10\_1CODE Page 85 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q10: True or False: According to U.S. prescribing information, for the General Population, the recommended total initial dosage should be  $150\,\mathrm{mg}$  per day for one week.

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	75	2	26	32	15	9	23	26	15	42	33	27	48	29	46
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	11.3	-	-	3.1	-	-	-	-	-	1 2.4	-	1 3.7	-	-	1 2.2
300mg per day is initial	7	-	4	2	1	1	1	3	2	3	4		6		4
dose/100mg TID	9.3		15.4	6.2	6.7	11.1	4.3	11.5	13.3	7.1	12.1	3.7	12.5	10.3	8.7
Do not know initial dose/		-	3	2	2	2	3	2	-	4	3		4		
unsure of initial dose/ unsure of initial dose for general population	9.3		11.5	6.2	13.3	22.2	13.0	7.7		9.5	9.1	11.1	8.3	10.3	8.7
200mg per day is initial	1	-	1	_	-	-	-	1	-	-	1		-	1	-
dose	1.3		3.8					3.8			3.0	3.7		3.4	
150mg per day is minimal dose for efficacy	2 2.7	-	2 7.7	-	-	-	-	3.8	1 6.7	2 4.8	-	1 3.7	1 2.1		1 2.2
150mg is for geriatric	1	-	-	-	1	_	1	_	-	-	1		-	-	1
population/renal population	1.3				6.7		4.3				3.0	3.7			2.2
General recall/recall	12	-	3	7	2	-	3	6	2	7	5		9	5	7
from reading	16.0		11.5	21.9	13.3		13.0	23.1	13.3	16.7	15.2	11.1	18.8	17.2	15.2
Titrate slowly/start low/	6	-	-	4	2	_	3	2	1	2	4	3	3	2	4
start low and go slow	8.0			12.5	13.3		13.0	7.7	6.7	4.8	12.1	11.1	6.2	6.9	8.7
150mg is initial dosage increase/not to exceed 150mg dosage increase per week	2.7	-	-	-	2 13.3	-	-	2 7.7	-	2 4.8	-	2 7.4	-	1 3.4	

 ${\tt Comparison\ Groups:\ BCDE/FGHI/JK/LM/NO}$ 

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q10\_1CODE Page 86
May 15, 2013
(Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q10: True or False: According to U.S. prescribing information, for the General Population, the recommended total initial dosage should be  $150\,\mathrm{mg}$  per day for one week.

		Years	Prescrib	ing AED 1	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
150mg is dose for general population/start patients with 150mg initially	3 4.0	-	-	3 9.4	-	-	-	2 7.7	6.7	1 2.4	2 6.1	1 3.7	2 4.2	-	3 6.5
Conservative response/ initially conservative when prescribing	1.3	-	-	3.1	-	-	-	1 3.8	-	-	1 3.0		-	-	1 2.2
From label/indications/ samples to patients/pkg insert/prescribing literature/ from the info/representative starter kits	15 20.0	-	7 26.9	4 12.5	4 26.7	2 22.2	6 26.1 h	2 7.7	5 33.3 h	8 19.0	7 21.2		9 18.8	7 24.1	8 17.4
300mg three times a day	1 1.3	-	-	1 3.1	-	-	1 4.3	-	-	-	3.0		1 2.1	-	1 2.2
Clinical trials/studies	1 1.3	-	-	-	1 6.7	1 11.1	-	-	-	1 2.4	-	1 3.7	-	1 3.4	-
Depends on patient/ titrate based on patient's tolerability	1.3	-	-	3.1	-	-	1 4.3	-	-	1 2.4	-	-	1 2.1	-	1 2.2
Recommended dosing of POTIGA	3 4.0	-	3 11.5	-	-	-	1 4.3	1 3.8	1 6.7	-	3 9.1		3 6.2	1 3.4	2 4.3
Past prescribing experience	3 4.0	-	1 3.8	2 6.2	-	-	-	3 11.5	-	-	3 9.1		3 6.2	2 6.9	2.2
Wrong response provided/ selected	2 2.7	1 50.0	-	1 3.1	-	-	1 4.3	-	1 6.7	2 4.8	-	2 7.4	-	1 3.4	1 2.2

 ${\tt Comparison~Groups:~BCDE/FGHI/JK/LM/NO}$ 

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q10\_1CODE Page 87 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q10: True or False: According to U.S. prescribing information, for the General Population, the recommended total initial dosage should be  $150\,\mathrm{mg}$  per day for one week.

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precr	pt AEDs	Tot Pa	atient	
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)	
Not sure/uncertain/ unaware	4 5.3	1 50.0	3 11.5	-	-	2 22.2	-	1 3.8	1 6.7	3 7.1	3.0				3 6.5	
Miscellaneous	3 4.0	-	1 3.8	-	2 13.3	1 11.1	1 4.3	-	1 6.7	2 4.8	1 3.0	-	3 6.2	2 6.9		
Don't know/Do not recall	3 4.0	-	-	3 9.4	-	-	2 8.7	1 3.8	-	3 7.1	-	-	3 6.2	_	2 4.3	
Total	79	2	28	32	17	9	24	28	16	42	37	29	50	32	47	

Table Q11\_1ACODE Page 88 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q11A: Moderate to severe renal or hepatic impairment: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	20	1	6	8	5	2	4	7	5	8	12	9	11	10	10
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA/never read literature on POTIGA	1 5.0	-	-	1 12.5	-	-	-	-	-	1 12.5	-	1 11.1	-	-	10.0
General recall/recall from reading/general understanding	10.0	-	-	1 12.5	1 20.0	-	-	1 14.3	1 20.0	1 12.5	1 8.3	1 11.1	1 9.1	20.0	-
From label/indications/ samples to patients/ package insert/the prescribing literature/ from the information/ representative starter kits/pharmaceutical rep	2	-	-	1 12.5	1 20.0	-	1 25.0	1 14.3	-	-	2 16.7	2 22.2	-	-	20.0
A safe dose can be found for patients	1 5.0	-	1 16.7	-	-	-	1 25.0	-	-	-	8.3	-	1 9.1	_	-
Unaware of precautions/ problems/issues/ contraindications	2 10.0	-	1 16.7	-	1 20.0	-	-	1 14.3	1 20.0	1 12.5	1 8.3		1 9.1		10.0
Unaware of renal/hepatic issues/not aware of specific renal/hepatic issues	10.0	-	2 33.3	-	-	1 50.0	-	-	1 20.0	1 12.5	1 8.3	_	1 9.1	_	-

Comparison Groups: BCDE/FGHI/JK/LM/NO Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions) Uppercase letters indicate significance at the 95% level.

Table Q11\_1ACODE Page 89 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q11A: Moderate to severe renal or hepatic impairment: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

		Years	Prescrib	oing AED	Drugs	Months	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot Pa	atient	
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)	
Not sure/uncertain/ unaware	10.0	1 100.0 D	-	1 12.5	-	1 50.0	-	1 14.3	-	1 12.5	1 8.3	2 22.2	-	10.0	10.0	
Miscellaneous	1 5.0	-	-	-	1 20.0	-	-	-	1 20.0	-	1 8.3	-	1 9.1	-	1 10.0	
Don't know/Do not recall	7 35.0	-	2 33.3	4 50.0	1 20.0	-	2 50.0	3 42.9	1 20.0	3 37.5	4 33.3		6 54.5 L		40.0	
Total	20	1	6	8	5	2	4	7	5	8	12	9	11	10	10	

Table Q11\_1BCODE Page 90 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q11B: Moderate to severe Crohn's disease: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot P	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	78	3	26	33	16	7	31	22	15	37	41	29	49	30	48
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA/never read literature on POTIGA	1 1.3	-	-	13.0	-	-	-	-	-	1 2.7	-	1 3.4	-	-	1 2.1
General recall/recall from reading/general understanding	3 3.8	-	-	3 9.1	-	-	1 3.2	2 9.1	-	-	3 7.3	-	3 6.1		
Worsen the condition/ because of side effects/ might cause problems with condition	1 1.3	-	-	1 3.0	-	-	1 3.2	-	-	1 2.7	-	1 3.4	-	1 3.3	
Conservative response/ initially conservative when prescribing/lower starting dose	1 1.3	-	-	1 3.0	-	-	1 3.2	-	-	1 2.7	-	-	2.0		1 2.1
From label/indications/ samples to patients/ package insert/the prescribing literature/ from the information/ representative starter kits/pharmaceutical rep	5 6.4	-	-	3 9.1	2 12.5	-	2 6.5	1 4.5	2 13.3	2 5.4	3 7.3		12.0		
No information available, could not find the information	2 2.6	-	-	-	2 12.5	1 14.3	-	-	1 6.7	1 2.7	1 2.4		2 4.1		

 ${\tt Comparison\ Groups:\ BCDE/FGHI/JK/LM/NO}$ 

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q11\_1BCODE Page 91 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q11B: Moderate to severe Crohn's disease: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Never heard about this/ never heard one way or the other	7 9.0	2 66.7 CD	3 11.5	2 6.1	-	1 14.3	3 9.7	2 9.1	1 6.7	2 5.4	5 12.2		5 10.2	3 10.0	4 8.3
Urinary contraindications/ contraindicated	3 3.8	-	2 7.7	1 3.0	-	-	=	1 4.5	2 13.3	-	3 7.3		2 4.1	3 10.0	-
Unaware of precautions/ problems/issues/ contraindications	15 19.2	1 33.3	3 11.5	5 15.2	6 37.5 c	1 14.3	5 16.1	5 22.7	3 20.0	7 18.9	8 19.5		7 14.3	7 23.3	8 16.7
Not sure/uncertain/ unaware	12 15.4	-	5 19.2	5 15.2	2 12.5	-	5 16.1	5 22.7	2 13.3	4 10.8	8 19.5		8 16.3	4 13.3	8 16.7
Miscellaneous	7 9.0	-	3 11.5	2 6.1	2 12.5	-	4 12.9	2 9.1	1 6.7	4 10.8	3 7.3	1 3.4	6 12.2	3 10.0	4 8.3
Misunderstood question/ Question is vague	1	-	1 3.8	-	-	-	-	-	-	1 2.7	-	-	1 2.0	-	1 2.1
Don't know/Do not recall	20 25.6	-	9 34.6 e	9 27.3	2 12.5	4 57.1 hi	9 29.0	4 18.2	3 20.0	13 35.1 k	7 17.1		13 26.5	6 20.0	
Total	78	3	26	33	16	7	31	22	15	37	41	29	49	30	48

Table Q11\_1CCODE Page 92 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q11C: Moderate to severe asthma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot P	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	60	3	21	21	15	7	23	14	13	33	27	24	36	20	40
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA/never read literature on POTIGA	1.7	-	-	1 4.8	-	-	-	-	-	1 3.0	-	1 4.2	-	-	1 2.5
Patients need to be monitored	1 1.7	-	1 4.8	-	-	-	-	-	1 7.7	-	1 3.7		-	-	1 2.5
Use with caution/a precaution	1 1.7	-	1 4.8	-	-	-	-	-	1 7.7	-	1 3.7		1 2.8		
Worsen the condition/ because of side effects/ might cause problems with condition	1.7	-	-	1 4.8	-	-	1 4.3	-	-	3.0	-	1 4.2	-	1 5.0	
From label/indications/ samples to patients/ package insert/the prescribing literature/ from the information/ representative starter kits/pharmaceutical rep	3 5.0	-	-	2 9.5	1 6.7	-	2 8.7	1 7.1	-	1 3.0	2 7.4		-	1 5.0	
No information available, could not find the information	1.7	-	-	-	1 6.7	1 14.3	-	-	-	1 3.0	-	-	1 2.8		1 2.5
Never heard about this/ never heard one way or the other	2 3.3	-	1 4.8	-	1 6.7	-	-	1 7.1	1 7.7	-	2 7.4		2 5.6		

Comparison Groups: BCDE/FGHI/JK/LM/NO

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q11\_1CCODE Page 93 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q11C: Moderate to severe asthma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot P	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Unaware of precautions/ problems/issues/ contraindications	8 13.3	1 33.3	2 9.5	3 14.3	2 13.3	1 14.3	2 8.7	-	4 30.8	3 9.1	5 18.5		4 11.1		
Wrong response provided/ selected	2 3.3	-	2 9.5	-	-	-	-	1 7.1	1 7.7	-	2 7.4		2 5.6	1 5.0	1 2.5
Answer should be "yes"	1 1.7	-	-	-	1 6.7	-	-	-	7.7	-	1 3.7		1 2.8	1 5.0	
Not sure/uncertain/ unaware	7 11.7	1 33.3	3 14.3	3 14.3	-	-	4 17.4	2 14.3	1 7.7	3 9.1	4 14.8		4 11.1		
Miscellaneous	11 18.3	-	5 23.8	3 14.3	3 20.0	3 42.9	4 17.4	2 14.3	2 15.4	6 18.2	5 18.5		10 27.8 L	20.0	
Don't know/Do not recall	23 38.3	1 33.3	7 33.3	9 42.9	6 40.0	2 28.6	11 47.8 I	7 50.0 I	2 15.4	18 54.5 K	5 18.5		12 33.3		
Total	62	3	22	22	15	7	24	14	14	34	28	25	37	22	40

Table Q11\_1DCODE Page 94 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q11D: Patients over the age of 65 years: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot P	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	74	-	36	24	14	5	30	20	17	37	37	34	40	28	46
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA/never read literature on POTIGA	1 1.4	-	-	1 4.2	-	-	-	-	-	1 2.7	-	1 2.9	-	-	1 2.2
Depends on the patient	1	-	-	1 4.2	-	-	-	1 5.0	-	1 2.7	-	1 2.9	-	-	1 2.2
Odds of BPH/urinary retention increase after age 65/higher rate of renal problems	3 4.1	-	1 2.8	1 4.2	1 7.1	-	-	3 15.0	-	2 5.4	1 2.7		1 2.5		
Personal prescribing history	11.4	-	1 2.8	-	-	-	-	1 5.0	-	-	1 2.7		1 2.5		1 2.2
No upper age limit/ unaware of upper age limit/no age limit	9 12.2	-	5 13.9	3 12.5	7.1	-	4 13.3	1 5.0	4 23.5	5 13.5	4 10.8		5 12.5		
Data from past research/ studies/clinical trials	1 1.4	-	1 2.8	-	-	-	1 3.3	-	-	1 2.7	-	-	1 2.5	_	
Patients need to be monitored	11.4	-	-	-	1 7.1	1 20.0	-	-	-	1 2.7	-	1 2.9	-	1 3.6	
Use with caution/a precaution	4 5.4	-	1 2.8	2 8.3	1 7.1	-	1 3.3	1 5.0	2 11.8	2 5.4	2 5.4		2 5.0		

Table Q11\_1DCODE Page 95 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q11D: Patients over the age of 65 years: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot P	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Worsen the condition/ because of side effects/ might cause problems with condition	2 2.7	-	-	1 4.2	1 7.1	-	3.3	1 5.0	-	1 2.7	1 2.7		2 5.0		
From label/indications/ samples to patients/ package insert/the prescribing literature/ from the information/ representative starter kits/pharmaceutical rep	8	-	3 8.3	1 4.2	28.6 d	-	4 13.3	10.0	2 11.8	3 8.1	5 13.5	5 14.7	3 7.5		
A safe dose can be found for patients	1 1.4	-	1 2.8	-	-	-	1 3.3	-	-	-	1 2.7	-	1 2.5	1 3.6	
Unaware of precautions/ problems/issues/ contraindications	8 10.8	-	5 13.9	2 8.3	1 7.1	1 20.0	3 10.0	-	4 23.5	5 13.5	3 8.1		5 12.5		
Caution when using in patients 65+/not recommended for 65+ patients	2 2.7	-	1 2.8	1 4.2	-	-	-	10.0	-	-	2 5.4		-	1 3.6	1 2.2
Treat pediatric patients only/do not treat adult populations	2 2 . 7	-	-	2 8.3	-	1 20.0	-	1 5.0	-	1 2.7	1 2.7	1 2.9	1 2.5	-	2 4.3
Not sure/uncertain/ unaware	8 10.8	-	5 13.9	2 8.3	1 7.1	-	4 13.3	2 10.0	2 11.8	1 2.7	7 18.9 J	11.8	10.0		

Table Q11\_1DCODE Page 96 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q11D: Patients over the age of 65 years: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

		Years	Prescrib	ing AED	Drugs	Month	s Prescr	ibing PO'	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot Pa	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Miscellaneous	13 17.6	-	7 19.4	3 12.5	3 21.4	-	8 26.7 H	1 5.0	3 17.6	7 18.9	6 16.2		10 25.0 1	6 21.4	7 15.2
Don't know/Do not recall	9 12.2	-	5 13.9	4 16.7	-	2 40.0	3 10.0	4 20.0	-	6 16.2	3 8.1		4 10.0		5 10.9
Total	74	-	36	24	14	5	30	20	17	37	37	34	40	28	46

### 2013N169690\_00 WEUKBRE5993

### **CONFIDENTIAL**

Table Q11\_1ECODEA Page 97 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q11E: Moderate to severe glaucoma: The label for POTIGA recommends caution when prescribing for patients with which of the following conditions, if any?

	Years Prescribing AED Drugs					s Prescr	ibing PC	TIGA	# Pats	Presb	# Precrp	ot AEDs	Tot Pa	atient
Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)

Table Q12\_1CODE Page 98 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q12: True or False: It is known from controlled studies that adverse events related to voiding dysfunction generally tend to be reported within the first 6 months after starting POTIGA.

		Years	Prescrib	oing AED	Drugs	Month	s Prescr	ibing PO	TIGA	# Pats	Presb	# Precrp	t AEDs	Tot P	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	44	3	21	14	6	1	13	16	11	20	24	19	25	17	27
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	4 9.1	-	2 9.5	2 14.3	-	-	-	2 12.5	1 9.1	1 5.0	3 12.5		3 12.0		
Unaware of AE time frame, never heard of the timeframe/unsure of the timeframe/did not recall specific timeframe	8 18.2	2 66.7 C	1 4.8	3 21.4	2 33.3	-	5 38.5	-	3 27.3	6 30.0 k	2 8.3		3 12.0		
Not familiar with studies referenced in statement	3 6.8	-	14.8	2 14.3	-	-	7.7	1 6.2	1 9.1	1 5.0	2 8.3		2 8.0		
Do not recall any data on this/do not recall this fact	3 6.8	-	-	2 14.3	1 16.7	-	2 15.4	-	1 9.1	1 5.0	2 8.3		1 4.0		
Timing is usual for most side effects	1 2.3	-	-	-	1 16.7	-	-	-	1 9.1	-	14.2		-	1 5.9	
AE's can occur at any time/soon after starting medicine	1 2.3	-	-	1 7.1	-	-	7.7	-	-	1 5.0	-	1 5.3	-	1 5.9	
General recall	1 2.3	-	1 4.8	-	-	-	-	1 6.2	-	-	1 4.2		14.0		1 3.7
AE's may not be reported within 6 mos/can occur after 6 mos	2 4.5	-	14.8	1 7.1	-	-	-	1 6.2	1 9.1	-	8.3		-	-	2 7.4

 ${\tt Comparison~Groups:~BCDE/FGHI/JK/LM/NO}$ 

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q12\_1CODE Page 99 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q12: True or False: It is known from controlled studies that adverse events related to voiding dysfunction generally tend to be reported within the first 6 months after starting POTIGA.

		Years	Prescrib	oing AED	Drugs	Months	s Prescr	ibing PO'	riga	# Pats	Presb	# Precrp	ot AEDs	Tot P	atient
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Clinical trials still	2	1	1	_	_	_	1	_	_	2	-	_	2	-	2
<pre>pending/will require post-market data/ research</pre>	4.5	33.3	4.8				7.7			10.0			8.0		7.4
AE's should be reported	1	-	-	1	_	-	_	1	-	_	1		-	_	1
immediately/earlier than 6 mos	2.3			7.1				6.2			4.2	5.3			3.7
Label/PI/resources do	2	_	_	1	1	_	1	1	_	_	2	_	2	_	2
not mention	4.5			7.1	16.7		7.7	6.2			8.3		8.0		7.4
From label/indications/	2	-	1	1	-	-	-	1	-	1	1		1		2
samples to patients/ package insert/the prescribing literature/ from the information/ representative starter kits/pharmaceutical rep/ internet research	4.5		4.8	7.1				6.2		5.0	4.2	5.3	4.0		7.4
Should have answered	2	_	1	_	1	_	_	2	_	1	1	1	1	_	2
"yes"/true statement	4.5		4.8		16.7			12.5		5.0	4.2	5.3	4.0		7.4
Not sure/uncertain/	1	-	1	-	-	-	1	-	-	1	-	-	1		-
unaware	2.3		4.8				7.7			5.0			4.0	5.9	
Miscellaneous	3	-	1	1	1	-	-	2	1	2	1		1		
	6.8		4.8	7.1	16.7			12.5	9.1	10.0	4.2	10.5	4.0	11.8	3.7
Don't know/Do not recall	11 25.0	-	10 47.6 D	1 7.1	-	1 100.0 GHI	7.7	5 31.2 g	4 36.4 g	3 15.0	8 33.3		8 32.0		
Total	47	3	21	16	7	1	13	17	13	20	27	21	26	19	28

Comparison Groups: BCDE/FGHI/JK/LM/NO

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q13\_1CODEA Page 100 May 15, 2013

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q13. Which of the following patient groups are recommended to have closer monitoring (including comprehensive evaluation of urologic symptoms) for urinary retention?

		Years Prescribing AED Drugs					Months Prescribing POTIGA				Presb	# Precrpt AEDs		Tot Patient	
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total Answering	60	2	26	21	11	6	23	19	10	30	30	22	38	24	36
Lack of familiarity/ never heard of POTIGA/ never dispensed POTIGA/ no experience with POTIGA	1.7	-	-	1 4.8	-	-	-	-	-	3.3	-	1 4.5	-	-	1 2.8
All are high risk groups/ need to be monitored	2 3.3	-	-	1 4.8	1 9.1	1 16.7	1 4.3	-	-	2 6.7	-	-	2 5.3		
Patients cannot report symptoms/problems	8 13.3	-	3 11.5	3 14.3	2 18.2	-	3 13.0	3 15.8	20.0	1 3.3	7 23.3 J	13.6	5 13.2		5.6
Patients are at higher risk for BPH/voiding difficulty/urinary retention/underlying urinary retention concerns	23 38.3	1 50.0	9 34.6	7 33.3	6 54.5	2 33.3	9 39.1	6 31.6	6 60.0	12 40.0	11 36.7	13 59.1 M	10 26.3	8 33.3	
Side effects/known side effect(s) of urinary retention	3 5.0	-	2 7.7	-	1 9.1	-	1 4.3	2 10.5	-	1 3.3	2 6.7		2 5.3	-	3 8.3
Approach on a patient by patient basis	1 1.7	-	1 3.8	-	-	-	-	-	1 10.0	-	1 3.3		1 2.6	-	1 2.8
General recall	2 3.3	-	-	2 9.5	-	-	1 4.3	1 5.3	-	1 3.3	3.3		1 2.6	_	
Previous knowledge/past experience	2 3.3	-	-	2 9.5	-	-	2 8.7	-	-	2 6.7	-	-	2 5.3		

 ${\tt Comparison\ Groups:\ BCDE/FGHI/JK/LM/NO}$ 

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level.

Table Q13\_1CODEA Page 101 May 15, 2013 (Continued)

WEUKBRE5993 ARISTOTLE YR 1 Concentrics Research LLC Confidential and Proprietary Physician's Banner

Q13. Which of the following patient groups are recommended to have closer monitoring (including comprehensive evaluation of urologic symptoms) for urinary retention?

		Years Prescribing AED Drugs					Months Prescribing POTIGA				# Pats Presb		# Precrpt AEDs		Tot Patient	
	Phys	< 5	5-15	16-25	16+	< 1	1-3	4-6	7+	1-2	3+	<= 50	> 50	<=1000	> 1000	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)	
Understanding of product labeling	1 1.7	-	1 3.8	-	-	-	1 4.3	-	-	1 3.3	-	-	1 2.6		-	
Patients with kidney/ stomach issues monitored closely/NSAIDS patients/ effect kidney	1 1.7	-	1 3.8	-	-	-	1 4.3	-	-	1 3.3	-	-	1 2.6		-	
From label/indications/ samples to patients/ package insert/the prescribing literature/ from the information/ representative starter kits/pharmaceutical rep/ internet research, past clinical research	4 6.7	-	3 11.5	1 4.8	-	-	2 8.7	1 5.3	-	2 6.7	2 6.7		2 5.3		3 8.3	
Make situation worse	1 1.7	-	1 3.8	-	-	1 16.7	-	-	-	1 3.3	-	1 4.5	-	-	1 2.8	
Not sure/uncertain/ unaware	2 3.3	-	1 3.8	1 4.8	-	-	2 8.7	-	-	2 6.7	-	-	2 5.3		1 2.8	
Miscellaneous	11 18.3	1 50.0	4 15.4	4 19.0	2 18.2	2 33.3	2 8.7	6 31.6 g	10.0	4 13.3	7 23.3		8 21.1		6 16.7	
Don't know/Do not recall	3 5.0	-	2 7.7	-	1 9.1	-	-	2 10.5	1 10.0	-	3 10.0		3 7.9		1 2.8	
Total	65	2	28	22	13	6	25	21	11	31	34	25	40	28	37	

Comparison Groups: BCDE/FGHI/JK/LM/NO

Independent T-Test for Means, Independent Z-Test for Percentages (unpooled proportions)

Uppercase letters indicate significance at the 95% level. Lowercase letters indicate significance at the 90% level.