

STRATEGY
STORY



GRETCHEN SLAPINSKY
Creative Director

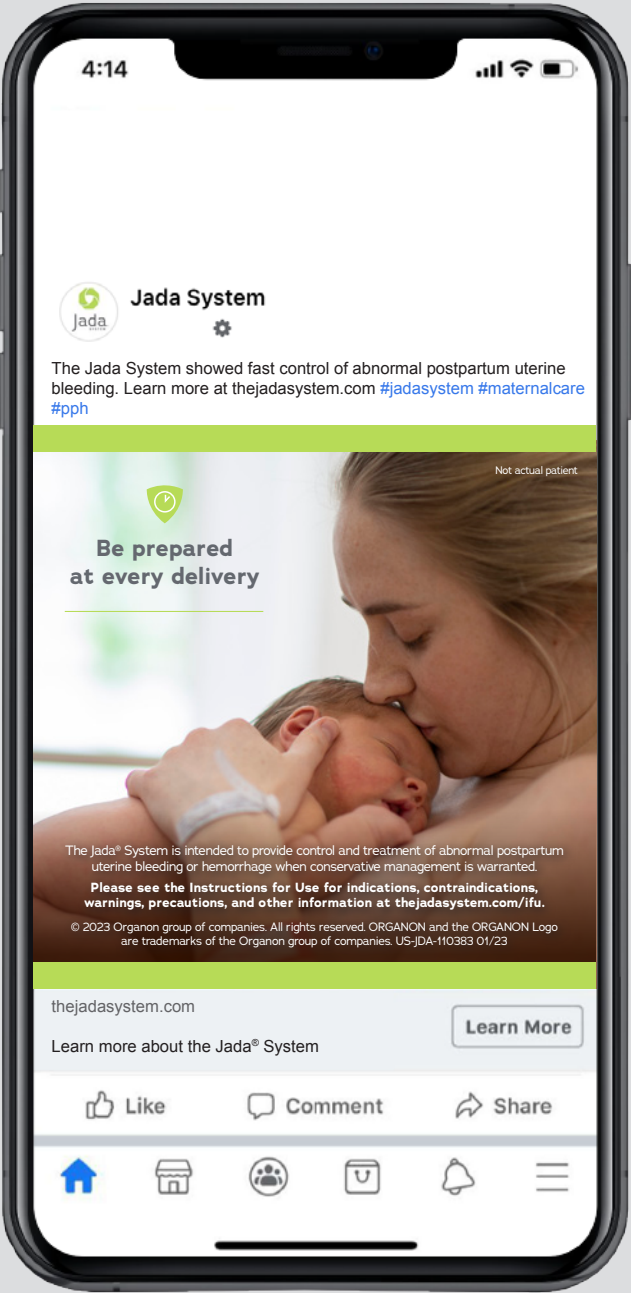
PEOPLE

THE JADA SYSTEM

New postpartum hemorrhage treatment device awareness & adoption

Developed the campaign strategy and directed a team of designers and content developers through execution.

Reach: L&D health care providers, U.S. hospitals



Tap to view animation

Fast control of abnormal postpartum uterine bleeding*

Because every minute counts.

*Has been shown to control bleeding within a median of 3 minutes.

Be ready →

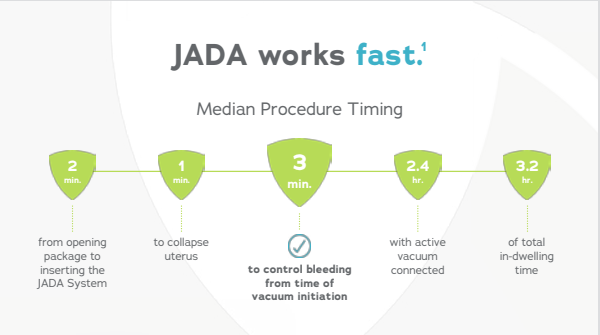
The Jada® System is intended to provide control and treatment of abnormal postpartum uterine bleeding or hemorrhage when conservative management is warranted. Please see the Instructions for Use for contraindications, warnings, precautions, and other information at thejadasystem.com/ifu

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Every minute counts.¹

With the JADA System, you can control PPH within the 3 minutes* that it took to watch these slides.

*Median time it took to control PPH in PEARLE study.



Fast control of abnormal postpartum uterine bleeding*¹

Because every minute counts.

*The Jada System has been shown to control bleeding within a median of 3 minutes.¹

Be ready.

Scan the QR code with your phone's camera to learn more.

The Jada® System is intended to provide control and treatment of abnormal postpartum uterine bleeding or hemorrhage when conservative management is warranted.

Please see the Instructions for Use for contraindications, warnings, precautions, and other information at thejadasystem.com/ifu

References: 1. Dalton ME, Rood KM, Smid MC, et al. Intrauterine vacuum-induced hemorrhage control device for rapid treatment of postpartum hemorrhage. *Obstet Gynecol* 2020;136(5):882-891. doi:10.1097/AOG.0000000000004138

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Notes

Notes on the Jada System social media posts

Notes on the Jada System social media posts

Jada Social Media posts

Jada Social Media posts

Jada Social Media posts

2 Messages

The urgency of PPH fighting mom back to baby

The urgency of PPH fighting mom back to baby

What is The Jada System how it works

What is The Jada System how it works

What is The Jada System how it works

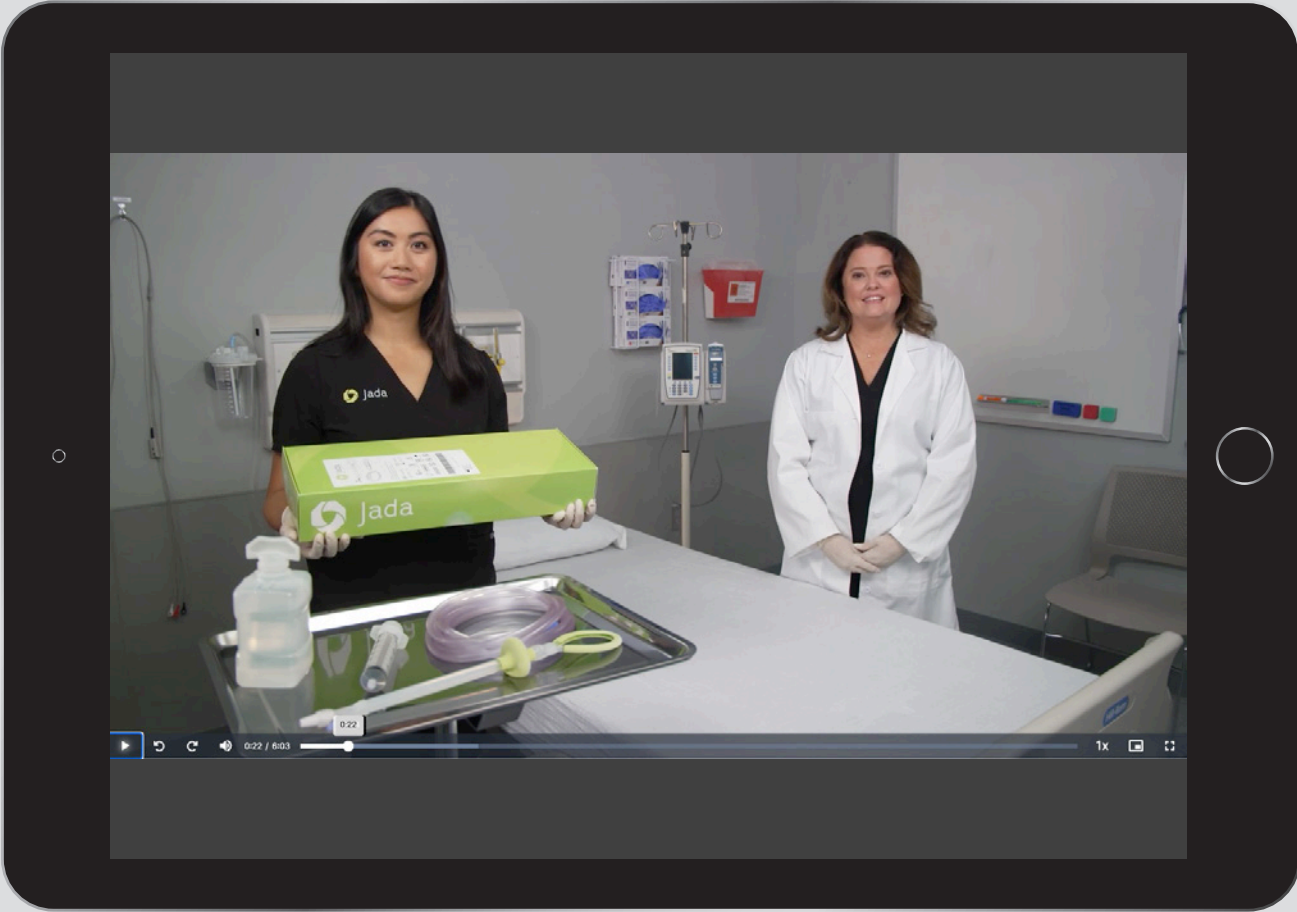


THE JADA SYSTEM

New postpartum hemorrhage treatment device awareness & adoption

Produced the video in collaboration with the client’s medical expert; led hiring and management of the director and crew; and oversaw account management and art direction.

Reach: L&D health care providers, U.S. hospitals



Tap to view video

02:00–02:17

Connect to a regulated vacuum source.

Prepare the JADA System

9

Script:
Next, connect a vacuum canister and 12' of standard vacuum tubing to a regulated vacuum source. With the end of the tubing occluded, set the regulated vacuum source to 80 millimeters of mercury plus or minus 10 millimeters of mercury.

Connect to a regulated vacuum source.

Prepare the JADA System

02:56–03:10

Between 60 mL and 120 mL of sterile fluid.

Fill the Cervical Seal

14

Script:
The seal valve should be oriented at either 3 or 9 o'clock. Fill the Cervical Seal with between 60 and 120 milliliters of sterile fluid.

Between 60 mL and 120 mL of sterile fluid.

Fill the Cervical Seal

Scene Description

Actor fills cervical seal. Transitions to animation to show filling action in detail.

04:38–04:47

Remove the JADA System

22

Script:
If bleeding remains controlled and the uterus remains firm, remove JADA slowly while supporting the uterine fundus.

Scene Description

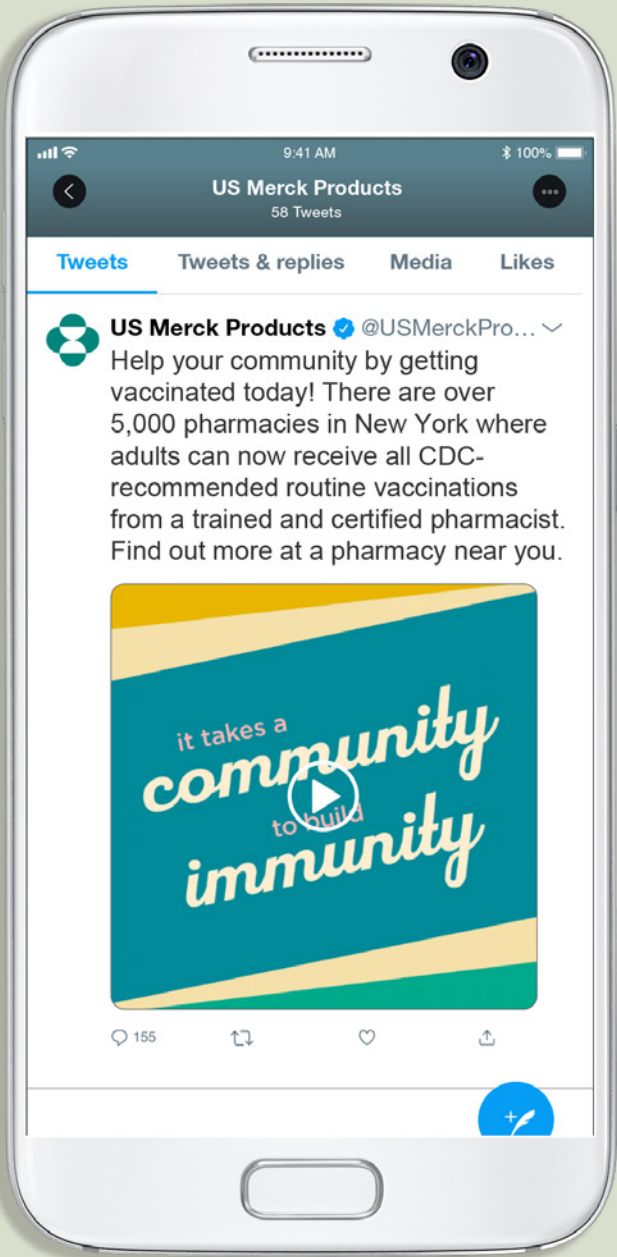
Actor confirms uterus is firm with hand on uterus model and removes JADA.

NY PHARMACY SOCIAL CAMPAIGN

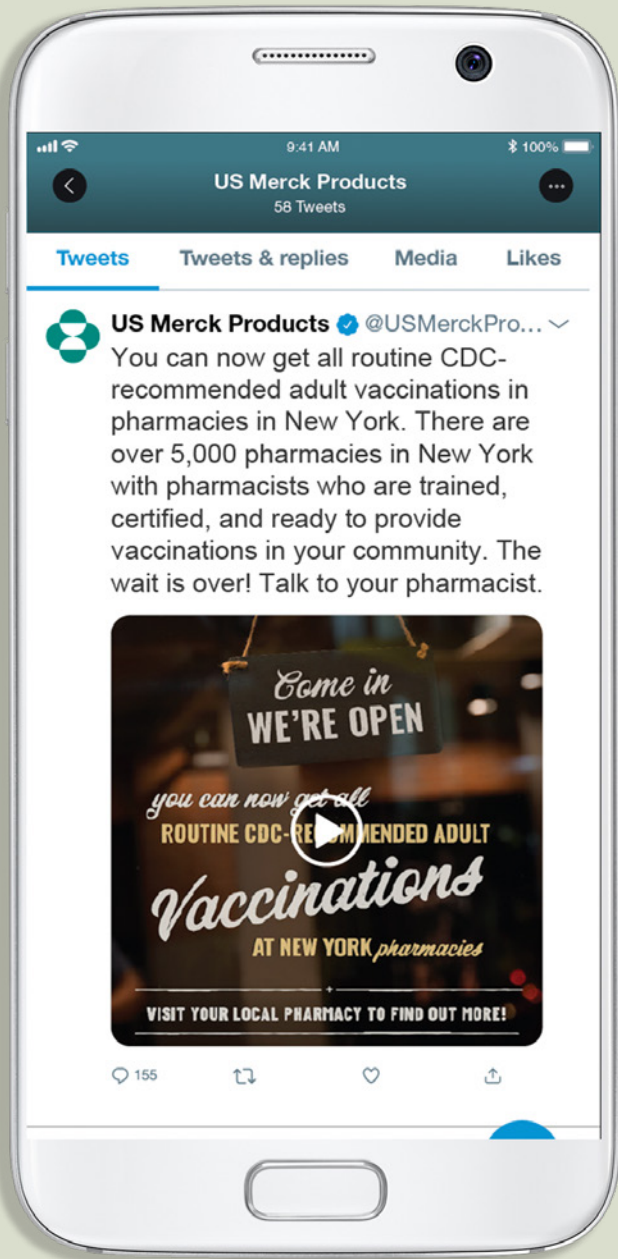
Vaccination in the pharmacy

Partnered with the client to shape the creative brief. Directed five writer/art director teams during concepting. Guided the final concepts through to execution.

Reach: Adults in New York state who are active vaccination acceptors



Tap to view animation



Tap to view animation

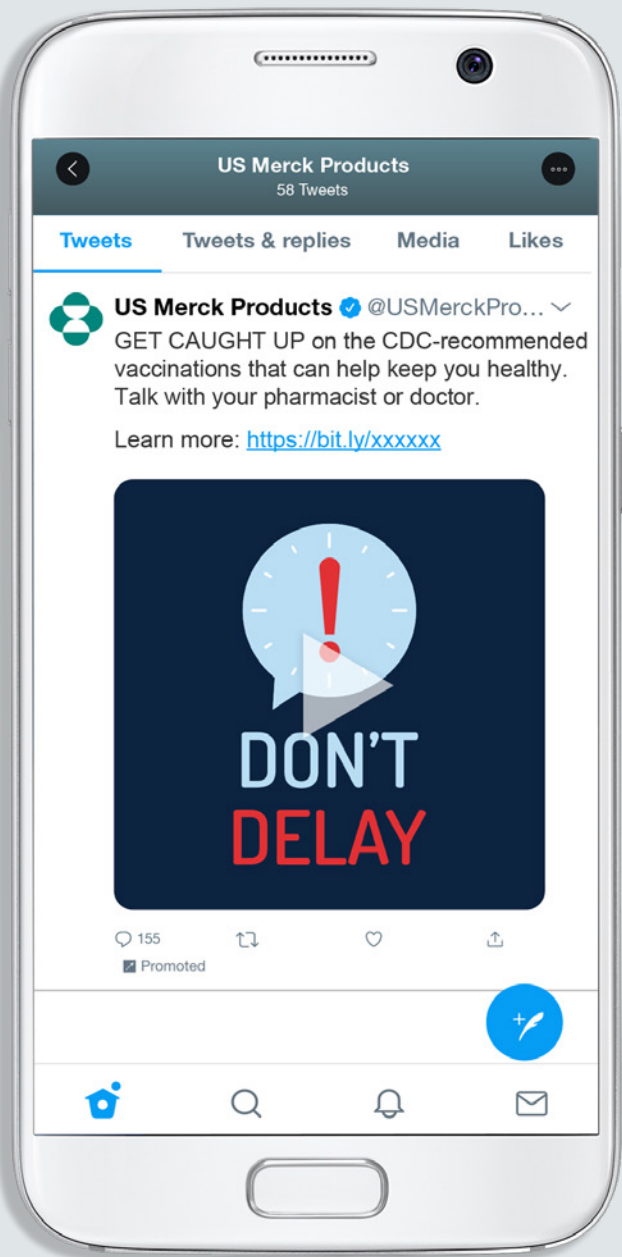


PATIENT CAMPAIGN

Vaccination in the pharmacy

Partnered with creative director of copy to develop the concept. Led the design team through execution.

Reach: National platform integration; 9+ million adults



Tap to view animation

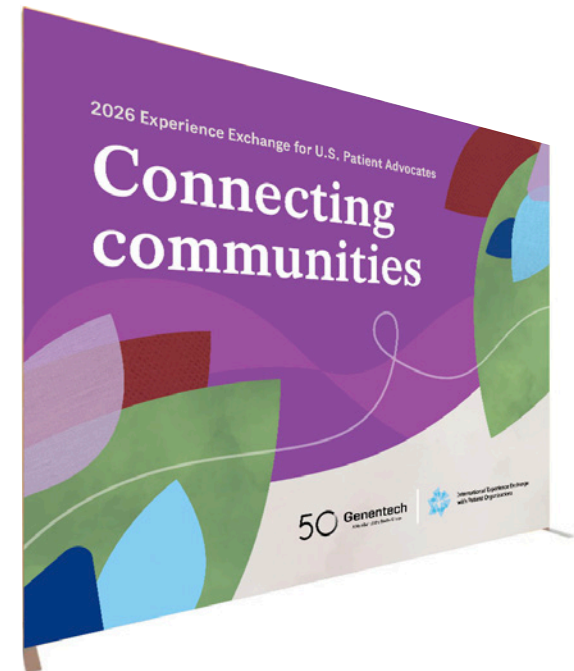


PATIENT ADVOCACY GROUP CONFERENCE

Experiential graphics

Led conceiving and design, ensuring alignment with the global initiative and Genentech branding.

Reach: 2 day conference at Genentech for 130+ U.S. Patient Advocacy Groups



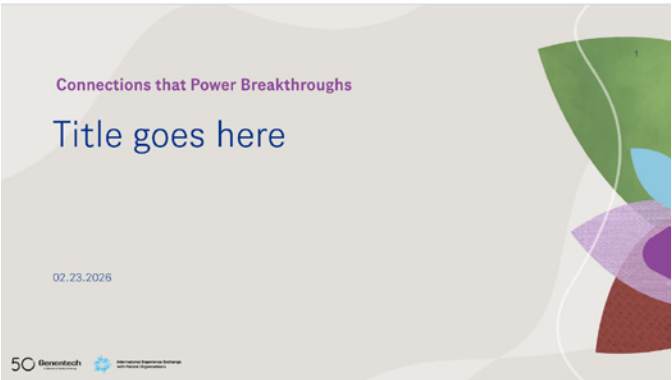
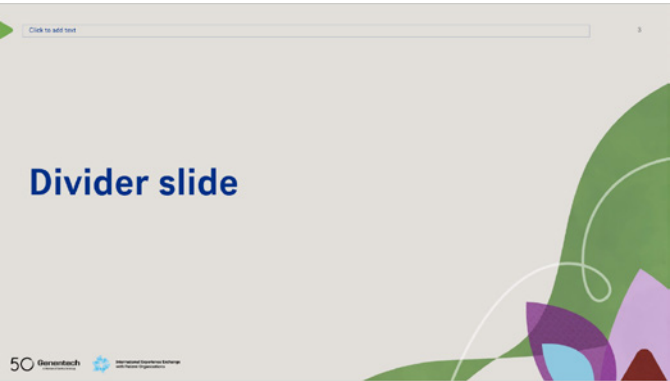
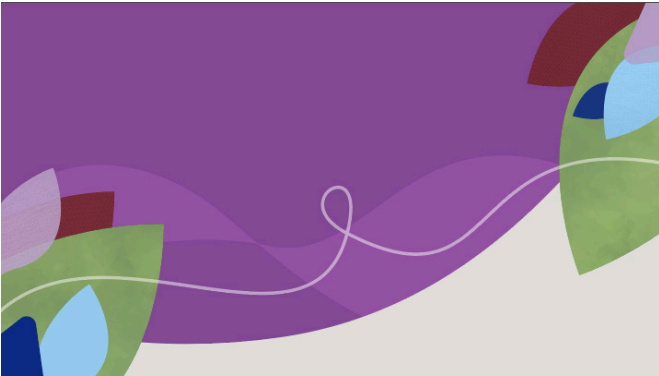


PATIENT ADVOCACY GROUP CONFERENCE

Digital assets

Led concepting, and design, ensuring alignment with global initiative and Genentech branding.

Reach: 2 day conference at Genentech for 130+ U.S. Patient Advocacy Groups

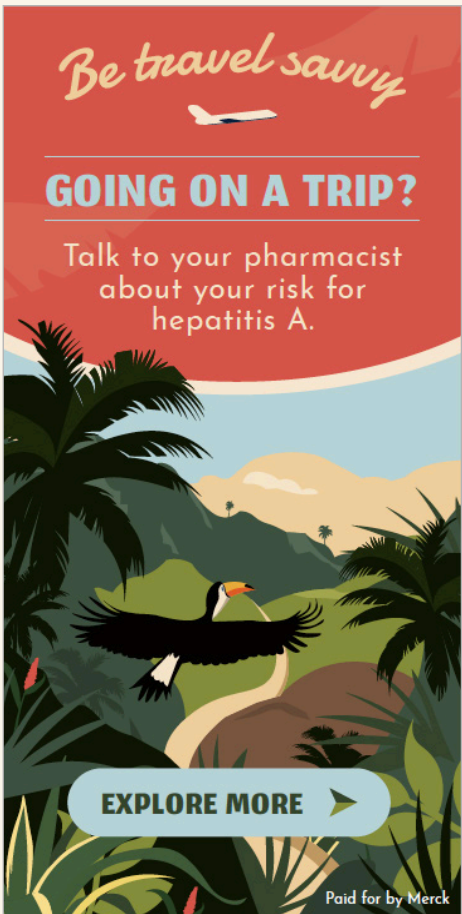
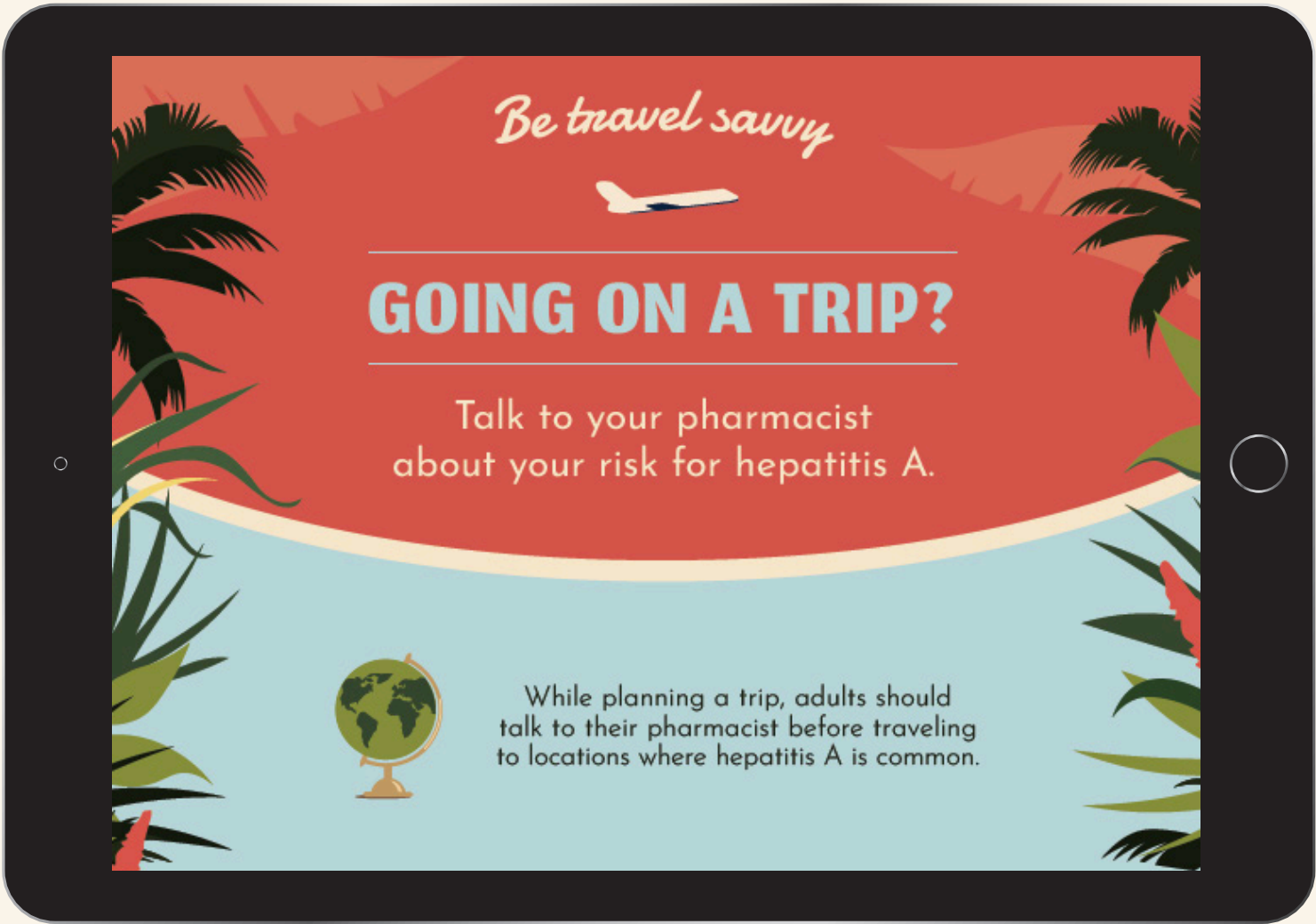


TRAVEL SAVVY

Patient disease education website and banner ads

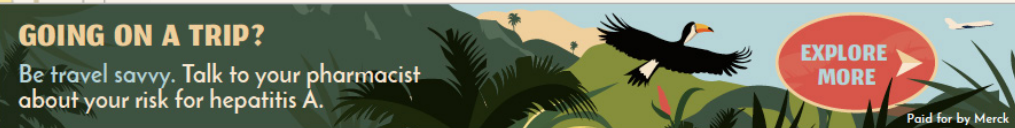
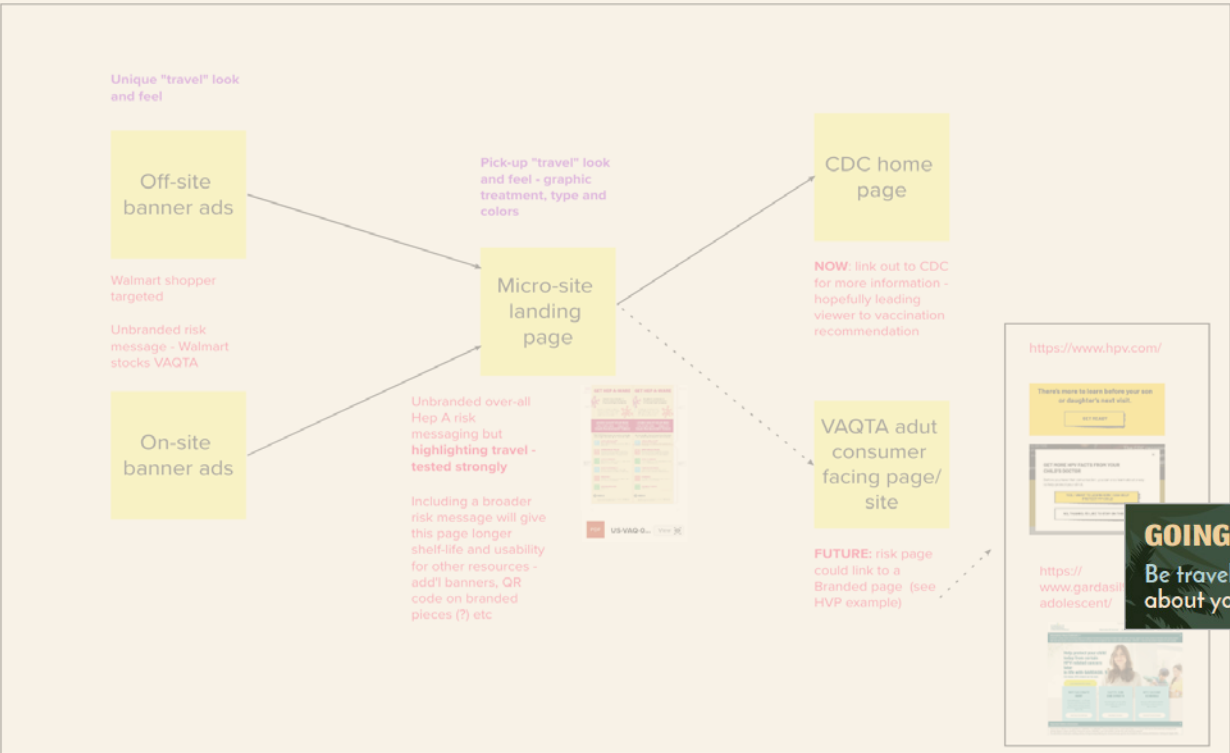
Story flow mapping and team concepting. Guided the work through to final execution.

Reach: Consumers searching for travel-related products



User Flow Walmart Hep A Travel Campaign

Walmart shopper-targeted banner ads and micro-site

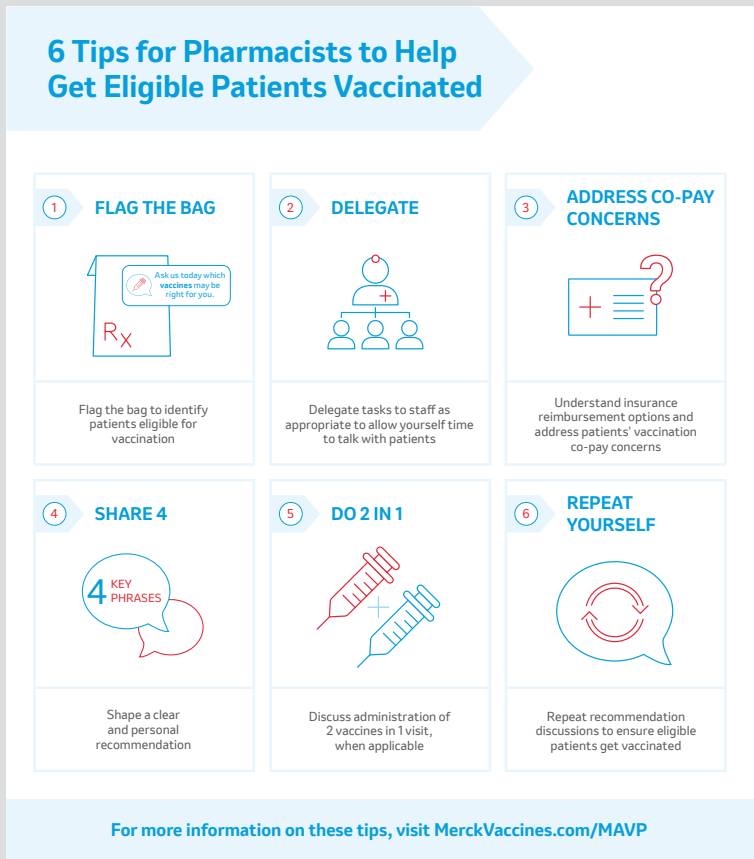


ADULT VACCINATION PROGRAM

Vaccination in the pharmacy

Partnered with the client to shape the creative brief. Oversaw design and content development.

Reach: U.S. pharmacists and consumers



HEALTHIER HUMANS

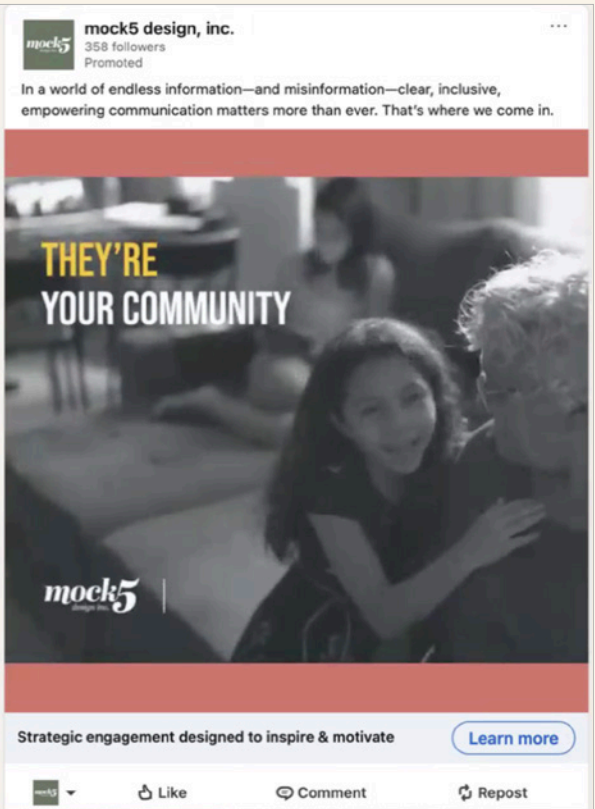
mock5 design, inc. promotion

Mapped the story flow. Informed the design and content development.

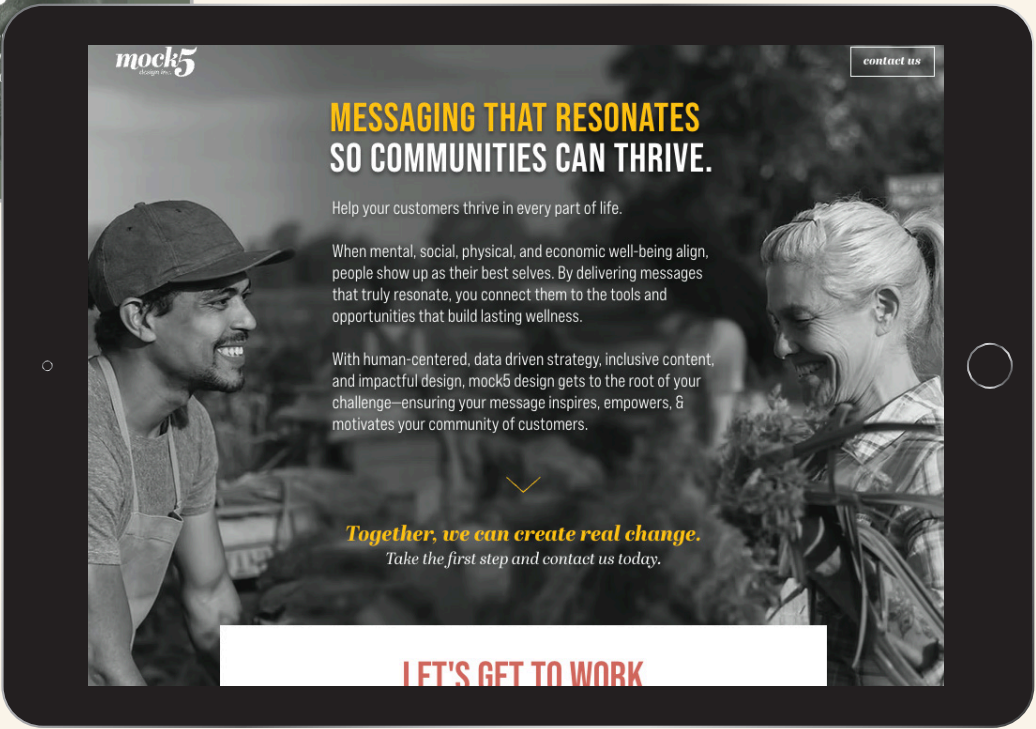
Reach: Website and industry targeted LinkedIn ad



Tap to view website



Tap to view animation



CAPVAXIVE PHARMACY INSIGHTS DECK

Health care provider education: new adult pneumococcal vaccine

Mapped the content. Oversaw design and content development to insure project aligned to brand and messaging. Participated in the Medical Legal Review process through APLB accelerated approval.

Reach: U.S. pharmacists



Content Map | V114 Why & Pharmacy Insights Deck

Resource with one cohesive voice across AE spectrum - combined audience (IDN, Payer, Pharmacists) V114 why deck (may be co-branded with P23 depending on ACIP recommendation) and its accompanying resources.



ABOUT CAPVAXIVE **IMMUNOGENICITY** **SAFETY PROFILE** **CLINICAL PRACTICE CONSIDERATIONS**

Assessing immunogenicity **Phase 3 clinical program** Study 1 Study 3 Study 4

CAPVAXIVE WAS STUDIED IN A ROBUST PHASE 3 CLINICAL TRIAL PROGRAM

Across four Phase 3 trials (Studies 1-4), CAPVAXIVE was studied in a **broad range of +6500 vaccine-naïve and vaccine-experienced adults of varying ages, risk factors* for pneumococcal disease, races, and/or ethnic groups.**

Design	Arm(s)	Pneumococcal Vaccination Status	Age Group
1 Safety and immunogenicity	CAPVAXIVE vs PCV20	Vaccine-naïve	Adults ≥50 and 18-49 years
2 Safety	CAPVAXIVE vs PPSV23	Vaccine-naïve	Adults 18-49 years
3 Safety and immunogenicity	CAPVAXIVE vs PCV13 vs PPSV23	Vaccine-experienced	Adults ≥50 years
4 Safety and immunogenicity	CAPVAXIVE concomitantly or sequentially with quadrivalent influenza vaccine	Vaccine-naïve and vaccine-experienced	Adults ≥50 years

Across the four Phase 3 clinical trials for CAPVAXIVE, ~63% of adults included were 50 years of age and older.¹⁷

*Approximately 34% of vaccinated individuals had one or more pre-specified chronic medical conditions known to increase the risk of pneumococcal disease (e.g., diabetes, renal disorders, chronic heart disease, chronic liver disease, chronic lung disease including asthma, smoking, alcoholism).
PCV13, 13-valent pneumococcal conjugate vaccine; PCV20, 20-valent pneumococcal conjugate vaccine; PPSV23, 23-valent pneumococcal polysaccharide vaccine.

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ABOUT CAPVAXIVE **IMMUNOGENICITY** **SAFETY PROFILE** **CLINICAL PRACTICE CONSIDERATIONS**

THE CDC RECOMMENDS CAPVAXIVE FOR¹²⁻¹⁴:

- Adults 65+:**
 - Vaccine-naïve or vaccination history is unknown
 - Previously vaccinated with PCV13 only or PPSV23 only, ≥ 1 year prior
 - As a supplemental dose for those previously vaccinated with PCV13 and PPSV23*
- Adults 19-64:**
 - With certain chronic medical conditions or other risk factors who are vaccine-naïve or vaccination history is unknown
 - Diabetes, renal disorders, chronic heart disease, chronic liver disease, chronic lung disease including asthma, smoking, alcoholism
 - Previously vaccinated but have not completed a recommended series*

*Routine if PCV13 was administered at any age and PPSV23 was administered before age 65 with the last pneumococcal vaccine being at least 5 years prior. Shared clinical decision making if PCV13 was administered at any age and PPSV23 was administered at or after the age of 55 and the last pneumococcal vaccine was at least 5 years prior.^{11,14}

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VACCINATION RATES **SUPPORTING VACCINE UPTAKE**

Gaps in adult pneumococcal vaccination **Health equity**

SOCIAL DETERMINANTS OF HEALTH (SDOH) INFLUENCE VACCINATION INEQUITIES^{1,4}

SDOH are conditions in the places where people live, learn, and work that affect a wide range of health and quality of life risks and outcomes.⁴

Contributing factors to lower likelihood of pneumococcal vaccination in adults^{1,4}:

- Areas of higher poverty^{4,14,15}
- Lack of internet access^{4,14,15}
- Low health literacy^{4,14,15}
- Food insecurity^{1,4}

Addressing SDOH that influence health inequities could help efforts to improve vaccination rates^{1,4}

*Based on nationwide IBM MarketScan Commercial Claims and Encounter databases specific for patients with employer sponsored coverage from 2013-2018 assessing vaccination in outpatient clinics and pharmacies; 130,712 patients aged 18-64 years were followed from their first diagnosis of a high-risk condition through subsequent 365 days for evidence of receiving a vaccine. Publicly available data on select SDOH were incorporated into analyses, guided by the WHO vaccine hesitancy matrix.¹
*Based on nationwide US Medicare claims data from multiple sources, including the IBM MarketScan databases for the years 2013-2016 used to identify patients enrolled in Medicare Advantage plans for these years, and from a 5% sample of national Medicare claims data for the years 2014-2018. These data were used to assess vaccination in outpatient clinics and pharmacies; patients were followed from the point of being age 65 years and initially enrolled in a Medicare Advantage (n=307,486) plan through the subsequent year or a traditional fee-for-service Medicare (n=74,995). Publicly available data on select SDOH were incorporated into analyses, guided by the WHO vaccine hesitancy matrix.⁴
*Based on data from the 2014-2018 National Health Interview Survey in the US, data analyzed for 40,550 adults aged ≥65 years.¹
US, United States; WHO, World Health Organization.

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ABOUT CAPVAXIVE **IMMUNOGENICITY** **SAFETY PROFILE** **CLINICAL PRACTICE CONSIDERATIONS**

DISEASE BURDEN IN ADULTS

What are adult pneumococcal pneumonia and IPD?

Adult pneumococcal pneumonia Adult IPD

PNEUMOCOCCAL PNEUMONIA AND IPD ARE A SERIOUS RISK FOR YOUR ADULT PATIENTS^{1,4}

Pneumococcal disease comprises a range of clinical manifestations of *Streptococcus pneumoniae* infections, including pneumococcal pneumonia and IPD.¹

Pneumococcal pneumonia is the most common clinical manifestation of pneumococcal disease in adults. Pneumococcal pneumonia is estimated to account for 10-30% of all adult community-acquired pneumonia (CAP) cases in the US.¹ CAP occurs when someone develops pneumonia outside of a hospital.¹

The same bacteria that cause pneumococcal pneumonia, *Streptococcus pneumoniae*, can invade normally sterile sites in the body, such as the blood or cerebrospinal fluid. When this occurs, it is referred to as IPD. IPD is a serious illness that can lead to hospitalization, complications including bacteremia and meningitis, and sometimes death.¹

Select Safety Information (continued)

The most commonly reported (>10%) solicited adverse reactions in individuals 50 years of age and older who received CAPVAXIVE were: injection-site pain (73.1%), fatigue (36.0%), headache (27.5%), myalgia (16.4%), injection-site erythema (13.8%), and injection-site swelling (13.3%).

The most commonly reported (>10%) solicited adverse reactions in individuals 18 through 49 years of age who received CAPVAXIVE were: injection-site pain (41.2%), fatigue (19.7%), and headache (11.0%).

Vaccination with CAPVAXIVE may not protect all vaccine recipients.

Before administering CAPVAXIVE, please read the accompanying Prescribing Information. The Patient Information also is available.

The indication for the prevention of pneumonia caused by *S. pneumoniae* serotypes 3, 6A, 7F, 8, 9N, 10A, 11A, 12F, 15A, 15C, 16F, 17F, 19A, 20A, 22F, 23A, 23B, 24F, 31, 33F, and 35B is approved under accelerated approval based on immune responses as measured by opsonophagocytic activity (OPA). Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.

IPD, invasive pneumococcal disease; US, United States.

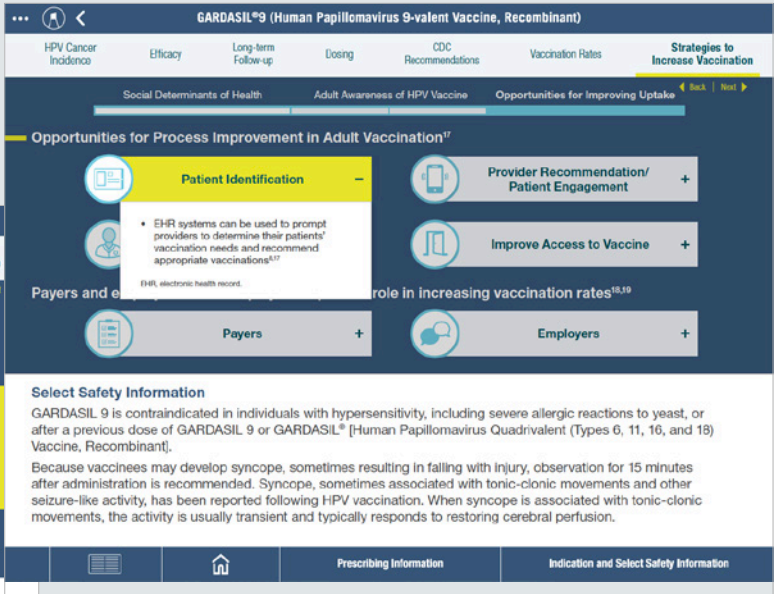
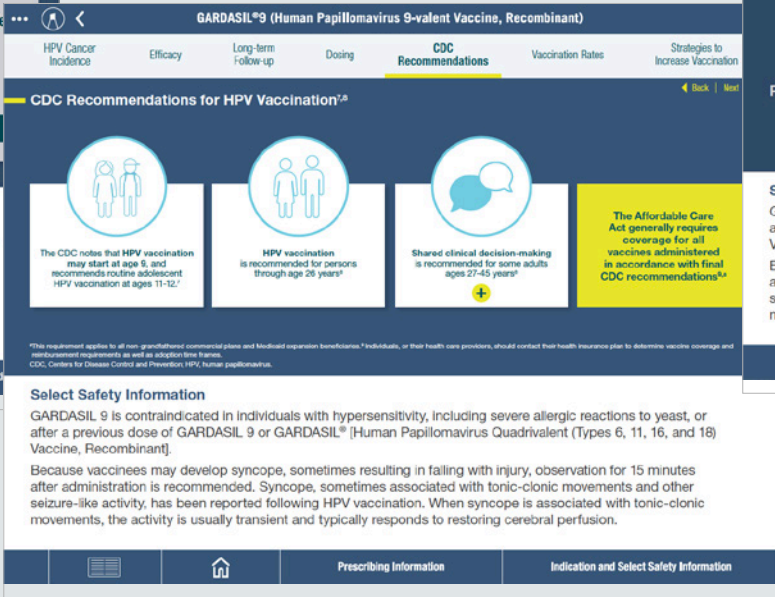
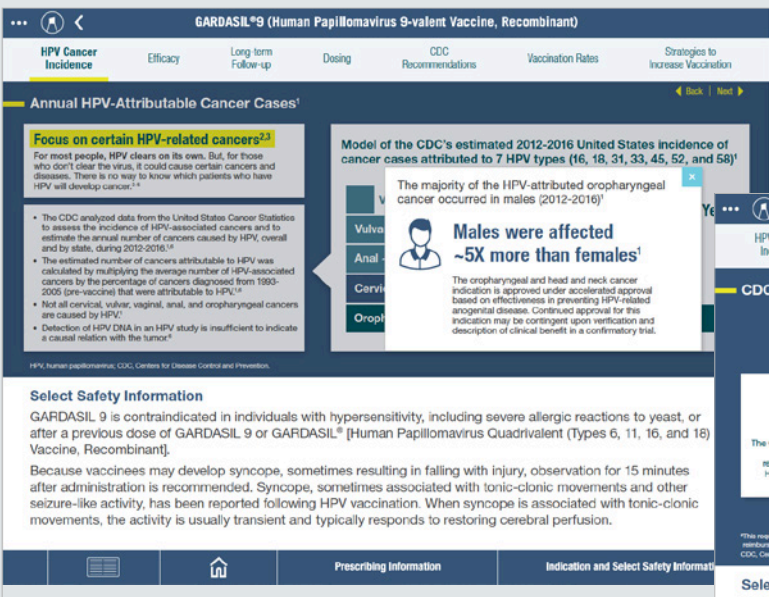
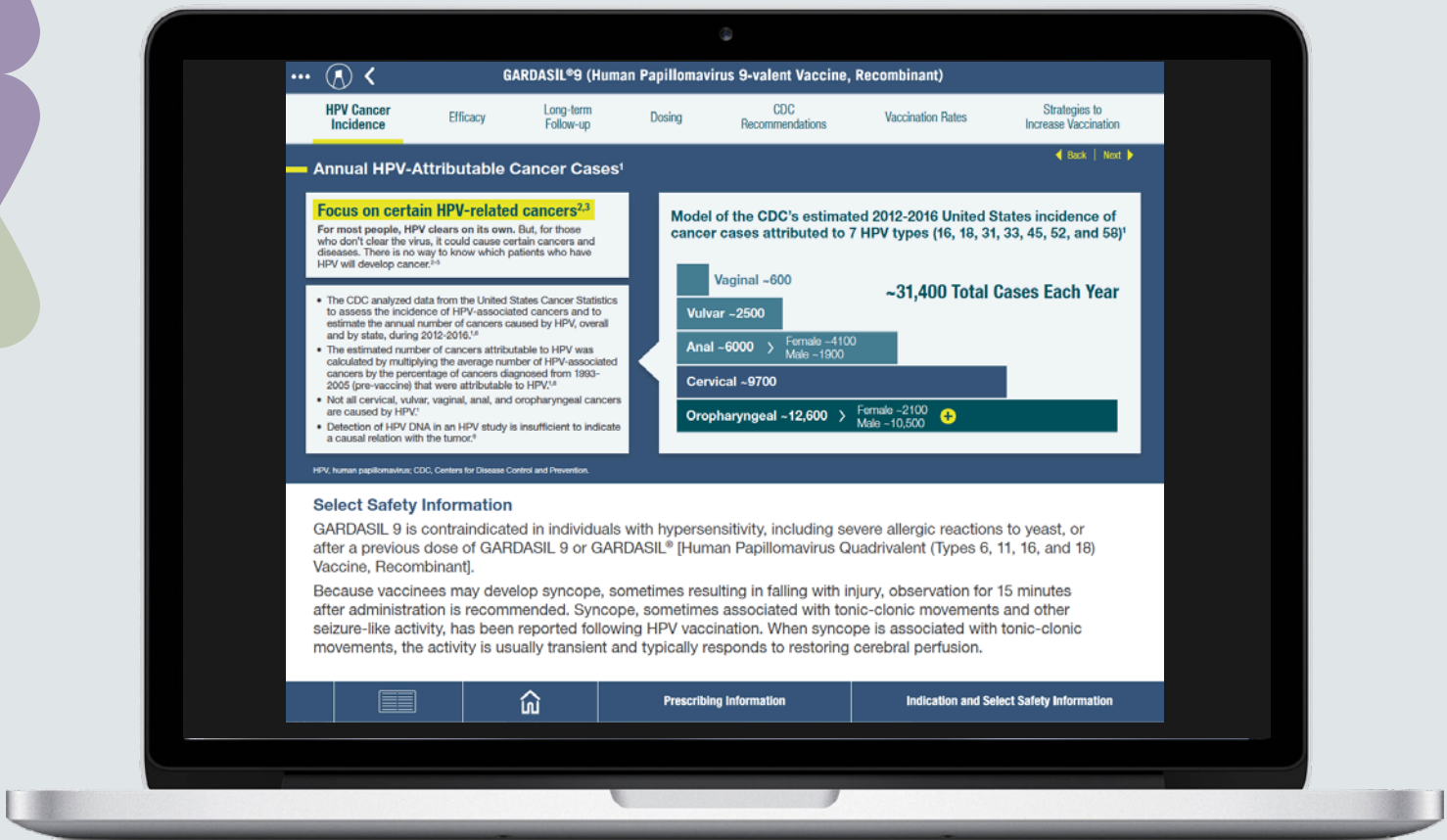
2

GARDASIL 9 ADULT IVA (Interactive Visual Aid)

Health care provider education

Mapped the content. Oversaw design, content and UX development to insure project aligned to brand and messaging. Participated in the Medical Legal Review process through APLB accelerated approval.

Reach: Key decisions makers at Integrated Delivery Networks (IDNs) and payers



VAXNEUVANCE PEDIATRIC INSIGHTS DECK

Health care provider education: new pediatric pneumococcal vaccine

Mapped the content. Oversaw design and content development to insure project aligned to brand and messaging.
Participated in the Medical Legal Review process.

Reach: Key decisions makers at Integrated Delivery Networks (IDNs) and payers



Invasive pneumococcal disease (IPD) and pediatric population health

Pediatric IPD and disease burden Immunogenicity and serotypes

What is pediatric IPD?

Invasive pneumococcal disease (IPD) can lead to serious illnesses causing hospitalizations, long-term complications, and even death.^{1,2} IPD occurs when bacteria called *Streptococcus pneumoniae* infect normally sterile sites, such as the cerebrospinal fluid (causing pneumococcal meningitis) or the bloodstream (causing pneumococcal bacteremia).³

Pneumococcal meningitis^{2,3}

~1 in 12 affected children will die of it

- *S. pneumoniae* is the leading cause of bacterial meningitis among children younger than age 5 years in the US
- Survivors may have lifelong disabilities, such as hearing loss or other neurological complications

Pneumococcal bacteremia²⁻⁴

~1 in 30 affected children will die of it

- Pneumococcal bacteremia is the most common type of IPD in children under 2 years of age in the US⁵
- Estimates indicate that pneumococcal bacteremia accounted for ~44% of total IPD cases in 2019⁶

Despite a decline in IPD cases after the introduction of pneumococcal conjugate vaccines (PCVs), **IPD is still a concern today.**^{3,5,6} The incidence of IPD in children is the highest in the first year of life, according to a 2018-2021 pooled analysis.^{6,4}

*Without a known site of infection.³
¹Based on 1,382 IPD cases in children <5 years in the US in 2019. Percentages based on imputation of 2017 values.
²The CDC's ABC surveillance areas for *S. pneumoniae* included 10 states from 2018-2021, with >54 million persons per year; the rates of IPD per 100k babies were 10.2 at <1 year, 8.4 at 1 year, and 3.3 at 2 to 4 years of age.
³ABC Active Bacterial Core. CDC. Centers for Disease Control and Prevention. IPD, invasive pneumococcal disease; PCV, pneumococcal conjugate vaccine; *S. pneumoniae*, *Streptococcus pneumoniae*; US, United States.
⁴Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
⁵Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
⁶Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
⁷Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
⁸Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
⁹Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
¹⁰Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
¹¹Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
¹²Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
¹³Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
¹⁴Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
¹⁵Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
¹⁶Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
¹⁷Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
¹⁸Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
¹⁹Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
²⁰Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
²¹Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
²²Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
²³Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
²⁴Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
²⁵Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
²⁶Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
²⁷Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
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³⁰Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
³¹Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
³²Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
³³Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
³⁴Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
³⁵Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
³⁶Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
³⁷Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
³⁸Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
³⁹Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
⁴⁰Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
⁴¹Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
⁴²Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
⁴³Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
⁴⁴Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
⁴⁵Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
⁴⁶Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
⁴⁷Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
⁴⁸Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
⁴⁹Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
⁵⁰Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
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⁵³Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
⁵⁴Reference: 1. CDC. Types of infection. Last reviewed September 1, 2020. <https://www.cdc.gov/pneumococcal/about/infection-types.html>.
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Vaccination considerations for payers

- Utilize IIS to determine existing care gaps¹**
 - IIS provide aggregate data on vaccinations to help guide decision-makers to improve vaccination rates
- Track progress of immunization measures^{2,3}**
 - Childhood Immunization Status (UDS, HEDIS)
 - Immunizations for Adolescents (HEDIS)
 - Adult Immunization Status (HEDIS)
- Target HCPs with initiatives and materials they can use to improve vaccination rates⁴**
 - Information on establishing integrated team-based care strategies that promote a culture of immunization as part of preventive care
 - Information on implementing quality improvement projects targeting vaccination
 - Information on reminder systems that may improve vaccination rates
 - Strategies and tips on making strong recommendations to patients

Indication and Usage

VAXNEUVANCE is indicated for active immunization for the prevention of invasive disease caused by *Streptococcus pneumoniae* serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F, 22F, 23F, and 33F in individuals 6 weeks of age and older.

Select Safety Information

Do not administer VAXNEUVANCE to individuals with a severe allergic reaction (e.g., anaphylaxis) to any component of VAXNEUVANCE or to diphtheria toxoid.

Some individuals with altered immunocompetence, including those receiving immunosuppressive therapy, may have a reduced immune response to VAXNEUVANCE.

Apnea following intramuscular vaccination has been observed in some infants born prematurely. Vaccination of premature infants should be based on the infant's medical status and the potential benefits and possible risks.

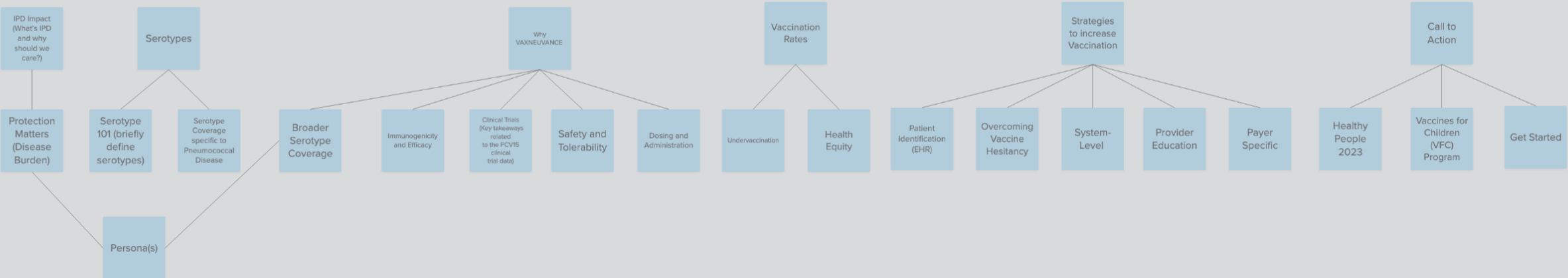
Select Safety Information for VAXNEUVANCE continues on the following page.

[Prescribing Information](#) [Patient Information](#)

Purpose: To effectively convey to an IDN C-Suite audience the "Why?" for PCV15

Crafting a compelling case for PCV15 (a pneumococcal conjugate vaccine covering 15 serotypes) over PCV13 (which covers 13 serotypes) for children necessitates clear differentiation and an emphasis on the benefits of broader protection.

Story Flow



NOTE: Clinical profiler will be discontinued

POPULATION HEALTH INTERACTIVE DIGITAL TOOL

Power of Prevention

Partnered with the client to shape the story flow and content. Developed the concept, design, interactivity and animation.
Participated in the Medical Legal Review process.

Reach: Key decisions makers at Integrated Delivery Networks (IDNs)



HAVE YOU SEEN A TRANSFORMATION IN PHM?

A renewed focus on prevention is **foundational to improving population health goals¹**

Fourth objective: improving the work life of health care providers³

PHM=Population Health Management; HCP=Health Care Provider.

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PREVENTION AND VALUE-BASED HEALTH CARE

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EMPLOYEE HEALTH INTERACTIVE DIGITAL TOOL

Employee Preventive Health Care

Partnered with the client to shape the story flow and content. Developed the concept, design and interactivity. Participated in the Medical Legal Review process.

Reach: Payers and Large Employer Organizations





STRATEGIC TRANSFORMATION IN A HIGHLY COMPETITIVE ONCOLOGY MARKET

Case study

This case study demonstrates the power of design thinking, data-driven insights, and cross-functional collaboration in driving strategic transformation and maintaining market leadership in a competitive oncology landscape.

A global pharmaceutical organization aimed to maintain its leadership in a highly competitive therapeutic area. To achieve this, the company needed to adopt a strategic approach that enabled cross-functional teams to collaborate effectively and navigate an increasingly complex market landscape. This case study explores how mock5 helped implement a holistic strategy to align brand marketing efforts, enhance field alignment, and leverage data-driven insights to strengthen market position.



KEY CLIENT CHALLENGES

RISING COMPETITION

New competitors threatened a dominant market position, requiring innovative strategies to maintain leadership.

SHIFTING POSITIONING STRATEGY

Evolving positioning from a product- and indication-focused approach to a comprehensive therapeutic portfolio perspective, enabling more holistic support for accounts and identifying opportunities within complex treatment regimens.

COORDINATION ACROSS DIVERSE TEAMS AND CUSTOMERS

Multiple teams supporting the work, each with competing priorities, varying methods of client engagement, and differing views on maintaining market leadership created internal challenges. Compounding this complexity, their customer base—comprising academic organizations, community care providers, and IDNs—each had unique needs and priorities, requiring a flexible yet robust solution to effectively manage these diverse considerations.

THE APPROACH

DESIGN THINKING WORKSHOPS

Conducted workshops with key stakeholders to uncover gaps in perspectives and identify inefficiencies in customer-specific challenges, leading to the creation of a prioritization grid, action plan, and guiding objectives statement.

DATA-DRIVEN INSIGHTS

Collaborated with subject matter experts, analyzed industry trends, competitor data, and customer insights via segmentation and archetypes, ensuring messaging and portfolio objectives were tailored to real-world needs.

SCALABLE FRAMEWORK DEVELOPMENT

Developed a flexible, adaptable framework based on existing efforts, enabling success across markets and therapeutic areas with a focus on long-term growth and sustained leadership.

DELIVERING RESULTS

CRAFTING THE PLAYBOOK ON CUSTOMER-CENTRICITY

Through the development of a scalable strategic playbook, mock5 delivered stronger alignment across client teams, improving coordination and ensuring consistent messaging that enhanced strategy execution. By integrating real-world data and customer insights, we empowered the client to make informed decisions, allowing them to quickly adapt to evolving market dynamics. The user-friendly, interactive playbook is being applied across all customer segments, ensuring best practices are consistently leveraged. Ultimately, this comprehensive solution was a key factor in solidifying their market leadership, enabling the client to effectively meet diverse customer needs while maintaining a competitive edge.

Thank you



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