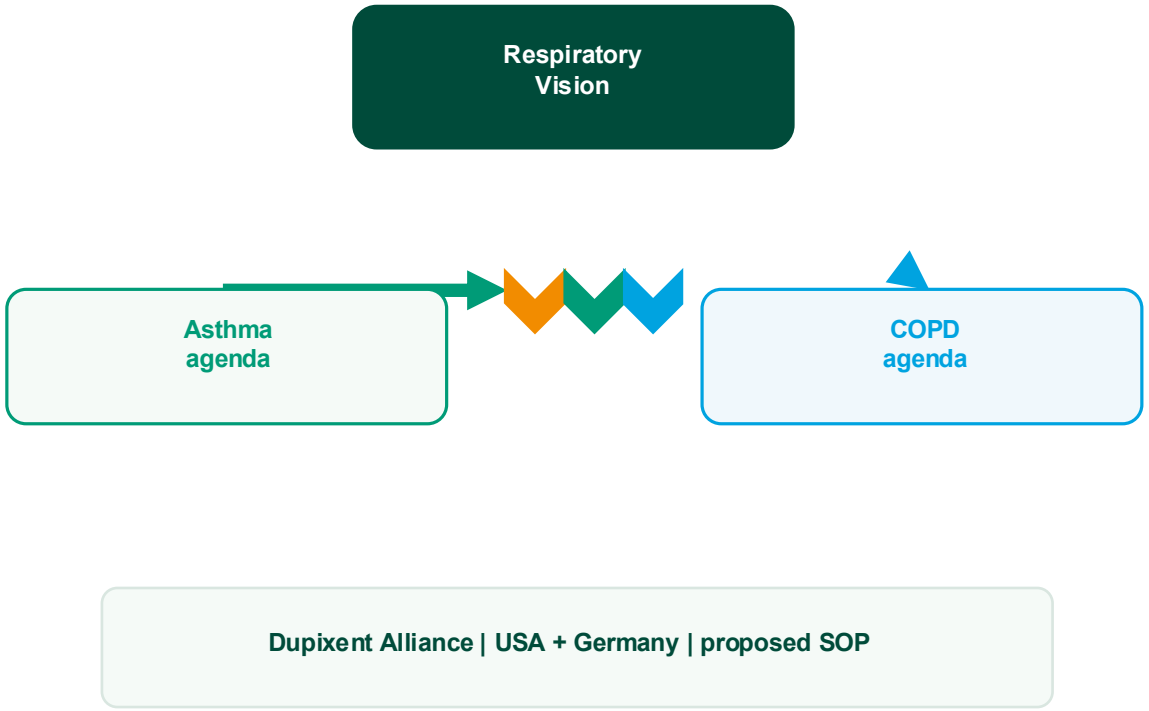
# Respiratory Vision and Asthma + COPD agendas

A live PMR war-game methodology to define what must hold across the Respiratory Vision, where each agenda needs its own expression, and what USA and Germany need to execute with confidence.



# What this kickoff is for

## This deck aligns the team around the commercial task, the live PMR method, and the evidence rhythm.

### Confirm the task

The Respiratory Vision must hold while Asthma and COPD stay specific enough for local use.

### Align the method

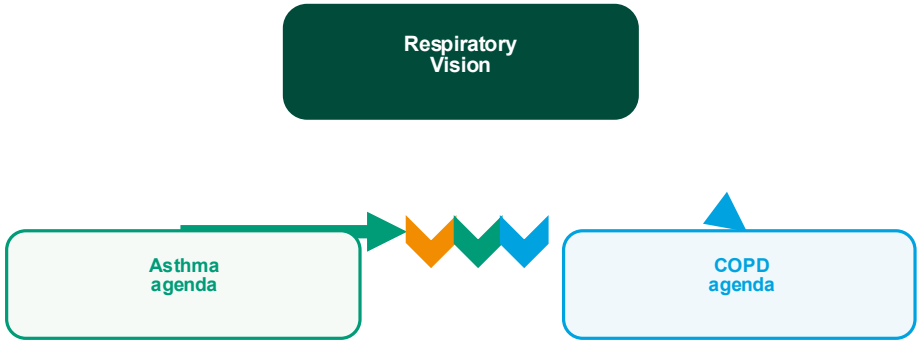
Live DUO discussions turn individual reactions into a sharper test of strategic confidence.

### Set the rhythm

Three DUOs per day gives depth across both disease agendas without compressing the read.

# The commercial question

## Dupixent is moving from a strong product story to a broader Respiratory platform story.




The research is not just asking whether the Vision is liked. It is asking whether Asthma and COPD teams can use it without losing disease-area relevance.

# The category is getting simpler around Dupixent

## Competitors can be easier to repeat

Tezspire can tell a broad, low-friction choice story. Nucala and the IL-5s can use familiar eosinophil logic. Exdensur can focus attention on convenience.

## Dupixent has more to protect

Breadth, outcomes, Type 2 authority, and cross-disease potential are strengths. They also make the agenda harder to simplify without losing value.

**The job is to make the richer story easier to use, without flattening what makes Dupixent different.**

# The SOP method in one line

## Two parallel IDIs become one live DUO discussion.

Each HCP hears one agenda first, then the comparison story. They then come together to discuss, challenge, re-hear, and score what works best.

### IDI A

Dupixent leads for 30 minutes. Competitor story follows for 15 minutes.

### IDI B

Competitor leads for 30 minutes. Dupixent story follows for 15 minutes.

### DUO

Both HCPs come together for challenge, re-pitch, scoring, and Respiratory Vision implications.

# The 90-minute customer session

**01**
Parallel IDIs
Two HCPs in separate rooms.

>

**02**
Lead agenda
30 minutes with the first story.

>

**03**
Comparison
15 minutes with the counter-story.

>

**04**
DUO discussion
The HCPs come together.

>

**05**
Re-pitch
Teams sharpen and test again.

>

**06**
Score
Winner, why, and what should change.

## Then the Respiratory Vision question

What needs to hold across Asthma and COPD, and what needs to flex by disease area or market?

# Between sessions: where the system adds value

## After each 90-minute MR session

The Alliance can review what worked, where confidence weakened, and what to sharpen before the next competitive discussion.

## Unity Arc working window

Evidence is structured quickly: language, proof, friction, scoring, and the early read on what should hold.

1. Review
2. Score
3. Find friction
4. Sharpen
5. Next DUO

# Fieldwork rhythm

**3**
DUOs per fieldwork day

**4**
days per country

**12 + 12**
Asthma + COPD discussions

**2**
markets: USA + Germany

## Why three DUOs per day

Three DUOs gives enough room for the full IDI-to-DUO method, live observation, and the Unity Arc working window between sessions.

## Why the full week matters

The full week gives each disease area a proper read in each country before we compare what should hold across the Respiratory Vision.

# Proposed fieldwork schedule

## USA | proposed

20 Jul | New York
21 Jul | Philadelphia
24 Jul | Dallas / Fort Worth
25 Jul | Houston

## Germany | tentative

3 Aug | Munich TBD
4 Aug | Munich TBD
6 Aug | Berlin TBD
7 Aug | Berlin TBD

**Monday and Tuesday, then Thursday and Friday. The gap protects analysis, team learning, and practical reset time.**

# Sample logic

**24**

DUOs across USA + Germany

**48**

agenda exposures / discussions

**12**

Asthma per country

**12**

COPD per country

## What this gives the Alliance

A proper Asthma read, a proper COPD read, and enough evidence to decide what should stay consistent across the Respiratory Vision.

## What compression risks

A smaller Asthma read and a smaller COPD read. That makes it harder to separate strategic core from disease or market flex.

# Recall and quant are evidence layers

## Recall shows what holds

A strong response in the room is not enough. Recall shows what physicians still remember, repeat, and trust three to five business days later.

## Quant gives each market its execution read

Quant is not just validation. It shows how each market can apply the strategic core within its own competitive dynamics.

**The output: a clearer global core, disciplined market flex, and a faster bridge from insight to local execution.**

# What the team will see during the project

## Project Hub

Brief, decisions, schedule, materials, and open questions in one working space.

## Analytics Lab

How evidence is structured into the read: reframe, land, stick, and time.

## Evidence Room

Live read as fieldwork runs: what lands, what creates friction, and what is changing.

## Strategy Room

Where the recommendation is assembled, refined, and prepared for handover.

## Project Vault

The library the Alliance keeps, hosts, and returns to after handover.

# Roles in the live session

### Moderator 1

Runs IDI A and supports the transition into the DUO.

### Moderator 2

Runs IDI B and keeps the comparison balanced.

### Alliance observers

Hear both stories, watch the live discussion, and identify what needs sharpening.

### Commercial pitch teams

Deliver the agenda, hear the challenge, ask questions, and learn what makes the story easier to use.

# Kickoff decisions

## Stimulus

Confirm the Respiratory Vision and Asthma / COPD agenda materials.

## Comparators

Confirm the competitive story used in each disease area.

## Schedule

Confirm facilities, observer set-up, and country logistics.

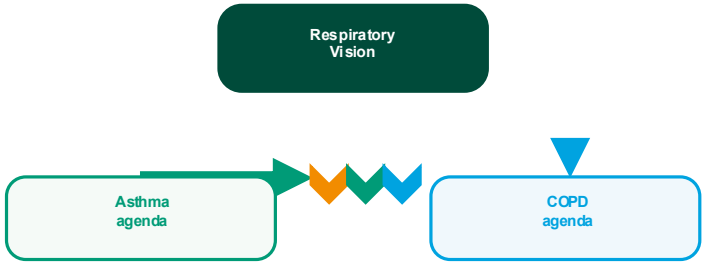
## Success read

Agree what evidence is needed to protect the core, flex locally, and move quickly into execution.

# Close

## The goal is simple.

Help the Alliance know what must hold across the Respiratory Vision, where Asthma and COPD need room to flex, and what local teams need to execute with confidence.




### Next step

Confirm kickoff inputs and lock the fieldwork plan.