

### Summary of the After Action Review of Zyprexa and ADA (held 2/13/04)

- Close contact was not maintained with the presenters or the writing panel of the consensus panel. **Solution:** a systematic well orchestrated approach is needed with similar events that are likely to happen in the future in order to ensure that the information available is accurate and free of interpretation bias
- Crisis atmosphere on the Zyprexa leadership team during 2-3 weeks around the publication of the ADA consensus. **Solution:** A hand railed team with defined leadership, headcount and clear accountability needs to be created to address similar events. A team has been assembled led by Bert VandenBergh.

### Zyprexa/endocrine summit (held 2/10/04)

- As more data becomes available, it appears that there may be some gaps between the interpretation of the metabolic data between the Zyprexa brand & product teams and Lilly Endocrine experts.
- A similar gap may also exists in the interpretation of the data between Zyprexa scientists and some external experts – Sharing of information with externals has been helpful and must continue
- The meeting was clearly a success as it fostered mutual trust and respect between the two groups. This is just the beginning; close collaboration between the two groups is essential.

### Other major Events:

- The American Psychiatric Association just published (Feb. 2004) the Practice Guideline for the Treatment of Patients with Schizophrenia. The review included both efficacy and safety. The working group included a \*widely respected psychiatric experts and importantly did not include any of the members of the ADA consensus panel. Their conclusions were almost identical placing Zyprexa at the highest risk of glucose and lipid abnormalities, Seroquel and Risperdione in the middle and Ziprasidone and Aripiprazole (not supported by existing data) at no risk. In contrast no clear differentiation on efficacy was noted.

### Summary and Recommendations:

- A hand railed team to address similar future challenges needs to be created.
- Considering the recommendations on the APA schizophrenia guidelines, it is likely that the APA task force on Second-generation antipsychotics and metabolic issues may have a similar outcome than the ADA Consensus meeting.
- To just focus on metabolic issues is a mistake, we need to focus on other side effects such as cardiac (QTc) and neurological (parkinsonism) abnormalities, but most importantly we need to focus on efficacy.

- Metabolic issues need to be placed in the right context. For instance we need to differentiate, weight gain from obesity. We need to be precise about the attributable risk of Zyprexa on hyperglycemia (less 1%). In other words the addition of Zyprexa may add a small risk (0.6%) of developing hyperglycemia (most likely weight-related) in a patient suffering from schizophrenia
- It is essential to maintain the synergy between the neuroscience and the endocrine Lilly groups.
- Clear need to foster partnerships with key Endocrine and Neuroscience thought leaders
- In order to remain the market leader we need to highlight our efficacy, for instance by pursuing new indications and label enhancements.
- We need to continue to conduct studies that will help us understand if Zyprexa has a cause-effect relationship with hyperglycemia independently of weight gain
- We need to invest in solutions including educational programs to help patients and clinicians manage metabolic issues

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