Zyprexa Product Team
4 Column Summary

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Lilly Research Laboratories
Eli Lilly and Company
Indianapolis, Indiana
Objective/Expectations:

- Gain alignment on the magnitude of key opportunities for Zyprexa and depression including strategic intent
- Gain alignment on the core programs
- Tee - up critical issues for the next 3-year planning cycle
- Agree on the deliverables for the February Policy Committee Meeting
Zyatrex Product Team Strategy Document

COLUMN I: Analyses and Givens

- Market Overview
- Disease State Priorities
- Key Players
- Health Care Transaction
- Business Fundamentals
- Competitor Analyses
MAT Q2/97 Worldwide Neuroleptic Market

$ Split

- L.A./Canada $154=6%
- Asia Pacific $62=2%
- USA $1,360=49%
- EMA $843=30%
- Japan $350=13%

Total World US$ = $2.8 billion

DOT Split

- L.A./Canada 307=7%
- Asia Pacific 165=4%
- USA 767=17%
- Japan 768=18%

Total World DOTs = 4.4 billion
Top 15 Neuroleptice Products Worldwide
MAT Q2/97

- Olanzapine 12%
- Clozapine 13%
- Haloperidol 8%
- Sulpiride 4%
- Thioridazine 3%
- Fluphenazine 3%
- Bromperidol 2%
- Levopromazine 2%
- Amisulpride 2%
- Flupentixol 2%
- Perphenazine 2%
- Chlorpromazine 1%
- Other 15%

$ Sales Split

Risperidone 28%
Worldwide Antipsychotic Market Days of Therapy

<table>
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<tr>
<th>Quarter</th>
<th>Atypicals</th>
<th>Typical</th>
<th>Total Mkt. (000)</th>
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<tbody>
<tr>
<td>Q1/96</td>
<td>4.7%</td>
<td>95.3%</td>
<td>1,071,092</td>
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<tr>
<td>Q2/96</td>
<td>4.9%</td>
<td>95.1%</td>
<td>1,091,869</td>
</tr>
<tr>
<td>Q3/96</td>
<td>5.8%</td>
<td>94.2%</td>
<td>1,065,579</td>
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<tr>
<td>Q4/96</td>
<td>6.9%</td>
<td>93.1%</td>
<td>1,129,811</td>
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<tr>
<td>Q1/97</td>
<td>7.6%</td>
<td>92.4%</td>
<td>1,074,734</td>
</tr>
<tr>
<td>Q2/97</td>
<td>8.3%</td>
<td>91.7%</td>
<td>1,091,673</td>
</tr>
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France Antipsychotic Market
Days of Therapy

DOT (000)

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Atypicals</th>
<th>Typical</th>
<th>Total Mkt. (000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1/96</td>
<td>154,437</td>
<td>151,678</td>
<td>151,678 - 2%</td>
</tr>
<tr>
<td>Q2/96</td>
<td>143,121</td>
<td>143,121</td>
<td>151,678 - 6%</td>
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<tr>
<td>Q3/96</td>
<td>158,832</td>
<td>158,832</td>
<td>158,832 + 11%</td>
</tr>
<tr>
<td>Q4/96</td>
<td>160,746</td>
<td>160,746</td>
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<tr>
<td>Q1/97</td>
<td>153,086</td>
<td>153,086</td>
<td>153,086 - 5%</td>
</tr>
<tr>
<td>Q2/97</td>
<td>163,178</td>
<td>163,178</td>
<td>163,178 - 1%</td>
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</table>
U.K. Antipsychotic Market Days of Therapy

DOT(000)

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Atypicals</th>
<th>Typical</th>
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<tbody>
<tr>
<td>Q1/96</td>
<td>59,812</td>
<td>60,474</td>
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<td>Q2/96</td>
<td>58,900</td>
<td>60,815</td>
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<td>Q3/96</td>
<td>67,115</td>
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<td>Q4/96</td>
<td>67,021</td>
<td>69,074</td>
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<tr>
<td>Q1/97</td>
<td>62,620</td>
<td>65,624</td>
</tr>
<tr>
<td>Q2/97</td>
<td>64,574</td>
<td>67,620</td>
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</table>

Total Mkt.(000) 59,812 58,900 67,115 67,021 62,620 64,574

- Q1/96: -2% |
  - Q2/96: +14% |
  - Q3/96: +4.0% |
  - Q4/96: +0% |
  - Q1/97: -7% |
  - Q2/97: +3% |
Neuroleptic (N5A) Market Breakout by Form

- ORAL SOLIDS: 58%
- LIQUID: 15%
- DEPOT: 15%
- GRAN: 11%
- SAIM: 1%
# Market Research: Drivers of Drug Choice

<table>
<thead>
<tr>
<th>Top 10</th>
<th>Product Profile</th>
<th>Publication</th>
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<tbody>
<tr>
<td>Effect on positive symptoms</td>
<td>▶▶▶▶</td>
<td>Yes</td>
</tr>
<tr>
<td>Risk of causing tardive dyskinesia</td>
<td>▶▶▶</td>
<td>Yes</td>
</tr>
<tr>
<td>Efficacy in refractory patients</td>
<td></td>
<td>In Press</td>
</tr>
<tr>
<td>Patient acceptability</td>
<td>▶▶</td>
<td>In Press</td>
</tr>
<tr>
<td>Reduction of aggression/irritability</td>
<td>▶▶▶</td>
<td>In Press</td>
</tr>
<tr>
<td>Effect on negative symptoms</td>
<td>▶▶▶</td>
<td>Yes</td>
</tr>
<tr>
<td>No blood monitoring required</td>
<td>▶▶▶</td>
<td>Label</td>
</tr>
<tr>
<td>Reduction of anxiety/agitation</td>
<td>▶▶</td>
<td>Yes</td>
</tr>
<tr>
<td>Patient history</td>
<td>“routine use”</td>
<td>1st to multi-episode</td>
</tr>
<tr>
<td>Improvement in cognitive function</td>
<td>▶▶</td>
<td>In Press</td>
</tr>
<tr>
<td>Risk of causing akathisia</td>
<td>▶▶▶</td>
<td>Yes</td>
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</table>
36% growth in the past 6 years
project ≥ 16% by the new millennium (7% ROW)
Drugs prescribed for BPD in the Major Markets

- Lithium, a 28 year old product remains the leader
Drugs Prescribed in the U.S. for Bipolar

- In the U.S., the introduction of valproate (Depakote) has been well received
Disease State Prioritization Criteria

1. Market opportunity (1 year prevalence)
2. Unmet Medical Need
3. Probability of Technical Success
4. Halo Effect
5. Likelihood of Prescribing
6. Neuroscience Strategy
7. Promotion Potential
Prioritize disease states opportunities to pursue new indications based on prevalence of the disorder, unmet medical need, and probability of technical success (market opportunity).
- The “core interaction” in the United States is the typical patient-provider-payer interaction.
- Power in the United States is dispersed among a large number of players and no single player enjoys a predominant position.
The European Antipsychotic Market

- The role of the government is dramatically different.

- The role of the treatment team (nurses, etc.) is in most cases different.

- The role of third party payers (private insurers, employers, etc.) is substantially different.

- The number of secondary and tertiary players—and thus the number of indirect channels of influence available to a pharmaceutical company—are different.

Summary: These four points would suggest that leverage points available to a pharmaceutical company are different, and thus Demand Creation programs must also be somewhat different.
Key Players in the Latin American Antipsychotic Market

• In stark contrast to the US and European models, the core players in the treatment transaction are principally the patient and provider, as the patient is in most cases both the user and the payer.

• Also notable is the fact that power in this model is very substantially concentrated in the providers.

• The government plays a diminished role.

• As with Europe, the Latin American model is also substantially less complex than the US model.
• Predict an increase in the influence of payers and treatment protocols (i.e., treatment algorithms) in both the United States and the United Kingdom, and the diminished relative power of physicians, as well as an erosion of patient influence in the US market.

• In contrast, the relative influence of players in Italy is not projected to change with the physician continuing to enjoy a influence.

Healthcare Transaction Model

The primary goals of this model are to:

1. **Identify where value is lost:** identify where a potential Zyprexa patient would not receive treatment.

2. **Identify the primary and secondary players involved in the transaction**

3. **Identify the primary reasons a patient did not receive treatment**

4. **Identify levers for the areas of greatest loss:** List suggestions that can be used to expand the demand for Zyprexa.
Business Fundamentals

Drivers of Market Value of Pharmaceutical Companies

- Most neuroscience ventures are highly ROC positive
Value Cycle Activities and Drivers of Value

- Demand Creation activities are resourced principally from operating expense (OPEX). OPEX drive incremental demand for our products (SOM).

- For Lilly Neuroscience, as long as each incremental $1.00 invested in OPEX produces $1.10 in sales, increase NOPAT.

- Currently, Lilly Neuroscience is generating about $5.00 in sales for every $1.00 in OPEX globally. There is significant upside for Lilly if OPEX are optimized, ie, drive additional sales and NOPAT.
What activities drive SOM?

• The inherent characteristics of the molecule itself

• The accumulated selling and marketing activities invested in a product over time

• The current selling and marketing activities invested in the product
Effect of Combining Promotional Tools

- No Promo: 10%
- Print Only: 32%
- Detail w/o Sales Aid: 18%
- Detail w/o Sales Aid w/ Print: 43%
- Detail w/ Sales Aid: 31%
- Detail w/ Sales Aid & Print: 62%

Source: HCI, Inc.
Effect of Combining Promotional Tools — Contd.

- An audit of total non-sales force promotional spending by pharmaceutical companies in the United States during 1996 ranks Lilly 24th in total non-personal spending, versus 5th for Pfizer, 9th for Zeneca, 14th for Pfizer’s Roerig, 15th for Janssen, and 19th for Abbott.

- None of Lilly’s products were in the top 25 non-detail promotions in the United States in 1996. Prozac’s chief competitors Zoloft and Paxil were ranked 7th and 16th respectively.
<table>
<thead>
<tr>
<th>Profile</th>
<th>ziprasidone</th>
<th>quetiapine</th>
<th>sertindole</th>
<th>risperidone</th>
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<tr>
<td>Submission Approval</td>
<td>3/97 Q1-Q2 ‘98</td>
<td>8/96 Approvable letter 7/97US</td>
<td>10/95 7/96 (UK), Austria,</td>
<td>8/93 2/94, (50+ countries)</td>
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<td>2006 Approved UK 8/4/97</td>
<td>Denmark, and Netherlands</td>
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<tr>
<td>Receptor affinity</td>
<td>5HT2, D2, D1, D4</td>
<td>5HT2, D2, D1</td>
<td>5HT2, D2, A-1</td>
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<td>BID</td>
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<td>Effective dose range</td>
<td>20-40mg</td>
<td>150-750mg</td>
<td>12-24mg</td>
<td>2-16mg</td>
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<tr>
<td>Optimum dose</td>
<td>20mg</td>
<td>300mg/day</td>
<td>20mg</td>
<td>4-6mg</td>
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<tr>
<td>Product:</td>
<td>Strength:</td>
<td>Weakness:</td>
<td></td>
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</table>
| ziprasidone/Zeldox | - Different mechanism  
                   - Efficacy in +/- symptoms (?)*  
                   - Superior efficacy in comorbid depression  
                   - No liver/blood problems  
                   - Less weight gain  
                   - Low EPS   | - BID  
                   - Must take w/ food  
                   - Increased prolactin levels  
                   - Weight gain  
                   - Agitation / Somnolence or postural hypotension |
| quetiapine/Seroquel | - Efficacy in +/- symptoms*  
                   - Low prolactin increase  
                   - Low level EPS  
                   - Safety profile   | - Lack of robust efficacy (questionable in negative)  
                   - BID / Dose titration / postural hypotension  
                   - Efficacy comparable to haloperidol / chlorpromazine  
                   - Agitation-dose related/ weight gain |
| sertindole/Serlect | - Efficacy in +/- symptoms*  
                   - Placebo level EPS  
                   - Prolactin levels within normal levels  
                   - Improvement in cognitive function   | - QTc prolongation/mandatory ECG  
                   - Sexual dysfunction-low ejaculatory volume  
                   - Nasal congestion 30-40% of pts.  
                   - Long titration period  
                   - Postural hypotension |
| Risperdal/Risperdal | - Efficacy in +/- symptoms*  
                   - Experience (strength or weakness?)  
                   - No lab monitoring  
                   - Experience in other indications   | - Efficacy in negative Sx questionable  
                   - EPS dose related  
                   - BID- titration  
                   - Tachycardia / rhinitis / agitation  
                   - Reports of: NMS / QTc prolongation |

* relative to placebo
COLUMN II: Strategic Ends

I. Strategic Intent & Vision
II. Goals, Metrics, & Targets
Strategic Intent:

Zypraxa will be the world’s number one neuroscience pharmaceutical in history.
Vision:

- Our purpose is to create and deliver superior pharmaceutical-based health care solutions
- Selected disease state focus to maximize the product life cycle value
- Differentiations on safety efficacy, ease of use, and value
- Blunt the competition through a proactive, focused strategy effectively implemented by our internal partners
- Disease management where it increases value for Zyprexa in the HCT model
- Global focus / brand management
- Maintain an aligned organization characterized by talent, innovation, and dedication
Zyprecxa Launch Order
EU Approval - Sep. 27, 1996
US Approval - Sep. 30, 1996

84 submissions
52 approvals
37 launches
(14 more - '97)

KEY:
Submission completed
[ ] Special License Agreement

Approved! (Location indicates launch date)
* In current month indicates launch still expected

Argentina
Columbia
Malta
Peru
Philippines

Austria
Canada
Denmark
Finland

Germany
Netherlands

Sweden
United Kingdom

United States

Ireland

Spain

Australia
Brazil

Estonia
Hong Kong
S. Africa

Costa Rica
Guatemala
Mexico
Portugal

Latvia

Bulgaria
Egypt
Switzerland
Venezuela

[Chile]
Luxembourg
Morocco
New Zealand
Paraguay
Syria

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Zypraxa YTD/Projected Global Sales

- Projected '97 > $700 mil
- YTD Oct '97 = $551 mil
- 37 countries launched
- 14 add'l launches

Sales over time from Jan to Dec:
- January: $0
- February: $100,000
- March: $200,000
- April: $300,000
- May: $400,000
- June: $500,000
- July: $600,000
- August: $700,000
- September: $800,000
- October: $900,000
- November: $1,000,000
- December: $1,100,000
Zyvox Q3 '97 SOM Uptake

- Adoption of atypicals in US far exceeds that of Europe.
- Share of total N5A will therefore show US far ahead of other launches.
- However, European affiliates showing good uptake vs. other atypicals (w/ exception of Germany)
- Challenge: Accelerate adoption of atypicals in Europe
Zyprexa Sales: Long Range Forecast
Annual sales (000)

Line Extensions
New Indications
Schizophrenia and Related Psychotic Disorders

• We cannot afford to be complacent!
COLUMNN III: Strategic Means

I. Assess Organizational Structure
II. Assess Capabilities
III. Product Strategy
Zypréxa Product Team

Core Team

G. Tollefson - Team Leader
V. Rampey - Director of Operations
J. Lancaster - Director of Marketing
A.M. Crawford - Manager of Data Management

A. Webber - Regulatory Coordinator
D. Lynch - Manager of CM&C
J. Kaiser - Director of Market Research
TBD - Japan Project Manager

Franchise Team
* Krueger
* Breier
* Schmid

Venture Team
* Graffeo
* Sanger

Customer Response Team
* Crawford
* Ramsey

Affective Disorder Team
* Tohen

* Sub-Team Leaders and Members of Core Team
Capabilities

Strengths
- Core message development
- Branding
- Publications Strategy
- Presentations
- Long term product strategy

Opportunities to further upgrade
- Competitive analysis
- Market research
- Customer relations
- Communications
- HE / DSM
- Line Extensions
I. Vision of the Value Cycle

- The Value cycle is defined as the list of all the activities that should be conducted in the areas of discovery, development, demand creation and sourcing in order to optimize the value of Zyprexa.

**Diagram:***

- **Market:** Customers, Externalities, Player, Competitions
- **Message:** Development & implementation
- **Vision of Product evolution**
- **Market Research Competitor analysis**
- **Registration Clinical Trials/ Publications (Scientific, HE, QOL)**
- **Formulation development**
- **Manufacturing / Sourcing**
- **Distribution Strategy**
- **Pricing**
- **Accessibility (Formularies, Government Reimbursement...)**
Current Message

At launch, Zyprexa was positioned as a first line anti-psychotic for a broad spectrum of patients because it offered the best combination of efficacy, safety and tolerability and could result in optimal economical value for patients.
• **Evolution of the Message**

  — Zyprexa as a unique molecule

  — Positive differentiation of Zyprexa by the customer — desirable product attributes
    
    ex: broad spectrum efficacy with a superior safety profile

  — Enhance perception of Zyprexa as a first choice earlier in the course of illness

  — The combination of pleotrophic pharmacology & a high degree of safety establish Zyprexa’s potential in other disorders
Improved Control of Symptoms of Schizophrenia

- Positive Symptoms
- Negative Symptoms
- Depression Including Suicidality
- Depression/Suicide & Mood Stabilization
- Cognition
- Anxiolysis
Bipolar Vision of Product Evolution

To be a leader in the bipolar market, Zyprexa will need to be viewed as *true mood stabilizer*. A *true mood stabilizer* will work in acute manic episodes without inducing depression, acute bipolar depression without inducing mania, and protect the patient from future episodes of mania or depression.
<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
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<tbody>
<tr>
<td>• Efficacy in manic &amp; psychotic symptoms of an acute manic or mixed episode</td>
<td>• Weight gain</td>
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<tr>
<td>• Efficacy in rapid cycling bipolar patients</td>
<td>• Higher cost (esp. vs. Lithium/Depakote)</td>
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<tr>
<td>• Efficacy in depressive symptoms in patients with non-affective psychosis</td>
<td>• Only acute mania data/indication @ launch.</td>
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<tr>
<td>• Excellent safety profile - toxicity, drug interactions</td>
<td>• Lack of maintenance or depression data</td>
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<tr>
<td>• QD dosing &amp; no titration for most patients</td>
<td>• No injectable form available at launch</td>
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<tr>
<td>• Only antipsychotic w/ an indication for bipolar</td>
<td>• Lack of comparative data (lithium, haloperidol, Depakote)</td>
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<thead>
<tr>
<th>OPPORTUNITIES</th>
<th>THREATS</th>
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<tbody>
<tr>
<td>• Unsatisfied market - Huge potential for increase in sales/value to Zyprexa &amp; Lilly</td>
<td>• New atypicals riding Zyprexa coat tails.</td>
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<tr>
<td>• Chance to further boost the brand</td>
<td>• Not currently perceived as a mood stabilizer or a candidate for first-line treatment of bipolar disorder</td>
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<tr>
<td>• Capitalize on the success in treating psychosis</td>
<td>• Increased number of competitors</td>
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<tr>
<td>• Leverage psychosis sales w/ a 2nd indication and proven efficacy in an mood disorder.</td>
<td>- anticonvulsants &amp; atypicals</td>
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<tr>
<td>• 1st antipsychotic to bipolar market - opportunity to further blunt the competition</td>
<td>• Increased price competition restrictive formularies</td>
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<tr>
<td>• Change the bipolar treatment paradigm</td>
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<td>• ROC</td>
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# Competitive Message Analysis

<table>
<thead>
<tr>
<th>Key Criteria</th>
<th>Zyprexa</th>
<th>Lithium</th>
<th>Depakote</th>
<th>Carbamazepine</th>
<th>Haldol</th>
<th>Risperidal</th>
<th>SSRIs</th>
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<td>Acute Mania</td>
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<tr>
<td>Acute Depression</td>
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<td>ND</td>
<td>++</td>
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<tr>
<td>Maintenance</td>
<td>ND</td>
<td>+</td>
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<td>ND</td>
<td>ND</td>
<td>ND</td>
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<tr>
<td>Doesn’t Induce Change of Polarity</td>
<td>+</td>
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<td><strong>SAFETY</strong></td>
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<td>Blood Monitoring</td>
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<td>+++</td>
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<tr>
<td>Drug Interactions</td>
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<tr>
<td>Toxicity</td>
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<td><strong>PATIENT ACCEPTABILITY</strong></td>
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<td>Tolerability</td>
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<td>+++</td>
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<tr>
<td>Convenience (dose/titration)</td>
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<td>++</td>
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<tr>
<td>Monotherapy</td>
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<tr>
<td>Acute Mania</td>
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<td>+++</td>
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<td>Weight Gain</td>
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<td>EPS</td>
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<td>Cost</td>
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</tbody>
</table>

+++ = definitive evidence/advantage  
++ = strongly suggested  
+ = definitive evidence/advantage  
- = minor issue  
- - = clinical concern/disadvantage  
ND = No Data
Bipolar Message Development

- Acute Mania
  - Depressive Symptoms in Psychosis
- Onset of Action
  - Acute Mania
  - Depressive Symptoms in Psychosis
- Bipolar Depression
  - Onset of Action
  - Acute Mania
  - Depressive Symptoms in Psychosis
- Monotherapy
  - Maintenance
  - Efficacy/Safety
  - Bipolar Depression
  - Onset of Action
  - Acute Mania
  - Depressive Symptoms in Psychosis

Launch
# Link ‘97 Studies to Value Propositions

<table>
<thead>
<tr>
<th>Completed</th>
<th>High Priority</th>
<th>Medium Priority</th>
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<tbody>
<tr>
<td><strong>New Comparators</strong></td>
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<tr>
<td><em>Olz vs Risperidone</em> <em>(Tran)</em></td>
<td>P022 (All measures vs Risp)</td>
<td>Clozapine non responders</td>
</tr>
<tr>
<td>Cloz Discontinuation <em>(Tollefson)</em></td>
<td>HGBU (all measures vs Risp)</td>
<td>Risperidone non responders</td>
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<tr>
<td></td>
<td>Olz Vs Clozapine</td>
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<table>
<thead>
<tr>
<th>Patient types</th>
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</thead>
<tbody>
<tr>
<td>Geriatrics from HGAJ <em>(Tollefson)</em></td>
<td>Predominantly Sx</td>
<td></td>
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<tr>
<td>Partial responders</td>
<td></td>
<td>Clozapine non responders</td>
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<tr>
<td>Schizoaffective <em>(Tran)</em></td>
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<td>First Episode</td>
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<tbody>
<tr>
<td><em>DepressiveSx</em> <em>(Toll. - Archives)</em></td>
<td>Olz vs Fluphenazine <em>(Anxiety)</em></td>
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<tr>
<td><em>DepressiveSx</em> vs Placebo</td>
<td>PO22 Cognition <em>(vs Hal &amp; Risp)</em></td>
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<tr>
<td>Core negative SX. <em>(Tollefson)</em></td>
<td>Psychobehavioral</td>
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<td></td>
<td>J schizo only (superiority +Sx)</td>
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<table>
<thead>
<tr>
<th>Safety</th>
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<tbody>
<tr>
<td><em>Prolactin</em> <em>(AMC Schizo Res.)</em></td>
<td>Weight Gain <em>(Tollef brief report)</em></td>
<td>Hal outpatient swit.</td>
</tr>
<tr>
<td><em>TD</em> <em>(Toll. - Am Journal)</em></td>
<td>Weight Gain <em>(Kinon)</em></td>
<td><em>(HGEJ) Swit. no wash out</em></td>
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<td><em>(Germ)</em></td>
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<tr>
<th>Switching</th>
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<tr>
<td>Switching Clozapine</td>
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<thead>
<tr>
<th>Health Econ</th>
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<tbody>
<tr>
<td><em>HGAD QOL</em> <em>(Hamilton Neuro)</em></td>
<td>HGBU HE &amp; QOL <em>vs</em> Risp</td>
<td>Family / Care giver burden</td>
</tr>
<tr>
<td><em>HGAJ / HGBG model</em></td>
<td>HGBG cost vs risperidone</td>
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<tr>
<td><em>HGAJ QOL</em></td>
<td>HGBG QOL vs risperidone</td>
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<tr>
<td><em>HGAJ medical resource use</em></td>
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<td><em>HGAJ Cost efficacy</em></td>
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<th>Long Term</th>
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<tbody>
<tr>
<td><em>Standard dose vs placebo in maintenance</em></td>
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<tr>
<td>Standard dose vs Hal maint. <em>(Tran)</em></td>
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<tr>
<td><em>TD</em> <em>(Beaslay - Archives)</em></td>
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## 1998 Clinical Studies Plan

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<tr>
<td>Prodromal Schizophrenia</td>
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<td>Geriatrics (nursing Home)</td>
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<td>Geriatrics (olz vs risp)</td>
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<td>Tt refractory (Lieberman)</td>
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<td>New Comparators</td>
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<td>Ziprasidone head to head</td>
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<td>Quetiapine head to head (pending market uptake)</td>
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<td>Depression and Anxiety</td>
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<td>Safety</td>
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<td>Health Econ (US-VA)</td>
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<td>Health Economics (Europe SCAP)</td>
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Feb  
Jan  
Jun  
Feb  
Sep  
May  
Dec
• 15, 20 mg decisions awaiting Pfizer US pricing/French Zyprexa price
Communicate Product Information

- Marketing Publications
- International Congresses
- Public Relations
- WPA campaign
Affective Product Program
• Generate the Bipolar Data Needed

Bipolar Data Timeline

Bipolar Indications

Supportive Data
• Investigator Initiated Studies
• Publications

- Acute Mania Data
  - Acute Mania Indication Europe
  - Acute Mania Indication U.S.
- Bipolar Depression Data
  - Bipolar Depression Indication Europe
  - Bipolar Depression Indication U.S.
- Monotherapy Maintenance Data
  - Monotherapy Maintenance Indication U.S.
  - Monotherapy Maintenance Indication Europe
- Bipolar II Juvenile Mania
  - To be Determined

- 1997
  - Juvenile Mania Pilot
- 1998
  - Depakote Drug Interaction Data
- 1999
  - Neuroleptic Comparator Data
  - Depakote Comparative Data
  - Dosing Data E. Europe
- 2000
  - Adjunct Maintenance Efficacy & Safety Data
- 2001
- 2002
- 2003
## Communicating Data Results: Bipolar

### Bipolar Marketing Plans: Planned / Needed

<table>
<thead>
<tr>
<th>Year</th>
<th>US, EUR &amp; LA Advisory Panels</th>
<th>US Approval Press Events</th>
<th>US/OU BPD &quot;PsychLink&quot;</th>
<th>DTC Exploration Feasibility</th>
<th>Living with BPD Newsletter</th>
<th>Patient Retention Programs</th>
<th>Caregiver/Payer Education Program</th>
<th>BPD Sessions at GMCs</th>
<th>Scientific Symposia (ECNP, APA, CINP, WPA Regions)</th>
</tr>
</thead>
</table>

- **1997**
  - US, EUR & LA Advisory Panels
  - BPD Screening at National Depression Screening Day (US)
  - BPD Sessions at GMCs
  - Davos BPD Program
  - PR Programs (Journalist Prog. Grassroots Media & Pubs)
  - Scientific Symposia (ECNP, APA, CINP, WPA Regions)
  - NMDMA & NAMI Grants
  - EUR Approval Press Events
  - US Submission Press Events
  - Scientific Symposia (ANCP, NCDEU, AEP, ENS, EFNS, AAN)
  - PR Backgrounder on Costs (Gellenberg)
  - US/OU BPD "PsychLink"
  - US Investigator Meetings
  - Closed BPD Symposium
  - AP Advisory Panel
  - Patient Education Materials
  - GAMBAN & WFMH
  - Advocacy Partnerships
  - Rotary Club "Erasing the Stigma" Partnership
  - WPA BPD Program
  - GP/Psych Nurse CME Programs
  - BPD CME Programs

- **1998**
  - US, EUR & LA Advisory Panels
  - BPD Screening at National Depression Screening Day (US)
  - BPD Sessions at GMCs
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- **1999**
  - US, EUR & LA Advisory Panels
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  - Davos BPD Program
  - PR Programs (Journalist Prog. Grassroots Media & Pubs)
  - Scientific Symposia (ECNP, APA, CINP, WPA Regions)
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  - BPD CME Programs

- **2000**
  - US, EUR & LA Advisory Panels
  - BPD Screening at National Depression Screening Day (US)
  - BPD Sessions at GMCs
  - Davos BPD Program
  - PR Programs (Journalist Prog. Grassroots Media & Pubs)
  - Scientific Symposia (ECNP, APA, CINP, WPA Regions)
  - NMDMA & NAMI Grants
  - EUR Approval Press Events
  - US Submission Press Events
  - Scientific Symposia (ANCP, NCDEU, AEP, ENS, EFNS, AAN)
  - PR Backgrounder on Costs (Gellenberg)
  - US/OU BPD "PsychLink"
  - US Investigator Meetings
  - Closed BPD Symposium
  - AP Advisory Panel
  - Patient Education Materials
  - GAMBAN & WFMH
  - Advocacy Partnerships
  - Rotary Club "Erasing the Stigma" Partnership
  - WPA BPD Program
  - GP/Psych Nurse CME Programs
  - BPD CME Programs

- **2000**
  - US, EUR & LA Advisory Panels
  - BPD Screening at National Depression Screening Day (US)
  - BPD Sessions at GMCs
  - Davos BPD Program
  - PR Programs (Journalist Prog. Grassroots Media & Pubs)
  - Scientific Symposia (ECNP, APA, CINP, WPA Regions)
  - NMDMA & NAMI Grants
  - EUR Approval Press Events
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  - Patient Education Materials
  - GAMBAN & WFMH
  - Advocacy Partnerships
  - Rotary Club "Erasing the Stigma" Partnership
  - WPA BPD Program
  - GP/Psych Nurse CME Programs
  - BPD CME Programs
<table>
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<tr>
<th>Protocol</th>
<th>Description</th>
<th>Comparator</th>
<th>Type</th>
<th>Start Up Date</th>
<th>Last Patient Visit</th>
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<td>HGGM</td>
<td>Efficacy and Tolerability in Huntington Patients</td>
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<td>1/15/98</td>
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<td>X021-BP</td>
<td>5-HT2 Receptor polymorphisms, olanzapine treatment and sleep EEG</td>
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<td>HGFF</td>
<td>Olanzapine treatment of levodopa-induced dyskinesia in Parkinsonian Patients</td>
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<td>10/1/97</td>
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<td>HGFP</td>
<td>Olanzapine treatment of Autism - pilot study</td>
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<td>Template</td>
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<td>6/26/98</td>
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<td>VEN #2</td>
<td>Psychosis in Alzheimer's Disease</td>
<td>local (OUS)</td>
<td>Template</td>
<td>7/1/98</td>
<td>6/15/98</td>
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<td>ALZ #2</td>
<td>Olanzapine in the treatment of Psychosis Associated Behavioral Disturbances in the Elderly with Dementia</td>
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<td>6/11/99</td>
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<td>HGDH</td>
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<td>HGEU</td>
<td>Olanzapine vs. placebo in the Treatment of Psychosis and Behavioral Disturbances Assoc. With Alzheimer's Disease</td>
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<td>HGFV</td>
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COLUMN IV: Operational Plan

I. Resource Allocation
II. 1998 Business Plan
## Dedicated Headcount Summary

<table>
<thead>
<tr>
<th>LRL</th>
<th>97F</th>
<th>98Target</th>
<th>Original 98P</th>
<th>Rev. 98P</th>
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<td>CM&amp;C (MC50A)</td>
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<td>Medical Plans (MC515)</td>
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<td>Scientific Information (MC529)</td>
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<td>Administrative (MC541)</td>
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<tr>
<td><strong>Sub-Total LRL</strong></td>
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<td><strong>86</strong></td>
<td><strong>104</strong></td>
<td><strong>90</strong></td>
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<td>Marketing</td>
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<td>16</td>
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<td><strong>Total Dedicated Team</strong></td>
<td><strong>93</strong></td>
<td><strong>102</strong></td>
<td><strong>120</strong></td>
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# Dedicated Expense Summary

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<th>Original</th>
<th>Revised</th>
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<td>($ Millions)</td>
<td>97F</td>
<td>98P</td>
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<tr>
<td><strong>LRL</strong></td>
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<td>Comp. &amp; Ben.</td>
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<td>8.1</td>
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<td>Other Expenses</td>
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<td>13.5</td>
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<td>Grants (Base Case)</td>
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<td>15.6</td>
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<td>Admin Objective</td>
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<td><strong>Sub-Total LRL</strong></td>
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<td>37.2</td>
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<td><strong>GBU/Mktg. Expenses</strong></td>
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<td>11.7</td>
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<td><strong>Total Dedicated Team</strong></td>
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<td>48.9</td>
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# Medical Grant Summary

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<tr>
<th>Category</th>
<th>1998 Base</th>
<th>1998 Challenge</th>
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<tr>
<td>New Indications</td>
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<td>$12,162</td>
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<td>Line Extensions</td>
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<td>Schizophrenia</td>
<td>$5,287</td>
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<td>Exempt from IND</td>
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<td><strong>Total Grants</strong></td>
<td><strong>$15,638</strong></td>
<td><strong>$24,232</strong></td>
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</table>

47 Studies Started before 1/1/98

16 Studies Started After 1/1/98

(9 Clinical Pharmacology Studies)

Exempt Studies (Ongoing & New)  

Total 1998 Base  

1998 Base  

$9,314  

$4,953  

$1,371  

$15,638
Summary

- We should take significant organizational pride in Zyprexa's success to date.
- However, as the environment becomes increasingly competitive we must continue to work hard and together.
- Zyprexa is a profound corporate opportunity.
- Bipolar is an opportunity equal to our top NCE's. Can we launch and grow it properly in the face of redacted.
- Alignment, communication, and effective implementation are essential.