

Marketplace Management Overview

What it is & how it fits in

Mission & Objectives

State of the business by key priorities

Summary

Zyprexa CSFs and Marketing Objectives for 2002

1. Fuel customers' passion that Zyprexa is extraordinary
2. Maintain equal status and unrestricted access
3. Proactively address competitive threats in context of the brand position
4. Exhibit Collaborative, Committed Leadership in Product, Sales, and Services Delivery
5. Maximize Capabilities of Internal Partners

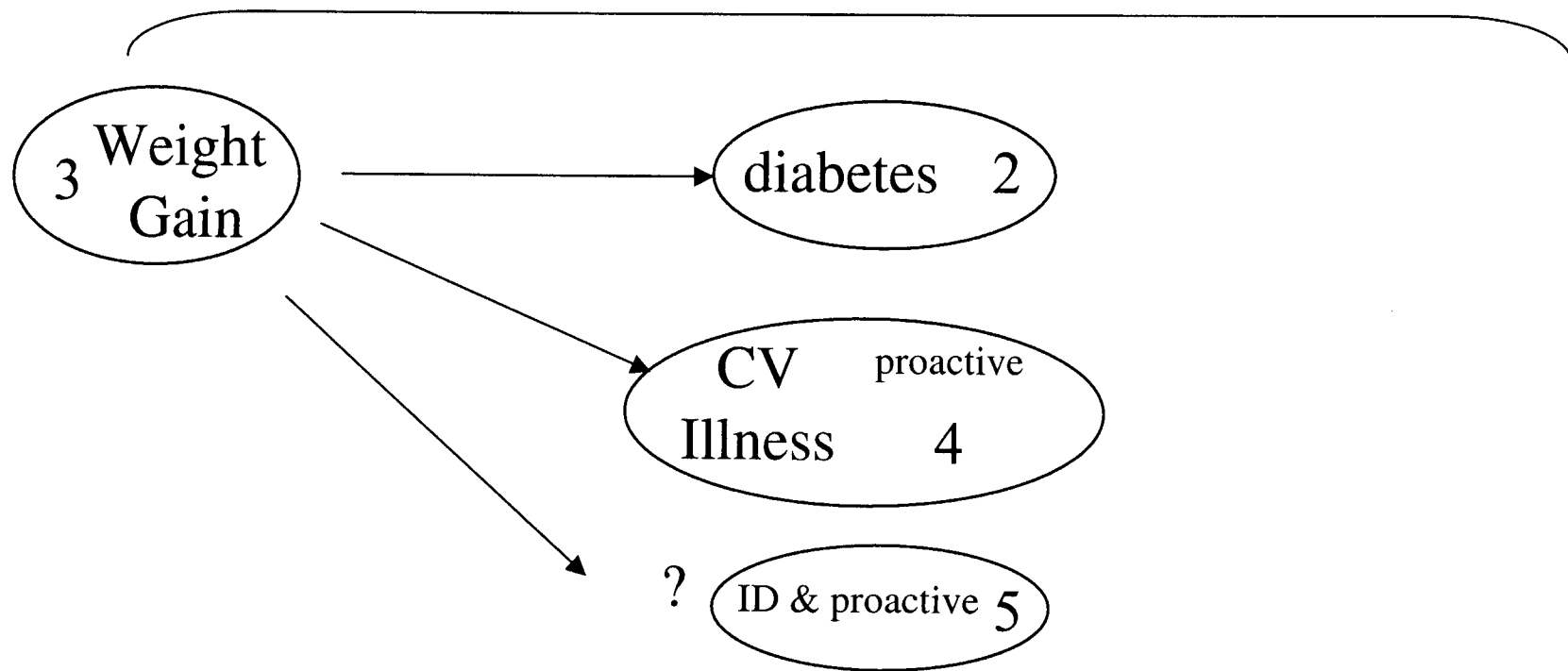
Brand Promise

As a brand, we must deal with these issues so customers will:

- Focus on Zyprexa's Efficacy
- Not End Treatment Early

Marketplace Management Mission

1. Wellness



Marketplace Management Mission

Proactively help clinicians & patients with addressing patient wellness, all the while demonstrating comparable rates of diabetes, providing solutions to manage weight gain, proactively addressing CV risk factor concerns, and identifying future issues.

Marketplace Management Objective

Identify & prioritize medical issues; develop strategies, positionings, messages (big M, little M as appropriate), tactics across the marketing mix to address medical issues in the context of patient wellness and overall brand position.

Definitions:

- Issues: Major market place negative perceptions that, across the brand, threaten our positioning
- Wellness: the medical health of psychiatric patients

Initial Prioritization:

- Development of Wellness Platform
- Diabetes/Hyperglycemia (comparable rates & expl. of comparable rates given weight gain)
- Weight Gain (solutions)
- Cardiovascular Risk Factors (Get story, get it out)
- Identification of other issues (cost?, syndrome X)

Wellness Objectives

Help clinicians, patients and caregivers with overall patient wellness

- Provide recommendations/guidelines (AMA, ADA) to clinicians and patients on managing the medical health of psychiatric patients
 - Monitor & What to do if there is a problem
 - Initial focus: Weight gain + ? (diabetes, lipids, movement disorders,...)
- Provide services to clinicians, patients and caregivers to help them manage wellness consistent with the recommended guidelines



- Keep clinicians and patients focused on evaluating wellness in the context of psychiatric benefits
 - Guidelines and services need to be framed around this objective

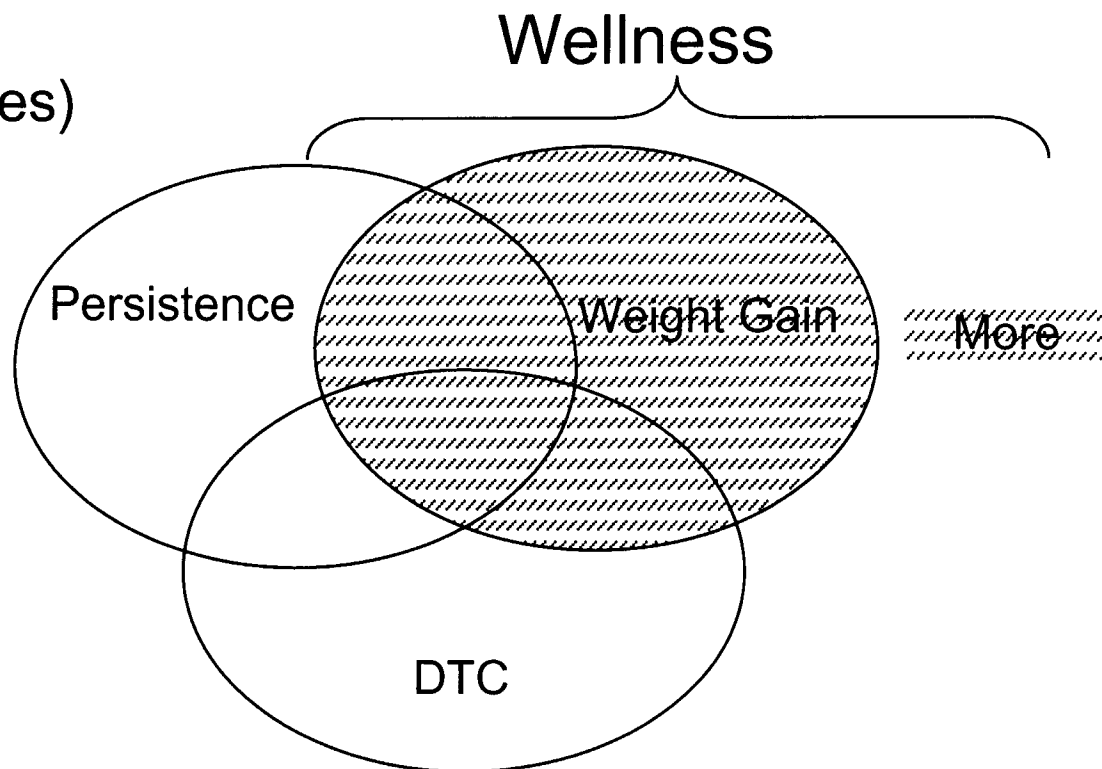
Project Scope

Conceptual Scope: (Services)

- Wellness (weight control +)
- Bipolar Institute
- Persistence

Most Likely Initial Offering:

- Wellness (weight control +)



Wellness Platform

Strategy

- Develop Guidelines and Solutions
 - establish an advisory board to make recommendations regarding the physical wellness of mental health patients (consisting of internal and external partners)
 - along with guidelines, provide solutions/next steps to help physicians manage the issues
 - have the guidelines "adopted" (Expert consensus, TMAP, APA, NAMI)

Wellness DTP

- RCM's to promote the Wellness platform

SF Oriented Tactics

- Sell sheet, brochures, etc. explaining the wellness program
- Use the sales force to partner with the physician on the overall wellness of the patient

Medical Letters/Medical Slides

- Train our speakers to deliver the wellness guidelines and solutions
- Provide a medical letter that details the guidelines which should be followed

Tracking (customers, recall, internal confidence)

**CSF #3: Proactively address competitive threats in context of the brand position :
Diabetes**

<p><u>Jan - Sept Highlights:</u></p> <ul style="list-style-type: none"> • Diabetes Message & Sell Sheet (Feb.). • Update to Diabetes Message and sell sheet including competitive data (Sept.). <ul style="list-style-type: none"> -Confidently address how there can be comparable rates if more weight gain. -Implementation work on dialogue, tone & targeting. 	<p><u>YTD Performance Results/Mkt Overview:</u></p> <ul style="list-style-type: none"> • 99% of psychs associate diabetes with Zyprexa. • The % of psychs that also associate Risp & Seroquel to diabetes has risen (33-41%). • With the comparable rates message, intent to prescribe has increased in all but private psych. • Less than 40% of the time psychs recall a discussion about Zyprexa and diabetes from a Lilly rep and report equally low recall around comparable rates.
<p><u>Sept - March Priorities:</u></p> <ul style="list-style-type: none"> • #1 opportunity is to improve sales rep confidence, competence and execution around the comparable rates message. • Develop Diabetes Speaker Network.. • Simplify and amplify for sales force and external speakers how there can be comparable rates if Zyp causes more weight in some patients. • Align with Actos brand • Help clinicians identify/monitor/treat patients with glucose abnormalities (wellness program). • Evaluate non-sales force interventions. 	<p align="center"><u>2001 Objectives:</u></p> <ul style="list-style-type: none"> • Objective 1: Position Diabetes/hyperglycemia as occurring at comparable rates across agents
	<p><u>Issues, Resource Needs:</u></p> <ul style="list-style-type: none"> - Insulin resistance story that is aligned with ADA, Actos and current diabetes message. -Identify and qualify the nature of sales force implementation issues and create solutions. -Diabetes advisory boards/SCC's, speaker network. -Identify and resource new data: <ul style="list-style-type: none"> more comparable rates data treating psych patients with diabetes

9/20/01
File name/location

Company Confidential
Copyright © 2000 Eli Lilly and Company

10

CSF #3: Proactively address competitive threats in context of the brand position

Weight Gain

Jan - Sept Highlights:

- Weight Gain Solutions Algorithm and solutions (incl. Axid med letter/verbatim & Healthy Lifestyles Brochure) (3/01)
- Weight Gain Objection Handling Workshop (6/01)

YTD Performance Results/Mrkt Overview:

- 51% of Physicians feel that Weight Gain with Zyprexa is manageable. (This compares to 76% with Depakote and 87% with Risperdal)
- Zyprexa is Losing 1/3 of patients initially and 1/4 of refills because of weight gain (May '99 - present)
95% of psychs would increase scripts if WG were manageable
WG is the reason for decreasing scripts 100% of the time
- Physician Recall heavy on old data, light on new data (Docs recalling wg plateaus, not dose dependent & BMI story 75% of the time and solutions/manageability 25% of the time)
- Physicians are looking for solutions

2001 Objective:

Objective 1: Position Weight Gain as Manageable
Objective 2: Help physicians help their patients

Sept - Mar Priorities:

- Additional Weight Mgmt Solutions
- Messages and Materials incorporating services, DTP, etc.
 - a.) Behavioral Modifications
 - b.) Amantadine Medical Ref. copy
 - c.) Patient Focused Weight Gain Solutions Kit (video, workbook, etc.)
 - d.) Etc.
- Guidelines for Physicians to assess and treat weight gain
- Services Components
- Physician Trials around Weight Gain Solutions

Issues, Resource Needs:

- Determine and communicate Axid decision with Representatives and Physicians
- Risk decisions around weight solutions (Amantadine); additional solutions
- Lilly's recommendation on weight guidelines/solutions
- Increased clarity around work process design between DTP, MM, Brand Arch, and Services
- **Resource Need:** Funding and support to initiate physician trials

CSF #3: Proactively address competitive threats in context of the brand position
CV Risk Factors

Jan - Sept Highlights:

- Lipids focus groups and other market research (APA 2001).
- Kinon reprint where TGA's and cholesterol were addressed (June district meeting).
- Recent data analysis performed (Sept.).

YTD Performance Results/Mkt Overview:

- Changes in lipid profiles are not associated with any product but Zyprexa.
- CV concerns are now the #2 concern around patients gaining weight (up from #4 in Oct. 2000).
- Even though competitive noise has increased, physicians are naïve and unknowledgeable on this subject. This presents us with a limited opportunity, if we act quickly, to overcome this issue.

2001 Objectives:

Objective : Develop a Lipids story and get it out.

Sept - March Priorities:

- Develop CV risk factor/lipids story & get it out.
- Align story across marketing mix including all DTP forums, sales force, medical, wellness platform and services.
- Guidelines on how to assess, monitor and treat (wellness platform).

Issues, Resource Needs:

- PI labeling that is aligned with lipids story.
- Lipids story aligned across marketing mix and Actos brand team.
- Ongoing medical help and data (such as data on treating psych patients with elevated lipid profiles).

Summary

Recap of Major Issues:

- 1.) Diabetes: All physicians link Hyperglycemia/Diabetes to Zyprexa. Comparable Rates message is not currently being heard.
- 2.) Weight Gain: We own this issue and to date have not fully admitted that it is a problem with Zyprexa. In addition, our implementation of the solutions/manageable message has been sketchy.
- 3.) Cardiovascular Disease/Lipids: This is the newest issue our competitors are trying to link to Zyprexa. Currently, this is the second biggest concern among physicians who are concerned about Hyperglycemia.

Current Projects to address Issues:

- 1.) Diabetes: New sell sheet and insert at Sept. meetings. Continue to reinforce tone, targeting, confidence and competence in handling the Diabetes objection. Provide additional training tools around the disease state, Zyprexa's position, etc.
- 2.) Weight Gain: Roll out of new weight management sell sheet and physician tear pad at Jan. meetings (around behavioral modifications.) Patient education video and workbook on how to implement behavioral modifications. Make sure all reps are on the same page as to the message we are to deliver around weight gain and how to handle the objection and partner with the physician.
- 3.) Cardiovascular Disease/Lipids: Build a story and distribute the message primarily through the DTP channel to effectively manage this issue.

Straw Dog Roles & Responsibilities

ReJana:

- Weight Gain/wellness & services
- Marketing Planning
 - Identification of new issues
 - Design of macro/micro processes
 - Budgeting

Cassie:

- Diabetes/hyperglycemia
- Cardiovascular risk factors/lipids

Sandy:

- Budgeting/tracking

PSYCHIATRYMATTERS.MD ARTICLE



Print this article



Close this window

HEADLINES 09 January 2003

Diabetes risk high for olanzapine

In comparison with risperidone, olanzapine appears to be associated with a five-fold greater risk of developing diabetes, say US researchers.

"This study supports the suggestion that it is appropriate to consider periodic glucose monitoring in olanzapine-treated patients, and, if hyperglycemia is observed, to consider withdrawal of olanzapine to see if the condition remits," say J Jaime Caro (Caro Research Institute, Concord, Massachusetts, Boston) and colleagues.

To determine the relative risk of diabetes among patients receiving olanzapine or risperidone, the researchers assessed data recorded in the Régie de l'Assurance Maladie du Québec database, involving 19,153 patients who had received at least one prescription of olanzapine and 14,793 who received risperidone, between January 1997 and December 1999.

In total, 319 of the patients taking olanzapine developed diabetes compared with 217 of those receiving risperidone.

The researchers note that, when age, sex, and haloperidol use were taken into consideration, the risk of diabetes with olanzapine was increased 20% relative to risperidone. This risk was slightly higher among women, at 30%.

In addition, they found that the duration of olanzapine use was a factor, with the risk of diabetes increasing to 90% in the first 3 months of treatment.

"It is important for prescribers to be aware of the potential risk of developing diabetes with olanzapine treatment, so that they may assess each patient's risk profile and decide whether to monitor glucose levels regularly," say the researchers, "as well as to react swiftly to manage the diabetes and, should it arise, consider discontinuing olanzapine."

They conclude in the *Journal of Clinical Psychiatry* that further research is necessary to "better understand the precise biological basis of this association in order to identify patients at higher risk."

J.Clin Psychiatry 2002; **63**: 1135-1139

ZY 8115 753

http://www.psychiatrymatters.md/print.asp?sec=news_story&story_id=10195&usedate=200... 1/9/2003