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07/18/01 11:47 AM

To: Jay C Cronin/AM/LLY@Lilly
cc:
Subject: Hyperglycemia MR Conclusions

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07/12/01 05:49 PM

To: Re Jana F Garon/AM/LLY@Lilly, James B Gregory/AM/LLY@Lilly
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Subject: Hyperglycemia MR Conclusions

Evolved Hyperglycemia Sell Sheet MR Conclusions:

1. DKA was mentioned a couple times by physicians. Need DKA verbatim for sales force.
2. Need specific how-to's in backgrounder on when and how often and with what physicians to use insert maga-chart.
3. Consider DM algorithms on implementation by sales force (possibly coach specific reps v. the entire sales force).
4. Some docs didn't understand why Pfizer head-to-head chart was in piece. Coach in backgrounder on how to present this appropriately for better understanding. For those docs that understood why graph was there, they said having a Pfizer graph added credibility.
5. Striking the right tone is essential. Coach reps to use "empathetic tone." Admit Zyprexa patients can develop hyperglycemia, but that it can happen with all agents across the board. When the wrong tone was used, a few physicians felt like we were denying hyperglycemia is a risk with Zyprexa or denying that Zyprexa causes weight gain.
6. Framing the discussion in terms of "risks/benefits" is a concept that physicians relate to; most agreed that the benefits of Zyprexa outweighed the risks.
7. Almost half of the physicians tested mentioned concerns over hyperlipidemia, stroke, cardiovascular disease (or other health concerns) with Zyprexa.
8. Most physicians mentioned J. Clinical Psych as being the most convincing source of data on hyperglycemia and mentioned recent articles. (My feeling is that most have seen the recent Pfizer supplement and that we should send a voice mail to the sales force alerting them of this and the rebuttal loaded on Knowledge Management).

9. Haldol comparator information seemed important to several physicians in that showing Haldol comparable rates signaled to them that the hyperglycemia issue is not a new one. For some it created skepticism in that if Haldol caused it too, why are they just now hearing about it?
- also possibly Q&A
10. The insert data worked well for doctors who were not convinced by the sell sheet alone, needed larger n's, or complained that the core sell sheet was mostly Lilly data. Many increased the believability score they gave the core piece after seeing the insert data. The best believability ratings seemed to come from the combination of the insert and core piece being used.
11. Almost a third of physicians said that even if Zyprexa doesn't cause hyperglycemia, they still are hesitant to use it because of weight gain and other health related risks.
12. Moving up weight gain to point #2 and creating graphs gave it more air time. Scott Rech and Jim Butler felt it was wise to move it up and felt that the message flowed better with it's new ordering.

new algorithm

in Q&A
tone exercises
section on tone
build into script

work into backgrounder message

market research section

market research section

13. Overall, the insert received lower believability ratings than at APA. This could be for many reasons including (A) The majority of docs tested were VA or institutional docs, whereas the majority tested at the APA were outpatient and/or private practice (B) increased noise in the marketplace since the APA (C) the independent studies were taken out (D) we branded the piece whereas it was unbranded at APA (E) doc in Louisville mentioned that Janssen has great reps in that area.

Market Research
we slide info
put 2/15 release
14. Physician recall of previous Lilly hyperglycemia messages is poor.

15. Many physicians pointed out either the insert or the 2nd graph as the most convincing piece of information given to them. However, a few physicians found the 2nd graph confusing (but we feel it was because of how it was presented to them). Make sure to coach reps on how to use 2nd graph so that it is clear. Also consider new or revised graphic layout.

16. We got virtually NO mileage off the 3rd graph. Find a way to better wrap words around it so that it comes alive.

Market Research
✓ 17. The vast majority of physicians felt this information is important and that Lilly is being proactive v. defensive in presenting it to customers. Most felt showing this data is necessary.

Market Research
✓ 18. The risk/benefit chart, when used, was successful in helping the rep close on the benefits of Zyprexa (rather than on a negative). It seemed to have the best effect when risks/benefits language was used in the high ground opener and carried throughout the message.

Market Research
✓ 19. The core sell sheet worked best when used after an efficacy discussion followed by the side-effect page in the Melvin Bipolar piece. The side-effect page was a good segway into the risk/benefit discussion and then the use of the hyperglycemia sell sheet.

MR
20. To increase their credibility ratings, most physicians said that independent data needs to be included. Some also commented that having "no statistical difference" at the bottom of the insert mega-chart would increase credibility.

Market Research
21. The best message around weight gain is that there is a correlation between weight gain and diabetes but it is not a 1:1 correlation. Either could happen independent of each other.

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