2001
Integrated Product Plan

Zyprexa Product Team

Sanction Date:	January 1, 1995
Product Group President:	Bert Vandenberg
Team Leader:	Alan Breier

Core Team Position	**Core Team Member Name**
Product Team Leader	Alan Breier
Chief Operating Officer	Vin Rampey
Marketing Director	Roland Powell
Medical Director	Mauricio Tohen
Clinical Process Manager	John Krueger
Marketing Plans Managers	Tim Parshall
	Michael Sale
	Pascal Prigent
Market Research Manager	Ralph Robinson
CM&C Manager	Dan Lynch
Scientific Communications Manager	Jeff Ramsey
Financial Analyst	Maria Laborde
Global Regulatory Representatives	John Roth
	Michele Sharp
	John Saunders

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1.0 Changes from 2000 IPP

- Increased emphasis on weight gain and hyperglycemia, plus proactive focus on other potential areas of competitor focus
- Increased competitor differentiation with initial focus on ziprasidone plus broadening emphasis to include arapiperazole and iloperidone as they become available.
- Increased focus on the commercialization phase of Zyprexa rapid-acting intramuscular (RAIM)
- Increased emphasis on pricing and access
- Timing of the US and EU bipolar maintenance submissions and launch
- Timing of the EU bipolar depression submission and launch
- Obtaining clinical data investigating doses above 20mg

2.0 Charter

2.1 In Scope – funded (content approved by PMC):

- **Olanzapine compound support**
- Hyperglycemia, weight gain, CIB, Annual Report, Alerts, other safety responses as necessary to address customer/regulatory inquiries, (e.g., triglycerides, cholesterol, etc.)
- Providing a cost-efficient pilot platform and molecule support for the OFC team

- **Support the schizophrenia and bipolar franchises worldwide**
- New studies, publications, presentations, rapid response to worldwide regulatory questions, rapid response to customer, affiliate, and promotional inquiries/challenges.
- Bipolar depression (Q4/03)and maintenance (Q2/04) indications (i.e., mood stabilization)
- Increased physician support for presentations at conferences and to key customers.
- Zydis/Velotab (launched 4/00), rapid-acting IM (RAIM) (7/01), long-acting (depot) injectible (Q2/05), granules for Japan (Q2/02).
- Equal (to other atypicals) and open access for patients through development of appropriate health outcomes data and pricing strategy
- Meet FDAMA pediatric requirements for additional exclusivity
- Differentiation studies versus new market entries including ziprasidone Q3/01, iloperidone (Q3/03) and aripiprazole (Q3/03).
- Redefining expectations of efficacy through existing databases and novel studies.

- **Support initiatives to maximize olanzapine's commercial value**
- Establish share of voice (SOV) leadership with psychiatrists as a corporate priority
- Continuous review of pricing strategy versus Ziprasidone/Risperdal/Seroquel/Depakote
- Market research to define our future – where we will compete and where we will not
- Marketing plan maintenance and message evolution
- Develop an integrated brand architecture, including sub-brand positioning
- Optimal use of novel communication/promotion opportunities (e.g., E-commerce)

- **Support the use of olanzapine in patients with Alzheimer's disease**
- Widespread publication/presentation of existing data
- Pursuit of a psychosis in Alzheimer's claim in the US and EU (registration decision 7/01)
- Behavioral disturbances in elderly patients (EU/Type I) (registration decision 7/01)

2.2 Currently Out of Scope – requesting funding:

- Obtain efficacy and safety data above 20mg for patients needing enhanced efficacy
- Develop a 1mg tablet to support market needs for low doses in select patient populations
- Borderline personality disorder, post-traumatic stress disorder, and emesis subject to unique headcount requirements for dedicated subteams

2.3 Out of Scope – will not pursue:

- Indication for treatment of psychosis in Parkinson's disease
- olanzapine + fluoxetine combination therapy (other than as noted above)
- Substance-related disorders, delirium, involuntary movement disorders, attention deficit disorder, bulimia/binge eating disorder, pain, PMS, sexual dysfunction, somatoform

disorder, vestibular disorders, hypertension, epilepsy, trauma/ischemia, incontinence, sleep disorders, ALS/MS, irritable bowel syndrome, asthma, BPH, smoking cessation, tic disorders, dermatitis, postpartum psychosis.

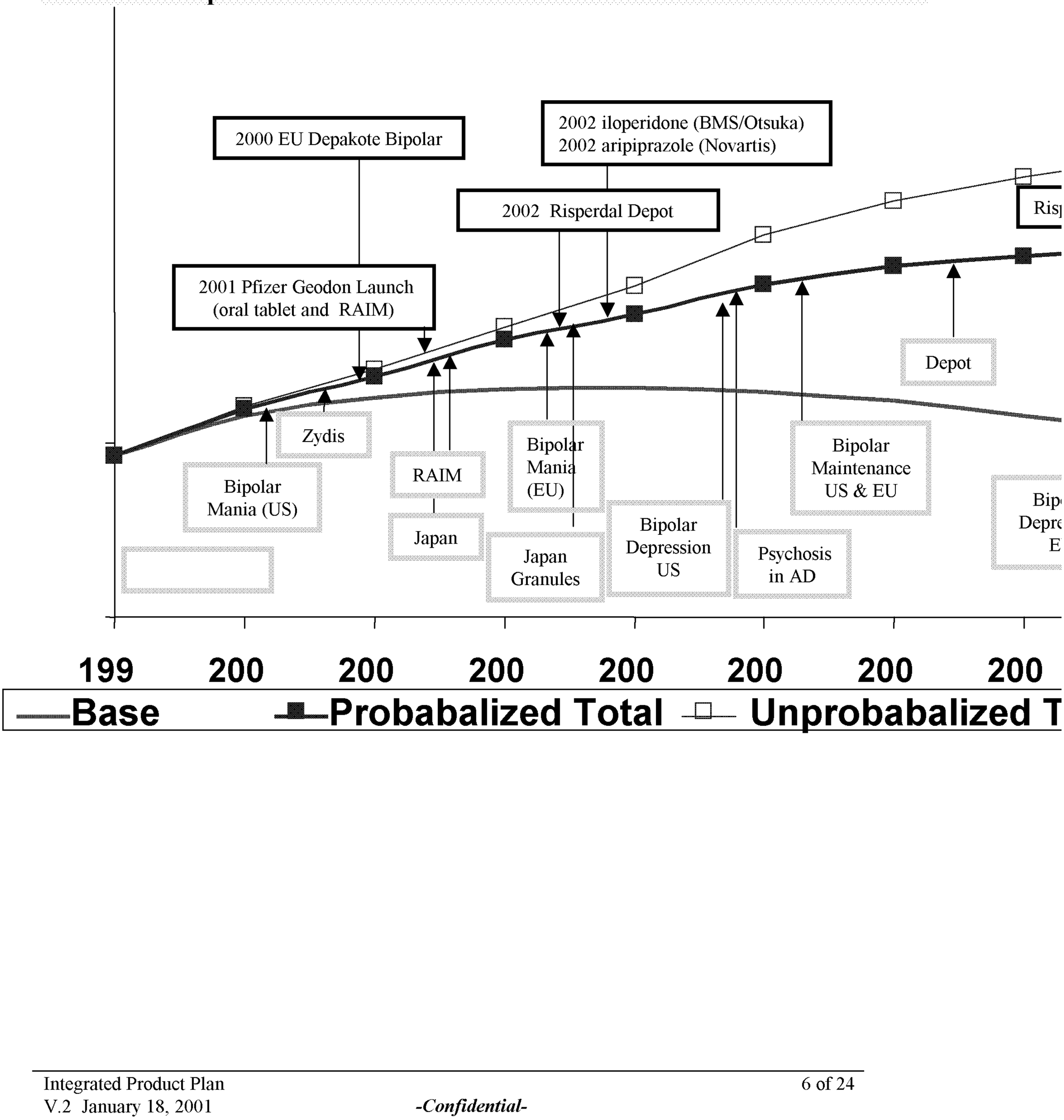
3.0 Strategic Intent

Zyprexa will remain the number one selling psychotropic in history by offering hope to the millions of people suffering from the debilitating illnesses of schizophrenia, bipolar disorder and dementia. Zyprexa's unparalleled efficacy, uncompromised by dose-related EPS, or cardiac toxicity, will establish a new standard of care for patients with these disorders.

Product Event Map

Worldwide Total Zyprexa Sales by Indication & Line Exte

4.0 Event Map



5.0 Label Needs and Wants

Zyprexa: Rapid-Acting Intramuscular (RAIM) Formulation

Indication: Rapid control of agitation and disturbed behaviours in patients with schizophrenia, when oral therapy is not appropriate (EU)
Rapid control of agitation (US)

Needs	Wants
• Superior efficacy within 2 hours to placebo and non-inferior to comparator in treating acute exacerbated episodes of schizophrenia [EU only] • Superior efficacy within 2 hours to placebo in controlling agitation in multiple patient types (e.g., schizophrenia, mania, dementia) [US only] • Smooth transition from RAIM to oral olanzapine in patients with schizophrenia without loss of efficacy • Safety profile at least comparable to IM haldol or IM lorazepam • A minimum of 18 months shelf-life projected at launch • Pediatric data to meet the requirements of the FDA Pediatric Final Rule* [US only]	• Injection volume $\leq$ 2 ml. • Safety profile superior to IM haldol and/or IM lorazepam. • Superior efficacy to IM haldol and/or IM lorazepam. • First atypical IM antipsychotic to market. • Onset of action within 15 minutes (i.e. rapid) [scientific communication] • Safety and efficacy profile superior to IM ziprasidone [scientific communication]

Please note with an "*" and date those needs/wants not available at launch

21FEB01-Version 3

Zyprexa: Bipolar Mania

Indication: Treatment of Acute Manic Episodes in Bipolar Disorder [Note: Bipolar mania indication was approved and launched March, 2000 in US]

Needs

- Superior to placebo as measured by baseline-to-endpoint changes in Y-MRS and responder analysis in acute studies
- Superior* to a valid active comparator as measured by response rate (*needed in the absence of placebo arm to validate study) [EU only]
- Maintained efficacy up to 12 weeks [EU only]
- Adjunctive therapy with lithium or valproate has superior efficacy and comparable safety than lithium or valproate alone [EU only]
- Incidence of serious adverse events (e.g. treatment emergent dyskinesias, NMS) in clinical trials no worse than for current schizophrenia patients
- No higher risk of switching to depression than active comparator as measured by changes in HAMD
- Pediatric safety and efficacy data to meet the requirements of the FDA Pediatric Final Rule* [US only]

Wants

- Better efficacy profile (i.e., superior efficacy and faster onset of action) than valproate
- Better safety profile than haloperidol
- Superior health outcome data (QOL, resource utilization, cost-effectiveness) than haloperidol, lithium (adjunctive only), and valproate
- Demonstrate efficacy with manic, mixed, psychotic, non-psychotic, and rapid cyclers
- Less switching to depression than placebo and active comparator
- Comparable safety profile to valproate

- Geriatric indication for bipolar mania [US only]
- Superior efficacy and safety profile than risperidone [scientific communication]

- Better safety profile than lithium, carbamazepine*
- Superior efficacy and safety profile than ziprasidone [scientific communication]*

Please note with an "*" and date those needs/wants not available at launch

23FEB01-Version 4

Zyprexa: Bipolar Depression

Indication: Treatment of Acute Depressive Episodes Associated with Bipolar Disorder

Needs

- Superior to placebo as measured by change in MADRS following 8 week treatment duration
- Non-inferior to antidepressant and superior to placebo as measured by change in MADRS following 4-8 weeks treatment duration [EU only]
- Efficacy maintained up to 6 months [EU only]
- Determination of appropriate effective dose or dose range [EU only]
- Incidence of serious adverse events (e.g. treatment emergent dyskinesias, NMS, QTc) in bipolar depression clinical trials no worse than for current schizophrenia and mania patients
- Less induction into mania than antidepressant and comparable to placebo [EU only]
- Pediatric data to meet the requirements of the FDA Pediatric Final Rule* [US only]

Wants

- Less sexual dysfunction than comparator
- Improvement in anxiety symptoms (superior to placebo as measured by HAM-A) [scientific communication]
- Improved quality of life, decrease resource utilization and improved cost-effectiveness than comparator antidepressant [scientific communication]

- Adjunctive therapy with mood stabilizer has superior efficacy and equal safety to antidepressant + mood stabilizer and mood stabilizer alone*
- After stabilization with adjunctive therapy, withdraw of lithium, valproate or antidepressant and maintain efficacy with olanzapine alone*

Please note with an "*" and date those needs/wants not available at launch

21FEB01-Version 3

Zyprexa: Bipolar Maintenance

Indication: Prevention of manic, mixed or depressive relapse [Europe]
Maintain response in bipolar disorder for up to 12 months [US]

Needs	Wants
• Superior to placebo as measured by time to relapse into an acute episode (mania or depression) of bipolar disorder as measured by increases in Y-MRS and HAMD-21 during 12 months of therapy • Non-inferior to lithium as measured by time to relapse into an acute episode (mania or depression) of bipolar disorder as measured by increases in Y-MRS and HAMD-21 during 12 months of therapy [EU only] • Incidence of serious adverse events (e.g. treatment emergent dyskinesias, NMS, QTc) in bipolar maintenance clinical trials no worse than for schizophrenia patients from maintenance trials	• Better overall safety profile than lithium and valproate • Adjunctive therapy with lithium or valproate maintenance of response better than lithium or valproate alone • Improved quality of life, decreased resource utilization and improved cost-effectiveness compared to lithium, haloperidol, and valproate [scientific communication] • Demonstrate weight change plateau over 12 months of therapy • Demonstrate maintenance of response with manic, mixed, psychotic, non-psychotic and rapid cyclers
	• Demonstrate improvement in anxiety symptoms
	• Demonstrate maintenance of response with alternative formulation (Depot)*

21FEB01-Version 3

Please note with an "*" and date those needs/wants not available at launch

Zyprexa: Psychosis Associated with Alzheimer's Disease

Indication: Treatment of psychosis and disturbed behaviours associated with AD (EU)
Treatment of psychosis due to AD (US)

Needs

EFFICACY

EU

- Superior to placebo as measured by baseline-to-endpoint change in psychotic endpoint (e.g. Delusions/hallucinations items of NPI)
- Maintained efficacy up to 26 weeks
- Non-inferior to risperidone as measured by baseline-to-endpoint change in delusions/hallucinations terms of NPI
- Clear definition of low end of dose range

US

- Two pivotal studies demonstrating superiority to placebo on two co-primary endpoints: (1) symptomatic rating scale (e.g. delusions/hallucinations items of NPI), and (2) clinical global or functional measure

CANADA

- Superior to placebo as measured by baseline-to-endpoint change in behavioural endpoint (e.g. CMAS)

SAFETY

- No detrimental effect on cognition
- Safety data when administered w/AChE inhibitors
- Incidence of mortality in CT's not significantly different than placebo

Wants

- Superior to placebo as measured by baseline-to-endpoint change in behavioural endpoint (e.g. CMAS) [US, EU]
- Better efficacy profile than risperidone
- Better safety profile than AChE inhibitors and/or risperidone
- Superior HO and economic profile to risperidone

- Improves cognitive function vs placebo and/or comparators
- Availability of 1 mg tablet [US only]
- Prevention of psychosis [scientific communication]

- Availability of 1 mg tablet [EU]*

Please note with an "*" and date those needs/wants not available at launch

21FEB01-Version 2

Zyprexa Depot

Indication: Maintenance treatment of schizophrenia when a sustained-release, long-acting, parenteral antipsychotic formulation is clinically appropriate

Needs

EFFICACY

- Sustained superiority to placebo (or low dose depot) for a period ≥ 6 months, for patients previously stabilized on 10-20mg oral olanzapine (pending FDA response)
- Acceptable dose-ranging data and data on switching to olanzapine depot for EU regulators
- Non-inferior to oral olanzapine in ≥ 6 month relapse prevention study [EU and/or Canada only]

SAFETY

- ≤ 10% discontinuations due to injection site reactions in the pivotal efficacy and safety trials at recommended dose levels
- Release profile must be such that:
  - Injection interval ≥ 2 weeks
  - Steady state plasma levels reached ≤ 6 months
- If depot weight gain ≥ 20 pounds, then the ratio of depot weight gain to oral weight gain < 2 (compared to oral arm in the clinical studies)
- No substantial differences in the metabolite profiles for depot vs. oral olanzapine

OTHER

- ≥18 months shelf-life
- Needle size ≤ 19 gauge
- Injection volume ≤ 3 mL
- Probability of needle problems that require multiple injections (needle clogging etc.) ≤ 1/20

Wants

- Weight gain ≤ oral olanzapine
- No higher incidence of clinically serious adverse events versus oral olanzapine
- Data which will provide specific dose switching info from oral to depot
- 4 week dosing interval
- Needle size ≤ 21 gauge
- Injection volume ≤ 2 mL
- Probability of needle problems that require multiple injections (needle clogging etc.) ≤ 1/500
- No requirement of injection techniques beyond currently accepted practice
- Store at room temperature
- Efficacy profile equivalent to or better than haloperidol decanoate [scientific communication]
- Safety profile (EPS) better than haloperidol decanoate [scientific communication]
- Superior health outcome profile to haloperidol decanoate [scientific communication]

- 24-36 months shelf-life
- Capability to administer partial doses (75mg of 100mg vials)

- Superior safety and efficacy vs. other atypical depot antipsychotics anticipated to be approved (e.g. risperidone depot)*
- Demonstrate maintenance of response in bipolar disorder*

21FEB01-Version 4

Please note with an "*" and date those needs/wants not available at launch

Zyprexa: Schizophrenia

Indication: Treatment of schizophrenia and maintenance of treatment response

[Note: Schizophrenia indication approved in both the US and Europe October 1996, maintenance of response was approved in Europe in 1996 and in the US in 2000]

Needs	Wants
	• Identification and communication of effective weight management programs • Characterization of the potential for olanzapine to induce glucose intolerance; development of effective management programs as necessary • Superiority against major competitors in head-to-head comparator trials (ziprasidone, quetiapine, etc.)
	• Superior efficacy in treating cognitive impairment in schizophrenia compared to Risperdal • Data supporting oral doses >20mg in the treatment of acutely psychotic/agitated patients using loading dose strategy [US only] • Pediatric indication in schizophrenia and FDAMA exclusivity [US only] • Improve label wording on tardive dyskinesia [EU only]* • Additional dosage strengths for Zydis formulation*

21FEB01-Version 2

6.0 Product Life Overview

6.1 Near Term Overview: Years 1 – 2

6.1.1 Summary of key Internal key events (e.g., milestones, key activities that drive product performance, etc.)

Timing	Key Internal Event
2002	
Q1	EU Bipolar mania approval/launch
	Bipolar depression registration decision (based on HGGY interim)
Q2	Bipolar maintenance registration decision (date based on HGHL & HGHT)
	Insulin sensitivity database lock (S013)
	Initiate depot phase III studies with pamoate formulation
Q3	US Bipolar depression submission
Q4	US Dementia Psychosis submission
	Prodromal study (HGGF) treatment lock
	Sibutramine (HGJJ) database lock
	Amantadine (HGJN) database lock
2003	
Q1	US/EU bipolar maintenance submission
	Oral ziprasidone (HGHJ) database lock
Q3	Comparative study vs. iloperidone begins
Q4	Bipolar Depression Approval & Launch (US)
	Prodromal Manuscript submission (extension lock + 6 months)

6.1.2 Summary timeline of External key events (e.g., competitor launches, competitor patent expirations, etc.)

Timing	Key External Event
2002	
Q2	Janssen launches risperidone depot
	Pricing approval and launch of granules in Japan
Q4	Aripiprazole (BMS/Otsuka) launch possible
	Iloperidone launch
2003	
Q2	Japan pricing review (every 2 years)

6.1.3 Summary of major risks and opportunities

Opportunities, Risks, Issues

Zyprexa's business is concentrated in schizophrenia and associated diagnoses (39%) and bipolar disorder (31%) looking out through the 2000 seven year forecast. During the same time period, business grows from $2.35 billion in 2000 to approximately $5 billion (unprobabalized) in 2007.

The US plan assumed a ziprasidone (Pfizer) launch with a black box warning (and baseline EKG monitoring) early in January. However, Pfizer will launch ziprasidone in March, later than anticipated but with a bolded warning and unexpected wording in the indication relating to relapse prevention. Despite superior efficacy and safety data for Zyprexa, Pfizer's entrant into this market presents a formidable challenge.

Risperdal still leads the worldwide atypical DOT (days of therapy) market with 42% versus 31% for Zyprexa. However, Zyprexa is worldwide atypical dollar market leader (40% versus 28% for Risperdal) and its use is more concentrated in schizophrenia (and related psychoses) and bipolar mania as well as having a premium price. Risperdal is more widely used in lower dose segments of the market. Zyprexa is already atypical DOT market share leader in several major countries including Australia and the UK. Recent months have also shown a very encouraging trend with US NRx growing by 0.5% in November and 0.3% in December to 28.6% (Risperdal flat at 31.1%).

Considerable Zyprexa growth potential exists due to market share growth in existing indications, future indications, the launch of line extensions (such as rapid acting intramuscular and depot formulations), DOT market growth of 9% in the US (versus a 3% CAGR globally) and the fact that 80% of worldwide antipsychotic DOT's are still written for typicals (e.g. Haldol). By comparison, conversion to atypicals in the US is already well over 60%.

Five key priorities remain for ensuring risks are mitigated and opportunities are fully realized.

First, the launch of ziprasidone must be met with a competitive SOV utilizing Zyprexa's superior efficacy and safety data. The Zyprexa product team, in conjunction with the US affiliate, has committed significant time and effort during the last 18 months to preparing for ziprasidone's launch. Actions included: blunting message research, competitive intelligence (Washington Information Group), Scott-Levin research on Pfizer product launches and expected scenarios for ziprasidone launch (was instrumental in affiliate 3&1 year resource planning), blunting strategy binder (including data and study analysis), strategy development, positioning guidelines development, market research, QTc data development, market conditioning, slide series, training modules, opinion leader and speaker training, market conditioning at major customer meetings, studies in Sweden (one physician experience program, one corporately funded program, and one investigator initiated trials), and tracking of case reports. A full-scale double-blind study versus ziprasidone will start later this year. In total, the US affiliate will increase total investment to $250 million this year (compared to $171 million for 2000 and $99 million for 1999). Further, we expect that Zyprexa's IM formulation will beat ziprasidone's to market as Pfizer is likely to require additional studies before receiving FDA approval of their IM.

Second, we must manage issues surrounding weight gain. Weight gain occurs with all antipsychotics and mood stabilizers, including Zyprexa but is not dose-dependent. In reality, this happens to a greater extent with Zyprexa compared to most other antipsychotics and mood stabilizers as it is positively correlated with effectiveness. With Zyprexa, average weight gain is 6.7 kg (3-year data) and trends toward a plateau after approximately 9 months. Overweight or obese patients gain the least weight; 22% of patients either lose weight or gain no weight; 70% gain less than 10 kg. In the US, one-third of the time physicians do not consider starting a patient on Zyprexa due to weight gain concerns. Additionally, one-third of Zyprexa discontinuations are due to weight gain. In addition to having the sales force address the issue directly and openly, current work is examining both pharmacological (sibutramine, amantadine, mazindole, buproprion, topiramate and nizatidine) and non-pharmacological (behavioral) interventions. Much excitement has been generated by recent results indicating that nizatidine (Axid, recently licensed to Reliant), reduces weight gain in Zyprexa treated patients by up to 50%. These data will be presented at the first external scientific meeting of the year in late March. In addition, aggressive communication strategies are being implemented.

Third, we must address issues related to hyperglycemia and diabetes. We must anticipate the next "hot" issue that our competitors may create (e.g., triglycerides, cholesterol) and be prepared with the data and message to blunt their campaigns of misinformation. Schizophrenic patients are known to have a higher risk of co-morbid illnesses and the incidence of diabetes is two-four times greater than in the general population. Recent competitive activities have increased this awareness, especially in relation to Zyprexa use. This awareness is highest in the USA but is spreading to other markets. The FDA has requested complete data from all manufacturers with the possibility of future class labeling. The Zyprexa product team has focused its activity on the following: market research, analyzing and publishing internal and external data, slide series, training materials, opinion leader and speaker training, communication of data at all customer meetings and clinical and animal studies to attempt to determine the mechanism of action. Frequent communication has been ongoing with external experts and close working with the US affiliate on all aspects has been a key success factor. In addition, clinical studies are underway to evaluate effects of Zyprexa on glycemic control and triglyceride levels. The team will also be prepared to provide meaningful answers to any other related questions raised by customers or regulators. This may include the need to request funding for additional clinical studies as we seek to proactively anticipate our competitor challenges.

Fourth, we must address new entrants into the marketplace as they occur. Non-clinical studies can be used to heighten our focus on perceived product differentiation that will allow us to monitor how physicians, patients and various key players view Zyprexa in the marketplace. Clinical studies can be conducted as new products become available to demonstrate Zyprexa's superior efficacy and safety profile. In addition, after the brand architecture project is completed and our positioning defined, it is important to monitor Zyprexa and competitive brand equity to ensure ongoing consumer-relevant differentiation. Ongoing maintenance/refinement of our pricing strategy is critical to ensuring continued access to Zyprexa for our customers.

Finally, we must use Zyprexa's superior efficacy to redefine the acceptable standards of patient care. Greater established effectiveness makes it more difficult for our competition to turn the focus to weight gain and hyperglycemia (and potentially triglycerides and cholesterol). Both the high and low dose formulations and label expansions are directed at redefining standards of care in specific patient populations. In addition, a new measurement scale (much like the agitation scale created for the Zyprexa IM study) that helps doctors classify the degree of improvement is being researched as part of the brand architecture project.

Risk Assessments

"Zyprexa Risk Assessment.doc"

The following table summarizes the major opportunities and risks

Critical External Issues	Potential Impact	Preemptive Actions Planned
Slow conversion from typicals to atypicals in the global market	High	A proactive health outcomes strategy has been implemented including: integration and utilization of health outcomes data in affiliate strategies; leveraging of core data via manuscripts, presentations, posters; implementation of pricing models, switching programs, treatment guidelines, local consensus statements, and market research to better understand conversion barriers. Demonstration of superior cost-benefit relative to typicals and other atypicals will be communicated through SOV leadership.
Regulatory environment uncertainties	High	Flexibility has to be built into our business plan to allow for fulfillment of unexpected requirements from regulatory authorities (e.g., bipolar in Europe, RAIM and elderly in the US, new indications in Japan) and to shape regulatory decisions and requirements.
Competition increasing, and expanding with new indications and line extensions	High	A strong commitment is needed to establish SOV leadership, and fund a broad range of clinical studies in partnership with the US affiliate (e.g., versus Seroquel and ziprasidone (when launched)). Leveraging data through scientific communications is critical to tell the story of quality, effectiveness, EPS, prolactin, relapse, elderly, bipolar, line extensions, and to address questions regarding weight gain, hyperglycemia, diabetes, and triglyceride levels plus any other unexpected issues. Defining new standard of response, clinical and non-clinical approaches. New clinical and non-clinical differentiation studies versus new market entrants (e.g., iloperidone and aripiperazole).
Cost containment pressure on atypicals	High	Continued evolution of a proactive health outcomes strategy is planned to gather and publish data demonstrating economic advantages of Zyprexa. Exploration of revisions to the pricing structure is occurring. High-strength tablets will allow for the possibility of non-linear pricing of the higher doses.
Q1 2001 Pfizer launch of oral and subsequently IM ziprasidone.	High	Superior efficacy of Zyprexa will have to be established in positive/negative symptoms, affective/depressive/manic symptoms and maintenance and cognitive function improvement. Small pilot studies are already underway in Sweden versus both oral and IM ziprasidone.
Seroquel	Medium	Seroquel market share continues to grow. The US affiliate started a Seroquel comparative study in November 2000.
Weight gain	High	Continuation of ongoing efforts to develop and implement weight gain solutions and use new clinical trial data becoming available to mitigate weight gain (e.g., nizatidine study). Competitor activity continues to present an unbalanced picture, thereby increasing awareness and concern.
Hyperglycemia/diabetes	High	Ongoing research is exploring the validity of a proposed link between Zyprexa therapy and hyperglycemia. Clinical studies are being conducted to elucidate whether or not a mechanism exists for induction of hyperglycemia or diabetes.
Other unanticipated safety questions (triglycerides, cholesterol, etc.)	Medium	Other questions about safety may arise from competitor activity that the team must be prepared to address. Triglyceride levels is one area of potential interest. Additional studies and/or message development/refinement will be necessary to provide answers to future customer questions.
Depot development	High	There is a critical need for a long-term injectible form of olanzapine. There are currently 2 depot formulations in parallel development (SRI/PLGA microspheres and a pamoate suspension). Based on pharmacokinetic, safety and efficacy data, the team recently concluded that the pamoate formulation may be the superior formulation and it is replacing the SRI formulation as the

		lead candidate for commercial development. Efforts are underway to collect sufficient data to design Phase III studies with the pamoate. These studies will begin in 2002. Preclinical reformulation and optimization work will continue on the SRI microsphere formulation in an effort to improve injection site tolerability, and the SRI formulation will continue in development as a back-up for the pamoate. Team effort to move the OPM formulation to phase 3 will take priority over the microsphere technology in the clinic and development labs resulting in approximately a 1-2 year delay in depot registration. .

6.2 Mid to Long Term Overview: Years 3 and longer

6.2.1 Summary of key Internal key events (e.g., milestones, key activities that drive product performance, etc.)

Timing	Key Internal Event
2004	
Q2	Bipolar Maintenance Approval/Launch (US & EU) Alzheimer's Dementia approval/launch (US) (pending positive registration decision) Depot submission (US/EU)
2005	
Q2	Depot approval/launch (US/EU)
Q3	Bipolar Depression submission (EU)
2006	
Q3	Bipolar depression approval/launch (EU)

6.2.2 Summary timeline of External key events (e.g., competitor launches, competitor patent expirations, etc.)

Timing	Key External Event
2005	
Q2	Japan pricing review (every 2 years)
2006	Risperidone patent expiration
2007	
Q2	Japan pricing review (every 2 years)
2009	
Q2	Japan pricing review (every 2 years)
2011	
	Patent expiration in the US and EU Additional 6 months pediatric exclusivity

6.2.3 Summary of major risks and opportunities

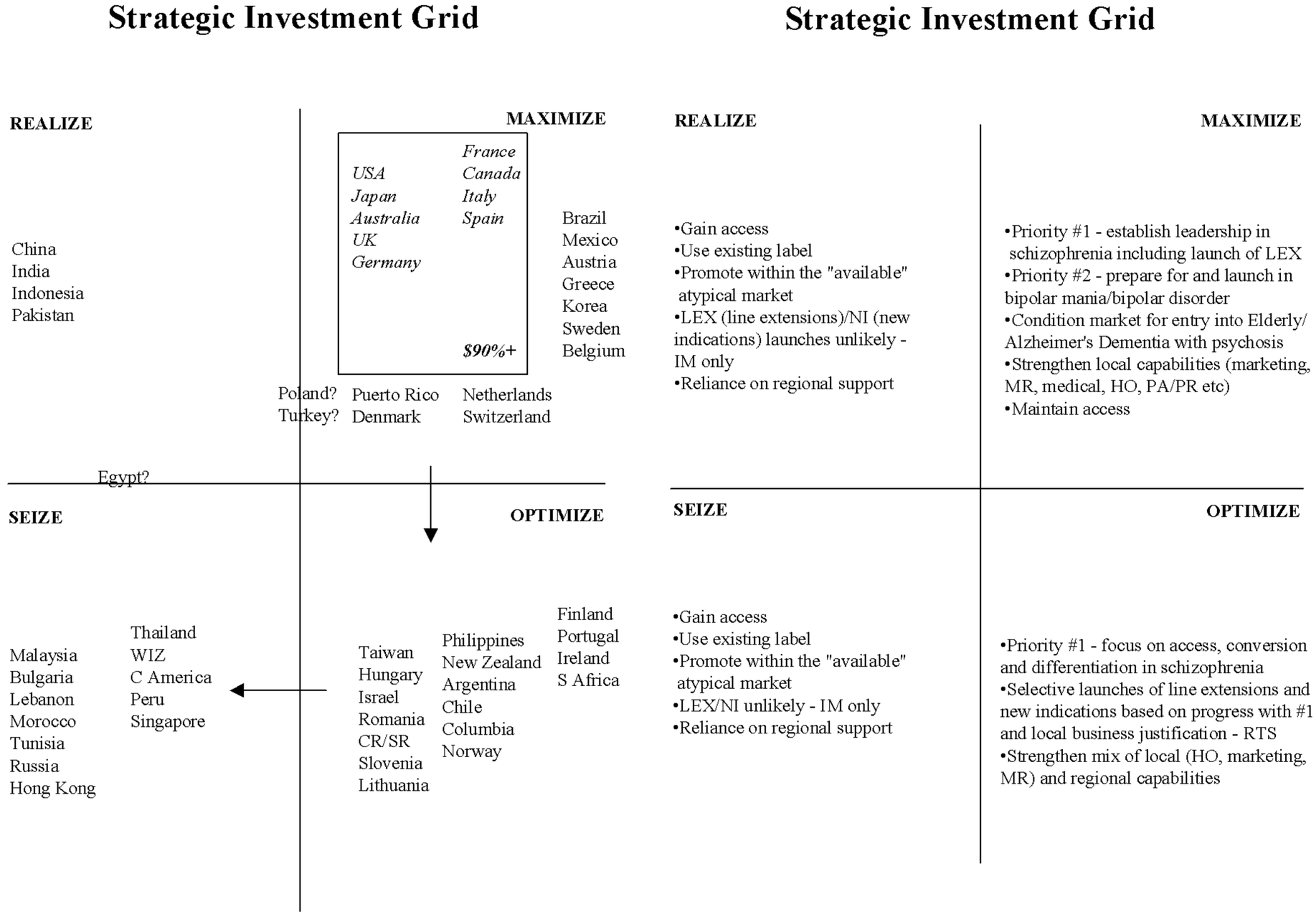
SOV leadership in 2002 and beyond can propel Zyprexa to a number one position in the antipsychotic marketplace in later years. If Zyprexa can differentiate from the other atypical antipsychotics now, then the mid-term opportunity will be for Zyprexa to uniquely benefit from effective conversion strategies. If such a leadership position is not attained early on, then as the atypical market grows, Zyprexa simply grows along with the market, sharing the conversion opportunity with the other compounds rather than fully leveraging it for Zyprexa. Continued differentiation from risperidone is especially important so as to minimize the effects of its patent expiration in 2006. Greater differentiation will create less interest in moving patients to generic risperidone.

As Zyprexa nears the end of its patent life, competition from newer products will intensify. Additional opportunities will likely be identified and explored through the Investigator Initiated Studies program, and preliminary effectiveness data will be collected. Such preliminary data will in many cases warrant confirmatory investigation, requiring investment of dollars and FTEs not depicted in the current 7-year plan. Depending on the size of these opportunities and the probabilities of technical success, additional funding may be sought so as to maximize the value of Zyprexa to Lilly during its patent life.

Significant post-patent opportunity lies in the ability to develop a follow-on compound that has similar or better efficacy, but without weight gain.

7.0 Geographic Overview

7.1 Product Investment Prioritization Grid with Quadrant Deliverables



Indications and Line Extensions

	1996-2000	2001-2002	2003	2004	2005
US 	Schizophrenia Bipolar Mania Tablets Zydis/Velotab	Schizophrenia Bipolar Mania Tablets Zydis/Velotab RAIM	Schizophrenia Bipolar Mania Bipolar Depression Tablets Zydis/Velotab RAIM	Schizophrenia Bipolar Mania Bipolar Depr+Maint. Alzheimer's Psychosis Tablets Zydis/Velotab RAIM	Schizophrenia Bipolar Mania Bipolar Depr + Maint Alzheimer's Psychosis Tablets Zydis/Velotab RAIM Depot
EU 	Schizophrenia Tablets Zydis/Velotab	Schizophrenia Bipolar Mania Tablets Zydis/Velotab RAIM	Schizophrenia Bipolar Mania Tablets Zydis/Velotab RAIM	Schizophrenia Bipolar Mania Bipolar Maintenance Tablets Zydis/Velotab RAIM	Schizophrenia Bipolar Mania Bipolar Maintenance Tablets Zydis/Velotab RAIM Depot
Japan 		Schizoprhenia Tablets Granules	Schizoprhenia Tablets Granules	Schizoprhenia Tablets Granules	Schizoprhenia Tablets Granules
ICR	Schizophrenia Bipolar Mania Tablets Zydis/Velotab	Schizophrenia Bipolar Mania Tablets Zydis/Velotab RAIM	Schizophrenia Bipolar Mania Tablets Zydis/Velotab RAIM	Schizophrenia Bipolar Mania Bipolar Maintenance Tablets Zydis/Velotab RAIM	Schizophrenia Bipolar Mania Bipolar Maintenance Tablets Zydis/Velotab RAIM

8.0 Financial Overview

Financial templates

Appendix –Business Case Proposals

"Business Case Proposal - 1mg.doc"

"Business Case Proposal - high dose.