

Identifying High Flyers

Experimental:

- Uses Higher Doses
- First among their peers to try medications when they first enter the market
- First among their peers to try new uses of medications

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Trust Info:

- Anxiously awaits for new information from pharmaceutical companies
- Willing to try something new to get a patient better

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High Flyer

High Flyer Profile

Who are they?

Earliest adopters of new medications & new uses of medications

How do they approach treating patients?

Willing to try new things to move patients forward

- Not bound by the label
- Willing to push the dose of medications
- Willing to use adjunctive therapy
- Typically they are treating symptoms rather than a diagnosis
- More patient focused than other physicians

What do they like from a pharmaceutical company?

Keep them connected with the up-to-date information

- Prefer to learn from “experts” about new information
- Consulting Conferences
- Interventions tailored to their interests

High Flyer Quotes

Disease State Views:

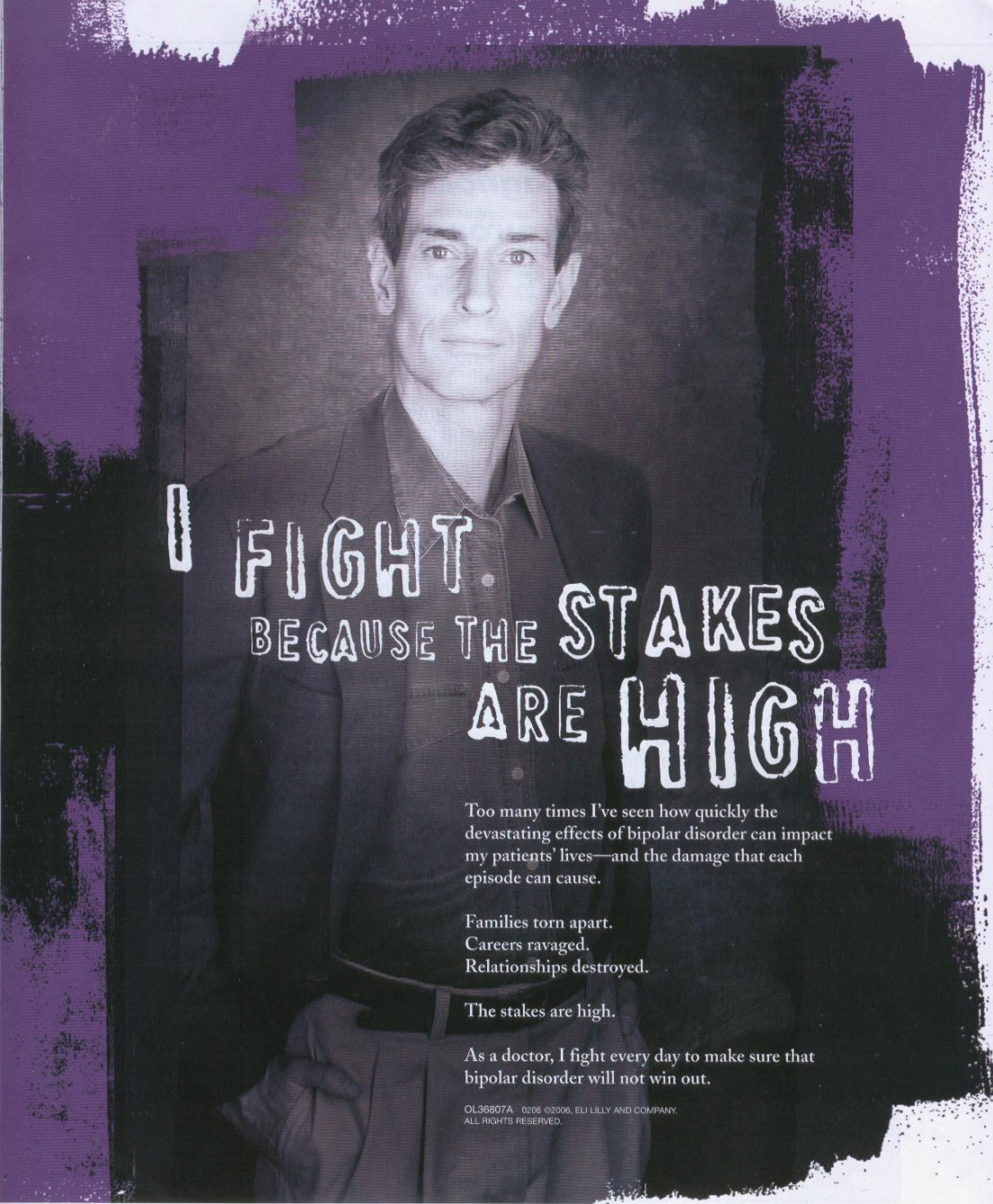
- *If you take the time to look you will see a depressed patient every day.*
- *I think a lot of Bipolar is under diagnoses*
- *I rarely refer a patient to a psych, I can treat most of them myself*

Treatment Views:

- *Best part of primary care is the rapport with patients*
- *Leave the heavy duty meds to the psychs like mellaril... but I feel pretty comfortable using A-typical anti-psychotics like Zyprexa.*
- *I heard a talk by a UCLA psych talking about these combinations and so I tried it. As long as they are not suicidal, I will try it.*

Representative Views:

- *I like to talk to psychs... I likes reps, they are very important. My first priority is treating patients, but I will try to talk to reps when I can.*
- *Reps need to help us stay out of trouble, tell us the good and the bad!*
- *I appreciate what they do... I want information quick, but don't over do it if you need more time make an appointment*



I FIGHT
BECAUSE THE STAKES
ARE HIGH

Too many times I've seen how quickly the devastating effects of bipolar disorder can impact my patients' lives—and the damage that each episode can cause.

Families torn apart.
Careers ravaged.
Relationships destroyed.

The stakes are high.

As a doctor, I fight every day to make sure that bipolar disorder will not win out.

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Lilly

Identifying Skeptical Experimenters

Experimental:

- Uses Higher Doses
- First among their peers to try medications when they first enter the market
- First among their peers to try new uses of medications

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Confirm with Experience:

- Chooses treatments based on personal experience and mechanism of action
- Choosy about where they obtain new information
- Experiments to prove/disprove new information

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Skeptical Experimenter

Skeptical Experimenter Profile

Who are they?

Moderate/High volume and adoption in diseases/population treat

How do they approach treating patients?

Tailor medications to needs of each individual patient

- Personal experience determines drug choice
- Not indication/label driven
- Willing to push dose beyond label
- They are in control of patient treatment
- Experiments to prove/disprove information

What do they like from a pharmaceutical company?

Provide data and a forum for them to share expertise

- Interactive sessions with colleagues (*round table, Q&A, thought leaders*)
- 3rd party information

Systematic Conservative Quotes

Disease State Views:

- *I won't write for Bipolar and Schizophrenia... I'm not an expert and it's not my forte*
- *My patients have been pretty well studied*

Treatment Views:

- *I'm more comfortable with other diseases that have an objective measurement to them*
- *I'm not willing to treat all depression either, some patients deserve an expert*

Representative Views:

- *Reps are the only people I see all day without a complaint*
- *Reps are biased but they can bring you reprints and data*

from acute to connected.



ZYPREXA
Olanzapine

HELPING MORE LIVES FORWARD

Lilly

Identifying Rule Bounds

Follows the Crowd:

- Tries new treatments or approaches once their peers are comfortable
- Restricts treatments to the medication label or follows what “everyone” else is doing

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Rigorous Approach:

- Diagnosis is an important part of determining treatment
- Follows the rules of the system/facility (formulary, etc.)
- Concerned with safety

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Rule Bound

Rule Bound Profile

Who are they?

Moderate volume and adopters of our portfolio products

High APS volume (within specialty).

How do they approach treating patients?

Treats patients efficiently by following the rules

- Diagnosis driven
- Most are very knowledgeable about new information, but do not necessarily act on it until it is widely accepted
- Practices according to the “standard of care”
- Doesn't have enough time, looks for efficiencies

What do they like from a pharmaceutical company?

Provide the rules and the standard of care

- For Standard of Care keep them up-to-date on the treatment standards and side effect information
- CME, textbooks, PDR, etc.

Rule Bound Quotes

Disease State Views:

- *Commonness brings comfort, I see so few Bipolar I'm reluctant to diagnosis and treat*

Treatment Views:

- *I have 30 formularies to work with. You have to know the common veins, the ones you can prescribe and hit most of the formularies.*
- *I need to control symptoms with minimal side effects so a patient doesn't need to come back*

Representative Views:

- *I use all of my resources to treat a patient and reps are a resource!*
- *The best reps know their product and respect my time*
- *Patient Education saves me time*



Lilly

Identifying Selective Majority

Follows the Crowd:

- Tries new treatments or approach once their peers are comfortable
- Restricts treatments to the medication label or follows what “everyone” else is doing

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Simplistic Approach:

- Niche products based on symptoms or side effects
- Uses fewer medications than their peers
- If Psych, may prefer to use psychotherapy in their office

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Selective Majority

Selective Majority Profile

Who are they?

Slower adopters of new products and new uses of products

As a drug & disease become mainstream, these customers become more important

How do they approach treating patients?

Keep it simple and straightforward

- Disease and treatment should be simple
- Symptom focused
- Doesn't necessarily follow rules, but keep it simple
- Psychotherapy is an important part of my practice

What do they like from a pharmaceutical company?

Remind me of your niche

- Simple message from a rep
- Rep relationship is very important! They like it when a rep knows and acts on their personal likes and dislikes

Selective Majority Quotes

Disease State Views:

- *Can't enforce good health, only recommend it*
- *I have to know a little bit about a lot of things, therefore I need to keep it simple*

Treatment Views:

- *I see so many different types of patient that I usually don't try to learn about small populations*

Redacted

Representative Views:

- *Define symptoms better for the doctor*
- *I need a rep to say, Hi, don't forget about my drug and here are some samples...easy"*
- *The best reps develop a personal relationship with you*

You're trying to piece her life together

ABBREVIATED INFORMATION: Presentation: Tablets, 2.5mg, 5mg, 7.5mg or 10mg of olanzapine. Also contain lactose. VeloTab 5mg and 10mg orodispersible tablets. Also contain gelatin, aspartame, mannitol and parahydroxybenzoates. **Uses:** Schizophrenia, both as initial therapy and for maintenance. **Dosage and Administration:** 10mg/day orally. May subsequently be adjusted to 5-20mg daily. **Contra:** Not recommended in under 18 years. **The elderly:** A lower starting dose (5mg/day) is not routinely indicated but should be considered when clinical factors warrant. **Renal and/or hepatic impairment:** 5mg starting dose in moderate hepatic insufficiency. When more than one factor which might cause slower metabolism (female gender, elderly age, non-smoking status), consider a decreased starting dose. **Contraindications:** Known hypersensitivity to any ingredient. Known risk of narrow-angle glaucoma. **Warnings and Special Precautions:** Clinical monitoring advisable in diabetic patients and those with risk factors for diabetes. Caution with prostatic hypertrophy, or paralytic ileus and related conditions. Improvement in clinical condition may take several days to some weeks. **Phenylalanine:** VeloTabs contain aspartame - a source of phenylalanine. **Sodium methyl parahydroxybenzoate and sodium propyl parahydroxybenzoate:** VeloTabs contain these preservatives, known to cause urticaria, contact dermatitis and, rarely, immediate reactions with bronchospasm. Caution in patients with elevated ALT and/or AST, hepatic impairment, limited hepatic functional reserve, and in patients being treated with hepatotoxic drugs. Where hepatitis has been diagnosed, discontinue olanzapine. Caution in patients with low leucocyte and/or neutrophil counts, bone marrow depression, and in patients with hyper eosinophilic conditions or with myeloproliferative disease. Discontinue if signs and symptoms indicative of NMS, or unexplained high fever. Caution in patients who have a history of seizures or are subject to factors which may lower the seizure threshold. If tardive dyskinesia appears, consider dose reduction or discontinuation. Caution when taken with other centrally acting drugs and alcohol. May antagonise effects of dopamine agonists. Blood pressure should be measured periodically in patients over 65 years. As with other antipsychotics, caution when prescribed with drugs known to increase QTc interval, especially in the elderly. In clinical trials, olanzapine was not associated with a persistent increase in absolute QT intervals. **Interactions:** Metabolism may be induced by concomitant smoking or carbamazepine therapy. Metabolism may be inhibited by fluvoxamine or other P450-1A2 inhibitors. **Pregnancy and Lactation:** Should be used in pregnancy only if the potential benefit justifies the potential risk to the foetus. Patients should be advised not to breast-feed an infant if they are taking olanzapine. **Driving, etc:** May cause somnolence. Patients should be cautioned about operating hazardous machinery, including motor vehicles. **Undesirable Effects:** *Very common (>10% in clinical trials):* Somnolence, weight gain and, in Alzheimer's disease patients, abnormal gait. *Common (1-10%):* Dizziness, increased appetite, oedema, orthostatic hypotension and mild, transient anticholinergic effects, including constipation and dry mouth. Transient, asymptomatic elevations of hepatic transaminases. ALT, AST. Olanzapine-treated patients had a lower incidence of parkinsonism, akathisia and dystonia compared with haloperidol-treated patients. Non-fasting plasma glucose levels $\geq 11\text{mmol/l}$ (suggestive of diabetes) as well as non-fasting levels $\geq 9\text{mmol/l}$ but $< 11\text{mmol/l}$ (suggestive of hyperglycaemia) in patients with baseline non-fasting glucose levels $< 7.8\text{mmol/l}$ have been seen occasionally in clinical trials. *Uncommon (0.1-1.0%):* Photosensitivity reaction and bradycardia, with or without hypotension or syncope. *Rare (<0.1%):* Rash. Seizures (mostly when a history of seizures or risk factors for seizures). Plasma prolactin levels were sometimes elevated, but associated clinical manifestations were rare. Cases reported as NMS and cases of high creatinine phosphokinase levels have been reported rarely. *Very rare (<0.01%):* Hyperglycaemia or exacerbation of pre-existing diabetes occasionally associated with ketoacidosis or coma, including some fatal cases. Hepatitis and pruritus. Haematological variations, such as leucopenia and thrombocytopenia, have been reported occasionally. *For further information see summary of product characteristics.* **Legal Category:** POM. **Marketing Authorisation Numbers:** EU/1/96/022/002 EU/1/96/022/004 EU/1/96/022/006 EU/1/96/022/009 EU/1/96/022/010 EU/1/99/123/001 EU/1/99/123/002. **Basic NHS Costs:** £31.70 per pack of 28 2.5mg tablets, £48.78 per pack of 28 5mg tablets, £146.34 per pack of 56 7.5mg tablets, £97.56 per pack of 28 10mg tablets, £195.11 per pack of 56 10mg tablets, £56.10 per pack of 28 5mg VeloTabs, £112.19 per pack of 28 10mg VeloTabs. **Date of Preparation or Last Review:** June 2001. **Full Prescribing Information is Available From:** Eli Lilly and Company Limited, Dextra Court, Chapel Hill, Basingstoke, Hampshire, RG21 5SY. Telephone: Basingstoke (01256) 315000. 'ZYPREXA' and 'VELOTAB' are Eli Lilly and Company Limited trademarks.

She won't swallow it

Zyprexa VeloTab™ is a rapidly dissolving tablet of Zyprexa. It helps to overcome the problem of sufferers who need oral therapy but hide their medication or spit it out, helping you to help them when they need it most.

Removing the obstacles to care

ZYPREXA VeloTab

Olanzapine, Orodispersible Tablets

Lilly

Neuroscience Institution Segment Summary

Segment	Segment Theme	Segment Strategy
High Flyer	<i>I eagerly seek out new ways to treat my patients</i>	Lilly is the best at providing new treatment information
Skeptical Experimenters	<i>I decide how to use medications based on personal experience</i>	Lilly is the preferred medium for these customers to share experiences
Rule Bound	<i>I follow the rules when treating my patients</i>	Lilly is the best at updating customers on the "rules" for treatment
Selective Majority	<i>I prefer to keep treatment simple and straightforward</i>	Lilly provides simple, consistent information

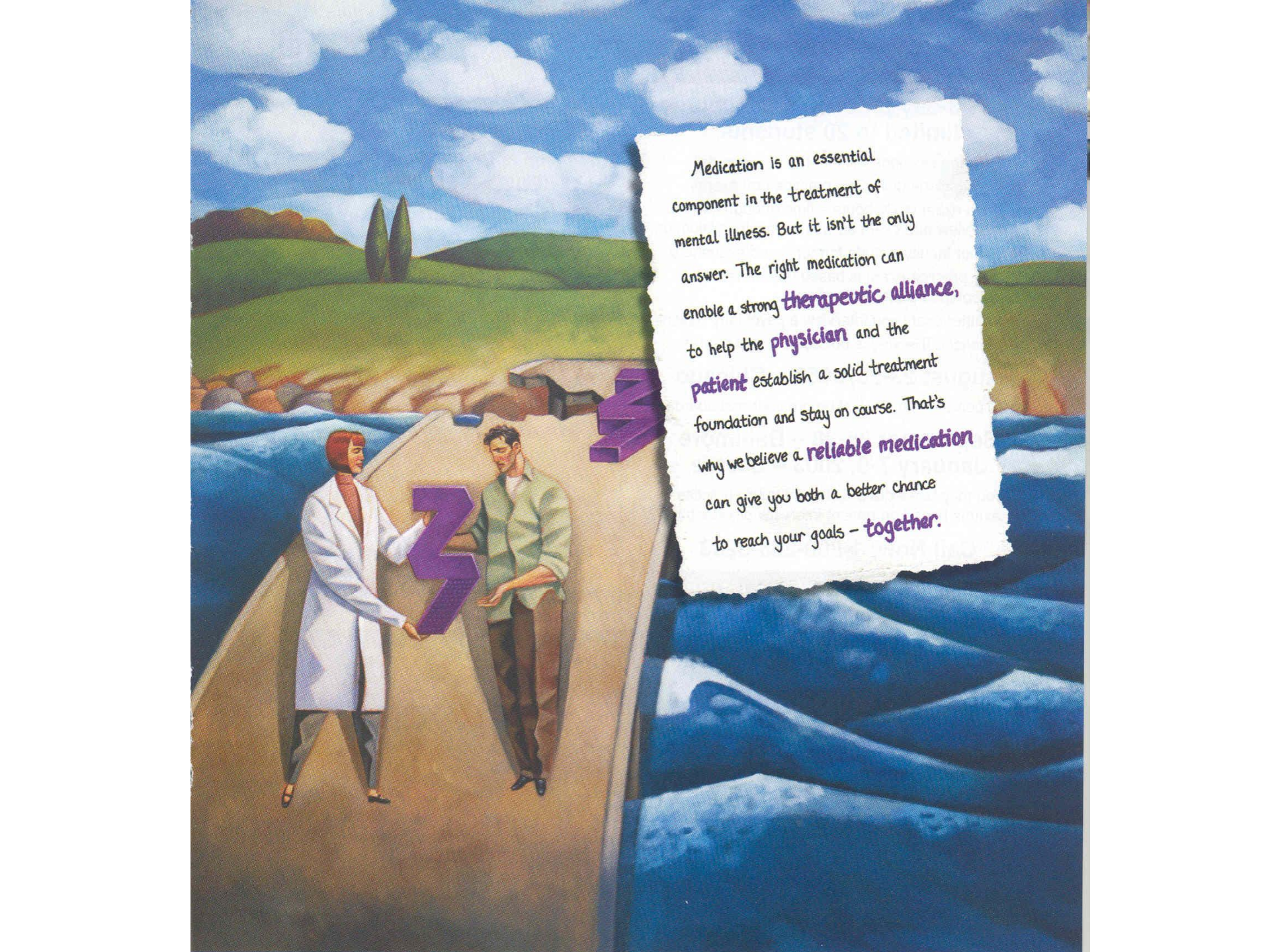
Physician Segment Observations

- ❖ High Flyers: most important segment in terms of Zyprexa scripts written; have heard the most competitive messaging around diabetes; more likely to attribute diabetes as being caused by Zyprexa; most concerned about PT satisfaction and interested in services to help improve patient wellness
- ❖ Rule Bound: second most important segment in terms of scripts written; least likely to attribute diabetes as being caused by Zyprexa; only segment that wanted more data in DMT piece, but not likely to use it
- ❖ Selective Treaters: not a big segment for Zyprexa; least likely to treat medical illness not caused by meds
- ❖ Skeptical Experts: important segment and highly detailed - very aware of the Lilly Janssen battles; like other groups, SEs were confused about the audience of DMT - it was above patients and beneath MDs

An Introduction to Bipolar Disorder and Manic Depression



Lilly



Medication is an essential component in the treatment of mental illness. But it isn't the only answer. The right medication can enable a strong **therapeutic alliance**, to help the **physician** and the **patient** establish a solid treatment foundation and stay on course. That's why we believe a **reliable medication** can give you both a better chance to reach your goals - **together.**



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