



# Zyprexa Side Effect Tracking Study MR Download

Tom Reck

Revised 10/28/02

Company Confidential  
Copyright © 2001 Eli Lilly and Company

1

# Overview

- *Study Design*
- Key Findings
- Recommendations
- Next Steps

# Tracking Study - Objectives

Track changes in physicians' perceptions of the relationship between taking psychotropic medications and the occurrence of weight gain, hyperglycemia, and diabetes.

## Specifically:

- Which agents are most commonly associated with weight gain, hyperglycemia, and diabetes?
- How do these associations influence prescribing behavior?
- What types of patients are not considered good candidates for specific psychotropic agents?
- What are physicians' attitudes toward weight management with patients taking psychotropic medications?

# Methodology

- Internet based survey
- Study fielding:
  - Wave 1: Feb. 2001
  - Wave 2: Jul. 2001
  - Wave 3: Jan. 2002
  - Wave 4: Aug. 2002
- Participants
  - 100 PCPs for Waves 1-4
  - 225 - 240 Psychs for Waves 1-4
    - 75 - 80 each from private practice, CMHC and institution
  - 150 LTC physicians for Wave 4
    - 75 Psychs & 75 PCPs

# Overview

- Study Design
- *Key Findings*
- Recommendations
- Next Steps

# Key Findings

- Only part of the Zyprexa Diabetes' Story is resonating with customers
- Market impact of key events in Q2 2002 (Japan label change, APA, etc.) not perceived – yet...
- Risperdal's launch in PCP starting to show effects
- MDs seeing diabetes more often w/ other meds
- LTC Psychs (1<sup>st</sup> time measured) are more concerned about weight gain AND diabetes in nursing home patients than LTC PCPs
  - Higher avoidance & discontinuation for NH Pt than expected

# Four Elements of the “Diabetes Story”

How are we doing?

## Zyprexa’s Diabetes Story

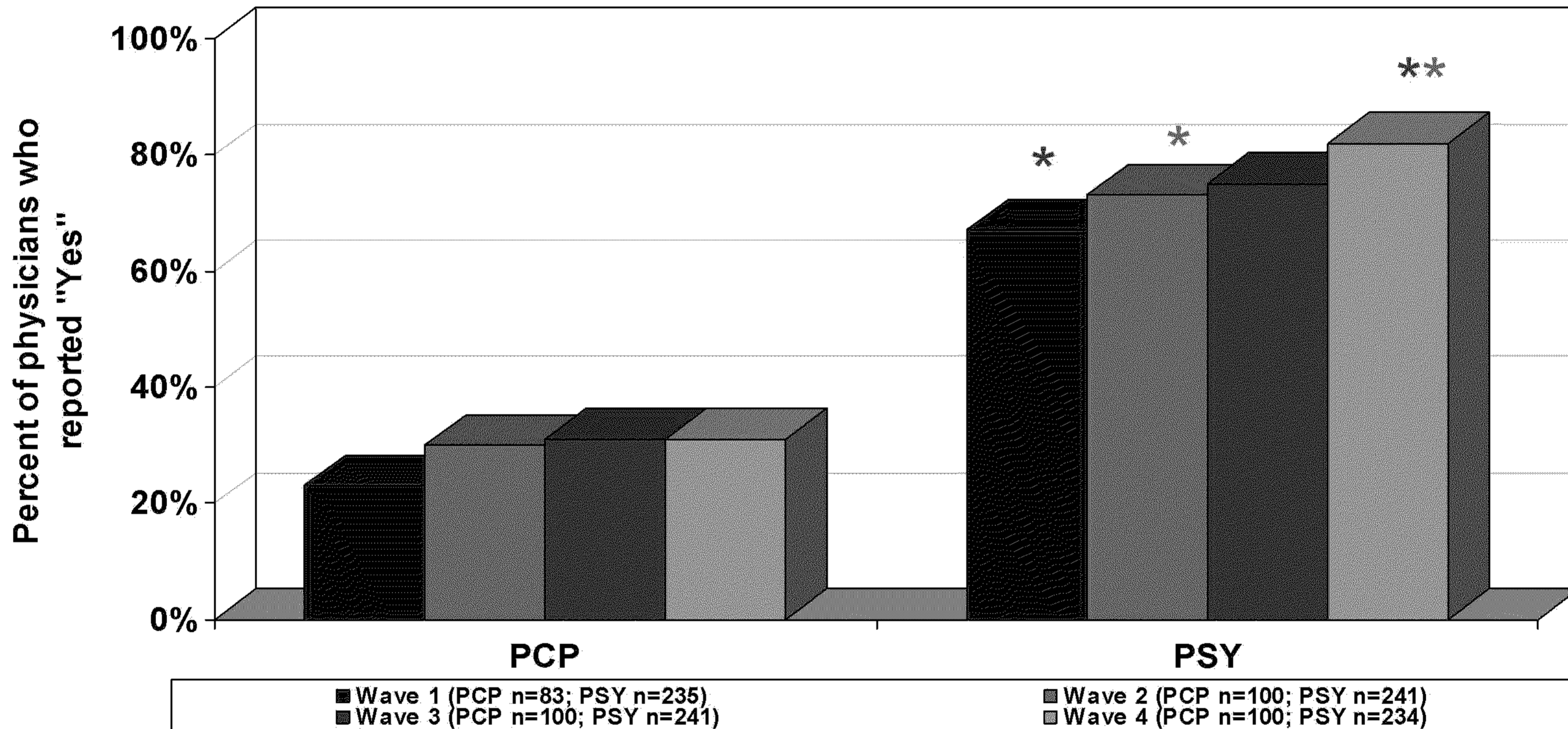
## Market Agreement

- |  |       |
|--|-------|
| 1. The rates of diabetes are comparable across atypical APs.       | Low   |
| 2. Weight Gain does not equal diabetes.                            | Low   |
| 3. The prevalence of diabetes is 2-4 higher among the mentally ill | High  |
| 4. There are many other diabetes risk factors besides weight gain. | High* |

# Diabetes prevalence among the mentally ill

Perceived prevalence continues to rise in Psych community

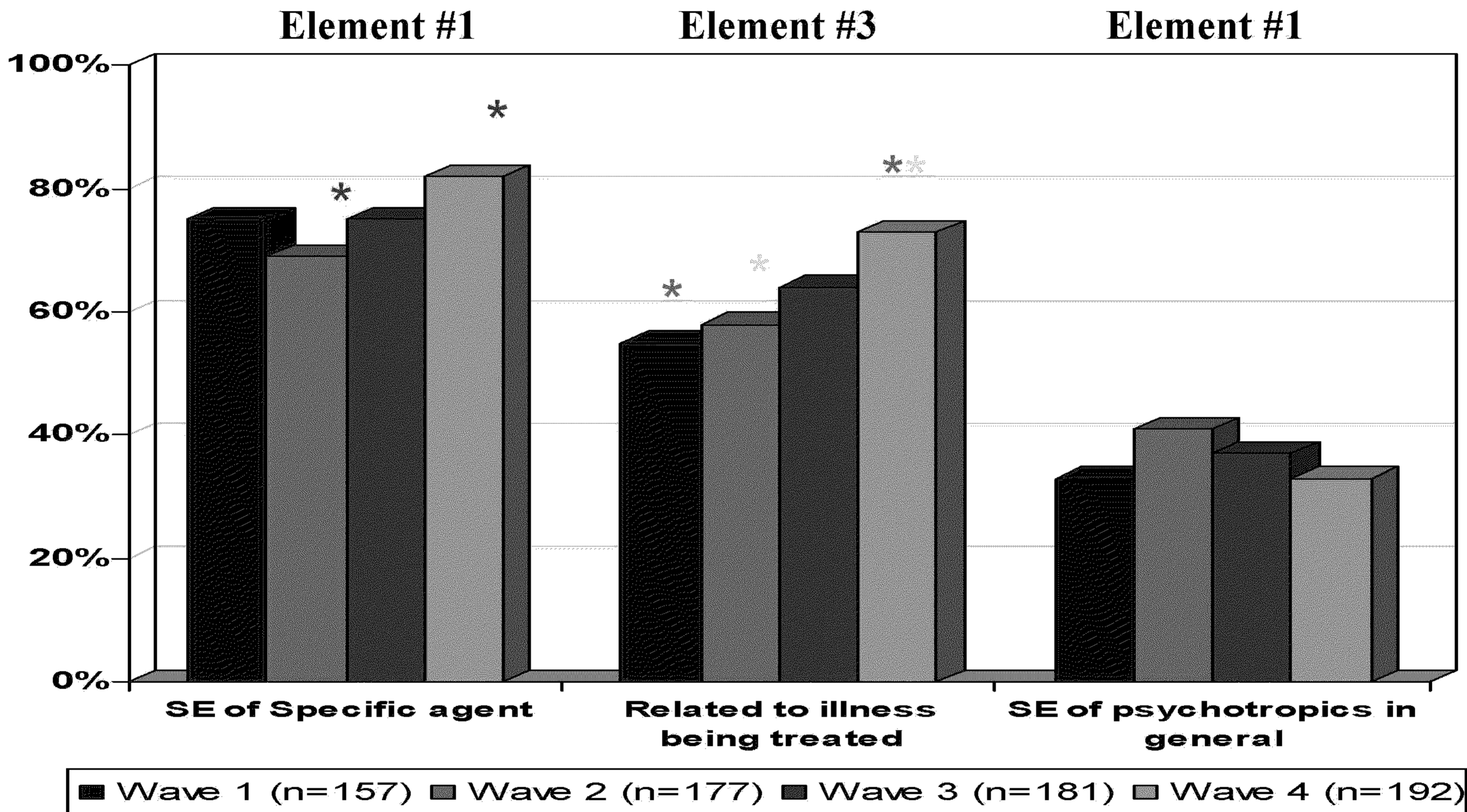
## Element #3



Q300 Do you think hyperglycemia and/or diabetes is more prevalent in patients receiving treatment for mental illness as compared to the general population?

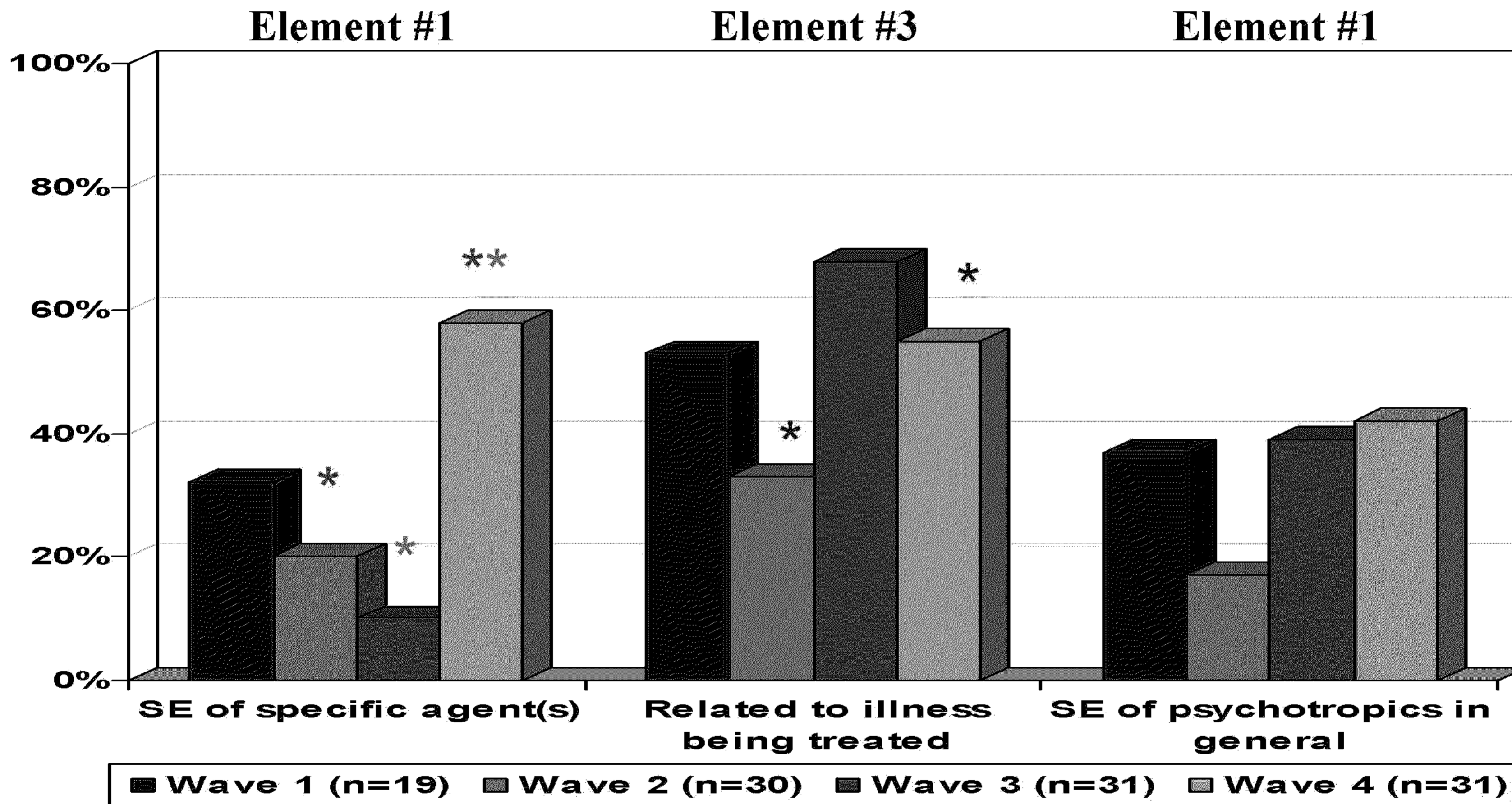


Psychs: Why is there a higher prevalence of diabetes in SPMI?  
 Believe diabetes is a Zyprexa problem AND it's related to illness



Q305 To what do you attribute this higher level of hyperglycemia and/or diabetes?

# PCPs: Why is there a higher prevalence of diabetes in SPMI? Starting to believe it's a Zyprexa problem – Impact of Risperdal's Launch

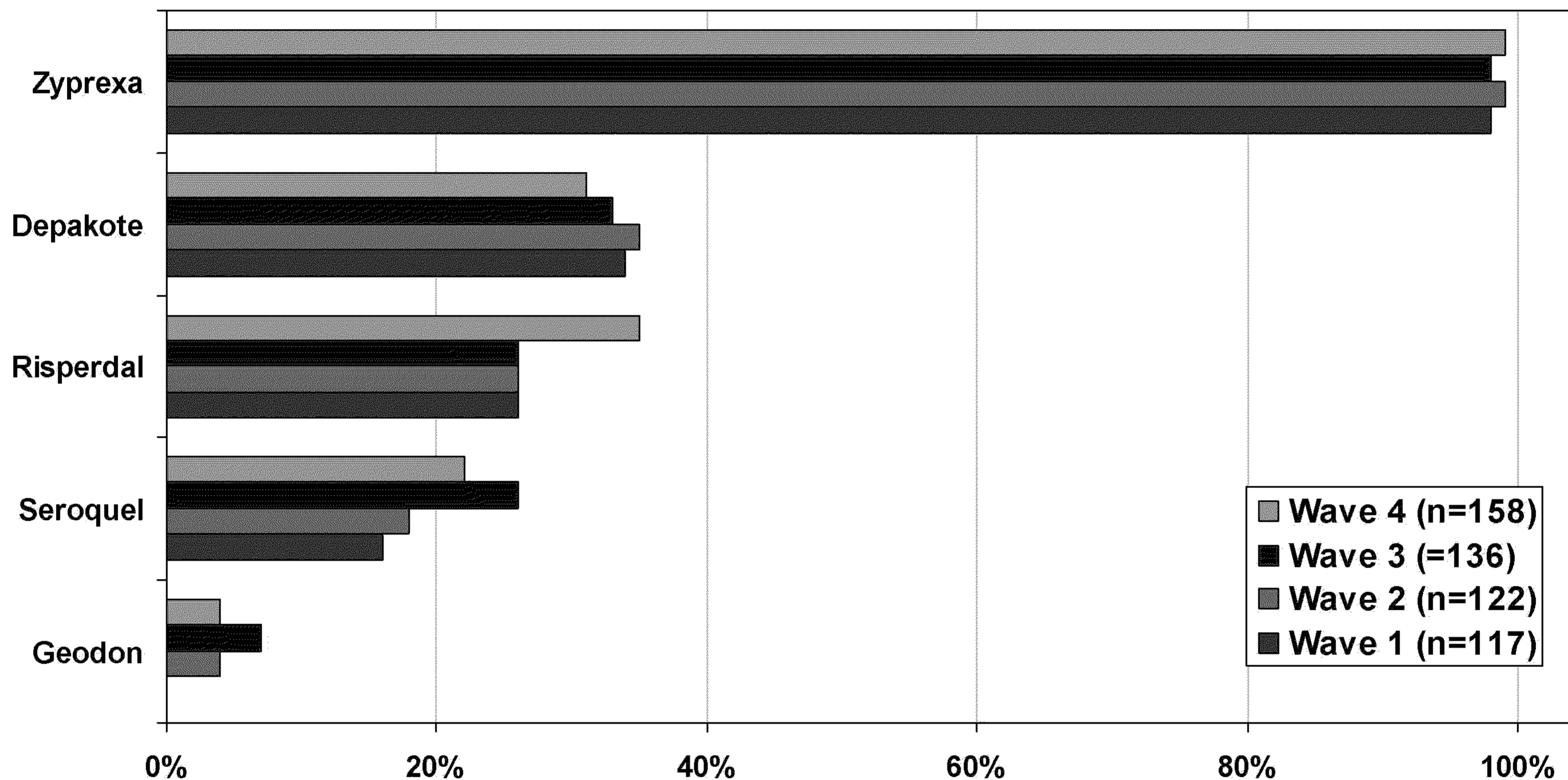


Q305 To what do you attribute this higher level of hyperglycemia and/or diabetes?

# Psychs: nearly 100% association w/ Zyprexa

Sample too small to measure w/ PCPs

## Element #1

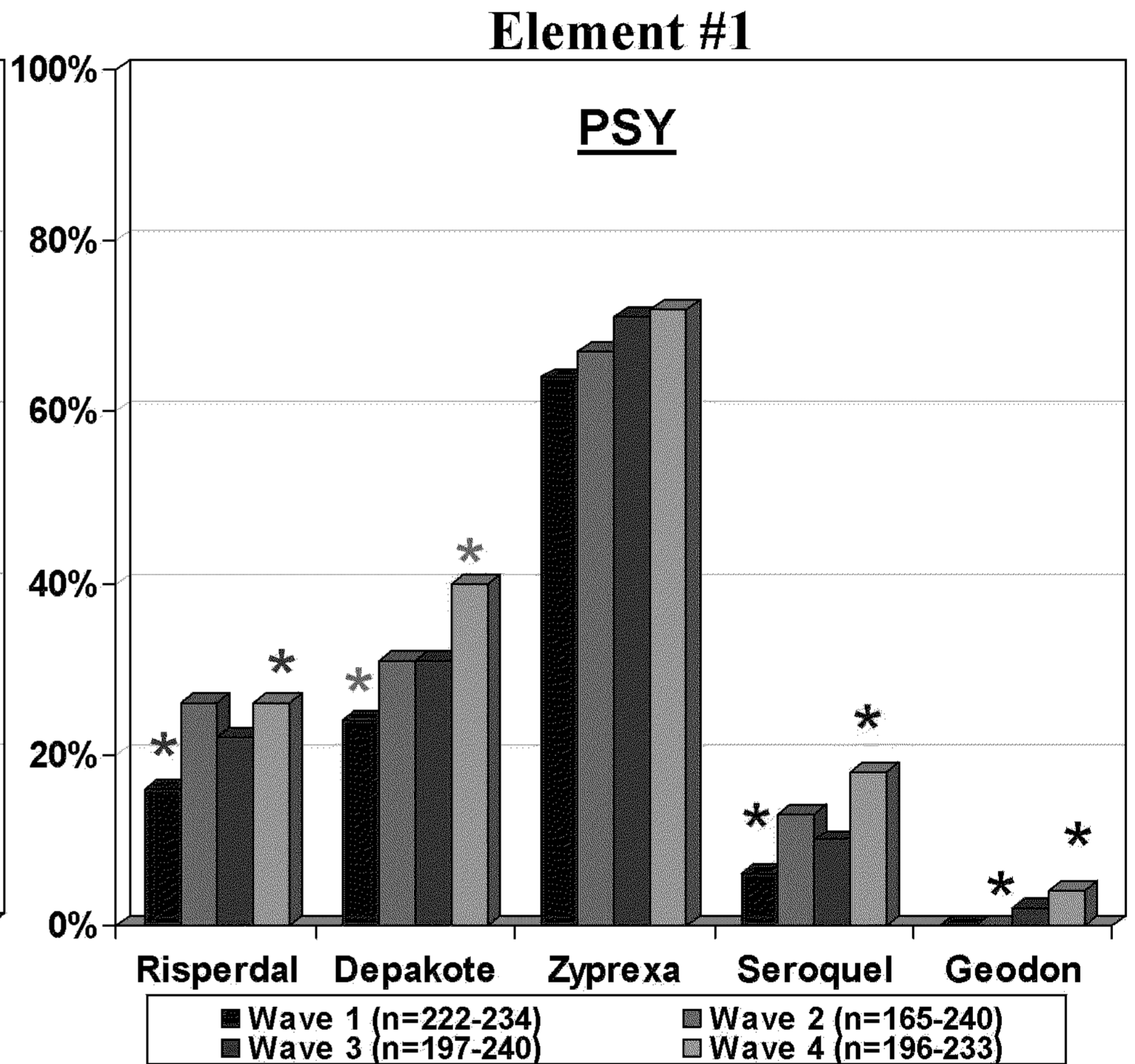
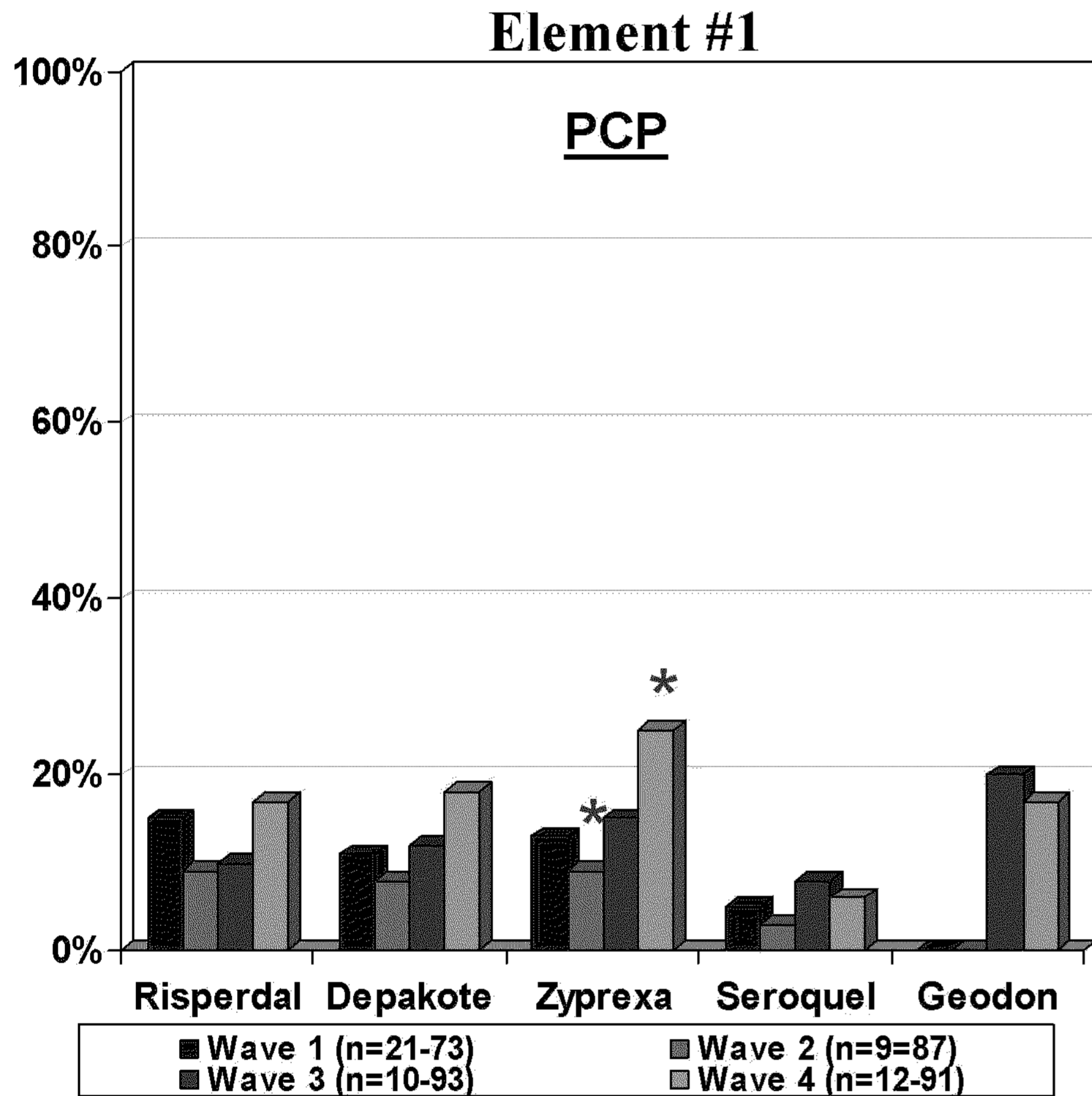


Note: The sample size for the PCPs was insufficient for reporting.

Q310 Which specific psychotropic agent(s) do you associate with an increased risk of hyperglycemia and/or diabetes?

# Patients developing diabetes while on med

Significant rise in all other meds for Psychs & in Zyprexa for PCPs



**Q630** Have any of your patients taking... developed hyperglycemia and/or diabetes?

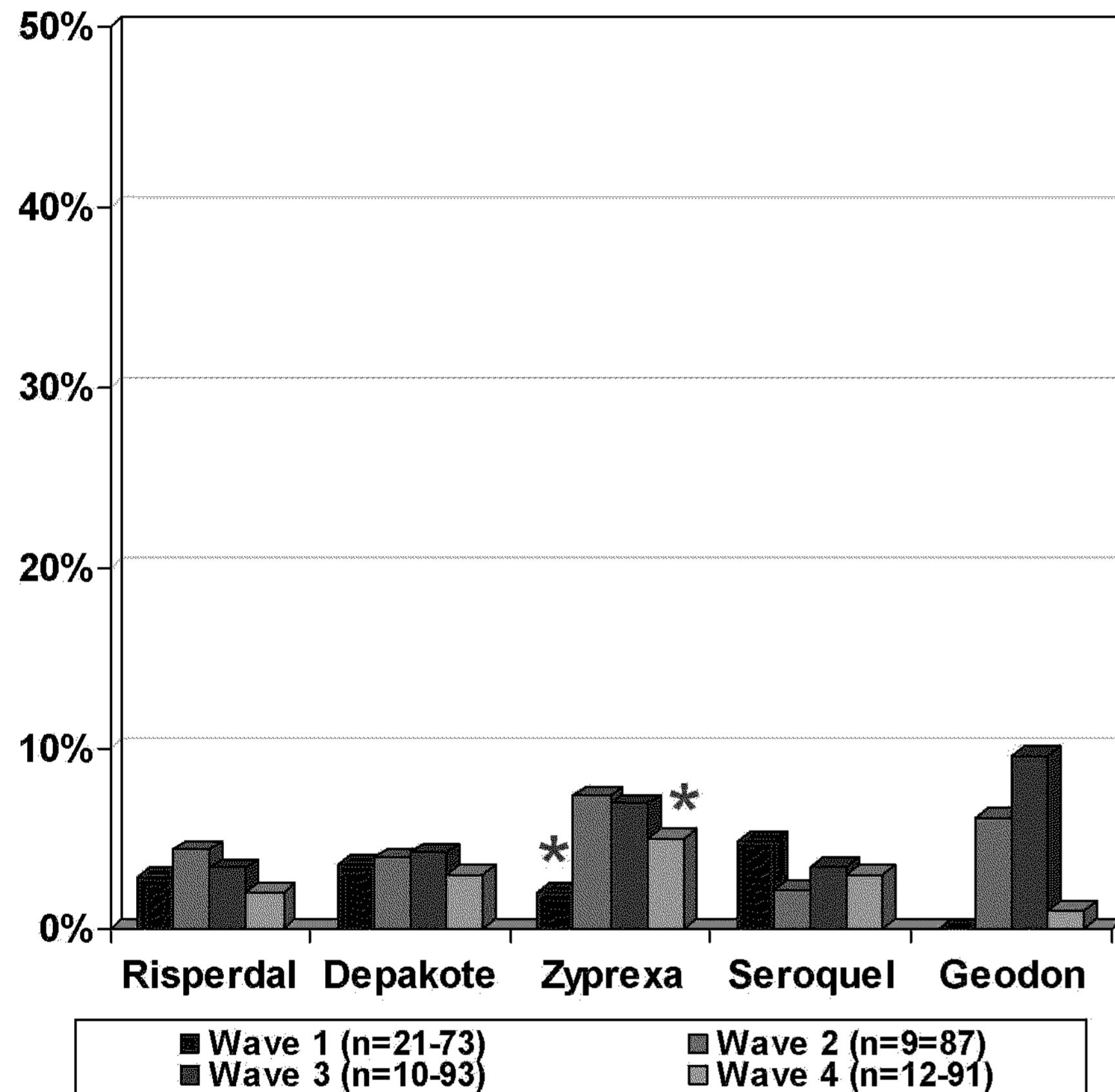
**Percent answering "YES"**

Company Confidential  
Copyright © 2001 Eli Lilly and Company

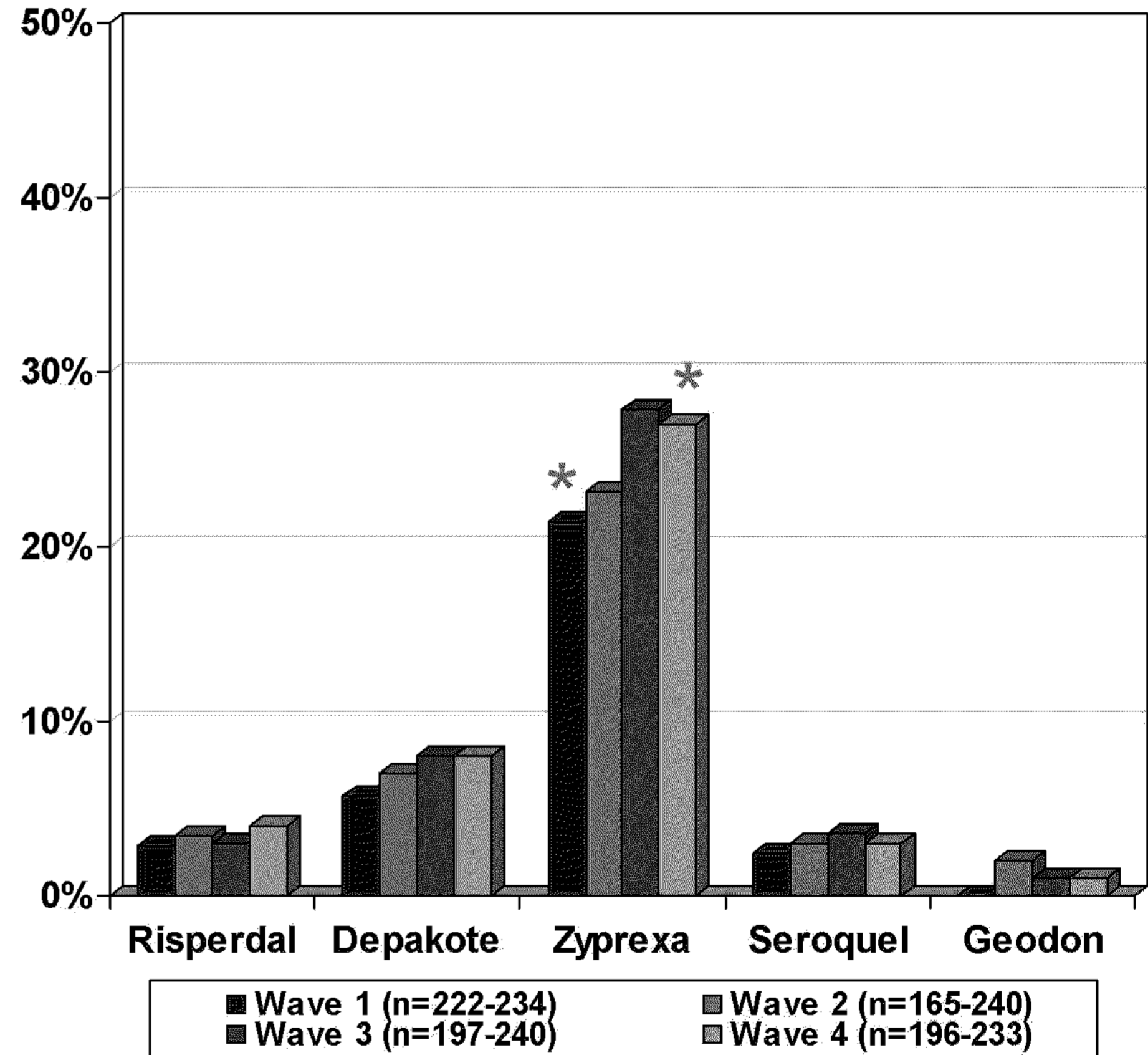
# Stated Avoidance due to Diabetes

Flat to down compared to Wave 3 – Effective handling of Q2 events?

**PCP**



**PSY**



**Q650** When you consider prescribing..., what percentage of the time do you make a conscious decision not to prescribe it due to concerns about hyperglycemia and/or diabetes?

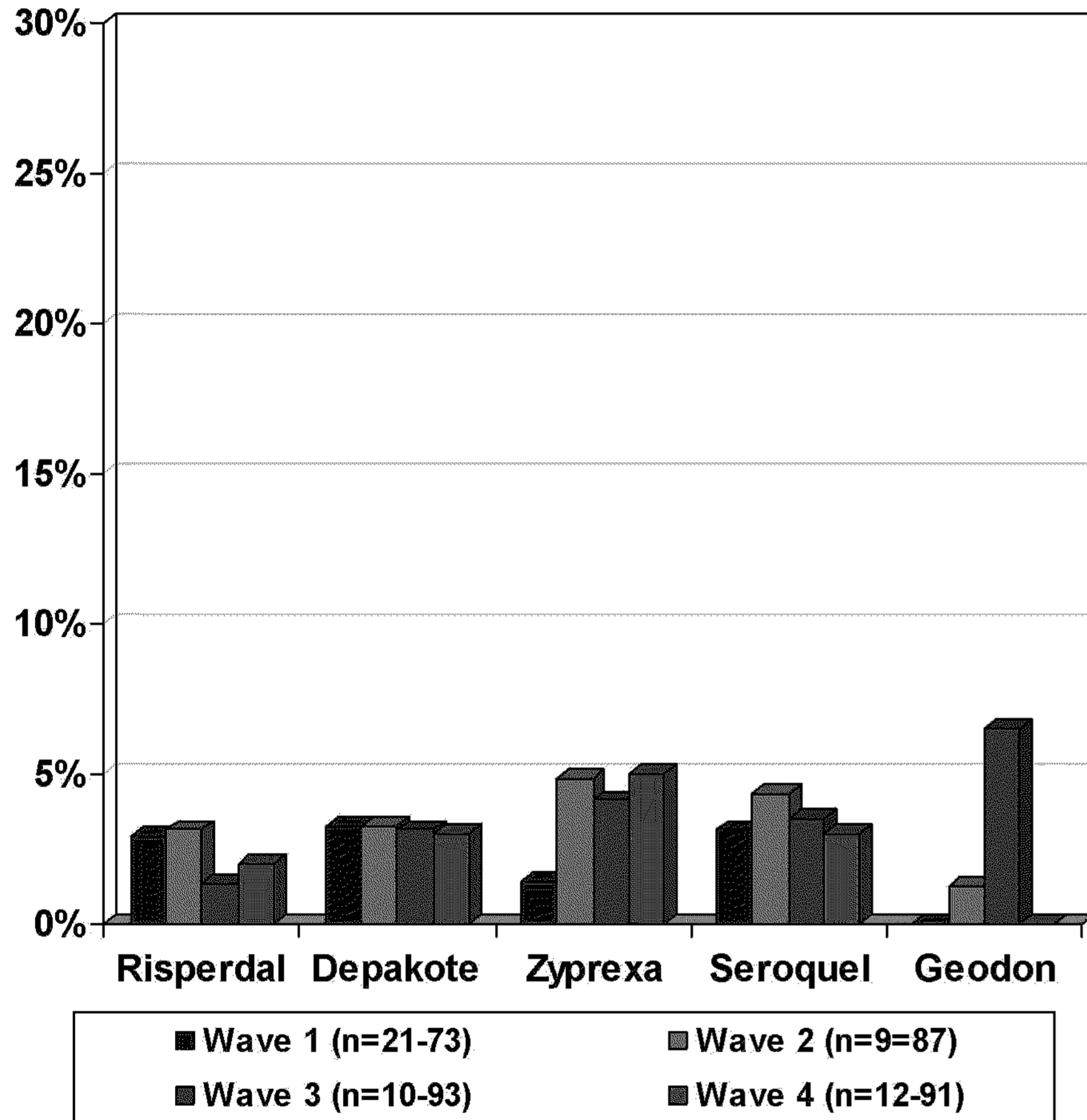
Company Confidential  
Copyright © 2001 Eli Lilly and Company

\* Zyprexa Side Effect Tracking Study (Wave 4) – Aug 2002

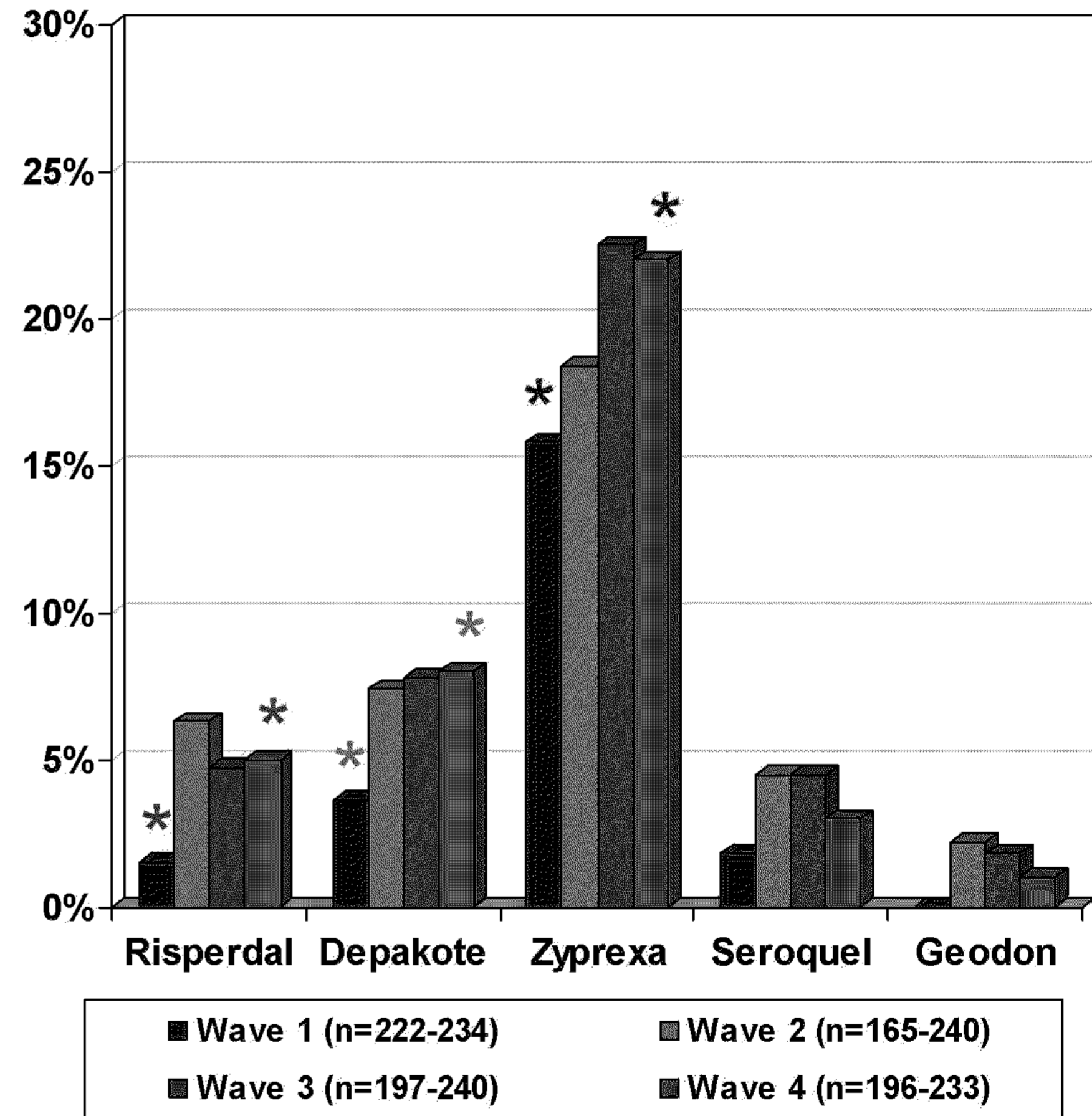
# Stated Discontinuation due to Diabetes

Flat to down compared to Wave 3

**PCP**



**PSY**



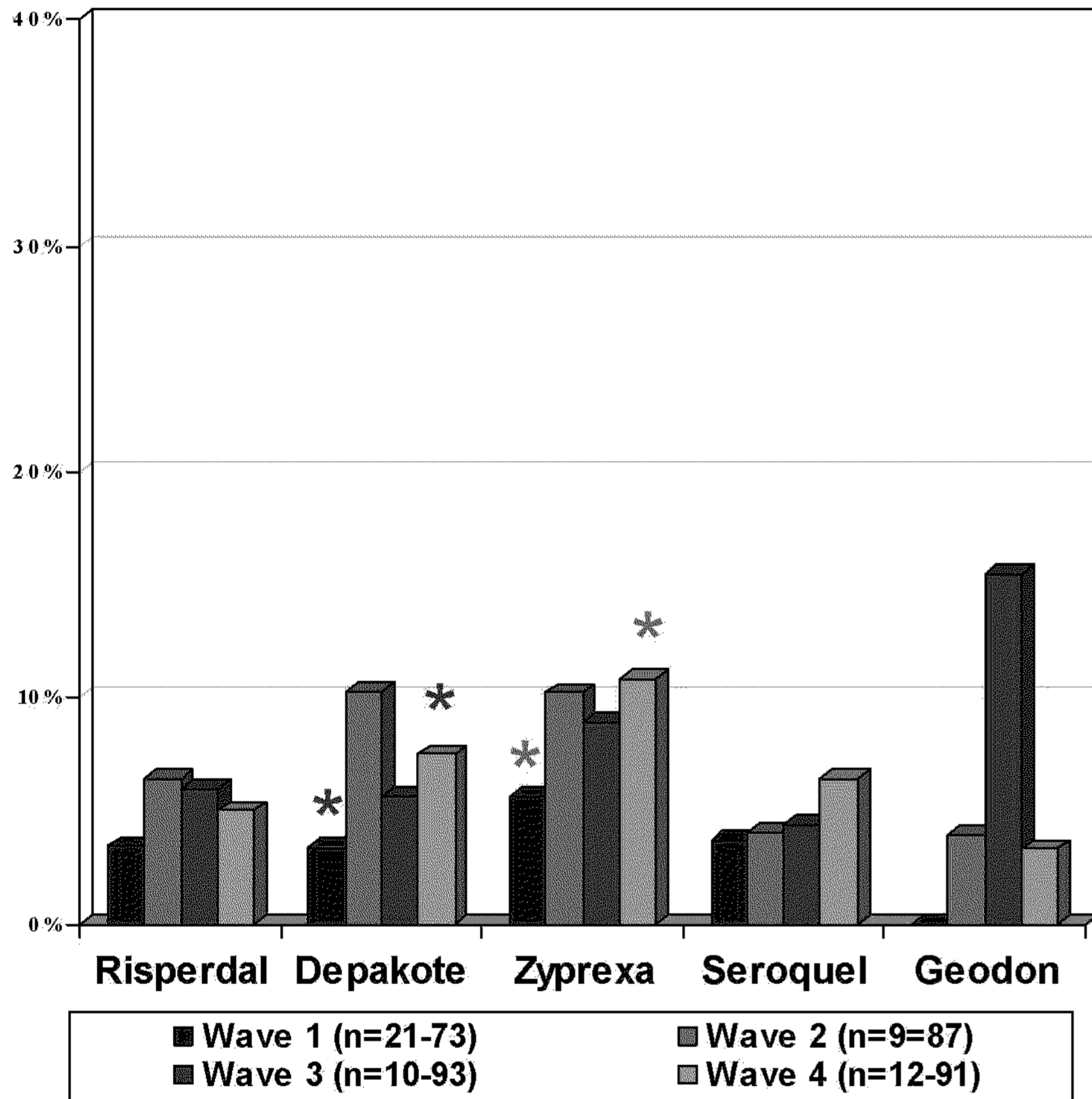
**Q660** What percentage of the time do you discontinue use of... due to hyperglycemia and/or diabetes?

Company Confidential  
Copyright © 2001 Eli Lilly and Company

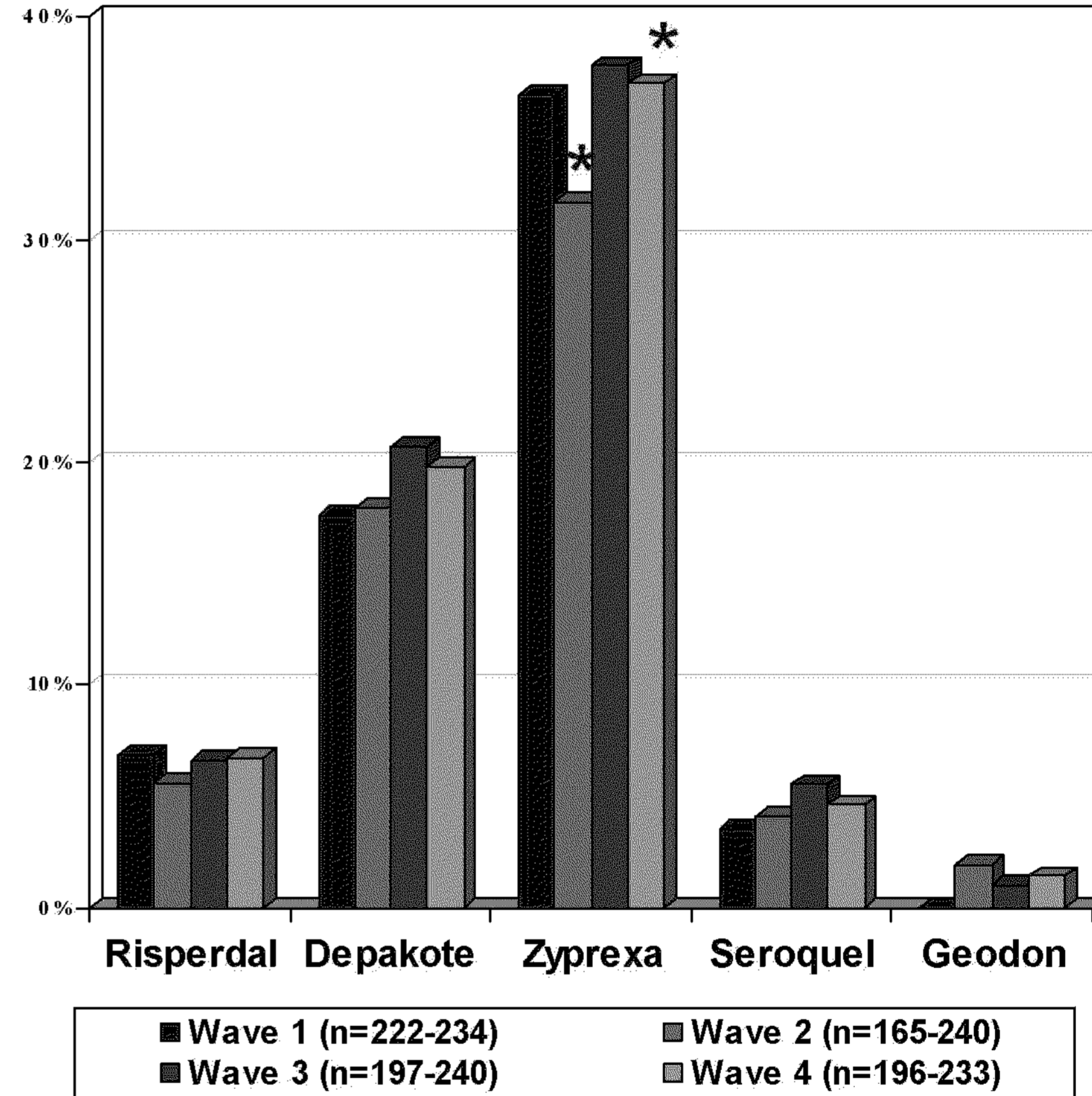
# Stated Avoidance due to Weight Gain

Flat to down compared to Wave 3 for Psychs; up for PCPs

## PCP



## PSY



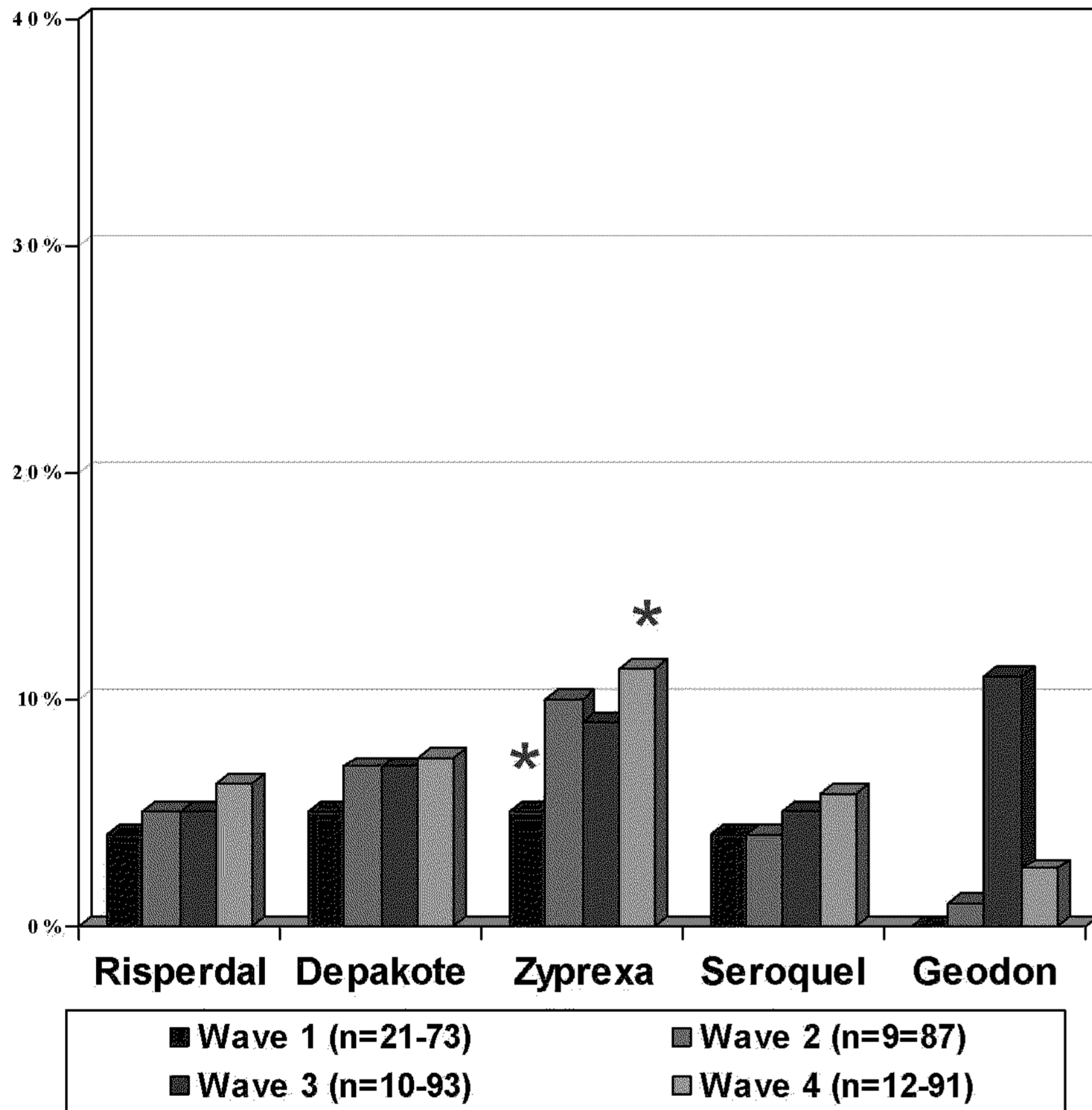
**Q700** When you consider prescribing..., what percentage of the time do you make a conscious decision not to prescribe it due to concerns about weight gain?

Company Confidential  
Copyright © 2001 Eli Lilly and Company

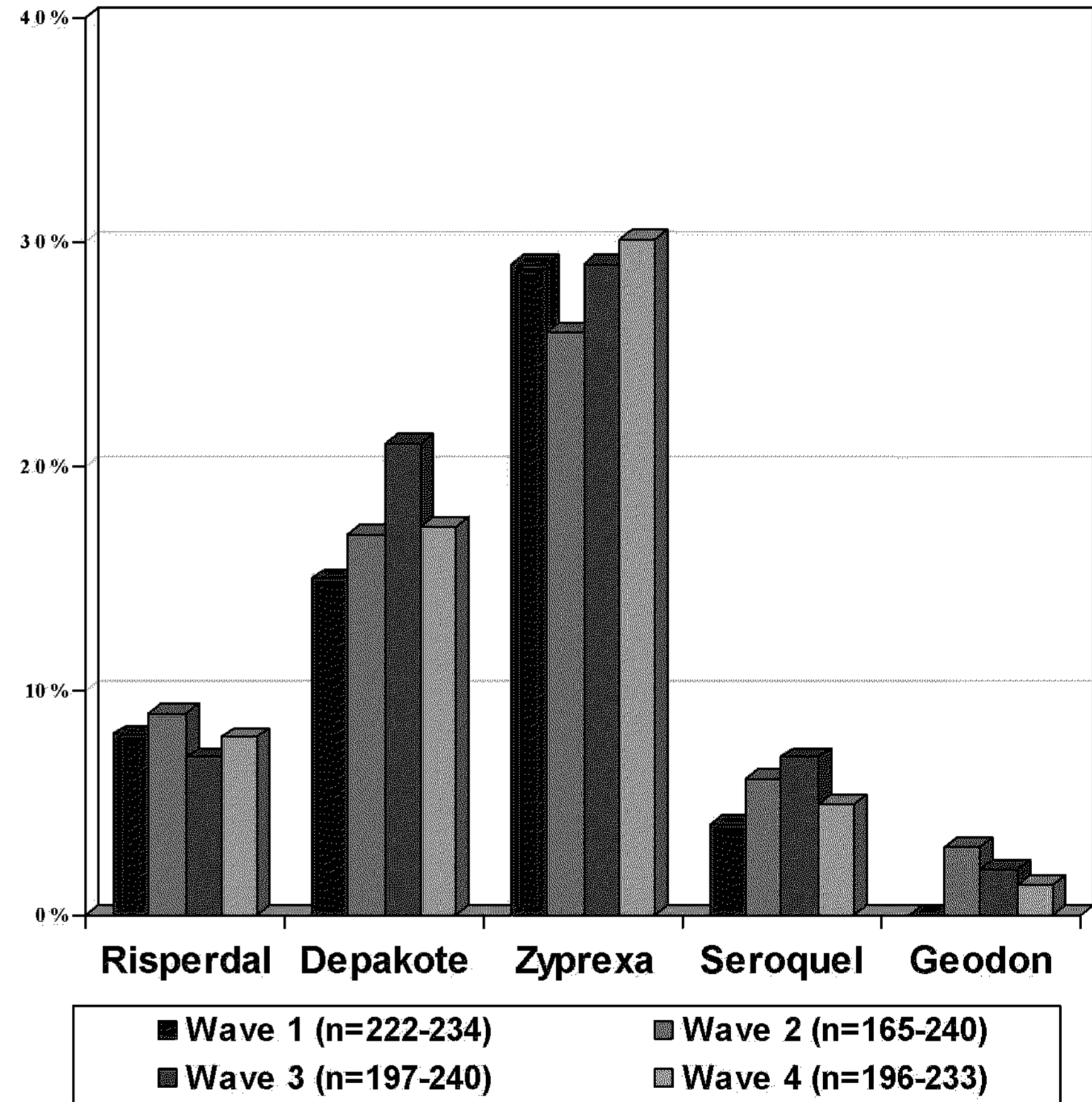
# Stated Discontinuation due to Weight Gain

Flat to up compared to Wave 3 for Psychs; up for PCPs

**PCP**



**PSY**



**Q710** What percentage of the time do you discontinue use of... due to weight gain?

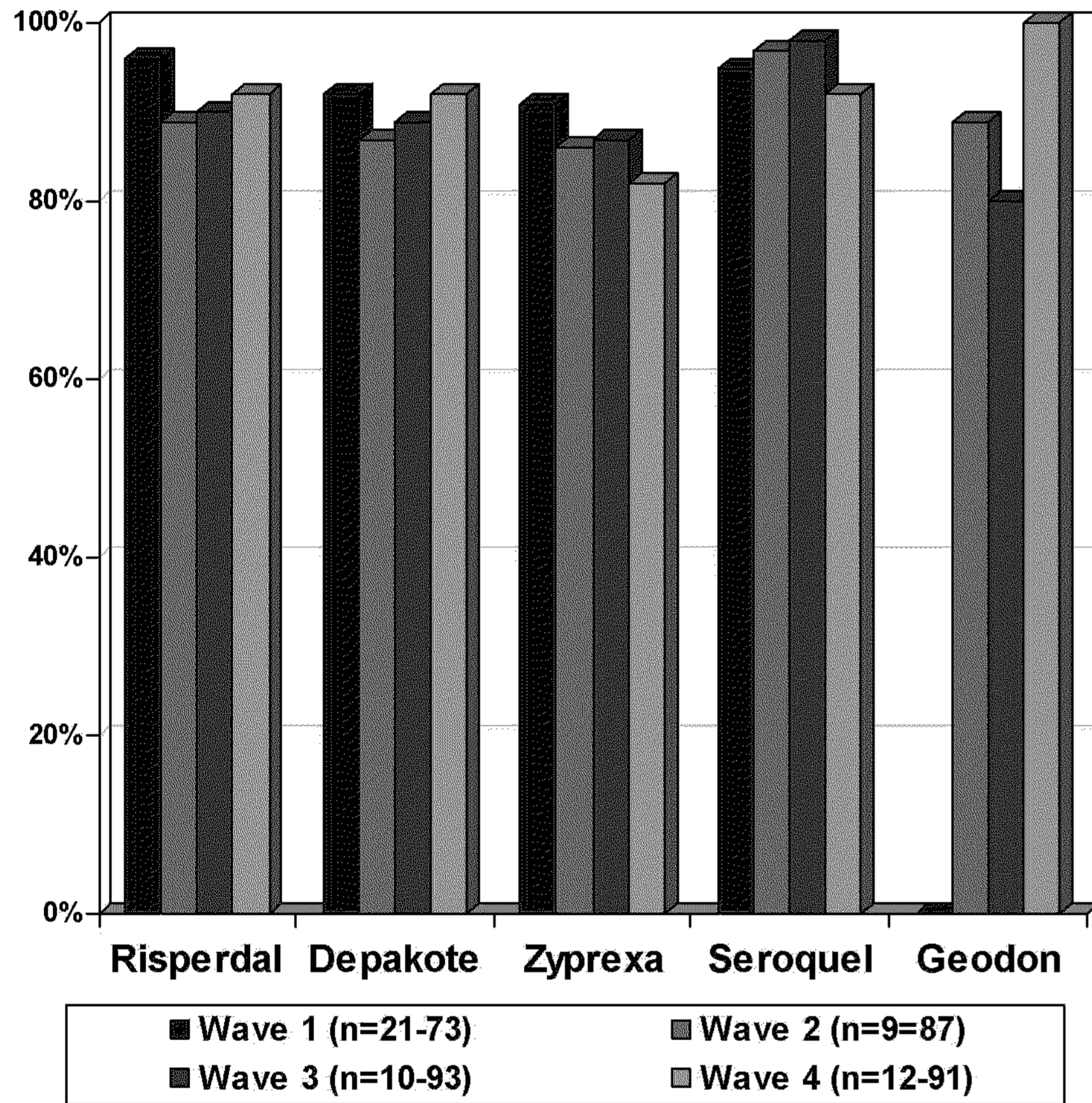
Company Confidential  
Copyright © 2001 Eli Lilly and Company



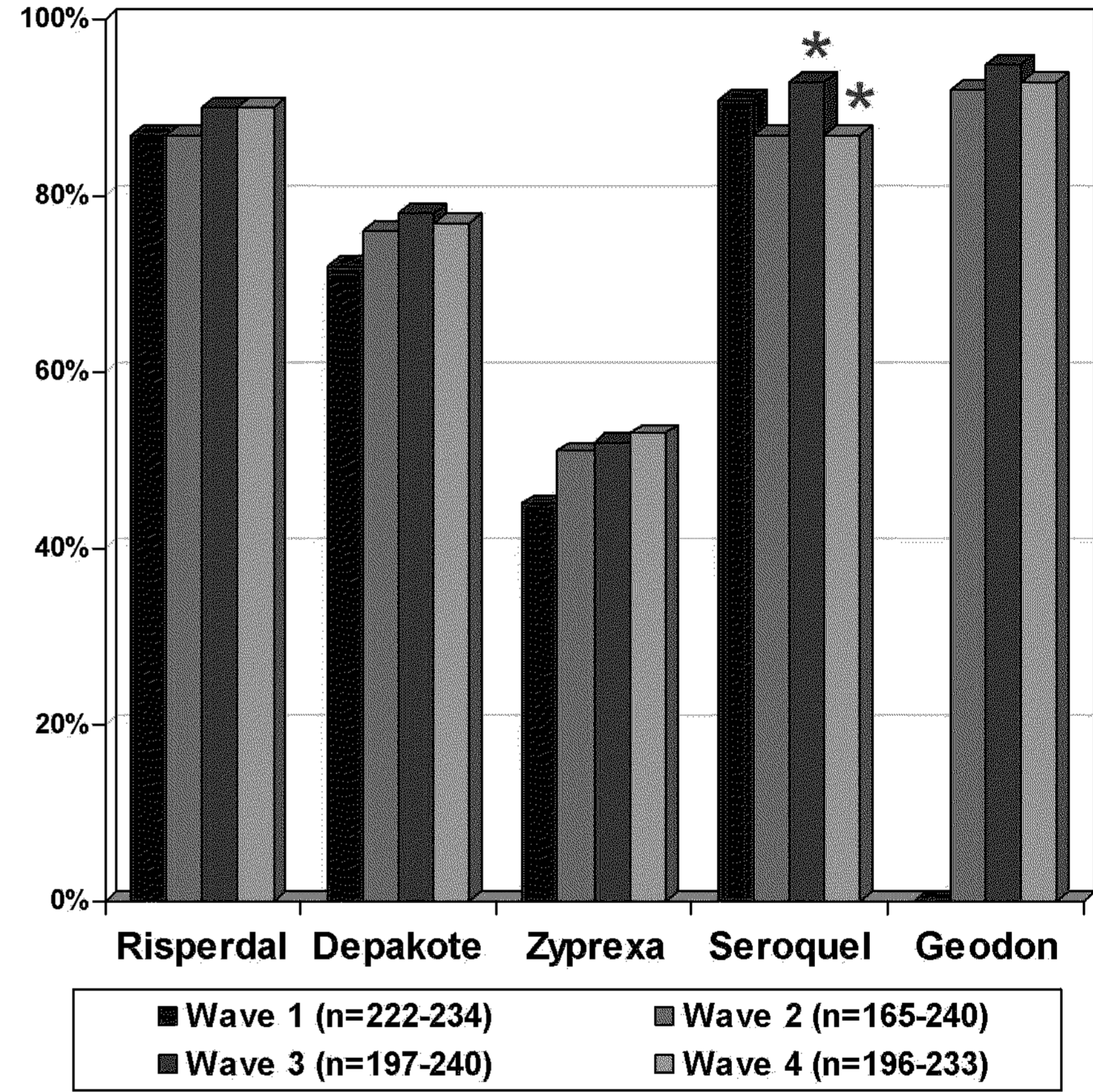
# Weight gain Manageability

Consistent upward trend in Psychs – Need to accelerate improvement

## PCP



## PSY



**Q730** If a patient treated with...gains weight, is it manageable?

Percent answering "YES"

Company Confidential  
Copyright © 2001 Eli Lilly and Company

\* Zyprexa Side Effect Tracking Study (Wave 4) – Aug 2002

# Overview

- Study Design
- Summary of Results
- *Recommendations*
- Next Steps

## Key Take-aways from this & other recent “Issues” MR

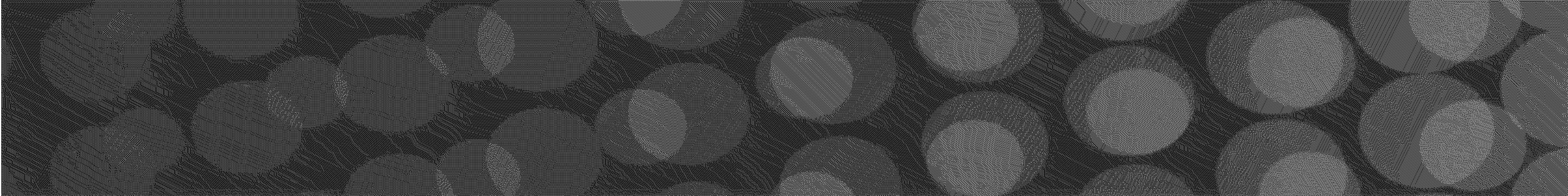
- **Embrace our opportunity to impact MDs’ perceptions**
  - Address physicians’ fears and anxieties towards Zyprexa and help them feel enabled with they use it
  - Turn our negatives into a positive by exceeding expectations in the solutions we provide our customers
  - Create fears for competitors’ products in both psych and PCP markets to help Zyprexa’s relative perception of tolerability
- **Own the weight gain issue and continue to provide our customers with solutions that matter**
  - Across all waves, the majority of respondents state they will prescribe more Zyprexa if weight gain can be managed
  - Provide MDs with better solutions: it represents what Lilly & Lilly Neuroscience want to stand for
  - Give MDs a credible response other than switching meds
- **Address the physician’s psychological concerns**
  - Get better at meeting emotional needs of customers

# Overview

- Study Design
- Summary of Results
- Recommendations
- Next Steps

# Current & Next Steps

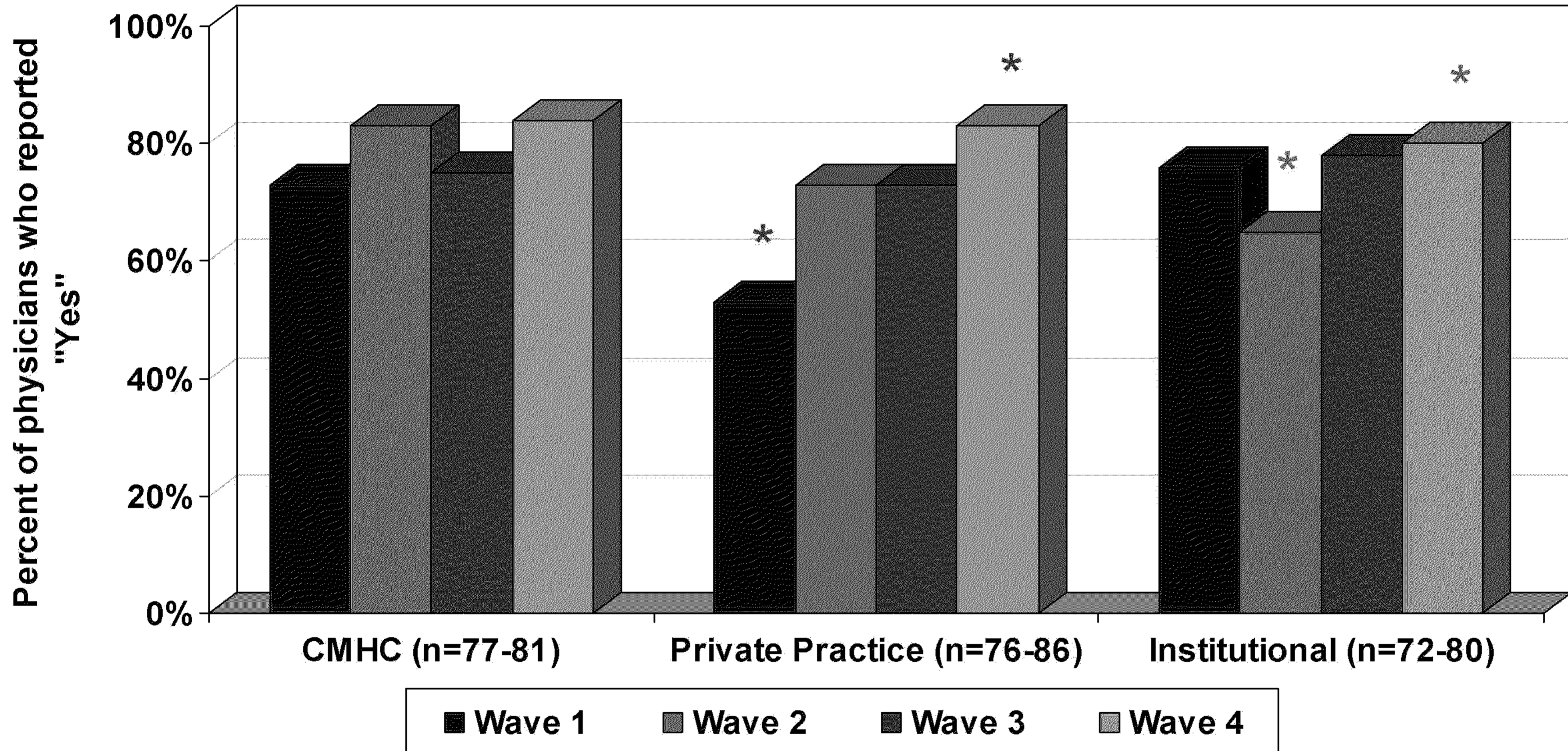
- **Done: Reexamine Zyprexa's Metabolic Side Effect Story for Simplicity and Clarity**
  - Determine optimal mix of message focus & expenditures to meet the needs of targeted customer segments
  - Optimize balance between WG & Diabetes solutions in messaging
- **Doing: Refine & develop message**
  - Determine appropriate content, tone & delivery to include the link to WG for 2003 “side effects” message through standard process
  - Communicate message through multiple channels
  - Address the psychological impact Diabetes has on the physician's ability to be “in control”
- **Need to do: Continue to Support “Solutions For Wellness”**
  - Initial field reports indicate strong acceptance
  - More comprehensive data in coming months



# Back-up slides

# Prevalence among the mentally ill

## PRACTICE SETTING



**BASE: All Physicians**

**Q300** Do you think hyperglycemia and/or diabetes is more prevalent in patients receiving treatment for mental illness as compared to the general population?

Company Confidential  
Copyright © 2001 Eli Lilly and Company

# Diabetic Ketoacidosis

	<i>PCP</i>		<i>PSY</i>	
	<b>Wave 3 (Mean) (n=100)</b>	<b>Wave 4 (Mean) (n=100)</b>	<b>Wave 3 (Mean) (n=241)</b>	<b>Wave 4 (Mean) (n=234)</b>
Seroquel	1.7	1.5	1.8	1.9
Risperdal	1.7	1.5	1.9	1.9
Depakote	1.8	1.6	2.0	2.0
Zyprexa	1.8	1.7	2.9	3.0
Geodon	2.0 *	1.4 *	1.6	1.5

Scale: 1 to 5 where 1 is Never and 5 is Always

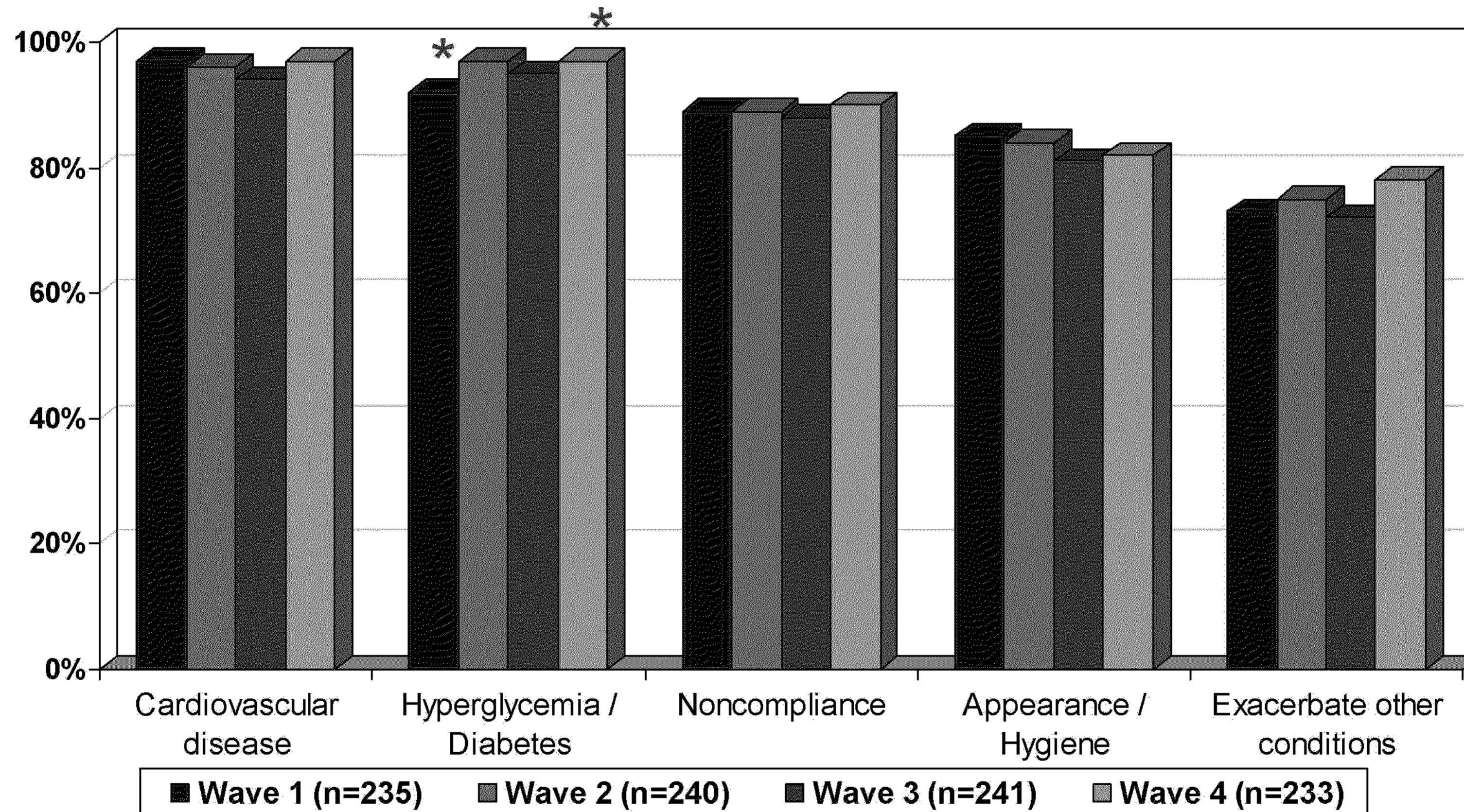
**Base: Prescribes medication**

**Q1046** When you prescribe each of the following drugs, how often are you concerned about DKA (diabetic ketoacidosis)?



# Reasons for concern about weight gain

## PSY

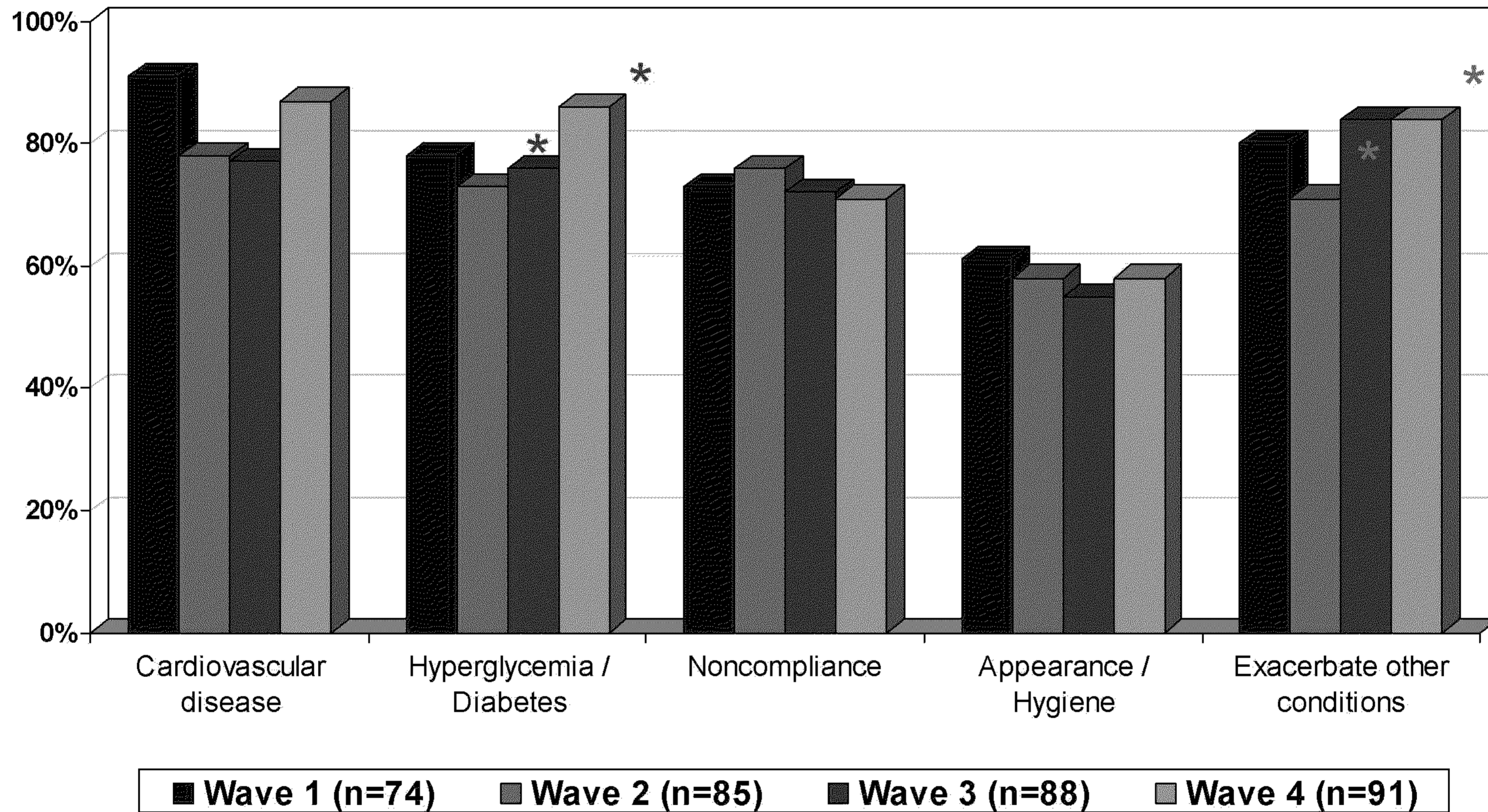


**Base: Concerned about weight gain in patients that are treated with psychotropic agents**  
**Q510** For which of the following reasons are you concerned about potential weight gain?

Company Confidential  
 Copyright © 2001 Eli Lilly and Company

# Reasons for concern about weight gain

## PCP



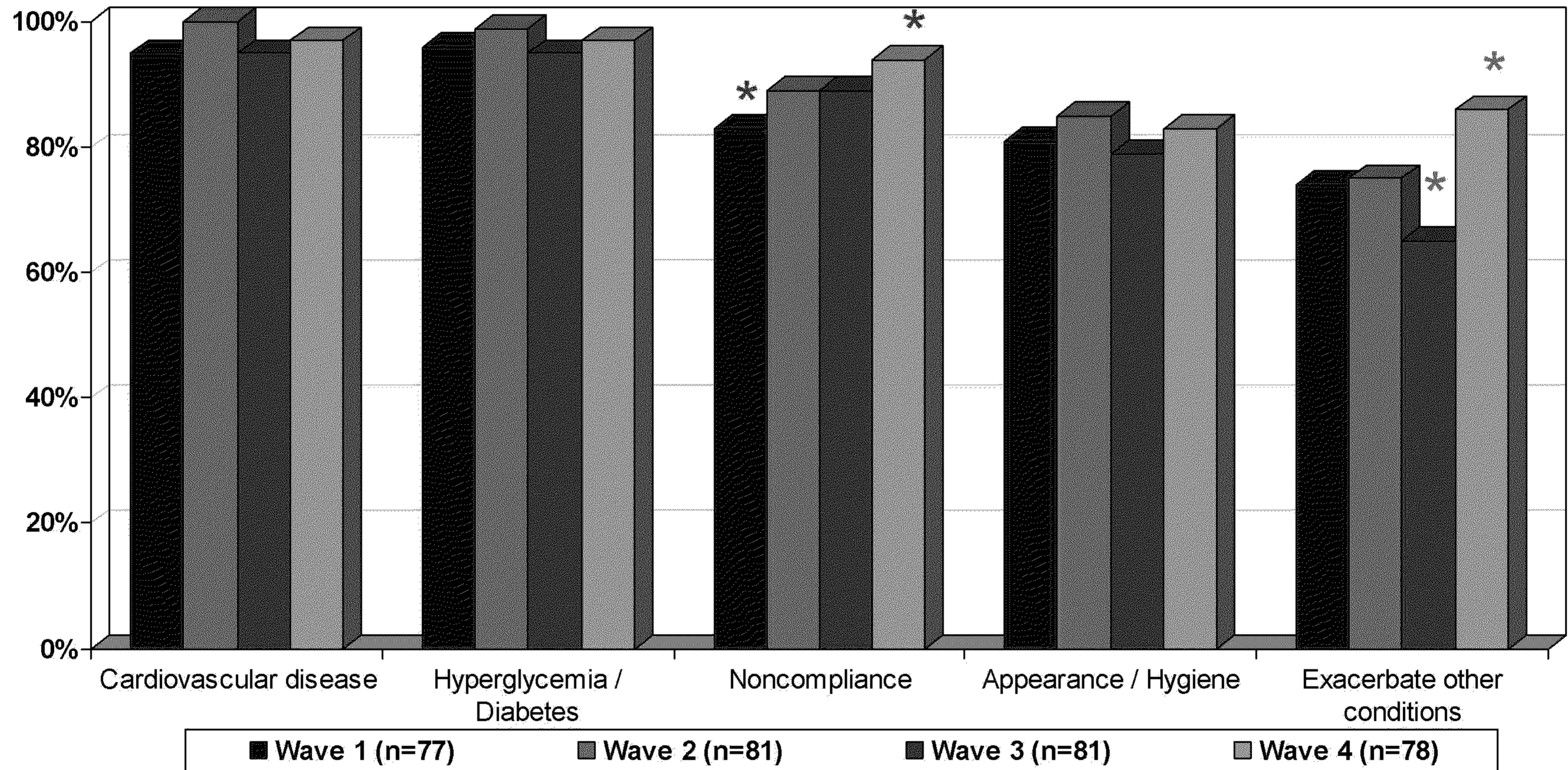
**Base: Concerned about weight gain in patients that are treated with psychotropic agents**

**Q510** For which of the following reasons are you concerned about potential weight gain?

Company Confidential  
Copyright © 2001 Eli Lilly and Company

# Reasons for concern about weight gain - Cardiovascular Disease

## CMHC



**Base: Concerned about weight gain in patients that are treated with psychotropic agents**

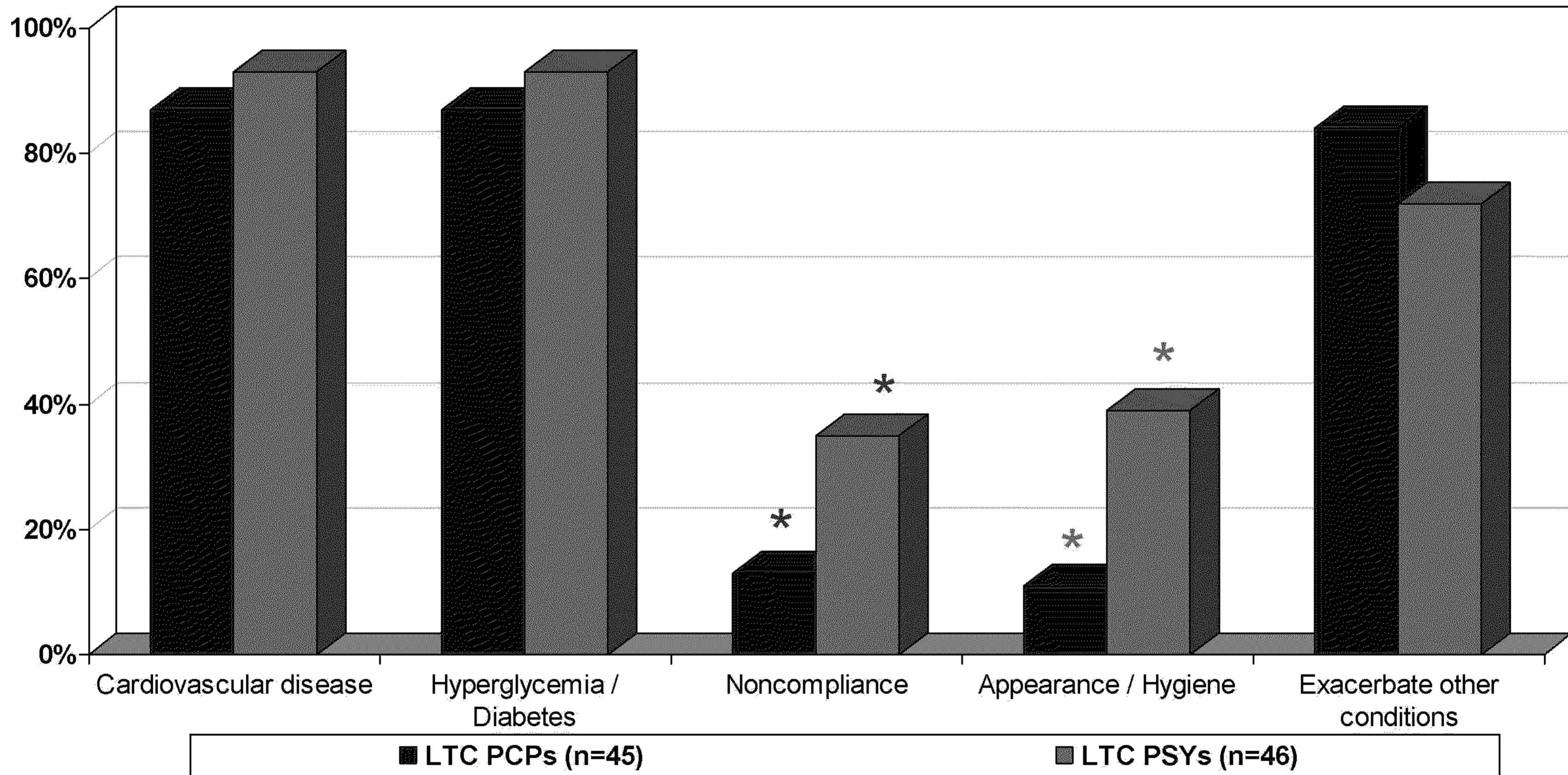
**Q510** For which of the following reasons are you concerned about potential weight gain?

Company Confidential

Copyright © 2001 Eli Lilly and Company

# Reasons for concern about weight gain - Cardiovascular Disease

## LTC – WAVE 4

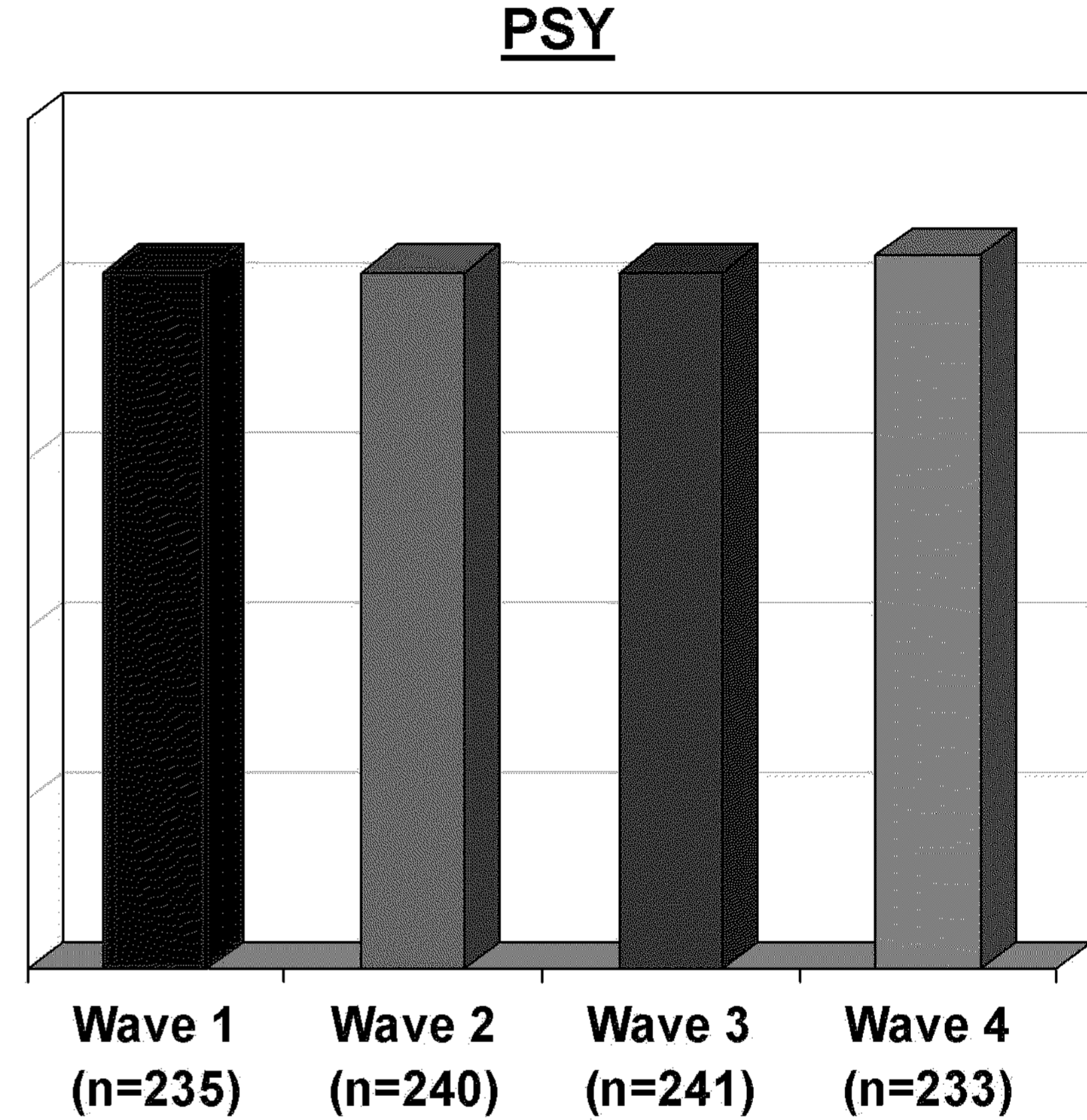
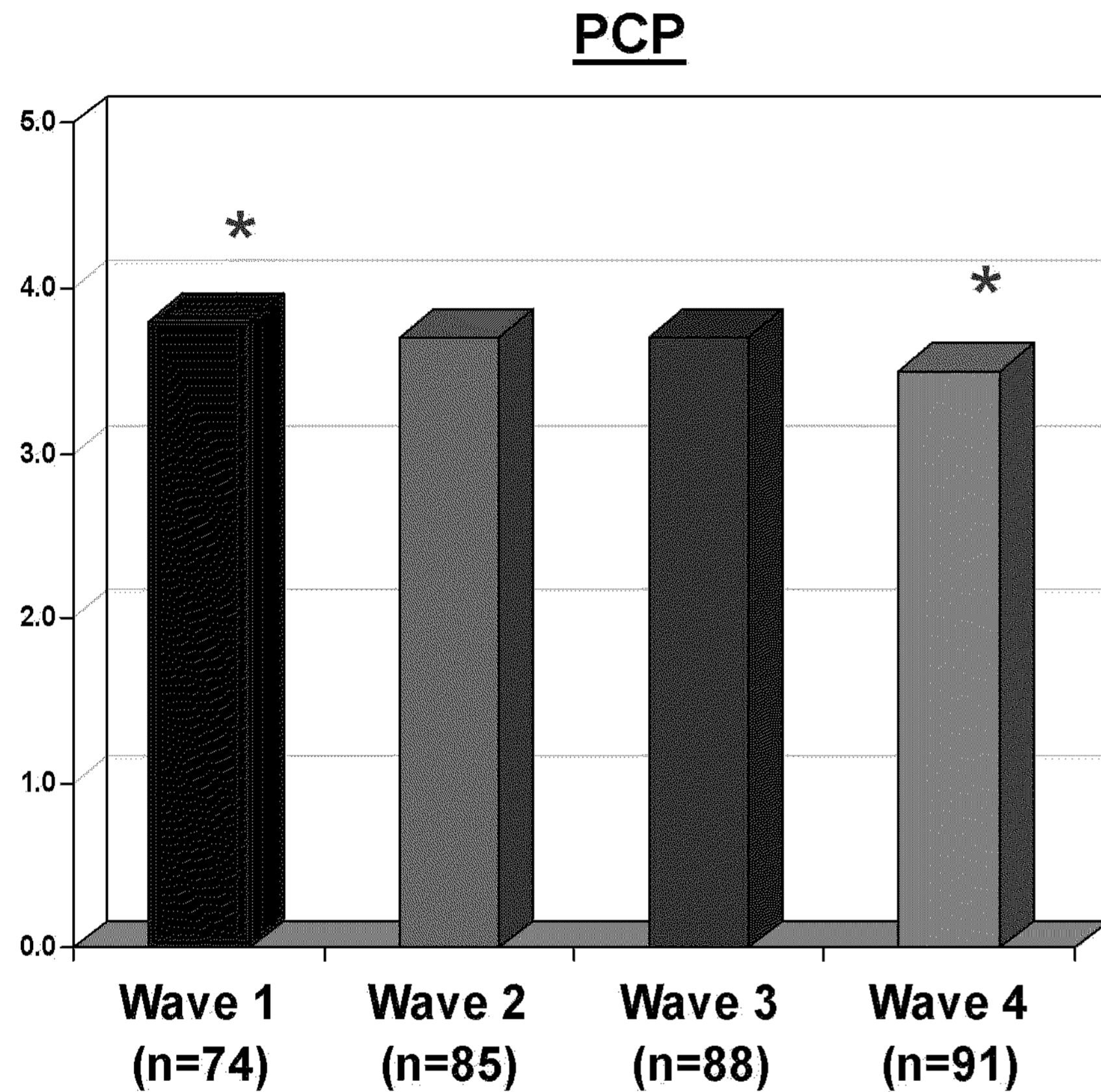


**Base: Concerned about weight gain in patients that are treated with psychotropic agents**

**Q510** For which of the following reasons are you concerned about potential weight gain?

Company Confidential  
Copyright © 2001 Eli Lilly and Company

# Discussions about weight gain management



**1 = Never**

**3 = Sometimes**

**5 = Always**

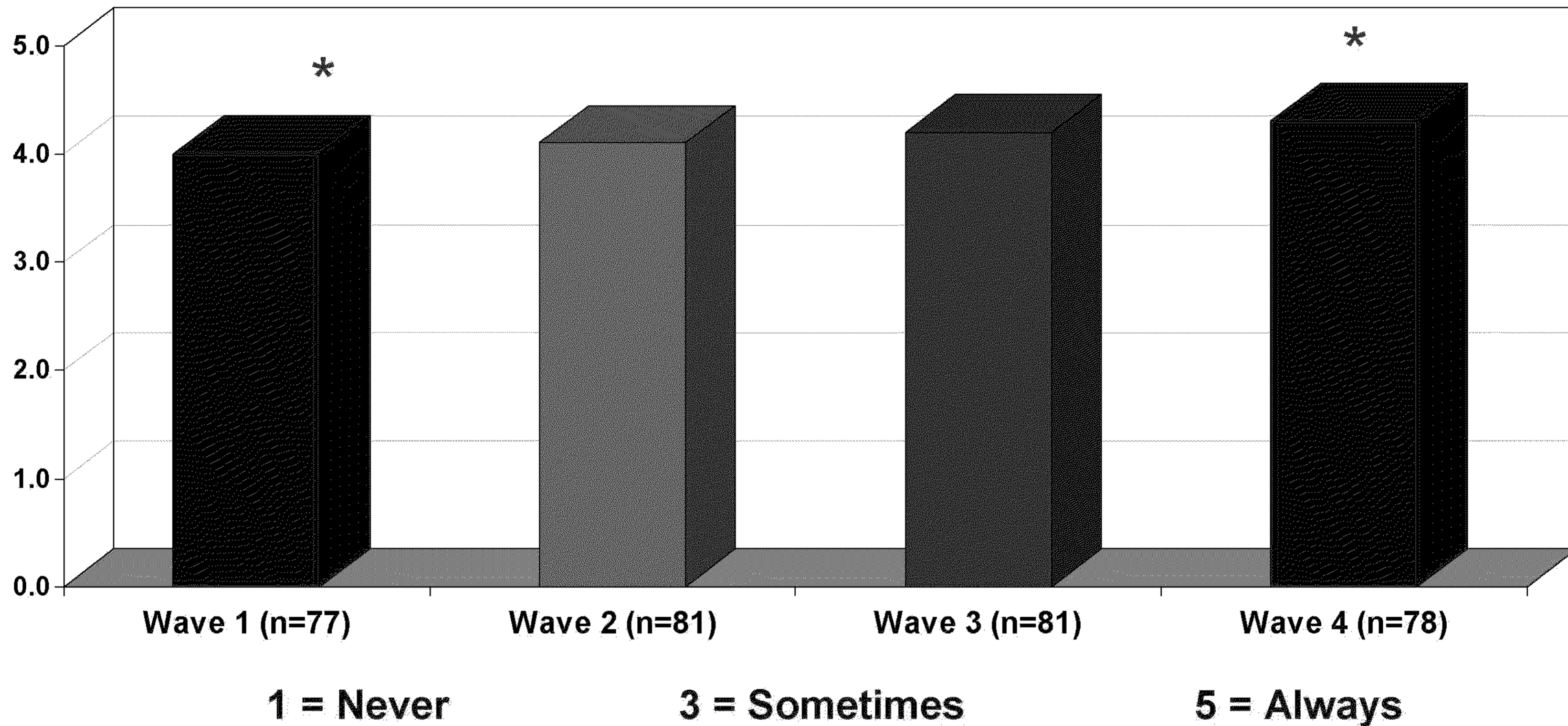
**Base: Concerned about weight gain in patients that are treated with psychotropic agents**

**Q520** How often do you discuss the management of weight gain with your patients?

Company Confidential  
Copyright © 2001 Eli Lilly and Company

# Discussions about weight management

## CMHC



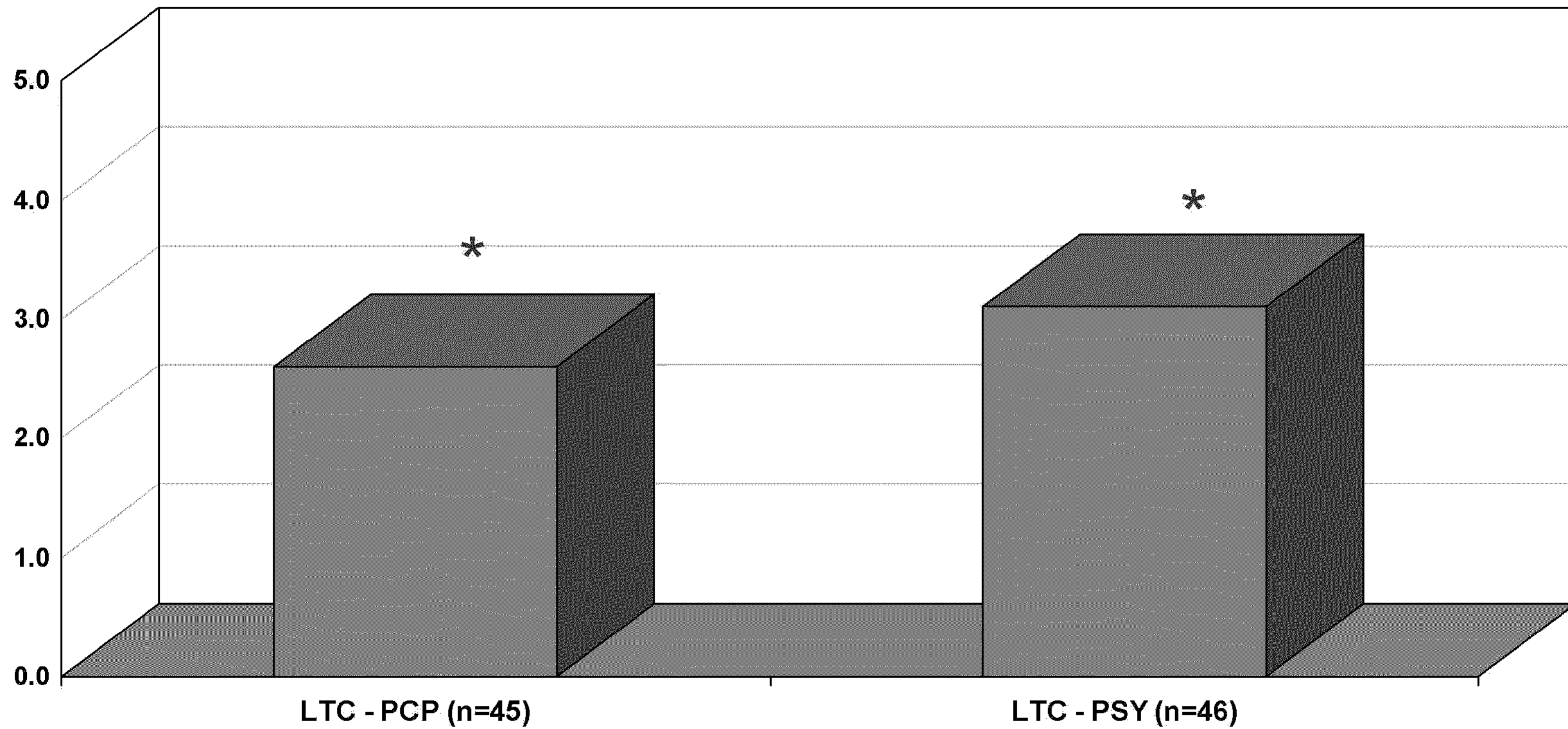
**Base: Concerned about weight gain in patients that are treated with psychotropic agents**

**Q520** How often do you discuss the management of weight gain with your patients?

Company Confidential  
Copyright © 2001 Eli Lilly and Company

# Discussions about weight gain management

## LTC – Wave 4



**Base: Concerned about weight gain in patients that are treated with psychotropic agents**

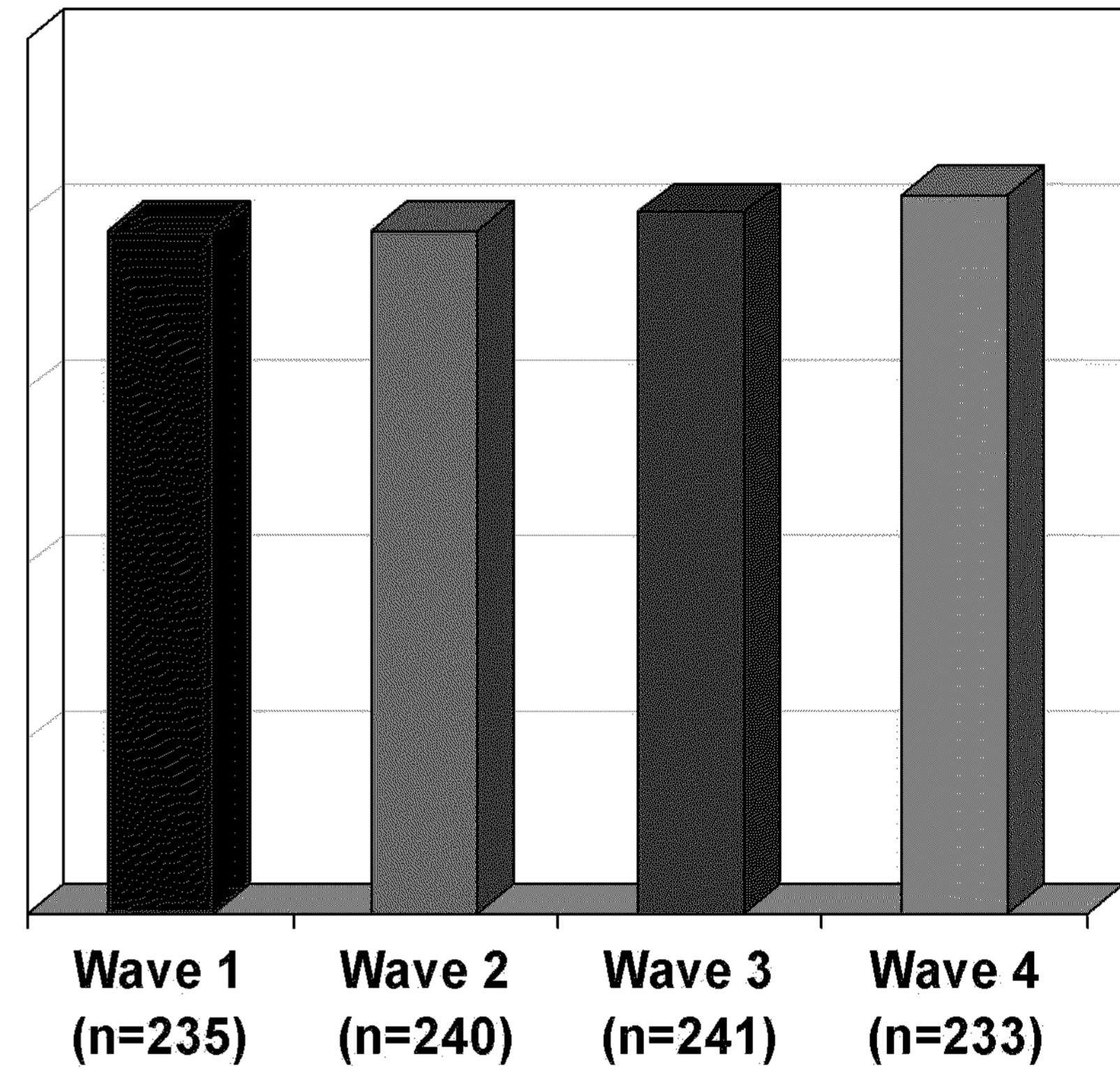
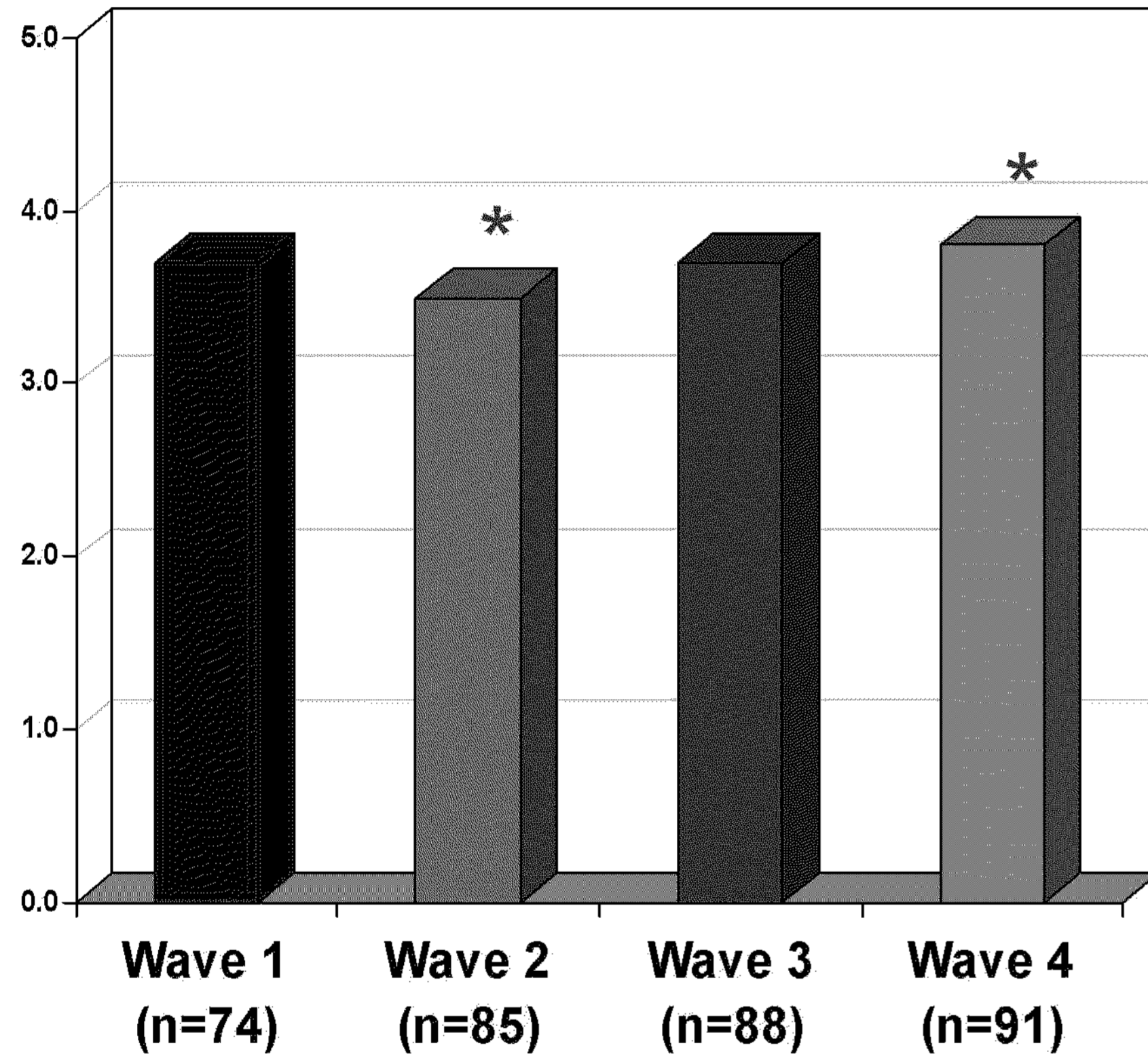
**Q520** How often do you discuss the management of weight gain with your patients?

Company Confidential  
Copyright © 2001 Eli Lilly and Company

# Counseling about healthy living

## PCP

## PSY



1 = Never

3 = Sometimes

5 = Always

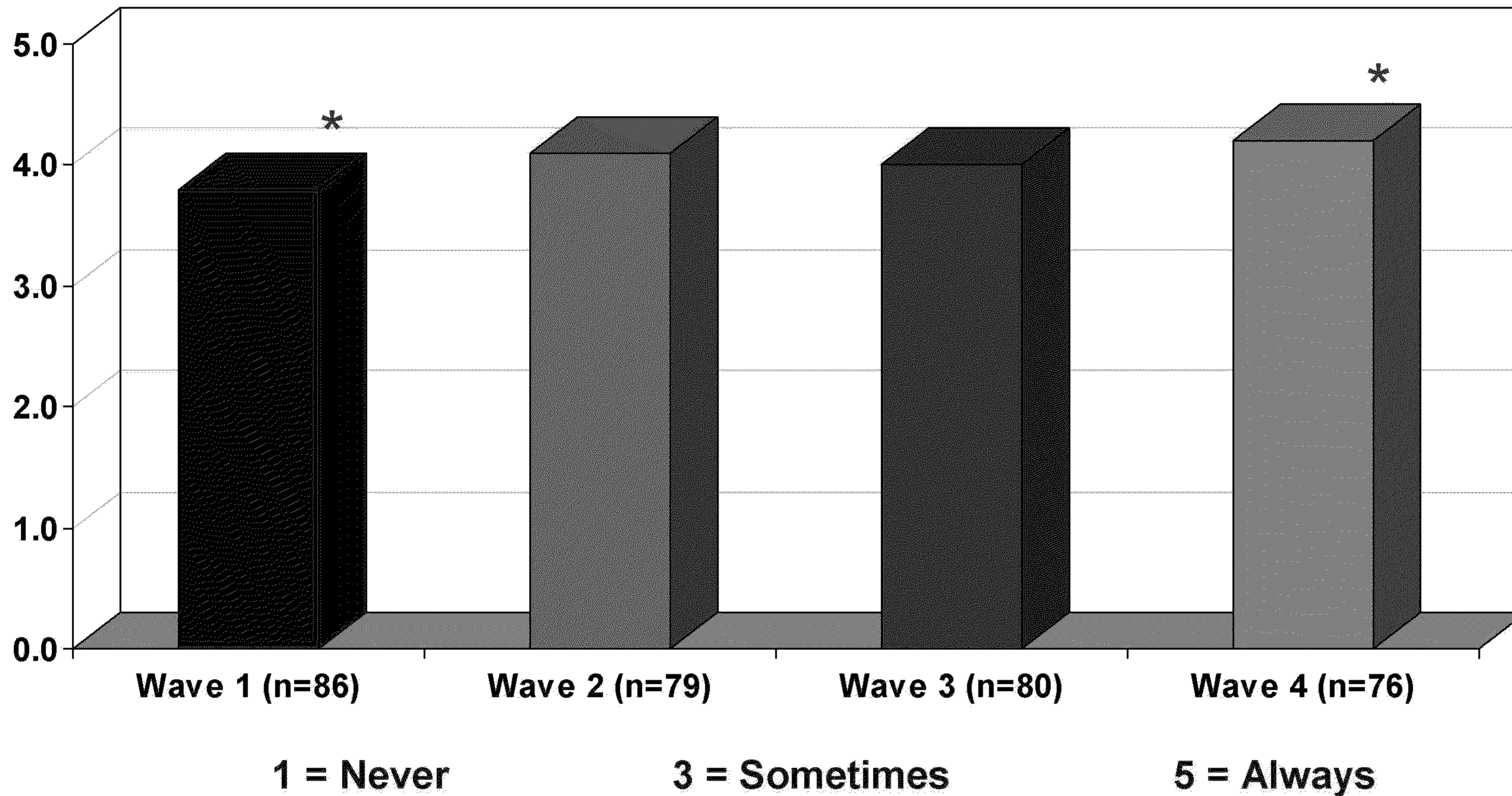
**Base: Concerned about weight gain in patients that are treated with psychotropic agents**

**Q530** How often do you offer counseling to your patients starting psychotropic medications about healthy living, exercise, etc.?



# Counseling about healthy living

## PRIVATE PRACTICE

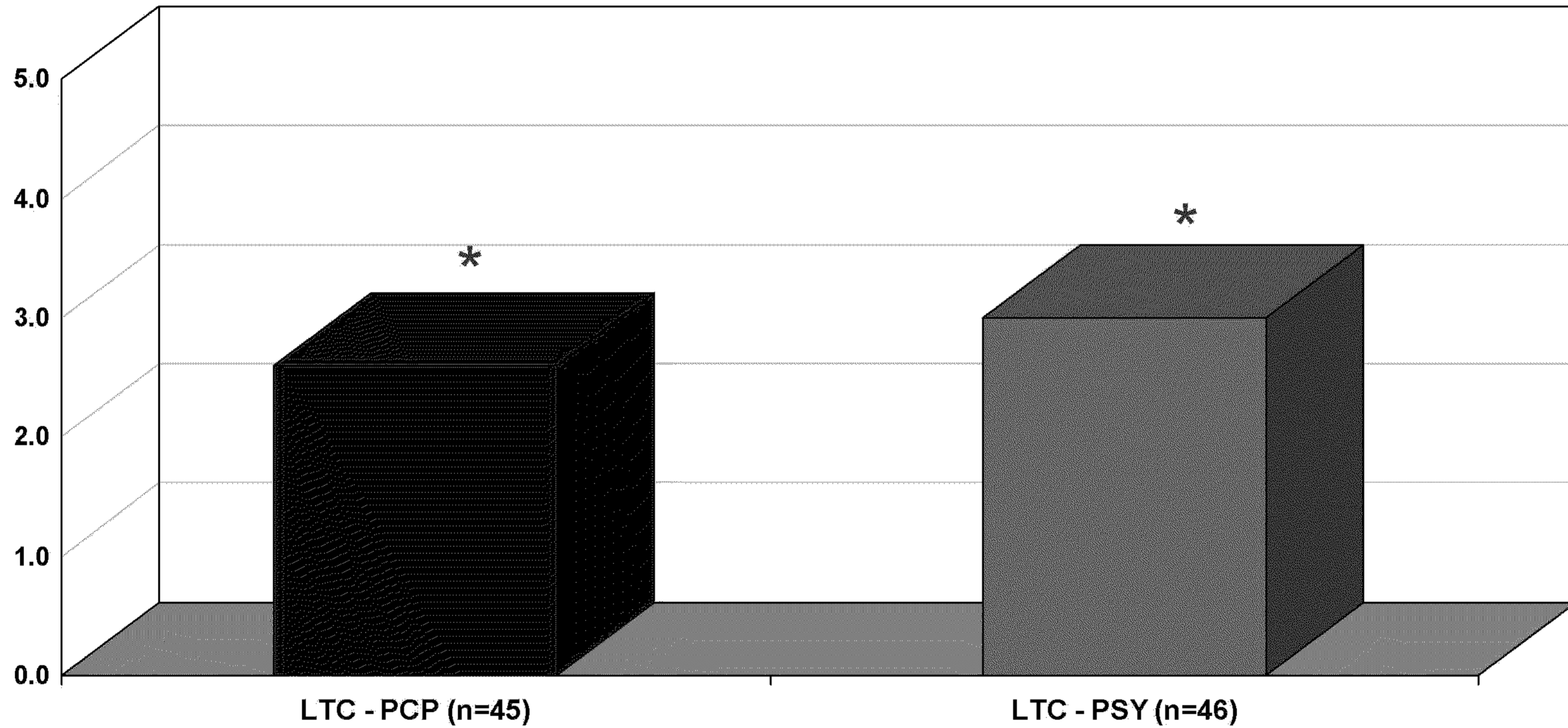


**Base: Concerned about weight gain in patients that are treated with psychotropic agents**

**Q530** How often do you offer counseling to your patients starting psychotropic medications about healthy living, exercise, etc.?

# Counseling about healthy living

## LTC – Wave 4



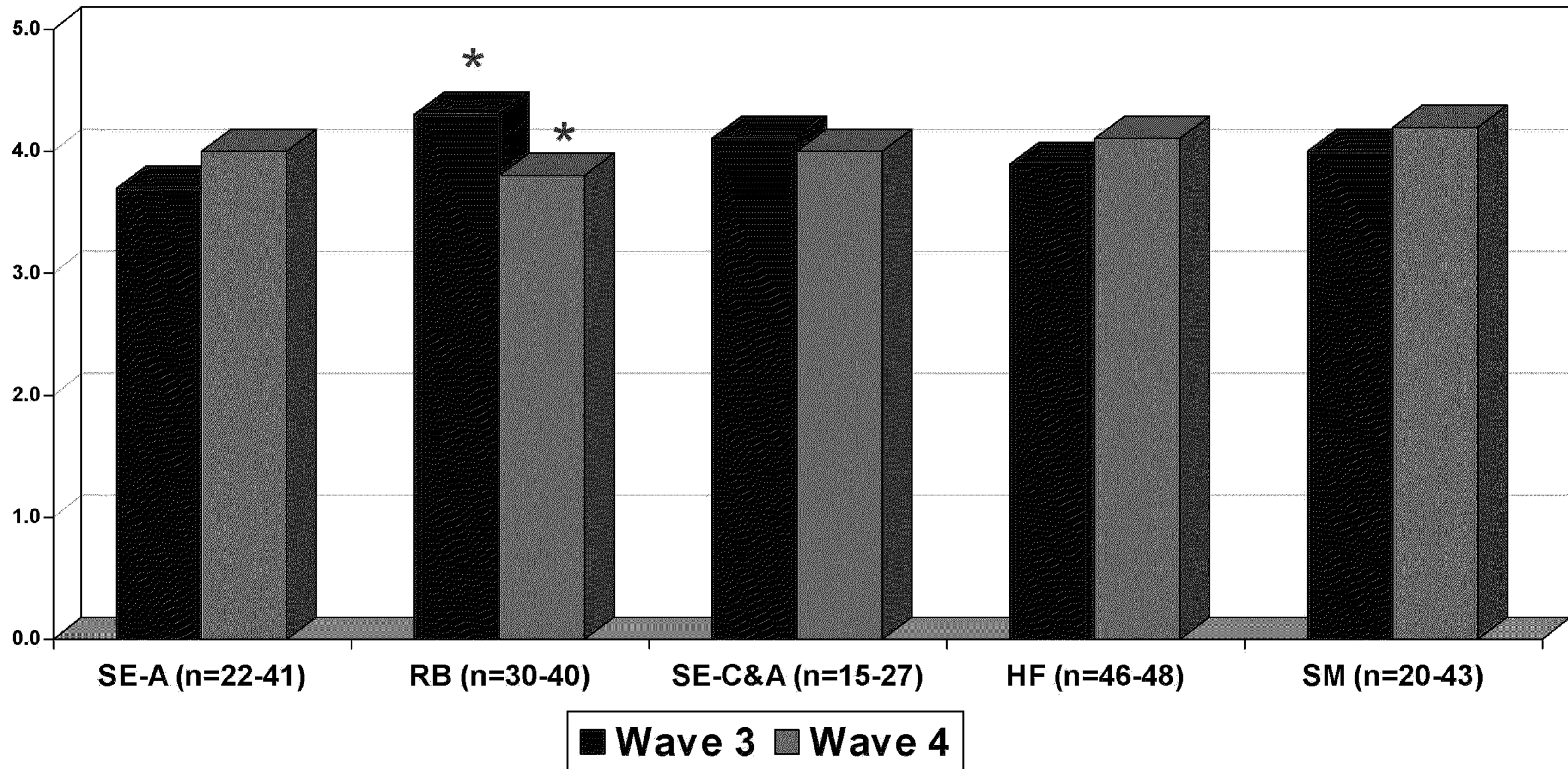
**Base: Concerned about weight gain in patients that are treated with psychotropic agents**

**Q530** How often do you offer counseling to your patients starting psychotropic medications about healthy living, exercise, etc.?

Company Confidential  
Copyright © 2001 Eli Lilly and Company

# Counseling about healthy living

## PSY SEGMENTS



**1 = Never**

**3 = Sometimes**

**5 = Always**

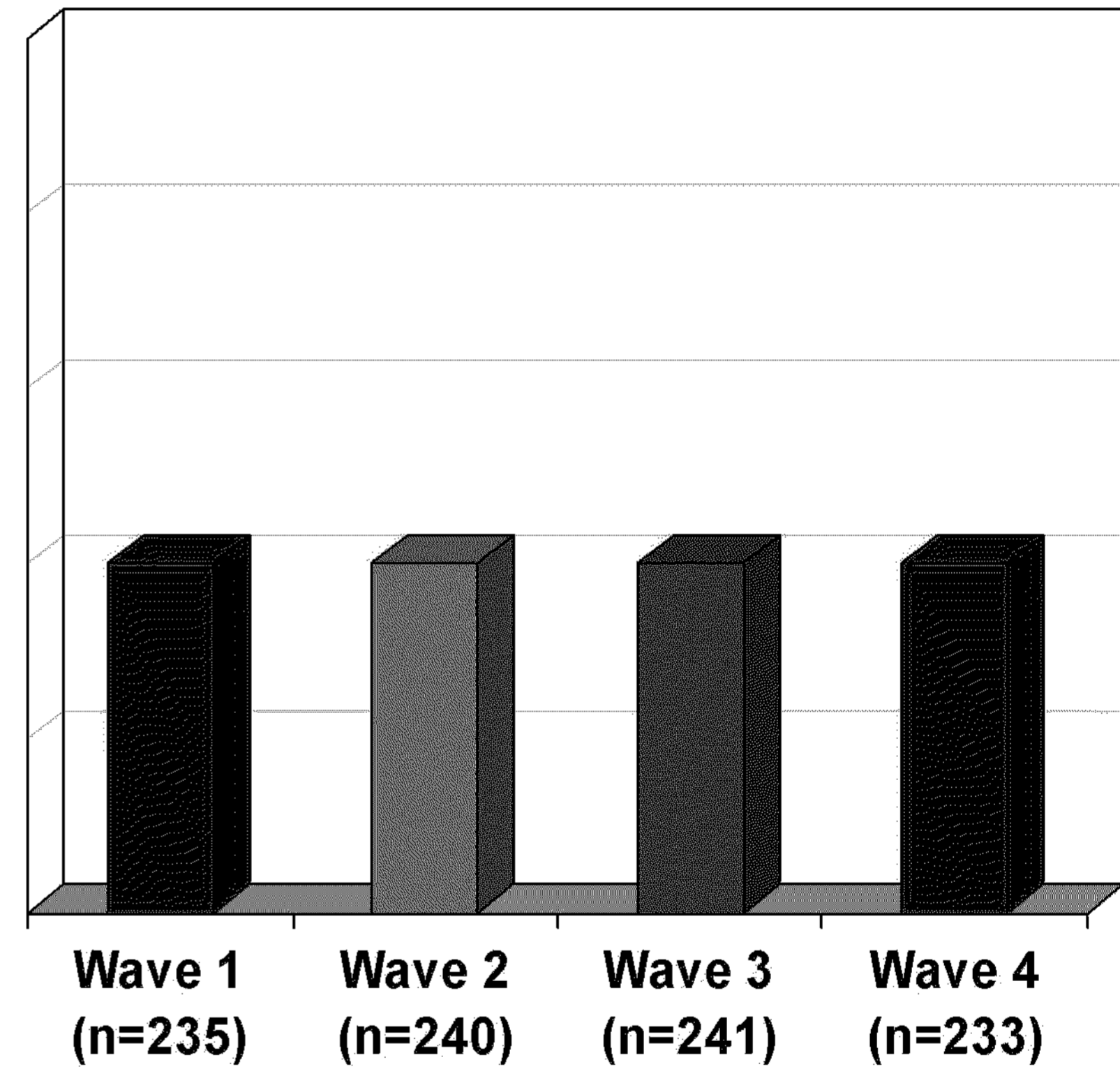
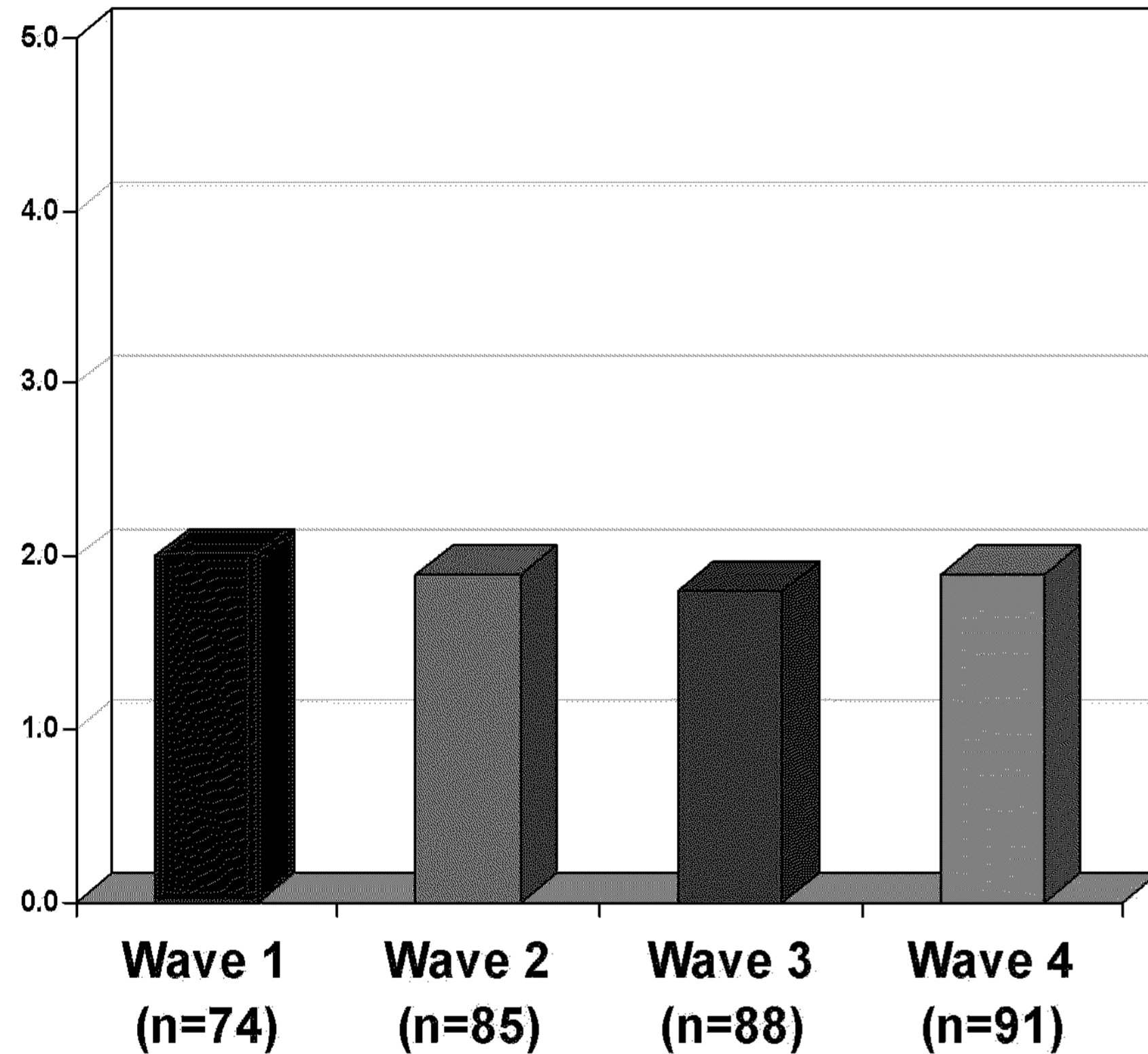
**Base: Concerned about weight gain in patients that are treated with psychotropic agents**

**Q530** How often do you offer counseling to your patients starting psychotropic medications about healthy living, exercise, etc.?

# Effectiveness of discussions about weight gain

## PCP

## PSY



1 = Not at all well

3 = Well

5 = Extremely well

**Base:** Discuss the management of weight gain with patients or offer counseling to patients starting on psychotropic medications

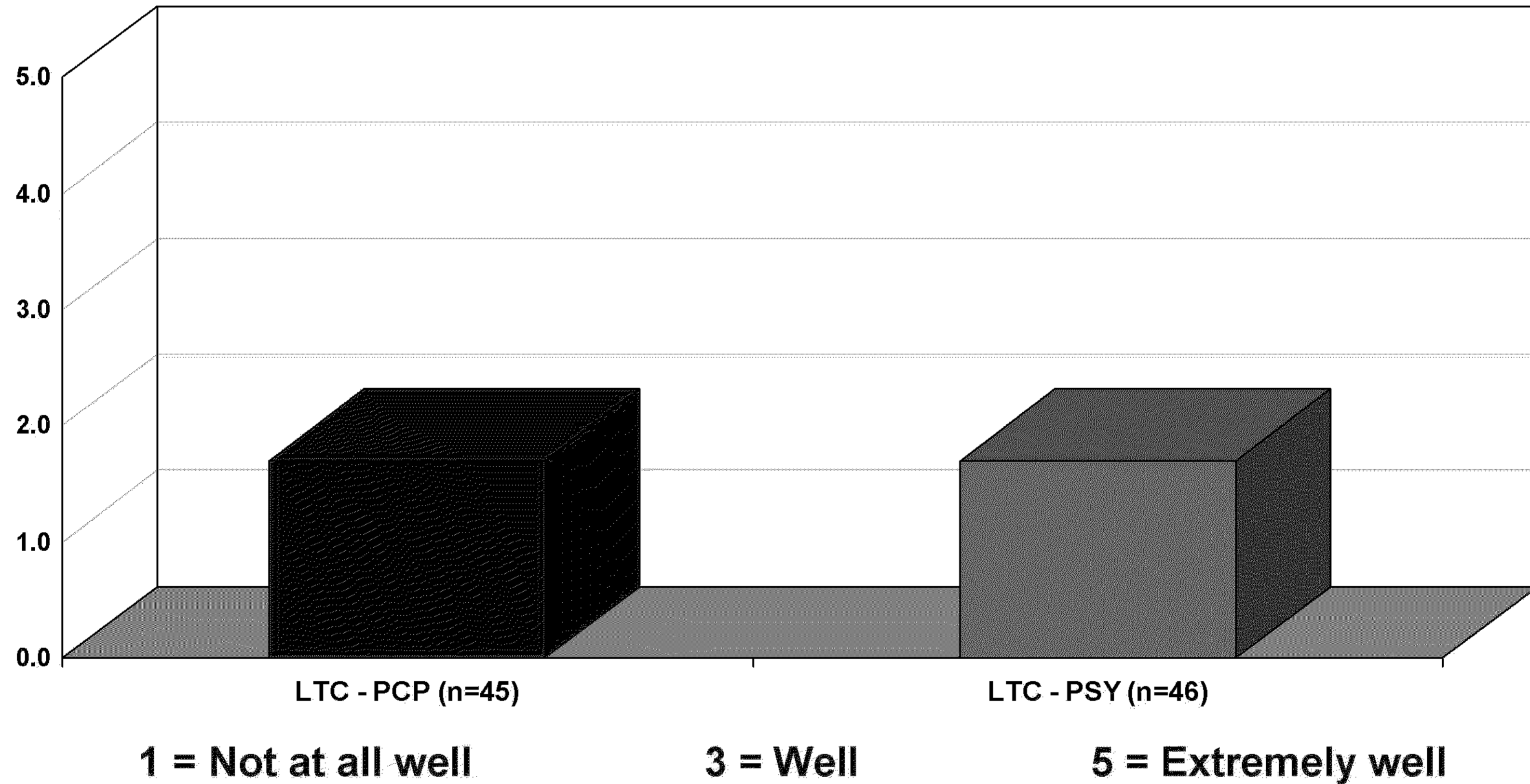
**Q535** Please rate how well your discussions of behavioral interventions work with your patients, either at the time the patient starts the medication or when they begin to gain weight?

Company Confidential

Copyright © 2001 Eli Lilly and Company

# Effectiveness of discussions about weight gain

## LTC – Wave 4



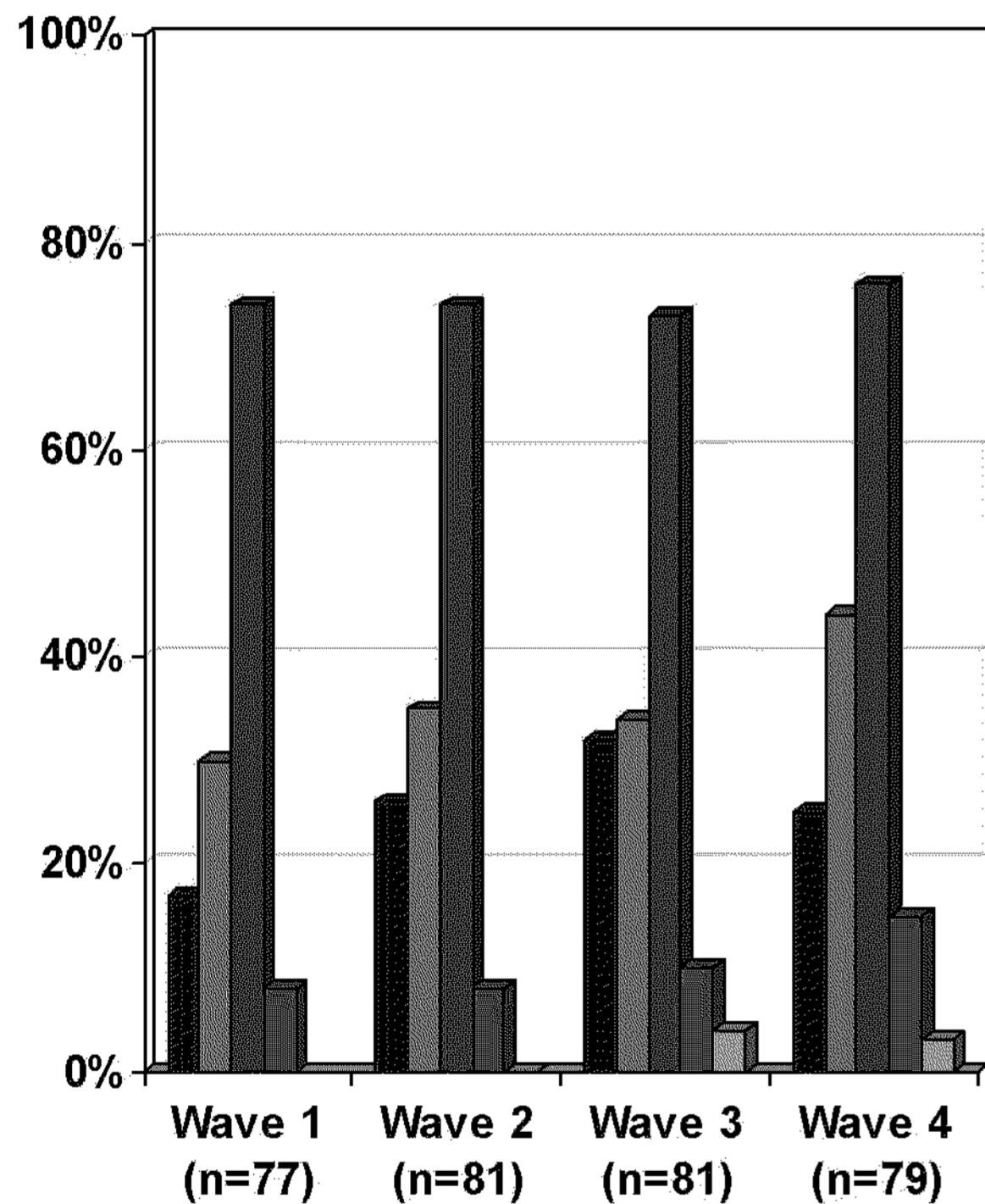
**Base: Discuss the management of weight gain with patients or offer counseling to patients starting on psychotropic medications**

**Q535** Please rate how well your discussions of behavioral interventions work with your patients, either at the time the patient starts the medication or when they begin to gain weight?

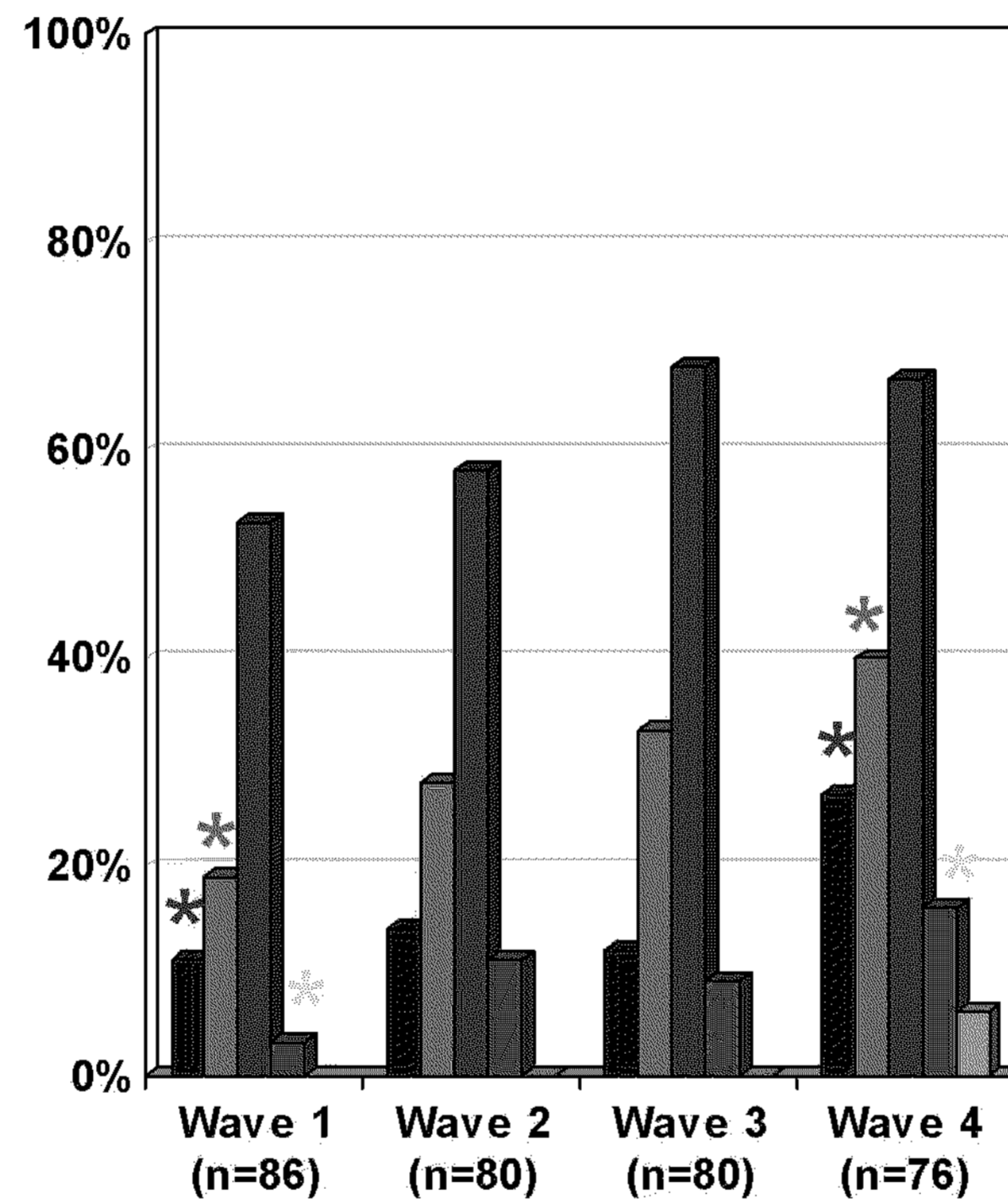
Company Confidential  
Copyright © 2001 Eli Lilly and Company

# Patients developing hyperglycemia/diabetes by medication

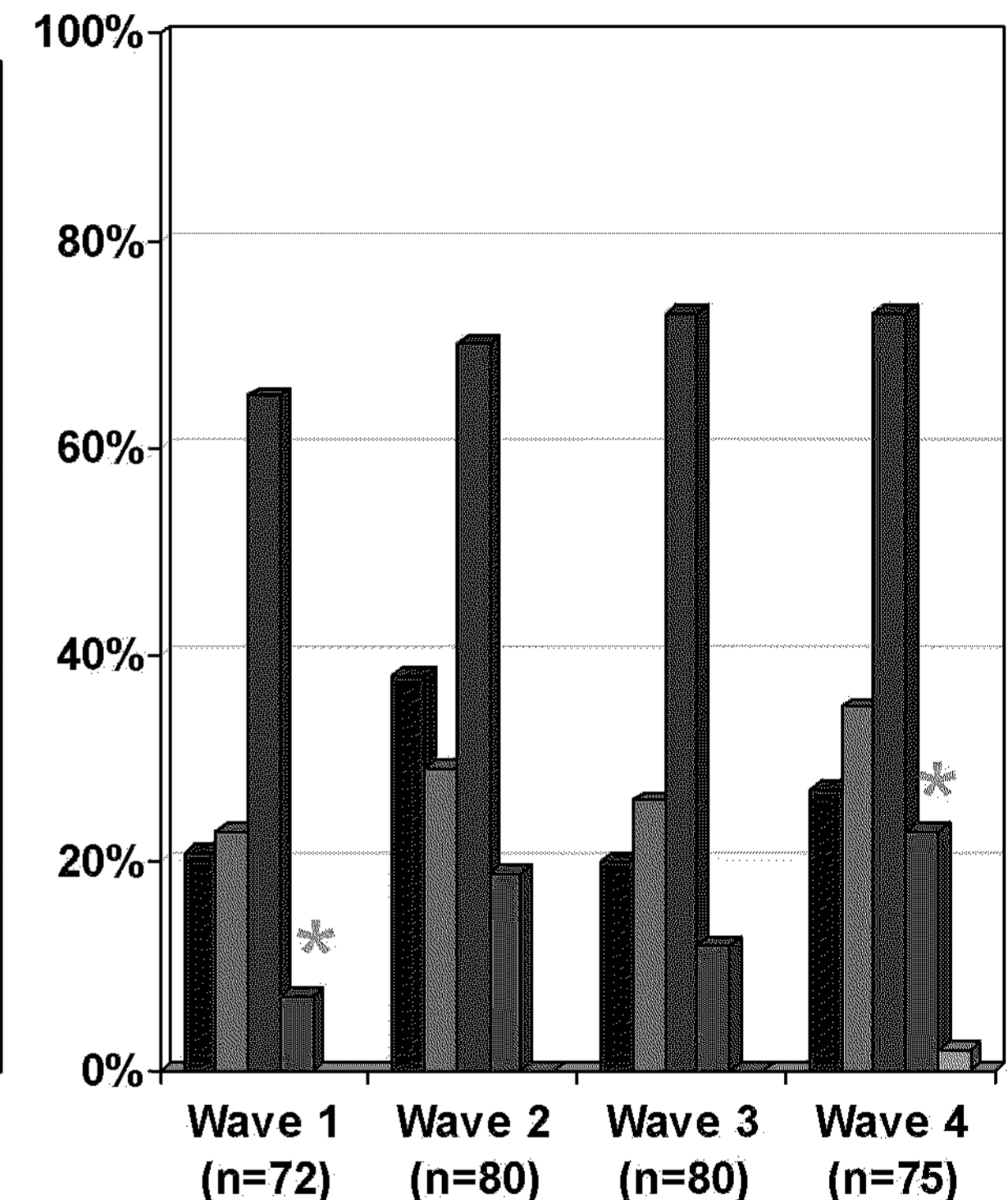
## CMHC



## PRIVATE



## INSTITUTIONAL



Base: Prescribes medication

Q630 Have any of your patients taking... developed hyperglycemia and/or diabetes?

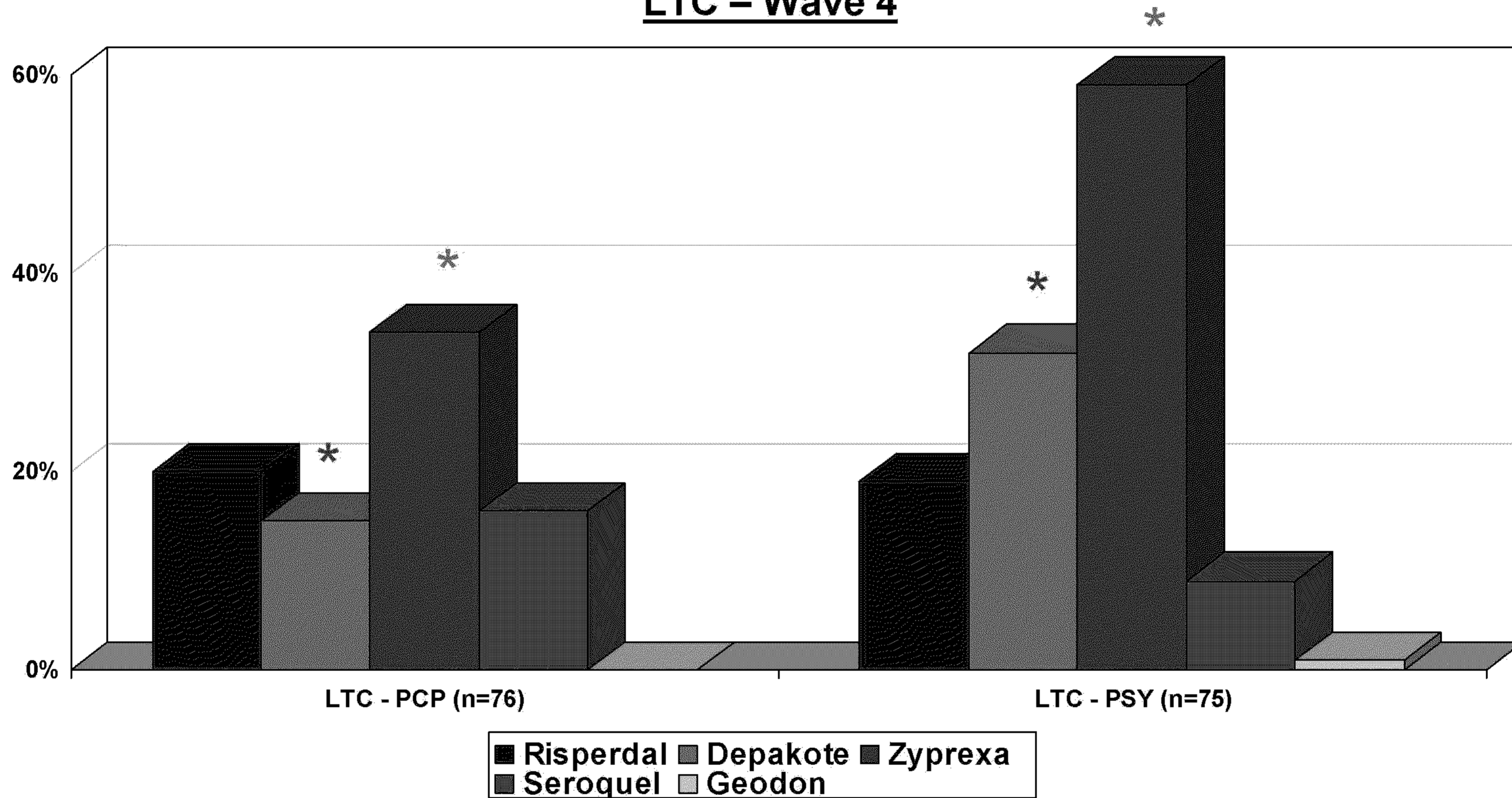
Percent answering "YES"

Company Confidential  
Copyright © 2001 Eli Lilly and Company

# Patients developing hyperglycemia/diabetes by medication

Zyprexa PCP slightly > than others while Psych > than expected

## LTC – Wave 4



Base: Prescribes medication

Q630 Have any of your patients taking... developed hyperglycemia and/or diabetes?

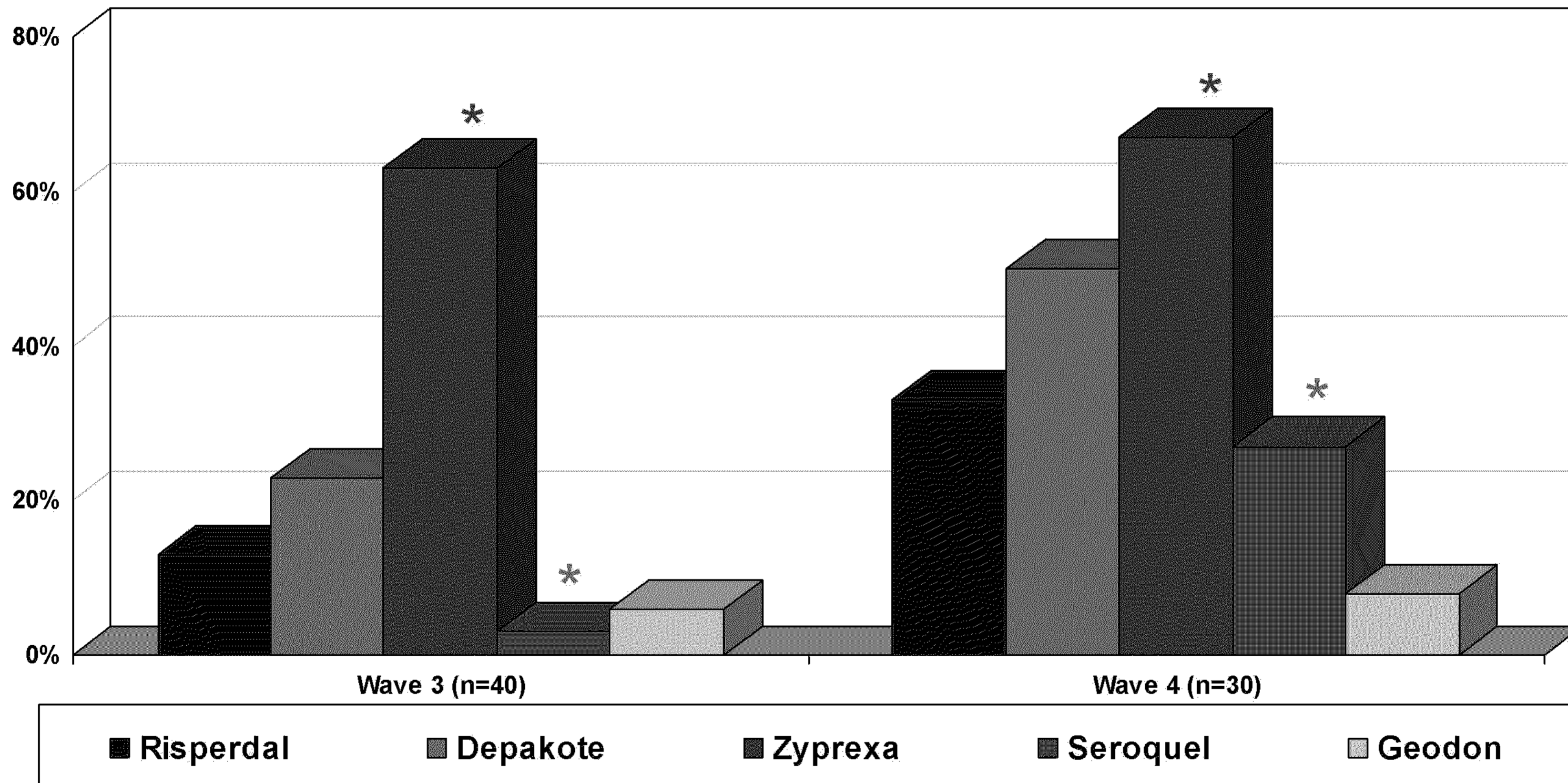
Percent answering "YES"

Company Confidential  
Copyright © 2001 Eli Lilly and Company

# Patients developing hyperglycemia/diabetes by medication

## PSY SEGMENTS

### Rule Bound



Base: Prescribes medication

Q630 Have any of your patients taking... developed hyperglycemia and/or diabetes?

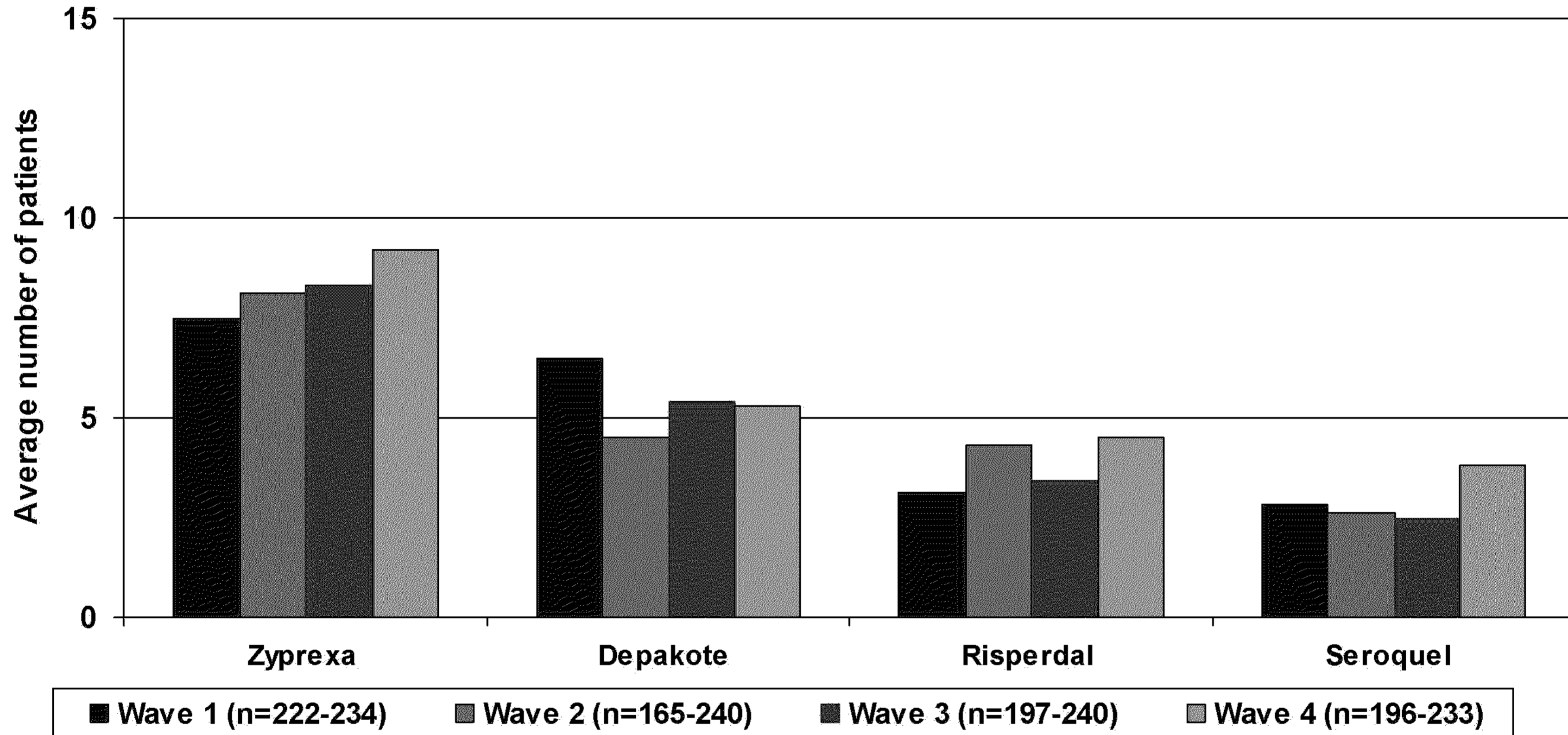
Percent answering "YES"

Company Confidential  
Copyright © 2001 Eli Lilly and Company



# Number of patients developing hyperglycemia/diabetes by medication

## PSY



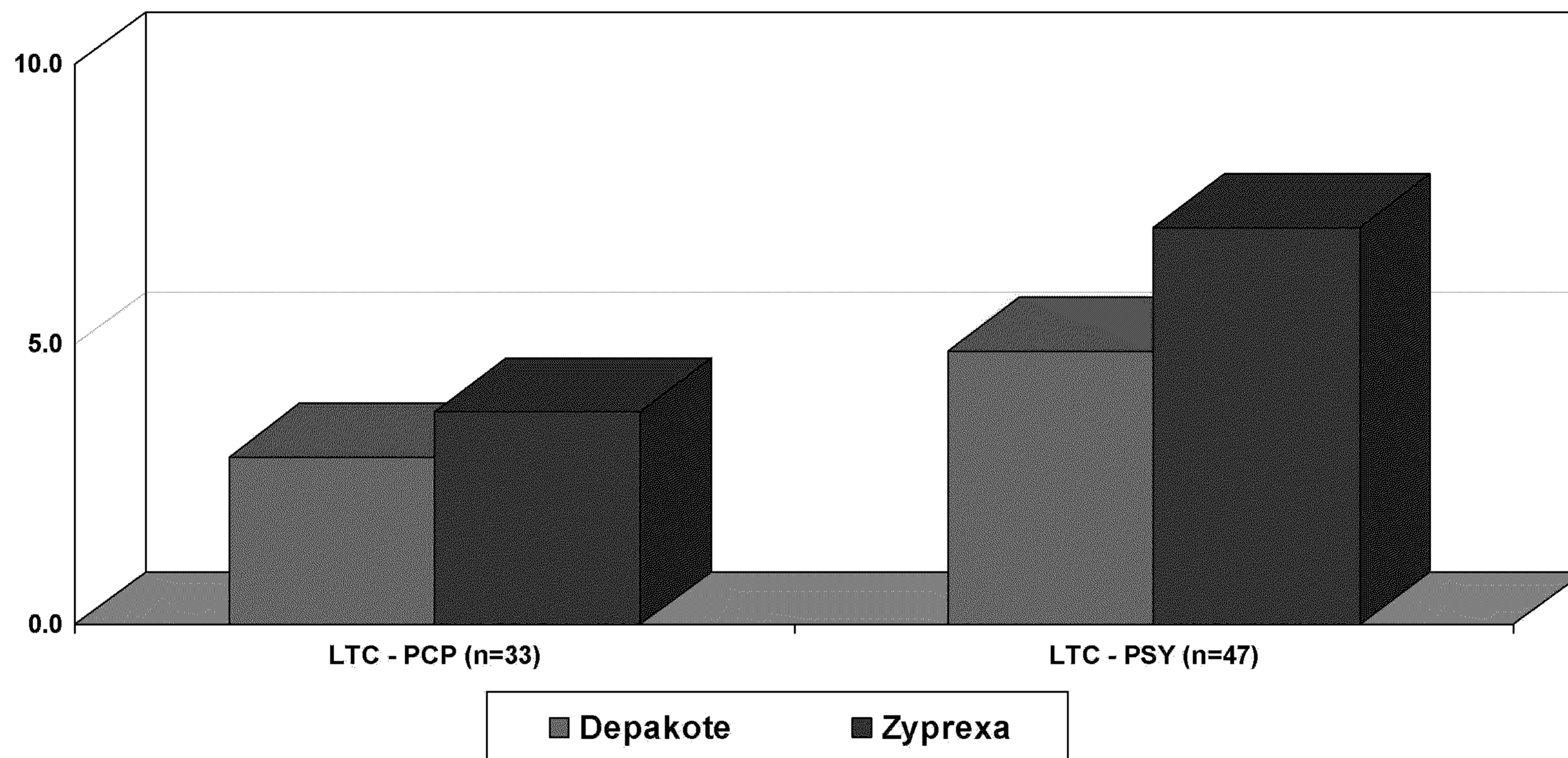
*Note: PCPs not tracked due to small sample sizes.*

**Base: Have patients taking...develop hyperglycemia/diabetes**

**Q640** Within the past year, approximately how many of your patients receiving... developed hyperglycemia and/or diabetes?

# Number of patients developing hyperglycemia/diabetes by medication

## LTC – Wave 4



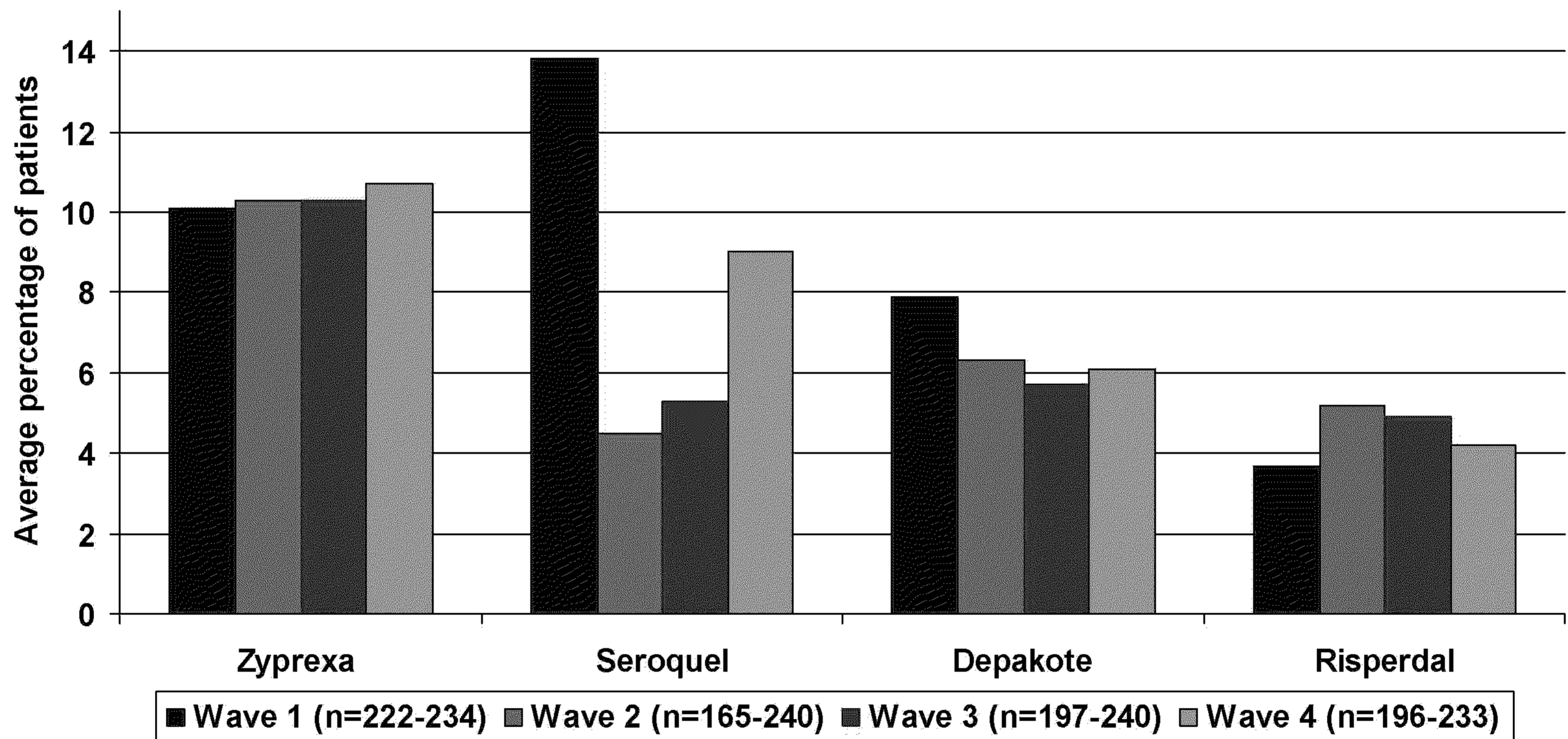
*Note: Insufficient incidence to report data for other drugs.*

**Base: Have patients taking...develop hyperglycemia/diabetes**

**Q640** Within the past year, approximately how many of your patients receiving... developed hyperglycemia and/or diabetes?

# Percentage of [target medication] patients with hyperglycemia/diabetes

## PSY



*Note: PCPs not tracked due to small sample sizes.*

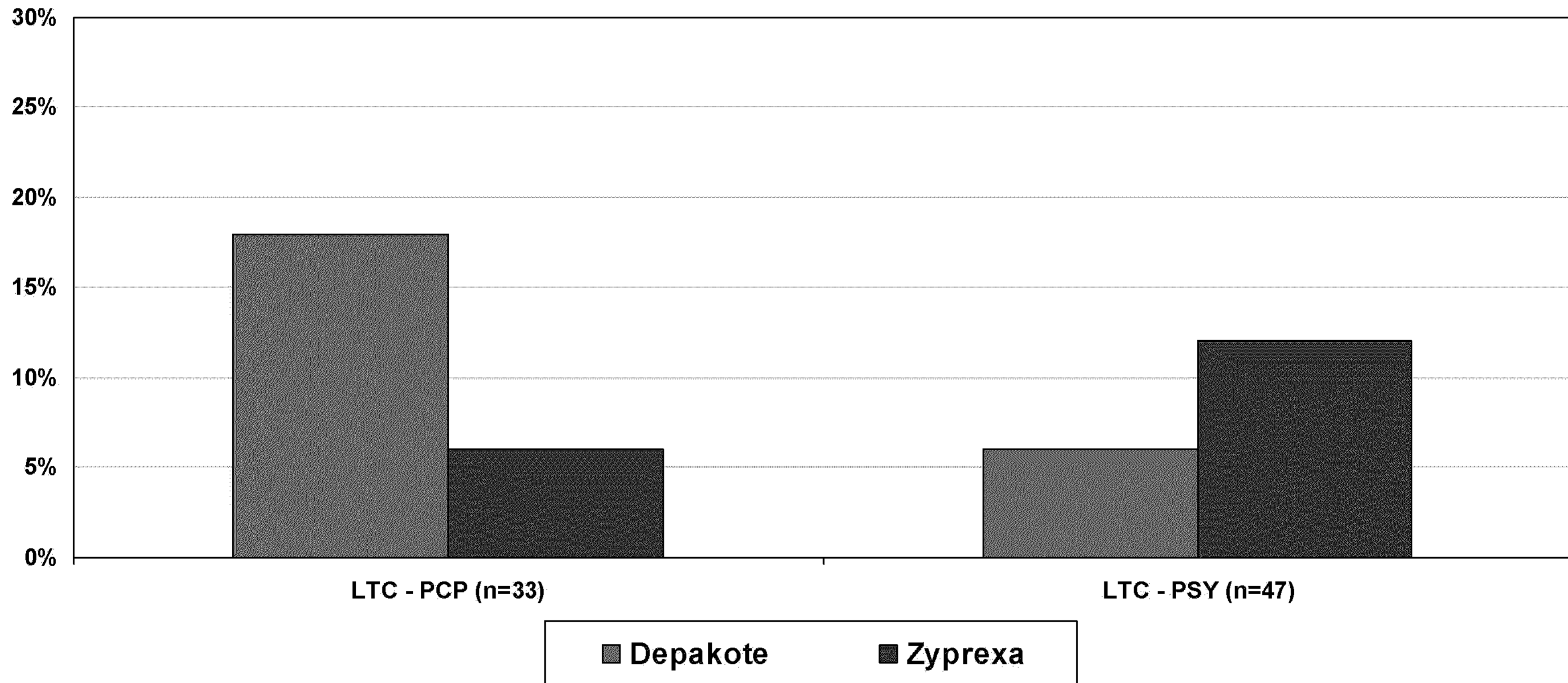
**Base: Have patients taking...develop hyperglycemia/diabetes**

**Q645** What percentage of your...treated patients does this represent?

Company Confidential  
Copyright © 2001 Eli Lilly and Company

# Percentage of [target medication] patients with hyperglycemia/diabetes

## LTC – Wave 4



*Note: Insufficient incidence to report data for other drugs.*

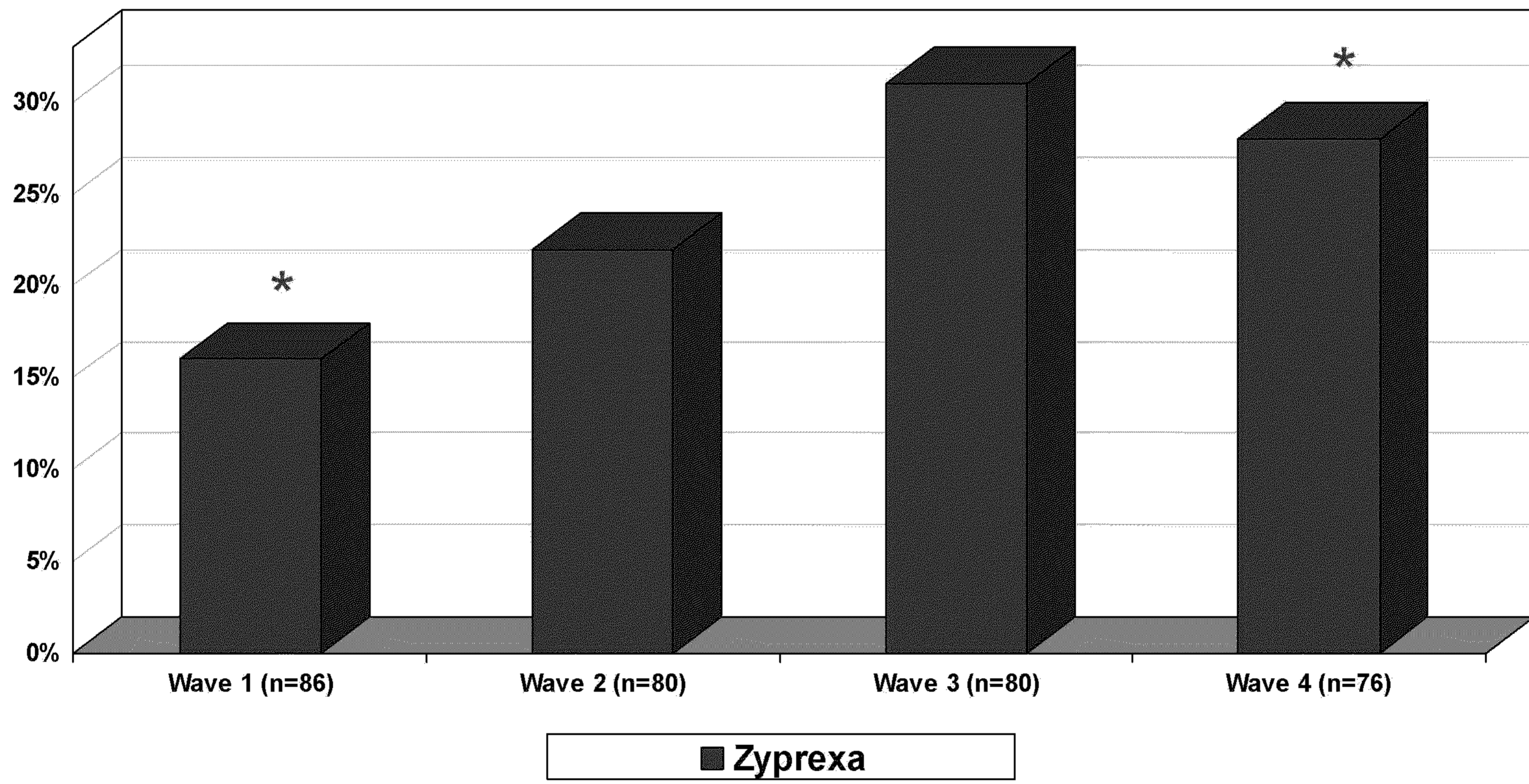
**Base: Have patients taking...develop hyperglycemia/diabetes**

**Q645** What percentage of your...treated patients does this represent?

Company Confidential  
Copyright © 2001 Eli Lilly and Company

# Concerns about hyperglycemia/diabetes prevents prescription

## PRIVATE PRACTICE



**Base: Prescribes Medication**

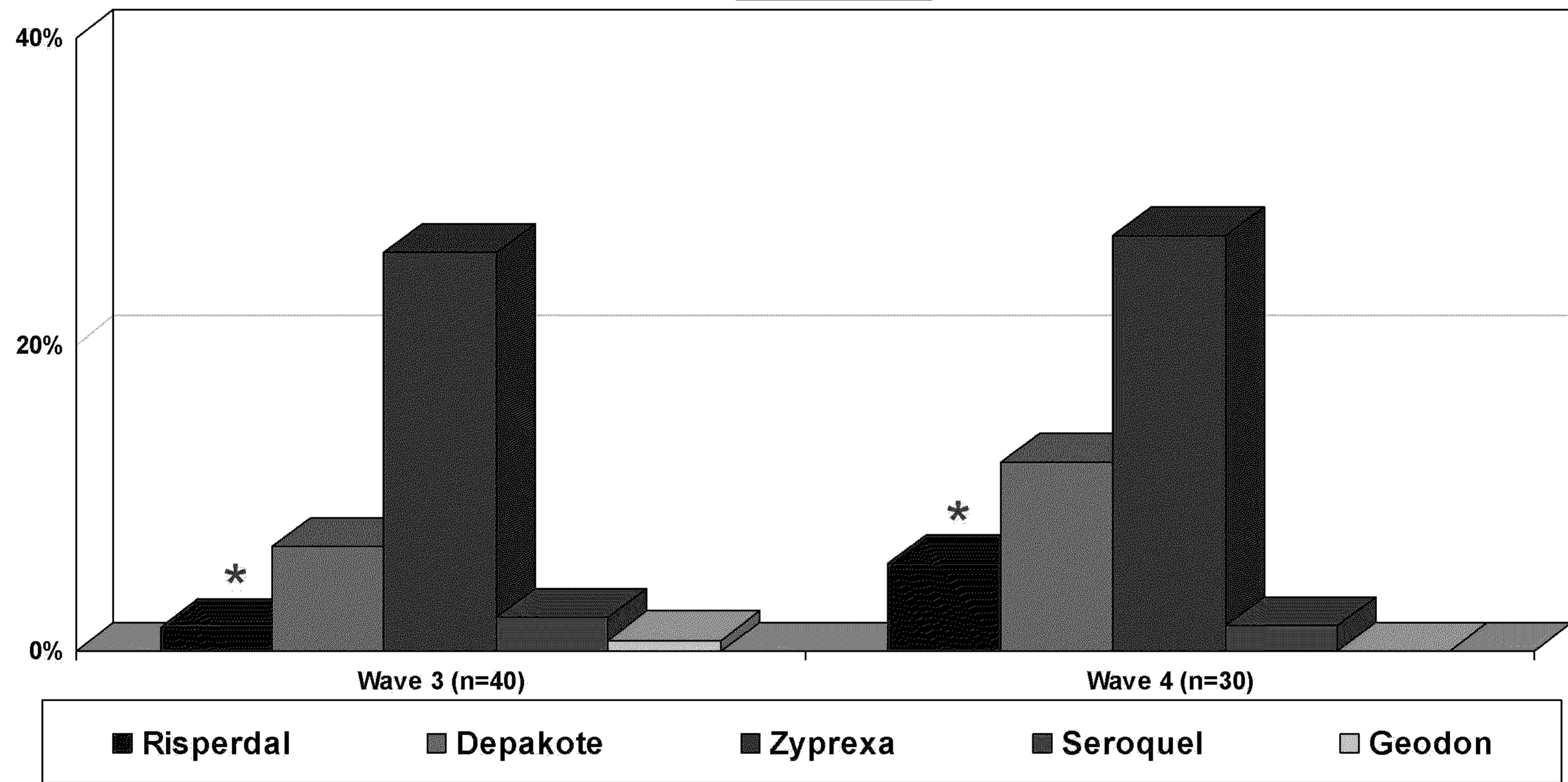
**Q650** When you consider prescribing Zyprexa, what percentage of the time do you make a conscious decision not to prescribe it due to concerns about hyperglycemia and/or diabetes?

Company Confidential  
Copyright © 2001 Eli Lilly and Company

# Patients developing hyperglycemia/diabetes by medication

## PSY SEGMENTS

### High Flyer



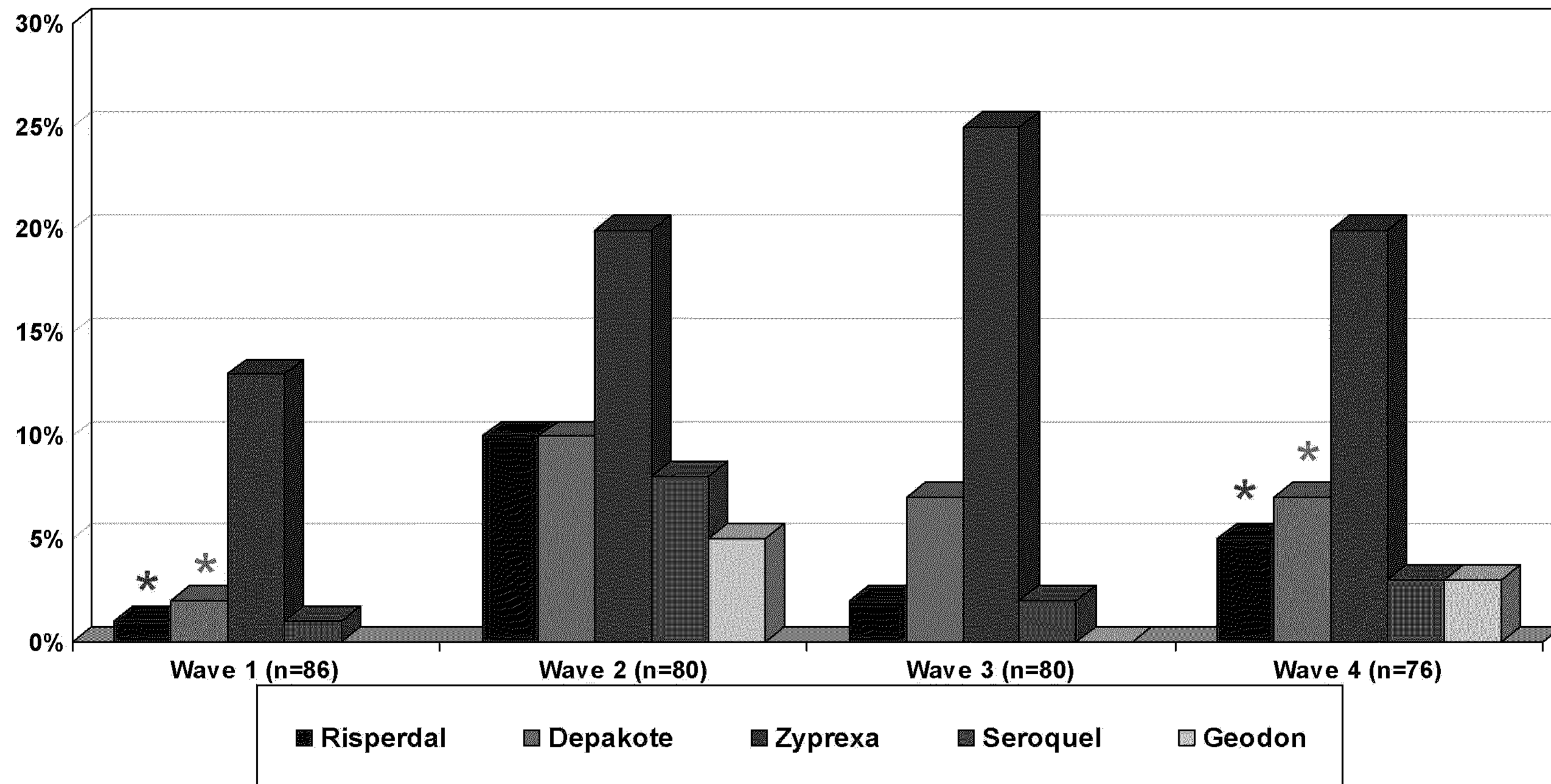
Base: Prescribes Medication

Q650 When you consider prescribing Zyprexa, what percentage of the time do you make a conscious decision not to prescribe it due to concerns about hyperglycemia and/or diabetes?

Company Confidential  
 Copyright © 2001 Eli Lilly and Company

# Discontinues medication due to hyperglycemia/diabetes

## PRIVATE PRACTICE



Base: Prescribes medication

Q660 What percentage of the time do you discontinue use of... due to hyperglycemia and/or diabetes?

Company Confidential

Copyright © 2001 Eli Lilly and Company

# Target medications and weight fluctuations

	PCP				PSY			
	Wave 1	Wave 2	Wave 3	Wave 4	Wave 1	Wave 2	Wave 3	Wave 4
<b>Lose weight</b>								
<b>Risperdal</b>	(n=71) 8.5%	(n=87) 8.7%	(n=93) 9.1%	(n=87) 8.4%	(n=232) 3.4%	(n=240) 4.4%	(n=237) 4.1%	(n=232) 4.0%
<b>Seroquel</b>	(n=21) 9.3%	(n=29) 6.7%	(n=40) 11.9%	(n=36) 13.1%	(n=222) 4.6%	(n=223) 4.9%	(n=236) 5.4%	(n=227) 5.0%
<b>Depakote</b>	(n=73) 6.3%	(n=86) 7.9%	(n=89) 8.7%	(n=84) 7.6%	(n=232) 2.3%	(n=238) 2.3%	(n=234) 43.5%	(n=227) 2.4%
<b>Zyprexa</b>	(n=64) 5.5%	(n=74) 7.9%	(n=87) 7.5%	(n=91) 7.0%	(n=234) 1.4%	(n=238) 1.8%	(n=240) 1.8%	(n=234) 1.5%
<b>Geodon</b>		(n=9) 2.8%	(n=10) 22.3%	(n=84) 12.1%		(n=165) 13.8%	(n=197) 9.6%	(n=197) 12.6%
<b>Gain weight</b>								
<b>Risperdal</b>	(n=71) 25.8%	(n=87) 27.5%	(n=93) 33.1%	(n=87) 32.9%	(n=232) 37.8%	(n=240) 37.1%	(n=237) 34.1%	(n=232) 34.8%
<b>Seroquel</b>	(n=21) 21.2%	(n=29) 25.3%	(n=40) 25.7%	(n=36) 27.9%	(n=222) 25.9%	(n=223) 26.8%	(n=236) 24.1%	(n=227) 25.5%
<b>Depakote</b>	(n=73) 26.3%	(n=86) 30.9%	(n=89) 34.2%	(n=84) 34.4%	(n=232) 54.5%	(n=238) 53.8%	(n=234) 54.5%	(n=227) 51.6%
<b>Zyprexa</b>	(n=64) 25.9% *	(n=74) 33.9% *	(n=87) 36.8%	(n=91) 44.7% **	(n=234) 70.4%	(n=238) 68.8%	(n=240) 67.4%	(n=234) 66.2%
<b>Geodon</b>	(n=0)	(n=9) 6.7%	(n=10) 25.2%	(n=84) 15.0%	(n=0)	(n=165) 10.4%	(n=197) 9.2%	(n=197) 10.6%

**Base: Prescribes medication**

**Q671** What percentage of your patients receiving...lose weight, have no change in weight, gain weight?



# Target medications and weight fluctuations

	CMHC				Institutional			
	Wave 1	Wave 2	Wave 3	Wave 4	Wave 1	Wave 2	Wave 3	Wave 4
<b>Lose weight</b>								
Risperdal	(n=76) 3.4%	(n=81) 4.4%	(n=81) 3.8%	(n=79) 4.1%	(n=71) 3.0%	(n=80) 4.5%	(n=80) 3.8%	(n=78) 3.7%
Seroquel	(n=74) 3.9%	(n=77) 5.9%	(n=81) 6.0%	(n=79) 5.4%	(n=68) 4.5%	(n=73) 4.5%	(n=78) 3.5%	(n=77) 3.9%
Depakote	(n=77) 2.7%	(n=81) 2.4%	(n=80) 1.4%	(n=77) 2.2%	(n=70) 2.0%	(n=79) 2.2%	(n=78) 2.6%	(n=78) 1.7%
Zyprexa	(n=77) 1.6%	(n=80) 1.8%	(n=81) 1.8%	(n=79) 1.3%	(n=71) 1.3%	(n=79) 1.6%	(n=79) 1.7%	(n=79) 1.0%
Geodon	(n=0)	(n=51) 15.9%	(n=74) 9.9% *	(n=71) 16.1% *	(n=0)	(n=56) 15.5%	(n=62) 8.7%	(n=61) 9.5%
<b>Gain weight</b>								
Risperdal	(n=76) 40.1%	(n=81) 37.1%	(n=81) 39.6%	(n=79) 35.0%	(n=71) 39.3%	(n=80) 38.3%	(n=80) 32.0%	(n=78) 33.2%
Seroquel	(n=74) 29.7%	(n=77) 25.6%	(n=81) 26.6%	(n=79) 22.6%	(n=68) 26.7%	(n=73) 25.3%	(n=78) 25.6%	(n=77) 29.2%
Depakote	(n=77) 56.5%	(n=81) 56.0%	(n=80) 60.1%	(n=77) 52.7%	(n=70) 56.0%	(n=79) 52.6%	(n=78) 54.5%	(n=78) 50.1%
Zyprexa	(n=77) 73.0%	(n=80) 71.8% *	(n=81) 70.7%	(n=79) 65.4% *	(n=71) 73.4% *	(n=79) 70.4%	(n=79) 65.3%	(n=79) 64.4% *
Geodon	(n=0)	(n=51) 8.3%	(n=74) 8.1%	(n=71) 6.3%	(n=0)	(n=56) 8.6%	(n=62) 10.0%	(n=61) 13.6%

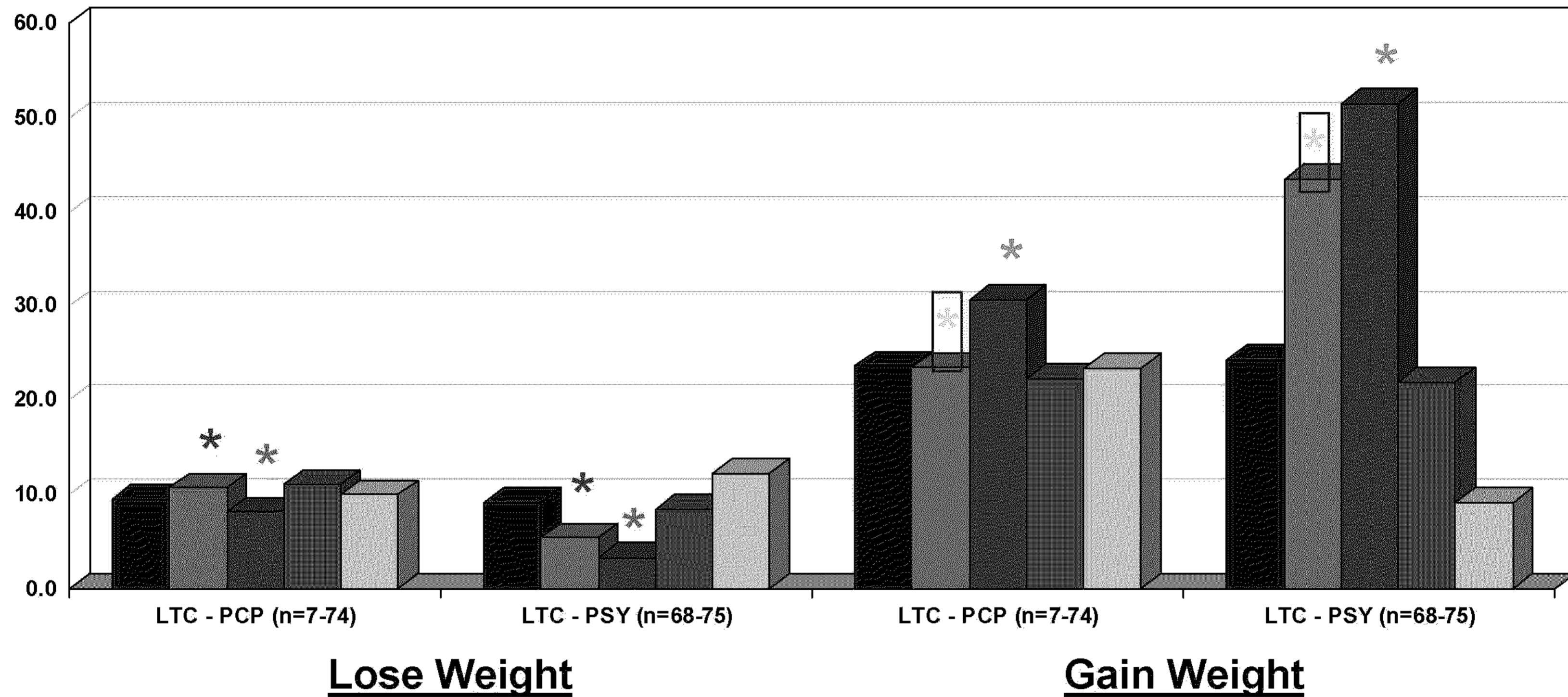
**Base: Prescribes medication**

**Q671** What percentage of your patients receiving... lose weight, have no change in weight, gain weight?

Company Confidential  
Copyright © 2001 Eli Lilly and Company

# Target medications and weight fluctuations

## LTC – Wave 4



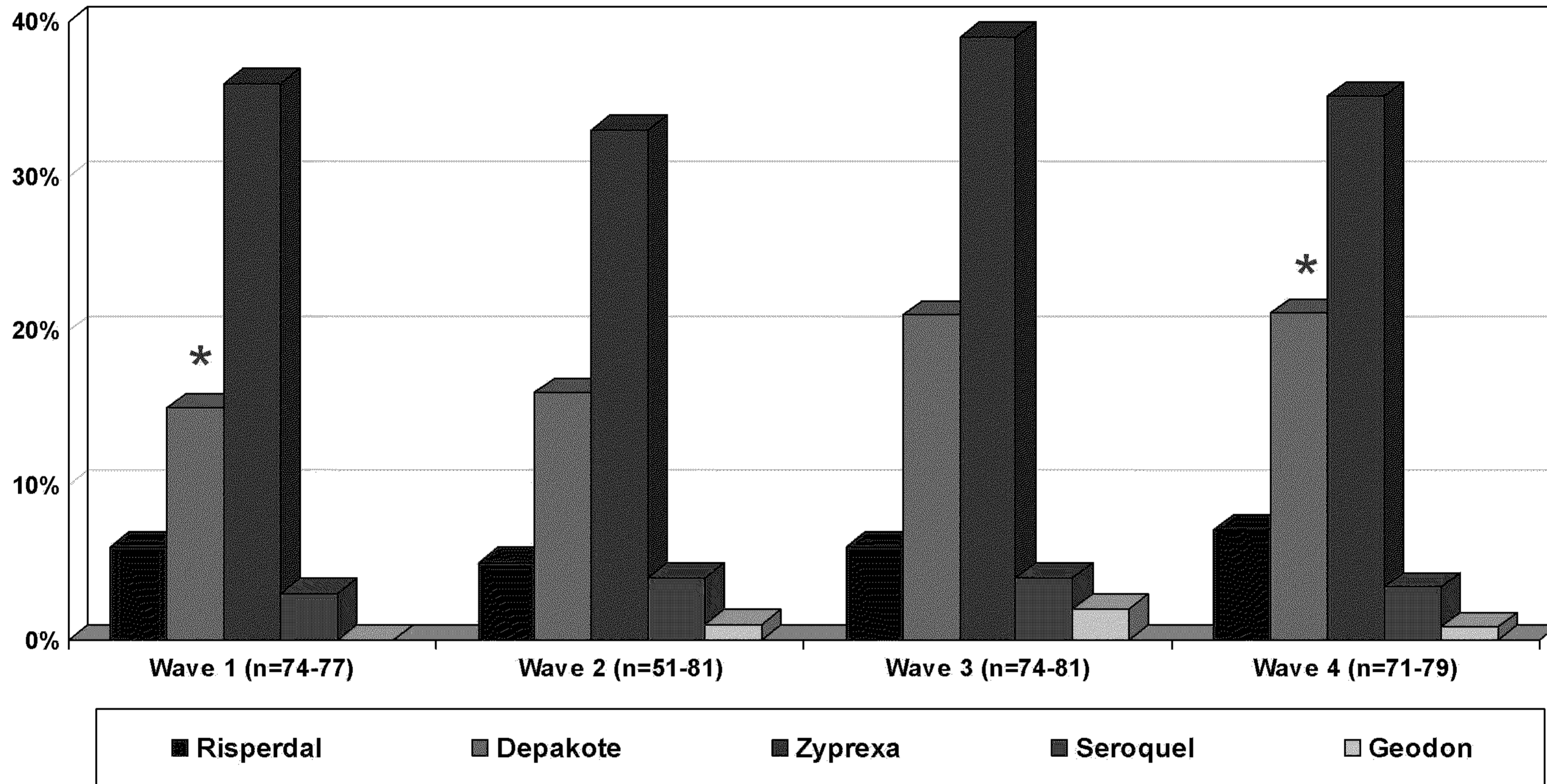
Base: Prescribes medication

Q671 What percentage of your patients receiving...lose weight, have no change in weight, gain weight?

Company Confidential  
Copyright © 2001 Eli Lilly and Company

# Concerns about weight gain prevents prescription

## CMHC



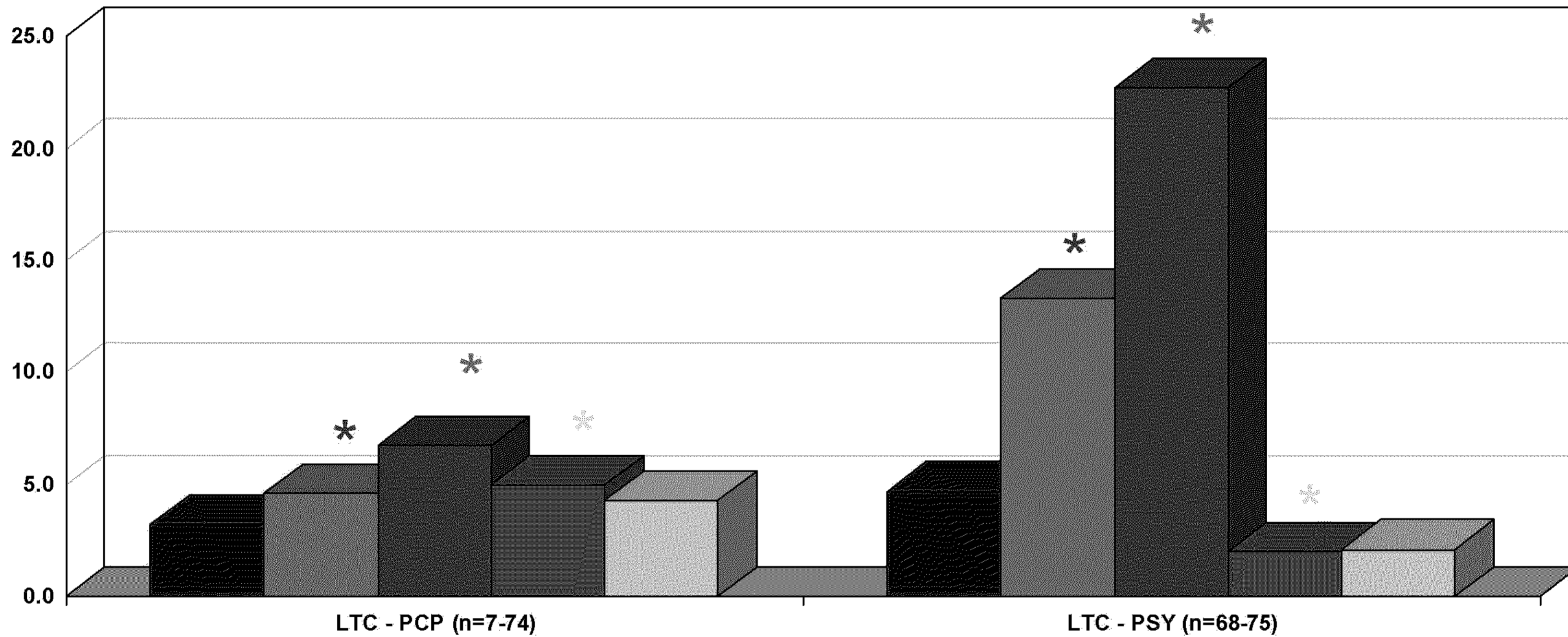
Base: Prescribes medication

Q700 When you consider prescribing..., what percentage of the time do you make a conscious decision not to prescribe it due to concerns about weight gain?

Company Confidential  
 Copyright © 2001 Eli Lilly and Company

# Concerns about weight gain prevents prescription

## LTC – Wave 4



Risperdal    
  Depakote    
  Zyprexa    
  Seroquel    
  Geodon

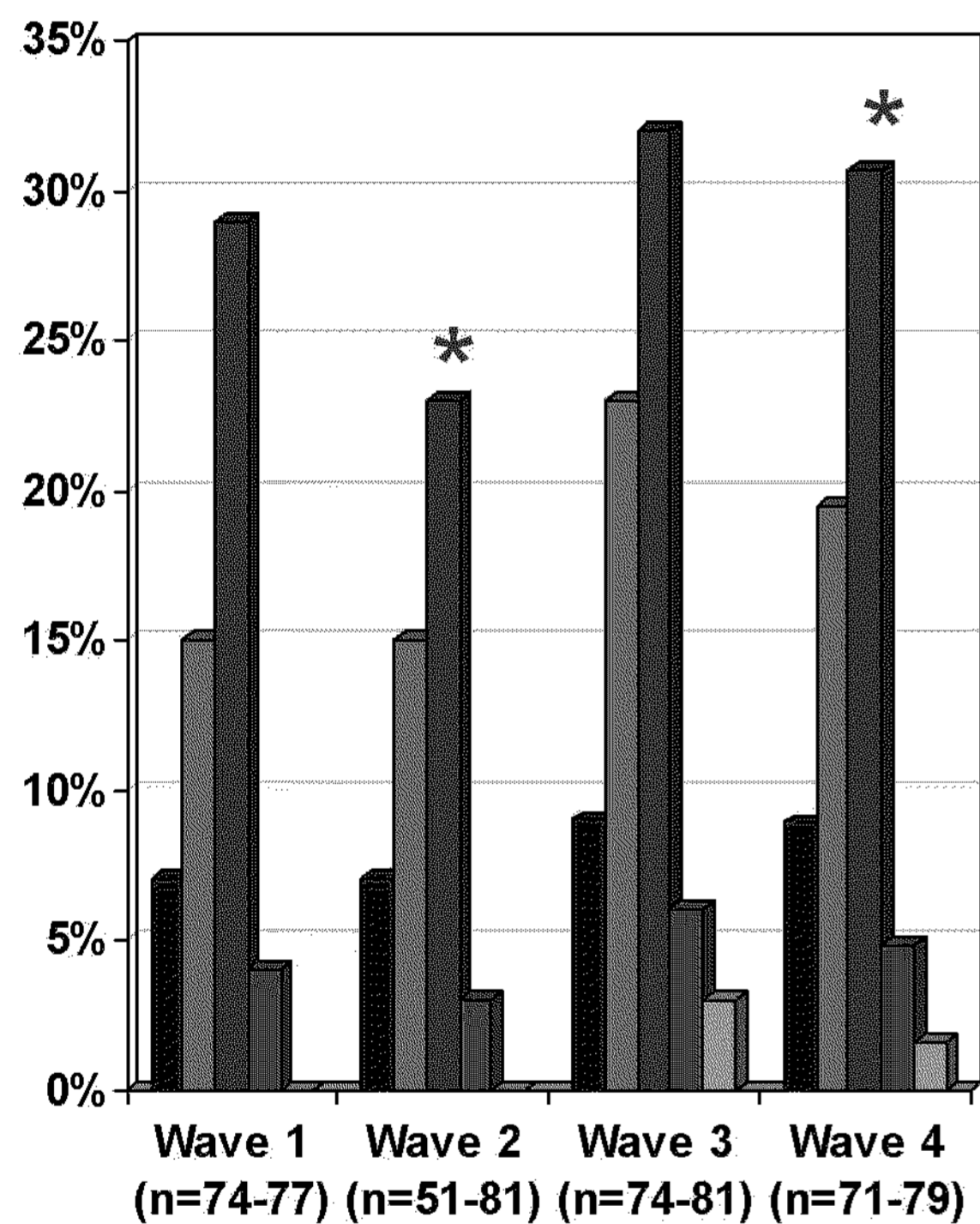
**Base: Prescribes medication**

**Q700** When you consider prescribing..., what percentage of the time do you make a conscious decision not to prescribe it due to concerns about weight gain?

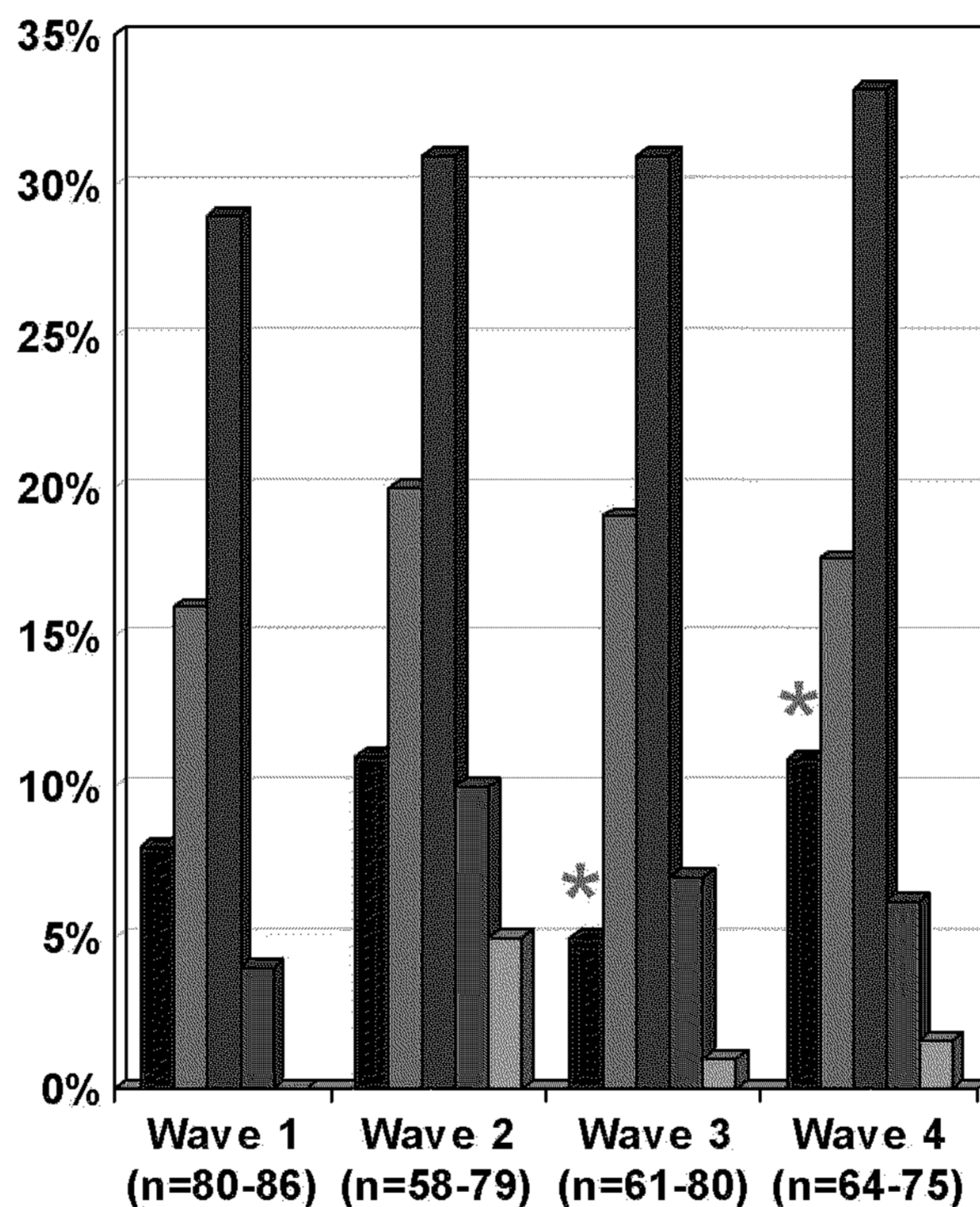
Company Confidential  
 Copyright © 2001 Eli Lilly and Company

# Discontinues medication due to weight gain

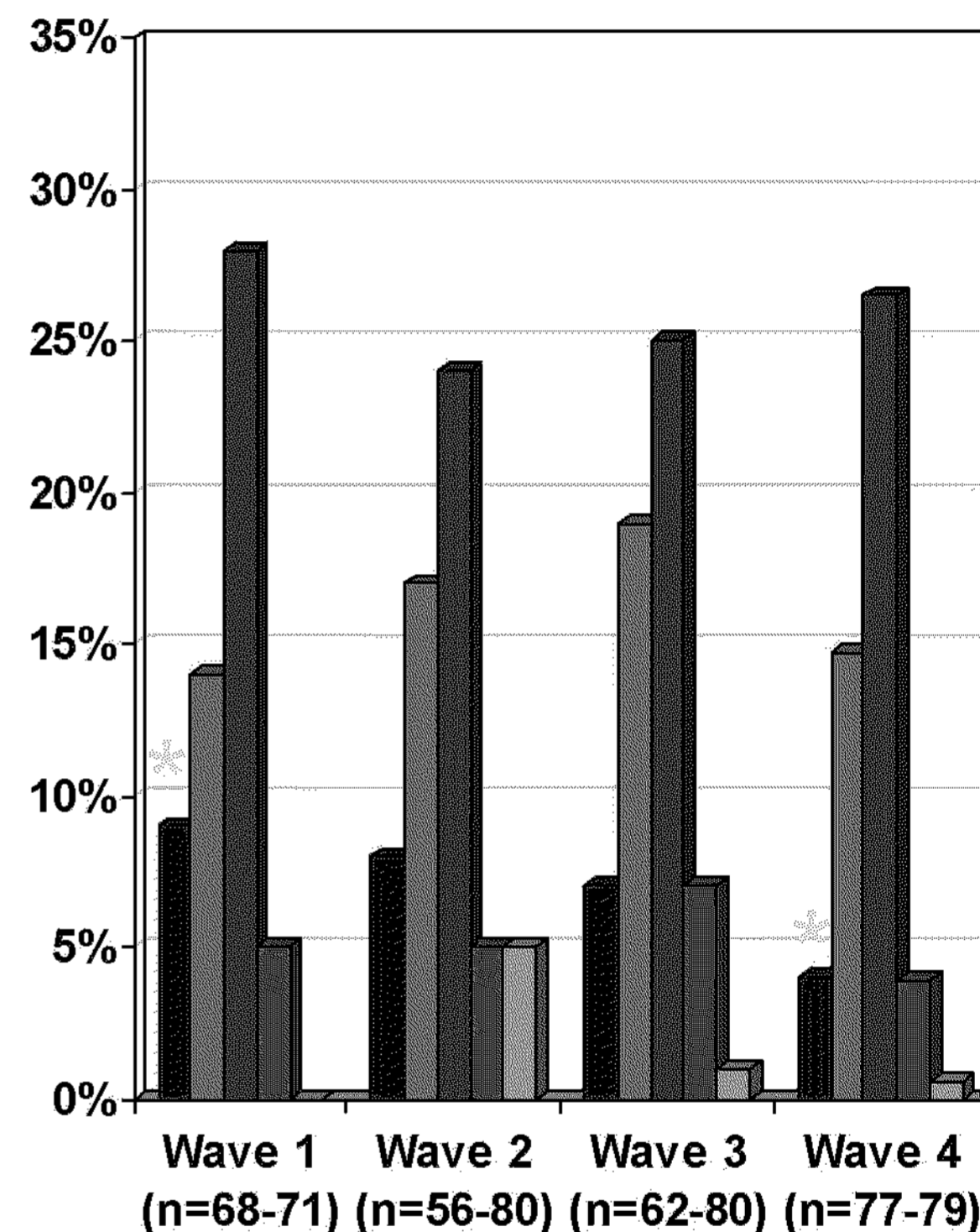
## CMHC



## PRIVATE



## INSTITUTIONAL



Risperdal
  Depakote
  Zyprexa  
 Seroquel
  Geodon

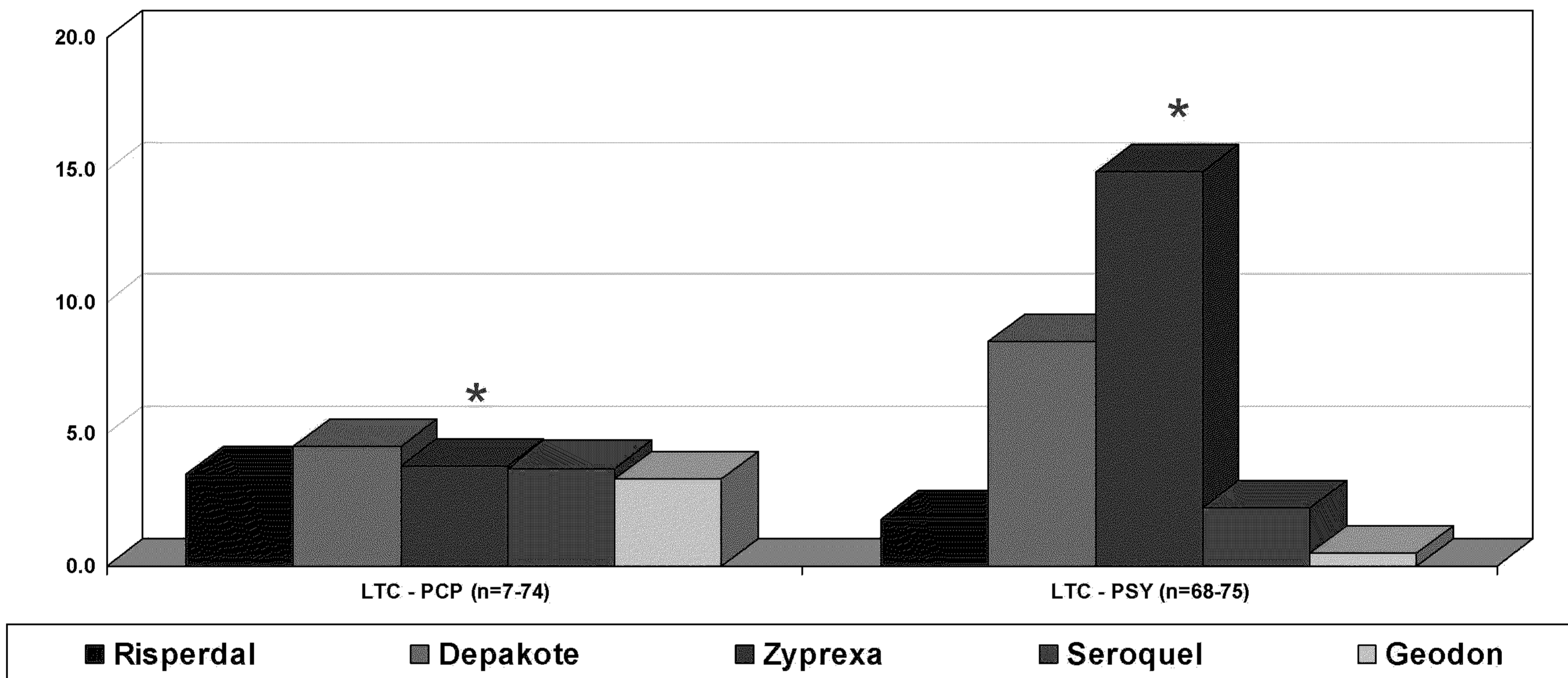
Base: Prescribes medication

Q710 What percentage of the time do you discontinue use of... due to weight gain?

Company Confidential  
Copyright © 2001 Eli Lilly and Company

# Discontinues medication due to weight gain

## LTC – Wave 4



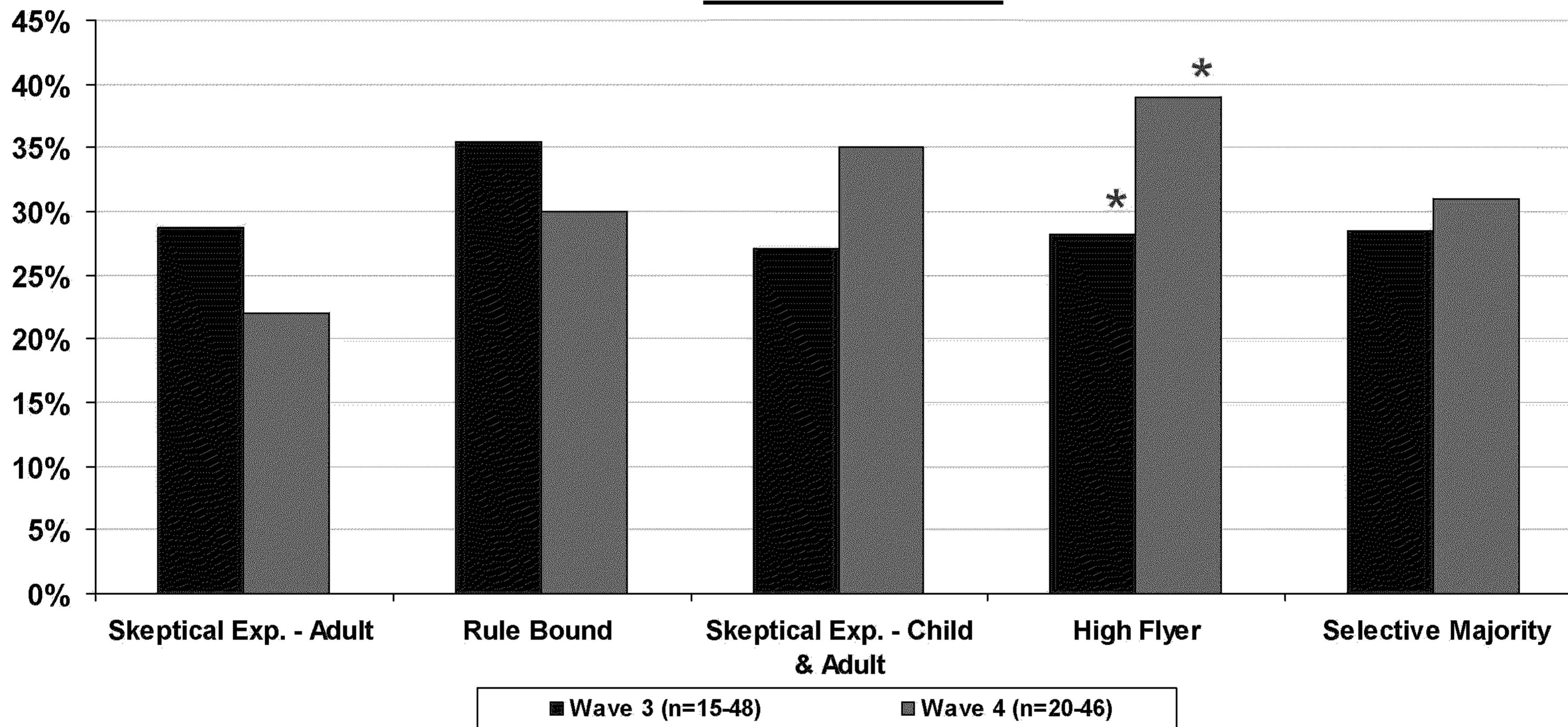
Base: Prescribes medication

Q710 What percentage of the time do you discontinue use of... due to weight gain?

Company Confidential  
 Copyright © 2001 Eli Lilly and Company

# Discontinues ZYPREXA due to weight gain

## PSY SEGMENTS



**Base: Prescribes medication**

**Q710** What percentage of the time do you discontinue use of ZYPREXA due to weight gain?

Company Confidential  
 Copyright © 2001 Eli Lilly and Company

# Patient types to avoid

	PCP				PSY			
	Wave 1	Wave 2	Wave 3	Wave 4	Wave 1	Wave 2	Wave 3	Wave 4
<b>Underweight</b>								
Risperdal	(n=71) 0%	(n=87) 1%	(n=93) 0%	(n=87) 2%	(n=232) 1%	(n=240) 1%	(n=237) 1%	(n=232) 2%
Depakote	(n=73) 0%	(n=86) 1%	(n=89) 0%	(n=36) 2%	(n=232) 0%	(n=238) 1%	(n=234) 2%	(n=227) 1%
Zyprexa	(n=64) 3%	(n=74) 0%	(n=87) 1%	(n=84) 1%	(n=234) 3%	(n=238) 5%	(n=240) 2%	(n=227) 3%
Seroquel	(n=21) 0%	(n=29) 0%	(n=40) 3%	(n=91) 3%	(n=222) 0% *	(n=223) 2%	(n=236) 2%	(n=234) 2% *
Geodon		(n=9) 0%	(n=10) 0%	(n=84) 8%		(n=165) 7%	(n=197) 4%	(n=197) 6%
<b>Overweight</b>								
Risperdal	(n=71) 18%	(n=87) 16%	(n=93) 23%	(n=87) 25%	(n=232) 12% *	(n=240) 15% *	(n=237) 19%	(n=232) 24% **
Depakote	(n=73) 11% *	(n=86) 20%	(n=89) 16%	(n=36) 24% *	(n=232) 48%	(n=238) 41% *	(n=234) 54%	(n=227) 54% *
Zyprexa	(n=64) 14% *	(n=74) 24%	(n=87) 31%	(n=84) 36% *	(n=234) 75%	(n=238) 70%	(n=240) 80%	(n=227) 78%
Seroquel	(n=21) 5%	(n=29) 14%	(n=40) 25%	(n=91) 22%	(n=222) 9%	(n=223) 11%	(n=236) 14%	(n=234) 14%
Geodon		(n=9) 11%	(n=10) 40%	(n=84) 17%		(n=165) 5%	(n=197) 4%	(n=197) 4%

**Base: Prescribes medication**

**Q720** When choosing to prescribe..., which of the following patient types are you most likely to avoid?

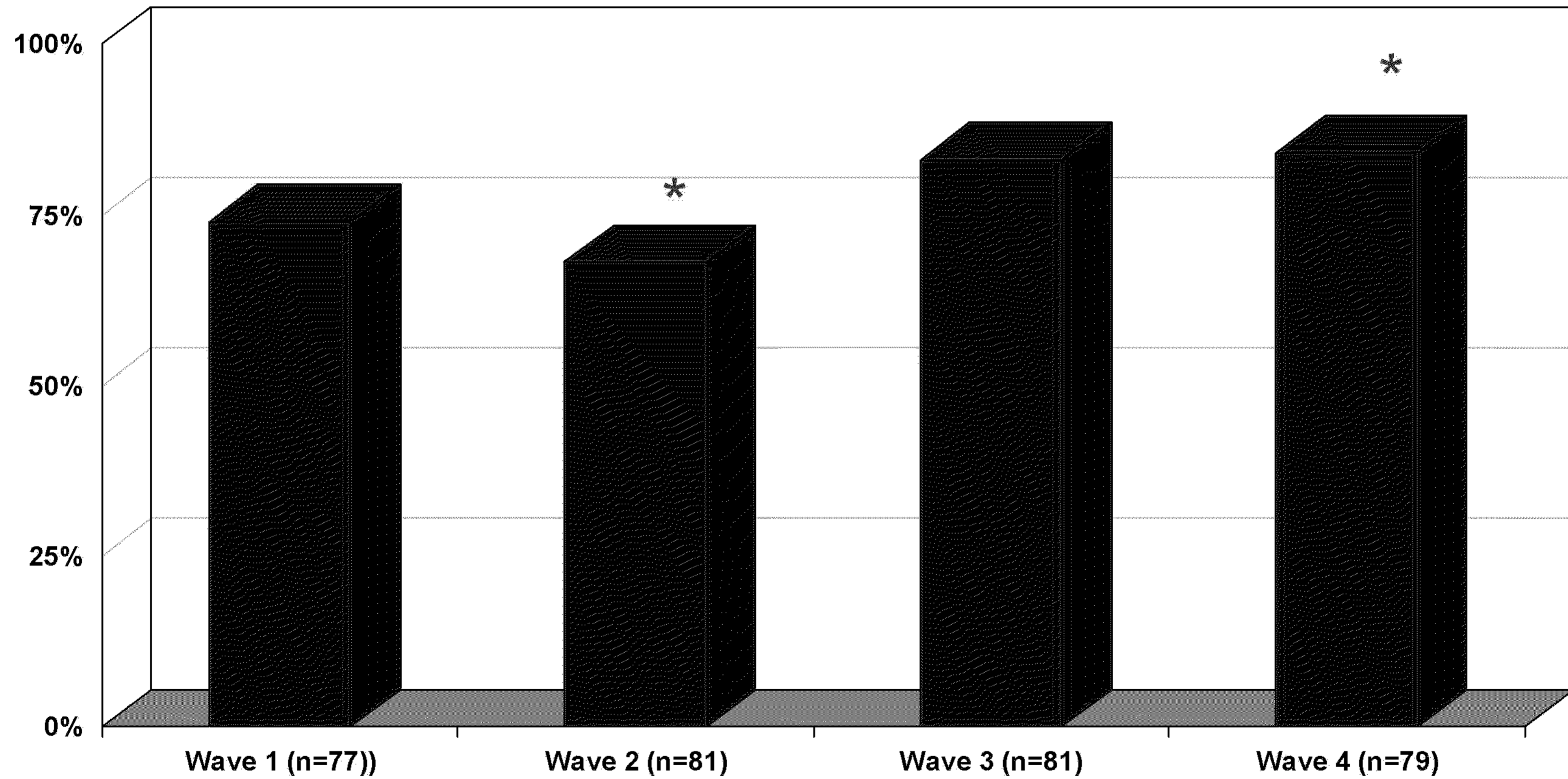
Company Confidential

Copyright © 2001 Eli Lilly and Company



# Patient types to avoid - OVERWEIGHT PATIENTS and ZYPREXA

## CMHC



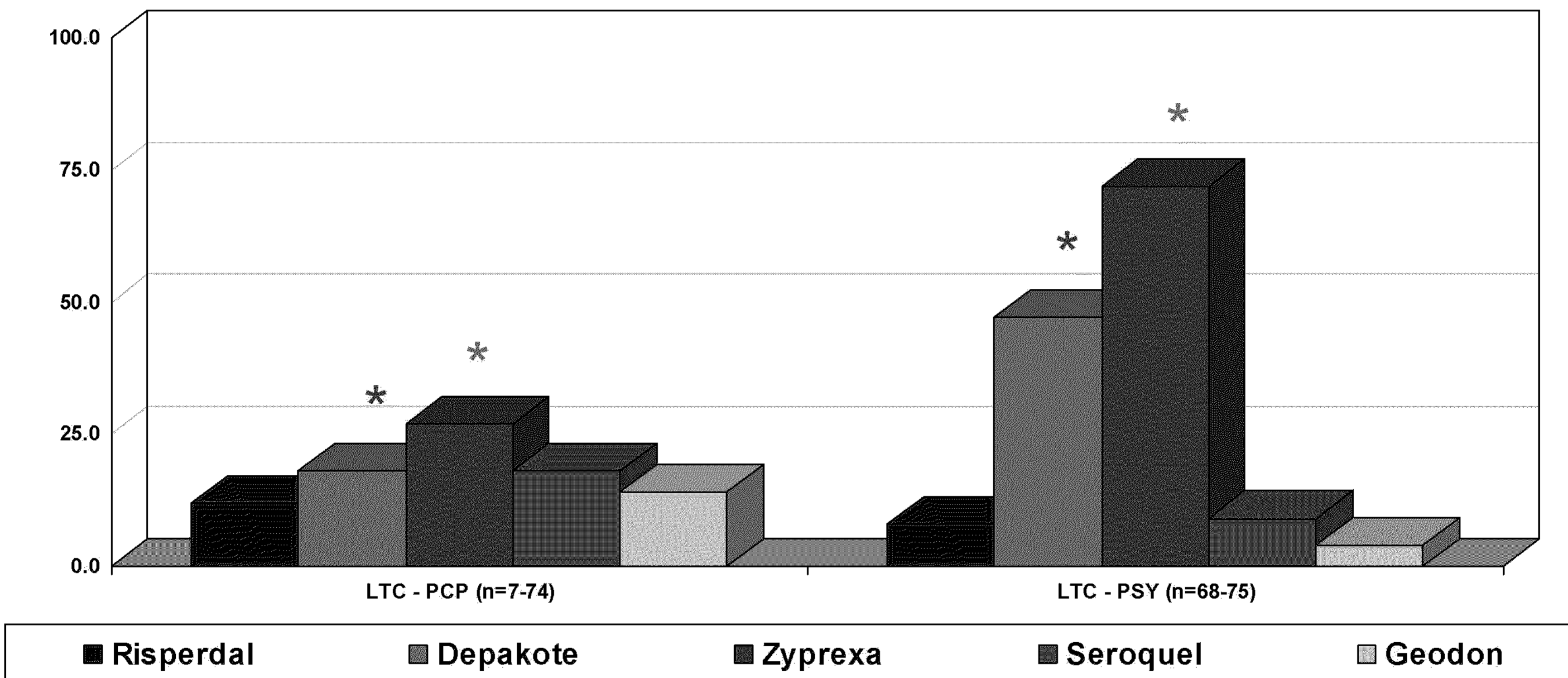
**Base: Prescribes medication**

**Q720** When choosing to prescribe ZYPREXA, which of the following patient types are you most likely to avoid?

Company Confidential  
Copyright © 2001 Eli Lilly and Company

# Patient types to avoid - OVERWEIGHT PATIENTS

## LTC – Wave 4



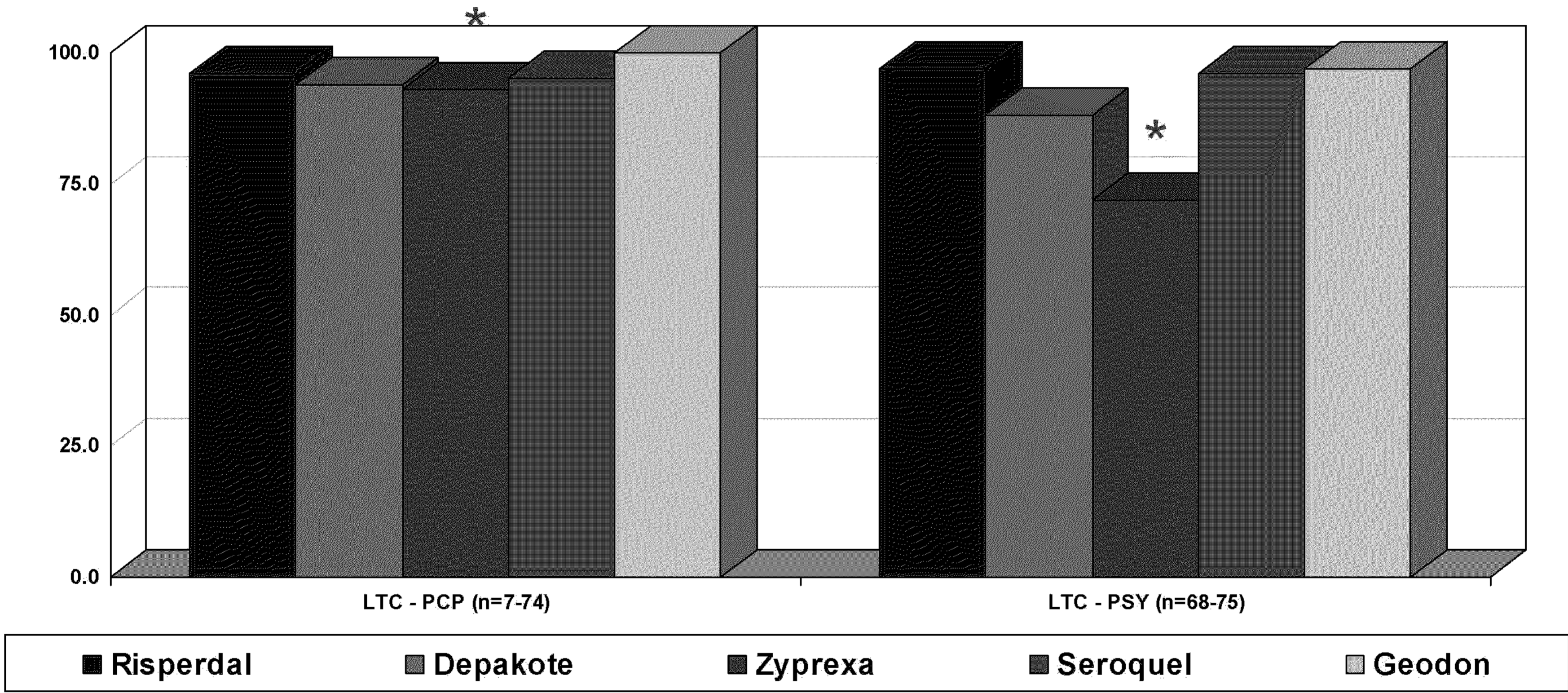
Base: Prescribes medication

Q720 When choosing to prescribe..., which of the following patient types are you most likely to avoid?

Company Confidential  
Copyright © 2001 Eli Lilly and Company

# Manageability of weight gain

## LTC – Wave 4



**BASE: Prescribes medication**

**Q730** If a patient treated with... gains weight, is it manageable?

Company Confidential  
 Copyright © 2001 Eli Lilly and Company

# Weight gain manageability and prescribing behavior

Percentage of *PSYCHIATRISTS* whose prescribing would increase if weight gain were more manageable with the specified drug

	<i>Wave 1</i>		<i>Wave 2</i>		<i>Wave 3</i>		<i>Wave 4</i>	
	N	%	N	%	N	%	N	%
Zyprexa	128	93	116	95	115	97	110	94
Depakote	64	92	58	90	52	87	53	91
Risperdal	30	83	32	72	24	75	23	70
Seroquel	20	70	28	50	17	82	29	79
Geodon	-	-	14	64	9	44	13	46

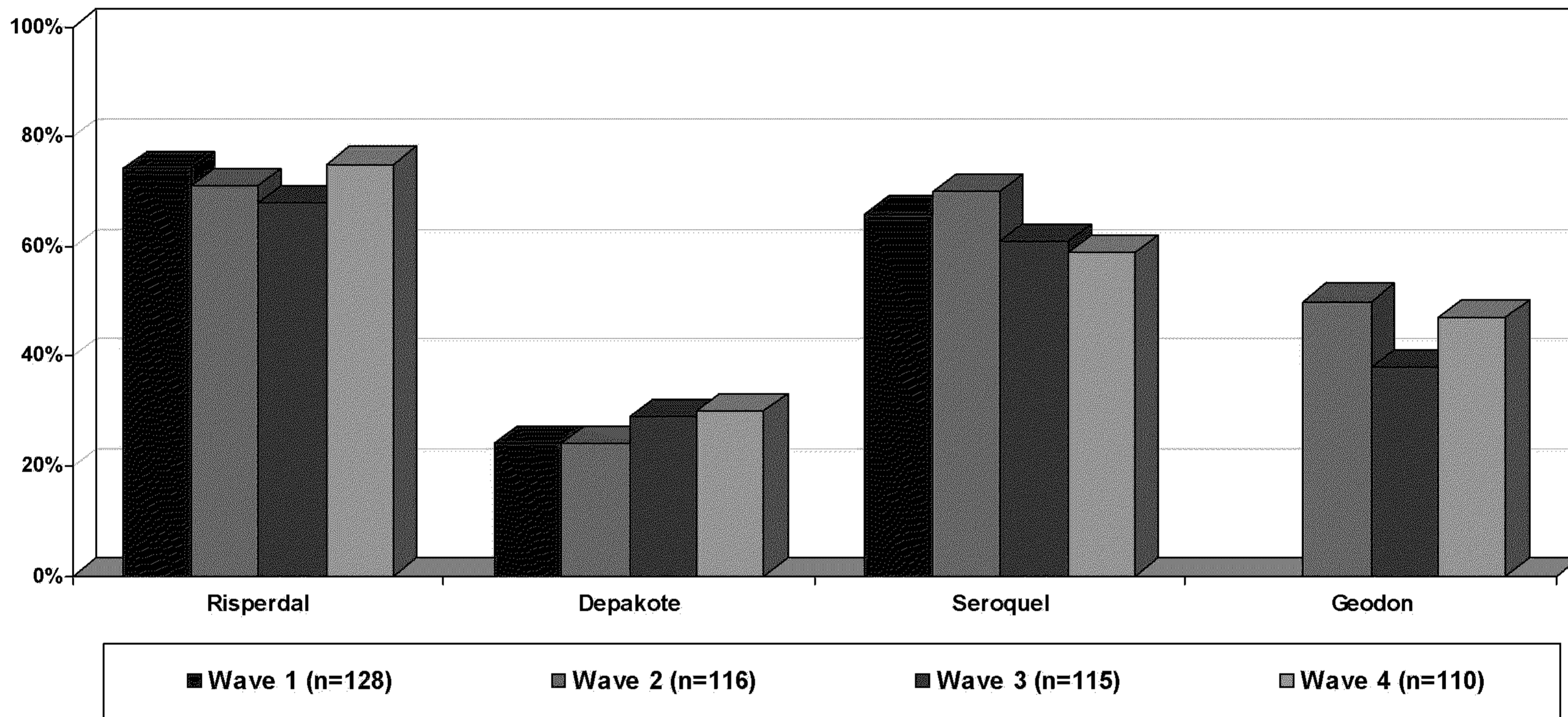
*Note: PCPs not tracked due to small sample sizes.*

**Base: Weight gain is not manageable**

**Q770** If weight gain with...were more manageable, would your prescribing of it increase?

# Products displaced by increased prescriptions of ZYPREXA

## PSY



*Note: PCPs not tracked due to small sample sizes.*

**Base: Prescribing of Zyprexa would increase if weight gain were more manageable**

**Q780** What product(s) would be replaced by the increase in prescribing of... ?

# Zyprexa Avoidance, Discontinuation, & Prescribing Behavior

- For each physician, Zyprexa share was calculated based on behavioral data indicating the percentage of a physician's annual antipsychotic prescriptions that are written for Zyprexa. A Zyprexa share equal to .5 indicates that half of all antipsychotic scripts written by Physician X are written for Zyprexa. This variable represents an individual-level indicator of Zyprexa's market share.
- The table below indicates that perceptions about avoiding and discontinuing Zyprexa—be it for hyperglycemia/diabetes or weight gain—are highly correlated and best evaluated together rather than individually. Bivariate analyses indicate that as perceptions of avoiding Zyprexa increase, so do perceptions of discontinuing Zyprexa. Surprisingly, none of these variables, neither individually nor in composite, are significantly correlated with the proportion of antipsychotic prescriptions that are written for Zyprexa.

	Zyprexa Share	Avoid H/D	Discontinue H/D	Avoid Weight Gain	Discontinue Weight Gain
Zyprexa Share	1.00	-.012	-.056	-.047	-.098
Avoid – H/D		1.00	.570 *	.670 *	.549 *
Discontinue – H/D			1.00	.422 *	.604 *
Avoid – Weight Gain				1.00	.727 *
Discontinue – Weight Gain					1.00

\* = p<0.05