

**JUNE 2002**

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**ZYPREXA**

# Primary Care Sales Force Resource Guide

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**ZYPREXA**<sup>®</sup>  
Olanzapine  
HELPING MOVE LIVES FORWARD

*Lilly*

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## Introduction

Welcome, Primary Care sales force, to the ZYPREXA Limitless Team. Since its launch in 1996, ZYPREXA has been a steadfast leader in the marketplace. New indications and new formulations augmented this success, and made ZYPREXA one of the gold-standard treatments for mental illness. But we cannot rest on our laurels. Future challenges in the form of new competitors and new campaigns targeting our perceived weaknesses loom. It is imperative that ZYPREXA continue to evolve as a brand and as a product.

Market research showed that our target physicians have one primary goal for their patients: to help them progress as far as they possibly can. Physicians told us that pharmaceutical companies often present their products as *the* answer in the treatment of mental illness, but that this is not the case in actual practice. In order to reach the most successful outcomes, physicians identified a crucial element: the establishment of a strong, trusting relationship between themselves and their patients. This relationship is known as a “therapeutic alliance.”

ZYPREXA has a unique opportunity to use the idea of therapeutic alliance to differentiate itself from competitors in a powerful way. The idea is provocative and ownable in the market for both its honest approach to pharmacological treatment and its fresh perspective on psychiatric care. The concept of therapeutic alliance does not overpromise; rather, it reflects what physicians hope for their patients in emotional, human terms.

The best way to communicate the new brand promise to physicians was carefully researched. Based on physicians’ responses, illustrated metaphors were deemed the most appropriate way to represent the role of ZYPREXA in enabling therapeutic alliance. Across the brand, a physician and patient are seen working together to overcome an obstacle with the help of ZYPREXA, which is represented by a purple “Z.” While ZYPREXA’s presence is the focus of each illustration, the role

of the drug is not overemphasized. Rather, the relationship between patient and physician is represented as the most important way to overcome the obstacle. Hope for the future is represented by blue sky and green landscape. Careful consideration was given to market-specific disease state, illness severity, and future promise in choosing metaphors and creating the illustrations.

Emphasizing how its dependable control allows ZYPREXA to enable therapeutic alliances is a high ground approach to selling, one that we believe will help ZYPREXA continue to be a leader in the marketplace in 2002 and beyond. It represents a powerful shift in the way we communicate with physicians and promote our product. This is indeed an exciting time to be a part of the ZYPREXA Limitless Team.

## ZYPREXA in Primary Care

ZYPREXA was originally launched to the primary care audience by the Sigma sales force in November 2000. It has gained over 12 share points since that time. As the current market leader in primary care, ZYPREXA will continue to revolutionize the way complicated mood disorders are treated by primary care physicians. Just as Prozac revolutionized the treatment of depression in the late 80s and throughout the 90s, so too will ZYPREXA forever change the way primary care physicians view and treat bipolar disorder.

### *Did you know...*

The prevalence of bipolar disorder was once thought to be between 1 and 2%. More recent studies have indicated it may be as high as 6%. But when you look at patients who are already being treated or diagnosed with depressive disorders, as many as 30% may actually be bipolar. Further, a patient will receive between 3 and 4 misdiagnoses from the onset of symptoms to the time of proper diagnosis, which, on average, is 10 years. This results in needless suffering for both the patient and the family.

The Primary Care sales force will be a major part of helping to improve these statistics, and behind every statistic is a patient and their family struggling with mental illness. Years from now, as Lilly is launching new revolutions in neuroscience, you can look back and say that ZYPREXA changed the way bipolar disorder was viewed, diagnosed, and treated by primary care physicians.

However, this task will not be an easy one. Many physicians are still hesitant about using this class of drug and treating patients with the diagnosis of bipolar disorder. So what will be the keys to success this year? If you would ask the top sales representatives and district managers across the country the keys to their success, they are likely to say they are not doing anything out of the ordinary. But what separates the best from the rest is a mastery of the fundamentals. It is doing the basics better than anyone else. The keys are to:

- Deliver a consistent, passionate sales message focused on patient identification, creating action, and follow up.
- Know your competition and be prepared to confidently handle any objection given by a customer and turn it into opportunity.

Best of success in 2002!

## Pre-Call Planning

- Refer to previous ARF notes
- Build Call Opener and call objectives based on the “F/U” note
- Immediately record postcall notes after the call

## Front Cover

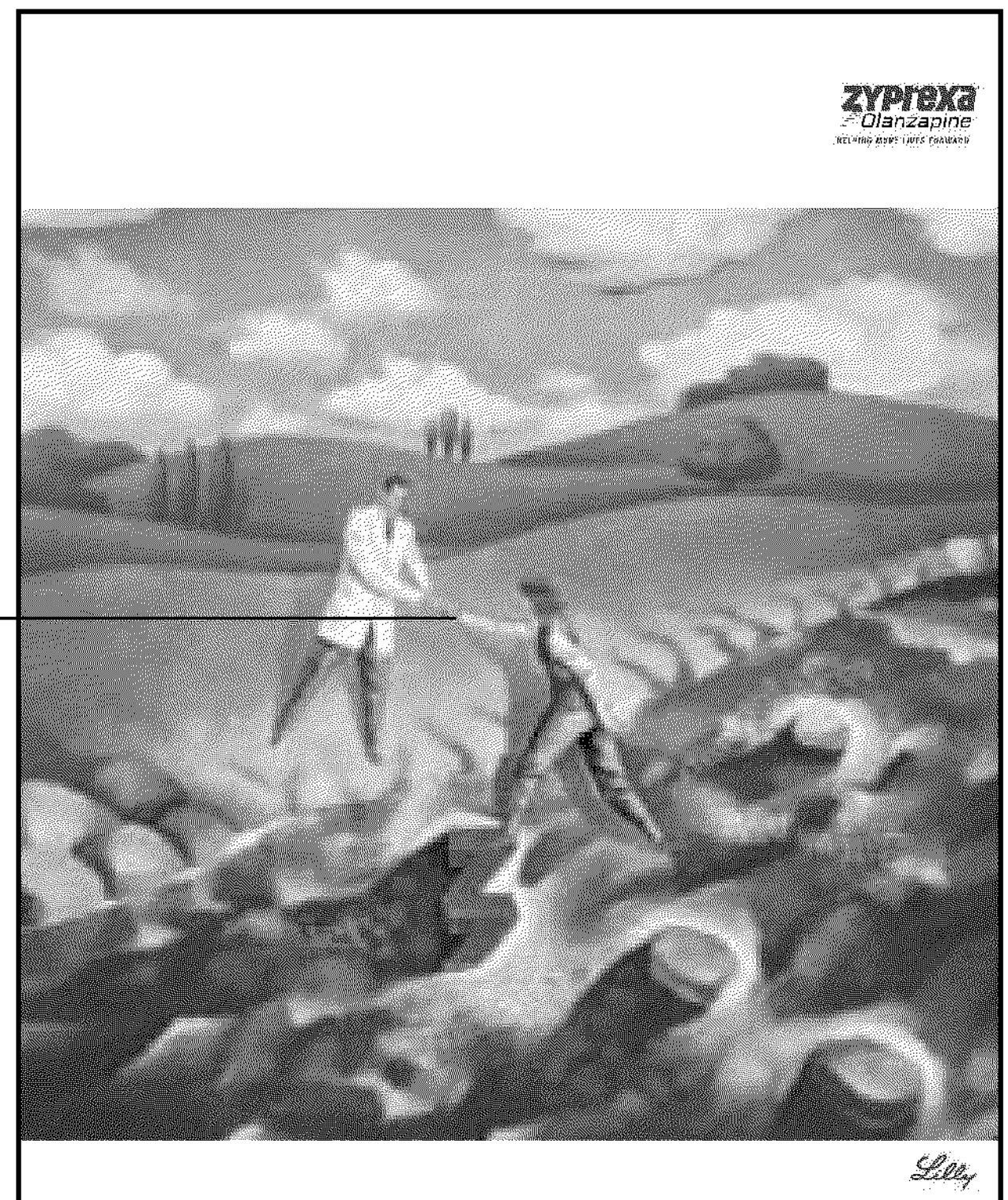
### Call Opener

- 1 Doctor, you treat patients who present with complicated mood symptoms. Many of these patients are struggling to gain control of symptoms like anxiety, irritability, disruptive sleep, and mood swings. I would like to talk about how ZYPREXA can help you help your patients gain control of these complicated mood symptoms.

### For Future Calls

#### Call Opener

Doctor, previously we discussed a patient of yours who was suffering from complicated mood symptoms such as anxiety, irritability, disruptive sleep, and mood swings. Today I would like to share with you...





## Back Cover

### Market Research Key Learning

Many physicians believe that bipolar disorder is more closely related to schizophrenia than depression. The Mood Spectrum is a great tool to communicate the fact that some manic patients may experience psychosis, but these patients constitute a small minority. The facts: up to 30% of patients with a diagnosis of depression or anxiety may actually have bipolar disorder. It is important to note that primary care physicians do not think that these patients are psychotic.

### Understanding Needs

- 1 When you look at a spectrum of mood symptoms, you might see a range from unipolar depression, which you treat with antidepressants...
- 2 To pure bipolar mania, where a mood stabilizer may be used. You also have patients exhibiting agitation or poor sleep, for whom anxiolytics may be an option. The closer a patient exists to the edge of the circle, the more clear-cut their diagnoses and treatment options may be.
- 3 But what about patients you treat who exhibit anxiety, irritability, sleep disturbances, and mood swings? Typically, these patients may wind up on multiple meds, or you may be continually switching them from drug to drug or even class to class.

### Focused, Open-Ended Questions\*

- ▶ Tell me about one of your patients that may fall in the middle of this circle.
- ▶ What are the symptoms that tend to be difficult to treat?

I would like to focus on how ZYPREXA can and does provide the dependable symptom control you and your patients can rely upon for relief.

Now, let's look at a more specific patient.

**ZYPREXA**  
the novel psychotropic  
ZYPREXA is the only agent indicated for both bipolar mania and schizophrenia.

Agitation  
Irritability  
Anxiety  
Bipolar Mania  
Elevated mood  
Mood swings  
Disrupted sleep  
Psychosis  
Schizophrenia

Mood

Used by more than 8 million patients worldwide

Also available in 7.5- and 20-mg tablets

- Reliable efficacy
- Favorable safety
- Simple dosing

**ZYPREXA**  
Diazepam  
Lilly

\* **Objective:**

Utilize these suggested questions (or other similar questions) to identify a specific patient the doctor has seen in his or her practice with these symptoms. Also find out more information on the customer's current treatment methods and concerns.

## Patient Profile #1: Donna

### Market Research Key Learning

Safety in this class of medications is extremely important to primary care physicians. EPS is consistently cited as their foremost concern. However, this is a great place to educate physicians on the negative impact prolactin may have on a patient because many primary care physicians are not familiar with the effects of prolactin elevation.

### Thought Leader Feedback

The dose that has been found to be most effective for Donna in clinical trials is 10-15mg. Many primary care physicians may not be comfortable starting a patient at this dose (primarily due to drowsiness). But they need to understand they can titrate the patient up to the target dose while maintaining an excellent safety profile.

### Understanding Needs

- Donna is a single mom in her mid-30s, appearing in your office in drab clothing and seeming somewhat ill at ease. Her chief complaint is, "I feel so anxious and irritable lately." Today, she says she's been sleeping more than usual and has trouble concentrating at work and at home. However, several appointments earlier, she was talkative, elated, and reported little need for sleep. You have treated her with various medications including antidepressants with little success.

### Focused, Open-Ended Question

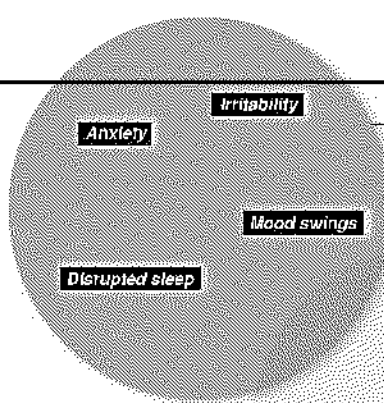
- Tell me about the symptoms of a patient like Donna in your practice. How did these behaviors affect her family or personal life?

### Follow-Up Questions\*

- What has she been prescribed in the past?
- What symptoms were still prevalent with medications she had been prescribed?

\* Refer to page 6.

**1**



**Donna**

Single mom in her mid-30s, presents in drab clothing and seems ill at ease.

*"I feel so anxious and irritable lately."*

**History**

- Reports she has been sleeping more than usual, has trouble concentrating at work and at home
- Several appointments earlier, she was talkative, elated, and reported little need for sleep
- You have treated her with various medications including antidepressants

- Change in appearance
- Decreased energy
- Decreased concentration

**2**

**Favorable safety profile**

- Incidence of EPS significantly lower than Risperdal® (risperidone)<sup>1</sup>**
  - Incidence of treatment-emergent extrapyramidal symptoms (EPS) was significantly lower than Risperdal (12.5% for ZYPREXA vs 22.3% for Risperdal; P=.034)
  - Mean modal doses: 17.2 mg/day for ZYPREXA, 7.2 mg/day for Risperdal
- Incidence of prolactin elevation significantly lower than Risperdal<sup>2</sup>**
  - Potential complications of prolactin elevation may include sexual dysfunction, amenorrhea, galactorrhea, gynecomaastia, and risk of osteoporosis<sup>3,4</sup>
- Pregnancy category C**
  - No evidence of teratogenicity was observed in preclinical trials; there are no adequate and well-controlled trials with ZYPREXA in pregnant women.

1. See Study 2 on page 10 for Methodology and Study Limitations.  
2. Tran PK, et al. J Clin Psychopharmacol. 1997;17:467-478.  
3. Jenner MB, et al. CNS Drugs. 1998;10(5):239-252.  
4. Malton PL, et al. Clin Pharm. 1992;11:851-856.  
5. Labèque U, et al. Schizophr Bull. 1996;22(4):447-454.  
6. Akiyama K, et al. Fertil Steril. 1988;50(6):876-881.

2

For additional safety profiles and other important prescribing considerations, see pages 12-13 and the full Prescribing Information. For safety information on Risperdal or Disipalics, see manufacturers' package inserts.

### Satisfying Needs

#### Feature-Benefit-Benefit

- You will be able to assure Donna that ZYPREXA is safe and that it will help to relieve the symptoms she is struggling with. First, extrapyramidal side effects are comparable to placebo; what that means to a patient like Donna is that she doesn't have to be as concerned with developing debilitating motor side effects as seen with other typical antipsychotics. The incidence of prolactin elevation is significantly lower than Risperdal®—in fact 100 fold lower in one study, which is pretty dramatic. So for Donna, side effects like sexual dysfunction, amenorrhea, galactorrhea, and increased risk of osteoporosis, which may be associated with prolactin elevation, may be avoided. Finally, ZYPREXA is pregnancy category C.

## Focused, Open-Ended Question

- ▶ How do you feel ZYPREXA's safety profile compares with other agents Donna may be taking?

## Follow-Up Question

- ▶ How do you feel about ZYPREXA's safety profile?

## Satisfying Needs

### Feature-Benefit-Benefit

- 3 ZYPREXA can help you help Donna to improve her symptoms of mood, anxiety, and disrupted sleep patterns. In fact, when looking at depressive symptoms associated with bipolar mania, ZYPREXA has shown significant improvement. So a patient like Donna may have less anxiety, less irritability, and may be able to sleep better with ZYPREXA.
- 4 This effect may occur quickly—as early as day 2. Getting Donna's symptoms under control quickly will help you maintain the trust Donna has had with you as her family physician for years.

## Check for Impact

How can the reliability of ZYPREXA'S efficacy and safety help you help a patient like Donna? What advantages do you see over other agents you may currently be using?

- 5 Appropriate dosing for a patient like Donna is critical. Unlike other meds, dosing ZYPREXA is simple. You may start her at 5 mg once a day, with or without food. If her symptoms persist after one week, it is important to increase the dose to 10-mg—and you can feel comfortable doing so with ZYPREXA's safety profile.

**Reliable...**  
Improves depressive symptoms in bipolar manic or mixed patients

- Depressed mood
- Anxiety
- Irregular sleep patterns

**ZYPREXA vs placebo**

Group	Improvement at week 4
Placebo (n=20)	26%
ZYPREXA (n=20)	47%

Improvement compared with placebo at week 4 in manic and mixed patients with substantial depressive symptoms (defined as HAMDS2D)

**ZYPREXA is not approved for the treatment of bipolar depression**

**Works as early as day 2**

ZYPREXA was statistically significantly better (LOCF in Y-MRS Total Score) compared with Depakote® (divalproex sodium) (P=.031) as early as day 2

Mean modal doses were 17 mg QD for ZYPREXA and 1400 mg BID or TID for Depakote

**Simple...**  
Once-daily dosing at bedtime

5 mg once daily or 10 mg once daily

- Reliable efficacy
- Favorable safety
- Simple dosing

**ZYPREXA**  
Olanzapine  
RELIEVING MORE THAN YOUR PATIENTS

## Create Action

### Cash in your chips

Doctor, today you agreed that ZYPREXA's reliability can help you to meet your therapeutic needs for your patients with complicated mood symptoms because... (recap the doctor's statements in regards to ZYPREXA's efficacy).

### Action Statement

Based on your confidence in ZYPREXA's efficacy and safety, will you try ZYPREXA in a patient like Donna?

### Proposal

Would you prefer 5-mg samples or performance scripts for this patient? Also available:

- Patient Education
- Diagnostic tools for future patients
- Patient DVD to help identify more patients

### Summary

I will provide you \_\_\_\_\_ (resource preferred by customer). I would like you to get a patient like Donna started today. I will be back in a week to follow up.



## Patient Profile #2: Mark

### Market Research Key Learning

Primary care physicians will refer anything resembling psychosis to a specialist. It is important to reinforce the fact that Mark is not psychotic. In addition, primary care physicians consistently say that rapid onset of action is important for patients like Mark.

### Thought Leader Feedback

The target dose for Mark is 10-20mg, once daily. Many primary care physicians connect simple dosing with “no blood monitoring.” It is therefore important to reinforce this safety point.

### Understanding Needs

- 1 Mark is a middle-aged male brought in by his wife. He appears agitated and disheveled. His wife says that he is irritable and causing problems at home, but he believes he is fine.

When you look at Mark’s history, you see that he has reported periods of little need for sleep and significantly increased energy. Anger and mood swings are causing trouble at work. He has a previous history of alcohol abuse and has been prescribed various meds, including SSRIs and anxiolytics, with little success.

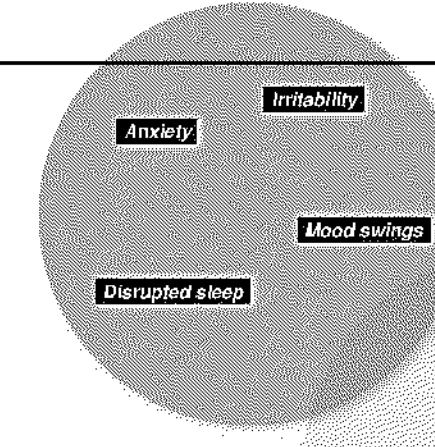
### Focused, Open-Ended Question

- ▶ Tell me about the symptoms of a patient like Mark in your practice. How did these behaviors affect his family life?

### Follow-Up Questions\*

- ▶ What has he been prescribed in the past?
- ▶ What symptoms were still prevalent with medications he had been prescribed?

\* Refer to page 6.



**Mark**

Middle-aged male brought in by his wife, appears agitated and disheveled

*“My wife says I’m irritable and causing problems at home, but I’m fine.”*

**History**

- Reports little need for sleep and significantly increased energy
- Anger and mood swings are causing trouble at work
- Previous history of alcohol abuse
- Has been prescribed various medications, including SSRIs and anxiolytics, with little success

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**Favorable safety profile**

- No black-box or bolded warnings
- No routine blood monitoring required
- Incidence of prolactin elevation significantly lower than Risperdal® (risperidone)<sup>1</sup>

– Potential complications of prolactin elevation may include sexual dysfunction, amenorrhea, galactorrhea, gynecomastia, and risk of osteoporosis<sup>2</sup>

<sup>1</sup> See Study 2 on page 10 for Methodology and Study Limitations.

<sup>2</sup> Hamner MB, et al. CNS Drugs. 1998;10(3):209-222.

<sup>3</sup> Marken PA, et al. Clin Pharm. 1992;11:651-659.

<sup>4</sup> Halbreich U, et al. Schizophr Bull. 1996;22(3):447-454.

<sup>5</sup> Ataya K, et al. Fertil Steril. 1988;50(6):876-881.

### Satisfying Needs

#### Feature-Benefit-Benefit

- 2 ZYPREXA will help you to relieve the symptoms that Mark is suffering from and it is safe. ZYPREXA does not have any black-box or bolded warnings, unlike Depakote® with 3 black-box warnings and Geodon® with a bolded warning for QTc prolongation. There is no blood monitoring required—a nice benefit since Mark does not have to come to the office week after week to have blood drawn. Finally, the incidence of prolactin elevation, which may cause sexual dysfunction or other unwanted side effects like gynecomastia or galactorrhea, which for Mark may not be easy to handle, is similar to placebo.

### Focused, Open-Ended Question

- ▶ How do you feel ZYPREXA’s safety profile compares with other agents Mark may be taking?

### Follow-Up Question

- ▶ How do you feel about ZYPREXA’s safety profile?

## Feature-Benefit-Benefit

- 3 I'd like to share with you some information about the reliability of ZYPREXA in helping you to help patients like Mark. This chart shows a study comparing ZYPREXA to Depakote, a well known and widely accepted mood stabilizer. In this head-to-head study, patients treated with ZYPREXA showed comparable or greater improvement in core mood symptoms when compared to Depakote. For example, irritability, disruptive/aggressive behavior, sleep, elevated mood, etc—all symptoms that Mark has exhibited and ZYPREXA has been shown to improve.
- 4 In addition, this effect may occur quickly—as early as day 2. So Mark will feel calmer, sleep better, and will be less irritable soon after starting ZYPREXA. Getting Mark's symptoms under control quickly will also help you to maintain the trust Mark has had with you as his family physician for years.

## Check for Impact

How can the reliability of ZYPREXA's efficacy and safety help you treat a patient like Mark? What advantages do you see over other agents you may currently be using?

- 5 In terms of dosing for Mark, it's simple. A starting dose of 10-mg at bedtime with the ability to titrate up to 15-mg after one week, depending on the severity of his symptoms, is appropriate. All of our bipolar studies have shown the greatest efficacy at the 10- and 15-mg doses.

## Fall Back (if appropriate)

If you feel more comfortable starting at a lower dose, be sure to titrate up to 10-15 mg after 1-2 weeks if the patient's symptoms do not resolve.

**Reliable...**  
Proven effective in treating complicated mood symptoms in bipolar mania<sup>1</sup>

ZYPREXA vs Depakote<sup>®</sup> (divalproex sodium)

Symptom	ZYPREXA (n=28)	Depakote (n=28)
Irritability	36%	20%
Disruptive/aggressive behavior	44%	22%
Sleep	45%	69% *P=0.04
Elevated mood	48%	43%
Speech (rate and amount)	48%	38%
Increased activity/energy	48%	41%
Sexual interest	46%	45%
Language/thought disorder	49%	37%
Thought content	46%	49%
Appearance	46%	41%
Insight	47%	31%

Mean % improvement from baseline to endpoint in Y-MRS individual item scores (LOCF)

**Works as early as day 2**  
ZYPREXA was statistically significantly better (LOCF) in Y-MRS Total Score<sup>2</sup> compared with Depakote (P=0.031) as early as day 2.

**Simple...**  
Once-daily dosing at bedtime

- 10 mg (10 mg tablet available)
- 15 mg (15 mg tablet available)

- Reliable efficacy
- Favorable safety
- Simple dosing

**ZYPREXA**  
- Olanzapine  
RELEASED FROM THE FORUM

## Create Action

### Cash in your chips

Doctor, today you agreed that the reliability of ZYPREXA can help you to meet your therapeutic needs for patients suffering from complex symptoms of irritability and mood swings because... (recap the doctor's statements in regards to ZYPREXA's efficacy).

### Action Statement

Based on your confidence in ZYPREXA's efficacy and safety, will you try ZYPREXA in a patient like Mark?

### Proposal

Would you prefer 10-mg samples or performance scripts for this patient? Also available:

- Patient Education
- Diagnostic tools for future patients
- Patient DVD to help identify more patients

### Summary

I will provide you \_\_\_\_\_ (resource preferred by customer). I would like you to get a patient like Mark started today. I will be back in a week to follow up.

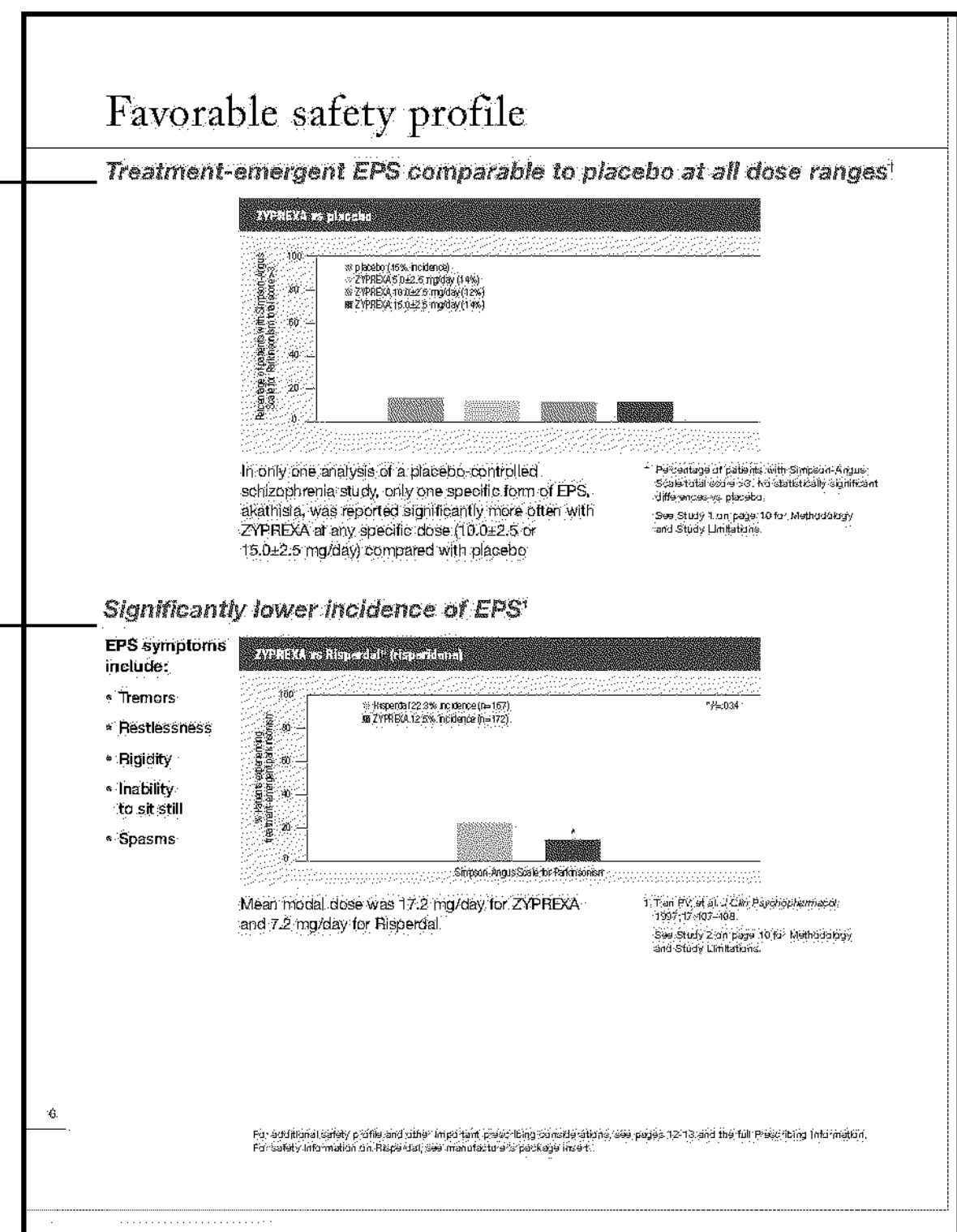
## Safety Spread

### Key Message Point

The EPS information on this spread is a great graph to reinforce the safety of ZYPREXA at the 10-15 mg dosing range. It shows you can increase the dose of ZYPREXA to the desired therapeutic effect versus dosing until you get side effects.

### Thought Leader Feedback

- Many primary care physicians perceive somnolence as a positive in a patient who is having trouble sleeping.
- Weight gain seen with ZYPREXA is manifested by an increase in appetite. Physicians have said that the key to helping patients with this potential side effect is to be upfront about it. It is easier to prevent weight gain than it is to take off the weight later.
- It is important to be proactive with the appetite increase with ZYPREXA. Primary care physicians say it enhances the representatives' credibility.



### Satisfying Needs

- 1 The first graph demonstrates a similar incidence of EPS with ZYPREXA vs placebo at 5-, 10-, and 15-mg/day. This represents a major safety advantage with ZYPREXA.
- 2 As the second graph shows, ZYPREXA has a significantly lower incidence of EPS compared to Risperdal. In fact, ZYPREXA allows you to titrate to therapeutic effectiveness instead of to side effect tolerability, unlike Risperdal. And that is why you can feel comfortable starting a patient at the appropriate doses we have discussed today.

3 Doctor, ZYPREXA is truly reliable, it is effective, and it has a favorable safety profile.

- Low incidence of prolactin elevation compared to Risperdal
- Low potential for harmful drug interactions, unlike the typicals
- Low potential for anticholinergic side effects
- No black-box or bolded warnings, unlike Depakote
- No routine blood monitoring required, unlike Depakote
- Pregnancy category C

However, there are 2 potential concerns that you need to be aware of prior to initiating treatment with ZYPREXA. By knowing them up front and sharing these with your patient, you can maintain their trust and also more effectively manage these concerns if they arise.

4 The #1 side effect with ZYPREXA is somnolence. It appears to be dose-dependent and transient. Therefore, it is recommended to take ZYPREXA at bedtime. When you think about your patient who has difficulty sleeping, anxiety, and irritability, somnolence at bedtime may be a benefit to them. Now, if the patient is drowsy in the morning, remember that ZYPREXA has a 6 hour  $T_{peak}$  (time to peak concentration), so simply instructing them to take their tablet earlier in the evening, perhaps at dinner, may alleviate the problem.

5 The second potential concern is an increase in appetite, which can lead to weight gain. The increase in appetite can be manageable, and diet and behavioral modifications may help. Many describe this as a “carb craving” so discussing it up front with patients is helpful. You can suggest that patients drink diet soda instead of regular soda, or cut back on the amount of carbohydrates they eat. Some patients adopt a “1-plate rule” when they sit down for dinner. Increasing one’s daily activity level—using stairs instead of the elevator, for example, may also help manage weight.

3 • **Incidence of prolactin elevation significantly lower than Risperdal® (risperidone)<sup>1\*</sup>**  
Potential complications of prolactin elevation may include sexual dysfunction, amenorrhea, galactorrhea, gynecomastia, and risk of osteoporosis<sup>2\*</sup>

• **Low potential for harmful drug interactions**

• **Low potential for anticholinergic side effects<sup>3\*</sup>**  
Incidence of serious anticholinergic events not statistically different from placebo in schizophrenia trials<sup>4\*</sup>

• **No black-box or bolded warnings**

• **No routine blood monitoring required**

• **Pregnancy category C**  
No evidence of teratogenicity was observed in preclinical trials; there are no adequate and well-controlled trials with ZYPREXA in pregnant women<sup>5\*</sup>

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4

5 • **The most common treatment-emergent adverse event associated with ZYPREXA in placebo-controlled clinical trials for acute mania was somnolence (35% vs 13% for placebo)<sup>6\*</sup>**

• **Potential for increased appetite and/or weight gain**  
Early reports suggest behavioral and adjunctive pharmacological strategies can blunt/reduce weight gain<sup>7\*</sup>

\* See Study 2 on page 10 for Methodology and Study Limitations.  
\* See Study 1 on page 10 for Methodology and Study Limitations.  
\* In bipolar mania trials, 8 adverse events occurred with statistically significantly higher incidence with ZYPREXA than with placebo—none of these resulted in discontinuation. See Studies 3 and 4 on page 10 for Methodology and Study Limitations.  
1. Tian PV, et al. J Clin Psychopharmacol. 1997;17:107-118.  
2. Hamner MB, et al. CNS Drugs. 1998;10(3):209-222.  
3. Minkes PA, et al. Clin Pharm. 1992;13(5):1-800.  
4. Halberich U, et al. Schizophr Bull. 1996;22(1):117-151.  
5. Aoyagi K, et al. Fertil Steril. 1988;50(8):876-881.  
6. Nappich Hart, Winkley DA, et al. J Clin Psychiatry. 1999;60(8):358-363.  
7. [Reference missing]

**ZYPREXA**  
Olanzapine  
MDL 1596

## Focused, Open-Ended Questions

- ▶ How do you feel about this safety data?
- ▶ How do you compare the risk of weight gain with EPS and prolactin?
- ▶ How do you manage weight gain that results from certain medications?



# Risperdal/Tran Spread

## Market Research Key Learning

Primary care physicians are not familiar with positive and negative symptoms. It is important to discuss the specific negative symptoms, such as lack of motivation, social withdrawal, etc.

## Satisfying Needs

Doctor, you mentioned Risperdal is a product that you may consider using for a patient like Donna/Mark. Let me share with you some data on why ZYPREXA can help you to achieve your short-term and long-term treatment needs for Donna/Mark more effectively than Risperdal, as well as how ZYPREXA may be a safer alternative.

- 1 Both drugs have demonstrated comparable efficacy in positive symptoms, including delusions, suspiciousness, and hostility.
- 2 However, it is the negative and depressive symptoms that can rob patients of their lives, and ZYPREXA helps you to change that. You see, ZYPREXA is significantly better than Risperdal in improving negative and depressive symptoms like lack of motivation, social withdrawal, sadness and hopelessness. With your help, patients may begin to participate in the activities they once enjoyed. They begin to interact again with family and friends. Their children, parents, or spouse will begin to see the person they once knew. This is where you as the patient's doctor continue to maintain Donna's/Mark's trust by helping Donna/Mark reach their individual potential and possibly get back a part of their life that had been lost.

**ZYPREXA is the only agent indicated for both bipolar mania and schizophrenia**

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**Reliable...**  
Proven effective in positive symptom improvement

- Delusions
- Suspiciousness
- Hostility

ZYPREXA and Risperdal® (risperidone) both were effective in treating positive symptoms according to mean improvement in PANSS Positive Score (32% vs 31%, P=.654)<sup>1</sup>

1. Tan PV, et al. J Clin Psychopharmacol. 1997;17:407-419. See Study 2 on pages 18-20 for Methodology and Study Limitations.

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**Improvement in negative symptoms and depressive symptoms<sup>1</sup>**

- Lack of motivation
- Social withdrawal
- Sadness
- Hopelessness

**ZYPREXA vs Risperdal**

Mean % Improvement in PANSS Negative Symptom Subscale Score (0-100)

**ZYPREXA vs Risperdal**

Mean % Improvement in PANSS Depressive Symptom Subscale Score (0-100)

ZYPREXA was significantly more effective than Risperdal in treating negative symptoms

ZYPREXA was significantly more effective than Risperdal in improving depressive symptoms associated with schizophrenia.

1. Tan PV, et al. J Clin Psychopharmacol. 1997;17:407-419. SAS Institute Inc. Assessment of Negative Symptoms, coding of 21 items. See Study 2 on pages 18-20 for Methodology and Study Limitations.

For additional safety profile and other important prescribing considerations, see pages 21-22 and the full Prescribing Information. For safety information on Risperdal, see manufacturer's package insert.

# Message Example

3 As we look at the next graph, it shows that with your help patients on ZYPREXA will not only get better, but stay better and maintain that response over time. You can see 8 weeks and beyond that the benefits of Risperdal faded in this study. On Risperdal, the patient may experience their symptoms all over again. They are back in the office and become frustrating to manage. But with ZYPREXA's reliable symptom relief, you can truly help Donna/Mark to stay well. It is something you can count on over time—it is predictable.

### Focused, Open-Ended Question

► How does ZYPREXA's efficacy compare to Risperdal?

3

Superior maintenance of treatment response for patients achieving 50% improvement

Week	ZYPREXA	Risperdal
0	100%	100%
8	50%	50%
16	45%	50%
24	40%	50%
32	35%	50%
40	30%	50%
48	25%	50%

When treatment response is achieved by 8 weeks, 80% of ZYPREXA-treated patients maintained 50% improvement through 48 weeks, compared to 50% of Risperdal-treated patients.

ZYPREXA is superior for maintenance of treatment response in schizophrenia.

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## Back Cover

- 1 Doctor, when you see a patient like Donna/Mark who presents with complicated mood symptoms, such as anxiety, irritability, disrupted sleep, and mood swings that may be related to schizophrenia or bipolar mania, ZYPREXA will provide the reliable symptom control you need to help maintain their trust and help them achieve their potential.
- 2 Its reliable efficacy, favorable safety profile, and simple dosing make ZYPREXA an effective choice for you to help your patients.

**ZYPREXA**  
the novel psychotropic  
ZYPREXA is the only agent indicated for both bipolar mania and schizophrenia.

**Used by more than 8 million patients worldwide**

Also available in 7.5- and 20-mg tablets.

- Reliable efficacy
- Favorable safety
- Simple dosing

**ZYPREXA**  
Olanzapine  
OLANZAPINE TABLETS

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**ZYPREXA<sup>®</sup>**  
*Olanzapine*  
HELPING MOVE LIVES FORWARD

*Lilly*