

Current Zyprexa PCP Situation

PCP Market

- Antipsychotics are prescribed by PCPs to treat general behavior disorders, mainly dementia (23.6%), schizophrenia/schizoaffective (19.4%), depression (12.7%), bipolar (9%)
- PCPs treat behaviors not diseases (i.e. agitation, aggression vs. dementia, schizophrenia). Dementia indication useful but not required. (Primary market research Q4 '99)
- Typicals are still heavily used (59.6% in PCPs vs. 34.8% in Psychiatrists)
- Lack of knowledge about atypicals. High level of product and atypical education required. Awareness of Zyprexa is low.
- Patient's caregivers play a big role in drug decision
- Safety/side effects are primary prescribing motivators even above efficacy
- Cost is more of an issue than in psychiatrist's office

Current Situation



Risperdal PCP activity

- Eldercare salesforce - 120-275(?) calling on PCPs and Psychiatrists
- Co-promotion with SKB in PCPs 2nd position (until 5/99)
- Co-promotion with P&U in PCPs 2nd position (to begin soon)
- Historical PCP message/material outside of GPP (received NOV after 1 year)

Zyprexa PCP activity

- 1999 Salesforce sized for 1,100 PCPs APs deciles 4-10
- 59 LTC reps who may call on high writing PCPs in institutional settings

Issues for Zyprexa

- Second to market in PCPs by 5 years
- Premium priced product in cost-conscious market
- Lack of elderly medical data
- Less lower dosing flexibility than Risperdal

Short-Term Focus

- Maximize opportunity with 1,100 APs deciles 4-10 PCPs
 - Frequency
 - Symptom-based message
 - 2.5 mg Performance Scripts and 2.5 mg samples



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Future Zyprexa PCP Opportunities

Rationale for continued investigation

- Potential medical utility for PCP patients (unmet medical needs)
- Long patent life for Zyprexa
- Zeldox entrance with Pfizer's PCP expertise
- BUC Opportunities

Possible Barriers

- Indications/Label safety concern
- Managed Care implications; increase PCP usage may trigger discount requests
- Lower doses means lower profits

Opportunity

- Call on low decile arrow APs 2-3
 - Requires low cost interventions
- Create a new uses for AP in the PCP market
 - Will require expanded use of AP beyond current use in behavioral control

Key Questions for consideration

- Can we grow PCPs APs deciles 2-3s to 4-10s? (prescription initiation)
- How far can we take WLF before dementia indication?
- How do we position product for broad based use?
- Are Aricept doctors willing to prescribe AP? (16,000 Aricept decile 4-10)
- How do we implement cost effectively?
 - Direct to physician advertisement only
 - Contract salesforce

Next Steps

- Monitor current PCP pilot
- Market research for positioning and potential
- Evaluate PCP priority given current resources
- Additional market research and pilots to be conducted in 2001

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PCP Pilot Study

Method

- Recruited 12 PCPs in Indianapolis
- Initial session consisted of medical to medical debrief

Objective

- Observe naturalistic prescribing behavior over an 8 week period (mid August - mid October '99)

Findings

- Average age of patients was 74 years old split with slightly more females
- Main diagnosis: Dementia/ Alzheimer's Dementia, Dementia with agitation, Dementia with delusions/psychosis, Anxiety, Chronic depression/ Depression with psychosis and Schizophrenia
- Main patient descriptors: Demented with agitation, confusion, physical combativeness, memory problems, confused, hallucinations. Schizophrenia or bipolar.

Results

- Zyprexa captured over 50% of total prescription during trial
- 75% physicians continue to prescribe Zyprexa after trial completion

Next Steps

- Continue to monitor prescriptions for 6 months

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