

Zyprexa February Coaching Clinic Agenda

Introduction/Objectives	5 min
Quiz/discussion on Key points	30 min
Hyperglycemia/Diabetes Practice	60 min
Review QTC Sell Sheet Handout	10 min

Zyprexa February Coaching Clinic Objectives

- Be prepared to handle a Hyperglycemia/Diabetes objection *60%* with two types of physicians: those who have concerns or doubts, and those who have severe concerns which have negatively impacted prescribing. *40%* *Determine level of concern.*
- Practice and reinforce implementation in the context of the Marty and Bipolar Mania messages while framing the message around efficacy.
- Review and understand the issue of QTC prolongation within the context of the advertorial.

Zyprexa Pre-Coaching Clinic Assignments

Read Resource Guide

Be prepared with questions

Be prepared to walk through "message"

Bring two physician profiles

- Physician likes Zyprexa's efficacy and safety profile. He/she doesn't see a higher prevalence of diabetes with AP's, but has **heard** that Zyprexa may cause hyperglycemia or diabetes. It is not affecting his/her prescribing.
- Physician may not see efficacy differences but **feels** diabetes and hyperglycemia are specific side effects of Zyprexa. This perception has negatively affected prescribing.

*In pilot - 40%
If totally impacted they feel we
are defending not addressing*

Review QTC sell sheet handout

Hyperglycemia Objection Practice (60 min)

40 min full script, 20 min practice tailoring response to question

- Practice Zyprexa message in groups of two.
- Practice using the two physician profiles from the territory *you were assigned to bring*
 - Framing their response around efficacy, each rep will deliver one fully scripted message and two shorter messages tailored to respond to the customer's question (average of 6-8 min). Each rep will role play as the physicians depicted within their *own* profiles.
 - Clarify the physician's specific concern about diabetes/hyperglycemia (i.e. diabetes is more common with Zyprexa Vs. Risperdal)
 - Handle objection by using specific data on demand point to clarify the specific issue.
 - Probe for clarity - "Dr., how does this data impact your perception?"
 - Reinforce our hyperglycemia/diabetes message using other data on demand points as necessary
 - Use the CAPS process (Develop and Cash "Big Money" CHIPs, Give Take Action Statements, Offer Proposals and Summarize)
 - Deliver feedback after each message using evaluation sheet (2-3 min)
 - Alternate roles

Quiz questions (30 min)

Strategy

- What is the key takeaway we want our physicians to have about Zyprexa and hyperglycemia/diabetes?
- What tone should we have when discussing this information with physicians?
- Which physicians should we target?
- How will I know whether a physician has a serious objection (perceptions have negatively impacted prescribing) or merely a concern?
- How should we incorporate this into our Marty & Bipolar messages for a physician who has a serious objection (perceptions have negatively impacted prescribing)? How about for a physician who has concerns?

Science

- What evidence do we have that patients on Zyprexa have comparable rates of diabetes and hyperglycemia to other psychotropics (esp. Haldol and Risperdal)? How is this consistent with what we've been saying?
- What is the average glucose elevation among patients on Zyprexa? How does this compare with patients on Risperdal, Haldol, and clozapine? Why should I discuss this information?
- What is the prevalence of diabetes in the general population? The seriously & persistently mentally ill population? In people taking AP's?
- What are the risk factors for diabetes? What is my main point in discussing this information?
- How can Zyprexa have more weight gain yet comparable rates of hyperglycemia/diabetes to the competition?

Hyperglycemia Objection Feedback Form

- Did the representative frame the response to the diabetes / hyperglycemia objection around EFFICACY?
 - Did the representative clarify the specific physician concern about diabetes / hyperglycemia?
 - Did the representative fully answer the question? Was the answer only to the depth required or did it provide more information than necessary?
 - Did the representative demonstrate strong scientific knowledge of the diabetes issue?
 - Did the representative **demonstrate overall confidence**?
 - **Demonstrate confidence** that Zyprexa has superior efficacy? Examples?
 - **Demonstrate confidence** that Zyprexa has a superior safety profile? Examples?
- How did the representative **partner** with the physician and staff to **propose** solutions?
- Did the representative **develop and cash** big money CHIPS during the full message or did they focus too much time on responding to the diabetes objection? What were the chips?

Market Research

There are two groups of physicians -- the 60% who do not see diabetes as a particular concern with APs and the 40% who are concerned.

- Most of the 40% are more concerned about Zyprexa specifically
- Even some of the 60% have concerns, but they only voice those concerns after some discussion on the topic

Almost all physicians do fear diabetes as a potential consequence of weight gain

- Their fear is generally based on the "logical" argument, but is also reinforced to some extent through anecdotal experience or case reports in the literature
- Psychiatrists fear diabetes because they are not that comfortable with the science around the disease and treatments, and they are fearful of "causing" a disease that can lead to permanent complications

Situation Analysis

Hyperglycemia Sell sheet (Beasley PBO analysis) in
June 2000 + DTP Efforts (CME, SCC, etc.)

FDA request for complete data from all manufacturers

FDA Letter (October)

Probable future FDA action

Some Lessons learned from Weight Gain & P450

Brush fires can turn into forest fires

Be forthcoming, don't just deny, address and own the issue

Don't just fight battle, pull back to positives

Give tools to the sales force to help tell physicians what to do

Be relentlessly consistent

- across marketing mix
- SF alignment and execution

Tailor objection handling by segment

Zyprexa and Diabetes -- what we want physicians to think

Key Message:

- Diabetes may occur in patients on antipsychotics and/or mood stabilizers, including Zyprexa, at rates that are comparable to each other.

Additional Key Message Elements (as necessary)

- Diabetes is quite common in general population, and is higher in patients with psychiatric illness
 - Diabetes has been associated with antipsychotics since 1950's.
- There are a number of factors that influence glucose control, including intrinsic factors (family history, etc) and variable factors (including weight gain)

Key Action Statement

- Fear of diabetes is not a reason to avoid starting a patient on Zyprexa or other psychotropic agents

Market Research on "message"

Very consistent takeaway of key message points -- comparable rates amongst relevant agents, common and complex issue where weight gain is only one factor, no demonstrated direct effect of Zyprexa

- Careful to take time to explain Kaplan-Meier curves well

This appears to be generally believable

Makes 'em think, but not all physicians change their basic premise

Critical Observations on this new information

This data is an enhancement to and consistent with our previous message

Remember, handle this objection, like weight gain, in the context of overall efficacy.

•This is all about tone. We must handle the objection in a confident and forthcoming manner, but must only answer the question to the depth required

- Do not bypass the objection: handle it when it happens.**
- Tailor the response to situation, probe, get back to joint discovery**

Hyperglycemia Objection handling (handle objection when doctor expresses a concern) Acknowledge and Frame Response around Efficacy

"Dr., one question before we talk about this important issue. Does ZYPREXA offer your patients the best control of their symptoms, (including positive, negative, mood, cognition, mania...)?"

↓
Clarify/Quantify Objection

- Heard It / Seen It
- Doctor how does Zyprexa compare to the other APs or MSs?
- Is there a specific patient type you are most concerned about?

↓
Utilize specific data-on-demand point to answer CLARIFIED objection

↓
If needed, discuss appropriate solutions

↓
Return to joint discovery

Insert new chart (from Greg)

If unable to uncover the Dr.'s specific concern begin with data point #1 and probe to determine if you have adequately addressed their concern. If yes, get back to joint discovery.