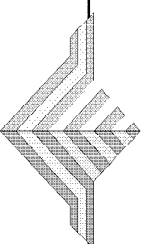


# Risperdal in BPSD

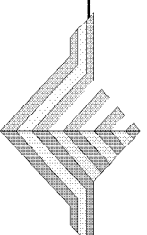
The BPSD project shall be terminated as ethically, legally and quickly as possible. The team should prepare a DCC presentation in the implications of exit.

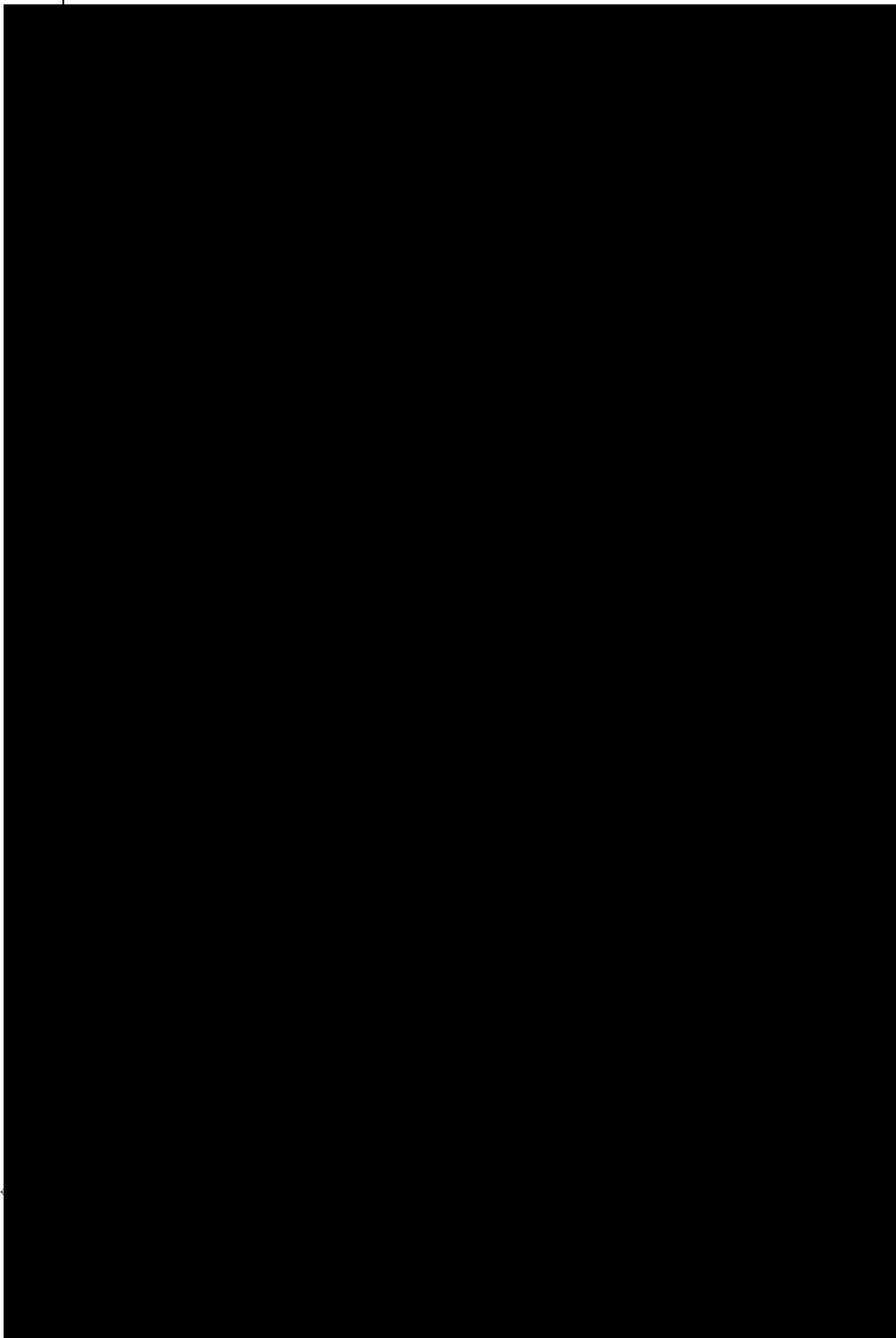


# Risperdal in BPSD

## Agenda

- Status of the project
- How we can terminate the program
- Ethical, regulatory and commercial implications
- Alternative proposal





# Risperdal in BPSD - Regulatory status US

1Q99: FDA requests additional safety analysis for SDA.

3Q99: Agreement with FDA to submit safety update once new controlled data available.

1-2Q00: - FDA position : “Psychosis in Alzheimer’s Disease” is valid diagnosis and claim; need 2 positive trials.

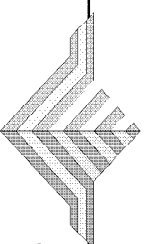
- USA-63 : accepted as positive trial, so 1 additional prospective positive study required.

(Lilly/Astra will need 2 positive trials)

1Q01: FDAMA program accepted by FDA for RIS-USA-63 & 70

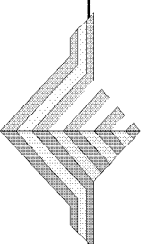
Aug 01: CVA document and proposed label change submitted to FDA

4Q01: Submission of safety update

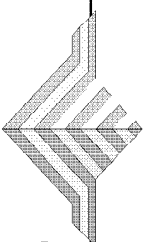
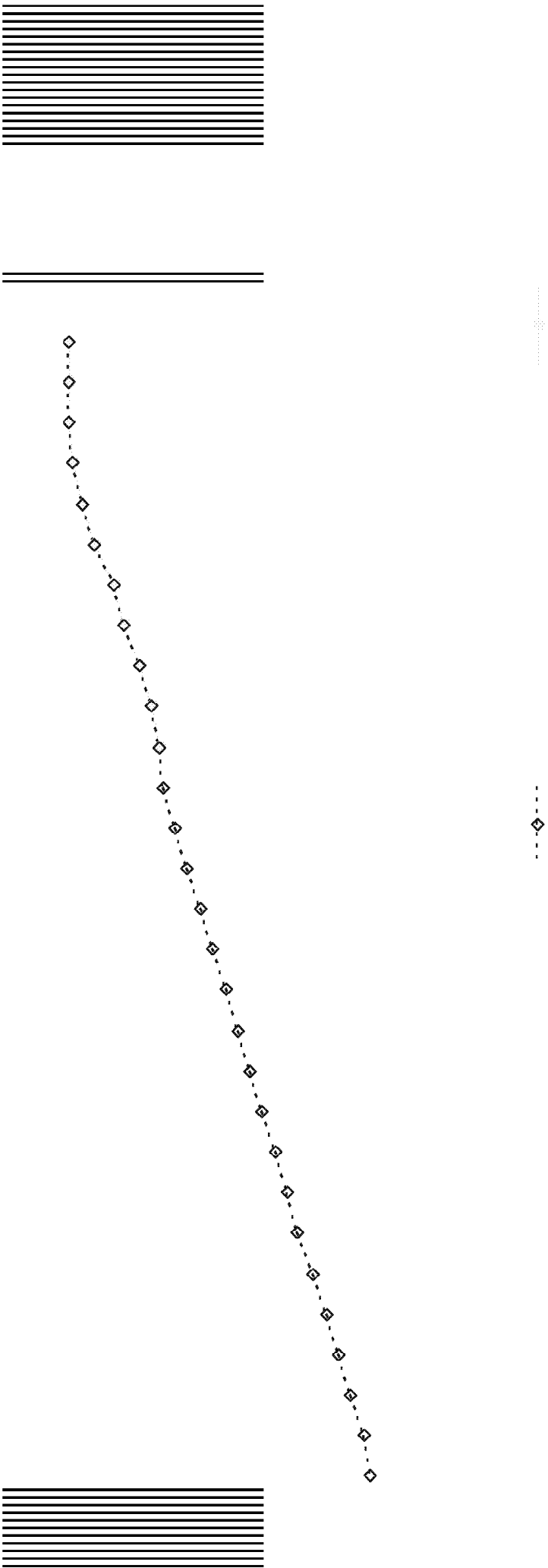


# Risperdal in BPSD - Present status of studies (Aug. 27)

	Active Sites	Pts Entered	Randomized	LPO	Filing
RIS-USA-63	-	-	462	Completed	-
RIS-USA-232	34	128	103 / 408	3 / 03	10 / 03
RIS-INT-83 (US + INT centers)	39	18	6 / 408	TBD	TBD

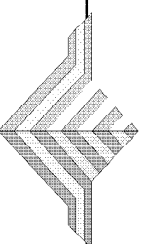


# USA-232 Recruitment Rate



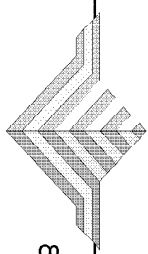
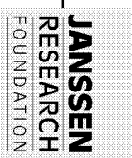
# Risperdal in BPSD - How we can terminate the program

- Rationale towards investigators and medical community: “significant delays in recruitment and consequent approval”
- Included patients get final evaluation at next visit + provision for patients to be restabilized.
- Inform FDA and stop running FDAMA program (dissimination of publications RIS-USA-63 & 70)



# Risperdal in BPSD - Financial savings (\$MM)

	<u>2001</u>	<u>2002</u>	<u>2003</u>
RIS-USA-232	3.7	7.4	1.4
Spent + stopping costs	-2.4		
RIS-INT-83	4.0	7.5	1.5
Spent + stopping costs	-2.0		
Total savings (\$ MM)	3.2	14.9	2.9





# Risperdal in BPSD - Implications of Discontinuation

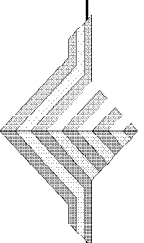
## Ethical/Moral

- Relinquish obligation to patients, caregivers & providers

- Over one-half of all antipsychotic-treated dementia patients are currently using Risperdal in US



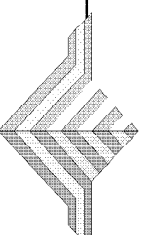
- Need to clarify significance of CVA signal
  - Concerns/misperceptions will be raised by Advocacy (NAMI & NIMHA) and Opinion Leaders / Associations (IPA & NIMH), and healthcare providers



# Risperdal in BPSD - Implications of Discontinuation

## Regulatory

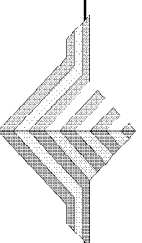
- **Credibility with FDA:** As the leader Janssen was 1<sup>st</sup> to file; prompted March Ad Board; led debate/discussion. Abrupt cancellation may be questioned.
- **Label at risk:** CVA observation remains unresolved with increased risk for unfavorable label that will impact entire brand.
- **FDAMA:** Must discontinue dissemination of USA-63 & 70 trials and may need to send 'Dear Prescriber' letter. FDAMA intentions may be questioned.
- Impact on EU/global (re)submission?



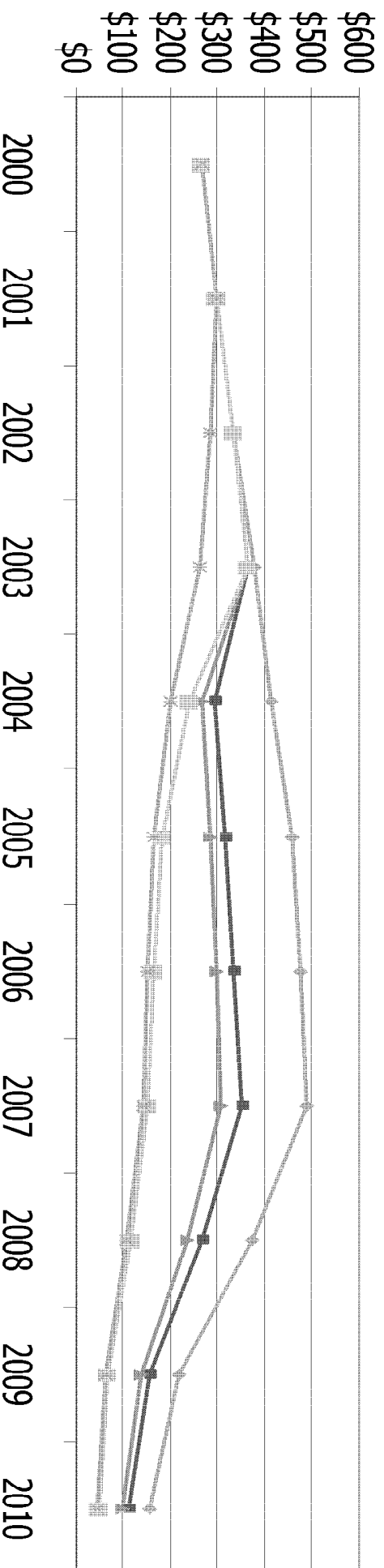
# Risperdal in BPSD - Implications of Discontinuation

## Commercial

- **Share loss will impact entire brand (not just dementia)**
  - Loss of ability to disseminate USA-63 & 70 data (competitive disadvantage)
  - Competition will mis-represent as a safety/efficacy 'concern'
  - Will initiate loss of formulary status and share
  - PCP opportunity is significantly compromised
- **Loss of Janssen strategic platform and goal to be #1 in ElderCare:**
  - Risperdal is the foundation of the J&J LTC portfolio
  - Will impact all Janssen growth brands: Risperdal (total), [REDACTED] (e.g., J&J contract leverage, ElderCare sales force justification, field retention, morale, etc.)
- **Trial enrollment/completion for Zyprexa, Seroquel and Abilitat will accelerate**



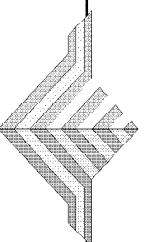
# RISPERDAL DEMENTIA FORECAST COMPARISON (US sales in millions)



Base case within 6 months (4Q03) 7-12 mo. delay (2Q04) 13-18 mo. delay (4Q04) No indication Discontinued

Incremental Sales*:	\$1.9B	\$1.1B	\$891MM	\$230MM	-
NPV :	\$475	\$257	\$197	\$68	-

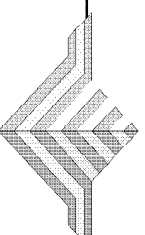
**\*Cumulative 2001-2010**



# Risperdal in BPSD - Alternative proposal

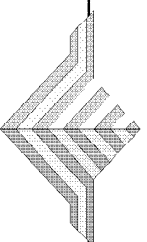
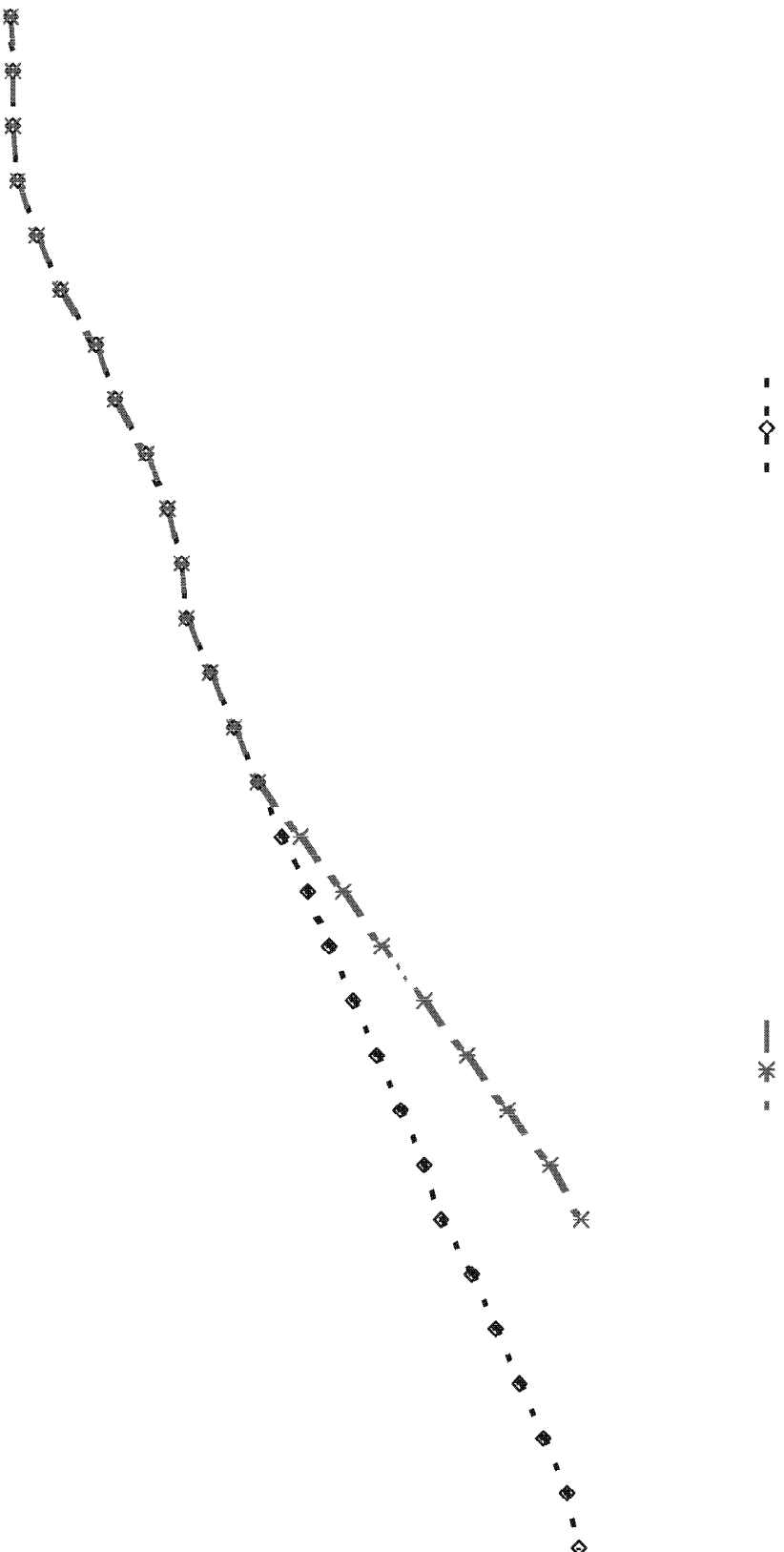
- Continue RIS-USA-232 to obtain indication (at least to investigate the CVA signal)
- Stop RIS-INT-83 (too slow recruitment) and switch 10 best US sites to RIS-USA-232 => speed up RIS-USA-232
- File  $\leq$  10/03 if USA-232 is positive
- Savings: 2001 - \$2.0MM  
2002 - \$7.5MM  
2003 - \$1.5MM
- \$ 1.1 Billion incremental US Sales; \$257 Million NPV\*

\* 1 year delay (2Q04 launch); 10 yr cumul. sales



**BACK-UP**

# USA-232 Recruitment Rate



# Current US Labeling

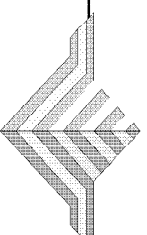
## Identical 'Precautions' Section for CVA

### PRECAUTIONS

#### General

Orthostatic Hypotension:

[Risperdal<sup>®</sup>/Zyprexa<sup>®</sup>/Geodon<sup>®</sup>] should be used with particular caution in patients with known cardiovascular disease (history of myocardial infarction or ischemia, heart failure, or conduction abnormalities), cerebrovascular disease, and conditions which would predispose patients to hypotension e.g....





# Current US Label

## Differences in CVA Labeling

### Risperdal

**ADVERSE REACTIONS** *{nothing reported from registration trials}*  
**Postintroduction Reports**

Adverse events reported since market introduction which were temporally (but not necessarily causality) related to Risperdal® therapy, include the following: anaphylactic reaction, angioedema, apnea, atrial fibrillation, cerebrovascular disorder, diabetes mellitus aggravated...

### Zyprexa

**ADVERSE REACTIONS** *{as reported in registration trials}*  
**Cardiovascular System**

*Frequent:* hypotension; *Infrequent:* bradycardia, cerebrovascular accident,....

### Geodon

**ADVERSE REACTIONS** *{as reported in registration trials}*  
**Cardiovascular System**

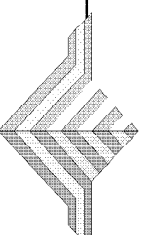
*Frequent:* hypertension; *Infrequent:* bradycardia, ...; *Rare:* first degree AV block, cerebral infarct, cerebrovascular accident,...

**Note: Infrequent = 1/100 - 1/1000; Rare = <1/1000**

# Proposed US Label Change for Risperdal

## **ADVERSE REACTIONS** **Postintroduction Reports**

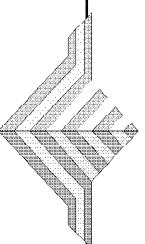
Adverse events reported since market introduction which were temporally (but not necessarily causality) related to Risperdal® therapy, include the following: anaphylactic reaction, angioedema, apnea, atrial fibrillation, cerebrovascular disorder, cerebrovascular accident, diabetes mellitus aggravated...



# Worst Case Label for CVA Data

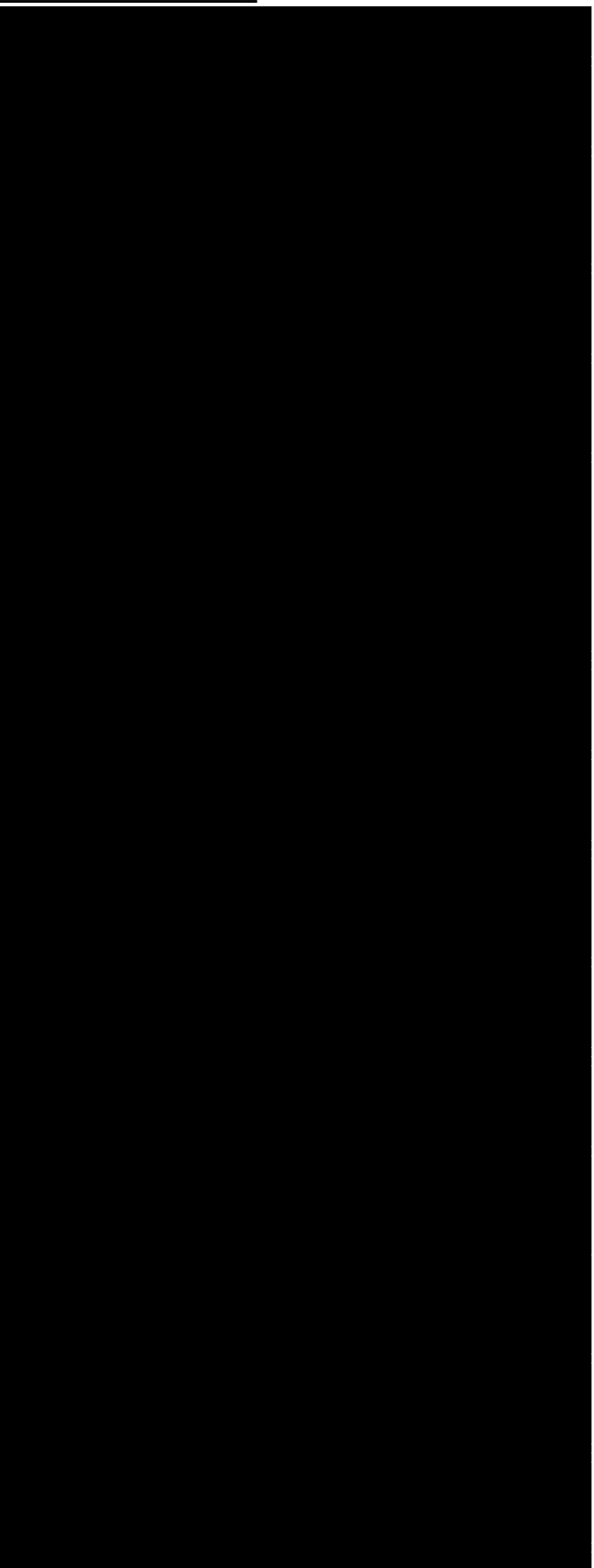
FDA mandates CVA inclusion in the geriatric sections (PK, use, dosing) of the label along with a description of the risk factors found in the analysis

e.g. "...higher risk of CVA in elderly patients with advanced age and prior history of vascular disease..."



# Worst Case Impact of CVA Data

- Other drugs with serious AE label changes still demonstrated growth:



- Potential effect on Risperdal difficult to estimate, but *unlikely* to have significant financial impact. (-2% = \$5.3MM; -5% = \$13.3 MM; -10% impact = \$27MM)\*

**\* Based on dementia sales forecast of \$276MM**

