

OMNICARE MEMORANDUM
Professional Services

DATE: November 23, 2001

FROM: Mark E. Lehman
Chief Clinical Officer

Lisa R. Welford
Director, Clinical Operations

TO: Omnicare Operations Managers
Omnicare Consultant Coordinators
(copy and distribute to all Omnicare Consultants)

RE: Risperdal Fax Campaign

CC: Tim Bien
Gary Erwin
RVP's
RCD's

Beginning November 5th and ending November 20th, Omnicare Senior Health Outcomes, a subsidiary of Omnicare Inc., initiated a national program to highlight the superior safety and effectiveness of atypical versus conventional antipsychotics in the resident populations we serve. Omnicare's goal was to focus efforts on those residents who may benefit by conversion from a conventional antipsychotic agent, such as haloperidol, mesoridazine (Serentil[®]), thioridazine, or fluphenazine to Risperdal[®].

Using a national prescription claims database, residents receiving conventional antipsychotics and who may potentially benefit from conversion to Risperdal[®] were identified. Physicians received a letter via facsimile, or a telephone call and a letter via mail, asking for conversion to Risperdal[®] therapy.

Upon being presented with sound scientific evidence, a significant number of physicians agreed to the conversion from a conventional antipsychotic to Risperdal[®]. This interchange occurred across all patient population types. **A significant number of physicians also responded by agreeing to "consider Risperdal[®] for the resident at the next visit."**

Each Omnicare consultant should have received a copy of the patient specific responses generated by this fax campaign. There must continue to be ongoing communication between consultant pharmacists and those physicians who agreed to re-evaluate. Consultants should have discussions with physicians who indicated they would be open to

reconsidering therapy and be armed with the appropriate clinical information. Comments should be generated and may be modified to include the following language:

"Recently you received clinical information regarding the safety and effectiveness of atypical antipsychotics vs. conventional agents. Your response indicated the need for further evaluation of this resident." Insert comment i.e. BD11

Comment

This resident is receiving \$
(Haldol/Loxitane/Stelazine/Trilafon/Prolixin/Orap/Mellaril/Thorazine/Serentil/Navane/Moban/Etrafon/Triavil).

Recommendation

Please consider changing to risperidone (Risperdal) 0.5mg, as the risk of development of EPS with \$ is high, and risperidone should adequately control behaviors while exhibiting a much more favorable side effect profile.

It is imperative that each and every resident on a conventional antipsychotic be re-evaluated for appropriate conversion to an atypical antipsychotic, with Risperdal® being the more cost effective GPCG "preferred" alternative. In addition, residents excluded from the formal fax initiative should not be excluded from ongoing formal consultant pharmacist evaluation for potential conversion to Risperdal® where clinically appropriate.

Many of our physicians have indicated their willingness to re-evaluate or convert residents to more appropriate antipsychotic therapy. Please make it a priority to maintain the momentum generated by the dissemination of this significant clinical information.

Thank you in advance for your follow-up in this important clinical initiative.