

Campbell, Denise

Will the numbers to entry be too high if we wait until later?

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Sent: **Wednesday, October 02, 2002** 1:55 PM
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Cc: Eash, James; Huangpu, Jun; Streit, Katharine; Lapp, Carrie
Subject: PCP Detailing Exploratory Focus Groups Report



This summarizes and forwards the moderator's report of two focus groups with PCPs on antipsychotics.

BACKGROUND/OBJECTIVES

AstraZeneca is trying to determine whether there is a business case for detailing Seroquel to PCPs. Two focus groups were conducted in New York City on August 21st with PCPs who had either been detailed on antipsychotics and/or initiated treatment with an antipsychotic. The objectives of these groups were to explore PCPs attitudes toward antipsychotics and their treatment of specific mental disorders. As is typical with qualitative research, the conclusions should be viewed as directional and subject to confirmation by further quantitative research.

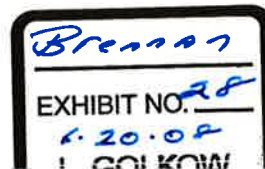
CONCLUSIONS

- Dementia is the most attractive opportunity to expand use of Seroquel with PCPs. There are several reasons for this conclusion.
 - PCPs see a large and presumably growing number of patients with dementia.
 - While they do seek confirmation from specialists, they expect to retain ownership of these patients.
 - They have a sense that dementia is "underdiagnosed" and are primed to be more proactive in diagnosis and treatment.
 - Atypicals already play a role in treating this disease and the side effect profile of Seroquel make it an attractive option.
- Treatment-resistant anxiety also merits further investigation primarily because current treatments are seen as sub-optimal.
 - Benzodiazepines are viewed as effective but addictive.
 - SSRIs, while not addictive, do not adequately control severe patients.
 - Because Seroquel is seen as effective and non-addictive, it could command its fair share of prescriptions.
- The opportunity for Seroquel in bipolar disorder is more limited for several reasons.
 - PCPs regard bipolar disorder, like Schizophrenia, as beyond their domain and, as a result, they are not eager to treat it.
 - Both of these diseases are challenging diagnoses that require a great deal of time and skill to make.
 - The diseases are viewed as requiring management by a Psychiatrist because of the need for more than pharmacotherapy.
 - PCPs are anxious about doing harm both to the patient and to themselves (legal liability) with the drug therapy for these diseases.
 - This would be a complicated story for PCPs that is likely to be expensive to deliver and may benefit Lilly (Zyprexa) and Janssen (Risperdal) more than AstraZeneca.
- Treatment-resistant depression is viewed as more challenging to manage than TR anxiety. The risk of suicide with these patients makes PCPs nervous.
- PCPs do not differentiate among the atypical antipsychotics although they are more familiar with Zyprexa and Risperdal than with Seroquel.
 - The side effect profile of Seroquel is viewed as a plus while the dosing/titration is a negative among PCPs familiar with it.
 - Zyprexa is viewed as efficacious and easy to dose.
 - Risperdal is viewed as effective with a long track record.

RECOMMENDATIONS

Further explore the opportunity among PCPs focussing on Dementia and treatment-resistant anxiety. The opportunity for Bipolar Disorder seems limited due to PCP reluctance to treat it.

but, should they be knowledgeable to - gauge the skills for dementia - could become necessary if we turn on the DR machine



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PCP Focus Groups
Moderator Fin...

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