

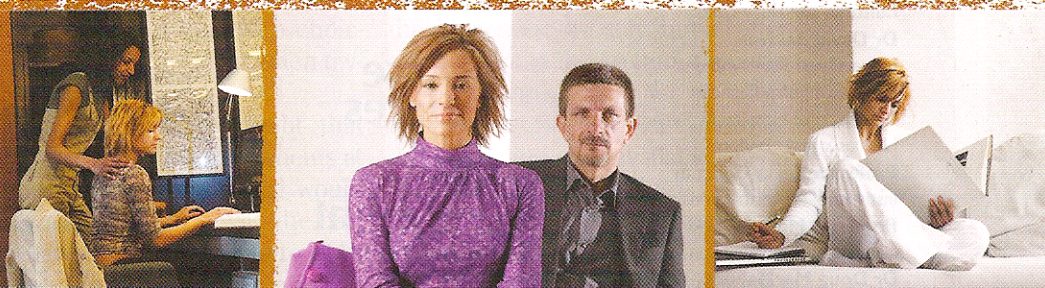
survive
apse.”

More than 22 million patients
treated worldwide¹.

The most widely prescribed
antipsychotic in the UK².

The only atypical recommended by
NICE as an acute and long term
treatment option for bipolar disorder³.

Knowing where you've been is one measure of how far you
have come. Together we have found another way to stay on
the road to improvement.



ZYPREXA *Velotab*
Olanzapine

HELPING MOVE LIVES FORWARD

may be affected by substances that can specifically induce (eg, concomitant smoking or carbamazepine) or inhibit (eg, fluvoxamine) the isoenzyme P450-CYP1A2 which metabolises olanzapine. Activated charcoal reduces the bioavailability of oral olanzapine. Olanzapine may antagonise the effects of direct and indirect dopamine agonists. Olanzapine showed no interaction when co-administered with lithium or biperiden. Zyprexa Intramuscular Injection 5mg, administered 1 hour before lorazepam 2mg, added to the somnolence observed with either drug alone. **Pregnancy and Lactation** Should be used in pregnancy only if the potential benefit justifies the potential risk to the foetus. Patients should be advised not to breast-feed an infant if they are taking Zyprexa. **Driving, etc** May cause somnolence or dizziness. Patients should be cautioned about operating hazardous machinery, including motor vehicles. **Undesirable Effects** Those observed from spontaneous reporting and in placebo-controlled clinical trials at a rate of $\geq 1\%$, or where the event is clinically relevant, are: **Clinical Trial Adverse Event Reporting and Investigations With Oral Zyprexa Very common (>10%):** Weight gain, somnolence, elevated plasma prolactin levels. **Common (1-10%):** Eosinophilia, increased appetite, elevated glucose levels, elevated triglyceride levels, elevated cholesterol levels, glycosuria, dizziness, akathisia, parkinsonism, dyskinesia. Orthostatic hypotension, mild, transient anticholinergic effects, including constipation and dry mouth, transient, asymptomatic elevations of ALT, AST, ashenia, fatigue, oedema. **Uncommon (0.1-1%):** Bradycardia, with or without hypotension or syncope. In clinical trials of elderly patients with dementia, olanzapine was associated with a higher incidence of death and cerebrovascular adverse events compared to placebo. Very common (>10%)

undesirable effects in this patient group were abnormal gait and falls. Pneumonia, increased body temperature, lethargy, erythema, visual hallucinations, and urinary incontinence were observed commonly (1-10%). **Post-Marketing Spontaneous Reporting With Oral Zyprexa Rare (0.01-0.1%):** Leucopenia, seizures, hepatitis, hyperglycaemia, and/or development or exacerbation of diabetes (occasionally associated with ketoacidosis or coma, including some fatal cases). **Very rare (<0.01%):** Thrombocytopenia, neutropenia, allergic reaction, neuroleptic malignant syndrome, parkinsonism, dystonia (including oculogyration), and tardive dyskinesia. Hypertriglyceridaemia, hypercholesterolaemia, QTc prolongation, ventricular tachycardia/fibrillation and sudden death, thromboembolism, pancreatitis, rhabdomyolysis, and priapism. **Additional Clinical Trial Adverse Event Reporting and Investigations With Zyprexa Intramuscular Injection Common (1-10%):** Bradycardia, with or without hypotension or syncope, tachycardia. Injection site discomfort, somnolence, postural hypotension, hypotension. **Uncommon (0.1-1%):** Sinus pause. **Post-Marketing Spontaneous Events With Zyprexa Intramuscular Injection** Temporal association in cases of respiratory depression, hypotension, or bradycardia, and death reported very rarely, mostly with concomitant use of benzodiazepines and/or other antipsychotic drugs, or use of olanzapine in excess of recommended dose. For full details of these and other side-effects, please see the Summary of Product Characteristics, which is available at <http://smc.medicines.org.uk/>. **Legal Category POM Marketing Authorisation Numbers** EU/1/96/022/002 EU/1/96/022/004 EU/1/96/022/006 EU/1/96/022/009 EU/1/96/022/010 EU/1/96/022/012 EU/1/96/022/014 EU/1/96/022/016 EU/1/99/125/001 EU/1/99/125/002

EU/1/99/125/003 EU/1/99/125/004 **Basic NHS Cost** £33.29 per pack of 28 2.5mg tablets. £48.78 per pack of 28 5mg tablets. £146.34 per pack of 56 7.5mg tablets. £79.45 per pack of 28 10mg tablets. £119.18 per pack of 28 15mg tablets. £158.90 per pack of 28 20mg tablets. £48.78 per pack of 28 5mg Velotabs. £79.45 per pack of 28 10mg Velotabs. £119.18 per pack of 28 15mg Velotabs. £158.90 per pack of 28 20mg Velotabs. £3.48 per pack of 1 10mg powder for solution for injection. **Date of Preparation or Last Review** January 2008 **Full Prescribing Information is Available From** Eli Lilly and Company Limited, Lilly House, Priestley Road, Basingstoke, Hampshire, RG24 9NL. Telephone: Basingstoke (01256) 315 999 *ZYPREXA (olanzapine) and VELOTAB are trademarks of Eli Lilly and Company. **References:** 1. Prescription equivalent market share NSA, total antipsychotic market year to date May 07, NSA, IMS Health UK. This data has been analysed independently by Eli Lilly on the basis of the data and other information IMS HEALTH is not responsible for any reliance by recipients of the data or any analysis thereof. 2. Eli Lilly Data on File (w/whole patient exposure to May 07). 3. NICE Bipolar Disorder Clinical Guideline 38, London: NICE; July 2006

Information about adverse event reporting can be
found at www.yellowcard.gov.uk
Adverse events should also be reported to
Eli Lilly and Company Limited (Tel. no. 0870 2401125)

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