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IMPORTANT SAFETY INFORMATION

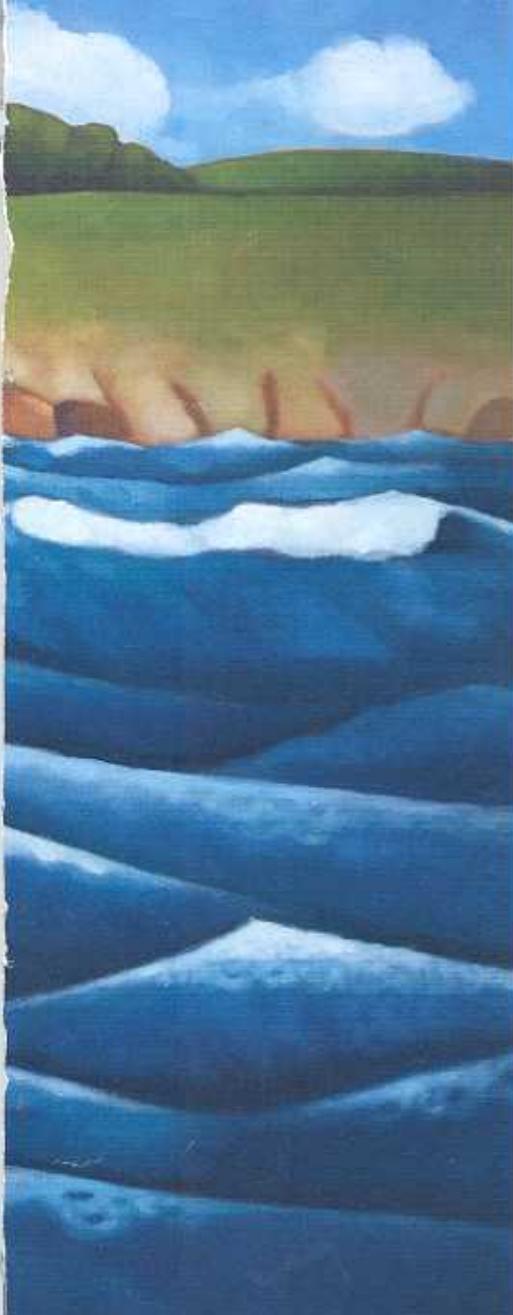
The most common treatment-emergent adverse event associated with ZYPREXA in placebo-controlled, short-term schizophrenia and bipolar mania trials was somnolence. Other common events were dizziness, weight gain, personality disorder (CDSTART term for nonaggressive objectionable behavior), constipation, akathisia,

postural hypotension, dry mouth, asthenia, dyspepsia, increased appetite, and tremor.

A small number of patients in premarketing trials experienced asymptomatic elevations of hepatic transaminase; none of these patients developed jaundice. Periodic assessment of transaminases is recommended in patients with significant hepatic disease.

Prescribing should be consistent with the need to minimize the risk of neuroleptic malignant syndrome, tardive dyskinesia, seizures, and orthostatic hypotension.

Hyperglycemia and diabetes mellitus— Hyperglycemia, in some cases associated with ketoacidosis, coma, or death, has been reported in patients treated with atypical antipsychotics.



Prescribed for over 12 million patients since 1996.

When it comes to helping you help your patients, you can depend on ZYPREXA. It's the medication you can count on to help you connect with patients and take them further.

ZYPREXA is approved for the treatment of schizophrenia and for acute bipolar mania.

ZYPREXA
Olanzapine

including ZYPREXA. Assessment of the relationship between atypical antipsychotic use and glucose abnormalities is complicated by the possibility of an increased background risk of diabetes mellitus in patients with schizophrenia and the increasing incidence of diabetes mellitus in the general population. The available data are insufficient to provide reliable estimates of differences in hyperglycemia-related adverse

event risk among the marketed atypical antipsychotics. All patients taking atypicals should be monitored for symptoms of hyperglycemia. Persons with diabetes who are started on atypicals should be monitored regularly for worsening of glucose control; those with risk factors for diabetes should undergo baseline and periodic fasting blood glucose testing. Patients who develop symptoms of

hyperglycemia during treatment should undergo fasting blood glucose testing.

See accompanying Brief Summary of Prescribing Information.

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