



New Data Demonstrate RISPERDAL® CONSTA® (Risperidone) Long-Acting Treatment May Improve Health Outcomes and Reduce Hospitalizations in Patients with Schizophrenia

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SAN FRANCISCO, May 19, 2009 – Schizophrenia is one of the most disabling diseases,¹ and frequent relapses and rehospitalization as a result of the disease place enormous burdens on patients, caregivers and society.² According to two new studies, the use of RISPERDAL® CONSTA® (risperidone) Long-Acting Treatment (RLAT) may improve clinical and functional outcomes and reduce rates of rehospitalization among patients with schizophrenia. Results of the studies were presented this week at a major medical meeting.

In an analysis of two prospective, observational two-year studies conducted in the U.S. and three other countries, RISPERDAL CONSTA consistently and significantly improved clinical and functional outcomes for patients with schizophrenia. Data were collected at baseline and at three-month intervals up to 24 months, and included the Clinical Global Impression of Illness Severity (CGI-S), which measures clinical effectiveness outcomes, the Global Assessment of Functioning (GAF), and healthcare resource utilization. Patients were enrolled in the U.S. (N=532), Spain (N=1345), Australia (N=784) and Belgium (N=408).

Across countries, patients treated with RISPERDAL CONSTA experienced significant improvements in both outcome measurements compared with baseline scores (p7% of baseline body weight) was 6% placebo versus 9% RISPERDAL CONSTA.

Maintenance Treatment: Patients should be periodically reassessed to determine the need for continued treatment.

Commonly Observed Adverse Reactions for RISPERDAL CONSTA: The most common adverse reactions in clinical trials in patients with schizophrenia (≥5%) were headache, Parkinsonism, dizziness, akathisia, fatigue, constipation, dyspepsia, sedation, weight increase, pain in extremities, and dry mouth.

The most common adverse reactions in clinical trials in patients with bipolar disorder trials were weight increase (5% in monotherapy trial) and tremor and parkinsonism (> 10% in adjunctive therapy trial).

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¹World Health Organization. *The Global Burden of Disease: 2004 Update*. 2008.

²Sun SX, Liu GG, Christensen DB, Fu AZ. Review and analysis of hospitalization costs associated with antipsychotic nonadherence in the treatment of schizophrenia in the United States. *Curr Med Res Opin*. 2007 Oct;23(10):2305-12.

³Crivera C, Kozma CM, Jacobs A, et al. Clinical and Functional Outcomes in Schizophrenia after Initiation of Risperidone Long-Acting Therapy: Results from U.S., Spain, Australia and Belgium. Poster presented at 162nd Annual American Psychiatric Association Meeting, 2009, San Francisco, USA.

⁴Ren XS, Crivera C, Sikirica M, et al. Initiation of Risperidone Long-Acting Therapy in Patients with Schizophrenia in the VA: Effects of Comorbid Conditions on Health Care Utilization. Poster presented at 162nd Annual American Psychiatric Association Meeting, 2009, San Francisco, USA.