



Analysis Shows BYDUREON(TM) Was Not Associated with Clinically Relevant QT Prolongation in Patients with Type 2 Diabetes: Results Presented at ADA 2011

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DURATION-1 Three-Year and DURATION-3 84-Week Data Presented at ADA 2011

SAN DIEGO, Jun 24, 2011 (BUSINESS WIRE) -- Amylin Pharmaceuticals, Inc. (Nasdaq: AMLN), Eli Lilly and Company (NYSE: LLY) and Alkermes, Inc. (Nasdaq: ALKS) today announced results from long-term extensions of the DURATION-1 and 3 studies evaluating BYDUREON™ (exenatide extended-release for injectable suspension), an investigational medication for type 2 diabetes. The studies will be presented at the 71st Scientific Sessions of the American Diabetes Association.

Data from the DURATION-1 study showed that after three years, patients receiving BYDUREON experienced a significant reduction in A1C (1.6 percentage points), a measure of average blood sugar over three months, and weight (5.1 pounds) compared to baseline. (BYDUREON is not being studied as a weight-loss product.) BYDUREON-treated patients also experienced improvements from baseline in several cardiometabolic risk markers, including systolic blood pressure (-2.1 mmHg), total cholesterol (-9.9 mg/dL), LDL cholesterol (-7.0 mg/dL) and triglycerides (-12 percent).

Separately, results from the DURATION-3 study showed that at 84 weeks, patients treated with BYDUREON experienced significantly greater A1C reduction from baseline, sustained weight loss and a lower risk of hypoglycemia than patients treated with Lantus® (insulin glargine). A1C reduction was 1.2 percentage points for BYDUREON compared with 1.0 percentage points for Lantus. Also, significantly more patients taking BYDUREON achieved an A1C of less than or equal to 6.5 percent. Patients on BYDUREON lost an average of 4.5 pounds while those on Lantus gained an average of 5.3 pounds, a difference of 9.8 pounds between the treatments.

"Faced with the progressive nature of type 2 diabetes as a life-long disease marked by the relentless worsening of glucose control, many patients and their physicians struggle to find treatments that help control blood sugar over time," said Christian Weyer, M.D., senior vice president, research and development, Amylin Pharmaceuticals. "In these extension studies, patients using BYDUREON for several years showed an improvement in glycemic control, with weight loss, with just one dose per week."

BYDUREON is the proposed brand name for exenatide extended-release for injectable suspension. It is an investigational medication for type 2 diabetes designed to deliver continuous therapeutic levels of exenatide in a single weekly dose. BYDUREON is a once-weekly formulation of exenatide, the active ingredient in BYETTA® (exenatide) injection, which has been available in the U.S. since June 2005 and is used in more than 70 countries worldwide to improve glycemic control in adults with type 2 diabetes. BYDUREON received marketing authorization in the European Union earlier this month.

Study and Presentation Details (All Times Pacific Daylight Time)

DURATION-1 (969-P)

General Poster Presentation - Saturday, June 25, 11:30 a.m. to 1:30 p.m.

Audio Poster Tour - Monday, June 27, 12-1 p.m.

The 30-week controlled portion of the [DURATION-1 trial](#), which compared the efficacy of BYDUREON to BYETTA, was followed by an open-ended extension period in which all patients either continued treatment with BYDUREON or switched from BYETTA to BYDUREON. Approximately 64 percent (n=194) of the 295 intent-to-treat patients completed three years of treatment, 57 percent of whom achieved an A1C 7 percent or below. BYDUREON was well tolerated throughout the treatment period. Nausea was the most common adverse event during the initial controlled period (27 percent) and the incidence decreased to 16 percent from week 30 to week 156. No major hypoglycemia was observed.

DURATION-3 (277-OR)

Oral Presentation - Monday, June 27, 9-9:15 a.m.

Of the patients enrolled in the [DURATION-3 study](#), 390 entered the open-label, comparator-controlled extension study after 26 weeks of treatment with either BYDUREON or Lantus, and 173 patients in each treatment group completed the 84-week extension. A similar proportion of patients in each treatment group achieved the study endpoint of A1C less than 7 percent (BYDUREON: 45 percent; Lantus: 37 percent; p=0.084). However, a higher proportion of patients on BYDUREON achieved A1C less than or equal to 6.5 percent compared to those on Lantus (BYDUREON: 31 percent; Lantus: 20 percent; p=0.009).

BYDUREON was well tolerated during the treatment period. The most common adverse event was nasopharyngitis in both treatment arms, as well as nausea in the BYDUREON group and headache in the Lantus group. Patients taking BYDUREON reported significantly fewer episodes of confirmed hypoglycemia.

About Diabetes

Diabetes affects nearly 26 million people in the U.S. and an estimated 285 million adults worldwide.^{1,2} Approximately 90-95 percent of those affected have type 2 diabetes. Diabetes costs more than \$174 billion per year in direct and indirect medical expenses.³

According to the Centers for Disease Control and Prevention's National Health and Nutrition Examination Survey, approximately 60 percent of people with diabetes do not achieve their target blood sugar levels with their current treatment regimen.⁴ In addition, 85 percent of type 2 diabetes patients are overweight and 55 percent are considered obese.⁵ Data indicate that weight loss (even a modest amount) supports patients in their efforts to achieve and sustain glycemic control.^{6,7}

About BYETTA® (exenatide) injection

BYETTA was the first glucagon-like peptide-1 (GLP-1) receptor agonist to be approved by the FDA for the treatment of type 2 diabetes. BYETTA exhibits many of the same effects as the human incretin hormone GLP-1. GLP-1 improves blood sugar after food intake through multiple effects that work in concert on the stomach, liver, pancreas and brain.

BYETTA is an injectable prescription medicine that may improve blood sugar (glucose) control in adults with type 2 diabetes mellitus, when used with a diet and exercise program. BYETTA is not insulin and should not be taken instead of insulin. BYETTA is not currently recommended to be taken with insulin. BYETTA is not for people with type 1 diabetes or people with diabetic ketoacidosis. BYETTA has not been studied in people who have pancreatitis.

BYETTA provides sustained A1C control and low incidence of hypoglycemia when used alone or in combination with metformin or a thiazolidinedione, with potential weight loss (BYETTA is not a weight-loss product). BYETTA was approved in the U.S. in April 2005 and in Europe in November 2006 and has been used by more than 1.8 million patients since its introduction. See important safety information below. Additional information about BYETTA is available at <http://www.byetta.com/>.

Important Safety Information for BYETTA® (exenatide) injection

Based on postmarketing data BYETTA has been associated with acute pancreatitis, including fatal and non-fatal hemorrhagic or necrotizing pancreatitis. Patients should be observed for signs and symptoms of pancreatitis after initiation or dose escalation of BYETTA. The risk for getting low blood sugar is higher if BYETTA is taken with another medicine that can cause low blood sugar, such as a sulfonylurea. BYETTA should not be used in people who have severe kidney problems and should be used with caution in people who have had a kidney transplant. Patients should talk with their healthcare provider if they have severe problems with their stomach, such as delayed emptying of the stomach (gastroparesis) or problems with digesting food. Antibodies may develop with use of BYETTA. Patients who develop high titers to exenatide could have worsening or failure to achieve adequate glycemic control. Consider alternative therapy if this occurs. Severe allergic reactions can happen with BYETTA. There have been no clinical studies establishing conclusive evidence of macrovascular risk reduction with BYETTA or any other antidiabetic drug.

The most common side effects with BYETTA include nausea, vomiting, diarrhea, dizziness, headache, feeling jittery, and acid stomach. Nausea most commonly happens when first starting BYETTA, but may become less over time.

These are not all the side effects from use of BYETTA. A healthcare provider should be consulted about any side effect that is bothersome or does not go away.

For additional important safety information about BYETTA, please see the full Prescribing Information (www.byetta.com/pi) and Medication Guide (www.byetta.com/mg).

About Amylin, Lilly and Alkermes

Amylin and Lilly partnered to develop and market BYDUREON, which is based on proprietary technology for long-acting medications developed by Alkermes, Inc. BYDUREON is approved in the EU and is under regulatory review in the U.S.

Amylin Pharmaceuticals is a biopharmaceutical company dedicated to improving lives of patients through the discovery, development and commercialization of innovative medicines. Amylin's research and development activities leverage the Company's expertise in metabolism to develop potential therapies to treat diabetes and obesity. Amylin is headquartered in San Diego.

Through a long-standing commitment to diabetes care, Lilly provides patients with breakthrough treatments that enable them to live longer, healthier and fuller lives. Since 1923, Lilly has been the industry leader in pioneering therapies to help healthcare professionals improve the lives of people with diabetes, and research continues on innovative medicines to address the unmet needs of patients.

Lilly, a leading innovation-driven corporation, is developing a growing portfolio of pharmaceutical products by applying the latest research from its own worldwide laboratories and from collaborations with eminent scientific organizations. Headquartered in Indianapolis, Lilly provides answers - through medicines and information - for some of the world's most urgent medical needs.

Alkermes, Inc. is a fully integrated biotechnology company committed to developing innovative medicines to improve patients' lives. Alkermes' robust pipeline includes extended-release injectable and oral products for the treatment of prevalent, chronic diseases, such as central nervous system disorders, addiction and diabetes. Headquartered in Waltham, Mass., Alkermes has a research facility in Massachusetts and a commercial manufacturing facility in Ohio.

This press release contains forward-looking statements about Amylin, Lilly and Alkermes. Actual results could differ materially from those discussed or implied in this press release due to a number of risks and uncertainties, including the risk that BYDUREON may not be approved by the FDA as soon as anticipated or at all; the companies' response to the FDA's complete response letter may not be submitted in a timely manner and/or the information provided in such response may not satisfy the FDA; the FDA may request additional information prior to approval; BYETTA and/or the approval of BYDUREON and the revenues generated from these products may be affected by competition; unexpected new data; safety and technical issues; clinical trials, including those mentioned in this press release, not being completed in a timely manner, not confirming previous results, not being predictive of real world use or not achieving the intended clinical endpoints; label expansion requests or NDA filings not receiving regulatory approval; the commercial launch of BYDUREON being delayed; or manufacturing and supply issues. The potential for BYETTA and/or BYDUREON may also be affected by government and commercial reimbursement and pricing decisions, the pace of market acceptance, or scientific, regulatory and other issues and risks inherent in the development and commercialization of pharmaceutical products including those inherent in the collaboration with and dependence upon Amylin, Lilly and/or Alkermes. These and additional risks and uncertainties are described more fully in Amylin's, Lilly's and Alkermes' most recent SEC filings including their Quarterly Reports on Form 10-Q and Annual Reports on Form 10-K. Amylin, Lilly and Alkermes undertake no duty to update these forward-looking statements.

BYDUREON™ and BYETTA® are trademarks of Amylin Pharmaceuticals, Inc. All other marks are the marks of their respective owners.

¹ Diabetes Statistics. American Diabetes Association. Available at <http://www.diabetes.org/diabetes-basics/diabetes-statistics>. Accessed June 17,

2011.

² The International Diabetes Federation Diabetes Atlas. Available at: <http://www.diabetesatlas.org/content/some-285-million-people-worldwide-will-live-diabetes-2010>. Accessed June 17, 2011.

³ Direct and Indirect Costs of Diabetes in the United States. American Diabetes Association. Available at: <http://www.diabetes.org/how-to-help/action/resources/cost-of-diabetes.html>. Accessed June 17, 2011.

⁴ Saydah SH, Fradkin J and Cowie CC. Poor control of risk factors for vascular disease among adults with previously diagnosed diabetes. *JAMA*. 2004;291:335-42.

⁵ Bays HE, Chapman RH, Grandy S. The relationship of body mass index to diabetes mellitus, hypertension and dyslipidaemia: comparison of data from two national surveys. *Int J Clin Pract*. 2007;61:737-47.

⁶ Nutrition Recommendations and Interventions for Diabetes: a position statement of the American Diabetes Association. *Diabetes Care* 2008; 31 Suppl 1; S61-78.

⁷ Anderson JW, Kendall CW, Jenkins DJ. Importance of weight management in type 2 diabetes: review with meta-analysis of clinical studies. *J Am Coll Nutr*. 2003;22:331-9.

SOURCE: Alkermes, Inc.

Amylin

Anne Erickson, 858-754-4443

Cell: 858-349-3195

anne.erickson@amylin.com

or

Lilly

Kindra Strupp, 317-277-5170

Cell: 317-554-9577

kstrupp@lilly.com

or

Alkermes

Rebecca Peterson, 781-609-6378

Cell: 617-899-2447

rebecca.peterson@alkermes.com