

Focus and Commitment

Talking with Jeffery MacLean, President and General Manager, Lundbeck Canada

Would you give us a brief overview of Lundbeck as a global pharmaceutical company?

Lundbeck is a unique pharmaceutical company in that we focus solely on the treatment of diseases of the central nervous system (CNS). This focus allows Lundbeck to establish strong links with academics, clinicians, and patients with interests in CNS disorders.

Our goal is to be a world leader in the development of treatments for psychiatric and neurologic disorders. While the company had a modest start in 1915 as a Danish trading company, Lundbeck is now that country's second largest pharmaceutical company with over 4,800 employees. It has been listed on the Copenhagen Stock Exchange (KFX) since 1999.

Today, there are Lundbeck subsidiaries in Canada, Europe, Asia, Mexico, Australia, and Africa, and we have partnered alliances in markets around the globe.

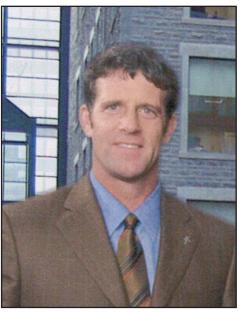
Could you give us an overview of Lundbeck Canada?

Lundbeck Canada is a whollyowned subsidiary of H. Lundbeck A/S. In 1995, we opened the Canadian head office in Montreal, and over the last seven years we have grown from a staff of 12 to over 100 throughout the country. Among the Lundbeck subsidiaries, Canada has distinguished itself as a major contributor, with over 6% of total worldwide revenues. The company is also actively involved

in clinical research and has invested over \$10 million in Canadian research projects.

Results are the measure of our success. What I really find compelling and demonstrative of employee commitment to this company is that the original core teams in our marketing, sales, and medical departments remain part of the Lundbeck Canada team. The main reason for this is that our corporate culture nurtures and encourages a mutual respect and a team approach to decision-making in all aspects of our business.

CELEXA has been a huge success. Can you describe some of the factors that have contributed to this in a very competitive therapeutic category?



Jeffery MacLean, President and General Manager, Lundbeck Canada

CELEXA has been a remarkable success story worldwide, with over 50 million patients to date, in spite of the rigorous competition. CELEXA is an important product for Lundbeck in Canada, where we've also had a very good measure of success. It has been called the fastest growing drug in Canada. One of the reasons our marketing and sales teams have been so successful is that over the years we have remained focused and committed to this franchise.

Depression is one of the most common disorders for which Canadians consult their physicians. We recognise the importance of helping physicians diagnose this disorder and we've put programs in place to help them. Also, with an extremely good track

record in clinical trials, physicians know that CELEXA will help treat depression effectively.

Market research we conducted last year in Canada put CELEXA top-of-mind with more Canadian psychiatrists than any other medication. We've always taken bold, but calculated, steps in marketing CELEXA. For example, when we launched the product in 1997, CELEXA was made available at a price that was 25% less than comparable therapies. This not only demonstrated our commitment to the brand, but also to physicians and their patients. This meant, and continues to mean, that as many people

Lundbeck Canada

with depression as possible could have access to a proven treatment.

Can you comment on CELEXA's successor? How will it fit into this class of drugs?

We're very excited about escitalopram, which is an isomer of CELEXA. Two years ago, the Nobel Prize for Chemistry was awarded to the scientists who created catalysts that could produce an isomer without creating the mirrorimage compound.1 The ability to do this has paved the way to produce drugs that can differently respond patients' needs.

Studies have suggested that there are biochemical and genetic links to depression. So it should come as no surprise that different drugs can work better for different patients.

At this time, we're working with Health Canada toward the approval of escitalogram. In the U.S., and other countries where escitalopram has been approved, the product has been a valuable addition for physicians seeking to treat their patients.

What other new therapeutic areas is Lundbeck looking at?

Lundbeck is very well established in psychiatry, and some of the new therapeutic areas we're looking at will help us focus even more on neurology. With the infrastructure already in place, we're optimistic about bringing these products successfully to the Canadian market (Table 1).

Do you have any plans for expansion into the U.S.?

Licensing and alliances play an important role in our ongoing efforts to strengthen our business platform. In 1995, H. Lundbeck A/S initiated a partner-

> ship with Forest Laboratories for CELEXA in the U.S. and we'll be continuing to work with them on future business opportunities. Last year, Lundbeck Canada entered into a partnership with UCB Pharma and contracted the exclusive Canadian distribution rights for KEPPRA (levetiracetam), which we hope to introduce in the first half of this year.

KEPRA (levetiracetam) for epiliepsy. 1.

New products that Lundbeck plans

Escitalopram for depressioon.

to file or introduce by 2005

- EBIXA (memantine), an NMDA anatgonist for Alzheimer's disease.
- 4. Lundbeck is also finalising phase II and III trials for compounds in the treatment of Parkinson's disease and schizophrenia.

What do you see as the main challenge for Lundbeck

Canada over the next three to five years?

Lundbeck Canada has grown very rapidly over the past few years, and I'm confident that fiscally we'll continue this with the same focus and commitment we've always brought to the CNS drug category. At the same time, we can't lose sight of the people in our company that make our business successful. Maintaining our vision and values will be key factors to our ongoing success. CPM

Source:

1. Burke WJ, Kratochvil CJ.: Stereoisomers in Psychiarty: The case of escitalopram. J Clin Psychiarty 2002; 4(1).