February 13, 2009

CellCept®
(mycophenolate mofetil)

Important
New Dispensing Information
Issuance of a Medication Guide

Dear Customer:

Roche Laboratories Inc. would like to inform you of the introduction of a CellCept Medication Guide that has been developed in conjunction with the FDA to provide important safety and efficacy information in language patients can easily comprehend. Per FDA regulations, a copy of the CellCept Medication Guide must be distributed to every patient who fills a CellCept (mycophenolate mofetil) prescription from this point forward. Please note that the CellCept Medication Guide is consistent with the currently approved US CellCept complete Prescribing Information and does not reflect any new safety information.

Roche is committed to ensuring patients understand the benefits and risks associated with CellCept therapy. You will be receiving copies of the CellCept Medication Guide for distribution to your patients. If you do not receive the Medication Guides or wish to obtain additional copies, please call 1-800-617-8191 or visit www.rocheusa.com/products/cellcept

If you have any questions concerning the use of CellCept or regarding the CellCept Medication Guide, please contact the Roche Pharmaceuticals Service Center at 1-800-526-6367 from 8:30 AM to 6:00 PM Eastern Standard Time, Monday through Thursday, and 8:30 AM to 5:00 PM on Friday.

If you become aware of any adverse event information potentially associated with the use of CellCept, report such information to the Roche Pharmaceuticals Service Center at 1-800-526-6367 or by FAX at 1-800-532-3931. Adverse event information may also be reported to the FDA MedWatch program by telephone at 1-800-332-1088, by FAX at 1-800-FDA-0178, via the MedWatch Web site at www.fda.gov/medwatch or by mail (using the postage-paid form available on the MedWatch Web site) to MedWatch, FDA, Suite 12B05, 5600 Fishers Lane, Rockville, MD 20857.

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Important Information about CellCept® (mycophenolate mofetil)

Indications:

CellCept is indicated for the prophylaxis of organ rejection in patients receiving allogeneic renal, cardiac or hepatic transplants. CellCept should be used concomitantly with cyclosporine and corticosteroids.

Contraindications:

Allergic reactions to CellCept have been observed; therefore, CellCept is contraindicated in patients with a hypersensitivity to mycophenolate mofetil, mycophenolic acid or any component of the drug product. CellCept Intravenous is contraindicated in patients who are allergic to Polysorbate 80 (TWEEN).

Important Safety Information:

WARNING:
Immunosuppression may lead to increased susceptibility to infection and possible development of lymphoma. Only physicians experienced in immunosuppressive therapy and management of renal, cardiac or hepatic transplant patients should use CellCept. Patients receiving the drug should be managed in facilities equipped and staffed with adequate laboratory and supportive medical resources. The physician responsible for maintenance therapy should have complete information requisite for the follow-up of the patient.

Female users of childbearing potential must use contraception. Physicians should inform female patients that CellCept use during pregnancy is associated with increased rates of pregnancy loss and congenital malformations.

- Patients receiving immunosuppressive regimens involving combinations of drugs, including CellCept, as part of an immunosuppressive regimen are at increased risk of developing lymphomas and other malignancies, particularly of the skin.
- Oversuppression of the immune system can also increase susceptibility to infection, including opportunistic infections, and sepsis.
- Cases of progressive multifocal leukoencephalopathy (PML), sometimes fatal, have been reported in patients treated with CellCept. The most frequent clinical features observed were hemiparesis, apathy, confusion, cognitive deficiencies and ataxia. In reported cases, patients generally had risk factors for PML, including treatment with immunosuppressant therapies and impairment of immune function. In immunosuppressed patients with neurological symptoms, physicians should consider PML in the differential diagnosis and consult with a neurologist as clinically indicated. Consideration should be given to reducing the amount of immunosuppression in patients who develop PML. In transplant patients, physicians should also consider the risk that reduced immunosuppression represents to the graft.

- CellCept can cause fetal harm when administered to a pregnant woman. A patient who is planning a pregnancy should not use CellCept unless she cannot be successfully treated with other immunosuppressant drugs. If this drug is used during pregnancy, or if the patient becomes pregnant while taking this drug, the patient should be apprised of the potential hazard to the fetus.
- Women of childbearing potential (including pubertal girls and perimenopausal women) taking CellCept must receive contraceptive counseling and use effective contraception. The patient should begin using her chosen contraceptive method 4 weeks prior to starting CellCept therapy. She should continue contraceptive use during therapy and for 6 weeks after stopping CellCept. Two reliable forms of contraception must be used simultaneously unless abstinence is the chosen method. Patients should be aware that CellCept reduces blood levels of the hormones in the oral contraceptive pill and could theoretically reduce its effectiveness.
- Severe neutropenia [absolute neutrophil count (ANC) $<0.5 \times 10^3/\mu L$] developed in up to 2.0% of renal, up to 2.8% of cardiac, and up to 3.6% of hepatic transplant patients receiving CellCept 3 grams daily. Patients receiving CellCept should be monitored for neutropenia. If neutropenia develops (ANC $<1.3 \times 10^3/\mu L$), dosing with CellCept should be interrupted or the dose reduced, appropriate diagnostic tests performed, and the patient managed appropriately (see **DOSAGE AND ADMINISTRATION**).
- Gastrointestinal bleeding (requiring hospitalization) has been observed in approximately 3% of renal, in 1.7% of cardiac and in 5.4% of hepatic transplant patients treated with CellCept 3 grams daily.
- Common adverse events that were reported in ≥20% of patients in the CellCept group in controlled studies in prevention of renal, cardiac or hepatic allograft rejection are listed in Table 8 of the **ADVERSE REACTIONS** section of the complete Prescribing Information.

Please see the CellCept complete Prescribing Information, which includes additional information for Warnings, Precautions, and Dosage and Administration or visit
www.rocheusa.com/products/cellcept

Sincerely,

Patrick Cofone
Director, Trade and Professional Relations

cc: Enclosures