December 26, 2006

CORRECTION TO IMPORTANT PRESCRIBING INFORMATION

Dear Healthcare Professional:

Roche Laboratories Inc. recently sent you a letter, dated November 13, 2006, advising you of an update to the PRECAUTIONS section of the TAMIFLU® (oseltamivir phosphate) package insert.

It has come to our attention that the copy of the updated TAMIFLU package insert enclosed with that letter included an incorrect dosing chart for the Standard Dosage of the TAMIFLU Oral Suspension for Prophylaxis of Influenza in Pediatric Patients. This chart incorrectly specified twice daily instead of once daily dosing under Recommended Dose for 10 Days.

The correct chart appears below:

Standard Dosage of the TAMIFLU Oral Suspension for Prophylaxis of Influenza in Pediatric Patients

(For pediatric patients 1 year and older following close contact with an infected individual)

Body Weight in kg	Body Weight in lbs	Recommended Dose for 10 Days	Number of Bottles Needed to Obtain the Recommended Dose
≤15 kg	≤33 lbs	30 mg once daily	1
>15 kg to 23 kg	>33 lbs to 51 lbs	45 mg once daily	2
>23 kg to 40 kg	>51 lbs to 88 lbs	60 mg once daily	2
>40 kg	>88 lbs	75 mg once daily	3

The correct package insert is attached. Please discard the incorrect version of the package insert sent to you previously and when prescribing Tamiflu Oral Suspension for prophylaxis of influenza in pediatric patients, refer to the dosing chart above, or to the attached package insert. You may also access the correct TAMIFLU complete product information at http://www.rocheusa.com/products/tamiflu/pi.pdf.

No TAMIFLU product packages are on the market with the incorrect package insert.

TAMIFLU is indicated for the treatment of uncomplicated acute illness due to influenza infection in patients 1 year and older who have been symptomatic for no more than 2 days. TAMIFLU is indicated for the prophylaxis of influenza in patients 1 year and older. TAMIFLU is not a substitute for early vaccination on an annual basis as recommended by the Centers for Disease Control's Immunization Practices Advisory Committee. Please see page 2 of this letter for other important TAMIFLU safety information.

If you have any questions or require additional information concerning TAMIFLU, please contact the Roche Pharmaceuticals Service Center at 1-800-526-6367.

Roche Laboratories Inc. 340 Kingsland Street
Nutley, New Jersey 07110-1199

Roche Laboratories will continue to monitor the safety of TAMIFLU through established reporting mechanisms and notify regulatory authorities of any serious adverse events for evaluation. We will continue to provide you with the most current product information for TAMIFLU moving forward. You can assist us in monitoring the safety of TAMIFLU by reporting adverse reactions to us at 1-800-526-6367, by FAX at 1-800-532-3931, or to FDA at www.fda.gov/medwatch, or by mail to MedWatch, HF-2, Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20851.

Safety Information

There is no evidence for efficacy against any illness caused by agents other than influenza types A and B.

Treatment efficacy in subjects with chronic cardiac and/or respiratory disease has not been established. No difference in the incidence of complications was observed between the treatment and placebo groups in this population.

No information is available regarding treatment of influenza in patients at imminent risk of requiring hospitalization.

Efficacy of TAMIFLU has not been established in immunocompromised patients.

Safety and efficacy of repeated treatment of prophylaxis courses have not been studied.

There have been postmarketing reports (mostly from Japan) of self-injury and delirium with the use of TAMIFLU in patients with influenza. The reports were primarily among pediatric patients. The relative contribution of the drug to these events is not known. Patients with influenza should be closely monitored for signs of abnormal behavior throughout the treatment period.

In postmarketing experience, rare cases of anaphylaxis and serious skin reactions, including toxic epidermal necrolysis, Stevens-Johnson syndrome and erythema multiforme, have been reported with TAMIFLU.

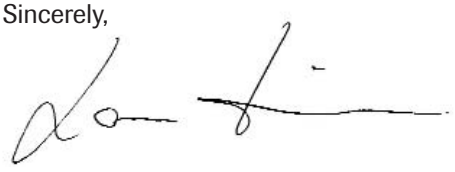
In treatment studies in adult patients, the most frequently reported adverse events (incidence $\geq$ 1%) were nausea and vomiting. Other events reported numerically more frequently in patients taking TAMIFLU compared with placebo were bronchitis, insomnia and vertigo. In treatment studies in patients 1 to 12 years old, the most frequently reported adverse event (incidence $\geq$ 1%) was vomiting (15%). Other events reported more frequently in patients taking TAMIFLU compared with placebo included abdominal pain (5% vs 4%), epistaxis (3% vs 3%), ear disorder (2% vs 1%) and conjunctivitis (1% vs $\leq$ 1%).

In prophylaxis studies in adult patients, adverse events were similar to those seen in the treatment studies. Events reported more frequently in patients taking TAMIFLU compared with placebo (incidence $\geq$ 1%) were nausea (7% vs 3%), vomiting (2% vs 1%), diarrhea (3% vs 2%), abdominal pain (2% vs 1%), dizziness (1% vs 1%), headache (18% vs 18%) and insomnia (1% vs 1%). In household prophylaxis trial that included patients 1 to 12 years old, adverse events were consistent with those observed in pediatric treatment studies, with GI events being the most frequently observed.

The concurrent use of TAMIFLU with live attenuated influenza vaccine (LAIV) intranasal has not been evaluated. However, because of the potential for interference between these products, LAIV should not be administered within 2 weeks before or 48 hours after administration of TAMIFLU, unless medically indicated. Trivalent inactivated influenza vaccine can be administered at any time relative to use of TAMIFLU.

Vaccination is considered the first line of defense against influenza.

Sincerely,



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