King Pharmaceuticals

June 7, 2007

Dear Prescriber:

We would like to inform you that after careful consideration, King Pharmaceuticals®, Inc. has decided to discontinue the manufacture of FLORINEF® Acetate (Fludrocortisone Acetate Tablets, USP). This decision is based upon many factors, including our understanding of current medical therapy and the general availability of generic alternatives.

FLORINEF® will remain available through pharmacies and wholesalers until current supplies are depleted. FLORINEF® is distributed through Monarch Pharmaceuticals®, Inc, a wholly owned subsidiary of King Pharmaceuticals®, Inc. No additional product will be available after Monarch, pharmacy, and wholesaler supplies are exhausted.

If you have any questions or concerns, you may contact our Professional Information Services Department at 800-776-3637.

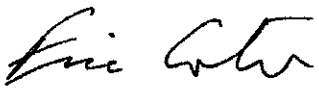
FLORINEF® Acetate is indicated as partial replacement therapy for primary and secondary adrenocortical insufficiency in Addison's disease and for the treatment of salt-losing adrenogenital syndrome.

Important Safety Information:

Corticosteroids are contraindicated in patients with systemic fungal infections. **BECAUSE OF ITS MARKED EFFECT ON SODIUM RETENTION, THE USE OF FLUDROCORTISONE ACETATE IN THE TREATMENT OF CONDITIONS OTHER THAN THOSE INDICATED HEREIN IS NOT ADVISED.** Fludrocortisone acetate is a potent mineralocorticoid; thereby, both the dosage and salt intake should be carefully monitored in order to avoid the development of hypertension, edema, or weight gain. **Periodic checking of serum electrolyte levels is advisable during prolonged therapy; dietary salt restriction and potassium supplementation may be necessary.** Additionally, use cautiously in patients with cirrhosis, diabetes mellitus, diverticulitis, electrolyte abnormalities, hypertension, hypothyroidism, infections, myasthenia gravis, ocular changes (i.e., cataracts, glaucoma), ocular herpes simplex, osteoporosis, peptic ulcers, psychic derangements, ulcerative colitis, renal insufficiency, severe illnesses (including trauma, surgery) tuberculosis, and in those patients receiving aspirin, anticoagulants, digoxin or immunizations. Safety and efficacy has not been established in children and should not be given to a pregnant female unless clearly needed. Most adverse events are due to the mineralocorticoid activity and include hypertension, edema, cardiac enlargement, heart failure, potassium loss and hypokalemic alkalosis. Additionally, adverse

reactions to corticosteroids may be produced by too rapid withdrawal or by continued use of large doses.

Sincerely,



Eric Carter, PhD, MD
Chief Science Officer

Please see accompanying full Prescribing Information.