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Dear Health Care Professional:

Amgen Inc. wishes to inform you that sections of the product prescribing information for EPOGEN® (epoetin alfa) have been updated regarding the fact that pure red cell aplasia (PRCA) *and severe anemia, with or without other cytopenias, associated with neutralizing antibodies to erythropoietin have been reported in patients treated with EPOGEN®.* This new information is contained in the WARNINGS, PRECAUTIONS, ADVERSE REACTIONS, and DOSAGE AND ADMINISTRATION sections. When utilized in accordance with the approved prescribing information, the benefit/risk profile of EPOGEN® continues to be favorable.

As the potential for PRCA and anti-erythropoietin antibody-associated severe anemia applies to all marketed erythropoietic proteins, product labeling for all drugs in this class have been updated in a consistent manner to state the following:

(1) If a patient develops a sudden loss of response, accompanied by severe anemia and low reticulocyte count, an evaluation for causative factors should be undertaken. If anti-erythropoietin antibody-associated anemia is suspected, physicians should withhold EPOGEN® and other erythropoietic proteins and contact Amgen (1-800-77AMGEN) to perform assays for binding and neutralizing antibodies.

(2) EPOGEN® should be permanently discontinued in patients with antibody-mediated anemia.

(3) Patients should not be switched to other erythropoietic proteins, as there is a potential for the antibodies to cross-react.

Specifically, the revised sections of the label are as follows, with new information italicized:

WARNINGS
Pure Red Cell Aplasia
Cases of pure red cell aplasia (PRCA) *and of severe anemia, with or without other cytopenias, associated* with neutralizing antibodies to erythropoietin *have* been *reported* in patients treated with *EPOGEN®.* This has been reported predominantly in patients with CRF *receiving EPOGEN® by subcutaneous administration.* Any patient *who develops a sudden* loss of response to EPOGEN®, *accompanied by severe anemia and low reticulocyte count,* should be evaluated for the etiology of loss of effect, *including the presence of neutralizing antibodies to erythropoietin* (see PRECAUTIONS: Lack or Loss of Response). *If anti-erythropoietin antibody-associated anemia is suspected, withhold EPOGEN® and other erythropoietic proteins. Contact Amgen (1-800-77AMGEN) to perform assays for binding and neutralizing antibodies.* EPOGEN® should be *permanently* discontinued in patient*s* with *antibody-mediated anemia.* Patients should not be switched to other *erythropoietic proteins* as antibodies *may* cross-react (see ADVERSE REACTIONS*: Immunogenicity*).

PRECAUTIONS
Lack or Loss of Response
9. Pure Red Cell Aplasia (PRCA) *or anti-erythropoietin antibody-associated anemia:* In the absence of another etiology, the patient should be evaluated for evidence of PRCA and sera should be tested for the presence of antibodies to erythropoietin *(see WARNINGS: PURE RED CELL APLASIA).*

ADVERSE REACTIONS

Immunogenicity

As with all therapeutic proteins, there is a potential for immunogenicity. *Neutralizing antibodies to erythropoietin, in association with PRCA or severe anemia (with or without other cytopenias), have been reported in patients receiving EPOGEN® (see WARNINGS: Pure Red Cell Aplasia) during post-marketing experience.*

There has been no systematic assessment of immune responses, i.e., the incidence of either binding or neutralizing antibodies to EPOGEN®, in controlled clinical trials.

Where reported, the incidence of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody *(including neutralizing antibody)* positivity in an assay may be influenced by several factors including assay methodology, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies *across products within this class (erythropoietic proteins)* may be misleading.

DOSAGE AND ADMINISTRATION

Chronic Renal Failure Patients

EPOGEN® may be given either as an IV or SC injection. ***In patients on hemodialysis, the IV route is recommended*** *(see WARNINGS: Pure Red Cell Aplasia) and* EPOGEN® usually has been administered as an IV bolus TIW. While the administration of EPOGEN® is independent of the dialysis procedure, EPOGEN® may be administered into the venous line at the end of the dialysis procedure to obviate the need for additional venous access. In adult patients with CRF not on dialysis, EPOGEN® may be given either as an IV or SC injection.

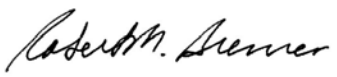
Lack or Loss of Response:

If a patient fails to respond or maintain a response, *an evaluation for causative factors should be undertaken (see WARNINGS: Pure Red Cell Aplasia*, PRECAUTIONS: Lack or Loss of Response*, and PRECAUTIONS: Iron Evaluation)*.

You are encouraged to report adverse events in association with EPOGEN® to Amgen Inc Medical Information at 1-800-11-AMGEN. Alternatively, this information may be reported to FDA's MedWatch reporting system by phone (1-800-FDA-1088), facsimile (1-800-FDA-0178), the MedWatch website at https://www.accessdata.fda.gov/scripts/medwatch/, or mail to MedWatch, 5600 Fishers Lane, Rockville, MD 20852-9787. Both health care professionals and consumers should use Form 3500 (available at the MedWatch website) for reporting adverse events.

A copy of the revised prescribing information for EPOGEN® is enclosed. Should you have any questions or require further information regarding the use of EPOGEN®, please contact Amgen Medical Affairs at the number above.

Sincerely,



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