ImClone Systems Incorporated

Bristol-Myers Squibb

September 13, 2005

Re: Important Drug Warning

Dear Healthcare Provider:

ImClone Systems Incorporated and Bristol-Myers Squibb Company are fully committed to assuring timely dissemination of safety information about their products to the healthcare community. We are writing to inform you of changes to the **WARNINGS**, **PRECAUTIONS**, **ADVERSE REACTIONS**, and **DOSAGE AND ADMINISTRATION** sections of the ERBITUX® (Cetuximab) Prescribing Information.

The **WARNINGS** and **DOSAGE AND ADMINISTRATION** sections have been revised to include language regarding the recommended observation periods following an ERBITUX infusion and in patients who experience infusion reactions.

In addition, the **PRECAUTIONS** and **ADVERSE REACTIONS** sections have been revised to include language regarding an increased incidence of hypomagnesemia seen in ERBITUX clinical trials and recommendations for electrolyte monitoring.

The following changes and additions have been made to the U.S. Package Insert for ERBITUX:

1. The following sentences were added to the Infusion Reactions subsection of the **WARNINGS** section:

   A 1-hour observation period is recommended following the ERBITUX infusion. Longer observation periods may be required in patients who experience infusion reactions.

2. The following sentence was added to the Preparation for Administration subsection of the **DOSAGE AND ADMINISTRATION** section:

   Longer observation periods may be required in those who experience infusion reactions.

3. A new Laboratory Tests: Electrolyte Monitoring subsection has been added to the **PRECAUTIONS** section and contains the following language:

   LABORATORY TESTS: ELECTROLYTE MONITORING

   Patients should be periodically monitored for hypomagnesemia, and accompanying hypocalcemia and hypokalemia, during and following the completion of ERBITUX therapy. Monitoring should continue for a period of time commensurate with the half-life and persistence of the product; i.e., 8 weeks. (See **ADVERSE REACTIONS: Electrolyte Depletion**.)

4. A new Electrolyte Depletion subsection has been added under the **ADVERSE REACTIONS** section and contains the following language:

   ELECTROLYTE DEPLETION

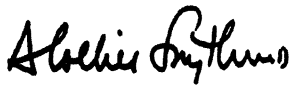
   In 224 patients evaluated in ongoing, controlled clinical trials, the incidence of hypomagnesemia, both overall and severe (NCI-CTC Grades 3 and 4), was increased in patients receiving ERBITUX alone or in combination with chemotherapy as compared to those receiving best supportive care or chemotherapy alone. Approximately one-half of these patients receiving ERBITUX experienced hypomagnesemia and 10-15% experienced severe hypomagnesemia. The onset of electrolyte abnormalities has been reported to occur from days to months after initiation of ERBITUX. Electrolyte repletion was necessary in some patients and in severe cases, intravenous replacement was required. The time to resolution of electrolyte abnormalities is not well known, hence monitoring after ERBITUX treatment is recommended. (See **PRECAUTIONS: Laboratory Tests**.)

For any questions or to report serious adverse events suspected to be associated with the use of ERBITUX, call **1-888-ERBITUX (372-4889)**. By calling this number, you can speak to a representative directly or use our automated Faxback system to order document code number 2000, which is the Adverse Event Reporting Form. Alternatively this information may be reported to FDA's MedWatch Reporting System by phone at **1-800-FDA-1088**, by facsimile 1-800-FDA-0178, by mail using the Form 3500 at http://www.fda.gov/medwatch/index.html.

Please refer to the accompanying revised full Prescribing Information for ERBITUX, including **boxed WARNING regarding infusion reactions**.

Sincerely,

Eric K. Rowinsky, MD
Senior Vice President, Chief Medical Officer
ImClone Systems Incorporated



A. Collier Smyth, MD
Senior Vice President
Medical Affairs
Bristol-Myers Squibb Company