April 4, 2011

Re: A Message from CSL Behring to Current Vivaglobin® Patients in the United States

Dear Valued Customer,

In January 2011, CSL Behring announced its intention to discontinue Vivaglobin® in the United States market by year end. Due to the current delays we are experiencing in Vivaglobin® supply, we feel it would be disruptive to bring the product back temporarily, only to discontinue it later this year. Therefore, we are writing to inform you that CSL Behring has decided to discontinue Vivaglobin® in the United States effective today.

CSL Behring also manufactures Hizentra®, another innovative subcutaneous immunoglobulin. Hizentra® is the first and only 20 percent subcutaneous immunoglobulin (SCIg) in the United States that is indicated as replacement therapy for patients with primary humoral immunodeficiency. Please visit www.Hizentra.com to learn more.

If you are a current Vivaglobin® patient or caregiver of a Vivaglobin® patient, speak with your healthcare provider about Hizentra® or other immunoglobulin (Ig) therapy options that may be appropriate. To help you make the transition to Hizentra®, CSL Behring is offering a Hizentra® sample program. This program is designed to offer Vivaglobin® patients a one-month supply of Hizentra® to determine if Hizentra® is right for them. We encourage you to contact IgIQ (1-877-355-IgIQ) for more information.

Please see Important Safety Information for Hizentra® and Vivaglobin® below, and follow the links to the full prescribing information for each product.

Thank you for your continued trust in CSL Behring and in our life-saving therapies.

Sincerely,

Lynne Powell
Senior Vice President
North America Commercial Operations
Important Safety Information

Hizentra and Vivaglobin are indicated for the treatment of various forms of primary immunodeficiency (PI).

If you have a history of anaphylactic or severe systemic response to immune globulin preparations or selective immunoglobulin A deficiency, check with your physician, as you should not use Hizentra or Vivaglobin.

Hizentra and Vivaglobin are to be infused under your skin only; do not inject into a blood vessel.

Hypersensitivity reactions may occur with Hizentra or Vivaglobin. If you have antibodies to IgA, you face a greater risk of developing severe hypersensitivity or going into shock. If your physician suspects you are having a negative reaction or are going into shock, treatment will be discontinued. Because Hizentra contains proline, you cannot be treated with Hizentra if you have hyperprolinemia (a high level of proline in your blood).

Hizentra and Vivaglobin are derived from human plasma. The risk of transmission of infectious agents, including viruses and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent, cannot be completely eliminated.

The most common drug-related adverse reactions with Hizentra (seen in 5% or more of subjects in the clinical trial) were local reactions (swelling, redness, heat, pain, and itching at the injection site), headache, vomiting, pain, and fatigue. The most common drug-related adverse reactions with Vivaglobin (seen in 5% or more of subjects in the clinical trial) were injection-site reactions (eg, swelling, redness, and itching), headache, nausea, rash, reduced strength and energy, and gastrointestinal disorders.

Your physician will monitor for potentially serious reactions associated with intravenous immunoglobulin treatment that might also occur with Hizentra or Vivaglobin, including aseptic meningitis syndrome (AMS), renal dysfunction/failure, osmotic nephropathy, thrombotic events, hemolysis, and transfusion-related acute lung injury (TRALI).

Ig administration may impair the effect of virus vaccines, such as measles, mumps and rubella. Before getting any vaccination, inform your doctor that you are using Hizentra or Vivaglobin.


You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.