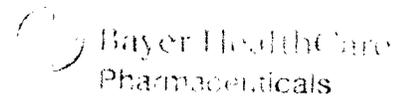


May 22, 2008



Re: Importation of Foreign-Sourced Intrauterine Contraceptives

Dear Healthcare Professional:

As you may know, there has been a rise in the availability of foreign intrauterine contraceptives from Canadian Internet pharmacies and other sources, including product labeled as Mirena® (levonorgestrel-releasing intrauterine system). We understand that product available from a foreign Internet pharmacy may be less expensive than commercially available product in the United States (for example, due to foreign government price controls or other differences in healthcare systems in other countries). However, the foreign product is *not* FDA approved, and use of the foreign product raises important patient care and legal considerations. We are writing now to make sure that you are aware of these issues and to caution you against using the foreign product.

Product from foreign pharmacies may have passed through numerous countries before arriving in the United States. There is no assurance that the product is genuine and not a counterfeit, or that the product contains the correct active ingredient in the specified amount, has been protected from temperature fluctuations, and otherwise meets standards of quality, purity, and potency. Thread lengths, inserters, and other product differences also exist from country to country, as do the patient support and other materials in the product package. These differences can affect insertion and appropriate post-insertion monitoring and patient care.

Use of the foreign-sourced product raises concerns about patient informed consent. These concerns arise if there is not clear disclosure to the patient that the patient is receiving product that was imported from outside the United States and is not the FDA-approved form of Mirena®, and disclosure of the potential risks presented by the use of foreign non-FDA approved product. Even with disclosure, liability risks could arise if a patient were to be injured by the foreign product. Patients should also be made aware that the foreign product is not eligible for replacement by Bayer HealthCare Pharmaceuticals.

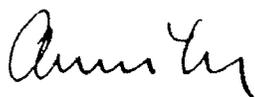
Because foreign product is not FDA-approved, Medicaid and other public and private payors may not provide coverage. If a claim is submitted to Medicaid or another public healthcare program as if the product is the United States-sourced, FDA-approved product, there is a risk that the claim will be viewed as false or fraudulent and be subject to penalties under the False Claims Act or other applicable laws.



As summarized in this letter, there are significant patient care, practice and legal considerations raised by the purchase and use of foreign sourced intrauterine contraceptives. Only the FDA-approved Mirena®[®], manufactured and labeled for the United States meets United States law and has the full backing and support of Bayer HealthCare Pharmaceuticals.

Bayer HealthCare Pharmaceuticals greatly values your business. We hope that you continue to let us deliver high value products and services to you now and into the future. For additional information about Mirena®[®], please call 1-888-84-BAYER (1-888-842-2937) or visit www.pharma.bayer.com.

Sincerely yours,



Stefan Oelrich
Vice President & General Manager
Women's Healthcare



Paul Korner, MD, MBA, FACOG
Vice President, Medical Affairs
Women's Healthcare

Important Safety Information:

Mirena® (levonorgestrel-releasing intrauterine system) does not protect against sexually transmitted diseases including HIV (AIDS). There is no evidence to suggest that IUDs increase risk of acquiring chlamydia or gonorrhea; however, women with pre-existing asymptomatic chlamydia or gonorrhea have a higher risk of PID once an IUD is inserted. Overall, although some risk of PID is associated with IUD insertion, the risk of upper genital tract infection is small after the first 20 days. Candidates should have no history of ectopic pregnancy or a condition that would predispose to ectopic pregnancy. Patients should be aware that bleeding and spotting days may be increased and bleeding patterns may be irregular during the first 3 to 6 months of use. Thereafter, the number of bleeding and spotting days usually decreases, but bleeding may remain irregular. The most common adverse events include menstrual changes, lower abdominal pain, acne/skin problems, back pain, mastalgia, headache, vaginal discharge, mood changes, expulsion and nausea. Enlarged ovarian follicles have occurred in about 12% of patients; in most cases, these follicles have resolved spontaneously during 2 to 3 months' observation. Women who have had breast cancer should not use hormonal contraception. Complications may arise from insertion.