Dear HealthCare Professional,

We would like to take this opportunity to introduce SWEDISH ORPHAN BIOVITRUM® (SOBI), a Stockholm based specialty pharmaceutical company focused on developing and marketing novel compounds targeting diseases with high unmet medical needs.

SOBI recently acquired exclusive global rights for KINERET® in rhemuatoid arthritis (RA) and certain orphan indications. We are fully committed to supporting KINERET® and providing you with additional clinical information to support the use of KINERET® in patients suffering from RA who have failed one ore more disease modifying antirheumatic drugs. We would also like to reinforce our commitment towards further clinical development and commercialization of KINERET® for rare diseases worldwide.

KINERET® (anakinra) a recombinant, nonglycosylated form of the human interleukin-1 receptor antagonist (IL-1Ra) blocks the biologic activity of IL-1 by competitively inhibiting IL-1 binding to the interleukin-1 type I receptor (IL-1RI), which is expressed in a wide variety of tissues and organs.

- KINERET® is indicated for the reduction in signs and symptoms and slowing the progression of structural damage in moderately to severely active RA, in patients 18 years of age or older who have failed 1 or more disease-modifying antirheumatic drugs (DMARDs). KINERET® can be used alone or in combination with DMARDs other than tumor necrosis factor (TNF) blocking agents.

- KINERET® is contraindicated in patients with known hypersensitivity to E Coli-derived proteins, KINERET®, or any components of the product. In clinical trials there was an increased risk of serious infections (2% in KINERET® patients vs. less than 1% in placebo patients). KINERET® should be discontinued if a patient develops a serious infection and it should not be initiated in patients with active infections. The safety and efficacy of KINERET® in immunosuppressed patients or in patients with chronic infections have not been evaluated. Additionally, KINERET® should not be administered in conjunction with TNF-blocking agents. A 7% rate of serious infections was observed in a 24-week study of concurrent administration of KINERET® and etanercept. The most serious adverse reactions were serious infections and neutropenia, especially when used with TNF-blocking agents. The most common side effect observed in clinical trials were injection site reactions manifesting as erythema, ecchymosis, inflammation, and pain. For full prescribing information go to http://www.kineretrx.com/professional/pi.jsp

To receive more information on KINERET®, please click on the following link. jack.bradley@sobi-us.com. Information on KINERET® can also be found at the following site: http://www.kineretrx.com/

We look forward to supporting you and your patients.

Best regards,

Jack Bradley

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Medical Director, North America