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Be In Charge®

For the Office of:
Contact Person:

Your Patient Follow-up Report for March 2004

To Help You Help Your Patients Towards the Goal of Completing PEG-INTRON Therapy and Managing Side Effects

Your Current Be In Charge Patient[1]

Patient Name:

Joined Be In Charge: July 12, 2004

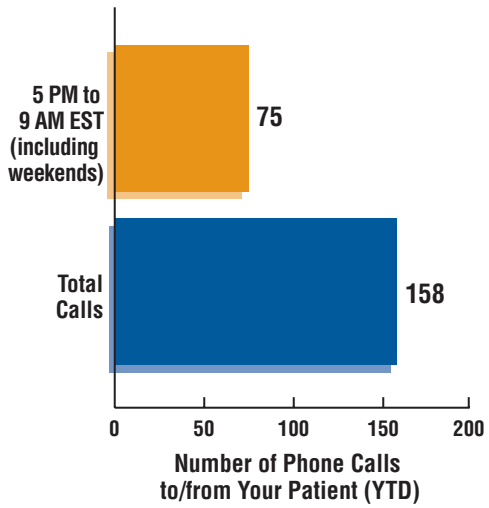
Be In Charge Educational Mailings to Your Patient

Total Number of Educational Mailings to Your Patient (YTD): 2466

Top 3 Topics Discussed in March

1. Hydration
2. Depression
3. Coping

Be In Charge 24/7 RN Hotline



Total Number of Minutes: 1500

Overview for All Your Be In Charge Patients

- **Your Total Be In Charge Patients (YTD):** 10
- **Total Number of Phone Calls to/from All Your Be In Charge Patients (YTD):** 35
- **Total Number of Educational Mailings to Your Be In Charge Patients (YTD):** 40
- **Top 3 Topics Discussed with Your Be In Charge Patients (March):** 1. Hydration; 2. Depression; 3. Coping

1. This patient was actively participating in the program as of the last day of the reported month.

Please see Important Safety Information on reverse side.
Please see accompanying full Prescribing Information.

PEG-INTRON®
Peginterferon alfa-2b Powder for Injection
REDIPEN™
Single-dose Delivery System

Be In Charge is a service of Schering Corporation.

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PEG-INTRON®
Peginterferon alfa-2b Powder for Injection
REDIPEN™
Single-dose Delivery System

PEG-INTRON® is indicated for use alone or with ribavirin for the treatment of chronic hepatitis C in patients with compensated liver disease who have not been previously treated with interferon alpha and who are at least 18 years of age.

Important Safety Information

WARNING

Alpha interferons, including PEG-INTRON®, cause or aggravate fatal or life-threatening neuropsychiatric, autoimmune, ischemic, and infectious disorders. Patients should be monitored closely with periodic clinical and laboratory evaluations. Patients with persistently severe or worsening signs or symptoms of these conditions should be withdrawn from therapy. In many but not all cases these disorders resolve after stopping PEG-INTRON therapy.

There are no new adverse events specific to PEG-INTRON® as compared to INTRON® A (Interferon alfa-2b, recombinant) for Injection, however, the incidence of some (eg, injection site reactions, fever, rigors, nausea) were higher. The most common adverse events associated with PEG-INTRON® were "flu-like" symptoms, occurring in approximately 50% of patients, which may decrease in severity as treatment continues. Application site disorders were common (47%), but all were mild (44%) or moderate (4%) and no patient discontinued, and included injection site inflammation and reaction (ie, bruise, itchiness, irritation). Injection site pain was reported in 2% of patients receiving PEG-INTRON®. Alopecia (thinning of the hair) is also often associated with alpha interferons including PEG-INTRON®.

Psychiatric adverse events, which include insomnia, were common (57%) with PEG-INTRON®, but similar to INTRON® A (58%). Depression was most common at 29%. Suicidal behavior including ideation, suicidal attempts, and completed suicides occurred in 1% of patients during or shortly after completing treatment with PEG-INTRON®.

PEG-INTRON® is contraindicated in patients with autoimmune hepatitis and decompensated liver disease.

The following serious or clinically significant adverse events have been reported at a frequency ≤1% with PEG-INTRON® or interferon alpha: Severe decreases in neutrophil or platelet counts, hypothyroidism, hyperglycemia, hypotension, arrhythmia, ulcerative and hemorrhagic colitis, development or exacerbation of autoimmune disorders including thyroiditis, RA, systemic lupus erythematosus, psoriasis, pulmonary disorders (dyspnea, pulmonary infiltrates, pneumonitis and pneumonia, some resulting in patient deaths), urticaria, angioedema, bronchoconstriction, anaphylaxis, retinal hemorrhages, and cotton wool spots.

Renal failure patients should be closely monitored for signs and symptoms of interferon toxicity and PEG-INTRON® should be used with caution in patients with creatinine clearance <50 mL/min. Patients on PEG-INTRON therapy should have hematology and blood chemistry testing before the start of treatment and then periodically thereafter.

Please see accompanying full Prescribing Information.

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