

((Date))

((Recipient's Name))

((Recipient's Address 1))

((Recipient's Address 2))

((City, State, ZIP))

In reference to: My patient ((Patient's Name))

Reason for referral: Pre-conception counseling

Dear Dr ((Recipient's Last Name)):

I am writing to you in reference to the above-named patient who is under my care for ((diagnosis)) and ((insert drug information such as drug name, when patient will begin taking the drug, if treatment has already begun, etc)). This medication contains mycophenolate, and the patient is considering a pregnancy. Because exposure to mycophenolate during pregnancy is associated with increased risks of first trimester pregnancy loss and congenital malformations, it is important that this patient receive pregnancy planning education. There are three components to pregnancy planning which include the following:

1. Pre-conception counseling
2. Determining whether there are appropriate treatment options with less potential for embryofetal toxicity
3. Optimizing the patient's underlying medical conditions prior to conception

I would like you to provide pre-conception counseling in order to optimize the patient's future pregnancy outcome. Although a decision regarding treatment options with less potential for embryofetal toxicity may not have been made at the present time, these discussions will be done by my practice.

Prescribers of mycophenolate participate in the FDA-required Mycophenolate REMS (Risk Evaluation and Mitigation Strategy) to ensure that the benefits of mycophenolate outweigh the risks.

You can find more information about Mycophenolate REMS, including the roles and responsibilities of patients and prescribers of mycophenolate, at www.MycophenolateREMS.com. The site provides educational materials, as well as access to *Prescribing Information* and *Medication Guides* for mycophenolate-containing products.

I look forward to working with you to ensure that this patient receives appropriate pregnancy planning education. ((Insert any further details specific to this patient that the OB/GYN should know.))

Please call me at ((Signatory's phone)) at your earliest convenience. Thank you for your cooperation.

Sincerely,

((Signatory's Name))

((Signatory's Practice))