

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (9) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.		
MIN BOARD OF PHARMACY LICENSE NUMBER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	NAME OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
OLMSTED MEDICAL CENTER, OLMSTED COMMUNITY HOSPITAL, PHARMACY DEPARTMENT 201263-0 459980-5 3600805	1650 HYSTE, ROCHAFTER MN 55904 NONE	NONE	NONE	NONE

To the best of knowledge and belief, payments or reimbursements were given in
1999
Paula. Wittum 02/07/00

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
RIVER VALLEY CIVIL PHARMACY

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
8611 W. POINT DUNGLAS ROAD SOUTH
COTTAGE GROVE MN 55016

MIN BOARD OF PHARMACY LICENSE NUMBER
360810-8

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (9) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NONE

NONE

NONE

NONE

Paul J. [Signature] - RM
P-I-C

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Brook America

MIN BOARD OF PHARMACY LICENSE NUMBER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

12635 Hemlock Garland Park KS 66023

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (9) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

N/A



**Boehringer
Ingelheim**

BOEHRINGER INGELHEIM ANIMAL HEALTH, INC.

January 26, 2000

Minnesota Board of Pharmacy
2829 University Ave. S. E., #530
Minneapolis, MN 55414-3251

Annual Report: Gifts to Practitioners

Dear State Official:

Please find enclosed our annual gifts to practitioners report for 1999.

If you have any questions or need further information do not hesitate to contact me at (913)380-3023 or fax at 913-380-3117.

Sincerely,

Kimberly A. Clements

Kimberly A. Clements, Specialist
Pharmaceutical Regulatory Affairs

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Boehringer Ingelheim Animal Health, Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

P.O. Box 338
Elwood, KS 66024

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.441, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

We have nothing to report at this time.

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Fairview Home Medical Equipment

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

317 Bush Street Red Wing, MN 55066
2579 Territorial Road St. Paul, MN 55114

MN BOARD OF PHARMACY LICENSE NUMBER

459992-8 (Red Wing)
460031-2 (St. Paul)

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (c) TO (g), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

None

Richard J. Murray
Chief Operating Officer

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

B+B Vet Supply

MN BOARD OF PHARMACY LICENSE NUMBER

359839-9

NAME OF PRACTITIONER
Please include designation (i.e., MD, etc.)

None

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

410 - 4th Ave NW New Prague, MN 56071

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

[Handwritten signature]

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

W.A. BUTLER COMPANY

MN BOARD OF PHARMACY LICENSE NUMBER

360493-7

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

2201 DIVIDEND DRIVE, COLUMBUS OH 43228

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

None

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS



George W. Miller III
Regulatory Affairs Manager

The Butler Company

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
Maplewoods Pharmacy

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
1655 Beam Ave Maplewoods MN 55109

MIN BOARD OF PHARMACY LICENSE NUMBER
260397-1

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
NONE			

Justin B...
Director

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

VIVUS INC

MIN BOARD OF PHARMACY LICENSE NUMBER

360714-1 & 360695-1

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

NIL

ADDRESS OF PRACTITIONER

NIL

VALUE OF PAYMENTS

NIL

TYPE OF PAYMENTS

NIL

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1172 CASTRO STREET, MOUNTAIN VIEW CA 94040

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

WASECA MEDICAL CENTER - MAJOR HEALTH SYSTEM

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

100 FIFTH AVE NW WASECA, MN 56093

MIN BOARD OF PHARMACY LICENSE NUMBER

200753-5 Pharmacy

300047-6 Wholesale

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (6), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

NONE

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

NONE

TYPE OF PAYMENTS

[Handwritten scribbles and lines across the table grid]

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Bellco Drug Corp.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

101 E. Hoffman Ave., Underhunst, NY 11787

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

[Handwritten signature]



Hwy 60 East Lake Crystal, MN 56055

Mail: P.O. Box 940 Mankato, MN 56002-0940

PH: 507-726-2400 / 800-793-2666 FAX: 507-726-2231 / 800-366-9007

RECEIVED AT
FEB 11 2000
MINNESOTA BOARD
OF PHARMACY

Date: Wednesday, February 09, 2000

To: David E. Holmstrom
Executive Director
Minnesota Board of Pharmacy

From: Mark Herll
Vice President and General Manager
Alwyn Company, Inc.

Re: Gifts to Practitioners

Enclosed is the completed report as requested in your letter dated November 2, 1999. As stated on the report, Alwyn Company Inc. did not make any payments, honoraria, and reimbursement or provide any other compensation to licensed practitioners.

Please feel free to contact me at 507-726-2400 if I can be of any further assistance.

Sincerely,

A handwritten signature in black ink that reads "Mark Herll". The signature is written in a cursive, flowing style.

Mark G. Herll

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

SCHEIN PHARMACEUTICAL, INC

MT. EBO DRIVE SOUTH, BREWSTER N.Y. 10509

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (9) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

359951-8

NAME OF PRACTITIONER
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF
PAYMENTS

TYPE OF PAYMENTS

NO REPORTABLE

ACTIVITY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

SCHEN PHARMACEUTICAL, INC.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

621 NORTH 57th AVE, APOENIX, AZ 85043

MN BOARD OF PHARMACY LICENSE NUMBER

360122-8

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OR OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

NO REPORTABLE ACTIVITY

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

**FAX TRANSMITTAL**

TO: State of Minnesota **DATE:** February 10, 2000
Minnesota Board of Pharmacy

FAX: 1-612-617-2212

No. Pages:

FROM: Deborah W. Moskowitz, Paralegal
SHIRE/ROBERTS
Meridian Center II, 4 Industrial Way West
Eatontown, NJ 07724
Telephone: (732)676-1200 Fax: (732)676-1300

MESSAGE

Gentlemen:

Attached hereto is Roberts Laboratories Inc.'s Gifts to Practioners report for 1999. As indicated on the report, Roberts made no gifts to practioners in 1999.

A handwritten signature in cursive script that reads "Deborah W. Moskowitz".

Deborah W. Moskowitz
Paralegal

/dwm
Attachment

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER ROBERTS LABORATORIES INC.	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER Corporate: Meridian Center II, 4 Industrial Way West, Eatontown, NJ 07724 Distribution: 900 Corporate Grove Drive, Buffalo Grove, Illinois 60089	MINNESOTA STATUTES REQUIRE WHOLESALERS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (2) TO (8), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
360799-2			N/A			

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

CHAPIN MEDICAL COMPANY

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

P.O. Box 699, Corona, CA 92878-0699

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OR OTHER COMPENSATION AUTHORIZED UNDER SECTION 61.461, CLAUSES (3) TO (9), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

MIN BOARD OF PHARMACY LICENSE NUMBER
360803-5

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

No Redeemable Activity for 1999

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (6), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

MN BOARD OF PHARMACY LICENSE NUMBER

NAME OF PRACTITIONER
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NO DISBURSEMENTS MADE

[Signature]
6/20/99



Duramed Pharmaceuticals, Inc.
5040 Duramed Drive
Cincinnati, Ohio 45213

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (9) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NO

Reportable

Activity

For Summary

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER		ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	
MINNESOTA STATUTES REQUIRE WHOLESALERS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.		TYPE OF PAYMENTS	
MINNESOTA BOARD OF PHARMACY LICENSE NUMBER	NAME OF PRACTITIONER <small>Please include designation (i.e., MD, etc.)</small>	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS
Jones Pharm Incorporated	1945 Crais Rd. St. Louis, MO. 63146		
360735-8	NO Gifts Given	within The State of Minnesota *	

SCHERER LABORATORIES, INC.

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

120 INTERSTATE NORTH PLAZA

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

SUITE 305
ATLANTA, GA 30339

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS

*W/A
J. W. Johnson
Schering Labs
120 Interstate North Plaza
Atlanta, GA*

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Trailways Warehouse LLC

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

2520 Como Ave St. Paul, MN 55108

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

360123-1

NAME OF PRACTITIONER
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NONE

||
||
||

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Service Distributing Inc.

2400 Xenium Lane North, Plymouth, MN. 55441-3626

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

MN BOARD OF PHARMACY LICENSE NUMBER

360903-9

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No Honorarias or Payments made to any licensed practitioners

1999

Any questions, please call: Marlys Menefee, Bkr.

Patricia A. MoE, Pres

Patricia A. MoE

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

DRX PHARMACEUTICAL CONSULTANTS, INC. 8135 N MAUTICEAU SKOLIG 1L 60076

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

360043-6

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

~~NONE~~

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Central McGowan Inc.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

173 Roosevelt Rd. St. Cloud MN. 56301

MN BOARD OF PHARMACY LICENSE NUMBER

405095-4

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

[Handwritten signature]



December 15, 1999

Minnesota Board of Pharmacy
David E. Holmstrom, Executive Director
2829 University Ave. SE, #530
Minneapolis, MN. 55414-3251

RE: Gifts to Practitioners

Dear Mr. Holmstrom:

It is my understanding that during the calendar year of 1999, there were no payments, honoraria, reimbursement or any other type of gift or compensation, valued at greater than \$100, paid to a license practitioner in Minnesota, made by any employee or associate of Adams Laboratories, Inc.

If you need any further information regarding this, please contact me at (817) 786-1243.

Thank you,

A handwritten signature in black ink, appearing to read "Donald Jeffrey Keyser".

Donald Jeffrey Keyser
Vice President
Regulatory and Development Affairs

DJK:mdb

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Clark - O'Neill, Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

One Broad Ave, Fairview, NJ 07022

MINNESOTA BOARD OF PHARMACY LICENSE NUMBER

360026-1

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

N/A

ADDRESS OF PRACTITIONER

N/A

VALUE OF PAYMENTS

N/A

TYPE OF PAYMENTS

N/A

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.



Omnicare Pharmacy-Twin Cities

305 2nd Street N.W., Suite 105
New Brighton, MN 55112
651/636-9960 Fax 651/636-9934

December 7, 1999

David E. Holmstrom
Executive Director
Minnesota Board of Pharmacy
2829 University Ave SE #530
Minneapolis, MN 55414-3251

Dear Mr. Holmstrom:
Omnicare Pharmacy – Twin Cities had no payments, honoraria, reimbursements or other compensation paid to licensed practitioners in Minnesota during the calendar year 1999 as a licensed drug wholesaler or a licensed drug manufacturer.

Sincerely,

Kathryn A. Rath
Pharmacist in Charge

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Mississippi Welders Supply Co. 5211 Moundview Dr. Red Wing Mn 55066

MN BOARD OF PHARMACY LICENSE NUMBER

36029-9

NAME OF PRACTITIONER
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (9) TO (6), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

~~PAID~~

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Mississippi Welding Supply Co

Po Box 1036

Winona MN

55987

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (9) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

459792-0

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

~~None~~



WATSON
Pharma, Inc.

A Subsidiary of Watson Laboratories, Inc.

RECEIVED AT
DEC 17 1999
MINNESOTA BOARD
OF PHARMACY

December 14, 1999

Mr. David E. Holmstrom
Executive Director
State of Minnesota Board of Pharmacy
2829 University Avenue Southeast #530
Minneapolis, MN 55414-3251

Dear Mr. Holmstrom:

As per your memo of November 2, 1999, please find enclosed the form requesting information regarding gifts to practitioners. We have no reportable activity for this year.

If you have any questions, please feel free to contact me at 847-729-8470 ext. 1002.

Sincerely,

Sharon L. Colon
Administrative Assistant

sc
enclosure

sharon/letters/mn gifts to practitioners

