


DATE : November 2, 1999

TO : Legal Affairs Department
Minnesota Licensed Drug Wholesalers
Minnesota Licensed Drug Manufacturers

FROM

 Copley Pharmaceutical, Inc.
Canton Commerce Center
25 John Road
Canton, MA 02021

FROM : David E. Holmstrom
Executive Director



PHONE : (612) 617-2201 - Hearing/Speech Relay Metro: 297-5353
FAX : (612) 617-2212 - Hearing/Speech Relay Non-Metro: 1-800-627-3529

SUBJECT : Gifts to Practitioners

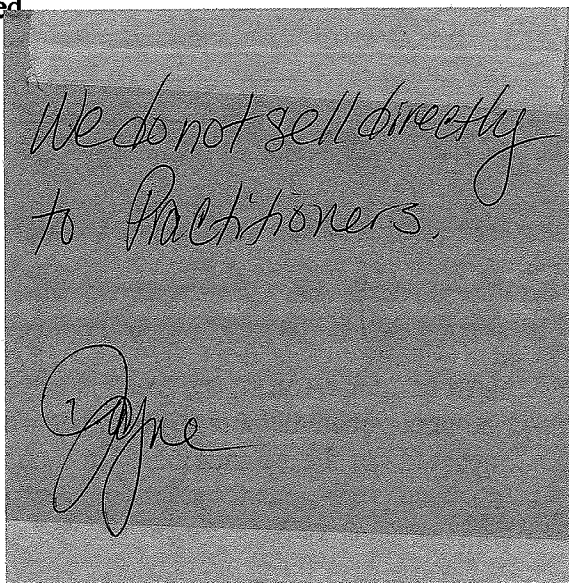
The 1993 Minnesota Legislature passed a bill requiring each "wholesale drug distributor" to file, with the Board of Pharmacy, an annual report identifying all payments, honoraria, reimbursement, and other compensation paid to licensed practitioners in Minnesota during the preceding calendar year. The report requires companies to identify the nature and value of any payments, totaling \$100 or more, to a particular practitioner during the year. Enclosed is a copy of the form we will be using to collect this information. Please complete this form and return it to us at your earliest convenience. Please return the form even if you had no reportable activity.

All drug wholesalers and drug manufacturers, doing business in Minnesota, began keeping track of these types of disbursements, effective January 1, 1994. While no specific date is found in the statutes, reports are to be filed in early 2000, covering disbursements made in calendar 1999.

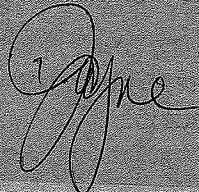
Your cooperation is greatly appreciated.

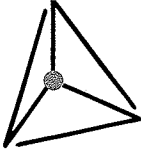
DEH:jmk

Enc.



We do not sell directly
to Practitioners.





CORD LOGISTICS
a Cardinal Health company

November 15, 1999

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

Dear Sir or Madam;

CORD Logistics does not make payments, honoraria, reimbursements or any other compensation to any practitioners.

Sincerely,

A handwritten signature in black ink that reads "Tony Proctor". The signature is stylized with a large, sweeping "T" and "P".

Tony Proctor
CORD Logistics Quality Assurance

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

TheraCom, Inc.
MINNESOTA BOARD OF PHARMACY LICENSE NUMBER

261261-6

NAME OF PRACTITIONER

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

9951 Arlington Rd. T-200 Bethesda, MD 20814

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 (1) 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.

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No Reportable Activity

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Elim Preferred Services, Inc

MN BOARD OF PHARMACY LICENSE NUMBER

360153-2

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

2820 Viksberg Ln, Plymouth, MN 55547

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 (b) TO (f), 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

RECEIVED AT
NOV 12 1999
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

St Francis Regional Medl Ctr Pharmacy

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1445 St Francis Ave Shakopee MN 55379

MN BOARD OF PHARMACY LICENSE NUMBER

200746-7

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

RECEIVED AT
NOV 12 1999
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

United Feeds Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

310 2nd Ave. S.W.

Waseca, Mn. 56093

MN BOARD OF PHARMACY LICENSE NUMBER

405433-7

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No Reportable Activity

RECEIVED AT
NOV 12 1999
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

CAPITO L Pharmacy

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

580 Rice Street St Paul MN 55103

MIN BOARD OF PHARMACY LICENSE NUMBER

360581-8 / 261823-8

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.

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ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

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MINNESOTA BOARD
OF PHARMACY

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NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Fairview Ridgeway Pharmacy
MN BOARD OF PHARMACY LICENSE NUMBER

2610731

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

303 E Nicolet Blvd Burnsville MN 55337

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 151.463, CLAUSES (9) 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.

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

RECEIVED AT
NOV 12 1999
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
Melrose Clinic	611 W Main	Melrose, MN	56352		
204940-9	<p>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 151.46, CLAUSES (9) 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.</p> <p style="text-align: center;">A</p> <p style="text-align: center;">F. J. Anderson, P.D.</p>				

NOV 12 1999
BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
 Health System Minnesota

MINNESOTA ST. TUTES 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.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
 3800 Park Nicollet Blvd - St Louis Park, MN 55416

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
No Activity	1999		
	R. Bleck cell 993-3147		

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 OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

HAWKINS CHEMICAL INC

MN BOARD OF PHARMACY LICENSE NUMBER

360687-0

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

3100 EAST HENNERPIN AV
MINNEAPOLIS, MN 55413

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NAME OF PRACTITIONER

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

NONE

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Henry's Foods, Inc
Mn Board of Pharmacy License Number
3599521

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

104 McKay Ave. No. P.O. Box 1057
Alexandria, MN 56308

MINNESOTA STATUTES REQUIRE WHOLESALER 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.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
no reportable activity.			
We are strictly a wholesale company.			
We do not distribute prescription drugs so			
we have no dealings with practitioners.			
			RECEIVED AT
			NOV 12 1999
			MINNESOTA BOARD OF PHARMACY

WELDERS SUPPLY CO., INC.

1501 E. 11TH ST. ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

P.O. Box 1073

WILLIAM A. WILSON, F. 2207

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.

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

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NOV 12 1999

MINNESOTA BOARD
OF PHARMACY

[Handwritten signature and date: Nov 12 1999]

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER: *Weldens Supply Co Inc* ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER: *PO BOX 1073 - Willmar, MN 56201*

MN BOARD OF PHARMACY LICENSE NUMBER: *459780-17* 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
<i>NA</i>	<i>NA</i>	<i>NA</i>	RECEIVED AT
<i>NA</i>	<i>NA</i>	<i>NA</i>	NOV 12 1999
<i>NA</i>	<i>NA</i>	<i>NA</i>	MINNESOTA BOARD OF PHARMACY
<i>NA</i>	<i>NA</i>	<i>NA</i>	
<i>NA</i>	<i>NA</i>	<i>NA</i>	
<i>NA</i>	<i>NA</i>	<i>NA</i>	
<i>NA</i>	<i>NA</i>	<i>NA</i>	
<i>NA</i>	<i>NA</i>	<i>NA</i>	
<i>NA</i>	<i>NA</i>	<i>NA</i>	
<i>NA</i>	<i>NA</i>	<i>NA</i>	
<i>NA</i>	<i>NA</i>	<i>NA</i>	
<i>NA</i>	<i>NA</i>	<i>NA</i>	
<i>NA</i>	<i>NA</i>	<i>NA</i>	
<i>NA</i>	<i>NA</i>	<i>NA</i>	
<i>NA</i>	<i>NA</i>	<i>NA</i>	
<i>NA</i>	<i>NA</i>	<i>NA</i>	
<i>NA</i>	<i>NA</i>	<i>NA</i>	
<i>NA</i>	<i>NA</i>	<i>NA</i>	
<i>NA</i>	<i>NA</i>	<i>NA</i>	
<i>NA</i>	<i>NA</i>	<i>NA</i>	
<i>NA</i>	<i>NA</i>	<i>NA</i>	
<i>NA</i>	<i>NA</i>	<i>NA</i>	

David M Seed

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Twin City Oxygen

305-22nd St NW

200 Brighton Mn. 55112

MN BOARD OF PHARMACY LICENSE NUMBER

360575-B

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

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MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Arrowhead Promotion & Fulfillment Co. Inc

MN BOARD OF PHARMACY LICENSE NUMBER

360849-6

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

Our company had no reportable
Activity in 1999

Jm Sorensen
V.P. of Operations

ADDRESS OF PRACTITIONER

VALUE OF
PAYMENTS

0

TYPE OF PAYMENTS

NONE

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1105 SE 8th St.
Grand Rapids, Minnesota, 55744

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MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Spring Grove Pharmacy
MN BOARD OF PHARMACY LICENSE NUMBER
360925-9

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

137 W. Main Box 6 Spring Grove, MN 55974

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