



Katie B. Topolewski
Senior Manager
Ethics & Corporate Compliance
610.558.9800 x6853
Topolewski.katie@endo.com
www.endo.com

April 14, 2008

VIA EMAIL
Pharmacy.Board@state.mn.us

RE: Endo Pharmaceuticals Inc.
Report for Calendar Year 2007

Dear Minnesota Board of Pharmacy:

Enclosed please find the 2007 report of payments to practitioners on behalf of Endo Pharmaceuticals Inc. In 2007, Endo did not make any payments to licensed practitioners in Minnesota that are deemed reportable pursuant to Minnesota Statute §151.47.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

Katie B. Topolewski

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Enclosures:

State of Minnesota Payments to Practitioners Reporting Form - 2007

Wholesaler/Manufacturer Name	Endo Pharmaceuticals Inc
Wholesaler/Manufacturer Address	100 Endo Blvd., Chadds Ford, PA 19317
Minnesota License Number	390732
Name of Individual Completing Report	Katie B. Topolewski, Senior Manager, Ethics & Corporate Compliance Department
Phone number	610-668-9600 x8853

Background information and instructions: Minnesota Statutes require wholesale drug distributors and manufacturers to file with the Board of Pharmacy an annual report identifying certain payments made to practitioners. (Practitioners are those licensed health professionals who are authorized to prescribe drugs. Pharmacists are not practitioners). The payments that must be reported include: honoraria and payments for expenses of a practitioner who serves as a speaker at a professional or educational conference or meeting; and compensation for substantial professional or consulting services of a practitioner working on a genuine research project. (See Minnesota Statutes 151.461 and 151.47). The report must identify the specific reason for payments totaling \$100 or more. In the column marked "Specific reason for payment", please list the reason for the payment. (e.g. "honoraria and expenses for speaking", "payment for research consultation", etc.). Do not list general reasons (e.g. "payments for consultation", "payments for services rendered"). Reports filed under this provision are public data. Reports must be filed in an electronic format, so please fill out this spreadsheet and return it to the Board either attached to an e-mail (PharmacyBoard@state.mn.us) or copied onto a CD-ROM.

LAST NAME OF PRACTITIONER	FIRST NAME OF PRACTITIONER	Professional designation (e.g. MD), if any	ADDRESS OF PRACTITIONER				PAYMENT INFORMATION	
			Street Address	City	State	Zip Code	Value of Payment	Specific reason for payment

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