



April 30, 2008

VIA FEDERAL EXPRESS

Mr. Cody Wiberg
Executive Director
Minnesota Board of Pharmacy
2829 University Avenue Southeast, Suite 530
Minneapolis, MN 55414-3251

RE: Payments Made to Practitioners in Calendar Year 2007

Mr. Wiberg,

Pursuant to Minnesota Statute § 151.47 (f), Sepracor Inc. hereby submits its report for the calendar year 2007 on the filing form mandated by the Board of Pharmacy. This report describes all payments, honoraria, reimbursements or any other compensation authorized under the above statute totaling \$100.00 or more to a Minnesota practitioner.

Please do not hesitate to contact me with any questions or concerns at 508-357-7672 or Mary.Snyder@sepracor.com.

Thank you,

A handwritten signature in blue ink that reads "Mary Snyder".

Mary Snyder, Esq.
Associate Director, Compliance

w/enclosure



State of Minnesota Payments to Practitioners Reporting Form - 2007

Wholesaler/Manufacturer Name	Sepracor Inc.
Wholesaler/Manufacturer Address	84 Waterford Drive
Minnesota License Number	362015
Name of Individual Completing Report	Mary Snyder
Phone number	508-357-7672

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 totalling \$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 (Pharmacy.Board@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
Davidson	Linda	MD	P.O. Box 2052	North Mankato	MN	56002-2052	3685.23	honoraria and expenses
Winegarden	Thomas	MD	7945 Stone Creek Drive Ste. 130	Chanhassen	MN	55317	3505.43	honoraria and expenses
Slang	Mark	MD	920 East 28th Street 700	Minneapolis	MN	55407	4360.18	honoraria and expenses