



Par Pharmaceutical Companies, Inc.
300 Tice Boulevard
Woodcliff Lake, NJ 07677
tel 201 802 4000
fax 201 802 4600
www.parpharm.com

April 24, 2009

VIA E-MAIL & UPS
Minnesota Board of Pharmacy
2829 University Avenue SE, Suite 530
Minneapolis, MN 55414-3251
Pharmacy.Board@state.mn.us

RE: Report re Payments to MN Practitioners
Minnesota Statutes Section 151.461

Dear Minnesota Board of Pharmacy:

Please accept the attached report for Par Pharmaceutical, Inc. ("Par") for calendar year 2008. You will note on the report that Par did not have any applicable expenditures for the calendar year. Thus, the report has been completed accordingly.

Please do not hesitate to contact me should you require further information.

Sincerely,

A handwritten signature in black ink that reads "Martin L. Wilson". The signature is written in a cursive, flowing style.

Martin L. Wilson
Senior Director - Legal, Compliance

State of Minnesota Payments to Practitioners Reporting Form - 2008

Wholesaler/Manufacturer Name	Par Pharmaceutical, Inc.
Wholesaler/Manufacturer Address	300 Tice Boulevard, Woodcliff Lake, NJ 07677
Minnesota License Number	361562
Name of Individual Completing Report	Martin Wilson
Phone number	201-802-4221

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

None



Shipment Receipt

(Keep this for your records.)

Transaction Date 24 Apr 2009

Address Information

Ship To:
 MINNESOTA BOARD OF PHARMACY
 MINNESOTA BOARD OF PHARMACY
 651-201-2825
 2829 UNIVERSITY AVE. SE
 STE 530
 MINNEAPOLIS MN 55414-3250

Shipper:
 PAR PHARMACEUTICAL
 KATHLEEN HYAMS
 201.802.4000
 300 TICEBLVDLERD RR1
 NORTH WING-MACK-CALI BLDG #3
 WOODCLIFF LAKE NJ 07677

Shipment Information

Service: UPS 2nd Day Air
***Guaranteed By:** End of Day, Tues. 28 Apr. 2009

Fuel Surcharge:	**0.00
Shipping:	**11.05

Package Information

Package 1 of 1
 Tracking Number: 1Z6RV6660297924803
 Package Type: UPS Letter
 Actual Weight: Letter
 Billable Weight: Letter

Billing Information

Bill Shipping Charges to: Shipper's Account 6RV666

Total: **All Shipping Charges in USD** ****11.05**

Note: Your invoice may vary from the displayed reference rates.

* For delivery and guarantee information, see the [UPS Service Guide](#). To speak to a customer service representative, call 1-800-PICK-UPS for domestic services and 1-800-782-7892 for international services.

** Detailed information on fuel surcharges is also available.