

Pharmaceutical Marketing Disclosures

For the period July 1, 2006 to June 30, 2007

**Report of
Vermont Attorney General
William H. Sorrell**

July 8, 2008

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**Pharmaceutical Marketing Disclosures: Report of Vermont
Attorney General William H. Sorrell on Payments to Physicians
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Pharmaceutical Marketing Disclosures: Report of Vermont Attorney General William H. Sorrell on Payments to Physicians July 8, 2008

I. Executive Summary

This is the fifth report of Vermont Attorney General William H. Sorrell on Pharmaceutical Marketing Disclosures. It is based upon disclosures of payments made during the period July 1, 2006, through June 30, 2007 (FY 07) by pharmaceutical marketers on consulting and speaker fees, travel expenses, gifts, and other payments to physicians, hospitals, universities and others authorized to prescribe or dispense pharmaceutical products. Vermont's Pharmaceutical Marketing Disclosure Law, 18 V.S.A. § 4632 ("Payment Disclosure Law") requires manufacturers to file the disclosures with the Vermont Attorney General's Office by December 1st following the fiscal year, and requires the Vermont Attorney General to issue a report about the disclosures.

As this report demonstrates, the Payment Disclosure Law in Vermont provides useful information regarding pharmaceutical manufacturer's distribution of money within the Vermont medical community to market pharmaceuticals. According to the FY 07 disclosures, 84 pharmaceutical manufacturers reported spending \$3,138,794.00 in Vermont on fees, travel expenses, and other direct payments to Vermont physicians, hospitals, universities and others for the purpose of marketing their products. That represents a 33% increase over reported expenditures for similar expenses in FY 06, and a 42% increase over reported expenditures for similar expenses in FY 05. There were 110 pharmaceutical manufacturers who filed disclosures in FY 07, with 26 of these manufacturers reporting no expenditures.

The top five spenders in Vermont on marketing during FY 07 were:

- Eli Lilly and Company
- Pfizer, Inc.
- UCB, Inc.
- Novartis Pharmaceuticals Corporation and
- Merck & Co., Inc.

Payments reported by these five pharmaceutical companies represent 56% of the total amount reported by the 84 companies that filed disclosures during this reporting period. This compares with the following percentages for the previous top five spending pharmaceutical manufacturers: in FY '06 the top five spenders in Vermont represented 59% of the total amount reported during that fiscal year; in FY 05 the top five spenders in Vermont represented 48% of the total amount reported during that fiscal year.

The top 100 recipients received a total of \$2,127,325.00 in FY 07, or 68% of the total payments.¹ Of the top 100 recipients, psychiatrists received the highest level of payments. Eleven psychiatrists received a total of \$626,379.00, or approximately 20% of the total value of payments. The average amount received by psychiatrists was \$56,944.00 in FY 07. This represents an increase of 25% over the average amount, \$45,692.00, received in FY 06 by the 11 psychiatrists in the top 100 recipient group.

¹ The total number of recipients reported in FY 07 is approximately 2,328.

Physicians specializing in cardiovascular disease received the second largest aggregate amount among the top 100 recipients in FY 07. Two prescribers received a total of \$312,898.00, or an average of \$156,440.00. This represents an increase of 2750% over the average payment to 2 such physicians in the top 100 recipient group who received an average payment of \$5487.00 in FY 06 and an increase of 1755% over the average payment of \$8435.00 paid to 4 such physicians in FY 05.

Physicians specializing in internal medicine received the third largest aggregate amount among the top 100 recipients in FY 07, with 21 prescribers receiving a total of \$277,385.00, or an average of \$13,209.00. This represents a 41 % increase over the average of \$9,388.00 paid to 16 such prescribers in the top 100 recipient group in FY 06, and a 49% increase over the average of \$8,874.00 paid to these physicians in FY 05.

For the first time, this report analyzes the payments to prescribers based upon the drug being marketed. The top 20 drugs, or 7% of all drugs for which disclosures were reported, accounted for 62% of total marketing expenditures on specific drugs in FY 07. The top 10 drugs were as follows:

Drug Name	Drug Purpose	Ranking by Total Dollars Spent
Strattera	ADHD	1
Metadate CD	ADHD	2
Januvia	Type 2 Diabetes	3
Lexapro	Depression	4
Cymbalta	Depression	5
Lantus	Diabetes	6
Seroquel	Bi-Polar Disorder and Schizophrenia	7
Namenda	Alzheimer's	8
Vytorin/Zetia	Cholesterol	9
Benicar	Hypertension	10

II. Description of Vermont's Payment Disclosure Law

The Vermont Legislature enacted the Payment Disclosure Law in 2001, and amended it in 2004, 2006, and 2007. The Payment Disclosure Law requires pharmaceutical manufacturers to report to the Vermont Attorney General, on forms and in a manner prescribed by the Attorney General, marketing payments made to persons in Vermont who are authorized to prescribe, dispense, or purchase pharmaceutical products. In particular, the Payment Disclosure Law requires every pharmaceutical manufacturer to disclose:

the value, nature, and purpose of any gift, fee, payment, subsidy, or other economic benefit provided in connection with detailing, promotional or other marketing activities by the company, directly or through its pharmaceutical marketers, to any physician, hospital, nursing home, pharmacist, health benefit plan administrator, or any other person in Vermont authorized to prescribe, dispense, or purchase prescription drugs in this state.

18 V.S.A. § 4632(a)(1).

Exempted by statute from disclosure are the following:

- Free samples of prescription drugs intended for distribution to patients;
- Payment of reasonable compensation and reimbursement of expenses in connection with bona fide clinical trials;
- Any gift, fees, payments, subsidy, or other economic benefit the value of which is less than \$25.00;
- Scholarship or other support for medical students, residents and fellows to attend a significant educational, scientific or policy-making conference of a national, regional, or specialty medical or other association if the recipient of the scholarship or other support is selected by the association;
- Prescription drug rebates and discounts.

18 V.S.A. § 4632(a)(4).

The Payment Disclosure Law prohibits the Attorney General from disclosing information that constitutes "trade secrets" under Vermont's Access to Public Records Law, 1 V.S.A. § 317(c)(9). The disclosure form permits the company to identify any information that it claims is a trade secret as defined by § 317(c)(9) of Title 1. In 2007, the Legislature modified the statute to create a specific administrative process to be used when a person requests information that has been designated "trade secret" by the manufacturer. 18 V.S.A. § 4632(a)(3)

III. Amendments to Prior Pharmaceutical Marketing Disclosure Reports filed by the Vermont Attorney General's Office

The Attorney General's Office has revised some summaries of expenditures for prior reporting periods to account for late or corrected filings by some manufacturers. The revised summaries for prior reporting periods appear at Tabs 2, 3 and 4, appended to this report. Moreover, to ensure accurate comparisons among the different reporting periods, this report uses the corrected data for prior reporting periods. For this reason, expenditure figures for prior years used in this report are not always the same as stated in past reports.

IV. Summary of Pharmaceutical Marketing Expenditures

The Attorney General's Office has organized the data submitted by pharmaceutical marketers in five ways:

1. Total Payments of each pharmaceutical manufacturer;
2. Payments of all manufacturers organized by recipient type;
3. Payments by prescriber specialty;
4. Payments organized by dollar value of drug being marketed;
5. Payments by nature of expenditure;
6. Payments by purpose of expenditure; and
7. Trade secret declarations.

1. Total Payments of Each Pharmaceutical Manufacturer

In FY 07, 84 pharmaceutical manufacturers reported spending \$3,138,794.00 on fees, travel expenses, and other direct payments to Vermont physicians, hospitals, universities, and others who are authorized under Vermont law to prescribe, dispense, or purchase pharmaceutical products in Vermont. This represents a 33% increase over similar direct payments in FY06, which totaled \$2,367,004.00, and a 43% increase over FY05, which totaled \$2,196,542.00. The average expenditure per company for FY 07 was \$37,366.60. This represents an increase of 28% over the average expenditure per company in FY 06 of \$29,222.00, and an increase of 24% over the \$30,090.00 average expenditure made per company in FY 05.

Just as the payments by pharmaceutical manufacturers in FY 07 has increased, so too has the number of companies filing reports with the Vermont Attorney General's Office. In FY 06, 81 companies disclosed payments made during that reporting period. In FY 05, 73 companies disclosed payments made during that reporting period. Since FY 05, filings have therefore increased by approximately 15%.

The five companies that reported the highest expenditures in FY 07 in Vermont were Eli Lilly and Company; Pfizer, Inc.; UCB Inc.; Novartis Pharmaceuticals Corporation; and Merck & Co. Combined, these companies spent a total of \$1,756,151.00, representing 56% of the total reported expenditures. This compares with the following percentages for the previous top five spending pharmaceutical manufacturers: in FY 06 the top five spenders on Vermont represented 59% of the total amount reported during that period; in FY 05 the top five spenders in Vermont represented 48% of the total amount reported during that fiscal year.

In FY 07, the average reported by the top five spenders was \$351,230.00. This compares with \$265,215.00 in FY 06 and \$211,838.00 in FY 05.

The breakdown of the top five spenders for all four reporting periods is as follows:

Ranking	FY 05	FY 06	FY 07
#1	Forest Pharmaceuticals	Eli Lilly and Company	Eli Lilly and Company
#2	Eli Lilly and Company	Sanofi Aventis	Pfizer
#3	GlaxoSmithKline	Pfizer	UCB, Inc.
#4	Sanofi Aventis	Forest Pharmaceuticals	Novartis
#5	Merck & Company	Novartis	Merck & Co., Inc
Total expenditures per year for the top five	\$1,059,191.26	\$1,326,075.24	\$1,756,150.56
Average per year for each of the Top 5	\$211,838.25	\$265,215.05	\$351,230.11
Percentage of total expenditures per year	48%	59%	56%

The list of all manufacturers, ranked by amount of total expenditures for FY 07, are appended at Tab 2.

2. Payments of all Manufacturers Organized by Recipient Type

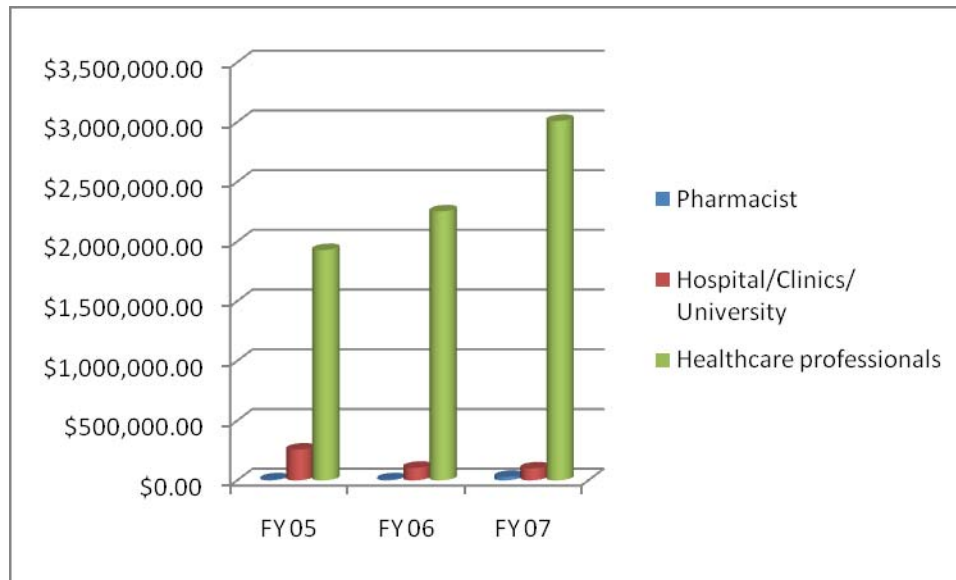
There are 10 categories of licensed professionals authorized to prescribe in Vermont: dentists; naturopathic physicians; nurse practitioners; optometrists; osteopaths; physicians; physician's assistants; podiatrists; scientific investigators; and veterinarians. The Vermont Secretary of State and the Medical Practice Board currently list 5,154 persons as licensed in all of these categories.

If the FY 07 total amount reportedly paid to prescribers was distributed evenly throughout the prescribing community, then each person authorized to prescribe pharmaceuticals would have received \$514.00. This compares with a per prescriber average of \$383.00 in FY 06, and \$323.00 in FY 05, indicating that the average payment per prescriber has increased 60 % from FY 05 to FY 07.

In FY 07, doctors in Vermont received \$2,378,436.00 or 76% of the total payments by pharmaceutical companies. That is compared to the approximately \$1,979,912.00 received by doctors in FY 06 and approximately \$1,702,269.00 reportedly received by doctors in FY 05. Therefore, in the space of three years the amount reportedly received by doctors in Vermont has increased by approximately 40%.

All health care providers, which include physicians and other prescribers as well as non-prescribing healthcare workers such as certain types of nurses, received \$3,009,372.00 or slightly more than 96% of the total payments in FY 07. This compared to \$2,252,191.00 reportedly received by this group in FY 06, or slightly more than 95% of the total payments in FY 06 and \$1,928,503.00 received by this group in FY 05 or approximately 88% of the total payments in FY 05. This represents an increase of 56% between FY 05 and FY 07.

A comparison of the expenditures by recipient type from FY 05 to FY 07 is illustrated as follows:



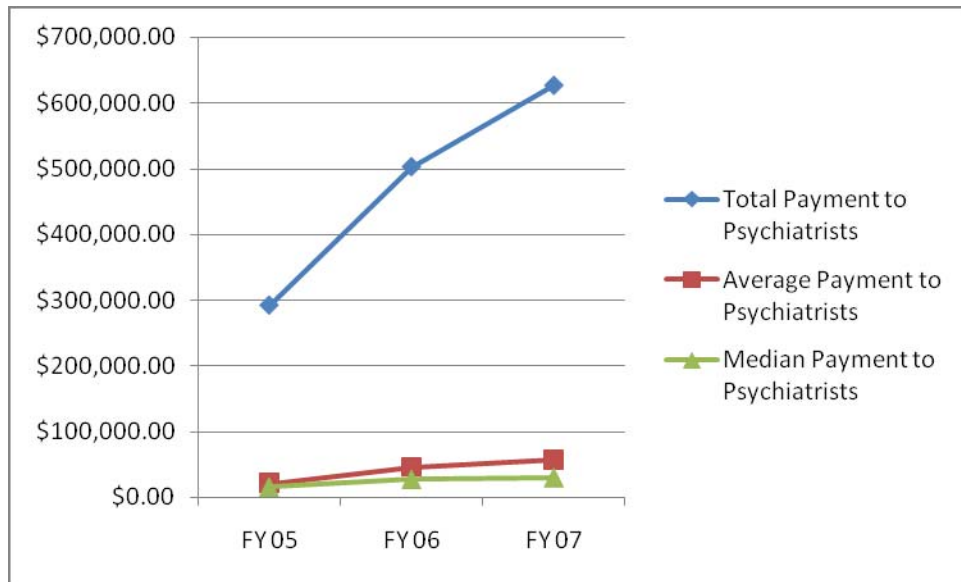
3. Payments by Prescriber Specialty for the Top 100 Recipients

The Vermont Medical Practice Board allows licensees to self-report specialties. The Vermont Attorney General’s Office has analyzed the data on payments made to the top 100 recipients by referencing the self-reported specialty of those licensees.

The top 100 recipients received a total of \$2,127,325.00 in FY 07, or 68% of the total payments. Of the top 100 recipients, psychiatrists were the largest beneficiaries of payments. Eleven psychiatrists received a total of \$626,379.00, or approximately 20% of the overall total. Further breakdown of this recipient group is as follows:

- The average payment to the nine psychiatrists in the top 100 recipient group in FY 07 was \$56,944.00. The average payment in FY 06 to the eleven psychiatrists among the top 100 recipient group was \$45,692.00, and in FY 05 the average payment to the 14 psychiatrists among the top 100 recipient group was \$20,835.00.
- The average payment to psychiatrists in FY 07 is a 25% increase over the previous fiscal year, and a 173% increase over the average payment made to psychiatrists in the top 100 recipient group in FY 05.
- The median payment to the nine psychiatrists in the top 100 recipient group in FY 07 was \$30,529.00. The median payment to the psychiatrists among the top 100 recipient group in FY 06 was \$27,912.00 and in FY 05 \$16,214.00
- The median payment to psychiatrists in the top 100 recipient group in FY 07 is a 9% increase over the median payment to them in FY 06, and an 88% increase over the FY 05 median payment.

A comparison of payments made to psychiatrists from FY 05 to FY 07 is illustrated as follows:



Physicians specializing in cardiovascular disease received the second largest aggregate amount in FY 07 with two prescribers receiving a total of \$312,880.00, representing an average payment of \$156,440.00. This represents an increase of 2750% over the average payment to two such physicians who received an average payment of \$5487.00 in FY 06 and an increase of 1755% over the average payment of \$8435.00 paid to four such physicians in FY 05.

Twenty-one internists in the top 100 recipient group received the third largest amount, an aggregate of \$277,385.00, with an average of \$13,209.00. This compares with sixteen internists receiving an aggregate of \$150,210.00 in FY 06 with an average of \$9,388.00 and fourteen internists in the top 100 recipient group receiving an aggregate of \$124,239.00 in FY 2005 or an average of \$8,874.00. The increase in payments to internists from FY 05 to FY 07 was 49%.

Payments to the top 100 recipients by category in FY 07 breaks down as follows:

Specialty #1 Description (as self-reported)	Number of Recipients	Total Received	Average per Recipient	% of Overall Total
Psychiatry	11	\$626,379.00	\$56,944.00	20%
Cardiovascular Disease	2	\$312,880.00	\$156,440.00	10%
Internal Medicine	21	\$277,385.00	\$13,209.00	9%
Endocrinology, Diabetes & Metabolism	5	\$225,771.00	\$45,154.00	7%
Neurology	10	\$156,525.00	\$15,653.00	5%
Osteopath	1	\$99,843.00	\$99,843.00	3%
Family Practice	11	\$61,518.00	\$5,593.00	2%
Advance Practice RN	6	\$54,126.00	\$9,021.00	2%
Geriatrics	1	\$49,110.00	\$49,110.00	2%
Ionizing Radiation Privileges	6	\$39,696.00	\$6,616.00	1%
Pediatrics	3	\$37,079.00	\$12,360.00	1%
Gastroenterology	3	\$33,521.00	\$11,174.00	1%
Registered Nurse	1	\$23,070.00	\$23,070.00	0.73%
Oncology	1	\$21,874.00	\$21,874.00	0.70%
Dermatology	2	\$20,375.00	\$10,188.00	0.65%

Physician Assistant	4	\$17,452.00	\$4,363.00	0.56%
Not Specified	3	\$13,221.00	\$4,407.00	0.42%
Temporary License	2	\$12,209.00	\$6,105.00	0.39%
Allergy & Immunology	1	\$9,200.00	\$9,200.00	0.29%
Neonatal-Perinatal	1	\$8,500.00	\$8,500.00	0.27%
Physical Med and Rehabilitation	1	\$7,660.00	\$7,660.00	0.24%
Nephrology	1	\$7,412.00	\$7,412.00	0.24%
Obstetrics & Gynecology	1	\$4,907.00	\$4,907.00	0.16%
Critical Care	1	\$4,057.00	\$4,057.00	0.13%
Emergency	1	\$3,554.00	\$3,554.00	0.11%
Totals	100	\$2,127,325.00	\$21,273.00	68%

Revised tables illustrating the amount reportedly paid to the top 100 recipients for FY 06 and FY 05 are appended at Tabs 3 and 4.

4. Payments Organized by Dollar Value of Drug Being Marketed

In FY 07, pharmaceutical manufacturers reported spending \$2,871,382.00 for marketing specific drugs in Vermont. Pharmaceutical manufacturers spent a total of \$1,766,795.00 marketing the top 20 drugs. The top 20 drugs represent only 7% of all drugs for which disclosures are reported, but 56% of the total reported payments for FY 07. The average expenditure per drug for the top twenty drugs marketed in Vermont in FY 07 was \$88,340.00. The median expenditure per drug for the top twenty drugs marketed in Vermont in FY 07 was \$46,829.00

A further breakdown of marketing dollars spent for the top 20 drugs marketed in Vermont in FY 07 is shown below:

Drug Name	Drug Purpose	Ranking by Total Dollars Spent
Strattera	ADHD	1
Metadate CD	ADHD	2
Januvia	Type 2 Diabetes	3
Lexapro	Depression	4
Cymbalta	Depression	5
Lantus	Diabetes	6
Seroquel	Bi-Polar Disorder and Schizophrenia	7
Namenda	Alzheimer's	8
Vytorin/Zetia	Cholesterol	9
Benicar	Hypertension	10
Byetta	Type 2 Diabetes	11
Gardasil	Vaccine - Human Papillomavirus	12
Cozaar	Hypertension	13
Ambien CR	Sleep Aid	14

Janumet	Type 2 Diabetes	15
Hyzaar	Hypertension	16
Rozerem	Sleep Aid	17
Emend	Post Operative Nausea and Vomiting and Nausea and Vomiting Associated with Chemotherapy	18
Copaxone	Multiple Sclerosis	19
Humalog	Diabetes	20

Of the top 20 drugs marketed in Vermont in FY 07, \$677,625.00 or 22% of the total amount reported was spent on marketing drugs used for controlling ADD and ADHD. Drugs used for controlling depression came next with a total amount of \$244,013.00, or 8% of the total amount reported for FY 07. Out of the top 20 drugs marketed in Vermont in FY 07, drugs used for type 2 diabetes represented the third largest expenditure reported, with \$210,005.00 being spent on these drugs or 7% of the total amount reported. A more in depth breakdown of expenditures per drug purpose is shown below.

Purpose of Drug	Ranking by Total Dollars Spent
ADD and/or ADHD	1
Depression	2
Type 2 Diabetes	3
Diabetes	4
Hypertension	5
Bi Polar Disorder and Schizophrenia	6
Alzheimers	7
Sleep Aid	8
Cholesterol	9
Vaccine - Human Papillomavirus	10
Post Operative Nausea and Vomiting and Nausea and Vomiting Associated with Chemotherapy	11
Multiple Sclerosis	12

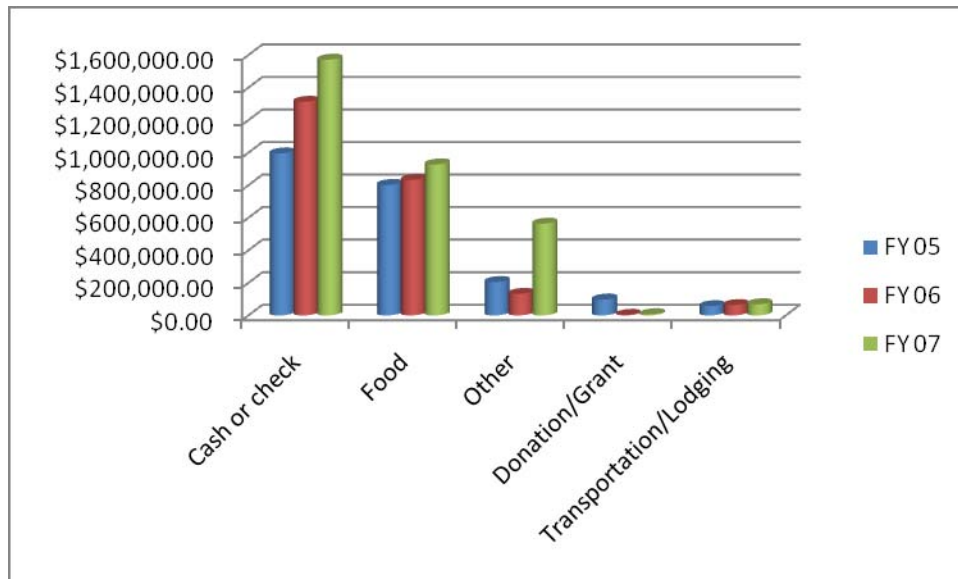
It should be noted that in some instances Pharmaceutical Manufacturers disclosed one payment for marketing several different drugs. In making the calculations above, the Attorney General's Office allocated the entire payment to each of the drugs that were marketed through the payment. This may inflate the results for some drugs listed here.

5. Payments by Nature of Expenditure

"Nature" of marketing expenses, as set forth in the Payment Disclosure Law, means a description of the kinds of payments or benefits that were provided. Examples of the nature of expenditures include cash, checks, honoraria, or other direct payments to a recipient; payments for food and beverages; payments for lodging and other travel expenses; and gifts, such as books and other items.

The majority of the expenditures in FY 07 were cash and checks, which amounted to \$1,571,574.00, or 50.00% of the total expenditures. Food amounted to \$927,818.00, or 30% of the total. A category specified as "other" totaled \$547,489.00, or 17%. The remaining 3%, or \$91,913.00, was reportedly spent on transportation, books, lodging, grants and donations.

A comparison of the nature of expenditures in FY 05 through FY 07 is as follows:



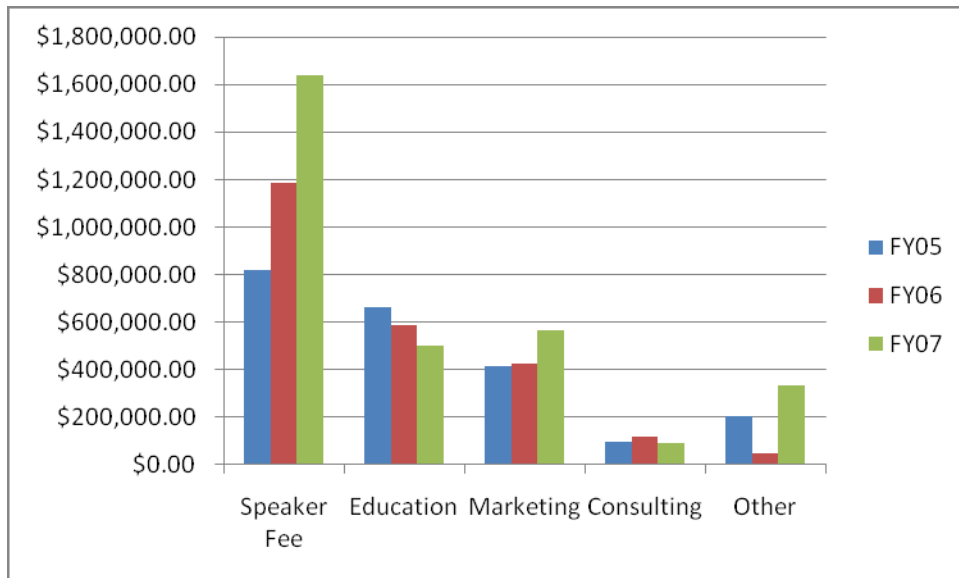
6. Payments by Purpose of Expenditure

"Purpose" of marketing expenses, as set forth in the Payment Disclosure Law, means a description of the purpose of the payments or benefits that were provided. Examples of the purpose of expenditures include speaker fees, consulting fees, education, and "detailing" the specific virtues of a pharmaceutical product.

The largest expenditure purpose category in FY 07 was for speaker fees, which amounted to \$1,640,332.00 or approximately 52% of the total expenditures. Monies expended on speaker fees were also the largest expenditure in FY 06, totaling \$1,184,860.00. This category increased by \$455,471.00 in FY 07, making it 38% higher than in FY 06.

The second largest expense in FY 07 was for marketing, which amounted to \$567,004.00, or approximately 18% of the total. The balance of \$931,458.00 was spent on education, consulting and other purposes.

A comparison of the purpose of such expenditures in FY 05 through FY 07 is as follows:

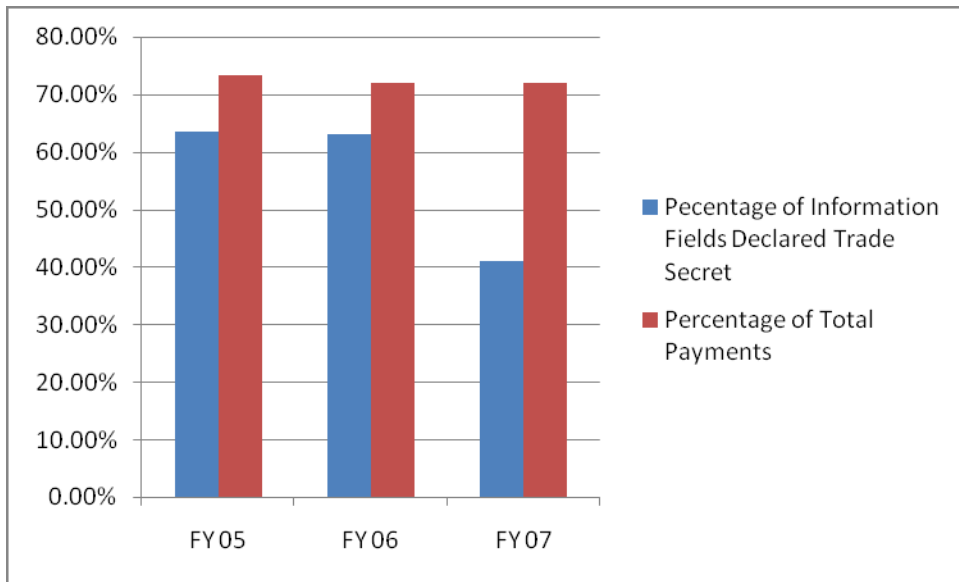


7. Trade Secret Declarations

Thirty-five of the eighty-four pharmaceutical manufacturers that disclosed payments in FY 07 requested that some or all of their data be listed as “trade secret”. The total of payments made by these thirty-five companies is \$2,258,893.00, which represents 72% of the total payments made during this reporting period. In FY 06, thirty-four companies requested that some or all of their data be listed as “trade secret”, which represented 72% of the total payments made for that reporting period. In FY 05, thirty-two companies requested that some or all of their data be listed as “trade secret”, representing 73% of the total payments made for that reporting period.

Although the total amount of payments subject to trade secret declarations has remained stable over the past three years, the amount of information that is subject to trade secret declarations has declined drastically in FY 07, as a result of new requirements instituted by Attorney General with respect to how the trade secret declarations are reported. Previously, manufacturers would simply designate entire payments as either “trade secret” or “not trade secret”. In FY 07, for the first time, the Attorney General required manufacturers to designate the particular information relating to each payment that was a trade secret. As a result, the amount of information subject to trade secret designation declined from 63% in FY 05 and FY 06, to 41% in FY 07.

A comparison of trade secret designations in FY 05 – FY 07 is as follows:



V. Enforcement Actions

In January 2007, an Assurance of Discontinuance was entered in Vermont Superior Court regarding the failure of Biogen Idec, Inc., to file timely financial disclosures for FY 03 and FY 04. In May 2007, an Assurance of Discontinuance was filed regarding the failure of Otsuka America Pharmaceutical, Inc., to file timely financial disclosures for FY 04, FY 05 and FY 06. No other enforcement action was necessary in FY 07.

TAB 1

Title 33: Human Services
Chapter 19: MEDICAL ASSISTANCE
33 V.S.A. § 2005. Pharmaceutical Marketers

§ 2005. Pharmaceutical marketers

(a)(1) Annually on or before December 1 of each year, every pharmaceutical manufacturing company shall disclose to the office of the attorney general the value, nature, and purpose of any gift, fee, payment, subsidy, or other economic benefit provided in connection with detailing, promotional, or other marketing activities by the company, directly or through its pharmaceutical marketers, to any physician, hospital, nursing home, pharmacist, health benefit plan administrator, or any other person in Vermont authorized to prescribe, dispense, or purchase prescription drugs in this state. Disclosure shall include the name of the recipient. Disclosure shall be made on a form and in a manner prescribed by the office of the attorney general and shall require pharmaceutical manufacturing companies to report the value, nature, and purpose of all gift expenditures according to specific categories. The office of the attorney general shall report annually on the disclosures made under this section to the general assembly and the governor on or before April 1.

(2) Annually on October 1, each company subject to the provisions of this section also shall disclose to the office of the attorney general, the name and address of the individual responsible for the company's compliance with the provisions of this section, or if this information has been previously reported, any changes to the name or address of the individual responsible for the company's compliance with the provisions of this section.

(3) The office of the attorney general shall keep confidential all trade secret information, as defined by subdivision 317(c)(9) of Title 1, except that the office may disclose the information to the department of health and the office of Vermont health access for the purpose of informing and prioritizing the activities of the evidence-based education program in subchapter 2 of chapter 91 of Title 18. The department of health and the office of Vermont health access shall keep the information confidential. The disclosure form shall permit the company to identify any information that it claims is a trade secret as defined in subdivision 317(c)(9) of Title 1. In the event that the attorney general receives a request for any information designated as a trade secret, the attorney general shall promptly notify the company of such request. Within 30 days after such notification, the company shall respond to the requester and the attorney general by either consenting to the release of the requested information or by certifying in writing the reasons for its claim that the information is a trade secret. Any requester aggrieved by the company's response may apply to the superior court of Washington County for a declaration that the company's claim of trade secret is invalid. The attorney general shall not be made a party to the superior court proceeding. Prior to and during the pendency of the superior court proceeding, the attorney general shall keep confidential the information that has been claimed as trade secret information, except that the attorney general may provide the requested information to the court under seal.

(4) The following shall be exempt from disclosure:

(A) free samples of prescription drugs intended to be distributed to patients;

(B) the payment of reasonable compensation and reimbursement of expenses in connection with bona fide clinical trials;

(C) any gift, fee, payment, subsidy or other economic benefit the value of which is less than \$25.00;

(D) scholarship or other support for medical students, residents and fellows to attend a significant educational, scientific, or policy-making conference of a national, regional, or specialty medical or other professional association if the recipient of the scholarship or other support is selected by the association;

(E) unrestricted grants for continuing medical education programs [no longer effective as of July 1, 2007]; and

(F) prescription drug rebates and discounts [effective July 1, 2004].

(b) The attorney general may bring an action in Washington superior court for injunctive relief, costs, and attorneys fees, and to impose on a pharmaceutical manufacturing company that fails to disclose as required by subsection (a) of this section a civil penalty of no more than \$10,000.00 per violation. Each unlawful failure to disclose shall constitute a separate violation.

(c) As used in this section:

(1) "Approved clinical trial" means a clinical trial that has been approved by the U.S. Food and Drug Administration (FDA) or has been approved by a duly constituted Institutional Review Board (IRB) after reviewing and evaluating it in accordance with the human subject protection standards set forth at 21 C.F.R. Part 50, 45 C.F.R. Part 46, or an equivalent set of standards of another federal agency.

(2) "Bona fide clinical trial" means an approved clinical trial that constitutes "research" as that term is defined in 45 C.F.R. § 46.102 when the results of the research can be published freely by the investigator and reasonably can be considered to be of interest to scientists or medical practitioners working in the particular field of inquiry.

(3) "Clinical trial" means any study assessing the safety or efficacy of drugs administered alone or in combination with other drugs or other therapies, or assessing the relative safety or efficacy of drugs in comparison with other drugs or other therapies.

(4) "Pharmaceutical marketer" means a person who, while employed by or under contract to represent a pharmaceutical manufacturing company, engages in pharmaceutical detailing, promotional activities, or other marketing of prescription drugs in this state to any physician, hospital, nursing home, pharmacist, health benefit plan administrator, or any other person authorized to prescribe, dispense, or purchase prescription drugs. The term does not include a wholesale drug distributor or the distributor's representative who promotes or otherwise markets the services of the wholesale drug distributor in connection with a prescription drug.

(5) "Pharmaceutical manufacturing company" means any entity which is engaged in the production, preparation, propagation, compounding, conversion, or processing of prescription drugs, either directly or indirectly by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, or any entity engaged in the packaging, repackaging, labeling, relabeling, or distribution of prescription drugs. The term does not include a wholesale drug distributor or pharmacist licensed under chapter 36 of Title 26.

(6) "Unrestricted grant" means any gift, payment, subsidy, or other economic benefit to an educational institution, professional association, health care facility, or governmental entity which does not impose any restrictions on the use of the grant, such as favorable treatment of a certain product or an ability of the marketer to control or influence the planning, content, or execution of the education activity.

(d) Disclosures of unrestricted grants for continuing medical educational programs shall be limited to the value, nature, and purpose of the grant and the name of the grantee. It shall not include disclosure of the individual participants in such a program [effective July 1, 2007].

TAB 2

Table 1
FY07 - Ranking by Company Name
(Johnson and Johnson subsidiaries combined)

<i>Company</i>	<i>Ranking</i>
Eli Lilly And Company	1
Pfizer Inc	2
UCB Inc.	3
Novartis Pharmaceuticals Corporation	4
Merck & Co., Inc.	5
Forest Pharmaceuticals, Inc. (subsidiary of Forest Laboratories, Inc.)	6
Sanofi Aventis US	7
GlaxoSmithKline	8
AstraZeneca	9
Johnson and Johnson Companies*	10
Takeda Pharmaceuticals America, Inc	11
Bristol-Myers Squibb Company	12
Wyeth Pharmaceuticals	13
Abbott	14
Daiichi Sankyo Inc.	15
Boehringer Ingelheim Pharmaceuticals, Inc.	16
Schering Corporation	17
Hoffmann-La Roche Inc.	18
Teva Pharmaceuticals USA	19
The Medicines Company	20
Amgen Inc.	21
Sepracor Inc.	22
EMD Serono Inc.	23
Cephalon Inc.	24
Reckitt Benckiser Pharmaceuticals	25
Shire Pharmaceuticals Inc	26
Novo Nordisk Inc.	27
Genentech, Inc	28
TAP Pharmaceutical Products Inc.	29
McNeil Pediatrics Division of McNeil-PPC, Inc.	30
Dey L.P.	31
PriCara, a Unit of Ortho-McNeil, Inc.	32
Astellas Pharma US Inc.	33
Biogen Idec	34
Millennium Pharmaceuticals Inc.	35
Allergan Inc.	36
Sanofi Pasteur	37
Axcan Scandipharm Inc.	38

Reliant Pharmaceutical	39	
Actelion Pharmaceuticals US Inc.	40	
Procter & Gamble Pharmaceuticals Inc.	41	
Genzyme Corporation	42	
Acorda Therapeutics Inc.	43	
Solvay	44	
Enzon Pharmaceuticals Inc.	45	
Eisai Inc./Eisai Corporation of North America	46	
Organon USA Inc.	47	
Amylin Pharmaceuticals	48	
Endo Pharmaceuticals Inc	49	
Onyx Pharmaceuticals Inc.	50	
Bayer HealthCare Pharmaceuticals	51	
King Pharmaceuticals Inc.	52	
Baxter Healthcare Corporation	53	
Alcon Laboratories Inc.	54	
Salix Pharmaceuticals Inc	55	
MGI Pharma Inc.	56	
Watson Pharma Inc. (Watson Pharmaceuticals Inc. Parent)	57	57
MedPointe Pharmaceuticals (Parent Company = Meda)	58	
Duramed Pharmaceuticals Inc.	59	
Cubist Pharmaceuticals Inc.	60	
Mylan Pharmaceuticals Inc.	61	
Alpharma Pharmaceuticals LLC	62	
Stiefel Laboratories Inc.	63	
Purdue Pharma L.P.	64	
MedImmune Inc.	65	
Abraxis Bioscience LLC	66	
CSL Behring LLC	67	
Serono Inc.	68	
Talecris Biotherapeutics Inc.	69	
Adolor Corporation	70	
Solstice Neurosciences, Inc.	71	
Otsuka America Pharmaceutical Inc. (Parent: Otsuka America Inc.)	72	72
Esprit Pharma Inc.	73	
ImClone Systems Incorporated	74	

* J&J companies include the following: ALZA Corporation, Centocor Inc., Ethicon Inc., Janssen L.P., Ortho-McNeil Pharmaceutical Inc., Ortho Biotech Products LP, Ortho Clinical Diagnostics, Ortho Women's Health and Urology, Ortho-McNeil Janssen Scientific Affairs LLC, Ortho-McNeil Neurologics Inc., Ortho-McNeil Pharmaceutical Inc., Scios Inc., Ora Pharm and Vistakon Pharmaceuticals LLC

TOTAL \$3,138,794.
NUMBER OF COMPANIES 97

Table 2

FY07 - Recipients of Payments

Recipient Type	Amount	% of Total
Doctor	\$2,378,436.05	75.78
Other Healthcare Provider	\$358,556.67	11.42
Other Prescriber	\$272,379.29	8.68
Hospital	\$60,020.73	1.91
University	\$29,588.00	0.94
Pharmacist	\$29,414.83	0.94
Clinic	\$10,398.77	0.33
Total Amount	\$3,138,794.33	

Table 3

FY07 - Nature of Payments

Nature	Amount	% of Total
Cash or Check	\$1,571,574.43	50.07
Food	\$927,818.25	29.56
Other	\$547,488.97	17.44
Transportation	\$56,477.92	1.80
Book	\$16,170.96	0.52
Lodging	\$12,041.39	0.38
Grant	\$5,000.00	0.16
Donation	\$2,222.42	0.07
Total Amount	\$3,138,794.33	

Table 4

FY07 - Primary Purpose of Payment

Purpose	Amount	% of Total
Speaker Fee or Payment	\$1,640,331.66	52.26
Marketing	\$567,004.43	18.06
Education (other)	\$499,167.44	15.90
Other	\$333,557.06	10.63
Consulting	\$89,358.75	2.85
Education CME Grants	\$8,400.00	0.27
Regional Exhibit	\$975.00	0.03
Total Amount	\$3,138,794.33	

Table 5

FY07 – Excerpts From FDA Approved Drug Labels.

AMBIEN CR

INDICATIONS AND USAGE

AMBIEN CR is indicated for the treatment of insomnia characterized by difficulties with sleep onset and/or sleep maintenance. (1)

<http://www.fda.gov/medwatch>.

BENICAR

INDICATIONS AND USAGE

BENICAR is indicated for the treatment of hypertension. It may be used alone or in combination with other antihypertensive agents.

BYETTE

INDICATIONS AND USAGE

BYETTE is indicated as adjunctive therapy to improve glycemic control in patients with type 2 diabetes mellitus who are taking metformin, a sulfonylurea, a thiazolidinedione, a combination of metformin and a sulfonylurea, or a combination of metformin and a thiazolidinedione, but have not achieved adequate glycemic control.

COPAXONE

INDICATIONS AND USAGE

COPAXONE® is indicated for reduction of the frequency of relapses in patients with Relapsing-Remitting Multiple Sclerosis.

COZAAR

INDICATIONS AND USAGE

Hypertension

COZAAR is indicated for the treatment of hypertension. It may be used alone or in combination with other antihypertensive agents, including diuretics.

Hypertensive Patients with Left Ventricular Hypertrophy

COZAAR is indicated to reduce the risk of stroke in patients with hypertension and left ventricular hypertrophy, but there is evidence that this benefit does not apply to Black patients.

PRECAUTIONS, *Race* and CLINICAL PHARMACOLOGY, *Pharmacodynamics and Clinical Effects*,

Reduction in the Risk of Stroke, Race.)

Nephropathy in Type 2 Diabetic Patients

COZAAR is indicated for the treatment of diabetic nephropathy with an elevated serum creatinine and proteinuria (urinary albumin to creatinine ratio ≥ 300 mg/g) in patients with type 2 diabetes and a history of hypertension. In this population, COZAAR reduces the rate of progression of nephropathy as measured by the occurrence of doubling of serum creatinine or end stage renal disease (need for dialysis or renal transplantation) (see CLINICAL PHARMACOLOGY, *Pharmacodynamics and Clinical Effects*).

CYMBALTA

INDICATIONS AND USAGE-----

CYMBALTA is a selective serotonin and norepinephrine reuptake inhibitor (SNRI) indicated for:

- Major Depressive Disorder (1.1)
- Diabetic Peripheral Neuropathic Pain (1.2)
- Generalized Anxiety Disorder (1.3)

EMEND

INDICATIONS AND USAGE

EMEND, in combination with other antiemetic agents, is indicated for the:

Prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy including high-dose cisplatin

Prevention of nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (see DOSAGE AND ADMINISTRATION).

EMEND is indicated for the prevention of postoperative nausea and vomiting (see DOSAGE AND ADMINISTRATION).

GARDASIL

INDICATIONS AND USAGE

GARDASIL is a vaccine indicated in girls and women 9-26 years of age for the prevention of the following diseases caused by Human Papillomavirus (HPV) types 6, 11, 16, and 18:

Cervical cancer

Genital warts (condyloma acuminata)

and the following precancerous or dysplastic lesions:

Cervical adenocarcinoma *in situ* (AIS)

Cervical intraepithelial neoplasia (CIN) grade 2 and grade 3

Vulvar intraepithelial neoplasia (VIN) grade 2 and grade 3

Vaginal intraepithelial neoplasia (VaIN) grade 2 and grade 3

Cervical intraepithelial neoplasia (CIN) grade 1

HUMALOG

INDICATIONS AND USAGE

HUMALOG is an insulin analog that is indicated in the treatment of patients with diabetes mellitus for the control of hyperglycemia. Humalog has a more rapid onset and a shorter duration of action than Regular human insulin. Therefore, in patients with type 1 diabetes, Humalog should be used in regimens that include a longer-acting insulin. However, in patients with type 2 diabetes, Humalog may be used without a longer-acting insulin when used in combination therapy with sulfonylurea agents.

HYZAAR

INDICATIONS AND USAGE

Hypertension

HYZAAR is indicated for the treatment of hypertension. This fixed dose combination is not indicated for initial therapy of hypertension, except when the hypertension is severe enough that the value of achieving prompt blood pressure control exceeds the risk of initiating combination therapy in these patients (see CLINICAL PHARMACOLOGY, *Pharmacodynamics and Clinical Effects*, and DOSAGE AND ADMINISTRATION).

Hypertensive Patients with Left Ventricular Hypertrophy

HYZAAR is indicated to reduce the risk of stroke in patients with hypertension and left ventricular hypertrophy, but there is evidence that this benefit does not apply to Black patients. (See PRECAUTIONS, *Race*, CLINICAL PHARMACOLOGY, *Pharmacodynamics and Clinical Effects*, *Losartan Potassium*, *Reduction in the Risk of Stroke*, *Race*, and DOSAGE AND ADMINISTRATION.)

JANUMET

INDICATIONS AND USAGE-----

JANUMET is a dipeptidyl peptidase-4 (DPP-4) inhibitor and biguanide combination product indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus when treatment with both sitagliptin and metformin is appropriate. (1)

Important Limitations of Use:

JANUMET should not be used in patients with type 1 diabetes or for the treatment of diabetic ketoacidosis. (1)

JANUMET has not been studied in combination with insulin. (1)

JANUVIA

INDICATIONS AND USAGE-----

JANUVIA is indicated as an adjunct to diet and exercise to improve glycemic control in patients with type 2 diabetes mellitus (type 2 diabetes). JANUVIA is indicated for:

Monotherapy (1.1)

Combination therapy with metformin or a peroxisome proliferator-activated receptor gamma (PPAR γ) agonist (e.g., thiazolidinediones) when the single agent does not provide adequate glycemic control.(1.2)

Important Limitations of Use: JANUVIA should not be used in patients with type 1 diabetes mellitus (type 1 diabetes) or for the treatment of diabetic ketoacidosis. (1.3)

LANTUS

INDICATIONS AND USAGE

LANTUS is indicated for once-daily subcutaneous administration for the treatment of adult and pediatric patients with type 1 diabetes mellitus or adult patients with type 2 diabetes mellitus who require basal (long-acting) insulin for the control of hyperglycemia.

LEXAPRO

INDICATIONS AND USAGE

Major Depressive Disorder

LEXAPRO (escitalopram) is indicated for the treatment of major depressive disorder.

The efficacy of Lexapro in the treatment of major depressive disorder was established in three, 8-week, placebo-controlled trials of outpatients whose diagnoses corresponded most closely to the DSM-IV category of major depressive disorder (see **CLINICAL PHARMACOLOGY**).

A major depressive episode (DSM-IV) implies a prominent and relatively persistent (nearly every day for at least 2 weeks) depressed or dysphoric mood that usually interferes with daily functioning, and includes at least five of the following nine symptoms: depressed mood, loss of interest in usual activities, significant change in weight and/or appetite, insomnia or hypersomnia, psychomotor agitation or retardation, increased fatigue, feelings of guilt or worthlessness, slowed thinking or impaired concentration, a suicide attempt or suicidal ideation.

The efficacy of Lexapro in hospitalized patients with major depressive disorders has not been adequately studied.

The efficacy of Lexapro in maintaining a response, in patients with major depressive disorder who responded during an 8-week, acute-treatment phase while taking Lexapro and were then observed for relapse during a period of up to 36 weeks, was demonstrated in a placebo-controlled trial (see **Clinical Efficacy Trials** under **CLINICAL PHARMACOLOGY**). Nevertheless, the physician who elects to use Lexapro for extended periods should periodically re-evaluate the long-term usefulness of the drug for the individual patient (see **DOSAGE AND ADMINISTRATION**).

Generalized Anxiety Disorder

Lexapro is indicated for the treatment of Generalized Anxiety Disorder (GAD).

The efficacy of Lexapro was established in three, 8-week, placebo-controlled trials in patients with GAD (see **CLINICAL PHARMACOLOGY**).

Generalized Anxiety Disorder (DSM-IV) is characterized by excessive anxiety and worry (apprehensive expectation) that is persistent for at least 6 months and which the person finds difficult to control. It must be associated with at least 3 of the following symptoms: restlessness or feeling keyed up or on edge, being easily fatigued, difficulty concentrating or mind going blank, irritability, muscle tension, and sleep disturbance.

The efficacy of Lexapro in the long-term treatment of GAD, that is, for more than 8 weeks, has not been systematically evaluated in controlled trials. The physician who elects to use Lexapro for extended periods should periodically re-evaluate the long-term usefulness of the drug for the individual patient.

METADATE CD

INDICATION AND USAGE

Attention Deficit Hyperactivity Disorder (ADHD)

METADATE CD (methylphenidate HCl, USP) Extended-Release Capsules are indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD).

The efficacy of METADATE CD in the treatment of ADHD was established in one controlled trial of children aged 6 to 15 who met DSM-IV criteria for ADHD (see **CLINICAL PHARMACOLOGY**).

A diagnosis of Attention Deficit Hyperactivity Disorder (ADHD; DSM-IV) implies the presence of hyperactive-impulsive or inattentive symptoms that caused impairment and were present before age 7 years. The symptoms must cause clinically significant impairment, e.g., in social, academic, or occupational functioning, and be present in two or more settings, e.g., school (or work) and at home. The symptoms must not be better accounted for by another mental disorder. For the Inattentive Type, at least six of the following symptoms must have persisted for at least 6 months: lack of attention to details/careless mistakes; lack of sustained attention; poor listener; failure to follow through on tasks; poor organization; avoids tasks requiring sustained mental effort; loses things; easily distracted; forgetful. For the Hyperactive-Impulsive Type, at least six of the following symptoms must have persisted for at least 6 months: fidgeting/squirming; leaving seat; inappropriate running/climbing; difficulty with quiet activities; “on the go;” excessive talking; blurting answers; can’t wait turn; intrusive. The Combined Types requires both inattentive and hyperactive-impulsive criteria to be met.

NAMENDA

INDICATIONS AND USAGE

NAMENDA™ (memantine hydrochloride) is indicated for the treatment of moderate to severe dementia of the Alzheimer’s type.

ROZEREM

INDICATIONS AND USAGE

ROZEREM is indicated for the treatment of insomnia characterized by difficulty with sleep onset.

SEROQUEL

INDICATIONS AND USAGE

SEROQUEL is an atypical antipsychotic agent indicated for Bipolar Disorder including: Bipolar Depression (1.1), Bipolar Mania (1.1), Bipolar Maintenance (1.1), and Schizophrenia (1.2)

STRATTERA

INDICATIONS AND USAGE

STRATTERA is a selective Norepinephrine reuptake inhibitor indicated for treatment of Attention-Deficit/Hyperactivity Disorder (ADHD) (1.1)

VYTORIN

INDICATIONS AND USAGE

Primary Hypercholesterolemia

VYTORIN is indicated as adjunctive therapy to diet for the reduction of elevated total-C, LDL-C, Apo B, TG, and non-HDL-C, and to increase HDL-C in patients with primary (heterozygous familial and non-familial) hypercholesterolemia or mixed hyperlipidemia.

Homozygous Familial Hypercholesterolemia (HoFH)

VYTORIN is indicated for the reduction of elevated total-C and LDL-C in patients with homozygous familial hypercholesterolemia, as an adjunct to other lipid-lowering treatments (e.g., LDL apheresis) or if such treatments are unavailable.

Therapy with lipid-altering agents should be a component of multiple risk-factor intervention in individuals at increased risk for atherosclerotic vascular disease due to hypercholesterolemia.

Lipid-altering agents should be used in addition to an appropriate diet (including restriction of saturated fat and cholesterol) and when the response to diet and other non-pharmacological measures has been inadequate.

ZETIA

INDICATIONS AND USAGE

ZETIA[®] is an inhibitor of intestinal cholesterol (and related phytosterol) absorption indicated as an adjunct to diet to:

Reduce elevated total-C, LDL-C, and Apo B in patients with primary hyperlipidemia, alone or in combination with an HMG-CoA reductase inhibitor (statin) (1.1)

Reduce elevated total-C, LDL-C, Apo B, and non-HDL-C in patients with mixed hyperlipidemia in combination with fenofibrate (1.1)

Reduce elevated total-C and LDL-C in patients with homozygous familial hypercholesterolemia (HoFH), in combination with atorvastatin or simvastatin (1.2)

Reduce elevated sitosterol and campesterol in patients with homozygous sitosterolemia (phytosterolemia) (1.3)

Limitations of Use (1.4)

The effect of ZETIA on cardiovascular morbidity and mortality has not been determined.

ZETIA has not been studied in Fredrickson Type I, III, IV, and V dyslipidemias.

TAB 3

FY06 - Table 1

Ranking by Company Name

(Johnson and Johnson subsidiaries combined)

<i>Company</i>	<i>Ranking</i>
Eli Lilly And Company	1
Sanofi Aventis	2
Pfizer Inc.	3
Forest Pharmaceuticals, Inc.	4
Novartis Pharmaceuticals Corporation	5
Glaxosmithkline	6
Merck & Co., Inc.	7
Takeda Pharmaceuticals America, Inc	8
Astrazeneca	9
Johnson & Johnson Pharmaceutical Company *	10
Teva Pharmaceuticals USA Inc.	11
Bristol-Myers Squibb Company	12
Abbott	13
Wyeth Pharmaceuticals	14
Daiichi Sankyo	15
Genentech, Inc	16
Hoffmann-La Roche Inc.	17
Amgen USA	18
TAP	19
Schering Corporation	20
Mcneil Pediatrics Division Of Mcneil-PPC Inc.	21
Cephalon Inc.	22
Biogen Idec	23
Abraxis Bioscience Inc.	24
Shire Pharmaceuticals Inc.	25
Solvay Pharmaceuticals, Inc.	26
Procter & Gamble Pharmaceuticals Inc.	27
Novo Nordisk Inc	28
Alpharma Branded Products Division, Inc.	29
Adolor Corporation	30
Serono Inc.	31
Millennium Pharmaceuticals Inc	32
Sepracor Inc.	33
Eisai Inc.	34
Sanofi Pasteur	35
PDL Biopharma Inc.	36
Astellas Pharma US Inc.	37
Medimmune Inc	38
Allergan Inc.	39
Esprit Pharma Inc.	40
Amylin Pharmaceuticals Inc.	41
UCB Inc.	42

Schwarz Pharma Inc.	43
Talecris Biotherapeutics Inc.	44
UCB Pharma	45
Watson Pharmaceuticals Inc.	46
Boehringer Ingelheim	47
Medpointe Pharmaceuticals	48
Sankyo Pharma Inc.	49
Alcon Laboratories Inc.	50
The Medicines Company	51
Berlex Laboratories A Unit Of Berlex Inc.	52
Dey L.P.	53
Endo Pharmaceuticals Inc	54
Reliant Pharmaceuticals Inc.	55
Baxter Healthcare Corporation	56
Axcan Scandipharm Inc.	57
Daiichi Pharmaceutical Corporation	58
Warner Chilcott	59
MGI Pharma Inc.	60
Otsuka America Pharmaceutical Inc.	61
3M Pharmaceuticals	62
Jazz Pharmaceuticals	63
Bayer Healthcare Pharmaceuticals	64
Purdue Pharma L.P.	65
Duramed Pharmaceuticals Inc.	66
Mylan Pharmaceuticals Inc.	67
OSI	68
Organon USA Inc	69
Onyx Pharmaceuticals Inc.	70
Cotherix Inc	71
Novartis Vaccines And Diagnostics Inc.	72
Vistakon Pharmaceuticals LLC	73
Mcneil Consumer & Specialty Pharmaceuticals	74
Galderma Laboratories L.P.	75
Ortho Mcneil Janssen Pharmaceutical Services	76
Imclone Systems Incorporated	77

* J&J Companies include Centocor, Inc., Janssen L.P., OraPharma, Inc., Ortho Biotech Products LP, Ortho-McNeil Neurologics, Inc., Ortho-McNeil Pharmaceutical, Inc., and Pricara.

TOTAL	\$2,367,004.33
NUMBER OF COMPANIES	77

FY06 - Table 2
Recipients of Payments

Recipient Type	Amount	% of Total
Doctor	\$1,979,911.85	83.65
Other Prescriber	\$165,660.48	7.00
Other Healthcare Provider	\$106,618.46	4.50
Hospital	\$54,358.91	2.30
University	\$31,832.52	1.34
Clinic	\$19,414.32	0.82
Pharmacist	\$9,207.79	0.39
	Total Amount	\$2,367,004.33

FY06 – Table 3

Nature of Payments

Nature	Amount	% of Total
Cash or Check	\$1,312,537.16	55.45
Food	\$832,643.76	35.18
Other	\$132,043.31	5.58
Transportation	\$57,827.48	2.44
Book	\$14,982.28	0.63
Lodging	\$5,726.24	0.24
Check	\$5,000.00	0.21
Other:	\$3,000.00	0.13
Grant	\$3,000.00	0.13
Donation	\$244.10	0.01
Total Amount	\$2,367,004.33	

FY06 – Table 4

Primary Purpose of Payment

Purpose	Amount	% of Total
Speaker Fee or Payment	\$1,184,860.44	50.06
Education	\$586,174.46	24.76
Marketing	\$426,163.30	18.00
Consulting	\$119,406.72	5.04
Other	\$49,242.25	2.08
Education (other)	\$1,100.66	0.05
Education CME Grants	\$56.50	0.00
Total Amount	\$2,367,004.33	

**FY 06 – TABLE 5
TOP 100 RECIPIENTS**

Specialty #1 Description (as self-reported)	Number of Recipients	Total Received	% of Overall Total	Average per Recipient
Psychiatry	11	\$502,612.02	22.36%	\$45,692.00
Endocrinology, Diabetes & Metabolism	5	\$168,648.91	7.50%	\$33,729.78
Internal Medicine	16	\$150,209.70	6.68%	\$9,388.11
Neurology	5	\$115,230.40	5.13%	\$23,046.08
Other	7	\$71,085.63	3.16%	\$10,155.09
Family Practice	12	\$71,069.02	3.16%	\$5,922.42
Oncology	3	\$59,144.02	2.63%	\$19,714.67
Ionizing Radiation Privileges	9	\$55,832.76	2.48%	\$6,203.64
Osteopath	1	\$46,642.74	2.08%	\$46,642.74
Pediatrics	4	\$42,655.32	1.90%	\$10,663.83
APRN	4	\$42,517.58	1.89%	\$10,629.40
Hospitals	4	\$34,791.02	1.55%	\$8,697.76
Neurophysiology, Clinical	1	\$26,493.45	1.18%	\$26,493.45
Colleges/Universities	2	\$25,537.57	1.14%	\$12,647.85
Nephrology	1	\$25,294.74	1.13%	\$25,294.74
Dermatology	2	\$23,399.00	1.04%	\$11,699.50
Gastroenterology	1	\$17,398.98	.77%	\$17,398.98
Physician Assistant	3	\$12,226.59	.54%	\$4,075.53
RN	2	\$12,049.27	.54%	\$6,024.64
Cardiovascular Disease	2	\$10,974.68	.49%	\$5,487.34
Hematology	1	\$10,121.71	.45%	\$10,121.71
Allergy & Immunology	1	\$7,983.40	.36%	\$7,983.40
Geriatrics	1	\$6,481.11	.29%	\$6,481.11
Obstetrics & Gynecology	1	\$6,365.64	.28%	\$6,365.64
Pharmacist	1	\$5,126.60	.23%	\$5,126.60
TOTALS:	100	\$1,549,891.86	68.96%	\$15,027.44

TAB 4

FY05 - Table 1

Ranking by Company

(Johnson and Johnson subsidiaries combined)

<i>Company</i>	<i>Ranking</i>
Forest Pharmaceuticals, Inc.	1
Eli Lilly and Company	2
GlaxoSmithKline	3
Sanofi Aventis	4
Merck & Co., Inc.	5
Pfizer Inc.	6
Teva USA	7
AstraZeneca	8
Biogen Idec Inc.	9
Johnson & Johnson Pharmaceutical Company *	10
Novartis Pharmaceuticals Corporation	11
Bristol-Myers Squibb	12
Genzyme Corporation	13
Wyeth Pharmaceuticals	14
Boehringer Ingelheim	15
Abbott	16
Hoffmann-La Roche Inc.	17
Bayer Pharmaceuticals Corporation	18
Takeda Pharmaceuticals America, Inc	19
Shire Pharmaceutical	20
TAP Pharmaceutical Products Inc.	21
Genentech, Inc	22
MGI Pharma Inc.	23
Cephalon Inc.	24
Schering Corporation	25
Amgen USA	26
Sankyo Pharma Inc.	27
Organon USA Inc	28
Millennium Pharmaceutical Inc.	29
Abraxis Bioscience Inc.	30
Serono Inc.	31
3M Pharmaceuticals	32
Reliant Pharmaceuticals Inc.	33
Procter & Gamble Pharmaceuticals Inc.	34
Warner Chilcott	35
Baxter Healthcare Corporation	36
Biovail Pharmaceuticals Inc.	37
Berlex Laboratories a unit of Berlex Inc.	38
Allergan Inc.	39
sanofi pasteur	40
Endo Pharmaceuticals Inc.	41

Sepracor Inc	42
Schwarz Pharma Inc.	43
Adolor Corporation	44
Eisai Inc.	45
Salix Pharmaceuticals Inc.	46
MedImmune Inc.	47
Novo Nordisk Inc	48
Sanofi-Synthelabo Inc.	49
Astellas Pharma US Inc.	50
Alcon Laboratories Inc.	51
Chiron Corporation	52
Purdue Pharma L.P.	53
Watson Pharmaceuticals Inc.	54
Eyeteq Pharmaceuticals Inc.	55
Critical Therapeutics Inc.	56
OraPharma Inc.	57
Otsuka America Pharmaceutical Inc.	58
UCB Pharma	59
Santarus Inc.	60
Amylin Pharmaceuticals Inc.	61
ImClone Systems Incorporated	62

* J&J companies include the following: Centocor Inc., Janssen, L.P., McNeil Consumer & Specialty Pharmaceuticals, Ortho Biotech Products LP, Ortho-McNeil Neurologics, Inc., Ortho-McNeil Pharmaceutical Inc., PriCara, a Unit of Ortho-McNeil, Inc., Scios Inc., and Vistakon Pharmaceuticals LLC

TOTAL \$2,181,517.
NUMBER OF COMPANIES 62

FY05 - Table 2

Recipients of Payments

Recipient Type	Amount	% of Total
Doctor	\$1,702,268.85	77.50
Hospital	\$186,331.29	8.48
Other Healthcare Provider	\$147,329.48	6.71
Other Prescriber	\$78,904.25	3.59
University	\$36,065.84	1.64
Clinic	\$35,401.12	1.61
Pharmacist	\$8,106.43	0.37
Organization	\$1,650.00	0.08
Other	\$535.00	0.02
	\$0.00	0.00
Total Amount	\$2,196,592.26	

FY05 - Table 3

Nature of Payments

Nature	Amount	% of Total
Cash or Check	\$995,371.18	45.31
Food	\$801,859.67	36.50
Other	\$204,807.65	9.32
Donation	\$58,794.00	2.68
Transportation	\$56,778.19	2.58
Grant	\$38,676.76	1.76
Book	\$19,150.51	0.87
Lodging	\$12,854.30	0.59
Honoraria	\$8,300.00	0.38
Other:	\$0.00	0.00
	\$0.00	0.00
Total Amount	\$2,196,592.26	

FY05 - Table 4

Primary Purpose of Payment

Purpose	Amount	% of Total
Speaker Fee or Payment	\$818,633.88	37.27
Education	\$661,814.97	30.13
Marketing	\$415,453.04	18.91
Other	\$203,172.01	9.25
Consulting	\$95,679.18	4.36
Speaker Fee	\$1,839.19	0.08
Total Amount	\$2,196,592.26	

**FY 05 – TABLE 5
TOP 100 RECIPIENTS**

The top 100 recipients by first specialty category in FY 05 breaks down as follows:

Specialty #1 Description (as self-reported)	Number of Recipients	Total Received	% of Overall Total	Average per Recipient
Psychiatry	14	\$291,695.62	13.28%	\$20,835.40
Other	9	\$171,726.71	7.82%	\$19,080.75
Hospitals/clinics	3	\$135,505.76	6.17%	\$45,168.59
Internal Medicine	14	\$124,238.85	5.66%	\$8,874.20
Ionizing Radiation Privileges	10	\$101,865.13	4.64%	\$10,186.51
Neurology	6	\$96,419.04	4.39%	\$16,069.84
Endocrinology, Diabetes & Metabolism	4	\$93,061.64	4.24%	\$23,265.41
Osteopath	3	\$78,653.64	3.58%	\$26,217.88
Family Practice	10	\$65,809.39	3.00%	\$6,580.94
Oncology	1	\$53,290.01	2.43%	\$53,290.01
Consulting	1	\$45,000	2.05%	\$45,000.00
Nurses	6	\$39,804.13	1.81%	\$6,634.02
Cardiovascular Disease	4	\$33,740.61	1.54%	\$8,435.15
Nephrology	1	\$31,333.18	1.43%	\$31,333.18
Pediatrics	3	\$20,100.94	.92%	\$6,700.31
Dermatology	1	\$18,380.11	.84%	\$18,380.11
Neurophysiology, Clinical	1	\$16,066.88	.73%	\$16,066.88
Otolaryngology	1	\$13,050.16	.59%	\$13,050.16
Gastroenterology	2	\$11,105.26	.51%	\$5,552.63
Allergy & Immunology	1	\$8,207.74	.37%	\$8,207.74
Critical Care	1	\$6,616.50	.30%	\$6,616.50
University	1	\$6,200	.28%	\$6,200
Hematology	1	\$4,622.76	.21%	\$4,622.76
Obstetrics & Gynecology	1	\$4,615.97	.21%	\$4,615.97
Urology	1	\$3,515.45	.16%	\$3,515.45
Totals:	100	\$1,474,625.48	67.16%	\$16,580.02