

Letter of Agreement

This letter will serve as an Agreement between Walgreen Company (hereinafter "Provider") and Purdue Pharma L.P. (hereinafter "Company"), whereby the Company will provide funding to the Provider in support of the following continuing medical education program: Use of Opioids - A Pharmacist Responsibilities (hereinafter "Program").

1. In managing this Program, the Provider will follow the *Standards For Commercial Support of Continuing Medical Education* (hereinafter "Standards"), which are incorporated by reference into and attached to this Letter of Agreement.
2. In managing this Program, the Provider shall follow the provisions set forth in Parts II A 1-10 of the Food and Drug Administration's *Draft Policy Statement on Industry-Supported Scientific and Educational Activities* (Federal Register, Vol. 57, No. 229, November 27, 1992), which are incorporated by reference into and attached to this Agreement. In the event of a conflict between the Draft Policy Statement and the Standards, the Company and the Provider agree that the provisions of the Draft Policy Statement shall govern.
3. The Company and the Provider agree to the presentation of the Program on January 19, 1999.
 By: Louis Saeger, MD
 (presenter[s], as selected by the Provider).
 At: Double Tree Suites
16500 Southcenter Parkway
Scottsdale Room
Tukwila, WA 98188
4. Because of administrative reasons, the Provider is unable to provide the honorarium and/or expense reimbursement directly to the Presenter(s). The Company shall be responsible to the Presenter for payment of:
 - a. Honoraria for the Presenter(s): \$2000.00
 - b. Actual cost of transportation/coach airfare for Presenter(s) [upon presentation of receipt]
 - c. Reasonable meal costs for Presenter(s) [upon presentation of receipt]
 - d. Reasonable lodging costs for Presenter(s) [upon presentation of receipt]
 - e. Other reasonable miscellaneous Presenter-related costs [upon presentation of receipt]
5. Additional grant funding made in support of the Program shall be in the amount of N/A directly to the Provider.

Accepted by:

[Signature]
for Purdue Pharma L.P.

Coordinator, Medical Education
Title

12/21/98
Date

[Signature]
for the Provider

Pharmacy Supervisor
Title

1/5/99
Date



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CONFIDENTIAL - SUBJECT TO PROTECTIVE ORDER

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