John Q. Sample, MD
123 Main Street
Suite A
Anytown, US 12345

Dear Dr. Sample:

Your patients with chronic low back pain are not alone. **More than 8 million Americans are suffering from chronic low back pain.**[1]

***If you are struggling to find a long-lasting solution for your patients suffering from moderate to severe chronic low back pain*:**

think™
OPANA® ER
(oxymorphone HCl)
Extended-release tablets
5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg

For moderate to severe chronic low back pain that persists for more than 3 months[2]

think™ True 12-hour dosing that lasts[3]—once in A.M. and once in P.M.

think™ No known CYP450 pharmacokinetic drug-drug interactions at clinically relevant doses[4]

think™ Widely available on managed care plans (including Medicare Part D) for 8 out of 10 covered patients[5]

Go to **www.endoformularylink.com** for the latest managed care information specific to your area.

Don't forget the ***OPANA ER Instant Savings Kit*** for valuable information for your patients and savings of up to $300 on prescriptions.

OPANA ER Indication

- OPANA ER is indicated for the relief of moderate to severe pain in patients requiring continuous, around-the-clock opioid treatment for an extended period of time
- OPANA ER is not intended for use as an as needed analgesic
- OPANA ER is not indicated for pain in the immediate post-operative period (12–24 hours following surgery) for patients not previously taking opioids because of the risk of oversedation and respiratory depression requiring reversal with opioid antagonists
- OPANA ER is not indicated for pain in the post-operative period if the pain is mild or not expected to persist for an extended period of time

Please see additional Important Safety Information, including boxed WARNING, on reverse side and accompanying full Prescribing Information.

OPANA® ER Important Safety Information

OPANA ER has a boxed warning as follows:

WARNING: OPANA ER contains oxymorphone, which is a morphine-like opioid agonist and a Schedule II controlled substance, with an abuse liability similar to other opioid analgesics.

Oxymorphone can be abused in a manner similar to other opioid agonists, legal or illicit. This should be considered when prescribing or dispensing OPANA ER in situations where the physician or pharmacist is concerned about an increased risk of misuse, abuse, or diversion.

OPANA ER is an extended-release oral formulation of oxymorphone indicated for the management of moderate to severe pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time.

OPANA ER is NOT intended for use as an as needed analgesic.

OPANA ER TABLETS are to be swallowed whole and are not to be broken, chewed, dissolved, or crushed. Taking broken, chewed, dissolved, or crushed OPANA ER TABLETS leads to rapid release and absorption of a potentially fatal dose of oxymorphone.

Patients must not consume alcoholic beverages, or prescription or nonprescription medications containing alcohol, while on OPANA ER therapy. The co-ingestion of alcohol with OPANA ER may result in increased plasma levels and a potentially fatal overdose of oxymorphone.

- OPANA ER is **contraindicated** in patients with a known hypersensitivity to oxymorphone hydrochloride, morphine analogs such as codeine, or any of the other ingredients of OPANA ER; in patients with moderate or severe hepatic impairment or in any situation where opioids are contraindicated such as: patients with respiratory depression (in the absence of resuscitative equipment or in unmonitored settings), acute or severe bronchial asthma, hypercarbia, and in any patient who has or is suspected of having paralytic ileus
- OPANA ER is not indicated for pain in the immediate post-operative period (the first 12–24 hours following surgery), or if the pain is mild, or not expected to persist for an extended period of time. OPANA ER is only indicated for post-operative use if the patient is already receiving the drug prior to surgery or if the post-operative pain is expected to be moderate or severe and persist for an extended period of time. Physicians should individualize treatment, moving from parenteral to oral analgesics as appropriate (see American Pain Society guidelines)
- Respiratory depression is the chief hazard of OPANA ER, particularly in elderly or debilitated patients. OPANA ER should be administered with extreme caution to patients with conditions accompanied by hypoxia, hypercapnia, or decreased respiratory reserve such as: asthma, chronic obstructive pulmonary disease or cor pulmonale, severe obesity, sleep apnea syndrome, myxedema, kyphoscoliosis, central nervous system (CNS) depression, or coma
- Patients receiving other opioid analgesics, general anesthetics, phenothiazines or other tranquilizers, sedatives, hypnotics, or other CNS depressants (including alcohol) may experience additive effects resulting in respiratory depression, hypotension, profound sedation, or coma
- OPANA ER should be used with caution in elderly and debilitated patients and in patients who are known to be sensitive to CNS depressants, such as those with cardiovascular, pulmonary, renal, or hepatic disease. OPANA ER should be used with caution in patients with mild hepatic impairment and in patients with moderate to severe renal impairment. These patients should be started cautiously with lower doses of OPANA ER while carefully monitoring for side effects
- OPANA ER is not indicated for preemptive analgesia (administration preoperatively for the management of post-operative pain)
- The most common adverse drug reactions (≥10%) in all clinical trials for OPANA ER were nausea, constipation, dizziness (excluding vertigo), vomiting, pruritus, somnolence, headache, increased sweating, and sedation
- Patients and their families should be instructed to flush any OPANA ER tablets that are no longer needed

Please see accompanying full Prescribing Information for OPANA ER.

For more information regarding responsible opioid pain management, please visit **www.EndoPromise.com**

Sincerely,
[Signature]

[Name]
Your OPANA ER Sales Representative
(800) 892-6131 x[XXXX]

Rx Only

DEA Order Form Required.
OPANA® is a registered trademark of Endo Pharmaceuticals.
think™ is a trademark of Endo Pharmaceuticals.

References: 1. Hertling D, Kessler RM. Lumbar spine. In: Hertling D, Kessler RM, eds. *Management of Common Musculoskeletal Disorders: Physical Therapy Principles and Methods*. 4th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 1990:843. **2.** National Institute of Neurological Disorders and Stroke. Low back pain fact sheet. NIH publication 03-5161. http://www.ninds.nih.gov/disorders/backpain/detail_backpain.htm. Published July 2003. Updated October 30, 2009. Accessed November 17, 2009. **3.** Adams MP, Ahdieh H. Pharmacokinetics and dose-proportionality of oxymorphone extended release and its metabolites: results of a randomized crossover study. *Pharmacotherapy*. 2004; 24(4):468–476. **4.** OPANA® ER Full Prescribing Information. Chadds Ford, PA: Endo Pharmaceuticals; 2008. **5.** MediMedia Formulary Compass. Available at: http://www.formularycompass.com. Accessed November 6, 2009.

ENDO PHARMACEUTICALS
CHADDS FORD, PENNSYLVANIA 19317

John Q. Sample, MD
123 Main Street
Suite A
Anytown, US 12345

Dear Dr. Sample:

An analysis of prescription data from 20,000 retail pharmacies showed that **67% of opioid patients are taking at least one other nonopioid prescription drug.**[1]

Looking for multiple options when titrating these patients?

think™

OPANA® ER
(oxymorphone HCl)
Extended-release tablets
5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg

Tablets shown are not actual size

For moderate to severe chronic low back and osteoarthritis pain

think™ No known CYP450 pharmacokinetic drug-drug interactions at clinically relevant doses[2]

think™ No dose adjustments required for concomitant medications metabolized via CYP450 pathway

think™ True 12-hour dosing that lasts[3]—Once in A.M. and once in P.M.

think™ Widely available on managed care plans (including Medicare Part D) for 8 out of 10 covered patients[4]

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Please see accompanying full Prescribing Information for OPANA ER.

For more information regarding responsible opioid pain management, please visit **www.EndoPromise.com**

Sincerely,
[Signature]

[Name]
Your OPANA ER Sales Representative
(800) 892-6131 x[XXXX]

Rx Only

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References: 1. SDI data. Accessed November 2007. **2.** OPANA® ER Full Prescribing Information. Chadds Ford, PA: Endo Pharmaceuticals; 2008. **3.** Adams MP, Ahdieh H. Pharmacokinetics and dose-proportionality of oxymorphone extended release and its metabolites: results of a randomized cross-over study. *Pharmacotherapy.* 2004; 24(4):468–476. **4.** MediMedia Formulary Compass. Available at: http://www.formularycompass.com. Accessed November 6, 2009.

ENDO PHARMACEUTICALS
CHADDS FORD, PENNSYLVANIA 19317

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123 Main Street
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Anytown, US 12345

Dear Dr. Sample:

Thank you for attending [PERSONALIZED FOR FUNCTION].

Don't forget the ***OPANA ER Instant Savings Kit*** for valuable information for your patients and savings of up to $300 on prescriptions.

For managing the complexities of treating your patients' moderate to severe chronic low back and osteoarthritis pain:

think™ OPANA® ER (oxymorphone HCl) Ⅱ
Extended-release tablets
5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg

- think™ True 12-hour dosing that lasts[1]—Once in A.M. and once in P.M.
- think™ No known CYP450 pharmacokinetic drug-drug interactions at clinically relevant doses[2]
- think™ Widely available on managed care plans (including Medicare Part D) for 8 out of 10 covered patients[3]

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- OPANA ER is **contraindicated** in patients with a known hypersensitivity to oxymorphone hydrochloride, morphine analogs such as codeine, or any of the other ingredients of OPANA ER; in patients with moderate or severe hepatic impairment or in any situation where opioids are contraindicated such as: patients with respiratory depression (in the absence of resuscitative equipment or in unmonitored settings), acute or severe bronchial asthma, hypercarbia, and in any patient who has or is suspected of having paralytic ileus
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- Patients receiving other opioid analgesics, general anesthetics, phenothiazines or other tranquilizers, sedatives, hypnotics, or other CNS depressants (including alcohol) may experience additive effects resulting in respiratory depression, hypotension, profound sedation, or coma
- OPANA ER should be used with caution in elderly and debilitated patients and in patients who are known to be sensitive to CNS depressants, such as those with cardiovascular, pulmonary, renal, or hepatic disease. OPANA ER should be used with caution in patients with mild hepatic impairment and in patients with moderate to severe renal impairment. These patients should be started cautiously with lower doses of OPANA ER while carefully monitoring for side effects
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- Patients and their families should be instructed to flush any OPANA ER tablets that are no longer needed

Please see accompanying full Prescribing Information for OPANA ER.

For more information regarding responsible opioid pain management, please visit **www.EndoPromise.com**

Rx Only

DEA Order Form Required.
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References: 1. Adams MP, Ahdieh H. Pharmacokinetics and dose-proportionality of oxymorphone extended release and its metabolites: results of a randomized crossover study. *Pharmacotherapy*. 2004; 24(4):468–476. **2.** OPANA® ER Full Prescribing Information. Chadds Ford, PA: Endo Pharmaceuticals; 2008. **3.** MediMedia Formulary Compass. Available at: http://www.formularycompass.com. Accessed November 6, 2009.

ENDO PHARMACEUTICALS
CHADDS FORD, PENNSYLVANIA 19317

John Q. Sample, MD
123 Main Street
Suite A
Anytown, US 12345

Dear Dr. Sample:

Sorry to have missed you on my most recent visit to your office.
If you have any questions or needs regarding OPANA ER,
please don't hesitate to call me at (800) 892-6131 x[xxxx].

Don't forget the ***OPANA ER Instant Savings Kit*** for valuable information for your patients and savings of up to $300 on prescriptions.

For managing the complexities of treating your patients' moderate to severe chronic low back and osteoarthritis pain:

think™
OPANA® ER
(oxymorphone HCl)
Extended-release tablets
5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg

- think™ — True 12-hour dosing that lasts[1]—Once in A.M. and once in P.M.
- think™ — No known CYP450 pharmacokinetic drug-drug interactions at clinically relevant doses[2]
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OPANA ER Indication

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- OPANA ER is **contraindicated** in patients with a known hypersensitivity to oxymorphone hydrochloride, morphine analogs such as codeine, or any of the other ingredients of OPANA ER; in patients with moderate or severe hepatic impairment or in any situation where opioids are contraindicated such as: patients with respiratory depression (in the absence of resuscitative equipment or in unmonitored settings), acute or severe bronchial asthma, hypercarbia, and in any patient who has or is suspected of having paralytic ileus
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- Respiratory depression is the chief hazard of OPANA ER, particularly in elderly or debilitated patients. OPANA ER should be administered with extreme caution to patients with conditions accompanied by hypoxia, hypercapnia, or decreased respiratory reserve such as: asthma, chronic obstructive pulmonary disease or cor pulmonale, severe obesity, sleep apnea syndrome, myxedema, kyphoscoliosis, central nervous system (CNS) depression, or coma
- Patients receiving other opioid analgesics, general anesthetics, phenothiazines or other tranquilizers, sedatives, hypnotics, or other CNS depressants (including alcohol) may experience additive effects resulting in respiratory depression, hypotension, profound sedation, or coma
- OPANA ER should be used with caution in elderly and debilitated patients and in patients who are known to be sensitive to CNS depressants, such as those with cardiovascular, pulmonary, renal, or hepatic disease. OPANA ER should be used with caution in patients with mild hepatic impairment and in patients with moderate to severe renal impairment. These patients should be started cautiously with lower doses of OPANA ER while carefully monitoring for side effects
- OPANA ER is not indicated for preemptive analgesia (administration preoperatively for the management of post-operative pain)
- The most common adverse drug reactions (≥10%) in all clinical trials for OPANA ER were nausea, constipation, dizziness (excluding vertigo), vomiting, pruritus, somnolence, headache, increased sweating, and sedation
- Patients and their families should be instructed to flush any OPANA ER tablets that are no longer needed

Please see accompanying full Prescribing Information for OPANA ER.
For more information regarding responsible opioid pain management, please visit **www.EndoPromise.com**

Sincerely,
[Signature]

[Name]
Your OPANA ER Sales Representative
(800) 892-6131 x[XXXX]

Rx Only

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think™ is a trademark of Endo Pharmaceuticals.

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ENDO PHARMACEUTICALS
CHADDS FORD, PENNSYLVANIA 19317

John Q. Sample, MD
123 Main Street
Suite A
Anytown, US 12345

Dear Dr. Sample:

Your patients with pain from osteoarthritis are not alone. **They are among nearly 27 million Americans suffering from this type of pain.[1]**

If you are concerned about drug concomitancy among your patients suffering from moderate to severe chronic osteoarthritis pain:

think™

OPANA® ER
(oxymorphone HCl)
Extended-release tablets
5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg

For moderate to severe chronic osteoarthritis pain

think™ Elderly patients may require less OPANA ER[2]

think™ True 12-hour dosing that lasts[3]—Once in A.M. and once in P.M.

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Sincerely,
[Signature]

[Name]
Your OPANA ER Sales Representative
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References: 1. Lawrence RC, Felson DT, Helmick CG, et al. Estimates of the prevalence of arthritis and other rheumatic conditions in the United States. Part II. *Arthritis Rheum.* 2008;58(1):26–35. **2.** Data on file, DOF-OP-09, Endo Pharmaceuticals. Chadds Ford, PA. **3.** Adams MP, Ahdieh H. Pharmacokinetics and dose-proportionality of oxymorphone extended release and its metabolites: results of a randomized crossover study. *Pharmacotherapy.* 2004; 24(4):468–476. **4.** OPANA® ER Full Prescribing Information. Chadds Ford, PA: Endo Pharmaceuticals; 2008. **5.** MediMedia Formulary Compass. Available at: http://www.formularycompass.com. Accessed November 6, 2009.

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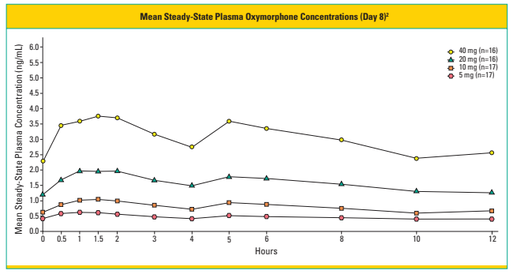
(oxymorphone HCl)
Extended-release tablets
5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg

For moderate to severe chronic low back and osteoarthritis pain

OPANA ER has a long half-life of 9.4 to 11.3 hours[1]



Randomized, 3-period, 4-sequence, crossover study involving 24 healthy volunteers to evaluate pharmacokinetics and dose proportionality of OPANA ER. Each subject received 3 of 4 possible dose strengths (5 mg, 10 mg, 20 mg, and 40 mg) of OPANA ER. The three 8-day administration periods were separated by a 7-day washout. On days 1 and 8, dose administration was to occur after an overnight fast. Subjects continued fasting until 4 hours after dose administration.[3]

think™ True 12-hour dosing that lasts[3]—Once in A.M. and once in P.M.

think™ No known CYP450 pharmacokinetic drug-drug interactions at clinically relevant doses[1]

think™ Widely available on managed care plans (including Medicare Part D) for 8 out of 10 covered patients[4]

Go to **www.endoformularylink.com** for the latest managed care information specific to your area.

Don't forget the ***OPANA ER Instant Savings Kit*** for valuable information for your patients and savings of up to $300 on prescriptions.

OPANA ER Indication

- OPANA ER is indicated for the relief of moderate to severe pain in patients requiring continuous, around-the-clock opioid treatment for an extended period of time
- OPANA ER is not intended for use as an as needed analgesic
- OPANA ER is not indicated for pain in the immediate post-operative period (12–24 hours following surgery) for patients not previously taking opioids because of the risk of oversedation and respiratory depression requiring reversal with opioid antagonists
- OPANA ER is not indicated for pain in the post-operative period if the pain is mild or not expected to persist for an extended period of time

Please see additional Important Safety Information, including boxed WARNING, on reverse side and accompanying full Prescribing Information.

OPANA® ER Important Safety Information

OPANA ER has a boxed warning as follows:

WARNING: OPANA ER contains oxymorphone, which is a morphine-like opioid agonist and a Schedule II controlled substance, with an abuse liability similar to other opioid analgesics.

Oxymorphone can be abused in a manner similar to other opioid agonists, legal or illicit. This should be considered when prescribing or dispensing OPANA ER in situations where the physician or pharmacist is concerned about an increased risk of misuse, abuse, or diversion.

OPANA ER is an extended-release oral formulation of oxymorphone indicated for the management of moderate to severe pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time.

OPANA ER is NOT intended for use as an as needed analgesic.

OPANA ER TABLETS are to be swallowed whole and are not to be broken, chewed, dissolved, or crushed. Taking broken, chewed, dissolved, or crushed OPANA ER TABLETS leads to rapid release and absorption of a potentially fatal dose of oxymorphone.

Patients must not consume alcoholic beverages, or prescription or nonprescription medications containing alcohol, while on OPANA ER therapy. The co-ingestion of alcohol with OPANA ER may result in increased plasma levels and a potentially fatal overdose of oxymorphone.

- OPANA ER is **contraindicated** in patients with a known hypersensitivity to oxymorphone hydrochloride, morphine analogs such as codeine, or any of the other ingredients of OPANA ER; in patients with moderate or severe hepatic impairment or in any situation where opioids are contraindicated such as: patients with respiratory depression (in the absence of resuscitative equipment or in unmonitored settings), acute or severe bronchial asthma, hypercarbia, and in any patient who has or is suspected of having paralytic ileus
- OPANA ER is not indicated for pain in the immediate post-operative period (the first 12–24 hours following surgery), or if the pain is mild, or not expected to persist for an extended period of time. OPANA ER is only indicated for post-operative use if the patient is already receiving the drug prior to surgery or if the post-operative pain is expected to be moderate or severe and persist for an extended period of time. Physicians should individualize treatment, moving from parenteral to oral analgesics as appropriate (see American Pain Society guidelines)
- Respiratory depression is the chief hazard of OPANA ER, particularly in elderly or debilitated patients. OPANA ER should be administered with extreme caution to patients with conditions accompanied by hypoxia, hypercapnia, or decreased respiratory reserve such as: asthma, chronic obstructive pulmonary disease or cor pulmonale, severe obesity, sleep apnea syndrome, myxedema, kyphoscoliosis, central nervous system (CNS) depression, or coma
- Patients receiving other opioid analgesics, general anesthetics, phenothiazines or other tranquilizers, sedatives, hypnotics, or other CNS depressants (including alcohol) may experience additive effects resulting in respiratory depression, hypotension, profound sedation, or coma
- OPANA ER should be used with caution in elderly and debilitated patients and in patients who are known to be sensitive to CNS depressants, such as those with cardiovascular, pulmonary, renal, or hepatic disease. OPANA ER should be used with caution in patients with mild hepatic impairment and in patients with moderate to severe renal impairment. These patients should be started cautiously with lower doses of OPANA ER while carefully monitoring for side effects
- OPANA ER is not indicated for preemptive analgesia (administration preoperatively for the management of post-operative pain)
- The most common adverse drug reactions (≥10%) in all clinical trials for OPANA ER were nausea, constipation, dizziness (excluding vertigo), vomiting, pruritus, somnolence, headache, increased sweating, and sedation
- Patients and their families should be instructed to flush any OPANA ER tablets that are no longer needed

Please see accompanying full Prescribing Information for OPANA ER.

For more information regarding responsible opioid pain management, please visit **www.EndoPromise.com**

Sincerely,
[Signature]

[Name]
Your OPANA ER Sales Representative
(800) 892-6131 x[XXXX]

Rx Only

DEA Order Form Required.
OPANA® is a registered trademark of Endo Pharmaceuticals.
think™ is a trademark of Endo Pharmaceuticals.

References: 1. OPANA® ER Full Prescribing Information. Chadds Ford, PA: Endo Pharmaceuticals; 2008. **2.** Data on File, DOF-OP-01, Endo Pharmaceuticals. Chadds Ford, PA. **3.** Adams MP, Ahdieh H. Pharmacokinetics and dose-proportionality of oxymorphone extended release and its metabolites: results of a randomized crossover study. *Pharmacotherapy.* 2004; 24(4):468–476. **4.** MediMedia Formulary Compass. Available at: http://www.formularycompass.com. Accessed November 6, 2009.

ENDO PHARMACEUTICALS
CHADDS FORD, PENNSYLVANIA 19317

John Q. Sample, MD
123 Main Street
Suite A
Anytown, US 12345

Dear Dr. Sample:

Starting your patient on a long-acting opioid to help manage their moderate to severe chronic low back and osteoarthritis pain?

think™
OPANA ER
(oxymorphone HCl)
Extended-release tablets
5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg

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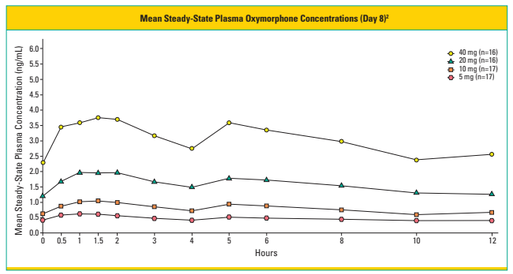

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