

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, ss.

SUPERIOR COURT
C.A. No. 1884-cv-01808 (BLS2)

_____)
COMMONWEALTH OF MASSACHUSETTS,)
))
v.))
))
PURDUE PHARMA L.P., PURDUE PHARMA INC.,)
RICHARD SACKLER, THERESA SACKLER,)
KATHE SACKLER, JONATHAN SACKLER,)
MORTIMER D.A. SACKLER, BEVERLY SACKLER,)
DAVID SACKLER, ILENE SACKLER LEFCOURT,)
PETER BOER, PAULO COSTA, CECIL PICKETT,)
RALPH SNYDERMAN, JUDITH LEWENT, CRAIG)
LANDAU, JOHN STEWART, MARK TIMNEY,)
and RUSSELL J. GASDIA)
_____)

RECEIVED
JAN 15 2019
SUPERIOR COURT-CIVIL
MICHAEL JOSEPH DONOVAN
CLERK/MAGISTRATE

THE COMMONWEALTH’S PRE-HEARING MEMORANDUM
FOR THE HEARING SET FOR JANUARY 25, 2019

The Commonwealth respectfully submits this memorandum in advance of the hearing set for January 25, 2019. At the last hearing, on December 21, 2018, the Court considered motions to impound by Purdue (Purdue Pharma LP and Purdue Pharma Inc.) and by the Chief Executive Officer defendants (John Stewart, Mark Timney, and Craig Landau) filed on December 20, 2018. At the conclusion of that hearing, the Court:

- 1) ordered the Commonwealth to file an impounded, unredacted version of its Amended Complaint as well as a redacted version for the public file;
- 2) provisionally granted the CEO defendants’ motion to impound information relating to their compensation;
- 3) set a January 25, 2019 conference for the parties to update the Court on the status of the parties’ efforts to resolve the issues presented by the redactions, discuss next steps, and

provide the public an opportunity to be heard with respect to the redactions; and

- 4) invited the parties to file memoranda to assist the Court in navigating remaining issues.

In advance of the hearing on January 25, the Commonwealth files this memorandum to update the Court on the status of the redaction dispute and propose next steps for resolving the remaining disputes within this proceeding.

I. Status of the Redaction Dispute

The parties have a shared interest in avoiding unnecessary conflicts between the federal multi-district litigation and state proceedings and, accordingly, they have worked in good faith to narrow the scope of the redaction dispute. On December 20, 2018, the Commonwealth notified Purdue, pursuant to the relevant provision in the MDL Protective Order, that it challenged Purdue's confidentiality designations for all allegations in the Amended Complaint. Through the process that followed, Purdue agreed to lift hundreds of redactions.

On January 10, in accordance with the MDL procedures, the Commonwealth notified Purdue that it would challenge the remaining redactions before MDL Special Master Cathy Yanni. On January 14, the Commonwealth submitted its challenge to Special Master Yanni for every redaction that remains. The Commonwealth's letter brief to Special Master Yanni is attached hereto as Exhibit 1. Purdue asked that its letter brief to the Special Master be due January 22, and the Special Master granted that request. The Special Master may provide a ruling that further reduces the number of items in dispute. The Commonwealth is providing the Special Master with a copy of this Pre-hearing Memorandum today.

On January 10 and 11, counsel for Defendants Richard Sackler and Russell Gasdia contacted the Commonwealth regarding redactions. In the discussions that followed, they asked the Commonwealth to maintain redactions in paragraph 370 and paragraphs 699-753 to allow

further time to confer.

A list of the remaining redactions and an updated version of the Amended Complaint showing the remaining redactions are attached as Exhibit 2 and Exhibit 3.

II. Proposed Next Steps

A. Order Purdue to Produce the Documents Cited in the Amended Complaint in this Proceeding and Set a Schedule for Proper Briefing on Impoundment

The Court-permitted, temporary impoundment has enabled the parties to engage in the MDL Court's procedure for narrowing discovery disputes and that process remains ongoing. Now the Court and the parties should prepare to turn to the question of the propriety, under Massachusetts law, of continuing to withhold from public view something that is ordinarily considered to be a matter of public record, *i.e.*, the remaining, redacted allegations in the Commonwealth's Amended Complaint.

As the Court observed during the December 21 hearing, this Court is not bound by confidentiality designations made to facilitate discovery. Instead, as the Protective Order submitted by the parties and entered by this Court (Kaplan, J.) on Oct. 22, 2018 states, upon a motion to impound materials in the public record, the Court must apply the Uniform Rules of Impoundment Procedure.¹ To find good cause for impoundment, Rule 7(b) requires the Court to "consider all relevant factors, including, but not limited to, (i) the nature of the parties and the controversy, (ii) the type of information and the privacy interests involved, (iii) the extent of community interest, (iv) constitutional rights, and (v) the reason(s) for the request."

¹ See Oct. 22, 2018 Protective Order, par. 12 ("[T]he Court is not bound by the designation of any material as "Confidential" or "Highly Confidential" and any such designation shall not create any presumption that documents so designated are entitled to confidential treatment pursuant to Mass. R. Civ. P. 26(c) or impoundment pursuant to the Uniform Rules of Impoundment Procedure. If the Court determines that the Confidential Materials or Highly Confidential Materials are not entitled to confidential treatment and/or does not permit the documents which contain such Confidential Materials or Highly Confidential Materials to be filed under seal, the parties may then file those pleadings or other documents in open court.")

Impoundment is the exception rather than the rule, and denying the public access to judicial records should be “strictly construed in favor of the general principle of publicity.” *Republican Co. v. Appeals Court*, 442 Mass. 218, 223 (2004), quoting *Commonwealth v. Blondin*, 324 Mass. 564, 571 (1949), cert. denied, 339 U.S. 984 (1950).

In light of Purdue’s contention that documents the Commonwealth obtained pursuant to MDL Protective Order par. 33(l) are not subject to this Court’s jurisdiction — a position in direct conflict with Purdue’s earlier agreement that such documents “shall be governed by this [Court’s Protective] Order”² — the Commonwealth proposes that the Court order Purdue, by March 1, to produce in this litigation copies of the documents cited in the Amended Complaint; and, by March 15, to serve upon the Commonwealth a fully-supported, specific motion to impound any allegations that Purdue seeks to withhold from the public.

With respect to the proposal that Purdue produce the documents cited in the Amended Complaint, the burden on Purdue is low. A list of the documents cited is attached as Exhibit 4. There are fewer than 600 documents at issue, and Purdue has already reviewed them for privilege and produced them in the MDL and, in some instances, in other proceedings. The relevance of the documents to the Commonwealth’s allegations is high: the reason Purdue seeks to redact the Amended Complaint allegations is because they are based on those documents. It would be reasonable for Purdue to produce the documents in this litigation. After Purdue produces the documents in this litigation, there would be no federal-state complications and no obstacle to providing the most complete public access provided by Massachusetts law. Purdue

² See *id.* at par. 5 (“To the extent that a Producing Party produces discovery materials in this action that were designated as “Confidential” or “Highly Confidential” in *In re National Prescription Opiate Litigation*, Case No. 17-MD-2804 (N.D. Oh.) or the Commonwealth obtains such materials pursuant to ¶ 33(l) of Case Management Order No. 2: Protective Order (Docket No. 441) therein, those discovery materials are deemed “Confidential” or “Highly Confidential” under this Order and shall be governed by this Order.”)

should produce the documents by March 1.

With respect to the proposal that Purdue properly brief its Motion to Impound, the Commonwealth contends that Purdue has not yet filed a motion addressing the specific information to be impounded as the Uniform Rules of Impoundment require. The Commonwealth anticipates strenuously opposing Purdue's motion. The Attorney General is the Commonwealth's lawyer, and the people of Massachusetts should be allowed to see the allegations brought on their behalf. The Defendants' deceptive sales tactics injured people across the Commonwealth, and the people of Massachusetts deserve to know the truth. This Court has the responsibility of presiding over this litigation — likely including ruling on Defendants' motions to dismiss the Amended Complaint that is still not fully public — and the people should have the fullest opportunity to access this proceeding under Massachusetts law.

Purdue's final Motion to Impound should be due March 15.

B. The CEOs' Motion To Impound

At the last hearing, the Court granted a provisional impoundment of information regarding the compensation of the three Defendants who have served as Purdue's Chief Executive Officer. The Commonwealth opposes the long-term impoundment of that information, because the public should be allowed to assess the key facts about these Defendants' compensation that are relevant to, among other things, personal jurisdiction, civil penalties and damages under Chapter 93A, and any potential settlement of the Commonwealth's claims. The public is entitled to know the specific facts of these Defendants' compensation, not merely that they were highly compensated.

Purdue currently seeks redactions in the Amended Complaint in more than 100 paragraphs and footnotes concerning payments to individual Defendants on the basis that the

information relates to compensation. The Commonwealth is challenging Purdue's confidentiality designations regarding all those allegations in the MDL.

It is possible that this Court may be called on to decide the question of impoundment of compensation-related information for others at Purdue, beyond the three CEOs. To provide for an orderly process, the Commonwealth suggests that the Court continue the provisional impoundment of the CEOs' information until this Court decides Purdue's fully-supported, specific motion to impound.

Dated: January 15, 2019

Respectfully submitted,
COMMONWEALTH OF MASSACHUSETTS
By its Attorney,
MAURA HEALEY
ATTORNEY GENERAL



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CERTIFICATE OF SERVICE

I, Sydenham B. Alexander III, Assistant Attorney General, hereby certify that I have this day, Tuesday, January 15, 2018, served the foregoing document upon all parties by email as well as by mailing a copy, first class, postage prepaid to:

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Exhibit 1

**Massachusetts Attorney General Office's Letter Brief
to MDL Special Master Cathy Yanni**



THE COMMONWEALTH OF MASSACHUSETTS
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January 14, 2019

Via Electronic Mail

Re: *In re National Prescription Opiate Litigation*, MDL No. 2804
Massachusetts Challenges to Confidentiality Designations of Purdue

Dear Special Master Yanni:

I write on behalf of the Massachusetts Attorney General's Office (the "Massachusetts AGO") requesting your resolution of a dispute arising from Purdue's position that certain allegations contained in the Massachusetts AGO's Amended Complaint should stay redacted in the public file in the Massachusetts Superior Court. This request follows from the MDL Court's December 20, 2018 Order, directing the parties to seek guidance from the Special Masters pursuant to the protocols set forth in the Court's Protective Order and Protocol for State and Federal Court Coordination for resolving confidentiality designation disputes.

I. Background

Purdue designated as Confidential and Highly Confidential millions of pages of documents it produced in the MDL. On December 20, 2018, the Massachusetts AGO notified Purdue it was challenging, pursuant to paragraph 52 of the MDL Protective Order, Purdue's confidentiality designations only as they relate to the text of the allegations in the Massachusetts Amended Complaint, and *not* any other material in the underlying Purdue documents.

Counsel for the parties made sincere, good faith efforts to resolve the dispute. In emails to the Massachusetts AGO on January 3, 9, and 10, Purdue consented to unredact several hundred paragraphs of the Amended Complaint and to narrow the redactions in several other paragraphs. As of the date of this letter, Purdue seeks to maintain redactions in 189 paragraphs and footnotes in the Amended Complaint. On January 10, the Massachusetts AGO notified Purdue that it would press its challenge to all the remaining redactions and indicated its intent to submit a position letter to you as Special Master.

A summary of each designated item and the respective basis for Purdue's confidentiality claim is attached hereto as Exhibit A. A copy of the Amended Complaint with each of these 189 items highlighted is attached as Exhibit B. The highlighting in Exhibit B matches the redaction in the Amended Complaint.

II. Purdue's Bases For Redactions Are Insufficient

Case Management Order No. 2 provides that Purdue bears the burden of persuasion in this challenge to its confidentiality designations, as if it were seeking a Protective Order pursuant to Federal Rule of Civil Procedure 26(c). Rule 26(c) requires Purdue to demonstrate “good cause” for maintaining the redactions. It must do so by showing, “with a particular and specific demonstration of fact, as distinguished from stereotyped and conclusory statements” “specific prejudice or harm [that] will result” from each disclosure. *See In re Ohio Execution Protocol Litigation*, 845 F.3d 231, 236-37 (6th Cir. 2016). The bases for redactions that Purdue has offered are insufficient to meet its burden for a host of reasons.

First, Purdue's categorical positions are exactly the type of conclusory statements that fall short of Rule 26(c)'s “good cause” requirement. “To demonstrate good cause, the movant must articulate specific facts showing clearly defined and serious injury resulting from the discovery sought and cannot rely on mere conclusory statements.” *Stout v. Remetronix, Inc.*, 298 F.R.D. 531, 534-35 (S.D. Ohio 2014) (internal quotations and citations omitted); *see also Solar X Eyewear, LLC v. Bowyer*, 2011 WL 3921615, at *3 (N.D. Ohio 2011) (“Without specific, definitive showings of cognizable harm, [a court] has no basis to find good cause to issue a protective order.”). Purdue has not met that burden.

Second, the facts alleged in the Amended Complaint are not trade secrets or proprietary innovations. Instead, Purdue seeks to protect assertions its directors and officers made about opioids, sales tactics that were not secret, and evidence of its executives' participation in sales and marketing.¹

Third, the business information Purdue seeks to protect is stale. “[B]usiness information that is substantially out of date is unlikely to merit protection under Rule 26(c).” *Clark v. Prudential Ins. Co. of America*, 2011 WL 1833355 at * 3 (D.N.J., 2011). Much of the information Purdue seeks to redact is too old to merit court protection as proprietary business information. For example, Purdue seeks redactions in 27 paragraphs that concern information from more than ten years ago.²

Fourth, even with regard to recent years, the business information that Purdue seeks to conceal is obsolete because it describes practices that Purdue promised to end. For example, Purdue seeks to redact scores of allegations about its massive opioid sales force, which Purdue shut down last year.³ If Purdue is considering re-starting its aggressive tactics of sending hundreds of sales reps to promote opioids to doctors across Massachusetts and the nation, it should say so in an affidavit. Likewise, Purdue seeks to maintain as proprietary business information its tactics for circumventing prescription limits, getting patients on higher doses of opioids, and keeping patients on opioids longer — harmful conduct that is not a business strategy Purdue can enlist the Court to protect.⁴

¹ *E.g.*, Ex. D, ¶¶ 177, 204, 208, 215, 221, 222, 231.

² *E.g.*, Ex. D, ¶¶ 177, 188, 189, 204, 215, 221, 222, 226, 227, 231, 239, 240, 242, 247, 249, 250, 251, 498, 515, 517, 520, 597, 612, fn 125, fn 143, fn 173.

³ *E.g.*, Ex. D, ¶¶ 208, 215, 222, 249, 250, 259, 314, 315, 325, 521, 540, 612, 620, 627;

<https://www.purduepharma.com/news-media/2018/02/purdue-pharma-l-p-issues-statement-on-opioid-promotion/>.

⁴ *E.g.*, Ex. D, ¶¶ 307, 347, 384, 404, 407, 410, 413, 532, 564, 568, 572, 597, 666, 681, 808.

Fifth, Purdue wrongly seeks protection for basic facts about the company’s conduct under a sweeping claim to confidentiality for “Board of Directors Decision-Making.”⁵ Members of the Board of Directors are defendants in the Massachusetts suit. Rule 26(c) does not provide categorical protection to facts about corporate conduct wherever the board is involved. *See Wall Industries, Inc. v. U.S.*, 5 Cl. Ct. 485, 485-88 (1984) (denying protective order for documents, including board minutes, where movant’s argument amounted to “broad, vague and conclusory generalizations.”). Corporate board materials are routinely disclosed publicly through litigation when, as here, they are relevant to the claims.⁶

Sixth, Purdue wrongly seeks to conceal information about scores of payments to its directors and officers under the categorical assertion that “compensation” is confidential.⁷ As with directors’ minutes, however, such information is regularly disclosed as relevant evidence in court documents. *See Baxter Intern., Inc. v. Abbott Labs*, 297 F. 3d 544, 547 (7th Cir. 2002) (“[M]any litigants would like to keep confidential the salary they make...but when [facts] are vital to claims made in litigation they must be revealed.”). The information at issue here does not describe a business strategy or compensation system that could be used by anyone to Purdue’s competitive disadvantage. Instead, the allegations describe individuals extracting vast sums from misconduct that should never happen again.

Seventh, Purdue seeks to conceal information that should fairly be disclosed to contradict inaccurate sworn statements by Purdue’s officers and directors in the Massachusetts litigation. With the exception of Russell Gasdia, every individual defendant in the Massachusetts action moved to dismiss the suit for lack of personal jurisdiction and made a sworn statement denying involvement in Purdue’s marketing and sales. Richard Sackler, for example, attested that he did not “direct any marketing, sales, or promotional activities by [Purdue] in Massachusetts.” Rule 26(c) does not allow Purdue’s leaders to say one thing publicly under oath and then ask the assistance of a Court in withholding from the public the evidence that disproves those statements.⁸

⁵ *E.g.*, Ex. D, ¶¶ 188, 189, 204, 208, 215, 221, 222, 227, 238, 240, 242, 247, 249, 250, 251, 253, 259, 265, 268-271, 291, 292, 294, 295, 305, 307, 308, 309, 310, 314-316, 322, 325, 326, 327, 334, 340, 345, 346, 347, 357, 363, 364, 389, 395, 412, 437, 458, 460, 483, 485, 494, 496, 498, 501-508, 515, 517, 521, 526, 528, 532-535, 539, 540, 554.

⁶ *E.g. In Re Parmalat Securities Litigation*, 258 F.R.D. 236, 252 (S.D.N.Y. 2009) (vague and conclusory claims of economic and competitive harm insufficient to establish good cause for sealing corporate board minutes); *Sims v. BB&T Corp.*, 2018 WL 3466945 at *4 (M.D.N.C. 2018) (declining to seal relevant board minutes based on conclusory statements of harm or citations to cases with distinguishable circumstances); *City of Greenville, IL v. Syngenta Crop Protection, Inc.*, 2013 WL 1164788, at *4 (S.D. Illinois, 2013)(declining to seal corporate board minutes that did not “contain sufficient indicia of confidentiality [or] reveal confidential strategies that [were] commercially relevant ... such that disclosure would likely subject the defendants to a risk of harm.”); *Bovie Medical Corp. v. Livneh*, 2010 WL 4117635, at *3 (M.D. Florida, 2010)(Defendants failed to show good cause to overcome common law right of access to board minutes filed in court); and *Byrnes v. Empire Blue Cross Blue Shield*, 2000 WL 60221, at *5 (S.D.N.Y., 2000)(probative value of board minutes outweighed any potential chilling effect of disclosure on corporate decision-making).

⁷ *E.g.*, Ex. D, ¶¶ 200, 238, 239, 242, 247, 259, 265, 303, 317, 320, 322, 324, 327, 336, 340, 357, 362, 363, 365.

⁸ *E.g.*, Ex. D, ¶¶ 208, 215, 221, 222, 226, 231, 240, 250, 253, 268, 269, 270, 271, 307, 308, 309, 310, 314, 315, 325, 364, 369, 370, 384, 389, 395, 412, 458, 460, 485, 494, 502, 503, 508, 521, 526, 532, 533, 534, 535, 539, 540, 554, 566, 571, 572, 597, 612, 620, 627, 629, 631, 639, 664, 666, 676, 682, 759, 764, 808, 817, 819, 828.

Eighth, Purdue wrongly seeks to conceal behind a protective order allegations of the Massachusetts AGO on the basis that they are not supported by the documents produced in the MDL, or are “misleading” or “mischaracterizations.”⁹ That assertion is not a basis for confidentiality. Purdue is free to deny the allegations that the Attorney General of Massachusetts has made; it cannot use Rule 26(c) to hide them.

Ninth, the disclosure sought by the Massachusetts AGO is narrowly tailored. The AGO has not sought blanket de-designations of the underlying documents. The AGO seeks to disclose only the text of allegations that it has made in its filed Amended Complaint.

Finally, Purdue seeks to conceal information of great public interest. The Attorney General is the Commonwealth’s lawyer, and the people of Massachusetts should see the allegations brought in their name. Revealing the truth about Purdue’s misconduct is important to achieve justice and make sure deception like Purdue’s never happens again. As an Ohio court held when denying a similar request for a protective order:

“[T]his motion for a protective order has more to do with other litigation and bad publicity than with what the court finds to be but vague and conclusory allegations of competitively sensitive documents. The court ‘must consider the need for public dissemination, in order to alert other consumers to potential dangers posed by the product.’ If the sharing of discovery can possibly save lives and stop injuries such as occurred here by forcing this defendant to act, then no protective order should prohibit it. As pointed out in plaintiff’s brief in opposition: ‘The analogous question to be asked here is whether the documents produced in the Ford Pinto Fuel tank cases should have been kept from the public.’ The answer there, as here, must be a resounding ‘No.’”

Koval v. Gen. Motors Corp., 62 Ohio Misc. 2d 694, 699 (1990) (internal citation omitted).

For the forgoing reasons, the Massachusetts AGO respectfully request that its challenge to the 189 confidentiality designations be granted. If Purdue provides more detailed and specific support for its positions, the Massachusetts AGO respectfully requests the opportunity to respond.

Thank you for your attention in this matter.

Respectfully submitted,

Gillian Feiner
Chief, False Claims Division
Office of the Attorney General

⁹ *E.g.*, Ex. D, ¶¶ 177, 226, 231, 256, 311, 312, 369, 370, 416, 490.

Exhibit 2

List Of Remaining Redactions As Of January 15, 2019

Commonwealth v. Purdue Pharma, et al., C.A. No. 1884-cv-01808 (BLS2)
Redactions Remaining In the Commonwealth's Amended Complaint As Of 1/15/2019

Paragraph Number	Defendants' Basis for Confidentiality
Key Charts and Illustrations	Compensation Information, Trade Secret/Confidential Business Negotiations
177	Mischaracterization of underlying document
188	Board of Directors Decision-Making
189	Board of Directors Decision-Making
200	Compensation Information
204	Board of Directors Decision-Making
208	Board of Directors Decision-Making
215	Board of Directors Decision-Making
221	Board of Directors Decision-Making
222	Board of Directors Decision-Making
fn. 125	Board of Directors Decision-Making
226	Mischaracterization of underlying document
227	Board of Directors Decision-Making
fn. 143	Mischaracterization of documents; irrelevant
231	Mischaracterization of underlying document; irrelevant
238	Board of Directors Decision-Making; Compensation Information
239	Compensation Information
240	Board of Directors Decision-Making
242	Board of Directors Decision-Making; Compensation Information
247	Board of Directors Decision-Making; Compensation Information
249	Board of Directors Decision-Making
250	Board of Directors Decision-Making
fn. 173	Board of Directors Decision-Making
251	Board of Directors Decision-Making
253	Board of Directors Decision-Making
256	Mischaracterization of underlying documents
259	Board of Directors Decision-Making; Compensation Information
265	Board of Directors Decision-Making; Compensation Information
268	Board of Directors Decision-Making
269	Board of Directors Decision-Making; Confidential Proprietary Study
fn. 211	Board of Directors Decision-Making
fn. 212	Confidential Proprietary presentation
270	Board of Directors Decision-Making
271	Board of Directors Decision-Making
fn. 229	Board of Directors Decision-Making
291	Board of Directors Decision-Making; Confidential Proprietary Study
fn. 260	Proprietary confidential study
292	Board of Directors Decision-Making
294	Board of Directors Decision-Making
295	Board of Directors Decision-Making
303	Compensation Information
305	Board of Directors Decision-Making

Commonwealth v. Purdue Pharma, et al., C.A. No. 1884-cv-01808 (BLS2)
Redactions Remaining In the Commonwealth's Amended Complaint As Of 1/15/2019

Paragraph Number	Defendants' Basis for Confidentiality
fn. 276	Board of Directors Decision-Making
307	Board of Directors Decision-Making
fn. 278	Board of Directors Decision-Making
308	Board of Directors Decision-Making
fn. 280	Board of Directors Decision-Making
309	Board of Directors Decision-Making
310	Board of Directors Decision-Making
311	Misleading citation
312	Misleading citation
314	Board of Directors Decision-Making
fn. 288	Board of Directors Decision-Making
315	Board of Directors Decision-Making
316	Board of Directors Decision-Making
317	Compensation Information
320	Compensation Information
322	Board of Directors Decision-Making; Compensation Information
324	Compensation Information
325	Board of Directors Decision-Making
326	Board of Directors Decision-Making
327	Board of Directors Decision-Making; Compensation Information
334	Board of Directors Decision-Making
336	Compensation Information
340	Board of Directors Decision-Making; Compensation Information
345	Board of Directors Decision-Making
fn. 344	Board of Directors Decision-Making
346	Board of Directors Decision-Making
347	Board of Directors Decision-Making
357	Board of Directors Decision-Making; Compensation Information
362	Compensation Information
363	Board of Directors Decision-Making; Compensation Information
364	Board of Directors Decision-Making
365	Compensation Information
369	Misleading citation; irrelevant
370	Misleading citation; irrelevant; Richard Sackler
fn. 392	Mischaracterization of documents; irrelevant
fn. 393	Mischaracterization of documents; irrelevant
fn. 394	Mischaracterization of documents; irrelevant
374	Compensation Information
384	Proprietary confidential internal study
389	Board of Directors Decision-Making
395	Board of Directors Decision-Making
404	Proprietary confidential study
407	Proprietary confidential study

Commonwealth v. Purdue Pharma, et al., C.A. No. 1884-cv-01808 (BLS2)
Redactions Remaining In the Commonwealth's Amended Complaint As Of 1/15/2019

Paragraph Number	Defendants' Basis for Confidentiality
408	Compensation Information
409	Proprietary confidential study
410	Proprietary confidential study
411	Proprietary confidential study
412	Proprietary confidential study; Board of Directors Decision-Making
413	Proprietary confidential study
fn. 470	Proprietary confidential study
fn. 471	Proprietary confidential study
416	Misleading citation; irrelevant
421	Compensation Information
425	Proprietary confidential study
437	Board of Directors Decision-Making
445	Trade Secret/Confidential Business Negotiations
446	Trade Secret/Confidential Business Negotiations
fn. 535	Trade Secret/Confidential Business Negotiations
447	Trade Secret/Confidential Business Negotiations
448	Trade Secret/Confidential Business Negotiations
449	Trade Secret/Confidential Business Negotiations
450	Trade Secret/Confidential Business Negotiations
fn. 540	Trade Secret/Confidential Business Negotiations
451	Trade Secret/Confidential Business Negotiations
455	Compensation Information
458	Board of Directors Decision-Making
460	Board of Directors Decision-Making
fn. 557	Board of Directors Decision-Making
473	Trade Secret/Confidential Business Negotiations
fn. 572	Trade Secret/Confidential Business Negotiations
482	Trade Secret/Confidential Business Negotiations
483	Board of Directors Decision-Making
485	Board of Directors Decision-Making
490	Misleading citation; irrelevant
493	Trade Secret/Confidential Business Negotiations
494	Board of Directors Decision-Making
496	Board of Directors Decision-Making
fn. 608	Board of Directors Decision-Making
498	Board of Directors Decision-Making
501	Board of Directors Decision-Making
502	Board of Directors Decision-Making
503	Board of Directors Decision-Making
504	Board of Directors Decision-Making; Compensation Information
505	Board of Directors Decision-Making
506	Board of Directors Decision-Making
507	Board of Directors Decision-Making

Commonwealth v. Purdue Pharma, et al., C.A. No. 1884-cv-01808 (BLS2)
Redactions Remaining In the Commonwealth's Amended Complaint As Of 1/15/2019

Paragraph Number	Defendants' Basis for Confidentiality
508	Board of Directors Decision-Making
515	Board of Directors Decision-Making
517	Board of Directors Decision-Making
521	Board of Directors Decision-Making
526	Board of Directors Decision-Making
528	Board of Directors Decision-Making; proprietary confidential study
532	Board of Directors Decision-Making
533	Board of Directors Decision-Making
fn. 642	Board Deliberative Process
534	Board of Directors Decision-Making
535	Board of Directors Decision-Making
539	Board of Directors Decision-Making
540	Board of Directors Decision-Making
554	Board of Directors Decision-Making
564	Proprietary confidential study
567	Proprietary confidential study
568	Proprietary confidential study
569	Proprietary confidential study
570	Proprietary confidential study
571	Proprietary confidential study
572	Board of Directors Decision-Making
595	Compensation Information
597	Board of Directors Decision-Making
612	Board of Directors Decision-Making
620	Board of Directors Decision-Making
627	Board of Directors Decision-Making
629	Proprietary confidential study
631	Board of Directors Decision-Making
639	Board of Directors Decision-Making
640	Board of Directors Decision-Making
647	Board of Directors Decision-Making
664	Proprietary confidential study
fn. 796	Proprietary confidential study
666	Proprietary confidential internal studies
676	Proprietary confidential study
681	Proprietary confidential study
fn. 820	Proprietary confidential study
fn. 821	Proprietary confidential study
682	Proprietary confidential study
fn. 822	Proprietary confidential study
699-753	Russell Gasdia
746	Require additional information and discussion before we can consent to unredaction.

Commonwealth v. Purdue Pharma, et al., C.A. No. 1884-cv-01808 (BLS2)
Redactions Remaining In the Commonwealth's Amended Complaint As Of 1/15/2019

Paragraph Number	Defendants' Basis for Confidentiality
752	Compensation Information
759	Proprietary confidential study
764	Proprietary confidential study
fn. 919	Proprietary confidential study
778	Proprietary confidential study
fn. 937	Proprietary confidential study
800	Proprietary confidential study
805	Proprietary confidential study
808	Proprietary confidential study
817	Board of Directors Decision-Making
818	Board of Directors Decision-Making
819	Board of Directors Decision-Making
828	Board of Directors Decision-Making
866	Compensation Information
868	Compensation Information
870	Compensation Information
911	Compensation Information
912	Compensation Information
913	Compensation Information
fn. 990	Compensation Information

Exhibit 3

Amended Complaint Showing Remaining Redactions As Of January 15, 2019

I. INTRODUCTION

1. Dangerous opioid drugs are killing people across Massachusetts. Prescription medicines, which are supposed to protect our health, are instead ruining people's lives. Every community in our Commonwealth suffers from the epidemic of addiction and death.

2. Purdue Pharma created the epidemic and profited from it through a web of illegal deceit. First, Purdue deceived Massachusetts doctors and patients to get more and more people on its dangerous drugs. Second, Purdue misled them to use higher and more dangerous doses. Third, Purdue deceived them to stay on its drugs for longer and more harmful periods of time. All the while, Purdue peddled falsehoods to keep patients away from safer alternatives. Even when Purdue knew people in Massachusetts were addicted and dying, Purdue treated doctors and their patients as targets to sell more drugs. At the top of Purdue, a small group of executives led the deception and pocketed millions of dollars.

3. On behalf of the Commonwealth, the Attorney General asks the Court to end Purdue's illegal conduct and make Purdue and its culpable executives pay for the harm they inflicted in our state.

II. PARTIES

4. The plaintiff is Attorney General Maura Healey, who brings this action in the public interest in the name of the Commonwealth of Massachusetts.

5. The defendants are two companies and seventeen individuals who engaged in a deadly, deceptive scheme to sell opioids in Massachusetts. This Amended Complaint addresses the bases for jurisdiction and liability as to each of the nineteen defendants, arising from their decade-long course of misconduct in Massachusetts that involved hundreds of deaths, hundreds of thousands of unlawful acts, and hundreds of millions of dollars.

6. Defendant Purdue Pharma Inc. is a drug company incorporated in New York with its principal place of business in Connecticut. It is the general partner of Defendant Purdue Pharma L.P., a limited partnership established in Delaware with its principal place of business in Connecticut. This Complaint refers to Purdue Pharma Inc. and Purdue Pharma L.P. collectively as “Purdue.”

7. The seventeen individual defendants are current and former directors and officers of Purdue Pharma Inc. In Massachusetts, directors, officers, and employees of corporations are not immune from jurisdiction or liability when they break the law. Instead, every individual is accountable for his or her actions.¹

8. Defendants Richard Sackler, Beverly Sackler, David Sackler, Ilene Sackler Lefcourt, Jonathan Sackler, Kathe Sackler, Mortimer Sackler, and Theresa Sackler controlled Purdue’s misconduct. Each of them took a seat on the Board of Directors of Purdue Pharma Inc. Together, they always held the controlling majority of the Board, which gave them full power over both Purdue Pharma Inc. and Purdue Pharma L.P. They directed deceptive sales and marketing practices deep within Purdue, sending hundreds of orders to executives and line employees. From the money that Purdue collected selling opioids, they paid themselves and their family billions of dollars.

9. Defendants Peter Boer, Judith Lewent, Cecil Pickett, Paulo Costa, and Ralph Snyderman took seats on the Board and knowingly advanced the Sacklers’ scheme.

¹ E.g., *Kleinerman v. Morse*, 26 Mass. App. Ct. 819 (1989); *Hongyu Luo v. Tao Ceramics*, 32 Mass. L. Rptr. 134 (Mass. Sup. Ct. 2014); *Rissman, Hendricks & Oliverio v. MIV Therapeutics*, 901 F. Supp. 2d 255 (D. Mass. 2012); *Trans National Travel v. Sun Pacific Intern.*, 10 F. Supp. 2d 79 (D. Mass. 1998); *Yankee Group v. Yamashita*, 678 F. Supp. 20 (D. Mass. 1988); *Johnson Creative Arts v. Wool Masters*, 573 F. Supp. 1106 (D. Mass. 1983). “The question of personal jurisdiction over an individual, therefore, rests on whether there is an independent basis for jurisdiction based on an individual’s actions, regardless of the capacity in which those actions were taken.” *Rissman*, 901 F. Supp. 2d at 263. A defendant’s “status as a corporate officer and director does not insulate him from personal jurisdiction.” *Id.* at 264.

10. Defendants John Stewart, Mark Timney, and Craig Landau each directed Purdue's deception as CEO of Purdue Pharma Inc. and Purdue Pharma L.P. Defendant Russell Gasdia carried out the misconduct as Vice President of Sales and Marketing.

11. Beverly Sackler, Jonathan Sackler, Kathe Sackler, Paulo Costa, Mark Timney, and Craig Landau reside in Connecticut. David Sackler, Ilene Sackler Lefcourt, and Mortimer Sackler reside in New York. Richard Sackler, Peter Boer, and John Stewart reside in Florida. Judith Lewent and Cecil Pickett reside in New Jersey. Ralph Snyderman resides in North Carolina. Theresa Sackler resides in the United Kingdom. Russell Gasdia resides in Massachusetts.

12. The Court has jurisdiction over all the defendants for the reasons set forth on pages 51-269 below.

III. OUTLINE OF THE COMPLAINT

13. On May 15, 2007, this Court entered Judgment ("2007 Judgment") to prohibit Purdue's deceptive conduct in the sale of opioids. This suit addresses Purdue's misconduct since that 2007 Judgment.

14. The Complaint begins with the story of Purdue's misconduct in Massachusetts (pages 1-51). The Complaint then explains how each individual defendant broke the law (pages 52-256). Sections addressing jurisdiction, the counts, prayers for relief, and the jury demand then follow, as outlined in the following Table of Contents.

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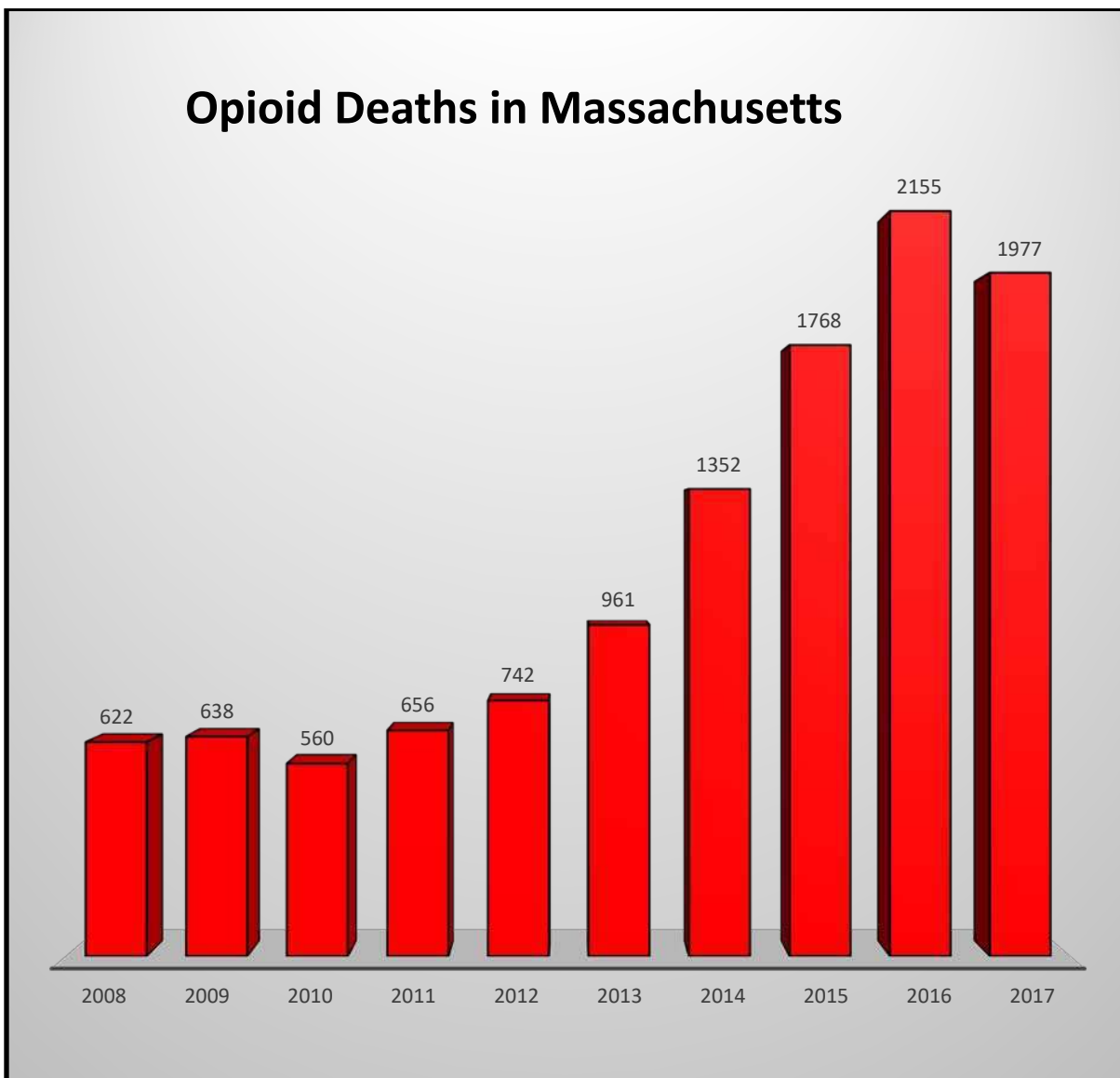
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IV. PURDUE’S DRUGS KILL HUNDREDS OF PEOPLE IN MASSACHUSETTS

15. Opioids are killing people all around us. More than 11,000 people died from opioid-related overdoses in the past decade in Massachusetts — more than everyone killed in car accidents and murders combined. The people of Massachusetts also survived more than 100,000 overdoses that were not fatal, but still devastating. This crisis is not natural or normal. Drug companies, particularly Purdue, created this tragedy by deceiving doctors and patients about their dangerous drugs.



AGO graph from Massachusetts Department of Public Health data

16. Opioids are dangerous narcotics that can be deadly, because they can cause patients to stop breathing and suffocate.

17. Opioids are also highly addictive. Patients using opioids for more than a few days can experience severe withdrawal symptoms if they stop taking the drugs, including: anxiety, insomnia, pain, blurry vision, rapid heartbeat, chills, panic attacks, nausea, vomiting, and tremors. Withdrawal can last so long and be so painful that it is difficult to stop taking opioids.

18. Putting patients on opioids puts them at risk. Patients who take opioids at higher doses and for longer periods face higher and higher risk of addiction and death. Compared to our general population, Massachusetts patients who were prescribed opioids for more than a year were ***51 times more likely to die*** of an opioid-related overdose.

19. Purdue took advantage of addiction to make money. For decades, physicians had reserved opioids for treating severe short-term pain, or for patients near the end of life. But the tradition of limiting opioids to short-term treatment ended after Purdue introduced OxyContin and began marketing it and other opioids with deceptive claims.

20. OxyContin's sole active ingredient is oxycodone, a molecule nearly identical to heroin. Purdue later introduced another dangerous drug, Butrans, which releases opioids into the body from a skin patch. Then Purdue introduced Hysingla, which contains yet another opioid. Almost all of Purdue's business is selling opioids.

21. Since May 2007, Purdue has sold more than 70,000,000 doses of opioids in Massachusetts. Purdue collected revenue of more than \$500,000,000 from Massachusetts sales. For Purdue, the Massachusetts prescriptions were a gold mine.

22. For patients, it was a massacre. Hundreds of patients who took Purdue's opioids in Massachusetts became addicted and died. An investigation by the Massachusetts Attorney General found that, since 2009, *671 people who filled prescriptions for Purdue opioids in Massachusetts subsequently died of opioid-related overdoses.*

23. The people we lost worked as firefighters, homemakers, carpenters, truck drivers, nurses, hairdressers, fishermen, waitresses, students, mechanics, cooks, electricians, ironworkers, social workers, accountants, artists, lab technicians, and bartenders. They lived and died in every part of our state. The oldest died at age 87. The youngest started taking Purdue's opioids at 16 and died when he was 18 years old.

24. Purdue's deception also imposed lasting hardship on the people who lost their loved ones. Because of Purdue's dishonesty, too many children in Massachusetts lost their parents. Too many parents in Massachusetts buried their children. Too many grandparents in Massachusetts are raising their grandchildren.

25. Patients who survive addiction need lengthy, difficult, and expensive treatment. People who are addicted to opioids are often unable to work. The addiction of parents can force their children into foster care. Babies are born addicted to opioids, because they are exposed to the drugs in the womb.

26. Purdue's misconduct has imposed heavy costs on the people of Massachusetts and on the Commonwealth. Intensive care for a newborn who has been harmed by opioids can cost \$200,000, even before the baby comes home from the hospital. The injuries from addiction and overdose are staggering. For example, the White House Council of Economic Advisers determined that a middle estimate of the cost of each death from opioid overdose is \$9.6 million. By that methodology, the 671 deaths that the Attorney General has already identified in

Massachusetts total more than \$6 billion.

27. To profit from its dangerous drugs, Purdue engaged in a deadly and illegal scheme to deceive doctors and patients. First, Purdue deceived Massachusetts doctors and patients to get more people on its dangerous drugs. Purdue targeted vulnerable people who could be introduced to its opioids, including elderly patients, veterans, and people who had never taken opioids before. Second, Purdue misled them to take higher and more dangerous doses. Third, Purdue deceived them to stay on its drugs for longer and more harmful periods of time.

28. All the while, Purdue peddled falsehoods to keep patients away from safer alternatives. Even when Purdue knew people in Massachusetts were addicted and dying, Purdue treated doctors and patients as “targets” to sell more drugs.

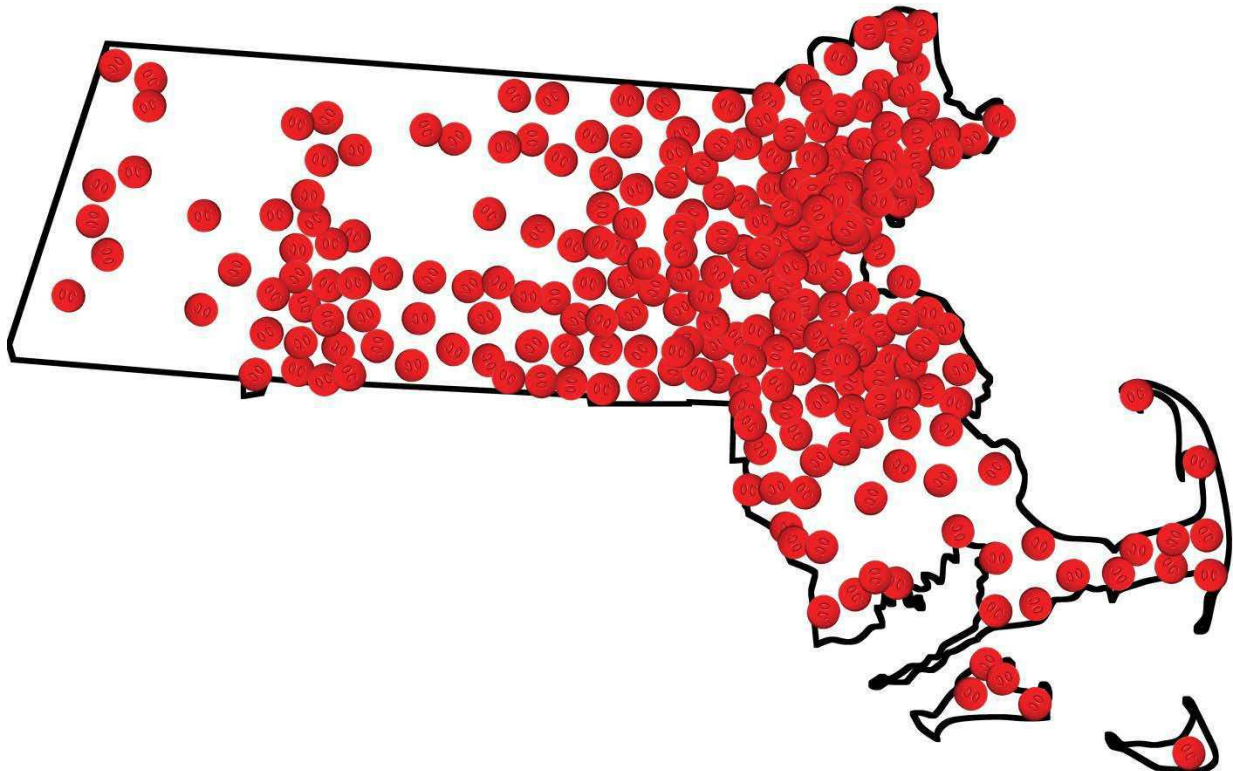
29. Each part of the scheme earned Purdue more money from Massachusetts opioid sales and caused more addiction and death here in our Commonwealth. And each defendant participated in and profited from the scheme in Massachusetts, as set forth below.

V. PURDUE TARGETED MASSACHUSETTS WITH ITS UNFAIR AND DECEPTIVE SALES CAMPAIGN

30. Hundreds of Massachusetts patients died after taking Purdue’s drugs because Purdue targeted Massachusetts with a massive deceptive sales campaign.

31. Purdue’s most powerful tool of deception was sending sales representatives to promote opioids to Massachusetts doctors, nurses, and pharmacists face to face. During sales visits, Purdue reps made false and misleading claims directly to the professionals who care for Massachusetts patients. Purdue assigned reps to specific territories in Massachusetts and gave them lists of Massachusetts doctors to visit. Purdue targeted doctors, nurses, and pharmacists in every part of our Commonwealth. The map below shows Massachusetts communities where Purdue promoted opioids since 2007. Each dot represents a city or town where Purdue sales reps promoted opioids in Massachusetts.

Purdue Targeted Massachusetts



32. Since the 2007 Judgment, Purdue sales reps visited Massachusetts prescribers and pharmacists *more than 150,000 times*. A list of the exact date, location, sales rep, and “target” of each sales visit is attached as Exhibit 1.

33. Each of these in-person sales visits cost Purdue money — on average more than \$200 per visit. But Purdue made that money back many times over, because it convinced doctors to prescribe its addictive drugs. When Purdue identified a doctor as a profitable target, Purdue visited the doctor frequently: often weekly, sometimes almost every day. Purdue salespeople asked doctors to list specific patients they were scheduled to see and pressed the doctors to commit to put the patients on Purdue opioids. By the time a patient walked into a clinic, the doctor, in Purdue’s words, had already “guaranteed” that he would prescribe Purdue’s drugs. Purdue rewarded high-prescribing doctors with coffee, ice cream, catered lunches, and cash. Purdue has given meals, money, or other gifts to more than 2,000 Massachusetts prescribers.

34. Purdue judged its sales reps by how many opioids they got doctors to prescribe. Sales reps who generated the most prescriptions won bonuses and prizes. Reps who failed to get enough Massachusetts patients on opioids were placed on probation, put on performance improvement plans, and fired.

35. Purdue used face-to-face sales visits to conceal its deception by trying to avoid witnesses or a paper trail. When one sales rep made the mistake of writing down in an email her sales pitch to a doctor, Purdue’s Vice President of Sales Russell Gasdia ordered: “Fire her now!” Purdue’s leaders did not want a record of their behavior because they knew they were breaking the law.

36. Purdue reinforced its sales visits with dozens of other deceptive tactics aimed at Massachusetts. Purdue wrote deceptive pamphlets and mailed them to doctors in Massachusetts.

Purdue streamed videos to Massachusetts doctors on its OxyContin Physicians Television Network. Purdue hired the most prolific opioid prescribers in Massachusetts as spokesmen to promote its drugs to other doctors. Purdue funded the *Massachusetts General Hospital Purdue Pharma Pain Program* and an entire degree program at Tufts University to influence Massachusetts doctors to use its drugs.

37. Purdue used all these deceptive tactics to collect money in Massachusetts, by getting more Massachusetts patients on opioids, at higher doses, for longer periods of time.

VI. PURDUE DECEIVED DOCTORS AND PATIENTS TO GET MORE PEOPLE ON DANGEROUS DRUGS, AT HIGHER DOSES, FOR LONGER PERIODS

A. Purdue Deceived Doctors and Patients to Get More and More People on Its Dangerous Drugs

(i) Deception About Addiction

38. Purdue always knew that its opioids carry grave risks of addiction and death. Instead of being honest about these risks, Purdue obscured them, including by falsely stating and implying that “appropriate” patients won’t get addicted.

39. In a pamphlet for doctors, *Providing Relief, Preventing Abuse: A Reference Guide To Controlled Substance Prescribing Practices*, Purdue wrote that addiction “is not caused by drugs.” Instead, Purdue assured doctors that addiction happens when the wrong patients get drugs and abuse them: “it is triggered in a susceptible individual by exposure to drugs, most commonly through abuse.”²

40. Purdue promoted its opioids to Massachusetts patients with marketing that was designed to obscure the risk of addiction and even the fact that Purdue was behind the campaign. Purdue created a website, *In The Face of Pain*, that promoted pain treatment by urging patients to “overcome” their “concerns about addiction.” Testimonials on the website that were presented as personal stories were in fact by Purdue consultants, whom Purdue had paid tens of thousands of dollars to promote its drugs.³

² Providing Relief, Preventing Abuse (2008), pg. 12, PTN000003587.

³ 2011-10-24 website capture, In the Face of Pain, PVT0033890–891.

41. Another Purdue publication, the *Resource Guide for People with Pain*, falsely assured patients and doctors that opioid medications are not addictive:

*“Many people living with pain and even some healthcare providers believe that opioid medications are addictive. The truth is that when properly prescribed by a healthcare professional and taken as directed, these medications give relief – not a ‘high.’”*⁴

Purdue falsely denied the risk of addiction, falsely implied that addiction requires patients to get “high,” and falsely promised that patients would not become addicted if they took opioids as prescribed.

42. Purdue funded and distributed many more publications that were similarly misleading. *Exit Wounds: A Survival Guide to Pain Management for Returning Veterans and Their Families* misleadingly claimed: “Long experience with opioids shows that people who are not predisposed to addiction are unlikely to become addicted to opioid pain medications.”⁵

43. *Opioid Prescribing: Clinical Tools and Risk Management Strategies* told doctors that “addiction is rare in patients who become physiologically dependent on opioids while using them for pain control.”⁶

44. *Responsible Opioid Prescribing* told doctors that only “a small minority of people seeking treatment may not be reliable or trustworthy” and not suitable for addictive opioid drugs.⁷

45. Over and over, Purdue told Massachusetts doctors and pharmacists that they could give opioids to “trusted” patients without risk of addiction, even though that was false. To promote its drugs, Purdue pushed the myth that addiction is a character flaw, and “trustworthy”

⁴ *Resource Guide for People with Pain* (2009), pg. 8, PVT0037321.

⁵ *Exit Wounds* (2009), pg. 107, PTN000023114.

⁶ *Opioid Prescribing: Clinical Tools and Risk Management Strategies* (2009), pg. 12, PWG000242087.

⁷ *Responsible Opioid Prescribing* (2007), pg. 11, #448.1.

people don't get addicted to drugs.

46. A Purdue sales rep reported meeting with a Massachusetts pharmacist who said local doctors were reluctant to prescribe OxyContin. The Purdue rep pushed the pharmacist to get “older, trustworthy customers” on opioids:

“Made a case to her for those older, trustworthy customers that she knows well and committed her to step in and call the doctors. Said she would.”

47. Purdue managers praised Massachusetts sales reps for pitching doctors on the idea that prescribing to “trustworthy” patients was safe. A sales rep reported that one doctor: “let me know that she will Rx OxyContin when the pts [patients] has chronic pain and are trustworthy.” The rep added that he would “Follow up with Dr and ask what pts does she consider ‘trust worthy?’” A Purdue district manager responded: “Great follow up question on what patients does he consider trustworthy.”

48. Purdue knew better. Blaming victims for being “untrustworthy” was another way to lie about Purdue's addictive drugs.

(ii) Deception to Get Vulnerable Patients on Opioids

49. Pushing opioids for “trustworthy” patients was only one of Purdue's methods for getting more people on drugs. To expand the market for opioids, Purdue also trained sales reps to target vulnerable populations and encourage doctors to put them on opioids, without disclosing the risks. In Massachusetts, Purdue deceptively promoted opioids for elderly patients, veterans, patients who had never taken opioids, and patients with osteoarthritis — putting thousands more patients at risk.

Elderly Patients

50. Purdue knew that prescribing opioids to elderly patients increases their risk of death. Elderly patients are at greater risk of dangerous interactions between drugs. They are also

at greater risk of respiratory depression — in which patients suffocate and die. But Purdue saw the opportunity to earn millions of dollars by getting elderly patients on opioids because the public would pay through Medicare. Purdue’s internal documents show that it targeted “Patients over the age of 65 as more Medicare Part D coverage is achieved.”⁸

51. Purdue disregarded and obscured the risks to elderly patients in its deceptive sales campaign. Purdue reps asked doctors to identify elderly patients and then solicited commitments from the doctors to give them Purdue opioids. In Massachusetts, a Purdue supervisor coached sales reps to “Keep the focus on the geriatric patients” and follow Purdue’s “geriatric strategy.”

52. Purdue trained its reps to show doctors charts emphasizing Medicare coverage for its opioids and use profiles of fake elderly patients, complete with staged photographs, to convince doctors to prescribe opioids. As a Massachusetts sales rep observed, a fake patient profile “brings the heart into it” and helps get the doctor to say: “Yes, they need this medication.”

53. Purdue even made the false claim that elderly patients were especially likely to benefit from opioids. A rep reported to Purdue that she told a Massachusetts doctor that putting elderly patients on opioids would improve safety and quality of life by addressing “the need for sleep for elderly, increased risk for falls if they need to get up at night--take a pill, get glass, move across a dark room--and the potential impact that could have on healing and mobility.” In fact, elderly patients taking opioids have *increased* risks of falling and breaking bones.

Veterans

54. Purdue also targeted veterans with its deceptive claims that they should take opioids. Like the elderly, many veterans’ prescriptions are paid for by the public, providing

⁸ 2015-01-28 Pain Products Presentation, pg. 12, PVT0029495.

another source of revenue when Purdue got veterans on its drugs. Records of sales meetings in Massachusetts show that Purdue reps emphasized insurance coverage by the veterans' Tricare program more than 500 times.

55. To target veterans, Purdue funded a book, *Exit Wounds*, which was packaged as the story of a wounded veteran but was really part of Purdue's deceptive marketing campaign.

The book repeated Purdue's lie that patients would not become addicted to opioids:

*"The pain-relieving properties of opioids are unsurpassed; they are today considered the 'gold standard' of pain medications, and so are often the main medications used in the treatment of chronic pain. Yet, despite their great benefits, opioids are underused. For a number of reasons, healthcare providers may be afraid to prescribe them, and patients may be afraid to take them. At the core of this wariness is the fear of addiction, so I want to tackle this issue head-on ... Long experience with opioids shows that people who are not predisposed to addiction are unlikely to become addicted to opioid pain medications."*⁹

56. Purdue held special events to encourage doctors to prescribe opioids to veterans:¹⁰



Purdue flyer from 2011

57. Purdue's campaign to target veterans had a terrible cost. Compared to non-veterans, Massachusetts veterans are three times more likely to die from opioid overdose.

Opioid-Naive Patients

58. Purdue also targeted patients who were not already taking opioids, described in

⁹ Exit Wounds (2009), pgs. 106-107, PTN000023114.

¹⁰ 2011 flyer, PTN000003864.

the field as “opioid-naive.” Purdue unfairly and deceptively marketed its drugs as appropriate treatments for opioid-naive patients, without disclosing that they face even higher risks of overdose and death.

59. Purdue trained its sales reps to promote its drugs specifically for opioid-naive patients. In training calls, Purdue managers instructed:

- *“Your opportunity here is with the naive community, let’s use the naive trial to make your case.”*
- *“You created an epiphany with the doctor today (potentially) by reviewing the opiate naive patient profile. What made him more pat to write for this patient, being an amiable doctor, is the fact that he would not have to talk patients out of their short acting [opioids].”*
- *“This was an example of what a good call looks like ... [Dr.] was particularly interested in the RM case study of Marjorie, which generated a robust discussion of opioid naive patients ...”*

60. A sales script prompted sales reps to ask: “Would you consider OxyContin for an opioid-naive patient?” Another Purdue script read:¹¹

CLOSE #1

Opioid-naïve (5 mcg/hour):

- “Doctor, either today or tomorrow, do you anticipate seeing this commercially insured, opioid-naïve patient with moderate to severe chronic pain, who you believe would benefit from Butrans?”

Purdue sales script from 2011

61. Purdue also promoted its drugs for opioid-naive patients using the deceptive term “first line opioid.” “First line” is a medical term for the preferred first step in treating a patient. Opioids are not an appropriate first line therapy. Nevertheless, Purdue’s internal documents and testimony from sales reps shows that Purdue repeatedly promoted OxyContin as “first line” — “the first thing they would take to treat pain.”

¹¹ OxyContin sales script, pg. 10, PWG000334238.

62. Purdue also found vulnerable opioid-naive patients by targeting prescribers with the least training in the risks of opioids. Purdue determined that nurse practitioners, physician assistants, and primary care doctors were especially responsive to sales reps, so it targeted them to sell more drugs.

Osteoarthritis

63. Purdue also targeted new patients with the deceptive claim that its opioids should be used to treat the most common form of arthritis, osteoarthritis. Purdue decided osteoarthritis would be a money-maker because it is widespread. Purdue's documents emphasize that more than 20 million Americans have osteoarthritis, including most people over 75.

64. Opioids are not approved to treat osteoarthritis. Purdue conducted a single study on osteoarthritis for Butrans, and it failed. Purdue admitted in internal documents that its opioids "are not indicated for a specific disease" and "it is very important that you never suggest to your HCP [health care professional] that OxyContin is indicated for the treatment of a specific disease state such as Rheumatoid Arthritis or Osteoarthritis."

65. Nevertheless, to meet its business goals, Purdue trained its Massachusetts sales reps to mislead doctors by promoting opioids for osteoarthritis without disclosing Purdue's failed trial. Purdue even measured how often it targeted osteoarthritis patients. A Purdue marketing presentation concluded that its sales reps were "identifying appropriate patients" because osteoarthritis was specifically mentioned during 35% of sales visits.

66. Purdue also directed Massachusetts sales reps to use marketing materials that highlight patients with osteoarthritis, even though Purdue drugs were never indicated for that disease and Purdue's Butrans trial had failed.

Do You Have Patients Like Pam*?



Medical history:

- 71-year-old woman with chronic low back pain due to osteoarthritis
- Chronic low back pain has intensified over the last 9 months
- Pain is not being adequately controlled. Physical examination indicates moderate restriction in her functional mobility
- Moderate renal impairment
- Prior aspirin therapy used for pain resulted in a bleeding ulcer

Current therapy:

- Currently taking ibuprofen 200 mg, 1-2 tablets, every 6 hours
- Pain is inadequately controlled on current therapy
- Her worst pain reaches an 8 on an 11-point scale (0-10). Average pain score is a 6 on an 11-point scale
- Her pain is worse in the mornings and after being sedentary for periods of time

Coverage

- Has Medicare Part D Prescription coverage

This is a sample patient summary and may not necessarily include all the elements of a thorough patient assessment.

*Hypothetical patient

Purdue opioid promotion from 2015¹²

¹² 2015 Butrans Patient Identification and Initiation Guide, pg. 16, PWG000080076.

B. Purdue Deceived Doctors and Patients to Use Higher and Higher Doses

67. For patients, taking higher doses of opioids increases the risk of addiction and death. But for Purdue, higher doses mean higher profits. So Purdue deceived doctors and patients to get people on higher and higher doses.

68. Purdue earns more money every time a patient moves to a higher dose. For example, Purdue's 2015 prices increased dramatically as patients move to higher doses:

OxyContin Prices

bottle of 100 tablets (10 mg)	\$269.17
bottle of 100 tablets (15 mg)	\$396.28
bottle of 100 tablets (20 mg)	\$501.99
bottle of 100 tablets (30 mg)	\$698.15
bottle of 100 tablets (40 mg)	\$859.72
bottle of 100 tablets (60 mg)	\$1,217.22
bottle of 100 tablets (80 mg)	\$1,500.18

A patient taking the lowest dose pill twice a day for a week earns Purdue \$38. But if the patient instead takes the highest dose, Purdue collects \$210 — an increase of 450%.

69. To get that revenue, Purdue designed its sales tactics to increase doses. Purdue created a campaign for OxyContin around the slogan, *Individualize The Dose*, because Purdue determined that it would *Increase The Dose*. Purdue's CEO prepared a presentation to the Board of Directors explaining that Purdue would use *Individualize The Dose* to sell more of its highest doses. When Purdue decided to refresh the campaign with a new slogan, it hired consultants to study what would increase doses the most.

70. Purdue trained its sales reps that increasing a patient's dose ("titration") was a key move when making sales. Purdue's graphics show the one-way path of increasing doses that Purdue pushed doctors and patients to follow:

FLEXIBILITY in titration

- Titrate to the appropriate q12h dose
 - Increase 25% to 50% of the total daily dose as clinical need dictates

Small, color-coded tablets (actual size) OxyContin® Tablets q12h dose

For patients who require titration above 80 mg q12h, follow titration guidelines, which recommend increasing the total daily dose between 25% and 50%.

Purdue opioid promotion from 2008

Individually titrate Butrans to a dose that provides adequate analgesia and minimizes adverse reactions

Minimum titration interval between doses is every 72 hours

Appropriate patients may be titrated directly from 10 mcg/hour to 20 mcg/hour (after at least 72 hours) at the prescribing healthcare professional's discretion.
(not shown at actual size)

Purdue opioid promotion from 2013¹³

¹³ 2008-04 OxyContin Conversion/Titration Guide, pg. 14, PPLP003276594; 2013-12 Butrans core visual aid, pg. 20, PWG000076579.

71. Purdue tracked whether its sales reps were getting patients on higher doses and warned staff when doses were not increasing enough: “Titration up to higher strengths, especially the 40mg and 80mg strengths, is declining.” Purdue required its sales reps to “practice verbalizing the titration message” to get patients’ doses up.¹⁴

72. Purdue knew its promotion drove patients to higher doses. Purdue’s internal analysis “found that there is greater loss in the 60mg and 80mg strengths (compared to other strengths) when we don’t make primary sales calls.”¹⁵ Purdue’s business plans emphasized that “OxyContin is promotionally sensitive, specifically with the higher doses, and recent research findings reinforce the value of sales calls.” In 2014, when public health experts tried to save patients’ lives by warning against high doses of opioids, Purdue pursued a “strategic initiative” to fight back and “maintain 2013 dose mix.”¹⁶

73. Purdue encouraged Massachusetts doctors to prescribe high doses and did not tell doctors, or even its own sales reps, that higher doses carry heightened risk of addiction, overdose, and death. A Massachusetts sales rep testified:

Q: Are you aware of any risks in titrating to a higher dose with OxyContin?

A. No.

74. Purdue’s deception about the risk of higher doses was deliberate. Purdue claimed that “dose was not a risk factor for opioid overdose,” even while it admitted in internal documents that it was “very likely” that patients face “dose-related overdose risk.”¹⁷

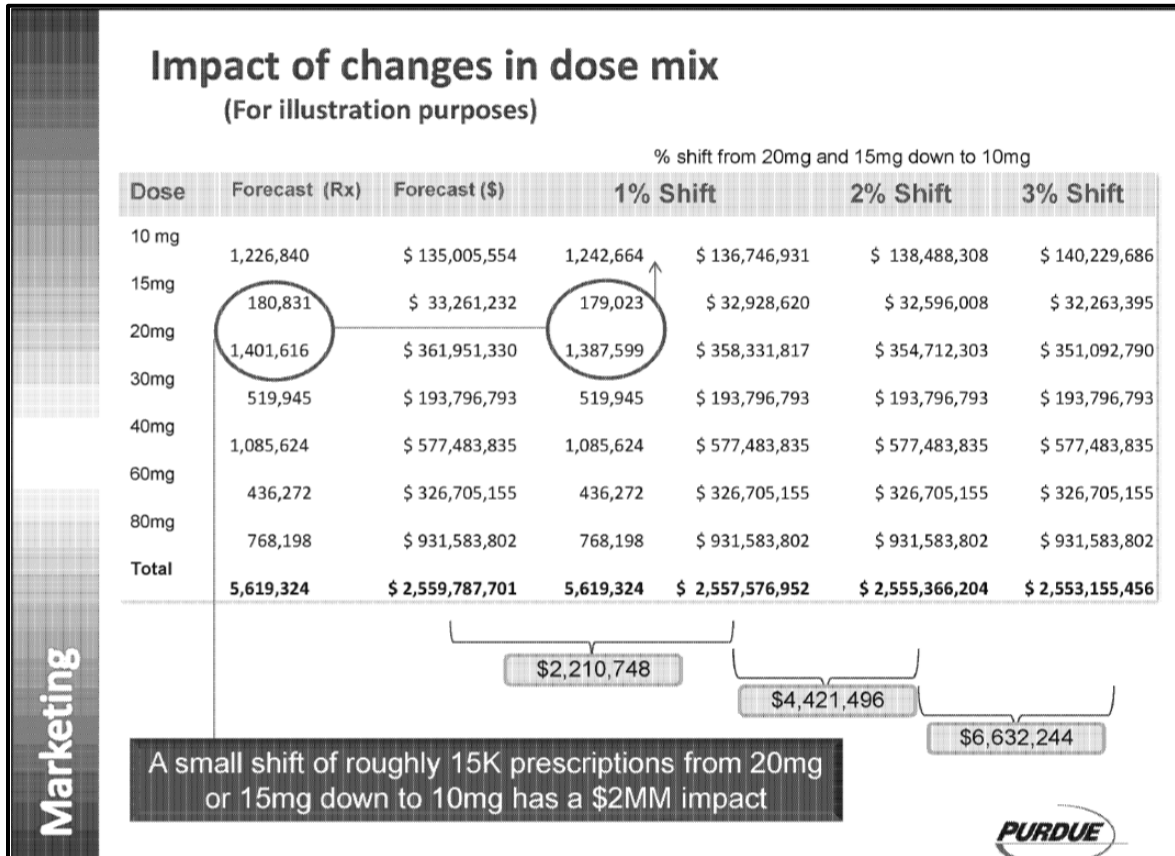
¹⁴ 2013-08-19 OxyContin “Initiation, Conversion, and Titration” workshop, PWG000197629.

¹⁵ 2013-08-19 OxyContin “Initiation, Conversion, and Titration” workshop, PWG000197635; 2013-09-23 OxyContin marketing plan, PWG000062680.

¹⁶ 2013-09-23 OxyContin marketing plan, pgs. 35, 57, PWG000062688, -710.

¹⁷ 2013-08-27 Opioid dosage data press release, PWG000216270; 2012-10-01 internal Purdue analysis, pg. 22, PWG000226041.

75. Purdue analyzed, down to the last dollar, how much of its profit depended on patients taking higher doses of opioids. In the slide below, Purdue reminded staff that a shift to lower doses, which reduces the danger to patients, would be bad for Purdue’s bottom line.¹⁸



Purdue internal strategy presentation from 2012

76. When the U.S. Centers for Disease Control issued a national warning against the highest and most dangerous doses of opioids, Purdue studied prescription data to calculate how much profit it would lose if doctors followed the CDC’s advice. Purdue determined that the amount at stake in Massachusetts was \$23,964,122 — that was the extra revenue that Purdue was getting from the most dangerous doses of opioids, every year, in Massachusetts alone.¹⁹

¹⁸ 2012-08-14 OxyContin ACAM Presentation, slide 28, PWG00062610.

¹⁹ 2016-04-13 April Board meeting Commercial Update, slide 74, PPLPC016000286167.

Responding to Addiction by Increasing the Dose

77. When patients showed signs of addiction to Purdue’s opioids, Purdue urged doctors to respond by *increasing* the opioid dose. To convince doctors to increase the dose for addicted patients, Purdue peddled the false notion that patients suffered from “pseudoaddiction.”

78. A Purdue presentation for doctors titled *Medication Therapy Management* recited what had been the consensus view for decades: “Many medical students are taught that if opioids are prescribed in high doses or for a prolonged time, the patient will become an addict.” Purdue then assured doctors that this traditional concern about addiction was wrong — that patients instead suffer from “pseudoaddiction” because “opioids are frequently prescribed in doses that are inadequate.”²⁰

79. A Purdue pamphlet titled *Clinical Issues in Opioid Prescribing* urged doctors to look for pseudoaddiction:

“A term which has been used to describe patient behaviors that may occur when pain is undertreated. Patients with unrelieved pain may become focused on obtaining medications, may ‘clock watch,’ and may otherwise seem inappropriately ‘drug-seeking.’ Even such behaviors as illicit drug use and deception can occur in the patient’s efforts to obtain relief. Pseudoaddiction can be distinguished from true addiction in that the behaviors resolve when the pain is effectively treated.”

Purdue again urged doctors to prescribe higher doses, stating that opioids “are frequently underdosed - or even withheld due to a widespread lack of information ... about their use among healthcare professionals.”²¹

80. In another pamphlet, *Providing Relief, Preventing Abuse: A Reference Guide To Controlled Substances Prescribing Practices*, Purdue admonished doctors that “[u]ndertreatment

²⁰ 2007-11 Medication Therapy Management: Opportunities For Improving Pain Care, slide 31, PTN000006105.

²¹ Clinical Issues in Opioid Prescribing (2008), pgs. 1-3, PWG0000058054-055.

of pain is a serious problem” and “pain should be treated aggressively.” Purdue stated: “Facts About Addiction: ‘Misunderstanding of addiction and mislabeling of patients as addicts result in unnecessary withholding of opioid medications.’”²²

81. Purdue released a second edition of *Providing Relief, Preventing Abuse*, which continued to urge higher doses, and added a new deception about the scientific “literature”:

*“The term pseudoaddiction has emerged in the literature to describe the inaccurate interpretation of [drug-seeking] behaviors in patients who have pain that has not been effectively treated.”*²³

The revised pamphlet failed to disclose that none of the “literature” it cited included scientific or medical evidence supporting pseudoaddiction as a diagnosis separate from addiction. Nor did it disclose that all of the cited “literature” was linked to organizations and doctors paid by Purdue.

82. Purdue also urged doctors to prescribe higher doses in a Purdue-sponsored book, *Responsible Opioid Prescribing*, which again suggested that patients who appear to be addicted were instead “receiving an inadequate dose” and needed more drugs.²⁴

83. Purdue knew its campaign to push higher doses of opioids was wrong. Doctors on Purdue’s payroll admitted in writing that pseudoaddiction was used to describe “behaviors that are clearly characterized as drug abuse” and put Purdue at risk of “ignoring” addiction and “sanctioning abuse.” But Purdue nevertheless urged doctors to respond to signs of addiction by prescribing higher doses of Purdue’s drugs.

²² *Providing Relief, Preventing Abuse* (2008), pgs. 4, 6, PTN00003569-570.

²³ *Providing Relief, Preventing Abuse* (2nd ed. 2011), pg. 9, PTN00003555.

²⁴ *Responsible Opioid Prescribing* (2011), pg. 90, Bates no. #729.1.

C. Purdue Deceived Doctors and Patients to Stay on Its Drugs Longer and Longer

84. Just as Purdue made more money by pushing patients to higher doses, Purdue increased its profits by keeping patients on drugs for longer periods of time. Long-term opioid use causes addiction and death. But for Purdue, keeping patients on drugs longer meant more profits. So Purdue deceived doctors and patients to stay on its drugs longer.

85. According to Purdue's 2015 price list, a patient taking Purdue's 80mg OxyContin pill twice a day for a week earned Purdue \$210. If that same patient could be kept on the drug for a year, Purdue collected far more money: \$10,959.²⁵

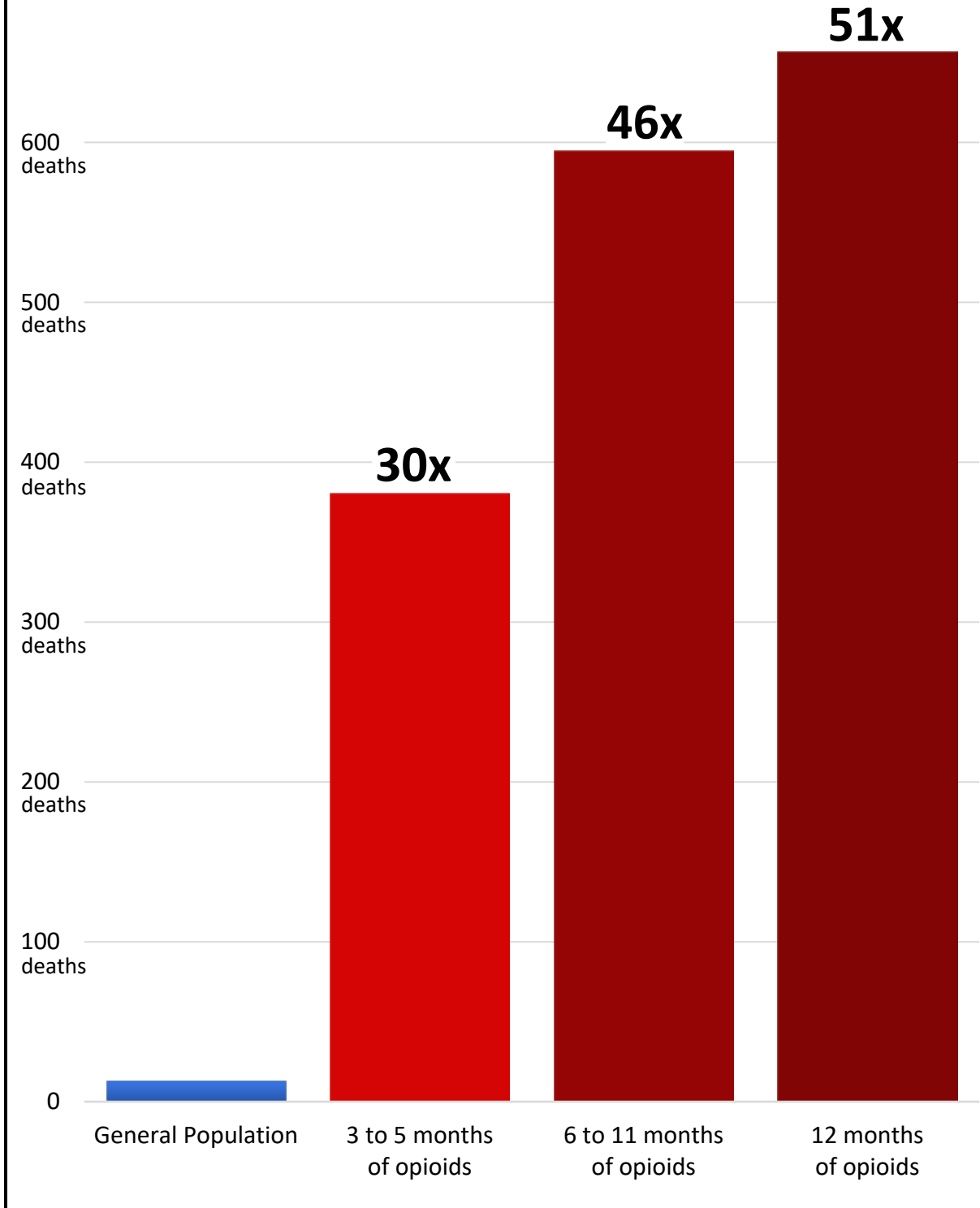
86. Purdue's profit came at a terrible human cost. The Massachusetts Department of Public Health studied more than a million real Massachusetts patients during the years of Purdue's misconduct and found that staying on prescription opioids longer dangerously increases the risk of overdose death. Compared to the general population, a patient who receives three months of prescribed opioids is **30 times** more likely to overdose and die. A patient who stays on prescription opioids for 6-11 months is **46 times** more likely to die. And a patient who stays on prescription opioids for a year — like the example that earns Purdue \$10,959 — is **51 times** more likely to die.²⁶

²⁵ 2015-01-12 Price Increase Notification, PWG000045843.

²⁶ 2017-08 Assessment of Opioid-Related Overdoses in Massachusetts 2011-2015, *available at* <https://www.mass.gov/files/documents/2017/08/31/data-brief-chapter-55-aug-2017.pdf>.

Keeping Patients On Opioids Longer Kills Them

Opioid-related overdose deaths per 100,000 people in a study of 1.1 million Massachusetts patients prescribed opioids in 2011



AGO graph from Massachusetts Department of Public Health data

87. Even compared to the most famous deadly and addictive products, these are extraordinary effects. Smoking increases the chance of lung cancer death by less than 51 times.

88. By getting patients addicted, Purdue greatly increased the patients' risk of harm from many drugs in the opioid class — including, heroin, fentanyl, and generic oxycodone — which share the same addictive chemistry as Purdue opioids.

89. To get patients to take that awful risk, Purdue deceived doctors into keeping patients on opioids for longer and longer periods of time. Purdue gave its salespeople explicit instructions to “extend average treatment duration.”²⁷ Purdue's business plans valued patients by how long they could be kept on Purdue's opioids and targeted patients who could be kept on opioids for more than a year.²⁸ To “drive sales and profitability,” Purdue deliberately worked to keep patients on its opioids longer.²⁹

90. Purdue secretly determined that pushing patients to higher doses would keep them on opioids longer. Purdue developed tactics specifically to keep patients hooked on opioids longer, which it called by the euphemism: “*Improving the Length Of Therapy*” — sometimes abbreviated as “LOT” or “LoT.”³⁰ Purdue taught its employees that there is “a direct relationship” between getting patients on higher doses and keeping them on Purdue's opioids longer.³¹

²⁷ 2011-10-18 OxyContin Level 300 Training, slide 49, PVT0050183.

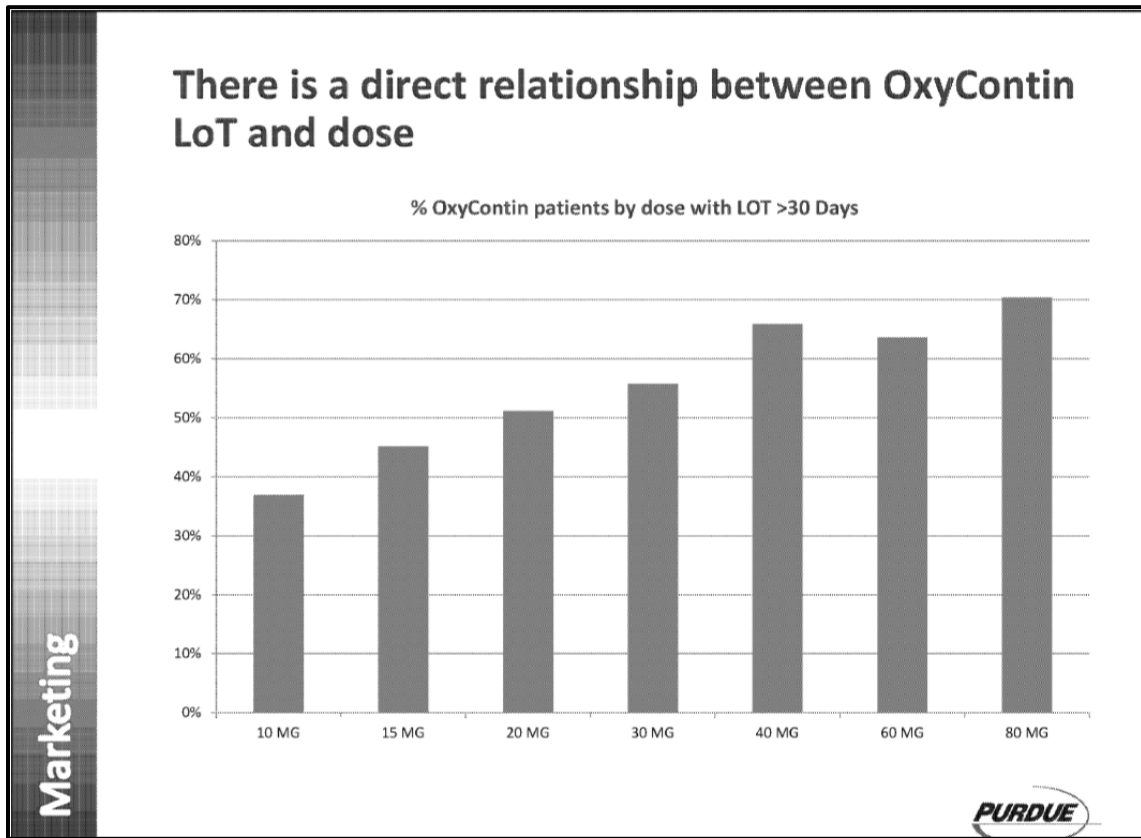
²⁸ 2012-04-27 Marketing Welcome, slides 48-49, PVT0007742-743.

²⁹ 2012-02-15 10-Year Plan, slides 31-33, PWG000164238-240

³⁰ 2013-07 Sales & Marketing Opioid Market Overview, slide 35, PWG000163716.

³¹ 2012-08-14 OxyContin marketing plan, slide 25, PWG000062607.

91. Purdue’s internal marketing plan showed a graph that broke down exactly how getting patients on higher doses of opioids would get more patients to stay on drugs longer:



Purdue internal strategy presentation from 2012

Purdue’s sales reps promoted higher doses, but they did not tell doctors and patients that the higher doses were a scheme to trap patients on Purdue’s drugs.

92. To “extend average treatment duration,” Purdue deceptively claimed that patients’ becoming dependent on its drugs was not dangerous or deadly, but “normal.” Purdue taught doctors that: “Healthcare professionals should recognize that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not the same as addiction.”³² Purdue deceptively claimed that physical dependence on its opioids was “a normal physiologic response,” “an expected occurrence,” and no more dangerous than “many classes of

³² 2009-11 FACETS, slide 9, PTN000006436.

medications” that are not addictive, including drugs used to treat high blood pressure.³³ Purdue set as one of its “key messages” that “data support the use of opioids beyond 90 days and maintained through 52 weeks.”³⁴

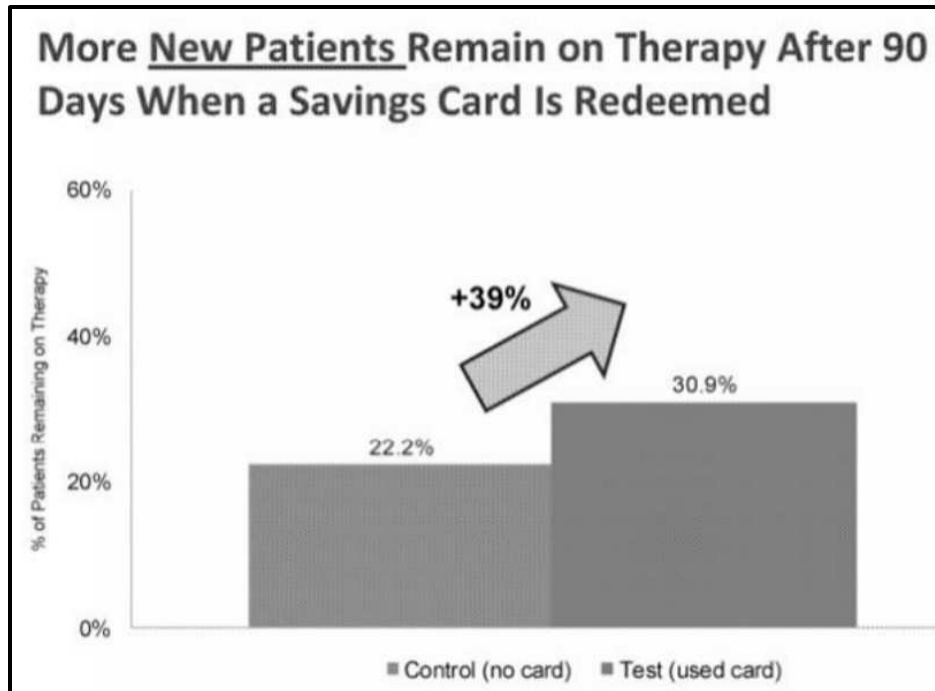
93. One of Purdue’s most powerful tactics to keep patients on opioids longer was an opioid savings card that gave patients discounts on their first prescriptions. Discounts could have cut Purdue’s revenue *if* patients took opioids for a short time. But Purdue’s internal 10-year plan highlighted its discovery that opioid savings cards kept patients on opioids longer: “more patients remain on OxyContin after 90 days.”³⁵ Purdue determined that opioid savings cards worked like the teaser rate on a long-term and very high-stakes mortgage. According to Purdue’s internal analysis, the savings cards had the highest “return on investment” in the entire “OxyContin Marketing Mix.” The return on investment for Purdue was 4.28, so that every \$1,000,000 Purdue gave away in savings came back to Purdue as \$4,280,000 in revenue because patients stayed on dangerous opioids longer.³⁶

³³ Is It Pain (2011), slide 6, PTN000007194.

³⁴ 2013-07 Publication Plan for Long-Term Opioid Therapy for Chronic Non-Cancer Pain, pg. 3, PWG000323550.

³⁵ 2012-02-15 10-Year Plan, slide 33, PWG000164240.

³⁶ 2012-11-01 Board report, pg. 31, PWG000414917.



Purdue internal strategy presentation from 2011³⁷

94. Keeping more patients on opioids for longer than 90 days was one of Purdue’s “2011 Highlights.”³⁸ Purdue’s directors and CEO were briefed specifically on “emails targeted towards HCPs [healthcare professionals] practicing in Massachusetts” to push opioid savings cards.³⁹ But it was a public health disaster. The Massachusetts Department of Public Health found that patients who stayed on prescription opioids for more than 90 days were ***thirty times more likely to die of an overdose.***

95. Purdue aimed to “drive” patients to higher doses and longer periods on drugs so forcefully that it could control how many kilograms of opioids were taken within 2%.⁴⁰

³⁷ 2011-12-06 Manager’s Meeting Presentation, slide 13, PWG003840379.

³⁸ 2012-02-15 10-Year Plan, slide 33, PWG000164240.

³⁹ 2012-11-01 Board report, pg. 17, PWG000413518.

⁴⁰ 2012-08-14 OxyContin marketing plan, slide 23, PWG000062605.

Drive appropriate titration and length of therapy with continuing patients, to maintain total Kg within 2% of forecast

Purdue internal strategy presentation from 2012

96. When Purdue's sales reps talked with doctors about how to dose its drugs, and when Purdue sent opioid savings cards to patients, Purdue did not disclose that higher doses and savings were designed to keep patients on its drugs longer. Purdue did not disclose that its promotion to doctors was designed to drive the amount of drugs consumed by Massachusetts patients to within 2% of its desired profit. Purdue did not disclose that its business target would cause many more patients to get addicted and die.

97. Purdue's campaign to "extend average treatment duration" succeeded. A national study of tens of thousands of medical and pharmacy claims records published in the *Journal of General Internal Medicine* found that two-thirds of patients who took opioids for 90 days were still taking opioids five years later.⁴¹

VII. PURDUE PEDDLED FALSEHOODS TO KEEP PATIENTS AWAY FROM SAFER ALTERNATIVES

98. Purdue not only lit the fire that killed so many patients; it also tried to block the exits that patients could have used to escape. Purdue peddled a series of falsehoods to push patients away from safer drugs and toward its opioids.

99. Purdue had no justification to steer patients away from safer alternatives, and it knew it. Purdue's internal documents admit that it "cannot represent or suggest" that its drugs are "safer" or "more effective" or make "any other sort of comparative claim," because it had no drugs with the evidence required for such a claim. In its internal documents, Purdue admitted

⁴¹ Martin et al., Long-term chronic opioid therapy discontinuation rates from the TROUP study. *J Gen Intern Med.* 2011;26(12):1450-7. Summarized in Purdue's files on pg. 15, PWG000226034.

that “making comparative statements of our product versus a competitor’s product is never appropriate.”⁴²

Comparative and Superiority Claims

- Statements cannot represent or suggest that a drug is safer/more effective (or make any other sort of comparative claim) unless there is substantial evidence/clinical trials supporting the statement
 - **We have no drugs that satisfy this standard**

9/7/2011 For Internal Use Only. Not for Use in Promotion. 12 PURDUE

▪ Making comparative statements of our product versus a competitor’s product is never appropriate because there are no head-to-head clinical studies against the other product or other necessary substantial evidence.

Purdue internal presentation from 2011

But Purdue went ahead and made deceptive claims to steer patients away from alternatives.

Deception about Tylenol and Ibuprofen

100. Purdue made deceptive claims about research by its own employees, designed to “highlight” the risks of non-opioid drugs. Purdue deceptively compared the risks of high doses of acetaminophen and NSAIDs (non-steroidal anti-inflammatory drugs, such as aspirin and ibuprofen) with its claim that opioids have “no ceiling dose,” to falsely contend that opioids were safer, even though high doses of opioids pose grave risk of addiction and death.

⁴² 2011-10 Guidelines on Product Promotion: Comparative Claims Workshop, slide 12, PWG000190160.

101. Purdue paid for deceptive propaganda by groups designed to appear independent from Purdue, promoting the message that NSAIDs and Tylenol have “life-threatening” side effects, but opioids are “the gold standard of pain medications.”⁴³

102. Purdue funded “switch research” to “understand what triggers prescribers to switch patients” from safer NSAIDs to more dangerous opioids. Purdue hired consultants to study how to make doctors “more comfortable” about opioids and “more cautious” about non-addictive drugs like ibuprofen.⁴⁴

Deception about Lower-Dose Opioids

103. Just as Purdue deceptively steered patients away from ibuprofen and Tylenol, Purdue also deceived patients and doctors by claiming that Purdue’s high-dose, extended-release opioids were superior to lower-dose, immediate-release opioids that had been used for decades before the epidemic.

104. In fact, Purdue’s opioids (sometimes called ER/LA or extended release/long acting) are extraordinarily dangerous. The CDC found, based on published research, that there is “a higher risk for overdose among patients initiating treatment with ER/LA opioids than among those initiating treatment with immediate-release opioids.” The CDC “did not find evidence that continuous, time-scheduled use of ER/LA opioids is more effective or safer than intermittent use of immediate-release opioids or that time-scheduled use of ER/LA opioids reduces risks for opioid misuse or addiction.”⁴⁵

105. Nonetheless, Purdue deceptively claimed that its opioids provided more effective pain relief than traditional immediate-release opioids (sometimes called IROs). Purdue sale reps

⁴³ 2009 Exit Wounds, pg. 104-106, PTN000023113-114.

⁴⁴ 2016-02 NSAID to ERO Switch Research Final Report, slides 3, 16, PWG000072028, -041.

⁴⁵ CDC Guideline for Prescribing Opioids for Chronic Pain (2016), *available at* <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>.

admitted under oath that they told Massachusetts doctors that OxyContin provides more consistent pain relief with fewer peaks and troughs than IROs. Purdue records show that the sales reps repeatedly claimed that OxyContin’s “steady state is better than peak and trough w/ [IROs].” Purdue claimed that OxyContin provides a “full tank of gas,” but immediate-release opioids require “stopping at each exit to refuel.” Purdue bolstered these misrepresentations with marketing materials that misrepresented data to indicate that Purdue drugs provided more consistent pain relief than more frequently dosed, lower-dose opioids.

Deception about Quality of Life

106. Purdue also steered patients away from safer alternatives with the false claim that its opioids improve patients’ “quality of life.” Purdue’s internal documents admit that “Purdue has no clinical studies or other substantial evidence demonstrating that a Purdue Product will improve the quality of a person’s life.” Nevertheless, Purdue sales reps repeatedly claimed that its opioids improve quality of life. A Purdue sales rep noted the need to follow-up with a Massachusetts doctor to “get commitment from him that he is definitely going to improve the quality of life for the [rheumatoid arthritis patient] he has.” Purdue also devised and funded third-party publications to say that opioids give patients the “quality of life we deserve.”⁴⁶

Deception about Risk of Abuse

107. Purdue also steered patients away from safer alternatives with false claims that its opioids had less risk of abuse. As more people died of addiction and overdose, Purdue created tamper-resistant versions of its drugs to be harder to crush. The FDA found that the changes had no effect on the most common way that the Purdue’s pills were taken and abused: by swallowing them. “The tamper-resistant properties will have no effect on abuse by the oral route (the most

⁴⁶ Treatment Options: A Guide for People Living with Pain, pg. 15, PWG000243995.

common mode of abuse).”⁴⁷ Despite that warning, Purdue deceptively marketed its opioids in a manner falsely implying they stop abuse — and even prevent addiction.

108. Purdue also paid for and promoted articles which stated or implied that its tamper-resistant drugs were safe. For example, in 2014, Purdue placed three articles in *The Atlantic* as sponsored content, including one titled *Take My Pain Away ... A Physician's Perspective of Prescription Opioids and Pain Management* by Dr. Gerald Aronoff. That article calls the tamper-resistant formulations “safer alternatives” and encourages physicians to “embrace these additional choices, rather than decide to leave opioid prescribing.”⁴⁸

109. Purdue further created an unbranded marketing initiative, *Opioids with Abuse Deterrent Properties*, to encourage prescribers to switch to Purdue opioids. The initiative included a website, ads in medical journals, medical education events touting the benefits of the tamper-resistant drugs, and payments to doctors to promote Purdue opioids.⁴⁹

110. Purdue’s deceptive marketing convinced doctors of the falsehood that Purdue drugs are less addictive. In a national survey, conducted by the Johns Hopkins Bloomberg School of Public Health, almost half of doctors believed that tamper-resistant opioids were less addictive than other opioids, when in fact they are equally addictive.⁵⁰

111. In addition to visiting Massachusetts prescribers and pharmacists more than 150,000 times, Purdue distributed in Massachusetts thousands of copies of its deceptive publications, including *Providing Relief, Preventing Abuse*; the *Resource Guide for People with Pain*; *Exit Wounds*; *Opioid Prescribing: Clinical Tools and Risk Management Strategies*;

⁴⁷ 2009-12-30 New Drug Application 22-272, OxyContin, Division Director Summary Review for Regulatory Action, pg. 7, available at https://www.accessdata.fda.gov/drugsatfda_docs/nda/2010/022272s000MedR.pdf.

⁴⁸ 2014-11-14 Take my Pain Away ... A Physician’s Perspective of Prescription Opioids and Pain Management, pg. 6, PWG000214681.

⁴⁹ Introducing Opioids with Abuse-Deterrent Properties (OADP), PVT0024614.

⁵⁰ 2015-06-23 Many Doctors Misunderstand Key Facets of Opioid Abuse, <https://www.jhsph.edu/news/news-releases/2015/survey-many-doctors-misunderstand-key-facets-of-opioid-abuse.html>.

Responsible Opioid Prescribing; and Clinical Issues in Opioid Prescribing. Purdue's *In The Face of Pain* website was viewed in Massachusetts more than 11,700 times.

VIII. PURDUE TARGETED DOCTORS WHO PRESCRIBED THE MOST DRUGS, EVEN WHEN THEY WROTE ILLEGITIMATE PRESCRIPTIONS AND THEIR PATIENTS DIED

112. Purdue pushed Massachusetts doctors to prescribe more and more opioids, because high-prescribing doctors earned Purdue millions of dollars. To make sure doctors prescribed more opioids, Purdue tracked Massachusetts doctors' prescriptions, visited their offices, bought them meals, and asked them to put specific patients on Purdue drugs.

113. Purdue selected doctors for target lists based on its estimates of which doctors could be influenced to increase opioid prescriptions the most. Purdue managers told reps to visit most often the doctors who were most likely to change their prescribing to benefit Purdue.

114. In Massachusetts, sales reps visited Purdue's 100 top targets an average of more than 200 times *each*. Those visits cost Purdue more than \$40,000 for each doctor. Purdue did not spend \$40,000 per doctor so sales reps could watch doctors write prescriptions that they were already going to write anyway. Instead, Purdue paid to lobby these doctors because Purdue knew its reps would convince them to put more patients on opioids, at higher doses, for longer periods. Those extra prescriptions paid back Purdue's investment many times over.

115. Those extra prescriptions led Massachusetts patients to become addicted, overdose, and die. Just as taking opioids increases risks to a patient, meeting with Purdue sales reps increases the risk that a doctor will write dangerous prescriptions. Some of Purdue's top targets in Massachusetts lost their medical licenses because of their dangerous prescribing. Some went to prison. Most of Purdue's 100 top targets in Massachusetts prescribed Purdue opioids to patients who overdosed and died.

116. That disaster is not the normal effect of practicing medicine. It is not the

appropriate result of treating patients in pain. It is the consequence of Purdue breaking the law. Compared to Massachusetts doctors and nurses who prescribed Purdue opioids without lobbying from sales reps, Purdue's top targets wrote far more dangerous prescriptions. Purdue's top targets prescribed Purdue opioids to more of their patients, at higher doses, and for longer periods of time. Compared to Massachusetts doctors and nurses who prescribed Purdue opioids without seeing reps, Purdue's top targets were *at least ten times more likely* to prescribe Purdue opioids to patients who overdosed and died.

North Andover, MA

117. From 2008 until he lost his medical license in 2012, Purdue's top prescriber in Massachusetts was Dr. Walter Jacobs in North Andover.⁵¹ He practiced alone. He often worked only three days a week. Nevertheless, in five years, he prescribed more than 347,000 pills of Purdue opioids.

118. Purdue knew Jacobs's practice inside and out. Purdue sales reps visited him more than a hundred times. Purdue pushed Jacobs to keep up a high rate of prescriptions – to keep writing “new scripts” – and to get patients on higher doses. Purdue's sales rep recorded his goal to “get Dr Jacobs to write more of the intermediate strengths.” The doctor complied. He prescribed tens of thousands of Purdue's intermediate strength pills. He also prescribed more than 200,000 of Purdue's highest strength 80mg OxyContin — the pill that is the most dangerous and the most profitable.

119. Based on its marketing research showing that opioid savings cards kept patients on opioids longer, Purdue urged Jacobs to distribute savings cards. Purdue asked him to have his patients travel to New Hampshire to fill prescriptions because opioid savings cards were illegal

⁵¹ Monthly prescription data by prescriber, PWG003984534.

in Massachusetts until 2012.⁵²

120. Purdue’s sales rep reported to the company that Jacobs “believes in Oxycontin” and “continues to switch patients from other medications to Oxycontin.” A few weeks later, Purdue gave Jacobs a contract worth more than \$50,000 to give speeches to other doctors to promote Purdue opioids. Purdue ended up paying him more than \$80,000 — more than any other doctor in Massachusetts.

121. As Purdue’s top paid consultant in Massachusetts, Jacobs exemplified Purdue’s strategy of getting patients on higher doses and keeping them on opioids for longer periods of time. For one patient, he prescribed OxyContin for more than two years, at a rate of sixteen 80mg pills per day. For another patient, Jacobs prescribed OxyContin for more than two years — *at a rate of twenty-four 80mg pills per day*. When he lost his medical license, Jacobs admitted that he continuously prescribed narcotics to patients, ignored the risk of substance abuse, and kept prescribing narcotics even after his patients overdosed.

122. Purdue paid Jacobs to get more people on addictive opioids, at higher doses, for longer periods of time. By the time Jacobs lost his license, he had prescribed enough opioids for Purdue to collect more than \$3 million.⁵³

⁵² Jacobs’ patients filled dozens of OxyContin prescriptions using savings cards at out-of-state pharmacies. Purdue reps asked other Massachusetts doctors to do the same thing, and their patients used savings cards that were banned in Massachusetts to buy more than 40,000 pills of OxyContin in neighboring states. PWG004285076.

⁵³ The revenue allegations in paragraphs 122, 124, 127, 133, 134, 139, 143, and 153 are estimated based on prices and prescription data.

Fitchburg and Waltham, MA

123. Another of Purdue's high-value targets practiced in Fitchburg and Waltham.⁵⁴ Since 2008, Purdue sales reps visited him more than a hundred times. The Purdue reps encouraged the doctor to prescribe opioids to elderly patients, by emphasizing coverage on Medicare, and they asked him to find opioid-naive patients who could start taking opioids for the first time. The doctor gave Purdue what it wanted: when Purdue launched its Butrans opioid, the salesperson reported that the doctor was "looking for an opioid naive patient to start Butrans on." A few weeks later, the sales representative reported to Purdue that "Butrans is his new go to product." The next month, Purdue rewarded the doctor with a contract worth up to \$48,000.

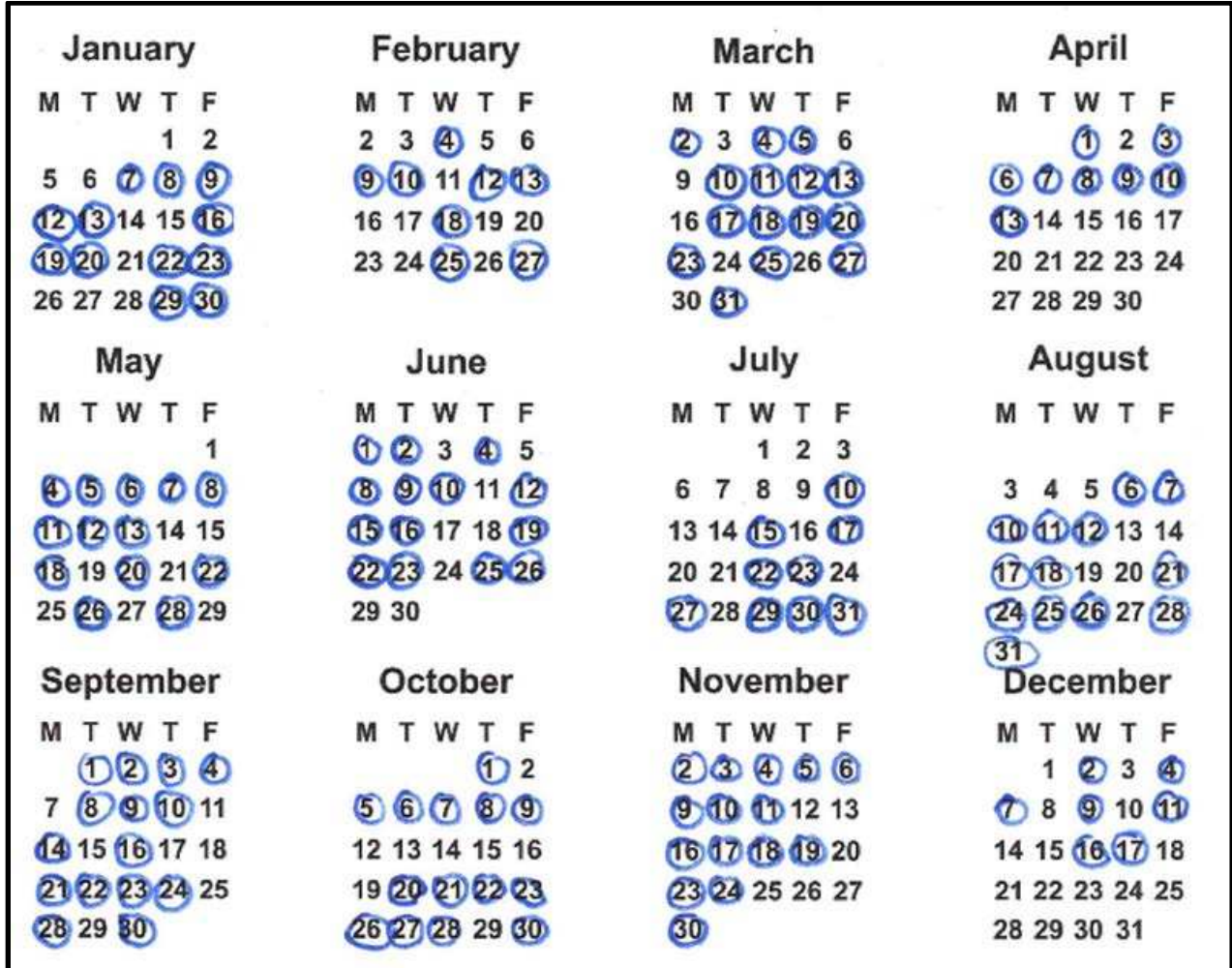
124. For years, Purdue paid the Fitchburg doctor tens of thousands of dollars to promote its opioids. And he delivered for Purdue. Since 2008, he prescribed more than 250,000 pills of Purdue opioids — enough to give Purdue more than \$1.5 million.

⁵⁴ This Complaint does not identify by name the doctors in paragraphs 123-127 because they are not defendants in this suit and are still practicing medicine. The doctors named in paragraphs 117-122, 128-153, and 310-313 no longer hold medical licenses in Massachusetts.

Fall River, MA

125. In Bristol County, Purdue targeted a doctor in Fall River. Since 2008, Purdue sales reps visited this doctor *more than six hundred times*. In 2015, Purdue’s rep was in his office almost every workday:

Purdue Sales Rep Visits to One Massachusetts Doctor



AGO graphic summarizing Purdue internal sales records

126. Purdue repeatedly asked the Fall River doctor to “commit” to prescribing its opioids, and he agreed over and over, day by day. For example, during the week of April 6-10, 2015: Purdue’s rep met the doctor at his office on Monday to discuss patients who would be coming in that day. On Tuesday, the salesperson met with the doctor again and confirmed that

the doctor had put the patients on Purdue opioids. On Wednesday, Purdue's salesperson came to the doctor's office again to discuss more patients. And again on Thursday. And again on Friday. On the following Monday, the Purdue rep came back to talk with the doctor again.

127. The Fall River doctor told Purdue that he "loves the idea" of Purdue's Butrans opioid and was putting "more and more" patients on Purdue's OxyContin. The next month, Purdue gave the doctor a consulting contract worth up to \$48,000 to promote Purdue opioids. Purdue ended up paying him more than \$50,000. In turn, the doctor prescribed more than 180,000 pills of Purdue opioids — enough for Purdue to collect more than \$1.4 million.

Hyannis, MA

128. On Cape Cod, Purdue targeted Dr. Conrad Benoit. From 2008 until May 2016, Purdue sales reps met with Benoit more than 90 times.

129. By 2012, Purdue knew or should have known that Benoit was engaged in problematic prescribing practices, keeping patients on opioids for extended periods without proper medical exams. Purdue's rep met with the doctor and recorded: "he said that he does just refill meds out of ease of refilling given challenge with time in exam." At the next sales visit two weeks later, Purdue encouraged the doctor to prescribe more refills of its opioids.

130. Purdue's district manager went along on sales visits to coach the sales rep. In a written evaluation, the manager praised the rep for her control over the doctor: "Very good close and taking control of the call ... [he] can get off topic, but you snapped fingers and said 'Dr. I need you focused.' He smiled and paid attention. Wow." The purpose of the in-person sales visits was to drive the doctors to prescribe.

131. In 2015, even after Purdue's sales rep reported "a huge concern with the issue of narcotics in the cape," Purdue continued to target Benoit, calling on him 27 times through 2015

and into 2016 and making particular note of efforts to promote Hysingla and OxyContin. In February 2016, Purdue's sales rep logged a "Report Of Concern" when a newspaper reported on Benoit's excessive opioid prescribing and police found a patient with 420 pills. Purdue kept promoting opioids to the doctor anyway.

132. When the Board of Registration in Medicine suspended Benoit's medical license on May 5, 2016, Purdue was still urging him to prescribe its drugs. Purdue last attempted to promote opioids to Benoit on May 10, 2016, five days after his suspension.

133. Since 2008, Benoit had prescribed more than 34,000 pills of Purdue opioids — so Purdue collected more than \$250,000.

Brockton, MA

134. In Plymouth County, Purdue targeted Dr. Yoon Choi. Purdue promoted its opioids to Choi for a decade, from at least 2006 until July 2016, calling on him more than 200 times. In 2012 and 2014, Purdue salespeople reported concerns about Choi's prescribing behavior. Both times, Purdue advised the sales reps they could continue promoting opioids to him. In 2017, the Massachusetts Board of Registration in Medicine suspended Choi's license after concluding he had committed negligence on multiple occasions, including in connection with two patients – a mother and son – who both overdosed on opioids and died. By the time the authorities stopped him, Choi had prescribed more than 108,000 pills of Purdue opioids — enough to give Purdue more than \$750,000.

Ludlow, MA

135. In Hampden County, Purdue targeted Dr. Fernando Jayma. Purdue promoted its opioids to Jayma from at least 2009 until in or around November 2013. Purdue's notes starting in 2010 are replete with red flags. In June 2010, Jayma told a Purdue sales rep that many of his

patients had failed drug screens and doctor shopped. In August 2011, Jayma told Purdue that he wrote six months' worth of prescriptions at a time and patients just came in and picked them up. In October 2011, Jayma told Purdue that an insurer was denying his OxyContin prescriptions. But, from Purdue's perspective, all was well. After a 2012 meeting with Jayma, the Purdue representative reported: "he has written 5 new OxyContin scripts this week," and "most are converting over to 40mg or higher."

136. In January 2013, a Purdue sales representative noted, to praise from her supervisor, that Jayma was taking opioid patients that other practices were turning away. In May 2013, Purdue's rep reported that Jayma was seeing a lot of patients from a doctor who had been arrested for improper prescribing and had his license seized.

137. Purdue kept promoting its opioids to Jayma until a new sales rep was assigned to his account and reported overwhelming signs of "inappropriate prescribing":

"Upon entering office it did not appear to be the typical internal med/general medicine practice. All patients appeared to be there for pain management and no other health concerns ... While in the office the police had arrived because there had been 2 prescription pads stolen by a girlfriend of a patient. She tried to fill rx at local Stop and Shop and was turned down. [The medical assistant] further stated that they do see out of state patients and do not take drivers licenses and insurance card at time of check in. She stated that Rite Aid pharmacy as a corporation will not fill any of dr.'s Rx's. Many other local pharmacies require additional information"

138. On November 26, 2013, Purdue finally told its sales reps to stop promoting opioids to Jayma. Within six months, Jayma's prescriptions of Purdue opioids fell by 99%. In the summer of 2014, when Jayma was no longer valuable to Purdue, Purdue reported him to the DEA.

139. Jayma was convicted of illegally prescribing controlled substances, and was sentenced to two-and-a-half years in the house of correction. But Purdue got what it wanted.

Since 2008, Jayma prescribed more than 68,000 pills of Purdue opioids — so Purdue took in more than \$400,000.

Stoneham, MA

140. Another of Purdue’s high-value targets was Dr. Ellen Malsky in Stoneham. Purdue promoted its opioids to Malsky from at least 2006 until April 2011. Purdue’s records show that red flags about her prescribing became apparent at least as early as March 2006, when Purdue’s sales rep recorded a note that Malsky “has issues with legal use of prescribing,” and again, in May 2007, when Malsky raised concerns about attracting too much attention to her prescribing.

141. In December 2009, Purdue’s sales rep noted that a patient of Malsky died from an overdose. Three months later, the Purdue representative recorded that Malsky “lost her affiliation with BCBS - however, 75% of those patients switched to other plans in order to stay in her practice; BCBS said she was writing too many opioids as an Internal Medicine doctor[.]” Meanwhile, Purdue kept asking Malsky to prescribe more of its drugs.

142. On September 29, 2010, Malsky told Purdue’s sales rep she planned to close her practice “because of pressure from the MA board to write less opioids.” Purdue continued promoting its opioids to Malsky until the bitter end, when the sales rep showed up at her practice to find it closed in April 2011. On April 22, 2011, Purdue finally told its sales reps to stop promoting opioids to Malsky because she had surrendered her medical license.

143. Purdue already had its money in the bank. Since 2008, Malsky prescribed more than 114,000 pills of Purdue opioids — enough to give Purdue hundreds of thousands of dollars.

Holbrook, Weymouth, Winchester and Worcester, MA

144. As a final example, Purdue targeted Dr. Fathalla Mashali, who ran pain clinics in Holbrook, Weymouth, Winchester, Worcester, and Rhode Island. Purdue promoted its opioids to Mashali from at least May 2009 until June 2013, calling on him more than 150 times.

145. Purdue should have been aware of red flags from the beginning. At a promotional visit in May 2010, the Purdue rep learned that Mashali had inherited the patients from a doctor who lost his license for improper opioid prescribing. Purdue recorded: “Dr. Mashali appears to be a very good new target.”

146. Mashali went along with every part of Purdue’s scheme. Purdue wanted patients to take its opioids instead of traditional lower-dose, shorter-acting “SA” drugs; Mashali told Purdue that he would “focus on switching pts from SA meds to Butrans and OxyContin where appropriate.” Purdue promoted OxyContin as a “first line” treatment for opioid-naïve patients; Mashali told Purdue’s sales rep he “will Rx OxyContin first line when possible” and would prescribe OxyContin “more than any other branded medication.” At his next sales visit, the Purdue rep asked Mashali to continue prescribing OxyContin first line.

147. Purdue’s rep met with Mashali, “introduced” Butrans, and asked the doctor “to start pts on Butrans today.” Mashali immediately agreed that the opioid would be “great” for “opioid naïve patients.” Five days later, at his next sales visit, Mashali told Purdue that he had already prescribed Butrans 10-15 times and, in the next week, prescribed Butrans 30 more times.

148. During another sales meeting, Mashali told Purdue that he was seeing 70 patients the next day and “guaranteed” that he would put some on Purdue’s opioids. Later, Purdue’s rep reported: “Dr. let me know he will continue to find more patients for” Purdue opioids. Later, the rep wrote that Mashali was “seeing 40 new patients each week” and “starting new patients on

Butrans every day.” Purdue kept encouraging Mashali to prescribe its drugs. The manager overseeing all Purdue reps in the Boston area visited Mashali and got him to agree to write to Massachusetts insurance companies to ask for more generous coverage of Purdue opioids.

149. Finally, in January 2012, a sales rep sent Purdue a “Report Of Concern,” because she heard that the DEA was investigating Mashali’s office in Rhode Island. In February, Purdue emailed its sales reps that, “pending the outcome of any investigation of the Rhode Island office,” they should not meet with Mashali in Rhode Island, but they could *continue* calling on him in Massachusetts. Purdue’s records show that its sales reps continued to meet with Mashali at both his Rhode Island and Massachusetts offices. A few days later, the sales rep filed a second Report Of Concern, stating that insurance companies had cut off Mashali and he required patients to pay him \$300 in cash. Purdue still did not instruct its reps to stop promoting opioids to him.

150. More than a year after that, in June 2013, Purdue’s sales rep noted that she visited Mashali’s office “to follow up on the rumor I heard about him losing his license.” The doctor’s staff gave her “a letter that is on the front door,” announcing that Mashali was taking his patients off opioids. In an email, Purdue’s sales manager worried about the bottom line: “Dr. Mashali is the largest prescriber of OxyContin in the District and most likely the Region.” He was cutting back on OxyContin “because of so much scrutiny he’s under.” The sales reps were “nervous of what it would do to their business.”

151. The Massachusetts-based sales rep wrote:

“on several occasions recently when calling on his office patients are literally lined out the door. I have spoken with this staff and some of these patients are waiting up to 4-5 hours before being seen by Dr Mashali . In addition, approximately 3 months ago he is no longer taking [Blue Cross Blue Shield] of MA. Dr Mashali claims it is because BCBS of MA, I could never get a straight answer. I suspect it could be for other reasons.... BCBS is not comfortable with the way he is practicing and trying to get reimbursement. Dr Mashali did state for many office visits he is now making patients pay cash for their office visits...Based on my observations and gut feeling including comments from other pain physicians in the area, lately there appears to be too many red flags with Dr Mashali.”

The Rhode Island-based sales rep replied:

“I agree.... My office has patients bringing their own ‘beach type’ folding chairs to sit on because at any given time, he can have 35 or more patients waiting only for him. All of his PA’s have quit. He has patients scheduled at 9:30 am and he doesn’t usually come ‘sauntering’ in until noon. He has changed his practice name yet again...3rd time in about 1 year. I even had one of his nurses tell me last visit that she has witnessed him deleting electronic records for certain patients...which makes her very uncomfortable. I’ve already reported him to Purdue several times.”

152. About a month later, on July 31, 2013, Purdue finally told its reps to stop promoting opioids to Mashali. The Rhode Island Board of Medicine revoked his license, finding that he was “an immediate threat to the health, welfare and safety of the public.”

153. Seventeen patients who were prescribed Purdue opioids by Mashali died of opioid overdoses. Mashali was sentenced to eight years in prison for 27 counts of health care fraud. But Purdue profited. Since 2008, Mashali prescribed more than 367,000 pills of Purdue opioids — so Purdue collected nearly \$2 million.

IX. PURDUE PHARMA INC. AND PURDUE PHARMA L.P. ARE BOTH RESPONSIBLE FOR THE DEADLY MISCONDUCT

154. Purdue Pharma Inc. and Purdue Pharma L.P. acted together to carry out all of the misconduct alleged in this Complaint.

155. According to its official corporate documents, Purdue Pharma Inc.'s purpose is manufacturing, sales, distribution, and research and development with respect to pharmaceutical, toiletry, chemical and cosmetic products, directly or as the general partner of a partnership engaged in those activities. That is the conduct at issue in this suit.

156. Purdue Pharma Inc. controlled Purdue Pharma L.P. as its general partner and is liable for the misconduct of the partnership as a matter of law. Purdue Pharma Inc. is also the general partner of Purdue Holdings L.P., which holds the sole limited partnership interest in Purdue Pharma L.P.

157. Purdue Pharma L.P. employed the sales reps and paid the doctors to promote Purdue's drugs. That is a key element of the conduct at issue in this suit.

158. Purdue Pharma Inc. and Purdue Pharma L.P. shared the same physical offices, the same CEO, and many of the same officers.

X. THE INDIVIDUAL DEFENDANTS LED PURDUE'S MISCONDUCT

159. This section of the Complaint identifies the individuals who are personally responsible for Purdue's illegal scheme. Massachusetts law against unfair and deceptive conduct in commerce applies to individuals regardless of whether they are officers, directors, or employees. Holding individuals personally liable for their misconduct does not require piercing a corporate veil. Individuals are personally liable if: (a) they participated in the misconduct; or (b) they knew about the misconduct and failed to stop it; or (c) they should have known about the misconduct and they failed to stop it.⁵⁵ In this case, the individual defendants made the decisions to break the law; they controlled the unfair and deceptive conduct; and they personally collected many millions of dollars from the deception.

Summary Of The Individuals' Misconduct

160. The individual defendants were the chief architects and beneficiaries of Purdue's deception. In summary:

161. The individual defendants controlled the misconduct described in paragraphs 1-158 above.

162. Each individual defendant knowingly and intentionally sent sales representatives to promote opioids to prescribers in Massachusetts thousands of times.

163. Each individual defendant knew and intended that the sales reps in Massachusetts would unfairly and deceptively promote opioid sales that are risky for patients, including by:

⁵⁵ See *Thermoplastic Elastomers, Inc. v. McKenna*, No. 002018B, 2002 WL 968859, at *4 (Mass. Super. Feb. 5, 2002) ("A corporate officer may be held personally liable for his "participation in unfair and deceptive practices."), citing *Nader v. Citron*, 372 Mass. 96, 103 (1977); *Community Builders, Inc. v. Indian Motorcycle Associates, Inc.*, 44 Mass. App. Ct. 537, 560 (1998). See also *Townsend, Inc. v. Beaupre*, 47 Mass. App. Ct. 747, 751 (1999) ("A corporate officer is personally liable for a tort committed by the corporation that employs him, if he personally participated in the tort by, for example, directing, controlling, approving, or ratifying the act that injured the aggrieved party."); "It is not necessary in all instances, however, to pierce the corporate veil in order to hold a corporate officer liable for a corporation's torts.").

- falsely blaming the dangers of opioids on patients instead of the addictive drugs;
- pushing opioids for elderly patients, without disclosing the higher risks;
- pushing opioids for patients who had never taken them before, without disclosing the higher risks;
- pushing opioids as substitutes for safer medications, with improper comparative claims;
- falsely assuring doctors and patients that reformulated OxyContin was safe;
- pushing doctors and patients to use higher doses of opioids, without disclosing the higher risks;
- pushing doctors and patients to use opioids for longer periods of time, without disclosing the higher risks; and
- pushing opioid prescriptions by doctors that Purdue knew were writing dangerous prescriptions.

164. Each individual defendant knew and intended that the sales reps would not tell Massachusetts doctors and patients the truth about Purdue's opioids. Indeed, they knew and intended these unfair and deceptive tactics achieved their purpose by concealing the truth.

165. Each individual defendant knew and intended that prescribers, pharmacists, and patients in Massachusetts would rely on Purdue's deceptive sales campaign to prescribe, dispense, and take Purdue opioids. Securing that reliance was the purpose of the sales campaign.

166. Each individual defendant knew and intended that staff reporting to them would pay top prescribers tens of thousands of dollars to encourage other doctors to write dangerous prescriptions in Massachusetts.

167. Each individual defendant knew and intended that staff reporting to them would reinforce these misleading acts through thousands of additional acts in Massachusetts, including by sending deceptive publications to Massachusetts doctors and deceptively promoting Purdue opioids at Boston University, Massachusetts General Hospital, the Massachusetts College of

Pharmacy, Northeastern University, and the Sackler School at Tufts University.

168. Each individual defendant knowingly and intentionally took money from Purdue's deceptive business in Massachusetts.

169. Each individual defendant knowingly and intentionally sought to conceal his or her misconduct.

A. Richard Sackler, Beverly Sackler, David Sackler, Ilene Sackler Lefcourt, Jonathan Sackler, Kathe Sackler, Mortimer Sackler, and Theresa Sackler

170. Eight people in a single family made the choices that caused much of the opioid epidemic. The Sackler family owns Purdue, and they always held a majority of the seats on its Board. Because they controlled their own privately held drug company, the Sacklers had the power to decide how addictive narcotics were sold. They hired hundreds of workers to carry out their wishes, and they fired those who didn't sell enough drugs. They got more patients on opioids, at higher doses, for longer, than ever before. They paid themselves billions of dollars. They are responsible for addiction, overdose, and death that damaged millions of lives. They should be held accountable now.

The Sacklers' Misconduct Leading To The 2007 Judgment

171. The misconduct of Richard, Beverly, Ilene, Jonathan, Kathe, Mortimer, and Theresa Sackler was particularly unfair, deceptive, unreasonable, and unlawful because they already had been given a second chance. From the 1990s until 2007, they directed a decade of misconduct, which led to criminal convictions, a judgment of this Court, and commitments that Purdue would not deceive doctors and patients again. That background confirms that their misconduct since 2007 was knowing and intentional.

172. The Sackler family's first drug company was the Purdue Frederick Company, which they bought in 1952. In 1990, they created Purdue Pharma Inc. and Purdue Pharma L.P.

Richard, Beverly, Ilene, Jonathan, Kathe, Mortimer, and Theresa Sackler took seats on the Board.⁵⁶ For events before July 2012, this Complaint uses “the Sacklers” to refer to them. David Sackler joined the Board in July 2012.⁵⁷ From that time forward, “the Sacklers” includes him as well.

173. The Sacklers always insisted that their family control Purdue. From 1990 until today, their family always held the majority of seats on the Board. In 1994, Jonathan Sackler issued a memorandum to Purdue staff requiring that the Sacklers should receive “all Quarterly Reports and any other reports directed to the Board.”⁵⁸

174. Purdue launched OxyContin in 1996. It became one of the deadliest drugs of all time.⁵⁹ The FDA scientist who evaluated OxyContin wrote in his original review: “Care should be taken to limit competitive promotion.”⁶⁰ The Sacklers did not agree. From the beginning, the Sacklers viewed limits on opioids as an obstacle to greater profits. To make more money, the Sacklers considered whether they could sell OxyContin in some countries as an uncontrolled drug. Staff reported to Richard Sackler that selling OxyContin as “non-narcotic,” without the safeguards that protect patients from addictive drugs, would provide “a vast increase of the market potential.”⁶¹ The inventor of OxyContin, Robert Kaiko, wrote to Richard to oppose this dangerous idea. Kaiko wrote that he was “very concerned” about the danger of selling

⁵⁶ Purdue Pharma Inc.’s 1991 filings with the Secretary of State of Connecticut state that it was incorporated in New York on October 2, 1990. Richard, Ilene, Jonathan, and Kathe Sackler are all listed as directors on the earliest (1991) report. Beverly, Mortimer, and Theresa all appear on the 1995 report.

⁵⁷ David Sackler affidavit.

⁵⁸ 1994-04-28 memo from Jonathan Sackler, PDD1701827936.

⁵⁹ See, e.g., 2016-03-15 telebriefing by CDC Director Tom Frieden (“We know of no other medication that’s routinely used for a nonfatal condition that kills patients so frequently ... those who got the highest doses of opioids, more than 200 MMEs per day had a 1 in 32 chance of dying in just 21/2 years ... almost all the opioids on the market are just as addictive as heroin.”), available at <https://www.cdc.gov/media/releases/2016/t0315-prescribing-opioids-guidelines.html>.

⁶⁰ 1995-10 Overall Conclusion to 1995 FDA review, Curtis Wright, #785793.1.

⁶¹ 1997-02-27 email from Walter Wimmer, PDD1701346000.

OxyContin without strict controls. Kaiko warned: “I don’t believe we have a sufficiently strong case to argue that OxyContin has minimal or no abuse liability.” To the contrary, Kaiko wrote, “oxycodone containing products are still among the most abused opioids in the U.S.” Kaiko predicted: “If OxyContin is uncontrolled, ... it is highly likely that it will eventually be abused.”⁶² Richard responded: “How substantially would it improve your sales?”⁶³

175. At the OxyContin launch party, Richard Sackler spoke as the Senior Vice President responsible for sales. He asked the audience to imagine a series of natural disasters: an earthquake, a volcanic eruption, a hurricane, and a blizzard. He said: “the launch of OxyContin Tablets will be followed by a blizzard of prescriptions that will bury the competition. The prescription blizzard will be so deep, dense, and white....”⁶⁴ Over the next twenty years, the Sacklers made Richard’s boast come true. They created a manmade disaster. Their blizzard of dangerous prescriptions buried children and parents and grandparents across Massachusetts, and the burials continue.

176. From the beginning, the Sacklers were behind Purdue’s decision to deceive doctors and patients. In 1997, Richard Sackler, Kathie Sackler, and other Purdue executives determined — and recorded in secret internal correspondence — that doctors had the crucial misconception that OxyContin was weaker than morphine, which led them to prescribe OxyContin much more often, even as a substitute for Tylenol.⁶⁵ In fact, OxyContin is more

⁶² 1997-02-27 email from Robert Kaiko, PDD1701345999.

⁶³ 1997-03-02 email from Richard Sackler, PDD1701345999.

⁶⁴ PKY180280951.

⁶⁵ 1997-06-12 email from Richard Sackler, PDD8801141848 (Staff reported: “Since oxycodone is perceived as being a ‘weaker’ opioid than morphine, it has resulted in OxyContin being used much earlier for non-cancer pain. Physicians are positioning this product where Percocet, hydrocodone, and Tylenol with Codeine have been traditionally used. Since the non-cancer pain market is much greater than the cancer pain market, it is important that we allow this product to be positioned where it currently is in the physician’s mind.” Richard Sackler replied: “I think you have this issue well in hand. If there are developments, please let me know.”); 1997-05-28 email from Richard Sackler PDD1508224773; 1997-04-23 email from Richard Sackler, PDD1701801141.

potent than morphine. Richard directed Purdue staff not to tell doctors the truth, because the truth could reduce OxyContin sales.⁶⁶

177. From the start, the Sacklers were also the driving force behind Purdue’s strategy to push opioids [REDACTED].” In 1998, Richard Sackler [REDACTED] [REDACTED].⁶⁷

178. Most of all, the Sacklers cared about money. Millions of dollars were not enough. They wanted billions. They cared more about money than about patients, or their employees, or the truth. In 1999, when employee Michael Friedman reported to Richard Sackler that Purdue was making more than \$20,000,000 per week, Richard replied immediately, at midnight, that the sales were “not so great.” “After all, if we are to do 900M this year, we should be running at 75M/month. So it looks like this month could be 80 or 90M. Blah, humbug. Yawn. Where was I?”⁶⁸

179. In 1999, Richard Sackler became the CEO of Purdue.⁶⁹ Jonathan, Kathe, and Mortimer were Vice Presidents.⁷⁰ The company hired hundreds of sales representatives and taught them false claims to use to sell drugs.⁷¹ Purdue managers tested the sales reps on the most important false statements during training at company headquarters. On the crucial issue of addiction, which would damage so many lives, Purdue trained its sales reps to deceive doctors that the risk of addiction was “less than one percent.”⁷² Purdue mailed thousands of doctors

⁶⁶ 1997-06-12 email from Richard Sackler, PDD8801141848; 1997-05-28 email from Richard Sackler PDD1508224773; 1997-04-23 email from Richard Sackler, PDD1701801141.

⁶⁷ 1998-09-28 email from Richard Sackler, PDD1701546497.

⁶⁸ 1999-06-17 email from Michael Friedman, #228728.1.

⁶⁹ [intentionally left blank]

⁷⁰ 2000-03-26, Peter Healy, *Opening the Medicine Chest: Purdue Pharma prepares to raise its profile*, #24865.1.

⁷¹ 2003-12-23 GAO Report, pg. 19, PKY183266843 (increase from 771 reps in 1999 to 1,066 in 2001).

⁷² Barry Meier, *Pain Killer* (1 ed. 2003) at 99.

promotional videos with that same false claim:

“There’s no question that our best, strongest pain medicines are the opioids. But these are the same drugs that have a reputation for causing addiction and other terrible things. Now, in fact, the rate of addiction amongst pain patients who are treated by doctors is much less than one percent. They don’t wear out, they go on working, they do not have serious medical side effects.”⁷³

A sales representative told a reporter: “We were directed to lie. Why mince words about it?

Greed took hold and overruled everything. They saw that potential for billions of dollars and just went after it.”⁷⁴

180. In 2000, the Sacklers were warned that a reporter was “sniffing about the OxyContin abuse story.”⁷⁵ The Sackler family put the threat on the agenda for the next Board meeting and began covering their tracks. They planned a response that “deflects attention away from the company owners.”⁷⁶

181. In January 2001, Richard Sackler received a plea for help from a Purdue sales representative. The sales rep described a community meeting at a local high school, organized by mothers whose children overdosed on OxyContin and died. “Statements were made that OxyContin sales were at the expense of dead children and the only difference between heroin and OxyContin is that you can get OxyContin from a doctor.”⁷⁷

182. The next month, a federal prosecutor reported 59 deaths from OxyContin in a single state.⁷⁸ The Sacklers knew that the reports underestimated the destruction. Richard

⁷³ “I Got My Life Back” video, transcript, PDD9521403504.

⁷⁴ 2017-10-16, Christopher Glazek, “The Secretive Family Making Billions From The Opioid Crisis,” *Esquire Magazine* (quoting Purdue sales representative Shelby Sherman).

⁷⁵ 2000-11-30 email from Michael Friedman, PDD1706196247.

⁷⁶ 2000-12-01 email from Mortimer D. Sackler, PDD1706196246. Defendant Mortimer Sackler’s father, the late Mortimer D. Sackler, was also involved in Purdue Pharma during his lifetime.

⁷⁷ 2001-01-26 email from Joseph Coggins, #171855.1.

⁷⁸ 2001-02-08 email from Mortimer Sacker, PDD8801151727.

Sackler wrote to Purdue executives: “This is not too bad. It could have been far worse.”⁷⁹ The next week, on February 14, a mother wrote a letter to Purdue:⁸⁰

“My son was only 28 years old when he died from Oxycontin on New Year’s Day. We all miss him very much, his wife especially on Valentines’ Day. Why would a company make a product that strong (80 and 160 mg) when they know they will kill young people? My son had a bad back and could have taken Motrin but his Dr. started him on Vicodin, then Oxycontin then Oxycontin SR. Now he is dead!”

A Purdue staff member noted: “I see a liability issue here. Any suggestions?”⁸¹

183. That same month, Richard Sackler wrote down his solution to the overwhelming evidence of overdose and death: blame and stigmatize people who become addicted to opioids. Sackler wrote in a confidential email: “we have to hammer on the abusers in every way possible. They are the culprits and the problem. They are reckless criminals.”⁸² Richard followed that strategy for the rest of his career: collect millions from selling addictive drugs, and blame the terrible consequences on the people who became addicted. By their misconduct, the Sacklers have hammered Massachusetts families in every way possible. And the stigma they used as a weapon made the crisis worse.

184. Not long after the mother’s February 14 letter, the Sacklers achieved a long-sought goal: the front page of the *New York Times* reported that “OxyContin’s sales have hit \$1 billion, more than even Viagra’s.” The same article noted that “OxyContin has been a factor in the deaths of at least 120 people, and medical examiners are still counting.”⁸³

185. When *Time* magazine published an article about OxyContin deaths in New England, Purdue employees told Richard Sackler they were concerned. Richard responded with

⁷⁹ 2001-02-08 email from Richard Sackler, PDD8801151727.

⁸⁰ 2001-02-14 email to Robin Hogen, #3072810.1.

⁸¹ 2001-02-14 email from James Heins, #3072810.1.

⁸² 2001-02-01 email from Richard Sackler, PDD8801133516.

⁸³ 2001-03-05 article in *New York Times*, PDD9316101737.

a message to his staff. He wrote that *Time*'s coverage of people who lost their lives to OxyContin was not "balanced," and the deaths were the fault of "the drug addicts," instead of Purdue. "We intend to stay the course and speak out for people in pain – who far outnumber the drug addicts abusing our product."⁸⁴

186. That spring, Purdue executives met with the U.S. Drug Enforcement Agency ("DEA"). A senior DEA official sat across from Richard Sackler. Before the meeting ended, she leaned over the table and told Richard: "People are dying. Do you understand that?"⁸⁵

187. As Purdue kept pushing opioids and people kept dying, the company was engulfed in a wave of investigations by state attorneys general, the DEA, and the U.S. Department of Justice. In 2003, Richard Sackler left his position as President of Purdue. After a few more years of investigation, Jonathan, Kathe, and Mortimer Sackler resigned from their positions as Vice Presidents.⁸⁶ But those moves were for show. The Sacklers kept control of the company. Their family owned Purdue. They controlled the Board. They paid themselves the profits. And, as alleged in detail below, they continued to direct Purdue's deceptive marketing campaign.

188. By 2006, prosecutors found damning evidence that Purdue intentionally deceived doctors and patients about its opioids. The Sacklers [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]. The Sacklers also [REDACTED]

⁸⁴ 2001-01-08 letter from Richard Sackler, PDD1501720041.

⁸⁵ 2001 meeting described in *Pain Killer: A "Wonder" Drug's Trail of Addiction and Death* by Barry Meier, pg. 158 (2003). The DEA official was Laura Nagel, head of the DEA Office of Diversion Control.

⁸⁶ 2018-09-05 declaration of Jonathan Sackler; 2018-09-08 declaration of Kathe Sackler; 2018-09-06 declaration of Mortimer Sackler.

[REDACTED]

[REDACTED].⁸⁷

189. In May 2007, the Sacklers [REDACTED]

[REDACTED]

[REDACTED]. The Purdue Frederick Company confessed to a felony and effectively went out of business.⁸⁸ The Sacklers continued their opioid business in two other companies: Purdue Pharma Inc. and Purdue Pharma L.P.

190. The Sacklers voted to admit in an Agreed Statement Of Facts that, for more than six years, supervisors and employees *intentionally* deceived doctors about OxyContin: “Beginning on or about December 12, 1995, and continuing until on or about June 30, 2000, certain Purdue supervisors and employees, with the intent to defraud or mislead, marketed and promoted OxyContin as less addictive, less subject to abuse and diversion, and less likely to cause tolerance and withdrawal than other pain medications.”⁸⁹

191. To remove any doubt, the Sacklers voted to enter into a plea agreement that stated: “Purdue is pleading guilty as described above because Purdue is in fact guilty.”⁹⁰ Those intentional violations of the law happened while Richard Sackler was CEO; Jonathan, Kathe, and Mortimer were Vice Presidents; and Richard, Jonathan, Kathe, Mortimer, Ilene, Beverly, and Theresa Sackler were all on the Board.

192. The Sacklers also voted for Purdue to enter a Corporate Integrity Agreement with the U.S. government. The agreement required the Sacklers to ensure that Purdue did not deceive

⁸⁷ 2006-10-25 Board minutes, PKY183307486; 2006-10-25 agreement, PPLP004031281.

⁸⁸ 2007-05-03 Board minutes, PKY183307494.

⁸⁹ 2007-05-09 Agreed Statement of Facts, paragraph 20, *available at* <https://www.documentcloud.org/documents/279028-purdue-guilty-plea>.

⁹⁰ 2007-05-09 Plea Agreement.

doctors and patients again. The Sacklers promised to comply with rules that prohibit deception about Purdue opioids. They were required to complete hours of training to ensure that they understood the rules. They were required to report any deception. Richard, Beverly, Ilene, Jonathan, Kathe, Mortimer, and Theresa Sackler each certified in writing to the government that he or she had read and understood the rules and would obey them.⁹¹

193. Finally, the Sacklers voted to enter into a Consent Judgment in this Court (“2007 Judgment”). The 2007 Judgment ordered that Purdue “shall not make any written or oral claim that is false, misleading, or deceptive” in the promotion or marketing of OxyContin. The judgment further required that Purdue provide fair balance regarding risks and benefits in all promotion of OxyContin. That judgment required fair balance about the risks of taking higher doses for longer periods and the risks of addiction, overdose, and death.⁹²

194. The 2007 Judgment further required that Purdue establish and follow an abuse and diversion detection program to identify high-prescribing doctors who show signs of inappropriate prescribing, stop promoting drugs to them, and report them to the authorities:

“Upon identification of potential abuse or diversion,” Purdue must conduct an inquiry and take appropriate action, “which may include ceasing to promote Purdue products to the particular Health Care Professional, providing further education to the Health Care Professional about appropriate use of opioids, or providing notice of such potential abuse or diversion to appropriate medical, regulatory or law enforcement authorities.”⁹³

195. The 2007 Judgment and related agreements should have ended the Sacklers’ misconduct for good. Instead, the Sacklers decided to break the law again and again, expanding

⁹¹ 2007-05-09 Plea Agreement; 2007-05-04 Associate General Counsel’s Certificate, PDD1712900054.

⁹² 2007-05-15 Consent Judgment, *Commonwealth v. Purdue Pharma L.P. et al.*, No. 07-1967(B), Mass. Super. Ct.

⁹³ 2007-05-15 Consent Judgment, *Commonwealth v. Purdue Pharma L.P. et al.*, No. 07-1967(B), Mass. Super. Ct.

their deceptive sales campaign to make more money from more patients on more dangerous doses of opioids.

The Sacklers' Misconduct From The 2007 Judgment Until Today

196. From the 2007 Judgment to 2018, the Sackler controlled Purdue's deceptive sales campaign. They directed the company to hire hundreds more sales reps to visit doctors thousands more times. They insisted that sales reps repeatedly visit the most prolific prescribers. They directed reps to encourage doctors to prescribe more of the highest doses of opioids. They studied unlawful tactics to keep patients on opioids longer and then ordered staff to use them. They asked for detailed reports about doctors suspected of misconduct, how much money Purdue made from them, and how few of them Purdue had reported to the authorities. They sometimes demanded more detail than anyone else in the entire company, so staff had to create special reports just for them. Richard Sackler even went into the field to promote opioids to doctors and supervise reps face to face.

197. The Sacklers' micromanagement was so intrusive that staff begged for relief. The VP of Sales and Marketing wrote to the CEO:

“Anything you can do to reduce the direct contact of Richard into the organization is appreciated.”⁹⁴

198. The Sacklers' directions shot through the company with dangerous force. When the Sacklers berated sales managers, the managers turned around and fired straight at reps in the field. When Richard Sackler wrote to managers, “This is bad,”⁹⁵ to criticize the sales of Purdue's Butrans opioid, the managers in turn drafted a warning for employees:

⁹⁴ 2012-02-07 email from Russell Gasdia, PPLPC012000368569.

⁹⁵ 2012-02-07 email from Richard Sackler, PPLPC012000368430.

“Just today, Dr. Richard sent another email, ‘This is bad,’ referring to current Butrans trends. I am quite sure that Dr. Richard would not be sympathetic to the plight of the Boston District.”⁹⁶

The manager then threatened to fire every sales rep in the Boston district:

“I am much closer to dismissing the entire district than agreeing that they deserve a pass for poor market conditions.”⁹⁷

199. The Sacklers took special interest in promoting Purdue’s opioids in Massachusetts. The Sacklers decided to spend millions of dollars to establish the *Massachusetts General Hospital Purdue Pharma Pain Program*. Similarly, the Sacklers and Purdue pursued an intense relationship with Tufts University, which named its School of Biomedical Sciences as the Sackler School of Graduate Biomedical Sciences, and created an entire degree program, the Master of Science in Pain Research, Education, and Policy, funded by Purdue. The Tufts program is also home of an annual Sackler Lecture, which Purdue sales managers arranged for Purdue sales reps to attend.⁹⁸ The Sacklers also tracked Purdue initiatives to promote opioids at Boston University, Northeastern University, and the Massachusetts College of Pharmacy.

200. The Sacklers cared most of all about money. From 2007 to 2018, [REDACTED]
[REDACTED]
[REDACTED]. [REDACTED]
[REDACTED]. [REDACTED]. [REDACTED]
[REDACTED]
[REDACTED].

201. As detailed below, the Sacklers’ misconduct continued from the 2007 convictions through 2018.

⁹⁶ 2012-02-07 email from Windell Fisher, PPLPC012000368500.

⁹⁷ 2012-02-07 email from Windell Fisher, PPLPC012000368500.

⁹⁸ 2007-03-30 emails from Russell Gasdia and Windell Fisher, PPLPC012000137174; PPLPC012000137178.

❖ ❖ ❖ 2007 ❖ ❖ ❖

202. **In July 2007**, staff told the Sacklers that more than 5,000 cases of adverse events had been reported to Purdue in just the first three months of 2007. Staff also told the Sacklers that Purdue received 572 Reports of Concern about abuse and diversion of Purdue opioids during Q2 2007 — including several reports in Massachusetts. Staff reported to the Sacklers that they completed only 21 field inquiries in response. Staff also told the Sacklers that they received more than 100 calls to Purdue’s compliance hotline during the quarter, which was a “significant increase,” but Purdue did not report any of the hotline calls or Reports of Concern to the FDA, DEA, Department of Justice, or state authorities.⁹⁹

203. Purdue’s self-interested failure to report abuse and diversion would continue, quarter after quarter, even though the 2007 Judgment required Purdue to report “potential abuse or diversion to appropriate medical, regulatory or law enforcement authorities.” Instead of reporting dangerous prescribers, or even directing sales reps to stop visiting them, the Sacklers chose to keep pushing opioids to whoever prescribed the most.¹⁰⁰

204. Staff also reported to the Sacklers that they continued to mail out thousands of deceptive marketing materials, including 12,528 publications in the first half of 2007. The single most-distributed material was volume #1 of Purdue’s “*Focused and Customized Education Topic Selections in Pain Management*” (FACETS).¹⁰¹ In FACETS, Purdue falsely instructed doctors and patients that physical dependence on opioids is not dangerous and instead improves patients’ “quality of life” — [REDACTED]. In the same material, Purdue also falsely told doctors and patients that signs of addiction are actually

⁹⁹ 2007-07-15 Board report, pgs. 33, 41, 54, PWG000300817, -825, -838.

¹⁰⁰ For example, the Massachusetts prescribers described in paragraphs 112–153.

¹⁰¹ 2007-07-15 Board report, pg. 34, PWG000300818.

“pseudoaddiction,” and that doctors should respond by prescribing more opioids.¹⁰² Staff told the Sacklers that another of the publications they had sent most often to doctors was “*Complexities in Caring for People in Pain.*”¹⁰³ In it, Purdue repeated again its false claim that warning signs of addiction are really “pseudoaddiction” that should be treated with more opioids.¹⁰⁴

205. Purdue sent both of those misleading publications to doctors in Massachusetts.¹⁰⁵

206. At the same time, staff also reported to the Sacklers that Purdue was making more money than expected. A few months earlier, they had projected a profit of \$407,000,000; now they expected more than \$600,000,000.¹⁰⁶

207. Staff reported to the Sacklers that “sales effort” was a key reason that profits were high.¹⁰⁷ Staff told the Sacklers that Purdue employed 301 sales reps to promote opioids and that sales reps were the largest group of Purdue employees by far. In comparison, Purdue employed only 34 people in drug discovery.¹⁰⁸

¹⁰² 2007-08 FACETS Vol. 1, pgs. 51-53, PTN000004691-693.

¹⁰³ 2007-07-15 Board report, pg. 34, PWG000300818.

¹⁰⁴ 2007 Complexities of Caring for People in Pain, pg. 2, PTN000016806.

¹⁰⁵ 2010-08-26 Medical Education Materials for HCPs, PWG000247083, PWG000247084.

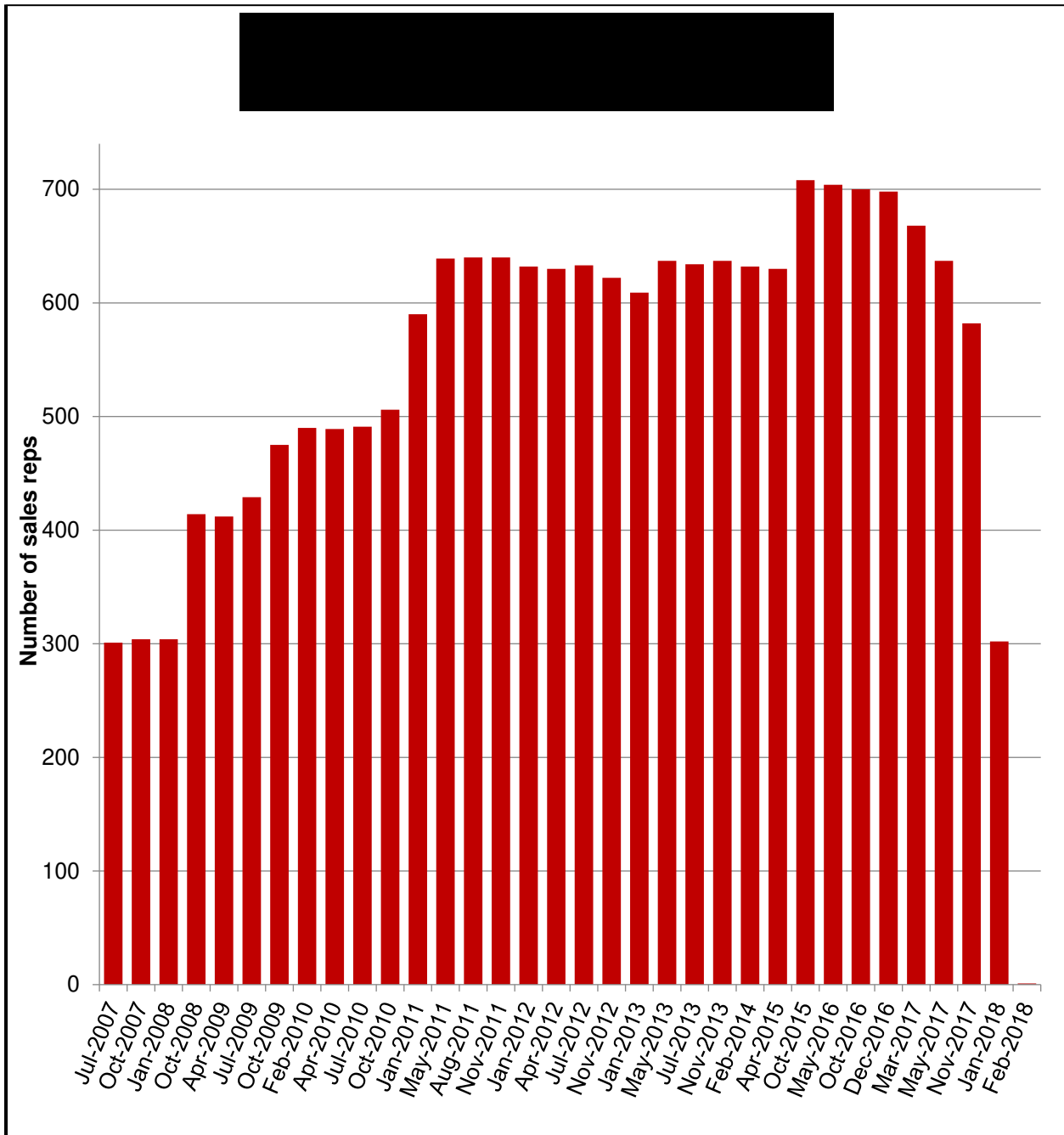
¹⁰⁶ 2007-07-15 Board report, pg. 46, PWG000300830.

¹⁰⁷ 2007-07-15 Board report, pg. 46, PWG000300830.

¹⁰⁸ 2007-07-15 Board report, pg. 52, PWG000300836.

208. From the 2007 convictions until today, the Sacklers [REDACTED]

[REDACTED] 109



AGO graphic based on Purdue documents

¹⁰⁹ 2007-07-15 Board report, pg. 52, PWG000300836; 2007-10-15 Board report, pg. 58, PPLPC012000157459; 2008-01-15 Board report, pg. 22, PDD8901733995; 2008-10-15 Board report, pg. 26, PDD9316101027; 2009-04-16 Board report, pg. 28, PDD9316100624; 2009-07-30 Board report, pg. 19, PPLPC012000233249; 2009-10-22 Board

209. The impact of Purdue’s sales reps in Massachusetts was direct and profound. From the 2007 felony conviction until 2018, Purdue sales reps visited Massachusetts prescribers and pharmacists more than 150,000 times.¹¹¹

210. **In August**, Mr. Udell was still serving as Purdue’s top lawyer, even after his criminal conviction. He wrote to Richard, Ilene, Jonathan, Kathe, Mortimer, and Theresa Sackler: “Over the last week there have been numerous news stories across the nation reporting on the Associated Press’s analysis of DEA data showing very large increases in the use of opioids analgesics (particularly OxyContin) between the years 1997 and 2005. Many of these articles have suggested that this increase is a negative development suggesting overpromotion and increasing abuse and diversion of these products.”¹¹²

211. **In October**, staff told the Sacklers that Purdue received 284 Reports of Concern about abuse and diversion of Purdue’s opioids in Q3 2007, and they conducted only 46 field inquiries in response. Staff reported to the Sacklers that they received 39 tips to Purdue’s compliance hotline during the quarter, but Purdue did not report any of them to the authorities.¹¹³

212. Several of the troubling reports came from Massachusetts. The Reports of

report, pg. 21, PDD9316101599; 2010-02-01 Board report, pg. 4, PPLPC012000252778; 2010-04-21 Board report, pg. 20, PWG000423159; 2010-07-27 Board report, pg. 27, PWG000422503; 2010-10-25 Board report, pg. 26, PWG000421990; 2011-01-24 Board report, pg. 35, PWG000421582; 2011-05-02 Board report, pg. 36, PPLPC012000322461; 2011-08-03 Board report, pg. 42, PWG000420354; 2011-11-09 Board report, pg. 41, PWG000419343; 2012-01-25 Board report, pg. 48, PPLPC012000362291; 2012-04-30 Board report, pg. 33, PPLPC012000374823; 2012-07-23 Board report, pg. 44, PPLPC012000387112; 2012-11-01 Board report, pg. 54, PWG000414940; 2013-01-28 Board report, pg. 56, PPLPC012000407182; 2013-05-13 Board report, pg. 62, PPLP004367601; 2013-07-23 Board report, pg. 59, PPLPC012000433446; 2013-11-01 Board report, pg. 55, PPLPC002000186965; 2014-02-04 Board report, pg. 47, PPLPC002000181081; 2015-04-30 Sales & Promotion strategic plan, slide 9, PPLPC031001334002; 2015-10-15 commercial budget review, slide 28, PPLPC031001379856; 2016-05-11 10 year plan Sales and Promotions expenses, slide 3, PPLPC031001437901; 2016-10-11 commercial budget proposal, slide 12, PPLPC011000123475; 2017-06-22 executive committee pre-read, slide 28, PPLPC011000153311; 2017-03-23 executive committee pre-read, slide 26, PPLPC011000139412; 2017-06-22 executive committee pre-read, slide 28, PPLPC011000153311; 2017-11 Board budget, slide 51, PPLPC016000323215; 2017-11 Board budget, slide 51, PPLPC016000323215; 2018-02-07 email from Craig Landau, PPLPC016000325614.

¹¹¹ Exhibit 1

¹¹² 2007-08-30 email from Howard Udell, PPLPC012000153272.

¹¹³ 2007-10-15 Board report, pgs. 36, 60, PPLPC012000157437, -461.

Concern included a doctor targeted by Purdue in Needham, Massachusetts. Purdue sales reps visited him to promote opioids 19 times, until the police arrived with a warrant and his license was suspended for improper prescribing of pain medications. Eight of his patients died.¹¹⁴

213. Staff told the Sacklers that Purdue had hired more sales reps and now employed 304. They also reported to the Sacklers that Purdue was succeeding at promoting its highest doses of opioids: “OxyContin 80mg is at Rx levels not seen in over 2 years.”¹¹⁵

214. In preparation for an upcoming Board meeting, Richard Sackler instructed staff to give him the spreadsheets underlying their sales analysis, so that he could do his own calculations.¹¹⁶ The spreadsheets showed that, in 2007, Purdue expected to collect more than half its total revenue from sales of 80mg OxyContin — its most powerful, most profitable, and most dangerous pill.¹¹⁷

215. **In November**, the Sacklers [REDACTED]

[REDACTED] The Sacklers [REDACTED]

[REDACTED].¹¹⁸ Every time the Sacklers [REDACTED]

¹¹⁴ 2007-06-21 Purdue News Summary, PMA000283587; Exhibit 1.

¹¹⁵ 2007-10-15 Board report, pgs. 4, 58, PPLPC012000157405, -459.

¹¹⁶ 2007-10-28 email from Richard Sackler, PPLPC012000159168.

¹¹⁷ 2007-10-28 attachment to email from Edward Mahony, PPLPC012000159170.

¹¹⁸ 2007-11-01 Board minutes, PKY183212603-06; 2008 budget submission, pg. 20, PDD9273201033.

❖ ❖ ❖ 2008 ❖ ❖ ❖

216. **In January 2008**, staff told the Sacklers that Purdue still employed 304 sales reps and they were succeeding at the goal of promoting higher doses of opioids: “OxyContin 80mg continues to grow.” Staff told the Sacklers that, in 2007, Purdue’s net sales were just over \$1 billion, almost “DOUBLE” what the company had planned. OxyContin was more than 90% of those sales.¹¹⁹

217. Staff also told the Sacklers that Purdue received 689 Reports of Concern about abuse and diversion of Purdue’s opioids in Q4 2007, and they conducted only 21 field inquiries in response. Staff also reported to the Sacklers that they received 83 tips to Purdue’s compliance hotline during the quarter, but Purdue did not report any of them to the authorities.¹²⁰

218. Staff also told the Sacklers that they promoted Purdue opioids at the *Massachusetts General Hospital Purdue Pharma Pain Program* in Boston on November 1 and at a Tufts University course on opioid laws and policies in Boston on October 31.¹²¹

219. The Sacklers wanted more details on tactics for pushing sales. Richard Sackler wrote to Russell Gasdia, Vice President of Sales and Marketing (hereinafter “Sales VP”), demanding information about Purdue’s opioid savings cards. Richard asked Gasdia how long the opioid savings cards lasted, how much savings they offered a patient, and whether there had been any changes since he had last been briefed on the opioid savings card scheme. Richard sent Gasdia a detailed hypothetical scenario to make sure he understood the sales tactic down to the

¹¹⁹ 2008-01-15 Board report, pgs. 4, 22, 24, PDD8901733977, -995, -997.

¹²⁰ 2008-01-15 Board report, pg. 16, 24, PDD8901733989, -997.

¹²¹ 2008-01-15 Board report, pg. 16, PDD8901733989.

smallest details.¹²² Staff followed up with a presentation about opioid savings cards to the Sacklers at the next Board meeting.¹²³

220. Meanwhile, when staff proposed a plan to get pharmacies to increase their inventory of OxyContin from 2 bottles to 3 bottles, Richard Sackler demanded to know why they couldn't get up to 4 bottles or more.¹²⁴

221. The Sacklers didn't only sweat the small stuff. [REDACTED]
[REDACTED]. At Purdue, hiring more sales reps was not a matter for middle management. Selling opioids door-to-door, in visits to doctor's offices and hospitals, was the core business of the company. The Sacklers themselves made the decisions [REDACTED].

¹²² 2008-01-30 emails from Richard Sackler, PPLPC012000168321-322.

¹²³ 2008-02-09 email from John Stewart, PPLPC012000170262 (opioid savings cards "were singled-out for presentation since they are an extraordinary item in the budget and there is good data showing a positive impact on OxyContin utilization").

¹²⁴ 2008-02-19 email from Richard Sackler, PPLPC004000150467.

222. In February, the Sacklers [REDACTED]

[REDACTED]

[REDACTED]”¹²⁵.

[REDACTED]

223. The Sacklers knew and intended that, because of their orders, more sales reps would promote opioids to prescribers in Massachusetts. In preparation for the Sacklers’ vote, staff told them that adding 100 sales reps would allow Purdue to make 12,000 more sales visits to prescribers every month.¹²⁶

¹²⁵ 2008-02-08 Board minutes, PKY183212620. [REDACTED]

[REDACTED] 1998-04-27 Board minutes, #618527.1; 2007-04-26 Board minutes, PPLP004415274.

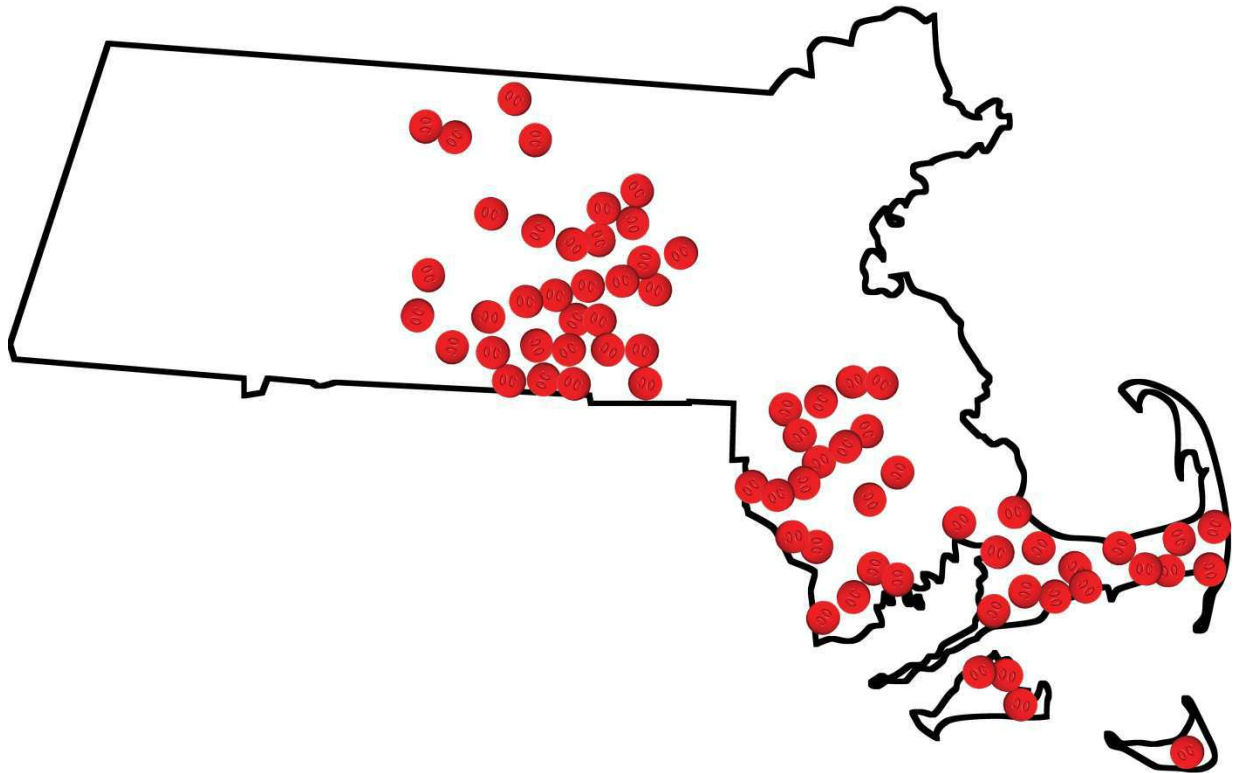
¹²⁶ 2007-10-26 Sales & Marketing presentation, PPLPC012000159022.

224. From 2008 to the present, sales reps hired in the 2008 expansion promoted Purdue

opioids to Massachusetts prescribers more than 13,000 times, including in:

Athol,	Dudley,	Mashpee,	Rehoboth,	Teaticket,
Auburn,	Easton,	Middleborough,	Rutland,	Uxbridge,
Barre,	Edgartown,	Millbury,	Sagamore Beach,	Vineyard Haven,
Bourne,	Fairhaven,	Nantucket,	Sandwich,	Ware,
Brewster,	Fall River,	New Bedford,	Seekonk,	Wareham,
Bridgewater,	Falmouth,	North Dighton,	Shrewsbury,	Webster,
Brimfield,	Gardner,	Northborough,	Somerset,	West Boylston,
Brockton,	Harwich,	Norton,	South Dennis,	Westborough,
Brookfield,	Holden,	Oak Bluffs,	Southbridge,	Westport,
Centerville,	Hyannis,	Orange,	Spencer,	Whitinsville,
Charlton,	Lakeville,	Orleans,	Sterling,	Whitman,
Chatham,	Lancaster,	Osterville,	Sturbridge,	Winchendon,
Clinton,	Leicester,	Oxford,	Sutton,	Worcester, and
Cotuit,	Mansfield,	Palmer,	Swansea,	Yarmouth Port.
Dartmouth,	Marlborough,	Raynham,	Taunton,	

**Massachusetts Communities Targeted in
Purdue's 2008 Sales Force Expansion**



225. Purdue managers determined that two sales reps hired in the 2008 expansion generated so many additional opioid prescriptions in Massachusetts that they were among Purdue's top performers. The company rewarded them with bonuses and all-expense-paid trips to tropical islands and used them as examples to motivate other reps to sell more opioids.¹²⁷

226. The Sacklers also knew and intended that the sales reps would push higher doses of Purdue's opioids. That same month, Richard Sackler [REDACTED] [REDACTED].¹²⁸

[REDACTED]. The Sacklers knew higher doses put patients at higher risk. As far back as the 1990s, Jonathan and Kathe Sackler [REDACTED] [REDACTED] [REDACTED].¹²⁹

227. On Valentine's Day, the Sacklers [REDACTED]

[REDACTED].¹³⁰ [REDACTED] [REDACTED].

228. By 2008, Purdue was working on a crush-proof reformulation of OxyContin to extend Purdue's patent monopoly.¹³¹ The Sacklers learned that another company was planning clinical research to test whether crush-proof opioids are safer for patients.¹³² Mortimer Sackler suggested that Purdue conduct similar studies to find out whether reformulated OxyContin was really safer *before* selling it to millions of patients. He wrote to Richard Sackler: "Purdue should be leading the charge on this type of research and should be generating the research to support

¹²⁷ 2018-02-18 deposition of Catherine Yates Sypek pg. 120; 2018-03-01 deposition of Timothy Quinn pg. 99.

¹²⁸ 2008-02-13 email from Richard Sackler, PPLPC012000170948-949.

¹²⁹ 1997-03-12 memo from John Stewart, PDD1701785443.

¹³⁰ 2008-02-14 Board minutes, PKY183212622.

¹³¹ 2007-10-26 Sales & Marketing presentation, pg. 2, PPLPC012000159022.

¹³² 2008-02-07 email from Robert Kaiko, PPLPC013000244844.

our formulation. Why are we playing catch up ...? Shouldn't we have studies like this ...?"¹³³

The Sacklers decided not to do the research because they wanted the profits from a new product, regardless of whether the deaths continued. Richard didn't want a paper trail, so he instructed Mortimer to call him, and CEO John Stewart met with his staff to plan how to phrase a carefully worded reply.¹³⁴ Later that month, Stewart wrote to Richard that reformulating OxyContin "will not stop patients from the simple act of taking too many pills."¹³⁵

229. Meanwhile, staff gave Jonathan, Kathe, Mortimer and Richard Sackler projections indicating that OxyContin sales could plateau.¹³⁶ Mortimer demanded answers to a series of questions about why sales would not grow.¹³⁷ Richard chimed in at 8:30 p.m. to instruct the staff to find answers "before tomorrow."¹³⁸ Staff emailed among themselves about how the Sacklers' demands were unrealistic and harmful and then decided it was safer to discuss the problem by phone.¹³⁹

¹³³ 2008-02-12 email from Mortimer Sackler, PPLPC013000244843-844.

¹³⁴ 2008-02-12 email from Richard Sackler, PPLPC013000244843 ("My sentiments exactly the first time I read it. But you should read it again. If you do and ask yourself what it means, I think you may come to a very different conclusion, as I now have ... We should talk about it. Give me a call at home."); 2008-02-13 email from John Stewart, PPLPC013000244843.

¹³⁵ 2008-02-22 email from John Stewart, PPLPC012000172201. Five years later, Purdue published two studies about the crush-proof formulation. Neither concluded the crush-proof tablets lowered the risks of addiction, overdose and death associated with OxyContin use. One was a single-session research study conducted by three full-time Purdue employees and a paid Purdue consultant to assess "the attractiveness" of the crush-proof tablets to recreational drug users. Thirty recreational opioid users were interviewed by two researchers. "This study did not include safety, pharmacokinetic, or efficacy evaluations, and no drugs were administered." Participants' answers to "open-ended questions" indicated that the crush-proof tablets "might be less attractive to recreational opioid abusers" than original OxyContin. The study concluded that "among the available opioid products that we included in this study, recreational opioid users judged [crush-proof OxyContin tablets] to be the least attractive, the least valuable and the least desirable, with the least likelihood for tampering and the lowest street value." PTN000002031-2034. In the second study, by the same Purdue authors, 29 volunteers snorted OxyContin (original and crush-proof), oxycodone, and a placebo over a seven-day treatment phase and rated the drugs. The study concluded that "reformulated OxyContin has a reduced abuse potential compared to the original formulation upon intranasal administration." PTN000002031, -2044. Purdue amended its OxyContin label to reference these studies in 2013.

¹³⁶ 2008-02-26 email from Edward Mahony, PPLPC012000172585; attachment PPLPC012000172587.

¹³⁷ 2008-02-26 email from Mortimer Sackler, PPLPC12000172674.

¹³⁸ 2008-02-26 email from Richard Sackler, PPLPC12000172674.

¹³⁹ 2008-02-26 email from John Stewart, PPLPC012000172677.

230. **In March**, Richard Sackler dug into Purdue’s strategy for selling more OxyContin. He directed sales and marketing staff to turn over thousands of pieces of data about sales trends, including data to distinguish the kilograms of active drug from the number of prescriptions, so he could analyze higher doses.¹⁴⁰ Staff delivered the data early Sunday morning; Richard responded with detailed instructions for new data that he wanted that same day.¹⁴¹ An employee sent Richard the additional data only a few hours later and pleaded with Richard: “I have done as much as I can.” The employee explained that he needed to attend to family visiting from out of town.¹⁴² Richard responded by calling him at home, insisting that the sales forecast was too low, and threatening that he would have the Board reject it.¹⁴³ On Monday, staff emailed among themselves to prepare for meeting with Richard, highlighting that Richard was looking for results that could only be achieved by hiring more sales reps. Meanwhile, Richard met with John Stewart to discuss his analysis of the weekend’s data and new graphs Richard had made.¹⁴⁴

231. Sales VP Russell Gasdia was struggling to handle the pressure. When Richard Sackler sent Gasdia [REDACTED]

[REDACTED]

¹⁴⁰ 2008-03-09 email from David Rosen, PPLPC012000174478.

¹⁴¹ 2008-03-09 email from Richard Sackler, PPLPC012000174477.

¹⁴² 2008-03-09 email from David Rosen, PPLPC012000174204.

¹⁴³ 2008-03-09 email from David Rosen, PPLPC012000174202. [REDACTED]

[REDACTED] 2008-02-17 email from Mike Innaurato, PPLPC012000171496. [REDACTED]

2008-02-17 email from Richard Sackler, PPLPC012000171511. *See also* 2008-11-02 email from Mike Innaurato, PPLPC019000241631.

¹⁴⁴ 2008-03-10 emails from David Rosen and John Stewart, PPLPC012000174476.

[REDACTED]

232. Richard Sackler did not back off. Instead, he pushed staff to sell more of the highest doses of opioids and get more pills in each prescription. That same Saturday night, Richard sent Gasdia yet another set of instructions, directing him to identify tactics for “exceeding 2007 Rx numbers on an adjusted basis (adjusted for strength and average number of tablets per Rx).”¹⁴⁶ The very next day, Gasdia was writing up plans for how adding sales reps, opioid savings cards, and promoting more intermediate doses of OxyContin could help increase sales.¹⁴⁷

233. Richard Sackler followed through on his weekend threat that he would have the Board reject the sales plan. Two days later, Richard circulated his own sales analysis to the Board, ordered the Secretary to “put this high in the Board agenda,” and proposed that he and Mortimer Sackler oversee a redo of the annual plan as well as the 5-year plan for Purdue’s opioids.¹⁴⁸

234. At the same time, Jonathan, Kathe, and Mortimer Sackler were also pushing staff about sales. Staff told those three Sacklers that they would use opioid savings cards to meet the challenge of keeping OxyContin scripts at the same level in 2008 as in 2007, “in spite of all the pressures.”¹⁴⁹ Kathe demanded that staff identify the “pressures” and provide “quantification of their negative impact on projected sales.”¹⁵⁰

¹⁴⁵ 2008-03-08 email from Russell Gasdia, PPLPC012000174127.

¹⁴⁶ 2008-03-08 email from Richard Sackler, PPLPC012000175157.

¹⁴⁷ 2008-03-09 email from Russell Gasdia, PPLPC012000174161.

¹⁴⁸ 2008-03-10 email from Richard Sackler, PPLPC023000164605.

¹⁴⁹ 2008-03-09 email from Edward Mahony, PPLPC012000175155-156.

¹⁵⁰ 2008-03-11 email from Kathe Sackler, PPLPC012000175155.

235. **In April**, staff told the Sacklers that Purdue employed 304 sales reps. Staff reported to the Sacklers that the reps had obtained data showing which pharmacies stocked higher strengths of OxyContin, which helped them convince area doctors to prescribe the highest doses. Staff also told the Sacklers that Purdue received 853 Reports of Concern about abuse and diversion of Purdue opioids in Q1 2008, and they had conducted only 17 field inquiries in response. Staff also reported to the Sacklers that they received 83 tips to Purdue's compliance hotline during the quarter, but did not report any of them to the authorities.¹⁵¹

236. Staff also told the Sacklers that they promoted Purdue's opioids at Tufts Health Care Institute's program on Opioid Risk Management in Boston on March 27.¹⁵²

237. On April 18, Richard Sackler sent Kathe, Ilene, David, Jonathan, and Mortimer Sackler a secret memo about how to keep money flowing to their family. Richard wrote that Purdue's business posed a "dangerous concentration of risk." After the criminal investigations that almost reached the Sacklers, Richard wrote that it was crucial to install a CEO who would be loyal to the family: "People who will shift their loyalties rapidly under stress and temptation can become a liability from the owners' viewpoint." Richard recommended John Stewart for CEO because of his loyalty. Richard also proposed that the family should either sell Purdue in 2008 or, if they could not find a buyer, milk the profits out of the business and "distribute more free cash flow" to themselves.¹⁵³

¹⁵¹ 2008-03-15 Board report, pgs. 17, 23, 24, 27, PDD8901724450, -456, -457, -460.

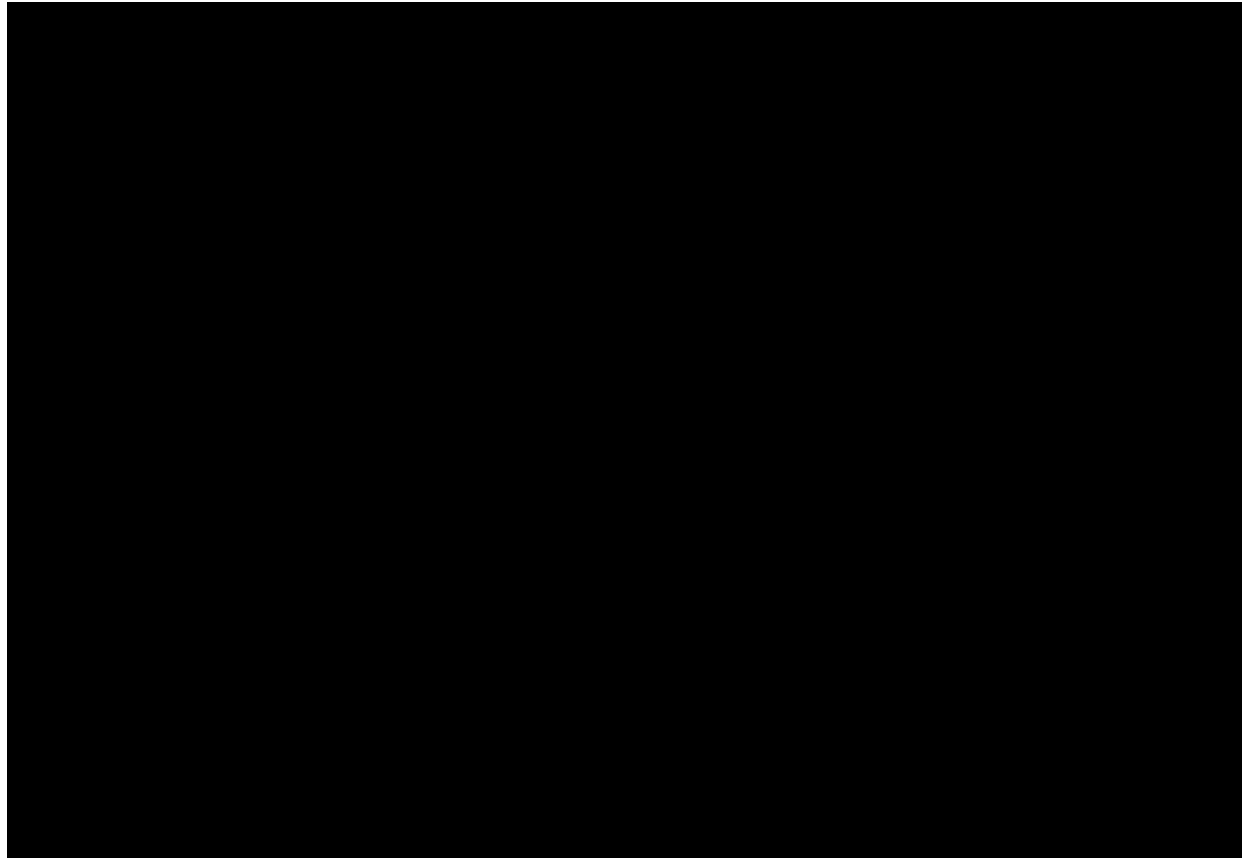
¹⁵² 2008-03-15 Board report, pg. 16, PDD8901724449.

¹⁵³ 2008-04-18 email and attached memo from Richard Sackler, PDD9316300629-631.

238. That month, the Sacklers [REDACTED].

From the 2007 convictions until 2018, the Sacklers [REDACTED]

[REDACTED] .¹⁵⁴



AGO graphic based on Purdue's internal Board documents

239. When the Sacklers directed Purdue to pay their family, they knew and intended that they were paying themselves from opioid sales in Massachusetts. Purdue and the Sacklers tracked revenue from Massachusetts. For example, when the U.S. Centers for Disease Control

¹⁵⁴ 2008-04-18 Board minutes, PKY183212631-633; 2008-06-27 Board minutes, PKY183212647; 2008-09-25 Board minutes, PKY183212654; 2008-11-06 Board minutes, PKY183212662; 2009-03-05 Board minutes, PKY183212705; 2009-06-26 Board minutes, PKY183212742; 2009-09-23 Board minutes, PKY183212772; 2010-02-04 Board minutes, PKY183212818; 2010-04-01 Board minutes, PKY183212829; 2010-09-10 Board minutes, PKY183212844; 2010-12-02 Board minutes, PKY183212869-70; 2011-04-06 Board minutes, PKY183212896-97; 2011-06-24 Board minutes, PKY183212924-25; 2011-09-01 Board minutes, PKY183212927-28; 2012-07-27 Board report, pg. 44, PPLP004367403; 2012-03-05 email from Edward Mahony, PPLPC012000368627; 2013-11-01 Board report, pg. 3, PPLPC002000186913; 2014-12-03 November flash report, slide 8, PPLPC016000266403; 2015-06-05 mid-year strategic review, slide 55, PPLPC011000036000; 2017-09-14 10 year plan spreadsheet, page "CF – Internal," PPLPC021000904588.

warned that high doses of opioids endanger patients, staff reported to the Sacklers that Massachusetts prescriptions of Purdue's highest doses provided \$23,964,122 per year, or 2.8% of Purdue's high-dose sales.¹⁵⁵ Similarly, prescription data on over 500,000 individual prescribers that Purdue tracked from 2007 to 2017 confirm that Massachusetts constituted approximately 2.8% of Purdue sales.¹⁵⁶ Since May 15, 2007, the Sacklers [REDACTED]

[REDACTED].¹⁵⁷

240. On April 18, the Sacklers [REDACTED] [REDACTED].¹⁵⁸ Then, Richard Sackler sent Sales VP Russell Gasdia a series of questions about Purdue's efforts to get patients to take higher doses and stay on opioids for longer times. Richard wanted to know: how many Purdue patients had insurance that would let them take unlimited quantities of Purdue opioids; how many patients were limited to 60 tablets per month; and how many patients had any limit on the number of tablets or dose or number of tablets per day. He demanded that sales staff be assigned to answer his questions "by tomorrow morning."¹⁵⁹ When the sales staff pleaded for a few more hours to collect the data, Richard agreed to give them until the end of the day.¹⁶⁰

241. **In May**, staff sent the Sacklers more ideas about ways to promote Purdue's opioids. The proposal matched the Sacklers' own plan, which Richard had written out as CEO: deflect blame from Purdue's addictive drugs by stigmatizing people who become addicted. "KEY MESSAGES THAT WORK" included this dangerous lie: "It's not addiction, it's abuse.

¹⁵⁵ 2016-04-13 Q1 2016 Commercial Update, slide 74, PPLPC016000286167.

¹⁵⁶ Purdue Drug Units Dispensed by HCP, Product, and Strength, PWG003984518-45.

¹⁵⁷ 2.8% of \$4,000,000,000 is \$112,000,000.

¹⁵⁸ 2008-04-18 Board minutes, PKY183212634-37.

¹⁵⁹ 2008-04-22 email from Richard Sackler, PPLPC012000179497.

¹⁶⁰ 2008-04-22 email from Richard Sackler, PPLPC012000179679.

It's about personal responsibility.”¹⁶¹

242. **In June**, the Sacklers [REDACTED]

[REDACTED]. [REDACTED]

[REDACTED]

[REDACTED]. On the same day, the Sacklers [REDACTED].¹⁶² [REDACTED]

[REDACTED]

[REDACTED].

243. Meanwhile, Richard Sackler asked sales staff for more information about Purdue's opioid savings cards.¹⁶³ Staff reported to Richard, Jonathan, Kathe, and Mortimer Sackler that 67,951 patients had used Purdue's opioid savings cards, and that the cards provided a discount on a patient's first five prescriptions.¹⁶⁴

244. After five prescriptions, many patients would face significant withdrawal symptoms if they tried to stop taking opioids. Staff told Richard, Jonathan, Kathe, and Mortimer Sackler that 27% of patients (more than 18,000 people) had used the cards for all five prescriptions.¹⁶⁵

245. **In July**, Purdue's Fleet Department reported to the Sacklers that Purdue had bought one hundred new Pontiac Vibes for the expanded sales force. Staff also told the Sacklers that Purdue received 890 Reports of Concern regarding abuse and diversion of Purdue's opioids in Q2 2008 and had conducted only 25 field inquiries in response. Staff reported to the Sacklers that they received 93 tips to Purdue's compliance hotline during the quarter, but did not report

¹⁶¹ 2008-05-16 email from Pamela Taylor, PPLPC012000183254; 2008-04-16 Executive Committee notes, PPLPC012000183256; 2008-04-16 presentation by Luntz, Maslansky Strategic Research, PPLPC012000183259.

¹⁶² 2008-06-27 Board minutes, PKY183212646-647.

¹⁶³ 2008-06-14 email from Richard Sackler, PPLPC012000186396.

¹⁶⁴ 2008-06-16 email from Russell Gasdia, PPLPC012000186394-395.

¹⁶⁵ 2008-06-16 email from Russell Gasdia, PPLPC012000186395.

any of them to the authorities.¹⁶⁶

246. Staff also told the Sacklers that they promoted Purdue opioids in Massachusetts in a presentation titled “*The Assessment and Management of Chronic Pain with an Emphasis on the Appropriate Use of Opioid Analgesics*” at Tufts University on April 25 and a presentation titled “*The Role of Urine Drug and other Biofluid Assays in Pain Management*,” at the Tufts Health Care Institute on June 26 and 27.¹⁶⁷ Convincing Massachusetts doctors that Purdue opioids were the best way to manage chronic pain and that urine tests protected patients from addiction were both part of Purdue’s unfair and deceptive scheme.

247. **In September**, the Sacklers [REDACTED].¹⁶⁸

248. **In October**, staff told the Sacklers that surveillance data monitored by Purdue indicated a “wide geographic dispersion” of abuse and diversion of OxyContin “throughout the United States.” Staff told the Sacklers that “availability of the product” and “prescribing practices” were key factors driving abuse and diversion of OxyContin.” On the same day, staff told the Sacklers that Purdue had begun a new “Toppers Club sales contest” for sales reps to win bonuses, based on how much a rep increased OxyContin use in her territory and how much the rep increased the broader prescribing of opioids — the same “availability of product” and “prescribing practices” factors that worsen the risk of diversion and abuse. In the same report, staff told the Sacklers that they received 163 tips to Purdue’s compliance hotline during Q3 2008, but did not report any of them to the authorities.¹⁶⁹

249. Staff also told the Sacklers [REDACTED]

¹⁶⁶ 2008-07-15 Board report, pgs. 21, 28, 30, PPLP004367317, -324, -326.

¹⁶⁷ 2008-07-15 Board report, pg. 21, PPLP004367317.

¹⁶⁸ 2008-09-25 Board minutes, PKY183212654.

¹⁶⁹ 2008-10-15 Board report, pgs. 19, 24, 28, PDD9316101020, -025, 029.

[REDACTED] Purdue now employed 414 sales reps.¹⁷⁰ The Sacklers' decision to expand the sales force caused the effect they intended in Massachusetts. During Q3 2008, the number of sales visits to Massachusetts prescribers increased by 20% to more than 1,800.¹⁷¹

250. In November, the Sacklers [REDACTED]. Purdue's 2009 budget identified expanding the sales force as the #1 sales and marketing objective.¹⁷² The Sacklers [REDACTED].¹⁷³ Staff told the Sacklers that their decision would pay an average sales rep salary of \$89,708 and bonus of \$43,470, and the sales reps would visit prescribers 518,359 times.¹⁷⁴

251. That same month, the Sacklers [REDACTED].¹⁷⁵ [REDACTED]

[REDACTED].¹⁷⁶ [REDACTED]

[REDACTED], the Sacklers [REDACTED]

[REDACTED].

❖ ❖ ❖ 2009 ❖ ❖ ❖

252. In February 2009, Kathe Sackler instructed staff to report on Purdue's grants and donations. Staff reported that Purdue was spending \$500,000 at Massachusetts General Hospital, \$185,000 at Tufts University, and \$6,000 at the Massachusetts College of Pharmacy.¹⁷⁷

253. In March, the Sacklers [REDACTED]. The [REDACTED].

¹⁷⁰ 2008-10-15 Board report, pg. 26, PDD9316101027.

¹⁷¹ Exhibit 1. 20% increase from Q3 2007.

¹⁷² 2008-11 budget submission, pg. 10, PPLP004401590.

¹⁷³ 2008-11-06 Board minutes, PKY183212663, 66; 2008-11 budget submission, PDD9273201117 ([REDACTED]).

¹⁷⁴ 2008-11 budget submission, pg. 104-106, PDD9273201186-88.

¹⁷⁵ 2008-11-06 Board minutes, PKY183212662.

¹⁷⁶ 2008-11-21 Board minutes, PKY183212680.

¹⁷⁷ 2009-02-17 email from Brad Griffin, PPLPC012000213086, and attachment, PPLPC012000213088.

Sacklers [REDACTED]. On the same day, the Sacklers voted [REDACTED].¹⁷⁸

254. **In April**, staff told the Sacklers that Purdue employed 412 sales reps and had made dramatic progress promoting higher doses: “for the first time since January 2008, OxyContin 80mg strength tablets exceeded the 40mg strength.”¹⁷⁹ The Sacklers had a detailed conversation with Sales VP Russell Gasdia about the staffing of the sales force, how many sales reps the company should employ, and how many prescribers each rep would visit each year.¹⁸⁰ The Sacklers told sales executives to hire a new staff member who would contact prescribers electronically and would promote Purdue opioids through the deceptive website *Partners Against Pain*.¹⁸¹

255. Staff told the Sacklers that they received 122 tips to Purdue’s compliance hotline during Q1 2009, and revealed one of them to an outside monitor. Staff reported to the Sacklers that the compliance problems included improper use of OxyContin marketing materials and opioid savings cards.¹⁸²

256. **In May**, staff told the Sacklers [REDACTED].¹⁸³ Because sales reps lobbying doctors poses a high risk of misconduct (no witnesses, and the rep is paid to increase opioid sales), the United States required that Purdue managers supervise sales reps in person at least 5 days each year.¹⁸⁴ Purdue management disregarded that obligation [REDACTED]

¹⁷⁸ 2009-03-05 Board minutes, PKY183212703-711.

¹⁷⁹ 2009-04-16 Board report, pgs. 5, 28, PDD9316100601, -624.

¹⁸⁰ 2009-04-21 email from Russell Gasdia, PPLPC012000220948.

¹⁸¹ 2009-04-30 email from Russell Gasdia, PPLPC012000221936.

¹⁸² 2009-04-16 Board report, pgs. 24-25, PDD9316304336-337.

¹⁸³ 2009-05-08 corporate compliance quarterly report to the Board 1Q09, slide 6, PPLPC029000274906.

¹⁸⁴ Purdue Corporate Integrity Agreement section III.K.

[REDACTED].¹⁸⁵ Even though Purdue [REDACTED]

[REDACTED]

[REDACTED].¹⁸⁶

257. Staff also told the Sacklers that they were awaiting new regulations for drug marketing in Massachusetts.¹⁸⁷

258. **In June**, Richard Sackler asked sales staff how a competing drug company had increased sales: “What is happening???”¹⁸⁸ Staff replied that it was all about sales reps:

“They have 500 reps actively promoting to top decile MDs ... Their messaging is ‘we are not OxyContin,’ alluding to not having the ‘baggage’ that comes with OxyContin.

Interestingly, their share is highest with MDs we have not called on due to our downsizing and up until last year, having half as many reps. Where we are competing head to head, we decrease their share by about 50%.”¹⁸⁹

259. A few days later, staff reported to the Sacklers that Purdue had expanded its sales force at the Board’s direction: “As approved in the 2009 Budget, 50 New Sales Territories have been created.” Staff told the Sacklers the expansion was focused on the most prolific opioid prescribers, because “there are a significant number of the top prescribers” that Purdue had not been able to visit with its smaller force of sales reps.¹⁹⁰ Later that month, the Sacklers [REDACTED]

[REDACTED].¹⁹¹

¹⁸⁵ 2009-05-08 corporate compliance quarterly report to the Board 1Q09, slide 6, PPLPC029000274906 (“Compliance was not monitoring against the ‘five full days’ requirement”).
¹⁸⁶ 2009-07-30 Board report, pg. 16, PPLPC012000233246.
¹⁸⁷ 2009-05-08 corporate compliance quarterly report to the Board 1Q09, slide 14, PPLPC019000275103.
¹⁸⁸ 2009-06-12 email from Richard Sackler, PPLPC021000235124.
¹⁸⁹ 2009-06-13 email from Russell Gasdia, PPLPC021000235124.
¹⁹⁰ 2009-06-16 email from Pamela Taylor, PPLPC012000226604; 2009-05-20 Executive Committee notes, PPLPC012000226606.
¹⁹¹ 2009-06-26 Board minutes, PKY183212742.

260. **In July**, staff told the Sacklers that Purdue employed 429 sales reps.¹⁹² Richard Sackler told staff that he was not satisfied with OxyContin sales and demanded a plan to “boost” them. He asked for the topic to be added to the agenda for the Board.¹⁹³

261. **In August**, Richard Sackler convened a meeting of Board members and staff about “all the efforts Sales and Marketing is doing and planning to do to reverse the decline in OxyContin tablets market.” He emphasized that \$200,000,000 in profit was at stake.¹⁹⁴ At the meeting, staff told the Sacklers that the 80mg OxyContin pill was far-and-away Purdue’s best performing drug. Purdue sold many more kilograms of active ingredient in the 80mg dose than any other dose (about 1,000 kilograms: literally a ton of oxycodone).¹⁹⁵

262. Staff also reported to the Sacklers about their newest OxyContin sales campaign, with the slogan: *Options*.¹⁹⁶ The *Options* campaign set the pattern that Purdue would follow for years: pushing doctors and patients up the ladder to higher doses. To make it easy for sales reps to promote higher doses, the campaign materials emphasized the “range of tablet strengths,” provided a picture of each dose, and said: “You can adjust your patient’s dose every 1 to 2 days.” Staff told the Sacklers that they would advertise the *Options* campaign in medical journals reaching 245,000 doctors.¹⁹⁷

¹⁹² 2009-07-30 Board report, pg. 19, PPLPC012000233249.

¹⁹³ 2009-07-20 email from Richard Sackler, PPLPC012000232016.

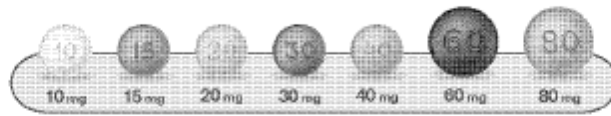
¹⁹⁴ 2009-08-12 email from Richard Sackler, PPLPC012000234970-971; *see also* 2009-08-10 email from John Stewart, PPLPC012000234801 (“Richard has asked me about this at least 5 times over the past few weeks”).

¹⁹⁵ 2009-08-19 Board slides, slide 7, PPLPC012000235543.

¹⁹⁶ 2009-08-12 email from Russell Gasdia, PPLPC012000235039.

¹⁹⁷ 2009-08-19 Board slides, slides 12, 16, PPLPC012000235543; *Options* marketing materials, PMA000189015.

Options



TABLETS NOT ACTUAL SIZE

Through a wide range of tablet strengths, OxyContin® provides options to meet the individual therapeutic needs of your appropriate patient

- Q12h dosing with as few as 2 tablets per day
- When converting from other opioids, the 7 OxyContin® Tablet strengths enable you to closely approximate the calculated conversion dose
- OxyContin® is a single-entity opioid
- You can adjust your patient's dose every 1 to 2 days, if needed, because steady-state plasma concentrations are approximated within 24 to 36 hours

Purdue's 2009 marketing campaign 'Options'

263. Staff also reported to the Sacklers that more than 160,000 patients had used Purdue's opioid savings cards, more than doubling the result reported to the Sacklers the summer before.¹⁹⁸ Staff also told the Sacklers that they would advertise OxyContin using a special television network: thousands of doctors would be given free digital video recorders for their home televisions, in exchange for watching advertisements for drugs.¹⁹⁹

¹⁹⁸ 2009-08-19 Board slides, slide 12, PPLPC012000235543. Compare with 67,951 in June 2008. 2008-06-16 email from Russell Gasdia, PPLPC012000186394.

¹⁹⁹ 2009-08-19 Board slides, slide 19, PPLPC012000235543. Purdue spent approximately \$100 for each doctor who watched the advertisement, but it made the money back when the doctors prescribed Purdue's opioids. 2009-04-27 email from Lindsay Wolf, PPLPC012000221091.

264. Immediately after meeting with sales staff, Richard Sackler asked for the raw data underlying their presentation. When staff had not responded within five minutes, he asked again.²⁰⁰

265. **In September**, the Sacklers [REDACTED].²⁰¹ But Mortimer Sackler was concerned that staff were not selling Purdue's opioids aggressively enough. He demanded to know why staff predicted a decline in OxyContin sales when he believed the market should grow.²⁰²

266. **In October**, staff told the Sacklers that Purdue had expanded its sales force by 50 territories and now employed 475 sales reps.²⁰³ Richard Sackler directed staff to send him weekly reports on OxyContin sales.²⁰⁴ No one in the company received reports that often, so staff were not sure how to reply.²⁰⁵ Staff considered telling Richard that there were no weekly reports, but they decided to make a new report just for him instead.²⁰⁶ The CEO also instructed the Sales Department to report to the Sacklers with more explanation about its activities.²⁰⁷

267. That same month, the Sacklers and staff discussed federal sunshine legislation that would create a public database to disclose drug companies' payments to doctors. Purdue was paying many doctors to promote its opioids — including doctors in Massachusetts — but the

²⁰⁰ 2009-08-19 emails from Richard Sackler, PPLPC023000236021-022.

²⁰¹ 2009-09-23 Board minutes, PKY183212770-772.

²⁰² 2009-09-28 email from Mortimer Sackler, PPLPC012000240032

²⁰³ 2009-10-22 Board report, pgs. 4, 21, PPLPC016000007322, -339.

²⁰⁴ 2009-10-08 email from Richard Sackler, PPLPC012000241516; *see also* PDD9316309168.

²⁰⁵ 2009-10-08 email from Robert Barmore, PPLPC012000241515; *see also* PPLPC022000283453.

²⁰⁶ 2009-10-08 email from David Rosen, PPLPC012000241515 (“Hi, guys ... Someone needs to alert Dr. Richard that we no longer do a weekly report. Can either one of you help ...”); 2009-10-08 email from Dipti Jinwala, PPLPC012000241526 (“we have not been providing the OxyContin weekly report since May 09”); 2009-10-08 email from Richard Sackler, PPLPC012000241586 (“I’d like to have the weekly updates.”); 2009-10-08 email from David Rosen, PPLPC012000241586 (“If we do as dr. richard requests, we will be adding work and providing him near worthless data”); 2009-10-08 email from Russell Gasdia, PPLPC012000241586 (“Tell her not to respond.”); 2009-10-08 email from John Stewart, PPLPC012000241647; 2009-10-09 email from Rob Barmore, PPLPC022000283690 (“For the record, my concerns regarding workload and being able to meet demands of all the reporting, primary research, ad hocs while maintaining quality and reasonable levels of group morale remain.”).

²⁰⁷ 2009-10-20 email from John Stewart, PPLPC012000242813.

payments could often be kept secret. Some of the Sacklers were concerned that doctors would be “much less willing” to work for Purdue if the payments were disclosed.²⁰⁸

268. In November, the Sacklers [REDACTED]

[REDACTED]. Kathe and Richard Sackler [REDACTED].²⁰⁹ [REDACTED]

[REDACTED]

[REDACTED].²¹⁰

269. [REDACTED], Kathe and Richard Sackler [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED].²¹¹ The [REDACTED] report [REDACTED]

[REDACTED]

[REDACTED].²¹²

270. [REDACTED], Richard Sackler [REDACTED]

[REDACTED]

[REDACTED]?” [REDACTED], staff reported to all the Sacklers [REDACTED]

[REDACTED]

[REDACTED]

²⁰⁸ 2009-10-19 email from John Stewart, PPLPC032000114702.

²⁰⁹ 2009-11-03 Board minutes, PKY183212802-804; 2009-11 budget submission, pg. 12, PDD9273201222.

²¹⁰ 2009-11-20 Board minutes, PKY183212814; 2009-11-25 Board minutes, PKY183212815.

²¹¹ 2009-11-02 budget presentation, PPLPC012000249328; 2009-12-22 email from Edward Mahony, PPLPC012000249327 (“[REDACTED]”).

²¹² 2009-10-26 steering committee meeting presentation by [REDACTED], slide 19, PPLPC018000346294.

[REDACTED].²¹³ These were all improper, unfair, and deceptive claims that Purdue had admitted were prohibited.

271. Richard Sackler [REDACTED]

[REDACTED]. Staff responded to all the Sacklers [REDACTED]

[REDACTED].²¹⁴

272. **In December**, Kathe and Richard Sackler met with sales staff to review plans for 2010. Staff warned the two Sacklers that, although OxyContin sales were at record-breaking levels (nearly \$3 billion per year), the decade-long rise in the total kilograms of oxycodone prescribed in America was beginning to flatten.²¹⁵ Higher doses contain more of that active ingredient and are more profitable to Purdue.



The Massachusetts General Hospital Purdue Pharma Pain Program



273. In 2009, the Sacklers decided to renew Purdue's commitment to spend \$3,000,000 in Massachusetts to fund the *Massachusetts General Hospital Purdue Pharma Pain Program*.²¹⁶

274. The Sacklers had chosen to launch the *Massachusetts General Hospital Purdue Pharma Pain Program* in 2002 after due diligence, including review of OxyContin sales data, led staff to conclude that it would help Purdue sell more opioids in Massachusetts.²¹⁷ Staff commented positively on "MGH's commitment to OxyContin," citing OxyContin's 63.1% market share in MGH's zip code and the fact that "MGH also has a hospital owned pharmacy

²¹³ 2009-11-02 budget presentation, PPLPC012000249329.

²¹⁴ 2009-11-02 budget presentation, PPLPC012000249336.

²¹⁵ 2009-12-03 email from Mike Innaurato, PPLPC012000247640, attachment PPLPC012000247642.

²¹⁶ 2009-07-09 email from David Haddox, PPLPC023000228146; Health Policy Memorandum from David Haddox, PPLPC023000228147 at 48.

²¹⁷ 2001-11-14 email from James Lang, PPLPC012000041068; 2001-11-16 email from Phil Cramer, PPLPC014000021900.

which conservatively generates \$25,000 per month in OxyContin sales.”²¹⁸ Staff also noted:

“MD accessibility is great ... they come to us with any questions, and allow us to see them when we need to.”²¹⁹

“Partner’s Healthcare Group is MGH’s arm all around Boston – MGH has significant impact on these members (mostly primary care). MGH also has significant influence through most of New England, simply because they are MGH.”²²⁰

275. The agreement establishing the program gave Purdue the right to influence education of doctors in Massachusetts by proposing “areas where education in the field of pain is needed” and “curriculum which might meet such needs.” Purdue was also entitled to appoint a voting member of the Educational Program Committee and an advisor to the program’s Oversight Board.²²¹

276. When the *Massachusetts General Hospital Purdue Pharma Pain Program* launched, Purdue made sure that Boston area sales reps and the Sacklers were poised to lever the partnership to Purdue’s advantage.²²² Purdue staff planned a symposium and reception at the hospital’s famous “Ether Dome” for which Purdue selected the speakers.²²³ Purdue staff also prepared a guest list, including “key politicians,” who could influence policy in Massachusetts, and “managed care administrators,” who could decide whether Massachusetts insurance plans encouraged the use of Purdue’s opioids.²²⁴

277. Although staff acknowledged that reactions to the launch had not *all* been positive — one medical journal threatened not to publish research that came out of the program because

²¹⁸ 2001-11-19 email from Dan Doucette, PPLPC012000041222.

²¹⁹ 2001-11-19 email from Russell Gasdia, PPLPC012000041186.

²²⁰ 2001-11-19 email from James Lang, PPLPC012000041198.

²²¹ The Massachusetts General Hospital and Harvard Medical School Fund Agreement with Purdue Pharma L.P. Dated as of March 5, 2003, PPLPC021000425373-378.

²²² 2002-02-04 email from Windell Fisher, PPLPC024000063880; 2002-02-06 email from Robert Reder, PPLPC026000007351.

²²³ 2002-03-16 email from James Lang, PPLPC025000034560.

²²⁴ 2002-03-21 email from Merle Spiegel, PPLPC023000014497.

of the conflict of interest — staff told the Sacklers that funding the program was a valuable way to exert influence in Massachusetts. Staff told the Sacklers that the *Massachusetts General Hospital Purdue Pharma Pain Program* gave Purdue name recognition among medical students, residents, and the public, as well as political protection against efforts to address the opioid crisis.²²⁵ Staff told the Sacklers:

“There has been a great deal of legislative activity/debate in Massachusetts around the issues of whether or not OxyContin tablets should remain available to persons in the Commonwealth. Some legislators have suggested that the product should be classified as a banned substance under the Commonwealth’s controlled substances regulation – in the same class as heroin and LSD – by introducing a total of five bills to this end ...

I fear that a termination of support might fuel the efforts of those already hostile to us, or reduce the willingness of those who have supported our positions to continue to do so.”²²⁶

278. In late 2010 or early 2011, the Sacklers voted to continue funding the *Massachusetts General Hospital Purdue Pharma Pain Program*.²²⁷ The Sacklers sent CEO John Stewart to Boston to network with MGH doctors who could prescribe opioids in Massachusetts.²²⁸ Purdue paid MGH the full \$3,000,000.²²⁹ The Sacklers knew and intended that their sponsorship of the *Massachusetts General Hospital Purdue Pharma Pain Program* would contribute to their deceptive promotion of opioids in Massachusetts.

²²⁵ 2009-07-09 memorandum from David Haddox, PPLPC023000228147-153.

²²⁶ 2009-07-09 memorandum from David Haddox, PPLPC023000228149.

²²⁷ 2011-11-14 memorandum to the Oversight Board, PPLPC021000425379.

²²⁸ 2010-12-03 email from Paul Coplan, PPLPC017000258652.

²²⁹ 2014-05-29 email from Bert Weinstein, PPLPC020000797947, [REDACTED]

.”



The Sacklers, Purdue, and Tufts University



279. Massachusetts General Hospital was not the only place where the Sacklers cultivated influence over Massachusetts doctors. The Sackler family had long sent money to Tufts, a leading university, including a renowned medical school. In 1980, three Sackler brothers, through a very large payment, established the Sackler School of Graduate Biomedical Sciences. Later, in 1999, the Sackler family made a more targeted gift, establishing Tufts Masters of Science in Pain Research, Education, and Policy (“MSPREP Program”).²³⁰ Kathe Sackler co-presided over the decision to fund the MSPREP Program.²³¹ Richard Sackler attended the launch symposium in Boston and paid Tufts hundreds of thousands of dollars.²³² Purdue also sponsored the annual Sackler Lecture at Tufts on a topic in pain medicine.²³³ For many years, Richard took a seat on the board of the Tufts University School of Medicine.

280. The Sacklers got a lot for their money. The MSPREP Program bought Purdue name recognition, goodwill in the local and medical communities, and access to doctors at Massachusetts hospitals like Brigham and Women’s.²³⁴ Purdue got to control research on the treatment of pain coming out of a prominent and respected institution of learning.²³⁵ Staff told the Sacklers that Purdue employees regularly taught a Tufts seminar about opioids in Massachusetts as part of the MSPREP Program.²³⁶ Staff sent the Sacklers a report showing that Tufts and its affiliated teaching hospital helped Purdue develop a publication for patients

²³⁰ 1999-07-10 email from Richard Sackler, #212166.1; memorandum dated May 7, 2000, PPLPC013000048630.

²³¹ 1999-07-07 attendance list for the Meeting to discuss funding, PPLPC013000029936.

²³² 1999-10-13 email from Richard Sackler, #436363.1; 1999-03-11 Board decision, PDD1706191717.

²³³ 2007-03-29 email from David Haddox, PPLPC012000137085.

²³⁴ See, e.g., 2016-10-04 email from Srdjan Nedeljkovic, PPLPC022000968264.

²³⁵ 2002-07-31 email from David Haddox, #3065539.1.

²³⁶ 2008-01-15 Board report, pg. 16, PDD8901733989.

entitled, “Taking Control of Your Pain.”²³⁷ The MSPREP Program was such a success for Purdue’s business that the company considered it a model for influencing teaching hospitals and medical schools.²³⁸

281. A May 2000 Tufts site visit memorandum from Purdue staff, sent to Richard Sackler and others, listed many of the lasting benefits of the relationship Purdue had with Tufts. The purposes of the visit were, in part: to address a complaint the Sacklers had about the prominence and placement of the Purdue logo on the Tufts MSPREP materials; to “explore ways in which PPLP [Purdue Pharma L.P.] can contribute academically to the curriculum of the MSPREP Program;” and to find opportunities for Purdue to influence the work of Tufts in the Massachusetts medical marketplace and beyond.²³⁹

282. In a tour of Tufts Medical Center in Boston, Purdue and Tufts employees “discussed ways in which they could better coordinate their activities... to raise consciousness of better pain control,” presented doctors with metrics developed by Purdue for “studies of analgesics that go beyond an acute observation,” and discussed curriculum for training physicians. Purdue staff met with a Tufts nurse who was recruiting patients for a Purdue clinical project, toured the project lab, and discussed a research protocol that Purdue helped to write. Purdue staff told Tufts that “one way in which the Program could function better from the PPLP [Purdue Pharma LP] perspective was to have a designated contact person ... to coordinate requests for preceptorships of PPLP employees.” Tufts said that Purdue employees were welcome at its Boston-based medical school and its affiliated hospital in Western

²³⁷ 2000 Budget Submission, pg. 58, PDD1701809250.

²³⁸ 2000-05-30 email from Robert Kaiko, PPLPC013000048629; 2000-05-07 memorandum, PPLPC013000048630-634.

²³⁹ 2000-05-07 memorandum, PPLPC013000048630.

Massachusetts.²⁴⁰

283. Purdue also obtained an agreement from Tufts to sponsor programs “in response to the situation in Maine.”²⁴¹ Around the time of that visit, Purdue and the Sacklers knew of damning reports of addiction and overdose in Maine caused by Purdue’s opioids.²⁴² Tufts ran a residency program for family practice physicians and agreed to help Purdue find doctors to attend an event where Purdue could defend its reputation.²⁴³

284. Richard Sackler communicated with the Director of the MSPREP Program, encouraged him to visit Purdue’s offices, and offered to send Purdue marketing staff to visit him in Boston.²⁴⁴ The MSPREP steering committee went to Purdue headquarters in 2009 to learn what Purdue would like to see in the MSPREP Program.²⁴⁵

285. Purdue regularly sent staff to Tufts, including in the years 2007, 2010, 2013, 2015, and 2017.²⁴⁶ Tufts promoted a Purdue employee to Adjunct Associate Professor in 2011.²⁴⁷ The Director of the MSPREP Program provided comments favorable to Purdue at FDA meetings in 2012 and 2013, and Purdue staff tracked it all in a grid.²⁴⁸ Richard Sackler arranged for a Tufts professor to meet with Purdue staff in 2012.²⁴⁹ In 2014, Purdue’s medical liaison staff succeeded in getting two Purdue unbranded curricula approved for teaching to Tufts students — future residents, fellows, and clinicians. Purdue’s New England accounts team

²⁴⁰ 2000-05-07 memorandum, PPLPC013000048630-634.

²⁴¹ 2000-05-07 memorandum, PPLPC013000048634.

²⁴² 2000-10-04 Board report, pg. 3, PPLPC018000010647.

²⁴³ 2000-05-07 memorandum, PPLPC013000048634.

²⁴⁴ 2000-05-30 email from Robert Kaiko, PPLPC013000048629; 2004-08-18 email from David Haddox, #381773.1.

²⁴⁵ 2009-10-09 email from Kristi Dover, PPLPC017000177863.

²⁴⁶ 2007-03-29 email from David Haddox, PPLPC012000137085; 2010-08-27 email from David Haddox, PPLPC019000417292; 2013-01-29 email from David Haddox, PPLPC020000649740; 2015-10-27 email to David Haddox, PPLPC022000894451; 2017-01-19 email from David Haddox, PPLPC011000133242. Purdue staff taught a seminar via videoconference in 2016. 2016-10-04 email to David Haddox, PPLPC022000968264.

²⁴⁷ 2012-02-03 Board report, pg. 28, PPLPC01200036286996.

²⁴⁸ 2013-01-16 email from Pamela Bennett, PPLPC017000434836.

²⁴⁹ 2012-05-18 email from Richard Sackler, PPLPC028000418291.

congratulated them for “penetrating this account.”²⁵⁰

286. The marketing benefits that the Sacklers reaped from Tufts were so great that they offered to send Purdue’s CEO to Massachusetts to sustain the courtship. As recently as November 2017, CEO Craig Landau wrote to Tufts’ President to promote Purdue’s contentions about opioids and offer to meet.²⁵¹

287. The Sacklers’ high-profile involvement at the Massachusetts General Hospital and Tufts University was part of their misconduct. These marquee projects also confirm the obvious truth that the Sacklers knew and intended that Purdue promoted opioids in Massachusetts.

❖ ❖ ❖ 2010 ❖ ❖ ❖

288. **In January 2010**, Richard Sackler started the year by asking sales staff for new customized reports.²⁵² Staff complained to each other until Sales VP Russell Gasdia asked CEO John Stewart to intervene: “Can you help with this? It seems like every week we get one off requests from Dr. Richard.”²⁵³ Neither Stewart nor anyone else could keep Richard out of sales.²⁵⁴ Days later, Richard was writing to the sales employee on Saturday morning, ordering that his need to review the sales plan was “urgent” and should be satisfied “this weekend.”²⁵⁵

289. **In February**, Purdue’s Sales and Marketing Department told the Sacklers that a key objective for 2010 would be to “Meet or exceed total prescriber call targets of 545,000”

²⁵⁰ 2014-04-09 email from Thomas Currier, PPLPC022000712807.

²⁵¹ 2017-11-13 letter from Craig Landau, PPLPC021000912691.

²⁵² 2010-01-05 email from Richard Sackler, PPLPC023000259671.

²⁵³ 2010-01-05 email from Russell Gasdia, PPLPC023000259670.

²⁵⁴ 2010-01-08 email from John Stewart, PPLPC023000259669 (“PS You are not alone in receiving requests for extraordinary analyses and reports.”).

²⁵⁵ 2010-01-16, email from Richard Sackler, PPLPC023000260293.

visits to prescribers to promote Purdue opioids. For the next four years or more, a key objective for the sales employees was to meet a quota of sales visits, and the Sacklers tracked their performance. The target rose from 545,000 prescriber visits in 2010, to 712,000 visits in 2011, 752,417 visits in 2012, and 744,777 visits in 2013.²⁵⁶

290. To achieve the target for sales visits, staff told the Sacklers that another sales force expansion ordered by the Board had been implemented and Purdue employed 490 sales reps.²⁵⁷ That expansion was having the intended effect in Massachusetts. During Q4 2009, Purdue reps visited Massachusetts prescribers more than 2,800 times, a 25% increase over the same quarter the year before.²⁵⁸

291. Staff also told the Sacklers [REDACTED]

[REDACTED]

[REDACTED].²⁵⁹ [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED].” [REDACTED]

[REDACTED].²⁶⁰ In fact, becoming addicted to opioids makes patients more stressed, more isolated, and less likely to survive.

292. The Sacklers [REDACTED]

[REDACTED].²⁶¹

²⁵⁶ 2010-02-01 Board report, pg. 23, PPLPC012000252797; 2011-05-02 Board report, pg. 3, PPLPC012000322428; 2012-04-30 Board report, pg. 3, PPLPC012000374793; 2013-05-13 Board report, pg. 7, PPLP004367546.

²⁵⁷ 2010-02-01 Board report, pgs. 4, 19, PPLPC012000252778, -793.

²⁵⁸ Exhibit 1.

²⁵⁹ 2010-02-09 email from Pamela Taylor, PPLPC012000257443; 2010-01-20 Executive Committee notes, PPLPC012000257446.

²⁶⁰ 2009-09-11 [REDACTED] presentation, PPLPC023000239858, slide 22.

²⁶¹ 2010-02-04 Board minutes, PKY183212818-820.

293. **In March**, Richard Sackler instructed sales staff to send him monthly reports on sales of OxyContin and its competitors. They complied within ten minutes.²⁶² The report showed that Purdue was selling more pills of its 80mg OxyContin (the highest dose) than any other dose, and that the highest dose pills were responsible for the greatest share of Purdue's revenue by far.²⁶³

294. Staff also told [REDACTED]

[REDACTED].²⁶⁴ Deceptively promoting opioids for opioid-naive patients who had not taken them before was one of the ways Purdue put patients at risk.

295. **In April**, the Sacklers [REDACTED].²⁶⁵

296. Meanwhile, staff told the Sacklers that they were pushing back against the “threat” of public health rules that would limit high doses of opioids. They told the Sacklers that Purdue would oppose precautions that asked doctors to consult with specialists before prescribing the highest doses.²⁶⁶

297. In Massachusetts, Purdue was pushing high doses with great success. At that moment, Purdue's top-paid physician spokesman in Massachusetts, Walter Jacobs, had a patient on *twenty-four* pills of 80mg OxyContin per day — almost a hundred times more drug than the starting dose on the label. For all of 2010, 73% of the OxyContin pills that Jacobs prescribed were the highest-dose 80mg pills. Purdue paid Jacobs to give presentations to other doctors so that his dangerous prescribing practices would spread.

²⁶² 2010-03-15 emails from Richard Sackler and Mike Innaurato, PPLPC012000262889.

²⁶³ 2010-03-11 January 2010 OxyContin monthly report, slides 10, 15, PPLPC012000262892.

²⁶⁴ 2010-03-17 Executive Committee notes, PPLPC012000267960.

²⁶⁵ 2010-04-01 Board minutes, PKY183212829.

²⁶⁶ 2010-04-21 Board report, pg. 16, PWG000423155.

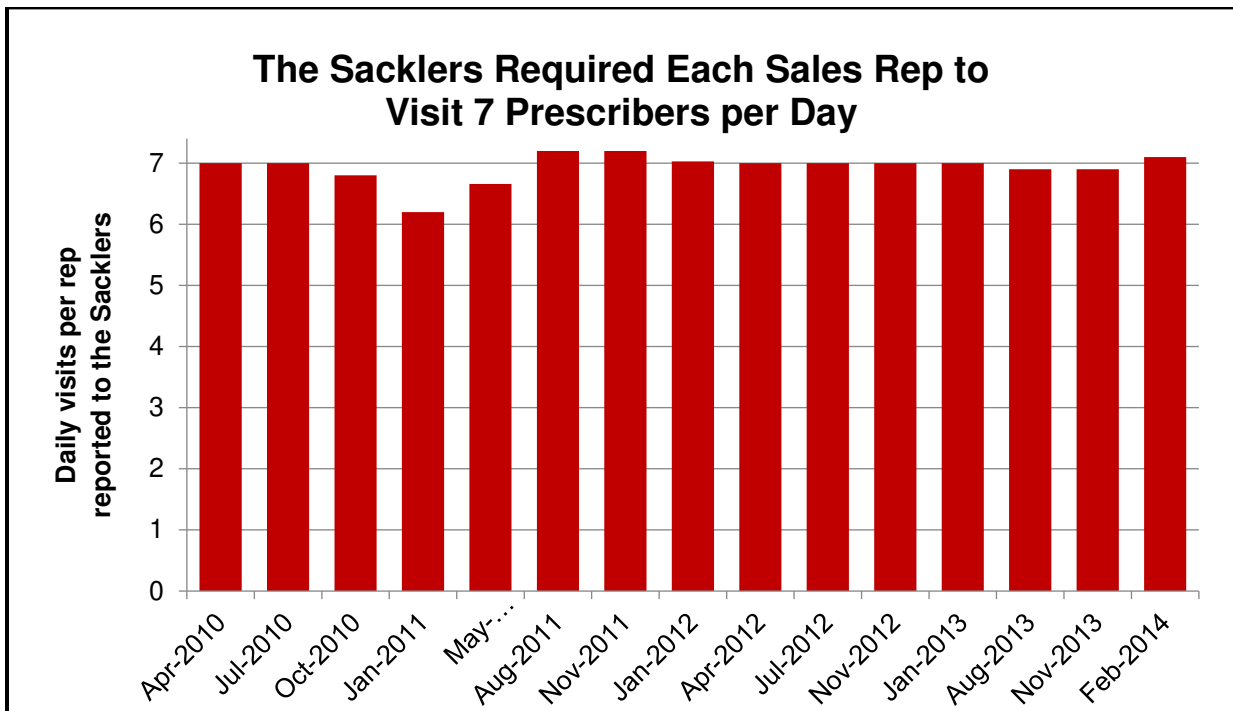


The Sacklers' Control of Sales Visits



298. That same month (April 2010), staff gave the Sacklers one of many detailed reports on sales reps' visits to prescribers. As with every reference to "the Sacklers" before July 2012, that includes Beverly, Ilene, Jonathan, Kathe, Mortimer, Richard, and Theresa Sackler.

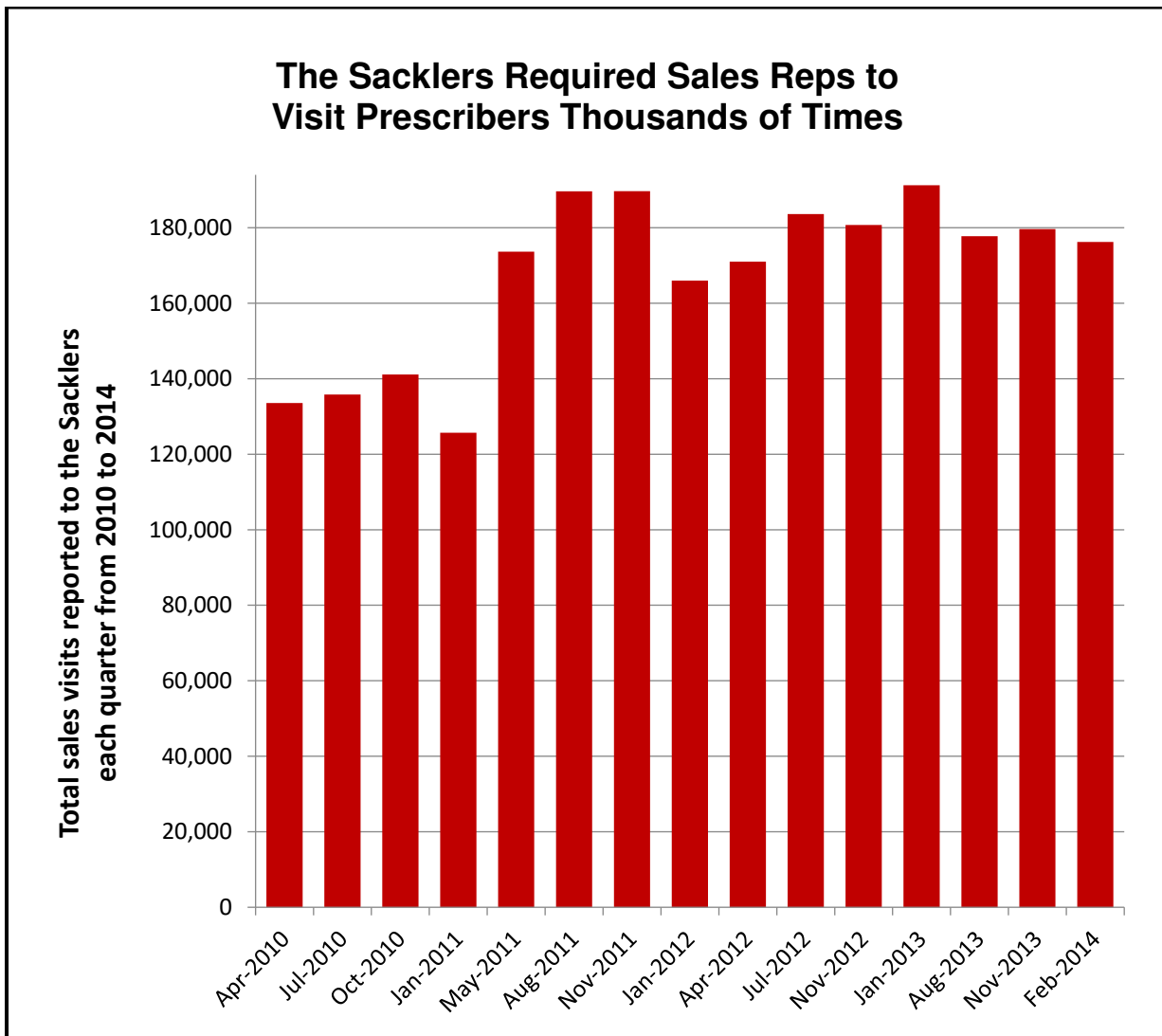
299. The Sacklers required each rep to visit an average of 7.5 prescribers per day. In April 2010, staff reported that they were falling short. During Q1 2010, reps had averaged only 7.0 visits per day.²⁶⁷ Staff promised to try harder. The Sacklers continued to set a target for daily sales visits for every sales rep, and they tracked the results, quarter by quarter, for at least the next four years. The results were always close to 7 visits per day.



AGO graphic based on Purdue's internal Board documents

²⁶⁷ 2010-04-21 Board report, pg. 4, PWG000423143.

300. The Sacklers also set targets for the total number of sales visits by the entire sales force per quarter — huge numbers that were always more than a hundred thousand visits. Meeting those targets was a top priority for the entire company. For Q1 2010, the target was to visit prescribers 127,376 times. Staff told the Sacklers that Purdue employed 489 sales reps and that, during Q1 2010, they achieved the goal.²⁶⁸ As with the daily visits per rep, the Sacklers tracked the total number of sales visits per quarter, every quarter, for at least the next four years.



AGO graphic based on Purdue's internal Board documents

²⁶⁸ 2010-04-21 Board report, pgs. 4, 20, PWG000423143, -159. They exceeded the goal and visited prescribers 133,561 times.

301. During every quarter, sales reps visited prescribers in Massachusetts. Indeed, they visited every month, every week, and almost every day. During Q1 2010, Purdue sales reps visited Massachusetts prescribers more than 2,700 times.²⁶⁹

302. The Sacklers also tracked the cost of the sales visits. In April 2010, staff reported to the Sacklers that each visit to a prescriber cost Purdue \$219, and they were working to lower the cost to a target of \$201.²⁷⁰ For the people of Massachusetts, the costs were far higher.



303. **In June 2010**, staff gave the Sacklers an updated 10-year plan for growing Purdue's opioid sales. [REDACTED]. [REDACTED]. Beginning on page one, staff emphasized that selling as many opioids as the Sacklers wanted "will require significant salesforce support" so the plan detailed the "optimization" of sales visits and the number of reps they would require. Sales VP Gasdia wrote to the Sacklers that they planned for each rep to visit prescribers 1,540 times per year, so that 500 reps could make 770,000 visits at a cost of \$212 per visit. He proposed to grow the sales force to 1,050 sales reps by 2015. To reach the Sacklers' expectations, Gasdia projected that Purdue would convince doctors to switch patients from Tylenol to Purdue's soon-to-be-released Butrans opioid, and Butrans would become a billion-dollar drug.²⁷¹

304. **In July**, Richard Sackler emailed staff just before the July 4th holiday weekend to demand more details about sales and marketing. Richard directed them to send to the Board plans for "the marketing program" and "the sales program," with instructions to "get this out

²⁶⁹ Exhibit 1.

²⁷⁰ 2010-04-21 Board report, pg. 4, PWG000423143.

²⁷¹ 2010-06-24 Purdue Pharma 2010 10-Year Plan, pgs. 1-15, Key Assumptions pg. 6, PPLPC012000277155-169, -217.

before the weekend.”²⁷² A despondent staff member wrote to the CEO: “Are you expecting us to provide the marketing plan by tomorrow?”²⁷³ Staff came close to telling Richard Sackler no. Instead, they negotiated an extension and promised to provide full details about sales and marketing at the July Board meeting in Bermuda.²⁷⁴ To enforce the deal, Kathe Sackler ordered staff to circulate materials before the meeting.²⁷⁵

305. By the Sacklers’ choice, sitting on the Board of Purdue Pharma Inc. was a globe-trotting endeavor. The Sacklers [REDACTED]

[REDACTED].²⁷⁶

306. In Bermuda, the Sacklers focused on sales tactics again. Staff presented plans for selling Purdue’s new Butrans opioid. Staff reported that sales reps would try to switch patients to opioids from NSAIDs like ibuprofen and explained tactics for convincing doctors that patients needed the new drug. Staff told the Sacklers that they had identified 82,092 prescribers to target with the Butrans sales campaign. Staff reported that they planned to add 125 sales reps and increase the number of prescriber visits by 30%.²⁷⁷

307. Emails between staff and the Sacklers [REDACTED]

[REDACTED]. The Board asked [REDACTED]

[REDACTED]. The Board [REDACTED]

²⁷² 2010-07-01 email from Richard Sackler, PPLPC012000277480.

²⁷³ 2010-07-01 email from Russell Gasdia, PPLPC012000277480.

²⁷⁴ 2010-07-06 email from John Stewart, PPLPC012000277864.

²⁷⁵ 2010-07-09 email from Kathe Sackler, PPLPC012000278272.

²⁷⁶ #618541.1 ([REDACTED]); PPLPC012000277864 ([REDACTED]); #618564.1 ([REDACTED]); PDD1715108129 ([REDACTED]); #2938358.1 ([REDACTED]); #618062.1 ([REDACTED]); PKY183307494 ([REDACTED]).

²⁷⁷ 2010-07-22 Butrans Commercial Strategy Plan Board Presentation, slides 17, 66, 81, PPLPC018000404193; 2010-06-01 email from William Mallin, PPLPC012000273600.

[REDACTED].²⁷⁸ The Board [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED].²⁷⁹ In Massachusetts, [REDACTED]

[REDACTED] Purdue paid to influence opioid prescriptions included Dr. Walter Jacobs, who lost his medical license for dangerous prescribing.

308. The Board pushed [REDACTED]

[REDACTED]. Purdue [REDACTED]

[REDACTED]

[REDACTED].²⁸⁰

309. Purdue [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED].²⁸¹

²⁷⁸ 2010-07-22 questions during Board meeting, PPLPC012000283164 (“[REDACTED]”).

²⁷⁹ 2010-07-22 questions during Board meeting, PPLPC012000283165.

²⁸⁰ 2010-07-22 questions during Board meeting, PPLPC012000283167 (“[REDACTED]”).

²⁸¹ 2010-07-22 questions during Board meeting, PPLPC012000283167.



Region Zero



310. [REDACTED], the Sacklers and other Board members asked [REDACTED]. Staff assured the Board [REDACTED].²⁸² Staff [REDACTED]. Staff told [REDACTED]. Staff gave [REDACTED].²⁸³

311. For example, staff reported [REDACTED]. Staff reported [REDACTED].²⁸⁴

312. Staff reported [REDACTED]. Staff reported [REDACTED].²⁸⁵

²⁸² 2010-07-22 questions during Board meeting, PPLPC012000283169, -170.
²⁸³ 2010-08-16 email from William Mallin, PPLPC012000283162; 2010-08-11 *Region Zero* prescribers, PPLPC012000283175.
²⁸⁴ 2010-08-11 *Region Zero* prescribers, PPLPC012000283175.
²⁸⁵ 2010-08-11 *Region Zero* prescribers, PPLPC012000283175.

313. The reports of inappropriate prescribing that staff reported to the Board were accurate. No one knew more about prescribing of Purdue opioids than Purdue. A year after Purdue staff told the Board about Alvin Chua, the Massachusetts Board of Registration in Medicine took away his license for improper opioid prescribing.²⁸⁶ Three years after Purdue told the Board about Michael Taylor, he lost his license and was convicted in Massachusetts court of prescribing opioids without a legitimate medical purpose.²⁸⁷ By then, Purdue and the Sacklers had collected hundreds of thousands of dollars from their dangerous prescriptions. Far worse — four Massachusetts patients, who were prescribed Purdue opioids by Taylor and Chua, overdosed and died.



314. [REDACTED], the Sacklers [REDACTED]

[REDACTED]. [REDACTED]

[REDACTED]. [REDACTED]

[REDACTED].²⁸⁸

²⁸⁶ 2011-03-16 Indefinite Suspension, decision by the Massachusetts Board of Registration in Medicine.

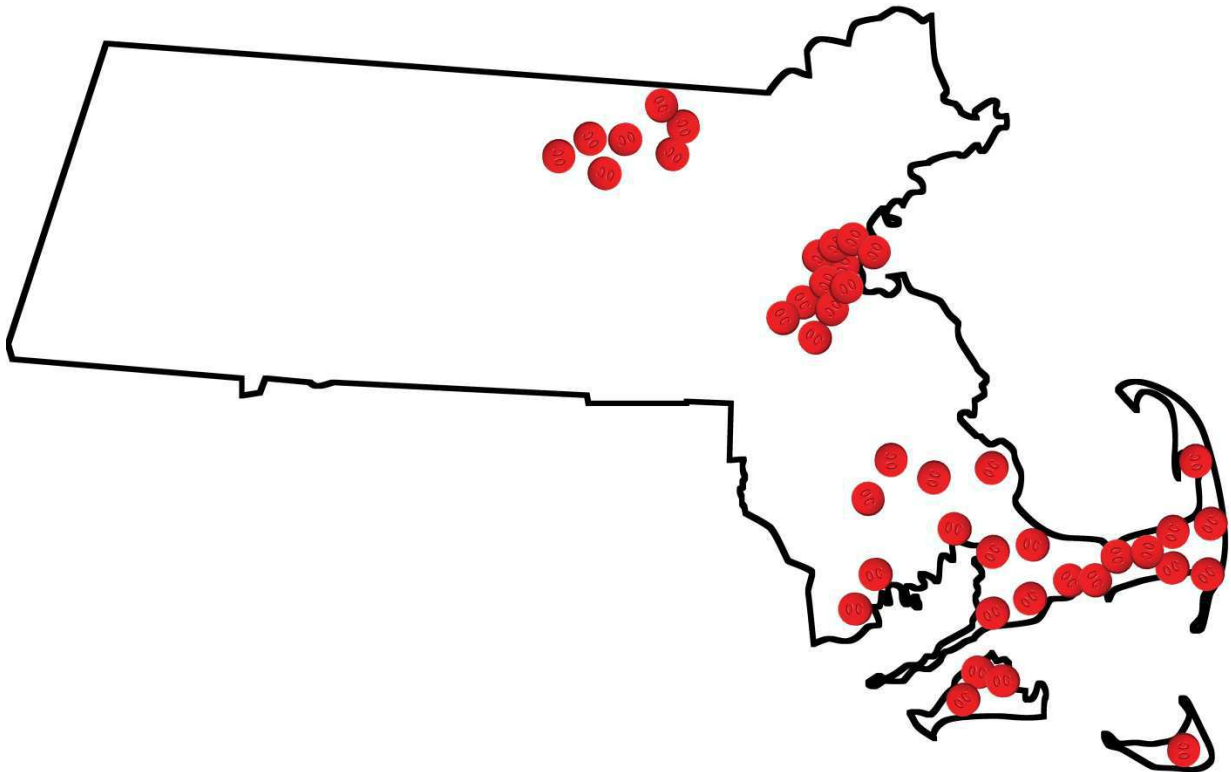
²⁸⁷ 2013-08-16 “Doctor Pleads Guilty to Illegally Prescribing Oxycodone,” mass.gov.

²⁸⁸ 2010-07-22 Board minutes, PKY183212838 ([REDACTED] ([REDACTED])).

315. The Sacklers knew and intended [REDACTED]

[REDACTED]. From 2010 to the present, sales reps hired in the 2010 expansion promoted Purdue opioids to Massachusetts prescribers more than 4,000 times.²⁸⁹

Massachusetts Communities Targeted in Purdue's 2010 Sales Force Expansion



316. At the same meeting, the Sacklers [REDACTED]

[REDACTED]²⁹⁰

²⁸⁹ In Ayer, Boston, Bourne, Brewster, Cambridge, Canton, Carver, Cataumet, Centerville, Charlestown, Chatham, Chelsea, Cotuit, Dartmouth, Dedham, Dennis, Dorchester, Everett, Falmouth, Fitchburg, Groton, Harwich, Hyannis, Hyde Park, Jamaica Plain, Lakeville, Leominster, Lunenburg, Marstons Mills, Mashpee, Middleboro, Milton, Nantucket, New Bedford, Norwood, Oak Bluffs, Orleans, Osterville, Pepperell, Plymouth, Revere, Roslindale, Sagamore Beach, Sandwich, Somerville, Vineyard Haven, Wareham, Wellfleet, West Roxbury, West Tisbury, Westminster, Winthrop, and Yarmouth Port.

²⁹⁰ 2010-07-22 Board minutes, PKY183212838.

317. Later that month, staff told the Sacklers that Purdue employed 491 sales reps and that, during Q2 2010, they visited prescribers 135,824 times.²⁹¹ More than 2,500 of those visits were in Massachusetts.²⁹² Meanwhile, staff [REDACTED]
[REDACTED].²⁹³

318. **In August**, the Sacklers continued to focus on the sales force. That month, they decided not to acquire a new insomnia drug because of the risk that promoting it could distract sales reps from selling Purdue's opioids. Richard Sackler concluded that "loss of focus" in sales reps' meetings with prescribers was too great a risk, and the Sacklers decided not to go through with the deal.²⁹⁴

319. A few days later, the Sacklers discussed abuse of OxyContin. Staff told them that the most common way of abusing oxycodone, by far, was swallowing it — which a crush-proof coating on OxyContin did not affect. Staff also reported to the Sacklers that data from the Massachusetts prescription monitoring program showed far higher rates of "doctor-shopping" for OxyContin prescriptions than for any other opioid.²⁹⁵ The prescription monitoring program identifies "doctor-shopping" when a patient gets opioids from multiple prescribers — an indication that the patient is at risk of addiction, overdose, and death.

320. **In September**, staff reported to the Sacklers about the Board's July 2010 decision to hire more sales reps. Staff said they were working to implement the decision, adding 125

²⁹¹ 2010-07-27 Board report, pgs. 5, 27, PWG000422481, -503. Staff told the Sacklers that the target for visits was 142,657; that reps visited 7.0 prescribers per day, on average, compared to the target of 7.5; that the average cost of a visit was \$219; and that they were still working to lower the cost to \$201.

²⁹² Exhibit 1.

²⁹³ 2010-07-27 Board report, pg. 18, PWG000422494.

²⁹⁴ 2010-08-14 email from Richard Sackler, PPLPC012000283047.

²⁹⁵ 2010-08-16 email from Stuart Baker, PPLPC012000283342-43; 2010-08-19 presentation by Paul Coplan, slides 7, 31, PPLPC012000283469.

sales territories.²⁹⁶ Staff also told the Sacklers that 82% of prescriptions for OxyContin were to patients who were already on the drug — a key ingredient in Purdue’s plans to keep patients on opioids longer.²⁹⁷ The Sacklers [REDACTED].²⁹⁸

321. **In October**, staff told the Sacklers that Purdue employed 506 sales reps and, during Q3 2010, they visited prescribers 141,116 times.²⁹⁹ More than 2,600 of those visits were in Massachusetts.³⁰⁰

322. Meanwhile, staff told [REDACTED]

[REDACTED].³⁰¹ The Sacklers [REDACTED]

[REDACTED].³⁰²

323. That same month, staff told the Sacklers that Purdue was promoting opioids at more than a dozen programs in Massachusetts, including:

- an \$85,000 program on opioids at Tufts University;
- a \$50,000 program on opioid prescribing for chronic pain at Boston University;
- a \$50,000 program on customized opioid treatments at the Pri-Med Institute (a company specializing in continuing medical education) in Massachusetts;
- another \$45,000 program on opioids for chronic pain at the Pri-Med Institute in Massachusetts;
- a \$15,000 program on pain management at Northeastern University;
- a \$10,000 program at the Massachusetts College of Pharmacy;

²⁹⁶ 2010-09-15 Executive Committee notes, PPLPC012000290686.

²⁹⁷ 2010-09-15 presentation by Russell Gasdia, slide 10, PPLPC012000290691.

²⁹⁸ 2010-09-10 Board minutes, PKY183212844.

²⁹⁹ 2010-10-25 Board report, pgs. 3, 26, PWG000421967, -990. Staff told the Sacklers the target was 144,414; reps visited 6.8 prescribers per day, on average, compared to the target of 7.5; each sales rep visit to a prescriber cost Purdue \$219; and they were working to lower the cost to \$201.

³⁰⁰ Exhibit 1.

³⁰¹ 2010-10-25 Board report, pg. 15, PWG000421979.

³⁰² 2010-04-01 Board minutes, PKY183212854; draft meeting materials, PPLPC012000294206.

- a \$9,400 program on pharmacological treatment of pain in Brockton, Massachusetts;
- a \$4,400 program on pain treatment by pharmacists in Massachusetts;
- another \$4,350 program on pharmacological treatment of pain in Brockton, Massachusetts;
- a \$3,500 program on pain management at the Massachusetts College of Pharmacy;
- another \$2,000 program on pain management at the Massachusetts College of Pharmacy;
- another \$1,675 program on opioid pain therapy at the Massachusetts College of Pharmacy; and
- another \$1560 program on pain management by nurses at the Massachusetts College of Pharmacy.³⁰³

324. **In November**, staff warned the Sacklers that doctors were not prescribing Purdue’s highest dose and most profitable opioids as much as the company had expected, so it might be necessary to cut the family’s quarter-end payout from [REDACTED] and distribute it in two parts: one in early December and one closer to the end of the month.³⁰⁴ Mortimer Sackler objected to the decrease and the division into two payments, and he demanded answers from staff: “Why are you BOTH reducing the amount of the distribution and delaying it and splitting it in two?” “Just a few weeks ago you agreed to distribute the full [REDACTED]

[REDACTED].³⁰⁵

³⁰³ 2010-10-07 report attached to email by William Mallin, pgs. 3, 5, 10, 13, 16, 26, 28, 33, 34, PPLPC012000292676, -678, -683, -686, -689, -699, -701, -706, -707; 2010-10-07 Report attached to email by William Mallin, PPLPC012000292759-760.

³⁰⁴ 2010-11-23 email from Edward Mahony, PPLPC012000302682-683.

³⁰⁵ 2010-11-23 and 2010-11-24 emails from Mortimer Sackler, PPLPC012000299869-870.

325. Staff also told [REDACTED]

[REDACTED].³⁰⁶ The Sacklers [REDACTED]

[REDACTED].³⁰⁷

326. Staff also reported [REDACTED]

[REDACTED]

[REDACTED].³⁰⁸

327. **In December**, the Sacklers [REDACTED].³⁰⁹

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328. **In January 2011**, Richard Sackler met with sales reps for several days at the Butrans Launch Meeting and discussed how they would promote Purdue’s newest opioid.³¹⁰ Richard quickly followed up with sales management to demand a briefing on how the sales visits were going in the field:

“I’d like a briefing on the field experience and intelligence regarding Butrans. How are we doing, are we encountering the resistance that we expected and how well are we overcoming it, and are the responses similar to, better, or worse than when we marketed OxyContin® tablets?”³¹¹

329. Richard’s interventions into sales tactics made employees nervous. When Richard followed up to ask for information “tomorrow,” CEO John Stewart tried to slow things

³⁰⁶ 2010-11-10 Executive Committee notes, PPLPC012000299854.

³⁰⁷ 2010-11-03 Board minutes, 2011 budget, PKY183212865; 2010-11 budget submission, pg. 18, PDD9273201306.

³⁰⁸ 2010-11-10 Executive Committee notes, PPLPC012000299855; 2010-11-10 Slideshow presentation by Bert Weinstein, slide 7, PPLPC012000299866.

³⁰⁹ 2010-12-02 Board minutes, PKY183212869-70.

³¹⁰ 2011-01-21 email from Russell Gasdia, PPLPC012000308393.

³¹¹ 2011-01-30 email from Richard Sackler, PPLPC021000352206.

down, warning staff that Richard's requests would be "never-ending."³¹² Stewart was right about Richard, but wrong to think he could stand in the way.

330. Two hours after sending his request, Richard ordered Sales VP Russell Gasdia to call him, on a Sunday morning, on his cell phone.³¹³ Richard wanted to discuss "the resistance" and how Purdue's sales reps were "overcoming" it right away.

331. Richard Sackler kept pushing for more sales. After one week of prescriptions doubled Purdue's forecast, Richard wrote to the sales staff: "I had hoped for better results."³¹⁴ In a follow-up message, Richard asked staff to tell him the ratio of prescriptions per sales representative visit to a prescriber, divided out by the prescribers' specialties. He asked for a Board discussion of the barriers that sales reps were encountering during promotion.³¹⁵ After trying to answer Richard's questions and getting another dissatisfied response, sales staff wrote to the CEO to ask him to intervene.³¹⁶ In a later message, Richard wrote to the staff again: "What do I have to do to get a weekly report on Butrans sales without having to ask for it?"³¹⁷ One exasperated staff member begged another to respond.³¹⁸ The CEO announced that, from then on, staff would send a sales report to the Sacklers every week.³¹⁹ When staff sent the first weekly report, Richard responded immediately: "What else more can we do to energize the sales and grow at a faster rate?"³²⁰ The next week, Richard wrote to the sales staff to ask about the performance of a specific sales rep.³²¹

³¹² 2011-01-31 email from John Stewart, PPLPC021000352205.

³¹³ 2011-01-30 email from Richard Sackler, PPLPC012000308371.

³¹⁴ 2011-02-15 email from Richard Sackler, PPLPC012000311654.

³¹⁵ 2011-02-25 email from Richard Sackler, PPLPC012000313544.

³¹⁶ 2011-02-28 email from Russell Gasdia, PPLPC012000313542.

³¹⁷ 2011-03-08 email from Richard Sackler, PPLPC012000314972.

³¹⁸ 2011-03-09 email from Mike Innaurato, PPLPC012000314972.

³¹⁹ 2011-03-09 email from John Stewart, PPLPC012000314985; PPLPC022000412102.

³²⁰ 2011-03-16 email from Richard Sackler, PPLPC012000316128.

³²¹ 2011-03-22 email from Richard Sackler, PPLPC012000317190.

332. Mortimer Sackler jumped in, asking staff for more information about sales. When two days passed without an answer, Mortimer insisted: “Any answer to this yet?”³²² Staff rushed to prepare answers to share with all the Sacklers.³²³

333. The people who worked for the Sacklers knew their appetite for sales was extreme. When the launch of Purdue’s Butrans opioid was on track to beat every drug in its class, Richard Sackler asked sales staff: “Do you share my disappointment?”³²⁴ Sales VP Russell Gasdia replied privately to the CEO: “As far as his disappointment, I do not share that.”³²⁵

334. Throughout that spring of 2011, the Sacklers [REDACTED]
[REDACTED]. In January, the Sacklers
[REDACTED]
[REDACTED]
[REDACTED]³²⁶ The Sacklers [REDACTED]
[REDACTED] In September 2009, a Purdue sales manager
had emailed Crowley that Purdue was promoting opioids to an illegal pill mill: “I feel very
certain this is an organized drug ring,” and “Shouldn’t the DEA be contacted about this?”
Purdue sat on the information and did not report it to the authorities *for more than two years*,
until after the pill mill doctor had already been arrested and the Sacklers had arranged for
lawyers in case Crowley was questioned.³²⁷

³²² 2011-04-05 and 2011-04-08 emails from Mortimer Sackler, PPLPC012000320102-103.

³²³ 2011-04-08 email from Russell Gasdia, PPLPC012000320101.

³²⁴ 2011-03-09 email from Richard Sackler, PPLPC012000315176.

³²⁵ 2001-03-10 email from Russell Gasdia, PPLPC012000315176.

³²⁶ 2011-01-20 Board minutes, PKY183212882-892.

³²⁷ 2016-07-10 “More than 1 Million OxyContin Pills Ended up in the Hands of Criminals and Addicts. What the Drugmaker Knew,” by Harriet Ryan, Lisa Girion, and Scott Glover, *Los Angeles Times*.

335. In January 2011, staff reported to the Sacklers that a key initiative in Q4 2010 had been the expansion of the sales force. Staff told the Sacklers that Purdue employed 590 sales reps and, during Q4 2010, they visited prescribers 125,712 times.³²⁸ More than 2,900 of those visits were in Massachusetts.³²⁹

336. Staff told [REDACTED]. But staff reported that Purdue's revenue was still hundreds of millions of dollars less than expected because doctors were prescribing less of Purdue's highest dose opioids.³³⁰ Staff told the Sacklers that sales of the highest doses continued to fall below expectations, and the gap had cost the company \$120,000,000 in the month of December 2010 alone.³³¹ The Sacklers faced the prospect that, if doctors did not prescribe more of the highest doses, their payouts would shrink.

337. **In February**, staff reported to the Sacklers that law enforcement was increasingly concerned about lawbreaking by drug companies and the resulting "danger to public safety."³³² Staff also told the Sacklers that Purdue was receiving a rising volume of hotline calls and other compliance matters, reaching an all-time high during Q4 2010. Staff reported to the Sacklers that sales reps had engaged in improper promotion of Purdue opioids, but the company had decided not to report the violations to the government. Staff also reported to the Sacklers about the risks of OxyContin, including that 83% of patients in substance abuse treatment centers began abusing opioids by swallowing pills, and that it took, on average, 20 months for a patient to get treatment. Staff reported to the Sacklers that Purdue tracked to individual zip codes the

³²⁸ 2011-01-24 Board report, pgs. 4, 5, 35, PWG000421551, -552, -582. Staff told the Sacklers that, at the Board's direction, Purdue had hired 74 more sales reps and planned to hire 51 more. Staff told the Sacklers that the sales rep visits compared to a target for the quarter of 125,553 visits; and that reps visited 6.2 prescribers per day, on average, compared to a target of 7.5; and that each visit cost Purdue \$219. They were still working to lower the cost to \$201.

³²⁹ Exhibit 1.

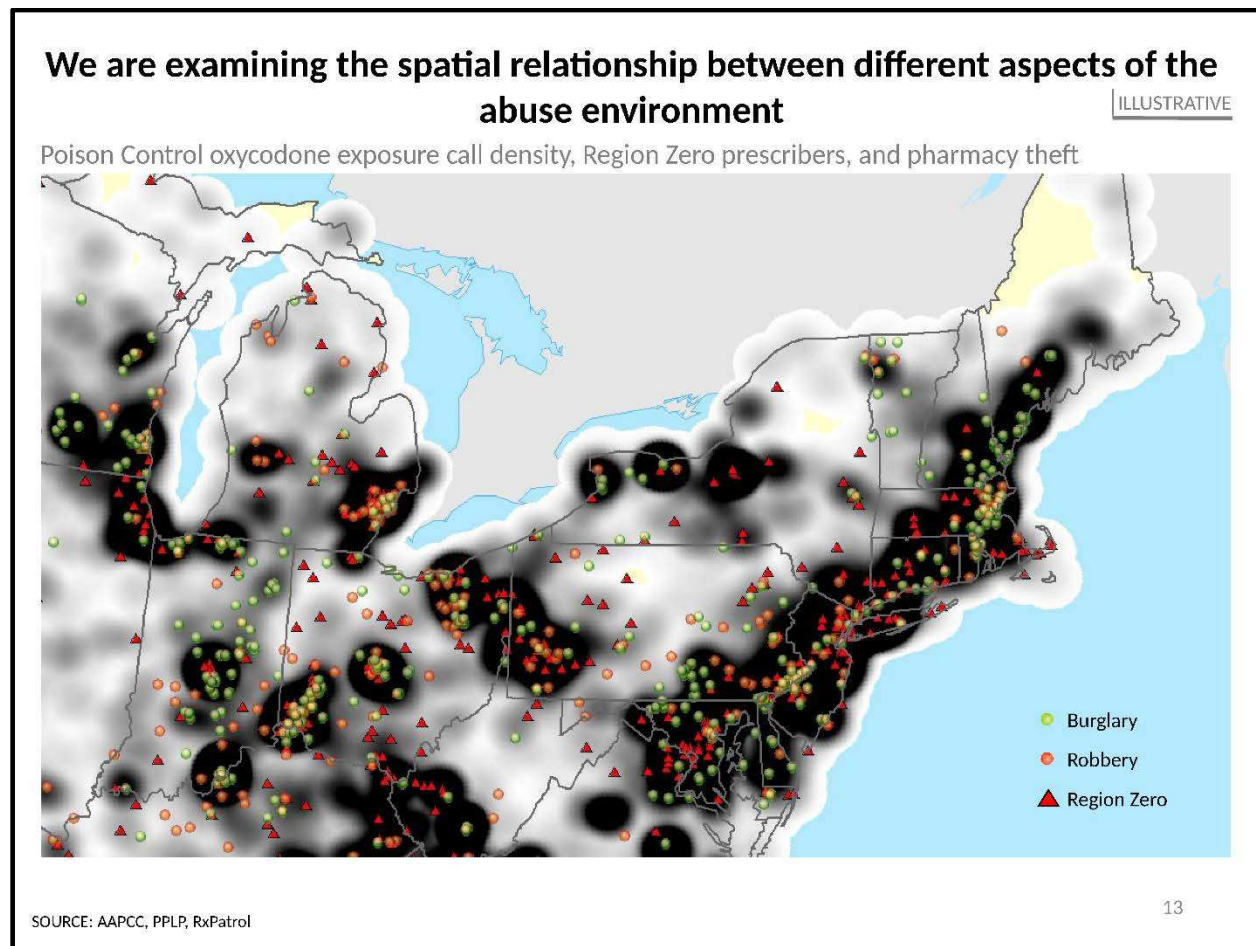
³³⁰ 2011-01-24 Board report, pg. 22, PWG000421569.

³³¹ 2011-01-21 email from Sharon Salwan, PPLPC012000307015.

³³² 2001-02-03 Board meeting materials, slide 48, PDD8901468062.

correlation between poison control calls for OxyContin overdose, pharmacy thefts, and prescribers Purdue suspected of abuse and diversion in *Region Zero*.³³³

338. Staff even gave the Sacklers a map correlating dangerous prescribers in Massachusetts with reports of oxycodone poisonings, burglaries, and robberies.³³⁴



Map presented to the Purdue Board in 2011

339. **In March**, staff reported to the Sacklers on OxyContin sales and again focused on revenue from doctors in *Region Zero* — prescribers that Purdue suspected of improper prescribing but that Purdue had not reported to the authorities. Staff told the Sacklers that if

³³³ 2011-02-03 presentation by Bert Weinstein, slides 22-24, 86, 94-95, PDD8901468036-038, -100, -108-109.

³³⁴ 2011-02-03 presentation by Bert Weinstein, slide 95, PDD8901468109.

Region Zero doctors stopped prescribing opioids, Purdue would lose almost 10% of its sales.³³⁵

340. **In April**, the Sacklers met with Sales VP Russell Gasdia to talk about sales. He told them that OxyContin was the best-selling painkiller in America, with more than three billion dollars in annual sales —almost double the second-place drug.³³⁶ The Sacklers [REDACTED] [REDACTED].³³⁷

341. **In May**, in response to the Sacklers' repeated requests, staff sent Richard, Jonathan, Kathe, Mortimer, and Theresa Sackler a report on the sales tactics reps were using to push Butrans. The first tactic reported to these Sacklers was focusing on a select “core” of physicians that Purdue calculated would be most susceptible to sales reps lobbying to prescribe more opioids.³³⁸ In Massachusetts, the prescribers Purdue identified as “core” include Dr. Conrad Benoit, Dr. Yoon Choi, Dr. Fernando Jayma, and Dr. Fathalla Mashali.³³⁹ Purdue sales reps repeatedly reported concerns that these doctors wrote inappropriate prescriptions, but Purdue ordered the reps to keep promoting opioids to these doctors anyway. Dozens of their patients overdosed and died.

342. The second tactic staff reported to Richard, Jonathan, Kathe, Mortimer, and Theresa Sackler in the May 25, 2011 email was “positioning of Butrans for specific patient types.”³⁴⁰ In Massachusetts, promotion for “specific patient types” meant pushing opioids for elderly patients with arthritis. Sales reps recorded in their notes that they urged Massachusetts doctors to prescribe opioids for elderly patients more than a thousand times in 2011. The reps

³³⁵ 2011-03-01 2011 OxyContin Tablets Sales Trends and Projections, PPLP004405801, -809.

³³⁶ 2011-04-14 Board presentation, PPLP004405866, -880.

³³⁷ 2011-04-06 Board minutes, PKY183212896-897.

³³⁸ 2011-05-25 email from Russell Gasdia, PPLPC012000326017.

³³⁹ *See, e.g.*, 2013 Q1 target list, PPLPC015000141319.

³⁴⁰ 2011-05-25 email from Russell Gasdia, PPLPC012000326017.

even went to pharmacies to ask Massachusetts pharmacists to encourage doctors to prescribe opioids for the elderly.

343. A third tactic reported to these five Sacklers was getting prescribers to commit to put specific patients on opioids.³⁴¹ In Massachusetts, sales reps recorded in their notes that they asked doctors to commit to prescribe opioids more than a thousand times in 2011. Massachusetts sales reps repeatedly asked prescribers to commit to prescribe opioids without disclosing significant risks.

344. Jonathan Sackler was not satisfied that these tactics would be enough to boost sales. He wrote to John Stewart: “this is starting to look ugly. Let’s talk.”³⁴² Stewart and the sales team scrambled to put together a response and set up a meeting with Jonathan for the following week.³⁴³

345. That same month, staff reported to the Sacklers that Purdue had hired 47 more sales reps [REDACTED]. Staff told the Sacklers that Purdue employed 639 sales reps and, during Q1 2011, they visited prescribers 173,647 times.³⁴⁴ More than 3,800 of those visits were in Massachusetts.³⁴⁵

346. Meanwhile, the Sacklers [REDACTED] [REDACTED].³⁴⁶ The Sacklers were on notice that Purdue’s unfair and deceptive marketing raised serious concerns. Staff also

³⁴¹ 2011-05-25 email from Russell Gasdia, PPLPC012000326017.

³⁴² 2011-05-25 email from Jonathan Sackler, PPLPC012000326194.

³⁴³ 2011-05-25 email from John Stewart, PPLPC012000326193.

³⁴⁴ 2011-05-02 Board report, pgs. 5, 6, 36, PPLPC012000322430, -431, -461. Staff told the Sacklers [REDACTED]

³⁴⁵ Exhibit 1.

³⁴⁶ 2011-05-20 Board minutes, PKY183212910.

told the Sacklers that they had received another 88 calls to Purdue's compliance hotline, but not reported any of them to the authorities.³⁴⁷

347. In June, staff reported to the Sacklers [REDACTED]

[REDACTED]
[REDACTED].³⁴⁸ The headline presented at the Board meeting read: "40 and 80mg tablet prescriptions have decreased significantly. The 10mg and 20mg tablet prescriptions initially increased, but given their lower value not enough to offset the higher strength decline." Staff told the Sacklers: "As a result of the change in prescriptions by strength, OxyContin brand Kgs dispensed are below mid 2010 levels." Staff reported to the Sacklers that Purdue would rely on sales rep visits and paid physician spokespersons to maintain demand. For a "Super Core" of "Very High Potential" opioid prescribers, Purdue would order its sales reps to make sales visits *every week*.³⁴⁹

348. The Sacklers immediately pushed to find ways to increase sales. Richard Sackler asked Sales VP Russell Gasdia to include him in a meeting with District Managers who were the day-to-day supervisors of the sales reps. Then, having missed the meeting, he engaged Gasdia again by email. Gasdia told Richard that Purdue had hired 147 new sales reps at the Board's direction. Gasdia told Richard that Purdue instructed the sales reps to focus on converting patients who had never been on opioids or patients taking "low dose Vicodin, Percocet, or tramadol" — all patients for whom Purdue's opioids posed an increase in risk.³⁵⁰

349. Sales reps reported to Purdue that they encouraged Massachusetts doctors to prescribe opioids to opioid-naive patients more than a thousand times in 2011.

³⁴⁷ 2011-05-20 compliance report, PPLP004406033.

³⁴⁸ 2011-05-12 Executive Committee notes, PPLPC012000327303.

³⁴⁹ 2011-06-21 Mid-Year Update, PPLP004406102-123.

³⁵⁰ 2011-06-16 email from Russell Gasdia, PPLPC012000329609.

350. Gasdia told Richard Sackler (again) that Purdue instructed sales reps to focus on the few highest-prescribing doctors in their territory and visit them over and over. Gasdia also told Richard that staff had initiated performance enhancement plans for sales reps who were not generating enough opioid prescriptions.³⁵¹ In Massachusetts, a sales rep was put on a performance enhancement plan and ordered to visit 10 specific prescribers twice every week and increase prescriptions by 43%.³⁵² Another Massachusetts rep was ordered to increase prescriptions by 62%.³⁵³ Purdue issued a performance enhancement plan to another Massachusetts sales rep that said: “Anticipated Challenges: Dr. trying to cut down on opioid prescribing due to abuse.” “Action Steps: Sell for patients they are willing to Rx opioids ... (elderly).”³⁵⁴ Purdue also ordered the rep to do a better job using gifts (“coffee, lunch”) to buy time with Massachusetts prescribers and reminded her that Purdue had a budget for that purpose.³⁵⁵

351. Purdue put two other Massachusetts reps on probation and threatened to fire them because the doctors they visited did not put enough patients on opioids. Purdue told them that the only way they could keep their jobs was by generating more opioid sales.³⁵⁶

352. In response to Gasdia’s message about the sales reps, Richard Sackler wrote back six minutes later and asked to meet with Gasdia without delay.³⁵⁷ Gasdia scrambled to schedule

³⁵¹ 2011-06-16 email from Russell Gasdia, PPLPC012000329609.

³⁵² Performance Enhancement Plan, PPLPC014000231426 (“See Top 10 HCPs each Monday. See them again before end of same week.”).

³⁵³ Performance Enhancement Plan, PPLPC014000183394.

³⁵⁴ Performance Enhancement Plan, PPLPC014000263371.

³⁵⁵ Performance Enhancement Plan, PPLPC014000263373.

³⁵⁶ 2011-11-18 letters from Roland Gustavson, PPLPC029000430006, PPLPC028000391912 (“You are being placed on probation due to your overall unsatisfactory sales performance ... The ultimate measure of your probation outcome will be your ability to impact sales growth ... You must demonstrate continuous and sustained performance both during and after the probationary period. Failure to do so may lead to additional disciplinary action up to and including termination of employment.”).

³⁵⁷ 2011-06-16 email from Richard Sackler, PPLPC012000329608.

a meeting about sales tactics with Richard for first thing the next morning.³⁵⁸ Richard would not wait until the morning and instructed Gasdia to call him that same day.³⁵⁹

353. Richard Sackler continued the correspondence that day, criticizing Purdue's managers for allowing sales reps to target "non-high potential prescribers." "How can our managers have allowed this to happen?"³⁶⁰ Richard insisted that sales reps push the doctors who prescribed the most drugs.

354. To make sure his orders were followed, Richard Sackler demanded to be sent into the field with the sales reps.³⁶¹ Richard wanted a week shadowing Purdue sales reps, two reps per day. In horror, Gasdia appealed to Purdue's Chief Compliance Officer, warning that Richard Sackler promoting opioids was "a potential compliance risk."³⁶² Compliance replied: "LOL."³⁶³ To make sure the Sacklers' involvement in marketing stayed secret, staff instructed: "Richard needs to be mum and be anonymous."

³⁵⁸ 2011-06-16 email from Russell Gasdia, PPLPC012000329607.

³⁵⁹ 2011-06-16 email from Richard Sackler, PPLPC012000329621.

³⁶⁰ 2011-06-16 email from Richard Sackler, PPLPC012000329706.

³⁶¹ 2011-06-16 email from Richard Sackler, PPLPC012000329706.

³⁶² 2011-06-16 email from Russell Gasdia, PPLPC012000329494 ("Based on our discussions, perhaps you could sit down with JS on your thoughts. Also, I haven't spoken to him about RS going to field with reps. Perhaps you could also say something to JS and indicate I came to you for counsel as I saw this as a potential compliance risk?").

³⁶³ 2011-06-16 email from Bert Weinstein, PPLPC012000329722.

To: Gasdia, Russell[Russell.Gasdia@pharma.com]
From: Weinstein, Bert
Sent: Thur 6/16/2011 7:47:14 PM
Subject: Re: Feedback from District Manager Advisory Council - FYI

LOL - I told him you raised concerns with me. We agreed Richard needs to be mum and be anonymous

From: Gasdia, Russell
To: Weinstein, Bert
Sent: Thu Jun 16 17:08:15 2011
Subject: Fw: Feedback from District Manager Advisory Council - FYI

I spoke to John and he said Stuart cleared Dr Richard observing calls with reps. I told him I spoke with you and you have concerns...he said he'd speak with you.

From: Sackler, Dr Richard
To: Gasdia, Russell
Cc: JHS (US)
Sent: Thu Jun 16 16:45:56 2011
Subject: Re: Feedback from District Manager Advisory Council - FYI

Russ,
One more thing. Who have you chosen for me to go to the field with the week after the budget meetings? Where are they? Can we conveniently do two reps each day especially if I travel to get to the right place as I probably should do.

Purdue internal emails

355. A slew of executives, including the CEO, got involved in planning Richard

Sackler's sales visits. All of them were worried. One wrote:

“About 5 last night, John [Stewart, the CEO] was walking by my office – I yelled out to stop him – and said that you had mentioned to me that Richard wanted to go into the field, and that you had raised concerns with me. John seemed angry, and asked if I had concerns. I told him could be issues and Richard could be out on a limb if he spoke about product at all or got into conversations with HCPs, or identified himself, especially with FDA Bad Ad possibilities. John agreed Richard would have to be mum throughout, and not identify himself other than as a home office person.”³⁶⁴

³⁶⁴ 2011-07-17 email from Bert Weinstein, PPLPC012000329783.

356. Richard Sackler indeed went into the field to promote opioids to doctors alongside a sales rep. When he returned, Richard argued to the Vice President of Sales that a legally-required warning about Purdue's opioids wasn't needed. He asserted that the warning "implies a danger of untoward reactions and hazards that simply aren't there." Richard insisted there should be "less threatening" ways to describe Purdue opioids.³⁶⁵

357. Meanwhile, the Sacklers [REDACTED].³⁶⁶

358. A few days later, sales and marketing staff scrambled to prepare responses to questions from the Sacklers. Mortimer Sackler asked about launching a generic version of OxyContin to "capture more cost sensitive patients." Kathe Sackler recommended looking at the characteristics of patients who had switched to OxyContin to see if Purdue could identify more patients to convert. Jonathan Sackler wanted to study changes in market share for opioids, focusing on dose strength.³⁶⁷

359. At the same time, sales staff were organizing more ways for Richard Sackler to oversee their work in the field. Gasdia proposed to Richard:

"In addition to field contacts with representatives, you may want to consider attending one of the upcoming conventions where we will be attending. At each of the ones listed below, we will have a promotional booth for OxyContin & Butrans. In addition, we are sponsoring educational programs for Butrans and OxyContin in the form of a 'Product Theater.'

This would provide you the opportunity to be on the convention floor, observing numerous presentations being provided by our representatives and see a wide range of interactions over the course of a day. In addition, we can arrange for one-on-one meetings with key opinion leaders who are attending, many of them are approved consultants/advisors for us and you can have some open conversations regarding the market, perceptions around Butrans

³⁶⁵ 2011-07-20 email from Richard Sackler, PPLPC001000091102.

³⁶⁶ 2011-06-24 Board minutes, PKY183212924-925.

³⁶⁷ 2011-06-28 email from Edward Mahony, PPLPC012000331343; attachment PPLPC012000331345.

and OxyContin. Finally, you could observe the Product Theaters we are implementing.”³⁶⁸

360. **In July**, staff assured the Sacklers that Purdue prohibited sales reps from writing their sales pitches to prescribers in email.³⁶⁹ The Sacklers believed that promoting opioids in oral conversations with doctors, and banning employee email, would protect them from investigations of their misconduct.

361. **In August**, staff told the Sacklers that Purdue employed 640 sales reps and, during Q2 2011, they visited prescribers 189,650 times.³⁷⁰ More than 4,500 of those visits were in Massachusetts.³⁷¹

362. Meanwhile, staff reported to the Sacklers [REDACTED]

[REDACTED].³⁷²

363. **In September**, Richard Sackler directed staff to study a savings card program for a widely-used cholesterol medication (not an addictive narcotic) to learn how Purdue could use it for opioids.³⁷³ That same month, the Sacklers [REDACTED].³⁷⁴

364. **In November**, staff told the Sacklers that Purdue still employed 640 sales reps and, during Q3 2011, they visited prescribers 189,698 times.³⁷⁵ More than 4,100 of those visits were in Massachusetts.³⁷⁶ Looking ahead, the Sacklers [REDACTED]

³⁶⁸ 2011-07-26 email from Russell Gasdia, PPLPC012000336250.

³⁶⁹ 2011-07-21 Board meeting presentation, PPLP004406488-490.

³⁷⁰ 2011-08-03 Board report, pgs. 6, 42, PWG000420318, -354. Staff told the Sacklers that the sales rep visits compared to a target for the quarter of 187,950 visits; and that reps visited 7.2 prescribers per day, on average, compared to a target of 7.0.

³⁷¹ Exhibit 1.

³⁷² 2011-08-03 Board report, pg. 29, PWG000420341.

³⁷³ 2011-09-28 email from Richard Sackler, PPLPC012000345892.

³⁷⁴ 2011-09-01 Board minutes, PKY183212927-928.

³⁷⁵ 2011-11-09 Board report, pgs. 5, 41, PWG000419307, -343. Staff told the Sacklers that the sales rep visits compared to a target for the quarter of 189,525 visits; and that reps visited 7.2 prescribers per day, on average, compared to a target of 7.0.

³⁷⁶ Exhibit 1.

[REDACTED].³⁷⁷

365. [REDACTED], staff told the Sacklers [REDACTED]

[REDACTED].³⁷⁸

❖ ❖ ❖ 2012 ❖ ❖ ❖

366. **In January 2012**, Jonathan Sackler started the year pressing Sales VP Russell Gasdia for weekly updates on sales.³⁷⁹ A few days later, Richard Sackler jumped into the weeds with the sales staff, this time about advertising. Richard noticed that online ads appeared indiscriminately on webpages with content associated with the ad — regardless of whether the association was positive or negative.³⁸⁰ Staff assured Richard that, when Purdue bought online advertising for opioids, it specified that the ads appear only on pages expressing positive views toward opioids, and would not appear with articles “about how useless or damaging or dangerous is our product that we are trying to promote.”³⁸¹

367. That same month, staff told the Sacklers that Purdue employed 632 sales reps and, during Q4 2011, they visited prescribers 165,994 times.³⁸² More than 3,600 of those visits were in Massachusetts.³⁸³

368. The Sacklers were not satisfied with the sales effort. **In February**, staff reported to the Sacklers that prescriptions had dropped, and that a decrease in sales rep visits to

³⁷⁷ 2011-11-18 Board minutes, 2012 budget, PKY183212941-942; 2012 budget submission, pg. 22, PDD9273201436.

³⁷⁸ 2011-11-09 Board report, pg. 26, PWG000419328.

³⁷⁹ 2012-01-09 email from Jonathan Sackler, PPLPC012000358983.

³⁸⁰ 2012-01-22 email from Richard Sackler, PPLPC012000361065-066.

³⁸¹ 2012-01-26 email from Russell Gasdia, PPLPC012000361064.

³⁸² 2012-01-25 Board report, pgs. 7, 48, PPLPC012000362250, -291. Staff told the Sacklers that the sales rep visits compared to a target for the quarter of 166,315 visits; and that reps visited 7.03 prescribers per day, on average, achieving the target of 7.0.

³⁸³ Exhibit 1.

prescribers was a major driver of the decline. Staff asked the Sacklers to be patient, because reps had missed work for December holidays and the company's mandatory National Sales Meeting in January.³⁸⁴ Mortimer Sackler was not pleased. He suggested that, "in future years we should not plan the national sales meeting so close following the winter break as it extends the period of time since the doctor last saw our rep." Mortimer wrote: "Wouldn't it be better to have the reps get back to work for January and back in front of doctors."³⁸⁵ Mortimer was agitated by the thought of doctors going too many days without a sales rep visiting to promote Purdue opioids. If Purdue rescheduled its meeting, "At least then the doctors will have gotten at least one reminder visit from our reps in the last month whereas now they might go two months without seeing one of our reps??" Staff replied to Mortimer, arguing for "balance."³⁸⁶ Richard Sackler replied within minutes that, since the National Sales Meeting prevented sales reps from visiting doctors, "Maybe the thing to have done was not have the meeting at all."³⁸⁷ Purdue's compliance officer forwarded the exchange to his staff, commenting: "Oh dear."³⁸⁸

369. Meanwhile, Richard Sackler [REDACTED]

[REDACTED]

[REDACTED].³⁸⁹ Staff [REDACTED].³⁹⁰ Sales VP Gasdia wrote [REDACTED].³⁹¹

³⁸⁴ 2012-02-07 email from Russell Gasdia, PPLPC026000095656.

³⁸⁵ 2012-02-07 email from Mortimer Sackler, PPLPC026000095656.

³⁸⁶ 2012-02-08 email from Russell Gasdia, PPLPC026000095655.

³⁸⁷ 2012-02-08 email from Richard Sackler, PPLPC026000095655.

³⁸⁸ 2012-02-08 email from Bert Weinstein, PPLPC026000095655.

³⁸⁹ 2012-02-02 and 2012-02-03 emails from Richard Sackler, PPLPC021000439058, PPLPC021000439090; *see also* 2012-02-22 emails from Richard Sackler, PPLPC021000443801.

³⁹⁰ 2012-01-09 email from William Mallin, PPLPC028000396626.

³⁹¹ 2012-02-01 email from Russell Gasdia, PPLPC012000361862.

Boston district. He wrote: “the Boston District is failing.” Then the sales manager went person by person through a list of Massachusetts sales reps and criticized them for not increasing opioid prescriptions enough. He emphasized that the pressure was coming from Richard Sackler himself:

“Russ, as well as Mike and myself are constantly defending the launch of Butrans to BOD members. Just today, Dr. Richard sent another email ‘This is bad,’ referring to current Butrans trends. I am quite sure that Dr. Richard would not be sympathetic to the plight of the Boston District.”

The manager ended his email by threatening to fire every sales rep in Boston:

“I must tell you that I am much closer to dismissing the entire district than agreeing that they deserve a pass for poor market conditions.”³⁹⁸

The manager sent his draft to Gasdia, who asked him to run it by someone in marketing. Gasdia agreed that they should consider firing the sales reps, because “that will send a message.”³⁹⁹

373. Meanwhile, Gasdia pleaded with the CEO to defend him against Richard Sackler’s micromanagement of sales: “Anything you can do to reduce the direct contact of Richard into the organization is appreciated.”⁴⁰⁰ A week later, Richard wrote to sales management again to criticize them for U.S. sales being “among the worst” in the world.⁴⁰¹

374. **In March**, staff [REDACTED]

[REDACTED]⁴⁰²

375. On one Saturday morning, Richard Sackler wrote to marketing staff, demanding monthly data for all extended release pain medications for the past twelve years and an

³⁹⁸ 2012-02-07 email from Windell Fisher, PPLPC012000368509.

³⁹⁹ 2012-02-08 email from Russell Gasdia, PPLPC012000368509.

⁴⁰⁰ 2012-02-07 email from Russell Gasdia, PPLPC012000368569.

⁴⁰¹ 2012-02-10 email from Richard Sackler, PPLPC012000368823.

⁴⁰² 2012-03-05 email from Edward Mahony, PPLPC012000368627.

immediate meeting that Monday night.⁴⁰³ Gasdia and Stewart stood by helpless, writing: “Do let us know how this goes.”⁴⁰⁴ Later that month, staff created for Richard a historical summary of key events determining OxyContin sales. Eleven of the key events in sales history were changes in the size of the Purdue sales force — all known to Richard because the Sacklers had ordered them.⁴⁰⁵

376. A few days later, staff sent Richard Sackler an assessment of recently-improved opioid sales. Staff told Richard that the increase in prescriptions was caused by tactics that Purdue taught sales reps: pushing opioids for elderly patients with arthritis (“proper patient selection”) and encouraging doctors to use higher doses of opioids (“quick titration”).⁴⁰⁶ In the coming months, Purdue would study, document, and expand the use of higher doses to increase sales — a tactic that helped to kill people in Massachusetts.

377. Richard Sackler wrote that he was not satisfied with a report on sales and instructed Gasdia to discuss it with him within a day.⁴⁰⁷ Gasdia scrambled to schedule the meeting.⁴⁰⁸ Then Richard raised the stakes and asked Gasdia to address both Butrans sales tactics and a decline in OxyContin sales and propose corrective actions.⁴⁰⁹ John Stewart suggested that Richard’s frustrations could be linked to dosing: he encouraged Gasdia to tell Richard that patients on lower doses seemed to stop taking opioids sooner, and that much of the profit that Purdue had lost had been from doctors backing off the highest dose of OxyContin (80mg).⁴¹⁰

⁴⁰³ 2012-03-17 email from Richard Sackler, PPLPC012000369328.

⁴⁰⁴ 2012-03-18 email from Russell Gasdia, PPLPC012000369328.

⁴⁰⁵ 2012-03-28 presentation, PPLPC012000371063.

⁴⁰⁶ 2012-03-28 email from David Rosen, PPLPC012000371301.

⁴⁰⁷ 2012-04-12 email from Richard Sackler, PPLPC012000372338-339.

⁴⁰⁸ 2012-04-12 email from Russell Gasdia, PPLPC012000372338.

⁴⁰⁹ 2012-04-15 email from Richard Sackler, PPLPC012000372585.

⁴¹⁰ 2012-04-16 email from John Stewart, PPLPC012000372620.

378. Richard Sackler was not satisfied. Days later, after sales did not increase, staff told him that they were starting quantitative research to determine why patients stay on opioids, so they could find ways to sell more opioids at higher doses for longer.⁴¹¹

379. **In April**, staff told the Sacklers that Purdue employed 630 sales reps and, during Q1 2012, they visited prescribers 179,554 times.⁴¹² More than 3,800 of those visits were in Massachusetts.⁴¹³

380. Meanwhile, Richard Sackler kept pushing the staff to increase sales. When the mandatory weekly report to the Sacklers showed that sales reps achieved 9,021 prescriptions in a week, Richard asked Sales VP Russell Gasdia for a commitment that the reps would get weekly prescriptions to 10,000: “Are you committed to breaking 10K/wk Rx’s this month?”⁴¹⁴ A colleague replied incredulously to Gasdia: “Is there any question of your commitment?”⁴¹⁵ Even for people who worked in sales, Richard’s conviction that sales reps should just make doctors prescribe opioids seemed crazy.

381. Gasdia tried to assure Richard Sackler that they were selling opioids aggressively: “Windell and the sales force, as well as Mike and the marketing team (initiatives being implemented) are focused and committed to accelerating the growth trend ... everyone in the commercial organization is focused on exceeding the annual forecast.”⁴¹⁶ Richard wanted more. Richard wanted to know what tactics sales staff would use to get more prescriptions, and he wanted to talk about it right away. First he wrote: “give me the table of weekly Rx plan and the

⁴¹¹ 2012-04-20 email from David Rosen, PPLPC012000374532.

⁴¹² 2012-04-30 Board report, pgs. 6, 33, PPLPC012000374796, -823. Staff told the Sacklers that the sales rep visits compared to a target for the quarter of 171,024 visits; and that reps visited 7.0 prescribers per day, on average, compared to a target of 7.1.

⁴¹³ Exhibit 1.

⁴¹⁴ 2012-04-11 email from Richard Sackler, PPLPC012000372336.

⁴¹⁵ 2012-04-11 email from David Rosen, PPLPC012000372240.

⁴¹⁶ 2012-04-12 email from Russell Gasdia, PPLPC012000372336.

actual. Then show how you plan to make up the current shortfall.”⁴¹⁷ Then he asked for a meeting within 24 hours.⁴¹⁸ Then Richard didn’t want to wait that long: “Can we meet in person today?”⁴¹⁹ On Friday the 13th, sales and marketing staff met with Richard to review how they would sell more opioids.⁴²⁰

382. **In May**, executives emphasized to the managers overseeing Massachusetts sales reps that the Sacklers were tracking their efforts, and that Richard Sackler required weekly reports.⁴²¹ Staff gave the only reply that was acceptable at Purdue: “All our efforts are focused on attaining the objective” of increased opioid prescriptions that the Sacklers set.⁴²²

383. **In June**, the Sacklers discussed sales and marketing again.⁴²³ Staff reported to the Sacklers that they had added 120,000 sales visits to drive sales of OxyContin.⁴²⁴

⁴¹⁷ 2012-04-12 email from Richard Sackler, PPLPC012000372335-336.

⁴¹⁸ 2012-04-12 email from Richard Sackler, PPLPC012000372336.

⁴¹⁹ 2012-04-12 email from Richard Sackler, PPLPC012000372335.

⁴²⁰ 2012-04-12 email from Russell Gasdia, PPLPC012000372335; 2012-04-13 invitation from Donna Condon, PPLPC012000372332.

⁴²¹ 2012-05-15 email from Mike Innaurato, PPLPC023000468013.

⁴²² 2012-05-15 email from Gary Lewandowski, PPLPC023000468016.

⁴²³ 2012-05-29 email from John Stewart, PPLPC012000377890; attachment PPLPC012000377892.

⁴²⁴ 2012-06-18 Mid Year Sales and Marketing Board Update, slide 10, PPLPC012000382119.

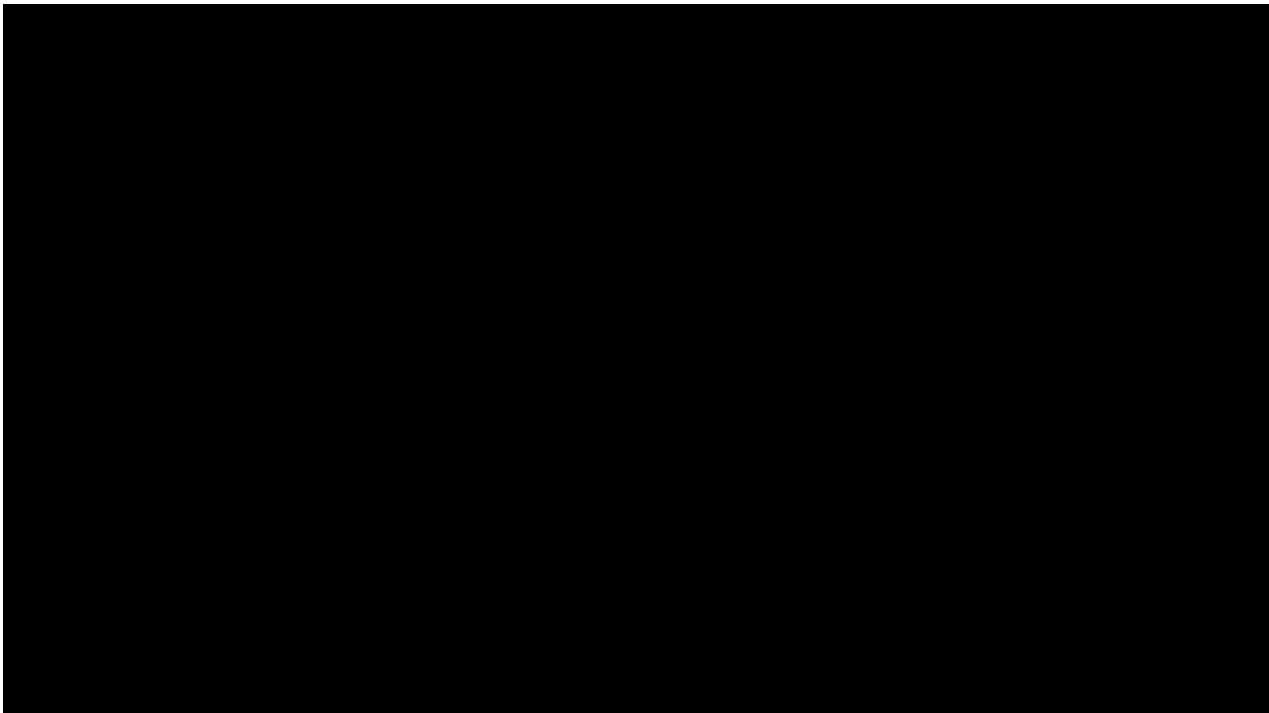
384. Staff also told the Sacklers [REDACTED]

[REDACTED]

[REDACTED]. The Sacklers [REDACTED]

[REDACTED]

[REDACTED].⁴²⁵



Purdue internal presentation showing effect of savings cards

Keeping patients on opioids for these lengths of time was especially dangerous for the patients and especially profitable for Purdue.

385. Staff also told the Sacklers that (as they had in 2009) they were again targeting prescribers for OxyContin promotion through a special television network.⁴²⁶ Purdue selected physician targets to see the television program in Brockton, Chestnut Hill, Fitchburg, Holyoke,

⁴²⁵ 2012-06-18 Mid Year Sales and Marketing Board Update, slides 11-12, PPLPC012000382119.

⁴²⁶ 2012-06-18 Mid Year Sales and Marketing Board Update, slide 10, PPLPC012000382119.

Newburyport, North Dartmouth, Springfield, Webster, and Worcester.⁴²⁷ The video featured a doctor paid by Purdue to promote opioids, and encouraged prescribers to use opioid savings cards.⁴²⁸

386. **In July**, David Sackler (Richard Sackler’s son) took a seat on the Board. For events after July 2012, this Complaint includes David in “the Sacklers.”

387. Staff told the Sacklers that Massachusetts now allowed drug companies to host dinners for doctors to promote their drugs.⁴²⁹ Purdue hosted meals to promote opioids to doctors throughout Massachusetts — including in Barnstable, Boston, Brockton, Chelmsford, Dartmouth, Hingham, Kingston, Lawrence, Newton, Pittsfield, Swansea, Westport, and Worcester.⁴³⁰ At one point, staff calculated that Purdue was spending more than \$9,000,000 per year to buy food for doctors who prescribe opioids.⁴³¹

388. Staff also told the Sacklers that Purdue employed 633 sales reps and, during Q2 2012, they visited prescribers 183,636 times.⁴³² More than 3,700 of those visits were in Massachusetts.⁴³³

389. **In August**, the Sacklers

[REDACTED]

.⁴³⁴

390. **In November**, staff told the Sacklers the confidential results of a study of 57,000 patients that Purdue performed explicitly to determine how opioid dose “influences patient

⁴²⁷ 2012-02-27 OxyContin Broadcast Summary Report, PPLPC023000526992.

⁴²⁸ Video: “A Treatment Plan for Moderate to Severe Low Back Pain That Includes Converting to an Extended-Release Opioid Analgesic,” PPLP003276093.

⁴²⁹ 2012-07-23 Board report, pg. 39, PPLPC012000387107.

⁴³⁰ Mass. HCP Payments, PMA000281466.

⁴³¹ 2014-06-16 budget information, PPLPC031001202294 (\$9,119,250; food budget for each sales rep: \$18,000).

⁴³² 2012-07-23 Board report, pgs. 6, 44, PPLPC012000387074, -112; 2012-07 Marketing and Sales report, PPLP004149354. Staff told the Sacklers that the sales rep visits compared to a target for the quarter of 190,662 visits; and that reps visited 7.0 prescribers per day, on average, compared to a target of 7.1.

⁴³³ Exhibit 1.

⁴³⁴ 2012-08-16 Board minutes, PKY183212960.

length of therapy.” The results showed that patients on the highest doses “are the most persistent.” The “Recommended Actions” presented to the Sacklers included “additional workshops for the sales force” and “specific direction” to the sales representatives about using higher doses to keep patients on drugs longer. Staff told the Sacklers that encouraging higher doses “is a focal point of our promotion,” and that sales reps would “emphasize the importance” of increasing patients’ opioid doses, as soon as 3 days after starting treatment.⁴³⁵

391. That same month, the Sacklers voted to set Purdue’s budget for Sales and Promotion for 2013 at \$312,563,000.⁴³⁶ Staff told the Sacklers that Purdue employed 622 sales reps and, during Q3 2012, they visited prescribers 180,723 times.⁴³⁷ More than 3,600 of those visits were in Massachusetts.⁴³⁸

❖ ❖ ❖ 2013 ❖ ❖ ❖

392. **In January 2013**, in what was becoming a yearly ritual, Richard Sackler questioned staff about the drop in opioid prescriptions caused by Purdue sales reps taking time off for the holidays. Richard wasn’t satisfied: “Really don’t understand why this happens. What about refills last week? Was our share up or down?”⁴³⁹ Staff assured Richard that doctors were “sensitive” to sales rep visits and, as soon as the reps got back into action, they would “boost” opioid prescriptions again.⁴⁴⁰

393. Staff told the Sacklers that they continued to reinforce the *Individualize The Dose*

⁴³⁵ 2012-11-01 Board report, pgs. 18, 30, PPLPC012000396634, -646.

⁴³⁶ 2012-11-16 Board minutes, 2013 budget, PKY183212995-998.

⁴³⁷ 2012-11-01 Board report, pgs. 15, 54, PWG000414901, -940. Staff told the Sacklers that the sales rep visits compared to a target for the quarter of 199,466 visits; and that reps visited 7.0 prescribers per day, on average, compared to a target of 7.1.

⁴³⁸ Exhibit 1.

⁴³⁹ 2013-01-07 email from Richard Sackler, PPLPC022000584388.

⁴⁴⁰ 2013-01-07 email from David Rosen, PPLPC022000584388.

campaign, which the Sacklers knew and intended would promote higher doses. Staff also told the Sacklers that sales reps would place greater emphasis on the opioid savings cards, which the Sacklers knew and intended would keep patients on opioids longer. Staff reported to the Sacklers that Purdue had conducted a sensitivity analysis on the opioid savings cards to maximize their impact and, as a result, had increased the dollar value and set the program period to be *15 months* long. Staff also reported to the Sacklers that Purdue had created promotional materials to support these tactics and had distributed them to the sales force. Staff also told the Sacklers that Purdue showed an opioid promotional video to 5,250 physicians on the Physician's Television Network.⁴⁴¹ The video urged doctors to give patients Purdue's opioid savings cards.⁴⁴²

394. That same month, staff told the Sacklers that Purdue employed 609 sales reps and, during Q4 2012, they visited prescribers 153,890 times.⁴⁴³ More than 2,900 of those visits were in Massachusetts.⁴⁴⁴

395. **In February**, the Sacklers met with staff about tactics for promoting Purdue's opioids. They discussed research on what influences prescriptions, how doctors had responded to Purdue's increased promotion, and sales force promotion themes.⁴⁴⁵ On the same day, the Sacklers [REDACTED]

[REDACTED].⁴⁴⁶

⁴⁴¹ 2013-01-28 Board report, pgs. 12-14, PPLPC012000407138-140.

⁴⁴² Butrans promotional video, PPLP003297185.

⁴⁴³ 2013-01-28 Board report, pgs. 10, 56, PPLPC012000407136, -182. Staff told the Sacklers that the sales rep visits compared to a target for the quarter of 191,264 visits; and that reps visited 7.0 prescribers per day, on average, compared to a target of 7.1.

⁴⁴⁴ Exhibit 1.

⁴⁴⁵ 2013-01-30 email from William Mallin, PPLPC012000406335.

⁴⁴⁶ 2013-02-13 Board minutes, PKY183213007.

396. **In March**, staff reported to the Sacklers on the devastation caused by prescription opioids. Staff told the Sacklers that drug overdose deaths had more than tripled since 1990 — the period during which Purdue had made OxyContin the best-selling painkiller. Staff told the Sacklers that tens of thousands of deaths were only the “tip of the iceberg.” Staff reported that, for every death, there were more than a hundred people suffering from prescription opioid dependence or abuse.⁴⁴⁷

397. **In May**, staff reported to the Sacklers again that they were successfully using opioid savings cards to get patients to “remain on therapy longer.” Staff told the Sacklers that they were using direct mail and email, as well as sales visits, to push the opioid savings cards.⁴⁴⁸

398. Staff reported to the Sacklers that, despite these sales efforts, they were not achieving the goals of getting enough patients on higher doses of opioids and getting doctors to prescribe more pills in each prescription. Staff told them that “there is an ‘unfavorable’ mix of prescriptions across strengths,” and Purdue was losing tens of millions of dollars in revenue because sales of the highest doses (60mg and 80mg) were too low. Staff told the Sacklers that there was also a second problem: “lower average tablet counts per prescription.” Because doctors were not prescribing enough pills during each patient visit, Purdue was losing tens of millions of dollars in revenue. Staff promised the Sacklers: “A deeper analysis is underway to determine the cause of the decline in the 30mg, 60mg, and 80mg tablet strengths, as well as the lower than budgeted average tablets per prescription. Once the analysis is complete, we will have a better sense of what tactics to implement to address both issues.”⁴⁴⁹

⁴⁴⁷ 2013-03-21 Board presentation, PPLP004409513-514.

⁴⁴⁸ 2013-05-13 Board report, pg. 18, PPLP004367557.

⁴⁴⁹ 2013-05-13 Board report, pg. 8, PPLP004367547.

399. The Sacklers met with Sales VP Russell Gasdia about the strategy for selling high doses. Gasdia told the Sacklers that “Titration up to higher strengths, especially the 40mg and 80mg strengths is declining.” He analyzed the “Causes of OxyContin’s Decline in Higher Strengths,” and how Purdue would reverse that decline. He told the Sacklers that Purdue’s #1 tactic to sell higher doses was sending sales reps to visit prescribers. The #2 tactic was a marketing campaign designed to promote high doses — Purdue’s *Individualize The Dose* campaign. After that, Gasdia told the Sacklers, came opioid savings cards. After that, special focus on the most prolific opioid prescribers.⁴⁵⁰

400. Gasdia told the Sacklers that the staff would develop even more tactics to sell higher doses. They were using Purdue’s data on thousands of doctors and patients to learn what made people willing to use high doses of opioids. They had started a study of physician characteristics and a “patient level analysis to determine what patient characteristics” were associated with “higher dose volume.”⁴⁵¹

401. That same month, staff told the Sacklers that Purdue employed 637 sales reps and, during Q1 2013, they visited prescribers 155,354 times.⁴⁵² More than 2,300 of those visits were in Massachusetts.⁴⁵³

402. **In July**, the Sacklers discussed “threats” to their business from data on long-term opioid use, as public health authorities reacted to the danger of keeping patients on opioids for longer periods of time.⁴⁵⁴ Meanwhile, staff sent the Sacklers a “Flash Report” that OxyContin

⁴⁵⁰ 2013-05 Board presentation by Russell Gasdia, PPLP004409727-728.

⁴⁵¹ 2013-05 Board presentation by Russell Gasdia, PPLP004409729.

⁴⁵² 2013-05-13 Board report, pgs. 12, 62, PPLP004367551, -601. Staff told the Sacklers that the sales rep visits compared to a target for the quarter of 172,788 visits; and that reps visited 6.8 prescribers per day, on average, compared to a target of 7.1. Staff assured the Sacklers that “call productivity is expected to increase towards the targeted goal throughout 2013.”

⁴⁵³ Exhibit 1.

⁴⁵⁴ 2013-07-24 Communications and External Affairs Committee minutes, PPLPC012000433553.

sales had dropped \$96,400,000 from the year before. Staff explained to the Sacklers that insufficient volume of sales rep visits to promote OxyContin to prescribers was an important reason for the dropping sales. Staff told the Sacklers that they would increase the number of sales visits and had hired McKinsey to study how to get doctors to prescribe more OxyContin.⁴⁵⁵

403. Staff also reported to the Sacklers that key priorities were to reverse “the decline in higher strengths” of Purdue opioids, and the decline in “tablets per Rx,” which were reducing Purdue’s profit. They told the Sacklers that Purdue staff were studying ways to fight these trends, and McKinsey would analyze the data down to the level of individual physicians.⁴⁵⁶

404. Mortimer Sackler asked for more detail on what was being done to increase sales.⁴⁵⁷ Staff told the Sacklers [REDACTED]

[REDACTED]. Staff told the Sacklers [REDACTED]

[REDACTED]

[REDACTED]. [REDACTED]

[REDACTED]. Staff told the Sacklers [REDACTED]

[REDACTED]

[REDACTED]. Staff told the Sacklers [REDACTED]

[REDACTED]

[REDACTED].⁴⁵⁸

405. That same month, staff told the Sacklers that Purdue defeated legislation to restrict OxyContin in Massachusetts. Staff also told the Sacklers that Purdue was targeting Massachusetts prescribers with opioid savings cards: “Emails targeted towards HCPs practicing

⁴⁵⁵ 2013-07-05 email from Edward Mahony, PPLPC012000431312-313.

⁴⁵⁶ 2013-07-23 Board report, pg. 25, PPLPC012000433412.

⁴⁵⁷ 2013-07-06 email from Mortimer Sackler, PPLPC012000431311.

⁴⁵⁸ 2013-07-07 email from John Stewart, PPLPC012000431262; attachment PPLPC012000431266-278.

in Massachusetts were also developed to remind them that the use of patient savings cards are now permissible in Massachusetts and that they can download OxyContin Savings Cards at PurdueHCP.com.”⁴⁵⁹

406. Staff also reported to the Sacklers that they had trained Purdue’s sales reps to use new sales materials designed to get patients on higher doses of opioids for longer periods. Staff told the Sacklers that Purdue employed 634 sales reps and, during Q2 2013, they visited prescribers 177,773 times.⁴⁶⁰ More than 2,400 of those visits were in Massachusetts.⁴⁶¹ Staff assured the Sacklers that they were trying to achieve even more sales visits by monitoring the reps.⁴⁶²

407. Before the month ended, the Sacklers met [REDACTED]
[REDACTED]
[REDACTED]. [REDACTED]
[REDACTED]. They urged the Sacklers [REDACTED]
[REDACTED]. [REDACTED]
[REDACTED]
[REDACTED]. [REDACTED]
[REDACTED]
[REDACTED]. [REDACTED]

⁴⁵⁹ 2013-07-23 Board report, pgs. 17, 52, PPLPC012000433404, -439 (“Two specific concerns were Massachusetts HB 1786 which rescheduled OxyContin to a CI controlled substance and Mississippi HB 599 which set a 75 unit limit per RX on OxyContin. Both bills were defeated.”).

⁴⁶⁰ 2013-07-23 Board report, pgs. 11, 12, 59, PPLPC012000433398, -399, -446. Staff told the Sacklers that the sales rep visits compared to a target for the quarter of 191,184 visits; and that reps visited 6.9 prescribers per day, on average, compared to a target of 7.1.

⁴⁶¹ Exhibit 1.

⁴⁶² 2013-07-23 Board report, pgs. 10-11, PPLPC012000433397-398.

[REDACTED]

[REDACTED].⁴⁶³

408. Days later, staff told the Sacklers that [REDACTED].⁴⁶⁴

409. **In August**, the Sacklers met [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]. They also reported to the

Sacklers that [REDACTED]

[REDACTED]

[REDACTED].⁴⁶⁵

410. [REDACTED]

[REDACTED]. Two

months earlier, the Walgreens pharmacy company admitted that it broke the law by filling illegitimate prescriptions, and it agreed to new safeguards to stop illegal prescribing.⁴⁶⁶

[REDACTED] told the Sacklers that “[REDACTED]

[REDACTED].” Even worse for the Sacklers, the [REDACTED]

[REDACTED]

[REDACTED]

⁴⁶³ 2013-07-18 Identifying Granular Growth Opportunities for OxyContin: First Board Update, PPLP004409871.

⁴⁶⁴ 2013-08-06 email from Edward Mahony, PPLPC012000435338.

⁴⁶⁵ 2013-08-08 Identifying Granular Growth Opportunities for OxyContin: Addendum to July 18th and August 5th Updates, PPLP004409892.

⁴⁶⁶ 2013 Walgreens agreement, <https://www.justice.gov/sites/default/files/usao-sdfl/legacy/2013/06/19/130611-01.WalgreensMOA%26Addendum.pdf>.

[REDACTED] . [REDACTED] the
Sacklers [REDACTED]

[REDACTED] .⁴⁶⁷

411. [REDACTED] advised the Sacklers [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] .” [REDACTED]

[REDACTED] .” [REDACTED]

the Sacklers [REDACTED] .⁴⁶⁸

412. **In September and October**, the Sacklers met [REDACTED]

[REDACTED] . The Sacklers discussed [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] .⁴⁶⁹

⁴⁶⁷ 2013-08-08 Identifying Granular Growth Opportunities for OxyContin: Addendum to July 18th and August 5th Updates, PPLP004409896-897.

⁴⁶⁸ 2013-08-08 Identifying Granular Growth Opportunities for OxyContin: Addendum to July 18th and August 5th Updates, PPLP004409897-898.

⁴⁶⁹ 2013-09-12 Board agenda, PPLP004409919; 2013-10-03 Board agenda, PPLP004409965-972.

413.

[REDACTED]

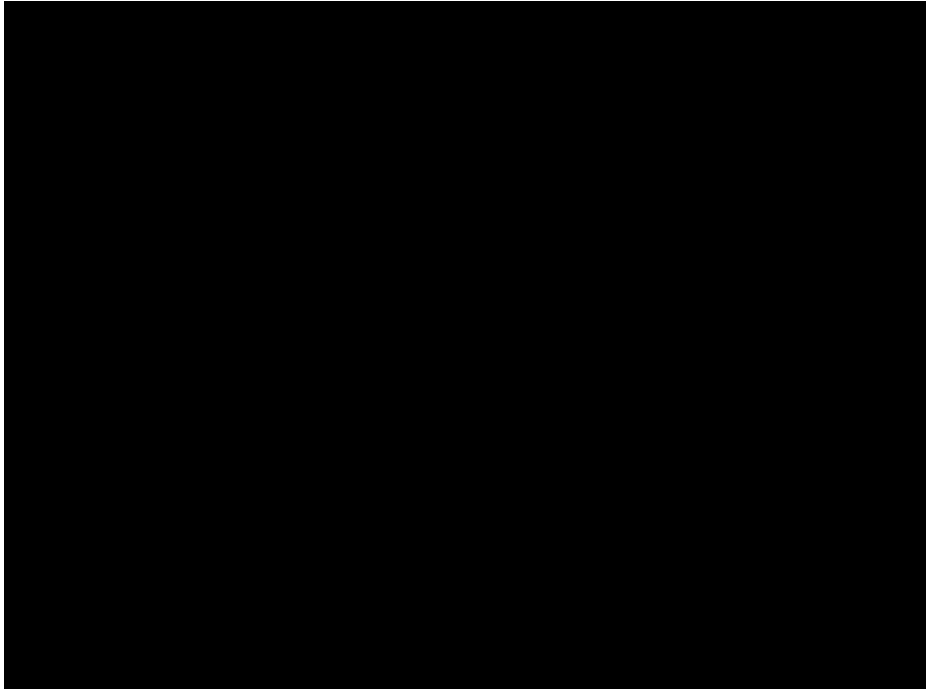
[REDACTED] .⁴⁷⁰ [REDACTED]

[REDACTED]

[REDACTED] . [REDACTED]

[REDACTED]

[REDACTED] .⁴⁷¹



Graphic from [REDACTED]

414. **In October**, Mortimer Sackler pressed for more information on dosing and “the breakdown of OxyContin market share by strength.”⁴⁷² Staff told the Sacklers that “the high dose prescriptions are declining,” and “there are fewer patients titrating to the higher strengths from the lower ones.”⁴⁷³ In response to the Sacklers’ insistent questions, staff explained that

⁴⁷⁰ 2013-08-22 email from Russell Gasdia, PPLPC012000437344 ([REDACTED] interim report).

⁴⁷¹ 2013-08-22 [REDACTED] presentation, slide 10, PPLPC012000437356.

⁴⁷² 2013-10-28 email from Mortimer Sackler, PPLPC012000448835.

⁴⁷³ 2013-10-28 email from David Rosen, PPLPC012000448832-833.

sales of the highest doses were not keeping up with the Sacklers' expectations because some pharmacies had implemented "good faith dispensing" policies to double-check prescriptions that looked illegal and some prescribers were under pressure from the DEA.⁴⁷⁴ Staff promised to increase the budget for promoting OxyContin by \$50,000,000, and get sales reps to generate more prescriptions with a new initiative to be presented to the Sacklers the following week.⁴⁷⁵

415. At the end of the month, the Sacklers met to discuss Purdue's budget for sales and marketing for 2014.⁴⁷⁶ Looking back at sales tactics used in 2013, staff told the Sacklers that a relationship marketing program targeting Boston had increased opioid prescriptions by 959%.⁴⁷⁷ Staff told the Sacklers (again) that Purdue's opioid savings cards kept patients on opioids longer.⁴⁷⁸ Looking ahead at 2014, staff reported to the Sacklers that doctors shifting away from high doses and towards fewer pills per prescription could cost Purdue hundreds of millions of dollars in lost sales.⁴⁷⁹ To fight against that threat, staff told the Sacklers that they would increase the sales visits by each rep to 7.3 visits per day and visit prescribers 758,164 times in the year.⁴⁸⁰

416. **In November**, Richard Sackler complained [REDACTED]

[REDACTED]. Richard [REDACTED]

[REDACTED]?"⁴⁸¹ Staff [REDACTED]

⁴⁷⁴ 2013-10-28 email from David Rosen, PPLPC012000448833.

⁴⁷⁵ 2013-10-23 email from Edward Mahony, PPLPC012000448840.

⁴⁷⁶ 2013-10-28 email from Russell Gasdia, PPLPC012000448832; Sales & Marketing Board presentation, PPLP004409987.

⁴⁷⁷ 2013-10-29 Analgesic Market Update presentation to the Board, PPLP004410015.

⁴⁷⁸ 2013-10-29 OxyContin 2014 Budget Proposal to the Board, PPLP004410062.

⁴⁷⁹ 2013-10-29 Sales & Marketing presentation to the Board, PPLP004409989.

⁴⁸⁰ 2013-10-29 Sales Force 2014 Objectives presented to the Board, PPLP004409999.

⁴⁸¹ 2013-11-18 email from Richard Sackler, PPLPC023000633066.

417. That same month, Richard Sackler alerted staff that the Massachusetts legislature was considering a bill to limit the length of prescriptions for the most addictive controlled substances.⁴⁸³ The safeguard could help doctors prevent and treat addiction by requiring more frequent visits for patients on the most dangerous drugs. Staff promised Richard that they would review the legislation and get back to him to discuss a strategy for opposing it.⁴⁸⁴

418. Staff reported to the Sacklers that a key initiative during Q3 2013 was for sales reps to encourage doctors to prescribe OxyContin to elderly patients on Medicare.⁴⁸⁵ In Massachusetts during 2013, sales reps reported to Purdue that they pushed opioids for elderly patients more than a thousand times. The sales reps did not disclose to doctors in Massachusetts that elderly patients faced greater risks of drug interactions, injuries, falls, and suffocating to death.

419. Staff also reported to the Sacklers that another key initiative during Q3 2013 was for sales reps to promote OxyContin for patients who had never taken opioids before.⁴⁸⁶ In Massachusetts during 2013, Purdue sales reps did not disclose to doctors that opioid naive patients faced greater risks of overdose and death.

420. Staff also told the Sacklers that analysis conducted in July 2013 showed that opioid savings cards earned the Sacklers more money by keeping patients on opioids longer; specifically, more patients stayed on OxyContin longer than 60 days. Staff reported to the Sacklers that Purdue was pushing opioid savings cards in sales rep visits, through email to tens

⁴⁸² 2013-11-18 email from Raul Damas, PPLPC023000633066.

⁴⁸³ 2013-11-11 email from Richard Sackler, PPLPC020000733992 (legislation would limit schedule II prescriptions to 15 days).

⁴⁸⁴ 2013-11-11 email from Raul Damas, PPLPC020000733992.

⁴⁸⁵ 2013-11-01 Board report, pg. 15, PPLPC002000186925.

⁴⁸⁶ 2013-11-01 Board report, pg. 14, PPLPC002000186924.

of thousands of health care providers, and online.⁴⁸⁷ In Massachusetts during 2013, sales reps reported to Purdue that they promoted opioid savings cards to prescribers more than a thousand times. The sales reps did not tell doctors in Massachusetts that savings cards led patients to stay on opioids longer than 60 days, or that staying on opioids longer increased the risk of addiction and death.

421. Staff reported to the Sacklers [REDACTED]

[REDACTED]. But staff told the Sacklers [REDACTED]

[REDACTED]

[REDACTED].⁴⁸⁸

422. Staff told the Sacklers that, in Q4 2013, sales reps would increase the number of visits to prescribers.⁴⁸⁹ In Massachusetts, during those three months, sales visits increased by 30%.⁴⁹⁰

423. Staff also reported to the Sacklers that a key initiative in 2013 was to train sales reps to keep patients on Butrans opioids longer. They told the Sacklers that, at the same time as the initiative to keep patients on opioids longer, Purdue launched a new high dose of its Butrans opioid; sales reps began promoting the new high dose to physicians using new sales materials; and initial orders were double the company's forecasts. Staff reported to the Sacklers that marketing and sales activities generated 266,842 additional prescriptions and highlighted that opioid savings cards generate especially "high returns" by keeping patients on opioids longer.⁴⁹¹

424. Staff reported to the Sacklers that Purdue had sent more than 880,000 emails to

⁴⁸⁷ 2013-11-01 Board report, pgs. 15-16, 24-25, PPLPC002000186925-926, -933-934.

⁴⁸⁸ 2013-11-01 Board report, pgs. 3, 6, PPLPC002000186913, -916.

⁴⁸⁹ 2013-11-01 Board report, pg. 11, PPLPC002000186921.

⁴⁹⁰ Exhibit 1.

⁴⁹¹ 2013-11-01 Board report, pgs. 11-13, 27, PPLPC002000186921-923, -937.

health care professionals to promote its Butrans opioid, and posted online advertising seen more than 5 million times for Butrans and nearly 4 million times for OxyContin. They told the Sacklers that hundreds of thousands of communications to prescribers nationwide presented the same “key selling messages” designed to get more patients on OxyContin at higher doses for longer periods of time, and specifically promoted Purdue’s opioid savings cards.⁴⁹²

425. Staff reported to the Sacklers [REDACTED]. Staff also reported that they had direct access to physician level data to analyze prescriptions by individual doctors. Staff gave the Sacklers the latest results regarding how opioid savings cards led to patients staying on OxyContin longer.⁴⁹³

426. Staff also reported results from Purdue’s marketing through the “OxyContin Physicians Television Network.”⁴⁹⁴ Purdue had selected doctors in nine Massachusetts communities as targets for that scheme.⁴⁹⁵ Staff told the Sacklers that it increased opioid prescriptions.⁴⁹⁶

427. Staff also told the Sacklers that they would begin reviews of sales reps according to their sales ranking, with a focus on the bottom ten percent. Staff reported to the Sacklers that Purdue employed 637 sales reps and, during Q3 2013, they visited prescribers 179,640 times.⁴⁹⁷ More than 2,200 of those visits were in Massachusetts.⁴⁹⁸

⁴⁹² 2013-11-01 Board report, pgs. 14, 16, PPLPC002000186924, -926.

⁴⁹³ 2013-11-01 Board report, pgs. 20-23, PPLPC002000186930-933.

⁴⁹⁴ 2013-11-01 Board report, pgs. 23-24, PPLPC002000186933-34.

⁴⁹⁵ Target list, PPLPC023000526992; video, PPLP003297185.

⁴⁹⁶ 2013-11-01 Board report, pgs. 23-24, PPLPC002000186933-34.

⁴⁹⁷ 2013-11-01 Board report, pgs. 11, 52, 55, PPLPC002000186921, -962, -965. Staff told the Sacklers that the sales rep visits compared to a target for the quarter of 196,845 visits; and that reps visited 6.9 prescribers per day, on average, compared to a target of 7.1.

⁴⁹⁸ Exhibit 1

428. **In December**, staff told Richard Sackler that Butrans sales were increasing, and they suspected the increase was caused by Purdue’s improved targeting, in which sales reps visited the most susceptible prolific prescribers.⁴⁹⁹

429. Meanwhile, staff contacted Richard Sackler because they were concerned that the company’s “internal documents” could cause problems if investigations of the opioid crisis expanded.⁵⁰⁰ Early the next year, staff told Jonathan Sackler about the same concern. Jonathan studied collections of news reports and asked staff to assure him that journalists covering the opioid epidemic were not focused on the Sacklers.⁵⁰¹

❖ ❖ ❖ **2014** ❖ ❖ ❖

430. **In January 2014**, staff reported to the Sacklers on how Purdue’s program for complying with state and federal law compared to recent agreements between other drug companies and the government. Other companies had agreed that sales reps should not be paid bonuses based on increasing doctors’ prescriptions, but Purdue still paid reps for generating sales. Other companies disclosed to the public the money they spent to influence continuing medical education, but Purdue did not. Other companies had adopted “claw-back” policies so that executives would forfeit bonuses they earned from misconduct; but Purdue had not. The Boards of other companies passed resolutions each quarter certifying their oversight of the companies’ compliance with the law; but the Sacklers did not.⁵⁰²

⁴⁹⁹ 2013-12-04 email from David Rosen, PPLPC012000454676.

⁵⁰⁰ 2014-01-03 email from Burt Rosen, PPLPC020000748356 (“I spoke to Richard just before the year end and raised concerns over our internal documents.”).

⁵⁰¹ 2014-01-02 email from Jonathan Sackler, PPLPC020000748356.

⁵⁰² 2014-01-16 quarterly compliance report to the Board, PPLP004410797.

431. **In February**, staff sent the Sacklers the final results from 2013.⁵⁰³ Staff told the Sacklers that net sales were hundreds of millions of dollars below budget because doctors were not prescribing enough of the highest doses of opioids and were including too few pills with each prescription, and sales reps were not visiting doctors enough.⁵⁰⁴ Sales VP Russell Gasdia wrote privately to a friend: “Our myopic focus on extended release opioids with abuse deterrent properties has not yielded the results people thought it would in the market. It’s been hard to convince colleagues and the board that our success in this market is over.”⁵⁰⁵

432. To get higher sales, staff told the Sacklers that they had tightened the requirements for sales reps’ pay: from now on, sales reps would lose bonus pay if they did not visit “high value” prescribers often enough.⁵⁰⁶ In Massachusetts, Purdue identified as “high value” doctors like Conrad Benoit, Yoon Choi, Fernando Jayma, and Fathalla Mashali — and managers ordered reps to keep promoting drugs to them even after reps warned Purdue that the doctors were involved in diversion and abuse.⁵⁰⁷

433. A few days later, staff told the Sacklers that Purdue’s marketing had an immense effect in driving opioid prescriptions: according to Purdue’s analysis, its sales and marketing tactics generated an additional 560,036 prescriptions of OxyContin in 2012 and 2013. Nevertheless, staff reported to the Sacklers that net sales for 2013 had been \$377,000,000 less than budgeted. Staff again reported that Purdue was losing hundreds of millions of dollars in expected profits because prescribers were shifting away from higher doses of Purdue opioids and

⁵⁰³ 2014-02-03 email from Edward Mahony, PPLPC020000756510.

⁵⁰⁴ 2014-01-30 memo from Edward Mahony, PPLPC020000756512.

⁵⁰⁵ 2014-02-27 email from Russell Gasdia, PPLPC012000466164.

⁵⁰⁶ 2014-01-30 memo from Edward Mahony, PPLPC020000756513.

⁵⁰⁷ 2013 Q1 target list, PPLPC015000141319; 2013-12-23 email from Garry Hughes, PPLP004367907 (with ZS target list).

including fewer pills per prescription. Staff told the Sacklers that a “Key Initiative” was to get patients to “stay on therapy longer.”⁵⁰⁸

434. Staff also told the Sacklers that key sales priorities were again to encourage doctors to prescribe Purdue opioids for elderly patients and patients who had not taken opioids before. Staff reported to Sacklers again that sales reps were continuing the *Individualize The Dose* campaign.⁵⁰⁹ As the Sacklers knew, Purdue designed that campaign to encourage higher doses.⁵¹⁰ Staff also told the Sacklers that Purdue’s eMarketing campaign for OxyContin reached 84,250 health care providers during Q4 2013. Staff told the Sacklers that they found increasing compliance concerns with Purdue’s speaker programs, in which the company paid doctors to promote Purdue opioids to other doctors.⁵¹¹

435. As in the past, staff reported to the Sacklers again about developments in Massachusetts. Staff told them that Massachusetts had introduced legislation concerning opioid prescriptions and Purdue staff were developing language to propose modifying the Massachusetts bill.⁵¹²

436. Staff told the Sacklers that Purdue employed 632 sales reps and, during Q4 2013, they visited prescribers 176,227 times.⁵¹³ More than 2,900 of those visits were in Massachusetts.⁵¹⁴

⁵⁰⁸ 2014-02-04 Board report, pgs. 3, 5, 9, 22, PPLPC002000181037, -039, -043, 056.

⁵⁰⁹ 2014-02-04 Board report pgs. 13-14, PPLPC002000181047-048.

⁵¹⁰ 2013-05-22 mid-year sales update, slides 4, 14, PPLPC012000424611, 21. See paragraph 670 below.

⁵¹¹ 2014-02-04 Board report pgs. 15, 39-40, PPLPC002000181049, -073-074.

⁵¹² 2014-02-04 Board report pg. 43, PPLPC002000181077. The report refers to legislation on “interchangeable” drugs that pharmacists dispense in some circumstances instead of the drug listed on a prescription.

⁵¹³ 2014-02-04 Board report, pgs. 9, 47, PPLPC002000181043, -081. Staff told the Sacklers that the sales rep visits compared to a target for the quarter of 183,960 visits; and that reps hit the target of visiting 7.1 prescribers per day, because managers reduced the target for visiting pharmacies to allow more visits to prescribers.

⁵¹⁴ Exhibit 1.

437. That February report was the last of its kind. After Q4 2013, Purdue abolished the detailed Quarterly Reports that had created a paper trail of targets for sales visits and been emailed among the Board and staff. In 2013, the City of Chicago served Purdue with a subpoena seeking internal documents about Purdue's marketing of opioids.⁵¹⁵ [REDACTED]

[REDACTED].⁵¹⁶ Purdue [REDACTED].⁵¹⁷ For 2014, Purdue decided to limit many of its official Board reports to numbers and graphs, and relay other information orally. But the Sacklers continued to demand information about sales tactics, and their control of Purdue's deceptive marketing did not change.

438. **In March and April**, staff told the Sacklers that Purdue was achieving its goals of selling higher doses of OxyContin and more pills of OxyContin per prescription, but weekly prescriptions of Purdue's Butrans opioid were below expectations because of a reduced number of sales rep visits promoting that opioid.⁵¹⁸ The Sacklers had assumed prescriptions would fall, but staff were concerned that the effect could be greater than anticipated.⁵¹⁹

439. **In May**, Purdue's CEO reported to the Sacklers on Purdue's work to influence legislation to maximize Purdue's sales in Massachusetts. He reported "a positive development in Massachusetts, a state from which we've seen significant anti-opioid activity in recent months. Yesterday, the Massachusetts Senate passed legislation that included a provision developed by

⁵¹⁵ 2015-11-20 email from Robert Josephson, PPLP004153099; 2013-04-24 email from Burt Rosen, PPLPC012000419813.

⁵¹⁶ 2013-05-07 Executive Committee agenda, PPLPC012000421973; 2013-05-03 Board agenda, PPLPC016000181375.

⁵¹⁷ 2015-11-20 email from Robert Josephson, PPLP004153099.

⁵¹⁸ 2014-03-07 email from Edward Mahony, PPLPC012000467494-495; 2014-04-06 email from Edward Mahony, PPLPC012000471641.

⁵¹⁹ 2014-04-14 Q1 summary of results, slide 7, PPLPC012000473131. Staff told the Sacklers that Purdue employed 643 sales reps. 2014-04-14 headcount summary, PPLPC012000473138.

Purdue.”⁵²⁰ Richard Sackler replied immediately to agree that the development in Massachusetts was good news.⁵²¹

440. That same month, Richard and Jonathan’s father, Raymond Sackler, sent David, Jonathan, and Richard Sackler a confidential memo about Purdue’s strategy, including specifically putting patients on high doses of opioids for long periods of time. The memo recounted that some physicians had argued that patients should not be given high doses of Purdue opioids, or kept on Purdue opioids for long periods of time, but Purdue had defeated efforts to impose a maximum dose limit or a maximum duration of use. Raymond asked David, Jonathan, and Richard to talk with him about the report.⁵²²

441. **In June**, the Sacklers removed Russell Gasdia as Vice President of Sales and Marketing, and began pushing his replacement to sell more opioids faster.⁵²³ Gasdia warned his replacement that Richard managed the sales operation intensely — “there are times this becomes a tennis match with Dr. Richard.”⁵²⁴ Sure enough, Richard told Gasdia’s replacement that he would be given little time to show that he could increase opioid sales: “it is very late in the day to rescue the failed launch” of Butrans, which was not making as much money as Richard desired.⁵²⁵ CEO Mark Timney tried to caution Richard that it was “a little early” to be attacking the new sales leader, since he’d been at Purdue only two weeks.⁵²⁶

⁵²⁰ 2014-05-14 email from Mark Timney, PPLPC019000926225. The bill encouraged use of OxyContin by prohibiting a non-abuse-deterrent formulation from being dispensed if an abuse-deterrent formulation is available.

⁵²¹ 2014-05-14 email from Richard Sackler, PPLPC019000926225.

⁵²² 2014-05-05 email from Raymond Sackler, PWG000412141; 2014-05-04 attached memo from Burt Rosen, PWG000412143.

⁵²³ 2014-06-10 email from Richard Sackler, PPLPC012000483200.

⁵²⁴ 2014-06-10 email from Russell Gasdia, PPLPC012000483223.

⁵²⁵ 2014-06-10 email from Richard Sackler, PPLPC012000483235.

⁵²⁶ 2014-06-10 email from Mark Timney, PPLPC012000483235.

442. That same month, staff sent the Sacklers an “Update on L.A. Times mitigation effort” about tactics to discourage scrutiny of Purdue’s misconduct.⁵²⁷ Staff wrote to the Sacklers:

As you may recall, one of our efforts to mitigate the impact of a potential negative *Los Angeles Times* (LAT) story involved assisting a competing outlet in marginalizing the LAT’s unbalanced coverage by reporting the facts before the LAT story ran. The following *Orange County Register* story, developed in close coordination with Purdue, achieved this goal. This fact-based narrative robs the LAT account of its newsworthiness and contradicts many of the claims we expected that paper to make.⁵²⁸

In 2012, the *Los Angeles Times* had studied coroner’s records and revealed that overdoses killed thousands of patients who were taking opioids prescribed by their doctors, refuting the Sacklers’ lie that patients who are prescribed opioids don’t get addicted and die.⁵²⁹ The next year, the *Los Angeles Times* revealed that Purdue tracked illegal sales of OxyContin with a secret list of 1,800 doctors code-named *Region Zero*, but did not report them to the authorities.⁵³⁰ The “mitigation effort” that the Sacklers ordered was not designed to protect patients from overdoses or from illegal prescribers, but instead to protect the Sacklers from reporters revealing the truth.

443. **In July**, Richard Sackler called staff to complain about studies that the FDA required for opioids and how they might undermine Purdue’s sales. He emphasized that Purdue Board members felt the requirements to conduct studies were unfair. Staff tried to reassure

⁵²⁷ 2014-06-30 email from Raul Damas, PPLPC022000741863. A few weeks after receiving the mitigation update, Richard Sackler demanded that the *L.A. Times* send him all the paper’s correspondence with Purdue. 2014-08-14 email from Scott Glover, PPLPC024000872837.

⁵²⁸ 2014-06-30 email from Raul Damas, PPLPC022000741863. Years earlier, the Sacklers had tried to influence the *New York Times* to be “less focused on OxyContin/Purdue.” 2011-04-22 email from John Stewart, PPLPC019000517894.

⁵²⁹ 2012-11-11 “Legal drugs, deadly outcomes,” by Scott Glover and Lisa Girion.

⁵³⁰ 2013-08-11 “OxyContin maker closely guards its list of suspect doctors,” by Scott Glover and Lisa Girion.

Richard that the studies would take “several years to complete, thereby keeping our critics somewhat at-bay during this time.”⁵³¹

444. In **July** and again in **August, September, and October**, staff warned the Sacklers that two of the greatest risks to Purdue’s business were “Continued pressure against higher doses of opioids,” and “Continued pressure against long term use of opioids.”⁵³²

<p>RISKS</p> <ul style="list-style-type: none">i. Continued pressure against higher doses of opioids,ii. Continued pressure against long term use of opioids,

Staff report to the Board on risks facing Purdue’s business

Staff told the Sacklers that Purdue’s #1 opportunity to resist that pressure was by sending sales reps to visit prescribers; and, specifically, by targeting the most susceptible doctors, who could be convinced to be prolific prescribers, and visiting them many times.⁵³³

⁵³¹ 2014-07-22 email from Todd Baumgartner, PPLPC002000187479-480.

⁵³² 2014-07-01 Board Flash Report, slide 5, PPLPC016000244173; 2014-08-05 Board Flash Report, slide 6, PPLPC016000250753; 2014-09-05 Board Flash Report, slide 6, PPLPC016000254916; 2014-10-15 Board Flash Report, slide 7, PPLPC016000259607.

⁵³³ 2014-07-01 Board Flash Report, slide 5, PPLPC016000244173; 2014-08-05 Board Flash Report, slide 6, PPLPC016000250753; 2014-09-05 Board Flash Report, slide 6, PPLPC016000254916.

❖ ❖ ❖ *Project* [REDACTED] ❖ ❖ ❖

445. In September 2014, Kathe Sackler [REDACTED]

[REDACTED].⁵³⁴ *Project* [REDACTED]

[REDACTED]. [REDACTED], Kathe and staff [REDACTED]

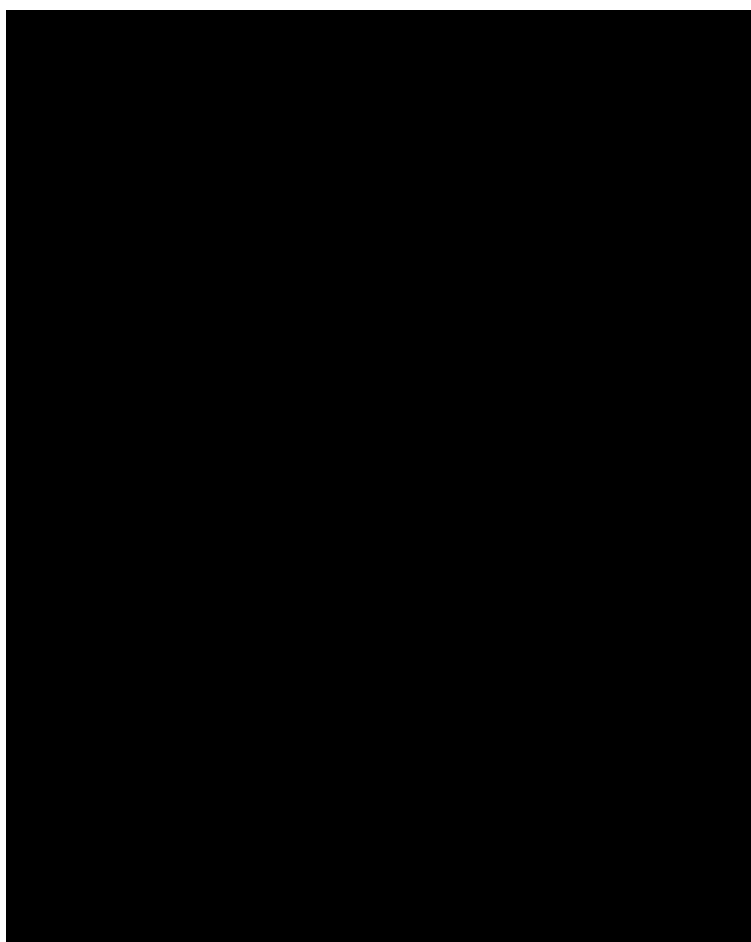
[REDACTED]

[REDACTED].” [REDACTED]

[REDACTED].” [REDACTED]

[REDACTED]

[REDACTED].



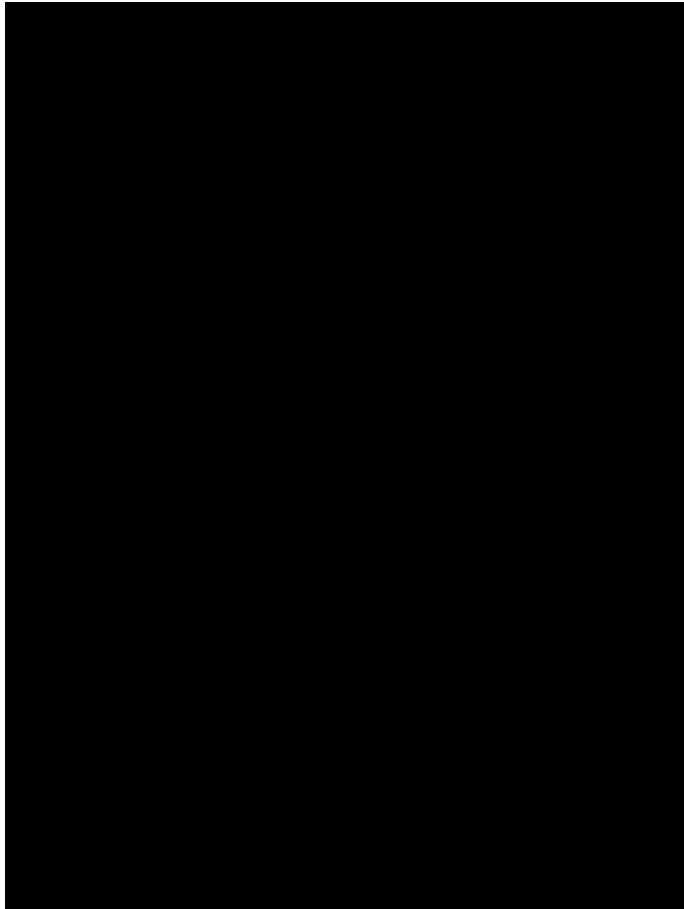
Purdue’s secret “Project [REDACTED]” plan

⁵³⁴ 2014-09-10 email from Brian Meltzer, PPLPC017000564600; 2014-09-12 presentation, PPLPC016000255303.

446. Kathe Sackler and the *Project* [redacted] team [redacted]

[redacted]

[redacted].



Purdue's measure of the opioid addiction "market"

Kathe and the staff [redacted]

[redacted]

[redacted] 535
.

⁵³⁵ 2014-09-10 presentation, slide 4, PPLPC017000564601. The Board [redacted]
[redacted]. 2014-10-01 Board meeting materials, PPLP004411288.

447. Kathe Sackler and the staff [REDACTED]

[REDACTED], the truth is that opioid

addiction can happen to anyone who is prescribed opioids:

[REDACTED]

Purdue's "Project [REDACTED]"

Kathe and the staff [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED].” Kathe and the staff [REDACTED]

[REDACTED].⁵³⁶

448. Kathe Sackler [REDACTED]

[REDACTED].” She [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED].⁵³⁷ Staff [REDACTED]

[REDACTED].⁵³⁸

449. In February 2015, staff [REDACTED]

[REDACTED]. [REDACTED]

[REDACTED].⁵³⁹

⁵³⁶ 2014-09-10 presentation, slides 2, 4, PPLPC017000564601.

⁵³⁷ 2014-09-16 email from Kathe Sackler, PPLPC020000834186.

⁵³⁸ 2014-09-17 email from Mark Timney, PPLPC020000834185-186.

⁵³⁹ 2015-02-20 email from Stuart Baker, PPLPC026000138391.

450. The [redacted] team [redacted]

[redacted]

[redacted]. The team [redacted]

[redacted]

[redacted].⁵⁴⁰

[redacted]

Purdue presentation explaining "Project [redacted]"

451. The next month, *Project [redacted]*. Kathe, David, Jonathan, and

Mortimer Sackler [redacted]

[redacted].⁵⁴¹ [redacted].



⁵⁴⁰ 2015-02-24 *Project [redacted]* presentation, PPLPC002000208957.

⁵⁴¹ 2015-03-03 email from Stuart Baker, PPLPC011000016992.

452. **In October 2014**, staff sent the Sacklers a Proposed Operating Plan and Budget to be approved by the Board for 2015.⁵⁴² Staff told the Sacklers that a key tactic for 2015 would be to convert patients from short-acting opioids to OxyContin. Staff warned the Sacklers that prescribers were shifting away from the highest doses of Purdue's opioids, and toward fewer pills per prescription, and those shifts would cost Purdue \$99,000,000 a year. Staff told the Sacklers that a key tactic to increase Butrans sales in 2015 would be for Purdue sales reps to push doctors to "titrate up" to higher doses. Staff likewise told the Sacklers that visits to doctors by sales reps would be a key tactic to launch Purdue's new Hysingla opioid: the company would: "Leverage Purdue's existing, experienced sales force to drive uptake with target HCPs" and "Add additional contract sales force capacity at launch to drive uptake."⁵⁴³ Staff proposed that Purdue employ 519 sales reps, paid an average salary of \$81,300 plus a bonus of up to an additional \$124,600 based on sales.⁵⁴⁴

453. Meanwhile, sales staff exchanged news reports of a lawsuit accusing Purdue of deceptive marketing in Kentucky.⁵⁴⁵ They quoted Purdue's own attorney and Chief Financial Officer stating that the company faced claims of more than a billion dollars that "would have a crippling effect on Purdue's operations and jeopardize Purdue's long-term viability."⁵⁴⁶ Purdue's communications staff were delighted by the article, because it did not reveal the Sacklers' role in the misconduct. "I'm quite pleased with where we ended up. There's almost nothing on the Sacklers and what is there is minimal and buried in the back."⁵⁴⁷

⁵⁴² 2014-10-24 email from Edward Mahoney, PPLPC016000260660.

⁵⁴³ 2015 Commercial Budget Review, slides 31, 38, 51, 67, PPLPC016000260706, -713, -726, -742.

⁵⁴⁴ 2015 Budget Submission, slides 13, 56, PPLPC016000260845, -888.

⁵⁴⁵ 2014-10-20 email from John Axelson, PPLPC014000279784.

⁵⁴⁶ 2014-10-20 Bloomberg Businessweek report, PPLPC014000279786.

⁵⁴⁷ 2014-10-20 email from Raul Damas, PPLPC017000579723.

454. **In November**, staff reported to the Sacklers that their sales tactics were working, and the shift away from higher doses of OxyContin had slowed.⁵⁴⁸ Staff also told the Sacklers that Purdue had helped to pass a law that would encourage OxyContin sales in Massachusetts.⁵⁴⁹

455. **In December**, staff told the Sacklers [REDACTED]

[REDACTED] .⁵⁵⁰

456. On New Year's Eve, Richard Sackler told staff that he was starting a confidential sales and marketing project on opioid prices and instructed them to meet with him about it on January 2.⁵⁵¹

❖ ❖ ❖ 2015 ❖ ❖ ❖

457. Early in the morning of **January 2**, staff began scrambling to collect sales data for Richard Sackler.⁵⁵² They didn't move quickly enough. Days later, Richard demanded a meeting with sales staff to go over plans for selling the highest doses. Richard asked for an exhaustive examination to be completed within 5 days, including:

“unit projections by strength, mg by strength ... pricing expectations by strength ... individual strength's market totals and our share going backward to 2011 or 12 and then forward to 2019 or 2020 ... the same information for Hysingla ... [and] the history of OxyContin tablets from launch to the present.”⁵⁵³

⁵⁴⁸ 2014-11 OxyContin Brand Strategy and Forecast for 2015, PPLP004411419 (“Strength mix shifting toward lower strengths has slowed with 40-80mg share going from 29% in the 10 Year Plan to 33% in the Budget”).

⁵⁴⁹ 2014-11 Executive Summary by Mark Timney, PPLP004411374 (“Helped pass nation's first pro-ADF law in Massachusetts,” encouraging abuse-deterrent formulations like OxyContin.).

⁵⁵⁰ 2014-12-03 email from Edward Mahoney, PPLPC016000266402; attached report slide 8, PPLPC016000266403.

⁵⁵¹ 2014-12-31 email from Richard Sackler, PPLPC021000713329-330.

⁵⁵² 2015-01-02 email from Saeed Motahari, PPLPC021000713328.

⁵⁵³ 2015-01-07 email from Richard Sackler, PPLPC022000797067-068.

The CEO stepped in to say the work would take 3 weeks.⁵⁵⁴ Richard let him know that wasn't a great response — “That's longer than I had hoped for” — and directed marketing staff to start sending him materials immediately.⁵⁵⁵

458. That same month, the Sacklers [REDACTED]

[REDACTED]. [REDACTED]

[REDACTED]. The Sacklers [REDACTED]

[REDACTED]

[REDACTED].⁵⁵⁶

459. **In April**, staff told the Sacklers that sales of Purdue's highest dose 80mg OxyContin were down 20% and that the average prescription had declined by eight pills since 2011.

460. The Sacklers [REDACTED].⁵⁵⁷ As with every reference to “the Sacklers” after July 2012, that includes Beverly, David, Ilene, Jonathan, Kathe, Mortimer, Richard, and Theresa Sackler.

461. Staff told the Sacklers the additional reps would increase net sales of opioids by \$59,000,000.⁵⁵⁸

⁵⁵⁴ 2015-01-08 email from Mark Timney, PPLPC022000797067.

⁵⁵⁵ 2015-01-08 email from Richard Sackler, PPLPC022000797067. Mark Timney had started as CEO a year earlier with the idea that he could “separate Board interaction from the organization” so the Sacklers would stop directing sales staff. 2014-01-29 email from Mark Timney, PPLPC012000461846. That effort failed.

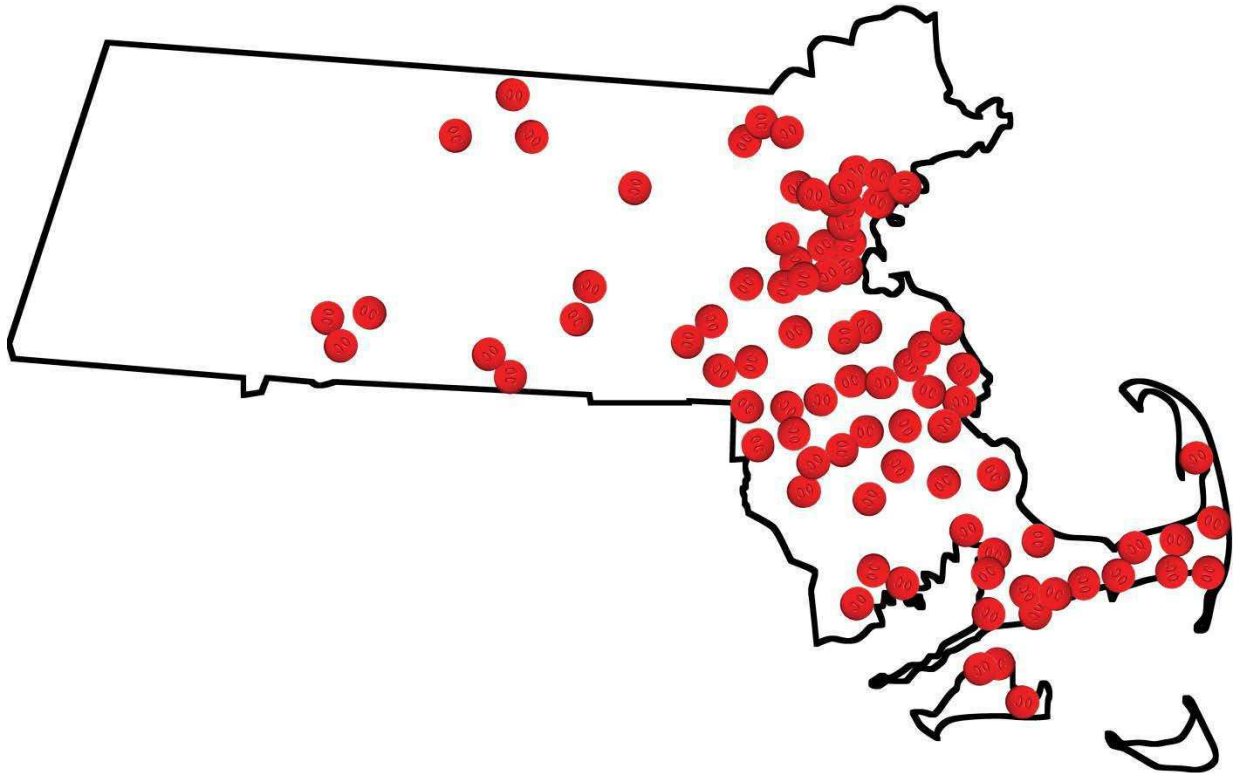
⁵⁵⁶ 2015-01-16 Board minutes, PPLP004416118-121.

⁵⁵⁷ 2015-04-21 Board materials, PPLPC011000025707 (“[REDACTED]”); 2015-05-04 Strategic Plan Update, slide 5, PPLPC017000623090; 2015-04-21 Board decision, PPLP004417512.

⁵⁵⁸ 2015-04-21 Board materials, PPLPC011000025703.

462. The Sacklers knew and intended that, because of their vote, more sales reps would promote opioids to prescribers in Massachusetts. From 2015 to the present, reps hired in the 2015 expansion promoted Purdue opioids to Massachusetts prescribers more than 4,000 times.⁵⁵⁹

Massachusetts Communities Targeted in Purdue's 2015 Sales Force Expansion



463. **In October**, Purdue executives identified avoiding investigations of Purdue's opioid marketing as a "Key Activity" in the company's Operational Plan.⁵⁶⁰

⁵⁵⁹ In Athol, Attleboro, Auburn, Boston, Bourne, Braintree, Brewster, Bridgewater, Brockton, Burlington, Cambridge, Carver, Cataumet, Charlestown, Chatham, Chelmsford, Chestnut Hill, Chicopee, Cotuit, Dartmouth, Dennis, Dighton, Duxbury, Easton, Edgartown, Fairhaven, Falmouth, Franklin, Gardner, Halifax, Hanover, Harwich, Holliston, Hyannis, Jamaica Plain, Kingston, Lakeville, Lancaster, Lowell, Ludlow, Lynn, Lynnfield, Malden, Mansfield, Marshfield, Mashpee, Melrose, Middleborough, Milford, Natick, Needham, New Bedford, Newton, Norfolk, Norton, Norwell, Norwood, Oak Bluffs, Orleans, Osterville, Peabody, Pembroke, Plainville, Plymouth, Randolph, Raynham, Salem, Sandwich, Scituate, Southbridge, Springfield, Stoneham, Sturbridge, Taunton, Tewksbury, Vineyard Haven, Wakefield, Waltham, Wareham, Wellfleet, Whitman, Winchendon, Woburn, Worcester, and Yarmouth.

⁵⁶⁰ 2015-10-27 Executive Operating Committee presentation, slide 16, PPLPC011000065538.

464. **In November**, the Sacklers voted on the budget for Purdue for 2016.⁵⁶¹ Staff warned the Sacklers that public concern about opioids could get in the way of Purdue's plans and told them that Massachusetts, specifically, was one of two states considering legislation that worried Purdue. Staff again told the Sacklers that two of the most significant challenges to Purdue's plans were doctors not prescribing enough of the highest strength opioids and including too few pills in each prescription. Staff told the Sacklers that declining prescriptions of the highest doses and fewer pills per prescription would cost Purdue \$77,000,000.⁵⁶²

465. Staff proposed to the Sacklers that, for 2016, Purdue would plan for prescribers to average 60 pills of Purdue opioids per prescription. They told the Sacklers that they would aim to make enough of those pills be high doses to make the average per pill 33 milligrams of oxycodone.⁵⁶³ That way, Purdue could hit its target for the total kilograms of oxycodone it wanted to sell.

466. To make sure Purdue hit the targets, staff told the Sacklers that sales reps were visiting prescribers 21% more often than before. Staff told the Sacklers that they had aggressively reviewed and terminated reps who failed to generate prescriptions. Staff reported to the Sacklers that, in 2015 alone, Purdue replaced 14% of its sales reps and 20% of its District Managers for failing to create enough opioid sales.⁵⁶⁴

467. Looking ahead, staff told the Sacklers that "the 2016 investment strategy focuses on expanding the Sales Force." They reported that the proposed budget for sales and promotion was \$11,600,000 higher than 2015, "primarily due to the Sales Force expansion." The top priority for the sales reps would be to visit the highest-prescribing doctors again and again. Staff

⁵⁶¹ 2015-11-21 email from Stuart Baker, PPLPC011000069947.

⁵⁶² 2015-11 budget for 2016, slides 16, 28, 44, PPLPC011000069967, -979, -995.

⁵⁶³ 2015-11 budget for 2016, slide 41, PPLPC011000069992.

⁵⁶⁴ 2015-11 budget for 2016, slides 7, 39, PPLPC011000069958, -990. Purdue fired 107 sales reps in 2015.

proposed to the Sacklers that the #1 overall priority for 2016 would be to sell OxyContin through “disproportionate focus on key customers.” They told the Sacklers that sales reps would also target prescribers with the lowest levels of training, physician’s assistants and nurse practitioners, because they were “the only growing segment” in the opioid market.⁵⁶⁵ Purdue executives expected that, each quarter, the sales reps would visit prescribers more than 200,000 times and would get 40,000 new patients onto Purdue opioids.⁵⁶⁶

468. **In December**, staff prepared to address wide-ranging concerns raised by the Sacklers. Kathe and Mortimer Sackler wanted staff to break out productivity data by indication versus prescriber specialty for each drug. Richard Sackler sought details on how staff was calculating 2016 mg/tablet trends. Jonathan Sackler sought a follow-up briefing on how public health efforts to prevent opioid addiction would affect OxyContin sales.⁵⁶⁷

469. Before the year ended, the Sacklers were invited to a “Beneficiaries Meeting” where Purdue staff reported to Sackler family members about the company’s efforts to sell opioids.⁵⁶⁸

⁵⁶⁵ 2015-11 budget for 2016, slides 24, 26, 49, PPLPC011000069975, -69977, -70000.

⁵⁶⁶ 2015-11-03 email from Zach Perlman, Executive Committee materials, slide 36, PPLPC011000065030.

⁵⁶⁷ 2015-12-09 email from Zach Perlman, PPLPC011000073228 attaching Executive Committee presentation, slides 12-13, PPLPC011000073230.

⁵⁶⁸ 2015-10-28 email from Stuart Baker, PPLPC011000063897; *see also* November 2013 Beneficiaries Meeting, PPLP004410528.

❖ ❖ ❖ 2016 ❖ ❖ ❖

470. **In 2016**, the Sacklers met with the Board in January, March, April, June, August, October, November, and December.⁵⁶⁹

471. **In April**, the Sacklers considered exactly how much money was riding on their strategy of pushing higher doses of opioids. The month before, the U.S. Centers for Disease Control announced guidelines to try to slow the epidemic of opioid overdose and death. The CDC urged prescribers to avoid doses higher than 30mg of Purdue’s OxyContin twice per day. The CDC discouraged twice-a-day prescriptions of all three of Purdue’s most profitable strengths — 40mg, 60mg, and 80mg. Staff studied how much money Purdue was making from its high dose strategy and told the Sacklers that \$23,964,122 was at risk in Massachusetts each year.⁵⁷⁰

472. **In May**, Richard Sackler told staff to circulate a *New York Times* story reporting that opioid prescriptions were dropping for the first time since Purdue launched OxyContin twenty years earlier. The *Times* wrote: “Experts say the drop is an important early signal that the long-running prescription opioid epidemic may be peaking, that doctors have begun heeding a drumbeat of warnings about the highly addictive nature of the drugs.” The only person quoted in favor of *more* opioid prescribing was a Massachusetts professor whose program at Tufts University was funded by the Sacklers.⁵⁷¹

⁵⁶⁹ 2016-05-19 Executive Committee pre-read, PPLPC011000096794 (Board schedule for 2016).

⁵⁷⁰ 2016-04-13 Q1 2016 Commercial Update, slide 74, PPLPC016000286167.

⁵⁷¹ 2016-05-21 email from Richard Sackler, PPLPC021000841074; 2016-05-20 “Opioid Prescriptions Drop for First Time in Two Decades,” by Abby Goodnough and Sabrina Tavernise. The opioid advocate was Dr. Daniel B. Carr, director of Tufts Medical School’s program on pain research education and policy.

473. In June, the Sacklers met [REDACTED]

[REDACTED]. [REDACTED]

[REDACTED]. [REDACTED]

[REDACTED]

[REDACTED].

[REDACTED]

Board presentation showing [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]. The Sacklers [REDACTED]

[REDACTED]. [REDACTED]

[REDACTED]

[REDACTED]. [REDACTED]

[REDACTED]. [REDACTED]

[REDACTED]

[REDACTED].” [REDACTED]

[REDACTED]

[REDACTED] .⁵⁷²

474. That same month, staff presented the 2016 Mid-Year Update. They warned the Sacklers that shifts in the national discussion of opioids threatened their plans. The deception that Purdue had used to conceal the risks of opioids was being exposed. Staff summarized the problems on a slide:⁵⁷³

From	To
Undertreatment of Pain	Opioid Epidemic
Abuse	Addiction
Criminal	Victim
FDA	CDC
Benefits Outweigh Risks	Lack of Long-Term Evidence
ADFs as Part of Solution	ADF Value Unproven

2016 Mid-Year Board Update

475. *First*, to convince doctors to prescribe dangerous opioids, Purdue promoted its drugs as the solution to “undertreatment of pain.” Richard Sackler made sure that Purdue bought the internet address 5thvitalsign.com so it could promote pain as the “fifth vital sign” (along with

⁵⁷² 2016-05-27 email from Stuart Baker, PPLPC011000099222; 2016-06 Board Book slides 46-49, 114, PPLPC011000099280-283, -348. [REDACTED]

⁵⁷³ 2016-06-08 Mid-Year Update, slide 18, PPLPC011000099783. “ADF” on the slide refers to abuse-deterrent formulations of opioids, such as Purdue’s crush-resistant OxyContin, which do not prevent addiction.

temperature, blood pressure, pulse, and breathing rate) to expand the market for opioids.⁵⁷⁴ But now, staff reported to the Sacklers, doctors and patients were starting to worry more about the epidemic of opioid addiction and death.⁵⁷⁵

476. *Second*, to conceal the danger of addiction, Purdue falsely blamed the terrible consequences of opioids on drug abuse. One of Purdue's key messages argued: "It's not addiction, it's abuse."⁵⁷⁶ But now, staff reported to the Sacklers, doctors and patients were realizing that *addiction* was a true danger.⁵⁷⁷

477. *Third*, to avoid responsibility for Purdue's dangerous drugs, the Sacklers chose to stigmatize people who were hurt by opioids, calling them "junkies" and "criminals." Richard Sackler wrote that Purdue should "hammer" them in every way possible.⁵⁷⁸ But now, staff reported to the Sacklers, Americans were seeing through the stigma and recognizing that millions of families were victims of addictive drugs. Staff told the Sacklers that nearly half of Americans reported that they knew someone who had been addicted to prescription opioids.⁵⁷⁹

478. *Fourth*, the Sacklers had long sought to hide behind the approval of Purdue's drugs by the FDA. But FDA approval could not protect the Sacklers when their deceptive marketing led thousands of patients to become addicted and die. The U.S. Centers for Disease Control ("CDC") reported that opioids were, indeed, killing people. The CDC Director said: "We know of no other medication that's routinely used for a nonfatal condition that kills patients

⁵⁷⁴ 1999-06-14 email from Richard Sackler, PDD1706189908.

⁵⁷⁵ 2016-06-08 Mid-Year Update, slide 18, PPLPC011000099783.

⁵⁷⁶ 2008-05-16 email from Pamela Taylor, PPLPC012000183254; 2008-04-16 Executive Committee notes, PPLPC012000183256; 2008-04-16 presentation by Luntz, Maslansky Strategic Research, slide 28, PPLPC012000183259.

⁵⁷⁷ 2016-06-08 Mid-Year Update, slide 18, PPLPC011000099783.

⁵⁷⁸ 2001-02-01 email from Richard Sackler, PDD8801133516 ("we have to hammer on the abusers in every way possible. They are the culprits and the problem. They are reckless criminals.").

⁵⁷⁹ 2016-06-08 Mid-Year Update, slides 18, 20, PPLPC011000099783.

so frequently.”⁵⁸⁰ The 2016 Mid-Year Update warned that the truth was threatening Purdue.

479. Staff also told the Sacklers that Massachusetts was one of four states to pass laws limiting opioid prescriptions.⁵⁸¹ In the face of this pressure, staff told the Sacklers that the sales team was focusing on the doctors who prescribe the most opioids.⁵⁸²

480. **In November**, staff prepared statements to the press denying the Sacklers’ involvement in Purdue. Their draft claimed: “Sackler family members hold no leadership roles in the companies owned by the family trust.”⁵⁸³ That was a lie. Sackler family members held the controlling majority of seats on the Board and, in fact, controlled the company. A staff member reviewing the draft knew what was up and commented with apparent sarcasm: “Love the ... statement.”⁵⁸⁴ Staff eventually told the press: “Sackler family members hold no management positions.”⁵⁸⁵

481. Some employees worried about the deception. When journalists asked follow-up questions about the Sacklers, communications staff deliberated about whether to repeat the “no management positions” claim. They double-checked that Purdue’s top lawyers had ordered the statement. Then they arranged for one of the Sacklers’ foreign companies to issue it, so U.S. employees would not be blamed: “The statement will come out of Singapore.”⁵⁸⁶

482. **In December**, Richard, Jonathan and Mortimer Sackler [REDACTED]

[REDACTED] . [REDACTED]

⁵⁸⁰ 2016-03-15 briefing by CDC Director Tom Frieden.

⁵⁸¹ 2016-06-08 Mid-Year Update, slide 21, PPLPC011000099783. Massachusetts required prescribers to record a reason if they included more than 7 days of opioids in a patient’s first opioid prescription.

⁵⁸² 2016-06-08 Mid-Year Update, slide 26, PPLPC011000099783 (“Protect OxyContin share among high decile HCPs”).

⁵⁸³ 2016-11-03 email from Robert Josephson, PPLPC023000914978.

⁵⁸⁴ 2016-11-03 email from Raul Damas, PPLPC023000914978 (“Love the second statement” – it was the second of two statements in the draft).

⁵⁸⁵ 2016-11-28 email from Robert Josephson, PPLPC019001332704.

⁵⁸⁶ 2016-12-01 emails from Robert Josephson and Raul Damas, PPLPC020001075830.

[REDACTED].⁵⁸⁷ [REDACTED]

[REDACTED]

[REDACTED].⁵⁸⁸ The Sacklers [REDACTED]

[REDACTED].

❖ ❖ ❖ 2017 ❖ ❖ ❖

483. In 2017, the Sacklers [REDACTED]

[REDACTED].⁵⁸⁹

484. In May 2017, staff told the Sacklers that an independent nonprofit had concluded that Purdue's reformulation of OxyContin was not a cost-effective way to prevent opioid abuse.⁵⁹⁰ Theresa Sackler asked staff what they were doing to fight back to convince doctors and patients to keep using the drug.⁵⁹¹

485. That same month, the Sacklers [REDACTED]. Long-time employee Craig Landau [REDACTED]

[REDACTED].” Landau [REDACTED]
[REDACTED].” He proposed

[REDACTED]

[REDACTED]

[REDACTED].⁵⁹² The Sacklers [REDACTED].

⁵⁸⁷ 2016-12-22 email from Elliott Ruiz, PPLPC022000980230.

⁵⁸⁸ 2016-12-22 Braeburn Pharmaceuticals: Structuring Analysis, slide 3, PPLPC022000980233.

⁵⁸⁹ 2017 heavily redacted Board minutes, PPLP004416457-502; 2017-01-02 Governance Calendar, PPLPC011000131500.

⁵⁹⁰ 2017-05-06 email from Gail Cawkwell, PPLPC011000147096.

⁵⁹¹ 2017-05-06 email from Theresa Sackler, PPLPC011000147096.

⁵⁹² 2017-05-02 Landau presentation, PPLPC020001106306.

486. **In June**, staff told the Sacklers that getting doctors to prescribe high doses of opioids and many pills per prescription were still key “drivers” of Purdue’s profit. Purdue’s management was concerned that the CDC’s efforts to save lives by reducing doses and pill counts would force the company “to adjust down our revenue expectations.”⁵⁹³

487. Staff told the Sacklers that Purdue’s opioid sales were being hurt by cultural trends such as the HBO documentary, “*Warning: This Drug May Kill You*.”⁵⁹⁴ HBO’s film was a problem for Purdue because it showed actual footage from Purdue’s misleading advertisements next to video of people who overdosed and died.⁵⁹⁵

488. Staff felt the pressure of the opioid epidemic, even if the billionaire Sacklers did not. In one presentation, staff came close to insubordination and told the Sacklers: “Purdue Needs a New Approach.” Their suggestion for a new direction was: “A New Narrative: Appropriate Use.”



⁵⁹³ 2017-06 Board of Directors: Purdue Mid-Year Pre-Read, slides 2, 152, PPLPC011000151189.

⁵⁹⁴ 2017-06 Board of Directors: Purdue Mid-Year Pre-Read, slide 6, PPLPC011000151189.

⁵⁹⁵ 2017-05-01 “*Warning: This Drug May Kill You* Offers a Close-Up of the Opioid Epidemic,” <https://www.theatlantic.com/entertainment/archive/2017/05/warning-this-drug-may-kill-you-opioid-epidemic-hbo/524982/>.

The Sacklers led Purdue so far into the darkness that employees proposed “appropriate use” of drugs to reinvent the company. Staff also suggested that the Sacklers create a family foundation to help solve the opioid crisis.⁵⁹⁶

489. The Sacklers did not redirect the company toward appropriate use or create the suggested family foundation. Instead, they decided to sell harder. For 2018, the Sacklers approved a target for sales reps to visit prescribers 1,050,000 times — almost double the number of sales visits they had ordered during the heyday of OxyContin in 2010.⁵⁹⁷

490. In October, Richard Sackler [REDACTED]

[REDACTED]

[REDACTED]. Richard [REDACTED]

[REDACTED]

[REDACTED]. Cigna announced that opioid companies influence dosing: “While drug companies don’t control prescriptions, they can help influence patient and doctor conversations by educating people about their medications.” Richard’s [REDACTED]

[REDACTED]. He [REDACTED]

[REDACTED].⁵⁹⁸

491. On October 17, Beverly Sackler served her last day on the Board.⁵⁹⁹ It was the beginning of the end for the Sackler family. A week later, the *New Yorker* published an article entitled “The Family That Built an Empire of Pain.”⁶⁰⁰ The story quoted a former FDA

⁵⁹⁶ 2017-06 Board of Directors: Purdue Mid-Year Pre-Read, slides 36-38, PPLPC011000151189.

⁵⁹⁷ 2017-06 Board of Directors: Purdue Mid-Year Pre-Read, slide 147, PPLPC011000151189.

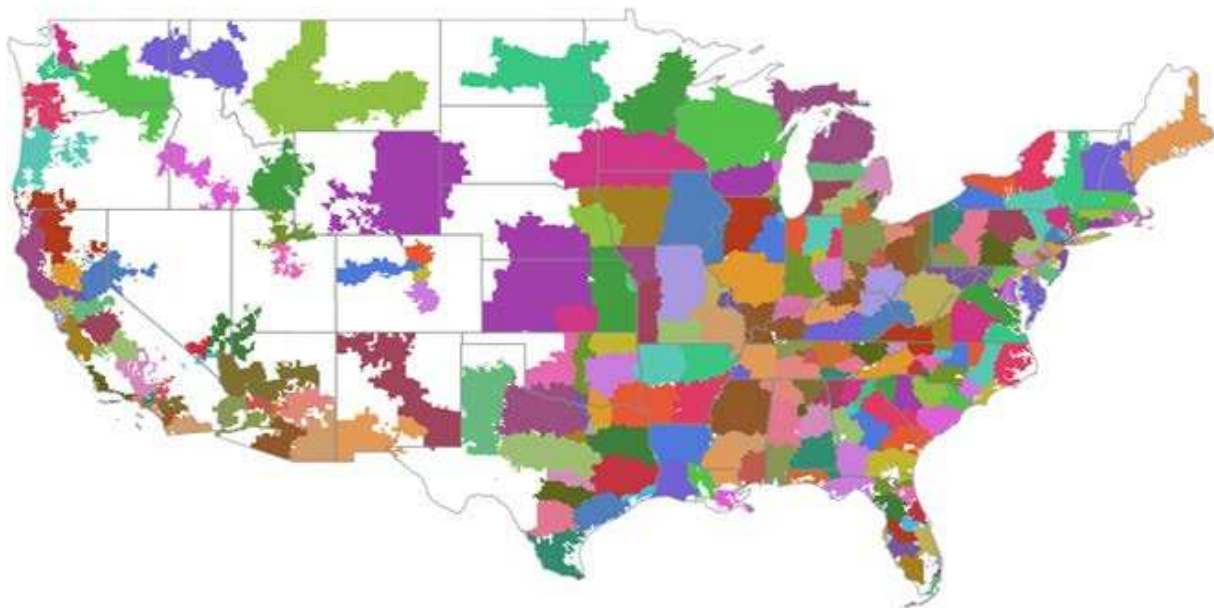
⁵⁹⁸ 2017-10-07 email from Richard Sackler, PPLPC016000317635.

⁵⁹⁹ Declaration of Beverly Sackler dated September 5, 2018.

⁶⁰⁰ 2017-10-23 email from Robert Josephson, PPLPC016000318910.

Commissioner: “the goal should have been to sell the least dose of the drug to the smallest number of patients.” The reporter concluded: “Purdue set out to do exactly the opposite.”⁶⁰¹

492. **In November**, Jonathan Sackler suggested that Purdue launch yet another opioid.⁶⁰² Staff promised to present a plan for additional opioids at the next meeting of the Board.⁶⁰³ At the Board meeting that month, the remaining Sackler Board members (Richard, David, Ilene, Jonathan, Kathe, Mortimer, and Theresa) voted to cut the sales force from 582 reps to 302 reps. They knew sales reps would continue to promote opioids in Massachusetts. Staff even gave Richard, David, Ilene, Jonathan, Kathe, Mortimer, and Theresa Sackler a map of where the remaining sales reps worked, with Massachusetts shaded to show that Purdue would keep visiting prescribers here.⁶⁰⁴



Purdue internal map of planned sales rep territories for 2018

⁶⁰¹ 2017-10-23 email from Robert Josephson, PPLPC016000318910.

⁶⁰² 2017-11-21 email from Jonathan Sackler, PPLPC016000321334.

⁶⁰³ 2017-11-21 email from Craig Landau, PPLPC016000321333.

⁶⁰⁴ 2017-11 Board budget, slides 47, 51, PPLPC016000323215.

❖ ❖ ❖ 2018 ❖ ❖ ❖

493. **In January 2018**, Richard Sackler received a patent for a drug to treat opioid addiction — [REDACTED]. Richard had applied for the patent in 2007. He assigned it to a different company controlled by the Sackler family, instead of Purdue. Richard’s patent application says opioids *are* addictive. The application calls the people who become addicted to opioids “junkies” and asks for a monopoly on a method of treating addiction.⁶⁰⁵

494. In January, Richard Sackler also met with Purdue staff about the sales force again. They discussed plans to cut the force to 275 reps. In February, Richard, David, Ilene, Jonathan, Kathe, Mortimer, and Theresa Sackler [REDACTED].⁶⁰⁶

495. **By April**, staff were scared. Richard Sackler was again asking questions about sales. Staff prepared a presentation for the Board of Directors (“BoD”). One employee suggested that they add more information about the company’s problems. Another cautioned against that:

“I think we need to find a balance between being clear about what reality looks like - which I certainly support in [this] situation - and just giving so much bad news about the future that it just makes things look hopeless. Let’s not give the BoD a reason to just walk away.”⁶⁰⁷

496. [REDACTED]
[REDACTED]: Richard, David, Ilene, Jonathan, Kathe, Mortimer, and Theresa.⁶⁰⁸

⁶⁰⁵ 2018-01-09, U.S. Patent No. 9,861,628 (“a method of medication-assisted treatment for opioid addiction”); 2007-08-29, international patent publication no. WO 2008/025791 A1.

⁶⁰⁶ 2018-01-18 email from Jon Lowne, PPLPC016000323973; 2018 budget, PPLPC016000323996; 2018-02-07 email from Craig Landau, PPLPC016000325614; 2018-02-01 entirely redacted Board minutes, PPLP004416509.

⁶⁰⁷ 2018-04-10 email from Paul Medeiros, PPLPC023000979571.

⁶⁰⁸ 2018-05-03 heavily redacted Board minutes, PPLP004416514-520 ([REDACTED]); 2018-06-06 heavily redacted Board minutes, PPLP004416521-524; 2018-06-08 heavily redacted Board minutes, PPLP004416525.

497. **On June 12, 2018**, the Massachusetts Attorney General filed this suit to hold the Sacklers as well as Purdue accountable. Just as their employees predicted, the Sacklers tried to run. Richard Sackler was the first to go: he resigned from the Board in July. David Sackler quit in August. Theresa Sackler served her last day in September. As of the date of this filing, Ilene, Jonathan, Kathe, and Mortimer remain.⁶⁰⁹

⁶⁰⁹ 2018-09-05 declaration of David Sackler; 2018-09-07 declaration of Theresa Sackler.

B. Peter Boer, Judith Lewent, Cecil Pickett, Paulo Costa, and Ralph Snyderman

498. After the 2007 Judgment and criminal convictions, the Sacklers [REDACTED]

[REDACTED]

[REDACTED]. Their [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED].” The Sacklers [REDACTED]

[REDACTED]

[REDACTED].⁶¹⁰

499. Starting in 2008, the Sacklers asked five additional defendants to join them on the Board:

- Peter Boer was a Director from April 2008 to the present;
- Judith Lewent was a Director from March 2009 to December 2013;
- Cecil Pickett was a Director from January 2010 to the present;
- Paulo Costa was a Director from April 2012 to January 2018; and
- Ralph Snyderman was a Director from August 2012 to October 2017.

500. These defendants did not act independently from the Sacklers. Together with the Sacklers, they controlled the unfair and deceptive sales and marketing tactics Purdue used to sell its opioids in Massachusetts.

501. They [REDACTED]

[REDACTED].

⁶¹⁰ 2008-04-12 memorandum to Richard Sackler from Peter Boer, PDD9316314309.

502. They [REDACTED]

[REDACTED] .⁶¹¹

503. They [REDACTED]

[REDACTED]
[REDACTED] .⁶¹²

504. They [REDACTED]

[REDACTED] .⁶¹³

505. They [REDACTED]

[REDACTED]
[REDACTED] .⁶¹⁴

506. They [REDACTED]

[REDACTED] .⁶¹⁵

507. They never [REDACTED]

[REDACTED] .

508. Not after [REDACTED]

[REDACTED] .⁶¹⁶

⁶¹¹ 2009-03-05 Board minutes, PKY183213138.

⁶¹² 2013-01-15 Board minutes, PKY183213441; 2013-02-13 Board minutes, PKY183213449.

⁶¹³ 2008-04-18 Board minutes, PKY183213041; 2008-09-25 Board minutes, PKY183213077; 2008-11-06 Board minutes, PKY183213086; 2009-03-05 Board minutes, PKY183213139; 2009-06-26 Board minutes, PKY183213174; 2009-09-23 Board minutes, PKY183213211; 2010-02-04 Board minutes, PKY183213263; 2010-04-01 Board minutes, PKY183213274; 2011-04-06 Board minutes, PKY183213339; 2011-06-24 Board minutes, PKY183213363; 2011-09-01 Board minutes, PKY183213366.

⁶¹⁴ 2008-11-04 Board minutes, PKY183213083; 2009-06-26 Board minutes, PKY183213178; 2009-11-25 Board minutes, PKY183213249; 2010-07-22 Board minutes, PKY183212838; 2010-10-15 Draft Board of Directors Meeting Agenda, PPLPC012000294197; 2010-10-21 Board minutes, PKY183212854; 2011-05-20 Board minutes, PKY183212910.

⁶¹⁵ 2008-09-25 Board minutes, PKY183213077; 2008-11-07 Board minutes, PKY183213091; 2008-11-21 Board minutes, PKY183213103.

⁶¹⁶ 2008-07-15 Board report, pg. 21, PPLP004367317.

509. Not after seeing reports that Purdue received scores of tips to its compliance hotline and didn't refer them to the authorities.⁶¹⁷

510. Not after learning about Purdue's secret *Region Zero* — a list of doctors suspected of improper prescribing, including in Massachusetts, whose sales Purdue tracked but who Purdue did not report to authorities.⁶¹⁸

511. Not after receiving reports of compliance failures by Purdue sales staff, including improper use of OxyContin promotional materials and opioid savings cards.⁶¹⁹

512. Not after receiving reports that Purdue sales managers violated Purdue's Corporate Integrity Agreement by failing to supervise sales reps during their visits to prescribers.⁶²⁰

513. Throughout their Board tenures, Boer, Lewent, Pickett, Costa, and Snyderman learned all these things and engaged with staff on many of them. They participated in many of the same meetings as the Sacklers. They provided their votes for many of the same decisions as the Sacklers, and always voted in lock-step when they did. And they continued to direct sales and marketing conduct aimed at increasing opioid prescribing and sales, despite knowing that that conduct was contributing to the epidemic of addiction, overdose and death. In all this misconduct, these five defendants shared responsibility with the Sacklers, including as detailed below.

⁶¹⁷ 2008-07-15 Board report, pg. 28, PPLP004367324.

⁶¹⁸ 2010-07-22 Response to Questions from Board Meeting, PPLPC012000283169; 2011-02-03 presentation by Bert Weinstein, slides 94-95, PDD8901468108-109.

⁶¹⁹ 2009-04-16 Board report, pgs. 24-25, PDD9316304336-337.

⁶²⁰ 2009-07-30 Board report, pg. 15, PPLPC012000233246. To avoid being excluded from U.S. healthcare programs, Purdue agreed that its District Managers would observe and supervise each sales rep for five days each year. Corporate Integrity Agreement section III.K. In the second year of the agreement, staff reported to the Board that they failed to provide five days' of supervision for 23 sales reps.

❖ ❖ ❖ 2007 - 2008 ❖ ❖ ❖

514. Peter Boer was no stranger to Purdue or the Sacklers when he joined Purdue's Board. He had been serving on the board of the Sacklers' Rhode Island-based opioid manufacturing company, Rhodes Technologies, directing Purdue's oxycodone pipeline there for a decade, and he had been overseeing the supply of drug ingredients to Purdue as a director of the Sackler's U.K.-based pharmaceuticals company, Bard Pharmaceuticals, since 2002.⁶²¹

515. Boer [REDACTED]

[REDACTED].⁶²² By December 2007, Boer and Richard Sackler [REDACTED]

[REDACTED].⁶²³ In April 2008, Boer

[REDACTED].⁶²⁴

516. On April 18, 2008, Boer became a director, and Richard Sackler circulated the memo to Kathe, Ilene, David, Jonathan, and Mortimer Sackler.⁶²⁵

517. In June, [REDACTED]

[REDACTED].⁶²⁶ This was [REDACTED]

518. In July, staff told Boer, as well as the Sacklers, that Purdue received 890 Reports of Concern regarding abuse and diversion of Purdue's opioids in the second quarter of 2008, and

⁶²¹ 2003-07-18 memorandum by Peter Boer, #153960.1; 2002-05-10 Shareholders Meeting notes, #273916.1.

⁶²² 2007-09-12 email from Richard Sackler, PDD9316102848.

⁶²³ 2008-04-12 memorandum by Peter Boer to Richard Sackler, PDD9316314309; 2008-03-28 emails from Richard Sackler and Peter Boer, PDD9316304944.

⁶²⁴ 2008-04-12 memorandum to Richard Sackler from Peter Boer, PDD9316314309.

⁶²⁵ 2008-04-18 email from Richard Sackler, PDD9316300629.

⁶²⁶ 2008-06-27 Board minutes, PKY183212646.

they had conducted only 25 field inquiries in response. This was one of scores of reports that Boer would receive, along with the Sacklers, over the next decade. Staff reported to Boer that they received 93 tips to Purdue’s compliance hotline during the quarter, but did not report any of them to the authorities.⁶²⁷

519. Staff also told Boer that they promoted Purdue opioids in Massachusetts in two presentations: an April presentation at Tufts University concerning use of opioids to manage chronic pain and a June presentation at the Tufts Health Care Institute concerning use of urine screens in pain management.⁶²⁸ Convincing Massachusetts doctors that opioids were the best way to manage chronic pain and that urine tests protected patients from addiction were both part of Purdue’s unfair and deceptive scheme.

520. In October, staff told Boer that surveillance data monitored by Purdue indicated a “wide geographic dispersion” of abuse and diversion of OxyContin “throughout the United States.” Staff told Boer that “availability of the product” and “prescribing practices” were key factors driving abuse and diversion of OxyContin.” On the same day, staff told Boer that Purdue had begun a new “Toppers Club sales contest” for sales reps to win bonuses, based on how much a rep increased OxyContin use in her territory and how much the rep increased the broader prescribing of opioids — the same “availability of product” and “prescribing practices” factors that worsen the risk of diversion and abuse. In the same report, staff told Boer that they received 163 tips to Purdue’s compliance hotline during the third quarter of 2008, but did not report any of them to the authorities.⁶²⁹

⁶²⁷ 2008-07-15 Board report, pgs. 21, 28, PPLP004367317, -324.

⁶²⁸ 2008-07-15 Board report, pg. 21, PPLP004367317.

⁶²⁹ 2008-10-15 Board report, pgs. 19, 24, 28, PDD9316101020, -025, -029.

521. Staff also told Boer that [REDACTED] [REDACTED] Purdue now employed 414 sales reps. The Board's [REDACTED] [REDACTED]. During the third quarter of 2008, the number of sales visits to Massachusetts prescribers increased by 20% to more than 1,800.⁶³⁰

❖ ❖ ❖ 2009 ❖ ❖ ❖

522. Defendant Judith Lewent joined the Board in March 2009.⁶³¹

523. In April, staff told Boer and Lewent that Purdue employed 412 sales reps and had made dramatic progress toward their goal of promoting higher doses: “for the first time since January 2008, OxyContin 80mg strength tablets exceeded the 40mg strength tablets during December 2008.”⁶³²

524. Staff also told Boer and Lewent that they received 122 tips to Purdue’s compliance hotline during the first quarter of 2009, and revealed one of them to an outside monitor. Staff told Boer and Lewent that the compliance problems included improper use of OxyContin promotional materials and opioid savings cards.⁶³³

525. In June, staff reported to Boer and Lewent that Purdue had expanded its opioid sales force at their direction: “As approved in the 2009 Budget, 50 New Sales Territories have been created.” Staff told them that the expansion was focused on visiting doctors who prescribe the most, because “there are a significant number of the top prescribers” that Purdue had not been able to visit with its smaller force of sales reps.”⁶³⁴

⁶³⁰ 2008-10-15 Board report, pg. 26, PDD9316101027; Exhibit 1 (20% increase from Q3 2007).

⁶³¹ Judy Lewent declaration.

⁶³² 2009-04-16 Board report, pgs. 5, 28, PDD9316100601, -624.

⁶³³ 2009-04-16 Board report, pgs. 24-25, PDD9316304336-337.

⁶³⁴ 2009-06-16 email from Pamela Taylor, PPLPC012000226604; 2009-05-20 Executive Committee notes, PPLPC012000226606.

526. In September, Boer and Lewent [REDACTED]

[REDACTED].⁶³⁵

❖ ❖ ❖ 2010 ❖ ❖ ❖

527. Defendant Cecil Pickett joined the Board in January 2010.⁶³⁶

528. That month, staff [REDACTED]

[REDACTED]. Purdue was [REDACTED]

[REDACTED]

[REDACTED]. This [REDACTED]

[REDACTED]

[REDACTED].⁶³⁷

529. In February, Purdue's Sales and Marketing Department reported to Boer, Lewent, and Pickett that a key objective for 2010 was meeting a prescriber sales call quota of 545,000. Sales call quotas remained a priority over the next four years, and the Board tracked the sales force's performance on at least a quarterly basis as the quota rose from 545,000 prescriber visits in 2010, to 712,000 visits in 2011, 752,417 visits in 2012, and 744,777 visits in 2013.⁶³⁸ Boer, Lewent, Pickett, Costa, and Snyderman all received regular updates on these quotas throughout their terms on the Board.

530. Boer, Lewent, and Pickett also received regular updates on Purdue's efforts to intensify its OxyContin promotion. In April, staff reported to Boer, Lewent, and Pickett that

⁶³⁵ 2009-09-23 Board minutes, PKY183212777.

⁶³⁶ Cecil Pickett declaration.

⁶³⁷ 2010-01-20 email from Pamela Taylor, pg. 3, PDD8901041368; 2010-02-09 email from Pamela Taylor, PPLPC012000257443; 2010-01-20 Executive Committee notes, PPLPC012000257446; 2010-02-01 Board report, pgs. 4, 19, PPLPC012000252778, -793.

⁶³⁸ 2010-02-01 Board report, pg. 23, PPLPC012000252797; 2010-04-21 Board report, pg. 3, PWG000423141; 2011-05-02 Board report, pg. 3, PPLPC012000322428; 2012-04-30 Board report, pg. 3, PPLPC012000374793; 2013-05-13 Board report, pg. 7, PPLP004367546.

they were working in 2010 to increase the average number of daily prescriber visits from the previous year's 6.9 and to decrease the cost-per-visit from \$219.⁶³⁹

531. In July, Boer, Lewent, and Pickett joined the Sacklers and sales and marketing staff for a Board meeting in Bermuda. Staff presented plans for selling Purdue's new Butrans opioid and reported that sales reps would try to switch patients to Purdue opioids from NSAIDs like ibuprofen. Staff told Boer, Lewent, and Pickett that they had identified 82,092 prescribers to target with the Butrans sales campaign. Staff reported that they planned to add 125 sales reps and increase the number of prescriber visits from 574,000 to 750,000 per year.⁶⁴⁰

532. The Board [REDACTED]
[REDACTED]. They [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED].⁶⁴¹ [REDACTED]
[REDACTED]
[REDACTED].

533. The Board [REDACTED]
[REDACTED]. Purdue was [REDACTED]
[REDACTED]
[REDACTED].⁶⁴²

534. Purdue was [REDACTED]

⁶³⁹ 2010-04-21 Board report, pg. 4, PWG000423143.
⁶⁴⁰ 2010-07-22 Butrans Commercial Strategy Plan Board Presentation, slides 17, 66, 81, PPLPC018000404193; 2010-06-01 email from William Mallin, PPLPC012000273600.
⁶⁴¹ 2010-07-22 questions during Board meeting, PPLPC012000283164-165.
⁶⁴² 2010-07-22 questions during Board meeting, PPLPC012000283167 ('[REDACTED]

[REDACTED]).

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] ⁶⁴³

535. The Board [REDACTED]

[REDACTED]

[REDACTED] ⁶⁴⁴ Staff [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] ⁶⁴⁵

536. For example, staff reported to the Board — including Boer, Lewent, and Pickett — that Purdue suspected Dr. Michael Taylor, in New Bedford, Massachusetts, was prescribing opioids inappropriately. In response to the Board’s request, staff reported that, in the past two years, Taylor had prescribed OxyContin more than five hundred times, and provided Purdue with \$392,505.⁶⁴⁶

537. Likewise, in response to the Board’s request, staff reported to Boer, Lewent, and Pickett and the other directors that Purdue suspected Dr. Alvin Chua, in Brookfield, Massachusetts, was prescribing opioids inappropriately. Staff told them that, in the past two years, Chua had prescribed OxyContin more than a thousand times, and provided Purdue with

⁶⁴³ 2010-07-22 questions during Board meeting, PPLPC012000283167.

⁶⁴⁴ 2010-07-22 questions during Board meeting, PPLPC012000283169, -170.

⁶⁴⁵ 2010-08-16 email from William Mallin, PPLPC012000283162; 2010-08-11 *Region Zero* prescribers, PPLPC012000283175.

⁶⁴⁶ 2010-08-11 *Region Zero* prescribers, PPLPC012000283175.

\$431,474.⁶⁴⁷

538. A year after Purdue staff told the Board about Alvin Chua, the Massachusetts Board of Registration in Medicine took away his license for improper opioid prescribing. Three years after Purdue told the Board about Michael Taylor, he lost his license and was convicted in Massachusetts court of prescribing opioids without a legitimate medical purpose. By then, Purdue and the Sacklers had collected hundreds of thousands of dollars from their dangerous prescriptions. Far worse — four Massachusetts patients, who were prescribed Purdue opioids by Taylor and Chua, overdosed and died.

539. The Board — including Boer, Lewent, and Pickett — [REDACTED]

[REDACTED]

[REDACTED].

540. At that same Board meeting [REDACTED]

[REDACTED].⁶⁴⁸

Boer, Lewent, and Pickett knew and intended that the expanded sales force was promoting opioids in Massachusetts. In fact, Purdue sales reps visited Massachusetts prescribers more than 2,700 times during the last quarter of 2009 alone.⁶⁴⁹

541. Purdue's aggressive sales strategy to target high prescribers worked. Purdue's top-paid physician consultant in Massachusetts at the time, Walter Jacobs, had a patient on *twenty-four* pills of 80mg OxyContin per day. In 2010, 72% of the OxyContin pills that Jacobs prescribed were the highest-dose 80mg pills.

542. In October, staff reported to Boer, Lewent, and Pickett that Purdue would

⁶⁴⁷ 2010-08-11 *Region Zero* prescribers, PPLPC012000283175.

⁶⁴⁸ 2010-07-27 Board report, pg. 19, PWG000422495; 2010-07-22 Board minutes, PKY183212838.

⁶⁴⁹ Exhibit 1.

promote opioids at more than a dozen speaking events in Massachusetts, including an \$85,000 program on opioids at Tufts University and a \$50,000 program on opioid prescribing for chronic pain at Boston University.⁶⁵⁰

543. In November, staff cautioned Boer, Lewent, and Pickett that drug company “owners, officers, and managers will especially face even more serious scrutiny in the future.”⁶⁵¹

❖ ❖ ❖ 2011 ❖ ❖ ❖

544. In February 2011, staff informed Boer, Lewent, and Pickett that Purdue was using individual zip codes to track the correlation between poison control calls for OxyContin poisoning, pharmacy thefts, and *Region Zero* prescribers; gave Boer, Lewent, and Pickett a map of dangerous prescribers in Massachusetts; and briefed Boer, Lewent, and Pickett on a study showing that the financial penalties imposed on drug companies for illegal marketing were “relatively small” when “compared to the perpetrating companies’ profits.”⁶⁵²

545. At the same meeting, staff gave the Board data showing that 83% of patients admitted to substance abuse treatment centers began abusing opioids by swallowing pills, and that it commonly takes 20 months for patients to get treatment.⁶⁵³

546. Later in February, staff told Boer, Lewent, and Pickett that Massachusetts lawmakers had introduced legislation to ban extended-release oxycodone, including Purdue’s OxyContin.⁶⁵⁴

547. In early 2011, Purdue launched Butrans. Over the next few years, Boer, Lewent,

⁶⁵⁰ 2010-10-07 report attached to email by William Mallin, pgs. 3, 5, 10, 13, 16, 26, 28, 33, 34, PPLPC012000292676, -678, -683, -686, -689, -699, -701, -706, -707, -759, -760.

⁶⁵¹ 2010-11-10 Executive Committee notes, PPLPC012000299855; 2010-11-10 presentation by Bert Weinstein, slide 7, PPLPC012000299866.

⁶⁵² 2011-02-03 Board of Directors Meeting Agenda, pgs. 48, 94, 95, PDD8901468062, -108-109.

⁶⁵³ 2011-02-03 Board of Directors Meeting Agenda, pg. 86, PDD8901468100.

⁶⁵⁴ 2011-02-23 email from Pamela Taylor, PPLPC012000312664; 2011-01-26 Executive Committee notes, PPLPC012000312667-668.

and Pickett, and later, Costa and Snyderman too, received weekly reports on sales metrics and tactics for Butrans. As it did to promote OxyContin, Purdue identified and targeted for more frequent promotion a “super core” of physicians who prescribed the most opioids.⁶⁵⁵

548. Staff went on to detail how, after identifying their “super core” of target prescribers, sales reps were instructed to “improve specific patient focus and effective positioning of Butrans for specific patient types.”⁶⁵⁶ In Massachusetts, promotion for “specific patient types” translated in many cases to pushing opioids for elderly patients with ailments such as arthritis. Purdue sales reps recorded in their notes that they pitched prescribing opioids to elderly patients to Massachusetts providers more than a thousand times in 2011.⁶⁵⁷

549. Boer, Lewent, and Pickett were also briefed on Purdue’s tactics for “closing” a sale — getting prescribers to commit to putting specific patients on opioids.⁶⁵⁸ This strategy was common to Purdue’s opioid sales pitches, and Massachusetts prescribers reported to the Attorney General that Purdue sales reps had asked them on multiple occasions to commit to prescribing Purdue opioids without disclosing significant risks.

❖ ❖ ❖ **2012** ❖ ❖ ❖

550. Defendant Paulo Costa joined the Board in April 2012.⁶⁵⁹

551. Soon after joining the Board, Costa began discussing Purdue’s sales and

⁶⁵⁵ 2011-05-25 email from Russell Gasdia, PPLPC012000326017.

⁶⁵⁶ 2011-05-25 email from Russell Gasdia, PPLPC012000326017.

⁶⁵⁷ Exhibit 1.

⁶⁵⁸ 2011-05-25 email from Russell Gasdia, PPLPC012000326017.

⁶⁵⁹ Paulo Costa declaration for September 2018 motion to dismiss.

marketing strategy with staff, including Sales VP Russell Gasdia, and questioned whether, despite its aggressive expansion, Purdue was still underfunding its OxyContin promotion.⁶⁶⁰ Staff sent Costa an advance copy of the mid-year sales and marketing report, which included research showing that higher dosages and savings cards are factors contributing to longer duration of opioid use.⁶⁶¹

552. For five days in June, Boer, Lewent, Pickett, and Costa attended the mid-year meeting of the Board.⁶⁶² Sales staff told them that Purdue had added 120,000 sales visits devoted to the promotion of OxyContin. To further drive OxyContin sales, staff reported that they expanded the opioids savings cards and eMarketing programs and promoted opioids on the Professional Television Network.⁶⁶³

553. In August, Defendant Ralph Snyderman joined the Board.⁶⁶⁴

554. That month, Boer, Lewent, Pickett, Costa, and Snyderman [REDACTED]

[REDACTED]

[REDACTED]⁶⁶⁵

555. By the fall of 2012, Costa proposed a plan to Purdue staff to target patients on Medicaid as a strategy to revive declining OxyContin sales. Sales staff held a series of meetings to consider Costa's idea. Costa met with John Stewart and Russell Gasdia to discuss threats and opportunities in the opioid market.⁶⁶⁶

556. In November, staff provided Boer, Lewent, Pickett, Costa, and Snyderman [REDACTED]

⁶⁶⁰ 2012-06-04 email from Paulo Costa, PPLPC012000378550.

⁶⁶¹ 2012-06-11 email from Mike Innaurato, PPLPC012000382120; 2012-06-11 sales and marketing update, slides 11-12, 15-16, PPLPC012000382121.

⁶⁶² 2012-05-25 email from Stuart Baker, PPLPC012000377890-891.

⁶⁶³ 2012-06-18 Mid Year Sales and Marketing Board Update, slide 10, PPLPC012000382119.

⁶⁶⁴ Snyderman declaration.

⁶⁶⁵ 2012-08-16 Board minutes, PKY183212960.

⁶⁶⁶ 2012-11-03 email from Paulo Costa, PPLPC012000396834; 2012-10-29 email from Paulo Costa, PPLPC012000396447; 2012-10-30 email from Russell Gasdia, PPLPC012000396469.

[REDACTED]

[REDACTED].” The [REDACTED]

[REDACTED]. [REDACTED]

[REDACTED]

[REDACTED]. Staff told Boer, Lewent, Pickett, Costa, and Snyderman, together with the Sacklers, [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED].⁶⁶⁷

❖ ❖ ❖ 2013 ❖ ❖ ❖

557. At the start of 2013, at the request of Boer, Lewent, Pickett, Costa, and Snyderman, staff provided the Board with examples of political and third-party support for Purdue’s “abuse deterrent” formulations, including in their report five Massachusetts legislators who had written favorable letters to the FDA.⁶⁶⁸ The Board directed staff to obtain such letters, despite knowing that there was no actual evidence that Purdue’s reformulated OxyContin helped prevent opioid abuse and that, to the contrary, it did nothing to prevent the most common method of opioid abuse, by oral ingestion.

558. In January, the decline in high-dose opioid prescribing remained a preoccupation for Purdue’s sales and marketing staff. Staff updated Boer, Lewent, Pickett, Costa, and Snyderman on Purdue’s *Individualize The Dose* campaign to promote higher doses. Staff also responded to Costa’s recommendation to target managed care

⁶⁶⁷ 2012-11-01 Board report, pgs. 18, 30, PPLPC012000396634, -646.

⁶⁶⁸ 2013-01-15 email from Burt Rosen, PPLPC032000255061; 2013-01-15 attachment to email by Burt Rosen, PPLPC032000255064.

organizations, including Medicare Part D. Staff also reported that Purdue had increased the dollar value of opioid savings cards and set the program period to be *15 months* long, in response to research showing the cards kept patients on opioids longer. Boer, Lewent, Pickett, Costa, and Snyderman also learned that Purdue was pushing the opioid savings cards through mass-mailings and emails.⁶⁶⁹

559. Sales reps reported to Purdue that, during 2013, they promoted opioid savings cards to Massachusetts doctors more than a thousand times. The sales reps did not tell doctors that savings cards led patients to stay on opioids longer, or that staying on opioids longer increased the risk of addiction and death.

560. In February, staff informed Boer, Lewent, Pickett, Costa, and Snyderman of the ever-growing public concern about the dangers of opioids. A presentation on the opioid marketing environment noted an “increase in media reports questioning the use, and safety, of opioids for non-cancer pain.” Staff told Boer, Lewent, Pickett, Costa, and Snyderman about “family members of overdose victims featured in these stories” who have “testified in support of restricting the use of opioids.” Staff also warned the Board members about the rise of state task forces, pill mill legislation, and state-level initiatives to limit opioid prescribing and increase the utilization of prescription monitoring programs. The presentation characterized the growing public concern over opioid safety and the opioid crisis as due to a “lack of interest by reporters to provide balanced reporting” and promised that Purdue would push back.⁶⁷⁰

561. In March, staff reported to Boer, Lewent, Pickett, Costa, and Snyderman on the devastation caused by prescription opioids. Staff told Boer, Lewent, Pickett, Costa, and Snyderman that drug overdose deaths had more than tripled since 1990 — the period during

⁶⁶⁹ 2013-01-28 Board report, pgs. 13-14, PPLPC012000407139-140.

⁶⁷⁰ 2013-02-13 business condition report to Board, slides 38-40, PPLPC012000408089-091.

which Purdue had made OxyContin the best-selling painkiller—and that tens of thousands of deaths were only the “tip of the iceberg.” Staff reported that, for every death, there were more than a hundred people suffering from prescription opioid dependence or abuse.⁶⁷¹

562. Although the *Individualize The Dose* tactics discussed in January were proving effective, staff stressed to Boer, Lewent, Pickett, Costa, and Snyderman in May that Purdue needed to get even more patients on higher doses and larger prescriptions of opioids to meet its sales goals. Staff told Boer, Lewent, Pickett, Costa, and Snyderman that Purdue was still \$16,800,000 below budget due to insufficient sales of the highest doses of OxyContin and that prescribers writing “lower average tablet counts per prescription” was exacerbating this issue.⁶⁷²

563. Staff told Boer, Lewent, Pickett, Costa, and Snyderman that they were undertaking “[a] deeper analysis...to determine the cause of the decline in the 30mg, 60mg, and 80mg tablet strengths, as well as the lower than budgeted average tablets per prescription. Once the analysis is complete, we will have a better sense of that tactics to implement to address both issues.”⁶⁷³

564. Both “the decline in higher strengths” of Purdue opioids, and the decline in “tablets per Rx,” remained topics of Board discussion throughout 2013.⁶⁷⁴ To address it, staff informed Boer, Lewent, Pickett, Costa, and Snyderman that Purdue continued adding more prescriber visits [REDACTED]

⁶⁷¹ 2013-03-21 Abuse Deterrent Strategy Presentation to the Board, slides 38-39, PPLP004409513-514.

⁶⁷² 2013-05-13 Board report, pg. 8, PPLP004367547.

⁶⁷³ 2013-05-13 Board report, pg. 8, PPLP004367547.

⁶⁷⁴ 2013-07-23 Board report, pg. 25, PPLPC012000433412.

[REDACTED].⁶⁷⁵

565. Staff updated Boer, Lewent, Pickett, Costa, and Snyderman on Purdue's successful lobbying against state legislation to impose safety restrictions on OxyContin, including a defeated bill in Massachusetts. Boer, Lewent, Pickett, Costa, and Snyderman also learned that Purdue had begun email promotion of opioid savings cards specifically in Massachusetts.⁶⁷⁶

566. In 2013, Purdue also increased its targeting of managed care organizations and insurance companies, including Medicaid and Medicare plans. In June and July, Paulo Costa strategized with Purdue staff, including Sales VP Russell Gasdia, to market Purdue opioids directly to insurance companies and managed care formularies. Under the plan, Purdue would try to convince them to cover opioids with data that the FDA had never approved. And Costa recommended Purdue's CEO promote opioids directly to the insurance company CEOs.⁶⁷⁷ Over the coming months, acting on Costa's recommendations, Purdue continued to refine its approach to marketing to managed care patients.⁶⁷⁸

567. In July and August, Boer, Lewent, Pickett, Costa, and Snyderman met, together with the Sacklers, to [REDACTED]

[REDACTED]. [REDACTED]

[REDACTED]. [REDACTED]

[REDACTED]

[REDACTED]. [REDACTED]

⁶⁷⁵ 2013-07-05 email from Edward Mahony, PPLPC012000431312-313; 2013-11-01 Board report, pg. 20, PPLPC002000186930; 2013-07-23 Board report, pg. 25, PPLPC012000433412.

⁶⁷⁶ 2013-07-23 Board report, pgs. 17, 52, PPLPC012000433403, -439.

⁶⁷⁷ 2013-06-25 meeting with Paulo Costa notes, PPLPC0021000577371.

⁶⁷⁸ 2013-07-11 email from Tim Richards, PPLPC012000431842; 2013-07-15 email from Tim Richards, PPLPC012000432169; 2013-07-31 email from Jon Lowne, PPLPC012000434831.

[REDACTED] .⁶⁷⁹

568. Second, [REDACTED]

[REDACTED]

[REDACTED] . In June, [REDACTED]

[REDACTED]

[REDACTED] .⁶⁸⁰ [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] . [REDACTED]

[REDACTED] . [REDACTED]

[REDACTED]

[REDACTED] .⁶⁸¹

569. Third, [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] .” The

[REDACTED]

[REDACTED] .⁶⁸²

570. Later that month, [REDACTED]

⁶⁷⁹ 2013-08-08 Identifying Granular Growth Opportunities for OxyContin: Addendum to July 18th and August 5th Updates, PPLP004409892.

⁶⁸⁰ 2013 Walgreens agreement, <https://www.justice.gov/sites/default/files/usao-sdfl/legacy/2013/06/19/130611-01.WalgreensMOA%26Addendum.pdf>.

⁶⁸¹ 2013-08-08 Identifying Granular Growth Opportunities for OxyContin: Addendum to July 18th and August 5th Updates, pgs. 3-5, PPLP004409894-896.

⁶⁸² 2013-08-08 Identifying Granular Growth Opportunities for OxyContin: Addendum to July 18th and August 5th Updates, pgs. 6-7, PPLP004409897-898.

[REDACTED]

[REDACTED]

[REDACTED].⁶⁸³

571. Stewart identified Costa to sales staff as “a champion for our moving forward with a comprehensive ‘turbocharge’ process,” [REDACTED].⁶⁸⁴

Purdue continued to follow-up on Costa’s recommendations in the following months, as Purdue rebranded the *Turbocharge* campaign internally to *Evolve to Excellence* (or *E2E*).⁶⁸⁵

572. In September and October, Boer, Lewent, Pickett, Costa, and Snyderman met with the Sacklers [REDACTED]

[REDACTED]. They [REDACTED]

[REDACTED]

[REDACTED].⁶⁸⁶

573. In October, staff informed Boer, Lewent, Pickett, Costa, Snyderman, and the Sacklers of a correlation between “DEA pressures” and the “declining trend[s]” in sales of both extended release opioids and higher dose opioid pills.⁶⁸⁷ Staff promised to include DEA enforcement and “increasingly restrictive opioid prescribing guidelines and regulations” in shaping their ongoing strategy to increase opioid sales, as well as to more than double the portion of the sales budget spent on promoting OxyContin through the *E2E* initiative.⁶⁸⁸

574. Staff continued to update Boer, Lewent, Pickett, Costa, and Snyderman on the new sales force tactics as they ramped up their implementation through the final quarter of 2013,

⁶⁸³ 2013-08-22 McKinsey presentation, slide 10, PPLPC012000437356.

⁶⁸⁴ 2013-08-15 email from John Stewart, PPLPC012000436626.

⁶⁸⁵ 2013-09-19 email from Edward Mahony, PPLPC012000441854; 2013-09-19 email from Edward Mahony, PPLPC012000441858, 2013-09-23 email from Russell Gasdia, PPLPC012000442736.

⁶⁸⁶ 2013-09-12 Board agenda, PPLP004409919; 2013-10-03 Board agenda, pg. 8, PPLP004409965.

⁶⁸⁷ 2013-10-28 email from Russell Gasdia, PPLPC012000448832-833.

⁶⁸⁸ 2013-10-23 email from Edward Mahony, PPLPC012000448839-840.

during which period sales visits in Massachusetts increased by 30%.⁶⁸⁹

575. In November, staff reported to Boer, Lewent, Pickett, Costa, and Snyderman that key initiatives during the third quarter of 2013 were getting doctors to prescribe OxyContin to opioid-naive patients and elderly patients on Medicare. Staff showed Boer, Lewent, Pickett, Costa, and Snyderman how Purdue's tactic of using opioid savings cards to keep patients on OxyContin longer was working, and that Butrans sales had been above Purdue's forecasts. Nevertheless, staff told the Board that Purdue's 2013 profits were still hundreds of millions of dollars below target, and this shortfall was almost entirely due to the ongoing decline in high-dose and high-volume OxyContin prescriptions.⁶⁹⁰

576. Staff also reported to Boer, Lewent, Pickett, Costa, and Snyderman, that a key initiative in 2013 was training sales reps to keep patients on Butrans longer. Staff told them that Purdue's launch of a new, high dose form of Butrans that, after being included in the *E2E* marketing push, had received initial orders double what the company had forecast. Staff reported that marketing and sales activities generated 266,842 additional Purdue opioid prescriptions and again highlighted opioid savings cards as a promotional coup.⁶⁹¹

577. Staff reported to Boer, Lewent, Pickett, Costa, and Snyderman that Purdue had sent more than 880,000 emails to health care professionals to promote its Butrans opioid, and posted online advertising seen more than 5 million times for Butrans and nearly 4 million times for OxyContin. Staff told them that this national campaign presented the same "key selling messages" designed to get more patients on OxyContin

⁶⁸⁹ 2013-11-01 Board report, pg. 11, PPLPC002000186921; Exhibit 1.

⁶⁹⁰ 2013-11-01 Board report, pgs. 6, 11-15, PPLPC002000186916, -921-925.

⁶⁹¹ 2013-11-01 Board report, pgs.11-13, 27, PPLPC002000186921-923, -937.

at higher doses for longer periods of time, and specifically promoted Purdue’s opioid savings cards.⁶⁹² Boer, Lewent, Pickett, Costa, and Snyderman understood and intended that the sales campaign hit Massachusetts.

❖ ❖ ❖ 2014 ❖ ❖ ❖

578. In early 2014, staff told Boer, Lewent, Pickett, Costa, and Snyderman that again, the company’s promotion of its opioids was working, and had generated an additional 560,036 prescriptions of OxyContin in 2012 and 2013, but this increase was still drastically below the number of opioids Purdue wanted to sell.⁶⁹³ Like before, this gap was attributed to “continued pressure against higher doses [and] long term use of opioids,” as well as new FDA labeling language instructing prescribers to prescribe OxyContin only to patients for whom alternative therapies were inadequate.⁶⁹⁴

579. At 2014’s first Board meeting in February, staff presented Boer, Lewent, Pickett, Costa, and Snyderman with samples of new opioid messaging and sales analysis on further methods to “maximize revenue and profitability for both Butrans and OxyContin.” Staff also reviewed plans to continue Purdue’s core marketing tactics, including the “Key Initiative” to cause patients to “stay on therapy longer,” the *Individualize The Dose* campaign, opioid savings cards, and the campaigns targeting elderly and opioid naive patients.⁶⁹⁵

580. Staff also told the Board that Purdue’s OxyContin eMarketing campaign had reached 84,250 health care providers during the fourth quarter of 2013.⁶⁹⁶

581. As in the past, staff informed Boer, Lewent, Pickett, Costa, and Snyderman, about

⁶⁹² 2013-11-01 Board report, pgs. 14, 16, PPLPC002000186924, -926.

⁶⁹³ 2014-02-04 Board report, pgs. 3, 5, 22, PPLPC002000181037, -039, -056.

⁶⁹⁴ 2014-03-31 Q1 2014 financial results presentation, slide 5, PPLPC012000473131.

⁶⁹⁵ 2014-02-04 Board report, pgs. 9-10, 20, PPLPC002000181043-044, -054.

⁶⁹⁶ 2014-02-04 Board report pg. 15, PPLPC002000181049.

specific developments in Massachusetts. Staff reported to them that Purdue was developing language to modify Massachusetts legislation on opioid prescriptions.⁶⁹⁷

582. Staff also noted an unusually high number of compliance concerns with the content of Purdue's speaker programs, in which the company paid doctors to promote Purdue opioids or messaging to other doctors, causing Purdue to mail out corrective letters to attendees in some cases.⁶⁹⁸

583. In April, staff reported to Boer, Lewent, Pickett, Costa, and Snyderman, together with the Sacklers, that Purdue employed 643 sales reps.⁶⁹⁹ Staff told them that visits by sales reps to doctors were essential to drive prescriptions of Purdue opioids: a drop in sales visits had reduced Butrans prescriptions, underscoring how crucial prescriber visits were to Purdue's profits.⁷⁰⁰

584. In July, staff told Boer, Lewent, Pickett, Costa, and Snyderman, yet again, that Purdue's OxyContin business was threatened by "[c]ontinued pressure against higher doses of opioids," and "[c]ontinued pressure against long term use of opioids."⁷⁰¹

585. In October, staff sent Boer, Lewent, Pickett, Costa, and Snyderman a Proposed Operating Plan and Budget for 2015, which cited "key tactics" of inducing doctors to convert patients from short-acting opioids to OxyContin, and moving patients taking Butrans to higher doses.⁷⁰² The budget predicted that prescribers' continued shift away from the highest doses and larger prescriptions of OxyContin would now cost

⁶⁹⁷ 2014-02-04 Board report pg. 43, PPLPC002000181077 (bill concerned interchangeability of prescriptions).

⁶⁹⁸ 2014-02-04 Board report pgs. 39-40, PPLPC002000181073-074.

⁶⁹⁹ 2014-04-14 financial report to Board, pg. 7, PPLPC012000473138.

⁷⁰⁰ 2014-03-31 results of operations report, slide 7, PPLPC012000473131.

⁷⁰¹ 2014-07-01 Board Flash Report, slide 5, PPLPC016000244173.

⁷⁰² 2014-10-24 email from Edward Mahoney, PPLPC016000260660; 2015 Commercial Budget Review, slides 31, 51, PPLPC016000260706-726.

Purdue \$99,000,000 that year.⁷⁰³

586. The budget also explained Purdue's plans to continue sales force expansion to promote the launch of its new opioid Hysingla.⁷⁰⁴

587. On December 31, Judith Lewent resigned from the Board.

❖ ❖ ❖ 2015 ❖ ❖ ❖

588. Purdue's efforts to overcome the decline in high-dose and high-volume opioid prescribing through aggressive sales calls continued in 2015. In April, staff told Boer, Costa, Pickett, and Snyderman that sales of Purdue's highest dose of OxyContin were down 20% and that the average number of tablets per prescription had declined by eight tablets since 2011. Staff reported that Purdue employed 508 sales reps and another 57 as contract workers. Boer, Costa, Pickett, and Snyderman voted to expand the sales force by adding another 122 reps, based on a prediction that this would increase net sales of opioids by \$59,000,000.⁷⁰⁵

589. In December, Boer, Costa, and Snyderman demanded more information on sales and marketing tactics. Boer asked for an update on the *Region Zero* prescribers Purdue had flagged as possible illegal diverters, which included prescribers in Massachusetts. Costa sought a briefing on adjustments made to the distribution of sales territories throughout the country. Snyderman directed staff to break out sales data by indication versus prescriber specialty for each drug. Snyderman also wanted more information about the impact of Purdue's sales force on prescriptions.⁷⁰⁶

⁷⁰³ 2015 Budget Submission, slide 6, PPLPC016000260845.

⁷⁰⁴ 2015 Commercial Budget Review, slide 67, PPLPC016000260742.

⁷⁰⁵ 2015-05-21 Board materials, pgs. 23, 32, 35, 39, PPLPC011000025691, -700, -703, -707.

⁷⁰⁶ 2015-12-09 Executive Committee presentation, slides 12-14, PPLPC011000073230.

❖ ❖ ❖ 2016 ❖ ❖ ❖

590. In 2016, Boer, Costa, Pickett, and Snyderman participated in Board meetings with the Sacklers in January, March, April, June, August, October, November, and December.⁷⁰⁷ As of the date of this Amended Complaint, Purdue has not disclosed the records of those meetings, although it has promised to disclose them in the coming days.

❖ ❖ ❖ 2017 - 2018 ❖ ❖ ❖

591. In 2017, Boer, Costa, Pickett, and Snyderman participated in Board meetings with the Sacklers in January, March, April, June, August, and October.⁷⁰⁸

592. In October 2017, Snyderman resigned from the Board.⁷⁰⁹

593. In January 2018, Costa resigned from the Board.⁷¹⁰

594. Boer and Pickett remained.

595. Boer, Lewent, Pickett, Costa, and Snyderman each collected [REDACTED]
[REDACTED] from opioid sales in Massachusetts. In exchange for the money, Boer, Lewent, Pickett, Costa, and Snyderman did what the Sacklers wanted every step of the way. They each knowingly, intentionally, and repeatedly directed Purdue's unfair and deceptive sales and marketing campaign in Massachusetts, to the great cost of patients and families.

⁷⁰⁷ 2016-05-19 Executive Committee pre-read, pg. 3, PPLPC011000096794.

⁷⁰⁸ 2017-03-23 Executive Committee presentation, slide 3, PPLPC011000139651.

⁷⁰⁹ Ralph Snyderman declaration.

⁷¹⁰ Paulo Costa declaration.

C. John Stewart, Russell Gasdia, Mark Timney, and Craig Landau

596. The Sacklers relied on four key executives to get more patients in Massachusetts to take more opioids at higher doses for longer periods of time. These executives — John Stewart, Russell Gasdia, Mark Timney, and Craig Landau — are personally liable for their role in the unlawful scheme.

JOHN STEWART

597. As CEO from 2007 to 2013, John Stewart headed up Purdue's unfair and deceptive campaign to get more Massachusetts residents to take more opioids at higher doses for longer periods of time. The Sacklers found Stewart, a long-time veteran of Purdue, [REDACTED] [REDACTED].⁷¹¹

598. Stewart knowingly and intentionally sent sales reps to promote opioids in Massachusetts. At his direction, Purdue's sales reps visited Massachusetts prescribers more than 70,000 times.⁷¹² Stewart, in collaboration with sales executives like Russell Gasdia, recommended that Purdue increase the size of the sales force several times, more than doubling the number of sales reps during his tenure. After the Sacklers approved each expansion, Stewart ensured that the additional sales reps were deployed to sell opioids to prescribers in Massachusetts and beyond.

599. Stewart, a long-time employee of Purdue prior to becoming CEO, sent a memo to Jonathan and Kathe Sackler in 1997, which showed that he knew then that when people use high doses of opioids for longer periods, they are more likely to suffer adverse effects.⁷¹³ Despite this

⁷¹¹ 2008-04-18 memo from Richard Sackler, PDD9316300631.

⁷¹² Exhibit 1.

⁷¹³ 1997-04-12 memo from John Stewart, PDD1701785443.

knowledge, as CEO, Stewart led Purdue's strategy to drive patients to take opioids at higher doses for longer periods of time to meet the Sacklers' sales goals.

600. Stewart knew and intended that the sales reps in Massachusetts would increase opioid sales by misleading doctors and concealing the true risks of Purdue's opioids.

601. Stewart also knew and intended that Purdue staff reporting to him would engage in thousands of additional deceptive acts in Massachusetts, including sending misleading publications to Massachusetts doctors and engaging in deceptive promotion of Purdue opioids at Boston University, Massachusetts General Hospital, and Tufts University.

602. Stewart knowingly and intentionally sought to conceal his misconduct.

❖ ❖ ❖ 2007 ❖ ❖ ❖

603. In May 2007 — immediately after the 2007 convictions — Stewart began planning to expand Purdue's sales force in Massachusetts and across the country. Even though Purdue sales reps were already visiting Massachusetts prescribers more than 1,000 times each month, Stewart and Sales VP Russell Gasdia worked to quantify the "market impact" that adding sales reps would have.⁷¹⁴

604. In June, Stewart met with Purdue's sales managers, including the Massachusetts district and regional managers, to present his vision for selling opioids.⁷¹⁵

605. In July, Stewart received the first of more than twenty reports he would receive during his tenure as CEO, detailing the number and breadth of Purdue's sales reps across the country, including in Massachusetts. Staff also told Stewart that Purdue received 572 Reports of

⁷¹⁴ 2007-05-29 email from John Stewart, PPLPC012000143430.

⁷¹⁵ 2007-06-11 email from Russell Gasdia, PPLPC012000145260.

Concern about abuse and diversion of Purdue opioids during Q2 2007 — including several reports from Massachusetts.⁷¹⁶

606. Staff told Stewart that Purdue had mailed 12,528 marketing pieces to prescribers and others in the first half of 2007. The most-distributed item was volume #1 of Purdue’s “*Focused and Customized Education Topic Selections in Pain Management*” (FACETS),⁷¹⁷ which falsely instructed doctors and patients that physical dependence on opioids is not dangerous and instead improves patients’ “quality of life.” FACETS also falsely told doctors and patients that signs of addiction are actually “pseudoaddiction,” and that doctors should respond by prescribing more opioids.⁷¹⁸ Staff told Stewart that another of the publications they had sent most often to doctors was “*Complexities in Caring for People in Pain.*”⁷¹⁹ In it, Purdue repeated again its false claim that warning signs of addiction are really “pseudoaddiction” that should be treated with more opioids.⁷²⁰

607. Under Stewart’s oversight, Purdue sent both of those misleading materials to doctors in Massachusetts hundreds of times.⁷²¹

608. In September, Stewart approved distributing the deceptive book *Responsible Opioid Prescribing*, sponsored by Purdue, which reinforced Purdue’s deceptive message that the clear majority of patients were “trustworthy,” meaning that they were not vulnerable to addiction.⁷²²

⁷¹⁶ 2007-07-15 Board report, pg. 33, 52, PWG000300817-836.

⁷¹⁷ 2007-07-15 Board report, pg. 34, PWG000300818.

⁷¹⁸ 2007-08-29 “*Focused and Customized Education Topic Selections in Pain Management*”, Vol. 1, pgs. 51, 53, PTN000004691, -693.

⁷¹⁹ 2007-07-15 Board report, pg. 34, PWG000300818.

⁷²⁰ 2007-09-03 “*Complexities of Caring for People in Pain*”, pg. 8, PTN000005318.

⁷²¹ 2010-08-26 Medical Education Materials for HCPs, PWG000247083, -084.

⁷²² 2007-09-06 email from John Stewart, PWG000184869.

609. As Stewart continued to work to expand the sales force, he knew that the national Blue Cross/Blue Shield association instructed its members, including Blue Cross/Blue Shield of Massachusetts, to not partner with Purdue, because the association was “concerned about what [Purdue’s] sales people were telling doctors.”⁷²³

610. In October, Stewart reported to the Board that Purdue received 284 Reports of Concern about abuse and diversion of Purdue’s opioids in the most recent quarter and 39 tips to Purdue’s compliance hotline.⁷²⁴ Nevertheless, staff told Stewart and the Board that they should authorize a sales force expansion because the existing force was “unable to cover a large percentage of high prescribers.”⁷²⁵

❖ ❖ ❖ 2008 ❖ ❖ ❖

611. In January 2008, staff told Stewart that, in 2007, Purdue’s net sales were just over \$1 billion, almost “DOUBLE” what the company had planned with OxyContin making up more than 90% of those sales. Staff also told Stewart that they represented Purdue at the Massachusetts General Hospital Purdue Pharma Pain Center in Boston on November 1 and at a Tufts University course on “Pain Policy: Opioid Laws and Policies” in Boston on October 31.⁷²⁶

612. In February, the Board [REDACTED]
[REDACTED].⁷²⁷ As a result, Stewart knew and intended that more sales reps would promote opioids to prescribers in Massachusetts by misleading doctors and concealing the true risks of Purdue’s opioids. In fact, sales reps newly hired in the 2008 expansion promoted Purdue opioids

⁷²³ 2007-09-30 email from Russell Gasdia, PPLPC012000156284.

⁷²⁴ 2007-10-15 Board report, pgs. 36, 60, PPLPC012000157437, -461.

⁷²⁵ 2007-10-26 email from Russell Gasdia, PPLPC012000159020; 2007-10-25 Sales & Marketing presentation, slide 4, PPLPC012000159022.

⁷²⁶ 2008-01-15 Board report, pgs. 16, 24, PDD8901733989, -997.

⁷²⁷ 2008-02-08 Board minutes, PKY183212620.

to Massachusetts prescribers more than 13,000 times.⁷²⁸

613. Stewart wrote to Richard Sackler that Purdue's reformulated OxyContin with so-called abuse-deterrent properties "will not stop patients from the simple act of taking too many pills."⁷²⁹ Still, Stewart worked to include abuse-deterrent claims in the label of reformulated OxyContin and heralded the reformulation of OxyContin as a solution to the problems caused by opioid abuse, misleadingly focusing on crushing and injecting even though he knew that swallowing intact pills is the most common form of abuse.⁷³⁰

614. In March, Stewart presented the details of the OxyContin savings card program to the Board. He explained that offering savings cards increased the share of patients who use branded OxyContin by fifteen percent.⁷³¹

615. In April, staff told Stewart they promoted Purdue's opioids in Massachusetts at Tufts Health Care Institute's program on Opioid Risk Management in Boston on March 27.⁷³²

616. In July, staff told Stewart that Purdue had bought one hundred new Pontiac Vibes to shuttle around the expanded Sales Force he had proposed. Staff also told Stewart that they promoted Purdue's opioids to clinicians, fellows, and medical residents in Massachusetts in a presentation titled "*The Assessment and Management of Chronic Pain with an Emphasis on the Appropriate Use of Opioid Analgesics*" at the Tufts University MSPREP Program in Boston on April 25; and in a presentation titled "*The Role of Urine Drug and other Biofluid Assays in Pain Management*," at the Tufts Health Care Institute's program on Opioid Risk Management in

⁷²⁸ Exhibit 1.

⁷²⁹ 2008-02-22 email from John Stewart, PPLPC012000172201.

⁷³⁰ 2010-10-27 email from John Stewart, PDD8901374440; 2010-04-28 email from John Stewart, PDD8901562111; 2011-09-28 presentation by John Stewart, slides 9-11, PWG000245725-727; 2011-09-28 presentation by John Stewart, slides 23-30, PWG000245754-761; 2012-03-06 speech by John Stewart, PWG000245479.

⁷³¹ 2008-03-07 email from John Stewart, PPLPC012000173909; 2008-03-07 board agenda, PPLPC012000173911, - 950-970.

⁷³² 2008-04-15 Board report, pg. 16, PDD8901724449.

Boston on June 26 and 27.⁷³³ Convincing Massachusetts doctors that Purdue opioids were the best way to manage chronic pain and that urine tests protected patients from addiction were both part of Purdue's deceptive scheme.

617. In October, staff told Stewart that the sales force expansion had been implemented and Purdue now employed 414 sales reps — an increase of more than 100 reps.⁷³⁴ The expansion of the sales force that Stewart had recommended had its intended effect in Massachusetts: during the third quarter of 2008, Purdue sales reps visited Massachusetts prescribers more than 1,800 times — a 20% increase compared to the same period in 2007.⁷³⁵

❖ ❖ ❖ 2009 ❖ ❖ ❖

618. In March 2009, Stewart and Richard Sackler discussed a decline in OxyContin's market share. Both men wanted more. Stewart stressed that it would not be enough merely to get patients onto Purdue opioids, but that they needed to get patients onto the most profitable prescriptions: "the key consideration is more likely to be Purdue's share of the \$ market (as opposed to Rx's)."⁷³⁶ Both men knew that the most profitable prescriptions were those for the highest doses.

619. In April, staff told Stewart that Purdue had increased prescribers' use of high dose opioids: "for the first time since January 2008, OxyContin 80mg strength tablets exceeded the 40mg strength tablets during December 2008." Staff also told Stewart that Purdue received 122 tips to its compliance hotline during first quarter 2009, including tips regarding improper use of OxyContin marketing materials and opioid savings cards.⁷³⁷

⁷³³ 2008-07-15 Board report, pgs. 21, 30, PPLP004367317, -326.

⁷³⁴ 2008-10-15 Board report, pg. 26, PDD9316101027.

⁷³⁵ Exhibit 1.

⁷³⁶ 2009-03-18 email from John Stewart, PPLPC012000216786.

⁷³⁷ 2009-04-16 Board report, pgs. 5, 24-25, PDD9316304317, -336-337.

620. In June, Stewart [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] .⁷³⁸

621. In October, staff told Stewart and the Board: “The Sales Force expanded by an additional 50 territories as of July 2009,” and Purdue had hired even more sales reps since, to total 475 sales reps in all. Staff reinforced earlier reports that a nationwide review of District Managers in the sales force had required extensive corrective action, but Stewart did not follow up that report with any discipline for executives.⁷³⁹

622. In November, following a question from Richard Sackler, staff told Stewart and the Board that Purdue promoted OxyContin as reducing pain faster, having less variability in blood levels, and working for more pain conditions than competitor products.⁷⁴⁰ Stewart knew that there was no support for these claims in OxyContin’s FDA-approved labeling.

623. That same month, Stewart sought Board approval to resume funding the *Massachusetts General Hospital Purdue Pharma Pain Program* to promote Purdue’s opioids in Massachusetts.⁷⁴¹

624. In December, Stewart prepared 2010 objectives for the sales and marketing team, including how many times sales reps should visit prescribers to promote opioids and how managers should supervise the reps. Stewart wrote that the target for face-to-face promotion to

⁷³⁸ 2009-05-20 Executive Committee notes, PPLPC012000226606.

⁷³⁹ 2009-10-20 email from John Stewart, PPLPC012000242813; 2009-10-22 Board report, pgs. 4, 16, 21, PPLPC016000007322, -334, -339.

⁷⁴⁰ 2009-11-02 budget presentation, PPLPC012000249329.

⁷⁴¹ 2009-11-02 budget presentation, PPLPC012000249337.

prescribers would be 540,000 sales visits, and staff would have to report the number of sales visits, compared to the target and compared to the prior year, at the end of every quarter.⁷⁴²

❖ ❖ ❖ 2010 ❖ ❖ ❖

625. In January 2010, Stewart informed staff about the Board's decision to increase the sales target to \$3.1 billion in sales, more than \$100 million more than in 2009.⁷⁴³

626. In February, staff reported to the Board Stewart's sales objective of at least 545,000 visits to prescribers to promote Purdue opioids in year 2010.⁷⁴⁴ That target rose to 712,000 visits in 2011, 752,417 in 2012, and 744,777 in 2013.⁷⁴⁵

627. At Stewart's urging, [REDACTED], so that Purdue employed 490 sales reps nationwide, including 14 in Massachusetts.⁷⁴⁶

628. Staff regularly told Stewart exactly how many times Purdue sales reps visited prescribers to promote opioids in the most recent three months, how that total compared to the budget, how many prescribers an average rep visited on an average day, and what Purdue staff were doing to increase the number of opioid sales visits.

629. Stewart [REDACTED]
[REDACTED]

[REDACTED].⁷⁴⁷ Stewart [REDACTED]

[REDACTED]. He [REDACTED]

⁷⁴² 2009-12-22 email from John Stewart, PPLPC012000249344; 2009-12-22, 2010 Objectives, PPLPC012000249345.

⁷⁴³ 2010-01-27 email from John Stewart, PPLPC012000252171; 2010-01-26 Executive Committee notes, PPLPC012000252176.

⁷⁴⁴ 2010-02-01 Board report, pg. 23, PPLPC012000252797.

⁷⁴⁵ 2011-05-02 Board report, pg. 3, PPLPC012000322428; 2012-04-30 Board report, pg. 3, PPLPC012000374793; 2013-05-13 Board report, pg. 7, PPLP004367546.

⁷⁴⁶ 2010-02-01 Board report, pgs. 4, 19, PPLPC012000252778, -793; Exhibit 1.

⁷⁴⁷ 2010-01-20 Executive Committee notes, PPLPC012000257446.

634. In June, Stewart presented the Board with the projected number of sales reps to promote each Purdue product over the next 10 years.⁷⁵³ Stewart approved the mix of products the sales force was already promoting and applauded their progress on meeting targets.⁷⁵⁴

635. In July, Stewart invited sales and marketing managers to attend the board meeting and strategize even more sales force expansion.⁷⁵⁵ Stewart knew and intended that, because of this undertaking, more sales reps would promote opioids to prescribers in Massachusetts. In fact, new sales reps hired in the 2010 expansion promoted Purdue opioids to Massachusetts prescribers more than 4,000 times.⁷⁵⁶

636. In September, Stewart and Gasdia discussed how sales reps should talk to doctors about reformulated OxyContin. In the wake of 770 calls in one week from patients, caretakers, and prescribers to Purdue for concerns like adverse events, Stewart told Gasdia to have sales reps stay on message. He told Gasdia that there was no need to have sales reps say more on these issues with prescribers.⁷⁵⁷ Stewart frequently made decisions about what sales reps should say to doctors, and sales reps in Massachusetts used the words and phrases that Stewart chose.

637. In October, staff told Stewart that Purdue employed 506 sales reps and that, during the third quarter 2010, they visited prescribers 141,116 times.⁷⁵⁸ More than 2,600 of those visits were in Massachusetts.⁷⁵⁹

638. Staff reported to Stewart and the Board that Purdue would promote opioids at more than a dozen programs in Massachusetts.⁷⁶⁰

⁷⁵³ 2010-06-15 email from John Stewart, PPLPC012000275713.

⁷⁵⁴ 2010-06-22 email from John Stewart, PPLPC012000276415.

⁷⁵⁵ 2010-07-22 Board minutes, PKY183212838; 2010-07-20 email from John Stewart, PPLPC012000279588.

⁷⁵⁶ Exhibit 1.

⁷⁵⁷ 2010-09-08 email from John Stewart, PPLPC012000286538.

⁷⁵⁸ 2010-10-25 Board report, pgs. 3, 26, PWG000421967, -990.

⁷⁵⁹ Exhibit 1.

639. That same month, Stewart [REDACTED]

[REDACTED] .⁷⁶¹

640. Stewart [REDACTED]

[REDACTED] .⁷⁶²

641. In November, Stewart traveled to Massachusetts to promote Purdue's opioids. He met with Massachusetts General Hospital to discuss Purdue's grant.⁷⁶³ Ultimately, Stewart would obtain for MGH an additional \$500,000 per year for three years from the Board, with the goal of increasing prescriptions of opioids, including OxyContin.⁷⁶⁴ MGH produced a Purdue-funded program called "Advances in Managing Chronic Pain."⁷⁶⁵

642. In December, Stewart informed the Board that "region 0 accounts for much of the [prescription] decline at the regional level" after the reformulation of OxyContin.⁷⁶⁶ *Region Zero* was Purdue's list of suspicious prescribers, which it stopped promoting to, but continued to profit from, by failing to report them to authorities.

643. On Christmas Eve, Stewart reviewed printed marketing materials and sales rep training for Butrans, including the titration guide which Purdue trained its sales reps to use to push doctors to prescribe higher and more profitable doses.⁷⁶⁷

⁷⁶⁰ The programs were at Massachusetts institutions Tufts University, Boston University, Pri-Med Institute, Northeastern University, Massachusetts College of Pharmacy, and American Health Resources. 2010-10-07 report attached to email by William Mallin, pgs. 3, 5, 10, 13, 16, 26, 28, 33, 34, PPLPC012000292676, -678, -683, -686, -689, -699, -701, -706-707; 2010-10-07 Report attached to email by William Mallin, PPLPC012000292759-60.

⁷⁶¹ 2010-11-10 Executive Committee notes, PPLPC012000299854.

⁷⁶² 2010-11-10 Executive Committee notes, PPLPC012000299855; 2010-11-10 Slideshow presentation by Bert Weinstein, slide 7, PPLPC012000299866.

⁷⁶³ 2010-11-19 email from David Haddox, PTN000018983.

⁷⁶⁴ 2011-06-13 Budget spreadsheet, PPLPC012000329085

⁷⁶⁵ 2011-07-11 email from Teri Toth PPLPC017000311119-120.

⁷⁶⁶ 2010-12-01 presentation by John Stewart, slide 4, PPLPC012000300458.

⁷⁶⁷ 2010-12-24 email from John Stewart, PPLPC012000304469; 2010-12-23 proposed Butrans titration guide, PPLPC002000086956.

❖ ❖ ❖ 2011 ❖ ❖ ❖

644. In January 2011, staff told Stewart and the Board that Purdue employed 590 sales reps and that, during the most recent quarter, they visited prescribers 125,712 times.⁷⁶⁸ More than 2,900 of those visits were in Massachusetts.⁷⁶⁹

645. Staff also reported to Stewart that Purdue had completed one of its key initiatives that Stewart had proposed; it hired 74 more sales reps during Q4 2010 and planned to hire 51 more reps during Q1 2011.⁷⁷⁰

646. In February, staff gave Stewart and the Board a map correlating dangerous prescribers in Massachusetts with reports of oxycodone poisoning, burglaries, and robberies. Staff told Stewart and the Board that the company was receiving a steadily rising volume of hotline calls and other compliance matters, reaching an all-time high during October, November, and December 2010.⁷⁷¹ Staff also presented an analysis of penalties imposed on pharmaceutical companies for illegal marketing. That analysis concluded that penalties for breaking the law are “relatively small . . . compared to the perpetrating companies’ profits.”⁷⁷²

647. Later that month, Stewart [REDACTED]

[REDACTED]

[REDACTED].⁷⁷³

648. In March, Richard Sackler asked Stewart and others to explain to the Board the barriers that sales reps were encountering in their promotion and “what [was] being done to

⁷⁶⁸ 2011-01-24 Board report, pgs. 4, 35, PWG000421551, -582.

⁷⁶⁹ Exhibit 1.

⁷⁷⁰ 2011-01-24 Board report, pg. 4, PWG000421551.

⁷⁷¹ 2011-02-03 presentation by Bert Weinstein, slides 23, 95, PDD8901468038, -109.

⁷⁷² 2010-12-16 study by Public Citizen’s Health Research Group, pg. 2, PDD8901468062.

⁷⁷³ 2011-01-26 Executive Committee notes, PPLPC012000312667-668.

overcome them.⁷⁷⁴ In April, Stewart met with Gasdia to form a plan to reverse declining Butrans sales.⁷⁷⁵ Stewart tracked sales numbers and sought to head off problems by aggressive marketing. In May, Stewart co-authored Purdue's plans to increase targeting of high prescribers, which included further expanding the sales force.⁷⁷⁶

649. When Jonathan Sackler complained to Stewart about sales (“This is starting to look ugly”), Stewart turned around and ordered Sales VP Russell Gasdia to increase prescriptions.⁷⁷⁷ Stewart gave Gasdia 48 hours to deliver a comprehensive plan:

“the action plan should have elements specifically directed at: sales force call targeting; sales force prescriptions by representative (range from high to low, and what ‘performance improvement plans’ are being put in place for those in the lowest deciles; key questions/obstacles being identified from the field and medical services, and how they are being addressed; what other information the sales force feels will help boost sales; the current situation with each of the major MCOs [managed care organizations], and the plan and targets going forward (with specific dates); and key marketing activities and their start date that by themselves may help boost sales.”⁷⁷⁸

650. That same month, staff told Stewart and the Board that Purdue had hired 47 more sales reps in the most recent expansion and now employed 639. Staff told Stewart and the Board that, during the first quarter of 2011, the sales reps visited prescribers 173,647 times during.⁷⁷⁹ More than 3,800 of those visits were in Massachusetts.⁷⁸⁰

651. In June, Stewart, in discussion with Landau and others, recognized that Purdue's opioid sales were hundreds of millions of dollars less than expected, in part, because doctors

⁷⁷⁴ 2011-02-25 email from Richard Sackler, PPLPC012000313544.

⁷⁷⁵ 2011-04-20 email from John Stewart, PPLPC012000321001.

⁷⁷⁶ 2011-05-01 email from John Stewart, PPLPC012000322363; 2011-05-01 Purdue business strategy draft, PPLPC012000322364.

⁷⁷⁷ 2011-05-25 email from Jonathan Sackler, PPLPC012000326097.

⁷⁷⁸ 2011-05-25 email from John Stewart, PPLPC012000326096.

⁷⁷⁹ 2011-05-02 Board report, pgs. 5-6, 36, PPLPC012000322430-431, -461.

⁷⁸⁰ Exhibit 1.

were prescribing the highest doses less often.⁷⁸¹ Those decreases in prescribing included reductions of \$300 million by prescribers who had been placed in *Region Zero*.⁷⁸²

652. Continuing in June, Gasdia told Stewart that early Butrans sales were trending up, and that the next strategy to sell even more Butrans was “increasing call frequency to the highest prescribers.”⁷⁸³

653. In August, Stewart informed Gasdia that lower-than-expected OxyContin sales were due to decreased demand for the highest strengths — setting the stage for another push to get doctors to prescribe higher doses.⁷⁸⁴

654. In September, Stewart gave a speech titled *Providing Relief, Preventing Abuse* in Connecticut, which deceptively blamed the addiction, overdose, and death on “abuse”— deploying Richard Sackler’s time-worn strategy to “hammer on the abusers in every way possible” — to draw attention away from how dangerous Purdue opioids were for everyone.⁷⁸⁵

655. In October, Stewart pushed Gasdia for information on the Butrans sales projections and threatened to cut Purdue’s marketing and sales investment if Gasdia couldn’t turn Butrans sales around.⁷⁸⁶

⁷⁸¹ 2011-05-12 Executive Committee notes, PPLPC012000327303.

⁷⁸² 2011-06-15 memo from Kim Gadski, PPLPC012000329460.

⁷⁸³ 2011-06-03 email from Russell Gasdia, PPLPC012000327538-541.

⁷⁸⁴ 2011-08-12 email from John Stewart, PPLPC012000338554.

⁷⁸⁵ 2011-09-28 presentation by John Stewart, PWG000245717; 2011-02-01 email from Richard Sackler, PDD8801133516.

⁷⁸⁶ 2011-10-12 email from John Stewart, PPLPC012000347134.

❖ ❖ ❖ 2012 ❖ ❖ ❖

656. In January 2012, Stewart had his staff report to the Board that Purdue employed 632 sales reps.⁷⁸⁷ In the fourth quarter of 2011, they visited Massachusetts prescribers more than 3,600 times.⁷⁸⁸

657. In February, staff told Stewart that patients on higher doses of Butrans stayed on that opioid longer, and that sales reps would press doctors to move patients to higher doses rapidly to keep them on Butrans longer. This reinforced Stewart's strategy to promote higher doses.⁷⁸⁹

658. In March, Gasdia pleaded with Stewart to try to trim back Richard Sackler's micromanagement of sales. Stewart replied that "I work on this virtually every day," and asked Gasdia to continue to "spur me to get involved directly."⁷⁹⁰

659. That same week, Stewart gave another *Providing Relief, Preventing Abuse* speech making the same misleading statements as before: that pain is undertreated and that patients are to blame for addiction, overdose, and death because of "abuse." Stewart used these tactics to draw attention away from how dangerously addictive Purdue's opioids were for everyone.⁷⁹¹

660. In March, Stewart also created another 10-year projection, emphasizing that "one-on-one interactions between healthcare professionals and the company's Sales and Marketing staff will be the primary driver" of prescriptions. Stewart also planned for Purdue to continue to push under-treatment of pain as a major message. Finally, the plan highlighted that sales could be increased by falsely convincing doctors that they could and should prescribe more to patients

⁷⁸⁷ 2012-01-25 Board report, pg. 48, PPLPC012000362291.

⁷⁸⁸ Exhibit 1.

⁷⁸⁹ 2012-02-12 email from David Rosen, PPLPC012000364028-029.

⁷⁹⁰ 2012-02-07 email from John Stewart, PPLPC012000368569.

⁷⁹¹ 2012-04-09 email from Joseph Pisani, PWG000217342.

deemed to have low risk of addiction and that patients who were at risk of addiction were really just illegal drug users.⁷⁹²

661. In April, Stewart continued his focus on higher doses. He wrote to Gasdia that Richard Sackler’s frustrations about both Butrans and OxyContin could be linked to dosing. He encouraged Gasdia to tell Sackler that patients on lower doses seemed to stop taking opioids sooner, and that much of the profit that Purdue had lost had been from doctors backing off the highest dose of OxyContin (80mg).⁷⁹³

662. In May, Stewart reiterated to Gasdia the importance of getting prescribers to use higher doses and doing so “faster than the projections indicate.” He told Gasdia that the lowest dose of Butrans should be “considered more of a starter dose” from which Purdue would encourage almost everyone to move up. This would enable Purdue to collect “more \$ value per script.” Stewart told Gasdia that he would join Gasdia’s team in their detailed Butrans performance review to get their sales strategy straight for the mid-year meeting with the Board.⁷⁹⁴

663. In June, Stewart directed one of his staff to attend the International Conference on Opioids, which was held at Harvard Medical School in Boston that month. Staff reported that people at the conference compared Purdue to the tobacco companies.⁷⁹⁵

664. In July, Stewart [REDACTED]
[REDACTED]” [REDACTED]
[REDACTED]
[REDACTED]

⁷⁹² 2012-03-27 business strategy plan, pgs. 8, 10, 30, PWG000164127, -129, -149.

⁷⁹³ 2012-04-16 email from John Stewart, PPLPC012000372620.

⁷⁹⁴ 2012-05-16 email from John Stewart, PPLPC012000376527.

⁷⁹⁵ 2012-06-11 email from Russell Gasdia, PPLPC012000380788.

[REDACTED].⁷⁹⁶ The following year, Purdue’s sales reps called on one of the highest-prescribing Massachusetts doctors more than a hundred times.⁷⁹⁷

665. That month, Stewart reported to the Board that Massachusetts now allowed drug companies to use copay savings cards and to host dinners for doctors to promote their drugs.⁷⁹⁸

666. In August, Stewart [REDACTED]

[REDACTED]

[REDACTED].” Stewart also [REDACTED]

[REDACTED]

[REDACTED].”⁷⁹⁹ One

of those “high ROI targets” in Massachusetts, Walter Jacobs, lost his license due to unlawful overprescribing in 2012, after years of being Purdue’s paid spokesman and top prescriber in the Commonwealth.

667. Stewart knew how sales visits influenced prescribing. In October, Stewart and Gasdia discussed directing the sales force to focus more on OxyContin and less on Butrans because the increase in OxyContin sales would be greater than the reduction in Butrans sales.⁸⁰⁰

668. That same month, Stewart directed his staff to draft an email, that he then reviewed and edited, briefing the Board on Purdue’s objections to proposals by Physicians for Responsible Opioid Prescribing which sought to limit the number of patients on opioids, their

⁷⁹⁶ 2012-06-15 email from John Stewart, PPLPC012000383032; 2012-06-14 memo on [REDACTED] project, PPLPC012000382450; 2012-07-12 email from John Stewart, PPLPC012000383138; 2013-09-05 [REDACTED] report, pg. 41, PPLPC002000156120.

⁷⁹⁷ Exhibit 1.

⁷⁹⁸ 2012-07-23 Board Report, pg. 39, PPLPC012000387107.

⁷⁹⁹ 2012-08-05 email from John Stewart, PPLPC012000388080; 2012-07-11 overview of studies for Board report, PPLPC012000388087-088.

⁸⁰⁰ 2012-10-10 email from John Stewart, PPLPC012000394639.

doses, and the duration of use.⁸⁰¹

❖ ❖ ❖ 2013 ❖ ❖ ❖

669. In early 2013, Stewart and his staff continued to reinforce the *Individualize The Dose* campaign, which Stewart knew and intended would promote higher doses. Stewart and his sales staff also focused on promoting use of the opioid savings cards, including giving cash bonuses to sales reps for driving their use, which Stewart knew and intended would keep patients on opioids longer.⁸⁰²

670. In February, Stewart drafted proposed sales scripts around the abuse-deterrent formulation of OxyContin, such as:

“Reflecting the depth of its commitment to drug safety and patient health, Purdue Pharma has introduced an abuse-deterrent formulation of OxyContin tablets - that is difficult to manipulate for the purpose of intentional abuse, misuse, and diversion.”⁸⁰³

Although Stewart knew the reformulation would not deter abuse by swallowing pills — the most common route of abuse — the sales scripts did not disclose that. Rather, they focused on crushing and dissolving to deceive doctors into believing that the reformulation was safe.⁸⁰⁴ Stewart and the team debuted these messages to the sales force in May, and sales reps began using them thereafter.

671. In May, Stewart continued writing sales pitches for the abuse-deterrent formulation of OxyContin.⁸⁰⁵ Again, none of those statements disclosed that swallowing pills is most common form of abuse.⁸⁰⁶ Stewart discussed his sales pitches with top executives, and the

⁸⁰¹ 2012-10-03 email from John Stewart, PWG000415151.

⁸⁰² 2013-01-28 Board report, pg. 13, PPLPC012000407139.

⁸⁰³ 2013-02-19 email from John Stewart, PPLPC012000409154; 2013-02-19 draft of proposed communicates, PPLPC012000409160.

⁸⁰⁴ 2013-02-19 draft of proposed communicates, PPLPC012000409156.

⁸⁰⁵ 2013-05-03 email from John Stewart, PPLPC012000421593.

⁸⁰⁶ 2013-05-03 guidance for sales reps, PPLPC012000421798.

team planned to roll them out to the sales force later that month.⁸⁰⁷ In the second half of 2013, Purdue's sales reps used Stewart's misleading sales messages at least 100 times in Massachusetts.

672. Stewart hand-edited a presentation explaining that the decrease in high dose prescriptions was causing declining revenue, and that Purdue would respond by: making more OxyContin sales calls, pressing forward with the *Individualize The Dose* campaign, and promoting opioid savings cards. Stewart intended that these initiatives would get patients on higher doses for longer periods.⁸⁰⁸

- ~~\$57 million of lower sales~~ is attributed to lower demand
 - \$21 million due to lower number of ^{TABLET} ~~tab~~s per script than assumed in budget;
 - \$11 million due to lower overall script volume than budgeted ~~and~~;
 - \$25 million due to higher strengths scripts declining more rapidly than lower strength scripts.

Stewart's notes on a slide identifying the problem of lower sales in higher doses

- ## Planned Actions
- Ensure ^{THE} sales force ^{ACHIEVES} ~~achieves~~ the budget number of primary OxyContin sales calls.
 - Implement Marketing Initiatives
 - "Individualize the Dose" campaign
 - Titration – via iPad case studies
 - Reiterate patient savings programs/managed care formulary messaging

Stewart's notes on a slide with Purdue's plan to address the problem

⁸⁰⁷ 2013-05-03 email from Ronald Cadet, PPLPC012000421795.

⁸⁰⁸ 2013-05-22 mid-year sales update, slides 4, 14, PPLPC012000424611, -621.

673. Meanwhile, staff reported to Stewart and the Board that they were continuing to use opioid savings cards to get patients to “remain on therapy longer.” Staff told Stewart that they were now using direct mail and email, as well as in person sales visits, to push the opioid savings cards.⁸⁰⁹

674. Despite these sales efforts, Stewart knew that Purdue was losing tens of millions of dollars in revenue because fewer patients were being prescribed higher doses of opioids and patients were being prescribed fewer pills in each prescription. Staff told Stewart: “there is an ‘unfavorable’ mix of prescriptions across strengths,” and sales of the highest doses were too low. Staff reminded Stewart of the second problem: “lower average tablet counts per prescription.”⁸¹⁰

675. In July, Stewart directed Gasdia to develop a way to “identify consistently low performers” in the sales force. He also instructed Gasdia to tell the sales force that they should be doing half of their calls on OxyContin, half on Butrans.⁸¹¹

676. That same month, staff told Stewart and the Board that OxyContin sales had dropped \$96,400,000 from the year before because Purdue had fewer sales reps selling OxyContin to doctors.⁸¹² Stewart [REDACTED]

[REDACTED].⁸¹³

677. Meeting with his External Affairs Committee, Stewart discussed concerns about “threats” from “data on long term use of opioids.”⁸¹⁴ Stewart knew in 1997 that long term use leads to more adverse events and he was worried that the public was figuring it out.⁸¹⁵

⁸⁰⁹ 2013-05-13 Board report, pg. 18, PPLP004367557.

⁸¹⁰ 2013-05-13 Board report, pg. 8, PPLP004367547.

⁸¹¹ 2013-07-11 email from John Stewart, PPLPC012000435411.

⁸¹² 2013-07-05 email from Edward Mahony, PPLPC012000431149; 2013-07-05 email from Edward Mahony, PPLPC012000431312.

⁸¹³ 2013-07-07 email from John Stewart, PPLPC012000431262.

⁸¹⁴ 2013-07-24 Communications and External Affairs Committee minutes, PPLPC012000433553.

⁸¹⁵ 1997-03-12, memo from John Stewart, PDD1701785443.

678. Stewart and his staff continued to focus on “the decline in higher strengths” of Purdue opioids, and the decline in “tablets per Rx,” which were reducing Purdue’s profit. One “specific concern” for Purdue had been Massachusetts legislation to essentially ban OxyContin in Massachusetts, which Purdue had advocated against and defeated.⁸¹⁶ Stewart knew and intended that Purdue was promoting and selling OxyContin in the Commonwealth.

679. Staff also reported to Stewart that they had trained Purdue’s sales reps to use new sales materials designed to get patients on higher doses of opioids for longer periods. Purdue employed 634 sales reps and, during the second quarter of 2013, they visited prescribers 177,773 times. Staff assured Stewart that they were trying to increase sales visits by increasing communication to sales representatives and monitoring sales reps more closely.⁸¹⁷ During that quarter, Purdue sales reps visited Massachusetts prescribers more than 2,400 times.⁸¹⁸

680. In August, Stewart presented to the Board about OxyContin growth opportunities. He identified diminished use of the highest doses as a major factor in declining sales and explained that OxyContin prescriptions would increase with more sales calls.⁸¹⁹

681. That same month, [REDACTED]

[REDACTED] .⁸²⁰ [REDACTED]

[REDACTED]

[REDACTED] . [REDACTED]

⁸¹⁶ 2013-07-23 Board report, pgs. 25, 52, PPLPC012000433412, -439.

⁸¹⁷ 2013-07-23 Board report, pgs. 10-12, 59, PPLPC012000433397-398, -446.

⁸¹⁸ Exhibit 1.

⁸¹⁹ 2013-08-14 presentation by John Stewart and Russell Gasdia, slides 2, 4, PPLPC012000436355.

⁸²⁰ 2013-08-22 email from Russell Gasdia, PPLPC012000437344 ([REDACTED] interim report).

[REDACTED]

[REDACTED] .⁸²¹

682. In September, Stewart initiated *Project Turbocharge*, [REDACTED] [REDACTED] to drastically increase OxyContin sales calls and change the way Purdue targets prescribers.⁸²² This initiative was renamed *E2E: Evolve to Excellence* and would be the theme of the 2014 National Sales Meeting.⁸²³

683. Also in September, Stewart told the Board he was working to oppose the incorporation of 90-day limits into the FDA’s pain management guidelines or regulations.⁸²⁴ Stewart knew that patients who stay on opioids longer have more adverse events, but that they were also more profitable for Purdue.⁸²⁵ In fact, in Massachusetts, patients who use opioids for longer than 90 days are thirty times more likely to die of opioid-related overdoses than the general population.

684. Later that month, Stewart criticized Gasdia and other staff for being “overly conservative” in their communications with doctors. Stewart directed that sales reps should promote Purdue’s opioids for “moderate persistent pain” even though the FDA had removed the word “moderate” from the drugs’ indications.⁸²⁶

685. In October, Stewart and Gasdia addressed concerns in the budget relating to the slowing growth in Butrans sales. Their new scheme to boost Butrans sales was to target

⁸²¹ 2013-08-22 [REDACTED] presentation, slide 10, PPLPC012000437356.

⁸²² 2013-09-16 email from John Stewart, PPLPC012000441611; 2013-09-11 memo from [REDACTED], PPLPC012000441614.

⁸²³ 2013-09-23 email from Russell Gasdia, PPLPC012000442736; 2013-09-18 near term implementation plant, slide 5, PPLPC012000441799.

⁸²⁴ 2013-09-11 email from John Stewart, PPLPC002000159015.

⁸²⁵ 1997-03-12, memo from John Stewart, PDD1701785443.

⁸²⁶ 2013-09-30 email from John Stewart, PPLPC012000444465-466.

“specific populations (e.g. the elderly).”⁸²⁷ Stewart was instrumental in Purdue’s strategy to target especially vulnerable patients.

686. In November, staff reported to Stewart that a key initiative during the third quarter of 2013 was for sales reps to promote OxyContin for patients who had never taken opioids before.⁸²⁸ In Massachusetts during 2013, Purdue sales reps reported to Purdue that they pushed opioids for opioid-naive patients dozens of times. The sales reps did not disclose to doctors that opioid naive patients faced greater risks of overdose and death.

687. Staff reported to Stewart and the Board that another key initiative was for sales reps to encourage doctors to prescribe OxyContin to elderly patients on Medicare.⁸²⁹ In Massachusetts during those three months, sales reps reported to Purdue that they pushed opioids for “elderly” or “Medicare” patients more than 300 times. The sales reps did not consistently disclose to doctors that elderly patients faced greater risk of drug interactions, injuries, falls, and suffocating to death by taking OxyContin. Some sales reps even made claims that OxyContin did the opposite, for example, that it reduced the risk of falls. At least 23 Massachusetts patients aged 65 and older who were prescribed Purdue opioids later died of opioid-related overdoses.

688. Staff also told Stewart and the Board that analysis conducted in July showed that opioid savings cards earned the company more money by keeping patients on opioids longer; specifically, more patients stayed on OxyContin longer than 60 days. Staff reported that Purdue was pushing opioid savings cards through Purdue sales reps, through email to tens of thousands of health care providers, and online.⁸³⁰

⁸²⁷ 2013-11-12 email from John Stewart, PPLPC012000451664; 2013-10-29 budget presentation, PPLPC012000451665.

⁸²⁸ 2013-11-01 Board report, pg. 14, PPLPC002000186924.

⁸²⁹ 2013-11-01 Board report, pg. 15, PPLPC002000186925.

⁸³⁰ 2013-11-01 Board report, pg. 15, PPLPC002000186925.

689. During 2013, Purdue sales reps promoted opioid savings cards to Massachusetts doctors thousands of times. The sales reps did not tell doctors that savings cards led patients to stay on opioids longer than 60 days, or that staying on opioids longer increased the risk of addiction and death.

690. Staff explained to Stewart and the Board that in the fourth quarter of 2013, sales reps would increase the number of visits to prescribers.⁸³¹ In Massachusetts, during those three months, sales visits increased by 30%.⁸³²

691. Staff also reported to Stewart that a key initiative in 2013 was to train sales reps to keep patients on Butrans longer. They told Stewart that, at exactly the same time as the initiative to keep patients on opioids longer, Purdue launched a new high dose of its Butrans opioid. Sales reps began promoting the new high dose to physicians and initial orders were double the company's forecasts. Staff also reported to Stewart that marketing and sales activities generated 266,842 additional prescriptions and opioid savings cards generated especially "high returns" by keeping patients on opioids longer.⁸³³

692. Staff reported to Stewart and the Board that Purdue had sent more than 880,000 emails to health care professionals to promote its Butrans opioid, and posted online advertising garnering more than 5 million views for Butrans and nearly 4 million views for OxyContin. Staff told Stewart that these hundreds of thousands of communications pitched doctors with messages designed to get more patients on OxyContin at higher doses for longer periods of time.⁸³⁴

⁸³¹ 2013-11-01 Board report, pg. 11, PPLPC002000186921.

⁸³² Exhibit 1.

⁸³³ 2013-11-01 Board report, pgs. 11-13, 27, PPLPC002000186921-23, -937.

⁸³⁴ 2013-11-01 Board report, pgs. 14, 16, PPLPC002000186924, -926.

693. Staff also told Stewart and the Board that they would begin reviews of sales reps according to their sales ranking, with a focus on the bottom ten percent. They reported to Stewart that Purdue employed 637 sales reps and, during third quarter of 2013, they visited prescribers 179,640 times.⁸³⁵ More than 2,200 of those visits were in Massachusetts.⁸³⁶

694. In December, Stewart informed Kathe Sackler and Gasdia that *Evolve 2 Excellence* — the aggressive sales strategy — was already increasing prescriptions and revenue. Stewart knew and intended that these changes in sales practices would drive increased prescriptions, including in Massachusetts.⁸³⁷

695. Stewart resigned from Purdue at the end of 2013.⁸³⁸

696. Stewart has collected substantial revenue from the sale of Purdue opioids in Massachusetts, as detailed in Exhibit 2.

697. While Stewart was Purdue's chief executive, at least 247 Massachusetts patients died of opioid-related overdoses after taking the drugs he sold.

⁸³⁵ 2013-11-01 Board report, pgs. 11, 52, 55, PPLPC002000186921, -962, -965.

⁸³⁶ Exhibit 1.

⁸³⁷ 2013-12-02 email from John Stewart, PPLPC012000454422.

⁸³⁸ John Stewart declaration.

RUSSELL GASDIA

698. Russell Gasdia worked at the heart of Purdue’s deceptive sales campaign. From 2007 until 2014, Gasdia was Purdue’s Vice President of Sales and Marketing. He was responsible for getting more patients on opioids, at higher doses, for longer periods of time. By breaking the law, he enjoyed the privileges of life as a top Purdue executive, and he exposed families across Massachusetts to addiction, overdose, and death.



699. Gasdia [REDACTED]

[REDACTED].⁸³⁹ He [REDACTED]
[REDACTED]

[REDACTED].⁸⁴⁰

700. Gasdia had [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]. Gasdia was [REDACTED]

[REDACTED]. And he [REDACTED]

[REDACTED].

701. Because [REDACTED]

[REDACTED]. Those allegations are hereby realleged together with the allegations that follow.

⁸³⁹ 2014-12-09 email from Russell Gasdia, PPLPC012000508727.

⁸⁴⁰ 2008-06-01 deposition of Russell Gasdia, page 6:16-7:5, PWG003803377.

More Patients

702. Gasdia [REDACTED]

[REDACTED]. From 2007 to 2014, Gasdia [REDACTED]

[REDACTED]. He [REDACTED]

[REDACTED].⁸⁴¹

703. [REDACTED], Gasdia [REDACTED]

[REDACTED].⁸⁴² [REDACTED], Gasdia [REDACTED]

[REDACTED].⁸⁴³

704. Gasdia [REDACTED]

[REDACTED].⁸⁴⁴ [REDACTED]

[REDACTED]

[REDACTED].⁸⁴⁵

705. Accordingly, Gasdia [REDACTED]

[REDACTED]. In a 2008 presentation to the

Board, Gasdia [REDACTED]

[REDACTED].⁸⁴⁶

706. Then, he [REDACTED]. Gasdia [REDACTED]

[REDACTED]. [REDACTED]

[REDACTED]:

⁸⁴¹ 2012-02-04 email from Russell Gasdia, PPLPC012000362995.

⁸⁴² 2012-01-17 Sales and Marketing Board report, PPLPC012000359667.

⁸⁴³ 2012-01-22 email from Russell Gasdia, PPLPC012000360275; 2013-03-10 email from Russell Gasdia, PPLPC012000412627.

⁸⁴⁴ 2014-01-07 email from Russell Gasdia, PPLPC012000458541.

⁸⁴⁵ 2008-10-05 email from Russell Gasdia, PPLPC021000200047; 2008-10-04 presentation attached to email from Russell Gasdia, PPLPC021000200048.

⁸⁴⁶ 2008-01-17 email from Russell Gasdia, PPLPC012000166723; 2008-07-17 presentation to the Board, slide 2, PPLPC012000190563.

[REDACTED]

707. Gasdia [REDACTED]. He [REDACTED]

[REDACTED]

[REDACTED].⁸⁴⁸ Gasdia

[REDACTED]. When staff

[REDACTED]

[REDACTED]. He [REDACTED]

[REDACTED]

[REDACTED].⁸⁴⁹

708. Gasdia [REDACTED]

[REDACTED].⁸⁵⁰

Higher Doses

709. Gasdia [REDACTED]. [REDACTED]

[REDACTED]

[REDACTED]. But [REDACTED]

[REDACTED].⁸⁵¹ From that point on, Gasdia

[REDACTED].

⁸⁴⁷ 2012-02-27 email from Russell Gasdia, PPLPC012000366690.

⁸⁴⁸ 2010-07-05 email from Russell Gasdia, PPLPC012000277833-834; 2011-02-16 email from Russell Gasdia, PPLPC012000311888-889.

[REDACTED]

See paragraphs 63–66, above.

⁸⁴⁹ 2011-03-25 email from Russell Gasdia, PPLPC001000081969.

⁸⁵⁰ 2011-02-07 email from Russell Gasdia, PPLPC012000309664; 2011-02-07 Butrans launch update, slide 7, PPLPC012000309665.

⁸⁵¹ 2012-03-08 email from Russell Gasdia, PPLPC012000368599.

710. In 2013, Gasdia [REDACTED]
[REDACTED].” He [REDACTED]
[REDACTED]
[REDACTED]. Gasdia [REDACTED]
[REDACTED]
[REDACTED]. [REDACTED]
[REDACTED].”⁸⁵²

711. Gasdia [REDACTED]
[REDACTED]. First, Gasdia [REDACTED]. Purdue
[REDACTED]
[REDACTED]
[REDACTED].” [REDACTED]
[REDACTED]
[REDACTED]. In [REDACTED]
[REDACTED]
[REDACTED].”⁸⁵³ In a [REDACTED]
[REDACTED]
[REDACTED].”⁸⁵⁴ In a [REDACTED]
[REDACTED]
[REDACTED].”⁸⁵⁵

712. Gasdia [REDACTED]. [REDACTED]

⁸⁵² 2013-05-24 Sales & Marketing presentation, slides 4, 8, 11, 15, 16, PPLPC004000358097.
⁸⁵³ 2013-05-24 Sales & Marketing presentation, slides 4, 8, 11, 15, PPLPC004000358097.
⁸⁵⁴ 2012-03-13 email from Russell Gasdia, PPLPC012000369074.
⁸⁵⁵ 2013-04-30 email from Russell Gasdia, PPLPC012000420967.

[REDACTED]

[REDACTED] ⁸⁵⁶ Indeed, [REDACTED]

[REDACTED] . Purdue [REDACTED]

[REDACTED]

[REDACTED] .⁸⁵⁷ By [REDACTED]

[REDACTED] .

713. Gasdia [REDACTED]

[REDACTED]

[REDACTED] . Gasdia [REDACTED]

[REDACTED] ⁸⁵⁸ [REDACTED]

[REDACTED] ⁸⁵⁹ [REDACTED]

[REDACTED]

[REDACTED] .

714. In 2014, Gasdia [REDACTED]

[REDACTED] . Gasdia [REDACTED]

[REDACTED]

[REDACTED] .

But [REDACTED]

[REDACTED] .” Gasdia

[REDACTED]

[REDACTED] .”

⁸⁵⁶ 2013-05-24 Sales & Marketing presentation, slides 11, 15, PPLPC004000358097.

⁸⁵⁷ 2012-07-27 OxyContin presentation, slide 22, PPLPC018000702766.

⁸⁵⁸ 2013-08-06 email from Russell Gasdia, PPLPC012000435415; 2013-08-06 visual aid, PPLPC028000497109.

⁸⁵⁹ Paragraph 73 above.

[REDACTED].⁸⁶⁰

715. That same year, Gasdia [REDACTED]

[REDACTED]

[REDACTED]. The [REDACTED]

[REDACTED].⁸⁶¹

[REDACTED]

716. [REDACTED], Gasdia [REDACTED]

[REDACTED]. In 2010, [REDACTED]

[REDACTED]. [REDACTED]

[REDACTED]

[REDACTED]. Gasdia [REDACTED]

[REDACTED]. Days later, Gasdia [REDACTED]

[REDACTED]

[REDACTED].⁸⁶² Staff [REDACTED]

[REDACTED]

[REDACTED].⁸⁶³

Longer Time

717. Gasdia [REDACTED]

[REDACTED]. In 2012, Gasdia [REDACTED]

⁸⁶⁰ 2014-06-06 email from Russell Gasdia, PPLPC012000483965. [REDACTED]

⁸⁶¹ 2014-02-14 email from Russell Gasdia, PPLPC012000464424.

⁸⁶² 2010-07-23 email from Russell Gasdia, PPLPC012000280312.

⁸⁶³ 2010-07-23 email from David Rosen, PPLPC012000280312.

[REDACTED].⁸⁶⁴ He [REDACTED]

[REDACTED]

[REDACTED].” Gasdia [REDACTED]

[REDACTED]

[REDACTED].⁸⁶⁵ That [REDACTED]

[REDACTED].

718. Gasdia [REDACTED]

[REDACTED]. In 2012, [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED].” He [REDACTED]

[REDACTED]

[REDACTED].⁸⁶⁶

719. Gasdia [REDACTED]

[REDACTED]

[REDACTED]. Gasdia [REDACTED]

[REDACTED]

[REDACTED].⁸⁶⁷ As Gasdia [REDACTED]

[REDACTED].

Targeting Prolific Prescribers

720. In 2002, staff sent Gasdia [REDACTED]

⁸⁶⁴ 2012-02-02 email from Russell Gasdia, PPLPC012000363328.

⁸⁶⁵ 2012-10-24 email from Russell Gasdia, PPLPC012000396054; slide 19, PPLPC012000396055.

⁸⁶⁶ 2012-08-16 emails from Russell Gasdia and Robert Barmore, PPLPC012000389032.

⁸⁶⁷ 2013-08-06 email from Russell Gasdia, PPLPC012000435415; 2013-08-06 visual aid, PPLPC028000497109.

[REDACTED]. The [REDACTED]

[REDACTED].⁸⁶⁸ Gasdia [REDACTED].

Instead, he [REDACTED]

[REDACTED].⁸⁶⁹

721. For [REDACTED].

Sales staff [REDACTED]

[REDACTED]

[REDACTED].⁸⁷⁰ Gasdia [REDACTED]

[REDACTED]. Gasdia

[REDACTED].⁸⁷¹

722. In October 2010, Gasdia [REDACTED]

[REDACTED].⁸⁷²

[REDACTED]

723. Three weeks earlier, [REDACTED]

[REDACTED]

[REDACTED]

⁸⁶⁸ 2002-10-18 email from James Lang, PPLPC012000053294.

⁸⁶⁹ Exhibit 1; 2013-04-03 list of targeted prescribers, PPLP004367823.

⁸⁷⁰ 2001-06-25 spreadsheet attached to email from Kathy Doran (re Thought Leaders), PPLPC012000038726; 2010-10-06 Consultant Services Agreement signed by Russell Gasdia and Walter Jacobs, PPLP003479945.

⁸⁷¹ 2002-10-01 email from Russell Gasdia, #319184.1.

⁸⁷² 2010-10-06 contract, PPLP003479951.

[REDACTED] .⁸⁷³ But [REDACTED]
[REDACTED].

724. Gasdia [REDACTED]
[REDACTED]. Gasdia [REDACTED]
[REDACTED].⁸⁷⁵ From 2008
[REDACTED]
[REDACTED].

725. The [REDACTED]
[REDACTED]. But [REDACTED]. Since 2009, [REDACTED]
[REDACTED].

726. The [REDACTED]
[REDACTED].”
Gasdia [REDACTED]
[REDACTED].⁸⁷⁶

727. Gasdia [REDACTED]
[REDACTED]. In 2011, Gasdia [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED].”⁸⁷⁷

⁸⁷³ 2010-09-17 stipulation.

⁸⁷⁴ Monthly prescription data by prescriber, PWG003984534.

⁸⁷⁵ 2010-10-06 Consultant Services Agreement signed by Russell Gasdia and Walter Jacobs, PPLP003479945; 2011-04-19 Amendment to 2010 Consultant Services Agreement, PPLP003481935; 2012-04-02 Statement of Work signed by Russell Gasdia and Walter Jacobs, PPLP003485089.

⁸⁷⁶ 2011-04-28 email from Russell Gasdia, PPLPC012000322209.

⁸⁷⁷ 2011-04-28 email from Russell Gasdia, PPLPC012000322209.

728. In 2013, Gasdia [REDACTED]

[REDACTED]. He [REDACTED]

[REDACTED]

[REDACTED].⁸⁷⁸ Gasdia

[REDACTED]

[REDACTED]

[REDACTED].⁸⁷⁹

729. To [REDACTED]

[REDACTED].⁸⁸⁰ [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED].” The [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED].⁸⁸¹

730. [REDACTED]

[REDACTED]. Staff told Gasdia [REDACTED]

[REDACTED].⁸⁸²

731. Their patients were the losers. Across the nation, [REDACTED]

[REDACTED]

⁸⁷⁸ 2013-02-07 email from Russell Gasdia, PPLPC012000407757; 2013-02-07 Q1 Butrans Core/Super Core Assignment Profile, PPLPC012000407759.

⁸⁷⁹ 2013-02-12 email from Russell Gasdia, PPLPC012000408436.

⁸⁸⁰ 2013-09-26 Fourth Quarter 2013 Incentive Program, PPLP003579152.

⁸⁸¹ 2013-12-23 First Quarter 2014 Incentive Program, PPLP003579166.

⁸⁸² 2014-01-24 email from Windell Fisher, PPLPC012000461545.

[REDACTED].⁸⁸³ In Massachusetts, for example, Gasdia [REDACTED]

[REDACTED].” [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]. [REDACTED]

[REDACTED]. Purdue’s [REDACTED]

[REDACTED]

[REDACTED].⁸⁸⁴

732. Compared to Massachusetts [REDACTED]

[REDACTED]

[REDACTED]. Under Gasdia’s [REDACTED]

[REDACTED].

Compared to Massachusetts [REDACTED]

[REDACTED]

[REDACTED].

Region Zero

733. Gasdia [REDACTED]

[REDACTED]. Purdue [REDACTED]

[REDACTED]. But Purdue [REDACTED]

[REDACTED]

[REDACTED].

⁸⁸³ 2012-12-22 ASF Q1 2013 Aligned TL.xlsx, PPLP004367823.

⁸⁸⁴ Exhibit 1.

734. For years, Gasdia [REDACTED]. For example, in 2003, Gasdia [REDACTED]. Gasdia [REDACTED]. Gasdia [REDACTED]. Gasdia [REDACTED].⁸⁸⁵ [REDACTED].

735. In 2010, the Board [REDACTED]. Together with three other executives, Gasdia [REDACTED].⁸⁸⁶ That [REDACTED].⁸⁸⁷

736. In 2012, [REDACTED]. [REDACTED]. [REDACTED]. [REDACTED].

⁸⁸⁵ 2003-02-24 email from Russell Gasdia, PPLPC012000057576.
⁸⁸⁶ 2010-07-22 Purdue Pharma Shareholders and Board Meeting Actions and Notes, PPLPC012000282808-809.
⁸⁸⁷ 2010-08-11 Prescriber List, PPLPC012000282813.

[REDACTED]

.⁸⁸⁸

Gasdia [REDACTED]

.⁸⁸⁹

[REDACTED]

737. The [REDACTED]

[REDACTED]. Gasdia [REDACTED]. But Gasdia [REDACTED]

[REDACTED].

738. In 2009, Gasdia [REDACTED]

[REDACTED]

[REDACTED]” Gasdia told [REDACTED]

[REDACTED].⁸⁹⁰

739. In March 2012, Gasdia [REDACTED]

[REDACTED]. [REDACTED]

[REDACTED]

[REDACTED].” He [REDACTED]

[REDACTED]. Gasdia [REDACTED]

[REDACTED]

[REDACTED].⁸⁹¹

⁸⁸⁸ 2012-10-02 email from Yoni Falkson, PPLPC012000392932.
⁸⁸⁹ 2012-10-02 email from Russell Gasdia, PPLPC012000392932.
⁸⁹⁰ 2009-04-16 email from Russell Gasdia, PPLPC012000220513.
⁸⁹¹ 2012-03-06 email from Russell Gasdia, PPLPC004000315750.

740. Two days later, Gasdia [REDACTED]. Because Richard Sackler [REDACTED]

[REDACTED]

[REDACTED]”⁸⁹² [REDACTED]

[REDACTED]

[REDACTED].⁸⁹³ As explained in paragraph 350 above, one

Massachusetts sales rep [REDACTED]

[REDACTED].⁸⁹⁴ Another

Massachusetts rep [REDACTED].⁸⁹⁵ Purdue [REDACTED]

[REDACTED]

[REDACTED]” “ [REDACTED]

[REDACTED].” Purdue also [REDACTED]

[REDACTED]

[REDACTED].⁸⁹⁶

741. Gasdia emailed [REDACTED]

[REDACTED].” Gasdia stated: “ [REDACTED]

[REDACTED]” “ [REDACTED]

[REDACTED]

[REDACTED]”⁸⁹⁷

742. Because Gasdia [REDACTED]

[REDACTED]. [REDACTED]

⁸⁹² 2012-03-08 email from Russell Gasdia, PPLPC012000368509.

⁸⁹³ 2012-06-12 June PEP Status Report, PPLPC012000382165.

⁸⁹⁴ 2013-12-06 Performance Enhancement Plan, PPLPC014000231426 (“See Top 10 HCPs each Monday. See them again before end of same week.”).

⁸⁹⁵ 2012-08-28 Performance Enhancement Plan, PPLPC014000183394.

⁸⁹⁶ 2014-07-18 Performance Enhancement Plan, PPLPC014000263371-373.

⁸⁹⁷ 2012-06-05 email from Russell Gasdia, PPLPC012000378676.

[REDACTED]

[REDACTED] .⁸⁹⁸

[REDACTED]

743. To limit the evidence of its misconduct, Purdue tried to discourage email. No one was more concerned about avoiding a paper trail than Gasdia.

744. When staff emailed Gasdia a [REDACTED]

[REDACTED] .⁸⁹⁹

When [REDACTED]

[REDACTED] .⁹⁰⁰

When sales staff emailed [REDACTED]

[REDACTED] .⁹⁰¹

745. Purdue's [REDACTED]

[REDACTED] . By [REDACTED]

[REDACTED]

[REDACTED] , Gasdia [REDACTED]

[REDACTED] . When Gasdia [REDACTED]

[REDACTED] .⁹⁰²

746. Gasdia [REDACTED]

[REDACTED] .

⁸⁹⁸ 2012-03-06 email from Russell Gasdia, PPLPC012000368278 (criticizing regional sales manager Douglas Wheeler).

⁸⁹⁹ 2000-05-28 email from Russell Gasdia, PPLPC012000014212.

⁹⁰⁰ 2001-06-19 email from Russell Gasdia, PPLPC012000034110 (staff noted [REDACTED] ”).

⁹⁰¹ 2011-04-19 email from Russell Gasdia, PPLPC004000278046.

⁹⁰² 2011-09-30 email from Russell Gasdia, PPLPC012000345726.

Accomplishing the Sacklers' Scheme

747. As much as anyone outside the Sackler family, Gasdia helped the Sacklers accomplish their dangerous scheme. Gasdia was [REDACTED]

[REDACTED]

[REDACTED]. Gasdia [REDACTED]

[REDACTED]. When [REDACTED]

[REDACTED]. When they [REDACTED]

[REDACTED]. When Richard Sackler [REDACTED]

[REDACTED].

748. Gasdia reported [REDACTED].⁹⁰³ He

[REDACTED]

[REDACTED].

[REDACTED]

749. Gasdia [REDACTED]. Many times, he [REDACTED]

[REDACTED].⁹⁰⁴ [REDACTED]

[REDACTED] in 2011, Gasdia [REDACTED]

[REDACTED].⁹⁰⁵ The next month, [REDACTED]

[REDACTED]

⁹⁰³ 2012-03-12 email from Russell Gasdia, PPLPC012000369769; 2008-03-09 email from Russell Gasdia, PPLPC012000174202; 2011-05-10 email from Russell Gasdia, PPLPC012000323493; 2012-01-09 email from Jonathan Sackler, PPLPC012000358983; 2012-02-01 email from Russell Gasdia, PPLPC012000361862; 2011-04-28 email from Russell Gasdia, PPLPC012000322051.

⁹⁰⁴ 2009-07-29 email from Russell Gasdia, PPLPC012000233005; 2009-07-31 email from Russell Gasdia, PPLPC012000234801; 2011-08-29 email from Russell Gasdia, PPLPC012000340744.

⁹⁰⁵ 2011-01-05 email from Russell Gasdia, PPLPC012000305135.

[REDACTED] .⁹⁰⁶

750. Gasdia [REDACTED]

[REDACTED] . He [REDACTED]

[REDACTED] .⁹⁰⁷ [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] .⁹⁰⁸



751. In July 2014, [REDACTED]

[REDACTED] .⁹⁰⁹ For the rest of 2014, he [REDACTED]

[REDACTED] . [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] .⁹¹⁰ On December 31, 2014, Gasdia [REDACTED] .⁹¹¹

752. Selling Purdue opioids was a winning move for Gasdia if he measured it in money. From 2007 to 2014, Purdue [REDACTED] .

753. In the seven years Gasdia oversaw [REDACTED]

[REDACTED] .

⁹⁰⁶ 2011-02-11 email from Russell Gasdia, PPLPC012000311084.

⁹⁰⁷ 2008-01-30 email from Russell Gasdia, PPLPC012000168213; 2008-04-22 email from Russell Gasdia, PPLPC012000179563; 2014-06-06 presentation by Russell Gasdia, PVT0028342; 2008-05-22 email from Russell Gasdia; PPLPC012000184138.

⁹⁰⁸ 2001-11-19 email from Russell Gasdia, PPLPC012000041186.

⁹⁰⁹ 2014-12-05 email from Russell Gasdia, PLPPC012000508248; 2014-06-10 email from Richard Sackler, PPLPC012000483201.

⁹¹⁰ 2014-09-15 Commercial Strategic Initiatives by Russell Gasdia, slides 10-19, PPLPC012000494427.

⁹¹¹ 2014-12-05 email from Russell Gasdia, PLPPC012000508248.

MARK TIMNEY

754. In January 2014, just a few months before Massachusetts declared the opioid epidemic a public health emergency, Timney picked up as CEO where John Stewart left off, directing and overseeing the sale and marketing of Purdue's opioids and the expansion of the sales force, including in Massachusetts. Timney directed Purdue sales reps to target Massachusetts doctors to prescribe opioids to more patients, at higher doses, for longer periods of time.

755. When some health care systems stopped allowing sales reps to visit doctor's offices, Timney developed a work-around. Under his direction, Purdue created a call center where sales reps telephoned doctors and hospitals, including facilities with "no-see" policies, to encourage them to prescribe more opioids.

756. Timney received near-daily reports of opioid-related abuse, diversion, and overdoses, including in Massachusetts.

757. Rather than work to address the opioid epidemic, Timney devoted his tenure to preserving the Sacklers' narrative that addiction was the fault of abusers: promoting OxyContin as abuse-deterrent, without disclosing that the reformulation had no effect on the most common form of abuse — swallowing pills.

758. Starting in January and continuing for his entire time at Purdue, Timney regularly received internal reports — sometimes multiple times a day — that summarized media coverage of opioid-related issues. The reports included articles about doctors over-prescribing opioids, stories of people overdosing, drug abuse chatroom chatter, and more. After receiving these reports, Timney often followed up with requests to his staff to dig deeper on an item in that day's

summary.⁹¹²

759. As CEO, Timney continued John Stewart's aggressive sales strategy known as *Evolve 2 Excellence* or *E2E*. In an updated presentation to Timney, [REDACTED]

[REDACTED].⁹¹³ Timney knew and intended that Purdue sales reps aggressively target prolific prescribers.

760. Timney's *Evolve 2 Excellence* sales strategy also brought an increased focus on OxyContin, requiring sale reps to allocate two thirds of sales efforts to OxyContin and one third to Butrans, instead of the previous 50/50 split.⁹¹⁴

761. In February, as a competitor prepared to launch another opioid, Timney directed that Purdue "target KOLs who would respond" with data showing why Purdue's opioids "should be used in certain patients first."⁹¹⁵

762. In March, Timney received updates from sales staff about the *Evolve 2 Excellence* sales strategy.⁹¹⁶ Sales staff wrote among themselves that Timney had "requested regular updates" on the *E2E* project and that "[t]here will continue to be a great deal of focus on the activity of the Sales Force as a measurement of whether we are making the necessary progress during 2014."⁹¹⁷

763. At the same time, Timney created a new way to reach physicians who did not allow sales reps in their clinics (no- and limited-access prescribers). Timney directed staff to set up a call center, where sales reps would call restricted-access prescribers and promote Purdue's

⁹¹² 2016-11-23 email from Mark Timney, PPLPC023000922832-836.

⁹¹³ 2014-01-17 *Evolve to Excellence* Presentation by Mark Timney, slide 7, PPLPC012000459931.

⁹¹⁴ 2014-01-17 *Evolve to Excellence* Presentation by Mark Timney, slide 13, PPLPC012000459931.

⁹¹⁵ 2014-02-26 email from Mark Timney, PPLPC012000465939.

⁹¹⁶ 2014-03-11 Presentation meeting with Mark Timney, PPLPC014000242643.

⁹¹⁷ 2014-03-11 email from Windell Fisher, PPLPC014000242642.

opioids over the phone. Timney oversaw this and other initiatives to reach those prescribers, including email and digital marketing.⁹¹⁸

764. In April, Timney worked with [REDACTED]

[REDACTED].⁹¹⁹

765. In May, Timney reported to the Board about how, under his direction, Purdue had successfully lobbied for legislation in Massachusetts that prohibited a non-abuse deterrent formulation from being dispensed if an abuse deterrent formulation of that drug was available. Timney touted this as a “positive development” “in a state from which we've seen significant anti-opioid activity in recent months” and “closely aligned with our commercial strategy.”⁹²⁰

766. When Richard Sackler expressed displeasure at the poor commercial performance of Butrans, Timney assured him “We are turning over every opportunity with every product we have.”⁹²¹

767. Later that month, Timney told the Board about the new sales initiative to target no- and limited-access prescribers through the call center and to target hospital networks, which had policies restricting sales rep visits.⁹²² The initiative called for Purdue to focus on four “high value geographies” one of which was Massachusetts, including the Partners and Steward hospital systems.⁹²³ Timney assured the Board that through these efforts, the sales force continued to target the highest volume prescribers and increase sales of Purdue’s opioids.

768. In August, Timney sent the entire company a 100-days strategy update that keyed into his vision for how Purdue would sustain profitable growth for the Sacklers, by “Competing,

⁹¹⁸ 2014-03-11 Presentation for meeting with Mark Timney, slides 2, 23, 50, PPLPC014000242643.

⁹¹⁹ 2014-04-17 email from [REDACTED], PPLPC012000473723.

⁹²⁰ 2014-05-14 email from Mark Timney, PPLPC019000926225.

⁹²¹ 2014-06-10 email from Mark Timney, PPLPC012000483200.

⁹²² 2014-05-23 Board Update Memo from Mark Timney, PPLPC021000656750.

⁹²³ 2014-06-06 Sales and Marketing Update Presentation, slide 16, PVT0028327.

Winning, and Growing.” The memo included an update specific to Massachusetts, noting the passage of legislation that reflected “public policies championed by Purdue.”⁹²⁴ Timney touted the Massachusetts legislation in a memo to the Board that month as well, while noting that staff from Corporate Affairs were coordinating the response to a developing Bloomberg / BusinessWeek story on the Sackler family.⁹²⁵

769. In September, as the launch date for Purdue’s new opioid Hysingla approached, Timney directed staff to prepare a “detailed, full blown, launch plan” that he could review in detail.⁹²⁶

770. In October, at the direction of Timney, staff sent the Board advance copies of the 2015 proposed operating budget.⁹²⁷ The materials included Timney’s strategic plan of “Compete, Win, Grow.” Timney presented to the Board on “Optimizing the Pain Portfolio,” again highlighting how Purdue had “[h]elped pass [the] nation’s first pro-ADF law in Massachusetts.”⁹²⁸ Timney repeatedly trumpeted this legislative change (as he did in May and August) because it encouraged the sale of Purdue’s opioids in Massachusetts.

771. After receipt of the proposed budget, Mortimer Sackler wrote to Timney saying “Not a pretty picture. Is that really the best we can do next year?” Timney tried to temper Mortimer’s fears by assuring him “everything within control of the team is improving.”⁹²⁹

⁹²⁴ 2014-08-11 email from Raul Damas, PPLPC023000708275.

⁹²⁵ 2014-08-01 memo from Mark Timney, PPLPC018001080173.

⁹²⁶ 2014-09-22 email from Mark Timney, PPLP004141433.

⁹²⁷ 2014-10-24 email from Ed Mahony, PPLPC016000260660.

⁹²⁸ 2014-10-24 Mark Timney’s 2015 Budget Summary, slide 6, PPLPC016000260672.

⁹²⁹ 2014-10-25 email from Mortimer Sackler, PPLPC021000696384, -385.

772. In November, Timney sent his congratulations to the regulatory team upon FDA approval of Hysingla ER, Purdue’s newest opioid which came in strengths of up to 120 milligrams.⁹³⁰

773. In February 2015, Timney gave an internal presentation about Purdue’s strategy for continuing to profit from the sale of opioids.⁹³¹ Timney acknowledged that the abuse deterrent properties of OxyContin do “not address overconsumption” orally —i.e., the most common mode of abuse—and that “abusers are likely to find a way around the ADP technology.”⁹³² At the same time, Timney directed Purdue’s sales reps to promote OxyContin’s abuse deterrent properties—without disclosing these critical facts.

774. In late November, Timney reported to the Board that authorities were increasing efforts to restrict access to opioids and noted concern over potential legislation in Massachusetts. Still, Timney told the Board that Purdue’s sales visits and market share were increasing, and the 2016 strategy sought to “expand[] the Sales Force,” “protect OxyContin against competition and grow Butrans & Hysingla ER.”⁹³³

775. In January 2016, Timney attended the national sales meeting with hundreds of Purdue sales reps, including those from Massachusetts.⁹³⁴

776. In March, Timney received an email from a mother whose daughter was in treatment for opioid addiction. The mother asked Purdue to fund a recovery treatment center. Timney forwarded the email to his colleagues and the mother received a form letter in response,

⁹³⁰ 2014-11-20 email from Mark Timney, PPLPC1000189109.

⁹³¹ 2015-02-24 emails from Mark Timney and Gail Cawkwell, PPLPC011000015125.

⁹³² 2015-03-10 Oxycodone and Buprenorphine Combination Product Presentation, slide 3, PPLPC011000014785.

⁹³³ 2015-11-30 2016 Budget Presentation, slide 24, PPLPC011000069975.

⁹³⁴ 2016-01-08 email from Eric Kizior, PPLP003569274.

listing various things Purdue had done to “help solve” the opioid crisis.⁹³⁵

777. In April, as public pressure against opioids grew, Timney sent an email to staff titled, “Urgency and Intensity.” Expressing serious concern about the future of the business, Timney demanded staff calculate Purdue’s potential losses, develop strategies to mitigate them, and focus on improving the effectiveness of the sales force.⁹³⁶

778. In September, Purdue received [REDACTED]
[REDACTED]
[REDACTED].” Rather than [REDACTED]
[REDACTED] Purdue [REDACTED]
[REDACTED].” [REDACTED] Timney be [REDACTED]
[REDACTED].”⁹³⁷ Timney’s focus continued to be [REDACTED]
[REDACTED]
[REDACTED].

779. By November, Timney was executing this strategy of humanizing Purdue. He wrote a letter to the editor of the *Boston Globe* commenting on an article written about Purdue. Rather than taking responsibility for Purdue’s role in fueling the opioid crisis, Timney asserted that, “the *Globe* should recognize the impactful efforts companies like Purdue have taken to address the opioid epidemic.”⁹³⁸

780. Later that month, Timney gave an internal presentation demonstrating the inadequacies of Purdue’s “system” for tracking prescribers that were prescribing opioids inappropriately. The presentation made clear that as late as 2016, Purdue’s Abuse and Diversion

⁹³⁵ 2016-03-22 email from a mother to Mark Timney, PPLPC017000696223.

⁹³⁶ 2016-04-15 email from Timney to Executive Committee, PPLPC011000092068.

⁹³⁷ 2016-09-16 [REDACTED] Presentations, slides 2, 11, PPLPC021000863236.

⁹³⁸ 2016-11-01 letter from Mark Timney, PPLPC011000126443.

Detection system consisted of *ad hoc*, manual reviews of sales reps' call notes, media reports, internet searches, and prescribing records to identify opioid abuse and adverse events. Purdue had no system capable of providing meaningful deterrence, a full nine years after the 2007 convictions and settlement required one.⁹³⁹

781. In January 2017, Timney sent staff member David Haddox to Massachusetts to attend a closed-door meeting on the opioid crisis at Tufts.⁹⁴⁰

782. In advance of a meeting with Jonathan Sackler and a United States Senator, Timney suggested, "this is a good time to tell the story about setting the new standard, and the future of Purdue."⁹⁴¹ Timney and Jonathan were eager to deflect from their role in the creation of the opioid crisis and build alliances with powerful people who could protect them.

783. Timney monitored opioid-related developments in Massachusetts and around the country. In February, staff alerted Timney that Massachusetts Governor Charlie Baker had attended a White House event about the opioid epidemic.⁹⁴²

784. Timney continued his public relations campaign to make the public believe Purdue was trying to fight the crisis. In April, staff reported to Timney that Purdue had contacted the CDC, following the issuance of the new CDC guidelines, listing Purdue's efforts to educate prescribers.⁹⁴³ Purdue did not tell the CDC that Purdue's sales reps were continuing to target prescribers and push them to prescribe Purdue's opioids.

785. In April, the executive in charge of sales and marketing (who had replaced Russell Gasdia) resigned. Timney notified every employee at Purdue that he would eliminate the

⁹³⁹ 2016-11-09 Executive Committee pre-read, slide 34, PPLPC011000127202.

⁹⁴⁰ 2017-01-19 email from David Haddox, PPLPC011000133242.

⁹⁴¹ 2017-01-24 email from Mark Timney, PPLPC011000133807, -808.

⁹⁴² 2017-02-28 email from Robert Josephson, PPLPC011000137163.

⁹⁴³ 2017-04-06 email from Gail Cawkwell, PPLPC011000141097.

middleman and communicate directives to the Sales and Marketing teams himself: “I will assume responsibility for our Sales, Marketing, New Product Planning and OTC [over-the-counter] functions.”⁹⁴⁴

786. In May, Timney reviewed a report from an independent non-profit organization on the effectiveness of abuse deterrent opioids that concluded the benefit of abuse deterrent formulations was “inconclusive.” He directed staff to react, and staff scrambled to institute a “robust action plan” to deal with the fallout.⁹⁴⁵

787. In June, Timney resigned from Purdue.⁹⁴⁶

788. Timney has collected substantial revenue from the sale of Purdue opioids in Massachusetts, as detailed in Exhibit 2.

789. Timney’s personal wealth came at immense cost to others. While Timney was Purdue’s chief executive, more than 350 Massachusetts patients died of opioid-related overdoses after being prescribed Purdue opioids.

⁹⁴⁴ 2017-04-10 email from Mark Timney, PPLPC024001002179.

⁹⁴⁵ 2017-05-05 email from Gail Cawkwell, PPLPC001000254479.

⁹⁴⁶ 2017-06-22 Internal Press Release, PPLPC024001006343.

CRAIG LANDAU

790. Craig Landau has been selling Purdue opioids for nearly twenty years. He joined Purdue in 1999, was Chief Medical Officer from 2007 to 2013, and has been CEO since 2017. Landau participated in and directed a significant part of Purdue's misconduct from the 2007 convictions until today.

791. In each of his positions, Landau worked to get more Massachusetts patients on opioids at higher doses for longer periods of time. As Chief Medical Officer, he helped to develop the sales strategy and materials and instruct reps in how to sell Purdue's drugs. As CEO, he oversaw the whole sales scheme.

792. As Chief Medical Officer, Landau received each Board report regarding Purdue's misconduct in 2007 through 2011, and the reports sent in April and November 2012.⁹⁴⁷ As CEO, Landau himself reported directly to the Board.

793. Landau repeatedly targeted Massachusetts. As detailed below, he analyzed and reported on a study of doctor-shopping in Massachusetts. He promoted opioids at public and private meetings in Massachusetts. He promoted opioids through a grant to a Massachusetts hospital and in correspondence to a Massachusetts university. He tracked Massachusetts opioid legislation to protect Purdue's sales.



⁹⁴⁷ 2007-07-15 Board report, PWG000300817; 2007-10-15 Board report, PPLPC012000157437; 2008-01-15 Board report, PDD8901733995; 2008-04-15 Board report, PDD8901724456; 2008-07-15 Board report, PPLP004367297; 2008-10-15 Board report, PDD9316101020; 2009-04-16 Board report, PDD9316100624; 2009-07-30 Board report PPLPC012000233246; 2009-10-22 Board report, PPLPC016000007322; 2010-02-1 Board report, PPLPC012000252797; 2010-04-21 Board report, PWG000423141; 2010-07-27 Board report, PWG000422495; 2010-10-25 Board report, PWG000421990; 2011-01-24 email from David Long, PWG000421546; 2011-05-02 Board report, PPLPC012000322461; 2011-08-03 Board report, PWG000420354; 2011-11-09 Board report, PWG000419343; 2012-04-30 Board report, PPLPC012000374793; 2012-11-01 Board report, PWG000414933.

794. In September 2007, Landau directed a staff member to visit Boston for a conference on opioid risk management.⁹⁴⁸

795. He also worked with Sales VP Russell Gasdia on training for new hires about how to sell OxyContin.⁹⁴⁹

796. In January 2008, Landau addressed the entire sales force at the National Sales Meeting. He explained that he put a commercial representative on every research team, to orient research in ways that will sell more opioids.⁹⁵⁰ He was a guest at a table full of sales reps, and expressed that he was “pumped” for the meeting.⁹⁵¹

797. In January 2009, Landau attended the National Sales Meeting again, and once again sat with a table full of sales reps.⁹⁵² He addressed the entire national team and emphasized that R&D depended on the sales force to sell its products to physicians.⁹⁵³

798. In March, Landau inked a deal with Massachusetts-based Analgesic Research for the company and its principal—a Massachusetts doctor—to analyze documents, draft and edit submissions, and engage in related meetings and teleconferences for Purdue’s New Drug Application for Butrans to the FDA.⁹⁵⁴

799. Later that month, Landau informed a staff member that he was working with Massachusetts opioid maker Collegium Pharmaceuticals on a strategy to position extended-release and long-acting opioids as safer than immediate release opioids.⁹⁵⁵

⁹⁴⁸ 2007-09-13 email from Craig Landau, PPLPC013000167104.

⁹⁴⁹ 2007-09-10 email from Craig Landau, PPLPC012000154114.

⁹⁵⁰ 2007-12-29 script for speech by Craig Landau, National Sales Meeting, PPLPC012000164977.

⁹⁵¹ 2008-01-02 email from Craig Landau, PPLPC012000165438.

⁹⁵² 2009-01-05 email from Craig Landau, PPLPC012000207974.

⁹⁵³ 2009-01-09 email from Russell Gasdia, PPLPC012000208460; 2009-01-09 speech by Craig Landau, National Sales Meeting, PPLPC012000208461.

⁹⁵⁴ 2009-03-03 Statement of Work #2 signed by Craig Landau and Nathaniel Katz, PPLPC002000042402-403.

⁹⁵⁵ 2009-03-06 email from Craig Landau, PPLPC020000230433.

800. In June, Landau [REDACTED]

[REDACTED]. [REDACTED].
[REDACTED]
[REDACTED].⁹⁵⁶ As Landau knew at all relevant times, controlled or extended release opioids do not substantially control pain better than lower-dose, immediate release opioids. Rather, steering patients to high-dose OxyContin was a key part of Purdue's deceptive marketing strategy.

801. Landau knew there was a high rate of oxycodone misuse in Massachusetts. Indeed, in April 2010, Landau edited and approved a presentation to the Board showing that the rate of “doctor shopping” in Massachusetts was far higher for oxycodone products than for other opioids. He reiterated this information in August.⁹⁵⁷

802. In October, Landau received reports from internet chat rooms where abusers shared how to defeat OxyContin’s new formulation. Landau passed this information on to John Stewart and Russell Gasdia.⁹⁵⁸

803. In January 2011, Landau drafted goals and objectives for the new year that included supporting approval of OxyContin for children.⁹⁵⁹ In Massachusetts, one Purdue patient was given OxyContin for months starting at age 14, and died at age 21.⁹⁶⁰

⁹⁵⁶ 2009-06 emails from Pasha Sarrai, Craig Landau, and Laura Nelson Carney, PDD8901645846.

⁹⁵⁷ 2010-04-29 email from Craig Landau, PDD8901035911; 2010-04-09 presentation by Paul Coplan, PDD8901035916; 2010-08-18 email from Stuart Baker, PPLPC012000283467; 2010-08-09 presentation by Paul Coplan, slide 31, PPLPC012000283469.

⁹⁵⁸ 2010-10-05 email from Craig Landau, PDD8901437962; 2010-09-30 Inflexxion Report, PDD8901437965.

⁹⁵⁹ 2011-01-05 email from Craig Landau, PPLPC013000286366; 2011-01-05 Draft Objectives by Craig Landau, PPLPC013000286367.

⁹⁶⁰ Another child in Massachusetts was prescribed OxyContin at 16 and died when he was 18 years old.

804. Landau worked as part of the team that created *In the Face of Pain*, a marketing campaign which deceived doctors and patients by presenting misleading prescriber testimonials about the use of opioids to treat pain.⁹⁶¹

805. Later that month, Landau [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED].⁹⁶²

806. In February, Landau sent his recommendations for the 10-year plan to John Stewart.⁹⁶³ Landau suggested Stewart include action items focused on convincing more prescribers to treat pain in their practices. In his recommendation, Landau noted that the new formulation had no benefit to patients, but still told Stewart that Purdue would profit from a “balloon effect” where prescribers would switch patients away from non-abuse-deterrent formulations.⁹⁶⁴ Landau knew and intended that Purdue would trick doctors and patients into believing the new formulation was less addictive.

807. In March, Landau approved a plan to send sales reps to the Military Healthcare Convention & Conference to promote Purdue's opioids as part of Purdue's strategy to target vulnerable patient population such as veterans.⁹⁶⁵

808. In June, Landau [REDACTED]

[REDACTED]

[REDACTED].⁹⁶⁶

809. In July, Landau emailed a staff member, flagging “publications calling into

⁹⁶¹ 2011-01-21 Corporate Reputation & Visibility strategic plan, pgs. 1, 4, 26, PWG000387272, -275, -297.

⁹⁶² 2011-01-26 Executive Committee notes, PPLPC012000312667-668.

⁹⁶³ 2011-02-22 email from Craig Landau, PDD8901221579.

⁹⁶⁴ 2011-02-07 draft Purdue business strategy with notes by Craig Landau, PDD8901221586-590.

⁹⁶⁵ 2011-03-03 email from Craig Landau, PPLPC012000314663.

⁹⁶⁶ 2011-05-12 Executive Committee notes, PPLPC012000327303.

question the benefit of opioid therapy for chronic non/malignant pain,” including a publication from Massachusetts General Hospital. These publications were funded, in part, by Purdue, and Landau wanted to make sure they in turn were supporting Purdue’s opioids.⁹⁶⁷

810. Landau knew by 2011 that many experts considered opioids unsafe for long durations of use, and discussed the fact that one of Purdue’s paid Key Opinion Leaders, Russell Portenoy, had recently admitted it.⁹⁶⁸

811. In June 2012, Landau traveled to Massachusetts to attend the International Conference on Opioids.⁹⁶⁹

812. In February 2013, Landau signed another contract with Massachusetts-based Analgesic Research to work on Purdue’s Hysingla opioid.⁹⁷⁰

813. In March, Landau compiled a meta-analysis of studies of chronic opioid use, writing that most studies showed only “mild to moderate improvement” in function, that some studies suggested that “long-term opioid therapy is associated with negative outcomes,” and noting that there is a “critical need for additional studies to determine the long-term safety and efficacy of chronic opioid therapy for durations longer than 1 year.”⁹⁷¹

814. In June, Landau was a co-presenter at the International Conference on Opioids in Boston, Massachusetts.⁹⁷² He presented on long-term use of opioids for chronic non-cancer pain — exactly what led so many Massachusetts patients to addiction, overdose, and death.

815. From 2013 to 2017, Landau was the CEO of Purdue Pharma Canada.

⁹⁶⁷ 2011-07-11 email from Craig Landau, PPLPC017000311115.

⁹⁶⁸ 2011-07-12 email from Craig Landau, PTN000022181.

⁹⁶⁹ 2012-03-06 email from Craig Landau, PPLPC001000103145.

⁹⁷⁰ 2009-03-03 Nathaniel Katz Consultant Services Agreement, PPLPC002000042402.

⁹⁷¹ 2013-03-18 Systematic Review of the Efficacy and Safety of Long-Term Opioid Therapy in the Management of Chronic Noncancer Pain, PDD8013708195.

⁹⁷² 2013-03-18 Scientific Communications Document Review Form, PPLP003878021.

816. In the summer of 2017, Landau returned to the United States as CEO of Purdue Pharma L.P. and Purdue Pharma Inc.

817. [REDACTED], Landau wrote [REDACTED]
[REDACTED].” He started [REDACTED]
[REDACTED]. The family [REDACTED]
[REDACTED].”⁹⁷³

818. Landau [REDACTED]
[REDACTED]
[REDACTED]. “ [REDACTED]
[REDACTED].” He admitted that Purdue [REDACTED]
[REDACTED]
[REDACTED] Landau wrote: [REDACTED]
[REDACTED]
[REDACTED] the Sacklers.⁹⁷⁴

819. Landau proposed [REDACTED]
[REDACTED].”
Purdue would [REDACTED].⁹⁷⁵

820. With Landau as CEO, Purdue’s misconduct in Massachusetts continued. While Landau was the chief executive, Purdue sales reps visited Massachusetts prescribers more than 5,000 times. Now it was Landau who ensured that the sales staff met their targets for prescriber visits and opioid sales. Now it was Landau who made misleading statements to defend Purdue

⁹⁷³ 2017-05-02 email from Craig Landau, PPLPC020001106305; 2017-05-01 Presentation by Craig Landau, PPLPC020001106306.
⁹⁷⁴ 2017-05-02 Presentation by Craig Landau, PPLPC020001106307-308.
⁹⁷⁵ 2017-05-02 Presentation by Craig Landau, PPLPC020001106313.

against its critics. Now it was Landau who tried to please the Sacklers with plans to expand their opioid business even more.

821. In August, Landau edited Purdue's contribution to the Biotechnology Innovation Organization's Opioid Working Group. In it, Landau continued to push the deceptive idea that so-called "abuse deterrent" opioids are safe.⁹⁷⁶ In fact, abuse deterrent opioids have no effect on the most common form of abuse: swallowing pills.

822. In September, Landau held a series of meetings with staff about opioid promotion by Purdue's sales reps.⁹⁷⁷

823. In October, Landau instructed staff to investigate deceptive promotion of opioids by Purdue's Massachusetts-based competitor, Collegium.⁹⁷⁸ He asked about Collegium sales reps doing what Purdue had done for decades: visiting doctors to make false claims that their product was safer than other opioids. Then Landau directed staff to draft a letter for him to send to insurers accusing other opioid companies of misconduct to distract from Purdue's.⁹⁷⁹

824. In November, Landau wrote to the President of Tufts University, long-time recipient of the Sacklers' payments, to rebut "recent news coverage of the Sackler family and Purdue Pharma." In his letter, Landau falsely claimed that Purdue's misconduct ended "sixteen years ago," and Purdue had "worked tirelessly" since then to disclose the risks of its drugs. In fact, Landau and others at Purdue worked to conceal the risks — getting more patients on higher doses for longer periods, without disclosing that patients on high doses are likely to stay on opioids longer and overdose and die. Landau wrote to Tufts that Purdue "encourage[d]

⁹⁷⁶ 2017-08-31 email from Craig Landau, PPLPC001000259772; 2017-08-22 Questionnaire - Purdue Response, PPLPC020001132365; 2017-08-30 BIO Opioid Mission, PPLPC001000259761.

⁹⁷⁷ 2017-09-01 email from Craig Landau, PPLPC016000315550.

⁹⁷⁸ 2017-10-11 email from Craig Landau, PPLPC005000263817.

⁹⁷⁹ 2017-10-20 email from Craig Landau, PPLPC016000318811.

physicians to prescribe fewer opioids.”⁹⁸⁰ That same month, in the privacy of face-to-face sales visits, Purdue sales reps kept pushing Massachusetts doctors to prescribe more opioids, just as they had all along. And Purdue, under Landau as CEO, continued to evaluate sales reps based on how much they increased opioid sales.⁹⁸¹

825. A week after Landau wrote to Tufts that Purdue wanted fewer people on opioids, Jonathan Sackler suggested to Landau that Purdue launch yet another opioid to expand the market. Landau replied that he was already working on it and promised to present a proposal to the Sacklers within two weeks.⁹⁸²

826. In December, Landau took out an ad in major newspapers, including *USA Today*, *The Wall Street Journal*, and *The New York Times*. Landau knew and intended that the ad would reach tens of thousands of Massachusetts subscribers. In the ad, Landau emphasized the so-called abuse deterrent properties of Purdue’s drugs, without disclosing that they provide no protection against the most common form of abuse — simply swallowing the pills.⁹⁸³

827. In January 2018, staff alerted Landau to a recent publication by the FDA showing that “multiple studies clearly indicate an increasing risk of serious adverse health outcomes associated with increasing opioid analgesic dose.” Landau was not surprised, because his own analysis five years earlier — in 2013 — showed the same thing.⁹⁸⁴ Nonetheless, for years after Landau wrote that analysis, he pushed higher doses to make more money.

⁹⁸⁰ 2017-11-13 letter from Craig Landau, PPLPC021000912689.

⁹⁸¹ Exhibit 1.

⁹⁸² 2017-11-21 emails from Jonathan Sackler and Craig Landau, PPLPC016000321333, -334.

⁹⁸³ 2017-12-14 email from Craig Landau, PPLPC001000264824, -826-827.

2018-01-25 email from Craig Landau, PPLPC002000292391; 2013-03-18 Systematic Review of the Efficacy and Safety of Long-Term Opioid Therapy in the Management of Chronic Noncancer Pain, PDD8013708195.

828. In February, [REDACTED], Landau laid off 300 sales reps. The next month he laid off another 125 Purdue employees.⁹⁸⁵ He kept his job and his salary.

829. Since the 2007 Judgment, Landau has collected substantial revenue from the sale of Purdue opioids in Massachusetts, as detailed in Exhibit 2.

830. While Landau was CEO, at least 51 Massachusetts patients who had been prescribed Purdue opioids overdosed and died.

⁹⁸⁵2018-02-07 email from Craig Landau, PPLPC016000325614; 2018-03-14 email from Craig Landau, PPLPC020001163155.

Conclusion

831. Holding the defendants accountable is important because of the people they hurt in Massachusetts and because of the defendants' selfish, deliberate choice to break the law. Purdue's leaders knew more than anyone about their addictive drugs. They knew how to get people addicted, how to keep people addicted, and how to collect the most money from the patients who were trapped on their opioids. They used the powers of a billion-dollar corporation to engineer an opioid epidemic.

832. As Purdue's scheme unraveled, in the fall of 2017, Purdue CEO Landau wrote down notes about the opioid crisis. He wrote:

“There are:

Too many Rxs being written

Too high a dose

For too long

For conditions that often don't require them

By doctors who lack the requisite training in how to use them appropriately.”⁹⁸⁶

833. Craig Landau knew he was building an epidemic the whole time. He joined Purdue in 1999. He helped make OxyContin a billion-dollar drug. His life's work is getting too many people on opioids, at doses that are too high, for far too long.

834. The opioid epidemic is not a mystery to the people who started it. The defendants knew what they were doing.

⁹⁸⁶ 2017-09-18 email from Craig Landau, PPLPC021000904935.

XI. DISCOVERY RULE AND TOLLING

835. The defendants' unfair and deceptive conduct continued from this Court's 2007 Judgment through 2018.

836. The defendants' unfair and deceptive conduct was well concealed. The defendants deliberately conducted much of their deception through in-person sales visits, in order to avoid a potentially discoverable paper trail. Purdue prohibited its sales reps from emailing doctors. After this Office notified Purdue of our investigation, Purdue changed its decade-old procedure so that sales reps would not write down descriptions of their conversations with doctors for every sales visit, even in Purdue's internal records. The defendants concealed from the public and from the Commonwealth their internal documents about their deceptive scheme, including their plans to hook more patients on higher doses for longer periods; their findings that higher doses were a way to hook patients onto treatment for longer periods; and their knowledge of inappropriate prescribing by high-prescribing doctors that they targeted to prescribe their drugs. The individual defendants further concealed their participation in the deception and did not reveal to the Commonwealth the fact that they were directing and profiting from the deceptive scheme.

837. Discovering the nature and extent of the defendants' unfair and deceptive conduct required a costly and complex investigation. As part of the investigation, the Attorney General's Office has collected more than a million pages of evidence regarding the defendants' deception.

838. Because of the defendants' deception, any statutes of limitation otherwise applicable to any claims asserted herein against all defendants have been tolled by the discovery rule and rules regarding fraudulent concealment.

839. In addition to the tolling provided by common law, Purdue Pharma Inc., Purdue Pharma L.P., and the Commonwealth entered into a written agreement tolling any applicable

statutes of limitation during the period from August 3, 2016 through May 18, 2018.

XII. JURISDICTION AND VENUE

840. This Court has jurisdiction over the subject matter of this suit pursuant to General Laws chapter 93A section 4 and chapter 214 section 1.

General Jurisdiction Under M.G.L. Chapter 223A § 2

841. The Court has general jurisdiction over Russell Gasdia pursuant to General Laws chapter 223A section 2.

Specific Jurisdiction Under M.G.L. Chapter 223A § 3(a)

842. The Court has specific jurisdiction over all defendants pursuant to General Laws chapter 223A section 3(a), because this action arises from each defendant acting directly and through agents to transact business in Massachusetts.

843. In the 2007 Judgment entered in civil action no. 07-1967, Purdue Pharma Inc. and Purdue Pharma L.P. admitted the jurisdiction of this Court.

844. Purdue Pharma Inc. is incorporated with its official purpose as manufacture, sales, distribution, and research and development with respect to pharmaceutical, toiletry, chemical and cosmetic products, directly or as the general partner of a partnership engaged in those activities. It controls Purdue Pharma L.P. and transacts business in Massachusetts, under section 3(a) of the Massachusetts Long-Arm Statute, M.G.L. c. 223A, §3, both on its own and through Purdue Pharma L.P.

845. Purdue Pharma L.P. employed scores of sales reps in Massachusetts to promote Purdue's opioids in Massachusetts and sold more than \$500,000,000 of opioids in Massachusetts.

846. Richard Sackler, Beverly Sackler, David Sackler, Ilene Sackler Lefcourt, Jonathan Sackler, Kathe Sackler, Mortimer Sackler, Theresa Sackler, Peter Boer, Judith Lewent,

Cecil Pickett, Paulo Costa, Ralph Snyderman, John Stewart, Russell Gasdia, Mark Timney, and Craig Landau voted for and/or ordered sales reps to go door-to-door, making thousands of visits to doctors in Massachusetts to implement the deceptive scheme described in this Complaint.

847. Despite being warned in writing that it was a high-risk activity, Richard Sackler, Beverly Sackler, David Sackler, Ilene Sackler Lefcourt, Jonathan Sackler, Kathe Sackler, Mortimer Sackler, Theresa Sackler, Peter Boer, Judith Lewent, Cecil Pickett, Paulo Costa, Ralph Snyderman, John Stewart, Russell Gasdia, Mark Timney, and Craig Landau directed payments to Massachusetts doctors such as Walter Jacobs in exchange for the doctors' promotion of Purdue drugs.

848. Richard Sackler, Beverly Sackler, David Sackler, Ilene Sackler Lefcourt, Jonathan Sackler, Kathe Sackler, Mortimer Sackler, Theresa Sackler, Peter Boer, Judith Lewent, Cecil Pickett, Paulo Costa, Ralph Snyderman, John Stewart, Russell Gasdia, Mark Timney, and Craig Landau directed and/or managed efforts to advance favorable legislation and block unfavorable lawmaking in Massachusetts that would impact Purdue's sales in the Commonwealth. These individuals knew and intended that Massachusetts was an important market for Purdue's dangerous drugs.

849. Richard Sackler, Beverly Sackler, David Sackler, Ilene Sackler Lefcourt, Jonathan Sackler, Kathe Sackler, Mortimer Sackler, Theresa Sackler, Peter Boer, Judith Lewent, Cecil Pickett, Paulo Costa, Ralph Snyderman, John Stewart, Russell Gasdia, Mark Timney, and Craig Landau directed the dissemination of tens of thousands of copies of unfair or deceptive marketing materials to health care providers throughout the Commonwealth to get more and more patients on Purdue's drugs for longer and longer periods of time at high and higher doses. Although they did not lick the stamps themselves, these individuals directed and/or managed a

chain-of-command causing these mailings in Massachusetts because they meant increased sales and profits for the Sacklers and their executives.

850. Through targeted funding and programming, Richard Sackler, Beverly Sackler, David Sackler, Ilene Sackler Lefcourt, Jonathan Sackler, Kathe Sackler, Mortimer Sackler, Theresa Sackler, Peter Boer, Judith Lewent, Cecil Pickett, Paulo Costa, Ralph Snyderman, John Stewart, Russell Gasdia, Mark Timney, and Craig Landau unfairly and deceptively promoted opioids at Massachusetts medical institutions including Tufts University and Massachusetts General Hospital. Their votes for and/or management of funding and programming at these institutions encouraged more no- or limited-access doctors to prescribe Purdue's dangerous drugs at higher doses for longer periods and made the Sacklers and their executives more money.

851. John Stewart traveled to Boston to network with and influence MGH doctors who could prescribe opioids in Massachusetts. Craig Landau signed multiple work orders with a Massachusetts-based consultant for work related to the approval for sale of Purdue's dangerous drugs, presented on opioids for chronic pain at the International Conference on Opioids in Boston, and offered to meet with Tufts' President in person to maintain the business advantages that relationship provided. Russell Gasdia traveled throughout Massachusetts to promote Purdue's opioids, including at conferences, trade shows, and district sales meetings. Richard Sackler had a Tufts professor meet with Purdue staff.

Specific Jurisdiction Under M.G.L. Chapter 223A § 3(c)

852. The Court also has specific jurisdiction over all defendants pursuant to General Laws chapter 223A section 3(c), because this action arises from each defendant acting directly and through agents to cause tortious injury by acts and omissions in Massachusetts.

853. Richard Sackler, Beverly Sackler, David Sackler, Ilene Sackler Lefcourt,

Jonathan Sackler, Kathe Sackler, Mortimer Sackler, Theresa Sackler, Peter Boer, Judith Lewent, Cecil Pickett, Paulo Costa, Ralph Snyderman, John Stewart, Russell Gasdia, Mark Timney, and Craig Landau directed sales reps to go door-to-door, making thousands of visits to doctors in Massachusetts. Although they did not knock on the doors to clinics and family practices themselves, these individuals voted for and/or ordered sales reps to deceptively promote Purdue's dangerous drugs in person, as a central facet of their deceptive marketing scheme that killed hundreds of people in Massachusetts.

854. Richard Sackler, Beverly Sackler, David Sackler, Ilene Sackler Lefcourt, Jonathan Sackler, Kathe Sackler, Mortimer Sackler, Theresa Sackler, Peter Boer, Judith Lewent, Cecil Pickett, Paulo Costa, Ralph Snyderman, John Stewart, Russell Gasdia, Mark Timney, and Craig Landau voted for and/or directed payments to Massachusetts doctors to promote Purdue's drugs.

855. Richard Sackler, Beverly Sackler, David Sackler, Ilene Sackler Lefcourt, Jonathan Sackler, Kathe Sackler, Mortimer Sackler, Theresa Sackler, Peter Boer, Judith Lewent, Cecil Pickett, Paulo Costa, Ralph Snyderman, John Stewart, Russell Gasdia, Mark Timney, and Craig Landau voted for, directed, and/or managed unfair and deceptive efforts to advance favorable legislation and block unfavorable lawmaking in Massachusetts that would impact Purdue's sales in the Commonwealth. These individuals knew and intended that Massachusetts was an important market for Purdue's dangerous drugs.

856. Richard Sackler, Beverly Sackler, David Sackler, Ilene Sackler Lefcourt, Jonathan Sackler, Kathe Sackler, Mortimer Sackler, Theresa Sackler, Peter Boer, Judith Lewent, Cecil Pickett, Paulo Costa, Ralph Snyderman, John Stewart, Russell Gasdia, Mark Timney, and Craig Landau all directed the dissemination of tens of thousands of copies of unfair or deceptive

marketing materials to doctors and other health care providers throughout the Commonwealth for the purpose of getting more and more prescribers to put their patients on Purdue's drugs for longer and longer periods of time at high and higher doses. These individuals voted for and/or managed a chain-of-command causing these mailings in Massachusetts because they meant increased sales and profits for the Sacklers and their executives.

857. By ordering and/or managing targeted funding and programming, Richard Sackler, Beverly Sackler, David Sackler, Ilene Sackler Lefcourt, Jonathan Sackler, Kathe Sackler, Mortimer Sackler, Theresa Sackler, Peter Boer, Judith Lewent, Cecil Pickett, Paulo Costa, Ralph Snyderman, John Stewart, Russell Gasdia, Mark Timney, and Craig Landau unfairly and deceptively promoted opioids at Massachusetts medical institutions including Tufts University and Massachusetts General Hospital. These individuals got more and more no- or limited-access doctors to prescribe Purdue's dangerous drugs at higher and higher doses for longer and longer periods of time and made the Sacklers and their executives more and more money.

858. In addition, Richard Sackler, Beverly Sackler, Ilene Sackler Lefcourt, Jonathan Sackler, Kathe Sackler, Mortimer Sackler, and Theresa Sackler (directors in 2007) voted for and caused Purdue Pharma L.P. to enter into a Settlement Agreement with the Commonwealth of Massachusetts to address Purdue's liability from the last time it deceived doctors and patients about its opioids.

859. In addition, Richard Sackler, Beverly Sackler, Ilene Sackler Lefcourt, Jonathan Sackler, Kathe Sackler, Mortimer Sackler, and Theresa Sackler (directors in 2007) voted for and caused Purdue Pharma Inc. and Purdue Pharma L.P. to enter into the 2007 Judgment issued by this Court, which required that: (a) Purdue not deceive doctors and patients about its opioids; and

(b) when Purdue found evidence of improper prescribing by its target doctors, Purdue stop promoting opioids and contact the authorities.

860. Subsequently, as described in this Complaint, Richard Sackler, Beverly Sackler, David Sackler, Ilene Sackler Lefcourt, Jonathan Sackler, Kathe Sackler, Mortimer Sackler, Theresa Sackler, Peter Boer, Judith Lewent, Cecil Pickett, Paulo Costa, Ralph Snyderman, John Stewart, Russell Gasdia, Mark Timney, and Craig Landau directed or caused Purdue to violate the 2007 Judgment of this Court.

861. This misconduct caused tortious injury in Massachusetts by killing hundreds of people and injuring many more.

Specific Jurisdiction Under M.G.L. Chapter 223A § 3(d)

862. The Court also has specific jurisdiction over all defendants pursuant to General Laws chapter 223A section 3(d), because:

- This action arises from each defendant acting directly and through agents to cause tortious injury in Massachusetts by acts and omission outside Massachusetts; and
- Each defendant also regularly does or solicits business in Massachusetts, or engages in other persistent courses of conduct in Massachusetts, or derives substantial revenue from goods used or consumed or services rendered in Massachusetts.

This action arises from each defendant causing tortious injury in Massachusetts

863. The first element of the section 3(d) jurisdictional test is satisfied for every individual defendant because this action arises from Richard Sackler, Beverly Sackler, David Sackler, Ilene Sackler Lefcourt, Jonathan Sackler, Kathe Sackler, Mortimer Sackler, Theresa Sackler, Peter Boer, Judith Lewent, Cecil Pickett, Paulo Costa, Ralph Snyderman, John Stewart, Russell Gasdia, Mark Timney, and Craig Landau causing tortious injury in Massachusetts. As described in this Complaint, each individual defendant voted for, directed, and/or managed

Purdue's misconduct, which killed hundreds of people in Massachusetts.

Each defendant derives substantial revenue from goods used in Massachusetts

864. The second element of the section 3(d) jurisdictional test is also satisfied for every individual defendant because each defendant derived substantial revenue from goods used or consumed in Massachusetts. Indeed, the defendants acquired the revenue through their tortious misconduct.

865. Purdue Pharma L.P. and Purdue Pharma Inc. collected approximately 2.8% of their revenue from Massachusetts. The Sacklers, as well as Peter Boer, Judith Lewent, Cecil Pickett, Paulo Costa, Ralph Snyderman, John Stewart, Russell Gasdia, Mark Timney, and Craig Landau, tracked this revenue as it came in to Purdue from the Commonwealth. The defendants made no effort to segregate Massachusetts revenue, or withhold it from money they directed Purdue to pay them. Instead, the defendants included Massachusetts revenue in payments to all of Richard Sackler, Beverly Sackler, David Sackler, Ilene Sackler Lefcourt, Jonathan Sackler, Kathe Sackler, Mortimer Sackler, Theresa Sackler, Peter Boer, Judith Lewent, Cecil Pickett, Paulo Costa, Ralph Snyderman, John Stewart, Russell Gasdia, Mark Timney, and Craig Landau.

Massachusetts.

869. John Stewart has collected substantial revenue from the sale of Purdue opioids in Massachusetts, as detailed in Exhibit 2.

870. Russell Gasdia has collected [REDACTED] of dollars from Purdue since the 2007 Judgment, including [REDACTED] dollars [REDACTED] from the sale of Purdue opioids in Massachusetts.

871. Mark Timney has collected substantial revenue from the sale of Purdue opioids in Massachusetts, as detailed in Exhibit 2.

872. Craig Landau has collected substantial revenue from the sale of Purdue opioids in Massachusetts, as detailed in Exhibit 2.

Many defendants also do regular business and engage in a persistent course of conduct in Massachusetts

873. In addition, the disjunctive second element of the section 3(d) jurisdictional test is independently satisfied for many defendants because they regularly do business or engage in a persistent course of conduct in Massachusetts, through agents and instrumentalities as described above, and in person as described below.

Due Process

874. Jurisdiction over all defendants is also proper under the Due Process Clause. Constitutional due process requires that: 1) the defendants purposefully availed themselves of the privilege of conducting activities in Massachusetts or purposefully directed their conduct into Massachusetts; 2) the Plaintiff's claim relates to or arises out of the defendants' contact with Massachusetts; and 3) the exercise of jurisdiction is reasonable. Each of those requirements is satisfied.

875. The exercise of jurisdiction over each of the individual defendants is reasonable

because the burden on each defendant to defend suit in Massachusetts is minimal while the interests of the Commonwealth in adjudicating the dispute in this forum are significant.

876. The Commonwealth has a compelling interest in adjudicating this dispute and obtaining relief for its citizens. The Commonwealth has, since declared by then Governor Deval Patrick in 2014, been operating under a state of a public health emergency due to an epidemic of opioid addiction and death. As the Commonwealth's lawyer and chief law enforcement officer, the Attorney General has an interest in protecting the people of Massachusetts.

877. All the individual defendants are at least millionaires and, in some cases, billionaires, and they can afford to travel to the Commonwealth to defend this lawsuit.

878. All the individual defendants are represented by sophisticated counsel in a state abutting Massachusetts. Their counsel routinely litigate throughout the United States.

879. Richard Sackler, Beverly Sackler, David Sackler, Ilene Sackler Lefcourt, Jonathan Sackler, Kathe Sackler, Mortimer Sackler, Theresa Sackler, Paulo Costa, Russell Gasdia, Mark Timney, and Craig Landau all live in or retain a primary or secondary residence in states abutting Massachusetts.

880. **Richard Sackler** has served on the Board of Advisors of a major medical school and a school of graduate biomedical sciences in Massachusetts during every year from 2011 to the present. He regularly visited Massachusetts to transact business and make decisions for schools with thousands of Massachusetts employees. Richard was also an advisor to a research institute at another major university in Massachusetts, at least from 2012 to 2015, and visited Massachusetts to advise work there. Richard is also a major investor in a privately-held biotech company in Boston. From 1998 until at least 2014, Richard served as a director of the Raymond and Beverly Sackler Foundation, Inc., which registered to do business in Massachusetts.

881. **Beverly Sackler** served, from 1998 until at least 2014, as a director and both Treasurer and Secretary of the Raymond and Beverly Sackler Foundation, Inc., which registered to do business in Massachusetts. She signed the certificate submitted to the Commonwealth of Massachusetts stating that the corporation conducts medical research in Massachusetts.

882. **David Sackler** invested \$100 million in a hedge fund based in Boston in 2014. The investment is to last until at least 2021. On information and belief, David Sackler regularly transacts business in Massachusetts in connection with the fund, and visits Massachusetts for meetings related to the fund.

883. **Jonathan Sackler** served, from 2004 until at least 2014, as a director and President of the Raymond and Beverly Sackler Foundation, Inc., which registered to do business in Massachusetts. Each year, he signed the annual reports of the corporation, submitted to the Commonwealth of Massachusetts, describing the corporation's business in Massachusetts.

884. **Mortimer Sackler** lived in Massachusetts at least during the period from 1991 through 1999. He owned a condominium at 950 Massachusetts Ave., Unit PH2, Cambridge, Massachusetts, 02139.

885. **Judith Lewent** is as a lifetime member of the governing board of a major university in Massachusetts; attends meetings in Massachusetts at least 4 times each year; and makes decisions for one of the most significant employers in our state. She became a member of that governing board in 1994; she has served on its Executive Committee and chaired the Visiting Committee of the university's School of Management. She is also currently a director of a significant company, which has been registered with the Massachusetts Secretary of State since 1960. Ms. Lewent's address on the company's 2017 annual report is 168 Third Ave., Waltham, Massachusetts 02451. She is also a member of an academy headquartered in

Massachusetts, and, on information and belief, she visits Massachusetts to attend meetings there.

886. **Cecil Pickett** rented a residence at 75 Cambridge Pkwy, Unit 307, Cambridge, Massachusetts 02142, at least for the period from 2007 to 2009. He was the President and a director from 2006 to 2008 for a company located at 14 Cambridge Center, Cambridge, MA 02142. He was also the President of an institute located in Boston, MA. The institute was registered in Massachusetts from 2005 to 2007. He is a director of another company in Massachusetts. He attends meetings in Massachusetts and makes decisions for a team of Massachusetts scientists with more than \$45 million in funding.

887. **Ralph Snyderman** co-founded a healthcare technology company in Newton, Massachusetts, in 2004. For more than a decade, he has served as a director of the company and chairman of the board. The company registered with the Commonwealth of Massachusetts from at least 2010 to 2012. On information and belief, Snyderman attends meetings in Massachusetts, sends and receives hundreds of business communications to and from Massachusetts, and makes decisions for the company, which is “a leading developer of personalized decision support technologies for oncology and cardiology” in Massachusetts.

888. [intentionally blank].

889. Venue in the Suffolk County Superior Court is proper under G.L. c. 93A § 4 and G.L. c. 214 § 5.

XIII. CAUSES OF ACTION

COUNT ONE UNFAIR AND DECEPTIVE ACTS AND PRACTICES IN VIOLATION OF G.L. c. 93A § 2

890. The Commonwealth realleges each allegation above.

891. G.L. c. 93A, § 4 authorizes the Attorney General to bring an action to enjoin a defendant from engaging in a method, act, or practice that violates G.L. c. 93A, § 2.

892. On May 8, 2018, the Attorney General notified Purdue Pharma Inc. and Purdue Pharma L.P. of her intention to file this suit and offered them an opportunity to confer, in conformance with G.L. c. 93A.

893. On June 1, 2018, the Attorney General notified Richard Sackler, Beverly Sackler, David Sackler, Ilene Sackler Lefcourt, Jonathan Sackler, Kathe Sackler, Mortimer Sackler, Theresa Sackler, Peter Boer, Judith Lewent, Cecil Pickett, Paulo Costa, Ralph Snyderman, John Stewart, Mark Timney, and Craig Landau of her intention to file this suit and offered them an opportunity to confer, in conformance with G.L. c. 93A.

894. On November 28, 2018, the Attorney General notified Russell Gasdia of her intention to name him as a defendant in this Amended Complaint and offered an opportunity to confer, in conformance with G.L. c. 93A.

895. Through their conduct, including as described in this Complaint, in the course of marketing and promoting its opioids in Massachusetts, both directly and through third parties whom the defendants knew were acting in Massachusetts, each defendant engaged in unfair and deceptive acts and practices in Massachusetts in the conduct of trade or commerce in violation of G.L. c. 93A, including by making false and misleading claims and failing to disclose material risks to get more patients on its opioids at higher doses for longer time, and to steer patients away from safer alternatives. Through their unfair and deceptive conduct, the defendants

succeeded in getting many Massachusetts doctors to prescribe and Massachusetts patients to take and remain on Purdue opioids.

896. Each defendant also violated G.L. c. 93A by targeting medical practices where they knew or should have known that Purdue's opioids were prescribed dangerously and patients were harmed.

897. By means of their unfair and deceptive acts, the defendants collected hundreds of millions of dollars.

898. Because of the defendants' unfair and deceptive acts, the Commonwealth and its residents suffered ascertainable injuries and losses of billions of dollars.

899. Each defendant knew or should have known they were committing unfair and deceptive acts in violation of G.L. c. 93A, § 2.

900. Each unfair or deceptive act was a distinct violation of G.L. c. 93A.

COUNT TWO PUBLIC NUISANCE

901. The Commonwealth realleges each allegation above.

902. Under Massachusetts common law, a defendant is liable for the tort of public nuisance when their conduct causes an unreasonable interference with a right common to the general public, such as interference with the public health, public safety, public peace, and public comfort and convenience.

903. The Massachusetts Attorney General is empowered to bring a *parens patriae* action on behalf of the Commonwealth for abatement of a public nuisance.

904. Through their conduct, including as described in this Complaint, each defendant was a substantial participant in creating and maintaining a public nuisance of addiction, illness, and death that significantly interferes with the public health, safety, peace, comfort, and

convenience.

905. Specifically, each defendant engaged in a campaign of deceptive marketing leading directly to an epidemic of opioid addiction, which resulted in substantial public injuries.

906. The injuries that the defendants caused in Massachusetts have been significant and long-lasting, for both the Commonwealth and the public, including: (a) opioid addiction, overdose, and death; (b) health care costs for individuals, children, families, employers, the Commonwealth, and its subdivisions; (c) loss of productivity and harm to the economy of the Commonwealth; and (d) special public costs borne solely by the Commonwealth in its efforts to abate the nuisance and to support the public health, safety, and welfare.

907. The Commonwealth has spent at least hundreds of millions of dollars on special treatment, prevention, intervention, and recovery initiatives to abate the harms of the opioid epidemic, including appropriating \$134 million in FY 2016, \$173 million in FY 2017, \$185.3 million in FY 2018, and more than \$200 million in FY 2019. The Commonwealth intends to seek reimbursement from the defendants for its expenses abating the harms they caused.

908. The Commonwealth has a special relationship with, and responsibility to its residents, including its responsibility to uphold the public health, safety, and welfare. Each defendant had reason to know of this relationship at all times.

909. Each defendant, at all times, had reason to know of the public nuisance created by their ongoing conduct.

910. The defendants' deceptive conduct was unreasonable in light of the lack of scientific support for their claims and was negligent and reckless with regard to the known risks of Purdue's drugs.

XIV. PRAYER FOR RELIEF

WHEREFORE, the Commonwealth respectfully requests that this Court grant the following relief after a trial on the merits:

- a. Determine that all defendants engaged in unfair and deceptive acts and practices in violation of G.L. c. 93A, §2, and the regulations promulgated thereunder;
- b. Permanently enjoin all defendants from engaging in unfair and deceptive acts and practices;
- c. Order all defendants to disgorge all payments received as a result of their unlawful conduct;
- d. Order all defendants to pay full and complete restitution to every person who has suffered any ascertainable loss by reason of their unlawful conduct;
- e. Order all defendants to pay civil penalties of up to \$5,000 for each and every violation of G.L. c. 93A, § 2;
- f. Award the Commonwealth costs and attorney's fees, pursuant to G.L. c. 93A, § 4;
- g. Determine that all defendants created a public nuisance;
- h. Order all defendants to abate the nuisance, to reimburse the cost of the Commonwealth's abatement efforts, and to pay compensatory damages for harms caused by the nuisance; and
- i. Grant all other relief as the Court may deem just and proper.

XV. JURY DEMAND

The Commonwealth demands a trial by jury on all issues properly so tried.

Dated: December 21, 2018

Respectfully submitted,
COMMONWEALTH OF MASSACHUSETTS
By its Attorney,
MAURA HEALEY
ATTORNEY GENERAL



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**Commonwealth v. Purdue Pharma et al.,
Civil Action No. 1884-cv-01808 (BLS2)**

Exhibit 2

Compensation of Defendants John Stewart, Mark Timney, and Craig Landau

911. Since 2007, Defendant John Stewart has collected more than [REDACTED] from Purdue.⁹⁸⁶ The portion of his payout from Massachusetts opioid sales (more than [REDACTED]) is more than [REDACTED].⁹⁸⁷

912. Since 2007, Defendant Mark Timney has collected more than [REDACTED] from Purdue.⁹⁸⁸ More than [REDACTED] of that was derived from opioid sales in Massachusetts.

913. Since 2007, Defendant Craig Landau has collected more than [REDACTED] from Purdue in the U.S., not including what he received from Purdue Canada.⁹⁸⁹ At least [REDACTED] of that money was derived from sales of Purdue opioids in Massachusetts. Landau's personal payouts from Massachusetts continue. Landau's salary is approximately [REDACTED] per year, of which over [REDACTED] is derived from Massachusetts.⁹⁹⁰

⁹⁸⁶ 2008-06-27 John Stewart Employment Agreement, 2013 Total Compensation Program, tax forms and statements SAG00000023-00002233.

⁹⁸⁷ Purdue tracked revenue from Massachusetts, and Purdue's data show that Massachusetts provided approximately 2.8% of Purdue's overall sales. See 2016-04-13 Q1 2016 Commercial Update, slide 74, PPLPC016000286167; Purdue Drug Units Dispensed by HCP, Product, and Strength, PWG003984518-45. The U.S. Census Bureau reports that median household income in Massachusetts was approximately \$70,954 per year from 2012 to 2016. See QuickFacts: Massachusetts, <https://www.census.gov/quickfacts/fact/table/ma/INC110216>.

⁹⁸⁸ 2013-11-22 Mark Timney Employment Agreement, TIMNEY-00000011; 2016 Executive Long-Term Incentive Compensation Statement for Mark Timney, TIMNEY-00000026; 2017 Executive Compensation Statement for Mark Timney, TIMNEY-00000039.

⁹⁸⁹ 2007 W-2 Wage and Tax Statement for Craig Landau, LANDAU-00000011; 2008 Annual Bonus Summary, LANDAU-00000001.

⁹⁹⁰ In half of 2017, Landau collected [REDACTED]

Exhibit 4

List Of Purdue Documents Cited In Amended Complaint

**Commonwealth v. Purdue Pharma, et al., C.A. No. 1884-cv-01808 (BLS2)
Purdue Documents Cited In First Amended Complaint Filed 12/21/2018**

Description	Start Bates	End Bates
1994-04-28 memo from Jonathan Sackler	PDD1701827936	PDD1701827936
1995-06-24 Board minutes	PDD1715108129	PDD1715108130
1995-10 Overall Conclusion to 1995 FDA review, Curtis Wright	#785793.1	#785793.1
1996 speech by Richard Sackler	PKY180280951	PKY180280962
1996-06-28 Board minutes	#618062.1	#618062.1
1997-02-27 email from Robert Kaiko; 1997-03-02 email from Richard Sackler; 1997-02-27 email from Walter Wimmer	PDD1701345999	PDD1701346000
1997-03-12 memo from John Stewart	PDD1701785443	PDD1701785444
1997-04-23 email from Richard Sackler	PDD1701801141	PDD1701801145
1997-05-28 email from Richard Sackler	PDD1508224773	PDD1508224774
1998-09-28 email from Richard Sackler	PDD1701546497	PDD1701546498
1998-11-20 Board minutes	#618564.1	#618564.1
1999-03-11 Board decision	PDD1706191713	PDD1706191749
1999-06-14 email from Richard Sackler	PDD1706189908	PDD1706189910
1999-06-17 email from Michael Friedman	#228728.1	#228728.2
1999-07-07 attendance list for the meeting to discuss funding	PPLPC013000029936	PPLPC013000029936
2000 Budget Submission	PDD1701809193	PDD1701809985
2000-03-26, Peter Healy, Opening the Medicine Chest: Purdue Pharma prepares to raise its profile	#24865.1	#24865.4
2000-05-07 memorandum	PPLPC013000048630	PPLPC013000048634
2000-05-28 email from Russell Gasdia	PPLPC012000014212	PPLPC012000014213
2000-10-04 Board report	PPLPC018000010645	PPLPC018000010649
2000-11-30 email from Michael Friedman; 2000-12-01 email from Mortimer D. Sackler	PDD1706196246	PDD1706196248
2001-01-08 letter from Richard Sackler	PDD1501720041	PDD1501720041
2001-01-26 email from Joseph Coggins	#171855.1	#171855.4
2001-02-01 email from Richard Sackler	PDD8801133516	PDD8801133517
2001-02-08 email from Mortimer Sacker; 2001-02-08 email from Richard Sackler	PDD8801151727	PDD8801151729
2001-02-14 email from James Heins; 2001-02-14 email to Robin Hogen	#3072810.1	#3072810.1
2001-03-05 article in New York Times	PDD9316101737	PDD9316101742
2001-03-10 email from Russell Gasdia; 2011-03-09 email from Richard Sackler	PPLPC012000315176	PPLPC012000315186
2001-06-19 email from Russell Gasdia	PPLPC012000034110	PPLPC012000034111
2001-09-28 email from Richard Sackler	PPLPC012000345892	PPLPC012000345895
2001-11-16 email from Phil Cramer	PPLPC014000021900	PPLPC014000021901
2001-11-19 email from Dan Doucette	PPLPC012000041222	PPLPC012000041224
2001-11-19 email from James Lang	PPLPC012000041198	PPLPC012000041200

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Description	Start Bates	End Bates
2001-11-19 email from Russell Gasdia	PPLPC012000041186	PPLPC012000041188
2002-02-06 email from Robert Reder	PPLPC026000007351	PPLPC026000007351
2002-03-16 email from James Lang	PPLPC025000034560	PPLPC025000034561
2002-03-21 email from Merle Spiegel	PPLPC023000014497	PPLPC023000014497
2002-05-10 Shareholders Meeting notes	#273916.1	#273916.3
2002-07-31 email from David Haddox	#3065539.1	#3065539.1
2002-10-01 email from Russell Gasdia	#319184.1	#319184.1
2002-10-18 email from James Lang	PPLPC012000053294	PPLPC012000053296
2003-02-24 email from Russell Gasdia	PPLPC012000057576	PPLPC012000057577
2003-03-04 Board minutes	#2938358.1	#2938358.1
2003-03-05 The Massachusetts General Hospital and Harvard Medical School Fund Agreement with Purdue Pharma L.P. Dated as of March 5, 2003	PPLPC021000425373	PPLPC021000425378
2003-12-23 GAO Report	PKY183266820	PKY183266882
2004-08-18 email from David Haddox	#381773.1	#381773.1
2006-10-25 agreement	PPLP004031281	PPLP004031284
2007 Complexities of Caring for People in Pain	PTN000016805	PTN000016811
2007 Responsible Opioid Prescribing (2007)	#448.1	#448.1
2007-03-29 email from David Haddox	PPLPC012000137085	PPLPC012000137086
2007-03-30 emails from Russell Gasdia and Windell Fisher	PPLPC012000137178	PPLPC012000137180
2007-05-03 Board minutes	PKY183307494	PKY183307496
2007-05-04 Associate General Counsel's Certificate	PDD1712900054	PDD1712900070
2007-05-29 email from John Stewart	PPLPC012000143430	PPLPC012000143432
2007-06-11 email from Russell Gasdia	PPLPC012000145260	PPLPC012000145261
2007-07-15 Board report	PWG000300785	PWG000300838
2007-08 FACETS Vol. 1	PTN000004636	PTN000004701
2007-08-30 email from Howard Udell	PPLPC012000153272	PPLPC012000153273
2007-09-03 "Complexities of Caring for People in Pain"	PTN000005311	PTN000005350
2007-09-06 email from John Stewart	PWG000184869	PWG000184870
2007-09-10 email from Craig Landau	PPLPC012000154114	PPLPC012000154116
2007-09-12 email from Richard Sackler	PDD9316102848	PDD9316102849
2007-09-13 email from Craig Landau	PPLPC013000167104	PPLPC013000167105
2007-09-30 email from Russell Gasdia	PPLPC012000156284	PPLPC012000156286
2007-10-15 Board report	PPLPC012000157402	PPLPC012000157461
2007-10-25 Sales & Marketing presentation	PPLPC012000159022	PPLPC012000159022
2007-10-28 attachment to email from Edward Mahony	PPLPC012000159170	PPLPC012000159170
2007-10-28 email from Richard Sackler	PPLPC012000159168	PPLPC012000159169
2007-11 Medication Therapy Management: Opportunities For Improving Pain Care	PTN000006070	PTN000006114
2007-12-29 script for speech by Craig Landau, National Sales Meeting	PPLPC012000164972	PPLPC012000164981
2008 budget submission	PDD9273201014	PDD9273201082

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Description	Start Bates	End Bates
2008 Clinical Issues in Opioid Prescribing (2008)	PWG000058053	PWG000058066
2008 Providing Relief, Preventing Abuse (2008)	PTN000003564	PTN000003595
2008-01-02 email from Craig Landau	PPLPC012000165438	PPLPC012000165441
2008-01-15 Board report	PDD8901733974	PDD8901734003
2008-01-30 emails from Richard Sackler	PPLPC012000168321	PPLPC012000168326
2008-02-07 email from Robert Kaiko; 2008-02-12 email from Mortimer Sackler; 2008-02-13 email from John Stewart	PPLPC013000244843	PPLPC013000244844
2008-02-09 email from John Stewart	PPLPC012000170262	PPLPC012000170262
2008-02-13 email from Richard Sackler	PPLPC012000170948	PPLPC012000170949
2008-02-17 email from Mike Innaurato	PPLPC012000171496	PPLPC012000171499
2008-02-17 email from Richard Sackler	PPLPC012000171510	PPLPC012000171512
2008-02-19 email from Richard Sackler	PPLPC004000150465	PPLPC004000150467
2008-02-22 email from John Stewart	PPLPC012000172201	PPLPC012000172203
2008-02-26 attachment to email from Edward Mahony	PPLPC012000172587	PPLPC012000172587
2008-02-26 email from John Stewart	PPLPC012000172677	PPLPC012000172678
2008-02-26 email from Mortimer Sackler; 2008-02-26 email from Richard Sackler	PPLPC012000172673	PPLPC012000172676
2008-03-07 Board agenda	PPLPC012000173911	PPLPC012000173983
2008-03-08 email from Richard Sackler; 2008-03-09 email from Edward Mahony; 2008-03-11 email from Kathe Sackler	PPLPC012000175155	PPLPC012000175157
2008-03-08 email from Russell Gasdia	PPLPC012000174127	PPLPC012000174128
2008-03-09 email from David Rosen	PPLPC012000174476	PPLPC012000174478
2008-03-09 email from David Rosen; 2008-03-09 email from Russell Gasdia	PPLPC012000174202	PPLPC012000174206
2008-03-09 email from Richard Sackler; 2008-03-10 emails from David Rosen and John Stewart	PPLPC012000174476	PPLPC012000174478
2008-03-09 email from Russell Gasdia	PPLPC012000174161	PPLPC012000174163
2008-03-10 email from Richard Sackler	PPLPC023000164605	PPLPC023000164609
2008-03-28 emails from Richard Sackler and Peter Boer	PDD9316304944	PDD9316304947
2008-04-12 memorandum to Richard Sackler from Peter Boer	PDD9316314309	PDD9316314313
2008-04-15 Board report	PDD8901724434	PDD8901724461
2008-04-16 Executive Committee notes	PPLPC012000183256	PPLPC012000183258
2008-04-16 presentation by Luntz, Maslansky Strategic Research	PPLPC012000183259	PPLPC012000183259
2008-04-18 email and attached memo from Richard Sackler	PDD9316300629	PDD9316300629
2008-04-18 memo from Richard Sackler	PDD9316300630	PDD9316300635
2008-04-22 email from Richard Sackler	PPLPC012000179497	PPLPC012000179497

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Description	Start Bates	End Bates
2008-04-22 email from Richard Sackler	PPLPC012000179679	PPLPC012000179680
2008-04-22 email from Russell Gasdia	PPLPC012000179563	PPLPC012000179564
2008-05-22 email from Russell Gasdia	PPLPC012000184138	PPLPC012000184138
2008-06-01 deposition of Russell Gasdia	PWG003803371	PWG003804046
2008-06-14 email from Richard Sackler; 2008-06-16 email from Russell Gasdia	PPLPC012000186393	PPLPC012000186398
2008-07-15 Board report	PPLP004367297	PPLP004367329
2008-07-17 presentation to the Board	PPLPC012000190563	PPLPC012000190563
2008-10-04 presentation attached to email from Russell Gasdia	PPLPC021000200048	PPLPC021000200048
2008-10-15 Board report	PDD9316101002	PDD9316101031
2008-11 budget submission	PPLP004401579	PPLP004402031
2008-11 budget submission	PDD9273201083	PDD9273201210
2008-11-02 email from Mike Innaurato	PPLPC019000241631	PPLPC019000241633
2009 Exit Wounds	PTN000023058	PTN000023162
2009 Opioid Prescribing: Clinical Tools and Risk Management Strategies (2009)	PWG000242087	PWG000242114
2009 Resource Guide for People with Pain (2009)	PVT0037308	PVT0037377
2009-01-05 email from Craig Landau	PPLPC012000207974	PPLPC012000207976
2009-01-09 speech by Craig Landau, National Sales Meeting	PPLPC012000208461	PPLPC012000208471
2009-02-17 attachment to email from Brad Griffin	PPLPC012000213088	PPLPC012000213088
2009-02-17 email from Brad Griffin	PPLPC012000213086	PPLPC012000213087
2009-03-03 Statement of Work #2 signed by Craig Landau and Nathaniel Katz	PPLPC002000042402	PPLPC002000042403
2009-03-06 email from Craig Landau	PPLPC020000230432	PPLPC020000230436
2009-03-18 email from John Stewart	PPLPC012000216786	PPLPC012000216790
2009-04-16 Board report (partially redacted)	PDD9316100597	PDD9316100624
2009-04-16 Board report (partially redacted, with different redactions)	PDD9316304313	PDD9316304340
2009-04-16 email from Russell Gasdia	PPLPC012000220513	PPLPC012000220515
2009-04-21 email from Russell Gasdia	PPLPC012000220948	PPLPC012000220949
2009-04-27 email from Lindsay Wolf	PPLPC012000221091	PPLPC012000221095
2009-04-30 email from Russell Gasdia	PPLPC012000221936	PPLPC012000221939
2009-05-08 corporate compliance quarterly report to the Board 1Q09	PPLPC019000275103	PPLPC019000275103
2009-05-08 corporate compliance quarterly report to the Board 1Q09	PPLPC029000274906	PPLPC029000274906
2009-05-20 Executive Committee notes	PPLPC012000226606	PPLPC012000226611
2009-06 emails from Pasha Sarrai, Craig Landau, and Laura Nelson Carney	PDD8901645845	PDD8901645847

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Description	Start Bates	End Bates
2009-06-12 email from Richard Sackler; 2009-06-13 email from Russell Gasdia	PPLPC021000235122	PPLPC021000235125
2009-07-09 memorandum from David Haddox	PPLPC023000228147	PPLPC023000228153
2009-07-20 email from Richard Sackler	PPLPC012000232015	PPLPC012000232017
2009-07-30 Board report	PPLPC012000233231	PPLPC012000233249
2009-08-10 email from John Stewart; 2009-07-31 email from Russell Gasdia	PPLPC012000234801	PPLPC012000234802
2009-08-12 email from Russell Gasdia	PPLPC012000235039	PPLPC012000235040
2009-08-19 Board slides	PPLPC012000235543	PPLPC012000235543
2009-08-19 emails from Richard Sackler	PPLPC023000236021	PPLPC023000236022
2009-09-11 presentation	PPLPC023000239858	PPLPC023000239858
2009-09-28 email from Mortimer Sackler	PPLPC012000240032	PPLPC012000240037
2009-10-08 email from David Rosen; 2009-10-08 email from Richard Sackler; 2009-10-08 email from Russell Gasdia	PPLPC012000241586	PPLPC012000241588
2009-10-08 email from Dipti Jinwala	PPLPC012000241526	PPLPC012000241527
2009-10-08 email from John Stewart	PPLPC012000241647	PPLPC012000241648
2009-10-08 email from Richard Sackler	PDD9316309168	PDD9316309171
2009-10-08 email from Robert Barmore	PPLPC022000283453	PPLPC022000283455
2009-10-09 email from Kristi Dover	PPLPC017000177863	PPLPC017000177865
2009-10-09 email from Rob Barmore	PPLPC022000283690	PPLPC022000283692
2009-10-19 email from John Stewart	PPLPC032000114702	PPLPC032000114706
2009-10-20 email from John Stewart	PPLPC012000242813	PPLPC012000242813
2009-10-22 Board report	PPLPC016000007319	PPLPC016000007339
2009-10-26 Steering Committee meeting presentation	PPLPC018000346294	PPLPC018000346294
2009-11 budget submission	PDD9273201211	PDD9273201288
2009-11 FACETS	PTN000006420	PTN000006598
2009-11-02 budget presentation	PPLPC012000249328	PPLPC012000249337
2009-12-03 attachment to email from Mike Innaurato	PPLPC012000247642	PPLPC012000247642
2009-12-03 email from Mike Innaurato	PPLPC012000247640	PPLPC012000247640
2009-12-22 2010 Objectives	PPLPC012000249345	PPLPC012000249346
2009-12-22 email from Edward Mahony	PPLPC012000249327	PPLPC012000249327
2010-01-05 email from Richard Sackler; 2010-01-05 email from Russell Gasdia; 2010-01-08 email from John Stewart	PPLPC023000259669	PPLPC023000259674
2010-01-16 email from Richard Sackler	PPLPC023000260292	PPLPC023000260293
2010-01-20 Executive Committee notes	PPLPC012000257444	PPLPC012000257449
2010-01-26 Executive Committee notes	PPLPC012000252173	PPLPC012000252176
2010-02-01 Board report	PPLPC012000252775	PPLPC012000252798
2010-02-09 email from Pamela Taylor	PPLPC012000257443	PPLPC012000257443
2010-03-11 January 2010 OxyContin monthly report	PPLPC012000262892	PPLPC012000262892

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Purdue Documents Cited In First Amended Complaint Filed 12/21/2018**

Description	Start Bates	End Bates
2010-03-15 emails from Richard Sackler and Mike Innaurato	PPLPC012000262889	PPLPC012000262891
2010-03-17 Executive Committee notes	PPLPC012000267959	PPLPC012000267964
2010-04-06 Marketing & Sales draft for Board report	PPLPC012000266607	PPLPC012000266610
2010-04-09 presentation by Paul Coplan	PDD8901035912	PDD8901035965
2010-04-21 Board report	PWG000423139	PWG000423159
2010-04-28 email from John Stewart	PDD8901562111	PDD8901562115
2010-06-01 email from William Mallin	PPLPC012000273600	PPLPC012000273601
2010-06-15 email from John Stewart	PPLPC012000275713	PPLPC012000275714
2010-06-22 email from John Stewart	PPLPC012000276415	PPLPC012000276416
2010-06-24 Purdue Pharma 2010 10-Year Plan	PPLPC012000277153	PPLPC012000277276
2010-07-01 email from Richard Sackler; 2010-07-01 email from Russell Gasdia	PPLPC012000277480	PPLPC012000277481
2010-07-06 email from John Stewart	PPLPC012000277864	PPLPC012000277866
2010-07-09 email from Kathe Sackler	PPLPC012000278272	PPLPC012000278274
2010-07-20 email from John Stewart	PPLPC012000279588	PPLPC012000279589
2010-07-22 Purdue Pharma Shareholders and Board Meeting Actions and Notes	PPLPC012000282802	PPLPC012000282812
2010-07-22 questions during Board meeting	PPLPC012000283163	PPLPC012000283173
2010-07-23 email from David Rosen; 2010-07-23 email from Russell Gasdia	PPLPC012000280312	PPLPC012000280328
2010-07-27 Board report	PWG000422476	PWG000422503
2010-08-11 Prescriber List	PPLPC012000282813	PPLPC012000282813
2010-08-11 Region Zero prescribers	PPLPC012000283175	PPLPC012000283175
2010-08-14 email from Richard Sackler	PPLPC012000283046	PPLPC012000283056
2010-08-18 email from Stuart Baker	PPLPC012000283467	PPLPC012000283468
2010-08-19 presentation by Paul Coplan	PPLPC012000283469	PPLPC012000283469
2010-08-26 Medical Education Materials for HCPs	PWG000247083	PWG000247089
2010-08-27 email from David Haddox	PPLPC019000417292	PPLPC019000417295
2010-09-08 email from John Stewart	PPLPC012000286538	PPLPC012000286539
2010-09-15 Executive Committee notes	PPLPC012000290685	PPLPC012000290689
2010-09-15 presentation by Russell Gasdia	PPLPC012000290691	PPLPC012000290691
2010-09-30 Inflexxion Report	PDD8901437965	PDD8901437985
2010-10-06 Consultant Services Agreement signed by Russell Gasdia and Walter Jacobs	PPLP003479945	PPLP003479954
2010-10-07 report attached to email by William Mallin	PPLPC012000292674	PPLPC012000292755
2010-10-15 Draft Board of Directors Meeting Agenda	PPLPC012000294197	PPLPC012000294278
2010-10-25 Board report	PWG000421964	PWG000421990
2010-11 budget submission	PDD9273201289	PDD9273201395
2010-11-10 Executive Committee notes	PPLPC012000299852	PPLPC012000299856
2010-11-10 presentation by Bert Weinstein	PPLPC012000299866	PPLPC012000299866

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Purdue Documents Cited In First Amended Complaint Filed 12/21/2018**

Description	Start Bates	End Bates
2010-11-19 email from David Haddox	PTN000018983	PTN000018983
2010-11-23 and 2010-11-24 emails from Mortimer Sackler	PPLPC012000299869	PPLPC012000299871
2010-11-23 email from Edward Mahony	PPLPC012000302681	PPLPC012000302683
2010-12-01 presentation by John Stewart	PPLPC012000300458	PPLPC012000300458
2010-12-03 email from Paul Coplan	PPLPC017000258652	PPLPC017000258654
2010-12-23 proposed Butrans titration guide	PPLPC002000086956	PPLPC002000086965
2011 flyer	PTN000003864	PTN000003864
2011 Is It Pain (2011)	PTN000007188	PTN000007210
2011 Providing Relief, Preventing Abuse (2nd ed. 2011)	PTN000003535	PTN000003563
2011 Responsible Opioid Prescribing (2011)	#729.1	#729.1
2011-01-05 Draft Objectives by Craig Landau	PPLPC013000286367	PPLPC013000286369
2011-01-05 email from Russell Gasdia	PPLPC012000305135	PPLPC012000305136
2011-01-21 Corporate Reputation & Visibility strategic plan	PWG000387272	PWG000387299
2011-01-21 email from Russell Gasdia	PPLPC012000308393	PPLPC012000308394
2011-01-21 email from Sharon Salwan	PPLPC012000307015	PPLPC012000307016
2011-01-24 Board report	PWG000421547	PWG000421582
2011-01-24 email from David Long	PWG000421546	PWG000421546
2011-01-26 Executive Committee notes	PPLPC012000312665	PPLPC012000312671
2011-01-30 email from Richard Sackler	PPLPC012000308371	PPLPC012000308372
2011-01-30 email from Richard Sackler; 2011-01-31 email from John Stewart	PPLPC021000352205	PPLPC021000352206
2011-02-03 Board of Directors Meeting Agenda	PDD8901468015	PDD8901468109
2011-02-07 Butrans launch update	PPLPC012000309665	PPLPC012000309665
2011-02-07 draft Purdue business strategy with notes by Craig Landau	PDD8901221582	PDD8901221597
2011-02-11 email from Russell Gasdia	PPLPC012000311084	PPLPC012000311085
2011-02-11 Options marketing materials	PKY183136248	PKY183136263
2011-02-15 email from Richard Sackler	PPLPC012000311654	PPLPC012000311655
2011-02-16 email from Russell Gasdia	PPLPC012000311888	PPLPC012000311889
2011-02-22 email from Craig Landau	PDD8901221579	PDD8901221581
2011-02-25 email from Richard Sackler; 2011-02-28 email from Russell Gasdia	PPLPC012000313542	PPLPC012000313554
2011-03-01 2011 OxyContin Tablets Sales Trends and Projections	PPLP004405789	PPLP004405857
2011-03-03 email from Craig Landau	PPLPC012000314663	PPLPC012000314666
2011-03-08 email from Richard Sackler; 2011-03-09 email from Mike Innaurato	PPLPC012000314972	PPLPC012000314984
2011-03-11 email from Mike Innaurato	PPLPC022000412102	PPLPC022000412115

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Description	Start Bates	End Bates
2011-03-16 email from Richard Sackler	PPLPC012000316128	PPLPC012000316139
2011-03-22 email from Richard Sackler	PPLPC012000317190	PPLPC012000317200
2011-03-25 email from Russell Gasdia	PPLPC001000081969	PPLPC001000081970
2011-04-05 and 2011-04-08 emails from Mortimer Sackler; 2011-04-08 email from Russell Gasdia	PPLPC012000320101	PPLPC012000320113
2011-04-14 Board presentation	PPLP004405858	PPLP004405989
2011-04-19 Amendment to 2010 Consultant Services Agreement	PPLP003481935	PPLP003481935
2011-04-19 email from Russell Gasdia	PPLPC004000278046	PPLPC004000278048
2011-04-20 email from John Stewart	PPLPC012000321001	PPLPC012000321013
2011-04-22 email from John Stewart	PPLPC019000517894	PPLPC019000517895
2011-04-28 email from Russell Gasdia	PPLPC012000322051	PPLPC012000322062
2011-04-28 email from Russell Gasdia	PPLPC012000322209	PPLPC012000322220
2011-05-01 Purdue business strategy draft	PPLPC012000322364	PPLPC012000322370
2011-05-02 Board report	PPLPC012000322426	PPLPC012000322461
2011-05-10 email from Russell Gasdia	PPLPC012000323493	PPLPC012000323503
2011-05-12 Executive Committee notes	PPLPC012000327303	PPLPC012000327306
2011-05-20 compliance report	PPLP004405990	PPLP004406094
2011-05-25 email from John Stewart; 2011-05-25 email from Jonathan Sackler	PPLPC012000326096	PPLPC012000326109
2011-05-25 email from John Stewart; 2011-05-25 email from Jonathan Sackler	PPLPC012000326192	PPLPC012000326206
2011-05-25 email from Russell Gasdia	PPLPC012000326017	PPLPC012000326028
2011-06-03 email from Russell Gasdia	PPLPC012000327538	PPLPC012000327541
2011-06-13 Budget spreadsheet	PPLPC012000329075	PPLPC012000329092
2011-06-15 memo from Kim Gadski	PPLPC012000329460	PPLPC012000329462
2011-06-16 email from Bert Weinstein	PPLPC012000329722	PPLPC012000329725
2011-06-16 email from Richard Sackler	PPLPC012000329621	PPLPC012000329624
2011-06-16 email from Richard Sackler	PPLPC012000329706	PPLPC012000329709
2011-06-16 email from Richard Sackler; 2011-06-16 email from Russell Gasdia	PPLPC012000329607	PPLPC012000329610
2011-06-16 email from Russell Gasdia	PPLPC012000329494	PPLPC012000329497
2011-06-21 Mid-Year Update	PPLP004406095	PPLP004406192
2011-06-28 attachment to email from Edward Mahony	PPLPC012000331345	PPLPC012000331348
2011-07-11 email from Craig Landau; 2011-07-11 email from Teri Toth	PPLPC017000311115	PPLPC017000311121
2011-07-12 email from Craig Landau	PTN000022181	PTN000022182
2011-07-17 email from Bert Weinstein	PPLPC012000329783	PPLPC012000329787
2011-07-20 email from Richard Sackler	PPLPC001000091100	PPLPC001000091103
2011-07-21 Board meeting presentation	PPLP004406347	PPLP004406508
2011-07-26 email from Russell Gasdia	PPLPC012000336250	PPLPC012000336251

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Description	Start Bates	End Bates
2011-08-03 Board report	PWG000420313	PWG000420354
2011-08-12 email from John Stewart	PPLPC012000338554	PPLPC012000338558
2011-08-29 email from Russell Gasdia	PPLPC012000340744	PPLPC012000340745
2011-09-28 presentation by John Stewart	PWG000245732	PWG000245764
2011-09-30 email from Russell Gasdia	PPLPC012000345726	PPLPC012000345728
2011-10 Guidelines on Product Promotion: Comparative Claims Workshop	PWG000190149	PWG000190177
2011-10-12 email from John Stewart	PPLPC012000347134	PPLPC012000347145
2011-10-18 OxyContin Level 300 Training	PVT0050135	PVT0050209
2011-10-24 website capture, In the Face of Pain	PVT0033884	PVT0034056
2011-11-09 Board report	PWG000419302	PWG000419343
2011-11-14 memorandum to the Oversight Board	PPLPC021000425379	PPLPC021000425380
2011-11-18 letter from Roland Gustavson	PPLPC028000391912	PPLPC028000391914
2011-11-18 letter from Roland Gustavson	PPLPC029000430006	PPLPC029000430008
2011-12-06 Manager's Meeting Presentation	PWG003840367	PWG003840399
2012 budget submission	PDD9273201415	PDD9273201528
2012-01-09 email from Jonathan Sackler	PPLPC012000358983	PPLPC012000358983
2012-01-09 email from William Mallin	PPLPC028000396626	PPLPC028000396628
2012-01-15 email from Russell Gasdia	PPLPC012000365559	PPLPC012000365562
2012-01-17 Sales and Marketing Board report	PPLPC012000359667	PPLPC012000359667
2012-01-22 email from Richard Sackler; 2012-01-26 email from Russell Gasdia	PPLPC012000361064	PPLPC012000361068
2012-01-25 Board report	PPLPC012000362244	PPLPC012000362291
2012-02-01 email from Russell Gasdia	PPLPC012000361862	PPLPC012000361863
2012-02-02 email from Russell Gasdia	PPLPC012000363328	PPLPC012000363328
2012-02-03 Board report	PPLPC012000362869	PPLPC012000362914
2012-02-04 email from Russell Gasdia	PPLPC012000362995	PPLPC012000362995
2012-02-07 email from John Stewart; 2012-02-07 email from Russell Gasdia	PPLPC012000368569	PPLPC012000368570
2012-02-07 email from Mortimer Sackler; 2012-02-07 email from Russell Gasdia; 2012-02-08 email from Bert Weinstein; 2012-02-08 email from Richard Sackler; 2012-02-08 email from Russell Gasdia	PPLPC026000095655	PPLPC026000095662
2012-02-07 email from Richard Sackler; 2012-02-07 email from Russell Gasdia	PPLPC012000368430	PPLPC012000368430
2012-02-07 email from Russell Gasdia	PPLPC012000364017	PPLPC012000364023
2012-02-07 email from Windell Fisher	PPLPC012000368500	PPLPC012000368502
2012-02-10 email from Richard Sackler	PPLPC012000368823	PPLPC012000368824
2012-02-12 email from David Rosen	PPLPC012000364028	PPLPC012000364029
2012-02-15 10-Year Plan	PWG000164204	PWG000164403
2012-02-15 email from Donna Condon	PPLPC012000365555	PPLPC012000365558

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Description	Start Bates	End Bates
2012-02-22 emails from Richard Sackler	PPLPC021000443801	PPLPC021000443804
2012-02-23 email from Nancy Camp-Font	PPLPC018000644983	PPLPC018000644987
2012-02-27 email from Russell Gasdia	PPLPC012000366690	PPLPC012000366690
2012-02-27 OxyContin Broadcast Summary Report	PPLPC023000526992	PPLPC023000526992
2012-03-05 email from Edward Mahony	PPLPC012000368627	PPLPC012000368628
2012-03-06 email from Craig Landau	PPLPC001000103145	PPLPC001000103149
2012-03-06 email from Russell Gasdia	PPLPC004000315750	PPLPC004000315751
2012-03-06 email from Russell Gasdia	PPLPC012000368278	PPLPC012000368280
2012-03-06 speech by John Stewart	PWG000245479	PWG000245483
2012-03-07 email from Windell Fisher; 2012-03-08 email from Russell Gasdia	PPLPC012000368509	PPLPC012000368511
2012-03-08 email from Russell Gasdia	PPLPC012000368599	PPLPC012000368599
2012-03-13 email from Russell Gasdia	PPLPC012000369074	PPLPC012000369074
2012-03-17 email from Richard Sackler; 2012-03-18 email from Russell Gasdia	PPLPC012000369328	PPLPC012000369328
2012-03-27 business strategy plan	PWG000164118	PWG000164203
2012-03-28 email from David Rosen	PPLPC012000371301	PPLPC012000371301
2012-03-28 presentation	PPLPC012000371063	PPLPC012000371063
2012-04-02 Statement of Work signed by Russell Gasdia and Walter Jacobs	PPLP003485088	PPLP003485089
2012-04-09 email from Joseph Pisani	PWG000217342	PWG000217342
2012-04-11 email from David Rosen	PPLPC012000372240	PPLPC012000372240
2012-04-11 email from Richard Sackler; 2012-04-12 email from Richard Sackler; 2012-04-12 email from Russell Gasdia	PPLPC012000372335	PPLPC012000372337
2012-04-12 email from Russell Gasdia; 2012-04-12 email from Richard Sackler	PPLPC012000372338	PPLPC012000372340
2012-04-13 invitation from Donna Condon	PPLPC012000372332	PPLPC012000372332
2012-04-15 email from Richard Sackler	PPLPC012000372585	PPLPC012000372586
2012-04-16 email from John Stewart	PPLPC012000372620	PPLPC012000372621
2012-04-20 email from David Rosen	PPLPC012000374532	PPLPC012000374532
2012-04-27 Marketing Welcome	PVT0007695	PVT0007751
2012-04-30 Board report	PPLPC012000374791	PPLPC012000374827
2012-05-15 email from Gary Lewandowski	PPLPC023000468016	PPLPC023000468016
2012-05-15 email from Mike Innaurato	PPLPC023000468013	PPLPC023000468013
2012-05-16 email from John Stewart	PPLPC012000376527	PPLPC012000376530
2012-05-18 email from Richard Sackler	PPLPC028000418291	PPLPC028000418292
2012-05-25 email from Stuart Baker	PPLPC012000377890	PPLPC012000377891
2012-05-29 attachment to email from John Stewart	PPLPC012000377892	PPLPC012000377896
2012-06-04 email from Paulo Costa	PPLPC012000378550	PPLPC012000378551
2012-06-05 email from Russell Gasdia	PPLPC012000378676	PPLPC012000378677

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Description	Start Bates	End Bates
2012-06-11 email from Russell Gasdia	PPLPC012000380788	PPLPC012000380790
2012-06-11 sales and marketing update	PPLPC012000382121	PPLPC012000382121
2012-06-12 June PEP Status Report	PPLPC012000382165	PPLPC012000382165
2012-06-14 memo	PPLPC012000382450	PPLPC012000382451
2012-06-18 Mid Year Sales and Marketing Board Update	PPLPC012000382119	PPLPC012000382119
2012-07 Marketing and Sales report	PPLP004149350	PPLP004149367
2012-07-11 overview of studies for Board report	PPLPC012000388082	PPLPC012000388088
2012-07-12 email from John Stewart	PPLPC012000383138	PPLPC012000383138
2012-07-23 Board report	PPLPC012000387069	PPLPC012000387121
2012-07-27 OxyContin presentation	PPLPC018000702766	PPLPC018000702766
2012-08-14 OxyContin marketing plan	PWG000062583	PWG000062653
2012-08-16 emails from Russell Gasdia and Robert Barmore	PPLPC012000389032	PPLPC012000389035
2012-08-28 Performance Enhancement Plan	PPLPC014000183394	PPLPC014000183398
2012-10-01 internal Purdue analysis	PWG000226020	PWG000226074
2012-10-02 email from Russell Gasdia; 2012-10-02 email from Yoni Falkson	PPLPC012000392932	PPLPC012000392933
2012-10-03 email from John Stewart	PWG000415151	PWG000415154
2012-10-10 email from John Stewart	PPLPC012000394639	PPLPC012000394641
2012-10-24 presentation by Russell Gasdia	PPLPC012000396055	PPLPC012000396055
2012-10-29 email from Paulo Costa	PPLPC012000396446	PPLPC012000396449
2012-10-30 email from Russell Gasdia	PPLPC012000396469	PPLPC012000396475
2012-11-01 Board report	PWG000413502	PWG000413562
2012-11-01 Board report	PPLPC012000396617	PPLPC012000396673
2012-11-01 Board report	PWG000414887	PWG000414941
2013 Purdue paper, "Attractiveness of reformulated OxyContin tablets"	PTN000002031	PTN000002073
2013 Q1 target list	PPLPC015000141319	PPLPC015000141319
2013-01-07 email from David Rosen; 2013-01-07 email from Richard Sackler	PPLPC022000584388	PPLPC022000584389
2013-01-15 attachment to email by Burt Rosen	PPLPC032000255064	PPLPC032000255067
2013-01-16 email from Pamela Bennett	PPLPC017000434836	PPLPC017000434837
2013-01-28 Board report	PPLPC012000407127	PPLPC012000407184
2013-01-29 email from David Haddox	PPLPC020000649740	PPLPC020000649741
2013-01-30 email from William Mallin	PPLPC012000406335	PPLPC012000406336
2013-02-07 Q1 Butrans Core/Super Core Assignment Profile	PPLPC012000407759	PPLPC012000407759
2013-02-12 email from Russell Gasdia	PPLPC012000408436	PPLPC012000408437
2013-02-13 business condition report to Board	PPLPC012000408052	PPLPC012000408150
2013-02-19 draft of proposed communicates	PPLPC012000409156	PPLPC012000409161
2013-03-10 email from Russell Gasdia	PPLPC012000412627	PPLPC012000412628

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Description	Start Bates	End Bates
2013-03-18 Scientific Communications Document Review Form	PPLP003878021	PPLP003878025
2013-03-18 Systematic Review of the Efficacy and Safety of Long-Term Opioid Therapy in the Management of Chronic Noncancer Pain	PDD8013708195	PDD8013708340
2013-03-21 Abuse Deterrent Strategy Presentation to the Board	PPLP004409476	PPLP004409600
2013-04-03 list of targeted prescribers	PPLP004367823	PPLP004367823
2013-04-24 email from Burt Rosen	PPLPC012000419811	PPLPC012000419815
2013-04-30 email from Russell Gasdia	PPLPC012000420967	PPLPC012000420968
2013-05 Board presentation by Russell Gasdia	PPLP004409708	PPLP004409773
2013-05-03 Board agenda	PPLPC016000181374	PPLPC016000181375
2013-05-03 email from John Stewart	PPLPC012000421593	PPLPC012000421593
2013-05-03 email from Ronald Cadet	PPLPC012000421795	PPLPC012000421796
2013-05-03 guidance for sales reps	PPLPC012000421798	PPLPC012000421804
2013-05-13 Board report	PPLP004367540	PPLP004367603
2013-05-22 mid-year sales update	PPLPC012000424609	PPLPC012000424635
2013-05-24 Sales & Marketing presentation	PPLPC004000358097	PPLPC004000358097
2013-06-25 meeting with Paulo Costa notes	PPLPC021000577371	PPLPC021000577372
2013-07 Publication Plan for Long-Term Opioid Therapy for Chronic Non-Cancer Pain	PWG000323548	PWG000323562
2013-07 Sales & Marketing Opioid Market Overview	PWG000163682	PWG000163769
2013-07-05 email from Edward Mahony; 2013-07-06 email from Mortimer Sackler	PPLPC012000431309	PPLPC012000431314
2013-07-07 attachment to email from John Stewart	PPLPC012000431266	PPLPC012000431278
2013-07-07 email from John Stewart	PPLPC012000431262	PPLPC012000431265
2013-07-11 email from John Stewart	PPLPC012000435411	PPLPC012000435412
2013-07-15 email from Tim Richards	PPLPC012000432169	PPLPC012000432169
2013-07-18 Identifying Granular Growth Opportunities for OxyContin: First Board Update	PPLP004409781	PPLP004409889
2013-07-23 Board report	PPLPC012000433388	PPLPC012000433447
2013-07-24 Communications and External Affairs Committee minutes	PPLPC012000433550	PPLPC012000433554
2013-07-31 email from Jon Lowne	PPLPC012000434831	PPLPC012000434831
2013-08-06 email from Edward Mahony	PPLPC012000435336	PPLPC012000435339
2013-08-06 visual aid	PPLPC028000497109	PPLPC028000497117
2013-08-08 Identifying Granular Growth Opportunities for OxyContin: Addendum to July 18th and August 5th Updates	PPLP004409890	PPLP004409918
2013-08-14 presentation by John Stewart and Russell Gasdia	PPLPC012000436355	PPLPC012000436355
2013-08-15 email from John Stewart	PPLPC012000436626	PPLPC012000436626

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Description	Start Bates	End Bates
2013-08-19 OxyContin "Initiation, Conversion, and Titration" workshop	PWG000197618	PWG000197657
2013-08-22 email from Russell Gasdia	PPLPC012000437344	PPLPC012000437345
2013-08-22 presentation	PPLPC012000437346	PPLPC012000437364
2013-09-05 report	PPLPC002000156079	PPLPC002000156195
2013-09-11 email from John Stewart	PPLPC002000159015	PPLPC002000159017
2013-09-11 memo	PPLPC012000441614	PPLPC012000441619
2013-09-18 near term implementation plan	PPLPC012000441799	PPLPC012000441799
2013-09-19 email from Edward Mahony	PPLPC012000441858	PPLPC012000441858
2013-09-23 email from Russell Gasdia	PPLPC012000442736	PPLPC012000442737
2013-09-23 OxyContin marketing plan	PWG000062654	PWG000062740
2013-09-26 Fourth Quarter 2013 Incentive Program	PPLP003579148	PPLP003579152
2013-09-30 email from John Stewart	PPLPC012000444465	PPLPC012000444467
2013-10-03 Board agenda	PPLP004409965	PPLP004409972
2013-10-23 email from Edward Mahony; 2013-10-28 email from David Rosen; 2013-10-28 email from Russell Gasdia; 2013-10-28 email from Mortimer Sackler	PPLPC012000448832	PPLPC012000448843
2013-10-29 Board presentations	PPLP004409973	PPLP004410503
2013-10-29 budget presentation	PPLPC012000451665	PPLPC012000451669
2013-11-01 Board report	PPLPC002000186911	PPLPC002000186966
2013-11-11 email from Raul Damas; 2013-11-11 email from Richard Sackler	PPLPC020000733992	PPLPC020000733993
2013-11-16 November 2013 Beneficiaries Meeting	PPLP004410528	PPLP004410678
2013-11-18 email from Raul Damas; 2013-11-18 email from Richard Sackler	PPLPC023000633066	PPLPC023000633067
2013-12 Butrans core visual aid	PWG000076569	PWG000076583
2013-12-02 email from John Stewart	PPLPC012000454422	PPLPC012000454422
2013-12-04 email from David Rosen	PPLPC012000454676	PPLPC012000454676
2013-12-06 Performance Enhancement Plan	PPLPC014000231423	PPLPC014000231426
2013-12-23 email from Garry Hughes	PPLP004367907	PPLP004367907
2013-12-23 First Quarter 2014 Incentive Program	PPLP003579166	PPLP003579169
2014-01-02 email from Jonathan Sackler; 2014-01-03 email from Burt Rosen	PPLPC020000748356	PPLPC020000748357
2014-01-07 email from Russell Gasdia	PPLPC012000458540	PPLPC012000458541
2014-01-16 quarterly compliance report to the Board	PPLP004410692	PPLP004410815
2014-01-17 Evolve to Excellence Presentation by Mark Timney	PPLPC012000459931	PPLPC012000459931
2014-01-24 email from Windell Fisher	PPLPC012000461545	PPLPC012000461546
2014-01-29 email from Mark Timney	PPLPC012000461846	PPLPC012000461847
2014-01-30 memo from Edward Mahony	PPLPC020000756512	PPLPC020000756518
2014-02-03 email from Edward Mahony	PPLPC020000756510	PPLPC020000756510

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Description	Start Bates	End Bates
2014-02-04 Board report	PPLPC002000181035	PPLPC002000181082
2014-02-14 email from Russell Gasdia	PPLPC012000464424	PPLPC012000464425
2014-02-26 email from Mark Timney	PPLPC012000465939	PPLPC012000465981
2014-02-27 email from Russell Gasdia	PPLPC012000466164	PPLPC012000466165
2014-03-11 email from Windell Fisher	PPLPC014000242642	PPLPC014000242642
2014-03-11 Presentation for meeting with Mark Timney	PPLPC014000242643	PPLPC014000242643
2014-03-31 Q1 2014 financial results presentation	PPLPC012000473131	PPLPC012000473131
2014-04-06 email from Edward Mahony	PPLPC012000471641	PPLPC012000471644
2014-04-09 email from Thomas Currier	PPLPC022000712807	PPLPC022000712808
2014-04-14 financial report to Board	PPLPC012000473132	PPLPC012000473138
2014-04-17 email	PPLPC012000473723	PPLPC012000473724
2014-05-04 attached memo from Burt Rosen	PWG000412143	PWG000412145
2014-05-14 email from Mark Timney; 2014-05-14 email from Richard Sackler	PPLPC019000926225	PPLPC019000926226
2014-05-23 Board Update Memo from Mark Timney	PPLPC021000656750	PPLPC021000656750
2014-05-29 email from Bert Weinstein	PPLPC020000797947	PPLPC020000797948
2014-06-06 email from Russell Gasdia	PPLPC012000483965	PPLPC012000483967
2014-06-06 Sales and Marketing Update Presentation by Russell Gasdia	PVT0028327	PVT0028344
2014-06-10 email from Mark Timney; 2014-06-10 email from Richard Sackler	PPLPC012000483197	PPLPC012000483201
2014-06-10 email from Russell Gasdia	PPLPC012000483223	PPLPC012000483228
2014-06-30 email from Raul Damas	PPLPC022000741863	PPLPC022000741865
2014-07-01 Board Flash Report	PPLPC016000244173	PPLPC016000244173
2014-07-07 email from John Stewart	PPLPC012000431279	PPLPC012000431282
2014-07-18 Performance Enhancement Plan	PPLPC014000263370	PPLPC014000263374
2014-07-22 email from Todd Baumgartner	PPLPC002000187479	PPLPC002000187480
2014-08-01 memo from Mark Timney	PPLPC018001080173	PPLPC018001080173
2014-08-05 Board Flash Report	PPLPC016000250753	PPLPC016000250753
2014-08-11 email from Raul Damas	PPLPC023000708273	PPLPC023000708276
2014-08-14 email from Scott Glover	PPLPC024000872837	PPLPC024000872838
2014-09-05 Board Flash Report	PPLPC016000254916	PPLPC016000254916
2014-09-10 presentation	PPLPC017000564601	PPLPC017000564601
2014-09-12 presentation	PPLPC016000255303	PPLPC016000255303
2014-09-15 Commercial Strategic Initiatives by Russell Gasdia	PPLPC012000494427	PPLPC012000494427
2014-09-16 email from Kathe Sackler; 2014-09-17 email from Mark Timney	PPLPC020000834184	PPLPC020000834187
2014-09-22 email from Mark Timney	PPLP004141431	PPLP004141433
2014-10-01 Board meeting materials	PPLP004411288	PPLP004411367
2014-10-15 Board Flash Report	PPLPC016000259607	PPLPC016000259607

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Description	Start Bates	End Bates
2014-10-20 email from John Axelson; 2014-10-20 Bloomberg Businessweek report	PPLPC014000279783	PPLPC014000279795
2014-10-20 email from Raul Damas	PPLPC017000579723	PPLPC017000579727
2014-10-24 email from Edward Mahoney	PPLPC016000260660	PPLPC016000260660
2014-10-24 Mark Timney's 2015 Budget Summary	PPLPC016000260662	PPLPC016000260675
2014-10-25 email from Mortimer Sackler	PPLPC021000696383	PPLPC021000696386
2014-11 OxyContin Brand Strategy and Forecast for 2015	PPLP004411368	PPLP004411616
2014-11-14 Take my Pain Away ... A Physician's Perspective of Prescription Opioids and Pain Management	PWG000214676	PWG000214682
2014-11-20 email from Mark Timney	PPLPC001000189109	PPLPC001000189111
2014-12-03 November flash report	PPLPC016000266403	PPLPC016000266403
2014-12-05 email from Russell Gasdia	PPLPC012000508248	PPLPC012000508250
2014-12-09 email from Russell Gasdia	PPLPC012000508727	PPLPC012000508730
2014-12-31 email from Richard Sackler; 2015-01-02 email from Saeed Motahari	PPLPC021000713326	PPLPC021000713330
2015 Budget Submission	PPLPC016000260833	PPLPC016000260897
2015 Butrans Patient Identification and Initiation Guide	PWG000080068	PWG000080082
2015 Commercial Budget Review	PPLPC016000260676	PPLPC016000260769
2015-01-07 email from Richard Sackler; 2015-01-08 email from Mark Timney; 2015-01-08 email from Richard Sackler	PPLPC022000797066	PPLPC022000797068
2015-01-12 Price Increase Notification	PWG000045843	PWG000045890
2015-01-28 Pain Products Presentation	PVT0029484	PVT0029528
2015-02-20 email from Stuart Baker	PPLPC026000138390	PPLPC026000138393
2015-02-24 emails from Mark Timney and Gail Cawkwell	PPLPC011000015125	PPLPC011000015129
2015-02-24 presentation	PPLPC002000208957	PPLPC002000208957
2015-03-03 email from Stuart Baker	PPLPC011000016991	PPLPC011000016993
2015-03-10 Oxycodone and Buprenorphine Combination Product Presentation	PPLPC011000014785	PPLPC011000014785
2015-04-21 Board decision	PPLP004417483	PPLP004417585
2015-04-21 Board materials	PPLPC011000025669	PPLPC011000025715
2015-04-30 Sales & Promotion strategic plan	PPLPC031001334002	PPLPC031001334002
2015-05-04 Strategic Plan Update	PPLPC017000623090	PPLPC017000623090
2015-06-05 mid-year strategic review	PPLPC011000036000	PPLPC011000036000
2015-10-15 commercial budget review	PPLPC031001379856	PPLPC031001379856
2015-10-27 email to David Haddox	PPLPC022000894451	PPLPC022000894452
2015-10-27 Executive Operating Committee presentation	PPLPC011000065522	PPLPC011000065569
2015-11-03 email from Zach Perlman, Executive Committee materials	PPLPC011000065030	PPLPC011000065030
2015-11-20 email from Robert Josephson	PPLP004153098	PPLP004153102
2015-11-21 email from Stuart Baker	PPLPC011000069947	PPLPC011000069951

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Description	Start Bates	End Bates
2015-11-30 2016 Budget Presentation	PPLPC011000069952	PPLPC011000070126
2015-12-09 email from Zach Perlman	PPLPC011000073228	PPLPC011000073229
2015-12-09 Executive Committee presentation	PPLPC011000073230	PPLPC011000073230
2016-01-08 email from Eric Kizior	PPLP003569272	PPLP003569275
2016-02 NSAID to ERO Switch Research Final Report	PWG000072026	PWG000072075
2016-03-22 email from a mother to Mark Timney	PPLPC017000696219	PPLPC017000696224
2016-04-13 April Board meeting Commercial Update	PPLPC016000286167	PPLPC016000286167
2016-04-15 email from Timney to Executive Committee	PPLPC011000092068	PPLPC011000092069
2016-05-11 10 year plan Sales and Promotions expenses	PPLPC031001437901	PPLPC031001437901
2016-05-19 Executive Committee pre-read	PPLPC011000096792	PPLPC011000096990
2016-06 Board Book	PPLPC011000099226	PPLPC011000099348
2016-06-08 Mid-Year Update	PPLPC011000099783	PPLPC011000099783
2016-08-12 Purdue news summary	PPLPC005000241221	PPLPC005000241223
2016-09-16 Communications Strategy Recommendations Presentations	PPLPC021000863236	PPLPC021000863251
2016-10-04 email to David Haddox; 2016-10-04 email from Srdjan Nedeljkovic	PPLPC022000968264	PPLPC022000968268
2016-10-11 commercial budget proposal	PPLPC011000123439	PPLPC011000123682
2016-11-01 letter from Mark Timney	PPLPC011000126443	PPLPC011000126444
2016-11-03 email from Raul Damas; 2016-11-03 email from Robert Josephson	PPLPC023000914978	PPLPC023000914978
2016-11-09 Executive Committee pre-read	PPLPC011000127169	PPLPC011000127206
2016-11-23 email from Mark Timney	PPLPC023000922832	PPLPC023000922836
2016-11-28 email from Robert Josephson	PPLPC019001332704	PPLPC019001332707
2016-12-01 emails from Robert Josephson and Raul Damas	PPLPC020001075830	PPLPC020001075832
2016-12-22 Braeburn Pharmaceuticals: Structuring Analysis	PPLPC022000980231	PPLPC022000980246
2016-12-22 email from Elliott Ruiz	PPLPC022000980230	PPLPC022000980230
2017-01-02 Governance Calendar	PPLPC011000131500	PPLPC011000131506
2017-01-19 email from David Haddox	PPLPC011000133242	PPLPC011000133243
2017-01-24 email from Mark Timney	PPLPC011000133805	PPLPC011000133808
2017-02-28 email from Robert Josephson	PPLPC011000137163	PPLPC011000137164
2017-03-23 Executive Committee pre-read	PPLPC011000139412	PPLPC011000139583
2017-03-23 Executive Committee presentation	PPLPC011000139651	PPLPC011000139826
2017-04-06 email from Gail Cawkwell	PPLPC011000141097	PPLPC011000141100
2017-04-10 email from Mark Timney	PPLPC024001002179	PPLPC024001002180
2017-05-02 Presentation by Craig Landau	PPLPC020001106306	PPLPC020001106315
2017-05-05 email from Gail Cawkwell	PPLPC001000254479	PPLPC001000254481
2017-05-06 email from Gail Cawkwell; 2017-05-06 email from Theresa Sackler	PPLPC011000147096	PPLPC011000147098

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Description	Start Bates	End Bates
2017-06 Board of Directors: Purdue Mid-Year Pre-Read	PPLPC011000151189	PPLPC011000151357
2017-06-22 Executive Committee pre-read	PPLPC011000153311	PPLPC011000153382
2017-06-22 Internal Press Release	PPLPC024001006343	PPLPC024001006344
2017-08-22 Questionnaire - Purdue Response	PPLPC020001132365	PPLPC020001132367
2017-08-30 BIO Opioid Mission	PPLPC001000259761	PPLPC001000259762
2017-09-01 email from Craig Landau	PPLPC016000315550	PPLPC016000315551
2017-09-14 10 year plan spreadsheet	PPLPC021000904588	PPLPC021000904588
2017-09-18 email from Craig Landau	PPLPC021000904934	PPLPC021000904939
2017-10-07 email from Richard Sackler	PPLPC016000317632	PPLPC016000317636
2017-10-11 email from Craig Landau	PPLPC005000263815	PPLPC005000263817
2017-10-20 email from Craig Landau	PPLPC016000318811	PPLPC016000318812
2017-10-23 email from Robert Josephson	PPLPC016000318910	PPLPC016000318949
2017-11 Board budget	PPLPC016000323215	PPLPC016000323215
2017-11-13 letter from Craig Landau	PPLPC021000912689	PPLPC021000912691
2017-11-17 spreadsheet of MA OxyContin Savings Cards	PWG004285076	PWG004285076
2017-11-21 emails from Jonathan Sackler and Craig Landau	PPLPC016000321333	PPLPC016000321335
2017-12-14 email from Craig Landau	PPLPC001000264824	PPLPC001000264829
2018 budget	PPLPC016000323974	PPLPC016000324015
2018-02-07 email from Craig Landau	PPLPC016000325614	PPLPC016000325615
2018-03-14 email from Craig Landau	PPLPC020001163155	PPLPC020001163156
2018-04-10 email from Paul Medeiros	PPLPC023000979571	PPLPC023000979572
Butrans promotional video	PPLP003297185	PPLP003297185
Compiled Board minutes	PKY183212603	PKY183213010
Compiled Board minutes	PKY183213011	PKY183213458
Compiled Board minutes	PPLP004415256	PPLP004416559
Introducing Opioids with Abuse-Deterrent Properties (OADP)	PVT0024614	PVT0024621
Mass. HCP Payments	PMA000281466	PMA000281466
Monthly prescription data by prescriber	PWG003984534	PWG003984534
Options marketing materials	PMA000189013	PMA000189028
OxyContin sales script	PWG000334229	PWG000334240
Purdue Drug Units Dispensed by HCP, Product, and Strength	PWG003984518	PWG003984518
Treatment Options: A Guide for People Living with Pain	PWG000243973	PWG000244056
Video, transcript "I Got My Life Back"	PDD9521403001	PDD9521403625
Video: "A Treatment Plan for Moderate to Severe Low Back Pain That Includes Converting to an Extended-Release Opioid Analgesic,"	PPLP003276093	PPLP003276093