PART A

IN THE DISTRICT COURT OF CLEVELAND COUNTY
STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel., MIKE HUNTER, ATTORNEY GENERAL OF OKLAHOMA, Plaintiff, vs. (1) PURDUE PHARMA L.P.; (2) PURDUE PHARMA, INC.; (3) THE PURDUE FREDERICK COMPANY; (4) TEVA PHARMACEUTICALS USA, INC.; (5) CEPHALON, INC.; (6) JOHNSON & JOHNSON; (7) JANSSEN PHARMACEUTICALS, INC.; (8) ORTHO-McNEIL-JANSSEN PHARMACEUTICALS, INC., n/k/a JANSSEN PHARMACEUTICALS, INC.; (9) JANSSEN PHARMACEUTICA, INC., n/k/a JANSSEN PHARMACEUTICALS, INC.; (10) ALLERGAN, PLC, f/k/a ACTAVIS PLC, f/k/a ACTAVIS, INC., f/k/a WATSON PHARMACEUTICALS, INC.; (11) WATSON LABORATORIES, INC.; (12) ACTAVIS LLC; and (13) ACTAVIS PHARMA, INC., f/k/a WATSON PHARMA, INC., Defendants.	§	Case No. CJ-2017-816 The Honorable Thad Balkman William C. Hetherington Special Discovery Master *To be heard by the Honorable Thad Balkman, District Judge* CONFIDENTIAL FILED UNDER SEAL PURSUANT TO PROTECTIVE ORDER DATED APRIL 16, 2018

THE STATE'S RESPONSE IN OPPOSITION TO DEFENDANTS WATSON LABORATORIES, INC., ACTAVIS LLC, ACTAVIS PHARMA, INC. AND TEVA PHARMACEUTICALS USA, INC.'S MOTION FOR PARTIAL SUMMARY JUDGMENT AND BRIEF IN SUPPORT

Exhibits
Volume 1 of 4

1-30

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EXHIBIT

1

IN THE DISTRICT COURT OF CLEVELAND COUNTY

STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel.,
MIKE HUNTER,
ATTORNEY GENERAL OF OKLAHOMA,

Plaintiff,

Case Number
CJ-2017-816

VS.

(1) PURDUE PHARMA L.P.;
(2) PURDUE PHARMA, INC.;
(3) THE PURDUE FREDERICK COMPANY;
(4) TEVA PHARMACEUTICALS USA, INC.;
(5) CEPHALON, INC.;
(6) JOHNSON & JOHNSON;
(7) JANSSEN PHARMACEUTICALS, INC.;
(8) ORTHO-McNEIL-JANSSEN PHARMACEUTICALS, INC., f/k/a JANSSEN PHARMACEUTICALS, INC.;
(9) JANSSEN PHARMACEUTICA, INC., f/k/a JANSSEN PHARMACEUTICALS, INC.;
(10) ALLERGAN, PLC, f/k/a WATSON PHARMACEUTICALS, INC.;
(11) WATSON LABORATORIES, INC.;
(12) ACTAVIS, LLC; and
(13) ACTAVIS PHARMA, INC., f/k/a WATSON PHARMA, INC.,

Defendants.

VIDEO DEPOSITION OF JOHN HASSLER
STATE OF OKLAHOMA 3230(C)(5) WITNESS
TAKEN ON BEHALF OF THE PLAINTIFF
ON FEBRUARY 20, 2019, BEGINNING AT 9:05 A.M.
IN OKLAHOMA CITY, OKLAHOMA

Reported by: Cheryl D. Rylant, CSR, RPR

Video Technician: Gabe Pack

MR. FIORE: Object to form.

THE WITNESS: I think that was one of the earlier products.

Q. (By Mr. Pate) All right. At that time, what unbranded marketing was Teva specifically doing related to chronic pain or opioids?

A. I -- I don't recall seeing specific initiatives, in that it really isn't part of what the generic companies do. There may be specific small grants in different areas, but the generics usually ride in the wake of what a branded company has done to build a market for an innovative product, and then the generics simply announce availability of generic versions of that product and there isn't -- there isn't much, if any, disease education that generics typically engage in that come to mind.

Q. As distinct from the company Cephalon, just asking specifically about Teva now. Does it engage currently in the unbranded marketing related to -- well, let me back up. That's a bad question.

Prior to the acquisition of Cephalon by Teva, did Teva, as far as you know -- or what unbranded marketing did Teva use related to chronic pain or opioids?

MR. FIORE: Object to form.

THE WITNESS: Prior to Cephalon?

Q. (By Mr. Pate) Prior to Cephalon.

A. I'm struggling to think of any marketing materials that Teva would have controlled from a generics standpoint. It's just not a routine practice for the generics business. I can't think of an example. This would have been prior to 2011. I'm -- I'm sorry, I'm not coming up with -- with anything.

Q. All right. Prior to 2011, Cephalon used unbranded marketing as part of its marketing strategy for Actiq and Fentora, correct?

A. Yes.

Q. After 2011, Cephalon and Teva, now as part of one company, continued to use unbranded marketing and branded marketing for those products, correct?

A. Yes.

Q. At that time, Teva was also selling a number of generic opioid products by then, correct?

A. Yes.

Q. Including generic OxyContin, correct?

A. Yes.

Q. Prior to Teva acquiring the Actavis and Watson entities, what unbranded marketing did those specific companies use related to chronic pain or

asked you about it. This one is marked as Exhibit 9 this time. Do you recognize that one?

A. Yes.

Q. All right. I'm going to ask you fewer questions about it this time.

Is that unbranded marketing, Exhibit 9? Well, let me start over.

Just so it's clear to the jury, Exhibit 9 is a brochure entitled Making Pain Talk Painless, correct?

A. Yes.

Q. The subheading says A Guide to Help You Talk With Your Doctor About Pain Management, right?

A. Yes.

Q. It's got the Cephalon label right underneath that, right?

A. Yes.

Q. The Bates number on this one is TEVA_OK_00116233. All right?

A. Yes.

Q. Is Exhibit 9 an example of unbranded marketing?

A. Yes.

Q. Okay. This one is dated July 2006, if you look at the very back, bottom of the page.

A. Yes.

Q. And on the second page, it talks about different kinds of pain, right?

A. Yes.

Q. And it talks about breakthrough pain, which is what Cephalon's branded products were for, right?

A. Yes.

Q. But it doesn't distinguish breakthrough pain from breakthrough cancer pain in this material, does it?

MR. FIORE: Object to form.

THE WITNESS: No, it doesn't.

Q. (By Mr. Pate) It talks about just breakthrough pain generally, right?

A. Yes.

Q. And then it talks about, among other things, just opioids generally, not any specific opioid, right?

A. Yeah, it talks about several different pain medicines.

Q. All right.

MR. MERKLEY: Mr. Pate, I think we've reached the six-hour limit. Do you have a whole lot more left?

MR. PATE: Oh, yeah. Not on this document --

EXHIBIT

2

Teva to Acquire Cephalon in $6.8 Billion Transaction

- **Enhances and Diversifies Teva's Branded Portfolio**
- **Pipeline and Marketed Products Broaden Reach into Key Therapeutic Areas Including CNS, Oncology, Respiratory and Pain Management**
- **Attractive Economics with at Least $500 Million in Cost Synergies**
- **Accretive to non-GAAP Earnings Immediately; Accretive to GAAP Earnings Within Fourth Quarter of Closing**

Jerusalem, Israel, and Frazer, PA, May 2, 2011 - Teva Pharmaceutical Industries Ltd. (NASDAQ: TEVA) and Cephalon, Inc. (NASDAQ: CEPH) today announced that their Boards of Directors have unanimously approved a definitive

have unanimously approved a definitive agreement under which Teva will acquire all of the outstanding shares of Cephalon for $81.50 per share in cash, or a total enterprise value of approximately $6.8 billion. The transaction is not conditioned on financing and is expected to be completed in the third quarter of 2011.

The transaction reinforces Teva's long term strategy of building out its branded and specialty pharmaceuticals business through diversification and expansion of the company's product portfolio and pipeline. The combined company will utilize its complementary commercial, R&D and operational capabilities. It will capture value by providing customers with a broad spectrum of specialty branded products. The combined company's sizable branded portfolio represents approximately $7 billion in sales, with a robust pipeline including more than 30 late-stage compounds. The transaction will create immediate and sustainable value in niche therapeutic areas including CNS, oncology, respiratory and pain management. The combined company will become a leader in specialty pharma.

"We are embarking today on a new and exciting future for Teva's branded business, and we are delighted that we will be working together with the Cephalon team," said Shlomo Yanai, President and Chief Executive Officer of Teva. "This is transforming for Teva's branded business, as it will help us to deliver on our strategic goal of creating a diversified, multi-faceted company. We have been following Cephalon for a long time and are very happy with the opportunity to join forces. Our significantly broader portfolio will

permit marketing and sales synergies and enhance profitability. We look forward to welcoming our colleagues at Cephalon to the Teva family."

"Cephalon's merger with Teva is the result of a rigorous process that included a review of a wide-range of strategic options undertaken by Cephalon's Board of Directors and management team to maximize value and deliver significant returns to shareholders," said Kevin Buchi, Chief Executive Officer of Cephalon. "By joining forces with Teva, we will benefit from their scale, worldwide reach and operational excellence, allowing us to further pursue our shared goals of delivering new, innovative therapies to help patients around the world. Teva shares our strong commitment to R&D, and we believe our pipeline will thrive under their leadership. We look forward to working with the Teva team to ensure a smooth transition and complete the transaction as expeditiously as possible."

Price and Premiums

The purchase price of $81.50 per share represents a 39% premium to Cephalon's stock price on March 29, 2011, the last closing price before the unsolicited proposal was announced; a premium of 44% to Cephalon's average closing stock price over the last 30 trading days prior to the unsolicited proposal; a 12% premium to the unsolicited proposal of $73.00 per share; and a premium of 6% to Cephalon's closing stock price on April 29, 2011, the last trading day prior to today's announcement. The transaction is expected to be immediately accretive to Teva's

non-GAAP earnings per share and accretive to Teva's GAAP earnings within the fourth quarter of closing.

Strategic and Financial Benefits of the Transaction

- Diversifies Teva's Branded Portfolio and Provides Access to New Therapeutic Segments: Together Teva and Cephalon will offer broad market appeal across the pharma spectrum with products that are highly complementary. As a result of the transaction, Teva will expand and diversify its marketed products in CNS, and will add commercial presence in oncology and pain management. The combined company will have more than 20 branded products, with pro forma branded sales of approximately $7 billion.

- Provides Attractive and Highly Complementary Pipeline with Significant Value: Cephalon's attractive pipeline of late-stage products enhances Teva's pipeline in key therapeutic areas including CNS, oncology, and respiratory, and expands into new areas such as pain management. The combined company will have more than 30 compounds in late-stage development, including three products in filing stage. The pipeline has a long patent life and is well positioned for future growth and success.

- Enhances Branded Commercial and R&D Capabilities: Teva will benefit from Cephalon's brand expertise, infrastructure and talent in specialty pharma. Teva and Cephalon share complementary commercial and R&D capabilities, with proven teams of talented

employees with experience in bringing products to market.

- Delivers Significant Synergies: By taking advantage of the best of both companies, Teva expects to realize annual cost synergies of at least $500 million in year three following the transaction's close.

- Accretive to Earnings: The transaction is expected to be immediately accretive to Teva's non-GAAP earnings per share and accretive to Teva's GAAP earnings within the fourth quarter of closing.

- Enhances Global Generic Footprint: With Mepha, Teva will benefit from the #1 generics company in Switzerland with a geographic presence in CEE, Africa and Latin America. Mepha provides Teva with a presence in high growth emerging markets.

- Reinforces Teva's Long Term Strategy: The transaction reinforces Teva's long term strategy to drive increased diversification across business units, products and geographies. The combined company's broad product portfolio is expected to support Teva in achieving its stated goal of growing its branded revenues from $4.6 billion in 2010 to over $9 billion in 2015.

Financing and Approvals

The transaction has no financing condition. Teva intends to finance the transaction through cash on hand, lines of credit and the public debt market.

The transaction is subject to the satisfaction of customary closing conditions, including expiration of the waiting period under the Hart-Scott-Rodino Antitrust Improvements Act and clearance by the European Commission under the EC Merger Regulation, as well as the approval of Cephalon stockholders. The transaction is expected to be completed in the third quarter of 2011.

Advisors

Credit Suisse Securities (USA) LLC is serving as Teva's financial advisor, and Kirkland & Ellis LLP is serving as its legal counsel. Deutsche Bank Securities Inc. and BofA Merrill Lynch are serving as Cephalon's financial advisors, and Skadden, Arps, Slate, Meagher & Flom LLP is serving as its legal counsel.

Conference Call and Webcast

Teva and Cephalon will host a conference call to discuss the transaction today at 8:30 AM EDT. The number to call within the United States is 866-713-8566 or 617-597-5325 internationally, using participant code 35520320. The webcast and accompanying slide presentation can be accessed through the companies' websites at www.tevapharm.com and www.cephalon.com. A replay of the conference call will be available beginning at 11:30 AM EDT on May 2, 2011 through 12:00 AM EDT on May 9, 2011 and can be accessed by dialing 888-286-8010 in the United States or 617-801-6888 internationally, using participant code 91469265.

About Teva

Teva Pharmaceutical Industries Ltd. (NASDAQ:TEVA) is a leading global pharmaceutical company, committed to increasing access to high-quality healthcare by developing, producing and marketing affordable generic drugs as well as innovative and specialty pharmaceuticals and active pharmaceutical ingredients. Headquartered in Israel, Teva is the world's largest generic drug maker, with a global product portfolio of more than 1,450 molecules and a direct presence in about 60 countries. Teva's branded businesses focus on neurological, respiratory and women's health therapeutic areas as well as biologics. Teva's leading innovative product, Copaxone®, is the number one prescribed treatment for multiple sclerosis. Teva employs approximately 40,000 people around the world and reached $16.1 billion in net sales in 2010.

About Cephalon

Cephalon is a global biopharmaceutical company dedicated to discovering, developing and bringing to market medications to improve the quality of life of individuals around the world. Since its inception in 1987, Cephalon has brought first-in-class and best-in-class medicines to patients in several therapeutic areas. Cephalon has the distinction of being one of the world's fastest-growing biopharmaceutical companies, now among the Fortune 1000 and a member of the S&P 500 Index, employing approximately 4,000 people worldwide. The company sells numerous branded and generic products

around the world. In total, Cephalon sells more than 170 products in nearly 100 countries. More information on Cephalon and its products is available at http://www.cephalon.com.

Additional Information:

This communication may be deemed to be solicitation material in respect of the proposed acquisition of Cephalon, Inc. (the "Company") by Teva Pharmaceutical International Ltd. ("Teva"). In connection with the proposed acquisition, Teva and the Company intend to file relevant materials with the Securities and Exchange Commission (the "SEC"), including the Company's proxy statement on Schedule 14A relating to the transaction.

INVESTORS OF THE COMPANY ARE URGED TO READ THE COMPANY'S PROXY STATEMENT RELATING TO THE TRANSACTION, AND ANY OTHER RELEVANT DOCUMENTS THAT THE COMPANY MAY FILE WITH THE SEC WHEN THEY BECOME AVAILABLE, BECAUSE THEY WILL CONTAIN IMPORTANT INFORMATION.

Investors and security holders will be able to obtain such documents free of charge through the website maintained by the SEC at www.sec.gov, at the Company's website at http://www.cephalon.com, or by contacting Innisfree M&A Incorporated at (877) 800-5186 (banks and brokers call collect at (212) 750-5833).

The Company and its directors and certain executive officers, may be deemed to be participants in the solicitation of proxies from the

holders of the Company's common stock in respect of the proposed transaction. Information about the directors and executive officers of the Company and their respective interests in the Company by security holdings or otherwise is set forth in its proxy statement relating to the 2011 annual meeting of stockholders, which was filed with the SEC on March 25, 2011. Investors may obtain additional information regarding the interest of the participants by reading the proxy statement relating to the transaction when it becomes available.

Forward-Looking Statements

Teva's Safe Harbor Statement under the U. S. Private Securities Litigation Reform Act of 1995: The statements, analyses and other information contained herein relating to the proposed acquisition and its effects on financial and operating performance, including estimates for growth, anticipated positions in certain markets and shares in such markets, the markets for Teva and Cephalon's products, trends in Teva and Cephalon's operating and financial results, the future development and operation of Teva and Cephalon's business, and the contingencies and uncertainties to which Teva and Cephalon may be subject, as well as other statements including words such as "anticipate," "believe," "plan," "estimate," "expect," "intend," "will," "should," "may" and other similar expressions, are "forward-looking statements" under the Private Securities Litigation Reform Act of 1995. Such statements are made based upon management's current expectations and beliefs concerning future events and their potential effects on the company and involve a number of

effects on the company and involve a number of known and unknown risks and uncertainties that could cause our future results, performance or achievements to differ significantly from the results, performance or achievements expressed or implied by such forward-looking statements. Actual results may differ materially from the results anticipated in these forward-looking statements. Important factors that could cause or contribute to such differences include whether and when the proposed acquisition will be consummated and the terms of any conditions imposed in connection with such closing, our ability to rapidly integrate Cephalon's operations and achieve expected synergies, diversion of management time on merger-related issues, our ability to predict future market conditions with accuracy, our ability to develop and commercialize additional pharmaceutical products, competition from the introduction of competing generic equivalents and due to increased governmental pricing pressures, the effects of competition on sales of our innovative products, especially Copaxone® (including competition from innovative orally-administered alternatives as well as from potential generic equivalents), potential liability for sales of generic products prior to a final resolution of outstanding patent litigation, including that relating to the generic versions of Neurontin®, Lotrel® and Protonix®, the extent to which we may obtain U.S. market exclusivity for certain of our new generic products, the extent to which any manufacturing or quality control problems damage our reputation for high quality production and require costly remediation, , our ability to identify, consummate and successfully integrate acquisitions (including the acquisition of

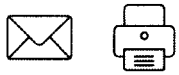
Cephalon), our ability to achieve expected results through our innovative R&D efforts, dependence on the effectiveness of our patents and other protections for innovative products, intense competition in our specialty pharmaceutical businesses, uncertainties surrounding the legislative and regulatory pathway for the registration and approval of biotechnology-based products, our potential exposure to product liability claims to the extent not covered by insurance, any failures to comply with the complex Medicare and Medicaid reporting and payment obligations, our exposure to currency fluctuations and restrictions as well as credit risks, the effects of reforms in healthcare regulation and pharmaceutical pricing and reimbursement, adverse effects of political or economical instability, major hostilities or acts of terrorism on our significant worldwide operations, increased government scrutiny in both the U.S. and Europe of our agreements with brand companies, interruptions in our supply chain or problems with our information technology systems that adversely affect our complex manufacturing processes, the impact of continuing consolidation of our distributors and customers, the difficulty of complying with U.S. Food and Drug Administration, European Medicines Agency and other regulatory authority requirements, potentially significant impairments of intangible assets and goodwill, potential increases in tax liabilities resulting from challenges to our intercompany arrangements, the termination or expiration of governmental programs or tax benefits, any failure to retain key personnel or to attract additional executive and managerial talent, environmental risks and other

factors that are discussed in our filings with the SEC.

Cephalon's Safe Harbor Statement under the U. S. Private Securities Litigation Reform Act of 1995:

In addition to historical facts or statements of current condition, this press release may contain forward-looking statements. Forward-looking statements provide Cephalon's current expectations or forecasts of future events. These may include statements regarding anticipated scientific progress on its research programs, development of potential pharmaceutical products, interpretation of clinical results, prospects for regulatory approval, manufacturing development and capabilities, market prospects for its products, sales and earnings guidance, and other statements regarding matters that are not historical facts. You may identify some of these forward-looking statements by the use of words in the statements such as "anticipate," "estimate," "expect," "project," "intend," "plan," "believe" or other words and terms of similar meaning. Cephalon's performance and financial results could differ materially from those reflected in these forward-looking statements due to general financial, economic, regulatory and political conditions affecting the biotechnology and pharmaceutical industries as well as more specific risks and uncertainties facing Cephalon such as those set forth in its reports on Form 8-K, 10-Q and 10-K filed with the SEC. Given these risks and uncertainties, any or all of these forward-looking statements may prove to be incorrect. Therefore, you should not rely on any such factors or forward-looking statements. Furthermore,

Cephalon does not intend to update publicly any forward-looking statement, except as required by law. The Private Securities Litigation Reform Act of 1995 permits this discussion.



EXHIBIT

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IN THE DISTRICT COURT OF CLEVELAND COUNTY

STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel.,
MIKE HUNTER,
ATTORNEY GENERAL OF OKLAHOMA,

Plaintiff,

Case Number
CJ-2017-816

VS.

(1) PURDUE PHARMA L.P.;
(2) PURDUE PHARMA, INC.;
(3) THE PURDUE FREDERICK COMPANY;
(4) TEVA PHARMACEUTICALS USA, INC.;
(5) CEPHALON, INC.;
(6) JOHNSON & JOHNSON;
(7) JANSSEN PHARMACEUTICALS, INC.;
(8) ORTHO-McNEIL-JANSSEN PHARMACEUTICALS, INC., f/k/a JANSSEN PHARMACEUTICALS, INC.;
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(10) ALLERGAN, PLC, f/k/a WATSON PHARMACEUTICALS, INC.;
(11) WATSON LABORATORIES, INC.;
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(13) ACTAVIS PHARMA, INC., f/k/a WATSON PHARMA, INC.,

Defendants.

VIDEO DEPOSITION OF JOHN HASSLER
STATE OF OKLAHOMA 3230(C)(5) WITNESS
TAKEN ON BEHALF OF THE PLAINTIFF
ON JANUARY 25, 2019, BEGINNING AT 10:09 A.M.
IN OKLAHOMA CITY, OKLAHOMA

Reported by: Cheryl D. Rylant, CSR, RPR

Video Technician: Gabe Pack

Q. Actavis?

A. Yes.

Q. And Cephalon?

A. Yes.

Q. And, along with the acquisition of those companies, Teva acquired the opioid products that those companies manufactured, correct?

A. Yes.

Q. And --

A. One other comment. I don't know, I don't recall, but IVAX was another company that Teva purchased. I don't recall whether they had any opioid products.

Q. Can you spell that, please?

A. I believe it's IVAX.

Q. In addition to purchasing these companies, Teva also purchased an opioid product from existing companies without acquiring the entire company, right?

A. Are you asking whether they purchased an opioid from another company?

Q. Right. The -- the rights to manufacture and sell, the -- the intellectual property, et cetera.

A. I know of a -- a distribution agreement with Purdue that Teva has the right to purchase and sell

EXHIBIT

4

actavis
think smart medicine

DEPOSITION EXHIBIT 23

Introduction of

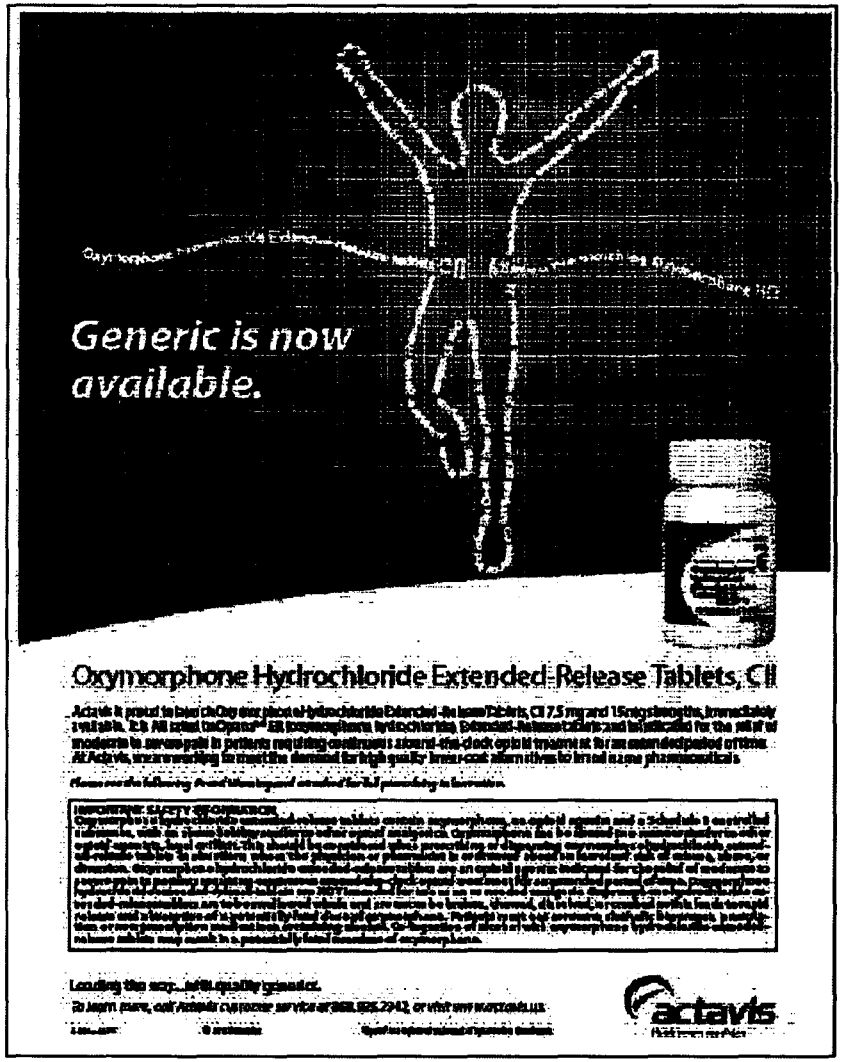
- Oxymorphone Hydrochloride Extended-Release Tablets, CII

Marketing Support Program

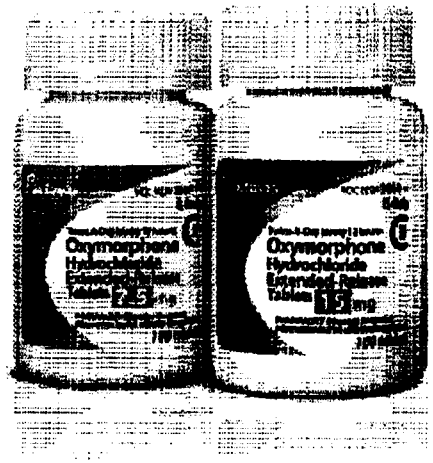
Marketing Support

- A two wave **direct-mail campaign** to the top 10,000 prescribing doctors. The first wave is planned to coincide with our launch to bring awareness to prescribing doctors. A follow-up mailing is planned early September.
- **Journal advertising** to cover both prescribers and pharmacists:
  - Practical Pain Management - focused on pain specialists. Circulation: 45,000. Insertion in August 2011 issue.
  - Pharmacy Times - focused on Pharmacists/Pharmacy buyers. Circulation: 163,500. Insertion in August 2011 issue.
- **Email campaign** reaching a pharmacy audience of 87,000 addresses.
- Using **Kadian sales team** to deliver generic availability message to pain doctors.
- Engaging major chains and wholesalers with targeted marketing programs aiming at pharmacist, doctors and patients

Sell Sheet - front & back



Now available from Actavis



Oxymorphone Hydrochloride Extended-Release Tablets, CII

- Generic is available in 7.5mg and 15mg strengths
- All Rated, to Opana ER**
- 100-count bottles
- Another addition to our expanding product portfolio

Product	Strength	Size	NDC#
Oxymorphone Hydrochloride Extended-Release Tablets, CII	7.5mg	100	0228-3261-11
Oxymorphone Hydrochloride Extended-Release Tablets, CII	15mg	100	0228-3262-11

EXHIBIT

5

FAQ's from Patients (cont)

Will Actiq make me feel sleepy like my other breakthrough can pain medicine?

It depends on the kind of medicine that you are currently taking. If you are currently taking a long-acting medicine for your breakthrough pain, then you will probably not feel as sleepy with *Actiq* because it is a short-acting medicine. However, you may feel sleepy when you first start taking *Actiq* and while your doctor or nurse is finding the right dose of *Actiq*. Usually, this side effect may lessen or go away as you continue to use *Actiq* and your body becomes used to it.

Will I get addicted to this medicine?

You will not get addicted to *Actiq*. A common misconception is that people with cancer who are taking strong pain-relieving medicines will become addicted. This is not true. If you follow the instructions that you received from your healthcare professional about taking your pain medicines, these medicines will not become addictive.

What does happen when you take pain-relieving medicines, like *Actiq*, is that your body becomes dependent on the medicine. This means that if you suddenly stopped taking the medicine, you would experience unpleasant side effects, often referred to as "withdrawal" effects. To prevent this from happening, if you no longer need to take *Actiq* your doctor or nurse will gradually decrease your dose so that you don't have these side effects of withdrawal.

Will Actiq cause my constipation to get worse?

Actiq will not causes any more constipation than any other strong pain reliever. Constipation can be managed by diet changes and medications. Be sure to tell your doctor about constipation so that it can be treated and does not interfere taking your pain medications.

EXHIBIT

6

- **Rescue medications** are used to manage BTP. Other terms used to describe these drugs are "rapid onset," "rapid acting," "short acting," or "supplemental." The term "rescue" does not indicate that the long-acting medication has failed.
- **Transdermal medications** are delivered through a patch worn on the skin.

Other Key Terms

- **Abuse** refers to the improper or excessive use of a drug.
- **Addiction** refers to dependence on a drug due to its psychological, rather than physical, effects. Often this dependence is so strong that the addicted person experiences an overwhelming compulsion to obtain the drug at any cost, even risking harm. A common misconception is that the use of opioid drugs will lead to addiction. In truth, addiction rarely occurs in patients taking opioids properly under their doctors' supervision.
- **Diversion** is the unlawful use of prescription drugs for recreational purposes. Drugs are "diverted" from their intended medical purposes into illicit drug traffic.
- **Misuse** is a general term describing the use of prescription drugs outside of medical supervision or in a manner that is inconsistent with proper medical usage. Misuse can lead to abuse.
- **Tolerance** occurs when the body has adapted or "gotten used to" a drug, so a person needs more of it to get the same level of pain relief as before. Patients can also become tolerant to a drug's side effects (with the exception of constipation); side effects can cease or decrease with continued use or as a patient is titrated to the proper dose of a drug. It's important to remember that tolerance is *not* a form of addiction and is to be expected with many drugs.
- **Physical dependence** refers to a need for a drug that is characterized by a "withdrawal" syndrome – unpleasant symptoms caused by suddenly stopping or greatly reducing the amount of drug a person is accustomed to taking for pain relief. Doctors know this can occur with opioid therapy, so they carefully manage therapy to help prevent the problems that physical dependence can cause.
- **Pseudoaddiction** is drug-seeking behavior that appears similar to addiction, but is due to a need for more medication to control one's pain rather than to psychological dependence on a drug.
- **Pseudotolerance** is similar to tolerance only in that more of a drug is needed to maintain the same level of pain relief. But in pseudotolerance, the need occurs because, for example, the disease has progressed or a new disease has appeared, not because the body has adapted to the drug.

Common Abbreviations

- **ATC**: around the clock
- **BTCP**: breakthrough cancer pain
- **BTP**: breakthrough pain
- **CR**: controlled release
- **ER**: extended release
- **IR**: immediate release
- **IV**: intravenous
- **LA, LAO**: long acting, long-acting opioid
- **OTFC**: oral transmucosal fentanyl citrate
- **PCA**: patient-controlled analgesia
- **ROO**: rapid-onset opioid
- **SA, SAO**: short acting, short-acting opioid
- **SR**: sustained release

Types and Examples of Opioids

Opioid medications can be categorized according to time to onset and duration of pain relief, as shown in the table to the right.

EXHIBIT

7

Section 3: Side effects related to pain medicine (cont)

The following are common short-term side effects:

Constipation: Difficulty with bowel movements because of hardened stools (NOTE: May persist over time)

Decreased appetite: Not wanting to eat

Diarrhea: Loose stools

Dizziness: Feeling light-headed

Drowsiness: Feeling tired

Euphoria: An extreme feeling of well-being and happiness

Headache: Pain in the head

Nausea: Upset stomach

Rash: Spots or patches of itchy, irritated skin

Respiratory depression: Slow breathing, unable to take deep breaths

Vomiting: Emptying the contents of the stomach through the mouth

The following are possible long-term side effects or conditions:

Addiction: Characterized by 1 or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving of a medicine. Addiction rarely occurs when you take medicine under your doctor's supervision.[3,4]

Physical dependence: When your body has come to depend on having the drug in your system. If you suddenly stopped you would feel sick. This is called withdrawal syndrome. If opioids are used for a long period of time, it is expected that you will become physically dependent on your medicine.

Pseudo-addiction: Medicine-seeking behavior caused by not taking enough pain medicine and can be mistaken for addiction. It is NOT addiction. If you feel you are not taking enough medicine to relieve your pain, talk with your doctor.

Pseudo-tolerance: Similar to tolerance, this is when your body needs more medicine to continue feeling pain relief. More medicine is needed because the original cause of pain has progressed, a new cause is present, or because of increased activity and not because your body has adjusted to the medicine.

Tolerance: When your body gets used to the medicine and its effects. A stronger amount of medicine is needed to maintain pain relief. Tolerance is NOT addiction.

You should always talk with your doctor or nurse if you have any questions. Now that you have read this guide you have a starting point in understanding your pain management and how to begin talking with your doctor about it.

References: 1. American Cancer Society. Breakthrough cancer pain: questions and answers. Available at: http://www.cancer.org/docroot/MIT/content/MIT_7_2x_Breakthrough_Cancer_Pain_Questions_and_Answers.asp?sitearea=MIT&viewmode=print&. Accessed November 7, 2005. 2. National Pharmaceutical Council. Pain: current understanding of assessment, management, and treatments. Available at: http://www.jcaho.org/news+room/ health+care+issues/pain_mono_npc.pdf. Accessed October 27, 2005. 3. Tolerance, physical dependence and addiction: definitions, clinical relevance and misconceptions. Available at: http://www.whocancerpain.wisc.edu. Accessed February 28, 2005. 4. American Academy of Pain Medicine, American Pain Society, and American Society of Addiction Medicine. Definitions related to the use of opioids for the treatment of pain [consensus document, approved 2001]. Available at: www.painmed.org/productpub/statements/ pdfs/definition.pdf. Accessed August 4, 2005.

For more information please visit www.pain.com

Cephalon deliver more?

EXHIBIT

8

Fast Fact

Constipation, an adverse effect associated with many opioids, may not diminish as tolerance develops.

Both **tolerance** and **physical dependence** differ from **addiction**, which is a compulsive and maladaptive dependence on a substance (eg, alcohol, cocaine, opiates, or tobacco) or a behavior (eg, gambling). Mood change can be an effect of opioid antagonists, and persons who become addicted find this euphoria so rewarding that they abuse opioids despite harmful consequences. Addiction can be described using the four **C**s:

- Loss of **C**ontrol over use
- **C**ontinued use despite knowledge of harmful **C**onsequences
- **C**ompulsion to use
- **C**raving

Pain appears to reduce the euphoric effects of opioids, so people taking opioids to manage their pain may be at a lower risk for addiction.

Certain behaviors are sometimes mistaken for addiction. If patients receive inadequate pain relief, they may exhibit drug-seeking behaviors. This is called pseudoaddiction. When these patients receive adequate pain management, they no longer exhibit the same behaviors. Patients in pain do not usually become addicted to opioids.

EXHIBIT

9

FEBT™
(FENTANYL EFFERVESCENT BUCCAL TABLET)

2005-2006 MARKETING PLAN

JUNE 2005

Revised 11/18/05

Table Of Contents

Key Opinion Leaders (KOLs)

KOLs are luminary HCPs and academicians that play a vital role in the success of a brand throughout its life cycle, especially with new and innovative therapies coming to market. KOLs help shape the following: clinical development plans; product positioning; brand development; life cycle management; prescribing practices; publications; medical education; managed care; etc. Studies for over 25 years have shown that the number one reason a physician/HCP changes prescribing habits, is due to peer to peer influence. For this reason it is important to work with these individuals to generate awareness, understanding and appropriate use of FEBT for BTP.

Pain Societies/Media/Patient Advocacy Groups

Other groups having influence include the media and pain societies (e.g., American Pain Society, American Academy of Pain Medicine, and the American Society of Addiction Medicine). Opioid treatment is associated with stigma and fear of addiction. In addition there is increasing focus on their potential for abuse and diversion. The media, pain societies and patient advocacy groups are in a position to influence opinions on pain treatment in both positive and negative ways. For this reason it is important to work with these groups to generate awareness and understanding of appropriate use of opioids in BTP.

Patients

Another important stakeholder in the sphere of influence, are the patients suffering from chronic pain. It will be important to continue to communicate to patients both pre- and post-launch of FEBT to ensure appropriate education regarding the use of a CII medication for the treatment of BTP.

Regulators

The Cephalon Pain Franchise has been dedicated to the appropriate use of a CII medication and is a pioneer in the creation of a comprehensive Risk Management Program since the launch of ACTIQ. Cephalon is committed to minimizing the potential for abuse, addiction and diversion for ACTIQ and future opioid analgesics as they come to market. Cephalon will continue to communicate with federal and state regulators in order to achieve the most optimal Risk MAP (Risk Minimization Action Plan) and to ensure public safety.

Managed Care/Third Party Payers

Many chronic pain patients remain marginalized by BTP because BTP is under recognized and the economic and social value of rapid onset analgesia has not been established. A recent publication of BTP treatment guidelines indicates that the optimal treatment for BTP is a rapid onset opioid (ROO), unfortunately this will need ongoing validation and understanding with TPPs. Also, the chronic pain market is a highly genericized market. TPPs continually seek to control costs by driving utilization to generics or lower cost branded products. TPPs use tools such as tiered co-pays, prior authorization, step edits, and/or quantity limits to impact drug utilization. Therefore, it will be extremely important for Cephalon to continue to improve its relationship with TPPs in order to secure favorable reimbursement for a branded opioid analgesic. For this reason, a comprehensive managed markets plan will need to be executed in order to achieve favorable reimbursement status and access to FEBT for appropriate physicians and patients.

EXHIBIT
10

Key Opinion Leader (KOL) Development Plan for Cephalon Pain Franchise

[redacted]

-DRAFT-

Chris Neumann, PharmD
Michael Toscani, PharmD

February 4, 2005

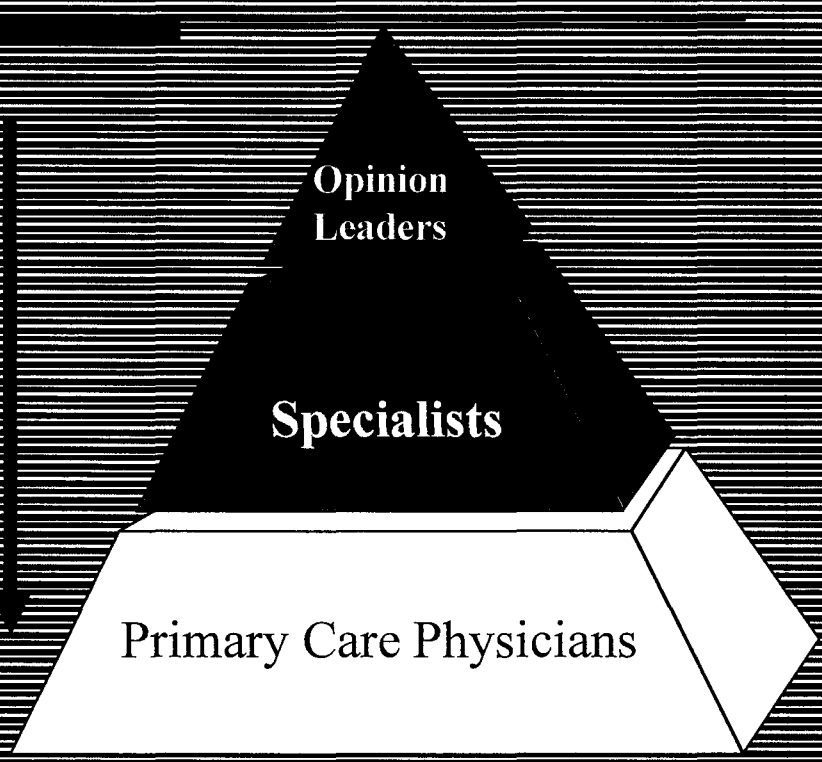
[redacted]

Overview

- Value of Key Opinion Leaders (KOLs)
- KOL Segmentation
- KOL Validation
- Strategy / Objectives / Critical Issues
- Action Plan
- Calendar
- Budget Process

Value of KOLs

- The 'Influence Pyramid'



Value of KOLs (cont.)

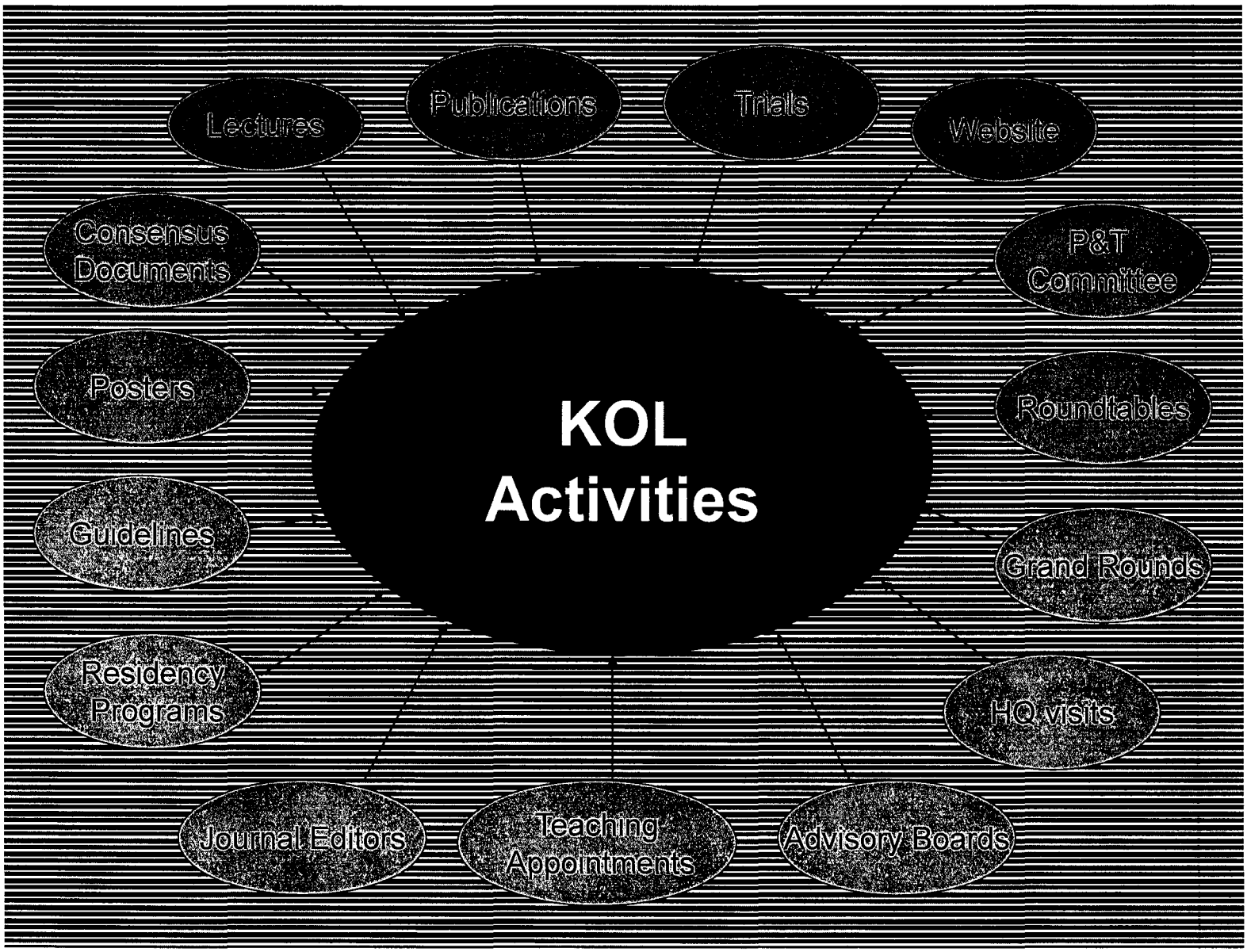
- Surveys for >25 years have shown that the #1 reason a MD changes prescribing behavior is due to *peers*
- Healthcare professionals learn through an apprenticeship model.....throughout their careers
- In spite of their importance, most pharma companies do not currently have an effective system in place to identify, manage or develop KOLs

Importance of KOLs

[redacted]

- Critical to the success of new product launches
- KOLs help to shape:
  - Clinical drug development
  - Product positioning
  - Brand development/life cycle management*
  - Prescribing practices
  - .... i.e. $$$

Best Practices, LLC Integrated thought leader development a key driver for blockbuster drug launch success. January 2, 2008


KOL Activities
Lectures
Publications
Trials
Website
Consensus Documents
P&T Committee
Posters
Roundtables
Guidelines
Grand Rounds
Residency Programs
HQ visits
Journal Editors
Teaching Appointments
Advisory Boards

For Consideration:

- How does one identify and validate a KOL
- What are the keys to building relationships with KOLs
- How do you identify "rising stars" or new KOLs
- What is the appropriate role of KOLs in the Strategic Communication/Publication Plan
- When and how to integrate KOLs into clinical trials
- Ways to identify the needs, opportunities and key activities for KOLs as well as national and state societies
- How to develop a short-, mid-, and long range plan for KOL Development
- How to segment KOLs
- Who develops the KOLs – HQ, MSLs, Reps

Diminishing Effectiveness of Reps

[redacted]

- Only 40% speak with a MD
  - And then only for < 2 minutes
  - Only 9% are remembered
  - 65% drop samples w/o seeing MD
- Reps often poorly informed
- Discontented, ineffective district managers
- MDs aren't getting the info they need
  - Patient perspective: cost, compliance, formulary status, managed care co-pay
  - Literature, off-label use, GL POV, safety, QoL
- MDs feel besieged – pharma consolidation

Lilly MF-1 et al. Making more of pharma's sales force. The McKinsey Quarterly 2002; 3

Quantifying the effects of Detailing and Sampling on New Prescriptions

[redacted]

- Effect of sales rep details and free drug samples on new prescriptions issued by MDs
  - 24 monthly observations
  - 74,075 individual physicians
  - Over 2 million MD observations
- Results:
  - Detailing and samples have a positive and statistically significant effect on new Rx's
  - However … the magnitudes of the effects are only modest

Ref: Mizik N and Jacobson R, *Managerial Science*, Dec 2004

Importance of MSLs

- Develop relationships with OLs
- Educate OLs and "rising stars"
- Train sales reps
- Deliver educational presentations
- Recruit investigators
- Build slide kits
- Enhance credibility

Morgan DK, et al. History and evolution of field based medical programs. Drug Info J 2000; 34: 1019-32.

Keys to Building OI Relationships

- Cultivate OI relationships throughout the product lifecycle
- Build a strong support infrastructure
  - Minimize administrative tasks
- Align MSI activities with overall corporate strategy and market positioning
- Establish a distinct MSI recruitment process
  - Balanced scientific and business experience
- CQI process

Negotiating with KOLs

- Payment
  - Local vs. regional vs. national lectures
  - Advisory boards
  - Clinical trials
- MSL involvement
- Managing difficult KOLs

- ... Consistency is the key

How to Integrate KOLs into trials

- [ ] Advisory Capacity
  - Protocol design
  - Evaluation of literature
  - Medical Community POV
  - Competitive Intelligence
- [ ] Trial enrollment
- [ ] Strategic Communications Plan
  - Publications – abstracts, posters, original articles, reviews, guidelines, 'white papers', enduring materials, etc
  - Lectures – national society, satellite symposia, state society meetings, grand rounds, local dinner meetings, etc
  - Press Releases

Trial Recruitment Tips

- [ ] Flyers
- [ ] Newspaper / radio ads
- [ ] Laminated cards
- [ ] Protocol Education
  - [ ] Resident lunch
  - [ ] In-service
- [ ] Slide development
- [ ] Identify Issues
- [ ] Communication 'monitoring' form

KOL Segmentation

[redacted]

- Influence Level
  - National, Regional, Local
- Specialties
  - Pain Specialists – anesthesiologists, neurologists, oncologists, PM&R
  - Others – Nurses, NP/PA, Pharmacists, PCPs
- Target Number
  - National – 25-50
  - Regional – 50-200
  - Local – 200-400

KOL Validation

- Define variables
  - Publications, lectures, trials, editorial boards, society offices, guidelines, FDA advisory committee, training program director, advisory boards, books, committees, academic appointments, etc
- Establish weighted importance
- Compare and Contrast KOLs

KOL Validation – Portenoy/Brennan examples

Activity	Weighting Scale	Brennan	Portenoy
Publications	0-10	7	10
Lectures	0-10	8	9
Grants / Investigator	0-10	6	8
Journal Editor	0-10	7	5
Society Office w/in 5 years	0-10	3	10
FDA Committees	0-5	3	5
Substance Authorship	0-10	6	8
Training Program Director	0-10	6	10
Advisory Boards	0-5	3	1
Book Author	0-5	2	4
Committees (incl. Industry)	0-5	3	4
Academic Appointment	0-5	5	5
Other Intangibles	0-10	6	10
Total	**Max**	**55**	**79**

Building Long-term Relationships

- Develop strategies and tactics for long-term relationships
- Who "owns" the KOL relationship
  - MSL vs. Sales rep
  - Field personnel vs. HQ
  - Primary vs secondary contact
- Importance of sticking to the plan

Cephalon Pain Franchise Strategy

- Build long-term KOL relationships
- Establish Cephalon as a leader in pain management
- Understand the motivations of a very diverse target audience to effectively interact and engage

Objectives

- Identify top-tier KOLs at national, regional and local levels
- Establish budget for KOL development
- Understand the prescribing behaviors & motivations of a very diverse target audience to effectively deliver optimal messages
- Identify current supporters and critics

Action Plan – National KOLs (cont.)

- [redacted]
- ☐ Maximize BTP Guidelines – follow-up projects
  - Gain society endorsement
  - Publish "how to" / ways to implement
  - Publish case studies
  - Publish effectiveness of guideline implementation
- ☐ Involve national KOLs in Pub Plan
- ☐ CME/ACPE/ANCC programs
- ☐ IIS/Phase 4/Patient Registry
- ☐ SageMed Extranet – push/pull marketing to registered KOLs
- ☐ Fellowship Training Program
- ☐ Data Mining
- ☐ PR Activities

Regional-level KOLs

[redacted]

- ☐ Charles Argoff, MD
- ☐ William Breitbart, MD
- ☐ Michael Brennan, MD
- ☐ Daniel Bruns, PsyD
- ☐ Edward Covington, MD
- ☐ Neil Ellison, MD
- ☐ Barry Fortner, PhD
- ☐ Brian Ginsberg, MD
- ☐ Veerasundar Gali, MD
- ☐ Jeffrey Gudin, MD
- ☐ Neil Irick, MD
- ☐ Joel Kreitzer, MD
- ☐ Susan Pendergrass, MSN
- ☐ Joshua Prager, MD
- ☐ Michelle Rhiner, MSN, NP
- ☐ Lauren Shaiova, MD
- ☐ Steven Simon, MD, RPh
- ☐ Eugene Viscusi, MD
- ☐ Lynn Webster, MD
- ☐ Winston Wong, PharmD

Action Plan – Regional KOLs

[redacted]

- Conduct Consultant Meetings
  - Use national KOLs as speakers
  - Market research/focus groups (e.g. TSP Toolkit)
  - Generate publications/surveys
- Speaker Training/Development
- IIS/Phase 4/Patient Registry
- Articles in state society newsletters
- Distribute Cephalon educational compendium
- Invite participation in SageMed Extranet
- Continue to develop "rising stars"
- PR activities – identify regional spokespeople

Local-level KOLs

[redacted]

- ☐ Dimitry Arbuck, MD
- ☐ Fernando Avila, MD
- ☐ Craig Berreau, MD
- ☐ John Bezzant, MD
- ☐ Yogendra Bharat, MD
- ☐ Scott Brandt, MD
- ☐ James Bucci, DO
- ☐ Robert Brown, MD
- ☐ Ray Brownlow, MD
- ☐ Mary Carter, RN, MS
- ☐ Harold Conner, MD
- ☐ David Cosgrove, MD
- ☐ Nancy Cross, MD
- ☐ Talmage Egan, MD
- ☐ Sam Kababani, MD
- ☐ Evan Kharasch, MD
- ☐ Andrew Kanen, MD
- ☐ Craig Kornick, MD
- ☐ Stephen Landry, MD
- ☐ Michael Ramsay, MD

Action Plan – Local KOLs

- [redacted]
- ☐ Conduct Consultant Meetings
  - Market research/focus groups (e.g. "SR" toolkit)
  - Identify local/regional differences in pain mgmt
- ☐ Grand Rounds
- ☐ Local Chapters of State Society Meetings
- ☐ IIS/Phase 4/Patient Registry
- ☐ Distribute Caphalon educational compendium
- ☐ Invite selected participation in SageMed Exhange
- ☐ Identify "rising stars"

Society-specific Plan (e.g. 2005 AAPM)

[redacted]

CSFs

- ☐ Build KOL/Society loyalty and relationships
- ☐ Raise recognition of proper assessment and Tx of BTP in CA & non-CA
- ☐ Establish "RAO" harm and link to BTP as appropriate Tx
- ☐ Establish Cephalon as valued partner to pain community
- ☐ KOLs and pain societies endorsement of CVT

Activities

- ☐ Pro-Contra Debate
- ☐ CME Symposium
- ☐ Hospitality Suite
- ☐ President's reception
- ☐ Breakfast with AAPM society executives
- ☐ RMP Symposium
- ☐ Booth
- ☐ One-on-one meetings

KOL-specific Plan (e.g. Scott Fishman, MD)

[redacted]

GSFs

- [ ] Build KOL/Society loyalty and relationships
- [ ] Raise recognition of proper assessment and Tx of DTP in CA & non-CA
- [ ] Establish "RAO" term and link to DTP as appropriate Tx
- [ ] Establish Grünenthal as valued partner to pain community
- [ ] KOL and Pain Society endorsement of OVF

Activities

- [ ] DTP Guidelines
- [ ] AAPM Pro Contra Debate CME Symposium
- [ ] AAPM President's reception
- [ ] Pain Medicine FAB
- [ ] ? Publication authorship
- [ ] PR activities
- [ ] One on one meetings
- [ ] ? Talk

Calendar

- Build 2-year calendar with events, deadlines, key milestones
  - Incorporate into ISCP
- Society and KOL activities

Calendar – 2005 National Meetings

- AAHPM on January 19–23 in New Orleans, LA
- AAPM on February 23–27 in Palm Springs, CA
- APS on March 30–April 2 in Boston, MA
- ONS on April 28–May 1 in Orlando, FL
- ASCO on May 13–17 in Orlando, FL
- IASP on August 21–26 in Sydney, Australia
- ASA on October 22–26 in New Orleans, LA
- AAPM&R on October 27–30 in Philadelphia, PA
- ASRA on November 11–14 in Phoenix, AZ

Calendar – e.g. AAPM Activities

Tuesday, February 22

- 3:45 PM – Faculty Dinner at Spencer's (Bill McCarberg, Scott Fishman, Steve Passik)

Wednesday, February 23

- 8:00am – 6:00 PM – Faculty Slide Review in the Canyon Suite (Bill McCarberg, Scott Fishman, Steve Passik, Babak Bajwa)
- 12:00-1:30pm – *"Management of Breakthrough Pain (BTP) – A Pro Contra Debate"* Luncheon Symposium in the Catalina/Mirada Rooms (Bill McCarberg, Scott Fishman, Steve Passik)
- Exhibit Booth # 327 and 403

Calendar – e.g. AAPM (cont.)

[redacted]

Thursday, February 24

- 7:00 AM – Breakfast with Kathy Checco AAPM Director of Professional Relations, Mary Borysewicz, AAPM Director of CPU and Phil Sulgh new AAPM Executive Director (Terry Terifay, Dean Robinson, Chris Neumann, Mike Ioscani)
- 6:00am – 7:00pm Cephalon Hospitality Suite – "Parlor Room"
- Exhibit Booth # 327 and 403

Calendar – e.g. AAPM (cont.)

[redacted]

Friday, February 25

- 6:00am – 7:00pm Caphalon Hospitality Suite – "Parlor Room"
- Exhibit Booth # 327 and 403
- 7:30pm-9:00pm – AAPM President's Reception "Pool Deck"

Saturday, February 26

- 12:15-1:45pm – "A Blueprint for Successful Opioid Pain Management: Providing Care While Preventing Misuse and Diversion" Luncheon Symposium (2 Speakers)
- 2:00pm – Meeting with Richard Payne (Terry Fenley, Dean Robinson, Chris Neumann)

Calendar – e.g. Russ Portenoy, MD

[redacted]

- [redacted] OVI Cancer Study (099-14)
  - [redacted] 10/05
- [redacted] APS Poster
  - [redacted] April 2005 in Boston, MA "ITCP in chronic non cancer patients"
- [redacted] Selected as Chairman of PMEAB
  - [redacted] April and November 2005
- [redacted] ? CME Programs
- [redacted] ? PR Activities
- [redacted] ? Publications

Calendar – e.g. Steve Passik, PhD

1Q05	2Q05	3Q05	4Q05
OVF Cancer Study (039-14) Feb 23 – ASCO Symp (CME) Speaker "Pro/Con Debate"	PMEAD	? CME	PMEAD

Budget Process

- Establish KOL Task Force
- Select National Tier KOLs
- Identify/Plan Activities for National KOLs
- Input all Plans & Activities into ISCP
  - Add 'KOL Development Plan' functionality to ISCP
  - Track goals/objectives and activities by KOL and society
  - Generate reports
- Develop KOL Development Plan Budget

Budget Estimate (e.g. 2005 AAPM)

[redacted]

Activities	Activities
☐ Pro Contra Debate	☐ $130 K
CME Symposium	
☐ Hospitality Suite	☐ $10 K
☐ President's reception	☐ $15 K
☐ RMP Symposium	☐ $180 K
☐ ESI Booth	☐ ?
☐ One-on-one meetings / Breakfast with AAPM society executives	☐ $1K
☐ KOL Management	☐ $10K

Total $300 K
($300K in SMI)

Potential APS Activities

- [redacted]
- [redacted] Posters
- [redacted] ESP Booth
- [redacted] Hospitality Suite
- [redacted] Investigator's Meeting
- [redacted] APS Executive Breakfast/Lunch
- [redacted] One-on-ones with KOLs/Society Exec.
- [redacted] ? Satellite Symposium

EXHIBIT
11

Pain Franchise Public Relations
2006 Budget Supplement
October 12, 2006

The Cooney/Waters Group, Inc. works on a time-as-used basis. Out-of-pocket expenses are billed at cost. All budgets are subject to a + or - 10% variance. In no case will an estimate be exceeded without prior approval from the client. Revised budgets will be submitted should any change in project specifications impact original statements.

BUDGET SUMMARY

	CWG FEE	CWG Out of Pocket	Chephalon Out of Pocket	TOTAL
Media Relations: Strategy, Preparation, Active Pitching				225,000.00
Advocacy/GroupRelations/Contributions				225,000.00
Breakthrough Pain Awareness Campaign				525,000.00
Media Training (3 internal spokespersons)				25,000.00
			GRAND TOTAL	1,000,000.00

DETAILED BUDGET

	CWG FEE	CWG Out of Pocket	Chephalon Out of Pocket	TOTAL
Media Relations: Strategy, Preparation, Active Pitching				225,000.00
a) Build visibility for patient / human interest stories: Enhance ongoing media outreach with expanded pitch activity to a variety of long-lead consumer outlets	45,000.00	7,500.00	2,500.00	55,000.00
b) Optimize use of medical meetings as platforms for media outreach 1. ASRA - Press release on low back pain at time of meeting - Radio Media Tour with Portenoy at time of publication - Media training	45,000.00	13,500.00	1,500.00	60,000.00
2. AAPM&R - Targeted pitches – "Back to Work": Develop patient stories highlighting impact of chronic pain / BTP on lost productivity - Continued pitching with additional safety information	55,000.00	3,500.00	1,500.00	60,000.00
3. AAPM - Develop positioning / comprehensive strategy for 2007 outreach on neuropathic pain data, including patient and investigator identification and preparation of b-roll - Identify new "angles" to sell LBP and cancer pain...building "more uses" story	45,000.00	2,500.00	2,500.00	50,000.00

Pain Franchise Public Relations
2006 Budget Supplement
October 12, 2006

	CWG FEE	CWG Out of Pocket	Chephalon Out of Pocket	TOTAL
Advocacy Group Relations / Contributions				**225,000.00**
a) Corporate Contributions				
1. AACPI-conference support			10,000.00	10,000.00
2. ACPA- general support			10,000.00	10,000.00
3. NPF- West Coast Triumph Dinner			25,000.00	25,000.00
b) Unrestricted Educational Grants				
1. ACPA / APF - Targeting Older Adults with Chronic Pain: Provide support to two patient organizations for collaborative presence at AARP health care conference (AARP's Life @ 50+ National Event + Expo). Funding supports attendance, exhibit booth space, and dissemination of patient education materials in welcome packets (e.g., ACPA BTP Brochure; APF revised TARGET Chronic Pain Materials)			25,000.00	25,000.00
2. APF - Support reproduction and broad distribution of revised TARGET Chronic Pain materials			75,000.00	75,000.00
- Industry roundtable			10,000.00	10,000.00
3. CancerCare - Resources to broaden dissemination of revised CancerCare Connect pamphlet on cancer pain to NCI designated cancer centers and top 25 pain centers			70,000.00	70,000.00
	CWG FEE	**CWG Out of Pocket**	**Chephalon Out of Pocket**	**TOTAL**
Breakthrough Pain Awareness Campaign				**525,500.00**
4. AAPM - Support for telebriefing to preview major news to be presented at annual meeting			40,000.00	40,000.00
5. NPF - "Life Interrupted": Stories of triumph over BTP, a web-based communication tool featuring personal accounts			30,000.00	30,000.00
c) Relationship Building 1. Research and consult with advocacy groups with which to partner and develop program ideas. Includes travel costs to Frazer or third-party meetings / roundtables	35,000.00	4,500.00	15,500.00	55,000.00

Pain Franchise Public Relations
2006 Budget Supplement
October 12, 2006

d) Collaboration with Oncology Franchise 1. Facilitate consistency of messages about FENTORA and BTP in PR activities undertaken by the Oncology Business Unit	20,000.00	2,500.00	2,500.00	25,000.00
a) National 1. Fully develop strategic goals and expectations for campaign 2. Identify and sign contract with celebrity 3. Develop tactical plan and timeline for media roll-out 4. Handle contractual and other arrangements in preparation for early 2007 events	200,000.00	65,000.00		265,000.00
b) Local 1. Develop comprehensive tactical plan and timeline for early 2007 activities - Identify specific opportunities for local activities, considering medical meeting sites, key pain center locales, and the like - Evaluate and incorporate best practices of similar campaign - Establish criteria for determining what tactical elements should be used in each market	40,000.00	10,500.00	10,000.00	60,500.00
2. Evaluate opportunities to build on AAPM&R media outreach on impact of LBP / BTP on productivity and functionality at work - Investigate possibilities for program(s) for employers in professions where LBP is a common employee complaint - Develop tactical plan for 2007 implementation to enhance employer and employee awareness of BTP for those in professions with high rates of chronic pain; highlight patient angle and incorporate media outreach	50,000.00			50,000.00

	CWG FEE	CWG Out of Pocket	Cephalon Out of Pocket	TOTAL
Media Training (3 internal spokespersons)				25,000.00
2 days media training for three Cephalon spokesperson. Includes prep session and medcape judgment and one CWG to attend training (includes travel & speaker training fee)	20,000.00	5,000.00	0.00	25,000.00

EXHIBIT
12

The American Pain Foundation & The Pain Care Forum
in cooperation with
Representative Mike Rogers (R-MI)

THE EPIDEMIC OF PAIN IN AMERICA

June 13, 2006

Cannon House Office Building
Room 121

PAIN FACTS

- **Pain is the number one reason people seek medical care in the United States.**
- Over 75 million Americans suffer serious pain annually; more than 50 million of these individuals are partially or totally disabled by pain.
- Pain causes more than 50 million lost workdays at a cost of more than $3 billion in lost wages and more than $100 billion in lost productivity.
- Chronic pain takes a greater toll on the US economy in health-insurance claims, lost wages and impaired productivity than any other chronic condition, including heart disease, hypertension and diabetes.
- Over 55% of senior citizens report suffering from pain on a daily basis.
- More than one-third of terminally ill patients needlessly die in pain.
- Millions of personal lives are destroyed by pain and absence of appropriate medical care.

PRESENTERS

Rollin M. Gallagher, MD, MPH is a professor at the University of Pennsylvania School of Medicine where he is Director of the Center for Pain Medicine, Research and Policy, and director of Pain Management at the Philadelphia Veterans Affairs Medical Center. He is the Editor in Chief of Pain Medicine, the official journal of the American Academy of Pain Medicine.

Howard A. Heit, MD, FACP, FASAM is a physician in Virginia who, as a pain patient himself, has a unique perspective on the problem of the undertreatment of pain in America. Dr. Heit, who treats both patients with pain and patients with the disease of addiction, has published extensively on the interface of pain and addiction.

Mary Vargas, JD is a disability rights attorney and chronic pain patient who has spent the past ten years advocating on behalf of pain patients while struggling to receive care for herself. Mary was injured in a car accident in 1996.

EXHIBIT
13

IN THE DISTRICT COURT OF CLEVELAND COUNTY
STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex reo.,
MIKE HUNTER, ATTORNEY GENERAL
OF OKLAHOMA,

Plaintiff,

vs. No. CJ-2017-816

(1) PURDUE PHARMA L.P.;
(2) PURDUE PHARMA, INC.;
(3) THE PURDUE FREDERICK COMPANY;
(4) TEVA PHARMACEUTICALS USA, INC.;
(5) CEPHALON, INC.;
(6) JOHNSON & JOHNSON;
(7) JANSSEN PHARMACEUTICALS, INC.;
(8) ORTHO-McNEIL-JANSSEN PHARMACEUTICALS, INC., a/k/a JANSSEN PHARMACEUTICALS, INC.;
(9) JANSSEN PHARMACEUTICALS, INC., a/k/a JANSSEN PHARMACEUTICALS, INC.;
(10) ALLERGAN, PLC, f/k/a ACTAVIS PLC, f/k/a ACTAVIS, INC., f/k/a WATSON PHARMACEUTICALS, INC.;
(11) WATSON LABORATORIES, INC.;
(12) ACTAVIS LLC; and
(13) ACTAVIS PHARMA, INC., f/k/a WATSON PHARMA, INC.

Defendants.

VIDEOTAPE DEPOSITION OF JOHN HASSLER
TAKEN ON BEHALF OF THE PLAINTIFF
ON AUGUST 29, 2018 AT 8:30 AM
IN OKLAHOMA CITY, OKLAHOMA

PORTIONS OF TRANSCRIPT COVERED BY PROTECTIVE ORDER

(Appearances on Page 2 and 3.)

VIDEOTAPED BY: Gabriel Pack

REPORTED BY: Jody Graham, CSR, RPR, RMR, CRR

capacity to be able to do so. Those would be some of the top-of-mind questions.

Q Has Teva yet analyzed these questions?

MR. BARTLE: Objection to the extent that this asks for information beyond the actions planned and expected to take place in the future and asks for information that Teva's considering. The witness is instructed not to answer any question or give any testimony with regard to things that Teva's considering as Judge Hetherington has found is appropriate.

THE WITNESS: I don't know whether we have or not.

Q (BY MR. PATE) Would that help address the opioid epidemic?

MR. BARTLE: Objection. Calls for improper opinion testimony beyond the realm of appropriateness for this deposition topic. If the witness has personal knowledge on this issue he can answer in that capacity.

THE WITNESS: I don't have personal knowledge on this.

Q (BY MR. PATE) Teva's the largest manufacturer of generic drugs in the world; correct?

MR. BARTLE: Objection. Beyond the scope of

deposition topic. He said -- if the witness has personal knowledge of this he can answer on that basis.

THE WITNESS: I believe so.

Q (BY MR. PATE) Teva has, I assume, then a large production capacity for making drugs; correct?

MR. BARTLE: Objection. Beyond the scope of this deposition topic. To the extent the witness can answer in his personal capacity he can do so.

THE WITNESS: We have capacity to manufacture the drugs that we make. I -- yeah.

Q (BY MR. PATE) And Teva makes a lot of drugs; right?

MR. BARTLE: Same objection.

THE WITNESS: Yes.

Q (BY MR. PATE) Do you think it would help address the opioid epidemic if Teva turned some of that power towards making a drug that helps reverse the effects of opioid overdoses?

MR. BARTLE: Objection. Calls for improper opinion testimony from this witness as Judge Hetherington has found would be inappropriate for this topic. Specifically he found that. To the extent the witness has personal knowledge or an opinion he can give that's -- he can do that, but he may not testify

EXHIBIT
14

IN THE DISTRICT COURT OF CLEVELAND COUNTY
STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel.,
MIKE HUNTER,
ATTORNEY GENERAL OF OKLAHOMA,
Plaintiff,
vs.
(1) PURDUE PHARMA L.P.;
(2) PURDUE PHARMA, INC.;
(3) THE PURDUE FREDERICK COMPANY;
(4) TEVA PHARMACEUTICALS USA, INC.;
(5) CEPHALON, INC.;
(6) JOHNSON & JOHNSON;
(7) JANSSEN PHARMACEUTICALS, INC.;
(8) ORTHO-MCNEIL-JANSSEN PHARMACEUTICALS, INC., a/k/a JANSSEN PHARMACEUTICALS;
(9) JANSSEN PHARMACEUTICA INC., n/k/a JANSSEN PHARMACEUTICALS, INC.;
(10) ALLERGAN, PLC, f/k/a ACTAVIS PLC, f/k/a ACTAVIS, INC., f/k/a WATSON PHARMACEUTICALS, INC.;
(11) WATSON LABORATORIES, INC.;
(12) ACTAVIS LLC; and
(13) ACTAVIS PHARMA, INC., f/k/a WATSON PHARMA, INC.,
Defendants.

Case No. CJ-2017-816
Judge Thad Balkman
Special Master:
William Hetherington

VIDEOTAPED 3230(C)(5) DEPOSITION OF JOHN HASSLER TAKEN ON BEHALF OF THE PLAINTIFF, BEGINNING 9:51 AM ON NOVEMBER 7, 2018, IN OKLAHOMA CITY, OKLAHOMA

APPEARANCES
Appearing on behalf of the PLAINTIFF:
Drew Pate
- & -
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NIX PATTERSON
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Oklahoma City, OK 73102
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VIDEOTAPED BY: Marti English

REPORTED BY: Jenny Longley, CSR

it, and it's -- Teva's position is that it's not -- it bears no responsibility for causing that culture of over-prescribing; correct?

MR. BARTLE: Objection, beyond the scope of the deposition topic.

A. It is Teva's position that it does not bear responsibility for over-prescribing.

Q. Or for the opioid epidemic?

A. That's correct.

Q. Not even 1 percent is Teva's fault?

MR. BARTLE: Objection, beyond the scope of the deposition topic.

A. That's correct.

Q. You're the largest manufacturer of generic drugs in the world, aren't you?

MR. BARTLE: Objection, beyond the scope of the deposition topic.

A. I believe so.

Q. You're the largest supplier of generic opioids in Oklahoma, aren't you?

MR. BARTLE: Objection, relevance, beyond the scope of the deposition topic.

A. I don't know.

Q. Teva has supported and trained its sales reps on the message about pain being treated like

Q. Who would you talk to?

A. I don't know.

MR. BARTLE: Objection.

Q. You're aware that Teva and Purdue had a distribution agreement between the two of them; correct?

MR. BARTLE: Objection, beyond the scope of deposition topic.

A. I'm aware there was an agreement.

Q. For selling generic OxyContin?

A. Yes.

MR. BARTLE: Objection, same objection.

Q. So it's true, then, that Teva benefits when Purdue sells more drugs, more OxyContin, and Purdue benefits when Teva sells more generic OxyContin; correct?

MR. BARTLE: Objection, beyond the scope of the deposition topic. He can answer in his personal capacity if he has an opinion.

A. I don't know the terms of that agreement and I don't know who benefits, when.

Q. What's your understanding of the agreement?

MR. BARTLE: Same objection, beyond the scope of the deposition topic. He can answer in his

EXHIBIT
15

IN THE DISTRICT COURT OF CLEVELAND COUNTY

STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel.,
MIKE HUNTER,
ATTORNEY GENERAL OF OKLAHOMA,

Plaintiff,

Case Number
CJ-2017-816

VS.

(1) PURDUE PHARMA L.P.;
(2) PURDUE PHARMA, INC.;
(3) THE PURDUE FREDERICK COMPANY;
(4) TEVA PHARMACEUTICALS USA, INC.;
(5) CEPHALON, INC.;
(6) JOHNSON & JOHNSON;
(7) JANSSEN PHARMACEUTICALS, INC.;
(8) ORTHO-McNEIL-JANSSEN PHARMACEUTICALS, INC., f/k/a JANSSEN PHARMACEUTICALS, INC.;
(9) JANSSEN PHARMACEUTICA, INC., f/k/a JANSSEN PHARMACEUTICALS, INC.;
(10) ALLERGAN, PLC, f/k/a WATSON PHARMACEUTICALS, INC.;
(11) WATSON LABORATORIES, INC.;
(12) ACTAVIS, LLC; and
(13) ACTAVIS PHARMA, INC., f/k/a WATSON PHARMA, INC.,

Defendants.

VIDEO DEPOSITION OF JOHN HASSLER
STATE OF OKLAHOMA 3230(C)(5) WITNESS
TAKEN ON BEHALF OF THE PLAINTIFF
ON JANUARY 25, 2019, BEGINNING AT 10:09 A.M.
IN OKLAHOMA CITY, OKLAHOMA

Reported by: Cheryl D. Rylant, CSR, RPR

Video Technician: Gabe Pack

specific strengths of OxyContin, of a generic OxyContin with volume limitations on those strengths.

Q. And are those generic OxyContin tablets listed on this --

A. Yes.

Q. -- chart?

And Teva purchases the generic OxyContin tablets from Purdue, right?

A. Yes.

Q. And, in order to do that, Teva pays Purdue a royalty?

A. We would have to pull up the contract specifically on the terms.

Q. Do you recall that royalty?

A. I -- I don't.

Q. And you're aware that Teva actually pays for these products from Purdue?

A. That's my understanding.

Q. The reason that Teva pays Purdue for generic OxyContin is that Purdue still has a patent for OxyContin, right?

MR. BARTLE: Objection.

MR. DISBENNETT: Objection.

THE WITNESS: My understanding is that was the result of a settlement agreement between the two

companies that gave Teva the right to bring a generic form of specific strengths of that compound to market.

Q. (By Mr. Duck) How, if at all, does the generic OxyContin Teva purchases from Purdue differ from Purdue's branded OxyContin?

MR. BARTLE: Objection.

MR. DISBENNETT: Objection.

THE WITNESS: I'm not aware of any difference, other than the brand name and packaging and -- brand name and packaging.

Q. (By Mr. Duck) Thank you.

And Teva does not manufacture any generic OxyContin itself, right?

A. Not that I'm aware of.

Q. It obtains its supply of generic OxyContin from Purdue?

A. I believe so, at -- at least for those strengths that are in that agreement.

Q. However, Teva does manufacture opioids itself, correct?

A. Yes.

Q. And each of these opioid drugs that we're looking at that Teva manufactures contain what's called an active pharmaceutical ingredient, or API,