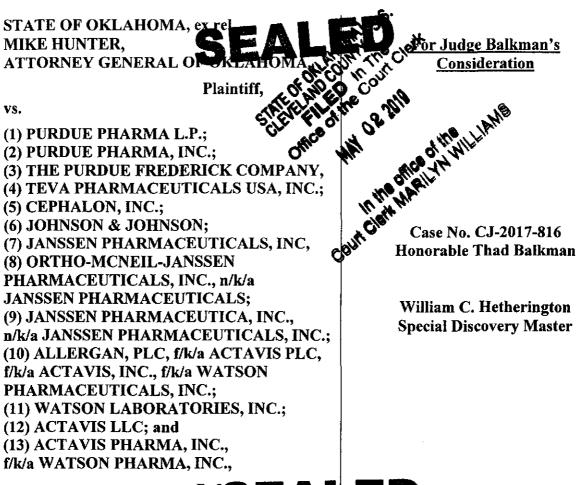


IN THE DISTRICT COURT OF CLEVELAND COUNTY STATE OF OKLAHOMA





DEFENDANTS TEVA PHARMACEUTICALS USA, INC., CEPHALON, INC., WATSON LABORATORIES, INC., ACTAVIS LLC, AND ACTAVIS PHARMA, INC., f/k/a WATSON PHARMA, INC.'S MOTION FOR SUMMARY JUDGMENT AND BRIEF IN SUPPORT

EXHIBIT 62 FILED UNDER SEAL

EXHIBIT 62

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STATE OF WASHINGTON)) SS COUNTY OF KING)

AFFIDAVIT OF GREGORY TERMAN, MD PHD

I, Gregory Terman, MD, PhD, under penalty of perjury, hereby swear and affirm that the following facts are known to me personally, and am competent to testify to the matters asserted herein.

1. I earned my PhD in behavioral neuroscience in the Department of Psychology at UCLA, and my MD at the University of Miami. Thereafter, I completed my anesthesiology internship and residency, as well as pain medicine and pharmacology research fellowships at the University of Washington before joining the anesthesiology and pain medicine faculty.

2. I have been board certified in anesthesiology and pain medicine since 1993 and

1994, respectively.

3. Currently, I am a Professor of Anesthesiology and Pain Medicine and Director of

the Acute Pain Service at the University of Washington Medical Center.

4. I have been a member of the American Pain Society ("APS") since the early

1980's and in leadership positions of APS for nearly 20 years.

5. The primary goal of APS has always been improving the science of pain.

6. In my experience, APS has promulgated multidisciplinary and multi-modal

approaches to pain therapy instead of purely pharmacological, interventional, or psychological pain therapies.

7. There is no universal agreement in APS concerning the precise role of opioids in pain management because APS is a society that values scientific inquiry over unanimous opinion.

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8. During the 1990's, including when APS and AAPM released the 1997 Consensus Statement entitled "The Use of Opioids for the Treatment of Chronic Pain," there existed only a small amount of data concerning long-term efficacy of opioids for chronic non-cancer pain (a situation which still exists today although there is now considerably more data on risk). This to me is a clear indicator of the lack of support for research on pain. Even when there is a lack of conclusive evidence in a medical field, experts should still express their consensus opinions based on the data that does exist at the time.

9. In 1999, I was Chair of the Professional Development Program of APS's Annual Scientific Meeting, where we had symposia for multi-disciplinary and multi-modal approaches to pain therapy, including content that stressed that a limited approach to pain was not enough.

10. In 2008, I joined the APS Board. During my time on the Board, I was aware of industry funds provided for many society activities, including awards to individuals for their pain research or advocacy, "Centers of Excellence" awards to multidisciplinary pain care practices, and small grant programs to help further pain research. However, there was never any representation from industry on the Board and no possibility for influence on Board decision-making as Board members had little or no information concerning exactly what industry sources were contributing how much to APS

11. I have never seen APS influenced in any way by industry opinions.

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Further Affiant Sayeth Naught.

GREGORY TERMAN, MD PHD

Subscribed and Sworn to before me this <u>23</u>^d day of <u>april</u>, 2018 iena functi Gordwin

Notary Public State of Washington LOUENA FUNAKI GOODWIN My Appointment Expires Dec 26, 2019

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