Meeting Date
1/23/18

ADD ON

AGENDA	
Section	New Business
Item No.	VI. D.1.

AGENDA REPORT

BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS

SUBJECT:	Whether Brevard County should retain a law firm to join the multi-district federal litigation as a plaintiff filing its own complaint for damages and costs against various pharmaceutical, manufacturing, etc. companies involved in creating the current opioid crisis.
DEPT/OFFICE :	County Attorney's Office scott.knox@brevardfl.gov; shannon.wilson@brevardfl.gov

Requested Action:

The Board of County Commissioners provide direction on whether it wishes to retain qualified legal counsel to represent the County's interests and to file a lawsuit to join the multi-district litigation currently pending in federal court against various pharmaceutical, manufacturing, etc., companies involved in the distribution of opioids.

Summary Explanation & Background:

Various local governments around the country are reviewing options for hiring legal counsel with experience in pharmaceutical mass tort, commercial, medical and pharmaceutical litigation to consider joining litigation to seek recovery for costs associated with the opioid crisis to include such costs as substance abuse programs, insurance costs/payments, Medicaid payments, law enforcement costs, lost productivity, etc..

The County has been approached by the following law firms/groups:

Cruegar Dickinson/Simmons Hanly
Napoli Shkolnik PLLC/Stull, Stull and Brody
Scott and Scott, Attorneys At Law, LLP
Spangenberg Shibley & Liber/Douglas R. Beam, P.A./ Romano Law Group/Schochor, Federico, & Staton, P.A.
Trenam Law
Wagstaff and Cartmell/The Maher Law Firm P.A./Charpentier Law Firm P.A.

The firms will be contacted to offer an appearance before the Board during the meeting to make a 5 minute presentation.

At this time, because of the number of lawsuits filed around the country on behalf of various entities, all cases have been consolidated before one federal district court - the United States District Court, Northern District of Ohio, Eastern Division. As approved by Court Order, three attorneys from firms with pending lawsuits have been selected as Co-Lead Counsel to take the lead on the litigation, and well as an Executive Committee of 16 attorneys and 3 Co-Liaison 3 attorneys.

The Board may want to consider such factors as how attorney's fees will be paid (contingency or not), how costs will be handled/apportioned among various plaintiffs, whether the law firms/groups have an attorney appointed to serve one of the functions above, etc..

Options: Choose not to proceed with litigation
Proceed with litigation/ select from one of firms listed above
Proceed with litigation/ direct staff to issue an RFQ to solicit qualified counsel and proceed with selection process

Exhibits Attached:

Contract /Agreement (If attached): Reviewed by County Attorney	**Yes**	☐	**No**	☐	PR ☐

County Manager Frank Abbate	Interim Assistant County Manager Jim Liesenfelt	Department Director / Extension Scott Knox, (321) 633-2090

BREVARD County
BOARD OF COUNTY COMMISSIONERS

FLORIDA'S SPACE COAST

Tammy Rowe, Clerk to the Board, 400 South Street • P.O. Box 999, Titusville, Florida 32781-0999

Telephone: (321) 637-2001
Fax: (321) 264-6972
Tammy.Rowe@brevardclerk.us

January 24, 2018

M E M O R A N D U M

TO: Scott Knox, County Attorney Attn: Shannon Wilson

RE: Item VI.D.1., Law Firm to Join the Multi-District Federal Litigation as a Plaintiff Filing its Own Complaint for Damages and Costs Against Various Pharmaceutical, Manufacturing, Etc. Companies Involved in Creating the Current Opioid Crisis

The Board of County Commissioners, in regular session on January 23, 2018, approved proceeding with litigation regarding a lawsuit to join the multi-district litigation currently pending in federal court against various pharmaceutical, manufacturing, etc. companies involved in the distribution of opioids; directed you and the County Manager to issue an Request for Proposals (RFP) to solicit qualified counsel, receive a response back within 30 days, and make the selection by sometime in early February; approved determining the cost of fees upfront; and directed you to bring it back to the Board for the ultimate decision.

Your continued cooperation is always appreciated.

Sincerely,

BOARD OF COUNTY COMMISSIONERS
SCOTT ELLIS, CLERK

Tammy Rowe

Tammy Rowe, Deputy Clerk

cc: County Manager
Central Services Director
Finance
Budget

V1.D. 1

JAMES L. FERRARO*
DAVID A. JAGOLINZER**

SCOTT A. KNOTT***
GREGORY S. LYNAM+
JUAN P. BAUTA, II
ERICA L. BRADY++
ALLAN B. KAISER****
MARC P. KUNEN
JANPAUL PORTAL
JAMES L. FERRARO, JR.
JOSE L. BECERRA
GABRIEL S. SAADE*****
DICK M. ORTEGA***
FERNANDO J. ULLOA+++
RALPH LONGO
STEPHEN MCCLOSKEY
MATHEW D. GUTIERREZ***

THE FERRARO LAW FIRM

MIAMI • WASHINGTON, D.C.

600 Brickell Avenue
38TH FLOOR
MIAMI, FLORIDA 33131
TELEPHONE (305) 375-0111
TELEFAX (305) 379-6222
TOLL FREE (800) 275-3332
www.ferrarolaw.com

*ALSO LICENSED IN MA, DC, NY, OH
**ALSO LICENSED IN MA, DC, NY, IL
*** ALSO LICENSED IN DC
**** ALSO LICENSED IN MO
***** ALSO LICENSED IN MA
+ONLY LICENSED IN CA, IL
++ ONLY LICENSED IN CA, NY, DC
+++ONLY LICENSED IN HONDURAS

FIRM BIOGRAPHY

Since 1985, the trial attorneys at The Ferraro Law Firm have been vigorously and successfully fighting for the rights of individuals injured due to the negligence or wrongful acts of others. With offices in Miami, Florida, Washington, D.C., and an affiliated office, Kelley & Ferraro, located in Cleveland, Ohio, as well as a significant presence nationwide, the Firm has earned its place as one of the top five law firms in the United State in the areas of product liability, asbestos and environmental toxic tort lawsuits. Additionally, the Firm's attorneys have consistently and successfully represented victims of serious personal injuries, medical malpractice and defective drugs throughout Florida and the nation.

Under the direction of founder James L. Ferraro, The Ferraro Law Firm concentrates on resolving the most serious injury cases, such as cancers caused by defective drugs, asbestos, work place diseases, catastrophic accidents, medical malpractice, product liability, environmental toxins, automobile defects and wrongful death. The Firm also has experience with over twenty (20) asbestos trusts for which Mr. Ferraro sits on the creditors' committees. The Ferraro Law Firm has the highest rating (AV) from Martindale-Hubbell, the leading rating service for law firms. As a leading plaintiff firm for mass torts and serious injury cases, The Ferraro Law Firm has the resources and expertise to argue and win even the most challenging cases. Through skillfully negotiated settlements and numerous jury trials, The Ferraro Law Firm has secured over $1 billion for its clients in product liability matters.

Aside from product liability, The Ferraro Law Firm has continuously expanded into other fields, some of which involve working alongside the federal government to recover money owed to the U.S. taxpayer. Namely, The Ferraro Law Firm actively pursues Qui Tam and tax whistleblower cases. Nearly a decade ago The Ferraro Law Firm began pursuing tax whistleblower claims via the IRS Whistleblower Program and currently have over $100 billion in active IRS whistleblower submissions, making The Ferraro Law Firm the largest law firm in this field. For your reference, here are our websites: http://www.ferrarolaw.com/, http://www.tax-whistleblower.com/ and http://www.kelley-ferraro.com/.

Clear vision. Comprehensive research. Well-planned, focused legal strategies. Individualized attention. A winning attitude. These are the cornerstones of The Ferraro Law Firm. They are what distinguish the Firm and its attorneys.

RECENT JURY VERDICTS AND RESULTS

The Ferraro Law Firm has over three decades of experience in mass tort litigation representing thousands of clients in asbestos, tobacco, and pharmaceutical/defective drug cases. We also have a strong track record in the Florida District Courts of Appeal and Florida Supreme Court. Over the past five years, our firm has won more Florida verdicts of at least seven figures than any other plaintiff mass tort firm. Some examples include:

- *Font v. Union Carbide Corp.* (Miami-Dade County 2017) - $6,900,000
- *Moore v. John Crane Inc.* (Broward County 2017) - $6,785,000
- *Batchelor v. Bechtel* (Miami-Dade County 2016) - $22,000,000
- *Britt v. Northrup Grumman Systems* (Miami-Dade County 2016) - $9,000,000
- *Taylor v. Georgia-Pacific LLC* (Miami-Dade County 2015) - $17,175,000
- *Monroe v. R.J. Reynolds Tobacco Co.* (Gadsden County 2015) - $11,000,000
- *Hampton v. Pneumo Abex LLC* (Hillsborough County 2014) - $36,984,800
- *Hubbird v. R.J. Reynolds Tobacco Co.* (Miami-Dade County 2014) - $28,000,000
- *CuCulino v. R.J. Reynolds Tobacco Co.* (Miami-Dade County 2014) - $12,500,000
- *Fernandez v. Florida Power & Light Co.* (Miami-Dade County 2014) - $5,670,000
- *Delisle v. Lorillard Tobacco Co.* (Broward County 2013) - $8,000,000

Please visit our website for information relating to additional jury verdicts and results. http://www.ferrarolaw.com/.

THE FIRM'S ATTORNEYS

James L. Ferraro, *Shareholder*

Attorney James L. Ferraro was born in Greenwich, Connecticut in 1957. After graduating from Greenwich High School in 1975, Jim moved to South Florida to attend college at the University of Miami. He obtained his Bachelor of Business Administration in 1978, Master of Science in Accounting in 1979, and Juris Doctor in 1983 from the University of Miami School of Law. He became a Certified Public Accountant in 1980.

Following his law school graduation, Jim represented athletes and worked for a civil litigation defense firm. In 1985 he founded The Ferraro Law Firm in Miami, Florida. In 1997, along with his late partner Michael V. Kelley, he founded the law firm of Kelley & Ferraro in Cleveland, Ohio. His law practices are focused in the areas of Mass Tort litigation, Environmental Law, Medical Malpractice, Family Law and Federal Tax Whistleblower claims. The Ferraro Law Firm also has an office in Washington, D.C. The firms now handle nearly 50,000 cases, and are known nationwide for their Mass Tort and Federal Tax Whistleblower practices.

Jim has successfully tried many cases that resulted in multi-million dollar jury verdicts. In 1995, he received the largest compensatory award in the state of Florida for a mesothelioma case. In 1997, he also had the highest compensatory jury verdict ever in the nation for a non-malignant asbestos case. Jim has negotiated settlements in the billions of dollars on behalf of tens of thousands of clients in his years of practice.

In 1996, Jim made American legal history when he successfully tried a case against DuPont in the first case against a chemical company for causing a birth defect. Jim proved that a pregnant

woman's exposure to the fungicide Benlate caused her child to be born without eyes and held DuPont accountable in *Castillo* vs. *E.I. du Pont de Nemours and Company* and *Pine Island Farms*. The trial was broadcast in its entirety on Court TV, garnered worldwide media attention and, ultimately, went to the Florida Supreme Court. Seven years after trial, the Supreme Court of Florida affirmed the trial court verdict. In 1997, because of that case, Jim was named one of ten national finalists for Trial Lawyer of the Year. The *Castillo* case is now featured in Mr. Ferraro's 2017 bestselling book, *Blindsided*.

More recently, in August 2015, Jim tried an asbestos case against Georgia-Pacific with his oldest son, James Ferraro, Jr., resulting in a $17,175,000 verdict. Because of that case, CVN Florida voted Jim 2015 Plaintiff's Attorney of the Year. In November 2015, Jim was a guest lecturer at Harvard Law School for third year law students.

In 2015, Jim also personally argued *Aubin v. Union Carbide Corp.* before the Florida Supreme Court, which rejected the corporate-friendly Third Restatement of Torts and retained the Second Restatement of Torts. *Aubin* has been acclaimed to be the most important Florida product liability case since *West v. Caterpillar* in 1976. Most recently, Jim personally argued *Schwartz v. Honeywell International, Inc.*, before the Ohio Supreme Court, which was another product liability case dealing with sophisticated issues relating to medical expert testimony. Additionally, in 2018, Mr. Ferraro is set to argue the highly publicized product liability case of *Delisle v. Crane Co.* in front of the Florida Supreme Court, in which the Court will decide whether *Daubert* or *Frye* is the applicable standard for science in the courtroom.

He is a member of the Ohio, New York, Florida, Massachusetts and District of Columbia Bars; the Fellows of the American Bar Foundation; the American Bar Association; the Florida Institute of Certified Public Accountants; the American Association for Justice; the Florida Justice Association; The National Trial Lawyers: Top 100 Trial Lawyers; and the Multi-Million Dollar Advocates Forum. He is a Florida State Coordinator for The Public Justice Foundation.

David A. Jagolinzer, *Shareholder*

David A. Jagolinzer is a partner of The Ferraro Law Firm and specializes in complex cases that involve mesothelioma victims, product liability, toxic torts, catastrophic personal injury and wrongful death. Mr. Jagolinzer has been successful in obtaining millions of dollars for thousands of the Firm's clients, both in trials and pre-trial settlements. Mr. Jagolinzer's victories earned him membership in the Multi-Million Dollar Advocates Forum, Rising Star status by Florida Super Lawyers 2011 through 2014 and in 2008 and 2014 was selected by the DBR as Finalist for Most Effective Lawyer in Product Liability cases. Some of Mr. Jagolinzer's recent and most notable jury verdicts and trial settlements for victims include the following cases:

$24.2 million jury verdict - *Guilder v. Honeywell International, Inc., April, 2008*. Dr. Guilder was a 51 year old Weston doctor suffering from peritoneal mesothelioma. This case is listed in the National Law Journal Top 100 Verdicts of 2008.

Over $14 million settlement - *Plaintiff v. Union Carbide Corporation, et al.*, August, 2008. A 61 year old Drywall contractor suffering from pleural mesothelioma.

In addition to verdicts and pre-trial settlements at the trial court level, Mr. Jagolinzer has also successfully argued and won major victories for the Firm's clients in appellate courts. Most notably in 2008, Mr. Jagolinzer was integral in the firm's successful argument to declare the Florida Asbestos Statute unconstitutional as it improperly limited Florida asbestos victims right to seek

compensation. *Williams v. American Optical Corporation*, 985 So.2d 23 (Fla. 4th *DCA* 2008); *Spiewak, et al., v. American Optical Corporation*, 73 So.3d 120.

Mr. Jagolinzer is admitted to The Florida, Massachusetts, New York and District of Columbia Bars and actively litigates cases in various other states. Mr. Jagolinzer is a member of the American Bar Association, Florida Bar Association, Massachusetts Bar Association, New York Bar Association, American Association for Justice, the National Italian American Bar Association and the Multi-Million Dollar Advocates Forum. Mr. Jagolinzer plays an active role on creditors' committees relating to bankruptcy filings of asbestos companies, serves as an arbitrator for alternative dispute resolution programs, and has fought for victims' rights in front of the Florida Legislature. He is also a frequent lecturer on litigation and trial preparation skills for other attorneys. Mr. Jagolinzer speaks fluent Italian.

Scott A. Knott, Esq.

Mr. Knott practices exclusively in the area of tax whistleblower claims. In July of 2007, Mr. Knott co-established the tax group at The Ferraro Law Firm and thereafter filed the first of many tax whistleblower claims that exceed a billion dollars. He has represented many multi-national corporations, high-net worth individuals, foreign governments, and underprivileged taxpayers before the Internal Revenue Service and in litigation in the U.S. Tax Court and federal courts, often involving tax deficiencies and refunds in the hundreds of millions of dollars. Domestic issue tax controversies that Mr. Knott has experience with relate to tax accounting and timing issues, like-kind exchanges of property, corporate reorganizations, payroll taxes, estate and gift taxes, life and property & casualty insurance, the Research & Experimentation tax credit, Investment tax credit, custom tax shelters, and issues relating to transactions with tax-indifferent parties. Mr. Knott has extensive experience with international tax issues including transfer pricing, the application of treaties to income of non-resident aliens and foreign corporations, permanent establishments, hybrid entities, withholding issues, and the Foreign Sales Corporation and Extraterritorial Income Exclusion regimes.

Mr. Knott's practice before the Internal Revenue Service includes making submissions to the IRS Whistleblower Office, handling comunications with the IRS through all phases of a whistleblower claim, and ultimately the filing of appeals of IRS award determinations in the U.S. Tax Court. Mr. Knott previously handled tax disputes from the audit level through the Appeals level on behalf of some of the world's largest companies, including representing taxpayers in Competent Authority and alternative dispute resolution procedures such as the Pre-filing Agreement and Advanced Pricing Agreement programs. Mr. Knott also has experience with matters that involve tax evasion, fraud and other tax crimes, and has dealt with the IRS Criminal Investigation division and Department of Justice on these matters.

Mr. Knott was previously a management committee co-chair of the Tax Controversy Subpractice Group of Baker & McKenzie's North American Tax Practice Group, which was ranked as one of the top five tax litigation practices in the United States by Chambers & Partners USA, 2007 edition, and was also a member of the Baker & McKenzie Washington, D.C. office Business Development and Recruiting committees.

For more information about our tax whistleblower practice and Mr. Knott's experience and qualifications, see http://www.tax-whistleblower.com/attorneys/scottknott/.

Gregory S. Lynam, Esq.

Gregory Lynam practices exclusively in the area of tax whistleblower claims. Prior to joining The Ferraro Law Firm as a Tax Partner and co-establishing its tax group, Mr. Lynam was Counsel at Miller & Chevalier Chartered, in Washington, D.C., and was an Associate with Baker

& McKenzie LLP in the Chicago and San Diego offices. Both firms' tax controversy groups are ranked as one of the top five tax litigation practices in the United States by Chambers & Partners USA. Mr. Lynam's practice before the Internal Revenue Service includes making submissions to the IRS Whistleblower Office and litigating IRS Whistleblower Office award determinations before the U.S. Tax Court. He has filed more than $82 billion in tax underpayments to the IRS Whistleblower Office to date, representing potential awards for his clients in excess of $19 billion. Mr. Lynam has extensive experience in controversies and informant submissions involving tax fraud, partnership issues, transfer pricing, interest allocation, R&E credit, information reporting, and tax-advantaged transactions (a.k.a. tax shelters).

Mr. Lynam previously practiced in the areas of federal tax controversy and tax appeals, with a focus on international tax matters. He has represented multi-national corporations and high-net-worth individuals at all levels of a tax controversy before the Internal Revenue Service and in litigation with matters often involving deficiencies and refunds in the hundreds of millions to billions of dollars. Mr. Lynam's pro bono practice has focused primarily on criminal defense including a grant of clemency in a post-conviction death penalty case and a not-guilty verdict in a juvenile murder trial. He has won numerous awards for his pro bono work.

Mr. Lynam is a 2006-2007 John S. Nolan Fellow, awarded by the American Bar Association Section of Taxation. He speaks frequently at the American Bar Association on Tax Whistleblower, TEFRA partnership litigation, managing tax controversies, and new technologies in the courtroom. He is the current chair of the TEFRA subcommittee of the ABA Section of Taxation, Court Procedure & Practice committee and the immediate past chair of the Technology in the Courtroom subcommittee.

Juan P. Bauta, II, Esq.

Juan P. Bauta, II is a Board Certified Trial Lawyer who practices in the areas of asbestos litigation, products liability, toxic torts, construction defect, wrongful death, class actions and complex litigation. Mr. Bauta has obtained numerous multi-million dollar verdicts and has successfully argued numerous appellate cases. Mr. Bauta has also argued before the Federal Panel on Multi-district Litigation. Mr. Bauta has been admitted to and has argued before the United States Court of Appeals for the Eleventh, Fifth and Third Circuits, as well as the United States District Courts for the Southern and Middle Districts of Florida.

Mr. Bauta is a member of the Florida Bar and is a Board Certified Civil Trial Lawyer. Mr. Bauta graduated from Florida State College of Law in 1990 and was the editor-in-chief of the Journal of Land Use and Environmental Law. The Daily Business Review selected Mr. Bauta as the Most Effective Lawyer in both 2010 and 2011. Mr. Bauta is fluent in Spanish.

Mr. Bauta has argued and tried cases to verdict in both state and federal courts. Mr. Bauta has tried over twenty-five cases to verdict. Mr. Bauta has several jury verdicts in excess of $10,000,000.00. Mr. Bauta's highest jury verdict to date in a single personal injury case was over $20,000,000.00. Mr. Bauta has litigated six class actions involving employment discrimination, construction defects and vehicle design defects. Mr. Bauta represents both individuals and corporations exclusively on the plaintiff's side. Finally, Mr. Bauta has argued numerous cases before the Florida District Courts of Appeal and has over fourteen reported decisions.

In addition to his numerous multi-million dollar jury verdicts, Mr. Bauta has successfully negotiated settlements in the tens of millions of dollars for his clients. These non-class action settlements range from a low of $1,000,000.00 to a high of $29,000,000.00.

Erica L. Brady, Esq.

Erica Brady practices exclusively in the area of tax whistleblower claims. Prior to joining the Ferraro Law Firm, Ms. Brady completed her Masters of Laws in Taxation at Georgetown University Law Center, where she focused primarily on international corporate taxation. Ms. Brady's practice before the Internal Revenue Service includes making submissions to the IRS Whistleblower Office. Ms. Brady regularly handles matters involving consolidated returns; income tax accounting and timing; partnership and pass-through taxation issues; employment taxes; the taxation of financial products, financial derivatives, and debt instruments; insurance company taxation; and the taxation of intellectual property. Ms. Brady also has extensive experience with international issues, such as transfer pricing, the taxation of foreign currency transactions, and tax issues related to offshore entities, including captive insurance companies.

Ms. Brady spoke at the ABA Section of Taxation 2010 May Meeting and the 2011 Midyear Meeting about the representation of whistleblowers in front of the IRS. Additionally, the ABA Section of Taxation's NewsQuarterly published Ms. Brady's article, "Are Criminal Fines 'Collected Proceeds'?" in the summer 2011 issue. Ms. Brady also had an article published in the February 2012 edition of Taxes – The Tax Magazine, titled Does Tax Crime Pay (Whistleblowers)?

Allan B. Kaiser, Esq.

Allan B. Kaiser has been litigating criminal and civil cases since graduating from Tulane University Law School in 1982. As an Assistant Prosecuting Attorney in St. Louis Missouri, Mr. Kaiser prosecuted major felony cases. Thereafter, for sixteen years as an Assistant United States Attorney for the Southern District of Florida, Mr. Kaiser prosecuted some of the more high profile corruption and fraud cases in the Southern District of Florida. Upon leaving public service for private practice, in 2006, Mr. Kaiser maintained both a criminal defense and civil litigation practice, which included representing individuals charged with health care-related fraud, mortgage fraud, insurance fraud, organized crime and drug and money laundering offenses as well as representing clients in employment related civil matters, including retaliatory termination and race and age discrimination cases.

Since joining the Ferraro Law Firm in 2010, Mr. Kaiser's practice has been devoted to civil litigation, in State and Federal Courts, where he focuses primarily on tobacco litigation, along with medical malpractice and products liability cases. Mr. Kaiser has won several multi-million dollar verdicts for Plaintiffs since 2010, including two verdicts in 2014 against the major tobacco companies totaling 40.5 million dollars. As a result of those verdicts, Mr. Kaiser was a finalist for the 2014 Courtroom View Network Engle awards, honoring excellence in Florida Tobacco litigation. In addition the South Florida Daily Business Review named Mr. Kaiser 2014 Most Effective Lawyer in the area of Products Liability.

Mr. Kaiser has tried over 200 criminal and civil jury trials as a Prosecutor and while in private practice. In addition, Mr. Kaiser has written numerous articles on a wide range of topics in both criminal and civil law.

Mr. Kaiser is a member of the Florida and Missouri Bar as well as the Dade County Bar Association and the Federal Bar of the Southern District of Florida.

Marc P. Kunen, Esq.

Marc P. Kunen is an associate with The Ferraro Law Firm and focuses his practice on complex civil litigation, product liability, asbestos litigation, toxic torts, severe personal injury and wrongful death.

Mr. Kunen graduated from the University of Miami School of Law, magna cum laude, and has been admitted to practice law in the State of Florida. While at the University of Miami, he served as a law clerk with the Ferraro Law Firm for two years, was a member of the Charles C. Papy, Jr. Moot Court Board, interned with Florida Legal Services as a member of the Community Economic Development and Design Clinic, was awarded the Priscilla Jewett Schneller Scholarship, and was the recipient of two Dean's Achievement Awards. Mr. Kunen also earned his Bachelor of Science in Management while majoring in Legal Studies in Business at Tulane University in New Orleans, Louisiana. Since joining The Ferraro Law Firm, Mr. Kunen has actively participated in complex civil litigation against large corporations and manufacturers of toxic products.

Janpaul Portal, Esq.

Janpaul Portal specializes in the representation of injured victims and consumers in catastrophic personal injury, wrongful death, medical malpractice, environmental toxic torts, defective drugs and product liability cases in state and federal courts throughout the United States.

Prior to joining The Ferraro Law Firm, Mr. Portal dedicated his practice to the representation of plaintiffs in catastrophic personal injury, medical malpractice and complex commercial litigation matters in state and federal courts. He has successfully litigated medical malpractice, wrongful death, maritime negligence, product liability and general business tort disputes. He began his career at a prominent law firm in Boca Raton, Florida where he represented plaintiffs in medical malpractice and nursing home negligence cases. Mr. Portal also represented business owners in complex commercial disputes. In 2003, he joined a prestigious personal injury law firm in Downtown Miami, where he honed his trial skills while representing plaintiffs in complex medical malpractice cases. Mr. Portal was a founding member of Portal & Associates in Coral Gables, Florida, where he dedicated his practice to the representation of clients in civil, immigration and criminal litigation matters. In 2008, Mr. Portal joined a premier civil trial firm with offices on Brickell Avenue, where he practiced in the areas of medical malpractice, catastrophic personal injury and negligent security.

Mr. Portal is a native of Miami, Florida. He received his B.S. in Microbiology and Immunology in 1998 at the University of Miami. He earned his Juris Doctorate, cum laude, in 2001 from the University of Miami School of Law. He was the recipient of the C.A.L.I. Excellence Award, "Medical Malpractice," 2000.

Mr. Portal has been a member of the Florida Bar since 2002. He is also admitted to practice in the United States District Court for the Northern, Middle and Southern Districts of Florida, and the United States Court of Appeals for the Eleventh Circuit.

Mr. Portal was recently appointed as the President of the Miami Dade Trial Lawyers Association for the 2017 – 2018 term. He has been an active member of the MDTLA since 2003 and was elected to the Board of Directors in 2010. He is also an active member of the Florida Justice Association and Cuban American Bar Association. In addition, he is also a member of the American Association for Justice, where he served on the NLD Board of Governors for Florida from 2005-2006.

Mr. Portal has been named as a "Top Up and Comer" by the South Florida Legal Guide and a "Rising Star" by Florida Super Lawyers in 2009, 2010, 2011, 2012, 2013, 2014, and 2015. Mr. Portal was named as a "Top Lawyer" in 2016 and 2017.

James L. Ferraro, Jr., Esq.

James L. Ferraro, Jr. is an associate with the Ferraro Law Firm and focuses his practice on complex civil litigation, product liability, asbestos litigation, toxic torts, severe personal injury and wrongful death.

Mr. Ferraro graduated from the University of Miami School of Law and has been admitted to practice law in the State of Florida. During his tenure at the University of Miami, he served as a law clerk for United States District Court Judge Robert N. Scola, Jr., was a law clerk for Grossman and Roth, P.A., and was a recipient of a Dean's Achievement Award. Mr. Ferraro also earned his Bachelor of Business Administration while double majoring in finance and managing organizations at Emory University's Goizueta Business School. Since joining The Ferraro Law Firm, Mr. Ferraro has actively participated in complex civil litigation against large corporations and manufacturers of toxic products.

Jose L. Becerra, Esq.

Jose L. Becerra is a Florida trial attorney who handles a broad range of personal injury cases including product liability, wrongful death, and mesothelioma. Mr. Becerra also handles family law cases including dissolutions of marriage, child custody and support, and post-judgement matrimonial matters. In July 2017, in the matter of *Moore v. John Crane, Inc.*, Circuit Court, Broward County, Florida (Case No. 13-011729), he assisted in obtaining a $6,785,000 verdict in favor of his client.

In law school, Mr. Becerra was a judicial intern for The Honorable Laurel M. Isicoff of the U.S. Bankruptcy Court for the Southern District of Florida and The Honorable Edwin G. Torres of the United States District Court for the Southern District of Florida. He also served as the interschool vice president for the Charles C. Papy Jr. Moot Court Board and successfully competed in numerous appellate advocacy competitions. For example, he was named "Best Oral Advocate" at the C. Clyde Atkins 2011 Fall Moot Court Competition, "Best Oral Advocate Runner Up" at the 2013 Cristol Kahn Paskay Cup, and "Outstanding Oral Advocate" at the 21st Annual Duberstein Bankruptcy Moot Court Competition.

Upon graduation, Mr. Becerra was selected to The Order of Barristers – a United States honor organization that encourages excellence in writing briefs and oral advocacy. Mr. Becerra was also a member of the International and Comparative Law Review and the recipient of the Kapila Family Foundation Scholarship, the Louis Phillips Scholarship, and the Dean's Certificate of Academic Achievement Award in Commercial Law and Tort Law & Policy Seminar.

Gabriel S. Saade, Esq.

Gabriel S. Saade practices in the areas of Product Liability, Environmental Toxic Torts, Mesothelioma & Asbestos, Wrongful Death, Catastrophic Personal Injury, and Defective Drugs. Mr. Saade is admitted to the practice of law in Florida. Mr. Saade earned his law degree from the University Of Miami School Of Law. He obtained a Bachelor of Science with a concentration in

Political Science from Duke University. Mr. Saade also obtained a certificate in Markets and Management from Duke University.

During law school, Mr. Saade clerked for The Honorable Leslie B. Rothenberg, where he handled research and production of legal memoranda on a panoply of issues before Judge Rothenberg. Mr. Saade also served as a Certified Legal Intern at the Miami-Dade State Attorney's Office. In addition, Mr. Saade clerked at The Ferraro Law Firm throughout law school.

Fernando Ulloa, Esq.

Fernando Ulloa is an attorney at The Ferraro Law Firm, working hard to ensure that the victims in cases that involve product liability, wrongful death, catastrophic injuries, asbestos-related diseases, and toxic torts get the justice they deserve. Mr. Ulloa's foreign background and education has prepared him to be an excellent addition to The Ferraro Law Firm.

Prior to joining The Ferraro Law Firm Mr. Ulloa was the chief of the agreements department of the Honduran Health Ministry. Mr. Ulloa handled the contracts for the entire public health sector of Honduras. He was also in charge of elaborating and revising agreements to ensure the proper functioning of the Honduran Ministry. Mr. Ulloa was an active attorney in Honduras where he litigated at the Supreme Justice Court of Honduras and the Civil Justice Center mostly in matters relating to civil, family, wills and trust law. He actively participated in hearings and provided legal advice to clients. Mr. Ulloa's main concern was always to provide the best services in order to protect his client's rights.

Dick Maykel Ortega, Esq.

Dick Maykel Ortega is a trial attorney at The Ferraro Law Firm representing victims in cases involving product liability, wrongful death, catastrophic injuries, asbestos-related diseases, and toxic torts. Prior to joining The Ferraro Law Firm, Mr. Ortega worked in the Washington, D.C. office of a large international law firm counseling international and domestic entities in complex merger and acquisition transactions, finance transactions, market entry strategies, product liability litigation, antitrust litigation, and FCPA matters.

During law school, Mr. Ortega held several positions that prepared him to represent our clients in complex matters. He interned with the Securities and Exchange Commission assisting counsel with the investigation and litigation of industry and issuer practices. He also interned with the FIU Office of the General Counsel developing litigation strategies and regulatory compliance parameters, and a boutique litigation firm working closely with clients to build their case and negotiate advantageous settlements.

Mr. Ortega earned his law degree, *magna cum laude*, from Florida International University College of Law and graduated as the Salutatorian of his class. In addition, Mr. Ortega earned book awards in several courses including International Commercial Arbitration, Investor Advocacy Clinic, Legal Skills and Values III, and Contracts. He successfully competed in prestigious appellate advocacy and arbitration competitions, and received the C.A.M.P. 4 Justice Human Rights Scholarship, Dean's Merit Scholarship, and Broward Hispanic Bar Association Scholarship.

Mr. Ortega co-authored the following publications: "How Far Can the CFPB Cast Its Net for Abusiveness Claims?," *Corporate Counsel* (July 2015), and "CFPB Enforcement of the Abusive Standard," *Corporate Counsel* (July 2015).

Ralph R. Longo, Esq.

Ralph R. Longo IV is an attorney in Miami, Florida working as an associate with the team at The Ferraro Law Firm.

Mr. Longo attended the University of Connecticut, where he graduated with a B.S. in Finance from the UConn School of Business. While at the University of Connecticut, Mr. Longo was a New England Scholar Award winner, as well as a Greenwich Scholarship award recipient. Further, during his undergraduate studies, Mr. Longo honed his research and writing skills while working as a Featured Columnist for a major online sports publication.

After completing his undergraduate studies, Mr. Longo attended the University of Miami School of Law, where he was a Dean's Merit Scholarship award winner. Mr. Longo also successfully completed the University of Miami Litigation Skills Program. Further, Mr. Longo won the 2014 Collegiate Boxing Light Heavyweight National Championship while completing his legal studies.

Throughout his tenure in law school, Mr. Longo spent time as a law clerk with The Ferraro Law Firm. He was admitted to the Florida Bar in 2016 and is a member of the American Bar Association, as well as the Dade County Bar Association.

Stephen McCloskey, Jr., Esq.

Stephen McCloskey Jr. is an attorney at The Ferraro Law Firm who focuses his practice on tax law. Mr. McCloskey joined The Ferraro Law Firm's tax group in 2013 and brings a wide breadth of tax knowledge and experience to the firm's practice. Mr. McCloskey provides clients with sophisticated tax analysis and protection to clients seeking tax whistleblower awards. Mr. McCloskey has represented clients before the IRS, the Department of Justice, and the U.S. Tax Court.

Prior to joining The Ferraro Law Firm, Mr. McCloskey worked for one of the world's largest law firms, as well as one of the Big Four accounting firms. During this time, Mr. McCloskey focused on inbound and outbound international tax planning for corporate multinationals and income tax compliance at both the State and Federal levels. Mr. McCloskey's experience includes advising clients on corporate reorganizations, debt restructurings, and U.S. tax treaty analysis.

Mr. McCloskey earned his law degree, cum laude, from the University of Florida, Levin College of Law where he earned the book award for Mergers & Acquisitions. Mr. McCloskey then went on to earn his Master of Laws (LL.M.) with a certificate in International Taxation from Georgetown University Law Center. Mr. McCloskey is licensed to practice law in Florida, the U.S. Court of Federal Claims, and the United States Tax Court.

Matthew D. Gutierrez, Esq.

Mathew D. Gutierrez is The Ferraro Law Firm's appellate practitioner. In this role, Mr. Gutierrez is responsible for every aspect of the firm's appellate practice, which spans all levels of Florida's state and federal courts. He also provides the firm's trial lawyers with litigation and brief-writing support and advises them on preservation of error issues.

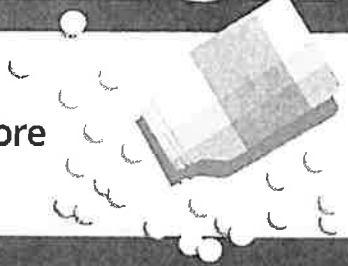
Prior to joining The Ferraro Law Firm, Mr. Gutierrez spent more than four years as a litigator at one of the largest multi-national defense firms in the country (Am Law 50). In that capacity, Mr. Gutierrez represented clients in high-stakes corporate litigation, with a particular emphasis on appeals, contractual and partnership disputes, federal securities law claims, and First Amendment litigation. His clients included Fortune 50 corporations, financial institutions, major political parties and candidates, hospital systems, brokerage firms, developers, and manufacturers. Mr. Gutierrez began his post-law school career as a judicial law clerk to Judge Leslie B. Rothenberg at the Florida Third District Court of Appeal. As an appellate law clerk, Mr. Gutierrez researched and analyzed contested legal issues, presented written and oral case recommendations to judges, and drafted legal memoranda and proposed opinions for publication. During his clerkship, Mr. Gutierrez also served as Moot Court Coach at the University of Miami School of Law.

Mr. Gutierrez earned his law degree from Emory University School of Law (J.D., with honors, 2011), where he was a research assistant to Dean Robert A. Schapiro. During law school, he also served as an intern at the United States District Court, the United States Attorney's Office, the Fulton County District Attorney's Office, and the Fulton County Superior Court. Mr. Gutierrez received his undergraduate degree in English literature from the University of Miami (B.A., 2008). Mr. Gutierrez is admitted to practice in Florida and the District of Columbia.

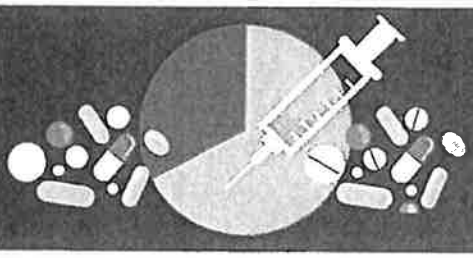
OPIOIDS IN AMERICA

In 2015,

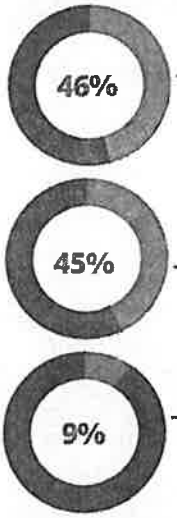
over 300 million prescriptions were written for opioids, which is more than enough to give every American adult their own bottle of pills.[1]



Opioids have claimed **175,000** lives from **1999-2013.**



In 2013, opioid overdoses caused 16,235 deaths, alone.



Opioid Costs

In the United States, prescription opioid abuse costs are about **$56** billion annually[3]

Of this amount:

46% is attributable to workplace costs (e.g., lost productivity): **$26** Billion

45% to healthcare costs (e.g.,abuse treatment): **$25** Billion

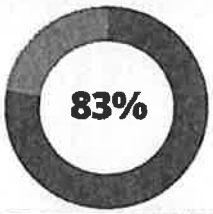
9% to criminal justice costs: **$5** Billion

Payoffs

1 in 12 Doctors were Paid by Pharmaceuticals Companies Marketing Opioids:

From 2013 to 2015

More than **375,000** non-research opioid-related payments were made to more than **68,000** physicians, totaling more than $46 million



The Top **1%** of Physicians Received **83%** of the Payment

Family and General Practice Physicians received the most payments (almost 1 in 5)

1. (1, 5, 6) Ameet Sarpatwari, Michael S. Sinha, Aaron S. Kesselheim, "The Opioid Epidemic: Fixing a Broken Pharmaceutical Market", Harvard Law & Policy Review, Volume 11, Number 2 (Summer, 2017): pp. 463-484.
2. (1, 5, 6) Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2015 on CDC WONDER Online Database, released December, 2016. Data are from the Multiple Cause of Death Files, 1999-2015, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10.html on Jul 26, 2017. ICD-10 Codes: X40-X44, X60-X64, X85, and Y10-Y14
3. (1) Data Source: CDC, Prescription Drug Overdose data.
4. (1) Scott E. Hadland, Maxwell S. Krieger, Brandon D. L. Marshall, "Industry Payments to Physicians for Opioid Products, 2013–2015", American Journal of Public Health 107, no. 9 (September 1, 2017): pp. 1493-1495. DOI: 10.2105/AJPH.2017.303982 PMID: 28787210

© 2017 Napoli Shkolnik PLLC. Attorney Advertising

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW
www.Napolilaw.com

VI.D.1

NAPOLI
SHKOLNIK PLLC
ATTORNEYS AT LAW

Working Together to Fight the Opioid Epidemic

Overview

Verified Complaint

Litigation Details

Media

Facts

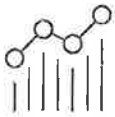
2017

Overview

Napoli Shkolnik PLLC
Nationwide Opioid Litigation

NAPOLI SHKOLNIK PLLC is uniquely positioned to take on the complex task of pursuing opioid litigation on behalf of government entities. The firm has a long and distinguished history of representing counties, cities, and other municipalities. It also has expertise in pharmaceutical litigation. Indeed, state and federal courts across the country have appointed Napoli Shkolnik to leadership positions in many of the largest pharmaceutical cases ever filed and the firm has been involved in nearly every major pharmaceutical mass tort case over the last two decades.

Municipalities nationwide have already retained the firm to file actions against the manufacturers and distributors of opioid pain medications. Most recently, Napoli Shkolnik has filed actions on behalf of the City of Dayton, Ohio, which has been referred to as the "heroin epicenter" of the country; the City of Lorain, Ohio; and Nassau County, New York. The firm has also been retained by or is investigating claims for numerous other municipalities in West Virginia, Maine, New Hampshire, Ohio, New York, Michigan, Texas, and other states. To date, Napoli Shkolnik represents nearly twenty municipalities across the country.



Theory of Liability

The opioid epidemic has ravaged cities across the country.

Opioids claimed 175,000 American lives from 1999-2013 and this number continues to grow;

From 1999 to 2010, a four-fold increase in opioid sales paralleled a more than four-fold increase in prescription opioid overdose deaths;

In the United States, prescription opioid abuse costs approximately $55.7 billion annually (CDC, Prescription Drug Overdose data);

Drug overdose is the leading cause of accidental death in the United States; and

91 Americans die each day from opioid overdose.

Napoli Shkolnik seeks to hold the manufacturers and distributors of opioids responsible for the damage they have caused.

The claims against the manufacturers of opioid pain medications include deceptive business practices, false advertising, public nuisance, violations of social services/Medicaid law, fraud, and unjust enrichment. The claims are largely based on the deceptive practices that the manufacturer defendants used to reach prescribers and patients. The overarching theme of the manufacturer defendants' deception is that opioid pain medications are not addictive and are safe for long-term use. But the manufacturers knew—and had known for years—that opioids are addictive and subject to abuse, particularly when used long-term for chronic pain, and that they should not be used except as a last-resort.

Specifically, the manufacturer defendants spent hundreds of millions of dollars to (a) develop and disseminate seemingly truthful scientific and educational materials and advertising that misrepresents the risks, benefits, and superiority of opioids for long-term use to treat chronic pain; (b) deploy sales representatives who

Theory of Damages

These lawsuits seek to recover the costs associated with the opioid epidemic, including, for example, substance abuse programs, insurance/Medicaid, lost productivity, foster care, Narcan training, and increased law enforcement. It is our hope that these lawsuits will help municipalities receive funding to help fight this epidemic.

visited doctors and other prescribers and delivered misleading messages about the use of opioids; (c) recruit prescribing physicians as paid speakers to secure those physicians' future "brand loyalty" and extend their reach to all physicians; (d) fund, assist, encourage, and direct certain doctors, known as "key opinion leaders," to deliver scripted talks, draft misleading studies, present deceptive continuing medical education programs, and serve on boards and committees of professional societies and patient advocacy groups that delivered messages and developed guidelines supporting chronic opioid therapy; and (e) fund, assist, direct, and encourage seemingly neutral and credible professional societies and patient advocacy groups ("Front Groups") that developed educational materials and treatment guidelines that urged doctors to prescribe—and patients to use—opioids long-term to treat chronic pain.

The firm is also bringing negligence claims against distributors of opioids. Under both federal and state law, distributors have a duty to report suspicious orders of opioids. These defendants failed to satisfy that duty despite overwhelming evidence that opioids were being misused. Notably, these distributors have already paid hundreds of millions of dollars in fines for their inaction.

NYSCEF DOC. NO. 2

INDEX NO. UNASSIGNED
RECEIVED NYSCEF: 06/12/2017

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

THE COUNTY OF NASSAU,

Plaintiff,

- against -

PURDUE PHARMA L.P.; PURDUE PHARMA INC.; THE PURDUE FREDERICK COMPANY, INC.; TEVA PHARMACEUTICALS USA, INC.; CEPHALON, INC.; JOHNSON & JOHNSON; JANSSEN PHARMACEUTICALS, INC.; ORTHO-MCNEIL-JANSSEN PHARMACEUTICALS, INC. N/K/A JANSSEN PHARMACEUTICALS, INC.; JANSSEN PHARMACEUTICA, INC. N/K/A JANSSEN PHARMACEUTICALS, INC.; ENDO PHARMACEUTICALS, INC.; ALLERGAN PLC F/K/A ACTAVIS PLC; ACTAVIS, INC. F/K/A WATSON PHARMACEUTICALS, INC.; WATSON LABORATORIES, INC.; ACTAVIS LLC; ACTAVIS PHARMA, INC. F/K/A WATSON PHARMA, INC., ENDO HEALTH SOLUTIONS INC.; MCKESSON CORPORATION; CARDINAL HEALTH, INC.; AMERISOURCEBERGEN CORPORATION; RUSSELL PORTENOY; PERRY FINE; SCOTT FISHMAN; LYNN WEBSTER, and MICHAEL BELFIORE,

Defendants.

Index No.:

VERIFIED COMPLAINT

PLAINTIFF DEMANDS A TRIAL BY JURY

(866) 268-0317 | NAPOLILAW.COM

360 LEXINGTON AVENUE, 11TH FLOOR, NEW YORK, NEW YORK 10017

NYSCEF DOC. NO. 2

INDEX NO. UNASSIGNED
RECEIVED NYSCEF: 06/12/2017

INTRODUCTION 1
JURISDICTION AND VENUE 13
PARTIES 13
A. Plaintiff 13
B. Defendants 14
FACTS RELEVANT TO ALL CAUSES OF ACTION 29
A. Background on Pain Medicine 29
1. Safe and Effective Treatment of Chronic Pain Centers on Informed Risk Management 29
2. Opioid Use Is Associated with Known and Substantial Risks 30
3. Long-Term Opioid Use Benefits Are Unproven and Contradicted 36
4. Defendants' Impact on the Perception and Prescribing of Opioids 39
B. Defendants Promoted Their Branded Products Through Direct Marketing to Prescribers and Consumers 41
1. Defendants Relied Upon Branded Advertisements 41
2. Defendants Relied Upon Their Sales Forces and Recruited Physician Speakers 42
3. Defendants Directed These Promotional Efforts Through Detailed Marketing Plans 46
a. Targeting categories of prescribers 46
b. Increasing "direct to consumer" marketing 47
c. Differentiating each brand 48
d. Moving beyond office visits 48
4. Defendants Marketed Opioids in Nassau County Using the Same Strategies and Messages They Employed Nationwide 49
C. Defendants Used "Unbranded" Marketing to Evade Regulations and Consumer Protection Laws 50
1. Regulations Governing Branded Promotion Require that it Be Truthful, Balanced, and Supported by Substantial Evidence 50
2. Defendants Deployed Front Groups and Doctors to Disseminate Unbranded Information on Their Behalf 52
a. Defendants' Use of KOLs 56
i. Defendant Russell Portenoy 58
ii. Defendant Lynn Webster 59
b. "Research" That Lacked Supporting Evidence 60
c. Treatment Guidelines 63
i. FSMB 63

(866) 268-0317 | NAPOLILAW.COM

NEW YORK CALIFORNIA DELAWARE FLORIDA ILLINOIS NEW JERSEY PENNSYLVANIA TEXAS

ii. AAPM/APS Guidelines 65
iii. American Geriatrics Society 66
iv. Guidelines That Did Not Receive Defendants' Support 67
d. Continuing Medical Education 69
e. Unbranded Patient Education 71
f. Defendants' Use of Front Groups 71
3. Defendants Acted in Concert with KOLs and Front Groups in the Creation, Promotion, and Control of Unbranded Marketing. 76
4. Defendants Targeted Vulnerable and Lucrative Populations. 78
a. The Elderly 78
b. Veterans 78
D. Why Defendants' Marketing Messages Are Misleading and Unfair 80
1. Defendants and Their Third-Party Allies Misrepresented that Opioids Improve Function 81
2. Defendants and Their Third-Party Allies Concealed the Truth About the Risk of Addiction from Long-Term Opioid Use 87
3. Defendants and Their Third-Party Allies Misrepresented that Addiction Risk Can Be Avoided or Managed 98
4. Defendants and Their Third-Party Allies Created Confusion By Promoting the Misleading Term "Pseudoaddiction." 100
5. Defendants and Their Third-Party Allies Claimed Withdrawal is Simply Managed 102
6. Defendants and Their Third-Party Allies Misrepresented that Increased Doses Pose No Significant Additional Risks 104
7. Defendants and Their Third-Party Allies Deceptively Omitted or Minimized Adverse Effects of Opioids and Overstated the Risks of Alternative Forms of Pain Treatment. 107
8. Purdue Misleadingly Promoted OxyContin as Providing 12 Hours of Relief 112
E. Each Defendant Engaged in Deceptive Marketing, Both Branded and Unbranded, that Targeted and Reached County Prescribers 115
1. Actavis 116
a. Actavis' Deceptive Direct Marketing 117
i. Actavis' Deceptive Sales Training 119
ii. Actavis' Deceptive Speaking Training 122
b. Actavis's Deceptive Statements to Nassau County Prescribers and Patients 124
2. Cephalon 125
a. Cephalon's Deceptive Direct Marketing 126

(866) 268-0317 | NAPOLILAW.COM

360 LEXINGTON AVENUE, 11TH FLOOR, NEW YORK, NEW YORK 10017

i. Cephalon's Fraudulent Off-Label Marketing of Actiq and Fentora 126

a) Cephalon launched its fraudulent marketing scheme for Actiq 127

b) October 1, 2006 – Cephalon fraudulently marked Actiq's successor drug, Fentora 128

c) September 2007 – Reports of death and serious side effects led the FDA to issue a public health warning for Fentora 131

d) May 6, 2008 – The FDA rejected Cephalon's request for expanded approval of Fentora 132

e) March 26, 2009 – the FDA's Division of Drug Marketing, Advertising and Communications ("DDMAC") warned Cephalon about its misleading advertising of Fentora 133

f) Cephalon continues to knowingly, deceptively, and illegally promote Fentora for off-label uses 134

ii. Cephalon's Misrepresentation of the Risks Associated with the Use of Opioids for the Long-Term Treatment of Chronic Pain 135

b. Cephalon's Deceptive Third-Party Statements 137

i. FSMB – Responsible Opioid Prescribing 137

ii. APF – Treatment Options: A Guide for People Living with Pain 138

iii. Key Opinion Leaders and Misleading Science 141

iv. Misleading Continuing Medical Education 142

c. Cephalon's Deceptive Third-Party Statements to County Prescribers and Patients 145

3. Endo 145

a. Endo's Deceptive Direct Marketing 146

i. Endo's Sales Force and Deceptive Sales Training 146

a) Endo's Sales Force Deceptively Minimized the Risks of Addiction Associated with Chronic Opioid Therapy. 149

b) Endo's Sales Force Deceptively Implied that Chronic Opioid Therapy Would Improve Patients' Ability to Function. 151

c) Endo's Sales Force Deceptively presented the Risks and Benefits of Opioids to Make Them Appear Safer Than Other Analgesics 153

ii. Endo's Speakers Bureau Programs Deceptively Minimized the Risks of Addiction Associated with Chronic Opioid Therapy 153

iii. Endo's Misleading Journal Supplement 155

iv. Endo's Deceptive Unbranded Advertising 155

b. Endo's Deceptive Third-Party Statements 156

i. APF 157

(866) 268-0317 | NAPOLILAW.COM

NEW YORK CALIFORNIA DELAWARE FLORIDA ILLINOIS NEW JERSEY PENNSYLVANIA TEXAS

a) Misleading Medical Education 160
b) Painknowledge.com 162
c) Exit Wounds 163
ii. Other Front Groups: FSMB, AAPM, and AGS 164
iii. Key Opinion Leaders and Misleading Science 166
c. Endo's Deceptive Statements to County Prescribers and Patients 170
4. Janssen 171
a. Janssen's Deceptive Direct Marketing 172
i. Janssen's Deceptive Sales Training 172
ii. Janssen's Deceptive Speakers Bureau Programs 174
iii. Janssen's Deceptive Unbranded Advertising 175
b. Janssen's Deceptive Third-Party Statements 176
i. AAPM and AGS – Finding Relief: Pain Management for Older Adults 176
ii. AGS – Misleading Medical Education 180
iii. APF 180
a) Let's Talk Pain 181
b) Exit Wounds 184
c. Janssen's Deceptive Statements to Nassau County Prescribers and Patients 184
i. Janssen's Deceptive Medical Education Programs in Nassau County 184
ii. Janssen's Deceptive Detailing Practices in Nassau County 184
5. Purdue 185
a. Purdue's Deceptive Direct Marketing 186
b. Purdue's Deceptive Third-Party Statements 190
i. APF 191
a) Purdue's Control of APF 191
b) A Policymaker's Guide 196
c) Treatment Options: A Guide for People Living with Pain 197
ii. Purdue's Work with Other Third Party Front Groups and KOLs 199
a) FSMB – Responsible Opioid Prescribing 199
b) AGS – Pharmacological Management of Persistent Pain in Older Persons 199
c) Chronic Pain Management and Opioid Use: Easing Fears, Managing Risks, and Improving Outcomes 200
d) Managing Patient's Opioid Use: Balancing the Need and Risk 200

e) Path of the Patient, Managing Chronic Pain in Younger Adults at Risk for Abuse 201
f) Overview of Management Options 202
iii. Purdue's Misleading Science 202
a) Purdue's Deceptive Statements to Nassau County Prescribers and Patients 203
F. The Result of Defendants' Fraudulent Scheme 204
1. Defendants' Fraudulent and Deceptive Marketing of Opioids Directly Caused Harm to Nassau County. 205
a. Increase in Opioid Prescribing Nationally 206
b. The County's Increased Spending on Opioids 212
i. Defendants' Misrepresentations Were Material 213
ii. The County's Increased Costs Correlate with Defendants' Promotion 214
2. Defendants' Fraudulent and Deceptive Marketing of Opioids Directly Caused Harm to Nassau County Consumers. 214
a. Increased Opioid Use Has Led to an Increase in Opioid Abuse, Addiction, and Death 214
b. Increased Opioid Use Has Increased Costs Related to Addiction Treatment 215
c. Increased Opioid Use Has Fueled An Illegal Secondary Market for Narcotics and the Criminals Who Support It 216
3. Defendants' Fraudulent Marketing Has Led to Record Profits 217
4. Defendants Fraudulently Concealed Their Misrepresentations 218

(866) 268-0317 | NAPOLILAW.COM

NEW YORK CALIFORNIA DELAWARE FLORIDA ILLINOIS NEW JERSEY PENNSYLVANIA TEXAS

Litigation Summary

We combine strong trial advocacy with the unparalleled use of technology in order to give our clients the best representation available.

HUNTER J. SHKOLNIK

Defendants

Manufacturers and marketers of prescription opioids

Purdue Pharma L.P.;
Purdue Pharma Inc.;
Purdue Frederick Company, Inc.;
Teva Pharmaceuticals USA, Inc.;
Cephalon, Inc.;
Johnson & Johnson;
Janssen Pharmaceuticals, Inc.;
Janssen Pharmaceutical, Inc. n/k/a Janssen Pharmaceuticals, Inc.;
Ortho-McNeil-Janssen Pharmaceuticals, Inc. n/k/a Janssen Pharmaceuticals, Inc.;
Endo Health Solutions Inc.;
Endo Pharmaceuticals, Inc.;
Allergan plc f/k/a Actavis plc;
Actavis, Inc. f/k/a Watson Pharmaceuticals, Inc.;
Watson Laboratories, Inc.; and
Actavis LLC; and Actavis Pharma, Inc. f/k/a Watson Pharma, Inc.

Distributors of prescription opioids

McKesson Corporation;
Cardinal Health Inc.; and
Amerisource Drug Corporation

Claims

Violations of Consumer Protection Act/Fair Business Practices
Public Nuisance
Negligence
Fraud
Unjust Enrichment

Claims as to the Manufacturers

Falsely and fraudulently marketing opioids pain medications and safe and non-addictive.
Failing to perform proper long-term studies regarding the effects of their drugs.
Generally, creating a false perception of the safety and efficacy of opioids in the medical community.

Claims as to the Distributors

Defendants' conduct in failing to report suspicious orders as required by law.
Defendants' conduct in dispensing, supplying and/or selling prescription opioids without adequate safeguards to prevent diversion.
Conduct proximately caused injury to the municipality and its citizens.

Relief Sought

Civil Penalties;
Treble damages;
Compensatory damages;
Punitive damages; and
Attorneys' fees and costs.

(866) 268-0317 | NAPOLILAW.COM

360 LEXINGTON AVENUE, 11TH FLOOR, NEW YORK, NEW YORK 10017

In the Media

ABC

Partner Marie Napoli in an ABC 7 Eyewitness News exclusive, *The Opioid Epidemic.*

AlJazeera

Opioid Litigation attorney Salvatore Badala on AlJazeera English.

FiOS

Joseph Ciaccio, an attorney in the Opioid Lawsuits, on FiOS News 1.

ABC

Salvatore Badala on suing pharmaceutical companies and doctors in opioid lawsuits.

Bloomberg News

Community budgets are stretched to the breaking point by the surge in addictions, overdoses and crime, which can be traced back to opioid abuse. "All these unexpected costs are crashing down on cities and leaving them scrambling to shift money around to keep things going," said Hunter Shkolnik.

Daily News

Salvatore Badala said, "...these pharmaceutical companies are profiting hand over fist. We're talking about a billion-dollar industry." He added, "We're in this for the long haul, and so is the county. We're going to fight hard until the end."

The Washington Post

As the epidemic spreads, more states are declaring states of emergency and filing lawsuits. In NY, 8 counties have filed suits. Salvatore Badala, who filed a suit on behalf of Nassau County, said his client needs financial help. "It's getting worse every day," he said.

Fox Business

The lawsuit accuses the opioid distributors of negligence for failing to exercise care in the distribution of the drug. On Long Island, nearly 500 people died from opioid overdoses last year, the highest number of deaths to date.

The Wall Street Journal

Attorneys for Nassau County said in the lawsuit that the Long Island county has had to invest in health care and law enforcement as a result of the opioid addiction epidemic, and pay for training seminars for the overdose antidote naloxone.

The Facts

Opioid Addiction Affects All Ages, Races and Genders

(866) 268-0317 | NAPOLILAW.COM

360 LEXINGTON AVENUE, 11TH FLOOR, NEW YORK, NEW YORK 10017

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW

THIS CONTRACT IS SUBJECT TO ARBITRATION UNDER THE FEDERAL ARBITRATION ACT

CONTINGENCY FEE AGREEMENT

Mail or Fax to:

NAPOLI SHKOLNIK PLLC
2665 South Bayshore Drive, Suite 220
Coconut Grove, Florida 33133
Telephone: (212) 397-1000
Fax: (646) 843-7603

THE FERRARO LAW FIRM
The Ferraro Law Firm
Brickell World Plaza
600 Brickell Ave, Ste 3800
Miami, FL 33131
Tel: (305) 375-0111
Fax: (305) 379-6222

STULL, STULL & BRODY
6 East 45th Street
Fifth Floor
New York, NY 10017
Telephone: (212) 687-7230
Fax: (212) 490-2022

WHEREAS, the undersigned ("Client") agrees to retain the law offices of Napoli Shkolnik PLLC, The Ferraro Law Firm, and Stull, Stull & Brody (together, "Law Firm") (collectively, "Parties") as Client's attorneys in the prosecution of any legal claim against manufactures and distributors of opioids arising out of the manufacturers' and distributors' fraudulent and negligent marketing and distribution of opioids. The Parties specifically agree as follows:

1. **FEE PERCENTAGE:** As consideration for legal services rendered and to be rendered by the Attorneys in carrying out the purpose hereof, Client agrees to pay Law Firm 25% (twenty-five percent) of all amounts recovered. Further, if the action is certified as a class action, the law firm shall request an award of common benefit fees and compensation to be award within the discretion of the court irrespective of the stated retainer amount. Client assigns, and the Law Firm accepts and acquires as its fee, a proportionate interest in the subject matter of any claim, action, or suit instituted or asserted under the provisions of this

agreement. All, expenses and costs to be deducted before any contingent fee calculation and any liens and subrogation, are to be deducted after the contingent fee is calculated.

2. **DISBURSEMENTS:** The Law Firm shall be reimbursed all reasonable expenses associated with the legal services being rendered including, but not limited to, legal research, long distance telephone calls, fax, postage, copying, travel, litigation, and expert expenses. Costs shall also include, but not be limited to, any "MDL Assessment" imposed by any Multi-District Litigation ("MDL") Court or withheld from any settlement or favorable judgment by any defendant. In addition to the above listed individual costs, there will be common benefit costs. Common benefit costs are costs expended for the common benefit of a group of clients. For example, if a deposition of a defendant expert witness is taken in one case, and this deposition can be used for and/or benefits the claims of many other clients, these costs will be classified as common benefit costs. By using this common benefit cost system, no one client has to solely bear the costs which actually benefit the group as a whole, and many of the most substantial costs of litigation can be shared equally by all. Client grants a special privilege to the Law Firm for their professional fees, expenses, costs, interest, and loans, on all monies and properties recovered or obtained for Client. Client's repayment of costs and expenses is contingent on the outcome from any funds received on the claim in question.

3. **FINANCING OF CASE:** If the firm borrows money from any lending institution to finance the cost of the client's case, the amounts advanced by this firm to pay the cost of prosecuting or defending a claim or action or otherwise protecting or promoting the client's interest will bear interest at the highest lawful rate allowed by applicable law. In no event will the interest be greater than the amount paid by the firm to the lending institution.

4. **TAX ADVICE:** The Client understands that the Law Firm will not provide any advice regarding the tax consequences of accepting money from a settlement or award. CLIENT SHOULD CONTACT A TAX PROFESSIONAL REGARDING ANY TAX CONCERNS REGARDING ANY SETTLEMENT PRIOR TO THE SETTLEMENT.

5. **TERMINATION:** The Law Firm expressly reserves the right to withdraw its representation at any time upon reasonable notification to the Client, subject to applicable ethical rules, if any. Should the Client terminate the Law Firm, the Law Firm shall continue to be entitled to its legal fees on any and all sums recovered as a result of the claims.

6. **APPEALS:** The above contingency fee does contemplate an appeal.

7. **COUNTERCLAIMS:** The above contingency fee does not contemplate the Law Firm's representation of Client against any claims made by a person against the Clients. The Law Firm is under no duty to defend or prosecute any such claim or counterclaim until a satisfactory fee arrangement is made between the Parties and is reduced to writing regarding costs and attorneys' fees.

8. **STATUTE OF LIMITATIONS:** Client understands that the Statute of Limitations period for the case must be investigated and that this Agreement is made subject to that investigation as well as an investigation of the entire case. Client understands that statutes of limitation may have run on the case and agrees to hold the Law Firm harmless in the event the applicable statutes of limitation have run for any reason.

9. **NO GUARANTEE OF FINAL OUTCOME:** No attorney can accurately predict the outcome of any legal matter. Accordingly, the Law Firm makes no express or implied representations as to the final outcome of the matter(s) contemplated by this Agreement. Client further understands that Client must immediately report any changes in Client's address or telephone number to the Law Firm.

10. **APPROVAL NECESSARY FOR SETTLEMENT:** Client hereby grants the Law Firm power of attorney so that the Law Firm may have full authority to prepare, sign and file all legal instruments, pleadings, drafts, authorizations, and papers as shall be reasonably necessary to conclude the representation including settlement and/or reducing to possession any and all monies or other things of value due to Client under its claim as fully as the Client could do so. The Law Firm is also authorized and empowered to act as Client's sole negotiator in any and all negotiations concerning the subject of this Agreement.

11. **ASSOCIATION OF OTHER ATTORNEYS:** The Law Firm may, at its own expense, use or associate with other attorneys in the representation of the Client. Client understands that the Law Firm is a Professional Limited Liability Company with a number of attorneys. Several of those attorneys may work on Client's case.

12. **ASSOCIATE COUNSEL:** Another attorney may participate in the division of fees in this case and assume joint responsibility for the representation of Client, either in the event that the Law Firm retains associate counsel or in the event that Client later chooses new counsel, provided that the total fee to Client does not decrease as a result of the division of fees and that the attorneys involved have agreed to the division of fees and assumption of joint responsibility.

13. **CLASS ACTION:** Client understands that Attorneys may pursue a class action on behalf of Client and all others similarly situated and client specifically authorizes attorneys to do so. Client understands that Client may serve as a class representative and may be called upon to act in a representative capacity for those who are similarly situated. Client knows of no conflict that would cause Client to be inadequate representative and agrees to vigorously defend the interests of the class if called upon to do so.

14. **FLORIDA LAW TO APPLY:** This Agreement shall be construed under and in accordance with the laws of the State of Florida and the rights, duties and obligations of Client and of the Law Firm's representation of Client and the laws of the State of Florida shall govern regarding anything covered by this Agreement.

15. **ARBITRATION:** Any and all disputes, controversies, claims or demands arising out of or relating to (i) this Agreement; (ii) any provision of this Agreement; (iii) the provision of services by the Law Firm to Client; and (iv) the relationship between the Parties, whether in contract, tort or otherwise, at law or in equity, for damages or any other relief, shall be resolved by binding arbitration pursuant to the Federal Arbitration Act in accordance with the Commercial Arbitration Rules then in effect with the American Arbitration Association. Client shall not file a class action against at the Law Firm or seek to assert any claims or demands against the Law Firm by or through a class action, either as the named plaintiff or as a member of the class, but rather shall submit his/her claims or demands to binding arbitration. Any such arbitration proceeding shall be conducted in New York County, New York. This arbitration provision shall be enforceable in either federal or state court in New York County, New York, pursuant to the substantive federal laws established by the Federal Arbitration Act. Any party to any award rendered in such arbitration proceeding may seek a judgment upon the award and any Supreme Court in New York County, New York having jurisdiction may enter that judgment

16. **PARTIES BOUND:** This Agreement shall be binding upon and inure to the benefit of the Parties hereto and there respective heirs, executors, administrators, legal representative, successors and assigns.

17. **LEGAL CONSTRUCTION:** In case any one or more of the provisions contained in this Agreement shall for any reason be held invalid, illegal or unenforceable, such invalidity, illegality, or unenforceability shall not affect any other provisions hereof, and this Agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.

18. **PRIOR AGREEMENTS SUPERSEDED:** This Agreement constitutes the sole and only agreement of the Parties hereto and supersedes all prior understandings or written or oral agreement between the Parties respecting the within subject matter, if any.

Client certifies and acknowledges that Client has had the opportunity to read this Agreement. Client further affirms that Client has voluntarily entered into this Agreement, that Client has been advised that Client may seek legal counsel to review this Agreement before signing, and that Client is fully aware of the terms and conditions contained in this Agreement.

SIGNED AND ACCEPTED ON THIS _____day of_____, 2018

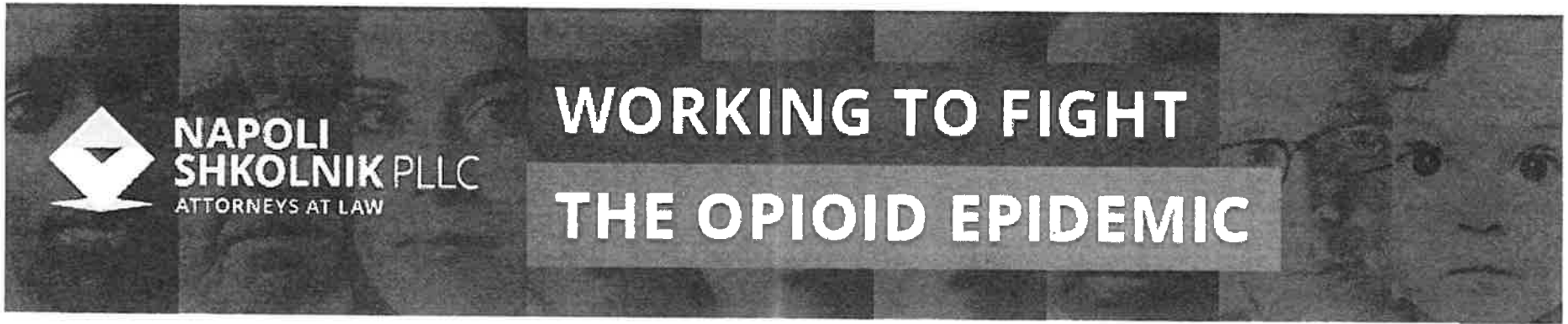
NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW

THIS CONTRACT IS SUBJECT TO ARBITRATION
UNDER THE FEDERAL ARBITRATION ACT

Print Client's Name:	**Napoli Shkolnik PLLC**
Signature:	**By:**
Address:	**The Ferraro Law Firm**
	By:
	STULL, STULL & BRODY
	By:

BREVARD COUNTY, FL

OPIOIDS INFO BOOK



NAPOLI SHKOLNIK PLLC

GOVERNMENT OPIOIDS COST RECOVERY PROGRAM

The Opioid Epidemic

The Opioid Epidemic

In 2015, over 300 million prescriptions were written for opioids, which is more than enough to give every American adult their own bottle of pills.[1]

- **Hydrocodone** (e.g., Vicodin)
- **Oxycodone** (e.g., OxyContin)
- **Oxymorphone** (e.g., Opana)
- **Methadone** (especially when prescribed for pain)

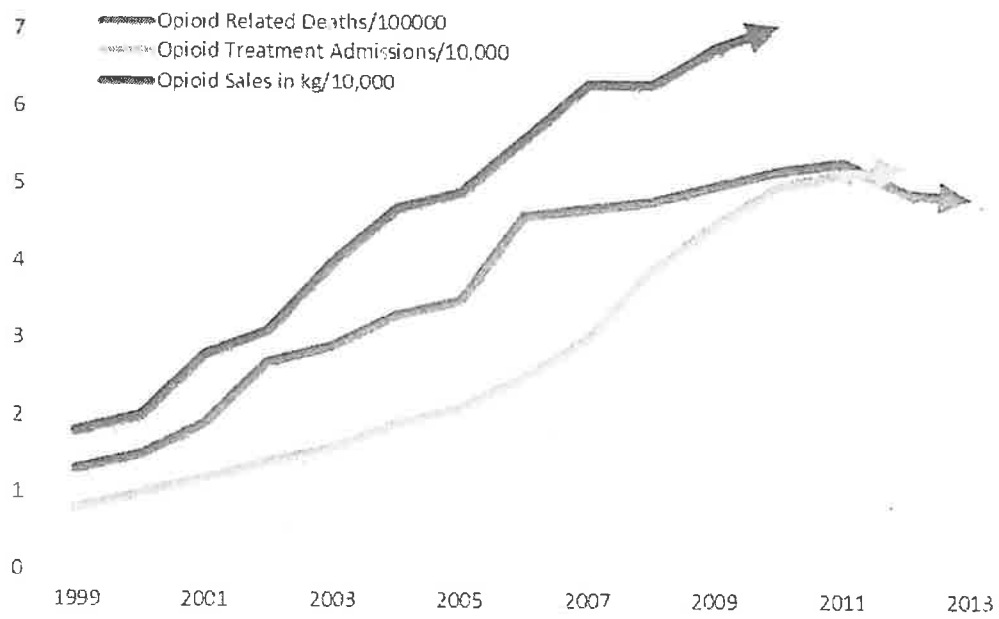
(1) Ameet Sarpatwari, Michael S. Sinha, Aaron S. Kesselheim, **"The Opioid Epidemic: Fixing a Broken Pharmaceutical Market"**, Harvard Law & Policy Review, Volume 11, Number 2 (Summer, 2017): pp. 463-484.

The Opioid Epidemic

Parallels of Opioid Sales with Opioid Treatment and Deaths

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW
Government Opioid Costs Recovery Program

- Opioids have claimed 175,000 lives from 1999-2013.
- In 2013 alone, 16,235 deaths attributed to opioid overdoses.
- **From 1999 to 2010, a 4-fold increases in opioid sales paralleled a more than 4-fold increase in prescription opioid overdose deaths.**



(1) Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2015 on CDC WONDER Online Database, released December, 2016. Data are from the Multiple Cause of Death Files, 1999-2015, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10.html on Jul 26, 2017. ICD-10 Codes: X40–X44, X60–X64, X85, and Y10–Y14

(2) Opioid sales, opioid treatment admissions, and opioid-related deaths. Sources: CDC Wonder, 2015; DEA ARCOS, 2015; TEDS, 2015

The Opioid Epidemic

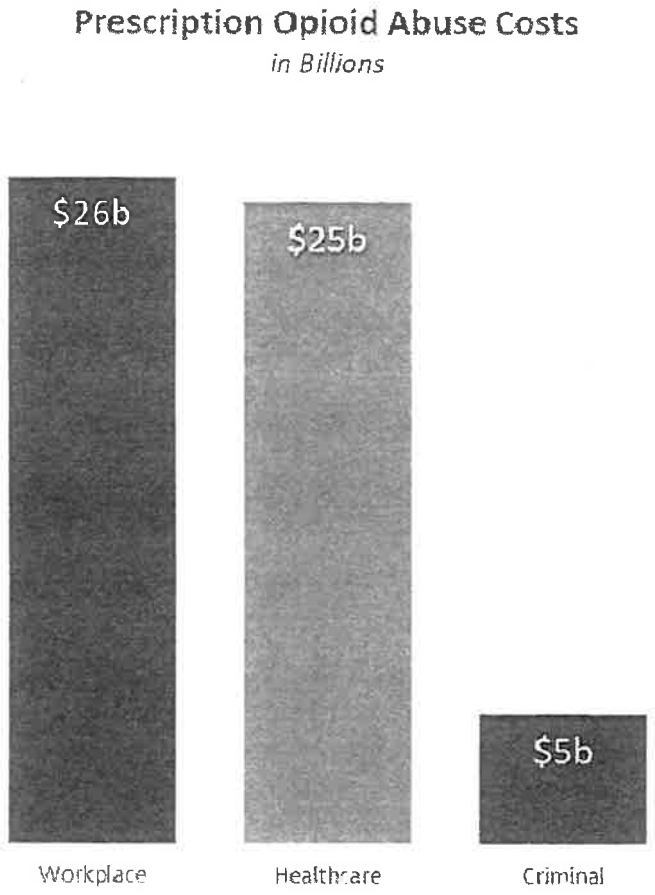
Costs of the Opioid Epidemic

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW
Government Opioid Costs Recovery Program

- In the United States, prescription opioid abuse costs are about **$55.7 billion annually**[1]

  Of this amount:

  – 46% is attributable to workplace costs (e.g., lost productivity): $26 Billion
  – 45% to healthcare costs (e.g., abuse treatment): $25 Billion
  – 9% to criminal justice costs: $5 Billion



(1) Data Source: CDC, Prescription Drug Overdose data.

The Opioid Epidemic

Studies Show: Heroin Use is Tied to Prescription Opioid Abuse

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW
Government Opioid Costs Recovery Program

- **Prescription opioid abuse precedes heroin use** by an average of 2 years[1]
- **Frequent prescription opioid users** are **more likely to switch to heroin**[2]
- **Abuse of prescription opioids** has been **associated with a 40-fold increased risk** of dependence on or **abuse of heroin**[2]

  Fundamentally, prescription opioids and heroin are each elements of a larger epidemic of opioid-related disorders and death. Viewing them from a unified perspective is essential to improving public health. The perniciousness of this epidemic requires a multipronged interventional approach that engages all sectors of society[3]. ***(Compton, et al, 2016)***

(1) Suryaprasad AG, White JZ, Xu F, et al. Emerging epidemic of hepatitis C virus infections among young nonurban persons who inject drugs in the United States, 2006-2012. Clin Infect Dis. 2014;59(10):1411-1419.
(2) Jones CM, Logan J, Gladden RM, Bohm MK. Vital signs: demographic and substance use trends among heroin users – United States, 2002-2013. Morbidity and Mortality Weekly Report (MMWR). Atlanta, GA: Centers for Disease Control and Prevention; 2015.
(3) Wilson M. Compton, M.D., M.P.E., Christopher M. Jones, Pharm.D., M.P.H., and Grant T. Baldwin, Ph.D., M.P.H. N Engl J Med 2016; 374:154-163January 14, 2016DOI: 10.1056/NEJMra1508490

The Opioid Epidemic

1 in 12 Doctors Being Paid by Pharmaceuticals Marketing Opioids

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW
Government Opioid Costs Recovery Program

- **1 in 12 Doctors Being Paid by Pharmaceuticals Marketing Opioids:**[1]
  - From 2013 to 2015 - more than **375,000** non-research opioid-related payments were made to more than **68,000** physicians, totaling more than **$46 million**
- **The Top 1% of Physicians Received 83% of the Payment**
- **Family and General Practice Physicians received the most payments** (almost 1 in 5)

(1) Scott E. Hadland, Maxwell S. Krieger, Brandon D. L. Marshall, **"Industry Payments to Physicians for Opioid Products, 2013–2015"**, American Journal of Public Health 107, no. 9 (September 1, 2017): pp. 1493-1495.
DOI: 10.2105/AJPH.2017.303982
PMID: 28787210

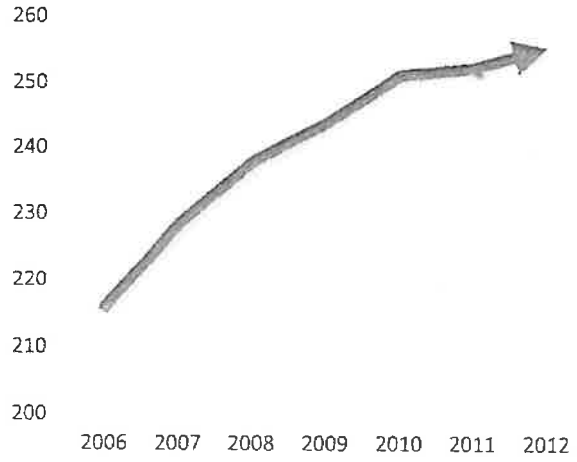
The Opioid Epidemic

Over Prescription of Opioids a 'Fundamental Cause'

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW
Government Opioid Costs Recovery Program

- **Opioid prescriptions rose 104% from 2000 to 2010[1]**
- **300 million prescriptions for opioids were written in 2015 alone**
  - More than one for every US adult
- **Surge in prescriptions may be traced back to undertreatment of chronic pain in the 1980s and 1990s**
  - Many prominent physicians urged usage of opioids for pain – some stating that the risk of misuse and addiction was low
  - 1995 – Purdue Pharma received FDA approval for extended release OxyContin
  - Intensive marketing and limited policing of fraudulent activity leads to 'blockbuster' success for Purdue, OxyContin and other major opioids

Total Prescribed Opioids in the US[2]
(2006-2012 in Millions)



(1) Ameet Sarpatwari, Michael S. Sinha, Aaron S. Kesselheim, "The Opioid Epidemic: Fixing a Broken Pharmaceutical Market", Harvard Law & Policy Review, Volume 11, Number 2 (Summer, 2017): pp. 463-484.
(2) Source for all prescribing data: QuintilesIMS Transactional Data Warehouse (TDW) 2006–2016. Accessed at https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html

The Opioid Epidemic

The OxyContin Blockbuster

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW

Government Opioid Costs Recovery Program

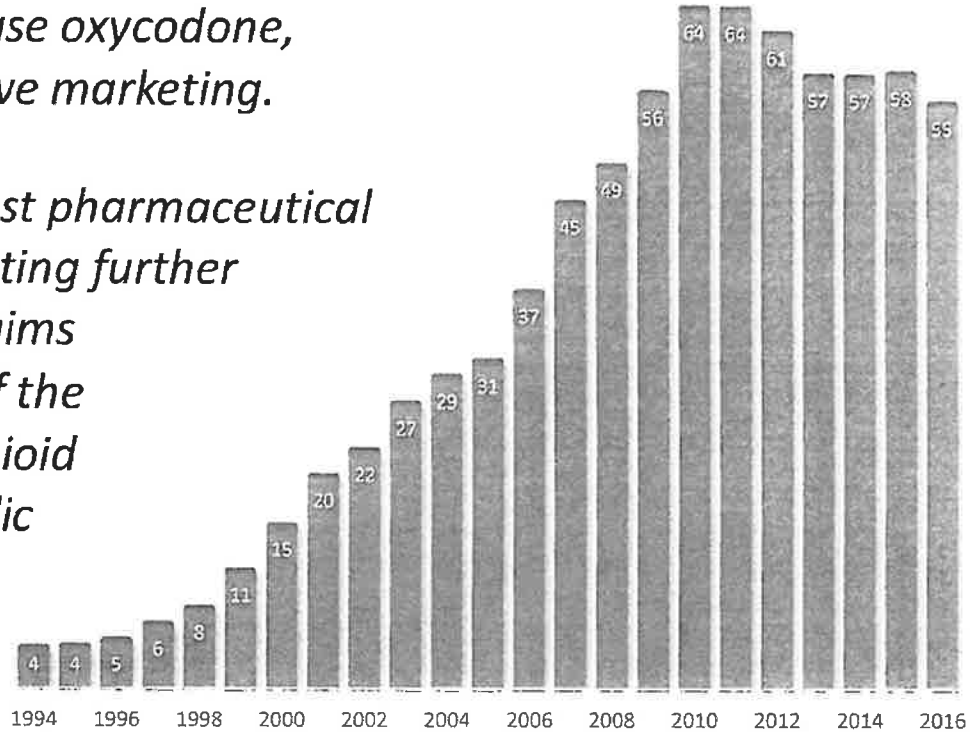
"Purdue's success was attributable in part to low patenting standards that enabled the company to secure and extend market exclusivity for extended-release oxycodone, providing motivation for its aggressive marketing.

*A history of tepid enforcement against pharmaceutical companies engaging in illegal marketing further incentivized Purdue to make false claims about the safety and effectiveness of the drug. Both practices helped drive opioid overuse and misuse, with tragic public health consequences."**

*Ameet Sarpatwari, Michael S. Sinha, Aaron S. Kesselheim, **"The Opioid Epidemic: Fixing a Broken Pharmaceutical Market"**, Harvard Law & Policy Review, Volume 11, Number 2 (Summer, 2017): pp. 463-484.

Oxycodone

Distribution and Consumption in Metric Tonnes [1,2]



(1) US Department of Justice. Automation of Reports and Consolidated Orders System (ARCOS). Springfield, VA: US Department of Justice, Drug Enforcement Administration; 2017. Available at http://www.deadiversion.usdoj.gov/arcos/index.html. Accessed July 25, 2017.
(2) International Narcotics Control Board; World Health Organization population data By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2017

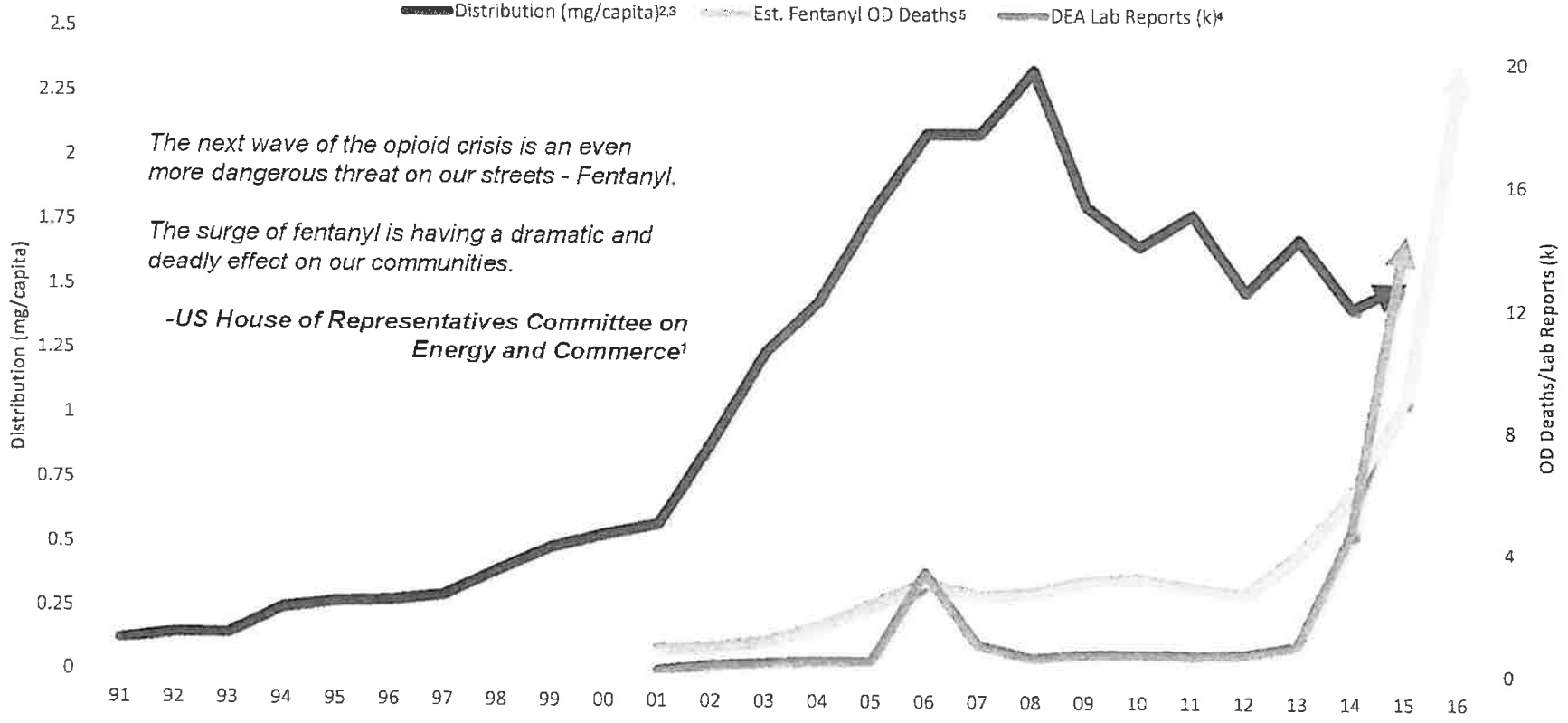
The Opioid Epidemic

Fentanyl & The Next Wave of the Opioid Epidemic

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW

Government Opioid Costs Recovery Program

Fentanyl Distribution vs. Impact on the Street



(1) Fentanyl: The Next Wave of the Opioid Crisis, Hearing Before the Subcommittee on Oversight and Investigations of the Committee on Energy and Commerce, United States House of Representatives, 115th Congress, 1st Session, 3-21-17
(2) Data Source: US Department of Justice. Automation of Reports and Consolidated Orders System (ARCOS). Springfield, VA: US Department of Justice, Drug Enforcement Administration; 2017.
(3) Data Source 2: International Narcotics Control Board; World Health Organization population data By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2017
(4) U.S. Drug Enforcement Administration, Diversion Control Division. (2017). NFLIS Brief: Fentanyl, 2001–2015. Springfield, VA: U.S. Drug Enforcement Administration.
(5) Source: National Center for Health Statistics, Centers for Disease Control and Prevention

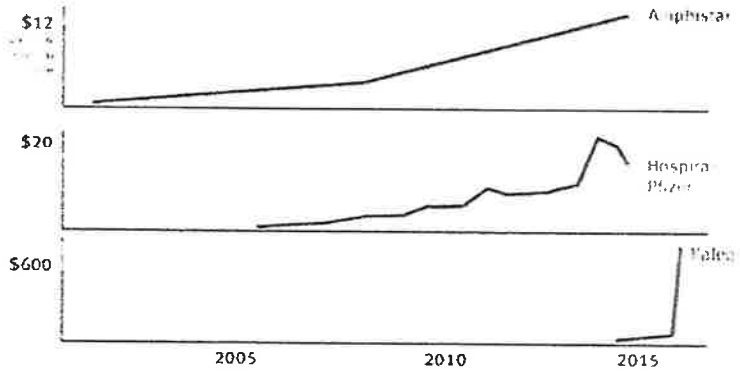
The Opioid Epidemic

Taxpayers Footing the Bill – Naloxone Costs & Distribution

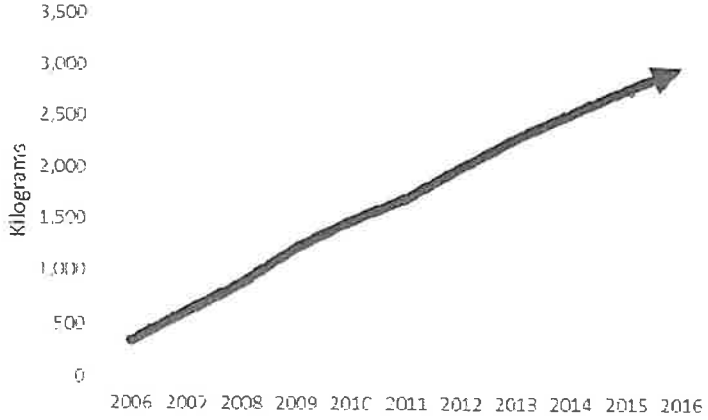
NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW
Government Opioid Costs Recovery Program

- **State, County and City programs to help individuals battling opioid abuse are needed, but can also further enable the opioid epidemic**
  - First responders, law enforcement or others are being trained how to administer Buprenorphine/Naloxone (Narcan), the lifesaving antidote which is used to block the effects of opioids, especially in overdose
  - The increasing demand Narcan has led to pharmaceutical companies drastically increasing the price
  - Taxpayer funds are used to pay for Narcan, while both prices and pharmaceutical profits are sharply on the rise

Between 2005 - 2015 pharmaceutical companies have drastically increased prices for naloxone products. Prices continue to rise today.



Annual Narcan Distribution in kg[1]

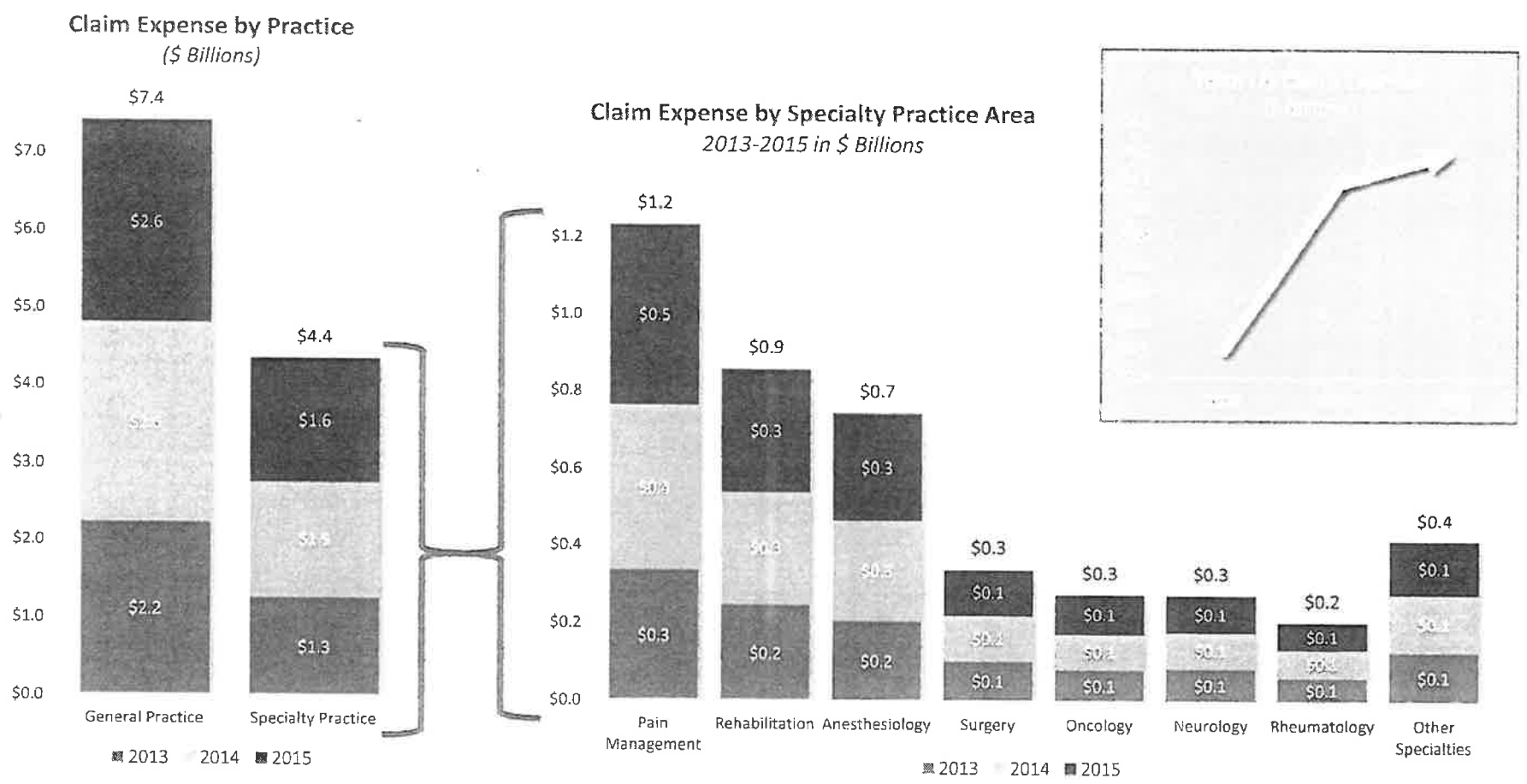


(1) US Department of Justice. Automation of Reports and Consolidated Orders System (ARCOS). Springfield, VA: US Department of Justice, Drug Enforcement Administration; 2017.
(2) Truven Health Analytics

The Opioid Epidemic

Medicare Part D Prescription Claim Costs on the Rise[1]

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW
Government Opioid Costs Recovery Program



(1) Medicare Provider Utilization and Payment Data: Part D Prescriber Public Use File (PUF). Centers for Medicare & Medicaid Services (CMS)
General Practice coded Specialties: Emergency Medicine, Family Practice, Family Medicine, General Practice, Internal Medicine, Pediatric Medicine, Physician Assistant

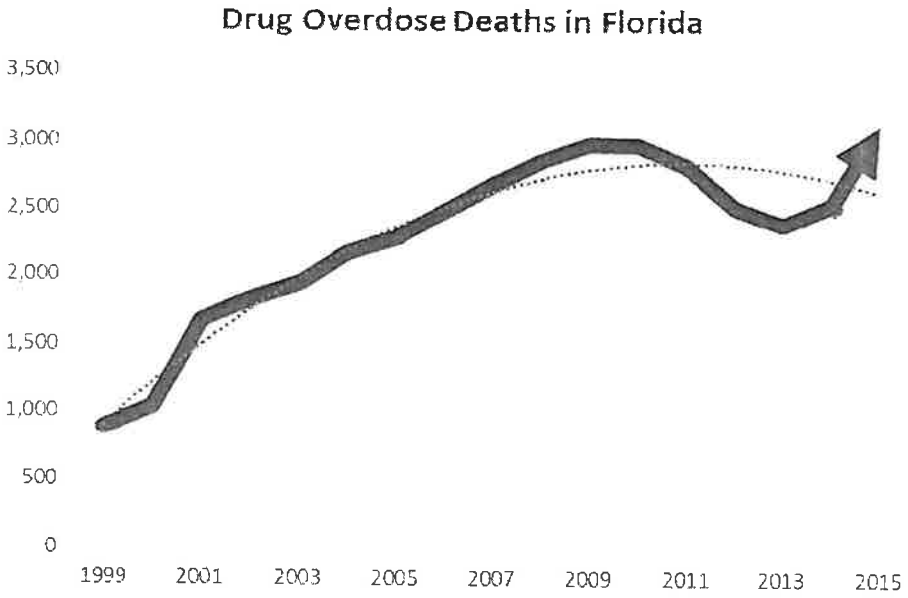
Opioids in Florida

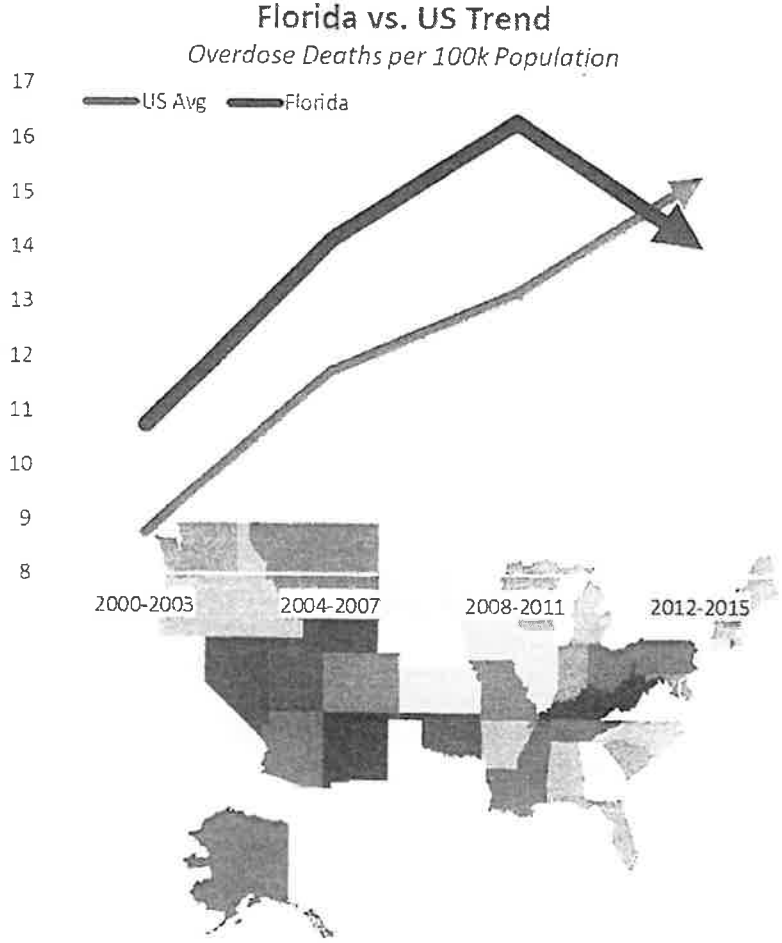
Drug Overdoses in Florida

Long term trend

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW

Government Opioid Costs Recovery Program





- Florida overdose death rates had decreased from 2010 to 2013, however are rebounding in recent years
- Overdose death rates were 20-25% higher than US average rate until 2012-2015 period

*Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2015 on CDC WONDER Online Database, released December, 2016. Data are from the Multiple Cause of Death Files, 1999-2015, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10.html on Jul 26, 2017. ICD-10 Codes: X40–X44, X60–X64, X85, and Y10–Y14

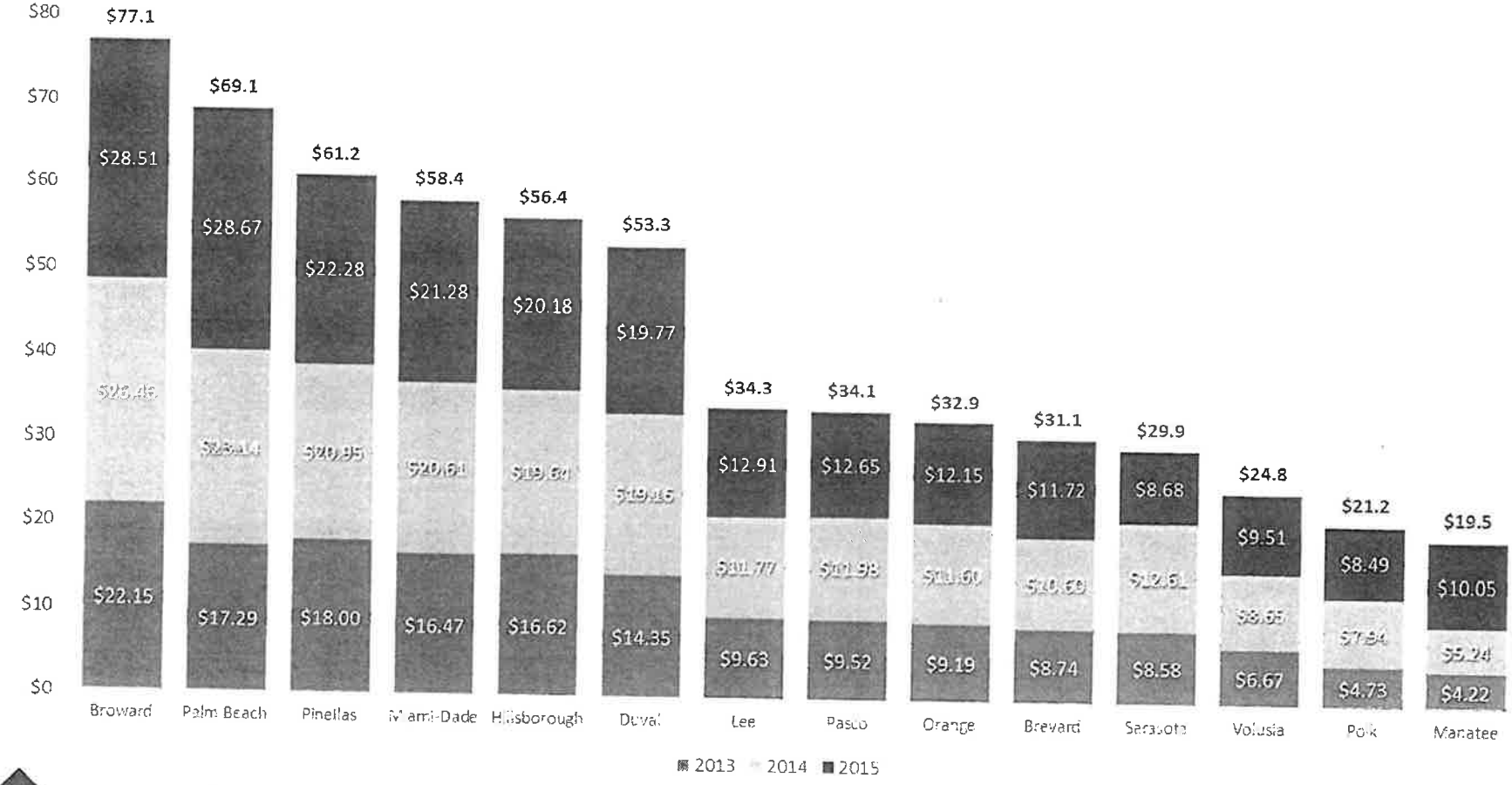
Dispensed Opioids in Florida

Medicare Part D Prescription Claims

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW
Government Opioid Costs Recovery Program

Medicare Part D - Prescription Claim Expense

2013-2015 by County in $ Millions

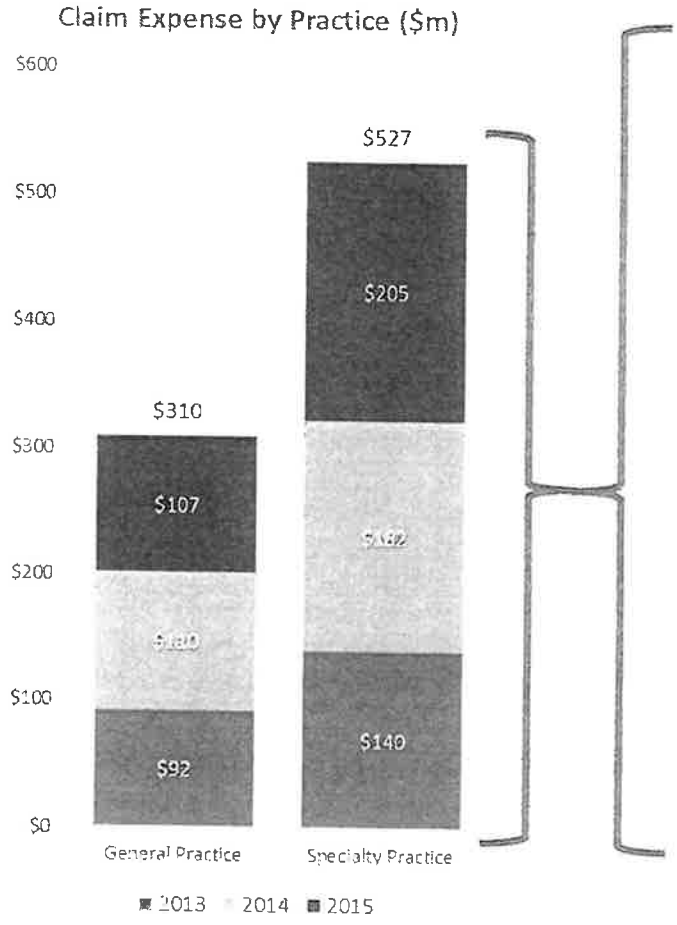


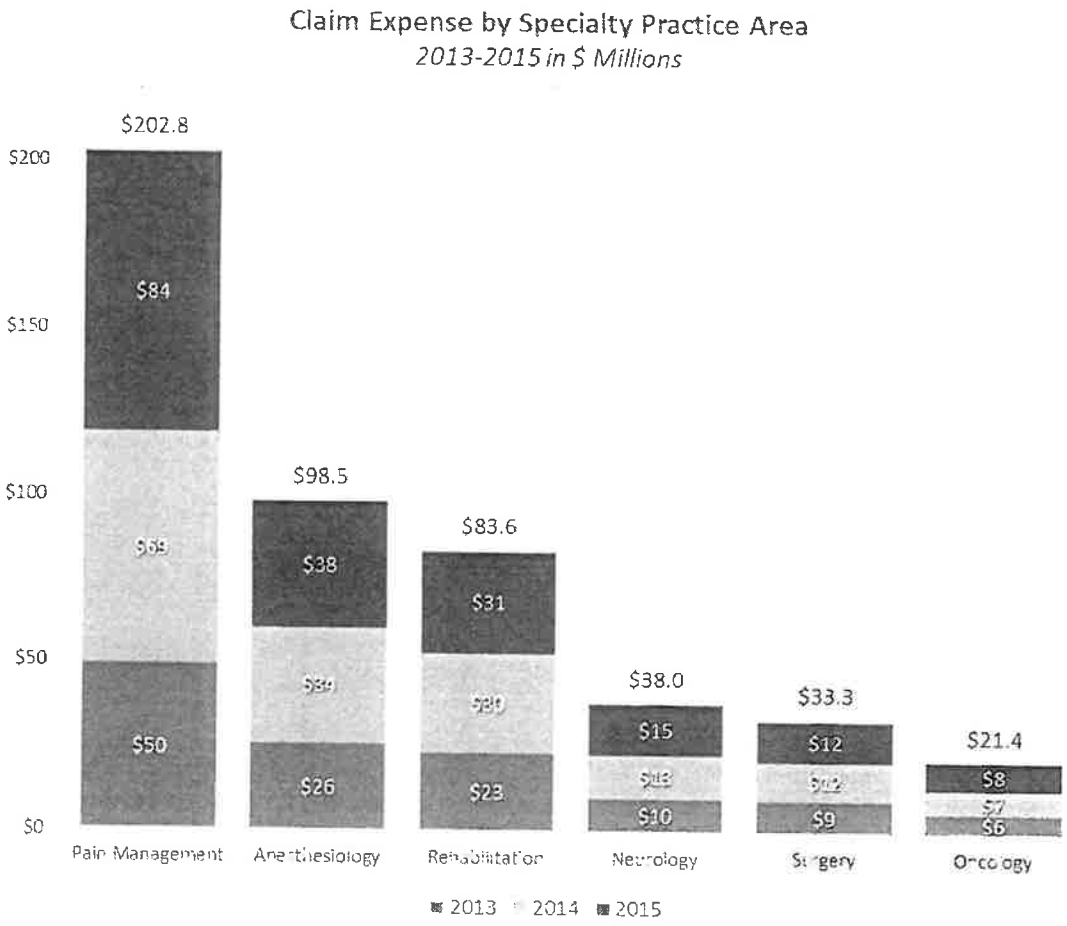
Data Source: Medicare Provider Utilization and Payment Data: Part D Prescriber Public Use File (PUF). Centers for Medicare & Medicaid Services (CMS)

Dispensed Opioids in Florida

Medicare Part D Prescription Claims

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW
Government Opioid Costs Recovery Program



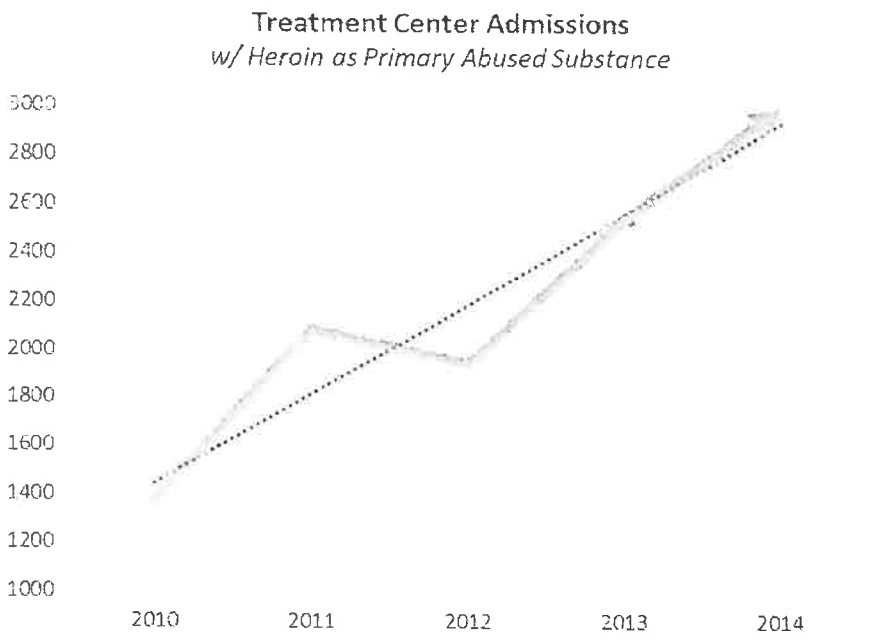


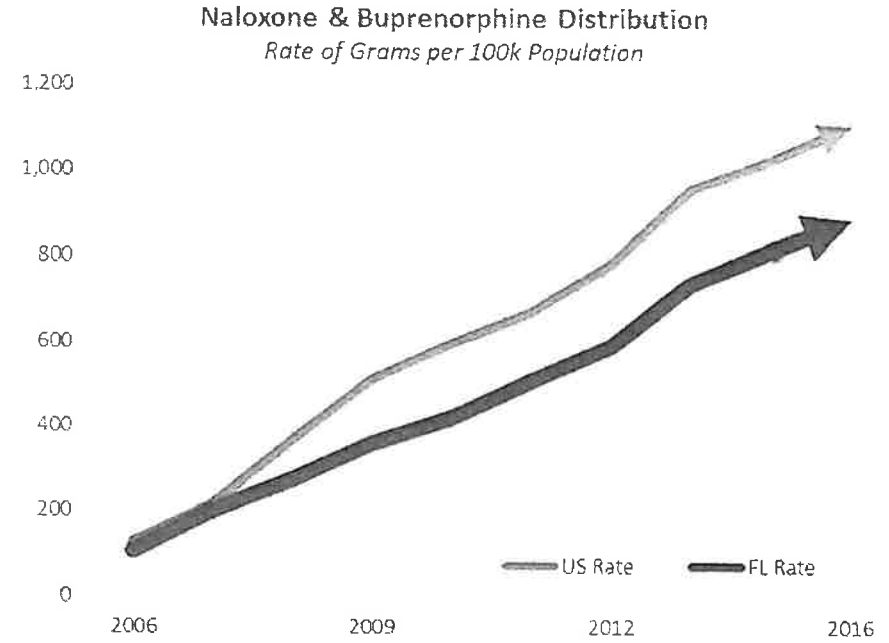
Data Source: Medicare Provider Utilization and Payment Data: Part D Prescriber Public Use File (PUF). Centers for Medicare & Medicaid Services (CMS)
General Practice coded Specialties: Emergency Medicine, Family Practice, Family Medicine, General Practice, Internal Medicine, Pediatric Medicine, Physician Assistant

Florida Opioid Related

Treatment Center Admissions

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW
Government Opioid Costs Recovery Program





- Treatment Admissions for Heroin have varied, however have seen a strong two-fold increase overall since 2010
- The increased distribution of Naloxone/Buprenorphine is indicative of the striking need for overdose prevention despite being below US average rates in latest years

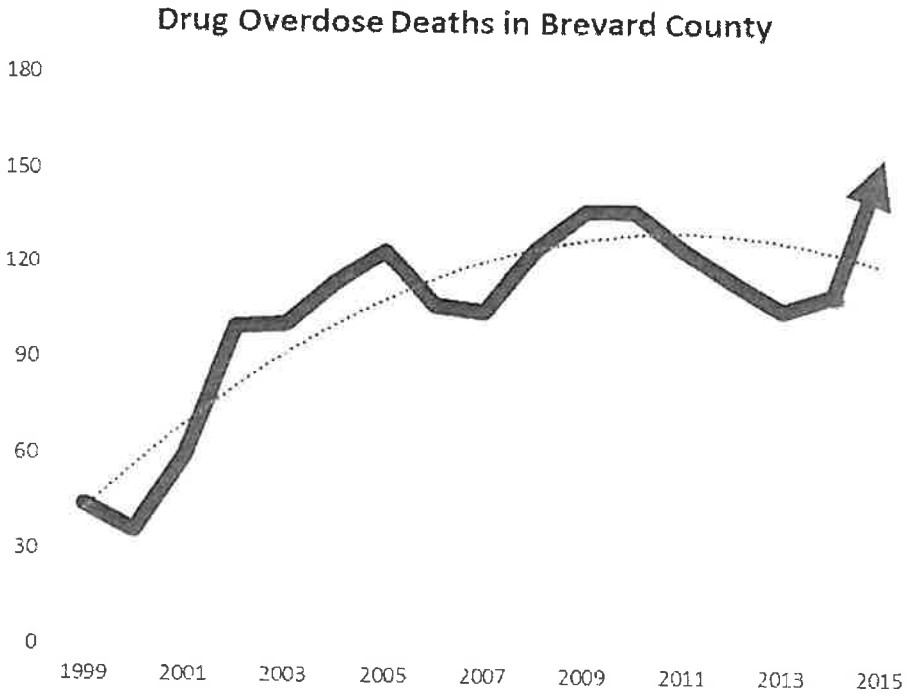
Data Source 1: Substance Abuse and Mental Health Services Administration (SAMHSA). Treatment Episode Data Set: Admissions (TEDS-A) 2017. Available at https://datafiles.samhsa.gov/study-series/treatment-episode-data-set-admissions-teds-nid13518. Accessed July 27, 2017.

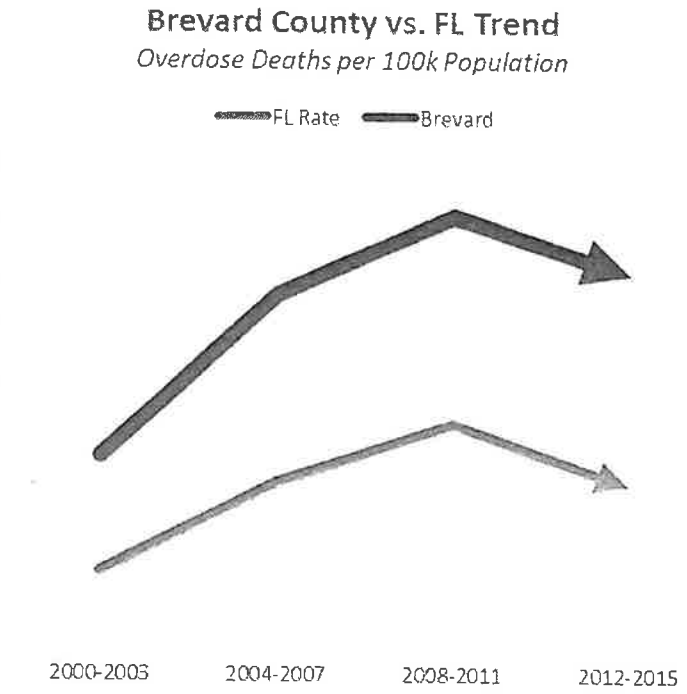
Data Source 2: US Department of Justice. Automation of Reports and Consolidated Orders System (ARCOS). Springfield, VA: US Department of Justice, Drug Enforcement Administration; 2017. Available at http://www.deadiversion.usdoj.gov/arcos/index.html. Accessed July 25, 2017.

Opioids in Brevard County

Drug Overdoses in Brevard County

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW
Government Opioid Costs Recovery Program





◊ Overdose death rates in Brevard County parallel the state trend, but are 50% higher on average

*Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2015 on CDC WONDER Online Database, released December, 2016. Data are from the Multiple Cause of Death Files, 1999-2015, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10.html on Jul 26, 2017. ICD-10 Codes: X40–X44, X60–X64, X85, and Y10–Y14

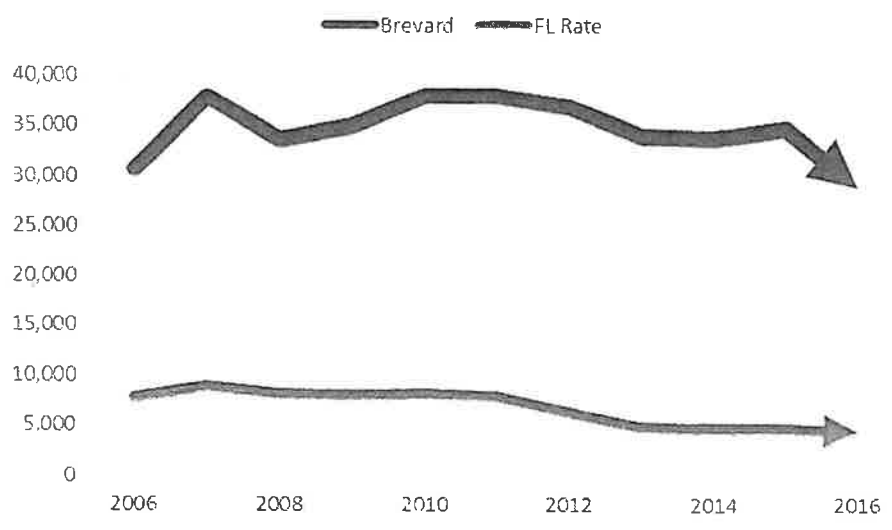
Dispensed Opioids in Brevard County

Methadone, Naloxone & Buprenorphine

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW
Government Opioid Costs Recovery Program

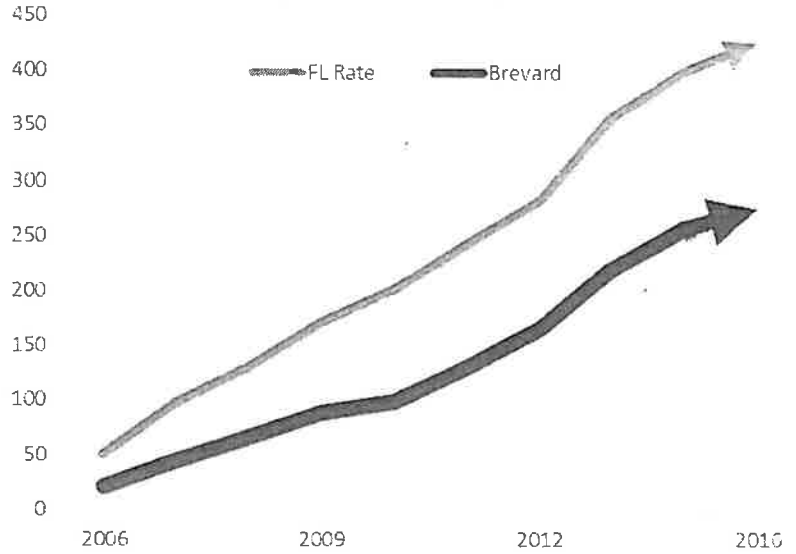
Methadone Distribution

Rate of Grams per 100k Population



Naloxone & Buprenorphine Distribution

Rate of Grams per 100k Population



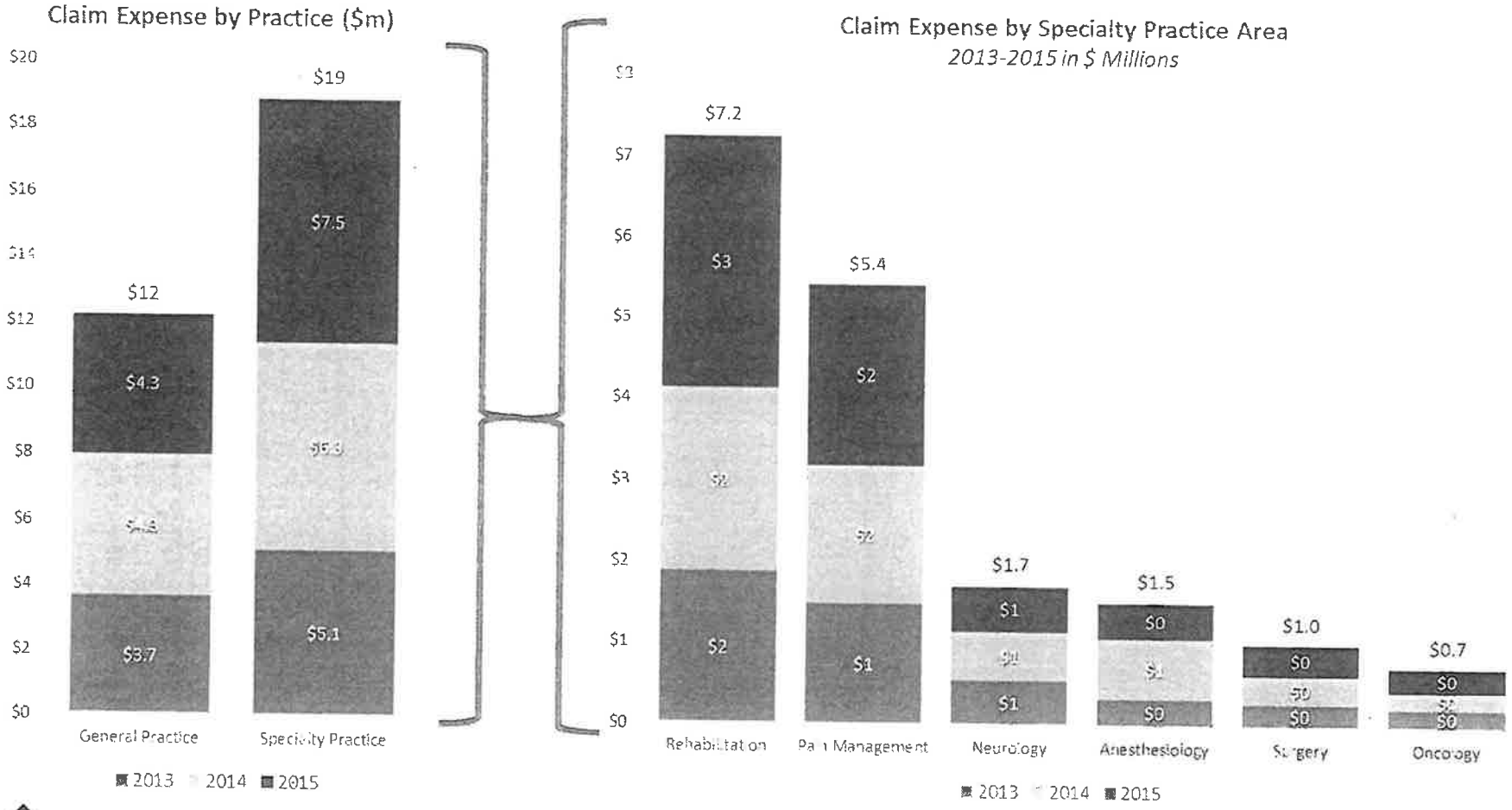
- Reliance and usage of Methadone has remained largely flat in Brevard County since 2006
- The increased distribution of Naloxone/Buprenorphine in Brevard County is indicative of the continued need for overdose prevention despite a 40-50% lower rate and trend than Florida overall

Data Source 2: US Department of Justice. Automation of Reports and Consolidated Orders System (ARCOS). Springfield, VA: US Department of Justice, Drug Enforcement Administration; 2017. Available at http://www.deadiversion.usdoj.gov/arcos/index.html. Accessed July 25, 2017.

Dispensed Opioids in Brevard County

Medicare Part D Prescription Claims

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW
Government Opioid Costs Recovery Program



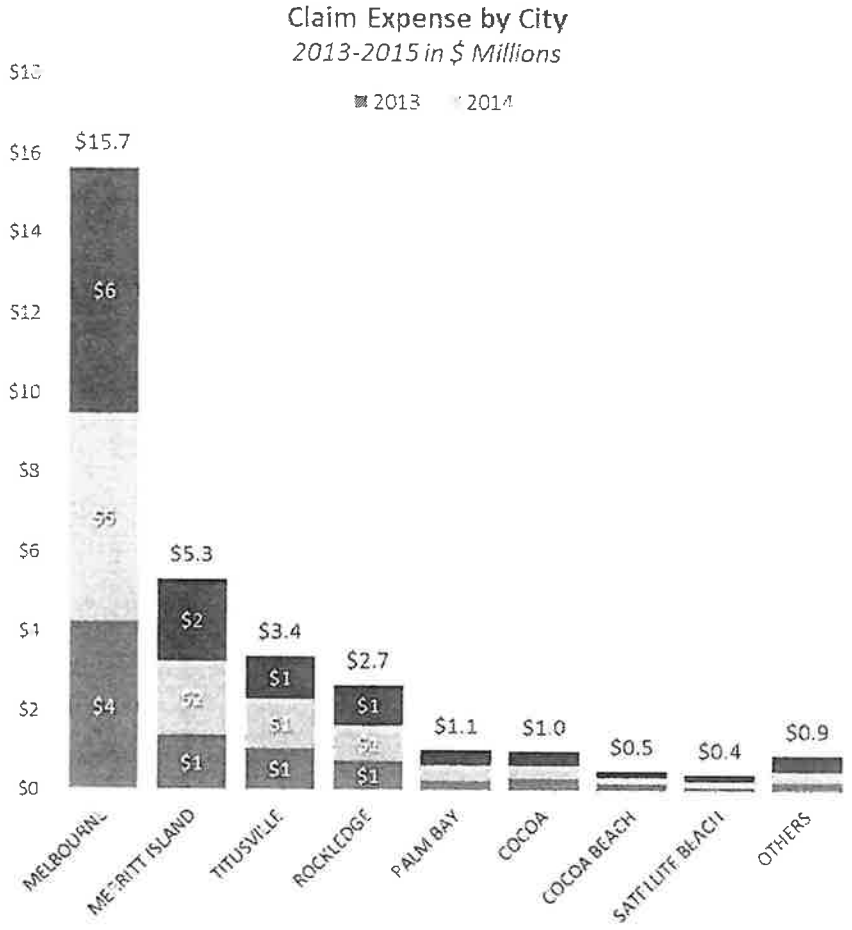
Data Source: Medicare Provider Utilization and Payment Data: Part D Prescriber Public Use File (PUF). Centers for Medicare & Medicaid Services (CMS)
General Practice coded Specialties: Emergency Medicine, Family Practice, Family Medicine, General Practice, Internal Medicine, Pediatric Medicine, Physician Assistant

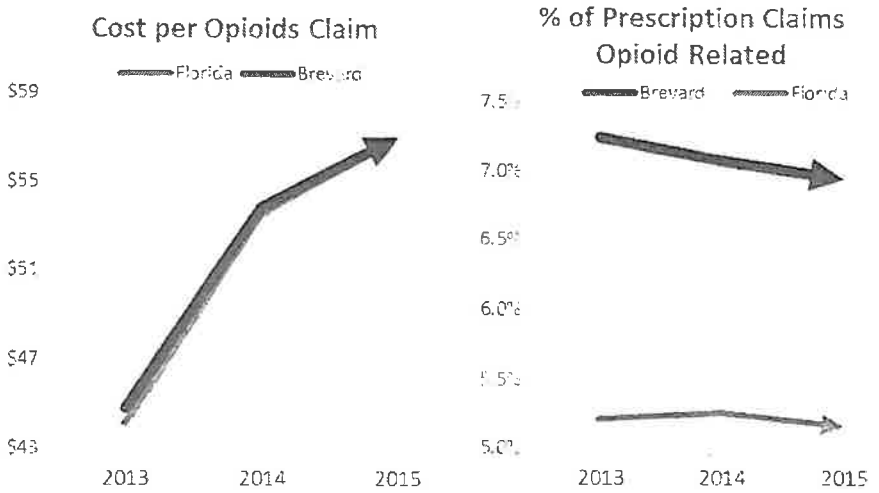
Dispensed Opioids in Brevard

Medicare Part D Prescription Claims

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW

Government Opioid Costs Recovery Program





- Cost per claim in Brevard was nearly exact matching the Florida rate, and is rising on average since 2013
- % of claims that were Opioid related has remained about 50% higher than the state rate since 2013
- Melbourne has the highest Opioid Claim expense and represents nearly 50% of the total for the county

Data Source: Medicare Provider Utilization and Payment Data: Part D Prescriber Public Use File (PUF). Centers for Medicare & Medicaid Services (CMS)

Why Brevard County?

Why Should Brevard County File a Lawsuit?

County Cause of Action is Preferable to Waiting for the State

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW
Government Opioid Costs Recovery Program

- We believe that the effects of the opioid epidemic have been felt strongly at the County level
- Counties have experienced significant financial costs that are separate and distinct from the State
- The goal of a lawsuit on behalf of the County individually would be to leave the power of accepting a settlement and distribution of any recovery to the County, as opposed to giving control to the State

Previous Significant Fines

Purdue
$635 M
For OxyContin

- **Purdue:**
  - $634.5 Million - Fined (2007) for claiming the drug was less addictive and less subject to abuse
- **McKesson**
  - $150 Million – Fined (2017) for failure to report suspicious orders of drugs

McKesson
$150 M

- **Cardinal Health**
  - $44 Million – Fined (2016) for failure to report suspicious orders of drugs

Cardinal Health
$44 M

- **Amerisourcebergen**
  - $16 Million – Fined (2016) for failure to report suspicious orders of drugs

Amerisourcebergen
$16 M

Why Should Brevard County File a Lawsuit?

Previous Manufacturer or Distributor Settlements

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW
Government Opioid Costs Recovery Program

Substantial Settlements Underway

Purdue
$24 M
For OxyContin
Settlement with State of Kentucky

Purdue
$4 M
For OxyContin
Settlement with Pike County, KY

Galena
$7.5 M
For Paid Kickbacks to Doctors

Teva
$1.6 M
Settlement with Two Counties in California

Endo
$200k
Settlement w/ State of New York

- **Purdue:**
  - **$24 Million – (2013)** Settlement with State of Kentucky, accused of misleading the public about the addictiveness of OxyContin
  - **$4 Million – (2013)** Settlement with Pike County, KY, accused of misleading the public about the addictiveness of OxyContin
- **Galena Biopharma - $7.5 Million** – (2017) Resolved settlement paid kickbacks to doctors in exchange for prescribing fentanyl-based Abstral
- **Teva - $1.6 Million – (2017)** Santa Clara and Orange County, California alleging misleading marketing practices
- **Endo - $200,000 – (2016)** Settlement w/ NY State for misleading marketing around the risks associated with Opana ER

The Napoli Shkolnik Difference

We're Representing Municipalities Across the Country

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW

Government Opioid Costs Recovery Program

- **Napoli Shkolnik has the means to take on large pharmaceutical manufacturers and distributors**
- **We are representing many municipalities across the country and signing up more every day**

New York
- Cattaraugus County
- Chautauqua County
- Chemung County
- Chenango County
- Clinton County
- Essex County
- Genesee County
- Hamilton County
- Livingston County
- Madison County
- Nassau County
- Niagara County
- Orleans County
- Putnam County
- Rensselaer County
- Saratoga County
- Schoharie County
- Schuyler County
- Steuben County
- Tioga County
- Tompkins County
- Yates County

Maine
- City of Auburn
- City of Bangor
- City of Biddeford
- City of Lewiston
- City of Portland
- City of Waterville

Ohio
- City of Broadview Hts
- City of Dayton
- City of Lorain
- City of Parma
- City of Toledo
- City of Warren
- Ashtabula County
- Cuyahoga County
- Harrison County
- Jefferson County
- Lake County
- Lorain County
- Sandusky County
- Trumbull County
- Richland County Children's Svcs

New Hampshire
- City of Manchester
- City of Nashua

Pennsylvania
- York County

New Jersey
- Borough of Richland
- City of Saddle Brook

Maryland
- Prince George County
- Seat Pleasant

Kentucky
- Floyd County
- Knott County
- Pike County

Tennessee
- Shelby County

West Virginia
- Brooke County
- Hancock County
- Harrison County
- Lewis County
- Marshall County
- Ohio County
- Randolph County
- Tyler County
- Wetzel County

New Mexico
- Mora County
- Rio Arriba County

Alabama
- Jefferson County

Georgia
- DeKalb County
- Fulton County
- Henry County
- Rockdale County

Texas
- City of Eagle Pass
- City of Laredo, TX
- Maverick County

Louisiana
- City of Shreveport
- Terrebonne County

Florida
- Osceola County

The Napoli Shkolnik Difference

Our Investment in the Government Opioid Costs Recovery Program

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW
Government Opioid Costs Recovery Program

- The Napoli Shkolnik investment into the **Government Opioid Costs Recovery Program** is a risk we take because we care and believe that we can be successful
- Most firms cannot invest what is required to be successful in similar national litigation
- Many firms do not have the resources to properly calculate your damages, and that can be disastrous if your County does not get a full return on the damages rightfully owed
- Napoli Shkolnik is committed to utilizing every resource in order to achieve a win for Brevard County

The Napoli Shkolnik Difference

National Opioid Litigation Leadership

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW
Government Opioid Costs Recovery Program

Hunter Shkolnik has been appointed to the Executive Committee of the National Opioid Multidistrict Litigation by Judge Polster of the Northern District of Ohio.

Paul J. Napoli was selected by Justice Jerry Garguilo to be **co-lead counsel** for all the New York State County opioid litigations, brought by many New York Counties. The lawsuits are all being coordinated in our home County of Suffolk.

Cause of Action

Defendants

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW
Government Opioid Costs Recovery Program

- **Manufacturers and marketers of prescription opioids include:**
  - **Purdue Pharma;**
    - Purdue Pharma L.P.;
    - Purdue Pharma Inc.;
    - Purdue Frederick Company, Inc.;
  - **Teva Pharmaceuticals USA, Inc.;**
    - Cephalon, Inc.;
  - **Johnson & Johnson;**
    - Janssen Pharmaceuticals, Inc.;
    - Janssen Pharmaceutical, Inc. n/k/a Janssen Pharmaceuticals, Inc.;
    - Ortho-McNeil-Janssen Pharmaceuticals, Inc. n/k/a Janssen Pharmaceuticals, Inc.;
  - **Endo Health Solutions Inc.;**
    - Endo Pharmaceuticals, Inc.;
  - **Insys Therapeutics**
  - **Allergan plc f/k/a Actavis plc;**
    - Actavis, Inc. f/k/a Watson Pharmaceuticals, Inc.;
    - Watson Laboratories, Inc.; and
    - Actavis LLC; and Actavis Pharma, Inc. f/k/a Watson Pharma, Inc.
- **Distributors of prescription opioids include:**
  - McKesson Corporation;
  - Cardinal Health Inc.; and
  - Amerisource Drug Corporation

Claims

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW
Government Opioid Costs Recovery Program

- Violations of Consumer Protection Act/Fair Business Practices
- Violations of State Controlled Substances Act
- Public Nuisance
- Negligence
- Fraud
- Unjust Enrichment

Claims as to the Manufacturers

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW
Government Opioid Costs Recovery Program

- Falsely and fraudulently marketing opioids pain medications as safe and non-addictive
- Failing to perform proper long term studies regarding the effects of their drugs
- Generally, creating a false perception of the safety and efficacy of opioids in the medical community

Claims as to the Distributors

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW

Government Opioid Costs Recovery Program

- Defendants' conduct in failing to report suspicious orders as required by law
- Defendants' conduct in dispensing, supplying and/or selling prescription opioids without adequate safeguards to prevent diversion
- Conduct proximately caused injury to the County and its citizens

Relief Sought

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW

Government Opioid Costs Recovery Program

- Civil Penalties
- Treble damages
- Compensatory damages
- Punitive damages
- Attorneys' fees and costs

Working Together

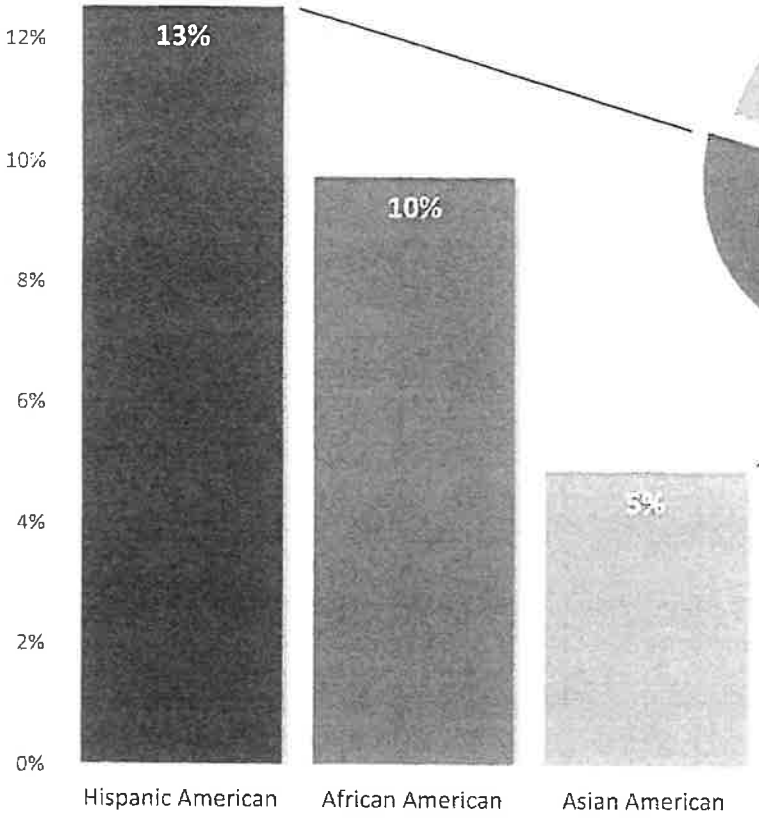
To Fight the Opioid Epidemic

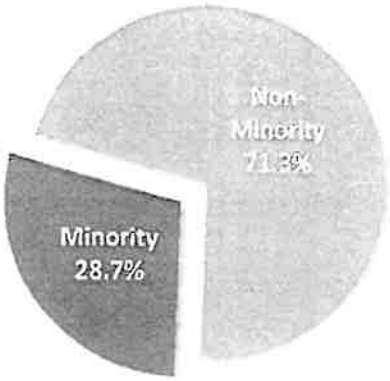
About Napoli Shkolnik

Commitment to Diversity and Inclusion

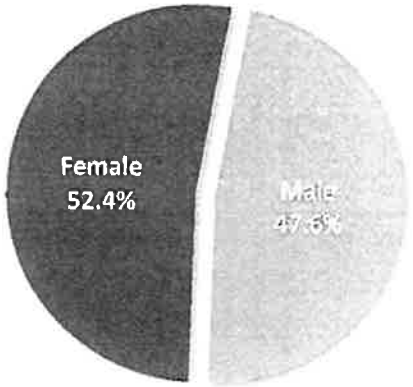
NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW
Government Opioid Costs Recovery Program

Minority Employees
As % of Total Staff





Employee Gender
As % of Total Staff



- **Napoli Shkolnik is committed to diversity, equity and inclusion at all levels and in every action**
- Our embrace of diversity, equity, and inclusion fosters engagement with expansive and varied points of view and enables true ongoing transformation of our practice

About Napoli Shkolnik

Opioid Related Media Appearances

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW

Government Opioid Costs Recovery Program

Television

Partner Marie Napoli in an ABC 7 Eyewitness News Exclusive: *The Opioid Epidemic.*

Opioid Litigation Lead Attorney Salvatore Badala on AlJazeera English.

Joseph Ciaccio, Lead Attorney in Opioid Lawsuits, speaks with Fios News 1.

Print

Community budgets are stretched to the breaking point by the surge in addictions, overdoses and crime, which can be traced back to opioid abuse. "All these unexpected costs are crashing down on cities and leaving them scrambling to shift money around to keep things going," Hunter Shkolnik told Bloomberg News.

Lead attorney Salvatore Badala spoke with the New York Daily News, the legal battle could take years but Badala said, "...these pharmaceutical companies are profiting hand over fist. We're talking about a billion-dollar industry." He added, "We're in this for the long haul, and so is the county. We're going to fight hard until the end."

As the New Hampshire Union Leader reported, the alderman voted unanimously to authorize the city solicitor to join the suit on behalf of the city.

Napoli Shkolnik PLLC

360 Lexington Avenue, 11th Floor
New York, New York 10017
(212) 397-1000

Copyright © 2018 Napoli Shkolnik PLLC Attorneys at Law. All rights reserved. Last updated January 22, 2018. This publication is for informational purposed only, does not constitute legal advice and may not reflect the most current legal developments. This publication does not create an attorney-client relationship, only a written contract between the parties can establish and attorney-client relationship. Napoli Shkolnik PLLC and all contributing authors expressly disclaim all liability to any person with respect to the contents of this publication. For complete details, read our Terms of Use and Privacy Policy at napolilaw.com.

NAPOLI
SHKOLNIK PLLC
ATTORNEYS AT LAW

NAPOLI SHKOLNIK PLLC NATIONWIDE OPIOID LITIGATION

The law firm of Napoli Shkolnik PLLC is uniquely positioned to take on the complex task of pursuing opioid litigation on behalf of government entities. We have been retained by municipalities nationwide to file actions against the manufacturers and distributors of opioid pain medications on their behalf. Napoli Shkolnik has a long and distinguished history of representing counties, cities, and other municipal offices across the country. State and federal courts have appointed Napoli Shkolnik to leadership positions in many of the largest pharmaceutical litigations ever filed and the firm has been involved in nearly every major pharmaceutical mass tort case over the last two decades.

Most recently, our firm has filed actions on behalf of the City of Dayton, Ohio, which has been referred to as the "heroin epicenter" of the country; the City of Lorain, Ohio; and Nassau County, New York. We have also been retained by or are investigating claims for numerous other municipalities across the United States, including municipalities in West Virginia, Maine, New Jersey, New Hampshire, Ohio, New York, Georgia, New Mexico, and other states across the country. To date, Napoli Shkolnik represents over thirty municipalities nationwide.

Below are a few points regarding the damage caused by opioids:

- Opioids claimed 175,000 American lives from 1999-2013 and this number has only continued to grow;
- From 1999 to 2010, a 4-fold increase in opioid sales paralleled a more than 4-fold increase in prescription opioid overdose deaths;
- In the United States, prescription opioid abuse costs are about **$55.7 billion** *annually* (CDC, Prescription Drug Overdose data);
- Drug overdose is the leading cause of accidental death in the United States;
- 91 Americans die every day from opioids overdose;

THEORY OF LIABILITY

The claims against the manufacturers of opioid pain medications include claims of deceptive business practices, false advertising, public nuisance, violations of social services/Medicaid law, fraud, and unjust enrichment. The claims involve the deceptive practices of the manufacturer defendants in using both branded and unbranded marketing to reach prescribers and patients. Unbranded marketing through the use of front groups such as the American Pain Foundation, attempted to evade FDA regulations and consumer practices law. The overarching theme of the manufacturing defendants' deception is that opioid pain medications were not addictive and were safe for long term use. Defendants knew that opioids were effective treatments for short-term post-surgical and trauma-related

pain, and for palliative (end-of-life) care. Yet they also knew–and had known for years–that opioids were addictive and subject to abuse, particularly when used long-term for chronic non-cancer pain (pain lasting three months or longer), and should there not be used except as a last-resort.

Defendants spent hundreds of millions of dollars: (a) developing and disseminating seemingly truthful scientific and educational materials and advertising that misrepresented the risks, benefits, and superiority of opioids long-term use to treat chronic pain (b) deploying sales representatives who visited doctors and other prescribers and delivered misleading messages about the use of opioids (c) recruiting prescribing physicians as paid speakers as a means to secure those physicians' future "brand loyalty" and extend their reach to all physicians; (d) funding, assisting, encouraging, and directing certain doctors, known as "key opinion leaders", not only to deliver scripted talks, but also to draft misleading studies, present continuing medical education programs that were deceptive and lacked balance, and serve on the boards and committees of professional societies and patient advocacy groups that delivered messages and developed guidelines supporting chronic opioid therapy; and (e) funding, assisting, directing, and encouraging seemingly neutral and credible professional societies and patient advocacy groups ("Front Groups") that developed educational materials and treatment guidelines that were then distributed by Defendants, which urged doctors to prescribe, and patients to use, opioids long-term to treat chronic pain.

We are also bringing negligence claims against wholesale distributors of these opioids. Under both federal and state law, wholesale distributors have a duty to report suspicious or alarming orders of opioid pharmaceuticals and to report these orders. The evidence shows that these defendants failed to meet this duty despite overwhelming evidence that these drugs were being abused, diverted, and misused based on the alarming size of the orders. These distributors such as McKesson, Cardinal Health, and AmerisourceBergen have paid hundred of millions of dollars in fines to date for their inaction.

NAPOLI
SHKOLNIK PLLC
ATTORNEYS AT LAW

THEORY OF DAMAGES

These lawsuits will seek to achieve financial recovery for each municipality for the costs associated with this epidemic, including substance abuse programs, insurance/Medicaid, lost productivity, foster care costs, narcan training and supplying, and increased law enforcement. It is our hope that these lawsuits will help the municipalities receive funding to help in the fight against this epidemic.

The below is an initial list of recoverable costs and expenses that a municipality may recoup in a lawsuit against the manufacturers and distributors of opioids. These costs can be directly linked to departments within a country. Napoli Shkolnik would work closely with the municipality and our experts in all aspects of the collection of information needed to prove damages and assist our clients in the collection of documents and data.

- Coroner/medical examiner
  - Storage of bodies
  - Increased staffing
  - Indigent burials
  - Cemetery

- Foster care
  - Family and child services
  - Increased staffing
  - Increase in need for care
  - Child support

- Law enforcement (sheriff/police)/incarceration
  - Employee overtime
  - Narcan/Naloxone **Hydrochloride** Injection purchase and training
  - Establishment of task forces
  - Increase in investigation/crime increase
  - Specialized courts: juvenile, surrogate, drug, DUI, drug treatment, juvenile, probate
  - Public defender offices/prosecution
  - Jail/prison costs
  - Probation
  - Victim/family
  - Human trafficking
  - Adult detention
  - Neighborhood safety
  - Victim witness

- Healthcare and first responders
  - Public hospitals
  - Public health

- Medicaid/Medicare
- Substance abuse programs
- Drug education programs
- Drug prevention programs
- Treatment centers/rehab
- Mental health facilities
- Veterans affairs
- Fire
- EMT/ambulance
- Social services

- "Loss" in various forms
  - Loss of productivity
  - Travel and tourism
  - Premature death
  - Decrease in labor participation
  - Crime increase
  - Quality of life
  - Increased sick time
  - Frequent firings
  - Price gauging
  - Workers compensation
  - Government assistance
  - Census
  - Public safety

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW

NAPOLI SHKOLNIK CLIENTS IN THE
GOVERNMENT OPIOIDS COST RECOVERY PROGRAM
As of 1/9/2018

The following represent various governmental entities that have signed retainers with Napoli Shkolnik. This list does not include various entities that have already advised Napoli Shkolnik that they intend to retain the firm or have voted to retain but have yet to sign a legal services contract.

1. Nassau County, New York
2. Rensselaer County, New York
3. Cattaraugus County, New York
4. Chautauqua County, New York
5. Schoharie County, New York
6. Chemung County, New York
7. Niagara County, New York
8. Orleans County, New York
9. Schuyler County, New York
10. Madison County, New York
11. Saratoga County, New York
12. Hamilton County, New York
13. Clinton County, New York
14. Chenango County, New York
15. Genesee County, New York
16. Yates County, New York
17. Livingston County, New York
18. Tompkins County, New York
19. Putnam County, New York
20. Tioga County, New York
21. Essex County, New York
22. Steuben County, New York
23. City of Ithaca, New York
24. Fulton County, Georgia
25. DeKalb County, Georgia
26. Rockdale County, Georgia
27. Henry County, Georgia
28. Osceola County, Florida
29. Tyler County, West Virginia
30. Ohio County, West Virginia
31. Marshall County, West Virginia
32. Harrison County, West Virginia
33. Hancock County, West Virginia
34. Brooke County, West Virginia
35. Wetzel County, West Virginia

36. Lewis County, West Virginia
37. Randolph County, West Virginia
38. Cuyahoga County, Ohio
39. City of Dayton, Ohio
40. City of Lorain, Ohio
41. City of Parma, Ohio
42. City of Toledo, Ohio
43. Trumbull County, Ohio
44. Richland County Children's Services, Ohio
45. City of Broadview Heights, Ohio
46. Ashtabula County, Ohio
47. Jefferson County, Ohio
48. Lake County, Ohio
49. City of Warren, Ohio
50. Lorain County, Ohio
51. Sandusky County, Ohio
52. York County, Pennsylvania
53. Mora County, New Mexico
54. Rio Arriba County, New Mexico
55. City of Portland, Maine
56. City of Lewiston, Maine
57. City of Auburn, Maine
58. City of Waterville, Maine
59. City of Bangor, Maine
60. City of Biddeford, Maine
61. City of Manchester, New Hampshire
62. City of Nashua, New Hampshire
63. Prince George County, Maryland
64. Seat Pleasant, Maryland
65. Ridgefield, New Jersey
66. Saddle Brook, New Jersey
67. Pike County, Kentucky
68. Floyd County, Kentucky
69. Knott County, Kentucky
70. Shelby County, Tennessee
71. Terrebone County, Louisiana
72. Jefferson County, Alabama
73. Maverick County, Texas
74. Eagle Pass, Texas

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW

PAUL WEBER
Marie Napoli, Paul J. Napoli and Hunter J. Shkolnik.


MARIE NAPOLI
PARTNER


HUNTER J. SHKOLNIK
PARTNER


LOUISE R. CARO
PARTNER


PATRICK HAINES
PARTNER


JOSEPH NAPOLI
PARTNER


JAMES HEISMAN
PARTNER


NICHOLAS R. FARNOLO
PARTNER


CHRISTOPHER R. LOPALO
PARTNER


SHAYNA E. SACKS
PARTNER


PAUL B. MASLO
PARTNER


JENNIFER LIAKOS
PARTNER


PAUL J. NAPOLI
OF COUNSEL

WELCOME. WE ARE READY.

AS A NATIONALLY RECOGNIZED LAW FIRM, we strive to be at the forefront of plaintiff litigation and evolving legal technology.

With a national presence of over 8 offices across the country, more than 50 attorneys and 150 support staff, the firm provides representation in class actions and complex commercial litigation, as well as cases involving environmental contamination disasters, aviation accidents, defective prescription drugs and medical devices, asbestos-related illnesses, and other serious personal injury matters. Expanding further, Napoli Shkolnik PLLC has expanded its commercial litigation department representing businesses including pharmaceutical and drug sponsors on a contingency basis in litigation against other companies arising from licensing and contractual disputes.

Napoli Shkolnik PLLC has enjoyed tremendous success for its clients over the past year, notably being appointed to numerous multi-district litigations, including: Co-Lead Counsel in the *In Re Daily Fantasy Sports Litigation*; Plaintiffs' Steering Committee appointment *In Re: Taxotere (Docetaxel) Products Liability Litigation*; Plaintiffs' Executive Committee appointment in *In Re: Johnson & Johnson Talcum Powder Products Marketing, Sales Practices And Products Liability Litigation*; Plaintiffs' Steering Committee appointment to *In Re: Viagra Products Liability Litigation* and Plaintiffs' Steering Committee and Co-Lead of Science and Expert Committee in *In Re: Abilify (Aripiprazole) Products Liability Litigation*.

Additionally, Napoli Shkolnik attorneys have continued to aggressively pursue numerous class actions against UBER in federal courts across the country on behalf of drivers who claim to be underpaid and denied benefits; have filed a ground breaking class action along with the NAACP in Flint, Michigan on behalf of its citizens of Flint who are seeking help arising from lead poisoning of their water; continue to help clients seriously injured as a result of toxic exposures following the 9/11 disaster, have been retained and have filed class actions across the country on behalf of thousands of people and communities poisoned by PFOA containing firefighting foam and other perfluorinated compounds; and, through our newly organized innocence project team, helped secure the release of client who was imprisoned for 11 years after a judge tossed out a double murder conviction.

These RESULTS speak for themselves, however an overall positive client experience is of the utmost importance to us. We continue to review and improve our internal processes to ensure the best possible case management for everyone.

Our people are fundamental to achieving this goal and we are proud of our entire team. We recognize and promote talent from within; over the past year the firm has grown to ten partners, where we can proudly say that 40% of our partners are women.

NEW YORK CALIFORNIA DELAWARE FLORIDA ILLINOIS NEW JERSEY PENNSYLVANIA TEXAS

NAPOLI SHKOLNIK PLLC
ATTORNEYS AT LAW

(212) 397-1000 | NAPOLILAW.COM

360 LEXINGTON AVENUE, 11TH FLOOR, NEW YORK, NEW YORK 10017

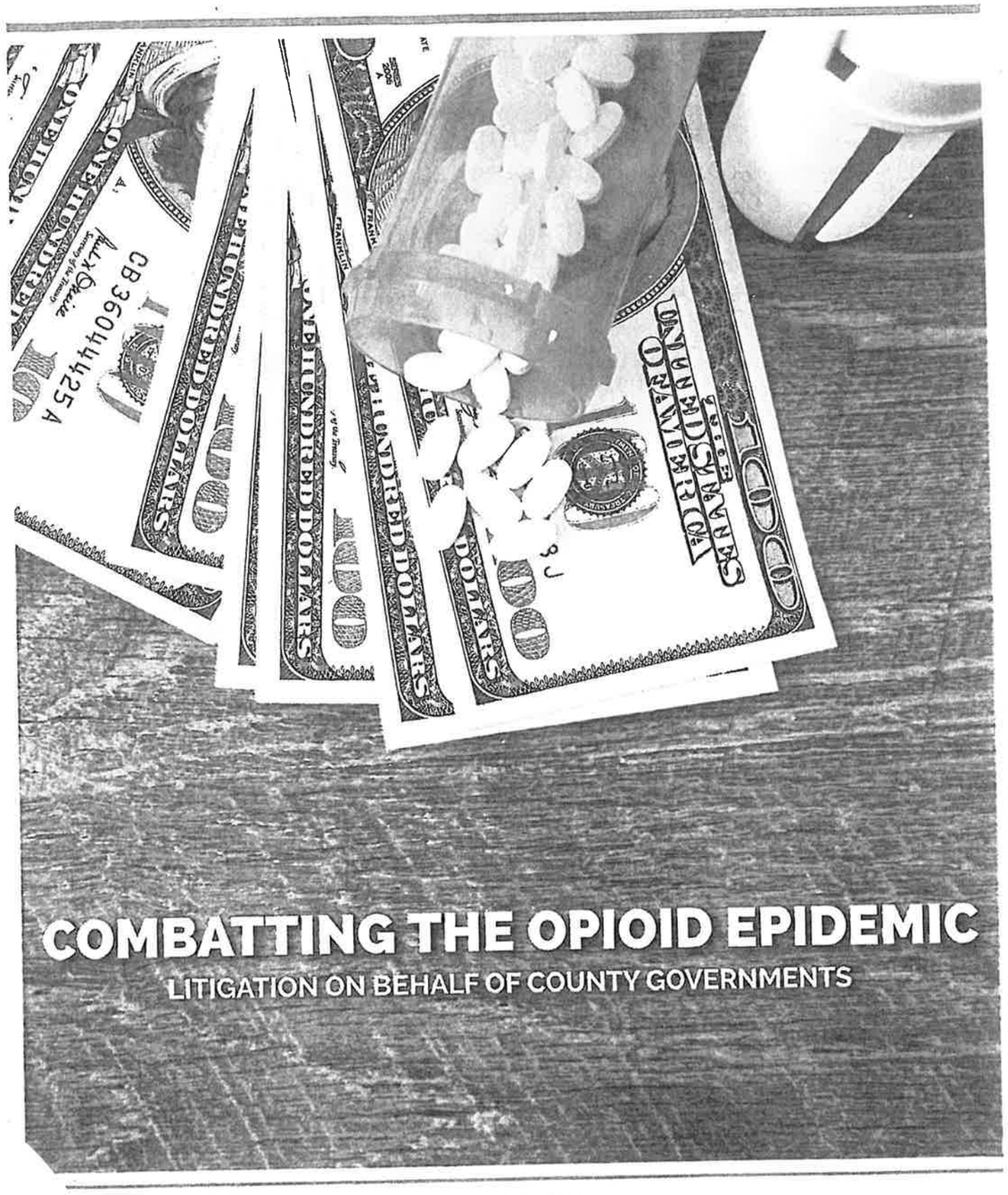
LEGAL LEADERS TOP RATED LAWYERS

VI. D. 1

Crueger Dickinson

SIMMONS HANLY CONROY
A NATIONAL LAW FIRM

von Briesen
von Briesen & Roper, s.c. | Attorneys at Law



COMBATTING THE OPIOID EPIDEMIC

LITIGATION ON BEHALF OF COUNTY GOVERNMENTS

RDICKINSON.COM SIMMONSFIRM.COM VONBRIESEN.COM

Crueger Dickinson | SIMMONS HANLY CONROY A NATIONAL LAW FIRM | von Briesen & Roper, s.c. | Attorneys at Law

THE OPIOID EPIDEMIC: A PUBLIC HEALTH CRISIS

Opioid addiction and abuse have reached epidemic levels over the past decade. Indeed, on March 22, 2016, the FDA recognized opioid abuse as a "public health crisis" that has a "profound impact on individuals, families and communities across our country."[1]

In the last decade, the epidemic has exploded. From 1999 to 2013 the amount of opioids dispensed in the United States quadrupled.

In 2013, nearly 207 million opioid prescriptions were written. A year later, that number grew to 259 million.

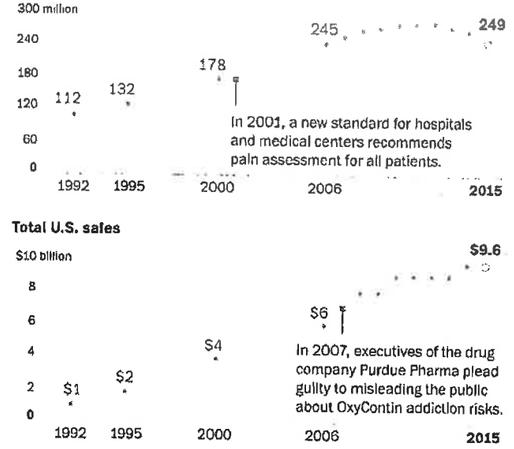
Those sales are big business for the pharmaceutical companies that manufacture and sell opioids including Purdue, Teva, Janssen, Cephalon and Endo (referred to as "Pharma"). In 2015 alone, the sale of opioids generated nearly $10 Billion in revenue for Pharma.

Sales and profits have grown dramatically over the past several decades.

From 1999 to 2013, the amount of prescription opioids dispensed in the U.S. nearly **quadrupled.**

Tracking opioid use and sales

The opioid-drug market has grown dramatically over the past 25 years.



Source: IMS Health [2]

THE WASHINGTON POST

1 http://www.fda.gov/newsevents/newsroom/pressannouncements/ucm491739.htm

2 https://www.washingtonpost.com/national/the-drug-industrys-answer-to-opioid-addiction-more-pills/2016/10/15/181a529c-8ae4-11e6-bff0-d53f592f176e_story.html?utm_term=.2d1327bf59ae

This spike in sales has had devastating and catastrophic effects. 2015 Data from the National Survey on Drug Use and Health showed that in the year 2013 over a third of the people in the United States had used prescription opioids with a significant number suffering from addiction as a result.

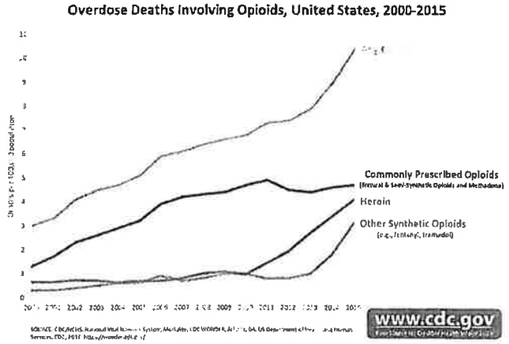
37.8% Americans used prescription opioids
(91.8 MILLION PEOPLE)

4.7% misused them
(11.5 MILLION PEOPLE)

.8% had a use disorder
(1.9 MILLION PEOPLE)

Additionally, deaths from opioids dramatically spiked with increased sales:

Overdose Deaths Involving Opioids, United States, 2000-2015



As described below, these dramatically increased sales and the spike in abuse and resultant deaths directly corresponds to Pharma's decision to market opioids for long-term use despite their known addictive effects.

PHARMA'S ROLE IN CREATING THE OPIOID EPIDEMIC

Opioids were historically used to provide effective treatment for short-term pain management. Controlled studies of the safety and efficacy of opioids were limited to short-term use. Pharma knew the limitations of the controlled studies. However, Pharma knew that profits could sky rocket if they were able to market and sell opioids for long-term use, including to treat chronic pain. In order to expand their market and achieve a dramatic increase in profits, Pharma decided to create a false marketing campaign designed to give the medical community and the public the false impression that opioids were safe and efficacious for long-term use. This false marketing campaign began in the late 90s, but exponentially increased starting in about 2006 and continues to the present.

Pharma was successful.

SINCE 1999
Prescription sales of opioids have **quadrupled**

IN 2010
254 million opioid prescriptions were written

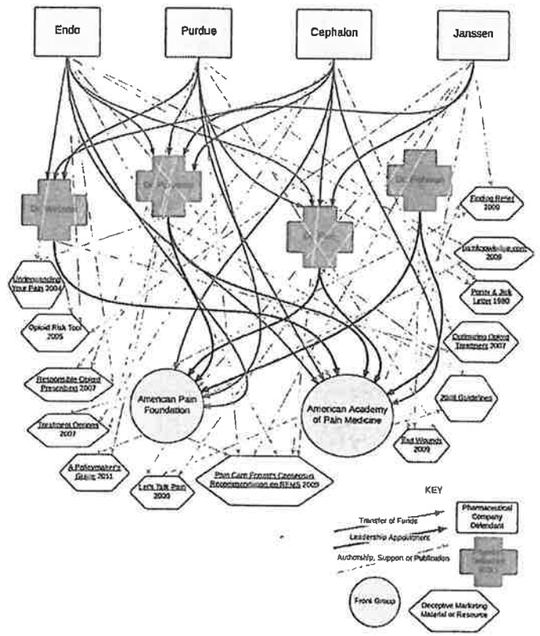
IN 2013
37.4% of the population had been prescribed Opioids

The result was a public health crisis that has had a profound impact on individuals, families and communities across the country.

The National Institute for Health ("NIH") identified Pharma as directly responsible for this crisis. In 2015, the NIH found that "several factors are likely to have contributed to the current prescription drug abuse problem. They include drastic increases in the number of prescriptions written and dispensed, greater social acceptability for using medications for different purposes, and *aggressive marketing by pharmaceutical companies.*"[3]

That "aggressive marketing campaign" included distorting medical and public perception of existing scientific data to create the false impression that opioids were safe and efficacious for long-term use. To accomplish this, Pharma poured money into generating articles, continuing education courses, sales groups and advocacy groups to create a phony "consensus" supporting the long-term use of opioids. Pharma and a select group of doctors and "front groups" banded together to create false legitimacy and the impression that these drugs were safe and efficacious for long-term use.

The following graphic depicts how this worked:



County of Suffolk v. Purdue Pharm L.P. et al., Case No. NYSCEF 613760/2016, Doc. No. 2, Ex. A.

91 Americans die every day from an **opioid overdose** (that includes prescription opioids and heroin).

WHY DID PHARMA DO THIS?

The answer is simple. Pharma made blockbuster profits. In 2012 alone, Pharma raked in $8 Billion from the sale of opioids. Purdue alone made $3.1 Billion from the sale of the opioid Oxycontin.

3 https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2016/americas-addiction-to-opioids-heroin-prescription-drug-abuse

Not only has the Pharma industry profited from selling opioids but companies have also profited from treating the effects. As illustrated in a recent Washington Post article, the profits have been enormous:

Drugs to treat the effects of drugs

The nearly $9.6 billion industry around opioid pain management has begotten a number of new billion-dollar markets for addiction, overdose and side effects such as constipation.

Opioid painkillers	*Drugs that treat:*		
2015 U.S. sales	Addiction	Overdose	Side effects
	2014 U.S. sales	Estimated	Estimated
$9.57 billion	$1.4 billion	$1.3 billion	$1.9 billion to $4.8 billion

Sources: IMS Health, Credence Research, Transparency Market Research, One Equity Research [4]

THE WASHINGTON POST

COUNTIES BEAR THE COSTS

While Pharma was raking in profits, county governments have been forced to spend a significant amount of money combatting this epidemic. Costs to counties include health care costs, addiction and treatment costs, social costs, programming, training and education costs, criminal justice and victimization costs and lost productivity.

COUNTIES AND STATES FILE LAWSUITS

A number of government entities have brought litigation against the Pharma companies for their role in creating the Opioid Epidemic. This includes the State of Kentucky, the State of Ohio, the City of Chicago and counties in New York, West Virginia and Illinois. More and more cases are filed every week. A chart summarizing the current litigation is attached. Additionally, major news outlets have been covering the opioid epidemic and resulting litigation.

HOLDING PHARMA ACCOUNTABLE: CLAIMS

Lawsuits seek to hold opioid manufacturers accountable for the costs communities incur as a result of the opioid epidemic.

Lawsuits have alleged that Pharma and a select group of doctors worked together to create a false impression of the safety and efficacy of opioids for long term use. Allegations are that Pharma and the doctors misled the medical community and consumers into believing that opioids were non-addictive and were a viable option for treatment of chronic pain. Legal claims have included:

- Misrepresentation
- Consumer Fraud/Violation of Consumer Protection Statutes
- False Advertising
- Nuisance
- Civil RICO

Different cases have taken different approaches, but the facts and allegations are similar. A sample of one of the Complaints is included.

4 https://www.washingtonpost.com/national/the-drug-industrys-answer-to-opioid-addiction-more-pills/2016/10/15/181a529c-8ae4-11e6-bff0-d53f592f176e_story.html?utm_term=.2d1327bf59ae

WHAT ARE THE DOLLAR FIGURES?

While it is still early in the investigation into the exact costs to counties, states and municipalities, costs of the Opioid Epidemic are staggering. Indeed, in 2016 researchers from the CDC estimated the annual economic burden of prescription opioid abuse in the U.S. at $78.4 Billion. The study further broke down this cost as follows:

LOST PRODUCTIVITY
$42 Billion (53.3%)

HEALTH INSURANCE
$26.1 Billion (33.3%)

CRIMINAL JUSTICE
$7.6 Billion (9.7%)

SUBSTANCE ABUSE TREATMENT
$2.8 Billion (3.6%)

[5]

While the CDC study did not attempt to estimate damages to county governments, the economic impact is significant and, to date, unreimbursed by Pharma.

5 Florence CS, Zhou C, Luo F, Xu L. The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013. *Medical Care*, October 2016, 54(10): 901 – 906.

FREQUENTLY ASKED QUESTIONS

WHAT IS THE OPIOID LITIGATION AND WHY DOES IT AFFECT COUNTIES?

State and local governments around the country have begun to file lawsuits against several major manufacturers (Purdue, Janssen, Endo, Cephalon and others)(referred to as "Pharma") for their role in creating the Opioid Epidemic. These manufacturers flooded the market with highly addictive drugs, claiming they were safe and efficacious for long term use, manufactured studies to support these false claims and knowingly misrepresented the addictive nature of these drugs. As a result of these misrepresentations, millions of Americans lives have been impacted or destroyed (commonly referred to as the "Opioid Epidemic"). The Opioid Epidemic has in turn imposed huge costs on both county and state governments around the country including health care costs, substance abuse, treatment and prevention costs, criminal justice costs and productivity costs.

LOST PRODUCTIVITY
$42 Billion (53.3%)

HEALTH INSURANCE
$26.1 Billion (33.3%)

CRIMINAL JUSTICE
$7.6 Billion (9.7%)

SUBSTANCE ABUSE TREATMENT
$2.8 Billion (3.6%)

WHAT IS THE ECONOMIC IMPACT OF THE OPIOID EPIDEMIC?

While it is still early in the investigation, studies have analyzed the economic impact of the Opioid Epidemic. In the most recent major study, published in 2016 by CDC researchers, the annual estimated economic burden of prescription opioid abuse in the United States was determined to be $78.4 Billion. Of that number the economic impact broke down as follows:

Predictably, as the epidemic has worsened, so has the economic burden. Indeed, a similar study in 2007 found the annual economic impact was $55.7 Billion. And a recent 2017 study funded by the U.S. Department of Health and Human Services found that more than one third of U.S. civilian, noninstitutionalized adults reported prescription opioid use, with substantial numbers reporting misuse and use disorders. As the problem has worsened since 2013, it is expected that the impact has correspondingly worsened.

6 Florence CS, Zhou C, Luo F, Xu L. The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013. *Medical Care*, October 2016, 54(10): 901 – 906.

Crueger Dickinson | SIMMONS HANLY CONROY A NATIONAL LAW FIRM | von Briesen von Briesen & Roper, s.c. | Attorneys at Law

WHAT IS THE GOAL OF THE OPIOID LITIGATION?

To hold Pharma responsible for their role in creating the Opioid Epidemic and to return to the counties the money spent battling the epidemic and the expense of other critical programming. While it is unrealistic to think that the lawsuit will solve the problem, Pharma should be responsible for funding solutions to a problem they created.

WHAT KINDS OF COSTS WOULD A LAWSUIT SEEK TO RECOVER?

The counties would seek repayment for the costs they have expended related to the Opioid Epidemic. Those costs include but are not limited to:

- County funded healthcare costs for employees and dependents related to opioid addiction, substance abuse treatment, hospitalizations, etc.
- County funded programs for residents for prevention, treatment, health visits, substance abuse programs etc.
- Criminal Justice and law enforcement costs associated with opioids
- Loss of county employee productivity related to opioid abuse and addiction
- General societal mayhem and opioid related death costs

WHAT IS THE REASON THE COUNTIES SHOULD GET INVOLVED IN THE OPIOID LITIGATION?

The only way to recover any of the significant costs the counties have faced as a result of Pharma's role in the Opioid Epidemic is to bring suit. Any county that does not get involved risks receiving no recovery. While recovery in this type of litigation is not certain, one certain way to get nothing is to stay out of the litigation.

WHAT IF THE COUNTIES DO NOT GET INVOLVED?

Counties who do not get involved will not get a recovery in the event that there is one.

WHO WILL PAY FOR THE LITIGATION?

The counties will not be asked to bear the costs of the Opioid Litigation. The law firms proposing to represent the counties will work on a contingent fee basis (only getting paid out of a portion of the recovery if there is one) and bearing all costs of the litigation.

WHAT WILL BE EXPECTED OF A COUNTY BRINGING SUIT?

Counties bringing suit will be expected to participate in some significant ways, the most major of which is document collecting and information gathering to support the county's claim for costs associated with the Opioid Epidemic. The team of private attorneys will work on site with county employees to help identify, gather and assemble this information; however, county employee time will also be necessary. Affected departments will likely be Health and Human Services, Human Resources, Medical Examiner/Coroner, District Attorney's Office, Office of the Sheriff, Circuit Courts, Department of Administration.

WHAT IS THE REASON TO COORDINATE EFFORTS ACROSS COUNTIES IN THE LITIGATION?

It will be very important to coordinate efforts both among counties in each state and between counties nationally. Government entities will face a well-financed, well-funded and coordinated defense from Pharma. Unless a critical mass of counties not only file suit and coordinate efforts, it is a safe bet that Pharma will simply continue to fight each individual case without contemplating a resolution.

WILL THE STATE BE INVOLVED AND HOW WILL THAT IMPACT THE COUNTIES AND THEIR ABILITY TO RECOVER?

The State of Ohio has brought suit and other states are contemplating suit. It is safe to assume that state governments will bring similar suits. The states and counties will have separate damages, however, and the counties should be able to recover even if the states bring suit. As the tobacco litigation demonstrated, there is no reason to expect that the counties can simply let the states file suit and wait for their portion of the states' recovery. The best way for the counties to protect their interests is to pursue their own litigation.

Crueger Dickinson

SIMMONS HANLY CONROY
A NATIONAL LAW FIRM

vonBriesen
von Briesen & Roper, s.c. | Attorneys at Law

Contact us

ERIN DICKINSON
Crueger Dickinson LLC
ekd@cruegerdickinson.com
414 210 3767

CHARLES CRUEGER
Crueger Dickinson LLC
cjc@cruegerdickinson.com
414 210 3900

PAUL J. HANLY, JR.
Simmons Hanly Conroy LLC
phanly@simmonsfirm.com
212 784 6401

ANDREW T. PHILLIPS
von Briesen & Roper
aphillips@vonbriesen.com
414 287 1570

CRUEGERDICKINSON.COM SIMMONSFIRM.COM VONBRIESEN.COM

SIMMONS HANLY CONROY
A NATIONAL LAW FIRM

GENERAL INFORMATION AND FIRM HISTORY

ABOUT SIMMONS HANLY CONROY & PRINCIPAL ATTORNEYS

Simmons Hanly Conroy is one of the nation's largest plaintiff law firms with recoveries of more than $5 billion in verdicts and settlements for our clients. We represent individuals, businesses and government entities seeking justice. Our clients have been harmed in every conceivable way: by terrorism, child abuse, defective drugs and devices, toxic exposures and economic conspiracies. We are at home in the justice system, whether in state or federal court, and we seek the best procedural course for our clients, including the filing of individual cases, class actions, or multidistrict mass tort litigation, as circumstances require.

Mass tort litigation is complex and expensive. Led by John Simmons, Paul J. Hanly, Jr., and Jayne Conroy, the firm's 75 attorneys have centuries of cumulative legal experience. We have sued the largest corporations in the United States and prevailed, utilizing all our skill and resources for document and data capture to elicit damaging deposition testimony from recalcitrant witnesses, to prepare cutting edge legal briefs, to push our strategic case goals, and to try our cases effectively and efficiently. Our results speak for us: SHC is in a position to be a significant threat, regardless of a wrongdoer's size and resources.

PRACTICE AREAS

- ✓ **Mass Torts and Class Actions**
- ✓ **Dangerous Drugs and Medical Devices Litigation**
- ✓ **Environmental Law**
- ✓ **Contingent-fee Business Litigation**
- ✓ **Asbestos and Mesothelioma**

FIRM CONTACT

Paul J. Hanly, Jr.
Co-Founder, Shareholder
phanly@simmonsfirm.com
Direct: 212-784-6401 | Cell: 917-882-5532
112 Madison Ave. | 7th Floor
New York, NY 10016
www.simmonsfirm.com

We stand for our clients.

SIMMONS HANLY CONROY
A NATIONAL LAW FIRM

FIRM RESOURCES

WHY SIMMONS HANLY CONROY

As detailed above, SHC is large (more than 70 lawyers and 175 support staff) and has extensive financial resources (we have the largest inventory of mesothelioma cases of any firm in the nation, resulting in monthly fee income in the tens of millions of dollars), has an unparalleled track record in mass torts and other complex litigation, has a significant reputation nationwide, and, last but not least, has successfully prosecuted thousands of claims against two large drug companies manufacturing and selling prescription opiates.

Simmons Hanly Conroy has the track record, the staying power and the resources to handle all phases of litigation of this matter, including investigation and potential litigation from filing a complaint, conducting discovery, and proceeding through trial. Our attorneys file and litigate cases in multiple court rooms across the country, so you can rest assured we have the resources and the capital to support on-going litigation as well. A full list of the resources we bring to bear are as follows.

Our Resources

- ✓ 75 attorneys and 175 paralegals, assistants and support staff spread through six offices in the United States
- ✓ In-House Medical Departments led by three registered nurses
- ✓ 16 full-time case investigators, including former police officers
- ✓ State-of-the-art technical support for document management and trial preparation
- ✓ Research and Discovery Department comprised of veteran attorneys and PhD researchers
- ✓ Robust national network of medical and safety experts

Simmons Hanly Conroy Employees

We stand for our clients.

EXPERIENCE OF PERSONNEL | Paul J. Hanly, Jr.

Paul J. Hanly, Jr.
Resume & Copies of Licenses: Available Upon Request

Bio Summary

Mr. Hanly is a shareholder of Simmons Hanly Conroy and an experienced trial lawyer and litigator. For more than 30 years, Mr. Hanly has litigated, managed and tried numerous complex jury cases throughout the United States in virtually all areas of civil litigation. He is renowned for his exhaustive trial preparation, imaginative trial strategies, nearly photographic memory of the contents of documents, and tightly controlled and disarmingly effective cross-examinations.

In the last decade, Mr. Hanly has exclusively represented plaintiffs in a variety of mass tort and other complex civil cases and played a leading role in the settlement of thousands of pharmaceutical cases, resulting in recoveries for the firm's clients in excess of $500 million.

Education

- Cornell University (B.A., magna cum laude, 1974)
- Cambridge University (M.A., with honors, 1976)
- Georgetown University (J.D., 1979)

Professional Licenses

- New York, 1980
- U.S. District Court, Southern and Eastern Districts of New York, 1981
- U.S. Court of Appeals, Second Circuit, 1985
- Texas, 2001
- U.S. Court of Federal Claims, 2003
- U.S. District Court, Southern District of Illinois, 2004
- U.S. District Court, Eastern District of Texas, 2006

Professional Affiliations

- The Association of the Bar of the City of New York
- Federal Bar Council
- Federal Bar Foundation (Member, Board of Directors, 1997-2004)
- New York County Lawyers Association (Member, Committee on Federal Courts, 1996 to present)
- CLE Instructor on Trial Advocacy, 1999, 2002-2015
- American Association for Justice

Representative Cases (partial list)

- Chair of Plaintiffs' Discovery Committee in DePuy Pinnacle Hip Implant Products Liability Litigation, MDL 2244 (N.D. Tex. Jan. 9, 2012)
- Lead counsel to Iowa Public Employees' Retirement System (IPERS) on its $250 million claim in $1 billion Ponzi scheme litigation involving Westridge Capital and its principals, CFTC v. Walsh et. al., 09-CV-01749 (GBD) (S.D.N.Y.)
- Lead counsel in plaintiff's contingency fee antitrust suit; settlement of $32 million and fee of $10.5 million, Synergetics USA, Inc. v. Alcon Laboratories, Inc. and Alcon, Inc., 2008-cv-3669 (DLC) (S.D.N.Y.)

- Plaintiffs' Liaison Counsel and member of Plaintiffs' Executive Committee in MDL 1570, In re Terrorist Attacks on September 11, 2001 (S.D.N.Y.) (Anti-terrorism Act actions against financial sponsors of terrorism)
- Member of Plaintiffs' Executive Committee, In re Terrorist Attacks on September 11, 2001, No. 21 MC 97 (S.D.N.Y.) (consolidated 9/11 negligence actions against airlines and airport security companies)
- Plaintiffs' Liaison Counsel and member of Plaintiffs' Steering Committee appointed by court in MDL 1699 to assist coordination of federal MDL with New York state litigation proceedings, In re Bextra and Celebrex Products Liability Litigation (N.D. Cal.)

Role in Opioid Litigation

Mr. Hanly would serve as lead counsel for the opioid litigation. In this role, he would draft and file the complaint, draft and argue all motions, generate and respond to written discovery, organize and review data and document discovery, take and defend depositions, and will try the case.

EXPERIENCE OF PERSONNEL | Jayne Conroy

Jayne Conroy
Resume & Copies of Licenses: Available Upon Request

Bio Summary

Attorney Jayne Conroy is a named shareholder of Simmons Hanly Conroy, and over her 30-year career, has developed a superb national reputation as a skilled strategist, trial lawyer and negotiator. She is known for her ability to lead a case from inception to completion, never losing sight of the strengths of her clients or the vulnerabilities of the defendants. Ms. Conroy has significant pharmaceutical experience. She has represented thousands of plaintiffs who were injured by the dangerous drugs Actos, OxyContin, Zelnorm, Zyprexa, Vioxx, Celebrex, Bextra, Gadolinium Contrast Dyes, Ephedra, Chantix, Yazmin and Yaz as well as by medical devices such as metal-on-metal hip implants and transvaginal mesh.

Ms. Conroy also serves or has served as a member of Plaintiffs' Steering or Executive Committees in nearly a dozen litigations. Since 2006, she is credited with orchestrating the settlements of thousands of pharmaceutical and other cases for a total recovery for the firm's clients that exceeds $500 million.

Education

- Dartmouth College (B.A., 1980)
- New England School of Law (J.D., 1985)
    - Editor, New England Journal on Criminal & Civil Confinement, 1984-85

Professional Licenses

- Massachusetts, 1985
- U.S. District Court, District of Massachusetts, 1986
- U.S. Court of Appeals, First Circuit, 1986
- New York, 1996
- U.S. District Court, Southern and Eastern Districts of New York, 1996
- U.S. District Court, District of Columbia, 1997
- U.S. District Court, District of Columbia and U.S. Court of Federal Claims, 2003
- U.S. District Court, Southern District of Illinois, 2004

Professional Affiliations

- The Association of the Bar of the City of New York
- New York State Bar Association
- Massachusetts Bar Association
- Federal Bar Council
- American Association for Justice

MDL Leadership Positions Held (partial list)

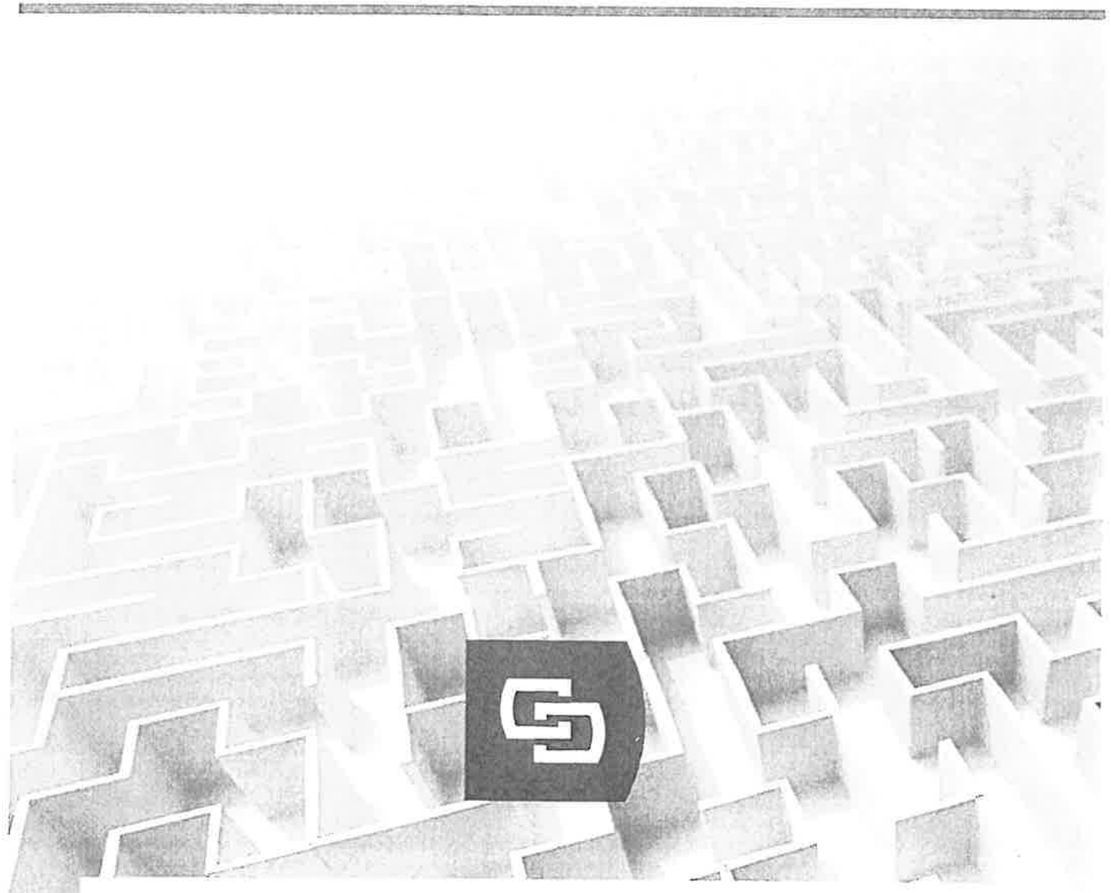
- Court-appointed member of the Plaintiffs' Executive Committee in Volkswagen "Clean Diesel" Marketing, Sales Practices, And Products Liability Litigation, MDL No. 2672 (N.D. Cal.)
- Court-appointed member of Plaintiffs' Steering Committee in Syngenta AG MIR162 Corn Litigation, MDL 2591 (D. Kan. Jan. 21, 2015)
- Court-appointed member of Plaintiffs' Steering Committee in Actos Products Liability Litigation, MDL 2299 (W.D. La. 2012)
- Court-appointed member of Plaintiffs' Steering Committee in Pelvic Repair System Products Liability Litigation, MDL 2325, 2326 & 2327 (S.D. W. Va. 2012)

- Court-appointed member of Plaintiff's Executive Committee in DePuy Pinnacle Hip Implant Products Liability Litigation, MDL 2244 (N.D. Tex. Jan. 9, 2012)
- Co-chair of Environmental Testing Committee in Oil Spill by the Oil Rig "Deepwater Horizon" in the Gulf Of Mexico, on April 20, 2010 Litigation, MDL 2179 (E.D. La.)
- Court-appointed member of Lead Counsel Committee for Economic Loss Claims in Toyota Motor Corp. Unintended Acceleration Marketing, Sales Practices and Product Liability Litigation, MDL 2151 (C.D. Cal.)
- Court-appointed co-chair of Plaintiffs' Law and Briefing Committee in Yazmin and Yaz (Drospirenone) Marketing, Sales Practices and Products Liability Litigation, MDL 2100 (S.D. Ill.)
- Court-appointed member of Discovery and Science Committees, Trial Team and Common Benefit Allocation Committee in Bextra and Celebrex Products Liability Litigation, MDL 1699 (N.D. Cal.) and New York State Coordinated Proceedings
- Court-appointed member of Plaintiffs' Executive Committee in Zyprexa Litigation, MDL 1596 (E.D.N.Y.)

Proposed Role in Opioid Litigation

Ms. Conroy would serve as co-lead counsel for the opioid litigation. In this role, she would draft and file the complaint, draft and argue all motions, generate and respond to written discovery, organize and review data and document discovery, take and defend depositions, and would try the case.

Crueger
Dickinson



WE NAVIGATE THE COMPLEX EVERY DAY

NATIONAL OPIOID LITIGATORS

4532 N OAKLAND AVE., WHITEFISH BAY WI 53211 | 414 210 3868 | INFO@CRUEGERDICKINSON.COM | CRUEGERDICKINSON.COM

Crueger
Dickinson

COMPLEX LITIGATION

What is complex litigation? There is no single definition, but the common denominator is a substantial amount of money or an important issue that the parties need to resolve. These cases also typically present novel questions of fact or law that drive the dispute. At Crueger Dickinson, we have decades of experience working with the competing interests and identifying the unique factual or legal issues that must be resolved to bring these types of cases to a successful conclusion. We take on the largest corporations in the United States and have a proven track record of success.

Crueger Dickinson focuses on high stakes litigation in the areas of:

- Pharmaceutical Litigation
- Litigation on Behalf of County Governments
- Class/Mass Actions
- Business Disputes
- Insurance
- Fraud
- ERISA
- Product Liability
- Professional Negligence
- Intellectual Property

Crueger Dickinson

CHARLES CRUEGER

cjc@cruegerdickinson.com

414 210 3900

Charles Crueger is an owner and founding partner of Crueger Dickinson LLC, a firm founded to focus on large, high stakes litigation around the United States. In his current practice, he represents dozens of counties around the United States in litigation against pharmaceutical manufacturers of prescription opioids for their role in causing the opioid epidemic in the United States. In addition to these important cases, Mr. Crueger maintains a national class action practice involving employee misclassification, ERISA, violations of deceptive trade practices laws, fraud, insurance, contract, business torts, products liability and civil RICO cases. Mr. Crueger is an accomplished trial lawyer and has tried numerous cases to verdict in courts around the United States. For example, just months after founding Crueger Dickinson, Mr. Crueger, along with his partner Erin Dickinson, obtained a favorable jury verdict on behalf of a class of pension holders in an ERISA class action trial where liabilities exceed $1 Billion. The firm he heads focuses on complex cases and trial readiness.

NOTABLE PROFESSIONAL EXPERIENCE

- Lead counsel representing dozens of counties in litigation against pharmaceutical manufacturers of prescription opioids for their role in causing the opioid epidemic.
- Jammal, et. al., v. American Family Insurance Group, et. al., No. 1:13-CV-437 (N.D. of Ohio) (lead counsel representing plaintiffs in ERISA class action alleging that defendants denied them retirement and other benefits by misclassifying them as independent contractors. After certifying a class of over 7,000 agents and a three week trial, the district court found that American Family misclassified the agents and treated them as employees for purposes of ERISA. This is the first successful class action trial on whether an insurer misclassified its captive agent force. Plaintiffs' claim that the value of the pension benefits under an ERISA plan exceeds $1 billion.)
- Roberts et. al. v. Electrolux Home Products, Inc., No. 8:12-cv-01644 (C.D. of Ca.) (represented plaintiff in class action over dryer fires; the case resulted in a beneficial settlement for the class).
- Feldmann Engineering & Manufacturing Co., Inc., v. Ardisam, Inc., No. 3:14-CV-00727 (W.D. Wis.) (represented plaintiff in patent infringement action that settled before trial).
- Ormco Corp. v. Align Tech., Inc., 498 F.3d 1307 (Fed. Cir.) (obtained reversal of adverse judgment and represented plaintiff on remand that resulted in a favorable jury verdict and settlement in excess of $90M; also invalidated patent claims asserted by defendant).
- Briggs & Stratton Corp. v. Kohler Co., (W.D. Wis.) (represented plaintiff through a jury trial in successful patent infringement action involving small engine technology).
- Kestrel Coal Pty. v. Joy Global, 362 F.3d 401 (7th Cir.) (obtained rare reversal of a lower court's order allowing discovery in the United States for use in lawsuit pending in Australia).

Crueger Dickinson

CHARLES CRUEGER, CONTINUED

- Beloit Liquidating Trust v. Grade, 2004 WI 39, 270 Wis. 2d 356 (part of litigation team that obtained favorable result in the leading director and officer liability case in Wisconsin).
- Globe Life and Accident Ins. Co. v. United States, 52 Fed. Cl. 132 (successfully defended $8 million tax refund claim following a two-week trial).
- American Express v. United States, 47 Fed. Cl. 127 (successfully defended $200 million tax refund claim involving accounting methods for credit card fees).

SELECTED PUBLICATIONS

- "The Long Arm of Personal Jurisdiction in IP Litigation", IP Law360 (October 26, 2010)
- "A Commentary on the Economic Loss of Doctrine Under the Rule of Cease Electric and Cascade Stone", 89 Marq. L. Rev. 137 (2005)

EDUCATION

- University of Wisconsin Law School (J.D., cum laude, 1997; Order of the Coif; Wisconsin Law Review)
- University of Wisconsin-Madison (B.A., with distinction, 1993)

HONORS AND RECOGNITIONS

- Recognized in Super Lawyers Magazine as a "Super Lawyer" 2015 - 2017
- Recognized in "Best Lawyers in America"
- Recognized in Super Lawyers Magazine as a "Rising Star" 2006 - 2007

STATE BAR ADMISSIONS

Wisconsin

FEDERAL COURT ADMISSIONS

Eastern District of Wisconsin
Western District of Wisconsin
Northern District of Illinois
Court of Federal Claims
U.S. Court of Appeals for the Third, Sixth, Seventh, and Federal Circuits
U.S. Tax Court
U.S. Supreme Court

Crueger Dickinson

ERIN DICKINSON

ekd@cruegerdickinson.com

414 210 3767

Erin Dickinson is an owner and founding partner of Crueger Dickinson LLC, a firm founded to focus on large, high stakes litigation around the United States. Her current practice is focused on representing dozens of counties around the United States in litigation against pharmaceutical manufacturers of prescription opioids for their role in causing the opioid epidemic in the United States. In addition to her role in pharmaceutical litigation Ms. Dickinson maintains a national class action practice involving employee misclassification, ERISA, violations of deceptive trade practices laws, fraud, insurance, contract, business torts, products liability and civil RICO cases. Ms. Dickinson is an accomplished trial lawyer and has tried numerous cases to verdict in courts around the United States. For example, just months after founding Crueger Dickinson, Ms. Dickinson along with her partner Charles Crueger, obtained a favorable jury verdict on behalf of a class of pension holders in an ERISA class action trial where liabilities exceed $1 Billion. The firm she heads focuses on complex cases and trial readiness.

NOTABLE PROFESSIONAL EXPERIENCE

- Lead counsel representing dozens of counties in litigation against pharmaceutical manufacturers of prescription opioids for their role in causing the opioid epidemic.
- Jammal, et. al., v. American Family Insurance Group, et. al., No. 1:13-CV-437 (N.D. of Ohio) (lead counsel representing plaintiffs in ERISA class action alleging that defendants denied them retirement and other benefits by misclassifying them as independent contractors. After certifying a class of over 7,000 agents and a three week trial, the district court found that American Family misclassified the agents and treated them as employees for purposes of ERISA. This is the first successful class action trial on whether an insurer misclassified its captive agent force. Plaintiffs' claim that the value of the pension benefits under an ERISA plan exceeds $1 billion.)
- Lead counsel in a variety of nationwide class action cases in a variety of areas including ERISA, products liability, financial fraud and civil RICO issues.
- Successfully represented majority shareholders in a federal court jury trial involving business torts and Lanham Act claims where Defendants' exposure exceeded $20M. Case resulted in unanimous defense verdict in favor of Ms. Dickinson's client and a finding of zero liability.
- Litigation counsel for a patent holder in a patent infringement lawsuit involving orthodontic software. Case resulted in a favorable jury verdict and subsequent settlement of litigated claims in excess of $90M.

Crueger Dickinson

ERIN DICKINSON, CONTINUED

- Lead counsel who achieved a nationwide class action settlements on a variety of cases where millions of allegedly defective products were at issue including cases involving automobiles, house hold appliance and other consumer products.
- Trial counsel for hospital systems in Texas, Missouri and Kansas in numerous professional negligence, tort and wrongful death cases

EDUCATION

- University of Texas School of Law (J.D. 2000)
- University of Wisconsin-Madison (B.A., with honors, 1996)

STATE BAR ADMISSIONS

Wisconsin
Missouri
Texas

FEDERAL COURT ADMISSIONS

Eastern District of Wisconsin
Western District of Wisconsin
Northern District of Illinois
Western District of Texas
Western District of Missouri
Northern District of Ohio
Seventh Circuit Court of Appeals
Sixth Circuit Court of Appeals

HONORS AND RECOGNITIONS

- Recognized by Super Lawyers Magazine as a "Super Lawyer" 2016-2017
- Recognized as one the 2016 "Best Lawyers in America"
- Recognized by Super Lawyers Magazine as a "Rising Star," 2012-2015
- Recipient of the 2014 Women in the Law award given by the Wisconsin Law Journal

Crueger Dickinson

KRISTA BAISCH

kkb@cruegerdickinson.com
414 210 4367

Krista Baisch is a trial attorney and partner at Crueger Dickinson LLC, a firm focusing on large, high stakes litigation around the United States. Ms. Baisch practices complex litigation in state and federal courts around the country. She has represented clients in contract disputes, shareholder disputes, patent litigation, commercial torts, civil rights, medical malpractice, product liability, construction litigation, personal injury, and general business litigation. Her current practice is focused on representing dozens of counties around the United States in litigation against pharmaceutical manufacturers of prescription opioids for their role in causing the opioid epidemic in the United States. Ms. Baisch has significant experience representing counties and municipalities in her career, including defending the interests of Wisconsin's Counties in a broad range of matters. Most notably, she was part of the successful trial team in Howard v. Dane County wherein an inmate alleged ADA claims related to wheel chair access at the Dane County Jail and more than nine times she obtained complete dismissal of Eighth Amendment claims alleged against County Jails or County healthcare providers. She has also successfully defended Wisconsin municipalities in claims relating to civil rights, Title IX, Title VII, safe place statute, the public trust doctrine, and negligence. Through her experience, Ms. Baisch has developed invaluable insight into how private law firms with the right resources and experience can assist governmental entities in the fight against the opioid epidemic.

NOTABLE PROFESSIONAL EXPERIENCE

- Part of team representing more than one-third of Wisconsin's Counties in deceptive marketing practices claims and public nuisance claims against the manufacturers of opioid pharmaceuticals.
- Successfully represented managing general agent in an arbitration trial involving complex issues of business valuation and breach of employment covenants. Trial resulted in a total defense verdict for Ms. Baisch's client.
- Successfully tried multi-million dollar arbitration trial to resolve a complex contract dispute between several large U.S. corporations. Case resulted in total defense verdict, recovery on counter claims and recovery of attorneys' fees for Ms. Baisch's client following three years of litigation and a twelve day trial.

KRISTA BAISCH, CONTINUED

- Obtained dismissal of breach of contract, unjust enrichment and promissory estoppel claims for client. G2 Equities v. Reco Cement Products LLC (N.D. Ill. 2015).
- Lead counsel for software developer in breach of licensing agreement dispute resulting in a favorable resolution for client.
- Obtained dismissal of patent infringement lawsuit. Sonic Foundry, Inc. v. Astute Technology, LLC (W.D. Wis. 2013).
- Obtained dismissal of fourth and fifth amendment claims and affirmance by Seventh Circuit Court of Appeals. Pegues v. Springob (E.D. Wis. 2012); (7th Cir. 2013).
- Williams v. Dane County (W.D. Wis. 2012); Becker v. Frederick (E.D. Wis. 2011); Forshee v. Sarah Kowalski (W.D. Wis.); Vitrano v. Akgulian (E.D. Wis.); LaBelle v. Singer (W.D. Wis. 2012); DeJesus v. Waukesha County (E.D. Wis.); Becker v. Frederick (E.D. Wis. 2011); Owens v. Johnson (W.D. Wis. 2010); Holton v. Scholke (E.D. Wis. 2009): Dismissal of eight amendment claims.
- Juss Us For Justice, et al. v. Milwaukee County, et al.12-CV-349 (E.D. Wis.), successful defense of discrimination claims by child care workers based on failure to state a claim.
- Hall v. Adams, 12-SC-7233 (Dane County), defense of small claims employment discrimination claims.
- Humprhies v. Milwaukee County (E.D. Wis. 2011) (7th Cir. 2012): Dismissal of due process claims; affirmed by the Seventh Circuit.
- Dent v. Milwaukee County, 10-CV-1660 (Jul. 19, 2011); dismissal of negligent supervision and conspiracy claims alleged against Sheriff.
- Pappas v. Milwaukee County, 10-CV-2011 (Feb. 25, 2011); dismissal of Public Trust Doctrine claims against Milwaukee County based on use of lake front land surrounding South Shore Yacht Club.
- Pattie v. Winnebago County, 09-CV-1558 (Nov. 24, 2010); dismissal of claims against County for alleged failure to identify dangerous individual who abused the mother of his children after leaving facility.
- Jacobs v. Bartels, 08-CV-12 (E.D. Wis. Sept. 10, 2009) (aff'd 10-1796 (7th Cir. 2010)); dismissal of access to courts claim against prison Health Services Administrator for the County jail.
- Howard v. Dane County, 07-CV-4792 (Aug. 3, 2009); dismissal of negligence claims alleging failure to treat hip infection. Defense verdict at trial on ADA claim relating to wheel chair access in County Jail.
- Elborough v. Evansville School District, 636 F.Supp.2d 812 (W.D. Wis. 2009); dismissal of Title IX and Due Process claims on summary judgment; Equal Protection and recklessness claims dismissed before trial.
- Brown v. Milwaukee County, 08-CV-10238 (Feb. 10, 2009); dismissal of alleged sexual assault claims.
- Buchanan-Moore v. Milwaukee County, 576 F.Supp.2d (E.D. Wis. 2008) (aff'd 570 F.3d 824 (7th Cir. 2009)); dismissal of due process and negligence claims for releasing an inmate who was a known danger.
- Sheffield v. Evansville School District, 07-CV-1403 (Oct. 10, 2008); dismissal of negligence claims against school district based on immunity doctrine for alleged failure to treat an injury that occurred at school.

EDUCATION

- University of Wisconsin Law School (J.D., cum laude, 2005)
- University of North Carolina at Chapel Hill (B.A., 2002)

STATE BAR ADMISSIONS

Wisconsin

FEDERAL COURT ADMISSIONS

Eastern District of Wisconsin
Western District of Wisconsin
Northern District of Illinois
Seventh Circuit Court of Appeals

HONORS AND RECOGNITIONS

Recognized as a "Rising Star" by Wisconsin Super Lawyers®
(2012 – 2017)

von Briesen

von Briesen & Roper, s.c. | Attorneys at Law

ANDREW PHILLIPS BIOGRAPHY:

Andy Phillips has dedicated his career to assisting counties, school districts and other local government entities with their most challenging legal problems. Andy brings innovative solutions to the organizational, operational, litigation and personnel problems facing local governments. Andy has represented the Wisconsin Counties Association for over 20 years and currently serves as General Counsel for the Association, a position which he has held for the past 12 years. In addition to his direct work for the Wisconsin Counties Association, Andy also represents the National Association of Counties and has served as counsel for well over one-half of the counties in Wisconsin on organizational, human service, Medicaid, nursing home, litigation, land use and other issues.

A small sample of Andy's involvement with county government interests includes:

- Testifying before the Wisconsin Legislature on issues important to Wisconsin county government.
- Creating the legal framework for Wisconsin counties to share in the costs associated with the operation of county nursing homes without running afoul of Medicaid anti-supplementation regulations.
- Creating the organizational documents for a joint exercise of powers authority to act as a nationwide conduit bond issuer and serving as issuer and outside general counsel for the authority.
- Representing the interests of Wisconsin counties in the context of the Microsoft class action litigation related to antitrust matters.
- Submitting dozens of *amicus curiae* briefs to Wisconsin courts on matters impacting the interests of Wisconsin county government.
- Drafting the organizational documents necessary to form a statewide commission of counties to administer a commercial property assessed clean energy program.

CRUEGERDICKINSON.COM SIMMONSFIRM.COM · VONBRIESEN.COM

Crueger Dickinson

SIMMONS HANLY CONROY
A NATIONAL LAW FIRM

vonBriesen

A Large National Team

Our team is the largest and most experienced team with opioid litigation in the country. Our team currently represents 183 governmental entities around the United States in litigation against the manufacturers and distributors of prescription opioids. To date, the Firms have filed suit on behalf of 127 county clients in 10 states in the United States. Attached hereto is a list of currently filed cases.

The County's case would likely be in federal court. Importantly, our team has been appointed to multiple important leadership positions in this nationwide multidistrict litigation. Specifically, Paul Hanly of Simmons Hanly Conroy was elected as one of the three Co-Lead Counsel to lead the nationwide federal court opiate litigation. Erin Dickinson of Crueger Dickinson, LLC was appointed as one of the sixteen-member Plaintiffs' Executive Committee tasked with leading and managing the nationwide federal court litigation. In those positions, the Firms will have a strong voice on behalf of the County not only in the litigation, but in any resolution that might occur.

Unique Experience

Deciding between different large legal teams can be challenging for counties. However, we believe our team's past experience, both as the inventors of opioid litigation and the only firm with any significant experience litigating these types of cases against the opioid manufacturers sets us apart.

Simmons Hanly Conroy has a long history in opioid litigation that is matched by no other firm in the United States. Between 2003 and 2007, SHC represented 5,000 individuals in litigation against Purdue Pharma alleging that its fraudulent marketing campaign misrepresented the risk of addiction and abuse potential of their opiate OxyContin. By implementing a successful discovery plan to obtain thousands of internal documents, and deposing dozens of Purdue Pharma executives and sales representatives, the firm dissected Purdue Pharma's clinical test results as well as their fraudulent marketing campaign designed to persuade physicians that OxyContin was not addictive. This effort resulted in a significant confidential settlement for the firm's 5,000 clients. It also led to a Department of Justice investigation that resulted in Purdue Pharma and three of its executives, including its president and a top lawyer, pleading guilty in 2007 to criminal charges that they misled regulators, doctors and patients about the drug's risk of addiction and its potential abuse. In addition, Purdue Pharma paid approximately $600 million in fines.

Simmons Hanly Conroy is the only firm in the United States with this experience. We believe it sets our team apart.

EXPERIENCE WITH OPIOID & PHARMACEUTICAL LITIGATION

Simmons Hanly Conroy attorneys have a history of persevering for their clients amid the most challenging circumstances, fierce opposition and setbacks encountered during the course of class action and mass tort lawsuits. The following representative cases illustrate the firm's experience in filing litigation against drug manufacturers.

Opioid Litigation on Behalf of Individuals
Award or settlement total: Significant Confidential Amount.
Date: End of 2006
Defendants: Purdue Pharma LLP & Abbott Laboratories, Inc.
Case Summary: The firm, led by Paul Hanly and Jayne Conroy, represented 5,000 individuals in litigation against Purdue Pharma and Abbott Laboratories alleging our clients' addiction to the opiate OxyContin was a result of the manufacturers' fraudulent marketing campaign that claimed the drug was not as addictive as other alternative drugs. Attorneys Paul Hanly and Jayne Conroy led the firm's efforts on behalf of its OxyContin clients. Among one of the unusual strategic tacks the firm took was to file on a single day in Richmond County Supreme Court exactly 1,000 individual cases against Purdue (at a filing fee cost of nearly $250,000.00). The cases were later consolidated with other OxyContin cases from other counties before Justice Joseph Maltese, who was instrumental in forging a global settlement of not only the filed cases but an additional 4,000 cases that our firm had not yet filed. SHC attorneys tirelessly dissected Purdue Pharma's clinical test results as well as their fraudulent marketing claims and widespread campaign to persuade physicians that OxyContin was not addictive. We retained world-renowned experts to describe both the scientific and chemical controlled release fraud as well as the insidious marketing claims designed to exponentially increase Purdue Pharma's market share. SHC prevailed on significant discovery motions to collect Purdue Pharma's documents and data and deposed dozens of Purdue Pharma executives and sales representatives.

In re: DePuy Orthopaedics, Inc., Pinnacle Hip Implant Products Liability Litigation
Award or settlement total: $1 Billion
Date: Dec. 1, 2016
Defendants: Johnson & Johnson, DePuy Orthopaedics
Case Summary: SHC Shareholder Jayne Conroy served on the lead trial team that secured a $1 billion jury verdict against the defendants on behalf of six patients who were injured by DePuy's Pinnacle metal-on-metal hip implant. The jury awarded more than $1 billion punitive damages and nearly $40 million compensatory damages. The legal team convinced the jury in the U.S. District Court for the Northern District of Texas, Dallas Division that J&J sidestepped standard regulatory review and mislead doctors to believe that the design of the market-leading device was safe. The evidence presented during testimony against J&J told the deeper story of how the science was manipulated in order to sell the product, Jayne Conroy said. The trial was the third bellwether trial as part of the federal multidistrict litigation.

Award or settlement total: $502 Million
Date: March 17, 2016
Defendants: Johnson & Johnson, DePuy Orthopaedics

Case Summary: SHC Shareholder Jayne Conroy served on the lead trial team that secured a $502 million jury verdict against the defendants on behalf of five patients injured by DePuy's Pinnacle metal-on-metal hip implant. The jury verdict for $142 million compensatory and $360 million punitive damages followed 37 days of testimony in the U.S. District Court for the Northern District of Texas Dallas Division. The trial was the second bellwether trial as part of the federal multidistrict litigation.

In re: Actos (Pioglitazone) Products Liability Litigation; 11-md-02299; U.S. District Court, Western District of Louisiana (Lafayette)
Award or settlement total: $2.37 billion (global amount)
Date: Spring 2015
Defendant: Takeda Pharmaceuticals
Judge: Judge Rebecca Doherty, U.S. District Court of the Western District of Louisiana
Case Summary: The Actos lawsuits alleged Takeda Pharmaceutical Company executives ignored or downplayed risks about the drug's cancer-causing potential before Actos went on sale in the U.S. in 1999, and also misled regulators about the medication's risks. As reported by Bloomberg, Takeda executives failed to provide clear warnings about the associated cancer risk for at least seven years. Although research showed a link between Actos and bladder cancer, the company chose not to issue warnings to consumers. SHC Shareholder Jayne Conroy served as a court-appointed member of the Plaintiff's Steering Committee and helped secure millions of dollars for clients.

In re: Yasmin and YAZ (Drospirenone) Marketing, Sales Practices and Products Liability Litigation MDL No. 2100
Award or settlement total: $1.69 billion (global amount)
Date: Fall 2012
Defendant: Bayer AG
Judge: Chief Judge David R. Herndon, U.S. District Court, Southern District of Illinois
Case Summary: Bayer aggressively marketed its birth control medications Yaz and Yasmin, claiming the medications also treated PMS symptoms, caused weight loss and treated acne. Not only were the claims misleading, according to the FDA, but the newer pill was also found to be three times more likely to cause serious, fatal complications. SHC, led by attorney Jayne Conroy, and joined by attorneys Trent Miracle and Paul Hanly, filed litigation on behalf of over 100 clients injured by the drug. Ms. Conroy and Mr. Miracle were also appointed to leadership positions on the federal Yaz MDL and helped negotiate the final global settlement of $1.69 billion dollars for all women harmed by the drug.

In re Chantix (Varenicline) Products Liability Litigation 2:09-cv-02039; MDL No. 2092
Award or settlement total: Approximately $299 million (global settlement)
Date: July 2013
Defendant: Pfizer
Judge: Inge P. Johnson, U.S. District Court, Northern District of Alabama
Case Summary: Chantix, known by the generic name varenicline, works by blocking the effect of nicotine on the brain. In early 2008, U.S. Food and Drug Administration officials acknowledged receiving troubling reports from Chantix patients throughout the United States. These reports included 34 cases of suicide and nearly 420 reports of suicidal thoughts, behaviors

and suicides. Firm attorneys Jayne Conroy, Clint Fisher and David Miceli served on the Plaintiffs' Steering Committee for the Chantix MDL against Pfizer. The case consolidated more than 2,500 lawsuits filed between 2009 and 2012 and was settled for approximately $299 million.

SHC'S TRACK RECORD OF TAKING ON PHARMACEUTICAL COMPANIES

Simmons Hanly Conroy has helped thousands of clients, including individuals, families, businesses and government entities, in cases of corporate wrongdoing. Our attorneys have cumulative centuries of experience litigating against the pharmaceutical industry. A partial list of drug manufacturers the firm has litigated against is included below.

Pharmaceutical Defendants & Drugs Litigated (partial)

Merck and Co.
- Vioxx

Amylin Pharmaceuticals
- Byetta

Myland Pharmaceuticals
- Digitek/Dioxin

Johnson & Johnson
- Fentanyl
- Orthro Evra
- Hip Implants

Purdue Pharma
- OxyContin

Takeda Pharmaceuticals
- Actos
- Avandia

Xanodyne Pharmaceuticals
- Darvocet/Darvon

Metabolife
- Ephedra

Novartis
- Zelnorm

Eli Lilly & Co.
- Zyprexa

Pfizer
- Bextra
- Celebrex
- Chantix
- Heparin
- Reglan

Abbott Laboratories
- Depakote
- OxyContin

Bayer
- Yaz/Yasmine
- Mirena
- Trasylol

SIMILAR MATTERS HANDLED BY THE FIRM

SIMILAR MATTERS | TRIALS AND APPEALS EXPERIENCE (partial list)

SHC attorneys have recovered more than $5 billion in verdicts and settlements on behalf of their clients. Our attorneys have experience litigating cases from the initial investigations all the way to verdict. Below is a list of recent trials and appeals our attorneys have litigated.

In re: DePuy Orthopaedics Inc. Pinnacle Hip Implant Products Liability Litigation
Sept-Dec. 2016 Trial | Court: U.S. District Court, Northern District of Texas, Dallas Division
Cause No.: 3:12-cv-2066 | 3:13-cv-03631 | 3:13-cv-03938 | 3:14-cv-01730 | 3:15-cv-01767 | 3:15-cv-03484
Area of Lit: Dangerous Drugs & Devices

Attorney: Jayne Conroy (SHC), Mark Lanier (The Lanier Law Firm) and others
Outcome: Plaintiff verdict: $1,040,000,000

In re: DePuy Orthopaedics Inc. Pinnacle Hip Implant Products Liability Litigation
Jan.-March 2016 Trial | Court: U.S. District Court, Northern District of Texas, Dallas Division
Cause No.: 3:11-cv-1941 | 3:11-cv-2800 | 3:12-cv-1672 | 3:13-cv-1071 | 3:14-cv-1994
Area of Lit: Dangerous Drugs & Devices
Attorney: Jayne Conroy (SHC), Mark Lanier (The Lanier Law Firm) and others
Outcome: Plaintiff verdict: $502,000,000

In re: DePuy Orthopaedics Inc. Pinnacle Hip Implant Products Liability Litigation
Sept.-Oct. 2014 Trial | Court: U.S. District Court, Northern District of Texas, Dallas Division
Cause No.: 3:12-cv-04975
Area of Lit: Dangerous Drugs & Devices
Attorney: Jayne Conroy (SHC), Mark Lanier (The Lanier Law Firm) and others
Outcome: Defense Verdict

Paul and Patty Leek v. Oglebay Norton Co. aka Ferro Engineering
2014 Trial | Court: Superior Court of the State of California, County of Los Angeles
Cause Number: BC533164
Area of Lit: Asbestos
Attorney: SHC Attorneys John Conard Metcalf and Ben Goldstein for plaintiff
Outcome: Resolved prior to close of Plaintiff's evidence (1 day of Plaintiff evidence remaining)

Noll v. Special Electric Company
2015 Appeal | Court: Court of Appeals, Div. 1 of the State of WA
Cause Number: 13-2-06781-1 SEA
Area of Lit: Asbestos
Attorney: SHC Attorneys William Kohlburn and Ryan Kiwala for plaintiff
Outcome: Appeal from order dismissing Special Electric for lack of personal jurisdiction. Plaintiff victory. The case is now before the Washington State Supreme Court.

JoAnne H. Suttner v. Crane Co.
Oct. 2012 Trial | Court: Supreme Court of the State of New York, 8th Judicial District / State of New York Supreme Court, County of Erie
Cause No.: 2010-12499
Area of Lit: Asbestos
Attorney: SHC Attorney Myles Epperson and John Comerford (John Comerford is local trial counsel) for plaintiff
Outcome: Plaintiff verdict: $3,000,000

Galliher v. R.T. Vanderbilt
2012 Trial | Court: Superior Court of the State of Delaware in and for New Castle County
Cause Number: 10C-10-315 ASB
Area of Lit: Asbestos

Attorney: William Kohlburn (SHC), J. Conard Metcalf (SHC), and Randy Cohn (SHC) and local counsel David W. deBruin for plaintiff
Outcome: Plaintiff verdict: $2,864,583

Web Tracking Solutions, Inc. v. Google, Inc.
2012 Appeal | Court: United States Court of Appeals for the Federal Circuit
Cause Number: 2012-1368
Area of Lit: Patent Infringement
Attorney: Ed Flynn (Cohen & Grace), Steve Hayes (Hanly Conroy), Paul Lesko (SHC) for plaintiff
Outcome: Settled confidentially.

SIMILAR MATTERS | MULTIDISTRICT LITIGATION EXPERIENCE (partial list)

SHC attorneys have held court-appointed leadership roles in high-stakes, high-profile litigation of national scope. Many of these cases are multidistrict litigations and settle for millions or billions of dollars on behalf of thousands of clients. To be appointed, attorneys must have a track record of experience in the litigation area and have the resources necessary to litigate the cases. A sampling of MDLs in which SHC attorneys have held leadership positions is as follows.

- In Re: Volkswagen "Clean Diesel" Marketing, Sales Practices, And Products Liability Litigation, MDL No. 2672 (N.D. Cal.)
- In re Toyota Motor Corp. Unintended Acceleration Marketing, Sales Practices, and Product Liability Litigation, MDL 2151 (C.D. Cal.)
- In re Terrorist Attacks on September 11, 2001, No. 21 MC 97 (S.D.N.Y.) (consolidated 9/11 negligence actions against airlines and airport security companies);MDL 1570, In re Terrorist Attacks on September 11, 2001 (S.D.N.Y.) (Anti-terrorism Act actions against financial sponsors of terrorism)
- In re DePuy Pinnacle Hip Implant Products Liability Litigation, MDL 2244 (N.D. Tex. Jan. 9, 2012)
- In re DePuy ASR Hip Implant Products Liability Litigation, MDL 2197 (N.D. Ohio)
- In re Oil Spill by the Oil Rig "Deepwater Horizon" in the Gulf Of Mexico, on April 20, 2010 litigation, MDL 2179 (E.D. La.)
- In re Syngenta AG MIR162 Corn Litigation, MDL 2591 (D. Kan. Jan. 21, 2015)
- In re Lipitor Products Liability Litigation, MDL 2502 (D.S.C. April 9, 2014)
- In re Zoloft Products Liability Litigation, MDL 2342 (E.D. Pa. 2012)
- In Re Propecia (Finasteride) Product Liability Litigation, MDL 2331 (E.D.N.Y. 2012)
- In re Pelvic Repair System Products Liability Litigation, MDL 2325, 2326 & 2327 (S.D. W. Va. 2012)
- In re Actos Products Liability Litigation, MDL 2299 (W.D. La. 2012)
- In re Yazmin and Yaz (Drospirenone) Marketing, Sales Practices and Products Liability Litigation, MDL 2100 (S.D. Ill.
- In re Chantix (Varenicline) Products Liability Litigation, MDL 2092 (N.D. Ala.)

- In re Gadolinium-Based Contrast Agents Products Liability Litigation, MDL 1909 (N.D. Oh.)
- In re Zyprexa Litigation, MDL 1596 (E.D.N.Y.)
- In re Bextra and Celebrex Products Liability Litigation, MDL 1699 (N.D. Cal.) and New York State Coordinated Proceeding

SIMILAR MATTERS | PRIVATE LIABILITY RESULTS (partial)

Below are summaries of private liability litigation results that highlight the experience of attorneys Paul Hanly and Jayne Conroy.

In Re: Toyota Motor Corp. Unintended Acceleration Marketing, Sales Practices, and Products Liability Litigation
Award or settlement total: **More than $1.1 billion, plus $200 million in attorneys' fees and Toyota's reimbursement of plaintiffs' counsel's expenses in the amount of approximately $27 million**
Defendant: **Toyota Motor Corp.**
Judge: **James Selna, U.S. District Court, Central District of California**
Case Summary: SHC filed the first lawsuits on behalf of vehicle owners harmed by unintended acceleration in 2010. Three years of hard-fought litigation followed in which firm named shareholder Jayne Conroy played a leading role, having been appointed by U.S. District Judge James Selna as a member of the plaintiffs' leadership team in the case. In addition, several SHC clients served as representatives of the class of Toyota owners economically injured. In connection with the settlement, Ms. Conroy was separately appointed by Judge Selna as one of three settlement allocation counsel charged with overseeing the allocation of settlement funds to millions of Toyota owners throughout the United States.

Joseph Jean-Charles v. Douglas Perlitz et al., 3:11-CV-00614-RNC (D. Conn. 2013)
Award or settlement total: **$12 million, $500,000 per boy**
Defendants: **Society of Jesus of New England, Fairfield University, the Order of Malta, Hope Carter, Father Paul Carrier**
Judge: **Robert N. Chatigny, U.S. District Court, District of Connecticut**
Case Summary: The firm represented 24 Haitian boys who were the victims of a pedophile sponsored by Fairfield University and the Society of Jesus. Both Mr. Hanly and Ms. Conroy traveled to Haiti, the poorest country in the western hemisphere and a highly dangerous place to visit, on five separate occasions to investigate the case and provide counsel to the boys. Because of their extraordinary efforts in both Haiti and the federal court proceedings in the United States, the firm was able to hold the defendants responsible and provide justice to the boys and their families in the form of a settlement of $500,000 per boy.

Chambers et al v. Merrill Lynch & Co., Inc., et al. 1:10-cv-07109
Award or settlement total: **$20 million plus attorneys' fees and costs of approximately $5.2 million**
Date: **June 2013**
Defendant: **Merrill Lynch & Co., Inc., et al.**

Judge: **Alison J. Nathan, U.S. District Court, Southern District of New York**
Case Summary: This nationwide class action suit pitted the firm against some of the toughest defense firms in the country, specifically Reed Smith and Morgan Lewis. The firm represented 1,100 former Merrill Lynch financial advisors who were denied deferred compensation benefits upon the acquisition of the company in 2009 by Bank of America. The complex case involved difficult issues of contract interpretation in the context of class certification. The settlement was in the amount of approximately $20 million for the plaintiffs and a separate payment of $5.2 million in attorneys' fees. Mr. Hanly served as lead counsel.

Synergetics USA, Inc. v. Alcon Laboratories Inc., et al.
Award or settlement total: **$32 million settlement, including $10.5 million in attorneys' fees**
Defendant: **Alcon Laboratories**
Judge: **Hon. Denise Cote, U.S. District Court, Southern District of New York**
Case Summary: SHC represented Synergetics, a small medical device manufacturer, in an antitrust lawsuit against a larger competitor. Paul Hanly served as lead counsel. The suit alleged that Alcon engaged in certain anti-competitive conduct in the market for vitreoretinal surgical equipment and supplies. Synergetics' allegations included that Alcon used the market power enjoyed by its vitrectomy machine in an unlawful manner, forcing surgeons to purchase from Alcon the ancillary instruments, tools, and external light sources used in vitreoretinal surgeries. Most notably, Synergetics alleged that Alcon unlawfully tied the sale of its fiberoptic illuminator to the sale of single-use disposable cassettes necessary to operate the Alcon vitrectomy machine.

Respectfully submitted,

Paul J. Hanly, Jr.
Shareholder

Jayne Conroy
Shareholder

Simmons Hanly Conroy, LLC
112 Madison Ave., 7th Floor
New York, NY 10016

#	State	Court	Case No.	Plaintiff(s)	Defendant(s)	Date Filed
1	Connecticut	Waterbury Superior Court	UWY-CV17-6036251-S	The City of Waterbury	Purdue Pharma L.P., the Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutica, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	8/31/2017
2	Illinois	Bureau	18-L-1	People of the State of Illinois; Boone County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Abbott Laboratories; Abott Laboratories, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	1/12/2018
3	Illinois	Cook	17-L-013180	People of the State of Illinois; Cook County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Abbott Laboratories; Abott Laboratories, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	12/27/2017
4	Illinois	DuPage	17-L-001400	People of the State of Illinois; DuPage County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Abbott Laboratories; Abott Laboratories, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	12/21/2017
5	Illinois	Kane	17-L-639	People of the State of Illinois; Kane County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Abbott Laboratories; Abott Laboratories, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	12/21/2017

6	Illinois	Kankakee	17-L-104	People of the State of Illinois; Kankakee County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Abbott Laboratories; Abott Laboratories, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	9/25/2017
7	Illinois	McHenry	17-L-000399	People of the State of Illinois; McHenry County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Abbott Laboratories; Abott Laboratories, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	12/21/2017
8	Illinois	Will	17-MR-3400	People of the State of Illinois; Will County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Abbott Laboratories; Abott Laboratories, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	12/21/2017
9	Indiana	NDIN	18-CV-0003	The Board of Commissioners of the County of Allen	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	1/5/2018
10	Iowa	SDIA	18-CV-0011	Adair County; Adams County; Audubon County; Benton County; Bremer County; Buchanan County; Buena Vista County; Calhoun County; Carroll County; Cedar County; Clay County; Clayton County; Clinton County; Dallas County; Delaware County; Fayette County; Hamilton County; Hardin County; Humboldt County; Johnson County; Lee County; Mahaska County; Marion County; Mitchell County; Monroe County; Montgomery County; O'Brien County; Plymouth County; Pottawattamie County; Sac County; Scott County; Shelby County; Sioux County; Taylor County; Winneshiek County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	1/5/2018

11	Iowa	SDIA	18-CV-0010	Polk County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	1/5/2018
12	Louisiana	12th Judicial District Court - Parish of Avoyelles, State of Louisiana	2017-4682B	Avoyelles Parish Sheriff's Office	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Randall Brewer; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	9/18/2017
13	Louisiana	14th Judicial District Court, Parish of Calcasieu	2017-4126 Div H	Calcasieu Parish Sheriff's Office	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Randall Brewer; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	10/5/2017
14	Louisiana	31st Judicial District Court, Parish of Jefferson Davis	C-638-17	Jefferson Davis Parish Sheriff's Office	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Randall Brewer; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	9/18/2017
15	Louisiana	15th Judicial District Court, Parish of Lafayette	17-5337	Lafayette Parish Sheriff's Office	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Randall Brewer; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	9/18/2017
16	Louisiana	4th Judicial District Court, Parish of Ouachita	17-3279	Ouachita Parish Sheriff's Office	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Randall Brewer; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	10/5/2017

17	Louisiana	9th Judicial District Court, Parish of Rapides	259,886-F	Rapides Parish Sheriff's Office	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Randall Brewer; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	9/18/2017
18	Louisiana	11th Judicial District Court, Parish of Ouachita	17-68465	Sabine Parish Sheriff's Office	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Randall Brewer; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	10/5/2017
19	Louisiana	30th Judicial District Court, Parish of Vernon	95086	Vernon Parish Sheriff's Office	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Randall Brewer; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	10/5/2017
20	Louisiana	22nd Judicial District Court, Parish of Washington	111223 Div B	Washington Parish Sheriff's Office	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Randall Brewer; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	10/5/2017
21	Minnesota	DMINN	18-CV-0062	County of Anoka, Minnesota	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	1/9/2018
22	Missouri	EDMO	17-CV-2703	Saint Louis County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/10/2017

23	New York	NY State Court	EFCA2017-252	Broome County	Purdue Pharma L.P.; Purdue Pharma Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc. n/k/a Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutica, Inc. n/k/a Janssen Pharmaceuticals, Inc.; Endo Health Solutions, Inc., Endo Pharmaceuticals, Inc.; Russell Portenoy; Perry Fine; Scott Fishman; Lynn Webster	2/1/2017
24	New York	NY State Court	2017-51340	Dutchess County	Purdue Pharma LP; Purdue Pharma Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc. n/k/a Janssen Pharmaceuticals Inc.; Janssen Pharmaceutical, Inc. n/k/a Janssen Pharmaceuticals; Endo Health Solutions Inc.; and Endo Pharmaceuticals, Inc.; as well as physicians Russell Portenoy, Perry Fine, Scott Fishman and Lynn Webster	6/6/2017
25	New York	NY State Court	2017-801671	Erie County	Purdue Pharma LP; Purdue Pharma Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc. n/k/a Janssen Pharmaceuticals Inc.; Janssen Pharmaceutical, Inc. n/k/a Janssen Pharmaceuticals; Endo Health Solutions Inc.; and Endo Pharmaceuticals, Inc.; Russell Portenoy, Perry Fine, Scott Fishman and Lynn Webster	2/1/2017
26	New York	NY State Court	2017-3572	Orange County	Purdue Pharma LP; Purdue Pharma Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc. n/k/a Janssen Pharmaceuticals Inc.; Janssen Pharmaceutical, Inc. n/k/a Janssen Pharmaceuticals; Endo Health Solutions Inc.; and Endo Pharmaceuticals, Inc.; Russell Portenoy, Perry Fine, Scott Fishman and Lynn Webster	5/11/2017
27	New York	NY State Court	2018-0022	Oswego County	Purdue Pharma LP; Purdue Pharma Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc. n/k/a Janssen Pharmaceuticals Inc.; Janssen Pharmaceutical, Inc. n/k/a Janssen Pharmaceuticals; Endo Health Solutions Inc.; and Endo Pharmaceuticals, Inc.; Russell Portenoy, Perry Fine, Scott Fishman and Lynn Webster	1/4/2018

28	New York	NY State Court	2017-1209	Schenectady County	Purdue Pharma LP; Purdue Pharma Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc. n/k/a Janssen Pharmaceuticals Inc.; Janssen Pharmaceutical, Inc. n/k/a Janssen Pharmaceuticals; Endo Health Solutions Inc.; and Endo Pharmaceuticals, Inc.; Russell Portenoy, Perry Fine, Scott Fishman and Lynn Webster	6/15/2017
29	New York	NY State Court	2017-51181	Seneca County	Purdue Pharma LP; Purdue Pharma Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc. n/k/a Janssen Pharmaceuticals Inc.; Janssen Pharmaceutical, Inc. n/k/a Janssen Pharmaceuticals; Endo Health Solutions Inc.; and Endo Pharmaceuticals, Inc.; Russell Portenoy, Perry Fine, Scott Fishman and Lynn Webster	6/7/2017
30	New York	NY State Court	2018-	St Lawrence County	Purdue Pharma LP; Purdue Pharma Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc. n/k/a Janssen Pharmaceuticals Inc.; Janssen Pharmaceutical, Inc. n/k/a Janssen Pharmaceuticals; Endo Health Solutions Inc.; and Endo Pharmaceuticals, Inc.; Russell Portenoy, Perry Fine, Scott Fishman and Lynn Webster	1/12/2018
31	New York	NY State Court	2016-613760	Suffolk County	Purdue Pharma LP; Purdue Pharma Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc. n/k/a Janssen Pharmaceuticals Inc.; Janssen Pharmaceutical, Inc. n/k/a Janssen Pharmaceuticals; Endo Health Solutions Inc.; and Endo Pharmaceuticals, Inc.; as well as physicians Russell Portenoy, Perry Fine, Scott Fishman and Lynn Webster	8/31/2016
32	New York	NY State Court	2017-961	Sullivan County	Purdue Pharma LP; Purdue Pharma Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc. n/k/a Janssen Pharmaceuticals Inc.; Janssen Pharmaceutical, Inc. n/k/a Janssen Pharmaceuticals; Endo Health Solutions Inc.; and Endo Pharmaceuticals, Inc.; as well as physicians Russell Portenoy, Perry Fine, Scott Fishman and Lynn Webster	6/7/2017

33	Pennsylvania	Delaware County	17-8095	Delaware County	Purdue Pharma L.P.; Purdue Pharma Inc.; The Purdue Frederick Company Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals Inc.; Janssen Pharmaceutica Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	9/21/2017
34	Wisconsin	EDWI	17-CV-1533	Adams County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
35	Wisconsin	EDWI	17-CV-1664	Ashland County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/28/2017
36	Wisconsin	EDWI	17-CV-1645	Bayfield County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/28/2017
37	Wisconsin	EDWI	18-CV-0022	Brown County; Crawford County; Iron County; Juneau County; Kewaunee County; Outagamie County; Ozaukee County; Pepin County; Portage County; Racine County; Richland County; Winnebago County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	1/5/2018
38	Wisconsin	EDWI	17-CV-1647	Buffalo County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/28/2017

39	Wisconsin	EDWI	17-CV-1648	Burnett County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/28/2017
40	Wisconsin	EDWI	17-CV-1649	Calumet County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/28/2017
41	Wisconsin	EDWI	17-CV-1650	Chippewa County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/28/2017
42	Wisconsin	EDWI	17-CV-1651	Clark County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/28/2017
43	Wisconsin	EDWI	17-CV-1538	Columbia County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
44	Wisconsin	EDWI	17-CV-1653	Dodge County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/28/2017

45	Wisconsin	EDWI	17-CV-1541	Door County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
46	Wisconsin	EDWI	17-CV-1545	Douglas County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
47	Wisconsin	EDWI	17-CV-1656	Dunn County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/28/2017
48	Wisconsin	EDWI	17-CV-1551	Eau Claire County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
49	Wisconsin	EDWI	17-CV-1554	Florence County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
50	Wisconsin	EDWI	17-CV-1543	Fond du Lac County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017

51	Wisconsin	EDWI	17-CV-1658	Forest County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/28/2017
52	Wisconsin	EDWI	17-CV-1557	Grant County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
53	Wisconsin	EDWI	17-CV-1535	Green County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
54	Wisconsin	EDWI	17-CV-1539	Iowa County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
55	Wisconsin	EDWI	17-CV-1544	Jackson County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
56	Wisconsin	EDWI	17-CV-1546	Jefferson County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017

57	Wisconsin	EDWI	17-CV-1659	Kenosha County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/28/2017
58	Wisconsin	EDWI	17-CV-1550	Langlade County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
59	Wisconsin	EDWI	17-CV-1555	Lincoln County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
60	Wisconsin	EDWI	17-CV-1660	Manitowoc County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/28/2017
61	Wisconsin	EDWI	17-CV-1536	Marathon County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
62	Wisconsin	EDWI	17-CV-1661	Marinette County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/28/2017

63	Wisconsin	EDWI	17-CV-1662	Marquette County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/28/2017
64	Wisconsin	EDWI	17-CV-1663	Monroe County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/28/2017
65	Wisconsin	EDWI	17-CV-1542	Oconto County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
66	Wisconsin	EDWI	17-CV-1559	Oneida County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
67	Wisconsin	EDWI	17-CV-1547	Pierce County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
68	Wisconsin	EDWI	17-CV-1556	Price County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017

69	Wisconsin	EDWI	17-CV-1549	Rock County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
70	Wisconsin	EDWI	17-CV-1534	Rusk County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
71	Wisconsin	EDWI	17-CV-1537	Sauk County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
72	Wisconsin	EDWI	17-CV-1664	Sawyer County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/28/2017
73	Wisconsin	EDWI	17-CV-1540	Shawano County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
74	Wisconsin	EDWI	17-CV-1560	Sheboygan County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017

69	Wisconsin	EDWI	17-CV-1549	Rock County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
70	Wisconsin	EDWI	17-CV-1534	Rusk County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
71	Wisconsin	EDWI	17-CV-1537	Sauk County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
72	Wisconsin	EDWI	17-CV-1664	Sawyer County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/28/2017
73	Wisconsin	EDWI	17-CV-1540	Shawano County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
74	Wisconsin	EDWI	17-CV-1560	Sheboygan County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017

63	Wisconsin	EDWI	17-CV-1662	Marquette County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/28/2017
64	Wisconsin	EDWI	17-CV-1663	Monroe County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/28/2017
65	Wisconsin	EDWI	17-CV-1542	Oconto County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
66	Wisconsin	EDWI	17-CV-1559	Oneida County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
67	Wisconsin	EDWI	17-CV-1547	Pierce County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
68	Wisconsin	EDWI	17-CV-1556	Price County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017

75	Wisconsin	EDWI	17-CV-1665	St. Croix County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/28/2017
76	Wisconsin	EDWI	17-CV-1666	Trempealeau County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/28/2017
77	Wisconsin	EDWI	17-CV-1667	Vernon County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/28/2017
78	Wisconsin	EDWI	17-CV-1548	Washburn County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
79	Wisconsin	EDWI	17-CV-1532	Washington County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017
80	Wisconsin	EDWI	17-CV-1553	Waupaca County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017

81	Wisconsin	EDWI	17-CV-1668	Waushara County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/28/2017
82	Wisconsin	EDWI	17-CV-1558	Wood County	Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson & Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutical, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman and Dr. Lynn Webster	11/7/2017

CRUEGERDICKINSON.COM SIMMONSFIRM.COM VONBRIESEN.COM

Multi-District Litigation: Its Effect on Litigation Timing

What is Multidistrict Litigation?

Multidistrict litigation ("MDL") is a federal court procedure for handling numerous complex cases sharing common questions of law or fact by placing those cases in one location for pre-trial matters. The Judicial Panel on Multidistrict Litigation ("JPML") decides whether the cases should be consolidated and, if so, where the cases should be transferred.

Multi-District Litigation Re: National Prescription Opiate Litigation, MDL No. 2804

On December 5, 2017, the JPML issued a Transfer Order forming an MDL and transferring all federal cases to the Northern District of Ohio before the Honorable Daniel Pollster. On January 4, 2018, Judge Pollster appointed the leadership committee of attorneys to lead and manage the national federal litigation. Our team is well represented. Paul Hanly of Simmons Hanly Conroy was named Co-Lead Counsel for the nationwide MDL and Erin Dickinson was named to the sixteen-member Plaintiffs' Executive Committee. *See* attached Motion to appoint leadership and Order approving.

Additionally, on January 9, 2018, Judge Pollster held his first hearing. Judge Pollster's message was clear. He believes his job is to engage the parties in an early resolution process and find a way to resolve these cases and abate the opioid crisis. He has set a follow up hearing to begin discussing whether a resolution can be achieved on January 31, 2018. *See* attached transcript.

How Does the MDL Effect When My County Should Bring Suit?

Given Judge Pollster's comments and his intent to engage in an early resolution process, Counties will want to have their cases in suit as soon as possible to have a voice in that process.

The Simmons Hanly-Crueger Dickinson Team in the MDL

Counties hiring our team will be will represented in the MDL. Paul Hanly of Simmons Hanly Conroy was named Co-Lead Counsel for the nationwide MDL and Erin Dickinson was named to the sixteen-member Plaintiffs' Executive Committee. What this practically means for counties hiring our team is that they will have a voice in both the direction of the litigation and any resolution, if one is achieved.

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

IN RE: NATIONAL PRESCRIPTION OPIATE LITIGATION	)	MDL No. 2804
	)	Case No. 17-md-02804
THIS DOCUMENT RELATES TO:	)	Judge Dan Aaron Polster
ALL CASES	)	

Plaintiffs' Renewed Motion
to Approve Co-Leads, Co-Liaisons, and Executive Committee

Pursuant to the Court's December 21, 2017, Order (Doc. #22), Plaintiffs submit this Renewed Motion to Approve Co-Leads, Co-Liaisons, and Executive Committee. Plaintiffs' Renewed Motion addresses and resolves all objections to Plaintiffs' original Motion (Doc. #16) and complies with this Court's Order (Doc. #22) regarding those objections.

Plaintiffs filed their original Motion to Approve Co-Leads, Co-Liaisons and Plaintiffs' Executive Committee on December 20, 2017. The Court subsequently requested, and Plaintiffs' filed, an Amended Motion further describing the function of the proposed leadership structure (Doc. #17). There were three objections to Plaintiffs' amended motion; one from a group representing hospitals (Doc. #19), one from a group representing Third-Party Payors (TPPs) (Doc. # 20) and a third from a group representing seven governmental entities in southern West Virginia. (Doc. #18). All groups sought inclusion on the Plaintiffs' Executive Committee.

After reviewing Plaintiffs' motion and the three objections, the Court issued an order providing the following (Doc. #22):

- The Court has "not decided whether to keep non-government cases in this MDL, and if so, whether to create separate tracks."
- Accordingly, the leadership team should include at least one attorney handling Third-Party Payor cases and one attorney handling Hospital cases.
- There should also be no more than one person from any one law firm on the Executive Committee.

Plaintiffs' counsel from across the country subsequently worked diligently to create an organizational structure that addressed and resolved the three objections and comports with the Court's Order. They are pleased to represent that they have done so and there is general consensus regarding the designation of Co-Leads, Co-Liaisons, and an Executive Committee. Each of the objecting groups now has representation on the Plaintiffs' Executive Committee outlined in this Renewed Motion. Specifically, pursuant to the Court's Order, the proposed Plaintiffs' Executive Committee now includes several additional members including: (1) an additional member designated to exclusively represent the interests of Third-Party Payor cases, James R. Dugan, II; (2) an additional member designated to exclusively represent the interests of hospitals, Don Barrett; (3) and a representative from the third group to file an objection, James Young of MORGAN & MORGAN. The proposed PEC has also been revised to include no more than one person from any one law firm.

THE ORGANIZATION AND NOMINATION PROCESS

The process by which the proposed leadership structure was selected has been fair, open and transparent. The Judicial Panel on Multidistrict Litigation ordered that the nationwide federal court cases proceed in MDL 2804 on December 5, 2017. Following that order, counsel with docketed cases from around the United States began discussing a leadership structure. The proposed leadership slate that came out of

these discussions included attorneys representing the vast majority of the filed cases from across the country, counsel with extensive trial and resolution experience, and counsel with decades of leadership experience in MDL proceedings.

So that the process could be as inclusive as possible and the proposed nominations could be shared with all counsel of record in opiate litigation, an invitation was sent to all counsel of record for the plaintiffs to attend a caucus on December 18, 2017, in Cleveland, Ohio. The meeting was attended by 150 lawyers from 97 law firms (attendance roster attached as Appendix A), and 191 of the 206 docketed opiate cases were represented in person by at least one counsel of record. At the meeting, nominations were made for co-leads, co-liaison, and plaintiff's executive committee in the form of the proposed slate that had been discussed and developed in the weeks following the JPML order. A motion was made from the floor to adopt the slate, and was seconded. A voice vote was called and the slate was approved with yeas. No nays were voiced during the vote. No other candidates were proposed. Subsequently, a motion to approve the proposed leadership discussed at the meeting was submitted to this Court on December 20, 2017.

After Plaintiffs' original Motion was submitted, three objections were filed. The Court subsequently entered an Order (noted above) addressing those objections. Since that time, Plaintiffs' counsel have addressed and resolved those objections, including adding additional attorneys to the Plaintiffs' Executive Committee from each of the objecting groups.

Thus, movants have complied with the Court's Order, have resolved all objections, and now submit this renewed motion to the Court.

ORGANIZATION

The undersigned are acutely aware of the magnitude of this litigation and have strived to propose a leadership structure that accounts for and can provide coordination and organization for the various Plaintiffs included in the MDL. The proposed leadership includes a leadership structure with three co-leads and a diverse executive committee to serve as a superstructure and provide oversight for various committees populated from a steering committee.

The selection of the three proposed co-leads received unanimous support of counsel of record. Each co-lead brings a combination of experience, expertise and vision while representing a substantial portion of the MDL's case inventory. Likewise, the selection of liaison counsel has received the unanimous support of counsel of record and each is well known to the Court.[1]

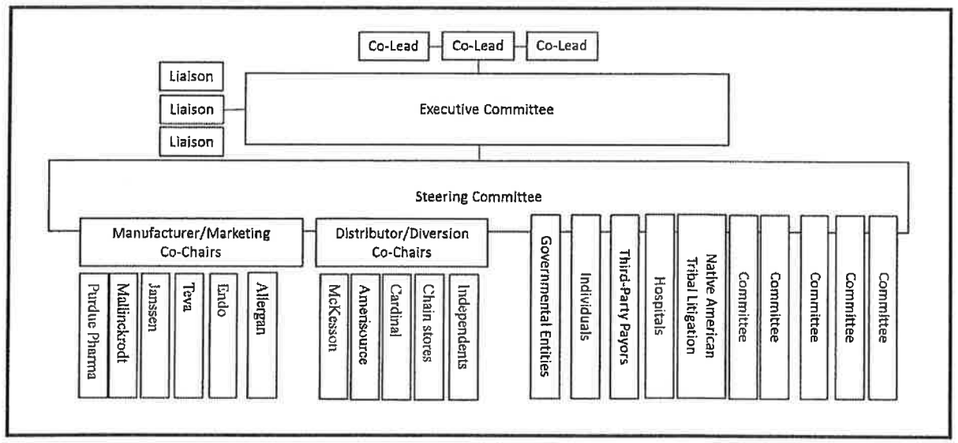
Plaintiffs believe a Plaintiffs' Executive Committee (PEC) is necessary to coordinate, organize and effectively litigate an MDL of this magnitude. Counsel attending the December 18 caucus approved Plaintiffs' proposal of selecting a Plaintiffs' Executive Committee (PEC) before appointing a steering committee. Plaintiffs believe this is a necessary and critical initial step to provide the PEC with the flexibility to build a leadership infrastructure to respond to the demands of this litigation.

---

[1] Troy Rafferty is a partner in the law firm of LEVIN, PAPANTONIO, THOMAS, MITCHELL, RAFFERTY AND PROCTOR and served as Co-Lead Counsel in the *In re: Gadolinium Based Contrast Action Litigation* (MDL No. 1909). Mr. Rafferty has been nominated as one of the three co-liaisons for the Executive Committee. Because his law partner Peter Mougey has been nominated to serve on the Plaintiffs' Executive Committee, and due to the Court's directive that no more than one person from any one law firm serve on the Executive Committee, plaintiffs and Mr. Rafferty request that he permitted to serve as co-liaison counsel in an *ex officio* capacity to the Executive Committee.

Plaintiffs ask that the Court approve this leadership structure and allow that leadership structure to create and organize a Plaintiffs' Steering Committee to carry out the work of the litigation.

Generally, Plaintiffs' proposed organizational structure is envisioned as follows:



Plaintiffs' counsel concur with the JPML's observation in the *Transfer Order* that "the transferee judge might find it useful … to establish different tracks for the different types of parties or claims." MDL 2804 *Transfer Order* (Doc. 328). It is anticipated that separate tracks may be necessary to address:

(1) Marketing claims directed at the manufacturer defendants, a group of at least seven separate corporate defendants,[2] and

[2] The manufacturing defendants are: (a) Purdue Pharma L.P., Purdue Pharma, Inc. and The Purdue Frederick Company, Inc.; (b) Mallinckrodt PLC and Mallinckrodt LLC; (c) Janssen Pharmaceuticals, Inc., Johnson & Johnson, Janssen Pharmaceutica, Inc. n/k/a Janssen Pharmaceuticals, Inc., and Ortho-McNeil-Janssen Pharmaceuticals, Inc. n/k/a Janssen Pharmaceuticals, Inc.; (d) Teva Pharmaceuticals Industries, Ltd., Teva Pharmaceuticals USA, Inc., Cephalon, Inc., Watson Laboratories, Inc., Actavis LLC and Actavis Pharma, Inc. f/k/a Watson Pharma, Inc.; (e) Endo Health Solutions Inc. and Endo Pharmaceuticals, Inc.; and (f) Allergan PLC f/k/a Actavis PLS.

(2) Diversion claims directed at the manufacturer defendants and distributor defendants, the latter group including at least three different corporate defendants and two categories of smaller market defendants.[3]

(3) Third Party Payor claims

(4) Hospital claims

(5) Individual claims

(6) Tribal claims

(7) Client committees (for example, the Government Entity Committee) suggested by the Court.

Under each of the Steering Committee tracks, Plaintiffs anticipate forming additional working groups to give multiple voices representation in decision making. The court or lead counsel may task committees with preparing briefs or conducting portions of the discovery program, for example. Manual for Complex Litigation (Fourth) § 10.221 (2004).

Once Co-Lead Counsel, Co-Liaison Counsel and a Plaintiffs' Executive Committee has been approved then that leadership structure will move to populate the various committees and subcommittees with counsel from around the United States.

LEADERSHIP NOMINATIONS

We recognize that this is uniquely demanding litigation, with the health and safety of hundreds of thousands of Americans, and the governmental and private entities dedicated to their care, at stake in a crisis that advances daily. Both experience and

[3] The distributor defendants are (a) McKesson Corporation; (b) Amerisource Bergen Drug Company; (c) Cardinal Health, Inc., Cardinal Health 110, LLC, Cardinal Health 105, Inc., Cardinal Health 108, LLC, Cardinal Health 112, LLC, Cardinal Health 414, LLC, and Cardinal Health subsidiary The Harvard Drug Group, L.L.C.; (d) Chain store distributors (*e.g.*, CVS Indiana, L.L.C., Rite Aid Of Maryland, Inc. dba Rite Aid Mid-Atlantic Customer Support Center, Inc., Wal-Mart Stores East, LP dba Wal-Mart Pharmacy Warehouse #46, Kroger Limited Partnership II, Walgreen Eastern Co., Inc.); and (e) Independent distributors (*e.g.*, J M Smith Corporation *dba* Smith Drug Company, H. D. Smith Wholesale Drug Co., Miami-Luken, Inc., The Harvard Drug Group, L.L.C., Anda Pharmaceuticals, Inc., Masters Pharmaceutical, Inc., Keysource Medical, Inc., Generics Bidco I, LLC, Bellco Drug Corp., Qualitest Pharmaceuticals, Inc.).

innovation are essential to this litigation's fair, efficient, and ultimately successful outcome. Accordingly, the credentials of the proposed leadership counsel demonstrate an appropriate and unparalleled diversity of litigation experience. This experience includes not only deep, longstanding, and broad MDL experience, but trial and settlement experience in state court and other non-MDL contexts, including the successful resolution of major mass tort and economic damages litigation. These varied experiences and perspectives will inform and energize this litigation to advance its diligent prosecution and provide the best possible potential for an expeditious and innovative resolution. Diversity of experience, expertise and perspective will be further ensured by the population of a broad, diverse and inclusive plaintiffs' steering committee.

The following attorneys have been nominated to serve as the proposed Co-Lead Counsel, Co-Liaison Counsel and Plaintiffs' Executive Committee and to commit their personal energy and the energies and resources of their firms for the benefit of the Opiate MDL Plaintiffs:

Co-Lead Counsel

Lead Counsel is charged with formulating (in consultation with other counsel) and presenting positions on substantive and procedural issues during the litigation. Typically, they act for the group—either personally or by coordinating the efforts of others—in presenting written and oral arguments and suggestions to the court, working with opposing counsel in developing and implementing a litigation plan, initiating and organizing discovery requests and responses, conducting the principal examination of

deponents, employing experts, arranging for support services, and seeing that schedules are met. Manual for Complex Litigation (Fourth) § 10.221 (2004).

The following individuals are nominated to serve as co-lead counsel to provide leadership for the plaintiffs in MDL 2804:

Paul J. Hanly, Jr. is a founding member of SIMMONS HANLY CONROY LLC (80+ attorneys) headquartered in Alton, Illinois, which has served in leadership roles in *In re Taxotere (Docetaxel) Products Liability Litigation*, MDL No. 2740 (E.D. La. 2016), *In re Testosterone Replacement Therapy Products Liability Litigation*, MDL No. 2545 (N.D. Ill. 2015), *In re Volkswagen "Clean Diesel*, MDL 2672 (N.D. Cal. 2015), *In re Syngenta AG MIR162 Corn Litigation*, MDL 2591 (D. Kan. 2015), *In re Lipitor Products Liability Litigation*, MDL 2502 (D.S.C. 2014), *In re DePuy Pinnacle Hip Implant Products Liability Litigation*, MDL 2244 (N.D. Tex. 2012), *In re Propecia (Finasteride) Product Liability Litigation*, MDL 2331 (E.D.N.Y. 2012), *In re Zoloft Products Liability Litigation*, MDL 2342 (E.D. Pa. 2012), *In re Pelvic Repair System Products Liability Litigation*, MDL 2325, 2326 & 2327 (S.D. W. Va. 2012), *In re Actos Products Liability Litigation*, MDL 2299 (W.D. La. 2011), *In re DePuy ASR Hip Implant Products Liability Litigation*, MDL 2197 (N.D. Ohio 2010), *In re Oil Spill by the Oil Rig "Deepwater Horizon" in the Gulf of Mexico, on April 20, 2010 Litigation*, MDL 2179 (E.D. La. 2010), *In re Toyota Motor Corp. Unintended Acceleration Marketing, Sales Practices, and Products Liability Litigation*, MDL 2151 (C.D. Cal. 2010), *In re Yasmin and YAZ (Drospirenone) Marketing, Sales Practices and Products Liability Litigation*, MDL 2100 (S.D. Ill. 2009), *In re Chantix (Varenicline) Products Liability Litigation*, MDL 2092 (N.D. Ala. 2009), *In re Gadolinium-Based Contrast Agents Products Liability Litigation*, MDL 1909 (N.D. Oh. 2008), *In re Zyprexa Products Liability Litigation,* MDL 1596 (E.D.N.Y. 2008), *In re Ephedra Products Liability Litigation*, MDL 1598 (S.D.N.Y. 2008), *In re Bextra and Celebrex Products Liability Litigation*, MDL 1699 (N.D. Cal. 2005) and *In re Terrorist Attacks on September 11, 2001* (S.D.N.Y. 2002). Mr. Hanly is lead counsel of record for 40+ docketed cases in MDL 2804 and widely recognized by his peers as a pioneer and authority regarding the marketing claims directed against the manufacturers.

Joseph F. Rice is a founding partner of MOTLEY RICE LLC (100+ attorneys) headquartered in Mount Pleasant, South Carolina, whose attorneys haves served in leadership roles in *In re Ethicon Physiomesh Flexible Composite Hernia Mesh Prods. Liab. Litig.*, 254 F. Supp. 3d 1381 (J.P.M.L. 2017); *In re Chrysler-Dodge-Jeep Ecodiesel Mktg., Sales Pracs. & Prods. Liab. Litig.*, MDL No. 2777, 2017 WL 1282901 (J.P.M.L. Apr. 5, 2017); *In re Atrium Med. Corp. C-QUR Mesh Prods. Liab. Litig.*, 223 F. Supp. 3d 1355 (J.P.M.L. 2016); *In re Johnson & Johnson Talcum Powder Prods. Mktg., Sales Pracs. & Prods. Litig.*, No. 16-7891, 2017 WL 4570289 (D.N.J. Oct. 12, 2017); *In re KBR, Inc., Burn Pit Litig.*, 925 F. Supp. 2d 752 (D. Md. 2013); *In re 21st Century Oncology Customer Data Sec. Breach Litig.*, 214 F. Supp. 3d 1357 (J.P.M.L. 2737); *In re Viagra (Sildenafil Citrate) Prods. Liab. Litig.*, 224 F. Supp. 3d 1330 (J.P.M.L. 2016); *In re. Volkswagen "Clean Diesel" Mktg., Sales Pracs., & Pros. Liab. Litig.*, 148 F. Supp. 3d 1367 (J.P.M.L. 2015); *In re Power Morcellator Prods. Liab. Litig.*, 140 F. Supp. 3d 1351

(J.P.M.L. 2015); *In re Bard IVC Filter Prods. Liab. Litig.*, 122 F. Supp. 3d 1375 (J.P.M.L. 2015); *In re Am. Med. Sys., Inc., Pelvic Repair Sys. Prods. Liab. Litig.,* 844 F. Supp. 2d 1359 (J.P.M.L. 2012); *In re Ethicon, Inc. Pelvic Repair Sys. Prods. Liab. Litig.,* MDL No. 2327, 2014 WL 505234 (S.D.W.Va. Feb. 5, 2014); *In re C.R. Bard, Inc., Pelvic Repair Sys. Prods. Liab. Litig.*, MDL No. 2187, 2015 WL 1641343 (J.P.M.L. Apr. 7, 2015); *In re Boston Sci. Corp. Pelvic Repair Sys. Prod. Liab. Litig.,* MDL No. 2326, 2014 WL 1329944 (S.D.W.Va. Mar. 31, 2014); *In re Gen. Motors LLC Ignition Switch Litig.*, 80 F. Supp. 3d 521 (S.D.N.Y. 2015); *In re Lipitor (Atorvastatin Calcium) Mktg., Sales Pracs. & Prods. Liab. Litig. (No. II)*, MDL No. 2502, 2015 WL 7769022 (J.P.M.L. June 8, 2015); *In re Oil Spill by the Oil Rig "Deepwater Horizon" in the Gulf of Mex., on Apr. 20, 2010*, 731 F. Supp. 2d 1352 (J.P.M.L. 2010); *In re Asbestos Prods Liab. Litig.,* 614 F. Supp. 2d 550 (E.D.Pa. 2009); *In re Terrorist Attacks on Sept. 11, 2001*, 295 F. Supp. 2d. 1377 (J.P.M.L. 2003); *In re Welding Fume Prods. Liab. Litig.,* No. 1:03–CV–17000, 2010 WL 7699456 (N.D. Ohio June 4, 2010); *In re Hum. Tissue Prods. Liab. Litig.,* 255 F.R.D. 151 (D.N.J 2008); *In re Nat'l Sec. Agency Telecomms. Recs. Litig.*, 564 F. Supp. 2d (N.D. Cal 2008); *In re Kugel Mesh Hernia Patch Litig.*, 493 F. Supp. 2d 1371 (J.P.M.L 2007); *In re DePuy Orthopaedics, Inc. ASR Hip Implant Prods. Liab. Litig.*, 753 F. Supp. 2d 1378 (J.P.M.L. 2010); *In re DePuy Orthopaedics, Inc. Pinnacle Hip Implant Prods. Liab. Litig.,* MDL Docket No. 3:11–MD–2244–K, 2014 WL 3557345 (N.D. Tex. July 18, 2014); *In re Avandia Mktg., Sales Pracs. & Prods. Liab. Litig.,* 543 F. Supp. 2d 1376 (J.P.M.L. 2008); *In re Medtronic, Inc., Sprint Fidelis Leads Prods. Liab. Litig.,* 536 F. Supp. 2d 1375 (J.P.M.L. 2008); *In re Trasylol Prods. Liab. Litig.,* No. 08–MD–1928, 2013 WL 1192300 (S.D. Fla. Mar. 22, 2013); *In re Levaquin Prods. Liab. Litig.,* MDL No. 1943, 2014 WL 11395078 (D. Minn. Nov. 21, 2014); *In re NuvaRing Prods. Liab. Litig.,* 572 F. Supp. 2d 1382 (J.P.M.L. 1964); *In re Digitek Prods. Liab. Litig.,* 648 F. Supp. 2d 795 (S.D.W.Va 2009); *In re Hydroxycut Mktg. & Sales Pracs. Litig.,* 810 F. Supp. 2d 1100 (S.D. Cal. 2011); *In re Zicam Cold Remedy Mktg., Sales Pracs. & Prods. Liab. Litig.,* No. 09–md–2096 PHX–FJM, 2010 WL 3402490 (D. Ariz. Aug. 26, 2010); *In re Zoloft (Sertraline Hydrochloride) Prods. Liab. Litig.*, 26 F.Supp.3d 449 (E.D.Pa. 2014). *In re A.H. Robins Co., Inc., "Dalkon Shield" IUD Prods. Liab. Litig. (No. II),* 610 F.Supp. 1099 (J.P.M.L. 1985); *In re San Juan DuPont Plaza Hotel Fire Litig.,* No. MDL 721, 1989 WL 168401 (D.P.R. Dec. 2, 1988); *In re Showa Denko K.K. L-tryptophan Prods. Liab. Action*, 953 F.2d 162 (4th Cir. 1992); *In re Xarelto (Rivaroxaban) Prods. Liab. Litig.,* MDL 2592, 2017 WL 3188456 (E.D.La. May 21, 2017); *In re Temporomandibular Joint (TMJ) Implants Prods. Liab. Litig.,* 844 F. Supp. 1553 (J.P.M.L. 1994); *In re Bridgestone/Firestone, Inc. Tires Prods. Liab. Litig.,* 659 F. Supp. 2d 1371 (J.P.M.L. 2009), *In re Ford Motor Co. E-350 Van Prods. Liab. Litig. (No. II),* Civ. No. 03–4558 (HAA), 2008 WL 4126264 (D.N.J. Sept. 2, 2008). Mr. Rice is counsel of record in the *City of Chicago* case docketed in MDL 2804 and is recognized as a skillful and innovative negotiator of complex litigation settlements, having served as the lead negotiator in some of the largest civil actions our courts have seen in the last 20 years including serving as the lead private counsel in the negotiation of the States Master Tobacco Settlement and more recently the co-lead negotiator in the BP Deepwater Horizon settlement and the Volkswagen Clean Diesel Economic class in MDL 2672.

Paul T. Farrell Jr. is a partner in the law firm GREENE KETCHUM, FARRELL, BAILEY & TWEEL, LLP (5 attorneys) in Huntington, West Virginia, and served in a leadership role in *In re Pelvic Repair System Products Liability Litigation*, MDL 2325, 2326 & 2327 (S.D. W. Va. 2012) including serving as trial counsel in a $2 million dollar bellwether verdict in *In re C.R. Bard, Inc.*, 810 F.3d 913, 917 (4th Cir. 2016) and an $18.5 million bellwether verdict in 4 consolidated cases in *Campbell v. Boston Sci. Corp.*, 2016 WL 5796906, at *19 (S.D.W. Va. Oct. 3, 2016) (No. 2:12-CV-08633) (appeal pending). Mr. Farrell is lead counsel of record for 100+ docketed cases in MDL 2804 on behalf of governmental entities from 11 states and widely recognized by his peers as a pioneer of and authority on the diversion claims directed against the manufacturers and distributors.

Plaintiffs' Executive Committee

A plaintiffs' executive committee (PEC) is proposed to assist and advise lead counsel in the massive undertaking of coordinating and conducting pre-trial proceedings. The size of the executive committee is intended to achieve efficiency and economy without jeopardizing fairness to the parties. Manual for Complex Litigation (Fourth) § 10.221 (2004). Importantly, the PEC is charged with the task of forming and populating sub-committees to carry out a comprehensive litigation plan and ensure oversight, accountability and coordination between the tracks of litigation. The PEC is vital to ensuring the functional success of this litigation.

Don Barrett is the founder of Barrett Law Group, P.A., a 7-attorney law firm in Lexington, Mississippi, which specializes in pharmaceutical, consumer fraud, mass tort, and RICO litigation around the nation. His firm has served in leadership positions in the following MDLs: *In re: Bridgestone/Firestone, Inc., Tires Products Liability Litigation*, MDL No. 1373 (S.D. Ind.), *In re: Inter-Op Hip Prosthesis Liability Litigation*, MDL No. 1401 (N.D. Ohio), *In re: Welding Fume Litigation*, MDL No. 1535 (N.D. Ohio), *In re: Neurontin Marketing and Sales Practices Litigation*, MDL No. 1629 (D. Mass.), *In re: High Sulfur Content Gasoline Products Liability Litigation*, MDL No. 1632 (E.D. La.), *In re: Automotive Parts Antitrust Litigation*, MDL No. 2311 (E.D. Mich.), *In re: Target Corporation Customer Data Security Breach Litigation*, MDL No. 14-2522 (D. Minn.), and *In re: Coca-Cola Products Marketing and Sales Practices Litigation*, MDL No. 14-0255 (N.D. Cal.). Mr. Barrett is lead counsel in the class action lawsuit on behalf of U.S. hospitals pending in this MDL No. 2804. He represents an additional twenty-five (25) hospitals and with his team has been asked by three different major hospital chains to provide a damages assessment as they consider joining in the class action. The Barrett firm is also co-counsel of record in one third-party payer case, filed in the Northern

District of Ohio and now part of MDL No. 2804. Mr. Barrett has an active practice in actually trying lawsuits, having tried major cases through successful jury verdicts in California, Illinois, Massachusetts, Tennessee, and Mississippi.

Elizabeth Cabraser is a founder of LIEFF CABRASER HEIMANN & BERNSTEIN, LLP (75+ attorneys) with main offices headquartered in New York, San Francisco and Nashville, which has served in leadership roles in *In re Chrysler-Dodge-Jeep Ecodiesel Marketing, Sales Practices, and Products Liability Litigation*, MDL No. 2777 (N.D. Cal.), *In re: Volkswagen "Clean Diesel" MDL,* MDL No. 2672 (N.D. Cal.), *In re Oil Spill By the Oil Rig "Deepwater Horizon" In the Gulf of Mexico, on April 20, 2010*, MDL No. 2179 (E.D. LA.), *In re Toyota Motor Corp. Unintended Acceleration Marketing, Sales Practices, and Products Liability Litigation*, MDL No. 2151 (C.D. Ca.), *In re Chase Bank USA "Checkloan" Contract Litigation*, MDL No. 2032 (N.D. Ca.), *In re Yamaha Motor Corp. Rhino ATV Products Liability Litigation*, MDL No. 2016 (W.D. Ky.), *In re ConAgra Peanut Butter Products Liability Litigation*, MDL No. 1845 (N.D. Ga.), *In re Guidant Defibrillators Products Liability Litigation*, MDL No. 1708 (D. Minn.), *In re Vioxx Products Liability Litigation*, MDL No. 1657 (E.D.La.), *In re Bextra/Celebrex Products Liability Litigation*, MDL No. 1699 (N.D.Ca.), *In re Tri-State Crematory Litigation*, MDL No. 1467 (N.D. Ga.), *In re Baycol Products Liability Litigation*, MDL No. 1431 (D. Minn.), *In re Bridgestone/Firestone Tires Products Liability Litigation*, MDL No. 1371 (S.D. Ind.), *In re Providian Financial Corp. Credit Card Terms Litigation*, MDL No. 1301 (E.D. Pa.), *In re American Family Publishers Business Practices Litigation*, MDL No. 1235 (D.N.J.), *In re Diet Drugs Products Liability Litigation*, MDL No. 1203 (E.D. Pa.), *Castano v. American Tobacco*, No. 94-1044 (N.D. La.), *In re Telectronics Pacing Systems, Inc. Accufix Atrial "J" Leads Products Liability Litigation*, MDL No. 1057 (S.D. Ohio), *Roberts v. Bausch & Lomb* (N.D. Ala.) *In re Felbatol Products Liability Litigation*, MDL No. 1048 (N.D. Cal.), *In re Copley Pharmaceutical, Inc. "Albuterol" Products Liability Litigation*, MDL No. 1013 (D. Wyo.), *In re General Motors Corporation Pickup Truck Fuel Tank Products Liability Litigation*, MDL No. 961 (E.D. Pa.), *In re Sears Automotive Center Consumer Litigation*, Civ. No. C-92-2341-RHS (N.D. Cal.), *In re Silicone Gel Breast Implants Products Liability Litigation*, MDL No. 926 (N.D. Ala.), *In re Cordis Pacemaker Product Liability Litigation*, MDL No. 850 (S.D. Ohio), *In re Precious Metals Securities Litigation*, MDL No. 904 (C.D. Cal.), *In re First Capital Investment Product Litigation*, MDL No. 901 (C.D. Cal.), *In re First American Center Partnerships Securities Litigation*, MDL No. 868 (S.D.N.Y.), *In re Air Disaster Near Honolulu, Hawaii on February 24, 1989*, MDL No. 807 (N.D. Cal.), *In re First Commodity Corp. of Boston Customer Accounts Litigation*, MDL No. 713 (D. Mass.), *In Re: Navistar Maxxforce Engines Marketing, Sales Practices and Products Liability Litigation*, MDL No. 2590 (N.D. Ill.), *In re: Whirlpool Corp. Front-Loading Washer Litig.*, MDL No. 2001 (N.D. Ohio), *In re: Capital One TCPA Litig.*, MDL No. 2416 (N.D. Ill.), *In re: Imprelis Herbicide Litig.,* MDL No. 2281 (E.D. Pa.), *In re: Mercedes-Benz Tele Aid Contract Litig.,* MDL No. 1914 (D.N.J), *Stryker Rejuvenate and ABG II Hip Implant Products Liability Litigation*, MDL No. 2441 (D. Minn.), *In re Zimmer Durom Hip Cup Products Liability Litigation*, MDL No. 2158 (D.N.J.), *Yasmin and YAZ (Drospirenone) Marketing, Sales Practices and Products Liability Litigation*, MDL 2100 (S.D. Ill), *DePuy Orthopaedics, Inc., ASR Hip Implant Products Liability Litig*ation, MDL 2197 (N.D. Ohio), *In re Medtronic, Inc. Sprint Fidelis Leads Products Liability Litigation*, MDL 1905 (D. Minn.), *In re: Guidant Corp.*

Implantable Defibrillators Products Liability Litigation, MDL 1708 (D. Minn.), *Ortho Evra Products Liability Litigation*, MDL 1742 (N.D. Ohio) and *In re: Neurontin Marketing, Sales Practices, and Products Liability Litigation*, MDL Docket No. 1629 (D. Mass.). Ms. Cabraser is lead counsel of record in docketed cases in MDL 2804 including a national class action filed on behalf of third-party payors.[4] Ms. Cabraser has over four decades of experience in pharmaceutical and medical device, product liability, financial and consumer fraud, mass tort, RICO, and human rights litigation in federal and state courts. Ms. Cabraser speaks and writes extensively on multidistrict litigation and class action issues (most recent publication, "The Participatory Class Action", 92 NYU L. Rev. 846, October 2017) and on the advancement of women in the profession, and teaches complex litigation and class action law at Berkeley and Columbia Law Schools.

James E. Cecchi is a partner of CARELLA, BYRNE, CECCHI, OLSTEIN, BRODY & AGNELLO, P.C. (31+ attorneys) with offices in Roseland, New Jersey. The firm is unique in that it specializes in both plaintiffs' class-action litigation as well as complex commercial litigation on the defense side. Its founding partner is the former two term Governor of the State of New Jersey. Mr. Cecchi, a former Federal Prosecutor, heads the firm's complex litigation practice, and has been honored to serve as lead, co-lead, liaison, and committee member in the following multidistrict litigations: *In re FieldTurf Artificial Turf Mktg. and Sales Practices Litig.*, MDL No. 2779 (D.N.J.); *In re Invokana (Canagliflozin) Prods. Liab. Litig.*, MDL No. 2750 (D.N.J.); *In re Liquid Aluminum Sulfate Antitrust Litig.*, MDL No. 2687 (D.N.J.); *In re Volkswagen "Clean Diesel" Mktg., Sales Practices and Prods. Liab. Litig.*, MDL No. 2672 (N.D. Ca.); *In re Takata Airbag Prods. Liab. Litig.*, MDL No. 2599 (S.D. Fla.); *In re Caterpillar, Inc., C13 And C15 Engine Prods. Liab. Litig.*, MDL 2540 (D.N.J.); *In re AZEK Building Products, Inc., Mktg. & Sales Practices Litig.*, MDL 2506 (D.N.J.); *In re Rail Freight Fuel Surcharge Antitrust Litig.*, MDL No. 1969 (D.D.C.); *In Re: Vytorin/Zetia Mktg., Sales Practices & Prods. Liab. Litig.*, MDL No. 1938 (D.N.J.); *In Re: Elk Cross Timbers Decking Mktg., Sales Practices And Prods. Liab. Litig.*, MDL No. 2577 (D.N.J.); *In re Aetna UCR Litig.*, MDL 2020 (D.N.J.); *In Re: L'Oreal Wrinkle Cream Mktg. Practices Litig.*, MDL 2415 (D.N.J.); *In Re: Tropicana Orange Juice Mktg. & Sales Practices Litig.*, MDL 2353 (D.N.J.); *In Re Simply Orange Orange Juice Mktg. & Sales Practices Litig.*, MDL No. 2361 (W.D.Mo.); *In re: Lipitor Antitrust Litig.*, MDL No. 2332 (D.N.J.); *In Re: Vytorin/Zetia Marketing, Sales Practices and Products Liability Litigation*, MDL No. 1938 (D.N.J.); *In Re: Fosamax Femur Litig.*, MDL No. 2243 (D.N.J); *In Re: Vehicle Carrier Services Antitrust Litig.*, MDL 2471 (D.N.J.); *In re Mercedes-Benz Tele-Aid Contract Litig.*, MDL No. 1914 (D.N.J.); *In Re: Merck & Co., Inc. Securities, Derivative & "ERISA" Litigation*, MDL No. 1658 (D.N.J.). Mr. Cecchi is counsel of record in cases on behalf of the City of Irvington, New Jersey and Bloomfield Township, New Jersey. He is also counsel to a number of significant cities and counties which are preparing pleadings to be filed in connection with this litigation including Camden County, New Jersey, Essex County, New Jersey and Jersey City, New Jersey. Collectively these clients represent 1.5 million citizens effected by the Opioid crisis. Mr. Cecchi has 27 years' experience in complex commercial litigation (both prosecution and defense), patent, pharmaceutical

[4] See *American Federation of State, County and Municipal Employees District Council 37 Health & Security Plan v. Purdue Pharma L.P. et al.*, Civil Action No. 1:17-cv-2585 (N. D. Ohio).

and medical device, product liability, securities fraud (both prosecution and defense), consumer fraud, mass tort, and RICO litigation in federal and state courts. Mr. Cecchi speaks regularly on multidistrict litigation and class action issues.

Erin Dickinson is a founding partner of CRUEGER DICKINSON LLC (3 attorneys) located in Milwaukee, Wisconsin, which serves in a leadership role in *In re: Windsor Wood Clad Window Products Liability Litigation*, MDL No. 2688 (E.D. Wis. 2016). Ms. Dickinson is counsel of record in 48 docketed cases in MDL 2804 and represents over 90 counties across 4 states including Wisconsin, Iowa, Indiana, and Minnesota. Ms. Dickinson maintains a national class action practice and has served as co-lead counsel in cases across the United States, most recently obtaining a unanimous jury verdict on behalf of 7000 class members in *Jammal, et. al., v. American Family Insurance Group, et al.*, No. 1:13- CV-437 (N.D. of Ohio 2017).

James R. Dugan, II is the founding partner of The Dugan Law Firm, APLC. Mr. Dugan began his career working with the late Wendell H. Gauthier and the Law Firm of Gauthier, Downing, LaBarre, Beiser & Dean in the areas of class action, mass tort, and complex litigation, beginning with the seminal class action lawsuit filed against the tobacco industry on the basis of nicotine addiction, *Castano v. American Tobacco, et al.* which resulted in a multi-billion settlement. After Mr. Gauthier's untimely death in December of 2001, Mr. Dugan formed the Dugan & Browne Law Firm, the predecessor to The Dugan Law Firm and he continues to specialize in class action and mass tort litigation. Over the years, Mr. Dugan has specialized in the area of complex litigation representing numerous consumers and third party-payors, including Blue Cross of Louisiana and other health insurers in cases against the manufacturers of Synthroid, Fen-Phen, Rezulin, Neurontin, Vioxx, Zyprexa, Bextra/Celebrex, Oxycontin, Ketek, Effexor, Prograf, Skelaxin, Nexium, and Suboxone. Mr. Dugan also represented the Louisiana Attorney General in the Synthroid, Baycol, Rezulin, Vioxx, and Ketek litigations to recoup medical costs the state Medicaid program expended over these drugs. As a result of his demonstrated skill and experience in class action and mass tort practice, Mr. Dugan has been appointed by the court to serve in key leadership positions in a number of large national federal court class actions.

Paul J. Geller is a founding partner of ROBBINS GELLER RUDMAN & DOWD LLP (200+ attorneys in ten offices throughout the country) and managing partner of its Boca Raton, Florida office. He and his firm have served in leadership roles in *In re EpiPen (Epinephrine Injection, USP) Marketing, Sales Practices and Antitrust Litigation*, MDL No. 2785 (D. Kan. filed Apr. 24, 2017); *In re FieldTurf Artificial Turf Marketing and Sales Practices Litigation*, MDL No. 2779 (D.N.J. filed Mar. 1, 2017); *In re Chrysler-Dodge-Jeep EcoDiesel Marketing, Sales Practices and Products Liability Litigation*, MDL No. 2777 (N.D. Cal. filed Feb. 9, 2017); *In re Yahoo! Inc. Customer Data Security Breach Litigation*, MDL No. 2752 (N.D. Cal. filed Sept. 28, 2016); *In re Invokana (Canaglifozin) Products Liability Litigation*, MDL No. 2750 (D.N.J. filed Sept. 20, 2016); *In re Liquid Aluminum Sulfate Antitrust Litigation*, MDL No. 2687 (D.N.J. filed Dec. 2, 2015); *In re Treasury Securities Auction Antitrust Litigation*, MDL No. 2673 (S.D.N.Y. filed Sept. 24, 2015); *In re Volkswagen "Clean Diesel" Marketing, Sales Practices, and Products Liability Litigation*, MDL No. 2672 (N.D. Cal. filed Sept. 23, 2015); *In re National Hockey*

League Players' Concussion Injury Litigation, MDL No. 2551 (D. Minn. filed Apr. 25, 2014); *In re Lidoderm Antitrust Litigation*, MDL No. 2521 (N.D. Cal. filed Dec. 23, 2013); *In re Aggrenox Antitrust Litigation*, MDL No. 2516 (D. Conn. filed Dec. 13, 2013); *In re Aluminum Warehousing Antitrust Litigation*, MDL No. 2481 (S.D.N.Y. filed Aug. 7, 2013); *In re Ford Fusion and C-Max Fuel Economy Litigation*, MDL No. 2450 (S.D.N.Y. filed Apr. 3, 2013); *In re Sony Gaming Networks and Customer Data Security Breach Litigation*, MDL No. 2258 (S.D. Cal. filed May 9, 2011); *In re POM Wonderful LLC Marketing and Sales Practices Litigation*, MDL No. 2199 (C.D. Cal. filed Oct. 5, 2010); *In re Apple iPhone 4 Marketing, Sales Practices and Products Liability Litigation*, MDL No. 2188 (N.D. Cal. filed July 15, 2010); *In re Aftermarket Automotive Lighting Products Antitrust Litigation*, MDL No. 2007 (C.D. Cal. filed Oct. 27, 2008); and *In re Aqua Dots Products Liability Litigation*, MDL No. 1940 (N.D. Ill. filed Jan. 25, 2008). Mr. Geller is counsel of record in docketed cases in MDL 2804 representing governmental entities including the largest Counties in Michigan and the City of Phoenix, Arizona, among other municipalities. Mr. Geller is one of the most experienced lawyers in the country in MDL, consumer fraud, and complex class action litigation including having successfully resolved numerous cases brought against pharmaceutical manufacturers and distributors.

Michael J. Fuller is a senior partner and founding member of MCHUGH FULLER LAW GROUP (6 attorneys) located in Hattiesburg, Mississippi. Mr. Fuller is lead counsel for 25 docketed cases in MDL 2804 representing governmental entities across four states as well as the Eastern Band of Cherokee Indians. His law practice has focused on complex medical cases across the eastern United States and has amassed over 300 million dollars in verdicts against some of the largest corporate defendants in America. His firm has successfully handled appeals before State Supreme Courts, the 4th, 5th, and 11th Circuit Courts of Appeal and the United States Supreme Court. Mr. Fuller brings to this litigation his vast experience in corporate law, regulatory law as well dedicating his elite trial teams to the MDL 2408.

R. Eric Kennedy is a partner at WEISMAN KENNEDY & BERRIS CO., LPA (3 attorneys) in Cleveland, Ohio which has served in leadership roles in *In re: Silicone Gel Breast Implant Products Liability Litigation*, (MDL No. 926), *In re: Air Disaster at New York LaGuardia Airport on March 22, 1992*, (MDL No. 936), *In re: Orthopedic Bone Screws Products Liability Litigation*, (MDL 1014), *In re: Telectronics (cardiac monitoring leads) Pacing Systems, Inc.*, (MDL No. 1057), *In re: Diet Drugs (Phentermine / Fenfluramine / Dexfenfluramine) Products Liability Litigation*, (MDL No. 1203), *In re: Sulzer Hip Prosthesis and Knee Prosthesis Liability Litigation*, (MDL No. 1401), *In re: Welding Fume Litigation*, (MDL 1535), *In re: DePuy ASR Hip Implant Products Liability Litigation*, (MDL 2197) and *In re: Stryker Rejuvenate and ABG-II Hip Implants Products Liability Litigation*, (MDL 2441). Mr. Kennedy is counsel of record in a class action third-party payor case docketed in MDL 2804 and is widely recognized for his litigation expertise and experience in pharmaceutical and medical device liability, medical malpractice and class actions.

Mark Lanier is the founder the LANIER LAW FIRM (53 attorneys) in Houston, Texas which has served in leadership roles in *In re Johnson & Johnson Talcum Powder Prods,*

Mktg., Sales Practices & Prods. Liab. Litig., 3:16-md-02738 (D.N.J.); *In re DePuy Orthopedics, Inc., Pinnacle Hip Implant Prods. Liab. Litig.*, 3:11-md-2244 (N.D. Tex.); *In re Actos (Pioglitazone) Prods. Liab. Litig.*, 6:11-md-2299 (W.D. La.); *In re DePuy Orthopaedics, Inc., ASR Hip Implant Prod. Liab. Litig.*, 1:10-md-2197 (N.D. Ohio); *In re Am. Med. Sys., Inc., Pelvic Repair Sys. Prods. Liab. Litig.*, MDL No. 2325 (S.D.W. Va.); *In re Boston Scientific Corp. Pelvic Repair Sys. Prods. Liab. Litig.*, MDL No. 2326 (S.D.W. Va.); *In re Ethicon, Inc., Pelvic Repair Sys. Prods., Liab. Litig.*, MDL No. 2327 (S.D.W. Va.); *In re C. R. Bard, Inc., Pelvic Repair Sys. Prod. Liab. Litig.*, MDL No. 2187 (S.D.W. Va.); *In re Zimmer NexGen Knee Implant Prods. Liab. Litig.*, MDL No. 2272 (N.D. Ill.); *In re Vioxx Mktg., Sales Practices & Prods. Liab. Litig.*, 2:05-md-1657 (E.D. La.); *In re Bextra and Celebrex Mktg., Sales Practices & Prods. Liab. Litig.*, M:05-cv-01699, (N.D. Cal.); *In re Testosterone Therapy Prods. Liab. Litig.*, 1:14-cv-1748 (N.D. Ill.); *In re Biomet M2a Magnum Hip Implant Prods. Liab. Litig.*, 3:12-md-2391 (N.D. Ind.); *In re Yasmin & Yaz (Drospirenone) Mktg., Sales Practices & Prods. Liab. Litig.*, MDL No. 2100 (S.D. Ill.); *In re Zyprexa Prods. Liab. Litig.*, 04-md-1596 (E.D.N.Y.); *In re Mirena IUD Prods. Liab. Litig.,* 13-md-2434 (S.D.N.Y.); *In re Lipitor (Atorvastatin Calcium) Prods. Liab. Litig.*, 14-mn-2502 (D.S.C.); *In re Avandia Mktg., Sales Practices & Prods. Liab. Litig.*, 07-md-01871 (E.D. Pa.); *In re Neurontin Mktg. & Sales Practices Litig.*, 04-cv-10981 (D. Mass.); *In re Levaquin Prods. Liab. Litig.*, 08-md-1943 (D. Minn.); *In re Propecia (Finasteride) Prods. Liab. Litig.*, 1:12-md-02331 (E.D.N.Y.); *In re Heparin Prods. Liab. Litig.*, 1:08-hc-60000 (N.D. Ohio); *In re Digitek Prods. Liab. Litig.*, MDL No. 1968 (S.D.W. Va.); and *In re Chantix (Varenicline) Prods. Liab. Litig.*, 2:2009-cv-02039 (N.D. Ala.). Mr. Lanier represents several governmental entities in Texas including Dallas County (Dallas), Tarrant County (Fort Worth) and Travis County (Austin). Mr. Lanier has earned international recognition as an MDL trial lawyer with verdicts exceeding $13 billion including bellwether trials in the Pinnacle MDL, Actos MDL and multiple Vioxx jury trials.

Peter J. Mougey is a partner with LEVIN, PAPANTONIO, THOMAS, MITCHELL, RAFFERTY & PROCTOR, PA (40+ attorneys) which has served in leadership roles in *In Re: Asbestos Products Liability Litigation (VI)* MDL 875*; In Re: Breast Implant Products Liability Litigation* MDL 926*; In Re: Amtrak "Sunset Limited" Train Crash in Bayou Canot* MDL 1003; *In Re: Rezulin Products Liability Litigation*, MDL 1348; *In Re: Propulsid Products Liability Litigation* MDL 1355*; In Re: Phenylpropanolamine (PPA) Products Liability Litigation* MDL 1407*; In Re: America Online, Inc., Version 6.0 Software Litigation* MDL 1412*; In Re: Serzone Products Liability Litigation* MDL 1477*; In Re: Baycol Products Liability Litigation* MDL 1431; *In Re: Cisco Systems, Inc., Securities & Derivative Litigation* MDL 1527*; In Re: Welding Fume Products Liability Litigation* MDL 1535; *In Re: Factor VIII or IX Concentrate Blood Products Litigation* MDL 986; *In Re: Diet Drugs (Phentermine/Fenfluramine/ Dexfenfluramine) Products Liability Litigation* MDL 1203; *In Re: Zyprexa Products Liability Litigation* MDL 1596; *In Re: High Sulfur Content Gasoline Products Liability Litigation* MDL 1632; *In Re: Vioxx Products Liability Litigation* MDL 1657; *In Re: Bextra and Celebrex Marketing Sales Practices and Products Liability Litigation* MDL 1699; *Re: Guidant Defibrillators Products Liability Litigation* MDL 1708; *In Re: Medtronic, Inc., Implantable Defibrillators Products Liability Litigation* MDL 1726; *In Re: Fosamax Products Liability Litigation* MDL 1789; *In Re: Ortho Evra Products Liability Litigation* MDL 1742; *In Re: Gadolinium Based Contrast*

Agents Products Liability Litigation MDL 1909; *In Re: Trasylol Products Liability Litigation* MDL 1928; *In Re: Heparin Products Liability Litigation* MDL1953; *In Re: Digitek Products Liability Litigation* MDL 1968; *In Re: Yamaha Motor Corp. Rhino ATV Products Liability Litigation* MDL 2016; *In Re: Chinese Drywall Products Liability Litigation* MDL 2047; *In Re: Yasmin & Yaz (Drospirenone) Marketing, Sales, and Products Liability Litigation* MDL 2100; *In Re: Deepwater Horizon (BP) Oil Spill in the Gulf* MDL 2179; *In Re: DePuy Orthopaedics, Inc., ASR Hip Implant Products Liability Litigation* MDL 2197; *In Re: LIBOR-based Financial Instruments Antitrust Litigation* MDL 2262; *In Re: Actos (Pioglitazone) Products Liability Litigation* MDL 2299; *In Re: Fosamax (Alendronate Sodium) Products Liability Litigation (II)* MDL 2243; *In Re: Accutane Products Liability Litigation* MDL 1626; *In Re: Automotive Parts Antitrust Litigation* MDL 2311; *In Re: Pelvic Repair System Products Liability Litigation* MDL 2325, MDL 2326, MDL 2327; *In Re: Pradaxa (Dabigatran Etexilate) Products Liability Litigation* MDL2385; *In Re: Blue Cross Blue Shield Antitrust Litigation* MDL2406; *Re: Fresenius GranuFlo/Naturalyte Dialysate Prods. Liability. Litigation* MDL 2428; *In Re: E.I. Du Pont De Nemours & Co. C-8 Personal Injury Litigation* MDL 2433; *In Re: Stryker Rejuvenate and ABG II Hip Implant Products Liability Litigation* MDL 2441; *In Re: Testosterone Replacement Therapy Products Liability Litigation* MDL 2545; *In Re: Benicar (Olmesartan) Products Liability Litigation* MDL 2606; and *In Re: Bair Hugger Forced Air Warming Devices Products Liability Litigation* MDL 2666. Mr. Mougey is counsel of record for 100+ docketed cases in MDL 2804 filed on behalf of governmental entities from 11 states and has 20 years of experience successfully litigating complex, high-profile cases including financial fraud, corporate misconduct, business torts, and securities fraud. He has represented hundreds of governmental entities, including cities, counties, pension plans, public utilities, and hospitals.

Ellen Relkin is of counsel to WEITZ & LUXENBERG, P.C. (100 attorneys) with offices in New York City, Cherry Hill, New Jersey, Detroit, and Los Angeles which has served in leadership roles in *In re: Actos (Plioglitazone) Products Liability Litigation*, MDL 2299; *In re: Biomet M2a Magnum Hip Implant Products Liability Litigation*, MDL 2391; *In re: Cook Medical, Inc., IVC Filters Marketing Sales Practice and Product Liability Litigation*, MDL 2570; *In re: Ethicon, Inc., Power Morcellator Products Liability Litigation*, MDL 2652; *In re: DePuy Orthopaedics, Inc. ASR Hip Implant Products Litigation*, MDL 2197; *In re: Depuy Orthopaedics, Inc., Pinnacle Hip Implant Products Liability Litigation*, MDL 2244; *In re: Ethicon Physiomesh Flexible Composite Hernia Mesh Products Liability Litigation*, MDL 2782; *In re: Farxiga Products Liability Litigation*, MDL 2776; *In re: Guidant Corp. Implantable Defibrillators Products Liability Litigation*, MDL 1708; *In re: Invokana (Canagliflozin) Products Liability Litigation, US District Court, New Jersey*, MDL 2750; *In re: Ortho Evra Products Liability Litigation,* MDL 1742; *In re: Proton-Pump Inhibitor Products Liability Litigation (No. II)*, MDL 2789; *In re: Seroquel Products Liability Litigation*, MDL 1769; *In re: Stryker LFit V40 Femoral Head Products Liability Litigation*, MDL 2768; *In re: Xarelto (Rivaroxaban) Products Liability Litigation* - MDL 2592; *In re: Yasmin and Yaz (Drospirenone) Marketing, Sales Practices and Products Liability Litigation*, MDL 2100; and *In re: Zimmer NexGen Knee Implant Products Liability Litigation*, MDL 2272. Ms. Relkin in counsel of record in 9 docketed

cases in MDL 2804 representing governmental entities including the City of Detroit. Ms. Relkin co-chairs the MDL Roundtable of the Emory Law School Institute for Complex Litigation and Claims and focuses her practice on pharmaceutical and medical device litigation. She recently served as co-lead counsel in *In Re: DePuy Orthopaedics, ASR Hip Implant Products Liability Litigation* in the Northern District of Ohio in 2010.

Lynn Sarko is a partner in KELLER ROHRBACK (72 attorneys) lawyers with offices in five states (Washington, California, Arizona, Montana, New York) which has served in leadership roles in *In re: EpiPen (Epinephrine Injection, USP) Marketing, Sales Practices and Antitrust Litigation,* MDL No. 2785; *In re: Chrysler-Dodge-Jeep EcoDiesel Marketing, Sales Practices and Products Liability*, MDL No. 2777; *In re: Liquid Aluminum Sulfate Antitrust Litigation*, MDL No. 2687; *In re: Volkswagen "Clean Diesel" Litigation*, MDL No. 2672; *In re JPMorgan Chase Mortgage Modification Litigation*, MDL No. 2290; *In re Online DVD Rental Antitrust Litigation*, MDL No. 2029; *In re Bisphenol-A (BPA) Polycarbonate Plastic Products Liability Litigation*, MDL No. 1967; *In re Mattel, Inc., Toy Lead Paint Products Liability Litigation*, MDL No. 1897; *In re Delphi Corp.*, MDL No. 1725; *In re Merck & Co., Inc. "ERISA" Litigation,* MDL No. 1658; *In re: Enron Corp.*, MDL No. 1446; *In re: Microsoft Corp. Antitrust Litigation*, MDL No. 1332; *In re IKON Office Solutions, Inc. Securities Litigation*, MDL No. 1318; *In re: Vitamins Antitrust Litigation,* MDL 1285; and *In re Linerboard Antitrust Litigation,* MDL No. 1261. Mr. Sarko is counsel of record in docketed cases in MDL 2804 and represents a TPP, the Arizona Municipal Risk Retention Pool, whose members comprise 76 Arizona cities and towns. Mr. Sarko is a nationally recognized leader in complex litigation and was honored to receive the Trial Lawyers for Public Justice Trial Lawyer of the Year Award for his work on the Exxon Valdez Oil Spill trial team, and was a member of the legal team nominated for the 2016 Nobel Peace Prize for seeking enforcement of the Nuclear Non-Proliferation Treaty on behalf of the Republic of the Marshall Islands.

Hunter J. Shkolnik is a founding partner of NAPOLI SHKOLNIK PLLC (60 attorneys) in New York, New York, which has served in leadership roles in *In Re: Bayer Healthcare LLC and Merial Limited Flea Control Marketing and Sales Practices Litigation* (MDL No.2319); *In Re: Fleet Oral Sodium Phosphate Solutions Litigation* (MDL No. 2066); *In re Flint Water Crisis Litigation* (16-cv-10444); *In Re: Eliquis (Apixaban) Product Liability Litigation* (1:17-md-02754); *In Re: Pradaxa (Dabigatran Etexilate) Products Liability Litigation* (MDL No. 2385); *In Re: Daily Fantasy Sports Marketing And Sales Practices Litigation* (MDL No. 2677); *In Re: Taxotere (Docetaxel) Products Liability Litigation* (MDL No. 2740); *In Re: Johnson & Johnson Talcum Powder Products Marketing, Sales Practices, and Products Liability Litigation* (MDL No. 2738); *In re: New York Diet Drug (Phentermine, fenfluramine, dexfenfluramine) Products Liability Litigation*; *In Re: New York Sulzer Inter Op Hip and Knee Implant Litigation; In Re: Guidant Corp. Implantable Defibrillators Products Liability Litigation* (MDL No. 1708); *In Re: Bausch & Lomb, Inc., Contact Lens Solution Product Liability Litigation* (MDL No. 1785); *In Re: Medtronic, Inc., Sprint Fidelis Leads Product Liability Litigation* (MDL No. 1905); *In Re: Medtronic Inc* (MDL No. 1726); *In Re: PepsiCo. Inc., Bottled Water Marketing and Sales Practices Litigation* (MDL No. 1903); *In Re: Pom Wonderful Sales and Marketing Practices Litigation* (MDL No. 2199); *In re: Toyota Motor Corp. Unintended Acceleration Marketing, Sales Practices, and Products Liability Litigation*

(MDL 2151); *In Re: Kaba Simplex Push Button Lock Sales and Marketing Litigation* (MDL No. 2220); *In Re: Nuvaring Products Liability Litigation* (MDL No. 1964); *In Re: Zimmer NexGen Knee Implant Products Liability Litigation* (MDL No. 2272); *In re New Jersey Reglan/Metoclopramide Products Liability Litigation*; *In Re: DePuy Orthopaedics. Inc., Pinnacle Hip Implant Products Liability Litigation* (MDL No. 2244); *In re: Incretin Mimetics Product Liability Litigation* (MDL No. 1331); *In Re: American Medical Systems, Inc., Pelvic Repair Systems Products Liability Litigation* (MDL No. 2325); *In Re: Invokana (Canagliflozin) Products Liability Litigation* (MDL No. 2750); *In re: Opioid Litigation, New York State Coordinated Opioid Proceeding*, (Index No.: 400000/2017); *In re: MTBE (Methyl Tertiary Butyl Ether) Products Liability Litigation* (MDL No. 1358); *In re Rezulin Products Liability Litigation* (MDL No. 1348); *In re: World Trade Center Disaster Site Litigation* (270 F. Supp. 2d 357); *In re: Smith & Nephew Birmingham Hip Resurfacing (BHR) Hip Implant Products Liability Litigation* (MDL No. 2775); *In Re: Plavix Product Liability and Marketing Litigation* (MDL No. 24118); *In Re: Proton-Pump Inhibitor Products Liability Litigation* (MDL No. 2789); *Abilify (Aripiprazole) Products Liability Litigation* (MDL No. 2734); *Viagra (Sildenafil Citrate) Products Liability Litigation* (MDL No. 2691); and *Paxil Products Liability Litigation* (MDL No. 1574). Mr. Shkolnik is counsel of record in 11 docketed cases in MDL 2804 representing governmental entities including Cuyahoga County, Ohio. Mr. Shkolnik has a vast amount of experience in managing MDL litigation having served as lead-counsel, on executive committees, as liaison counsel and numerous steering committees involving various drug and other mass torts.

Christopher A. Seeger is a founding member of SEEGER WEISS LLP (25 attorneys) in New York, New York, which has served in leadership roles in *In re German Auto. Mfrs. Antitrust Litig.*, MDL No. 2796 (N.D. Cal.), *In re Proton-Pump Inhibitor Prods. Liab. Litig. (No. II)*, MDL No. 2789 (D.N.J.), *In re FieldTurf Artificial Turf Mktg. and Sales Practices Litig.*, MDL No. 2779 (D.N.J.), *In re Invokana (Canagliflozin) Prods. Liab. Litig.*, MDL No. 2750 (D.N.J.), *In re Volkswagen "Clean Diesel" Mktg., Sales Practices and Prods. Liab. Litig.*, MDL No. 2672 (N.D. Cal.), *In re Syngenta AG MIR 162 Corn Litig.*, MDL No. 2591 (D. Kan.), *In re Testosterone Replacement Therapy Prods. Liab. Litig.*, MDL No. 2545 (N.D. Ill.), *In re Caterpillar, Inc., C13 and C15 Engine Prods. Liab. Litig.*, MDL No. 2540 (D.N.J.), *In re Ford Fusion and CMax Fuel Economy Litig.*, MDL No. 2450 (S.D.N.Y), *In re Stryker Rejuvenate and ABG II Hip Implant Prods. Liab. Litig.*, MDL No. 2441 (D. Minn.), *In re Tylenol (Acetaminophen) Mktg., Sales Practices and Prods. Liab. Litig.*, MDL 2436 (E.D. Pa.), *In re Mirena IUD Prods. Liab. Litig.*, MDL No. 2434 (S.D.N.Y.), *In re Fresenius Granuflo/Naturalyte Dialysate Prods. Liab. Litig.*, MDL No. 2428 (D. Mass.), *In re Simply Orange Juice Mktg. & Sales Practices Litig.*, MDL No. 2361 (W.D. Mo.), *In re National Football League Players' Concussion Injury Litig.*, MDL No. 2323 (E.D. Pa.), *In re Actos (Pioglitazone) Prods. Liab. Litig.*, MDL No. 2299 (W.D. La.), *In re Depuy Orthopaedics, Inc. ASR Hip Implant Prods. Multidistrict Litig.*, MDL No. 2197 (N.D. Ohio), *In re Polyurethane Foam Antitrust Litig.*, MDL No. 2196 (N.D. Ohio), *In re Yasmin and YAZ Mktg., Sales Practices and Prods. Liab. Litig.*, MDL No. 2100 (S.D. Ill.), *In re WellPoint, Inc. Out-of-Network "UCR" Rates Litigation*, MDL No. 2074 (C.D. Cal.), *In re Chinese-Manufactured Drywall Prods. Liab. Litig.*, MDL No. 2047 (E.D. La.), *In re Aetna UCR Litig.*, MDL No. 2010 (D.N.J.), *In re Whirlpool Corp. Front Loading Washer Prods. Liab. Litig.*, MDL No. 2001 (N.D. Ohio), *In re Vytorin/Zetia Mktg. Sales*

Practices and Prod. Liab. Litig., MDL No. 1938 (D.N.J.), *In re Gadolinium-Based Contrast Agents Prods. Liab. Litig.*, MDL No. 1909 (N.D. Ohio), *In re Vonage Mktg. and Sales Practices Litig.*, MDL No. 1862 (D.N.J.), *In re Genetically Modified Rice Litigation*, MDL No. 1811 (E.D. Mo.), *In re Fosamax Prods. Liab. Litig.*, MDL No. 1789 (S.D.N.Y.), *In re Ortho Evra Prods. Liab. Litig.*, MDL No. 1742 (N.D. Ohio), *In re Medtronic, Inc., Implantable Defibrillators Prods. Liab. Litig.*, MDL No. 1726 (D. Minn.), *In re Guidant Corp. Implantable Defibrillators Prods. Liab. Litig.*, MDL No. 1708 (D. Minn.), *In re Vioxx Prods. Liab. Litig.*, MDL No. 1657 (E.D. La.), *In re Zyprexa Prods. Liab. Litig.*, MDL No. 1596 (E.D.N.Y.), *In re IPO Sec. Litig.*, MDL No. 1554 (S.D.N.Y.), *In re Delta Air Lines Inc. "ERISA" Litig.*, MDL No. 1424 (N.D. Ga.), *In re Phenylpropanolamine (PPA) Prods. Liab. Litig.*, MDL No. 1407 (W.D. Wash.), *In re StarLink Corn Prods. Liab. Litig.*, MDL No. 1403 (N.D. Ill.), *In re Bridgestone/Firestone, Inc. ATX, ATX II and Wilderness Tires Prods. Liab. Litig.*, MDL No. 1373 (S.D. Ind.), *In re Propulsid Prods. Liab. Litig.*, MDL No. 1355 (E.D. La.), *In Re Rezulin Prods. Liab. Litig.*, MDL. No. 1348 (S.D.N.Y.) and *In re MCI Non-Subscriber Telephone Rates Litig.*, MDL No. 1275 (S.D. Ill.). Mr. Seeger is counsel of record in docketed cases in MDL 2804 and recently served as co-lead counsel representing approximately 20,000 retired NFL players in litigation against the NFL concerning concussion injuries.

Roland Tellis is a shareholder with BARON & BUDD, P.C. (60 attorneys) headquartered in Dallas, Texas which has served in leadership roles in *In Re: Chrysler-Dodge-Jeep EcoDiesel Marketing, Sales Practices, and Products Liability Litigation*, MDL 2777; *In Re: Volkswagen "Clean Diesel" Marketing, Sales Practices, and Products Liability Litigation*, MDL 2672; *In Re: Zofran (Ondansetron) Products Liability Litigation*, MDL 2657; *In Re: Fluoroquinolone Products Liability Litigation*, MDL 2642; *In Re: Bard IVC Filters Products Liability Litigation*, MDL 2641; *In Re: Takata Airbag Products Liability Litigation*, MDL 2599; *In Re: Cook Medical, Inc., IVC Filters Marketing, Sales Practices and Products Liability Litigation*, MDL 2570; *In Re: Neomedic Pelvic Repair System Products Liability Litigation*, MDL No. 2511; *In Re: Cook Medical, Inc., Pelvic Repair System Products Liability Litigation*, MDL No. 2440; *In Re: Coloplast Corp. Pelvic Support Systems Products Liability Litigation*, MDL No. 2387; *In Re: Ethicon, Inc., Pelvic Repair System Products Liability Litigation*, MDL No. 2327; *In Re: Boston Scientific Corp. Pelvic Repair System Products Liability Litigation*, MDL No. 2326; *In Re: American Medical Systems, Inc., Pelvic Repair System Products Liability Litigation*, MDL No. 2325; *In Re: Fresenius Granuflo/Naturalyte Dialysate Products Liability Litigation*, MDL 2428; *In Re: C. R. Bard, Inc., Pelvic Repair System Products Liability Litigation*, MDL No. 2187; *In Re: Deepwater Horizon (BP) Oil Spill in the Gulf*, MDL 2179; *In Re: Checking Account Overdraft Litigation*, MDL 2036; and *In Re: Methyl Teritary Butyl Ether (MTBE)*, MDL 1898. Mr. Tellis is counsel of record in 100+ docketed cases in MDL 2804 representing governmental entitles across 11 states. Mr. Tellis has more than twenty years of experience in complex, high-profile litigation helping recover more than $17 billion dollars for his clients involving consumer class actions, financial fraud, business torts, corporate misconduct and securities fraud cases.

James D. Young is a partner in MORGAN & MORGAN (364 attorneys) based in Jacksonville, Florida, which has served in leadership roles in *In re Yahoo! Inc. Customer Data Breach Litigation*, No. 5:16-md-02752 (N.D. Cal.) (filed Sept. 28, 2016); *In re*

Home Depot, Inc., Customer Data Security Litigation, No. 1:14-md-02583-TWT (N.D. Ga.)(filed Dec. 11, 2014); *In re Target Corporation Customer Data Security Breach Litigation,* No. 0:14-md-2522 (D. Minn.)(filed Dec. 24, 2013); *In re Pelvic Repair Systems*, No. 2:12-md-2325 (S.D. WV)(filed Nov. 23, 2011); *In re IVC Filters*, No. 2:15-md-2641 (D. Ariz.)(filed May 18, 2015); *In re Testosterone Replacement*, No. 1:14-cv-1748 (N.D. Ill.)(filed Mar. 28, 2014); *In re Lipitor*, No. 2:14-mn-2502 (D.S.C.) (filed Feb. 20, 2014); *In re Yasmin and Yaz*, No. 3:09-md-2100 (S.D. Ill.) (filed Oct. 1, 2009); *In re Avandia*, No. 2:07-md-1871 (E.D. Pa.) (filed June 11, 2007); *In re Digitek*, No. 2:08-md-1968 (S.D. W. Va.)(filed Aug. 13, 2008); *In re Biomet Hip*, No. 3:12-md-2391 (N.D. Ind.) (filed June 27, 2012); *In re Stryker Rejuvenate Hip Implant*, No. 0:13-md-2441 (D. Minn.) (filed Feb. 19, 2013); *In re Incretin Based Therapies*, No. 3-13-md-2452 (S.D. Cal.) (filed April 5, 2013); *In re Vioxx*, No. 2:05-md-1657 (E.D. La) (filed Oct. 8, 2004);); *In re Levaquin,* No. 0:08-md-1943 (D. Minn.) (filed June 16, 2008); *In re Zofran,* No. 1:15-md-2657 (D. Mass.) (filed Oct. 13, 2015); *In re Viagra*, No. 3:16-md-2691 (N.D. Cal.) (filed Dec. 11, 2015); *In re Zoloft*, No. 2:12-md-2342 (E.D. Pa.) (filed Jan. 18, 2012); *In re Trasylol*, No. 1:08-md-1928 (S.D. Fla.) (Apr. 7, 2008); *In re Nuvaring*, No. 4:08-md-1964 (E.D. Mo.) (filed May 9, 2008). Mr. Young is counsel of record in eight docketed cases (subject to remand) in MDL 2408 filed on behalf of governmental entities in southern West Virginia. Mr. Young previously spent 10 years investigating and litigating pharmaceutical fraud cases as Special Counsel to three Florida Attorneys General and served as co-chair of the Government Plaintiff Committee in the Vioxx Product Liability Litigation (MDL No. 1657).

Co-Liaison Counsel

Traditionally Liaison Counsel is charged with essentially administrative matters, such as communications between the court and other counsel (including receiving and distributing notices, orders, motions, and briefs on behalf of the group), convening meetings of counsel, advising parties of developments, and otherwise assisting in the coordination of activities and positions. Such counsel may act for the group in managing document depositories and in resolving scheduling conflicts. Manual for Complex Litigation (Fourth) § 10.221 (2004).

Peter Weinberger is the managing partner of the firm of SPANGENBERG SHIBLEY & LIBER, LLP located in Cleveland, Ohio. The Spangenberg firm has had a long history of litigation against the pharmaceutical industry beginning with cases involving the drug thalidomide in the 60s and 70s, followed by cases involving the drugs Halcion, Albuterol, and many others. Mr. Weinberger specializes in product liability, medical malpractice, and catastrophic accidents. Mr. Weinberger was liaison counsel in the

Gadolinium Contrast Dyes Products Liability Litigation, MDL No. 1909 (N.D.Ohio), served on the executive committee, and managed the fee committee. He worked with the court and special master extensively in the settlement efforts that helped resolve more than 600 cases. Mr. Weinberger also served on the plaintiffs' steering committee in the *Teflon Product Liability Litigation*, MDL No. 1733, and was on the trial team that presented the class certification issues at trial. Most recently, Mr. Weinberger served on the plaintiffs' executive committee in *Benicar (Olmesartan) Products Liability Litigation*, MDL No. 2606. In addition to his MDL experience, Mr. Weinberger has been recognized for his success as a trial lawyer, having been selected as a fellow in the American College of Trial Lawyers and the International Society of Barristers. He was recently named by "Super Lawyers" publication as one of the Top 10 lawyers in the State of Ohio for 2018.

Steve Skikos is the founding partner of SKIKOS, CRAWFORD, SKIKOS AND JOSEPH, located in San Francisco, with offices in Cleveland and Orange County. The firm focuses on cases against the pharmaceutical industry, and Mr. Skikos has acted as co-lead counsel on national cases, most recently as Co-Lead Counsel appointment by the Honorable David A. Katz in the *In re: DePuy Orthopedics Inc. ASR Hip Implant Prods. Multidistrict Litigation*, MDL No. 2197 (N.D. Ohio) and the *California Coordinated Proceeding Reglan/Metoclopramide Cases Litigation*, JCCP No. 4631, which did not have an MDL. Mr. Skikos has also served before this Court on the Plaintiffs' Executive Committee and Plaintiffs' Steering Committee in *In re: Gadolinium Contrast Dyes Products Liability Litigation*, MDL No. 1909 (N.D. Ohio). Mr. Skikos has been court appointed liaison more than ten times in California Coordinated Proceedings as well as state-federal liaison counsel, including in the *In re: Yasmin and Yaz (Drospirenone) Marketing, Sales Practices and Products Liability Litigation*, MDL No. 2100 (S.D. Illinois).

Troy Rafferty is a partner in the law firm of LEVIN, PAPANTONIO, THOMAS, MITCHELL, RAFFERTY AND PROCTOR located in Pensacola, Florida. He specializes in litigating mass tort, pharmaceutical and major personal injury cases throughout the country. He has tried and litigated numerous pharmaceutical and mass tort cases. He has been appointed to leadership positions in several MDLs, including to be Co-Lead Counsel in the *In re: Gadolinium Based Contrast Action Litigation* (MDL No. 1909), the Plaintiffs' Steering Committee and as Co-Chair of the Plaintiffs' Discovery Committee in the *In re: Vioxx Products Liability Litigation* (MDL No. 1657), the Plaintiffs' Executive Committee in the *In re: Yamaha Motor Corp. Rhino ATV Products Liability Litigation* (MDL No. 2016), the Plaintiffs' Steering Committee in *In re: Zyprexa Products Liability Litigation* (MDL No. 1596), the Plaintiffs' Steering Committee in *In re: Fosamax (Alendronate Sodium) Products Liability Litigation (No.II)* (MDL No. 2243), the Plaintiffs' Steering Committee in *In re: Actos (Pioglitazone) Products Liability Litigation* (MDL No. 2299), the Plaintiffs' Steering Committee in *In res Fresenius Granuflo/Naturalyte Dialysate Products Liability Litigation* (MDL No. 2428), the Plaintiffs' Executive Committee in the *In re: Benicar Products Liability Litigation* (MDL No. 2606), the Plaintiffs' Executive Committee in the *In re: Abilify Products Liability Litigation* (MDL No. 2734), and the Plaintiffs' Executive Committee in the *In re: Proton-Pump Inhibitor Litigation* (MDL No. 2789).

Having complied with the Court's directives, and having dealt favorably with the objections submitted, plaintiffs respectfully request that the court enter an order approving these appointments.

Respectfully submitted,

s/Peter H. Weinberger

Peter H. Weinberger (0022076)
SPANGENBERG SHIBLEY & LIBER LLP
1001 Lakeside Avenue East, Suite 1700
Cleveland, OH 44114
(216) 696-3232
(216) 696-3924 (FAX)
pweinberger@spanglaw.com

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 3rd day of January 2018, I electronically filed the foregoing with the Clerk of Court by using the CM/ECF System. Copies will be served upon counsel of record by, and may be obtained through, the Court CM/ECF Systems.

s/Peter H. Weinberger
Peter H. Weinberger

/s/Judge Dan Aaron Polster on 1/4/2018
United States District Judge

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

IN RE: NATIONAL PRESCRIPTION OPIATE LITIGATION	)	MDL No. 2804
	)	Case No. 17-md-02804
THIS DOCUMENT RELATES TO:	)	Judge Dan Aaron Polster
ALL CASES	)	

Plaintiffs' Renewed Motion
to Approve Co-Leads, Co-Liaisons, and Executive Committee

Pursuant to the Court's December 21, 2017, Order (Doc. #22), Plaintiffs submit this Renewed Motion to Approve Co-Leads, Co-Liaisons, and Executive Committee. Plaintiffs' Renewed Motion addresses and resolves all objections to Plaintiffs' original Motion (Doc. #16) and complies with this Court's Order (Doc. #22) regarding those objections.

Plaintiffs filed their original Motion to Approve Co-Leads, Co-Liaisons and Plaintiffs' Executive Committee on December 20, 2017. The Court subsequently requested, and Plaintiffs' filed, an Amended Motion further describing the function of the proposed leadership structure (Doc. #17). There were three objections to Plaintiffs' amended motion; one from a group representing hospitals (Doc. #19), one from a group representing Third-Party Payors (TPPs) (Doc. # 20) and a third from a group representing seven governmental entities in southern West Virginia. (Doc. #18). All groups sought inclusion on the Plaintiffs' Executive Committee.

After reviewing Plaintiffs' motion and the three objections, the Court issued an order providing the following (Doc. #22):

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

IN RE: NATIONAL PRESCRIPTION OPIATE LITIGATION	:	MDL No. 2804
	:	Case No. 1:17-CV-2804
	:	Cleveland, Ohio
APPLIES TO ALL CASES	:	Tuesday, January 9, 2018
	:	9:12 a.m.

TRANSCRIPT OF PROCEEDINGS

BEFORE THE HONORABLE DAN A. POLSTER
UNITED STATES DISTRICT JUDGE

AND

BEFORE THE HONORABLE DAVID A. RUIZ
UNITED STATES MAGISTRATE JUDGE

Court Reporter: Donnalee Cotone, RMR, CRR, CRC
Realtime Systems Administrator
United States District Court
801 West Superior Avenue
Court Reporters 7-189
Cleveland, Ohio 44113
216-357-7078
donnalee_cotone@ohnd.uscourts.gov

MORNING SESSION, TUESDAY, JANUARY 9, 2018

(Proceedings commenced at 9:11 a.m.)

- - -

THE COURT: Everyone can be seated. Except I apologize. We brought in extra chairs, but I guess they ran out of extra chairs.

All right. Well, good morning, Everyone.

This is the first meeting of counsel in the opioid MDL. Judge Ruiz and I are here, and, again, I apologize. The courtroom isn't big enough. I've reserved the 16th floor, those two courtrooms, for some private conferences with counsel that we will probably go into.

I appreciate all of the submissions that I've received. Some have been exchanged. Some were *ex parte*, as I permitted. I've given a lot of thought to what to do. All of the submissions focused on how a judge should manage this MDL and the 200 or more cases in sort of a traditional manner. I appreciate that.

I've handled and managed two other MDLs, and I'm familiar with many of the others that my colleagues have handled around the country. But this is not a traditional MDL. It generally focuses on something unfortunate that's happened in the past, and figuring out how it happened, why it happened, who might be responsible, and what to do about it.

What's happening in our country with the opioid crisis is present and ongoing. I did a little math. Since we're losing more than 50,000 of our citizens every year, about 150 Americans are going to die today, just today, while we're meeting.

09:14:08

And in my humble opinion, everyone shares some of the responsibility, and no one has done enough to abate it. That includes the manufacturers, the distributors, the pharmacies, the doctors, the federal government and state government, local governments, hospitals, third-party payors, and individuals. Just about everyone we've got on both sides of the equation in this case.

09:14:33

The federal court is probably the least likely branch of government to try and tackle this, but candidly, the other branches of government, federal and state, have punted. So it's here.

09:14:58

So I don't think anyone in the country is interested in a whole lot of finger-pointing at this point, and I'm not either. People aren't interested in depositions, and discovery, and trials. People aren't interested in figuring out the answer to interesting legal questions like preemption and learned intermediary, or unravelling complicated conspiracy theories.

09:15:21

So my objective is to do something meaningful to abate this crisis and to do it in 2018. And we have here -- we've

09:15:51

got all the lawyers. I can get the parties, and I can involve the states. So we'll have everyone who is in a position to do it. And with all of these smart people here and their clients, I'm confident we can do something to dramatically reduce the number of opioids that are being disseminated, manufactured, and distributed. Just dramatically reduce the quantity, and make sure that the pills that are manufactured and distributed go to the right people and no one else, and that there be an effective system in place to monitor the delivery and distribution, and if there's a problem, to immediately address it and to make sure that those pills are prescribed only when there's an appropriate diagnosis, and that we get some amount of money to the government agencies for treatment. Because sadly, every day more and more people are being addicted, and they need treatment.

So that's what I am interested in doing. I mean, I'm really -- you know, if I've got to do it in a traditional way, and -- I guess I'll have no choice. I'll admit failure and I'll say, All right. We've just got to plow through this, and, you know, if we can't accomplish something like what I've talked about then, you know, I'll talk to everyone. But my present intention is to turn everyone loose. I'll turn the plaintiffs loose on the defendants; I'll turn the defendants lose on the plaintiffs. You'll,

you know, tear each other up way down in 2017 [sic] for discovery. You can go after the federal government, full discovery there, too. You know, FDA, DEA, have at it, and in 2019, I'll try the Ohio case myself and see what happens, after dealing with whatever motions, and I'm sure some of the claims and theories are going to be knocked out and some will survive. And I'll try the case that I have jurisdiction over, which is the Northern District of Ohio group. What that will accomplish, I don't know. But I'd rather not do that.

So that's really what I want to talk to everyone today, and if we can get some agreement on both sides that that's what we ought to do and that's how we should spend -- I mean, look around this room; an incredible amount of talent. I doubt if any judge has ever assembled this kind of talent ever. And I'm talking about you, certainly not -- and Judge Ruiz, not me. Okay?

But that's what -- I think we have an opportunity to do it, and it would be an abject abdication of our responsibility not to try it. And if we can't, then we've got to do the other way. And if we can get some general agreement that we should try it, then we'll figure out today, how do we organize that effort, who is not here that we need to get involved, and we'll get about doing it and what help I'll need.

microphone, then if you can use the lectern, because there's a microphone there, and then just please identify yourself and who you're representing.

I hope someone speaks. I don't -- I'd hate to listen to myself again.

MR. RICE: Good morning, Your Honor.

Joe Rice with Motley Rice here on behalf of the plaintiffs. Thank you for your comments.

I think I can say on behalf of all the plaintiffs that we share your feeling of urgency. And I can tell you that all of our clients are dealing with this every day at the city, county level, everybody.

So we are here to give you the time and the talents that we can have to try to bring something together as quickly as possible.

THE COURT: Thank you, Joe.

MR. HANLY: Your Honor, if I may.

Yes, Judge. My name is Paul Hanly. I'm co-lead with Mr. Rice and Mr. Farrell.

If I might just address the Court's comment about the submissions. The plaintiffs' submission does discuss litigation options. And I want to explain to the Court that that's based upon good-faith discussions that we all had with certain of the defendant representatives.

So we did not feel it was sufficient simply to agree

with the Court concerning the resolution track -- which we are very, very much in favor of -- but we felt it important also to present, from the plaintiffs' point of view, possible litigation strategies, given that certain of the defendants were talking in terms of litigation before they wanted to discuss resolution.

09:23:20

THE COURT: All right. I understood that, Paul.

But the resolution I'm talking about is really -- what I'm interested in doing is not just moving money around, because this is an ongoing crisis. What we've got to do is dramatically reduce the number of the pills that are out there and make sure that the pills that are out there are being used properly. Because we all know that a whole lot of them have gone walking and with devastating results. And that's happening right now.

09:23:37

09:24:02

So that's what I want to accomplish. And then we'll deal with the money. We can deal with the money also and the treatment. I mean, that's what -- you know, we need a whole lot -- some new systems in place, and we need some treatment. Okay? We don't need -- we don't need a lot of briefs and we don't need trials. They're not going to -- none of them are -- none of those are going to solve what we've got.

09:24:26

09:24:41

So, again, you know, ideally, this should be handled

by the legislative and executive branches, our federal government, and our state governments. They haven't seemed to have done a whole lot. So it's here. So . . .

MR. CHEFFO: Good morning, Your Honor. This is Mark Cheffo for --

THE COURT: Yes, Mark.

MR. CHEFFO: One of the liaison counsel for the manufacturers. I would, I think, just echo really what Your Honor said and what counsel said.

I think from our perspective, we certainly welcome the opportunity to talk in more detail with the Court. It sounds like that's what you have in mind. I think all of us recognize that there is issues in this country. I think we all, to the extent that we can, want to be part of the solution and work with Your Honor in trying to hear about some of the ways that we might move forward.

I think that Your Honor kind of articulated at a high level some of the impediments that might be in our way to try and get from here to where Your Honor's vision is. So I think we'd be interested in exploring that a little more. You know, as you said, some of the issues include kind of working through expectations, and also, you know, frankly, making sure that the right folks are at the table, and many of them are maybe not in this room as well.

So I think that, you know, we welcome the opportunity

to kind of sit down with the Court, hear your ideas, and try to be as productive as we can. And, you know, I'm sure, as you know, there's a lot of defendants in this room, too, and they'll all have their own specific issues and concerns. But I think I'm very comfortable telling the Court that we want to participate with Your Honor and at least try and explore some of these ideas.

09:26:29

THE COURT: Okay. Thank you, Mark.

MS. MAINIGI: Your Honor, Enu Mainigi from Williams & Connolly on behalf of Cardinal Health. And I'm also liaison counsel for the distributors.

09:26:44

We echo Mr. Cheffo's comments. We recognize that there's a problem out there. We're happy to have discussions with Your Honor. And we're pleased that Your Honor has referenced the fact that there are state and federal governments that are also involved here that may need to be involved in the process.

09:27:00

I think as we've been having good-faith discussions with plaintiffs' counsel in anticipation of today, and, indeed, after the MDL was filed, I think that it's certainly become clear to us that, as Your Honor has seen from various papers that have been filed, that there are, in fact, the impediments that Mr. Cheffo pointed out, certain threshold issues that -- and they're not necessarily the same for distributors, manufacturers, and other defendants, but there

09:27:19

09:27:43

are certain threshold issues that we think the resolution of those, in some manner, and we're happy to work with the Court and with plaintiffs' counsel to figure out how best to get those issues decided.

09:28:00 But we actually think that the resolution of some of those issues would be extremely helpful in then moving forward with discussions about what can be done in a variety of ways about this problem.

But we welcome the opportunity to speak to Your Honor, 09:28:20 either here in this group setting, or I think you alluded to separate meetings at some point, but we're happy to elaborate on that.

THE COURT: All right. Well, I appreciate those comments.

09:28:41 As I presently thought through this, I'm not inclined to tackle legal issues without a full factual record, and I know what it will take to get a full factual record, how much time and how much money. And if I've got to do that, we'll do that. But I'm really not interested in deciding 09:29:09 legal issues in a vacuum just on motions. I want to know what the facts are, because the facts often drive the law.

So if we have to go down that route, my present inclination is to just let each of you have at it, and go at each other, all -- I don't know how many we've got -- 150, 09:29:37 200 of you, plus legions who aren't here, and, you know, the

plaintiffs will turn the manufacturers, distributors, and a few doctors, upside down, inside out. The defendants will turn federal government, state government, counties, cities, inside out, upside down over 2018, and then I'll probably try the Ohio ones in 2019 after I decide the motion.

I really don't want to do that. It isn't going to resolve anything. But my -- maybe you can convince me otherwise, but I've given a lot of thought, and my present feeling is I'm not going to decide these very interesting and important legal issues in a vacuum without having a full record. So if we've got to go down that way, you know, we all know how to do that. I know how to do it and you all know how to do it.

But while we do that, another 50- or 60,000 people are going to die, and we'll be absolutely no closer to abating that.

I mean, I read recently that we've managed in the last two years, because of the opioid problem, to do what our country has not done in 50 years, which is to -- for two consecutive years, reduce, lower the average life expectancy of Americans. And if we don't do something in 2018, we'll have accomplished it for three years in a row, which we haven't done since the flu epidemic 100 years ago wiped out 10 percent of our population. And this is 100 percent manmade. Now, I'm pretty ashamed that this has occurred

while I've been around. So I think we all should be.

All right. Does anyone want to say anything more before we maybe have some separate caucuses? And my plan is to -- I'm going to use the 16th floor. I've got two courtrooms, and I think I'm going to put the plaintiffs' leadership team in one room and the defendants' leadership team in the other room. And I guess -- I don't know how much -- you know, if there's room for others, that's okay, too. But I want to have some candid discussions.

09:31:52

09:32:19

MR. CHEFFO: Your Honor.

THE COURT: Yes.

MR. CHEFFO: If I might, just one thing. I think that's on. Sorry about that.

I think, again, in the spirit of trying to work with the Court on identifying -- so I think what we all need to do -- and I think Your Honor, I'm sure, appreciates this -- is to just try and identify what we all may think are impediments to get to where Your Honor wants. One of the issues is that -- probably unfortunately from our perspective where we sit, the only -- this is not the only place where activity is occurring, so --

09:32:23

09:32:38

THE COURT: Yeah, well, I can -- I can -- the advantage of a federal judge is, I can order anyone in that I want. I, obviously, can pick up the phone and talk to anyone I want. I can pick up the phone and call any state

09:32:53

attorney general I want and invite him or them to be involved, and I'm sure they will. They've got the same interests.

I do not control the DEA or the FDA. I can

09:33:14 certainly -- if their involvement is necessary, I can invite it. I can invite it.

MR. RICE: Yeah, and that's -- that would be -- I think, as we move forward, that would be extremely helpful. There's also the situation that many of the

09:33:28 extremely, as you said, talented lawyers on the plaintiffs' side here also do have some state court cases.

THE COURT: I understand that.

MR. RICE: So to the extent that we're doing a stand down here, if it -- you know, if things kind of

09:33:38 progress in other places, that that might interfere with the Court's ability to kind of get us to focus on these issues.

So I just throw that out as one of the issues the Court might want to consider.

THE COURT: I can understand that. I can't --

09:33:52 I can make requests. There's some things a federal judge can order, but I can't order a state judge to do anything, and -- I can make requests, and I think most -- I mean, everyone should want to work together to abate the crisis first and then figure out what to do. But, again, I can

09:34:12 make requests.

MR. RICE: Your Honor.

THE COURT: Yes.

MR. RICE: Joe Rice.

THE COURT: Yes, Mr. Rice.

09:34:23 MR. RICE: There's one item of information that's available, but not available, is where the pills went, where they were sold and sort of the market share situation is in a database that the DEA has. That there is a federal requirement that every time one of these pills is 09:34:40 sold, that it's reported where it was sold to. Having that database would give us a format, both sides, to know the extent of involvement by any particular distributor and where maybe we need to focus more of our efforts on, where the pills went.

09:34:57 And that was discovery that was underway in the Southern District of Ohio. There had been a subpoena issued. There had been an objection filed. There had been a motion to compel filed, and the DEA -- or DOJ on behalf of the DEA was to file a brief in support of their objection 09:35:19 with Judge Sargus. And that was to be filed shortly after the MDL panel ruled, and that got stayed.

But that matter is not a legal matter as far as, you know, the overall party, but it is a piece of information that would be extremely valuable to the Court and to all the 09:35:35 parties if we could proceed with the production of that

ARCOS database.

THE COURT: Well, that's one possibility. If I think that we need that data, I can pick that up, and I'll -- if the Department of Justice has objections, I'll certainly consider them. But that is a possibility.

So I -- who provides -- the manufacturers and distributors both provide that input, or just the distributors? Where does the input come from?

MR. RICE: It comes just from the distributors.

MS. MAINIGI: Your Honor, if I may.

THE COURT: Yes.

MS. MAINIGI: At least on behalf of the distributors, the ARCOS data is composed, in significant part, of data from distributors. I think that there may be some coming from the manufacturers, but I'll let them speak to that.

In terms of what Mr. Rice indicated, I know -- I think we are putting the cart before the horse. I would suggest that to the extent --

THE COURT: Well, I'm not -- I just want to know where the -- so obviously each distributor knows its data, but --

MS. MAINIGI: Correct.

THE COURT: -- you wouldn't know --

MS. MAINIGI: We do not have the ability.

THE COURT: -- the data that anyone else is inputting. So you've got -- obviously, you know your data, and you know what you're transmitting. Okay. And then the DEA compiles it. So at the moment, they would be the only entity that has everyone's data --

MS. MAINIGI: Correct, Your Honor.

THE COURT: -- correct?

MS. MAINIGI: That's correct.

THE COURT: Okay.

MS. MAINIGI: And I know just procedurally, the DEA had lodged an objection. I don't know if that's something they intend to renew if this request is renewed.

THE COURT: Look, you know, I'm a former prosecutor, and I can imagine that the DEA and the Department of Justice may very well have ongoing investigations as the result of the data. They're not just compiling that data for the heck of it. Everyone knows why the DEA would want to have that data. And the last thing I want to do is mess up an ongoing criminal investigation and/or prosecution. And that's the problem with just willy-nilly making all of that data public.

MR. FARRELL: Judge, this is Paul Farrell --

THE COURT: Yes.

MR. FARRELL: -- from West Virginia, and I was

counsel in the City of Cincinnati. The Touhy letter that we issued to the Department of Justice addresses some of those concerns. There's been -- the ARCOS data has been briefed in the Madel case out of the Eighth Circuit that was pending in Minnesota. So it's a pretty well-defined argument on the objections.

We believe that limiting the scope of the request to the time frame in which the opioid epidemic arose and eliminating, say, the last 12, 16, 24-months worth of data preserves the ability of the Department of Justice --

THE COURT: Well, you know, this is a complicated issue. Judge Sargus probably was considering it. I'm certainly not going to do anything on the fly. I'm not sure if it's necessary to have all that data to do the kind of -- have the kind of discussions we're having.

I'd like to -- I think at this point, I'm going to talk privately to each side and see where we go. If we get some traction, then we'll figure out what the next steps are.

So let's just say this: We'll have the plaintiffs' leadership in Courtroom 16A and the defendants' leadership, and that's -- I know we've got three tracks or groups of defense counsel. We've got a manufacturers' track, we have a distributor track or group, and we have an individual defendants' track or group, and my order may not have

been -- I added a couple of people, and they were being added to the -- what I'll call the individual defendants' steering committee or track. And I think the individual defendants are only doctors.

09:39:55 Are there any other individual defendants in the case? I wasn't aware of any.

All right. So the individual defendants are -- they are four or five doctors. Okay. So I want all of the defendants' leadership in 16B. And I don't have a problem

09:40:16 with other lawyers coming in, but the primary spokespeople, I think, will be the leadership team, which is why they were created, just because it's unwieldy to have so many people, and it's incredibly expensive, and, obviously, we can't -- even if there are 200 people, it's not realistic

09:40:45 for 200 people to be addressing the Court and for me to be talking to each of you, so -- but I do appreciate everyone being here for the first meeting.

Okay. And for those people on the phone, the conference call will not continue for these private

09:41:09 discussions because these are not public proceedings.

If we come back together, I don't know if there'll be a capability to get you back on the phone. I don't know --

Do we know everyone who is on the phone?

All right. So this may be -- probably be the last

09:41:37 time -- the last opportunity for those of you on the phone.

But I don't know if there are -- I'm not sure there's going to be really a capability to call back in.

Although, maybe if and when we come back in, I'll put a quick order out, and you can note -- access the ECF and see when we're going back on the record and call back in. That's about the best I can do. So I'll try to do that.

09:42:14

Okay. Then we will adjourn for private caucuses, and I'll see you respectfully down on 16 in a few minutes.

Thank you.

09:42:34

DEPUTY CLERK: All rise.

- - -

(Proceedings adjourned at 9:42 a.m.)

C E R T I F I C A T E

I certify that the foregoing is a correct transcript from the record of proceedings in the above-entitled matter.

/s/ Donnalee Cotone *9th of January, 2018*

DONNALEE COTONE, RMR, CRR, CRC
Realtime Systems Administrator

DATE

FLORIDA

The Case and the Florida Claims

I. Venue

The case pleads state law claims, but it will be in Federal Court. None of the major manufacturers or distributors is located in Florida and none of the handful of physicians who were instrumental to carrying out the Defendants' fraudulent marketing campaign are located in Florida. Accordingly, a case filed in state court would be removed to federal court. Therefore, cases filed in Florida federal court will be immediately transferred to the Northern District of Ohio for litigation of pretrial matters in the MDL. That will make selecting counsel with leadership positions in the MDL very important.

II. Recommended Claims

Manufacturer Claims

Our recommendation is to sue the following manufacturer Defendants: Purdue Pharma L.P.; Purdue Pharma, Inc.; The Purdue Frederick Company, Inc.; Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Johnson& Johnson; Janssen Pharmaceuticals, Inc.; Ortho-McNeil-Janssen Pharmaceuticals, Inc.; Janssen Pharmaceutica, Inc.; Endo Health Solutions Inc.; Endo Pharmaceuticals, Inc.; Dr. Perry Fine; Dr. Scott Fishman, Dr. Russell Portenay, and Dr. Lynn Webster. These are the manufacturers of prescription opioids who originated the opioid crisis through their false marketing and suppression of critical safety and efficacy information as well as a set of individual doctors who were paid to help publish and spread the false statements to the medical community.

Claims allege that the manufacturers originated the public health crisis and opioid epidemic. Causes of action would include violations of Florida Deceptive and Unfair Trade Practices Act ("FDUTPA"), public nuisance, common-law fraud (i.e., intentional misrepresentation), and conspiracy. We believe these are the strongest claims in the case.

Distributor Claims

While the Firms do not view the claims against the distributors as fully developed as those against the manufacturers, we recommend bringing claims against the largest three distributors; McKesson Corporation, Cardinal Health Inc. and Amerisource Bergen Corporation. The MDL Judge has indicated that he will allow the parties to develop a factual record before entertaining dispositive motions on all claims, meaning that the claims against the distributors, such as a RICO claim or conspiracy claim, can be more fully developed before dispositive motions are heard. Claims against the distributors would include public nuisance, negligence, unjust enrichment, civil conspiracy and potentially, RICO.

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WISCONSIN

KENOSHA COUNTY,

Plaintiff,

v.

Case No.:

PURDUE PHARMA L.P.; PURDUE PHARMA INC.; THE PURDUE FREDERICK COMPANY, INC.; TEVA PHARMACEUTICALS USA, INC.; CEPHALON, INC.; JOHNSON & JOHNSON; JANSSEN PHARMACEUTICALS, INC.; ORTHO-MCNEIL-JANSSEN PHARMACEUTICALS, INC. N/K/A JANSSEN PHARMACEUTICALS, INC.; JANSSEN PHARMACEUTICA, INC. N/K/A JANSSEN PHARMACEUTICALS, INC.; ENDO HEALTH SOLUTIONS INC.; ENDO PHARMACEUTICALS, INC.; PERRY FINE; SCOTT FISHMAN; and LYNN WEBSTER,

Defendants.

COMPLAINT

Plaintiff Kenosha County, by and through the undersigned attorneys, for their Complaint against the named Defendants seeking to recover its damages as a result of the opioid epidemic Defendants caused, allege as follows:

Introduction

1. Opioid addiction and overdose in the United States as a result of prescription opioid use has reached epidemic levels over the past decade.

2. While Americans represent only 4.6% of the world's population, they consume over 80% of the world's opioids.

3. Since 1999, the amount of prescription opioids sold in the U.S. nearly quadrupled.[1] In 2010, 254 million prescriptions for opioids were filled in the U.S. – enough to medicate every adult in America around the clock for a month. In that year, 20% of all doctors' visits resulted in the prescription of an opioid (nearly double the rate in 2000).[2]

4. By 2014, nearly two million Americans either abused or were dependent on opioids.[3]

5. On March 22, 2016, the FDA recognized opioid abuse as a "public health crisis" that has a "profound impact on individuals, families and communities across our country."[4]

6. The statistics tell a grim story. More than 40 people die every day from overdoses involving prescription opioids. Since 1999, at least 200,000 people in the United States have died from overdoses related to prescription opioids.

7. The Centers for Disease Control reports that overdoses from prescription opioids are a driving factor in the 15-year increase in opioid overdose deaths.

8. While the prescriptions have quadrupled, there has not been an overall change in the amount of pain that Americans reported. With no apparent material impact on pain, however, people are dying from opioids in the United States every day (over

---

[1] CDC, Injury Prevention & Control: Opioid Overdose, Understanding the Epidemic. Available at: http://www.cdc.gov/drugoverdose/epidemic/index.html (accessed August 18, 2017) (internal footnotes omitted).

[2] M. Daubresse, et al., *Ambulatory Diagnosis and Treatment of Nonmalignant Pain in the United States*, 2000-2010, 51(10) Med. Care 870-78 (2013).

[3] CDC, Injury Prevention & Control: Opioid Overdose, Prescription Opioids. Available at: http://www.cdc.gov/drugoverdose/opioids/prescribed.html (as viewed May 10, 2016).

[4] FDA announces enhanced warnings for immediate-release opioid pain medications related to risks of misuse, abuse, addiction, overdose and death. Available at http://www.fda.gov/newsevents/newsroom/pressannouncements/ucm491739.htm (accessed August 18, 2017).

60% of drug overdose deaths now involve an opioid). From 2000 to 2015 more than half a million people died from drug overdoses (including prescription opioids and heroin). The most recent figures from the Centers for Disease Control suggest that 145 Americans die every day from an opioid overdose (prescription and heroin).

9. Overdose deaths, however, are just the most visible consequence of an ever-growing opioid addiction crisis. In 2012, an estimated 2.1 million people in the United States suffered from substance use disorders related to prescription opioid pain relievers.[5] In 2015, an estimated 2,000,000 Americans aged twelve or older had a substance use disorder involving prescription pain relievers. [6]

10. Among long-term opioid users, between 30% and 40% experience problems with opioid use disorders.[7]

---

[5] Substance Abuse and Mental Health Services Administration, *Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.

[6] American Society of Addition Medicine, Opioid Addiction 2016 Facts & Figures (available at https://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf) (last visited October 27, 2017).

[7] J. Boscarino et al., Risk factors for drug dependence among out-patients on opioid therapy in a large US health-care system, 105(10) Addiction 1776 (2010); J. Boscarino et al., Prevalence of Prescription Opioid-Use Disorder Among Chronic Pain Patients: Comparison of the DSM-5 vs. DSM-4 Diagnostic Criteria, 30(3) Journal of Addictive Diseases 185 (2011). One-third of Americans who have taken prescription opioids for at least two months say they became addicted to, or physically dependent on them. Available at https://www.washingtonpost.com/national/health-science/one-third-of-long-term-users-say-theyre-hooked-on-prescription-opioids/2016/12/09/e048d322-baed-11e6-91ee-1adddfe36cbe_story.htm?utm_term=.7259d7ee60b4 (viewed September 27, 2017).

11. Many addicts, finding painkillers too expensive or too difficult to obtain, have turned to heroin. According to the American Society of Addiction Medicine, four out of five people who try heroin today started with prescription painkillers.[8]

12. County governments and the services they provide their citizens have been strained to the breaking point by this public health crisis.

13. Wisconsin and Kenosha County are in the midst of this crisis. Their statistics mirror the national statistics.

14. In Wisconsin, from 2013-2015, 1,824 people have died as a result of an opioid overdose.

15. In 2015, the majority of opioid related deaths in Wisconsin involved prescription opioids. Indeed, the number of Wisconsin citizens who die as a result of drug overdoses now exceeds the number of those who die from motor vehicle crashes, as well as suicide, breast cancer, colon cancer, firearms, influenza, or HIV.[9]

16. Between 2013 and 2015, at least 103 people died from opiate overdoses in Kenosha County. In 2016, there were 35 reported deaths from opioid overdose in Kenosha County.

17. In Wisconsin, opioid related hospital encounters, which include both inpatient hospitalizations and emergency department visits, have doubled over the last decade. In 2015, there were nearly six hospital encounters involving opioids for every one death involving opioids.

18. Between 2012 and 2014 there were 248 hospital encounters involving opioid poisoning in Kenosha County. In 2016, there were 979 hospital encounters related to opioids by Kenosha County residents or visitors.

---

[8] Opioid Addiction 2016 Facts & Figures, American Society of Addiction Medicine, Available at: https://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf.

[9] *Id.*

19. Also, between 2013 and 2015 in Kenosha County there were 423 ambulance runs where Naxolene was administered due to an opioid overdose and between 2012 and 2014 there were 21 babies born with neonatal abstinence syndrome.

20. The dramatic increase in prescription opioid use over the last two decades, and the resultant public-health crisis, is no accident.

21. The crisis was precipitated by Defendants who, through nefarious and deceptive means and using one of the biggest pharmaceutical marketing campaigns in history, carefully engineered and continue to support a dramatic shift in the culture of prescribing opioids by falsely portraying both the risks of addiction and abuse and the safety and benefits of long-term use.

22. Defendants' goal was simple: to dramatically increase sales by convincing doctors that it was safe and efficacious to prescribe opioids to treat not only the kind of severe and short-term pain associated with surgery or cancer, but also for a seemingly unlimited array of less severe, longer-term pain, such as back pain and arthritis to name but two examples.

23. Defendants knew, however, that their opioid products were addictive, subject to abuse, and not safe or efficacious for long-term use.

24. Defendants' nefarious plan worked and they dramatically increased their sales and reaped billions upon billions of dollars of profit at the expense of millions of people who are now addicted and the thousands who have died as a result. In 2012 alone, opioids generated $8 billion in revenue for drug companies. Of that amount, $3.1 billion went to Purdue for its OxyContin sales. By 2015, sales of opioids grew further to approximately $9.6 billion.[10]

---

[10] D. Crow, *Drugmakers hooked on $10bn opioid habit*, Financial Times (August 10, 2016). In 2015, the Sackler family, the Purdue company's sole owners, appeared at number sixteen on Forbes magazines's list of America's richest families. Available at https://www.firstthings.com/article/2017/03/american-carnage (as viewed September 27, 2017).

25. The National Institutes of Health ("NIH") identifies Defendants' "aggressive marketing" as a major cause of the opioid epidemic in this country: "Several factors are likely to have contributed to the severity of the current prescription drug abuse problem. They include drastic increases in the number of prescriptions written and dispensed, greater social acceptability for using medications for different purposes, and *aggressive marketing by pharmaceutical companies.*"[11] As shown below, the "drastic increases in the number of prescriptions written and dispensed" and the "greater social acceptability for using medications for different purposes" are not really independent causative factors but are, in fact, the direct result of "the aggressive marketing by pharmaceutical companies."

26. Not coincidentally, the overdose death rate, substance use disorder treatment admissions and the devastating burden on state and local government and the services they provide increased in parallel with Defendants' aggressive false marketing campaign and the resultant dramatic increase in sales of opioids. Indeed, sales of prescription opioids quadrupled between 1999 and 2010, the overdose death rate also quadrupled since 1999 and the substance use disorder treatment admission increased six-fold between 1999 and 2009.[12]

27. The crisis Defendants caused has directly impacted Kenosha County as it bears the financial brunt of this epidemic as it unfolds in the County.

28. Apart from (and because of) the toll on human life, the crisis has financially strained the services Kenosha County provides its residents and employees. Human services, social services, court services, law enforcement services, the office of the coroner/medical examiner and health services, including hospital, emergency and

---

[11] America's Addiction to Opioids: Heroin and Prescription Drug Abuse. Available at http://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2015/americas-addiction-to-opioids-heroin-prescription-drug-abuse#_ftn2 (accessed August 18, 2017) (emphasis added).

[12] American Society of Addition Medicine, Opioid Addiction 2016 Facts & Figures.

ambulatory services, have all been severely impacted by the crisis. For example, as a direct and foreseeable consequence of Defendants' egregious conduct, the County paid, and continues to pay, a significant amount for health care costs that stem from prescription opioid dependency. These costs include unnecessary and excessive opioid prescriptions, substance abuse treatment services, ambulatory services, emergency department services, and inpatient hospital services, among others. Defendants' conduct also caused the County to incur substantial economic, administrative and social costs relating to opioid addiction and abuse, including criminal justice costs, victimization costs, child protective services costs, lost productivity costs, and education and prevention program costs among others.

29. Indeed, one Wisconsin County's medical examiner has called the flood of opioid related deaths "a tsunami" that the department cannot keep up with.[13]

30. Even now, having created a public health crisis, Defendants have not pulled their opioid products from the market, acknowledged the very real dangers of addiction and abuse, even if the opioids are taken as prescribed, or acknowledged that opioids are inappropriate for long-term pain management. Instead, Defendants have taken the position that their opioid products are not dangerous and continue to sell these dangerous and addictive drugs, thereby continuing to fuel the crisis.

31. By its Complaint, Kenosha County seeks to recover from Defendants its damages as a result of the opioid public-health crisis Defendants caused.

JURISDICTION AND VENUE

32. This Court has personal jurisdiction over Defendants because they carry on a continuous and systematic part of their general business within Wisconsin, have

---

[13] Seelye, Katharine Q.; *As Overdose Deaths Pile up, a Medical Examiner Quits the Morgue*; The New York Times. Available at: https://www.nytimes.com/2017/10/07/us/drug-overdose-medical-examiner.html (accessed November 2, 2017).

transacted substantial business with Wisconsin entities and residents, and have caused harm in Wisconsin as a result of the specific business activities complained of herein.

33. Venue is proper in this district under 28 U.S.C. § 1391(b)(2) because a substantial part of the events and omissions giving rise to the claim occurred in the Eastern District of Wisconsin.

34. Jurisdiction is proper in the Eastern District of Wisconsin pursuant to 28 U.S.C. § 1332.

PARTIES

35. Plaintiff Kenosha County is organized and existing under the laws of the state of Wisconsin. Kenosha County is located in Southeast Wisconsin. Plaintiff provides a wide range of services on behalf of its residents, including services for families and children, public health, public assistance, law enforcement, and emergency care.

36. Defendant Purdue Pharma L.P. ("PPL") is a limited partnership organized under the laws of Delaware with its principal place of business in Stamford, Connecticut.

37. Defendant Purdue Pharma Inc. ("PPI") is a New York corporation with its principal place of business in Stamford, Connecticut.

38. Defendant The Purdue Frederick Company, Inc. ("PFC") is a New York corporation with its principal place of business in Stamford, Connecticut.

39. PPL, PPI, and PFC (collectively, "Purdue") are engaged in the manufacture, promotion, distribution, and sale of opioids nationally, in the State of Wisconsin and in Kenosha County, including the following:

Table 1. Purdue Opioids

Drug Name	Chemical Name	Schedule[14]
OxyContin	Oxycodone hydrochloride extended release	Schedule II
MS Contin	Morphine sulfate extended release	Schedule II
Dilaudid	Hydromorphone hydrochloride	Schedule II
Dilaudid-HP	Hydromorphone hydrochloride	Schedule II
Butrans	Byprenorpine	Schedule III
Hysingla ER	Hydrocodone bitrate	Schedule II
Targiniq ER	Oxycodone hydrochloride and naloxone hydrochloride	Schedule II

40. OxyContin is Purdue's largest-selling opioid. Since 2009, Purdue's national annual sales of OxyContin have fluctuated between $2.47 billion and $3.1 billion, up four-fold from 2006 sales of $800 million. OxyContin constitutes roughly 30% of the entire market for analgesic drugs (*i.e.*, painkillers). Sales of OxyContin went from a mere $49 million in its first full year on the market to $1.6 billion in 2002.

41. In 2007, Purdue settled criminal and civil charges against it for misbranding OxyContin and agreed to pay the United States $635 million – at the time, one of the largest settlements with a drug company for marketing misconduct. None of this stopped Purdue. Indeed, Purdue continued to create the false perception that opioids were safe

[14] Since passage of the Controlled Substances Act ("CSA") in 1970, opioids have been regulated as controlled substances. As controlled substances, they are categorized in five schedules, ranked in order of their potential for abuse, with Schedule I being the most dangerous. The CSA imposes a hierarchy of restrictions on prescribing and dispensing drugs based on their medicinal value, likelihood of addiction or abuse, and safety. Opioids generally had been categorized as Schedule II or Schedule III drugs. Schedule II drugs have a high potential for abuse, have a currently accepted medical use, and may lead to severe psychological or physical dependence. Schedule III drugs are deemed to have a lower potential for abuse, but their abuse still may lead to moderate or low physical dependence or high psychological dependence.

and effective for long term use, even after being caught, by using unbranded marketing methods to circumvent the system. In short, Purdue paid the fine when caught and then continued business as usual, marketing and selling billions of dollars of opioids each year as if they were safe and efficacious for long term use.

42. Instead of learning from Purdue's misdeeds, the other named manufacturer Defendants, Teva Pharmaceuticals USA, Inc., Cephalon, Inc., Johnson & Johnson, Janssen Pharmaceuticals, Inc., Ortho-McNeil-Janssen Pharmaceuticals, Inc. n/k/a Janssen Pharmaceuticals, Inc., Janssen Pharmaceutica, Inc. n/k/a Janssen Pharmaceuticals, Inc., Endo Health Solutions Inc., and Endo Pharmaceuticals, Inc, instead emulated Purdue's false marketing strategy and in turn marketed and sold billions of dollars of prescription opioids as safe and efficacious for long term use, knowing full well that they were not.

43. Defendant Teva Pharmaceuticals USA, Inc. ("Teva USA") is a Delaware corporation with its principal place of business in North Whales, Pennsylvania. Teva USA is a wholly owned subsidiary of Teva Pharmaceutical Industries, Ltd. ("Teva Ltd."), an Israeli corporation (collectively "Teva").

44. Defendant Cephalon, Inc. is a Delaware corporation with its principal place of business in Frazer, Pennsylvania. In 2011, Teva Ltd. acquired Cephalon, Inc.

45. Teva USA and Cephalon, Inc. (collectively, "Cephalon") work together to manufacture, promote, distribute and sell both brand name and generic versions of the opioids nationally and in the County, including the following:

Table 2. Cephalon Opioids

Drug Name	**Chemical Name**	**Schedule**
Actiq	Fentanyl citrate	Schedule II
Fentora	Fentanyl citrate	Schedule II

46. Teva USA was in the business of selling generic opioids, including a generic form of OxyContin from 2005 to 2009 nationally and in the County.

47. Defendant Johnson & Johnson ("J&J") is a New Jersey corporation with its principal place of business in New Brunswick, New Jersey.

48. Defendant Janssen Pharmaceuticals, Inc. ("Janssen Pharmaceuticals") is a Pennsylvania corporation with its principal place of business in Titusville, New Jersey, and is a wholly owned subsidiary of J&J.

49. Janssen Pharmaceuticals, Inc. was formerly known as Ortho-McNeil-Janssen Pharmaceuticals, Inc., which in turn was formerly known as Janssen Pharmaceutica, Inc.

50. Defendant Ortho-McNeil-Janssen Pharmaceuticals, Inc. ("OMP"), now known as Janssen Pharmaceuticals, Inc., is a Pennsylvania corporation with its principal place of business in Titusville, New Jersey.

51. Janssen Pharmaceutica, Inc. ("Janssen Pharmaceutica"), now known as Janssen Pharmaceuticals, Inc., is a Pennsylvania corporation with its principal place of business in Titusville, New Jersey.

52. J&J is the only company that owns more than 10% of Janssen Pharmaceuticals stock. Upon information and belief, J&J controls the sale and development of Janssen Pharmaceuticals drugs and Janssen Pharmaceuticals profits inure to J&J's benefit.

53. J&J, Janssen Pharmaceuticals, OMP, and Janssen Pharmaceutica (collectively, "Janssen") are or have been engaged in the manufacture, promotion, distribution, and sale of opioids nationally and in the County, including the following:

Table 3. Janssen Opioids

Drug Name	Chemical Name	Schedule
Duragesic	Fentanyl	Schedule II
Nucynta[15]	Tapentadol extended release	Schedule II
Nucynta ER	Tapentadol	Schedule II

54. Together, Nucynta and Nucynta ER accounted for $172 million in sales in 2014. Prior to 2009, Duragesic accounted for at least $1 billion in annual sales.

55. Defendant Endo Health Solutions Inc. ("EHS") is a Delaware corporation with its principal place of business in Malvern, Pennsylvania.

56. Defendant Endo Pharmaceuticals, Inc. ("EPI") is a wholly owned subsidiary of EHS and is a Delaware corporation with its principal place of business in Malvern, Pennsylvania.

57. EHS and EPU (collectively, "Endo") manufacture, promote, distribute and sell opioids nationally and in the County, including the following:

Table 4. Endo Opioids

Drug Name	Chemical Name	Schedule
Opana ER	Oxymorphone hydrochloride extended release	Schedule II
Opana	Oxymorphone hydrochloride	Schedule II
Percodan	Oxymorphone hydrochloride and aspirin	Schedule II
Percocet	Oxymorphone hydrochloride and acetaminophen	Schedule II

58. Opioids made up roughly $403 million of Endo's overall revenues of $3 billion in 2012. Opana ER yielded revenue of $1.15 billion from 2010 to 2013, and it

[15] Depomed, Inc. acquired the rights to Nucynta and Nucynta ER from Janssen in 2015.

accounted for 10% of Endo's total revenue in 2012. Endo also manufactures and sells generic opioids, both directly and through its subsidiary, Qualitest Pharmaceuticals, Inc., including generic oxycodone, oxymorphone, hydromorphone, and hydrocodone products.

59. The Food and Drug Administration requested that Endo remove Opana ER from the market in June 2017. The FDA relied on postmarketing data in reaching its conclusion based on the concern that the benefits of the drug may no longer outweigh its risk of abuse.[16]

60. Perry Fine, M.D., is an individual residing in Utah. Dr. Fine was instrumental in promoting opioids for sale and distribution nationally, in the State of Wisconsin, and in Kenosha County.

61. Scott Fishman, M.D., is an individual residing in California. Dr. Fishman was instrumental in promoting opioids for sale and distribution nationally, in the State of Wisconsin, and in Kenosha County.

62. Lynn Webster, M.D., is an individual residing in Utah. Dr. Webster was instrumental in promoting opioids for sale and distribution nationally, in the State of Wisconsin, and in Kenosha County.

FACTS RELEVANT TO ALL CAUSES OF ACTION

A. The Pain-Relieving and Addictive Properties of Opioids

63. "Opiates" are alkaloids derived from the opium poppy, including opium, heroin, morphine, and codeine. "Opioids" are synthetic or partly-synthetic drugs that are manufactured to work in a similar way to opiates. Opioids act like opiates when taken for pain because they have similar molecules. The products manufactured by Defendants

---

[16] FDA requests removal of OPANA ER for risks related to abuse. Available at: https://www.fda.gov/newsevents/newsroom/pressannouncements/ucm562401.htm (accessed August 17, 2017).

are opioids. The term "opioids" is now commonly used for both natural and synthetic versions, and that term is used herein to refer to both.

64. The pain-relieving properties of opioids have been recognized for millennia. So has the magnitude of their potential for abuse and addiction. Opioids are related to illegal drugs like opium and heroin.

65. During the Civil War, opioids, then known as "tinctures of laudanum," gained popularity among doctors and pharmacists for their ability to reduce anxiety and relieve pain – particularly on the battlefield – and they were popularly used in a wide variety of commercial products ranging from pain elixirs to cough suppressants to beverages. By 1900, an estimated 300,000 people were addicted to opioids in the United States,[17] and many doctors prescribed opioids solely to avoid patients' withdrawal. Both the numbers of opioid addicts and the difficulty in weaning patients from opioids made clear their highly addictive nature.

66. Due to concerns about their addictive properties, opioids have been regulated at the federal level as controlled substances by the U.S. Drug Enforcement Administration ("DEA") since 1970. The labels for scheduled opioid drugs carry black box warnings of potential addiction and "[s]erious, life-threatening, or fatal respiratory depression," as the result of an excessive dose.

67. Studies and articles from the 1970s and 1980s also observed negative outcomes from long-term opioid therapy in pain management programs; opioids' mixed record in reducing pain long-term and failure to improve patients' function; greater pain complaints as most patients developed tolerance to opioids; opioid patients' diminished ability to perform basic tasks; their inability to make use of complementary treatments

---

[17] Substance Abuse and Mental Health Services Administration, Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs, Treatment Improvement Protocol (TIP Services), No. 43 (2005).

like physical therapy due to the side effects of opioids; and addiction. Leading authorities discouraged, or even prohibited, the use of opioid therapy for chronic pain.

68. In 1986, Dr. Russell Portenoy, who later became Chairman of the Department of Pain Medicine and Palliative Care at Beth Israel Medical Center in New York while at the same time serving as a top spokesperson for drug companies, published an article reporting that "[f]ew substantial gains in employment or social function could be attributed to the institution of opioid therapy."[18]

69. Writing in 1994, Dr. Portenoy described the prevailing attitudes regarding the dangers of long-term use of opioids:

> *The traditional approach to chronic non-malignant pain does not accept the long-term administration of opioid drugs.* This perspective has been justified by the perceived likelihood of tolerance, which would attenuate any beneficial effects over time, and the potential for side effects, worsening disability, and addiction. According to conventional thinking, the initial response to an opioid drug may appear favorable, with partial analgesia and salutary mood changes, but adverse effects inevitably occur thereafter. It is assumed that the motivation to improve function will cease as mental clouding occurs and the belief takes hold that the drug can, by itself, return the patient to a normal life. *Serious management problems are anticipated, including difficulty in discontinuing a problematic therapy and the development of drug seeking behavior induced by the desire to maintain analgesic effects, avoid withdrawal, and perpetuate reinforcing psychic effects. There is an implicit assumption that little separates these outcomes from the highly aberrant behaviors associated with addiction.*[19]

According to Dr. Portenoy, the foregoing problems could constitute "compelling reasons to reject long-term opioid administration as a therapeutic strategy in all but the most desperate cases of chronic nonmalignant pain."[20]

---

[18] R. Portenoy & K. Foley, *Chronic Use of Opioid Analgesics in Non-Malignant Pain: Report of 38 cases*, 25(2) Pain 171 (1986).

[19] R. Portenoy, *Opioid Therapy for Chronic Nonmalignant Pain: Current Status*, 1 Progress in Pain Res. & Mgmt., 247-287 (H.L. Fields and J.C. Liebeskind eds., 1994) (emphasis added).

[20] *Id.*

70. For all the reasons outlined by Dr. Portenoy, and in the words of one researcher from the University of Washington in 2012, and quoted by a Harvard researcher the same year, "it did not enter [doctors'] minds that there could be a significant number of chronic pain patients who were successfully managed with opioids, because if there were any, we almost never saw them."[21]

71. Discontinuing opioids after more than just a few weeks of therapy will cause most patients to experience withdrawal symptoms. These withdrawal symptoms include: severe anxiety, nausea, vomiting, headaches, agitation, insomnia, tremors, hallucinations, delirium, pain, and other serious symptoms, which may persist for months after a complete withdrawal from opioids, depending on how long the opioids were used.

72. When under the continuous influence of opioids over time, patients grow tolerant to their analgesic effects. As tolerance increases, a patient typically requires progressively higher doses in order to obtain the same levels of pain reduction to which he has become accustomed – up to and including doses that are "frighteningly high."[22] At higher doses, the effects of withdrawal are more substantial, thus leaving a patient at a much higher risk of addiction. A patient can take opioids at the continuously escalating dosages to match pain tolerance and still overdose at recommended levels.

73. The effects of opioids vary by duration. Long-acting opioids, such as Purdue's OxyContin and MS Contin, Janssen's Nucynta ER and Duragesic, Endo's Opana ER, and Actavis's Kadian, are designed to be taken once or twice daily and are purported to provide continuous opioid therapy for, in general, 12 hours. Short-acting opioids, such as Cephalon's Actiq and Fentora, are designed to be taken in addition to long-acting

---

[21] J. Loeser. Five crises in pain management, Pain Clinical Updates. 2012;20 (1):1–4(cited by I. Kissin, *Long-term opioid treatment of chronic nonmalignant pain: unproven efficacy and neglected safety?*, 6 J. Pain Research 513, 514 (2013)).

[22] M. Katz, *Long-term Opioid Treatment of Nonmalignant Pain: A Believer Loses His Faith*, 170(16) Archives of Internal Med. 1422 (2010).

opioids to address "episodic pain" and provide fast-acting, supplemental opioid therapy lasting approximately 4 to 6 hours.

74. Defendants promoted the idea that pain should be treated by taking long-acting opioids continuously and supplementing them by also taking short-acting, rapid-onset opioids for episodic pain.

75. In 2013, in response to a petition to require manufacturers to strengthen warnings on the labels of long-acting opioid products, the FDA warned of the "grave risks" of opioids, including "addiction, overdose, and even death." The FDA further warned, "[e]ven proper use of opioids under medical supervision can result in life-threatening respiratory depression, coma, and death." Because of those grave risks, the FDA said that long-acting or extended release opioids "should be used only when alternative treatments are inadequate."[23] The FDA required that – going forward – opioid makers of long-acting formulations clearly communicate these risks in their labels.

76. In 2016, the FDA expanded its warnings for immediate-release opioid pain medications, requiring similar changes to the labeling of immediate-release opioid pain medications as it had for extended release opioids in 2013. The FDA also required several additional safety-labeling changes across all prescription opioid products to include additional information on the risk of these medications.[24]

77. The facts on which the FDA relied in 2013 and 2016 were well known to Defendants in the 1990s when their deceptive marketing began.

---

[23] Letter from Janet Woodcock, M.D., Dir., Ctr. For Drug Eval. & Res., to Andrew Kolodny, M.D., Pres. *Physicians for Responsible Opioid Prescribing*, Re Docket No. FDA-2012-P-0818 (Sept. 10, 2013) (emphasis in original).

[24] FDA announces enhanced warnings for immediate-release opioid pain medications related to risks of misuse, abuse, addiction, overdose and death. Available at http://www.fda.gov/newsevents/newsroom/pressannouncements/ucm491739.htm (accessed August 18, 2017).

B. Opioid Therapy Makes Patients Sicker Without Long Term Benefits

78. There is no scientific evidence supporting the safety or efficacy of opioids for long-term use. Defendants are well aware of the lack of such scientific evidence. While promoting opioids to treat chronic pain, Defendants failed to disclose the lack of evidence to support their use long-term and have failed to disclose the substantial scientific evidence that chronic opioid therapy actually makes patients sicker.

79. There are no controlled studies of the use of opioids beyond 16 weeks, and no evidence that opioids improve patients' pain and function long-term. For example, a 2007 systematic review of opioids for back pain concluded that opioids have limited, if any, efficacy for back pain and that evidence did not allow judgments regarding long-term use.

80. Substantial evidence exists that opioid drugs are ineffective to treat chronic pain, and actually worsen patients' health. For example, a 2006 study-of-studies found that opioids as a class did not demonstrate improvement in functional outcomes over other non-addicting treatments.[25]

81. Increasing duration of opioid use is strongly associated with an increasing prevalence of mental health conditions (including depression, anxiety, post-traumatic stress disorder, or substance abuse), increased psychological distress, and greater health care utilization.

---

[25] A. Furlan *et al., Opioids for chronic noncancer pain: a meta-analysis of effectiveness and side effects*, 174(11) Can. Med. Ass'n J. 1589 (2006). This same study revealed that efficacy studies do not typically include data on opioid addiction. In many cases, patients who may be more prone to addiction are pre-screened out of the study pool. This does not reflect how doctors actually prescribe the drugs, because even patients who have past or active substance use disorders tend to receive higher doses of opioids. K. Seal, *Association of Mental Health Disorders With Prescription Opioids and High- Risk Opioids in US Veterans of Iraq and Afghanistan*, 307(9) J. Am. Med. Ass'n 940 (2012).

82. While opioids may work acceptably well for a while, when they are used on a long-term basis, function generally declines, as does general health, mental health, and social function. Over time, even high doses of potent opioids often fail to control pain, and patients exposed to such doses are unable to function normally.[26]

83. The foregoing is true both generally and for specific pain-related conditions. Studies of the use of opioids long-term for chronic lower back pain have been unable to demonstrate an improvement in patients' function. Instead, research consistently shows that long-term opioid therapy for patients who have lower back injuries does not cause patients to return to work or physical activity. This is due partly to addiction and other side effects.

84. For example, as many as 30% of patients who suffer from migraines have been prescribed opioids to treat their headaches. Users of opioids had the highest increase in the number of headache days per month, scored significantly higher on the Migraine Disability Assessment, and had higher rates of depression, compared to non-opioid users. A survey by the National Headache Foundation found that migraine patients who used opioids were more likely to experience sleepiness, confusion, rebound headaches, and reported a lower quality of life than patients taking other medications.

C. Defendants' Scheme to Change Prescriber Habits and Public Perception

85. For the reasons just alleged, the commonly held views amongst doctors was that opioids should only be used short-term and often when the patient is in the hospital - for instance, for acute pain, pain relating to recovery from surgery, or for cancer or palliative care – as the risks of addiction are low or of little significance.

86. The market for short-term pain relief is significantly more limited than the market for long-term chronic pain relief. Defendants recognized that if they could sell opioids not just for short term pain relief but also for long-term chronic pain relief, they

---

[26]*See* A. Rubenstein, *Are we making pain patients worse?* Sonoma Medicine (Fall 2009).

could achieve blockbuster levels of sales and profits. Further, they recognized that if they could cause their customers to become physically addicted to their drugs, they would increase the likelihood that their blockbuster profits would continue indefinitely.

87. Defendants knew that in order to increase their profits from the sale of opioids they would need to convince doctors and patients that long-term opioid therapy was safe and effective. Defendants needed, in other words, to persuade physicians to abandon their long-held apprehensions about prescribing opioids, and instead to prescribe opioids for durations previously understood to be unsafe.

88. So Defendants designed a false and deceptive marketing strategy aimed at clinicians whom they desired to prescribe opioids in a way they had never been used before.

89. Defendants did not set out to change the medical community's view, however, through legitimate scientific research, because scientific research would not have supported the conclusion Defendants desired (that prescription opioids could be used to treat chronic conditions long-term). Rather, to accomplish their goal of blockbuster profits and dramatically increased sales, Defendants turned to the marketing and PR world to instead create a misperception in the medical community.

90. Marshalling help from consultants and public relations firms, Defendants developed and executed a common strategy to reverse the long-settled understanding of the relative risks and benefits of chronic opioid therapy.

91. Rather than add to the collective body of medical knowledge concerning the best ways to treat pain and improve patient quality of life, Defendants sought to distort medical and public perception of existing scientific data.

92. As explained more fully herein and illustrated in Exhibit A, Defendants, collectively and individually, poured vast sums of money into generating articles, creating continuing medical education courses ("CMEs"), and other "educational" materials, conducting sales visits to individual doctors, and supporting a network of

professional societies and advocacy groups, which was intended to, and which did, create a new but phony "consensus" supporting the long-term use of opioids.

93. Not only did Defendants begin to create a phony consensus on the safety and efficacy of using prescription opioids to treat chronic pain, but they also created a new narrative, that doctors were not being responsible to their patients in treating pain if they did not use these new wonder drugs for treating pain.

D. Defendants Used "Unbranded" Marketing to Evade Regulations and Consumer Protection Laws

94. Drug companies' promotional activity can be branded or unbranded. Unbranded marketing refers not to a specific drug, but more generally to a disease state or treatment. By using unbranded communications, drug companies can evade the extensive regulatory framework governing branded communications.

95. A drug company's branded marketing, which identifies and promotes a specific drug, must: (a) be consistent with its label and supported by substantial scientific evidence; (b) not include false or misleading statements or material omissions; and (c) fairly balance the drug's benefits and risks. The regulatory framework governing the marketing of specific drugs reflects a public policy designed to ensure that drug companies, which are best suited to understand the properties and effects of their drugs, are responsible for providing prescribers with the information they need to assess accurately the risks and benefits of drugs for their patients.

96. Further, the Federal Food, Drug, and Cosmetic Act ("FDCA") places further restrictions on branded marketing. It prohibits the sale in interstate commerce of drugs that are "misbranded." A drug is "misbranded" if it lacks "adequate directions for use" or if the label is false or misleading "in any particular." "Labeling" includes more than the drug's physical label; it also includes "all ... other written, printed, or graphic matter ... accompanying" the drug, including promotional material. The term "accompanying" is interpreted broadly to include promotional materials - posters, websites, brochures,

a front for Defendants who were manufacturing and selling these addictive and unsafe drugs.

102. Defendants were able to take advantage of this seemingly legitimate unbranded marketing information to implement a persuasive campaign targeted at changing prescribing practices by raising physician and public awareness of purported evidence that opioids could safely and efficaciously treat chronic or long-term pain.

103. In other words, Defendants disseminated false, misleading, imbalanced, and unsupported statements through a campaign utilizing these unregulated unbranded marketing materials – materials that generally promoted opioid use but did not name a specific opioid while doing so. Through these unbranded materials, Defendants presented information and instructions concerning opioids generally that were false and misleading to sell their specific drugs without running afoul of the laws relating to branded marketing materials.

104. By acting through what appeared to be independent third party professional organizations, Defendants designed and were able to give the false appearance that their messages reflected the views of independent specialist third parties.

105. Later, Defendants would cite to these sources as "independent" corroboration of their own statements. Further, as one physician adviser to Defendants noted, third-party documents had not only greater credibility, but also broader distribution, as doctors did not "push back" at having materials, for example, from the non-profit American Pain Foundation ("APF") on display in their offices, as they would with drug company pieces.

106. As part of their deceptive marketing scheme to change the perception of doctors, particularly general practitioners, regarding the dangers of prescribing opioids for long term use, Defendants spread and validated their deceptive unbranded messages through the following vehicles ("the Vehicles"): (i) so-called "key opinion leaders" (*i.e.*, physicians who influence their peers' medical practice, including but not limited to

prescribing behavior) ("KOLs"), who were paid by Defendants and who wrote favorable journal articles and delivered supportive CMEs as if they were independent medical professionals; (ii) a body of biased and unsupported scientific "literature" funded by Defendants and distributed by the KOLs and Front Groups; (iii) "treatment guidelines" distributed by the Front Groups; (iv) CMEs funded by the Defendants where KOLs and Front Groups taught and portrayed opioids as safe and effective for treatment of chronic pain and distributed Defendants' false and deceptive message; and (v) unbranded patient education materials disseminated through groups purporting to be patient-advocacy and professional organizations ("Front Groups"), which exercised their influence both directly and indirectly through Defendant-controlled KOLs who served in leadership roles in these organizations.

107. Defendants disseminated many of their false, misleading, imbalanced and unsupported messages through the Vehicles because they appeared to uninformed observers to be independent and credible professional organizations. Through unbranded materials and through the Vehicles, Defendants presented doctors and the public with information and instructions concerning opioids generally that were false and misleading.

108. Even where such unbranded messages were created by the Vehicles themselves, Defendants adopted these messages as their own and distributed them to the medical community and the public by citing to, editing, approving, and distributing such materials knowing they were false, misleading, unsubstantiated, unbalanced, and incomplete. In addition, and as described herein, Defendants' sales representatives distributed third-party and unbranded marketing material to Defendants' target audience that was deceptive and false.

109. Defendants took an active role in guiding, reviewing, and approving many of the false and misleading statements issued by the Vehicles, ensuring that Defendants were consistently in control of their content. By funding, directing, editing, and

distributing these materials, Defendants exercised control over their false and deceptive messages and acted in concert with the Vehicles to fraudulently promote the use of opioids for the treatment of chronic pain.

110. The unbranded marketing materials that Defendants assisted in funding, creating and distributing either did not disclose the risks of addiction, abuse, misuse, and overdose, or affirmatively denied or minimized those risks.

i. Defendants' KOLs

111. To create the false impression that the opioids they were selling were safe and effective for long term use, Defendants needed medical professionals to publicly endorse this view and aggressively promote the use of opioids to treat chronic pain.

112. So Defendants paid and cultivated a select circle of doctors who were chosen and sponsored by Defendants because they favored the aggressive treatment of chronic pain with opioids. As set forth herein and as depicted in Exhibit A, pro-opioid doctors like Drs. Portenoy, Webster, Fine, and Fishman have been at the hub of Defendants' well-funded, pervasive marketing scheme since its inception and were used to create the grave misperception science and legitimate medical professionals supported the notion that opioids were safe and efficacious for long term use.

113. Although these KOLs were funded by Defendants, this funding went undisclosed and the KOLs were used extensively to present the appearance that unbiased and reliable medical research supporting the broad use of opioid therapy for chronic pain had been conducted and was being reported on by independent medical professionals.

114. As Defendants' false marketing scheme picked up steam, these pro-opioid KOLs wrote, consulted on, edited, and lent their names to books and articles, and gave speeches and CMEs supportive of opioid therapy for chronic pain. They served on committees that developed treatment guidelines that strongly encouraged the use of opioids to treat chronic pain and they were placed on boards of pro-opioid advocacy groups and professional societies that develop, select, and present CMEs.

115. Through use of their KOLs and strategic placement of these KOLs throughout every critical distribution channel of information within the medical community, Defendants were able to exert control of each of these modalities through which doctors receive their information.

116. In return for their pro-opioid advocacy, Defendants' KOLs received money, prestige, recognition, research funding, and avenues to publish. For example, as depicted in Exhibit A, Defendant KOL Dr. Webster has received funding from Endo, Purdue, and Cephalon. Defendant KOL Dr. Fine has received funding from Janssen, Cephalon, Endo and Purdue.

117. Defendants carefully vetted their KOLs to ensure that they were likely to remain on-message and supportive of Defendants' agenda. Defendants also kept close tabs on the content of the materials published by these KOLs. And, of course, Defendants kept these KOLs well-funded to enable them to push Defendants' deceptive message out to the medical community.

118. Once Defendants identified and funded KOLs and those KOLs began to publish "scientific" papers supporting Defendants false position that opioids were safe and effective for treatment of chronic pain, Defendants poured significant funds and resources into a marketing machine that widely cited and promoted their KOLs and studies or articles by their KOLs to drive prescription of opioids for chronic pain. Defendants cited to, distributed, and marketed these "studies" and "articles" by their KOLs as if they were independent medical literature so that it would be well received by the medical community. By contrast, Defendants did not support, acknowledge, or disseminate the truly independent publications of doctors critical of the use of chronic opioid therapy.

119. In their promotion of the use of opioids to treat chronic pain, Defendants' KOLs knew that their statements were false and misleading, or they recklessly

disregarded the truth in doing so, but they continued to publish their misstatements to benefit themselves and Defendants.

ii. Defendants' Corruption of Scientific Literature

120. Rather than actually test the safety and efficacy of opioids for long-term use, Defendants led physicians, patients, and health care payors to believe that such tests had already been done. As set forth herein, and as depicted in Exhibit A, Defendants created a body of false, misleading, and unsupported medical and popular literature about opioids that (a) understated the risks and overstated the benefits of long-term use; (b) appeared to be the result of independent, objective research; and (c) was likely to shape the perceptions of prescribers, patients, and payors. This literature was, in fact, marketing material intended to persuade doctors and consumers that the benefits of long-term opioid use outweighed the risks.

121. To accomplish their goal, Defendants – sometimes through third-party consultants and/or front groups – commissioned, edited, and arranged for the placement of favorable articles in academic journals.

122. Defendants' plans for these materials did not originate in the departments within the Defendant organizations that were responsible for research, development, or any other area that would have specialized knowledge about the drugs and their effects on patients; rather, they originated in Defendants' marketing departments and with Defendants' marketing and public relations consultants.

123. In these materials, Defendants (or their surrogates) often claimed to rely on "data on file" or presented posters, neither of which are subject to peer review. Still, Defendants presented these materials to the medical community as scientific articles or studies, despite the fact that Defendants' materials were not based on reliable data and subject to the scrutiny of others who are experts in the same field.

124. Defendants also made sure that favorable articles were disseminated and cited widely in the medical literature, even when Defendants knew that the articles distorted the significance or meaning of the underlying study.

125. Most infamously, Purdue frequently cited a 1980 item in the well-respected New England Journal of Medicine, J. Porter & H. Jick, *Addiction Rare in Patients Treated with Narcotics*, 302 (2) New Eng. J. Med. 123 (1980) ("Porter & Jick Letter"), in a manner that made it appear that the item reported the results of a peer reviewed study. Endo cited the same item in two CME programs that it sponsored. Defendants and those acting on their behalf failed to reveal that this "article" is actually a letter-to-the-editor, not a study, much less a peer-reviewed study. The letter, reproduced in full below, states that the authors examined their files of hospitalized patients who had received opioids.

ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients[1] who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients,[2] Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

JANE PORTER
HERSHEL JICK, M.D.
Boston Collaborative Drug Surveillance Program
Boston University Medical Center
Waltham, MA 02154

1. Jick H, Miettinen OS, Shapiro S, Lewis GP, Siskind Y, Slone D. Comprehensive drug surveillance. JAMA. 1970; 213:1455-60.
2. Miller RR, Jick H. Clinical effects of meperidine in hospitalized medical patients. J Clin Pharmacol. 1978; 18:180-8.

126. The patients referred to in the letter were all treated prior to the letter, which was published in 1980. Because of standards of care prior to 1980, the treatment of those

patients with opioids would have been limited to acute or end-of-life situations, not chronic pain. The letter notes that, when these patients' records were reviewed, the authors found almost no references to signs of addiction, though there is no indication that caregivers were instructed to look for, assess, or document signs of addiction. Nor, indeed, is there any indication whether the patients were followed after they were discharged from the hospital or, if they were, for how long. None of these serious limitations was disclosed when Defendants and those acting on their behalf cited the letter, typically as the sole scientific support for the proposition that opioids are rarely addictive.

127. Dr. Jick has complained that his letter has been distorted and misused – as indeed it has by Defendants.

128. Defendants worked to not only create and promote favorable studies in the literature, but to discredit or suppress negative information. Defendants' studies and articles often targeted articles that contradicted Defendants' claims or raised concerns about chronic opioid therapy. In order to do so, Defendants – often with the help of third-party consultants – used a broad range of media to get their message out, including negative review articles, letters to the editor, commentaries, case-study reports, and newsletters.

129. Defendants' strategy – to plant and promote supportive literature and then to cite the pro-opioid evidence in their promotional materials, while failing to disclose evidence that contradicted those claims – was flatly inconsistent with their legal obligations.

130. The strategy was intended to, and did, fraudulently co-opt well-intentioned physicians into believing opioids were safe and efficacious for long term use and distort physician prescribing patterns by distorting the truth regarding the risks and benefits of opioids for chronic pain relief.

iii. Defendants' Misuse of Treatment Guidelines

131. Treatment guidelines have been particularly important in securing acceptance for chronic opioid therapy. They are relied upon by doctors, especially the general practitioners and family doctors targeted by Defendants, who are generally not experts, and who generally have no special training, in the treatment of chronic pain. Treatment guidelines not only directly inform doctors' prescribing practices, but also are cited throughout scientific literature and relied on by third-party payors in determining whether they should pay for treatments for specific indications.

a. The Federation of State Medical Board

132. The Federation of State Medical Boards ("FSMB") is a trade organization representing the various state medical boards in the United States. The state boards that comprise the FSMB membership have the power to license doctors, investigate complaints, and discipline physicians.

133. The FSMB finances opioid- and pain-specific programs through grants from Defendants.

134. Since 1998, the FSMB has been developing treatment guidelines for the use of opioids for the treatment of pain. The 1998 version, Model Guidelines for the Use of Controlled Substances for the Treatment of Pain ("1998 Guidelines") was produced "in collaboration with pharmaceutical companies." The 1998 Guidelines that the pharmaceutical companies helped author taught not that opioids could be appropriate in only limited cases after other treatments had failed, but that opioids were "essential" for treatment of chronic pain, including as a first prescription option.

135. A 2004 iteration of the 1998 Guidelines and the 2007 book, Responsible Opioid Prescribing, also made the same claims as the 1998 Guidelines. These guidelines were posted online and were available to and intended to reach physicians nationwide, including in Kenosha County.

136. The 2007 publication Responsible Opioid Prescribing was backed largely by drug manufacturers, including Purdue, Endo and Cephalon. The publication also received support from the American Pain Foundation and the American Academy of Pain Medicine. The publication was written by Dr. Fishman, and Dr. Fine served on the Board of Advisors. In all, 163,131 copies of Responsible Opioid Prescribing were distributed by state medical boards (and through the boards, to practicing doctors). The FSMB website describes the book as "the leading continuing medical education (CME) activity for prescribers of opioid medications."

137. Defendants relied on 1998 Guidelines to convey the alarming message that "under-treatment of pain" would result in official discipline, but no discipline would result if opioids were prescribed as part of an ongoing patient relationship and prescription decisions were documented. FSMB turned doctors' fear of discipline on its head: doctors, who used to believe that they would be disciplined if their patients became addicted to opioids, were taught instead that they would be punished if they failed to prescribe opioids to their patients with chronic pain.

b. American Academy of Pain Medicine/American Pain Society Guidelines

138. American Academy of Pain Medicine ("AAPM") and the American Pain Society ("APS") are professional medical societies, each of which received substantial funding from Defendants from 2009 to 2013. In 1997, AAPM issued a "consensus" statement that endorsed opioids to treat chronic pain and claimed that the risk that patients would become addicted to opioids was low.[27] The Chair of the committee that issued the statement, Dr. J. David Haddox, was at the time a paid speaker for Purdue.

---

[27] *The Use of Opioids for the Treatment of Chronic Pain*, APS & AAPM (1997). Available at http://www.stgeorgeutah.com/wp-content/uploads/2016/05/OPIOIDES.DOLORCRONICO.pdf (as viewed August 18, 2017).

The sole consultant to the committee was Dr. Portenoy. The consensus statement, which also formed the foundation of the 1998 Guidelines, was published on the AAPM's website.

139. AAPM and APS issued their own guidelines in 2009 ("2009 Guidelines") and continued to recommend the use of opioids to treat chronic pain. Fourteen of the 21 panel members who drafted the 2009 Guidelines, including KOL Defendant Dr. Fine, received support from Defendants Janssen, Cephalon, Endo, and Purdue.

140. The 2009 Guidelines promote opioids as "safe and effective" for treating chronic pain and conclude that the risk of addiction is manageable for patients regardless of past abuse histories. The 2009 Guidelines have been a particularly effective channel of deception and have influenced not only treating physicians, but also the body of scientific evidence on opioids; they were reprinted in the *Journal of Pain*, have been cited hundreds of times in academic literature, were disseminated in Kenosha County during the relevant time period, and were and are available online.

141. Defendants widely cited and promoted the 2009 Guidelines without disclosing the lack of evidence to support their conclusions, their involvement in the development of the Guidelines or their financial backing of the authors of these Guidelines.

c. Guidelines that Did Not Receive Defendants' Support

142. The extent of Defendants' influence on treatment guidelines is demonstrated by the fact that independent guidelines – the authors of which did not accept drug company funding – reached very different conclusions.

143. The 2012 Guidelines for Responsible Opioid Prescribing in Chronic Non-Cancer Pain, issued by the American Society of Interventional Pain Physicians ("ASIPP"), warned that "[t]he recent revelation that the pharmaceutical industry was involved in the development of opioid guidelines as well as the bias observed in the development of many of these guidelines illustrate that the model guidelines are not a model for

curtailing controlled substance abuse and may, in fact, be facilitating it." ASIPP's Guidelines further advise that "therapeutic opioid use, specifically in high doses over long periods of time in chronic non-cancer pain starting with acute pain, not only lacks scientific evidence, but is in fact associated with serious health risks including multiple fatalities, and is based on emotional and political propaganda under the guise of improving the treatment of chronic pain." ASIPP recommends long-acting opioids in high doses only "in specific circumstances with severe intractable pain" and only when coupled with "continuous adherence monitoring, in well-selected populations, in conjunction with or after failure of other modalities of treatments with improvements in physical and functional status and minimal adverse effects."[28]

144. Similarly, the 2011 Guidelines for the Chronic Use of Opioids, issued by the American College of Occupational and Environmental Medicine, recommend against the "routine use of opioids in the management of patients with chronic pain," finding "at least moderate evidence that harms and costs exceed benefits based on limited evidence."[29]

145. The Clinical Guidelines on Management of Opioid Therapy for Chronic Pain, issued by the U.S. Department of Veterans Affairs ("VA") and Department of Defense ("DOD") in 2010, notes that their review revealed a lack of solid evidence-based research on the efficacy of long-term opioid therapy.[30]

---

[28] Laxmaiah Manchikanti, et al., American Society of Interventional Pain Physicians (ASIPP) *Guidelines for Responsible Opioid Prescribing in Chronic Non-Cancer Pain: Part 1, Evidence Assessment*, 15 Pain Physician (Special Issue) S1-S66; *Part 2 – Guidance*, 15 Pain Physician (Special Issue) S67-S116 (2012).

[29] *American College of Occupational and Environmental Medicine's Guidelines for the Chronic Use of Opioids* (2011).

[30] Management of Opioid Therapy for Chronic Pain Working Group, VA/DoD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain (May 2010). https://www.mirecc.va.gov/docs/visn6/CPG_Management_Opioid_Tx_Chronic_Pain_May10.pdf (accessed August 18, 2017).

146. Defendants not only disregarded or tried to discredit such statements, but they used their well-funded and coordinated marketing campaign described herein to drown-out any contradicting message.

iv. Defendants' Misuse of CMEs

147. Now that Defendants had both a group of physician promoters and had built a false body of "literature," Defendants needed to make sure their false marketing message was widely distributed.

148. One way Defendants aggressively distributed their false message was through thousands of Continuing Medical Education courses ("CMEs")

149. A CME is a professional education program provided to doctors. Doctors are required to attend a certain number and, often, type of CME programs each year as a condition of their licensure. These programs are delivered in person, often in connection with professional organizations' conferences, and online, or through written publications. Doctors rely on CMEs not only to satisfy licensing requirements, but also to get information on new developments in medicine or to deepen their knowledge in specific areas of practice. Because CMEs typically are taught by KOLs who are highly respected in their fields, and are thought to reflect these physicians' medical expertise, they can be especially influential with doctors.

150. The countless doctors and other health care professionals who participate in accredited CMEs constitute an enormously important audience for opioid reeducation. As one target, Defendants aimed to reach general practitioners, whose broad area of practice and lack of expertise and specialized training in pain management made them particularly dependent upon CMEs and, as a result, especially susceptible to Defendants' deceptions.

151. Defendants sponsored CMEs that were delivered thousands of times, promoting chronic opioid therapy and supporting and disseminating the deceptive and biased messages described in this Complaint. These CMEs, while often generically titled

to relate to the treatment of chronic pain, focus on opioids to the exclusion of alternative treatments, inflate the benefits of opioids, and frequently omit or downplay their risks and adverse effects.

152. The American Medical Association ("AMA") recognized the impropriety that pharmaceutical company funded CMEs creates; stating that support from drug companies with a financial interest in the content being promoted "creates conditions in which external interests could influence the availability and/or content" of the programs and urges that "[w]hen possible, CME[s] should be provided without such support or the participation of individuals who have financial interests in the education subject matter."[31]

153. Physicians treating residents and employees of Kenosha County attended or reviewed Defendants' sponsored CMEs during the relevant time period and were misled by them.

154. By sponsoring CME programs put on by Front Groups like APF, AAPM and others, Defendants could expect instructors to deliver messages favorable to them, as these organizations were dependent on Defendants for other projects. The sponsoring organizations honored this principle by hiring pro-opioid KOLs to give talks that supported chronic opioid therapy. Defendant-driven content in these CMEs had a direct and immediate effect on prescribers' views on opioids. Producers of CMEs and Defendants both measure the effects of CMEs on prescribers' views on opioids and their absorption of specific messages, confirming the strategic marketing purpose in supporting them.

---

[31] Opinion 9.0115, *Financial Relationships with Industry in CME*, Am. Med. Ass'n (Nov. 2011).

v. Defendants' Misuse of Patient Education Materials and Front Groups

155. Defendants false marketing campaign not only targeted the medical community who had to treat chronic pain, but it targeted patients who experience chronic pain.

156. Pharmaceutical industry marketing experts see patient-focused advertising, including direct-to-consumer marketing, as particularly valuable in "increas[ing] market share . . . by bringing awareness to a particular disease that the drug treats."[32] Physicians are more likely to prescribe a drug if a patient specifically requests it, and physicians' willingness to acquiesce to such patient requests holds true even for opioids and for conditions for which they are not approved.[33] Recognizing this phenomenon, Defendants put their relationships with Front Groups to work to engage in largely unbranded patient education about opioid treatment for chronic pain.

157. Defendants entered into arrangements with numerous Front Groups (*i.e.*, groups purporting to be patient-advocacy and professional organizations) to promote opioids. These organizations depend upon Defendants for significant funding and, in some cases, for their survival. They were involved not only in generating materials and programs for doctors and patients that supported chronic opioid therapy, but also in assisting Defendants' marketing in other ways—for example, responding to negative articles and advocating against regulatory changes that would constrain opioid prescribing. They developed and disseminated pro-opioid treatment guidelines; conducted outreach to groups targeted by Defendants, such as veterans and the elderly;

---

[32] Kanika Johar, An Insider's Perspective: Defense of the Pharmaceutical Industry's Marketing Practices, 76 Albany L. Rev. 299, 308 (2013).

[33] In one study, for example, nearly 20% of sciatica patients requesting oxycodone received a prescription for it, compared with 1% of those making no specific request. J.B. McKinlay *et al.*, *Effects of Patient Medication Requests on Physician Prescribing Behavior*, 52(2) Med. Care 294 (2014).

and developed and sponsored CMEs that focused exclusively on use of opioids to treat chronic pain. Defendants funded these Front Groups in order to ensure supportive messages from these seemingly neutral and credible third parties, and their funding did, in fact, ensure such supportive messages.

a. American Pain Foundation

158. The most prominent of Defendants' Front Groups was the American Pain Foundation ("APF"), which received more than $10 million in funding from opioid manufacturers from 2007 until it closed its doors in May 2012. Purdue provided $1.7 million in funding during a time when sales of its OxyContin was skyrocketing.

159. APF issued purported "education guides" for patients, the news media, and policymakers that touted the benefits of opioids for chronic pain and trivialized their risks, particularly the risk of addiction. APF also engaged in a significant multimedia campaign – through radio, television and the internet – to "educate" patients about their "right" to pain treatment with opioids. All of the programs and materials were intended to, and did, reach a national audience, including the County's residents.

160. By 2011, APF was entirely dependent on incoming grants from defendants Purdue, Cephalon, Endo, and others to avoid using its line of credit. APF board member, Dr. Portenoy, explained the lack of funding diversity was one of the biggest problems at APF.

161. APF held itself out as an independent patient advocacy organization, yet engaged in grassroots lobbying against various legislative initiatives that might limit opioid prescribing. In reality, APF functioned largely as an advocate for the interests of Defendants, not patients.

162. In practice, APF operated in close collaboration with Defendants. APF submitted grant proposals seeking to fund activities and publications suggested by Defendants. APF also assisted in marketing projects for Defendants.

163. The close relationship between APF and Defendants demonstrates APF's clear lack of independence, in its finances, management, and mission, and its willingness to allow Defendants to control its activities and messages supports an inference that each Defendant that worked with it was able to exercise editorial control over its publications.

164. In May 2012, the U.S. Senate Finance Committee began looking into APF to determine the links, financial and otherwise, between the organization and the manufacturers of opioid painkillers. Within days of being targeted by the Senate investigation, APF's board voted to dissolve the organization "due to irreparable economic circumstances." APF then "cease[d] to exist, effective immediately."[34]

b. The American Academy of Pain Medicine

165. The American Academy of Pain Medicine ("AAPM"), with the assistance, prompting, involvement, and funding of Defendants, issued the treatment guidelines discussed herein, and sponsored and hosted CMEs essential to Defendants' deceptive marketing scheme.

166. AAPM received over $2.2 million in funding since 2009 from opioid manufacturers. AAPM maintained a corporate relations council, whose members paid $25,000 per year (on top of other funding) to participate. The benefits included allowing members to present educational programs at off-site dinner symposia in connection with AAPM's marquee event - its annual meeting held in Palm Springs, California, or other resort locations. AAPM describes the annual event as an "exclusive venue" for offering CMEs to doctors. Membership in the corporate relations council also allows drug company executives and marketing staff to meet with AAPM executive committee members in small settings. Defendants Endo, Purdue, and Cephalon were members of the council and presented deceptive programs to doctors who attended this annual event.

[34] American Pain Foundation Website. Available at http://www.painfoundation.org (accessed August 17, 2017).

167. The conferences sponsored by AAPM heavily emphasized CME sessions on opioids - 37 out of roughly 40 at one conference alone. AAPM's presidents have included top industry-supported KOLs and Defendants Dr. Fine and Dr. Webster. Dr. Webster was elected president of AAPM while under a DEA investigation. Another past AAPM president, Defendant Dr. Scott Fishman, stated that he would place the organization "at the forefront" of teaching that "the risks of addiction are ... small and can be managed."[35]

168. AAPM's staff understood that they and their industry funders were engaged in a common task. Defendants were able to influence AAPM through both their significant and regular funding and the leadership of pro-opioid KOLs within the organization.

169. Like the KOLs, these Front Groups began to publish literature designed to give the medical community the false impression that prescribing opioids for long term use had been studied and found to be safe and efficacious when nothing of the kind had occurred.

170. The literature published by these Front Groups of course failed to disclose the groups' ties to the Defendants and the pharmaceutical industry.

vi. Defendants' Misuse of Sales Representatives and Physician Relationships

171. Defendants' sales representatives executed carefully crafted marketing tactics, developed by the highest rungs of their corporate leaders, on how to secure audiences with physicians to pitch opioids and how to make sure physicians and their patients reviewed unbranded marketing materials and considered concepts developed in those materials. Defendants' sales representatives also distributed third-party marketing material to Defendants' target audience that was deceptive.

---

[35] *Interview by Paula Moyer with Scott M. Fishman, M.D., Professor of Anesthesiology and Pain Medicine, Chief of the Division of Pain Medicine,* Univ. of Cal., Davis (2005), http://www.medscape.org/viewarticle/500829 (accessed August 18, 2017).

172. While Defendants worked in concert to expand the market for opioids, they also worked to maximize their individual shares of that market. Each Defendant promoted opioids for chronic pain through sales representatives (which Defendants called "detailers" to deemphasize their primary sales role) and small group speaker programs to reach out to individual prescribers nationwide and in Kenosha County. By establishing close relationships with doctors, Defendants were able to disseminate their misrepresentations in targeted, one-on-one settings that allowed them to differentiate their opioids and to allay individual prescribers' concerns about prescribing opioids for chronic pain.

173. Defendants developed sophisticated methods for selecting doctors for sales visits based on the doctors' prescribing habits. In accordance with common industry practice, Defendants purchase and closely analyze prescription sales data from IMS Health, a healthcare data collection, management and analytics corporation. This data allows them to track precisely the rates of initial and renewal prescribing by individual doctors, which allows them to target and tailor their appeals. Sales representatives visited hundreds of thousands of doctors and disseminated the misinformation and materials described above throughout the United States and Wisconsin, including doctors in Kenosha County.

174. Defendants devoted massive resources to these direct sales contacts with prescribers. For example, in 2014, the industry collectively spent $168 million on detailing opioids to physicians nationwide. Collectively, Defendants' have spent hundreds of millions of dollars promoting their opioids through their respective sales forces because they understand that detailers' sales pitches are effective. Numerous studies indicate that marketing can and does impact doctors' prescribing habits, and face-to-face detailing has the highest influence on intent to prescribe. The Defendants could see this phenomenon at work not only in the aggregate, as their sales climbed with their promotional spending,

but also at the level of individual prescribers, whom they targeted for detailing and who responded by prescribing more the Defendants' drugs.

175. Defendants directed the dissemination of the misstatements described herein to Wisconsin patients and prescribers through the Front Groups, KOLS, and publications described above, as well as through each of their substantial sales forces and through advertisements in prominent medical journals. The deceptive statements distributed through each of these channels reflect a common theme of misrepresenting the safety and efficacy of opioids for long term use and was again used to shift the prescribing medical communities mindset regarding opioids for chronic pain conditions.

E. Defendants Acted in Concert with KOLs and Front Groups in the Creation, Promotion, and Control of Unbranded Marketing.

176. Like cigarette makers, which engaged in an industry-wide effort to misrepresent the safety and risks of smoking, Defendants worked with each other and with the Front Groups and KOLs they funded and directed to carry out a common scheme to deceptively market opioids by misrepresenting the risks, benefits, and superiority of opioids to treat chronic pain.

177. Despite the devastation that opioids have now wreaked on communities across the United States and in Wisconsin, however, Defendants have never retracted any of their false statements and misrepresentations and are still today selling opioids in enormous quantities as safe to treat chronic pain conditions and for long term use.

178. Defendants acted through and with the same network of Front Groups, funded the same KOLs, and often used the very same language and format to disseminate the same deceptive messages regarding the appropriate use of opioids to treat chronic pain. Although participants knew this information was false and misleading, these misstatements were nevertheless disseminated nationwide, including to Kenosha County prescribers and patients and continue to be disseminated and have never been amended or retracted.

179. One Vehicle for Defendants' marketing collaboration was Pain Care Forum ("PCF"). PCF began in 2004 as an APF project with the stated goals of offering "a setting where multiple organizations can share information" and "promote and support taking collaborative action regarding federal pain policy issues." APF President Will Rowe described the forum as "a deliberate effort to positively merge the capacities of industry, professional associations, and patient organizations."

180. PCF is comprised of representatives from opioid manufacturers and distributors (including Cephalon, Endo, Janssen, and Purdue); doctors and nurses in the field of pain care; professional organizations (including AAPM, APS, and American Society of Pain Educators); patient advocacy groups (including APF and American Chronic Pain Association ("ACPA")); and other like-minded organizations, almost all of which received substantial funding from Defendants.

181. PCF, for example, developed and disseminated "consensus recommendations" for a Risk Evaluation and Mitigation Strategy ("REMS") for long-acting opioids that the FDA mandated in 2009 to communicate the risks of opioids to prescribers and patients.[36] This was critical because a REMS that went too far in narrowing the uses or benefits or highlighting the risks of chronic opioid therapy would undermine Defendants' marketing efforts. The recommendations claimed that opioids were "essential" to the management of pain, and that the REMS "should acknowledge the importance of opioids in the management of pain and should not introduce new barriers." Defendants worked with PCF members to limit the reach and manage the message of the REMS, which enabled them to maintain, not undermine, their deceptive marketing of opioids for chronic pain.

---

[36] The FDA can require a drug maker to develop a REMS—which could entail (as in this case) an education requirement or distribution limitation—to manage serious risks associated with a drug.

F. Defendants' Misrepresentations

182. Defendants, through their own marketing efforts and publications and through their sponsorship and control of patient advocacy and medical societies and projects, caused deceptive materials and information to be placed into the marketplace, including to prescribers, patients, and payors in Kenosha County. These promotional messages were intended to and did encourage patients to ask for, doctors to prescribe, and payors to pay for chronic opioid therapy.

183. Doctors are the gatekeepers for all prescription drugs so, not surprisingly, Defendants focused the bulk of their marketing efforts, and their multi-million dollar budgets, on the professional medical community. Particularly because of barriers to prescribing opioids, which are regulated as controlled substances, Defendants knew doctors would not treat patients with common chronic pain complaints with opioids unless doctors were persuaded that opioids had real benefits and minimal risks. Accordingly, Defendants did not disclose to prescribers, patients or the public that evidence in support of their promotional claims was inconclusive, non-existent or unavailable. Rather, each Defendant disseminated misleading and unsupported messages that caused the target audience to believe those messages were corroborated by scientific evidence. As a result, doctors treating Kenosha County residents began prescribing opioids long-term to treat chronic pain – something that most never would have considered prior to Defendants' campaign.

184. Drug company marketing materially impacts doctors' prescribing behavior.[37] Doctors rely on drug companies to provide them with truthful information

[37] *See, e.g.*, P. Manchanda & P. Chintagunta, *Responsiveness of Physician Prescription Behavior to Salesforce Effort: An Individual Level Analysis*, 15 (2-3) Mktg. Letters 129 (2004) (detailing has a positive impact on prescriptions written); I. Larkin, *Restrictions on Pharmaceutical Detailing Reduced Off-Label Prescribing of Antidepressants and Antipsychotics in Children*, 33(6) Health Affairs 1014 (2014) (finding academic medical centers that restricted direct promotion by pharmaceutical sales representatives resulted in a 34%

about the risks and benefits of their products, and they are influenced by their patients' requests for particular drugs and payors' willingness to pay for those drugs.

185. Defendants spent millions of dollars to market their drugs to prescribers and patients and meticulously tracked their return on that investment. In one recent survey published by the AMA, even though nine in ten general practitioners reported prescription drug abuse to be a moderate to large problem in their communities, 88% of the respondents said they were confident in their prescribing skills, and nearly half were comfortable using opioids for chronic non-cancer pain.[38] These results are directly due to Defendants' fraudulent marketing campaign.

186. As described in detail below, Defendants:

- misrepresented the truth about how opioids lead to addiction;
- misrepresented that opioids improve function;
- misrepresented that addiction risk can be managed;
- misled doctors, patients, and payors through the use of misleading terms like "pseudoaddiction;"
- falsely claimed that withdrawal is simply managed;
- misrepresented that increased doses pose no significant additional risks;
- falsely omitted or minimized the adverse effects of opioids and overstated the risks of alternative forms of pain treatment.

187. Defendants' misrepresentations were aimed at doctors, patients, the public, and payors.

---

decline in on-label use of promoted drugs); *see also* A. Van Zee, *The Promotion and Marketing of OxyContin: Commercial Triumph, Public Health Tragedy*, 99(2) Am J. Pub. Health 221 (2009) (correlating an increase of OxyContin prescriptions from 670,000 annually in 1997to 6.2 million in 2002 to a doubling of Purdue's sales force and trebling of annual sales calls).

[38] Research Letter, Prescription Drug Abuse: A National Survey of Primary Care Physicians, JAMA Intern. Med. (Dec. 8, 2014), E1-E3.

188. Underlying each of Defendants' misrepresentations and deceptions in promoting the long-term continuous use of opioids to treat chronic pain was Defendants' collective effort to hide from the medical community and the public the fact that there exist no adequate and well-controlled studies of opioid use longer than 12 weeks.[39]

i. Defendants, acting individually and collectively, misrepresented the truth about how opioids lead to addiction.

189. Defendants' fraudulent representation that opioids are rarely addictive is central to Defendants' scheme. Through their well-funded, comprehensive, aggressive marketing efforts, Defendants succeeded in changing the perceptions of many physicians, patients, the public, and health care payors and in getting them to accept that addiction rates are low and that addiction is unlikely to develop when opioids are prescribed for pain. That, in turn, directly led to the expected, intended, and foreseeable result that doctors prescribed more opioids to more patients – thereby enriching Defendants.

190. Each of the Defendants claimed that the potential for addiction from its drug was relatively small or non-existent, even though there was no scientific evidence to support those claims.

191. For example, Cephalon and Purdue sponsored APF's *Treatment Options: A Guide for People Living with Pain* (2007), which taught that addiction is rare and limited to extreme cases of unauthorized dose escalations, obtaining opioids from multiple sources, or theft.

192. For another example, Endo sponsored a website, *painknowledge.com*, through APF, which claimed that: "[p]eople who take opioids as prescribed usually do not become addicted." Although the term "usually" is not defined, the overall

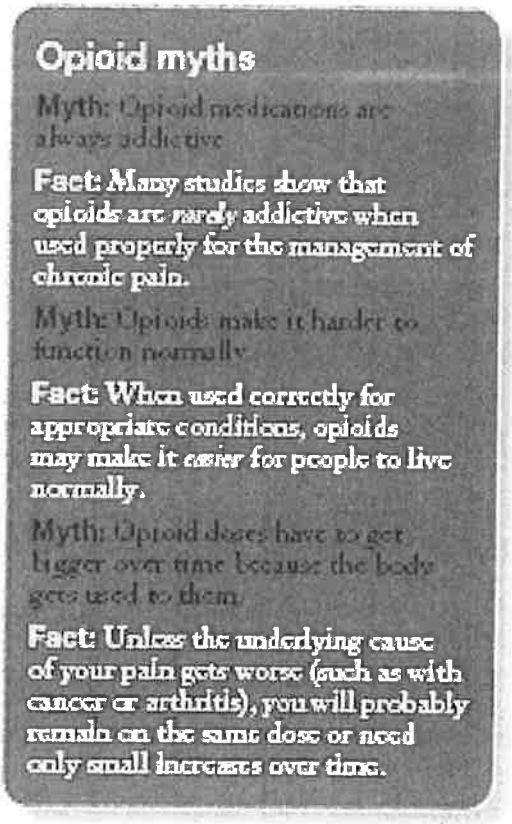
---

[39] Letter from Janet Woodcock, M.D., Dir., Ctr. For Drug Eval. & Res., to Andrew Kolodny, M.D., Pres. *Physicians for Responsible Opioid Prescribing*, Re Docket No. FDA-2012-P-0818 (Sept. 10, 2013).

presentation suggests that the rate is so low as to be immaterial. The language also implies that as long as a prescription is given, opioid use will not become problematic.

193. For another example, Endo distributed a patient education pamphlet entitled *Understanding Your Pain: Taking Oral Opioid Analgesics.* It claimed that "[a]ddicts take opioids for other reasons [than pain relief], such as unbearable emotional problems." This implies that patients prescribed opioids for *genuine* pain will not become addicted, which is unsupported and untrue.

194. For another example, Janssen sponsored a patient education guide entitled *Finding Relief: Pain Management for Older Adults* (2009) in conjunction with the AAPM, ACPA and APF, which, as set forth in the excerpt below, described as a "myth" the fact that opioids are addictive, and asserts as fact that "[m]any studies show that opioids are rarely addictive when used properly for the management of chronic pain."



Opioid myths

Myth: Opioid medications are always addictive

Fact: Many studies show that opioids are *rarely* addictive when used properly for the management of chronic pain.

Myth: Opioids make it harder to function normally

Fact: When used correctly for appropriate conditions, opioids may make it *easier* for people to live normally.

Myth: Opioid doses have to get bigger over time because the body gets used to them

Fact: Unless the underlying cause of your pain gets worse (such as with cancer or arthritis), you will probably remain on the same dose or need only small increases over time.

Although the term "rarely" is not defined, the overall presentation suggests that the rate is so low as to be immaterial. The language also implies that as long as a prescription is given, opioid use is unlikely to lead to addition, which is untrue.

195. The guide states as a "fact" that "Many studies" show that opioids are *rarely* addictive when used for chronic pain. In fact, no such studies exist.

196. For another example, Purdue sponsored and Janssen provided grants to APF to distribute *Exit Wounds* (2009) to veterans, which taught, "[l]ong experience with opioids shows that people who are not predisposed to addiction are very unlikely to become addicted to opioid pain medications." Although the term "very unlikely" is not defined, the overall presentation suggests that the rate is so low as to be immaterial.

197. For another example, Purdue sponsored APF's *A Policymaker's Guide to Understanding Pain & Its Management*, which inaccurately claimed that less than 1% of children prescribed opioids would become addicted.[40] This publication also falsely asserted that pain is undertreated due to "misconceptions about opioid addiction."

198. For another example, in the 1990s, Purdue amplified the pro-opioid message with promotional videos and featuring doctors in which it was claimed, "the likelihood that treatment of pain using an opioid drug which is prescribed by a doctor will lead to addiction is extremely low."[41]

199. Rather than honestly disclose the risk of addiction, Defendants attempted to portray those who were concerned about addiction as callously denying treatment to suffering patients. To increase pressure on doctors to prescribe chronic opioid therapy, Defendants turned the tables: they suggested that doctors who *failed* to treat their patients' chronic pains with opioids were failing their patients and risking professional

---

[40] In support of this contention, it misleadingly cites a 1996 article by Dr. Kathleen Foley concerning cancer pain.

[41] Excerpts from one such video, including the statement quoted here, may be viewed at http://www.wsj.com/articles/SB10001424127887324478304578173342657044604 (accessed August 18, 2017).

discipline, while doctors who relieved their pain using long-term opioid therapy were following the compassionate (and professionally less risky) approach. Defendants claimed that purportedly overblown worries about addiction cause pain to be under-treated and opioids to be over-regulated and under-prescribed. The Treatment Options guide funded by Purdue and Cephalon states "[d]espite the great benefits of opioids, they are often underused." The APF publication funded by Purdue, *A Policymaker's Guide to Understanding Pain & Its Management*, laments that: "Unfortunately, too many Americans are not getting the pain care they need and deserve. Some common reasons for difficulty in obtaining adequate care include ... misconceptions about opioid addiction."[42]

200. *Let's Talk Pain*, sponsored by APF, AAPM and Janssen, likewise warns, "strict regulatory control has made many physicians reluctant to prescribe opioids. The unfortunate casualty in all of this is the patient, who is often undertreated and forced to suffer in silence." The program goes on to say, "[b]ecause of the potential for abusive and/or addictive behavior, many health care professionals have been reluctant to prescribe opioids for their patients.... This prescribing environment is one of many barriers that may contribute to the undertreatment of pain, a serious problem in the United States."

ii. Defendants, acting individually and collectively, misrepresented that opioids improve function

201. Defendants produced, sponsored, or controlled materials with the expectation that, by instructing patients and prescribers that opioids would improve patient functioning and quality of life, patients would demand opioids and doctors would prescribe them. These claims also encouraged doctors to continue opioid therapy for patients in the belief that lack of improvement in quality of life could be alleviated by

[42] This claim also appeared in a 2009 publication by APF, *A Reporter's Guide*.

increasing doses or prescribing supplemental short-acting opioids to take on an as-needed basis for breakthrough pain.

202. Although opioids may initially improve patients' function by providing pain relief in the short term, there exist no controlled studies of the use of opioids beyond 12 weeks and no evidence that opioids improve patients' function in the long-term. Indeed, research such as a 2008 study in the journal *Spine* has shown that pain sufferers prescribed opioids long-term suffered addiction that made them more likely to be disabled and unable to work.[43] Despite this lack of evidence of improved function, and the existence of evidence to the contrary, Defendants consistently promoted opioids as capable of improving patients' function and quality of life without disclosing the lack of evidence for this claim.

203. Claims that opioids improve patients' function are misleading because such claims have "not been demonstrated by substantial evidence or substantial clinical experience."[44]

204. The Federation of State Medical Boards' Responsible Opioid Prescribing (2007), sponsored by drug companies including Cephalon, Endo, and Purdue, supported by APF and AAPM, and written by Dr. Fishman and with Dr. Fine on the Board of Advisors, taught that relief of pain itself improved patients' function: "While significant pain worsens function, relieving pain should reverse that effect and improve function."[45]

205. Cephalon and Purdue sponsored the APF's *Treatment Options: A Guide for People Living with Pain* (2007), which taught patients that opioids, when used properly

---

[43] Jeffrey Dersh, et al., *Prescription opioid dependence is associated with poorer outcomes in disabling spinal disorders*, 33(20) Spine 2219-27 (Sept. 15, 2008).

[44] Letter from Thomas W. Abrams, RPh., MBA, Dir., Div. of Marketing, Advertising and Communications to Brian A. Markison, Chairman, *King Pharmaceuticals*, Re: NDA 21-260 (March 24, 2008).

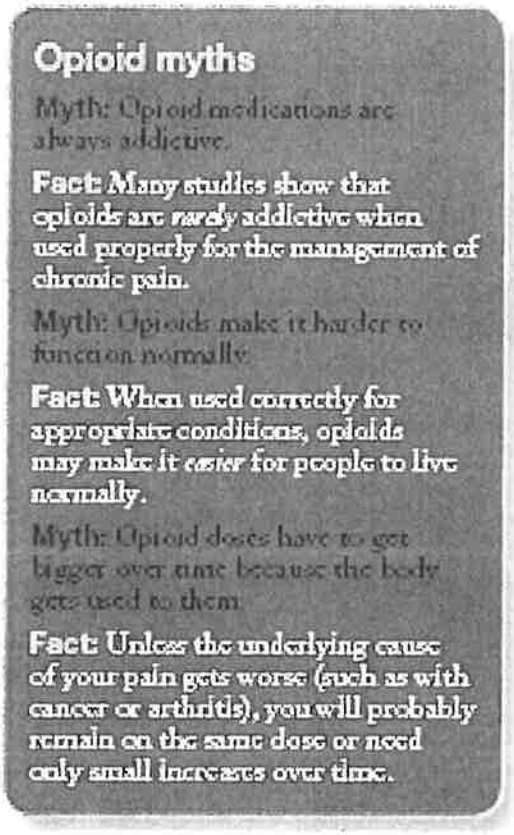
[45] *Responsible Opioid Prescribing*, (available at https://archive.org/stream/279187-responsible-opioid-prescribing-info/279187-responsible-opioid-prescribing-info_djvu.txt (accessed August 31, 2017).

"give [pain patients] a quality of life we deserve." The Treatment Options guide notes that non-steroidal anti-inflammatory drugs (*e.g.*, aspirin or ibuprofen) have greater risks with prolonged duration of use, but there was no similar warning for opioids. The APF distributed 17,200 copies of this guide in one year alone, according to its 2007 annual report, and it is currently available online.

206. Endo sponsored a website, *painknowledge.com*, through the APF, which claimed in 2009 that with opioids, "your level of function should improve; you may find you are now able to participate in activities of daily living, such as work and hobbies, that you were not able to enjoy when your pain was worse." Elsewhere, the website touted improved quality of life as well as "improved function" as benefits of opioid therapy.

207. Janssen sponsored a patient education guide entitled *Finding Relief: Pain Management for Older Adults* (2009) in conjunction with the AAPM, ACPA and APF. This guide features a man playing golf on the cover and lists examples of expected functional improvement from opioids like sleeping through the night, returning to work, recreation, sex, walking, and climbing stairs.

208. As set forth in the excerpt below, the guide states as a "fact" that "opioids may make it *easier* for people to live normally" (emphasis in the original). The myth/fact structure implies authoritative support for the claim that does not exist. The targeting of older adults also ignored heightened opioid risks in this population.



Opioid myths

Myth: Opioid medications are always addictive.

Fact: Many studies show that opioids are *rarely* addictive when used properly for the management of chronic pain.

Myth: Opioids make it harder to function normally.

Fact: When used correctly for appropriate conditions, opioids may make it *easier* for people to live normally.

Myth: Opioid doses have to get bigger over time because the body gets used to them.

Fact: Unless the underlying cause of your pain gets worse (such as with cancer or arthritis), you will probably remain on the same dose or need only small increases over time.

209. Janssen sponsored a website, *Let's Talk Pain* in 2009, acting in conjunction with the APF, AAPM, and American Society for Pain Management Nursing whose participation in *Let's Talk Pain* Janssen financed and orchestrated. This website featured a video interview, which was edited by Janssen personnel, claiming that opioids were what allowed a patient to "continue to function," falsely implying that her experience would be representative.

210. Purdue sponsored APF's *A Policymaker's Guide to Understanding Pain & Its Management* (2011), which inaccurately claimed that "multiple clinical studies" have shown that opioids are effective in improving daily function, psychological health, and health-related quality of life for chronic pain patients," with the implication these studies presented claims of long-term improvement.

> Because of their long history of use, the clinical profile of opioids has been very well characterized. Multiple clinical studies have shown that long-acting opioids, in particular, are effective in improving:
>
> - Daily function
> - Psychological health
> - Overall health-related quality of life for people with chronic pain [12]

The sole reference for the functional improvement claim (i) noted the absence of long-term studies and (ii) actually stated, "For functional outcomes, the other analgesics were significantly more effective than were opioids."

211. Purdue sponsored and Janssen provided grants to APF to distribute *Exit Wounds* to veterans, which taught that opioid medications "increase your level of functioning" (emphasis in the original).

iii. Defendants, acting individually and collectively, misrepresented that addiction risk can be effectively managed

212. Defendants each continue to maintain to this day that most patients safely can take opioids long-term for chronic pain without becoming addicted. None of the Defendants have withdrawn, amended or retracted their false statements or attempted to reeducate the medical community that what they originally taught was false and misleading.

213. Presumably to explain why doctors encounter so many patients addicted to opioids, Defendants have come to admit that some patients could become addicted, but that doctors can effectively avoid or manage that risk by using screening tools or questionnaires. These tools, they say, identify those with higher addiction risks (stemming from personal or family histories of substance abuse, mental illness, or abuse) so that doctors can more closely monitor patients at greater risk of addiction.

214. There are three fundamental flaws in Defendants' representations that doctors can consistently identify and manage the risk of addiction. First, there is no reliable scientific evidence that doctors can depend on the screening tools currently available to materially limit the risk of addiction. Even if the tools are effective, they may not always be applied correctly, and are subject to manipulation by patients. Second, there is no reliable scientific evidence that high-risk or addicted patients identified through screening can take opioids long-term without triggering or worsening addiction, even with enhanced monitoring. Third, there is no reliable scientific evidence that patients who are not identified through such screening can take opioids long-term without significant danger of addiction.

215. Addiction is difficult to predict on a patient-by-patient basis, and there are no reliable, validated tools to do so. An Evidence Report by the Agency for Healthcare Research and Quality ("AHRQ"), which "systematically review[ed] the current evidence on long-term opioid therapy for chronic pain" identified "[n]o study" that had

"evaluated the effectiveness of risk mitigation strategies, such as use of risk assessment instruments, opioid management plans, patient education, urine drug screening, prescription drug monitoring program data, monitoring instruments, more frequent monitoring intervals, pill counts, or abuse-deterrent formulations on outcomes related to overdose, addiction, abuse or misuse."[46] Furthermore, attempts to treat high-risk patients, like those who have a documented predisposition to substance abuse, by resorting to patient contracts, more frequent refills, or urine drug screening are not proven to work in the real world, even when well meaning, but doctors were misled to employ them.[47]

216. Defendants' misrepresentations regarding the risk of addiction from chronic opioid therapy were particularly dangerous because they were aimed at general practitioners or family doctors (collectively "GPs"), who treat many chronic conditions but lack the time and expertise to closely manage patients on opioids by reviewing urine screens, counting pills, or conducting detailed interviews to identify other signs or risks of addiction. One study conducted by pharmacy benefits manager Express Scripts concluded, after analyzing 2011-2012 narcotic prescription data of the type regularly used by Defendants to market their drugs, that, of the more than half a million prescribers of opioids during that time period, only 385 were identified as pain specialists.[48]

217. In materials they produced, sponsored, or controlled, Defendants instructed patients and prescribers that screening tools can identify patients predisposed to addiction, thus making doctors feel more comfortable prescribing opioids to their

---

[46] The Effectiveness and Risks of Long-term Opioid Treatment of Chronic Pain, Agency for Healthcare Res. & Quality (Sept. 19, 2014).

[47] M. Von Korff, et al., *Long-term opioid therapy reconsidered*, 15595, Annals Internal Med. 325 (Sept. 2011); L. Manchikanti, et al., American Society of Interventional Pain Physicians (ASIPP) *Guidelines for Responsible Opioid Prescribing in Chronic Non-Cancer Pain: Part I – Evidence Assessment*, 15 Pain Physician S1 (2012).

[48] Express Scripts Lab, A Nation in Pain: Focusing on U.S. Opioid Trends for Treatment of Short-Term and Longer-Term Pain (December 2014).

patients and patients more comfortable starting on opioid therapy for chronic pain. Defendants' marketing scheme contemplated a "heads we win; tails we win" outcome: patients deemed low risk were to receive opioids on a long-term basis without enhanced monitoring, while patients deemed high risk were also to receive opioids on a long-term basis but with more frequent visits, tests and monitoring – with those added visits, tests, and monitoring to be paid for or reimbursed by payors, including Plaintiff. This, of course, led to a "heads you lose; tails you lose" outcome for patients – all of whom are subjected to an unacceptable risk of addition – and for payors, including Plaintiff.

218. Cephalon and Purdue sponsored APF's *Treatment Options: A Guide for People Living with Pain* (2007), which falsely reassured patients that "opioid agreements" between doctors and patients can "ensure that you take the opioid as prescribed."

219. Endo paid for a 2007 supplement available for continuing education credit in the Journal of Family Practice written by a doctor who became a member of Endo's speaker's bureau in 2010. This publication, entitled *Pain Management Dilemmas in Primary Care: Use of Opioids*, (i) recommended screening patients using tools like (a) the *Opioid Risk Tool* created by Defendant Dr. Webster and linked to Janssen or (b) the *Screener and Opioid Assessment for Patients with Pain*, and (ii) taught that patients at high risk of addiction could safely receive chronic opioid therapy using a "maximally structured approach" involving toxicology screens and pill counts.

220. Purdue sponsored a 2011 webinar taught by Defendant Dr. Webster, entitled *Managing Patient's Opioid Use: Balancing the Need and Risk*. This publication misleadingly taught prescribers that screening tools, urine tests, and patient agreements have the effect of preventing "overuse of prescriptions" and "overdose deaths."

iv. Defendants, acting individually and collectively, misled physicians, patients, and payors through the use of misleading pseudowords like "pseudoaddiction."

221. Defendants instructed patients and prescribers that signs of addiction are actually the product of untreated pain, thereby causing doctors to prescribe even more

opioids despite signs that the patient was addicted. The word "pseudoaddiction" was concocted by Dr. J. David Haddox, who later went to work for Purdue, and was popularized in opioid therapy for chronic pain by Dr. Portenoy. Much of the same language appears in other Defendants' treatment of this issue, highlighting the contrast between "undertreated pain" and "true addiction" – as if patients could not experience both.

222. In the materials they produced, sponsored, or controlled, Defendants misrepresented that the concept of "pseudoaddiction" is substantiated by scientific evidence. Defendants have never withdrawn, amended or retracted these representations.

223. Cephalon, Endo, and Purdue sponsored the Federation of State Medical Boards' Responsible Opioid Prescribing (2007) written by Dr. Fishman and with Dr. Fine on the Board of Advisors, which taught that behaviors such as "requesting drugs by name," "demanding or manipulative behavior," seeing more than one doctor to obtain opioids, and hoarding, which are in fact signs of genuine addiction, are all really signs of "pseudoaddiction."

224. Purdue did not mention that the author who concocted both the word and the phenomenon it purported to describe became a Purdue Vice President; nor did Purdue disclose the lack of scientific evidence to support the existence of "pseudoaddiction."[49]

225. Purdue posted an unbranded pamphlet entitled *Clinical Issues in Opioid Prescribing* on its unbranded website, *PartnersAgainstPain.com*, in 2005, and upon information and belief circulated this pamphlet after 2007. The pamphlet listed conduct including "illicit drug use and deception" that it claimed was not evidence of true

[49] J. David Haddox & David E. Weissman, *Opioid pseudoaddiction – an iatrogenic syndrome*, 36(3) Pain 363 (Mar. 1989).

addiction but rather was indicative of "pseudoaddiction" caused by untreated pain. It also stated, "Pseudoaddiction is a term which has been used to describe patient behaviors that may occur when pain is untreated .... 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."

v. Defendants, acting individually and collectively, claimed withdrawal is simply managed.

226. In an effort to underplay the risk and impact of addiction, Defendants claimed that, while patients become physically "dependent" on opioids, physical dependence is not the same as addiction and can be addressed, if and when pain relief is no longer desired, by gradually tapering patients' dosage to avoid the adverse effects of withdrawal. Defendants fail to disclose the extremely difficult and painful effects that patients can experience when they are removed from opioids - an adverse effect that also makes it less likely that patients will be able to stop using the drugs.

227. In materials Defendants produced, sponsored, and/or controlled, Defendants made misrepresentations to persuade doctors and patients that withdrawal from their opioids was not a problem and they should not be hesitant about prescribing or using opioids. These claims were not supported by scientific evidence.

228. A CME sponsored by Endo entitled *Persistent Pain in the Older Adult*, taught that withdrawal symptoms can be avoided entirely by tapering a patient's opioid dose by 10% to 20% per day for ten days. This claim was misleading because withdrawal in a patient already physically dependent would take longer than ten days - when it is successful at all.[50]

---

[50] *See* Jane Ballantyne, *New Addiction Criteria: Diagnostic Challenges Persist in Treating Pain With Opioids*, 21(5) Pain Clinical Updates (Dec. 2013).

229. Purdue sponsored APF's *A Policymaker's Guide to Understanding Pain & Its Management*, which taught that "Symptoms of physical dependence can often be ameliorated by gradually decreasing the dose of medication during discontinuation," but the guide did not disclose the significant hardships that often accompany cessation of use.

vi. Defendants, acting individually and collectively, misrepresented that increased doses pose no significant additional risks.

230. Defendants claimed that patients and prescribers could increase doses of opioids indefinitely without added risk, even when pain was not decreasing or when doses had reached levels that were "frighteningly high," suggesting that patients would eventually reach a stable, effective dose. Each of Defendants' claims was deceptive in that it omitted warnings of increased adverse effects that occur at higher doses.

231. In materials Defendants produced, sponsored or controlled, Defendants instructed patients and prescribers that patients could remain on the same dose indefinitely, assuaging doctors' concerns about starting patients on opioids or increasing their doses during treatment, or about discontinuing their patients' treatment as doses escalated. These claims were not supported by scientific evidence.

232. Cephalon and Purdue sponsored APF's *Treatment Options: A Guide for People Living with Pain* (2007), which claims that some patients "need" a larger dose of an opioid, regardless of the dose currently prescribed. The guide taught that opioids differ from NSAIDs in that they have "no ceiling dose" and are therefore the most appropriate treatment for severe pain. The publication attributes 10,000 to 20,000 deaths annually to NSAID overdose when the true figure was closer to 3,200 at the time.[51]

---

[51] Robert E. Tarone, et al., *Nonselective Nonaspirin Nonsteroidal Anti-Inflammatory Drugs and Gastrointestinal Bleeding: Relative and Absolute Risk Estimates from Recent Epidemiologic Studies*, 11 Am. J. of Therapeutics 17-25 (2004).

233. Cephalon sponsored a CME written by KOL Defendant Dr. Webster, *Optimizing Opioid Treatment for Breakthrough Pain*, offered by Medscape, LLC from September 28, 2007 through December 15, 2008. The CME taught that non-opioid analgesics and combination opioids containing non-opioids such as aspirin and acetaminophen are less effective at treating breakthrough pain because of dose limitations on the non-opioid component.

234. Endo sponsored a website, *painknowledge.com*, through APF, which claimed in 2009 that opioids may be increased until "you are on the right dose of medication for your pain," at which point further dose increases would not be required.

235. Endo distributed a patient education pamphlet entitled *Understanding Your Pain: Taking Oral Opioid Analgesics*, which was published on Endo's website. In Q&A format, it asked, "If I take the opioid now, will it work later when I really need it?" The response is, "The dose can be increased. ... You won't 'run out' of pain relief."

236. Purdue sponsored APF's *A Policymaker's Guide to Understanding Pain & Its Management*, which taught that dose escalations are "sometimes necessary," even indefinite ones, but did not disclose the risks from high-dose opioids. This publication is still available online.

237. Purdue sponsored *Overview of Management Options*, a CME issued by the AMA in 2003, 2007, 2010, and 2013. The 2013 version remains available for CME credit. The CME taught that NSAIDs and other drugs, but not opioids, are unsafe at high doses.

vii. Defendants, acting individually and collectively, deceptively omitted or minimized the adverse effects of opioids and overstated the risks of alternative forms of pain treatment.

238. In materials they produced, sponsored or controlled, Defendants omitted known risks of chronic opioid therapy and emphasized or exaggerated risks of competing products so that prescribers and patients would be more likely to choose opioids and would favor opioids over other therapies such as over-the-counter acetaminophen or

over-the-counter or prescription NSAIDs. None of these claims was supported by scientific evidence.

239. In addition to failing to disclose in promotional materials the risks of addiction, abuse, overdose, and respiratory depression, Defendants routinely ignored the risks of hyperalgesia, a "known serious risk associated with chronic opioid analgesic therapy in which the patient becomes more sensitive to certain painful stimuli over time;"[52] hormonal dysfunction;[53] decline in immune function; mental clouding, confusion, and dizziness; increased falls and fractures in the elderly;[54] neonatal abstinence syndrome (when an infant exposed to opioids prenatally suffers withdrawal after birth), and potentially fatal interactions with alcohol or benzodiazepines, which are used to treat post-traumatic stress disorder and anxiety, which often accompany chronic pain symptoms.[55]

240. Cephalon and Purdue sponsored APF's *Treatment Options: A Guide for People Living with Pain* (2007), which taught patients that opioids differ from NSAIDs in that they have "no ceiling dose" and are therefore the most appropriate treatment for severe pain. The publication attributes 10,000 to 20,000 deaths annually to NSAID overdose when the figure is closer to 3,200.[56] *Treatment Options* also warned that risks of NSAIDS increase if "taken for more than a period of months," with no corresponding warning about opioids.

---

[52] Letter from Janet Woodcock, M.D., Dir., Ctr. For Drug Eval. & Res., to Andrew Kolodny, M.D., Pres. *Physicians for Responsible Opioid Prescribing,* Re Docket No. FDA-2012-P-0818 (Sept. 10, 2013).

[53] H.W. Daniell, *Hypogonadism in men consuming sustained-action oral opioids,* 3(5) J. Pain 377-84 (2001).

[54] *See* Bernhard M. Kuschel, *The risk of fall injury in relation to commonly prescribed medications among older people – a Swedish case-control study,* Eur. J. Pub. H. (July 31, 2014).

[55] Karen H. Seal, *Association of Mental Health Disorders With Prescription Opioids and High-Risk Opioids in US Veterans of Iraq and Afghanistan,* 307(9) J. Am. Med. Ass'n 940-47 (2012).

[56] Robert E. Tarone, et al., *Nonselective Nonaspirin Nonsteroidal Anti-Inflammatory Drugs and Gastrointestinal Bleeding: Relative and Absolute Risk Estimates from Recent Epidemiologic Studies,* 11 Am. J. of Therapeutics 17-25 (2004).

241. Endo sponsored a website, *painknowledge.com*, through APF, which contained a flyer called "Pain: Opioid Therapy." This publication included a list of adverse effects that omitted significant adverse effects including hyperalgesia, immune and hormone dysfunction, cognitive impairment, tolerance, dependence, addiction, and death.

242. Janssen and Purdue sponsored and Endo provided grants to APF to distribute *Exit Wounds* (2009) to veterans, which omits warnings of the risk of potentially fatal interactions between opioids and benzodiazepines, which are commonly prescribed to veterans suffering from post-traumatic stress disorder.

243. As a result of Defendants' campaign of deception, promoting opioids over safer and more effective drugs, opioid prescriptions increased even as the percentage of patients visiting a doctor for pain remained constant. A study of 7.8 million doctor visits between 2000 and 2010 found that opioid prescriptions increased from 11.3% to 19.6% of visits, as NSAID and acetaminophen prescriptions fell from 38% to 29%, driven primarily by the decline in NSAID prescribing.[57]

G. Defendants Knew That Their Marketing of Chronic Opioid Therapy Was False, Unfounded, and Dangerous and Would Harm Plaintiff

244. Defendants made, promoted, and profited from their misrepresentations – individually and collectively – knowing that their statements regarding the risks, benefits, and superiority of opioids for chronic pain were false and misleading. Cephalon and Purdue entered into settlements in the hundreds of millions of dollars to resolve

---

[57] M. Daubresse, *et al., Ambulatory Diagnosis and Treatment of Nonmalignant Pain in the United States, 2000-2010,* 51*(10)* Med. Care, 870-878 (2013). For back pain alone, the percentage of patients prescribed opioids increased from 19% to 29% between 1999 and 2010, even as the use of NSAIDs or acetaminophen declined from 39.9% to 24.5% of these visits; and referrals to physical therapy remained steady. *See also* J. Mafi, *et al., Worsening Trends in the Management and Treatment of Back Pain,* 173(17) J. of the Am Med. Ass'n Internal Med. 1573, 1573 (2013).

criminal and federal charges involving nearly identical conduct. Defendants had access to scientific studies, detailed prescription data, and reports of adverse events, including reports of addiction, hospitalization, and deaths – all of which made clear the significant adverse outcomes from opioids and that patients were suffering from addiction, overdoses, and death in alarming numbers.

245. Defendants expected and intended that their misrepresentations would induce doctors to prescribe, patients to use, and payors to pay for their opioids for chronic pain.

246. When they began their deceptive marketing practices, Defendants recklessly disregarded the harm that their practices were likely to cause. As their scheme was implemented, and as reasonably foreseeable harm began to occur, Defendants were well aware that it was occurring. Defendants closely monitored their own sales and the habits of prescribing doctors, which allowed them to see sales balloon – overall, in individual practices, and for specific indications. Their sales representatives, who visited doctors and attended CME programs, knew what types of doctors were receiving their messages and how they were responding. Moreover, Defendants had access to, and carefully monitored government and other data that tracked the explosive rise in opioid use, addiction, injury, and death.

H. Defendants Fraudulently Concealed their Misrepresentations

247. Defendants took steps to avoid detection of, and to fraudulently conceal, their deceptive marketing and conspiratorial behavior.

248. Defendants disguised their own roles in the deceptive marketing by funding and working through Front Groups purporting to be patient advocacy and professional organizations and through paid KOLs. Defendants purposefully hid behind the assumed credibility of the front organizations and KOLs and relied on them to vouch for the accuracy and integrity of Defendants' false and misleading statements about opioid use for chronic pain.

249. While Defendants were listed as sponsors of many of the publications described in this Complaint, they never disclosed their role in shaping, editing, and approving their content. Defendants exerted their considerable influence on these purportedly "educational" or "scientific" materials in emails, correspondence, and meetings with KOLs, Front Groups, and public relations companies that were not public.

250. In addition to hiding their own role in generating the deceptive content, Defendants manipulated their promotional materials and the scientific literature to make it appear these items were accurate, truthful, and supported by substantial scientific evidence. Defendants distorted the meaning or import of materials they cited and offered them as evidence for propositions the materials did no support. The true lack of support for Defendants' deceptive messages was not apparent to the medical professionals who relied upon them in making treatment decisions. The false and misleading nature of Defendants' marketing was not known to, nor could it reasonably have been discovered by, Plaintiff or its residents.

251. Defendants also concealed their participation by extensively using the public relations companies they hired to work with Front Groups to produce and disseminate deceptive materials.

252. Defendants concealed from the medical community, patients, and health care payors facts sufficient to arouse suspicion of the existence of claims that Plaintiff now asserts. Plaintiff did not discover the existence and scope of Defendants' industry-wide fraud and could not have acquired such knowledge earlier through the exercise of reasonable diligence.

253. Through the public statements, marketing, and advertising, Defendants' deceptions deprived Plaintiff of actual or implied knowledge of facts sufficient to put them on notice of potential claims.

I. Defendants Entered into and Engaged in a Civil Conspiracy

254. Defendants entered into a conspiracy to engage in the wrongful conduct complained of herein, and intended to benefit both independently and jointly from their conspiracy.

255. Defendants agreed among themselves to set up, develop, and fund an unbranded promotion and marketing network to promote the use of opioids for the management of pain in order to mislead physicians, patients, health care providers, and health care payors through misrepresentations or omissions regarding the appropriate uses, risks, and safety of opioids.

256. This network is interconnected and interrelated, as illustrated by Exhibit A, which is incorporated herein, and relied upon Defendants' collective use of and reliance upon unbranded marketing materials, such as KOLs, scientific literature, CMEs, patient education materials, and Front Groups. These materials were developed and funded collectively by Defendants, and Defendants relied upon the materials to intentionally mislead consumers and medical providers of the appropriate uses, risks, and safety of opioids.

257. By knowingly misrepresenting the appropriate uses, risks, and safety of opioids, Defendants committed overt acts in furtherance of their conspiracy.

258. As set forth herein and in Exhibit A, Defendants also conspired with various KOLs and Front Groups to commit unlawful acts or lawful acts in an unlawful manner. Defendants knowingly and voluntarily agreed to engage in unfair and deceptive practices to promote the use of opioids for the treatment of chronic pain by making and disseminating false, unsubstantiated, and misleading statements and misrepresentations to prescribers and consumers. Defendants agreed with various KOLs and Front Groups to make and disseminate these statements in furtherance of their common strategy to increase opioid sales, and Defendants—along with the Front Groups with whom each of

them conspired—knew that the statements they made and disseminated served this purpose.

259. By engaging in the conduct described in this Complaint, Defendants agreed with Front Groups that they would deceptively promote the risks, benefits, and superiority of opioid therapy. As part of their agreements with one another and Front Groups, Defendants provided support for Front Group's deceptive statements promoting opioids and Front Groups used that support to more broadly disseminate deceptive messaging promoting opioids, which would benefit Defendants' drug sales, as well as other opioid makers' sales.

260. Each of the participants in the conspiracies described herein and in Exhibit A was aware of the misleading nature of the statements they planned to issue and of the role they played in each scheme to deceptively promote opioids as appropriate for the treatment of chronic pain. Defendants and third parties nevertheless agreed to misrepresent the risks, benefits, and superiority of using opioids to the public, patients and prescribers in Wisconsin in return for increased pharmaceutical sales, financial contributions, reputational enhancements, and other benefits.

261. As outlined in greater detail herein and as illustrated in Exhibit A, opioid makers Cephalon, Endo, Janssen, along with Defendants Purdue and Defendant KOLs played an active role in determining the substance of the misleading messages issued by Front Groups, including by providing content themselves, editing and approving content developed by their co-conspirators, and providing slide decks for speaking engagements. Defendants further ensured that these misstatements were widely disseminated, by both distributing the misstatements themselves and providing their co-conspirators with funding and other assistance with distribution. The result was an unrelenting stream of misleading information about the risks, benefits, and superiority of using opioids to treat chronic pain from sources Defendants knew were trusted by prescribers. Defendants exercised direct editorial control over most of these statements. However, even if

Defendants did not directly disseminate or control the content of these misleading statements, they are liable for conspiring with the third parties who did.

262. Defendants participated in unlawful acts or lawful acts in an unlawful manner by, among other unlawful conduct:

a. violating the Wisconsin Deceptive Trade Practices Act;

b. perpetrating a public nuisance;

c. committing common law unjust enrichment; and

d. perpetuating a fraud.

263. By reason of the foregoing, the County was injured and continues to be injured in that Defendants' ongoing concerted actions in marketing opioids caused doctors and other health care providers to prescribe and the County to pay for long-term opioid treatment using opioids manufactured by Defendants or by other drug makers, Defendant caused and are responsible for those costs and claims. In addition, the County has suffered additional damages for the costs of providing and using opioids long-term to treat chronic pain because its human services, social services, court services, law enforcement services, the office of the coroner/medical examiner and health services, including hospital, emergency and ambulatory services, have all been severely impacted by the crisis.

FIRST CAUSE OF ACTION
WISCONSIN'S DECEPTIVE TRADE PRACTICES ACT
VIOLATIONS OF WIS. STAT. §§ 100.18
(AGAINST ALL DEFENDANTS)

264. Plaintiff incorporates the allegations within all prior paragraphs within this Complaint as if they were fully set forth herein.

265. Defendants, among other things, manufacture, distribute, promote, and/or sell opioids.

266. As alleged above, each of the Defendants violated Wis. Stat. § 100.18(1) by making representations to the public that were "untrue, deceptive or misleading" with intent to sell or to induce sales of opioids.

267. These untrue, deceptive, or misleading statements included, but were not limited to:

a. misrepresenting the truth about how opioids lead to addiction;

b. misrepresenting that opioids improve function;

c. misrepresenting that addiction risk can be managed;

d. misleading doctors, patients, and payors through the use of misleading terms like "pseudoaddiction;"

e. falsely claiming that withdrawal is simply managed;

f. misrepresenting that increased doses pose no significant additional risks;

g. falsely omitting or minimizing the adverse effects of opioids and overstating the risks of alternative forms of pain treatment.

268. Defendants, through their conduct up to and including the present day, continue to make statements and representations to the public that are untrue, deceptive or misleading with intent to sell or to induce sales of opioids. Defendants have not pulled their opioid products from the market, acknowledged the very real dangers of addiction and abuse, even if the opioids are taken as prescribed, or acknowledged that opioids are inappropriate for long-term pain management. Instead, each of the Defendants continue to offer their opioid products for long-term pain management and have taken the position that their opioid products are not dangerous if taken as prescribed. Defendants have also taken the position that addiction and overdoses are the result of individual choice to misuse or abuse opioids, not the dangers inherent in their product, thereby continuing to fuel the crisis.

269. Plaintiff has suffered a pecuniary loss because of Defendants' violations in an amount to be determined at trial.

SECOND CAUSE OF ACTION
PUBLIC NUISANCE
(AGAINST ALL DEFENDANTS)

270. Plaintiff incorporates the allegations within all prior paragraphs within this Complaint as if they were fully set forth herein.

271. Each Defendant's conduct, both individually and collectively, in creating and then maintaining the opioid crises constitutes a public nuisance. The conduct of each Defendant involves a significant interference with the public health, the public safety, the public peace, and the public comfort. Each Defendant's conduct giving rise to the opioid crisis is of a continuing nature and has produced a permanent or long-lasting effect that, as each defendant knows or has reason to know, has a significant effect on the entire community.

272. Each Defendant's interference with the public health, the public safety, the public peace, and the public comfort resulted significant harm to the County. The significant harm that each Defendant has caused the community and the public by its conduct in creating and then maintaining the opioid crisis for its own individual profit is substantially offensive and intolerable.

273. Each Defendant intentionally caused the public nuisance complained of herein. The conduct of each Defendant, either individually or collectively, was a substantial factor in producing and then maintaining the opioid crisis that is a significant interference with the public health, the public safety, the public peace, and the public comfort. Further, each Defendant acted either knowing, or were substantially certain, that their false, deceptive and misleading information and statements regarding the dangers, addictive nature and abuse potential of their opioid products would result in the public nuisance and significant harm complained of herein.

274. Each Defendant was also negligent as each engaged in the conduct complained of herein to create an unreasonable risk of the public nuisance complained of herein, and then failed to abate the public nuisance they created. Moreover, each Defendant's negligent conduct, both individually and collectively, was a cause of the public nuisance complained of herein.

275. Each Defendant's conduct in causing the public nuisance complained of herein was unreasonable and the gravity of the harm caused far outweighs any utility of the Defendant's conduct.

276. Each Defendant's conduct damaged, and continues to damage, the County in an amount to be determined at trial.

THIRD CAUSE OF ACTION
UNJUST ENRICHMENT
VIOLATIONS OF THE COMMON LAW PROHIBITION ON UNJUST ENRICHMENT
(AGAINST ALL DEFENDANTS)

277. Plaintiff incorporates the allegations within all prior paragraphs within this Complaint as if they were fully set forth herein.

278. Defendants unjustly retained a benefit to the County's detriment, and the Defendants' retention of the benefit violates the fundamental principles of justice, equity, and good conscience.

279. By illegally and deceptively promoting opioids to treat chronic pain, directly, through their control of third parties, and by acting in concert with third parties, Defendants have unjustly enriched themselves at the County's expense. Because of their deceptive promotion of opioids, Defendants obtained enrichment they would not otherwise have obtained. The enrichment was without justification and the County lacks a remedy provided by law.

280. Defendants conduct damaged and continues to damage the County in an amount to be determined at trial.

FOURTH CAUSE OF ACTION
INTENTIONAL MISREPRESENTATION
(AGAINST ALL DEFENDANTS)

281. Plaintiff incorporates the allegations within all prior paragraphs within this Complaint as if they were fully set forth herein.

282. Defendants conduct constitutes an intentional misrepresentation.

283. Defendants, individually and acting through their employees and agents, and in concert with each other, misrepresented material facts with regards to the use of opioids to treat chronic pain through various means including but not limited to:

a. Creating and/ or disseminating advertisements, scientific studies, CMEs, and patient and prescriber education materials that contained false, misleading, and untrue statements concerning the ability of opioids to improve function long-term;

b. Creating and/or disseminating advertisements, scientific studies, CMEs, and patient and prescriber education materials that contained false, misleading, and untrue statements concerning the ability of opioids to improve quality of life while concealing contrary data;

c. Creating and/or disseminating advertisements, scientific studies, CMEs, and patient and prescriber education materials that contained false, misleading, and untrue statements concerning the evidence supporting the efficacy of opioids long-term for the treatment of chronic non-cancer pain, including known rates of abuse and addiction and lack of validation for long-term efficacy;

d. Disseminating misleading statements concealing the true risk of addiction and promoting the misleading concept of pseudoaddiction, even for high-risk patients;

e. Disseminating misleading statements concealing the true risk of addiction in the elderly;

f. Endorsing, directly distributing, and assisting in the distribution of publications that presented an imbalanced treatment of the long-term and dose-dependent risks of opioids versus NSAIDs;

g. Falsely claiming that withdrawal is simply managed;

h. Misrepresenting that increased doses of opioids pose no significant additional risks.

284. Defendants' false representations and concealments were made with the intent to deceive the County; as well as County consumers who used or paid for opioids for chronic pain; County physicians who prescribed opioids to consumers to treat chronic pain; and County payors, who purchased, or covered the purchase of, opioids for chronic pain.

285. Defendants knew that, barring exceptional circumstances, opioids are too addictive and too debilitating for long-term use for chronic pain.

286. Defendants knew that, with prolonged use, the effectiveness of opioids wanes, requiring increases in doses to achieve pain relief and markedly increasing the risk of significant side effects and addiction.[58]

287. Defendants knew that controlled studies of the safety and efficacy of opioids were limited to short-term use in managed settings where the risk of addiction and other adverse outcomes was significantly minimized.

288. Despite the foregoing knowledge, in order to expand the market for opioids and realize blockbuster profits, Defendants sought to create a false perception of the safety and efficacy of opioids in the minds of medical professionals and members of the public that would encourage the use of opioids for longer periods of time and to treat a wider range of problems, including such common aches and pains as lower back pain, arthritis, and headaches, and did so through misrepresentations including those listed above.

289. Defendants' misrepresentations saturated the market, was promulgated in part by third parties positioned as experts, and extended to almost every available source of information including prescribing guidelines, CMEs, patient educational materials, and journal publications.

---

[58] *See*, e.g., Russell K. Portenoy, *Opioid Therapy for Chronic Nonmalignant Pain: Current Status*, 1 Progress in Pain Res. & Mgmt., 247-287 (H.L. Fields and J.C. Liebeskind eds., 1994).

290. Plaintiff did reasonably rely on these false representations made by Defendants and third parties in their control.

291. But for these false representations and concealments of material fact, Plaintiff would not have purchased or covered the purchase of opioids for chronic pain. But for these false representations, there would not have been a massive opioid addiction and overdose epidemic that has strained the Plaintiff's budgets.

292. Defendants' conduct damaged and continues to damage the County in an amount to be determined at trial.

FIFTH CAUSE OF ACTION
CIVIL CONSPIRACY
(AGAINST ALL DEFENDANTS)

293. Plaintiff incorporates the allegations within all prior paragraphs within this Complaint as if they were fully set forth herein.

294. Defendants formed and operated a conspiracy to accomplish an unlawful purpose or to accomplish their mutual goal of increasing each Defendants' sales of their opioid products by unlawful means.

295. The conspiracy's unlawful purpose was to create a false and dangerous perception amongst both physicians and the public that the risks of addiction and the abuse potential of Defendants' opioid products was negligible if taken as prescribed to treat long-term pain, conduct that is contrary to Wis. Stat. § 100.18, constitutes a fraud, and created a public nuisance.

296. In addition, the conspiracy's mutual goal was to increase each Defendant's sales by spreading untrue, deceptive or misleading information regarding the danger, risk of addiction, and abuse potential of their opioid products, conduct that is at a minimum contrary to Wis. Stat. § 100.18, constitutes a fraud, and created a public nuisance.

297. The conspiracy amongst the Defendants is established by all of the acts and events, viewed as a whole, which as set forth herein and in Exhibit A show how Defendants cooperated toward the attainment of the common goals of their conspiracy. This includes, but is not limited to, knowingly and voluntarily agreeing to engage in unfair and deceptive practices to promote the use of opioids for the treatment of chronic pain by making and disseminating false, unsubstantiated, and misleading statements and misrepresentations to prescribers and consumers.

298. Defendants enlisted various KOLs and Front Groups as part of their conspiracy to make and disseminate these statements to further their common strategy to increase opioid sales.

299. Products of the conspiracy include but are not limited to publications, CMEs, and websites that deceptively promote the risks, benefits, and superiority of opioid therapy, such as: The *Partners Against Pain* website (Purdue and APF), *A Policymaker's Guide to Understanding Pain & Its Management* (Purdue and APF), *Treatment Options: A Guide for People Living with Pain* (Purdue and APF), *Exit Wounds* (Purdue and APF), *Responsible Opioid Prescribing* (Purdue, Cephalon, Endo, APF, AAPM, and FSMB), and a CME promoting the *Pharmacological Management of Persistent Pain in Older Persons* (Purdue and AGS).

300. As outlined in greater detail herein and in Exhibit A, Defendants played an active role in determining the substance of the misleading messages issued by Front Groups, including by providing content themselves, editing and approving content developed by their co-conspirators, and providing slide decks for speaking engagements.

301. Defendants further ensured that these misstatements were widely disseminated, by both distributing the misstatements themselves and providing their co-conspirators with funding and other assistance for distribution.

302. Indeed, even now and having caused the opioid crises complained of herein, the Defendants have provided a unified front to deny their opioid products are

dangerous to treat long-term pain even if taken as prescribed and instead blame the addiction and abuse on individual misuse and individual choice. Despite evidence to the contrary, each Defendant uniformly refuses to acknowledge the very real dangers of addiction and abuse, even if the opioids are taken as prescribed, or acknowledged that opioids are inappropriate for long-term pain management, thereby providing further evidence of their conspiracy.

303. The result is an unrelenting stream of misleading information about the risks, benefits, and superiority of using opioids to treat chronic pain from sources Defendants knew were trusted by prescribers.

304. Defendants' ongoing civil conspiracy damaged and continues to damage the County in an amount to be determined at trial.

PRAYER FOR RELIEF

WHEREFORE Plaintiff demands judgment against Defendants, jointly and severally, awarding Plaintiff:

1. compensatory damages in an amount sufficient to fairly and completely compensate Plaintiff for all damages;
2. costs and attorney fees pursuant to Wis. Stat. § 100.18;
3. a declaratory judgment requiring Defendants to abate the public nuisance;
4. punitive damages;
5. interest, costs, and disbursements; and
6. such other and further relief as this Court deems just and proper.

Jury Demand

Pursuant to Fed. R. Civ. P. 38(b), Plaintiff demands a trial by jury on all issues so triable under the law.

Dated: November 28, 2017 **Crueger Dickinson LLC**

By: /s/ Erin K. Dickinson

Charles J. Crueger
cjc@cruegerdickinson.com
Erin K. Dickinson
ekd@cruegerdickinson.com
Krista K. Baisch
kkb@cruegerdickinson.com
4532 N Oakland Ave.
Whitefish Bay, WI 53211
Direct: 414-210-3868

Paul J. Hanly, Jr.
Jayne Conroy
SIMMONS HANLY CONROY LLC
112 Madison Avenue
New York, NY 10016
(212) 784-6401
phanly@simmonsfirm.com
-and-
Amy. E. Garrett
Sarah Burns
SIMMONS HANLY CONROY LLC
One Court Street
Alton, IL 62002
(618) 259-2222
sburns@simmonsfirm.com

Attorneys for Plaintiff

PROPOSED ARRANGEMENT

Crueger Dickinson | SIMMONS HANLY CONROY A NATIONAL LAW FIRM | von Briesen von Briesen & Roper, s.c. Attorneys at Law

[Date]

VIA EMAIL

[County]

RE: ***Engagement of Simmons Hanly Conroy LLC, Crueger Dickinson LLC, and von Briesen & Roper, s.c. as Counsel in Relation to Claims Against Opioid Manufacturers***

Dear County:

The purpose of this letter ("Engagement Letter") is to set out in writing the terms and conditions upon which the law firms of Simmons Hanly Conroy LLC, Crueger Dickinson LLC and von Briesen & Roper, s.c., (collectively "Counsel) will provide legal services to County ("County") in relation to the investigation and prosecution of certain claims against the following manufacturers and other parties involved with the manufacture of opioid medications: Purdue Pharma L.P., Purdue Pharma Inc., The Purdue Frederick Company, Inc., Teva Pharmaceuticals USA, Inc., Cephalon, Inc., Johnson & Johnson, Janssen Pharmaceuticals, Inc., OrthoMcNeil-Janssen Pharmaceuticals, Inc. n/k/a Janssen Pharmaceuticals, Inc., Janssen Pharmaceutica, Inc. n/k/a Janssen Pharmaceuticals, Inc.; Endo Health Solutions Inc., Endo Pharmaceuticals, Inc. (collectively "Opioid Manufacturers"). Depending upon the results of initial investigations of the facts and circumstances surrounding the potential claim(s), there may be additional parties sought to be made responsible and/or certain of the aforementioned parties may be removed from the potential claim.

This Engagement Letter shall apply solely and exclusively to the services set forth herein in relation to the investigation and Lawsuit, as defined below. This Engagement Letter does not govern, nor does it apply to, any services of either Counsel unrelated thereto.

SCOPE OF SERVICES

Counsel will work with County in the collection of information necessary to form a good faith basis for filing a claim against the Opioid Manufacturers. County hereby authorizes Counsel to file a lawsuit against one or all of the Opioid Manufacturers ("Lawsuit") upon the terms and conditions set forth herein.

RESPONSIBILITIES

Counsel will prosecute the Lawsuit with diligence and keep County reasonably informed of progress and developments, and respond to County's inquiries. County understands and agrees that all fees paid to Counsel shall be as set forth in this Engagement Letter. County agrees to cooperate with Counsel in the gathering of information necessary to investigate and prosecute the Lawsuit. County further understands and agrees that the law firm of von Briesen & Roper, s.c., shall not be identified on any pleading as counsel of record for County in relation to the Lawsuit, but shall be available to assist County and Counsel in relation to the Lawsuit.

The following additional terms apply to the relationship between County and Counsel:

A. Counsel shall remain sufficiently aware of the performance of one another and the performance to ascertain if each firm's handling of the Lawsuit conforms to the Rules of Professional Conduct. Counsel shall be available to County regarding any concerns on the part of County relating to the performance of Counsel. Counsel shall at all times remain ethically and financially responsible to the County for the services of Counsel set forth herein.

B. As set forth below, County's responsibility for attorney fees and expenses is contingent upon the successful outcome of the Lawsuit, as further defined below. Counsel have agreed in writing as to the appropriate split of attorney fees and expenses. Specifically, in the event of a Recovery (as defined below), the attorney fees will be split between the law firms as follows:

Firm Name	Percentage of Fees if Successful
Local Counsel	5%
von Briesen & Roper, s.c.	10%
Crueger Dickinson LLC	40%
Simmons Hanly Conroy LLC	40%

The split of attorneys' fees between Counsel may be subject to change. In the event of such an amendment, the County will be notified in writing of that amendment.

C. Counsel and County understand and agree that Counsel will all be considered attorneys for County. As such, each and all of Counsel will adhere to the Rules of Professional Responsibility governing the relationship between attorney and client.

ACTUAL AND POTENTIAL CONFLICTS OF INTEREST AND WAIVER OF CONFLICT

As County is aware, Counsel contemplate entering into the same arrangement as that set forth in this Engagement Letter with other counties and municipalities in Florida and elsewhere. Counsel believe that the goals and objectives of County are aligned with the goals and objectives of all other counties and municipalities with respect to the Lawsuit. Counsel do not believe that to achieve the goals of the Lawsuit, either County or another county or municipality must take a position that is adverse to the interests of the other. However, to the extent any issue may arise in this matter about which County disagrees with another county or municipality, and one of you may wish to pursue a course that benefits one but is detrimental to the interest of the other, we cannot advise County or assist County or any other county or municipality in pursuing such a course. That is to say, Counsel cannot advocate for County's individual interests at the expense of the other counties or municipalities that Counsel represent in a Lawsuit. Counsel do not believe that this poses a problem because County's interests are currently aligned with the other counties and municipalities that are or may be in the Lawsuit. Counsel are confident that their representation of County will not be limited in this matter by representation of any other county or municipality, but County should consider these consequences of joint representation in deciding whether to waive this conflict.

In addition to the material limitation discussed above, there are other consequences for County in agreeing to joint representation. Because each county or municipality would be a client of Counsel, Counsel owe equal duties of loyalty and communication to each client. As such, Counsel must share all relevant information with all counties and municipalities who are clients in relation to the Lawsuit and Counsel cannot, at the request of one county or municipality, withhold relevant information from the other client. That is to say, Counsel cannot keep secrets about this matter among the counties and municipalities who are clients of Counsel with respect to the Lawsuit. Also, lawyers normally cannot be forced to divulge information about communications with their clients because it is protected by the attorney-client privilege. However, because County would be a joint client in the same matter with other counties and municipalities, it is likely that were there to be a future legal dispute between County and other counties or municipalities that engage Counsel about this matter, the attorney-client privilege would not apply, and each would not be able to invoke the privilege against the claims of the other.

Further, while County's position is in harmony with other counties and municipalities presently, and the conflict discussed above is waivable, facts and circumstances may change. For example, County may change its mind and wish to pursue a course that is adverse to the interests of another county or municipality and the conflict may become unwaivable. In that case, depending upon the circumstances, Counsel may have to withdraw from representing either County or another county or municipality and County would have to bear the expense, if County chooses, of hiring new lawyers who would have to get up to speed on the matter.

County is not required to agree to waive this conflict, and County may, after considering the risks involved in joint representation, decline to sign this Engagement Letter. By signing this Engagement Letter, County is signifying its consent to waiving the conflict of interest discussed herein.

Other than the facts and circumstances related to the joint representation of numerous counties and municipalities, Counsel are unaware of any facts or circumstances that would prohibit Counsel from providing the services set forth in this Engagement Letter. However, it is important to note that the law firm of von Briesen & Roper, s.c., is a relatively large law firm based in Wisconsin and represents many companies and individuals. It is possible that some present and future clients of von Briesen & Roper, s.c., will have business relationships and potential or actual disputes with County. von Briesen & Roper, s.c., will not knowingly represent clients in matters that are actually adverse to the interests of County without County's permission and informed consent. von Briesen & Roper, s.c, respectfully requests that County consent, on a case by case basis, to von Briesen & Roper, s.c.'s representation of other clients whose interests are, or maybe adverse to, the interests of County in circumstances where County has selected other counsel and where von Briesen & Roper, s.c., has requested a written conflict waiver from County after being advised of the circumstances of the potential or actual conflict and County has provided informed consent.

FEES FOR LEGAL SERVICES AND RESPONSIBILITY FOR EXPENSES

A. Calculation of Contingent Fee

There is no fee for the services provided herein unless a monetary recovery acceptable to County is obtained by Counsel in favor of County, whether by suit, settlement, or otherwise ("Recovery"). County understands and agrees that a Recovery may occur in any number of different fashions such as final judgment in the Lawsuit, settlement of the Lawsuit, or appropriation to County following a nationwide settlement or extinguishing of claims in lawsuits and matters similar to the Lawsuit. Counsel agree to advance all costs and expenses of Counsel, and the Lawsuit associated with

investigating and prosecuting the Lawsuit provided, however, that the costs and expenses associated with County cooperating with Counsel in conjunction with the Lawsuit and otherwise performing its responsibilities under this Engagement Letter are the responsibility of County. In consideration of the legal services to be rendered by Counsel, the contingent attorneys' fees for the services set forth in this Engagement Letter shall be a gross fee of 25% of the Recovery, which sum shall be divided among Counsel as set forth in the above chart.

Upon the application of the applicable fee percentage to the gross Recovery, and that dollar amount set aside as attorneys' fees to Counsel, the amount remaining shall first be reduced by the costs and disbursements that have been advanced by Counsel, and that amount shall be remitted to Counsel. By way of example only, if the gross amount of the Recovery is $1,000,000.00, and costs and disbursements are $100,000.00, then the fee to Counsel and shall be $250,000, the costs amount of $100,000 shall be deducted from the balance of $750,000.00, and the net balance owed to County shall be $650,000. The costs and disbursements which may be deducted from a Recovery include, but are not limited to, the following, without limitation: court fees, process server fees, transcript fees, expert witness fees and expenses, courier service fees, appellate printing fees, necessary travel expenses of attorneys to attend depositions, interview witnesses, attend meetings related to the scope of this Engagement Letter and the like, and other appropriate matter related out-of-pocket expenses. In the event that any Recovery results in a monetary payment to County that is less than the amount of the costs incurred and/or disbursements made by Counsel, County shall not be required to pay Counsel and any more than the sum of the full Recovery.

B. Nature of Contingent Fee

No monies shall be paid to Counsel for any work performed, costs incurred or disbursements made by Counsel in the event no Recovery to County has been obtained. In the event of a loss at trial due to an adverse jury verdict or a dismissal of the Lawsuit by the court, no monies shall be paid to Counsel for any work performed, costs incurred or disbursements made by Counsel. In such an event, neither party shall have any further rights against the other.

C. Disbursement of Recovery Proceeds to County

The proceeds of any Recovery on County's behalf under the terms of this Engagement Letter shall be disbursed to County as soon as reasonably practicable after receipt by Counsel. At the time of disbursement of any proceeds from a Recovery, County will be provided with a detailed disbursement sheet reflecting the method by which attorney's fees have been calculated and the expenses of litigation that are due to Counsel from such proceeds. Counsel are authorized to retain out of any moneys that may come into their hands by reason of their representation of County the fees, costs, expenses and disbursements to which they are entitled as determined in this Engagement Letter.

TERMINATION OF REPRESENTATION

This Engagement Letter shall cover the period from the date first indicated below until the termination of the legal services rendered hereunder, unless earlier terminated as provided herein. This Engagement Letter may be terminated by County at any time, and in the event of such termination, neither party shall have any further rights against the other, except that in the event of a Recovery by County against the Opioid Manufacturers subsequent to termination, Counsel shall have a statutory lien on any such recovery as provided by applicable law and further maintain rights in the nature of *quantum meruit* to recover fees, costs and expenses reasonably allocable to their work prior to termination. Counsel may withdraw as County's attorneys at any time for the following reasons:

A. If Counsel determine, in their sole discretion, that County's claim lacks merit or that it is not worthwhile to pursue the Lawsuit further; or

B. For Good Cause. For purposes of this Paragraph, Good Cause may include County's failure to honor the terms of the Engagement Letter, County's failure to follow Counsel's advice on a material matter, or any fact or circumstance that would, in the view of Counsel, impair an effective attorney-client relationship or would render continuing representation unlawful or unethical. If terminated for Good Cause, County will take all steps necessary to free Counsel of any obligation to perform further, including the execution of any documents (including forms for substitution of counsel) necessary to complete withdrawal provided, however, that Counsel shall have a statutory lien on any Recovery as provided by applicable law and further maintain rights in the nature of *quantum meruit* to recover fees, costs and expenses reasonably allocable to their work prior to termination.

SETTLEMENT

County has the authority to accept or reject any final settlement amount after receiving the advice of Counsel. County understands settlements are a "compromise" of its claim(s), and that Counsel's fee, as set forth above, applies to settlements also. For example, if a settlement is reached, and includes future or structured payments, Counsel's fee shall include its contingent portion of those future or structured payments.

NO GUARANTEE OF RECOVERY

County understands and acknowledges that dispute resolution through litigation often takes years to achieve. County understands and acknowledges that there is no guarantee or assurances of any kind regarding the likelihood of success of the Lawsuit, but that Counsel will use their skill, diligence, and experience to diligently pursue the Lawsuit.

LIMITED LIABILITY

von Briesen & Roper, s.c., and Crueger Dickinson LLC are limited liability entities under Wisconsin law. This means that if Counsel fails to perform duties in the representation of County and that failure causes County damages, the firms comprising Counsel and the shareholder(s) or principals directly involved in the representation may be responsible to County for those damages, but the firm's other shareholders or principals will not be personally responsible. Counsel's professional liability insurance exceeds the minimum amounts required by the Wisconsin Supreme Court for limited liability entities of similar size.

COMMUNICATION BY E-MAIL

Counsel primarily communicates with its clients via unencrypted internet e-mail, and this will be the way in which communications occur with County. While unencrypted e-mail is convenient and fast, there is risk of interception, not only within internal networks and the systems used by internet service providers, but elsewhere on the internet and in the systems of our clients and their internet service providers.

FILE RETENTION AND DESTRUCTION

In accordance with Counsel's records retention policy, most paper and electronic records maintained are subject to a 10-year retention period from the last matter activity date or whatever date deemed appropriate. Extended retention periods may apply to certain types of matters or pursuant to County's specific directives.

After the expiration of the applicable retention period, Counsel will destroy records without further notice to County, unless County otherwise notifies in writing.

MISCELLANEOUS

This Engagement Letter shall be governed by and construed in accordance with the laws of the State of Florida, without regard to conflicts of law rules. In the event of any dispute arising out of the terms of this Engagement Letter, venue for any such dispute shall be exclusively designated in the state and federal courts in Florida.

It is expressly agreed that this Engagement Letter represents the entire agreement of the parties, that all previous understandings are merged in this Engagement Letter, and that no modification of this Engagement Letter shall be valid unless written and executed by all parties.

It is expressly agreed that if any term or provision of this Engagement Letter, or the application thereof to any person or circumstance, shall be held invalid or unenforceable to any extent, the remainder of this Engagement Letter, or the application of such term or provision to persons or circumstances other than those to which it is held invalid or unenforceable, shall not be affected thereby; and every other term and provision of this Engagement Letter shall be valid and shall be enforced to the fullest extent permitted by law.

The parties acknowledge that they have carefully read and fully understand all of the provisions of this Engagement Letter, and that they have the capacity to enter into this Engagement Letter. Each party and the person signing on behalf of each party, represents that the person signing this Engagement Letter has the authority to execute this document and thereby bind the party hereto on whose behalf the person is signing. Specifically, County acknowledges that it is bound by this Engagement Letter, has satisfied all conditions precedent to execution of this Engagement Letter and will execute all the necessary documents that may be required by its governing statutes and/or code.

CONCLUSION

Counsel are pleased to have this opportunity to be of service to County. If at any time during the course of representation you have any questions or comments about our services or any aspect of how we provide services, please don't hesitate to call one or all of the individuals listed below.

Very truly yours,

CRUEGER DICKINSON LLC

Erin K. Dickinson

SIMMONS HANLY CONROY LLC

Paul J. Hanly

von BRIESEN & ROPER, s.c.

Andrew T. Phillips

_____ COUNTY agrees to retain the services of Counsel all upon the terms and conditions specified above.

By:

Title:

Date: