### Exhibits Accompanying Testimony
#### of Massachusetts Attorney General Maura Healey

<table>
<thead>
<tr>
<th>Exhibit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>2006 memo by Kirk Ogrosky: OxyContin approval tainted with criminal intent</td>
</tr>
<tr>
<td>2.</td>
<td>Excerpt of 2007 Agreed Statement of Facts: deception about relative potency</td>
</tr>
<tr>
<td>3.</td>
<td>May 1997 email by Richard Sackler about relative potency</td>
</tr>
<tr>
<td>4.</td>
<td>June 1997 email by Richard Sackler about relative potency</td>
</tr>
<tr>
<td>5.</td>
<td>2001 email by Richard Sackler: 59 deaths not too bad</td>
</tr>
<tr>
<td>6.</td>
<td>2001 email by Richard Sackler: hammer on the abusers</td>
</tr>
<tr>
<td>7.</td>
<td>2012 email by Russell Gasdia: direct contact of Richard into the organization</td>
</tr>
<tr>
<td>8.</td>
<td>2013 email by McKinsey: meeting with Sacklers about turbocharging sales</td>
</tr>
<tr>
<td>9.</td>
<td>Excerpt of United Health Care claim: hundreds of thousands of patients harmed</td>
</tr>
<tr>
<td>10.</td>
<td>2007 email by David Sackler: we’re rich</td>
</tr>
<tr>
<td>11.</td>
<td>Excerpt of Purdue Disclosure Statement: $1.3B for abatement in 2021-2025</td>
</tr>
<tr>
<td>12.</td>
<td>Illustration: Sacklers will be richer after paying settlement than they are today</td>
</tr>
<tr>
<td>13.</td>
<td>Depositions taken in Purdue bankruptcy but not made public</td>
</tr>
</tbody>
</table>

The information in the Exhibits is public. Exhibits 1, 8, 9, 10, and 11 were filed publicly in the Purdue bankruptcy in 2020 and 2021. Exhibits 3, 4, 5, 6, and 7 were filed publicly in Massachusetts state court in 2019. Exhibit 2 was filed publicly in the U.S. District Court for the Western District of Virginia in 2007. Exhibits 12 and 13 are based on information that has been publicly filed in the Purdue bankruptcy in 2020 and 2021.
Exhibit 1
WASHINGTON, D.C. 20530

October 6, 2006

INTERNAL MEMORANDUM

TO: Steve R. Tyrrell
Chief
Fraud Section

Paul E. Pelletier
Principal Deputy Chief for Litigation
Fraud Section

FROM: Kirk Ogrosky
Deputy Chief
Fraud Section

SUBJECT: Proposed Indictment of Purdue Pharma LP, The Purdue Frederick Company, Michael Friedman (COO), Howard R. Udell (EVP GC), Paul D. Goldenheim (EVP); Conference scheduled for October 11, 2006

This memorandum summarizes my review of the proposed Indictment of the above named entities and individuals in preparation for a conference with defense counsel. It is my understanding that negotiations with the parties have continued and that a Deferred Prosecution Agreement ("DPA") has been contemplated. My observations are based strictly on the line prosecutors summary of the evidence as articulated in the Prosecution Memorandum dated September 28, 2006. I have not been provided or reviewed testimony or documents, nor have I conducted independent legal research related to the legal analysis contained therein.

There does not appear to be a reasonable basis for further delay in this prosecution. In addition, there are compelling reasons to move forward with indictment given public health considerations. Endangering public health has been and continues to be a strong factor for consideration in the criminal law enforcement process. See generally U.S.S.G. 5K2.14 (authorizing sentencing enhancements for endangering public health). Courts frequently enhance the sentences of defendants that engage in criminal conduct that poses a significant threat to public health and safety. Perhaps no case in our history rivals the burden placed on public health and safety as that articulated by our line prosecutors in the Western District of Virginia. OxyContin abuse has significantly impacted the lives of millions of Americans, and the fraudulent scheme and conduct articulated in this matter has a direct correlation to this threat.

With knowledge of the severe potential for abuse and addiction, the named defendants knowingly targeted and marketed OxyContin in a scheme designed to increase company profit by telling physicians throughout this country that OxyContin was less addictive than alternative medicines due to delayed absorption. Further, the defendants buttressed these false claims with additional false statements that patients could quickly stop taking the OxyContin without suffering significant withdrawal side-effects. Based on the evidence, these false statements were willingly and knowingly made to promote and market OxyContin and significantly contributed to the sales of approximately $9 billion worth of OxyContin since 1996. I see no basis to delay this matter further unless new and compelling issues are raised on October 11, 2006.

A. FDA Approval of OxyContin

While not part of the proposed Indictment, Perdue’s conduct in the early 1990s in seeking approval for OxyContin evidences criminal intent. The FDCA required Purdue to obtain FDA approval of a New Drug Application (“NDA”) and all labeling or package insert (“PI”) material prior to the distribution of OxyContin. Purdue submitted applications on December 28, 1994 for its 10, 20, and 40 milligram tablets. In those applications, the evidence of OxyContin’s safety and efficacy relied on clinical studies comparing OxyContin to the then current approved regimen of immediate-release oxycodone (“Roxicodone”). Within two months of submission, Purdue learned that Roxicodone’s dosing schedule had been changed and the clinical studies in their submission were no longer a valid basis for comparison. Despite significant internal discussion and evaluation, Purdue failed to alert the FDA to this change or the impact on its studies.

On December 12, 1995, the FDA approved the OxyContin NDA based on Purdue’s application. The key consideration is whether this intentional failure to disclose was material to the FDA approval. While Purdue believed it material at the time, there is debate among individuals associated with the FDA approval process as to whether these facts, had they been known, would have derailed or impacted the approval process. Given conflicting evidence, WDVA and OCL have proposed to not pursue charges related to this misconduct. Nevertheless, it begins the story of how OxyContin gained approval and entered the market. As of today, OxyContin is one of the most widely abused products in the country and has generated

Page 2 of 6
approximately 9 billion in sales for Purdue.

B. Conspiracy to Defraud Through Marketing of OxyContin

The Indictment charges a multi-object conspiracy with the overall goal of maximizing the revenues from the sale of OxyContin through fraud, deceit, and false statement. The fraudulent marketing scheme was that the conspirators trained Purdue’s sales force, and provided them with training and marketing materials, to sell OxyContin as better than other pain medications already in use, particularly immediate-release, or short-acting, medications. The primary claims of superiority were that OxyContin was less abusable, less addictive, and less subject to diversion, caused fewer side effects, such as euphoria, and, that at low doses (20-60 mg), could be discontinued without tapering since patients would experience no withdrawal symptoms.

The clear evidence is that the FDA approval process was tainted with efforts to position OxyContin to be marketed as less addictive, less abusable, and less divertable than other opioids. Once approved and the marketing scheme was underway, Purdue began receiving reports from providers and the media that indicated widespread abuse and diversion. Even at that time, the company took the position that it needed a strategy to contain negative press. Purdue told sales representatives that it was the company’s position that the public debate about OxyContin abuse and diversion was “a direct result of the hysteria and fear created by exaggerated media coverage of this problem . . . .” Fearing further bad publicity and efforts by the government, including Congress, FDA, and DEA, to more stringently regulate OxyContin marketing and promotional activities, Purdue implemented a strategic plan to focus on voluntary efforts to limit access of OxyContin to patients with a legitimate medical need so that the government would not interfere with the doctor-patient relationship. Given the data from the approval process, the ultimate question was whether there was any need for OxyContin at all given the data related to available products in the market. Consistent with this plan, defense counsel are still raising similar arguments today as a reason to discourage prosecution.

As a preliminary matter, Purdue publicly stated that it had no knowledge of the abuse and diversion of OxyContin until the first half of 2001. During their testimony in Congressional hearings on August 28, 2001, December 11, 2001, and February 12, 2002 the conspirators falsely and fraudulently told Congress that they had no knowledge of the extensive abuse and diversion of OxyContin before 2001.

The government has developed compelling evidence that defendants Friedman, Udell and Goldenheim, all senior executives at Purdue who had primary responsibility for running the company, reached an agreement to promote and market OxyContin through their sales force using marketing information containing known false and misleading information. These individuals also made false statements to Congress to further and conceal the extent of Purdue’s prior knowledge of the underlying falsity.
To address its market research findings that physicians treating non-cancer pain were likely to hesitate in prescribing OxyContin due to concerns about addiction and abuse, the conspirators promoted OxyContin as superior to immediate-release pain medicines by claiming that it produced significantly less fluctuation, or “peaks and troughs,” in oxycodone blood plasma concentrations than the immediate-release medicines.

The conspirators first sought to use this promotion angle in its OxyContin launch marketing materials, submitted to the FDA for review and approval. On October 12, 1995, PURDUE submitted some of its proposed launch marketing materials for review by FDA. The FDA responded on December 20, 1995, objecting to the “fewer peaks and valleys” claim and suggested “that the blood levels for both dosage forms be presented” so that data could be accurately interpreted. Purdue replied that “[t]he comparative statement, ‘Fewer peaks and valleys’ than with immediate-release oxycodone’ was deleted.” Nevertheless, sales representatives were taught to tell physicians that OxyContin provided more favorable oxycodone blood levels than other pain medications, they were not taught to show physicians the graph of the actual comparison of blood levels.

On November 4, 1996, the Training & Development Department sent a memorandum to the entire field force advising them to tell healthcare providers that “OxyContin can provide pain relief to your patients allowing them to sleep through the night, while potentially creating less chances for addiction than immediate-release opioids.” Purdue knew that the FDA had opined that there was not enough evidence to claim that OxyContin was superior to other pain medications in adverse events, that there was actually a potential that OxyContin’s slower fall and slightly higher trough blood levels might result in greater development of tolerance and/or withdrawal, and that OxyContin had not been shown to have a significant advantage beyond reduction in frequency of dosing. Purdue’s top executives expressed the importance of marketing OxyContin as better than other medications because it was less addictive and less abusable. Evidence establishes that sales representatives did in fact promote OxyContin as having less euphoria, or buzz, than other pain medications, or as causing no euphoria at all.

The individual defendants appeared before House of Representatives, Committee on Energy and Commerce, Subcommittee on Oversight and Investigation, and gave false testimony in hearings chaired by Congressman Greenwood and entitled “OxyContin: Its Use and Abuse. On December 17, 2001, to further the strategy of claiming ignorance about the abuse of OxyContin, Friedman disseminated Goldheim’s false testimony to the entire field force claiming no knowledge of OxyContin abuse and diversion before early 2000, and its false claim of OxyContin’s superiority over short-acting analgesics.
C. Fraudulent Sales and Marketing Campaign Based on False Statements in FDA Applications and Labeling Materials

The FDA Medical Officer tasked with reviewing the OxyContin applications was Dr. Curtis Wright, IV. Dr. Wright’s review included writing Medical Officer Reviews (“MOR”) of the Integrated Summary of Safety (“ISS”) and Integrated Summary of Efficacy (“ISE”) submitted as part of the NDA. His MOR of the ISS was completed May 19, 1995, and signed October 16, 1995. His MOR of the ISE was completed June 19, 1995, and signed October 16, 1995. In sum, he initially concluded that OxyContin was “as good as current therapy, but has not been shown to have a significant advantage beyond reduction in frequency of dosing.” Based on this, he did not support claims that OxyContin was less likely to produce addiction. Nevertheless, two key and misleading statements were contained in the PI that became the basis of Purdue’s aggressive OxyContin marketing campaigns. These statements were (1) “Delayed absorption, as provided by OxyContin tablets, is believed to reduce the abuse liability of a drug” (“the Delayed Absorption Statement”); and (2) “When the patient no longer requires therapy with OxyContin tablets, patients receiving doses of 20-60 mg/day can usually have the therapy stopped abruptly without incident” (“the Stop Therapy Abruptly Statement”).

The origin of the Delayed Absorption Statement is unclear. As late as July 21, 1995, the draft OxyContin PI had no language like this. However, it first appeared in an August 16, 1995 letter Purdue sent to the FDA. This language was amended and submitted to the FDA on September 13, 1995. Dr. Wright testified that this statement was included as a result of his request that Purdue include information in the PI about the abuse liability of OxyContin. An FDA employee questioned the accuracy of this statement on November 21, 1995, but deferred to Dr. Wright. The inclusion of the Delayed Absorption Statement is at odds with Wright’s conclusions in his MORs of the ISE and the ISS; however, he later testified that the PI language is “literally true.” Ultimately, Purdue built its scheme to falsely and fraudulently market OxyContin around this false statement, among others, describing it as “so valuable and promotional that it easily served as principal selling tool.”

The Stop Therapy Abruptly Statement has similarly mysterious origins. Dr. Wright originally stated that the data in his review of the ISS led him to conclude that “the reaction to abrupt withdrawal of oxycodone was typical for opioid analgesics.” Again in apparent contradiction to the conclusions of the MOR of the ISS, the Stop Therapy Abruptly Statement was allowed to remain in the OxyContin PI. Dr. Wright could not recall when, how, or why that language was included in the PI.

Questions have been raised about Dr. Wright’s dealings with Purdue. Purdue recorded the content of certain contacts with Dr. Wright. The records suggest that Wright solicited Purdue’s help in writing his MORs. Further, Dr. Wright told Perdue that the NDA review could be accelerated if the company traveled to FDA’s location in Rockville, Maryland, in January or February 1995, rented a room nearby, and spent three to five days helping him write the reviews of the clinical study reports and the integrated summaries of efficacy and safety. This
was done during January 31 through February 2, 1995. Interestingly, a March 24, 1995 email, within three months after the submission of the NDA and nearly nine months before it was actually approved, a Perdue employee advised Udell and others that Dr. Wright “has confirmed that we will receive an APPROVAL letter for OxyContin (NDA 20-553) by the end of December 1995.” On October 9, 1998, a year after he left the FDA, Purdue offered Dr. Wright a job as an Executive Medical Director, with a first year compensation package of at least $379,000. Dr. Wright started in this position on December 1, 1998.

D. No Reason to Further Extend the SOL

The alleged conspiracy began in October of 1992 and continues to date. The proposed indictment is scheduled to be sought on October 25, 2006. It is my understanding that this date is based on the government’s prior accommodation of the Defendants requests for additional time. Given the scope of the investigation, there appears to be no valid reason to further extend the SOL. Given Purdue’s reported OxyContin revenue, a further delay will merely allow the continued fraudulent sales and marketing of OxyContin and substantial additional revenue to the Defendants. There is a direct financial incentive for seeking an extension – which appears to be in excess of 100 million per month.

Based upon the summary in the prosecution memorandum, it appears that the government has interviewed the key identified witnesses and has assembled the relevant documentary evidence. Given the nature of the alleged crimes, it is my opinion that a misguided investigation could continue for decades without adding any new or more valuable evidence to that already in the possession of the government. While I have heard no factual proposition that appears to merit further investigation, I am always open to hearing from all parties as to the state of the evidence and whether more should be done. At this time, I simply see no reason to delay given the evidence and potential danger associated with OxyContin abuse.
Exhibit 2
IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF VIRGINIA
ABINGDON DIVISION

UNITED STATES OF AMERICA

v.

THE PURDUE FREDERICK COMPANY, INC.
D/B/A The Purdue Frederick Company
MICHAEL FRIEDMAN
HOWARD R. UDELL
PAUL D. GOLDENHEIM

Dkt. No. ____________

AGREED STATEMENT OF FACTS

Introduction

1. Defendant The PURDUE FREDERICK COMPANY, INC. (referred to in this Agreed Statement of Facts as "PURDUE"), doing business as The Purdue Frederick Company, was a New York corporation, headquartered in Connecticut. It was created in 1892 and was purchased by its current owners in 1952. At all times relevant to this Agreed Statement of Facts, PURDUE and other related and associated entities were engaged in the pharmaceutical business throughout the United States.

2. PURDUE developed and originally marketed OxyContin Tablets ("OxyContin"), an opioid analgesic approved to be taken every twelve hours. OxyContin is a controlled-release form of oxycodone and is a Schedule II controlled substance with an abuse liability similar to morphine.

3. Defendant MICHAEL FRIEDMAN joined PURDUE in 1985 as Vice President and Assistant to the President and Chairman. He was appointed Group Vice President in 1988, Executive Vice President and Chief Operating Officer in 1999, and President and Chief Executive Officer in 2003.
26. Beginning in or around 1999, some of PURDUE’s new sales representatives were permitted, during training at PURDUE’s headquarters, to draw their own blood level graphs to falsely represent that OxyContin, unlike immediate-release or short-acting opioids, did not swing up and down between euphoria and pain, and resulted in less abuse potential.

27. During the period 1999 through June 30, 2001, certain PURDUE sales representatives used graphical depictions similar to the one described in paragraph 25 of this Agreed Statement of Facts and falsely stated to some health care providers that OxyContin had less euphoric effect and less abuse potential than short-acting opioids.

**Misbranding of OxyContin: Misleading Use of Article to Claim No Withdrawal or Tolerance**

28. On or about January 16, 1997, certain PURDUE supervisors and employees sent to the FDA the results of a clinical study pertaining to the use of low doses of OxyContin by osteoarthritis patients ("osteoarthritis study") and a final study report that included, in a section pertaining to respite periods, the statement "[n]o investigator reported ‘withdrawal syndrome’ as an adverse experience during the respite periods.” In a section entitled “Adverse Experiences by Body System During Respite Periods,” the report’s summary of the major results listed the most frequently reported adverse experiences in respite periods to be nervousness, insomnia, nausea, pain, anxiety, depression, and diarrhea, followed by the statement: “Twenty-eight patients (26%) had symptoms recorded during 1 or more respite periods.”

29. In or about May 1997, certain PURDUE supervisors and employees stated that while they were well aware of the incorrect view held by many physicians that oxycodone was weaker than morphine, they did not want to do anything “to make physicians think that oxycodone was stronger or equal to morphine” or to “take any steps in the form of promotional materials, symposia, clinicals,
publications, conventions, or communications with the field force that would affect the unique position that OxyContin had in many physicians mind (sic).”

30. On or about February 12, 1999, certain supervisors and employees of a United Kingdom company affiliated with PURDUE provided certain PURDUE supervisors and employees with an analysis of the osteoarthritis study together with another clinical study. This analysis included a list of eight patients in the osteoarthritis study and eleven patients in the other study “who had symptoms recorded that may possibly have been related to opioid withdrawal,” including one patient in the other study who required treatment for withdrawal syndrome. The “Discussion” section of this analysis included the following: “It is not surprising that some patients in the clinical trials developed some degree of physical dependence and consequently experienced withdrawal symptoms as a result of abrupt discontinuation of OxyContin tablets. All patients who were suspected to have withdrawal symptoms have been reported but this may have resulted in a falsely high incidence. Of the patients who participated in [the osteoarthritis study] (in which patients entered respite periods without OxyContin tablets) many symptoms suspected to be due to opioid withdrawal may simply have resulted from the return of pain. After withdrawal of OxyContin tablets, patient 6007 complained of nervousness, patient 2004 complained of insomnia and felt restless and patients 2020 and 2028 were restless and anxious. Since these are symptoms which often accompany the return of significant pain, it may be wrong to label these as withdrawal symptoms. Nonetheless, the incidence of withdrawal syndromes in patients treated with OxyContin tablets is a concern and it is safer to over report, than under report this potential problem.” The analysis’ conclusions included the statement: “As expected, some patients did become physically dependent on OxyContin tablets but this is not expected to be a clinical problem so long as abrupt withdrawal of drug is avoided.”
Exhibit 3
Subject: Re: oxypblms.doc
Author: Michael Friedman at NORWALK
Date: 5/28/97 1:15 PM

My purpose in writing this memorandum is to clarify our position on the very complex issues raised by Mike Cullen during the Phase IV team meeting and which were the subject of Dr. Richard's inquiry.

We are well aware of the view, held by many physicians, that oxycodone is weaker than morphine. We all know that this is the result of their association of oxycodone with less serious pain syndromes. This association arises from their extensive experience with and use of oxycodone combinations to treat pain arising from a diverse set of causes, some serious, but most "less serious." This "personality" of oxycodone is an integral part of the "personality" of OxyContin.

When we launched OxyContin, we intentionally avoided a promotional theme that would link OxyContin to cancer pain. We specifically linked OxyContin to the oxycodone combinations with our "old way, new way" campaign. We made sure that our initial detail piece provided reps with the opportunity to sell the product for a number of different pain states. With all of this, we were still concerned that the drug would be slotted for cancer pain and that we would encounter resistance in the "non-malignant pain market."

Our pricing of the product was geared toward the non-malignant market. We knew that if we priced low (per mg.) for the high dose cancer patient, we would be priced way too low (per mg.) for the "standard" non-malignant pain patient, where we really wanted to make a market. We feared that the "cancer pain experts" would object to the 2:1 ratio and resulting cost of therapy for high dose patients, however, we had no choice, given our chosen position for OxyContin. In any case, we are developing hydromorphone OD for the high dose patient.

Despite our initial uncertainty, we have been successful beyond our expectations in the non-malignant pain market. Doctors use the drug in non-malignant pain because it is effective and the "personality" of OxyContin is less threatening to them, and their patients, than that of the morphine alternatives. (I apologize for this unscientific term, but, I feel it captures the notion that there are image related attributes that influence drug acceptance.) While we might wish to see more of this product sold for cancer pain, it would be extremely dangerous, at this early stage in the life of this product, to tamper with this "personality," to make physicians think the drug is stronger or equal to morphine. We are better off expanding use of OxyContin, in the non-malignant pain states and waiting for Hydromorphone OD, in 1999, to relaunch into cancer pain.
For the time being, I do not plan to try to change the "personality" of OxyContin. We will continue to focus on expanding the non-malignant pain usage. In this group of patients, morphine is not an alternative, and the price is correct.

We will continue to encourage doctors treating cancer patients to start earlier with OxyContin and avoid combinations. Hopefully they will achieve good results and keep these patients on OxyContin. For high dose patients we will study the possibility of limiting or holding the price increase on the 80 mg. However, I think that our real future in high dose cancer pain will be linked to hydromorphone OD.

I do not plan to spend too much time dealing with the 1:2 ratio issue. This is a red herring that is not relevant in the non-malignant pain market. We will provide our reps with the data and let them use it as needed to defuse situations where it will work for them.

MF

Subject: oxypblas.doc
Author: Dr Richard Sackler at NORWALK
Date: 5/25/97 2:54 AM

Please consider these continuing problems more than 20 months into the launch and promotion of oxy.
Exhibit 4
From: Dr Richard Sackler  
Sent: Thursday, June 12, 1997 5:40 PM  
To: Michael Friedman  
Subject: Re: OxyContin Team Meeting - Minutes

I think that you have this issue well in hand. If there are developments, please let me know.

In recent team meetings, we have discussed the issue that OxyContin is perceived by some physicians, particularly Oncologists, as not being as strong as MS Contin. Although this perception has had some effect with physicians switching to MS Contin with more severe cancer pain patients, it has actually had a positive effect with physicians' use in non-cancer pain.

Since oxycodone is perceived as being a "weaker" opioid than morphine, it has resulted in OxyContin being used much earlier for non-cancer pain. Physicians are positioning this product where Percocet, hydrocodone, and Tylenol with Codeine have been traditionally used.

Since the non-cancer pain market is much greater than the cancer pain market, it is important that we allow this product to be positioned where it currently is in the physician's mind. If we stress the "Power of OxyContin" versus morphine, it may help us in the smaller cancer pain market, but hurt us in the larger potential non-cancer pain market. Some physicians may start positioning this product where morphine is used, and wait until pain is severe before using it.

Marketing has decided that the efforts of the Phase IV Team should be predominantly focused on expanding OxyContin use for non-cancer pain. Our approach to cancer pain will be to get physicians to use it earlier, instead of products such as Percocet, Vicodin, and Tylenol #3. The sales force can teach the Oncologists to properly dose and titrate OxyContin to ensure that they "stay with" it as the pain increases. By doing this, the Oncologists will realize through experience that OxyContin is effective.

It is important that we be careful not to change the perception of physicians toward oxycodone when developing promotional pieces, symposia, review articles, studies, etc.

We can discuss this issue further at our next team meeting.
Attached are the OxyContin Team Meeting Minutes for 5/23/97.
Exhibit 5
From: Sackler, Dr Richard
Sent: Thursday, February 08, 2001 9:59 PM
To: Hogen, Robin; Haddox, Dr. J. David; mxf; hru
Cc: pdg; ada; edm
Subject: FW: NYTimes.com Article: Cancer Painkillers Are Being Abused

This is not too bad. It could have been far worse.

Thanks for all the support.

Richard S. Sackler, M.D.
President, Purdue Pharma, L.P.
Laptop 2000 machine
One Stamford Forum
Stamford, CT 06901
Telephone 203 588 7777 new number
Internet rss@pharma.com
Intranet http://library.pharma.com/directory/
Located in Connecticut

-----Original Message-----
From: msackler@me.net [mailto:msackler@me.net]
Sent: Thursday, February 08, 2001 10:33 PM
To: rss@pharma.com
Subject: NYTimes.com Article: Cancer Painkillers Are Being Abused

This article from NYTimes.com
has been sent to you by msackler@me.net.

Here it is
/--------------------------- advertisement -----------------------------\

Nortel Networks building the new, high-performance Internet

Nortel Networks is building the new, high-performance Wireless Internet. It combines the speed, capacity and reliability of their Optical Internet solutions, with the anytime, anywhere mobility of wireless. Read more about this new technology.


\--------------------------------------------------------/

Cancer Painkillers Are Being Abused
February 9, 2001

By FRANCIS X. CLINES with BARRY MEIER
LEXINGTON, Ky., Feb. 8 - Harried police detectives in dozens of rural areas in Eastern states are combating what they say is a growing wave of drug abuse involving a potent painkiller prescribed for terminal cancer patients and other people with severe pain. Illicit dealers have used suffering patients as well as fakers, the authorities report, to "doctor shop" to obtain the drug, OxyContin, for resale. Addicts favor the drug because they have learned to circumvent its slow time-released protection and achieve a sudden, powerful morphine-like high.
OxyContin is often covered under health care plans. Police say that when dealt illicitly on the street it can cost as much as heroin or more. The abuse of the drug, which has been tracked over the last 18 months, has set off a wave of pharmacy break-ins, emergency room visits and arrests of physicians and other health care workers.

Along with Kentucky, law enforcement officials have cited a troubling number of cases in Maine, Maryland, Ohio, Pennsylvania, Virginia and West Virginia. "Heck, we already know it's pretty epidemic down here," said Capt. Minor Allen of the Hazard police in southeastern Kentucky, where federal, state and local police rounded up scores of purported dealers and users this week. The authorities say dozens of deaths may be laid to OxyContin abuse, but this is strongly disputed by the manufacturer, Purdue Pharma of Norwalk, Conn.

"Abuse of this drug has become unbelievable in the last year with probably 85 to 90 percent of our field work now related to oxys," Captain Allen said, using street shorthand for the drug.

The drug's active ingredient is oxycodone, a morphine-like substance that is also found in drugs like Percodan and Tylox. But while painkillers like Tylox contain five milligrams of oxycodone and require repeated doses to achieve pain relief, OxyContin contains 40 to 160 milligrams in a time-released formulation that controls pain over a longer period. Cheating or crushing the prescription pill foils its time-release protection, delivering an instant potent euphoria. Once crushed, the drug can be snorted by addicts or dissolved for injection. And this new addiction has occasioned a telltale bit of fresh paraphernalia among teenage abusers, Captain Allen said.

"We find them carrying pill crushers that are sold in drugstores to help elderly people swallow their prescriptions," he noted of a growing drug culture in which the Perry County park has come to called Pillville.

The abuse first drew alarm in Maine 18 months ago in rural, eastern areas not previously considered drug problems, Jay P. McCloskey, the United States attorney for Maine, said.

"What is most unusual and disturbing is the number of high school kids and those in the early 20's who got addicted," Mr. McCloskey said. "We are talking about some of the best students, some of the best athletes," he said, noting that his small state was among the nation's largest consumers of OxyContin on a per-capita basis.

The problem became so urgent in Kentucky that Joseph L. Famularo, the United States attorney for the eastern district of the state, directed the roundup of 207 suspects this week in Operation Oxyfest 2001, a nine-month investigation that produced the biggest drug-abuse raid in state history.

"I personally counted 59 deaths since January of last year that local police attributed to addicts using the drug, and I suspect that's pretty conservative," Mr. Famularo said, noting that cancer patients build a tolerance for the drug while a neophyte abuser may try it and be lethally strucken.

That number was disputed by the drug's maker. Dr. J. David Haddox, medical director for Purdue Pharma, said, "I'm concerned about inflammatory statements like that." He said that overdose deaths typically involve multiple factors like alcohol, and that exaggeration of abuses may cause physicians to deny the drug to suffering patients.

Why so many current abuses seem focused across stretches of Appalachia and other rural areas is an open question. But authorities note that the prevalence here of retirees and mining workers with health care plans and prescription cards invites exploitation of the elderly and others by illicit brokers. There have been reports of some dealing in New Orleans. But authorities said there was no evidence of large-scale OxyContin abuse in major drug markets in New York or other urban areas. Authorities said that one mark of the new addiction was its rootedness in areas that have had no previous heavy criminal drug traffic to compete against.

Dealers shop for doctors who may be busy, slipshod or quietly cooperative, and then they obtain multiple prescriptions in several areas using the same ailing or not-so-ailing patients, police say. For their efforts, dealers realize a tenfold profit over the painkiller's prescription cost. Addicts have been paying about $1 a milligram for the drug. The top of the line is a powerful 160-milligram tablet intended to work for up to 12 hours.

Authorities expressed little doubt that the abuse of OxyContin was spreading.

Sgt. Kerry Rowland of the Cincinnati police pharmaceutical diversion squad, said: "It's becoming the prescription drug of choice from greater Cincinnati to rural Ohio. It's become rampant because it offers such a pure high with less risk of arrest or overdose, and many times health care is picking up the cost."

He said that his squad's average arrests lately include one health care worker a week caught dealing in prescription drugs.
Another concerned area is the region surrounding Roanoke in southwestern Virginia. On Wednesday, 100 local, state and federal law enforcement officials met to discuss mounting overdoses, pharmacy break-ins and other problems associated with OxyContin abuse there, Robert Crouch, the United States attorney in Roanoke, said. "The graph is spiking," he said.

Rick Moorer, an investigator with the state medical examiner's office in Roanoke, said that in 1999 there were 16 deaths in southwestern Virginia attributable principally to OxyContin in combination with other drugs or alcohol. There was just one such death in 1997, he said.

Federal data shows that while emergency room visits involving oxycodone remained stable from 1990 to 1996, such visits doubled from 3,190 in 1996 to 6,429 in 1999, the period that corresponds with OxyContin's introduction and marketing. That data indicated that deaths attributed to oxycodone products also grew during that period. Drug company officials insisted, however, that they were not aware of any significant instances of OxyContin abuse until about a year ago when they began hearing the first media reports concerning the drug's abuse.

The new bulletin by the National Drug Intelligence Center warns that the abuse of OxyContin appears for now to be concentrated in Eastern states. But officials said that instances of abuse have surfaced as far west as California.

Chuck Miller, a spokesman for the intelligence center, said, "It's showing up elsewhere." He noted that the bulletin warned authorities that continued abuse of OxyContin was likely. Roy W. Hatfield, the police chief of Harlan, Ky., said: "In the last year, this drug has really shown up around here, pushing out all the old stuff, marijuana, barbiturates. People think it's a legal way to stay high. But now they're discovering how easy it is to get addicted."

Mr. Famularo, the United States attorney here, said his investigation would continue. "We caught 207," he said. "We didn't catch half of them; that's how pervasive this thing is."
Exhibit 6
From: Sackler, Dr Richard
Sent: Thursday, February 01, 2001 11:57 PM
To: (E-mail)
Subject: FW: Unique Valentine gift ideas from

Dear [Name],

Thank you so much for your analysis and support. I agree 100%. But we will have to mobilize the millions that have serious pain and need our product. This we will try to do.

Meanwhile, we have to hammer on the abusers in every way possible. They are the culprits and the problem. They are reckless criminals.

Richard S. Sackler, M.D.
President, Purdue Pharma, L.P.
Laptop 2000 machine
One Stamford Forum
Stamford, CT 06901
Telephone [Redacted] new number
Internet [Redacted]
Intranet http://library.pharma.com/directory/
Located in Connecticut

---Original Message---
From: [Redacted]
Sent: Friday, February 02, 2001 3:27 PM
To: Sackler, Dr Richard
Subject: RE: Unique Valentine gift ideas from

I think that you have already stated the central truth. Nobody is speaking for the patients in pain.

Supporting facts and principles:
1. analgesic efficacy correlates with potential for abuse (an alternative drug would have the same problem) If it is abused, that is because it is so GOOD for legitimate uses;
2. narcotic control measures must not interfere with the appropriate use of drugs;
3. any control scheme which allows appropriate use CAN be circumvented by abusers;
4. Purdue has done nothing to encourage abuse and in fact has taken measures to discourage inappropriate use;
5. decreasing narcotic availability increases patient suffering and other morbidity;
6. any alternate drug with comparable effectiveness will be abused to the same extent (see #1)
7. this is a problem caused by addicts and illegal drug dealers. Why isn't 60 minutes asking those jerks why they want to divert a necessary drug and make it less available to people who need it?
8. the problem is the aberrant behavior of certain individuals. They are the real problem and the real news story.

I hope that this is helpful.

I might not check this mailbox again. I created it to send the promo mail. Please continue to correspond with me.
via [redacted] or [redacted] (same box).
I plan to be in PNH until 8 Feb.

Good luck. Illegitimi Non Carborundum! Don't let the bastards grind you down.

---Original Message---
From: "Sackler, Dr Richard"
Date: Thu, 1 Feb 2001 06:53:01 -0500
Subject: RE: Unique Valentine gift ideas from

> Thanks for the advertisement from [redacted]. I'll study it later today.
> We got a rumor that 60 Minutes is nosing around. How do we deal with
> this?
> This is tough. I am totally outside my element. The damage done to
> patients by the Time article is unknown, but serious, I'm sure. This
> campaign has attracted a lot of attention. No one is speaking for
> the
> patients in pain.
Exhibit 7
Thanks.


Russ

I work on this virtually every day, some with more success than others. You are right about the ultimate solution, and in the meantime when RSS does ask for data – I find it best to just give it to him, but at the same time repeat what i/we feel.

Do ask David to keep copying me on his replies to RSS, since it is those that spur me to get involved directly.

John

From: Gasdia, Russell
Sent: Wednesday, March 07, 2012 1:35 PM
To: Stewart, John H. (US)
Subject: FW: Copy of Butrans Weekly Report 2-24-12-RS.xlsm

John

This is taking a lot of David’s energy, almost every day. I can assure you that Mike and Windell are fully focused on improving these results. It isn’t constructive to spend too much time on this as opposed to expending energy within my department of identifying the problem, developing the solutions and gaining implementation. Anything you can do to reduce the direct contact of Richard into the organization is appreciated. I realize he has a right to know and is highly analytical, but diving into the organization isn’t always productive.

Russ

From: Sackler, Dr Richard
Sent: Wednesday, March 07, 2012 11:39 AM
To: Rosen, David (Marketing)
Cc: Stewart, John H. (US); Gasdia, Russell; Innaurato, Mike; Fisher, Windell; Condon, Donna
Subject: Re: Copy of Butrans Weekly Report 2-24-12-RS.xlsm

This is bad. This will extend the period of plateau by more than one week, but maybe by two or three, even if next week is up.

Please take the notations of 1.5% etc off on the Butrans US Dollar
Share of the Extended Release Opioid Market
(Source: IMS National Sales Perspective; includes branded and generic opioids)

From: "Rosen, David (Marketing)" <David.Rosen@pharma.com>
Date: Tue, 6 Mar 2012 10:38:27 -0500
To: "Richard S. Sackler" <drrichard.sackler@pharma.com>
Cc: John Stewart <John.H.Stewart@pharma.com>, "Gasdia, Russell"
    <Russell.Gasdia@pharma.com>, "Innaurato, Mike" <Mike.Innaurato@pharma.com>,
    "Fisher, Windell" <Windell.Fisher@pharma.com>, "Condon, Donna"
    <Donna.Condon@pharma.com>
Subject: Copy of Butrans Weekly Report 2-24-12-RS.xlsm

HI, Dr. Richard. The attached report contains graphs containing the latest data located at the last 6 spreadsheets in the file. While predictably Rx's were down given the President’s Day holiday, we slightly increased share. I believe next week is poised to be a good week given copay card redemptions.

Thanks,
David
Exhibit 8
Wonderful to hear that we got great board engagement on our work!

Jeanette Park
McKinsey & Company
jeanette_park@mckinsey.com
617.512.8848

By the end of the meeting the findings were crystal clear to everyone and they gave a ringing endorsement of 'moving forward fast'. Arnie (and Laura by phone) were compelling.

Good summary...

Board had not engaged on our work...Dr. Richard had not read memo...right level of dialogue...

Arnie's depth of knowledge on the content and Purdue's organization was clear...and appreciated...

Hi all,

The board mtg today went very well - the room was filled with only family, including the elder statesman Dr. Raymond.

We took them through both memos - some had read it, some had not. We went through exhibit by exhibit for about 2 hrs. They all clearly learned a lot and many asked good questions.

They were extremely supportive of the findings and our recommendations.
In fact in closing, they summarized that they felt really good about all the opportunity we had found and wanted to strongly endorse getting going on our recommendations.

So a very good dialogue and an important milestone of impact.

Really a testament to all of your hard work, you should feel very proud.

Rob, Martin, Laura - pls add on.

Arnab Ghatak
Partner
McKinsey & Company
Office 973 549 6368
Mobile 973 919 9029
Fax 973 549 1368
Exhibit 9
UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re:

PURDUE PHARMA L.P., et al.,

Debtors.¹

Chapter 11

Case. No. 19-23649 (RDD)

(Jointly Administered)

ATTACHMENT TO PROOF OF CLAIM

I. Introduction

Purdue Pharma L.P. and its affiliated debtors (collectively, “Purdue” or “Debtors”) owe United HealthCare Services, Inc. (collectively with its affiliates, subsidiaries, and parents that either administer health plans or offer fully insured health insurance policies) (“United”) a sum of $9,864,972,076 for damages that have been calculated through December 31, 2019 on account of the opioid crisis, together with future damages. The opioid crisis that Debtors unleashed on the United States was the foreseeable result of the fraudulent, multi-year scheme Debtors masterminded to deceive the medical community and patients about the risks and benefits of long-term opioid use.

Debtors’ scheme caused millions of Americans to develop Opioid-Use Disorder (“OUD”). Individuals diagnosed with OUD have significantly higher healthcare costs compared to individuals without OUD. United pays, on behalf of itself and its self-insured customers, healthcare benefits and reimbursements for members diagnosed with OUD, and as such has directly borne the excess healthcare costs associated with

¹ The Debtors in these cases, along with the last four digits of each Debtor’s registration number in the applicable jurisdiction, are as follows: Purdue Pharma L.P. (7484), Purdue Pharma Inc. (7486), Purdue Transdermal Technologies L.P. (1868), Purdue Pharma Manufacturing L.P. (3821), Purdue Pharmaceuticals L.P. (0034), Imbruum Therapeutics L.P. (8810), Adlon Therapeutics L.P. (6745), Greenfield BioVentures L.P. (6150), Seven Seas Hill Corp. (4591), Ophir Green Corp. (4594), Purdue Pharma of Puerto Rico (3925), Avrio Health L.P. (4140), Purdue Pharmaceutical Products L.P. (3902), Purdue Neuroscience Company (4712), Nayatt Cove Lifescience Inc. (7805), Button Land L.P. (7502), Rhodes Associates L.P. (N/A), Paul Land Inc. (7425), Quidnick Land L.P. (7584), Rhodes Pharmaceuticals L.P. (6166), Rhodes Technologies (7143), UDF LP (0495), SVC Pharma LP (5717), and SVC Pharma Inc. (4014). The Debtors’ corporate headquarters is located at One Stamford Forum, 201 Tresser Boulevard, Stamford, CT 06901.
OUD. Based on the analysis undertaken to date, between January 1, 2008 and December 31, 2019, United paid healthcare benefits and reimbursement for hundreds of thousands of members who were diagnosed with OUD after receiving a prescription for an opioid manufactured and marketed by Debtors. The excess healthcare costs United incurred on behalf of these OUD-diagnosed members from 2008-2019 amounted to $9,864,972,076, of which $1,881,205,285 was incurred on behalf of self-funded customers whose plans were administered by United. In addition, United estimates that it will incur an additional $10,444,567,883 in excess healthcare costs due to such OUD-diagnosed members for the time-period 2020-2024, for a total of $20,309,539,959.

Moreover, the Debtors may be jointly and severally liable for United’s damages arising from the actions of not just the Debtors, but all of their co-conspirators in connection with the manufacture and marketing of opioids in the United States from 2008 to the Petition Date. Accordingly, the damages figure United submits in this proof of claim represents a highly conservative estimate of the total damages for which Debtors are (jointly and severally) liable. Based on internal analyses of the number of members diagnosed with OUD covered under United-insured or United-administered health plans, United estimates that the true damages figure for which Debtors are liable is many times greater than the claim United submits herewith.

In support of United’s proof of claim, it states as follows:

II. Factual Background

Purdue Disseminated False and Misleading Statements About Opioids

Beginning in the 1990s, Purdue spent millions of dollars on promotional activities and materials that falsely deny or trivialize the risks of opioid use, while overstating the benefits of using opioids for chronic pain. Specifically, Purdue falsely and misleadingly:

- Overstated the benefits of opioids for chronic pain;
- Downplayed the risks of addiction;

---

2 United is continuing to analyze its data and that which is available from other payors and pharmacy benefit managers to finalize this amount because it is likely that additional United members with an OUD diagnosis may have received prescriptions for Purdue manufactured and marketed opioids prior to the member becoming covered by United. It is United’s intent to include in this claim the excess costs it incurred in connection with all such members, as well as members for which it has not yet been able to analyze the underlying pharmacy data that received a prescription for a Purdue opioid before being diagnosed with OUD. United reserves the right to amend this claim to further liquidate this amount based on completing the analysis of the data of other relevant payors and pharmacy benefit managers.

3 United is continuing to liquidate this amount through the analysis of its own data and that of other payors. United reserves the right to amend this claim to include the liquidated amount of the damages arising from Purdue’s joint and several liability.
Exhibit 10
Well I hope you're right, and under logical circumstances I'd agree with you, but we're living in America. This is the land of the free and the home of the blameless. We will be sued. Read the op-ed stuff in these local papers and ask yourself how long it will take these lawyers to figure out that we might settle with them if they can freeze our assets and threaten us.

We should talk when we're together, but you should rest assured that there is no basis to sue "the family".

Where are you? I'll give you a call.

Jon Sackler

One Stamford Forum | 201 Tresser Boulevard | Stamford, CT 06901

---------------------

From: Sackler, David
Sent: Thursday, May 17, 2007 5:35 PM
To: Sackler, Jonathan; Richard Sackler
Cc: Ives, Stephen A.
Subject: RE: Idea

I removed Alex and Randy from this one because I don’t want them to see this, but what do you think is going on in all of these courtrooms right now? We’re rich? For how long? Until which suits get through to the family? I think Sussman’s advice was just violated in a Virginia court room.

My thought is to lever up where we can, and try to generate some additional income. We may well need it. The thought of leveraging [redacted] or pulling from him to find guys who can generate more money sounds appealing to me as someone of a different generation. A little leverage here and there is a good thing. Even if we have to keep it in cash, it’s better to have the leverage now while we can get it than thinking it will be there for us when we get sued.
Exhibit 11
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating activities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Income (before distributions to claimants)</td>
<td>$ (58)</td>
<td>(62)</td>
<td>(146)</td>
<td>(7)</td>
<td>(259)</td>
<td>82</td>
<td>202</td>
<td>293</td>
</tr>
<tr>
<td>Adjustments to reconcile net income to net cash provided by operating activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>17</td>
<td>16</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Working capital changes</td>
<td>36</td>
<td>6</td>
<td>(72)</td>
<td>(9)</td>
<td>(44)</td>
<td>2</td>
<td>(3)</td>
<td>1</td>
</tr>
<tr>
<td>Shareholder Contributions</td>
<td>-</td>
<td>-</td>
<td>(4,275)</td>
<td>-</td>
<td>(4,275)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Long-term assets and liabilities</td>
<td>13</td>
<td>(3)</td>
<td>(3)</td>
<td>(8)</td>
<td>(1)</td>
<td>3</td>
<td>(1)</td>
<td>(1)</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>(1)</td>
<td>(69)</td>
<td>(4,492)</td>
<td>86</td>
<td>(4,638)</td>
<td>103</td>
<td>208</td>
<td>365</td>
</tr>
<tr>
<td><strong>Investing activities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital expenditures</td>
<td>(2)</td>
<td>(2)</td>
<td>(3)</td>
<td>(3)</td>
<td>(10)</td>
<td>(6)</td>
<td>(6)</td>
<td>(6)</td>
</tr>
<tr>
<td>Proceeds from sale of fixed assets</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Purchase of intangibles</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Purchase of investments</td>
<td>(4)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(4)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Proceeds from sale of investments</td>
<td>-</td>
<td>43</td>
<td>-</td>
<td>43</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Restricted cash, net</td>
<td>43</td>
<td>(9)</td>
<td>(9)</td>
<td>26</td>
<td>67</td>
<td>(19)</td>
<td>(6)</td>
<td>(1)</td>
</tr>
<tr>
<td>Net cash used in investing activities</td>
<td>33</td>
<td>41</td>
<td>(3)</td>
<td>24</td>
<td>97</td>
<td>(7)</td>
<td>9</td>
<td>(7)</td>
</tr>
<tr>
<td><strong>Financing activities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shareholder Contributions</td>
<td>-</td>
<td>-</td>
<td>4,275</td>
<td>-</td>
<td>4,275</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Initial Federal Government Distribution</td>
<td>-</td>
<td>-</td>
<td>(250)</td>
<td>-</td>
<td>(250)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Distributions to TopCo and MDT</td>
<td>-</td>
<td>(363)</td>
<td>(17)</td>
<td>(320)</td>
<td>(86)</td>
<td>(215)</td>
<td>(299)</td>
<td>(40)</td>
</tr>
<tr>
<td>Net cash used in financing activities</td>
<td>-</td>
<td>3,722</td>
<td>(17)</td>
<td>3,705</td>
<td>(96)</td>
<td>(215)</td>
<td>(299)</td>
<td>(40)</td>
</tr>
<tr>
<td>Increase (decrease) in cash and cash equivalents</td>
<td>30</td>
<td>(19)</td>
<td>(772)</td>
<td>-</td>
<td>(761)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Unrestricted Cash at beginning of period</td>
<td>961</td>
<td>991</td>
<td>972</td>
<td>200</td>
<td>961</td>
<td>200</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>Unrestricted Cash at end of period</td>
<td>$ 991</td>
<td>$ 972</td>
<td>$ 200</td>
<td>$ 200</td>
<td>$ 200</td>
<td>$ 200</td>
<td>$ 200</td>
<td>$ 200</td>
</tr>
</tbody>
</table>

4. Claimant Trusts - Cash Schedule ($ in millions)

<table>
<thead>
<tr>
<th>Q3 2021 Forecast</th>
<th>Q4 2021 Forecast</th>
<th>2022 Forecast</th>
<th>2023 Forecast</th>
<th>2024 Forecast</th>
<th>2025 Forecast</th>
<th>Cumulative 2021 - 2025</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Cash Flow</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MDT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shareholder Proceeds</td>
<td>300</td>
<td>-</td>
<td>300</td>
<td>350</td>
<td>350</td>
<td>350</td>
</tr>
<tr>
<td>Cash Flow from Debtors/NewCo</td>
<td>68</td>
<td>3</td>
<td>71</td>
<td>-</td>
<td>34</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Cash Flows</strong></td>
<td>368</td>
<td>3</td>
<td>371</td>
<td>350</td>
<td>350</td>
<td>384</td>
</tr>
<tr>
<td><strong>MDT Expenses</strong></td>
<td>-</td>
<td>(7)</td>
<td>(7)</td>
<td>(25)</td>
<td>(12)</td>
<td>(12)</td>
</tr>
<tr>
<td><strong>Private Settlements</strong></td>
<td>(339)</td>
<td>-</td>
<td>(339)</td>
<td>(180)</td>
<td>(201)</td>
<td>(367)</td>
</tr>
<tr>
<td><strong>MDT Federal Government Claim</strong></td>
<td>(339)</td>
<td>(7)</td>
<td>(346)</td>
<td>(215)</td>
<td>(223)</td>
<td>(384)</td>
</tr>
<tr>
<td><strong>Net Increase / (Decrease) in Cash</strong></td>
<td>30</td>
<td>(4)</td>
<td>25</td>
<td>135</td>
<td>127</td>
<td>-</td>
</tr>
<tr>
<td><strong>Opening MDT Cash Balance</strong></td>
<td>$ -</td>
<td>$ 30</td>
<td>-</td>
<td>$ 25</td>
<td>$ 12</td>
<td>$ 12</td>
</tr>
<tr>
<td><strong>Net Increase / (Decrease) in Cash</strong></td>
<td>30</td>
<td>(4)</td>
<td>25</td>
<td>135</td>
<td>127</td>
<td>-</td>
</tr>
<tr>
<td><strong>NOAT Distribution</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(148)</td>
<td>(127)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Ending MDT Cash Balance</strong></td>
<td>$ 30</td>
<td>$ 25</td>
<td>$ 25</td>
<td>$ 12</td>
<td>$ 12</td>
<td>$ 12</td>
</tr>
<tr>
<td><strong>TopCo</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash Flow from Debtors/NewCo</td>
<td>271</td>
<td>(14)</td>
<td>285</td>
<td>96</td>
<td>215</td>
<td>265</td>
</tr>
<tr>
<td><strong>Total Cash Flows</strong></td>
<td>271</td>
<td>14</td>
<td>285</td>
<td>96</td>
<td>215</td>
<td>265</td>
</tr>
<tr>
<td><strong>TopCo Expenses</strong></td>
<td>-</td>
<td>(2)</td>
<td>(2)</td>
<td>(7)</td>
<td>(7)</td>
<td>(7)</td>
</tr>
<tr>
<td><strong>Tribe Settlement Distribution</strong></td>
<td>(50)</td>
<td>-</td>
<td>(50)</td>
<td>-</td>
<td>(3)</td>
<td>(6)</td>
</tr>
<tr>
<td><strong>Total Cash Outflows</strong></td>
<td>(50)</td>
<td>(2)</td>
<td>(52)</td>
<td>(7)</td>
<td>(10)</td>
<td>(11)</td>
</tr>
<tr>
<td><strong>Net Increase / (Decrease) in Cash</strong></td>
<td>221</td>
<td>13</td>
<td>233</td>
<td>89</td>
<td>208</td>
<td>255</td>
</tr>
<tr>
<td><strong>Opening TopCo Cash Balance</strong></td>
<td>$ -</td>
<td>$ 7</td>
<td>$ 7</td>
<td>$ 7</td>
<td>$ 7</td>
<td>$ 7</td>
</tr>
<tr>
<td><strong>Net Increase / (Decrease) in Cash</strong></td>
<td>221</td>
<td>13</td>
<td>233</td>
<td>89</td>
<td>208</td>
<td>255</td>
</tr>
<tr>
<td><strong>NOAT Distribution</strong></td>
<td>(214)</td>
<td>(13)</td>
<td>(226)</td>
<td>(89)</td>
<td>(208)</td>
<td>(255)</td>
</tr>
<tr>
<td><strong>Ending TopCo Cash Balance</strong></td>
<td>$ -</td>
<td>$ 7</td>
<td>$ 7</td>
<td>$ 7</td>
<td>$ 7</td>
<td>$ 7</td>
</tr>
<tr>
<td><strong>Total NOAT Distribution</strong></td>
<td>$ (214)</td>
<td>$ (13)</td>
<td>$ (226)</td>
<td>$ (255)</td>
<td>$ (255)</td>
<td>$ (215)</td>
</tr>
</tbody>
</table>

1. The cash sweep of $339mm in Q3 2021 includes $36mm paid out in the $75mm “Reserve for Trust Admin’/Ops. And Other Costs” amount reflected on the consolidated P&L in Q3 2021.

2. For the avoidance of doubt, the NOAT distributions exclude any potential professional fees that may need to ultimately be paid out of these distributions.
Exhibit 12
Assumes Sackler wealth on January 1, 2021 was $11 billion, per House Oversight Committee documents released on April 20, 2021, and Sackler payments per Purdue Disclosure Statement, filed June 3, 2021, at 153-154, assuming December 15, 2021 Effective Date. Assumes Sackler wealth grows at an annualized rate of 8%.
Assumes Sackler wealth on January 1, 2021 was $11 billion, per House Oversight Committee documents released on April 20, 2021, and Sackler payments per Purdue Disclosure Statement, filed June 3, 2021, at 153-154, assuming December 15, 2021 Effective Date. Assumes Sackler wealth grows at an annualized rate of 7%.
Assumes Sackler wealth on January 1, 2021 was $11 billion, per House Oversight Committee documents released on April 20, 2021, and Sackler payments per Purdue Disclosure Statement, filed June 3, 2021, at 153-154, assuming December 15, 2021 Effective Date. Assumes Sackler wealth grows at an annualized rate of 6%.
Assumes Sackler wealth on January 1, 2021 was $11 billion, per House Oversight Committee documents released on April 20, 2021, and Sackler payments per Purdue Disclosure Statement, filed June 3, 2021, at 153-154, assuming December 15, 2021 Effective Date. Assumes Sackler wealth grows at an annualized rate of 5%.
Exhibit 13
## Depositions in Purdue Bankruptcy

<table>
<thead>
<tr>
<th>Witness</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Sackler</td>
<td>Aug. 28, 2020</td>
</tr>
<tr>
<td>Marianna Sackler</td>
<td>Sept. 2, 2020</td>
</tr>
<tr>
<td>Ilene Sackler Lefcourt</td>
<td>Sept. 18, 2020</td>
</tr>
<tr>
<td>Stephen Ives</td>
<td>Sept. 22, 2020</td>
</tr>
<tr>
<td>Theresa Sackler</td>
<td>Sept. 23-24, 2020</td>
</tr>
<tr>
<td>John Stewart</td>
<td>Oct. 27, 2020</td>
</tr>
<tr>
<td>Mark Timney</td>
<td>Oct. 30, 2020</td>
</tr>
<tr>
<td>Cecil Pickett</td>
<td>Oct. 30, 2020</td>
</tr>
<tr>
<td>Stuart Baker</td>
<td>Nov. 4, 2020</td>
</tr>
<tr>
<td>Kathe Sackler</td>
<td>Nov. 5, 2020</td>
</tr>
<tr>
<td>Mortimer Sackler</td>
<td>Nov. 10, 2020</td>
</tr>
<tr>
<td>Peter Boer</td>
<td>Nov. 16, 2020</td>
</tr>
<tr>
<td>Richard Sackler</td>
<td>Nov. 19-20, 2020</td>
</tr>
<tr>
<td>Robin Abrams</td>
<td>Nov. 20, 2020</td>
</tr>
<tr>
<td>Jonathan White</td>
<td>Nov. 24, 2020</td>
</tr>
<tr>
<td>Craig Landau</td>
<td>Nov. 24, 2020</td>
</tr>
</tbody>
</table>