IN THE DISTRICT COURT OF CLEVELAND COUNTY
STATE OF OKLAHOMA

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

Plaintiff,

vs.

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

Defendants.

For Judge Balkman's Consideration

STATE OF OKLAHOMA } S.S.
CLEVELAND COUNTY }
FILED

MAR 15 2019

In the office of the
Court Clerk MARILYN WILLIAMS

Case No. CJ-2017-816
Honorable Thad Balkman

William C. Hetherington
Special Discovery Master

TEVA DEFENDANTS' MOTION TO COMPEL CORPORATE WITNESS TESTIMONY ON TOPICS 6, 7, 9 AND 36

IN THE DISTRICT COURT FOR CLEVELAND COUNTY

STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex. rel., MIKE HUNTER, ATTORNEY GENERAL OF OKLAHOMA, Plaintiff, -vs- PURDUE PHARMA, L.P., et al., Defendants.	No. CJ-2017-816

DEPOSITION OF JASON W. BEAMAN, D.O.

TAKEN ON BEHALF OF THE DEFENDANTS

ON MARCH 14, 2019

IN OKLAHOMA CITY, OKLAHOMA

EXHIBIT E

REPORTED BY: KIMI GEORGE, CSR

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VIDEOGRAPHER:

MR. LARRY NARVAEZ

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Deposition of the witness, JASON W. BEAMAN, D.O., taken in the offices of Whitten Burrage Law Firm, 512 North Broadway, Suite 300, Oklahoma City, Oklahoma, on Thursday, March 14, 2019, at 9:33 a.m., pursuant to the stipulations hereinafter set out.

S T I P U L A T I O N S

It is hereby stipulated by and between the parties hereto, through their respective attorneys, that the deposition of JASON W. BEAMAN, D.O., may be taken on behalf of the Defendants by Kimi George, Certified Shorthand Reporter within and for the state of Oklahoma, pursuant to Notice and Subpoena Duces Tecum.

It is further stipulated and agreed by and between the parties hereto, through their respective attorneys, that all objections, except as to form of the questions or the responsiveness of the answer, shall be waived until the time of trial, at which time they may be made with the same force and effect as if made at the time of the taking of the deposition.

THE VIDEOGRAPHER: We are on the record. The time is 9:33 a.m. Today's date is March 14, 2019. We are here to videotape the deposition of Dr. Jason Beaman in the case styled State of Oklahoma ex rel. Mike Hunter, Attorney General of Oklahoma, Plaintiff versus Purdue Pharma L.P., et al, Defendants filed in the District Court of Cleveland County, State of Oklahoma. We are at the law offices of Whitten Burrage in downtown Oklahoma City.

Will counsel please introduce themselves for the record?

MR. ANGELOVICH: Jeff Angelovich with Nix Patterson for the state and the witness.

MS. PATTERSON: Nancy Patterson with Morgan Lewis for the Teva defendants.

MS. PODREZA: Monica Podreza with Morgan Lewis for the Teva defendants.

MR. ERCOLE: Brian Ercole with Morgan Lewis for the Teva defendants.

MS. FISCHER: Amy Sherry Fischer for the Janssen defendants.

MR. COATS: Sandy Coats, Crowe & Dunlevy, for the Purdue defendants.

MS. PATTERSON: And I'll just state Special Master William Hetherington is here today. He's not

in the room at the moment, but will presumably be showing up at some point this morning. I think he's on another call.

Witness sworn

BY MS. PATTERSON:

Q. Good morning, Dr. Beaman. How are you?

A. I'm good, thank you.

Q. My name's Nancy Patterson. I introduced

myself to you just before -- a little bit earlier this morning. As I just indicated, I'm one of the attorneys representing the Teva defendants in connection with this lawsuit that has been filed by the State of Oklahoma. Do you understand that?

A. I do.

Q. Okay. And we'll get into a little bit more detail here shortly about the specific defendant companies that I represent. You understand understand from the introductions you just heard that there are representatives and lawyers representing the other defendants in this case who are also present today.

A. Correct.

Q. All right. And my understanding is that you're being presented here today as a corporate representative on behalf of the State of Oklahoma in

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connection on with a laws bit the attorney [SKWR-EPLD] by [*-R] against [STPA-RPLT]s company. Is that correct?

A. That is correct.

Q. Elevate. Have you ever had your deposition taken before?

A. My deposition related to a certain indication or have I ever been been deposed before.
Q. Have you ever been been deposed before?
A. I have.
Q. How many times?
A. One time.
Q. And when was that?
A. Approximately 18 months ago.
Q. And what case or what -- that was not in connection with this case was it?
A. It was not.
Q. Okay. What was the case that you were deposed about in connection with?
A. I can't remember the formal case name, but it was related to a medical malpractice lawsuit filed against Mercy health systems.
Q. Were you a fact witness in that case?
A. I was an expert witness.
Q. All right. And where was that case pending?

A. It would have been out of Ardmore, Oklahoma.
Q. In state court?
A. Yes, ma'am. I believe so.

Q. All right. And were you retained as an expert for the plaintiff in this case?

A. I was retained by the defendant's lawyer.

Q. Which was the hospital?

A. Yes.

Q. Okay. Did that case have anything to do with the use or prescription of opioid medication?

A. It did. My role in that case was not related to the use of opioids.

Q. Okay. What was the issue related to the use of opioids in that case, if you know?

A. It's my understanding that the patient died because of an opioid overdose.

Q. Do you recall the name of that case, the name of the plaintiff in that case?

A. If you will give me just a second, I can probably recollect it.

Q. Okay.

A. No, I can't.

Q. Okay.

A. But I'd be happy to provide that to you.

Q. I appreciate that and if you remember at some point today on a break or otherwise?

A. Zero can.
Q. That's fine. Did that case go to trial?
A. It did not.
Q. All right. So do you know the outcome of the case was of it a settled as far as you know?
A. Yeah, I was told that it was [S-ELGS]ed.
Q. All right. And you said you believe -- your understanding was that the patient who was the plaintiff in that case died from an opioid overdose. I don't want to get into details about your expert testimony, but what was the nature of your expert testimony, what topic or topics were you testifying?
A. Damages.
Q. Okay. Can you be more specific?
A. Well, I believe that the defendants wanted to have a psychiatry assessment of the patient's earning capacity and I was retained to provide that.
Q. Got it. Okay. And did you prepare a report or disclosure in that case?
A. I don't believe I.
Q. Okay.
A. Prepare any written documentation.
Q. Okay. All right. Well, at least you've been through this process once. So you have a little

bit of an idea of what we're going to try to do here but let me just get some ground rules with you so and I be on the I am say payment [HO-FPL] Amy. You understand that you've taken a truth to tell the truth today just as [TP-ERP] before the judge anticipate jury this case?

A. Right.

Q. And [TPH-UD] do you understand that the testimony you're providing todaying can present to judge and jury at some time as this case proceeds to trial?

A. I do.

Q. And you also understand that the testimony you're providing today can can presented to the judge in connection with any motions or the papers that the parties may choose the file with the court prior to the hearing -- prior to to the trial in the case?

A. I do.

Q. So you understand it's very important that you provide full, complete and accurate testimony today on behalf of the State of Oklahoma.

A. I do.

23 Q. Can all right. If at anytime I ask you a
24 question, Doctor, that you do not understand I'd ask
25 you to please ask me to repeat or clarify it for and

1 I'll certainly be happy to so. Will you do that?
2 A. Yes.
3 Q. If you answer one of my questions without
4 asking me to clarify fire it or explain it to you,
5 may I fairly assume that you understood the question?
6 A. Yes.
7 Q. All right. Is there any kind of illness
8 that you're suffering from today that would prevent
9 you from fulfilling your role as corporation [RA-LT]
10 help active in testifying fully anticipate behalf
11 [-FL] the state?
12 A. No, ma'am.
13 Q. Are you taking any sort of medications today
14 that would any way prepare your ability to testify
15 fully anticipate truthful ol' Ben [HA-E] [T-FL] state
16 today. No, ma'am?
17 Q. Can you think of any reason why she- we should
18 not proceed with are your deposition on bed [THA-FL]
19 the state today?
20 A. No.

Q. We will take breaks throughout tote Ed if at anytime you need a break just let me know it's not an endurance con [T-EFPT] [-RPL] okay?
Q. But I will ask you if I have a question [P-EPBD] or series of questions [P-EPD] I may try to wrap

those up before with we take the break I'm not trying too hold you to make you uncome [-RPL]?
A. Understood.
Q. All right. When were you asked to testify as a corporate represent he active for the state in connection with the topics we're here about today?
A. I believe probably approximately two to three weeks ago.
Q. Okay. And who asked you or who -- who communicated with you about acting as a corporate representative?
A. The lawyers retained in the case, specifically, ill it was Drew [PA-EUT].
Q. All right. Are you being compensated by the State of Oklahoma for your work -- preparation for this deposition as a corporate deposition or for your testimony here today?

A. [STKPWHR-EUPL] and how are you being comp said by the statement by the hour .

Q. And what I was your hourly rate.

A. I believe in this case it is $250 an hour.

Q. And do you keep time records of the time that you spent preparing for this deposition?

A. Yes.

Q. Okay. How much time have you spent since

you were contacted two or three weeks ago about testifying as a corporate representative to prepare for your deposition today?

A. I don't have an exact number, but I would pros mate it to be in the probably 15-hour range? 15.

A. Yes, ma'am.

Q. And when did you begin preparing?

A. Shortly after I was asked to be the representative, two to three weeks ago.

Q. All right. Can you tell me what you did to prepare for your deposition as the corporate representative?

A. I reviewed several documents which are located within the notebooks that we've provided to

you, and then discussed those topics and documents at length with the attorneys.

Q. Okay. So let me go ahead and just mark for the record -- I'm going -- I think Mr. [TKPW-EL] [SR-EUFP] so Ed I could mark his copy. [SKR-EF] Jeff and you'll get it right back?

Q. What I'm going to do is I'm going to mark the first notebook as Exhibit 1 and this is the notebook has the label on it [TAO*-E] topics 5, 6, 7, 9 and 36. Thank you, Dr. And thens second note can boo is

the larger of the two has a cover says [TAO-EF] topics 11 and 12 and I'll mark that as Exhibit 2. If I understood your testimony a moment ago, the documents contained in exhibits 1 and 2 or documents you reviewed in order to prepare yourself for corporate representative testimony he can correctments they are some of the documents reviewed. I can't say whether or not they represent the documents no totality?

Q. Okay. Are there any other documents that you reviewed in order to prepare yourself for your deposition testimony today that you can remember that

are not contained in Exhibits 1 and 2?

A. I imagine that there are but I can't I couldn't tell you which specific documents they are.

Q. I'm and ask you curb any other documents that you identified for me other than what's contained in tease these two notebooks?

A. I will say not at this time but if I do remember I will let you know.

Q. And norms of the documents contained in Exhibits 1 and 2 are they documents that you gathered to help you -- help yourself prepare for the topics here today?

A. They are documents that I told the attorneys

that I would find help. But they were gathered and [KHRA-EUTD] by the legal team.

Q. By the attorneys by the state?

A. Yes.

Q. Are there any documents that you told the attorneys you would find helpful that you were not provided?

A. No.

Q. All right. Are there any documents that you were provided by the attorneys for the legal team

that are not contained in these two notebooks?
A. Specifically related this deposition?
Q. To -- to this deposition which pertains to a you be in of topics that we're going to go over?
A. And just to clarify you're asking if there were documents provided to me that I can remember that are not in the notebook?
Q. Yes, sir.
A. Not that I know of.
Q. Okay. And -- and again, just to make clear, other than asking the attorneys for the state to provide you certain documents, did you on your own go look for any documents or request any documents from anyone other than the state -- the State of Oklahoma's attorneys?

A. No, ma'am.
Q. Okay. Other than reviewing the documents that you brought with you today and perhaps some other ones and he meeting with the state's attorneys, did you meet with or communicate with anyone else in order to prepare yourself to testify on the topics we're here about today?

A. No.
Q. Okay. For example, as you know, I believe you know this lawsuit has been filed by the attorney general for the State of Oklahoma. Do you understand that?
A. Yes.
Q. Have you had any communications with him about the facts supporting any of the claims in this case?
A. Well, I've had numerous [KW-EGS]s with numerous individuals including the attorney general about numerous topics that are related to this lawsuit [-RS] but as I understood your question specifically in preparation for this deposition today, since being notified two to three weeks ago, did I go back and rehave conversations with the attorney general, no.
Q. Okay. Well, let's do it this way. Let me

go ahead and mark as Exhibit No. 3.
MS. PATTERSON: Sorry. I'll try to do a better job.
MR. ANGELOVICH: It's a wide table.
MS. PATTERSON:

Q. Dr. Me man, I've marked as Exhibit No. 3 a copy of the deposition notice that we provided to the lawyers for the State of Oklahoma noticing the topics for today's deposition. Have you ever seen that document before?

A. I have.

Q. Okay. Well, when did you first see that document?

A. I believe -- I can't be positive, but I think it was probably approximately two weeks ago.

Q. Okay. And as you'll notice on this document if you go to page 7, the last page, there's an Exhibit A which lists six separate topics which you are being designated to testify on today. Do you understand that?

A. Yes.

Q. And you understand because you're being designated as corporate representative the testimony you're providing today will biopsied the State of Oklahoma in connection with this case as to these

topicsments yes?

Q. All right. Do you believe you are the person for

the State of Oklahoma who is most knowledgeable on each of the six topics outlined if Exhibit No. 3?

A. I certainly feel like I am as knowledgeable as anybody else, but I would ask you to quantify most knowledgeable, how can I compare that? You know, I can't say for certain.

Q. Okay. Have you done anything to determine whether or not there might be someone who's more knowledgeable within the State of Oklahoma's agencies or representatives who might be more knowledgeable on these particular topics?

A. Well, I think I work closely with all of those individuals. I think it's well recognized that I am as knowledgeable as -- as anyone else in these topics.

Q. Okay. And you said all of those individuals. What individuals did you have in mind?

A. The same individuals that you would have been asking for this the various state agencies that I might talk. Have I talked to every person at everybody state agency? No, but the people who work in the area regarding addiction and mental illness, public health, the people that I [SPWR-EBGT] with on

a, basis, and at the other individuals that are involved in the lawsuit, in discussion with them and with the attorneys, I think that I'm definitely as knowledge as they are in these topics.

Q. Okay. So you mentioned the other individuals at various state agencies and we are going to talk a little bit later today about various state agency like the health care authority and the EGID and some other agencies like that, I'd like to get a sense of the folks within those other agencies that you've talked to from whom you have been become informed about these, I. All right. So who are those individuals you had in mind when you just referred to them?

A. So you're asking what individuals at Allstate agencies that I've talked about the opioid problem in Oklahoma ever?

Q. Yeah.

A. I think that's overly broad. I'd be happy to answer specific individuals but certainly I can't recall every one I've [*-FR] talked to okay.

Q. Okay. you said there were some -- I think you understand you to say there were some that you [SPWR-BG] with regularly on these issues?

25 A. Uh-huh.

1 Q. Correct?
2 A. Uh-huh.
3 Q. I assume that's a smaller group?
4 A. Possibly. I don't -- I don't want to leave
5 somebody out.
6 Q. Sure.
7 A. And would not want to say my answer would be
8 all inclusive.
9 Q. I understand?
10 A. But again if there are certain [SO-EULTDZ]
11 [SW-UD] lying to a speak he sorry certain agency I
12 can you can I'd like to narrow it do [STKPWHR-UPB]
13 why don't we Oklahoma [H-BGS] authority.
14 A. Uh-huh from are there individuals there that you
15 typically work in connection with opioid.
16 A. I have intermittent contact and discussions with
17 Dr. Mike Herndon.
18 Q. Is there anyone else at the Oklahoma Health
19 Care Authority that you have what you would consider
20 to be regular contact or discussions with regarding
21 these topics?

A. No, ma'am.
Q. Are you familiar with the EGID?
A. EGID?
Q. Uh-huh.

A. No, ma'am.
Q. The agency at the state that provides insurance for employees of the state, teach he is, things of that nature, do you work with anyone at that agency?
A. No, ma'am.
Q. Okay. What other -- we talked about Oklahoma Health Care Authority are there any other agency with the State of Oklahoma with whom you do interact on issues regarding opioid use?
A. Yes.
Q. Whatter the other agency?
A. Oklahoma attorney's general office.
Q. Okay.
A. Oklahoma Department of Mental Health and substance abuse services.
Q. Uh-huh.
A. I work with numerous educational institutions, including my employer, OSU center for

health sciences. I have presented to the Oklahoma workmans compensation. I don't know if they're a -- a committeeen, an tad me but to that group on opioids. That's -- that's who comes to mind.

Q. Okay.

A. Off the top. Again if you have specific

agencies I can confirm or deny.

Q. I'm happy to have you tell me the ones that you remember. The [O*-ERBG] department of [H-EPBT]al health and substance abuse, who have you interactioned with on a regular basis with regard to opioids?

A. Those are numb [KWR-US] individuals. A. Terry White. [KPH-EURB] which is Terry [SHRA-T] and Hodges. Jessica hock innings, Teresa courtroom, mark Reynolds, Kim Cain. Ray seize arrest, and I -- I know I'm leaving.

Q. Sure?

A. A hand [-FL] of people out but those are the ones I can readily remember.

Q. Okay of it and when did you first learn that the attorney general had initiated this lawsuit?

A. I believe the first time I learned he had initiated it would have been probably one to two months prior to the actual complaint.

Q. Okay. Were you involved in reviewing the complaint before it was filed?

A. No, ma'am.

Q. Have you ever seen the complaint?

A. Yes.

Q. Okay. Do you recall when you first saw the

complaint?

A. No. I think it would have been shortly after it was filed, but not the exact date.

Q. Okay. Other than your discussions which you've sortly generally described to me that you've had with various representatives of the State of Oklahoma over the recent past, what other qualifications do you believe you have to testify as a corporate representative on behalf of the state with regard to the topics in the deposit notice?

A. So I think I have the educational expertise in being a physician practicing in the State of Oklahoma. I have specialty training in the area including being board certified in four specialty and

sub-specialty areas including family medicine, addiction medicine, psychiatry and forensic psychiatry. On touch that, I have a masters in pharmacology with an emphasis in [KPR-EPBS] I can sciences which provides a [PWHR-EULT] more training in the area of drug analysis, forensic toxicology and -- and what not. Certainly would not propose to you that I'm a [TPR-EPS] I can toxicologist, but I do have extra knowledge [KPRA-EURD] to a regular physician in that area and then [TPA-EUPBL]ly.

Q. Go ahead. Keep going going.

A. I have a master in public [R*-ELT] John's hop kicks University a in my education through there, my kind of [TK-EURS] [TA-EUGS] type projects which are referred to as cap stone projects was in the realm of addiction in public health. So that's one qualification. The other qualification is my practitioner as a public health person in the State of Oklahoma. I am chair of an academic clinical department at one of the larger medical schools in the state as such I feel it's my responsibility to implement pickup [H*-EGS] practices to solve public

health [KHA-L] [-EPLGS] [-PGS] and crisis in State of Oklahoma and in that I would definitely would consider the opioid epidemic one of the top priorities. Autos such which eyesen about this that role in over the last foreyours I have been engaged widespread activities rod willing the opioids epidemic. Final I am an addiction medicine physician who, not regularly but somewhat regularly treats and sees patients including those addicted with opioids in the State of Oklahoma.

Q. I assume you treat and see patients addicted to other substances in a are non-opioids, correct?

A. That is correct.

Q. All right. Is there anything else you want

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to add to your list of -- summary of [KPWA-EFL] [T-EU] indication is [-FLGTS] I would say that is broad?

Q. Sure.

A. This certainly there a lot of other activities that are I'm involved I those are the broad [KW-EFL] as most [-PBL] [-BL] of it not the most knowledgeable but as knowledgeable as anybody else.

Q. Okay. You'll notice in the deposits notice that I just provided you, there is a term that is referenced in some of the topics for example, topic 12, topic 11, the term is relevant time period. Do you see that?

A. I do.

Q. And I noticed in a couple of -- or at least in one of the documents you prepared and brought today you also you'd that term relevant time period.

A. That is correct.

Q. What do you understand the relevant time period to be as that term has been did he tightend in the case? He have [SKWR] Jeff hold I'm going to object to that in the defendants nevere- did [TPAO-EPD] when they accept the notice believe so we were just copying the you know defined term that was

you'd in the notice. Would that -- that's all that said and done?

Q. I'm not trying to be tricky with you, Doctor, I'm just trying to find out what your understanding was. I'm going to show you a document that's been part of this case and I really just want to get an

understanding with you about what we're talking about so we're talking about the same thing as we go through this today. I'm going to hand you what I've masked as Exhibit No. 4. And I'll just represent to you, Doctor, this is a -- this is an order of the special discovery master on the state's first Motion to Compel and this order as you can see from the [STA-FRPL] on the front payment was filed on April the 4th, 2018. And it was an order issued by the special master, William health ring ton and if you just look over at the top of page 2, paragraph 3, you'll see it says the likely relevant period for discovery in the case was found to be May 1, 1996 to present with Teva mattering time period beginning in 1999. Do you see that?

A. I do.

Q. The relevant time period thatly tell you, Teva has understood that term has been did he find as I believe it's been did he typed find as the state in

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a you be in of [O-PLTS] the [TA-S] wellment is May 1, 199 present as are you comfortable relevant time as we the talk through things today?

A. Why he? And there are certainly going to be

situation as I talk with you about some of the things I want to go over where I may ask you about different periods of time [-EP] and if I do I'll let you what you know the different pedestrian of time is, okay, fair.

A. Fair.

Q. You can put that aside.

A. (Witness complies.)

Q. Another thing I wanted to ask you, the State produced about 75 gig bites of data and documents to the defaults just last night starting at about like eight or nine o'clock last evening. Have you had an opportunity to review any of that material that was just produced to us?

A. Well, I -- all's I know 75 gig bites. So if you want to ask me about specific information I'd be happy to say whether or not I've reviewed it, but I don't know what they sent you.

Q. Neither do I since we got it last night at about seven or eight o'clock and we haven't had a chance to ability to download all of it yet since

it's large volume of data and information I guess

what I'm asking were you aware [TPH-PL] I just told you that they had produced a large amount of material last evening?

A. No.

Q. Okay. So, I -- because I don't know what it is yet I can't ask you about it I just [WO-BD] [A-ERD] the reason I was asking find out what you knew it might be and it sounds like you don't.

A. I don't.

Q. Okay. Thank you. In order to prepare for your deposition testimony today as a corporate representative, have you reviewed any of the depositions that have been taken in the case?

A. I reviewed portions of Dr. Kolodny's deposition and possibly Dr. Gibson's deposition.

Q. Okay. Just portions of those two depositions?

A. Yes.

Q. Portions pertaining to what subjects?

A. To the subjects that are noted in Exhibit 3.

Q. Okay.

A. With the specified topic areas that you referenced earlier.

Q. Okay. And when did -- I know Dr. Gibson was

just deposed earlier this week so when did you have an opportunity to review his deposition?

A. So that's why I'm not sure if I reviewed his deposition or if I heard it referenced.

Q. Fair enough and I'm not asking you about conversations conversations you had the with state I want to be clear about that. But you do believe you actually [SRAO-ED] [SH] of the Kolodny's deposition that he provided as corporate representative on some of the other topics?

A. That is correct.

Q. Okay. And those are the only depositions that you've reviewed in order to prepare for corporate representative testimony?

A. Yes.

Q. Have you reviewed and I know you're -- let me just make clear I understand that you have also been retained if disdesignated asen a expert witness on behalf the state, correct?

A. Correct.

Q. And in -- in -- so I'm thought asking about your capacity as expert witness but in your capacity as a corporate rep on these topics and in preparation

for this deposition, did you review the expert disclosures of any of the other experts that have

been designated by [STA*-EULT]?

A. Yes.

Q. Okay. Yes. Which other expert disclosures did you review to prepare for this deposition?

A. I would have reviewed Dr. Kolodny's expert dis[TKO-RB] [KHRO-UR]. Dr. Gibson's expert disclosure, certainly by own disclosure. Dr. Room's disclosure, and the others that are listed in the binder that you noted earlier, but Dr. Crock, Mr. [R-EPBZ] see stone, commissioner White, Jessica Hawkins.

Q. And I apologize, Doctor, I have not had an opportunity to read that particular summary yet I wouldn't have discussed if I I'd non-I I was focus on the summary in other binder when we took the break.

A. And some of those I review portions of, and some of them I reviewed in their entirety. I can't remember which ones would be which.

Q. Okay.

A. Because some of those disclosures are quite

lengthy and not related to my role as corporate representative.

Q. Understood of it zero so let me just go he back and want to make sure I'm referring for the record in the notebook which we marked as Exhibit No.

1 --

A. Uh-huh.

Q. -- which relates to topics 5, 6, 7, 9 and 36. At the front of that notebook there is a two-and-a-half page typed document that -- that recites those particular topics and then provides a written answer, correct?

A. Correct.

Q. And that's what you were referring to when you were reading to me the list of the expert witness is in kiss date of birth [-URGS] you re[SRAO-EUD] in preparation are for today?

A. Right reviewed this at some [O-RT] [STPW] and to the tent you were provided pourings for your expert digs [KHRO-RB] [-URGSZ] who provided those to you.

A. I believe I've been provided all of the disclosures in their entirety, but what I reviewed

was only a portion if that makes sense.
Q. It does but let me ask -- I think I'm asking a slightly different question. Did you make the determination of what portions of those disclosures you felt you needed to can lieu at to prepare for today?
A. Well, in some part, but then I will readily

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admit that the lawyers did provide portions of those disclosures that they believed would be more relevant.
Q. Okay. Anticipate is the same true tore the portions of Dr. [TO*-L]'s deposition that you believe you reviewed were those portion of his deposition provided by lawyers from the state?
A. Yes.
Q. Okay. And just while we're on it, the second document or the second notebook I should say which you brought today which per tapes to topics 11 and 12, also has a document, a typed document at the front of it, which is about 3 and a half pages long regarding topics 11 and 12. Is that right?
A. That is correct.

Q. Okay. Now, did you prepare that document?
A. I prepared this in collaboration with the attorneys.
Q. Okay of it what do you mean when you say in collaboration with the attorneys?
A. Well, certainly, so the topics were provided to me, I provided them with my understanding of how those topics should be answered, and that would have been kind of discussed further, and as we clarified this down, it would -- was refined into a written

document. It was actually typed by the legal team, but certainly I would say the information in here is based on my discussions with the legal team.
Q. You about you didn't draft it, did you?
A. I did not draft it.
Q. Okay. And the same would be true for the two-and-a-half-page document at the front of the notebook we marked as Exhibit No. 1?
A. That is correct.
Q. Okay. But you are comfortable with and I guess a better way to say it, you would adopt as the corporate representative for the state the information that has been provided in these two

documents at the front of each of these two notebooks as being accurate and correct?

A. That is correct.

Q. And the views of the State of Oklahoma?

A. Yes.

Q. Okay. I believe -- we're going to come back to these notebooks?

A. Okay.

Q. I'm sure many times today, but we can put those aside for just a moment. You have already given us an overview of some of your educational background which I appreciate. I do want to go ahead

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and mark your expert disclosure in this case because you said you reviewed that in connection with your preparation for today, correct?

A. That is correct.

Q. Already [-PT] so I'll mark that as Exhibit No. 5, Dr. Beaman and Jeff I don't mean to be throwing them at you. [KWR-EF] Jeff that's all right. Pat president there you go.

MS. PATTERSON:

Q. And in fact of Exhibit No. 5 I believe is

your CV, correct?

A. That is correct.

Q. All right. Does that accurately summarize the highlights of your educational background?

A. Yes, I believe it does.

Q. Okay of and does that accurately summarize the highlights of your employment history?

A. Yes, I believe it does.

Q. And I don't want to spend a lot of time on this. Other than to ask I guess when was this particular CV prepared? What I'm really to find out when was it most recently updated?

A. I think the easiest way to know that would be go to the presentations, because those are updated more recently sought looks can he it would have been

sometime after November.

Q. Okay.

A. Of 2018.

Q. Have you done any presentations since November 18 that are not on herements yes?

Q. , yes?

Q. Have any of those had anything to do with opioids?

A. Yes.
Q. Can you tell me what those are?
A. It would be volume [PH-US], I can try to recall some.
Q. Okay.
A. Okay. So it's -- it's hard for me to know which ones were in November or December. I don't want to repeat some.
Q. Let's do this. I don't want to make you try to remember all of those. Are you telling me that you have provided more than one presentation since November on the opioid issue?
A. Yes.
Q. Okay [-FL] anticipate have all those been focused on the opioid, what you refer to as the opioid epidemic in the State of Oklahoma?
A. I would say I've provided lots of

presentations not just opioids and lots on addiction not just opioids, and there is is a -- you know, lots of times I talk about specifics of the epidemic but there are [KPO-EPTS] I talk about medication assisted treatment I know I've provided at least three courses

on medication-assisted treatment since November. I talk about the biology of addiction. So it would have covered several topics.

Q. The presentations you've given since?

A. Yes.

Q. Since November would cover several topics?

A. Yes.

Q. Are there any publications that have come out the last one I see is a August of 2017?

A. I don't believe there have been any publications.

Q. All right. I think you said this earlier, but is your employer the Oklahoma State University center for health sciences?

A. It is.

Q. All right. And how long have you been employed by OSU center for health sciences?

A. For approximately let's say 3 and a half years.

Q. And you mentioned earlier you're chair one

of the clinical departmentments yes?

Q. Or clinical departments which department?

A. Psychiatry track behalf asciences.

Q. All right. We may come back to this document a little bit later. I asked you a little bit ago if you had ever seen the petition. So I'm going to go ahead own and you said you had, correct?

A. Yes.

Q. All right. So I'm going to go ahead and mark as Exhibit 6 the original petition. Does this look like the document that you recall having seen at some point?

A. Yes.

Q. Prior to today? All right. And what I want to do first off is go over who the defendants are in this case so that again I want to make sure you understand who I represent since there are a number of entities listed here?

A. Okay.

Q. As you will note obviously in the deposition topics that we have you here to testify, the questions that I want to ask you about relate to the Teva defendants. So I want to make sure you're he clear as to who I'm talking about all right?

A. Sure.

Q. So you'll see the first three entities there are Purdue Pharma Purdue Pharma Inc. Purdue Pharma I do not rep those companies, okay?

A. Okay.

Q. Item 4 there is Teva Pharmaceuticals USA. Do you see that?

A. I do.

Q. Okay. I represent Teva Pharmaceuticals USA. Suffer heard of [TAO-EF] pharmaceuticals USA?

A. I have.

Q. Do you know what opioid products, if any, are manufactured or have been manufactured in the past by Teva Pharmaceuticals USA?

A. Yes. Specifically, I would say Actiq, Fentora and then most generic opioid based products.

Q. Okay. So when you say -- we'll put Actiq and Fentora aside for themement [PHO-FRPLT]?

A. Okay.

Q. Those what we are refer tos a [PRA-PBD]ed opioid medications correct?

A. Correct.

Q. Again we don't want to spend a lot of time of this but there's a difference between branned products anticipate generic products in terms of cost

for example typically.

A. Are you asking?

Q. Yeah.

A. Could be.

Q. Okay. Well, why don't we do it this way what's the difference Tina branned opioid product and a generic opioid product?

A. Well, one is branded as a certain product and the other is branded as a certain compound.

Q. Okay. So you believe the Teva Pharmaceuticals [-UFPT] S. A. currently or in the past has manufactured two branded drugs -- two branded opioids, Actiq and [TP-EPB] tore are a, right?

A. That's my best understanding.

Q. And your best understanding is [TAO-EF] pharmaceuticals USA also manufacturers certain generic opioid medications?

A. Teva or companies that have been acquired by Teva.

Q. Okay. Do you know what companies have been acquired by [TAO-EF]?

A. I don't know all of them.

Q. Do you know any of them?
A. Cephalon.
Q. Okay.

A. I believe Actavis, I'm not sure if I'm saying that right, Actavis.
Q. Okay. Which Actavis entity?
A. I just knows at Actavis.
Q. Okay. And again, I'm not asking for legal conclusion no you're not a lawyer I'm just trying to get a understanding of when the state refers to [TA*-EUFPBS] you're here as a representative of the state you'll notice on this -- the front page of this petition there are several entities with the word Actavis in the name. Do you know which Actavis entity the state is referring to?
A. I do not.
Q. Okay. All right. So we've talked about Teva Pharmaceuticals and again I represent Teva Pharmaceuticals USA. The next entity lived on the front of the petition is Cephalon Inc. You've heard of Cephalon Inc. I presume?
A. I have.

Q. And is it your understanding on behalf of of state that Cephalon is the manufacturer of Actiq and Fentora that you branded two you mentioned earlier?

A. I believe so, yes.

Q. Can okay. Are you aware of any generic opioids that have ever been manufactured by Cephalon

Inc.

A. I can't tell you which gentlemen [TPHA-EURBGS] have been produced by which subsidiaries or prior companies that have been acquired by Teva.

Q. Okay.

A. We know that the Teva has produced a document to the state listing all of the different opioid products that they manufacturer, and so when I look at what products have been manufactured by [TAO-EF] Orr Cephalon or all of the entities I would just rev you to the document that was provided by [TAO-EF] to street state.

Q. Very good and let's -- you've opened up notebook No. 1 and you just brought out a document in that notebook that I believe was in the front pouch and it's a spreadsheet none [TPO-URPBL] it doesn't

have a Bates number on at exhibit numbering irregular and it's it 1?

A. Yes.

Q. And it's understand, that was a document that's [PR-URT] by [TAO-EF] pharmaceuticals?

A. Yes.

Q. And it's your understanding or it's the state's understanding that this document lists all of

the opioid medications that have been manufactured by one or more of the Teva related entities?

A. That is correct.

Q. Okay. Do you know where this document was produced or when?

A. No.

Q. Okay. And then there's another document that was stuck in the front pocket of Exhibit No. 1 and, the notebook you provided to me this morning, what do you understand that document to be?

A. The same thing.

Q. Okay. So is it just a continuation of the first document. I I mean this one as has an Exhibit 2 sticker on it?

A. Yeah, it is. I'm not sure what's the [TK-EUFRPTS] between Exhibit 1 and Exhibit 2 but I will tell you the two documents together represent the state's understanding of all of the opioid-based products that Teva is manufacturing.

Q. Okay.

A. That Teva manufactures.

Q. All right. And in preparing to testify on the six topics we've asked you to be here on today, have you relied on these two documents to inform your understanding of what opioid products are

manufactured by the Teva companies?

A. Yes.

Q. Teva related entities?

A. Yes.

Q. Okay. All right. And I guess as I look at these two documents, Exhibits 1 and 2, that are contained in Exhibit 1, this may get con if you hadding as we refer to this today, I don't see any companies names op here approximate what I do see on the bottom of each document there's like a little footnote that says this information is based on the Teva defendant's reasonable investigation today. Do

you see that?

A. I do.

Q. Okay. So does the -- does the state have any understanding as to which Teva entity for example produced Actiq, which is the first one listed on Exhibit 1?

A. I -- I think the state is aware through the information that has been provided that. As -- as far as me specifically knowing that in preparation for my testimony today, I would just refer you to these documents that these are the ones that I am aware that Teva in all of their entities produce.

Q. I -- I understand. I'll just trying to find

out if the state is aware of which of the specific Teva entities has produced Actiq as an example?

A. I would say that I think the state has that information available. Do I know that information here and now as I sit in front of you? No.

Q. Okay. Do you think the same would be true [TRO-R] the drug Fentora that I see listed?

A. Consider he can.

Q. That state has some information available to

it as to which of the [-ERPBT] tease?

A. Yeah, I think based on the documents I reviewed that [-EUTSDZ] Cephalon that [PR*-UD] produces those two things.

Q. Okay: But I don't want to say for certain?

Q. And doctor, I don't -- if you'll try to let me finish and I'll try toet will you finish. We don't want to make the court reporter's life anymore difficulten it already [-EUZ]?

A. Sure.

Q. Listening to [-UZ] talk about these things. And I can actually -- I think I can show you something in the petition that might give you some comfort with that last answer. If you'll go to page 5 of the petition.

A. (Witness complies.)

Q. And [TP*] you'll see a section there toward the middle lower indication numb [R-UBLGS] No. 3 its easy the Cephalon defaults. [SO-US] that?

A. Yes from paragraph 7 it talks about Cephalon [*-EURPG] at talking about Teva Pharmaceuticals USA Inc. do you see that.

A. I do.

Q. And down below paragraph 18 the state has [A-LD] defendant Cephalon [PH-FRSDZ] separate provided including Actiq anticipating Fentora. do you see that?

A. I do.

Q. Okay. Okay. Let me go ahead and have you look back at the first page of the petition against. And if you'll go down to the defendant No. 11, Watson Laboratories I can. Have you ever heard of Watson Laboratories [*-EUPG]?

A. Just as zero [A*-E] as a listed defendant in -- in the case.

Q. Okay. Do you know as a corporate representative on behalf of the state what opioid medications if any have been manufactured at anytime by Watson Laboratories Inc.

A. Again I would say if if this era subsidiary of Teva, then it would be in this document. Outside

of that I would say no.

Q. Well, and again when you refer to this document you're referring to the Exhibits 1 and 2 from --ments right?

Q. From Exhibit 1, and neither of those documents reference Watson Laboratories, do they?

A. No.

Q. Okay. So all I'm trying to find out is as the corporate representative for the state here today, do you know what if any opioid medications have been manufactured at any time by Watson Laboratories?

A. Again, I would refer you to my previous answer that [TP-ER] if they are -- so the Exhibits 1 and 2 that are located one binder one, Exhibit 1, Exhibits 1 and 2 represent the state's knowledge of all opioids that have been produced by Teva and their subsidiary companies. I am not aware of whether or not Watson is one of those subsidiaries but when the State of Oklahoma requested information it's my understanding from Teva Pharmaceuticals on which opioids they manufactured, they produced Exhibits 1 and 2 that would list those opioids. So if Watson is one of those entities, and it would be my understanding then that based on information from

the -- that the state received from Teva, that those opioids would be lived this document.

Q. But do you know if Watson is one of those entitiesments I do not [STKPWHR-BG] zero. The next defendant that's listed in the front [PA-EUFPLG] the petition is an entities called Actavis, LLC. Do you see that?

A. I do.

Q. On behalf of the state as it's corporate representative here today, do you know what if any opioid medications Actavis, LLC has ever produced?

A. And I would refer you to my previous answer that if it's a subsidiary of Teva Pharmaceuticals, then it would be -- and I used the word subsidiary in a lay physician term.

Q. I understand.

A. I don't want to miss speak, but if it's an entity of Teva, then I would say that the state would believe that opioids manufactured by them would be located in Exhibits 1 and 2 located within binder 1.

Q. Again -- again I think your answer would be the same is you don't know [WHR*-ERPB] Actavis, LLC has [TPWA-EL] manufactured any of thes manies on Exhibits 1 and 2, do you?

A. Well I would say that if they are an entity

of Teva, then based on information from Teva, that it would be located in Exhibits 1 and 2.

Q. Well, is it your -- is it the state's belief that every entity that you just -- as you said every entity of Teva manufacturers opioid medications?

A. It's the state's position that every opioid manufactured by Teva and its entities are located within documents 1 and 2.

Q. Okay. All right. The last entity listed on the front page of the original petition is number 13 Actavis Pharma Inc. formally known as Watson Pharma Inc. Do you see that?

A. I do.

Q. Again if you want -- I know you'll probably give me the the same answer but I need to ask you the question?

A. Sure.

Q. Do you know what the any opioid medications have everen about manufactured, [PWRA-PD] or generic by Actavis Pharma [*-EUPG] formerly known as Watson Pharma [*-EUPG]?

A. Again it would be state's position that if Actavis Pharma [*-EURPG] [TPO-RL] Earl nope as Watson

Pharma is and entity of Teva any opioids manufactured
by then [-EUPLT] located in Exhibit 1 and 2 located

in biopsieder No. 1 but something you a it at the
state, do not know whether or not [TA*-EUFTS] Pharma
[-EUPLGS] [TPO*-RPL] [-ERPL] Watson Pharma that if
that entity has produced any opioids Miss do youments
again I would say if they're an entity of Teva then
their opioids would be lived here.
Q. Okay. All right. Let -- okay. So let me
just back it up a little bit, make it clear to you.
There are obviously some other defaults listed as No.
6 through 10 on this front page of the petition.
There's onand zone an it No. 6, January sense
pharmaceutical [-PBGS] No. 7, [O-RT] zero Mac
[THAO-EL], [SKWRA-PBGS] E form Janssen
pharmaceuticals [-EUPG] January ten farm institute
[KA] nope amount Janssen pharmaceuticals [*-EPG],
those entities I do not represent and I'm not asking
you questions about those entities today, nor am I
asking questions about the Purdue entities.
Continuing onto the one remaining defendant that's
listed here, is number 10 Allergan PLC formerly
[TPHO-EPBL] at Actavis P. L. Dr. Formerly at Actavis

22 [*-EUPG] form Earl known at Watson pharmaceuticals
23 [*-EUPG] do you see that?
24 A. I do.
25 Q. I also do not represent that entity. It's

1 my understanding that that entity was named ans an
2 entity in this is [KA] and was nerve served as in the
3 is [KA] and not actively being pursued at least as an
4 entity in this is [KA], is that your understanding or
5 do you know one way or the otherments I do not know
6 one way or the other?
7 Q. Okay. So when I refer to the Teva defendants
8 today, I'm referring to the defaults listed on 4, 5,
9 11, 12 and 13, just for ease, all right?
10 A. Okay.
11 Q. So there may be points in time today where I
12 may refer to one of those specifically anticipate if
13 I have a question specific to that I'll let you know,
14 okay?
15 A. Okay.
16 Q. All right. You would agree or the state
17 would agree that there are a variety of different
18 opioid medications that are approved by the food and

drug administration, correct?

A. Correct.

Q. And there are circumstances under which those different opioid medications -- let me strike that. The circumstances under which those various different opioid medications can be pride varies, correct?

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A. I'm going to ask you to clarify pie question, please.

Q. Sure, sure. There are a you be in of different opioid medications in fact we've looked at least Exhibits 1 and 2 which list a you be inform different opioid Misses, correct?

A. Correct.

Q. Are you aware of approximate of opioid medications in addition to the ones listed on Exhibits 1 and 2 to Exhibit 1 which were approved by the FDA?

A. Not off the top of my head.

Q. Okay. As a representative of the state, would you agree that opioid medications can be properly prescribed in various different circumstances?

A. Yes.
Q. Okay. One circumstance where it might be appropriate to prescribe an opioid would be to treat acute short-term pain. Would the state agree with that?
A. The state would agree with that.
Q. Okay. Another circumstance where it might be appropriate to prescribe an opioid medication would be for the treatment of cancer pain.

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A. Does the -- the state would [TKWRAO-E].
Q. Would the state [TKPWRAO*-EP] agree with that?
A. Yes.
Q. Okay. Would the state agree that another circumstance where it might be appropriate to prescribe an opioid medication would be for the treatment of chronic non-cancer pain?
A. I would say that the state would rely on physicians seeing individual patients to make that decision.
Q. Does the state believe that individual physicians in the State of Oklahoma who are dully

licensed by the State of Oklahoma have the ability to make those decisions?

A. The state does believe that physicians licensed in the State of Oklahoma believe that they have the ability to treat patients based on a risk-benefit analysis and that risk-benefit analysis requires true and unbiased information regarding the full risk of the -- of the medication along with the full benefit of the medication.

Q. Okay. I appreciate the answer. I want to go back and -- unfortunatelily my real [RAO*-E] teal. I. If you your you read because that Ben, bleed.

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Question read back. Pat president?

Q. To prescribe opioids for non-cancer chronic pain?

A. Okay. I would refer you to my previous answer where the state believes that physicians that are fully license understand the State of Oklahoma are able to prescribe opioids based on a risk-benefit analysis as long as they have full and truthful understanding of the full risk of the medication along where the full benefits of the medication.

Q. Do all physicians in the State of Oklahoma who are dully licensed have full -- full and truthful

information about the risk and benefits of opioid medications?

A. I auto say that I think that that's almost an unanswerable question because you're asking about physicians that are located in the State of Oklahoma at 10:00 today or are you asking about physicians that were in Oklahoma prescribing opioids burg the relevant time period? And so I think that that's a very large unanswerable question.

Q. Were you finished? I don't want to interrupt you?

A. Sure.

Q. Well, the relevant time period includes today so let's start today at 10:00 or 10:30 today

does the state believe that there are physicians who are dully in the state State of Oklahoma who are comp at the point in time to prescribe opioid medications for chronic non-cancer pain?

A. Well, I think your question is different as you asked it the second time than the first.

Q. Okay.

A. Because you changed your phrasing do

physicians have full knowledge to do physicians have -- are they competent?

Q. Okay.

A. And I would ask you to clarify you're use of the word competent in that question.

Q. Let's go back to your term full knowledge?

A. Okay.

Q. And we may come back and talk about competency later. Do you believe as of 10:30 today that there are dully licensed physicians in the State of Oklahoma who have full knowledge and are therefore able to prescribe opioid medications for the treatment of chronic non-cancer pain?

A. I believe actually it would be the position of the State of Oklahoma that the full knowledge of the benefits of opioids for chronic pain is not known. We don't know -- that knowledge isn't

available, and it's -- it's hard to think that physicians in Oklahoma would have that knowledge. If it hasn't been necessarily established at a national level yet.

Q. Okay. So if I understand your answer then you're telling me that as we sit here today at 10:30

in the morning, the State of Oklahoma does not believe that any dully licensed physician in the State of Oklahoma has full knowledge of the benefits of opioid medications. Is that right?

A. As it relates to the treatement of chronic pain.

Q. Uh-huh.

A. The State of Oklahoma would contend that certainly some physicians have more knowledge than others, but the full knowledge of opioids -- I would say that there are some physicians that have full knowledge of all readily available information, but the State of Oklahoma would contend that the full volume of information may not be a complete picture and that the full benefits of opioids for chronic pain may not be known.

Q. So is it the position of the State of Oklahoma that any prescription for an opioid for chronic non-cancer pain made by a physician in the

State of Oklahoma is improper?

A. I -- I think you're mischaracterising my testimony.

Q. Certainly not trying to. I'm trying to understand it.

A. So the -- the State of Oklahoma would contend that not every physician in the State of Oklahoma has full knowledge of the full benefits of the treatment of chronic pain with opioids.

Q. Okay. I understand not every physician has that knowledge that you just described. Is there any physician in the State of Oklahoma that has that knowledge?

A. Well, certainly the State of Oklahoma can't have, you know, knowledge of what every physician knows.

Q. Uh-huh.

A. As I said earlier, there are some physicians that may know most of the information that is available. We don't know which physician those are. It's not the role of the State of Oklahoma to know what physician knows what. The State of Oklahoma would contend that the full benefits of opioids for the treatment of chronic pain is not yet known.

Q. Because that's the State of Oklahoma's

position does the State of Oklahoma believe that

opioids should not be prescribed for the treatment of non-cancer chronic pain?

A. The State of Oklahoma believes that opioids should be prescribed -- should be prescribed for any indication including chronic pain as an individualized digs between a patient and a doctor based on full knowledge of the risk anticipate benefits of the medication.

Q. And how does the State of Oklahoma make a determination about whether or not a particular physician has that full knowledge?

A. Well, so the State of Oklahoma does license physicians to practice medicine and part of the practice and art of medicine as the state understands it would be that they utilitize a risk-benefit analysis when they prescribe medications.

Q. Well I understand that so are you saying that every physician that's licensed therefore has the full knowledge and is therefore able to prescribe opioids?

A. I believe I said earlier that not every physician in Oklahoma has the same amount of knowledge as other people, and that we don't know which physicians have what knowledge and we don't

know what knowledge is available or we don't know what knowledge exists but is not yet available.

Q. Okay. All I'm trying to find out is, is it the position of the State of Oklahoma that there are some situations where it is appropriate for a physician in the State of Oklahoma having the full knowledge of the benefits to prescribe opioid medications for the treatment of chronic non-cancer pain?

A. And I think again the State of Oklahoma would rely on the physician at that time with that patient making an individualized analysis of the risk and benefits of that medication for that condition at the time on whether or not to use opioids for that.

Q. Okay. All right. You know, what, can we Jeff [KWR-EF] [PWAO*-EF] been O. I want to try to get her to fix this.

MR. ANGELOVICH: I want to make sure you were kind of moving to something else.

MS. PATTERSON: I am. Pat it no no, no, that that's fine.

THE VIDEOGRAPHER: Larry going to have

record. The time is 1035 a.m.

(Whereupon, a short recess was held.)

THE VIDEOGRAPHER: We're back on the the

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word. The time ill 153679 [TKPW-EUPG] disk did.

MR. ANGELOVICH: Naps see before I started I expected at the break just I want to make sure I had my witness [PR-FRPD] anticipate I was told the state's knowledge regarding [KP-FS] [TAO-EF] defendants manufactured which specific drugs was provided this Tuesday in a note look through the corporate rep of death me [A-LD]er read that you took and so I just -- that's to the extent he doesn't know the specific drugs, you know, we thought that was covered by another witness. Which apparently it has of it I haven't read that deposition but that's what I was told.

MS. PATTERSON: And I took that document I have that document I'll ask you about him. I'll tell her testimony was not -- she's a very night [*-R] [SH-ER] testimony was a little unclear because the document they provided she and contained some drugs manufactured by some entities at least one entity other than the Teva defaults. [KWR-EF] Jeff okay.

Pat at we may get into that and I've -- I'll I've [WA-ET] got that here I'm got to [HAO-EUPL] trying to play hide the ball I'm July true understand what he knew. I couldn't.

MR. ANGELOVICH: That's why I wasn't and

check.

MS. PATTERSON: Fair enough gentlemen Jeff anticipate I'm sorry for interrupting. It [PA] pat you're not interrupting. You ready doctor.

A. I am.

Q. Okay. Let me ask you to go ahead and get the petition back out, which I believe was Exhibit 6.

A. (Witness complies.)

Q. Okay?

Q. Okay. Again, you're here as the corporate representative on behalf of the state to testify on among other things the nature and circumstances regarding any prescription of any opioid manufactured by any Teva defendant and I'm lookingly [KP-EFBG]ly at [-P] to I can 6 here. Any preparation of any opioid manufactured by any Teva defendant including Actiq anticipate Fentora that state contend cause it

harm in which it's seeing to [K-E] rougher Dallas in the lawsuit do you understand?

A. Yes I do.

Q. That's one of the topics you're here the he have about?

A. I do.

Q. So I want to make sure we're clear what it is which prescriptions the state is seeking to

recover are to. Okay. With that said let me have you go to paragraph 3 of the petition and this is in the introduction section.

A. (Witness complies.)

Q. Okay?

Q. When did you review this petition most recently? Has it been a while or did you review it in preparation for the [-EPGS] [TK-FRPLT] I think I would have reviewed parts of it tore if [-EPGS] did but I can't remember specifically what or what parts okay?

Q. Okay. fair enough. If you'll take a can lieu at paragraph 3 I'll just give you a moment to read that. Have you had an opportunity to review that [-P] practice, Doctor.

A. I have.
Q. And you'll see in that paragraph of the petition the state refers to what -- what is termed as a niche or niche market for cancer patients the terminally ill and terminally short-term pain. Do you see that?
A. I do.
Q. And then it goes on to allege that one way or at least the state contends that one way to sell more opioids was to persuade medical professionals to

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prescribe more opioids to a broader range of patients broader thanen that niche and that broader range of patients was patients with chronic oncancer pain. Do you see that?
A. I do.
Q. Are all right. And is it fair to say then that the state's claim many the case is focused on prescriptioning related-prescription was opioids related to chronic non-cancer related pain?
A. I -- I would disagree with that.
Q. Okay.
A. I would say that it seems like you're pick

pick one paragraph out of the entire petition to say the state's claim. I would say that that is one of the state's claims.

Q. Okay. Well, let me show you a couple of other places in the petition. If you go to paragraph 51.

A. (Witness complies.)

Q. And paragraph 51 is a sub-topics B. and the [-P] to I can is defendant's falsely and deceptively marketed their opioids in the Oklahoma and if you'll take a look at paragraph 51, please.

A. Okay. Okay.

Q. Okay. And you'll see again in the

paragraph, it talks about or the state talks about the alleged deceptive marketing campaign and again I have a know you've got some references to what you -- to what the state contends was this alleged deceptive marketing campaign in one of the responses that you provided today and it says here in paragraph 51 prior to did he have's deceptive marketing campaign the [PH*-L] community and consumers primarily relied on opioids for limited pickups [S-UF] as surgery recovery, cancer treatment and end of life palliative

care. Do you see that?
A. I do.
Q. Okay. And then you go on or the state goes on to say down at the am bow, defendant's [TA-UPD]ed unsun. Effect was includes it effectively in treating non-cancer related pain. Do you see that?
A. I do.
Q. And the [TO-UT]ing of those unsubstantiated benefits of opioid treatment is what the state contends was being done by the defendants in this alleged deceptive marketing campaign, correct?
A. That's one of the things that's the state's con [T-EPD]ing, yes.
Q. Well, what else is the state con continueding?

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A. Well, so can you repeat your question.
Q. Sure. What I'm trying to find out is the state is contending as I understand this that because of -- well, the goal of the defendants alleged deceptive marketing campaign whereby it touted unsubstantiated benefits of opioid treatment was to expand the use of opioids for the treatment of

non-cancer pain. Beyond [TPO-Z] niche opioid product [THA-TS] state's I position?

A. Withly I the state contention I woulde- not that I think, but the state's contention was that the defaults were responsible for dramatic increase in the number of opioids that were utilized in the State of Oklahoma during the relevant time period for a number of indications, but altering the risk-benefit analysis utilized by physicians. So altering the knowledge that physicians had on the risk and then altering the knowledge that physicians had on the benefits.

Q. Okay. I'm going to try to -- to ask a question again because it may not have been a very good question, Dr. Beaman. Is it the state's position that one of the things that the defendants were attempting to do with this so-called deceptive marketing campaign was to increase the use of opioids

for chronic non-cancer pain?

A. Yes.

Q. Okay. And in fact, the state would agree that the use of opioids for example, the use of extended release opioid products can can appropriate

for around the clock pain treatment, correct?
A. Well, can be.
Q. Uh-huh.
A. -- I'm going to ask you to clarify your question.
Q. Tell you what let me just ask you look in the notebook that we marked as Exhibit No. 2, the bigger notebook.
A. (Witness complies.)
Q. And again I'm going to refer to the -- the document at the beginning of the document that you prepared in [KHRA*-EUG] Caleb ration with the tones of are the the State of Oklahoma, correct?
A. Correct something and about halfway down that first page you'll see it says assuming that physicians have full, complete and accurate knowledge of the benefits and risks of the opioids manufactured by the Teva defendants, the appropriate use may be and then I'll I'm just reading from the first one, for extended release opioid products prescribed by

for around the clock pain the appropriate use may be for end of life pain manage. When there is no

concern about increasing the dose [S-UF] as terminal cancer pain and tend of life palliative care [-PT] of that's street state's [PO-EURGS] [KR-EFBGT] ever that is the statement [TPO-ES] .

Q. And statements position [TP*-ERT] at least accord to thisment do the appropriate use [KAO-PL]ing the full and complete accurate knowledge inform benefits and risk that Mead [KWR-ULT] release opioid product may be appropriate -- appropriately used for the staple purposes as extended release products short-term use for acute pain after a major surgery on an accident and limited intermittent use for patients with severe chronic pain that cannot be placed on an N. S. A. ID. [STHA-EUBGT].

A. That is correct.

Q. All right. And finally the state agrees that assuming the full complete and accurate knowledge is known by the physician involved, that it can be appropriate that the turf product which is a trance -- I can I am in I a I stay. Trance must cowsal immediate relet fentanyl product can can appropriate for significant short lasting [SKW-ER] pain in an opioid tolerant patient, correct?

A. Correct.
Q. Okay. Let's look at paragraph 59.
A. (Witness complies.)
Q. And I noted you referenced in your document in here regarding Teva topics 11 and 12, you -- you talked about K. O. L.s in the first paragraph there do you see that?
A. Yes.
Q. What's a K. O. L.
A. K. O. L. is a key opinion leader.
Q. Okay. And if you look at paragraph 59 in the petition it's talkinging about Kolodny's as well. [TKO*-UP] that?
A. I do.
Q. And it's the state's position as stained it that K. O. L.s advocated during the relevant period of time on behalf of the manufacturers that opioids could be used effectively to treat things like chronic pain, correct?
A. Correct.
Q. Okay. The state would agree however that there are some swayings where opioids can be appropriately used to treat chronic non-cancer pain.
A. I would refer you to my previous answers. I

think that's very similar to the questions we had

before the break if there's something with that that I could clarify but I don't want to keep repeating the same thing.

Q. Okay. Well, I think I'm asking maybe a slightly different question, maybe not. Is it the state's position that opioids can be appropriately prescribed for chronic non-cancer pain?

A. The state would contend that the prescription of an opioid product is a decision made between a physician and their individual patient based on full and accurate knowledge of the risk and benefits of the medication.

Q. Okay. Let's look at -- you're familiar with the term indications, the cases of a particular drug, right?

A. Yes.

Q. Okay. Looking at your document here Teva topic 11 and 12, the three paragraphs I just read off, about extended release immediate release and the turf products. Are those indications for the use of opioid products?

A. Specifically, the state would contend that those are the appropriate uses of the medications.

Q. Okay. Is that the same thing as the indication?

A. I would say that it's not.

Q. It's not? How is that different?

A. Case is a term commonly used in the medical field to say when a medication has been approved by the food and drug administration for a specific cause. Commonly it's referred to as the FDA indication.

Q. Uh-huh. And again just to make sure I understand because it sounds like to me you -- you have a -- you distinguish between an indication, an FDA approved indication and an appropriate use?

A. Yes.

Q. It sound to me those are two different things?

A. Yes.

Q. Okay. So you've told me what an indication is. What's the state's position of the definition of a appropriate use?

A. Appropriate use of a medication is when the

physician decides based on full and accurate knowledge that the risk of the medication is worth the benefit.

Q. What is the state's -- strike that. Is it the state's position that it is an individual physician's responsibility to be aware of the

appropriate use of a particular medication?

A. It's the state's position that the physician should do due diligence in their prescribing habits, that they should try to maintain full knowledge of the risk and benefits of the medication that they are prescribing to patients. They require -- the state requires continuing medical education for physicians that continuing medical education must be acredited and so the state would contend that they expect due diligence on the role of the prescriber.

Q. Okay. In addition to attending medical education or continuing medical education, what other things does the state expect a physician to do to maintain full and accurate knowledge regarding the risk and benefits of a particular medication?

A. So the state would contend that a physician

should utilize resources that they have access to based on more specifically like Internet -- enter Internet based resources, medical journals con [TPR-EPS]s, medical publications and -- and so on. It's a process called life long learning often referred to in -- that is kind of a common expectation of physicians, and the licensure requirements reflect that.

Q. Okay. Would the state's position also be in

order to maintain full and accurate information about the risks or benefits of a medication that a physician should be familiar the labeling, the FDA approved labels with regard to a particular medication?

A. The state would contend that the physician should be aware of the labeling, but certainly would not include all of the information relevant to that medication.

Q. Okay. I want to make sure I understand your answer. Are you saying that labels, FDA approved labels do not contain all of the information regarding a particular information [-FRLTS] that is correct? Okay. That's what I thought you meant.

But you -- even though from the state's perspective an FDA approved label annoy not contain all of the information about a particular medication's risks or [PW-EFGS] the state would at least the physician to be familiar with the information on the label?

A. Well, the information on the label is oftentimes volume us.

Q. Uh-huh [-FL]?

A. And tech anily [KA] in nature and we would certainly would thought contend the physician memorize it and be able 0 to regurgitate but they

should be gemly aware of the information provided in the label.

Q. And assume the state also doesn't expect a physician to regurgitate or recommend maze what they read in a medical journal [P-URBGS] right?

A. That is correct.

Q. The state expects as part of the their continue news learning process a state expects a physician to be familiar about the information about a particular [TPH-GS], studies published in medical [SKWRAO-RPBS] and elsewhere, correct [-RPL] correct?

Q. And similarly going back to labeling, the FDA approved labeling for any particular medication the state would expect a physician to be generally familiar with the information contained in label about a medication, correct?

A. That is correct.

Q. Okay. Are you familiar with package inserts that may be included in -- with -- with particular medications?

A. I am.

Q. Okay. And package inserts contain information about the risks and benefits of particular medications, correct?

A. It contains some information.

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Q. Sure?

A. [RA-R] also [R-EUFS] and benefits.

Q. Again I'm not suggesting contains the universe of information but it does contain the package inserts [S-EPBL] you would agree contains in information about the [R-EUFGS] anticipate benefits of a particular medication is that correctment that is correct? And the State of Oklahoma would expect a physician in order to maintain full knowledge of the

risks and benefits of a drug to have familiarity with the package insert information on a particular medication, correct?

A. Correct.

Q. Approximate okay. [A-EPBL] generally special is the state position that a physician has the responsibility to utilize all these resurgeries you've mentioned medical publication, the Internet, medical journals, conferences, etc. that a physician is responsible to utilize all of those re[SO-RGS] to maintain knowledge of the Rix of a particular medication?

A. Well, I think that that is -- I I think that's a complicated question.

Q. Okay.

A. We do not expect the physicians to be aware

of every single article to attend every single conference, to know everybody sing [-EPT] whit of information, again the state would expect the physicians to do dill Jennings [-PGS] they man detain through the licensure requirement of maintaining continuing medical education, so they expect them to

be generally aware.

Q. Okay.

A. -- of information related to the field in which they practice.

Q. And -- and how does the state measure whether or not an individual physician is generally aware of the full risks and benefits of opioid medications?

A. It's not the state's position that the state should be in charge of measuring the amount of knowledge that a physician has on any one subject, including the full risks and benefits of opioids.

Q. Okay. So the state doesn't believe it has an obligation to keep track of that for each particular physician, correct?

A. Right, the state would contend that they do not believe its their role to measure the amount of knowledge that a physician has regarding the full [R-EUFGS] anticipate [PW-EFGS] of opioid-based

products.

Q. The say it sort of puts that obligation to maintain the full knowledge off on the individual physician?

A. I would say general -- general knowledge.
Q. Uh-huh.
A. Full knowledge, again, the state does not expect physicians to attend every conference to read every medical journal to know everything that is available regarding the products that they're prescribing.
Q. Right, but the state expects the physician to maintain a general level of knowledge regarding the products they're prescribing including opioid products, correct?
A. That is correct.
Q. Okay. Thank you. You mentioned earlier that you have done a lot of work and had a great deal of area of I addiction, correct?
A. That is correct.
Q. And do you consider yourself and I I'm not here to ask you questions about this I just want the Mike sure I have a baseline understanding. Do you consider yourself to be an expert in the area of addiction?

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A. I do.

Q. Okay. Just as a general question, does the risk of addiction differ from one person to the next?

A. Yes.

Q. Okay. And one of the things I understand the state is seeking damages for in this case is the overprescribing of opioids to patients in Oklahoma what has led to addiction, correct?

A. Correct.

Q. Okay. Does the state know how many individuals in the State of Oklahoma have become addicted to opioids because of the overprescribing of opioids?

A. [KWR-EF] Jeff I'm going to object because it's outside the scope but if you can answer it, you can.

A. I would say that is not information that I was believed to be related to the topics that I was prepared for.

Q. Okay.

A. So I do not have that information.

Q. Okay. And again, the -- the reason I think it is included in the topics is because for example and this is not -- I'm not [HR-EUPT]ing it but for example again I stated topic No. 6 is asking about

the nature and circumstances of prescriptions for which the state -- that the state contends caused harm and for which it's seeking to recover damages. So it's my understanding that the state is seeking to recover damages for prescriptions, overprescriptions that led to addiction, right?

A. Yes.

Q. Okay. So that's why I asked the question. So you -- you're not prepared here today to tell me how many individuals in the State of Oklahoma have become addicted to opioids because of the overprescribing of opioids.

A. That is correct.

Q. Okay. Do you know if the state has looked into that issue of how many individuals in the State of Oklahoma have become a [TK-EUBTD] to opioids because of the overprescribing of opioids?

A. I believe that they have, but I -- I can't speak to that for certain because as I said, I wasn't prepared to testify on damages as part of this deposition.

Q. Okay. Again, you do see in topic No. 6 that it talks about -- I'm not going to ask you about how

much money the state wants, okay? Necessarily I'm going to ask you about a few questions related to

some prescription numbers that are in this petition, but I'm trying to find out if the state, and if you as the corporate representative for the state on the topics listed including topic No. 6 has any information on the number of individuals in the State of Oklahoma who have become addicted to opioids because of the overprescribing of opioids?

A. Again I believe that the state does but is I was not prepared to speak on damages. I do see the word damages the topic No. 6 but again the nature and circumstances regarding prescriptions and -- and I think going into the specific numbers is -- would have been related to the state's calculation of damages.

Q. Okay.

A. And what not. So again I'm not prepared to testify on any one number.

Q. Okay.

A. I can't tell you yes or no whether or not the state has that as part of my deposition today.

Q. And appreciate that you don't know as you sit here today as the representative of the state whether or not the state has made a determination of how many individuals in the State of Oklahoma have become addicted to opioids because of the

overprescribing of opioids, is that fair?

A. That is correct.

Q. Okay. Thank you. All right. Let's go off the record for a second. [KWR-EF]?

THE VIDEOGRAPHER: Going off the record. The time is 1122.

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(Whereupon, a lunch recess was held.)
THE VIDEOGRAPHER: We're back on the record. The time is 1:25.
MS. PATTERSON:
Q. Dr. Beaman, are you ready to continue.
A. I am?
Q. Before we took the break, I had asked you a couple of questions mand we were discussing this discussion about full complete and accurate knowledge you've been talking about today, and I'd like to specifically direct your attention to the document you prepared that's at the front of Exhibit No. 2. Are you with me?
A. Yes.
Q. Okay. And in the answer that you have provided us [-UPTD] topic 11 that figures sentence you Mike reference to full cleat and accurate knowledge of the opioid at issue, complete an accurate knowledge of the risks of the opioid at issue including the magnitude of those risks. Do you see that. I do?
Q. And I think I understood your testimony to be previously that it's -- it is the state's position

that the state should not be in charge of measuring the A. such knowledge that a physician what on any

one subject including the full risks and benefits of opioids. Is that correct?

A. That is correct.

Q. All right. Recognizing that it's the state's position that it's not the state's responsibility to measure that, how would one measure the extent to which a physician has the full complete an accurate knowledge of the benefits of an opioid and the complete and accurate knowledge of the risks associated with an opioid including the magazine anied [TAO-TZ] of those risks?

A. Well, as it is not the state's role to do that, I don't believe I'm qualified today as the state's representative to say how that would be measured.

Q. Okay. So as far as you are -- strike that. So as the state's representative here today you do not have a position on behalf of the state as to how that would be measure of it is that accurate?

A. That is correct.

Q. Okay. Is it the state's position that one

thing that might be involved in measuring the extent of the full, complete and accurate knowledge that a physician has regarding the risks and benefits of opioids would include having an interview of some

information directly from the physician?

A. I'm not sure I understand that question.

Q. It's probably a long winded-too long of a question let me try it again. Would the state again that in order to measure the extent to which a particular physician has the full, complete and accurate knowledge of the benefits of an opioid or the risks of that opioid, at a minimum one of the things that would have to be done would be to communicate with physician to determine the extent of the physician's knowledge. Would the state agree with that?

A. Well, I think that is complicated because the original question was I believe as -- as I remember it, was how the state would measure knowledge of full risk and benefits in any particular physician.

Q. Uh-huh.

A. And I think what you're asking now is if the state were involved in that process, that it would include talking to a physician?

Q. You can answer that question.

MR. ANGELOVICH: Objection, speculation.

A. Yeah, I -- I don't think as I sit here today, that I can speak as to what hypothetical

procedures the state would put in place to measure a process that doesn't exist or is not the state's role.

Q. Well, would the state agree that in order to determine the full, complete and accurate knowledge of any particular physician, regarding the risks or [PW-ES] benefits of an opioid that at a minimum there would need to be a communication with the physician to determine that?

A. Again, I think would not necessarily agree with that because I think there are different ways to measure knowledge. You could perform some sort of examination. You could perform some sort of essay requirement. I mean there are plenty of ways that are I think -- are commonly used in educational institutions, and licensure type activities to

[TK-EPL] state competency. I think what you're asking about is either a step above that because you're asking for full knowledge. So [KWR-EPB], I -- you know, I think we're getting into really kind of speculative and bizarre dialogue regarding how the state would obtain every fact that is in every physician's head, and I don't think that's plausible. And would communication be a part of that? I can't say.

Q. All right. And -- I used full, the term full because you used that term.

A. Right.

Q. Okay. So I wanted to make that clarification. So I think what I understood from the first part of your answer is that there are different ways the that could be used to measure whether or not a physician had the full, complete and accurate knowledge of the risks and benefits of opioids, right?

A. Well, I think there's ways to measure the amount of knowledge a physician has. I don't think there's a plausible way to measure all of the

knowledge that an individual has.

Q. Is there any way that the state is aware of to measure the extent of the full complete and accurate knowledge that any particular physician has regarding the [R-EUFGS] and benefits of opioids?

A. No.

Q. Okay. Thank you. [AO-TD] thing -- before we broke for lunch, I had asked you a question about whether or not the state had made any determination of how many individual in the State of Oklahoma have become addicted to opioids because of overprescribing of opioids. Do you remember I asked you that

question?

A. Yes.

Q. Okay. I just wanted to reorient you because I'm following up that since we took the break for lunch. Is the state contending in this case that any patient in the State of Oklahoma received overprescriptions of Actiq, the branned medication we spoke about earlier?

A. I'm sorry, I'm not sure I understand your question.

Q. Okay. Tell me what you don't understand?

A. Well, did you say received -- any patient-are you asking any patient that received Actiq?

Q. I'm particularly about prescriptions because I'm -- you know, the topics at least several of the topics today relate to prescriptions. So my question is: Is it the state's position that any patient in the State of Oklahoma received overprescriptions or too many prescriptions of Actiq?

A. It is the state's position in -- that -- and based on information that I think you've already been provided by Dr. Kolodny that Actiq specifically was prescribed to patients with non-cancer pain. In fact, a majority of patients that were prescribed

Actiq was prescribed for non-cancer pain, and with that would come the risk of all of the negative things that Actiq could cause such as overdose, addiction among several other things. And so, I think we would contend that there was prescriptions written for Actiq that were -- I don't know what you would -- how you would clarify over prescribe.

Q. Okay. So -- well, I'm using because it's a

term that's been used again by the state and by some of the witnesses in the case. So that's why I was using and you answered some questions about it earlier and you didn't ask me to clarify it. So let me -- let me come back to it and sort of breakdown the way you answer that question. Is it the state's position that the [PH-PBLG] majority of prescriptions for Actiq which have been written in the State of Oklahoma during the relevant time period have been for non-cancer pain?

A. If I could have just a second to review.

Q. Sure.

A. To make sure I'm answering accurately.

Q. Sure.

A. Based on the corporate representative for the state, Dr. Kolodny, on March 7th, 2019, testified, I believe that most of these patients who

were prescribed Actiq were harmed because I believe most of those patients who were prescribed Actiq were not opioid tolerant patients with cancer. Receiving Actiq for breakthrough cancer pain. I believe that most of those prescriptions were to patients who did not have cancer and who were inappropriately

prescribed opioids for conditions in extremely potent opioid for conditions, I believe that's pod to be pot [-EPT].

Q. Okay.

A. Opioid for conditions where opioids should not be used and so, I think that most of these patients were harmed by your client's product. And I think that is in part and large part why your client was found guilty of criminal charges for the way in which it promod Actiq.

Q. Okay. So you just read to me from this written document that you provided this morning, correctments that is correct?

Q. And that was an excerpt from Dr. Kolodny's testimony from a week or so ago, correct?

A. That is correct.

Q. All right. So do you know what data Dr. Kolodny looked at and upon which he based that testimony?

A. I do not.

Q. Okay. Have you on behalf of the state -- well, strike that. It sounds like to me that the

state is seeking damages in the case for situations where Actiq was prescribed for chronic non-cancer pain. Is that correct?

A. Well, I believe that the state is seeking damages for the overprescribing of opioids in the relevant time period of -- of all opioids. So we're -- we're not going to separate out necessarily damages specific to Actiq, that it's an indivisible injury.

Q. What's an indivisible injury, Doctor?

A. As I read it, it is or as I understand it, it's this injury was caused and you can't separate out and say that Actiq caused this one overdose so the damage is related to that you know overdose is going to be [A-EUP] signed to that prescription of act eke.

Q. And where did you -- or how did you come to that meaning of that [-ERPL] indid I [S-EUZ] [SR-BL] [SKR-UR]?

MR. ANGELOVICH: [SA-EPB] 0 to street extent which [-RS] I'm going to ask that he not [TK-EUZ] close that, but other than that, you can answer it.

Q. Again, certainly follow his instructions.

Can you -- can you answer my question without divulging privileged [KPWHAO-PB] indications?

A. No.

Q. So am I correct that everything you know about what constitutes an individual injury is based on what you have learned from counsel from the state?

A. Yes [KPW].

Q. You are not a lawyer, are you?

A. I am not a lawyer.

Q. Okay. So while I -- I certainly understand you've had discussions with state and I'm not entitled to know about those discussions I am and timed to ask you some questions about what the state's position is on certain things and from a factual standpoint?

A. Okay.

Q. Okay. So I -- I want to find out -- are you aware of any determination, which has been made by the state, of the number of prescriptions for Actiq in particular which have been made during the relevant time period?

A. Yeah, I think that number is approximately 27 hundred.

Q. Okay.

A. And that number actually may combine Actiq and Fentora during the relevant time period.

Q. So do you know one way or the other whether it's a combined number or --

A. I do not.

Q. Okay. And where did you come up with the No. 27 hundred?

A. Through -- I believe that number is derived from the MMI S. data.

Q. And what is the MMI S. data?

A. That is the Medicaid database that is maintained by the State of Oklahoma in which this kind of information would be kept.

Q. That's the Oklahoma Health Care Authority's database?

A. Yes.

Q. Okay. And so it's your testimony on behalf of the state here today, that during the [R-EL] [TA-PBLT] time period there have been approximately 27 hundred prescriptions for Actiq and Fentora?

A. And/or Fentora.

Q. So you don't know if that's just Actiq or if

it's a combined number?
A. Correct.
Q. Okay. Who at the state would know that?

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A. I mean I think that that number could be ascertained by any number of individuals. We would just have to look for that specific question. I think it would be the Oklahoma Health Care Authority since the data is if their system.
Q. Okay. Have -- have you for any purpose in connection with this case reviewed the MMI S. data regarding prescriptions reimbursed by the Oklahoma health care [THO*-RT]ments yes?
Q. I thought so. Have you reviewed data from the health care authority related to prescriptions that have been reimbursed from Actiq and Fentora?
A. Yes.
Q. [-RT] all right?
Q. And so you -- so you have some [STPA-ERPLT] -- some familiarity with how that data is kept and maintained many the electronic system, correctment yes?
Q. Is it your belief it would be possibly to essentially run a query to separate out prescriptions

for Actiq from prescriptions for Fentora or [SPR-EUPGS] for some opioid?

A. Yes, I think that would be possible.

Q. Okay. So the number of prescriptions which have been reimbursed for Actiq during the relevant

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time period is a Noble number based on the MMI S. data you referred to?

A. Yes.

Q. Same question for [TPH-EPB] tore a, the number of Fentora prescriptions that have been prescribed in Oklahoma during the relate [TA-PBLT] time period is also a Noble number?

A. Yes, I believe so.

Q. Okay. Can you confirm as [S-U] sit here today as rev active the say it on the various topics we're here on today whether or not the imagine [SKWRO-FRT] the prescriptions for Actiq during the relevant time period have been made for chronic non-cancer pain?

A. I cannot other than relying on the testimony provided by Dr. Kolodny who is speaking as a representative of the state.

Q. Okay. Other than relying on the testimony of Dr. Kolodny, -- well, strike that. Let me ask a different question. Did Dr. Kolodny provide any testimony that you're aware of regarding prescriptions of Fentora?

A. I'm not aware.

Q. Okay. Do you know if there have been any prescriptions of Fentora that have been made during

the relevant time period for chronic non-cancer pain?

A. Have there been -- so the question is have there been any Fentora prescriptions in the State of Oklahoma since 1996 for non-chron cancer pain?

Q. Of Fentora.

A. It is my understanding that there have been, but to quantify that, I'm not able to.

Q. Why not?

A. Because I think the state would rely on Dr. Kolodny for that information.

Q. The state would rely on Dr. Kolodny to determine whether or not a prescription for Fentora was made for --

A. Well, it's my understanding as the corporate representative that Dr. Kolodny was analyzing that

data set as a corporate rep.

Q. Okay. I'm not sure what Dr. Kolodny was told about what he was doing and I'm [O*-ER] I'm not asking you about what he did. Again, you are here today to testify on the topics that you're here to testify on as we pointed out in the notice. So my question is: And I'll -- I'll ask it again. As a representative of the state here today, are you able to identify any prescription of Fentora during the relevant time period that was prescribed to a patient

for chronic non-cancer pain?

A. It is -- it's not the state's position that we would identify individual prescriptions as -- as part of this, that it was just the prescribing as a whole. In fact, I think we've got some language to that effect in the document that we provided for you. On page 2.

Q. And you're looking in the smaller notebook?

A. Yeah, in the smaller binder.

Q. That was Exhibit 1?

A. Exhibit 1.

Q. Uh-huh?

A. At the second to last paragraph.
Q. Uh-huh?
A. Where it starts with the court has already held. So the court has already held the State of Oklahoma is as a [PHRAO-F] not individual plaintiffs as such it is not individualized proof process which state argues would be unnecessary and in fact would likely result in unreasonably lengthy and highly [PW-URD] [-EP] some discovery process states has patients all patients with claim in ago [TKPW-E] gracious approach to this case I find to be reasonable and can fairly fit the needs of all parties. So to -- to answer your question about any

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one single prescription, the state has not analyzed that.
Q. Okay. And -- and I appreciate you reading from -- an excerpt from one of the court's orders. My question, and I understand what the state's position is, and I certainly understand what the Court order is. My question is as a representative of the state here today, are you able to identify any prescription of Fentora during the relevant time period that was prescribed to a patient for chronic

non-cancer pain, yes or no?
A. Not today.
Q. Okay. Have you made any attempt to identify any prescription or prescriptions of Fentora during the relevant time period that was prescribed to a patient for chronic non-cancer pain?
A. Not in preparation for this deposition.
Q. Have you done that in -- in any other capacity?
A. Yes. That may have been performed in relation to my role as an expert witness.
Q. Well, was it or was it not?
A. It may have been.
Q. What does may have been mean? Gel?
MR. ANGELOVICH: I'll going to object to

extent he didn't come here prepared to talk about his expert testimony and in order of procedures the fact he can't remember it was [TK-UP] or whether it wasn't done should be a sufficient answer.
Q. That is the answer you can't remember if you looked at that?
A. I -- I mean it may have been done. It means

it's possible. I could have looked at it. I may not have looked at it. I mean if it's I can't remember, it's saying that it exists, and I just don't remember looking at it. I don't know if it did or not.

Q. If -- if it did or not. You lost me. You don't remember if you looked at whether or not there were any prescriptions of Fentora that were made during the relevant time period that was prescribed to a patient for something -- for chronic non-cancer pain, I just don't remember if you looked at that or not?

A. That is correct.

Q. Okay. And would the same be true with regard to Actiq, did -- have you ever looked at whether or not Actiq was ever prescribed to any patient during the relevant time period for chronic non-cancer pain?

A. Not in my role other than reviewing

Dr. Kolodny's testimony and not if my role for the deposition today.

Q. Okay. But you may have done that in your role as an expert?

A. That is correct.

Q. You just don't remember today?
A. That is correct.
Q. Whether you did or not? Okay. I'm going back to some notes I made from your answer earlier. Can you tell me on behalf of the state how many patients the state contends overdozed because of over prescriptions of Actiq?
A. I think the -- the state would contend first of all that is an indivisible injury so would not assign any one single overdose to any one single medication. Certainly an individual might have overdosed and the product found on autopsy, could have been -- would have been any opioid, by that doesn't mean that Actiq did not play any role in that individual's addiction and overtaking of opioids or -- and then sub-subsequently overdosing. So the state would not separate out and would contend that Actiq could potentially be responsible for over overdose that occurred in the State of Oklahoma.
Q. Actiq could potentially be responsible for

every overdose that occurred in the State of Oklahoma as a result of opioid practitioner much he is that is

the state's postpone?

Q. And is it also the state's position that Fentora could be the cause or potentially responsible for any overdose that secured in the State of Oklahoma due to opioids?

A. That is correct.

Q. Okay. Has the state made any effort to determine the causes of any particular overdose?

A. The state obviously has a medical examiner's office.

Q. Sure.

A. -- if a performs [A-UPLTS] after an individual overdoses in certain circumstances if it's known to be an overdose, a drug panel is obtained and the state would collect that data. However, again, and overdose is -- sounds like and forgive if I'm overexplaining but it sounds like your attributing a overdose as one time and convenient. Over dozing from opioid is the states belief overdozing on opioid would be the result, potentially end result of a very long addictive process in which numerous opioids could be involved.

Q. Right. I understand that, but I guess what

I -- I'm focusing on is your statement that act [TAO-EBGS] -- the state's position is that Actiq could potentially be responsible for each and every overdose contribute [-BL] to an opioid that happened during the relevant time period?

A. It a role it.

Q. [KPW-U] state hasn't made a emotion specific situation. In a any particular overdose is is that correct?

A. That is not correct.

Q. Okay.

A. Actiq's apparent compound is often tested for in opioid overdoses and so that information would be available, but as to whether or not that compound was attributed to Actiq or not is much more complicated and is not normally sought out in the course of a normal autopsy.

Q. So that information wouldn't be available because they don't look for it in the autopsy, correct?

A. I mean I think those are two questions. Are they looking for it in an autopsy or is in information available.

Q. Are they can looking for it in autopsiments

looking for what specifically? What you just said

for whether or not is a [O*-ER] apparent compound is tested or is present?

A. Yeah, they are can looking for that.

Q. Okay. All right. So that information would be available in the autopsy records?

A. Yes.

Q. Okay.

A. If it -- if it was tested.

Q. I thought you said it was test for it's on a panel?

A. I said it's commonly tested.

Q. Okay. Ments but overdoses can happen in numerous situation and they may not test it in every single overdoze or every single death that may have been an overdo you see but was not known to be an overdose?

Q. Can the State of Oklahoma identify even one instance where Actiq was involved in an overdose in the State of Oklahoma?

A. Again, they don't for test for act [TAO-EG]. They test for apparent compound and that information

is no [-BL].

Q. And the parent [KPA-UPBD], what is the parent compound of act [TAO-EG]?

A. I believe it's fentanyl.

Q. Okay. And fentanyl is a parent compound in several other opioid medications, correct?

A. That is correct.

Q. Okay. So the presence of fentanyl in a an autopsy report on a particular individual would not in and of itself indicate that that individual ever took Actiq, would it?

A. That is correct.

Q. Okay. Can the state identify then with regard to Actiq specifically, can the state identify even one instance where Actiq was involved in an overdose in the State of Oklahoma?

A. Again, the state would contend that Actiq could potentially be involved in any overdose based on the fact that overdose is the culmination of a long period of addiction in which individuals may use multiple opioids and if an individual was a [TK-EUBGD] and then overdosed on an opioid medication, the state would contend that all opioids

that [KR-PB] attributed to that addiction would have been responsible for the overdose.

Q. Objection, nonresponsive. Doctor, I understand what you're trying to say. My question is very specific. Can the state identify with regard to Actiq specifically if there has been even one

instance where Actiq was involved in an overdose in the State of Oklahoma?

A. Again, I -- I mean I know that you don't like my answer but I would just fall back on my previous answer that the state would con [TP-EPBD] that potentially all overdoses that occurred in the State of Oklahoma during the relevant time period could potentially be attributed to the medication at Actiq.

Q. Even though -- even though the patient might not have ever taken the medication Actiq?

A. Potentially if -- if the patient had taken Actiq then it could have been so are you asking if we mow patients are took Actiq in the State of Oklahoma.

Q. Well we know all patients took Actiq in the State of Oklahoma I think that's something we can all

agree on. My question is can the state point to even a single overdose where the [STAO-EUT] knows with certainty that Actiq was responsible for that overdose?

A. In order --

Q. As opposed to potentially responsible?

A. In order for the state to know that they your would have to take every overowes look eat the entire prescription hysterectomy he [AO-F] every

patient that over [TKO-ED] and that's not something the state has done.

Q. Thank you. I'll ask you the same question as it relates to Fentora tore, a a different medication. Can the state identify even one instance where Fentora has been responsible for an overdose in the State of Oklahoma?

A. As in my previous answer, the state would contend that Fentora tore could potentially be attributed as a cause to every overdose to an opioid in the State of Oklahoma, and that the only way for the state to know if a patient who overdosed ever took Fentora would be to look at the entire prescription history for that patient and that is not

something that is done.
Q. Okay. That's what I thought. Thank you.
The -- the state however does have access to the prior prescription history, at least for the patients who are covered by the Sooner Care or other programs administered by the Oklahoma Health Care Authority, right?
A. Well, so the state would have access to that information in the description of reimbursed by that.
Q. Correct.
A. But however, if a patient had another payer

source or paid out of pocket and then sub-[SK-EPBLT]ly later filled a prescription for Medicaid, the -- it may show other prescriptions may show up in the Medicaid databases but it's not a complete picture of prescription the patient took.
Q. Fair enough. Has the state ever done anything to your knowledge to obtain information from other payers other than the state about the prescription history of patients in Oklahoma?
MR. ANGELOVICH: Objection. Scope.
Q. To your knowledge.

MR. ANGELOVICH: Objection, scope.

A. I would just say that in preparation for my testimony today that is not something I looked into.

Q. Well, is the state seeking damages in this case for prescriptions for opioids that were reimbursed by insurance companies or payers other than the state?

A. Again, I was not prepared to speak on damages as a -- as a part of my testimony today.

Q. And again respectively Doctor, I refer you to topic No. 6.

A. I'm aware that topic number of has the word damages in it.

Q. Right?

A. But specifically I think your question is related to the damages that the state is seeking and I'm not prepared to testify on damages in the process that the state went through to determine what damages to seek or not seek.

Q. Okay. I'm not asking you to tell me what process the state went through to determine what damages to seek or not seek?

A. I think would politely disagree.

Q. Well, [PHR-ET] rephrase my question because that was not what I was asking you to do. We can tell from the petition, at least to a certain extent what damages they're seeking and you're here at least one of the things year here to testify about is the nature and circumstances regarding any prescription of any opioid manufactured by Teva including Actiq or Fentora that the state contends caused it harm and for which it is seeking to recover damages in this lawsuit, okay? And so what I am asking you, does the state contend that it was caused harm and therefore is it seeking damages for prescriptions of opioids manufactured by Teva that were paid for by entities other than the state?

MR. ANGELOVICH: Objection, scope.

A. Yeah, I think I can't answer that question

based on what I prepared for in my testimony today.

Q. In other words you're not prepared to answer that question today. Is that right?

A. That is correct.

Q. Okay. Are you prepared to answer questions today about damages that the state is seeking for

prescriptions that were reimbursed by the state?

A. Can you repeat your question?

Q. Sure. What I'm trying to do is -- is sort of differentiate because you brought this up that there are some prescriptions that a patient might have filled and reimbursed by a different -- a third party insurance company or private insurance company, and then of course, we know and we discussed the Oklahoma Health Care Authority administers the Sooner Care and other programs, the State of Oklahoma administers other insurance plans, you're aware of that, rye?

A. Uh-huh.

Q. Okay. And so under the various insurance programs that the State of Oklahoma administers, including Sooner Care and health choice, the State of Oklahoma reimburses for prescriptions for opioid medications, correct?

A. That is correct.

Q. All right. And it's my understanding that the State of Oklahoma is seeking to recover damages and it's claims it was caused harm because of prescriptions for opioid medications that it

reimbursed.

A. Again, I think you're speaking to what damages and -- and how the state is seeking them, and I'm not prepared to testify on that today.

Q. All right. Well, again, so -- so are you able to testify today about the nature and circumstances of the prescriptions for opioids for which the state is seeking damages?

A. Yes.

Q. Okay. Well, let's talk about that. So have you only reviewed prescriptions or information regarding prescriptions claims that have been reimbursed by the State of Oklahoma through its various insurance plans?

A. I think that's a complicated question.

Q. Tell if he why?

A. For a couple of reasons.

Q. Okay.

A. One is my role as a public health addiction medicine physician. So I have reviewed lots of information regarding opioids by multiple payers.

No. 2 is my role as an expert witness, and why --