PART C

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**

where I have reviewed lots of information. No. 3 would be piecing out that to my role here today. So I think it's a complicated question for me to answer ton what I have reviewed and haven't. So I'm trying to give your -- your answer the full thought that it did he service. I'm not sure I completely understand what you're asking.

Q. Okay. Let me try it again. I'm trying to find out as you -- again I'm just focusing on topic No. 6 right now if you want to look at it. Topic No. 6 sought testimony on the nature and circumstances regarding any prescription of any opioid manufactured by any Teva defendant including Actiq and Fentora that the state contends caused it harm and for which it is seeking damages, okay? So there's some June verse of prescriptions that the state contends were manufactured by my clients that caused it harm. Would you agree with that?

A. I would agree with that.

Q. Okay. And so what I'm trying to find out about is -- is that universe of prescriptions limited to the prescriptions that have been reimbursed by the state?

A. Again, I would just tell you I'm not

prepared to testify on that today.

Q. Okay. Well, you are prepared -- and in other words you're not prepared to testify to that because you don't know if it's just limited to that union verse, right?

A. I would point you to my previous answer or where are my -- my knowledge is coming from and what my role is. I would just tell you I'm not prepared to testify on that today.

Q. Okay. Are you prepared to testify about the nature and circumstances of the opioid prescriptions manufactured -- let me start over. Are you prepared to testify about the nature and circumstances regarding any prescription of an opioid manufactured by Teva which was reimbursed by the State of Oklahoma?

A. Yes.

Q. Okay. And the State of Oklahoma has reimbursed prescriptions for opioid -- opioid medications manufactured by my client through its various health insurance programs, correct?

A. Correct.

Q. Okay. Do you know how many prescriptions

for opioids manufactured by my clients the State of Oklahoma has reimbursed during the relevant time



period?

A. I do not.

Q. Okay. Is it the state's position that it is seeking damages for all prescription opioids manufactured by my clients during the relevant time period?

A. No.

Q. All right. Let's go, Doctor, to -- switch gears on you a little bit. We were talking a little bit before the lunch break about addiction, and I just want to ask you and again I want to go now and kind of go back to the -- some of the issues in -- in topic 11?

A. Okay.

Q. Which has to do with proper prescribing and appropriate use of Actiq and Fentora or other opioids manufactured by Teva. is it the state's position that the proper prescribing of of an opioid prescription requires that a patient's physician evaluate the patient's medical history?

21 A. Well, the state would contend that the
22 proper prescribing of an opioid medication would be
23 an violate lysed [SK-EUGS] between a physician and a
24 patient based op full and accurate knowledge of the
25 risk and benefits.



1 Q. I understood -- app. As a threshold matter
2 you believe it has to be based on the full, complete
3 and accurate knowledge of risk and benefits, okay?
4 Assuming a physician has that full, complete and
5 accurate knowledge of the benefits and risks, would
6 the state agree that there are a you number of
7 factors that the physician should analyze before
8 making a prescription of any medication, correct?
9 A. The state would say that it is always a
10 risk-benefit analysis and the risk of that is based
11 on information obtained by the physician in numerous
12 ways, the benefits similarly.
13 Q. I understand that. But what I'm trying to
14 get to or what are the factors -- assuming the
15 physician has the full knowledge of the risks and
16 benefits, what are the other things that -- that the
17 State of Oklahoma contends that a physician should
18 look at in order to properly prescribe an opioid

medication? Jeff object to the extent you're seeking an expert opinion based on an assumption or hypothetical.

Q. No I'm not. I mean I hear your objection I'm just trying to get the state's position on proper prescribing as factual matter. Okay? So do you need me to restated the question?



A. Yes.

Q. Okay. Is it the state's position assuming that a physician has the full, complete and accurate knowledge of the risks and benefits that there are a number of things that a physician should analyze in making a decision about prescribing an opioid including the patient's medical history?

A. So the state would contend that there are a number of factors that a physician could analyze in which the patient's medical history would be one of those.

Q. Okay. And would the patient's risk factors for addiction be another factor that the state would contend that a physician could analyze in making a decision to prescribe an opioid?

A. Yes.

Q. Okay. And would it be the state's position also that in order to determine whether a physician is properly prescribing an opioid, that the physician could also analyze the benefit to the patient of that opioid medication, correct?

A. Yes.

Q. Okay. And likewise, that the -- that the physician could also analyze the risks of the opioid medication to that patient, correct?



A. Correct.

Q. In fact the state's position is, if I've understood your testimony earlier and what you've written here, it's not only that the state thinks that a physician could analyze the risks and benefits it is that the physician should analyze the risks and benefits, correct?

A. The state's position is that the proper prescribing and appropriate use of the medication is based on a risk-benefit analysis, which would include analyzing the risks and then analyzing the benefits.

Q. It not optional it's something that the physician should do in state's eyes, correct?

A. Yes, yes.
Q. All right. Thank you. Are you familiar with DEA drug scheduling?
A. I am.
Q. You understand what a schedule two drug is?
A. I do.
Q. Do you understand that among other things schedule 2 drugs are potential -- high potential for abuse?
A. Yes.
Q. And are you aware that the FDA -- strike that. Is the state aware that the FDA has designated

35

both Actiq and Fentora for as schedule 2 drugs?
A. Yes.
Q. And both of those drugs were designated as schedule 2 drugs from the initial dates of their respective releases into the market?
A. Well, I would say the state would not disagree with that.
Q. Okay. Let's -- doctor, you've got your big notebook in front of you, Exhibit 2. We looked earlier today down at the bottom or toward the bottom

of page 1 where you listed some general information about appropriate uses for various types of opioid products. Do you see that?

A. I do.

Q. What was the source you used to obtain that data or that information?

A. Well, so, the state is relying on experts and other available information for that.

Q. Okay. Putting I a side what experts the state may be relying on, what other available information does -- does the state rely on to make those statements in your document here about the appropriate use for various opioid products?

A. I would say -- well, specifically, as it's listed in my document I would say that the state is



relying on experts.

Q. Okay. So that's the only source of that information at the bottom of page 1?

A. Yes.

Q. Okay. Going over to page 2, which is the -- the written answer that you provided today regarding topic 12 and topic 12 deals with the state's understanding of the risks of Actiq, Fentora and the

other opioids manufactured by Teva I see you've got an answer you list a number of bullet points as the primary risks of Actiq, Fentora, or other prescription opioids manufactured by Teva during the relevant time period and you see those bullets, correctment I do?

Q. What is the source of that information is that also solely based sole on information the state as received from experts?

A. Yes.

Q. All right. Is it your testimony that the state has -- well, strike that. When you refer to experts are you talk about the experts that have been designated in this case by the state? And the reason I'm asking I'm not trying to be cute here I'm trying to understand in you're talking about experts that have been designated in this case as opposed to



experts that work for the state and various agencies that the state has that are relevant to this case like the health care authority?

A. I would say both.

Q. Can all right. So you would agree that

putting aside the experts that have been designated in this case to testify, certainly the State of Oklahoma has employs individuals within its various agency like the health care authority who have expertise in appropriate use of opioid products, right?

A. Yes.

Q. And you would also agree that the State of Oklahoma employs in its various agencies including the health care authority, individuals who have expertise in the potential risks of opioid medications, correct?

A. Yes.

Q. Okay. Let me go ahead and hand you what I'm going to mark as Exhibit No. 7.

MS. PATTERSON: I'm sorry.

MR. ANGELOVICH: Thanks.

BY MS. PATTERSON:

Q. Doctor, have you ever seen or reviewed Exhibit No. 7?



A. Not to my knowledge.

Q. Okay. This is --

MR. ANGELOVICH: Go ahead and look through

all of it to be sure.

Q. Yeah, yeah, yeah.

A. I would say parts of it I would say are familiar but to the extent I reviewed the entire document, I'm not sure.

Q. I'm going to just kind of ask you about it general and I'll certainly and you're welcome to look at it if you like, look at all of it if you like?

A. Okay.

Q. I don't think it's necessary for my questions, but this is -- it's titled center for drug evaluation and research approval package for etc. inapplication number T. trade name you'll see on the front payment is Actiq, right?

A. Right.

Q. Okay. And I think you've already told me that the state understands that Actiq is indicated for breakthrough -- breakthrough pain in cancer patients who are opioid tolerant?

A. Correct.

Q. Okay. And the state also understands that Fentora which is the drug that came out later is also

indicated for breakthrough cancer pain if patients who are opioid tolerant, correct?

A. Correct.

Q. Okay. Have you ever seen a packet like this before for any other drugs whether it's an opioid or not?

A. It's -- it's possible.

Q. Okay. All right. If you'll look at page 19 -- see down there at the bottom there's a number stamped 19-. If you look at 19-41.

A. (Witness complies.)

Q. And actually go to 19-40, first, which is -- it says attachment five, Actiq package insert?

A. Yes.

Q. All right. And then we'll turn over to page 19-41.

A. (Witness complies.)

Q. And by the way, your counsel mentioned earlier some documents that were provided to us in a deposition earlier this week by a representative of the health care authority, Bethany and never can say her last name.

MR. PATE: Hold read?

Q. Hold read, thank you. Ms. Hold read

25 provided us a document and I have it here today and



1 according to the her testimony so one of the
2 documents he had pride and provided us Actiq was
3 approved by FDA in November 1998. Do you have any
4 reason to disagree with that?
5 A. No.
6 Q. Okay. Similarly in the document that she
7 prepared, she indicates that the FDA approved Fentora
8 in September of 2006. Do you have any reason to
9 disagree with that?
10 A. No.
11 Q. Okay. So I want to talk to you about Actiq
12 first since it was -- came on the market earlier.
13 This document, Exhibit No. 7, has to do with Actiq
14 and I've had you turn to page 19.041. Do you see
15 that?
16 A. I do.
17 Q. Okay. And -- and you'll notice approval
18 date on the first page is March 26th, of 1999. On
19 the -- the very front of thement do -- I'm sorry at
20 the very front page.
21 A. Oh. Yes I see that.
22 Q. Okay. Now, do you know and again, I'll

refer back to this document that Ms. Hold read provided us, it's my understanding that the -- the act -- the drug Actiq was covered by the Oklahoma



Health Care Authority effective January 19, 1999. Do you have any reason to disagree with that?

A. No.

Q. And the drug Fentora for became covered by the Oklahoma Health Care Authority plans in October of 2006. Do you have any reason disagree with that no?

Q. Okay. Now when Actiq went on the market are you familiar it went on the market with a label -- with the label that is represented here at page 19-s for Exhibit 7.

A. Yes.

Q. Okay. And the state was aware of the information in that label as it relates to appropriate use and risks of Actiq and Fentora as of the time that drug became covered by the state, correct?

A. Yes.

MR. ANGELOVICH: Dr. Beaman, if you -- we

jumped ahead 40 some odd pages if you need to look through the document to -- I mean there's a lot of information if here.

Q. There is.

MR. ANGELOVICH: I'd rather you look through it rather than jump ahead 40 pages before you answer



questions you have the right to do that.

Q. You do. The only thing I'm asking you about is the label, but --

A. Well --

Q. I just want to talk about what the state knew about the label at the time it was issued.

A. If -- if you'll just give me a brief moment.

Q. Sure. To be familiar with what's available in the packet?

Q. Sure, that's fine.

A. Okay. I'm sorry, if you will --

Q. Sure?

A. Repeat your question.

Q. Let me go back and see if I can find it. Okay. Am I correct, Doctor, that the State of Oklahoma was aware of the information contained in the label that you see before you on page 19-41 as of

the date that label was approved by the FDA back in 1998?

A. Yes.

Q. Okay. And that label which is there at 1904 1 includes a number of warnings regarding Actiq, correct?

A. It appears to, yes.

Q. Okay. Are you familiar with the term black box warning?



A. I am.

Q. Is what we see here on page 19-041 what's referred to commonly as black box warning?

A. It would seem so, yes.

Q. So the State of Oklahoma was a aware as of 1998 there was a black box warning related to Actiq?

A. Yes.

Q. And because of -- well, based on the information it contained in that black box warning certainly the State of Oklahoma was was aware that there were various risks of this -- of this medication?

A. Yes.

Q. Okay. The black box warning in addition to setting forth risks related to the particular medication also sets forth various contraindications, correct?

A. Yes.

Q. Okay.

A. Well, you say several, I specifically see three.

Q. Okay.

A. I don't know if there's others that I'm missing but it does list three contraindications.



Q. And the State of Oklahoma was aware of those contraindications as of the date this label was approved in 1998, correct?

A. Yes.

Q. Okay. All right. Do you know if those contraindications ever changed -- let me rephrase that. Do you know in the State of Oklahoma ever became aware of any changes in those contraindications?

A. No.

Q. Okay. No, you don't know --

A. No.

Q. -- or no, they didn't change? That was a bad question?
A. I would say both.
Q. Okay.
A. The state is not aware that there were any changes to the black box warning.
Q. At at any point in time?
A. At any point in time.
Q. Okay. Okay. And is the state aware that this black box warning was included in the package insert with the Actiq medication that was provided to patients?
A. Yes.

45

MR. ANGELOVICH: Objection, speculation as to whether this was included in every package ever --
A. I would say that the state was aware that it should have been.
Q. Okay.
A. Included.
Q. Does the state have any reason to believe, any evidence that the package insert was not included with any prescription or package of Actiq at anytime,

do you have any evidence of that?

A. No.

Q. Okay. Let's see with that -- -- I'm going to mark Exhibit No. 8 -- oh, sorry, thank you, doctor?

A. If you'll just happened me to me.

Q. Yes, thank you. I appreciate it that. I'll do that. All right, Doctor, I'm handing you another document that I have marked as Exhibit No. 8. You're welcome to look through the whole thing but I'm really going to only ask you about the first page. So why don't you take a minute and glance at that if you like?

A. (Witness complies.)

Q. Okay. All right. So Exhibit No. 8, as you can see up at the top, it's another document related



to the drug Actiq, correct?

A. Correct.

Q. And if you look a little bit about halfway down, on the left hand column of the first page you'll see a section that says recent major changes?

A. Correct.

Q. And it lists box warning dosage and

administration, contraindications and warning and precautions. Do you see that?

A. I do.

Q. And date associated with each of those is December 2016, correct?

A. Correct.

Q. All right. And if you'll look above that, there is another black box warning related to Actiq, correct?

A. Correct.

Q. Do you have any reason to believe that the -- strike that. I'll represent to you that this was a revised black box warning that was approved by the FDA regarding Actiq does the state have any reason to disagree with that?

A. No.

Q. And would the state have knowledge as of December of 2016, that these additional risks and



contraindications existed with regard to Actiq?

A. I'm going to need just a minute.

Q. Sure.

A. I will say yes.

Q. Okay. If you compare the black box warning in Exhibit 8 which is the one dated 12 of 2016, you will see -- if you compare that to one we looked at earlier that's dated November of 1998, you'll see that there's -- there's more information contained in the 2016 version, correct?

A. There appears so, yes.

Q. And in your experience, have you seen situations in the past with other medications and I'm not limiting this to opioid medication but other medications where changes may be made in labeling with a medication that's been on the market for a period of time?

A. Yes.

Q. Okay. That's not uncommon is it?

A. I can't tell you whether or not it's common or not. I can tell you I've seen it before.

Q. Fair enough. Okay. If you'll notice in the black box warning from December 2016 down there in Exhibit 8, six lines down or six bullets down you'll see it says Actiq supposes user to Rix of addiction,



abuse and miss use which can lead to overdose and death. Assess patients risks before prescribing and

Monday foreclosely for these did he [HA-EUF] years and conditions do you see that?

A. I do.

Q. States was certainly aware of those risks with regard to Actiq not only back in 1998 but again in 2016, correct?

A. Yes.

Q. Okay. The next bullet is -- is what I wanted to ask you about. Actiq is available only through a restricted program called the turf rinse access program. Out patients health care professionals who prescribe to outpatients pharmacies and distributors are required to enroll in the program. Did the state have knowledge as of 2016 that Actiq was subject to the TIRF REMS program?

A. Yes.

Q. And in order for a proper prescription of Actiq to be made by a physician in the State of Oklahoma the physician had to be enrolled in the TIRF REMS program, correct?

A. Correct.

Q. And in order for a patient to receive a proper prescription for Actiq as of at least 2016,

the patient had to also satisfy certain requirements of the TIRF REMS program, correct?

A. Correct.

Q. Okay. You understand, Doctor, that the TIRF REMS programs was established before 2016, don't you?

A. I can't speak to that.

Q. Don't know?

A. No.

Q. Okay. Does the state know whether or not Actiq was subject to the TIRF REMS program prior to 2016?

A. Can you repeat your question?

Q. Sure, absolutely. Is the state aware of whether or not Actiq was included in the TIRF REMS program prior to 2016?

A. I would say yes, the state was aware that Actiq was involved in the TIRF REMS program.

Q. Prior to 2016.

A. Prior to 2016.

Q. Does the state know when Actiq first first became part of the TIRF REMS program?

A. No.

Q. Okay.

MR. ANGELOVICH: Hey Nancy if you're going to go to another topic.

50

THE VIDEOGRAPHER: Going off the record the time is 154.

(Whereupon, a lunch recess was held.)

THE VIDEOGRAPHER: we're back on the record. The time is 225 beginning disk 3.

MS. PATTERSON:

Q. Okay. Doctor, are you ready to proceed?

A. Yes.

Q. I'm going to hand you what I've marked as Exhibit No. 9. Exhibit No. 9 is a -- a document related to Fentora and I'm just going to ask you about the front page and about a few other items, but if you want to take a moment to familiarize yourself with the document, please do so.

A. (Witness complies.)

Q.

MR. ANGELOVICH: Nancy, I'm going to step out for a minute. I'm going to go hand this -- is that --

MS. PATTERSON: That's fine. That's fine.

MR. ANGELOVICH: Okay.

A. Okay.

MS. PATTERSON:

Q. Doctor, have you had a moment to review and I know you haven't reviewed it in department but just

51

briefly to review Exhibit 89?

A. Yes.

Q. Exhibit 9 is a document regard the brand name drug Fentora which we talked a little bit before here today. Again I'm focusing on the State of Oklahoma's understanding as to risks and abuse regarding these drugs. Do you recognize the first page of Exhibit No. 9 to be the box warning associated with the drug Fentora?

A. Yes.

Q. Okay. And when I say again, the box warning, it's the FDA approved warning setting forth certain risks and can [TRA] indications, correct?

A. Correct.

Q. All right. And you understand that this was a box warning that came out when this drug initially went on the market?

A. I would not disagree with that.

Q. All right. And the C2 up at the top, that means schedule 2, right?

A. That would be my understanding.

Q. Okay. And we've already talked about schedule 2 drugs which among other things those are drugs which have a high risk for abuse, correct?

A. Yes.

52

Q. And was it -- did State of Oklahoma have the knowledge of the information contained in this box warning as to the appropriate uses and the risks associated with Fentora at the time this label was approved by the FDA?

A. Yes.

Q. Okay. I know in the top, the second line inside the box, it used the term abuse liability. Do you see that?

A. Yes.

Q. What does the state understand that term to mean? In the context in which it's used there?

MR. PATE: Object to form.

A. I mean it's difficult for me to answer how the manufacturer, what -- I mean to interpret their word. I know what -- I mean the state would know

what the word abuse means. The state would know what liability means.

Q. So tell me the state's interpretation of that term as it's you'd in the box warning for Fentora.

MR. PATE: Object to form.

A. I'm not sure. I'm sorry. I'm not sure how it's used in the form. Again, the state was not responsible for writing this language, did not have



conversations that I'm aware of with the manufacturers about those two words. So I'm not sure exactly what you're asking me to interpret, but I do feel like it's an interpretation of something that the state did not -- not create.

Q. I never [STHA-UFT] state create considered or have any involved in created it so if you understood any question to assert that I certainty didn't though a [SH-ERT]ment a I [PH-EP] [KW-EUS] is related to are crew Elm the a moment ago that the state was aware at the time this box warning was issued and approved by the FDA that -- that it existed with regard to Fentora, that this box warning

accompanied this drug, correct?

A. Yes.

Q. All right. And all I'm asking you is on behalf of the state, what did the state understand that box warning, that particular sentence to mean when it says Fentora contains fentanyl and opioid additives and schedule 2 controlled substance with an I Wyatt [HRA-EUBLT] similar to other opioid analgesics?

A. Essentially that the medication could be aviewed which could mean that it would be taken in a method otherwise unprescribed.



Q. Okay. Did the state also understand based on the box warning that we see here in Exhibit No. 9 that this was a risk of addiction with Fentora?

A. Well, I don't see -- and perhaps I'm missing it.

Q. Uh-huh.

A. -- that addiction is specifically discussed. However, the state was aware that it was a tell 2 drug and that all tell 2 drugs have a risk of addiction.

Q. Thank you. All right. Are you aware,

Doctor, that at some point in time the State of Oklahoma in particular the Oklahoma [H-BGS] authority implemented certain quantity limits related to Actiq?

A. I'm not aware of that.

Q. Okay. Are you aware of whether or not the State of Oklahoma ever instituted and specifically the Oklahoma Health Care Authority ever instituted any limit related with regard to the drug Fentora?

A. No Drew objection outside the scope.

Q. You're not wear of that?

A. No, I'm not.

Q. Would it be proper for a physician in the State of Oklahoma to prescribe a drug outside the quantity limit if in fact there was a quantity limit

55

set by the Oklahoma Health Care Authority? [SKWR]?

MR. PATE: Objection, scope.

A. I would think that's a very broad question.

Q. Okay.

A. Because physicians prescribe medications to a variety of patients from a variety of pare payer sources and it seems as what you're describing is a limitation put into place by one of those payer

sources. But as I understand your question, it would relate to all payer sources. So I'm -- I'm not sure that I can -- can answer that.

Q. Well, and again, I'm not -- it did not -- I did not intend to mean all payer sources because I don't know that that's the case with regard to all payer sources. I'm specifically limiting it to the Oklahoma health care [THO*-RT] which administers the Medicaid program and the med cared part D. program?

A. Okay.

Q. And again, I'm asking this question because one of the topics we've asked you to be here on today has to company with appropriate -- proper prescribing of these medications, okay? So I'm ask it this way. Is it the position of the State of Oklahoma that it would be improper for a physician to prescribe an opioid medication for a quantity that exceeds a



quantity limit that has been set by the state?

A. Well, so, I think the state would contend that reimbursement for the prescription would -- that if the physician were expecting to be reimbursed for the treatment with that prescription that the physician should be aware of the rules and

limitations of the payer source, in this case Oklahoma Health Care Authority, puts into place regarding those prescriptions.

Q. Okay. So we looked a minute ago at the two box warnings with regard to Actiq. And let me just go back to Exhibit No. 7 first of all, which was the 1998 box warning for took?

A. Okay.

Q. Are you -- strike that. Is the State of Oklahoma aware of any physicians in the state who were not aware of the information contained in the box warning related to Actiq subsequent to it being released?

MR. PATE: Objection, calls for he speculation.

A. The State of Oklahoma does not -- again as I said earlier measure the knowledge that individual physicians have.

Q. Okay. So the State of Oklahoma wouldn't



know which physicians did or did not have knowledge of the information in the box warning?

A. That is correct.

Q. Same would be true for the box warning information in Exhibit 8, the State of Oklahoma wouldn't know one way or the other if a doctor had knowledge of the box warning information.

A. That is correct.

Q. And I guess the same would be true for Exhibit 9 the State of Oklahoma wouldn't have any knowledge one aor the other regarding whether or not a physician in the state had knowledge of the box warning information in Exhibit 9 related to Fentora?

A. That is correct.

Q. All right. Thank you, doctor. You mentioned earlier that there were 27 hundred prescriptions and I understand you don't know if that's just of Actiq or if that number represents Actiq and Fentora. Is that still -- still where you are on that number?

A. Yes.

Q. Okay. So recognizing that we don't know which -- which it is, I still want to ask you, is the State of Oklahoma aware of any doctors who wrote any of those 27 hundred prescriptions who did not have



full, complete and accurate knowledge regarding the

risks and benefits of those medications?

A. [TKPW-EP], I think you're asking whether or not doctors had -- what degree of knowledge doctors had and it's not the state's position to know the totality of information that each individual physician has.

Q. Okay. Is it the -- is the state aware of any patients who received any of those prescriptions of the 27 hundred you referenced earlier and took those prescriptions as directed by their physician who suffered any adverse health con [SKR-EPBS]?

MR. PATE: Object to form.

A. I'm sorry that was a little long.

Q. Okay.

A. Can you repeat that? Sure. I'm trying the find out if the state -- let me do it this way. Again, pivoting back to topic 6 which [SK-GS] about prescriptions which caused harm and for which the state is seeking damages. I want to know if the state is aware of any patients who received any of those 27 hundred prescriptions and took those as directed by their physicians who nevertheless [S-UFD] some sort of adverse health con [SKR-EPBGS] as a result of that prescription or those prescriptions?

MR. PATE: Object to form. Outside the scope.

A. The -- the state would again say that -- that's not a knowable number in that certain harms, such as overdose could be identified as being attributed to one opioid at the time of death, but any opioid including Actiq, Fentora or any other of the other opioids produced by the Teva defendants could have contributed to that overdose. So to answer your question, I would say I don't know that that's a -- a fair question.

Q. Okay.

A. Not that it's an unfair question. I don't think that that's information is knowable.

Q. So you don't any information is knowable as to whether or not a particular -- well, let [PH*-E] let me ask it this way. Obviously the state has a great deal of data regarding prescriptions that have been reimbursed for -- through the Medicaid program, correct?

A. Correct.

Q. All right. And the -- and the information

that the state has regarding prescriptions that are reimbursed includes information about what the -- what the prescription was, what the drug was, right?

60

A. Right.
Q. The dosage of the drug, right?
A. Right.
Q. The day of the display that the prescription was written are to, correct?
A. Correct.
Q. And so with regard to a particular patient, the state certainly has information as to whether or not that patient was being reimbursed for prescriptions for one or more opioids at a given period of time, correct?
A. That is correct.
Q. Okay. So the -- the state also could obtain information about whether or not patients who were taking any particular opioid within -- well, let me -- let me start that over. The -- state certainly could obtain information from member providers as to whether or not patients who were being prescribed opioids suffered adverse health con [SK-EPBGS], couldn't it?

MR. PATE: Object to form.

A. I don't necessarily agree with that.

Q. Okay.

A. For example, if someone overdoses, how would the provider know that that patient overdosed and

61

then how would that provider provide that information to the State of Oklahoma. If a patient had an addiction, how would that information present to the provider so that the provider could then report that to the State of Oklahoma? If the patient had a rash, how would the physician know that the patient had a rash and then provide that information to the State of Oklahoma? I'm not aware of any other broad classes of medication that every single adverse reaction is reported to the physician who then reports that adverse reaction to the State of Oklahoma.

Q. Well, I appreciate the answer, Doctor. You do know that the State of Oklahoma can request information from providers about the prescriptions that they provide?

MR. PATE: Objection outside the scope.

Q. That you reimburse?
MR. PATE: Outside the scope.
A. I --
MR. PATE: Calls for speculation.
A. The state is aware that it can request certain information.
Q. Okay.
A. From providers.



Q. And -- and in fact the state has requested information from providers in connection with this case regarding prescriptions for which it's seeking damages, right?
MR. PATE: Outside the scope.
A. I would say that is not information that I prepared for in this deposition today.
Q. Well, I'm asking [KWRA-UR] wear irregular that happened, right?
MR. PATE: Outside the scope. You're ask it about as expert, no no, no I'm not asking about his expert opinion. I'm just asking him if he's aware that the state can request information from providers.
A. Which I believe I just answered that the

state is aware that they can request certain information from providers.

Q. Is there a limitation on what information the state can request from providers about a patient's medical condition or records?

MR. PATE: Objection, outside the scope, calls for speculation.

A. Yeah, I would agree that there is. First of all the information has to be known to the provider.

Q. Well, of course, -- of course, you can't ask

63

the and?

A. A lot of people with addiction are not going to tell their provider that they're a [STKPWHR-EUBGD] some people do that.

A. So street state could request addiction information from the provider but that information would not necessarily be valid.

Q. Understood.

A. I believe your -- your question, though, that -- that I can't answer is whether or not information is been requested in regards to this ace.

Q. Yes.

A. I did not prepare for that in the preparation of my deposition today.
Q. Okay. I'm not sure I understand what it is you didn't prepare. I'm not sure I understand what distinction you're making?
A. That I did not review all of the information that the state requested from providers.
Q. Okay.
A. As part of my testimony today.
Q. And why did you not do that?
A. I would say that I did not find it within the scope of the questions.
Q. Okay. Again, you understand that just as an



example I'm going to read one of the topics, which is topic 6, which was the nature and circumstances regarding any prescription of any opioid manufactured by Teva including Actiq and Fentora which the state contends caused harm in which it seeks damages. And so you looked at that topic and notwithstanding the language of that topic you didn't review any of the underlying data that the state basis its claim for damages and harm on?
A. Well, I --

MR. PATE: Hold, Dr, just pause for amendment so I can object. Objection misstates his testimony and the state's burden in responding to this deposition topic gets into court has already held not within the discovery cold [-FPLD] I'd like to make sure I understand your ex [SKWR]. What, I -- has the court held that the defendants are not entitled to inquire into the basis of the alleged harm by the state? Drew did we can O. it's included in materials that he's brought with you -- if you'd like me to point that out to you about the aggregate proof [SR-ES] individualized proof and patient information that's what I'm talking you can talking it pat [STKPHR-T].

Q. With it let me ask it this way, Doctor, are



you telling me that you are not prepared today to talk about any particular -- I'm sorry. Are you telling many that you are not prepared today to testify regarding any prescription of any opioid for which the state is seeking damages in this case?

A. No.

Q. You're not prepared for that, are you?

A. No, to answer your question, no, that's not what I'm saying.

Q. So you're prepared to testify about the nature and circumstances regarding prescriptions for which the state is claiming damages.

A. Not individualized prescriptions, but prescribing and prescriptions as an aggregate.

Q. Okay. All right. Let me have you take a look at topic 36. Topic 36 asks for a witness to be presented regarding the identification of, and the circumstances by hind all negligence or excessive prescription within the 245 prescriptions identified in paragraph 37 and Exhibit 3 of the petition, including but not limited to factual basis for allegely the prescription was -- was unnecessary or [SKP-ES] I have for each prescription much do you see that?

A. I do.



Q. Okay. And just so you're clear about what [THA-EG] referencing, why don't you get out Exhibit 6, which is the petition, and we'll take a look at paragraph 37. Which I believe is on page 9 of the petition.

A. Okay.
Q. Are you with me?
A. Yeah.
Q. All right. So paragraph 37 reads from 2007 to present, the Cephalon defaults have [TA-USD] to be submitted approximately 245 prescriptions for reimburse itment to the Oklahoma health care [THO*-RT] on behalf the Oklahoma Medicaid system for the defendant Cephalon's opioid also the Oklahoma health care [THO*-RT] that is [HA-EUD] approximately 647 thousand 610.96 for these drugs. Do you see that?
A. I do.
Q. And it rev represents an Exhibit 3, and if you'll turn back to Exhibit 3 to the petition you'll see a table and the table up the at the top says dispensed?
A. Yes.
Q. Between 1-1-2007 and 6-21-2017. Do you see that?



A. I do.
Q. Okay. There's a little affect risk neck to

6-21-2017. Down happen no to know what that indicates, next to the date at the [-P] to?

A. Yeah, I don't know what the asterisk means.

Q. I don't either I didn't want you to think I did and wasn't telling you. Okay again, this list, 245 claims, do you see that?

A. I do.

Q. All right. So that 245 corresponds the paragraph that we just looked at so gag back to [-P] to I can 36 which you are being presented on here today, you were asked to be in a position to be able to testify about circumstances behind all unnecessary and excessive prescriptions including but not limited to the factual basis for any and unnecessary and excessive prescriptions contained on that list. Did you understand you were expected to be testified about that today?

A. Yes.

MR. PATE: Object to form misstates the topic.

Q. How did you it misstate the topic. Judge [SKWR-PBLG] well, -- go ahead. Just ask your question.

Q. All right. Do you understand the topic?
A. Well, I'm going to ask you to repeat it.
Q. Surety sure it and I'll just read it?
A. Zero can.
Q. So I don't misstate anything. We asked tore a witness who could provide testimony regarding the identification of and circumstances behind all quote unnecessary or excessive prescriptions within the 245 prescriptions identified in paragraph 37 and Exhibit 3 of the petition including but not limited to the factual basis for alleging the prescription was unnecessary or excessive for each prescription. Do you see that?
A. I do.
Q. And just so you'll know where the term excessive and -- and unnecessary comes from, that also comes from the petition. It's here in a couple of different places but I can give you some examples. For example, you'll see on on page 9, paragraph 3, there's an allegation that defendant's deceptive and mislead can caused Oklahoma to pay millions of [TKHRA-URS] for you know necessary or excessive opioid prescriptions and I'll represent to you that that -- those terms are used throughout this

25 petition?



1 A. Okay.
2 Q. Sock -- okay? All right. So that's why
3 that terms you'd in topics. So what -- one of the
4 things that my client is seeking to understand today
5 and why we asked for testimony on this topic is of
6 these 245 prescriptions that have been identified as
7 to Cephalon from 2007 to the present, we want to
8 understand which of those the state considers to be
9 unnecessary or excessive. Did you come prepared to
10 testify about that today?
11 A. Yes.
12 Q. Okay. Can you tell me how many of the 245
13 prescriptions rev [R-EPBGS]ed in paragraph 37 and in
14 Exhibit 3 the state contends were excessive or
15 unnecessary?
16 A. I believe for that, I would have to
17 reference Dr. Gibson's disclosure.
18 Q. Okay. You -- I know you've got a copy of
19 the Dr. Gibson's disclosure in the --
20 A. Biopsieder one, it is Exhibit G.
21 Q.

Q. Okay. If you point to me where in Dr. Gibson's --

A. Sure if you'll just give me a second.

Q. Sure.



A. Actually you know what I think I'm going zero rephrase my answer.

Q. Okay.

A. Because it seems as though you're asking for individualized information, and as we established I think from a court order that individualized information, that -- that the state is taking an aggregate approach and if you'll give me one second, I can reference exactly what I'm -- I'm referring to. Yeah, from -- of the prepared written statement in binder one, page 2, second to last paragraph that starts with the court has already held the State of Oklahoma as a [PHRA-F], not individual patients as such it is not an [SRAO-EULD] lysed proof process which they are to be used [STKPWHR-UPB] necessary and in fact would likely result in an unreasonable lengthy and highly burdensome discovery process as defendants have stated in[T-EPGS]s to depose all patients with claims. An aggregation approach to

this case I find to be reasonable and can fairly fit the needs of all parties in an order dated October 10th, 2018.

Q. And I appreciate your adding the date of that order. Judge I think you're going -- judge I think year bog to need a ruling on [TH-FPLT]

71

[TPA-URPT]ly. Judge [SKWR-PBLG] I knew it was am companying. Pat would you like me to go -- my question -- my problem -- he's saying -- he's saying [AO*-E] not here to answer questionment [*-URPB] as you know, the -- the state filed a motion to quash Teva's corporate -- corporate rep topics that -- that matter went up to adjustment Bachman judge [PHA-UBG] ban over[HRAO-LD] their motion to quash asked to you rephrase and Taylor [THAO-EPBGS] questions [THR-UD]ing which are ones lived zero continue topics today and we're here today to ask those questions. To state to my knowledge didn't file any further motion to quash. They didn't seek to quash these. December court order which again I think it's the context of that court order had to do with whether or not the defendants can go out and depose particular

individual patients of doctors. What I'm asking about today is whether or not the state can provide for us information about the specific prescriptions from which they seek reimburse itment and damages that they claim were medically or unnecessarily or excessive and without the ability to do that, your honor we can't begin to assess potential damages or put on fair or adequate defense in the case. Judge and I don't need a response you may ask the question



[A-EPBS] seek the answer. Pat okay. [THA-UPBG] your honor?

A. So can you we Pete the question?

MS. PATTERSON:

Q. Sure. Are you prepared today to provide me testimony regarding the identification of and circumstances behind all negligence and prescription within the 245 prescriptions identified in paragraph 37, Exhibit 3 of the petition?

A. So, I would say specifically at this moment I don't have access that I know of to the 200 -- well, so, the -- I don't believe the petition says that all 245 are unnecessary and excessive.

Q. Let's start with that.

A. Okay.
Q. Is the state contending that all 245 of the prescriptions rev [R-EPBGS]ed in paragraph 37 are [KP-EFT] I have or unnecessary?
A. No.
Q. Okay. Thank you. How many of the 245 prescriptions referenced in paragraph 37 of the petition does the state contend were excessive or unnecessary?
A. That is the information that I do not have at my disposal now, but it's a know able number and

73

would have been part of my expert role for this case, and so I'm not aware of what information has been provided to your client in regards to my expert analysis.
Q. Okay. Again, I'm not sure about your expert analysis, I'm trying to understand the factual basis for the claims that -- that the state is making against my client. So you told me I think that the number of the 245 claims referenced in paragraph No. 37 which state con continued tease sun [PH*-E] appeal necessary or excessive the state knows that

numberments yes?
Q. And I believe your client knows that number also.
I'm just not sure?
Q. My client does not know that you be in. That's
why I'm asking you as the representative of the state
today what that number is. So -- and that was one of
the purposes of this particular topic is the
identification of and circumstances behind all
unnecessary and excessive -- or excessive
prescriptions within the 245 identified the paragraph
37, Exhibit 3. We don't know what that number is.
That's what I'm trying to [TPAO-EUPBLTD] out. Can
you provide me that information today?
MR. PATE: Object to form. He has provided



you the information and he's [R*-EFRD] to you that
information.
Q. Where? I don't know a number.
A. Well, I -- I don't have access to the number
that you're asking me to.
Q. Okay.
A. As I sit here in front of you today.
Q. Okay. But it's a knowable number it is yes?
Q. And you're here on [T-E] half the state [T-E]

Harding the topic 36, correctment yes?
Q. But you're unable give me that number today?
MR. PATE: Object to form.
A. Correct. At we sit here today. Certainly I mean if you -- I mean I don't know where the information lies and how long it would take, but if you -- I mean whether or not I get it to you today would be would depend on that proceeds [S-EPB] how many hours left in the day.
Q. Well, what do you -- [*-URPB] how would you like us to proceed? I mean we have I believe the right to have this information. I believe that's, you know, --
THE COURT:
MR. PATE: Can we go off the record?
THE VIDEOGRAPHER: Going off the record.



The time is 258.
(Whereupon, a short recess was held.)
MS. PATTERSON: [*-URPB], can I just restate what I said on the record?
THE COURT: Yeah.
MS. PATTERSON: I believe that the topic,

particularly topic No. 36 and quite frankly topic 6 and 7 and 9 are very clear on what was being sought here today, and to paraphrase those topics among [O-ERP] things we were seeking identification of and the circumstances regarding at a minimum the 200 -- which sub-set of the 245 prescriptions the state contends in this case is unnecessary or excessive. We don't know what the state contends is unnecessary or excessive out of that number and so -- so we don't have the answer to that question and the state did not -- certainly the state objected to all of these topics and moved to quash. That motion was ultimately denied back in February by just Bachman who ordered to revise these topics. We did revise these topics. We reissued notices. It took a long time to get that sorted out and get these dates scheduled and now we find ourself on the day before the last day of exact discovery still try to [*-R] get basic information from state about their claims



and the state did not file any additional motion to quash as to any of these topics based on the December 2018 order and I don't -- our position is the December 2018 order [TKO-EPBTD] super side what we're

can seeking here it I understand the [TK-EPL] 2018 order what the court was concerned about that lawyers going out and depose egg patients and doctors and that sort of thing. Judge judge right. Pat president I'm simply trying the find out from this witness if he on behalf the state can tell us or identify us any prescriptions for Actiq or Fentora that state's going to contend were excessive or if he is and says he's not prepared to do that today E. judge that's what he Ed. Drew would you like me to respond the [-UPBL] consider [KWR-UPBLG] sure.

MR. PATE: I don't think that's what the witness has said. The witness has referred to information that's been provided to the developments. He's already referred to spurt examine [-UBS] cost ill I [PO]ly [SKWRAO-EUZ] for that, [PHR-FPLT] [SKWR*-EL] had to step out so we may have something to add to thisal. But the witness is prepared to testify about the topic within reason just because a party sends a topic [TKO*-EPBT] where he all know it doesn't means every one interprets that topic the

77

exact time say you don't have to file a motion to

quash you have to prepare within rope [AO-EUFPLT]
[SK-FPLT] much many Purdue [W-EUPLTS] and John and
John San witnesses [-FPLS] they're not able [TO-FPL]
they thought that's too specific of a information for
you to ask one person to sit here and testify about.
We all know that that happens and I don't think
that's a surprise to anyone so just because you say
we sent a topic you didn't move to quash it a second
time doesn't mean what the witness has to appear to
testify in the exact way you want him to. He can
testify within reason about what the information is
that's available to the state in this situation, but
judge Bachman was very clear that those topics and I
think the questions today still are within the
confines of prior orders from the Court, what Court
has allowed I believe that's the order that
[we've|would he have] cited we do think that that's
relates to the testimony today, but the main point
about this, your honor I know we have dealt with 245
today today Orr or before as you mentioned in
addressing Ms. Patterson's argument is that this
information has been provided. Massive amounts of
data same day that data that we have about these
prescriptions and all the prescriptions this case

have been provided to the -- to the defense along time ago. The expert disclosures about how the state is going about identifying the unnecessary or excessive prescriptions has been identified and explained in detail. This gentleman right here, Dr. Jason Beaman is one of the expert witnesses who will testify in a couple of weeks if I'm not mistaken about how he went about identifying those prescriptions within a [STA-FRPL] set and then how the state is then using that evidence outside of that to extrapolate Dr. Beaman or excuse me Dr. Gibson is going to testify about that. From day one, though, judge you've heard us have this argument where Teva says it's 245 prescriptions which ones are the none gentleman's ones and we've told them from day one you're asking the wrong question. It's not our allegation that your client is liable solely for 245 prescriptions of Actiq or Fentora. This is about how Teva along with these other defendants misrepresented the risks of opioids, both their benefits and misrepresented both the benefits and risks of opioids as a class of drugs and drove up and [KA-USDZ] unnecessary prescriptions of all opioids. And so

within the expert disclosures and the information that's been provided is how the state is going to



identify all of the Mel ale- what we con continued or medical ale unnecessary prescriptions of all opioids that Teva was liable for. It's well beyond the 245 that Dr. Beaman may have already testified about that today but certainly during the deposition of Dr. Kolodny that I participated in last week he's made that clear. [We've|Would he have] always made that clear in court you're honor. Judge let [PH*-E] oat let -- what I want to ask Ms. Patterson, what is the specific relief you are asking me to grant you?

MS. PATTERSON: The specific relief I'm asking you to grant, [*-URPB] is in the interest of due process and the interest of allowing the defendant [TAO*-EFP] to did he [TP-EPD] this case, not just because the state thinks we're asking the wrong question. We need to be able to have an individualized understanding of which claims and which prescriptions they are contending of our prescriptions were -- were improper. I understand that the state is going to make claims beyond the 245

but I'm just focused on the 245 right now and I would agree that the state has given us a lot of data about prescription claims. They gave us more of it last night and I'm no sure they gave us last night is about [-EUPGS] [PR]s but the point it's what they



have not answered for us is which of these 245 just focusing on that topic they believe are excessive or unnecessary. So the relief I'm asking for, [*-URPB] is to directly the state to produce a witness who has been properly prepared to testify on that. You heard the witness say it is a knowable -- it is a knowable answer to know how many of the claims the state claims are excessive or unnecessary. He just said that. He just also said, though, that he doesn't know that today because he didn't think the topic which very clearly asks for that spoke to that. And -- and, you know, again to Mr. [PA-EUT]'s point that dog this sort of general allegation that corporate [R*-EPTSZ] for some of the other defaults including my client may not have been fully prepared for particular questions in other depositions, you know, there are -- the state certainly had remedies to it if felt that were the is [KA]. The remedy I'm

ischemic seeing from the court right now is to direct the state to produce a witness who can testify based on having been fully educated on these topics. Up judge in the context of this deposition and under our rules and procedures I cannot grant that relief as a part of this deposition. So that request is denied at this time. Let's proceed.



MS. PATTERSON: All right.

MR. PATE: Do you want [T-FPB] or take a quick bathroom break?

MS. PATTERSON: I can continue.

THE VIDEOGRAPHER: Back on the video record at 307.

MS. PATTERSON:

Q. All right. So, let me just follow up to make sure I'm clear and I understand the court's ruling, but you have not -- you're not able to provide me testimony today whereby you could identify which prescriptions within the 245 are according to state excessive or unnecessary. Is that correct?

A. That is correct.

Q. Okay. You mentioned earlier that you

believe there were 27 hundred prescriptions, and again I know you're not certain if that was just Actiq or if that's Actiq and Fentora, but, again, regardless of that, of the 27 hundred prescriptions of Actiq and Fentora and/or Fentora, do you -- does the state know how many of those it considers excessive or unnecessary?

A. Not at this time.

Q. Okay. Does the state contend that all 27 hundred of those prescriptions of Actiq and/or



Fentora were excessive or unnecessary?

A. I can't answer that since I don't know that number.

Q. Okay. All right. So it might be the case that the state considers all 27 hundred of those prescriptions of Actiq and/or Fentora to be excessive and unnecessary. Is that your testimony?

A. Possible, yes, it might be.

Q. Okay. Has the state undertaken an analysis of which of those -- well, strike that. Has the state undertaken any kind of [TPHA-L] [SKWR-EUS] you're aware of doctor to determine which of the 27 hundred prescriptions of Actiq or Fentora were

excessive or unnecessary?
A. Yes.
Q. Okay. The state has done that?
A. Yes.
Q. Okay. And who did that for the state?
A. I did.
Q. Okay. So you have personally reviewed all 27 hundred Actiq an Fentora prescriptions?
MR. PATE: Objection, misstates his testimony: Yeah, that's not what I said.
Q. Okay.
A. I said that the -- your question, I believe,



was the state taken -- undertaken analysis and yes, they did.
Q. Uh-huh.
A. Which was part of my role, and -- but as part of that analysis, I don't believe I said that I reviewed all 27 hundred.
Q. Okay. Let me ask the question a different way. Has the state reviewed all 27 hundred prescriptions for Actiq and/or Fentora to determine which if any of those were excessive or unnecessary?

A. I would say again as I've said before, that the state relies on the information provided in the court order that says the State of Oklahoma is the plaintiff, not individual plaintiffs as such it is not an individualized proof process which they are state argue to be unnecessary and likely relate in you know reasonable [HR-EPBLGS] three and highly reasonable else [PW-URD] open [S-PL] Destin [T-EPGS] [TO-GS] depose all patient with claim. An a.

Q. [TKPWA-EUGS] approach to this case I find to be reasonable and can fairly fit the needs of all parties. As such, the state undertook and aggregation approach?

Q. Okay. And with all due we expect the question. The question -- I thought you testified and I'm



looking at the testimony, let's see if I'm reading it correctly that the state had undertaken analysis to determine which of the 27 hundred prescriptions of Actiq or Fentora [O-RP] excessive or unnecessary.

A. Yes.

Q. Okay. My next question is: Has that analysis involved a review by the state of all 27 hundred prescriptions of Actiq and/or Fentora?

A. So the state undertook a sample type analysis.

Q. Okay.

A. As I sit here today, I don't know if all 27 hundred were included in that sample. So it's possible that if -- I find that highly unlikely that if all 27 hundred ended up in that sample then the state would have reviewed all 27 hundred. However, as I said, I that I that's unlikely. So the state would not have reviewed all 27 hundred, depending on what your definition of review is. If you're saying did they review 27 hundred prescriptions to determine if they were unnecessary? I would refer you to my previous answer. Certainly I think the state has reviewed all prescriptions through their analysis in different ways. So it would just be on what your definition of review and what context that's in.

85

Q. What's your did he have is in of review?

A. It would depend on the context.

Q. Well, you told me that the state has reviewed -- well, actually will he go back [KPA-GT] it what I said in the question. I asked you if the

state has undertaken analysis of the 27 hundred prescription of Actiq or Fentora to determine which were excess -- which if any of those were excessive or unnecessary and you answered yes.

A. Yes.

Q. Okay. So whatever was involved in that analysis, okay, and I don't know what was involved in that analysis. Can you tell me what was involved in that analysis?

A. Yes. But I think that that would be more appropriate for my expert witness deposition. Certainly, I can point you to my disclosure which is included in binder one which outlines [PWRO-EFL] that process. Would you like me to review that for you?

Q. We may get to that, but again I'm just really trying to get some basic understanding of some numbers and whether you know them or you don't. That's all I'm trying to establish right now, Doctor, then we can get into whatever else you'd like to get into with regard to your disclosure. But you've told



me that the stat state did analysis to determine which of the 27 hundred prescriptions of Actiq and/Fentora were excessive or unnecessary and all I'm

trying to find out is did that analysis reveal a number of the ones which the state considers to be excessive or unnecessary?

A. Well, if that's your question, the answer would be yes.

Q. Okay. Now, that analysis did not include an analysis of all 27 hundred claims, it included I think you said a sample type analysis. Is that correct?

A. Well, so I think you're mischaracterizing my testimony.

Q. Okay.

A. In that I said it could.

Q. Okay.

A. Include all 27 hundred. So it was a sample, and that sample could have included all 27 hundred prescriptions. Okay. That --

Q. Did it?

A. Well, that I don't know.

Q. Okay. That's all I'm asking you you don't know if it did or didn't?

A. I don't know.

Q. Okay.

A. Is why I said it could have.

Q. Okay. So as you sit here today -- well let me follow up on the analysis. Did the analysis that the state engaged in of the 27 hundred prescriptions of Actiq an and/or Fentora include a review of the MMI S. data with regard to those prescriptions?

A. Yes.

Q. Did the analysis that the state performed with regard the 27 hundred prescriptions include a review of medical records with regard to the prescriptions that were reviewed?

A. Yes.

Q. Okay. And [TKPW-EP], recognizing that sitting here today, you cannot tell me whether all or only some of the 27 hundred claims for Actiq or Fentora were part of this analysis, can you tell me this, were medical records reviewed in connection which -- with each of the claims that was part of the analysis?

MR. PATE: Object to form: Yeah, I'm not sure I understand that.

Q. Let try again. As as I understand, you've got 27 hundred claims for Actiq or Fentora you don't

know as we sit here today whether all of them were



reviewed or only some of them, correct?

A. Correct.

Q. All right. Regardless of whether or not it was all or some, okay, whether it was 27 hundred or 27, I'm just trying to find out, with regard to the ones that were reviewed did part of that review include the review of medical records relevant to those prescription claims?

A. Yes.

Q. So with regard to every claim that was reviewed, with regard to every claim that was reviewed, that included analysis -- included analysis of medical records?

A. Yes.

Q. Okay. All right. And in order to determine which claims the state contends are unnecessary or excessive as it relates to Actiq and Fentora or any other opioid manufactured by Teva for that matter, the state felt it was necessary to review medical records. Is that correct?

A. That is correct.

MR. PATE: Dr. Beaman just try to pause.

Drew can Drew object to form.

Q. And I may have asked you this and if I did are I apologize I'm not trying to repeat. But do you



know why the chart attached to the petition only refers to 245 Actiq and Fentora prescriptions, but you think there may have been as many as 27 hundred?

MR. PATE: Objection, scope.

A. So, I think possibly two reasons.

Q. Uh-huh.

A. One is that the chart is for a different time period than the 27 hundred. And then two, I believe that there was a legal reason that the attorneys decided to -- that they used the 245 number.

MR. PATE: Don't get into.

Q. He probably doesn't want you to talk about that.

A. Okay.

Q. The 27 hundred prescription claims that you've referred to for Actiq and/or Fentora, during what period of 25078 were those made?

A. Well, so it was reviewed in a database that

goes back to 1996.
Q. Okay.
A. So I understand that the products weren't available all the way back then but it would have been are the that database.
Q. I understand U. I just wanted to make sure


that it went all the way back?
A. Yeah.
Q. Okay. Do you know -- well, a couple of questions. Do you know of the 27 hundred prescription claims for Actiq and/or Fentora that you've referred to here today, do you know if any of the patients who received those prescriptions benefited from the prescription medication, does the state know?
A. No. Doctor Drew object to form.
Q. With regard to the 27 hundred prescriptions of Actiq or Fentora that you referred to here today does the state know whether any of those patients were harmed by the prescription of Actiq and/or Fentora that they received?
A. The state would contend that those prescriptions would have been harmful, would have

been included in all of the harms by all of the opioids.

Q. Objection, nonresponsive. My question is: With regard to the 27 hundred prescriptions of Actiq or Fentora that you referred to here today does the state know whether any of the patients were harmed by the particular prescription of Actiq or Fentora that they received?



MR. PATE: Objection, asked and answered.

A. Yeah, I don't think my answer would change.

Q. Do you know of any patients that were harmed?

A. Well, --

MR. PATE: Objection, asked and answered.

Q. Question or no?

Q.

MR. PATE: Objection, asked and answered.

A. I stand on my previous annuls.

Q. I didn't answer [TPH*]ed your previous answer so if you can I have give it to me [TKPW-EP]. If you want to clear Phi a specific appointment aisle [-P] happy to?

Q. Well how many of the 27 hundred prescriptions caused harm?

MR. PATE: Objection, asked and answered.

A. The state would contend that all opioid products branned and generic cannot be [SPRA-EUSD] out in all of the harms caused by all opioids.

Q. So all 20 -- so it's the state's position that all 27 hundred prescriptions of Actiq or Fentora that have been issued in the State of Oklahoma since the first date these medications went on the market has caused harm to the State of Oklahoma?



A. I don't believe that's --

MR. PATE: Objection, misstates his testimony. Go ahead.

A. I don't believe that is in testimony. I don't believe I says all 27 hundred.

Q. That's what I'm trying to find out does the state think all 27 hundred caused harm or only some sub-set of the 27 hundred?

MR. PATE: Object to form.

A. I would say the state would contend that it would be most likely be some sub-set of the 27 hundred.

Q. And am I correct that the sub-set of the 27 hundred that the state contends caused it harm would be the prescription claims that the state has deemed were medically unnecessary?

MR. PATE: Object to form. Misstates his testimony.

A. The state would contend that and just going to read from the prepared statement on page 1 of the document located in binder one.

Q. Uh-huh?

A. During the relevant time period all opioid prescriptions reimbursed by the State of Oklahoma including all defendants branned and generic opioids

93

were [S-UPBLD] to misinformation by defaults massive multi faceted marketing came pain to down place the [R-EUFLS] and exaggerate the [R-EUFPGS] opioids. Defendant Marching cam page was so broad in sweeping that it changed the way subscribeser in Oklahoma viewed [PO-EULTDZ] and compacted there their ability to conduct a risk [PW-EFGS] analysis in their prescribing of opioids completely uninfluenced by defendant's marketing. For information related to

Teva defendant's role in this misinformation contained as well as the harm caused to the State of Oklahoma, by the Teva defaults opioid products please see the deposition of the corporate representative for the State of Oklahoma on March 7th, 8th, 2019. For [KWA-PT] if I indication of this harm, and what is needed to remedy this harm please see the opinions and facts described in the expert witness disclosures of Dr. Andrew Kolodny, Dr. Jim Gibson [SKWR-RBGS] is January bee A [TKR-EUPL]. [KRAO-EUGS] room. [SKWRAO-UL] he'll [KRO-FLT], Ms. Representation [AO-E] stone, [PH-EZ] Terry Watonga aMs. Jessica hocks [-EUPGS] the [STP-ERT] [KWO-EUS]. Dr. Jim Gibson [A-ES] Ms. Jessica [HO-B] hocke- zero hop Kings [*-R] cauda equina harsh [-EUPGS] [KHA-ELS].

Q. Corporate representative of it Jessica hock



is much additionally a corporate representative tore the state already testified regarding harm to patients prescribed Actiq and Fentora. The witness testified I believe that most of these patients who were prescribed Actiq were harmed. Because I believe most those patients 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 in[PR-UP] yachtly prescribed opioids for conditions and extremely poked or potent opioid for can conditions where opioids should not be used and so I think that most of these patients were harmed by your client's product and think think that is in [PA-RBGT] in large part why your client was found guilty of criminal charges for the way in which it zero promoted Actiq. Additionally the witness stated so this was a [PWR-EUL] [KWR-EPBLT] mull multi [TPA-S] Ed that [KHA-PL] that I am [TKHA-EUPBGD] the culture of prescribing [PO-EUTDZ] in the United States and in Oklahoma and more effectively in Oklahoma than any other it's [STA-FPLT] we know that Oklahoma has [HO-R] aggressively prescribing than other states and [W*-E] that Oklahoma that is had a sharper increase in opioid overdose deaths than other



states and so as this brilliant campaign took off and as the prescribing in Oklahoma in[KRAO-EUSD] Oklahoma experienced a parallel increase in a decks and overdose deaths. Oklahoma [HA-G] experienced this

[HA-BS] really been a public health catastrophe for the State of Oklahoma and the health and social problems that Oklahoma has had to contend with go beyond the deaths and go beyond addiction to the -- to the end addiction suffered by the individuals or who's [TPA-PLSZ] were a [TP-EBLGD] by addiction it's clued a soaring increase in infants born opioid depend [-EPLT]. These are infant's who were born with tremendous pain and discomfort who have a very distinct I have cry who wind up in a hospital for many days longer than or sometimes weeks being treated for there are did he end engines on -- on opioids. This has include an increase in children in winding up in the Foster care system. It's had an impact on the work force. It's had an impact on crime. We have children who have lost [PA-ERPLTS] it over [SKWRO-EGS]. We have [PA-ERPLTS] would have lost children to opioid over [TKO-ETZ]. It's difficult to find people in who live in [O*-ERBG] who have not been harmed by the this campaign that your client participated in. And I --ly save us in also



your you had like me let [PAO-T] the information located in the court [A-URD] the state would contend

this was a -- that the -- all of the prescriptions by all of the defaults are being included together in the harms. So when you ask what patients have been harmed, by the 245 prescriptions, I -- I would refer you to that.

Q. Objection, nonresponsive. Dr. Beaman, I'm going to ask my question again, okay? Am I correct that the sub-set of the 27 hundred claims of Actiq an/or Fentora, that the state contends caused it harm would be the prescription claims that the state has deemed were medically unnecessary?

A. No, that would not be correct.

Q. Okay. Is the state contending that it has been caused harm by prescriptions for Actiq and/or Fentora and/or other [PO-EUPDZ] manufactured by Teva even if those prescriptions were medically necessary?

A. The state would contend and I'll trying not to read the document I just read, but the state would contend that the prescriptions and the marketing campaign changed the prescribing environment, and so the 27 hundred or the sub-set that were reviewed would be included in that.

Q. Objection, nonresponsive. Is the state

contending that it has been harmed by prescriptions for Actiq and for -- and/or Fentora -- and/or any other opioid manufactured by Teva even the those prescriptions were medically necessary?

A. I'm not sure that I see a difference in that question from the last one. So my answer would be unchanged.

Q. And I believe your answer was nonresponsive. I'm just trying to find out if the state distinguishes at all between prescriptions it believes were medically necessary versus prescriptions it deems to have been medically unnecessary in terms of the prescriptions it's claimeding caused it harm. Do you understand that question?

A. I do.

Q. Okay. Can you answer that question?

A. I don't think my answer would be changed.

Q. Okay. Well, again, respectfully I don't understand what your answer is so let me try it again. You certainly have an understanding of what medically necessary is, correct?

A. Well, I would understand that as it was

defined in my expert disclosure.

Q. Well, I -- I'm discussing and I don't --



I'll defer to you to whatever did he have is in you want to use. I'm looking at the petition that was filed by the state and I'm here to ask the state questions today about the allegations and the factual basis for the allegations in the petition. Do you understand that?

A. I do.

Q. Okay. So it's clear to me from the petition that the state considers certain prescriptions to have been medically unnecessary or excessive. Are you telling me that the state considers every prescription of opioids during the relevant time period manufactured by any of the defendants in this case to have been unnecessary and excessive?

A. No, this is --

MR. PATE: Objection, misstates testimony.

A. No, I don't believe that's what I said.

Q. Okay.

A. The state would not say that every opioid was medically unnecessary.

Q. Thank you. With that understanding then my

next question -- that suggests to me that the state would then agree that some prescriptions of opioid medications that have been made during the relevant time period have been medically necessary,



correctment well I would say that the state would say that they were not unnecessary.

Q. Okay.

A. Not necessarily -- sorry to use the word so many times, but not to say that they were necessary, and I think there's a distinction between necessary and not unnecessary.

Q. So it sounds like to me that you -- the state thinks there are at least three categories that a prescription can fall in, there's medically unnecessary prescriptions, being one bucket. There are medically necessary prescriptions which can be a second bucket and there are third bucket of prescriptions that are not medically unnecessary but not necessarily medically necessary is that what you're saying?

MR. ANGELOVICH: Objection to the extent you're asking for the state's legal position in this

case.

Q. No, I'm asking for the state's factual position. I'm trying to understand the factual basis on which claims the state's seeking damages for.

A. Well, again, I'm -- I'm not speaking on damages today.

Q. I'm to it asking about damages.



A. But I would say that to -- even the necessary prescriptions had a marketing campaign that I -- I outlined in my last question that led to the -- that the state would contend led to the harm caused and the damages caused.

Q. Uh-huh. So if a patient who had legitimate breakthrough cancer pain, was diagnosed Actiq or Fentora by his or her physician and assuming that physician had full complete and accurate knowledge of the risks and benefits of the opioid medication, and that patient received a benefit from that prescription, does the state contend that a prescription under those circumstances caused it harm?

A. I would say -- I would say it would depend on the definition of the harm.

Q. What do you mean by that, Doctor?
A. Well, you could define how you used harm in your question.
Q. I'm using harm as the harm that state has set forth in it's lengthy petition the state has claimed a that it was caused harm in various different ways so I'm trying to determine and again this is going back to topic No. 6, we asked to have someone here to testify about the circumstances



regarding the prescriptions that the state contend caused it harm. So all I'm trying to determine, Doctor, is if a patient is prescribed Actiq or Fentora, for breakthrough cancer pain, and that prescription is given by a medical professional and prescriber who has full, complete and accurate knowledge of the risks and benefits of that medication, and the patient in fact is -- receives a benefit from taking that medication, does the state still contend in this case that it is entitled to recover damages based on that prescription?
A. I mean I just think that that's really a broad question on --

Q. Really?

A. -- what is the -- what is this hypothetical benefit, how does the state have knowledge of that benefit, what is the harm that you're asking about, how does the state have knowledge of that harm? If you would like to ask a more instead of a broad hypothetical a very specific -- specific hypothetical I think maybe I can answer your question.

Q. Respectfully, I think that's a pretty specific hypothetical. Let me try it this way, Doctor. It sounds like to me the state is taking the position that any prescription of an opioid to any



patient in the State of Oklahoma from 1996 to today, has caused the state harm, and the state is seeking damages for that harm. Is that the case?

A. Is that the case that that's what it sounds like to you? Is that what the -- is that what the state is -- is that the state's position.

A. No.

Q. Okay. So then there's only some sub-set of the prescriptions that have been made in the State of Oklahoma during the relevant time period, which the state contends caused it harm. Is that correct? I

mean it's either all or not all?
A. Yes, that would be correct.
Q. Okay. So you don't contend that all of the prescriptions caused the state harm you just contend that some sub-set caused the state harm, correct?
A. Yeah, I think that's the questions you just asked.
Q. Am I correct about that?
A. Yes.
Q. Okay. Would be okay if we took a break?
MS. PATTERSON: Yeah.
THE VIDEOGRAPHER: Going off the record. The time is 3:35.
(Whereupon, a short recess was held.)

103

THE VIDEOGRAPHER: We're back on the record. The time is 4 '03 beginning divorcing 4.
MS. PATTERSON:
Q. All right. Doctor, beeen make, you brought with you in one of your binders, I think a copy of your expert disclosure. Is that correct?
A. That is correct.
Q. All right. So was that something -- if I

understood your testimony way back at the beginning of the day, the documents that you brought with you today in Exhibits one or two were documents that you looked in in order to prepare for your deposition today, correct?

A. That is correct.

Q. So you would have looked at your [SP*-ERT] report in order to testify for your deposition as corporate representative, is that correct?

A. I I don't think it's.

Q. That's right arrests disclosure?

A. As much as disclosure.

Q. I'm from Texas and we call them exert reports down hen their I [TP-EUS] [TA-EG] I'mly no trying mission charting I let me start over?

A. Sure.

Q. Did you review your exert disclosure in



connection with your preparation for your deposition today?

A. I did.

Q. Okay. And what was your purpose for reviewing that in order to prepare for provide the corporate representative testimony today?

A. Specifically for -- to help answer the -- the topic as far as quantification of the harm, needed and what is needed to remedy the harm.

Q. Okay. Is there somewhere in your report where you quantify the harm?

A. Well, my report was the purpose of that disclosure is to help quantify the harm.

Q. Right. I understand that. I'm really focusing on why you reviewed that report in order to help prepare pouror corporate representative testimony and you said to help answer the topic as far as can't if I indication of the harmonied and what is needed to remedy the harm. So I'm just trying to understand when you say you look at your report in terms of quantify [KA-EUG] of the harm, what in your report speaks to quantification of the harm?

A. I would say my -- my dis[KHRO-RBG] you are speaks to that.

105

Q. Okay. Can you show me where in your discolor you are?

A. I would say that was the purpose -- the

primary purpose of my disclosure.
Q. Okay. So if there's something more
specific?
Q. Well, quantification to me [S-UPBDZ] like
numbers?
A. [-ULG]? Am I right about that.
A. Yes.
Q. So that's what I'm trying to get at, where
in your report is there quantification of the harm?
A. Well, there are --
MR. PATE: Object to form. If you [A-ULD]
at report [SPHR] sorry, can't break that habit of it
[PHR-ET] rephrase it where in your disclosure,
Doctor, a quantification of the harm.
A. I would say that there are numbers because
your last question where are the numbers and
manipulate response would be there are numbers
located throughout my report -- my disclosure.
Q. I said -- see, you're doing it too, now.
MR. PATE: It's only because you keep
messing with him.
Q. I'm not doing on purpose, Doctor. All


right. Can you point me to the numbers in your

disclosure that quantify the harm?

A. Sure. My discolor you remember is located in the binder you have a copy of it there on page 1, paragraph A., looks like third paragraph states further [TKRAO-FPLT] Beaman participated in the state's statistical analysis of M MI S. pharmacy claims for opioid prescriptions submitted to [AO-PB]er care. Dr. Beaman is expect [TO-TD] testify that he reviewed a totals of 1 612 individual records composing 37,000498 unique opioid prescriptions. Dr. Beaman is further expect Ed to testify that upon review of these medical records and applying the methodology described below, Dr. Beaman concluded that 8,059 prescriptions out of the 160012 individual records composing 38,000498 unique prescriptions reviewed were medical ale [SKWR-UPBS] [STPH-ES].

Q. And then?

A. If I could continue.

Q. You can. I was going to say is there anywhere else in your [TK-EULGS] closure that quantifies?

A. On page 2 it starts with the paragraph the basis for Dr. Beaman's testimony regard willing med [KA*-EL] you know [SKWR] knees opioid include the

following. Dr. Beaman performed a [SR-E] [RAO-U] of medical records that were pride to Dr. Beaman by the Oklahoma health care [THO*-RT] authority. All patient identifying date was a rebasketed before any such records were provided for reviewment a total of '16 123 individual patients records relating to 38,498 unique opioid prescriptions were reviewed each prescription was determined to be either med ale unnecessary or not med ale unnecessary. The prescription was determined to [PW-L] medical ale unsays necessary and I out[HRAO-EUPD] that thinking so that was not related to [SP-EF]ly to your question. So I want answer unless you want me to.

Q. You mean the cite?

A. Yes.

Q. And that's the criteria 1, 2,3 you characterize in your disclosure as the criteria you used to determine whether or not a particular claim was medical ale unnecessary, correct?

MR. PATE: When you say you in that sent earnings per share you're asking about you, Dr. Jason beeen make, not you, the State of Oklahoma?

23 MS. PATTERSON: I don't know. He brought
24 this today that's why I asked I am had he brought
25 this today and he said he revieweded income with to



1 testify as a corporate representative and I asked him
2 yes and he said he looked at it so he could
3 [TKPWA-PBT] Phi the harm. So I think he is
4 testifying about his as the in his [KPA-T] as the
5 represent of the [STA-EUFPT] I agree but I thought
6 your question was asking about the actual review
7 that's described in the disclosure, which I think is
8 a different -- I don't want to interrupt.
9 MS. PATTERSON: I haven't even [TKPWO-EPBT]
10 to that. I was just asking.
11 A. Well, he I think I can acknowledges that.
12 MR. PATE: Hold on make sure she conclusion
13 a question that's clear before we start talking.
14 MS. PATTERSON:
15 Q. Let me go back here. The criteria set forth
16 from about the middle of page 2 down at the bottom,
17 those three items, those are are the criteria that
18 were used to determine which claims the state
19 believes were medical ale unnecessary, correct?
20 A. The claims that were in the sample that were

unnecessary, correct.

Q. Okay. All right. And the claims -- the sample that you referred to is the -- what's the sample, the 38,000, 498 unique opioid prescriptions?

A. That is correct.



Q. Okay. And the 38, 498 unique opioid prescriptions related to 16 12 individual records. Am I understanding that correctly?

A. Yes.

Q. And the 16 12 individual records, does that mean individual patients?

A. I think that is probably going into the expert portion.

Q. Well, I'm just -- again, you brought this here to talk about the quantification of harm?

A. And I'm happy to discuss things that are in the document but I don't know that I can without getting into my role as an expert witness accurately describe that.

Q. I just want to know in records means patients?

A. I would say that the State of Oklahoma would

say that a total of '16 12 individual patient records were reviewed.

Q. Thank you.

A. As it's outlined in my disclosure.

Q. Individual patient records. Now, in terms of how you quantify the harm here in your disclosure, the 16 12 individual patient records, does that cover 16 12 individual patients or did you review multiple



records for certain patients?

A. Again, --

MR. PATE: Object to form.

A. I think that that's getting into the expert part of -- of my role.

Q. Can you answer that question, Doctor?

A. Not without being an expert witness.

Q. Okay.

A. Are you asking notice answer it is as an expert witness.

Q. So the State of Oklahoma doesn't know whether or not individual patient records for 1600 patients were reviewed or -- or if some of the records that were reviewed -- if there were multiple records that relate it to certain patients that were

reviewed, you're talking about the state doesn't know that?

MR. PATE: Object to form, misstates his testimony. Dr. Beaman, you can -- there's -- I think you're getting into areas that relate more to his expert testimony, but I'm going to give you a little latitude the judge is here I want you to ask your questions.

Q. Yeah, no, I understand.

MR. PATE: He can answer.



A. I would say the State of Oklahoma relied on me asen expert witness to perform than to discuss the actual methodology of that that's not in disclosure that's available to you I think you would have to wait until any expert witness deposition.

Q. Again, right now I'm not asking you about methodology. Okay? I'm just trying to find out about the facts that [SKWR-UPD] lie the state's claim, okay? I'm and [TAO-EULG]ed -- I believe I'm entitled to find that out. It's a simple question as to this 16 12 number. I'm just trying to find out is that 16 12 patients or is a lesser number of patients

because there are certain patients for whom you look at multiple records? Can you answer that without putting on your expert hat?

A. No, ma'am.

Q. Okay. So, at it relates to the deposition topics that you were asked to be here about today, were you looking at this document in order to quantify the harm as it relates to the Teva defendants who are the subject of the topics that we've noticed?

A. Well, as -- as I've stated before, the State of Oklahoma contends that it is a -- that all opioid products by all manufacturers caused all of the harm,



and so the answer would be that, yes, it was related specifically to that.

Q. Well, I didn't ask you if it was related specifically to all, I asked you if your review of this document in order to look at the quantification of harm was related specifically to the Teva defendants?

A. And I would say that the state doesn't distinguish.

Q. Okay. Thank you. Let me go ahead and mark

for you or hand you what I have marked as -- you know what? I think I have it here. I've got some of this mixed up. Hold on a second. I'm going to hand you what I've marked as Exhibit No. 10. Have you ever seen Exhibit No. 10, to your knowledge?

A. I have not.

Q. All right. Exhibit No. 10, it's another document related to the drug Fentora and again, I'm really only going to ask you about some items on the front page, but you're certainly welcome to take a look at it if you'd like to familiarize yourself with the document.

A. Okay.

Q. Have you had an opportunity to review that?

A. Yes.



Q. All right. All right, again this -- this document pertains to Fentora and you'll see similar to one of the documents we looked at regarding Actiq earlier there's a section on the left hand column entitled recent mapler changes do you see that?

A. I do.

Q. And the date that corresponds to the two

changes which the first one is case and usage and the second one is warnings and pre-us [T-EFRB] rims access program is a 2011. Do you see that?

A. I do.

Q. And above that is a black box warning approved by the FDA for Fentora, do you see that as well?

A. I do.

Q. All right. And was the state aware of the information contained in the black box warning related to Fentora indicated in this document?

A. The state would have been aware.

Q. Okay. And so the state would have been aware at some point in time and certainly at least by December of 2011 that Fentora was placed on the TIRF REMS access [PRA-PLG] that we talked about earlier, correct?

A. That is correct.



Q. All right. And then you'll see below the recent major changes there's a section called indications and usage, correct?

A. Correct.

Q. All right. And so again, looking at the

topic 11 which talks about appropriate use, would you agree that the state was aware as of December of 2011 of these additional use acknowledges with regard to the drug Fentora?

A. I'm sorry, I'm going to ask you to repeat your.

Q. Question?

Q. Sure. These indications and use acknowledges which are indicated -- which are [HR-EUFPLT] listed here was the state aware of those revised indications and usages as of [STK-EFPL] 2011?

A. The state would have been aware, yes.

Q. Okay. And again, right below that or the second item in that indication use acknowledges is the state it says Fentora may be dispensed only enrolled in [T-EUFRB] recommends access program. The state would have been aware of that?

A. That is correct.

Q. Okay. Now, Doctor, we've spent a lot of time so far today talk about the two specific brand



of drugs contributed to Cephalon in the me [TA-EUGS] that would be Actiq and Fentora. As you know the

topics we asked to state to present a witness on today included the topics any opioid manufactured by Teva. So as it the state's believe that there are other medications or other drugs manufactured by Teva other opioid drugs other than Actiq and Fentora?

A. Yes.

Q. In fact, Mr. Del, rev [R-EPBGS]ed [-EFRL] [KWR-ER] and I'll go ahead and show you the document that he did rev represents, this was the notebook that was provided by Ms. Hold read?

A. Uh.

Q. The Oklahoma Health Care Authority in her deposition on Tuesday of this week. And she provided a spreadsheet and it's under the tab entitled quantity limits and we had a lot of discussion about this at her [TK-EUPGS] I'll just hand to you she helped and I'll represent that was prepared by the health care authority and it's a list of medications, some of which were manufactured by the Teva defaults [-FPLS] have you ever seen that document before?

A. I have not.

Q. And the reason why I say some of which because when we were in her deposition and it's in

the record, she conceded that some of the -- the medications on that list were in fact likely not manufactured by the Teva defendants. So I'll just give you that caveat from her testimony. Have you ever seen any other list other than the one I've just shown you and other than the ones that you talked about earlier today that -- the two loose documents in your Exhibit 1 which indicate what opioid prescriptions were manufactured by what Teva defendant?

MR. PATE: I'm sorry, [TPHA-S] even I'm going to come us you referred to lose documents are auto easy is it these two.

MS. PATTERSON: Those were lease document he brought those lease they were in his note action boo. Drew I understand. Thank you, naps see.

A. I would say it's quite possible I've seen lists over the years. It may not have been a list in their entirety.

Q. Okay.

A. [TPWHO-UT] specifically in preparation for today. As far as I know the only list that I've seen today would be those -- or in preparation for my testimony today would be those that were included in

the biopsieder.



Q. And that's the one -- those are the ones you told me about earlier why?

A. Where he.

Q. You believe Teva prepared?

A. Yes.

Q. All right. Before I go onto the next -- you can leave that. Go ahead and put there I may ask you about some other documents you brought in a movement are you you familiar with term off label prescribing?

A. I am.

Q. All right. And again, I'm focusen op the issue of proper prescribing and the appropriate use of [PWRA-PD] -- the branded medications Actiq and Fentora but before you ask you specifically about those, can you just tell me what the state's definition of the term off label prescribing [-EUG]?

A. The state's position would be that off label is prescribing of a medication that does not have I an FDA indicated approval for that indication.

Q. Okay. Does the state contend that it has been caused harm in connection with this case by off

label prescribing of opioid medications?

A. Yes.

Q. Does the state contend that it has been caused harm by off label prescribing of Actiq or



Fentora?

A. Yes.

Q. Does the state -- has the state determined how many off label prescriptions for Actiq or Fentora has caused it harm?

A. I refer back to the written statement that's located within the smaller of the two binders, Exhibit No. 1.

Q. Uh-huh. Which paragraph?

A. Paragraph 1, where it starts with during the relevant time period all opioid prescriptions reimbursed by the State of Oklahoma including all defaults branded and generic opioids were subjected to misinformation by defendants massive multi faceted market cam bane to down place the risks and exaggerate the Rix of opioids. Defendant's March it campaign was so broad and sweeping it changed the way prescribers in Oklahoma viewed opioid and impacted their ability to conduct a risk benefits analysis in

their prescribing of [PO-EUTDZ] completely you know [AO-EPLS] and tie defaultment. The Teva defaults role in the mens I havet a as well as a harm caused to the State of Oklahoma by the Teva defaults opioid products, please see the deposition of the corporate representative for the State of Oklahoma on March 7th



owe 8, 2019on these issues.

Q. Do you -- do you know who that was that was deposed on March 7th and 8th that was referred to there?

A. I believe it's Dr. Kolodny.

Q. Okay.

MR. PATE: If you'll just try to slow down when you're reading.

A. I'm sorry. I told you that would happen.

Q. Okay. With all due respect, Doctor?

A. I don't see the term off label prescribing or off label in that first paragraph that you just read.

A. I believe it says all opioid prescriptions.

Q. Okay. So that would include on label and off label?