COMMONWEALTH OF MASSACHUSETTS

Suffolk, ss.

SUPERIOR COURT
C.A. No. 23-8787 F

COMMONWEALTH OF MASSACHUSETTS,

Plaintiff,

v.

ALLERGAN LIMITED; ALLERGAN FINANCE, LLC; WATSON LABORATORIES, INC.; ACTAVIS PHARMA, INC.; ACTAVIS LLC; TEVA PHARMACEUTICAL INDUSTRIES, LTD.; TEVA PHARMACEUTICALS USA, INC.; AND CEPHALON, INC.

Defendants.



**COMPLAINT**

Plaintiff, the Commonwealth of Massachusetts, brings this action against Defendants Allergan Limited, Allergan Finance, LLC, Watson Laboratories, Inc., Actavis Pharma, Inc., Actavis LLC, Teva Pharmaceutical Industries, Ltd., Teva Pharmaceuticals USA, Inc., and Cephalon, Inc. (collectively, "Defendants") pursuant to G.L. c. 93A, § 2 and to the common law for illegal, deceptive promotion of dangerous drugs that caused Massachusetts residents to suffer, overdose, and die.

## I. JURISDICTION AND STATUTORY AUTHORITY

1. This Court has jurisdiction over the subject matter of this suit pursuant to G.L. c. 93A, § 4 and G.L. c. 214, § 1.

2. This Court has jurisdiction over the Defendants pursuant to G.L. c. 223A, § 3(a)–(d).

3. Venue is proper pursuant to G.L. c. 93A, § 4 and G.L. c. 223, § 5.

## II. PARTIES

4. The plaintiff is the Commonwealth of Massachusetts (the "Commonwealth") represented by Attorney General Andrea Joy Campbell, who brings this action in the public interest pursuant to G.L. c. 93A and G.L. c. 12.

5. Defendant Allergan Limited (f/k/a Allergan plc, f/k/a Actavis plc) is a public limited company incorporated in Ireland with its principal place of business in Dublin, Ireland.

6. Defendant Allergan Finance, LLC ("Allergan Finance" f/k/a Actavis, Inc., f/k/a Watson Pharmaceuticals, Inc.) is a Nevada limited liability company that exists for the purpose of holding shares of other companies that manufacture and distribute prescription pharmaceuticals. Allergan Finance owns Allergan, Inc.

7. Watson Pharmaceuticals, Inc. acquired Actavis, Inc. in October 2012. The combined company changed its name to Actavis, Inc. in January 2013. In or around 2016, Actavis, Inc. changed its name to Allergan Finance, LLC. Allergan Finance, LLC is a subsidiary of Allergan Limited and is the successor to Actavis, Inc.

8. Defendant Watson Laboratories, Inc. is a Nevada corporation with its principal place of business in New Jersey.

9. Defendant Actavis Pharma, Inc. (f/k/a/ Watson Pharma, Inc.) is a Delaware corporation with its principal place of business in New Jersey.

10. Defendant Actavis LLC (f/k/a Actavis, Inc.) is a Delaware limited liability company with its principal place of business in New Jersey.

11. Watson Laboratories, Inc., Actavis Pharma, Inc., and Actavis LLC are collectively referred to herein as the "Actavis Defendants."

12. Defendant Teva Pharmaceutical Industries, Ltd. ("Teva Ltd.") is an Israeli company with its principal place of business in Petah Tikva, Israel. Teva Ltd. operates worldwide with a significant presence in the United States. Teva Ltd. conducts business in the Commonwealth through its North American business segment.

13. Defendant Teva Pharmaceuticals USA, Inc. ("Teva USA") is a Delaware corporation with its principal place of business in New Jersey. Teva USA is a wholly-owned subsidiary of Teva Ltd.

14. Defendant Cephalon, Inc. ("Cephalon") is a Delaware corporation with its principal place of business in New Jersey. Teva Ltd. acquired Cephalon in 2011. Cephalon is a wholly-owned subsidiary of Teva Ltd.

15. Conduct related to Actiq and Fentora prior to 2011 was carried out by Cephalon.

16. Since Teva Ltd.'s 2011 acquisition of Cephalon, Cephalon's sales and marketing activities have been conducted by Teva USA. Teva Ltd. and Teva USA hold out Actiq and Fentora to the public as Teva products. Teva USA sells Actiq and Fentora through its "specialty medicines" division.

17. During the time period described herein and until they were sold to Teva Ltd. in August 2016, the Actavis Defendants and Allergan Finance were part of the same corporate family, shared many of the same corporate officers and executives, and sold and marketed opioids as part of a coordinated strategy.

18. Since August 2016, Teva Ltd. has owned the Actavis Defendants.

19. Teva Ltd., Teva USA, Cephalon, and the Actavis Defendants are collectively referred to herein as "Teva" or the "Teva Defendants." Allergan Finance and Allergan Limited are collectively referred to herein as "Allergan" or the "Allergan Defendants."

20. Whenever in this Complaint it is alleged that Defendants did any act, it is meant that Defendants:

a. Performed or participated in the act; or

b. Their officers, successors in interest, agents, partners, trustees, or employees performed or participated in the act on behalf of and under the authority of one or more of the Defendants.

## III. FACTUAL ALLEGATIONS

### A. Defendants Deceived Massachusetts Doctors and Patients to Get More Patients On Their Opioids.

21. Beginning in the mid-1990s, opioid manufacturers pursued aggressive sales strategies to increase sales of their prescription opioids, a strategy that resulted in a dramatic rise in opioid prescriptions in the Commonwealth. This contributed to a sharp increase in the use of drugs such as illegal fentanyl and heroin, which are sometimes used by themselves and other times used in combination with prescription opioids.

22. The rise in opioid prescriptions caused a devastating increase in opioid abuse, dependence, addiction, and overdose deaths in the Commonwealth. Illicit fentanyl and heroin use exacerbated opioid abuse, dependence, addiction, and overdose deaths in the Commonwealth. Of the 18,061 people confirmed to have died of opioid-related overdoses in the Commonwealth from 2009 through September 2021, 12,372 filled prescriptions for Schedule II opioids dispensed by a Massachusetts pharmacy: more than 68%. Many of those patients filled prescriptions for

hundreds, some thousands, of pills. The Teva Defendants and Allergan Defendants contributed to this death toll significantly. Together, the defendants supplied opioid to 5,789 people who overdosed and died in the Commonwealth—approximately 32% of the people confirmed to have died from opioid-related overdoses in the Commonwealth from 2009 through September 2021.

23. Prescription opioids continue to kill thousands of people across the Commonwealth every year. In fact, opioid overdose deaths reached an all-time high in 2022.[1] Thousands more suffer from negative health consequences short of death and countless others have had their lives ruined by a friend or family member's addiction or death. Every community in the Commonwealth suffers from the opioid crisis of addiction and death.

***Allergan***

24. The Allergan Defendants and Actavis Defendants manufactured, marketed, and sold the brand drug Kadian (morphine sulfate extended release), a schedule II opioid agonist capsule first approved by the FDA in 1996. At that time, Kadian was indicated for "management of moderate to severe pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time." In 2014, the FDA narrowed Kadian's indication to "the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate."

25. The Allergan Defendants and Actavis Defendants manufactured, marketed, and sold numerous other opioids, including (a) Norco (hydrocodone bitartrate and acetaminophen), (b) morphine sulfate extended release (generic Kadian), (c) oxymorphone hydrochloride extended release (generic Opana ER), (d) oxymorphone hydrochloride, (e) oxycodone, and (f)

[1] *See* Mass. Dep't Pub. Health, Data Brief: Opioid Related Overdose Deaths among Massachusetts Residents at 1–2 (June 2023), https://www.mass.gov/doc/opioid-related-overdose-deaths-among-ma-residents-june-2023/download.

fentanyl patch (generic Duragesic).

26. The Allergan Defendants and Actavis Defendants misled health care providers and patients about the dangers of prescription opioids, including by downplaying the risk of addiction. For example, through their "Kadian Learning System," they trained their sales force to deceptively minimize the risk of addiction by attributing addiction to predisposing factors, such as family history or psychiatric disorders, emphasized the difference between substance dependence and substance abuse, and promoted the concept of "pseudoaddiction," which is the idea that certain signs of addiction are actually the result of untreated pain and should be treated by prescribing more opioids.

27. The Allergan Defendants and Actavis Defendants misrepresented the abuse potential of their opioid products by claiming Kadian had abuse-deterrent properties. Abuse-deterrent opioid formulations were designed to make opioid pills harder to crush, dissolve or manipulate; however, most prescription opioids are abused by being swallowed whole. The Allergan Defendants' and Actavis Defendants' "Medical Information Module on Kadian and Abuse Potential" included statements suggesting that Kadian is less addictive and less prone to tampering and abuse than opioids without "abuse-deterrent properties," even though such claims were not supported by substantial clinical evidence, nor were they approved by the FDA.

28. The Allergan Defendants and Actavis Defendants also misled healthcare providers about the extent to which the risk of addiction could be managed and prevented. The Allergan Defendants and Actavis Defendants downplayed the difficult and painful effects many patients experience when opioid dosages are lowered or discontinued and assured healthcare providers that the risk of addiction could be minimized through monitoring and the use of

screening tools, despite a lack of supporting clinical evidence.

29. The Allergan Defendants and Actavis Defendants also made deceptive and unsubstantiated claims that opioids improved patients' quality of life and function. For example, they advertised that Kadian allowed patients with chronic pain to return to work, experience stress relief, and enjoy life. In 2010, the FDA warned the Allergan Defendants and Actavis Defendants that their claims were misleading and that there was insufficient evidence to show that the drug "results in an overall positive impact on a patient's work, physical and mental functioning, daily activities, or enjoyment of life." Despite this letter, the Allergan Defendants and Actavis Defendants persisted in training their sales force to assure prescribers that morphine is the "benchmark analgesic" and improves quality of life.

30. The Allergan Defendants and Actavis Defendants used deceptive messages to convince prescribers that escalating opioid dosages is safe for patients, including telling prescribers that Kadian had no "ceiling" or "recommended maximal dose." The Allergan Defendants and Actavis Defendants worked to keep patients on opioids for a long period of time, including through use of co-pay assistance cards.

31. The Allergan Defendants and Actavis Defendants deceptively compared their opioid products to competitor products, touting their products as safer, more convenient, and easier to titrate than other opioids. They falsely portrayed their opioids as superior to common non-opioid pain relievers by training sales representatives only about the risks of NSAIDs and acetaminophen, while omitting the risks of opioids.

32. Through a series of mergers, the Allergan Defendants and Actavis Defendants acquired a significant share of the generic opioid market. Prior Allergan's sale of its generic

business to Teva, the Allergan Defendants' and Actavis Defendants' marketing strategy included promoting of their generic opioid products, including generic Kadian, directly to physicians through direct mail and email campaigns, telemarketing, and journal advertising, and in collaboration with drug distributors. The Allergan Defendants' and Actavis Defendants' sales representatives used the same sales strategies and key messages for branded and generic Kadian, receiving bonuses based on their sales of both formulations.

33. The Allergan Defendants and Actavis Defendants promoted their generic version of Opana ER. The Allergan Defendants and Actavis Defendants also deployed their Kadian sales representatives to promote their generic version of Opana ER. They rewarded Opana sales teams with bonuses for meeting Opana ER sales goals.

34. The Allergan Defendants and Actavis Defendants failed to properly design and operate a system for detecting suspicious opioid orders. Their suspicious order monitoring systems and the thresholds established within those systems to identify suspicious orders were inadequate. At times, they adjusted and manipulated these thresholds to maximize the shipment and sale of opioid products.

35. The Allergan Defendants and Actavis Defendants failed to perform appropriate due diligence on their customers, both generally and when they should have been alerted to a suspicious order. The Allergan Defendants and Actavis Defendants also failed to stop shipments after they knew or should have known that opioid orders were suspicious, had no requirement to stop shipments on suspicious indirect sales, and failed to report suspicious orders to government authorities, such as the DEA, as required by law.

36. Through their actions and inactions in connection with the marketing, sale, and

distribution of opioids, including those alleged above, the Allergan Defendants and Actavis Defendants materially contributed to the creation of an addiction crisis that has killed, injured, harmed, and otherwise disrupted the lives of thousands of residents of the Commonwealth. The Allergan Defendants and Actavis Defendants knew, or in the exercise of reasonable care and diligence should have known, that their actions and inactions would lead to this tragic result.

***Teva***

37. Teva manufactured, marketed, and sold two branded opioid products containing the extremely powerful drug fentanyl: Actiq and Fentora. Actiq (fentanyl citrate) is an oral transmucosal lozenge on a stick, indicated for management of breakthrough pain in cancer patients ages 16 years or older who are already receiving and tolerant to around-the-clock opioid therapy for cancer pain. The FDA granted Actiq a "restricted approval" in 1998.

38. Fentora (fentanyl citrate) is a fentanyl buccal tablet that a patient places in their buccal cavity, or the area between the cheek and gum above a rear molar. Fentora is indicated for management of breakthrough pain in cancer patients ages 18 years or older who are already receiving and tolerant to around-the-clock opioid therapy for cancer pain. Fentora was originally approved by the FDA in 2006.

39. Actiq and Fentora both contain fentanyl, an extremely powerful opioid that is 100 times more potent than morphine. For this reason, Actiq and Fentora carry the strictest warning required by the FDA, including about the risks of fatal respiratory depression when used by non-opioid tolerant patients.

40. Despite the very serious risks presented by the use of these fentanyl-based products, the Teva Defendants promoted Actiq "off-label" for use in non-cancer indications, including

chronic pain and non-cancer pain. This promotion was misleading because it represented that Actiq was safe and approved for patients and uses for which it was not.

41. Teva sponsored conferences for prescribers to discuss off-label uses of Actiq. Teva sales representatives targeted visits to promote Actiq to health care providers unlikely to treat cancer, such as general practitioners and practitioners specializing in Family Medicine and Rheumatology. Teva sponsored activities by third-party groups and key opinion leaders that promoted the use of fentanyl for non-cancer breakthrough pain in conditions such as back pain and headaches.

42. In 2008, Cephalon pled guilty to a criminal violation of the Federal Food, Drug, and Cosmetic Act for misleading promotion of Actiq, along with two other drugs, for non-cancer pain and for patients who were not opioid tolerant and agreed to pay $425 million.

43. Despite the Actiq plea, the Teva Defendants went on to promote Fentora for off-label use. When Fentora came onto the market, the Teva Defendants targeted marketing at known high-volume opioid prescribers, including high-volume Actiq prescribers, and healthcare providers unlikely to treat cancer pain. Teva sponsored CMEs, articles, and studies focused on the use of rapid-onset fentanyl products, such as Actiq and Fentora, for non-cancer pain.

44. On September 27, 2007, the FDA issued a public health advisory to address numerous reports that patients who did not have cancer or were not opioid-tolerant had been prescribed Fentora, with fatal or life-threatening results. The FDA subsequently denied Cephalon's 2008 application to broaden Fentora's indication to include non-cancer breakthrough pain. In 2009, the FDA warned Teva that a Fentora internet advertisement was misleading because it purported to broaden the indication for Fentora "by implying that any patient with cancer who

requires treatment for breakthrough pain is a candidate for Fentora . . . when this is not the case."

45. Teva misled health care providers and patients about the dangers of prescription opioids by downplaying the risk of addiction. In written materials for prescribers and patients, and on its website, Teva stated that addiction to prescription opioids was rare, and that, for example, "[a]ddiction does not often occur when you take your medicine under your doctor's supervision." Teva's training materials taught its sales force that opioid addiction is a relatively rare phenomenon and that the risk of addiction is often overstated by clinicians. Teva also sponsored third-party publications that reiterated this idea.

46. In marketing opioids, Teva promoted the concept of "pseudoaddiction," which is the idea that certain signs of addiction are actually the result of untreated pain, which should be addressed by prescribing more opioids. For example, Teva taught sales representatives about "pseudoaddiction" and published a patient brochure titled, "Making Pain Talk Painless," available for download on www.fentora.com, which stated that pseudoaddiction is "[m]edicine-seeking behavior caused by not taking enough pain medicine and can be mistaken for addiction. This is NOT addiction. If you feel you are not taking enough medicine to relieve your pain, talk with your doctor."

47. Teva made deceptive and unsubstantiated claims that use of opioids generally, and its own opioid products specifically, improved patients' quality of life. Teva also promoted the idea that opioids were superior to other forms of pain relief and sponsored third-party publications that characterized non-opioids such as acetaminophen and NSAIDs as less desirable treatments for breakthrough pain, while promoting oral fentanyl instead.

48. Teva encouraged health care providers to prescribe, and patients to take, its fentanyl

products for as long as possible. Teva misrepresented the results of a key clinical trial study by claiming or implying that a much larger number of patients had finished the study using the same dose of Fentora at the beginning and end of the study when, in reality, far fewer had done so.

49. Teva also provided significant financial support to health care practitioners identified as pro-opioid "Key Opinion Leaders" ("KOLs"). These KOLs led Teva-sponsored studies that sought to provide a basis for using Actiq and Fentora to treat non-cancer pain and made deceptive statements concerning the use of opioids to treat chronic non-cancer pain.

50. Teva used a speaker program that was ostensibly meant to present scientific information to the medical community, but in fact was often used to maintain positive relationships with high prescribers, rewarding and encouraging their prescribing of Fentora.

51. In addition to making Actiq and Fentora, Teva has one of the largest portfolios of generic drugs of any company in the world. Teva's generic opioids include generic versions of oxycodone (generic OxyContin), oxymorphone hydrochloride (generic Opana), and MS Contin. Teva purchased and now sells generic opioids through the former generic opioids unit of Allergan. Teva's efforts in support of its branded drugs, and its unbranded marketing, impacted sales of generic opioids, which Teva knew health care providers would frequently prescribe or dispense in place of branded products.

52. Through their actions and inactions in connection with the marketing, sale, and distribution of opioids, including those alleged above, the Teva Defendants materially contributed to the creation of an addiction crisis that has killed, injured, harmed, and otherwise disrupted the lives of thousands of residents of the Commonwealth. The Teva Defendants knew, or in the exercise of reasonable care and diligence should have known, that their actions and inactions

would lead to this result.

**FIRST CAUSE OF ACTION**
**(Violations of G.L. c. 93A, § 2) (Allergan Defendants)**

53. The Commonwealth realleges each allegation above.

54. G.L. c. 93A, § 4 authorizes the Attorney General to bring an action to enjoin persons and entities engaged in trade or commerce from engaging in methods, acts, or practices that violates G.L. c. 93A, § 2.

55. At all times relevant to this Complaint, the Allergan Defendants were engaged in trade or commerce.

56. As described above, the Allergan Defendants misrepresented the risks and benefits of their opioid products and opioids generally in the Commonwealth.

57. At all times relevant to this Complaint, the Allergan Defendants violated G.L. c. 93A, § 2 by engaging in unfair and deceptive acts and practices in connection with the marketing and sales of its opioid products.

58. The Allergan Defendants' unfair and deceptive acts and practices resulted in substantial injury to Massachusetts consumers.

59. The Allergan Defendants' misconduct was knowing and willful.

60. Each unfair act by each Allergan Defendant constitutes a separate and distinct violation of G.L. c. 93A, § 2.

61. The Commonwealth's claim is timely.

62. The Attorney General notified each Allergan Defendant of her intention to file this suit, in conformance with G.L. c. 93A, § 4.

**SECOND CAUSE OF ACTION**
**(Public Nuisance) (Allergan Defendants)**

63. The Commonwealth realleges each allegation above.

64. Under Massachusetts common law, a defendant is liable for the tort of public nuisance when their conduct causes an unreasonable interference with a right common to the general public, such as interference with the public health, public safety, public peace, and public comfort and convenience.

65. The Attorney General is empowered to bring a *parens patriae* action on behalf of the Commonwealth for abatement of a public nuisance.

66. Each Allergan Defendant was a substantial participant in creating and maintaining a public nuisance of addiction, illness, and death that significantly interferes with the public health, safety, peace, comfort, and convenience of Massachusetts residents.

67. The injuries that the Allergan Defendants caused in Massachusetts have been significant and long-lasting, for both the Commonwealth and the public, including: (a) opioid addiction, overdose, and death; (b) health care costs for individuals, children, families, employers, the Commonwealth, and its subdivisions; (c) loss of productivity and harm to the economy of the Commonwealth; and (d) special public costs borne solely by the Commonwealth in its efforts to abate the nuisance and to support the public health, safety, and welfare.

68. The Commonwealth has spent at least hundreds of millions of dollars on special treatment, prevention, intervention, and recovery initiatives to abate the harms of the opioid epidemic.

69. The Commonwealth has a special relationship with, and responsibility to its residents, including its responsibility to uphold the public health, safety, and welfare. Each

Allergan Defendant had reason to know of this relationship at all times.

70. The Allergan Defendants' unfair conduct was unreasonable.

71. The Commonwealth's claim is timely.

**THIRD CAUSE OF ACTION**
**(Violations of G.L. c. 93A, § 2) (Teva Defendants)**

72. The Commonwealth realleges each allegation above.

73. G.L. c. 93A, § 4 authorizes the Attorney General to bring an action to enjoin persons and entities engaged in trade or commerce from engaging in methods, acts, or practices that violates G.L. c. 93A, § 2.

74. At all times relevant to this Complaint, the Teva Defendants were engaged in trade or commerce.

75. As described above, the Teva Defendants misrepresented the risks and benefits their opioid products and opioids generally in the Commonwealth of Massachusetts.

76. At all times relevant to this Complaint, the Teva Defendants violated G.L. c. 93A, § 2 by engaging in unfair and deceptive acts and practices in connection with the marketing and sales of its opioid drugs.

77. The Teva Defendants' unfair and deceptive acts and practices resulted in substantial injury to Massachusetts consumers.

78. The Teva Defendants' misconduct was knowing and willful.

79. Each unfair act by each Teva Defendant constitutes a separate and distinct violation of G.L. c. 93A, § 2.

80. The Commonwealth's claim is timely.

81. The Attorney General notified each Teva Defendant of her intention to file this suit,

in conformance with G.L. c. 93A, § 4.

**FOURTH CAUSE OF ACTION**
**(Public Nuisance) (Teva Defendants)**

82. The Commonwealth realleges each allegation above.

83. Under Massachusetts common law, a defendant is liable for the tort of public nuisance when their conduct causes an unreasonable interference with a right common to the general public, such as interference with the public health, public safety, public peace, and public comfort and convenience.

84. The Attorney General is empowered to bring a *parens patriae* action on behalf of the Commonwealth for abatement of a public nuisance.

85. Each Teva Defendant was a substantial participant in creating and maintaining a public nuisance of addiction, illness, and death that significantly interferes with the public health, safety, peace, comfort, and convenience of Massachusetts residents.

86. The injuries that the Teva Defendants caused in Massachusetts have been significant and long-lasting, for both the Commonwealth and the public, including: (a) opioid addiction, overdose, and death; (b) health care costs for individuals, children, families, employers, the Commonwealth, and its subdivisions; (c) loss of productivity and harm to the economy of the Commonwealth; and (d) special public costs borne solely by the Commonwealth in its efforts to abate the nuisance and to support the public health, safety, and welfare.

87. The Commonwealth has spent at least hundreds of millions of dollars on special treatment, prevention, intervention, and recovery initiatives to abate the harms of the opioid epidemic.

88. The Commonwealth has a special relationship with, and responsibility to its residents, including its responsibility to uphold the public health, safety, and welfare. Each Teva Defendant had reason to know of this relationship at all times.

89. The Teva Defendants' unfair conduct was unreasonable.

90. The Commonwealth's claim is timely.

**REQUEST FOR RELIEF**

WHEREFORE, the Commonwealth respectfully requests that the Court enter an Order:

a. Issuing a permanent injunction prohibiting Defendants, Defendants' officers, agents, servants, employees, attorneys – and any other person in active concert or participation with any or all Defendants – from engaging in unfair or deceptive acts and practices in violation of G.L. c. 93A, § 2;

b. Ordering Defendants to pay compensatory restitution, pursuant to G.L. c. 93A, § 4;

c. Ordering Defendants to abate the public nuisance by paying compensatory restitution;

d. Ordering Defendants to pay the Commonwealth's attorneys' fees and costs, pursuant to G.L. c. 93A, § 4; and

e. Ordering any further relief the Court deems just and proper.

Respectfully submitted,
COMMONWEALTH OF MASSACHUSETTS
By its Attorney
ANDREA JOY CAMPBELL
ATTORNEY GENERAL

Gregory Hardy

Digitally signed by Gregory Hardy
Date: 2023.12.08 10:00:46 -05'00'

Gregory A. Hardy (BBO #705433)
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Boston, MA 02108
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Dated: December 8, 2023

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

ANDREA JOY CAMPBELL
ATTORNEY GENERAL

(617) 727-2200
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December 8, 2023

*IN HAND*

Massachusetts Superior Court
Suffolk County Courthouse
Three Pemberton Square
Boston, MA 02108

Re: Complaint and Consent Judgment Filing, *Commonwealth of Massachusetts v. Allergan Limited, Allergan Finance, LLC, Watson Laboratories, Inc., Actavis Pharma Inc., Actavis LLC, Teva Pharmaceutical Industries, Ltd., Teva Pharmaceuticals USA, Inc., and Cephalon, Inc.*

To Whom It May Concern:

Enclosed for filing in this matter, please find the following:

- A Civil Action Cover Sheet;
- The Commonwealth's Complaint;
- The Commonwealth and Allergan Defendants' proposed Consent Judgment and Exhibits A-C attached thereto;
- The Commonwealth and Teva Defendants' proposed Consent Judgment and Exhibits A-C attached thereto
- The Commonwealth and Allergan Defendants' Assented-to Motion for Entry of Consent Judgment;
- The Commonwealth and Teva Defendants' Assented-to Motion for Entry of Consent Judgment;
- A Proposed Order Allowing the Commonwealth and Allergan Defendants' Assented-to Motion for Entry of Consent Judgment;
- A Proposed Order Allowing the Commonwealth and Teva Defendants' Assented-to Motion for Entry of Consent Judgment; and
- A Certificate of Service.

Pursuant to Mass. R. Civ. P. 54(b), the Consent Judgment with the Allergan Defendants resolves the Commonwealth's claims against the Allergan Defendants and the Consent Judgment with the Teva Defendants resolves the Commonwealth's claims against the Teva Defendants. Together, the Consent Judgments fully resolve the action.

Thank you for attention to this matter. If you have any questions or wish to schedule a hearing, please call me at (617) 727-2353.

Sincerely,

Gregory Hardy

Digitally signed by Gregory Hardy
Date: 2023.12.08 10:04:54 -05'00'

Gregory A. Hardy
Assistant Attorney General