

Exhibit 76

To: Stiles, Gary[Gary.Stiles@pharma.com]
From: Kyle, Don
Sent: Mon 5/21/2012 6:25:34 AM
Subject: FW: What Steve Moss would like to come to Purdue to present
KCC2 and pain.docx

He has done a lot of work in the area of GABA and this will probably be the main emphasis in his seminar, although he is recently interested in K⁺ and Cl⁻ channels as well. I'm sure it would be a good seminar, likely very technical and very basic research. Not directly related to what we are doing now, but several of us from Cranbury could likely attend if he comes to talk. Our electrophysiology people would likely have the most interest.

Don

From: Sackler, Dr Richard
Sent: Friday, May 18, 2012 11:01 PM
To: Stiles, Gary; Landau, Dr. Craig; Kyle, Don
Cc: Condon, Donna
Subject: FW: What Steve Moss would like to come to Purdue to present

Steve Moss is a professor at Tufts who would like to come and give a talk here.
Would this be relevant and of interest to us and if so when can we coordinate and schedule such a talk?

From: <Condon>, Donna Condon <donna.condon@pharma.com>
To: "Richard S. Sackler" <drrichard.sackler@pharma.com>
Subject: What Steve Moss would like to come to Purdue to present

Dr. Richard – you asked that I get a write up for you about what Steve Moss would like to present so you could get the correct audience. Here is that summary, please let me know how you would like me to proceed. I need to get back to Steve so he can make travel plans.

Regards,
Donna

*Donna Condon
Assistant to Richard Sackler M.D.
Purdue Pharma
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Stamford, CT 06901
(t) 203-588-7774
(f) 203-588-6500
Donna.condon@pharma.com*

From: Marakas, Georgia [<mailto:Georgia.Marakas@tufts.edu>]
Sent: Friday, May 18, 2012 2:13 PM
To: Condon, Donna
Subject: Steve Moss Write-Up

Hi Donna,

Attached please find a brief write-up by Steve Moss on what he wants to discuss with Dr. Richard Sackler, and the other scientists, when he visits in June.

Please let me know if you need anything else, otherwise I will wait for you to contact me with some potential dates in June for Steve to visit.

Thanks!
Georgia

Exhibit 77

To: Costa, Paulo[Paulo.Costa@pharma.com]
Cc: Innaurato, Mike[Mike.Innaurato@pharma.com]
From: Gasdia, Russell
Sent: Mon 6/4/2012 10:16:06 PM
Subject: RE: Meeting This Thursday - Response Requested

Paulo

We're glad they were helpful.

We can provide the background on the OxyContin S&P and our sense of whether it is sufficient to support/growth the brand.

With respect to Butrans, we can provide insights into the ImpactRx reports. We are continuing to learn/understand the perceptions of the brand and how it is being utilized. Mike can share some additional insights and what we are doing to address the issues we've identified. We will also provide an update in regards to prescription trends, initiatives that are taking place the second half of the year, as well as recent managed care formulary "wins" that we believe can have a positive impact on trends for the remainder of 2012.

You are correct in regards to Intermezzo. We are just starting to understand some of the issues. We are gathering field intelligence, as well as market research, that is providing us with insights. We do have the Intermezzo Sales Force field management team here this week for our first plan-of action meeting with them since the launch meeting in late March. We hope to gain valuable insights from them this week. We are also conducting an "Intermezzo Summit Meeting", which will bring the top performing representatives and select managers into the home office to meet with members of the Intermezzo Brand Team, senior sales management, as well as members of our Training Department. We have an agenda developed that is designed to gain a clear understanding of what they are doing to be successful so that we can adapt their approaches to the Plan-of-Action meetings (District Meetings) scheduled for the last week of June.

We'll pull together the information needed on our end and be prepared to make this a productive session.

Russ

From: Costa, Paulo
Sent: Monday, June 04, 2012 9:53 PM
To: Gasdia, Russell
Cc: Innaurato, Mike
Subject: Re: Meeting This Thursday - Response Requested

Hi Russ,

Thank you! I've gone through the presentations and they were helpful.

I'd be interested in understanding the rationale for the selling and promotion budget behind Oxy Contin and whether it is sufficient to support the brand.

With Butrans I noticed that a significant proportion of the sales calls did not focus on efficacy. Did I get

that right? What are the trends looking like for achievement of budget this year?

Intermezzo scripts seem not to be taking off. Any insights on what is driving it? I know you guys did a lot of market research before the launch. Did this come as a surprise?

Those are the the types of issues, that I would like to focus on.

Thanks

Paulo

On Jun 4, 2012, at 12:52 PM, "Gasdia, Russell" <Russell.Gasdia@pharma.com> wrote:

Paulo

Mike and I are looking forward to meeting with you this week.

Mike sent you some of the "high level" presentations that were designed for a general audience at recent company-wide presentations and therefore lacked specificity. Also, I know that he sent you the recent field performance audit by ImpactRx for Butrans. We are prepared to go through these in more depth or prepare for other topics. In order for us to properly prepare and maximize our time together, would you be kind enough to provide us a sense of topics you would like to address?

If you have any questions ahead of the meeting, let us know.

Russ

Exhibit 78

To: Costa, Paulo[/O=PURDUE/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=Costapa]
Cc: Gasdia, Russell[/O=PURDUE/OU=Purdue US/cn=Recipients/cn=58B02E32]; Stewart, John H. (US)[/O=PURDUE/OU=Purdue US/cn=Recipients/cn=johns]
From: Innaurato, Mike
Sent: Mon 6/11/2012 6:23:31 PM
Subject: June 18 2012 mid year board Marketing pres v11.pptx
June 18 2012 mid year board Marketing pres v11.pptx

Paulo

As you requested, I am providing an advanced copy of my presentation to the BOD for the Mid Year Update Meeting on June 18. This has undergone extensive review and editing by many and is going into print tomorrow for the BOD book.

We welcome any feedback you may have on points to emphasize, etc. and I can make myself available to discuss anytime this week.

Thank you for your guidance.

Mike

Exhibit 79

Purdue
Quarterly Report to the Board
2nd Quarter, 2012

July 23, 2012

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\$44,000 saved through favorable contract renewals, negotiated savings, use of articles from our repository and, cancellation of information products which have shown appreciable drops in usage. YTD savings is \$209,500.

CORPORATE COMPLIANCE

Assure compliance with Purdue's Corporate Integrity Agreement (CIA) and all Federal and State laws and regulations, as well as the PhRMA Code. Conduct risk assessments and audit and monitor business operations. Respond as required to all inquiries and conduct investigations of Company operations when appropriate. Assure that all ethics and compliance training requirements are met.

Corporate Integrity Agreement

- Purdue's CIA term comes to an end July 30th. There have been no Reportable Events in year five, and no unfavorable communications with the Office of Inspector General. We expect to complete the full term of the CIA with a favorable review, although the formal close of the CIA review by OIG may well take up to six months past July 30th.
- Communications to Employees regarding the end of the CIA term have begun, stressing the importance of continued compliance and the fact that there will be only limited changes to Purdue's compliance-related activities..

Call Note Review Process

Greater effectiveness and cost-savings has been accomplished with new call note reviews. Call notes had previously been performed by contract attorneys, employing up to six on a full-time basis. With the transfer of this function to Compliance in late 2011, a new approach to risk assessment was undertaken, reducing use exclusive of key word searches in favor of word searches based on productivity of results, with analysis of call notes on a random basis increased. This has resulted in the work being completed by two people in half their working time, with a back-log of 4-5 months eliminated, and call notes reviewed within three weeks following the close of each current month. This real time review resulted in earlier identification and investigation of any issues.

Public Citizen Freedom of Information Act (FOIA) Request

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Full-Time Turnover Report YTD 6/30/2012

| | Begin Count | End Count | Ave # EE's | Termina- tions | % Term EE's | Retired | Resigna- tions | % Resigned | Total T/O | YTD T/O Rate |
|----------------------------|----------------|--------------|---------------|-------------------|----------------|---------|-------------------|---------------|--------------|--------------------|
| S&P | | | | | | | | | | |
| Sales | 631 | 633 | 632 | 8 | 1.3% | 1 | 29 | 4.6% | 38 | 6.0% |
| Marketing | 45 | 46 | 46 | 1 | 2.2% | 0 | 2 | 4.4% | 3 | 6.7% |
| Sales Support | 23 | 28 | 26 | 0 | 0.0% | 1 | 1 | 4.3% | 2 | 8.7% |
| Field Ops, Support & Admin | 15 | 14 | 15 | 0 | 0.0% | 0 | 3 | 20.0% | 3 | 20.0% |
| Total S&P | 714 | 721 | 718 | 9 | 1.3% | 2 | 35 | 4.9% | 46 | 6.4% |
| % of X-FTE's | | | | 19.6% | | 4.3% | 76.1% | | | |
| G&A | | | | | | | | | | |
| Administrative Services | 34 | 34 | 34 | 0 | 0.0% | 0 | 0 | 0.0% | 0 | 0.0% |
| Business Development | 7 | 7 | 7 | 0 | 0.0% | 0 | 0 | 0.0% | 0 | 0.0% |
| Corporate Compliance | 9 | 11 | 10 | 0 | 0.0% | 0 | 0 | 0.0% | 0 | 0.0% |
| EHS | 5 | 6 | 6 | 0 | 0.0% | 0 | 0 | 0.0% | 0 | 0.0% |
| Executive | 11 | 13 | 12 | 0 | 0.0% | 0 | 1 | 9.1% | 1 | 9.1% |
| External Affairs | 18 | 18 | 18 | 0 | 0.0% | 0 | 0 | 0.0% | 0 | 0.0% |
| Finance | 60 | 60 | 60 | 0 | 0.0% | 0 | 0 | 0.0% | 0 | 0.0% |
| General Counsel | 47 | 45 | 46 | 0 | 0.0% | 0 | 0 | 0.0% | 0 | 0.0% |
| Human Resources | 23 | 23 | 23 | 0 | 0.0% | 0 | 0 | 0.0% | 0 | 0.0% |
| IT | 92 | 97 | 95 | 0 | 0.0% | 0 | 2 | 2.2% | 2 | 2.2% |
| Procurement | 13 | 13 | 13 | 0 | 0.0% | 0 | 0 | 0.0% | 0 | 0.0% |
| QA | 24 | 30 | 27 | 0 | 0.0% | 0 | 0 | 0.0% | 0 | 0.0% |
| Security | 16 | 14 | 15 | 0 | 0.0% | 1 | 0 | 0.0% | 1 | 6.3% |
| Total G&A | 359 | 371 | 365 | 0 | 0.0% | 1 | 3 | 0.8% | 4 | 1.1% |
| % of X-FTE's | | | | 0.0% | | 25.0% | 75.0% | | | |
| IRD/US | | | | | | | | | | |
| Discovery | 46 | 47 | 47 | 1 | 2.2% | 0 | 0 | 0.0% | 1 | 2.2% |
| Cranbury Support | 10 | 13 | 12 | 0 | 0.0% | 0 | 0 | 0.0% | 0 | 0.0% |
| Drug Safety & Pharma | 36 | 35 | 36 | 0 | 0.0% | 0 | 0 | 0.0% | 0 | 0.0% |
| Health Policy | 38 | 40 | 39 | 0 | 0.0% | 0 | 0 | 0.0% | 0 | 0.0% |
| Medical Research | 75 | 85 | 80 | 0 | 0.0% | 0 | 2 | 2.7% | 2 | 2.7% |
| Nonclinical & R&D | 47 | 49 | 48 | 0 | 0.0% | 0 | 0 | 0.0% | 0 | 0.0% |
| Program Management | 22 | 24 | 23 | 0 | 0.0% | 0 | 1 | 4.5% | 1 | 4.5% |
| Regulatory Affairs | 23 | 24 | 24 | 0 | 0.0% | 0 | 1 | 4.3% | 1 | 4.3% |
| Total IRD/US | 297 | 317 | 307 | 1 | 0.3% | 0 | 4 | 1.3% | 5 | 1.7% |
| % of X-FTE's | | | | 20.0% | | 0.0% | 80.0% | | | |
| MFG/OPERATIONS | | | | | | | | | | |
| PF Labs Salaried | 17 | 18 | 18 | 0 | 0.0% | 0 | 0 | 0.0% | 0 | 0.0% |
| PPMD | 55 | 57 | 56 | 0 | 0.0% | 0 | 0 | 0.0% | 0 | 0.0% |
| Wilson NC | 189 | 188 | 189 | 2 | 1.1% | 1 | 10 | 5.3% | 13 | 6.9% |
| Total MFG/OPERATIONS | 261 | 263 | 262 | 2 | 0.8% | 1 | 10 | 3.8% | 13 | 5.0% |
| % of X-FTE's | | | | 15.4% | | 7.7% | 76.9% | | | |
| Total PURDUE | | | | | | | | | | |
| | 1,631 | 1,672 | 1,652 | 12 | 0.7% | 4 | 52 | 3.2% | 68 | 4.2% |
| RHODES Technologies | | | | | | | | | | |
| | 145 | 147 | 146 | 1 | 0.7% | 0 | 1 | 0.7% | 2 | 1.4% |
| RHODES Pharma | | | | | | | | | | |
| | 22 | 25 | 24 | 0 | 0.0% | 0 | 1 | 4.5% | 1 | 4.5% |
| Total MFG/OPERATIONS | 167 | 172 | 170 | 1 | 0.6% | 0 | 2 | 1.2% | 3 | 1.8% |
| Total MIAMI | | | | | | | | | | |
| | 4 | 5 | 5 | 0 | 0.0% | 0 | 0 | 0.0% | 0 | 0.0% |
| Grand Total | | | | | | | | | | |
| | 1,802 | 1,849 | 1,826 | 13 | 0.7% | 4 | 54 | 3.0% | 71 | 3.9% |
| % of X-FTE's | | | | 18.3% | | 5.6% | 76.1% | | | |

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Exhibit 80

PURDUE PHARMA INC.

**Minutes of a Meeting of
the Board of Directors**

August 16, 2012

A meeting of the Board of Directors of Purdue Pharma Inc., a New York corporation (the "Corporation"), and the general partner of Purdue Pharma L.P., a Delaware limited partnership (the "Partnership"), was held on August 16, 2012 (the "Meeting"). A quorum of the Board of Directors was present, and at the request of those Directors present, Stuart D. Baker acted as Secretary of the Meeting.

After discussion, and on motion duly made and seconded, it was unanimously decided as follows:

RESOLVED, that the Partnership be and it hereby is authorized and directed to bring appropriate legal actions against any and all companies bringing Paragraph IV certification notices against Intermezzo® upon the advice of the Partnership's inside and outside counsel that such legal actions are warranted; and further

RESOLVED, that the Partnership be and it hereby is authorized and directed to undertake a search for the position of Vice President, External Affairs and that a minimum of two candidates will meet with those Directors of the Corporation who wish to interview the candidates. David Haddox, the Vice President, Health Policy, Burt Rosen, the Vice President, Federal Government Affairs and Alan Must, the Vice President, State Government Relations, would each report to the new Vice President, External Affairs; and further

RESOLVED, that the Partnership be and it hereby is authorized and directed to undertake a search for an experienced and capable marketing person to report to John H. Stewart and that a minimum of two candidates will meet with those Directors of the Corporation who wish to interview the candidates; and further

RESOLVED, that the proper officers of the Corporation be and each of them hereby is authorized and directed to make, execute and deliver, or cause to be made, executed

CPAM: 5089384.1

PKY183212960

and delivered on behalf of itself and the Partnership all such agreements, documents, instruments and other papers, as they may deem necessary or appropriate to carry out the purposes and intent of the foregoing resolutions.

There being no further business to come before the Meeting, the same was,
upon motion, adjourned.



Stuart D. Baker
Secretary

CPAM: 5089384.1

PKY183212961

Exhibit 81

Purdue
Quarterly Report to the Board
3rd Quarter, 2012

November 1, 2012

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Marketing Department Key Initiatives

There are several key initiatives for each brand being implemented to support the activities of the sales force.

Butrans® Brand Team:

- In May we introduced a new initiative called “Butrans Experience Program”. The objective of this initiative is to increase number of physicians who “trial” Butrans by getting them to initiate Butrans therapy in up to five patients. This was a national pilot involving approximately 2,620 physicians. Each sales representative enrolled five healthcare professionals. The program is managed by InfoMedics, a company that specializes in providing physicians with direct feedback from their patients about their treatment experience and satisfaction levels with the therapy. The physician accomplishes this by enrolling patients into the “Experience Program”, which in turn allows the patients to communicate experiences via patient self-assessment tools that are provided to the physician between office visits. Each patient who enrolls in the program completes a survey at enrollment and again at 7, 15, 30, and 60 days to track their experience. This assists the physician in appropriate management of the patient, and increases involvement of the patient to better assess the Butrans “experience”. InfoMedics has implemented similar programs across various categories and demonstrated very positive results. To date, the program has exceeded expectations based on past programs launched. As of October 9th 2,756 HCPs have been enrolled versus a target of 2,620 and 1039 patients have been enrolled versus a projected enrollment of 375 patients at this same time point. An early analysis of ROI and TRx lift demonstrates that as of July cumulative incremental TRx lift over control is 0.76 TRx per enrolled HCP and incremental full cost ROI is \$2.60 (each invested program \$1.00 yields \$2.60 in return).
- Through September, 689 speaker programs were conducted out of 1050 speaker programs budgeted for 2012. An analysis of ROI and TRx lift demonstrates that as April (the most recent analysis) cumulative incremental TRx lift over control is 2.0 TRx per enrolled HCP, the incremental full cost ROI is \$0.46, and the incremental variable cost ROI is \$1.30.
- Educating on proper titration and use of supplemental analgesia with Butrans to address the 73% discontinuation rate seen with the 5 mcg/hour Butrans or 56% discontinuation across all strengths is a focal point of our promotion for the remainder of the year. For the third trimester we have introduced the Butrans Supplemental Analgesia and Titration Brochure. This sales piece will allow sales representatives to better facilitate discussions with HCPs on the importance of providing patients with an IR opioid or non-opioid for rescue medication when

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| <p><u>Intermezzo Speaker Program Preliminary Impact Completed 8-2012</u></p> <p>To Determine if there are any incremental impact of Speaker Programs on HCP Rx behavior</p> | <ul style="list-style-type: none"> - The Intermezzo Speaker Program appears to drive TRx lift, largely driven by one of the four measured cohorts - Overall lift of 178 attendees is 0.31 TRx/HCP - Psychiatry contributes majority of lift while comprising only 21% of attendees (June 22nd cohort) - High Market Decile HCPs have the greatest lift and they comprise 70% of attendees (June 22nd cohort) | <ul style="list-style-type: none"> - Have reps make all effort to enroll Psychiatry and high decile physicians to speaker programs |
|---|--|---|
| BUTRANS Objectives | Key results | Recommended Actions/Potential Actions |
| <p><u>Butrans Physician Level Titration Analysis Completed 8-2012</u></p> <p>- Determine how Butrans titration influences patient length of therapy (persistence) at the physician level</p> | <ul style="list-style-type: none"> - Of 57K patients studied, 83% had not been titrated prior to discontinuing Butrans therapy, 16% were titrated up from their initial strength and 1% were titrated down | <ul style="list-style-type: none"> - At managers' meetings and district sales meetings, reinforce current training and direction around titration |
| | <ul style="list-style-type: none"> - At 98 days, 35% of titrate up patients are persistent, followed by 30% of titrate down patients, and just 6.8% no titrate patients. | <ul style="list-style-type: none"> - Set up additional workshops for the sales force around titration messages |
| | <ul style="list-style-type: none"> - For titrate up patients, those that ultimately titrate up to the 20mcg strength are the most persistent. | <ul style="list-style-type: none"> - The results have been shared with the districts and specific direction has been provided to reps around titration as a result of this research. |
| | <ul style="list-style-type: none"> - For the no titrate patients, those that started on the 20mcg strength are the most persistent, followed by the 10mcg, then the 5mcg strengths. | |

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| | | | | | |
|--|-----------------|--|--|--|--|
| | Agonist Peptide | | | | |
|--|-----------------|--|--|--|--|

CORPORATE COMPLIANCE

Assure compliance with Purdue's Corporate Integrity Agreement (CIA) and all Federal and State laws and regulations, as well as the PhRMA Code. Conduct risk assessments and audit and monitor business operations. Respond as required to all inquiries and conduct investigations of Company operations when appropriate. Assure that all ethics and compliance training requirements are met.

Corporate Integrity Agreement

The Fifth (and final) Annual Report under Purdue's CIA was submitted on time to the Office of Inspector General on September 27, including IRO Review Report and Management Response, Compliance Officer Certifications of the Report and all underlying CIA requirements, with summaries of compliance investigations during year five. We can expect OIG to begin its review of the Report, ask further questions and, ultimately, send Purdue a letter confirming the successful closure of the CIA. This may well take a further about six months.

The Final Independent Review Organization (IRO) Report under Purdue's CIA was successfully concluded, with reviews of Medical Information Request Forms ("MIRFs") from Health Care Professionals (two Findings and two Observations); and reviews of Promotion Monitoring Forms (four Observations). All findings and observations are minor, but highlight the continued importance of adherence to departmental SOPs, which we continue to address.

Update On Physician Payments Sunshine Act

Implementation of Federal Physician Payments Sunshine Act has been delayed by lack of final government regulations:

- An HHS administrator testified at a Senate Committee in September that they "hope" some data would begin to be captured for 2013.
- There are still many unanswered questions as to requirements for formatting of data, treatment of clinical trial related expenses, and coverage of certain ownership interests and it appears the government is just beginning to

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Exhibit 82



PRESIDENT
J.B. Van Hollen
Wisconsin Attorney General

PRESIDENT-ELECT
Jim Hood
Mississippi Attorney General

VICE PRESIDENT
Marty Jackley
South Dakota Attorney General

IMMEDIATE PAST PRESIDENT
Douglas Gansler
Maryland Attorney General

EXECUTIVE DIRECTOR
James McPherson

December 16, 2013

Margaret A. Hamburg, M.D.
Commissioner
U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993-0002

Dear Dr. Hamburg:

State Attorneys General have pursued a holistic approach to end our nation's prescription-drug abuse epidemic. This approach includes evidence-based prevention, robust law-enforcement operations targeting diverted pharmaceuticals, and the implementation of state-operated prescription-drug monitoring programs. This balanced attack, combined with the efforts of the Drug Enforcement Administration, has undoubtedly saved many lives by preventing prescription-drug overdoses.

The State Attorneys General want to thank you for your recent efforts to ensure branded opioid drugs have abuse-deterrent formulations. But we must go further. Ensuring that generic opioids, like their branded counterparts, have abuse-deterrent properties is a commonsense improvement that provides yet another important tool in the fight against our nation's prescription drug epidemic.

Accordingly, the undersigned State Attorneys General respectfully request that the FDA provide clear and fair regulatory standards for the incorporation of abuse-deterrent technologies into generic opioids. The FDA has been an excellent partner in fighting prescription drug abuse, and we look forward to continuing to work with you in ending this epidemic.

Sincerely,

Pamela Jo Bondi
Florida Attorney General

Samuel S. Olens
Georgia Attorney General

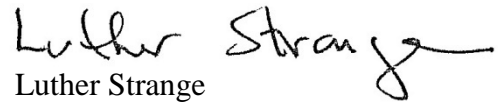
Jack Conway
Kentucky Attorney General

Janet Mills
Maine Attorney General

2030 M Street, NW
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Chris Koster
Missouri Attorney General



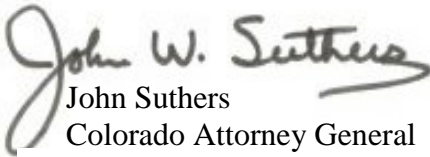
Luther Strange
Alabama Attorney General



Tom Horne
Arizona Attorney General



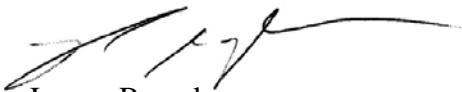
Dustin McDaniel
Arkansas Attorney General



John Suthers
Colorado Attorney General



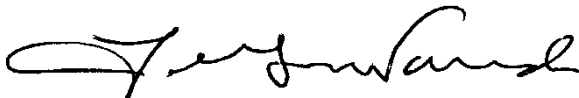
Joseph R. "Beau" Biden III
Delaware Attorney General



Lenny Rapadas
Guam Attorney General



David Louie
Hawaii Attorney General



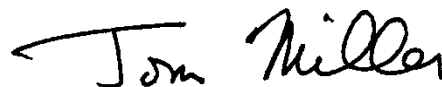
Lawrence Wasden
Idaho Attorney General



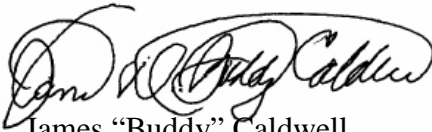
Lisa Madigan
Illinois Attorney General



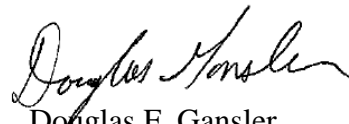
Greg Zoeller
Indiana Attorney General



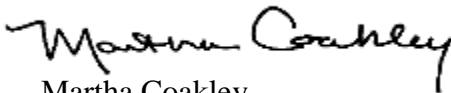
Tom Miller
Iowa Attorney General



James "Buddy" Caldwell
Louisiana Attorney General



Douglas F. Gansler
Maryland Attorney General



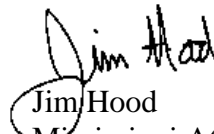
Martha Coakley
Massachusetts Attorney General



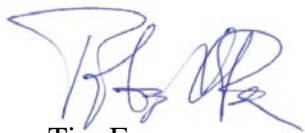
Bill Schuette
Michigan Attorney General



Lori Swanson
Minnesota Attorney General



Jim Hood
Mississippi Attorney General



Tim Fox
Montana Attorney General



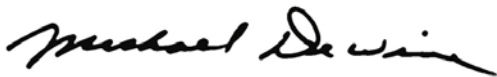
Catherine Cortez Masto
Nevada Attorney General




John Hoffman
Acting New Jersey Attorney General



Roy Cooper
North Carolina Attorney General



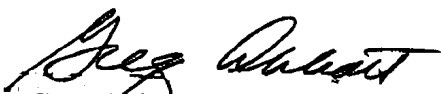
Mike DeWine
Ohio Attorney General



Kathleen Kane
Pennsylvania Attorney General



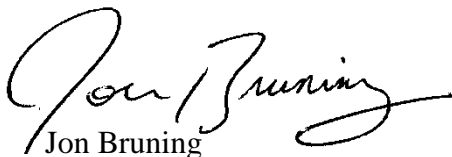
Alan Wilson
South Carolina



Greg Abbott
Texas Attorney General



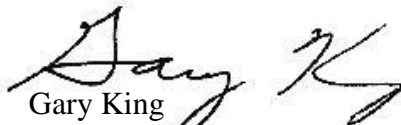
William H. Sorrell
Vermont Attorney General



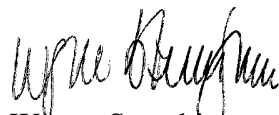
Jon Bruning
Nebraska Attorney General



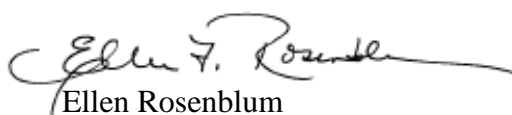
Joseph Foster
New Hampshire Attorney General



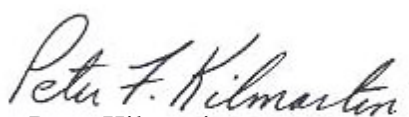
Gary King
New Mexico Attorney General



Wayne Stenehjem
North Dakota Attorney General



Ellen Rosenblum
Oregon Attorney General



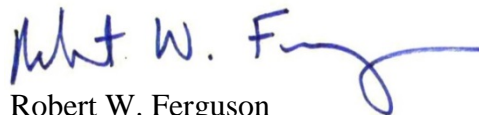
Peter Kilmartin
Rhode Island Attorney General



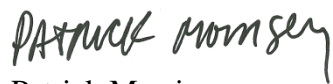
Marty J. Jackley
South Dakota Attorney General



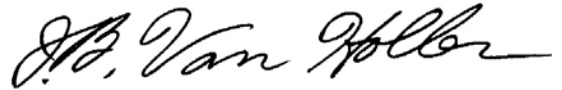
Brian Tarbet
Acting Utah Attorney General



Robert W. Ferguson
Washington Attorney General

A handwritten signature in black ink, reading "Patrick Morrissey". The script is cursive and fluid, with the first name and last name clearly distinguishable.

Patrick Morrissey
West Virginia Attorney General

A handwritten signature in black ink, reading "J.B. Van Hollen". The script is cursive, with a prominent initial "J.B." and a long, sweeping tail on the "n" of "Hollen".

J.B. Van Hollen
Wisconsin Attorney General

Exhibit 83

**Complete
Government Affairs
TRF letters to FDA Commissioner Dr. Margaret Hamburg**

(Updated 12/14/2012)

| | State | Name and Title |
|-----|----------------------|---|
| 1. | Alabama | Rep. Jim McClendon , O.D. Chairman, House Standing Committee on Health, District 50, Alabama House of Representatives |
| 2. | Alabama | Rep. Mary Sue McClurkin , District 43, Alabama House of Representatives |
| 3. | Alaska | Rep. Mike Chenault , Speaker of the Alaska State Hosue |
| 4. | California | Senator Ted Gaines , 1 st District, State of California |
| 5. | California | Assemblywoman Beth Gaines , 4 th District |
| 6. | California | Senator Mimi Walters , 37 th District |
| 7. | California | Assemblywoman, Diane Harkey , 73 rd District |
| 8. | California | Senator Bill Emerson , 23 rd District |
| 9. | Colorado | Senator Nancy Spence , Colorado Senate |
| 10. | Colorado | Rep. Nancy Todd , Assistant Minority Leader, State Representative |
| 11. | Colorado | Rep. Larry Liston , Colorado House of Representatives |
| 12. | Connecticut | Rep. Prasad Srinivasan, MD , State Representative, 31 st District, State of Connecticut |
| 13. | Connecticut | Rep. Dan Carter , State Representative, 2 nd Assembly District, Bethel, Danbury & Redding |
| 14. | Florida | Senator Mike Fasano , State Senator, 11th District 11, The Florida Senate |
| 15. | Florida | Rep. Denise Grimsley , State Representative, District 77, FL House of Representatives, |
| 16. | Florida | Rep. John Wood , State Representative, District 65, FL House of Representatives |
| 17. | Florida | Senator D. Alan Hays, DMD , District 11, The Florida Senate |
| 18. | Florida | Rep. Jake Raburn , Florida House of Represenatives, District 57 |
| 19. | Georgia | Lieutenant Governor Casey Cagle , State of Georgia |
| 20. | Georgia | Rep. Valerie Clark , State Representative, District 104, State of Georgia |
| 21. | Georgia | Rep. Amos Amerson , State Representative, District 9, GA House of Representatives |
| 22. | Georgia | Rep. Virgil L. Fludd , State Representative, District 66, GA House of Representatives |
| 23. | Kansas | Senator Vicki Schmidt , Assistant Majority Leader, Kansas Senate |
| 24. | Kentucky | Rep. Addia Kathryn Wuchner , State Representative, District 66, Commonwealth of Kentucky |
| 25. | Kentucky | Senator Jimmy Higdon , Kentucky Senate District 14, representing Mario, Mercer, Nelson, Taylor and Washington Counties |
| 26. | Massachusetts | Rep. Martin J. Walsh , State Representative, 13 th Suffolk District, Commonwealth of Massachusetts |
| 27. | Massachusetts | Rep. Liz Malia , House Chair, Joint Committee on Mental Health and Substance Abuse, 11 th Suffolk District, Commonwealth of Massachusetts |
| 28. | Massachusetts | Rep. James O'Day , 14 th Worcester District, Commonwealth of Massachusetts House of Representatives |
| 29. | Massachusetts | Rep. Ruth B. Balser , State Representative, 12 th Middlesex District, The Commonwealth of Massachusetts |
| 30. | Massachusetts | Rep. Nick Collins , State Representative, 4 th Suffolk District, The Commonwealth of |

1/2/2013

| | | |
|-----|----------------|---|
| | | Massachusetts |
| 31. | Missouri | Rep. Keith Frederick, State Representative, District 149, MO House of Representatives |
| 32. | Missouri | Rep. Dave Hinson, State Representative, 119 th District, Missouri House of Representatives |
| 33. | New Jersey | Assemblyman Daniel R. Benson, 14 th District, New Jersey |
| 34. | New Jersey | Assemblyman Tim Eustace, 38 th Legislative District, New Jersey General Assembly |
| 35. | New Jersey | Connie Wagner, Assemblywoman, 38 th Legislative District, New Jersey General Assembly |
| 36. | New Jersey | Senator Jim Whelan, 2 nd District, New Jersey Senate |
| 37. | New Jersey | Senator Dawn Marie Addiego, 8 th District, New Jersey Senate |
| 38. | New Jersey | Assemblywoman Alison Littell McHose, New Jersey Legislature |
| 39. | New Mexico | Rep. Nate Gentry, House of Representatives, District 30, State of New Mexico |
| 40. | New Mexico | Senator Stuart Ingle, State Senator, 27 th District, New Mexico State Senate |
| 41. | New Mexico | Senator Richard C. Martinez, New Mexico State Senate |
| 42. | New Mexico | Rep. Bill B. O'Neill, House of Representatives, District 15, State of New Mexico |
| 43. | New Mexico | Rep. Henry "Kiki" Saavedra, Chairman House Appropriations & Finance Committee, District 10, State of New Mexico House of Representatives |
| 44. | New Mexico | Senator Peter Wirth, State Senator, 25 th District, New Mexico State Senate |
| 45. | New Mexico | Thomas C. Taylor, House Minority Leader, House of Representatives, Santa Fe, NM |
| 46. | New York St. | Senator Mark J. Grisanti, 60 th Senate District, The Senate, State of New York |
| 47. | New York St. | Jack M. Martins, Senator, 7 th Senate District, The Senate, State of New York |
| 48. | New York | Stephen J. Pasierb, President and CEO, The Partnership at Drugfree.org |
| 49. | New York | Senator Andrew J. Lanza, 24 th District, The Senate, State of New York |
| 50. | New York | Steven Cymbrowitz, Assemblyman 45 th District, Kings County, New York |
| 51. | New York | Senator Roy J. McDonald, 43 rd District, State of New York |
| 52. | New York | Senator Michael H. Ranzenhofer, 61 st District, State of New York |
| 53. | New York | Senator Dean Skelos, Majority Leader, New York State Senate |
| 54. | New York | Senator Kemp Hannon, Chairman, Senate Health Committee, New York State Senate |
| 55. | North Carolina | Senator Buck Newton, District 11, Johnston, Nash, Wilson |
| 56. | North Carolina | Rep. Darren Jackson, North Carolina General Assembly |
| 57. | North Dakota | Senator Judy Lee, North Dakota |
| 58. | Ohio | Rep. Terry A. Johnson, State Representative, 89 th District, The Ohio House of Representatives |
| 59. | Ohio | Senator Bob Peterson, State Senator, 17 th District, Ohio Senate |
| 60. | Ohio | Rep. Nickie J. Antonio, 13 th District, Wards 3, 14, 15, 16 & 17 |
| 61. | Ohio | Rep. Nancy Garland, State Representative |
| 62. | Ohio | Senator Troy Balderson, District 20, Ohio Senate |
| 63. | Ohio | Rep. Danny R. Bubb, State Representative, 88 th House District |
| 64. | Ohio | Senator Tim Schaffer, State Senator, 31 st District |
| 65. | Ohio | Senator Jim Hughes, State Senator, 16 th District |
| 66. | Ohio | Rep. Randy Gardner, State Representative, 6 th House District |
| 67. | Pennsylvania | Republican Chairman Stephen E. Barrar, Veteran Affairs & Emergency Preparedness, House of Representatives, Commonwealth of Pennsylvania, Harrisburg |
| 68. | Pennsylvania | Rep. Gene DiGirolamo, 18 th Legislative District, House of Representatives, Commonwealth of Pennsylvania, Harrisburg |
| 69. | Pennsylvania | Senator Dominic Pileggi, State Senator, 9 th District, PA State Senate |
| 70. | Pennsylvania | Mark B. Cohen, Democratic Chair, Human Services Committee and State Representative, 202 nd Legislative District |

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| | | |
|--------------------------|-------------------------|--|
| 71. | Pennsylvania | Mike Hanna , 76 th District, Democratic Whip, Commonwealth of Pennsylvania |
| 72. | Pennsylvania | Rep. Harry Readshaw , Chairman, House Professional Licensure Committee, Commonwealth of Pennsylvania |
| 73. | Pennsylvania | Senator Andrew E. Dinniman , District 19, Senate of Pennsylvania |
| 74. | Pennsylvania | Senator John C. Rafferty, Jr. , 44 th District, Senate of Pennsylvania |
| 75. | Pennsylvania | Joe Scarnati , President Pro Tempore, 25 th District, Senate of Pennsylvania |
| 76. | South Carolina | Rep. Gilda Cobb-Hunter , District No. 66 – Orangeburg County, South Carolina |
| 77. | Tennessee | Rep. Joshua Evans , State Representative, 66 th Legislative District, State of Tennessee |
| 78. | Texas | Senator Carlos I. Uresti , State Senator, 19 th District, The Senate of The State of Texas |
| 79. | Texas | Senator Juan “Chuy” Hinojosa , District 20, The Senate of the State of Texas |
| 80. | Washington State | Senator Steve Hobbs , State Senator, 44 th Legislative District, Washington State |
| 81. | Washington State | Attorney General Rob McKenna , State of Washington |
| 82. | Washington State | Rep. Eric Pettigrew , 37 th Legislative District |
| 83. | Washington State | Rep. Bill Hinkle , State Representative, 13 th District, State of Washington House of Representatives |
| 84. | Washington State | Rep. Bruce Dammeier , 25 th Legislative District, Position 1, Washington State House of Representatives |
| 85. | Washington State | Rep. Paul Harris , 17 th Legislative District |
| 86. | West Virginia | Rep. Don Perdue , West Virginia House of Delegates, Chairman of Health and Human Resources Committee |
| 87. | West Virginia | William R. Laird, IV , Vice-Chairman, Committee on Health and Human Resources, The Senate of West Virginia |
| 88. | West Virginia | Senator Ron Stollings, MD , Chairman, West Virginia Senate Committee on Health and Human Resources |
| 89. | West Virginia | Senator Dan Foster , 17 th Senatorial District, The Senate of West Virginia |
| ATTORNEYS GENERAL | | |
| 90. | Alabama | Attorney General Luther Strange , State of Alabama |
| 91. | Florida | Attorney General Pam Bondi , State of Florida |
| 92. | Kentucky | Attorney General Jack Conway , State of Kentucky |
| 93. | New Hampshire | Michael A. Delaney , Attorney General, Department of Justice, New Hampshire |
| 94. | New York | Eric T. Schneiderman , Attorney General, The State of New York |
| ASSOCIATIONS | | |
| 95. | ASSOCIATION | CLAAD; US Pain Foundation, ACSCA, Pain Treatment Topics, AAPM, NADDI, American Society for Pain Management Nursing, Global Healthy Living Foundation, The Partnership at DrugFree.org, The Virginia Cancer Pain Initiative |
| 96. | ASSOCIATION | Cheri L. Walter , Chief Executive Officer, Ohio Association of County Behavioral Health Authorities |
| 97. | ASSOCIATION A | Katherine Keough , Executive Director, NASCSA |
| LAW ENFORCEMENT | | |
| 98. | Florida | Sheriff Susan Benton , President, Florida Sheriffs Association |
| 99. | New York | James C. Burke , Chief of Department, Suffolk County Police Department |

1/2/2013

| | | |
|------|-----------------|--|
| 100. | New York | Kevin A. Nulty , Chief of Police, Town of Orangetown, Orangeburg, NY |
| 101. | New York | Brendan Healy , Head of the Long Island Pharmacy Crime Task Force, Bethpage, NY |

1/2/2013

Exhibit 84

PURDUE PHARMA INC.

**Minutes of a Meeting of
the Board of Directors**

January 15, 2013

A meeting of the Board of Directors of Purdue Pharma Inc., a New York corporation (the "Corporation"), and the general partner of Purdue Pharma L.P., a Delaware limited partnership (the "Partnership"), was held on January 15, 2013 (the "Meeting"). A quorum of the Board of Directors was present, and at the request of those Directors present, Stuart D. Baker acted as Secretary of the Meeting.

After discussion, and on motion duly made and seconded, it was unanimously decided as follows:

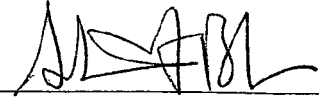
RESOLVED, that the Partnership be and it hereby is authorized and directed to allocate the performance portion of the bonus awards for employees of the Partnership as follows:

1. For the President's direct reports and certain responsible management employees one level below the President's direct reports, the company performance portion of the bonus award will be 70%;
2. For all other employees the Partnership performance portion of the bonus award will be 80%.

The President will provide his proposed bonuses for the employees referred to in paragraph 1 above to the Board of Directors for review; and further

RESOLVED, that the proper officers of the Corporation and the Partnership be and each of them hereby is authorized and directed to make, execute and deliver, or cause to be made, executed and delivered on behalf of itself and the Partnership all such agreements, documents, instruments and other papers, as they may deem necessary or appropriate to carry out the purposes and intent of the foregoing resolution.

There being no further business to come before the Meeting, the same was, upon motion, adjourned.



Stuart D. Baker
Secretary

CPAM: 5269349.1

PKY183213442

Exhibit 85

Purdue
Quarterly Report to the Board
4th Quarter, 2012

January 28, 2013

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eMarketing

- In the 4th quarter, we continued to implement the Butrans HCP Relationship Marketing Program. It includes the interactivity of invitations, an eMail series on Butrans-related topics, the Initiations Case Study program, eDetails, as well as a Butrans Web portal and Web sites that contains available materials (such as the Patient Education Brochure and the Butrans Initiation and Titration guide) for healthcare professionals to download and use to educate themselves, peers, and patients. This eMarketing initiative reinforces the branding, positioning, and key selling messages of Butrans.
- eMail delivery was suspended in November and December as labeling updates were needed for each of the eMails and this required MRL review. Despite this suspension we were able to achieve our annual goal of 800,000 eMail messages. eMails should come back on line in January.
- Recent data on achievement of goal for each of the various components of the Relationship Marketing Program can be seen in the below two charts:

| The Butrans National Program has REACHED | | 85% | of the 73.5K HCPs | |
|--|----------------------|-----------|-------------------|-------------------|
| Targeted Tactics | | YTD | Goal | % Achieved |
| Recruitment Emails | Number Sent | 898,688 | 800,000 | 112.3% |
| | Delivery Rate | 96% | 85% | 113.4% |
| eDetail eMails | Number Sent | 36,609 | 55,000 | 66.6% |
| Initiations | Starts | 1,081 | 550 | 196.5% |
| Invites | Invites Sent | 22,860 | 4,400 | 519.5% |
| Open Tactics | | YTD | Goal | % Achieved |
| SEM | Impressions | 2,257,677 | 990,000 | 228.0% |
| | Position | 3.30 | 3 | Lower than target |
| Portal | Visits | 81,469 | 55,000 | 148.1% |
| | Page Views per Visit | 2.04 | 2.00 | 102.1% |
| Display – PurdueHCP.com | Impressions | 56,893 | Program ended | |
| Display – Butrans.com | Impressions | 87,378 | 1,274,646 | 6.9% |

Note: SEM = Search Engine Marketing, Portal represents Visits to Purdue HCP.com

OxyContin® Tablets Brand Team:

- In the 4th quarter, we continued to reinforce the “Individualize the Dose” campaign with a greater emphasis placed on the OxyContin Managed Care Status and Patient Savings Program. As a result, the following promotional materials were updated and provided to Sales Representatives in October: Core Visual Aid, Appropriate Patient Case Vignettes, and the Patient Savings Program Sell Sheet.

- A “Medicare Part D” three wave direct mail and email campaign was developed by the OxyContin Brand Team to reinforce the broad formulary coverage of OxyContin to HCPs. 70% of HCPs received the promotion via email and 30% via direct mail. Deployment occurred during October and continued through December.
- A sensitivity analysis was performed and as a result, the OxyContin Savings program offerings for both the Relay Health pharmacy program and the MediMedia Savings Card program have been increased to up to \$90 in potential savings, once a patient pays the initial \$25 out-of-pocket expense during the January 2013 through March 31, 2014 program period. All collateral materials were updated to reflect the new program offering (Savings Card kits, combined program (Relay Health/MediMedia) HCP detail sheet, and pharmacist information sheet specific to the Savings Card program). Group numbers from 2012 will be automatically rolled over to reflect the new 2013 offering in all states except for Vermont, and pharmacy alerts are being sent out (beginning in January) to minimize confusion and disruption in the marketplace.
- The OxyContin Relay Health eVoucher Program was initiated in March 2012 for new-to-brand patients for OxyContin. After only 60 days, the Relay Health Program showed a positive ROI of 1.16 and incremental revenue of \$1.77MM. In the 4th quarter, there were a total 103,127 redemptions for this program with 263,790 redemptions for 2012. The Patient Savings Card is currently driving a positive ROI of 4.3 and a 14.6 TRx lift per HCP. There were a total of 44,877 redemptions for the Savings Card program in the 4th quarter and 696,551 redemptions for 2012. Currently, 3% of prescriptions are redeemed with a Savings Card and 7% through Relay Health.
- Based on a previous positive ROI of 2.8, the OxyContin Brand Team developed an updated Product Theater Video for the Professional Television Network (PTN). This video program was made available in December and will reach a minimum of 3,000 target HCPs. The content was repurposed from the Product Theater slide deck and video recorded with Dr. Jeffery Gudin, a national KOL in Pain Management. We will conduct an ROI analysis of this program at a future date.
- In the 4th quarter we continued to implement the OxyContin HCP Relationship Marketing Program. It includes the interactivity of invitations, an eMail series on OxyContin-related topics, the Conversions case study program, as well as PurdueHCP.com Web portal that contain available materials (such as the Formulary status, Patient Saving Cards and the Conversions case study program) for healthcare professionals to engage with to educate themselves, peers, and patients. This eMarketing initiative reinforces the branding, positioning, and key selling messages of OxyContin.

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Exhibit 86

PURDUE PHARMA INC.

**Minutes of a Meeting of
the Board of Directors**

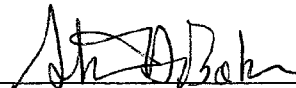
February 13, 2013

A meeting of the Board of Directors of Purdue Pharma Inc., a New York corporation (the "Corporation"), and the general partner of Purdue Pharma L.P., a Delaware limited partnership (the "Partnership"), was held on February 13, 2013 (the "Meeting"). A quorum of the Board of Directors was present, and at the request of those Directors present, Stuart D. Baker acted as Secretary of the Meeting.

After discussion, and on motion duly made and seconded, it was unanimously decided as follows:

RESOLVED, that the Partnership be and it hereby is authorized and directed to approve the recommendations of the Compensation Committee regarding the 2012 bonus awards and 2013 salary increases for the President, Chief Executive Officer, Executive Vice Presidents, Senior Vice Presidents and Vice Presidents of the Partnership as recorded in the records of the secretary.

There being no further business to come before the Meeting, the same was, upon motion, adjourned.



Stuart D. Baker
Secretary

Exhibit 87

Purdue
Quarterly Report to the Board
1st Quarter, 2013

May 13, 2013

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CORPORATE COMPLIANCE

Assure compliance with Purdue's Corporate Integrity Agreement (CIA) and all Federal and State laws and regulations, as well as the PhRMA Code. Conduct risk assessments and audit and monitor business operations. Respond as required to all inquiries and conduct investigations of Company operations when appropriate. Assure that all ethics and compliance training requirements are met.

Corporate Integrity Agreement

By letter dated January 24th, the Office of Inspector General advised that Purdue's Corporate Integrity Agreement had concluded. In communications to employees we stress nothing changes with respect to the compliance imperative in our industry and at Purdue.

Key Compliance Issues in 1Q13

Throughout the First Quarter, the Company continues to maintain a state of effective compliance, with all components of the Annual Compliance Scorecard above the established standards, including Sales and Marketing, Manufacturing and Quality, and R&D.

While there are compliance matters detected, investigated, and remediated on an ongoing basis, there have been no *significant* compliance matters to report. As a result of monitoring and rapid completion of current field sales call notes, we look to address compliance issues before they develop into serious concerns; e.g., pro-active discussions of OxyContin reformulation, quality of life and implied superiority claims; speaker programs are a significant risk and monitoring forms for each program is an important compliance requirement; likewise district manager completion of a minimum of two-days of ride-alongs and Field Contact Reports each quarter.

Priority Compliance Risks to be Addressed in 2013

The most significant compliance risks to be addressed in 2013 through Purdue's compliance program include:

- Government price and rebate reporting
- Study Manager review of clinical site monitoring reports
- Managed Care
- Appropriate product promotion
- Federal Physician Payments Sunshine Act
- Timely completion and closure of Quality investigations

Page(s) Omitted

Full-Time Turnover Projection - March YTD 2013

| | Begin Count | End Count | Termina- tions | % Term EE's | Retired | % Retired EE's | Resigna- tions | % Resigne d | Total # T/O | YTD T/O % Rate | Prior Year Same Period YTD T/O |
|---------------------------------|----------------|--------------|-------------------|----------------|---------|----------------------|-------------------|-------------------|----------------|-------------------|--|
| S&P | | | | | | | | | | | |
| SALES | 599 | 637 | 11 | 1.8% | 0 | 0.0% | 9 | 1.5% | 20 | 3.3% | |
| MARKETING | 48 | 50 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | |
| SALES SUPPORT | 29 | 29 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | |
| FIELD OPS, SUPPORT & ADMIN | 15 | 16 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | |
| Total S&P | 691 | 732 | 11 | 1.6% | 0 | 0.0% | 9 | 1.3% | 20 | 2.9% | 2.8% |
| % of X-FTE's | | | 55.0% | | 0.0% | | 45.0% | | | | |
| G&A | | | | | | | | | | | |
| ADMINISTRATIVE SERVICES | 34 | 34 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | |
| BUSINESS DEVELOPMENT | 7 | 7 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | |
| CORPORATE COMPLIANCE | 11 | 10 | 0 | 0.0% | 0 | 0.0% | 1 | 9.1% | 1 | 9.1% | |
| ENVIRONMENT, HEALTH & SAFTEY | 6 | 6 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | |
| EXECUTIVE | 13 | 13 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | |
| EXTERNAL AFFAIRS | 18 | 18 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | |
| FINANCE | 61 | 58 | 0 | 0.0% | 1 | 1.6% | 2 | 3.3% | 3 | 4.9% | |
| GENERAL COUNSEL | 45 | 44 | 0 | 0.0% | 2 | 4.4% | 0 | 0.0% | 2 | 4.4% | |
| HUMAN RESOURCES | 23 | 23 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | |
| IT | 96 | 97 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | |
| PROCUREMENT | 12 | 12 | 1 | 8.3% | 0 | 0.0% | 0 | 0.0% | 1 | 8.3% | |
| QA | 31 | 30 | 0 | 0.0% | 0 | 0.0% | 1 | 3.2% | 1 | 3.2% | |
| SECURITY | 14 | 14 | 0 | 0.0% | 1 | 7.1% | 0 | 0.0% | 1 | 7.1% | |
| Total G&A | 371 | 366 | 1 | 0.3% | 4 | 1.1% | 4 | 1.1% | 9 | 2.4% | 0.6% |
| % of X-FTE's | | | 11.1% | | 44.4% | | 44.4% | | | | |
| IRD/US | | | | | | | | | | | |
| DISCOVERY | 50 | 51 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | |
| CRANBURY SUPPORT | 14 | 14 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | |
| DRUG SAFETY & PHARMACOVIGILANCE | 33 | 34 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | |
| HEALTH POLICY | 40 | 41 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | |
| MEDICAL RESEARCH | 95 | 100 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | |
| NONCLINICAL R&D | 50 | 49 | 0 | 0.0% | 0 | 0.0% | 1 | 2.0% | 1 | 2.0% | |
| PROGRAM MGMT | 26 | 25 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | |
| REGULATORY AFFAIRS | 26 | 25 | 0 | 0.0% | 0 | 0.0% | 1 | 3.8% | 1 | 3.8% | |
| Total IRD/US | 334 | 339 | 0 | 0.0% | 0 | 0.0% | 2 | 0.6% | 2 | 0.6% | 0.3% |
| % of X-FTE's | | | 0.0% | | 0.0% | | 100.0% | | | | |
| MFG/OPERATIONS | | | | | | | | | | | |
| PF LABS. SALARIED | 18 | 18 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | |
| M&SC | 57 | 57 | 1 | 1.8% | 1 | 1.8% | 0 | 0.0% | 2 | 3.5% | |
| WILSON NC | 186 | 192 | 0 | 0.0% | 2 | 1.1% | 2 | 1.1% | 4 | 2.2% | |
| Total MFG/OPERATIONS | 261 | 267 | 1 | 0.4% | 3 | 1.1% | 2 | 0.8% | 6 | 2.3% | 3.4% |
| % of X-FTE's | | | 16.7% | | 50.0% | | 33.3% | | | | |
| Total PURDUE | 1,657 | 1,704 | 13 | 0.8% | 7 | 0.4% | 17 | 1.0% | 37 | 2.2% | 2.0% |
| | | | 35.1% | | 18.9% | | 45.9% | | | | |
| RHODES TECHNOLOGIES | 148 | 150 | 0 | 0.0% | 0 | 0.0% | 1 | 0.7% | 1 | 0.7% | |
| RHODES PHARMA | 30 | 36 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | |
| Total RHODES | 178 | 186 | 0 | 0.0% | 0 | 0.0% | 1 | 0.6% | 1 | 0.6% | 1.2% |
| | | | 0.0% | | 0.0% | | 100.0% | | | | |
| Grand Total | 1,835 | 1,890 | 13 | 0.7% | 7 | 0.4% | 18 | 1.0% | 38 | 2.1% | 1.9% |
| % of X-FTE's | | | 34.2% | | 18.4% | | 47.4% | | | | |

INTERMEZZO CONTRACT SALES

REDACTED

% of X-FTE's

100.0%

Note: All turnover percentages are based upon the employee "Begin Count"

Page(s) Omitted

Exhibit 88

Meeting with Paulo Costa – June 25th, 2013

Attendees: Russ Gasdia, Tim Richards, Ed Mahony, Jon Lowne, Paulo Costa

Action items from the meeting are summarized as follows:

Managed Care - General

1. Medical to Medical data exchange between Purdue and Payors:
 - a. Build a Purdue Medical Team that is the face of Purdue to the managed care organizations, that will facilitate exchange of scientific data (outside of FPI label) between Purdue and the Payors' clinical team (e.g. Medical and Pharmacy Directors, Pharmacy and Therapeutic Committees participants ("P&T Committees").
 - b. Establish a process for formal meetings (set by Purdue Medical department contacts) with major payers and PBMs during or prior to contracting process to inform the clinical and / or medical offset cost opinions of the clinical decision maker.
 - c. Development of relevant clinical and pharmaco-economic value propositions that include data such as health outcomes data, comparative effectiveness data and cost impact data.
 - d. Understand individual payer needs, both clinical and economic.
2. Purdue should make plans to meet with major payors (such as UHC, Wellpoint and Humana) to present the label changes and the epidemiology data. Paulo referenced:
 - a. CEO to CEO dialogue; and
 - b. Medical to Medical dialogue

Medicare / Medicaid

1. To the extent that payors are excluding a proven abuse resistant product for products from their formularies, even after a scientific exchange, Paulo suggested:
 - a. Engaging a consultant (Mark McClellan, Brookings Institute) to assist with developing a strategy;
 - b. Lobby CMS to require an abuse resistant products on Medicare Part D formularies.
2. Develop a pricing strategy for Medicare Part D that recognizes the trend of formularies to generic and the possible need to offer rebates in range of 50-60% to maintain or obtain formulary coverage.
3. Consider offering supplemental rebates in the Medicaid channel to protect or gain market share.

10 Year Plan

Perform a recertification of Targiq given the managed care environment, the challenges to differentiate to the payors and the sales trends of OxyContin.

OxyContin

Consider whether current levels of sales force and promotional support for OxyContin are adequate.

Additional Data Requests

1. Examples of financial analyses to support decisions (provided by Tim Richards post meeting).
2. Provide a summary of prescription trends by channel for 5-7 years with focus on Medicare and Medicaid Utilization (Tim to work with David Rosen to provide)

Exhibit 89

To: Gasdia, Russell[Russell.Gasdia@pharma.com]
From: Rosen, David (Sales and Marketing)
Sent: Mon 7/8/2013 9:37:01 AM
Subject: RE: June Flash Report - McKinsey OxyContin Project

Yes. They are addressing these.

Thanks,
-D

David Rosen | Executive Director, Forecasting, Analytics and Market Research | Purdue Pharma | One
Stamford Forum Stamford CT 06901 | David.Rosen@pharma.com | office 203.588.7346 | mobile
203.273.7765

From: Gasdia, Russell
Sent: Monday, July 08, 2013 8:40 AM
To: Rosen, David (Sales and Marketing)
Subject: Fwd: June Flash Report - McKinsey OxyContin Project

Make sure McKinsey is addressing what John lists below in addition to the things we've been meeting
on to try new ways to see MDs

Begin forwarded message:

From: "Rosen, David (Sales and Marketing)" <David.Rosen@pharma.com>
Date: July 7, 2013, 12:33:40 PM EDT
To: "Stewart, John H. (US)" <John.H.Stewart@pharma.com>
Cc: "Sackler, Dr Richard" <DrRichard.Sackler@pharma.com>, "Sackler, Mortimer D.A." <msackler@pharma.com>, "Gasdia, Russell" <Russell.Gasdia@pharma.com>
Subject: Re: June Flash Report - McKinsey OxyContin Project

Hi, all. The last timeline agreed to has an interim presentation on July 17 with final
results at the end of August. The project is progressing well on this schedule.

Thanks,

David

On Jul 7, 2013, at 12:14 PM, "Stewart, John H. (US)" <John.H.Stewart@pharma.com>
wrote:

Richard

David Rosen is the internal lead on this project, and the original schedule
calls for the findings to be presented the week of July 22 – with a final
report likely due a couple of weeks later. By copy of this email, I'll ask
David to advise if the project remains on this schedule.

John

From: Sackler, Dr Richard
Sent: Sunday, July 07, 2013 11:09 AM
To: Stewart, John H. (US); Sackler, Mortimer D.A.
Cc: Boer, Peter; Lewent, Judy; Pickett, Cecil; Costa, Paulo; Sackler, Beverly; Sackler, David; Sackler, Dr Kathe; Sackler, Dame Theresa; Sackler, Dr Raymond R; Sackler, Jonathan; Sackler Lefcourt, Ilene; Snyderman, Ralph; Baker, Stuart D.; Gasdia, Russell; Mahony, Edward; Mallin, William; Rosen, David (Sales and Marketing); JHS (US)
Subject: Re: June Flash Report - McKinsey OxyContin Project

Thanks.

Who is the point person in Purdue on this project? Can s/he give a time line for the project?

From: <Stewart>, John Stewart <John.H.Stewart@pharma.com>
Date: Sunday, July 7, 2013 11:06 AM
To: Mortimer Sackler <msackler@pharma.com>
Cc: Peter Boer <fpboer@boer.org>, Judy Matk Lewent <Judy.Lewent@pharma.com>, Cecil internet <cecil.pickett@pharma.com>, Paulo Ferraz Costa <paulo.costa@pharma.com>, "Sackler, Beverly" <Beverly.Sackler@pharma.com>, "Sackler, David" <David.Sackler@pharma.com>, "Sackler, Dr Kathe" <Dr.K.A.Sackler@pharma.com>, "Sackler, Dame Theresa" <Theresa.Sackler@mdsackler.co.uk>, Raymond Sackler <DrRaymondR.Sackler@pharma.com>, "Richard S. Sackler" <DrRichard.Sackler@pharma.com>, "Sackler, Jonathan" <Jonathan.Sackler@pharma.com>, "Sackler Lefcourt, Ilene" <Ilene.SacklerLefcourt@pharma.com>, "Snyderman, Ralph" <Ralph.Snyderman@pharma.com>, Chadbourne SDB <sbaker@chadbourne.com>, "Gasdia, Russell" <Russell.Gasdia@pharma.com>, Ed Mahony <edward.mahony@pharma.com>, "Mallin, William" <William.Mallin@pharma.com>, "Rosen, David (Sales and Marketing)" <David.Rosen@pharma.com>, "JHS (US)" <JHS@pharma.com>
Subject: June Flash Report - McKinsey OxyContin Project

Mortimer

McKinsey is performing an independent, detailed analysis of the of the factors that are affecting/driving OxyContin's current sales/prescription performance – including such factors as the performance of the overall market, OxyContin positioning and messaging, prescriber segmentation and targeting, salesforce execution, MCO coverage of Oxy and its impacts, medical/scientific support, S&P spend levels and characteristics of new to brand patients. I have attached a copy of a document that describes the workplan in greater detail.

McKinsey was selected on the basis of the quality of the work they have already do for us with respect to OxyContin, and also because of their

great familiarity with us, the product and the issues it is facing – as well as the positive factors such as the abuse-deterrent properties and findings of the epidemiologic studies. As a result, they were able to begin the analytics substantially earlier – and we are very interested in receiving a report in time to take action to positively influence 2013 performance of the product.

The cost for the project is \$850,000.00, and there is a potential to add a second phase in which McKinsey would work with us to develop and oversee the execution of a plan to pursue the greatest opportunities for boosting growth – that arise out of the current project. The cost of Phase 2, should we proceed, would be approximately \$1 million .

John

From: Sackler, Mortimer D.A.

Sent: Saturday, July 06, 2013 11:14 PM

To: Mahony, Edward

Cc: Boer, Peter; Lewent, Judy; Pickett, Cecil; Costa, Paulo; Sackler, Beverly; Sackler, David; Sackler, Dr Kathe; Sackler, Dame Theresa; Sackler, Dr Raymond R; Sackler, Dr Richard; Sackler, Jonathan; Sackler Lefcourt, Ilene; Snyderman, Ralph; Baker, Stuart D.; Stewart, John H. (US)

Subject: Re: June Flash Report

Ed,

How much is the McKinsey work costing and how were they selected vs say Bain? What are they specifically doing for us?

Regards,

Mortimer

On Jul 5, 2013, at 3:12 PM, "Mahony, Edward"
<Edward.Mahony@pharma.com> wrote:

Colleagues,

The following is a flash financial report. This report focuses on sales, cash and material financial developments, if any. The report focuses on variances to the 2013 Mid-Year Forecast presented in June which projected a reduction in net sales from budget of \$303.1 million, as a result in lower forecasted sales for OxyContin and Intermezzo.

Full financial statement for June will be published next week.

NET SALES

Net Sales for the six months ending June were \$981.2 million --- \$83.6 million lower than the same period last year and \$52.0 million or 4.3% under the mid-year forecast. The reason for the under mid-year forecast sales performance is temporary fluctuations in trade stocking, discussed below. The underlying demand is tracking at or very close to the mid-year forecast.

OxyContin

OxyContin net sales for the six months ending June total \$878.9 million --- \$42.1 million below the mid-year forecast and \$96.4 million lower than the same period last year. The variance vs. mid-year forecast is due to:

- a. OxyContin demand – as reported by IMS -- is running in line with the mid-year forecast.
- b. OxyContin trade inventory is running \$40.9 million below the mid-year forecast. At the end of June, trade inventory was low – 1.6 months for wholesalers and pharmacy combined. Trade inventories should be back closer to 1.8 months when orders in house at the end of June were shipped earlier this week (net sales value \$32 million).

Other influences of future demand:

- a. The 2013 budget assumed that the

analgesic sales force would have OxyContin as the primary focus in 50% of all calls up from 30% at the end of 2012. That would have resulted in 181 thousand primary OxyContin sales calls in the first 6 months of 2013. Due to vacancies and a slower than expected implementation of this change, OxyContin was the primary focus in about 117 thousand sales calls through the end of June, 64% of target. Q3 target lists have been issued to the field force and OxyContin primary sales calls are increasing to 44% of all calls --- approaching the 50% target when secondary calls are added at 1/2 the value of a primary.

b. McKinsey has been engaged to work with Sales & Marketing to identify opportunities to improve performance of OxyContin. A preliminary report of this work will be made at the July 25th Board meeting.

Butrans

Butrans net sales for the six months ending June were \$51.1million --- \$8.0 million below the mid-year forecast and \$10.5 million above the same period last year. The net sales miss is driven by contraction in trade inventory and prescriptions running slightly below the mid-year forecast. The mid-year forecast assumes full year Butrans net sales of \$127 million, the same as budget. The analgesic sales force made 213 thousand primary Butrans sales calls through the end of June vs. budget of 182 thousand calls, or 117% of target.

Intermezzo

The mid-year forecast assumes full year Intermezzo net sales of \$10.6 million versus budget of \$44 million. Prescriptions as reported by IMS are in line with forecast.

Cash and Short Term Investments

At the end of June, unrestricted cash and short term investments totaled \$839 million --- which is \$15 million higher than forecast. This temporary higher-than-forecast cash balance is due to timing of payments. [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Material Financial Event in the Month

None noted.

Best Regards,
Ed

<2013 June Sales Analysis Monthly Package v3.pdf>

Exhibit 90

To: Mahony, Edward[Edward.Mahony@pharma.com]; Gasdia, Russell[Russell.Gasdia@pharma.com]; Lowne, Jon[Jon.Lowne@pharma.com]
Cc: Mixcus, Mary[Mary.Mixcus@pharma.com]
From: Richards, Tim
Sent: Thur 7/11/2013 10:18:36 AM
Subject: RE: Paulo follow-up items -- analysis attached
042613 ESI and Medco Analysis for 2014 meeting.xlsx
061013 Cigna Commercial OxyContin and Butrans v2.xlsx
UHC PDP dollar impact with Humana and Wellpoint.xlsx

The Medicare/Medicaid graphs/analysis (from David Rosen) will follow on another e-mail.

Attached are the complex analysis we do for all contracts (042613...., 061013.....)

The United Health Care (UHC PDP.....) is a "back of the envelope" analysis that John Stewart asked me to do the night before we were meeting with him, to compare Med D analogues with Humana and Wellpoint.

Thanks.

Tim

Tim Richards / Executive Director, Managed Care & Market Strategies / Purdue Pharma L.P. / 201 Tresser Blvd. / Stamford, CT 06901/ 203 588 7328 / tim.richards@pharma.com

From: Mahony, Edward
Sent: Thursday, July 11, 2013 8:46 AM
To: Mixcus, Mary
Cc: Richards, Tim
Subject: Fwd: Paulo follow-up items

Mary,

Please find these in my in box from Tim and print.

If you can't find them please call for Tim's help.

Best Regards,

Ed Mahony

1 203 588 7060

Begin forwarded message:

From: "Mahony, Edward" <Edward.Mahony@pharma.com>
Date: July 11, 2013, 8:43:34 AM EDT
To: "Costa, Paulo" <Paulo.Costa@pharma.com>
Subject: Re: Paulo follow-up items

They will follow shortly.

Best Regards,

Ed Mahony

1 203 588 7060

On Jul 11, 2013, at 8:36 AM, "Costa, Paulo" <Paulo.Costa@pharma.com> wrote:

Hi Ed,

I did not receive the examples of the financial analyses .

Thanks

Paulo

On Jul 10, 2013, at 12:42 PM, "Mahony, Edward"
<Edward.Mahony@pharma.com> wrote:

Paolo and colleagues,

Attached are minutes and follow-ups from the 6/25 managed care meeting with Paolo, Tim, Russ, Jon and me. The follow-ups are being incorporated into planned Board discussions (eg. the ONU update and the Market Access committee). I will check back in a month or so.

Ed

From: Richards, Tim
Sent: Monday, July 08, 2013 5:54 PM
To: Mahony, Edward; Gasdia, Russell; Lowne, Jon
Subject: Paulo follow-up items

Attached is copy that Ed gave to John Stewart this evening.

Thanks to all for your help.

Tim

Tim Richards / Executive Director, Managed Care & Market Strategies / Purdue Pharma L.P. / 201 Tresser Blvd. / Stamford, CT 06901/ 203 588 7328 / tim.richards@pharma.com

<Suggested Follow from 6.25 Meeting.docx>