

Exhibit 91

To: Killian, Todd[Todd.Killian@pharma.com]; Noack, Lynn[Lynn.Noack@pharma.com]
Cc: Gasdia, Russell[Russell.Gasdia@pharma.com]
From: Richards, Tim
Sent: Mon 7/15/2013 3:56:40 PM
Subject: 3:30pm meeting on 7/31
042613 ESI and Medco Analysis for 2014 meeting.xlsx
061013 Cigna Commercial OxyContin and Butrans v2.xlsx

Hi Todd and Lynn:

You were sent a planner by Ed Mahony for a meeting on 7.31 @ 3:30pm with Paulo Costa (a Purdue Board member) concerning the attached analysis that Todd's team has created in the past. I have included Paulo's e-mail request below.

These type of example analysis for our Managed Care customers were discussed at my initial meeting (post mid-year Board meeting) with Paulo and Paulo would like more discussion from the individuals that created and worked with this type of modeling before the rebating recommendation is presented for approval for the different accounts.

Todd, please be prepared to lead the discussion concerning why these are created via our contracting process and Lynn please be ready to input on how the account management team inputs into the model based on feedback from the customer and from the customer's business model. We can also discuss how we build consensus using these models with Jon Lowne, Christine, and all of us commercially to move the contracting process forward.

Can you please have a talking points document to Russ and me by end of day Friday, 7/26. I will be on vacation on 7/26-7/30 but can pick up e-mail to review.

It is my understanding that Russ will attend, as well as Ed and Jon Lowne as well.

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: PAULO COSTA
Sent: Thursday, July 11, 2013 1:21 PM
To: Mahony, Edward
Subject: RE: Paulo follow-up items -- analysis attached

Thanks Ed,

I think I will need someone to walk me through how this is used. Do you have a multiyear impact on contracting versus not contracting?

I could come by on the 24th, either in the morning or after 2pm. Let me know if that works.

Best
Paulo

Exhibit 92

Purdue
Quarterly Report to the Board
2nd Quarter, 2013

July 23rd, 2013

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HCPs understand how to appropriately titrate patients by reinforcing the S.T.A.R.T. Titration Principles introduced in Q1.

This campaign was introduced to assist the ASF representatives in communicating the key elements of appropriate OxyContin titration. It also allows for an easy way to remember the key elements when titrating patients to the appropriate OxyContin dose. S = Supplement with an immediate-release analgesic, T = Titrate every 1-2 days as needed, A = Adjust the dose by 25%-50%, R = Reassess the patient's analgesia and tolerability throughout the treatment, and T = Tailor the dose based on the reassessment, titrating up or down.

Email Initiatives

OxyContin Patient Savings Card expiration emails were developed to inform HCPs of the 2013 savings update to \$90 in an effort to increase savings card redemptions. New cards are released annually in January and expire on March 31st the following year. In order to minimize disruptions between offer periods, the expiration date of existing savings cards was extended so that patients with 2012 savings cards will be automatically rolled over to the new 2013 program with the enhanced savings of up to \$90. This email drove downloads of the 2013 \$90 savings card to ensure patients continue to save on their OxyContin prescriptions.

Emails targeted towards HCPs practicing in Massachusetts were also developed to remind them that the use of patient savings cards are now permissible in Massachusetts and that they can download OxyContin Savings Cards at PurdueHCP.com. Previous law in Massachusetts had prohibited the dissemination of Savings Cards to HCPs for all pharmaceutical products.

On April 16, 2013 the FDA determined that the original OxyContin extended release tablets were withdrawn from commerce for reasons of safety or effectiveness. The FDA stated that they will not accept or approve any abbreviated new drug applications (generics) that rely upon the approval of original OxyContin. In addition, the FDA approved new language in the OxyContin label that describes the abuse-deterrence studies conducted with the reformulated tablets. In an effort to increase HCP awareness of this decision, and the reformulation, an announcement email driving HCPs to the press release on the Purdue Pharma corporate site was sent to HCPs within the RM program.

Intermezzo® Brand

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			option right to the product for the orphan indication.		
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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.

Key Compliance Issues in 2Q13

Throughout the Second 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 on-going basis, there have been no *significant* compliance matters to report.

Physician Payments - Sunshine Act Reporting Commences

Effective August 1st, pharmaceutical, biologics, and device firms must begin collecting payments and other transfers of value to physicians and teaching hospitals, for public website posting by CMS on September 30, 2014.

- All Purdue employees, Board Members, and certain contractors will accordingly need to accurately record and report payments and transfers of value to physicians, including meals, gifts, consulting fees, grants, R&D activities, etc.
- Purdue has developed over a period of two years its proprietary "Whole\$um" system for aggregation and reporting of federal Sunshine data as well as state law requirements.
- Live training, web-based training, and other means employed to prepare employees and others for Sunshine Act reporting.
- Independent audit of Whole\$um system by Navigant Consulting, under aegis of IAF, is currently underway to verify preparedness and accuracy.

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resulted in more than 838 favorable stories (including an Associated Press story that appeared in 625 newspapers) for the OxyContin brand. Scientific communications support was also conducted in support of data presentations for Butrans. General education about Intermezzo and middle-of-the-night awakenings secured 10 media placements.

- Many healthcare professional and patient advocacy groups covered information related to the new formulation of OxyContin in their e-newsletters, list serves, and other communications vehicles.
- The redesigned *Voices of Hope* section on *In the Face of Pain*® website was launched which gives greater visibility and more streamlined viewing for pain advocates and third-party organizations.

Address Proposed Legislation And Regulation That May Affect The Company And Its Products.

- State legislation to address prescription drug abuse was introduced in many states this session. Two specific concerns were Massachusetts HB 1786 which rescheduled OxyContin to a CI controlled substance and Mississippi HB 599 which set a 75 unit limit per RX on OxyContin. Both bills were defeated.
- Florida and California have introduced bills that would require pharmaceutical companies to pay for or be allowed to pay for the state prescription monitoring programs. In both cases, the language was removed in order to pass the bills.
- Ohio is finalizing guidelines that will require prescribers to perform additional activities specific to prescribing controlled substances for chronic non-cancer pain once a “trigger dose” of 80mg morphine equivalence is reached.
- Awareness of Purdue’s comprehensive efforts to combat prescription drug abuse continues to increase. Proactive media relations were conducted to promote RxPATROL, and the Law Enforcement Liaison & Education Program. In the second quarter of 2013, Public Affairs achieved positive delivery of Purdue’s anti-diversion/anti-abuse messages by garnering 59 stories reaching more than 1.5 million readers/viewers for both RxPATROL and LELE.
- The US Conference of Mayors announced a grant from Purdue, surrounding the 2014 Prescription Drug Abuse Recognition Program awards for outstanding initiatives to

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Full-Time Turnover Projection

June YTD 2013

											Prior Year Same Period YTD
	Begin Count	End Count	Termina- tions	% Term EE's	Retired	% Retired EE's	Resigna- tions	% Resigned	Total # Turnover	YTD Turnover % Rate	Turnover % Rate
S&P											
SALES	599	634	13	2.2%	0	0.0%	24	4.0%	37	6.2%	
MARKETING	48	47	1	2.1%	0	0.0%	2	4.2%	3	6.3%	
SALES SUPPORT	29	28	1	3.4%	0	0.0%	0	0.0%	1	3.4%	
FIELD OPS, SUPPORT & ADMIN	15	17	0	0.0%	0	0.0%	0	0.0%	0	0.0%	
Total S&P	691	726	15	2.2%	0	0.0%	26	3.8%	41	5.9%	6.4%
% of X-FTE's			36.6%		0.0%		63.4%				
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%	2	18.2%	2	18.2%	
ENVIRONMENT, HEALTH & SAFETY	6	6	0	0.0%	0	0.0%	0	0.0%	0	0.0%	
EXECUTIVE	13	14	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	60	0	0.0%	1	1.6%	2	3.3%	3	4.9%	
GENERAL COUNSEL	45	47	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	92	0	0.0%	1	1.0%	1	1.0%	2	2.1%	
PROCUREMENT	12	12	2	16.7%	0	0.0%	0	0.0%	2	16.7%	
QA	31	31	0	0.0%	0	0.0%	1	3.2%	1	3.2%	
SECURITY	14	15	0	0.0%	1	7.1%	0	0.0%	1	7.1%	
Total G&A	371	369	2	0.5%	5	1.3%	6	1.6%	13	3.5%	1.1%
% of X-FTE's			15.4%		38.5%		46.2%				
IRD/US											
DISCOVERY	50	52	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	33	0	0.0%	0	0.0%	3	9.1%	3	9.1%	
HEALTH POLICY	40	41	1	2.5%	0	0.0%	0	0.0%	1	2.5%	
MEDICAL RESEARCH	95	95	0	0.0%	0	0.0%	4	4.2%	4	4.2%	
NONCLINICAL R&D	50	51	1	2.0%	0	0.0%	1	2.0%	2	4.0%	
PROGRAM MGMT	26	25	0	0.0%	0	0.0%	1	3.8%	1	3.8%	
REGULATORY AFFAIRS	26	25	0	0.0%	0	0.0%	1	3.8%	1	3.8%	
Total IRD/US	334	336	2	0.6%	0	0.0%	10	3.0%	12	3.6%	1.7%
% of X-FTE's			16.7%		0.0%		83.3%				
MFG/OPERATIONS											
PF LABS. SALARIED	18	16	0	0.0%	0	0.0%	0	0.0%	0	0.0%	
M&SC	57	57	1	1.8%	1	1.8%	1	1.8%	3	5.3%	
WILSON NC	186	193	2	1.1%	2	1.1%	3	1.6%	7	3.8%	
Total MFG/OPERATIONS	261	266	3	1.1%	3	1.1%	4	1.5%	10	3.8%	5.0%
% of X-FTE's			30.0%		30.0%		40.0%				
Total PURDUE											
	1,657	1,697	22	1.3%	8	0.5%	46	2.8%	76	4.6%	4.2%
			28.9%		10.5%		60.5%				
RHODES TECHNOLOGIES	148	151	0	0.0%	0	0.0%	3	2.0%	3	2.0%	
RHODES PHARMA	30	40	0	0.0%	0	0.0%	2	6.7%	2	6.7%	
Total RHODES	178	191	0	0.0%	0	0.0%	5	2.8%	5	2.8%	1.8%
			0.0%		0.0%		100.0%				
Grand Total											
	1,835	1,888	22	1.2%	8	0.4%	51	2.8%	81	4.4%	3.9%
% of X-FTE's			27.2%		9.9%		63.0%				
INTERMEZZO CONTRACT SALES											
Total QUINILES	98	88	37						37	37.8%	N/A

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

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Exhibit 93

To: Lowne, Jon[Jon.Lowne@pharma.com]; Killian, Todd[Todd.Killian@pharma.com]; Richards, Tim[Tim.Richards@pharma.com]
Cc: Gasdia, Russell[Russell.Gasdia@pharma.com]; Mixcus, Mary[Mary.Mixcus@pharma.com]
From: Mahony, Edward
Sent: Thur 9/19/2013 6:35:30 AM
Subject: Paulo Costa Follow Up Items v2 (3)
[Paulo Costa Follow Up Items v2 \(3\).docx](#)

Reminder.

Mary will set up time to review the models in 2 to 3 weeks.

Ed

Exhibit 94

To: Stewart, John H. (US)[/O=PURDUE/OU=Purdue US/cn=Recipients/cn=johns]; Mallin, William[/O=PURDUE/OU=Purdue US/cn=Recipients/cn=MallinW]
Cc: Gasdia, Russell[/O=PURDUE/OU=Purdue US/cn=Recipients/cn=58B02E32]
From: Mahony, Edward
Sent: Thur 9/19/2013 6:37:57 AM
Subject: Paulo Costa Follow Up Items v2 (3)
[Paulo Costa Follow Up Items v2 \(3\).docx](#)

One of the follow-ups was to a more sophisticated financial model.

I think that many of the elements were in place but Todd, Tim and Jon Lowne were planning to do more modeling work with an outside consultant.

I am planning a follow-up meeting in 2 weeks.

Ed

Exhibit 95

To: Mahony, Edward[Edward.Mahony@pharma.com]; Sackler, Mortimer D.A.[msackler@pharma.com]; Baker, Stuart D.[SBaker@chadbourn.com]
Cc: Boer, Peter[fpboer@boer.org]; Pickett, Cecil[Cecil.Pickett@pharma.com]; Lewent, Judy[Judy.Lewent@pharma.com]; Costa, Paulo[Paulo.Costa@pharma.com]; Snyderman, Ralph[Ralph.Snyderman@pharma.com]; Sackler, Dr Kathe[Dr.K.A.Sackler@pharma.com]; Sackler, Jonathan[Jonathan.Sackler@pharma.com]; Sackler Lefcourt, Ilene[Ilene.SacklerLefcourt@pharma.com]; Sackler, Beverly[Beverly.Sackler@pharma.com]; Sackler, Dame Theresa[Theresa.Sackler@mdsackler.co.uk]; Sackler, David[David.Sackler@pharma.com]; Sackler, Dr Raymond R[DrRaymondR.Sackler@pharma.com]; Sackler, Dr Richard[DrRichard.Sackler@pharma.com]; Stewart, John H. (US)[John.H.Stewart@pharma.com]; Roncalli, Anthony[ARoncalli@chadbourn.com]; Baumgartner, Todd[Todd.Baumgartner@pharma.com]; Damas, Raul[Raul.Damas@pharma.com]; Dolan, James[James.Dolan@pharma.com]; Long, David[David.Long@pharma.com]; Lundie, David[David.Lundie@pharma.com]; Mallin, William[William.Mallin@pharma.com]; Strassburger, Philip[Philip.Strassburger@pharma.com]; Stiles, Gary[Gary.Stiles@pharma.com]; Weinstein, Bert[Bert.Weinstein@pharma.com]; Rosen, David (Sales and Marketing)[David.Rosen@pharma.com]
From: Gasdia, Russell
Sent: Mon 10/28/2013 4:06:35 PM
Subject: RE: Purdue 2014 Budget Proposal

All

As Ed indicated earlier today, below is a response to Mortimer's question, which he posed in the third paragraph of his email back to Ed.

This was put together by David Rosen, who will be presenting an overview of the analgesic market during tomorrow's Sales & Marketing section of the Budget Meeting.

Russ

From David Rosen:

Hello, Mortimer. Below you will see the OxyContin strength Rx history as well as statistical projections as per your request (note we further impact these trends downward for future market events that affect OxyContin). Indeed the Rx trends for the higher strengths as well as the product in general are down. This is also evidenced in slide 10 and 11 of the OxyContin monthly report we attached for your reference.

These same trends of overall slight decline as well as changing the distribution of strengths are occurring for most of the other extended release opioids. Total prescriptions in the ERO market have declined 1.2% in the past 3 months (slide 5 in attached). In addition, Kg/Rx for all of the ERO's have been declining more rapidly than Rx's. This is an indication that the high dose prescriptions are declining throughout the ERO market. Even generic 2x/day morphine most recently has experienced a Kg/Rx decline despite being the only major ERO to have a nominal increase in overall Rx.

We have performed extensive analysis examining the sources of these declines for both OxyContin and the market, and we have looked at where these patients are going.

Bottom line: there are, corresponding with DEA pressures and “good faith dispensing policies” at large chain pharmacies, *fewer patients switching into the ERO market from other products*, and there are *fewer patients titrating to the higher strengths from the lower ones*. Some supporting evidence is below.

Overall the drivers of TRx decline for the entire ERO market and for OxyContin specifically are similar. Existing ERO and OxyContin patients, in general, are not increasingly switching away either to other products or out of the market. Switches away from ERO’s as a class and from OxyContin is slowly **improving** in our favor, both absolute and as a percent of TRx. We have also shown in studies that average patient length of therapy, for instance, is not substantially changing over time.

The primary source of loss of business is decreasing incoming Rx’s, specifically from switches from other opioids. This applies to both the ERO market as a whole, and to OxyContin specifically.

Switches to the ERO market are declining (-8.3%) for the 12/12 month period ending July 2013. The declining trend accelerates in mid-2012, which roughly coincides with other negative trends (e.g., declining tablets per Rx) associated with external pressures on the market (DEA/pharmacies).

Similarly OxyContin’s switches from other opioids are declining -8.7% for the 12/12 period ending Jul 2013.

The vast majority of switches to OxyContin come from IR/Combination opioids (about 91%). For the 12/12 month period ending July 2013, the growth of switches to OxyContin from hydrocodone combinations was -13.2%, oxycodone combinations was -11.7% and oxycodone IR was -5.9%. Generics are not immune to this trend. Generic 2x per day morphine, whose 12/12 month TRx growth ending Jul 2013 was +7.4% also had sharply declining switches to the product group relative to its TRx trend. 12/12 growth from hydrocodone combos was -4.8%, oxycodone combos was -4.2%, and oxycodone IR was -1.6%. This is a driver of slowing growth of the 2x per day morphine products.

In addition, also correlating with the DEA pressures and pharmacy changes, upward titration has also been declining for OxyContin as can be seen in the data and chart below. This represents monthly OxyContin Rx’s that have been switched from a lower OxyContin strength. Although not shown, similar trends exist in other ERO’s.

	6/6 month growth
15mg	0.3%
20mg	-8.5%
30mg	-5.7%
40mg	-9.2%
60mg	-8.5%
80mg	-13.1%

Please let us know if you have any additional questions regarding the material presented in the email.

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

-----Original Message-----

From: Mahony, Edward

Sent: Monday, October 28, 2013 11:12 AM

To: Sackler, Mortimer D.A.; Baker, Stuart D.

Cc: Boer, Peter; Pickett, Cecil; Lewent, Judy; Costa, Paulo; Snyderman, Ralph; Sackler, Dr Kathe; Sackler, Jonathan; Sackler Lefcourt, Ilene; Sackler, Beverly; Sackler, Dame Theresa; Sackler, David; Sackler, Dr Raymond R; Sackler, Dr Richard; Stewart, John H. (US); Roncalli, Anthony; Baumgartner, Todd; Damas, Raul; Dolan, James; Gasdia, Russell; Long, David; Lundie, David; Mallin, William; Strassburger, Philip; Stiles, Gary; Weinstein, Bert

Subject: RE: Purdue 2014 Budget Proposal

Mortimer,

The transfer price of the AG is Purdue's fully loaded cost to manufacture and distribute. Phil asked that further detail be discussed off email.

Russ will send data you requested on the market.

Ed

-----Original Message-----

From: Sackler, Mortimer D.A.

Sent: Monday, October 28, 2013 8:08 AM

To: Mahony, Edward; Baker, Stuart D.

Cc: Boer, Peter; Pickett, Cecil; Lewent, Judy; Costa, Paulo; Snyderman, Ralph; Sackler, Dr Kathe; Sackler, Jonathan; Sackler Lefcourt, Ilene; Sackler, Beverly; Sackler, Dame Theresa; Sackler, David; Sackler, Dr Raymond R; Sackler, Dr Richard; Stewart, John H. (US); Roncalli, Anthony; Baumgartner, Todd; Damas, Raul; Dolan, James; Gasdia, Russell; Long, David; Lundie, David; Mallin, William; Strassburger, Philip; Stiles, Gary; Weinstein, Bert

Subject: Re: Purdue 2014 Budget Proposal

Thank you Ed. I assume you meant Q3 2014 below, correct? Also, why would we make our transfer price so low for the AG? It should reflect the fully loaded cost of the product which is higher than that, especially to an AG. Have we included in fully loaded cost the costs of running our Radars and other monitoring programs? We certainly should include those costs as well as probably any other costs we incur for regulatory reasons and possibly any we incur to maintain/grow the scripts. It should not be priced based on marginal cost especially since we are in a decline.

Also, where are the rest of the presentations from the Agenda? We were supposed to receive them at least a week ahead of time and the meeting is tomorrow.

Can someone also please send me a couple of charts on the market share development for controlled release analgesics over the last few years and the projection for next year. One of those charts should show the breakdown of OxyContin market share by strength against competitors. I would like to understand more the recent dynamics of the market and where the patients are shifting to that we are losing.

Regards,

Mortimer

> On Oct 28, 2013, at 7:42 AM, "Mahony, Edward" <Edward.Mahony@pharma.com> wrote:

>

> Mortimer,

>

> I think that you are referring to the table on page 48.

>

> BACKGROUND

>

> A number of managed care contracts include a price protection feature which awards an additional rebate if Purdue's annual price increases are higher than 6%. The proposed 2014 price increase for OxyContin is 7% --- therefore this additional rebate is activated for those commercial and Med D contracts. This additional rebate also sets a new best price so indirectly impacts Medicaid rebates.

>

> RESPONSE

>

> These price protection features do not impact the settlements.

>

> The settlements do impact Medicaid Rebates when the counterparty elects to receive the Authorized

Generic (AG). For Medicaid Rebates the AG transfer price we receive from the counterparty becomes our best price. [REDACTED]

[REDACTED] To mitigate this additional Medicaid rebate we ship AG to all counterparties in only one quarter of 2015 (Q3). The budgeted impact of the settlement related higher Medicaid rebate is [REDACTED] for 2014.

>

> This Medicaid Rebate impact has been included in all of our estimates of the cost of settlements.

>

> -----Original Message-----

> From: Sackler, Mortimer D.A.

> Sent: Monday, October 28, 2013 7:12 AM

> To: Mahony, Edward; Baker, Stuart D.

> Cc: Boer, Peter; Pickett, Cecil; Lewent, Judy; Costa, Paulo; Snyderman, Ralph; Sackler, Dr Kathe; Sackler, Jonathan; Sackler Lefcourt, Ilene; Sackler, Beverly; Sackler, Dame Theresa; Sackler, David; Sackler, Dr Raymond R; Sackler, Dr Richard; Stewart, John H. (US); Roncalli, Anthony; Baumgartner, Todd; Damas, Raul; Dolan, James; Gasdia, Russell; Long, David; Lundie, David; Mallin, William; Strassburger, Philip; Stiles, Gary; Weinstein, Bert

> Subject: Re: Purdue 2014 Budget Proposal

>

> Ed,

>

> What are the "price protection agreements" referred to in the attached and how are they and any other rebates impacted by our generic settlements? Was that impact accounted for when estimating the cost of the settlements and have we done anything to reduce that impact from the settlements and hence lower their cost?

>

> Regards,

>

> Mortimer

>

> On Oct 23, 2013, at 7:05 PM, "Mahony, Edward" <Edward.Mahony@pharma.com> wrote:

>

> Purdue 2014 Budget Proposal

> Narrative

> October 23, 2013

>

> The following is an overview of the proposed Purdue 2014 Budget.

>

>

> 1.0 Net Sales

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> \$110.3M

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> \$135.5M

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> The budget process started with a deep analysis of the factors influencing OxyContin's 2013 sales performance and then building the 2014 based on that analysis. The following are highlights:

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>

>

> 1.1 OxyContin demand is running below 2012 levels, and also below 2013 Budget. The reasons for the decrease generally relate to:

>

> a) Anti-opioid pressures by groups such as PROP,

>

> b) DEA enforcement and control activities directed at wholesalers and drug chains,

>

> c) Continued payer pressure to move demand to low-cost generics

>

> d) Increasingly restrictive opioid prescribing guidelines and regulations,

>

> e) S&P execution and

>

> f) IMS data has been overstated by about 6% for the last 3 years. IMS has since confirmed the

overstatement and will be correcting their reporting. This resulted in the 2013 OxyContin net sales budget being over-calculated by \$81M.

>

> The 2014 Budget and business plan addresses each of these:

>

> - Items A to D above will be addressed by the External Affairs group and the R&D Health Outcome group - who will present next week.

>

> - Item E - the S&P investment in OxyContin is proposed to increase from \$50.8M and 2.5% of sales to \$108.6M and 8.3% of sales in the 2014 proposal, and S&P execution is being addressed by the E2E initiative inspired by the recent McKinsey report. The E2E project status will be presented by the project leadership team next week.

>

> - Finally, on Item F - in building the 2014 budget the IMS data has been corrected.

>

>

> During 2013, Purdue settled a number of paragraph 4 OxyContin patent challenges. Those settlements are expected to decrease litigation risk and increase the life of the OxyContin franchise. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

>

>

>

> 1.2 Butrans demand is growing steadily as a result of continued S&P investment and improved managed care coverage. The 2014 Budget Proposal projects that growth to continue, and for the brand to achieve a positive annual P&L in 2014 -- its fourth year on the market. The prospects for continued profitability are bright considering that there have been no paragraph 4 filings and that prospects are good for patent term extension.

>

>

>

> 1.3 Intermezzo net sales are stable and at an annual run rate of \$10 to \$11M. Current S&P investment is minimal. In 2014, the budget proposal is to run the brand at a breakeven P&L or better. Transcept has initiated negotiations to buy back Purdue's rights to the brand. Any buy back would likely put significant payments contingent on settlement of current paragraph 4 litigation. We will report more as this develops.

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> 2.0 Operating Expenses

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> 2011

> Actual

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>
> 2012
> Actual
>
>
> 2013
> Budget
>
> 2013
> Latest
> Estimate
>
> 2014 Proposed Budget
>
>
>
> Total Operating Expenses
>
>
> \$714M
>
>
> \$868M
>
>
> \$930M
>
>
> \$825M
>
>
> \$719M
>
>
>

> 2.1 In view of the projected lower sales, the Proposed Budget includes an operating expense reduction of \$149M or 17% vs. 2012 and \$106M or 13% vs. 2013 Latest Estimate. These decreases impacted all areas of Purdue. The detail of the reductions will be covered next week, and the following are a few highlights.

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>

> 2.2 G&A spending in the Proposed 2014 Budget is \$135M - \$18.9M or 3% lower than the 2013 Latest Estimate. This Budget Proposal assumes a G&A staff reduction of 49 or 13%, a \$4.1M reduction in grants related spending and other reductions.

>
>

> 2.3 Legal fee spending in the Proposed 2014 Budget is \$34M - \$22M or 38% lower than the 2013 Latest Estimate. Phil Strassburger will present the detailed proposal next week.

>

>

>

> 2.4 R&D spending in the Proposed Budget is \$263M - \$36M or 12% lower than the 2013 Latest Estimate due to lower spending as the HYD and ONU programs.. Additional reductions, now budgeted in the Other US P&L line, were previewed at the October 3 Board meeting and will be discussed next week.

>

>

>

> 2.5 S&P spending in the Proposed Budget is \$258M - \$17M or 6% lower than the 2013 Latest Estimate. The S&P decrease is lower than the decreases in other areas primarily because management sees significant opportunity to improve sales of OxyContin and Butrans -- especially in view of the E2E initiatives to improve the efficiency of the S&P investment.

>

>

>

> 2.6 Other - U.S. income of \$5.6M includes \$13.6M of confidential expense reductions -- including 23 headcount reductions -- offset by a \$10M President's fund.

>

>

>

> 3.0 Operating Margin after Incentives and Settlements is the pretax profit of all Purdue U.S. operations -- 2014 Proposed Budget is \$554.5M - \$312.6M less than 2013 Latest Estimate due to lower sales offset partially by expenditure reductions.

>

>

>

> 4.0 Non-tax Distributions in the Proposed 2014 Budget are \$314.1M.

>

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> 5.0 Other items of note:

>

>

>

> 5.1 The 2014 Budget assumes that the Medicaid Rebate Line Extension regulation is unfavorably resolved, resulting in a higher OxyContin rebate back to August 2010 and a \$265M additional rebate payment in 2014. A favorable outcome would result in a potential distribution of the \$265M with 50% being tax and 50% non-tax.

>

>

>

> 5.2 The 2014 Proposed Budget includes \$11.7M funding of Targiniq prelaunch activities. As timing of approval, labeling and other details become clearer, a sales and launch budget will be proposed. For reference, the most recent 10 Year Plan had first 12 months Targiniq nets sales and operating margin/(loss) of \$31.1M and (\$66.3M), respectively.

>

>

> 5.3 The 2014 Proposed Budget includes \$6.9M to fund prelaunch activities for HydroContin.

>

>

> 6.0 Conclusion: We believe that this budget proposal strikes a good balance between aggressive cost management, investing in the promotion of OxyContin and Butrans and investing in the R&D pipeline and related activities.

>

>

> 7.0 Attached are the following:

>

> 7.1 Agenda for Budget Meeting

>

>

> 7.2 2013 Review and 2014 Budget Overview

>

> 7.3 Finance 2014 Overall Budget Review

>

>

>

>

> Ed Mahony John Stewart

>

> <Finance - Budget Proposal v3.pptx>

> <JHS Budget Presentation 2013.pptx>

> <Agenda 2013 v9.docx>

Exhibit 96

Analgesic Market Update

David Rosen
Executive Director

CONFIDENTIAL

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ROI and TRx Lift for Butrans®

Project	ROI	TRx Lift
Patient Savings Program: E-Voucher	2.71	+39%
Patient Savings Program: Savings Card	3.37	+69%
Patient Savings Program: Trial Card	1.52	+23%
Speaker Programs	0.42	+109%
Physicians Television Network	0.09	+16%
Mediscripts	0.06	+9%
Relationship Marketing Programs:		
Boston	0.85	+959%
Seattle	0.34	+282%
Washington	1.32	+419%

Source: FAMR analysis. time periods vary by project

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Exhibit 97

Purdue
Quarterly Report to the Board
3rd Quarter, 2013

November 1st, 2013

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2013	Call Goal	Calls Made	Difference	% to Goal
Q1	172,788	153,314	-19,474	89%
Q2	191,184	177,773	-13,411	93%
Q3	196,845	179,640	-17,205	91%
Q4	183,960	0	0	0%
Total	744,777	510,727	-50,090	69%

Source: Weekly Metric Report through September 27, 2013.

Result: The average physician calls per day for Q3 2013 was 6.9. This was slightly below the objective of 7.1 calls per day. Call productivity is expected to increase towards the targeted goal in Q4 as retail pharmacy call goals have been reduced to 1 per day (down from 2 per day in Q3) to focus on prescriber calls. Vacancies in Q3 were flat to budget at 2.5% and have started to level off versus the Q1 average of 4.1%, which was influenced by the realignment that took place at the end of 2012.

2013	Daily Average Call Target	Daily Call Average Actual	Prior Year
Q1	7.1	6.8	7.0
Q2	7.1	6.9	7.0
Q3	7.1	6.9	7.0
Q4	7.1		7.0

Marketing & Sales Department Key Initiatives

Butrans® Brand

Below is a review of key initiatives that were implemented during the third quarter.

McKesson Pharmacy Intervention Program

During the third quarter the sales force was trained on a Butrans “adherence” program, which was designed to improve discontinuation rates seen with Butrans. This program was developed and implemented in September through a branch of McKesson.

Objectives and Program Details

The Butrans McKesson Pharmacist Intervention Program is the first program of its type utilized by Purdue. The objective is to reduce patient discontinuation rates and increase patient adherence/compliance. Since Butrans is a transdermal system, there are several steps a patient must follow to correctly utilize the patch. Through this program, pharmacists educate patients on the Instructions for Use, as well as the Medication Guide found in the Full Prescribing Information.

One of the main goals of the program is to help patients, who are appropriate for Butrans, stay on therapy. Pharmacies are sent a packet of materials including the Full Prescribing Information, the Application and Rotation “Tear Pad” (Patient Instructional Sheet) and the Patient Brochure, which is distributed to patients by the pharmacist. McKesson will provide metrics on this program, including number of interventions and prescription “fills per patient”. This data will be utilized to measure ROI.

McKesson’s Pharmacist Intervention Program provides patients with a series of individualized coaching sessions focused on addressing personalized adherence barriers to their prescribed medication therapy. During the course of these targeted, face-to-face, five minute coaching sessions, pharmacists use open-ended questions to help patients identify their current barriers to success as well as their motivation for being adherent. These sessions help solidify a partnership between the patients and the pharmacists to develop a personalized plan for success, as well as a follow-up session at the patients’ next prescription refill.

Program Mechanics and Logistics

Beginning September 5th, participating pharmacies had the opportunity to provide behavioral coaching to patients prescribed Butrans. Each eligible patient can receive up to three coaching sessions. The program will initially be launched to over 1,500 participating independent pharmacies. The goal is to eventually roll out the program to participating pharmacy chains, Publix, Kinney, and Safeway.

Butrans 15 mcg/hour Launch

During the third quarter, preparations for the launch of Butrans 15 mcg/hour took place across the organization. The 15 mcg/hour strength was approved by the FDA on July 25th. The first ship date was on October 3rd. A total of 9,820 units were shipped to wholesalers for a total of \$3.1mm. These sales were incremental to the 2013 Butrans sales budget. Initial orders are approximately double what was forecasted.

The sales force has begun promotion to retail pharmacists. This is in addition to the efforts of the National Accounts & Trade Relations Account Managers, who are gaining

automatic distribution through wholesalers to their independent pharmacies, as well as national/regional chain pharmacy distribution.

The sales force has also begun promotion to physicians, utilizing new sales material which includes the 15mcg/hour strength.

The Butrans Experience Program

The Butrans Experience Program continues to be an important part of the marketing mix for Butrans. This program has demonstrated a “full cost” ROI of 1.4. In addition, the cumulative prescription lift over the control group of physicians is 1.57.

Originally, we were going to wait until November to initiate additional enrollment of five physicians per territory. However, due to the success of the program, a decision was made to initiate new enrollments during the third quarter. Each sales representative was provided the opportunity to enroll three additional doctors beginning in September. The remaining two physicians will be added in November.

Advisory Boards

Two Advisory Boards were conducted during September. One focused on Pain Specialists, the other on Long Term Care Specialists. There is a third Advisory Board scheduled for October, which will comprise Primary Care Physicians and Nurse Practitioners.

Objectives of the Advisory Boards:

- Obtain a better understanding of the Advisors’ clinical experience with Butrans.
- Seek their insights into products in development, including their opinion of our clinical program, publication strategies, and market access strategies for these medications.
- In addition we sought comments on how to position multiple pain products in the market place.

Butrans eMarketing Initiatives

During the third quarter, implementation of the Butrans HCP Relationship Marketing Program continued. The program includes interactive components such as an eMail series on Butrans-related topics, Search Engine Marketing (SEM), Butrans web site interactions, online display advertising, and the “Initiations” Case Study iPad program.

The flagship series of Butrans eMails are the Recruitment eMails. This series is designed to recruit target HCPs to go to Butrans websites and engage with Butrans online assets.

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New Patient Case Study Vignettes

During the third quarter there were three new patient case studies launched for utilization by the sales force. There is one that focuses on a “Discontinuation Patient” and two that focus on Medicare Part D patients. The objective is to increase focus on the appropriate patient. The three patients, each with a personal experience, provide “real life” examples for the physician to relate to. For all three the “Individualized the Dose” campaign is reinforced, demonstrating OxyContin’s seven tablet strengths and the ability to individualize the dose to the appropriate patient. Principles of S.T.A.R.T. are reinforced.

OxyContin Patient Savings Program

Approximately 13% (3% savings cards and 10% vouchers) of all prescriptions for OxyContin include redemption of either a savings card or an eVoucher.

Analysis conducted in July 2013 demonstrated that the Savings Card Program has resulted in a TRx lift of 3.4, with an overall ROI of 1.0, versus the control group. The eVoucher Program has resulted in a TRx lift of 0.9, with an overall ROI of 1.54, versus the control group. Both programs elicited higher persistency of patients at 60 days, compared to respective controls, for New to Brand and New to Therapy patients.

Based on the findings of this analysis, additional eMarketing initiatives are being implemented to increase awareness with prescribing HCPs about the availability of the patient savings program. The OxyContin Patient Savings Program is available to HCPs to print at PurdueHCP.com and to provide to patients, who can redeem them at retail pharmacies when filling prescriptions for OxyContin.

OxyContin Patient Savings Cards are also available in the Patient Essentials Pack, which is a resource provided to patients by HCPs when patients begin OxyContin therapy. The Patient Essentials Pack contains helpful information for patients who are new to OxyContin therapy, as well as a pain tracker to aid in documentation and subsequent HCP communication during follow-up visits. An ROI analysis of the Patient Essentials Pack indicates that from January 2013 to June 2013, overall impact of the program shows a cumulative incremental TRx lift over control of 1.22 TRx per enrollee. This is statistically significant, and incremental full cost ROI stands at 5.7.

OxyContin eMarketing Initiatives

In the third quarter of 2013, the OxyContin HCP Relationship Marketing Program has been expanded to reach approximately 82,000 HCPs, an increase from 72,000 HCPs in the first quarter. The program includes a variety of activities for reaching, and engaging targeted HCPs. These include “interactivity invitations”, an email series on OxyContin-related topics, Search Engine Marketing and Online Display Advertising.

Core Brand information is provided on the PurdueHCP.com web portal, which contains available materials (such as Managed Care formulary status and Patient Saving Cards) for HCPs to engage and educate themselves, peers, and patients. These eMarketing initiatives reinforce the branding, positioning, and key selling messages of OxyContin.

Recent data as of the end of August has three of the four “Reach Tactics” achieving, or exceeding, its year-to-date goals. Of note, the almost four million Search Engine Marketing Impressions, which was 159% of goal, translated to web-portal visits of 91,000, which exceeded goal by 280%.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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	<p>we cannot reach with our sales calls.</p> <ul style="list-style-type: none"> - Responsiveness appears to correspond with specialty with Primary Specialty (Pain Medicine, Physical Medicine, etc.) the most responsive - HCPs receiving no rep calls before the PTN program appear to elicit higher responsiveness. TRx lift increases when these HCPs receive calls post PTN event. - There seems to be responsiveness when post-program call frequency is not decreased. 	<ul style="list-style-type: none"> - Additionally, post program call activity seems to heighten the responsiveness of HCPs who have not received calls prior to program. - This appears to be an alternate way to reach no call and lower decile HCPs outside field force targeted HCPs. - We recommend continuing this program while maintaining at least the same level of engagement through field force post program.
<p><u>OxyContin Patient Essentials Kit (PEK)</u></p> <ul style="list-style-type: none"> - To determine ROI and incremental Rx from PEK distribution. 	<ul style="list-style-type: none"> - Incremental full cost ROI: 5.7. Cumulative Incremental TRx lift over control is 1.22 TRx per enrollee (statistically significant). ROI may be lower if Primary call costs are factored in. - OxyContin decile 6-10 appears to have high TRx responsiveness compared to lower decile HCPs. - Responsiveness increases significantly between ERO decile 1-3 and ERO decile 4-9. - PCPs, overall, seem to have TRx responsive. NP/PA's appear to be very responsive within OxyContin decile 6-7 and ERO decile 4-5. - There appears to be a shift of increasing PDEs post distribution of Patient Essentials Kits. - Increasing calls post distribution of kits appears to elicit a positive TRx lift from HCPs. 	<ul style="list-style-type: none"> - The Patient Essentials Kit appears to be a good tool for Field Representatives to engage HCPs. - Follow up with calls to HCPs who have received Patient Essential Kits. - We recommend increased distribution of Patient Essentials Kit as there appears to be overall positive responsiveness.

OTC Objectives	Key results	Recommended Actions/Potential Actions
<div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div> <div>[REDACTED]</div>
<div>[REDACTED]</div> <div>[REDACTED]</div> <div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div> <div>[REDACTED]</div> <div>[REDACTED]</div>
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BUTRANS Objectives	Key results	Recommended Actions/Potential Actions
<p><u>Butrans Experience Program - Physician and Patient Qualitative Study</u></p> <p><u>Ongoing</u></p> <p>-To evaluate patient and physician experiences with the current Butrans Experience Program (BEP).</p> <p>-Determine how the BEP could evolve/improve.</p> <p>-Determine how BEP could be more hands-on to facilitate communication between the patient and healthcare providers through the use of a Care Manager.</p>	<p>- Determine whether physicians feel that this program or ones like it could improve patient outcomes or quality of life. Identify what could be improved or done differently to achieve that goal.</p> <p>- Identify what physicians want from a patient support program for chronic pain management in general and for Butrans in particular.</p> <p>- Determine what unmet needs patients have regarding pain management?</p> <p>- Gain insight into the patient/prescriber relationship and interaction regarding pain meds in general and Butrans in particular.</p> <p>- Gain insight into the patients' interaction with the pharmacist when filling a Butrans script.</p>	<p>Share results with marketing, FAMR and medical research to help improve BEP and possibly expand services to include a Care Manager to help patients and physicians with the proper use of Butrans.</p>
<p><u>Butrans Hospital Spillover Study</u></p> <p><u>Ongoing</u></p> <p>To understand the impact hospital formulary acceptance has on Butrans retail prescriptions.</p>	<p>- To determine the financial value of gaining formulary acceptance for Butrans at hospitals.</p> <p>- Determine whether or not formulary status is correlated with Butrans hospital sales and retail sales.</p>	<p>Share results with marketing and FAMR and determine if a hospital formulary strategy would be effective for Butrans to increase prescriptions.</p>
<p><u>Butrans Nurse Practitioner/ Physician Assistant Qualitative Study</u></p> <p><u>Planned for 4th QTR 2013</u></p> <p>To understand the role NP/PA's play in a physician's office. To</p>	<p>- Understand NP & PA prescribing responsibilities specific to EROs (OxyContin & Butrans).</p> <p>- Are they writing new prescriptions or just refills and how they handle opioids?</p> <p>- Determine if growth in NP/PA prescriptions is being driven by increasing numbers of NP/PA's or increasing prescriptions for existing NP/PA's.</p>	<p>Share results with sales, marketing, FAMR and ad agency. Use the data and information to change targeting and messaging and increase prescriptions.</p>

know the dynamics taking place and just how much “authority” they have based on state and office regulations.		
<p><u>Butrans Marketing Mix</u></p> <p>- To determine ROI and incremental Rx from patients and physicians using multiple regression modeling.</p>	<p>- Marketing and Sales Activity generated an incremental TRx of 266,842, which is 38% of Total Rx from 2011 through 2012.</p> <p>- Brand equity has steadily increased from 51% of TRx to 67% of TRx.</p> <p>- Over all incremental ROI is 0.27</p> <ul style="list-style-type: none"> o Primary Calls ROI :0.23 o Secondary Calls ROI: 0.36 o Savings Card ROI: 1.51 o Trial Card ROI: 1.02 o RM Rep ROI: 0.38 o RM Non Rep ROI: 0.32 <p>- Primary Calls ROI is relatively low at 0.23, hampered by high proportion of Primary Calls on Non Butrans prescribers.</p> <p>- Butrans HCP performance appears to correlate more with ERO decile than IRO decile.</p>	<p>- Strategize between minimizing loss compared to growth of brand</p> <p>- While Butrans is in market expansion phase, it is important to understand key decision drivers for current Butrans writers and non-writers (suggest a ATU market research study).</p> <p>- Re-evaluate /refresh HCP groupings and targeting.</p> <p>-There is a possibility of trimming investment by \$25MM while increasing profit and incremental ROI.</p> <p>-Savings card, Trial card, and eVoucher have demonstrated high returns and should be leveraged to increase brand prescribing behavior.</p>
<p><u>Butrans PTN Program</u></p> <p>- To determine ROI and incremental Rx from PTN program modeling to isolate each marketing</p>	<p>-Incremental full costs ROI: 0.09 (not statistically significant). Overall responsiveness is limited at cumulative 0.05 Rx over control per enrollee</p> <p>-Majority of HCPs are comprised of low ERO and Butrans prescribers.</p>	<p>-For Butrans non-prescribers, focus on HCPs at ERO and IRO deciles 6 and above.</p> <p>-Continue at least the</p>

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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.

Key Compliance Issues in 3Q13

Throughout 3Q13, 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 compliance matters are detected, investigated, and remediated on an on-going basis, there have been no *significant* compliance matters to report. The company continues to have good systems and processes in place to prevent violations of law, regulations, and other standards.

Compliance Risk Reduction

Through the senior-level Corporate Compliance Council, the Company addresses some 31 compliance risks identified as most important. Of these 31 compliance risks, and as the result of remediation efforts, 19 risks are now deemed "low," 11 "medium," and 1 as "high." The latter will be remediated by year-end.

Field Sales

Nearly 12% of the 250,000 call notes entered this quarter were reviewed on a random basis or because of the presence of key words. The overwhelming majority of the 698 issues discovered and addressed through the Sales Discipline Committee were of a low order, resolved through coaching or warnings. Monitoring of speaker programs is successful in addressing minor issues discovered, and the level of DM Field Contact Reporting is ahead of SOP goal

Physician Payments Sunshine Act Reporting Commences

Effective August 1st, the Company began collecting payments and other transfers of value to physicians and teaching hospitals, for reporting to CMS on March 30, 2014, and for public website posting by CMS on September 30, 2014.

- An independent audit of the company's Whole\$um reporting system by Navigant Consulting, under aegis of IAF has found the company systems to "meet

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Exhibit 98

To: Damas, Raul[Raul.Damas@pharma.com]
From: Must, Alan
Sent: Mon 11/11/2013 10:22:49 AM
Subject: Re: Google Alert - oxycontin

Thank goodness for google alerts
He is a former law enforcement officer and not aware of medical necessity
Melissa is aware

Sent from my iPhone

On Nov 11, 2013, at 10:14 AM, "Damas, Raul" <Raul.Damas@pharma.com> wrote:

I told Dr. Richard we'd review the bills and share our strategy. He said it's not urgent, but I'd like to provide him with some sense of our typical approach.

It looks like the sponsored bill language isn't yet available, which isn't surprising, as this seems mostly a messaging opportunity for the elected official. That said, it's clear we'd oppose these arbitrary restrictions on access and increased burdens on patient compliance.

Can we provide Dr. Richard with a sense of the probability of passage?

From: Sackler, Dr Richard
Sent: Monday, November 11, 2013 5:28 AM
To: Damas, Raul
Subject: FW: Google Alert - oxycontin

fyi

From: Google Alerts <googlealerts-noreply@google.com>
Date: Saturday, November 9, 2013 11:00 AM
To: "Richard S. Sackler" <DrRichard.Sackler@pharma.com>
Subject: Google Alert - oxycontin

News

1 new result for **oxycontin**

[How many prescription pain killers are enough? Silvia files bill](#) Fall River Herald News
... than 15 days for Schedule II controlled substances like Vicodin, Percocet and **Oxycontin**," said Silvia, who attended the Fall River Drug Summit last Saturday.
[See all stories on this topic »](#)

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[Create](#) another alert.

[Manage your alerts.](#)

Exhibit 99

To: Sackler, Jonathan[Jonathan.Sackler@pharma.com]
From: Rosen, Burt
Sent: Fri 1/3/2014 12:38:32 PM
Subject: Re: Search Results: Oxycodone IR follow up

Happy new year Jon.

Thanks for sharing. I spoke to Richard just before the year end and raised concerns over our internal documents. I fear we live by a different standard but could certainly be wrong. Glad to discuss anytime. All the best.

Sent from my iPhone

> On Jan 3, 2014, at 12:32 PM, "Sackler, Jonathan" <Jonathan.Sackler@pharma.com> wrote:
>
> FYI.
>
> Jon Sackler
>
> 201 Tresser Boulevard
> Stamford, CT 06901
> tel (203) 588-7200
> fax (203) 588-6500
> jsackler@pharma.com
> Assistant: Alicia Laing | tel (203) 588-7202 | alicia.laing@pharma.com
>
> From: Walsh, Kathy [mailto:Kathy.Walsh@pharma.com]
> Sent: Friday, January 03, 2014 11:22 AM
> To: Sackler, Jonathan
> Subject: RE: Search Results: Oxycodone IR follow up
>
> Agreed, so far no focus on the manufacturers of IR oxycodone and only rare mentions of the immediate release version of the drug in media reports.
>
> Kathy
>
> From: Sackler, Jonathan [mailto:jds@pocobay.com]
> Sent: Thursday, January 02, 2014 5:14 PM
> To: Walsh, Kathy
> Subject: RE: Search Results: Oxycodone IR follow up
>
> Yes, it was helpful. My takeaway: no apparent focus on makers of IR oxycodone, and no apparent interest in the distribution chain EXCEPT in the case of FL pain clinics ("pill mills"). Is that what you see?
>
> Jon Sackler
>
> Kokino LLC
> 201 Tresser Boulevard
> Stamford, CT. 06901
> tel: (203) 588-7200 fax: (203) 588-6500 jsackler@pocobay.com<mailto:jsackler@pocobay.com>
>
> Executive Assitant: Alicia Laing
> tel: (203) 588-7202 fax: (203) 588-6500
alicia.laing@pocobay.com<mailto:alicia.laing@pocobay.com>
>
> From: Walsh, Kathy [mailto:Kathy.Walsh@pharma.com]
> Sent: Thursday, January 02, 2014 5:12 PM

> To: Sackler, Jonathan
> Subject: FW: Search Results: Oxycodone IR follow up
>
> Jon,
>
> I just want to make sure you had seen this message Cindy had sent you regarding your search request.
I hope you were able to use the information.
>
> Kathy
>
> From: Geremia, Cynthia
> Sent: Wednesday, December 18, 2013 10:38 AM
> To: Sackler, Jonathan
> Cc: Walsh, Kathy
> Subject: Search Results
>
> Dear Jonathan,
>
> Kathy Walsh asked me to send this search summary to you in her absence. Attached are two
documents: One is the summary of findings (OxycodoneIR-report) and the other contains the full text of
the articles summarized in the report, for your reference (OxycodoneIR-Fulltext-Docs).
>
> We apologize for the delay, but because Jeff Baker is wrapping up his responsibilities here at Purdue
prior to his retirement, we had to outsource your request to our search partners. Please let me know if
you need additional information or would like to modify the search in any way.
>
> Best regards,
>
> Cindy
>
> _____
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> Associate Director, Library Technology Services
> Purdue Pharma LP
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> <mailto:cynthia.geremia@pharma.com>
>
> <OxycodoneIR-report.docx>
> <OxycodoneIR-Fulltext-Docs.docx>

Exhibit 100

Purdue
Quarterly Report to the Board
4th Quarter, 2013

February 4, 2014

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CORPORATE COMPLIANCE

Assure compliance with Attorneys General Agreements, Federal and State laws and regulations, Company policies, 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.

Key Compliance Issues in 4Q13

Throughout the 4th Quarter, the Company continues to maintain a state of effective compliance, with all components of the Annual Compliance Scorecard above standards, including Sales and Marketing, Manufacturing and Quality, and R&D, with a score of 3.16 on the 2.5-3.5 range.

While compliance matters are detected, investigated, and remediated on an on-going basis, there have been no *significant* compliance exposures to report. The Company continues to have a compliant culture, and good systems and processes in place to prevent violations of law, regulations, and other standards.

Field Sales

About 10.5% of the 245,000 call notes entered this quarter were reviewed on a random basis or because of the presence of key words. The overwhelming majority of the 531 issues discovered and addressed through the Sales Discipline Committee were of a low order, resolved through coaching or warning letters.

Physician Payments Sunshine Act Reporting Commences

Navigant Consulting was engaged by IAF for a two-part audit of Purdue's "Whole\$um system for Sunshine Act reporting. The 3Q Systems Audit Report resulted in an overall rating: "Meets Requirements, Minor Issues Noted," with most issues addressed already. The 4Q Transactions Audit Report resulted in an overall rating: "Satisfactory, Major & Minor Issues Noted With Low Probability Of Risk," with findings that the Whole\$um system is working appropriately, but that Field Sales documentation needs improvement. Remedial training has been conducted at the 4Q Managers' Meeting and further Representative training will be done at National Sales Meeting.

Speaker Program Issues

A greater than "normal" number of speaker program compliance concerns were discovered and investigated during the 4th quarter (approx. 12). The most common

compliance issues by speakers had to do with them not staying strictly on label or following the approved slide deck. These were remediated through letters to attendees and corrective speaker training. The level of risk is deemed low given our remedial and oversight actions. In addition, there were many issues administrative in nature, such as: significant numbers of attendees at multiple programs, high numbers of uninvited “walk-in” attendees, and failure of Representatives to follow speaker program SOPs. Measures have been put in place, including mandatory training, to address these concerns.

Compliance Audits

- Topper’s Audit – An audit of a sample of Topper’s winners was performed to assess the potential that the Annual Topper’s Contest might incentivize Sales Representatives to inappropriately promote products. There were no negative findings, and no correlation found.
- Medical Information Requests – An audit of Medical Information Requests from the Field was performed to assess whether inquiries received by Medical Services were improperly solicited by Sales Representatives. There were no negative findings, and no correlation found.
- HCP Financial Relationships vs. HCP Prescribing –An audit was performed to assess whether there might be a relationship between HCP prescribing of Purdue product, and any financial compensation received from Purdue (e.g., consulting services, speaker program fees). There were no such findings, and no correlation found.

CORPORATE AFFAIRS & COMMUNICATIONS

Build support for appropriate pain care through policy development and implementation. Take appropriate action on external threats to optimal pain care. Promote Purdue’s reputation in academic, community and scientific venues. Address proposed legislation and regulation that may affect the Company and its products. Develop and support innovative programs that safeguard public health and address abuse and diversion of prescription medication.

Advance Appropriate Pain Care through Public Policy Development and Advocacy

- Health Policy developed a “Reformulation of OxyContin” one-page Health Policy Brief for use by State Government Affairs (SGA) with legislators, staffers, etc.
- Health Policy provided CEAC with an analysis of the Federation of State Medical Boards’ “Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain,” highlighting key components and areas of potential concern.

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term opioid therapy, as well as laying the groundwork for future discussions and more balanced coverage. This balance was evident in the first story Meier filed following our initial interaction.

Promote Purdue's Reputation in Academic, Community and Scientific Venues

- Public Affairs conducted a digital outreach campaign to encourage healthcare professionals to participate in our clinical trials. The campaign, which utilized using email, online advertising and search engine marketing, generated contact with 276 clinicians, 38 percent of whom have been screened and referred onto Clinical Research for further follow up. The initiative also lead to a 30 percent increase in traffic to the R&D section of Purdue's web site.

Monitor and Address Legislation and Regulation That Impacts the Company

- At the federal level, the effort continues to expand the use of ADFs through the STOPP Act, which would prohibit the FDA from approving new opioids or generic opioids unless they demonstrate abuse-deterrent properties. Preparations for a Congressional hearing on the STOPP Act are underway. [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
- Purdue has also implemented a strategy to influence the USP recommendation to CMS. In the current USP Medicare Part D Model Guidelines for formularies there are two existing classes of opioid analgesics, "long-acting" and "short-acting." We believe these classes are defined too broadly, and patients would benefit from the addition of a third class comprised of opioid analgesics with FDA-recognized abuse-deterrent characteristics. We were able to have comments submitted to USP from BIO, PhRMA, Purdue, two patient groups, and one provider group. Finally, Purdue recommended to BIO that we jointly develop a panel on ADF incentives for their Annual Meeting, attended by 8,000 participants and several hundred media observers. BIO has accepted the idea and we are working with them to finalize the panel structure.
- U. S. Government Affairs has worked closely with Dr. Craig Landau in developing a strategy to gain harmonization between Health Canada and FDA on Abuse Deterrent requirements for branded and generic medicines. We are also working with the Canadian team to implement the strategy. The White House Drug Czar has

written a letter to the new Health Minister congratulating her on her intent to revisit the OxyContin decision and offering the full support of ONDCP and FDA. A letter was also sent to the Canadian Ambassador from the Chairman and Ranking members of the House Homeland Security Committee. They have jurisdiction over the borders. And during the hearing on the nomination for the new US Ambassador to Canada, a border state Senator raised his concerns over the Canadian decision to allow generics of the old OxyContin formulation and asked the nominee to give this matter his close attention once confirmed. The nominee gave a very positive response.

- The Pain Care Forum hosted NIDA Director Dr. Nora Volkow on November 26 and for FDA Director of Policy, Dr. Douglas Throckmorton at the December 12 meeting.
- The Ohio Legislature has introduced 13 bills to address prescribing of opioids for pain and/or prescription drug abuse.
- Massachusetts has introduced legislation concerning the interchangeability of opioids with abuse deterrent properties. We are developing language to consider modifying this if necessary.
- District of Columbia prescription monitoring program legislation has been approved.

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Full-Time Turnover Projection
December YTD 2013

													Prior Year Same Period YTD
	Begin Count	End Count	Termina- tions	% Term EE's	Retired	% Retired EE's	Resigna- tions	% Resigned	VRP	% VRP	Total # Turnover	YTD Turnover % Rate	YTD Turnover % Rate
S&P													
SALES	599	632	22	3.7%	5	0.8%	39	6.5%	2	0.3%	68	11.4%	
MARKETING	48	48	1	2.1%	0	0.0%	2	4.2%	0	0.0%	3	6.3%	
SALES SUPPORT	29	29	1	3.4%	0	0.0%	0	0.0%	0	0.0%	1	3.4%	
FIELD OPS, SUPPORT & ADMIN	15	19	0	0.0%	0	0.0%	1	6.7%	0	0.0%	1	6.7%	
Total S&P	691	728	24	3.5%	5	0.7%	42	6.1%	2	0.3%	73	10.6%	13.2%
% of X-FTE's		32.9%		6.8%		57.5%							
G&A													
ADMINISTRATIVE SERVICES	34	31	0	0.0%	0	0.0%	0	0.0%	3	8.8%	3	8.8%	
BUSINESS DEVELOPMENT	7	6	0	0.0%	0	0.0%	0	0.0%	1	14.3%	1	14.3%	
CORPORATE COMPLIANCE	11	11	0	0.0%	0	0.0%	2	18.2%	0	0.0%	2	18.2%	
ENVIRONMENT, HEALTH & SAFTEY	6	5	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	
EXECUTIVE	13	20	1	7.7%	0	0.0%	0	0.0%	0	0.0%	1	7.7%	
EXTERNAL AFFAIRS	18	15	0	0.0%	0	0.0%	2	11.1%	1	5.6%	3	16.7%	
FINANCE	61	60	0	0.0%	1	1.6%	4	6.6%	2	3.3%	7	11.5%	
GENERAL COUNSEL	45	43	1	2.2%	2	4.4%	0	0.0%	1	2.2%	4	8.9%	
HUMAN RESOURCES	23	24	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	
IT	96	94	5	5.2%	1	1.0%	2	2.1%	0	0.0%	8	8.3%	
PROCUREMENT	12	15	2	16.7%	0	0.0%	0	0.0%	0	0.0%	2	16.7%	
QA	31	33	0	0.0%	0	0.0%	1	3.2%	1	3.2%	2	6.5%	
SECURITY	14	15	0	0.0%	1	7.1%	0	0.0%	0	0.0%	1	7.1%	
Total G&A	371	372	9	2.4%	5	1.3%	11	3.0%	9	2.4%	34	9.2%	3.3%
% of X-FTE's		26.5%		14.7%		32.4%							
IRD/US													
DISCOVERY	50	52	1	2.0%	0	0.0%	0	0.0%	0	0.0%	1	2.0%	
CRANBURY SUPPORT	14	14	0	0.0%	0	0.0%	0	0.0%	1	7.1%	1	7.1%	
DRUG SAFETY & PHARMACOVIGILANCE	33	30	0	0.0%	0	0.0%	5	15.2%	1	3.0%	6	18.2%	
HEALTH POLICY	40	40	1	2.5%	0	0.0%	0	0.0%	1	2.5%	2	5.0%	
MEDICAL RESEARCH	95	96	1	1.1%	0	0.0%	6	6.3%	1	1.1%	8	8.4%	
NONCLINICAL R&D	50	52	3	6.0%	0	0.0%	2	4.0%	1	2.0%	6	12.0%	
PROGRAM MGMT	26	25	1	3.8%	0	0.0%	2	7.7%	0	0.0%	3	11.5%	
REGULATORY AFFAIRS	26	24	0	0.0%	0	0.0%	2	7.7%	1	3.8%	3	11.5%	
Total IRD/US	334	333	7	2.1%	0	0.0%	17	5.1%	6	1.8%	30	9.0%	5.7%
% of X-FTE's		23.3%		0.0%		56.7%							
MFG/OPERATIONS													
PF LABS. SALARIED	18	15	0	0.0%	0	0.0%	2	11.1%	0	0.0%	2	11.1%	
TECH OPS	57	47	3	5.3%	1	1.8%	5	8.8%	2	3.5%	11	19.3%	
WILSON NC	186	195	7	3.8%	2	1.1%	4	2.2%	1	0.5%	14	7.5%	
Total MFG/OPERATIONS	261	257	10	3.8%	3	1.1%	11	4.2%	3	1.1%	27	10.3%	8.0%
% of X-FTE's		37.0%		11.1%		40.7%							
Total PURDUE	1,657	1,690	50	3.0%	13	0.8%	81	4.9%	20	1.2%	164	9.9%	8.8%
INTERMEZZO CONTRACT SALES													
Total QUINTILES	98	0	117								117	119.4%	N/A
% of X-FTE's		100.0%											

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

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Exhibit 101

From: Burt Rosen and Alan Must

May 4th, 2014

To: Dr. Raymond Sackler

Summary of Activities Relating to New Extended Release Opioid Class Labels and to Acceptance of Abuse Deterrent Formulations of Opioids

In 2012 some of our critics led by the Physicians for Responsible Opioid Prescribing (PROP) filed a Citizens Petition requesting FDA as it applies to non-cancer pain to:

- Restrict Extended Release Opioids (ERO) approved uses to **“severe-only”** pain
- Impose a maximum daily dose equivalent to 100 milligrams of morphine
- Add a maximum duration of 90-days for continuous daily use

In September 2013, following more than 1900 comments to the docket, where more than half of the comments were against the PROP recommended changes, FDA:

- Denied maximum daily dose limitations
- Denied maximum duration of continuous daily use
- Agreed to modify the existing label that provide for moderate to severe pain, when the pain was around the clock, and over an extended period of time 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.”**

The new indication is now final and in effect for the class of EROs. While modified, it is our understanding that the change does not reflect a significant variation from earlier practice. It has always been recommended that physicians individualize treatment using non opioid analgesics moving to opioids/and or combinations, and OxyContin type products in a progressive plan according to the WHO guidelines. Further, the new change from “moderate to severe pain” to “pain severe enough” may provide more clarity to providers.

Purdue switched from the old non-deterrent formulation to the new abuse deterrent formulation ADF in August 2010.

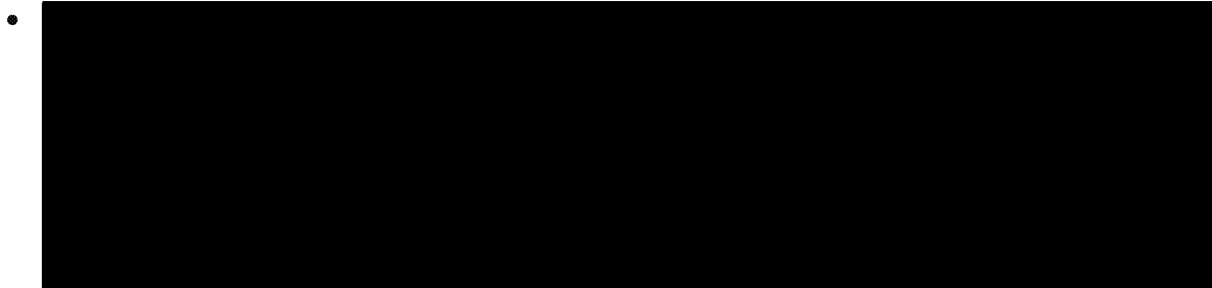
At the time of the switch, FDA had not issued guidance on ADF, and no product had been designated as an ADF. Purdue undertook a broad based strategy using legal, regulatory, and government affairs strategies to attempt to influence the policies around ADF technologies. Briefly, the following occurred:

- Purdue filed a Citizens Petition at FDA outlining the specific types of testing required to demonstrate deterrence, requesting that the new OxyContin ADF be designated to be abuse deterrent, and asking FDA to withdraw the NDA on the old non-deterrent formulation.
- At approximately the same time, Purdue drafted legislation that would require FDA to require abuse deterrence for a generic where FDA determined the innovator to be abuse deterrent, and over time; FDA would be required to promulgate regulations to convert the opioid market to ADF. This draft was introduced in Congress and subsequently became known as the STOPP Act.

- Federal and State Government Affairs then engaged in a broad based campaign to gain support for the policies contained in the STOPP Act. This occurred through letter writing from many organizations within the Pain Care Forum, Senators, Congressmen, State legislators, State Attorneys General, and Governors. More than 100 elected officials contacted FDA suggesting that it would be improper to approve a non-deterrent opioid once a product was determined to be deterrent. Of particular note was a letter co-signed by 48 State Attorneys General.
- In the meantime, Purdue was able to have an amendment included in a 2012 user fee bill that specifically required FDA to issue a Draft Guidance on Abuse Deterrent Formulations for Opioids by January 2013. That guidance was subsequently issued on January 8, 2013.
- Also in reply to a letter written by Senator Coburn and Congressman Upton, FDA acknowledged that it currently had the legal authority to require a generic to be abuse deterrent if the innovator was determined to be abuse deterrent. Further FDA acknowledged that if an ADF were approved, FDA has legal authority to remove a similar non deterrent drug that is already approved. (THIS IS VERY IMPORTANT FOR FUTURE ADF STRATEGY)
- In April 2013 FDA responded to the Purdue Citizens Petition. In their explanation they determined that the ADF version of OxyContin was in fact deterrent within the Draft Guidance they issued in January 2013, and they officially withdrew the NDA on the old formulation of OxyContin, thus requiring any generic to file an ANDA against the new formulation and effectively blocking ANDAs that had been filed against the old non-deterrent formulation.

Purdue Continues to Pursue an ADF Strategy

- New Citizens Petitions have been filed and are being contemplated with the goal of requiring FDA to promulgate guidance for generic ADF that will require adequate testing to demonstrate that their product is “as” deterrent as the innovator in all characteristics, I. e. crushing and dilution.
- Legislation has been drafted to update the STOPP act to reflect the last three years of decisions on OxyContin, Opana, and Zohydro. And State Legislation has been drafted to give preferences to ADF with our State Government Affairs group now pursuing those proposals in targeted states.
- An Abuse Deterrent Task Force has been established at the Pain Care Forum with Purdue and other manufacturers, healthcare provider organizations, and drug abuse and treatment organizations. This Task Force is aligned with the Purdue strategy.



- At each opportunity where FDA testifies or speaks in a public forum, Senators, Congressmen, and State elected officials have urged FDA to develop a generic guidance with a standard of equivalent deterrence to the innovator.
- While Purdue **has not** been engaged in efforts seek withdrawal of Zohydro, the fall out over FDA approving an ER non-deterrent hydrocodone has resulted in a call for an ADF version.
- Last week Senators Leahy and Blumenthal wrote to FDA specifically requesting that FDA should urgently pursue an ADF version of the ER hydrocodone (Zohydro), and that FDA should grant an expedited review if an ER ADF hydrocodone is filed. Subsequently, Purdue announced the NDA filing on HYD.
- Also last week, Senators Coburn, Enzi, Burr, and Ayotte sent FDA a letter specifically outlining the need for FDA to promulgate a final guidance for innovator ADF products, and further outlining the need for a generic guidance that will require the generic ADF to demonstrate they are equivalent in deterrence to the innovator.

Overall, we are very pleased with progress made and with the broad range of support for ADF in Congress, the White House, State Legislatures, Governors, State Attorneys General, and from third party advocates such as patient groups, healthcare providers, and drug prevention and treatment organizations. To date, FDA has made decisions that are consistent with sound public policy with respect to ADF. We are hopeful that FDA will not approve a generic version of an innovator ADF until they require the generic to demonstrate equivalent deterrence, and we are hopeful that HYD will be granted expedited review and if approved that FDA will require the withdrawal of the non-deterrent ER hydrocodone product that is currently on the market.

Exhibit 102

Message

From: Landau, Dr. Craig [/O=PURDUE/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=CRAIGL]
Sent: 5/5/2014 9:34:49 PM
To: Rosen, Burt [/O=PURDUE/OU=Purdue US/cn=Recipients/cn=rosenbu]; Must, Alan [/O=PURDUE/OU=Purdue US/cn=Recipients/cn=MustA]
Subject: FW: Request for Summary for Dr. Raymond
Attachments: ADF 2014 Summary on ERO labeling and ADF Strategy.docx

Not sure who comments are being requested from. In any case, nice job constructing it!!!

From: Sackler, Dr Richard
Sent: May-05-14 4:49 PM

Redacted-Privilege

This update is encouraging and suggests that the momentum is favorable to our cause for increasing the safety of some of the strong opioids.* I don't see any reason to challenge its perspective and frame other than the Zohydro decision remains unexplained, in my view, and clearly was unexpected.

Our inability to predict this outcome suggests to me that there may be a factor or factors that we don't understand and that (if known and factored into the analysis) might have lead to a less satisfactory recitation. If this is the case, and to the extent that there are factors that we don't know or understand, we may yet be in for more surprises.

From: <Sackler>, Raymond Sackler <DrRaymondR.Sackler@pharma.com>
Date: Monday, May 5, 2014 at 3:23 PM
To: "Sackler, Jonathan" <Jonathan.Sackler@pharma.com>, "Richard S. Sackler" <DrRichard.Sackler@pharma.com>, David Sackler <ds@srllc.com>
Subject: FW: Request for Summary for Dr. Raymond

Dear Richard, Jon and David,
I wanted to share the following with you. We should discuss it when you have time available.

-Raymond R. Sackler, M.D.

-----Original Message-----

From: Timney, Mark
Sent: Monday, May 05, 2014 7:45 AM
To: Sackler, Dr Raymond R
Cc: Rosen, Burt; Must, Alan
Subject: FW: Request for Summary for Dr. Raymond

Dr. Raymond,

As discussed, please find a brief history and update regarding the support being received on ADF.

Burt and Alan are available for any further questions.

Regards, Mark.

Exhibit 103

To: Timney, Mark[Mark.Timney@pharma.com]; MNP Consulting Limited - Board of Directors[MNPConsultingLimited-BoardofDirectors@pharma.com]; Baker, Stuart[sbaker@chadbourn.com]
Cc: Must, Alan[Alan.Must@pharma.com]; Haddox, Dr. J. David[Dr.J.David.Haddox@pharma.com]; Erensen, Jennifer[Jennifer.Erensen@pharma.com]; Petro, Melissa[Melissia.Petro@pharma.com]; Damas, Raul[Raul.Damas@pharma.com]
From: Sackler, Dr Richard
Sent: Wed 5/14/2014 3:54:25 PM
Subject: Re: ADF in MA.

Good news.

From: <Timney>, Mark <Mark.Timney@pharma.com>
Date: Wednesday, May 14, 2014 at 3:39 PM
To: MNP Consulting Limited - Board of Directors <MNPConsultingLimited-BoardofDirectors@pharma.com>, Chadbourne SDB <sbaker@chadbourn.com>
Cc: "Must, Alan" <Alan.Must@pharma.com>, "Haddox, Dr. J. David" <Dr.J.David.Haddox@pharma.com>, "Erensen, Jennifer" <Jennifer.Erensen@pharma.com>, "Petro, Melissa" <Melissia.Petro@pharma.com>, Raul Damas <Raul.Damas@pharma.com>
Subject: ADF in MA.

Dear all,

I wanted to alert you to a positive development in Massachusetts, a state from which we've seen significant anti-opioid activity in recent months. Yesterday, the Massachusetts Senate passed legislation that included a provision developed by Purdue, prohibiting a non-abuse-deterrent formulation from being dispensed if an abuse-deterrent formulation is available. The Massachusetts House has already passed similar legislation and, while procedural hurdles remain, we consider this an important step toward broader government support for abuse-deterrent formulations.

I applaud the Health Policy and State Government Affairs teams for proactively crafting this model legislation and advocating it through the state legislative process, respectively. This initiative, so closely aligned with our commercial strategy and being replicated in several other states, helps ensure that patients continue to have access to our medicines and that broader public health goals are served.

Below I've linked to a new story about the legislation, highlighting mention of our policy provision.

I look forward to keeping you updated on our progress.

Mark

Drug treatment bill has Senate's green light

Worcester Telegram & Gazette (MA)

5/14/2014

<http://www.telegram.com/article/20140514/NEWS/305149925/1116>

The Senate on Tuesday unanimously adopted a bill to require insurers to cover drug and alcohol treatment without prior approval for admissions, a move expected to greatly increase access to treatment and that state Sen. Stephen M. Brewer predicted "will make a quantum leap forward" in treating opiate addiction.

The legislation also would require pharmacists to substitute drugs with abuse-deterrent coatings for highly abused drugs without abuse-deterrent qualities, unless a physician specifies otherwise...

Exhibit 104

To: Sackler, Dr Kathe[Dr.K.A.Sackler@pharma.com]
Cc: Darland, Christian[Christian.Darland@pharma.com]; Bennett, Pamela (Gov't Affairs)[Pamela.Bennett@pharma.com]; Coplan, Paul[Paul.Coplan@pharma.com]; Abele, Stacey[Stacey.Abele@pharma.com]
From: Meltzer, Brian
Sent: Wed 9/10/2014 1:58:31 PM
Subject: Materials for Project Tango call at 5:30
20140909 Purdue BDC CMD_v11 Dr_Kathe.pptx

Dr. Kathe –

We look forward to speaking with you about Project Tango this afternoon. Attached are the materials that we plan to review with you.

Regards,
Brian

Brian A. Meltzer MD, MBA
Head of Licensing & Business Development
Purdue Pharma, L.P.
One Stamford Forum | Stamford, CT 06901-3431
O: 203.588.7461 | M: 203.724.7038 | F: 203.588.6300
E: Brian.Meltzer@pharma.com | Skype: meltzman
Assistant: Mabel Herson | 203.588.7292

Exhibit 105

Project Tango

Patient and Clinical Rationale

September 10, 2014

Substance Abuse, Dependence and Addiction treatment is a good fit and next natural step for Purdue

A Purdue has unique position

- Legal/IP know-how
- Experience and strong capabilities in serving complex and controlled substance markets
 - Epidemiology
 - Regulatory/ FDA
 - Commercial/ healthcare professional training
- Reputation as responsible opioid manufacturer
- Experience & willingness to serve vulnerable patient populations

B It is an attractive market

- Large unmet need for vulnerable, underserved and stigmatized patient population suffering from substance abuse, dependence and addiction
- Multiple trends driving growth (e.g., government mandate to improve access)
- Ability to leverage Purdue's core competencies

A Significant unmet need in an underserved patient population that has been stigmatized and portrayed as undesirable



Encompasses all demographics

Often perceived as an undesirable population, and subsequently stigmatized and inadequately treated

- Over 1.4 million people not treated for their opioid addiction (~70% of addicted patients)
- Opioid addiction (other than heroin) has grown by ~20% CAGR from 2000 to 2010

Addiction is defined by NIDA as

- A chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences
- Considered a brain disease because drugs change the brain; they change its structure and how it works. Can lead to many harmful, often self-destructive, behaviors

“This can happen to any-one – from a 50 year old woman with chronic lower back pain to a 18 year old boy with a sports injury, from the very wealthy to the very poor”

Pain specialist, Cornell Weill, 100 patients/week

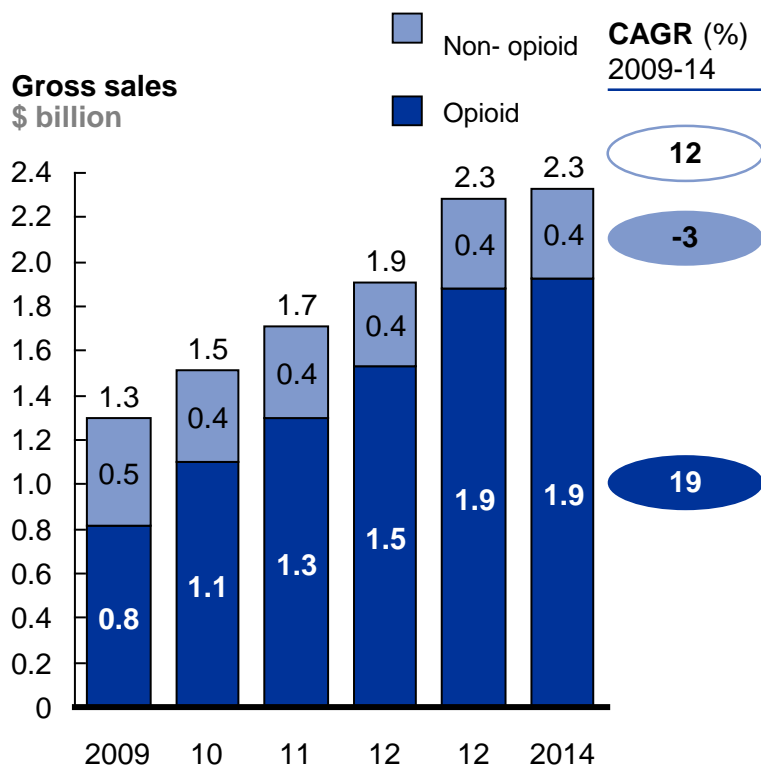
A Purdue has a great platform to win in Substance Abuse, Dependence and Addiction – not dissimilar from our shaping of the LA SEO market

Purdue's unique core capabilities in shaping the market

- **De-stigmatize** - Campaign and marketing experience in physician and patient awareness/education to de-stigmatize patients/disease
- **Employ FDA and payor relationships** – Strong legacy in driving clinical paradigm shift in addiction diagnosis and treatment
- **Promote academic research** – Ability to increase diagnosis of addiction
- **Leverage KOL relationships** – Long history of educating HCPs through trusted thought leaders/ proven ability encourage coordination (e.g., with addiction specialists)
- **Educate** - Strength in helping HCPs including pain specialists to manage addiction options through existing field colleagues
- **Increase system awareness** – Proven ability to expand coverage (e.g. for corporate providers, Medicaid, etc.)
- **Promote local government awareness** – Toolkit to support expanding patient monitoring infrastructure in local areas

B Tailwinds at both the macro and micro level support future growth in this market

US market overview, substance abuse¹



TRx sales grow 18% and 7% to 11M and 13M for opioid and overall substance abuse, respectively

Strong tailwinds in substance abuse space

Reasons to believe

Favorable cost dynamics

- “Every \$1 on Suboxone saves \$12 in healthcare costs” *Tango*
- Annual cost of patient treatment increasing ~4%/year

New supportive policies

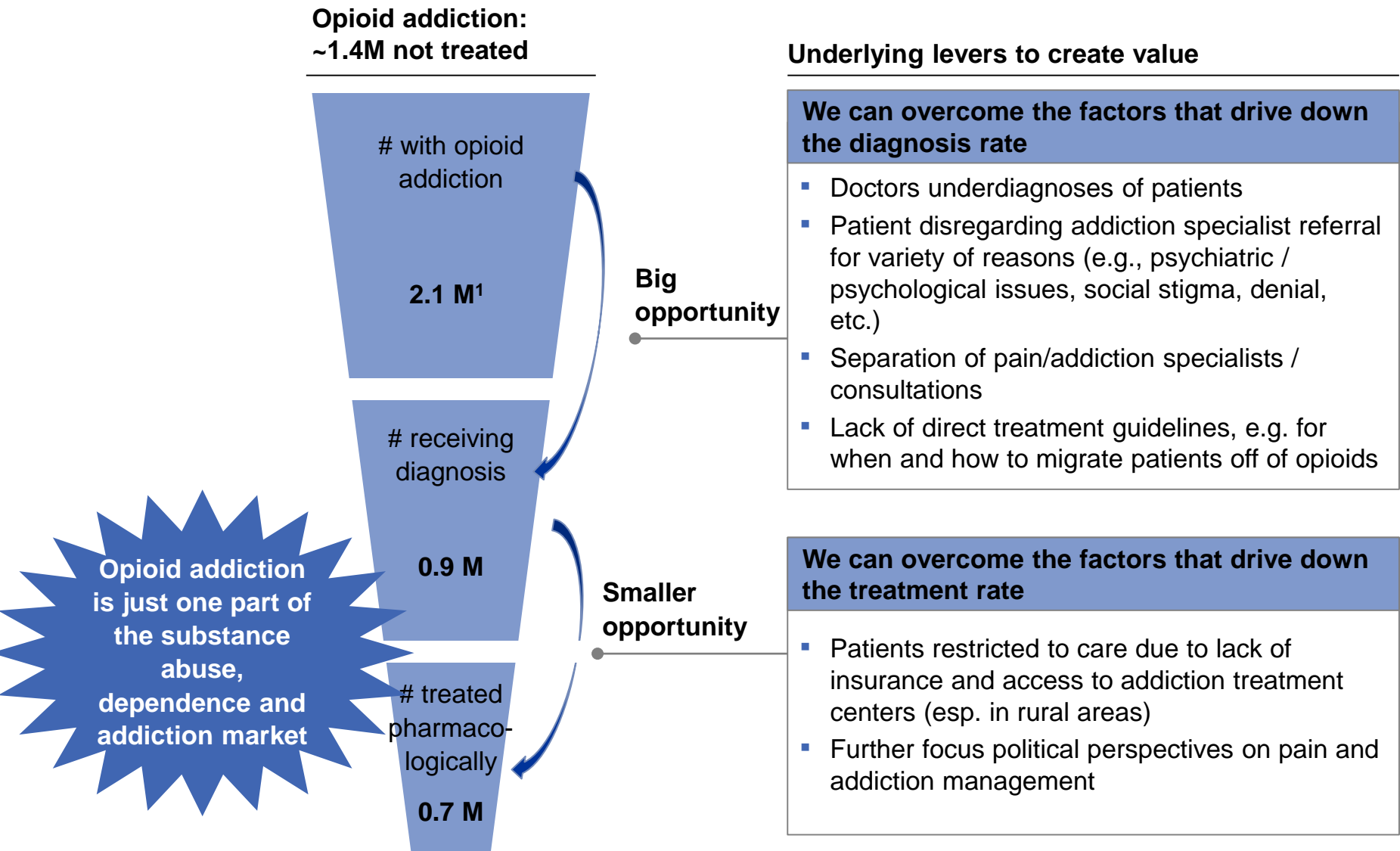
- “A prime goal of our office is to increase access to medication-assisted treatment within existing treatment programs”
Botticelli, ONDCP
- ACA requires new plans to cover substance use disorder (SUD) services improving access for ~5 million people

Growing physician and patient base

- Increasing number of physicians certified in medication-assisted addiction therapy (MAT) for opioids (3.7k in 2003 to 27.5k in 2013)
- Opioid addiction (other than heroin) has grown by ~20% CAGR from 2000 to 2010 with average treatment duration of 210 days
- “This can happen to any-one – from a 50 year old woman with chronic lower back pain to a 18 year old boy with a sports injury, from the very wealthy to the very poor”

Pain specialist, Cornell Weill, 100 patients/week

B Key to capturing the opioid addiction market will be to improve diagnosis rates and address underlying barriers to treatment



1 Includes XX% heroin addiction; of non-heroin opioid addiction XX% from legitimate

B Purdue's unique core competencies are applicable to value creation in Project Tango – capabilities that we successfully leveraged in the OxyContin franchise

Purdue BD themes	Purdue-specific value drivers		
Purdue core capability		Value impact	Description
	1 Legal	▪ High	▪ [REDACTED]
	2 Commercial	▪ High	▪ Market experience ▪ Better leverage HECON benefits to MCOs
	3 Strategy	▪ High	▪ Core competency in dealing with complex narcotics issues
	4 Regulatory	▪ Med	▪ Relationships with local/national regulators (e.g. FDA), chain pharmacies
	5 Stakeholder relationships	▪ Med	▪ RADARS® relationships with local authorities to monitor nonmedical use and diversion ▪ Patient advocacy groups, influential state policy makers, national advocacy groups, e.g. CADCA
	6 Medical	▪ Med	▪ Relationships with pain and addiction KOLs
	7 Epi/analytics	▪ Med	▪ Experience with complex REMS ▪ Measurement of abuse rates in the community
Market expansion	8 R&D	▪ Low	▪ Abuse and addiction trial design and LCE
Reduced healthcare cost			
New customers			