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**From:** Beckhardt, Stacey  
**To:** Terifay, Terrence; Richardson, Michael; Hughes, Rod; Messina, John  
**CC:** Pyfer, Andy; Robinson, Dean; Castagno, Paula  
**Sent:** 1/24/2005 9:28:17 PM  
**Subject:** RE: JAMA (1/19): Research Letter Finds Increased Reports of Methadone Diversion and Abuse

When we visited Beth Israel, it was clear that Portenoy's group is really using a lot of methadone now due to cost.

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**From:** Terifay, Terrence  
**Sent:** Monday, January 24, 2005 4:22 PM  
**To:** Richardson, Michael; Beckhardt, Stacey; Hughes, Rod; Messina, John  
**Cc:** Pyfer, Andy; Robinson, Dean; Castagno, Paula  
**Subject:** FW: JAMA (1/19): Research Letter Finds Increased Reports of Methadone Diversion and Abuse

Interesting study. It makes complete sense since pain physicians, hospitals and Managed Care were pushing Methadone use right after the OxyContin explosion in 2001. The fact that Methadone is dirt cheap and considered a long-acting opioid are the two main reasons that attributed to the increased utilization, even though it is one of the most difficult to use opioids due to the challenges of trying to find an accurate dose because of the long half-life and the stigma associated with its use in abuse clinics for addicts. The bottom line is, as we all know, greater availability of a drug directly correlates to abuse and diversion.

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PLAINTIFFS TRIAL  
EXHIBIT

**P-03625\_00001**

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From: Beckhardt, Stacey  
Sent: Monday, January 24, 2005 1:11 PM  
To: Terifay, Terrence; Richardson, Michael  
Cc: Pyfer, Andy; Castagno, Paula; Robinson, Dean  
Subject: JAMA (1/19): Research Letter Finds Increased Reports of Methadone Diversion and Abuse

FYI.

A research letter in JAMA (1/19) reported on increased reports of diversion and abuse use of methadone. Of interest, one of the researchers is James Inciardi (University of Delaware), and the research was supported by Purdue. Following is a brief summary of the study.

#### PURPOSE OF THE STUDY / HOW IT WAS CONDUCTED

- \* Researchers investigated the accuracy of various governmental agency reports that methadone abuse and diversion, in some states, had exceeded that of controlled-release oxycodone "as the most widely diverted and abused drug."
- \* To gather data, researchers utilized Purdue's Researched Abuse Diversion and Addiction-Related Surveillance (RADARS) system and conducted interviews with diversion investigators and drug abuse experts on a quarterly basis. Researchers reviewed a sample of charts to verify accuracy of the reports.

#### FINDINGS

- \* Reports of methadone abuse increased 5-fold in 2003.
- \* Researchers found a steady increase in the number of methadone diversion reports; law enforcement reported 623 cases of methadone diversion in 2002 and 2003.
- \* The number of prescriptions for methadone increased from fewer than 1 million in 2002 to 2.6 million in 2003; this increase "suggests that methadone is now being increasingly prescribed for pain management."
- \* Methadone tablets were indicated in more than 80 percent of the reports of abuse and diversion, compared to wafer or liquid form generally dispensed by methadone clinics, which may indicate that "methadone was being diverted from the analgesic market as a result of the increase in availability [of tablets] to patients and perhaps adjunctively to recreational or habitual drug abusers."
- \* The researchers caution healthcare providers to be aware of potential methadone diversion and that "it may not be correct to assume that methadone is much safer and less abusable alternative to other opiate analgesics."
- \* Methadone abuse and diversion occurred in small cities, suburban areas and rural areas alike, in 47 states.

#### STUDY LIMITATIONS

- \* There is no evidence supporting the accuracy of the RADAR system.
- \* Even though researchers found increased rates of methadone abuse, they note that it ranks lower than other commonly abused pain medications, such as oxycodone, "which is at least 5-fold more prevalent."

#### CITATION

\* Inciardi J, Cicero T. Diversion and abuse of methadone prescribed for pain management. JAMA. 2005 Jan; 293(3):297-298.

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