No.	Topic	Objections	Notes	References

14.	The nature and scope of Your membership, participation in, payments to, and/or communications with the Healthcare Distribution Alliance, the National Wholesale Druggists Association, and Healthcare Distribution Management Association (collectively, the "HDA"), including, but not limited to, Your participation or membership in any meeting, council, committee, task force, or working group of the HDA, concerning:
	(a) Sharing and visibility of data between members of the HDA concerning manufacturing and distribution sales numbers for Opioids;
	(b) Lobbying efforts by the HDA to undermine DEA authority to prosecute violations of the duties of registrants under the CSA through, among other things, the passage of the Drug Supply Chain Security Act in 2013 and the Ensuring Patient Access and Effective Drug Enforcement Act of 2016;
	(c) The HDA's "Industry Compliance Guidelines: Reporting Suspicious Orders and Preventing Diversion of Controlled Substances;"
	(d) Advocacy or legal support by the HDA for any Defendant, including but not limited to amicus curiae briefs, or other legal documents prepared by the HDA in support of any Defendant; and
	(e) Public statements or testimony provided by the HDA to Congress regarding the manufacture, development, formulation, marketing, advertising, sale, distribution, diversion or suspicious orders of Opioids or Opioid Products.
		The Teva Defendants object to Topic No. 14 on the grounds that it is overly broad, unduly burdensome, and not proportional to the needs of the case. The Teva Defendants further object to this Topic on the grounds that it is overly broad and unduly burdensome to the extent that it calls for testimony regarding "communications." The Teva Defendants further object to this Topic to the extent that it is not limited in subject matter when the allegations in this case are limited to Opioids. The Teva Defendants further object to this Topic on the grounds that it characterizes "[l]obbying efforts by the HDA to undermine DEA authority."
		
		Subject to and without waiver of the foregoing objections, the Teva Defendants will present a witness to testify on this Topic. This testimony will relate to opioids generally; however, it will not include the topics unrelated to opioids.
			Cephalon/Teva
			Membership
			• Teva (since 2010); Cephalon (at least 2005-2011)
			• Manufacturers are associate members. No Teva Defendants have a seat on the Board
			• Teva pays the $45,000 cap in annual membership dues, based on its revenue
			Meetings
			• Annual Business and Leadership Conference – Teva sends 6-10 representatives to trade show. Participants hold 20 minute meetings on trade issues, including logistics, returns, pipeline products, data services, etc.
			• Annual Distribution Management Conference – Focuses on operational and logistics issues in the industry. Teva sends 1-2 representatives.
			• Annual Board Membership Meeting – No Teva Defendants participated in Board meetings. Each day of the 2 days of the meeting consists of 30 minute meetings with Teva's distributor customers. Teva sends 2-4 people.
			Boards/Task Forces
			• HDA Research Foundation Board
			  ○ Non-profit offshoot of HDA that reviews financial info, surveys, HDA's annual report to develop research projects or surveys
			  ○ Chris Doerr sits on it. It has 13 members from senior management of distributors, manufacturers, and HDA staff.
			  ○ Periodically publishes materials, not aware of any publications re opioids.
			• eCommerce Task Force – Develops guidelines for the exchange of electronic data. Developed guidelines for the efficient exchange of 867 and 852 data. Chris Doerr was on this task force while at Cephalon.
			• Drug Shortage Task Force – Tries to develop industry-wide recommendations regarding broad issues that cause drug shortages, but not pricing. Michelle Osmian is on it.
			• Industry Relations Council – Larger group that discusses supply chain issues and data sharing at a very high level. Michelle Osmian is on it.
			Data Sharing Between HDA Members Related to Manufacture and Distribution
			• Data sharing based on individual distribution contacts, not HDA membership.
			• eCommerce Task Force and Industry Relations Council develop guidance on data sharing
			Lobbying
			• Teva does not lobby through HDA
			• Drug Supply Chain Security Act [related to counterfeit drugs] - Teva lobbied through Association for Accessible Medicines / GPhA via consultant.
			• Effective Drug Enforcement Act [DEA licensing revocation] – No lobbying through HDA.
			Teva was not involved in HDA's *Industry Compliance Guidelines: Reporting Suspicious Orders and Preventing Diversion of Controlled Substances*
				Teva Defendant's written response to Topic 13.

Exhibit 026
TEVA
WITNESS HASSLER
DATE 1/17/19

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			• Advocacy or Legal Support
			  ○ HDA filed a 2018 lawsuit in New York, *Healthcare Distribution Alliance v. Zucker*, challenging the NY Opioid Stewardship Act. Teva does not provide financial support to the suit other than through regular membership fees.
			  ○ Teva is not aware of public statements or Congressional testimony by HDA on its behalf
			
			Acquired Actavis Entities (Actavis and Watson) generics:
			• Acquired Actavis Entities were members of HDMA and the National Whole Druggist Association ("NWDA"). Involvement limited to paying membership and attendance fees, and attending trade shows and other events put on by these organizations.
			• No information suggesting that Acquired Actavis Entities shared data with other members of HDA concerning manufacturing and distribution sales numbers for Opioids.
			• The following individuals had involvement and/or have attended HDMA or NWDA meetings:
			  • Michael Perfetto – VP, Sales & Marketing (Actavis)
			  • Nancy Baran – Director, Customer Service (Actavis)
			  • Jinping McCormick – Director, Marketing (Actavis)
			  • David Myers – Senior Manager, Products & Communications (Actavis)
			  • Ara Aprahamian – Director, Pricing & Contracts (Actavis)
			  • Alan Slavsky – Vice President Sales (Watson)
			  • Napoleon Clark – Executive Director, Marketing – U.S. Generics (Actavis)
			  • Mary Woods – Executive Director, Customer Relations Operations (Actavis/Watson)
			  • Michael Reed – Executive Director, Trade Sales & Operations (Actavis)
			  • Brandon Miller – Executive Director, Trade Sales (Actavis)	

18.	The studies, Scientific Research, tests, patents, patent applications, trials or analysis of the safety and efficacy or each Opioid Product, including all such information regarding: a. the long-term efficacy of Opioids or use of Your Opioid Products for the treatment of chronic pain or long-term use (more than 90 days); b. continual release mechanisms or delivery systems; c. the ability of patients to stop using Opioids or Your Opioid Products; d. the development of dependence, tolerance, abuse, pseudoaddiction, addiction or incidence of overdose;	The Teva Defendants object to Topic No. 18 on the grounds that it is overly broad, unduly burdensome, and not proportional to the needs of the case. The Teva Defendants further object to this Topic as overly broad and unduly burdensome to the extent it calls for documents relating to "patents [and] patent applications." The Teva Defendants further object to this Topic to the extent that it requires them to testify regarding the "all such information," which is impracticable.	See Appendices 6, 7, 8 **Teva USA generics** N/A - Teva only conducts equivalency studies. **Acquired Actavis Entities (Actavis and Watson) generics** N/A - Acquired Actavis Entities only conducted equivalency studies as it relates to their generic opioids.	Appendix 6, 7, 8 SRLs, and Clinical Studies Sarita Thapar (Dir. of Medical Affairs, Actavis)

No.	Topic	Objections	Notes	References
	e. the abuse-deterrent properties of Your or other manufacturers' Opioid Products f. risk of addiction from chronic opioid therapy; g. Opioid withdrawal; h. Whether Opioid doses can be increased without limit or greater risks; i. Long-term opioid use and function; j. Alternative forms of pain relief posing greater risks than opioids; k. Actiq's or Fentora's ability to provide breakthrough pain relief;	Subject to and without waiver of the foregoing objections, the Teva Defendants will present a witness to testify on this Topic. This testimony will exclude patents and patent applications. The Teva Defendants also refer Plaintiffs to the documents that have been and/or will be produced in response to Request for Production No. 5.		
20.	The nature and scope of Your membership, participation in, payments to, and/or communications with any of the following entities described below concerning Opioids or Opioid Products: (a) Pain Care Forum ("PCF"); (b) Pharmaceutical Research and Manufacturers Association ("PhRMA"); and (c) National Association of Chain Drug Stores ("NACDS").	The Teva Defendants object to Topic No. 20 on the grounds that it is overly broad, unduly burdensome, and not proportional to the needs of the case. The Teva Defendants further object to this Topic on the grounds that it is overly broad and unduly burdensome to the extent that it calls for testimony regarding "communications." Subject to and without waiver of the foregoing objections, the Teva Defendants will present a witness to testify on this Topic.	**Teva** Teva has participated in Pain Care Forum meetings and paid dues. See Appendix 9. Teva joined PhRMA in 2016 and has paid dues. Teva is a member of NACDS and participates in NACDS's annual meeting and trade show. **Acquired Actavis Entities (Actavis and Watson) generics** ***PCF*** – Actavis was involved with PCF through its membership in the REMS Extended Release / Long Acting Industry Working Group. ***PhRMA*** – No documents or information to support membership, participation in, payments to, or communications with PhRMA. ***NACDS*** - Member of NACDS. Actavis and Watson paid dues, attended conferences and trade shows, and sometimes held open booths at conferences and tradeshows. Larger customers made appointments to review business. Created PowerPoint presentations on Actavis and Watson's business for use at trade shows. Occasional advertisements for specific products on NACDS website. Pharmacists, distributors, and manufacturers were members.	David Myers (Actavis) Robert Falb (Teva) Dolly Judge (Teva) Chris Doerr (Teva) Appendix 9

23.	The nature and scope of Your Opioid-related Lobbying efforts or governmental affairs activities (including personnel and third parties involved in such efforts or activities) and donations or payments made in connection with such efforts or activities, including but not limited to any efforts to influence or have input on the content of the following:
	a. DSM V;
	b. Pain as the 5thVital Sign;
	c. REMS for Opioids or Opioid Products;
		The Teva Defendants object to Topic No. 23 on the grounds that it is overly broad, unduly burdensome, and not proportional to the needs of the case. The Teva Defendants further object on the grounds that this Topic is not limited in subject matter when the allegations in this case are limited to opioids.
		
		Subject to and without waiver of the foregoing objections, the Teva
			Cephalon/Teva
			• Conducted through Government Affairs (currently Dolly Judge) or consultants
			  ○ Currently 1 employee – Dolly Judge – no state employees, lobbyists, or consultants
			  ○ Previous employees
			  ▪ Robert Falb
			  ▪ David Sanders
			  ▪ Grant Erdel
			  ▪ Susie Ahn
			  ▪ Jerry Moore
			  ▪ Robert Kincaid
			  ▪ Nicole Mann
			  ▪ Terri Stewart
				Doug Boothe (Actavis)
				Rob Lively (Allergan's federal lobbyist)
				Loredana Cromarty (Allergan's state lobbyist)
				
				Teva_MDL_A_13253980

No.	Topic	Objections	Notes	References
	d. The rescheduling of Opioids or Your Opioid Products from a Schedule III narcotic to a Schedule II narcotic; e. Joint Commission on Accreditation of Healthcare Organizations (JCAHO) regarding its pain standards for hospital accreditation; f. Medicare Modernization Act of 2003; g. Direct to consumer advertising regulations; h. Regulations allowing the prescription of 90-day supplies of Opioids or Schedule II narcotics. i. Opioid or pain medication prescribing guidelines.	Defendants will present a witness to testify on this Topic. The Teva Defendants also refer Plaintiffs to the documents that have been and/or will be produced in response to Request for Production No. 4.	▪ Jim Fenton ▪ Debra Barrett **Issues** • Tamper-resistant and abuse-deterrent pain medicines (approximately 2014) o Lobbying and advocacy for a regulatory pathway for approval of these products generally. Part of larger focus by FDA and industry • Opioid Taxes and Takeback Programs (approximately 2015-2017) o Involved primarily at state level responding to various efforts to address issues with opioids o Involved in lobbying related to federal opioid appropriations that states could allocate as needed **Alliances/Groups** • Alliance to Prevent Abuse of Medicine o Non-profit created by Teva in 2013 to ensure that policymakers focused on entire supply chain to prevent abuse o Members included manufacturers, distributors, HDA, the American Medical Association. o Published articles and held events • Pharmaceutical Research and Manufacturers of America, related to branded products o Member for about 2 years o Involved in the Drug Abuse Task Force and Addiction Policy Forum o Partnered with National Institutes of Health to launch a public-private partnership funded by PhRMA in support of development of non-opioid, non-addictive products and addiction treatment. • Association for Accessible Medicines (formerly the Generic Pharmaceutical Association) o Organization that promotes issues related to generics generally) o Teva is a founder and has representation on the Board (Brendan O'Grady) o Lobbied through it on the Drug Supply Chain Security Act. o Policy focus includes curbing REMS restricted access in order to promote development of generics. • Pain Care Forum – large membership (100+), created by Purdue, no lobbying. **Consultants Hired by Teva** • Engaged on various topics including opioids, but no consultant was opioid-specific • Registered and reported every year • Typically small firms, with 10-12 state consultants and 10 federal consultants engaged in a given year • Ohio Consultants – (Government Edge in 2015 and Success Group in 2001) – no indication they worked on opioids. **Payments made** • Paid consultants anywhere from $800 to $30,000 per month	

No.	Topic	Objections	Notes	References
			• Paid dues to PhRMA, Alliance to Prevent Abuse of Medicine, HDA, and Pain Care Forum (nominal – approximately $500 per month) **Particular Issues** • Did not lobby or influence: o DSM V o Pain as the Fifth Vital Sign – Teva contributed to the American Pain Society but did not take a position on topic o Rescheduling of Opioids – AAM/GpHA was opposed to the rescheduling and submitted a public comment to that effect to the DEA in 2014, but no indication that Teva was involved in drafting it. o Medicare Modernization Act of 2003 o Direct to Consumer Advertising regulations o Opioid or pain medication prescribing guidelines o Joint Commission on Accreditation of Healthcare Organizations re pain standards for hospital accreditation • REMS o Did not lobby, but was among the leaders in developing the TIRF REMS program in 2011 o Helped manage a consortium of 11 companies, with Teva's reduced role after McKesson was selected to build and implement the program **<u>Acquired Actavis Entities (Actavis and Watson) generics</u>** Acquired Actavis Entities did not engage in lobbying or make payments or donations related to its generic opioid products. Acquired Actavis Entities are aware of the following additional lobbying-related activity: • Watson registered lobbyists were in attendance at a meeting in New Jersey between 2011 and 2013 with a member of the New Jersey Legislature in which abuse deterrent opioids were discussed. At the time, New Jersey was considering how to regulate abuse deterrent opioids as compared to other opioids. Watson was not an active participant at the meeting and neither spoke nor submitted information related to this issue. • Actavis was a member of the Generic Pharmaceutical Association ("GPhA"), now Association for Accessible Medicines ("AAM"). o AAM/GPhA is a non-profit, voluntary association of nearly 100 manufacturers and distributors in the generic pharmaceutical industry. o Organization's goal is to improve public health while cutting healthcare costs by providing Americans with cost-effective medicines equivalent to brand-name counterparts. o Actavis's CEO, Doug Boothe, was an executive Board Member of the GPhA from 2009 to 2015. o Actavis and its members made donations to GPhA.	

No.	Topic	Objections	Notes	References
			• Actavis hosted New Jersey Republican Congressman Frelinghuysen at its office sometime in 2011 to discuss the generics market, Actavis' business and various issues affecting the pharmaceutical industry. One of the topics Actavis discussed was FDA delays in approval of generic pharmaceutical applications, providing the example of its application for generic buprenorphine naloxone. • Actavis and Watson were involved with two PACs o (1) Allergan Inc. PAC which is the most active and initially started in 2003 by Watson and included Actavis Inc., and o (2) Actavis PAC which existed for less than two years between 2011 and 2013. • Actavis supported GPhA lobbying related to the California ePedigree Law. The California ePedigree law was aimed at combatting counterfeit prescriptions from entering the legitimate supply chain.	
24.	Your communications, meetings, Lobbying and/or government affairs activities with the Center for Medicaid Services ("CMS") between 1999-2006, or communications made by a third party on Your behalf, related to the development, design, approval and implementation of the Medicare Prescription Drug Benefit Program (Part D).	The Teva Defendants object to Topic No. 24 on the grounds that it is overly broad, unduly burdensome, and not proportional to the needs of the case. The Teva Defendants further object on the grounds that this Topic is not limited in subject matter when the allegations in this case are limited to opioids. Subject to and without waiver of the foregoing objections, the Teva Defendants will present a witness to testify on this Topic.	**Teva USA** Teva is unaware of any communications with CMS between 1999 and 2006 re: the development, design, approval, and implementation of Part D o Teva periodically attended public and industry events that included speakers from CMS, but there is no indication of additional communications o No records of services provided by consultants on the topic. **Acquired Actavis Entities (Actavis and Watson) generics** Acquired Actavis Entities did not engage in communications or lobbying efforts with CMS regarding opioids.	
25.	Your analysis or calculations concerning the potential increase in sales resulting from reduction in prices of Opioids with the passage of Medicare Prescription Drug Benefit Program (Part D).	The Teva Defendants object to Topic No. 25 on the grounds that it is overly broad, unduly burdensome, and not proportional to the needs of the case. The Teva Defendants further object to the term "potential increase" as vague and/or ambiguous. Subject to and without waiver of the foregoing objections, the Teva Defendants will present a witness to testify on this Topic.	**Teva USA and Acquired Actavis Entities (Actavis and Watson) generics** No analysis or calculations concerning the potential for increase in sales of its generic opioid products as a result of the passage of Medicare Part D.	Christine Baeder (Teva) David Myers (Actavis/Teva) Napoleon Clark (Watson/Actavis/Teva) Mike Perfetto (Actavis) Jinping McCormick (Actavis)

No.	Topic	Objections	Notes	References
26.	Any formal or informal investigations, inquiries, or enforcement actions conducted by any federal or state law enforcement or regulatory authority, and any remedial measures or actions taken by You as a result of such investigations, inquiries or enforcement actions (including any settlements, deferred prosecution agreements, consent decrees, corporate integrity agreements or other resolutions), Concerning Your Opioid Products. This includes but is not limited to, the Identity of the investigations and actions, claims, claimants, and outcomes of the matters referenced in Exhibit "C" hereto related to your agreement to pay $425 million to resolve improper marketing claims, and Your employees and law firms responsible for overseeing those matters, and the government employees responsible for those matters.	The Teva Defendants object to Topic No. 26 on the grounds that it is overly broad, unduly burdensome, and not proportional to the needs of the case. The Teva Defendants further object to this Topic to the extent that it requires them to testify regarding the "[a]ny formal or informal investigations, inquiries, or enforcement actions conducted by any federal or state law enforcement or regulatory authority, and any remedial measures or actions taken by You as a result of such investigations, inquiries or enforcement actions," which is impracticable. The Teva Defendants further object to this Topic to the extent it refers to "Exhibit 'C,'" which is not attached to the June 30, 2018 Notice. Subject to and without waiver of the foregoing objections, the Teva Defendants will present a witness to testify on this Topic. This testimony will encompass the prior government-initiated investigations and litigations previously disclosed by the Teva Defendants in the body of their July 10, 2018 letter; however, it will not include the identification of each and every investigation or litigation, nor will it include the identification of the Teva Defendants' employees or government employees responsible for those matters. Further, the testimony will not include any government-initiated investigations and litigations previously disclosed by the Teva Defendants in the	**Teva Entities** See Appendix 5 **Acquired Actavis Entities (Actavis and Watson) generics:** **Enforcement Actions** • New Jersey Complaint and Consent Decree: On November 14, 2008, as a result of quality control issues, the New Jersey US Attorney's Office filed a Complaint against Little Falls and two other Actavis Totowa facilities—Taft Road and Riverview Drive. • On January 22, 2009, Actavis Totowa entered a consent decree with the Government, enjoining it from manufacturing, processing, packing, labeling, holding, distributing, introducing, or delivering for introduction into interstate commerce Oxycodone IR and other drugs until facilities were in compliance with CGMP. FDA later cleared Actavis to continue manufacturing oxycodone at this site. • Corona, California Consent Decree & FDA-483—Watson received a warning letter in 1999 for quality control issues, complaint was filed, consent decree entered in 2002. Consent decree vacated in 2017. **Other litigation:** • Medicaid lawsuits: Various states' attorney's general brought lawsuits against Watson generally alleging that it caused the states to overpay pharmacies and other providers for prescription drugs under state Medicaid Programs by inflating the reported Average Wholesale Price or Wholesale Acquisition Cost, and by reporting false prices to the United States government under the Best Prices rebate program. • Medicaid Price Adjustments: Actavis notified the CMS that certain of the Actavis group's Medicaid price submissions require adjustment for the period 2007 through 2012. The Company is in the process of completing the resubmissions. • West Virginia Prescription Drug Abuse Litigation: o June 26, 2012, the State of West Virginia filed a lawsuit against multiple distributors of prescription drugs, including Anda, Inc., a subsidiary of the Actavis, Inc. (State of West Virginia v. Amerisourcebergen Drug Corporation, et. al., Boone County Circuit Court Civil Case No. 12-C-141).	Appendix 5

No.	Topic	Objections	Notes	References
		enclosure to their July 10, 2018 letter. The Teva Defendants also refer Plaintiffs to the documents that have been and/or will be produced in response to Request for Production No. 9.		
27.	Your September 29, 2008 Corporate Integrity Agreement ("CIA") and the implementation and execution of that agreement, including the identity of Your Chief Compliance Officer and Compliance Committee Members; any guidelines, policies and procedures, plans, codes of conduct, written standards Concerning the CIA, any training, educational or program materials and internal communications relating to the CIA; any third parties employed or assigned Concerning the CIA; disclosure programs and related materials; field observations and related materials; monitoring programs and related materials; physician payment reporting; document and record retention; and any Management Certifications (and their signatories), letters and other communications, reports, Validation Reviews or other reviews, responses, notices, annual reports, inspections, audits, reviews, notices and responses to breaches, penalties, and modifications Concerning the CIA or required by the CIA.	The Teva Defendants object to Topic No. 27 on the grounds that it is overly broad, unduly burdensome, and not proportional to the needs of the case. The Teva Defendants further object to this Topic on the grounds that it is overly broad and unduly burdensome to the extent that it calls for testimony regarding "internal communications." The Teva Defendants further object to this Topic to the extent it calls for testimony protected by attorney-client privilege, the work product doctrine, or other related privileges. Subject to and without waiver of the foregoing objections, the Teva Defendants will present a witness to testify on this Topic. The Teva Defendants also refer Plaintiffs to the documents that have been and/or will be produced in response to Request for Production No. 9.	**Cephalon** • Cephalon's Global Compliance activities addressed OIG's seven elements of effectiveness: (1) written standards and policies, (2) communication and training, (3) process for reporting concerns, (4) system to respond to allegations, (5) auditing and monitoring, (6) corrective action process, and (7) compliance oversight. • All materials disseminated outside the Company are reviewed by qualified personnel. • 2008 to 2014, the OIG and an Independent Review Organization (Ernst & Young) examined and evaluated the Company's policies, procedures, and training; and conducted analyses designed to identify potential off-label promotion and kickbacks. • Board assessed and issued annual resolution that the Compliance Program met Federal healthcare program requirements, FDA requirements, and CIA obligations. • Chief Compliance Officer and Upper Management annually certified that Company was in compliance with Federal healthcare program requirements, FDA requirements, and CIA obligations. • All employees, new hires and vendors were trained on the Compliance Program, the CIA, and relevant policies. • Employees annually certified that they were trained on, reviewed, and understood the Code of Conduct. • Message Recall Monitoring Program implemented through ZS Associates. Corrective Actions implemented and reported. • Field Force Monitoring Program was established. Corrective action implemented and reported. • Monitoring of Medical Information Requests continues. • Employees received training and were required to report suspected misconduct. Compliance investigated alleged misconduct and took corrective action where necessary. The Company provided a summary of Compliance investigations to the OIG. • Company reported to the OIG allegations of a probable violation of laws applicable to any Federal health care program, and/or FDA requirements relating to the promotion of Cephalon products ("Reportable Events"). • Compliance Committee Chairs were Eric Siegel (from January through August 2007), Jordan Cooper (from August through 2007), and Valli Baldassano (2007-2011). • The current Global Compliance Officer is Lori Queisser.	Appendix 13 (IRO Report)

No.	Topic	Objections	Notes	References
			• Company created Code of Conduct for Implementation Report which was submitted and approved. • After CIA, an Investigative Review Committee was chartered to provide oversight, direction, and resources for all investigative matters (excluding Quality) in North America.	
29.	Whether You or anyone on Your behalf or any trade organization, group or professional association of which You were a member, made any of the following representations through either Branded or Unbranded Marketing and, if the answer is yes, the specific basis for those representations: (a) The risk of addiction from chronic opioid therapy is low; (b) To the extent there is a risk of addiction, it can be easily identified and managed; (c) Signs of addictive behavior are "pseudoaddiction," requiring more opioids; (d) Opioid withdrawal can be avoided by tapering; (e) Opioid doses can be increased without limit or greater risks; (f) Long-term opioid use improves functioning; (g) Alternative forms of pain relief pose greater risks than opioids; (h) Actiq or Fentora provide breakthrough pain relief; or (i) New formulations of certain opioids successfully deter abuse.	The Teva Defendants object to Topic No. 29 on the grounds that it is overly broad, unduly burdensome, and not proportional to the needs of the case. The Teva Defendants further object to this Topic on the grounds that it is overly broad and unduly burdensome because it is not limited to the Teva Defendants and thus seeks testimony regarding statements not made by the Teva Defendants and statements not made on the Teva Defendants' behalf. Subject to and without waiver of the foregoing objections, the Teva Defendants will present a witness to testify on this Topic. This testimony will encompass the relevant departments generally; however, it will not include the identification of each and every individual. Further, this testimony will exclude individuals who were not personnel of the Teva Defendants.	**<u>Cephalon/Teva</u>** To the extent these statements have been made, they were reviewed and approved by our medical affairs and medical information teams and would be consistent with the label and/or peer-reviewed literature. **<u>Acquired Actavis Entities (Actavis and Watson) generics</u>** • Limited to availability announcement re generic opioids and provided prescriber information and black box warnings that were identical to and prepared by branded manufacturers. • Inventiv sales representatives informed doctors about the availability of generic oxymorphone and generic Kadian®. The statements in marketing materials used for these products informed the reader of the availability of the drug, the available dosages, the unit size, and contained the black box warning from the drug's label. • Before disseminating marketing materials and messages, marketing content was reviewed by the Promotional Review Committee. • Acquired Actavis Entities cannot answer for the representations made by any trade, group or professional organization.	
30.	After the CDC declared an opioid epidemic in 2011 and introduced guidelines to help reduce Opioid prescribing how did You take steps to reduce the amount of Opioid prescribing, reduce supply of Opioids to the market or reeducate prescribing physicians and the public about the dangers of Opioids and the Opioid epidemic declared by the	The Teva Defendants object to Topic No. 30 on the grounds that it is overly broad, unduly burdensome, and not proportional to the needs of the case. Subject to and without waiver of the foregoing objections, the Teva Defendants will present a witness to	• TIRF REMS (Appendix 12). Prior to that, RiskMAPs and individual REMS programs were used to minimize risks of abuse, misuse, and diversion. • Other REMS programs covered generic opioid products such as Opioid Analgesics REMS (Appendix 11), Extended Release and Long Acting Opioids REMS, and Buprenorphine Transmucosal Products for Opioid Dependence (BTOD) REMS (Appendix 10). • Improvements to suspicious order monitoring processes. • June 2015 – PainMatters.com re appropriate use, storage, and disposal of prescription pain medications.	Appendices 10, 11, 12 (REMS) Appendix 4 (Teva Public Statement)

No.	Topic	Objections	Notes	References
	CDC and the budgets for any such efforts, by year, from 2011 to the present.	testify on this Topic. The Teva Defendants also refer Plaintiffs to their response to Interrogatory No. 15.	• Invested in the research and development and manufacturing of anti-diversion technology and non-opioid, non-addictive pain product development. • Generic products were not promoted and were required to match the labeling and risk management activities required with the reference products.	
33.	Your coordination or Communications with any Defendant in this Action, including but not limited to Your participation in any industry groups or professional societies where any Defendant in this matter is a member, Relating or Referring To: (a) pain care; (b) the sale of Opioids; (c) the Marketing or promotion of Opioids; (d) regulations, rules or laws affecting the sale, promotion and marketing of Opioids; (e) the potential for abuse and Diversion of Opioids.	The Teva Defendants object to Topic No. 33 on the grounds that it is overly broad, unduly burdensome, and not proportional to the needs of the case. The Teva Defendants further object to this Topic on the grounds that it is overly broad and unduly burdensome to the extent that it calls for testimony regarding "[c]ommunications." The Teva Defendants further object to this Topic on the grounds that it is overly broad and unduly burdensome because it is not limited to the Teva Defendants and thus seeks information outside of the Teva Defendants' purview. The Teva Defendants further object to this Topic to the extent it calls for documents protected by attorney-client privilege, the work product doctrine, or other related privileges. The Teva Defendants further object to the term "coordination" as vague and/or ambiguous. Subject to and without waiver of the foregoing objections, the Teva Defendants will present a witness to testify on this Topic.	**Cephalon/Teva** • Teva Defendants participate in industry groups in which, upon information and belief, various co-defendants also participate. Such industry groups include: o Anti-Diversion Industry Working Group (ADIWG) o Addiction Policy Forum (APF) o TIRF-REMS Industry Group (TRIG) o Healthcare Distribution Alliance (HDA) o National Association of Chain Drug Stores (NACDS) o Efficient Collaborative Retail Marketing (ECRM) o National Community Pharmacists Association (NCPA) o Pharmaceutical Care Management Association (PCMA) **Acquired Actavis Entities (Actavis and Watson) generics** • Communications with Defendants limited to: o Ordinary course interactions with wholesalers and distributers regarding the sale and distribution of its opioid products o Discussions related to the sale of the Actavis Generics Companies to Teva, o Involvement with industry groups, such as HDMA and NACDS. o Involvement in Industry Working Groups for REMS programs. o United Biosource Agreement for TIRF products (Watson was a member).	Terri Nataline (REMS)
34.	The nature and scope of any meetings, correspondence, communications, documents, contracts or agreements, between You and Purdue, Jannsen, Endo, Mallinckrodt, concerning the manufacture, development, formulation, marketing,	The Teva Defendants object to Topic No. 34 on the grounds that it is overly broad, unduly burdensome, and not proportional to the needs of the case. The Teva Defendants further object	**Teva USA** • The Teva Defendants distribution agreement with Purdue o No coordination regarding marketing. o Teva purchases oxycodone from Purdue and distributes it nationally. It has Teva labels. The amount Teva may purchase is based on a formula in the contract	

No.	Topic	Objections	Notes	References
	advertising, and sale of Opioids or Opioid Products.	to this Topic to the extent it calls for testimony protected by attorney-client privilege, the work product doctrine, or other similar privileges. The Teva Defendants further object to the extent this Request calls for testimony regarding "communications." The Teva Defendants further object to this Topic to the extent that it requires them to testify regarding "[t]he nature and scope of any meetings, correspondence, communications, documents, contracts or agreements," which is impracticable. The Teva Defendants further object to the term "coordination" as vague and/or ambiguous. The Teva Defendants further object to this Topic to the extent it is duplicative of Topic No. 48. Subject to and without waiver of the foregoing objections, the Teva Defendants will present a witness to testify on this Topic.	• Teva purchases API (Active Pharmaceutical Ingredient) from Mallinckrodt. Based on the Teva Defendants' reasonable investigation to date, there are no opioid co-marketing agreements. **Acquired Actavis Entities (Actavis and Watson) generics** The Acquired Actavis Entities had agreements with some of the entities listed in this Topic, including supply, distribution and licensing agreements. • Purdue: o Actavis and Watson had distribution and supply agreements and settlement and licensing agreements with Purdue. • Jannsen: o No agreements with Jannsen concerning opioids. • Endo: Actavis entered into a settlement and licensing agreement with Endo for generic Opana ER (oxymorphone). • Mallinckrodt: Watson entered into a settlement and licensing agreement with Mallinckrodt for hydromorphone HCI ER. • Industry-wide groups, such as HDA and NACDS, REMS working groups, and United Biosource Agreement to the extent Purdue, Jannsen, Endo, and Mallinckrodt were involved.	
35.	Identification of all databases regarding your Marketing Activities, including but not limited to databases reflecting all Your marketing, promotional, and advertising costs and expenditures, databases reflecting Your return on investment (ROI) of marketing activities, databases containing Your prescriber profiles and practices, and databases reflecting Your analysis of third-party data (including from IQVIA Holdings, Inc.; IMS Health; QuintilesIMS; IQVIA; Pharmaceutical Data Services; Source Healthcare Analytics; NDS Health Information Services; Verispan; Quintiles; SDI Health; ArcLight; Scriptline; Wolters	The Teva Defendants object to Topic No. 35 on the grounds that it is overly broad, unduly burdensome, and not proportional to the needs of the case. The Teva Defendants further object to this Topic to the extent that "analysis of any such data contained in those databases" is overly broad and unduly burdensome. Subject to and without waiver of the foregoing objections, the Teva Defendants will present a witness to testify on this Topic. The Teva	**Teva Branded** **Marketing, Promotional, and Advertising Costs and Expenditures** • Before Cephalon acquisition, Cephalon's marketing, promotional, and advertising costs/expenditures were reflected in SAP database. • From approximately 2003 to present, Teva's marketing, promotional, and advertising costs/ expenditures were reflected in Finance's Oracle database. • Teva began merging Cephalon data into Oracle around April 2012. **Prescriber profiles and practices** • Before Cephalon acquisition, Cephalon's Sales Operations dept. utilized Sales Operations Data Warehouse database to maintain information related to prescriber profiles and practices. • After Cephalon acquisition, Teva utilized similar database called Commercial Data Warehouse to maintain information related to prescriber profiles/practices.	Chris Meyer (Teva) David Myers (Actavis/Teva) Jamie Berlanska (Teva) David Pence (Teva) Sharyn Albrecht (Teva) Sheila Jo Mikhail (Teva) Napoleon Clark (Watson/Actavis/Teva) Suzanne Collier (Teva) Christine Baeder (Teva)

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	Kluwer; and/or PRA Health Science, and all of their predecessor or successor companies, subsidiaries or affiliates.) and Your analysis of any such data contained in those databases.	Defendants also refer Plaintiffs to the Teva Defendants' July 5, 2018 letter.	**Third Party Data** • Before Cephalon acquisition, approximately monthly Cephalon received prescription- and prescriber-related (a/k/a "subnational") data from Wolters Kluwer. o For marketing activities, data was maintained in the Sales Operations Data Warehouse database. o Data used to create prescriber targeting reports which were disseminated to the Sales force for promotional activities. o There were ad-hoc requests by Cephalon for data from IMS/IQVIA during this period. • Before Cephalon acquisition, approximately quarterly Teva received national prescription level (not prescriber) data from IMS/IQVIA. o For marketing activities, data went into databases maintained by Teva's Market Research department. o Market Research used data to create market share reports and designed custom reports in response to requests from colleagues. • Around 2012, after the Cephalon acquisition, Teva began receiving prescriber-related data, along with national level data, from IMS/IQVIA. **Other: Sales and Marketing Promotional and Detailing Materials** • Promotional materials, sales aids, and training materials concerning sales messaging required approval by the Promotion and Disease Review Committee ("PDRC"), which later was known as the Promotion and Advertising Review Committee ("PARC"). • Final versions of materials approved by PDRC/PARC for use by the sales force or dissemination in the field are contained within the following document management systems: VEEVA (2014 – Present), ZINC (2009 – 2013), and scans of hard copies in InfoPath (pre-2009). **Other: Call Notes** • Call notes regarding each promotional detail that sales representatives made for Actiq or Fentora, including the name of the sales representative conducting the detail, the name of the healthcare professional detailed, and the date the detail occurred were maintained in the Sales Operations Data Warehouse (Cephalon) and Commercial Data Warehouse (Teva). **Other: FCRs** • Field Coaching/Contact Reports (FCRs) were observation and evaluation reports completed by sales managers after a ride-along with a sales representative. • From July 2003 through December 2005, Cephalon placed FCRs into the legacy SMART CRM system. • From 2006 to early 2012, Cephalon/Teva placed FCRs into the SMART system. • Prior to July 2006, FCRs were stored locally by sales managers. After around early 2012, Teva had FCRs stored locally by sales managers. **Teva USA generics** • Marketing, promotional, and advertising costs and expenditures	

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			○ From approximately 2003 to the Present, Teva's marketing, promotional, and advertising costs and expenditures were reflected in Finance's Oracle database. • ROI ○ Not prepared for generics. • Prescriber profile and practices ○ Not prepared for generics. • Third Party data ○ IMS ○ Wolters Kluwer ○ First Databank (drug pricing compendia for all pharmaceutical products) ○ Verispan ○ PRA Health Science • Other: sales and marketing materials ○ Teva utilized VEEVA database for generics from February 2015 forward. Prior to that the promotional materials review and submission were handled by the generics team. **<u>Acquired Actavis Entities (Actavis and Watson) generics</u>** • Marketing, promotional, and advertising costs and expenditures ○ SAP (Actavis/Watson) • ROI ○ Not prepared for generics. • Prescriber profiles and practices ○ Actavis and Watson did not maintain prescriber profiles and practices data as it relates to the sales and marketing of their generic opioids. • Third Party Data ○ IMS Data (Actavis and Watson) ○ Wolters Kluwer (Actavis and Watson) ○ Thompson 1 (Watson) ○ IPD Analytics (Watson) ○ ValueCentric (Actavis) • Other: sales and marketing materials ○ Veeva (Actavis)	

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36.	Identify the process and methodology You utilized in analyzing any third-party data from IQVIA Holdings, Inc.; IMS Health; QuintilesIMS; IQVIA; Pharmaceutical Data Services; Source Healthcare Analytics; NDS Health Information Services; Verispan; Quintiles; SDI Health; ArcLight; Scriptline; Wolters Kluwer; and/or PRA Health Science, and all of their predecessor or successor companies, subsidiaries or affiliates, including all the persons who analyzed this data.	The Teva Defendants object to Topic No. 36 on the grounds that it is overly broad, unduly burdensome, and not proportional to the needs of the case. The Teva Defendants further object to this Topic on the grounds that it is overly broad and unduly burdensome because it is not limited to the Teva Defendants and thus seeks information outside of the Teva Defendants' purview. The Teva Defendants further object to this Topic to the extent that it requires them to testify regarding "all the persons who analyzed this data," which is impracticable. Subject to and without waiver of the foregoing objections, the Teva Defendants will present a witness to testify on this Topic. This testimony will encompass the relevant departments; however, it will not include the identification of each and every individual.	**Teva USA** **HCP Targeting** • Before Cephalon acquisition, approximately monthly Cephalon received prescription- and prescriber-related (a/k/a "subnational") data from Wolters Kluwer. o For marketing activities, this data was maintained in the Sales Operations Data Warehouse database. o This data was used to create prescriber targeting reports which were disseminated to the Sales force for promotional activities. o There were ad-hoc requests by Cephalon for data from IMS/IQVIA during this period but it was not regular. • Before Cephalon acquisition, approximately quarterly Teva received national level (i.e., neither prescription- nor prescriber-related) data from IMS/IQVIA. o For marketing activities, this data went into databases maintained by Teva's Market Research department. o Market Research often used this data to create market share reports and designed custom reports in response to requests from colleagues. • Around 2012, after the Cephalon acquisition, Teva began receiving prescription- and prescriber-related data, along with national level data, from IMS/IQVIA. **Marketing Research** • Marketing Research requested, compiled, and analyzed third-party data for sales and marketing purposes, as well as for other information gathering. **Teva USA generics** • **Process and methodology to analyze third-party data:** o Teva Generics uses third party data to analyze market share of their generics products. • Persons who analyzed this data: o Market research group, main individuals include Brandon Boyd and Sharyn Albrecht. **Acquired Actavis Entities (Actavis and Watson) generics** • **Process and methodology for analyzing third party data:** o Analysis limited to understanding each product's market share. o This data may also have been used to understand how a brand product was performing in the market prior to generic launch of product. The Actavis and Watson teams may use this data to forecast models and determine whether market was growing or declining. o Occasionally, this data was used to determine dissemination strategy and to access prescription and prescriber level data. May have used WK or IMS to provide mailing list of doctors. Typically, list gathering and mailings were done through third parties such as PDQ Communications.	Sharyn Albrecht (Teva) TEVA_MDL_A_00552880 (Targeting & "Do Not Detail" Policy in Connection with Promotional Activities) TEVA_MDL_A_00552695 (Targeting Assessment and Call Activity policy) TEVA_MDL_A_00552706 (Targeting Assessment and Call Activity policy)

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			Persons who analyzed this data: **Actavis – pre-2012:** • Product managers, including: o Violet Saakyan o Rachelle Gallant o Jinping McCormick o David Myers **Watson:** • Market research group. Product mangers could request information as needed. **Actavis – post 2012** • From 2012 to 2015, Rich DeVivo pulled all market research data. After Rich left the company, various people received access to the IMS database, primarily Christine Maiolo and Whitney Hedden.	
37.	The process used to determine which medical professionals or offices Your Sales Representatives (including contracted Sales Representatives) would individually contact (in person or otherwise) with respect to Your Opioid Products, including any database or other sources of information You used to direct or suggest medical professionals or offices to contact, directions or guidelines to Sales Representatives concerning which medical professionals or offices to contact, and databases, reports or other information made available to Your sales representatives concerning prescribing histories or propensities of medical professionals.	The Teva Defendants object to Topic No. 37 on the grounds that it is overly broad, unduly burdensome, and not proportional to the needs of the case. The Teva Defendants further object to this Topic on the grounds that it is overly broad and unduly burdensome because it is not limited to the Teva Defendants and thus seeks information outside of the Teva Defendants' purview. The Teva Defendants further object to the term "propensities" as vague and/or ambiguous. Subject to and without waiver of the foregoing objections, the Teva Defendants will present a witness to testify on this Topic.	**Cephalon/Teva USA** Maintained a Targeting Assessment and Call Activity policy. Sales representatives must only promote to HCPs when it is reasonable to believe that his or her practice includes patients that could be treated with Cephalon product for an on-label indication, and that it is likely that he or she would treat the on-label condition. **Teva USA generics / Acquired Actavis Entities (Actavis and Watson) generics** No separate target lists for Teva or the Acquired Actavis Entities specific to generic opioids and did not employ a process to determine which medical professionals or offices its sales representatives would contact re opioid products. At Actavis, generics team did not engage sales representatives in contacting medical professionals or offices other than engaging Kadian sales force to announce availability of oxymorphone and generic Kadian. In these limited instances, Actavis did not have a different process or methodology for contacting doctors other than the doctors already targeted for Kadian.	Chris Meyers (Teva) TEVA_MDL_A_00552695 (Targeting Assessment and Call Activity Policy) TEVA_MDL_A_00271190 (Actiq Risk Management Program) TEVA_MDL_A_00271315 TEVA_MDL_A_00454747 (2000 Actiq Master Plan) TEVA_MDL_A_00454808 (2001 Actiq Marketing Plan) TEVA_MDL_A_00454816 (2002 Actiq Marketing Plan) TEVA_MDL_A_00454872 (2003 Actiq Marketing Plan) TEVA_MDL_A_00454941 (2004 Actiq Marketing Plan) TEVA_MDL_A_00455000 (2005 Actiq Marketing Plan) TEVA_MDL_A_11899067 (Fentora Prescriber Targeting) TEVA_MDL_A_11899070 (Fentora Prescriber Targeting)

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38.	Compensation for members of Your Sales department (including sales representatives, district-level managers, regional level managers, and national-level managers, regardless of title), including any formula or methods used to determine compensation, the extent to which any such compensation was based in whole or in part on levels of sales of one or more Opioid Products, the personnel involved in determining compensation, and the records of the compensation determination process.	The Teva Defendants object to Topic No. 38 on the grounds that it is overly broad, unduly burdensome, and not proportional to the needs of the case. Subject to and without waiver of the foregoing objections, the Teva Defendants will present a witness to testify on this Topic. The Teva Defendants also refer Plaintiffs to the documents that have been and/or will be produced in response to Request for Production No. 27.	See written response to Topic 9. **Teva USA generics** • Generics sales is broken down into two teams, trade sales (wholesalers/pharmacies) and institutional sales (hospitals/clinics). • Compensation for generics sales groups includes two components, overall company performance and individual performance. Compensation for generics sales groups, which included generic opioids, was not product-based or based specifically on the sale of opioids. Personnel involved over the years in determining compensation were: • Chris Doerr (Vice President, Trade Operations & Distribution Strategy 2017-Present) • Daniel Solomon (Vice President, IDNs and Institutional Accounts 2017-2018) • Andy Boyer (President and CEO, Teva North America Generics 2016-2018) • Marc Falkin (Senior Vice President, US Generic Sales 2016-2018) • Brendan O'Grady (President and CEO Teva North America Generics 2015-2016) • Sigurdur Olafsson (President and CEO Global Generics Medicines 2014-2017) • Dan Driscoll (Vice President, Sales and Marketing Institutional 2014-2015) • John Fallon (Vice President, Institutional Markets 2014-2018) • Allan Oberman (President and CEO, Teva Pharmaceuticals 2012-2015) • Bill Marth (President and CEO, 2010-2013) • Bob Cunard (Vice President Sales 2009-2011) • Jonathan Kafer (Vice President Sales & Marketing 2007-2013) • Tim Crew (Senior Vice President, COO, North America Generics 2007-2012) • Dave Rekenthaler (Vice President Sales 2006-2015) • Lead individuals on the trade sales team and institutional sales team worked with President and CEO of Teva Generics to determine compensation. **Acquired Actavis Entities (Actavis and Watson) generics** • Performance reviews for members of the sales team discuss achievements employees throughout the year. • No Actavis or Watson employee compensation policy specific to generic opioids. • Actavis and Watson sales employees did get incentive bonuses – which are tied in minor part on individual performance and majority part on the company's performance. • Compensation for generics sales, which included generic opioids, was not product-based or based specifically on sale of opioids. • Personnel involved in determining compensation were: • Alan Slavsky [Vice President of Sales – Watson] (2000-2012)	Written response to Topic 9 and Incentive Compensation plans cited therein.

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			• Andy Boyer [Senior Vice President of Sales and Marketing – Watson/Actavis] (2007-2016) • Michael Perfetto (Vice President of Sales and Marketing – Actavis] (2003-2013) • *Exception*: Compensation to InVentiv sales force for Kadian to announce availability of oxymorphone: o The InVentiv sales force at Actavis received compensation for informing doctors about the availability of generic oxymorphone in 2011. In the four regions with the top oxymorphone sales, the top five sales representatives within the region received a bonus, in the amounts of $1,250, $850, $700, $600, or $500. The top InVentiv sales representative in the nation received a bonus of $1,500, and the second sales representative in the nation received a bonus of $1,000. The top Regional Business Director in the nation received a bonus of $2,000.	
39.	The process used to distribute Marketing Communications throughout the nation, and specifically in the State of Ohio and the Marketing distributed into Ohio through this process. This topic includes the steps that occur from the time a Marketing plan, program, or campaign is initiated to the step evaluating its effectiveness in the State of Ohio.	The Teva Defendants object to Topic No. 39 on the grounds that it is overly broad, unduly burdensome, and not proportional to the needs of the case. Subject to and without waiver of the foregoing objections, the Teva Defendants will present a witness to testify on this Topic.	**Teva USA** **Brand Plan Development** • Cross-functional and disciplinary teams collaborate and determine brand development. **Review and Approval of Information and Materials Related to Products** • All promotion materials used by sales or shown to the public were subject to review by a committee (PRC/PDRC/PARC). • Many of the Company's promotional materials were sent to the Food and Drug Administration's Division of Drug Marketing, Adverting and Communications (DDMAC) for review and approval prior to distribution. **Training on Proper Promotional Messaging** • All field sales representatives were required to demonstrate their knowledge of the Company's products, policies and procedures, and healthcare requirements prior to assuming ANY customer contact. **Message Recall Studies for Marketing and Compliance** • Message recall studies were conducted for marketing and compliance reasons. • The Company was required by the OIG to identify potential off-label promotional messages delivered by its sales representatives. To carry out this obligation, message recall studies were conducted. • The Company's Market Research department also routinely conducted studies with third-parties to evaluate messaging effectiveness. **Teva USA generics** • No process specifically used to distribute Marketing Communications in the state of Ohio. Marketing materials distributed nationally may be distributed in Ohio through this process.	

No.	Topic	Objections	Notes	References
			○ **Step 1:** Evaluation of market from sales perspective prior to applying for and receiving approval of a generic ANDA. ○ **Step 2:** Marketing communications team would develop marketing materials prior to approval of ANDA so they can launch materials on same day as approval. ○ **Step 3:** This ad would be submitted to the Promotional Review and Approval Committee for review and approval. ▪ Prior to 2013, there was an abbreviated PRC approval process for the format of the standard marketing "blasts" relating to generic products. The PRC committee approves the basic format of the materials, but the specific and final marketing materials are not subsequently submitted for approval. ▪ In the summer of 2013, process renamed PARC and changed such that all materials subject to same review and approval. ○ **Step 4:** Once approved, Teva may use these materials to send to their customers and display on their website. Rarely, if ever, did Teva target a therapeutic area or physician publication for their generics. If they ran an advertisement, it would be to a pharmacy publication. They would have communications that went to trade customers, such as wholesaler and chain drug stores to announce availability of product and provide necessary information for ordering, such as NDC number. They might also display such material at trade shows such as NACDS. ○ No analysis to "evaluate the effectiveness" of its marketing materials. Teva may, as it does with any other products, evaluate market share for a particular product. **Acquired Actavis Entities (Actavis and Watson) generics** • No process specifically used to distribute Marketing Communications in the state of Ohio. Marketing materials distributed nationally may be distributed in Ohio through this process. • No promotion for generic products. Marketing communications were limited to announcements of availability that noted the type of drug, dosage and identical prescriber information and warnings as brand. ○ **Step 1:** Marketing team may evaluate IMS/WK data to see how branded product is performing in the market prior to getting approval of its generic ANDA. ○ **Step 2:** Once generic ANDA approved, marketing team may develop an availability announcement either on its own or by engaging a third party, such as Catalyst. ○ **Step 3:** Ad would be submitted to the Promotional Review Committee for review and approval. ○ **Step 4:** Once approved, Actavis may send materials to their customers, place in a pain-related journal or magazine, or display on their website. Actavis may also engage a third party, such as PDQ Communications, to send marketing material through mailers and email blasts to customers and others, including pharmacies and	

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			prescribers. Actavis would typically work with a third-party vendor to determine the type of communication it wished to send and the desired audience. Sometimes, Actavis would provide PDQ with a list of prescribers, which they would have received from IMS. • There was no analysis to "evaluate the effectiveness" of the marketing materials. Actavis would evaluate the market share they were getting for the product.	
40.	The process for determining the accuracy, completeness, and legality of any sales, marketing, promotional, or educational information You made available to medical professional, patients, or the public concerning any one or more Opioid products in any format, including printed materials, videos, websites, and in-person messaging or "detailing" by sales representatives.	The Teva Defendants object to Topic No. 40 on the grounds that it is overly broad, unduly burdensome, and not proportional to the needs of the case. The Teva Defendants further object to the extent it calls for testimony protected by attorney-client privilege, the work product doctrine, or other related privileges. Subject to and without waiver of the foregoing objections, the Teva Defendants will present a witness to testify on this Topic.	**Cephalon/Teva USA** o All promotional materials reviewed by Product & Disease Review Committee (PDRC). Name later changed to the Promotion and Advertising Review Process (PARC). Composed of a member from the marketing team, legal, regulatory and medical affairs. o Washington Legal Funds (WLF) (peer-reviewed reprints and reference textbooks) disseminated by sales force prior to mid-2008. Beginning in mid-2007, Cephalon only permitted reprints to be provided in response to an unsolicited question. • Medical Affairs group responsible for developing and approving Standard Response Letters ("SRLs"). SRLs reviewed for accuracy by Medical Information Manager, Medical Information Director and Medical Director, as appropriate. • Medical Information Request Forms ("MIRFs") • **Teva USA generics** o Teva USA uses same PARC process as branded side. Until 2013, there was an abbreviated PARC approval process for the format of the standard marketing "blasts" relating to generics. The PARC committee approves the basic format of the materials, but the final marketing materials are not submitted for approval. • **Acquired Actavis Entities (Actavis and Watson) generics** o Acquired Actavis Entities had promotional review committees that evolved over time to review all materials prepared for generic opioids. Committees consisted of representatives from medical, regulatory, legal and compliance. Marketing and sales made presentations to the committee that the committee would then review and approve.	TEVA_MLD_A_0552513 (Cephalon Policy) TEVA_MDL_A_00553140 (Teva Policy) TEVA_MDL_A_0552171 (SRL Policy). Acquired_Actavis_01389540 – Acquired_Actavis_01389544 – SOP RA-003 Review and Approval of Drug Advertising for All ANDA Prescription Drug Products – Actavis – July 25, 2007 Allergan_MDL_00626198 – Allergan_MDL_00626203 – SOP RA-003 Review and Approval of Drug Advertising For Prescription Drugs—Actavis—2011
41.	The identity of any and all information (including scientific data) supporting any statements You made to the FDA, medical professionals, patients, or the public concerning any of the following with respect to any Opioid Product (including Opioids as a class): • Addictiveness • Propensity for abuse • Efficacy • Safety for use longer than [90] days • Comparisons to non-Opioid analgesics	The Teva Defendants object to Topic No. 41 on the grounds that it is overly broad, unduly burdensome, and not proportional to the needs of the case. The Teva Defendants further object to this Topic to the extent that it requires them to testify regarding "[t]he identity of any and all information," which is impracticable.	Teva Entities – See Appendix 6, 7, 8 **Acquired Actavis Entities (Actavis and Watson) generics** • Acquired Actavis Entities did not make statements to the FDA on generic opioids other than filing their ANDAs and reporting adverse events. • ANDAs were limited to bioequivalence studies to ensure generic was the same as brand. • Any advertisements/communications related only to the availability of those medications as well as their equivalence to the branded versions.	See Appendix 6, 7, 8 Actiq Label Sarita Thapar (Actavis) Terri Nataline (Actavis)

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	• Standards of care • Screening of patients • Monitoring of patients	Subject to and without waiver of the foregoing objections, the Teva Defendants will present a witness to testify on this Topic.		
43.	Marketing or educational messages that You distributed or caused to be distributed in Ohio, including those distributed into Cuyahoga and Summit Counties and the Cities of Cleveland and Akron, regarding Your Opioid Products and the dates of distribution of those messages, including whether the following messages or similar messages were contained in marketing or educational materials or sales detailing in the State of Ohio: (a) The risk of addiction from chronic opioid therapy is low; (b) To the extent there is a risk of addiction, it can be easily identified and managed; (c) Signs of addictive behavior are "pseudoaddiction," requiring more opioids; (d) Opioid withdrawal can be avoided by tapering; (e) Opioid doses can be increased without limit or greater risks; (f) Long-term opioid use improves functioning; (g) Alternative forms of pain relief pose greater risks than opioids; (h) New formulations of certain opioids successfully deter abuse.	The Teva Defendants object to Topic No. 43 on the grounds that it is overly broad, unduly burdensome, and not proportional to the needs of the case. Subject to and without waiver of the foregoing objections, the Teva Defendants will present a witness to testify on this Topic. The Teva Defendants also refer Plaintiffs to the documents that have been and/or will be produced in response to Request for Production No. 19.	Teva and Acquired Actavis Entities neither logged nor tracked the geographic dissemination of sales and promotional materials by sales representatives. To the extent these statements have been made, they were reviewed and approved by our medical affairs and medical information teams and would be consistent with the label and/or peer-reviewed literature.	
44.	To the extent not encompassed within the other topics, Your marketing, promotion, sales, distribution, diversion and suspicious order monitoring, compliance, pharmacovigilance Concerning your generic Opioid Products.	The Teva Defendants object to Topic No. 44 on the grounds that it is overly broad, unduly burdensome, and not proportional to the needs of the case. The Teva Defendants further object to this Topic to the extent it is a "catch-all" topic, which is not appropriately tailored.	**Teva USA generics**: • Distribution/diversion/SOM: Diversion and suspicious order monitoring were treated the same for branded and generic products. • Compliance: All employees must adhere to company's compliance policies and procedures. • Pharmacovigilance: Since 2008, branded and generic (both historic Actavis and historic Teva) opioids are treated the same by pharmacovigilance. Before 2008, two teams handled reporting for pharmacovigilance: Innovative Team (dealt with the branded opioids) and Generics Team. Despite the existence of two teams, the processes, policies, and databases were the same.	

No.	Topic	Objections	Notes	References
		Subject to and without waiver of the foregoing objections, the Teva Defendants will present a witness to testify on this Topic.	**Acquired Actavis Entities (Actavis and Watson) generics:** • Distribution/diversion/SOM: Diversion and suspicious order monitoring were treated the same for branded and generic products. • Compliance: All employees must adhere to company's compliance policies and procedures. • Pharmacovigilance: adverse event reporting for generics similar to branded products. Actavis handled all generic adverse event reporting in house, except for Fentanyl, which was handled by third party Prosar.	
47.	Identify the process and methodology You utilized in analyzing any and all financial and accounting information you maintain in the ordinary course of Your business regarding Your marketing, promotional and advertising expenditures, and the process and methodology you utilized in analyzing any and all financial and accounting regarding the effectiveness of Your marketing, promotion and advertising expenditures.	The Teva Defendants object to Topic No. 47 on the grounds that it is overly broad, unduly burdensome, and not proportional to the needs of the case. The Teva Defendants further object to this Topic to the extent that it requires them to testify regarding "any and all financial and accounting information," which is impracticable. Subject to and without waiver of the foregoing objections, the Teva Defendants will present a witness to testify on this Topic.	**Teva branded opioids** Marketing analysis usually driven by Market Research, which the Company supported by providing data to vendors. **Teva USA and Acquired Actavis Entities (Actavis and Watson) generics** No analysis of marketing and advertising expenditures or the effectiveness of those activities.	Suzanne Collier (Teva) Michael Perfetto (Actavis) Jinping McCormick (Actavis) Napoleon Clark (Watson/Actavis)
48.	The nature and scope of any meetings, correspondence, communications, documents, contracts or agreements, between You and Purdue, Janssen, Endo, Mallinckrodt, concerning the manufacture, development, formulation, marketing, advertising, and sale of Opioids or Opioid Products.	The Teva Defendants object to Topic No. 48 on the grounds that it is overly broad, unduly burdensome, and not proportional to the needs of the case. The Teva Defendants further object to the extent it calls for testimony protected by attorney-client privilege, the work product doctrine, or other related privileges. The Teva Defendants further object to this Topic to the extent it calls for testimony regarding "communications." The Teva Defendants further object to this Topic to the extent that it requires them to testify regarding "[t]he nature and scope of any meetings,	See Topic 34.	

No.	Topic	Objections	Notes	References
		correspondence, communications, documents, contracts or agreements," which is impracticable. The Teva Defendants further object to the term "coordination" as vague and/or ambiguous. The Teva Defendants further object to this Topic to the extent it is duplicative of Topic No. 34. Subject to and without waiver of the foregoing objections, the Teva Defendants will present a witness to testify on this Topic.		
49.	The nature and scope of any meetings, correspondence, communications, documents, ~~contracts or agreements~~, between You and Purdue, Endo, Mallinckrodt, Actavis, McKesson, Cardinal, and AmerisourceBergen (together with You, the "RICO Supply Chain Defendants") concerning diversion of Opioids or Opioid Products, including: (a) The duties to maintain effective controls against diversion of Opioids or Opioid Products, design and operate a system to identify and report suspicious orders of Opioids or Opioid Products to the local Field Division Office of the DEA, and to perform due diligence and/or halt suspicious orders of Opioids or Opioid Products; (b) Orders of unusual size, deviating substantially from a normal pattern, and orders of unusual frequency, including any discussion or investigation by You or any RICO Supply Chain Defendant, or any state or federal governmental agency, of any prescriber, pill mill, facility, hospital or medical officer for improper prescribing practices, suspicious orders, or diversion;	The Teva Defendants object to Topic No. 49 on the grounds that it is overly broad, unduly burdensome, and not proportional to the needs of the case. The Teva Defendants further object to this Topic to the extent this Topic is compound and contains improper subparts. The Teva Defendants further object to this Topic to the extent that it requires them to testify regarding "[t]he nature and scope of any meetings, correspondence, communications, documents, contracts or agreements," which is impracticable. Subject to and without waiver of the foregoing objections, the Teva Defendants will present a witness to testify on this Topic.	**Cephalon/Teva** **DEA Compliance and Suspicious Order Monitoring - Processes** • Request information from new and existing customers to understand business operations, SOM programs, customer base, and purchase forecasts. • Request order-related information from customers whose orders pend in the system. • Provide information to suppliers and request information from customers about forecasts, which are used to apply for new and amended quota applications and such correspondence may be attached to applications as good-faith estimate letters. • Participate in industry groups with other manufacturers and distributors, and DEA administrators to better understand DEA regulations and industry practices regarding DEA compliance, suspicious order monitoring, and diversion trends. • Communicate with customers re: chargebacks. • DEA registrants must comply with DEA regulations, including quota applications, and vault security. **Actavis Entities Acquisition** • Teva and Actavis discussed aspects of DEA compliance policies and procedures during on-boarding. **Acquired Actavis Entities (Actavis and Watson) generics** Subparts (a) and (d): Actavis worked to minimize risk of diversion of controlled substances through its participation in Industry Working Groups and meeting with distributors on SOM program and enhancements.	

No.	Topic	Objections	Notes	References
	(c) Quotas governing the manufacturer, production, distribution, or sale of Opioids or Opioids Products set by the DEA, including but not limited to Aggregate Production Quotas, Individual Manufacturing Quotas, and Procurement Quotas; and any applications for the same or requests to modify the same; (d) The "Know Your Customer" due diligence requirements, including due diligence performed regarding new customer orders or applications; and ongoing due diligence performed regarding existing customers; (e) Any letters, advice, presentations, conferences, or guidance provided by the DEA or any representative or agent thereof, regarding the duty of registrants under the CSA to prevent diversion, to identify and report suspicious orders, and to perform due diligence and/or halt orders identified as suspicious, including the duty to "Know Your Customer;" (f) Chargebacks, rebates, or other reimbursement programs between you and any Distributor Defendant named in the Complaint concerning the exchange of transaction information or "chargeback data" from any Distributor Defendant, as well as rebate or discount programs given in exchange for increases in the volume of Opioid or Opioid Products sold by that entity; (g) Any vault security program whereby You agreed to or did provide the necessary vault security for a Distributor Defendant; (h) Advocacy or legal support for any Defendant, including but not limited to amicus curiae briefs, or other legal documents prepared by You in support of any Defendant; and		Subpart (b): Actavis sent letters to its customers to inform them of their suspicious order monitoring and that they must order within their allotted amount. Actavis made presentations to its customers on their suspicious order monitoring process. Subpart (f): Acquired Actavis Entities and any party that enters into a rebate, chargeback or reimbursement program with them are required to comply with applicable federal, state, and local laws and regulations, including, but not limited to those laws, requirements, and regulations governing the manufacture, purchase, handling, sale, marketing and distribution of all products.	

No.	Topic	Objections	Notes	References
	(i) Public statements or testimony provided by You or any Defendant to Congress concerning the manufacture, development, formulation, marketing, advertising, sale, distribution, diversion or suspicious orders of Opioids or Opioid Products.			