THE STATE OF NEW HAMPSHIRE
OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION AND ANTITRUST BUREAU

MERRIMACK, SS.

SUBPOENA

To: Purdue Pharma L.P.
Philip C. Strassburger, General Counsel
Purdue Pharma LP
One Stamford Forum
201 Tresser Boulevard
Stamford, CT 06901

By authority of the State of New Hampshire, pursuant to the New Hampshire Consumer Protection Act, RSA 358-A:8, you are required, on **September 15, 2015,** to produce for examination by the Attorney General the following information and documentary material because the Attorney General has reason to believe that you have engaged in or have information about unfair trade practices and methods of competition.

DEFINITIONS

1. "Any" shall be construed to mean "any and all."

2. "Chronic" means ninety (90) or more days, when referring to length of time a patient has suffered from pain or the time period for prescribed Opioid usage.

3. "CME" means continuing medical education as defined by the Accreditation Council for Continuing Medical Education or any state medical society.

4. "Communications" and "communicated" shall mean and refer to any exchange of information by any means of transmissions, sending or receipt of information of any kind by or through any means including, but not limited to, verbal expression, gesture,

writings, documents, language (machine, foreign, or otherwise) of any kind, computer electronics, email, SMS, MMS or other "text" messages, messages on "social networking" sites (including but not limited to, Facebook, Google+, MySpace and Twitter), shared applications from cell phones, "smartphones," netbooks and laptops, sound, radio, or video signals, telecommunication, telephone, teletype, facsimile, telegram, microfilm or by any other means. "Communications" also shall include, without limitation, all originals and copies of inquiries, discussions, conversations, correspondence, negotiations, agreements, understandings, meetings, notices, requests, responses, demands, complaints, press, publicity or trade releases and the like that are provided by you or to you by others.

5. "Concerning" means directly or indirectly mentioning or describing, relating to, referring to, regarding, evidencing, setting forth, identifying, memorializing, created in connection with or as a result of, commenting on, embodying, evaluating, analyzing, tracking, reflecting or constituting, in whole or in part, a stated subject matter.

6. "Document" or "Documentary material" shall include the original or copy of any book, record, report, memorandum, paper, communication, tabulation, map, chart, photograph, mechanical transcription, or other tangible document or recording, in any form or medium whatsoever, including records recorded on computer hard disk drives, tape drives, compact discs, or floppy disks of any size or format.

7. "Employee" includes, but is not limited to, all current or former salaried employees, hourly employees, independent contractors, and individuals performing work as temporary employees.

8. "Identify" means:

(a) With respect to a natural person, the complete name, any stage name or alias, social security number, date of birth, telephone number, occupation, and street and mailing address for both home and business at the time in question and at the time of answering the interrogatories (if different);

(b) With respect to a document, its identification number, its title, its date, its location, its signatory, its description (e.g., memorandum, letter, contract, form), and the number of pages; and

(c) With respect to a non-natural person, its name, business address, legal address, state(s) of incorporation, registered or unregistered tradename(s), name(s) under which it does business, tax identification number, and the identity of its agent(s) for the service of process.

9. "Including" is used merely to emphasize that a request for certain types of documents or information should not be construed as limiting the request in any way.

10. "Key Opinion Leaders" means prescribers or other medical professionals who are involved in Scientific Research and Advocacy concerning Opioids, or any individual whom You have identified as such.

11. "Marketing" and "Marketing Activities" mean efforts to promote the use of Opioids generally or Your Opioids specifically for the treatment of Chronic, non-cancer pain, and includes branded advertising, detailing by sales representatives, the use of unbranded and sponsored publications, and CME.

12. "Opioids" means opioid analgesics that are used to treat Chronic, non-cancer pain, and applies regardless of indications or limitations for use on the drugs' label.

13. "Person" means any natural person or such person's legal representative; any partnership, domestic or foreign corporation, or limited liability company; any company, trust, business entity, or association; and any agent, employee, salesman, partner, officer,

director, member, stockholder, associate, or trustee.

14. "Prescribers" means doctors, dentists, physicians assistants, nurse practitioners, therapists, hospitals, clinics, pharmacists and other medical personnel who write prescriptions or have the authority to direct or advise others to write prescriptions.

15. "Plans" means Documents or Communications, including presentations, correspondence, or other memoranda setting forth thoughts, strategies, or theories to promote Your Opioids or Opioids generally for the treatment of Chronic, non-cancer pain. "Plans" means materials created by Your as well as any third parties with whom You have contracted or communicated, and all drafts thereof.

16. "Scientific research" includes studies, investigations, trials, articles, comparisons, case histories, reviews, reports, or analyses that are conducted by doctors, researchers, or other investigators.

17. "You" and "your" mean person(s) or business entity(s) to whom this Investigative Subpoena is directed as reflected on the first page. With respect to corporations or other business entities, these terms also shall be deemed to include all owners, officers, agents and employees thereof, and any predecessor, successor, parent, subsidiary, division, d/b/a and affiliated companies or other entities.

18. Use of the present tense shall be construed to include the past tense and vice versa, to make the request inclusive rather than exclusive.

SCOPE

Except where otherwise indicated, this subpoena covers the period from January 1, 2006 up to and including the date that it is served on you.

INSTRUCTIONS

1. When providing your responses, please indicate the Request to which each document or answer responds in the meta data field, RequestNo. If You believe that You already have produced documents responsive to any of the Requests below, then please specify (by bates-number) which documents are responsive to which specific Request.

2. Documents shall be produced in accordance with and as they are kept in the usual course of business.

3. For each document that you produce, produce the current version together with all earlier editions, versions or predecessor documents during the relevant time period, even though the title of earlier documents may differ from current versions.

4. Requested format for documents produced electronically in response to this Request:

   (a) Any documents produced in response to this Request should be provided as a Group 4 compression single-page "TIFF" image that reflects how the source document would have appeared if printed out to a printer attached to a computer viewing the file. Extracted text will be included in the manner provided herein. To the extent that extracted text does not exist, these images will be processed through Optical Character Recognition ("OCR") so that they are fully searchable. Extracted text and OCR should be provided in separate document level text files. "Load files" shall be produced to accompany the images and shall facilitate the use of the litigation support database systems to review the produced images.

   (b) Document Unitization. Each page of a document shall be electronically converted into an image as described above. If a document is more than one page, the unitization of the document and any attachments and/or affixed notes shall be maintained as it existed in the original when creating the image file and appropriately designated in the load files. The corresponding parent/attachment

relationships, to the extent possible, shall be provided in the load files furnished with each production.

(c) Bates Numbering. Each page of a produced document shall have a legible, unique page identifier ("Bates Number") electronically branded onto the image at a location that does not obliterate, conceal, or interfere with any information from the source document. In order to ensure that the Bates Numbers do not obscure portions of the documents, the images may be proportionally reduced to create a larger margin in which the Bates Number may be branded. There shall be no other legend or stamp placed on the document image, except those sections of a document that are redacted to eliminate material protected from disclosure by the attorney-client or work product privileges shall have the legend "REDACTED" placed in the location where the redaction(s) occurred or shall otherwise note the location and/or location of the information for which such protections are claimed.

(d) File Naming Conventions. Each document image file shall be named with the unique Bates Number of the page of the document in the case of single-page TIFFs, followed by the extension "TIF". Each document shall be named with a unique document identifier. Attachments shall have their own unique document identifiers.

(e) Production Media. The documents should be produced on CD-ROM, DVD, or external hard drive (with standard Windows PC compatible interface), (the "Production Media"). Each piece of Production Media shall identify a production number corresponding to the production "wave" the documents on the Production Media are associated with (e.g., "V001", "V002"), as well as the volume of the material in that production wave (e.g., "-001", "-002"). For example, if the first production wave comprises document images on three hard drives, the Respondent shall label each hard drive in the following manner: "V001-001", "V001-002", "V001-003". Additional information that shall be identified on the physical Production Media shall include: (1) text referencing that it was produced in [Case Docket No.], (2) the producing party's name, (3) the production date, and (4) the Bates Number range of the materials contained on the Production Media.

(f) Objective Coding/Extracted Meta Data. Respondent shall produce with each production of documents with extracted metadata for each document (the "Objective Coding") included in the load file. The data file shall include the fields and type of content set forth in the **SPECIAL INSTRUCTIONS FOR ELECTRONICALLY STORED MATERIAL** section. Objective Coding shall be labeled and produced on Production Media in accordance with the provisions set forth above.

(g) Native format for Excel and databases. To the extent that such documents exist in Excel or another spreadsheet program, produce the document in its native format. To the extent that the document format constitutes a database created or maintained in Access or another software program, produce the document in its

native format. If the database is based upon proprietary software, produce whatever keys and instructions are necessary to review it.

5. Requested format for hard copies of documents produced in response to this Request:

(a) create electronic copies of the documents and produce them in accordance with the procedures described in section ____ herein, provided that you retain the originals from which the electronic copies were made until the final disposition of the matter;

(b) include a loadfile with corresponding information, including the following data fields: BegDoc, EndDoc, Custodian, DocTitle, Filename, Request No.;

(c) the Custodian field in the loadfile should contain the name of the custodian or location from which the hard copy document was taken;

(d) the RequestNo. field should contain the number of the Requests to which the document is responsive.

6. This Request requires you to produce all described documents in your possession, custody or control without regard to the person or persons by whom or for whom the documents were prepared (e.g., your employees, distributors or dealers, competitors or others).

7. If any responsive document was, but no longer is, in your possession, custody or control, produce a description of each such document. The description shall include the following:

(a) the name of each author, sender, creator, and initiator of such document;

(b) the name of each recipient, addressee, or party for whom such document was intended;

(c) the date the document was created;

(d) the date(s) the document was in use;

(e) the title of the document

(f) a detailed description of the content of the document;

(g) the reason it is no longer in your possession, custody or control; and

(h) the document's present whereabouts and custodian thereof.

8. In the event a document that is responsive to these Requests is not in your possession but you have a right to obtain the document or a copy of the document from a third party, you must obtain it (or a copy) and produce it in response to these Requests.

9. If the document is no longer in existence, in addition to providing the information indicated above, state on whose instructions the document was destroyed or otherwise disposed of, and the date and manner of the disposal.

10. If you assert a privilege in responding to this Subpoena, state the type of privilege asserted and the basis for its assertion. In addition, identify the Communication or Document with respect to which the privilege is asserted. For any document to which a privilege is asserted, state:

(a) The type of document (e.g., letter, memorandum, contract, etc.), the date of the document, and the subject matter of the same;

(b) The name, address, and position of the author of the document and of any person who assisted in its preparation;

(c) The name, address, and position of each addressee or recipient of the document or any copies of it;

(d) The present location of the document and the identity of the person having custody of it.

11. Produce documents in the order in which you maintained them in your files, in copies of their original file folders, labeled with the folder's original file labels. Do not mask any portion of any document; produce the entire document. Produce all attachments to responsive documents attached to the responsive documents. Provide a key to all abbreviations used in documents and attach the key to the appropriate documents.

12. If you obtain information or documents responsive to any Request after you have submitted your written Responses or production, you have an affirmative duty to supplement your Responses and/or production with any new and or different information and/or documents that become available to you.

SPECIAL INSTRUCTIONS FOR ELECTRONICALLY STORED MATERIAL

Electronically stored information should be produced in accordance with the following instructions:

1. Single page TIFFs at a 300 DPI resolution which are named for the Bates Number of the page. There should NOT be more than 1000 images per folder.

2. Document level text files containing OCR or extracted text named with the Bates Number of the first page of the document.

3. Data load file containing all of the metadata fields (both system and application – see list below) from the original Native documents with extension .dat for Concordance.

4. The Concordance .dat file of extracted metadata should be delimited with the Concordance default characters – ASCII 020 for the comma character and ASCII 254 for the quote character. The use of commas and quotes as delimiters is not acceptable.

5. The database field name should be included in the first line of the metadata file listed in the order they appear in the file.

6. An image load file for Concordance – such as .opt.

7. For electronic documents created in Excel (spreadsheets) or Access (databases), provide

those documents in **Native** format.

8. For all documents produced, provide the following:

REQUIRED METADATA FIELDS

BEGDOC	ENDDOC
BEGATTACH	ENDATTACH
ATTCOUNT	ATTACH
CUSTODIAN	AUTHOR
FROM	TO
CC	BCC
FILESIZE	PGCOUNT
DATERECD	TIMERECD
DATESENT	TIMESENT
CRTDATE	CRTTIME
LASTMODDATE	LASTMODTIME
LASTACCDATE	LASTACCTIME
TITLE	SUBJECT
EMAILSUBJECT	FILENAME
FILEEXT	MD5HASH
ORGANIZATION	FULLPATH
RECORD_TYPE	VERSION
VOLUME	COMMENT
PRINTEDDATE	ENTRYID
ATTLST	ITEMTYPE
PSTINSIDEPATH	ITEMCREATIONTIME
REQATTANDEES	REMINDERTIME

REPLYTIME	APPOINTMENTSTARTDATE
APPOINTMENTDURATIONTIME	APPOINTMENTCONTACT
CATEGORY	KEYWORDS
MANAGER	LASTAUTHOR
ENCRYPTED	FAMILYDATE
NATIVELINK	TEXTPATH
REQUESTNO	

SPECIAL INSTRUCTIONS FOR PROPRIETARY DATABASES

Documents stored in proprietary databases should be produced in such a way that the data, information, and functionality of the original database(s) is not lost.

SUBJECTS OF INQUIRY

1. All Organizational Charts from 2005-present for the following business units: (a) sales and marketing; (b) medical affairs; (c) scientific affairs; (d) grant making; (e) governmental affairs or public policy; (f) compliance.

2. All Marketing Plans concerning Your Opioids, including but not limited to presentations given by or to brand or Marketing teams; minutes of meetings; and Documents concerning competitive market share, brand, and "SWOT" analysis, positioning statements, and studies of the size, scope or nature, of the pain market, publication plans, launch plans, and growth plans or projections covering New Hampshire, its region, and nationally. Include specifically Marketing Plans concerning (a) elderly patients or for arthritis or other conditions or illnesses that largely affect elderly patients; or (b) veterans or service members or for conditions or illnesses that largely affect veterans or service

members.

3. All Marketing plans, studies, or analyses for the launch of Your Opioids, and all communications regarding these plans, studies, or analyses. For this request, provide Documents from the period beginning January 1, 1995 for OxyContin. This request includes, but is not limited to, communications with or about Prescribers concerning (a) Prescribers' prior or potential prescription of opioids for pain relief; (b) perceptions about prescribing morphine-based drugs; (c) Prescribers' perceptions about the differences between oxycodone an morphine-based medicines; (d) studies and Scientific Research concerning OxyContin's potential appropriate uses and doses; (e) studies and Scientific Research concerning OxyContin's abuse potential and the ability to recover or extract oxycodone from an OxyContin tablet; and (f) studies and Scientific Research concerning OxyContin's addiction potential, physical dependence potential, or likelihood to precipitate withdrawal.

4. Budgets and reports reflecting planned and actual spending (including by type of spending) for Marketing Your Opioids, including for sales representatives, meetings, grants or contributions, publications, copayment cards, and other strategies covering New Hampshire, its region, and nationally.

5. Reviews, projections, and reports of prescribing, sales, and revenues for Your Opioids (a) including prescribing, sales, and revenues by specialty and indication; (b) for New Hampshire (including individual New Hampshire Prescribers), its region, and nationally, including reports You created, reviewed, or received from outside vendors or sources. For this Request, provide Documents from the period beginning January 1, 1995. Include

in Your response, all "weekly prescriber," "early view, plan track," "core coverage," "zip," "core effectiveness, and "snapshot reports."

6. All Documents concerning patient or Prescriber perceptions of Opioids, including surveys, reports, and analyses of take-aways from Your Marketing Activities.

7. Minutes of advisory board meetings regarding the Opioids or their use for chronic pain and/or the addiction, abuse, misuse, or diversion of Opioids. Provide copies of all materials provided to advisory board members regarding Opioids or Chronic pain.

8. All marketing and promotional materials for Your Opioids, including but not limited to advertising, marketing, market research, training, trade show, and sales and promotional media, visual aids, videos, website content (including all changes thereto), and any other materials provided or available to sales representatives, Prescribers, or patients in New Hampshire. Include in Your response to this Request, , at least one of every item distributed to prescribers in New Hampshire by You, and all Documents concerning the review or approval of any materials You distributed or made available in New Hampshire, including through sales representatives, websites, or other programs.

9. Provide a listing of all third parties, including but not limited Marketing, public relations, crisis management, or consulting firms, retained to assist in the launch, Marketing, or promotion of Opioids; all Statements of Work or agreements with those firms; and all Documents reflecting work product You received from them. For Your response to this request, include Documents from the period beginning January 1, 1995.

10. All reports, spreadsheets, databases or other lists reflecting the prescribing histories of

New Hampshire Prescribers, their attendance at CMEs, speakers bureau, or other promotional events such as dinners (inside or outside of New Hampshire), Your targets for Marketing efforts. Include in Your response to this Request, all reports listing scores or rankings for any Prescriber and the method for calculating such scores or rankings.

11. All records and recordings of or reflecting Communications between Your employees and New Hampshire Prescribers or other health professionals (including to Prescribers or other health care professionals generally), including e-mails and other correspondence, memoranda, spreadsheets, databases, recordings, scripts, talking points, FAQs, call notes, and any other reports relating to those visits. To the extent not already produced, provide copies of all materials provided or made available to New Hampshire Prescribers, including presentations or other materials given at any CMEs or programs they attended.

12. Documents sufficient to identify Purdue employees who "made, or told other employees to make certain statements about OxyContin to some (not all) healthcare professionals that were inconsistent with the prescribing information for OxyContin," including the names of such employees; their titles, roles, and responsibilities; and any employees or Prescribers in New Hampshire who received such messages.

13. For Your Sales Representatives whose territory include or included New Hampshire., provide the following:

    (a) Information sufficient to identify each of your sales representatives, including last known contact information and dates of employment;

    (b) Quarterly and yearly sales volume by representative and territory;

(c) Annual compensation (including any incentive compensation), personnel files, disciplinary actions, and performance reviews for all of your Opioid sales representatives in New Hampshire;

(d) Documents concerning the orientation, training or direction of your Opioid or sales representatives whose territory includes or included New Hampshire, including training manuals, videos, workbooks, talking points, FAQs, sales plans and strategies, general voice mails, and scripts;

(e) Documents concerning district or regional meetings, plan of action meetings, or other gatherings of sales representatives, including but not limited to agendas, presentations, handouts, audio or video recordings, and other messages conveyed to sales representatives.

14. All Documents reflecting Marketing of Your Opioids to any group purchasing organizations, pharmaceutical benefits managers, or third party payors; or to any drug compendia or information aggregator that covered or provided opioids to New Hampshire patients or Prescribers, including, all Communications between you and insurers, formulary committees, or other public or private health care payors regarding the safety, efficacy, risks, benefits, side-effects, or addictiveness of Opioids.

15. All Documents concerning all persons You have identified as potential or actual "Key Opinion Leaders," consultants, members of advisory boards, speakers bureaus, or other Marketing programs regarding Opioids, the financial or in-kind compensation paid to them (including participation or consulting agreements), the identification, selection, approval, or role of such persons or programs, and their statements or activities regarding Opioids or chronic pain. Also include in your response to this Request:

(a) Documents to identify all Prescribers who have been removed from Your speakers bureau programs and the reasons for their removal;

(b) Documents to identify all New Hampshire Prescribers who have or are participating or have acted as consultants, advisory board members, Key Opinion Leaders, or members of a speakers bureau regarding Opioids. In your response, include the full name of the prescriber, last known contact information, the time

period of participation, and all information provided to, used by, or received from New Hampshire Prescribers who participated in the Bureau. For presenters, include all vetting or approval forms; speaker agreements or contracts; Documents or Communications concerning or reflecting their training or presentations.

16. Copies of all CME programs, articles, Prescriber and patient education materials, or any other branded or unbranded publication concerning Opioids distributed or made available to New Hampshire prescribers, or for programs held in New Hampshire, that you have sponsored, funded, or assisted in the creation or dissemination thereof.

17. All Chronic pain- or Opioid-related CME, grant, or sponsorship applications (whether for educational, advocacy, or unbranded promotional activities) that you have received and all Communications with or about any entity submitting or receiving Opioid-related grant or sponsorship applications concerning the subject of the application or the work product or the entity's role in Your Marketing strategies.

18. Documents sufficient to identify the total number and revenue from Opioid prescriptions that you sold, nationally and in New Hampshire, by year and by opioid; and Documents sufficient to identify the market share of Your Opioids and competitors' Opioids. In this response, provide information concerning dosage and quantity dispensed.

19. All public statements that you have issued and all Communications between you and the media regarding the safety, efficacy, or addictiveness of Opioids for Chronic, non-cancer pain.; and all public statements (including media statements, press releases, television statements, or other public relations initiatives) and regarding reports of abuse, misuse, addiction, or diversion of Opioids in New Hampshire or the United States.

20. All Communications with government entities in New Hampshire (include state, county,

and municipal government and executive, legislative, and administrative entities) including Communications with government-affiliated third party payors. Include in your response Documents including but not limited to talking points or pamphlets provided to government officials, lobbyists or Advocacy Organizations that You have engaged.

21. All Communications with any representative of the United States Department of Veterans Affairs, the Veterans Health Administration, the Department of Defense, or any Prescriber associated with any V.A. hospital in New Hampshire concerning safety, efficacy, risks, benefits, side-effects, or addictiveness of Opioids when used for the treatment of Chronic, non-cancer pain.

22. All Communications with any member of the Pain Care Forum or the Pain Care Coalition; or Communications regarding the Pain Care Forum, the Pain Care Coalition, or Physicians for Responsible Opioid Prescribing ("PROP").

23. All Communications between Burt Rosen and Brian Munroe, including Communications pertaining to the Pain Care Forum.

24. All Communications, with Key Opinion Leaders, Patient Advocacy Groups (including but not limited to the American Pain Foundation, the U.S. Pain Foundation, the American Academy of Pain Management, or the American Chronic Pain Association), or Medical Societies (including but not limited to the American Academy of Pain Medicine, the American Pain Society, or the Federation of State Medical Boards) concerning risks, benefits, safety, or efficacy of the use of Opioids for the treatment of Chronic, non-cancer pain.

25. All Documents and Communications concerning "Pain as the 5th Vital Sign" initiative of JCAHO, including the purpose or promotion of "Pain as the Fifth Vital Sign," all communications, contracts, and agreements with JCAHO; Documents sufficient to identify all funding provided to JCAHO; all print materials created to promote "Pain as the Fifth Vital Sign;" and records of all health facilities and Prescribers in New Hampshire Purdue representatives visited in conjunction with or which You distributed "Pain as the Fifth Vital Sign."

26. All internal Communications, Communications with the FDA; and Communications with authors, researchers, reviewers, journals, or FDA advisory panelists concerning the safety or efficacy of Opioids for the treatment of Chronic, non-cancer pain, and the disclosure of Opioid risks.. Include specifically all Communications concerning the addictiveness of OxyContin.

27. All Documents concerning the reformulation of OxyContin in 2011, including but not limited to, market studies, tests of abuse liability, comparative studies, the Marketing of the reformulation, and communications with the FDA concerning (a) approval, (b) removal of generic oxycodone CR and oxycodone ER; and (c) the basis for and communications regarding the claim in Your July 13, 2012 Citizens Petition that the "original, now discontinued, formulation of OxyContin was safe and effective when taken as directed."

28. All Documents relied upon in Your February 11, 2014 Citizens Petition concerning Immediate Release Opioids, and all Communications concerning that petition.

29. All Scientific Research, other studies or analysis You have made concerning the "steady

state," "q12h," or "BID" or twice a day dosing of OxyContin; and all Documents or Communications concerning the claim that patients taking OxyContin would experience "fewer 'peaks-and-valleys'" than patients taking immediate-release oxycodone.

30. All Scientific Research, other studies or analysis You have produced, distributed, or caused to be distributed concerning "pseudoaddiction." For this request, include Documents from the period beginning January 1, 1995.

31. All Documents concerning Your Compliance with Pharmaceutical Research and Manufacturers of America (PhRMA) Code on Interactions with Healthcare Professionals, concerning the Marketing of opioids.

32. All Scientific Research, including Scientific Research developed after the release of Your Opioids, concerning the risks and benefits of Opioids for the treatment of Chronic non-cancer pain that you commissioned, funded, or conducted, and all Communications regarding the purpose, design, conduct, meaning, or impact of such research, including drafts or discussions of journal placement (regardless of whether such studies were published) and all Communications with the FDA regarding such studies, including, but not limited to:

(a) the risks, benefits, and side effects of Opioids, including the risk of addiction, pseudo-addiction, and the ability to screen for or manage the risk of addiction;

(b) language in Opioids' labels regarding their use for Chronic non-cancer pain, the length of time opioids could be used, the maximum appropriate dosage, and the risk of addiction, physical dependence, pseudoaddiction, or tolerance; and

(c) descriptions or disclosures of potentially negative or contradictory Scientific Research or evidence or the absence of Scientific Research or evidence.

(d) the rate or risk of addiction, dependence, tolerance, withdrawal, abuse, and diversion of Opioids.

(e) Your advertising and Marketing materials for Opioids, including warning and untitled letters, or advisory comments on your advertising and Marketing materials.

33. All Prescribers, researchers, or organizations which support or are participating in postapproval studies mandated by the FDA on September 10, 2013, or any other studies You are sponsoring, supporting, or funding concerning the use, abuse, diversion, safety, or addictiveness of Opioids.

34. All Communications, reports, analyses or other documents concerning opioid abuse, misuse, diversion, or injury in or including New Hampshire. Include in Your response (1) all MEDWATCH reports involving misuse, abuse, or injury from Your Opioids; (2) any reports by sales representatives or others regarding suspicious prescribing in New Hampshire; or (3) any lists or databases You maintained regarding suspicious prescribing or other indicia of abuse or diversion in New Hampshire.

35. All Documents or Communications concerning or with the New Hampshire Medical Society or the New Hampshire Board of Medicine.

36. Documents concerning all events, talks, lectures, receptions, symposia, or CME You have provided at the Dartmouth Geisel School of Medicine, including all attendees and participants in such events.

37. All Documents concerning the distribution and redemption of co-pay or patient assistance cards, coupons, or vouchers in New Hampshire, including samples of each card distributed to New Hampshire Prescribers, information sufficient to identify the

distribution of cards or vouchers to individual Prescribers, Documents tracing their redemption; and studies of the overall impact of such cards, coupons, or vouchers on Prescribers' prescription practices.

38. A list of the 100 largest prescribers of OxyContin, Hysingla, MS Contin, Diladud, Dilaudid-HP, and Butrans in New Hampshire by volume, and all records of Your contacts with those prescribers.

39. All Documents concerning the identification of any New Hampshire prescribers as "Whales."

40. All Documents or Communications concerning the placement of any New Hampshire prescriber in "Region Zero."

41. All Documents identifying whether any county in or within 100 miles of New Hampshire fell in the "Top 100 Counties" program.

42. All Documents concerning the inclusion of any New Hampshire prescribers in the "Partners Against Pain doctor lookup tool, as of August 2001.

43. Copies of all Communications with any Advocacy organizations, lobbyists, or public relations firms concerning Opioid litigation, and all sworn or written testimony concerning Opioids.

44. All Documents provided to the United States Health and Human Services Pursuant to the May 8, 2007 Corporate Integrity Agreement, and all Communications with any governmental entity concerning that Agreement.

45. All Documents produced and interrogatory responses provided to the Kentucky Office of Attorney General in *Commonwealth of Kentucky v. Purdue Pharma, L.P.*, No. 07-CI-1302 (Pike Cir.).

HEREOF FAIL NOT, as you will answer your default under the penalties prescribed by law.

This subpoena is issued pursuant to the authority of RSA 358-A:8 in aid of an investigation to determine whether the provisions of RSA 358-A have been violated. Failure to comply with this subpoena may result in a fine of up to $5,000.00.

This subpoena may be served by any investigator of the Attorney General's Office or in any other manner prescribed by law.

Dated at Concord, New Hampshire, 8/3, 2015.

James T. Boffetti, NH Bar #9948
Senior Assistant Attorney General
Chief, Consumer Protection and Antitrust Bureau
New Hampshire Department of Justice
33 Capitol Street
Concord, NH 03301
(603) 271-3643

Mailed this 3rd day of August, 2015, registered mail, return receipt requested.