IN THE CIRCUIT COURT OF ST. LOUIS CITY
STATE OF MISSOURI

THE STATE OF MISSOURI, ex rel. JOSHUA D. HAWLEY, in his official capacity as Missouri Attorney General, Plaintiff, v. PURDUE PHARMA, L.P.; PURDUE PHARMA, INC.; PURDUE FREDERICK COMPANY; ENDO HEALTH SOLUTIONS INC.; ENDO PHARMACEUTICALS INC.; JANSSEN PHARMACEUTICALS INC.; JOHNSON & JOHNSON, Defendants.	)	Case No. Division No. **JURY TRIAL DEMANDED**

PETITION

Plaintiff State of Missouri states the following:

1. Missouri faces an urgent public-health crisis. Each year, hundreds of Missourians die from opioid overdoses, while tens of thousands more are hospitalized or require emergency treatment. Opioid addiction and abuse have destroyed the lives of countless Missourians and ravaged communities across the State.

2. This opioid epidemic is the direct result of a carefully crafted campaign of deception carried out by Defendants. For years, Defendants fraudulently misrepresented the risks posed by the drugs that they manufacture and sell, misleading both doctors and consumers.

3. As Missouri families and communities suffered from the scourge of opioid abuse, Defendants earned billions in profits as a direct result of the harms they imposed on Missouri.

4. This civil action seeks to hold Defendants accountable for the extraordinary public-health crisis that they created in pursuit of profit and to begin the process of healing those families and communities that have suffered from the opioid epidemic.

Parties

5. Joshua D. Hawley is the duly elected Attorney General of Missouri.

6. Under Missouri law, "[t]he attorney general shall institute, in the name and on the behalf of the state, all civil suits and other proceedings at law or in equity requisite or necessary to protect the rights and interests of the state, and enforce any and all rights, interests or claims against any and all persons, firms or corporations in whatever court or jurisdiction such action may be necessary; and he may also appear and interplead, answer or defend, in any proceeding or tribunal in which the state's interests are involved." § 27.060, RSMo.

7. Pursuant to Chapter 407, RSMo, the Attorney General has authority to prosecute civil claims on behalf of the State under the Missouri Merchandising Practice Act.

8. Pursuant to § 191.905.14, RSMo, the Attorney General has authority to prosecute civil claims on behalf of the State for healthcare payment fraud and abuse.

9. Plaintiff State of Missouri is a sovereign State that has sustained direct and substantial injuries and losses as a result of the conduct described herein.

10. Defendant Purdue Pharma L.P. is a limited partnership organized under the laws of the State of Delaware with its principal place of business in Connecticut.

11. Defendant Purdue Pharma Inc. is a New York corporation with its principal place of business in Connecticut.

12. Defendant Purdue Frederick Company is a Delaware corporation with its principal place of business in Connecticut.

13. At all relevant times, Purdue Pharma L.P, Purdue Pharma Inc., and Purdue Frederick Company (together, "Purdue") acted in concert with one another and acted as agents and/or principals of one another in relation to the conduct described herein.

14. Purdue manufactures, promotes, markets, advertises, and sells a number of opioids, including OxyContin and MS Contin.

15. OxyContin accounts for nearly one-third of the national painkiller market.

16. Defendants Endo Health Solutions Inc. and Endo Pharmaceuticals Inc. (together, "Endo") are both Delaware corporations having their principal place of business in Pennsylvania.

17. Endo Pharmaceuticals Inc. is a wholly owned subsidiary of Endo Health Solutions Inc.

18. At all relevant times, Endo Health Solutions Inc. and Endo Pharmaceuticals Inc. acted in concert with one another and acted as agents and/or principals of one another in relation to the conduct described herein.

19. Endo manufactures, promotes, markets, advertises, and sells a number of opioids, including Percocet, Opana, and Opana ER.

20. On June 8, 2017, the United States Food and Drug Administration ("FDA") called for Endo to remove Opana ER from the market, concluding that the risks of the drug outweigh its benefits.

21. Defendant Janssen Pharmaceuticals, Inc. is a Pennsylvania corporation with its principal place of business in New Jersey.

22. Defendant Johnson & Johnson is a New Jersey corporation with its principal place of business in New Jersey.

23. At all relevant times, Janssen Pharmaceuticals, Inc. and Johnson & Johnson (together "Janssen") acted in concert with one another and acted as agents and/or principals of one another in relation to the conduct described herein.

24. Janssen manufactures, promotes, markets, advertises, and sells opioids, including Duragesic.

25. In addition, until 2015, Janssen manufactured, promoted, marketed, advertised, and sold the opioids Nucynta and Nucynta ER.

26. At all relevant times, Defendants promoted, marketed, advertised, and sold opioid products in the State of Missouri and to Missouri residents and citizens.

Jurisdiction and Venue

27. This Court has subject-matter jurisdiction over this civil action pursuant to Missouri Constitution Article V, § 14.

28. This Court has personal jurisdiction over all Defendants because, among other things:

a. Defendants knowingly and intentionally sell, market, advertise, promote, and distribute their products in the State of Missouri and to Missouri residents, citizens, and businesses, as well as to the State of Missouri;

b. Defendants enter into contracts relating to the subject-matter of this action in the State of Missouri;

c. Defendants have directed advertising, marketing, and promotional efforts at the State of Missouri and Missouri residents, citizens, and businesses;

d. Defendants have engaged in advertising, marketing, and promotional activities with the intent and expectation that these activities would reach and affect the State of Missouri and/or Missouri residents, citizens, and businesses;

e. Defendants have delivered their products to Missouri with the intent and the expectation that those products would be distributed to or purchased by Missouri residents, citizens, and businesses; and

f. As described herein, Plaintiff sues to vindicate injuries that have occurred within the State of Missouri.

29. Venue is proper in this Court.

30. Venue is proper in this Court pursuant to § 407.100.7, RSMo.

31. Numerous violations of the Missouri Merchandising Practices Act occurred within the City of St. Louis.

32. All Defendants have engaged in business and/or have had one or more agents within the City of St. Louis.

33. Plaintiff and Missouri consumers have sustained substantial injuries within the City of St. Louis.

34. For example, in 2014, nearly half of all opioid-related hospitalizations and emergency-room visits in Missouri occurred in the St. Louis area, and the State of Missouri paid for approximately one-third of those visits.

35. The amount in controversy exceeds $25,000.

Factual Background

I. For Decades, Prevailing Medical Norms Dictated That Opioids Should Be Prescribed Only in Specific and Rare Situations, and Not for Chronic Pain.

36. Opioids are a class of chemical compounds that bind to opioid receptors in the human nervous system.

37. Opioids elicit a euphoric response by stimulating pleasure centers in the brain.

38. This euphoric response allows opioids to effectively mask pain, but it also causes the drugs to be highly addictive.

39. Common opioids include morphine, methadone, oxycodone, hydrocodone, codeine, and fentanyl.

40. These drugs cannot be lawfully obtained except with a valid prescription.

41. Common brand names for these drugs include Vicodin, Percocet, and OxyContin.

42. Heroin is also classified as an opioid.

43. For decades, most doctors prescribed opioids only in cases of acute pain, for surgery recovery, for cancer treatment, or for end-of-life palliative care.

44. There was a widespread medical consensus that opioids should not be used to treat chronic pain.

45. This widespread medical consensus rested largely on the concern that opioids pose an extraordinary risk of addiction, dependence, and overdose.

46. In the rare cases where patients did receive opioid prescriptions, those drugs ordinarily were administered in closely supervised environments like inpatient-treatment or hospice facilities, and they often were administered only for short periods of time.

47. These closely supervised environments helped mitigate the risk that patients might misuse or abuse opioids, and they also provided the opportunity for doctors to monitor patients for signs of potential addiction or dependence.

48. While these prevailing medical norms had a strong scientific basis and reflected sound medical judgment, Defendants viewed the medical community's hesitance to prescribe opioids as an impediment to substantial profits.

49. Thus, Defendants—individually, as well as in concert with one another and with others—hatched a scheme to use false representations regarding the risks and benefits of opioids to increase opioid prescriptions, for the purpose of generating windfall profits.

50. As described herein, Defendants created a sprawling campaign of misinformation and deception to convince doctors and consumers that opioids pose little risk of addiction, and that such risks can be easily identified and mitigated.

51. Defendants' campaign has been—from their perspective—wildly successful, generating billions of dollars in annual profits.

52. But from the perspective of Missouri's families and communities, Defendants' campaign of deception has created a tragic public-health crisis.

II. Defendants Carried Out a Complex, Multi-Year Campaign to Mislead Both Doctors and Consumers About the Risks and Benefits of Opioids, in Order to Generate Billions of Dollars in Improper Profits.

53. Defendants employed a multi-pronged approach to their misinformation campaign.

54. First, Defendants communicated directly to doctors and consumers.

55. For doctors, this took the form of in-person visits and communications from sales and promotional staff; continuing medical education programs; advertisements, including advertisements in periodicals aimed at medical audiences; websites; and other means.

56. For consumers, this included websites; advertisements; publications aimed at the public; and other means.

57. Second, Defendants created, funded, controlled, and operated third-party organizations that communicated directly with doctors and consumers regarding opioids and pain treatment.

58. These third-party organizations purported to be independent of Defendants, and their purportedly independent existence was intended to lend the veneer of objectivity and trustworthiness to their claims about opioids and pain treatment.

59. Defendants also used these third-party organizations in an effort to skirt state and federal laws restricting what Defendants could say regarding their products.

60. These third-party organizations included the American Pain Foundation ("APF") and American Academy of Pain Medicine ("AAPM").

61. At all relevant times, Defendants controlled, operated, funded, and acted in concert with APF and AAPM.

62. Defendants provided extraordinary amounts of money to fund these organizations' activities.

63. In 2010 alone, APF received more than $1,000,000 from Defendant Endo; more than $100,000 from Defendant Purdue; as well as substantial contributions from Defendant Janssen.

64. At all relevant times, Defendants were legally responsible for the acts, omissions, and representations of APF and AAPM.

65. At all relevant times, APF and AAPM acted as agents for Defendants.

66. At all relevant times, Defendants conspired with APF, AAPM, and other third-party entities with respect to the conduct described herein.

67. Third, Defendants engaged highly credentialed medical professionals to promote Defendants' false narratives regarding the risks and benefits of opioids and other pain-treatment options.

68. These medical professionals engaged by Defendants have often been referred to as "key opinion leaders" or "KOLs."

69. These KOLs include, but are not limited to, Dr. Russell Portenoy and Dr. Lynn Webster.

70. These KOLs purported to act independently of Defendants, and the purpose and the effect of their involvement was to lend legitimacy to Defendants' false and misleading claims regarding opioids.

71. At all relevant times, Defendants controlled, funded, and acted in concert with these KOLs.

72. At all relevant times, Defendants were legally responsible for the acts, omissions, and representations of these KOLs.

73. At all relevant times, these KOLs acted as agents for Defendants.

74. At all relevant times, Defendants conspired with these KOLs with regard to the conduct described herein.

75. Through all three of these avenues, Defendants communicated false and deceptive representations regarding opioids, including those described herein.

A. Defendants falsely represented that opioids pose a low risk of addiction and that patients who had not previously experienced addiction would not become addicted to opioids.

76. Defendants—and those acting in concert with Defendants—repeatedly misrepresented the risks of addiction and dependence associated with opioids.

77. As explained above, for decades, doctors had viewed opioids with suspicion, judging that the risk of addiction made such drugs inappropriate in all but a small number of situations.

78. Defendants set out specifically to undermine these well-founded medical norms.

79. To accomplish this goal, Defendants made false, misleading, and fraudulent representations to both physicians and consumers.

80. Defendants falsely represented to both physicians and consumers that the risk of becoming addicted to opioids is extremely small.

81. Defendants falsely represented to both physicians and consumers that opioids pose little risk of addiction if taken pursuant to a prescription.

82. Defendants falsely represented to both physicians and consumers that patients who had not previously experienced addiction or substance-abuse problems would not become addicted to opioids.

83. Defendants falsely represented that patients can easily cease opioid use through tapering and that opioid withdrawal does not pose a significant risk.

84. On information and belief, Defendants—and those acting in concert with them—repeatedly made these representations orally during in-person sales and marketing visits to doctors and continuing medical education events.

85. For example, as one study explained, "Purdue trained its sales representatives to carry the message that the risk of addiction was 'less than one percent.'"

86. In one instance, APF's Executive Director represented that "when taken as prescribed, under the direction of a physician for pain relief, opioids are safe and effective, and only in rare cases lead to addiction."

87. He further represented that "less than 1% of patients become addicted" to opioids.

88. Defendants also repeatedly made these representations in writing.

89. For example, in one publication, Defendant Endo represented that "[m]edicines that are used to treat pain usually do not cause addiction if they are prescribed and taken correctly."

90. In another publication, Defendant Endo represented that "[p]eople who take opioids as prescribed usually do not become addicted."

91. In another publication, Defendant Endo represented that "[i]n general, people who have no history of drug abuse, including tobacco, and use their opioid medication as directed will probably not become addicted."

92. On its website prescriberesponsibly.com, Defendant Janssen indicated that opioid addiction is unlikely unless the patient is recovering from past drug or alcohol abuse.

93. In the APF publication *Getting the Help You Need*, Defendants represented that "[s]tudies and clinical practice have shown that the risk of addiction is small when [opioids] are appropriately prescribed and taken as directed."

94. In the same APF publication, Defendants represented that "[u]nless you have a past or current history of substance abuse, the chance of addiction is low when these medications are prescribed properly and taken as directed."

95. In a "Commonly Asked Questions and Answers" portion of the APF website, Defendants represented that "addiction is very rare when pain medicines are properly prescribed and taken as directed."

96. The same APF publication also stated: "Keep in mind, pain medicine in and of itself does not cause someone to become addicted."

97. On its website www.opana.com, Defendant Endo represented that "[m]ost healthcare providers who treat patients with pain agree that patients treated with prolonged opioid medicines usually do not become addicted."

98. Defendants have repeatedly characterized concern about opioid addiction as a myth or misconception, and they have repeatedly characterized physician concern about the risk of addiction as overstated.

99. Defendants' representations identified above—and other similar representation by Defendants and those acting in concert with them—are false.

100. Extensive medical research demonstrates that opioids pose a substantial risk of addiction, abuse, and overdose.

101. In particular, opioids pose a substantial risk of addiction when they are used for extended periods of time—such as for treatment of chronic pain—and when they are administered outside the close supervision of medical professionals.

102. Many studies have shown substantial risk of addiction where patients take opioids to treat chronic non-cancer pain.

103. Some of these studies have found addiction rates as high as 45%.

104. Many patients become addicted to opioids even when they originally take opioids pursuant to a valid prescription.

105. Indeed, one study found that 75% of those addicted to opioids first took opioids pursuant to a prescription.

106. And research suggests that the overdose-death rate for those taking opioids pursuant to a prescription is ***higher*** than the rate for those using opioids non-medically.

107. One study examining opioid overdose deaths found that "92% of the decedents had been receiving legitimate [opioid] prescriptions from health care providers for chronic pain."

108. Many patients become addicted to opioids even though they have no prior history of addiction or substance abuse.

109. In fact, in 2016, the Centers for Disease Control ("CDC") "found insufficient evidence to determine how harms of opioids differ depending on past or current substance abuse disorder."

110. Both doctors and consumers reasonably relied on Defendants' misrepresentations.

111. As a result of that reasonable reliance, many doctors prescribed opioids when they otherwise would not have, and many patients requested and obtained opioids when they otherwise would not have.

112. In particular, Defendants' misrepresentations induced both doctors and consumers to use opioids to treat chronic pain, a practice that widespread medical norms had viewed as inappropriate before Defendants' misinformation campaign.

113. Both doctors and consumers took other actions as a result of their reasonable reliance on Defendants' representations.

114. Defendants knew that their representations described herein were false, and Defendants made those representations with intent to defraud.

115. Defendants intentionally made the representations described herein to Missouri citizens, residents, and businesses.

B. Defendants falsely represented that many individuals who exhibit signs of addiction to opioids are actually experiencing "pseudoaddiction" and that doctors should treat this "pseudoaddiction" by *increasing* the patient's opioid use.

116. Defendants—and those acting in concert with Defendants—repeatedly misrepresented to both doctors and consumers that many individuals exhibiting signs of addiction actually are experiencing "pseudoaddiction."

117. The concept of "pseudoaddiction" was originally put forward by J. David Haddox—who later became a Vice President for Defendant Purdue.

118. Defendants further falsely represented that the proper treatment for "pseudoaddiction" is ***more*** opioids.

119. On information and belief, Defendants—and those acting in concert with them—repeatedly made these representations orally during in-person sales and marketing visits to doctors and continuing medical education events.

120. Defendants also repeatedly made these representations in writing.

121. For example, in one publication, Defendant Endo represented that "[s]ometimes people behave as if they are addicted, when they are really in need of more medicine. This can be treated with higher doses of medicine."

122. These representations are false.

123. Significant medical literature calls the concept of "pseudoaddiction" into question.

124. For example, one medical study reviewed all academic medical publications discussing "pseudoaddiction" and concluded that, "[o]f the 224 articles, ***none exist that attempted to empirically validate the concept of pseudoaddiction***."

125. The same study found that many of the articles that considered "pseudoaddiction as a genuine clinical phenomenon" were funded by opioid producers, including Defendants Janssen and Purdue.

126. In addition, the CDC's opioid-prescribing guidelines do not recognize "pseudoaddiction" as a legitimate medical concept.

127. Both doctors and consumers reasonably relied on Defendants' misrepresentations.

128. As a result of that reasonable reliance, many doctors prescribed opioids when they otherwise would not have, and many patients requested and obtained opioids when they otherwise would not have.

129. In particular, Defendants' false representations induced many doctors to increase opioid dosage based on the belief that patients' signs of addiction actually reflected "pseudoaddiction."

130. In addition, Defendants' false representations induced many doctors to continue prescribing opioids to patients exhibiting signs of addiction even though those doctors should have discontinued the prescriptions.

131. As Dr. Lynn Webster—one of Defendants' former KOLs—later recognized, the concept of pseudoaddiction "obviously became too much of an excuse to give patients more medication. . . . It led us down a path that caused harm. It is already something we are debunking as a concept."

132. Both doctors and consumers took other actions as a result of their reasonable reliance on Defendants' representations.

133. Defendants knew that their representations described herein were false, and Defendants made those representations with intent to defraud.

134. Defendants intentionally made their representations described herein to Missouri citizens, residents, and businesses.

C. Defendants misrepresented the signs of addiction and the ease of preventing addiction.

135. Defendants—and those acting in concert with Defendants—repeatedly misrepresented the signs of addiction, the appropriate medical response to evidence of patient addiction or dependence, and the ease of preventing addiction.

136. On information and belief, Defendants—and those acting in concert with them—repeatedly made these representations orally during in-person sales and marketing visits to doctors and continuing medical education events.

137. Defendants also repeatedly made these representations in writing.

138. Defendants falsely represented that, so long as patients continued to take opioids to address pain, those patients could not be addicted to opioids.

139. For example, in one publication, Defendant Endo represented that "[t]aking opioids for pain relief is not addiction" and that "[a]ddiction to an opioid would mean that your pain has gone away but you still take the medicine regularly when you don't need it for pain, maybe just to escape from your problem."

140. In the same publication, Defendant Endo suggested that patients use the following test to determine whether they are addicted to opioids: "Ask yourself: Would I want to take this

medicine if my pain went away? If you answer no, you are taking opioids for the right reasons—to relieve pain and improve your function. You are not addicted."

141. These representations are false.

142. In fact, a patient can be addicted to opioids while still experiencing pain.

143. In addition, a person addicted to opioids ordinarily is not in a position to judge objectively whether he or she would "want to take this medicine if [his or her] pain went away."

144. Defendants also falsely represented that patients exhibiting signs of addiction likely are not actually addicted to opioids.

145. For example, in the publication *Responsible Opioid Prescribing*, Defendant Purdue represented that conduct such as demanding or manipulative behavior to obtain opioids; visiting multiple doctors to obtain opioids; and hoarding opioids do not constitute signs of addiction.

146. This representation is false. In fact, these all constitute classic hallmarks of addiction to opioids.

147. Defendants also represented that doctors and patients could effectively screen for risks of opioid addiction using approaches such as the "Opioid Risk Tool" ("ORT"), opioid agreements, and other similar mechanisms.

148. The ORT is a series of questions that—according to Defendants—can be used to predict and manage the risk of opioid addiction.

149. Opioid agreements are written or oral agreements between a prescribing doctor and a patient regarding how the patient will use prescribed opioids.

150. On its website prescriberesponsibly.com, Defendant Janssen represented that the risk of opioid addiction "can usually be managed" through means such as opioid agreements between a prescribing doctor and the patient.

151. On the same website, Defendant Janssen also represented that tools such as ORT could be effective predictors of whether patients would abuse or become addicted to opioids.

152. Defendants Endo and Purdue have also promoted the ORT as an effective means of predicting opioid abuse on their websites.

153. On information and belief, Defendants made similar representations orally and in writing.

154. These representations were false.

155. The CDC has concluded that no scientific evidence supports the conclusion that these risk-mitigation strategies "improv[e] outcomes related to overdose, addiction, abuse, or misuse."

156. Both doctors and consumers reasonably relied on Defendants' misrepresentations.

157. As a result of that reasonable reliance, many doctors prescribed opioids when they otherwise would not have, and many patients requested and obtained opioids when they otherwise would not have.

158. Defendants' representations led both doctors and consumers to believe that the use of these tools made the risk of addiction extremely low.

159. Both doctors and consumers took other actions as a result of their reasonable reliance on Defendants' representations.

160. Defendants knew that the representations described herein were false, and Defendants made those representations with intent to defraud.

161. Defendants intentionally made the representations described herein to Missouri citizens, residents, and businesses.

D. Defendants falsely represented that opioids effectively produce positive long-term outcomes in cases of chronic pain.

162. A doctor's decision to prescribe any treatment—including opioids—always depends on the balancing of the risks posed by the treatment against the likely benefits from the treatment.

163. As described above, Defendants repeatedly misrepresented the risks associated with opioids in an effort to persuade both doctors and consumers that opioids pose only minor risks that can be easily screened for, recognized, and avoided.

164. Defendants also misrepresented the other side of the balance, falsely representing that opioids produce positive long-term outcomes in cases of chronic pain.

165. On information and belief, Defendants—and those acting in concert with them—repeatedly made these representations orally during in-person sales and marketing visits to doctors and continuing medical education events.

166. Defendants also repeatedly made these representations in writing.

167. For example, in the APF publication *Exit Wounds*, Defendants described opioids as "the 'gold standard' of pain medications" and claimed that, if taken properly, opioids "*increase* a person's level of functioning."

168. These representations are false.

169. Medical research does not support the conclusion that opioids increase positive long-term outcomes in cases of chronic pain.

170. In 2016, the CDC concluded that there is insufficient evidence to conclude that opioids produce positive long-term outcomes in cases of chronic pain.

171. As one recent study explained, "[p]erceptions that long-term opioid therapy typically yields long-lasting benefits for patients with chronic noncancer pain are not supported by strong evidence. . . . A recent survey of primary care patients receiving long-term opioid therapy found that most continued to report moderate to severe pain and that functional outcomes were often poor."

172. As another recent study stated, "long-term clinical trials demonstrating the safety and efficacy of [opioids] for chronic non-cancer pain have never been conducted."

173. Defendants knew that the representations described herein were false, and Defendants made those representations with intent to defraud.

174. Defendants intentionally made the representations described herein to Missouri citizens, residents, and businesses.

E. Defendants falsely represented the relative risks associated with non-opioid pain-relief and pain-treatment strategies.

175. In addition to their misrepresentations regarding opioids, Defendants—and those acting in concert with Defendants—also deceptively or misleadingly represented the risks and benefits associated with other pain therapies that serve as alternatives to opioids.

176. The CDC has emphasized that non-opioid therapies are the "preferred" approach for treating chronic pain.

177. Non-drug alternative treatments for chronic pain include a variety of treatments, including but not limited to cognitive behavioral therapy; exercise therapy; changes in diet or nutrition; and chiropractic and massage treatment.

178. In addition, pharmaceutical alternatives to opioids include over-the-counter analgesics; non-steroidal anti-inflammatory drugs ("NSAIDS"); non-opioid prescription analgesics; and other drugs.

179. The CDC has concluded that extensive research shows that these non-opioid treatment options offer greater benefits than does long-term opioid treatment for chronic pain.

180. Defendants recognized that the availability of these alternatives would reduce the demand for Defendants' opioid products.

181. To reduce the comparative demand for these alternatives to opioids, Defendants misrepresented both the risks and benefits associated with many alternative treatment options.

182. On information and belief, Defendants—and those acting in concert with them—repeatedly made these representations orally during in-person sales and marketing visits to doctors and continuing medical education events.

183. Defendants also repeatedly made these representations in writing.

184. For example, in the APF publication *Exit Wounds*, Defendants represented that if NSAIDs are taken in high doses, they can have "life threatening" effects. But Defendants intentionally omitted the material fact that opioids pose severe risks—including significant risks of overdose and death—at high doses.

185. In the same publication, Defendants represented that acetaminophen poses significant health risks in large doses, but they intentionally omitted the material fact that opioids also pose severe risks at high doses.

186. In the APF publication *Treatment Options: A Guide for People Living with Pain*, Defendants represented that "NSAIDs can cause life-threatening side effects in some persons" and that "[t]here are 10,000 to 20,000 deaths each year because of the side effects of this class of medicines." But Defendants intentionally omitted the material fact that opioids similarly pose severe and life-threatening effects and that comparable numbers of people die each year from opioid use.

187. Indeed, one study found that from 1999 to 2014, approximately 165,000 people died in the United States from opioid-related overdoses—that is, a little more than 10,000 per year.

188. In these and other similar representations, Defendants repeatedly emphasized the risks associated with alternatives pain treatments without disclosing similar—and often much more severe—risks associated with opioids.

189. In reality, opioids pose more severe risks than do nearly all other pain-treatment options.

190. One study found that the risk of death from out-of-hospital use of opioids was 1.90 times more likely to result in death than the use of alternatives like analgesic anticonvulesants.

191. These intentional omissions rendered Defendants' representations false, misleading, deceptive, and fraudulent.

192. Both doctors and consumers reasonably relied on Defendants' misrepresentations.

193. As a result of that reasonable reliance, many doctors prescribed opioids when they otherwise would not have, and many patients requested and obtained opioids when they otherwise would not have.

194. In particular, Defendants' misrepresentations led many doctors to prescribe opioids when they otherwise would have prescribed or recommended non-opioid alternative treatments. And Defendants' misrepresentations led many consumers to request and/or take opioids when they otherwise would have requested and/or taken non-opioid alternatives.

195. Both doctors and consumers took other actions as a result of their reasonable reliance on Defendants' representations.

196. Defendants knew that the representations described herein were false, and Defendants made those representations with intent to defraud.

197. Defendants intentionally made the representations described herein to Missouri citizens, residents, and businesses.

F. Defendants specifically targeted vulnerable populations, senior citizens, and veterans.

198. Defendants directed their misinformation campaign at all doctors and consumers, but they targeted certain populations in particular.

199. Defendants specifically targeted veterans, launching APF's "Military/Veterans Pain Initiative" focused entirely on pushing opioids to veterans and members of the military.

200. Defendants also created publications containing misrepresentations regarding opioids that were specifically tailored to veterans, such as the APF publication *Exit Wounds*.

201. Similarly, Defendants created publications containing misrepresentations regarding opioids that were specifically tailored to senior citizens, such as the APF publication *Special Considerations: Pain in Specific Populations*, which targets children, the elderly, and veterans.

III. Defendants' Misinformation Campaign Resulted in Extraordinary Increases in Opioid Use, Windfall Profits for Defendants, and a Public-Health Crisis That Has Destroyed Countless Missouri Families and Ravaged Communities Across the State.

202. As a result of Defendants' sophisticated campaign of misinformation and deception, opioids became a standard treatment for chronic pain, and the opioid-use rates in the United States—and in Missouri—dramatically increased.

203. According to the CDC, between 1999 and 2014, sales of opioids nearly ***quadrupled***.

204. In 2012 alone, approximately ***259 million*** opioid prescriptions were written in the United States.

205. For context, the adult population of the United States is approximately 250 million. Thus, there may be nearly ten million more opioid prescriptions written each year than there are adults in the United States.

206. These increases in opioid use directly resulted in enormous profits for Defendants.

207. Opioid sales now generate nearly $10 billion in sales per year for drug companies like Defendants.

208. As of 2016, Purdue had earned as much as $31 billion from its promotion of OxyContin.

209. While Defendants reaped windfall profits from widespread increases in opioid use, millions of people in Missouri and across the nation suffered disastrous consequences.

210. Countless individuals have become addicted to opioids as a result of the use of opioids for chronic-pain treatment, often with tragic results.

211. In 2012, more than two million Americans were abusing or dependent on opioids.

212. Between 1999 and 2014, approximately 165,000 Americans died from opioid-related overdoses, and thousands of those overdose deaths occurred in Missouri.

213. In 2015 alone, nearly 500 Missourians died from non-heroin opioid overdoses.

214. Missouri's opioid death rate is nearly 160% the national average.

215. In 2014, more than 60% of drug-overdose deaths nationally involved opioids.

216. Opioid use and abuse also frequently leads to the use and abuse of heroin, an illicit opioid.

217. Nearly 80% of new heroin users took prescription opioids before starting heroin.

218. In 2015, there were 12,990 heroin overdose deaths in the United States, and more than 300 of those deaths occurred in Missouri.

219. Even when opioid users do not die from an overdose, they often require significant healthcare interventions.

220. For example, in 2014, opioid use resulted in nearly 26,000 hospitalizations and emergency-room visits in Missouri.

221. Nearly half of these occurred in the St. Louis area.

222. This statewide figure reflects more than a 130% increase over the same figures from 2005.

223. The State of Missouri bore the costs of approximately one-third of these hospitalizations and emergency-room visits.

224. Each year, opioid abuse imposes approximately $55 billion in health and social costs across the country, and it also imposes approximately $20 billion in costs for emergency and inpatient care.

225. Opioid abuse has also resulted in substantial additional social and economic costs that have destroyed countless Missouri families and ravaged communities across the State.

226. The harms of opioid addiction and abuse have taken a particularly serious toll on older Missourians.

227. According to the AARP, the opioid-related hospitalization rate of Americans over the age of 65 has increased five-fold over the past two decades.

IV. The State of Missouri and Missouri Consumers Have Sustained Substantial Harm as a Direct Result of Defendants' Campaign of Deception.

228. As a direct and proximate result of the conduct described herein, Plaintiff has sustained a wide variety of losses and injuries.

229. The State of Missouri has paid substantial amounts—primarily through the State's MO HealthNet Medicaid program—for opioid prescriptions that would never have been prescribed and/or filled absent Defendants' conduct described herein.

230. The State of Missouri has also paid substantial amounts—again, primarily through the MO HealthNet program—for treatment of individuals who became addicted to opioids and/or who became addicted to heroin or other drugs as a result of opioid use.

231. Many of those individuals who became addicted to opioids—or who became addicted to heroin or other drugs as a result of opioid use—would never have received access to opioids absent Defendants' conduct described herein.

232. Numerous Missouri consumers, businesses, and insurers paid substantial amounts for opioid prescriptions that never would have been prescribed and/or filled absent Defendants' conduct herein.

233. Numerous Missouri consumers, businesses, and insurers paid substantial amounts for treatment of individuals who became addicted to opioids and/or who became addicted to heroin or other drugs as a result of opioid use.

234. Numerous Missouri consumers, businesses, and insurers entered into transactions that they would not have entered into absent Defendants' conduct herein.

235. Many of these transactions occurred within the City of St. Louis.

V. Defendants Acted Wantonly, Willfully, Outrageously, and with Reckless Disregard for the Consequences of Their Actions.

236. When engaging in the conduct described herein, Defendants acted wantonly, willfully, outrageously, and with reckless disregard for the consequences of their actions.

237. At all relevant times, Defendants knew that the likely consequences of their actions would be that millions of individuals would become addicted to opioids and other drugs,

which in turn would destroy countless families and communities across the nation and in Missouri.

238. Despite this knowledge, Defendants engaged in the conduct described herein for the purpose of obtaining billions of dollars in windfall profits, while destroying the lives of countless ordinary Missourians.

Count I – Violations of the Missouri Merchandising Practices Act
Deception
Against All Defendants

239. Plaintiff hereby restates and incorporates by reference the allegations contained in Paragraphs 1-238 of the Petition.

240. As described herein, Defendants—and those acting in concert with them—have employed and used deception in connection with the sale and advertisement of opioids in the State of Missouri.

241. Many of these incidents of advertising and commercial transactions occurred within the City of St. Louis, and much of the harm sustained as a result of Defendants' conduct occurred within the City of St. Louis.

242. As a direct and proximate result of Defendants' conduct, the State of Missouri and Missouri consumers disbursed significant funds for opioids and sustained other injuries described herein.

243. As a direct and proximate result of Defendants' conduct, the State of Missouri, Missouri consumers, and Missouri businesses paid for numerous opioid prescriptions—including prescriptions for the treatment of non-cancer chronic pain—that they otherwise would not have paid for absent Defendants' conduct.

244. On information and belief, Defendants' deceptive conduct is ongoing.

WHEREFORE, Plaintiff respectfully requests that the Court enter judgment in favor of Plaintiff awarding the State (a) all restitution authorized by law, including by § 407.100, RSMo; (b) injunctive relief; (c) disgorgement; (d) all civil penalties authorized by law, including by § 407.100.6, RSMo; (e) punitive damages; (f) all reasonable costs attributable to the prosecution of this civil action; and (g) such further relief as the Court deems just and appropriate.

Count II – Violations of the Missouri Merchandising Practices Act
Fraud and Fraudulent Misrepresentation
Against All Defendants

245. Plaintiff hereby restates and incorporates by reference the allegations contained in Paragraphs 1-244 of the Petition.

246. As described herein, Defendants—and those acting in concert with them—have employed and used fraud and fraudulent misrepresentation in connection with the sale and advertisement of opioids in the State of Missouri in violation of Chapter 407, RSMo.

247. Among other things, Defendants made false representations in connection with the sale and advertisement of opioids with the intent and expectation that doctors and consumers would rely on those representations.

248. Defendants made those misrepresentations with knowledge that their representations were false and/or with knowledge that they lacked a reasonable basis for the representations.

249. Many of these incidents of advertising and commercial transactions occurred within the City of St. Louis, and much of the harm sustained as a result of Defendants' conduct occurred within the City of St. Louis.

250. As a direct and proximate result of Defendants' conduct, the State of Missouri and Missouri consumers disbursed significant funds for opioids and sustained other injuries described herein.

251. As a direct and proximate result of Defendants' conduct, the State of Missouri, Missouri consumers, and Missouri businesses paid for numerous opioid prescriptions—including prescriptions for the treatment of non-cancer chronic pain—that they otherwise would not have paid for absent Defendants' conduct.

252. On information and belief, Defendants' fraudulent conduct is ongoing.

WHEREFORE, Plaintiff respectfully requests that the Court enter judgment in favor of Plaintiff awarding the State (a) all restitution authorized by law, including by § 407.100, RSMo; (b) injunctive relief; (c) disgorgement; (d) all civil penalties authorized by law, including by § 407.100.6, RSMo; (e) punitive damages; (f) all reasonable costs attributable to the prosecution of this civil action; and (g) such further relief as the Court deems just and appropriate.

Count III – Violations of the Missouri Merchandising Practice Act
False Pretense
Against All Defendants

253. Plaintiff hereby restates and incorporates by reference the allegations contained in Paragraphs 1-252 of the Petition.

254. As described herein, Defendants—and those acting in concert with them—have employed and used false pretense in connection with the sale and advertisement of opioids in the State of Missouri.

255. In connection with the sale and advertising of opioids in the State of Missouri, Defendants have used deception, false representations and statements, and fraudulent statements and representations with the intent to defraud.

256. Many of these incidents of advertising and commercial transactions occurred within the City of St. Louis, and much of the harm sustained as a result of Defendants' conduct occurred within the City of St. Louis.

257. As a direct and proximate result of Defendants' conduct, the State of Missouri and Missouri consumers disbursed significant funds for opioids and sustained other injuries described herein.

258. As a direct and proximate result of Defendants' conduct, the State of Missouri, Missouri consumers, and Missouri businesses paid for numerous opioid prescriptions—including prescriptions for the treatment of non-cancer chronic pain—that they otherwise would not have paid for absent Defendants' conduct.

259. On information and belief, Defendants' conduct is ongoing.

WHEREFORE, Plaintiff respectfully requests that the Court enter judgment in favor of Plaintiff awarding the State (a) all restitution authorized by law, including by § 407.100, RSMo; (b) injunctive relief; (c) disgorgement; (d) all civil penalties authorized by law, including by § 407.100.6, RSMo; (e) punitive damages; (f) all reasonable costs attributable to the prosecution of this civil action; and (g) such further relief as the Court deems just and appropriate.

Count IV – Violations of the Missouri Merchandising Practices Act
Misrepresentation
Against All Defendants

260. Plaintiff hereby restates and incorporates by reference the allegations contained in Paragraphs 1-259 of the Petition.

261. As described herein, Defendants—and those acting in concert with them—have employed and used misrepresentations in connection with the sale and advertisement of opioids in the State of Missouri.

262. Many of these incidents of advertising and commercial transactions occurred within the City of St. Louis, and much of the harm sustained as a result of Defendants' conduct occurred within the City of St. Louis.

263. As a direct and proximate result of Defendants' conduct, the State of Missouri and Missouri consumers disbursed significant funds for opioids and sustained other injuries described herein.

264. As a direct and proximate result of Defendants' conduct, the State of Missouri, Missouri consumers, and Missouri businesses paid for numerous opioid prescriptions—including prescriptions for the treatment of non-cancer chronic pain—that they otherwise would not have paid for absent Defendants' conduct.

265. On information and belief, Defendants' conduct is ongoing.

WHEREFORE, Plaintiff respectfully requests that the Court enter judgment in favor of Plaintiff awarding the State (a) all restitution authorized by law, including by § 407.100, RSMo; (b) injunctive relief; (c) disgorgement; (d) all civil penalties authorized by law, including by § 407.100.6, RSMo; (e) punitive damages; (f) all reasonable costs attributable to the prosecution of this civil action; and (g) such further relief as the Court deems just and appropriate.

Count V – Violations of the Missouri Merchandising Practices Act
Lack of Reasonable Basis for Claims of Performance (15 CSR 60-7.040)
Against All Defendants

266. Plaintiff hereby restates and incorporates by reference the allegations contained in Paragraphs 1-265 of the Petition.

267. As described herein, in connection with the sale and advertisement of opioids in the State of Missouri, Defendants—and those acting in concert with them—have made representations regarding the efficacy and safety of opioids that are not based on information

within the possession of Defendants that is sufficient to form a reasonable belief that the representations are, in fact, true.

268. Many of the resulting incidents of advertising and commercial transactions occurred within the City of St. Louis, and much of the harm sustained as a result of Defendants' conduct occurred within the City of St. Louis.

269. As a direct and proximate result of Defendants' conduct, the State of Missouri and Missouri consumers disbursed significant funds for opioids and sustained other injuries described herein.

270. As a direct and proximate result of Defendants' conduct, the State of Missouri, Missouri consumers, and Missouri businesses paid for numerous opioid prescriptions—including prescriptions for the treatment of non-cancer chronic pain—that they otherwise would not have paid for absent Defendants' conduct.

271. On information and belief, Defendants' conduct is ongoing.

WHEREFORE, Plaintiff respectfully requests that the Court enter judgment in favor of Plaintiff awarding the State (a) all restitution authorized by law, including by § 407.100, RSMo; (b) injunctive relief; (c) disgorgement; (d) all civil penalties authorized by law, including by § 407.100.6, RSMo; (e) punitive damages; (f) all reasonable costs attributable to the prosecution of this civil action; and (g) such further relief as the Court deems just and appropriate.

Count VI – Violations of the Missouri Merchandising Practices Act
Unfair Practices
Against All Defendants

272. Plaintiff hereby restates and incorporates by reference the allegations contained in Paragraphs 1-271 of the Petition.

273. As described herein, Defendants—and those acting in concert with them—have employed and used unfair practices in connection with the sale and advertisement of opioids in the State of Missouri.

274. As described herein, Defendants have engaged in conduct that violates Missouri law and that is unethical, oppressive, and unscrupulous, and that conduct poses the risk of substantial injury to Missouri consumers and has, in fact, caused substantial injury to Missouri consumers.

275. Many of these incidents of advertising and commercial transactions occurred within the City of St. Louis, and much of the harm sustained as a result of Defendants' conduct occurred within the City of St. Louis.

276. As a direct and proximate result of Defendants' conduct, the State of Missouri and Missouri consumers disbursed significant funds for opioids and sustained other injuries described herein.

277. As a direct and proximate result of Defendants' conduct, the State of Missouri, Missouri consumers, and Missouri businesses paid for numerous opioid prescriptions—including prescriptions for the treatment of non-cancer chronic pain—that they otherwise would not have paid for absent Defendants' conduct.

278. On information and belief, Defendants' conduct is ongoing.

WHEREFORE, Plaintiff respectfully requests that the Court enter judgment in favor of Plaintiff awarding the State (a) all restitution authorized by law, including by § 407.100, RSMo; (b) injunctive relief; (c) disgorgement; (d) all civil penalties authorized by law, including by § 407.100.6, RSMo; (e) punitive damages; (f) all reasonable costs attributable to the prosecution of this civil action; and (g) such further relief as the Court deems just and appropriate.

Count VII – Violations of the Missouri Merchandising Practices Act
Concealment, Suppression, and Omission of Material Facts
Against All Defendants

279. Plaintiff hereby restates and incorporates by reference the allegations contained in Paragraphs 1-278 of the Petition.

280. As described herein, Defendants—and those acting in concert with them—have concealed, suppressed, and omitted material facts in connection with the sale and advertisement of opioids in the State of Missouri.

281. Among other things, Defendants have concealed and significant risks associated with opioids.

282. Among other things, Defendants have concealed and omitted the fact that their claims about the efficacy of opioids lack a scientific and evidentiary basis.

283. Many of these incidents of advertising and commercial transactions occurred within the City of St. Louis, and much of the harm sustained as a result of Defendants' conduct occurred within the City of St. Louis.

284. As a direct and proximate result of Defendants' conduct, the State of Missouri and Missouri consumers disbursed significant funds for opioids and sustained other injuries described herein.

285. As a direct and proximate result of Defendants' conduct, the State of Missouri, Missouri consumers, and Missouri businesses paid for numerous opioid prescriptions—including prescriptions for the treatment of non-cancer chronic pain—that they otherwise would not have paid for absent Defendants' conduct.

286. On information and belief, Defendants' conduct is ongoing.

WHEREFORE, Plaintiff respectfully requests that the Court enter judgment in favor of Plaintiff awarding the State (a) all restitution authorized by law, including by § 407.100, RSMo; (b) injunctive relief; (c) disgorgement; (d) all civil penalties authorized by law, including by § 407.100.6, RSMo; (e) punitive damages; (f) all reasonable costs attributable to the prosecution of this civil action; and (g) such further relief as the Court deems just and appropriate.

Count VIII – Violations of the Missouri Merchandising Practices Act
Unlawful "Half-Truths" (15 CSR 60-9.090)
Against All Defendants

287. Plaintiff hereby restates and incorporates by reference the allegations contained in Paragraphs 1-286 of the Petition.

288. As described herein, Defendants—and those acting in concert with them—have used and employed unlawful "half-truths" in connection with the sale and advertisement of opioids in the State of Missouri.

289. As described herein, Defendants have—in connection with the sale and advertisement of opioids in the State of Missouri—omitted material facts necessary in order to make their statements, in light of the circumstances under which they were made, not misleading.

290. Among other things, as described herein, in many publications and communications Defendants have deceptively characterized non-opioid medical pain-relief options as extremely risky while omitting the fact that opioids pose similar or higher risks.

291. Many of these incidents of advertising and commercial transactions occurred within the City of St. Louis, and much of the harm sustained as a result of Defendants' conduct occurred within the City of St. Louis.

292. As a direct and proximate result of Defendants' conduct, the State of Missouri and Missouri consumers disbursed significant funds for opioids and sustained other injuries described herein.

293. As a direct and proximate result of Defendants' conduct, the State of Missouri, Missouri consumers, and Missouri businesses paid for numerous opioid prescriptions—including prescriptions for the treatment of non-cancer chronic pain—that they otherwise would not have paid for absent Defendants' conduct.

294. On information and belief, Defendants' conduct is ongoing.

WHEREFORE, Plaintiff respectfully requests that the Court enter judgment in favor of Plaintiff awarding the State (a) all restitution authorized by law, including by § 407.100, RSMo; (b) injunctive relief; (c) disgorgement; (d) all civil penalties authorized by law, including by § 407.100.6, RSMo; (e) punitive damages; (f) all reasonable costs attributable to the prosecution of this civil action; and (g) such further relief as the Court deems just and appropriate.

Count IX – Violations of §§ 191.900-191.914, RSMo
Against All Defendants

295. Plaintiff hereby restates and incorporates by reference the allegations contained in Paragraphs 1-294 of the Petition.

296. All Defendants constitute "health care providers" within the meaning of § 191.900(7), RSMo.

297. All Defendants—along with Defendants' employees, agents, and representatives—delivered health care within the meaning of Chapter 191, RSMo.

298. Defendants design, manufacture, market, distribute, promote, and deliver drugs—including opioids—to persons participating in the MO HealthNet program, as well as to doctors,

pharmacies, and other actors who in turn provide such drugs to persons participating in the MO HealthNet program.

299. Opioids produced, manufactured, marketed, provided, and delivered by Defendants were requested and received pursuant to the MO HealthNet program, and such opioids constitute "health care" within the meaning of § 191.900(4), RSMo.

300. As described herein, Defendants knowingly made and caused to be made false statements and false representations regarding opioids and regarding medical alternatives to opioids.

301. Defendants knowingly caused numerous false claims for payment to be submitted to the MO HealthNet program for opioid prescriptions to treat chronic non-cancer pain.

302. These claims for payment were false in that, among other things, the prescriptions were made to treat chronic non-cancer pain, but opioids are neither medically appropriate nor medically necessary to treat chronic non-cancer pain.

303. Defendants made and caused to be made these false statements and false representations in order to receive health care payments within the meaning of § 191.900(6), RSMo.

304. Defendants received health care payments as a result of their false statements and false representations described herein.

305. At all relevant times, Defendants have received extensive payments as a result of prescriptions for their opioid drugs that were paid by the MO HealthNet program.

306. At all relevant times, Defendants participated in rebate programs with the MO HealthNet and/or Medicaid programs.

307. Defendant Purdue has publicly represented that it "handles all responsibilities formerly organized in managed care (e.g., market segments in managed care organizations, Medicare, Medicaid, long-term care, and group purchasing organizations) and national accounts (e.g., retail distribution pipelines that include wholesalers, chain drug stores, retail pharmacies, and a network of brokers that represent over-the-counter products in supermarket chains). In addition, this team manages the contract administration, and pricing to ensure accessibility of Purdue products to eligible members. We administer the vendor chargeback program and work closely with distributors to provide accurate and timely contract and contract pricing implementation. Our Managed Markets team ensures compliance with government regulations and contract price reporting requirements of the Department of Veterans Affairs (VA), including the calculation of the non-Federal Average Manufacturer Price (Non-FAMP) and the federal ceiling price (FCP) calculations for the company's Federal Supply Schedules."

308. As a result of Defendants' false statements and false representations, the State of Missouri disbursed significant funds directly and/or indirectly to Defendants in the form of health care payments.

309. Among other things, the State of Missouri disbursed significant funds directly and/or indirectly to Defendants relating to opioid prescriptions for purposes other than acute pain, surgery recovery, cancer treatment, or end-of-life care.

310. Since 2012, MO HealthNet has reimbursed at least 139,452 prescriptions for Defendant Purdue's non-generic opioids, for a total of more than $73,774,215, including the following:

a. In 2016:

i. At least 23,993 prescriptions for Oxycontin, for a total of more than $14,352,220;

ii. At least 1,900 prescriptions for Hysingla, for a total of more than $824,350;

iii. At least 3,628 prescriptions for Butrans, for a total of more than $1,658,539;

b. In 2015:

i. At least 26,577 prescriptions for Oxycontin, for a total of more than $14,455,132;

ii. At least 344 prescriptions for Hysingla, for a total of more than $138,196;

iii. At least 3,254 prescriptions for Butrans, for a total of more than $1,259,818;

c. In 2014:

i. At least 24,713 prescriptions for Oxycontin, for a total of more than $12,861,432;

ii. At least 1,331 prescriptions for Butrans, for a total of more than $429,895;

d. In 2013:

i. At least 26,138 prescriptions for Oxycontin, for a total of more than $13,123,508;

ii. At least 358 prescriptions for Butrans, for a total of more than $101,605;

e. In 2012:

i. At least 26,472 prescriptions for Oxycontin, for a total of more than $14,373,911;

ii. At least 744 prescriptions for Butrans, for a total of more than $195,609.

311. Since 2012, MO HealthNet has reimbursed at least 58,533 prescriptions for Defendant Janssen's non-generic opioids, for a total of more than $38,602,828, including the following:

a. In 2016, at least 4,098 prescriptions for Duragesic, for a total of more than $3,242,312;

b. In 2015, at least 12,400 prescriptions for Duragesic, for a total of more than $9,595,846;

c. In 2014:

i. At least 762 prescriptions for Nucynta, for a total of more than $297,111;

ii. At least 12,322 prescriptions for Duragesic, for a total of more than $8,752,982;

d. In 2013:

i. At least 1,270 prescriptions for Nucynta, for a total of more than $450,809;

ii. At least 12,925 prescriptions for Duragesic, for a total of more than $8,196,006;

e. In 2012:

i. At least 1,424 prescriptions for Nucynta, for a total of more than $496,056;

ii. At least 13,332 prescriptions for Duragesic, for a total of more than $7,571,706.

312. Since 2012, MO HealthNet has reimbursed at least 1,215 prescriptions for Defendant Endo's non-generic opioids, for a total of more than $988,469, including the following:

a. In 2016, at least 168 prescriptions for Opana, for a total of more than $148,223;

b. In 2015, at least 159 prescriptions for Opana, for a total of more than $139,235;

c. In 2014, at least 192 prescriptions for Opana, for a total of more than $152,034;

d. In 2013, at least 258 prescriptions for Opana, for a total of more than $218,383;

e. In 2012, at least 438 prescriptions for Opana, for a total of more than $330,594.

WHEREFORE, Plaintiff respectfully requests that the Court enter judgment in favor of Plaintiff awarding the State (a) all civil penalties permitted by law, including by § 191.905, RSMo; (b) all damages authorized by law, including by § 191.905, RSMo; (c) all restitution authorized by law, including by § 191.905, RSMo; (d) all reasonable costs attributable to the prosecution of this civil action, pursuant to § 191.905, RSMo; (e) punitive damages; and (f) such further relief as the Court deems just and appropriate.

Respectfully submitted,

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