Re-Amended Application dated December 17, 2021 for authorization to institute a class action

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Canada

Province of Quebec

District of Montreal

No. 500-06-001004-197 (Class Action)

Superior Court

(…) JEAN-FRANÇOIS BOURASSA, with an elected domicile for the purpose hereof at 1250 René-Lévesque Blvd. West, suite 4100 Montreal, Quebec H3B 4W8

Plaintiff

v.

ABBOTT LABORATORIES, LIMITED, a legal person, having its principal place of business at 75 boul. Pierre-Roux Est, CP 307, Victoriaville, Quebec G6P 6S9

and

APOTEX INC., a legal person, having a place of business at 2970 André Avenue, Dorval, Quebec H9P 2P2

and

ARALEZ PHARMACEUTICALS CANADA INC., a legal person having a place of business at 7100 West Credit Avenue, Suite 101, Mississauga, Ontario L5N 0E4

and

BGP PHARMA ULC, a legal person, having a place of business at 1959 Upper Water Street, Suite 900, Halifax, Nova Scotia B3J 2X2

and

BOEHRINGER INGELHEIM (CANADA) LTD., a legal person, having a place of business at 5180 South Service Road, Burlington, Ontario L7L 5H4

and

BRISTOL-MYERS SQUIBB CANADA CO., a legal person, having its principal place of business at 2344 Alfred-Nobel Boulevard, Montreal, Quebec H4S 0A4

and

CHURCH & DWIGHT CANADA CORP., a legal person, having its principal place of business at 5485 Ferrier Street, Mont-Royal, Quebec H4P 1M6

(…)

and

ETHYPHARM INC., a legal person, having a place of business at 1000 De La Gauchetière, Suite 2400, Montreal, Quebec H3B 4W5

and

GLAXOSMITHKLINE INC., a legal person, having its principal place of business at 245 Armand-Frappier Boulevard, Laval, Quebec H7V 4A7

and

HIKMA LABS INC., a legal person, having a place of business at 1809 North Wilson Road, Hilliard, Ohio 43026, U.S.A.

and

JANSSEN INC., a legal person, having a place of business at 14 Place du Commerce, Suite 620, Montreal, Quebec H3E 1T5

and

JODDES LIMITED, a legal person, having a place of business at 6111 Royalmount Avenue, Suite 100, Montreal, Quebec H4P 2T4

and

LABORATOIRE ATLAS INC., a legal person, having a place of business at 9600 des Sciences Boulevard, Montreal, Quebec H1J 3B6

and

LABORATOIRE RIVA INC., a legal person, having a place of business at 660 Industriel Boulevard, Blainville, Quebec J7C 3V4

and

LABORATOIRES TRIANON INC., a legal person, having a place of business at 660 Industriel Boulevard, Blainville, Quebec J7C 3V4

and

MERCK FROSST CANADA & CO., a legal person, having a place of business at 16750 Route Trans-Canada Highway, Kirkland, Quebec H9H 4M7

and

MYLAN PHARMACEUTICALS ULC, a legal person, having a place of business at 85 Advance Road, Etobicoke, Ontario, M8Z 2S6

and

NOVARTIS PHARMACEUTICALS CANADA INC., a legal person, having a place of business at 385 Bouchard Boulevard, Suite 518, Dorval, Quebec H9S 1A9

and

PALADIN LABS INC., a legal person, having a place of business at 100 boul. Alexis-Nihon, Suite 600, Montreal, Quebec H4M 2P2

and

PFIZER CANADA ULC, a legal person, having a place of business at 17300 Trans-Canada Highway, Kirkland, Quebec H9J 2M5

and

PHARMASCIENCE INC., a legal person, having a place of business at 6111 Royalmount Avenue, Suite 100, Montreal, Quebec H4P 2T4

and

PRO DOC LTÉE, a legal person, having a place of business at 2925 Industriel Boulevard, Laval, Quebec H7L 3W9

and

PURDUE FREDERICK INC., a legal person, having a registered office address at 1000, De La Gauchetière West, Suite 900, Montreal, Quebec H3B 5H4

and

PURDUE PHARMA, a limited partnership, having a place of business at 575 Court Granite, Pickering, Ontario L1W 3W8

and

ROXANE LABORATORIES INC., a legal person, having its registered office address at 5180 South Service Road, Burlington, Ontario L7L 5H4

and

SANDOZ CANADA INC., a legal person, having a place of business at 110 De Lauzon Street, Boucherville, Quebec J4B 1E6

and

SANIS HEALTH INC., a legal person, having a place of business at 1250 Guy Street, La Tour du Faubourg, 11th Floor, Montreal, Quebec H3H 2T4

and

SANOFI-AVENTIS CANADA INC., a legal person, having a place of business at 2905 Place Louis-R. Renaud, Laval, Quebec H7V 0A3

and

SUN PHARMA CANADA INC., legal person having a place of business at 126 East Drive, Brampton, Ontario L6T 1C1

and

TEVA CANADA LIMITED, a legal person, having a place of business at 17800 Lapointe Street, Mirabel, Quebec J7J 1P3

and

VALEANT CANADA LIMITED, a legal person, having a place of business at 2150 Saint-Elzéar Boulevard West, Laval, Quebec H7L 4A8

and

VALEANT CANADA LP, a limited partnership, having a place of business 2150 Saint-Elzéar Boulevard West, Laval, Quebec H7L 4A8

and

4490142 CANADA INC., F.K.A. AS MEDA VALEANT PHARMA CANADA INC., a legal person, having a place of business at 2150 Saint-Elzéar Boulevard West, Laval, Quebec H7L 4A8

Defendants

Re-Amended Application dated December 17, 2021 for authorization to institute a class action, and to obtain the status of representative

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PLAINTIFF ALLEGES RESPECTFULLY:

Along with the rest of Canada, Quebec is facing a serious opioid crisis.

Opioids are a class of drugs which resemble naturally occurring opiates that are prescribed to treat pain. However, these drugs are dangerously addictive, and the growing number of addictions, overdoses and deaths in Quebec and Canada caused by opioids has been declared by the Government of Canada to be a public health emergency.

1. The Plaintiff wishes to institute a class action on behalf of the natural persons forming part of the class hereinafter described and of which the Plaintiff is a class member, namely:

> All persons in Quebec who have been prescribed and consumed any one or more of the opioids manufactured, marketed, distributed and/or sold by the Defendants between 1996 and the present day ("**Class Period**") and who suffer or have suffered from Opioid Use Disorder, according to the diagnostic criteria herein described.
>
> The Class includes the direct heirs of any deceased persons who met the above-mentioned description.
>
> The Class excludes any person's claim, or any portion thereof, subject to the settlement agreement entered into in the court file no 200-06-000080-070, provided that such settlement agreement becomes effective as a result of the issuance of the requisite court approvals.

2. The facts on which the Plaintiff's personal claim against the Defendants are based, are as follows:

2.1. As more fully described herein, in an effort to increase sales of their dangerous products, and in wanton disregard for the health and safety of the members of the class (the "**Class**" or "**Class Members**"), the Defendants deliberately misrepresented that opioids were less addictive than they knew them to be, more effective than they actually are, and had a wider range of applications than those approved by health authorities.

2.2. The Defendants were also negligent in connection with the research, development, manufacture, testing, regulatory licensing, distribution, sale, marketing, and after-market surveillance of opioids in Quebec, and failed to adequately warn users of the serious and potentially fatal harms associated with opioid use.

2.3. As a result of these actions, which contravene the provisions of the *Competition Act* (R.S.C., 1985, c. C-34) (the "**Competition Act**"), the *Civil*

Code of Quebec, CQLR c CCQ-1991 ("**CCQ**") and the Quebec *Charter of Human Rights and Freedoms*, CQLR c C-12 (the "**Charter**"), the Plaintiff requests that the Defendants compensate him and the other Class Members, as follows:

2.3.1. Compensatory damages for each Class Member in the amount of $30,000 plus interest and additional indemnity from the date of the commencement of their addictions;

2.3.2. Punitive damages in the amount of $25,000,000 from each Defendant plus interest and additional indemnity from the date of institution of the proceedings; and

2.3.3. Pecuniary damages for each Class Member's personal losses, recoverable on an individual basis.

The Defendants

2.4. The Defendants are all manufacturers, marketers and/or distributors of opioid drugs, including but not limited to, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone and oxymorphone in Quebec.

2.4.1. All of the Defendants manufactured, marketed, distributed and/or sold prescription opioids that were prescribed for pain relief and which can cause dependence or addiction. Indeed, in 2018, Health Canada mandated that all prescription opioids (regardless of the formulation of the drug prescribed and regardless of whether they are brand-name or generic) must carry a warning sticker that the medication can cause dependence, addiction and overdose (Exhibits P-34 and P-35).

2.4.2. For completeness, the Plaintiff has described below the opioid drugs he has been able to identify that are manufactured, marketed, distributed and/or sold by each of the Defendants in the Province of Quebec during the Class Period. However, to the extent that any of the opioids listed in the following paragraphs were solely and exclusively available for use in a hospital setting (e.g., not available at any time during the Class Period to be prescribed for use in the home), such opioids are not the subject of the present Class Action.

2.5. Defendant Abbott Laboratories, Limited ("**Abbott**") is a Canadian corporation which, during the Class Period, manufactured, marketed and/or

sold opioids in Quebec, including Codeine Phosphate Injection USP, Demerol (injections), Dilaudid, Dilaudid-HP, Dilaudid-HP-Plus, Dilaudid-XP, Dilaudid Sterile Powder, Kadian, Meperidine Hydrochloride Injection, Morphine Forte, Morphine Extra-Forte, Morphine-EPD Preservative-free and Talwin injections.

2.5.1. Knoll Pharma Inc. ("**Knoll**") was a Canadian corporation that amalgamated with Abbott in 2001 which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Dilaudid, Dilaudid-HP, Dilaudid-HP-Plus, Dilaudid-XP, Dilaudid Sterile Powder and Kadian.

2.6. Defendant Apotex Inc. ("**Apotex**") is an Ontario corporation which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including APO-Fentanyl Matrix, APO-Hydromorphone, APO-Hydromorphone CR, APO-Oxycodone CR, APO-Oxycodone/Acet and APO-Tramadol/Acet.

2.7. Defendant Aralez Pharmaceuticals Canada Inc. ("**Aralez**"), formerly Tribute Pharmaceuticals Canada Inc., is an Ontario corporation which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Fiorinal C1/2 and Fiorinal C1/4.

2.8. Defendant BGP Pharma ULC ("**BGP Pharma**") is a Nova Scotia corporation which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Kadian.

2.9. Defendant Boehringer Ingelheim (Canada) Ltd. ("**Boehringer**") is a Canadian corporation which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Hydromorphone HCL (tablets), Oramorph SR and Roxicet.

2.10. Defendant Bristol-Myers Squibb Canada Co. ("**Bristol-Myers**") is a Nova Scotia corporation which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Endocet, Endodan, Numorphan, Percocet, Percocet-Demi, Percodan and Percodan-Demi.

2.10.1. Du Pont Merck Pharma Inc. was a Quebec limited partnership, which, in 1998, became DuPont Pharma Inc., a Canadian corporation, which amalgamated with Bristol-Myers in 2002, and which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Endocet, Endodan, Numorphan, Percocet, Percocet-Demi, Percodan and Percodan-Demi.

2.11. Defendant Church & Dwight Canada Corp. ("**Church & Dwight**") is a Nova Scotia corporation which, during the Class Period, manufactured, marketed, and/or sold opioids in Quebec, including Atasol-15 and Atasol-30.

2.11.1. Frank W. Horner Inc. was a Canadian corporation, which amalgamated into Carter-Horner Inc. in 1996, which then amalgamated into Carter-Horner Corp. in 2002, who in turn amalgamated into Church & Dwight in 2004, and which, during the Class Period, manufactured, marketed, and/or sold opioids in Quebec, including Atasol-15 and Atasol-30

2.12. (…)

2.13. Defendant Ethypharm Inc. ("**Ethypharm**") is a Quebec corporation which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including M-Ediat and M-Eslon.

2.14. Defendant GlaxoSmithKline Inc. ("**GSK**") is a Canadian corporation which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Empracet-30 and Empracet-60.

2.14.1. Glaxo Wellcome Inc. was an Ontario corporation which amalgamated into GSK in 2001, and which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Empracet-30 and Empracet-60.

2.14.2. Smithkline Beecham Inc., also known as Smithkline Beecham Pharma, was a Canadian corporation that amalgamated into GSK in 2001, and which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Opium & Belladonna Suppositories.

2.15. Defendant Janssen Inc. ("**Janssen**"), also known as Janssen-Ortho and/or Patriot, is an Ontario corporation which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Duragesic, Jurnista, Nucynta CR, Nucynta Extended-Release, Nucynta IR, PAT-Tramadol/Acet, Tramacet, Tylenol with Codeine No. 2, Tylenol with Codeine No. 3, Tylenol with Codeine No. 4, Tylenol with Codeine Elixir and Ultram.

2.16. Sorres Pharma Inc. ("**Sorres Pharma**") was a Canadian corporation and a wholly-owned subsidiary of Defendant Joddes Limited ("**Defendant Joddes**"). (…) During the Class Period, Sorres Pharma, which voluntarily

dissolved on November 24, 2014, manufactured, marketed and/or sold opioids in Quebec, including Hydromorphone tablets.

2.17. Defendant Laboratoire Atlas Inc. ("**Laboratoire Atlas**") is a Canadian corporation which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Codeine Phosphate Syrup, Doloral and Linctus Codeine Blanc.

2.18. Defendant Laboratoire Riva Inc. ("**Laboratoire Riva**") is a Quebec corporation which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Codeine 15, Codeine 30, Rivacocet, RIVA-Tramadol/Acet and Triatec-30.

2.19. Defendant Laboratoires Trianon Inc. ("**Laboratoires Trianon**") is a Quebec corporation which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Codeine 15, Codeine 30 and Triatec-30.

2.20. Defendant Merck Frosst Canada & Co. ("**Merck & Co.**"), also known as Frosst, is an Nova Scotia corporation, which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including 282 Mep Tab, 282 Tab, 292 Tab, Exdol-15 and Exdol-30.

2.21. Defendant Mylan Pharmaceuticals ULC ("**Mylan**") is an Alberta corporation which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Mylan-Fentanyl Matrix Patch and Mylan-Tramadol/Acet.

2.22. Defendant Novartis Pharmaceuticals Canada Inc. ("**Novartis**") is a Canadian corporation, which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Fiorinal C1/2 and Fiorinal C1/4.

2.23. Defendant Paladin Labs Inc. ("**Paladin**") is a Canadian corporation which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Abstral, Fiorinal C1/2, Fiorinal C1/4, Metadol, Nucynta Extended-Release, Nucynta IR, Statex and Tridural.

2.23.1. Labopharm Inc. was a Canadian corporation that amalgamated with Paladin in January 2013, and which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Tridural.

2.24. Defendant Pfizer Canada ULC ("**Pfizer Canada**") is a British Columbia corporation which has acquired various Canadian corporations that

manufactured, marketed and/or sold opioids in Quebec during the Class Period.

2.24.1. Pfizer Canada Inc. was a Canadian corporation that amalgamated with Pfizer Canada in October 2010, and which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including HYDROmorphone Hydrochloride Injection, Morphine Forte, Morphine Extra-Forte, Morphine Sulfate Injection, USP, Robaxisal C1/2 and Robaxisal C1/4.

2.24.2. Hospira Healthcare Corporation ("**Hospira**") was a Canadian corporation that amalgamated with Pfizer Canada in 2015 and was dissolved in 2018, and which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Codeine Phosphate injections, Demerol (injections), Meperidine Hydrochloride Injection, Morphine Forte, Morphine Extra-Forte, Morphine-EPD, Morphine Sulfate Injection, USP, and Talwin (injections).

2.24.3. Mayne Pharma (Canada) Inc. ("**Mayne**"), also known as Faulding (Canada) Inc., was a Canadian corporation that amalgamated with Hospira in 2007, which then amalgamated with Pfizer Canada in 2015 and was dissolved in 2018, and which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Morphine Sulfate Injection BP and Pethidine Injection BP.

2.24.4. Wyeth Consumer Healthcare ULC (formerly Wyeth Consumer Healthcare Inc., and formerly Whitehall-Robins Inc.) was an Ontario corporation that amalgamated with Pfizer Canada in August 2010, and which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Robaxisal C1/2 and Robaxisal C1/4.

2.25. Defendant Pharmascience Inc. ("**Pharmascience**"), also known as Pendopharm, a Division of Pharmascience Inc., is a Canadian corporation which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including 282 Tablets, 292 Tablets, Acet-2, Acet-3, Acet Codeine 30, Acet Codeine 60, Exdol-15, Exdol-30, Metadol, pms-Acetaminophen with Codeine Elixir, pms-Butorphanol, pms-Codeine, pms-Fentanyl MTX, pms-Hydromorphone, pms-Morphine Sulfate SR, pms-Opium and Belladonna, pms-Oxycodone, pms-Oxycodone CR, pms-Oxycodone-Acetaminophen and pms-Tramadol-Acet.

2.26. Defendant Pro Doc Limitée ("**Pro Doc**") is a Quebec corporation which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Fentanyl Patch, Oxycodone (tablets), Oxycodone-Acet, Procet-30, Pronal C1/2, Pronal C1/4, and Tramadol-Acet.

2.27. Defendants Purdue Pharma and Purdue Frederick Inc. (collectively "**Purdue**") are respectively a partnership pursuant to the laws of Ontario and a Canadian corporation which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Belbuca, BuTrans 5, BuTrans 10, BuTrans 15, BuTrans 20, Codeine Contin, Dilaudid, Dilaudid-HP, Dilaudid-HP-Plus, Dilaudid-XP, Dilaudid Sterile Powder, Hydromorph Contin, Hydromorph.IR, MS Contin, MS.IR, Oxy.IR, Palladone XL, Targin and Zytram XL.

2.28. Defendant Purdue also produces OxyContin and OxyNeo. While claims related to the use of these products between January 1, 1996 and February 28, 2017 are part of the settlement entered into in connection with the court file no 200-06-000080-070, it remains to be seen whether such settlement agreement (the "**Quebec Settlement Agreement**"), which was part of a national settlement initiative (the "**National Settlement Agreement**"), will become effective as a result of the issuance of the requisite court approvals.

2.28.1. As appears from the April 4, 2017 judgment of the Honourable Justice Claude Bouchard, J.S.C ("**Justice Bouchard**"), which authorized the class action for the sole purpose of the settlement agreement, the provisions of such judgment are without effect if the required approvals in other jurisdictions are not issued:

> *[24] **DÉCLARE** que le présent jugement est rendu sous réserve que des ordonnances similaires soient également rendues par les tribunaux de l'Ontario, de la Nouvelle-Écosse, et de la Saskatchewan, et **que les dispositions du présent jugement seront sans effet tant que ces ordonnances ne seront pas rendues;***

2.28.2. Similarly, the August 21, 2017 judgment of Justice Bouchard approving the Quebec Settlement Agreement was also conditional, *inter alia*, upon a similar order being rendered by the court in Saskatchewan:

> *[22] **DECLARE** que l'approbation de l'Entente est conditionnelle à ce qu'une ordonnance d'approbation soit également émise par le tribunal de la Saskatchewan. **Si une***

telle ordonnance n'est pas rendue, le présent jugement sera nul et sans effet *;*

Copies of the April 4, 2017 and August 21, 2017 judgments of Justice Bouchard are communicated herewith, *en liasse*, as **EXHIBIT P-38**.

2.28.3. On March 15, 2018, the court in Saskatchewan did not approve the National Settlement Agreement, which is attempting to settle the claims relating to the use of OxyContin and OxyNeo in Canada for the total amount of $20,000,000, as the judge was "*not satisfied that the Settlement Agreement is fair, reasonable and in the best interests of the class*," the whole as appears from a copy of the judgment of Justice Barrington-Foote (SKQB), communicated herewith as **EXHIBIT P-39.** Consequently, the Quebec Settlement Agreement is not yet effective, and may never be effective.

2.28.4. While proceedings are still ongoing in connection with the efforts to have the National Settlement Agreement approved in Saskatchewan, if same is not approved, the claims of Class Members relating to the use of OxyContin and OxyNeo between January 1, 1996 and February 28, 2017 would appropriately be covered by the present proceedings since many Class Members may have been prescribed such drugs, along with a multitude of other drugs produced by Purdue and/or by other Defendants herein, which are covered by the present proceeding.

2.29. Defendant Roxane Laboratories, Inc. ("**Roxane**") is an Ohio corporation acquired by Defendant Hikma Labs Inc. ("**Hikma**") in 2015 which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Hydromorphone HCL (tablets), and Oramorph SR.

2.30. Defendant Sandoz Canada Inc. ("**Sandoz Canada**") is a Canadian corporation which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Codeine Phosphate injections, Fiorinal C1/2, Fiorinal C1/4, Hydromorphone HP 10, Hydromorphone HP 20, Hydromorphone HP 50, Hydromorphone HP Forte, HYDROmorphone Hydrochloride Injection USP, Meperidine Hydrochloride Injection USP, Morphine HP 25 (injection), Morphine HP 50 (injection), Morphine LP Epidural, Morphine Sulfate Injection USP, Sandoz Fentanyl Patch, Sandoz Morphine SR, Sandoz Opium & Belladonna, Sandoz Oxycodone/ Acetaminophen and Supeudol.

2.30.1. Sabex Inc. (formerly Sabex 2002 Inc.) was a Canadian corporation that amalgamated with Sandoz Canada in 2004, which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Hydromorphone HP 10, Hydromorphone HP 20, Hydromorphone HP 50, Hydromorphone HP Forte, HYDROmorphone Hydrochloride Injection USP and Suppositories, Morphine HP injections, Morphine LP Epidural, Morphine Sulfate Injection, Sab-Opium & Belladonna and Supeudol.

2.31. Defendant Sanofi-Aventis Canada Inc. ("**Sanofi**") (formerly, Sanofi-Synthelabo Canada Inc.) is a Canadian corporation, which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Demerol (tablets and injections) and Talwin (tablets and injections).

2.31.1. Rhône-Poulenc Rorer Canada Inc. ("**Rhône-Poulenc**") was a Canadian corporation which, in 2000, amalgamated with Hoechst Marion Roussel Canada Inc., a Canadian corporation, to create Aventis Pharma Inc., which in turn amalgamated into Sanofi in 2004, and which, during the Class Period, Rhône-Poulenc manufactured, marketed and/or sold opioids in Quebec, including M-Eslon.

2.32. Defendant Sanis Health Inc. ("**Sanis**") is a Canadian corporation which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Morphine SR, Oxycodone-Acet and Tramadol/Acet.

2.33. (…)

2.34. Defendant Sun Pharma Canada Inc. ("**Sun Pharma Canada**"), formerly known as Ranbaxy Pharmaceuticals Canada Inc. ("**Ranbaxy**"), is an Ontario corporation which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including RAN-Fentanyl Matrix Patch, RAN-Fentanyl Transdermal System and RAN-Tramadol/Acet.

2.35. Defendant Teva Canada Limited ("**Teva Canada**"), formerly Novopharm Limited, is a Canadian corporation which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including, Fentora, Methoxisal-C ½, Methoxisal-C ¼, Novo-gesic C15, Novo-gesic C30, Teva-Codeine, Teva-Emtec-30, Teva-Fentanyl, Teva-HYDROmorphone, Teva-Lenoltec No. 2, Teva-Lenoltec No. 3, Teva-Lenoltec No. 4, Teva-Morphine SR, Teva-Oxycocet, Teva-Oxycodan, and Teva-Tramadol/Acetaminophen.

2.35.1. Novopharm Limited was an Ontario corporation which amalgamated with Teva Canada in 2001, and which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Novo-gesic C15 and Novo-gesic C30.

2.35.2. Rougier Pharma Inc. was a Canadian corporation, which amalgamated into Ratiopharm Inc. in January 2001, and which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Codeine Tab 15MG, Coryphen Codeine, Methoxisal-C ½, Methoxisal-C ¼ and Paveral.

2.35.3. Ratiopharm Inc. was a Canadian corporation, which amalgamated into Teva Canada in August 2010, and which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including ratio-Codeine, ratio-Emtec-30, ratio-Fentanyl, ratio-Lenoltec No. 2, ratio-Lenoltec No. 3, ratio-Lenoltec No. 4, ratio-Morphine SR, ratio-Oxycocet and ratio-Oxycodan.

2.35.4. Technilab Pharma Inc. was a Canadian corporation which amalgamated into Teva Canada in August 2010, and which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Emtec-30, Lenoltec with Codeine No. 2, Lenoltec with Codeine No. 3, Lenoltec with Codeine No. 4, Methoxisal-C ½, Methoxisal-C ¼, Oxycocet and Oxycodan.

2.35.4.1. Cobalt Pharmaceuticals Inc. ("**Cobalt**") was an Ontario corporation which, during the Class Period, manufactured, marketed, and/or sold opioids in Quebec, including CO Fentanyl. In 2009, Cobalt continued in Nova Scotia and changed its name to Cobalt Pharmaceuticals Company. In 2013, the latter changed its name to Actavis Pharma Company, and in 2014, amalgamated with Actavis Pharma OTC Company and Actavis Pharma Inc. and continued as Actavis Pharma Company ("**Actavis Pharma**"). In 2015, Actavis Pharma amalgamated with 3242038 Nova Scotia Company and Actavis Canada Company and continued as Actavis Pharma Inc. ("**Actavis**").

2.35.5. Actavis was a Nova Scotia corporation that amalgamated with Teva Canada in 2017, and which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including ACT Oxycodone CR and ACT Tramadol/Acet.

2.36. Defendant Valeant Canada LP ("**Valeant LP**") is a Quebec limited partnership which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including M.O.S., M.O.S.-SR, M.O.S.-Sulfate, Onsolis and Ralivia.

2.36.1. Biovail Pharmaceuticals Canada, which was a division of Biovail Corporation, was a Canadian corporation that amalgamated with Valeant LP in September 2010, and which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including Ralivia.

2.37. Defendant Valeant Canada Limited ("**Valeant Limited**"), formerly known ICN Canada Limited, is a Canadian corporation which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, including M.O.S., M.O.S.-SR, M.O.S.-Sulfate, and Painex.

2.38. Defendant Meda Valeant Pharma Canada Inc., now 4490142 Canada Inc. ("**4490142**"), is a Canadian corporation which, during the Class Period, manufactured, marketed and/or sold opioids in Quebec, namely Onsolis.

The Defendants' Faults

2.39. Prior to the mid-1990s, opioids were primarily used to treat palliative care patients and for short-term treatment of acute pain, as appears from a 2011 article by Irfan A. Dhalla, Navindra Persaud and David N. Jurrlink entitled "Facing up to the prescription opioid crisis" (the "**Dhalla Article**"), communicated herewith as **EXHIBIT P-1**.

2.40. Opioids effectively treat pain by attaching to receptors in the brain, which block the feeling of pain, slow down breathing and result in a general calming effect; however, they carry great potential for misuse and abuse.

2.41. Indeed, opioids were initially thought to be too addictive to treat conditions requiring longer-term pain management, as appears from a 2016 article by Asim Alam and David N. Jurrlink entitled "The prescription opioid epidemic: an overview for anesthesiologists" (the "**Alam Article**"), communicated herewith as **EXHIBIT P-2**.

2.42. The prescribed uses of opioids changed in the mid-1990s; in particular, in 1996, when Defendant Purdue introduced a time-release formulation of oxycodone branded as OxyContin. Defendant Purdue claimed that the drug was safer because it could be taken less often, and it aggressively encouraged its widespread use for chronic conditions, such as back pain, migraines and arthritis.

2.43. While the Defendants may have competed with each other to increase their respective market shares, they generally acted in concert to promote the false and misleading narrative described more fully herein concerning the safety and efficacy of opioids in an effort to increase the acceptance of such drugs for treatment in a much larger patient population than that which was previously considered acceptable.

2.44. In their efforts to obtain market share and increase the prescription rate and sale of their drugs, the Defendants also failed to disclose the risks of using opioids.

2.45. The new narrative concerning the use of opioids, which was promoted by the Defendants, misrepresented that:

2.45.1. the risk of opioid addiction was low, and that doctors could use screening tools to exclude patients who might become addicted;

2.45.2. use of opioids resulted in improved function;

2.45.3. withdrawal from opioids could easily be managed;

2.45.4. opioids were appropriate for long-term use;

2.45.5. opioids had less adverse effects than other pain management drugs;

2.45.6. use of certain opioids provided patients with long-lasting pain relief;

2.45.7. increased dosages of opioids could be prescribed, without disclosing the increased risks; and

2.45.8. that "abuse deterrent" formulations of opioids were effective.

(collectively the "**Misrepresentations**").

Misrepresentations of the addictive nature and likelihood of abuse

2.46. In their marketing efforts, the Defendants persuaded health care professionals that the risk of addiction to opioids was largely unfounded.

2.47. A press release issued by Defendant Purdue in 1996 concerning the impending release of OxyContin stated that "*one cause of patient resistance to appropriate pain treatment - the fear of addiction - is largely unfounded*",

the whole as appears from a copy of such press release (the "**OxyContin Press Release**"), communicated herewith as **EXHIBIT P-3**.

2.48. The OxyContin Press Release (EXHIBIT P-3) further quoted Dr. Max, then chairman of the American Pain Society and Quality Care Committee, as saying "*Experts agree that most pain caused by surgery or cancer can be relieved, primarily by carefully adjusting the dose of opioid (narcotic) pain reliever to each patient's need, and that* ***there is very little risk of addiction from the proper uses of these drugs for pain relief***."

2.49. The message that was widely communicated was that addiction was not an issue when opioids were used by patients genuinely experiencing pain, as opposed to addicts seeking drugs to get high, that there was no risk to the general patient population, and that doctors could easily screen and rule out opioid therapies for patients prone to addiction.

2.50. The Misrepresentations in respect of addiction falsely induced health care professionals to believe that opioids could be safely prescribed to appropriate patients, without the fear that such patients would become addicted.

2.51. This marketing strategy was particularly effective because it was able to "*exploit gaps in physician knowledge and training relating to addiction medicine*" and "*led to unsafe prescribing practices and the failure to employ evidence-based treatments for addiction*," as appears from the December 2016 Standing Committee on Health's report entitled "Report and Recommendations on the Opioid Crisis in Canada" (the "**2016 Standing Committee Report**"), communicated herewith as **EXHIBIT P-4**.

2.52. In furtherance of this message, the Defendants funded and/or improperly relied on studies that downplayed the risk of addiction by promoting the concept of "*pseudoaddiction*". Pseudoaddiction has been described in studies funded by pharmaceutical companies as "*an iatrogenic disease resulting from withholding opioids for pain that can be diagnosed, prevented, and treated with more aggressive opioid treatment*." Conversely, in studies without pharmaceutical funding, pseudoaddiction is described as nothing more than a clinical construct, **which is no different from addiction**, as appears from a 2015 article by Marion S. Greene and R. Andrew Chambers entitled "Pseudoaddiction: Fact or Fiction? An Investigation of the Medical Literature", communicated herewith as **EXHIBIT P-5**.

2.53. The myth of pseudoaddiction encouraged healthcare professionals to increase the prescription of more opioids, in order to "cure" their patients from their pseudoaddictions.

Misrepresentations as to the improved function and efficacy of opioids over other pain relief treatment

2.54. Without proper clinical evidence, the Defendants purported in their marketing materials that long term use of opioids would improve patients' function and quality of life.

2.55. Opioids were misleadingly marketed by the Defendants as an appropriate choice for the treatment of chronic pain, and as both safe and effective for long-term use in connection with routine pain conditions.

2.56. As part of their marketing strategy, the Defendants exaggerated the risks of competing non-opioid products, in an effort to make treatment with opioids more popular than treatment with other therapies such as acetaminophen and nonsteroidal anti-inflammatory drugs ("**NSAIDs**"), like ibuprofen.

2.57. As indicated in the 2016 Standing Committee Report (EXHIBIT P-4), the marketing efforts employed by the Defendants were targeted in particular at family doctors, who commonly see patients with chronic pain conditions and who did not have the level of training to verify whether the Defendants' claims concerning the safe and effective nature of the drugs were correct.

2.58. In fact, a 2011 study reported that many physicians were unaware that there is no evidence from randomized controlled trials to support the assertion of the pharmaceutical companies that the benefits of long-term opioid therapy outweigh the risks, as appears in the Dhalla Article (EXHIBIT P-1).

Misrepresentations with respect to the management of withdrawal

2.59. The Defendants promoted the assertion that withdrawal from opioids was easily managed, in an effort to induce health care professionals to prescribe their drugs more liberally.

2.60. The message was that physical addiction could be easily managed by gradually decreasing the dosage; however, this ignored the fact that the actual symptoms of withdrawal can continue long after a patient stops using the drug. These side-effects, which include nausea, muscle pain, depression, anxiety, restlessness, chills, diarrhea and vomiting, make relapse and continued use more likely.

Misrepresentations regarding the appropriateness of long term use

2.61. The Defendants marketed their drugs as being safe for long-term use, a claim which was not backed up by any scientific evidence.

2.62. As appears from a 2000 marketing budget for Purdue (the "**2000 Purdue Marketing Budget**"), a copy of which is communicated herewith as **EXHIBIT P-6**, one of the objectives of Purdue with OxyContin was to promote it as the opioid "*to start with (…) and to stay with*."

2.63. The Defendants pushed the prescription of their drugs for use in the non-malignant pain markets. On this subject, the 2000 Purdue Marketing Budget (EXHIBIT P-6) states:

> *In 2000, **OxyContin Tablets will be more aggressively promoted for use in the non-malignant pain market. The most common diagnoses for non-malignant pain are back pain, osteoarthritis, injury, and trauma pain**. The major competitors for these diagnoses will be oxycodone and hydrocodone combination products, as well as Ultram. OxyContin Tablets will be positioned as providing the equivalent efficacy and safety of combination opioids, with early onset of pain relief and the benefit of a q12h dosing schedule. **The promotional efforts will focus on specific disease syndromes such as back pain, osteoarthritis, reflex sympathetic dystrophy, trauma/injury, neuropathic type pains, etc.***

2.64. The Dhalla Article (EXHIBIT P-1) states that there is no evidence from randomized control trials to support the affirmation that the benefits of long term opioid use outweigh the risks. Completed trials have generally been short term, used placebo instead of alternative therapies, and excluded high risk patients.

Misrepresentations relating to the adverse effects of opioids and failure to disclose risks

2.65. The Defendants virtually ignored the risks of opioid use in their promotion of their harmful products, and certainly failed to warn and inform both medical professionals and patients alike of the risks and dangers associated with opioid use.

2.66. For example, the Defendants failed to disclose the risks of overdose, addiction, respiratory depression and death.

2.67. The Defendants also ignored the risk of the development of hyperalgesia, which is an enhanced sensitivity to pain, leading a sufferer to feel pain more

intensely, for pain to spread to different locations and to feel increased pain response to external stimuli. Unlike the case of increased tolerance, increased use of opioids by sufferers of hyperalgesia worsens the pain.

2.68. Hyperalgesia can further cause sufferers to experience hormonal dysfunction, a decline in immune function, mental clouding, confusion and dizziness.

2.69. In addition to failing to disclose these serious risks, the Defendants deceptively promoted the risks of alternative pain treatment therapies in an effort to convince health care professionals and patients that opioids were a better choice.

Misrepresentations as to the long-lasting nature of the pain relief provided by certain opioid formulations

2.70. While the Defendants apparently knew that these claims were incorrect, they nevertheless promoted the misconception that certain slow-release opioid formulations provided 12-hour pain relief. This was advertised as making opioids a better option, since patients would not have to take their medication as often in order to treat their pain.

2.71. The Defendants, however, knew that these claims were false and that their drugs would not provide 12-hours of pain relief for most patients.

2.72. Experiencing pain before it is time for the scheduled next dose of opioids, known as “end-of-dose failure”, results in patients experiencing symptoms of withdrawal, intense cravings as well as euphoric highs with their next dose, all of which can promote addiction.

2.73. Patients may then exacerbate this vicious cycle by taking their next dose too early or by taking another short-acting opioid, known as rescue medication to alleviate pain and to tide them over until it is time for their next dose, which increases the overall opioids that they are taking.

2.74. The Defendants informed health care professionals that higher doses, rather than more frequent doses, were the appropriate treatment response to end-of-dose failure, which posed a greater risk to patients, including a greater risk of addiction, overdose and death.

2.75. This Misrepresentation played a key role in the creation of the opioid crisis because it resulted in some patients being prescribed higher doses rather than more frequent doses of opioids.

Misrepresentations relating to risk associated with developing tolerance to opioids

2.76. Continued use of opioids causes users to develop a tolerance for the drug and results in a need for higher doses to obtain the same effects. This in turn increases the risk of withdrawal, addiction, respiratory depression, overdose and death. Opioids may also induce an addictive, euphoric high for their users, as appears from the 2010 Canadian Guideline for Safe and Effective Use of Opioid for Chronic Non-Cancer Pain, communicated herewith as **EXHIBIT P-7**.

2.77. As mentioned above, the Defendants encouraged medical professionals to prescribe higher doses of their drugs to patients, rather than more frequent doses, and to prescribe additional rescue medication doses to combat the effects of end-of-dose failure.

2.78. The Defendants misled health care professionals and patients alike by failing to warn them that increased use of opioids also increases the risks and dangers associated with such use.

Misrepresentations relating to "abuse deterrent" opioid formulations

2.79. Abuse-deterrent formulations ("**ADF**") of opioid drugs have been marketed as a way to prevent abuse, by restricting the ability of a potential abuser to crush or chew the opioid pills.

2.80. When the patent for OxyContin was set to expire in 2013, Purdue produced an ADF version, OxyNeo, in an effort to convince doctors to continue to prescribe their product rather than the less expensive generic alternatives.

2.81. Defendant Purdue knew, however, that the ADF properties of this new drug would not prevent all tampering with the pills, and completely ignored that oral consumption of opioids, without crushing or chewing, is considered to be the most common form of opioid abuse.

The Spreading of the Misrepresentations

2.82. The Defendants engaged in aggressive marketing and sales practices which were entirely inappropriate for the distribution of dangerous, addictive drugs.

2.83. The Defendants failed to properly warn both health care professionals and consumers of the risks and dangers associated with opioid use in the Information for Patients and Product Monographs, as found in the Compendium of Pharmaceuticals and Specialties ("**CPS**").

2.84. The Defendants also engaged in aggressive sales' tactics in order to spread their Misrepresentations:

2.84.1. to health care professionals;

2.84.2. to medical students;

2.84.3. by funding patient advocacy groups; and

2.84.4. to the public.

The spreading of Misrepresentations in the Information for Patients and Product Monographs, as found in the CPS

2.85. The Defendants failed to properly warn and inform of the serious risks and dangers associated with opioid use in their Information for Patients and Product Monographs in the CPS.

2.86. As an example, the Information for Patients generated by Defendant Purdue for the years 1996, 1998 and 2000 in respect of Hydromorph Contin contained no warnings about overdose or physical addiction. Copies of the extracts of the 1996, 1998 and 2000 CPS are communicated herewith, *en liasse*, as **EXHIBIT P-8**.

2.87. While in 2002 a warning was added to the Information for Patients, the addictive nature of the medication was downplayed: "*Les patients qui ont pris Hydromorph Contin pendant un certain temps peuvent développer une dépendance physique; cependant, ce n'est pas la même chose que la toxicomanie*", as appears from such extract communicated herewith as **EXHIBIT P-9**.

2.88. While the Product Monographs for Hydromorph Contin for the years 1996, 1998, 2000 and 2002 (EXHIBIT P-8 and EXHIBIT P-9) contained a warning, such warning indicated that "*Le risque d'abus ne constitue pas un problème chez les patients présentant des douleurs intenses et chez qui l'hydromorphone est indiquée.*"

2.89. In the case of Supeudol, even though the CPS for 1996, 1998, 2000, and 2002 included a section for Information for Patients, such section did not contain any listing for Supeudol. Extracts of the 1996, 1998, 2000 and 2002 CPS are communicated herewith, *en liasse*, as **EXHIBIT P-10**.

2.90. Like with Hydromorph Contin, the Product Monograph for Supeudol contained warnings, however, these warnings were neither detailed nor

forceful. Risks of respiratory depression, for example, were described as being limited to patients predisposed to such conditions. The warning regarding to tolerance, addiction and dependence is a general warning for all "*analgésiques narcotiques*" rather than being product specific: "*La tolérance, la dépendance psychique et physique* ***peuvent*** *survenir chez les patients recevant des analgésiques narcotiques*."

2.91. In 2004, the warnings with respect to Supeudol were modified. While they state that risks of secondary effects were less severe than with morphine products, they did acknowledge that the risk of dependence was "*sensiblement le meme que pour la morphine*." Furthermore, after the general warning that the use of narcotics may cause tolerance and dependence, there is a directive to consequently prescribe the drug in reduced doses and frequencies where dependence or risk of dependence is noted. Interestingly, it does not say not to prescribe the drug in such situations. The 2004 CPS is communicated herewith as **EXHIBIT P-11**.

2.92. These warnings were clearly insufficient, as appears from the way that they have evolved over time. Indeed, the recent Product Monographs include bolded sections containing precautions, in the Serious Warnings and Precautions Boxes, advising that treatment using such drugs should be limited to "*patients for whom alternative treatment options (e.g., non-opioid analgesics) are ineffective, not tolerated, or would otherwise be inadequate to provide appropriate management of pain*," as appears from the 2018 Product Monograph for Jurnista, Hydromorph-Contin and Supeudol, copies of which are communicated herewith, *en liasse*, as **EXHIBIT P-12.**

2.93. In addition to the limitations on use, these Serious Warnings and Precautions Boxes refer to, *inter alia*, addiction, abuse and misuse of opioids, life threatening respiratory depression as well as to the risks of accidental death and neonatal opioid withdrawal. These warnings are much more complete than they were in earlier years.

2.94. While Health Canada issued guidance to the industry on October 1, 2003, effective October 1, 2004, wherein it advised that a Serious Warnings and Precautions Box should be included in the Product Monographs of pharmaceutical products in order to highlight "*Clinically significant or life-threatening safety hazards when taking the drug*…", as appears from a copy of such guidelines communicated herewith as **EXHIBIT P-40**, the Product Monographs for many of the drugs produced by the Defendants did not include Serious Warnings and Precautions Boxes until much later. As an example, a Serious Warnings and Precautions Box only appears to have been added to the Dilaudid Prescribing Information in October, 2016, as

appears from the 2012 and 2016 Prescribing Information provided to the undersigned attorneys by Health Canada in response to a request for all Dilaudid Product Monographs, communicated herewith as **EXHIBIT P-41**.

The spreading of Misrepresentations to health care professionals

2.95. In an effort to increase the sales of their opioid products, the Defendants employed sales representatives to meet with health care professionals in person to perpetuate the Misrepresentations. According to the Dhalla Article (EXHIBIT P-1), these sales representatives apparently were paid bonuses based on the number of prescriptions issued by health-care providers that they visited.

2.96. The Defendants also promoted the use of opioids by placing ads in medical journals and popular magazines, which deceptively downplayed the risks of addiction by omitting negative side-effects and overstated the benefits of the use of opioids for the treatment of chronic pain.

2.97. This aggressive marketing is evident in the 2000 Purdue Marketing Budget (EXHIBIT P-6), where Defendant Purdue stated that it will promote OxyContin tablets for use in the non-cancer pain management patient group through advertisements using a "*keep it simple*" message, promoting a humane, quality of life appearance by including pictures of patients with their pain under control with OxyContin tablets.

2.98. Many examples of these types of advertisements can be found in publications geared towards Quebec health professionals, including *Le médecin du Québec*, as well as the CPS.

2.99. The Defendant Purdue advertised Codeine Contin to medical professionals for light to moderate chronic pain, as appears from a 2005 advertisement in a publication called *Le médecin du Québec* and accompanying Product Monograph, communicated herewith as **EXHIBIT P-42**. The advertisement referred to a general risk of abuse relating to all opioid pain relievers, but did not mention a serious risk of addiction. The Product Monograph stated that "***Le risque d'abus ne constitue pas un probleme*** *chez les patients présentant des douleurs et chez qui la codéine est indiquée*" and that withdrawal symptoms were "***généralement légers*** *si l'emploi médical des analgésiques opioïdes est justifié et si le sevrage est progressif*".

2.100. By way of illustration, in the 2004 CPS, Defendant Purdue advertised Hydromorph Contin, in an ad which encouraged prescribing the drug due to its tagline "*C'est votre patient. Vous pouver l'aider*." The ad gently warned in fine print that prudence was required when prescribing medications that

have a "*potentiel d'abus*", but did not highlight the serious risks of addiction, overdose or death. The 2004 Hydromorph Contin ad is communicated herewith as **EXHIBIT P-13.**

2.101. In the 2007 CPS, Defendant Purdue advertised Hydromorph Contin for non-cancer pain relief with an image of an older woman with the caption that stated: "*Il y a plusieurs raisons de prescrire Hydromorph Contin. Elle est la plus importante.*" The tagline under the name of the drug stated that Hydromorph Contin was "*un premier choix efficace pour la douleur intense*." The 2007 Hydromorph Contin ad is communicated herewith as **EXHIBIT P-14**.

2.102. The warnings contained in the fine print of the 2007 Hydromorph Contin ad (EXHIBIT P-14) mentioned again that prudence was required when prescribing medications that had a "*potentiel d'abus.*" Although the ad mentioned the potential risk of fatal respiratory depression, this risk is stated as only being applicable to patients without a pre-established opioid tolerance. The ad did not contain general warnings of the risks to all opioid users. While the ad stated that the "*monographie du produit [sera] fournie sur demande*", health care professionals were required to take positive steps to be fully aware of all of the significant negative side-effects of this drug.

2.103. Lastly, while the 2007 Hydromorph Contin ad (EXHIBIT P-14) stated that Hydromorph Contin should only be prescribed at an initial dose of 3mg every 12 hours, health care professionals were encouraged to increase the dose "*sans dose plafond*" after 48 hours.

2.104. In the 2010 CPS, the ad for Hydromorph Contin depicted a man walking in water with his dog with the caption "*Éprouvé pour maîtriser la douleur…une étape à la fois.*" The information included was mostly the same as in the 2007 Hydromorph Contin ad, except for the additions of "extrême" and "fort" to the warning, which stated that: "*On doit prescrire et utiliser les analgésiques opiaces avec l'**extrême** prudence qu'exige ce type de médicament, car il présente un **fort** potentiel d'abus*." Although this is a stronger caution to physicians regarding prescription practices, the warning was still grossly insufficient. The 2010 Hydromorph Contin ad is communicated herewith as **EXHIBIT P-15**.

2.105. Another example of misrepresentative marketing is evident in the way that OxyContin was advertised. In the 2004 CPS, an ad for OxyContin was included that showed a father on crutches looking depressed while watching his children play with the caption "*Je veux me concentrer sur ma vie, et non*

sur ma douleur." In a 2007 ad for OxyContin, a man was shown sitting on a bed, cross-armed, with a tagline that reads "*La douleur laisse une impression durable*". Both of these ads contained a similar fine print warning to prescribe OxyContin with prudence, which mirrored the language of the 2004 Hydromorph Contin ad (EXHIBIT P-13). The 2004 and the 2007 OxyContin ad are communicated herewith respectively as **EXHIBIT P-16** and **EXHIBIT P-17**.

2.106. In the 2013 CPS, Defendant Purdue advertised OxyNeo as a replacement for OxyContin and encouraged medical practitioners to take action by prescribing OxyNeo. Interestingly, despite having somewhat emboldened its 2010 Hydromorph Contin warning that it should be prescribed with extreme caution because of a strong risk of abuse, the words "*extrême*" and "*fort*" are notably absent from the warning on this 2013 ad. The 2013 OxyNeo ad is communicated herewith as **EXHIBIT P-18**.

2.107. The Defendant Janssen (known at the time as Janssen-Ortho Inc.) advertised the Duragesic fentanyl patch to medical professionals to replace weaker opioids for chronic pain, as appears from a 2002 advertisement in *Le médecin du Québec* and accompanying Product Monograph, communicated herewith as **EXHIBIT P-43**. The caption reads "*lorsque les opioïdes faibles ne suffisent plus à maîtriser la douleur chronique*", and promised three days of balanced blood levels, less constipation, nausea and vomiting and asserted that patients preferred the patch over oral time-released morphine. The fine print referred to a risk of abuse as well as a contra-indication for use in patients without prior tolerance to weaker opioids, but it did not mention the serious risk for all users of opioid products. In fact, the Duragesic Product Monograph contained at the rear of the same publication actively discouraged medical professionals from being influenced by the risk of addiction, which it characterized as rare:

> *Pharmacodependance et toxicomanie*
>
> *Le fentanyl est une substance opioïde qui peut occasionner une pharmacodépendance semblable à celle causée par la morphine. Il existe donc un potentiel d'abus de DURAGESIC. Cependant,* ***la tolérance ainsi que la dépendance physique et psychologique*** *peuvent se développer après des administrations répétées d'opioïdes et* ***ne sont pas par elles-mêmes une preuve de toxicomanie ou d'abus****.* ***La toxicomanie iatrogène à la suite d'une administration appropriée d'opioïdes pour le soulagement de la douleur chronique est relativement rare****.* ***Les médecins ne doivent pas laisser le souci d'une dépendance physique influencer leur***

décision *de prescrire une posologie appropriée d'opioïdes pour contrôler une douleur intense lorsqu'un tel emploi est indiqué.*

2.108. The Defendant Janssen produced similar ads to those of Defendant Purdue. As an example, in the 2003 CPS, the Defendant Janssen promoted a new use for the drug Duragesic, namely to treat chronic pain with the caption: "*Les Canadiens n'ont plus à avaler la douleur chronique; vers une vie sans interruption*". The fine print referred to a risk of abuse as well as a contra-indication for use in patients without prior tolerance to weaker opioids, but it did not mention the serious risk for all users of opioid products. The ad also mentioned, in larger print, that Duragesic had less risk of adverse secondary side-effects, like constipation, nausea and vomiting. The 2003 Duragesic ad is communicated herewith as **EXHIBIT P-19**.

2.109. Interestingly, in 2004, when Janssen Pharmaceutica Inc. ("**Janssen USA**") made similar statements in its ads, the USA Department of Health and Human Services (the "**USA Department of Health**") issued a warning letter to Janssen USA for making false and misleading claims about the lower potential of abuse compared to other opioid products. The letter also criticized Janssen USA for deceptively advertising Duragesic as "*associated with less constipation, nausea, and vomiting than oral opioids, which are absorbed by the GI tract.*" The USA Department of Health maintained that it was *"not aware of substantial evidence or substantial clinical experience to support this comparative claim*" and requested that Janssen USA immediately cease the dissemination of promotional materials for Duragesic that were the same or similar to those indicated in the letter. The 2004 warning letter from the USA Department of Health is communicated herewith as **EXHIBIT P-20**.

2.110. In addition to meetings with professionals and advertising their drugs, the Defendants also sponsored presentations as part of the continuing medical education courses attended by physicians that purported to show that certain opioids could be used as effective treatments for chronic pain and breakthrough pain, even in circumstance where such uses were not approved or for which there had been no adequate studies that proved that they were appropriate.

2.111. As seen in the 2000 Purdue Marketing Budget (EXHIBIT P-6), Defendant Purdue also considered Residents and Fellows to be a promising secondary target audience, stating that this market "*provides the ability to influence physicians still in training. Chief residents can be especially influential in teaching facilities*."

The spreading of Misrepresentations to medical students

2.112. The aggressive marketing of opioids was not limited to health care professionals, but also targeted medical students.

2.113. For example, certain Defendants supported the pain curriculum for students at several Canadian universities, as appears from a 2014 article by Navindra Persaud entitled "Questionable Content of an Industry-Supported Medical School Lecture Series: A Case Study", communicated herewith as **EXHIBIT P-21**:

> *Medical students received information about opioids in educational sessions that were developed using funding from pharmaceutical companies that sell opioids. The course material contained information that aligned with the interests of these companies by minimizing opioid-related harms relative to those other analgesics, overstating the evidence for their effectiveness and, in at least one instance, provided a potentially dangerous characterization of the potency of a commonly used opioid.*

The spreading of Misrepresentations by funding patient advocacy groups

2.114. The Defendants provided financial support to Canadian patient advocacy groups, such as the Canadian Pain Society, the Canadian Pain Coalition, the Association Québécoise de la Douleur Chronique (the "**AQDC**") and Chronic Pain Association of Canada in order to indirectly promote use of opioids to treat pain and to influence public opinion and policy in ways favorable to their drugs.

2.115. As an example, Defendants Purdue, Janssen and Pfizer provided grants to sponsor the Canadian Pain Society's 2001 "Patient Pain Manifesto", which was announced at a conference at the Delta Hotel in Montreal. A backgrounder included with a press release on the subject stated:

> ***Fiction**: Patients will become addicted to painkillers.*
>
> ***Fact**: Pain killers given in a controlled way to people who are having moderate to severe levels of pain **almost never leads to addiction**. There are a variety of treatments available to help prevent pain, which include a wide range of drugs as well as non-pharmacological techniques such as heat or relaxation.*

The whole as appears from a copy of such press release, backgrounder, fact sheet and bookmarks, dated May 11, 2001, communicated herewith as **EXHIBIT P-44**.

2.116. As appears from such document, the Canadian Pain Society intended on distributing a million of the attached bookmarks, which list the names of the Defendants that funded the initiative, to patients, their families, and health professionals. The bookmark stated:

> *Did you know that*
>
> ***It is extremely rare that people become addicted to the pain killers they are given for pain**.*
>
> *Problems with pain killers (constipation, itching, nausea) can be controlled.*

2.117. The Canadian Pain Society also lists, as one of its goals, to "*work more closely with industry to market educational materials*" and to spread this message by providing "*more continuing education opportunities to health professionals on the assessment and management of pain*", and by distributing "*10,000 posters to healthcare professionals and clinics*."

2.118. In 2002, the Canadian Pain Society published a consensus statement and guidelines on the "*Use of opioid analgesics for the treatment of chronic non-cancer pain*", a copy of which is communicated herewith as **EXHIBIT P-45**, which promoted, *inter alia*, that:

- *"Pain of all types is undertreated in our society";*
- *"Health professionals' fears regarding iatrogenic addiction…create a significant barrier to the optimum prescribing of opioids for pain";*
- *"Tolerance and/or physical dependence on regular opioid use in a patient in pain are not, by themselves, evidence of an addictive disorder";*
- *"A patient with a past history of, or risk factors for, addiction should not necessarily be precluded from a careful trial of opioid therapy…"; and*
- *"Opioid analgesics are generally safe medications when prescribed with appropriate monitoring."*

2.119. As another example, Defendants Purdue, Paladin, Pfizer, and Valeant provided funding to the AQDC, which shared content on its website such as

an article entitled "*La dépendence aux opiacés… mythe ou réalité*" which downplayed the risk of addiction to opioids, stating:

> *À l'opposé, l'apparition d'un problème de dépendance psychologique (addiction) à la suite d'une exposition thérapeutique aux opiacés* ***est considérée comme un phénomène rare*** *qui, s'il survient, affecte généralement un individu préalablement vulnérable sur le plan biologique et (ou) psychosocial.*

the whole as appears from a list of the AQDC's partners from June 7, 2007 communicated herewith as **EXHIBIT P-46**, and a copy of such website's "Lexique de Maladies" with a 2003 article by Dominique Dion entitled "*La dépendence aux opiacés….mythe ou réalité*", communicated herewith *en liasse* as **EXHIBIT P-47**.

2.120. Similarly, in the United States, the Defendants' related and parent companies funded these types of groups, which spread similar content, namely that the under treatment of pain was a serious issue and that more liberal use of opioids was the solution, all of which content was available online in Quebec.

2.121. As an example, Pricara, a division of Ortho-McNeil Janssen Pharmaceuticals Inc. in the United States, gave funding for the website "*Letstalkpain.org*", which promoted the use of opioids and downplayed the risks of addiction. In a section of such website called "Understanding Tolerance, Physical Dependence and Addiction", a copy of which is communicated herewith as **EXHIBIT P-48**, the false notion of "*pseudoaddiction*" was promoted, as well as the false statement that for many patients, opioids were the only effective treatment option:

> *A related term is pseudoaddiction, which refers to patient behaviors that may occur when pain is under-treated. This includes an increased focus on obtaining medications ("drug seeking" or "clock watching") and even illicit drug use or deception.* ***Pseudoaddiction is different from true addiction because such behaviors can be resolved with effective pain management.***
>
> *…*
>
> *For many people experiencing pain,* ***opioid analgesics*** *- when used as recommended by established pain management guidelines -* ***are the most effective way to treat their pain, and often the only treatment option*** *that provides substantial relief.*

2.122. In some instances, the Defendants would cut-off funding if the information being conveyed by the patient advocacy groups did not align with their interests, as appears from a 2019 news article by Itai Bavli and Joel Lexchin entitled “Why Big Pharma must disclose payments to patient groups”, a 2018 news article by Kelly Crowe entitled “Following the money between patient groups and Big Pharma” and a 2019 news article by Christian Noel entitled “Des groupes de patients financés en secret par des pharmaceutiques”, communicated herewith respectively as **EXHIBIT P-22**, **EXHIBIT P-23** and **EXHIBIT P-24**.

The spreading of Misrepresentations to the public

2.123. The Defendants recruited and paid professionals to advocate for the widespread use of opioids by consumers by writing books and articles and giving speeches on the benefits of opioid therapies, in which they downplayed the risks of addiction, while attempting to destigmatize the use of opioids.

2.124. For example, starting in 1997, one such medical professional, Dr. Russell Portenoy, received research support, consulting fees and other payments from several of the Defendants. He, along with a number of other medical professionals solicited and supported by the Defendants, played a critical role in supporting the misleading claims about opioids in the medical literature and at presentations. Most specifically, Dr. Portenoy carried his message about opioids even beyond the medical community to the public, falsely stating in a television interview on *Good Morning America* on August 30, 2010 that less than 1% of patients would become addicted to opioids and “*most doctors can feel very assured that the person is not going to become addicted*” in the absence of a personal or family history of substance abuse, as appears in a 2016 article by Arthur H. Gale entitled “Drug Company Compensated Physicians Role in Causing America’s Deadly Opioid Epidemic: When Will We Learn” (the “**Gale Article**”) and a 2017 news article by Christian Mcphat entitled “Upshur County is First in Texas to File a Lawsuit Holding Drug Makers Responsible for Opioid Epidemic”, which are communicated respectively herewith as **EXHIBIT P-25** and **EXHIBIT P-26**.

Liability in the United States

2.125. Opioid manufacturers in the United States, including many of the Defendants’ parent and/or related corporations, made largely the same Misrepresentations, in ostensibly the same or similar manner to that described above.

2.126. In fact, the aggressive marketing and misinformation strategies employed by the Defendants were largely coordinated with and/or directed by their US parents and/or related corporations.

2.127. On August 26, 2019, a landmark decision was rendered in the state of Oklahoma, wherein Johnson & Johnson and its various pharmaceutical subsidiaries including Janssen Pharmaceuticals, Inc., were condemned to pay in excess of US$460 million to the state, as a result of the role that such companies played in fueling the opioid epidemic experienced in that state, as appears from a copy of such judgment, communicated herewith as **EXHIBIT P-49**.

2.128. In particular, Justice Balkman found:

- *Defendants, acting in concert with others, embarked on a major campaign in which they used branded and unbranded marketing to disseminate the messages that pain was being undertreated and "there was a low risk of abuse and a low danger" of prescribing opioids to treat chronic, non-malignant pain and overstating the efficacy of opioids as a class of drugs. (para. 18)*

- *A key element of Defendants' opioid marketing strategy to overcome barriers to liberal opioid prescribing was its promotion of the concept that pain was undertreated (creating a problem) and increased opioid prescribing was the solution…. Defendants' trained their Oklahoma sales representatives on how to use these campaigns, including though the use of "emotional selling" for opioids by convincing physicians that undertreated pain was harming patients. (para. 20)*

- *Defendants used the phrase "pseudoaddiction" to convince doctors that patients who exhibited signs of addiction […] were not actually suffering from addiction, but from the undertreatment of pain, and the solution, according to Defendants' marketing was to prescribe more opioids. (para. 22)*

- *Defendants trained their sales reps to target high-opioid prescribing physicians, including pain specialists and primary care physicians…. Defendants particularly targeting primary care physicians with their opioid marketing, identifying them*

as "Key Customer[s]" for Defendants' pain franchise. (para. 30)

- *Defendants made substantial payments to a variety of different pain advocacy groups and organizations that influenced prescribing physicians and other health professionals. (para. 36)*

- *Defendants made claims, unsupported by any high quality evidence, that opioids could be safely used for chronic, on-terminal pain. Defendants used the phrase "pain as the 'fifth vital sign' to influence doctors to liberally prescribe opioids. (para. 57)*

2.129. Prior to the trial, Purdue Pharma L.P. and its related companies, as well as Teva Pharmaceuticals USA Inc., and its related companies, settled with the state of Oklahoma for US$270 million and US$85 million respectively.

2.130. Following such settlement, on September 15, 2019, Purdue Pharma L.P. filed for Chapter 11 bankruptcy protection in the United States, in an effort to effect a global settlement of the more than 2600 claims against it and various related parties, for misleading doctors and patients alike by overstating benefits and downplaying the risks of opioids.

2.131. On October 21, 2019, Teva Pharmaceutical Industries Ltd., together with three US distributors, settled another claim with two Ohio counties on the eve of trial, for a combined amount of US$260 million, which includes a contribution by Teva Pharmaceutical Industries Ltd. of $20 million in cash and $25 million at its wholesale acquisition cost of sublingual buprenorphine (a partial opioid agonist) and naloxone (a pure opioid agonist), known by the brand name Suboxone, which is commonly used in the treatment of Opioid Use Disorder.

The Resulting Opioid Crisis in Quebec

2.132. As a result of the Defendants' Misrepresentations, failure to inform and failure to warn, an opioid crisis has ensued.

2.133. The 2016 Standing Committee Report (EXHIBIT P-4) issued to the Government of Canada stated that Canadians are the second highest consumers of prescription opioids in the world, with 15% of Canadians over the age of 15 reporting having used opioids in 2013. It was further reported that approximately 10% of patients who are prescribed opioids for chronic pain become addicted.

2.134. In April 2019, the Public Health Agency of Canada issued a report that found that opioid use is responsible for an estimated 3,017 deaths in 2016, 4,034 deaths in 2017 and 3,286 deaths between January and September of 2018, as appears from the 2019 Report entitled "National Report: Apparent Opioid-related Deaths in Canada" (the "**2019 National Report on Opioid-Related Deaths**"), communicated herewith as **EXHIBIT P-27**.

2.135. In an earlier study conducted by the Canadian Institute for Health Information ("**CIHI**"), it was found that hospitalization rates for opioid-related harms increased by 27% over the past 5 years and between 2016 and 2017, opioid poisoning hospitalization went up by 8%, resulting in an average of 17 hospitalizations per day, as appears from the 2018 Report entitled "Opioid-Related Harms in Canada" (the "**2018 CIHI Report on Opioid-Related Harms**"), communicated herewith as **EXHIBIT P-28**.

2.136. A study conducted in Quebec on opioid-related deaths over a 20-year period from 1990 to 2009 found that the number of unintentional poisonings increased in the period of 1990 to 1994 and again from 2005 to 2009. The study further found that fatal poisonings caused by opioids increased by 40.9% during the 2005 to 2009 period, and that 91.3% of such fatal poisonings were caused by prescription opioids, as appears from the *Institut National de Santé Publique du Québec*'s 2013 report entitled "Opioid-related Poisoning Deaths in Québec: 2000-2009" (the "**2013 Quebec Opioid-Related Death Report**"), communicated herewith as **EXHIBIT P-29**.

2.137. The 2019 National Report on Opioid Related Deaths (EXHIBIT P-27) found that in Quebec, deaths relating to opioid and other illicit drug use resulted in 166 deaths in 2016, 181 deaths in 2017 and 300 deaths between January and September 2018. In 2018, the total number of deaths from opioid and other illicit drug use was 424, and in the first three months of 2019, 119, as appears from the updated figures of such National Report, communicated herewith as **EXHIBIT P-50**.

2.138. The impact of the opioid crisis in Quebec is being felt more urgently with each passing year, as the number of prescriptions for opioids has increased significantly in recent years.

2.139. Statistics provided by the *Régie de l'assurance maladie du Québec* ("**RAMQ**") to Le Devoir indicate that between 2011 and 2015, the number of new prescriptions for opioid medications has increased by 29% from 1.9 million in 2011 to 2.4 million in 2015, and the number of renewals of prescriptions climbed by 44%, as appears from a 2016 article by Karl

Rettino-Parazelli entitled "L'usage d'opioïdes est en forte hausse" (the "**Rettino-Parazelli Article**") communicated herewith as **EXHIBIT P-30**.

Government Response to the Opioid Crisis

2.140. Despite these disturbing statistics, a 2017 Opioid Awareness Survey revealed that Quebecers have by far the lowest level of knowledge in respect of the opioid crisis of all of the Canadian provinces, and as a consequence, in 2018, the government of Quebec embarked on a thirty-five million dollar action plan over the next 10 years in order to raise public awareness of this epidemic, as appears from a 2019 news article by Megan Martin entitled "*Large portion of Quebec population unaware of the risks with opioids*" and from a 2018 news article by Kalina Laframboise entitled "*Quebec government unveils action plan to fight opioid overdoses, addiction*", communicated herewith respectively as **EXHIBIT P-31** and **EXHIBIT P-32**.

2.141. In June 2018, the Minister of Health sent a letter to manufacturers and distributors of opioids in Canada calling on them to stop all marketing and advertising of opioids to health care professionals on a voluntary basis, as appears from the Government of Canada's webpage entitled "Notice of Intent to Restrict the Marketing and Advertising of Opioids", a copy of which is communicated herewith as **EXHIBIT P-33**.

2.142. On January 31, 2019, Health Canada sent a follow up letter to fifteen companies who market and distribute opioid products in Canada.

2.143. On October 23, 2018, Health Canada added requirements under the Food and Drug Regulations in order to ensure that patients would finally "*receive clear information about the safe use of opioids and the risks associated with their use*", as appears from the Government of Canada's webpage entitled "Opioid Warning Sticker and Patient Information Handout, and Risk Management Plans", communicated herewith as **EXHIBIT P-34**.

2.144. These new regulations require that a warning sticker and a patient information handout be provided with prescriptions for all opioids that appear in Part A of Health Canada's "List of Opioids" dated May 2, 2018, attached hereto together with the required warning label as **EXHIBIT P-35**.

2.145. The required warning label clearly indicates that opioids can cause dependence, addiction and overdose, as appears from the reproduction of the warning below:

2.146. The information handout provides patients with a serious and explicit warning about opioid use, including that the use of opioids can result in overdose (which can lead to death), addiction, physical dependence, life-threatening breathing problems, worsening rather than improving pain and withdrawal. It further warns of the risks of taking opioids while pregnant, and cautions users to take only as directed, and in particular, not to crush, cut, break, chew or dissolve pills. The provided information advises of the signs of overdose and directs users to the Product Monograph for further complete information about the prescribed drug, as appears in Health Canada's Patient Information Handout dated March 15, 2019, communicated herewith as **EXHIBIT P-36**.

Damages caused by Defendants' Faults

2.147. As a direct result of the Defendants' failure to adequately warn of the risks and dangers associated with use of their opioid products and their campaign to misinform the public as to both the effectiveness and risks relating to opioid use, the use of opioids to treat chronic pain became much more common, and this has caused the opioid crisis in Quebec today, as appears from the 2016 Standing Committee Report (EXHIBIT P-4).

2.148. In particular, the Defendants' Misrepresentations caused the Opioid Use Disorders that the Class Members have suffered from, or continue to suffer from.

2.149. Sufferers of Opioid Use Disorder experience at least two of the following diagnostic symptoms:

2.149.1. Opioids are often taken in larger amounts or over a longer period than was intended;

2.149.2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use;

2.149.3. A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects;

2.149.4. Craving or a strong desire to use opioids;

2.149.5. Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home;

2.149.6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids;

2.149.7. Important social, occupational, or recreational activities are given up or reduced because of opioid use;

2.149.8. Recurrent opioid use in situations in which it is physically hazardous;

2.149.9. Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by opioids;

2.149.10. Tolerance*, as defined by either of the following:

1. Need for markedly increased amounts of opioids to achieve intoxication or desired effect; and

2. Markedly diminished effect with continued use of the same amount of opioid.

2.149.11. Withdrawal*, as manifested by either of the following:

1. Characteristic opioid withdrawal syndrome; and

2. Same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms.

*Patients who are prescribed opioid medications for analgesia may exhibit these two criteria (withdrawal and tolerance), but would not necessarily be considered to have a substance use disorder.

A copy of the above clinical diagnostic criteria as per the DSM-5 ("**Diagnostic Criteria**") is communicated herewith as **EXHIBIT P-37**.

2.150. Opioid Use Disorder has crippling effects on its victims, including in the form of:

2.150.1. personal injury, including addiction;

2.150.2. severe emotional distress, social stigma, prejudice and discrimination resulting from addiction;

2.150.3. a lack of awareness that they are suffering from Opioid Use Disorder;

2.150.4. overdose, serious injury, and death;

2.150.5. out of pocket expenses relating to their drug dependence, including for treatment and recovery; and

2.150.6. loss of income.

2.151. The Defendants should be held liable for the consequences of their faults to the Class Members, as they had an obligation to both ensure the safety and the safe use of their products and to properly warn, rather than misinform, of the risks associated with their products.

The Designated Class Member

2.152. to 2.209 (…)

(the French language version of this section is attached hereto as Annex A)

2.210. The Plaintiff, Jean-François Bourassa, is a resident of the Province of Quebec, and has been treated for Opioid Use Disorder since 2017, in both in-patient and out-patient programs, run by the Centre hospitalier de l'Université de Montréal, (the "**CHUM**"), after having been prescribed opioids for more than a decade.

2.211. Mr. Bourassa was the owner of a roofing business operating in the Laurentian region of Quebec. Prior to the events described below, Mr. Bourassa was active in his business, enjoyed playing sports, and had a full and rewarding life with his young family.

2.212. On November 27, 2005, at age 34, he was injured due to a fall from a roof. His injuries included multiple fractures to his left fibula and ankle. He was brought by ambulance to the emergency department at the hospital Hôtel-Dieu de Saint-Jérôme.

2.213. While being treated for his injuries at the hospital, Mr. Bourassa was initially given the opioid drug Supeudol (active pharmaceutical ingredient oxycodone) manufactured by Sandoz. Very shortly thereafter, the hospital doctors switched his medicine from Supeudol to the immediate-release drug Dilaudid (active pharmaceutical ingredient hydromorphone), at that time manufactured by Abbott.

2.214. Mr. Bourassa remained on prescription Dilaudid after his discharge from the hospital on November 28, 2005.

2.215. Beginning in January 2006 and until mid-2017, Mr. Bourassa was followed by a physician at a private clinic in Saint-Sauveur, specialized in the treatment of pain.

2.216. From 2006 until he was admitted to the CHUM in May 2017, Mr. Bourassa was dispensed by pharmacies the following prescription opioids for the pain which persisted after his fall:

(i) Dilaudid, manufactured by Abbott and then, starting in or around 2009 by Purdue Pharma, and

(ii) controlled-release Hydromorph Contin (active pharmaceutical ingredient hydromorphone) manufactured by Purdue Pharma.

2.217. In 2010 and 2013, the immediate-release hydromorphone was periodically dispensed to him as a generic version, PMS-Hydromorphone manufactured by Pharmascience.

2.218. Over this eleven (11) year period, the prescribed dosages of Dilaudid and Hydromorph Contin increased as Mr. Bourassa became tolerant to these drugs and required ever greater amounts of the medication to obtain some degree of pain relief.

2.219. Exceptionally, over the years, in addition to the opioids mentioned above, Mr. Bourassa was also prescribed for short periods of time certain other opioids which were dispensed to him by pharmacies, namely:

(i) Early in 2000, Empracet-30, a GSK drug (active pharmaceutical ingredient codeine) for pain related to an accident which caused burns to his face;

(ii) On April 2, 2008, Teva-Emtec-30, a Teva drug (active pharmaceutical ingredient codeine) for pain related to a dental procedure;

(iii) On December 16, 2009, Ratio-Emtec-30, a Ratiopharm drug (now Teva) (active pharmaceutical ingredient codeine) for pain related to a dental procedure; and

(iv) On April 17, 2015, Procet-30, a Pro Doc drug (active pharmaceutical ingredient codeine), also for pain related to a dental procedure.

2.220. In early 2017, Mr. Bourassa acknowledged that despite the large amounts of opioids he was taking, his pain was not being relieved and had become more widespread. He realized he had to do something to try to get some semblance of his life back. After eleven (11) years of taking Dilaudid and Hydromorph Contin, Mr. Bourassa decided that he needed to get treatment to address his dependency on opioids.

2.221. On March 22 and on April 28, 2017, Mr. Bourassa's doctors sent requisitions on his behalf to the Addiction Unit of Hôpital St-Luc (part of the CHUM since 2017) (the "**Addiction Unit**"). Following these requests, Mr. Bourassa was admitted to the hospital and stayed for eight-days from May 25 to June 2, 2017.

2.222. During this hospital stay, Mr. Bourassa was, for the first time, diagnosed as suffering from OUD (described as severe), as appears from his hospital admission records in respect of his May 25 to June 2, 2017 in-patient treatment at the CHUM communicated herewith under seal as **EXHIBIT P-51**.

2.223. During this stay at the hospital in 2017, his doctors began the withdrawal management process by decreasing his daily consumption of prescription opioids. From that time to the present, Mr. Bourassa has been monitored by physicians associated with the CHUM.

2.224. Following his discharge from the Hôpital St-Luc, Mr. Bourassa continued, as part of the treatment process, to be prescribed Dilaudid and Hydromorph Contin, each in lower dosages. On the occasions that he received the generic form of Dilaudid, it was dispensed to him as either Apo-Hydromorphone manufactured by Apotex, or PMS-Hydromorphone manufactured by Pharmascience.

2.225. Between November 1 and December 4, 2017, Mr. Bourassa's medication was briefly switched by his doctor to a sustained-release morphine, which was dispensed to him as Teva-Morphine SR manufactured by Teva, and Morphine SR manufactured by Sanis. As well, he was prescribed and dispensed Statex manufactured by Paladin.

2.226. However, because he did not tolerate the morphine well, on December 4, 2017 his prescriptions were switched back to the combination of Hydromorph Contin and Dilaudid (including the generic versions of Dilaudid).

2.227. In February 2018, he agreed to be re-admitted to the hospital to embark on a process of Metadol (methadone) induction to treat his OUD.

2.228. On March 13, 2018, Mr. Bourassa was admitted for a four-day stay at the Addiction Unit. Mr. Bourassa's hospital admission records in respect of his March 13 to 17, 2018 in-patient treatment at the CHUM, communicated herewith under seal as **EXHIBIT P-52**, indicate once again his diagnosis of severe OUD.

2.229. During his stay at the hospital, he was given Metadol to treat his OUD and manage the withdrawal process, which he has continued to take in various quantities following his discharge from the hospital.

2.230. On the Metadol substitution treatment, Mr. Bourassa experienced withdrawal symptoms, including cravings, headaches, musculoskeletal pain, chills, episodes of severe sweating, and insomnia.

2.231. In April 2019, Mr. Bourassa began to be treated at the Clinique Antidouleur du CHUM and his dosages of Metadol were slowly decreased. His treating physician introduced him to certain alternative therapies for pain, including ketamine injections.

2.232. In July 2021, Mr. Bourassa was prescribed Dilaudid by an emergency room physician to alleviate pain associated with shingles. He is still being prescribed Dilaudid by his family doctor, but the amounts being prescribed are being gradually reduced.

The Consequences of his Use of Prescription Opioids and his OUD

2.233. Mr. Bourassa has greatly suffered, and continues to do so to this very day, from his OUD and its side effects, including severe muscle and bone pain, debilitating fatigue, chronic insomnia, anxiety, depression, chills, excessive water retention, bloating and sweating.

2.234. Mr. Bourassa states that his OUD prevents him from thinking properly, concentrating, sleeping, relaxing and even from enjoying simple pleasures such as reading or watching television. He further indicates that, on Metadol,

he is only somewhat functional for 9 to 10 hours a day and the rest of the time is unbearable.

2.235. He laments that his addiction to opioids has also caused him to miss many of life's important moments with his children and put great strains on his marriage.

2.236. Mr. Bourassa describes his experience with opioids and OUD as "hell on earth", and this even since the withdrawal management process he started in 2017, as appears from his letter dated April 8, 2020 to his family doctors at the Clinique Antidouleur, a copy of which is communicated herewith under seal as **EXHIBIT P-53**.

2.237. Although he was able to work intermittently after a lengthy recovery from his accident in November 2005, he ultimately was unable to continue working due to his OUD.

2.238. In November 2020, Mr. Bourassa applied for disability benefits under the Quebec Pension Plan, which application was supported by his family doctor, as he does not believe that Mr. Bourassa will ever be able to work again.

2.239. Mr. Bourassa believes that no one should ever have to experience the suffering that he has endured as a result of his prescription opioid use and the OUD that resulted. He is prepared to act as a designated class member and has accepted that his name be made public since he feels so strongly that Quebecers such as himself should be able to seek redress for the damages that result from the use of these dangerous drugs which have caused their users so much harm.

3. The facts giving rise to personal claims by each of the members of the Class against the Defendants are:

3.1. Each Class Member was prescribed and has consumed opioids, produced, manufactured, sold, marketed and/or distributed by the Defendants.

3.2. Each Class Member became addicted to opioids produced, manufactured, sold, marketed and/or distributed by the Defendants, and consequently suffers from, or has suffered from, Opioid Use Disorder, marked by having experienced symptoms of at least two of the Diagnostic Criteria.

3.3. Each Class Member has suffered substantially as result of their addiction.

3.4. The Defendants' faults in failing to disclose the risks of, and in disseminating the false and misleading information about opioids are the direct cause of the damages suffered by the Class Members.

3.5. The Defendants chose profits over the health of the consumers of their products, profits which are generated by the sale of opioids as well as drugs that treat addiction, overdose and other side-effects of opioids.

3.6. Accordingly, the Class Members are justified in seeking compensation for the damages suffered as a result of their Opioid Use Disorder.

4. The composition of the Class makes it difficult or impracticable to apply the rules for mandates to take part in judicial proceedings on behalf of others or for consolidation of proceedings:

4.1. The Plaintiff is unaware of the precise number of Class Members, who reside all over Quebec.

4.2. The opioids produced, manufactured, sold, marketed and/or distributed by the Defendants have been more widely prescribed since at least 1996 when the Misrepresentations began.

4.3. As previously stated, in Quebec:

4.3.1. Fatal poisoning cause by opioids increased by 40.9% between 2005 and 2009 and 91.3% of these fatal poisonings were caused by prescription opioids, as appears from the 2013 Quebec Opioid-Related Death Report (EXHIBIT P-29).

4.3.2. Deaths relating to opioids and other illicit drug use resulted in 166 deaths in 2016, 181 deaths in 2017, 424 deaths in 2018, and 119 deaths in the first three months of 2019, as appears from the 2019 National Report on Opioid-Related Deaths and its September 2019 update (EXHIBIT P-27 and EXHIBIT P-50).

4.3.3. The number of new prescriptions for opioid medications has increased by 29%, from 1.9 million in 2011 to 2.4 million in 2015, as appears from the Rettino-Parazelli Article (EXHIBIT P-30), and it is estimated that approximately 10% of individuals prescribed opioids for chronic pain become addicted (EXHIBIT P-4).

4.4. The number of individuals who make up the Class can therefore reasonably be estimated to be several thousand people.

4.5. Due to the confidentiality of medical records, it is impossible for the Plaintiff to know the identity of the people who consumed prescription opioids, and who developed an Opioid Use Disorder.

4.6. It would be difficult, if not impossible, to find and contact the Class Members to obtain a mandate or for the consolidation of the proceedings.

5. The identical, similar or related questions of law or fact between each member of the Class and the Defendants which Plaintiff wishes to have decided by the class action are:

5.1. Do the opioid products manufactured, marketed, distributed and/or sold by the Defendants pose serious health risks to their users due to, *inter alia*, their addictive nature?

5.2. Do the opioid products manufactured, marketed, distributed and/or sold by the Defendants offer the safety that Class Members could normally expect?

5.3. Did the Defendants provide the Class Members with precise and complete warnings on the risks and dangers of using their opioid products?

5.4. Did the Defendants trivialize or deny the risks and dangers associated with the use of opioids?

5.5. Did the Defendants employ marketing strategies which conveyed false or misleading information, including by omission, about the characteristics of the opioid products they were selling?

5.6. Did the Defendants fail to properly monitor the safety of their opioid products and/or take appropriate corrective action to adequately inform users of such safety risks, as knowledge evolved as to such safety risks and side effects?

5.7. Have the Class Members suffered damages as a result of their Opioid Use Disorders?

5.8. What is the amount of non-pecuniary damages suffered by the Class Members?

5.9. Can the Class Members ask for collective recovery of their non-pecuniary damages?

5.10. Did the Defendants intentionally interfere with the right to life, personal security and inviolability of the Class Members?

5.11. Did the Defendants knowingly put a product on the market that creates addiction and Opioid Use Disorder?

5.12. Are the Defendants liable for punitive damages as a result their egregious conduct, and if so, in what amount?

6. The questions of law or fact which are particular to each of the members, are:

6.1. The nature of their Opioid Use Disorder, in particular, which of the Diagnostic Criteria they experience or have experienced;

6.2. Other than the damages recovered collectively, what other damages have the Class Members suffered?

7. It is expedient that the bringing of a class action for the benefit of the members of the class be authorized.

8. The nature of the recourse which the Plaintiff wishes to exercise on behalf of the members of the Class, is:

8.1. An action for damages based on the extra-contractual responsibility of the manufacturer, the *Competition Act* and the *Charter of Human Rights and Freedoms*.

9. The conclusions sought by the Plaintiff are:

GRANT the Plaintiff's Class Action;

CONDEMN the Defendants solidarily to pay to each of the Class Members the amount of $30,000 in non-pecuniary damages with interest and additional indemnity since the service of the application for leave to institute a class action;

CONDEMN each of the Defendants to pay the sum of $25,000,000, in punitive damages;

CONDEMN the Defendants to pay to each Class Member a sum as pecuniary damages to be determined on an individual basis, increased by interest at the legal rate and the additional indemnity provided for in article 1619 of the *Civil Code of Quebec,* since service of the *application for leave to institute a class action* and to be recovered individually;

CONDEMN the Defendants to pay the Plaintiff's full costs of investigation in connection with the misrepresentations made by the Defendants;

ORDER the collective recovery of these awards;

DETERMINE the appropriate measures for distributing the amounts recovered collectively and the terms of payment of these amounts to the Class Members;

ORDER the liquidation of the individual claims for any other damage sustained by the Class Members;

DETERMINE the process of liquidating the individual claims and the terms of payment of these claims pursuant to articles 599 to 601 CCP.

10. The Plaintiff requests that he be ascribed the status of representative.

11. The Plaintiff is in a position to represent the members adequately, for the following reasons:

11.1. He was prescribed opioids, as described herein;

11.2. He became addicted to opioids, as described herein, and in fact, has suffered from severe Opioid Use Disorder, having experienced virtually all of the Diagnostic Criteria;

11.3. He has suffered damages as a result of his Opioid Use Disorder, which is a chronic condition that he will likely have to face for the rest of his life;

11.4. The Plaintiff would like to raise awareness about the dangers of opioid use, and feels so strongly about this issue that he is even willing to associate his name with these proceedings, despite any stigma which may still be associated with the issue of addiction;

11.5. As previously mentioned, he believes that no person should ever have to suffer the way that he has as a result of his addiction to prescription opioids, and has decided to act as the designated Class Member in this proceeding to seek compensation for all Quebecers affected by Opioid Use Disorder;

11.6. He understands the nature of the action; and

11.7. He is willing to devote the time necessary to the dispute and has already taken steps in that direction by obtaining his prescription history.

12. The Plaintiff suggests that the class action should be brought before the Superior Court of the district of Montreal for the following reasons:

12.1. (…) Plaintiff received his treatments related to his OUD in the district of Montreal;

12.2. (…) Many of the facts which give rise to these proceedings took place in the district of Montreal and the Defendants all carry on business and manufactured, marketed, distributed and/or sold prescription opioids in the district of Montreal, and caused class members damages in this district;

12.3. The Plaintiff's and almost all Defendants' attorneys practice their professions in Montreal; and

12.4. Many Class Members reside in Montreal.

WHEREFORE THE PLAINTIFF PRAYS:

That the present application be granted;

and

That the bringing of a class action be authorized, as described herein;

That the status of representative be granted to the Plaintiff for the purpose of bringing the said class action for the benefit of the following group of natural persons, namely:

> All persons in Quebec who have been prescribed and consumed any one or more of the opioids manufactured, marketed, distributed and/or sold by the Defendants between 1996 and the present day ("**Class Period**") and who suffer or have suffered from Opioid Use Disorder, according to the diagnostic criteria herein described.
>
> The Class includes the direct heirs of any deceased persons who met the above-mentioned description.
>
> The Class excludes any person's claim, or any portion thereof, subject to the settlement agreement entered into in the court file no 200-06-000080-070, provided that such settlement agreement becomes effective as a result of the issuance of the requisite court approvals.

That the principal questions of law and fact to be dealt with collectively be identified as follows:

i. Do the opioid products manufactured, marketed, distributed and/or sold by the Defendants pose serious health risks to their users due to, *inter alia*, their addictive nature?

ii. Do the opioid products manufactured, marketed, distributed and/or sold by the Defendants offer the safety that Class Members could normally expect?

iii. Did the Defendants provide the Class Members with precise and complete warnings on the risks and dangers of using their opioid products?

iv. Did the Defendants trivialize or deny the risks and dangers associated with the use of opioids?

v. Did the Defendants employ marketing strategies which conveyed false or misleading information, including by omission, about the characteristics of the opioid products they were selling?

vi. Did the Defendants fail to properly monitor the safety of their opioid products and/or take appropriate corrective action to adequately inform users of such safety risks, as knowledge evolved as to such safety risks and side effects?

vii. Have the Class Members suffered damages as a result of their Opioid Use Disorders?

viii. What is the amount of non-pecuniary damages suffered by the Class Members?

ix. Can the Class Members ask for collective recovery of their non-pecuniary damages?

x. Did the Defendants intentionally interfere with the right to life, personal security and inviolability of the Class Members?

xi. Did the Defendants knowingly put a product on the market that creates addiction and Opioid Use Disorder?

xii. Are the Defendants liable for punitive damages as a result of their egregious conduct, and if so, in what amount?

That the conclusions sought with relation to such questions be identified as follows:

GRANT the Plaintiff's Class Action;

CONDEMN the Defendants solidarily to pay to each of the Class Members the amount of $30,000 in non-pecuniary damages with interest and additional indemnity since the service of the application for leave to institute a class action;

CONDEMN each of the Defendants to pay the sum of $25,000,000 in punitive damages;

CONDEMN the Defendants to pay to each Class Member a sum as pecuniary damages to be determined on an individual basis, increased by interest at the legal rate and the additional indemnity provided for in article 1619 of the *Civil Code of Quebec,* since service of the *application for leave to institute a class action* and to be recovered individually;

CONDEMN the Defendants to pay the Plaintiff's full costs of investigation in connection with the misrepresentations made by the Defendants;

ORDER the collective recovery of these awards;

DETERMINE the appropriate measures for distributing the amounts recovered collectively and the terms of payment of these amounts to the Class Members;

ORDER the liquidation of the individual claims for any other damage sustained by the Class Members;

DETERMINE the process of liquidating the individual claims and the terms of payment of these claims pursuant to articles 599 to 601 CCP.

THE WHOLE WITH COSTS, including experts' fees and notice costs.

That it be declared that any member who has not requested his exclusion from the Class be bound by any judgment to be rendered on the class action, in accordance with law;

That the delay for exclusion be fixed at sixty (60) days from the date of the notice to members and that at the expiry of such delay the members of the Class who have not requested exclusion be bound by any such judgment;

That it be ordered that a notice to the class members be published according to the terms to be determined by the Court;

That it be ordered that the class action should be brought before the Superior Court of the district of Montreal;

The whole with costs, including the costs of all notices.

MONTREAL, (…) December 17, 2021

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ANNEX A

French language version of the section entitled “The Designated Class Member” (paras. 2.210 to 2.239):

2.210. Le Demandeur, Jean-François Bourassa, est un résident de la province de Québec. Il est traité depuis 2017 dans des programmes internes et externes, gérés par le Centre hospitalier de l'Université de Montréal (le "CHUM") pour un trouble lié à l'utilisation d'opioïdes ("TLUO"), après s'être fait prescrire des opioïdes pendant plus d'une décennie.

2.211. M. Bourassa était propriétaire d'une entreprise de toiture opérant dans la région des Laurentides au Québec. Avant les événements décrits ci-après, M. Bourassa était actif dans son entreprise, aimait pratiquer des sports et avait une vie bien remplie avec sa jeune famille.

2.212. Le 27 novembre 2005, à l'âge de 34 ans, il s'est blessé en tombant d'un toit. Ses blessures comprenaient des fractures multiples au péroné et à la cheville gauche. Il a été amené en ambulance à l'urgence de l'hôpital Hôtel-Dieu de Saint-Jérôme.

2.213. Pendant qu'il était traité pour ses blessures à l'hôpital, M. Bourassa a d'abord reçu le médicament opioïde Supeudol (ingrédient pharmaceutique actif oxycodone) fabriqué par Sandoz. Puis, peu de temps après, les médecins de l’hôpital ont remplacé le Supeudol par du Dilaudid (ingrédient pharmaceutique actif hydromorphone à libération immédiate), fabriqué à l'époque par Abbott.

2.214. M. Bourassa est resté sous prescription de Dilaudid après sa sortie de l'hôpital le 28 novembre 2005.

2.215. À partir de janvier 2006 et jusqu'à la mi-2017, M. Bourassa a été suivi par un médecin d'une clinique privée de Saint-Sauveur, spécialisé dans le traitement de la douleur.

2.216. De 2006, jusqu'à son admission au CHUM en mai 2017, M. Bourassa s'est vu prescrire et délivrer par des pharmacies des opioïdes pour des douleurs résultant de sa chute, à savoir:

(i) Dilaudid, fabriqué par Abbott, puis à partir de 2009 par Purdue Pharma; et

(ii) Hydromorph Contin (ingrédient pharmaceutique actif hydromorphone à libération contrôlée) fabriqué par Purdue Pharma.

2.217. En 2010 et 2013, l’hydromorphone à libération immédiate lui a été périodiquement délivré par les pharmacies sous la forme d'une version générique, le PMS-Hydromorphone fabriqué par Pharmascience.

2.218. Au cours de cette période de onze (11) ans, les doses prescrites à M. Bourassa de Dilaudid et d'Hydromorph Contin ont augmenté, car il est devenu tolérant à ces médicaments et n'obtenait plus le même degré de soulagement de la douleur.

2.219. Exceptionnellement, au fil des ans, en plus des médicaments susmentionnés, M. Bourassa s'est également vu prescrire et délivrer par des pharmacies pour de courtes périodes certains autres opioïdes, à savoir:

(i) Au début de l'année 2000, Empracet-30, un médicament de GSK (ingrédient pharmaceutique actif codéine) pour une douleur liée à une brûlure au visage;

(ii) Le 2 avril 2008, Teva-Emtec-30, un médicament de Teva (ingrédient pharmaceutique actif codéine) pour une liée à une intervention dentaire);

(iii) Le 16 décembre 2009, Ratio-Emtec-30, un médicament de Ratiopharm (maintenant Teva) (ingrédient pharmaceutique actif codéine) pour une douleur liée à une intervention dentaire; et

(iv) Le 17 avril 2015, Procet-30, un médicament de Pro Doc (ingrédient pharmaceutique actif codéine) pour une douleur liée à une intervention dentaire.

2.220. Au début de 2017, M. Bourassa s'est rendu compte que malgré les quantités importantes d'opioïdes qu'il consommait, sa douleur n'était pas soulagée et s'était généralisée. Il a réalisé qu'il devait faire quelque chose pour essayer de retrouver un semblant de vie. Après onze (11) ans à prendre du Dilaudid et de l'Hydromorph Contin, M. Bourassa a décidé de rentrer en cure de désintoxication.

2.221. Le 22 mars et le 28 avril 2017, des demandes de cure pour sevrage ont été transmises par ses médecins à l'Unité de toxicomanie de l'Hôpital St-Luc (faisant partie du CHUM depuis 2017) ("l'Unité de toxicomanie") au nom de M. Bourassa. Suite à ces demandes, M. Bourassa a été admis et a séjourné huit jours à l'Hôpital St-Luc du 25 mai au 2 juin 2017.

2.222. Lors de cette hospitalisation, M. Bourassa a été diagnostiqué pour la première fois avec un TLUO (décrire comme sévère), tel qu'il appert du dossier d'admission pour son hospitalisation au CHUM du 25 mai au 2 juin 2017 produit aux présentes sous scellé comme **PIÈCE P-51.**

2.223. Lors de son séjour à l'hôpital en 2017, ses médecins ont entamé le processus de sevrage en diminuant sa consommation quotidienne d'opioïdes sur ordonnance. M. Bourassa continue à ce jour à être suivi par des médecins associés au CHUM.

2.224. Ce processus s'est poursuivi après son congé de l'Hôpital St-Luc et M. Bourassa a donc continué à recevoir du Dilaudid et de l'Hydromorph Contin à de plus faible

dose. Le Dilaudid lui a été délivré par les pharmacies en forme de marque ou en forme générique, soit Apo-Hydromorphone fabriqué par Apotex ou PMS-Hydromorphone fabriqué par Pharmascience.

2.225. Entre le 1er novembre et le 4 décembre 2017, M. Bourassa s'est fait prescrire brièvement par son médecin de la morphine à libération contrôlée, qui lui a été délivrée sous les noms de Teva-Morphine SR fabriquée par Teva, et Morphine SR fabriquée par Sanis. De même, il s'est vu prescrire et délivrer du Statex fabriqué par Paladin.

2.226. Le 4 décembre 2017, comme il ne tolérait pas bien la morphine, il s'est vu represcrire la combinaison d'Hydromorph Contin et de Dilaudid, pour ce dernier, il a reçu également les versions génériques.

2.227. En février 2018, il a accepté d'être hospitalisé pour entreprendre un traitement de substitution au Metadol (méthadone) pour son TLUO.

2.228. Le 13 mars 2018, M. Bourassa a été admis pour un séjour de quatre jours à l'Unité de toxicomanie où il a de nouveau reçu le diagnostic de TLUO sévère, tel qu'il appert du dossier d'admission pour son hospitalisation au CHUM du 13 mars au 17 mars 2018 produit aux présentes sous scellé comme **PIÈCE P-52**.

2.229. Pendant son séjour à l'hôpital, on lui a administré du Metadol pour traiter son TLUO et entreprendre son sevrage, qu'il a continué à prendre en diverses quantités depuis sa sortie de l'hôpital.

2.230. Le traitement de substitution au Metadol a causé à M. Bourassa des symptômes de sevrage, dont des envies impérieuses (cravings), des maux de tête, des douleurs musculo-squelettiques, des frissons, des crises de sudation et de l'insomnie.

2.231. En avril 2019, M. Bourassa a commencé à être traité à la Clinique Antidouleur du CHUM et ses doses de Métadol ont lentement été diminuées. Son médecin traitant l'a initié à plusieurs thérapies alternatives contre la douleur, dont des perfusions de kétamine.

2.232. En juillet 2021, M. Bourassa s'est fait prescrire par un urgentologue du CHUM du Dilaudid pour soulager la douleur associée au zona. Il reçoit encore ces prescriptions de son médecin de famille, mais diminue graduellement les doses.

Les conséquences de sa consommation d'opioïdes sur ordonnance et de son TLUO.

2.233. M. Bourassa a beaucoup souffert, et continue de souffrir jusqu'à ce jour, du TLUO et de ses effets secondaires, y compris de graves douleurs musculaires et osseuses, une fatigue invalidante, une insomnie chronique, de l'anxiété, une

dépression, des frissons, une rétention d'eau excessive, des ballonnements et des crises de sudation.

2.234. M. Bourassa affirme que son TLUO l'empêche de se concentrer, de dormir, de se détendre et même de profiter de plaisirs simples comme lire ou regarder la télévision. Il indique également que sous Metadol, il n'est que quelque peu fonctionnel pendant 9 à 10 heures par jour et que le reste du temps, sa condition est insupportable.

2.235. Il déplore que sa dépendance aux opioïdes lui ait fait manquer de nombreux moments importants de la vie avec ses enfants et ait mis son mariage à rude épreuve.

2.236. M. Bourassa décrit son expérience avec les opioïdes et son TLUO comme "l'enfer sur terre" et ce, même depuis son processus de sevrage en 2017, tel qu'il appert de sa lettre datée du 8 avril 2020 remis à ses médecins à la Clinique Antidouleur, produite aux présentes sous scellé comme **PIÈCE P-53.**

2.237. Bien qu'il ait pu travailler par intermittence après un long rétablissement à la suite de son accident en novembre 2005, il est présentement incapable de continuer à travailler en raison de son TLUO.

2.238. En novembre 2020, M. Bourassa a fait une demande de prestations d'invalidité en vertu du Régime de rentes du Québec, laquelle demande a été appuyée par son médecin de famille, car il ne croit pas être en mesure de travailler de nouveau un jour.

2.239. M. Bourassa croit que personne ne devrait avoir à subir les souffrances qu'il a endurées en raison de sa consommation d'opioïdes sur ordonnance et du TLUO qui en a résulté. Il est prêt à agir en tant que représentant du groupe et a accepté que son nom soit rendu public. Il croit fermement que les Québécois ayant consommés comme lui des opioïdes sur ordonnance devraient pouvoir demander réparation pour les préjudices qui découlent de la prise de ces médicaments dangereux.

LIST OF EXHIBITS

EXHIBIT P-1. Irfan A. Dhalla, Navindra Persaud and David N. Juurlink, "Facing up to the prescription opioid crisis", (2011) *BMJ* 343: d5142

EXHIBIT P-2. Asim Alam and David N. Jurrlink, "The prescription opioid epidemic: an overview for anesthesiologists", (2016) *Can J Anaesth* 63(1):61-68

EXHIBIT P-3. Purdue Pharma L.P., Press Release, "New Hope for Millions of Americans Suffering from Persistent Pain", PR Newswire (31 May 1996)

EXHIBIT P-4. Canada, House of Commons, "Report and Recommendations on the Opioid Crisis in Canada", Report of the Standing Committee on Health, 1st sess., 42nd parliament, December 2016

EXHIBIT P-5. Marion S. Greene and R. Andrew Chambers, "Pseudoaddiction: Fact or Fiction? An Investigation of the Medical Literature", (2015) *Curr Addict Rep*, 2(4): 310-317

EXHIBIT P-6. Purdue Pharma, "2000 Budget Plan – OxyContin Tablets" (2000)

EXHIBIT P-7. Canada, National Opioid Use Guideline Group, "Canadian Guideline for Safe and Effective Use of Opioid for Chronic Non-Cancer Pain" (2010).

EXHIBIT P-8. Association pharmaceutique canadienne, "Hydromorph Contin" in *Compendium des produits et spécialités pharmaceutiques*, 31st ed (Ottawa: Association pharmaceutique canadienne, 1996); Association des pharmaciens du Canada, "Hydromorph Contin" in *Compendium des produits et spécialités pharmaceutiques*, 33rd ed (Ottawa: Association des pharmaciens du Canada, 1998); Association des pharmaciens du Canada, "Hydromorph Contin" in *Compendium des produits et spécialités pharmaceutiques*, 35th ed (Ottawa: Association des pharmaciens du Canada, 2000)

EXHIBIT P-9. Association des pharmaciens du Canada, "Hydromorph Contin" in *Compendium des produits et spécialités pharmaceutiques* (Ottawa: Association des pharmaciens du Canada, 2002)

EXHIBIT P-10. Association pharmaceutique canadienne, "Supeudol" in *Compendium des produits et spécialités pharmaceutiques*, 31st ed (Ottawa: Association pharmaceutique canadienne, 1996); Association des pharmaciens du Canada, "Supeudol" in *Compendium des produits et spécialités pharmaceutiques*, 33rd ed (Ottawa: Association des pharmaciens du Canada, 1998); Association des pharmaciens du

Canada, “Supeudol” in *Compendium des produits et spécialités pharmaceutiques*, 35th ed (Ottawa: Association des pharmaciens du Canada, 2000); Association des pharmaciens du Canada, “Supeudol” in *Compendium des produits et spécialités pharmaceutiques* (Ottawa: Association des pharmaciens du Canada, 2002).

EXHIBIT P-11. Association des pharmaciens du Canada, “Supeudol” in *Compendium des produits et spécialités pharmaceutiques* (Ottawa: Association des pharmaciens du Canada, 2004).

EXHIBIT P-12. Association des pharmaciens du Canada, “Jurnista” in *Compendium des produits et spécialités pharmaceutiques* (Ottawa: Association des pharmaciens du Canada, 2018); Association des pharmaciens du Canada, “Hydropmorph Contin” in *Compendium des produits et spécialités pharmaceutiques* (Ottawa: Association des pharmaciens du Canada, 2018); Sandoz Canada Inc., “Product Monograph Including Patient Medication Information - Supeudol” (23 March 2018).

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EXHIBIT P-14. Hydromorph Contin ad in Association des pharmaciens du Canada, *Compendium des produits et spécialités pharmaceutiques* (Ottawa: Association des pharmaciens du Canada, 2007)

EXHIBIT P-15. Hydromorph Contin ad in Association des pharmaciens du Canada, *Compendium des produits et spécialités pharmaceutiques* (Ottawa: Association des pharmaciens du Canada, 2010)

EXHIBIT P-16. OxyContin ad in Association des pharmaciens du Canada, *Compendium des produits et spécialités pharmaceutiques* (Ottawa: Association des pharmaciens du Canada, 2004)

EXHIBIT P-17. OxyContin ad in Association des pharmaciens du Canada, *Compendium des produits et spécialités pharmaceutiques* (Ottawa: Association des pharmaciens du Canada, 2007)

EXHIBIT P-18. OxyNeo ad in Association des pharmaciens du Canada, *Compendium des produits et spécialités pharmaceutiques* (Ottawa: Association des pharmaciens du Canada, 2013)

EXHIBIT P-19. Duragesic ad in Association des pharmaciens du Canada, *Compendium des produits et spécialités pharmaceutiques* (Ottawa: Association des pharmaciens du Canada, 2003)

EXHIBIT P-20. Letter from Thomas W. Abrams (US Department of Health and Human Services) to Ajit Shetty (Janssen Pharmaceutica, Inc.) (2 September 2004)

EXHIBIT P-21. Navindra Persaud, "Questionable Content of an Industry-Supported Medical School Lecture Series: A Case Study", (2014) *J Med Ethics*, 40:414-418

EXHIBIT P-22. Itai Bavli and Joel Lexchin, "Why Big Pharma must disclose payments to patient groups", The Conversation (13 January 2019).

EXHIBIT P-23. Kelly Crowe, "Following the money between patient groups and Big Pharma", CBC (17 February 2018).

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EXHIBIT P-26. Christian McPhate, "Upshur County Is First in Texas to File a Lawsuit Holding Drug Makers Responsible for Opioid Epidemic", Dallas Observer (6 October 2017).

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EXHIBIT P-28. Canadian Institute for Health Information, "Opioid-Related Harms in Canada" (December 2018).

EXHIBIT P-29. Gouvernement du Québec, Institut national de santé publique, "Opioid-related Poisoning Deaths in Québec: 2000-2009" (October 2013).

EXHIBIT P-30. Karl Rettino-Parazelli, "L'usage d'opioïdes est en forte hausse", *Le Devoir* (25 April 2016)

EXHIBIT P-31. Megan Martin, "Large portion of Quebec population unaware of the risks with opioids", Montreal Gazette (26 March 2019).

EXHIBIT P-32. Kalina Laframbroise, “Quebec government unveils action plan to fight opioid overdoses, addiction”, Global News (25 July 2018).

EXHIBIT P-33. Government of Canada, Health Canada, “Notice of Intent to Restrict the Marketing and Advertising of Opioids” (19 June 2018)

EXHIBIT P-34. Government of Canada, “Opioid Warning Sticker and Patient Information Handout, and Risk Management Plans” (15 March 2019).

EXHIBIT P-35. Government of Canada, Health Canada, “Opioids List” (2 May 2018).

EXHIBIT P-36. Government of Canada, Health Canada, “Patient Information Handout” (15 March 2019).

EXHIBIT P-37. American Psychiatric Association, “Opioid Use Disorder” in *Diagnostic and statistical manual of mental disorders*, 5th ed (Arlington: American Psychiatric Publishing, Inc., 2013).

EXHIBIT P-38. April 4, 2017 and August 21, 2017 judgments of the Honourable Justice Bouchard J.S.C. in court file number 200-06-000080-070.

EXHIBIT P-39. *Perdikaris* v. *Purdue Pharma Inc.*, 2018 SKQB 86 – Judgment of Justice Barrington-Foote dated March 15, 2018.

EXHIBIT P-40. Government of Canada, Health Canada, “Guidance for Industry: Product Monograph” (1 October 2003).

EXHIBIT P-41. Prescribing Information for Dilaudid for 2012 and 2016, *en liasse*.

EXHIBIT P-42. Codeine Contin ad and accompanying Product Monograph in *Le médecin du Québec*, (March 2005) Vol. 40-3, at p. 70, 118-119.

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EXHIBIT P-44. Canadian Pain Society, Press Release, “Canadian Pain Society Launches ‘Patient Pain Manifesto’” (May 11, 2001).

EXHIBIT P-45. Dr. Roman D. Jovey, et al., “Use of opioid analgesics for the treatment of chronic noncancer pain - A consensus statement and guidelines from the Canadian Pain Society, 2002” (Spring 2003) *Pain Manage* Vol 8 Suppl A.

EXHIBIT P-46. List of the AQDC’s Partners (June 7, 2007).

EXHIBIT P-47. AQDC, "Lexique de Médicament" (June 2, 2007) and Dominique Dion, "*La dependence aux opiacés…mythe ou réalité*" (June 2003), *Le médecin du Québec*, Vol 38-6 (online), *en liasse*.

EXHIBIT P-48. Letstalkpain.org, "Understanding Tolerance, Physical Dependence and Addiction" (24 January 2009).

EXHIBIT P-49. Judgment rendered by Justice Thad Balkman in case number CJ-2017-816 (*State of Oklahoma* v. *Purdue Pharma L.P. et al.*).

EXHIBIT P-50. Government of Canada, Special Advisory Committee on the Epidemic of Opioid Overdoses, "National Report: Apparent opioid-related deaths in Canada" (September 2019).

EXHIBIT P-51. Plaintiff's CHUM hospital admission records from May 25 to June 2, 2017 (with bates stamps) **(Under Seal)**.

EXHIBIT P-52. Plaintiff's CHUM hospital admission records from March 13 to 17, 2018 (with bates stamps) **(Under Seal)**.

EXHIBIT P-53. A letter from the Plaintiff to his doctors at the Clinique Antidouleur, dated April 8, 2020 **(Under Seal)**.

MONTREAL, (…) December 17, 2021

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RE-AMENDED SUMMONS
(articles 145 and following C.C.P.)

Take notice that the plaintiff has filed this originating application in the office of the court of Montreal in the judicial district of Montreal.

You must answer the application in writing, personally or through a lawyer, at the courthouse of Montreal situated at 1 Notre-Dame St. E. Montréal, H2Y 1B6 within 15 days of service of the application or, if you have no domicile, residence or establishment in Québec, within 30 days. The answer must be notified to the plaintiff's lawyer or, if the plaintiff is not represented, to the plaintiff.

If you fail to answer within the time limit of 15 or 30 days, as applicable, a default judgement may be rendered against you without further notice and you may, according to the circumstances, be required to pay the legal costs.

In your answer, you must state your intention to:

- negotiate a settlement;
- propose mediation to resolve the dispute;
- defend the application and, in the cases required by the Code, cooperate with the plaintiff in preparing the case protocol that is to govern the conduct of the proceeding. The protocol must be filed with the court office in the district specified above within 45 days after service of the summons or, in family matters or if you have no domicile, residence or establishment in Québec, within 3 months after service;
- propose a settlement conference.

The answer to the summons must include your contact information and, if you are represented by a lawyer, the lawyer's name and contact information.

You may ask the court to refer the originating application to the district of your domicile or residence, or of your elected domicile or the district designated by an agreement with the plaintiff.

If the application pertains to an employment contract, consumer contract or insurance contract, or to the exercise of a hypothecary right on an immovable serving as your main residence, and if you are the employee, consumer, insured person, beneficiary of the insurance contract or hypothecary debtor, you may ask for a referral to the district of your domicile or residence or the district where the immovable is situated or the loss occurred. The request must be filed with the special clerk of the district of territorial jurisdiction after

it has been notified to the other parties and to the office of the court already seized of the originating application.

If you qualify to act as a plaintiff under the rules governing the recovery of small claims, you may also contact the clerk of the court to request that the application be processed according to those rules. If you make this request, the plaintiff's legal costs will not exceed those prescribed for the recovery of small claims.

Within 20 days after the case protocol mentioned above is filed, the court may call you to a case management conference to ensure the orderly progress of the proceeding. Failing this, the protocol is presumed to be accepted.

EXHIBIT P-1. Irfan A. Dhalla, Navindra Persaud and David N. Juurlink, “Facing up to the prescription opioid crisis”, (2011) *BMJ* 343: d5142

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EXHIBIT P-8. Association pharmaceutique canadienne, “Hydromorph Contin” in *Compendium des produits et spécialités pharmaceutiques*, 31st ed (Ottawa: Association pharmaceutique canadienne, 1996); Association des pharmaciens du Canada, “Hydromorph Contin” in *Compendium des produits et spécialités pharmaceutiques*, 33rd ed (Ottawa: Association des pharmaciens du Canada, 1998); Association des pharmaciens du Canada, “Hydromorph Contin” in *Compendium des produits et spécialités pharmaceutiques*, 35th ed (Ottawa: Association des pharmaciens du Canada, 2000)

EXHIBIT P-9. Association des pharmaciens du Canada, “Hydromorph Contin” in *Compendium des produits et spécialités pharmaceutiques* (Ottawa: Association des pharmaciens du Canada, 2002)

EXHIBIT P-10. Association pharmaceutique canadienne, “Supeudol” in *Compendium des produits et spécialités pharmaceutiques*, 31st ed (Ottawa: Association pharmaceutique canadienne, 1996); Association des pharmaciens du Canada, “Supeudol” in *Compendium des produits et spécialités pharmaceutiques*, 33rd ed (Ottawa: Association des pharmaciens du Canada, 1998); Association des pharmaciens du Canada, “Supeudol” in *Compendium des produits et spécialités pharmaceutiques*, 35th ed (Ottawa: Association des pharmaciens du Canada, 2000); Association des pharmaciens du Canada, “Supeudol” in *Compendium des produits et spécialités pharmaceutiques* (Ottawa: Association des pharmaciens du Canada, 2002).

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EXHIBIT P-13. Hydromorph Contin ad in Association des pharmaciens du Canada, *Compendium des produits et spécialités pharmaceutiques* (Ottawa: Association des pharmaciens du Canada, 2004)

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EXHIBIT P-16. OxyContin ad in Association des pharmaciens du Canada, *Compendium des produits et spécialités pharmaceutiques* (Ottawa: Association des pharmaciens du Canada, 2004)

EXHIBIT P-17. OxyContin ad in Association des pharmaciens du Canada, *Compendium des produits et spécialités pharmaceutiques* (Ottawa: Association des pharmaciens du Canada, 2007)

EXHIBIT P-18. OxyNeo ad in Association des pharmaciens du Canada, *Compendium des produits et spécialités pharmaceutiques* (Ottawa: Association des pharmaciens du Canada, 2013)

EXHIBIT P-19. Duragesic ad in Association des pharmaciens du Canada, *Compendium des produits et spécialités pharmaceutiques* (Ottawa: Association des pharmaciens du Canada, 2003)

EXHIBIT P-20. Letter from Thomas W. Abrams (US Department of Health and Human Services) to Ajit Shetty (Janssen Pharmaceutica, Inc.) (2 September 2004)

EXHIBIT P-21. Navindra Persaud, "Questionable Content of an Industry-Supported Medical School Lecture Series: A Case Study", (2014) *J Med Ethics*, 40:414-418

EXHIBIT P-22. Itai Bavli and Joel Lexchin, "Why Big Pharma must disclose payments to patient groups", The Conversation (13 January 2019).

EXHIBIT P-23. Kelly Crowe, "Following the money between patient groups and Big Pharma", CBC (17 February 2018).

EXHIBIT P-24. Christian Noel, "Des groupes de patients financés en secret par des pharmaceutiques ", Radio-Canada (6 May 2019).

EXHIBIT P-25. Arthur H. Gale, "Drug Company Compensated Physicians Role in Causing America's Deadly Opioid Epidemic: When Will We Learn?", (July-August 2016) *Mo Med* 113(4):244-246

EXHIBIT P-26. Christian McPhate, "Upshur County Is First in Texas to File a Lawsuit Holding Drug Makers Responsible for Opioid Epidemic", Dallas Observer (6 October 2017).

EXHIBIT P-27. Government of Canada, Special Advisory Committee on the Epidemic of Opioid Overdoses, "National Report: Apparent opioid-related deaths in Canada" (April 2019).

EXHIBIT P-28. Canadian Institute for Health Information, "Opioid-Related Harms in Canada" (December 2018).

EXHIBIT P-29. Gouvernement du Québec, Institut national de santé publique, “Opioid-related Poisoning Deaths in Québec: 2000-2009” (October 2013).

EXHIBIT P-30. Karl Rettino-Parazelli, “L’usage d’opioïdes est en forte hausse”, *Le Devoir* (25 April 2016)

EXHIBIT P-31. Megan Martin, “Large portion of Quebec population unaware of the risks with opioids”, Montreal Gazette (26 March 2019).

EXHIBIT P-32. Kalina Laframbroise, “Quebec government unveils action plan to fight opioid overdoses, addiction”, Global News (25 July 2018).

EXHIBIT P-33. Government of Canada, Health Canada, “Notice of Intent to Restrict the Marketing and Advertising of Opioids” (19 June 2018)

EXHIBIT P-34. Government of Canada, “Opioid Warning Sticker and Patient Information Handout, and Risk Management Plans” (15 March 2019).

EXHIBIT P-35. Government of Canada, Health Canada, “Opioids List” (2 May 2018).

EXHIBIT P-36. Government of Canada, Health Canada, “Patient Information Handout” (15 March 2019).

EXHIBIT P-37. American Psychiatric Association, “Opioid Use Disorder” in *Diagnostic and statistical manual of mental disorders*, 5th ed (Arlington: American Psychiatric Publishing, Inc., 2013).

EXHIBIT P-38. April 4, 2017 and August 21, 2017 judgments of the Honourable Justice Bouchard J.S.C. in court file number 200-06-000080-070.

EXHIBIT P-39. *Perdikaris* v. *Purdue Pharma Inc.*, 2018 SKQB 86 – Judgment of Justice Barrington-Foote dated March 15, 2018.

EXHIBIT P-40. Government of Canada, Health Canada, “Guidance for Industry: Product Monograph” (1 October 2003).

EXHIBIT P-41. Prescribing Information for Dilaudid for 2012 and 2016, *en liasse*.

EXHIBIT P-42. Codeine Contin ad and accompanying Product Monograph in *Le médecin du Québec*, (March 2005) Vol. 40-3, at p. 70, 118-119.

EXHIBIT P-43. Duragesic ad and accompanying Product Monograph in *Le médecin du Québec*, (January 2002) Vol. 37-1, at p. 68, 126-127.

EXHIBIT P-44. Canadian Pain Society, Press Release, “Canadian Pain Society Launches ‘Patient Pain Manifesto’” (May 11, 2001).

EXHIBIT P-45. Dr. Roman D. Jovey, et al., “Use of opioid analgesics for the treatment of chronic noncancer pain - A consensus statement and guidelines from the Canadian Pain Society, 2002” (Spring 2003) *Pain Manage* Vol 8 Suppl A.

EXHIBIT P-46. List of the AQDC’s Partners (June 7, 2007).

EXHIBIT P-47. AQDC, “Lexique de Médicament” (June 2, 2007) and Dominique Dion, “*La dependence aux opiacés…mythe ou réalité*” (June 2003), *Le médecin du Québec*, Vol 38-6 (online), *en liasse*.

EXHIBIT P-48. Letstalkpain.org, “Understanding Tolerance, Physical Dependence and Addiction” (24 January 2009).

EXHIBIT P-49. Judgment rendered by Justice Thad Balkman in case number CJ-2017-816 (*State of Oklahoma* v. *Purdue Pharma L.P. et al.*).

EXHIBIT P-50. Government of Canada, Special Advisory Committee on the Epidemic of Opioid Overdoses, “National Report: Apparent opioid-related deaths in Canada” (September 2019).

EXHIBIT P-51. Plaintiff’s CHUM hospital admission records from May 25 to June 2, 2017 (with bates stamps) **(Under Seal)**.

EXHIBIT P-52. Plaintiff’s CHUM hospital admission records from March 13 to 17, 2018 (with bates stamps) **(Under Seal)**.

EXHIBIT P-53. A letter from the Plaintiff to his doctors at the Clinique Antidouleur, dated April 8, 2020 **(Under Seal)**.

These exhibits are available on request.

If the application is an application in the course of a proceeding or an application under Book III, V, excepting an application in family matters mentioned in article 409, or VI of the Code, the establishment of a case protocol is not required; however, the application must be accompanied by a notice stating the date and time it is to be presented.

MONTREAL, (…) December 17, 2021

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RE-AMENDED NOTICE OF PRESENTATION
(Article 574 C.C.P.)

TO:

MEDA VALEANT PHARMA CANADA INC. (4490142 CANADA INC.)
2150, Saint-Elzéar Boulevard West,
Laval, Québec H7L 4A8

ABBOTT LABORATORIES LIMITED
75, boulevard Pierre-Roux Est
Victoriaville, Québec G6P 6S9

APOTEX INC.,
2970 André Avenu
Dorval, Quebec H9P 2P2

BGP PHARMA ULC,
1959 Upper Water Street, Suite 900
Halifax, Nova Scotia B3J 2X2

BRISTOL-MYERS SQUIBB CANADA CO. 2344 Alfred-Nobel Boulevard
Montreal, Quebec H4S 0A4

(…)

ETHYPHARM INC.,
2400-1000 De La Gauchetière
Montreal, Quebec H3B 4W5

HIKMA LABS INC.,
1809 North Wilson Road
Hilliard, Ohio 43026, U.S.A

JANSSEN INC.,
14 Place du Commerce, Suite 620
Montreal, Quebec H3E 1T5

JODDES LIMITED
6111 Royalmount Avenue, Suite 100
Montreal, Quebec H4P 2T4

LABORATOIRE ATLAS INC.,
9600 des Sciences Boulevard
Montreal, Quebec H1J 3B6

LABORATOIRE RIVA INC.,
660 Industriel Boulevard
Blainville, Quebec J7C 3V4

MYLAN PHARMACEUTICALS ULC
450 1st Street SW, Suite 2500
Calgary, Alberta T2P 5H1

PALADIN LABS INC.
100 boul. Alexis-Nihon, Suite 600
Montreal, Quebec H4M 2P2

PFIZER CANADA ULC
17300 Trans-Canada Highway
Kirkland, Quebec H9J 2M5

PHARMASCIENCE INC.
6111 Royalmount Avenue, Suite 100
Montreal, Quebec H4P 2T4

PRO DOC LTÉE,
2925 Industriel Boulevard
Laval, Quebec H7L 3W9

PURDUE FREDERICK INC.
22 Adelaide Street West, Suite 3400,
Toronto, Ontario M5H 4E3

PURDUE PHARMA,
575 Court Granite
Pickering, Ontario L1W 3W8

ROXANE LABORATORIES INC.
5180 South Service Road
Burlington, Ontario L7L 5H4

SANDOZ CANADA INC.
110 De Lauzon Street
Boucherville, Quebec J4B 1E6

SANIS HEALTH INC.
1250 Guy Street, La Tour du Faubourg, 11th Floor, Montreal, Quebec H3H 2T4

STANLEY PHARMACEUTICALS
1501 McGill College Avenue
Suite 26E
Montreal, Quebec H3A 3N9

(…)

SUN PHARMA CANADA INC.
170, Steelwell Road, Unit 100
Brampton, Ontario, L6T 5T3

TEVA CANADA LIMITED
17800 Lapointe Street
Mirabel, Quebec J7J 1P3

VALEANT CANADA LP
2150 Saint-Elzéar Boulevard West
Laval, Quebec H7L 4A8

ARALEZ PHARMACEUTICALS CANADA INC.
7100 West Credit Avenue, Suite 101
Mississauga, Ontario L5N 0E4

BOEHRINGER INGELHEIM (CANADA) LTD.
5180 South Service Road
Burlington, Ontario L7L 5H4

CHURCH & DWIGHT CANADA CORP.
5485 Ferrier Street
Mont-Royal, Quebec H4P 1M6

GLAXOSMITHKLINE INC.
245 Armand-Frappier Blvd.
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LABORATOIRES TRIANON INC.
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2905 Place Louis-R. Renaud
Laval, Quebec H7V 0A3

VALEANT CANADA LIMITED
2150 St-Elzéar Blvd. West
Laval, Quebec H7L 4A8

TAKE NOTICE that the Re-Amended Application dated December 17, 2021 for Authorization to Institute a Class Action and to Obtain the Status of Representative will be presented at the Superior Court at the Courthouse of Montréal, located at 1 Notre-Dame Street East, at a date and time to be determined by the Coordinating Judge for the Class Action Division.

PLEASE ACT ACCORDINGLY.

MONTREAL, December 17, 2021

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RE-ATTESTATION THAT THE APPLICATION WILL BE ENTERED IN THE NATIONAL CLASS ACTION REGISTER

(Article 55 of the *Regulation of the Superior Court of Québec in civil matters)*

The plaintiff, through his attorneys, the undersigned, certifies that the *Re-Amended Application dated December 17*, *2021 for authorization to bring a class action and to obtain the status of representative* will be registered in the National Register of Class Actions.

MONTREAL, December 17, 2021

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MONTREAL, December 17, 2021

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No: 500-06-001004-197

SUPERIOR COURT
District of Montreal
(Class Action Division)

JEAN-FRANÇOIS BOURASSA

Plaintiff

v.

ABBOTT LABORATORIES, LIMITED et als.

Defendants

Re-Amended Application dated December 17, 2021 for authorization to institute a class action, and to obtain the status of representative

ORIGINAL

File: OPIOID-1
Nature: Class Action

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