

Congress of the United States
House of Representatives

COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM

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MEMORANDUM

February 2, 2016

To: Democratic Members of the Full Committee

Fr: Democratic Staff

Re: Documents Obtained by Committee from Turing Pharmaceuticals

As part of its investigation into the skyrocketing prices of certain prescription drugs, the Committee has obtained more than 250,000 pages of documents from Turing Pharmaceuticals, which purchased Daraprim in 2015 and increased the price by 5,000%, from \$13.50 to \$750 per tablet, overnight. The documents obtained by the Committee include emails to and from Turing executives, including former CEO Martin Shkreli, as well as internal company projections on revenues and profits, communications with angry hospital officials and other healthcare providers, and various public relations strategy documents.

The documents indicate that before Mr. Shkreli purchased Daraprim for \$55 million, the drug was affordable, readily available, and very effective at treating toxoplasmosis in people with HIV/AIDS, cancer, and other conditions that cause compromised immune systems. However, as a direct result of Mr. Shkreli's actions, Daraprim has now become prohibitively expensive, hospital budgets are straining under the huge cost increases, patients are being forced to pay thousands of dollars in co-pays and are experiencing major challenges obtaining access to the drug, and physicians are considering using alternative therapies.

The documents demonstrate that although Mr. Shkreli spent no funds on developing Daraprim, which has been on the market for decades, he purchased it for the purpose of increasing the price dramatically and making hundreds of millions of dollars by exploiting its existing monopoly before any competitors could enter the market, which Mr. Shkreli expected would not occur for a number of years.

The documents indicate that company executives anticipated a potential backlash in response to Daraprim's price increase, but believed that physicians generally are not sensitive to price increases and that HIV/AIDS advocates—while organized and vocal—could be managed. The documents show that in response to the extremely negative public outcry that in fact occurred, Mr. Shkreli did not decrease the price of Daraprim as he promised, but employed a public relations strategy used by other drug companies to distract public attention away from

price increases and focus instead on patient assistance programs and research and development efforts.

This memorandum provides excerpts from the documents obtained by the Committee in order to help Members prepare for Thursday's hearing on this topic.

I. PURCHASE OF DARAPRIM AND MASSIVE INCREASE IN PRICE

The documents obtained by the Committee show that by increasing the price of Daraprim so dramatically, Mr. Shkreli expected to increase drug's sales revenues from less than \$10 million per year—the amount received by the drug's previous owner in each of the past four years—to several hundred million dollars per year.¹

- On May 27, 2015, Mr. Shkreli sent an email to the Chairman of the Board of Directors in response to news that Turing had made significant progress towards acquiring Daraprim. He wrote: "Very good. Nice work as usual. \$1bn here we come."²
- On August 8, 2015, Mr. Shkreli sent an email to inform a contact outside the company that Turing had purchased Daraprim, writing: "Announcement Monday morning. Purchased Daraprim for \$55 million." The contact asked: "What do you think sales will annualize at for that \$55m?" Mr. Shkreli responded: "We don't know yet but I'd say over \$200m."³
- On August 27, 2015, Mr. Shkreli sent an email to another outside contact, writing: "I think it will be huge. We raised the price from \$1,700 per bottle to \$75,000 ... So 5,000 paying bottles at the new price is \$375,000,000—almost all of it is profit and I think we will get 3 years of that or more. Should be a very handsome investment for all of us. Let's all cross our fingers that the estimates are accurate."⁴
- On September 17, 2015, Tina Ghorban, the Senior Director of Business Analytics and Customer Insights at Turing, forwarded a single purchase order for 96 bottles of Daraprim at \$75,000 per bottle—an amount that nearly totaled the full annual revenues of the drug's previous owner. She wrote: "Another \$7.2 million. Pow!"⁵
- On October 1, 2015, the Director of Specialty Pharmacy Development at Walgreens forwarded a request for financial assistance for a dog that had been prescribed Daraprim to treat its toxoplasmosis. The request stated: "I have an unusual request. There is a dog that is a patient and he needs Daraprim. He is obviously not covered by insurance ... the cost of what was prescribed is \$5,000 for this little guy." Jon Haas, the Director of Patient Access at Turing, responded: "You can buy Pyramethamine/Sulfa [sic] combo pills from a vet meds website for about \$80."⁶
- An internal presentation from May 2015 projected: "with repricing, revenues may exceed \$200 million." The presentation stated: "Turing plans a step-wise price increase which will allow management to 'course correct' if unforeseen challenges arise." The presentation noted that Mr. Shkreli and other Turing executives had "experience with significant price increases while at Retrophin."⁷

- An internal financial forecast projected that gross sales would increase to \$45 million in the first quarter of 2016. It also predicted a “full year” “GROSS PROFIT” of \$134 million in 2016.⁸
- An undated presentation highlighted Mr. Shkreli’s experience with other prescription drug price increases, including Daraprim, Chenodal, and Thiola. The presentation stated: “increased Chenodal price 5x with no pushback from payors ... Licensing of Thiola ... Increased price 21x with no pushback from payors ... Acquisition of Daraprim ... Increased price 43x with no pushback from payors.”⁹
- The same presentation included a slide titled “Case Study: Thiola (tiopronin),” which stated: “Significant revenue growth driven by increases in price and volume ... moved the product into a closed distribution to improve access and extend the product lifecycle.” A slide titled “Drug Pricing” stated: “Drugs are typically non-discretionary and consumers are relatively price insensitive ... Typically there’s an inverse correlation between prevalence of a disease and the annual cost of treatment ... Exclusivity (closed distribution) creates a barrier and pricing power.”¹⁰

II. REACTION FROM HIV/AIDS GROUPS AND DOCTORS

The documents obtained by the Committee indicate that company executives anticipated a potential backlash in response to Daraprim’s price increase, but believed that physicians generally are not sensitive to price increases and that HIV/AIDS advocates—while organized and vocal—could be managed.

- A presentation from May 2015 entitled “Commercial Capabilities” stated: “Current pricing lower than other adjunctive therapies, so could increase price immediately.” However, it warned: “HIV patient advocacy may react to price increase. ... HIV community is highly organized, sensitive, and action-oriented.” It stated: “Significant price increases that disproportionately affect this community could result in backlash from patient advocacy groups, particularly if payers increase cost sharing with patients.” It concluded: “Physician community less sensitive to price increases, but need to determine the price point at which payers start to increase cost-sharing with patients, which could result in physician switching.”¹¹
- A July 7, 2015, presentation provided an assessment of the current Daraprim market: “Cost and coverage are not obstacles to treatment today ... physicians do not report high out-of-pocket costs, required prior authorizations, or other access barriers to toxo medications.” It added: “Many feel the number of toxoplasmosis patients is too small to stimulate a significant lobbying effort were the cost of therapy to become an issue.”¹²
- On September 21, 2015, an outside consultant forwarded a press article about Mr. Shkreli to senior leadership at Turing, writing: “With the inflammatory coverage of the last two days, it will be difficult to get HIV/AIDS KOLs [key opinion leaders] to spoke out [sic] on behalf of Turing. However, we still come out ahead if we can frame this issue within the HIV/AIDS community as a fight between a drug company and insurance companies.

As long as everyone who needs Daraprim can get it as soon as they need it, regardless of ability to pay, the community should have no issue. There is no love lost between HIV/AIDS activists and insurance companies, and they certainly don't want to be manipulated by them to fight on their behalf." He also wrote: "With the price increase comes new research, support systems, patient education and greater awareness, so pragmatically and strategically, the community shouldn't advocate against its own interests. If we can get HIV/AIDS activists to 'sit this out,' we come out way ahead."¹³

- An October 12, 2015, internal presentation warned: "HRC [Human Rights Campaign] has been vocal and in the media about the pricing issue and is potentially the most vocal organization able to garner media coverage. While their motivation is primarily political given their actions we feel it would be important to get a meeting with CEO Chad Griffin in an attempt to slow their aggressive stance and work with them to better understand the company."¹⁴

III. NEGATIVE EFFECT ON PATIENTS (CO-PAYS)

The documents obtained by the Committee indicate that patients who need Daraprim are now being forced to pay much higher co-pays as a result of Turing's massive price increase. The documents include examples of patient co-pays ranging from \$1,000 to \$6,000, to \$10,000 to more than \$16,000.

- On August 18, 2015, Tina Ghorban, the Director of Business Analytics and Customer Insights at Turing, emailed the Director of Specialty Pharmacy Development at Walgreens that "given the number of claims that have come in with higher-than-expected co-pays, we are trying to expedite this process as much as humanly possible."¹⁵
- On August 18, 2015, Ms. Ghorban emailed the administrator of Turing's "bridge" patient assistance program, writing: "We may need to make some updates based on co-pay amounts we've been seeing since the price change ... there are patients waiting now for product who have a \$6,000 co-pay."¹⁶
- On August 20, 2015, the Director of Specialty Pharmacy Development at Walgreens emailed Ms. Ghorban to ask whether Turing would grant exceptions to existing co-pay assistance limits for patients with particularly high co-pays, writing: "Would you be willing to grant an exception for those patients with a copay over the approved amount of \$10,000? ... Example: BCBS of North Carolina ... Claim pays with a high copay of \$16,830.00."¹⁷
- On August 20, 2015, the Director of Specialty Pharmacy Development at Walgreens shared another report with Ms. Ghorban concerning two more patients having difficulty obtaining Daraprim at Turing's price. The email stated that the first patient "has a \$6000.00 co-pay. She is not a Medicare part D but has a federal funded insurance plan so wouldn't quali[f]y for co-pay assistance or be covered under whatever Medicare Part D plan you are working on right now with Turing." The email stated that the second patient "has insurance, however her plan does not cover Daraprim. Attempted to transfer to

UCB for free drug program but was advised that because she has insurance, she does not qualify. Free drug program is only for patients with no insurance.”¹⁸

- On August 22, 2015, Ms. Ghorban emailed the Director of Specialty Pharmacy Development at Walgreens again, writing: “Is it possible to get these [co-pay figures] for all patients since the price increase (8/11)? ... I’m trying to illustrate the impact of a significant price increase on patient access, so a ‘before and after’ concept.”¹⁹
- An August 24, 2015, internal presentation entitled “Daraprim: Patient Access” reported similar problems: “Patients with commercial/private insurance experiencing increased co-pays, delays in claims approval and rejections. ... One has 50% coinsurance resulting in a co-pay of \$16,830.”²⁰

IV. NEGATIVE EFFECTS ON HOSPITALS AND PROVIDERS

The documents obtained by the Committee include numerous communications from hospitals, clinicians, and healthcare providers across the country warning Turing directly about the negative impacts of its massive price increases.

- On September 22, 2015, the American Society for Microbiology sent a letter to Turing, warning: “Raising the price abruptly from \$13.50 per tablet to \$750 per tablet will negatively impact both health care costs and individual patient treatments.” It concluded: “Unfortunately, Turing Pharmaceuticals’ radical price increase, exacerbated by reported distribution issues, is not the way forward toward better public health.”²¹
- On September 30, 2015, a Turing sales account manager sent an email about a recent meeting with Massachusetts General Hospital, writing: “One of the things we discussed was Mass General’s internal analysis of the impact of Daraprim’s new price on their inpatient pharmacy budget, which they have determined to be prohibitively expensive. Against their clinical convictions they are currently switching patients to Bactrim.”²²
- One week later, on October 8, 2015, Turing received a complaint from Massachusetts General Hospital, stating: “After over a week of trying to secure Daraprim for an uninsured patient requiring Daraprim at Massachusetts General Hospital, I need immediate assistance with expediting this case. ... We have been provided with inaccurate/misleading information by the dedicated Daraprim Team. ... This is a critical matter, visible at the highest levels of our Infectious Disease Department.” Ed Painter, the Head of Investor Relations at Turing, shared this complaint internally, writing: “I think we are acting a little like a deer in the headlights, and need to take some action steps now. If a hospital like Mass General is having issues we are in trouble.”²³
- On October 1, 2015, an associate professor of infectious disease at the University of North Carolina sent an email to one of Turing’s key account managers, stating: “Given your company’s recent move to raise the price of pyrimethamine over 5,000% to an incredible \$750 a pill, I have decided not to meet with representatives from Turing. ... I am also urging my colleagues here at UNC, as well as at Duke, ECU, Wake Forest and other clinical centers across our state to do likewise, until Turing announces a reasonable

and ethical reduction in the price of this important medication—a drug we rely on most to treat toxoplasmosis.”²⁴

- On September 9, 2015, a Turing account manager reported that Jackson Memorial Hospital in Miami had begun treating patients with alternative therapies because of the high price of Daraprim. The account manager reported: “Because of the current cost, they claim the pharmacy will not be able to afford the \$750 per 25mg price tag when the induction therapy typically begins at 200mg and subsequently 75mg/day. ... As of now, they have switched 3 patients to Bactrim since they have exhausted their current supply of Daraprim.”²⁵

V. PUBLIC RELATIONS STRATEGY TO DISTRACT FROM PRICE INCREASES AND FOCUS ON PAPs AND R&D

The documents obtained by the Committee indicate that instead of lowering its prices to previous levels in response to widespread concern, Turing employed a public relations strategy to try to divert attention to patient assistance programs (PAPs) and research and development (R&D) efforts. Internal communications show that Turing officials joked about this strategy and did not in fact intend to lower the price of Daraprim.

- On June 1, 2015, Nancy Retzlaff, the Chief Commercial Officer at Turing, sent an email to Tina Ghorban, the Director of Business Analytics and Customer Insights, addressing the possibility that a physician might substitute Daraprim with an alternative medicine because of the exorbitant price. She wrote: “My sense is that if the patient declined to accept the treatment due to a high co-pay then that would force substitution [to a different drug] and build experience. We want to avoid that situation. The need to address co-pay assistance is a key success factor.”²⁶
- On September 14, 2015, Dr. Eliseo Salinas, Turing’s President of Research and Development, gave an interview in which he stated: “No patient, no patient, uh, should bear the burden of the cost of the medication. Uh, in this country as in many other countries, medications are covered by either private insurance programs or public insurance programs; we make sure the patient, patients don’t have to incur a, any additional cost for this medication. Uh, including those patients that might have no coverage at all—we are making sure those patients receive the medication at not—no cost for the patient.”²⁷
- On September 15, 2015, Mr. Shkreli received an email from Tina Ghorban, the Director of Business Analytics and Customer Insights, with the subject “Walgreens Breakdown by Payer Type.” Ms. Ghorban reported: “Medicaid represents 17% of patients but 23% of pill volume because of greater number of refills.” Mr. Shkreli responded: “Nice, so only 23% of drug is being given away?”²⁸
- On September 19, 2015, Mr. Shkreli emailed a commercial loan company regarding another potential acquisition. He wrote: “Turing base costs going forward: \$70,000,000 annually. This assumes full R&D spend and no change to our plans—we have been spending much less than this, but this is our 2016 estimate. This is a ‘kitchen-sink’

number that relies heavily on equity (including our Q1 2016 IPO) and assumed Daraprim growth to grow our business. We would cut costs approximately if Daraprim did not exceed \$150 million run-rate.” He continued: “The other aspect is the Teva deal is also going to be a big price-increase deal with good upside. We have a lot of executional expertise in these, so we’re very happy to find this.”²⁹

- On September 26, 2015, Ed Painter, the Head of Investor Relations at Turing, sent an email to Patrick Crutcher, the Director of Business Development at Turing, about a possible press release, writing: “Is there an annual price reduction commitment that would discourage generics from entering the market? What if we headlined ... Turing Pharmaceuticals commits to an out of pocket cost to individuals of less than \$20 for treatment of Toxoplasmosis with Daraprim and an annual reduction in price to institutions of at least X%.” Mr. Crutcher responded: “I don’t think so. Re reductions— Think it’s best we don’t PR a something like that unless its something we’re willing to commit to doing.” He added: “Only thing to PR is the PAP and R&D.” Mr. Painter replied: “My Rs bangen D and my PAP can’t rap.” Mr. Crutcher responded: “lol.”³⁰
- On September 28, 2015, Mr. Shkreli exchanged emails with the author of an editorial, writing: “With our new co-pay assistance program, no patient will pay more than \$0.20 per pill. This is a far cry from the \$750 quoted in the media. We do charge insured patients’ insurance companies \$750.” The author responded: “putting the price up to \$750 is going to have consequences for the insurance premiums of people taking Daraprim and therefore in the long run their ability to pay. It seems from what you’re saying, that the increased price is so that you can invest in selling and marketing Daraprim, thus your customers are paying for your marketing strategy.”³¹
- On September 29, 2015, Tina Ghorban, the Director of Business Analytics and Customer Insights, Jon Haas, the Director of Patient Access, and Nancy Retzlaff, the Chief Commercial Officer, exchanged emails regarding the practice of making exceptions to co-pay limits in Turing’s patient assistance programs. Mr. Haas wrote: “FYI, we are ‘blowing through’ copay dollars very fast. ... My opinion, is that with the current state of affairs that we should continue to provide to patients, but we’ll need to ultimately evaluate this program and understand the effect on margin.” Ms. Retzlaff responded: “I’m concerned that payers may begin denying coverage as a matter of principle or in response to the media fire storm. ... I agree that patient access needs to be the priority, but we can’t afford to give free drug to commercially insured patients.” Ms. Ghorban inquired: “how many of these have we approved? Does it send the wrong message to payers ... that we’ll just cover whatever and whenever they don’t?” Mr. Haas replied: “Yes it is the ‘wrong’ message to a payer but what option do we have at this time? If we accuse the payer for blocking the coverage, they will point back to us on pricing and jump on the bandwagon against us ... catch 22.”³²
- On October 2, 2015, Tina Ghorban, the Director of Business Analytics and Customer Insights, sent an email to Nancy Retzlaff, the Chief Commercial Officer, writing: “The cause of the inpatient hospital issue is pretty clear now—it’s price. But the solution is not necessarily clear or even applicable to all customers.” She added: “We all realize that

we need a solution ASAP, but we also don't want to commit to something beyond the smaller pack that will potentially debilitate the business and risk future revenues.”³³

- On October 8, 2015, an outside consultant sent an email to a member of Turing's Board of Directors, writing: “As I mentioned this morning, here is what I think Turing should do going forward. ... As early as next week, the Board should remove Martin as CEO. ... the price drop has to be significant and tied to something. ... this cannot be seen as something that appears to be as arbitrary as the price hike in the first place.”³⁴
- The same consultant continued: “What I'd be looking for is something along the lines of Turing lowers the price by xx% and announces a package of assistance programs for patients that guarantees no patient will be denied access nor will they pay anymore. ... This will force reporters to focus on the byzantine nature of drug pricing and health care and ensure the patient message gets out. ... specifically tie profits from Daraprim to the research and development of a new and more effective treatment for Daraprim patients. ... This can set you up also for more long term reputation rehabilitation by forcing a focus on Turing as a research and development company—not a pharma hedge fund hybrid.” The board member forwarded the email to Nancy Retzlaff, Chief Commercial Officer, and Ed Painter, the Head of Investor Relations at Turing, the same day.³⁵
- On October 26, 2015, an outside marketing consultant circulated a draft press release that addressed a recent blog post criticizing Turing. The first draft stated: “In fact, in 2015 Turing is poised to invest all of its sale revenues in Research and Development, and in 2016 60 to 70 percent of expected sales will be invested in R&D.”³⁶ After the draft was circulated to Nancy Retzlaff, the Chief Commercial Officer, Eliseo Salinas, the President of Research and Development, and others, a fourth draft stated: “In fact, Turing is investing over 60% of revenues in Research and Development.”³⁷
- An October 27, 2015, presentation described communications strategies utilized by other drug companies. Slides titled “Public Position on Pricing” stated:
 - “Horizon (Vimovo) distinguishes patient OOP [out-of-pocket] costs from WAC [Wholesale Acquisition Cost], and highlights their patient assistance program.”
 - “Teva (Copaxone) speaks about patient benefit and asserts that pricing is ‘fair and reflective of the rising costs of R&D.’”
 - “When challenged on pricing, Gilead (Sovaldi) affirms treatment is fairly priced and highlights tiered pricing approach for countries in need.”
 - “Valeant (Nitropress/Isuprel) responds to pricing scrutiny by downplaying the true impact of cost.”
 - “Mallinckrodt (Ofirmev) touts clinical benefits and cost-saving in comparison to alternative treatment options.”

The last page of the presentation recommended: “Focus pricing on unmet medical need and value of the drug; revenue fuels R&D.”³⁸

VI. SUPPORTIVE DOCTOR ALSO RAISED CONCERNS

Dr. Rima McLeod of the University of Chicago was one of the few physicians who publicly supported Turing despite its massive price increases for Daraprim. The documents obtained by the Committee show that Dr. McLeod raised significant concerns to officials at Turing after continued reports of patients not being able to access the drug.

- On September 18, 2015, Dr. McLeod was quoted in a USA Today article defending Turing's commitment to patient access.³⁹ On September 20, 2015, she made similar statements in a New York Times article.⁴⁰ On October 6, 2015, the University of Chicago published a lengthy Question and Answer session with Dr. McLeod, in which she denied being paid as a consultant or accepting any gifts from Turing.⁴¹ Mr. Shkreli linked to the article in a post on Twitter the same day.⁴²
- On August 7, 2015, less than a week before finalizing his purchase of Daraprim, Mr. Shkreli relayed a positive conversation he had with Dr. McLeod, writing: "She also endorsed our price increase if we match it with the appropriate steps to ensure access and further toxoplasmosis research. Like other price increases we have done, she is rather lonely and no pharmas call her. This is shaping up really well."⁴³
- On August 18, 2015, Mr. Shkreli sent an email to an official at the University of Chicago, writing: "Turing would like to support Dr. McLeod's work, collaborate with UC, and potentially license available IP, specifically in toxoplasmosis."⁴⁴ The documents include no evidence that the University of Chicago accepted Mr. Shkreli's proposal.
- On October 9, 2015, Dr. McLeod sent an email to Nancy Retzlaff, Turing's Chief Commercial Officer, and Dr. Eliseo Salinas, the President of Research and Development, writing: "From the news media I see you are also preparing for a congressional investigation by today which is asking you the same things I asked you re payer mix and costs and expenses. And what resources there really are left for toxoplasmosis research. Not other diseases. And how much is paying off the venture capital debt and building a different pipeline. What does it really cost a company to [p]rovide this medicine so it helps people with all the extra distribution issues when the market is closed?" She concluded: "I am concerned about patients and that Walgreens continue to state they are going to clear for insurance first which means that patients wait for medicines, and that is unacceptable." Dr. McLeod sent another email later that day, writing: "This sounds like smoke and mirrors when someone's sight and life are threatened and is not acceptable. ... There really cannot be delays. People will really be hurt lifelong. You have a monopoly on safe reliable medicine right now and it truly matters for people's lives."⁴⁵
- On October 14, 2015, Nancy Retzlaff, Turing's Chief Commercial Officer, sent an email informing Dr. McLeod that Turing wanted to support driving internet traffic to a blog post featuring an interview with Dr. McLeod about toxoplasmosis. In response, Dr. McLeod wrote: "I'm concerned and would prefer that you not do so as it could have the appearance of an advertisement during a confusing time." Explaining her past public comments, Dr. McLeod wrote: "What I said was that patients could obtain medicine and did not need to be afraid about this, and that you had been helpful and there was access.

But I am now concerned that insured patients will hit caps and be forced into poorly functioning medicaid h m o that restrict access to care with such a cap.” The next day, she wrote: “I wish those making decisions in your company could look to see if there are places where you can make goals smaller and so could reduce medicine costs and eliminate co-pays altogether and still be solvent.”⁴⁶

- On December 8, 2015, Dr. McLeod sent an email to Ms. Retzlaff and Eliseo Salinas, Turing’s President of Research and Development. She wrote: “I understand I know nothing of what makes Turing solvent and able to do research and of course I value that a lot too. ... However, Martin [Shkreli] did say that he had to maximize profit for investors and that was why price is high. He did not say it was for research primarily that it was a high price. He called that the ‘dirty secret’ of pharma.”⁴⁷

ENDNOTES

- ¹ TUR-COGR00058992-TUR-COGR00059002.
- ² TUR-COGR00014042-TUR-COGR00014043.
- ³ TUR-COGR00020230.
- ⁴ TUR-COGR00021021.
- ⁵ TUR-COGR00036300-TUR-COGR00036302.
- ⁶ TUR-COGR00088144-TUR-COGR00088145.
- ⁷ TUR-COGR00058992-TUR-COGR00059002.
- ⁸ TUR-COGR00000140.
- ⁹ TUR-COGR00174151-TUR-COGR00174155.
- ¹⁰ *Id.*
- ¹¹ TUR-COGR00058992-TUR-COGR00059002.
- ¹² TUR-COGR00005306-TUR-COGR0005340.
- ¹³ TUR-COGR00071961.
- ¹⁴ TUR-COGR00011366-TUR-COGR00011380.
- ¹⁵ TUR-COGR00005812.
- ¹⁶ TUR-COGR00005814-TUR-COGR0005817.
- ¹⁷ TUR-COGR00005900-TUR-COGR00005901.
- ¹⁸ TUR-COGR00006101-TUR-COGR0006102.
- ¹⁹ TUR-COGR000006000.
- ²⁰ TUR-COGR00060793-TUR-COGR00060797.
- ²¹ TUR-COGR00108071-TUR-COGR000108072.
- ²² TUR-COGR00092097.
- ²³ TUR-COGR00000021.
- ²⁴ TUR-COGR00092106-TUR-COGR00092110.
- ²⁵ TUR-COGR00091223-TUR-COGR00091224.
- ²⁶ TUR-COGR00077393-TUR-COGR00077394.
- ²⁷ TUR-COGR0072708-TUR-COGR00072714.
- ²⁸ TUR-COGR00034663-TUR-COGR00034664.
- ²⁹ TUR-COGR00173911.
- ³⁰ TUR-COGR00109523-TUR-COGR000109524.
- ³¹ TUR-COGR00037020-TUR-COGR00037022.
- ³² TUR-COGR00092053-TUR-COGR00092055.
- ³³ TUR-COGR00011194-TUR-COGR00011195.
- ³⁴ TUR-COGR00209089-TUR-COGR00209090.

³⁵ TUR-COGR00209089-TUR-COGR00209090.

³⁶ TUR-COGR00013937-TUR-COGR00013938.

³⁷ TUR-COGR00013964-TUR-COGR00013968.

³⁸ TUR-COGR00094699-TUR-COGR00094750.

³⁹ *Company Hikes Price 5,000% for Drug That Fights Complications of AIDS, Cancer*, USA Today (Sept. 18, 2015) (online at www.usatoday.com/story/news/health/2015/09/18/company-hikes-price-5000-drug-fights-complication-aids-cancer-daraprim/32563749/).

⁴⁰ *Drug Goes from \$13.50 a Tablet to \$750, Overnight*, New York Times (Sept. 30, 2015) (online at www.nytimes.com/2015/09/21/business/a-huge-overnight-increase-in-a-drugs-price-raises-protests.html?_r=2).

⁴¹ *Toxoplasmosis: New Findings and Challenges*, The Big Question (Oct. 6, 2015) (online at <http://sciencelife.uchospitals.edu/2015/10/06/toxoplasmosis-new-findings-and-challenges/>).

⁴² @MartinShkreli, Twitter (Oct. 6, 2015) (online at <https://twitter.com/martinshkreli/status/659961537885442048>).

⁴³ TUR-OGR00020178.

⁴⁴ TUR-COGR000109508-TUR-COGR109509.

⁴⁵ TUR-COGR00093351-TUR-COGR00093363.

⁴⁶ TUR-COGR00076034-TUR-COGR00076037.

⁴⁷ TUR-COGR00195834-TUR-COGR00195836.