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15 **UNITED STATES DISTRICT COURT**  
16 **NORTHERN DISTRICT OF CALIFORNIA**  
17 **OAKLAND DIVISION**

19 SAFEWAY INC; WALGREEN CO.; THE  
KROGER CO.; NEW ALBERTSON'S,  
20 INC.; AMERICAN SALES COMPANY,  
INC.; AND HEB GROCERY COMPANY,  
21 LP,

22 Plaintiffs,

23 vs.

24 ABBOTT LABORATORIES,

25 Defendant.

CASE NO. C 07-5470 (CW)

Related per November 19, 2007 Order to Case  
No. C 04-1511(CW)

**NOTICE OF MOTION AND OMNIBUS  
MOTION TO DISMISS ANTITRUST  
CLAIMS IN PLAINTIFFS' AMENDED  
COMPLAINTS PURSUANT TO RULE  
12(B)(6)**

Judge: Honorable Claudia Wilken  
Date: October 15, 2009  
Time: 2:00 PM  
Location: Courtroom 2 (4<sup>th</sup> Floor)

27 (*Caption continued on next page*)  
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MEIJER, INC. & MEIJER  
DISTRIBUTION, INC.; ROCHESTER  
DRUG CO-OPERATIVE, INC.; AND  
LOUISIANA WHOLESALE DRUG  
COMPANY, INC., ON BEHALF OF  
THEMSELVES AND ALL OTHERS  
SIMILARLY SITUATED,

Plaintiffs,

vs.

ABBOTT LABORATORIES,  
  
Defendant.

CASE NO. C 07-5985 (CW)  
(Consolidated Cases)

Related per November 30, 2007 Order to Case  
No. C 04-1511 (CW)

RITE AID CORPORATION; RITE AID  
HDQTRS CORP.; JCG (PJC) USA, LLC;  
MAXI DRUG, INC D/B/A BROOKS  
PHARMACY; ECKERD  
CORPORATION; CVS PHARMACY,  
INC.; AND CAREMARK LLC,

Plaintiffs,

vs.

ABBOTT LABORATORIES,  
  
Defendant.

CASE NO. C 07-6120 (CW)

Related per December 5, 2007 Order to Case  
No. C 04-1511 (CW)

SMITHKLINE BEECHAM  
CORPORATION, d/b/a  
GLAXOSMITHKLINE,

Plaintiff,

vs.

ABBOTT LABORATORIES,  
  
Defendant.

CASE NO. C 07-5702 (CW)

Related per December 5, 2007 Order to Case  
No. C 04-1511 (CW)

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1 **NOTICE OF MOTION AND MOTION TO DISMISS**

2 PLEASE TAKE NOTICE that on October 15, 2009 at 2:00 pm., or as soon  
3 thereafter as the matter may be heard, before the Honorable Claudia Wilken in Courtroom 2 on  
4 the Fourth Floor of the above-entitled Court, defendant Abbott Laboratories will move pursuant  
5 to Rule 12(b)(6) of the Federal Rules of Civil Procedure to dismiss:

- 6 • Safeway Inc., et al.'s Second Amended Complaint, filed August 13, 2009;  
7 • Rite Aid Corporation, et al.'s Second Amended Complaint, filed August 13, 2009;  
8 • Meijer, Inc., et al.'s Second Amended Class Action Complaint, filed August 13, 2009; and  
9 • Count 1 (Sherman Act § 2) and Count 4 (State Law Prohibition on Monopolization) of  
10 SmithKline Beecham Corporation d/b/a GlaxoSmithKline's ("GSK's") Amended  
11 Complaint, filed August 13, 2009.  
12 • Count 3 (State Law Unfair Competition) of GSK's Amended Complaint to the extent it is  
13 based on the same allegations of anticompetitive conduct underlying Plaintiffs' antitrust  
14 claims.

15 All of the claims that Abbott is moving to dismiss are antitrust claims. Herein, the plaintiffs in  
16 the Safeway, Rite Aid, Meijer, and GSK cases are collectively referred to as "Plaintiffs."

17 Dismissal of Plaintiffs' antitrust claims pursuant to Rule 12(b)(6) is appropriate  
18 because Plaintiffs have not alleged any form of exclusionary conduct, the central element in any  
19 monopolization claim. This Motion is based upon the Memorandum of Points and Authorities  
20 attached hereto and such additional authority and argument as may be presented in Abbott's reply  
21 and at any hearing on this Motion.

22 **MEMORANDUM OF POINTS AND AUTHORITIES**

23 **I. INTRODUCTION**

24 The Ninth Circuit has now considered the precise conduct alleged here—that, in  
25 2003, Abbott substantially increased the price of its patented HIV drug Norvir while maintaining  
26 the price of its drug Kaletra—and found that this was not exclusionary conduct under Section 2 of  
27 the Sherman Act. *See John Doe 1 v. Abbott Labs.*, 571 F.3d 930, 932 (9th Cir. 2009).

28 Like the plaintiffs in *Doe*, Plaintiffs here previously based their claims on a

1 “monopoly leveraging” theory, claiming that Abbott’s pricing decisions forced consumers to use  
2 Kaletra over other manufacturers’ protease inhibitors that are taken with Norvir to “boost” their  
3 effectiveness. The Ninth Circuit rejected that theory outright in *Doe*. 571 F.3d at 933. Plaintiffs  
4 now have amended their complaints in a vain attempt to plead around the Ninth Circuit’s  
5 decision. But their changes do nothing to alter the fundamental fact that, under applicable law,  
6 the conduct here was not exclusionary.

7           The Ninth Circuit held in *Doe* that “Abbott’s conduct [in pricing Norvir and  
8 Kaletra] is the functional equivalent of the price squeeze the [Supreme] Court found  
9 unobjectionable in *linkLine*.” 571 F.3d at 935. In *Pacific Bell Telephone Co. v. linkLine*  
10 *Communications, Inc.*, 129 S. Ct. 1109 (2009), independent Internet service providers that  
11 competed with AT&T in the retail DSL market and also leased DSL transport service from  
12 AT&T at the wholesale level alleged that their profit margins were unfairly squeezed by AT&T’s  
13 practice of setting high prices in the wholesale transport market while keeping retail prices for its  
14 own DSL service low. *Id.* at 1115. The Supreme Court held that a price squeeze is not an  
15 independent “theory of liability” under the Sherman Act, so plaintiffs “ha[d] a remedy” only if  
16 they could show “a duty-to-deal violation at the wholesale level or predatory pricing at the retail  
17 level.” *Id.* at 1122; *see also id.* at 1120-21 (“Institutional concerns also counsel against  
18 recognition of [price squeeze] claims.”). Applying *linkLine*, the Ninth Circuit in *Doe* held that  
19 because the plaintiffs had not alleged a duty to deal violation in the Norvir “booster” market or a  
20 predatory pricing claim with regard to Kaletra in the “boosted” market, they had not stated a  
21 claim. *Doe*, 571 F.3d at 935. Despite the new conclusory allegations that Plaintiffs here have  
22 made in an attempt to re-label the same underlying facts, Plaintiffs’ claims fail for the same  
23 reason.

24           The Plaintiffs other than GSK assert that Abbott engaged in predatory pricing of  
25 Kaletra. But none of their amended complaints includes allegations that, if proven, would  
26 demonstrate the recoupment element of a predatory pricing claim. And with good reason. To  
27 demonstrate recoupment, Plaintiffs would have to show that Abbott has driven its competitors  
28 from the market, or is “dangerously close” to driving its competitors from the market, so that it

1 then can raise Kaletra’s price to “recoup” the losses from earlier “below-cost pricing.” But  
2 Abbott’s competitors include some of the biggest pharmaceutical companies in the world, and  
3 Plaintiffs do not allege that *any* competitor has been forced from the market in the six years since  
4 Norvir’s price increase. Plaintiffs’ failure to allege recoupment or a dangerous probability of  
5 recoupment is by itself fatal to a predatory pricing claim here.

6           The predatory pricing claim also fails for the separate and independent reason that  
7 none of the Plaintiffs has successfully alleged below-cost pricing under the *linkLine* standard.  
8 GSK makes no effort to allege below-cost pricing, under any standard. The other Plaintiffs  
9 invoke the below-cost pricing mantra, but they do not (and could not) allege that Abbott’s  
10 variable cost of producing Kaletra exceeds the price at which Abbott sells Kaletra. Instead, these  
11 Plaintiffs allege only that under the legally inapplicable “discount attribution rule” that the Ninth  
12 Circuit applied to bundled discounting in *Cascade Health Solutions v. Peacehealth*, 515 F.3d 883  
13 (9th Cir. 2008), the difference between the prices of Kaletra and Norvir is smaller than Abbott’s  
14 variable cost of producing Kaletra. But the Ninth Circuit held in *Doe* that *linkLine*’s price-  
15 squeeze standard “controls” in evaluating the legality of Abbott’s conduct here. *Doe*, 571 F.3d at  
16 933. And far from endorsing the discount attribution rule in *linkLine*, the Supreme Court  
17 specifically rejected a *Cascade*-type test, holding that “it lacks any grounding in our antitrust  
18 jurisprudence.” 129 S. Ct. at 1121-22. To prevail on a predatory pricing claim here, Plaintiffs  
19 would be required to allege that Kaletra’s price is below cost. No Plaintiff does or can make any  
20 such allegation.

21           Some Plaintiffs have now attempted to convert their challenge to Abbott’s pricing  
22 into a “refusal to deal” claim under the Supreme Court’s decision in *Aspen Skiing Co. v. Aspen*  
23 *Highlands Skiing Corp.*, 472 U.S. 585 (1985), which recognized a limited exception to the  
24 general rule that companies have no duty to deal. GSK and the Meijer Plaintiffs claim that  
25 Abbott violated a “duty to deal, *i.e.*, to continue to sell Norvir as a stand-alone product at a  
26 reasonable price,” which they do not define. Meijer SAC ¶ 47; *see also* GSK AC ¶ 63. There are  
27 several problems fatal to such a claim.

28           First, *Aspen Skiing*’s limited “duty to deal” exception potentially applies only to



1 situations where one competitor refuses to deal with another competitor, not to situations in which  
2 the allegation is that the defendant refused to deal with customers (here, people with HIV). No  
3 court has ever extended the doctrine to an alleged failure to sell to customers at a so-called  
4 “reasonable price.” Nor is there any legitimate basis to do so.

5 Second, no Plaintiff alleges that Abbott actually has refused to deal with *anyone*.  
6 To the contrary, the allegations here are not about a refusal to deal but rather are about the price at  
7 which Abbott *did deal* in selling Norvir to patients. Indeed, as Plaintiffs also allege, Abbott  
8 licensed its competitors to promote their PIs for use with Norvir.

9 Third, Plaintiffs’ allegations also fail to meet additional specific requirements for  
10 invoking the *Aspen Skiing* exception. Plaintiffs do not allege that Abbott refused to sell Norvir to  
11 competitors at a price that Abbott was offering to retail customers. Nor do Plaintiffs allege that  
12 Abbott’s actions reflected a sacrifice of short-term profits. Under *Verizon Communications Inc.*  
13 *v. Law Offices of Curtis V. Trinko, LLP*, 540 U.S. 398 (2004), both would be required for the  
14 *Aspen Skiing* exception to apply. *Id.* at 409-10 (“The refusal to deal alleged in the present case  
15 does not fit within the limited exception recognized in *Aspen Skiing*. . . . In *Aspen Skiing*, the  
16 defendant turned down a proposal to sell at its own retail price. . . . Verizon [did not do so]. . . . In  
17 *Aspen Skiing*, what the defendant refused to provide to its competitor was a product that it already  
18 sold at retail. . . . In the present case, by contrast, the services allegedly withheld are not otherwise  
19 marketed or available to the public.”).

20 Fourth, the direct purchaser Plaintiffs alone allege the alternative theory that  
21 Abbott illegally monopolized the booster market for Norvir (as opposed to the boosted PI market  
22 for Kaletra and its competitors). This claim fails for the straightforward reason that these  
23 Plaintiffs have alleged neither predatory pricing of Norvir nor any other form of anticompetitive  
24 conduct with respect to the booster market.

25 Plaintiffs have failed to state an antitrust claim as a matter of law and, therefore,  
26 those claims should be dismissed under Rule 12(b)(6).

## 27 **II. BACKGROUND**

28 This motion addresses antitrust allegations brought by two groups of plaintiffs: (1)

1 Abbott’s competitor, GSK; and (2) direct purchasers of Abbott’s HIV drugs—including a class of  
 2 pharmaceutical retailers and wholesalers that purchased Norvir and Kaletra directly from Abbott  
 3 or are pursuing direct purchaser claims by assignment (Meijer, et. al), and two groups of chain  
 4 pharmacies that opted out of the Meijer class. *See* GSK AC ¶ 2; Meijer SAC ¶¶ 1-3; Safeway  
 5 SAC ¶¶ 1-6; Rite Aid SAC ¶¶ 1-4. All Plaintiffs allege violations from Abbott’s December 2003  
 6 re-pricing of Norvir.

7 **A. Plaintiffs’ Allegations**

8 As this Court is already aware from *Doe*, Norvir is a protease inhibitor (‘PI’) that  
 9 was approved for use to stop HIV’s replication. Safeway SAC at 1; Rite Aid SAC at 1; Meijer  
 10 SAC at 1; *see also* GSK AC ¶ 15. Norvir was originally sold as a standalone PI, but, “[a]fter  
 11 Norvir’s release, it was discovered that” Norvir is more effective “when used in small quantities  
 12 with another PI [to] boost the anti-viral effects of the other PI.” Safeway SAC ¶¶ 13, 15; Rite Aid  
 13 SAC ¶¶ 11, 13; GSK AC ¶¶ 12, 13; *see also* Meijer SAC ¶ 16. Abbott also sells Kaletra, “a  
 14 combination drug consisting of Norvir and another Abbott PI, whose chemical or generic name is  
 15 lopinavir.” Safeway SAC ¶ 13; Rite Aid SAC ¶ 11; *see also* Meijer SAC ¶ 16; GSK AC ¶ 15.

16 Plaintiffs allege that there are two relevant antitrust markets: the “booster market”  
 17 (sometimes referred to as the “boosting market”) and the “boosted market.” Safeway SAC ¶ 19;  
 18 Rite Aid SAC ¶ 17; Meijer SAC ¶ 17; *see also* GSK AC ¶ 42.<sup>1</sup> The booster market allegedly is a  
 19 one-product market consisting solely of Norvir when used to boost the effects of PIs. Safeway  
 20 SAC ¶ 19; Rite Aid SAC ¶ 17; Meijer SAC ¶ 17; GSK AC ¶ 44. The boosted market allegedly  
 21 consists of Kaletra and a number of non-Abbott PIs, “each of which is prescribed and taken in  
 22 conjunction with Norvir.” Safeway SAC ¶ 19; Rite Aid SAC ¶ 17; *see also* Meijer SAC ¶ 17;  
 23 GSK AC ¶ 18-19. Abbott licenses competitors to promote their PIs for use with Norvir. Safeway  
 24 SAC ¶ 17; Rite Aid SAC ¶ 15; Meijer SAC ¶ 15; GSK AC ¶ 17.

25 Plaintiffs’ antitrust claims can be grouped into three categories:  
 26  
 27

28 <sup>1</sup> Throughout this brief, emphasis is added unless otherwise noted.

1                   **1.     Monopolization of Alleged Boosted Market.**

2                   All Plaintiffs assert that Abbott monopolized or attempted to monopolize the  
3 boosted market in violation of Section 2 of the Sherman Act. Safeway SAC ¶¶ 61-72; Rite Aid  
4 SAC ¶¶ 58-70; Meijer SAC ¶¶ 67-77; GSK AC ¶¶ 59-67. In support of this theory, Plaintiffs  
5 allege that Abbott raised the wholesale price of Norvir in December 2003 from \$1.71 to \$8.57 for  
6 a 100 milligram capsule while, at the same time, not raising the price of Kaletra, which includes  
7 the active ingredient of Norvir. Safeway SAC ¶ 27; Rite Aid SAC ¶ 25; Meijer SAC ¶ 24; GSK  
8 AC ¶ 1. In Plaintiffs' words, Abbott "disadvantaged its competitors in the boosted market" by  
9 selling Norvir "at a much lower price when used as one component of Abbott's own boosted PI,  
10 Kaletra" than when "used to boost a non-Abbott PI." Safeway SAC ¶ 63; Rite Aid SAC ¶ 60; *see*  
11 *also* Meijer SAC ¶ 71; GSK AC ¶ 63. Among the Plaintiffs' complaints, two purported reasons  
12 are put forth for labeling this exclusionary conduct—first, because Abbott allegedly engaged in  
13 predatory pricing of Kaletra; second, because Abbott allegedly violated a duty to deal in Norvir.

14                   Although all Plaintiffs other than GSK invoke the mantra of "predatory pricing,"  
15 no Plaintiff alleges that Abbott has recouped any investment in below-cost pricing of Kaletra, or  
16 that there is a dangerous probability that Abbott will do so. Indeed, no Plaintiff alleges that  
17 Kaletra itself is priced below Abbott's cost of producing it. Instead, the Plaintiffs other than GSK  
18 allege only that "the effective or imputed price of the lopinavir component of Kaletra (i.e., the  
19 price of Kaletra minus the post-December 2003 price of Norvir) is \$1.64," and that "[t]hat price is  
20 below Abbott's average variable cost for lopinavir." Safeway SAC ¶ 53; Rite Aid SAC ¶ 50; *see*  
21 *also* Meijer SAC ¶ 51. GSK does not even make this allegation.

22                   Turning to the duty to deal allegations, the Meijer Plaintiffs and GSK allege that  
23 the price increase on Norvir violated a "duty to deal, *i.e.*, to continue to sell Norvir as a stand-  
24 alone product at a reasonable price . . . , in accordance with [Abbott's] continuing course of  
25 conduct over several years." Meijer SAC ¶ 47; *see also* GSK AC ¶ 63. These Plaintiffs do not  
26 allege, however, that Abbott ever refused to sell Norvir to anyone or that Abbott's Norvir price  
27 increase involved Abbott's forgoing short-term profits. The Safeway and Rite Aid Plaintiffs  
28 allege that "Abbott has a duty to deal . . . , *i.e.*, a duty to continue selling Norvir separately rather

1 than merely as a component of Kaletra,” but they do not allege that Norvir is not available  
 2 separately, or that Abbott violated that “duty.” Safeway SAC ¶ 48; Rite Aid SAC ¶ 46.

3 **2. Monopolization of Alleged Boosting Market.**

4 All Plaintiffs other than GSK, claim that Abbott has monopolized the booster  
 5 market in violation of Section 2 of the Sherman Act. Safeway SAC ¶¶ 73-76; Rite Aid SAC ¶¶  
 6 71-74; Meijer SAC ¶¶ 78-81. Specifically, these Plaintiffs allege that, “[o]n information and  
 7 belief, in reliance on the expectation that Abbott would [not substantially increase Norvir’s price]  
 8 . . . GSK and other PI manufacturers materially delayed developing, testing, and/or launching  
 9 other potential Boosted PIs that could be effective with substantially less Norvir . . . or could be  
 10 used with another boosting drug entirely.” Safeway SAC ¶ 44; Rite Aid SAC ¶ 42; *see also*  
 11 Meijer SAC ¶ 41. These Plaintiffs further allege that after “deceptively induc[ing] rivals to  
 12 forego developmental alternatives and instead standardize around the use of Norvir for boosting  
 13 purposes,” Abbott “exercised its monopoly power . . . by raising the price of Norvir.” Safeway  
 14 SAC ¶ 74; Rite Aid SAC ¶ 72; *see also* Meijer SAC ¶ 76. Notably, the sole “rival” of Abbott  
 15 who is a plaintiff here, GSK, neither joins in the “information and belief” allegation nor alleges  
 16 monopolization of the booster market. Indeed, GSK’s pleading is noticeably silent on the issue of  
 17 whether, as alleged in conclusory terms by the other Plaintiffs, GSK itself delayed developing a  
 18 boosted PI that would not depend on Norvir, in reliance on Norvir’s original pricing. Regardless,  
 19 none of the Plaintiffs alleges that Abbott ever priced Norvir below cost, or that Abbott engaged in  
 20 any other recognized form of predatory conduct in the booster market.

21 **3. North Carolina Law Antitrust Claims.**

22 GSK claims that Abbott’s conduct violated North Carolina’s antitrust-  
 23 monopolization law, N.C. Gen. Stat. § 75-2.1, and the state’s Unfair and Deceptive Trade  
 24 Practices Act (“UDTPA”), N.C. Gen. Stat. § 75-1.1. GSK bases this claim on the same  
 25 allegations that underlie its boosted market monopolization claim. GSK AC ¶¶ 78-81.

26 **B. Procedural History**

27 Plaintiffs filed their original Complaints in late 2007, nearly four years after  
 28 Norvir’s price increase and three and a half years after HIV patients and third-party payors

1 brought suit under the same facts as Plaintiffs challenge here.<sup>2</sup> See *In re Abbott Labs. Norvir*  
2 *Anti-Trust Litig.* (“*Doe*”), No. C-04-1511 CW. Plaintiffs then obtained a determination that their  
3 cases be deemed “related” to *Doe*, on the basis that their cases “concern substantially the same  
4 parties, property, transaction or event” as *Doe*. N.D. Cal. Local Rule 3-12(a)(1).

5 In April 2008, this Court denied Abbott’s motions to dismiss Plaintiffs’ original  
6 complaints. In that motion, Abbott took the position that Plaintiffs could not satisfy the predatory  
7 conduct element of a monopolization claim. Abbott argued that *Cascade* and *Brooke Group Ltd.*  
8 *v. Brown & Williamson Tobacco Corp.*, 509 U.S. 209 (1993), prohibited a monopolization claim  
9 here, absent an allegation of below-cost pricing. See Omnibus Mot. to Dismiss at 5-10, *Safeway*  
10 *v. Abbott Labs.*, No. C 07-5470 CW (Jan. 31, 2008) (No. 29); Reply ISO Omnibus Mot. to  
11 Dismiss at 1-6, *Safeway v. Abbott Labs.*, No. C 07-5470 CW (Feb. 21, 2008) (No. 38). Plaintiffs  
12 opposed the motion, arguing strenuously that the *Cascade* holding applied only to bundled  
13 discounting and their antitrust theory cannot be characterized as bundled discounting, as well as  
14 that *Cascade* should not apply to the pharmaceutical industry. See Opp. to Omnibus Mot. at 4-11,  
15 *Safeway v. Abbott Labs.*, No. C 07-5470 CW (Feb. 14, 2008) (No. 34); Opp. to Abbott’s  
16 Supplemental Br. ISO Omnibus Mot. at 2-5, *Safeway v. Abbott Labs.*, No. C 07-5470 CW (Mar.  
17 20, 2008) (No. 45). In response, the Court noted in its opinion that “it is far from clear that  
18 Abbott’s sale of Kaletra represents a bundled discount.” See Order Denying Abbott’s Motion to  
19 Dismiss (“4/11/08 Order”) at 12, *Safeway v. Abbott Labs.*, No. C 07-5470 CW (April 11, 2008)  
20 (No. 50). The Court then held that, “[e]ven if Kaletra represents a bundled discount such that  
21 these cases fall within the general purview of *Cascade*, . . . Abbott’s sale of Kaletra – if it  
22 represents a bundled discount – is a strong candidate for the exception contemplated by the Ninth  
23 Circuit.” *Id.* at 13. This Court thus allowed Plaintiffs to pursue their monopolization claim  
24 without needing to allege or show below-cost pricing, under the discount-attribution rule or  
25 otherwise. *Id.* at 16-17.

26 As part of a settlement in the *Doe* case, the Court certified the issue of *Cascade*’s

27 \_\_\_\_\_  
28 <sup>2</sup> We assume the truth of Plaintiffs’ allegations solely for purposes of this motion, and our  
discussion of “facts” should be interpreted to mean only Plaintiffs’ allegations.

1 applicability, among other issues, for interlocutory appeal.<sup>3</sup> See Order Certifying Issues and  
 2 Granting Leave to Seek Interlocutory Appeal, *Doe*, No. C 04-1511 CW (Aug. 27, 2008) (No.  
 3 611). This Court explained that a ruling from the Ninth Circuit on the applicability of *Cascade*  
 4 would “be helpful in clarifying the issues in the” present related cases. See *id.* at 5.

5 The Ninth Circuit accepted the appeal, and this Court stayed the present cases after  
 6 the close of fact discovery, pending the appeal. When staying Plaintiffs’ cases, this Court  
 7 explained that “the appeals court must determine whether the Supreme Court’s recent decision in  
 8 *Pacific Bell Telephone Co. v. linkLine Communications, Inc.*, [129 S. Ct. 1109 (2009)] is  
 9 applicable to the plaintiffs’ Sherman Act claims.” See Order Granting Defendant’s Motion for  
 10 Stay at 9 n.1, *Safeway v. Abbott Labs.*, No. C 07-5470 CW (Mar. 18, 2009) (No. 105). The  
 11 Plaintiffs in the current cases participated in the interlocutory appeal as *amici*, both in opposing  
 12 Abbott’s petition for interlocutory appeal and in filing briefs on the merits. Mot. to File Amicus  
 13 Br., *Doe*, No. C 04-1511 CW (May 13, 2008 ) (No. 504); *Doe*, No. 08-17699 (9th Cir.) (Nos. 27,  
 14 39).

15 On July 7, 2009, the Ninth Circuit issued its decision in *Doe* and held that *linkLine*  
 16 “controls” on these facts. *Doe*, 571 F.3d at 933. Plaintiffs determined that they needed to amend  
 17 their complaints in light of *Doe*, and Abbott consented to the filing of those amendments. See,  
 18 e.g., Stipulation re Am. Compl., *Safeway v. Abbott Labs.*, No. C 07-5470 CW (Aug. 13, 2009)  
 19 (No. 169). The panel unanimously denied the *Doe* plaintiffs’ subsequent petition for rehearing,  
 20 and no active judge requested an *en banc* vote. The Ninth Circuit’s mandate recently issued.  
 21 *Doe*, No. 08-17699 (9th Cir. Aug. 27, 2009) (No. 53).

### 22 **III. ARGUMENT**

23 In *Doe*, the Ninth Circuit held that *linkLine* “controls the outcome here.” *Doe*, 571  
 24 F.3d at 933. Under *linkLine*, to state a claim that Abbott’s pricing here constituted exclusionary  
 25

26 <sup>3</sup> “A district court may take judicial notice of pleadings in a related action without converting a  
 27 motion to dismiss into a motion for summary judgment.” *Thomas v. Housing Authority of County*  
 28 *of Los Angeles*, No. CV 04-6970 MMM (RCx), 2006 WL 5670938, at \*3 n.25 (C.D. Cal. Feb. 28,  
 2006); see also *MGIC Indem. Corp. v. Weisman*, 803 F.2d 500, 504 (9th Cir. 1986) (taking  
 judicial notice of pleadings filed in a prior action in reviewing a motion to dismiss).

1 conduct under Section 2 of the Sherman Act, plaintiffs would need to allege facts establishing (a)  
2 below-cost pricing of Kaletra and a dangerous probability of recoupment in the “boosted” market,  
3 or (b) a duty to deal and a refusal to deal in the Norvir “booster” market. *Doe*, 571 F.3d at 934-  
4 35. Plaintiffs have done neither. Their antitrust claims therefore fail as a matter of law.

5 **A. Legal Standard**

6 A complaint should be dismissed if its factual allegations do not raise the “right to  
7 relief above the speculative level.” *Bell Atl. Corp. v. Twombly*, 550 U.S. 544, 555 (2007). To  
8 survive a motion to dismiss under Rule 12(b)(6), a complaint must contain “enough facts to state  
9 a claim to relief that is plausible on its face.” *Id.* at 570. While detailed factual allegations are  
10 not required, a complaint must present “more than labels and conclusions, and a formulaic  
11 recitation of the elements of a cause of action.” *Id.* at 555.

12 This year, the Supreme Court in *Ashcroft v. Iqbal*, 129 S. Ct. 1937 (2009), further  
13 clarified the proper motion to dismiss analysis. The Court noted that “the tenet that a court must  
14 accept as true all of the allegations contained in a complaint is inapplicable to legal conclusions.”  
15 *Id.* at 1949; *see also Clegg v. Cult Awareness Network*, 18 F.3d 752, 754-55 (9th Cir. 1994) (A  
16 court “is not required to accept legal conclusions cast in the form of factual allegations if those  
17 conclusions cannot reasonably be drawn from the facts alleged”). Thus, a trial court should begin  
18 its analysis by weeding out mere legal conclusions and then consider whether the remaining  
19 factual allegations “plausibly suggest an entitlement to relief.” *Iqbal*, 129 S. Ct. at 1951.

20 **B. Plaintiffs fail to state claim based upon boosted market pricing.**

21 The Plaintiffs other than GSK attempt to allege predatory pricing to satisfy the  
22 exclusionary conduct element of a monopolization claim.<sup>4</sup> But the allegations in these Plaintiffs’  
23 amended complaints do not meet the standards for a predatory pricing claim articulated by the  
24 Ninth Circuit in *Doe*. There, the Ninth Circuit emphasized *linkLine*’s statement that “predatory  
25 pricing . . . [requires] a plaintiff [to] demonstrate that (1) ‘the prices complained of are below an  
26 appropriate measure of its rival’s costs’; and (2) there is a ‘dangerous probability’ that the

27 \_\_\_\_\_  
28 <sup>4</sup> In this brief, Abbott’s arguments apply equally to attempted monopolization claims.



1 defendant will be able to recoup its ‘investment’ in below-cost prices’.” *Doe*, 571 F.3d at 934  
2 (quoting *linkLine*, 129 S. Ct. at 1120, quoting *Brooke Group*, 509 U.S. at 222-24). Because the  
3 *Doe* plaintiffs had not alleged any form of below-cost pricing, the Ninth Circuit “ha[d] no need to  
4 reach the second (dangerous probability) prong.” *Id.* at 935. However, court made clear that both  
5 prongs would have been required to state a claim of predatory pricing. *Id.* Plaintiffs here have  
6 not satisfied either prong, because they have not alleged a probability of recoupment or that the  
7 price of the Kaletra pill was below cost.

8 By specifically mentioning the element of recoupment in its reasoning in *Doe*, the  
9 Ninth Circuit again emphasized that *linkLine* controls on these facts. By contrast, *Cascade* stated  
10 that the discount attribution test for bundled discounts did not require proof of a dangerous  
11 probability of recoupment. *See Cascade*, 515 F.3d at 910 n.21 (“[W]e do not adopt the element  
12 of recoupment.”). The Safeway, Rite Aid, and Meijer Plaintiffs nevertheless proceed as if  
13 *Cascade* controlled. These Plaintiffs have not even tried to allege a dangerous probability of  
14 recoupment, and they allege below-cost pricing only under *Cascade*’s discount attribution  
15 standard for bundled discounts, not *linkLine*’s. *Doe* thus makes clear that plaintiffs’ allegations  
16 fail to state a cognizable claim of predatory pricing.

17 **1. Plaintiffs have not alleged a dangerous probability of recoupment.**

18 Plaintiffs’ attempt to state a monopolization claim based upon predatory pricing  
19 fails for the threshold reason that none of their complaints attempts to allege a probability of  
20 recoupment, let alone the requisite “dangerous probability of recoupment.” *See Doe*, 571 F.3d at  
21 934; *linkLine*, 129 S. Ct. at 1120; *Brooke Group*, 509 U.S. at 222-24. Without recoupment, low  
22 prices are not a concern of the antitrust laws, because “the substantive evil that antitrust  
23 reprehends is not the injury to rivals, but the subsequent injury to consumers. The recoupment  
24 requirement enables the tribunal to determine whether a particular price cut is calculated to injure  
25 . . . consumers.” IIIA Phillip E. Areeda & Herbert Hovenkamp, *Antitrust Law* ¶ 726 at 57-58 (3d  
26 ed. 2008). As the Ninth Circuit explained, low prices that eliminate rivals—even below-cost  
27 prices—are “of no concern to the antitrust laws” unless and until the alleged monopolist charges,  
28 or is likely to charge “supracompetitive prices—prices above competitive levels” in the relevant



1 market. *Rebel Oil Co., Inc. v. Atl. Richfield Co.*, 51 F.3d 1421, 1433-34 (9th Cir. 1995)  
2 (“[B]elow-cost pricing is not anticompetitive in itself.”).

3           Accordingly, the Supreme Court held in *Brooke Group* that, to prove predatory  
4 pricing, “[t]he plaintiff must demonstrate that there is a likelihood that the predatory scheme  
5 alleged would cause a rise in prices above a competitive level that would be sufficient to  
6 compensate for the amounts expended on predation, including the time value of the money  
7 invested in it.” 509 U.S. at 225.

8           Only rarely can a price cutter expect to be able to achieve recoupment, and  
9 allegations or “[e]vidence of below-cost pricing is not alone sufficient to permit an inference of  
10 probable recoupment.” *Id.* at 226. As the Supreme Court has explained, “losses [from below-  
11 cost pricing] are like investments, which must be recovered with compound interest. [Yet] [i]f  
12 the defendants should try to raise prices to . . . a level [high enough to recoup], they would attract  
13 new competition.” *Matsushita Elec. Indus. Co., Ltd. v. Zenith Radio Corp.*, 475 U.S. 574, 591  
14 n.15 (1986); *see also Cargill, Inc. v. Monfort of Colo., Inc.*, 479 U.S. 104, 119 n.15 (1986)  
15 (discussing the need to keep competitors out of the market long enough to recoup investment in  
16 predatory pricing and the difficulty of doing so). “The success of any predatory scheme depends  
17 on *maintaining* monopoly power for long enough both to recoup the predator’s losses *and to*  
18 *harvest some additional gain.*” *Matsushita*, 475 U.S. at 589 (first emphasis in original).

19           Not only do the amended complaints fail to allege recoupment, the amended  
20 complaints affirmatively demonstrate that no showing of a likelihood of recoupment could be  
21 made here. To show recoupment, Plaintiffs here would have to provide evidence that Abbott can  
22 “drive competitors from the market and then maintain monopoly power long enough to recoup  
23 the losses” from below-cost pricing. *Vollrath Co. v. Sammi Corp.*, 9 F.3d 1455, 1460 (9th Cir.  
24 1993). Any such theory would be potentially viable only if the targeted competitors were too  
25 weak to survive in the face of below-cost pricing. But here, as Plaintiffs admit, Abbott’s  
26 competitors are some of the biggest pharmaceutical companies in the world, including GSK and  
27 Bristol-Myers Squibb. *See Safeway SAC ¶ 24; Rite Aid SAC ¶ 22; GSK AC ¶¶ 22, 23; Meijer*  
28 *SAC ¶ 22.*

1 Plaintiffs have failed to allege that *any* rival has been driven from the market since  
 2 Abbott’s pricing decision in 2003, let alone as a result of the price of Norvir. Nor has any  
 3 Plaintiff alleged that competing PIs are likely to be driven from the market, let alone that, if they  
 4 were, Abbott could then raise the price of Kaletra to a sufficiently high level and for a long  
 5 enough time to recoup any investment in purported below-cost pricing (assuming there were  
 6 below-cost pricing). Plaintiffs’ monopolization claim therefore fails as a matter of law.

7 **2. Plaintiffs have not alleged that Abbott priced Kaletra below cost.**

8 Plaintiffs’ monopolization claim based upon predatory pricing fails for the  
 9 additional reason that none of their complaints alleges facts that would show below-cost pricing  
 10 under applicable law. GSK—the only Plaintiff that itself produces a PI—makes no allegations  
 11 whatsoever about below-cost pricing. The other Plaintiffs also do not allege that Kaletra is priced  
 12 below cost. They merely allege that if Kaletra were treated as a bundle of two separate products,  
 13 lopinavir and ritonavir, and if *Cascade*’s discount attribution test were used to come up with an  
 14 imputed price for these components, then the imputed price of lopinavir would be below Abbott’s  
 15 average variable cost of producing the lopinavir component. *See* Safeway SAC ¶¶ 52, 53; Rite  
 16 Aid SAC ¶ 50; Meijer SAC ¶¶ 50, 51; *see also Cascade*, 515 F.3d at 910 (“To prove that a  
 17 bundled discount was exclusionary or predatory . . . the plaintiff must establish that, after  
 18 allocating the discount given by the defendant on the entire bundle of products to the competitive  
 19 product or products, the defendant sold the competitive product or products below its average  
 20 variable cost of producing them.”). The Safeway and Rite Aid Plaintiffs claim that “the effective  
 21 or imputed price of the lopinavir component of Kaletra (i.e., the price of Kaletra minus the post-  
 22 December 2003 price of Norvir) is \$1.64” and that “[t]hat price is below Abbott’s average  
 23 variable cost for lopinavir.” Safeway SAC ¶ 53; Rite Aid SAC ¶ 50. The Meijer Plaintiffs  
 24 likewise claim that “[i]f the penalty a purchaser would pay on the required dosage of Norvir for  
 25 buying a Boosted PI from a supplier other than Abbott were subtracted from the imputed price of  
 26 the Boosted PI portion of Kaletra, then the resulting price would be below Abbott’s average  
 27 variable costs relating to the Boosted PI portion of Kaletra.” Meijer SAC ¶ 49.<sup>5</sup> None of the

28 <sup>5</sup> The Meijer Plaintiffs do not mention below-cost pricing when describing their causes of action

1 Plaintiffs alleges that Kaletra’s price was below Abbott’s average variable cost of producing the  
2 pill as a whole.

3 Plaintiffs’ below-imputed-price allegations are irrelevant, because the Ninth  
4 Circuit held in *Doe* that *linkLine* controls on these facts. *Doe*, 571 F.3d 933 (“*linkLine* . . .  
5 controls the outcome here.”). *linkLine* specifically rejected the use of the sort of attribution or  
6 imputed price test set forth in *Cascade*:

7 Some amici . . . propos[e] a “transfer price test” for identifying an  
8 unlawful price squeeze: A price squeeze should be presumed if the  
9 upstream monopolist could not have made a profit by selling at its  
10 retail rates if it purchased inputs at its own wholesale rates.

11 Whether or not that test is administrable, it lacks any grounding in  
12 our antitrust jurisprudence.

13 *linkLine*, 129 S. Ct. at 1121-22 (internal citations omitted).

14 The Supreme Court also rejected any test that would have required “the defendant  
15 [to] leave its rivals a ‘fair’ or ‘adequate’ margin between the wholesale price and the retail price.”  
16 *Id.* at 1121. The Court explained that such a test would be impractical by asking rhetorically:  
17 “How can the court determine this price without examining costs and demands, indeed without  
18 acting like a rate-setting regulatory agency, the rate-setting proceedings of which often last for  
19 several years? Further, how is the court to decide the proper size of the price ‘gap?’ Must it be  
20 large enough for all independent competing firms to make a ‘living profit?’” *Id.*

21 Instead of an imputed-price test or any other test comparing wholesale and retail  
22 prices, the Supreme Court made clear that courts should look only to the retail price of the final  
23 product to determine whether the product is priced below cost. *Id.* at 1121-22. Because *linkLine*  
24 controls here, the relevant question is simply whether the price of a Kaletra pill has been alleged  
25 to be lower than the marginal cost of producing that pill. And as this Court has noted, “the cost of  
26 manufacturing Kaletra pills is negligible—most likely only a few cents per pill.” 4/11/08 Order

27  
28 for monopolization or attempted monopolization of the boosted PI market, so it is unclear  
whether they actually are attempting to state a predatory pricing claim. *See* Meijer SAC ¶¶ 67-77.

1 at 14. The price of Norvir as a stand-alone product is simply irrelevant. Plaintiffs’  
2 monopolization claims fail for the independent reason that no Plaintiff has alleged (or could  
3 allege) that the price of Kaletra is below cost.

4 **C. Plaintiffs fail to state a claim for a violation of a duty to deal in Norvir.**

5 As an alternative to their predatory pricing allegations, Plaintiffs have amended  
6 their complaints to allege a duty to deal in Norvir. As demonstrated below, however, Plaintiffs’  
7 allegations cannot satisfy the exclusionary conduct element required of their boosted market  
8 monopolization claims, because Plaintiffs have not alleged a cognizable duty to deal violation.

9 **1. The Safeway and Rite Aid Plaintiffs do not allege a duty to deal**  
10 **violation.**

11 The Ninth Circuit in *Doe* held squarely that a Section 2 claim for monopolization  
12 of the boosted market based on pricing in the booster market must allege a “refusal to deal at the  
13 booster level.” 571 F.3d at 935. The Safeway and Rite Aid Plaintiffs do not attempt to meet this  
14 threshold requirement.

15 The Safeway and Rite Aid Plaintiffs assert that Abbott has a “duty to continue  
16 selling Norvir as a stand-alone product.” Safeway SAC ¶ 50; Rite Aid SAC ¶ 48. But they fail to  
17 allege that Abbott *breached* that supposed duty. *See* Safeway SAC ¶¶ 61-76; Rite Aid SAC ¶¶  
18 58-74. To the contrary, Plaintiffs expressly allege that Abbott “seriously considered” but  
19 discarded a suggestion that it stop selling Norvir, in favor instead of keeping the drug on the  
20 market and raising its price. Safeway SAC ¶¶ 26-27, 43; Rite Aid SAC ¶¶ 24-25, 41.

21 The Safeway and Rite Aid Plaintiffs’ failure to allege any breach of a duty to deal  
22 is fatal. Antitrust liability for an alleged refusal to deal can attach only if an alleged monopolist  
23 actually refuses to deal. *See, e.g., MetroNet Servs. Corp. v. Qwest Corp.*, 383 F.3d 1124,  
24 1134 (9th Cir. 2004) (applying “existing *refusal* to deal precedents”) (emphasis added); *Doe*, 571  
25 F.3d at 935 (plaintiffs’ boosted market monopolization claim based on pricing in the booster  
26 market necessarily failed under *linkLine* because the plaintiffs had “allege[d] no *refusal* to deal at  
27 the booster level.”) (emphasis added). Indeed, the Ninth Circuit explicitly rejected the *Doe*  
28 plaintiffs’ attempt to argue that *linkLine* was distinguishable because there was no duty to deal

1 there, indicating that any such distinction would be irrelevant because the *Doe* plaintiffs “ha[d]  
 2 not alleged a refusal to deal in this case.” *Doe*, 571 F.3d at 935 n.5. The Safeway and Rite Aid  
 3 Plaintiffs likewise allege no refusal to deal here, nor could they, because they allege that they (or  
 4 their assignors, in whose name they are suing as direct purchasers) have continued to purchase  
 5 Norvir since 2003 repricing. *See* Safeway SAC ¶¶ 1-6; Rite Aid SAC ¶¶ 1-4.

6 **2. Meijer and GSK fail to allege a cognizable refusal to deal.**

7 Unlike the Safeway and Rite Aid Plaintiffs, the Meijer Plaintiffs and GSK allege  
 8 that Abbott violated a duty to sell Norvir “at a reasonable price” or “on reasonable terms.” Meijer  
 9 SAC ¶ 49 (asserting that Abbott has a duty “to continue to sell Norvir as a stand-alone product at  
 10 a reasonable price.” Meijer SAC ¶ 47. Similarly, GSK asserts that Abbott has a “duty to deal on  
 11 reasonable terms with respect to Norvir.”). GSK AC ¶ 63. Each complaint goes on to assert that  
 12 Abbott’s December 2003 price increase violated this supposed duty to deal. Meijer SAC ¶ 48;  
 13 GSK AC ¶ 63. Neither formulation, however, states a claim under Section 2, because antitrust  
 14 law does not impose a duty to deal of the sort alleged.

15 **a. Antitrust law imposes no generalized duty to deal.**

16 The Supreme Court has repeatedly emphasized that “there is no duty,” even for a  
 17 monopolist, “to aid competitors.” *Verizon Communications Inc. v. Law Offices of Curtis V.*  
 18 *Trinko, LLP*, 540 U.S. 398, 411 (2004). “The absence of a duty to transact business with another  
 19 firm is, in some respects, merely the counterpart of the independent businessman’s cherished right  
 20 to select his customers and his associates.” *Aspen Skiing Co. v. Aspen Highlands Skiing Corp.*,  
 21 472 U.S. 585, 601 (1985). As the Ninth Circuit has observed, the Supreme Court has articulated  
 22 at least three reasons not to impose such a duty to deal. *See MetroNet Servs. Corp. v. Qwest*  
 23 *Corp.*, 383 F.3d 1124 (9th Cir. 2004). First, contrary to the GSK and Meijer Plaintiffs’  
 24 allegations of a duty to sell Norvir on “reasonable” terms, the Supreme Court noted that  
 25 imposition of a duty to deal would “require[] antitrust courts to act as central planners, identifying  
 26 the proper price, quantity, and other terms of dealing—a role for which they are ill suited.”  
 27 *Trinko*, 540 U.S. at 408. Second, a judicially-imposed duty to deal would be “in some tension  
 28 with the underlying purpose of antitrust law, since it [could] lessen the incentive for the

1 monopolist, the rival, or both to invest in . . . economically beneficial facilities.” *Id.* at 407-08.  
2 Third, “compelling negotiation between competitors [could] facilitate the supreme evil of  
3 antitrust: collusion.” *Id.* at 408. For all these reasons, the Supreme Court has been “very  
4 cautious” in recognizing exceptions to the baseline rule that there is no duty to deal. *Id.*

5           The Tenth Circuit recently confirmed the general rule that a firm has no duty to  
6 assist its competitor. In *Christy Sports, LLC v. Deer Valley Resort Co., Ltd.*, 555 F.3d 1188 (10th  
7 Cir. 2009), the court rejected a challenge to a ski resort owner’s decision to revoke the plaintiff’s  
8 lease to operate a ski rental shop on the owner’s property—a decision the owner made after it  
9 opened its own ski rental operation at the resort. *Id.* at 1196. Despite the fact that the defendant,  
10 presumably profitably, had allowed the plaintiff to operate its rental business at the resort for  
11 fifteen years, the Tenth Circuit held that revoking the lease did not violate any duty to deal. The  
12 court explained: “The Sherman Act does not force [defendant] to assist a competitor in eating  
13 away its own customer base.” *Id.* at 1197.

14           **b.       The Aspen Skiing exception does not apply here.**

15           One limited exception to the baseline rule that competitors have no duty to deal  
16 with one another, which Plaintiffs apparently seek to invoke here, was recognized by the Supreme  
17 Court in *Aspen Skiing*. There, the Court upheld a Section 2 jury verdict in favor of Highlands, the  
18 operator of a ski resort on one mountain in the Aspen area, against Aspen Skiing Company, the  
19 operator of resorts on three other mountains in the area, based on the Aspen Skiing Company’s  
20 refusal to continue participating in an all-mountain, multi-day ticket program. *Id.* at 593-94, 608.  
21 The parties had jointly offered the all-mountain ticket for years, allowing customers to ski on any  
22 or all four mountains during their visits to the Aspen area. *Id.* at 589-90. Eventually, Aspen  
23 Skiing Company decided to terminate the joint arrangement—to the Highlands’ detriment. Aspen  
24 Skiing informed Highlands it would only continue participating in the joint ticket program if  
25 Highlands agreed to new, unfavorable, revenue-sharing arrangements. *Id.* at 592. When  
26 Highlands refused, Aspen Skiing terminated the program. Highlands then sought to institute its  
27 own all-mountain pass, but Aspen Skiing refused to sell Highlands any lift tickets for its three  
28 mountains, even when Highlands offered to pay full retail price. *Id.* at 593-94. The Supreme

1 Court upheld a Section 2 verdict on these facts, noting that the “jury may well have concluded  
2 that [Aspen Skiing] elected to forego these short-run benefits because it was more interested in  
3 reducing competition . . . over the long run by harming its smaller competitor.” *Id.* at 608.

4 The Supreme Court’s more recent decision in *Trinko* strictly cabined *Aspen Skiing*.  
5 In *Trinko*, the plaintiff alleged that Verizon had denied competitors access to support services  
6 necessary to allow the competitors to interconnect with Verizon’s local telephone lines, as  
7 required under the federal Telecommunications Act of 1996. 540 U.S. at 407. The Court held  
8 that Verizon had no antitrust duty to deal with its rivals, and therefore no duty to deal with the  
9 rivals on particular terms that the rivals claimed best suited their own business needs. *Id.* at 409-  
10 10. Distinguishing and limiting *Aspen Skiing*, the Court focused in *Trinko* on the fact that unlike  
11 *Aspen Skiing* and *Highlands*, Verizon had not engaged in any behavior that the Court found  
12 suggested a willingness to “forsake short-term profits” in the hopes of long-term monopolization.  
13 *Id.* at 409. The Court also found that Verizon had done nothing analogous to *Aspen Skiing*’s  
14 refusal “to renew the ticket *even if compensated at retail price.*” *Id.* (emphasis in original).  
15 Emphasizing that “*Aspen Skiing* is at or near the outer boundary of § 2 liability,” the Court found  
16 that the case did not “fit within the limited exception recognized in *Aspen Skiing*” and held that  
17 the Section 2 claim should have been dismissed. *Trinko*, 540 U.S. at 409-11.

18 The Meijer Plaintiffs’ and GSK’s allegations here go well beyond the “outer  
19 boundary” of Section 2 liability as articulated in *Trinko*. For the following several independent  
20 reasons, their allegations fall outside the *Aspen Skiing* exception.

21 **(1) *Aspen* did not recognize any duty to sell to non-**  
22 **competitors, or any duty to sell at a “reasonable” price.**

23 The Meijer Plaintiffs and GSK complain that Abbott raised the price *consumers*  
24 *and direct purchasers* from Abbott must pay for Norvir. But the limited duty to deal recognized  
25 in *Aspen Skiing* extends only to a monopolist’s duty to deal with its *rivals*, not its customers. *See*  
26 *linkLine*, 129 S. Ct. at 1118 (“There are also limited circumstances in which a firm’s unilateral  
27 refusal to deal *with its rivals* can give rise to antitrust liability.”) (citing *Aspen Skiing*) (emphasis  
28 added); *Trinko*, 540 U.S. at 408 (“Under certain circumstances, a refusal to cooperate *with rivals*







1 entail a sacrifice of short-term profits for long-term gain from the exclusion of competition”); *see*  
2 *also* IIB Areeda & Hovenkamp ¶ 772 at 224 (*Trinko* “limited liability for refusal to deal to those  
3 situations where the defendant was already selling some particular product or service to others but  
4 refused to sell the same product or service to the plaintiff.”). The Ninth Circuit has explained  
5 why such a refusal is a required element of a cognizable Section 2 violation:

6           The importance . . . relates to the Court’s concern about the  
7           administrability of a judicial remedy. One of the reasons for a  
8           general “no duty to deal” rule is that enforced sharing “requires  
9           antitrust courts to act as central planners, identifying the proper  
10          price, quantity, and other terms of dealing—a role for which they are  
11          ill-suited.” If the defendant already sells the product in an existing  
12          market to certain customers but merely refuses to sell to its  
13          competitors, the court can impose a judicial remedy that does not  
14          require the court to “assume the day-to-day controls characteristic  
15          of a regulatory agency.” The court can simply order the defendant  
16          to deal with its competitors on the same terms that it already deals  
17          with others in the existing retail market, without setting the terms of  
18          dealing. In contrast, if the defendant does not already provide the  
19          product in an existing market or otherwise make it available to the  
20          public, the court will have to delineate the defendant’s sharing  
21          obligations, and “[a]n antitrust court is unlikely to be an effective  
22          day-to-day enforcer of these detailed sharing obligations.”

23 *MetroNet*, 383 F.3d at 1133 (quoting *Trinko*, 540 U.S. at 879, 883). Here, Plaintiffs have not  
24 alleged that Abbott ever refused to sell Norvir to *anyone* willing to pay Norvir’s price, and  
25 certainly not to any of its competitors. They have therefore not alleged a cognizable refusal to  
26 deal.

27           Further, the Supreme Court and the Ninth Circuit have made clear that to violate a  
28 duty to deal under *Aspen Skiing*, the defendant must demonstrate a “willingness to forsake short-

1 term profits to achieve an anticompetitive end”—namely the exclusion of competitors in the long  
 2 run. *Trinko*, 540 U.S. at 409; *MetroNet*, 383 F.3d at 1132 (finding that the fact that “Qwest was  
 3 not forsaking short-term profits” showed that the *Aspen Skiing* exception did not apply); *see also*  
 4 *IIIB Areeda & Hovenkamp* ¶ 772 at 223 (“[B]efore a unilateral refusal to deal is unlawful under  
 5 §2, the refusal must be ‘irrational’ in the sense that the defendant sacrificed an opportunity to  
 6 make a profitable sale only because of the adverse impact the refusal would have on a rival.”);  
 7 *Morris Commc’ns Corp. v. PGA Tour, Inc.*, 364 F.3d 1288, 1295 (11th Cir. 2004) (“[A] refusal to  
 8 deal that is designed to protect or further the legitimate business purposes of a defendant does not  
 9 violate the antitrust laws, even if that refusal injures competition.”). Plaintiffs do not allege that  
 10 Abbott *raised* the price of Norvir to forsake short-term profits, or that its pricing conduct is  
 11 otherwise economically irrational. Thus, their allegations fail this test as well.

12 In sum, the Meijer Plaintiffs and GSK fail to allege a cognizable antitrust duty on  
 13 Abbott’s part, let alone a cognizable refusal to deal. As the Seventh Circuit correctly recognized,  
 14 “there is no refusal to deal” because “Abbott will sell to anyone willing to pay its price.” *Schor v.*  
 15 *Abbott Labs.*, 457 F.3d 608, 610 (7th Cir. 2006). Plaintiffs’ amended allegations of a supposed  
 16 refusal to deal therefore cannot satisfy the anticompetitive conduct element of their Sherman Act  
 17 claims.

18 **D. Plaintiffs fail to allege predatory conduct to support a booster market**  
 19 **monopolization claim.**

20 The direct purchasers (but not GSK) assert a separate claim for monopolization of  
 21 the booster market based on many of the same allegations that form the basis of theirs and GSK’s  
 22 boosted market claims. They allege that “Abbott deceptively induced rivals to forgo  
 23 developmental alternatives and instead standardize around the use of Norvir for boosting  
 24 purposes” and then raised the price of Norvir after competitors were “lock[ed] in.”<sup>6</sup> Safeway  
 25 SAC ¶ 74; Rite Aid SAC ¶ 72; Meijer SAC ¶ 79. They allege further that Abbott monopolized  
 26 the booster market and created a duty to deal by “(a) voluntarily taking incremental price

27 \_\_\_\_\_  
 28 <sup>6</sup> Revealingly, GSK does not even allege that it delayed production of alternative PIs, despite its  
 incentive to make this allegation if it were true.

1 increases over many years even as market conditions changed; (b) encouraging manufacturers of  
2 other PIs to market their products for use in conjunction with Norvir; (c) licensing competitors to  
3 market other Boosted PIs for use in conjunction with Norvir; and (d) taking steps to ensure that  
4 Norvir became the standard PI booster in the United States.” Meijer SAC ¶ 47; *see also* Safeway  
5 SAC ¶ 50 (omitting allegation in clause (a) above); Rite Aid SAC ¶ 48 (same). This claim, like  
6 the boosted market monopolization claim, also fails because none of the alleged conduct  
7 constitutes a recognized form of predatory conduct.

8 First, to the extent Plaintiffs are complaining that Abbott violated a duty to deal in  
9 Norvir, they have failed to state a claim for the reasons discussed above. *See supra* Section III.C.  
10 In any event, refusing to sell Norvir is implausible and illogical as a theory for monopolizing the  
11 booster market. This is because it is difficult to understand how Abbott could monopolize a  
12 market by allegedly refusing to sell in that market, and in any event, were Norvir unavailable, it  
13 would encourage more competitors to enter into the booster market. For these additional reasons,  
14 Plaintiffs fail to state a refusal to deal claim in the booster market that is “plausible on its face.”  
15 *Bell Atl. Corp. v. Twombly*, 550 U.S. 544, 570 (2007).

16 Second, to the extent Plaintiffs are complaining that Abbott monopolized the  
17 booster market by initially charging too low a price for Norvir, their claim runs counter to  
18 *linkLine* and the Ninth Circuit’s decision in *Doe*. Those cases make clear that the antitrust laws  
19 do not prohibit prices that remain above cost. *See linkLine*, 129 S. Ct. at 1120; *Doe*, 571 F.3d at  
20 934; *see also Brooke Group Ltd. v. Brown & Williamson Tobacco Corp.*, 509 U.S. 209, 222  
21 (1993) (“[A] plaintiff seeking to establish competitive injury resulting from a [defendant’s] low  
22 prices must prove that the prices complained of are below an appropriate measure of [the  
23 defendant’s] costs.”). Thus, because Plaintiffs have not alleged that Norvir was ever priced below  
24 cost, they have failed to state a booster market monopolization claim based on Abbott’s pricing of  
25 Norvir.

26 Third, to the extent Plaintiffs’ booster market monopolization theory is based on  
27 allegations that Abbott encouraged rivals to market their products for use with Norvir and entered  
28 into licenses with those rivals, they have failed to allege a cognizable form of predatory conduct.

1 The mere act of licensing a patent does not violate the antitrust laws. On the contrary, licensing  
2 *increases*—rather than decreases—competition. Further, one of the “essential rights of a  
3 patentee” is the right “to license others.” *United States v. Studiengesellschaft Kohle, m.b.H.*, 670  
4 F.2d 1122, 1127 (D.C. Cir. 1981). “The right to license [a] patent, exclusively or otherwise, or to  
5 refuse to license at all, is ‘the untrammelled right’ of the patentee.” *United States v. Westinghouse*  
6 *Elec. Corp.*, 648 F.2d 642, 647 (9th Cir. 1981) (citation omitted).

7 Fourth, to the extent Plaintiffs’ booster market monopolization claim depends on  
8 their allegations that Abbott took steps “to ensure that Norvir became the standard PI booster in  
9 the United States” (Meijer SAC ¶ 47), they have failed to allege any facts that would bring this  
10 case within the ambit of a Third Circuit case finding potential Section 2 liability for deceiving a  
11 standard-setting organization into adopting the defendant’s technology as the industry standard.  
12 *See Broadcom Corp. v. Qualcomm Inc.*, 501 F.3d 297, 313 (3d Cir. 2007).<sup>7</sup> Plaintiffs do not  
13 allege that any official industry standard was ever adopted here. Abbott’s licenses permitted  
14 manufacturers to promote their PIs with Norvir, but Plaintiffs do not allege that any official  
15 standard required competitors to do so, or that any standard prevented competitors from  
16 developing alternative boosters.

17 Moreover, whereas a standard-setting organizations’ very role is to “make an  
18 objective comparison between competing technologies, patent positions, and licensing terms  
19 before an industry becomes locked in to a standard,” *id.* at 309, nothing of the sort occurred here,  
20 because, as Plaintiffs allege, Norvir was the only available booster. As the D.C. Circuit has held,  
21 if a standard-setting body “would have standardized the very same technologies [regardless of a  
22 defendant’s alleged deception], [that] deception cannot be said to have had an effect on  
23 competition in violation of the antitrust laws.” *Rambus*, 522 F.3d at 466-67. The D.C. Circuit  
24 further held that even if the deception of the standards-setting organization allowed a defendant  
25 who is a lawful monopolist to charge higher prices than it otherwise could for its technology, that

26 <sup>7</sup> *But see Rambus Inc. v. FTC*, 522 F.3d 456, 466 (D.C. Cir. 2008) (“[T]o the extent that  
27 [*Broadcom*] may have rested on a supposition that there is a cognizable violation of the Sherman  
28 Act when a lawful monopolist’s deceit has the effect of raising prices (without an effect on  
competitive structure), it conflicts with *NYNEX [Corp. v. Discon, Inc.]*, 525 U.S. 128 (1998).”).

1 “is not as such an antitrust harm.” *Id.* at 467.

2 In sum, Plaintiffs have failed to allege any recognized anticompetitive conduct in  
3 the booster market. Instead their amended complaints are an unsuccessful attempt to recast their  
4 square-peg allegations to fit *linkLine* and *Doe*’s round hole. Accordingly, they have failed to state  
5 a Sherman Act claim for monopolization of the booster market. *Trinko*, 540 U.S. at 407.

6 **E. GSK’s state antitrust claim falls with its Sherman Act claim.**

7 GSK also asserts a violation of North Carolina’s statutory prohibition on  
8 monopolization and attempted monopolization, N.C. Gen. Stat. § 75-2.1. *See* GSK AC ¶¶ 78-81.  
9 That statute has been interpreted to be co-extensive with the Sherman Act, so this claim falls with  
10 GSK’s Sherman Act claim. *See R. J. Reynolds Tobacco Co. v. Philip Morris Inc.*, 199 F. Supp.  
11 2d 362, 396 (M.D.N.C. 2002) (“Because Plaintiffs do not allege any facts that suggest that  
12 Defendant’s conduct is unlawful beyond the conduct that is the basis for their failed federal  
13 claims, Plaintiffs’ state . . . statutory claims [including under N.C. Gen. Stat. § 75-2.1] fail as  
14 well.”); *Adams v. Aventis, S.A.*, No. 01 CVS 2119, 2003 WL 22015384, at \*6 (N.C. Super. Aug.  
15 26, 2003) (N.C. Gen. Stat. § 75-2.1 “mirrors the monopolization language used in the federal  
16 Sherman Act”). Indeed, this Court previously found that there is “no basis for the Court to apply  
17 a different antitrust standard [to the North Carolina claims] than that which it has applied to  
18 GSK’s Sherman Act claim.” 4/11/08 Order at 23.

19 **F. GSK’s State-Law Unfair Competition Claim Fails To The Extent It Turns On**  
20 **The Same Allegations Of Anticompetitive Conduct.**

21 In Count 3, GSK also alleges that Abbott engaged in unfair and deceptive practices  
22 because, among other things, its actions “violate antitrust laws.” GSK SAC ¶ 74. As discussed  
23 above, however, Plaintiffs’ allegations do not state a viable claim for relief under the antitrust  
24 laws. This Court previously held in the motion to dismiss context that it would apply the same  
25 antitrust standard to North Carolina’s Unfair and Deceptive Trade Practices Act (“UDTPA”),  
26 N.C. Gen. Stat. § 75-1.1, that it applies to GSK’s Sherman Act claim. (4/11/08 Order at 23).  
27 Thus, dismissal of GSK’s Sherman Act claim under the Ninth Circuit’s ruling in the *Doe* case  
28 also dooms GSK’s UDTPA claim to the extent it is based on the same allegations.

