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	:	SUPERIOR COURT OF NEW JERSEY
	:	LAW DIVISION: ATLANTIC COUNTY
IN RE	:	CASE NO. 289
REGLAN LITIGATION	:	CIVIL ACTION
	:	DEFENDANT FACT SHEET
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DEFENDANT’S FACT SHEET

For each case, the Defendants (Both Brand Name and Generic Name) must complete this Defendant’s Fact Sheet (“DFS”) and identify or provide documents and/or provide documents and/or data relating to each Plaintiff responsive of the question set forth below to the best of Defendants’ knowledge. In completing this DFS, you are under oath and must provide information that is true and correct to the best of your knowledge. You must supplement your responses if you learn that they are incomplete or incorrect in any material respect. You must also supplement your responses in the event that additional information is provided from the Plaintiff. The DFS shall be completed in accordance with the requirements and guidelines set forth in the applicable Case Management Order.

In the event that DFS does not provide enough space for complete responses or answers, please attach additional sheets if necessary. Please identify any documents that you are producing responsive to a question or as required with Bates-Stamp identifiers.

This DFS must be completed and served on all counsel representing a Plaintiff in the action identified in Section I below. Complete fact sheets must be answered and served 60 days after the date that the Plaintiff’s Fact Sheet (PFS) is served on Defendants.

To the extent that a response to the DFS is contained in previously produced documents, the responding Defendant may answer by referencing the previously produced document(s). Such reference must contain sufficient information and/or instructions, including Bates numbers, to allow Plaintiff to access the answer requested with minimal effort.

Each document request and interrogatory not only calls for knowledge but also for all knowledge that is available to you by reasonable inquiry, including inquiry of your officers, directors AND employees.

As used herein, the terms, “you,” “your”, or “yours” means the responding Defendants unless

defined to include a third party.

As used herein, “provided” means sold, distributed, shipped, delivered or otherwise placed into the stream of commerce.

As used herein, the phrase “Dispensing/Prescribing/Treating Healthcare Provider” means each of Plaintiff’s physicians, medical providers, practices, clinics, persons or entities who treated Plaintiff and/or prescribed or dispensed Reglan[®]/Metoclopramide to Plaintiff.

As used herein, the phrase “Promotional Items” means any and all promotion items, marketing devices, freebies, merchandise, handouts, meals, or any other items related to Reglan[®]/Metoclopramide, including, but not limited to, physical items marked with the Reglan[®]/Metoclopramide trademark, such as: anatomical models, notepads, post-it-notes, pens, flashlights, other day-to-day office supplies of any type, models for patient demonstration, diagnostic tools and aids, medical assessment and dosage calculators, pharmacy and pharmacist tools, patient compliance tools, custom medical calculators and software, branded apparel (such as, but not limited to, shirts, hats, etc.), leather portfolios, prescription pads, picture frames, letter openers, clipboards, water bottles, coffee mugs/cups, pocket/pen lights, key chains, badge-holders, bags, travel accessories, and other “freebies” provided to Dispensing/Prescribing Healthcare Providers. (This list is not meant to be exhaustive.)

As used herein regarding Dispensing/Prescribing/Treating Healthcare Provider, the phrases “significant contact” and “significant relationships” mean the following instances and/or occurrences:

- (1) the provider has received anything over \$100.00 in value from Defendant or anyone on Defendants behalf;
- (2) the provider participated in any study or clinical trial as a principal investigator or supervising doctor at any study site which was sponsored by Defendant or on Defendant’s behalf;
- (3) the provider authored, co-authored or contributed to any publication sponsored by the Defendant or on the Defendants’ behalf;
- (4) the provider had expenses reimbursed by Defendant or on Defendant’s behalf;
- (5) the provider has spoken on behalf of Defendant or its products;
- (6) the provider has served in any capacity on any advisory board, etc. at Defendant’s invitation;
- (7) the provider has functioned in any capacity promoting Defendant’s products; or
- (8) the provider has ever been employed by or under contract to Defendant.

With regard to marketing/retailing information, answering Defendants may provide Plaintiff with a mutually agreeable affidavit stating Defendant did not do these things (i.e. market, retail, etc.).

I. Case Information

This DFS pertains to the following case:

Case Caption: _____

Civil Action No: _____

Date DFS completed: _____

Please provide the following information on the person or persons who provide information responsive to the questions posed in this DFS.

A. _____
Name

Current Position (If no longer employed, last position with Defendant)

City of Employment (If no longer employed, city of residence)

B. _____
Name

Current Position (If no longer employed, last position with Defendant)

City of Employment (If no longer employed, city of residence)

C. _____
Name

Current Position (If no longer employed, last position with Defendant)

City of Employment (If no longer employed, city of residence)

D. _____
Name

Current Position (If no longer employed, last position with Defendant)

City of Employment (If no longer employed, city of residence)

E. _____
Name

Current Position (If no longer employed, last position with Defendant)

City of Employment (If no longer employed, city of residence)

F. _____
Name

Current Position (If no longer employed, last position with Defendant)

City of Employment (If no longer employed, city of residence)

II. Contacts with Dispensing/Dispensing/Prescribing Healthcare Provider

In Plaintiff's Fact Sheet, they identify persons or entities that prescribed or dispensed Reglan[®]/Metoclopramide to the Plaintiff. For each Dispensing/Prescribing Healthcare Provider identified, please state the following:

A. Dear Doctor Letters

For any "Dear Doctor" or "Dear Healthcare Provider" or "Dear Pharmacist" letter that you contend was actually sent to the Plaintiff's Dispensing/Prescribing Healthcare providers concerning Reglan[®]/Metoclopramide, please provide:

1. The letter (or its exact contents);
2. Date(s) sent; and
3. Any document, database, or list which tends to show recipient was sent and/or received the letter.

B. Other Contacts

In Plaintiff's Fact Sheet, Plaintiff(s) identified Plaintiff's Dispensing/Prescribing/Treating Healthcare Provider(s). Please identify all significant contacts and/or relationships between the Dispensing/Prescribing/Treating Healthcare Provider and Defendants or Defendant's agents or representatives by providing the following information for each such contact:

1. Name of Dispensing/Prescribing/Treating Healthcare Provider contacted.
2. Date(s) of contact or relationship;
3. Reason for or nature of contact or relationship (i.e. sales call, response to adverse event report, etc.);
4. Name and position of person (at the time) who was the primary contact person Defendant's behalf or the person primarily responsible on Defendant's behalf, for the relationship or contact; and
5. Provide any notes, documents or other materials reflecting such contact or relationship including but not limited to electronic data but excluding raw clinical data for non-Reglan/metoclopramide products.

C. Promotional and Sales Materials

Please identify any and all promotional and sales materials provided to the Dispensing/Prescribing Healthcare Provider(s) by providing the following information:

1. Name of Dispensing/Prescribing/Treating Healthcare Provider;
2. A description of each promotional/sales material provided;
3. Identity of person/department approving the providing of such material; and
4. The dates that each type of promotional/sales material was provided.

D. Promotional/Educational Events

Provide the following for every promotional or educational event Plaintiffs'

Dispensing/Prescribing Healthcare Providers ever attended, including, but not limited to, lunches, dinner meetings, grand rounds, golf tournaments, movies, CMEs which you sponsored, promoted, or contributed to the sponsorship or promotion.

1. Dispensing/Prescribing Healthcare Provider;
 2. Promotional/educational event (describe);
 3. Date of event;
 4. Location of event; and
 5. All documents reflecting Defendants' involvement in the event.
- E. Identify the person or persons who provided information responsive to this section or any subparts.

III. Plaintiff's Dispensing/Prescribing Healthcare Provider's Dispensing/Prescribing/Reporting Practices

In Plaintiff's Fact Sheet, Plaintiff identifies their Dispensing/Prescribing Healthcare Providers. For each listed provider, please state and produce the following:

- A. Do you have or have you had access to any database or information which purports to track any of Plaintiff's Dispensing/Prescribing/Treating Healthcare Provider's Dispensing/Prescribing practices with respect to Reglan[®]/Metoclopramide?
- B. Did the Dispensing/Prescribing/Treating Healthcare Provider(s) ever report any Adverse Events to Defendants as they pertain to Reglan[®]/Metoclopramide?
- _____ Yes _____ No
- C. If the answer to "B" is yes, please provide all information and materials pertaining to said report and the response.
- D. Identify the person(s) who provided information responsive to this Section or any of its subparts.

IV. Plaintiff's Medical Condition

- A. Have you initiated contact with any of Plaintiff's physicians concerning any injury or condition of the Plaintiff?

_____Yes _____No

- B. Have you been contacted by Plaintiff, any of their physicians, or anyone on behalf of Plaintiff concerning Plaintiff?

_____Yes _____No

- C. Provide the details of any “yes” answer, including dates and individuals involved in contact. Identify and provide documents.

- D. Is there a Med Watch form that refers or relates to Plaintiff?

_____Yes _____No

- E. Identify the person or persons who provided information responsive to this Section or any of its subparts.

V. Advertising

- A. Did you advertise Reglan[®]/Metoclopramide in the Media Market that Plaintiff lived at the time that (s)he used Reglan[®]/Metoclopramide?

_____Yes _____No

- B. If your answer to the preceding question is “yes,” please identify the identity of the media outlet and the dates that the advertisements ran.

1. Identity of the advertisement and intended media marketplace;
2. Nature of media (print or television);
3. Identify of the media outlet; and
4. Dates that advertisements ran.

- C. Did you advertise Reglan[®]/Metoclopramide in the Media Market that any of Plaintiff’s Dispensing/Prescribing/Treating Healthcare Providers’ offices were located at the time that Plaintiff used Reglan[®]/Metoclopramide?

_____Yes _____No

- D. If you answer to the preceding question is “yes,” please identify the identity of the

media outlet and the dates that the advertisements ran.

1. Identity of the advertisement and intended media marketplace;
 2. Nature of media (print or television);
 3. Identity of the media outlet; and
 4. Dates that advertisements ran.
- E. Identify the person or persons who provided information responsive to this Section or any of its subparts.

VI. Third Parties

- A. Name each and every prescribing physician, treating physician and/or dispensing individual or entity that you believe is a necessary and proper party to this litigation and state the factual basis for such belief.
- B. Name each and every prescribing physician, treating physician and/or dispensing individual or entity that you believe caused or contributed to the injuries or damages of Plaintiff and state the factual basis for such belief.
- C. Name and address of any individual or entity that Defendant has indemnified or offered to indemnify or proposed to indemnify in this case or in any case involving Reglan and/or metoclopramide;
- D. Name of any individual or entity that Defendant has offered to pay for or provide legal defense in whole or in part in this case or in any case involving Reglan and/or metoclopramide; and
- E. Identify the person or persons who provided information responsive to this Section or any of its subparts.

VII. Patient Assistance

- A. Was Plaintiff enrolled in any of Reglan[®]/Metoclopramide patient assistance or reimbursement programs?
- B. Did you advertise Reglan[®]/Metoclopramide on the internet (Defendant hosted websites and non-Defendant hosted websites) during the time frame Plaintiff took Reglan[®]/Metoclopramide?
- C. If yes to any of the above, please provide details and any documents related to

Plaintiff's enrollment or participation.

- D. Identify the person or persons who provided information responsive to this Section or any of its subparts.

VIII. Supplemental Document Production

Defendants shall provide the following:

1. Call notes for all of the Plaintiffs' providers who were called upon by any Brand and/or Generic Named Defendants or Brand and/or Generic Named Defendants-contracted employee regarding Reglan[®]/Metoclopramide.
2. Detail, sample and voucher history of Reglan[®]/Metoclopramide for the Plaintiff's healthcare providers.
3. All documents in Brand and/or Generic Named Defendant's custody or control that recorded, tracked and/or analyzed the Plaintiff's healthcare provider's prescriptions of Reglan[®]/Metoclopramide.
4. Information concerning any payments by Brand and/or Generic Named Defendants to the Plaintiff's healthcare providers for speaking engagements or research relating to Reglan[®]/Metoclopramide.
5. Information from the Brand and/or Generic Named Defendants response center reflecting requests by the Plaintiff's prescriber for information about Reglan[®]/Metoclopramide.
6. Any and all documents reviewed, referred to or relied on in answering this Defendant Fact Sheet.
7. Any document sent to or received from any of Plaintiff's Dispensing/Prescribing/Treating Healthcare Providers.
8. Any document reflecting any actual communication between you and Plaintiff's Dispensing/Prescribing/Treating Healthcare Providers concerning risks of injury from Reglan and/or metoclopramide.
9. Any documents reflecting any contracts, payments or actual communications between you and any of Plaintiff's Dispensing or Prescribing Healthcare Providers regarding Reglan[®]/Metoclopramide.
10. Any and all Adverse Event Reports, related to Reglan and/or metoclopramide, for Plaintiff and all back-up and follow-up data and analysis(es), including, but not limited to, any and all correspondence to or from the FDA regarding Plaintiff or any of Plaintiff's Dispensing/Prescribing/Treating Healthcare Providers.

11. Any document that purports to describe Plaintiff's Dispensing/Prescribing/Treating physicians' practices.
12. All MedWatch forms which relate to Plaintiff for Plaintiff's Dispensing/Prescribing/Treating physicians.
13. All IMS data for Plaintiff's dispensing pharmacies regarding Reglan[®]/Metoclopramide.

IX. Alternate Causation

1. Based upon the responses contained in Plaintiff's Fact Sheet, do you claim that the injury set forth by the plaintiff was caused by something other than Reglan[®]/Metoclopramide?

_____Yes _____No

2. If your answer to the preceding question is "yes," please identify the specific basis for such claim, including, without limitation, any pharmaceutical product(s), over the counter product(s), physical condition or any and all other matter(s) which form the basis for such claim.