

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
CHARLESTON DIVISION**

IN RE: LIPITOR (ATORVASTATIN CALCIUM) MARKETING, SALES PRACTICES AND PRODUCTS LIABILITY LITIGATION	:	MDL NO. 2502
	:	
	:	2:14-mn-02502-RMG
	:	

THIS DOCUMENT RELATES TO: ALL ACTIONS	:
	:

DEFENDANT'S FACT SHEET

For each Plaintiff in the Discovery Pool from whom a substantially completed Plaintiff Fact Sheet ("PFS") has been received, Defendant Pfizer Inc. and, where named as a Defendant in the Complaint or Short Form Complaint, Defendant Greenstone LLC ("DEFENDANTS") will complete this Defendant Fact Sheet ("DFS") and identify or provide documents and/or information responsive to the questions set forth below to the best of their knowledge. Defendants will provide as much information as they can based on searches of reasonably accessible information and will supplement their responses if they learn that they are incomplete or incorrect in any material respect, including in the event that additional information is provided from Plaintiffs that relates to the questions raised in the DFS. The DFS shall be completed in accordance with the requirements and guidelines set forth in the applicable Pretrial or Case Management Orders. Because the answers, responses and productions made pursuant to this DFS are in lieu of interrogatories and requests for production of documents and things, all answers and responses provided shall be verified to be true, complete and accurate by a properly designated representative of the Defendant, and shall be binding upon Defendants as if they were contained in responses to interrogatories and/or requests for production of documents and things.

Defendants will attach additional sheets of paper if necessary and will identify any documents they are producing as responsive to a question or request by bates number. Defendants must supplement their responses if they learn that any response is incomplete or incorrect in any material respect.

Defendants will serve a completed DFS on Plaintiff's primary counsel as identified in the PFS on or before August 15, 2014, or in the case of any Discovery Pool case selected after June 23, 2014, within thirty (30) days of selection of the case or within thirty (30) day of service of a substantially completed PFS, whichever is later, but in no case shall a DFS be due prior to August 15, 2014. Defendants shall make their best effort to produce the documents requested

herein, to the extent they are reasonably accessible and identifiable, with the completed DFS. If Defendants are not able to produce certain documents requested herein with the completed DFS, they shall so advise in the DFS and shall provide an estimated date for producing any such documents.

DEFINITIONS

As used herein, “YOU,” “YOUR,” or “YOURS” means the responding Defendants.

“DEFENDANTS” shall refer to Pfizer Inc. (“PFIZER”), and, where applicable (as described above), Greenstone, LLC, (“GREENSTONE”).

As used herein, the phrase “TREATING HEALTHCARE PROVIDER” means: (1) any physician or other individual medical provider identified by full name and address in the PFS who prescribed and/or dispensed Lipitor® to the Plaintiff; and (2) up to three additional healthcare providers who treated Plaintiff either prior to or for her alleged injuries. Counsel for Plaintiffs shall, within four calendar days of her case being selected for inclusion in the Discovery Pool, provide to Defendant’s counsel the full names and business addresses of no more than three additional treating healthcare providers.

As used herein, the term “DOCUMENT” shall, consistent with Federal Rule of Civil Procedure 34(a)(1)(A), refer to any “designated documents or electronically stored information—including writings, drawings, graphs, charts, photographs, sound recordings, images, and other data or data compilations—stored in any medium from which information can be obtained either directly or, if necessary, after translation by the responding party into a reasonably usable form.”

I. CASE INFORMATION

This DFS pertains to the following case:

Case caption: _____

Civil Action No.: _____

Court in which action was originally filed: _____

Date this DFS was completed: _____

II. CONTACTS WITH TREATING HEALTHCARE PROVIDERS

For each Treating Healthcare Provider identified in the PFS, please provide the following:

A. Dear Doctor Letters: For each “Dear Doctor,” “Dear Healthcare Provider,” “Dear Colleague,” or other similar type of document or letter sent to the Treating Healthcare Provider concerning Lipitor®, please:

1. Identify the master letter sent, including bates number.
2. State the date the master letter was sent to the Treating Healthcare Provider(s), and provide the name and address to whom the letter was sent.

Response:

Date Letter Sent	Bates Number of Master Letter	Recipient (Name and Address)

B. Physician’s Information Request Letters (“PIR”): If any Treating Healthcare Provider has ever initiated a PIR or any other similar information request related to Lipitor®, please produce any request and:

1. Identify the date of the request and the recipient.
2. Provide the name and address of the sender or requestor.
3. Provide the bates number of the request.
4. State whether or not a response to the PIR was sent or provided.

Response:

Date of Request	Recipient (Name and Address)	Sender (Name and Address)	Bates Number of Request	Response? (Yes/No)

In addition, for each PIR or similar information request to which a response was sent as indicated by a “Yes” above, please produce any response and:

1. Identify the format of the response.
2. Identify the date the response was sent or provided.
3. Provide the name and address of the sender of the response.
4. Provide the name and address of the recipient of the response.
5. Provide the bates number of the response.

Response:

Format of Response	Date Sent	Sender (Name and Address)	Recipient (Name and Address)	Bates Number of Response

C. Other Contacts: For each Treating Healthcare Provider identified in the PFS:

1. Identify by name all of Defendants’ Sales Representatives, Marketing Organization Representatives, medical liaisons, and/or any other detail persons (“Representative”) who came in contact with any of Plaintiff’s Treating Healthcare Provider in connection with Lipitor® during the timeframe for which such records are available.
2. Identify the time period, and specifically the dates, during which the Representative had any such contact with the Treating Healthcare Provider.
3. If the Representative is no longer an employee, Pfizer will provide the dates of employment for the employee and will also provide, within ten (10) days of a request for the deposition of a former Representative outside of Pfizer’s control, the last known address, telephone number and email address for the Representative.
4. For each representative, provide the names of the Representative’s Supervising/District Sales Manager. If the Representative’s Supervising/District Sales Manager is no longer an employee, Pfizer will provide the dates of employment for the employee and will also provide, within 10

days of a request for the deposition of a former Manager/District Sales Manager outside of Pfizer's control, the last known address, telephone number, and email address for the former employee.

5. For each Sales Representative identified in response to paragraph II.C.1, please produce the most current Curriculum Vitae or Resume. If the company is not in possession of a Curriculum Vitae or Resume, please produce the portion of the Sales Representative's personnel file that reflects their educational background.
6. For each Representative identified in response to II.C.1, produce complete "call" notes for each such contact that relates to: (1) Lipitor®; and/or (2) statin therapy generally; and/or (3) the risks of elevated cholesterol.
7. Produce all annual, semi-annual or quarterly Plans of Action ("POA") documents used to set out the performance goals and expectations of for sales representatives/teams/territories/company (whether in terms of market share, total prescriptions/new prescriptions, or dollar sales volume); the approved messaging for sales representatives; and that sets out all approved promotional materials (whether approved for "leave behind" or not). Defendant's response should include all sales pieces, "Slim Jims," POA training aids, medical journal publications/articles approved for dissemination to or use in discussions with physicians, and any other promotional items or things.

Response:

Healthcare Provider	Name of Representative	Date(s) of Contact	Current or Former Employee	Supervising/District Sales Manager	

D. Samples: If Defendants or their Representatives ever provided any Treating Healthcare Provider with Lipitor® samples, please provide the following to the extent reasonably accessible:

1. Identify the Treating Healthcare Provider who received the samples.
2. Identify the date on which such samples were provided.
3. Identify the amount, dosage, and lot numbers of such samples.
4. Identify the name of the Representative who provided the samples.

Response:

Healthcare Provider	Date Shipped/Provided	Amount, Dosage, and Lot Numbers	Representative who Provided

III. CONSULTING WITH PLAINTIFF’S TREATING HEALTHCARE PROVIDER

For each Treating Healthcare Provider identified in the PFS, please state the following:

A. Consulting and Professional Relationships: If the Treating Healthcare Provider has been consulted, retained, or compensated by Defendant as a “key opinion leader,” “thought leader,” member of a “speaker’s bureau,” “clinical investigator,” “consultant,” or in a similar capacity or otherwise has or had a financial relationship with Defendant, regarding Lipitor® :

1. Identify the Treating Healthcare Provider.
2. Identify the date(s) that the Treating Healthcare Provider was consulted, retained, or compensated.
3. State the nature of the affiliation.
4. State the amount of money paid to the Treating Healthcare Provider, if available.

Response:

Treating Healthcare Provider	Date(s) Consulted, Retained, or Compensated	Nature of Affiliation	Remuneration

- B. For any Treating Healthcare Provider identified in response to III.A., please identify and produce all documents or correspondence provided to the Treating Healthcare Provider by Defendant concerning the potential benefits and/or risks of statin therapy (including Lipitor®), or lowering levels of cholesterol generally.

Response:

- C. For each Treating Healthcare Provider identified in Section III.A., please identify and produce all consulting agreement contracts and/or retainer agreement contracts entered into by Defendant with the Treating Healthcare Provider.

Response:

- D. Provide a complete list of all persons identified by Pfizer as Key Opinion Leaders (“KOLs”) relative to Lipitor, including in your list the names and business address of the KOL.

IV. PLAINTIFF’S TREATING HEALTHCARE PROVIDERS’ PRACTICES

For each Treating Healthcare Provider identified in the PFS, please state whether you have in your possession prescriber-level information concerning the physician’s prescribing of Lipitor®, and or statins generally?

Yes _____ No _____

If “Yes,” please produce such information.

Such production will be made pursuant to a protective order signed by the Court, in order to protect the proprietary information and processes of the third party. Such protective order will be presented to the court separate from the present motion to approve DFS.

- a. State the names and address of all third party companies from whom Lipitor®-related prescriber-level information has been obtained .

Response:

- b. Provide all Lipitor®-related prescriber-level data obtained on Plaintiff's Treating Healthcare Providers.

Such production will be made pursuant to a protective order signed by the Court, in order to protect the proprietary information and processes of the third party. Such protective order will be presented to the court separate from the present motion to approve DFS.

V. PLAINTIFF'S MEDICAL CONDITION

- A. To your knowledge, have you been contacted by Plaintiff, any of her Treating Healthcare Providers, or anyone acting on behalf of Plaintiff (other than Plaintiff's counsel) concerning Plaintiff, other than in connection with the present lawsuit?

Yes _____ No _____

- B. If you have been contacted by any person or entity concerning the Plaintiff, please state the name of the person(s) who contacted you and the name and address of the person(s) who responded.

Response:

- C. Please identify all non-privileged documents that reflect any communication between any person identified in Section V.A. or V.B. above and you concerning Plaintiff.

Response:

D. Please produce a copy of any Adverse Event Report or MedWatch form that refers or relates to Plaintiff, as well as any underlying documentation (e.g., the adverse event source file, medical records, and non-privileged investigative reports) that refers or relates to Plaintiff.

Response:

CERTIFICATION

I declare under penalty of perjury that the information provided in this Defendants' Fact Sheet is true and correct to the best of my knowledge and belief and the same provides all accessible responsive information and documents unless otherwise specified above.

Further, on behalf of the responding Defendant, I acknowledge the continuing obligation to supplement these responses if it is discovered that any response is materially incomplete or incorrect.

Signature
On behalf of Defendant Pfizer Inc.

Print Name

Date