
KATHRYN FLOR

Plaintiff,

v.

MYLAN BERTEK
PHARMACEUTICALS, INC., f/k/a
BERTEK PHARMACEUTICALS, INC.;
MYLAN PHARMACEUTICALS, INC.;
MYLAN, INC. f/k/a MYLAN
LABORATORIES, INC.;
CARDINAL HEALTH 409, INC.
f/k/a R.P. SCHERER CORPORATION;
and GENPHARM

Defendants

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION
ATLANTIC COUNTY

DOCKET NO. ATL-L-3795-07

CIVIL ACTION

**APPLICABLE TO ALL
CONSOLIDATED CASES**

Plaintiff: _____
(name)

DEFENDANTS' CASE PROFILE FORM

For each case, the Defendants must complete this Case Profile Form. This Case Profile Form must be completed and served on all counsel in the action identified in Section I below. Except as otherwise set forth in the Fact sheet order, this must be answered and served 45 days after the date that the Plaintiff's Fact Sheet has been served on the Defendants, provided the Plaintiff's Fact Sheet has provided a complete name and address for each prescribing physician.

You should attach additional sheets of paper if that is necessary to completely answer the following questions.

I. Case Information

This defendant fact sheet pertains to the following case:

Plaintiff Name: _____

Civil Action No. _____

MCN No. _____

II. Contacts With Dispensing Health Care Provider

A. Plaintiff identified persons or entities who prescribed or dispensed Isotretinoin to plaintiff (hereafter "Prescribing Health Care Provider"). For each Prescribing Health Care Provider, identify each "Dear Doctor" or "Dear Health Care Provider" letter that you contend was *actually sent* to that Provider. If known, please: a.) identify by date and/or by bates number the letter(s) sent; b.) state the date that each letter was actually sent; c.) state the person to whom each letter was actually sent, d.) state the address where it was sent, e.) identify the database or documents that demonstrate these facts.

Prescriber	Date/Bates No. of Letter	Date Sent	Recipient	Recipient's Address	Source

B. OTHER CONTACTS

For each Prescribing Health Care Provider identified, please identify the Isotretinoin sales representative(s), if any, provide his or her last known contact information, and current relationship, if any, with Defendant:

Prescribing Health Care Provider	Identity and last known address and telephone number of Isotretinoin sales representative	The current relationship, if any, between defendant and the sales representative

For each sales representative identified above, please state whether he/she is has been investigated or reprimanded for his/her Isotretinoin marketing practices by either Defendant or, if known, whether he/she is or has been investigated or reprimanded for his/her Isotretinoin marketing practices by some other governmental agency while at Defendant:

By Defendant:

Defendant's Sales Representative	Has the sales representative ever been investigated or reprimanded for his/her Isotretinoin marketing practices by Defendant? (Respond "Yes", "No" or "Unknown")	Is Defendant's investigation complete? If so, identify results of Defendant's investigation	Identify documents referring to Defendant's investigation/reprimand
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By a government agency:

Defendant's Sales Representative	Has the sales representative ever been investigated or reprimanded for his/her Isotretinoin marketing practices by a governmental agency? (Respond "Yes", "No" or "Unknown")	Is the agency's investigation complete? If so, identify results of the agency's investigation	Identify documents referring to the agency's investigation/reprimand

III. Consulting With Plaintiff's Dispensing Health Care Provider

1. Plaintiff identified his/her Prescribing Health Care Provider(s). If you have ever retained any of plaintiff's Prescribing Health Care Providers as a "thought leader", a member of Defendant's Speaker Program, Defendant's Clinical Investigator, or a consultant in any other capacity on the subject of the treatment of acne, please state:

Prescribing Health	Dates of Affiliation with	Annual Remuneration
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Care Provider	Defendant	for expenses, honoraria, fees

2. Please identify or produce all responsive consulting agreements and contracts with each Prescribing Health Care Provider identified in 1, above.

Prescribing Health Care Provider **Identify consulting agreement(s) and/or contract(s)**

3. Has plaintiff's Prescribing Health Care Provider ever contacted you to request information concerning Isotretinoin, its indications, its effect and/or its risks?

 Yes

 No

If your answer is "yes", please identify or produce any document which refers to your communication with plaintiff's Prescribing Health Care Provider.

Prescribing Health Care Provider **Identify document(s) referring to communication**

IV. Plaintiff's Prescribing Health Care Provider's Prescribing Practices

In Plaintiff's fact sheet, plaintiff identified his/her Prescribing Health Care Provider(s). For each listed provider, please state and produce the following:

1. Do you have or have you had access to any database or information which purports to track any of plaintiff's Prescribing healthcare provider's prescribing practices with respect to Isotretinoin or any other prescription medication for acne (including, but not limited to the product(s), the number or prescriptions, the number of refills and the time frame when these products were prescribed or (re) filled)

 Yes

 No

If your answer is "yes", please produce or identify the database or document which captures that information.

V. **Plaintiff's Medical Condition**

1. Have you been contacted by Plaintiff, any of his/her physicians, or anyone on behalf of plaintiff other than Plaintiff's counsel?

Yes

No

If your answer is "yes", please a.) state the name of the person(s) who contacted you, b.) state the person(s) who were contacted including their name, address and telephone number and c.) produce (if not yet produced) or identify any and all documents which reflect any communication between any person and you, concerning plaintiff:

Identity of person(s) who contacted Defendant

Identity of person(s) contacted (name, address, telephone number)

Identify document(s) reflecting communication concerning plaintiff

VI. **Advertising**

1. Did you advertise Isotretinoin in the Media Market that plaintiff lived at the time that he/she took Isotretinoin?

Yes

No

2. If your answer to the preceding question is "yes", please identify all such advertising stating the nature of the advertisement (i.e., in magazines, newspapers, television or other media), the identity of the media outlet, the dates that the advertisements ran, and the cost of the ad campaign

Identity of the Advertisement and intended media marketplace	Nature of media (print of television)	Identity of the media outlet	Dates that advertisement ran and cost of the campaign

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Please provide or identify true and accurate copies of any advertisement identified above.

3. Did you advertise Isotretinoin in the Media Market that plaintiff's prescribing healthcare provider's office was located at the time that plaintiff took Isotretinoin?

Yes No

4. If your answer to the preceding question is "yes", please identify all such advertising stating the nature of the advertisement (i.e., in magazines, newspapers, television or other media), the identity of the media outlet and the dates that the advertisements ran.

Identity of the Advertisement and intended media marketplace	Nature of media (print or television)	Identity of the media outlet	Dates that advertisement ran and cost of the campaign

5. Did you conduct unbranded advertisement for acne products in the Media Market that plaintiff lived at the time that he/she took Isotretinoin?

Yes No

6. If your answer to the preceding question is "yes", please identify all such advertising stating the nature of the advertisement (i.e., in magazines, newspapers, television or other media), the identity of the media outlet, the dates that the advertisements ran, and the cost of the ad campaign

Identity of the Advertisement and intended media marketplace	Nature of media (print or television)	Identity of the media outlet	Dates that advertisement ran and cost of the campaign

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Please provide or identify true and accurate copies of any advertisement identified above.

7. Did you conduct unbranded advertisement for acne products in the Media Market that plaintiff's prescribing healthcare provider's office was located at the time that plaintiff took Isotretinoin?

Yes

No

8. If your answer to the preceding question is "yes", please identify all such advertising stating the nature of the advertisement (i.e., in magazines, newspapers, television or other media), the identity of the media outlet and the dates that the advertisements ran.

Identity of the Advertisement and intended media marketplace	Nature of media (print or television)	Identity of the media outlet	Dates that advertisement ran and cost of the campaign

Please provide or identify true and accurate copies of any advertisement identified above.

VII. Drug Safety

1. Please produce from the defendant's drug safety file for the plaintiff, if any, non-privileged material that predates filing of the instant lawsuit, and non-privileged material that postdates filing of the instant lawsuit except documents obtained through the litigation (e.g., complaints, answers, medicals and other records, and depositions or other discovery).

VIII. Documents

To the extent you have not already done so, please produce the following:

1. Any company records that refer to relate to plaintiff which has been provided to the company's outside defense counsel.
2. Any documents from plaintiff which can be retrieved by Defendants in a search of those files in the company where such documents are likely to be kept.

CERTIFICATION

I have read the foregoing answers to Defendant's Case Profile Form.

I hereby certify that the foregoing answers are the result of information either in my personal possession, or as acquired from company records and/or other individuals in the employ of Defendants and the answers were prepared by counsel.

I declare under penalty of perjury that the answers contained herein are true and correct to the best of my knowledge.

Signature

Print name

Date

Defendants