UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

In re: AVANDIA MARKETING, SALES
PRACTICES AND PRODUCTS LIABILITY
LITIGATION

AVANDIA MDL 1871 2007-MD-1871

THIS DOCUMENT RELATES TO: ALL ACTIONS

HON. CYNTHIA M. RUFE

PRETRIAL ORDER NO. 121

AND NOW, this 15th day of November, 2010, upon review of
Defendant's Motion for a Lone Pine Order [Doc. No. 769], Plaintiffs' Responses thereto
[Doc. No. 798, 800], and Defendant's Reply [Doc. No. 839], the Court notes it shares
Defendant's concern that the Plaintiff Fact Sheets are often unsupported by submitted
documents and Plaintiffs have not provided significant support for their stated position
that cases can be fairly evaluated based on those Fact Sheets. It is now clear to the Court
additional support for Plaintiff's claims is necessary in furtherance of settlement
agreements, for the selection of cases for bellwether trials, and for the timely remand of
cases to the sending courts for resolution. The Court's overriding concern is the need to
objectively identify which of the many thousand plaintiffs have injuries which can
credibly be attributed to Avandia usage, as alleged in their complaints (or Plaintiff Fact
Sheets if the filing of a complaint has been tolled). The Order issued below merely
requires information which plaintiffs and their counsel should have possessed before

[&]quot;Lone Pine orders are designed to handle the complex issues and potential burdens of defendants and the courts in mass tort litigation. In the federal courts, such orders are issued under the wide discretion afforded district judges over the management of discovery under Fed. R. Civ. P. 16." Acuna v. Brown & Root, Inc. et. al., 200 F.3d 335, 340 (5th Cir. 2000).

filing their claims: proof of Avandia usage, proof of injury, information about the nature of the injury, and the relation in time of the injury to the Avandia usage. Accordingly, the Court hereby **GRANTS** Defendant's Motion is part, and **DENIES** the Motion in part, as follows:

- 1. Physician Certification of Avandia Usage and Injury. In addition to all existing pre-trial disclosure obligations, each plaintiff and claimant, including each personal representative of an estate of any deceased or any incompetent user of Avandia (collectively, "plaintiff") shall, within the time limits set forth in Paragraph 3 below, serve upon counsel for GSK a signed certification from a licensed physician that includes the following:
 - a. plaintiff's name, address, and date of birth;
 - b. a determination that the plaintiff used Avandia, along with a listing of the records reviewed by the physician that document such usage and the dates of such usage;
 - c. either (1) a determination that the plaintiff suffered one or more injuries listed in Exhibit A to this Order during Avandia usage or within one year of cessation of Avandia usage, or (2) a determination that (i) the plaintiff suffered one or more injuries listed in Exhibit A to this Order more than one year after cessation of Avandia usage and (ii) the Avandia usage caused such injury or injuries;
 - d. an identification of the injury or injuries set forth in Paragraph 1.c; a listing of the records reviewed by the physician that document such injury or injuries; and the dates of the records that document such injury or injuries; and
 - e. copies of all records listed in Paragraphs 1.b and 1.d.
- 2. <u>Documentation of Avandia Usage.</u> At the same time that each plaintiff serves on counsel for GSK the Physician Certification described in Paragraph 1,

each plaintiff must serve GSK counsel with records documenting all period(s) of Avandia usage.

- 3. Schedule for Serving Physician Certification Pursuant to Paragraph

 1 and Usage Documents Pursuant to Paragraph 2:
- a. For all cases filed or made subject to a tolling agreement on or after January 1, 2010 and before the date of this Order, the Physician Certification and Documents shall be served within 60 days of the filing of this Order.
- b. For all cases filed or made subject to a tolling agreement on or after January 1, 2009, and before January 1, 2010, the Physician Certification and Documents shall be served within 90 days of the filing of this Order.
- c. For all cases filed or made subject to a tolling agreement on or after January 1, 2008, and before January 1, 2009, the Physician Certification and Documents shall be served within 120 days of the filing of this Order.
- d. For all cases filed or made subject to a tolling agreement before January 1, 2008, the Physician Certification and Documents shall be served within 150 days of the filing of this Order.
- e. For all cases filed or made subject to a tolling agreement on or after the date of this Order, the Physician Certification and Documents shall be served within 60 days of the filing or the date on which the claim was made subject to a tolling agreement.
- f. If any plaintiff is unable to comply with the foregoing deadlines after making reasonable efforts to do so, that plaintiff may apply to the Special Master for an extension of the deadlines for good cause shown; provided, however, that

any request for an extension must be made in writing and submitted to the Special Master at least 15 days before the deadline for submission of the Physician Certification and Documents.

4. Dismissal of Plaintiffs Who Fail to Provide Required Documents. When any plaintiff fails to provide the documents required by this Order by the required deadline, the Court may, on GSK's motion, dismiss plaintiff's claims with prejudice.

5. Rule 26 Expert Obligations. The Physician Certification required by this Order is not a substitute for any Rule 26 expert obligations required under the law or separate order of the Court. No physician who completes a Physician Certification pursuant to this Order is subject to fact or expert discovery solely because of his or her role in completing the Physician Certification.

Dated: November 15th, 2010

IT IS SO ORDERED.

Ion. Cynthia M. Rufe United States District Judge

EXHIBIT A

The following contains a list of injuries alleged by plaintiffs to be related to Avandia use. There may be other specific injuries alleged by plaintiffs, not listed below, that are covered by the "other" category below. GSK has disputed, and continues to dispute, these allegations, and this list has not been endorsed in whole or in part by GSK.

Myocardial Infarction Acute Coronary Syndrome

Angina Pectoris
Angina Unstable
Postinfarction Angina
Prinzmetal Angina

Coronary Artery Vasospasm Arteriospasm Coronary Coronary Artery Occlusion Coronary Artery Reocclusion Coronary Artery Thrombosis Coronary Artery Disorder

Coronary Artery Disease or Syndrome

Coronary Bypass Thrombosis

Stenting

Coronary Artery Bypass Grafting

Myocardial Ischemia

Arrhythmia

Subendocardial Ischemia Abnormal ECG/EKG Ventricular Tachycardia Ventricular Fibrillation Ventricular Asystole

Chest Pain
Cardiac Arrest

Death

Ischemic Heart Disease

Percutaneous coronary intervention

(PCI)/Coronary Angioplasty

Angiogram Dyspnea Edema

Cardiovascular Accident (Stroke)

Transient ischemic attack

Heart failure Fluid retention Fracture

Hepatic effects

Percutaneous transluminal renal

angioplasty (PTRA), other renal injuries

Hypoglycemia

Hyperlipidemia/Dyslipidemia

Hypertension Macular edema Atrial Fibrillation

Percutaneous transluminial coronary

angioplasty

Coronary clot extraction Thrombolytic therapy

Liver injury
Other (identify)