

IN RE: LEVAQUIN® LITIGATION

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: ATLANTIC COUNTY

CASE NO. 286

DEFENDANT FACT SHEET

For each case, Defendants Johnson & Johnson, Johnson & Johnson Pharmaceutical Research & Development, LLC and Ortho-McNeil-Janssen Pharmaceuticals, Inc. must complete this Defendants' Fact Sheet. The Fact Sheet must be completed and served on all counsel in the action identified in Section 1, below and on Plaintiffs' Federal Court Liaison Counsel.

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:

Case caption: _____

Docket No.: _____

II. CONTACTS WITH PRESCRIBING HEALTHCARE PROVIDER

In Section I of Plaintiff's Fact Sheet, plaintiff identified who prescribed or dispensed LEVAQUIN® to the Plaintiff (hereinafter "Prescribing Healthcare Provider"). For each Prescribing Healthcare Provider identified, state the following:

A. DEAR DOCTOR OR DEAR HEALTH CARE PROVIDER LETTERS:

1. Was a "Dear Doctor" or "Dear Health Care Provider" letter sent to the Prescribing Health Care Provider(s) identified by the plaintiff in the Plaintiff's Fact Sheet?

Yes

No

2. If Yes, identify each "Dear Doctor" or "Dear Health Care Provider" letter that you contend was actually sent to the Plaintiff's Prescribing Health Care Provider(s) concerning Levaquin® by date and bates range, the name of the person and the address to which each was sent.

***NOTE:** Please attach hereto a copy of each letter allegedly sent to plaintiff's Prescribing Health Care Provider.*

B. OTHER CONTACTS:

1. Did a sales representative for defendant ever meet or consult with each Prescribing Health Care Provider identified concerning LEVAQUIN®, its indications, the effect, benefits and/or its risks?

Yes No

If yes, see call notes database to be produced in accordance with paragraph 3 of Case Management Order 3 for further information.

2. If Plaintiff alleges that he/she was using a Levaquin® sample at the time of his/her event, for each Prescribing Healthcare Provider, please state whether Defendants or their representatives ever provided him or her Levaquin® samples. If the answer is "yes," please state:

Yes No

a. The number of sample packets provided and the dosages provided.

b. The dates that they were provided. _____

c. The lot numbers for the samples provided on each date identified;
_____ and

d. The identity of the person(s) who provided the sample.

3. Were samples of Levaquin® provided to the Prescribing Healthcare Provider(s) identified in the Plaintiff's Fact sheet prior to the date of the event.?

Yes No

If yes, please state the date that samples were first given to the Prescribing Healthcare Provider.

C. CONSULTING WITH PLAINTIFF'S DISPENSING HEALTH CARE PROVIDER

1. State whether the Prescribing Healthcare Provider has ever consulted on the subject of LEVAQUIN® as a "thought leader", as member of a "speaker's bureau," a clinical investigator, or a member of an Advisory Committee Panel.

Yes No

If Yes, please provide the following information:

Prescribing Healthcare Provider	Role(s)	Date(s)	The amount of money Defendants paid in expenses, honoraria and fees per calendar year	Identify and produce copies by annexing hereto all consulting agreements and contracts
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2. Has Plaintiff's Prescribing Healthcare Provider ever contacted you to request information concerning LEVAQUIN®, its indications, its effects and/or its risks.

Yes No

If Yes, identify and attach any document(s) which refers to communication between any defendant and plaintiff's Prescribing Healthcare Provider.

III. PLAINTIFF'S PRESCRIBING HEALTH CARE PROVIDER'S PRESCRIBING PRACTICES

In the Plaintiff Fact Sheet, Plaintiff identified his/her Prescribing Health Care Provider(s). For each listed provider, please state or 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 health care provider's prescribing practices with respect to LEVAQUIN® prescribed (including, but not limited to, the number of prescriptions and the time frame when these products were prescribed)? If Yes, please

produce or identify the database(s) or document(s) which capture(s) that information and attach the report(s) from the database(s) with a key or lexicon for interpretation.

Yes

No

IV. PLAINTIFF'S MEDICAL CONDITION

1. Have you been contacted by Plaintiff (defined as the user of LEVAQUIN®), any of his/her physicians, or anyone on behalf of Plaintiff concerning Plaintiff (other than attorneys)?
2. If you have been contacted by any person or entity concerning Plaintiff, state the name of the person(s) who contacted you and the person(s) who were contacted stating their name, address and telephone number.
3. Produce any and all documents, which reflect any communication between any person and you concerning Plaintiff and identify same by date and bates range.
4. Produce a copy of any MedWatch form (or electronic E2B-formatted documents) which refers or relates to Plaintiff. If back-up files are desired, plaintiff's counsel shall make a separate request for same in writing and the back up file shall be produced by defendants within 30 days of such a request without objection.

V. ADVERTISING

Was there any advertising of Levaquin® at the time of the plaintiff's alleged prescription?

Yes

No

Advertising will be the subject of core issue discovery.

VI. DOCUMENTS

To the extent that you have not already done so, please produce a copy of all documents and things in your custody and possession that are responsive to the categories listed below and that were created prior to the initiation of Plaintiff's lawsuit or assertion of a claim on Plaintiff's behalf:

1. Any document which relates or refers to the Plaintiff.

2. Any document sent to or received from any of Plaintiff's Prescribing Health Care Provider physicians.
3. Any document reflecting any actual communication between you and Plaintiff's Prescribing Health Care Provider physicians concerning the risks of the injuries identified in Section HC(3) except for call notes.
4. Any document which purports to describe the prescribing practices of any of Plaintiff's Prescribing Health Care Provider(s) physicians.

CERTIFICATION

I am employed by _____, one of the Defendants in this litigation. I am authorized by _____, to execute this certification on each corporation's behalf. The foregoing answers were prepared with the assistance of other employees from _____ and Defendant _____ and counsel for Defendants, upon whose advice and information Defendants and I relied.

I declare under penalty of perjury that all of the information provided in this Defense Fact Sheet is true and correct to the best of my knowledge upon information and belief. Further, Defendants acknowledge that they have an obligation to supplement the above responses if Defendants learn that the responses are in some material respects incomplete or incorrect.

Date: _____

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