

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

IN RE: VALSARTAN N-
NITROSODIMETHYLAMINE (NDMA)
CONTAMINATION PRODUCTS
LIABILITY LITIGATION

Civil No. 19-2875 (RBK/JS)

CASE MANAGEMENT ORDER NO. 13A

The Court having held a status call with the parties on September 12, 2019; and the Court having ruled that Mylan N.V. shall be included in the Short Form Complaint; and good cause existing for the entry of this Order; and accordingly,

IT IS HEREBY ORDERED this 20th day of September, 2019, that the attached amended version of the Short Form Complaint which adds the name of Mylan N.V. to Section II.1 shall be the operative version of the Short Form Complaint to be used by plaintiffs. See CMO No. 13, Doc. No. 187; and it is further

ORDERED this Order is entered without prejudice to the right of Mylan N.V. to assert all appropriate defenses.

s/ Joel Schneider
JOEL SCHNEIDER
United States Magistrate Judge

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY
CAMDEN VICINAGE

In re: Valsartan Products Liability Litigation	MDL No. 2875 Honorable Robert B. Kugler, District Court Judge
This document relates to: _____	Honorable Joel Schneider, Magistrate Judge

SHORT FORM COMPLAINT

Plaintiff(s) file(s) this *Short Form Complaint and Demand for Jury Trial* against Defendants named below by and through the undersigned counsel. Plaintiff(s) incorporate(s) by reference the allegations contained in *Plaintiffs' Master Long Form Complaint and Jury Demand in In re: Valsartan Products Liability Litigation*, MDL 2875 in the United States District Court for the District of New Jersey, Camden Vicinage. Plaintiff(s) file this Short Form Complaint as permitted by Case Management Order Nos. 3, 9, and 13 of this Court.

In addition to those causes of action contained in *Plaintiffs' Master Long Form Complaint and Jury Demand*, where certain claims require specific pleadings and/or amendments, Plaintiff(s) shall add and include them herein.

IDENTIFICATION OF PARTIES

I. IDENTIFICATION OF PLAINTIFF(S)

1. Name of individual who alleges injury due to use of a valsartan-containing drug: _____

2. This claim is being brought on behalf of

- Myself
- Someone else

a. If I checked, “someone else”, this claim is being brought on behalf of: _____

b. My relationship to the person in 2(a) is: _____

3. Consortium Claim(s): The following individual(s) allege damages for loss of consortium: _____

4. County and state of residence of Plaintiff or place of death of Decedent: _____

5. If a survival and/or wrongful death claim is asserted:

a. Name of the individual(s) bringing the claims on behalf of the decedent’s estate, and status (i.e., personal representative, administrator, next of kin, successor in interest, etc.): _____

II. IDENTIFICATION OF DEFENDANTS

1. Plaintiff(s) bring claims against the following Defendants:

*(*Defendants with asterisks next to their names have been dismissed pursuant to a dismissal and tolling stipulation entered by the Parties. By checking the box next to any asterisked Defendant(s), Plaintiff thereby represents that he or she would have brought an action against said Defendant(s) but for the dismissal and tolling stipulation.)*

i. API Manufacturers

	Defendant Role	Defendant Name	HQ States
<input type="checkbox"/>	API Manufacturer	Aurobindo Pharma, Ltd.	Foreign
<input type="checkbox"/>	API Manufacturer Parent Corporation	Hetero Drugs, Ltd.	Foreign
<input type="checkbox"/>	API Manufacturer	Hetero Labs, Ltd.	Foreign
<input type="checkbox"/>	API Manufacturer	Mylan Laboratories Ltd.	Foreign
<input type="checkbox"/>	API Manufacturer Parent Corporation	Mylan N.V.	Foreign
<input type="checkbox"/>	API Manufacturer	Zhejiang Huabai Pharmaceutical Co., Ltd.	Foreign

<input type="checkbox"/>	API Manufacturer	John Doe	N/A
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ii. Finished Dose Manufacturers

	Defendant Role	Defendant Name	HQ States
<input type="checkbox"/>	Finished Dose Manufacturer	Arrow Pharm (Malta) Ltd.	Foreign
<input type="checkbox"/>	Finished Dose Manufacturer	Aurolife Pharma, LLC	NJ
<input type="checkbox"/>	Finished Dose Manufacturer	Hetero Labs, Ltd.	Foreign
<input type="checkbox"/>	Finished Dose Manufacturer	Mylan Pharmaceuticals Inc.	WV
<input type="checkbox"/>	Finished Dose Manufacturer	Teva Pharmaceutical Industries Ltd.	Foreign
<input type="checkbox"/>	Finished Dose Manufacturer	Torrent Pharmaceuticals, Ltd.	Foreign
<input type="checkbox"/>	Finished Dose Manufacturer	Zhejiang Huahai Pharmaceutical Co., Ltd.	Foreign
<input type="checkbox"/>	Finished Dose Manufacturer	John Doe	N/A

iii. Repackagers, Labelers, and Distributors

	Defendant Role	Defendant Name	HQ States
<input type="checkbox"/>	Labeler/ Distributor	Aceteris, LLC	NJ
<input type="checkbox"/>	Finished Dose Distributor	Actavis LLC	NJ
<input type="checkbox"/>	Finished Dose Distributor	Actavis Pharma, Inc.	NJ
<input type="checkbox"/>	Repackager	A-S Medication Solutions, LLC	NE
<input type="checkbox"/>	Finished Product Distributor	Aurobindo Pharma USA, Inc.	NJ
<input type="checkbox"/>	Repackager	AvKARE, Inc.	TN
<input type="checkbox"/>	Repackager	Bryant Ranch Prepack, Inc.	PA
<input type="checkbox"/>	Labeler/Distributor	Camber Pharmaceuticals, Inc.	NJ
<input type="checkbox"/>	Parent Company for The Harvard Drug Group, L.L.C. d/b/a Major Pharmaceuticals	Cardinal Health, Inc.	OH
<input type="checkbox"/>	Repackager	The Harvard Drug Group, LLC d/b/a Major Pharmaceuticals	MI

<input type="checkbox"/>	Repackager	H J Harkins Co., Inc.	CA
<input type="checkbox"/>	API Distributor	Huahai U.S. Inc.	NJ
<input type="checkbox"/>	Repackager	Northwind Pharmaceuticals	IN
<input type="checkbox"/>	Repackager	NuCare Pharmaceuticals, Inc.	CA
<input type="checkbox"/>	Repackager	Preferred Pharmaceuticals, Inc.	CA
<input type="checkbox"/>	Repackager	RemedyRepack, Inc.	PA
<input type="checkbox"/>	Finished Dose Distributor	Solco Healthcare U.S., LLC	NJ
<input type="checkbox"/>	Finished Dose Distributor	Teva Pharmaceuticals USA, Inc.	PA
<input type="checkbox"/>	Finished Dose Distributor	Torrent Pharma, Inc.	NJ
<input type="checkbox"/>	Labeler/Distributor/Repackager	John Doe	N/A

iv. Wholesaler Defendants

	Defendant Role	Defendant Name	HQ States
<input type="checkbox"/>	Wholesaler	AmerisourceBergen Corporation	PA
<input type="checkbox"/>	Wholesaler	Cardinal Health, Inc.	OH
<input type="checkbox"/>	Wholesaler	McKesson Corporation	TX
<input type="checkbox"/>	Wholesaler	John Doe	N/A

v. Pharmacies

	Defendant Role	Defendant Name	HQ States
<input type="checkbox"/>	Pharmacy	Albertsons Companies, LLC	ID
<input type="checkbox"/>	Parent Corporation for Express Scripts, Inc. and Express Scripts Holding Co.	Cigna Corporation	CT
<input type="checkbox"/>	Pharmacy	CVS Health	RI
<input type="checkbox"/>	Parent Corporation for Express Scripts, Inc.	Express Scripts Holding Company	MO
<input type="checkbox"/>	Pharmacy	Express Scripts, Inc.	MO
<input type="checkbox"/>	Parent Corporation for Humana Pharmacy, Inc.	Humana Inc.	KY
<input type="checkbox"/>	Pharmacy	Humana Pharmacy, Inc.	KY
<input type="checkbox"/>	Pharmacy	The Kroger Co.	OH

<input type="checkbox"/>	Pharmacy	OptumRx	CA
<input type="checkbox"/>	Parent Corporation for OptumRx	Optum, Inc.	MN
<input type="checkbox"/>	Pharmacy	Rite Aid Corp.	PA
<input type="checkbox"/>	Parent Corporation for OptumRx and Optum, Inc.	UnitedHealth Group	MN
<input type="checkbox"/>	Pharmacy	Walgreens Boots Alliance	IL
<input type="checkbox"/>	Pharmacy	Walmart Inc.	AR
<input type="checkbox"/>	Pharmacy	John Doe	N/A

vi. FDA Liaisons

	Defendant Role	Defendant Name	HQ States
<input type="checkbox"/>	FDA Liaison	Hetero USA, Inc.	NJ
<input type="checkbox"/>	FDA Liaison	Prinston Pharmaceutical Inc.	NJ
<input type="checkbox"/>	FDA Liaison	John Doe	N/A

III. JURISDICTION AND VENUE

7. Jurisdiction is based on:

- Diversity of Citizenship
- Other as set forth below: _____

8. Venue: District and Division in which remand and trial is proper and where you might have otherwise filed this Short Form Complaint, absent the Direct Filing Order entered by this Court: _____

IV. PLAINTIFF'S INJURIES

9. Injuries: Plaintiff was diagnosed with the following type of cancer:

<input type="checkbox"/>	Liver	<input type="checkbox"/>	Kidney
<input type="checkbox"/>	Stomach	<input type="checkbox"/>	Colorectal

<input type="checkbox"/>	Pancreatic	<input type="checkbox"/>	Esophageal
<input type="checkbox"/>	Small Intestine	<input type="checkbox"/>	Other:

CAUSES OF ACTION

10. Plaintiff(s) hereby adopt(s) and incorporate(s) by reference the *Master Long Form Complaint and Jury Demand* as if fully set forth herein.

11. The following claims and allegations asserted in the *Master Long Form Complaint and Jury Demand* are herein adopted by Plaintiff(s):

- Count I: Strict Liability – Manufacturing Defect
- Count II: Strict Liability – Failure to Warn
- Count III: Strict Liability – Design Defect
- Count IV: Negligence
- Count V: Negligence Per Se
- Count VI: Breach of Express Warranty
- Count VII: Breach of Implied Warranty
- Count VIII: Fraud
- Count IX: Negligent Misrepresentation
- Count X: Breach of Consumer Protection Statutes of the state(s) of: _____
- Count XI: Wrongful Death
- Count XII: Survival Action
- Count XIII: Loss of Consortium
- Count XIV: Punitive Damages
- Other State Law Causes of Action as Follows:

12. Fraud Count: Plaintiff adopts, incorporates and relies upon the allegations made in the Master Complaint. Any additional Plaintiff-specific allegations as to the Fraud Count must be set forth here: _____

13. Express Warranty Count: Plaintiff adopts, incorporates, and relies upon the allegations made in the Master Complaint. Any additional Plaintiff-specific allegations as to the Express Warranty Count must be set forth here: _____

14. Plaintiff(s) further bring claims against the following additional Defendants who are not listed above, and such claims are based upon the following grounds:

WHEREFORE, Plaintiff(s) pray(s) for relief and demand(s) a trial by jury as set forth in the Plaintiffs' Master Long Form Complaint in MDL 2875 in the United States District Court for the District of New Jersey.

Dated: _____

/s/ _____

Attorney Name

Attorney Firm

Attorney Address Line 1

Attorney Address Line 2

Telephone: (###) ###-####

Fax: (###) ###-####

attorney@email.com

Counsel for Plaintiff(s)