

In Re: Singulair® Litigation

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: ATLANTIC COUNTY
MCL 637

MASTER DOCKET NO. ATL-L-481-22

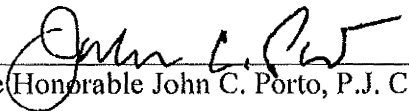
CASE MANAGEMENT ORDER #14
EVIDENCE OF USAGE

THIS MATTER, having come before the Court and upon agreement of the parties and for good cause having been shown:

IT IS on this 1st day of November 2024, ORDERED as follows:

- 1) On May 10, 2022, the Court ordered that Plaintiffs' counsel shall undertake efforts to obtain records demonstrating Plaintiffs' proof of Singulair® usage ("POU"). (CMO 2)
- 2) Plaintiffs were required to provide POU by August 8, 2022, and continue thereafter to supplement their POU production. (CMO 3)
- 3) On September 21, 2022, the Court ordered that Plaintiffs' counsel shall continue to diligently seek and produce POU for each plaintiff. (CMO 4)
- 4) Each PFS submitted by a Plaintiff was required to produce all available evidence demonstrating Plaintiff's POU. (CMO 6)
- 5) Defendants contend that the Plaintiffs identified in Exhibit A have provided a PFS but have not produced documentary/objective evidence demonstrating that they used Singulair® prior to the onset or exacerbation of their alleged injuries and Defendants have not been able to obtain by way of authorization such documentary/objective evidence.

- 6) The Plaintiffs in Exhibit A are hereby ordered to produce by November 22, 2024, either documentary/objective evidence that the Plaintiff used Singulair® prior to the onset or exacerbation of the injuries alleged in Plaintiff's Fact Sheet, or a certification signed by the Plaintiff and counsel stating that the Plaintiff does not have such documentary/objective evidence. "Documentary /objective evidence" is defined as documentary or physical evidence including, but not limited to, pharmacy records, medical insurance records, and medical records from the Plaintiff's prescriber(s) and/or treating providers, including evidence of Singulair® use self-reported by the Plaintiff or a member of Plaintiff's family contemporaneously with the alleged use of Singulair®.
- 7) Any Plaintiff in Exhibit A who provides a certification stating that the Plaintiff does not have documentary/objective evidence that the Plaintiff used Singulair® prior to the onset or exacerbation of the injuries alleged in Plaintiff's Fact Sheet shall provide by January 15, 2025 a certification setting forth (1) the identity of the Singulair® prescriber(s) and/or name of the medical practice or clinic; (2) the approximate date(s) on which the Singulair® was prescribed by each identified prescriber; (3) the purpose for which Singulair® was prescribed; (4) the dosage of Singulair® that was prescribed; (5) each pharmacy at which the prescription was filled; (6) the approximate number of times that Singulair® was dispensed from each pharmacy; and (7) the amount of Singulair® that was dispensed by the pharmacy each time a prescription was filled.


The Honorable John C. Porto, P.J. Cv.

CMO 14: EXHIBIT A

| Case Name | Case No. |
|--|-----------------|
| Againeses, Nichole | ATL-L-000686-22 |
| Anderson, Uklele | ATL-L-000623-22 |
| Brown, Shonda | ATL-L-000464-22 |
| Cabbil, Sonya | ATL-L-001531-22 |
| Chieffo, Michael (obo Brandon Chieffo) | ATL-L-002976-22 |
| Collins, Sherry | ATL-L-000646-22 |
| Colon, Antwain | ATL-L-000508-22 |
| Colpetzer, Angelica (obo Joshua Aranzolo) | ATL-L-001533-22 |
| Fenske, Kathy (Estate of Mattie Jo Harrington) | ATL-L-000784-22 |
| Fernandez, Martha | ATL-L-000463-22 |
| Forte, Rebecca | ATL-L-003002-22 |
| Griffin, Katie | ATL-L-000465-22 |
| Harmon, Patrick | ATL-L-002829-23 |
| Harris, Talessa | ATL-L-001544-22 |
| Hearn, Kristina | ATL-L-001545-22 |
| Holt, Judy | ATL-L-000995-22 |
| Judkins, Jodi | ATL-L-000719-22 |
| Koester, Mandy | ATL-L-002831-23 |
| Konsky, James | ATL-L-000474-22 |
| Lyons, Christopher | ATL-L-000774-22 |
| Major, Duquisa | ATL-L-002823-23 |
| Maldonado, Adrienne | ATL-L-002999-22 |
| Moore, Michael | ATL-L-002855-23 |
| Munn, Denarius | ATL-L-000570-22 |
| Olson, Matthew | ATL-L-001552-22 |
| Penny, April | ATL-L-000732-22 |
| Perez, Alberta | ATL-L-000739-22 |
| Peters, Jahfreeya | ATL-L-000745-22 |
| Petry-Michels, Elizabeth | ATL-L-000597-22 |
| Ramiz, Jessica | ATL-L-000536-22 |
| Robinson, Michelle (obo Terry Thomas, Jr.) | ATL-L-000657-22 |
| Rodrigues (Rodriguez), Jason | ATL-L-000543-22 |
| Sanders, Jacqueline | ATL-L-001001-22 |
| Sanderson, Angela | ATL-L-001555-22 |
| Segars, Kayla | ATL-L-000668-22 |
| Takasch, Kelly | ATL-L-001558-22 |
| Taylor, Gary | ATL-L-000791-22 |
| Warner, Patricia | ATL-L-000795-22 |
| White, Audrey | ATL-L-000654-22 |
| Wooldridge, Jedidiah | ATL-L-000674-22 |

Singulair CMO 14: Exhibit B

I _____ certify that I do not have:

- a) One or more medical records stating that I was prescribed Singulair prior to the onset or exacerbation of the injuries alleged in Plaintiff's Fact Sheet;
- b) One or more pharmacy records stating that I was dispensed Singulair prior to the onset or exacerbation of the injuries alleged in Plaintiff's Fact Sheet;
- c) One or more insurance records stating that my insurance company paid for at least one Singulair prescription prior to the onset or exacerbation of the injuries alleged in Plaintiff's Fact Sheet;
- d) Any other form of documentary or objective evidence demonstrating that I was prescribed or dispensed Singulair prior to the onset or exacerbation of the injuries alleged in Plaintiff's Fact Sheet.

I intend to provide a certification in the format of Exhibit C by January 15, 2025.

I certify the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I may be subject to punishment.

Singulair CMO 14: Exhibit C

(An Exhibit C must be completed for each prescriber)

I _____ hereby provide the following information regarding my Singulair case:

- (1) The name of the doctor or medical practice or clinic that prescribed Singulair:_____.
- (2) approximate date(s) on which the Singulair® was prescribed by each identified prescriber:_____.
- (3) the purpose for which Singulair® was prescribed: (usually asthma or allergies or both):_____.
- (4) the dosage of Singulair® that was prescribed: (4 mg sprinkles, 4 mg chewables, 5 mg chewables or 10 mg tablets)_____.
- (5) The name of each pharmacy at which the prescription was filled:_____.
- (6) The approximate number of times that Singulair® was dispensed from each pharmacy:_____;
and
- (7) The amount of Singulair® that was dispensed by the pharmacy each time a prescription was filled (30 day, 60 day or 90 day supply):_____.

I certify the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I may be subject to punishment.
