BEFORE THE UNITED STATES JUDICIAL PANEL ON MULTIDISTRICT LITIGATION

IN RE: LIPITOR (ATORVASTATIN CALCIUM) MARKETING, SALES PRACTICES AND PRODUCTS LIABILITY LITIGATION	)	**MDL DOCKET NO. _____**

MEMORANDUM IN SUPPORT OF MOTION OF PLAINTIFF, DIANNE CHRISTOPHER, FOR TRANSFER OF ACTIONS FOR COORDINATING OR CONSOLIDATED PRETRIAL PROCEEDINGS

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INTRODUCTION

Plaintiff, *Dianne Christopher* respectfully moves, pursuant to 28 U.S.C. § 1407, to centralize sixty-two (62) pending federal Lipitor® product liability cases, as well as all such future Lipitor® cases, for coordinated pretrial proceedings.

Although the Panel denied Plaintiffs' motion to centralize on August 8, 2013, s*ee In re: Lipitor Prods. Liab. Litig.*, 2013 WL 4048505 (J.P.M.L. 2013), the litigation is now considerably different in size and posture. Multiple Plaintiffs' counsel have filed dozens of Lipitor® product liability lawsuits on behalf of Plaintiffs in state and federal courts around the country. A critical mass has been established in federal court, and the rate of federal filings continues to increase.

There is now a definite need for centralized coordination of these actions to avoid overlapping discovery and conflicting pretrial rulings, especially since the option of informal coordination has become impractical. Moreover, considering the number of federal district courts in which these cases are pending, judicial economy can only truly be achieved through this Panel's formal consolidation of all actions at issue.

The reasons the Panel provided for denying Plaintiffs' prior MDL application are no longer apposite. *See* First Order, 2013 WL 4048505 (citing a limited number of actions and relatively few counsel involved as grounds for denial). ***First,*** the initial motion to centralize, filed by Plaintiffs *Evalina Smalls*, *Waltraud Gina Kane*, and *Susan Marie Turner* was comprised of five (5) cases pending in three (3) different federal districts. During the pendency of the first motion to centralize, twenty-four (24) other cases were noticed as related actions in ten (10) additional judicial districts. In contrast, there are now sixty-two (62) Lipitor® actions in twenty-one (21) different federal districts, with an approximate total of 131 plaintiffs currently involved

in federal actions. Furthermore, counsel is aware of dozens of state court filings, including but not limited to filings in the states of West Virginia and California.

Second, the substantial majority of the cases are in the same early procedural stage, with discovery not yet begun or just started -- making this the ideal time to benefit from coordinated treatment.

Third, upon information and belief, there are now twenty-six (26) different sets of Plaintiffs' counsel involved. Coordinated treatment is therefore greatly needed to ensure uniformity in discovery rulings and to avoid duplicative discovery efforts.

This substantial expansion of the litigation represents precisely the sort of changed circumstances that warrant revisiting the Panel's prior decision denying centralization. *See In re Glaceau VitaminWater Mktg. and Sales Practices Litig. (No. II)*, 764 F. Supp.2d 1349, 1350 (J.P.M.L. 2011) (granting centralization after prior denial when two new related actions were filed); *In re Fedex Ground Package Sys., Inc. Emp't Practices Litig. (No. II)*, 381 F. Supp.2d 1380, 1381 (J.P.M.L. 2005) (granting centralization where the Panel had previously denied it but in the "intervening months" the "litigation ha[d] grown considerably"); *In re Plavix Liab. Litig.*, 923 F.Supp. 1376, 1378 (J.P.M.L. 2013) (granting centralization after prior denial due to a change of circumstances with increased numbers of state and federal court actions filed and an increase in the number of involved plaintiffs' counsel).

Plaintiff proposes that these cases be centralized in the District of South Carolina, Charleston Division where fourteen (14) cases are currently consolidated and pending before the Honorable Richard M. Gergel.

BACKGROUND

Lipitor® (also known as atorvastatin calcium) is a HMG-CoA reductase inhibitor and a member of the class of drugs known as statins. Generally, it is prescribed to reduce the amount of cholesterol and other fatty substances present in the blood. In December 1996, Davis Pharmaceutical Research, a division of Warner-Lambert Company, obtained FDA approval to market Lipitor®. Warner-Lambert and Pfizer, Inc., entered into a co-marketing agreement and the companies began distributing and selling Lipitor throughout the U.S. in 1997. In June 2000, Pfizer, Inc., acquired Warner-Lambert and all rights to Lipitor®.

In August 2011, the Food and Drug Administration's Division on Metabolism and Endocrinology Products requested Pfizer make labeling changes to Lipitor®. Finally, in February 2012, Pfizer complied with the FDA's request by adding language to the Lipitor® label's Warnings and Precautions section stating: "Increases in HbA1c and fasting serum glucose levels have been reported with HMG-CoA reductase inhibitors, including Lipitor®." Prior to this label change, Pfizer failed to take any action to warn women or their physicians of the potential relationship between changes in blood sugar levels and Lipitor® usage. Despite Pfizer's knowledge that Lipitor® usage in women is associated with the risk of developing type 2 diabetes, Lipitor's® label still presently fails to directly warn consumers of such a risk.

Over one hundred fifty (150) women who took Lipitor® and now claim to have developed type 2 diabetes have initiated product liability suits in federal and state courts across the country. Approximately one hundred thirty-one (131) of the plaintiffs' claims are filed within sixty-two (62) pending federal actions. Below is an overview of the Lipitor® cases now pending in federal courts throughout the country.

1. District of South Carolina

Fourteen (14) single-plaintiff cases alleging that Lipitor® caused type 2 diabetes in women are pending in the United States District Court for the District of South Carolina, Charleston Division. *See* Schedule of Actions, Nos. 44-57. These cases have been consolidated, and they have all been assigned to Judge Richard M. Gergel who has been managing the cases in a coordinated fashion.

Although discovery is still in the early stages, the consolidated South Carolina cases remain the most advanced in comparison to all other pending federal cases. To date, two status conferences have been held with the Court and an upcoming status conference is scheduled for October 16, 2013. Under Judge Gergel's administration of the case, the parties have agreed to a Joint Confidentiality and Protective Order and Judge Gergel has approved a Joint Scheduling Order for the purposes of pretrial discovery. Additionally, recent status reports regarding ongoing discovery efforts and a schedule and protocol for case-specific fact discovery have been submitted to the Court for review.

2. Northern District of Illinois

A single plaintiff case alleging Lipitor® caused a woman to develop type 2 diabetes is pending in the Northern District of Illinois. *See* Schedule of Action, No. 11. The parties have not yet begun discovery.

3. Southern District of Illinois

Three cases alleging that Lipitor® caused type 2 diabetes in women are pending in the United States District Court for the Southern District of Illinois. *See* Schedule of Actions, Nos.12-14. These cases were consolidated on or about October 7, 2013, and they have all been assigned to Judge Michael J. Reagan and Magistrate Judge Donald G. Wilkerson. The parties

have not yet had a status conference post consolidation and discovery has not begun yet. However, a firm trial date has been set by the Court for October 17, 2014.

4. Eastern District of Kentucky

A single-plaintiff case alleging that Lipitor® caused type 2 diabetes in a woman is pending in the United States District Court for the Eastern District of Kentucky. *See* Schedule of Actions, No. 15. The parties have not yet begun discovery.

5. Eastern District of Tennessee

A single-plaintiff case alleging that Lipitor® caused type 2 diabetes in a woman is pending in the United States District Court for the Eastern District of Tennessee. *See* Schedule of Actions, No. 58. The parties have not yet begun discovery.

6. Middle District of Tennessee

A single-plaintiff case alleging that Lipitor® caused type 2 diabetes in a woman is pending in the United States District Court for the Middle District of Tennessee. *See* Schedule of Actions, No. 59. The parties have not yet begun discovery.

7. Eastern District of Missouri

A mass joinder action comprised of seventy (70) plaintiffs, alleging that Lipitor® caused type 2 diabetes in the women plaintiffs, was filed in Missouri state court and subsequently removed by Defendant to the United States District Court for the Eastern District of Missouri. *See* Schedule of Actions, No. 36. A remand motion is currently pending and parties have not yet begun discovery.

8. Eastern District of Louisiana

Six cases alleging that Lipitor® caused type 2 diabetes in the women plaintiffs are pending in the United States District Court for the Eastern District of Louisiana. *See* Schedule of

Actions, Nos. 22-27. These cases have not been consolidated and the parties have not yet begun discovery.

9. Middle District of Louisiana

Four cases alleging that Lipitor® caused type 2 diabetes in the women plaintiffs are pending in the United States District Court for the Middle District of Louisiana. *See* Schedule of Actions, Nos. 28-31. These cases have not been consolidated and the parties have not yet begun discovery.

10. Western District of Louisiana

Six cases alleging that Lipitor® caused type 2 diabetes in the women plaintiffs are pending in the United States District Court for the Western District of Louisiana. *See* Schedule of Actions, Nos. 16-21. These cases have not been consolidated and the parties have not yet begun discovery.

11. Southern District of West Virginia

A single-plaintiff case alleging that Lipitor® caused type 2 diabetes in a woman is pending in the United States District Court for the Southern District of West Virginia. *See* Schedule of Actions, No. 62. The parties have not yet begun discovery.

12. Western District of Washington

A single-plaintiff case alleging that Lipitor® caused type 2 diabetes in a woman is pending in the United States District Court for the Western District of Washington, Tacoma Division. *See* Schedule of Actions, No. 61. The parties have not yet begun discovery.

13. Eastern District of California

Three cases alleging that Lipitor® caused type 2 diabetes in the women plaintiffs are pending in the United States District Court for the Eastern District of California. *See* Schedule of

Actions, Nos. 2-4. These cases have not been consolidated and the parties have not yet begun discovery.

14. Central District of California

Three cases alleging that Lipitor® caused type 2 diabetes in the women plaintiffs are pending in the United States District Court for the Central District of California. *See* Schedule of Actions, Nos. 5-7. These cases have not been consolidated and the parties have not yet begun discovery.

15. District of New Mexico

Four cases alleging that Lipitor® caused type 2 diabetes in the women plaintiffs are pending in the United States District Court for the District of New Mexico. *See* Schedule of Actions, Nos. 37-40. The parties have not yet begun discovery.

16. Eastern District of Texas

A single-plaintiff case alleging that Lipitor® caused type 2 diabetes in a woman is pending in the United States District Court for the Eastern District of Texas. *See* Schedule of Actions, No. 60. The parties have not yet begun discovery.

17. Eastern District of Pennsylvania

Three cases alleging that Lipitor® caused type 2 diabetes in the women plaintiffs are pending in the United States District Court for the Eastern District of Pennsylvania. *See* Schedule of Actions, Nos. 41-43. These cases have not been consolidated and the parties have not yet begun discovery in two of these cases. *See* Schedule of Actions, Nos. 42-43. However, a Scheduling Order setting discovery, motion, motion in limine, and summary judgment deadlines was entered by the Court in *Jefferson v. Pfizer, Inc.*, on or about October 2, 2013.

18. Northern District of Mississippi

Two single-plaintiff cases alleging that Lipitor® caused type 2 diabetes in the women plaintiffs are pending in the United States District Court for the Northern District of Mississippi. *See* Schedule of Actions, Nos. 32-33. The parties have not yet begun discovery.

19. Southern District of Mississippi

Two single-plaintiff cases alleging that Lipitor® caused type 2 diabetes in the women plaintiffs are pending in the United States District Court for the Southern District of Mississippi. *See* Schedule of Actions, Nos. 34-35. The parties have not yet begun discovery.

20. Middle District of Florida

Three single-plaintiff cases alleging that Lipitor® caused type 2 diabetes in the women plaintiffs are pending in the United States District Court for the Middle District of Florida. *See* Schedule of Actions, Nos. 8-10. The parties have not yet begun discovery.

21. District of Arizona

A single-plaintiff case alleging that Lipitor® caused type 2 diabetes in a woman is pending in the United States District Court for District of Arizona. *See* Schedule of Actions, No. 1. A scheduling and planning order for discovery has been entered but the parties have not yet begun discovery.

ARGUMENT

A. The Panel Should Centralize These Cases

This Panel consolidates "civil actions involving one or more common questions of fact" pending in different judicial districts when doing so "will be for the convenience of parties and witnesses and will promote the just and efficient conduct" of the actions. 28 U.S.C. § 1407(a). These cases easily meet that standard.

1. Circumstances Have Changed Significantly Since the Panel Denied Centralization in August 2013, and These Cases Are Now Well Suited for Coordination

This Panel denied centralization in August 2013 due to "the limited number of involved actions and the overlap among counsel." *In re Lipitor*, 2013 WL 4048505, *1 (J.P.M.L. 2013). Furthermore, this Panel found that informal coordination was sufficient given that few cases were filed and limited federal jurisdictions were involved. *Id*. But the Lipitor® litigation has significantly changed since that time, developing into a widespread mass tort litigation, making informal coordination impractical.

This Panel has often recognized that changed circumstances warrant the grant of a previously-denied motion to centralize. In *In re Glaceau VitaminWater*, for example, the Panel had previously denied transfer with respect to two pending cases but then granted transfer because there were "[a]t least two recently-filed additional related actions" which plaintiffs did not intend to consolidate with the previous suits. 764 F. Supp.2d at 1350. *See also In re Fedex Ground Package System*, 381 F. Supp.2d at 1381 (granted centralization where the Panel had previously denied it but in the "intervening months" the "litigation ha[d] grown considerably"); *In re Lawnmower Engine Horsepower Mktg. and Sales Practices Litig. (No. II)*, 588 F. Supp.2d 1379, 1380 (J.P.M.L. 2008) (granting previously-denied motion to centralize because "the litigation has grown considerably"); *In re Plavix Liab. Litig.*, 923 F.Supp. 1376, 1378 (J.P.M.L. 2013) (granting centralization after prior denial due to a "change of circumstances" where an increased number of state and federal court actions had been filed and an increased number of plaintiffs' counsel had become involved).[1]

[1] *See also* Interview with Judge Wm. Terrell Hodges, "Chair of Judicial Panel Sees Role as Gatekeeper," *The Third Branch* at 11 (Nov. 2005) (Judge Hodges, former Panel chairman, discussing how the panel had recently centralized a matter after an initial denial because it increased from two cases to seven), *available at* http://www.jpml.uscourts.gov/third-branch- interviews.

The rapid expansion of this litigation now warrants centralization. None of the basis for the Court's prior denial apply to the litigation as it now stands. ***First***, there are significantly more cases spread across more federal districts than in August 2013. There were twenty-nine (29) federal actions pending in thirteen (13) federal districts when the Panel denied centralization in August 2013. As this Panel noted at the time, "almost half of the actions" comprising the litigation at that time were "pending in a single district – the District of South Carolina, and many of the actions involved common plaintiffs' counsel." *In re Lipitor*, 2013 WL 4048505, *1. Today, in contrast, there are sixty-two (62) Lipitor® suits pending in twenty-one (21) different federal districts. These cases alone would justify centralization, as the Panel routinely coordinates cases involving significantly fewer actions in fewer districts.[2]

Furthermore, the number of cases continues to grow each week. The number of Lipitor® cases has increased rapidly within the short time since this Panel's decision in August 2013. There are now approximately 131 Lipitor® plaintiffs with actions pending in federal court, up from approximately twenty-nine (29) plaintiffs when the Panel denied the prior motion. In the last two months alone, related Lipitor® actions have been filed involving some 102 new Plaintiffs.

[2] The Panel only requires two actions pending in two federal districts for consolidation under 28 U.S.C. § 1407. *See In re Toys "R"' Us-Del., Inc., Fair & Accurate Credit Transactions Act (FACTA) Litig.*, 581 F. Supp. 2d 1377, 1377-78 (J.P.M.L. 2008) (consolidating two actions pending in two districts); Checklist for Filing a New MDL Motion for 28 U.S.C. § 1407 Transfer, http://www.jpml.uscourts.gov/RulesProcedures/Checklist_for_New_MDL_Motion-3-2011.pdf ("Motion must consist of at least two actions with common questions of fact pending in two different federal district courts."). *See also In re Glaceau VitaminWater*, 764 F. Supp. 2d at 1350 (involving three actions in three districts); *In re Porsche Cars N. Am., Inc. Plastic Coolant Tubes Prods. Liab. Litig.*, 787 F. Supp. 2d 1349, 1349 (J.P.M.L. 2011) (involving four actions in four districts); *In re Se. Milk Antitrust Litig.*, 530 F. Supp. 2d 1359, 1360 (J.P.M.L. 2008) (involving four actions in two districts); *In re Camp Lejeune, N.C. Water Contamination Litig.*, 763 F. Supp. 2d 1381, 1381-82 (J.P.M.L. 2011) (involving four actions in four districts); *In re Enfamil Lipil Mktg. & Sales Practices Litig.*, 764 F. Supp. 2d 1356, 1357 (J.P.M.L. 2011) (involving six actions in six districts).

Due to the widespread prescribing and use of Lipitor®, Plaintiff's counsel anticipates that litigation will continue to spread out across the country. In fact, Plaintiff's counsel is aware of multiple firms, including the undersigned counsel's firm, with large inventories of Lipitor clients and fully anticipates that thousands of Lipitor cases will be filed throughout the United States. Given these facts, additional filings are highly likely, numerous of which will certainly be filed in or removed to federal court. *See In re Camp Lejeune, N.C. Water Contamination Litig.*,763 F. Supp. 2d 1381, 1382 (J.P.M.L. 2011) (considering the potential for "a large number of additional related actions to be filed"); *In re Foot Locker, Inc., Fair Labor Standards Act (FLSA) & Wage & Hour Litig.*, MDL No. 2235, -- F. Supp. --, 2011 WL 2118980, at *1 (J.P.M.L. May 26, 2011) (stating that "[t]hough a large number of actions are not presently before the Panel, also weighing in favor of centralization is that additional related actions alleging similar class claims in other states could well be filed."). Now is the right time to establish an MDL so that discovery in these new filings can be coordinated from the beginning.

Second, there is now a significant core group of federal Lipitor® cases that are in exactly the same procedural posture, with discovery either not started or in its earliest stages.

Third, the Panel rejected centralization in August because there were relatively few cases pending and Plaintiffs' counsel involved at that time overlaped. *See, e.g., In re Lipitor*, 2013 WL 4048505, *1 (J.P.M.L. 2013). But the increased number of Lipitor® cases filed has also resulted in the involvement of an increased number of plaintiffs' counsel. There are now at least twenty-six (26) different counsel for plaintiffs who are representing Lipitor® clients.

Moreover, when last before the Panel, Pfizer's counsel represented to this Panel that an MDL was unnecessary and voluntary formal coordination between plaintiffs' counsel in the respective jurisdictions was adequate to promote the just and efficient resolution of all pending

cases. *In re* Lipitor, 2013 WL 4048505. But that notion has become hollow in light of the current number of pending cases. Despite sixty-two (62) cases pending in twenty-one (21) federal courts across the country, only two districts have consolidated their caseload. To date, fourteen (14) cases have been consolidated in the District of South Carolina, Charleston Division, before Judge Gergel and three (3) cases have been consolidated in the Southern District of Illinois before Judge Michael J. Reagan. Of these two consolidations, the cases pending in the District of South Carolina, Charleston Division have been consolidated since May 28, 2013, and are at a more advanced stage of litigation with limited discovery already underway. In contrast, consolidation of the Illinois cases was only recently granted on October 7, 2013, and discovery has not yet begun.

Voluntary cooperation in any event is no substitute for coordination and transfer before a single court. *See, e.g., In re Mentor Corp. Obtabe Transoburator Sling Prods. Liab. Litig.*, 588 F. Supp. 2d 1374, 1375 (applauding voluntary cooperation efforts but deciding that transfer to a single district for coordinated proceedings would be more efficient). In light of the recent number of Lipitor® actions filed within the last two months alone, coupled with the anticipation that thousands of additional cases are expected to be filed in the future, the potential for informal coordination has become impossible.

In short, the circumstances that led the Panel to deny centralization in August 2013 no longer exist. There is now a significant number of Lipitor® cases that share the same procedural posture and that can proceed most efficiently if they are centralized in a single court for pretrial proceedings.

2. The Currently-Pending Cases Will Benefit From Centralization

Pharmaceutical product liability cases are particularly well-suited for coordination because they involve common questions of fact concerning the "development, testing, manufacturing and marketing" of the products. *See In re Accutane Prods. Liab. Litig.*, 343 F. Supp. 2d 1382, 1383 (J.P.M.L. 2004); *see also In re Trasylol Prods. Liab. Litig.*, 545 F. Supp. 2d 1357, 1358 (J.P.M.L. 2008) (common questions regarding the safety profile of a drug and the manufacturer's warnings); *In re Vytorin/Zetia Mktg., Sales Practices & Prods. Liab. Litig.*, 543F. Supp. 2d 1378, 1380 (J.P.M.L. 2008) (common questions regarding the use and/or marketing of two pharmaceutical drugs). These considerations fully apply here. As the Panel previously recognized, the Lipitor® product liability cases now pending in federal court involve common fact questions concerning Defendant's development, testing, manufacturing and marketing of Lipitor®, and the warnings they provided concerning Lipitor®. *See In re Lipitor*, 2013 WL 4048505 ("The subject actions do share factual issues arising from allegations that taking Pfizer's cholesterol drug Lipitor can result in the development of type 2 diabetes, and that Pfizer failed adequately to warn consumers of this problem). Centralization is thus "necessary in order to eliminate duplicative discovery, prevent inconsistent pretrial rulings, and conserve the resources of the parties, their counsel and the judiciary." *In re Accutane*, 343 F. Supp. 2d at 1383. *See also In re Trasylol*, 545 F. Supp. 2d at 1358 (same); *In re Celexa & Lexapro Prods. Liab. Litig.*, 416 F. Supp. 2d 1361, 1363 (J.P.M.L. 2006) (same). MDL coordination will thus permit the parties to coordinate document discovery and avoid multiple, unnecessary depositions of Defendant's key witnesses.

Having a single court with a broad perspective over the litigation as a whole will not only avoid inconsistent rulings, it will also help achieve fair and just results. A single judge can better

assess common patterns of this type and resolve the resulting disputes in a uniform way. *See In re Diet Drugs Prods. Liab. Litig.*, MDL No. 1203, 2003 WL 22341307, at *4 (E.D. Pa. 2003) (transferor court noting that it "developed a broader perspective than is usually available to individual transferor courts in dealing with widespread efforts [of fraudulent joinder]."); *In re Wilson*, 451 F.3d 161, 167 (3d Cir. 2006) (same).

Here, the currently pending Lipitor® actions involve common questions of fact including core issues concerning the design, manufacture, testing, and marketing of Lipitor®. Therefore, it is inevitable that pretrial proceedings will overlap to a significant degree, making transfer desirable and appropriate in the instant matter.

B. The Panel Should Centralize the Cases in the District of South Carolina, Charleston Division

Currently, there is no center of gravity for Lipitor® product liability actions as sixty-two (62) actions currently span across twenty-one (21) federal districts. In fact, cases have been filed in a wide array of districts ranging from the Western District of Washington to the Middle District of Florida. However, the District of South Carolina, Charleston Division is the best choice of transferor forum based on the cases already pending there, convenience and accessibility of the forum, and light MDL case load currently assigned to the District.

Fourteen (14) cases were consolidated on or about May 28, 2013, in the District of South Carolina, Charleston Division, before the Honorable Richard M. Gergel. Since then, Judge Gergel has proven to manage the fourteen consolidated cases pending before him in a just and efficient manner. To date, two status conferences have been held with the Court and an upcoming status conference is scheduled for October 16, 2013. Under Judge Gergel's administration of the case, the parties have agreed to a Joint Confidentiality and Protective Order and Judge Gergel has approved a Joint Scheduling Order for the purposes of pretrial discovery

and limited discovery is underway. Furthermore, recent status reports regarding ongoing discovery efforts and a schedule and protocol for case-specific fact discovery have been submitted to the Court for review. The progress of the South Carolina actions not only illustrates Judge Gergel's interest in the Lipitor® products liability litigation, it demonstrates Judge Gergel's ability to efficiently manage complex litigation. In addition, Judge Gergel is not currently assigned a MDL case.

Additionally, the District of South Carolina, Charleston Division, is easily accessible and convenient for counsel, witnesses, and the parties involved. The federal courthouse in Charleston, where the consolidated South Carolina Lipitor® actions are pending, is in close proximity to the Charleston International Airport which is serviced by major airlines with direct flights to Nashville, Philadelphia, Cincinnati, Atlanta, Charlotte, Chicago, Dallas, Houston, Boston, Washington, D.C., Detroit, and New York. More importantly however, The District of South Carolina, Charleston Division, is currently only assigned one MDL.[3] Because of the large number of Lipitor® cases that are likely to be filed, it is anticipated that the Lipitor® litigation will require a substantial amount of judicial time and energy. As such, the judicial efficiency and just resolution of these actions is best served by transferring these actions to one skilled jurist in a forum with a light MDL case load. Plaintiff is confident that Judge Richard M. Gergel in the District of South Carolina will promote the goal of a just resolution in this MDL as speedily, inexpensively, and fairly as possible.

[3] The *In re MI Windows and Doors, Inc. Products Liability Litigation* MDL is currently pending before the Honorable David C. Norton of the Charleston Division.

CONCLUSION

For all the foregoing reasons, Plaintiff respectfully moves for an Order transferring all existing and future Lipitor® product liability suits to the District of South Carolina, Charleston Division, for consolidated or coordinated pretrial proceedings.

Respectfully Submitted,

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