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June 8, 2018

VIA ECF AND FEDERAL EXPRESS

Honorable Judge Claire C. Cecchi
United States District Court
District of New Jersey
Martin Luther King Building & U.S. Courthouse
50 Walnut Street
Newark, NJ 07101

In Re: Proton-Pump Inhibitor Products Liability Litigation (II)
2:17-md-2789 (CCC)(MF) (MDL 2789)

Dear Judge Cecchi,

The PSC respectfully submits this letter[1] setting forth Plaintiffs' position concerning two areas of dispute with the AstraZeneca and Takeda Defendants (hereafter "Defendants").[2] The first issue is "soft discovery caps" on custodial file productions and depositions that have been proposed by Defendants. The second issue is finalizing a scheduling order and setting a trial date, so that the parties can have a firm timeline which includes document production schedules for each Defendant. A scheduling order, including production timelines will provide Plaintiffs and the Court with certainty as to when individual custodial productions will be completed, so that depositions can be efficiently scheduled and other milestone dates will not have to be adjusted. Attached hereto as Exhibit A is the PSC's proposed CMO regarding soft discovery caps and production schedule. Attached hereto as Exhibit B, is a copy of the PSC's proposed scheduling order.

As the Court may recall, these issues were discussed extensively at the last case management conference ("CMC"). Indeed, with respect to a scheduling order, Plaintiffs have been trying to get Defendants to agree to an order for months. With each attempt, Defendants have offered a different excuse as to why such an order should not be entered. First, they said it was premature and engaged in stall tactics for months. Then, after Plaintiffs persisted and following weeks of negotiations, Defendants did an about face and sought to bifurcate the case so that the Court would consider issues of *Daubert* and preemption first. This sudden change in position occurred only days before the May 2018 CMC. When this bifurcated approach was rejected (again) by the Court, Defendants then complained that they needed limits on discovery as a pre-requisite before finalizing any scheduling order.

[1] Plaintiffs are mindful of the Court's instructions that letter submissions should not exceed 5 pages. However, given the long history and complexity of the issues, we respectfully request that the Court accept this letter, which slightly exceeds Your Honor's preferred limit.
[2] The PSC was able to reach agreement with the Pfizer/Wyeth and Procter & Gamble Defendants.

Pursuant to Your Honor's instructions and CMO No. 15, the parties have met and conferred on the proposed scheduling order, soft discovery caps, as well as a general timeline for document production. We are pleased to report that we have been able to reach agreement with the Pfizer/Wyeth and Procter & Gamble Defendants. Unfortunately, we still have significant disagreements with AstraZeneca and Takeda. Indeed, as of the writing of this letter, AstraZeneca has taken the position that if the Court grants the PSC the number of custodial files it is requesting, that it will be unable to agree to a scheduling order and that it will likely need several more months to complete discovery. To put it bluntly, they have taken the issue of soft caps for custodial files and are seeking to use it as a silver bullet to derail any efforts to have a trial date in the first half of 2020.[3]

Plaintiffs respectfully submit that the time for excuses and delay is over. Courts routinely set trial dates, even in the absence of caps or soft caps. Moreover, as demonstrated below, the discovery requested by the PSC is entirely consistent with that in other complex pharmaceutical litigation and these Defendants and their law firms are always able to meet their discovery obligations in far less time than that now proposed by Defendants.

Discovery needs to move forward and while Plaintiffs were initially opposed to discovery limits, we have compromised by proposing reasonable "soft caps" on custodial file productions and depositions. Consistent with other large scale national litigations and guided by the very long history that these drugs have been on the market (longer than most prior pharmaceutical cases), the PSC set forth "soft caps" that it could reasonably accept.

Under the PSC's proposal, Plaintiffs would identify custodians in four waves (the number in each wave would vary in accordance with an individual Defendant's "cap"), with production to be completed within 60 days of identification. *See* Exhibit A at ¶¶ 1-4. Additionally, the schedule permits the identification of a finite number of additional custodians, if needed, as the parties anticipate that additional custodians will be identified during the course of discovery, both through production of custodial files that will surely yield new key witness names and following depositions. *See id.* at ¶ 7. This proposal provides Defendants with the limits they were seeking, while insuring that Plaintiffs can prioritize the document production and efficiently schedule depositions. As demonstrated herein, this proposal not only provides for a production period that is twice as long as the Federal Rules permit but it is consistent with production timelines from other pharmaceutical litigations.

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[3] By way of history, the PSC initially proposed a June 2019 trial. After further delays by Defendants, in May 2018, the PSC proposed a February 2020 trial. This date was selected as a compromise to the August 2020 trial date proposed by Defendants. At the May 1, 2018 status conference, the Court instructed the parties to work off the PSC's proposed scheduling order. In response to the February 2020 trial date, Defendants proposed a June 2020 trial date. However, they have now conditioned that date on the PSC limiting its custodial file requests to 80 to 120 custodial files. Such a position is prejudicial—not only because, as demonstrated herein, there are far more than 120 custodians who had significant involvement in the development and marketing of these drugs but because Defendants sought caps for management purposes and are now trying to utilize those very caps as a means to extend the trial date.

Defendants have rejected all of our proposed compromises with respect to soft caps and a document production timeline, with the exception of the Pfizer/Wyeth and Procter & Gamble Defendants. Indeed, the AstraZeneca and Takeda Defendants refuse to commit to any timeline other than one that merely requires document productions be completed by the Summer of 2019. Further, these Defendants are unwilling to tell us how quickly they can produce a custodial file after a request is made.[4] Simply stated, AstraZeneca and Takeda are trying to have it both ways—they want caps on custodial file productions yet no obligation to produce them in a timely manner. Such a result is unacceptable and would handcuff Plaintiffs throughout the discovery process. Moreover, it is inconsistent with virtually every MDL the PSC leadership has been involved with.

As it has proven impossible to negotiate these issues with these two Defendants, Plaintiffs and the Court now need certainty that AstraZeneca and Takeda's documents will be produced in a timely fashion and within a reasonable time period from the PSC's requests. Thus, the PSC respectfully requests that to avoid further delay, the Court enter the PSC's proposed Scheduling Order and Document Production Order, annexed hereto as Exhibits A and B.

***Proposed Soft Discovery Caps*:**

The AstraZeneca and Takeda Defendants have proposed unreasonable and prejudicial discovery limits. Specifically, they have proposed caps on the number of depositions and custodial file productions that are grossly insufficient for the number of products implicated, the employees involved in their development, and the nearly 30-year period for which PPI products have been on the market.

Defendant Group	Defendants' Limit on Custodial Files	Defendants' Limit on Common Witness Depositions
AstraZeneca	100	35
Takeda	80	30

Amazingly, these Defendants also propose that the 30(b)(6) depositions (many of which have not yet concluded because Defendants were unable to produce witnesses to cover the entire relevant time period) should count *against* their proposed caps. Thus, under Defendants' proposal, Plaintiffs have already used a significant number of their permitted depositions. Such a proposal is ridiculous, particularly in light of the number of employees that *Defendants have identified as having had significant involvement with the products at issue*.

For example, the table below lists the types of activities each Defendant had with respect to their PPI products, the number of years the products have been on the market in the United

[4] In response to the PSC's initial 30 custodial file requests, AZ has stated it cannot make the production until October 31, 2018. These names were requested May 14, 2018. Under this schedule, AZ is seeking over 160 days to produce 30 custodial files (6 per month). As the Court will recall they previously requested over 120 days for the first 10 (less than 3 per month), which are due July 31, 2018. So while this timing is troubling and inconsistent with so many other cases, the fact that AZ is moving at such a slow pace and still refuses to identify how long it needs (presumptively) to produce files following their request is the gist of the overall problem.

States, and the number of employees/potential witnesses that worked on the development and marketing of those products. Notably, the majority of individuals listed were *identified by Defendants*—either through the meet and confer process or in 30(b)(6) depositions as having had significant involvement with the products at issue.[5]

Defendant/Products	**Activities**	**Years on Market***	**Potential Custodians+**
AstraZeneca (Prilosec & Nexium)	Clinical and Preclinical Development, Regulatory, Marketing, and Pharmacovigilance	1990 to Present (28 years)	199
Takeda (Prevacid & Dexilant)	Clinical and Preclinical Development, Regulatory, Marketing, and Pharmacovigilance	1995 to Present (23 years)	166
*Does not account for time in which products were in development (typically an additional 7-10 years). +See Exhibits C and D (annexed hereto)			

A review of their titles and responsibilities demonstrates that these are highly relevant witnesses. *See* Exhibits C and D (annexed hereto). To be clear, Plaintiffs are not suggesting that Defendants produce the custodial files for all of the witnesses that are ultimately identified. Rather, the chart above is illustrative of the amount of relevant discovery that Plaintiffs have already identified to date, and how inadequate Defendants' proposed discovery limits are for this litigation. By contrast, Plaintiffs have proposed reasonable soft caps on custodial productions and depositions, particularly in light of the number of individuals involved with the products and the duration of time implicated.

Defendant Group	**Soft Cap on Custodial Files**	**Soft Cap on Common Witness Depositions+**
AstraZeneca	160	70
Takeda	160	70
Pfizer/Wyeth*	80	30
Procter & Gamble*	50	25
*Pfizer/Wyeth and Procter & Gamble limits have already been agreed to by the parties and have been included on this chart for illustrative purposes only. As a general matter, Pfizer and Procter & Gamble only marketed their PPI products and for a far shorter period of time than the other Defendants (although Pfizer had limited engagement in the development of Protonix). Thus, Plaintiffs anticipate that less discovery will be needed for these Defendants. +Plaintiffs' proposed caps are *exclusive* of 30(b)(6) depositions and additional custodians to be produced as part of the bellwether discovery process (e.g., sales representative files).		

[5] Note that this process is still not complete, as many of the Defendants placed significant date restrictions on their 30(b)(6) depositions. For example, AstraZeneca's witnesses typically could not provide testimony regarding activities prior to 1999, which excludes the development period for Prilosec. Similarly, many of Takeda's witnesses could not testify to the time period prior to 2008. Thus, Plaintiffs anticipate additional witnesses will be identified as discovery continues.

Notably, the number of custodial files sought by Plaintiffs are entirely consistent with that produced in other pharmaceutical litigations—particularly when considering the number of products involved, the time period for development and marketing, and that in most pharmaceutical litigations, caps have not been ordered or agreed to. The chart below is based on information gathered by PSC members, based on their personal experience in such litigations.

MDL Litigation	**Time Product on Market at start of MDL**	**Number of Custodians***
Xarelto	4 years	194
Pradaxa	2 years	259
Yaz	3 years	122
Actos	**12 years**	**285**++
Invokana	3 years	87+
Seroquel	**6 years**	**80****
*This number is exclusive of non-custodial sources and sales representative productions +Discovery was suspended after 3 depositions. **AstraZeneca product involving some of the same defense counsel as in the present litigation. ++Takeda product involving some of the same defense counsel as in the present litigation.		

As stated previously, the number of custodians produced in the above litigation are entirely consistent with the number now requested by the PSC from these Defendants. Indeed, plaintiffs could be justified in arguing for an even larger number of custodians when considering the far greater time period during which PPI products were developed and marketed[6]

Similarly, the depositions that Plaintiffs seek are modest and consistent with other MDLs. For example, in the *Xarelto*, *Pradaxa*, and *Yaz* litigations listed above, Plaintiffs took between 40-50 common witness depositions, exclusive of 30(b)(6) depositions. However, because the PPI litigation implicates so many more products and have been on the market for so long as compared to the drugs implicated in the litigations cited above, additional depositions are warranted. This is particularly so because we are being asked to agree to limits on the number of depositions at such an early stage in the document productions.

For all the reasons stated herein, Plaintiffs request that the Court order Defendants to produce the number of custodial files and deposition witnesses as set forth above.

Timeline for Document Productions

The PSC has proposed a document production schedule for the AstraZeneca and Takeda Defendants. *See* Proposed Document Production Schedule (annexed hereto as Exhibit B). Under such a schedule, Plaintiffs would identify waves of custodians, for which production would be

[6] As noted previously, AstraZeneca and Takeda's PPI products have been on the market for nearly 30 years.

completed within 60 days.[7] Under this proposal, with the exception of supplementation of certain custodial and non-custodial files, initial custodial file document productions would be completed by December 2018. And any additional custodians the PSC would need to request would be produced 60 days following the request. This leaves adequate time for completion of common witness depositions, expert discovery, and bellwether case discovery and motion practice in advance of the February 2020 trial date proposed by Plaintiffs.[8] By contrast, Defendants have proposed a vague schedule that only requires them to complete document productions in August 2019.

The AstraZeneca and Takeda Defendants have rejected the PSC's proposed document production schedule, arguing that such a schedule is unnecessary and that it would be impossible for them to produce the number of files requested in this time frame. The PSC has asked repeatedly how much time is needed for a file to be produced following a request – a threshold issue for any schedule – and one akin to soft caps on discovery limits. Takeda refuses to commit to a presumptive number. AstraZeneca has indicated that it can do no better than to produce 10 files per month. And in an apparent effort to hijack the negotiation, it has indicated that if the PSC seeks its needed 160 custodial files, AstraZeneca will revise their proposed June trial date, pushing it out several months and possibly into 2021. This would result in the MDL not seeing its first trial in over three years from its inception. This would be, atypical in the context of pharmaceutical MDLs, where hundreds of custodial files have been produced in far less time.

AstraZeneca's purported "inability" to produce documents on a timely basis is not new. In this case, they have already requested that this Court provide them with nearly 4 months to produce only 10 custodians.[9] *See* Case Management Orders Nos. 12 and 15. Similarly, when the PSC provided AstraZeneca with an additional 30 custodians on May 14, 2018 (nearly half of which had already been collected by AstraZeneca), we were told AstraZeneca could not complete the production until the end of October 2018. Moreover, and unfortunately, discovery delays are a pattern for this Defendant. In the *Seroquel* MDL, the Court found that AstraZeneca was "purposefully sluggish" in its document productions and ultimately sanctioned Defendant. *See* Order, at 26, Dckt. No. 393, *In re: Seroquel Prods. Liab. Litig*., 6:06-MD-01769 (Mid. District of Fla., Aug. 21, 2007). The exact same conduct has been displayed here and should not be countenanced any longer.

Plaintiffs should not have to wait for months on end for custodial files to be produced or not to have a presumptive deadline by which they should be produced. Rule 34 provides documents be produced within 30 days. Fed. R. Civ. P. 34. Plaintiffs proposal that custodial files be produced within 60 days of request is consistent with productions in other pharmaceutical

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[7] Additionally, the proposed Order includes a timeline for completion of non-custodial sources, supplementation of select custodial and non-custodial sources, and certifications that said productions are complete. *See id.*

[8] Defendants have proposed a June 2020 trial date.

[9] By contrast, the Pfizer Defendants are producing their first 13 custodians in approximately 60 days.

litigations.[10] For example, in the *Invokana* MDL, Defendants were producing between 15-17 custodial files per month. In the Xarelto MDL, Defendants agreed to produce up to 5 million pages of documents per month for a period of 8 months. *See* Pretrial Order No. 21, at ¶ 1-10, *In re: Xarelto (Rivaroxaban) Prods. Liab. Litig.*, 14-MDL-2592 (Eastern Dist. of La., Sept. 17, 2015). As noted above, this included the production of 194 custodians. Further, under the schedule agreed to by the parties, a custodial file was produced within 45 days of its request. Similar to the schedule proposed by Plaintiffs, requests and productions were made on a rolling basis. *See id.*

Plaintiffs anticipate that Defendants will argue that the production schedule proposed by the PSC is simply not possible. Indeed, at the May 2018 status conference, AstraZeneca's counsel complained that it had more than 40 attorneys involved in the review and production of documents. *See* Case Management Conference Tr. at 69:19-70:3 (May 1, 2018). Plaintiffs respectfully submit that this is insufficient and the Defendants know it. Pharmaceutical defendants typically employ far more reviewers in their document review process. For example, in the *Seroquel* MDL referenced above, AstraZeneca and its legal team—many of whom are present here—had **"up to 300 attorneys"** involved in their document review and production process. July 26, 2007 Transcript, at 330:21-23, *In re: Seroquel Prods. Liab. Litig.*, 6:06-MD-01769 (Mid. District of Fla.) (excerpt annexed hereto as Exhibit E).

The use of hundreds of reviewers to prepare document productions is hardly novel. In the *Xarelto* litigation referenced above, the Bayer defendant utilized 320 document reviewers for their document productions. Similarly, in the *Pradaxa* litigation, the defendant utilized up to 300 document reviewers. At a recent meet and confer, AstraZeneca's counsel conceded that while it has added some reviewers, it still had less than 75 reviewers involved in their document production efforts. The gamesmanship surrounding its never ending efforts to delay document productions should not be permitted. Plaintiffs respectfully suggest that there is a difference between what Defendants can do and what they want to do. The scope of Defendants' discovery obligations should not be dictated by what is more convenient for them. As demonstrated herein, Defendants are capable of producing documents in accordance with the PSC's proposed schedule and Plaintiffs' respectfully suggest that this Court order them to do so.[11]

Scheduling Order

The PSC submits its proposed scheduling order from the last CMC, with a revised trial date of May, 2020. This reflects a compromise between the PSC's last proposed date of February, 2020 and Defendants' most recent proposal of June, 2020. The PSC believes the only open issues in

[10] In negotiations over this matter, the PSC has even been willing to go to a presumptive 75-day production time period, with the understanding that exceptions may be needed for files that are particularly voluminous. AstraZeneca and Takeda have simply refused any set time period by which a file must be produced following its request.

[11] Plaintiffs also anticipate that the AstraZeneca and Takeda may argue that Plaintiffs' search terms are too broad, resulting in those Defendants being required to review hundreds of thousands of pages that are not relevant. Neither Defendant has provided any evidence of this, however, and to date, have not shared any analytics regarding these anecdotal complaints. Further, other Defendants have not raised this concern.

the PSC's proposed scheduling order are dates by which the Defendants shall indicate whether they will waive *Lexicon,* a proposed soft cap on number of bellwether discovery cases, and the definition of "Core Discovery". In its' proposed scheduling order, annexed hereto as Exhibit B, the PSC provides a paragraph-by paragraph summary of the parties' agreements, compromises, and remaining disputes.

As such the PSC respectfully requests that the Court enter its proposed Scheduling CMOs in advance of or at the June 12, 2018 status conference. As noted above, to the extent a Defendant needs a reprieve from any deadline, the PSC will not unreasonably withhold its consent.

Respectfully submitted,

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Plaintiffs' Co-Lead Counsel

cc: All Counsel of Record (via ECF)

EXHIBIT A

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

IN RE: PROTON-PUMP INHIBITOR PRODUCTS LIABILITY LITIGATION	**2:17-MD-2789 (CCC)(MF) (MDL 2789) and all member and related cases**
This Document Relates to: ALL ACTIONS	**Judge Claire C. Cecchi**

[PROPOSED] CASE MANAGEMENT ORDER NO. ___ DOCUMENT PRODUCTION SCHEDULE FOR THE ASTRAZENECA AND TAKEDA DEFENDANTS

The Court having held a case management conference on June 12, 2018, and after reviewing the parties' submissions and having discussed various case management issues with the parties, enters the following ORDER:

1. By July 2, 2018, the PSC shall identify no more than 30 custodians for Wave A production. The AstraZeneca and Takeda Defendants (hereafter "Defendants") shall complete this production by September 3, 2018. Defendants shall produce complete custodial files for each custodian requested in Wave A, but shall do so on a rolling basis, so that all 30 productions are completed by September 3, 2018. Upon production of each custodian, Defendants shall provide a certification that the custodial file production is complete, subject to periodic updates of that custodian's file, as required.

2. On or before August 1, 2018, the PSC shall identify no more than 30 custodians for Wave B production. Defendants shall complete this production by October 1, 2018. Defendants shall produce complete custodial files for each custodian requested in Wave B, but shall do so on a rolling basis, so that all 30 productions are completed by October 1, 2018. Upon production of

each custodian, Defendants shall provide a certification that the custodial file production is complete, subject to periodic updates of that custodian's file, as required.

3. On or before September 3, 2018, the PSC shall identify no more than 30 custodians for Wave C production. Defendants shall complete this production by November 5, 2018. Defendants shall produce complete custodial files for each custodian requested in Wave C, but shall do so on a rolling basis, so that all 30 productions are completed by November 5, 2018. Upon production of each custodian, Defendants shall provide a certification that the custodial file production is complete, subject to periodic updates of that custodian's file, as required.

4. On or before October 1, 2018, the PSC shall identify no more than 30 custodians for Wave D production. Defendants shall complete this production by December 3, 2018. Defendants shall produce complete custodial files for each custodian requested in Wave D, but shall do so on a rolling basis, so that all 30 productions are completed by December 3, 2018. Upon production of each custodian, Defendants shall provide a certification that the custodial file production is complete, subject to periodic updates of that custodian's file, as required.

5. Defendants' non-custodial productions shall continue on a rolling basis but shall be completed by August 31, 2018. Upon production of each non-custodial source, Defendants shall provide a certification that the non-custodial file production is complete, subject to periodic updates of that non-custodial source, if applicable.

6. The parties shall meet and confer about periodic updates of select custodial and non-custodial sources.

7. The PSC shall be permitted to request an additional 30 custodial productions, if needed, but shall not request more than 7 custodians within a 30-day period. Such productions shall be completed within 60 days of their request and shall be accompanied by a certification that

the custodial file production is complete.

SO ORDERED:

Dated: Newark, New Jersey
June ___, 2018

CLAIRE C. CECCHI
United States District Judge

EXHIBIT B

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

IN RE: PROTON-PUMP INHIBITOR PRODUCTS LIABILITY LITIGATION (No. II)	**1:17-MD-2789 (CCC)(MF) (MDL 2789)**
	Judge Claire C. Cecchi
This Document Relates to: ALL ACTIONS	**[PROPOSED] CASE MANAGEMENT ORDER #__**

CASE MANAGEMENT ORDER NO. __
(Scheduling Order)

1. SCOPE AND APPLICABILITY OF PLAN

A. This Preliminary Plan and Procedure (is intended to conserve judicial and party resources, eliminate duplicative discovery, serve the convenience of the parties and witnesses, and promote the just and efficient conduct of this litigation. The following shall apply to all cases in MDL-2789.

Commented [PSC1]: The parties agree with this paragraph

2. BELLWETHER SELECTION

A. The parties shall present the Court with a trial plan, including a plan to select representative cases to serve as Bellwether Discovery Cases that will undergo additional discovery (beyond the PFS and DFS), which shall be referred to as "Core Discovery." Core discovery shall be defined to set a maximum of four (4) depositions per side for each case. Each Defendant in a Bellwether Discovery Case shall interpose an Answer with Affirmative Defenses within 14 days of the bellwether case being selected. The parties shall submit this plan on or before December 3, 2018. This plan shall set forth how these bellwether cases ("Bellwether Discovery Cases") will

be selected and then narrowed down to smaller pool of trial cases (hereinafter referred to as "Bellwether Trial Cases" Trial Case"). The Bellwether Trial Cases will then undergo preparation for trial, which may include additional discovery, including but not limited to disclosure of expert witnesses and ultimately dispositive and trial-related motion practice. The above aspects will be the subject of the plan and joint CMO that the parties shall submit on or before December 3, 2018, with the following deadlines set forth below maintained.

3. SELECTION OF BELLWETHER DISCOVERY CASES

A. The parties shall meet and confer as to the process by which to select Bellwether Cases to work up for Bellwether Discovery, but it shall be a presumptive max of no more than a pool of 10 cases. These cases shall be selected on February 28, 2019. The parties shall conduct Core Discovery on those cases from that time through June 28, 2019. Core discovery shall be defined to set a maximum of four (4) depositions per side for each case.

B. Following completion of Core Discovery in the Bellwether Discovery Cases, the parties shall meet and confer regarding a plan to narrow the Bellwether Discovery Cases to a smaller pool of trial cases (hereinafter referred to as "Bellwether Trial Cases"). The Bellwether Trial Cases will then undergo preparation for trial, including additional fact discovery, expert discovery, and dispositive and trial-related motion practice. The parties shall submit an agreed upon CMO or competing proposals addressing selection of the Bellwether Trial Cases, and additional discovery to be conducted in Bellwether Trial Cases, by July 19, 2019.

C. The parties shall complete fact discovery in the final Bellwether Trial Cases by October 5, 2019.

4. BELLWETHER TRIAL CASE/EARLY TRIAL CASE EXPERT SCHEDULE

Commented [PSC2]: The parties competing paragraphs on this issue are nearly identical, including the PSC agreeing with Defendants' proposal for the timing of this plan except for the following:

The PSC submits that the "Core Discovery" be defined now. And that the definition of "Core Discovery" that the PSC proposes is consistent with virtually every prior litigation the lawyers and Defendants have been involved in reflects. The PSC submits that it should be included now

Commented [PSC3]: OPEN ISSUE: Parties must determine the max and PSC has accepted Defendants core discovery period. The PSC submits this should be 10.

Commented [PSC4]: The PSC has accepted Defendants request for the length of time for core discovery assuming

Commented [PSC5]: The PSC has adopted this paragraph and timing verbatim from Defendants' proposal

Commented [PSC6]: Defendants' proposed October 18, 2019 to complete fact discovery in the. final Bellwether Trial Cases. Given plaintiff expert reports due November 8, 2019, the PSC would like to ensure there is one month of no fact discovery in the bellwether Trial cases that could impact an expert report. As such, the PSC proposes October 5, 2019.

Commented [PSC7]: PSC has accepted Defendants' proposed dates for expert reports, but extended expert discovery slightly so that rebuttal reports are not due over the December holidays.

A. On or before November 8, 2019, 2019, Plaintiffs shall disclose expert witness reports for the Trial Case(s) pursuant to Fed. R. Civ. P. 26(a)(2).

B. On or before December 10, 2019, Defendants shall disclose expert witness reports for the Trial case(s) pursuant to Fed. R. Civ. P. 26(a)(2).

C. Plaintiffs to disclose rebuttal expert witness reports, if any, by January 7 , 2020.

D. Each expert witness disclosure shall include at least two available dates when each expert is available for a deposition. Depositions can only commence after both sides expert reports have been served.

E. Depositions of expert witnesses are to be completed by Feburary8, 2020.

F. The parties intend that the limitations on expert discovery set forth in Rule 26 of the Federal Rules of Civil Procedure, including the provision of Rule 26(b)(4)(A)-(D) limiting discovery with respect to draft reports, communications with experts, and depositions of consulting experts.

5. SUMMARY JUDGMENT AND DISPOSITIVE MOTIONS IN TRIAL CASES

Commented [PSC8]: PSC has pushed the Defendants' proposed date for dipositive motions back approximately one month.

A. Any motion for summary judgment or for partial summary judgment shall be filed on or before February 15, 2020.

B. Any motions seeking to challenge expert testimony pursuant to *Daubert* shall be filed on or before February 15, 2020.

C. Responses to summary judgment motions shall be filed on or before March 15, 2020.

D. Responses to motions seeking to challenge expert testimony pursuant to

Daubert shall be filed on or before March 29, 2020

E. A more robust and detailed pretrial schedule for final pretrial matters, exhibit lists, motions *in limine*, and deposition designations will be the subject of a subsequent CMO.

Commented [PSC9]: The PSC has adopted this paragraph and timing verbatim from Defendants' proposal

6. TRIAL SCHEDULE

A. The Court anticipates that the first trial in this MDL will be held on or about May 6, 2020, with subsequent bellwether trials to follow.

Commented [PSC10]: OPEN ISSUE:

PSC proposes a May 6, 2020 trial date, which is a compromise closer to defendants' June 2020 trial date, than the PSC's prior February, 2020 trial date

B. *Lexecon*: Defendants will provide the Court and PSC their position on *Lexecon* waivers for the Bellwether Discovery Cases on or before June 22, 2018. In the event the Defendants do not waive *Lexecon*, the Court will maintain all of the pre-trial dates provided herein and will entertain any options for being able to preside over initial bellwether cases.

Commented [PSC11]: The PSC requests a date by which the PSC can know of Defendants' position as it pertains to *Lexicon*. The PSC believes that Defendants do not want a date certain by which they should be required to make this decision. Obviously Defendants decision on waiver will greatly impact the bellwether selection process.

IT IS SO **ORDERED**

SIGNED _____ day of _____, 2018.

_____

United States District Judge

EXHIBIT C

ASTRAZENECA POTENTIAL CUSTODIANS
(as of 06-07-18)

	A	B
1	**Name**	**Title**
2	Anderson, Alf	Global Safety Physician-PV
3	Andersson, Norma	Clinical Development Leadership Team.
4	Andersson, Tommy	Clinical Pharmacology and Pharmacogenetics; Asst. Director, in vitro Metabolism
5	Arnold, Barry	VP, Clinical Drug Safety; EU Qualified Person for PV
6	Askne, Anna Liptak	Global Safety Scientists- PV
7	Ault, Brian	First Clinical Information Science Director (now called the PCIS scientist).
8	Balogh, Lynn	Labeling Associate Director- Nexium/ Prilosec
9	Barber, John	Strategic Planning and Business Development
10	Benson, Lionel	Drug Safety at Astra Merck
11	Berger, Elliott	Pre-merger, VP Astra, responsible for Prilosec
12	Berglund, Camilla	Asst. Director, PK /Asst. Director, Enzyme Kinetics
13	Billger, Martin	Toxicology Project Leader; Senior Development Project Toxicologist
14	Birstrom, Kathe	Global regulatory leader for Prilosec and Nexium.
15	Bjork, Elisabeth	Clinical VP of CVGI Therapy
16	Bjorkheden, Carol	Principal Scientist, Toxicologist
17	Blom, Hakan	Global Safety Physician- part of PV
18	Bolcsfoldi, George	Genetic & Cellular Toxicology
19	Bomgardner, Todd	Global Head, US Labeling
20	Booth, Ian	Project Nobel
21	Brazzo, John	Project Nobel
22	Brennan, David	Senior VP for commercialization and portfolio management
23	Brimicombe, Ian	Project Nobel
24	Britts, Jack	GI responsibility
25	Brown, Kurt	US Clinical Research Staff employed by Global
26	Callsen, Ursula	Global Safety Scientists- PV
27	Carling, Lasse	Global Safety Physician- part of PV
28	Carlsson, Enar	Preclinical pharmacology
29	Chambers, Allyson	PRA Senior Director/ Director
30	Dahl, Bjorn	Toxicologist; Worked at AZ since 1996.
31	Datto, Kathy	GI medical representative
32	Davis, Kelley	Assoc. Director of Labeling/Regulatory Affairs
33	Davis, Steven	Regional Sales Director; Exec. Director, Mature Brands
34	Dea, Donna	Global Head, US Labeling
35	Deegan, Peter	Global Head, Quality Assurance and Control
36	Delle, Magnus	Associate Director of Clinical Development (ACDC)
37	Denison, Hans	Research Physician; still with AZ; worked on Nexium
38	Dennison, Michelle	Pre-merger PRA Executive Director
39	Diliberto-Michniewicz, Gina	Information Brand Specialist; Compliance & Cust. Srvc. Mgr.
40	DiMattia, Paul	Commercial Brand Leader, Azenity, Cornerstone
41	Doherly, Ann	Genetic & Cellular Toxicology
42	Dohlsten, Mikael	Head, Non-Clinical
43	Dowling, Teresa	PRA Senior Director/ Director
44	Dwyer, Bill	Alliance Manager at AZ for Partnership with P&G for OTC Prilosec

ASTRAZENECA POTENTIAL CUSTODIANS
(as of 06-07-18)

	A	B
1	**Name**	**Title**
45	Ealer, Norb	US Regulatory, Chemical, Manufacturing, Control Head responsible for Prilosec and Nexium
46	Eckman, Lars	Global Safety Assessment/Drug Safety & Metabolism, Head/VP
47	Ehrnborg, Christer	Safety Physician, Losec/Nexium; Global Safety Physician
48	Eiche, Andrievs	Genetic & Cellular Toxicology
49	Ekedahl-Berggren, Maria	Nexium Patient Safety Physician/Global Safety Physician; Losec/Nexium
50	Eklund, Stefan	Research Physician/Senior Research Physician
51	Ekman, Lars	Head of Safety Assessment
52	Ellqvist, Ingrid	Nexium/ Losec Drug Safety Surveillance Team
53	Ericsson, Hans	Asst. Director, PK
54	Estborn, Lennart	Safety Expert
55	Fangiang, Gary	US Clinical Research Staff employed by Global; only researcher still employed by company
56	Fernstrom, Paula	Global product team physician, medical science director and global clinical leader
57	Firor, Judy	Regulatory Specialist/ US Regulatory Affairs Director
58	Flanagan, Terry	Clinical Information Science Director
59	Forsgren, Joachim	Global VP- Patient Safety
60	Fox, Jonathon	Former Head of Cardiovascular/GI.
61	Frankenberg, Lars	Small Animal Toxicology, Director
62	Frigert, Sara	Global Safety Scientists- PV
63	Gabrielsson, Margareth	Asst. Director, PK & DM
64	Gasink, Leanne	US Safety Physician
65	Gaskill, Jim	PRA Senior Director/ Director
66	Geller, Wayne	US Safety Physician
67	Glise, Hans	Clinical VP of CVGI Therapy
68	Graham, Ken	Brand Leader/Director, Nexium; Commercial Brand Leader, GI Products
69	Grahn, Helena	Drug Safety Scientist
70	Green, Barry	Was responsible for the integration of Astra Merck Inc and Astra USA.
71	Griffiths, Johnathan	US Labeling Director
72	Gunnarson, Kikki	Global Safety Scientists- PV
73	Hagber, Annette	Safety Scientist
74	Hall, Gene	Pre-merger PRA Executive Director
75	Hasselgren, Birgitta	Section Director, Safety Surveillance GITA; Safety Physician; Nexium Global Safety Physician; Clinical Pharmacologist, Phase 1 PPI
76	Hasselgren, Goran	Global Product Team Leader (Nexium)
77	Havu, Niilo	Pathology, Director
78	Hedin, Birgitta	Global Regulatory Affairs Director, GI products
79	Hiersom, Agneta	Succeeded Svernhage; Global Product Director for GI-established brands
80	Holmberg, Johan	Clinical project coordination Director/ Director of Clinical Development; still works on PPI
81	Holmes, Bill	Nexium US Safety Physician; Medical Director, Patient Safety
82	Holston, Nancy	PRA Senior Director/ Director
83	Hornestam, Lena	AZ employee involved in the coding for the Nexium clinical program before AZ outsourced to Cognizant

ASTRAZENECA POTENTIAL CUSTODIANS
(as of 06-07-18)

	A	B
1	**Name**	**Title**
84	Horowitz, Gary	US Regulatory Affairs Director
85	Hudson, Andrew	Surveillance Business Area Lead
86	Hutchinson, Howard	VP, Clinical Research/Development; Chief Medical Officer
87	Hyde, Roger	2006, VP of Commercial Management Markets
88	Illueca, Marta	Director, Clinical Research; US Nexium Brand Medical Dir.
89	Jahreskog, Marianne	Drug Safety Specialist/Scientist
90	Joelson, Ing-Britt	Global Safety Scientists- PV
91	Joelson, Svante	Safety Expert
92	Johansson, Saga	Director, Surveillance/Epidemiology; Senior Principal Scientist
93	Jones, Cheryl	PRA Senior Director/ Director
94	Jonsson, Arne	SHE (Global Safety Health and Environment Group)
95	Junghard, Ola	LOTUS statistician
96	Karlson, Nils	Small Animal Toxicology, Director
97	Kendal, Stephan	Senior Director, Compliance Advice and Assurance
98	Kilhamn, Jan	Clinical Research Physician; Senior Research Physician, CVGI
99	Klick, Silke	Current Regulatory, Chemical, Manufacturing Control Head responsible for Prilosec and Nexium
100	Klockare, Charlotta	Global Regulatory Affairs Manager/Director; Global Regulatory Lead
101	Krall, Ron	Head of Drug Development when Astra and Zeneca merged;
102	Kullingsjo, Kerstin	PV- participates in enforcement of protocols for AE reporting
103	Kummeth, George	Global Director, Regulatory Affairs
104	Landqvist, Kristina	Global Regulatory Lead, Losec; Regulatory Affairs Mngr., Nexium Japan
105	Langguth, Peter	Part of the group that studied how compounds were absorbed across the GI tract and epithelium and how different formulation could help that absorption process.
106	Langstrom, Goran	LOTUS Statistician
107	Larsson, Hakan	In vivo pharmacologist in Biological Department; GI researcher who worked on Prilosec/ Losec
108	Larsson, Martin	Project Nobel
109	Leonard-Segal, Andrea	Director, communicated with FDA during submissions.
110	Levine, Doug	GI medical representative
111	Levine, Jeff	US Clinical Research Staff employed by Global
112	Liljas, Anna-Karin	Regulatory Affairs Director/Principal Regulatory Affairs Mgr.; European Regulatory Affairs Director
113	Lind, Tore	GPT; Principal Scientist; Med. Dir., Nexium and GI Established Brands; Consultant
114	Lindfeldt, Jan	Global Safety Physician, Losec
115	Lippman, Evan	Commercial Brand Leader, Cornerstone
116	Ljunghall, Sverker	VP of Clinical Development
117	Lunda, Helen	Current Medical Science Director.
118	Lundberg, Christer	Small Animal Toxicology, Director
119	Lundborg, Per	Head of Clinical Pharmacology; Omerprazole Mgmt Exec.; Medical Science Director; Head of Drug Surveillance
120	Lunde, Helen	Global Clinical Lead, Nexium and GI Established Brands
121	Lundell, Lars	Headed SOPRAN Steering Committee

ASTRAZENECA POTENTIAL CUSTODIANS
(as of 06-07-18)

	A	B
1	**Name**	**Title**
122	Lunquist, Kristina	Global Regulatory Leader for Prilosec only; before George Kummeth.
123	Lyckegard, Eva	LOTUS Study Leader
124	Lynch, Jim	Asst. Director, PKDM/PKDM II
125	Maenpaa, Jukka	Nexium/ Losec Safety Physician
126	Malmfors, Thorbjorn	Head of Global Safety Assessment- original nonclinical work done at Astra
127	Marchner, Hans	Regulatory Safety Director
128	McCarthy, John	Commercial Brand Leader, Nexium
129	McCourt, Marion	Previous VP of Commercial Management Markets
130	Mellander, Annika	Global Safety Physician- part of PV; relocated to India after Ehrnborg left AZ.
131	Michele, Terry	Director, communicated with FDA during submissions.
132	Milbauer, Alan	VP of Public Affairs
133	Mirialiakbari, Mersedeh	RAM.
134	Moldeus, Peter	Head of Global Safety Assessment- Safety Assessment Group at Astra AB after registration of Prilosec before Nexium; later head of AstraZeneca
135	Molodetskyi, Oleksandr	Safety Physician, Losec/Nexium
136	Molt, Judy	Pre-merger Astra Labeling- Nexium/Prilosec
137	Mongan, Will	Commercial Brand Leader, Cornerstone; Exec. Dir. US Business Development
138	Mortimer, Elizabeth	Regulatory Safety Director
139	Murtha, Ken	Operations, Manufacture of medication
140	Nagy, Peter	Clinical Research Associate; Senior Medical Lead; Global Brand Physician
141	Niazi, Mohammad	Clinical Pharmacology and Pharmacogenetics
142	Nilsson, Hans	Pharmacology. Superior to Enar Carlsson.
143	Nilsson, Vera	Global Safety Scientists- PV
144	Nord, Magnus	VP of Patient Safety
145	O'Brien, John	2003, VP of Emerging Brands- Phase II/III Development
146	O'Donovan, Mike	Genetic & Cellular Toxicology
147	Olsson, Gunilla	LOTUS Study Leader
148	Orzolek, Bob	Post-merger AZ Labeling
149	Palczuk, Linda	Nexium Commercial Brand Leader; VP Sales & Marketing; VP, Mature Brands
150	Persson, Britta	Global Regulatory Leader for Prilosec/ Nexium
151	Philip, Ann	Clinical Research Monitor/Leader, Prilosec; Intnl Medical Srvcs Mgr.; Global Safety Physician, Prilosec
152	Pinto, Preeti	Pre-merger PRA Executive Director
153	Platz, Stefan	Global Safety Assessment/Drug Safety & Metabolism, Head/VP
154	Regardh, Carl Gunnar	Asst. Director, PKDM/PKDM II
155	Reveman, Anna	LOTUS Study Leader
156	Rieiland, Sven	Pathology, Director
157	Roberts, Ruth	Regulatory Safety Director
158	Rohss, Kerstin	Clinical PK/ PD; joined company before Eklund.
159	Russello-Calahan, Carolyn	US Labeling Director
160	Rydholm, Hans	Medical Advisor; Group Mngr.; Clinical Drug Safety
161	Rynell, Boel	Global Safety Scientists- PV
162	Samluk-Medori	Labeling Associate Director- Nexium/ Prilosec
163	Sandell, Therese	Global Safety Scientists- PV
164	Scanlon, Rosanne	Pre-merger PRA Executive Director

ASTRAZENECA POTENTIAL CUSTODIANS
(as of 06-07-18)

	A	B
1	**Name**	**Title**
165	Schleman, Margo	Contract Physician
166	Schoenberg, Lisa	Nexium Commercial Brand Leader; VP Marketing & Sales
167	Schofield, Lindsey	Team leader for documentation unit in DSM (UK)
168	Seijlon, Larz	Director of Clinical Programs; Product Manager
169	Silberg, Deb	Director, Clinical Research; US Nexium Brand Medical Dir.
170	Siman, Martin	Clinical Information Science Director; Succeeded Ault; Authored Clinical Information Project Plan for Nexium and GI-established brands
171	Singh, Gagn	Global product director for GI-established brands. Succeeded Hiersom.
172	Skanberg, Inger	Assistant Directors- PK. Portfolio overview on all GI projects in development.
173	Slyta, Kjell	Quality Assurance- Safety Assessment Group; Head of Research Quality Management
174	Sohtell, Morgan	Global Product Directors for GI-established Brands
175	Solvell, L.	Clinical Research
176	Sostek, Mark	Director/Senior Director, Clinical Research, GI Therapy Area; US Brand Medical Dir., Nexium
177	Spiers-Alston, Janet	Safety Review Manager, Global Drug Safety (Alderley Park)
178	Stejskal, Vera	PPI nonclinical studies.
179	Stenstrom, Maj	Clinical project coordination Director/ Director of Clinical Development
180	Stripling, Kathy	Pre-merger PRA Executive Director
181	Strom Moller, Christina	Leader- Medical and Scientific Safety, Patient Safety
182	Svedberg, Lars-Erik	Global Safety Physician- participated in LOTUS Steering Committee. Responsibility for Nexium and Losec.
183	Svereus, Bjorn	Project Nobel
184	Svernhage, Elisabeth	Global Product Director, Nexium & GI Established Brands
185	Szewczak, Mark	PRA Senior Director/ Director
186	Talbot, John	Director, Patient Safety, Processes & Standards
187	Terhaerdt, Eric	Clinical activities in US
188	Vikenfors, Ulrika	Global Safety Scientists- PV
189	Vikman, Kerstin	Global Safety Physician- part of PV
190	Wallander, Mari-Ann	Epidemiologist; left AZ
191	Wallich, Peter	Global product director for GI-established brands.
192	Wallmark, B.	Biological Research
193	Weidolf, Lars	Identified as person at Astra that would know the most about PK of Lexium/ Prilosec from nonclinical companies.
194	Welin, Agneta	Global Safety Scientists- PV
195	Willmott, Doug	Regional Scientific Manager, Nexium; Director Scientific Affairs, GI; Exec. Dir. Medical Info.
196	Wingstrand, Karin	VP of Clinical Development
197	Wooten, Rod	Regional Sales Director, Specialty Growth Products; HCP Marketing Dir., Nexium
198	Yoon, Judy	Pre-merger PRA Executive Director
199	Zhang, Lin	Assoc. Medical Director, Clinical Patient Safety
200	Zook, Tony	Senior VP Commercial Operations

EXHIBIT D

POTENTIAL TAKEDA CUSTODIANS

(as of 06-07-18)

	A	B
1	**NAME**	**ROLE**
2	Aansh Jarmarwala	Marketed Products Regulatory Affairs, PPI-related responsibilities
3	Abe San	Member of the PV Department in Japan
4	Adam Zaeske	Director, Marketing Team, Dexilant; RDT Core Team
5	Alan MacKenzie	Director of Marketing
6	Alessandro Giacometti	Commercial, development of lansoprazole and Dexilant
7	Alexander Karpenchko	Phamacovigilance group
8	Allison Villinski	Former Head of the Labeling Group
9	Amille Jonfonyun	Global Safety Leader for Prevacid
10	Amy Wise	Regulatory-Emerging markets
11	Andres Kalupnieks	PV initial assessment team- signal detection for lansoprazole
12	Anil Vootkur	Senior Group Manager, Sales Strategy; Member of Medical Affairs first and then Marketing*
13	Ann Paradise-Jasniewski	PPI Labeling responsibilities
14	Anna Perez	Responsible for PV, AE Reporting, Postmarketing Surveillance
15	Anne-Ruth von Troostenburg (de Bruyn)	VP of Pharmacovigilance (EU)
16	Anthony Edmunds	Statistics & Data Management for Clinical Databases
17	Antoine Pompe	Director, Professional and Consumer Marketing
18	Art Rice	Business Unit Manager; Marketing
19	Aruna Dabholkar	PV initial assessment team- signal detection for lansoprazole; Global Safety Leader for Dexilant
20	Ashraf Youssef	PV initial assessment team- signal detection for lansoprazole
21	Barbara Hunt	Statistics & Data Management for Clinical Databases
22	Beth Knapp	Head of Global Regulatory Affairs Marketed Products Group; Responsible for PPI products
23	Betsy Brown	FDA contact for Prevacid
24	Betsy Pilmer	2012- Immunology & Inflammation for Dexilant
25	Bill Blake	VP BI and Strategy
26	Binita Kwankin	Regulatory; responsible for the Regulatory Strategy Group for Cardio-renal/ GI and CNS
27	Bonnie Blach	Responsible for PV, AE Reporting, Postmarketing Surveillance
28	Catherine Burgess	Head of Global Regulatory Affairs CMC; PPI responsibility

POTENTIAL TAKEDA CUSTODIANS

(as of 06-07-18)

	A	B
1	**NAME**	**ROLE**
29	Cathy Nutt	Director of Marketing Operations/ e-Business
30	Cecelia Chia	PV in Asia
31	Ceri Lambert	Associate Director of PV Systems- Reporting Standards and Case processing
32	Charles Asare	Global Safety Leader for Prevacid and Dexilant
33	Chris Caggiano	Senior Manager, Marketing and Sales Coordination
34	Chris Compisi	Director, Managed Markets Marketing
35	Christina Cotiardo	FDA contact for Prevacid
36	Christina McGahan	Worked in TAP in Labeling for Prevacid and Dexilant
37	Christophe Weber	CEO of Takeda's Global Business
38	Christy Greenberg	Worked in TAP and then Takeda Regulatory Strategy Group; current PPI involvement
39	Claudia Perez	Medical group at TAP
40	Clint Johannsen (Johansen?)	Worked for TAP and then Takeda for Regulatory Strategy Group; Regulatory contact for Prevacid Capsules
41	Corey Carter	Marketing department
42	Corey Eisenberg	Dexilant MR Lifecycle Management Core Team; Primary regulatory contact for Prevacid Capsules
43	Darryl Sleep	Current Head of the US Medical Office
44	David Ballard	Therapeutic Area Head, GI; Responsible for lanso clinical trials; Safety review committee
45	Dean Sundberg	Head of Regulatory at TAP
46	Dennis Jennings	Statistics & Data Management for Clinical Databases
47	Divina Huff	Senior Associate for Regulatory Advertising and Promotion
48	Dominic Beale	Pharmacovigilance (Europe)
49	Don Patton	VP of Marketing
50	Donna Helms	FDA contact for Prevacid; Regulatory member of publications review committee
51	Dory Kless	Senior Manager, Strategic Operations
52	Doug Donovan	Regulatory Advertising and Promotion; FDA contacts for Prevacid
53	Douglas Cole	Former President of US Operation at Takeda
54	Dr. Asin	Pharmacology
55	Dr. David Baron	VP of Takeda Development Center Americas; Nonclinical Safety and Efficacy Head
56	Dr. David Crawford	Toxicology/Preclinical
57	Dr. David Recker	Senior VP of Clinical Science at Takeda
58	Dr. Karl Agre	Chief Medical Officer

POTENTIAL TAKEDA CUSTODIANS

(as of 06-07-18)

	A	B
1	**NAME**	**ROLE**
59	Dr. Kazunari Abe	Manager of Global PV
60	Dr. Kirk Shepard	VP of Medical and Science Affairs for Takeda
61	Dr. Michael George	Takeda Global Research and Development London
62	Dr. Michie Hisada	Pharmacoepidemiologist
63	Dr. Mitchell Friedman	Preclinical/Clinical
64	Dr. Stuart Levin	Director of Toxicology
65	Dr. Xavier Frapaise	VP of R&D
66	Dr. Yusuhiko Wada (Yasu Wada)	General Manager of Global PV
67	Erna Klajo* or Kljajo	Pharmacovigilance fo Prevacid and Dexilant
68	Frank Morich	International Business; President of Takeda Pharmaceuticals USA reported to him.
69	Gary Magistrelli	Regulatory Advertising and Promotion; Sandra worked with him at TAP; 2000-2002 regulatory contact for Prevacid
70	Geoffrey Ross	Senior Group Medical Director
71	Germaine Kowal	Senior Manager, Marketing and Conventions
72	Greg Murawski	Associate Director of Regulatory Advertising and Promotion; responsibility for Prevacid at TAP
73	Gretchen Bodum	Publication Lead for Dexilant; Dexilant Core Member; meeting organizer
74	H.T. Watkins	President of TAP Pharmaceutical Products in January of 2003
75	Heather Dean	Dexilant, Senior Director GI Marketing
76	Hideki Yamasaki	Nonclinical studies for PPI products in Japan
77	Hideo Fukui	Pharmaceutical Research Division Toxicologist; responsibility for Dexilant in Japan
78	Hubert Doerfler	Global Medical Safety; Overall responsibility for Medical Safety for Prevacid and Dexilant
79	Ian Wood	Signal detection
80	Jaclyn Schretter	Former Takeda employee; transferred to PRA
81	Jan Gyzen	Regulatory submissions group
82	Janette Eichfeld	Core team for Dexilant- Project management
83	Jay Ford	Regulatory Director; Responsibility for Regulatory CMC submissions for Prevacid and Dexilant
84	Jeanine Koch	Medical group at TAP
85	Jeff Kern	Director Prevacid brand
86	Jeff Stewart	Group Marketing Manager GERD

POTENTIAL TAKEDA CUSTODIANS

(as of 06-07-18)

	A	B
1	**NAME**	**ROLE**
87	Jeff Wren	Vice President- Managed Markets
88	Jennifer Anderson	GI Regulatory Affairs; PPI responsibilities
89	Jennifer Guy	Project Manager for Dexilant; Dexilant MR Lifecycle Management Core Team
90	Jenny Colombo	Vice President of Medical Affairs Strategies for Dexilant
91	Jenny Rhode	Core team for Prevacid
92	Jeremy Vannatta	Senior Group Manager Sales Strategy, Dexilant
93	Jerri Swerdlow	Immunology & Inflammation Scientists for Dexilant
94	Jesse Schick	(May 2013- July 2013) GSL for Prevacid; reported to Neila Smith at this time
95	Jim Kotsanos	VP of Global Epidemiology and Observational Research
96	Joanne "Jo" Treacy	Risk Management Leader for lanso.
97	Jocelyn Trokenheim	Director Decision Science and Market Research
98	Joe Luminiello	Manager Prevacid Corporate Strategic Council
99	John Lieberman	Regulatory Advertising and Promotion; PrevPAC responsibilities
100	John Marcinek	Global Safety Leader for Dexilant
101	John Oswald	Director, Sales Force Strategy Promotion
102	Julie Nelson	Former Takeda employee; transferred to PRA
103	Karen Brewer	Regulatory contact for Prevacid Capsules
104	Karen Lasch	Medical Affairs Medical Director for Dexilant; Dexilant MR Lifecycle Management Core Team
105	Kiyoshi Izumi	Nonclinical studies for PPI products in Japan
106	Lesley Wise*	Senior Director of Global Risk Management; Head of Risk Management
107	Leslie Abelson	FDA contact for Prevacid
108	Lora Blackowicz*	Director of LOC Management Americas and Global Safety; Director Aggregate Safety Reporting (PSURs)
109	Lori Koschak	Epidemiologist who supported GSL for Prevacid
110	Madhavi Uppaluri	Regulatory Associate for Prevacid capsules
111	Margaret "Peg" Fletcher	Director/ Senior Director of PV for TAP
112	Mary Coli	Pharmacovigilance, Case processing
113	Mary Knoll	PPI Labeling responsibilities
114	Maureen Fitzpatrick	Global PV Operations
115	Michelle Bagdon	PPI Regulatory Review- Dexilant
116	Michelle Peralta	Leader of Risk Management for the Americas; Risk management lead for dexlansoprazole
117	Mike Mayer	Regulatory-Labeling

POTENTIAL TAKEDA CUSTODIANS

(as of 06-07-18)

	A	B
1	**NAME**	**ROLE**
118	Mike Walther	Senior group manager, managed markets marketing
119	Ming Ji	PV initial assessment team- signal detection for lansoprazole
120	Nanci Ann Knipfer	Global Regulatory; Core team member for Dexilant
121	Nancy Siekman	Statistics & Data Management for Clinical Databases
122	Nancy Siepman	Medical group at TAP
123	Neila Smith	Executive Medical Director; Global Safety Leader for Dexilant/ Prevacid
124	Oleksandr Karpenko	Current Prevacid Global Safety Lead
125	Olga Minkov	Global PV Operations
126	Pat Runde	Strategic Planning
127	Paul Dolin	Director of Epi CV and Metabolic
128	Philip Oluwole	Global Safety Leader for Prevacid ; PV Scientist
129	Premal Vasani	Former Takeda employee; transferred to PRA
130	Qais Mekki	VP of Pharmacovigilance in US; VP Global Medical Safety
131	Reema Mody	Medical group at TAP; Health economic and outcome research; Dexilant MR Lifecycle Management Core Team
132	Rich Masterson	Director of Marketing
133	Richard Unger	Regulatory-Labeling
134	Rita Pontikes	Regulatory Advertising and Promotion for PPI products (current)
135	Robert Jackson	GI therapeutic area representatives for Long-Term Clinical Review Safety Data
136	Robert Shubert	Strategic Planning
137	Roberta Keith	Medical Writing; RDT Core Team
138	Robin Powers	National Marketing Managing Specialist Manager
139	Rossini Dy	Regulatory Advertising and Promotion for PPI products (current)
140	Rubina Azam	PV Scientist for Dexilant
141	S. Anderson	Regulatory Associate
142	Sajjan Daniel	Director of Pharmacovigilance Sciences
143	Sandra Vladisavljevich	Senior Director of Regulatory Promotion and Advertising, US Medical Office
144	Sean Mertz	RPMs
145	Simon Ashworth	Pharmacovigilance (Europe)
146	Sindee Sommer*	Executive Medical Director
147	Songlin Xue	Senior VP and Global Head of Pharmacovigilance
148	Stacy Hoffman	Senior Manager Approval Process

POTENTIAL TAKEDA CUSTODIANS

(as of 06-07-18)

	A	B
1	**NAME**	**ROLE**
149	Steve Hoff	FDA contact for Prevacid
150	Stuart Atkinson	GI therapeutic area representatives for Long-Term Clinical Review Safety Data
151	Sunita Varma	Regulatory Advertising and Promotion
152	Susan Nommensen	Senior Group Manager Pediatric Marketing
153	Susan Rodriguez	Director, Integrated Health Business Sector
154	Suzanne St. Rose	Pharmacoepidemiologist for Prevacid and Dexilant
155	Suzanne Tsuchiya	Group Marketing GERD
156	Thomas Harris	VP of Regulatory Affairs
157	Tilak Sen	Medical review; looked at individual ICSRs (individual case safety reports)
158	Tim Rudolphi	Vice President of Marketing
159	Todd Tate	Speaker Bureau Logistics Manager
160	Tom Harris	Head of Global Regulatory Affairs
161	Tonya Haynes	Primary Regulatory contact for Prevacid Capsules
162	Una Ortell	Head of Promotions and Advertising Group; Medical Review Regulatory Representative; Official contact for PPI products at TAP for FDA communications
163	Valerie Tews	Worked in TAP and then Takeda Regulatory Strategy Group; Primary regulatory contact for Prevacid Capsules/Dexilant
164	Veronique Kugener	Global Head of PV; Overall responsibility for safety of all drugs including Dexilant and Prevacid
165	Yasu Hasegawa	Involved with agreement between Abbott Laboratories and TAP Pharmaceuticals re: Prevacid
166	Yiping Zhang	Former Takeda employee; transferred to PRA
167	Yusuhiko Wada	General Manager of Global PV

EXHIBIT E

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
ORLANDO DIVISION

Docket No.6:06-MD-1769-Orl-22DAB

IN RE: SEROQUEL PRODUCTS LIABILITY LITIGATION	
MDL DOCKET No. 1769	Orlando, Florida July 26, 2007 9:30 a.m.
ALL CASES	

VOLUME 1
TRANSCRIPT OF PRETRIAL CONFERENCE
BEFORE THE HONORABLE DAVID A. BAKER
UNITED STATES MAGISTRATE JUDGE

APPEARANCES:

For the Plaintiffs: Paul Pennock

Larry M. Roth

Scott Allen

F. Kenneth Bailey

Camp Bailey

E. Ashley Cranford

Dennis Canty

Lawrence Gornick

Lezzlie Hornsby

Glenn Kramer

Richard Laminack

Fletcher Trammell

Holly Wheeler

For the Plaintiffs:	Buffy Martines
For the Defendant AstraZeneca:	Fred Magaziner
	Stephen J. McConnell
	James Freebery
	Robert Ciottai
	Shane Prince
	Eben Flaster
	Andrew Dupre
	Liz Balakhani
	Meghen Rohling

Court Reporter: Sandra K. Tremel

Proceedings recorded by mechanical stenography, transcript produced by computer-aided transcription.

Bates numbers and that kind of thing, and then they're burned on to a hard drive and delivered to plaintiffs.

Q Now, you saw in the plaintiffs' motion for sanctions, they requested that the court order these productions to be done in 30 days. Do you see how that could be even possibly accomplished?

A Well, it certainly can't be accomplished for people who are in the U.K. I mean, we don't even have the stuff that's going to come over here.

Even for the U.S. people, it couldn't possibly be accomplished. It couldn't make it through all those steps that I just described in 30 days. It's just not possible.

Q And despite that, and what I want to do, and I'll end on this note, is I really wanted to show the Court what type of effort that AstraZeneca is putting into running these things through the process. If you could just give a very broad overview of that.

A The production vendor runs a team of about 30 people. They have dragged in various sub-vendors to up that. They operate 24/7.

We have attorneys for reviewing documents at any time. It's up to 300 attorneys working 16 to 20 hours a day. You've got to take it offline sometimes so the vendor can update the files on the production database.

There are dozens and dozens of attorneys like myself