

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

In re: Valsartan Products Liability Litigation	MDL No. 2875
This document relates to: Case No: 2020 -CV- 08199 Plaintiff 1: EVON SMALLS	Honorable Robert B. Kugler, District Court Judge Honorable Joel Schneider, Magistrate Judge
Plaintiff 2:	
Plaintiff 3:	
Plaintiff 4:	

SHORT FORM COMPLAINT

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

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

IDENTIFICATION OF PARTIES

I. IDENTIFICATION OF PLAINTIFF(S)

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

Evon Smalls

Plaintiff 1:

Plaintiff 2:

Plaintiff 3:

Plaintiff 4:

2. This claim is being brought on behalf of

☒ Myself

☐ Someone else

- a. If I checked, "someone else", this claim is being brought on behalf of:

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

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

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

County: Richland

State: SC

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

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

Name of the Individual(s)	Status

II. IDENTIFICATION OF DEFENDANTS

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

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

i. API Manufacturers

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

ii. Finished Dose Manufacturers

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

iii. Repackagers, Labelers, and Distributors

	Defendant Role	Defendant Name	HQ States
<input type="checkbox"/>	Labeler/ Distributor	Aceteris, LLC	NJ
<input type="checkbox"/>	Finished Dose Distributor	Actavis, LLC	NJ
<input type="checkbox"/>	Finished Dose Distributor	Actavis Pharma, Inc.	NJ
<input type="checkbox"/>	Repackager	A-S Medication Solutions, LLC	NE
<input type="checkbox"/>	Finished Product Distributor	Aurobindo Pharma USA, Inc.	NJ
<input type="checkbox"/>	Repackager	AvKARE, Inc.	TN
<input type="checkbox"/>	Repackager	Bryant Ranch Prepack, Inc.*	PA
<input type="checkbox"/>	Labeler/Distributor	Camber Pharmaceuticals, Inc.	NJ
<input type="checkbox"/>	Parent Company for The Harvard Drug Group, L.L.C. d/b/a Major Pharmaceuticals	Cardinal Health, Inc.	OH
<input type="checkbox"/>	Repackager	The Harvard Drug Group, LLC d/b/a Major Pharmaceuticals	MI
<input type="checkbox"/>	Repackager	H J Harkins Co., Inc.	CA
<input checked="" type="checkbox"/>	API Distributor	Huahai U.S. Inc.	NJ
<input type="checkbox"/>	Repackager	Northwind Pharmaceuticals	IN
<input type="checkbox"/>	Repackager	NuCare Pharmaceuticals, Inc.*	CA
<input type="checkbox"/>	Repackager	Preferred Pharmaceuticals, Inc.	CA
<input type="checkbox"/>	Repackager	RemedyRepack, Inc.	PA
<input checked="" type="checkbox"/>	Finished Dose Distributor	Solco Healthcare U.S., LLC	NJ
<input type="checkbox"/>	Finished Dose Distributor	Teva Pharmaceuticals USA, Inc.	PA
<input type="checkbox"/>	Finished Dose Distributor	Torrent Pharma, Inc.	NJ
<input checked="" type="checkbox"/>	Labeler/Distributor/Repackager	John Doe	N/A

iv. Wholesaler Defendants

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

v. Pharmacies

	Defendant Role	Defendant Name	HQ States
<input type="checkbox"/>	Pharmacy	Albertsons Companies, LLC	ID
<input type="checkbox"/>	Parent Corporation for Express Scripts, Inc. and Express Scripts Holding Co.	Cigna Corporation	CT
<input type="checkbox"/>	Pharmacy	CVS Health	RI
<input type="checkbox"/>	Parent Corporation for Express Scripts, Inc.	Express Scripts Holding Company	MO
<input type="checkbox"/>	Pharmacy	Express Scripts, Inc.	MO
<input type="checkbox"/>	Parent Corporation for Humana Pharmacy, Inc.	Humana, Inc.	KY
<input type="checkbox"/>	Pharmacy	Humana Pharmacy, Inc.	KY
<input type="checkbox"/>	Pharmacy	The Kroger Co.	OH
<input type="checkbox"/>	Pharmacy	OptumRx	CA
<input type="checkbox"/>	Parent Corporation for OptumRx	Optum, Inc.	MN
<input type="checkbox"/>	Pharmacy	Rite Aid Corp.	PA
<input type="checkbox"/>	Parent Corporation for OptumRx and Optum, Inc.	UnitedHealth Group	MN
<input type="checkbox"/>	Pharmacy	Walgreens Boots Alliance	IL
<input checked="" type="checkbox"/>	Pharmacy	Wal-Mart, Inc.	AR
<input checked="" type="checkbox"/>	Pharmacy	John Doe	N/A

vi. FDA Liaisons

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

III. JURISDICTION AND VENUE

7. Jurisdiction is based on:

- ☒ Diversity of Citizenship
☐ Other as set forth below:

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

Order entered by this Court: _____ District of SC

IV. PLAINTIFF'S INJURIES

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

<input type="checkbox"/>	Liver	<input type="checkbox"/>	Kidney
<input checked="" type="checkbox"/>	Stomach	<input type="checkbox"/>	Colorectal
<input type="checkbox"/>	Pancreatic	<input type="checkbox"/>	Esophageal
<input type="checkbox"/>	Small Intestine	<input type="checkbox"/>	Other:

CAUSES OF ACTION

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

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

- ☒ Count I: Strict Liability – Manufacturing Defect
- ☒ Count II: Strict Liability – Failure to Warn
- ☒ Count III: Strict Liability – Design Defect
- ☒ Count IV: Negligence
- ☒ Count V: Negligence Per Se
- ☒ Count VI: Breach of Express Warranty
- ☒ Count VII: Breach of Implied Warranty
- ☒ Count VIII: Fraud
- ☒ Count IX: Negligent Misrepresentation
- ☒ Count X: Breach of Consumer Protection Statutes of the state(s) of:

South Carolina

- ☐ Count XI: Wrongful Death
- ☐ Count XII: Survival Action
- ☐ Count XIII: Loss of Consortium
- ☒ Count XIV: Punitive Damages
- ☐ Other State Law Causes of Action as Follows:

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

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

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

Defendant	Grounds

Defendant	Grounds

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

7/2/2020

Date

Daniel A. Nigh

/s/

Daniel A. Nigh

Attorney Name

Levin Papantonio

Attorney Firm

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Pensacola, FL 32502

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Counsel for Plaintiffs

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

(b) County of Residence of First Listed Plaintiff _____
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number) _____

DEFENDANTS

County of Residence of First Listed Defendant _____
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known) _____

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☐ 2 U.S. Government Defendant
- ☐ 3 Federal Question
(U.S. Government Not a Party)
- ☐ 4 Diversity
(Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | PTF | DEF | | PTF | DEF |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: [Nature of Suit Code Descriptions.](#)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement		

V. ORIGIN (Place an "X" in One Box Only)

- ☐ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District (specify) ☐ 6 Multidistrict Litigation - Transfer ☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Brief description of cause:

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P. DEMAND \$

CHECK YES only if demanded in complaint:
JURY DEMAND: ☐ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE _____

DOCKET NUMBER _____

DATE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT # _____

AMOUNT _____

APPLYING IFP _____

JUDGE _____

MAG. JUDGE _____