UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

IN RE: NATIONAL PRESCRIPTION OPIATE LITIGATION ***APPLIES TO ALL CASES***	**Case No. 1:17-MD-2804** **Hon. Dan A. Polster** **FACT SHEET IMPLEMENTATION ORDER**

In accordance with CMO 1, this Order governs the form and service of Plaintiff and Defendant Fact Sheets in this MDL.

1. For all non-Track One trial cases, Plaintiffs that are Governmental Entities shall provide a completed Plaintiff Fact Sheet ("PFS") in each case in the form attached as Exhibit A pursuant to the following schedule: (a) within 90 days from the date of this Order for any Plaintiff whose case has been docketed in this MDL on or before the date of this Order; or (b) within 90 days from the date the case is docketed in this MDL for any Plaintiff whose case is docketed after the date of this Order.

2. Only Plaintiffs that are Governmental Entities (e.g., Cities, Towns, Counties) shall complete a PFS. Other entities (e.g., Hospitals, Third-Party-Payors) do not need to complete a PFS.

3. A complete PFS shall be served on Liaison Counsel via email.

4. Defendants[1] not named in a Track One trial case shall provide a completed Defendant Fact Sheet ("DFS"), attached as Exhibit B, within 90 days from the date of this Order or 90 days after proper service, whichever is later.

5. Completed DFSs shall be served on Plaintiffs' Liaison Counsel via email.

6. Deficiency Letter.

    a. If a Defendant or Plaintiff disputes the sufficiency of any response(s) in a PFS/DFS, Counsel shall notify Opposing Counsel of record of the purported deficiencies in writing via email and allow such Party an additional 21 days to correct the alleged deficiency.

[1] For purposes of this requirement, a "Defendant" shall include the entire Defendant Family, which consists of all corporate affiliates that are named as a Defendant in any action that is part of this MDL. A Defendant Family may complete one DFS.

b. If a party does not respond to a deficiency letter within 21 days, the party or parties who sent the deficiency letter may move for an order to Show Cause why the Court should not take appropriate action, up to and including dismissal of claims or striking of defenses.

IT IS SO ORDERED.

/s/ Dan Aaron Polster
DAN AARON POLSTER
UNITED STATES DISTRICT JUDGE

Dated: June 19, 2018

Exhibit A

UNITED STATES DISTRICT COURT
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IN RE: NATIONAL PRESCRIPTION OPIATE LITIGATION ***APPLIES TO ALL CASES***	**Case No. 1:17-MD-2804** **Hon. Dan A. Polster**

GOVERNMENT PLAINTIFF FACT SHEET

Plaintiff (also referred to as "You" throughout) shall provide information responsive to the questions set forth below. Instructions and Definitions are provided at the end of this document. You shall provide information reasonably available to You and are not excused from providing the requested information for failure to appropriately investigate Your case. Plaintiff shall supplement its responses if it learns that they are incomplete or incorrect in any material respect.

PLAINTIFF: _____

Case caption and number: _____

Contact attorney name for MDL: _____

Firm: _____

Telephone number: _____ E-mail address: _____

Description of the citizens and entities that You purport to represent in this lawsuit: _____

_____

I. CLAIM INFORMATION

A. Injuries, Damages, and Persons with Relevant Knowledge:

1. To the best of Your knowledge, for each Defendant You name, identify the approximate date (i.e., month and year) when You claim You were first injured and began to incur damages as a result of the Defendant's alleged conduct. This request is not designed to require an expert evaluation and is not intended to limit any expert testimony related to the damages suffered.

2. Are You seeking in Your lawsuit any monetary damages based on Your payment for allegedly improper opioid prescription claims? Yes____ No____

3. Please identify each category of damages or monetary relief that You allege, including all injunctive relief that You seek.

4. Have You or has anyone acting on Your behalf had any communication, oral or written, with any Defendants or their representatives, other than communications through Your attorneys? Yes____ No____ Don't Know____

   If yes, please identify the date(s), method(s), and nature of the communication(s).

5. Have You been involved in opioid-related civil litigation in the past? Yes____ No____ Don't Know____

   If yes, please identify the date(s), jurisdiction(s), and partie(s).

6. List Your Departments or Divisions and the current head of each Department/Division.

7. Identify by name, title, and dates of employment Your current employees or representatives with knowledge regarding the abuse, use, misuse, addiction to, and/or diversion of Prescription Opioids, or the possession, abuse, illegal sale, or addiction to other opioids by Your residents.

8. Identify the person(s) who held the following position(s) or their equivalent, since January 1, 2008:

   a. Mayors:

   b. City councilmembers:

   c. County commissioners:

   d. County supervisors:

   e. County executives:

   f. Chief health officers:

   g. Auditors:

   h. Recorders:

   i. Sheriffs or Police Chiefs:

   j. Coroners or Medical Examiners:

   k. Treasurers:

l. Chief accountants:

m. Chief financial officers:

n. Correctional facility supervisors:

o. Wardens:

p. Heads of Department of Public Health:

q. Fire chiefs:

r. Directors of Emergency Medical Services:

9. Identify Your annual budget and the actual expenditure You made since January 1, 2008 with respect to each category of damages You claim, as to the following:

a. Law enforcement expenditures

b. Court expenditures

c. Prison/corrections/incarceration expenditures

d. Public health expenditures

e. Child/family services

f. Workers compensation

g. Health insurance

10. Identify any specific grant, donation, or other funding designated for or allocated to addressing issues related to Prescription Opioids.

B. Claim-Specific Information

1. Identify each physician or other healthcare provider within Your boundaries who, based on information reasonably available to You, has been the target of a law enforcement or administrative investigation You conducted concerning the physician's or provider's prescribing or dispensing Prescription Opioids since January 1, 2008 (this request is only intended to pertain to closed investigations). See also Section II, question 3.

2. Do You identify, track, or otherwise have in Your possession, custody, or control, information concerning physicians or other healthcare providers who wrote Medically Unnecessary Opioid prescriptions in Your geographical boundaries? Yes____ No____

3. Do You identify, track, or otherwise have in Your possession, custody, or control, information concerning whether a Pharmacy receives Prescription Opioids as a result of a Suspicious Order? Yes____ No____

4. Identify each Pharmacy within Your boundaries, based on information reasonably available to You, that has been the target of a law enforcement or administrative investigation You conducted concerning the Pharmacy's dispensing of Prescription Opioids since January 1, 2008 (this request is only intended to pertain to closed investigations). See also Section II, question 3.

5. Do You identify, track, or otherwise have in Your possession, custody, or control, information concerning whether a Pharmacy filled suspicious orders for Opioids into Your geographic area since January 1, 2008? Yes____ No____

6. Based on information reasonably available to You: (a) provide the number of overdose deaths of Your residents since January 1, 2008 on a year-by-year basis; and (b) for each such death, identify the drug(s) on which Your resident overdosed.

7. Did You ever notify any State or Federal agency (e.g., Board of Pharmacy, Department of Medicaid, Department of Public Safety, Drug Enforcement Agency, etc.) of suspected wrongful conduct related to Prescription Opioids since January 1, 2008? If yes, please identify the date of the notification, the subject of the conduct, and the general nature of the suspected wrongdoing.

8. Identify every medical insurance plan or carrier, behavioral health carriers, or workers' compensation program used for any of Your employees since January 1, 2008. For each response, please provide the following information:

Name	Dates Offered	Plan's Pharmacy Benefit Manager / Claims Processor

9. Identify every Pharmacy Benefit Manager and other third-party administrator You used since January 1, 2006. For each response, please provide the following information:

Name	Relevant Dates	Name and Title of Individuals Who Oversaw Program

C. Opioid-Related Services and Programs:

For the following questions, please provide information since January 1, 2008.

1. Have You formed or participated in an Opioid Task Force or other program or group to address opioid use or diversion? If yes, provide the name, members, and dates.

2. Have You had a prescription disposal program? If yes, provide the name and dates.

3. Have You operated any addiction treatment programs related to Prescription Opioids? If yes, provide the name and dates.

4. Have You provided any drug abuse prevention or education programs related to Prescription Opioids? If yes, provide the name and dates.

II. DOCUMENTS

Please produce the following documents for the period of January 1, 2008 to present, to the extent that these documents are in Your possession, custody, or control.

1. Documents you maintain that refer or relate to the volume of Prescription Opioids prescribed, dispensed, sold, distributed, diverted, or used in Your geographical boundaries.

2. Meeting agendas for any City Council, County Commission, County Health Board/Commission, or their equivalent that reference Prescription Opioids, the misuse of opioids, or related topics.

3. To the extent that You identified any physician, healthcare provider, or Pharmacy in response to questions I.B.1 and I.B.4 above, please provide that investigation file for those physicians, healthcare providers, or Pharmacies.

III. CERTIFICATION

I declare under penalty of perjury that all of the information provided in this Plaintiff's Fact Sheet is complete, true, and correct to the best of my knowledge and information, and that I have provided all of the requested documents that are reasonably accessible to me and/or my attorneys, to the best of my knowledge.

Signature	Print Name	Date

INSTRUCTIONS

1. The Fact Sheet shall be completed in accordance with the requirements and guidelines set forth in the applicable implementing Order.

2. Each Plaintiff must complete this separate form by electronically inserting the responsive information. The electronic version of this Fact Sheet can expand to accommodate as much information as is necessary to fully answer any of these questions. If you are completing this document in a representative capacity, please answer the questions provided herein on behalf of the Plaintiff you represent.

3. All the responses in this Fact Sheet or an amendment thereto are binding upon Plaintiffs as if they were contained in answers to interrogatories. Any responses, however, are without prejudice to future supplementation.

4. In completing this Fact Sheet, you are under oath and must provide information that is true and correct. You must answer every question as specifically as possible. If you cannot recall or locate the details requested, please provide as much information as you can after making a good-faith inquiry and search. For example, if a question asks for a date and the exact date is not known or capable of being ascertained, an approximate date should be provided (e.g., "approximately mid-2001"). You may and should consult records in your possession that contain responsive information to assist you in responding.

5. You must promptly supplement your responses if you learn that they are incomplete or incorrect in any material respect. Each question in this Fact Sheet is continuing in nature and requires supplemental answers if you obtain further information between the time of answering and the trial.

6. Each question in this Fact Sheet should be construed independently, unless otherwise noted. No question should be construed by reference to any other question if the result is a limitation of the scope of the answer to such question.

7. The questions herein do not seek the discovery of information protected by the attorney-client privilege.

8. The words "and" and "or" should be construed as necessary to bring within the scope of the request all responses and information that might otherwise be construed to be outside its scope.

DEFINITIONS

1. "Pharmacy Benefit Manager(s)" means the person or agency that manages Plaintiff's pharmacy network management, drug utilization review, and disease management programs for Plaintiff or on Plaintiff's behalf.

2. "Prescription Opioids" refers to FDA-approved pain-reducing medications consisting of natural, synthetic, or semisynthetic chemicals that bind to opioid receptors in a

patient's brain or body to produce an analgesic effect, including, but not limited to, the Prescription Opioids referenced in the Complaint for the wholesale distribution of which You seek to hold Defendants liable.

3. "Medically Unnecessary Opioid" refers to (i) FDA-approved pain-reducing medications consisting of natural or synthetic chemicals that bind to opioid receptors in a patient's brain or body to produce an analgesic effect that (ii) were not prescribed or used for a medically appropriate indication, dosage, or method of administration.

4. "You" and "Your" means each individual Plaintiff named in this action, including, its departments, divisions, agents, and/or employees.

5. "Pharmacy" means a pharmacy located within Plaintiff's geographical boundaries.

7. "Suspicious Order" means any order of Prescription Opioids placed by any source that Plaintiff contends should have been reported to the DEA or State authorities, including the Board of Pharmacy or equivalent. Suspicious Orders are not limited to those placed with the Distributor Defendants, but include those placed with any entity that has a regulatory reporting obligation.

8. "Opioid Task Force" means any group organized for the purpose of studying, evaluating, reporting about, investigating, making recommendations concerning, or otherwise considering the existence, origins, causes, responsible entities, effects, remedies, corrective measures for, or ways of combating the abuse, misuse, or addiction to opioids in Your geographical boundaries.

Exhibit B

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

IN RE: NATIONAL PRESCRIPTION OPIATE LITIGATION ***APPLIES TO ALL CASES***	**Case No. 1:17-MD-2804** **Hon. Dan A. Polster**

DEFENDANT FACT SHEET

Please provide the information below for each Defendant. In answering these questions, please use the following definitions:

"You" or "Your" means the Defendant Family responding to this fact sheet. For purposes of this Fact Sheet, "Defendant Family" consists of all corporate affiliates, subsidiaries, and related entities that are named as a Defendant in any action that is part of this MDL.

For purposes of this fact sheet, "Prescription Opioid Products" refers to the medications covered by DEA's ARCOS production: oxycodone, hydromorphone, fentanyl, and hydrocodone.

1. Identify the name, address and DEA registration number of each of Your distribution centers in the United States from January 1, 2008 to the present to the extent that information is reasonably available.

2. For each DEA registration number identified in your response to No. 1, identify the following information to the extent that information is reasonably available:

DEA Registration Number	DEA Registrant (legal entity holding the registration)	Domicile State	Home Office Location

3. For each DEA registration number identified in response to No. 2, above, please provide the locations for each distribution center that is operated under each DEA Registration Number from January 1, 2008 to present to the extent that information is reasonably available. If the information has changed over time please indicate when those changes occurred.

DEA Registration Number	Location #1	Location #2	Location #3	Location #4

4. Please provide a description or information sufficient to show the corporate structure that contains each of the current DEA Registrants identified in Your response to No. 2, above for the time period January 1, 2008 to present. If there have been changes in the corporate structure during this timeframe specify or provide information sufficient to show the structural change(s) and when they occurred. This request can be satisfied by providing organizational chart(s) containing the entities identified in Your Response to No. 2 above for the requested time period.

5. Please identify the officers and directors of each current DEA Registrant identified in Your Response to No. 2 above, as well as their title.

6. For each Prescription Opioid Product You manufactured and/or distributed from January 1, 2008 to present, provide the following information to the extent reasonably available:

Proprietary Name/Established USAN Name	NDC #	NDA #	Dosage Forms/Strength	Date of First Manufacture or Distribution, as applicable	Date on Which You Stopped Manufacture or Distribution, as applicable