

**In Re: Vioxx Product Liability Litigation**

**MDL No. 1657**

**DEFENDANT MERCK CASE PROFILE FORM**

For each case, Defendant Merck must complete this Case Profile Form. This Case Profile Form must be completed and served on all counsel in the action identified in Section I below. This must be answered and served 90 days after the date that the Plaintiff's Profile Form has been served on Defendant Merck & Co.

You should attach additional sheets of paper if that is necessary to completely answer the following questions.

**I. CASE INFORMATION**

This defendant fact sheet pertains to the following case:

Case caption: \_\_\_\_\_

Civil Action No.: \_\_\_\_\_

Court in which action was originally filed: \_\_\_\_\_

Name and Address of all person(s) who provided information responsive to the questions posed in this fact sheet:

A:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_

**II. CONTACTS WITH DISPENSING HEALTH CARE PROVIDER**

In Section IV(A.) of Plaintiff's Profile Form, plaintiff identified persons or entities who prescribed or dispensed Vioxx to plaintiff (hereinafter "Prescribing Health Care Provider"). For each prescribing health care provider identified, please state and, where requested, provide the

following:

A. Dear Doctor or Dear Healthcare Provider Letters:

1. For each "Dear Doctor" or "Dear Healthcare Provider" letter that you contend was *actually sent* to plaintiffs prescribing health care provider, please: a.) identify the letter sent; b.) state the date that each letter was actually sent to plaintiffs dispensing health care provider; c.) state the person to whom each letter was actually sent, d.) state the address where it was sent, e.) identify the database or documents that demonstrate these facts and, f.) identify the persons who provided information responsive to this request.

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*NOTE: Please attach hereto a copy of each letter allegedly sent to plaintiff's dispensing health care provider.*

2. In addition, Merck will identify any Professional Information Request letters that Merck contends or believes were actually sent to the Plaintiffs Prescribing Health Care Provider identified in Section IV.A of Plaintiff s Profile Form within the relevant time period set forth above. Merck will also identify: (a) the date that each letter was sent to Plaintiffs Prescribing Health Care Provider; and (b) the address where each letter was sent.

B. OTHER CONTACTS

1. For each prescribing health care provider identified, please identify all contacts between Merck sales representatives and that provider please produce the following information:

<u>Plaintiffs Dispensing Health Care Provider</u>	<u>Identity and last known address and telephone number Merck representative</u>	<u>The current relationship, if any, between Merck and the sales representative</u>	<u>Date(s) of Contact</u>

2. For each prescribing health care provider, please state whether Merck or its representatives ever provided him or her (or anyone in

their practice) Vioxx samples. If the answer is "yes," please state:

- A) The number or sample packets provided and the dosages provided;
- B) The dates that they were shipped and/ or provided;
- C) The lot numbers for the samples provided on each date identified;
- D) The identity of the person or persons who provided the samples.

3. Please identify the person or persons who provided information responsive to Section II or any of its subparts.

C. Consulting With Plaintiff's Dispensing Health Care Provider

1. In Section IV(A) of Plaintiff's Profile Form, plaintiff identified his/her prescribing health care provider(s) . If you have ever retained any of plaintiff's prescribing health care providers as a "thought leader," a member of Merck's Speaker Program, a Merck Clinical Investigator, or a consultant in any other capacity on the subject of pain medications (including Vioxx, Celebrex, Bextra or any other NSAID) or cardiovascular risk, please state

A) The identity of the health care provider consultant:

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B) The dates they were affiliated with Merck:

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C) The amount of money Merck paid in expenses, honoraria and fees, per calendar year.

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D) Please identify or produce all consulting agreements and contracts.

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2. For each of plaintiff's prescribing healthcare providers identified in section III(A) above, please state whether they were ever invited to attend and/or did in fact attend any Merck sponsored conferences or events. If your answer is "yes," please state:

A) The identity of the health care provider consultant:

\_\_\_\_\_

B) The title, location and date of the speaker's program attended:

\_\_\_\_\_

C) The topic of the speaker's program:

\_\_\_\_\_

D) All speakers at the speaker's program:

\_\_\_\_\_

E) Please provide or identify the agenda/brochure for the conference or program.

\_\_\_\_\_

3. Has plaintiff's Prescribing healthcare provider ever contacted you to request information concerning Vioxx, its indications, its effects and/or its risks?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If your answer is "yes," please identify and attach any document which refers to your communication with plaintiff's Prescribing healthcare provider.

4. Please identify the person or persons who provided information responsive to Section III or any of its subparts, giving their name, address, telephone number indicating whether said person is

currently an employee of Merck and the dates of employment.

**III. PLAINTIFF'S PRESCRIBING HEALTH CARE PROVIDER'S PRESCRIBING PRACTICES**

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In Section IV(A) of plaintiff's fact sheet, plaintiff identified his/her Prescribing health care provider(s). For each listed provider, please state and produce the following:

1. Do you have or have you had access to any database or information which purports to track any of plaintiff's Prescribing healthcare provider's prescribing practices with respect to Vioxx prescribed, the number or prescriptions, the number of refills and the time frame when these products were prescribed or (re) filled)

\_\_\_\_\_                      \_\_\_\_\_  
Yes                                      No

If your answer is "yes," please produce or identify the database or document which captures that information.

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**IV. PLAINTIFF'S MEDICAL CONDITION**

1. Have you been contacted by Plaintiff, any of his/her physicians, or anyone on behalf of plaintiff concerning plaintiff?

\_\_\_\_\_                      \_\_\_\_\_  
Yes                                      No

If your answer is "yes", please a.) state the name of the person(s) who contacted you, b.) state the person(s) who were contacted including their name, address and telephone number and, .c.) produce or identify any and all documents which reflect any communication between any person and you concerning plaintiff.

2. Please produce a copy of any MedWatch form which refers or relates to plaintiff, including back-up documentation concerning plaintiff and any evaluation you did concerning the plaintiff.
3. Please identify the person or persons who provided information

responsive to Section IV or any of its subparts.

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V. ADVERTISING

1. DID YOU ADVERTISE VIOXX IN THE MEDIA MARKET THAT PLAINTIFF LIVED AT THE TIME THAT HE/SHE TOOK VIOXX?

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

2. IF YOUR ANSWER TO THE PRECEDING QUESTION IS "YES," PLEASE IDENTIFY THE IDENTITY OF THE MEDIA OUTLET, AND THE DATES THAT THE ADVERTISEMENTS RAN.

<u>IDENTITY OF THE ADVERTISEMENT AND INTENDED MEDIA MARKETPLACE</u>	<u>NATURE OF MEDIA ( P R I N T O F TELEVISION)</u>	<u>IDENTITY OF THE MEDIA OUTLET</u>	<u>DATES THAT ADVERTISEMENTS RAN</u>

PLEASE PROVIDE OR IDENTIFY TRUE AND ACCURATE COPIES OF ANY ADVERTISEMENT IDENTIFIED ABOVE

3. DID YOU ADVERTISE VIOXX IN THE MEDIA MARKET THAT PLAINTIFFS PRESCRIBING HEALTHCARE PROVIDER'S OFFICE WAS LOCATED AT THE TIME THAT PLAINTIFF TOOK VIOXX?

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

4. IF YOUR ANSWER TO THE PRECEDING QUESTION IS "YES," PLEASE IDENTIFY THE IDENTITY OF THE MEDIA OUTLET AND THE DATES THAT THE ADVERTISEMENTS RAN.

<u>IDENTITY OF THE ADVERTISEMENT AND INTENDED MEDIA MARKETPLACE</u>	<u>NATURE OF MEDIA (PRINT OF TELEVISION)</u>	<u>IDENTITY OF THE MEDIA OUTLET</u>	<u>DATES THAT ADVERTISEMENT S RAN</u>

**PLEASE PROVIDE COPIES OF TRUE AND ACCURATE  
COPIES OF ANY ADVERTISEMENT IDENTIFIED ABOVE**

**VI. DOCUMENTS**

To the extent you have not already done so, please produce a copy of all documents and things that fall into the categories listed below. These include documents in the possession of any of your present and former employees, including information provided to your attorneys:

1. Any document which relates to or refers to plaintiff.
2. Any document sent to or received from any of plaintiff's prescribing physicians.
3. Any document reflecting any actual communication between you and plaintiff's prescribing physician's concerning the risks cardiovascular risks associated with Vioxx.
4. Any document which purports to describe the prescribing practices of any of plaintiff's prescribing physicians.

**CERTIFICATION**

I declare under penalty of perjury subject to 28 U.S.C. § 1746 that all of the information provided in this Profile Form is true and correct to the best of my knowledge and that I have supplied all requested documents to the extent that such documents are in my possession, custody and control (including the custody and control of my lawyers).

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*