BEFORE THE UNITED STATES JUDICIAL PANEL ON MULTIDISTRICT LITIGATION

IN RE: PROTON-PUMP INHIBITOR PRODUCTS LIABILITY LITIGATION (NO. II)	MDL Docket No. _____

MEMORANDUM IN SUPPORT OF PLAINTIFFS' MOTION FOR TRANSFER OF ACTIONS TO THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW JERSEY PURSUANT TO 28 U.S.C. § 1407 AND JPML RULE 7.2 FOR COORDINATED AND CONSOLIDATED PRETRIAL PROCEEDINGS

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I. INTRODUCTION

Pursuant to 28 U.S.C. § 1407 and JPML Rule 7.2, Plaintiffs in 24 of the 172 actions pending in the United States District Courts listed in the attached Exhibit 1 (collectively the "Plaintiffs") respectfully move this Judicial Panel on Multidistrict Litigation ("Panel") for an Order transferring the 172 currently-filed cases listed in the attached Schedule of Actions annexed hereto as Exhibit 2 (collectively, the "Actions"), as well as any cases subsequently filed involving similar facts or claims ("tag-along cases"), to the United States District Court for the District of New Jersey for coordinated and consolidated pretrial proceedings, where 62 of the 172 cases are before Judge Claire C. Cecchi. Alternatively, Plaintiffs request consolidation before Judge David R. Herndon, in the United States District Court for the Southern District of Illinois. In both of these courts, the actions have advanced far ahead of those in any other jurisdiction.

The 172 Actions are listed on the Schedule of Actions in accordance with the Panel's Rule 6.1(b)(ii); all complaints and federal district docket sheets in the Actions are attached hereto as Exhibits 3 through 178. Moving Plaintiffs' counsel, however, have over 250 Proton-Pump Inhibitor ("PPI") cases still under investigation. The undersigned anticipate that following investigation, additional PPI cases will be filed in the coming weeks and months. The Actions allege that as a result of the ingestion of a PPI as prescribed by a physician or recommended by a healthcare professional, plaintiffs have suffered kidney injuries including acute interstitial nephritis ("AIN"), chronic kidney disease ("CKD"), and renal failure, also known as end-stage renal disease ("ESRD").

Although the Panel previously denied centralization of Proton-Pump Inhibitor cases upon motion by another firm, there have been significant developments in the PPI cases filed since the Panel's decision that warrant a second-look at consolidation. First, the number of cases (172)

has increased since the original movants filed before the Panel with a schedule of 15 actions. Further, the 172 cases are currently filed in 30 different federal courts, located in 21 states: Arizona, California, Florida, Georgia, Idaho, Illinois, Kansas, Kentucky, Louisiana, Maine, Maryland, Missouri, North Carolina, New Jersey, New York, Ohio, Oklahoma, Pennsylvania, South Carolina, Utah, and West Virginia. The scattered nature of the Actions across the country does not serve either the parties' or judicial efficiency interests, and will inevitably lead to disparate decisions and outcomes. Indeed, to date, there have been more than sixteen court conferences, forty motions filed (excluding *pro hac vice* motions), and countless meet-and-confers have taken place to address largely duplicative issues.

Second, the vast majority of plaintiffs in the afore- mentioned Actions are in agreement that an MDL is warranted and support the District of New Jersey as a venue, whether it is their preferred or alternative choice. Significantly, the Moving Plaintiffs understanding is that the AstraZeneca, Pfizer, and Wyeth Defendants support the formation of an MDL, and that the Proctor & Gamble Defendants do not oppose an MDL. Therefore, in the interests of efficiency and to avoid disparate decisions and outcomes, the Petitioners respectfully request consolidation of the Actions into an MDL for pretrial proceedings.

II. ARGUMENT

A. These Actions Are Appropriate for Transfer and Coordination Pursuant to 28 U.S.C. §1407

The Panel may transfer and coordinate two or more civil cases for pretrial proceedings upon a determination that the cases involve "one or more common questions of fact," transfer and coordination would further "the convenience of parties and witnesses," and transfer and coordination will "promote the just and efficient conduct of such actions." 28 U.S.C. § 1407(a). In accordance with 28 U.S.C. § 1407, the transfer and coordination or consolidation of PPI cases

will serve the convenience of the parties, witnesses, counsel, and the judicial system. Absent pretrial coordination or consolidation, the possibility of inconsistent pretrial rulings exists, especially with respect to the proper scope and extent of discovery, causation, and other factual and legal issues. Given the early stages of the PPI cases, very limited judicial resources will be wasted if these cases are transferred.

B. Common Factual Allegations in the Actions

In each of these pending PPI cases, Plaintiffs claim that Defendants, as defined below, and others, failed to adequately warn that the ingestion of these prescription and/or over-the-counter drugs could cause irreparable harm to the kidneys. Many of the complaints in the PPI cases assert similar causes of action, including: negligence, design defect, failure to warn, fraudulent concealment, warranty claims, and loss of consortium. None of the Actions assert claims against generic manufacturers; the vast majority of the Actions involve the PPI prescription products Prilosec and Nexium and their over-the-counter iterations. Other Actions involve the PPI prescriptions, Protonix and Dexilant, and the over-the-counter PPI Prevacid 24-Hour. In short, seven products manufactured by 5 defendant groups are implicated in these suits: four prescription (Prilosec, Nexium, Protonix, and Dexilant) and three over-the-counter (Prilosec OTC, Prevacid 24-Hour, and Nexium 24 Hour). All of the complaints make very similar factual allegations and, thus, any necessary discovery will arise from common questions of fact.

The AstraZeneca defendant entities have emerged as the primary defendant in these actions, which is to be expected, as the AstraZeneca PPI products, Prilosec and Nexium, has dominated the PPI market. However, many plaintiffs have used more than one PPI drug over the course of their prescription histories, and accordingly, some cases involve the use of an AstraZeneca product and a PPI manufactured by another defendant. Thus, it makes sense to have all named defendants in one MDL. Centralization of these Actions would certainly not be the

first time that the Panel has consolidated multiple defendants and products into a single MDL. In a series of recent Orders, the Panel has observed that multi-manufacturer centralization is appropriate—particularly in pharmaceutical cases—where: 1) the products involved are essentially the same; and 2) the individual cases involve multi-defendant complaints seeking recovery against two or more defendants predicated upon use of the same or similar products. *See, e.g., In re: AndroGel Products Liab. Litig*., 24 F. Supp. 3d 1378 (J.P.M.L. 2014) (centralizing claims against multiple defendants involving six testosterone replacement therapy drugs); *In re: Incretin Mimetics*, 968 F. Supp. 2d 1345 (centralizing claims against four defendants involving four type 2 diabetes medications).[1] While multiple defendants may add complexity to the litigation, this can be addressed through staggered or separate discovery and trial schedules. As this Panel recently expressed, MDL judges are adept at handling such complexities, and even given the complexity of "individualized factual issues in each action … these issues do not … negate the efficiencies to be gained by centralization." *In re Stryker Orthopaedics LFIT V40 Femoral Head Prod. Liab. Litig*., No. MDL 2768, 2017 WL 1283672, at *2 (U.S. Jud. Pan. Mult. Lit. Apr. 5, 2017)

PPIs are a group of drugs intended to act as hydrogen potassium ATPase ("H+/K+ ATPase") enzyme inhibitor to block the production of gastric acid. They are and/or were manufactured, developed, marketed and distributed by the following defendants (hereinafter "Defendants") named in the attached complaints, which have principal places of business at the following addresses:

[1] *See also, In re Welding Rod Products Liab. Litig.,* 269 F. Supp. 2d 1365 (J.P.M.L. 2003) (centralizing actions involving more than ten individual defendants where the plaintiffs alleged personal injuries caused by exposure to welding fumes); and *In re Phenylpropanolamine (PPA) Products Liab. Litig.*, 173 F. Supp. 2d 1377 (J.P.M.L. 2001) (centralizing actions involving eight different pharmaceutical defendants manufacturing nasal decongestants).

1) AstraZeneca Entities
   a) AstraZeneca Pharmaceuticals LP: 1800 Concord Pike, Wilmington, DE 19897
   b) AstraZeneca LP: 1800 Concord Pike, Wilmington, DE 19897
   c) AstraZeneca PLC: 2 Kingdom Street, Paddington, London W2 6BD, United Kingdom
   d) Astra USA Inc.: 1800 Concord Pike, Wilmington, DE 19897;
   e) AstraZeneca AB: Karlebyhus, Astraallén, Sodertalje, 151 85, Sweden
   f) AstraZeneca UK LTD: 2 Kingdom Street, Paddington, London, W2 6BD, United Kingdom
2) Procter & Gamble Entities
   a) Procter & Gamble Manufacturing Company: 1 Procter & Gamble Plaza, Cincinnati, OH 45202
   b) The Procter & Gamble Company: 1 Procter & Gamble Plaza, Cincinnati, OH 45202
3) Novartis Entities
   a) Novartis Pharmaceuticals Corporation: 220 East Hanover Ave., Morris Plains, NJ 07950
   b) Novartis Vaccines and Diagnostics, Inc.: 350 Massachusetts Ave., Cambridge, MA 02139
   c) Novartis Institutes For Biomedical Research, Inc.: 250 Massachusetts Ave., Cambridge, MA 02139
4) Pfizer and Wyeth Entities
   a) Wyeth, LLC: 235 East 42nd Street;; New York, NY 10017-5703
   b) Wyeth Pharmaceuticals, Inc.: 500 Arcola Road, Collegeville, PA 19426
   c) Wyeth-Ayerst Laboratories: 500 Arcola Road, Collegeville, PA 19426
   d) Pfizer, Inc.: 235 East 42nd Street, New York City, NY 10017
5) Takeda Entities
   a) Takeda Pharmaceuticals USA, Inc. (fka Takeda Pharmaceuticals North America, Inc.): One Takeda Parkway, Deerfield, IL 60015
   b) Takeda Pharmaceuticals America, Inc.: One Takeda Parkway, Deerfield, IL 60015
   c) Takeda Pharmaceuticals International, Inc.: One Takeda Parkway, Deerfield, IL 60015
   d) Takeda Development Center Americas, Inc.: 208 South LaSalle Street, Chicago, IL 60604
   e) Takeda Pharmaceutical Company Limited: 1-1, Doshomachi 4-chome, Chuo-ku, Osaka 540-8645
   f) Takeda Pharmaceuticals LLC: One Takeda Parkway, Deerfield, IL 60015
   g) Takeda Research & Development Center, Inc.: One Takeda Parkway, Deerfield, IL 60015
   h) Takeda California, Inc. (fka Takeda San Diego Inc.): 10410 Science Center Drive, San Diego, CA 92121
   i) Tap Pharmaceutical Products, Inc.: 675 North Field Drive, Lake Forest, IL 60045[2]

[2] Additionally, McKesson Corporation, a PPI Distributor, is named in at least one complaint.

PPIs have been widely promoted by the Defendants in these cases as an effective drug to be used for the prevention and treatment of gastric acid related conditions including, but not limited to, the following:

a) Gastroesophageal Reflux Disease ("GERD");
b) NSAID-Associated Gastric Ulcers;
c) Duodenal Ulcer Recurrence;
d) Pathological Hypersecretory Conditions (i.e. Zollinger-Ellison Syndrome); and
e) "Frequent" Heartburn (two or more days a week).

This Panel previously recognized that these PPI cases "share certain factual issues" – namely "various types of kidney injury, including acute interstitial nephritis (AIN), chronic kidney disease, end stage renal disease, and kidney failure". For completeness, Plaintiffs incorporate by reference the drug and injury background set forth in the previously-filed petition. *See*, *In re Proton-Pump Inhibitor Prod. Liab. Litig.*, No. MDL 2757, 2017 WL 475581 (U.S. Jud. Pan. Mult. Lit. Feb. 2, 2017) (Dkt. No. 105) , at 2.

C. Significant Developments Since the Panel's Prior Centralization Denial Warrant Coordination

Less than seven months ago, the original movants filed before the Panel with a schedule of 15 actions. *See In re Proton-Pump Inhibitor Prod. Liab. Litig.,* No. MDL 2757 (Dkt. No. 1-2). Now, there are 172 such actions in total. *See* Ex. 2 (Schedule of Actions). Thus, the Panel need not worry about "the mere possibility of future filings"; the increase in filings has already occurred and is ongoing. *See In re Proton-Pump Inhibitor Prod. Liab. Litig.,* No. MDL 2757, 2017 WL 475581 (U.S. Jud. Pan. Mult. Lit. Feb. 2, 2017) (Dkt. No. 105), at 3 (citing *In re: Lipitor (Atorvastatin Calcium) Mktg., Sales Practices & Prods. Liab. Litig*., 959 F.Supp.2d 1375, 1376 (J.P.M.L. 2013)).

Further, the fact that the Actions are filed in 30 different United States District Courts across the country do not serve either the parties' or judicial efficiency interests. In a comparable recent situation, plaintiffs who faced injuries caused by the Mirena birth-control device re-applied for consolidation based, in large part, on the increased number of related actions. This Panel observed that, in such a case, consolidation is warranted because "the number of actions, districts, and counsel have grown substantially." *In re Mirena IUS Levonorgestrel-Related Prod. Liab. Litig. (No. II)*, No. MDL 2767, 2017 WL 1283676, at *2 (U.S. Jud. Pan. Mult. Lit. Apr. 6, 2017) (noting 113 pending actions in 17 districts). This Panel noted the inefficiencies to the judiciary that such a situation poses, stating that coordination is all but necessary given that "effective coordination on an informal basis [would be] impracticable." *Id.* Here, as noted previously, the number of plaintiffs and jurisdictions implicated have increased to an even greater number than that present in *Mirena*: 172 pending actions in 30 districts.

Consequently, the likelihood of further inefficiencies and disparate decisions is greatly increased. As this panel has repeatedly noted, one of the hallmarks of MDL consolidation is to prevent inconsistent rulings and orders. *See, e.g., In re Farxiga (Dapagliflozin) Prod. Liab. Litig.*, No. MDL 2776, 2017 WL 1282904, at *2 (U.S. Jud. Pan. Mult. Lit. Apr. 6, 2017) ("Centralization will eliminate duplicative discovery, prevent inconsistent pretrial rulings on Daubert issues and other pretrial matters"); *In re Invokana (Canagliflozin) Prod. Liab. Litig.*, No. MDL 2750, 2016 WL 7221425, at *2 (U.S. Jud. Pan. Mult. Lit. Dec. 7, 2016) (same).

III. VENUE

A. This Panel Should Transfer these Actions to the District of New Jersey

In accordance with 28 U.S.C. § 1407, Plaintiffs respectfully request that the Panel centralize these actions in the District Court of New Jersey (Newark Div.), where their cases have already been filed. Judges in the District of New Jersey have substantial experience presiding over

complex litigation. This is a pivotal factor in the Panel's transfer analysis. *See, e.g.*, *In re Janus Mutual Funds Inv. Litig.*, 310 F. Supp. 2d 1359, 1361 (J.P.M.L. 2004) ("we have searched for a transferee district with the capacity and experience to steer this litigation on a prudent course."). The Panel has repeatedly recognized that the District of New Jersey has sufficient resources to handle complex cases and is geographically convenient. *In re Zimmer Durom Hip Cup Products Liab. Litig*., 717 F. Supp. 2d 1376, 1378 (J.P.M.L. 2010); *In re Tropicana Orange Juice Marketing and Sales Practices Litig.*, 867 F. Supp. 2d 1341 (J.P.M.L. 2012); *In re Vytorin/Zetia Marketing, Sales Practice and Products Liab. Litig.*, 543 F. Supp. 2d 1378 (J.P.M.L. 2008); *In re Insurance Brokerage Antitrust Litig.*, 360 F. Supp. 2d 1371, 1373 (J.P.M.L. 2005); *In re Hypodermic Products Antitrust Litig.*, 408 F. Supp. 2d 1356, 1357 (J.P.M.L. 2005).

Further, as noted above, the vast majority of Plaintiffs support the formation of an MDL and the District of New Jersey as a venue. Indeed, 61 of the 172 cases have been filed in the District of New Jersey.

1. Judge Claire C. Cecchi in the District of New Jersey has the Skill and Experience to Supervise the Proton-Pump Inhibitor MDL

Judge Claire C. Cecchi, presides over all of Plaintiffs' (24) Actions in addition to 38 additional Actions. *See* Ex. 2 (Schedule of Actions). Judge Cecchi has served for eleven years as a federal judge, first as a magistrate judge beginning in 2006 and later as an Article III judge beginning in 2011. Notably, Judge Cecchi has presided over numerous complex cases, including one MDL: *In re Insurance Brokerage Antitrust Litigation*, MDL No. 1663, No. 2:04-cv-5184 (D. N.J. 2004). This MDL involved multiple defendants (more than 50 defendant insurance groups).

Importantly, Judge Cecchi is one of only a few judges designated to hear patent cases. Her significant experience in pharmaceutical patent litigation has exposed her to the types of medical and scientific issues typical of pharmaceutical litigation. For example, in *Teva Neuroscience, Inc.*

v. Watson Labs., Inc., No. 2:10-CV-05078, 2013 WL 1595585 (D.N.J. Apr. 12, 2013), Judge Cecchi analyzed the complex chemical mechanism of action for patents involving a method of treating Parkinson's disease. And in *Altana Pharma AG v. Teva Pharm. USA, Inc*., No. CIV.A 04-2355, 2009 WL 5818836 (D.N.J. Dec. 1, 2009), *aff'd*, No. CIV.A 04-2355, 2010 WL 451168 (D.N.J. Feb. 5, 2010), Judge Cecchi considered (and reconsidered) a complex discovery dispute regarding pharmaceutical expert reports.

Moreover, for those PPI cases currently before Judge Cecchi, she has already held multiple status conferences and entered a Protective Order, Electronic Discovery Order, and Pre-Trial Discovery Order.[3] Indeed, the first document productions are pending in the District of New Jersey and the parties are currently negotiating additional orders, including a Plaintiff Fact Sheet, Defense Fact Sheet, and Privilege Log Order. In short, Judge Cecchi is familiar with the litigation and has significantly advanced the cases before her.

Plaintiffs are confident that Judge Cecchi has the requisite experience to handle a complex, multidistrict pharmaceutical litigation and will promote the goal of a "just resolution" of this MDL "as speedily, inexpensively, and fairly as possible."

2. The District of New Jersey Is the Most Appropriate Transferee Forum for the PPI Cases

a. The District of New Jersey has the proven resources to host a multidistrict litigation

[3] As noted *supra* at 2, Judge David R. Herndon, of the United States District Court, Southern District of Illinois has also advanced the litigation, having entered a Protective Order, ESI Order, and Pre-Trial Schedule.

The District of New Jersey has the proven resources to host a multidistrict litigation and is not overburdened with MDLs. Though seventeen MDLs are pending in the District of New Jersey,[4] this number is misleading because unlike many other districts, the District of New Jersey has three courthouses -- in Newark, Trenton, and Camden -- locally referred to as vicinages. Each vicinage serves largely as a district unto itself, handling its own dockets separately. Of the MDLs centralized in the District of New Jersey, only *one* product liability action is centralized *in the Newark* vicinage: *In re Zimmer Durom Hip Cup Products Liab. Litig*., 717 F. Supp. 2d 1376, 1378 (J.P.M.L. 2010). Product liability MDLs take up, by far, the most judicial resources because they require tight coordination of the judge and the clerk's office to manage a large number of filings. In contrast, large class actions, though important for centralization, strain the clerk's office and other staff to a far lesser degree.[5]

And even though *In re Zimmer Durom Hip Cup Prods. Liab. Litig.* is the only product liability MDL in the Newark vicinage, it is largely winding down in settlement, thus requiring far fewer judicial resources. Thus, because the Panel places an emphasis on a transferor court's resources, *see, e.g., In re Am. Family Mut. Ins. Co.*, MDL No. No. 1743, 416 F. Supp. 2d 1346, 1347 (J.P.M.L. 2006); *In re Iko Roofing Shingle Prod. Liab. Litig*., MDL No. 2104, 659 F. Supp. 2d 1364, 1366 (J.P.M.L. 2009); *In re Fedex Ground Package Sys., Inc., Employment Practices Litig.*

[4] *See* "Pending MDLs By District as of April 17, 2017", *available at* http://www.jpml.uscourts.gov/sites/jpml/files/Pending_MDL_Dockets_By_District-April-17-2017.pdf.

[5] The remaining MDLs centralized in the Newark vicinage consist of 8 cases *or less* per MDL, being mostly anti-trust and consumer class action in nature. *IN RE: AZEK Building Products, Inc., Marketing and Sales Practices Litigation* (MDL -2506); *IN RE: Insurance Brokerage Antitrust Litigation* (MDL -1663); *IN RE: K-Dur Antitrust Litigation* (MDL -1419); *IN RE: Nickelodeon Consumer Privacy Litigation* (MDL -2443); *IN RE: Aetna, Inc., Out-of-Network "UCR" Rates Litigation* (MDL -2020); *IN RE: GAF Elk Cross Timbers Decking Marketing, Sales Practices and Products Liability Litigation* (MDL -2577); *IN RE: Liquid Aluminum Sulfate Antitrust Litigation* (MDL -2687); *IN RE: Tropicana Orange Juice Marketing and Sales Practices Litigation* (MDL -2353); *IN RE: Michaels Stores, Inc., Fair Credit Reporting Act (FCRA) Litigation* (MDL -2615); and *IN RE: Vehicle Carrier Services Antitrust Litigation* (MDL -2471).

(No. II), MDL No. 1700, 381 F. Supp. 2d 1380, 1382 (J.P.M.L. 2005), the Newark vicinage is ideal because it only has one actively-litigated product liability MDL.

b. The District of New Jersey, Newark Vicinage, Is Highly Convenient for All Parties

The District of New Jersey, Newark vicinage, where Judge Cecchi sits, is easily accessible by several major airports, including Newark international airport itself, and the other two major New York City-area airports: JFK and LaGuardia. Between all three airports, it is difficult to imagine a more accessible location by air. Newark is also conveniently located on the Northeast Corridor train line that runs from Boston to Washington, D.C. *See In re Insurance Brokerage Antitrust Litig.*, 360 F. Supp. 2d 1371, 1373 (J.P.M.L. 2005) ("In concluding that the District of New Jersey is an appropriate forum for this docket, we note that i) the district offers an accessible metropolitan location that is geographically convenient for many of this docket's litigants and counsel; and ii) the district is equipped with the resources that this complex antitrust docket is likely to require.").

Newark is also central to the defendants. The AstraZeneca entities have their domestic headquarters in Delaware and the international headquarters is in London, United Kingdom. Pfizer is headquartered in New York. Procter & Gamble is headquartered in Ohio. There are five Takeda Pharmaceutical entities, four of which are headquartered in Illinois and the international headquarters is in Osaka, Japan. *Id.* The Novartis Defendants have their headquarters in New Jersey. Most, if not all, of the potentially relevant documents, as well as officers and employees likely to be deposed are located in cities with easy direct access to Newark.

WHEREFORE, for the reasons stated herein, Plaintiffs respectfully request that the Panel issue an order transferring all actions listed in the attached Schedule of Actions, as

well as all subsequently filed related actions, for coordinated and consolidated pretrial proceedings to the United States District Court for the District of New Jersey.

Dated: May 31, 2017

Respectfully submitted,

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Goodstein v. AstraZeneca Pharmaceuticals LP, et al.; 2:16-cv-05143 (D.N.J.)
Spratt v. AstraZeneca Pharmaceuticals LP, et al.; 2:16-cv-05523 (D.N.J.)
Garrison v. AstraZeneca Pharmaceuticals LP, et al.; 2:17-cv-01207 (D.N.J.)
Elliott v. AstraZeneca Pharmaceuticals LP, et al.; 2:17-cv-01413 (D.N.J.)
Savage v. AstraZeneca Pharmaceuticals LP, et al.; 2:17-cv-00196 (D.N.J.)
Aubrey v. AstraZeneca Pharmaceuticals LP, et al.; 2:17-cv-00201 (D.N.J.)
Toney v. AstraZeneca Pharmaceuticals LP, et al.; 2:17-cv-00203 (D.N.J.)
Stewart v. AstraZeneca Pharmaceuticals LP, et al.; 2:17-cv-00206 (D.N.J.)
Scott v. AstraZeneca Pharmaceuticals LP, et al.; 2:17-cv-00208 (D.N.J.)
Lee v. AstraZeneca Pharmaceuticals LP, et al.; 2:17-cv-00212 (D.N.J.)
Wilkerson v. AstraZeneca Pharmaceuticals LP, et al.; 2:17-cv-00215 (D.N.J.)
Gutierrez v. AstraZeneca Pharmaceuticals LP, et al.; 2:17-cv-00217 (D.N.J.)
Hudson v. AstraZeneca Pharmaceuticals LP, et al.; 2:17-cv-00219 (D.N.J.)
Massengill v. AstraZeneca Pharmaceuticals LP, et al.; 2:17-cv-00761 (D.N.J.)
Adkins v. AstraZeneca Pharmaceuticals LP, et al.; 2:17-cv-00194 (D.N.J.)
Pierre v. AstraZeneca Pharmaceuticals LP, et al.; 2:17-cv-00198 (D.N.J.)
Gilyard v. AstraZeneca Pharmaceuticals LP, et al.; 2:17-cv-00202 (D.N.J.)

Watkins v. AstraZeneca Pharmaceuticals LP, et al.; 2:17-cv-00204 (D.N.J.)
Graves v. AstraZeneca Pharmaceuticals LP, et al.; 2:17-cv-00207 (D.N.J.)
Carruthers v. AstraZeneca Pharmaceuticals LP, et al.; 2:17-cv-00211 (D.N.J.)
Wilburn v. AstraZeneca Pharmaceuticals LP, et al.; 2:17-cv-00213 (D.N.J.)
Layton v. AstraZeneca Pharmaceuticals LP, et al.; 2:17-cv-00216 (D.N.J.)
Hawkins v. AstraZeneca Pharmaceuticals LP, et al.; 2:17-cv-00218 (D.N.J.)
Lloyd v. AstraZeneca Pharmaceuticals LP, et al.; 2:17-cv-00500 (D.N.J.)