

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
SAN FRANCISCO DIVISION

IN RE: MCKINSEY & CO., INC. NATIONAL  
PRESCRIPTION OPIATE CONSULTANT  
LITIGATION

This document relates to: All Tribal Cases

Case No. 3:21-md-02996-CRB (SK)

Judge: Hon. Charles R. Breyer

**TRIBAL PLAINTIFF BELLWETHER  
FACT SHEET IMPLEMENTATION  
ORDER**

This Order governs the form and service of Tribal Plaintiff Bellwether Fact Sheets.

1. Only Tribal Plaintiffs selected for the Bellwether Fact Sheet Pool pursuant to the Tribal Plaintiff Bellwether Protocol (ECF No. 539), or as otherwise agreed upon by the parties or ordered by the Court, must provide within 60 days a completed Tribal Plaintiff Bellwether Fact Sheet (“PFS”) in the form attached as **Exhibit A**. See Tribal Plaintiff Bellwether Protocol (ECF No. 539) (defining Bellwether Fact Sheet Pool). For Tribal Plaintiffs selected into the Bellwether Fact Sheet Pool after this Order is entered, PFS responses must be served within 60 days from the date the Tribal Plaintiff is selected.
2. A complete PFS and any referenced documents shall be served on all Defendants’ Counsel via email or as otherwise agreed upon by the parties.
3. Each Tribal Plaintiff’s response to the questions or requests for documents will be governed by the standards applicable to written discovery under the Federal Rules of Civil Procedure. Responses will be served without objection. This section does not prohibit a party from withholding or redacting information based on a recognized privilege; however, if information is withheld or redacted, the party so withholding or redacting information shall provide the opposing party with a privilege log, pursuant to the Joint Privilege Protocol (ECF No. 485).
4. The Tribal Plaintiff Bellwether Fact Sheets are served without prejudice to the Defendants’ rights to serve additional discovery (which Defendants specifically reserve the right to serve) and requests herein shall not count against the parties’ allowance of written discovery requests set forth by the Federal Rule of Civil Procedure, including Rule 33(a)(1). The Tribal Plaintiffs do not waive their rights to assert objections permitted under the Federal Rules of Civil Procedure to any additional discovery.
5. Nothing in this Tribal Plaintiff Bellwether Fact Sheet shall be deemed to limit the scope of inquiry at depositions and admissibility of evidence at trial. The scope of inquiry at depositions and any additional discovery shall remain governed by the Federal Rules of Civil Procedure.

6. Deficiency Letter.

- a. Tribal Plaintiffs will provide a PFS that is substantially complete in all respects. “Substantially complete” requires that:
  - i. Every question in the PFS be answered, even if a Tribal Plaintiff can only answer the question in good faith by indicating “Do not know.”
  - ii. Tribal Plaintiffs shall produce the documents requested in the PFS, or provide a statement certifying that there are no responsive documents;
  - iii. Tribal Plaintiffs shall sign the PFS and provide verification that the information contained therein is true and correct to the best of Tribal Plaintiff’s knowledge, information, and belief, formed after due diligence and reasonable inquiry; and
  - iv. No Defendant has served a deficiency letter or, where a deficiency letter has been served, the deficiency has been addressed.
- b. If a Defendant disputes the sufficiency of any response(s) in a PFS, Counsel shall notify Elizabeth Cabraser, Lloyd Miller, and the Tribal Plaintiff’s counsel of record from its original complaint of the purported deficiencies in writing via email and allow such Tribal Plaintiff an additional 14 days to correct the alleged deficiency.
- c. If a party does not respond to a deficiency letter within 14 days, the Defendant that sent the deficiency letter may move for an order to compel responses or an order to Show Cause why the Court should not take appropriate action, up to and including dismissal of claims.
- d. If after receiving an amended PFS response (or a response defending the sufficiency of the original response), a Defendant continues to dispute the sufficiency of the response, the parties may present such disputes to Magistrate Judge Kim for resolution.

7. Failure to Serve Response to PFS.

- a. If a Tribal Plaintiff does not serve a completed PFS within 14 days following the due date, any Defendant may send a Notice of Overdue Discovery to Elizabeth Cabraser, Lloyd Miller, and that Tribal Plaintiff’s counsel of record from its original complaint.
- b. If a Tribal Plaintiff fails to serve a completed PFS within 14 days

after receipt of the Notice of Overdue Discovery, any Defendant may move the Court for an order dismissing the Tribal Plaintiff's complaint.

**IT IS SO ORDERED.**

Dated: May 15, 2023

A handwritten signature in black ink, appearing to be 'C. R. Breyer', written over a horizontal line.

CHARLES R. BREYER  
UNITED STATES DISTRICT JUDGE

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**EXHIBIT A: TRIBAL PLAINTIFF BELLWETHER FACT SHEET**

Tribal Plaintiff (also referred to as “You” throughout) will provide information responsive to the questions set forth below. Instructions and Definitions are provided at the end of this document. Provide information reasonably available to You, and understand that You are not excused from providing the requested information. You must supplement these responses if You learn that they are incomplete or incorrect in any material respect.

**TRIBAL PLAINTIFF:** \_\_\_\_\_

Case caption and number: \_\_\_\_\_

Contact attorney: \_\_\_\_\_

Firm: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**I. TRIBAL DATA**

1. Total number of enrolled tribal members: \_\_\_\_\_
2. Total number of members/citizens currently living on the Tribe’s reservation:<sup>1</sup> \_\_\_\_\_
3. Total number of all persons currently living on the Tribe’s reservation: \_\_\_\_\_
4. In any of the past 10 (ten) years has the total number of enrolled members/citizens in the Tribe been 20% more or 20% less than the figure reported in Question No. 1? \_\_\_\_\_

<sup>1</sup> For the purpose of this fact sheet, “reservation” shall mean the Tribe’s reservation, if applicable, or the Tribal Health Organization’s service area.

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

If yes, please state the total number of enrolled members within the Tribe for each such year, or if that information isn't reasonably available, give a description of the approximate population change over the last 10 years.

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5. In any of the past 10 (ten) years has the total number of all persons living on the Tribe's reservation been 20% more or 20% less than the figure reported in Question No. 3?

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

If yes, please state the total number of people for each such year, or if that information isn't reasonably available, give a description of the approximate population change over the last 10 years.

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6. All zip codes encompassed within Your reservation's geographic boundaries:
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7. Describe who You represent in this lawsuit (e.g., Tribe, tribal organization, etc.):
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## II. CLAIM INFORMATION

### A. Injuries and Damages

1. At this time, are you making any claims that are not identified in Your complaint?

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

If are you making any additional claims, please explain them:

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2. Are You seeking in Your lawsuit any monetary damages based on Your payment for allegedly improper Prescription Opioids claims? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Are You seeking in Your lawsuit any monetary damages (including abatement) for harm caused to You or Your citizens, members, or any other person?

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

4. Are You seeking in Your lawsuit any monetary damages (including abatement) for harm caused to You or Your citizens, members, or any other person *outside of Your geographical boundaries*?

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

5. Please identify each category of damages or monetary relief (including abatement) that You allege at this time, including all injunctive relief that You seek, if not included in Your complaint:

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6. Are You a participant in any intertribal consortium or Tribal health organization?

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

If yes, please identify any such entity:

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7. Are you authorized by one or more Tribes to provide services to their citizens, members, or residents? \_\_\_ Yes \_\_\_ No

If yes, identify all of Your authorizing Tribes:

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If yes, describe the services you provide:

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8. Have You filed an opioid-related lawsuit other than this case?

Yes \_\_\_ No \_\_\_ Don't Know \_\_\_\_\_

If yes, please identify the case, case number, original jurisdiction, and date filed.

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9. In addition to other damages or monetary relief requested (including abatement), list each Department, Division, Agency, Unit (or their equivalents) that expended funds or other Tribal resources that You claim constitute damages or caused You harm as a result of Defendants' conduct.

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10. To the best of Your knowledge, 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 McKinsey'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.

11. To the best of Your knowledge, identify the earliest misrepresentation related to Prescription Opioids You attribute to McKinsey that You claim caused Your injury, including the approximate date (i.e. month and year) when You allege the misrepresentation was made, and the circumstances of the alleged misrepresentation.

12. To the best of Your knowledge, 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 distribution, sale, marketing, prescription, and/or diversion of Prescription Opioids. This request is not designed to require an expert evaluation and is not intended to limit any expert testimony related to the damages suffered

13. Other than any monetary compensation from any common settlement funds established for Tribal Plaintiffs in MDL 2804 or distributions from the Mallinckrodt Bankruptcy or the Purdue Pharma Bankruptcy (which is addressed in section III, question 4), have You received any monetary compensation from any opioid-related civil litigation in the past? For the avoidance of doubt, "monetary compensation from any opioid-related civil litigation" includes any money You received from any settlements You entered into or to which you were a party, monetary amounts You were awarded in any litigation, and/or any disbursements from any common settlement funds.

Yes \_\_\_ No \_\_\_ Don't Know \_\_\_\_\_

If yes, please identify (i) the source(s) and recipient(s) of the monetary compensation, including the case identification number(s), jurisdiction(s) and parties; (ii) the date(s) of

receipt of any monetary compensation from any source identified in (i), and (iii) the amount(s) received from the source(s) identified in (i) on the date(s) identified in (ii).

14. Have You received any specific grant, donation, or other funding, including but not limited to any State, Federal, or private funding, designated for, or allocated to, or used to address issues related to Prescription Opioids or Opioid use?

Yes \_\_\_ No \_\_\_ Don't Know \_\_\_\_\_

If yes, to the best of Your knowledge, identify the approximate total amount of such grant, donation, or other funding You received, for each year during the Relevant Time Period. .

15. Have You received any funds from any of Your private insurers for any alleged harms You have experienced related to or caused by Prescription Opioids.

Yes \_\_\_ No \_\_\_ Don't Know \_\_\_\_\_

If yes, to the best of Your knowledge, identify the approximate total amount of such funds You received, for each year during the Relevant Time Period.

16. Identify the portion or percentage of any alleged harm You have experienced related to or caused by opioids or opiates (including any Prescription Opioids or non-Prescription Opioids) that you attribute to McKinsey's conduct.

**B. Claim-Specific Information**

1. 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 to any of Your citizens, members, or residents?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, for what time period? \_\_\_\_\_

2. Do You identify, track, or otherwise have in Your possession, custody, or control information concerning whether a pharmacy dispenses Prescription Opioids as a result of Medically Unnecessary Opioid prescriptions to any of Your citizens, members, or residents?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, for what time period? \_\_\_\_\_

3. Do You identify, track, or otherwise have in Your possession, custody, or control information concerning the number of overdose deaths of Your citizens, members, or residents during the Relevant Time Period?



Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, for what time period? \_\_\_\_\_

If yes, please provide the number of opioid deaths you have, on a year by year basis, during the Relevant Time Period.

4. Do You identify, track, or otherwise have in Your possession, custody, or control, information regarding the incidence of Opioid use for Your citizens, members, or residents?

Yes \_\_\_ No \_\_\_ If yes, for what time period? \_\_\_\_\_

5. Did You ever notify or communicate with 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 during the Relevant Time Period?

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

If yes, to the best of Your knowledge, please identify the date of the notification or communication, the subject of the conduct, the general nature of the suspected wrongdoing, and copies of all communications if maintained by You.

6. Identify every medical insurance plan and behavioral health plan You provided, administered, or otherwise utilized during the Relevant Time Period, by providing, to the best of Your knowledge, (i) the name of the medical insurance plan and behavioral health plan and the associated carrier; (ii) the approximate dates offered; and (iii) the plan's Pharmacy Benefit Manager or Claims Processor.
7. Identify every Pharmacy Benefit Manager and other third-party administrator You used during the Relevant Time Period by providing, to the best of Your knowledge, the name of the Pharmacy Benefit Manager or other third-party administrator You used and the approximate dates You used the Pharmacy Benefit Manager or other third-party administrator.

**C. Opioid-Related Services and Programs:**

For the following questions, please provide information that covers the Relevant Time Period.

1. Have You formed or participated in an Opioid Task Force or other program or group to address opioid use or diversion? If yes, to the best of Your knowledge provide the name and approximate dates.
2. Have You had a prescription disposal program? If yes, to the best of Your knowledge provide the approximate dates.
3. Have You operated any addiction treatment programs related to Prescription Opioids? If yes, to the best of Your knowledge provide the name and approximate dates.

4. Have You provided any drug abuse prevention or education programs related to Prescription Opioids? If yes, to the best of Your knowledge provide the name and approximate dates.
5. Have You provided or otherwise made available any continuing education related to Prescription Opioids to physicians or other healthcare providers? If yes, to the best of Your knowledge provide the name of any such continuing education, and approximate dates. Also provide copies of any materials provided as part of any such continuing education if maintained by You.
6. Have You provided or otherwise made available any written guidance related to Prescription Opioids to physicians or healthcare providers? If yes, provide a copy of such guidance, if in Your possession. If You have knowledge of other written guidance that is not in Your possession, to the best of Your knowledge describe the nature of the guidance and the approximate date it was produced.

### **III. DOCUMENTS**

Please produce the following documents to the extent that these documents are in Your possession, custody, or control:

1. All documents You referenced or relied upon to complete Your response to any question in this Fact Sheet.
2. Records sufficient to show any monetary amounts You have or reasonably expect to receive from any common settlement funds established for Tribal Plaintiffs in MDL 2804 or distributions from either the Mallinckrodt Bankruptcy or Purdue Pharma Bankruptcy. This request will be considered satisfied for all Tribal Plaintiffs if the Plaintiff Steering Committee provides records to McKinsey that reflect this information.
3. Audited financial statements for (i) the most recent audited fiscal year or budgeting period for which You have such statements and (ii) the fiscal year or budgeting period 5 years prior to the most recent fiscal or budgeting period available to You (or the fiscal year or budgeting period closest to 5 years prior if such statements are not available for the fiscal year exactly 5 years prior to the most recent audited fiscal year for which You have such statements).
4. For (i) the most recent fiscal year or budgeting period available to You and (ii) the fiscal year or budgeting period used to respond to part (ii) of section III, question 3 above, please list the annual budget (or provide documents, if available) for the following departments:

- a. Law enforcement
  - b. Courts
  - c. Prison/corrections/incarceration
  - d. Healthcare
  - e. Child/family services
  - f. Workers compensation
  - g. Health insurance
  - h. Education/school-related
  - i. Any other department or agency impacted by the conduct alleged in the complaint (identify):
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Please answer the following questions about documents and data that may be in Your possession, custody, or control:

5. Please provide a Yes \_\_\_\_ No \_\_\_\_ answer for each category below.

Do You maintain or have in Your possession, custody, or control t the following documents for any Tribal Council, Tribal Council Committee, Tribal Health Board/Commission, Board of Directors, Board of Directors Committees, or their equivalent that reference Prescription Opioids, the misuse of opioids, or related topics during the Relevant Time Period?

- a. Meeting agendas;
  - b. Meeting minutes or summaries;
  - c. Presentation materials;
  - d. Other (identify):
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6. Do You maintain or have in Your possession, custody, or control audited financial statements for every year during the Relevant Time Period?

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

If No, please identify any year(s) during the Relevant Time Period for which You do not

have such documents.

If the answer is Yes for any year during the Relevant Time Period, please indicate whether you have in Your possession, custody, or control auditor work papers prepared in connection with such statements.

7. Do You maintain or have in Your possession, custody, or control financial reports or budget reports provided to or filed with the Department of the Interior for every year during the Relevant Time Period?

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

If No, please identify any year(s) during the Relevant Time Period for which You do not have such documents.

8. Do You maintain or have in Your possession, custody, or control, annual financial report or budget reports or statements provided to or filed with any State for every year during the Relevant Time Period?

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

If No, please identify any year(s) during the Relevant Time Period for which You do not have such documents.

9. Do You maintain or have in Your possession, custody, or control, records reflecting Your budgeted or appropriated expenditures for every fiscal year or budgeting period during the Relevant Time Period with respect to each category of damages You claim, as to the following categories?

- 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
- h. Education/school-related expenditures
- i. Any other department or agency impacted by the conduct alleged in the complaint (identify):

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

Please identify, by category listed above, any fiscal year(s) or budgeting period(s) during the Relevant Time Period for which You do not have such documents.

10. Do You maintain or have in Your possession, custody, or control, records reflecting Your actual expenditures for every fiscal year or budgeting period during the Relevant Time Period with respect to each category of damages You claim, as to the following categories?
- 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
  - h. Education/school-related expenditures
  - i. Any other department or agency impacted by the conduct alleged in the complaint (identify):

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

Please identify, by category listed above, any fiscal year(s) or budgeting period(s) during the Relevant Time Period for which You do not have such documents.

11. Do You maintain or have in Your possession, custody, or control program documents or planning documents relating to or concerning the planned or actual capital expenditures made during the Relevant Time Period with respect to each category of damages You claim, as to the following categories?
- 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
- h. Education/school-related expenditures
- i. Any other department or agency impacted by the conduct alleged in the complaint (identify):

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

Please identify, by category listed above, any fiscal year(s) or budgeting period(s) during the Relevant Time Period for which You do not have such documents.

12. Do You maintain or have in Your possession, custody, or control information or documents identifying or tracking any physician, other healthcare provider, pharmacist, or employee who has provided care to any of Your citizens, members, or residents who, to Your knowledge, has been the target of a law enforcement investigation, administrative investigation, or any other investigation You conducted or of which You are or were otherwise aware concerning prescribing or dispensing Prescription Opioids during the Relevant Time Period?

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

13. Do You maintain or have in Your possession, custody, or control information or documents that identify or track any physician or other healthcare provider who, to Your knowledge, has provided care to any of Your citizens, members, or residents who You claim was targeted by any sales initiative You claim McKinsey had a role in creating, including but not limited to E2E, Project Turbocharge, and/or Sales Force Blitz, as those terms are used in the Master Complaint (Tribal Plaintiffs), (ECF No. 300)?

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

14. Do You maintain or have in Your possession, custody, or control information or documents that identify or track any physician or other healthcare provider who, to Your knowledge, has provided care to any of Your citizens, members, or residents who You claim increased their prescribing of opioids based on any sales initiative You claim McKinsey had a role in creating, including but not limited to E2E, Project Turbocharge, and/or Sales Force Blitz, as those terms are used in the Master Complaint (Tribal Plaintiffs) (ECF No. 300)?

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

15. As to each subpart below, provide a Yes \_\_\_ or No \_\_\_ response. Do you maintain or have in Your possession, custody or control the following:

- a. Communications, oral or written, with McKinsey or its representatives relating to opioids or opiates, other than communications/interactions through Your attorneys, by You or anyone acting on Your behalf.
- b. Research or information You performed or collected, or that has been performed or collected on Your behalf, concerning McKinsey relating to opioids or opiates.
- c. Documents or communications concerning, relating to, or that would tend to show, Your reliance on any recommendation, guidance, representation, or work product of any kind from McKinsey relating to opioids or opiates.

**IV. CERTIFICATION**

I declare under penalty of perjury that all of the information provided in this Tribal Plaintiff's Bellwether 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.

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Signature

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Print Name

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Date

### **INSTRUCTIONS**

1. The Fact Sheet shall be completed in accordance with the requirements and guidelines set forth in the applicable implementing Order.
2. All the responses in this Fact Sheet or an amendment thereto are binding upon Tribal Plaintiffs as if they were contained in answers to interrogatories. Any responses, however, are without prejudice to future supplementation.
3. 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.
4. 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 prompt supplementation if you obtain further information between the time of answering and the trial.
5. 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.
6. Unless otherwise specified in any question and without limiting Your obligation to supplement responses as set forth above, in completing this Fact Sheet, the temporal scope of every question in this fact sheet shall be construed to extend until the date of Your response.
7. The questions herein do not seek the discovery of information protected by the attorney-client privilege or work product doctrine.
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.
9. Unless another time period is specified in a particular request, the Fact Sheet calls for a response that covers the entire Relevant Time Period, as defined herein.
10. Please organize and label documents You produce so as to indicate the Question to which they respond.



### **DEFINITIONS**

1. “Defendant” means any Defendant listed on a Tribal Plaintiff’s complaint in MDL 2996.
2. “McKinsey” means any of McKinsey & Company, Inc, McKinsey Holdings, Inc., McKinsey & Company, Inc. United States, and/or McKinsey & Company, Inc. Washington D.C.
3. “Tribal Plaintiff” means any federally recognized Native American Tribe or a Tribal Organization duly authorized by a federally recognized Native American Tribe(s) that has sued Defendants in this Action (collectively “Tribe”).
4. “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.
5. “You” and “Your” means each individual Tribal Plaintiff named in this action, including, its departments, divisions, agents, and/or employees.
6. “MDL 2804” means the multidistrict litigation captioned *In re: National Prescription Opiate Litigation*, Case No. 1:17-md-028204, currently pending in the United States District Court for the Southern District of Ohio.
7. “Mallinckrodt Bankruptcy” means the bankruptcy proceeding captioned *In re Mallinckrodt PLC, et al.*; Case No. 20-12522-JTD, currently pending in the United States Bankruptcy Court for the District of Delaware.
8. “Purdue Pharma Bankruptcy” means the bankruptcy proceeding captioned *In re Purdue Pharma L.P. et al.*, Case No. 19-23649-shl, currently pending in the United States Bankruptcy Court of the Southern District of New York.
9. “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.
10. “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.
11. “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.

12. “Relevant Time Period” for purposes of this Fact Sheet means one year before January 1 of the year You claim You were first injured and began to incur damages as a result of the distribution, sale, marketing, prescription, and/or diversion of Prescription Opioids (see Section II.A, question 15), up to the date of Your responses.