

STATE OF WISCONSIN

CIRCUIT COURT  
Branch 9

DANE COUNTY

STATE OF WISCONSIN,

Plaintiff,

v.

AMGEN INC., *et al.*,

Defendants.

)  
)  
) No. 04 CV 1709  
)  
)  
)  
)  
)  
)  
)

PLAINTIFF STATE OF WISCONSIN'S EIGHTH SET OF  
REQUESTS FOR PRODUCTION OF DOCUMENTS TO ALL DEFENDANTS

TO: All counsel of record

PLEASE TAKE NOTICE that plaintiff requires each defendant to produce within 30 days hereof at the offices of the Wisconsin Attorney General, Wisconsin, Department of Justice, P.O. Box 7857, Madison, WI 53707-7857, Attn: Cynthia Hirsch; and Miner, Barnhill & Galland, P.C., 44 E. Mifflin St., Ste. 803, Madison, WI 53703, Attn: Charles Barnhill, a copy of each of the following-described documents pursuant to Rule 804.09.

DEFINITIONS

1. The terms "you," "your," or "your company" shall mean the each defendant, and its subsidiaries, divisions, predecessors, officers, agents and all other persons acting or purporting to act on behalf of each defendant or its subsidiaries or predecessors.

2. The words "document" and "documents" are used in the broadest possible sense and refer, without limitation, to all written, printed, typed, photostatic, photographed, recorded or otherwise reproduced communications or representations of every kind and description, whether comprised of letters, words, numbers, pictures, sounds, or symbols, or any combination thereof, whether prepared by hand or by mechanical, electronic, magnetic, photographic, or other means, as well as audio or video recordings of communications, oral statement, conversations or events.

This definition includes, but it not limited to, any and all of the following: day-timers, journals, logs, calendars, handwritten notes, correspondence, minutes, records, messages, memoranda, telephone memoranda, diaries, contracts, agreements, invoices, orders, acknowledgements, receipts, bills, statements, appraisals, reports, forecasts, compilations, schedules, studies, summaries, analyses, pamphlets, brochures, advertisements, newspaper clippings, tables tabulations, financial statements, working papers, tallies, maps, drawings, diagrams, sketches, x-rays, charts labels, packaging, plans, photographs, pictures, film, microfilm, microfiche, computer-stored or computer-readable data, computer programs, computer printouts, telegrams, telexes, telefacsimiles, tapes, transcripts, recordings, and all other sources or formats from which data, information or communications can be obtained. Any preliminary versions, drafts, or revisions of any of the foregoing, any document which has or contains any attachment, enclosure, comment, notation, addition, insertion, or marking of any kind which is not a part of another document, or any document which does not contain a comment, notation, addition, insertion, or marking of any kind which is part of another document, is to be considered a separate document.

### INSTRUCTIONS

1. In responding to these requests, defendants are required to produce all responsive documents that are in the possession, custody, or control of any of them or any of their agents.

2. All documents that respond, in whole or in part, to any portion of the production requests below shall be produced in their entirety, including all attachments and enclosures.

3. If you withhold any document requested on the basis of a claim that it is protected from disclosure by privilege, work product, or otherwise, provide the following information separately for each such document:

- (a) the name and title of every author, sender, addressee, and recipient by category;
- (b) the date of the document;
- (c) the name and title of each person (other than stenographic or clerical assistants) participating in preparation of the document;

- (d) the name and title of each person to whom the contents of the document have been communicated by copy, exhibition, reading, or summary;
- (e) a description of the nature and subject matter of the document;
- (f) a statement of the basis on which it is claimed that the document is protected from disclosure; and
- (g) the name and title of the person supplying the information requested in subparagraphs (a)-(f) above.

4. Notwithstanding a claim that a document is protected from disclosure, any document so withheld must be produced with the portion claimed to be protected excised.

### DOCUMENT REQUESTS

REQUEST FOR PRODUCTION NO. 23: Attached hereto as Exh. 1 is a copy of a blank form entitled "HDMA Standard Product Information Pharmaceutical Products." Please produce all such forms that you have completed (as to any or all of the information on such forms) for any of your drugs from January 1, 1991 to the present as well as all documents that identify each person or entity, if any (including but not limited to Cardinal Health, McKesson Corporation, or Amerisource Bergen Corporation, or any of their predecessor entities), to whom you sent or provided any such forms and the dates that you sent or provided such forms to any such person or entity.

RESPONSE:

REQUEST FOR PRODUCTION NO. 24: Any documents reflecting communications with drug wholesalers (including but not limited to Cardinal Health, McKesson Corporation, or Amerisource Bergen Corporation, or any of their predecessor entities) relating to: (a) AWP, SWP, WAC, MAC, FUL, or direct price; or (b) any pricing compendia including but not limited to First DataBank, Medispan, and Red Book.

RESPONSE:

REQUEST FOR PRODUCTION NO. 25: Documents relating to any contract or agreement with any health-care provider (including but not limited to retail pharmacies (chain or independent), doctors, or long-term care facilities) to share in the profits earned by such provider in connection with the provider's sale or dispensing of any of your prescription drugs.

RESPONSE:

J.B. VAN HOLLEN  
Attorney General

/s/ Robert S. Libman  
One of the Attorneys for Plaintiff

FRANK D. REMINGTON  
Assistant Attorney General  
State Bar #1001131  
Wisconsin Dept. of Justice  
P.O. Box 7857  
Madison, WI 53707-7857  
(608) 266-3542

CHARLES BARNHILL  
State Bar #1015932  
WILLIAM P. DIXON  
State Bar #1012532  
ELIZABETH J. EBERLE  
State Bar #1037016  
ROBERT S. LIBMAN  
Admitted *Pro Hac Vice*  
BENJAMIN J. BLUSTEIN  
Admitted *Pro Hac Vice*  
Miner, Barnhill & Galland, P.C.  
44 E. Mifflin St.  
Madison, WI 53703  
(608) 255-5200

Attorneys for Plaintiff, State of Wisconsin

**HDMA Standard Product Information**

**Pharmaceutical Products**

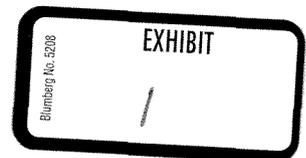
New Item  Promotion/Deal  Open Stock  Post Launch Change

Date: \_\_\_\_\_ Page 1 of 2

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
<p>Manufacturer/Broker Name: _____ Number: _____</p> <p>Product Name: _____</p> <p>Product ID Number: _____</p> <p><input type="checkbox"/> NDC _____ <input type="checkbox"/> UPC/GTIN # _____</p> <p>Description: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Key Contact: _____ Fax: _____</p> <p>Phone Number: _____ Ext: _____</p> <p>Phone Number: _____ Ext: _____</p> <p>Is the Product? <input type="checkbox"/> Direct Ship Item <input type="checkbox"/> Drop Ship Item</p> <p>Is the Product a Controlled Drug? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">If Yes, Schedule Number: _____</p> <p>Is this ARCOS reportable? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is this Product a Legend Device? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Country of Origin: _____</p> <p>Harmonization Code Number for International Shipping: _____</p> <p>Is this product a Hazardous Material or Cytotoxic Agent?</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide additional information on page 2.</p> <p>Attach copy of Material Safety Data Sheet (MSDS)</p> <p>Attach Package Insert</p>	<p>a. Temperature – Indicate the normal temperature range for this product.</p> <p>I. Controlled Room Temperature (68° – 77° F) <input type="checkbox"/></p> <p>II. Room Temperature (59° – 86° F) <input type="checkbox"/></p> <p>III. Excessive Heat (&gt;104° F) <input type="checkbox"/></p> <p>IV. Cool (46° – 59° F) <input type="checkbox"/></p> <p>V. Refrigerated (36° – 46° F) <input type="checkbox"/></p> <p>VI. Frozen (-4° – 14° F) <input type="checkbox"/></p> <p>VII. No Requirement <input type="checkbox"/></p> <p>b. Are temperature excursions permitted/allowed for product? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">If Yes, provide the temperature range and hours duration: _____ and _____</p> <p>c. Are there additional storage and shipping requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">If yes, please provide on page 2.</p>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION										
<p>Is there a minimum order quantity?</p> <p>If yes, <input type="checkbox"/> Case <input type="checkbox"/> Carton <input type="checkbox"/> Item</p> <p style="padding-left: 20px;">Number of Pieces? _____</p> <p>Shelf Life: _____ Months</p> <p>Whsl. Code #: _____</p> <p>Fineline Code: _____</p> <p>Is Item? <input type="checkbox"/> Unit Dose <input type="checkbox"/> Unit of Use</p> <p>If Unit Dose, is item bar coded to unit dose for Hospital tracking purposes?</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will handling data change in the first:</p> <p>6 months? <input type="checkbox"/> Yes</p> <p>9 months? <input type="checkbox"/> Yes</p> <p>12 months? <input type="checkbox"/> Yes</p> <p>Unknown? <input type="checkbox"/> Yes</p>	Size/Strength /Form	Unit Of Sale	UPC Code	Mstr. Shpr.	Inner Case Pk	Wght. Lbs.	Cube	Case Dimensions	Item Dimensions	Pallet Dimensions	# Cases/ Pallet
		<input type="checkbox"/> Bottle <input type="checkbox"/> Box <input type="checkbox"/> Glass jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other	Case:  Carton:  Item:			Case:  Carton:  Item:		Depth:  Height:  Width:	Depth:  Height:  Width:	Depth:  Height:  Width:	
	For Generic Drug Products: I. Orange Book Rating: _____ II. Product Color: _____ III. Brand Name Equivalent: _____ IV. Generic Name For Brand: _____										
	COST INFORMATION										
	Regular Cost (\$)	Purchase Allowance <input type="checkbox"/> OI <input type="checkbox"/> BB	Distribution Allowance <input type="checkbox"/> OI <input type="checkbox"/> BB	Invoice Cost (\$)	Net Cost (\$)	Mfr's AWP	Avg Retl Price (\$)	SRP (\$)	Excise Tax		
	DZ										
	EA										
	PPK										

This offer is made on a proportionally equal basis to all sellers' accounts complete with customer. Signature: \_\_\_\_\_





CERTIFICATE OF SERVICE

Lisa Mecca Davis certifies that she caused a copy of the attached Requests to be served upon all counsel of record, by LexisNexis File & Serve, this 22nd day of July, 2008.

/s/ Lisa Mecca Davis

Lisa Mecca Davis