UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF VIRGINIA
ALEXANDRIA DIVISION

JANINE ALI Plaintiff, v. ELI LILLY AND COMPANY, an Indiana corporation, Defendant.	CASE NO.: 1:14-CV-01615

DEFENDANT'S RESPONSES TO PLAINTIFF'S AMENDED FIRST SET OF REQUESTS FOR ADMISSION

Pursuant to Federal Rule of Civil Procedure 36, Defendant Eli Lilly and Company ("Defendant" or "Lilly") hereby submits its responses to Plaintiff's Amended First Set of Requests for Admission, as follows:

GENERAL STATEMENT

The following responses are subject to Lilly's Objections to Plaintiff's Amended First Set of Requests for Admission served on February 23, 2015 pursuant to Federal Rule of Civil Procedure 36 and Local Civil Rule 26 and, for the sake of brevity, not repeated herein. Lilly has not fully completed its investigation of the facts relating to this case, its discovery, or its preparation for trial. Both discovery and independent investigation are ongoing. Therefore, all responses contained herein are based solely upon such information and documents as are both presently available and specifically known to Lilly. Lilly reserves the right to supplement these responses as discovery and this investigation proceed. Lilly's responses are in accordance with

the requirements of the Federal Rules of Civil Procedure, the Local Rules, and any applicable Court Orders.

RESPONSES TO REQUESTS FOR ADMISSION

REQUEST FOR ADMISSION NO. 1:

Admit that the gradual or sudden discontinuation of CYMBALTA can cause adverse symptoms resulting from the discontinuation of CYMBALTA.

RESPONSE TO REQUEST FOR ADMISSION NO. 1:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, Lilly admits that in some patients who are treated with Cymbalta, the gradual or sudden discontinuation of Cymbalta can lead to certain adverse symptoms, as warned in the August 2004 United States Physician Package Insert ("U.S. label") for Cymbalta:

> **WARNINGS**
> . . .
> If the decision has been made to discontinue treatment, medication should be tapered, as rapidly as is feasible, but with recognition that abrupt discontinuation can be associated with certain symptoms (see PRECAUTIONS and DOSAGE AND ADMINISTRATION, Discontinuing Cymbalta (duloxetine hydrochloride), for a description of the risks of discontinuation of Cymbalta).
> * * *
>
> **PRECAUTIONS**
> . . .
> Discontinuation of Treatment with Cymbalta -- Discontinuation symptoms have been systematically evaluated in patients taking Cymbalta. Following abrupt discontinuation in placebo-controlled clinical trials of up to 9-weeks duration, the following symptoms occurred at a rate greater than or equal to 2% and at a significantly higher rate in duloxetine-treated patients compared to those discontinuing from placebo: dizziness; nausea; headache; paresthesia; vomiting; irritability; and nightmare.
> During marketing of other SSRIs and SNRIs (serotonin and norepinephrine reuptake inhibitors), there have been spontaneous reports of adverse events occurring upon discontinuation of these drugs, particularly when abrupt, including the following: dysphoric mood, irritability, agitation, dizziness, sensory disturbances (e.g., paresthesias such as electric shock sensations), anxiety, confusion, headache, lethargy, emotional lability, insomnia, hypomania, tinnitus,

> and seizures. Although these events are generally self-limiting, some have been reported to be severe.
>
> Patients should be monitored for these symptoms when discontinuing treatment with Cymbalta. A gradual reduction in the dose rather than abrupt cessation is recommended whenever possible. If intolerable symptoms occur following a decrease in the dose or upon discontinuation of treatment, then resuming the previously prescribed dose may be considered. Subsequently, the physician may continue decreasing the dose but at a more gradual rate (see DOSAGE AND ADMINISTRATION).
>
> * * *
>
> **DOSAGE AND ADMINISTRATION**
>
> . . .
>
> **Discontinuing Cymbalta (duloxetine hydrochloride)**
>
> Symptoms associated with discontinuation of Cymbalta and other SSRIs and SNRIs have been reported (see PRECAUTIONS). Patients should be monitored for these symptoms when discontinuing treatment. A gradual reduction in the dose rather than abrupt cessation is recommended whenever possible. If intolerable symptoms occur following a decrease in the dose or upon discontinuation of treatment, then resuming the previously prescribed dose may be considered. Subsequently, the physician may continue decreasing the dose but at a more gradual rate.

This warning has remained largely unchanged since Cymbalta's initial FDA approval for the treatment of Major Depressive Disorder.

REQUEST FOR ADMISSION NO. 2:

Admit that the abrupt discontinuation of a daily dose of 20 mg of CYMBALTA can cause adverse symptoms resulting from the discontinuation of CYMBALTA.

RESPONSE TO REQUEST FOR ADMISSION NO. 2:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, because Lilly has not comprehensively studied the abrupt discontinuation from the 20 mg/day dose of Cymbalta, and because this low dose is unlikely to present a similar profile than a fully therapeutic dose, denied.

REQUEST FOR ADMISSION NO. 3:

Admit that the abrupt discontinuation of a daily dose of 30 mg of CYMBALTA can cause adverse symptoms resulting from the discontinuation of CYMBALTA.

RESPONSE TO REQUEST FOR ADMISSION NO. 3:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, Lilly admits that in some patients who are treated with Cymbalta, the abrupt discontinuation of a 30 mg/day dose of Cymbalta may be associated with certain adverse symptoms, which are listed in Cymbalta's U.S. label, but further notes that many such patients do not experience such symptoms upon discontinuation.

REQUEST FOR ADMISSION NO. 4:

Admit that the abrupt discontinuation of a daily dose of 40 mg of CYMBALTA can cause adverse symptoms resulting from the discontinuation of CYMBALTA.

RESPONSE TO REQUEST FOR ADMISSION NO. 4:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, Lilly admits that in some patients who are treated with Cymbalta, the abrupt discontinuation of a 40 mg/day dose of Cymbalta is associated with certain adverse symptoms, which are listed in Cymbalta's U.S. label, but further notes that many such patients do not experience such symptoms upon discontinuation.

REQUEST FOR ADMISSION NO. 5:

Admit that the abrupt discontinuation of a daily dose of 60 mg of CYMBALTA can cause adverse symptoms resulting from the discontinuation of CYMBALTA.

RESPONSE TO REQUEST FOR ADMISSION NO. 5:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, Lilly admits that in some patients who are treated with Cymbalta, the abrupt discontinuation of a 60 mg/day dose of Cymbalta is associated with certain adverse symptoms, which are listed in Cymbalta's U.S. label, but further notes that many such patients do not experience such symptoms upon discontinuation.

REQUEST FOR ADMISSION NO. 6:

Admit that CYMBALTA's risk of causing adverse symptoms resulting from discontinuation of CYMBALTA is something a reasonable prescriber would consider important in deciding whether to prescribe the medication.

RESPONSE TO REQUEST FOR ADMISSION NO. 6:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, Lilly admits that the risk of the occurrence of adverse symptoms upon discontinuation from an antidepressant like Cymbalta, which is stated in Cymbalta's U.S. label, is one of the many pieces of information that form part of the complex and individualized set of considerations that a medical provider might take into account in deciding whether to prescribe an antidepressant like Cymbalta, although it is likely to not be a major factor given the widespread understanding of this risk across similar medications and the primary goal of the physician to treat the depressive or pain condition affecting the patient at the time of the prescription decision.

REQUEST FOR ADMISSION NO. 7:

Admit that CYMBALTA's risk of causing adverse symptoms resulting from discontinuation of CYMBALTA is something a reasonable person would consider important in deciding whether to purchase and ingest the medication.

RESPONSE TO REQUEST FOR ADMISSION NO. 7:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, Lilly cannot reasonably respond to this Request given the inherently unique situation presented for every patient, including the severity of their condition and need for treatment, and the fact that every antidepressant contains similar potential risks arising from the discontinuation of antidepressants like Cymbalta, which is stated in Cymbalta's U.S. label, and it is therefore denied.

REQUEST FOR ADMISSION NO. 8:

Admit that the gradual or sudden discontinuation of CYMBALTA can cause nausea.

RESPONSE TO REQUEST FOR ADMISSION NO. 8:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, Lilly admits that in some patients who are treated with Cymbalta, the gradual or sudden discontinuation of Cymbalta is associated with nausea, as stated in Cymbalta's U.S. label, although the rate of nausea as observed in the initial short-term clinical trials was low, approximately 5.9 percent as reported in the Perahia article.

REQUEST FOR ADMISSION NO. 9:

Admit that the gradual or sudden discontinuation of CYMBALTA can cause headaches.

RESPONSE TO REQUEST FOR ADMISSION NO. 9:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, Lilly admits that in some patients who are treated with Cymbalta, the gradual or sudden discontinuation of Cymbalta is associated with headaches, as stated in Cymbalta's U.S. label, although the rate of headaches as observed in the initial short-term clinical trials was low, approximately 5.3 percent as reported in the Perahia article.

REQUEST FOR ADMISSION NO. 10:

Admit that the gradual or sudden discontinuation of CYMBALTA can cause paresthesia.

RESPONSE TO REQUEST FOR ADMISSION NO. 10:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, Lilly admits that in some patients who are treated with Cymbalta, the gradual or sudden discontinuation of Cymbalta is associated paresthesia, as stated in Cymbalta's U.S. label, although the rate of paresthesia as observed in the initial short-term clinical trials was low, approximately 2.9 percent as reported in the Perahia article.

REQUEST FOR ADMISSION NO. 11:

Admit that the gradual or sudden discontinuation of CYMBALTA can cause nightmares.

RESPONSE TO REQUEST FOR ADMISSION NO. 11:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, Lilly admits that in some patients who are treated with Cymbalta, the gradual or sudden discontinuation of Cymbalta is associated with nightmares, as stated in Cymbalta's U.S. label that was in use between 2004 and 2010, although the rate of nightmares as observed in the initial short-term clinical trials was low, approximately 2.0 percent as reported in the Perahia article.

REQUEST FOR ADMISSION NO. 12:

Admit that the gradual or sudden discontinuation of CYMBALTA can cause insomnia.

RESPONSE TO REQUEST FOR ADMISSION NO. 12:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, Lilly admits that in some patients who are treated with Cymbalta, the gradual or sudden discontinuation of Cymbalta is associated with insomnia, as stated in Cymbalta's U.S. label beginning in 2007, although the rate of insomnia as observed in the initial short-term clinical trials was low, approximately 2.0 percent as reported in the Perahia article.

REQUEST FOR ADMISSION NO. 13:

Admit that the gradual or sudden discontinuation of CYMBALTA can cause anxiety.

RESPONSE TO REQUEST FOR ADMISSION NO. 13:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, Lilly admits that in some patients who are treated with Cymbalta, the gradual or sudden discontinuation of Cymbalta is associated with anxiety, as stated in Cymbalta's U.S. label, although the rate of anxiety as observed in the initial short-term clinical trials was low, below 2.0 percent as reported in the Perahia article.

REQUEST FOR ADMISSION NO. 14:

Admit that the gradual or sudden discontinuation of CYMBALTA can cause hyperhidrosis.

RESPONSE TO REQUEST FOR ADMISSION NO. 14:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, Lilly admits that in some patients who are treated with Cymbalta, the gradual or sudden discontinuation of Cymbalta is associated with hyperhidrosis, as stated in Cymbalta's U.S. label, although the rate of hyperhidrosis as observed in the initial short-term clinical trials was low, below 2.0 percent as reported in the Perahia article.

REQUEST FOR ADMISSION NO. 15:

Admit that the gradual or sudden discontinuation of CYMBALTA can cause sensory disturbances.

RESPONSE TO REQUEST FOR ADMISSION NO. 15:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, Lilly admits that in some patients who are treated with Cymbalta, the gradual or sudden discontinuation of Cymbalta is associated with sensory disturbances, as stated in Cymbalta's U.S. label, although the rate of sensory disturbances as observed in the initial short-term clinical trials was low, below 2.0 percent as reported in the Perahia article.

REQUEST FOR ADMISSION NO. 16:

Admit that the gradual or sudden discontinuation of CYMBALTA can cause suicidal ideation.

RESPONSE TO REQUEST FOR ADMISSION NO. 16:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, Lilly responds that it lacks information sufficient to admit this Request, and it is therefore denied. Lilly admits that there had been long-standing concern in the medical community that

antidepressants may have a role in inducing suicidal ideation in certain patients, but a causal relationship has not been established. Studies have not shown an increased risk of suicidal ideation or behaviors in most adult patients treated with Cymbalta compared to those treated with placebo. However, studies show a potential, but not statistically significant, increased risk among young adults (age 18-24). Nevertheless, Cymbalta's U.S. labels warns that "patients being treated with antidepressants should be observed closely for clinical worsening and suicidality, especially at the beginning of a course of drug therapy, or at the time of dose changes, either increases or decreases."

REQUEST FOR ADMISSION NO. 17:

Admit that the gradual or sudden discontinuation of CYMBALTA can cause seizures.

RESPONSE TO REQUEST FOR ADMISSION NO. 17:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, Lilly admits that there have been postmarketing reports of cases of seizure or seizure-like symptoms after discontinuation of treatment with Cymbalta and other SSRIs or SNRIs, as warned in sections of Cymbalta's U.S. label quoted in Lilly's Response to Request No. 1 and in Section 6.12 (Postmarketing Spontaneous Reports) added to the label in December 2008, but otherwise denied.

REQUEST FOR ADMISSION NO. 18:

Admit that, between 2004 and 2011, LILLY obtained over $17 billion in revenue from the sale of CYMBALTA within the United States.

RESPONSE TO REQUEST FOR ADMISSION NO. 18:

Denied. See https://investor.lilly.com/annuals.cfm for information about annual revenue from the sale of Cymbalta in the United States.

REQUEST FOR ADMISSION NO. 19:

Admit that CYMBALTA has a shorter half-life than Prozac.

RESPONSE TO REQUEST FOR ADMISSION NO. 19:

Admitted.

REQUEST FOR ADMISSION NO. 20:

Admit that CYMBALTA has a shorter half-life than Paxil.

RESPONSE TO REQUEST FOR ADMISSION NO. 20:

Admitted.

REQUEST FOR ADMISSION NO. 21:

Admit that CYMBALTA has a shorter half-life than Zoloft.

RESPONSE TO REQUEST FOR ADMISSION NO. 21:

Admitted.

REQUEST FOR ADMISSION NO. 22:

Admit that CYMBALTA has a shorter half-life than Celexa.

RESPONSE TO REQUEST FOR ADMISSION NO. 22:

Admitted.

REQUEST FOR ADMISSION NO. 23:

Admit that CYMBALTA has a shorter half-life than Lexapro.

RESPONSE TO REQUEST FOR ADMISSION NO. 23:

Admitted.

REQUEST FOR ADMISSION NO. 24:

Admit that Effexor has a shorter half-life than CYMBALTA.

RESPONSE TO REQUEST FOR ADMISSION NO. 24:

Admitted.

REQUEST FOR ADMISSION NO. 25:

Admit that the shorter the half-life of an SSRI or SNRI, the more frequent the occurrences of WITHDRAWAL.

RESPONSE TO REQUEST FOR ADMISSION NO. 25:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, Lilly admits that there is a relationship between the half-life of an SSRI or SNRI and discontinuation symptoms, in which a shorter half-life is one factor in the likelihood of the appearance of discontinuation-emergent adverse events ("DEAEs"), but that half-life does not explain the entire scientific picture.

REQUEST FOR ADMISSION NO. 26:

Admit that Daniel Kajdasz was an employee of LILLY when the PERAHIA ARTICLE was published.

RESPONSE TO REQUEST FOR ADMISSION NO. 26:

Admitted.

REQUEST FOR ADMISSION NO. 27:

Admit that Durisala Desaiah was an employee of LILLY when the PERAHIA ARTICLE was published.

RESPONSE TO REQUEST FOR ADMISSION NO. 27:

Admitted.

REQUEST FOR ADMISSION NO. 28:

Admit that Peter Haddad has received payments from LILLY for attending advisory boards, lecturing, and consultancy work.

RESPONSE TO REQUEST FOR ADMISSION NO. 28:

Admitted.

REQUEST FOR ADMISSION NO. 29:

Admit that YOU never instructed YOUR sales force to distribute the PERAHIA ARTICLE to physicians when it was published in 2005.

RESPONSE TO REQUEST FOR ADMISSION NO. 29:

Lilly is still investigating the nature and extent that the sales force distributed information reflected in the PERAHIA ARTICLE, or the article itself, and thus cannot answer this request at this time.

REQUEST FOR ADMISSION NO. 30:

Admit that, in the six acute treatment placebo controlled trials identified in the PERAHIA ARTICLE, 44.3% of patients receiving CYMBALTA reported at least one discontinuation-emergent adverse event.

RESPONSE TO REQUEST FOR ADMISSION NO. 30:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, Lilly admits that in the six acute treatment clinical trials discussed in the PERAHIA ARTICLE, 44.3% of patients receiving Cymbalta reported at least one discontinuation-emergent adverse event following abrupt discontinuation and 22.9% of patients receiving placebo reported at least one discontinuation-emergent adverse event.

REQUEST FOR ADMISSION NO. 31:

Admit that, in the six acute treatment placebo controlled trials identified in the PERAHIA ARTICLE, of the 510 discontinuation-emergent adverse events reported, 50.6% were moderate and 9.6% were severe.

RESPONSE TO REQUEST FOR ADMISSION NO. 31:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, Lilly admits that in the six acute treatment clinical trials discussed in the PERAHIA ARTICLE, of the 510 discontinuation-emergent adverse events reported following abrupt discontinuation from Cymbalta, 39.8% were mild, 50.6% were moderate, and 9.6% were characterized as severe.

REQUEST FOR ADMISSION NO. 32:

Admit that, in the six acute treatment placebo controlled trials identified in the PERAHIA ARTICLE, 3.1% of patients in the CYMBALTA treatment groups withdrew from the studies because of a discontinuation-emergent adverse event.

RESPONSE TO REQUEST FOR ADMISSION NO. 32:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, Lilly admits that in the six acute treatment clinical trials discussed in the PERAHIA ARTICLE, 3.1% of patients in the Cymbalta treatment groups withdrew from the study due to one or more discontinuation-emergent adverse events following abrupt discontinuation.

REQUEST FOR ADMISSION NO. 33:

Admit that, in the six acute treatment placebo controlled trials identified in the PERAHIA ARTICLE, 62.1% of patients taking 120 mg/day of CYMBALTA experienced at least one discontinuation-emergent adverse event.

RESPONSE TO REQUEST FOR ADMISSION NO. 33:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, Lilly admits that in the six acute treatment clinical trials discussed in the PERAHIA ARTICLE, 62.1% of patients receiving 120 mg/day of Cymbalta and 22.9% of patients receiving placebo reported at least one discontinuation-emergent adverse event following abrupt discontinuation.

REQUEST FOR ADMISSION NO. 34:

Admit that, in the six acute treatment placebo controlled trials identified in the PERAHIA ARTICLE, of the discontinuation-emergent adverse events reported, 53.7% remained unresolved after two weeks.

RESPONSE TO REQUEST FOR ADMISSION NO. 34:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, Lilly admits that in the six acute treatment clinical trials discussed in the PERAHIA ARTICLE, 53.7% of discontinuation-emergent adverse events reported by patients receiving Cymbalta were unresolved after two weeks and 52.5% of discontinuation-emergent adverse events reported by patients receiving placebo were unresolved after two weeks when the study concluded, but that the patients continued to remain under the care of their medical providers following the study.

REQUEST FOR ADMISSION NO. 35:

Admit that, in a fifty-two week open-label clinical trial for CYMBALTA identified in the PERAHIA ARTICLE, 50.8% of patients suffered at least one discontinuation-emergent adverse event.

RESPONSE TO REQUEST FOR ADMISSION NO. 35:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, Lilly admits that in the 52-week open-label clinical trial discussed in the PERAHIA ARTICLE, 50.8% of patients receiving Cymbalta reported at least one discontinuation-emergent adverse event following abrupt discontinuation.

REQUEST FOR ADMISSION NO. 36:

Admit that, in a fifty-two week open-label clinical trial for CYMBALTA identified in the PERAHIA ARTICLE, of the discontinuation-emergent adverse events reported, 46.3% were moderate and 17.2% were severe.

RESPONSE TO REQUEST FOR ADMISSION NO. 36:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, Lilly admits that in the 52-week open-label clinical trial discussed in the PERAHIA ARTICLE, of the discontinuation-emergent adverse events reported following abrupt discontinuation, 36.6% were mild, 46.3% were moderate, and 17.2% were characterized as severe.

REQUEST FOR ADMISSION NO. 37:

Admit that, in a fifty-two week open-label clinical trial for CYMBALTA identified in the PERAHIA ARTICLE, of the discontinuation-emergent adverse events reported 55.2% had not resolved after two weeks.

RESPONSE TO REQUEST FOR ADMISSION NO. 37:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, Lilly admits that in the 52-week open-label clinical trial discussed in the PERAHIA ARTICLE, of the discontinuation-emergent adverse events reported, 55.2% had not resolved after two weeks when the study concluded, but that the patients continued to remain under the care of their medical providers following the study.

REQUEST FOR ADMISSION NO. 38:

Admit that LILLY does not know how long it took for the discontinuation-emergent adverse events discussed in the PERAHIA ARTICLE to fully resolve.

RESPONSE TO REQUEST FOR ADMISSION NO. 38:

Denied in part. Lilly admits it knows that of the discontinuation-emergent adverse events reported in the six acute treatment clinical trials discussed in the PERAHIA ARTICLE, 46.3% of those reported by patients receiving Cymbalta and 47.5% of those reported by patients on

placebo resolved within two weeks. Lilly further admits it knows that of the discontinuation-emergent adverse events reported in the two long-term treatment clinical trials discussed in the PERAHIA ARTICLE, 35.3% of those reported by patients receiving Cymbalta resolved within two weeks and 50% of those reported by patients on placebo resolved within one week. Lilly further admits it knows that of the discontinuation-emergent adverse events reported in the 52-week open-label clinical trial discussed in the PERAHIA ARTICLE, 44.8% of those reported resolved within two weeks. Because the trials concluded after the end of two weeks post-discontinuation, the trials did not capture this information from the medical professionals who continued to treat the patients at the conclusion of the trials.

REQUEST FOR ADMISSION NO. 39:

Admit that the work conducted in the PERAHIA ARTICLE was funded by LILLY.

RESPONSE TO REQUEST FOR ADMISSION NO. 39:

Admitted.

REQUEST FOR ADMISSION NO. 40:

Admit that the DEAEs measured in the PERAHIA ARTICLE were assessed by means of spontaneous reports rather than a symptom checklist.

RESPONSE TO REQUEST FOR ADMISSION NO. 40:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, Lilly admits that in the trials discussed in the PERAHIA ARTICLE, DEAEs were assessed by means of an open-ended question posed to patients to solicit information about their adverse symptoms and not by means of a symptom checklist in which patients are asked about each specific symptom.

REQUEST FOR ADMISSION NO. 41:

Admit that use of a symptom checklist, instead of spontaneous reports, would be expected to produce higher incidence rates of DEAEs in the PERAHIA ARTICLE.

RESPONSE TO REQUEST FOR ADMISSION NO. 41:

Subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions, Lilly admits that the use of a symptom checklist to measure DEAEs might be expected to produce higher reporting rates of DEAEs for both active treatment and placebo than alternate means of assessment in part due to the suggestive influence of a symptom checklist on patients.

REQUEST FOR ADMISSION NO. 42:

Admit that LILLY sponsored the clinical trial by Jerrold Rosenbaum et al, Selective Serotonin Reuptake Inhibitor Discontinuation Syndrome: A Randomized Clinical Trial, 44 BIOLOGICAL PSYCHIATRY 2, 77-87 (1998).

RESPONSE TO REQUEST FOR ADMISSION NO. 42:

Admitted.

REQUEST FOR ADMISSION NO. 43:

Admit that, in Jerrold Rosenbaum et al, Selective Serotonin Reuptake Inhibitor Discontinuation Syndrome: A Randomized Clinical Trial, 44 BIOLOGICAL PSYCHIATRY 2, 77-87 (1998), the researchers used a symptom checklist to tabulate DEAEs / withdrawal symptoms.

RESPONSE TO REQUEST FOR ADMISSION NO. 43:

Admitted.

REQUEST FOR ADMISSION NO. 44:

Admit that the information contained in the European Medicines Agency Summary of Product Information for CYMBALTA is accurate and true.

RESPONSE TO REQUEST FOR ADMISSION NO. 44:

Admitted subject to Lilly's Objections to Plaintiff's Amended Requests for Admissions.

REQUEST FOR ADMISSION NO. 45:

Admit that, in clinical trials, adverse events seen on abrupt treatment discontinuation of CYMBALTA occurred in approximately 45% of patients treated with CYMBALTA.

RESPONSE TO REQUEST FOR ADMISSION NO. 45:

Denied in part. Lilly admits that in some clinical trials, specifically the six acute treatment clinical trials discussed in the PERAHIA ARTICLE, discontinuation-emergent adverse events after abrupt discontinuation were reported by 44.3% of patients on active treatment and 22.9% on placebo. In other clinical trials, the incidence of DEAEs was a different rate. For example, in the two long-term treatment clinical trials discussed in the PERAHIA ARTICLE, discontinuation-emergent adverse events after abrupt discontinuation were reported by 9.1% of patients.

REQUEST FOR ADMISSION NO. 46:

Admit that the following statement appears in the European Medicines Agency Summary of Product Information for CYMBALTA: "In clinical trials adverse events seen on abrupt treatment discontinuation occurred in approximately 45% of patients treated with Cymbalta and 23% of patients taking placebo."

RESPONSE TO REQUEST FOR ADMISSION NO. 46:

Admitted.

REQUEST FOR ADMISSION NO. 47:

Admit that the following statement does not appear on the CYMBALTA LABEL: "In clinical trials adverse events seen on abrupt treatment discontinuation occurred in approximately 45% of patients treated with Cymbalta and 23% of patients taking placebo."

RESPONSE TO REQUEST FOR ADMISSION NO. 47:

Denied. The above-quoted statement appears in the CYMBALTA LABEL as defined by Plaintiff as "the official prescribing information for the drug, including but not limited to the product insert and medication guides approved by the FDA or other foreign regulatory bodies."

REQUEST FOR ADMISSION NO. 48:

Admit that at no time has LILLY's direct-to-consumer advertising, i.e., television, newspapers, magazines, and/or radio, warned patients that abrupt discontinuation of CYMBALTA occurred in approximately 45% of patients treated with CYMBALTA.

RESPONSE TO REQUEST FOR ADMISSION NO. 48:

Lilly refers Plaintiff to its objections to this Request.

REQUEST FOR ADMISSION NO. 49:

Admit that the following statement appears in the European Medicines Agency Summary of Product Information for CYMBALTA: "It is therefore advised that duloxetine should be gradually tapered when discontinuing treatment over a period of no less than 2 weeks, according to the patient's needs (see section 4.2)."

RESPONSE TO REQUEST FOR ADMISSION NO. 49:

Admitted.

REQUEST FOR ADMISSION NO. 50:

Admit that the CYMBALTA LABEL does not state that CYMBALTA should be gradually tapered "over a period of no less than 2 weeks[.]"

RESPONSE TO REQUEST FOR ADMISSION NO. 50:

Denied. The above-quoted statement appears in the CYMBALTA LABEL as defined by Plaintiff as "the official prescribing information for the drug, including but not limited to the product insert and medication guides approved by the FDA or other foreign regulatory bodies."

REQUEST FOR ADMISSION NO. 51:

Admit that the European Medicines Agency Summary of Product Information for CYMBALTA refers to "discontinuation-emergent adverse events" as "withdrawal symptoms."

RESPONSE TO REQUEST FOR ADMISSION NO. 51:

Admitted.

REQUEST FOR ADMISSION NO. 52:

Admit that the following statement appears in the European Medicines Agency Summary of Product Information for CYMBALTA: Withdrawal symptoms "may be prolonged (2-3 months or more)."

RESPONSE TO REQUEST FOR ADMISSION NO. 52:

Lilly admits that Cymbalta's European Medicines Agency Summary of Product Characteristics states, concerning discontinuation-emergent adverse events: "Generally these

symptoms are self-limiting and usually resolve within 2 weeks, though in some individuals they may be prolonged (2-3 months or more)."

REQUEST FOR ADMISSION NO. 53:

Admit that the CYMBALTA LABEL does not estimate how long discontinuation-emergent adverse events will likely take to resolve following abrupt or tapered discontinuation of CYMBALTA.

RESPONSE TO REQUEST FOR ADMISSION NO. 53:

Denied. An estimate of the duration of discontinuation-emergent adverse events appears in the CYMBALTA LABEL as defined by Plaintiff as "the official prescribing information for the drug, including but not limited to the product insert and medication guides approved by the FDA or other foreign regulatory bodies."

REQUEST FOR ADMISSION NO. 54:

Admit that the CYMBALTA LABEL does not indicate that some individuals may have withdrawal symptoms for 2-3 months or more.

RESPONSE TO REQUEST FOR ADMISSION NO. 54:

Denied. A statement that some individuals may experience prolonged discontinuation-emergent adverse events for 2-3 months or more appears in the CYMBALTA LABEL as defined by Plaintiff as "the official prescribing information for the drug, including but not limited to the product insert and medication guides approved by the FDA or other foreign regulatory bodies."

REQUEST FOR ADMISSION NO. 55:

Admit that the CYMBALTA LABEL does not specify what percentage of patients will likely experience at least one discontinuation-emergent adverse event upon abrupt or tapered discontinuation of CYMBALTA.

RESPONSE TO REQUEST FOR ADMISSION NO. 55:

Denied. A statement of the percentage of patients who reported discontinuation-emergent adverse events in clinical trials appears in the CYMBALTA LABEL as defined by Plaintiff as "the official prescribing information for the drug, including but not limited to the product insert and medication guides approved by the FDA or other foreign regulatory bodies."

REQUEST FOR ADMISSION NO. 56:

Admit that YOU, not the FDA, bear responsibility for the content of the CYMBALTA LABEL at all times.

RESPONSE TO REQUEST FOR ADMISSION NO. 56:

Lilly refers Plaintiff to its objections to this Request.

REQUEST FOR ADMISSION NO. 57:

Admit that the smallest approved dose for CYMBALTA is 20 mg.

RESPONSE TO REQUEST FOR ADMISSION NO. 57:

Admitted.

REQUEST FOR ADMISSION NO. 58:

Admit that CYMBALTA has an elimination half-life of about 12 hours (range 8 to 17 hours).

RESPONSE TO REQUEST FOR ADMISSION NO. 58:

Admitted.

REQUEST FOR ADMISSION NO. 59:

Admit that CYMBALTA should be swallowed whole and should not be chewed or crushed.

RESPONSE TO REQUEST FOR ADMISSION NO. 59:

Admitted.

REQUEST FOR ADMISSION NO. 60:

Admit that the CYMBALTA capsule should not be opened and its contents sprinkled on food or mixed with liquids.

RESPONSE TO REQUEST FOR ADMISSION NO. 60:

Admitted.

REQUEST FOR ADMISSION NO. 61:

Admit that opening a CYMBALTA capsule, or crushing or chewing the CYMBALTA capsule, might affect its enteric coating.

RESPONSE TO REQUEST FOR ADMISSION NO. 61:

Admitted.

Respectfully Submitted,

Dated: March 9, 2015

By: /s/

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CERTIFICATE OF SERVICE

I, Jeffrey T. Bozman, hereby certify that on the 9th day of March, 2015, I have served Plaintiff's counsel in this action with a copy of Defendant's Responses to Plaintiff's First Set of Requests for Admission by mailing a copy of the same by United States Mail, postage prepaid, and electronic mail to the following address:

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Dated: March 9, 2015

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