

FILED

February 5, 2026

HON. BRUCE J. KAPLAN, P.J.Cv.

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: MIDDLESEX COUNTY

MCL NO. 282

MASTER DOCKET NO. MID-L-007153-14

CASE MANAGEMENT ORDER

In Re: Fosamax® Litigation

APPLICABLE TO ALL CASES ON
THE ATTACHED EXHIBIT LIST

THIS MATTER, having come before the Court upon Joint Consent Motion by Plaintiffs, the Actonel Defendants, the Boniva Defendants, and the Reclast Defendant, and for good cause having been shown:

IT IS on this 5th day of February, 2026, **ORDERED** as follows: **Applicability of Order**

1. This Case Management Order (“CMO”) applies to all Plaintiffs alleging personal injury (and related) claims against the Actonel Defendants, Boniva Defendants, and/or the Reclast Defendant in this Multicounty Litigation (“MCL”), including living Plaintiffs, as well as the representatives and anticipated representatives of any deceased Plaintiffs (all hereinafter referred to as the “Litigating Plaintiffs”).

2. Litigating Plaintiffs who represent themselves *pro se* shall be bound by the requirements of this CMO and shall fully comply with all obligations required of counsel by this CMO, unless otherwise stated.

Certification Requirements

3. Pursuant to this CMO, all Litigating Plaintiffs, their representatives, or their anticipated representatives, shall fully and accurately complete the applicable Actonel Certification attached as Exhibit 1, the Boniva Certification attached as Exhibit 2, and/or the Reclast Certification attached as Exhibit 3. If a Litigating Plaintiff brings claims against more than

one of either of the Actonel Defendants, Boniva Defendants, or Reclast Defendant, such Litigating Plaintiff shall complete each applicable certification. Completed Actonel Certifications shall be emailed to BTorres@kslaw.com, CCAllen@kslaw.com, and NJFosamaxLiaison@seegerweiss.com. Completed Boniva Certifications shall be emailed to mary.pawelek@bowmanandbrooke.com, delena.meuth@bowmanandbrooke.com, marissa.mooney@bowmanandbrooke.com, dsapiro@dughihewit.com, and NJFosamaxLiaison@seegerweiss.com. Completed Reclast Certifications shall be emailed to sklein@hollingsworthllp.com, cfalletta@sillscummis.com, and NJFosamaxLiaison@seegerweiss.com.

4. A completed certification that is applicable to one Defendant shall not apply to any other Defendant. Litigating Plaintiffs bringing claims against multiple Defendants must complete a certification for each applicable Defendant.

Deadline to Comply

5. Litigating Plaintiffs shall provide the certifications required by paragraphs 3 and 4 above to the Actonel Defendants, Boniva Defendants, and Reclast Defendant, as applicable, no later than 45 days after the entry of this order.

Failure to Comply

6. The claims of any Litigating Plaintiffs that have not submitted the applicable certification by the deadline set forth in paragraph 5 of this CMO may, upon motion, be subject to dismissal without prejudice. From the date a case is dismissed without prejudice, the Litigating Plaintiff or their representative will have 60 days to provide the applicable certification and file a motion to reinstate their case, or the claims of that Litigating Plaintiff may, upon motion, be dismissed with prejudice.

It is so **ORDERED**.

BS/ Bruce J. Kaplan

Honorable Bruce J. Kaplan, P.J. Cv.

EXHIBIT 1

IN RE: FOSAMAX® LITIGATION

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: MIDDLESEX COUNTY

MCL NO. 282

MASTER DOCKET NO. MID-L-007153-14

ACTONEL PLAINTIFF CERTIFICATION

I, _____ (PRINT NAME), understand the statements made below, and I hereby certify under penalty of perjury that these statements are made by me and are true and correct.

1. I filed a lawsuit, and I am a plaintiff in the *In re: Fosamax® Litigation* lawsuit identified in the case style above pending in New Jersey Superior Court. In this lawsuit, I bring claims against the Actonel® Defendants based on my alleged use of a medication called Actonel®.
2. My current address is (PRINT): _____

3. I hereby certify that I am willing and able to proceed with this litigation.

Date: _____
(PRINT DATE)

Plaintiff (PRINT NAME)

Plaintiff (SIGNATURE)

IN RE: FOSAMAX® LITIGATION

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: MIDDLESEX COUNTY

MCL NO. 282

MASTER DOCKET NO. MID-L-007153-14

**ACTONEL PLAINTIFF
REPRESENTATIVE CERTIFICATION**

I, _____ (PRINT YOUR NAME), understand the statements made below, and I hereby certify under penalty of perjury that these statements are made by me and are true and correct.

1. I am acting as the personal representative of the Estate of _____ (PRINT DECEDENT'S NAME) (hereinafter identified as the "The Decedent"), which is a plaintiff in the *In re: Fosamax® Litigation* lawsuit identified in the case style above pending in New Jersey Superior Court. In this lawsuit, I bring claims against the Actonel® Defendants based on The Decedent's alleged use of a medication called Actonel®.
2. I am acting on behalf of the deceased Plaintiff _____ (PRINT DECEDENT'S NAME) in this litigation.
3. My current address is (PRINT): _____

4. I certify that I am willing and able to proceed with this litigation.

Date: _____
(PRINT DATE)

Plaintiff (PRINT YOUR NAME)

Plaintiff (SIGNATURE)

IN RE: FOSAMAX® LITIGATION

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: MIDDLESEX COUNTY

MCL NO. 282

MASTER DOCKET NO. MID-L-007153-14

**ACTONEL PROPOSED PLAINTIFF
REPRESENTATIVE CERTIFICATION**

I, _____ (PRINT NAME), understand the statements made below, and I hereby certify under penalty of perjury that these statements are made by me and are true and correct

1. A. I am the authorized representative of _____ (PRINT DECEDENT'S NAME) (hereinafter identified as the "The Decedent"), who is deceased and who is a plaintiff in the *In re: Fosamax® Litigation* lawsuit identified in the case style above pending in New Jersey Superior Court. In this lawsuit, Decedent brought claims against the Actonel® Defendants based on Decedent's alleged use of a medication called Actonel®.

OR

B. I have or will be seeking the authority to act as Decedent's authorized personal representative because I am their next of kin or legally designated personal representative.
2. I intend to proceed as plaintiff on behalf of the Decedent in this litigation pending in New Jersey Superior Court.
3. I will take the necessary steps to substitute my appearance for the Decedent as the estate's representative.
4. I understand that if I do not promptly take the necessary steps to formalize this appointment, the case may be dismissed.
5. My current address is (PRINT): _____
6. I hereby certify that I am willing and able to proceed with this litigation.

Date: _____
(PRINT DATE)

Proposed Representative (PRINT NAME)

Proposed Representative (SIGNATURE)

EXHIBIT 2

IN RE: FOSAMAX® LITIGATION

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: MIDDLESEX COUNTY

MCL NO. 282

MASTER DOCKET NO. MID-L-007153-14

BONIVA PLAINTIFF CERTIFICATION

I, _____ (PRINT NAME), understand the statements made below, and I hereby certify under penalty of perjury that these statements are made by me and are true and correct.

1. I filed a lawsuit, and I am a plaintiff in the *In re: Fosamax® Litigation* lawsuit identified in the case style above pending in New Jersey Superior Court. In this lawsuit, I bring claims against the Boniva® Defendants based on my alleged use of a medication called Boniva®.
2. My current address is (PRINT): _____

3. I hereby certify that I am willing and able to proceed with this litigation.

Date: _____
(PRINT DATE)

Plaintiff (PRINT NAME)

Plaintiff (SIGNATURE)

IN RE: FOSAMAX® LITIGATION

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: MIDDLESEX COUNTY

MCL NO. 282

MASTER DOCKET NO. MID-L-007153-14

**BONIVA PLAINTIFF
REPRESENTATIVE CERTIFICATION**

I, _____ (PRINT YOUR NAME), understand the statements made below, and I hereby certify under penalty of perjury that these statements are made by me and are true and correct.

1. I am acting as the personal representative of the Estate of _____ (PRINT DECEDENT'S NAME) (hereinafter identified as the "The Decedent"), which is a plaintiff in the *In re: Fosamax® Litigation* lawsuit identified in the case style above pending in New Jersey Superior Court. In this lawsuit, I bring claims against the Boniva® Defendants based on The Decedent's alleged use of a medication called Boniva®.
2. I am acting on behalf of the deceased Plaintiff _____ (PRINT DECEDENT'S NAME) in this litigation.
3. My current address is (PRINT): _____

4. I certify that I am willing and able to proceed with this litigation.

Date: _____
(PRINT DATE)

Plaintiff (PRINT YOUR NAME)

Plaintiff (SIGNATURE)

IN RE: FOSAMAX® LITIGATION

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: MIDDLESEX COUNTY

MCL NO. 282

MASTER DOCKET NO. MID-L-007153-14

**BONIVA PROPOSED PLAINTIFF
REPRESENTATIVE CERTIFICATION**

I, _____ (PRINT NAME), understand the statements made below, and I hereby certify under penalty of perjury that these statements are made by me and are true and correct

1. A. I am the authorized representative of _____ (PRINT DECEDENT'S NAME) (hereinafter identified as the "The Decedent"), who is deceased and who is a plaintiff in the *In re: Fosamax® Litigation* lawsuit identified in the case style above pending in New Jersey Superior Court. In this lawsuit, Decedent brought claims against the Boniva® Defendants based on Decedent's alleged use of a medication called Boniva®.

OR

B. I have or will be seeking the authority to act as Decedent's authorized personal representative because I am their next of kin or legally designated personal representative.
2. I intend to proceed as plaintiff on behalf of the Decedent in this litigation pending in New Jersey Superior Court.
3. I will take the necessary steps to substitute my appearance for the Decedent as the estate's representative.
4. I understand that if I do not promptly take the necessary steps to formalize this appointment, the case may be dismissed.
5. My current address is (PRINT): _____
6. I hereby certify that I am willing and able to proceed with this litigation.

Date: _____
(PRINT DATE)

Proposed Representative (PRINT NAME)

Proposed Representative (SIGNATURE)

EXHIBIT 3

IN RE: FOSAMAX® LITIGATION

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: MIDDLESEX COUNTY

MCL NO. 282

MASTER DOCKET NO. MID-L-007153-14

RECLAST® PLAINTIFF CERTIFICATION

I, _____ (PRINT NAME), understand the statements made below, and I hereby certify under penalty of perjury that these statements are made by me and are true and correct.

1. I filed a lawsuit, and I am a plaintiff in the *In re: Fosamax® Litigation* lawsuit identified in the case style above pending in New Jersey Superior Court. In this lawsuit, I bring claims against Novartis Pharmaceuticals Corporation based on my alleged use of a medication called Reclast®.
2. My current address is (PRINT): _____

3. I hereby certify that I am willing and able to proceed with this litigation.

Date: _____
(PRINT DATE)

Plaintiff (PRINT NAME)

Plaintiff (SIGNATURE)

IN RE: FOSAMAX® LITIGATION

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: MIDDLESEX COUNTY

MCL NO. 282

MASTER DOCKET NO. MID-L-007153-14

**RECLAST® PLAINTIFF
REPRESENTATIVE CERTIFICATION**

I, _____ (**PRINT YOUR NAME**), understand the statements made below, and I hereby certify under penalty of perjury that these statements are made by me and are true and correct.

1. I am acting as the personal representative of the Estate of _____ (**PRINT DECEDENT'S NAME**) (hereinafter identified as the "The Decedent"), which is a plaintiff in the *In re: Fosamax® Litigation* lawsuit identified in the case style above pending in New Jersey Superior Court. In this lawsuit, I bring claims against Novartis Pharmaceuticals Corporation based on The Decedent's alleged use of a medication called Reclast®.
2. I am acting on behalf of the deceased Plaintiff _____ (**PRINT DECEDENT'S NAME**) in this litigation.
3. My current address is (**PRINT**): _____

4. I certify that I am willing and able to proceed with this litigation.

Date: _____
(**PRINT DATE**)

Plaintiff (**PRINT YOUR NAME**)

Plaintiff (**SIGNATURE**)

IN RE: FOSAMAX® LITIGATION

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: MIDDLESEX COUNTY

MCL NO. 282

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**RECLAST® PROPOSED PLAINTIFF
REPRESENTATIVE CERTIFICATION**

I, _____ (PRINT NAME), understand the statements made below, and I hereby certify under penalty of perjury that these statements are made by me and are true and correct

1 A. I am the authorized representative of _____ (PRINT DECEDENT'S NAME) (hereinafter identified as the "The Decedent"), who is deceased and who is a plaintiff in the *In re: Fosamax® Litigation* lawsuit identified in the case style above pending in New Jersey Superior Court. In this lawsuit, Decedent brought claims against Novartis Pharmaceuticals Corporation based on Decedent's alleged use of a medication called Reclast®.

OR

B. I have or will be seeking the authority to act as Decedent's authorized personal representative because I am their next of kin or legally designated personal representative.

2. I intend to proceed as plaintiff on behalf of the Decedent in this litigation pending in New Jersey Superior Court.

3. I will take the necessary steps to substitute my appearance for the Decedent as the estate's representative.

4. I understand that if I do not promptly take the necessary steps to formalize this appointment, the case may be dismissed.

5. My current address is (PRINT): _____

6. I hereby certify that I am willing and able to proceed with this litigation.

Date: _____
(PRINT DATE)

Proposed Representative (PRINT NAME)

Proposed Representative (SIGNATURE)