INSTRUCTIONS FOR COMPLETING CLAIM FORM

You must submit a timely and valid Claim Form for Settlement benefits. Your Claim Form must be submitted online at GenericPharmaceuticalsAntitrust.com by **AUGUST 28, 2025**, or mailed to the Settlement Administrator at the address below, **postmarked** by **AUGUST 28, 2025**. Claim Forms are also available on the Settlement Website at GenericPharmaceuticalsAntitrust.com, by calling 1-877-644-0182, or by writing to:

In re Generic Pharmaceuticals Pricing Antitrust Litigation
Settlement Administrator
P.O. Box 2750
Portland, OR 97208-2750

The quickest, most efficient way to file your Claim Form is via the website, GenericPharmaceuticalsAntitrust.com. Please keep a copy of this form and any supporting documentation for your records.

Section A: Please indicate the type of dispenser this claim pertains to and complete the contact information. Please include any predecessor entity name(s) if applicable.

Section B: If you are an authorized third-party filer for the Settlement Class Member, please complete this section. Please be aware that the Settlement Class Member will receive any authorized benefits as a result of this claim. Any fees pertaining to filing on behalf of the Settlement Class Member is the responsibility of the Settlement Class Member.

Section C: Certify your purchase of the Drugs at Issue.

Section D: Please sign and date this section to certify that the contents of this Claim Form are true and correct.

DEFINITIONS

A) "Clinics" shall include facilities providing outpatient medical treatment and advice, including urgent care clinics, community health centers, and other outpatient facilities.

B) "Drugs at Issue" means any dosage or formulation of any drug that is the subject of any allegation set forth in MDL No. 2724, *In re Generic Pharmaceuticals Pricing Antitrust Litigation*, No. 16-md-2724 (E.D. Pa.), whether or not those allegations involve Apotex. The list of drugs at issue can be found at GenericPharmaceuticalsAntitrust.com.

C) "Hospitals" shall include facilities that provide inpatient medical treatment with overnight accommodations.

D) "Independent Pharmacies" shall include retail pharmacies that are not owned by a publicly traded company.

Claims may be submitted online at GenericPharmaceuticalsAntitrust.com.

CLAIM FORM
In re: Generic Pharmaceuticals Pricing Antitrust Litigation
CIVIL ACTIONS: 16-PV-27243; 18-cv-2533; 19-cv-6044

Must Be Postmarked or Submitted Online No Later Than AUGUST 28, 2025

SECTION A: DISPENSER INFORMATION

Please type or neatly print all information. Please specify the type of reseller this claim pertains to:

☐ Independent Pharmacy

☐ Hospital

☐ Clinic

Entity Name:

Entity Address Line 1:

Entity Address Line 2:

City: State: ZIP Code: –

Contact Person (employed by pharmacy):

U.S. Telephone Number: – – Country Code – International Telephone Number (if applicable):

Email address:

Last Four Digits of Pharmacy License Number:

Date the Pharmacy License Was Issued:
MM – DD – YYYY

Predecessor Entity Name (if applicable):

Date the Predecessor Entity License Was Issued:
MM – DD – YYYY

Unique ID (if available):

Claims may be submitted online at GenericPharmaceuticalsAntitrust.com.

SECTION B: THIRD-PARTY FILER INFORMATION

As an authorized agent, please check the box to indicate how your relationship with the Settlement Class Member is best described (you are required to provide documentation demonstrating this relationship):

☐ **Third-Party Administrator**

☐ **Pharmacy Benefit Manager**

Authorized Agent's Company Name:

Authorized Agent's Address Line 1:

Authorized Agent's Address Line 2:

City: State: ZIP Code: –

Contact Person Name:

U.S. Telephone Number: – – Country Code – International Telephone Number (if applicable):

Email address:

SECTION C: PURCHASE CERTIFICATION

☐ I declare that the Dispenser in Section A is a Class Member that purchased at least one of the Drugs at Issue in the United States and its territories between January 1, 2010, and the present. The list of Drugs at Issue can be found at GenericPharmaceuticalsAntitrust.com.

Claims may be submitted online at GenericPharmaceuticalsAntitrust.com.

SECTION D: CERTIFICATION

I (WE) DECLARE, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA, THAT THE INFORMATION PROVIDED IN THIS CLAIM FORM IS TRUE AND CORRECT.

SIGNATURE OF CLAIMANT:

Signature:

Type / Print Name:

Company's Name:

Capacity of Person Signing (e.g., President):

City:

State:

Country:

Date:

MM – DD – YYYY

Mail this completed Claim Form (and any proof of authority, if applicable) to:

In re Generic Pharmaceuticals Pricing Antitrust Litigation
Settlement Administrator
P.O. Box 2750
Portland, OR 97208-2750

You may also complete and submit the claim form online at GenericPharmaceuticalsAntitrust.com. ***Your claim may be processed more quickly if you submit it online.***

**ACCURATE PROCESSING OF CLAIMS MAY TAKE SIGNIFICANT TIME.
THANK YOU IN ADVANCE FOR YOUR PATIENCE.**

Claims may be submitted online at GenericPharmaceuticalsAntitrust.com.