

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

IN RE: GENERIC PHARMACEUTICALS
PRICING ANTITRUST LITIGATION

MDL NO. 2724

16-MD-2724

THIS DOCUMENT RELATES TO:

HON. CYNTHIA M. RUFÉ

Direct Purchaser Class Plaintiffs' Actions

**UNOPPOSED MOTION TO
AMEND THE PLAN OF ALLOCATION FOR
DPPS' SUN AND TARO SETTLEMENTS**

Direct Purchaser Class Plaintiffs César Castillo, LLC, FWK Holdings, LLC, Rochester Drug Co-Operative, Inc., and KPH Healthcare Services, Inc. a/k/a Kinney Drugs, Inc. ("DPPs") by and through their undersigned counsel, respectfully submit this Unopposed Motion to Amend the Plan of Allocation for DPPs' Sun and Taro Settlements. *See* Exhibit 1 attached hereto (redlined version of DPPs' Plan of Allocation); and Exhibits 2 & 3 attached hereto (redlined version of DPPs' Claim Forms). DPPs have conferred with counsel for Settling Defendants Sun Pharmaceutical Industries, Inc. and its affiliates (Caraco Pharmaceutical Laboratories, Mutual Pharmaceutical Company, Inc., and URL Pharma, Inc.) and Taro Pharmaceuticals U.S.A., Inc., who do not oppose this relief.

The Court-approved Plan of Allocation provides for *pro rata* distributions to Settlement Class Members from the Settlement Fund. *See* DPPs' Proposed Plan of Allocation for the Settlement Class, ECF No. 2010-7 (Mar. 11, 2022); Order Approving DPPs' Plan of Allocation, ECF No. 2388 (Mar. 9, 2023) (approving DPPs'

Plan of Allocation). As the attached Declaration of Eric Miller attests, a strictly *pro rata* distribution would result in certain Settlement Class Members receiving *de minimis* distributions (of less than \$25.00 per Class Member). *See* Eric Miller Decl., Exhibit 4 attached hereto.

To ensure that each Settlement Class Member receives reasonable compensation, DPPs request Court approval of minor modifications to the Plan of Allocation that will allow all Settlement Class Members who submit timely, valid Claim Forms to recover at least \$25. *See* Exhibit 1; *See also* Supplemental Declaration of Jeffrey J. Leitzinger, Ph.D. Exhibit 5 attached hereto. Any Settlement Class Member who would have been eligible to receive less than \$25 under a *pro rata* distribution will now receive a distribution of \$25. Any Settlement Class Member who would have been entitled to more than \$25 under a *pro rata* distribution will be entitled to the same *pro rata* amount that the Settlement Class Member would have been entitled to under the existing Plan of Allocation. Courts in this District and other Districts have approved plans of allocation that feature guaranteed minimum payments to produce a reasonable, fair distribution to injured class members.¹

To offset the additional funds needed to ensure all Settlement Class Members are eligible for at least \$25, and to ensure that the distributions available to

¹ *See, e.g., Mehling v. New York Life Ins. Co.*, 248 F.R.D. 455, 463-64 (E.D. Pa. 2008) (approving a \$50 minimum payment); *Miller v. Ghirardelli Chocolate Co.*, No. 12-cv-04936-LB, 2015 WL 758094, at *1 (N.D. Cal. Feb. 20, 2015) (granting final approval of a class settlement where claimants received up to \$1.50 per uncorroborated product purchase, up to a maximum of \$24, with no cap for corroborated purchase claims).

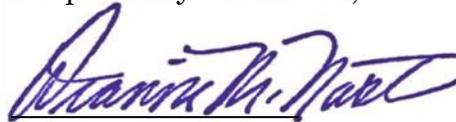
Settlement Class Members entitled to more than \$25 remain unchanged, DPPs request Court approval to release \$7,600.00 of the Funds previously set aside for a future DPP fee petition back to the Settlement Fund. *See Order Granting Motion by Direct Purchaser Class Plaintiffs for an Order Pursuant to Paragraph 26 of this Court's May 11, 2022 Order, ECF No. 2387 (Mar. 9, 2023).*

In order for the Claim Forms to be consistent with the foregoing requested relief, DPPs also request Court approval to amend the Claim Forms to reflect the \$25 minimum payment. *See Order, ECF No. 2491 (July 7, 2023) (approving DPPs' Claim Forms).* Specifically, DPPs propose amending the Claim Forms to adopt the redline changes shown in Exhibits 2 and 3.

DPPs respectfully request that the Court grant DPPs' unopposed requests to: (1) amend DPPs' Plan of Allocation; (2) permit DPPs to return certain set aside funds to the Settlement Fund; and (3) amend DPPs' Claim Form.

December 15, 2023

Respectfully submitted, _____



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Direct Purchaser Plaintiffs' Steering Committee

EXHIBIT 1

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

**IN RE: GENERIC PHARMACEUTICALS
PRICING ANTITRUST LITIGATION**

**MDL 2724
16-MD-2724**

HON. CYNTHIA M. RUFÉ

THIS DOCUMENT RELATES TO:

Direct Purchaser Class Plaintiffs' Actions

**DIRECT PURCHASER PLAINTIFFS' PLAN OF ALLOCATION FOR
THE SETTLEMENT CLASS**

The Direct Purchaser Class Plaintiffs (“DPPs”) César Castillo, LLC, FWK Holdings, LLC, Rochester Drug Co-Operative, Inc., and KPH Healthcare Services, Inc., individually and on behalf of the Settlement Class (defined below), hereby submit this proposed Plan of Allocation to allocate the settlement funds received in the settlements with Sun Pharmaceutical Industries, Inc. and its affiliates Caraco Pharmaceutical Laboratories, Ltd., Mutual Pharmaceutical Company, Inc., and URL Pharma, Inc. (collectively, “Sun”) and Taro Pharmaceuticals U.S.A., Inc. (“Taro”), plus any interest earned on the settlement funds, net of any Court-approved attorneys’ fees, service awards, and Court-approved expenses, including settlement-related costs and expenses (the “Net Settlement Fund”).

The proposed Plan of Allocation allocates the Net Settlement Fund based on each Claimant’s *pro rata* share of the Named Generic Drugs (“NGDs”)¹ sold by Defendants,² except where calculations demonstrate that a Claimant would receive less than \$25.00 under a *pro rata*

¹ A list of the NGDs (the generic drugs for which DPPs have brought claims in this MDL) is attached as Exhibit B to the Settlement Agreements.

² Exhibit C to the Settlement Agreements is a list of Defendants who have been sued by DPPs.

distribution, in which case that Claimant will receive \$25.00. Courts have approved *pro rata* share calculations in other antitrust cases,³ including in other pharmaceutical antitrust cases.⁴

Courts have also approved the implementation of a payment “floor,” which helps to ensure that all Claimants receive reasonable compensation.⁵

Plaintiffs’ expert, economist Dr. Jeffrey J. Leitzinger, Ph.D. of Econ One, can calculate

³ See *Beneli v. BCA Fin. Servs., Inc.*, 324 F.R.D. 89, 105 (D.N.J. 2018) (“In particular, *pro rata* distributions are consistently upheld, and there is no requirement that a plan of allocation differentiat[e] within a class based on the strength or weakness of the theories of recovery.”) (citation and internal quotation marks omitted) (alteration in original); *In re Packaged Ice Antitrust Litig.*, 2011 WL 6209188, at *15 (E.D. Mich. Dec. 13, 2011) (“Typically, a class recovery in antitrust or securities suits will divide the common fund on a *pro rata* basis among all who timely file eligible claims, thus leaving no unclaimed funds.”) (citation omitted); *Bradburn Parent Teacher Store, Inc. v. 3M (Minnesota Mining and Mfg. Co.)*, 513 F. Supp. 2d 322, 335 (E.D. Pa. 2007) (approving as reasonable a distribution plan that allocated settlement funds to class members based upon their *pro rata* share of the class’s total transparent tape purchases during the damage period, net of invoice adjustments and rebates paid as of the date of the settlement); *Sullivan v. DB Invs., Inc.*, 667 F.3d 273, 328 (3d Cir. 2011) (upholding a district court’s approval of a plan of allocation based on a *pro rata* share of diamond purchases).

⁴ See, e.g., *In re Namenda Direct Purchaser Antitrust Litig.*, No. 1:15-cv-07488, ECF Nos. 919-2, 947, 948 (S.D.N.Y. May 27, 2020) (*pro rata* shares of settlement fund computed on basis of claimants’ brand and generic purchases); *In re Solodyn (Minocycline Hydrochloride) Antitrust Litig.*, No. 14-md-2503, ECF Nos. 1163-4, 1179 (D. Mass. June 11, 2018 & July 18, 2018) (*pro rata* shares of settlement fund computed on basis of claimants’ brand and generic purchases); *In re Lidoderm Antitrust Litig.*, No. 14-md-2521, ECF Nos. 1004-5, 1054 (N.D. Cal. Mar. 20, 2018 & Sept. 20, 2018) (*pro rata* shares of settlement fund computed on basis of claimants’ brand and generic purchases); *In re Aggrenox Antitrust Litig.*, No. 14-md-2516, ECF Nos. 733-1, 739 (D. Conn. Nov. 22, 2017 & Dec. 18, 2017) (*pro rata* shares of settlement fund computed on basis of purchases); *King Drug of Florence, Inc. v. Cephalon, Inc.*, No. 06-cv-1797, ECF Nos. 864-17, 870 (E.D. Pa. Oct. 8, 2015 & Oct. 15, 2015) (same); *In re Doryx Antitrust Litig. (Mylan Pharms., Inc. v. Warner Chilcott Public Ltd.)*, No. 12-cv-3824, ECF Nos. 452-3, 665 (E.D. Pa. Jan. 10, 2014 & Sept. 15, 2014) (same); *In re Tricor Direct Purchaser Antitrust Litig. (Louisiana Wholesale Drug Co. v. Abbott Labs.)*, No. 05-cv-340, ECF Nos. 536-1, 543 (D. Del. Apr. 9, 2009 & Apr. 23, 2009) (*pro rata* shares of settlement fund computed on basis of claimants’ unit purchases in a product hop case).

⁵ See, e.g., *Mehling v. New York Life Ins. Co.*, 248 F.R.D. 455, 463-64 (E.D. Pa. 2008) (approving a \$50 minimum payment); *Miller v. Ghirardelli Chocolate Co.*, No. 12-cv-04936-LB, 2015 WL 758094, at *1 (N.D. Cal. Feb. 20, 2015) (granting final approval of a class settlement where claimants received up to \$1.50 per uncorroborated product purchase, up to a maximum of \$24, with no cap for corroborated purchase claims).

each Claimant's⁶ *pro rata* share of the Net Settlement Fund.⁷

Throughout this Plan of Allocation, “purchases” refers to net unit purchases, (*i.e.*, gross purchases net of any returns and net of any purchases for which the Claimant or Settlement Class member has assigned away its rights to recovery in this litigation)⁸ of the NGDs made directly from Defendants during the Settlement Class Period of May 1, 2009 through December 31, 2019. The unit of purchase is an “extended unit” which is generally equal to a tablet, capsule, gram, milliliter, suppository, patch, etc.⁹

The proposed Plan of Allocation is a practical and reasonable way to allocate the Net Settlement Fund and is fair to all members of the Settlement Class.¹⁰

THE PLAN OF ALLOCATION

The Plan of Allocation works as follows:

1.1 At the appropriate time and after receiving Court approval, the Claims Administrator will mail a Claim Form to each Settlement Class member identified from the transactional or other sales data Defendants have produced in this case, as well as to any

⁶ A “Claimant” is any entity that timely submits a completed Claim Form. A Claimant’s *pro rata* share will be zero if that Claimant timely submits a Claim Form but that Claimant’s claim is rejected because, for example, the Claimant did not purchase the NGDs directly from Defendants and does not have any valid assignment covering any such direct purchases.

⁷ See Declaration of Jeffrey J. Leitzinger, Ph.D. Related to Proposed Allocation Plan (dated March 16, 2022) (“Leitzinger Allocation Decl.”).

⁸ *Id.* at ¶¶ 19-20.

⁹ *Id.* at ¶ 14 n.8.

¹⁰ *Id.* at ¶¶ 6-7, 22. The “Settlement Class” includes:

All persons or entities, and their successors and assigns, that directly purchased one or more of the Named Generic Drugs from one or more Defendants in the United States and its territories and possessions, at any time during the period from May 1, 2009 until December 31, 2019.

Excluded from the Settlement Class are Defendants and their present and former officers, directors, management, employees, subsidiaries, or affiliates, judicial officers and their personnel, and all governmental entities.

additional Settlement Class members identified by Settlement Class Counsel, including through review of customer lists produced by Defendants.¹¹ Settlement Class members who were identified in Defendants' sales data and whose purchases may be calculated from that data, and who receive and return Claim Forms they were mailed, will not be required to submit any additional documentation or data with their Claim Form. In addition, they will not be permitted to submit their own purchase data to contest calculations derived from Defendants' data. Any Claimant whose purchases cannot be calculated using Defendants' sales data but who submits a Claim Form shall be required to submit sufficient documentation or purchase data showing that the Claimant directly purchased one or more NGD directly from one or more Defendants during the time period from May 1, 2009 until December 31, 2019, and purchase data sufficient for Econ One to calculate the Claimant's *pro rata* share. A copy of the Claim Form will also be posted on the settlement website, to which Settlement Class members will be directed through mailed and publication notice. The Claim Form will include the National Drug Codes ("NDCs") for each NGD covered by this Plan of Allocation.¹²

1.2 The Claim Form will request the Claimant's full name, current mailing address, and current email address for correspondence regarding the claims administration and distribution, the identity and contact information for the person responsible for overseeing the claims process for the Claimant, and information about how the Claimant would prefer for the distribution to be made (for example, by wire or by mailed check). Each Claimant will be required to execute the Claim Form in exchange for receiving any distribution from the Net

¹¹ DPPs requested that all Defendants provide the names and addresses of their direct purchaser customers for the time period May 1, 2009 to December 31, 2019.

¹² NDCs are standard codes maintained by the FDA and used in the pharmaceutical industry to identify specific pharmaceutical products, and allow Claimants to understand precisely what purchases will be considered for purposes of allocation.

Settlement Fund.

1.3 *Timeliness.* The submission of the Claim Form to the Claims Administrator (with any necessary supporting documentation) will be deemed timely if it is received or postmarked within 90 days of the date the Claim Forms were mailed.

2. Calculation of *Pro Rata* Shares of the Net Settlement Fund

2.1 *Claimants that purchased NGD(s) directly from Defendants and appear as direct purchasers in the data produced by Defendants and whose pro rata shares can be calculated using Defendants' sales data.*¹³

a. The allocated share of the Net Settlement Fund will be set in proportion to each Claimant's weighted total purchases of the NGDs from Defendants during the Settlement Class Period of May 1, 2009 through December 31, 2019. The allocation computation will be based on the following information: (a) each Claimant's total net purchases of the NGDs from Defendants during the Settlement Class Period of May 1, 2009 through December 31, 2019; and (b) the combined total net purchases of the NGDs from Defendants during the Settlement Class Period of May 1, 2009 through December 31, 2019 made by all Claimants with valid, accepted Claim Forms.

b. Purchases of NGDs will be weighted so that purchases of NGDs with higher price points will be given greater weight in the allocation process (consistent with Dr. Leitzinger's expectation that those NGD formulations likely carried bigger unit overcharges).¹⁴ Specifically, Claimant purchase volumes of each NGD formulation will be multiplied by the

¹³ Defendants have not produced data for the entire Settlement Class Period of May 1, 2009 through December 31, 2019, and the time periods covered by Defendants' data productions vary. All available, useable data showing sales of NGDs to direct purchasers for some or all of the Settlement Class Period of May 1, 2009 through December 31, 2019 produced by Defendants will be used for allocation.

¹⁴ Leitzinger Allocation Decl. at ¶ 15.

average price calculated for it using IQVIA (formerly IMS) data over the period from May 2009 to December 2019.¹⁵

c. To calculate the *pro rata* share of the Net Settlement Fund for each Claimant who purchased an NGD directly from Defendants, Dr. Leitzinger, working with the Claims Administrator, will take (a) each Claimant's combined weighted net direct purchases of the NGDs from Defendants, and divide it by (b) the combined weighted net direct purchases of NGDs from Defendants by all Claimants who timely submit valid, accepted Claim Forms.¹⁶ This calculation will yield each Claimant's *pro rata* share of the Net Settlement Fund.¹⁷

Claimants who have given partial assignments to entities that opt out of the Settlement Class (such as those Settlement Class members that have given assignments to entities that have brought individual actions in this MDL) shall have their combined net totals reduced to account for those assignments. This shall be done using the chargeback data produced by the Defendants or other available data showing volumes covered by assignments, from which Dr. Leitzinger can estimate the percentage of units purchased by the Settlement Class members which were then resold to the DAPs or other assignees. This calculation is described in detail in paragraph 20 of Dr. Leitzinger's Allocation Declaration.

2.2 *Claimants that are Settlement Class members who purchased NGD(s) from Defendants but do not appear in the data produced by Defendants and whose pro rata shares cannot be calculated using Defendants' sales data.* These Claimants shall be required to submit data and documentation showing the volume(s) of the NGDs they purchased directly from the Defendants during the Settlement Class Period of May 1, 2009 through December 31, 2019.

¹⁵ *Id.*

¹⁶ *Id.* at ¶¶ 15-16.

¹⁷ *Id.*

2.3 *Claimants that file on the basis of an assignment from a Settlement Class member.*

Allocations to Claimants who file a claim based on an assignment from a Settlement Class member would be determined either (a) by agreement between the assignor Settlement Class member and its respective assignee claimant, or (b) if the assignor Settlement Class member and its assignee claimant cannot reach an agreement, then the assignee claimant shall receive no allocation based on its assignment from the assignor Settlement Class member and the assignor Settlement Class member's allocation shall not be reduced to account for the assignment to the assignee claimant. There are only two types of agreements between an assignor Settlement Class member and its respective assignee claimant that shall be acceptable for purposes of an assignee claimant receiving an allocation based on an assignment from a Settlement Class member: (i) the assignor Settlement Class member and its respective assignee claimant can agree that the assignee claimant shall be allocated a share that is a fixed percentage of the assignor Settlement Class member's share (say 5% of the Settlement Class member's share) and that the assignor Settlement Class member's allocation shall be reduced by the same amount; or (ii) the assignor Settlement Class member and its respective assignee claimant can submit agreed upon figures for the purchase volumes covered by the assignment for each NGD sold by Defendants, and then this information can be used by Econ One to calculate the assignee's allocation in accordance with this Plan of Allocation (and the assignor Settlement Class member's share shall be reduced by the same amount). Neither an assignee (nor any other Claimant) other than as stated herein shall be allowed to submit its own purchase data. Reviewing assignee claimants' purchase data would likely be expensive and time consuming and will delay disbursement. If the assignor Class member and assignee claimant cannot reach agreement, they can attempt to resolve any dispute outside of this allocation process. The assignor and assignee shall be given no more than

90 days from the deadline for claims submission to reach agreement, and, if they cannot reach agreement by that time, the assignor's and assignee's share shall not be distributed, and shall remain in the escrow account until such time as they either reach agreement or obtain a court order providing for the amounts to be distributed to the assignor and assignee.¹⁸ As the Claim Form will make clear, any claim (including all related documentation or materials submitted therewith) submitted by a Claimant who files a Claim Form based on an assignment may be shared with the Claimant's assignor Settlement Class member during the claims administration process.

3. Processing of Claims

3.1 All Claims will be reviewed and processed by the Claims Administrator, with assistance from Econ One and Settlement Class Counsel as required and appropriate.

3.2 The Claims Administrator shall first determine whether a Claim Form received is timely, properly completed, and signed. If a Claim Form is incomplete, deficient, or if the Claims Administrator has any questions, the Claims Administrator shall communicate with the Claimant via First Class Mail, email, or telephone. The Claims Administrator may also contact Claimants requesting additional documentation or other materials. Claimants will have 28 days from the date they are contacted by the Claims Administrator regarding any question, requests for additional information, deficiency, or any other issue to provide a complete response, the requested documentation or other materials, and/or to cure any such deficiency. If a Claimant fails to adequately respond and/or correct any deficiency within 28 days, its claim may be rejected and the Claimant shall be notified by letter stating the reason for rejection. The Claims Administrator will then review all completed, non-deficient Claim Forms to determine whether

¹⁸ This process shall not delay distribution to other Claimants, absent Court order to the contrary.

each will be accepted or rejected and will notify any Claimants whose Claim Forms are rejected by letter stating that the Claimant's Claim Form is rejected and stating the reason for rejection. Any Claimant whose Claim Form is rejected may seek review by the Court via the appeals process described in Section 7.2 below.

3.3 All late Claims Forms that are otherwise complete will be processed by the Claims Administrator but marked as "Late Approved Claims." Claimants that submit any such "Late Approved Claims" may receive distributions from the Net Settlement Fund, in accordance with this Plan of Allocation, with the approval of Settlement Class Counsel and the Court.¹⁹ If Settlement Class Counsel conclude that, in their judgment, any such "Late Approved Claims" should not be accepted, the Claimant will be so notified, and then may seek review by the Court via the appeals process described in Section 7.2 below.

3.4 *The Pro Rata Distribution Calculation.* Econ One, in conjunction with the Claims Administrator and Settlement Class Counsel, will be responsible for determining the total amount each Claimant will receive from the Net Settlement Fund. Once the Claims Administrator has determined which claims are approved, Econ One will work with the Claims

¹⁹ Courts have approved similar provisions allowing for acceptance of late approved claims. *See, e.g., Mylan Pharms., Inc. v. Warner Chilcott Pub. Ltd. Co.*, 2014 WL 12778313, at *5 (E.D. Pa. Sept. 4, 2014) (Granting preliminary approval of a settlement and recognizing that "Lead Counsel shall have the discretion to accept late-submitted claims for processing by the Claims Administrator so long as distribution of the Net Settlement Fund is not materially delayed."); *In re Ocean Power Techs., Inc., Sec. Litig.*, 2016 WL 7638464, at *3 (D.N.J. June 7, 2016) (Granting preliminary approval of a settlement and ordering that "Lead Counsel shall have the discretion to accept late-submitted claims for processing by the Claims Administrator so long as distribution of the Net Settlement Fund is not materially delayed thereby."); *King Drug Co. of Florence, Inc. v. Cephalon, Inc.*, No. 06-cv-01797, ECF Nos. 864-17, 870 at ¶ 3.3 (E.D. Pa. Oct. 8, 2015 & Dec. 15, 2015) (the proposed plan of allocation includes a similar provision and the Order approves the settlement and plan of allocation). *See also In re Solodyn (Minocycline Hydrochloride) Antitrust Litig.*, No. 14-md-02503, ECF Nos. 1163-4 at § 3.3, 1179 (D. Mass. June 11, 2018 & July 18, 2018) (approving a similar provision regarding late claims); *In re Lidoderm Antitrust Litig.*, 14-md-02521, ECF Nos. 1004-5 § 3.3, 1054 (N.D. Cal. Mar. 20, 2018 & Sept. 2018) (same).

Administrator to calculate each Claimant's *pro rata* share of the Net Settlement Fund as determined by the calculation described above in Section 2. Once these calculations have been completed, all Claimants with *pro rata* distributions of less than \$25 will be allotted a "floor" distribution amount of exactly \$25.

4. Processing Challenged Claims

4.1 The Claims Administrator, in conjunction with Settlement Class Counsel and Econ One, shall review any and all written challenges by Claimants to the determinations of Econ One and the Claims Administrator. If upon review of a challenge and supporting documentation, the Claims Administrator and Econ One decide to amend or modify their determination, the Claims Administrator shall advise the Claimant who made the challenge. These determinations shall be final, subject to the appeals process described in Section 7.2 below.

4.2 Where the Claims Administrator and Econ One determine that a challenge requires additional information or documentation, the Claim Administrator will so advise the Claimant and provide that Claimant an opportunity to cure the deficiency within 28 days, as set forth in Section 3.2 above. If that Claimant fails to cure the deficiency within that time, the challenge may be rejected and the Claimant will be notified of the rejection of its challenge by mail, which notification shall be deemed final subject to any appeal and decision by the Court.

4.3 If the Claims Administrator and Econ One conclude that they have enough information to properly evaluate a challenge and maintain that their initial determinations were correct, the Claims Administrator shall so inform the Claimant in writing, which notification shall be deemed final subject to any appeal and decision by the Court.

4.4 Claimants whose *pro rata* shares can be calculated by Econ One using

Defendants' sales data shall not be permitted to submit their own purchase data as part of a challenge to Econ One's calculation of the Claimant's share of the Net Settlement Fund. Given the number of manufacturers, Settlement Class members, and NGDs, the data submissions would be voluminous and expensive to organize and review, and there would be little benefit to analyzing this data given the substantial data already produced by Defendants in this case.²⁰

Therefore a Claimant may only submit purchase data if a Claimant is required to do so to show that the Claimant purchased NGDs directly from Defendant(s) during the period from May 1, 2009 until December 31, 2019, and so is a Settlement Class member and entitled to participate in the settlements, and/or if required by Settlement Class Counsel (in consultation with Econ One) to show the amount of their purchases.

5. Report to Court Regarding Distribution of Net Settlement Fund

5.1 After the Claims Administrator reviews all submitted claims and works with Econ One to determine the amount each Claimant is entitled to receive from the Net Settlement Fund, the Claims Administrator will prepare a final report for the Court's review and approval. The report will explain the tasks and methodologies employed by the Claims Administrator in processing the claims and administering the Plan of Allocation. It will also contain (a) a list of the Claimants (if any) who filed Claim Forms that were rejected and the reasons, (b) a list of challenges (if any) made by Claimants, and the disposition of any such challenges, and (c) the date any such Claimant whose challenge was rejected was informed by the Claims Administrator, for purposes of calculating the timeliness of any appeal using the procedures set forth below.

²⁰ Leitzinger Allocation Decl. at ¶¶ 10-13.

6. Payment to the Claimants

6.1 Upon Court approval of the final report and declaration of the Claims Administrator, the Claims Administrator shall issue a check or wire payable to each Claimant who has submitted a complete and valid Claim Form.

6.2 It is anticipated that the entire Net Settlement Fund will be distributed in a single distribution. However, subject to further order of the Court, any monies from the Net Settlement Fund that remain unclaimed after the first distribution shall, if economically feasible, be distributed to Claimants in an additional distribution or distributions on the basis of the same calculations of the Claimants' *pro rata* combined total of the NGDs described above.

6.3 Insofar as the Net Settlement Fund includes residual funds after distribution or distributions as set forth in the preceding sections that cannot be economically distributed to the Claimants (because of the costs of distribution as compared to the amount remaining), such funds may be retained while this litigation continues and, with Court approval, distributed with subsequent distributions, awarded as attorneys' fees or to reimburse litigation expenses, or potentially be used to make *cy pres* payments for the benefit of members of the Settlement Class.

7. Resolution of Disputes

7.1 In the event of any disputes between Claimants and the Claims Administrator on any subject (*e.g.*, timeliness, required completeness or documentation of a claim, or the calculation of the Claimant's unit purchases, share of the Net Settlement Fund, and/or amount payable), the decision of the Claims Administrator shall be final, subject to the Claimant's right to seek review by the Court. In notifying a Claimant of the final rejection of a Claim or a challenge thereto, the Claims Administrator shall notify the Claimant of its right to seek such review.

7.2 Any such appeal by a Claimant must be submitted in writing to the Court, with copies to the Claims Administrator and Class Counsel, within 21 days of the Claims Administrator's final rejection notification to the Claimant.

EXHIBIT 2

In re: Generic Pharmaceuticals Pricing Antitrust Litig. – Direct Purchasers
c/o A.B. Data, Ltd.
P.O. Box 173095
Milwaukee, WI 53217

INSTRUCTIONS FOR SUBMITTING YOUR CLAIM FORM

According to available data, you are a member of a Settlement Class of direct purchasers of one or more Named Generic Drugs from one or more generic manufacturer Defendants at some time from May 1, 2009 until December 31, 2019. The Named Generic Drugs and generic manufacturer Defendants are identified in the attached Exhibits A and B.

On May 11, 2022, the Court certified a Settlement Class, and on or about June 24, 2022, you were mailed Notice of the Settlements with Defendants Sun Pharmaceutical Industries, Inc. its affiliates (Caraco Pharmaceutical Laboratories, Ltd, Mutual Pharmaceutical Company, Inc., and URL Pharma, Inc.) (collectively “Sun”) and Taro Pharmaceuticals U.S.A., Inc. (Taro) (collectively “Settling Defendants”).

Settlement Class Members that execute and submit timely Claim Forms will be entitled to a *pro rata* share of the net Settlement Fund, [unless a Class Member would have received less than \\$25 under a *pro rata* distribution, in which case the Class Member will receive \\$25](#). Your share of the Net Settlement Fund is \$____. **Your Claim Form must be postmarked by [90 days from the date the Claim Forms are mailed] or it will not be considered.**

You may submit your Claim Form, postmarked on or before **[90 days from the date the Claim Forms are mailed]**, by mailing it to the following address:

In re: Generic Pharmaceuticals Pricing Antitrust Litig. – Direct Purchasers
c/o A.B. Data, Ltd.
P.O. Box 173095
Milwaukee, WI 53217

You may also submit your Claim Form by emailing a scanned copy of your executed Claim Form, on or before **[90 days from the date the Claim Forms are mailed]**, to info@GenericDrugsDirectPurchaserSettlement.com.

SECTION A: CLASS MEMBER INFORMATION

Based upon Defendants’ records, and pursuant to a Court approved Plan of Allocation, we have created prepopulated contact information and your *pro-rata*

Questions? Call 1-877-315-0583,
email info@GenericDrugsDirectPurchaserSettlement.com or
visit www.GenericDrugsDirectPurchaserSettlement.com

In re: Generic Pharmaceuticals Pricing Antitrust Litig. – Direct Purchasers
 c/o A.B. Data, Ltd.
 P.O. Box 173095
 Milwaukee, WI 53217

share of the Net Settlement Fund. The Plan of Allocation and other important documents are available at www.GenericDrugsDirectPurchaserSettlement.com.

Please review the prepopulated contact information for you or your organization and confirm its accuracy. If you believe the prepopulated contact information requires revision, or if any contact information is missing, please make any revisions or additions alongside the prepopulated contact information or provide them on separate pages when you submit your Claim Form.

It is your responsibility to notify the Claims Administrator of any changes to the contact information in this Section after the submission of your Claim Form.

Contact Person for Claimant:	Title of Contact:	
Claimant Name:		
Address Line One:		
Address Line Two (if applicable):		
City:	State:	Zip Code:
Email:	Phone Number:	

SECTION B: *PRO RATA* SHARE

Questions? Call 1-877-315-0583,
 email info@GenericDrugsDirectPurchaserSettlement.com or
 visit www.GenericDrugsDirectPurchaserSettlement.com

In re: Generic Pharmaceuticals Pricing Antitrust Litig. – Direct Purchasers
 c/o A.B. Data, Ltd.
 P.O. Box 173095
 Milwaukee, WI 53217

Based on manufacturer data showing your purchases of the Named Generic Drugs from the generic drug manufacturer Defendants compared to those of all other Claimants, your *pro-rata* share of the net Settlement Fund (after deducting Court approved expenses and an attorney fee holdback) is approximately \$_____.

This dollar amount is approximate and subject to change. *First*, the amount of your *pro-rata* share may increase or decrease depending on how many Members of the Settlement Class submit approved claim forms. *Second*, the Settlement Fund may continue to accrue interest during the pendency of the claims process, thereby increasing the amount of your settlement payment. *Third*, additional data regarding purchases by Settlement Class members may become available for use in the allocation.

In the following table, please identify how you would prefer your distribution to be made (for example by wire or by mailed check) and provide applicable instructions:

<input type="checkbox"/> Wire payment	<input type="checkbox"/> Mail payment
Payment instructions for wire or mail:	

SECTION C: CERTIFICATION

By signing below, I certify my acceptance of the above *pro-rata* share of the net Settlement Fund, and further certify that this Claim Form was executed this _____ day of _____ 20__.

Claimant Name:
Signature of Contact Person for Claimant:
Printed or Typed Name of Contact Person for Claimant:

Questions? Call 1-877-315-0583,
 email info@GenericDrugsDirectPurchaserSettlement.com or
 visit www.GenericDrugsDirectPurchaserSettlement.com

In re: Generic Pharmaceuticals Pricing Antitrust Litig. – Direct Purchasers
c/o A.B. Data, Ltd.
P.O. Box 173095
Milwaukee, WI 53217



Questions? Call 1-877-315-0583,
email info@GenericDrugsDirectPurchaserSettlement.com or
visit www.GenericDrugsDirectPurchaserSettlement.com

EXHIBIT A

(Named Generic Drugs)*

<u>Molecule Name</u>	<u>Form</u>	<u>Strength</u>
1 ACETAZOLAMIDE	TABLET	125MG
1 ACETAZOLAMIDE	TABLET	250MG
1 ACETAZOLAMIDE ER	CAPSULE	500MG
2 ADAPALENE	CREAM	0.10%
2 ADAPALENE	GEL	0.10%
2 ADAPALENE	GEL	0.30%
3 ALBUTEROL	TABLET	2MG
3 ALBUTEROL	TABLET	4MG
4 ALCLOMETASONE DIPROPIONATE	CREAM	0.05%
4 ALCLOMETASONE DIPROPIONATE	OINTMENT	0.05%
5 ALLOPURINOL	TABLET	100MG
5 ALLOPURINOL	TABLET	300MG
6 AMANTADINE HCL	CAPSULE	100MG
7 AMILORIDE HCL/HCTZ	TABLET	5MG;50MG
8 AMITRIPTYLINE	TABLET	100MG
8 AMITRIPTYLINE	TABLET	10MG
8 AMITRIPTYLINE	TABLET	150MG
8 AMITRIPTYLINE	TABLET	25MG
8 AMITRIPTYLINE	TABLET	50MG
8 AMITRIPTYLINE	TABLET	75MG
9 AMMONIUM LACTATE	CREAM	12%
9 AMMONIUM LACTATE	LOTION	12%
10 AMOXICILLIN/CLAVULANATE	TABLET CHEWABLE	200MG;28.5MG
10 AMOXICILLIN/CLAVULANATE	TABLET CHEWABLE	400MG;57MG
11 AMPHETAMINE/DEXTRAMPHETAMINE (MAS) (ADDERALL)	TABLET	10MG
11 AMPHETAMINE/DEXTRAMPHETAMINE (MAS) (ADDERALL)	TABLET	20MG
11 AMPHETAMINE/DEXTRAMPHETAMINE (MAS) (ADDERALL)	TABLET	30MG
11 AMPHETAMINE/DEXTRAMPHETAMINE (MAS) (ADDERALL)	TABLET	5MG
11 AMPHETAMINE/DEXTRAMPHETAMINE ER (MAS) (ADDERALL)	CAPSULE	10MG
11 AMPHETAMINE/DEXTRAMPHETAMINE ER (MAS) (ADDERALL)	CAPSULE	15MG
11 AMPHETAMINE/DEXTRAMPHETAMINE ER (MAS) (ADDERALL)	CAPSULE	20MG
11 AMPHETAMINE/DEXTRAMPHETAMINE ER (MAS) (ADDERALL)	CAPSULE	25MG
11 AMPHETAMINE/DEXTRAMPHETAMINE ER (MAS) (ADDERALL)	CAPSULE	30MG
11 AMPHETAMINE/DEXTRAMPHETAMINE ER (MAS) (ADDERALL)	CAPSULE	5MG
12 ATENOLOL/CHLORTHALIDONE	TABLET	100MG;25MG
12 ATENOLOL/CHLORTHALIDONE	TABLET	50MG;25MG
13 ATROPINE SULFATE	SOLUTION	1%
14 BACLOFEN	TABLET	10MG
14 BACLOFEN	TABLET	20MG
15 BALSALAZIDE DISODIUM	CAPSULE	750MG
16 BENAZEPRIL HCTZ	TABLET	10MG;12.5MG
16 BENAZEPRIL HCTZ	TABLET	20MG;12.5MG
16 BENAZEPRIL HCTZ	TABLET	20MG;25MG
17 BETAMETHASONE DIPROPIONATE	CREAM	0.05%
17 BETAMETHASONE DIPROPIONATE	LOTION	0.05%
17 BETAMETHASONE DIPROPIONATE	OINTMENT	0.05%
18 BETAMETHASONE DIPROPIONATE AUGMENTED	LOTION	0.05%
19 BETAMETHASONE DIPROPIONATE/CLOTRIMAZOLE	CREAM	0.05%;1%
19 BETAMETHASONE DIPROPIONATE/CLOTRIMAZOLE	LOTION	0.05%;1%
20 BETAMETHASONE VALERATE	CREAM	0.10%
20 BETAMETHASONE VALERATE	LOTION	0.10%
20 BETAMETHASONE VALERATE	OINTMENT	0.10%
21 BETHANECHOL CHLORIDE	TABLET	10MG
21 BETHANECHOL CHLORIDE	TABLET	25MG
21 BETHANECHOL CHLORIDE	TABLET	50MG
21 BETHANECHOL CHLORIDE	TABLET	5MG
22 BROMOCRIPTINE MESYLATE	TABLET	2.5MG
23 BUDESONIDE	SOLUTION	0.25MG/2ML
23 BUDESONIDE	SOLUTION	0.5MG/2ML
23 BUDESONIDE	SOLUTION	1MG/2ML
23 BUDESONIDE DR	CAPSULE	3MG
24 BUSPIRONE HCL	TABLET	10MG
24 BUSPIRONE HCL	TABLET	15MG
24 BUSPIRONE HCL	TABLET	30MG
24 BUSPIRONE HCL	TABLET	5MG
24 BUSPIRONE HCL	TABLET	7.5MG
25 BUTORPHANOL TARTRATE	SPRAY	10MG/ML
26 CAPECITABINE	TABLET	150MG
26 CAPECITABINE	TABLET	500MG
27 CAPTOPRIL	TABLET	100MG
27 CAPTOPRIL	TABLET	12.5MG
27 CAPTOPRIL	TABLET	25MG
27 CAPTOPRIL	TABLET	50MG
28 CARBAMAZEPINE	TABLET	200MG
28 CARBAMAZEPINE	TABLET CHEWABLE	100MG
28 CARBAMAZEPINE ER	TABLET	100MG
28 CARBAMAZEPINE ER	TABLET	200MG
28 CARBAMAZEPINE ER	TABLET	400MG
29 CARISOPRODOL	TABLET	350MG
30 CEFDINIR	CAPSULE	300MG
30 CEFDINIR	SOLUTION	125MG/5ML
30 CEFDINIR	SOLUTION	250MG/5ML
31 CEFPROZIL	TABLET	250MG
31 CEFPROZIL	TABLET	500MG

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EXHIBIT A

(Named Generic Drugs)*

<u>Molecule Name</u>	<u>Form</u>	<u>Strength</u>
32 CEFUROXIME AXETIL	TABLET	250MG
32 CEFUROXIME AXETIL	TABLET	500MG
33 CELECOXIB	CAPSULE	100MG
33 CELECOXIB	CAPSULE	200MG
33 CELECOXIB	CAPSULE	400MG
33 CELECOXIB	CAPSULE	50MG
34 CEPHALEXIN (CEFALEXIN)	SOLUTION	125MG/5ML
34 CEPHALEXIN (CEFALEXIN)	SOLUTION	250MG/5ML
35 CHLORPROMAZINE HCL	TABLET	100MG
35 CHLORPROMAZINE HCL	TABLET	10MG
35 CHLORPROMAZINE HCL	TABLET	200MG
35 CHLORPROMAZINE HCL	TABLET	25MG
35 CHLORPROMAZINE HCL	TABLET	50MG
36 CHOLESTYRAMINE	PACKET/ORAL SOLID	4G
36 CHOLESTYRAMINE	POWDER	4G
37 CICLOPIROX	CREAM	0.77%
37 CICLOPIROX	SHAMPOO	1%
37 CICLOPIROX	SOLUTION	8%
38 CIMETIDINE	TABLET	200MG
38 CIMETIDINE	TABLET	300MG
38 CIMETIDINE	TABLET	400MG
38 CIMETIDINE	TABLET	800MG
39 CLARITHROMYCIN ER	TABLET	500MG
40 CLINDAMYCIN PHOSPHATE	GEL	1%
40 CLINDAMYCIN PHOSPHATE	LOTION	1%
40 CLINDAMYCIN PHOSPHATE	SOLUTION	1%
40 CLINDAMYCIN PHOSPHATE	VAGINAL CREAM	2%
41 CLOBETASOL	CREAM	0.05%
41 CLOBETASOL	E CREAM	0.05%
41 CLOBETASOL	GEL	0.05%
41 CLOBETASOL	OINTMENT	0.05%
41 CLOBETASOL	SOLUTION	0.05%
42 CLOMIPRAMINE	CAPSULE	25MG
42 CLOMIPRAMINE	CAPSULE	50MG
42 CLOMIPRAMINE	CAPSULE	75MG
43 CLONIDINE ER	PATCH	0.1MG/24HR
43 CLONIDINE ER	PATCH	0.2MG/24HR
43 CLONIDINE ER	PATCH	0.3MG/24HR
44 CLOTRIMAZOLE	SOLUTION	1%
45 DESMOPRESSIN ACETATE	TABLET	0.1MG
45 DESMOPRESSIN ACETATE	TABLET	0.2MG
46 DESONIDE	CREAM	0.05%
46 DESONIDE	LOTION	0.05%
46 DESONIDE	OINTMENT	0.05%
47 DESOXIMETASONE	OINTMENT	0.25%
48 DEXMETHYLPHENIDATE HCL ER (DEXMETH ER) (FOCALIN)	CAPSULE	15MG
48 DEXMETHYLPHENIDATE HCL ER (DEXMETH ER) (FOCALIN)	CAPSULE	20MG
48 DEXMETHYLPHENIDATE HCL ER (DEXMETH ER) (FOCALIN)	CAPSULE	40MG
48 DEXMETHYLPHENIDATE HCL ER (DEXMETH ER) (FOCALIN)	CAPSULE	5MG
49 DEXTROAMPHETAMINE SULFATE (DEX SULFATE)	TABLET	10MG
49 DEXTROAMPHETAMINE SULFATE (DEX SULFATE)	TABLET	15MG
49 DEXTROAMPHETAMINE SULFATE (DEX SULFATE)	TABLET	2.5MG
49 DEXTROAMPHETAMINE SULFATE (DEX SULFATE)	TABLET	20MG
49 DEXTROAMPHETAMINE SULFATE (DEX SULFATE)	TABLET	30MG
49 DEXTROAMPHETAMINE SULFATE (DEX SULFATE)	TABLET	5MG
49 DEXTROAMPHETAMINE SULFATE (DEX SULFATE)	TABLET	7.5MG
49 DEXTROAMPHETAMINE SULFATE ER (DEX SULFATE ER)	CAPSULE	10MG
49 DEXTROAMPHETAMINE SULFATE ER (DEX SULFATE ER)	CAPSULE	15MG
49 DEXTROAMPHETAMINE SULFATE ER (DEX SULFATE ER)	CAPSULE	5MG
50 DICLOFENAC POTASSIUM	TABLET	50MG
51 DIGOXIN	TABLET	0.125MG
51 DIGOXIN	TABLET	0.25MG
52 DILTIAZEM HCL	TABLET	120MG
52 DILTIAZEM HCL	TABLET	30MG
52 DILTIAZEM HCL	TABLET	60MG
52 DILTIAZEM HCL	TABLET	90MG
53 DIPHENOXYLATE/ATROPINE	TABLET	2.5MG;0.025MG
54 DIVALPROEX ER	TABLET	250MG
54 DIVALPROEX ER	TABLET	500MG
55 DOXAZOSIN MESYLATE	TABLET	1MG
55 DOXAZOSIN MESYLATE	TABLET	2MG
55 DOXAZOSIN MESYLATE	TABLET	4MG
55 DOXAZOSIN MESYLATE	TABLET	8MG
56 DOXYCYCLINE HYCLATE	CAPSULE	100MG
56 DOXYCYCLINE HYCLATE	CAPSULE	50MG
56 DOXYCYCLINE HYCLATE	TABLET	100MG
56 DOXYCYCLINE HYCLATE DR	TABLET	100MG
56 DOXYCYCLINE HYCLATE DR	TABLET	150MG
56 DOXYCYCLINE HYCLATE DR	TABLET	75MG
56 DOXYCYCLINE MONOHYDRATE	TABLET	100MG
56 DOXYCYCLINE MONOHYDRATE	TABLET	150MG
56 DOXYCYCLINE MONOHYDRATE	TABLET	50MG
56 DOXYCYCLINE MONOHYDRATE	TABLET	75MG
57 DROSPIRENONE/ETHINYL ESTRADIOL (OCELLA)	TABLET	3MG-0.02MG

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EXHIBIT A
(Named Generic Drugs)*

Molecule Name	Form	Strength
57 DROSPIRENONE/ETHINYL ESTRADIOL (OCELLA)	TABLET	3MG-0.03MG
58 ECONAZOLE	CREAM	1%
59 ENALAPRIL MALEATE	TABLET	10MG
59 ENALAPRIL MALEATE	TABLET	2.5MG
59 ENALAPRIL MALEATE	TABLET	20MG
59 ENALAPRIL MALEATE	TABLET	5MG
60 ENTECAVIR	TABLET	0.5MG
60 ENTECAVIR	TABLET	1MG
61 ESTRADIOL	TABLET	0.5MG
61 ESTRADIOL	TABLET	1MG
61 ESTRADIOL	TABLET	2MG
62 ESTRADIOL/NORETHINDRONE ACETATE (MIMVEY)	TABLET	1MG-0.5MG
63 ETHINYL ESTRADIOL/LEVONORGESTREL (PORTIA,JOLESSA)	TABLET	.02MG-0.1MG
63 ETHINYL ESTRADIOL/LEVONORGESTREL (PORTIA,JOLESSA)	TABLET	.03MG-.15MG
63 ETHINYL ESTRADIOL/LEVONORGESTREL (PORTIA,JOLESSA)	TABLET	.03MG-.15MG-.01MG
63 ETHINYL ESTRADIOL/LEVONORGESTREL (PORTIA,JOLESSA)	TABLET	.02MG-0.1MG-.01MG
63 ETHINYL ESTRADIOL/LEVONORGESTREL (PORTIA,JOLESSA)	TABLET	.02MG-.15MG;.025MG-.15MG;.03MG-.15MG;.01MG
63 ETHINYL ESTRADIOL/LEVONORGESTREL (PORTIA,JOLESSA)	TABLET	.03MG-.05MG;.04MG-.075MG;.03MG-.125MG
63 ETHINYL ESTRADIOL/LEVONORGESTREL (PORTIA,JOLESSA)	TABLET	.02MG-.09MG
64 ETODOLAC	CAPSULE	200MG
64 ETODOLAC	CAPSULE	300MG
64 ETODOLAC	TABLET	400MG
64 ETODOLAC	TABLET	500MG
64 ETODOLAC ER	TABLET	400MG
64 ETODOLAC ER	TABLET	500MG
64 ETODOLAC ER	TABLET	600MG
65 EXEMESTANE	TABLET	25MG
66 FENOFIBRATE	TABLET	145MG
66 FENOFIBRATE	TABLET	48MG
67 FLUCONAZOLE	TABLET	100MG
67 FLUCONAZOLE	TABLET	150MG
67 FLUCONAZOLE	TABLET	200MG
67 FLUCONAZOLE	TABLET	50MG
68 FLUOCINOLONE ACETONIDE	CREAM	0.01%
68 FLUOCINOLONE ACETONIDE	CREAM	0.03%
68 FLUOCINOLONE ACETONIDE	OINTMENT	0.03%
68 FLUOCINOLONE ACETONIDE	SOLUTION	0.01%
69 FLUOCINONIDE	CREAM	0.05%
69 FLUOCINONIDE	CREAM	0.10%
69 FLUOCINONIDE	E CREAM	0.05%
69 FLUOCINONIDE	GEL	0.05%
69 FLUOCINONIDE	OINTMENT	0.05%
69 FLUOCINONIDE	SOLUTION	0.05%
70 FLUOXETINE HCL	TABLET	10MG
70 FLUOXETINE HCL	TABLET	15MG
70 FLUOXETINE HCL	TABLET	20MG
70 FLUOXETINE HCL	TABLET	60MG
71 FLUTICASONE PROPIONATE	SPRAY	50MCG
72 FOSINOPRIL HCTZ	TABLET	10MG;12.5MG
72 FOSINOPRIL HCTZ	TABLET	20MG;12.5MG
73 GABAPENTIN	TABLET	600MG
73 GABAPENTIN	TABLET	800MG
74 GLIMEPIRIDE	TABLET	1MG
74 GLIMEPIRIDE	TABLET	2MG
74 GLIMEPIRIDE	TABLET	4MG
75 GLIPIZIDE/METFORMIN	TABLET	2.5MG;250MG
75 GLIPIZIDE/METFORMIN	TABLET	2.5MG;500MG
75 GLIPIZIDE/METFORMIN	TABLET	5MG;500MG
76 GLYBURIDE	TABLET	1.25MG
76 GLYBURIDE	TABLET	2.5MG
76 GLYBURIDE	TABLET	5MG
77 GLYBURIDE/METFORMIN	TABLET	1.25MG;250MG
77 GLYBURIDE/METFORMIN	TABLET	2.5MG;500MG
77 GLYBURIDE/METFORMIN	TABLET	5MG;500MG
78 GRISEOFULVIN	SUSPENSION (MICROSIZE)	125MG/5ML
79 HALOBETASOL PROPIONATE	CREAM	0.05%
79 HALOBETASOL PROPIONATE	OINTMENT	0.05%
80 HALOPERIDOL	TABLET	0.5MG
80 HALOPERIDOL	TABLET	10MG
80 HALOPERIDOL	TABLET	1MG
80 HALOPERIDOL	TABLET	20MG
80 HALOPERIDOL	TABLET	2MG
80 HALOPERIDOL	TABLET	5MG
81 HYDROCODONE/ACETAMINOPHEN	TABLET	325MG;10MG
81 HYDROCODONE/ACETAMINOPHEN	TABLET	325MG;5MG
82 HYDROCORTISONE VALERATE	CREAM	0.20%
83 IRBESARTAN	TABLET	150MG
83 IRBESARTAN	TABLET	300MG
83 IRBESARTAN	TABLET	75MG
84 ISOSORBIDE DINITRATE	TABLET	10MG
84 ISOSORBIDE DINITRATE	TABLET	20MG
84 ISOSORBIDE DINITRATE	TABLET	30MG
84 ISOSORBIDE DINITRATE	TABLET	5MG
85 KETOCONAZOLE	CREAM	2%

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EXHIBIT A
(Named Generic Drugs)*

<u>Molecule Name</u>	<u>Form</u>	<u>Strength</u>
85 KETOCONAZOLE	TABLET	200MG
86 KETOPROFEN	CAPSULE	50MG
86 KETOPROFEN	CAPSULE	75MG
87 KETOROLAC TROMETHAMINE	TABLET	10MG
88 LABETALOL HCL	TABLET	100MG
88 LABETALOL HCL	TABLET	200MG
88 LABETALOL HCL	TABLET	300MG
89 LAMIVUDINE/ZIDOVUDINE (COMBIVIR)	TABLET	150MG;300MG
89 LAMIVUDINE/ZIDOVUDINE (COMBIVIR)	TABLET	300MG;150MG
90 LATANOPROST	SOLUTION	0.01%
91 LEFLUNOMIDE	TABLET	10MG
91 LEFLUNOMIDE	TABLET	20MG
92 LEVOTHYROXINE	TABLET	0.025MG
92 LEVOTHYROXINE	TABLET	0.05MG
92 LEVOTHYROXINE	TABLET	0.075MG
92 LEVOTHYROXINE	TABLET	0.088MG
92 LEVOTHYROXINE	TABLET	0.112MG
92 LEVOTHYROXINE	TABLET	0.125MG
92 LEVOTHYROXINE	TABLET	0.137MG
92 LEVOTHYROXINE	TABLET	0.15MG
92 LEVOTHYROXINE	TABLET	0.175MG
92 LEVOTHYROXINE	TABLET	0.1MG
92 LEVOTHYROXINE	TABLET	0.2MG
92 LEVOTHYROXINE	TABLET	0.3MG
93 LIDOCAINE HCL	OINTMENT	5%
94 LIDOCAINE/PRILOCAINE	CREAM	2.5%;2.5%
95 LOPERAMIDE HCL	CAPSULE	2MG
96 MEPROBAMATE	TABLET	200MG
96 MEPROBAMATE	TABLET	400MG
97 METFORMIN (F) ER	TABLET	1000MG
97 METFORMIN (F) ER	TABLET	500MG
98 METHADONE HCL	TABLET	10MG
98 METHADONE HCL	TABLET	5MG
99 METHAZOLAMIDE	TABLET	25MG
99 METHAZOLAMIDE	TABLET	50MG
100 METHOTREXATE	TABLET	2.5MG
101 METHYLPHENIDATE	TABLET	10MG
101 METHYLPHENIDATE	TABLET	20MG
101 METHYLPHENIDATE	TABLET	5MG
101 METHYLPHENIDATE ER	TABLET	20MG
102 METHYLPREDNISOLONE	TABLET	4MG
103 METRONIDAZOLE	CREAM	0.75%
103 METRONIDAZOLE	GEL	0.75%
103 METRONIDAZOLE	GEL	1%
103 METRONIDAZOLE	GEL VAGINAL	0.75%
103 METRONIDAZOLE	LOTION	0.75%
104 MOEXIPRIL HCL	TABLET	15MG
104 MOEXIPRIL HCL	TABLET	7.5MG
105 MOEXIPRIL HCL/HCTZ	TABLET	15MG;12.5MG
105 MOEXIPRIL HCL/HCTZ	TABLET	15MG;25MG
105 MOEXIPRIL HCL/HCTZ	TABLET	7.5MG;12.5MG
106 NADOLOL	TABLET	20MG
106 NADOLOL	TABLET	40MG
106 NADOLOL	TABLET	80MG
107 NAPROXEN SODIUM	TABLET	275MG
107 NAPROXEN SODIUM	TABLET	550MG
108 NEOMYCIN/POLYMYXIN/HYDROCORTISONE	SOLUTION	3.5MG;10MU;1%
109 NIACIN ER	TABLET	1000MG
109 NIACIN ER	TABLET	500MG
109 NIACIN ER	TABLET	750MG
110 NIMODIPINE	CAPSULE	30MG
111 NITROFURANTOIN/MACROCRYSTALLINE	CAPSULE	100MG
111 NITROFURANTOIN/MACROCRYSTALLINE	CAPSULE	25MG
111 NITROFURANTOIN/MACROCRYSTALLINE	CAPSULE	50MG
112 NORETHINDRONE/ETHINYL ESTRADIOL (BALZIVA)	TABLET	0.4MG-0.035MG
113 NORTRIPTYLINE HCL	CAPSULE	10MG
113 NORTRIPTYLINE HCL	CAPSULE	25MG
113 NORTRIPTYLINE HCL	CAPSULE	50MG
113 NORTRIPTYLINE HCL	CAPSULE	75MG
114 NYSTATIN	CREAM	100MU
114 NYSTATIN	OINTMENT	100MU
114 NYSTATIN	TABLET	500MU
115 NYSTATIN/TRIAMCINOLONE	CREAM	0.10%
115 NYSTATIN/TRIAMCINOLONE	OINTMENT	0.10%
116 OMEGA 3 ACID ETHYL ESTERS	CAPSULE	1G
117 OXAPROZIN	TABLET	600MG
118 OXYBUTYININ CHLORIDE	TABLET	5MG
119 OXYCODONE/ACETAMINOPHEN	TABLET	10MG;325MG
119 OXYCODONE/ACETAMINOPHEN	TABLET	5MG;325MG
119 OXYCODONE/ACETAMINOPHEN	TABLET	7.5MG;325MG
120 OXYCODONE HCL	SOLUTION	20MG/ML
120 OXYCODONE HCL	TABLET	15MG
120 OXYCODONE HCL	TABLET	30MG
121 PARICALCITOL	CAPSULE	1MCG

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EXHIBIT A
(Named Generic Drugs)*

Molecule Name	Form	Strength
121 PARICALCITOL	CAPSULE	2MCG
121 PARICALCITOL	CAPSULE	4MCG
122 PAROMOMYCIN	CAPSULE	250MG
123 PERMETHRIN	CREAM	5%
124 PERPHENAZINE	TABLET	16MG
124 PERPHENAZINE	TABLET	2MG
124 PERPHENAZINE	TABLET	4MG
124 PERPHENAZINE	TABLET	8MG
125 PHENYTOIN SODIUM ER	CAPSULE	100MG
126 PILOCARPINE HCL	TABLET	5MG
127 PIROXICAM	CAPSULE	10MG
127 PIROXICAM	CAPSULE	20MG
128 POTASSIUM CHLORIDE ER	TABLET	10MEQ
128 POTASSIUM CHLORIDE ER	TABLET	20MEQ
128 POTASSIUM CHLORIDE ER	TABLET	8MEQ
129 PRAVASTATIN	TABLET	10MG
129 PRAVASTATIN	TABLET	20MG
129 PRAVASTATIN	TABLET	40MG
129 PRAVASTATIN	TABLET	80MG
130 PRAZOSIN HCL	CAPSULE	1MG
130 PRAZOSIN HCL	CAPSULE	2MG
130 PRAZOSIN HCL	CAPSULE	5MG
131 PREDNISOLONE ACETATE	SOLUTION/LIQUID EYE	1%
132 PREDNISONE	TABLET	10MG
132 PREDNISONE	TABLET	1MG
132 PREDNISONE	TABLET	2.5MG
132 PREDNISONE	TABLET	20MG
132 PREDNISONE	TABLET	5MG
133 PROCHLORPERAZINE	SUPPOSITORY	25MG
134 PROMETHAZINE	SUPPOSITORY	12.5MG
134 PROMETHAZINE	SUPPOSITORY	25MG
135 PROPRANOLOL	TABLET	10MG
135 PROPRANOLOL	TABLET	20MG
135 PROPRANOLOL	TABLET	40MG
135 PROPRANOLOL	TABLET	60MG
135 PROPRANOLOL	TABLET	80MG
135 PROPRANOLOL ER	CAPSULE	120MG
135 PROPRANOLOL ER	CAPSULE	160MG
135 PROPRANOLOL ER	CAPSULE	60MG
135 PROPRANOLOL ER	CAPSULE	80MG
136 RALOXIFENE HCL	TABLET	60MG
137 RANITIDINE HCL	CAPSULE	150MG
137 RANITIDINE HCL	CAPSULE	300MG
137 RANITIDINE HCL	TABLET	150MG
138 SILVER SULFADIAZINE	CREAM	1%
139 SPIRONOLACTONE/HCTZ	TABLET	25MG;25MG
140 TACROLIMUS	OINTMENT	0.03%
140 TACROLIMUS	OINTMENT	0.10%
141 TAMOXIFEN CITRATE	TABLET	10MG
141 TAMOXIFEN CITRATE	TABLET	20MG
142 TEMOZOLOMIDE	CAPSULE	100MG
142 TEMOZOLOMIDE	CAPSULE	140MG
142 TEMOZOLOMIDE	CAPSULE	180MG
142 TEMOZOLOMIDE	CAPSULE	20MG
142 TEMOZOLOMIDE	CAPSULE	250MG
142 TEMOZOLOMIDE	CAPSULE	5MG
143 TERCONAZOLE	VAGINAL CREAM	0.40%
143 TERCONAZOLE	VAGINAL CREAM	0.80%
144 THEOPHYLLINE ER	TABLET	100MG
144 THEOPHYLLINE ER	TABLET	200MG
144 THEOPHYLLINE ER	TABLET	300MG
144 THEOPHYLLINE ER	TABLET	400MG
144 THEOPHYLLINE ER	TABLET	450MG
144 THEOPHYLLINE ER	TABLET	600MG
145 TIMOLOL MALEATE	GEL	0.25%
145 TIMOLOL MALEATE	GEL	0.50%
146 TIZANIDINE HCL	TABLET	2MG
146 TIZANIDINE HCL	TABLET	4MG
147 TOBRAMYCIN	SOLUTION	300MG/5ML
148 TOBRAMYCIN/DEXAMETHASONE	SOLUTION	0.3;0.1%
149 TOLMETIN SODIUM	CAPSULE	400MG
150 TOLTERODINE TARTRATE	TABLET	1MG
150 TOLTERODINE TARTRATE	TABLET	2MG
150 TOLTERODINE TARTRATE ER	CAPSULE	2MG
150 TOLTERODINE TARTRATE ER	CAPSULE	4MG
151 TRAZODONE HCL	TABLET	100MG
152 TRIAMCINOLONE ACETONIDE	CREAM	0.03%
152 TRIAMCINOLONE ACETONIDE	CREAM	0.10%
152 TRIAMCINOLONE ACETONIDE	CREAM	0.50%
152 TRIAMCINOLONE ACETONIDE	OINTMENT	0.03%
152 TRIAMCINOLONE ACETONIDE	OINTMENT	0.10%
152 TRIAMCINOLONE ACETONIDE	OINTMENT	0.50%
153 TRIAMTERENE/HCTZ	CAPSULE	37.5MG;25MG
153 TRIAMTERENE/HCTZ	TABLET	37.5MG;25MG

*The full list of National Drug Codes (NDCs) is available on the settlement website:
www.GenericDrugsDirectPurchaserSettlement.com.

EXHIBIT A
(Named Generic Drugs)*

Molecule Name	Form	Strength
153 TRIAMTERENE/HCTZ	TABLET	75MG;50MG
154 TRIFLUOPERAZINE HCL	TABLET	10MG
154 TRIFLUOPERAZINE HCL	TABLET	1MG
154 TRIFLUOPERAZINE HCL	TABLET	2MG
154 TRIFLUOPERAZINE HCL	TABLET	5MG
155 URSODIOL	CAPSULE	300MG
156 VALSARTAN HCTZ	TABLET	160MG;12.5MG
156 VALSARTAN HCTZ	TABLET	160MG;25MG
156 VALSARTAN HCTZ	TABLET	320MG;12.5MG
156 VALSARTAN HCTZ	TABLET	320MG;25MG
156 VALSARTAN HCTZ	TABLET	80MG;12.5MG
157 VERAPAMIL	TABLET	120MG
157 VERAPAMIL	TABLET	80MG
157 VERAPAMIL SR	CAPSULE	120MG
157 VERAPAMIL SR	CAPSULE	180MG
157 VERAPAMIL SR	CAPSULE	240MG
158 WARFARIN SODIUM	TABLET	10MG
158 WARFARIN SODIUM	TABLET	1MG
158 WARFARIN SODIUM	TABLET	2.5MG
158 WARFARIN SODIUM	TABLET	2MG
158 WARFARIN SODIUM	TABLET	3MG
158 WARFARIN SODIUM	TABLET	4MG
158 WARFARIN SODIUM	TABLET	5MG
158 WARFARIN SODIUM	TABLET	6MG
158 WARFARIN SODIUM	TABLET	7.5MG
159 ZOLEDRONIC ACID	IV CONCENTRATE	4MG/5ML
159 ZOLEDRONIC ACID	IV SOLUTION	5MG/100ML

*The full list of National Drug Codes (NDCs) is available on the settlement website:
www.GenericDrugsDirectPurchaserSettlement.com.

EXHIBIT B
(Generic Manufacturer Defendants)

1. Actavis Holdco U.S., Inc.
2. Actavis Pharma, Inc.
3. Actavis Elizabeth, LLC
4. Akorn Inc.
5. Alvogen Inc.
6. Amneal Pharmaceuticals, Inc.
7. Amneal Pharmaceuticals, LLC
8. Apotex Corp.
9. Ascend Laboratories, LLC
10. Aurobindo Pharma USA, Inc.
11. Bausch Health Americas, Inc.
12. Bausch Health US, LLC
13. Breckenridge Pharmaceutical, Inc.
14. Camber Pharmaceuticals Inc.
15. Citron Pharma LLC
16. Dava Pharmaceuticals, LLC
17. Dr. Reddy's Laboratories, Inc.
18. Epic Pharma, LLC
19. Fougera Pharmaceuticals Inc.
20. Generics Bidco I LLC
21. Glenmark Pharmaceuticals Inc., USA.
22. Greenstone LLC
23. G&W Laboratories, Inc.
24. Heritage Pharmaceuticals, Inc.
25. Hikma Labs, Inc.
26. Hikma Pharmaceuticals USA, Inc.
27. Hi-Tech Pharmacal Co., Inc.
28. Impax Laboratories, Inc.
29. Impax Laboratories, LLC
30. Jubilant Cadista Pharmaceuticals Inc.
31. Lannett Company, Inc.
32. Lupin Pharmaceuticals, Inc.
33. Mallinckrodt Inc.
34. Mayne Pharma Inc.
35. Morton Grove Pharmaceuticals, Inc.
36. Mylan Inc.
37. Mylan Pharmaceuticals Inc.
38. Oceanside Pharmaceuticals, Inc.
39. Par Pharmaceutical Companies, Inc.
40. Par Pharmaceutical, Inc.
41. Perrigo New York, Inc.
42. Pfizer, Inc.
43. Pliva, Inc.
44. Sandoz, Inc.
45. Sun Pharmaceutical Industries, Inc.
46. Taro Pharmaceuticals U.S.A., Inc.
47. Teligent Inc.
48. Teva Pharmaceuticals USA, Inc.
49. Torrent Pharma Inc.
50. UDL Laboratories, Inc.
51. Upsher-Smith Laboratories, Inc.
52. Valeant Pharmaceuticals International
53. Valeant Pharmaceuticals North America LLC
54. Versapharm, Inc.
55. West-Ward Columbus, Inc.
56. West-Ward Pharmaceuticals Corp.
57. Wockhardt USA LLC
58. Zydus Pharmaceuticals (USA), Inc.

EXHIBIT 3

In re: Generic Pharmaceuticals Pricing Antitrust Litig. – Direct Purchasers
c/o A.B. Data, Ltd.
P.O. Box 173095
Milwaukee, WI 53217

**INSTRUCTIONS FOR SUBMITTING YOUR CLAIM FORM
IF YOU DID NOT RECEIVE A CLAIM FORM IN THE MAIL**

Claim forms to known members of the Settlement Class of direct purchasers of one or more Named Generic Drugs from one or more generic manufacturer Defendants at some time from May 1, 2009 until December 31, 2019, are being mailed as of **[date the Claim Forms are mailed]**. The Named Generic Drugs and generic manufacturer Defendants are identified in the attached Exhibits A and B.

If you believe you are a member of the Settlement Class and have not previously opted out of the Settlement Class, but you have NOT received a claim form in the mail, then you should complete and submit THIS form if you wish to make a claim. Your claim must be post-marked by **[90 days from the date the Claim Forms are mailed]** or it will not be considered.

On May 11, 2022, the Court certified a Settlement Class, and on or about June 24, 2022, Notice of the Settlements with Defendants Sun Pharmaceutical Industries, Inc. its affiliates (Caraco Pharmaceutical Laboratories, Ltd, Mutual Pharmaceutical Company, Inc., and URL Pharma, Inc.) (collectively “Sun”) and Taro Pharmaceuticals U.S.A., Inc. (Taro) (collectively “Settling Defendants”) was published.

Settlement Class Members that execute and submit timely Claim Forms will be entitled to a *pro rata* share of the net Settlement Fund, [unless a Class Member would have received less than \\$25 under a pro rata distribution, in which case the Class Member will receive \\$25.](#) You may submit your Claim Form, postmarked on or before **[90 days from the date the Claim Forms are mailed]**, by mailing it to the following address:

In re: Generic Pharmaceuticals Pricing Antitrust Litig. – Direct Purchasers
c/o A.B. Data, Ltd.
P.O. Box 173095
Milwaukee, WI 53217

You may also submit your Claim Form by emailing a scanned copy of your executed Claim Form, on or before **[90 days from the date the Claim Forms are mailed]**, to info@GenericDrugsDirectPurchaserSettlement.com.

Questions? Call 1-877-315-0583,
email info@GenericDrugsDirectPurchaserSettlement.com or
visit www.GenericDrugsDirectPurchaserSettlement.com

In re: Generic Pharmaceuticals Pricing Antitrust Litig. – Direct Purchasers
c/o A.B. Data, Ltd.
P.O. Box 173095
Milwaukee, WI 53217

SECTION A: CLASS MEMBER INFORMATION

There is a Court approved Plan of Allocation providing for ~~pro-rata~~ distribution of the Net Settlement Fund. The Plan of Allocation and other important documents are available at www.GenericDrugsDirectPurchaserSettlement.com.

Please complete the information requested below.

Contact Person for Claimant:	Title of Contact:	
Claimant Name:		
Address Line One:		
Address Line Two (if applicable):		
City:	State:	Zip Code:
Email:	Phone Number:	

SECTION B: ~~PRO-RATA~~ SHARE

To make a claim using this claim form, you must submit documentation and/or data documenting your net DIRECT purchases (net of returns) of the Named Generic Drugs from the Named Defendants during the period from May 1, 2009 through

Questions? Call 1-877-315-0583,
email info@GenericDrugsDirectPurchaserSettlement.com or
visit www.GenericDrugsDirectPurchaserSettlement.com

In re: Generic Pharmaceuticals Pricing Antitrust Litig. – Direct Purchasers
 c/o A.B. Data, Ltd.
 P.O. Box 173095
 Milwaukee, WI 53217

December 31, 2019. Note that only DIRECT purchases from the Named Defendants are relevant.

If you are making a claim through an assignment of rights from a direct purchaser who is a Settlement Class member, you must submit proof of the assignment and proof of the volume of assigned purchases and by submitting a claim by assignment, you agree we may share your claim submission with your applicable assignor. Again, if you have received a claim form in the mail, do NOT use this claim form. Use the claim form you received in the mail to submit your claim.

The actual dollar amount of your claim will depend on, among other things, how many Members of the Settlement Class submit approved claim forms; how much interest the Settlement Fund accrues during the pendency of the claims process; and whether additional data regarding purchases by Settlement Class members becomes available for use in the allocation.

In the following table, please identify how you would prefer your distribution to be made (for example by wire or by mailed check) and provide applicable instructions:

<input type="checkbox"/> Wire payment	<input type="checkbox"/> Mail payment
Payment instructions for wire or mail:	

SECTION C: CERTIFICATION

By signing below, I certify my acceptance of a ~~pro-rata~~ share of the net Settlement Fund, and further certify that this Claim Form was executed this _____ day of _____ 20__.

Claimant Name:
Signature of Contact Person for Claimant:

Questions? Call 1-877-315-0583,
 email info@GenericDrugsDirectPurchaserSettlement.com or
 visit www.GenericDrugsDirectPurchaserSettlement.com

In re: Generic Pharmaceuticals Pricing Antitrust Litig. – Direct Purchasers
c/o A.B. Data, Ltd.
P.O. Box 173095
Milwaukee, WI 53217

Printed or Typed Name of Contact Person for Claimant:

Questions? Call 1-877-315-0583,
email info@GenericDrugsDirectPurchaserSettlement.com or
visit www.GenericDrugsDirectPurchaserSettlement.com

EXHIBIT A
(Named Generic Drugs)*

Molecule Name	Form	Strength
1 ACETAZOLAMIDE	TABLET	125MG
1 ACETAZOLAMIDE	TABLET	250MG
1 ACETAZOLAMIDE ER	CAPSULE	500MG
2 ADAPALENE	CREAM	0.10%
2 ADAPALENE	GEL	0.10%
2 ADAPALENE	GEL	0.30%
3 ALBUTEROL	TABLET	2MG
3 ALBUTEROL	TABLET	4MG
4 ALCLOMETASONE DIPROPIONATE	CREAM	0.05%
4 ALCLOMETASONE DIPROPIONATE	OINTMENT	0.05%
5 ALLOPURINOL	TABLET	100MG
5 ALLOPURINOL	TABLET	300MG
6 AMANTADINE HCL	CAPSULE	100MG
7 AMILORIDE HCL/HCTZ	TABLET	5MG;50MG
8 AMITRIPTYLINE	TABLET	100MG
8 AMITRIPTYLINE	TABLET	10MG
8 AMITRIPTYLINE	TABLET	150MG
8 AMITRIPTYLINE	TABLET	25MG
8 AMITRIPTYLINE	TABLET	50MG
8 AMITRIPTYLINE	TABLET	75MG
9 AMMONIUM LACTATE	CREAM	12%
9 AMMONIUM LACTATE	LOTION	12%
10 AMOXICILLIN/CLAVULANATE	TABLET CHEWABLE	200MG;28.5MG
10 AMOXICILLIN/CLAVULANATE	TABLET CHEWABLE	400MG;57MG
11 AMPHETAMINE/DEXTROAMPHETAMINE (MAS) (ADDERALL)	TABLET	10MG
11 AMPHETAMINE/DEXTROAMPHETAMINE (MAS) (ADDERALL)	TABLET	20MG
11 AMPHETAMINE/DEXTROAMPHETAMINE (MAS) (ADDERALL)	TABLET	30MG
11 AMPHETAMINE/DEXTROAMPHETAMINE (MAS) (ADDERALL)	TABLET	5MG
11 AMPHETAMINE/DEXTROAMPHETAMINE ER (MAS) (ADDERALL)	CAPSULE	10MG
11 AMPHETAMINE/DEXTROAMPHETAMINE ER (MAS) (ADDERALL)	CAPSULE	15MG
11 AMPHETAMINE/DEXTROAMPHETAMINE ER (MAS) (ADDERALL)	CAPSULE	20MG
11 AMPHETAMINE/DEXTROAMPHETAMINE ER (MAS) (ADDERALL)	CAPSULE	25MG
11 AMPHETAMINE/DEXTROAMPHETAMINE ER (MAS) (ADDERALL)	CAPSULE	30MG
11 AMPHETAMINE/DEXTROAMPHETAMINE ER (MAS) (ADDERALL)	CAPSULE	5MG
12 ATENOLOL/CHLORTHALIDONE	TABLET	100MG;25MG
12 ATENOLOL/CHLORTHALIDONE	TABLET	50MG;25MG
13 ATROPINE SULFATE	SOLUTION	1%
14 BACLOFEN	TABLET	10MG
14 BACLOFEN	TABLET	20MG
15 BALSALAZIDE DISODIUM	CAPSULE	750MG
16 BENAZEPRIL HCTZ	TABLET	10MG;12.5MG
16 BENAZEPRIL HCTZ	TABLET	20MG;12.5MG
16 BENAZEPRIL HCTZ	TABLET	20MG;25MG
17 BETAMETHASONE DIPROPIONATE	CREAM	0.05%
17 BETAMETHASONE DIPROPIONATE	LOTION	0.05%
17 BETAMETHASONE DIPROPIONATE	OINTMENT	0.05%
18 BETAMETHASONE DIPROPIONATE AUGMENTED	LOTION	0.05%
19 BETAMETHASONE DIPROPIONATE/CLOTRIMAZOLE	CREAM	0.05%;1%
19 BETAMETHASONE DIPROPIONATE/CLOTRIMAZOLE	LOTION	0.05%;1%
20 BETAMETHASONE VALERATE	CREAM	0.10%
20 BETAMETHASONE VALERATE	LOTION	0.10%
20 BETAMETHASONE VALERATE	OINTMENT	0.10%
21 BETHANECHOL CHLORIDE	TABLET	10MG
21 BETHANECHOL CHLORIDE	TABLET	25MG
21 BETHANECHOL CHLORIDE	TABLET	50MG
21 BETHANECHOL CHLORIDE	TABLET	5MG
22 BROMOCRIPTINE MESYLATE	TABLET	2.5MG
23 BUDESONIDE	SOLUTION	0.25MG/2ML
23 BUDESONIDE	SOLUTION	0.5MG/2ML
23 BUDESONIDE	SOLUTION	1MG/2ML
23 BUDESONIDE DR	CAPSULE	3MG
24 BUSPIRONE HCL	TABLET	10MG
24 BUSPIRONE HCL	TABLET	15MG
24 BUSPIRONE HCL	TABLET	30MG
24 BUSPIRONE HCL	TABLET	5MG
24 BUSPIRONE HCL	TABLET	7.5MG
25 BUTORPHANOL TARTRATE	SPRAY	10MG/ML
26 CAPECITABINE	TABLET	150MG
26 CAPECITABINE	TABLET	500MG
27 CAPTOPRIL	TABLET	100MG
27 CAPTOPRIL	TABLET	12.5MG
27 CAPTOPRIL	TABLET	25MG
27 CAPTOPRIL	TABLET	50MG
28 CARBAMAZEPINE	TABLET	200MG
28 CARBAMAZEPINE	TABLET CHEWABLE	100MG
28 CARBAMAZEPINE ER	TABLET	100MG
28 CARBAMAZEPINE ER	TABLET	200MG
28 CARBAMAZEPINE ER	TABLET	400MG
29 CARISOPRODOL	TABLET	350MG
30 CEFDINIR	CAPSULE	300MG
30 CEFDINIR	SOLUTION	125MG/5ML
30 CEFDINIR	SOLUTION	250MG/5ML
31 CEFPROZIL	TABLET	250MG
31 CEFPROZIL	TABLET	500MG

*The full list of National Drug Codes (NDCs) is available on the settlement website:
[www. GenericDrugsDirectPurchaserSettlement.com](http://www.GenericDrugsDirectPurchaserSettlement.com).

EXHIBIT A

(Named Generic Drugs)*

<u>Molecule Name</u>	<u>Form</u>	<u>Strength</u>
32 CEFUROXIME AXETIL	TABLET	250MG
32 CEFUROXIME AXETIL	TABLET	500MG
33 CELECOXIB	CAPSULE	100MG
33 CELECOXIB	CAPSULE	200MG
33 CELECOXIB	CAPSULE	400MG
33 CELECOXIB	CAPSULE	50MG
34 CEPHALEXIN (CEFALEXIN)	SOLUTION	125MG/5ML
34 CEPHALEXIN (CEFALEXIN)	SOLUTION	250MG/5ML
35 CHLORPROMAZINE HCL	TABLET	100MG
35 CHLORPROMAZINE HCL	TABLET	10MG
35 CHLORPROMAZINE HCL	TABLET	200MG
35 CHLORPROMAZINE HCL	TABLET	25MG
35 CHLORPROMAZINE HCL	TABLET	50MG
36 CHOLESTYRAMINE	PACKET/ORAL SOLID	4G
36 CHOLESTYRAMINE	POWDER	4G
37 CICLOPIROX	CREAM	0.77%
37 CICLOPIROX	SHAMPOO	1%
37 CICLOPIROX	SOLUTION	8%
38 CIMETIDINE	TABLET	200MG
38 CIMETIDINE	TABLET	300MG
38 CIMETIDINE	TABLET	400MG
38 CIMETIDINE	TABLET	800MG
39 CLARITHROMYCIN ER	TABLET	500MG
40 CLINDAMYCIN PHOSPHATE	GEL	1%
40 CLINDAMYCIN PHOSPHATE	LOTION	1%
40 CLINDAMYCIN PHOSPHATE	SOLUTION	1%
40 CLINDAMYCIN PHOSPHATE	VAGINAL CREAM	2%
41 CLOBETASOL	CREAM	0.05%
41 CLOBETASOL	E CREAM	0.05%
41 CLOBETASOL	GEL	0.05%
41 CLOBETASOL	OINTMENT	0.05%
41 CLOBETASOL	SOLUTION	0.05%
42 CLOMIPRAMINE	CAPSULE	25MG
42 CLOMIPRAMINE	CAPSULE	50MG
42 CLOMIPRAMINE	CAPSULE	75MG
43 CLONIDINE ER	PATCH	0.1MG/24HR
43 CLONIDINE ER	PATCH	0.2MG/24HR
43 CLONIDINE ER	PATCH	0.3MG/24HR
44 CLOTRIMAZOLE	SOLUTION	1%
45 DESMOPRESSIN ACETATE	TABLET	0.1MG
45 DESMOPRESSIN ACETATE	TABLET	0.2MG
46 DESONIDE	CREAM	0.05%
46 DESONIDE	LOTION	0.05%
46 DESONIDE	OINTMENT	0.05%
47 DESOXIMETASONE	OINTMENT	0.25%
48 DEXMETHYLPHENIDATE HCL ER (DEXMETH ER) (FOCALIN)	CAPSULE	15MG
48 DEXMETHYLPHENIDATE HCL ER (DEXMETH ER) (FOCALIN)	CAPSULE	20MG
48 DEXMETHYLPHENIDATE HCL ER (DEXMETH ER) (FOCALIN)	CAPSULE	40MG
48 DEXMETHYLPHENIDATE HCL ER (DEXMETH ER) (FOCALIN)	CAPSULE	5MG
49 DEXTROAMPHETAMINE SULFATE (DEX SULFATE)	TABLET	10MG
49 DEXTROAMPHETAMINE SULFATE (DEX SULFATE)	TABLET	15MG
49 DEXTROAMPHETAMINE SULFATE (DEX SULFATE)	TABLET	2.5MG
49 DEXTROAMPHETAMINE SULFATE (DEX SULFATE)	TABLET	20MG
49 DEXTROAMPHETAMINE SULFATE (DEX SULFATE)	TABLET	30MG
49 DEXTROAMPHETAMINE SULFATE (DEX SULFATE)	TABLET	5MG
49 DEXTROAMPHETAMINE SULFATE (DEX SULFATE)	TABLET	7.5MG
49 DEXTROAMPHETAMINE SULFATE ER (DEX SULFATE ER)	CAPSULE	10MG
49 DEXTROAMPHETAMINE SULFATE ER (DEX SULFATE ER)	CAPSULE	15MG
49 DEXTROAMPHETAMINE SULFATE ER (DEX SULFATE ER)	CAPSULE	5MG
50 DICLOFENAC POTASSIUM	TABLET	50MG
51 DIGOXIN	TABLET	0.125MG
51 DIGOXIN	TABLET	0.25MG
52 DILTIAZEM HCL	TABLET	120MG
52 DILTIAZEM HCL	TABLET	30MG
52 DILTIAZEM HCL	TABLET	60MG
52 DILTIAZEM HCL	TABLET	90MG
53 DIPHENOXYLATE/ATROPINE	TABLET	2.5MG;0.025MG
54 DIVALPROEX ER	TABLET	250MG
54 DIVALPROEX ER	TABLET	500MG
55 DOXAZOSIN MESYLATE	TABLET	1MG
55 DOXAZOSIN MESYLATE	TABLET	2MG
55 DOXAZOSIN MESYLATE	TABLET	4MG
55 DOXAZOSIN MESYLATE	TABLET	8MG
56 DOXYCYCLINE HYCLATE	CAPSULE	100MG
56 DOXYCYCLINE HYCLATE	CAPSULE	50MG
56 DOXYCYCLINE HYCLATE	TABLET	100MG
56 DOXYCYCLINE HYCLATE DR	TABLET	100MG
56 DOXYCYCLINE HYCLATE DR	TABLET	150MG
56 DOXYCYCLINE HYCLATE DR	TABLET	75MG
56 DOXYCYCLINE MONOHYDRATE	TABLET	100MG
56 DOXYCYCLINE MONOHYDRATE	TABLET	150MG
56 DOXYCYCLINE MONOHYDRATE	TABLET	50MG
56 DOXYCYCLINE MONOHYDRATE	TABLET	75MG
57 DROSPIRENONE/ETHINYL ESTRADIOL (OCELLA)	TABLET	3MG-0.02MG

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[www. GenericDrugsDirectPurchaserSettlement.com](http://www.GenericDrugsDirectPurchaserSettlement.com).

EXHIBIT A
(Named Generic Drugs)*

Molecule Name	Form	Strength
57 DROSPIRENONE/ETHINYL ESTRADIOL (OCELLA)	TABLET	3MG-0.03MG
58 ECONAZOLE	CREAM	1%
59 ENALAPRIL MALEATE	TABLET	10MG
59 ENALAPRIL MALEATE	TABLET	2.5MG
59 ENALAPRIL MALEATE	TABLET	20MG
59 ENALAPRIL MALEATE	TABLET	5MG
60 ENTECAVIR	TABLET	0.5MG
60 ENTECAVIR	TABLET	1MG
61 ESTRADIOL	TABLET	0.5MG
61 ESTRADIOL	TABLET	1MG
61 ESTRADIOL	TABLET	2MG
62 ESTRADIOL/NORETHINDRONE ACETATE (MIMVEY)	TABLET	1MG-0.5MG
63 ETHINYL ESTRADIOL/LEVONORGESTREL (PORTIA,JOLESSA)	TABLET	.02MG-0.1MG
63 ETHINYL ESTRADIOL/LEVONORGESTREL (PORTIA,JOLESSA)	TABLET	.03MG-.15MG
63 ETHINYL ESTRADIOL/LEVONORGESTREL (PORTIA,JOLESSA)	TABLET	.03MG-.15MG-.01MG
63 ETHINYL ESTRADIOL/LEVONORGESTREL (PORTIA,JOLESSA)	TABLET	.02MG-0.1MG-.01MG
63 ETHINYL ESTRADIOL/LEVONORGESTREL (PORTIA,JOLESSA)	TABLET	.02MG-.15MG;.025MG-.15MG;.03MG-.15MG;.01MG
63 ETHINYL ESTRADIOL/LEVONORGESTREL (PORTIA,JOLESSA)	TABLET	.03MG-.05MG;.04MG-.075MG;.03MG-.125MG
63 ETHINYL ESTRADIOL/LEVONORGESTREL (PORTIA,JOLESSA)	TABLET	.02MG-.09MG
64 ETODOLAC	CAPSULE	200MG
64 ETODOLAC	CAPSULE	300MG
64 ETODOLAC	TABLET	400MG
64 ETODOLAC	TABLET	500MG
64 ETODOLAC ER	TABLET	400MG
64 ETODOLAC ER	TABLET	500MG
64 ETODOLAC ER	TABLET	600MG
65 EXEMESTANE	TABLET	25MG
66 FENOFIBRATE	TABLET	145MG
66 FENOFIBRATE	TABLET	48MG
67 FLUCONAZOLE	TABLET	100MG
67 FLUCONAZOLE	TABLET	150MG
67 FLUCONAZOLE	TABLET	200MG
67 FLUCONAZOLE	TABLET	50MG
68 FLUOCINOLONE ACETONIDE	CREAM	0.01%
68 FLUOCINOLONE ACETONIDE	CREAM	0.03%
68 FLUOCINOLONE ACETONIDE	OINTMENT	0.03%
68 FLUOCINOLONE ACETONIDE	SOLUTION	0.01%
69 FLUOCINONIDE	CREAM	0.05%
69 FLUOCINONIDE	CREAM	0.10%
69 FLUOCINONIDE	E CREAM	0.05%
69 FLUOCINONIDE	GEL	0.05%
69 FLUOCINONIDE	OINTMENT	0.05%
69 FLUOCINONIDE	SOLUTION	0.05%
70 FLUOXETINE HCL	TABLET	10MG
70 FLUOXETINE HCL	TABLET	15MG
70 FLUOXETINE HCL	TABLET	20MG
70 FLUOXETINE HCL	TABLET	60MG
71 FLUTICASONE PROPIONATE	SPRAY	50MCG
72 FOSINOPRIL HCTZ	TABLET	10MG;12.5MG
72 FOSINOPRIL HCTZ	TABLET	20MG;12.5MG
73 GABAPENTIN	TABLET	600MG
73 GABAPENTIN	TABLET	800MG
74 GLIMEPIRIDE	TABLET	1MG
74 GLIMEPIRIDE	TABLET	2MG
74 GLIMEPIRIDE	TABLET	4MG
75 GLIPIZIDE/METFORMIN	TABLET	2.5MG;250MG
75 GLIPIZIDE/METFORMIN	TABLET	2.5MG;500MG
75 GLIPIZIDE/METFORMIN	TABLET	5MG;500MG
76 GLYBURIDE	TABLET	1.25MG
76 GLYBURIDE	TABLET	2.5MG
76 GLYBURIDE	TABLET	5MG
77 GLYBURIDE/METFORMIN	TABLET	1.25MG;250MG
77 GLYBURIDE/METFORMIN	TABLET	2.5MG;500MG
77 GLYBURIDE/METFORMIN	TABLET	5MG;500MG
78 GRISEOFULVIN	SUSPENSION (MICROSIZE)	125MG/5ML
79 HALOBETASOL PROPIONATE	CREAM	0.05%
79 HALOBETASOL PROPIONATE	OINTMENT	0.05%
80 HALOPERIDOL	TABLET	0.5MG
80 HALOPERIDOL	TABLET	10MG
80 HALOPERIDOL	TABLET	1MG
80 HALOPERIDOL	TABLET	20MG
80 HALOPERIDOL	TABLET	2MG
80 HALOPERIDOL	TABLET	5MG
81 HYDROCODONE/ACETAMINOPHEN	TABLET	325MG;10MG
81 HYDROCODONE/ACETAMINOPHEN	TABLET	325MG;5MG
82 HYDROCORTISONE VALERATE	CREAM	0.20%
83 IRBESARTAN	TABLET	150MG
83 IRBESARTAN	TABLET	300MG
83 IRBESARTAN	TABLET	75MG
84 ISOSORBIDE DINITRATE	TABLET	10MG
84 ISOSORBIDE DINITRATE	TABLET	20MG
84 ISOSORBIDE DINITRATE	TABLET	30MG
84 ISOSORBIDE DINITRATE	TABLET	5MG
85 KETOCONAZOLE	CREAM	2%

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[www. GenericDrugsDirectPurchaserSettlement.com](http://www.GenericDrugsDirectPurchaserSettlement.com).

EXHIBIT A
(Named Generic Drugs)*

<u>Molecule Name</u>	<u>Form</u>	<u>Strength</u>
85 KETOCONAZOLE	TABLET	200MG
86 KETOPROFEN	CAPSULE	50MG
86 KETOPROFEN	CAPSULE	75MG
87 KETOROLAC TROMETHAMINE	TABLET	10MG
88 LABETALOL HCL	TABLET	100MG
88 LABETALOL HCL	TABLET	200MG
88 LABETALOL HCL	TABLET	300MG
89 LAMIVUDINE/ZIDOVUDINE (COMBIVIR)	TABLET	150MG;300MG
89 LAMIVUDINE/ZIDOVUDINE (COMBIVIR)	TABLET	300MG;150MG
90 LATANOPROST	SOLUTION	0.01%
91 LEFLUNOMIDE	TABLET	10MG
91 LEFLUNOMIDE	TABLET	20MG
92 LEVOTHYROXINE	TABLET	0.025MG
92 LEVOTHYROXINE	TABLET	0.05MG
92 LEVOTHYROXINE	TABLET	0.075MG
92 LEVOTHYROXINE	TABLET	0.088MG
92 LEVOTHYROXINE	TABLET	0.112MG
92 LEVOTHYROXINE	TABLET	0.125MG
92 LEVOTHYROXINE	TABLET	0.137MG
92 LEVOTHYROXINE	TABLET	0.15MG
92 LEVOTHYROXINE	TABLET	0.175MG
92 LEVOTHYROXINE	TABLET	0.1MG
92 LEVOTHYROXINE	TABLET	0.2MG
92 LEVOTHYROXINE	TABLET	0.3MG
93 LIDOCAINE HCL	OINTMENT	5%
94 LIDOCAINE/PRILOCAINE	CREAM	2.5%;2.5%
95 LOPERAMIDE HCL	CAPSULE	2MG
96 MEPROBAMATE	TABLET	200MG
96 MEPROBAMATE	TABLET	400MG
97 METFORMIN (F) ER	TABLET	1000MG
97 METFORMIN (F) ER	TABLET	500MG
98 METHADONE HCL	TABLET	10MG
98 METHADONE HCL	TABLET	5MG
99 METHAZOLAMIDE	TABLET	25MG
99 METHAZOLAMIDE	TABLET	50MG
100 METHOTREXATE	TABLET	2.5MG
101 METHYLPHENIDATE	TABLET	10MG
101 METHYLPHENIDATE	TABLET	20MG
101 METHYLPHENIDATE	TABLET	5MG
101 METHYLPHENIDATE ER	TABLET	20MG
102 METHYLPREDNISOLONE	TABLET	4MG
103 METRONIDAZOLE	CREAM	0.75%
103 METRONIDAZOLE	GEL	0.75%
103 METRONIDAZOLE	GEL	1%
103 METRONIDAZOLE	GEL VAGINAL	0.75%
103 METRONIDAZOLE	LOTION	0.75%
104 MOEXIPRIL HCL	TABLET	15MG
104 MOEXIPRIL HCL	TABLET	7.5MG
105 MOEXIPRIL HCL/HCTZ	TABLET	15MG;12.5MG
105 MOEXIPRIL HCL/HCTZ	TABLET	15MG;25MG
105 MOEXIPRIL HCL/HCTZ	TABLET	7.5MG;12.5MG
106 NADOLOL	TABLET	20MG
106 NADOLOL	TABLET	40MG
106 NADOLOL	TABLET	80MG
107 NAPROXEN SODIUM	TABLET	275MG
107 NAPROXEN SODIUM	TABLET	550MG
108 NEOMYCIN/POLYMYXIN/HYDROCORTISONE	SOLUTION	3.5MG;10MU;1%
109 NIACIN ER	TABLET	1000MG
109 NIACIN ER	TABLET	500MG
109 NIACIN ER	TABLET	750MG
110 NIMODIPINE	CAPSULE	30MG
111 NITROFURANTOIN/MACROCRYSTALLINE	CAPSULE	100MG
111 NITROFURANTOIN/MACROCRYSTALLINE	CAPSULE	25MG
111 NITROFURANTOIN/MACROCRYSTALLINE	CAPSULE	50MG
112 NORETHINDRONE/ETHINYL ESTRADIOL (BALZIVA)	TABLET	0.4MG-0.035MG
113 NORTRIPTYLINE HCL	CAPSULE	10MG
113 NORTRIPTYLINE HCL	CAPSULE	25MG
113 NORTRIPTYLINE HCL	CAPSULE	50MG
113 NORTRIPTYLINE HCL	CAPSULE	75MG
114 NYSTATIN	CREAM	100MU
114 NYSTATIN	OINTMENT	100MU
114 NYSTATIN	TABLET	500MU
115 NYSTATIN/TRIAMCINOLONE	CREAM	0.10%
115 NYSTATIN/TRIAMCINOLONE	OINTMENT	0.10%
116 OMEGA 3 ACID ETHYL ESTERS	CAPSULE	1G
117 OXAPROZIN	TABLET	600MG
118 OXYBUTYININ CHLORIDE	TABLET	5MG
119 OXYCODONE/ACETAMINOPHEN	TABLET	10MG;325MG
119 OXYCODONE/ACETAMINOPHEN	TABLET	5MG;325MG
119 OXYCODONE/ACETAMINOPHEN	TABLET	7.5MG;325MG
120 OXYCODONE HCL	SOLUTION	20MG/ML
120 OXYCODONE HCL	TABLET	15MG
120 OXYCODONE HCL	TABLET	30MG
121 PARICALCITOL	CAPSULE	1MCG

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[www. GenericDrugsDirectPurchaserSettlement.com](http://www.GenericDrugsDirectPurchaserSettlement.com).

EXHIBIT A
(Named Generic Drugs)*

Molecule Name	Form	Strength
121 PARICALCITOL	CAPSULE	2MCG
121 PARICALCITOL	CAPSULE	4MCG
122 PAROMOMYCIN	CAPSULE	250MG
123 PERMETHRIN	CREAM	5%
124 PERPHENAZINE	TABLET	16MG
124 PERPHENAZINE	TABLET	2MG
124 PERPHENAZINE	TABLET	4MG
124 PERPHENAZINE	TABLET	8MG
125 PHENYTOIN SODIUM ER	CAPSULE	100MG
126 PILOCARPINE HCL	TABLET	5MG
127 PIROXICAM	CAPSULE	10MG
127 PIROXICAM	CAPSULE	20MG
128 POTASSIUM CHLORIDE ER	TABLET	10MEQ
128 POTASSIUM CHLORIDE ER	TABLET	20MEQ
128 POTASSIUM CHLORIDE ER	TABLET	8MEQ
129 PRAVASTATIN	TABLET	10MG
129 PRAVASTATIN	TABLET	20MG
129 PRAVASTATIN	TABLET	40MG
129 PRAVASTATIN	TABLET	80MG
130 PRAZOSIN HCL	CAPSULE	1MG
130 PRAZOSIN HCL	CAPSULE	2MG
130 PRAZOSIN HCL	CAPSULE	5MG
131 PREDNISOLONE ACETATE	SOLUTION/LIQUID EYE	1%
132 PREDNISONE	TABLET	10MG
132 PREDNISONE	TABLET	1MG
132 PREDNISONE	TABLET	2.5MG
132 PREDNISONE	TABLET	20MG
132 PREDNISONE	TABLET	5MG
133 PROCHLORPERAZINE	SUPPOSITORY	25MG
134 PROMETHAZINE	SUPPOSITORY	12.5MG
134 PROMETHAZINE	SUPPOSITORY	25MG
135 PROPRANOLOL	TABLET	10MG
135 PROPRANOLOL	TABLET	20MG
135 PROPRANOLOL	TABLET	40MG
135 PROPRANOLOL	TABLET	60MG
135 PROPRANOLOL	TABLET	80MG
135 PROPRANOLOL ER	CAPSULE	120MG
135 PROPRANOLOL ER	CAPSULE	160MG
135 PROPRANOLOL ER	CAPSULE	60MG
135 PROPRANOLOL ER	CAPSULE	80MG
136 RALOXIFENE HCL	TABLET	60MG
137 RANITIDINE HCL	CAPSULE	150MG
137 RANITIDINE HCL	CAPSULE	300MG
137 RANITIDINE HCL	TABLET	150MG
138 SILVER SULFADIAZINE	CREAM	1%
139 SPIRONOLACTONE/HCTZ	TABLET	25MG;25MG
140 TACROLIMUS	OINTMENT	0.03%
140 TACROLIMUS	OINTMENT	0.10%
141 TAMOXIFEN CITRATE	TABLET	10MG
141 TAMOXIFEN CITRATE	TABLET	20MG
142 TEMOZOLOMIDE	CAPSULE	100MG
142 TEMOZOLOMIDE	CAPSULE	140MG
142 TEMOZOLOMIDE	CAPSULE	180MG
142 TEMOZOLOMIDE	CAPSULE	20MG
142 TEMOZOLOMIDE	CAPSULE	250MG
142 TEMOZOLOMIDE	CAPSULE	5MG
143 TERCONAZOLE	VAGINAL CREAM	0.40%
143 TERCONAZOLE	VAGINAL CREAM	0.80%
144 THEOPHYLLINE ER	TABLET	100MG
144 THEOPHYLLINE ER	TABLET	200MG
144 THEOPHYLLINE ER	TABLET	300MG
144 THEOPHYLLINE ER	TABLET	400MG
144 THEOPHYLLINE ER	TABLET	450MG
144 THEOPHYLLINE ER	TABLET	600MG
145 TIMOLOL MALEATE	GEL	0.25%
145 TIMOLOL MALEATE	GEL	0.50%
146 TIZANIDINE HCL	TABLET	2MG
146 TIZANIDINE HCL	TABLET	4MG
147 TOBRAMYCIN	SOLUTION	300MG/5ML
148 TOBRAMYCIN/DEXAMETHASONE	SOLUTION	0.3;0.1%
149 TOLMETIN SODIUM	CAPSULE	400MG
150 TOLTERODINE TARTRATE	TABLET	1MG
150 TOLTERODINE TARTRATE	TABLET	2MG
150 TOLTERODINE TARTRATE ER	CAPSULE	2MG
150 TOLTERODINE TARTRATE ER	CAPSULE	4MG
151 TRAZODONE HCL	TABLET	100MG
152 TRIAMCINOLONE ACETONIDE	CREAM	0.03%
152 TRIAMCINOLONE ACETONIDE	CREAM	0.10%
152 TRIAMCINOLONE ACETONIDE	CREAM	0.50%
152 TRIAMCINOLONE ACETONIDE	OINTMENT	0.03%
152 TRIAMCINOLONE ACETONIDE	OINTMENT	0.10%
152 TRIAMCINOLONE ACETONIDE	OINTMENT	0.50%
153 TRIAMTERENE/HCTZ	CAPSULE	37.5MG;25MG
153 TRIAMTERENE/HCTZ	TABLET	37.5MG;25MG

*The full list of National Drug Codes (NDCs) is available on the settlement website:
[www. GenericDrugsDirectPurchaserSettlement.com](http://www.GenericDrugsDirectPurchaserSettlement.com).

EXHIBIT A
(Named Generic Drugs)*

Molecule Name	Form	Strength
153 TRIAMTERENE/HCTZ	TABLET	75MG;50MG
154 TRIFLUOPERAZINE HCL	TABLET	10MG
154 TRIFLUOPERAZINE HCL	TABLET	1MG
154 TRIFLUOPERAZINE HCL	TABLET	2MG
154 TRIFLUOPERAZINE HCL	TABLET	5MG
155 URSODIOL	CAPSULE	300MG
156 VALSARTAN HCTZ	TABLET	160MG;12.5MG
156 VALSARTAN HCTZ	TABLET	160MG;25MG
156 VALSARTAN HCTZ	TABLET	320MG;12.5MG
156 VALSARTAN HCTZ	TABLET	320MG;25MG
156 VALSARTAN HCTZ	TABLET	80MG;12.5MG
157 VERAPAMIL	TABLET	120MG
157 VERAPAMIL	TABLET	80MG
157 VERAPAMIL SR	CAPSULE	120MG
157 VERAPAMIL SR	CAPSULE	180MG
157 VERAPAMIL SR	CAPSULE	240MG
158 WARFARIN SODIUM	TABLET	10MG
158 WARFARIN SODIUM	TABLET	1MG
158 WARFARIN SODIUM	TABLET	2.5MG
158 WARFARIN SODIUM	TABLET	2MG
158 WARFARIN SODIUM	TABLET	3MG
158 WARFARIN SODIUM	TABLET	4MG
158 WARFARIN SODIUM	TABLET	5MG
158 WARFARIN SODIUM	TABLET	6MG
158 WARFARIN SODIUM	TABLET	7.5MG
159 ZOLEDRONIC ACID	IV CONCENTRATE	4MG/5ML
159 ZOLEDRONIC ACID	IV SOLUTION	5MG/100ML

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[www. GenericDrugsDirectPurchaserSettlement.com](http://www.GenericDrugsDirectPurchaserSettlement.com).

EXHIBIT B
(Generic Manufacturer Defendants)

1. Actavis Holdco U.S., Inc.
2. Actavis Pharma, Inc.
3. Actavis Elizabeth, LLC
4. Akorn Inc.
5. Alvogen Inc.
6. Amneal Pharmaceuticals, Inc.
7. Amneal Pharmaceuticals, LLC
8. Apotex Corp.
9. Ascend Laboratories, LLC
10. Aurobindo Pharma USA, Inc.
11. Bausch Health Americas, Inc.
12. Bausch Health US, LLC
13. Breckenridge Pharmaceutical, Inc.
14. Camber Pharmaceuticals Inc.
15. Citron Pharma LLC
16. Dava Pharmaceuticals, LLC
17. Dr. Reddy's Laboratories, Inc.
18. Epic Pharma, LLC
19. Fougera Pharmaceuticals Inc.
20. Generics Bidco I LLC
21. Glenmark Pharmaceuticals Inc., USA.
22. Greenstone LLC
23. G&W Laboratories, Inc.
24. Heritage Pharmaceuticals, Inc.
25. Hikma Labs, Inc.
26. Hikma Pharmaceuticals USA, Inc.
27. Hi-Tech Pharmacal Co., Inc.
28. Impax Laboratories, Inc.
29. Impax Laboratories, LLC
30. Jubilant Cadista Pharmaceuticals Inc.
31. Lannett Company, Inc.
32. Lupin Pharmaceuticals, Inc.
33. Mallinckrodt Inc.
34. Mayne Pharma Inc.
35. Morton Grove Pharmaceuticals, Inc.
36. Mylan Inc.
37. Mylan Pharmaceuticals Inc.
38. Oceanside Pharmaceuticals, Inc.
39. Par Pharmaceutical Companies, Inc.
40. Par Pharmaceutical, Inc.
41. Perrigo New York, Inc.
42. Pfizer, Inc.
43. Pliva, Inc.
44. Sandoz, Inc.
45. Sun Pharmaceutical Industries, Inc.
46. Taro Pharmaceuticals U.S.A., Inc.
47. Teligent Inc.
48. Teva Pharmaceuticals USA, Inc.
49. Torrent Pharma Inc.
50. UDL Laboratories, Inc.
51. Upsher-Smith Laboratories, Inc.
52. Valeant Pharmaceuticals International
53. Valeant Pharmaceuticals North America LLC
54. Versapharm, Inc.
55. West-Ward Columbus, Inc.
56. West-Ward Pharmaceuticals Corp.
57. Wockhardt USA LLC
58. Zydus Pharmaceuticals (USA), Inc.

EXHIBIT 4

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

IN RE: GENERIC PHARMACEUTICALS PRICING ANTITRUST LITIGATION	MDL No. 2724 Case No. 2:16-MD-2724
THIS DOCUMENT RELATES TO: <i>Direct Purchaser Plaintiffs' Actions</i>	HON. CYNTHIA M. RUFÉ

**DECLARATION OF ERIC J. MILLER REGARDING
DISTRIBUTION UNDER THE OPERATIVE PLAN OF ALLOCATION**

I, Eric J. Miller, hereby declare and state as follows:

1. I am a Senior Vice President with A.B. Data, Ltd. (“A.B. Data”). I am fully familiar with the facts contained herein based upon my personal knowledge, and if called as a witness, could and would testify competently thereto. I submit this declaration at the request of Settlement Class Counsel in connection with the above-captioned action (the “Action”).

2. A.B. Data was appointed by the Court in its Order dated May 11, 2022 to serve as claims administrator for the Direct Purchaser Class settlements in this case. ECF No. 2093 (the “Preliminary Approval Order”). A.B. Data’s duties in this case include administering the distribution of notice of the settlement to class members.

3. I am submitting this declaration concerning certain facts about the distribution of funds for the settlements between the Direct Purchaser Class and Defendants Sun and Taro.

4. Under the current Plan of Allocation, each member of the Settlement Class that submits a timely and valid Claim Form will be entitled to a *pro rata* distribution based on its purchases of Named Generic Drugs from the Defendants.

5. The exact amount each Claimant ultimately receives will depend on the value of the Settlement Fund at the time of distribution, which continues to grow due to interest, and also which Settlement Class Members have returned their Claim Forms.

6. In general, the approximate cost of processing and administering a Settlement Claim is \$25.00.

7. Based on the current value of the Settlement Fund, if the majority of Class Members return their Claim Forms, a large number of the Settlement Class Members are likely to be entitled to receive a distribution payment of less than \$25.00. This number of Settlement Class Members could vary somewhat depending on the amount and value of Claim Forms returned.

8. If Settlement Class Counsel were permitted to amend the Plan of Allocation so that every Class Member receives at least \$25.00 or, if their claim is valued at more than \$25.00, their *pro rata* distributions, the Settlement Fund would need no more than an additional \$7,600.00 to achieve this result.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 8th, 2023.



Eric J. Miller

EXHIBIT 5

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

**In re: GENERIC PHARMACEUTICALS
PRICING ANTITRUST LITIGATION**

This Document Relates to:

***Direct Purchaser Class Plaintiffs'
Actions***

MDL 2724

16-MD-2724

HON. CYNTHIA M. RUFÉ

**SUPPLEMENTAL DECLARATION OF JEFFREY J. LEITZINGER, PH.D.
Related to Proposed Allocation Plan**

Econ ONE Research, Inc.

December 8, 2023

550 South Hope St., Suite 800
Los Angeles, CA 90071

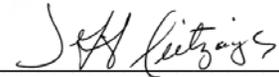
1. I am the same Jeffrey J. Leitzinger that previously submitted a declaration in connection with the proposed allocation plan in this case.¹ I understand that Counsel for the Settlement Class² have proposed a change in the settlement allocation process which would involve a \$25 floor on the amount paid to any Class member submitting a claim. I further understand that the \$25 floor is the estimated average cost of preparing, filing and processing a claim. I have reviewed the revised proposed allocation plan. Based upon my previous analysis of potential Class member recoveries under the originally proposed allocation, the additional payments to Class members who would otherwise have claims worth less than \$25 is about \$7,500 in total. Finally I understand that this additional payment amount will come from settlement funds already set aside from Class member recovery and therefore will not reduce the current distribution to any of the other Class members.
2. I find this proposal to be an economically reasonable solution to what economists refer to as a “transaction cost” problem. This problem arises when the real-world costs of performing a transaction (i.e., “transaction costs”) exceed the underlying economic benefit of that transaction and therefore prevent it from happening. Here, there are Class members for whom the compensation pursuant to the settlement allocation as to their injury (stemming from the participation of the settling parties in the alleged conspiracies) is less than the cost of preparing, submitting and processing a claim--\$25 on average. By setting their recovery at a minimum of \$25, this minor change to the plan of allocation would avoid (or at least greatly limit) situations in which the transaction costs associated with filing a claim prevent it from being filed and thereby stand in the way of recovery by those Class members.

¹ See Declaration of Jeffrey J. Leitzinger, Ph.D., dated March 16, 2022.

² The Settlement Class is defined as: “All persons or entities, and their successors and assigns, that directly purchased one or more of the Named Generic Drugs from one or more Defendants in the United States and its territories and possessions, at any time during the period from May 1, 2009 until December 31, 2019.” “Excluded from the Settlement Class are Defendants and their present and former officers, directors, management, employees, subsidiaries, or affiliates, judicial officers and their personnel, and all governmental entities.” Taro Settlement Agreement dated Nov. 4, 2021, ¶ 1; and Sun Settlement Agreement dated Nov. 4, 2021, ¶ 1.

12/8/2023

The foregoing is true and correct to the best of my knowledge and belief.



Jeffrey J. Leitzinger, Ph.D.
December 8, 2023

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

IN RE: GENERIC PHARMACEUTICALS
PRICING ANTITRUST LITIGATION

MDL NO. 2724

16-MD-2724

THIS DOCUMENT RELATES TO:

Direct Purchaser Class Plaintiffs' Actions

HON. CYNTHIA M. RUFÉ

**[PROPOSED] ORDER GRANTING DPPS' UNOPPOSED MOTION TO
AMEND THE PLAN OF ALLOCATION FOR
DPPS' SUN AND TARO SETTLEMENTS**

AND NOW, this ____ day of _____, 20__, upon consideration of Direct Purchaser Plaintiffs' ("DPPs") Unopposed Motion to Amend the Plan of Allocation for DPPs' Sun and Taro Settlements ("Motion"), it is hereby **ORDERED** that the Motion is **GRANTED** as follows:

1. DPPs' Plan of Allocation, previously approved on March 9, 2023 [ECF No. 2388], is hereby **AMENDED** as reflected in Exhibit 1 to the Motion [ECF No. ____];
2. DPPs shall return \$7,600.00 to the Settlement Fund from the funds this Court permitted DPPs to set aside for a future fee petition pursuant to this Court's March 9, 2023 Order [ECF No. 2387]; and

3. DPPs' Claim Forms, previously approved on July 7, 2023 [ECF No. 2491], are hereby **AMENDED** as reflected in Exhibits 2 and 3 to the Motion [ECF Nos. ____ and ____].

BY THE COURT:

CYNTHIA M. RUFÉ, J.