

**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:

HON. CYNTHIA M. RUFE

Direct Purchaser Plaintiffs' Actions

**DIRECT PURCHASER PLAINTIFFS' UNCONTESTED MOTION FOR
APPROVAL OF PROPOSED CLAIM FORM FOR DPPS' SETTLEMENTS WITH
(1) GLENMARK AND (2) GREENSTONE AND PFIZER**

Direct Purchaser Class Plaintiffs César Castillo, LLC, FWK Holdings, L.L.C., 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 uncontested motion for approval of the attached proposed Claim Form in pre-populated and blank formats for DPPs' settlements with (1) Glenmark Pharmaceutical Inc. and (2) Greenstone LLC and Pfizer Inc. (collectively, "Settling Defendants"). *See* Exhibit 1 (pre-populated claim form) and Exhibit 2 (blank claim form). DPPs have conferred with Settling Defendants and have confirmed that they do not oppose this motion.

The proposed Claim Form and settlement claims process described herein is materially consistent with the claim forms and settlement claims processes that this Court approved for DPPs' earlier settlements with Sun, Taro, Apotex, Breckenridge, Heritage, and Sandoz. *See* 16-md-2724, Docs. 2487 (Sun/Taro Motion); 2491 (Sun/Taro Order); 3232 (Apotex, Breckenridge, and Heritage Motion); 3240 (Apotex, Breckenridge, and Heritage Order); 3569 (Sandoz Motion); 3788 (Sandoz Order). The Claim Form describes DPPs' Settlements with Glenmark and Greenstone/Pfizer, the Court's certification of Settlement Classes on August 28, and 29,

2025, and the Court's final approval of the Settlements on July 16, 2026. *See* 16-md-2724, Docs. 3620, 3623, and 4734. Exhibit A of the proposed Claim Form provides a list of all of DPPs' Named Generic Drugs and a URL where the associated National Drug Codes ("NDCs") may be found, and Exhibit B provides a list of all Named Defendants.

DPPs' experts have generated a list of Settlement Claimants based on analyses of Defendants' sales data. The proposed Claim Form attached hereto as Exhibit 1 will be mailed, via First Class U.S. Mail, to all identified Settlement Claimants. Each individual Claim Form will be prepopulated with the contact information of the recipient Claimant and the dollar amount of the claimant's anticipated *pro rata* share of the net Settlement Fund and the additional Mallinckrodt funds or, as described below, a minimum payment of \$25. In addition to direct mailing, a blank version of the proposed Claim Form, attached hereto as Exhibit 2, will be posted on the Settlement Website, where the Plan of Allocation, list of Named Generic Drugs in MDL 2724 with associated NDC codes, and other important documents are already available. The blank version will enable any claimant who did not receive a pre-populated claim form to complete the form and to submit a claim.

Each mailed Claim Form will display a dollar-figure sum representing the recipient Claimant's anticipated *pro rata* share of the net Settlement Funds and the Mallinckrodt funds. As the Claim Form explains, the anticipated *pro rata* share may change subject to the number of Claimants who return completed Claim Forms, any interest accruing during the pendency of the claims process, and additional Claimants that were not identified by Defendants' sales data. Additionally, as provided by the Court approved Plan of Allocation, any Settlement Class Member who would have been entitled to less than \$25 under a *pro rata* distribution will be

entitled to \$25. Any Settlement Class member who would have been entitled to more than \$25 under a *pro rata* distribution will be entitled to that *pro rata* distribution.

As mentioned above, any Claimant that was not identified as a member of the Settlement Class through analysis of Defendants' sales data will have the ability to submit a Claim Form through the Settlement Website. DPPs will endeavor to determine whether any such submissions represent valid requests by Claimants for inclusion in the Settlements. If DPPs can confirm a prospective Claimant's status following an online submission of a Claim Form, DPPs will then calculate the associated *pro rata* allocation for that Claimant, and will provide it to that Claimant for review. All Claimants will be instructed to return executed Claim Forms within 90 days of the date of mailing in order for their claim forms to be properly considered in the claims process. The proposed Claim Form provides detailed return mailing instructions for recipient Claimants.

DPPs respectfully request approval of the attached Claim Form.

Dated: September 22, 2026

Respectfully submitted,



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Direct Purchaser Plaintiffs' Steering Committee

EXHIBIT 1

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 FOR THE
GLENMARK AND GREENSTONE/PFIZER SETTLEMENTS**

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 August 28, 2024 and August 29, 2024, the Court certified (1) Direct Purchaser Plaintiffs' ("DPPs") Glenmark Settlement Class and (2) DPPs' Greenstone/Pfizer Settlement Class. On or about October 13, 2025, you were mailed Notice of DPPs' Settlements with Defendants Glenmark Pharmaceutical Inc. ("Glenmark") and Greenstone LLC and Pfizer Inc. ("Greenstone/Pfizer"). That Notice also included information about additional funds that DPPs have recovered from Bankrupt Defendant Mallinckrodt Inc. and its affiliates ("Mallinckrodt"). On July 16, 2026, the Court granted final approval to the Glenmark and Greenstone/Pfizer Settlements and on [REDACTED], 2026, authorized DPPs to issue this claim form to you.

These settlements with Glenmark and Greenstone/Pfizer and the Mallinckrodt funds are distinct from the earlier settlements with (1) Sun and Taro, (2) Apotex, Breckenridge, and Heritage, and (3) Sandoz for which you may have previously submitted a Claim Form.

Settlement Class Members that execute and submit timely Claim Forms will be entitled to a *pro rata* share of these net Settlement Funds (or Fund if you received Court-approved exclusion from one of these classes) and the Mallinckrodt funds, unless a Class Member would have received less than \$25 under a *pro rata* distribution from these sources, in which case the Class Member will receive \$25. Your combined share of the Net Settlement Funds and Mallinckrodt funds 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

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

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.

Regardless of whether you participated in the earlier settlements with Sun and Taro, Apotex, Breckenridge, and Heritage, or Sandoz, you must submit a timely Claim Form for the Glenmark and Greenstone/Pfizer Settlements if you wish to recover from these settlements and from the Mallinckrodt monies.

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 share of the Glenmark and Greenstone/Pfizer Net Settlement Funds and Mallinckrodt funds. 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:	

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

Address Line Two (if applicable):		
City:	State:	Zip Code:
Email:	Phone Number:	

SECTION B: SHARE

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 share of the net Settlement Funds (after deducting Court approved expenses and an attorney fee holdback) and the Mallinckrodt funds is approximately \$____. If you intend to submit a claim on the basis of an assignment from another member of the Settlement Class, please see Section 2.3 of the Plan of Allocation.

This dollar amount is approximate and subject to change. *First*, the amount of your share may increase or decrease depending on how many Members of the Settlement Class submit approved claim forms. *Second*, the Settlement Funds and Mallinckrodt 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:

☐ Wire payment	☐ Mail payment
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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

Payment instructions for wire or mail:

SECTION C: CERTIFICATION

By signing below, I certify my acceptance of the above share of the net Settlement Funds and Mallinckrodt funds, 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

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/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.

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

*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
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%

*The full list of National Drug Codes (NDCs) is available on the settlement website:
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 OXYBUTYRIN 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

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

EXHIBIT A

(Named Generic Drugs)*

<u>Molecule Name</u>	<u>Form</u>	<u>Strength</u>
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

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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 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
IF YOU DID NOT RECEIVE A CLAIM FORM IN THE MAIL FOR THE
GLENMARK AND GREENSTONE/PFIZER SETTLEMENTS

Claim forms to known members of the Settlement Classes 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 either Direct Purchaser Plaintiffs' ("DPPs") Glenmark Settlement Class or DPPs' Greenstone/Pfizer Settlement Class and have not previously opted out of both Settlement Classes, 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 August 28, 2024 and August 29, 2024, the Court certified (1) Direct Purchaser Plaintiffs' ("DPPs") Glenmark Settlement Class and (2) DPPs' Greenstone/Pfizer Settlement Class. On or about October 13, 2025, you were mailed Notice of DPPs' Settlements with Defendants Glenmark Pharmaceutical Inc. ("Glenmark") and Greenstone LLC and Pfizer Inc. ("Greenstone/Pfizer"). That Notice also included information about additional funds that DPPs have recovered from Bankrupt Defendant Mallinckrodt Inc. and its affiliates ("Mallinckrodt"). On July 16, 2026, the Court granted final approval to the Glenmark and Greenstone/Pfizer Settlements and on [REDACTED], 2026, authorized DPPs to issue claim forms to members of the Settlement Classes.

These settlements with Glenmark and Greenstone/Pfizer and the Mallinckrodt funds are distinct from the earlier settlements with (1) Sun and Taro, (2) Apotex, Breckenridge, and Heritage, and (3) Sandoz for which you may have previously submitted a Claim Form.

Settlement Class Members that execute and submit timely Claim Forms will be entitled to a *pro rata* share of these net Settlement Funds (or Fund if you received Court-approved exclusion from one of these classes) and the Mallinckrodt funds, unless a Class Member would have received less than \$25 under a *pro rata* distribution from these sources, in which case the Class Member will receive \$25.

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

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.

Regardless of whether you participated in the earlier settlements with Sun and Taro, Apotex, Breckenridge, and Heritage, or Sandoz, you must submit a timely Claim Form for the Glenmark and Greenstone/Pfizer Settlements if you wish to recover from these settlements and from the Mallinckrodt monies.

SECTION A: CLASS MEMBER INFORMATION

There is a Court approved Plan of Allocation providing for distribution of the Glenmark and Greenstone/Pfizer Net Settlement Funds and Mallinckrodt funds. 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:	

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

Address Line Two (if applicable):		
City:	State:	Zip Code:
Email:	Phone Number:	

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

If you intend to submit a claim on the basis of an assignment from a member of the Settlement Classes, please see Section 2.3 of the Plan of Allocation. 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 Funds and Mallinckrodt funds accrue 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:

☐ Wire payment	☐ Mail payment
---------------------------------------	---------------------------------------

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

Payment instructions for wire or mail:

SECTION C: CERTIFICATION

By signing below, I certify my acceptance of a share of the net Settlement Funds and Mallinckrodt funds, 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

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/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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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 OXYBUTYRIN 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)*

<u>Molecule Name</u>	<u>Form</u>	<u>Strength</u>
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

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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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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), In

**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:

HON. CYNTHIA M. RUFE

Direct Purchaser Plaintiffs' Actions

CERTIFICATION REGARDING PRIOR RULINGS PURSUANT TO PTO NO. 336

Pursuant to Pretrial Order No. 336 (16-md-2724, Doc. 4259), Direct Purchaser Plaintiffs (“DPPs”) hereby certify that they have conducted a review of the MDL docket. As indicated in DPPs’ motion, the Court’s prior approval of motions DPPs filed to issue claim forms for other settlements are relevant to the Court’s consideration of the present motion. *See* 16-md-2724, Docs. 2487 (Sun/Taro Motion); 2491 (Sun/Taro Order); 3232 (Apotex, Breckenridge, and Heritage Motion); 3240 (Apotex, Breckenridge, and Heritage Order); 3569 (Sandoz Motion); 3788 (Sandoz Order).

Dated: September 22, 2026

Respectfully submitted,



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Direct Purchaser Plaintiffs' Steering Committee

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:

HON. CYNTHIA M. RUFÉ

Direct Purchaser Plaintiffs' Actions

**[PROPOSED] ORDER REGARDING DIRECT PURCHASER PLAINTIFFS'
UNCONTESTED MOTION FOR APPROVAL OF PROPOSED CLAIM FORM FOR
DPPS' SETTLEMENTS WITH (1) GLENMARK AND (2) GREENSTONE AND PFIZER**

AND NOW, this ____ day of _____, 2026, upon consideration of Direct Purchaser Plaintiffs' Uncontested Motion for Approval of Proposed Claim Form for DPPs' Settlements with (1) Glenmark and (2) Greenstone and Pfizer [MDL Doc. ____], and the Court finding that the proposed Claim Form clearly, reasonably, and fairly describes the Settlements and Settlement Claims process, it is hereby **ORDERED** that the proposed Claim Form is **APPROVED** for circulation to the Settlement Classes.

It is so **ORDERED**.

BY THE COURT:

CYNTHIA M. RUFÉ, J.