In re Generic Pharmaceuticals Pricing Antitrust Litigation – End-Payer Settlement	Case No. 2:16-MD-02724

Instructions for Submitting Your Consumer Claim Form
for the Sandoz and Sun/Taro Settlements

If you are a CONSUMER and you are a member of the End-Payer Plaintiffs' (EPP) Sandoz Settlement Class and/or the EPP Sun/Taro Settlement Class, you are entitled to file a claim for a share of the settlement funds. (See *Section C* of the Claim Form below for further information on eligibility.)

To file a claim, you must complete and submit a claim form by using one of the two methods below. Your claim form must be submitted online, **or** mailed and postmarked, no later than **November 9, 2026**. Any late submissions will not receive any payment from the Settlements.

Method 1: Submit Your Claim Online

Visit the Settlement Website, www.GenericDrugsEndPayerSettlement.com, and click on the Claim Form button. Follow the prompts to complete the form, upload any supporting document(s), electronically sign the form, and submit it online. When you sign and submit the claim form online, you are swearing under penalty of perjury that you qualify to submit a claim based on the eligibility criteria stated in the online form. (A copy of the criteria is in *Section C* of the attached claim form below.) Your electronic signature and form submission will meet the requirements of the Electronic Signatures Act, 15 U.S.C. § 7001, *et seq*., and will have the same force and effect as if you signed the claim form in hard copy. Once your claim form is submitted, a confirmation screen will appear that you can save for your records. If you use this method, you must submit your claim form no later than **November 9, 2026**.

OR

Method 2: Submit Your Claim Via U.S. Mail

Instead of submitting your form online, you may complete and submit a paper version of the attached claim form and send it via U.S. Mail to:

In re: Generic Pharmaceuticals Pricing Antitrust Litigation – End-Payer Settlement
c/o A.B. Data, Ltd.
P.O. Box 173118
Milwaukee, WI 53217

To complete the attached form, you must:

- Complete *Section A*.
- Complete *Section B*.
- Review the eligibility requirements in *Section C* and check the box in that section to confirm that you meet the requirements.
- Provide information about which Named Generic Drugs you purchased and the amount you paid in *Section D*.
- For each Named Generic Drug that you list in *Section D*, provide a document showing that you purchased that drug at least once during May 1, 2009 to December 31, 2019. (*See Section E* for more information on the types of documents that can be used for proof of purchase.)

- Review and sign the claim form in *Section F*, which includes a Certification that the information you provide is true and correct to the best of your knowledge. When you sign and submit the claim form, you are swearing under penalty of perjury that you are eligible to submit a claim based on the criteria in *Section C*.

If you use this method, you must mail your claim so that it is postmarked no later than **November 9, 2026**.

Submitting a claim form does not guarantee that you will receive a payment from the Settlements. If the Claims Administrator rejects or reduces your claim, you will be notified, and you may follow the dispute resolution process described in *Section E* of the attached claim form.

MUST BE POSTMARKED ON OR BEFORE, OR SUBMITTED ONLINE BY November 9, 2026

In re: Generic Pharmaceuticals Pricing Antitrust Litigation – End-Payer Settlement
Case No. 2:16-MD-02724

Consumer Claim Form for the Sandoz and Sun/Taro Settlements

Use Blue or Black Ink Only

Attention: Only fill out this form if you are a Consumer and do not plan to submit an online form. This form is NOT for Third-Party Payers.

Section A: Claimant Identification

Claimant's Name

Agent/Legal Representative (if any)

Street Address

City | State | Zip Code

Daytime Telephone Number | Email Address (if available)*

*By providing your email address, you authorize the Claims Administrator to use it to send you information about this claim. Neither your phone number nor your email will be disseminated or used beyond what is needed for these Settlements.

Section B: Form of Payment

Please select your form of payment:

☐ ACH (Direct Deposit)

By selecting ACH (Direct Deposit), I verify that the name on the account is the same name as on this claim. Please check the box next to checking OR savings and provide your routing number and account number in the provided boxes:

Account Type: ☐ Checking ☐ Savings | **9-digit Routing Number:** | **Account Number:**

☐ Zelle

By selecting Zelle, I agree that the information necessary to receive payment from this vendor (*e.g.*, email address, phone number) is the same as the information provided in *Section A* above.

☐ PayPal

By selecting PayPal, I agree that the information necessary to receive payment from this vendor (*e.g.*, email address, phone number) is the same as the information provided in *Section A* above.

☐ Venmo

By selecting Venmo, I agree that the information necessary to receive payment from this vendor (*e.g.*, email address, phone number) is the same as the information provided in *Section A* above.

☐ Paper Check

By selecting Paper Check, I understand that a check will be mailed to the name and address provided in *Section A* above.

Section C: Should I File a Claim?

To be eligible to file a claim and receive a cash distribution from the Settlements, you must be a member of the EPP Sandoz Settlement Class and/or the EPP Sun/Taro Settlement Class. Those classes include:

All persons and entities in each of the 50 United States (except Indiana and Ohio), as well as the District of Columbia, Puerto Rico and the U.S. Virgin Islands, that indirectly purchased, paid and/or provided reimbursement for some or all of the purchase price for any Named Generic Drugs, other than for resale, from May 1, 2009 through December 31, 2019.

The list of Named Generic Drugs is attached as Appendix A and is also available on the website, www.GenericDrugsEndPayerSettlement.com.

Certain groups of people are not eligible to file a claim form or receive a cash distribution from the Settlements, even if they otherwise meet the definition above. **The EPP Sandoz Settlement Class and the EPP Sun/Taro Settlement Class do <u>not</u> include the following Consumers**:

- Defendants' officers, directors, management, employees, subsidiaries, and affiliates;
- Consumers who were covered by Medicaid for their purchases of Named Generic Drugs;
- Judges assigned to this case and any members of their immediate families;
- Persons who only purchased Defendants' Named Generic Drugs for purposes of resale or directly from Defendants; and
- Individuals who requested to be excluded from the EPP Sandoz Settlement Class or the EPP Sun/Taro Settlement Class. (Note that the deadline for requesting exclusion has passed.)

The list of Defendants is attached as Appendix B.

☐ **<u>By checking this box, I confirm that I have read the definition of the Class and I am a Class Member.</u>**

Section D: Purchase Information

Review the list of Named Generic Drugs (attached as Appendix A). Please fill out the table below using the information from Appendix A, listing only the Named Generic Drugs that you purchased from May 1, 2009 to December 31, 2019.

(*Write down the list number and name for each of the Named Generic Drug(s) you purchased and the total amount you paid out-of-pocket for each one. List the total amount that you paid for the drug, not the amount that your insurer*

paid. For example, #7, Albuterol, $100. If you purchased multiple formulations of a drug, enter the combined total that you spent on all formulations listed in Appendix A. Attach additional sheets to this claim form, if necessary.)

List Number	Generic Drug Name	Total Dollar Amount ($) You Paid for the Drug from May 1, 2009 to December 31, 2019.

Section E: Claim Documentation and Disputes Regarding Claim Amounts

For each drug that you listed in Section D, you **must** submit a document (a "Proof of Payment") showing that you purchased that drug at least once from May 1, 2009 to December 31, 2019. (For example, if you listed Albuterol and Doxycyline in *Section D*, then you must submit a document(s) showing at least one purchase of Albuterol and at least one purchase of Doxycycline.)

Acceptable Proofs of Payment include copies of the following:

- Receipts or invoices identifying the drug that was purchased,
- Account statements identifying the drug that was purchased,
- An itemized record of your purchases that your pharmacy has provided at your request, and
- Other records showing that you purchased the drug between May 1, 2009 and December 31, 2019 and the dollar amount that you paid.

Note: Please send only copies of your documents that show your purchases of Named Generic Drugs. Keep all records of all your Named Generic Drug purchases. The Claims Administrator may ask you to provide additional supporting documents after you submit your claim form. Claims may be audited and rejected because of an inadequate proof of purchase, suspected fraud, or potentially inaccurate amounts, based on expected average purchases.

If the Claims Administrator rejects or reduces your claim and you believe the rejection or reduction is in error, you may contact the Claims Administrator within 14 days of the rejection or reduction notice to ask for an additional review. You must submit any additional documentation and arguments at that time. If the Claims Administrator and Settlement Class Counsel cannot resolve the dispute about your claim, you may ask the Court to review your claim.

To request Court review, you must send the Claims Administrator a signed written statement (via U.S. Mail at the mailing address below, or via email at the email address below) that (a) states the reasons you contest (or disagree with) the rejection or payment determination regarding your claim; and (b) specifically states that you "request that the Court review the determination regarding this claim." You must include all documents supporting your argument(s). Your request must be postmarked or emailed no later than 21 days after the Claims Administrator's response to your request for Claims Administrator review. The Claims Administrator and Settlement Class Counsel will present the dispute to the Court for review, so your claim and any supporting documents may be publicly available once filed with the Court. The Court may refer your dispute to a Special Master; if it does, you may be required to pay 50% of the Special Master's fee.

Section F: Certification

I have read and am familiar with the contents of the instructions accompanying this claim form. I certify that the information I provided above and any documents attached by me are true, correct, and complete to the best of my knowledge. I certify that I, or the Class Member I represent, purchased one or more Named Generic Drugs between May 1, 2009 and December 31, 2019 in one of the 50 United States (except Indiana and Ohio), or the District of Columbia, Puerto Rico, or the U.S. Virgin Islands. I further certify that those purchase(s) were not made directly from the Defendants or for the purposes of resale.

In addition, I certify that I, or the Class Member I represent, is not: (a) an officer, director, manager or employee of a Defendant; or (b) a consumer who was covered by Medicaid for all of their purchases of Named Generic Drugs;

I also certify I have provided all the information requested above to the extent I, or the Class Member I represent, have access to it.

I further certify that I have not submitted data for Named Generic Drugs that I purchased directly from a Defendant or for Named Generic Drugs that I later resold.

To the extent I have been given authority to submit this claim form by a Class Member on his or her behalf, and accordingly am submitting this claim form in the capacity of an authorized agent of the Class Member identified on this form, and to the extent I have been authorized to receive on behalf of the Class Member any and all amounts that may be allocated to him or her from the Settlement Fund, I certify that such authority has been properly vested in me and that I will fulfill all duties I owe the Class Member. In the event amounts from the Settlement Fund are distributed to me and the Class Member later claims that I did not have the authority to claim and/or receive such amounts on his or her behalf, I and my employer will hold the EPP Sandoz Settlement Class, the EPP Sun/Taro Settlement Class, counsel for the EPP Settlement Classes, Settling Defendants Sandoz and Sun/Taro, and the Claims Administrator harmless with respect to any claims made by the Class Member.

I hereby submit to the jurisdiction of the United States District Court for the Eastern District of Pennsylvania for all purposes connected with this claim, including resolution of disputes. I acknowledge that I may be subject to sanctions, including the possibility of criminal prosecution, for any false information or representations in this claim form. I agree to supplement this claim form and submit additional documents to prove the information in this form, if the Claims Administrator requests it.

I certify that the above information supplied by the undersigned is true and correct to the best of my knowledge and that this claim form was executed this _____ day of _____, 2026.

Signature	Print or Type Name

Mail your completed claim form and your supporting document(s), postmarked on or before **November 9, 2026**, to the following address, or submit the information online at the website below by that date:

In re: Generic Pharmaceuticals Pricing Antitrust Litigation – End-Payer Settlement
c/o A.B. Data, Ltd.
P.O. Box 173118
Milwaukee, WI 53217
Toll-Free Telephone: 1-877-316-0171
Website: www.GenericDrugsEndPayerSettlement.com
Email: info@GenericDrugsEndPayerSettlement.com

Reminder Checklist:

1. Please complete and sign the above claim form or complete the online claim form. Attach or upload all document(s) supporting your claim.
2. Keep a copy of your claim form and supporting documents for your records.
3. If you want acknowledgement that your claim form was received, please complete the form online or mail this form via Certified Mail, Return Receipt Requested.
4. If you move and/or your name changes, please send your new address and/or your new name or contact information to the Claims Administrator at info@GenericDrugsEndPayerSettlement.com or via U.S. Mail at the address listed above.

APPENDIX A: NAMED GENERIC DRUGS

If you are unsure whether the generic drugs that you have purchased are among the drugs listed here, use the drug lookup tool on www.GenericDrugsEndPayerSettlement.com or call 1-877-316-0171.

List Number	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	5-50MG
8	AMITRIPTYLINE	TABLET	10MG
8	AMITRIPTYLINE	TABLET	25MG
8	AMITRIPTYLINE	TABLET	50MG
8	AMITRIPTYLINE	TABLET	75MG
8	AMITRIPTYLINE	TABLET	100MG
8	AMITRIPTYLINE	TABLET	150MG
9	AMMONIUM LACTATE	CREAM	12%
9	AMMONIUM LACTATE	LOTION	12%
10	AMOXICILLIN/CLAVULANATE POTASSIUM	TABLET CHEWABLE	200-28.5MG
10	AMOXICILLIN/CLAVULANATE POTASSIUM	TABLET CHEWABLE	400-57MG
11	AMPHETAMINE/DEXTROAMPHETAMINE (MAS) (ADDERALL)	TABLET	5MG
11	AMPHETAMINE/DEXTROAMPHETAMINE (MAS) (ADDERALL)	TABLET	10MG
11	AMPHETAMINE/DEXTROAMPHETAMINE (MAS) (ADDERALL)	TABLET	20MG
11	AMPHETAMINE/DEXTROAMPHETAMINE (MAS) (ADDERALL)	TABLET	30MG
11	AMPHETAMINE/DEXTROAMPHETAMINE ER (MAS) (ADDERALL)	CAPSULE	5MG
11	AMPHETAMINE/DEXTROAMPHETAMINE ER (MAS) (ADDERALL)	CAPSULE	10MG

List Number	Molecule Name	Form	Strength
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
12	ATENOLOL/CHLORTHALIDONE	TABLET	50-25MG
12	ATENOLOL/CHLORTHALIDONE	TABLET	100-25MG
13	ATROPINE SULFATE	SOLUTION	1%
14	AZITHROMYCIN	ORAL SUSPENSION	100MG/5ML
14	AZITHROMYCIN	ORAL SUSPENSION	200MG/5ML
15	BACLOFEN	TABLET	10MG
15	BACLOFEN	TABLET	20MG
16	BALSALAZIDE DISODIUM	CAPSULE	750MG
17	BENAZEPRIL HCTZ	TABLET	10-12.5MG
17	BENAZEPRIL HCTZ	TABLET	20-12.5MG
17	BENAZEPRIL HCTZ	TABLET	20-25MG
18	BETAMETHASONE DIPROPIONATE	CREAM	0.05%
18	BETAMETHASONE DIPROPIONATE	LOTION	0.05%
18	BETAMETHASONE DIPROPIONATE	OINTMENT	0.05%
19	BETAMETHASONE DIPROPIONATE AUGMENTED	LOTION	0.05%
20	BETAMETHASONE DIPROPIONATE/CLOTRIMAZOLE	CREAM	0.05%
20	BETAMETHASONE DIPROPIONATE/CLOTRIMAZOLE	CREAM	0.10%
20	BETAMETHASONE DIPROPIONATE/CLOTRIMAZOLE	LOTION	0.05%
20	BETAMETHASONE DIPROPIONATE/CLOTRIMAZOLE	LOTION	0.10%
21	BETAMETHASONE VALERATE	CREAM	0.10%
21	BETAMETHASONE VALERATE	LOTION	0.10%
21	BETAMETHASONE VALERATE	OINTMENT	0.10%
22	BETHANECHOL CHLORIDE	TABLET	5MG
22	BETHANECHOL CHLORIDE	TABLET	10MG
22	BETHANECHOL CHLORIDE	TABLET	25 MG
22	BETHANECHOL CHLORIDE	TABLET	50 MG
23	BROMOCRIPTINE MESYLATE	TABLET	2.5MG

List Number	Molecule Name	Form	Strength
24	BUDESONIDE	SOLUTION	0.25MG/2ML
24	BUDESONIDE	SOLUTION	0.5MG/2ML
24	BUDESONIDE	SOLUTION	1MG/2ML
24	BUDESONIDE DR	CAPSULE	3MG
25	BUMETANIDE	TABLET	0.5MG
25	BUMETANIDE	TABLET	1MG
25	BUMETANIDE	TABLET	2MG
26	BUSPIRONE HCL	TABLET	5MG
26	BUSPIRONE HCL	TABLET	7.5MG
26	BUSPIRONE HCL	TABLET	10MG
26	BUSPIRONE HCL	TABLET	15MG
26	BUSPIRONE HCL	TABLET	30MG
27	BUTORPHANOL TARTRATE	SPRAY	10MG/ML
28	CABERGOLINE	TABLET	0.5MG
29	CALCIPOTRIENE	SOLUTION	ALL STRENGTHS
30	CALCIPOTRIENE BETHAMASONE DIPROPRIONATE	OINTMENT	0.064%/0.005%
31	CAPECITABINE	TABLET	150MG
31	CAPECITABINE	TABLET	500MG
32	CAPTOPRIL	TABLET	12.5MG
32	CAPTOPRIL	TABLET	25MG
32	CAPTOPRIL	TABLET	50MG
32	CAPTOPRIL	TABLET	100MG
33	CARBAMAZEPINE	TABLET	200MG
33	CARBAMAZEPINE	TABLET CHEWABLE	100MG
33	CARBAMAZEPINE ER	TABLET	100MG
33	CARBAMAZEPINE ER	TABLET	200MG
33	CARBAMAZEPINE ER	TABLET	400MG
34	CARISOPRODOL	TABLET	350MG
35	CEFDINIR	CAPSULE	300MG
35	CEFDINIR	SOLUTION	125MG/5ML
35	CEFDINIR	SOLUTION	250MG/5ML
36	CEFPODOXIME PROXETIL	ORAL SUSPENSION	50MG/5ML
36	CEFPODOXIME PROXETIL	ORAL SUSPENSION	100MG/5ML
36	CEFPODOXIME PROXETIL	TABLET	100MG
36	CEFPODOXIME PROXETIL	TABLET	200MG

List Number	Molecule Name	Form	Strength
37	CEFPROZIL	TABLET	250MG
37	CEFPROZIL	TABLET	500MG
38	CEFUROXIME AXETIL	TABLET	250MG
38	CEFUROXIME AXETIL	TABLET	500MG
39	CELECOXIB	CAPSULE	50MG
39	CELECOXIB	CAPSULE	100MG
39	CELECOXIB	CAPSULE	200MG
39	CELECOXIB	CAPSULE	400MG
40	CEPHALEXIN (CEFALEXIN)	SOLUTION	125MG/5ML
40	CEPHALEXIN (CEFALEXIN)	SOLUTION	250MG/5ML
41	CHLORPROMAZINE HCL	TABLET	10MG
41	CHLORPROMAZINE HCL	TABLET	25MG
41	CHLORPROMAZINE HCL	TABLET	50MG
41	CHLORPROMAZINE HCL	TABLET	100MG
41	CHLORPROMAZINE HCL	TABLET	200MG
42	CHOLESTYRAMINE	PACKET/ORAL SOLID	4G
42	CHOLESTYRAMINE	POWDER	4G
43	CICLOPIROX	CREAM	0.77%
43	CICLOPIROX	SHAMPOO	1%
43	CICLOPIROX	SOLUTION	8%
44	CIMETIDINE	TABLET	200MG
44	CIMETIDINE	TABLET	300MG
44	CIMETIDINE	TABLET	400MG
44	CIMETIDINE	TABLET	800MG
45	CIPROFLOXACIN HCL	TABLET	100MG
45	CIPROFLOXACIN HCL	TABLET	250MG
45	CIPROFLOXACIN HCL	TABLET	500MG
45	CIPROFLOXACIN HCL	TABLET	750MG
46	CLARITHROMYCIN ER	TABLET	500MG
47	CLEMASTINE FUMARATE	TABLET	1.34MG
47	CLEMASTINE FUMARATE	TABLET	2.86MG
48	CLINDAMYCIN PHOSPHATE	GEL	1%
48	CLINDAMYCIN PHOSPHATE	LOTION	1%
48	CLINDAMYCIN PHOSPHATE	SOLUTION	1%
48	CLINDAMYCIN PHOSPHATE	VAGINAL CREAM	2%

List Number	Molecule Name	Form	Strength
49	CLOBETASOL	CREAM	0.05%
49	CLOBETASOL	E CREAM	0.05%
49	CLOBETASOL	GEL	0.05%
49	CLOBETASOL	OINTMENT	0.05%
49	CLOBETASOL	SOLUTION	0.05%
50	CLOMIPRAMINE	CAPSULE	25MG
50	CLOMIPRAMINE	CAPSULE	50MG
50	CLOMIPRAMINE	CAPSULE	75MG
51	CLONIDINE	PATCH	0.1MG/24HR
51	CLONIDINE	PATCH	0.2MG/24HR
51	CLONIDINE	PATCH	0.3MG/24HR
52	CLOTRIMAZOLE	SOLUTION	1%
53	CYPROHEPTADINE HCL	TABLET	4MG
54	DESMOPRESSIN ACETATE	TABLET	0.1MG
54	DESMOPRESSIN ACETATE	TABLET	0.2MG
55	DESONIDE	CREAM	0.05%
55	DESONIDE	LOTION	0.05%
55	DESONIDE	OINTMENT	0.05%
56	DESOXIMETASONE	OINTMENT	0.05%
56	DESOXIMETASONE	OINTMENT	0.25%
57	DEXMETHYLPHENIDATE HCL ER (DEXMETH ER) (FOCALIN)	CAPSULE	5MG
57	DEXMETHYLPHENIDATE HCL ER (DEXMETH ER) (FOCALIN)	CAPSULE	15MG
57	DEXMETHYLPHENIDATE HCL ER (DEXMETH ER) (FOCALIN)	CAPSULE	20MG
57	DEXMETHYLPHENIDATE HCL ER (DEXMETH ER) (FOCALIN)	CAPSULE	40MG
58	DEXTROAMPHETAMINE SULFATE (DEX SULFATE)	TABLET	2.5MG
58	DEXTROAMPHETAMINE SULFATE (DEX SULFATE)	TABLET	5MG
58	DEXTROAMPHETAMINE SULFATE (DEX SULFATE)	TABLET	7.5MG
58	DEXTROAMPHETAMINE SULFATE (DEX SULFATE)	TABLET	10MG
58	DEXTROAMPHETAMINE SULFATE (DEX SULFATE)	TABLET	15MG
58	DEXTROAMPHETAMINE SULFATE (DEX SULFATE)	TABLET	20MG
58	DEXTROAMPHETAMINE SULFATE (DEX SULFATE)	TABLET	30MG
58	DEXTROAMPHETAMINE SULFATE ER (DEX SULFATE ER)	CAPSULE	5MG
58	DEXTROAMPHETAMINE SULFATE ER (DEX SULFATE ER)	CAPSULE	10MG
58	DEXTROAMPHETAMINE SULFATE ER (DEX SULFATE ER)	CAPSULE	15MG
59	DICLOFENAC POTASSIUM	TABLET	50MG

List Number	Molecule Name	Form	Strength
60	DICLOXACILLIN SODIUM	CAPSULE	250MG
60	DICLOXACILLIN SODIUM	CAPSULE	500MG
61	DIFLUNISAL	TABLET	500MG
62	DIGOXIN	TABLET	0.125MG
62	DIGOXIN	TABLET	0.25MG
63	DILTIAZEM HCL	TABLET	120MG
63	DILTIAZEM HCL	TABLET	30MG
63	DILTIAZEM HCL	TABLET	60MG
63	DILTIAZEM HCL	TABLET	90MG
64	DIPHENOXYLATE/ATROPINE	TABLET	2.5MG;0.025MG
65	DISOPYRAMIDE PHOSPHATE	CAPSULE	100MG
65	DISOPYRAMIDE PHOSPHATE	CAPSULE	150MG
66	DIVALPROEX ER	TABLET	250MG
66	DIVALPROEX ER	TABLET	500MG
67	DOXAZOSIN MESYLATE	TABLET	1MG
67	DOXAZOSIN MESYLATE	TABLET	2MG
67	DOXAZOSIN MESYLATE	TABLET	4MG
67	DOXAZOSIN MESYLATE	TABLET	8MG
68	DOXYCYCLINE HYCLATE	CAPSULE	50MG
68	DOXYCYCLINE HYCLATE	CAPSULE	100MG
68	DOXYCYCLINE HYCLATE	TABLET	100MG
68	DOXYCYCLINE HYCLATE DR	TABLET	75MG
68	DOXYCYCLINE HYCLATE DR	TABLET	100MG
68	DOXYCYCLINE HYCLATE DR	TABLET	150MG
68	DOXYCYCLINE MONOHYDRATE	TABLET	50MG
68	DOXYCYCLINE MONOHYDRATE	TABLET	75MG
68	DOXYCYCLINE MONOHYDRATE	TABLET	100MG
68	DOXYCYCLINE MONOHYDRATE	TABLET	150MG
69	DROSPIRENONE/ETHINYL ESTRADIOL (OCELLA)	TABLET	3MG-0.02MG
69	DROSPIRENONE/ETHINYL ESTRADIOL (OCELLA)	TABLET	3MG-0.03MG
70	ECONAZOLE	CREAM	1%
71	ENALAPRIL MALEATE	TABLET	2.5MG
71	ENALAPRIL MALEATE	TABLET	5MG
71	ENALAPRIL MALEATE	TABLET	10MG
71	ENALAPRIL MALEATE	TABLET	20MG

List Number	Molecule Name	Form	Strength
72	ENTECAVIR	TABLET	0.5MG
72	ENTECAVIR	TABLET	1MG
73	EPLERENONE	TABLET	25MG
73	EPLERENONE	TABLET	50MG
74	ERYTHROMYCIN	SOLUTION	ALL STRENGTHS
75	ESTAZOLAM	TABLET	1MG
75	ESTAZOLAM	TABLET	2MG
76	ESTRADIOL	TABLET	0.5MG
76	ESTRADIOL	TABLET	1MG
76	ESTRADIOL	TABLET	2MG
77	ESTRADIOL/NORETHINDRONE ACETATE (MIMVEY)	TABLET	1-0.5MG
78	ETHAMBUTOL HCL	TABLET	100MG
78	ETHAMBUTOL HCL	TABLET	400MG
79	ETHINYL ESTRADIOL/DESOGESTREL [KARIVA]	TABLET	0.15/0.02-0.01MG
79	ETHINYL ESTRADIOL/DESOGESTREL [KARIVA]	TABLET	0.15-0.02-0.01MG
79	ETHINYL ESTRADIOL/DESOGESTREL [KARIVA]	TABLET	0.15-0.03MG
80	ETHINYL ESTRADIOL/LEVONORGESTREL (PORTIA,JOLESSA)	TABLET	ALL STRENGTHS
81	ETHOSUXIMIDE	CAPSULE	250MG
81	ETHOSUXIMIDE	ORAL SOLUTION	250MG/5ML
82	ETODOLAC	CAPSULE	200MG
82	ETODOLAC	CAPSULE	300MG
82	ETODOLAC	TABLET	400MG
82	ETODOLAC	TABLET	500MG
82	ETODOLAC ER	TABLET	400MG
82	ETODOLAC ER	TABLET	500MG
82	ETODOLAC ER	TABLET	600MG
83	EXEMESTANE	TABLET	25MG
84	FENOFIBRATE	TABLET	48MG
84	FENOFIBRATE	TABLET	145MG
85	FLUCONAZOLE	TABLET	50MG
85	FLUCONAZOLE	TABLET	100MG
85	FLUCONAZOLE	TABLET	150MG
85	FLUCONAZOLE	TABLET	200MG
86	FLUOCINOLONE ACETONIDE	CREAM	0.01%
86	FLUOCINOLONE ACETONIDE	SOLUTION	0.01%

List Number	Molecule Name	Form	Strength
87	FLUOCINONIDE	CREAM	0.05%
87	FLUOCINONIDE	CREAM	0.10%
87	FLUOCINONIDE	E CREAM	0.05%
87	FLUOCINONIDE	GEL	0.05%
87	FLUOCINONIDE	OINTMENT	0.05%
87	FLUOCINONIDE	SOLUTION	0.05%
88	FLUOXETINE HCL	TABLET	10MG
88	FLUOXETINE HCL	TABLET	15MG
88	FLUOXETINE HCL	TABLET	20MG
88	FLUOXETINE HCL	TABLET	60MG
89	FLURBIPROFEN	TABLET	50MG
89	FLURBIPROFEN	TABLET	100MG
90	FLUTAMIDE	CAPSULE	125MG
91	FLUTICASONE PROPIONATE	SPRAY	50MCG
91	FLUTICASONE PROPIONATE	LOTION	0.05%
92	FLUVASTATIN SODIUM	CAPSULE	20MG
92	FLUVASTATIN SODIUM	CAPSULE	40MG
93	FOSINOPRIL HCTZ	TABLET	10-12.5MG
93	FOSINOPRIL HCTZ	TABLET	20-12.5MG
94	GABAPENTIN	TABLET	600MG
94	GABAPENTIN	TABLET	800MG
95	GLIMEPIRIDE	TABLET	1MG
95	GLIMEPIRIDE	TABLET	2MG
95	GLIMEPIRIDE	TABLET	4MG
96	GLIPIZIDE/METFORMIN	TABLET	2.5-250MG
96	GLIPIZIDE/METFORMIN	TABLET	2.5-500MG
96	GLIPIZIDE/METFORMIN	TABLET	5-500MG
97	GLYBURIDE	TABLET	1.25MG
97	GLYBURIDE	TABLET	2.5MG
97	GLYBURIDE	TABLET	5MG
98	GLYBURIDE/METFORMIN	TABLET	1.25-250MG
98	GLYBURIDE/METFORMIN	TABLET	2.5-500MG
98	GLYBURIDE/METFORMIN	TABLET	5-500MG
99	GRISEOFULVIN	SUSPENSION (MICROSIZE)	125MG/5ML

List Number	Molecule Name	Form	Strength
99	GRISEOFULVIN	MICROSIZE TABLET	250MG
99	GRISEOFULVIN	MICROSIZE TABLET	500MG
100	HALOBETASOL PROPIONATE	CREAM	0.05%
100	HALOBETASOL PROPIONATE	OINTMENT	0.05%
101	HALOPERIDOL	TABLET	0.5MG
101	HALOPERIDOL	TABLET	1MG
101	HALOPERIDOL	TABLET	2MG
101	HALOPERIDOL	TABLET	5MG
101	HALOPERIDOL	TABLET	10MG
101	HALOPERIDOL	TABLET	20MG
102	HYDRALAZINE HCL		
103	HYDROCORTISONE ACETATE	SUPPOSITORIES	10MG
103	HYDROCORTISONE ACETATE	SUPPOSITORIES	25MG
103	HYDROCORTISONE ACETATE	SUPPOSITORIES	30MG
103	HYDROCORTISONE ACETATE	SUPPOSITORIES	50MG
104	HYDROCORTISONE VALERATE	CREAM	0.20%
105	HYDROXYUREA	CAPSULE	500MG
106	HYDROXYZINE PAMOATE	CAPSULE	25MG
106	HYDROXYZINE PAMOATE	CAPSULE	50MG
106	HYDROXYZINE PAMOATE	CAPSULE	100MG
107	IMIQUIMOD	CREAM	37.5MG/G
107	IMIQUIMOD	CREAM	50MG/G
108	IRBESARTAN	TABLET	75MG
108	IRBESARTAN	TABLET	150MG
108	IRBESARTAN	TABLET	300MG
109	ISONIAZID	TABLET	100MG
109	ISONIAZID	TABLET	300MG
110	ISOSORBIDE DINITRATE	TABLET	5MG
110	ISOSORBIDE DINITRATE	TABLET	10MG
110	ISOSORBIDE DINITRATE	TABLET	20MG
110	ISOSORBIDE DINITRATE	TABLET	30MG
111	KETOCONAZOLE	CREAM	2%
111	KETOCONAZOLE	TABLET	200MG
112	KETOPROFEN	CAPSULE	50MG
112	KETOPROFEN	CAPSULE	75MG

List Number	Molecule Name	Form	Strength
113	KETOROLAC TROMETHAMINE	TABLET	10MG
114	LABETALOL HCL	TABLET	100MG
114	LABETALOL HCL	TABLET	200MG
114	LABETALOL HCL	TABLET	300MG
115	LAMIVUDINE/ZIDOVUDINE (COMBIVIR)	TABLET	150-300MG
117	LEFLUNOMIDE	TABLET	10MG
117	LEFLUNOMIDE	TABLET	20MG
118	LEVOTHYROXINE	TABLET	0.025MG
118	LEVOTHYROXINE	TABLET	0.05MG
118	LEVOTHYROXINE	TABLET	0.075MG
118	LEVOTHYROXINE	TABLET	0.088MG
118	LEVOTHYROXINE	TABLET	0.1MG
118	LEVOTHYROXINE	TABLET	0.112MG
118	LEVOTHYROXINE	TABLET	0.125MG
118	LEVOTHYROXINE	TABLET	0.137MG
118	LEVOTHYROXINE	TABLET	0.15MG
118	LEVOTHYROXINE	TABLET	0.175MG
118	LEVOTHYROXINE	TABLET	0.2MG
118	LEVOTHYROXINE	TABLET	0.3MG
119	LIDOCAINE HCL	OINTMENT	5%
120	LIDOCAINE/PRILOCAINE	CREAM	2.5%-2.5%
121	LOPERAMIDE HCL	CAPSULE	2MG
122	MEDROXYPROGESTERONE ACETATE	TABLET	2.5MG
122	MEDROXYPROGESTERONE ACETATE	TABLET	5MG
122	MEDROXYPROGESTERONE ACETATE	TABLET	10MG
123	MEPROBAMATE	TABLET	200MG
123	MEPROBAMATE	TABLET	400MG
124	METFORMIN (F) ER	TABLET	500MG
124	METFORMIN (F) ER	TABLET	1000MG
125	METHADONE HCL	TABLET	10MG
125	METHADONE HCL	TABLET	5MG
126	METHAZOLAMIDE	TABLET	25MG
126	METHAZOLAMIDE	TABLET	50MG
127	METHIMAZOLE		
128	METHOTREXATE	TABLET	2.5MG

List Number	Molecule Name	Form	Strength
129	METHYLPHENIDATE	TABLET	5MG
130	METHYLPHENIDATE	TABLET	10MG
130	METHYLPHENIDATE	TABLET	20MG
130	METHYLPHENIDATE ER	TABLET	20MG
131	METHYLPREDNISOLONE	TABLET	4MG
132	METRONIDAZOLE	TABLET	
132	METRONIDAZOLE	CREAM	0.75%
132	METRONIDAZOLE	GEL	0.75%
132	METRONIDAZOLE	GEL	1%
132	METRONIDAZOLE	GEL VAGINAL	0.75%
132	METRONIDAZOLE	LOTION	0.75%
133	MOEXIPRIL HCL	TABLET	7.5MG
133	MOEXIPRIL HCL	TABLET	15MG
134	MOEXIPRIL HCL/HCTZ	TABLET	7.5-12.5MG
134	MOEXIPRIL HCL/HCTZ	TABLET	15-12.5MG
134	MOEXIPRIL HCL/HCTZ	TABLET	15-25MG
135	MOMETASONE FUROATE	CREAM	0.10%
135	MOMETASONE FUROATE	OINTMENT	0.10%
135	MOMETASONE FUROATE	SOLUTION	0.10%
136	NABUMETONE	TABLET	500MG
136	NABUMETONE	TABLET	750MG
137	NADOLOL	TABLET	20MG
137	NADOLOL	TABLET	40MG
137	NADOLOL	TABLET	80MG
138	NAFCILLIN SODIUM	INJECTABLE VIALS	ALL STRENGTHS
139	NAPROXEN SODIUM	TABLET	275MG
139	NAPROXEN SODIUM	TABLET	550MG
140	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	SOLUTION	3.5MG-10MU 1%
141	NIACIN ER	TABLET	500MG
141	NIACIN ER	TABLET	750MG
141	NIACIN ER	TABLET	1000MG
142	NIMODIPINE	CAPSULE	30MG
143	NITROFURANTOIN/MACROCRYSTALLINE	CAPSULE	25MG
143	NITROFURANTOIN/MACROCRYSTALLINE	CAPSULE	50MG
143	NITROFURANTOIN/MACROCRYSTALLINE	CAPSULE	100MG

List Number	Molecule Name	Form	Strength
144	NORETHINDRONE ACETATE	TABLET	5MG
145	NORETHINDRONE/ETHINYL ESTRADIOL (BALZIVA)	TABLET	0.4-0.035MG-MCG
146	NORTRIPTYLINE HCL	CAPSULE	10MG
146	NORTRIPTYLINE HCL	CAPSULE	25MG
146	NORTRIPTYLINE HCL	CAPSULE	50MG
146	NORTRIPTYLINE HCL	CAPSULE	75MG
147	NYSTATIN	CREAM	100MU
147	NYSTATIN	OINTMENT	100MU
147	NYSTATIN	TABLET	500MU
148	NYSTATIN/TRIAMCINOLONE	CREAM	0.10%
148	NYSTATIN/TRIAMCINOLONE	OINTMENT	0.10%
149	OMEGA 3 ACID ETHYL ESTERS	CAPSULE	1G
150	OXACILLIN SODIUM	INJECTABLE VIALS	ALL STRENGTHS
151	OXAPROZIN	TABLET	600MG
152	OXYBUTYNIN CHLORIDE	TABLET	5MG
153	OXYCODONE/ACETAMINOPHEN	TABLET	5-325MG
153	OXYCODONE/ACETAMINOPHEN	TABLET	7.5-325MG
153	OXYCODONE/ACETAMINOPHEN	TABLET	10-325MG
154	OXYCODONE HCL	TABLET	5MG
154	OXYCODONE HCL	TABLET	15MG
154	OXYCODONE HCL	TABLET	30MG
155	PARICALCITOL	CAPSULE	1MCG
155	PARICALCITOL	CAPSULE	2MCG
155	PARICALCITOL	CAPSULE	4MCG
156	PAROMOMYCIN	CAPSULE	250MG
157	PENICILLIN V POTASSIUM	TABLET	250MG
157	PENICILLIN V POTASSIUM	TABLET	500MG
158	PENTOXIFYLLINE ER	TABLET	400MG
159	PERMETHRIN	CREAM	5%
160	PERPHENAZINE	TABLET	2MG
160	PERPHENAZINE	TABLET	4MG
160	PERPHENAZINE	TABLET	8MG
160	PERPHENAZINE	TABLET	16MG
161	PHENYTOIN SODIUM ER	CAPSULE	100MG
162	PILOCARPINE HCL	TABLET	5MG

List Number	Molecule Name	Form	Strength
163	PIOGLITAZONE METFORMIN HCL	TABLET	15MG/500MG
163	PIOGLITAZONE METFORMIN HCL	TABLET	15MG/850MG
164	PIROXICAM	CAPSULE	10MG
164	PIROXICAM	CAPSULE	20MG
165	POTASSIUM CHLORIDE ER	TABLET	8MEQ
165	POTASSIUM CHLORIDE ER	TABLET	10MEQ
165	POTASSIUM CHLORIDE ER	TABLET	20MEQ
166	PRAVASTATIN	TABLET	10MG
166	PRAVASTATIN	TABLET	20MG
166	PRAVASTATIN	TABLET	40MG
166	PRAVASTATIN	TABLET	80MG
167	PRAZOSIN HCL	CAPSULE	1MG
167	PRAZOSIN HCL	CAPSULE	2MG
167	PRAZOSIN HCL	CAPSULE	5MG
168	PREDNISOLONE ACETATE	SOLUTION/LIQUID EYE	1%
169	PREDNISONE	TABLET	1MG
169	PREDNISONE	TABLET	2.5MG
169	PREDNISONE	TABLET	5MG
169	PREDNISONE	TABLET	10MG
169	PREDNISONE	TABLET	20MG
170	PROCHLORPERAZINE	SUPPOSITORY	25MG
170	PROCHLORPERAZINE	TABLET	5MG
170	PROCHLORPERAZINE	TABLET	10MG
171	PROMETHAZINE	SUPPOSITORY	12.5MG
171	PROMETHAZINE	SUPPOSITORY	25MG
171	PROMETHAZINE	SUPPOSITORY	50MG
172	PROPRANOLOL	TABLET	10MG
172	PROPRANOLOL	TABLET	20MG
172	PROPRANOLOL	TABLET	40MG
172	PROPRANOLOL	TABLET	60MG
172	PROPRANOLOL	TABLET	80MG
172	PROPRANOLOL ER	CAPSULE	60MG
172	PROPRANOLOL ER	CAPSULE	80MG
172	PROPRANOLOL ER	CAPSULE	120MG
172	PROPRANOLOL ER	CAPSULE	160MG

List Number	Molecule Name	Form	Strength
173	RALOXIFENE HCL	TABLET	60MG
174	RANITIDINE HCL	CAPSULE	150MG
174	RANITIDINE HCL	CAPSULE	300MG
174	RANITIDINE HCL	TABLET	150MG
175	SILVER SULFADIAZINE	CREAM	1%
176	SPIRONOLACTONE/HCTZ	TABLET	25-25MG
177	TACROLIMUS	OINTMENT	0.03%
177	TACROLIMUS	OINTMENT	0.10%
178	TAMOXIFEN CITRATE	TABLET	10MG
178	TAMOXIFEN CITRATE	TABLET	20MG
179	TEMOZOLOMIDE	CAPSULE	5MG
179	TEMOZOLOMIDE	CAPSULE	20MG
179	TEMOZOLOMIDE	CAPSULE	100MG
179	TEMOZOLOMIDE	CAPSULE	140MG
179	TEMOZOLOMIDE	CAPSULE	180MG
179	TEMOZOLOMIDE	CAPSULE	250MG
180	TERCONAZOLE	VAGINAL CREAM	0.40%
180	TERCONAZOLE	VAGINAL CREAM	0.80%
181	THEOPHYLLINE ER	TABLET	100MG
181	THEOPHYLLINE ER	TABLET	200MG
181	THEOPHYLLINE ER	TABLET	300MG
181	THEOPHYLLINE ER	TABLET	400MG
181	THEOPHYLLINE ER	TABLET	450MG
181	THEOPHYLLINE ER	TABLET	600MG
182	TIMOLOL MALEATE	GEL	0.25%
182	TIMOLOL MALEATE	GEL	0.50%
183	TIZANIDINE HCL	TABLET	2MG
183	TIZANIDINE HCL	TABLET	4MG
184	TOBRAMYCIN	SOLUTION	300MG/5ML
185	TOBRAMYCIN/DEXAMETHASONE	SOLUTION	0.3-0.1%
186	TOLMETIN SODIUM	CAPSULE	400MG
187	TOLTERODINE TARTRATE	TABLET	1MG
187	TOLTERODINE TARTRATE	TABLET	2MG
187	TOLTERODINE TARTRATE ER	CAPSULE	2MG
187	TOLTERODINE TARTRATE ER	CAPSULE	4MG

List Number	Molecule Name	Form	Strength
188	TOPIRAMATE	CAPSULE	15MG
188	TOPIRAMATE	CAPSULE	25MG
189	TRAZODONE HCL	TABLET	100MG
190	TRIAMCINOLONE ACETONIDE	CREAM	0.10%
190	TRIAMCINOLONE ACETONIDE	OINTMENT	0.10%
190	TRIAMCINOLONE ACETONIDE	PASTE	0.10%
191	TRIAMTERENE/HCTZ	CAPSULE	37.5-25MG
191	TRIAMTERENE/HCTZ	TABLET	37.5MG-25MG
191	TRIAMTERENE/HCTZ	TABLET	75-50MG
192	TRIFLUOPERAZINE HCL	TABLET	1MG
192	TRIFLUOPERAZINE HCL	TABLET	2MG
192	TRIFLUOPERAZINE HCL	TABLET	5MG
192	TRIFLUOPERAZINE HCL	TABLET	10MG
193	URSODIOL	CAPSULE	300MG
194	VALSARTAN HCTZ	TABLET	80-12.5MG
194	VALSARTAN HCTZ	TABLET	160-12.5MG
194	VALSARTAN HCTZ	TABLET	160-25MG
194	VALSARTAN HCTZ	TABLET	320-12.5MG
194	VALSARTAN HCTZ	TABLET	320-25MG
195	VERAPAMIL	TABLET	40MG
195	VERAPAMIL	TABLET	80MG
195	VERAPAMIL	TABLET	120MG
195	VERAPAMIL SR	CAPSULE	120MG
195	VERAPAMIL SR	CAPSULE	180MG
195	VERAPAMIL SR	CAPSULE	240MG
196	WARFARIN SODIUM	TABLET	1MG
196	WARFARIN SODIUM	TABLET	2MG
196	WARFARIN SODIUM	TABLET	2.5MG
196	WARFARIN SODIUM	TABLET	3MG
196	WARFARIN SODIUM	TABLET	4MG
196	WARFARIN SODIUM	TABLET	5MG
196	WARFARIN SODIUM	TABLET	6MG
196	WARFARIN SODIUM	TABLET	7.5MG
196	WARFARIN SODIUM	TABLET	10MG
197	ZOLEDRONIC ACID	IV CONCENTRATE	4MG/5ML

List Number	Molecule Name	Form	Strength
197	ZOLEDRONIC ACID	IV SOLUTION	5MG/100ML

APPENDIX B: LIST OF DEFENDANTS

Actavis Elizabeth, LLC

Actavis Holdco U.S., Inc.

Actavis Pharma Inc.

Akorn Sales, Inc.

Akorn, Inc.

Alvogen, Inc.

Amneal Pharmaceuticals, Inc.

Amneal Pharmaceuticals, LLC

Apotex Corp.

Ascend Laboratories, LLC

Aurobindo Pharma USA, Inc.

Barr Pharmaceuticals, LLC

Bausch Health Americas, Inc.

Bausch Health US, LLC

Breckenridge Pharmaceutical, Inc.

Camber Pharmaceuticals, Inc.

Citron Pharma, LLC

Dava Pharmaceuticals, LLC

Dr. Reddy's Laboratories, Inc.

Epic Pharma, LLC

Fougera Pharmaceuticals Inc.

G&W Laboratories, Inc.

Generics Bidco I, LLC

Glenmark Pharmaceuticals Inc., USA

Glenmark Pharmaceuticals, Inc.

Greenstone LLC

Heritage Pharmaceuticals, Inc.

Hikma Labs, Inc.

Hikma Pharmaceuticals USA, Inc.

Hi-Tech Pharmacal Co., Inc.

Impax Laboratories, Inc.

Impax Laboratories, LLC

Jubilant Cadista Pharmaceuticals Inc.

Lannett Company, Inc.

Lupin Pharmaceuticals, Inc.

Mallinckrodt Inc.

Mayne Pharma Inc.

Morton Grove Pharmaceuticals, Inc.

Mutual Pharmaceutical Company, Inc.

Mylan Pharmaceuticals, Inc.

Mylan, Inc.

Oceanside Pharmaceuticals, Inc.

Par Pharmaceutical, Inc.

Perrigo New York Inc.

Pfizer, Inc.

Pliva, Inc.

Sandoz, Inc.

Sun Pharmaceutical Industries, Inc.

Taro Pharmaceuticals USA, Inc.

Teligent, Inc.

Teva Pharmaceuticals USA, Inc.

Torrent Pharma Inc.

Upsher-Smith Laboratories, LLC

Versapharm Inc.

West-Ward Columbus, Inc.

West-Ward Pharmaceuticals Corp.

Wockhardt USA LLC

Zydus Pharmaceuticals (USA), Inc.