the definition of the Settlement Class.

Anyone who excluded itself from a Settlement Class—or was excluded from a Settlement Class by an authorized representative—may not share in that Settlement. **If you excluded yourself (or if your authorized representative excluded you) from all of the Settlement Classes, you may not file a claim. If you excluded yourself (or if your authorized representative excluded you) from some, but not all, of the Settlement Classes, you may file a claim, but you will not receive a distribution from the Settlements from which you are excluded.**

CLAIM INFORMATION AND DOCUMENTATION REQUIREMENTS

Please provide the following information to support your claim that you (or the Settlement Class Member(s) you represent) indirectly purchased, paid for, and/or reimbursed some or all of the purchase price for one of more Named Generic Drugs, not for resale, in any of the 50 United States (except Indiana and Ohio), the District of Columbia, Puerto Rico, or the U.S. Virgin Islands, from May 1, 2009, through December 31, 2019:

a) Unique patient identification number or code;
b) NDC number (a list of eligible NDC numbers is available at the website, www.GenericDrugsEndPayerSettlement.com) – *e.g.*, 00000-0000-00;
c) Fill Date or Date of Service – *e.g.*, 01/01/2016;
d) Location (State) of Service – *e.g.*, CA;
e) Amount Billed (not including dispensing fee) – *e.g.*, $40.00; and
f) Amount Paid by TPP (you) net of co-pays, deductibles, and co-insurance – *e.g.*, $20.00.

Do not include any payments for drugs purchased directly from Defendants or purchased for purposes of resale.

If you are submitting a claim form on behalf of multiple Settlement Class Members, also provide the following information for each purchase or reimbursement:

g) Plan or Group Name; and
h) Plan or Group FEIN.

In addition, for each year of the Settlement Class period, please provide the following information:

If you are an insurer:

a) Number of Covered Lives for Fully-Insured Prescription Drug Benefit Plans that covered Drugs at Issue; and
b) Number of Covered Lives for clients/customers for whom you provided Administrative Services Only for Prescription Drug Benefit Plans that covered Drugs at Issue and on whose behalf you are filing a claim.

If you are a self-insured entity:
Number of Covered Lives for Self-Insured Prescription Drug Benefit Plans that covered Drugs at Issue.

For your convenience, exemplar spreadsheets are attached at the end of this claim form. In addition, Excel spreadsheets can be downloaded from the website, www.GenericDrugsEndPayerSettlement.com. Please use this format and provide as much of the requested information as possible. The website also provides a list of the NDC numbers that the Notice Administrator will consider. If possible, please provide electronic data in Microsoft Excel, ASCII flat file pipe "|", tab-delimited, or fixed-width format.

Please keep all transaction data and any other documents supporting your claim in case the Notice Administrator requests them later. If, after your claim is audited, the Notice Administrator determines that you did not provide sufficient documentation to substantiate your claim, the Notice Administrator may reject your claim.

Please contact the Notice Administrator at 1-877-316-0171 with any questions about the required claims information or documentation.

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

THIRD-PARTY PAYER CLAIM FORM

Use Blue or Black Ink Only.

ATTENTION: THIS FORM IS ONLY TO BE FILLED OUT ON BEHALF OF A THIRD-PARTY PAYER (OR AN AUTHORIZED AGENT). THIS FORM IS NOT FOR CONSUMERS.

- Complete Section A only if you are filing as an individual TPP Settlement Class Member.
- Complete Section B only if you are an authorized agent filing on behalf of one or more TPP Settlement Class Members.

Section A: Insurer or Self-Insured Settlement Class Member Only

Insurer or Self-Insured Settlement Class Member Name

Contact Name

Address 1

Address 2

Floor/Suite

City

State

Zip Code

Area Code - Telephone Number

Tax Identification Number

Email Address

List any other names by which the Settlement Class Member has been known and any other Federal Employer Identification Numbers ("FEINs") it has used since May 1, 2009.

☐ Health Insurance Company/HMO ☐ Self-Insured Employer

☐ Self-Insured Health & Welfare Fund

☐ Other (Explain)

Section B: Authorized Agent Only

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

☐ Third-Party Administrator or Administrative Services Only Provider

☐ Pharmacy Benefit Manager

☐ Other (Explain):

Authorized Agent's Company Name

Contact Name

Address

Floor/Suite

City

State

Zip Code

Area Code - Telephone Number

Authorized Agent's Tax Identification Number

Email Address

Please list the name and FEIN of every Settlement Class Member on whose behalf you are submitting a claim. Attach additional sheets to this claim form, as necessary. Alternatively, you may submit the requested list of Settlement Class Member names and FEINs in an electronic format, such as Excel or a tab-delimited text file. Please contact the Notice Administrator to determine what formats are acceptable.

SETTLEMENT CLASS MEMBER'S NAME	SETTLEMENT CLASS MEMBER'S FEIN

Section C: Purchase Information

Please type or print, in the box below, the total dollar amount you paid and/or reimbursed (net of co-pays, deductibles, and co-insurance) for Named Generic Drugs that were purchased, not for resale, in any of the 50 United States (except Indiana and Ohio), the District of Columbia, Puerto Rico, or the U.S. Virgin Islands, from May 1, 2009, through December 31, 2019. Do not include any payments for drugs purchased directly from Defendants or purchased for purposes of resale.

Please note that certain groups have been excluded from the EPP Settlement Classes in this case. See the "ELIGIBLITY REQUIREMENTS" section of the instructions above. Do not submit a claim for or on behalf of an entity in an excluded group or an entity that has been opted out of all of the Settlement Classes.

If you have purchases that meet the definition of a Settlement Class or Classes, but you also have purchases that fall within one or more of the exclusions set forth in the "ELIGIBILITY REQUIREMENTS" section above, include only those purchases that satisfy the eligibility requirements (*e.g.*, do not include direct purchases, purchases for resale, purchases in Indiana and Ohio, etc. in the dollar amount below).

TOTAL AMOUNT YOU PAID FOR ELIGIBLE PURCHASES OF NAMED GENERIC DRUGS – NET OF CO-PAYS, DEDUCTIBLES, AND CO-INSURANCE	$

Authorized Agents Only: Fill out the box above with the combined eligible amounts paid by all Settlement Class Members for whom you are submitting this claim form, net of co-pays, deductibles, and co-insurance. If you are submitting claims for multiple Settlement Class Members, please provide, separately for each Settlement Class Member, the transaction data and other information and documentation requested in the "CLAIM INFORMATION AND DOCUMENTATION REQUIREMENTS" section of the instructions above.

Section D: Proof of Payment and Disputes Regarding Claim Amounts

Please provide the information requested in the CLAIM INFORMATION AND DOCUMENTATION REQUIREMENTS section of the instructions above. Please keep all related transaction data and any other documents supporting your claim in case the Notice Administrator requests it later. If, after your claim is audited, the Notice Administrator determines that you have not provided sufficient documentation to substantiate your claim, the Notice Administrator may reject your claim.

If the Notice Administrator rejects or reduces your claim, and you believe the rejection or reduction is in error, you may contact the Notice Administrator within 14 days of the rejection or reduction to request further review. You must submit any additional documentation and arguments at that time. If the dispute concerning your claim cannot be resolved by the Notice Administrator and Class Counsel, you may request that the Court review your claim.

To request Court review, you must send the Notice 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 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 documentation supporting your argument(s). Your request must be postmarked or emailed no later than 21 days after the Notice

Administrator's response to your request for Notice Administrator review. The Notice Administrator and Class Counsel will present the dispute to the Court for review, which may include publicly filing your claim and any supporting documentation with the Court. The Court may refer your dispute to a Special Master; if it does, you will be required to pay 50% of the Special Master's fee.

Section E: Settlement Class Membership

Please review the "ELIGIBILITY REQUIREMENTS" section of the instructions, above, for a description of the entities that are included and excluded from the Settlements. Check the box next to the Settlement Class(es) that you belong to:

☐ Sandoz Settlement Class

☐ Apotex Settlement Class

☐ Heritage Settlement Class

☐ Sun/Taro Settlement Class

Section F: Certification

I have read and am familiar with the contents of the instructions accompanying this claim form. I certify that the information in the above claim form and any documents attached are true, correct, and complete to the best of my knowledge. I certify that I, or the Settlement Class Member(s) I represent, indirectly purchased, paid, and/or provided reimbursement for some or all of the purchase price for one or more of the Named Generic Drugs, other than for resale, in one or more of the 50 United States (except Indiana and Ohio), the District of Columbia, Puerto Rico, or the U.S. Virgin Islands, between May 1, 2009, and December 31, 2019.

I also certify that where I have asserted that I am a member of one or more of the EPP Settlement Classes, I did not ask to be excluded (or "opted out") from those EPP Settlement Classes. I further certify that if I am filing a claim on behalf of another entity and have asserted that it is a member of one or more of the EPP Settlement Classes, that entity did not ask to be excluded from those EPP Settlement Classes.

In addition, I certify that any Settlement Class Member(s) whose claims I am submitting are not: (a) Defendants and their officers, directors, management, employees, subsidiaries, and affiliates; (b) federal governmental entities; (c) state governmental entities (except for cities, towns, municipalities, counties, and other local governmental entities with self-funded prescription drug plans); (d) persons or entities who only purchased Named Generic Drugs for purposes of resale or directly from Defendants; (e) fully insured employers to the extent that they use fully-insured plans (*i.e.*, employers that purchased insurance covering 100% of their reimbursement obligation to members); (f) pharmacy benefit managers; or (g) governmental Medicaid agencies or private Medicaid managed care organizations.

I also certify that I have provided all the information requested above.

I further certify that I have not submitted data for direct purchases, or purchases for resale, of Named Generic Drugs.

To the extent I have been given authority to submit this claim form by one or more Settlement Class Members on their behalf, and accordingly am submitting this claim form in the capacity of an authorized agent of the Settlement Class Member(s) identified on this form, and to the extent I have been authorized to receive on behalf of those Settlement Class Member(s) any and all amounts that may be allocated to them from the Settlement Funds, I certify that such authority has been properly vested in me and I will fulfill all duties I owe the Settlement Class Member(s), including forwarding the Settlement Class Member(s) their share(s) of the Settlement Funds. In the event amounts from the Settlement Funds are distributed to me, and a Settlement Class Member later claims

that I did not have the authority to claim and/or receive such amounts on its behalf, I and my employer will hold the EPP Sandoz Settlement Class; the EPP Apotex Settlement Class; the EPP Heritage Settlement Class; the EPP Sun/Taro Settlement Class; counsel for the EPP Settlement Classes; Sandoz; Apotex; Heritage; Sun/Taro; and the Notice Administrator harmless with respect to any claims made by the Settlement 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 any false information or representations in this claim form or any documents provided by me may subject me to sanctions, including the possibility of criminal prosecution. I agree to supplement this claim form and provide documentary backup for the information provided herein, upon request of the Notice Administrator.

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

Position/Title

Print Name

Mail your completed claim form to the address below, along with any supporting documentation as described in the CLAIM INFORMATION AND DOCUMENTATION REQUIREMENTS section of the instructions above, postmarked on or before **November 9, 2026**, 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. Attach or upload any documentation supporting your claim.
2. Keep a copy of your claim form and supporting documentation for your records.
3. If you would also like acknowledgement of receipt of your claim form, 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 Notice 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 No.	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

List No.	Molecule Name	Form	Strength
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
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%

List No.	Molecule Name	Form	Strength
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
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

List No.	Molecule Name	Form	Strength
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
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

List No.	Molecule Name	Form	Strength
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	2.68MG
48	CLINDAMYCIN PHOSPHATE	GEL	1%
48	CLINDAMYCIN PHOSPHATE	LOTION	1%
48	CLINDAMYCIN PHOSPHATE	SOLUTION	1%
48	CLINDAMYCIN PHOSPHATE	VAGINAL CREAM	2%
49	CLOBETASOL	CREAM	0.05%
49	CLOBETASOL	EMOLLIENT CREAM	0.05%
49	CLOBETASOL	GEL	0.05%
49	CLOBETASOL	OINTMENT	0.05%
49	CLOBETASOL	SOLUTION	0.05%
50	CLOMIPRAMINE	CAPSULE	25MG

List No.	Molecule Name	Form	Strength
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

List No.	Molecule Name	Form	Strength
59	DICLOFENAC POTASSIUM	TABLET	50MG
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

List No.	Molecule Name	Form	Strength
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
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	0.15-0.03MG
80	ETHINYL ESTRADIOL/LEVONORGESTREL (PORTIA,JOLESSA)	TABLET	ALL STRENGTHS
81	ETHOSUXIMIDE	CAPSULE	250MG
81	ETHOSUXIMIDE	ORAL SOLUTION	250MG/5ML
82	ETODOLAC	CAPSULE	200MG

List No.	Molecule Name	Form	Strength
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	CREAM	0.025%
86	FLUOCINOLONE ACETONIDE	OINTMENT	0.025%
86	FLUOCINOLONE ACETONIDE	SOLUTION	0.01%
87	FLUOCINONIDE	CREAM	0.05%
87	FLUOCINONIDE	CREAM	0.10%
87	FLUOCINONIDE	EMOLLIENT 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

List No.	Molecule Name	Form	Strength
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
99	GRISEOFULVIN	MICROSIZE TABLET	250MG
99	GRISEOFULVIN	MICROSIZE TABLET	500MG
100	HALOBETASOL PROPIONATE	CREAM	0.05%

List No.	Molecule Name	Form	Strength
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	25MG/G
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

List No.	Molecule Name	Form	Strength
110	ISOSORBIDE DINITRATE	TABLET	30MG
111	KETOCONAZOLE	CREAM	2%
111	KETOCONAZOLE	TABLET	200MG
112	KETOPROFEN	CAPSULE	50MG
112	KETOPROFEN	CAPSULE	75MG
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
116	LATANOPROST	SOLUTION	0.01%
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

List No.	Molecule Name	Form	Strength
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
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

List No.	Molecule Name	Form	Strength
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
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

List No.	Molecule Name	Form	Strength
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 No.	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

List No.	Molecule Name	Form	Strength
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
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

List No.	Molecule Name	Form	Strength
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
188	TOPIRAMATE	CAPSULE	15MG
188	TOPIRAMATE	CAPSULE	25MG
189	TRAZODONE HCL	TABLET	100MG
190	TRIAMCINOLONE ACETONIDE	CREAM	0.025%
190	TRIAMCINOLONE ACETONIDE	CREAM	0.10%
190	TRIAMCINOLONE ACETONIDE	CREAM	0.50%
190	TRIAMCINOLONE ACETONIDE	OINTMENT	0.025%
190	TRIAMCINOLONE ACETONIDE	OINTMENT	0.10%
190	TRIAMCINOLONE ACETONIDE	OINTMENT	0.50%
190	TRIAMCINOLONE ACETONIDE	PASTE	0.025%
190	TRIAMCINOLONE ACETONIDE	PASTE	0.10%
190	TRIAMCINOLONE ACETONIDE	PASTE	0.50%
191	TRIAMTERENE/HCTZ	CAPSULE	37.5-25MG
191	TRIAMTERENE/HCTZ	TABLET	37.5MG-25MG

List No.	Molecule Name	Form	Strength
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
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.