

This document relates to:

END-PAYOR ACTIONS

Instructions for Submitting Your Consumer Claim Form

If you are a member of the Class as a consumer, you may file a claim for a share of the Settlement Fund. You must complete this Claim Form and mail it to the Claims and Notice Administrator at the address provided below postmarked, or submit your claim online at www.OpanaERAntitrustLitigation.com, **no later than January 5, 2023**.

- Complete all required portions of the attached Claim Form:

1. Complete *Section A*.
2. Answer the question in *Section B* to determine your eligibility.
3. Provide information about your total purchases of brand or generic Opana ER in *Section C*.
4. If possible, provide documentation of at least one purchase of brand or generic Opana ER as described in *Section D*.
5. Review and sign the Claim Form in *Section E*, which includes the Certification that the information you provide is true and correct to the best of your knowledge.

- By signing and submitting the Claim Form, you are swearing under penalty of perjury that you qualify to submit a claim according to the criteria given in *Section B*.
- You have two options for submitting a Claim Form:
 - You can mail the completed and signed Claim Form and Certification by First-Class U.S. Mail, postage prepaid, postmarked no later than **January 5, 2023**, to:

Opana ER Class Action
c/o A.B. Data, Ltd.
P.O. Box 173067
Milwaukee, WI 53217

OR

- You can complete and submit the Claim Form and Certification using the Claims and Notice Administrator's Settlement website, www.OpanaERAntitrustLitigation.com. When you complete the online Claim Form, you will receive an acknowledgement that your claim has been submitted. If you choose this option and file a claim electronically, your electronic signature and submission of the form will conform to 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.
- If your completed Claim Form is not postmarked or filed online by **January 5, 2023**, you will not receive any payment from the Settlement. Submission of this Claim Form does not ensure that you will share in the payments related to the Settlement.

**MUST BE POSTMARKED
ON OR BEFORE, OR
SUBMITTED ONLINE BY,
JANUARY 5, 2023**

Opana ER Settlement

Consumer Claim Form

Use Blue or Black Ink Only

Attention: This Form Is Only to Be Filled Out for a Consumer and Not a Third-Party Payor.

Section A: Claimant Identification

Claimant's Name

Agent/Legal Representative (if any)

Street Address

City

State

Zip Code

Daytime Telephone Number

Email Address*

*By providing your email address, you authorize the Claims and Notice Administrator to use it to send you information relevant to this claim.

Section B: Should I File a Claim Form?

You may be eligible to file a Claim Form and receive a cash distribution from the proposed Settlement, if you purchased, paid for, or provided reimbursement for some or all of the purchase price of brand or generic Opana ER, in the 5, 10, 20, 30, or 40 mg strengths, sold by Endo or Impax for the purpose of consumption, and not resale, by yourself or your family member(s) and dependents, at any time from April 2011 through September 2018 in any of the following states or commonwealths:

Arizona*, California, Florida, Hawaii, Iowa, Maine, Massachusetts*, Michigan, Minnesota, Missouri, Mississippi*, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Pennsylvania, Oregon, South Dakota, Tennessee, Utah, Vermont, West Virginia, Wisconsin, and the District of Columbia.

* With respect to Arizona, Massachusetts, and Mississippi unjust enrichment claims, Class Members must have purchased, paid for, and/or provided reimbursement for some or all of the purchase price of brand or generic Opana ER from June 4, 2011, through September 2018.

You are not a member of the Classes if you are among the following:

- Defendants and their counsel, officers, directors, management, employees, subsidiaries, or affiliates;
- Persons or entities whose only purchases of or reimbursements or payments for brand or generic Opana ER were of or for the generic Opana ER product sold by Actavis South Atlantic LLC or its successors;
- All governmental entities and Medicare Part D plans and beneficiaries, except for non-Medicare Part D government-funded employee benefit plans;
- All persons or entities who purchased Opana ER for purposes of resale or directly from Defendants or their affiliates;
- Fully insured health plans (plans that purchased insurance from another third-party payor covering 100 percent of the plan's reimbursement obligations to its members);
- Flat co-payers (consumers who paid the same co-payment amount for brand and generic drugs);
- Any consumer who purchased only Endo's brand version of Opana ER after the AB-rated generic version became available in January 2013 (*i.e.*, "brand loyalists");
- Consumers with copay insurance plans who purchased only generic versions of Opana ER (*i.e.*, "generic-only copay consumers");
- Pharmacy Benefit Managers;
- All Counsel of Record; and
- The Court, Court personnel, and any member of their immediate families.

If you excluded yourself from the Class, you may not file a claim.

By checking this box, I confirm that I have read the definition of the Class and I am not excluded from participating in the proposed Settlement.

Section C: Purchase Information

Please type or print in the box below, the total amount paid or reimbursed for brand or generic Opana ER (oxymorphone hydrochloride extended release), in the 5, 10, 20, 30, and 40 mg strengths, sold by Endo or Impax net of any copay coupons, patient assistance programs, or other discounts for use by yourself, or your family member(s), where such persons purchased the drug in a pharmacy or received brand or generic Opana ER (oxymorphone hydrochloride extended release) by mail-order prescription:

Arizona*, California, Florida, Hawaii, Iowa, Maine, Massachusetts*, Michigan, Minnesota, Missouri, Mississippi*, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Pennsylvania, Oregon, South Dakota, Tennessee, Utah, Vermont, West Virginia, Wisconsin, and the District of Columbia from April 2011 through September 2018.

** With respect to Arizona, Massachusetts, and Mississippi unjust enrichment claims, Class Members must have purchased, paid for, and/or provided reimbursement for some or all of the purchase price of brand or generic Opana ER (oxymorphone hydrochloride extended release) from June 4, 2011, through September 2018.*

TOTAL AMOUNT YOU PAID FOR BRAND OR GENERIC OPANA ER (OXYMORPHONE HYDROCHLORIDE EXTENDED RELEASE) 5, 10, 20, 30, AND 40 MG SOLD BY ENDO OR IMPAX – NET OF COPAY COUPONS, PATIENT ASSISTANCE PROGRAMS, OR OTHER DISCOUNTS:	\$
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Section D: Claim Documentation and Disputes Regarding Claim Amounts

You may file a claim by providing the information requested in Section C and completing the certification below.

If possible, you should also submit any of the following, which are all acceptable as claim documentation:

- 1) Records from your pharmacy showing that you purchased brand or generic Opana ER at least once; or
- 2) A note from your doctor (or records) describing the amount of brand or generic Opana ER you were prescribed.

Note: You may have a claim even if you cannot provide any of the above claim documentation as long as you provide the certification below. However, if you do not provide the above documentation, the Claims and Notice Administrator may ask for additional claim documentation after you submit your Claim Form, so please keep all records of your purchases. Claims may be selected for audit and rejected because of fraud concerns, or potentially inaccurate amounts based on expected average purchases.

If the Claims and Notice Administrator rejects or reduces your claim and you believe the rejection or reduction is in error, you may contact the Claims and Notice Administrator to request further review. If the dispute concerning your claim cannot be resolved by the Claims and Notice Administrator and Class Counsel, you may request that the Court review your claim.

To request Court review, you must send the Claims and Notice Administrator a signed written statement that (a) states your reasons for contesting 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). The Claims and Notice Administrator and Class Counsel will present the dispute to the Court for review, which may include public filing with the Court of your claim and the supporting documentation. Please note that Court review should only be sought if you disagree with the Claims and Notice Administrator’s determination regarding your claim.

Section E: Certification

I have read and am familiar with the contents of the Instructions accompanying this Claim Form. I certify that the information I have set forth in the above Claim Form and in 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, paid for, or provided reimbursement for some or all of the purchase price of brand or generic Opana ER sold by Endo or Impax for the purpose of consumption, and not resale, by myself, my family member(s), insureds, plan participants, employees, or beneficiaries, at any time from April 2011 through September 2018 in any of the following states or commonwealths:

Arizona*, California, Florida, Hawaii, Iowa, Maine, Massachusetts*, Michigan, Minnesota, Missouri, Mississippi*, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Pennsylvania, Oregon, South Dakota, Tennessee, Utah, Vermont, West Virginia, Wisconsin, and the District of Columbia.

* With respect to Arizona, Massachusetts, and Mississippi unjust enrichment claims, Class Members must have purchased, paid for, and/or provided reimbursement for some or all of the purchase price of brand or generic Opana ER from June 4, 2011, through September 2018.

I further certify that I, or the Class Member I represent, did not ask to be excluded from the Class(es) in this Action and did not purchase such brand or generic Opana ER for purposes of resale. In addition, I am not (or the represented Class Member is not) among the persons or entities that have been excluded from the Class(es), which are listed above in Section B.

To the extent I have been given authority to submit this Claim Form by a Class Member on their behalf, and accordingly am submitting this Claim Form in the capacity of an authorized agent with authority to submit it by the Class Member, and to the extent I have been authorized to receive on behalf of this Class Member any and all amounts that may be allocated to it from the Settlement Fund, I certify that such authority has been properly vested in me and that I will fulfill all duties I may owe the Class Member. If amounts from the Settlement Fund are distributed to me and a Class Member later claims that I did not have the authority to claim and/or receive those amounts on their behalf, I and/or my employer will hold the Classes, counsel for the Classes, and the Claims and Notice 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 Northern District of Illinois for all purposes connected with this Claim Form, including resolution of disputes relating to this Claim Form. I acknowledge that any false information or representations contained herein may subject me to sanctions, including the possibility of criminal prosecution. I agree to supplement this Claim Form by submitting documentary backup for the information provided in this form, upon request of the Claims and 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 _____ 20____.

Signature

Print or Type Name

Mail the completed Claim Form postmarked on or before **January 5, 2023**, along with claim documentation, if available, to the following address, or submit the information online at the website below:

Opana ER Class Action
c/o A.B. Data, Ltd.
P.O. Box 173067
Milwaukee, WI 53217
Toll-Free Telephone: 1-877-888-6423
Website: www.OpanaERAntitrustLitigation.com

Reminder Checklist:

1. Please complete and sign the above Claim Form, or complete the online 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 Claims and Notice Administrator at info@OpanaERAntitrustLitigation.com or via U.S. Mail at the address listed above.