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UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

IN RE LIPITOR ANTITRUST LITIGATION This Document Relates To: All End-Payor Class Actions	MDL No. 2332 Case No. 3:12-cv-2389-PGS-JBD
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THIRD-PARTY PAYOR CLAIM FORM: INSTRUCTIONS FOR SUBMITTING YOUR CLAIM

A Third-Party Payor (“TPP”) Class member, or an authorized agent for a TPP, can complete this Claim Form. If both a TPP Class member and its authorized agent submit a Claim Form, the Claims Administrator will only consider the TPP Class member’s Claim Form. The Claims Administrator may request supporting documentation in addition to the documentation and information requested below. The Claims Administrator may reject a claim if the TPP Class member or its authorized agent does not provide all requested documentation in a timely manner.

If you are a TPP Class member submitting a Claim Form on your own behalf, you must provide the information requested in “**Section A – COMPANY OR HEALTH PLAN THIRD-PARTY PAYOR CLASS MEMBER ONLY**,” in addition to the other information requested by this Claim Form.

If you are an **authorized agent** of one or more TPP Class members, you must provide the information requested in “**Section B – AUTHORIZED AGENT ONLY**,” in addition to the other information requested by this Claim Form. **Do not submit a Claim Form on behalf of any other TPP Class member unless that TPP Class member provided you with prior written authorization to submit this Claim Form. Such written authorization must accompany this Claim Form.**

If you are submitting a Claim Form only as an authorized agent of one or more TPP Class members, you may submit a separate Claim Form for each TPP Class member, OR you may submit one Claim Form for all such TPP Class members as long as you provide the information required for each TPP Class member on whose behalf you are submitting this Claim Form.

If you are submitting Claim Forms both on your own behalf as a TPP Class member AND as an authorized agent on behalf of one or more TPP Class members, you should submit one Claim Form for yourself, completing Section A, and another Claim Form or Claim Forms as an authorized agent for the other TPP Class member(s), completing Section B.

To qualify to receive a payment from the Settlement, you must complete and submit this Claim Form either on paper or electronically on the Settlement website, www.LipitorAntitrustSettlement.com. You must also submit transaction data supporting your claim.

Your failure to complete and submit the Claim Form postmarked (if mailed) or received (if submitted online) on or before **November 29, 2024** will prevent you from receiving payment from the Settlement. Submission of this Claim Form does not ensure that you will share in payments related to the Settlement. If the Claims Administrator rejects or reduces your Claim, you may invoke the dispute resolution process described on page 5.



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CLAIM INFORMATION AND DOCUMENTATION REQUIREMENTS

Please provide information to support your Claim of membership in the class defined as follows (“Third-Party Payor Class”):

All entities that, for consumption by their members, employees, insureds, participants, or beneficiaries, purchased, paid, and/or provided reimbursement for some or all of the purchase price of branded Lipitor or generic atorvastatin calcium in Arizona, California, Washington, D.C., Florida, Iowa, Kansas, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Oregon, South Dakota, Tennessee, West Virginia, or Wisconsin, other than for resale, at any time during the period from June 28, 2011 through and until December 31, 2012.

The Third-Party Payor Class **does not include**:

- a) Pfizer, Ranbaxy, and their subsidiaries and affiliates;
- b) Federal and state governmental entities;
- c) Medicare Part D Plans; and
- d) Medicaid Plans.

The following information should be provided if a member of the Third-Party Payor Class:

- a) Name of TPP Class Member;
- b) NDC Number (a list of NDC Numbers can be downloaded from the Settlement website, www.LipitorAntitrustSettlement.com)—*e.g.*, 00000-0000-00; or Drug Name—*e.g.*, Lipitor or atorvastatin calcium;
- c) Fill Date or Date of Purchase—*e.g.*, 7/1/2012;
- d) Location (State) of Purchase—*e.g.*, CA;
- e) Location (State) of insured or beneficiary—*e.g.*, CA; and
- f) Amount Paid by the TPP net of co-pays, deductibles, and co-insurance—*e.g.*, \$118.50

If you are submitting a Claim Form on behalf of multiple TPP Class members, also provide the following information for each purchase or reimbursement:

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

An exemplar spreadsheet containing these categories can be downloaded from the website, www.LipitorAntitrustSettlement.com. If possible, please use this format and provide the electronic data in Microsoft Excel, ASCII flat file pipe “|”, tab-delimited, or fixed-width format.

Transaction data supporting claims are mandatory. If, after an audit of your Claim, the Claims Administrator still has questions about your Claim and you have not provided sufficient substantiation of your Claim, the Claims Administrator may reject your Claim.

Please contact the Claims Administrator at 1-888-831-7612 with any questions about the required claims information or documentation. Please do not contact the Court concerning this matter.



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In re: Lipitor Antitrust Litigation
Case No. 3:12-cv-2389-PGS-JBD (D.N.J.)

MUST BE POSTMARKED OR SUBMITTED ONLINE ON OR BEFORE NOVEMBER 29, 2024.

THIRD-PARTY PAYOR CLAIM FORM

Use Blue or Black Ink Only

ATTENTION: THIS FORM IS ONLY TO BE FILLED OUT BY A THIRD-PARTY PAYOR (OR AN AUTHORIZED AGENT) AND NOT INDIVIDUAL CONSUMERS.



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

Section A: Company or Health Plan Third-Party Payor Class Member Only

Company or Health Plan Name

[Grid for Company or Health Plan Name]

Contact First Name

[Grid for Contact First Name]

MI

[Grid for MI]

Contact Last Name

[Grid for Contact Last Name]

Street Address

[Grid for Street Address]

Floor/Suite

[Grid for Floor/Suite]

City

[Grid for City]

State

[Grid for State]

ZIP Code

[Grid for ZIP Code]

Area Code - Telephone Number

[Grid for Area Code - Telephone Number]

Taxpayer Identification Number

[Grid for Taxpayer Identification Number]

Email Address

[Grid for Email Address]

List other names by which your company or health plan has been known or other Federal Employer Identification Numbers ("FEINs") it has used since June 28, 2011.

[Grid for other names or FEINs]

Health Insurance Company/HMO Self-Insured Employee Health or Pharmacy Benefit Plan

Self-Insured Health & Welfare Fund

Other (Explain)

[Text box for Other (Explain)]



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Section B: Authorized Agent Only

As an authorized agent, please check how your relationship with the Third-Party Payor Class member(s) is best described (you are 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 First Name

MI

Contact Last Name

Street Address

Floor/Suite

City

State

ZIP Code

Area Code - Telephone Number

 - -

Authorized Agent's Taxpayer Identification Number

 -

Email Address

Please list the name and FEIN of every Third-Party Payor Class member (*i.e.*, Company or Health Plan) for whom you have been duly authorized to submit this Claim Form (attach additional sheets to this Claim Form as necessary). Alternatively, you may submit the requested list of Third-Party Payor Class member names and FEINs in an electronic format, such as Excel or a tab-delimited text file. Please contact the Claims Administrator at AuthorizedAgents@LipitorAntitrustSettlement.com to determine which formats are acceptable.

THIRD-PARTY PAYOR CLASS MEMBER'S NAME

THIRD-PARTY PAYOR CLASS MEMBER'S FEIN



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Section C: Purchase Information

Please type or print in the box below the total amount paid or reimbursed for purchases of branded and/or generic Lipitor (also known as "atorvastatin calcium"), net of co-pays, deductibles, and co-insurance, for use by your members, employees, insureds, participants, or beneficiaries, where such persons purchased the drug in a pharmacy or received the drug by mail-order prescription in Arizona, California, Washington, D.C., Florida, Iowa, Kansas, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Oregon, South Dakota, Tennessee, West Virginia, or Wisconsin, during the period from June 28, 2011 through and until December 31, 2012.

Please note: If any purchases were made by mail order, the state to which the prescription was sent is considered the place of purchase. For example, if branded and/or generic Lipitor was purchased by mail order and the prescription was sent to Arizona, Arizona would be considered the place of purchase for that transaction and the purchase would be eligible for a recovery. On the other hand, if branded and/or generic Lipitor was purchased by mail order and the prescription was sent to South Carolina, that transaction would not be eligible for a recovery because the place of purchase would be considered South Carolina, which is not one of the states covered by the Settlement. For retail purchases, the state of purchase is the state where the pharmacy is physically located.

If you are an authorized agent completing this Claim on behalf of more than one TPP Class member, enter the total amount paid by all TPP Class Members included in this Claim. You must also provide the information required for each TPP Class member on whose behalf you are submitting this Claim Form. An exemplar spreadsheet containing the required categories of information can be downloaded from the website, www.LipitorAntitrustSettlement.com.

Do not submit a Claim Form for or on behalf of any of the following excluded groups:

- a) Pfizer, Ranbaxy, and their subsidiaries and affiliates;
- b) Federal and state governmental entities;
- c) Medicare Part D Plans; or
- d) Medicaid Plans.

PURCHASES	TOTAL AMOUNT PAID
Provide the total amount paid or reimbursed for prescriptions of branded Lipitor and/or generic Lipitor, net of co-pays, deductibles, and co-insurance, between June 28, 2011 and December 31, 2012.	\$ <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>

Check this box and sign the certification in Section E to confirm that the Company indicated in Section A is a TPP Class member and none of the exclusion criteria above is applicable. *If any of the exclusion criteria is applicable to the Claimant, the Claims Administrator may reject the Claim.*

Section D: Proof of Payment and Disputes Regarding Claim Amounts

Please provide as much of the information requested above as possible. Transaction data supporting claims is **mandatory**. If, after an audit of your Claim, the Claims Administrator still has questions about your Claim and you have not provided sufficient substantiation of your Claim, the Claims Administrator may reject your Claim. The business records utilized to establish the list of transactions claimed may be requested during the review process; please maintain this information.

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 to request further review. If the dispute concerning your claim cannot be resolved by the Claims Administrator and Class Counsel, you may request that the Court review your claim.

To request Court review, you must send the Claims Administrator a signed written statement (a) stating your reasons for contesting the rejection or payment determination regarding your claim and (b) specifically stating that you "request that the Court review the determination regarding this claim." You must include all Claim Documentation supporting your argument(s). The Claims 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: Court review should only be sought if you disagree with the Claims Administrator's determination regarding your claim.



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Section E: Certification

By signing below, I hereby swear and affirm that (1) I am familiar with the contents of the Instructions accompanying this Claim Form; (2) the information I have set forth in this Claim Form and in any documents I have attached are true, correct, and complete to the best of my knowledge; and (3) I have provided all the information requested above to the extent I have it.

I further certify that I or the TPP Class member(s) I represent:

- a) am/is/are an entity that purchased, paid, and/or provided reimbursement for some or all of the purchase price of branded and/or generic Lipitor for consumption by my/its/their members, employees, insureds, participants, or beneficiaries, in Arizona, California, Washington, D.C., Florida, Iowa, Kansas, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Oregon, South Dakota, Tennessee, West Virginia, or Wisconsin, other than for resale, during the period from June 28, 2011 through and until December 31, 2012; and
- b) am/is/are not one of the following:
 - i.) Pfizer, Ranbaxy, and their subsidiaries and affiliates;
 - ii.) Federal and state governmental entities;
 - iii.) Medicare Part D Plans; and
 - iv.) Medicaid Plans.

I further certify that neither I nor the TPP Class Member(s) I represent requested exclusion from the Settlement Class in this lawsuit.

To the extent I have been given authority to submit this Claim Form on behalf of one or more Third-Party Payor Class members, and accordingly am submitting this Claim Form in the capacity of an authorized agent with authority to submit it, and to the extent I have been authorized to receive on behalf of the Third-Party Payor Class member(s) any and all amounts that may be allocated to them 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 Third-Party Payor Class member(s). If amounts from the Settlement Fund are distributed to me and a Third-Party Payor Class member later claims I did not have the authority to claim and/or receive such amounts on its behalf, I or my employer will hold the End-Payor Class, Class Counsel, and the Claims Administrator harmless with respect to any claims made by the Third-Party Payor Class member.

I further certify that I, and any Class Member(s) I represent, have read and am/are familiar with the releases stated in Paragraph 12 of the Settlement Agreement. The releases in that Paragraph provide as follows:

- (a) Upon the occurrence of the Effective Date in accordance with Paragraph 6 hereof, and in consideration for the Settlement Fund Amount described in this Settlement Agreement, End-Payor Plaintiffs and the End-Payor Classes—except those who requested exclusion from the End-Payor Classes and whose request was approved by the Court—on behalf of themselves and their respective past and present parents, subsidiaries, and affiliates, general and limited partners, officers, directors, employees, agents, attorneys, servants, predecessors, successors, heirs, executors, administrators, and representatives (the “Releasing Parties”), shall release and forever discharge, and covenant not to sue Pfizer and its respective past, present, and future parents, subsidiaries, divisions, affiliates, joint ventures, stockholders, general partners, limited partners, officers, directors, management, supervisory boards, insurers, employees, agents, servants, trustees, associates, attorneys, and any of their legal representatives (and the predecessors, successors, heirs, executors, administrators, and assigns of each of the foregoing) (the “Released Parties”), with respect to any and all past, present, or future liabilities, claims, demands, obligations, suits, damages, penalties, levies, executions, judgments, debts, charges, actions, or causes of action, at law or in equity, whether class, individual, or otherwise in nature, and whether known or unknown, arising out of or relating to any conduct, events, or transactions, prior to the date of preliminary approval of the Settlement Agreement, (a) alleged, or which reasonably could have been alleged, in the End-Payor Class Action concerning the alleged anticompetitive scheme to prevent and delay approval and market entry of AB-rated generic equivalents of Lipitor, or (b) concerning end-payor purchases of Lipitor and/or its AB-rated generic equivalents in the Class States and arising under the Sherman Act, 15 U.S.C. §§ 1 & 2, *et seq.*, or any other federal or state statute or common-law doctrine relating to antitrust or consumer protection (collectively, the “Released Claims”). Upon the Effective Date, the Releasing Parties will be forever barred and enjoined from commencing, instituting, prosecuting, or continuing to prosecute any action or other proceeding in any forum whatsoever, including any court of law or equity, arbitration tribunal, or administrative forum, asserting the Released Claims against the Released Parties.



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- (b) In addition, End-Payor Plaintiffs, on behalf of themselves and all other Releasing Parties, hereby expressly waive, release, and forever discharge, upon the Settlement becoming final, any provisions, rights, and benefits conferred by Section 1542 of the California Civil Code, which reads:

Section 1542. General Release; extent. A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party;

or by any law of any state or territory of the United States or other jurisdiction, or principle of common law, which is similar, comparable, or equivalent to Section 1542 of the California Civil Code. The Releasing Parties may hereafter discover facts other than or different from those which he, she, or it knows or believes to be true with respect to the claims which are the subject matter of this Paragraph 12, but each Releasing Party hereby expressly waives and fully, finally, and forever settles, releases, and discharges, upon this Settlement becoming final, any known or unknown, suspected or unsuspected, asserted or unasserted, contingent or non-contingent claim that would otherwise fall within the definition of Released Claims, whether or not concealed or hidden, without regard to the subsequent discovery or existence of such different or additional facts.

- (c) Reservation of Claims. The Releasing Parties intend by this Settlement Agreement to release only Pfizer and the Released Parties with respect to the Released Claims. The Releasing Parties specifically do not intend this Settlement Agreement, or any part hereof or any other aspect of the proposed Settlement Agreement, to compromise or otherwise affect in any way any rights the Releasing Parties have or may have against any other person, firm, association, entity, company, or corporation whatsoever, including Ranbaxy. The release set forth in this Paragraph 12 is not intended to and shall not release any claims other than the Released Claims.
- (d) This Settlement is not intended to and does not release claims arising in the ordinary course of business between the Releasing Parties and the Released Parties that are unrelated to the allegations in the End-Payor Class Action, such as claims under Article 2 of the Uniform Commercial Code (pertaining to Sales), the laws of negligence or product liability or implied warranty, breach of contract, breach of express warranty, or personal injury.

I/We hereby submit to the jurisdiction of the United States District Court for the District of New Jersey for all purposes connected with this Claim Form, including resolution of disputes relating to this Claim Form. I/We 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 furnishing documentary backup for the information provided herein upon request of the Claims 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 on the date below.

Signature

Position/Title

Print Name

Date: - -

MM

DD

YYYY

Mail the completed Claim Form to the address below, along with any supporting documentation as described in the CLAIM INFORMATION AND DOCUMENTATION REQUIREMENTS on page 2 above, postmarked on or before **November 29, 2024**, or submit the information online at the Settlement website below by that date:

Claims Administrator 54388
P.O. Box 2694
Portland, OR 97208-2694
Toll-Free Telephone: 1-888-831-7612
Website: www.LipitorAntitrustSettlement.com



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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 your name or contact information changes, please send your new name or contact information to the Claims Administrator at AuthorizedAgents@LipitorAntitrustSettlement.com, or via U.S. Mail at the address above.