

**MUST BE POSTMARKED
ON OR BEFORE
JANUARY 6, 2022**

*In re Valeant Pharmaceuticals International,
Inc. Third-Party Payor Litigation*
Civil Action No. 16-3087-(MAS)(LHG) (D.N.J.)

FOR OFFICIAL USE ONLY

CLAIM FORM

YOUR CLAIM MUST BE POSTMARKED OR SUBMITTED ONLINE ON OR BEFORE **JANUARY 6, 2022**.

Submit the Claim Form using the Claims Administrator's website, www.ValeantTPPSettlement.com

OR

Mail your claim to: *Valeant TPP Settlement, c/o A.B. Data, Ltd., P.O. Box 173052, Milwaukee, WI 53217*

**ATTENTION: THIS FORM IS ONLY TO BE FILLED OUT ON BEHALF OF
A THIRD-PARTY PAYOR, NOT INDIVIDUAL CONSUMERS**

PART I – CLAIMANT IDENTIFICATION

SECTION A

ONLY IF YOU ARE FILING AS A
SETTLEMENT CLASS MEMBER SUCH
AS AN INSURANCE COMPANY OR
HEALTH PLAN

OR

SECTION B

ONLY IF YOU ARE AN AUTHORIZED
AGENT FILING ON BEHALF OF ONE OR
MORE SETTLEMENT CLASS MEMBERS

Section A: Settlement Class Member

Company or Health Plan Name

Contact Name

Address 1

Address 2

City

State

Zip

Area Code – Telephone Number

Tax Identification Number

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 January 2, 2013.

☐ Health Insurance
Company/HMO

☐ Self-Insured Employee
Health Plan

☐ 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:**

☐ Third-Party Administrator

☐ Pharmacy Benefit Manager

☐ Other (Explain)

Authorized Agent’s Company Name

Contact Name

Address 1

Address 2

City

State

Zip

Area Code – Telephone Number

Authorized Agent’s Tax Identification Number

Email Address

Please list the name and FEIN of every Settlement 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 Settlement Class Member names and FEINs in an electronic format, such as Excel or a tab-delimited text file saved on a disk or flash drive. Please contact the Claims Administrator to determine what formats are acceptable.

SETTLEMENT CLASS MEMBER'S NAME

SETTLEMENT CLASS MEMBER'S FEIN

PART II – AMOUNT CLAIMED

Please type or print in the box below, the total amounts paid or incurred costs for Valeant's branded drug products in connection with a claim submitted by Philidor, a claim submitted by any pharmacy in which Philidor had a direct or indirect ownership interest, or a claim by any pharmacy for which the amount sought for reimbursement was alleged to be inflated as a result of Defendants' allegedly fraudulent scheme, during the period from January 2, 2013 through November 9, 2015.

To be a member of the Settlement Class, you must have paid or incurred costs for a Valeant-branded drug that was purchased from or fulfilled by Philidor or a pharmacy in which Philidor had a direct or indirect ownership interest (a "Philidor Network Pharmacy"). The list of **Philidor Network Pharmacies** is:

- Cambria Pharmacy
- D&A Pharmacy
- Heritage Compounding Pharmacy
- Orbit Pharmacy
- Parkwest Pharmacy
- Philidor Rx Services, LLC
- Prescription Shoppe
- R&O Pharmacy
- Safe Rx Pharmacy
- West Wilshire Pharmacy

The Valeant-branded drugs that were affected by the alleged wrongdoing in this Action include:

- Addyi
- Aldara
- Atralin
- Carac
- Cuprimine
- Edecrin
- Glumetza
- Jublia
- Lodosyn
- Loprox
- Luzu
- Mephyton
- Migranal Nasal Spray (dihydroergotamine mesylate)
- Noritate
- Retin-A Micro
- Solodyn
- Syprine
- Targretin
- Tretinoin
- Vanos
- Wellbutrin
- Xerese
- Ziana

VALEANT-BRANDED DRUG PURCHASED FROM OR FULFILLED BY PHILIDOR NETWORK PHARMACY	TOTAL AMOUNT PAID
Amounts Paid or Incurred from January 2, 2013 through November 9, 2015.	\$

You must submit claims data and information in support of the purchase amounts stated above if your total net claim amount is more than \$100,000. Instructions on how to do so are found in the Claims Documentation Instructions on the Claims Administrator's website or included with this Claim Form. If your total net claim is \$100,000 or less, you need not provide

complete claims data with this Claim Form, but the Claims Administrator may require supporting documentation after reviewing your Claim.

PART III – RELEASE OF CLAIMS AND CERTIFICATION

I (we) hereby acknowledge that, pursuant to the terms set forth in (i) the Stipulation and Agreement of Settlement with Valeant Pharmaceuticals International, Inc. dated August 4, 2021; and (ii) the Stipulation and Agreement of Settlement with the Philidor Defendants, dated August 4, 2021, without further action by anyone, upon the Effective Date of the respective Settlements, I (we), on behalf of myself (ourselves) and my (our) heirs, executors, administrators, trusts, trustees, estates, beneficiaries, legatees, insurers, reinsurers, predecessors, successors, and assigns (and assignees of the foregoing), in their capacities as such, shall be deemed to have, and by operation of law and of the applicable Judgment shall have, fully, finally, and forever compromised, settled, released, resolved, relinquished, waived, and discharged each and every Released Plaintiffs' Claim against the Settling Defendants' Releasees, and shall forever be barred and enjoined from prosecuting any of the Released Plaintiffs' Claims against any of the Settling Defendants' Releasees.

“Released Plaintiffs’ Claims” means all claims and causes of action of every nature and description, whether known claims or Unknown Claims, whether arising under federal, state, common or foreign law, that Plaintiffs or any other member of the Settlement Class: (i) asserted in the Action, or (ii) could assert or could have asserted against Defendants in this or any other forum, whether known or unknown, that arise out of, are based upon, or relate to any alleged payment by Plaintiffs for Valeant-branded drugs or costs incurred for Valeant-branded drugs during the Class Period. For the avoidance of doubt, Released Plaintiffs' Claims do not include: (i) any claims relating to the enforcement of the Settlement; (ii) any claims by any governmental entity that arise out of any governmental investigation of Valeant relating to the wrongful conduct alleged in the Action; and (iii) any claims of any person or entity who or which submits a request for exclusion that is accepted by the Court.

“Settling Defendants’ Releasees” means Valeant Pharmaceuticals International, Inc., Philidor Rx Services, LLC, Andrew Davenport, and the Estate of Matthew S. Davenport, and their current and former parents, subsidiaries, divisions, controlling persons, associates, entities and affiliates and each and all of their respective present and former employees, members, partners, principals, officers, directors, controlling shareholders, agents, attorneys, advisors (including financial or investment advisors), consultants, underwriters, investment bankers, commercial bankers, general or limited partners or partnerships, limited liability companies, members, joint ventures and insurers and reinsurers of each of them; as well as the predecessors, successors, estates, immediate family members, spouses, heirs, executors, trusts, trustees, administrators, agents, legal or personal representatives, assigns, and assignees of each of them, in their capacity as such.

“Unknown Claims” means any Released Plaintiffs' Claims which any Settlement Class Member does not know or suspect to exist in his, her, or its favor at the time of the release of such claims, which, if known by him, her or it, might have affected his, her, or its decision(s) with respect to either of the Settlements. Each of the Settlement Class Members shall be deemed to have waived, and by operation of the Judgment or the Alternate Judgment, if applicable, shall have expressly waived, any and all provisions, rights, and benefits conferred by any law of any state or territory of the United States, or principle of common law or foreign law, which is similar, comparable, or equivalent to California Civil Code §1542, which provides:

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.

The Settling Parties acknowledge that they may hereafter discover facts in addition to or different from those which they or their counsel now knows or believes to be true with respect to the subject matter of the Released Claims, but, upon the Effective Date, each of the Settlement Class Members shall be deemed to have, and by operation of the Judgment or the Alternate Judgment, if applicable, shall have, settled and released any and all Released Claims without regard to the subsequent discovery or existence of such different or additional facts. Each of the Settlement Class Members shall be deemed by operation of law to have acknowledged that the foregoing waiver was separately bargained for and a key element of the Settlement.

CERTIFICATION

By signing and submitting this Claim Form, the claimant(s) or the person(s) who represent(s) the claimant(s) agree(s) to the release above and certifies (certify) as follows:

1. that I (we) have read and understand the contents of the Notice, the Plan of Allocation, and this Claim Form, including the releases provided for in the Settlements and the terms of the Plan of Allocation;
2. that the claimant(s) is (are) members of the Settlement Class, as defined in the Notice, and is (are) not excluded by definition from the Settlement Class as set forth in the Notice;
3. that the claimant(s) has (have) **not** submitted a Request for Exclusion from the Settlement Class;
4. that I (we), or the Settlement Class Member(s) I (we) represent, paid the total amount set forth above for Valeant-branded drugs that were purchased from or fulfilled by Philidor or a Philidor Network Pharmacy during the period from January 2, 2013, through November 9, 2015;
5. to the extent I (we) have been given authority to submit this Claim Form by a Settlement Class Member(s) on its behalf, and accordingly am submitting this Proof of Claim in the capacity of an Authorized Agent with authority to submit it by the Settlement Class Member(s) identified on a separate sheet of paper submitted with this form, I (we) have been authorized to receive payment on behalf of this (these) Settlement Class Member(s). In the event amounts from the Settlement Fund are distributed to me (us) and a Settlement Class Member(s) later claim(s) that I (we) did not have authority to claim and/or receive such amounts on its (their) behalf, I (we) and/or my (our) employer will hold the Settlement Class, Plaintiffs' Counsel, and the Claims Administrator harmless with respect to any claims made by the Settlement Class Member(s).
6. that the claimant(s) submit(s) to the jurisdiction of the Court with respect to claimant's (claimants') claim, including resolution of disputes relating to this Claim Form, and for purposes of enforcing the releases set forth herein;
7. that I (we) agree to furnish such additional information with respect to this Claim Form as Class Counsel, the Claims Administrator, or the Court may require;
8. that the claimant(s) waive(s) the right to trial by jury, to the extent it exists, agree(s) to the determination by the Court of the validity or amount of this Claim, and waives any right of appeal or review with respect to such determination;
9. that I (we) acknowledge that the claimant(s) will be bound by and subject to the terms of any judgment(s) that may be entered in the Action;
10. that I (we) acknowledge that any false information or representations contained herein may subject me (us) to sanctions, including the possibility of criminal prosecution.

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

Position/Title

Print Name

Date

You must submit this Claim Form online through the Claims Administrator's website by **January 6, 2022**, or mail the completed Claim Form, along with any supporting documentation as described above, postmarked on or before **January 6, 2022**, to the following address:

Valeant TPP Settlement
c/o A.B. Data, Ltd.
P.O. Box 173052
Milwaukee, WI 53217

Toll-Free Telephone: 1-877-888-6363

Website: www.ValeantTPPSettlement.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 Claims Administrator via the Settlement website or U.S. Mail (the addresses are listed above).

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

In re Valeant Pharmaceuticals
International, Inc. Third-Party Payor
Litigation

Civil Action No. 16-3087-(MAS)(LHG)

INSTRUCTIONS FOR SUBMITTING YOUR THIRD-PARTY PAYOR CLAIM FORM

The information you provide will be kept confidential and will be used only for administering the Settlements. If you have any questions, please call the Claims Administrator at **1-877-888-6363**.

A Settlement Class Member or an authorized agent can complete this Claim Form. If both a Settlement Class Member and its authorized agent submit a Claim Form, the Claims Administrator will only consider the Settlement Class Member's Claim Form. The Claims Administrator may request supporting documentation. The claim may be rejected if any requested documentation is not provided in a timely manner.

If you are a **Settlement Class Member** submitting a Claim Form on your own behalf, you must provide the information requested in "**Part I, Section A –SETTLEMENT CLASS MEMBER**," in addition to the other information requested by this Claim Form.

If you are an **authorized agent** of one or more Settlement Class Members, you must provide the information requested in "**Part I, Section B – AUTHORIZED AGENT ONLY**," in addition to the other information requested by this Claim Form.

You may submit a separate Claim Form for each Settlement Class Member, OR you may submit one Claim Form for all such Settlement Class Members as long as you provide the information required for each Settlement Class Member on whose behalf you are submitting the form.

If you are submitting Claim Forms both on your own behalf as a Settlement Class Member AND as an authorized agent on behalf of one or more Settlement Class Members, you should submit one Claim Form for yourself, completing Section A, and another Claim Form or Forms as an authorized agent for the other Settlement Class Member(s), completing Section B. **Do not submit a Claim Form on behalf of any Settlement Class Member unless that Settlement Class Member provided prior authorization to submit the Claim Form.**

In order to qualify to receive a payment from the Settlements, you must complete and submit this Claim Form either on paper or electronically on the Settlement website, and you may need to provide certain requested documentation to substantiate your Claim Form.

Your failure to complete and submit the Claim Form postmarked or filed online by **January 6, 2022**, will prevent you from receiving any payment from the Settlements. Submission of this Claim Form does not ensure that you will share in the payments related to the Settlements. If the Claims Administrator disputes a material fact concerning your Claim Form, you will have the right to present information in a dispute resolution process.

CLAIM DOCUMENTATION REQUIREMENTS

You must provide all the information requested in "Part II: Amount Claimed." You must submit claims data and information in support of the purchase amounts if your total net claim amount is more than \$100,000. Your claimed purchase amounts for Valeant's branded drug products in connection with a claim submitted by Philidor, a claim submitted by any pharmacy in which Philidor had a direct or indirect ownership interest, or a claim by any pharmacy for which the amount sought for reimbursement was alleged to be inflated as a result of Defendants' allegedly fraudulent scheme, during the period from January 2, 2013 through November 9, 2015, must be net of co-pay, deductibles, and co-insurance.

If you must submit claims data and information, it is mandatory that you provide the data for all categories listed below. Affidavits that do not include the information listed below will not be accepted.

- a) Unique patient identification number or code
- b) NDC Number (a list of NDC Numbers is included with this Claim Form) – *e.g.*, 00000-0000-00
- c) Fill Date or Date of Service – *e.g.*, 01/01/2007
- d) Name of Pharmacy – *e.g.*, Cambria Pharmacy
- e) Amount Billed (not including dispensing fee) – *e.g.*, \$40.00
- f) Amount Paid by TPP net of co-pays, deductibles, and co-insurance – *e.g.*, \$20.00

If you are submitting a Claim Form on behalf of multiple Settlement Class Members, also provide the following information for each prescription:

- g) Plan or Group Name
- h) Plan or Group FEIN – provide group number for each transaction

For your convenience, an exemplar spreadsheet containing these categories is below. In addition, an Excel spreadsheet can be downloaded from the Settlement website, www.ValeantTPPSettlement.com. Please use this format if possible. A list of the NDCs that will be considered by the Claims Administrator is provided following the exemplar spreadsheet.

If possible, please provide the electronic data in either Microsoft Excel format, ASCII flat file pipe “|”, tab-delimited, or fixed-width format.

Please contact the Claims Administrator at **1-877-888-6363** with any questions about the required claims data.

Exemplar Spreadsheet:

In re Valeant Pharmaceuticals International, Inc. Third-Party Payor Litigation							
<i>Payment for Valeant-branded drugs that were purchased from or fulfilled by Philidor or a pharmacy in which Philidor had a direct or indirect ownership interest during the period from January 2, 2013 through November 9, 2015.</i>							
Unique Patient ID	NDC Number	Fill Date or Date of Service	Name of Pharmacy	Amount Billed (not including dispensing fee)	Amount Paid by TPP (net of co-pays, deductibles, and co-insurance)	Plan or Group Name (Required if you are submitting a Claim Form on behalf of multiple Settlement Class Members)	Plan or Group FEIN (Required if you are submitting a Claim Form on behalf of multiple Settlement Class Members)

Applicable National Drug Codes (NDCs)

The Valeant-branded drugs that were affected by the alleged wrongdoing in this Action include the following:

Valeant Drug Name	Form & Quantity	NDC
Addyi	100 mg tablet, 30 count	58604-0214-30
Aldara	5% cream, 12 sachets	99207-0260-12
Atralin	0.05% gel, 45 g	13548-0070-45
Carac	0.5% cream, 30 g	00187-5200-30
Cuprimine	250 mg capsule, 100 count	20510-0705-15
Edecrin	25 mg tablet, 100 count	25010-0215-15
Glumetza	1000 mg tablet, 90 count	68012-0003-16
Glumetza	500 mg tablet, 100 count	68012-0002-13
Jublia	2 mL bottle	00187-5400-02
Jublia	4 mL bottle	00187-5400-04
Jublia	8 mL bottle	00187-5400-08
Lodosyn	25 mg tablet, 100 count	20510-0711-15
Loprox	1% shampoo, 120 g	99207-0010-10
Luzu	1% cream, 1 tube in 1 carton, 60 g in tube	99207-0850-60
Luzu	1% cream, 12 tubes in 1 carton, 2 g in tube	99207-0850-02
Mephyton	5 mg tablet, 100 count	00187-1704-05
Migranal Nasal Spray	4 mg/ML spray, 8 vials	00187-0245-03
Migranal Nasal Spray	4 mg/ML spray, 1 vial	00187-0245-04
Migranal Nasal Spray	4 mg/ML spray, 1 vial	00187-0245-01
Noritate	1% cream, 60 g	00187-5202-60
Retin-A-Micro	0.04% gel, 20 g	00062-0204-02
Retin-A-Micro	0.04% gel, 45 g	00062-0204-03
Retin-A-Micro	0.1% gel, 20 g	00062-0190-02
Retin-A-Micro	0.1% gel, 45 g	00062-0190-03
Retin-A-Micro	0.04% pump, 50 g	00062-0204-11
Retin-A-Micro	0.1% pump, 50 g	00062-0190-11
Retin-A-Micro	0.08% pump, 50 g	00187-5148-50
Solodyn	ER 55 mg tablet, 30 count	99207-0465-30
Solodyn	ER 65 mg tablet, 30 count	99207-0463-30
Solodyn	ER 80 mg tablet, 30 count	99207-0466-30
Solodyn	ER 105 mg tablet, 30 count	99207-0467-30
Solodyn	ER 115 mg tablet, 30 count	99207-0464-30
Syprine	250 mg capsule, 100 count	00187-2120-10
Targretin	1% gel, 60 g	00187-5525-60
Targretin	75 mg capsule, 100 count	00187-5525-75
Tretinoin	0.04% gel, 20 g	68682-0514-92
Tretinoin	0.04% gel, 45 g	68682-0514-94
Tretinoin	0.1% gel, 20 g	68682-0513-82
Tretinoin	0.1% gel, 45 g	68682-0513-84
Tretinoin	0.04% pump, 50 g	68682-0514-95
Tretinoin	0.1% pump, 50 g	68682-0513-85
Vanos	0.1% cream, 30 g tube	99207-0525-30
Vanos	0.1% cream, 60 g tube	99207-0525-60
Vanos	0.1% cream, 120 g tube	99207-0525-10
Wellbutrin	150 mg tablet, 7 count	00187-0730-07
Wellbutrin	150 mg tablet, 30 count	00187-0730-30
Wellbutrin	150 mg tablet, 90 count	00187-0730-90
Wellbutrin	300 mg tablet, 7 count	00187-0731-07
Wellbutrin	300 mg tablet, 30 count	00187-0731-30
Xerese	50 mg cream, 5 g in 1 tube	00187-5104-01
Ziana	1.2% gel, 30 g	99207-0300-30
Ziana	1.2% gel, 60 g	99207-0300-60

The list above is provided to assist you in locating eligible purchases. We do not represent that this list is all inclusive. You may search your records using either the NDC, the name, or the active ingredients. Please contact the Claims Administrator for confirmation if you identify additional products that you believe may be eligible.