

DIRECT PURCHASER CLAIM FORM

YOUR CLAIM MUST BE SUBMITTED ONLINE OR POSTMARKED ON OR BEFORE JULY 24, 2024.

Submit this Claim Form using the Settlement Administrator’s website, www.EpiPenDPPSettlement.com.

OR

Mail your claim to: EpiPen Direct Purchaser-Pfizer Settlement
c/o A.B. Data, Ltd.
P.O. Box 173113
Milwaukee, WI 53217

1. CLASS MEMBER INFORMATION

Company Name

First Name of Company Representative

Last Name of Company Representative

Company Street Address – Line 1

Company Street Address – Line 2

City

State

Zip Code

Email Address of Company Representative

Telephone Number

2. CLASS MEMBER REPRESENTATIVE INFORMATION

Please list the contact information for the person responsible for overseeing the claims process and communicating about your claim and distribution of any settlement payments. If the information is the same as #1, check the box below and skip to #3.

Same as Class Member Information.

Company Name for Person Responsible

First Name of Person Responsible

Last Name of Person Responsible

Street Address of Person Responsible – Line 1

Street Address of Person Responsible – Line 2

City of Person Responsible

State

Zip Code

Email Address of Person Responsible

Telephone Number of Person Responsible

3. BRAND PURCHASE INFORMATION

Please list in the space below the total number of units of **brand EpiPen purchased directly from Mylan** between March 13, 2014, and April 3, 2024, reduced to account for returns and assignments.

Units of brand EpiPen

A list of relevant National Drug Codes (NDCs) is included at the end of this Claim Form as Exhibit A.

**** You must submit supporting purchase records. ****

4. GENERIC PURCHASE INFORMATION

Please list in the space below the total number of units of **Authorized Generic EpiPen purchased directly from Mylan** between March 13, 2014, and April 3, 2024, reduced to account for returns and assignments.

Units of Authorized Generic EpiPen

Please list in the space below the total number of units of **generic EpiPen purchased directly from Teva** between March 13, 2014, and April 3, 2024, reduced to account for returns and assignments.

Units of Generic EpiPen

A list of relevant National Drug Codes (NDCs) is included at the end of this Claim Form as Exhibit A.

**** You must submit supporting purchase records. ****

5. ASSIGNMENTS

Please check here if you are filing this claim based on an assignment:

If you are submitting a claim pursuant to an assignment, please identify with particularity that assignment below. Please also attach documentation in support of such assignment, including the assignment agreement and purchase records showing your qualifying purchases from your assignor that are covered by any such assignment.

The Settlement Administrator may require additional information and documents for any claim made based on an assignment. If you are submitting this claim as an assignee, the data and supporting purchase records may be shared with the relevant assignor(s) during the claims administration process. By submitting a claim by virtue of an assignment, you agree that such data and documentation, and calculations based on such data and documentation, may be shared with your assignor.

6. WIRE TRANSFER INFORMATION

If you wish to have your share of the Net Settlement Fund paid by wire transfer, please provide the information below:

Bank Name	
Bank Address	
Account Name	
Account No.	
ABA/Routing No.	
Special Instructions	

7. SIGNATURE

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge. I understand that the punishment for perjury varies by state, but perjury is a felony and carries a possible prison sentence of at least one year, plus fines and probation.

Signature: _____

Dated: _____

Printed Name: _____

Company Name: _____

Position at Company: _____

EXHIBIT A

NDCs of Brand, Authorized Generic, and Generic EpiPen

Brand EpiPen (Sold by Mylan)
49502-500-92
49502-500-02
49502-500-01
49502-501-92
49502-501-02
49502-501-01

Authorized Generic EpiPen (Sold by Mylan)
49502-102-02
49502-101-02
49502-101-01
49502-102-01

Generic EpiPen (Sold by Teva)
00093-5985-27
00093-5986-27
00093-5985-19
00093-5986-19