

**DIRECT PURCHASER CLAIM FORM**

**YOUR CLAIM MUST BE SUBMITTED ONLINE OR POSTMARKED ON OR  
BEFORE MAY 29, 2025.**

Submit this Claim Form using the Settlement Administrator’s website, [www.EpiPenDPPSettlement.com](http://www.EpiPenDPPSettlement.com),  
OR

Mail your claim to:                   EpiPen Direct Purchaser-Mylan 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 (*i.e.*, packages of 2 EpiPen) of **brand EpiPen purchased directly from Mylan** between March 13, 2014, and February 6, 2025, 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 (*i.e.*, packages of 2 EpiPen) of **Authorized Generic EpiPen purchased directly from Mylan** between March 13, 2014, and February 6, 2025, reduced to account for returns and assignments.

\_\_\_\_\_  
Units of Authorized Generic EpiPen

Please list in the space below the total number of units (*i.e.*, packages of 2 EpiPen) of **Generic EpiPen purchased directly from Teva** between March 13, 2014, and February 6, 2025, 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